

Jean Phillips, Deputy Administrator

Authorized Signature
Number: DMAP-IM-08-055

Issue Date: 05/16/2008

Topic: Medical Benefits

Subject: Provider announcement: Medicaid/SCHIP local match options effective July 1, 2008

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

Message:

DMAP will send the following announcement to School-Based Health Services (SBHS) providers, Behavioral Rehabilitative Services providers, and Targeted Case Management (TCM) providers.

- It tells them the process they must follow to ensure appropriate claims processing and payment from July 1, 2008, until implementation of the replacement MMIS.
- The form and procedure attached to the letter will also be available in the "Miscellaneous Forms" section of the [DMAP Forms page](#), and on the [SBHS](#) and [TCM](#) DMAP provider guidelines pages.

If you have any questions about this information, contact:

Contact(s):	Tom McClanahan, Contracts Payment Manager, DHS Financial Services		
Phone:	503-945-9416	Fax:	503-373-0728
E-mail:	tom.l.mcclanahan@state.or.us		



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

Office of Financial Services

500 Summer Street NE, E81

Salem, OR 97301-0190

Voice (503) 947-5315

FAX (503) 378-8404

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May 16, 2008

To: Providers of School-Based Health Services,
Behavioral Rehabilitative Services and
Targeted Case Management Services

From: Jim Scherzinger, DHS Deputy Director of Finance

Subject: Billing options for providers who fund the local Medicaid or SCHIP match



Starting July 1, 2008, if you fund the local Medicaid or State Children's Health Insurance Program (SCHIP) match for services you provide OHP clients, you must pay the match before DHS can reimburse you for those services. This requirement applies to all Medicaid and SCHIP claims billed to DHS on or after July 1, 2008.

To ensure that you continue to receive payment for your claims, you must use one of the following two options for billing claims between July 1, 2008 and August 29, 2008:

1. Hold claims until the replacement MMIS is implemented in September 2008.

Once you submit claims in the replacement MMIS, you will receive an invoice that tells you what match to pay for the services billed. Once DHS receives your payment according to the invoice, DHS will pay for your claim(s);

2. Submit a payment to DHS Receipting to fund your local match. Once you submit these funds to DHS, you can bill as usual and the local match will be automatically taken out of these funds, allowing DHS to pay for your claim(s) as they are submitted.

- DHS will accept payment via electronic funds transfer (EFT) or check. For EFT payments, you will need to contact DHS Financial Services at 503-947-9933 to get the bank account information to transfer payment.
- Payments received by Wednesday will be available for processing claims against on Friday, allowing DHS to reimburse the claims on Monday.
- If your payment is more than the required amount, you can choose between a refund or carrying the excess forward to the replacement MMIS.

DHS Financial Services has prepared the following form and procedure for the local match process to help you prepare for this change. You must submit the attached form for each local match payment you plan to submit to DHS.

If you have questions about the information in this letter, contact Wayne Breach, DHS Receipting and Trust Manager at 503-947-9933, or e-mail wayne.breach@state.or.us.

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MMIS Local Match Leveraging Form

Please copy this form and use as a remittance advice each time a payment is sent to the Department of Human Services. If DHS is unable to identify a payment that is unaccompanied by this form, the payment may be returned.

Please complete this form and return it with your payment to:

DHS Receipting Unit
PO Box 14006
Salem, OR 97309-5030
Fax 503-378-2806

To estimate the amount required to fund your local match per claim, use 40% of the total amount of the claim. DHS will accept payment via electronic funds transfer or check.

For electronic funds transfer payments, contact DHS Financial Services at 503-947-9933 (Salem).

Date:	
Provider Number:	
Provider Name:	
Match Amount Enclosed:	
Payment type (select one):	<input type="checkbox"/> Check <input type="checkbox"/> Electronic funds transfer

Please select claim type below:

- Behavioral Rehabilitative Services (BRS):** Claim must have one billing provider number and diagnosis code V629.
- Targeted Case Management (TCM):** Includes Babies First, Cocoon, HIV, Mothers with Substance Abuse Issues, Tribal, Early Childhood-Early Intervention. Claim must have one billing provider number enrolled under provider type TC.
- School-Based Health Services (SM):** Claim must have one billing provider number enrolled under provider type SM.

MMIS Local Match Leveraging Process

Provider procedure to submit local matching funds prior to processing Medicaid Management Information System (MMIS) claims for Behavioral Rehab Services, Targeted Case Management Services, or School-Based Health Services:

1. Submit payment of matching funds to DHS, along with the attached form. To estimate the amount required to fund your local match per claim, use 40% of the total amount of the claim. DHS will accept payment via electronic funds transfer or check.
2. Send payments to:

DHS Receipting Unit
PO Box 14006
Salem, Oregon 97309-5030
Fax 503-378-2806

DHS procedure upon receipt of local matching funds:

1. Payments received by 5:00 p.m. on Wednesday will ensure that the matching funds are available for any claims that process on the following weekend. If a payment is received after 5:00 p.m. on Wednesday, it may result in suspension of any processed claims until the following week.
2. DHS Financial Services staff will track the funds on deposit for each provider. A file containing this information will be transmitted weekly to the DHS Office of Information Services (OIS).
3. When processing claims on the weekend, OIS will check against this file, to verify that the matching funds are available. If so, the claim will successfully process. If not, the claim will suspend until there are sufficient funds on deposit to allow processing of the claim.