

Donald Ross, Manager  
DMAP Policy and Planning Section

**Number:** DMAP-IM-12-034

**Authorized Signature**

**Issue Date:** 04/20/2012

**Topic:** Medical Benefits

**Subject:** **Provider announcement:** Apr. 27 payment recovery of claims incorrectly billed to DMAP **(CORRECTION)**

**Applies to:**

- |  |   |
|--|---|
| <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 and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers    |   |

**Message:**

DMAP will mail the following letter to 215 providers. It informs them that on the weekend of Apr. 27, DMAP will recover incorrect payments made to them.

Please note the following clarifications and corrections:

- The recovery is limited to certain mental health, chemical dependency, and maternity case management services (MCM) that should be billed to the appropriate plan.
- Effective Jan. 1, 2012, DMAP no longer pays a differential to plans that provide MCM services. However, this does not change which plans do or do not pay for MCM services.
- Providers should only bill Cascade Comprehensive Care, DCIPA and OHMS for payment of MCM services to OHP medical plan members. For members of all other OHP medical plans, bill DMAP.
- Chemical dependency services are billed to the medical plan (not the mental health plan).

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Sharon Hill, MMIS Implementation Coordinator		
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**Date:** April 20, 2012

«AddressBlock»

**To:** Hospitals, medical providers and mental health providers

**From:** Don Ross, Manager  
 Policy and Planning Section, DMAP

**Subject:** Payment recovery planned for some incorrectly paid claims

For billing ID: «BILL\_ID»

The weekend of Apr. 27, 2012, the Division of Medical Assistance Programs (DMAP) plans to recover a small number of payments made from **Jan. 1, 2012**, through **Feb. 29, 2012**, for services to clients enrolled in an OHP managed care plan. Unfortunately, our system paid these services in error. The incorrect payments will be deducted from payments you receive in the Apr. 27 payment cycle.

**Why is this happening?**

DMAP incorrectly paid for some services that should have been paid by the client’s managed care plan. When this happens, DMAP will automatically recover these payments.

**What you should do?**

To be paid for the recovered claims, please bill the managed care plan. Verify the enrollment using the Client ID and original date of service listed for the adjusted claim.

- Send claims and a copy of this letter as proof of timely filing to the appropriate managed care plan.
- These plans are expecting your claims, and are committed to working with you to resolve any issues you may have. Please contact the plan for more information.
- To avoid future recoveries, bill for the following services as outlined below.

Type of service	Bill to
Mental health services	Mental health plan
Maternity case management services – <i>For Cascade Comprehensive Care, DCIPA, and OHMS medical plan members only</i>	Medical plan
Chemical dependency services– <i>For all medical plan members</i>	
Maternity case management services - <i>For all other medical plan members</i>	DMAP

## What you will see on the paper remittance advice

**The Claim Adjustments section** will list the affected claims by original Internal Claim Number (ICN).

- Each ICN will have an adjustment ICN (beginning with “52”) to indicate recovery activity.
- The “Detail EOBs” will list Explanation of Benefits (EOB) code *EOB 0090 – Service is covered by a managed care plan. Claim must be billed to the appropriate managed care plan.*
- The total amount recovered for the claim will be listed as a “Net Overpayment.”

**The Financial Transactions section** will list the adjustment ICNs, recovery amounts and any outstanding balance with *EOB 8400 - Accounts receivable has been established - The amount will be deducted from your future payments.*

## What you will see on the electronic remittance advice or Provider Web Portal

Your electronic remittance advice (ERA) should list these adjustments as overpayment recoveries. The Provider Web Portal will show the adjustment ICN as a denied claim.

In both the ERA and Provider Web Portal, the reason for the recovery will be Adjustment Reason Code 24 - *Charges are covered under a capitation agreement/managed care plan.*

## Thank you for your support

Thank you for your continued support of the Oregon Health Plan and the services you provide to Oregon’s most vulnerable people.

We apologize for any inconvenience this may cause. As we continue to work toward system improvements, we appreciate your patience and understanding.

## Questions?

- **About this announcement:** Please contact the Provider Services Unit at [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us) or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:00 p.m. and Friday 10 a.m. to 4:00 p.m. (phone lines closed 11:30 a.m. to 12:30 p.m. daily).
- **About provider recovery of overpayments or appeals:** Please see Oregon Administrative Rules 410-120-1397(7), 410-120-1560 and 410-120-1580 in DMAP’s General Rules, found at [www.dhs.state.or.us/policy/healthplan/guides/genrules/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/genrules/main.html).

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Answer six survey questions about this provider announcement at <https://survey.emp.state.or.us/cgi-bin/qwebcorporate.dll?idx=J2ESKJ>.