



OREGON  
**HEALTH**  
AUTHORITY

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# **MMIS Provider Portal Adjusting and Resubmitting Claims**

**Find program-specific instructions in the  
supplemental information for each program at  
[OHP.Oregon.gov/Rules](https://OHP.Oregon.gov/Rules)**

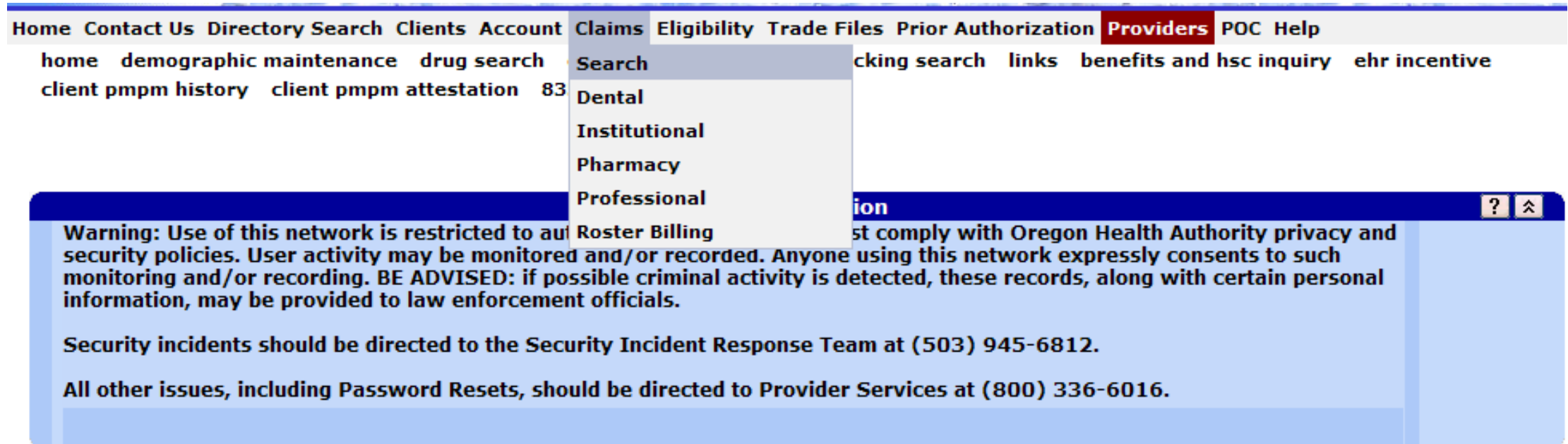
# Who can adjust claims?

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- Anyone with the “Claim Adjust” role can adjust a claim.
- You cannot adjust claims more than a year old using the portal.
- An administrator or clerk with the Clerk Maintenance role may add this role to other clerks.
- To learn more about updating or adding clerks, [view OHA's Account Maintenance guide](#).

# Go to <https://www.or-medicaid.gov>

- Click **Account > Secure Site**
- After login, click **Claims > Search**



The screenshot shows the top navigation bar of the Oregon Medicaid website. The menu items are: Home, Contact Us, Directory Search, Clients, Account, Claims, Eligibility, Trade Files, Prior Authorization, Providers, POC, and Help. The 'Claims' menu is expanded, showing a dropdown list with the following options: Search, Dental, Institutional, Pharmacy, Professional, and Roster Billing. Below the navigation bar, there is a blue banner with a warning message: "Warning: Use of this network is restricted to authorized users. All users must comply with Oregon Health Authority privacy and security policies. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials." Below the warning, there are two lines of text: "Security incidents should be directed to the Security Incident Response Team at (503) 945-6812." and "All other issues, including Password Resets, should be directed to Provider Services at (800) 336-6016."

# Enter search criteria

- Enter at least one of the following criteria\*, then click **search**:
  - Internal Control Number (ICN)
  - Client ID (recipient's Medicaid ID)
  - Tracking Control Number (TCN)
  - FDOS (From Date of Service) and TDOS (To Date of Service)
  - Date Paid

The screenshot shows a web interface for a 'Claim Search' with the title 'Claim Search: 506643095 MCD'. The form includes several input fields: 'ICN', 'Client ID', 'TCN', 'FDOS', and 'TDOS' on the left; 'Rendering Provider ID' with a '[ Search ]' button on the right; 'Claim Type' and 'Status' as dropdown menus; and 'Date Paid' as a text input. A 'search' button is highlighted with a red box, and a 'clear' button is located below it. A yellow callout box with a dashed border contains the text: '\*You must enter one of the required criteria before you can search by Rendering Provider, Claim Type or Status.'

# Review search results

- To view a claim, click the row of the claim you want to view.

**Claim Search: 506643095 MCD** ? ^

ICN	<input type="text"/>	Rendering Provider ID	<input type="text"/> [ Search ]
Client ID	<input type="text"/>	Claim Type	<input type="text"/>
TCN	<input type="text"/>	Status	<input type="text"/>
FDOS	<input type="text"/>	Date Paid	<input type="text"/>
TDOS	<input type="text"/>		

**Search Results**

ICN	Client ID	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed
		03/01/2012	03/01/2012	OUTPATIENT CLAIMS	DENIED	06/07/2012	\$550.00
		02/01/2012	02/28/2012	PROFESSIONAL CLAIMS	DENIED	05/10/2012	\$2,772.00
		02/01/2012	02/28/2012	PROFESSIONAL CLAIMS	DENIED	05/03/2012	\$2,772.00
		03/01/2012	03/31/2012	PROFESSIONAL CLAIMS	PAID	05/03/2012	\$2,904.00
		04/01/2012	04/30/2012	PROFESSIONAL CLAIMS	DENIED	06/05/2012	\$3,000.00
		03/01/2012	03/31/2012	PROFESSIONAL CLAIMS	PAID	06/07/2012	\$2,904.00
		06/01/2012	06/15/2012	PROFESSIONAL CROSSOVER	DENIED	07/13/2012	\$1,000.00
		06/01/2012	06/15/2012	PROFESSIONAL CLAIMS	DENIED	07/13/2012	\$1,000.00

# View and update claim

Fields contain information as submitted on the original claim. The process is the same for all claim types:

1. **Edit claim if needed:** Update fields (click the row to update).

2. **Update Claim Status Information** (bottom of claim):

- To adjust paid claims: Click **adjust**.
- To adjust denied claims: Click **submit**.
- To withdraw a paid claim: Click **void**. OHA will recover any payments issued for the claim.
- To copy a paid claim: Click **copy**.

The screenshot displays a professional claim management interface. Key sections include:

- Billing Information:** ICN 5913352000001, Provider ID, Client ID, Last Name REBAR, First Name MI, Date of Birth, Patient Account #, Referring Phys, Insurance Denied.
- Service Information:** From Date\* 09/15/2013, To Date\* 09/15/2013, Expected Delivery Date, Medical Record Number, Accident Related To, Charges, Total Charges \$285.00, TPL Amount \$0.00, Plan Payment Amount, CoPay Amount \$0.00.
- Adjustment History:** Table with columns: ICN, Date Adjusted, Claim Status, Claim History Date, Reason.
- Resubmission Claim History:** Section with a message: "No rows found".
- Diagnosis:** Table with columns: Sequence, Diagnosis, Description, ICD Version, Present on Admission. Includes search and update buttons.
- TPL:** Section with fields for Last Name, First Name MI, Date of Birth, Relationship, Policy Number, Plan Name, Plan ID, Adjustment Reason Code, Adjustment Group Code, Adjustment Amount. Includes search and update buttons.
- Medicare Information:** Table with columns: Medicare Paid Date, Coinsurance Amount, Deductible Amount, Psychiatric Amount, Paid Amount. Includes search and update buttons.
- Detail:** Table with columns: Item, Procedure, Units, Charges, Status, Allowed Amount. Includes search and update buttons.
- Hard-Copy Attachments:** Section with fields for Control Number, Transmission, Report Type, Description. Includes search and update buttons.
- Claim Status Information:** Claim Status PAID, Claim ICN 5913352000001, Paid Date 12/18/2013, Allowed Amount \$99.55.
- HIPAA Adjustment Reasons:** Table with columns: Detail Number, HIPAA Adjustment Reason Code, HIPAA Adjustment Reason Description.

At the bottom right, a navigation bar contains buttons: **cancel**, **adjust**, **void**, **copy claim**. A red box highlights these buttons, and a large number '2' is overlaid on the bottom right corner of the screenshot.

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# Claim Status: PAID

On paid claims, you can:

- Click **cancel** to clear changes made during this session
- Click **adjust** to submit changes made during this session
- Click **void** to withdraw the claim. OHA will recover payments made.
- Click **copy claim**. This creates a new claim. It will have all the information entered on the paid claim, with a status of “Not Submitted Yet.”

Claim Status Information		
Claim Status	PAID	
Claim ICN	[REDACTED]	
Paid Date	01/12/2012	
Allowed Amount	\$90.00	
<a href="#">Coversheet for supporting documentation</a>		

HIPAA Adjustment Reasons		
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
1	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
2	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).

cancel adjust void copy claim

# Claim Status: DENIED

On denied claims, you can:

- Click **resubmit** to make changes to the claim and submit the changes during this session.
- Click **cancel** to clear changes made during this session.

Claim Status Information		
Claim Status	DENIED	
Claim ICN	██████████	
Denied Date	02/12/2016	
Allowed Amount	\$0.00	
<a href="#">Coversheet for supporting documentation</a>		
HIPAA Adjustment Reasons		
Detail Number	HIPAA Adjustment Reason Code	HIPAA Adjustment Reason Description
1	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
1	24	Charges are covered under a capitation agreement/managed care plan.

re-submit cancel



# Error messages on adjusted claims

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- If there are no errors, adjusted claims will process and get a new ICN.
- If there are errors, the top of the claim will list reasons why the claim did not process.
  - The “Message Description” column explains the error.
  - The “Panel,” “Field” and “Row” columns show where the error occurs.
  - You can fix the errors and try to process the claim again.

**The following messages were generated:**

Message Description	Panel	Field	Row
From Date is required.	Professional Claim	From Date	1
To Date is required.	Professional Claim	To Date	1
To DOS is required.	Professional Claim	To Date	1
From DOS is required.	Professional Claim	From Date	1
ProcedureCode is required.	Professional Claim	ProcedureCode	1
A valid POS is required	Professional Claim	POS	1
A valid Procedure is required	Professional Claim	Procedure	1
Units must be greater than 0.	Professional Claim		1
A valid Client ID is required	Professional Claim	Client ID	1

# Claim Status: SUSPENDED

- After adjusting a claim, it may change to suspended status. You cannot take any action on a suspended claim.
  - OHA staff will give the claim a Paid or Denied status after internal review.
  - The review should not take longer than 30 days.

Claim Status Information		
Claim Status	SUSPENDED	
Claim ICN	[REDACTED]	
Allowed Amount	\$0.00	

EOB Information		
Detail Number	Code	Description
1	4014	NO PRICING SEGMENT IS ON FILE.

# Need help?

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Ask OHP Provider Services:

- 800-336-6016 option 5
- [dmap.providerservices@odhsoha.oregon.gov](mailto:dmap.providerservices@odhsoha.oregon.gov)

# Thank you

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You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact OHP Provider Services at [dmap.providerservices@odhsoha.oregon.gov](mailto:dmap.providerservices@odhsoha.oregon.gov) or 800-336-6016 (voice). We accept all relay calls.

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