

*Provider Matters* gives providers a single place to look for the latest issues affecting claim processing and other transactions in the Medicaid Management Information System (MMIS). It includes general issues affecting all provider types and claims, as well as issues specific to certain providers or claim types. You can [eSubscribe to OHP Provider Announcements](#) to find out when a new issue is posted.

Once system corrections are in place, DHS will reprocess affected claims whenever possible. In the issues that follow, you will see when DHS can reprocess the claim(s), requiring no action on your part; and when DHS cannot and what steps need to be taken to get the claim processed.

If you need to submit a refund for an overpayment, transitional payment or other transaction, **do not send checks to DMAP**. Instead, send them to the following address. Include your DHS provider number and any documentation needed to link your check to the appropriate claim or transaction.

DHS Receipting Unit  
ATTN: [Reason for check]  
500 Summer St NE, 4<sup>th</sup> Floor  
Salem, OR 97301

### New this week

Area	Issue	Description	Workaround	Resolution
Reminder - Pharmacy Point of Sale	EOB 1124 – “Cannot Prioritize Recipient’s Programs”	DHS is unable to determine payment due to the benefit plans listed for the client on the claim.	Report this error to the Oregon Pharmacy Call Center at 888-202-2126. Ask the client to contact their DHS caseworker.	Once DHS updates the client records that caused the error, <b>rebill</b> . The claims will then process appropriately.

Area	Issue	Description	Workaround	Resolution
Reminder – Pharmacy Point of Sale	EOBs seen when trying to bill for DME through Point of Sale (POS)	<p>When billing DMAP for DME or diabetic supplies through POS, the following messages may appear:</p> <ul style="list-style-type: none"> <li>EOB 0154 – Bill Medicare D [even if the client does not have Medicare Part D coverage]</li> <li>EOB 1100 – Non-participating manufacturer</li> </ul>	<p>Providers <b>cannot</b> bill for DME supplies using Point of Sale.</p> <p>If you attempt to bill DME through POS, please know that EOBs 0154 and 1100 mean that you should bill DME using the professional claim format, not POS.</p>	DHS has requested corrected EOBs that tell the provider to bill DME as a professional claim.

### Billing issues


Area	Issue	Description	Workaround	Resolution
Billing	Claims with QW modifier	The system is incorrectly denying claims that contain the QW modifier.	N/A	DHS is researching this issue.
Billing	Paid claims that haven't actually paid	<p>Providers may have claims listed in the Provider Web Portal in “paid” status, but with no paid date.</p> <p>When this happens, the claims will not show on the paper RA. Providers may try to void, rebill or adjust the claim on the Provider Web Portal, which may further delay or prevent payment for these claims.</p>	<p>If you are waiting for a claim to pay and cannot find it on your paper RA, look it up using the claim search screen on the Provider Web Portal.</p> <p>If there is no paid date listed on the Web claim, <b>do not void, rebill or adjust the claim.</b> If you cannot find the claim, contact <a href="#">Provider Services</a>.</p>	<p>DHS is aware of this issue and is resolving affected claims on a case-by-case basis.</p> <p>Once the claims are resolved, they will appear on your paper RA and show a paid date on the Web portal.</p>

<b>Area</b>	<b>Issue</b>	<b>Description</b>	<b>Workaround</b>	<b>Resolution</b>
Billing	Performing provider numbers on paper claims	For paper claims scanned into the MMIS, the NPI entered in the “NPI” section of field 24J may incorrectly scan into the line above it, which is reserved for the DHS provider number.  When this happens, one or more lines on the claim may incorrectly deny due to no performing provider.	If your claim has denied due to a missing performing provider and you believe you entered the number(s) correctly, you can review and submit a corrected copy of the claim through the Provider Web Portal.	DHS is currently researching this issue.
Medicare-Medicaid billing	Incorrect denials for FQHC-RHC-IHS providers who bill using the CMS-1500	FQHC, RHC, and IHS providers traditionally bill Medicare-Medicaid claims on the CMS-1500. The system recently began denying these claims with an EOB requesting that they bill Medicare first.	N/A	DHS is investigating this issue.

### Payment/remittance advice

<b>Area</b>	<b>Issue</b>	<b>Description</b>	<b>Workaround</b>	<b>Resolution</b>
835/Electronic Remittance Advice	Adjustment Reason Codes (ARCs)	835s contain Adjustment Reason Codes only; DHS is currently unable to send all adjustment reason codes in the outgoing 835.	Refer to your paper RA for more detailed EOB information.	DHS is currently testing corrected 835s that include all applicable adjustment reason codes.

## Provider Web Portal

Area	Issue	Description	Workaround	Resolution
Resubmitting claims	“Record is a duplicate” error message when attempting to resubmit denied claims that contain TPL	<p>Providers may be unable to resubmit denied claims with third-party liability (TPL) information using the Web portal.</p> <p>When you click “Submit” on the corrected claim, you may receive the error message saying, “A record is a duplicate.” This prevents the provider from submitting the claim.</p>	Resubmit denied claims using the appropriate paper claim or Electronic Data Interchange format.	DHS is testing a fix to this issue.
Provider Web Portal	Buttons not available at bottom of adjusted claim	<p>When adjusting a claim using the Provider Web Portal and clicking the “Submit” button, the screen may refresh without the following buttons at the bottom of the screen:</p> 	Pull up the claim through the search panel to see the buttons.	DHS is currently researching this issue.
Provider Web Portal	Verifying vision benefits for OHP clients	The Provider Web Portal is not allowing providers to verify vision benefits.	<p>First, verify client eligibility and enrollment. For fee-for-service clients, contact <a href="#">Provider Services</a> to verify vision benefits; for clients enrolled in a DMAP medical plan, contact the plan.</p> <p>If sending an e-mail to Provider Services, ask them to send you a “secure e-mail” before you send your verification request.</p>	DHS is researching this issue.

## Reminders

Reminders in this section will drop off after two weeks. After that, refer to [existing resources](#) for where to find helpful reminders.

Topic	Reminder
OHP pharmacy coverage for Medicare clients	<p>Before requesting prior authorization from DMAP, check the client’s eligibility using Automated Voice Response, 270/271, or Provider Web Portal. For OHP clients with Medicare Part D coverage (OHP benefit plans BMM and BMD):</p> <p>DMAP fee-for-service only covers the following drugs; if you have questions about coverage of any other drugs, contact the client’s Medicare Part D plan.</p> <ul style="list-style-type: none"> <li>- Barbiturates (<i>e.g.</i>, Barbitol, Phenobarbital);</li> <li>- Benzodiazepines (<i>e.g.</i>, Valium, Xanax), and</li> <li>- Limited over-the-counter medications (OTCs).</li> </ul> <p>If you have questions about Medicare Part D coverage (drugs covered by Medicare), refer to the following resources:</p> <ul style="list-style-type: none"> <li>- The department’s Medicare Modernization Act (MMA) Web site at <a href="http://www.oregon.gov/DHS/mma">www.oregon.gov/DHS/mma</a></li> <li>- Drug matrix for Medicare-Medicaid clients enrolled in Medicare Part D at <a href="http://www.oregon.gov/DHS/mma/pharmacy/drug_matrix2008.pdf">www.oregon.gov/DHS/mma/pharmacy/drug_matrix2008.pdf</a></li> <li>- Medicare Part D Plan contacts at <a href="http://www.oregon.gov/DHS/mma/pharmacy/bin_pcn2008.pdf">www.oregon.gov/DHS/mma/pharmacy/bin_pcn2008.pdf</a></li> </ul> <p>You can also contact the department’s MMA Project with your questions:</p> <ul style="list-style-type: none"> <li>- Complete the MMS Problem Solving Referral Form in <a href="#">Word</a> or <a href="#">PDF</a></li> <li>- Send to <a href="mailto:MMA.REFERRALS@state.or.us">MMA.REFERRALS@state.or.us</a> or fax to 503-934-6069</li> <li>- You can also call the MMA Project at 877-585-0007.</li> </ul>
Submit claims and adjustments for manually priced claims on paper	<p>The 837 transaction and Provider Web Portal do not contain fields that staff can refer to for reports or manual pricing. This means that electronic claims that require reports or manual pricing (<i>e.g.</i>, unlisted procedure codes) deny for additional documentation.</p> <ul style="list-style-type: none"> <li>- Until further notice, submit claims that require reports or manual pricing on <b>paper with supporting documentation</b> attached.</li> <li>- If you have electronic claims requiring reports or manual pricing that have denied, <b>resubmit on paper with supporting documentation</b>. If such claims need adjusting, submit the adjustment on the DMAP 1036 form.</li> </ul>
Where to find copayment information	<p>Review the information in OHP Frequently Asked Questions at <a href="http://www.oregon.gov/DHS/healthplan/data_pubs/faqs/faqprovcopay.shtml">www.oregon.gov/DHS/healthplan/data_pubs/faqs/faqprovcopay.shtml</a>. You will also find a quick reference chart and a link to the General Rules, which outline copayment requirements.</p>

## Resolved issues

Issues in this section will drop off after one week.

Topic	Reminder
DHS unable to send messages to Web portal users	This issue was resolved 10/25/09. To stay informed about MMIS updates, such as “Provider Matters” updates, still make sure to check the <a href="#">“What’s New”</a> link that is above the Messages section.
Processing new provider enrollments	Last week, DHS identified a system issue that prevented staff from processing new provider enrollments from October 23 through October 28. The issue was corrected Thursday, October 29. <ul style="list-style-type: none"><li>- Provider Enrollment staff are working to reduce the current backlog.</li><li>- If you identify any enrollment discrepancies, contact <a href="#">Provider Enrollment</a>.</li></ul>

## Resources

- **Provider guidelines (rulebooks and supplemental information):** Make sure you are using the current provider guidelines available for your provider type. To find the guidelines you need, go to [www.oregon.gov/DHS/healthplan/tools\\_prov/newproviders.shtml](http://www.oregon.gov/DHS/healthplan/tools_prov/newproviders.shtml).
- **Provider Web Portal:** Find everything you need to know about the Provider Web Portal at [this link](#), including guides for all current functions, and quick references about set up, eligibility, and HSC List inquiries.
- **Remittance Advice:** Updated tutorials about how to read the paper RA and EOB information are [now available](#).

## Need help?

For all the latest provider contacts, download the current [Provider Contacts List](#).

- **Specific claims and client eligibility** - Call Provider Services at 800-336-6016 or e-mail [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us)
- **EDI and the 835 ERA** - Call EDI Support Services at 888-690-9888 or e-mail [dhs.edisupport@state.or.us](mailto:dhs.edisupport@state.or.us).
- **EFT information and updates** - Contact Provider Enrollment at [provider.enrollment@state.or.us](mailto:provider.enrollment@state.or.us).
- **Pharmacy and prescriber questions (for technical help and fee-for-service prescription PAs)** - Contact the Oregon Pharmacy Call Center at 888-202-2126.
- **Prior authorization status** – Call the DMAP PA Line at 800-642-8635 or 503-945-6821 (outside Oregon).
- **Web portal help and resets** - Call Provider Services at 800-336-6016 or e-mail [team.provider-access@state.or.us](mailto:team.provider-access@state.or.us).



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