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DMAP Medicaid Policy and Planning Section

Number: DMAP-IM-13-056

Authorized Signature

Issue Date: 07/19/2013

Topic: Medical Benefits

Subject: Pharmacy announcement: July 26 recovery planned for some duplicate payments

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"/> Aging 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 APD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers | |

Message:

DMAP is mailing the following letter to 196 pharmacies. It explains that the weekend of July 26, DMAP will recover duplicate payments made to them from July 4 through 6.

DMAP is also mailing a courtesy copy of this letter to the corporate offices of 20 pharmacy chains.

If you have any questions about this information, contact:

Contact(s):	DMAP Pharmacy Program
E-mail:	dmap.rxquestions@state.or.us



Date: July 19, 2013

To: Pharmacy providers

From: DMAP Pharmacy Program

Subject: Payment recovery planned for July 26, 2013, to recover duplicate payments

The weekend of July 26, the Division of Medical Assistance Programs (DMAP) plans to recover duplicate payments made from **July 4, 2013**, through **July 6, 2013**.

If DMAP makes no payments to you during the July 26 payment cycle, the recoveries will occur in your next payment cycle.

Why is this happening?

From July 4 through July 6, 2013, DMAP's payment system failed to send responses back to point of sale switch vendors about the status of fee-for-service prescriptions, even though the prescriptions processed as paid.

Your pharmacy rebilled these claims using a manual override, resulting in a duplicate payment that we need to recover.

What should you do?

No action is needed on your part. If you have questions or concerns, please contact Rich Holsapple of the Oregon Pharmacy Call Center at 503-383-3389 (Salem). You can also ask for a detailed spreadsheet of the claims we plan to recover.

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 45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.*

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 8188-Void Transactions-Mass Adjust.*
- 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.*

Thank you for your support

We apologize for any confusion or inconvenience this may cause. Thank you for your continued support of the Oregon Health Plan and the services you provide to Oregon's most vulnerable people.

Questions?

- **About this announcement:** Please contact Rich Holsapple of the Oregon Pharmacy Call Center at 503-383-3389 (Salem).
- **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.

Help us improve future announcements:

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