



DMAP 1036

Helpful Reminders for Nursing Facilities

Providers can submit individual adjustments in three ways: Electronic Data Interchange, the Provider Web Portal, or the DMAP 1036 (Individual Adjustment Request) form.

The DMAP 1036 form is unique. It is designed to correct overpayments and underpayments for **all** providers who bill DHS for services provided to Oregon Health Plan clients. This form is used for correcting information such as:

- Wrong procedure codes.
- Data entry errors.
- Pricing errors.
- Updating information about payment(s) received from other resources.

These reminders will help you submit your Individual Adjustment Requests to DMAP correctly.

✓	Use the most current version of the DMAP 1036 form. The most current version is dated April 2009.
✓	Enter the most current Internal Control Number (ICN) in field 4. For example, if you have already tried to adjust the claim using the Provider Web Portal, that Web adjustment created a new ICN for the claim. <ul style="list-style-type: none"> • You need to use that new ICN instead of the one printed on your paper remittance advice. • Otherwise, DMAP will return the 1036 to you for using an invalid ICN. Only the most recent ICN will be valid.
✓	Enter your 6- or 9-digit DHS provider number in field 9 of the form. The April 2009 version of the 1036 provides enough room for both 6- and 9-digit numbers.
✓	When adjusting patient liability, only use the DMAP 1036 form. Include a financial planner with the completed form. Do not attempt to adjust patient liability using the Provider Web Portal or EDI.
✓	If you are adjusting the number of units/ services or the billed amount, calculate the amount and enter it in the “Right information” section of the form. DMAP will not calculate billed amounts for you. Not listing the correct amount will delay your request.

✓	<p>Save time by not filling out fields that are not needed. REFER to the <i>DMAP 1036 Billing Instructions</i> handbook to determine what fields you need to complete.</p> <ul style="list-style-type: none"> • This handbook is available at DMAP’s Web site at www.oregon.gov/DHS/healthplan. Click on “Tools for Providers,” then click on “Billing Tips.” • If you do not have internet access, you may also contact Provider Services at 800-336-6016 and ask to have the <i>DMAP 1036 Billing Instructions</i> mailed to you.
✓	<p>Submit one (1) DMAP 1036 form per claim (ICN). All corrections for a claim can be made on one form. DO NOT use multiple forms for multiple corrections of the same claim.</p>
✓	<p>Indicate the correct line of service as listed on the Remittance Advice. The Remittance Advice does not indicate line numbers. You can count the lines of services as they appear on your original claim form to determine the line number.</p> <ul style="list-style-type: none"> • If line 2 of your claim needs to be corrected, indicate line 2. DO NOT indicate the box number as it appears on the claim form.
✓	<p>CHECK the form for legibility so that we can clearly read it. AVOID poorly handwritten forms.</p>
✓	<p>READ the explanation of benefit (EOB) codes on your Remittance Advice. They will tell you if further action or information is required of you.</p>
✓	<p>ATTACH a copy of the Remittance Advice (RA) for the claim you are requesting adjustment on. To further expedite your adjustment request, you can also attach a corrected claim form to help explain the corrections that need to be made to the original claim.</p>
✓	<p>CONTACT Provider Services at 800-336-6016 for assistance in completing your DMAP 1036 or other questions regarding a medical claim. Always contact Provider Services if:</p> <ul style="list-style-type: none"> • You are not sure if you need to rebill a service or submit an Individual Adjustment Request, or • There are no message codes on your RA.

