



DIVISION OF MEDICAL ASSISTANCE PROGRAMS

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Date: June 26, 2015

To: Medical professionals, clinics, health centers, 340B providers and hospitals

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

Subject: June 2015 reprocessing of some fee-for-service (FFS) physician-administered drug claims

The weekend of June 13, 2015, the Division of Medical Assistance Programs (DMAP) reprocessed a small number of physician-administered drug (PAD) claims for dates of service from **January 1, 2008**, through **June 30, 2011**. Some claims from this activity suspended, and will reprocess the weekend of June 27, 2015.

We are writing to you to let you know why this activity is happening and how this reads on your remittance advice (RA) from DMAP.

Why is this happening?

The Deficit Reduction Act of 2005 requires state Medicaid programs to capture and report the National Drug Code (NDC) for all outpatient FFS PAD claims beginning January 1, 2008.

On July 1, 2011, our system was updated to do this; however, we now need to reprocess PAD claims with the service dates listed above so that all PAD claims are correctly reported.

What should you do?

No action is required on your part. For some providers, this activity may result in additional payments. For others, if this activity results in a recovery, we will prevent any recoveries from occurring.

What you will see 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 activity.
- The "Detail EOBs" will list Explanation of Benefits (EOB) code *EOB 8136 – DHS initiated adjustments due to processing error*. Recoveries will show a "Net Overpayment." DMAP will compensate for this recovery through a "Non-Claim-Specific Payout" (shown on the Financial Transactions page of the RA).

What you will see on the electronic remittance advice (ERA) or Provider Web Portal

In both the ERA and Provider Web Portal, the reason for the reprocessing will be *Adjustment Reason Code 0084 – Prior processing information appears incorrect*.

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. to 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.

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