In this issue…

- Important reminders
- Training and technical assistance
- Claims
- Rules and program changes
- Need help?

Important reminders

Verify OHP eligibility and CCO enrollment on the date of service

All Medicaid providers must check eligibility and enrollment of a patient on the date of service.

- For CCO members, use the CCO’s eligibility verification service.
- For fee-for-service members, use the Provider Web Portal at https://www.or-medicaid.gov or Automated Voice Response (AVR) at 866-692-3864.

Once you have verified a patient’s OHP eligibility, please document that proof of eligibility in the patient’s file. For example, you can make a screen shot of Provider Web Portal eligibility results. If you use AVR, you can choose to get a printout of the eligibility results faxed to your location (learn how by reading the AVR user guide).

To learn more, visit our Eligibility Verification page.

Tips on navigating OHA’s new and improved website

This week, the Oregon Health Authority (OHA) unveiled the new OHA website, redesigned to give you and other visitors the best experience possible.
To make sure you can find what you need, please read our fact sheet about the website changes. It includes a list of the most-visited pages and where to find them.

Training and technical assistance

Provider collaborative webinar – Wednesday, June 28, 1-2 p.m.

This month’s topics:
- OHP applications that are flagged in Oregon Eligibility (ONE) and reviewed for a possible referral to a local DHS Aging and People with Disabilities (APD) branch office
- The APD referral process and next steps for clients seeking APD medical programs

Link to register: https://register.gotowebinar.com/register/5134475592999291394

Claims

Paper claim processing time is now 14 to 21 days

For those who submit paper claims, please note that OHA has made operational changes that will extend the processing time for paper claims to 14-21 days. For faster processing, you can submit claims on the Provider Web Portal at https://www.or-medicaid.gov.
- All you need is your Oregon Medicaid Provider ID and internet access with a compatible browser (Microsoft Internet Explorer 6 through 10 or Mozilla Firefox 2.0).
- You get claim status in real time, and complete claim processing within the week.

To learn more about the Provider Web Portal, visit our Provider Web Portal page.

Payment Error Rate Measurement (PERM) for FFY 2017

For the federal fiscal year (FFY) 2017 PERM cycle, the CMS PERM review contractor, Chickasaw Nation Industries (CNI), will review a random selection of Oregon Medicaid and CHIP claims paid between October 1, 2016, and September 30, 2017, for proper payment. This review will happen between June 2017 and November 2018.
If a claim for a service you rendered is selected for review:
- CNI will contact you by phone and send a letter.
- The letter will tell you what documentation to send, where to send it, and when.
- You will need to provide CNI a complete copy of the medical records supporting the specific claim.

CNI will use this information to determine if the service was provided, medically necessary and properly coded. The review also will determine if the service was paid in compliance with state policy.

For more information about PERM, see the CMS PERM website or Provider Education FAQs.

If you have questions, email PERMproviders@cms.hhs.gov or your state PERM representative, Barbara Key at barbara.key@state.or.us.

---

**Rules and program changes**

**Recent temporary rules**

410-120-1340 (General Rules): Annual RVU update for physician services, clinical lab and ambulatory surgical centers

410-121-0040 (Pharmaceutical Services): Amending fee-for-service prior authorization criteria

410-130-0015 (Doula Services): Amended to clarify that a minimum of four doula care visits plus services on the day of delivery are required for the doula services global rate

**Sign up to get rule updates via text or email**

You can also sign up to get text or email updates about:
- Notices of proposed rulemaking
- Temporary rulemaking notices
- Permanent rulemaking notices, rulebooks, and supplemental information

To learn more, read about how to sign up for rulemaking notices.
Need help?

Find more phone numbers, email addresses and other resources in our Provider Contacts List.

- **Client calls** – CCO members should call their CCO. Other clients should call OHP Client Services at 800-273-0557.
- **Claim resolution** – Contact Provider Services (800-336-6016).
- **Direct deposit questions** – Contact the DHS/OHA EFT coordinator (503-945-6872).
- **Electronic Data Interchange (EDI), the EDI Trading Partner Agreement, EDI mailbox help and the 835 ERA** – Contact EDI Support Services or visit the EDI page.
- **Pharmacy and prescriber questions (for technical help and fee-for-service prescription PAs)** – Contact the Oregon Pharmacy Call Center at 888-202-2126. You can also fax PA requests to 888-346-0178.
- **Prior authorization status** – Call the PA line at 800-642-8635 or 503-945-6821 (outside Oregon).
- **Provider enrollment updates** – Contact Provider Enrollment (800-422-5047).
- **Provider training videos and past provider collaborative webinars** – Visit the OHA YouTube channel.
- **Provider Web Portal help** – Visit our Provider Web Portal page. If you need a password reset, contact Provider Services at 800-336-6016.