

## Fee-for-service providers

### Get ready for Jan. 1, 2012 system changes

Beginning Jan. 1, 2012, the Provider Web Portal at <https://www.or-medicaid.gov>, the Automated Voice Response system at 866-692-3864, and DMAP's electronic data interchange (EDI) system are changing to support HIPAA 5010 and Oregon Companion Guide requirements. Read more about the specific changes inside this letter.

### What you need to do

#### Starting today:

- If your office does not bill DMAP on paper or through the Provider Web Portal, make sure your office's software team, clearinghouse or billing service has completed HIPAA 5010 testing with DMAP or has requested to continue exchanging 4010 transactions.
  - DMAP will continue 4010 for all 837 transactions for a limited period. DMAP will support 4010 versions of other transactions upon request.
  - For updates on DMAP's 4010 support in 2012, visit the 5010 implementation page at [www.oregon.gov/OHA/edi/5010.shtml](http://www.oregon.gov/OHA/edi/5010.shtml).
- Make sure you can use your Provider Web Portal account if needed.
  - Your Provider Web Portal PIN letter contains your PIN and tells you how to set up your account.
  - If you have had your PIN letter for more than 6 months, and have not activated your account, contact DMAP Provider Services to request a new PIN letter. Allow 2 weeks for delivery.
  - Clerk passwords expire every 90 days. If you need assistance resetting your password, contact DMAP Provider Services.

#### Starting Jan. 1, 2012:

- Check OHP eligibility using the patient's 8-digit Medical Care ID plus last name or date of birth.
- Bill anesthesia services in minutes, not units, using the MJ qualifier.

## Eligibility verification changes

### New client search requirements for AVR and Web portal

- When you verify eligibility on the Provider Web Portal for Oregon Health Plan (OHP) clients, you will need to enter one of the following combinations:
  - Client ID and Date of Birth (DOB)
  - Client ID, Last Name (LN) and First Name (FN)
  - Client ID, LN and DOB
  - Client ID, FN and DOB
  - LN, FN and DOB
  - Client ID, LN, FN and DOB
- AVR will require entering the Client ID and DOB.
- If you verify eligibility through a clearinghouse or other service provider, they may have different requirements. Contact your provider to find out what those are.

### Copayment and covered service information available through AVR and Web portal

The Provider Web Portal and AVR eligibility responses will give you more detail about a benefit plan's covered services and potential copayments.

- When you click on the client's OHP benefit plan in the Web eligibility response, you will see a list of the services covered by that benefit plan any copayment amounts that apply.
- Copayments less than the stated amounts may apply for clients with third-party liability (TPL, including Medicare).

If you use AVR, you can request an eligibility verification fax that will include the covered service and copayment information.

For more information about copayments, go to [www.oregon.gov/OHA/healthplan/data\\_pubs/faqs/copay.shtml](http://www.oregon.gov/OHA/healthplan/data_pubs/faqs/copay.shtml).

### Bill anesthesia services in minutes, not units

Anesthesia claims, and adjustments made after Jan. 1, will deny if the "MJ" (minutes) qualifier is missing. DMAP will no longer accept the "UN" (units) qualifier for these services.

Until further notice, only bill for anesthesia services using EDI or paper.

## Make sure your software team, clearinghouse or billing service is ready for the Jan. 1 changes

If you use practice management software, a clearinghouse or a billing service to exchange your claims, eligibility, and/or payment information with DMAP, they need to know the following:

- All EDI submitters must complete 5010 registration and testing with DMAP in order to:
  - Submit 5010 transactions (837, 270 and 276) to DMAP; and
  - Receive DMAP's 5010 transactions (835, 271, or 277).
- DMAP will continue 4010 support for 837 (Claims) transactions for a limited time while submitters complete 5010 testing.
- After Jan. 1, DMAP will only provide 5010 support for the 270/271 (Eligibility Inquiry and Response), 276/277 (Claim Inquiry and Response) and 835 Electronic Remittance Advice unless you specifically request 4010 support.
- To request 4010 support for the 270/271, 276/277 or 835, submit the 4010 request form at <https://apps.state.or.us/Forms/Served/OE2084.pdf>.

If your EDI submitter is unable to exchange 4010 or 5010 transactions with DMAP, you can use the Provider Web Portal for billing, eligibility verification, claim status inquiries and more.

### Questions?

- **About billing:** Contact the Provider Services Unit at [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us) or call 1-800-336-6016.
- **About Provider Web Portal access:** Contact the Provider Services Unit at [team.provider-access@state.or.us](mailto:team.provider-access@state.or.us) or call 1-800-336-6016.
- **About 5010 registration and testing:** Contact EDI Support Services at [dhs.edisupport@state.or.us](mailto:dhs.edisupport@state.or.us) or call 1-888-690-9888.
- **About the Oregon Companion Guides:** Go to <http://health.oregon.gov/OHA/OHPB/health-reform/admin/index.shtml>.

### Help us improve future announcements:

Answer six survey questions at <https://survey.emp.state.or.us/cgi-bin/qwebcorporate.dll?idx=J2ESKJ>.

