



Date: April 22, 2014

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

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

Subject: Status of fee-for-service reprocessing of 2012 outpatient claims

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In January, we let you know that [DMAP would reprocess January-June 2012 claims to apply Ambulatory Payment Classification \(APC\) pricing on January 17, 2014](#). We are now writing to let you know that beginning the weekend of April 26, we will test new conversion factors and review claims pricing to ensure that the system will reprocess claims to achieve budget neutrality.

Once testing shows budget neutrality, we will reprocess all January-June 2012 claims that **did not deny** during the January 17 activity.

At a later date we will reprocess all July-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?

The January 17 reprocessing activity for January-June 2012 did not achieve budget neutrality. In addition, a defect in the MMIS caused some claims to be denied at the header level, not by line item. This error will be fixed on April 21, 2014, so that we can proceed with reprocessing claims on or after April 26.

What should you do?

To receive payment for any January-June 2012 claims that incorrectly denied on January 17, you will need to rebill DMAP. *However, please wait to rebill until after we have finished all 2012 reprocessing, for January through December.*

We will let you know when we have completed the 2012 reprocessing and when you can start rebilling any denied January-June 2012 claims.

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 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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