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# Oregon Health Plan Provider Web Portal

## Professional Claim

Program-specific instructions are included in  
supplemental guides for each program



Division of Medical Assistance Programs

August 2011

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# 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](#)

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

[reset password](#)

# 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

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 <a href="http://dhsforms.hr.state.or.us/Forms/Served/DE3970.pdf">http://dhsforms.hr.state.or.us/Forms/Served/DE3970.pdf</a> . 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 < <a href="http://www.oregon.gov/DHS/healthplan/plus-changes.shtml">http://www.oregon.gov/DHS/healthplan/plus-changes.shtml</a> >.

# 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

Home Contact Us Directory Search Clients Account **Claims** Eligibility Trade Files Prior Authorization Providers POC Help  
 home search dental institutional pharmacy **professional** roster billing

**1 Professional Claim**

**Billing Information** Service Information

ICN From Date\*  
 Provider ID 3742298683 NPT To Date\*  
 Client ID\* [Search] Expected Delivery Date

Last Name Accident Related To  
 First Name, MI Charges  
 Date of Birth Total Charges \$0.00  
 Patient Account # TPL Amount \$0.00  
 Referring Physician [Search] Insurance Denied  
 CoPay Amount \$0.00

**2 Diagnosis** \*\*\* No rows found \*\*\*  
 Select row above to update -or- click Add button below.

Sequence Diagnosis  
 Present on Admission Description

**3 TPL** \*\*\* No rows found \*\*\*  
 Select row above to update.

Last Name Plan Name  
 First Name, MI Plan ID [Search]  
 Date of Birth Adjustment Reason Code [Search]  
 Relationship Adjustment Group Code  
 Policy Number Adjustment Amount

**4 Medicare Information**

Medicare Paid Date	Coinsurance Amount	Deductible Amount	Allowed Amount	Paid Amount
A	\$0.00	\$0.00	\$0.00	\$0.00

Select row above to update.

Medicare Paid Date Coinsurance Amount  
 Allowed Amount Deductible Amount  
 Paid Amount

**5 Detail**

Item	Procedure	Units	Charges	Status	Allowed Amount
A	1	0	\$0.00		\$0.00

Type data below for new record.

Item 1  
 From DOS\*  
 To DOS\*  
 Units\* 0  
 Charges\* \$0.00  
 Rendering Physician [Search]  
 Status  
 Diagnosis Code Pointer  
 Modifiers [Search] [Search]  
 POS\* [Search]  
 Procedure\* [Search]  
 Tpl Amount \$0.00

Emergency No  
 Pregnancy  
 EPSDT Ref None  
 EPSDT Family Planning  
 Allowed Amount \$0.00  
 CoPay Amount \$0.00  
 Adjustment Reason Code [Search]  
 Adjustment Amount \$0.00  
 Medicare Paid Date  
 Deductible Amount \$0.00  
 Coinsurance Amount \$0.00  
 Medicare Paid Amount \$0.00  
 Medicare Allowed Amount \$0.00

**6 Hard-Copy Attachments** \*\*\* No rows found \*\*\*  
 Select row above to update -or- click Add button below.

Control Number  
 Transmission  
 Report Type  
 Description

**7 Claim Status Information**  
 Claim Status Not Submitted yet

submit cancel



# Professional claim (header)

Professional Claim	
<b>Billing Information</b>	
ICN	
Provider ID	3742298683 NPI
1 Client ID*	KX277V5U [ Search ]
Last Name	JAMES
First Name, MI	ELI J
Date of Birth	06/12/1930
Patient Account #	[ Search ]
Referring Physician	[ Search ]
<b>Service Information</b>	
2 From Date*	06/01/2011
3 To Date*	06/01/2011
Expected Delivery Date	
Accident Related To	[ Dropdown ]
<b>Charges</b>	
Total Charges	\$0.00
TPL Amount	\$0.00
Insurance Denied	[ Dropdown ]
CoPay Amount	\$0.00

Required fields:

1. Client ID
2. From Date
3. To Date

Only required if TPL was billed; does not include Medicare

# Diagnosis

Diagnosis		
Sequence	Diagnosis	Description
A 1	76510	PRETERM INFANT NEC WTNOS

Type data below for new r

2 Sequence*	1	Diagnosis*	76510 3 [ Search ]
Present on Admission	<input type="checkbox"/>	Description	PRETERM INFANT NEC WTNOS

delete add 1

For each diagnosis:

1. Click add
2. Enter sequence
3. Enter diagnosis

Enter diagnosis code without the decimal

# TPL

TPL					
Last Name	First Name	MI	Date of Birth	Relationship	Plan Name
A					
Select row above to update					
Last Name	<input type="text"/>				
First Name, MI	<input type="text"/>	<input type="text"/>			
Date of Birth	<input type="text"/>				
Relationship	<input type="text"/>			<input type="text"/>	
Policy Number	<input type="text"/>				
			Adjustment Reason Code	96 <input type="text"/> <input type="button" value="Search"/>	
			Adjustment Group Code	CO <input type="text"/>	
			Adjustment Amount	<input type="text"/>	\$0.00
				<input type="button" value="delete"/>	<input type="button" value="add"/>

For each third-party:

1. Click add
2. Enter Adjustment Reason Code from third-party EOB

TPL section is only required when client has third-party (private) insurance

# Medicare Information

Medicare Information					
Medicare Paid Date	Coinsurance Amount	Deductible Amount	Allowed Amount	Paid Amount	
A	\$0.00	\$0.00	\$0.00	\$0.00	

Select row above to update.

Medicare Paid Date	<input type="text"/>	Coinsurance Amount	<input type="text"/>
Allowed Amount	<input type="text"/>	Deductible Amount	<input type="text"/>
Paid Amount	<input type="text"/>		

Medicare section is only required for Medicare clients; all fields required

- For Medicare secondary claims:
1. Click the green row to activate fields
  2. Enter information from Medicare's EOB; all fields are required

# Detail

Only required if a diagnosis code is entered in the diagnosis section

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

Item	Procedure	Units	Charges	Status	Allowed Amount
A	1	0	\$0.00		\$0.00

Type data below for new record.

**Item** 1

**1** From DOS\*

**2** To DOS\*

**3** Units\*

**4** Charges\*

Rendering Physician  [ Search ]

Status

Diagnosis Code Pointer

Modifiers  [ Search ]  [ Search ]

**5** POS\*  [ Search ]

**6** Procedure\*  [ Search ]

NDC

NDC UOM

NDC Quantity

Tpl Amount

Emergency

Pregnancy

EPSDT Ref

EPSDT Family Planning

Allowed Amount

CoPay Amount

Adjustment Reason Code  [ Search ]

Adjustment Amount

Medicare Paid Date

Deductible Amount

Coinsurance Amount

Medicare Paid Amount

Medicare Allowed Amount

NDC fields are for physician-administered drugs only

- NDC (11-digit format)
- NDC UOM (Unit of measurement)
- NDC Quantity

Common POS codes:  
11 = Office  
12 = Home

Medicare claims

- Enter information per line item;
- Adjustment Reason Code from Medicare EOB is required

# Hard-copy attachments

This section is never required

**Hard-Copy Attachments**

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

Control Number	<input type="text"/>
Transmission	<input type="text"/>
Report Type	<input type="text"/>
Description	<input type="text"/>

# Claim Status Information

Claim Status Information	
Claim Status	Not Submitted yet
<a href="#">Coversheet for supporting documentation</a>	

**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](mailto: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](mailto:provider-trng.dmap@state.or.us)

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