



Division of Medical Assistance Programs

Information Memorandum Transmittal

Donald Ross, Manager
DMAP Policy and Planning Section

Number: DMAP IM 12-039

Authorized Signature

Issue Date: 05/14/2012

Topic: Medical Benefits

Subject: Provider announcement: Payment recovery for some March/April 2012 claims

Applies to:

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Seniors and People with Disabilities
- Other (please specify): DHS and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists

Message:

DMAP will mail the following letter to 360 providers. It tells them the following:

- DMAP will recover payments made to them in March and April 2012 for services that should have been billed to the client’s OHP medical or mental health plan.
- Providers will need to rebill the plan(s) to seek payment for these services.

If you have any questions about this information, contact:

Contact(s):	Sharon Hill, MMIS Implementation Coordinator		
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E-mail:	sharon.k.hill@state.or.us		



Date: May 14, 2012

«AddressBlock»

To: Hospitals, medical providers and mental health providers

From: Don Ross, Manager
 Policy and Planning Section, DMAP

Subject: Payment recovery planned for some claims incorrectly billed to DMAP

For billing ID: «BILL_ID»

The weekend of May 18, 2012, the Division of Medical Assistance Programs (DMAP) plans to recover a small number of payments made from **Mar. 1, 2012**, through **Apr. 30, 2012**, for services to clients enrolled in an OHP managed care plan. If DMAP makes no payments to you during the May 18 payment cycle, the recoveries will occur in your next payment cycle.

Why is this happening?

DMAP incorrectly paid for some services that should have been billed to the client’s managed care plan. When this happens, DMAP will automatically recover these payments.

We are working to correct our system to prevent this from happening in the future. We will notify you when the change is made in our system.

What you should do?

To be paid for the recovered claims, please bill the managed care plan. Verify the enrollment using the Client ID and original date of service listed for the adjusted claim.

- Send claims and a copy of this letter as proof of timely filing to the appropriate managed care plan.
- These plans are expecting your claims, and are committed to working with you to resolve any issues you may have. Please contact the plan for more information.
- To avoid future recoveries, bill for the following services as outlined below.

Type of service	Bill to
Mental health services	Mental health plan
Services to newborns retroactively enrolled in the mother’s medical plan – <i>Report all OHP births using the DMAP 2420 form to expedite medical plan enrollment</i>	Medical plan
Maternity case management services – <i>For Cascade Comprehensive Care, DCIPA, and OHMS medical plan members only</i>	
Chemical dependency services– <i>For all medical plan members</i>	
Maternity case management services - <i>For all other medical plan members</i>	DMAP

What you will see on the paper remittance advice

The Claim Adjustments section will list the affected claims by original Internal Claim Number (ICN).

- Each ICN will have an adjustment ICN (beginning with “52”) to indicate recovery activity.
- The “Detail EOBs” will list Explanation of Benefits (EOB) code *EOB 0090 – Service is covered by a managed care plan. Claim must be billed to the appropriate managed care plan.*
- The total amount recovered for the claim will be listed as a “Net Overpayment.”

The Financial Transactions section will list the adjustment ICNs, recovery amounts and any outstanding balance with *EOB 8400 - Accounts receivable has been established - The amount will be deducted from your future payments.*

What you will see on the electronic remittance advice or Provider Web Portal

Your electronic remittance advice (ERA) should list these adjustments as overpayment recoveries. The Provider Web Portal will show the adjustment ICN as a denied claim.

In both the ERA and Provider Web Portal, the reason for the recovery will be Adjustment Reason Code 24 - *Charges are covered under a capitation agreement/managed care plan.*

For more information

- **Provider recovery of overpayments or appeals:** Please see Oregon Administrative Rules 410-120-1397(7), 410-120-1560 and 410-120-1580 in DMAP’s General Rules, found at www.dhs.state.or.us/policy/healthplan/guides/genrules/main.html.
- **Newborn notification form (DMAP 2410):** The sooner we know about newborns, the sooner we can enroll them in the correct medical plan for you to bill. To report OHP births to the OHA Statewide Processing Center, please use the form found at <https://apps.state.or.us/Forms/Served/oe2410.pdf>.

Thank you for your support

Thank you for your continued support of the Oregon Health Plan and the services you provide to Oregon’s most vulnerable people.

We apologize for any inconvenience this may cause. As we continue to work toward system improvements, we appreciate your patience and understanding.

Questions?

About this announcement: Please contact the Provider Services Unit at dmap.providerservices@state.or.us or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:00 p.m. and Friday 10 a.m. to 4:00 p.m. (phone lines closed 11:30 a.m. to 12:30 p.m. daily).

Help us improve future announcements:

Answer six survey questions about this provider announcement at <https://survey.emp.state.or.us/cgi-bin/qwebcorporate.dll?idx=J2ESKJ>.