



**Date:** January 17, 2014

**To:** In-state Diagnosis Related Group (DRG) hospitals

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**Subject:** Fee-for-service reprocessing of 2012 outpatient claims to resume January 17, 2014

In November, we let you know that DMAP [would reprocess 2012 claims to apply Ambulatory Payment Classification \(APC\) pricing in two phases, beginning with claims billed from January 1, 2012, through June 30, 2012](#). We are now writing to let you know our revised plan to reprocess claims:

- The weekend of January 17, we will reprocess claims with dates of service from **January 1, 2012**, through **June 30, 2012**.
- At a later date, we will reprocess claims with dates of service from July 1, 2012, through December 31, 2012. We will let you know when we have confirmed a date for this activity.

### Why is this happening?

The weekend of November 8, we only reprocessed claims from January 1, 2012, through March 31, 2012. This reprocessing resulted in unexpected errors. We have corrected the errors, and are now ready to reprocess claims as originally planned.

### What should you do?

No action is required on your part.

### What you will see on the paper remittance advice

On the paper remittance advice, the Claim Adjustments section will list the affected claims by original Internal Claim Number (ICN).

- Each ICN will have an adjustment ICN (beginning with “52”) to indicate reprocessing.
- The “Detail EOBs” will list Explanation of Benefits (EOB) code *EOB 9933 – Pricing adjustment – APC pricing applied*.

### Questions?

If you have any questions about this announcement, please contact the Provider Services Unit at [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us) or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:00 p.m. and Friday 10 a.m. to 4:00 p.m. (phone lines closed 11:30 a.m. to 12:30 p.m. daily).

Thank you for your continued support of the Oregon Health Plan and the services you provide to Oregon’s most vulnerable people.

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