



**Date:** June 17, 2014

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

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**Subject:** Fee-for-service reprocessing of 3<sup>rd</sup> Quarter 2012 outpatient claims planned for June 20, 2014

The weekend of June 20, 2014, the Division of Medical Assistance Programs (DMAP) will reprocess all July-September 2012 outpatient claims to apply budget-neutral Ambulatory Payment Classification (APC) pricing.

At a later date we will reprocess all October-December 2012 claims to apply budget-neutral APC pricing. We will let you know when we are ready to do this.

### Why is this happening?

Senate Bill 204 (Oregon Laws 2011) required the Oregon Health Authority to develop a uniform payment methodology for hospital services. DMAP changed its outpatient reimbursement methodology to APC in order to align with other Oregon Health Authority agencies effective January 1, 2012.

### What should you do?

No action is required on your part. After all 2012 reprocessing is complete; you will have an opportunity to resubmit denied claims for payment.

### 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).

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