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Date: December 1, 2021

To: Oregon DRG hospitals

From: Donald Jardine, Medicaid Transformations Programs Manager

Medicaid Programs

Subject: Fee-for-service reprocessing of outpatient claims planned for December 11, 2021

The weekend of December 11, 2021, the Oregon Health Authority (OHA) will reprocess all outpatient claims paid from January 1, 2021 through July 25, 2021.

Why is this happening?

On July 25, 2021, OHA updated its claim system with January 1, 2021, Ambulatory Payment Classification (APC) pricing. The December 11, 2021 reprocessing will apply the updated pricing to the claims paid during the identified timeframe.

What should you do?

No action is required on your part.

What you will see on the paper remittance advice

The Claims Paid section will list the affected claims with a Detail EOB code of 8008: Provider Requested Claim Adjustment Due to Misc. or Unspecified Error.

What you will see on the electronic remittance advice (ERA) or Provider Web Portal

Both the ERA and Provider Web Portal will list Adjustment Reason Code 16: Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Again, no action is required on your part.

Questions?

If you have any questions about this announcement, contact the Provider Services Unit at dmap.providerservices@dhsoha.state.or.us or call 800-336-6016. We are available Monday through Friday between 8 a.m. and 5 p.m.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.