

Donald Ross, Manager
Operations and Policy Section

Number: DMAP-IM-16-022

Authorized Signature

Issue Date: 03/15/2016

Topic: Medical Benefits

Subject: Provider announcement: 3/18 claim reprocessing for DRG hospitals

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): Health Systems
Medicaid/CHIP staff |
| <input type="checkbox"/> County DD Program Managers | |

Message:

The division has posted the following letter to the [OHP Announcements](#) page, and distributed to the [OHP Provider Announcements](#) eSubscribe (GovDelivery) list.

It explains that OHA will reprocess some outpatient claims due to a system error that was corrected earlier this month.

If you have any questions about this information, contact:

Contact(s):	Angel Wynia, Hospital Services Policy Analyst		
Phone:	503-945-5754	Fax:	503-947-1119
E-mail:	angel.wynia@state.or.us		



Date: March 15, 2016
To: Oregon DRG hospitals
From: Don Ross, manager
Medicaid Operations and Policy, Health Systems Division¹

Subject: Fee-for-service outpatient claim reprocessing scheduled for March 18, 2016

The weekend of March 18, 2016, the Oregon Health Authority will reprocess approximately 5,500 outpatient hospital claims paid from February 26, 2016, through March 4, 2016.

Why is this happening?

We learned that an incorrect Ambulatory Payment Classification grouper caused our system to deny some claims using Explanation of Benefit (EOB) code *4014 – APC Grouper Unable to Group/Price*.

We corrected this error on March 5, 2016. We now need to reprocess the claims so that they also get corrected.

What should you do?

No action is required on your part.

What you will see on the paper remittance advice

The Claims Paid section will list the affected claims with a Detail EOB code of *8008: Provider Requested Claim Adjustment Due to Misc. or Unspecified Error*.

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

Both the ERA and Provider Web Portal will list Adjustment Reason Code *129: Prior processing information appears incorrect*. Again, no action is required on your part.

Questions?

If you have any questions about this announcement, contact the Provider Services Unit at dmap.providerservices@state.or.us or call 1-800-336-6016. We are available Monday through Friday, anytime between 8 a.m. and 5 p.m. (including lunch hours).

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.

¹ The Addictions and Mental Health Division and Division of Medical Assistance Programs are now united as the Health Systems Division.