

Division of Medical Assistance Programs

Dale Elder, Acting Manager
 DMAP Operations

Number: DMAP-AR-11-001
Issue Date: 02/11/2011

Authorized Signature

Topic: Medical Benefits

Effective Date: 02/01/2011

Subject: Remind providers that DMAP Provider Services no longer answers basic eligibility and claim status questions

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers | |

Action Required:

When taking provider calls, use the following resources to remind providers to use self-service options before contacting DMAP Provider Services.

- The attached phone script (pages 2-5) explains the change and encourages providers to attend Provider Web Portal training and make sure their Provider Web Portal and Automated Voice Response (AVR) logins are current.
- DMAP is sharing the attached “quick facts” (page 6) with provider associations for use in newsletters or other communications to their members.
- A [new Web page](#) on the OHP Web site also explains when to call Provider Services and what to do before contacting Provider Services for help.

Reason for Action:

As explained in a December [provider announcement and staff transmittal](#), Provider Services no longer handles basic inquiries such as claim status, PA status, and client eligibility inquiries. Instead, they will refer providers to self-service resources (Provider Web Portal, Automated Voice Response and Electronic Data Interchange).

If you have any questions about this action request, contact:

Contact(s):	Bonni Rose, DMAP Provider Services Manager		
Phone:	503-945-6501	Fax:	503-945-6873
E-mail:	bonni.rose@state.or.us		

Staff Phone Script

Feb. 1 changes to PSU Phone Services

PSU no longer answers basic client eligibility and claim status questions as of Feb. 1, 2011. PSU will tell providers to use the Provider Web Portal, Electronic Data Interchange (EDI) or Automated Voice Response (AVR) for this information and explain how to use these resources.

This will allow staff more time for calls that require special help, such as complex claims/billing issues, PIN/ password resets, and other issues that can't be resolved by using the Web Portal, EDI, or AVR.

Please take the time to review the following questions and answers to prepare to take calls about this change.

I need to (verify client eligibility or get claim status).

Did you try checking the Provider Web Portal or Automated Voice Response for this information?

If no:	<p>I'd be happy to help you by explaining how you can find this information. You can use the Provider Web Portal, Electronic Data Interchange or Automated Voice Response systems. These systems are all fully equipped to answer basic questions about claim status, client eligibility, client managed care enrollment, and more.</p> <p>I can send you information that explains how to use these resources.</p> <ul style="list-style-type: none"> • Click here for AVR eligibility quick reference • Click here for Web portal eligibility quick reference • Click here for Electronic Data Interchange "Getting Started" page • Click here for Provider Web Portal page • Click here for AVR Guide • Click here for PSU Web page link (contains information on what to do and what resources to check before calling PSU) <p>If you still need help after using these resources, please call back and we will be happy to help you. (Go to next question.)</p>
If yes:	<p>Help the caller find this information on the AVR or Provider Web Portal. If this information can't be found on these systems, provide additional help.</p>

Do you know how to use the Provider Web Portal or Automated Voice Response for this information?

<p>If no:</p>	<p>DMAP offers free classroom and Web-based training on how to use the Provider Web Portal. I can send you a link to the training Web page and you can sign up for the training that best meets your needs or I can sign you up for a session now.</p> <ul style="list-style-type: none"> • Click here to sign up for Web portal basics • Click here to sign up for Web portal eligibility and HSC list • Click here to sign up for Web portal PA and Plan of Care • Click here to sign up for Web portal claims • Click here for link to the OHP Training page for providers to sign up themselves <p>You can also learn how to use these functions by reviewing the handbooks and self-help tutorials posted on our Web site. I can send you that link: http://www.oregon.gov/DHS/healthplan/webportal.shtml.</p>
<p>If yes:</p>	<p>I'm glad to hear that. Remember that PINs expire every 90 days; if you haven't logged into the Web portal within the past 90 days, you will either be prompted to enter a new password at your next login, or you will need to get your PIN reset. Make sure to call us if you need a new PIN or password reset.</p>

I don't have access to AVR or the Provider Web Portal. What can I do?

AVR – Everyone with a touchtone phone has access. It is a secure line, so get your PIN number from your office manager or system administrator.

- AVR phone number is toll-free (866-692-3864). You just need your provider location's DHS provider number or National Provider Identifier and the 4-digit PIN set up by your office manager or system administrator.
- If you are the manager/administrator and you lost or forgot your PIN, we can help you. (*Issue new PIN*) You will receive your new PIN letter in 3-4 business days.
- PINs expire every 90 days; if you haven't logged into AVR within the past 90 days, you will either be prompted to enter a new password or you will need to get your PIN reset.

Provider Web Portal is available for anyone with an Internet connection.

- The manager/administrator gives staff a username and password for access to the specific Web portal functions at <https://www.or-medicaid.gov>.
- PINs expire every 90 days; if you haven't logged into the Web portal within the past 90 days, you will either be prompted to enter a new password at your next login, or you will need to get your PIN reset. Make sure to call us if you need a new PIN or password reset.

I don't have EDI access. What can I do?

Electronic data interchange (EDI) is a secure electronic information exchange, like the Provider Web Portal. However, with EDI you can do multiple transactions at once. With the Web portal, you can only perform one transaction at a time.

- You can choose to exchange information directly with DMAP, or you can do business with an EDI clearinghouse or billing service that will exchange information with DMAP on your behalf.
- DMAP's EDI Support Services works with a variety of clearinghouses. If you already exchange information with other payers through a clearinghouse, you may also be able to use that clearinghouse to exchange information with DMAP.
- EDI is typically for providers who handle large volumes of claims/client inquiries. If you handle fewer than 25 claims or inquiries a week, the Provider Web Portal may work for you.

If you are interested in using EDI, call EDI Support Services at 888-690-9888. I can also send you a link to the EDI Web site where you can learn more:

- [Click here for EDI 101](#)
- Click here for the [EDI "Getting Started" page](#)

How do I use (AVR or Provider Web Portal) to check claim/PA status?

Provider Web Portal

- For claims, go to Claims→Search. If you don't see this when you are in the Provider Web Portal, your manager/administrator will need to grant access to the Claims Inquiry function.
- For PA's, go to Prior authorization→Search. If you don't see this when you are in the Provider Web Portal, your manager/administrator will need to grant access to the PA Inquiry function.

You can learn how to use these functions by reviewing the Web PA and Web Adjustment handbooks/instructions posted at www.oregon.gov/DHS/healthplan/webportal.shtml.

AVR

For claim status:

- Select option 2 after logging in.
- Then enter 2, followed by the client ID and pound (#) key, the DOS as MMDDYYYY and pound key, then the billed amount.
- AVR reads the number of claims found and the status (up to 6 claims).

For PA status:

- Select option 3 after logging in. Then enter 1, followed by the PA number and pound key.
- Or, you can enter 2, followed by the client ID and PA start date as MMDDYYYY].
- AVR provides PA status (approved, pending or denied).
- For approved PA's, it also provides the units, \$ and dates approved.

You can learn more by reading the [AVR Guide](#).

Quick facts about changes to DMAP Provider Services

Web portal, EDI, or AVR are the primary resources for most questions

DMAP Provider Services no longer answers basic eligibility and claim status questions as of Feb. 1, 2011. Representatives now refer providers to DMAP's free, self-service resources for answering those questions. Use these resources for:

- Claim/payment status
- Prior authorization status
- Client eligibility and benefit plan information
- Client managed care enrollment
- Client third-party liability (other coverage)
- Client copayment responsibility

Using these resources allows Provider Services staff to help providers with complex billing issues that require their expertise.

Learn more about this change by reading DMAP's announcement at <https://apps.state.or.us/cf1/OHP/OHPadmin/files/psu-calls1210.pdf>.

Learn more about DMAP Provider Services

Did you know?

- In December 2010, the Provider Services call center received over **9,800 calls for the month** (an average of **over 450 calls per business day** or **over 50 calls per hour**).
- In January 2011, Provider Services lost three positions. There are now **nine** representatives available to help you with billing issues and to help explain how to get information through DMAP's self-service options.

DMAP has created a Web page at www.oregon.gov/DHS/healthplan/tools_prov/psu.shtml to explain what Provider Services can and cannot do. It also provides links to useful information and other resources to review before you call for assistance.

Attend a free training session

Sign up today for free classroom or Web-based training. Sessions are held weekly and registration is easy. Current Web-based trainings include:

- [National Drug Code \(NDC\) Billing for Physician-Administered Drugs](#) - Walk through the NDC billing requirements for physician-administered drugs.
- [OHP Basics](#) - Web site navigation and the basics you need to know as an OHP provider.
- [Provider Web Portal Basics](#) - What you need to know to start using the Provider Web Portal.
- [Web Portal Account and Clerk Maintenance](#) - More detailed information for the Web Portal administrator at your provider location.

- [Web Portal Eligibility and HSC List](#) - How to verify eligibility, managed care enrollment and use the HSC List inquiry.
- [Web Portal Prior Authorization and Plan of Care](#) - How to submit and review status of prior authorization (PA) requests; how to review plan of care status.
- [Web Portal Claims](#) - How to bill DHS for Medicaid services using the Provider Web Portal.

There are also [monthly classroom trainings](#) for Provider Web Portal orientation. For more information, go to the OHP Training page at www.oregon.gov/DHS/healthplan/tools_prov/training.shtml.

Quick links for self-service options

- Electronic Data Interchange – Learn how to register as an Oregon DHS trading partner to perform batch claim status and client eligibility inquiries. Go to www.oregon.gov/DHS/edi/getting_started.shtml.
- Provider Web Portal at <https://www.or-medicaid.gov> – Review handbooks, quick references and self-paced tutorials at www.oregon.gov/DHS/healthplan/webportal.shtml.
- Automated Voice Response at 866-692-3864 – Learn how to perform inquiries on claim status, client eligibility, prior authorization status and more at www.oregon.gov/DHS/healthplan/tools_prov/avr-guide.pdf.