

Dale Elder, Manager
DMAP Operations Section

Number: DMAP-IM-13-015

Authorized Signature

Issue Date: 02/14/2013

Topic: Medical Benefits

Subject: Provider announcement – Important reminders to providers when verifying client eligibility, enrollment status and benefits

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"/> Aging 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 APD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers | |

Message:

Due to a high volume of provider calls and DMAP's lack of staff resources, we will post the following important reminders on the [OHP Provider Announcements](#) page and distribute via eSubscribe to all providers.

We are reminding providers:

- Do not call DMAP Provider Services to verify client eligibility, enrollment status and benefits.
- There are three methods available to you to get the information you need:
 1. [Provider Web Portal](#)
 2. Electronic Data Interchange (EDI) – Through the Division of Medical Assistance Programs' (DMAP) or your EDI clearinghouse
 3. Automated Voice Response (AVR) at 1-866-692-3864
- Covered services vary by benefit package; make sure the client's benefit package covers the services you are providing.
- Bill DMAP last; all other payers first.
- Keep informed with current reading material and free training.

If you have any questions about this information, contact:

| | | |
|-----------------|--|--------------|
| Contact: | Provider Services Unit | 800-336-6016 |
| E-mail: | dmap.providerservices@state.or.us | |



Date: February 14, 2013

To: All Oregon Health Plan (OHP) fee-for-service providers

From: Dale Elder, Manager
DMAP Operations Section

Subject: Please use one of three methods to verify client eligibility, enrollment status and benefits.

Client eligibility and enrollment information can change at any time. Before providing services, please verify the client's current OHP eligibility and plan enrollment status using these three ways:

1. [Provider Web Portal](#)
2. Electronic Data Interchange (EDI) – Through the Division of Medical Assistance Programs' (DMAP) or your EDI clearinghouse
3. Automated Voice Response (AVR) at 1-866-692-3864

Please do not call the Provider Services Unit for this information. The Provider Services Unit will help with other, more complex claims issues whenever you need them. Please see [About DMAP Provider Services](#) to learn what PSU can and cannot do. See more details about [eligibility verification](#).

Covered services vary by benefit package

When you verify eligibility through the Web Portal, EDI or AVR, remember that only the following codes indicate OHP medical eligibility:

- BMH (OHP Plus)
- BMD (OHP with Limited Drug)
- BMM (Qualified Medicare Beneficiary and OHP with Limited Drug)
- BMP (OHP Plus supplemental benefits)
- MED (Qualified Medicare Beneficiary)
- KIT (OHP Standard)
- CWM (Citizen-Alien Emergency Waived Medical)
- CWX (CAWEM Plus - OHP Plus benefits for pregnant CAWEM-eligible women)

Please make sure the client's benefit package covers the services provided. The [OHP benefit plan coverage chart](#) provides an overview. For specific information, verify client eligibility by specific procedure codes through the Provider Web Portal, EDI or AVR, and refer to the DMAP [General Rules](#) (OAR Chapter 410, division 120) for the services covered by each benefit package.

Bill all other payers first

DMAP is the payer of last resort so you should always bill other payers first. See [General Rules](#) OAR 410-120-1280 and OAR 410-120-0250. If the client has [Third Party Liability \(TPL\)](#), or Medicare, bill those payers before billing DMAP. If the TPL pays more than DMAP's maximum allowed, DMAP considers this payment in full.

If the client is in an OHP Coordinated Care Organization or Fully Capitated Health Plan, bill the plan, unless you are filling a prescription for certain "carve-out" drugs (Therapeutic Classes 7 and 11, Depakote and generic equivalents, and Lamictal and generic equivalents). See the complete [carve-out drug list](#).

Keep informed

The Oregon Health Authority (OHA) continues to review and update its claims processing system to ensure claims process according to clients' current eligibility and enrollment status and the DMAP policies effective on the claim's date(s) of service:

- Refer to the most current OARs in the DMAP General Rules, OHP (CCO and MCO) rules, and other program-specific [administrative rules and guidelines](#) to ensure you submit claims according to current payment policies.
- Read *Provider Matters* about claims processing issues and resolutions. Find the current *Provider Matters* (posted monthly) on the [OHP home page](#) under *Health care providers - OHP updates*.
- See DMAP's free [Training and resources for Oregon Health Plan providers](#).
- Register for DMAP's free email notification system, [eSubscribe](#), to receive new information as it's posted on the Web. It's fast, secure, and easy!

Thank you for your patience and cooperation with DMAP staff and processes.

Help us improve future announcements:

Please answer [six survey questions](#) about this provider announcement.