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DMAP Policy and Planning Section

Authorized Signature

Number: DMAP- IM-10-106
Issue Date: 09/16/2010

Topic: Medical Benefits

Subject: Provider announcement: Update and reminders on providing services

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

Message:

This October, the Medicaid Management Information System (MMIS) will begin denying payment for services provided to clients who:

- Are enrolled in managed care, and
- Have the HNA case descriptor on their eligibility on their eligibility record, and
- Did not receive the service from an Indian Health Service or Tribal-638 provider.

When these claims deny, an Explanation of Benefit message will tell the provider to bill the client's managed care plan.

DMAP posted the attached announcement on the [OHP Provider Announcements](#) page. The announcement:

- Informs providers about the upcoming system change. When the specific date of the change is known, DMAP will send another announcement to share the date.
- Explains that claims will be denied appropriately, and
- Reminds providers to verify managed care enrollment to ensure their claim is processed and they receive payment.

If you have any questions about this information, contact:

Contact(s):	Provider Services		
Phone:	1-800-336-6016	Fax:	503-945-6873
E-mail:	dmap.providerservices@state.or.us		

Important Information

Updates and reminders on providing services

This October, the Division of Medical Assistance Programs (DMAP) will implement a system-wide correction to the Medicaid Management Information System (MMIS). The system has been incorrectly paying claims for a small group of clients who are enrolled in a managed care plan, and have either:

- Identified their race as Indian, Native American or Native Hawaiian and received services outside of their managed care plan, or
- Provided DHS proof of Tribal membership and received services outside of their managed care plan at a facility which is not an Indian Health Services or Tribal-638 clinic.

This means

Once DMAP makes this correction, the MMIS will correctly deny claims for services to the clients listed above. Providers will be instructed to bill the client's managed care plan.

When we confirm the specific date the correction will take place, we will let you know.

Verify managed care enrollment for OHP clients before providing services.

You can do this by using any of the following methods:

- Electronic Data Interchange (EDI) – Through DHS or your EDI clearinghouse
- Automated Voice Response at 1-866-692-3864
- The Provider Web Portal at <https://www.or-medicaid.gov>

For more information, go to www.oregon.gov/DHS/healthplan/tools_prov/electronverify.shtml.

General reminders and resources

- ***Questions regarding recent announcements and general billing issues***
DMAP Provider Services at 1-800-336-6016
- ***Provider guidelines***
www.oregon.gov/DHS/healthplan/tools_prov/main.shtml#guidelines

Resources for pharmacies and prescribers

- ***To find the formulary list for OHP managed care plans***
Contact the managed care plan. Some plans have their formularies available through Epocrates at <https://online.epocrates.com/noFrame/>.
- ***Prior authorization criteria for fee-for-service pharmacy services***
Information is found at www.dhs.state.or.us/policy/healthplan/guides/pharmacy/clinical.html.



■ **Drug coverage for clients in managed care**

DMAP only pays for the following pharmacy service claims (carve out drugs) for clients enrolled in managed care:

- ✓ Therapeutic Class/Code (TC): 7 and 11,
- ✓ Depakote and generic equivalents,
- ✓ Lamictal and generic equivalents

For a listing of current carve-out drugs, go to www.oregon.gov/DHS/healthplan/tools_prov/711carveout.xls.

■ **Pharmacy FAQ**

www.oregon.gov/DHS/healthplan/data_pubs/faqs/pdl.shtml#coverage.

■ **Coordination of benefits (COB) and other billing information**

www.oregon.gov/DHS/healthplan/notices_providers/2010/cob-letter410.pdf

■ **Pharmacy technical billing and prior authorization questions**

Oregon Pharmacy Call Center at 1-888-202-2126

■ **Pharmaceutical Services Administrative rules, guidelines and other resources**

www.dhs.state.or.us/policy/healthplan/guides/pharmacy/main.html

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