



HEALTH SYSTEMS DIVISION

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Date: June 2, 2021

To: Oregon DRG hospitals

From: Donny Jardine, Medicaid Transformation Programs Manager
Medicaid Programs

Subject: Fee-for-service reprocessing of inpatient claims planned for June 14, 2021

The weekend of June 14, 2021, the Oregon Health Authority (OHA) plans to reprocess all inpatient claims paid between **October 1, 2020**, and **May 5, 2021**.

Why is this happening?

On May 5, 2020, OHA updated its claims system with Version 38 of the Medicare Severity Diagnosis Related Group (MS-DRG) grouper software. The June 14 reprocessing will ensure that the claims listed above comply with this update.

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.