

Donald Ross, Manager  
DMAP Policy and Planning Section

**Number:** DMAP IM 12-110

**Authorized Signature**

**Issue Date:** 10/18/2012

**Topic:** Medical Benefits

**Subject:** **Provider announcement:** Reprocessing of 2011 MCO claims – Payments not affected

**Applies to:**

- |  |   |
|--|---|
| <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 and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers    |   |

**Message:**

This week, DMAP will mail the following letter to 270 providers. It tells them the following:

- DMAP will reprocess payments made to them in calendar year 2011 for services that should have been billed to the client's medical plan or mental health plan.
- No payments will be affected by this activity.

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

<b>Contact(s):</b>	Sharon Hill, MMIS Implementation Coordinator		
<b>Phone:</b>	503-945-6957	<b>Fax:</b>	503-373-7689
<b>E-mail:</b>	<a href="mailto:sharon.k.hill@state.or.us">sharon.k.hill@state.or.us</a>		



**Date:** October 18, 2012

**To:** Hospitals, medical providers and mental health providers

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

**Subject:** Reprocessing for some incorrectly billed claims --  
**Payments will not change**

For billing ID: «BILL\_ID»

Next Friday, the Division of Medical Assistance Programs (DMAP) plans to reprocess a small number of claims paid from **Jan. 1, 2011**, through **Dec. 31, 2011**, for services to clients enrolled in an OHP managed care plan.

**This activity will not change payments you received for these claims, and will not affect any payments that process next Friday.**

#### Why is this happening?

DMAP incorrectly paid for some services that should have been billed to the client's managed care plan. We are reprocessing the following types of payments to show they should have been billed to the plan:

- Mental health services – *For all mental health plan members*
- Maternity case management services – *For Cascade Comprehensive Care, DCIPA, and OHMS medical plan members only*
- Chemical dependency services – *For all medical plan members*

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?

No action is required on your part.

#### 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 reprocessing.
- 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 reprocessed will be listed as a “Net Overpayment.”

The **Financial Transactions** section will list the following (see sample RA below):

- “Non-claim specific payouts” for the amounts reprocessed.
- “Accounts Receivable” will list the amounts reprocessed as Total Recouped, with Reason Codes between 8501 and 8525.

-----NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS-----				
TRANSACTION NUMBER	--CCN--	PAYOUT --AMOUNT--	REASON CODE	RENDERING PROVIDER
150111		42.85	8503	123456
150112		7.74	8503	123456
150113		15.05	8503	123456
TOTAL PAYOUTS:		65.64		

  

-----NON-CLAIM SPECIFIC REFUNDS FROM PROVIDERS-----				
--CCN--	PAYOUT --AMOUNT--	REASON CODE	CLIENT NO.	CLIENT NAME
NO NON-CLAIM SPECIFIC REFUNDS FROM PROVIDERS				

  

-----CLAIM SPECIFIC REFUNDS FROM PROVIDERS-----				
--CCN--	PAYOUT --AMOUNT--	REASON CODE	CLIENT NO.	CLIENT NAME
NO CLAIM SPECIFIC REFUNDS FROM PROVIDERS				

  

-----ACCOUNTS RECEIVABLE-----						
A/R NUMBER/ICN	SETUP DATE	RECOUPED THIS CYCLE	ORIGINAL AMOUNT	TOTAL --RECOUPED--	--BALANCE--	REASON CODE
5212088001033	033012	42.85	42.85	42.85	0.00	8400
5212088001130	033012	7.74	7.74	7.74	0.00	8400
5212089001014	033012	15.05	15.05	15.05	0.00	8400
TOTAL BALANCE					0.00	

Non-claim-specific payout amounts match amounts listed as Net Overpayments in Adjustments section of the RA.

Accounts Receivable (A/R) ICNs and amounts match Net Overpayment information, but the Payouts listed above cancel out the A/R amounts.

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

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 reprocessing will be Adjustment Reason Code 24 - *Charges are covered under a capitation agreement/managed care plan.*

### 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](mailto: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).
- **About how read the paper remittance advice :** See pages 13-15 of DMAP’s “How to read the paper remittance advice” guide at [www.oregon.gov/oha/healthplan/tools\\_prov/reading-ra.pdf](http://www.oregon.gov/oha/healthplan/tools_prov/reading-ra.pdf).

**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>.