



HEALTH SYSTEMS DIVISION

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To: Oregon Health Plan providers

From: Don Ross, manager
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Subject: Changes to provider administrative review process effective March 1, 2016

When the Oregon Health Authority (OHA), a coordinated care organization (CCO), or a prepaid health plan (PHP – dental care organization or mental health organization) make a decision that adversely affects the provider and is not otherwise reviewed as a contested case or client appeal, the provider can request a claim re-determination or administrative review as outlined in Oregon Administrative Rule (OAR) 410-120-1560 through 410-120-1580 in the [General Rules](#) provider guidelines.

Starting March 1, 2016, OHA will accept both claim re-determination requests and administrative review requests using the updated [OHP 3085](#) (*Claim or Payment Authorization Review Request*) form.

Why is this happening?

We found that the same claims or payment authorization requests are often submitted multiple times for OHA review, both as a claim re-determination and as an administrative review request.

These changes will make sure that we process all provider review requests in a consistent manner. It also will help us more quickly identify any duplicate requests that come in.

What should you do?

Use the updated [OHP 3085](#) to request review of OHA, CCO or PHP coverage decisions. Please submit only one request, by standard mail. OHA will determine whether to review your request as a claim re-determination or as an administrative review.

Before requesting OHA review of a CCO or PHP decision, you must document that you have exhausted the CCO or PHP's appeal process. If you have not, OHA will return your request and attached documentation to you.

For more information, review OARs 410-120-1560 (*Provider Appeals*) to 410-120-1600 (*Contested Case Hearing*) in the General Rules guidelines at www.oregon.gov/OHA/healthplan/pages/general-rules.aspx. These rules fully describe the appeal options available and the procedures to follow for each type of appeal.

Questions?

If you have any questions about this announcement, contact the Provider Services Unit at dmap.providerservices@state.or.us or call 1-800-336-6016. We are available Monday through Friday, anytime between 8 a.m. and 5 p.m. (including lunch hours).

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.

¹ The Addictions and Mental Health Division and Division of Medical Assistance Programs are now united as the Health Systems Division.