


*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.

### New this week

| Area                                      | Issue   | Description  | Workaround  | Resolution   |
|---|---|--|---|--|
| Provider Web Portal                       | DHS unable to send messages to Web portal users | DHS is unable to post messages in the “Messages” section of the Web portal.  | To stay informed about MMIS updates, make sure to check the “What’s New” link that is above the Messages section.   | DHS is currently researching this issue.   |
| Provider Web Portal/835 Remittance Advice | Enter modifiers in correct sequence             | <p>The Web portal is allowing users to enter modifiers in any modifier field (skipping fields or leaving the first field blank).</p> <p>When this happens, the 835 cannot be delivered until DHS manually corrects the modifier sequence in the 835.</p> <p>The modifier fields are not numbered, so users may not know what order the fields are supposed to be entered in.</p> | <p>Enter modifier information in this order:</p> <ol style="list-style-type: none"> <li>1. Top left field</li> <li>2. Top right field</li> <li>3. Bottom left field</li> <li>4. Bottom right field</li> </ol>  | DHS has requested that the Web portal require users to enter modifiers in a specific order so that an error message occurs, prompting users to correct the modifier information. |

| Area                             | Issue   | Description  | Workaround | Resolution   |
|----------------------------------|---|--|------------|--|
| 835/Electronic Remittance Advice | Trading partners must report new DHS provider numbers to EDI Support Services | <p>When a DHS provider number has more than one associated NPI, Provider Enrollment must add new DHS provider numbers and service locations for the additional NPIs and the associated taxonomy codes.</p> <p>If the existing DHS provider number is set up to receive an ERA, the new provider number(s) must also be associated to the ERA and trading partner; otherwise, no ERA is created.</p>  | N/A        | <p>If you are a registered DHS trading partner, make sure to contact <a href="#">EDI Support Services</a> whenever you obtain additional DHS provider numbers. Include the following information:</p> <ul style="list-style-type: none"> <li>• Your trading partner ID</li> <li>• New provider number(s)</li> <li>• The old NPI and old DHS number associated with your trading partner ID.</li> </ul> <p>EDI Support will be able to link your new DHS provider number(s) with your trading partner ID so that your ERA gets created.</p> |
| Reminder                         | Informational EOB messages  | <p>Some new EOB messages are informational only and do not affect claim payment, such as:</p> <ul style="list-style-type: none"> <li>• <b>9926 (Cutback)</b> - This means DHS paid less than you billed. No action is required on your part when you see this message.</li> <li>• <b>9013 (Provider/Submitter Mismatch)</b> - The submitter is not on the provider's current Trading Partner Agreement (TPA) with DHS. No action is required on your part. EDI Support Services will contact you if they need you to update your TPA information.</li> </ul> |            |  |

## Billing issues

| Area                             | Issue   | Description   | Workaround  | Resolution  |
|----------------------------------|---|---|---|---|
| Billing                          | Out of balance paper and Web claims                   | <p>On paper and Web claims with billed amounts that don't balance between header and detail lines:</p> <ul style="list-style-type: none"> <li>The claim denies, and the system does not continue processing the detail lines.</li> <li>This may prevent payment for detail lines that should be paid, and lead to inaccurate information on the paper and electronic RA.</li> </ul> | Make sure the total charges equal the sum of all billed amounts entered on the claim. | DHS tested a solution to this issue on 6/26/09.   |
| Billing/<br>Remittance<br>Advice | Inpatient crossover claims                            | <p>On inpatient crossover claims for services to QMB clients:</p> <ul style="list-style-type: none"> <li>The paper RA lists EOB 9906 ("Pricing Adjustment – Medicare Part B Pricing Applied") instead of EOB 9915 ("Pricing Adjustment – Medicare Part A Pricing Applied").</li> <li>Claims are not balancing correctly, which prevents them from processing.</li> </ul>            | N/A   | DHS tested a solution to these issues on 6/26/09.   |
| Claim processing                 | Double payments on claims for clients in managed care | DHS has paid a claim even though the client was enrolled in a managed care plan. In some cases, that claim was also sent to the managed care plan who also paid.  | N/A   | DHS is currently investigating whether we will be able to <b>reprocess</b> these claims and recoup the money. |

| Area                      | Issue  | Description  | Workaround  | Resolution   |
|---------------------------|--|--|---|--|
| Claim processing          | Possible duplicate claim payments                  | When duplicate claims are submitted, sometimes the system has been paying for both the original and the duplicate claim.   | <p>Before resubmitting a claim, check its status using the Claim Inquiry function on the Provider Web Portal.</p> <p>Only resubmit previously submitted claims once DHS processes the claim.</p> <p>Do not resubmit claims listed in the “Claims in process” section of the RA.</p> | DHS is currently testing a fix to this issue.  |
| Durable Medical Equipment | Crossover claims                                   | Because of the way CMS handles taxonomy codes, DME claims that crossover from Medicare to DHS are likely to deny.  | <p>Identify DME claim denials in the “Medicare Part B Crossover claims denied” section of your remittance advice.</p> <p><b>Resubmit</b> the claims using the Provider Web Portal, CMS-1500 paper claim form, or 837 transaction.</p>   | Until CMS changes its process, none at this time.  |
|                           | Out-of-State claims denying because PA is required | <p>If the claim indicates a Medicare allowable greater than zero and the provider is out of state, the claim should bypass PA edits.</p> <p>Instead, the claim is denying when PA is required for the procedure.</p> | None at this time.  | DHS is currently researching this issue and will provide more information once it becomes available. |

| Area                      | Issue  | Description   | Workaround  | Resolution   |
|---------------------------|--|---|---|--|
| Inpatient claims (paper)  | Overpayment for Medicare Part B claims                         | When a client has Medicare Part B coverage only and receives an inpatient service, the claim processes as a regular inpatient claim and does not deduct the amount paid by Medicare.<br><br>This causes DHS to overpay these claims.                  | None at this time. <b>Do not refund DMAP at this time.</b>  | DHS has identified this issue as a system defect; once it is fixed, DHS will attempt to <b>reprocess</b> the claims.   |
| Medicare crossover claims | Incorrect Medicare payment information entered for COBA claims | Medicare payment amounts received from COBA are being doubled when the claim is processing. The header shows the actual payment, but the detail line has the amount as doubled.<br><br>This causes DHS to zero pay claims when actual payment is due. | <b>Submit an adjustment</b> correcting the claim using the DMAP 1036, Provider Web Portal or 837 transaction.         | DHS is currently researching this issue and will provide more information once it becomes available.                   |
| Pharmacy Claim Processing | ProDUR error   | A duplicate entry for diagnosis V147 in the ProDUR system prevents claims that contain diagnosis V147 from processing.  | N/A   | DHS has reported this error as a system defect.  |
| 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. |
| System errors             | Denials for clients with no PCM                                | Providers may be receiving the following EOB in error: <ul style="list-style-type: none"> <li>0151 (“Claim needs referring provider”)</li> </ul>  | Contact <a href="#">Provider Services</a> with the ICN of the claim in question.                                      | DHS is currently researching this issue and will provide more information once it becomes available.                   |

| Area          | Issue                   | Description   | Workaround  | Resolution   |
|---------------|-------------------------|---|---|--|
| System errors | Missing procedure codes | <p>Some procedure codes were not loaded into the new system, which may cause claims to deny with an EOB describing “No contract for billed procedure.”</p> <p>Because of the volume of codes in the system, DHS cannot determine the few codes that may not have been loaded.</p> | <p>If you believe a missing procedure code resulted in your claim denial, contact <a href="#">Provider Services</a>.</p> <p>Provide your DHS provider number, ICN for the claim in question, and missing code(s).</p> | <p>DHS is researching and adding missing procedure codes on a case-by-case basis.</p> <p>Once you report the missing code, DHS will research the claim and let you know when you can resubmit the claim.</p> |

### Electronic Data Interchange

| Area                        | Issue                           | Description   | Workaround | Resolution                                      |
|-----------------------------|---------------------------------|---|------------|---|
| Electronic Data Interchange | 837P Medicare COBA transactions | An incoming 837P transaction from COBA failed to process in the DHS system, even though the file appears valid. | N/A        | DHS has reported this error as a system defect. |

### Payment/remittance advice

| Area   | Issue                          | Description   | Workaround   | Resolution                                   |
|--|--------------------------------|---|--|--|
| Electronic funds transfer (EFT)                | Generic payee identifier       | The payee identifier in the new system is “OR DHS MMIS” (not the DHS provider ID).  | None at this time.   | DHS is currently researching this issue.     |
| Electronic Remittance Advice (835 transaction) | Missing adjustment information | <p>The ERA does not consistently indicate negative adjustments (<i>e.g.</i>, recoupments from overpayments); it only reports positive payments.</p> <p>This makes it appear as if the claim was paid twice.</p> | <p>If you were expecting a negative adjustment on your 835 and only see positive adjustments, do not send funds back to DHS.</p> <p>Instead, refer to your paper RA for negative adjustment information.</p> | DHS expects this issue to be corrected soon. |

| Area   | Issue  | Description   | Workaround   | Resolution  |
|--|--|---|--|---|
| Electronic Remittance Advice (835 transaction) | 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.  |
|  | Copayment ARC  | The ARC indicating copayment should be "PR3" (Patient Responsibility). Instead, the 835 returns ARC "CO3" (Contractual Obligation).   | Until this is fixed, please know that "CO3" will always indicate copayment.  | DHS expects this to be fixed soon.  |
| Remittance Advice (Paper)                      | 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. Non-pharmacy claims will suspend for DHS to work.   | Claims with this EOB will appear in the "Claims in Process" section of the paper RA. <b>No action is required on your part.</b>  | Once DHS updates the client records that caused the claims to suspend, the claims will process appropriately.   |
|  | Claims with missing primary Dx posting the wrong EOB | For claims submitted without a primary diagnosis, the paper RA lists EOB 0564 ("The diagnosis and/or procedure billed is not covered...") instead of and of listing EOB 0054 ("1 <sup>st</sup> diagnosis code is missing or invalid..."). | Review claims you submitted that have denied for EOB 0564.<br><br>If the primary diagnosis is missing, <b>resubmit</b> the claim with the appropriate primary diagnosis code.  | DHS has identified the EOB issue as a system defect.  |
| Remittance Advice (Paper and Electronic)       | Missing RAs  | Providers have reported not receiving their paper or electronic RA as expected.   | If you have questions regarding a missing RA and need a paper replacement while the issue is being researched, contact <a href="#">EDI Support Services</a> (888-690-9888). You will be contacted within 1 business day. | DHS will research missing RA issues on a case-by-case basis.<br><br>Once you report the missing RA, DHS will research the issue and let you know when you can expect to receive your RA normally. |

| Area                         | Issue               | Description  | Workaround | Resolution                                      |
|------------------------------|---------------------|--|------------|---|
| Electronic Remittance Advice | Out of balance 835s | 835s with EOBs that list the “PR” (Patient Responsibility) ARC are out of balance.<br><br>DHS cannot deliver 835s that are out of balance. | N/A        | DHS tested a solution to this issue on 6/26/09. |

### Prior authorizations

| Area               | Issue                  | Description   | Workaround                                  | Resolution  |
|--------------------|------------------------|---|---|---|
| Claim and PA match | Converted PA approvals | If you try using the Web portal to change a PA approval that converted from the old system to the new system, this may cause a mismatch of information needed for claim processing. | Call the office who authorized the service. | Once you call, the PA authority will help you resolve the PA issues that are preventing appropriate claim processing. |

### Provider Web Portal

| Area           | Issue  | Description  | Workaround   | Resolution  |
|----------------|--|--|--|---|
| Browser issues | Mozilla Firefox may not respond to workarounds | Current workarounds for “SOAP” and “Critical error” messages may not work for users who access the Web portal using Mozilla Firefox 2.0. | Use Internet Explorer 6.0 or 7.0, if possible.   | None at this time.  |
| General        | “Critical error” and “SOAP” messages           | These messages occur when using the Provider Web Portal, often after clicking a “submit” button.   | Log out and close your Internet browser window, then open a new browser window and login through the Account menu link (Account ->Secure Site).<br><br>You may have to do this more than once. | DHS is working to fix these problems as soon as possible. |

| Area                      | Issue  | Description  | Workaround  | Resolution   |
|---------------------------|--|--|---|--|
| General                   | “Critical error” messages  | This message occurs when using the Provider Web Portal, often after clicking a “submit” button.  | Open a new Internet Explorer session; select Tools, then Internet Options. Click the Delete Cookies button on the General tab.<br><br>Your site preferences may be lost and need to be set again.                             | DHS is working to fix this problem as soon as possible.  |
| General                   | Early timeouts   | The Provider Web Portal times out earlier than 20 minutes into a session.  | Continue reporting early timeout issues to <a href="#">Provider Services</a> .<br><br>Include the time, date, your computer operating system, Internet browser and what you were doing when you timed out.                    | DHS implemented a fix to the timeout problems on 5/24, but some providers are still experiencing issues with early timeouts. |
| Institutional Web Billing | “Critical error” due to missing claim type   | If you create an institutional claim and submit it without selecting claim type, a critical error will occur. Any information entered before submitting the claim is lost.<br><br>Instead of “Critical error,” users should get an error that a claim type is required.                                | “Claim type” is a required field on all institutional Web claims.<br><br>Always make sure you have selected a claim type ( <i>i.e.</i> , “1 – Inpatient Claims”). This field is at the top of the institutional claim screen. | N/A  |
| Resubmitting claims       | “Record is a duplicate” error message when attempting to resubmit denied claims that contain TPL | Providers may be unable to resubmit denied claims with third-party liability (TPL) information using the Web portal.<br><br>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. | Resubmit denied claims using the appropriate paper claim or Electronic Data Interchange format.   | DHS has reported this error as a system defect.  |

## 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   |
|---|--|
| Client privacy and protecting personal health information (PHI) | <p>DHS has strong policies related to client privacy and the protection of their personal information. To ensure a client's right to privacy is maintained:</p> <ul style="list-style-type: none"> <li>• Use secure e-mail or fax when sending client-specific protected health information (PHI) to DHS.</li> <li>• PHI includes the client's Medicaid ID number, Social Security number and other personally identifiable information.</li> </ul> <p>If you do not have a secure e-mail system, send your DHS contact an e-mail requesting a secure e-mail.</p> <ul style="list-style-type: none"> <li>• Once you receive the secure e-mail from DHS, you can then respond to the secure e-mail with the client-specific information that needs protection.</li> <li>• For more information about secure e-mail at DHS, go to the <a href="#">Secure Email Web page</a>.</li> </ul> <p>If you have questions, contact <a href="#">EDI Support Services</a> (888-690-9888).</p> |
| Enter CBSA code as a dollar amount on hospice claims            | <p>On both paper and Web hospice claims, enter the Cost-Based Statistical Area (CBSA) code as a dollar amount in the Value Code field (FL 39, 40, or 41). Otherwise, the claim will zero pay. Examples:</p> <ul style="list-style-type: none"> <li>• CBSA code 38 = 38.00</li> <li>• CBSA code 32780 = 32,780.00</li> </ul>  |
| New phone hours for Provider Services                           | <p>The Provider Services 800 number has new hours:</p> <ul style="list-style-type: none"> <li>• 7 a.m. to 4:30 p.m. Monday through Thursday</li> <li>• 10 a.m. to 4:30 p.m. Friday</li> </ul> <p>There will also be new options when you call. Please listen to make sure you are getting the help you need.</p>   |
| Paper checks are mailed with the paper RA                       | <p>If you receive a paper check from DHS, remember that the check will be mailed with your paper RA. If you are expecting a check, look for it on the page that immediately follows the "Banner Messages" in the paper RA.</p> <ul style="list-style-type: none"> <li>• Tired of waiting for a paper check? <a href="#">Sign up for electronic funds transfer</a> so that your payments are automatically deposited in your business or personal checking account.</li> <li>• For more information, contact <a href="#">Provider Enrollment</a> (800-422-5047).</li> </ul>   |
| Transitional payments and multiple RAs                          | <p>If you have received a transitional payment, you will get an RA that includes a Financial Transactions page.</p> <ul style="list-style-type: none"> <li>• The "Accounts Receivable" section of the page lists all transitional payments to date.</li> <li>• Until the Total Balance in this section reaches zero, you will continue to receive up to two RAs weekly, even if you have not submitted any claims for the week.</li> </ul>   |

## Resolved issues

Issues in this section will drop off after one week.

| Area                | Issue  | Description   | Workaround | Resolution                       |
|---------------------|--|---|------------|----------------------------------|
| Provider Web Portal | Error when using today's date on eligibility inquiry | Providers would get an error message saying, "You must enter a date equal to or earlier than today's date" when the "From" date was before today's date and the "To" date was today's date. | N/A        | DHS fixed this issue on 6/21/09. |
| Provider Web Portal | LTC claim adjustments                                | LTC claims that require Occurrence Code 70 did not allow providers to enter code 70, even though the code was in the search lookup area and required by the Nursing Facility billing guide. | N/A        | DHS fixed this issue on 6/22/09. |

## 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).



DMAP 09-431