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 DMAP Policy and Planning Section

Authorized Signature

**Number:** DMAP- IM-10-143

**Issue Date:** 12/2/2010

**Topic:** Medical Benefits

**Subject:** Provider announcement - Contact change for surgical prior authorizations starting Jan. 1, 2011

**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"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers    |   |

**Message:**

DMAP will post the following announcement on the [OHP Provider Announcements](#) page and distribute via eSubscribe, Provider Web Portal messages and a banner message on outgoing paper remittance advices.

The announcement explains that starting Jan. 1, 2011, Acumentra Health will no longer review or approve prior authorization (PA) requests for surgical procedures for fee-for-service clients. Instead, DMAP's Medical Management Unit will review them.

Later this month, DMAP will update the [Medical-Surgical Services](#) and [Hospital Services](#) supplemental information guides and [DMAP Provider Contacts list](#) to reflect this change.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	DMAP PA Hotline		
<b>Phone:</b>	503-945-6821	<b>Fax:</b>	503-945-6548

# ***Medical practices and hospitals***

## **Starting Jan. 1, send your surgical PA requests to DMAP**

Starting Jan. 1, 2011, Acumentra Health will no longer review prior authorization (PA) requests for surgical services to Oregon Health Plan fee-for-service clients. Instead, the Division of Medical Assistance Programs (DMAP) will review them.

We believe this change will provide better coordination of care for our clients. It is also one of the measures DMAP has taken to help the state with its current budget shortfall.

### **DMAP Prior Authorization Numbers**

- Routine request fax: 503-378-5814
- Immediate/urgent fax: 503-378-3435
- DMAP PA Hotline: 503-945-6821 (Salem); 800-642-8635 (toll-free)

### **How to submit PA requests to DMAP**

Follow these three steps to send all non-pharmacy PA requests to DMAP. For the specific information and documentation required on PA requests to DMAP, refer to the provider guidelines for your program at [www.dhs.state.or.us/policy/healthplan/guides/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/main.html).

- **Step 1** – Complete your request using the DHS 3971 (DHS Prior Authorization Request) form or the Provider Web Portal at <https://www.or-medicaid.gov>.
- **Step 2** – Submit the PA request to DMAP. On the Web, you just click "Save." For paper requests, print the completed form and move to step 3.
- **Step 3** – Fax any required documentation to DMAP using an EDMS Coversheet (DHS 3970) and DMAP's central PA fax numbers. If you are submitting your request on paper, include the DHS 3971 as the first page after the EDMS Coversheet.

### **Web PA requests are secure, fast and easy**

On the Web, you can request up to 10 different services on a single PA request. To learn more, go to [www.oregon.gov/DHS/healthplan/webportal.shtml#authorization](http://www.oregon.gov/DHS/healthplan/webportal.shtml#authorization).

### **Paper PA requests and faxed documentation require the EDMS Coversheet**

To ensure timely processing of PA requests sent to DMAP:

- **Submit the EDMS Coversheet (DHS 3970) as the cover for each PA submitted.** Use the most current version (11/10). Do not include your own fax cover sheet; use the DHS 3970 only. Mark the "Prior Authorization" box; complete the Provider Number and Client ID fields. This identifies your document(s) as a PA request for the correct provider and client.
- **Complete all required fields, as applicable, on the DHS 3971.** The system will not process your request if required fields are incomplete. See next page for required fields.

## How to complete the DHS Prior Authorization Request Form (DHS 3971)

Information in **bold** is required, as applicable, for all PA requests sent to the central DMAP fax numbers. Not all PA requests go to the central fax numbers. Refer to your provider guidelines for your program-specific requirements and fax number(s) to use.

<b>Box I – Requesting Provider Information</b>	Requesting Provider Name <b>Provider Number</b> (of the requesting provider) Contact Name Contact Phone Number Contact Fax Number	<i>PA Processing Time Frame</i> – If this section is unmarked or you do not justify faster processing, your request will receive routine processing. <ul style="list-style-type: none"> <li>• Immediate is defined as 24 hours</li> <li>• Urgent is defined as 72 hours</li> </ul>
<b>Box II – Type of Request</b>	<b>Type of PA request</b>	
<b>Box III – Client Information</b>	<b>Client ID</b> (Medicaid ID number) Client Last Name	Client Date of Birth Client First Name and Middle Initial
<b>Box IV – Service Information</b>	Estimated length of treatment Description of primary diagnosis Any other pertinent diagnoses Facility Name, if applicable (e.g., hospital) <b>Revenue Center Codes, if applicable</b>	Frequency Primary diagnosis code  Facility Provider Number, if applicable
<b>Box V – Code and Cost Information</b>	<b>Procedure Code(s), if applicable</b> Modifier(s), if applicable Description, if applicable <b>Units, if applicable</b> Total Units	Usual And Customary Fee (U&C) Manufacturer’s Suggested Retail Price (MSRP) Total Dollars Total Cost
<b>Box VI – Dental information</b>	Tooth number and quadrant, if applicable	
<b>Box VII – Pharmacy Information</b>	Drug Name Quantity Directions	Strength <b>National Drug Code (NDC), if applicable</b>
<b>Box VIII – Performing Provider Information</b>	Performing Provider (e.g., therapist) Contact Name Contact Fax Number	Provider Number Contact Phone Number Billing Provider Number (e.g., clinic)
<b>Box IX – Date Information</b>	<b>Date of Request</b> <b>Expected Service Begin Date</b>	<b>Expected Service End Date</b>
<b>Notes</b>	<i>Written justification or other helpful notes</i> – Refer to your provider guidelines for requirements.	
<b>Attachments</b>	<i>Description of attachments</i> – Describe the attachments you are including. A Document Control Number is not necessary. Refer to your provider guidelines for information on the attachments required for your program.	

## Forms and other resources

To make sure you submit PA requests correctly the first time, refer to:

- EDMS Coversheet – <http://dhsforms.hr.state.or.us/Forms/Served/DE3970.pdf>
- PA Request Form – <http://dhsforms.hr.state.or.us/Forms/Served/DE3971.pdf>
- Web PA Request training via Webinar – Next sessions are Nov. 30 and Dec. 15. Sign up at [www.oregon.gov/DHS/healthplan/tools\\_prov/training/web-pa-poc.pdf](http://www.oregon.gov/DHS/healthplan/tools_prov/training/web-pa-poc.pdf).
- Web PA Request tutorial – [www.oregon.gov/DHS/healthplan/docs/pa-web.pdf](http://www.oregon.gov/DHS/healthplan/docs/pa-web.pdf)
- Other training resources – [www.oregon.gov/DHS/healthplan/tools\\_prov/training.shtml](http://www.oregon.gov/DHS/healthplan/tools_prov/training.shtml)

To make sure you submit all information and documentation required for your PA requests, also refer to:

- Hospital Services provider guidelines – [www.dhs.state.or.us/policy/healthplan/guides/hospital/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/hospital/main.html)
- Medical-Surgical Services provider guidelines – [www.dhs.state.or.us/policy/healthplan/guides/medsurg/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/medsurg/main.html)

## Stay informed with eSubscribe

To make sure you get the latest updates, eSubscribe to OHP Provider Announcements. Go to [www.oregon.gov/DHS/healthplan/notices\\_providers/main.shtml](http://www.oregon.gov/DHS/healthplan/notices_providers/main.shtml), then click on "eSubscribe to receive provider announcement updates." It's secure, fast and easy.

We appreciate your continued support of the Oregon Health Plan and the services you provide our clients in these difficult times.

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## Questions?

If you have any questions about this announcement or the Provider Web Portal, please call the Provider Services Unit at 1-800-336-6016, Monday through Thursday from 8:30 a.m. to 4:30 p.m. and 10 a.m. to 4:30 p.m. on Friday.



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