

Donald Ross, Manager  
DMAP Medicaid Policy and Planning Section

**Number:** DMAP IM 13-036

**Authorized Signature**

**Issue Date:** 05/10/2013

**Topic:** Medical Benefits

**Subject:** **Provider announcement:** Payment recovery for some April 2013  
MCO/CCO claims

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

**Message:**

This week, DMAP is mailing the following letter to 115 providers. It tells them the following:

- DMAP will recover payments made to them last month for services that should have been billed to the client's managed care organization (MCO – Fully Capitated Health Plan, Physician Care Organization or Mental Health Organization), or the client's coordinated care organization (CCO).
- Providers will need to rebill the MCO or CCO to seek payment for these services.

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

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**Date:** May 10, 2013

«AddressBlock»

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

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

**Subject:** Payment recovery planned for some incorrectly paid claims

For billing ID: «BILL\_ID»

Next Friday, the Division of Medical Assistance Programs (DMAP) plans to recover a small number of payments made last month for services to clients enrolled in an OHP managed care organization (MCO) or coordinated care organization (CCO). If DMAP makes no payments to you in the upcoming 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 paid by the client's plan. When this happens, DMAP will automatically recover these payments.

### What should you do?

To be paid for the recovered claims, please bill the 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 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 or CCO
Services to newborns retroactively enrolled in the mother's medical plan – Report all OHP births using the DMAP 2420 form to expedite medical plan enrollment	Medical plan or CCO
Chemical dependency services	

## 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](http://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](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).

### 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>.