
Oregon Health Plan Provider Web Portal

Professional Claim

Mental Health Services



Division of Medical Assistance Programs

August 2011

Mental Health Services

This tutorial is designed for the following mental health providers:

- Adult Foster Home (AFH)
- Residential Treatment Facility (RTF)
- Residential Treatment Home (RTH)
- Secure Residential Treatment Facility (SRTF)

Web portal home page

Begin at: <https://www.or-medicaid.gov>

Home Contact Us Directory Search Clients Account Providers

Welcome to the Medicaid Portal web site!

Providers - Login to set up your Web portal accounts and verify eligibility for OHP clients

Providers - What you need to know about the Web portal

OHP provider announcements

AMH Providers - View the Addictions and Mental Health home page

SPD Providers - View the Seniors and people with physical disabilities home page

Click here to log in

Links to OHA
Web sites

Getting started

1. Enter your User Name and Password
2. Click login

Home Contact Us Directory Search Clients **Account** Providers
home account setup logoff reset password **secure site**

Login

The State Health Care Authority's secure website is intended for providers, clerks and billing agents.

If you have received your Personal Identification Number letter, click on the setup account button.

[setup account](#)

If you're already a member and have set up your account or a provider has set one up for you, login here to enter our secure website.

User Name*

Password*

[login](#) **2**

If you have forgotten your password please click the reset password button.

[reset password](#)

Plan of Care (POC)

Home Contact Us Directory Search Clients Account Claims Eligibility Trade Files Prior Authorization **Providers** POC Help
 home demographic maintenance drug search enrollment enrollment tracking search links benefits and h Search

POC menu,
click Search

What's New

Provider ID:500603867 MCD
 Taxonomy:
 Zip Code: 97301 - 1063

Message center from
Oregon Health Authority

Messages		
Category	Subject	
General Message	DMAP Phone System Issues	The Provider Services Unit (PSU) phone system at 800-336-6016 is experiencing issues at this time. Technical st
General Message	What do you think of the OHP Web site?	Help improve your online experience with DMAP by completing our quick survey at: <https://survey.emp.state.o
General Message	DMAP Electronic Communications	Help us improve them by taking the survey at: <https://survey.emp.state.or.us/cgi-bin/qwebcorporate.dll?idx=f
General Message	PSU phones are currently not operating correctly	PSU phones are currently not operating correctly.
General Message	DMAP is unable to make outgoing calls	DMAP is unable to make outgoing calls to providers, clients and other customers due to a phone issue. The issue
General Message - DMAP	New EDMS Coversheet	Make sure to use the most recent version at http://dhsforms.hr.state.or.us/Forms/Served/DE3970.pdf. DHS will
General Message	Change to 8/28 weekend claim cycle	Submit claims by 10 p.m. Thursday for processing this weekend. Read more at <www.oregon.gov/DHS/healthpl
General Message	Web Claims Error Resolved 6/1/10	You can submit Web claims again. If you received the "communications error" message while submitting a claim
General Message	Web Claims Errors 6/1/10	Web claims are not processing this morning due to a "communications error." Do not try to submit claims at this
General Message	OHP Plus dental and vision changes	Find out about the changes coming 1/1/10 at <http://www.oregon.gov/DHS/healthplan/plus-changes.shtml>.

POC search

1. Enter search criteria*
2. Click search



The screenshot shows a web interface for POC Search. It features a dark blue header with the text "POC Search". Below the header, there are two rows of input fields: "From Date" and "To Date" in the first row, and "Client ID" in the second row. To the right of these fields are two buttons: "search" and "clear". There are also small icons of a question mark and an upward arrow in the top right corner of the form area.

*To see a list of all POCs set up under your provider ID, do not enter search criteria

Search results

Search results display below search screen

POC Search

From Date To Date

Client ID

Click on a row to view the POC

Search Results

Client Name	Service	Mod 1	Mod 2	Mod 3	Mod 4	Effective Date	End Date	Balance Units	Balance Dollars	Status
MICHAEL JONES	ADULT FOSTER CARE PER MONTH	HK				06/01/2010	05/31/2015	60	\$2,675.00	Active
ROGER SMITH	ADULT FOSTER CARE PER MONTH	HK				06/01/2010	05/31/2015	60	\$5,000.00	Active

POC view

POC details display below search results

Search Results									
Client Name	Service	Mod 1	Mod 2	Mod 3	Mod 4	Effective Date	End Date	Balance Units	Balance Dollars
MICHAEL JONES	ADULT FOSTER CARE PER MONTH	HK				06/01/2010	05/31/2015	60	\$2,675.00
ROGER SMITH	ADULT FOSTER CARE PER MONTH	HK				06/01/2010	05/31/2015	60	\$5,000.00

Detail									
Service Auth Number	1019400005	Service Code Type	SPC	Units	1				
Referring Provider ID	338185	Service Code	S5141	Unit Qualifier	SERVICE				
Referring Provider Name	WHITE-HEALTHCARE	Service Description	ADULT FOSTER CARE	Frequency	MONTHLY				
Rendering Provider ID	500600009	Modifier 1	HK	Dollars	\$2,675.00				
Rendering Provider Name	MENTAL HEALTH PROVIDER	Modifier 2		Payment Method	Pay Unit Fee Price				
Client ID	NF10097G	Modifier 3		Status	ACTIVE				
Client Name	MICHAEL JONES	Modifier 4		Notice Date					
Benefit Plan	State Medicaid Mental Health Services	Effective Date	06/01/2010	Appeal Indicator	N				
		End Date	05/31/2015	Used Units	0				
		Close Reason		Used Dollars	\$0.00				
				Balance Units	60				
				Balance Dollars	\$2,675.00				

Your provider ID

Procedure code and modifier

Dates approved on this POC; if nearing the end date, work with referring provider to submit a new plan of care request

Amount and frequency you are allowed to bill for; this example is \$2,675.00 per month

Information submitted on your claim must match information approved on the POC

Provider front page

Home Contact Us Directory Search Clients Account **Claims** Eligibility Trade Files Prior Authorization **Providers** POC Help

home demographic maintenance drug search e Search g search links benefits and hsc inquiry

Search
Dental
Institutional
Pharmacy
Professional
Roster Billing

This site is designed to be compatible with following brows
Microsoft Internet Explorer 6
Microsoft Internet Explorer 7 Service Pack 2
Mozilla FireFox 2.0

Get Firefox
Windows Internet Explorer 7

What's New

Provider ID: 500603867 MCD
Taxonomy:
Zip Code: 97301 - 1063

Claims menu,
click Professional

Message center from
Oregon Health Authority

Messages		
Category	Subject	Message
General Message	Reminder - EDI Registration Not Required for Web Portal	EDI registration is only required for providers who currently submit Medicaid claims using the ASC X12 transactions.
General Message	NDC Reporting Requirements	Starting July 1, you must report the National Drug Code and NDC quantity for most physician-administered drugs billed using HCPCS
General Message	Submit claims by noon Friday for timely processing	Otherwise, your claims may process the following weekend. Read more at <https://apps.state.or.us/cf1/OHP/OHPadmin/files/claim-p
General Message	PSU phones are currently not operating correctly	PSU phones are currently not operating correctly.
General Message	DMAP is unable to make outgoing calls	DMAP is unable to make outgoing calls to providers, clients and other customers due to a phone issue. The issue has been reported b
General Message - DMAP	New EDMS Coversheet	Make sure to use the most recent version at http://dhsforms.hr.state.or.us/Forms/Served/DE3970.pdf. DHS will only accept the 8/10
General Message	Change to 8/28 weekend claim cycle	Submit claims by 10 p.m. Thursday for processing this weekend. Read more at <www.oregon.gov/DHS/healthplan/notices_providers
General Message	Web Claims Error Resolved 6/1/10	You can submit Web claims again. If you received the "communications error" message while submitting a claim, search for the claim
General Message	Web Claims Errors 6/1/10	Web claims are not processing this morning due to a "communications error." Do not try to submit claims at this time; DHS will send
General Message	OHP Plus dental and vision changes	Find out about the changes coming 1/1/10 at <http://www.oregon.gov/DHS/healthplan/plus-changes.shtml>.

Professional claim form

Sections:

1. Professional Claim (header)*
2. Diagnosis*
3. TPL: Third-Party Liability
4. Medicare Information
5. Detail*
6. Hard-Copy Attachments
7. Claim Status Information

The screenshot shows a web-based form for entering professional claim information. The form is divided into several sections, each with a numbered callout:

- 1 Professional Claim (header)***: Includes fields for ICM, Provider ID (3742296683), Client ID, Last Name, First Name, MI, Date of Birth, Patient Account #, Referring Physician, Service Information (From Date, To Date, Expected Delivery Date), Accident Related To, Charges, Total Charges (\$0.00), TPL Amount (\$0.00), Insurance Details, and CoPay Amount (\$0.00).
- 2 Diagnosis***: A table for recording diagnoses with columns for Sequence, Present on Admission, Diagnosis, and Description. A message states "No rows found".
- 3 TPL: Third-Party Liability**: A table for recording third-party liability information with columns for Last Name, First Name, MI, Date of Birth, Relationship, Policy Number, Plan Name, Plan ID, Adjustment Reason Code, Adjustment Group Code, and Adjustment Amount. A message states "No rows found".
- 4 Medicare Information**: A table for recording Medicare information with columns for Medicare Paid Date, Coinsurance Amount, Deductible Amount, Allowed Amount, and Paid Amount. A message states "No rows found".
- 5 Detail***: A table for recording detailed claim information with columns for Item, Procedure, Units, Charges, Status, Allowed Amount, From DOS, To DOS, Units, Charges, Rendering Physician, Status, Diagnosis Code Pointer, Modifiers, POS, Procedure, Tpl Amount, Emergency, Pregnancy, EPSDT Ref, EPSDT Family Planning, Allowed Amount, CoPay Amount, Adjustment Reason Code, Adjustment Amount, Medicare Paid Date, Deductible Amount, Coinsurance Amount, Medicare Paid Amount, and Medicare Allowed Amount.
- 6 Hard-Copy Attachments**: A table for recording hard-copy attachments with columns for Control Number, Transmission, Report Type, and Description. A message states "No rows found".
- 7 Claim Status Information**: A section for recording claim status information, currently showing "Claim Status: Not Submitted yet".

* Mental health providers only fill out sections 1, 2 and 5



Professional claim (header)

Billing Information		Service Information	
ICN		3 From Date*	06/01/2011
1 Provider ID	500600009 MCD	4 To Date*	06/30/2011
Client ID*	NF10097G [Search]	Expected Delivery Date	
Last Name	JONES	Accident Related To	
First Name, MI	MICHAEL	Charges	
Date of Birth	10/15/1955	Total Charges	\$0.00
Patient Account #		TPL Amount	\$0.00
2 Referring Physician	500600009 MCD [Search]	Insurance Denied	
		CoPay Amount	\$0.00

Required fields:
1. Client ID
2. Referring Physician
3. From Date
4. To Date

Enter client offset here, if applicable

Enter referring provider ID; find on client plan of care

Diagnosis

Diagnosis		
Sequence	Diagnosis	Description
A 1	29530	PARANOID SCHIZO-UNSPEC

Type data below for new re

2 Sequence*	<input type="text" value="1"/>	3 Diagnosis*	<input type="text" value="29530"/> Search]
Present on Admission	<input type="checkbox"/>	Description	PARANOID SCHIZO-UNSPEC

delete add **1**

- For each diagnosis:
1. Click add
 2. Enter sequence
 3. Enter diagnosis

Enter diagnosis code without the decimal

Detail

Item	Procedure	Units	Charges	Status
A	1	0	\$0.00	

Item	1	Emergency	No
1 From DOS*	06/01/2011	Pregnancy	
2 To DOS*	06/30/2011	EPSDT Ref	None
3 Units*	1.00	EPSDT Family Planning	
4 Charges*	\$2,675.00	Allowed Amount	\$0.00
Rendering Physician	[Search]	CoPay Amount	\$0.00
Status		Adjustment Reason Code	[Search]
5 Diagnosis Code Pointer	1	Adjustment Amount	\$0.00
6 Modifiers	HK [Search] [Search]	Medicare Paid Date	
7 POS*	12 [Search]	Deductible Amount	\$0.00
8 Procedure*	S5141 [Search]	Coinsurance Amount	\$0.00
Tpl Amount	\$0.00	Medicare Paid Amount	\$0.00
		Medicare Allowed Amount	\$0.00

AFH = 1 unit/month
RTF/RTH/SRTF = 1 unit/day

Procedure /modifier(s):
AFH = S5141/HK
RTF = T1020/HK and HE
RTH = T1020/HK
SRTF = T1020/HK and TG

Total charges;
do not deduct
offset amount

POS codes:
12 = home (AFH)
56 = psychiatric residential treatment center
(RTF/RTH/SRTF)

- Required fields:
1. From DOS (date of service)
 2. To DOS
 3. Units
 4. Charges
 5. Diagnosis Code Pointer
 6. Modifiers
 7. POS (place of service)
 8. Procedure

Claim Status Information

Claim Status Information	
Claim Status	Not Submitted yet
Coversheet for supporting documentation	

Not Submitted yet
claim; provider may

- Submit
- Cancel

[submit](#) [cancel](#)

Submits the claim for processing

Clears changes made during this session

Claim status PAID

Claim Status Information	
Claim Status	PAID
Claim ICN	4006305850963
Paid Date	11/24/2006
Allowed Amount	\$70.07

Coversheet for supporting documentation

PAID claim; provider may

- Cancel
- Adjust
- Void
- Copy claim

Clears changes made during this session

cancel adjust void copy claim

Adjusts the existing claim with changes made during this session

Cancels the existing claim; previous payments will be recouped

Duplicates the existing claim; status will change back to Not Submitted Yet

Claim status DENIED

DENIED claim; provider may

- Re-submit
- Cancel

Claim Status Information		
Claim Status	DENIED	
Claim ICN	4007100850871	
Denied Date	04/13/2007	
Allowed Amount	\$0.00	

[Coversheet for supporting documentation](#)

HIPAA Adjustment Reasons		
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
0	16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.

re-submit cancel

Submits a new claim with changes made during this session

Clears changes made during this session

* Claim status **SUSPENDED**: In some cases, a claim may suspend for internal review when our system is unable to determine if a claim should pay or deny. Providers may take no action on suspended claims. Claims are given a **PAID** or **DENIED** status after internal review. This process should never take longer than two weeks.

Do you need further assistance?

Provider Services Unit (PSU)

800-336-6016

dmap.providerservices@state.or.us

M-Th 8:30 a.m. to 4:30 p.m., F 10:00 a.m. to 4:30 p.m.

Webinar and classroom training:

DMAP Provider Training

503-945-6549

provider-trng.dmap@state.or.us

M-F 9:00 a.m. to 5:30 p.m.