

Jean S. Phillips, Deputy Administrator  
DMAP Policy and Planning Section

Authorized Signature

Number: DMAP- IM-08-174

Issue Date: 11/20/2008

**Topic:** Medical Benefits

**Subject:** Provider announcement re: Systems error – Local Medicaid and SCHIP  
Match claims denied

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

**Message:**

On November 19, 2008 DMAP will send a letter (attached) from Jim Scherzinger, Deputy Director of Finance, to providers of School-Based Health Services, Behavioral Rehabilitation Services and Targeted Case Management services telling them there was a systems error for claims that should have been suspended but instead were denied. The providers are instructed to resubmit claims with appropriate match payment.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Provider Services		
<b>Phone:</b>	1-800-336-6016		
<b>E-mail:</b>	DMAP.providerservices@state.or.us		



# Oregon

Theodore R. Kulongoski, Governor

## Department of Human Services

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November 19, 2008

To: Providers of School-Based Health Services,  
Behavioral Rehabilitative Services and  
Targeted Case Management Services

From: Jim Scherzinger, Deputy Director of Finance

Subject: Systems error – Local Medicaid and SCHIP match claims denied



DHS has experienced another system problem and would like to take this opportunity to sincerely apologize for any inconvenience and confusion caused by our system problems. Due to this systems error, local match claims that would normally have been suspended for lack of match payment were denied during the November 8, 2008 processing weekend. These denied claims will show a 453 Explanation of Benefit code on your Remittance Advice mailed out on Monday, November 10.

To receive prompt payment, please re-submit these claims, paper checks and electronic fund transfers as follows:

### Claims:

- DHS must receive paper claims by 5:00 p.m., November 24, 2008, and
- Electronic claims by 2:00 p.m., Friday, November 28<sup>th</sup>.

**Please note:** The weekend of November 28<sup>th</sup> will be the last claims processing and payment cycle in the current MMIS.

### Paper Checks and Electronic Fund Transfers:

DHS Financial Services Unit must receive paper checks or electronic fund transfers by 5:00 p.m., November 25, 2008.

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If these deadlines are not met, claims will be delayed until sometime after December 9, 2008 when the new MMIS system is implemented. Providers must complete the appropriate MMIS Local Match Leveraging Form required to allow Financial Services to properly identify prepaid local match funds whether it is for paper checks or electronic fund transfers.

The MMIS Local Match Leveraging Form Instructions on how to submit your match payment are included on the leveraging form posted online at:

<http://www.oregon.gov/DHS/healthplan/forms/omapforms.shtml#misc>

***Please note:*** Due to the implementation of the new MMIS, any other claims that are currently suspended due to lack of local match funds will begin to deny on November 28, 2008 unless the appropriate match funds are received.

Thank you for your continued support of the Oregon Health Plan as we work through these changes.

### ***Questions?***

If you have questions about the information in this letter, contact Provider Services DMAP Provider Services, 800-336-6016 or e-mail [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us)