



OREGON
HEALTH
AUTHORITY

September 2024

MMIS Provider Portal Adjusting and Resubmitting Claims

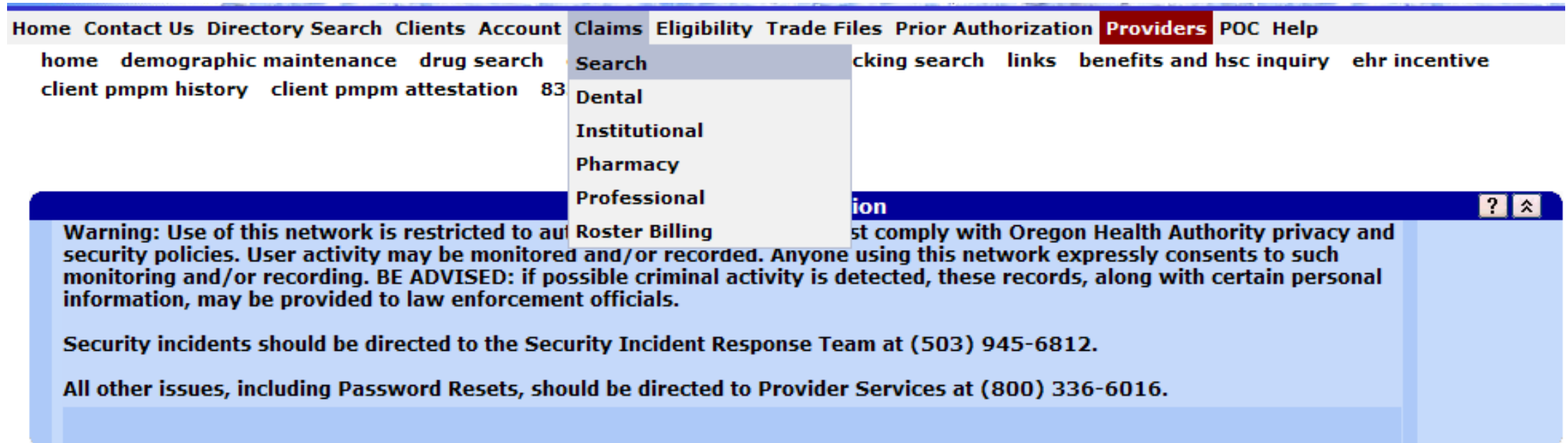
**Find program-specific instructions in the
supplemental information for each program at
OHP.Oregon.gov/Rules**

Who can adjust claims?

- Anyone with the “Claim Adjust” role can adjust a claim.
- You cannot adjust claims more than a year old using the portal.
- An administrator or clerk with the Clerk Maintenance role may add this role to other clerks.
- To learn more about updating or adding clerks, [view OHA's Account Maintenance guide](#).

Go to <https://www.or-medicaid.gov>

- Click **Account > Secure Site**
- After login, click **Claims > Search**



The screenshot shows the top navigation bar of the Oregon Medicaid website. The 'Claims' menu is open, displaying the following options: Search, Dental, Institutional, Pharmacy, Professional, and Roster Billing. The 'Providers' menu item is highlighted in red in the main navigation bar. Below the navigation bar, there is a blue banner with a warning message and contact information for security incidents and password resets.

Home Contact Us Directory Search Clients Account **Claims** Eligibility Trade Files Prior Authorization **Providers** POC Help

home demographic maintenance drug search Search tracking search links benefits and hsc inquiry ehr incentive
client pmpm history client pmpm attestation 83 Dental
Institutional
Pharmacy
Professional
Roster Billing

Warning: Use of this network is restricted to authorized users. All users must comply with Oregon Health Authority privacy and security policies. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials.

Security incidents should be directed to the Security Incident Response Team at (503) 945-6812.

All other issues, including Password Resets, should be directed to Provider Services at (800) 336-6016.

Enter search criteria

- Enter at least one of the following criteria*, then click **search**:
 - Internal Control Number (ICN)
 - Client ID (recipient's Medicaid ID)
 - Tracking Control Number (TCN)
 - FDOS (From Date of Service) and TDOS (To Date of Service)
 - Date Paid

The screenshot shows a web interface for a 'Claim Search' with the title 'Claim Search: 506643095 MCD'. The form is organized into two columns. The left column contains input fields for 'ICN', 'Client ID', 'TCN', 'FDOS', and 'TDOS'. The right column contains a 'Rendering Provider ID' field with a '[Search]' button next to it, a 'Claim Type' dropdown menu, a 'Status' dropdown menu, and a 'Date Paid' field. At the bottom right, there are two buttons: 'search' (highlighted with a red box) and 'clear'. A yellow callout box with a dashed border contains the text: '*You must enter one of the required criteria before you can search by Rendering Provider, Claim Type or Status.'

Review search results

- To view a claim, click the row of the claim you want to view.

Claim Search: 506643095 MCD ? ^

ICN	<input type="text"/>	Rendering Provider ID	<input type="text"/> [Search]
Client ID	<input type="text"/>	Claim Type	<input type="text"/>
TCN	<input type="text"/>	Status	<input type="text"/>
FDOS	<input type="text"/>	Date Paid	<input type="text"/>
TDOS	<input type="text"/>		

Search Results

ICN	Client ID	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed
2212159000006	JT500A3R	03/01/2012	03/01/2012	OUTPATIENT CLAIMS	DENIED	06/07/2012	\$550.00
2212131000009	CA500L1L	02/01/2012	02/28/2012	PROFESSIONAL CLAIMS	DENIED	05/10/2012	\$2,772.00
2212121000006	CA500L1L	02/01/2012	02/28/2012	PROFESSIONAL CLAIMS	DENIED	05/03/2012	\$2,772.00
2212121000005	CA500L1L	03/01/2012	03/31/2012	PROFESSIONAL CLAIMS	PAID	05/03/2012	\$2,904.00
2212156000003	GI500R1L	04/01/2012	04/30/2012	PROFESSIONAL CLAIMS	DENIED	06/05/2012	\$3,000.00
5912159000001	CA500L1L	03/01/2012	03/31/2012	PROFESSIONAL CLAIMS	PAID	06/07/2012	\$2,904.00
2212187000002	JT500A3R	06/01/2012	06/15/2012	PROFESSIONAL CROSSOVER	DENIED	07/13/2012	\$1,000.00
2212187000003	JT500A3R	06/01/2012	06/15/2012	PROFESSIONAL CLAIMS	DENIED	07/13/2012	\$1,000.00

View and update claim

Fields contain information as submitted on the original claim. The process is the same for all claim types:

1. **Edit claim if needed:** Update fields (click the row to update).
2. **Update Claim Status Information** (bottom of claim):
 - To adjust paid claims: Click **adjust**.
 - To adjust denied claims: Click **submit**.
 - To withdraw a paid claim: Click **void**. OHA will recover any payments issued for the claim.
 - To copy a paid claim: Click **copy**.

The screenshot displays a professional claim management interface with the following sections:

- Professional Claim Billing Information:** Includes fields for ICM (5913352000001), Provider ID (1891792313 NPI), Client ID (HN400B3J), Last Name (REBAR), First Name (MARGARET), Date of Birth (12/18/1988), Patient Account #, Referring Phys, and Insurance Denied.
- Service Information:** Includes From Date* (09/15/2013), To Date* (09/15/2013), Expected Delivery Date, Medical Record Number, Accident Related To, and Charges (Total Charges: \$285.00, TPL Amount: \$0.00, Plan Payment Amount, CoPay Amount: \$0.00).
- Adjustment History:** Shows a table with columns for Claim Status, Claim Adjustment, Date Adjusted, History Date, Status, and Reason. One entry is listed: 2213352000009, 12/18/2013, PAID.
- Resubmission Claim History:** Shows a table with columns for Sequence, Diagnosis, Description, ICD Version, and Present on Admission. A message states: "No rows found".
- Diagnosis:** Includes a table with columns for Sequence, Diagnosis, Description, and ICD Version. A message states: "No rows found".
- TPL:** Includes fields for Last Name, First Name, Date of Birth, Relationship, Policy Number, Plan Name, Plan ID, Adjustment Reason Code, Adjustment Group Code, and Adjustment Amount. A message states: "No rows found".
- Medicare Information:** Includes fields for Medicare Paid Date, Coinsurance Amount, Deductible Amount, Psychiatric Amount, and Paid Amount. A message states: "No rows found".
- Detail:** Includes a table with columns for Item, Procedure, Units, Charges, Status, and Allowed Amount. One entry is listed: 1, 11981, 1.00, \$285.00, PAID, \$99.55. Below the table are various fields for Item, From DOS, To DOS, Units, Units Qualifier, Charges, Rendering Physician, Taxonomy, Zip+4, Status, Diagnosis Code Pointer, Modifiers, POS, Procedure, NDC, NDC UOM, NDC Quantity, Tpl Amount, Plan Payment Amount, Emergency, Pregnancy, EPSTD Ref, EPSTD Family Planning, Allowed Amount, CoPay Amount, Adjustment Reason Code, Adjustment Amount, Medicare Paid Date, Deductible Amount, Coinsurance Amount, Medicare Paid Amount, and Medicare Psych Amount.
- Hard-Copy Attachments:** Includes fields for Control Number, Transmission, Report Type, and Description. A message states: "No rows found".
- Claim Status Information:** Shows Claim Status (PAID), Claim ICN (5913352000001), Paid Date (12/18/2013), and Allowed Amount (\$99.55).
- HIPAA Adjustment Reasons:** Shows a table with columns for Detail Number, HIPAA Adjustment Reason Code, and HIPAA Adjustment Reason Description. Three entries are listed: 0, 223, Adjustment code for mandated federal, state or local law/regulation that is not already covered by another code and is mandated before a new code can be created; 1, 223, Adjustment code for mandated federal, state or local law/regulation that is not already covered by another code and is mandated before a new code can be created; 1, 45, Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Reason Code 223 for this adjustment).

At the bottom right, there are buttons for **cancel**, **adjust**, **void**, and **copy claim**. A large orange bracket on the right side of the screenshot spans from the Diagnosis section down to the HIPAA Adjustment Reasons section, with a yellow '1' next to it. A blue bar at the bottom right contains a yellow '2' and the buttons mentioned above, with a yellow '6' in the bottom right corner of the page.

Claim Status: PAID

On paid claims, you can:

- Click **cancel** to clear changes made during this session
- Click **adjust** to submit changes made during this session
- Click **void** to withdraw the claim. OHA will recover payments made.
- Click **copy claim**. This creates a new claim. It will have all the information entered on the paid claim, with a status of “Not Submitted Yet.”

Claim Status Information		
Claim Status	PAID	
Claim ICN	5012011705001	
Paid Date	01/12/2012	
Allowed Amount	\$90.00	
Coversheet for supporting documentation		

HIPAA Adjustment Reasons		
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
1	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
2	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).

cancel adjust void copy claim

Claim Status: DENIED

On denied claims, you can:

- Click **resubmit** to make changes to the claim and submit the changes during this session.
- Click **cancel** to clear changes made during this session.

Claim Status Information		
Claim Status	DENIED	
Claim ICN	2216043000008	
Denied Date	02/12/2016	
Allowed Amount	\$0.00	
Coversheet for supporting documentation		
HIPAA Adjustment Reasons		
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
1	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
1	24	Charges are covered under a capitation agreement/managed care plan.
re-submit cancel		

Error messages on adjusted claims

- If there are no errors, adjusted claims will process and get a new ICN.
- If there are errors, the top of the claim will list reasons why the claim did not process.
 - The “Message Description” column explains the error.
 - The “Panel,” “Field” and “Row” columns show where the error occurs.
 - You can fix the errors and try to process the claim again.

The following messages were generated:

Message Description	Panel	Field	Row
From Date is required.	Professional Claim	From Date	1
To Date is required.	Professional Claim	To Date	1
To DOS is required.	Professional Claim	To Date	1
From DOS is required.	Professional Claim	From Date	1
ProcedureCode is required.	Professional Claim	ProcedureCode	1
A valid POS is required	Professional Claim	POS	1
A valid Procedure is required	Professional Claim	Procedure	1
Units must be greater than 0.	Professional Claim		1
A valid Client ID is required	Professional Claim	Client ID	1

Claim Status: SUSPENDED

- After adjusting a claim, it may change to suspended status. You cannot take any action on a suspended claim.
 - OHA staff will give the claim a Paid or Denied status after internal review.
 - The review should not take longer than 30 days.

Claim Status Information		
Claim Status	SUSPENDED	
Claim ICN	2006234600322	
Allowed Amount	\$0.00	

EOB Information		
Detail Number	Code	Description
1	4014	NO PRICING SEGMENT IS ON FILE.

Need help?

Ask OHP Provider Services:

- 800-336-6016
- dmap.providerservices@oha.oregon.gov

Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact OHP Provider Services at dmap.providerservices@oha.oregon.gov or 800-336-6016 (voice). We accept all relay calls.

Oregon Health Plan
Provider Services
500 Summer St NE, E44
Salem, OR 97301
800-336-6016
OHP.Oregon.gov/Providers

