

# **Email instructions for special claims and documentation**

You can now send special claims and claim documentation to the Oregon Health Authority via secure email to OHA.FFSOHPClaims@dhsoha.state.or.us.

- All documentation requirements stay the same, this option just allows you to submit a scanned image rather than having to mail or fax a paper copy.
- Please send as described below; otherwise, we will be unable to process them correctly and will have to ask that you rescan and resend them.

## **Special claims**

Scan items in this order. Please do not include a coversheet or cover letter before the claim image:

Document type	Document order
Appeals (redetermination of non-covered services)	<ul> <li>The claim for denied services</li> <li>Letter stating reasons for the appeal or redetermination</li> <li>Complete documentation</li> </ul>
<ul> <li>Claims that require special handling, including:</li> <li>Administrative errors</li> <li>Claims over one year old</li> <li>CWM and pharmacy reconsiderations</li> </ul>	<ul> <li>The claim</li> <li>Letter explaining the problem</li> <li>Complete documentation</li> <li>For Medicare/Medicaid claims, the Medicare EOB</li> </ul>
Transplant claims	<ul><li>The claim</li><li>Documentation</li></ul>

### **Documentation for existing claims**

Document type	Document order
Consent forms:  OHP 741 (Hysterectomy) OHP 742A and 742B (Sterilization)  OHP 405T (Transportation Order)	<ul> <li>Completed <u>EDMS Coversheet</u> with the claim ICN listed in the "Documentation Identification Numbers" section</li> <li>Documentation</li> </ul>
OHP 1036 (Individual Adjustment Request)	
OHP 3085 (Request for Claim or Service Authorization Review)	

#### How to send secure email to OHA:

Send email as described in the DHSIOHA secure email instructions. If you cannot use this option:

- Please email OHA.FFSOHPClaims@dhsoha.state.or.us and ask for a secure email.
- You can then attach your documents to your response to the secure email we send you.

This email address is **only** for the submission of claims and/or documentation.

### Questions about billing, claims or documentation?

Call Provider Services at 1-800-336-6016 or email DMAP.ProviderServices@dhsoha.state.or.us.