



OREGON  
**HEALTH**  
AUTHORITY

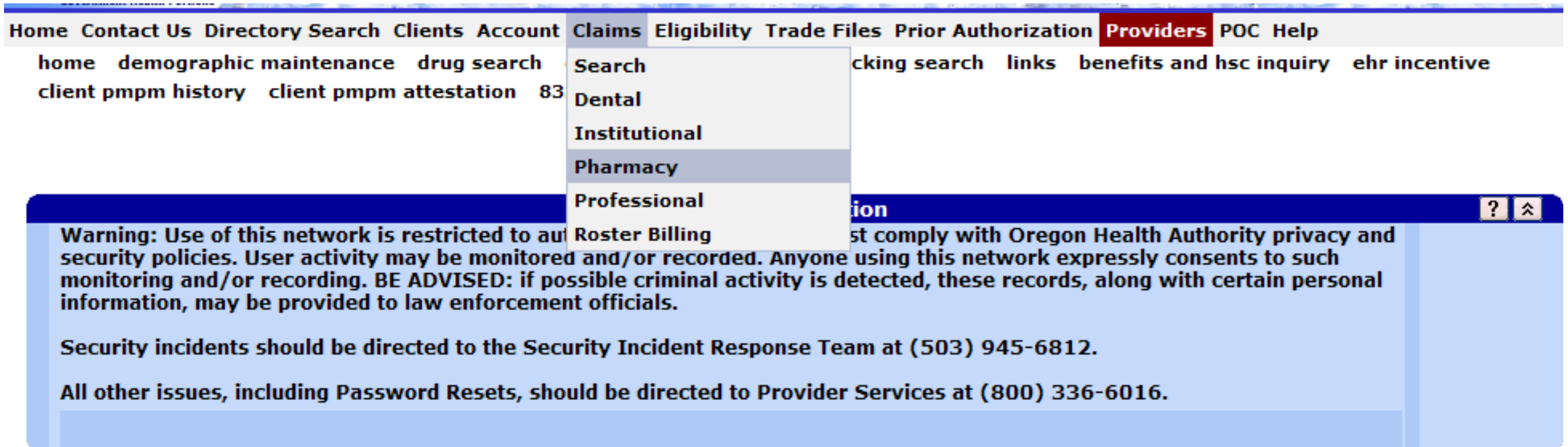
September 2024

# **MMIS Provider Portal Pharmacy Claim**

## **General instructions**

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

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



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 'Providers' item is highlighted in red. Below the navigation bar, there is a dropdown menu for 'Claims' with the following options: Search, Dental, Institutional, Pharmacy (highlighted), Professional, and Roster Billing. Below the dropdown menu, there is 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 message, 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.'

# Pharmacy claim sections

1. Pharmacy Claim (header)
2. Detail
3. Claim Status Information

**1 Pharmacy Claim**

**1 Billing Information**

ICN  
Provider ID [NPI]  
Client ID\* [ Search ]  
Last Name  
First Name, MI  
Date of Birth  
Patient Gender Code\* 0 - Unknown  
Patient Residence  
Prescriber ID [ Search ]  
Prescriber Name  
Pregnancy Unknown  
Emergency No  
Nursing Facility  
Insurance Denied

**2 Prescription Information**

Claim Type\* P - PHARMACY CLAIMS  
Prescription #\*  
Date Dispensed\*  
Date Prescribed\*  
New/Refill\*  
Days Supply\* 0  
Dispense/Written\* 0 - No Product Selection Indicated  
Prior Auth Number [ Search ]  
Diagnosis [ Search ]  
Diagnosis Code Qualifier 01 - International Classification of Diseases (ICD9) - Code  
Route of Administration

**3 Submission/Clarification Codes**

11 - Certification on File  
11 - Certification on File  
11 - Certification on File

Patient Location Not specified  
Rendering Physician [ Search ]  
Signature  
Basis of Cost Not specified  
Plan Payment Amount  
Place of Service Code  
Other Coverage Code 00 - NOT SPECIFIED BY PATIENT

**Charges**

Total Charges \$0.00  
TPL Amount \$0.00  
Usual and Customary \$0.00  
Gross Amount Due \$0.00  
Ingredient Cost Submitted  
Dispensing Fee \$0.00

**DUR Overrides**

Intervention Not Specified  
Outcome Not Specified  
Conflict Code Not Specified

**2 Detail**

Item	NDC Code	Quantity	Allowed Amount
A 1		0	\$0.00

Type data below for new record.

Item 1 NDC Code\* [ Search ]  
Quantity\* 0 Charges\* \$0.00  
Allowed Amount \$0.00 Adjustment Reason Code [ Search ]

**3 Claim Status Information**

Claim Status Not Submitted yet

Coversheet for supporting documentation

submit cancel

# Pharmacy Claim (header): Required fields

Fields marked with an asterisk (\*) are required on all claims

1. Client ID\*
2. Patient Gender Code\*
3. Prescriber ID\*
4. Submission/Clarification Codes (for compound only)
5. Claim Type\* and Prescription #\* (assigned by pharmacy)
6. Dates: dispensed and prescribed\*
7. New (0)/ Refill (1, 2, etc.)\* and Days Supply\*
8. Dispense/ Written\*
9. TPL information: For clients with TPL, including Medicare

The screenshot shows a 'Pharmacy Claim' form with the following sections and fields:

- Billing Information:**
  - ICN
  - Provider ID NPI
  - Client ID\* (1)
  - Last Name
  - First Name, MI I
  - Date of Birth
  - Patient Gender Code\* (2)
  - Patient Residence
  - Prescriber ID\* (3)
  - Prescriber Name
  - Pregnancy
  - Emergency
  - Nursing Facility
  - Insurance Denied
- Submission/Clarification Codes:**
  - 11 - Certification on File (4)
  - 11 - Certification on File
  - 11 - Certification on File
  - Patient Location
  - Rendering Physician
  - Signature
  - Basis of Cost
  - Plan Payment Amount
  - Place of Service Code
  - Other Coverage Code
- Prescription Information:**
  - Claim Type\* (5)
  - Prescription #\* (6)
  - Date Dispensed\* (7)
  - Date Prescribed\* (8)
  - New/Refill\* (9)
  - Days Supply\* (14)
  - Dispense/Written\* (3 - Substitution Allowed-Pharmacist Selected Product Dispensed)
  - Prior Auth Number
  - Diagnosis
  - Diagnosis Code Qualifier
  - Route of Administration
- Charges:**
  - Total Charges: \$0.00
  - TPL Amount: \$0.00 (9)
  - Usual and Customary: \$0.00
  - Gross Amount Due: \$0.00
  - Ingredient Cost Submitted: \$0.00
  - Dispensing Fee: \$0.00
- DUR Overrides:**
  - Intervention
  - Outcome
  - Conflict Code

# Detail

For each detail line:

1. Click **add**
2. Enter Quantity\*
3. Enter NDC\* (National Drug Code)
4. Enter Charges\*

Detail			
Item	NDC Code	Quantity	Allowed Amount
1	54868-5262-01	42.000	\$0.00

Type changes below.

<b>2</b> Item	1	<b>3</b> NDC Code*	54868526201 [ Search ]
Quantity*	42.000	<b>4</b> Charges*	\$0.00
Allowed Amount	\$0.00	Adjustment Reason Code	[ Search ]

**1**  
delete add

# Claim Status Information

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Before you submit the claim, you have two choices:

- Click **submit** to submit the claim for processing.
- Click **cancel** to clear information you have entered on the claim.

Once you click **submit**, you will see one of three claim status options: Paid, Denied, or Suspended.

The screenshot shows a software interface for 'Claim Status Information'. At the top, there is a dark blue header with the title 'Claim Status Information' in white. Below the header, the text 'Claim Status Not Submitted yet' is displayed in a light blue area. On the right side of this area, there is a button labeled 'Coversheet for supporting documentation'. At the bottom of the interface, there are two buttons: 'submit' and 'cancel', which are highlighted with a red rectangular border.

# Claim Status: PAID

On paid claims, you can:

- Click **cancel** to clear ~~or~~ changes made during this session
- Click **adjust** to adjust with changes made during this session
- Click **void** to cancel the claim. OHA will recover payments made on the claim.
- 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	██████████	
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	XXXXXXXXXXXX	
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.
<a href="#">re-submit</a> <a href="#">cancel</a>		



# Claim Status: SUSPENDED

- You cannot take any action on a suspended claim.
  - OHA staff will give the claims 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	██████████	
Allowed Amount	\$0.00	

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

## Need help?

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Contact the Oregon Pharmacy Call Center

888-202-2126

[dmap.rxquestions@odhsoha.oregon.gov](mailto:dmap.rxquestions@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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