



**Date:** June 26, 2014

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

**From:** Don Ross, Manager  
Medicaid Policy and Planning Section, DMAP

**Subject:** Fee-for-service reprocessing of 4<sup>th</sup> Quarter 2012 outpatient claims planned for June 27, 2014

The weekend of June 27, 2014, the Division of Medical Assistance Programs (DMAP) will reprocess October-December 2012 claims to apply budget-neutral Ambulatory Payment Classification (APC) pricing.

### 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.

### 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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