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# Oregon Health Plan Provider Web Portal

## Pharmacy Claim

General instructions



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

- Search
- Dental
- Institutional
- Pharmacy**
- Professional
- Roster Billing

Claims menu, click Pharmacy

## 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 s
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.
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=
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 transac
General Message	NDC Reporting Requirements	Starting July 1, you must report the National Drug Code and NDC quantity for most physician-administered dru
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 issu
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 wil
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/healthp
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 clai

# Pharmacy claim

- Sections:
1. Pharmacy Claim (header)
  2. Detail
  3. Claim Status Information

**1 Pharmacy Claim**

Billing Information	Prescription Information
ICN	Claim Type* P - PHARMACY CLAIMS
Provider ID 500603867 MCD	Prescription #*
Client ID* [ Search ]	Date Dispensed*
Last Name	Date Prescribed*
First Name, MI	New/Refill*
Date of Birth	Days Supply* 0
Prescriber ID [ Search ]	Dispense/Written*
Prescriber Name	Prior Auth #
Pregnancy Unknown	Diagnosis [ Search ]
Emergency No	
Nursing Facility	<b>Charges</b>
Insurance Denied	Total Charges \$0.00
Submission/Clarification Code Not Specified	TPL Amount \$0.00
Patient Location Not specified	Usual and Customary \$0.00
Rendering Physician [ Search ]	Gross Amount Due \$0.00
Signature	Dispensing Fee \$0.00
Basis of Cost Not specified	<b>DUR Overrides</b>
	Intervention Not Specified
	Outcome Not Specified
	Conflict Code Not Specified

**2 Detail**

Item	NDC Code	Quantity	Allowed Amount
A 1		0	\$0.00

Type data below for new record.

Item 1	NDC Code* [ Search ]
Quantity* 0	Charges* \$0.00
Allowed Amount \$0.00	Adjustment Reason Code [ Search ]

**3 Claim Status Information**

Claim Status Not Submitted yet

Coversheet for supporting documentation

# Pharmacy claim (header)

Pharmacy Claim	
<b>Billing Information</b>	
ICN	
Provider ID	3742298683 NPI
<b>1</b> Client ID*	KX277V5U [ Search ]
Last Name	JAMES
First Name, MI	ELI J
Date of Birth	06/12/1930
<b>2</b> Prescriber ID	374229868 [ Search ]
Prescriber Name	MILLER, RAJI M
Pregnancy	Unknown
Emergency	No
Nursing Facility	
Insurance Denied	
Submission/Clarification Code	Not Specified
Patient Location	Not specified
Rendering Physician	[ Search ]
Signature	
Basis of Cost	Not specified
<b>Prescription Information</b>	
<b>3</b> Claim Type*	P - PHARMACY CLAIMS
<b>4</b> Prescription #*	123456
Date Disposed*	06/30/2011 <b>5</b>
Date Prescribed*	06/30/2011 <b>6</b>
<b>7</b> New/Refill*	0
Days Supply*	30 <b>8</b>
<b>9</b> Dispense/Written*	Generic Drug
Prior Auth #	
Diagnosis	[ Search ]
<b>Charges</b>	
Total Charges	\$50.00
TPL Amount	\$0.00
Usual and Customary	\$50.00
Gross Amount Due	\$50.00
Dispensing Fee	\$0.00
<b>DUR Overrides</b>	
Intervention	Not Specified
Outcome	Not Specified
Conflict Code	Not Specified

Assigned by the pharmacy

New = 0  
Refill (1, 2,...)

Never required

Compound only

DUR override only

Required for third-party payments; includes Medicare

- Required fields:
1. Client ID
  2. Prescriber ID
  3. Claim Type
  4. Prescription #
  5. Date Disposed
  6. Date Prescribed
  7. New/Refill
  8. Days Supply
  9. Dispense/Written

# Detail

Detail				
Item	NDC Code	Quantity	Allowed Amount	
A	1 54868-5262-01	60.000	\$0.00	

  

Type data below for new record				
1	Item	1	2 NDC Code*	54868526201 [ Search ]
	Quantity*	60.000	3 Charges*	\$50.00
	Allowed Amount	\$0.00	Adjustment Reason Code	[ Search ]

- Required fields:
1. Quantity
  2. NDC Code (national drug code)
  3. Charges

Click add to enter additional detail line items

# 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.