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DMAP Quality Improvement & Medical Section

Authorized Signature

Number: DMAP- IM-11-011

Issue Date: 02/10/2011

Topic: Medical Benefits

Subject: Provider and MCO announcement: New process for provider administrative reviews

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:

DMAP will post the following announcement on the OHP [MCO Announcements](#) and [Provider Announcements](#) Web pages.

It explains that there is a new form ([DMAP 3085](#)) for all OHP providers to use when requesting administrative review of DMAP or managed care plan decisions.

If you have any questions about this information, contact:

Contact(s):	Keri Mintun, DMAP Quality Improvement Coordinator		
Phone:	503-945-5936	Fax:	503-373-7689
E-mail:	keri.a.mintun@state.or.us		



Oregon

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February 10, 2011

To: All OHP providers and OHP managed care plans
From: Jon Pelkey, Manager
DMAP Quality Improvement and Medical Section
Subject: New process for provider administrative reviews



When the Division of Medical Assistance Programs (DMAP) or a prepaid health plan (PHP) makes a decision that adversely affects the provider and is not otherwise reviewed as a claim re-determination, a contested case, or client appeal, DMAP or the provider can request an administrative review as outlined in Oregon Administrative Rule (OAR) 410-120-1580 in DMAP's [General Rules](#).

Since November of last year, DMAP has been working on continuous improvement of the administrative review process. The process now ensures consistent review of provider payment decisions in both the managed care and fee-for-service delivery systems.

We are pleased to share this new process with the providers and plans who partner with us to serve Oregon Health Plan clients. Plans are also encouraged to share this information with their contracted providers.

We appreciate your support and patience as we continue to identify opportunities to improve how we do business with you.

Use the new DMAP 3085 form to request administrative reviews

Only use this form when requesting review of policy or legal decisions **not** related to claim redetermination, contested case hearing, or client appeals. You can find this form on the DHS Web site at <http://dhsforms.hr.state.or.us/Forms/Served/OE3085.pdf> and at the end of this letter.

Before requesting DMAP review of a PHP decision, you must document that you have exhausted the PHP's appeal process. If you have not exhausted the PHP's appeal process, DMAP will return your request and attached documentation to you.

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For more information, review DMAP's General Rules

OARs 410-120-1560 (Provider Appeals) to 410-120-1600 (Contested Case Hearing) in DMAP's General Rules at www.dhs.state.or.us/policy/healthplan/guides/genrules/main.html fully describe the appeal options available to OHP providers and the procedures you need to follow for each type of appeal.

Questions?

- If you have questions about DMAP administrative reviews, please contact DMAP Provider Services at 800-336-6016 or e-mail dmap.providerservices@state.or.us.
- If you have questions about a plan's appeal process, contact the plan.