
Oregon Health Plan Provider Web Portal

Professional Claim

Program-specific instructions for AMH-licensed residential
providers



September 2015

Mental Health Services

This guide is designed for the following AMH-licensed residential providers:

- Adult Foster Home (AFH)
- Residential Treatment Facility (RTF)
- Residential Treatment Home (RTH)
- Secure Residential Treatment Facility (SRTF)

Step one

VIEW PLAN OF CARE

Providers Page

POC menu,
click Search

Home Contact Us Directory Search Clients Account Claims Eligibility Tr... tion **Providers** POC Help
home demographic maintenance drug search enrollment enrollment tracking search links benefits and Search
client pmpm history client pmpm attestation

Security Information



Warning: Use of this network is restricted to authorized users only and must comply with Oregon Health Authority privacy and security policies. User activity may be monitored and/or recorded. Anyone using this network expressly consents to such monitoring and/or recording. BE ADVISED: if possible criminal activity is detected, these records, along with certain personal information, may be provided to law enforcement officials.

Security incidents should be directed to the Security Incident Response Team at (503) 945-6812.

All other issues, including Password Resets, should be directed to Provider Services at (800) 336-6016.

POC Search

The screenshot shows a web interface for a Point of Contact (POC) search. It features a dark blue header with the text "POC Search". Below the header, there are three input fields: "From Date", "To Date", and "Client ID". To the right of these fields are two buttons: "search" and "clear". There are also small icons for help (?) and refresh (↕) in the top right corner of the form area.

1. Enter search criteria*
2. Click search

There should be a POC for every client residing in the home/facility

* To see a list of all POCs for your provider ID, do not enter search criteria

Search Results

Search results display below search screen

POC Search

From Date To Date

Client ID

Search Results

| Client Name | Service | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Effective Date | End Date | Balance Units | Balance Dollars | Status |
|----------------|-----------------------------|-------|-------|-------|-------|----------------|------------|---------------|-----------------|--------|
| MICHAEL BMHFAM | Adult foster care per month | HK | | | | 10/01/2015 | 03/31/2016 | 6 | \$4,791.00 | Active |
| MICHAEL BMHFAM | Adult foster care per month | HK | | | | 10/01/2014 | 12/31/2014 | 3 | \$4,298.00 | Closed |
| MICHAEL BMHFAM | Adult foster care per month | HK | | | | 01/01/2015 | 06/30/2015 | 6 | \$4,414.05 | Closed |

Click on a row to view the POC*

* If there is only one POC, it will display automatically

POC View

POC details display below search results

POC Search

From Date To Date

Client ID

Search clear

| Search Results | | | | | | | | | | |
|----------------|-----------------------------|-------|-------|-------|-------|----------------|------------|---------------|-----------------|--------|
| Client Name | Service | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Effective Date | End Date | Balance Units | Balance Dollars | Status |
| MICHAEL BMHFAM | Adult foster care per month | HK | | | | 10/01/2015 | 03/31/2016 | 6 | \$4,791.00 | Active |
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Detail

| | | | | | |
|--------------------------------|---------------------------------------|----------------------------|-------------------------|-------------------------|--------------------|
| Service Auth Number | 1524400001 | Service Code Type | SPC | Units | 1 |
| Referring Provider ID | 500500005 | Service Code | S5141 | Unit Qualifier | SERVICE |
| Referring Provider Name | MARION COUNTY HEALTH DEPT | Service Description | Adult foster care per m | Frequency | MONTHLY |
| Rendering Provider ID | 506675926 | Modifier 1 | HK | Dollars | \$4,791.00 |
| Rendering Provider Name | TRAINING33 | Modifier 2 | | Payment Method | Pay Unit Fee Price |
| Client ID | MJ301G5D | Modifier 3 | | Status | ACTIVE |
| Client Name | MICHAEL BMHFAM | Modifier 4 | | Notice Date | |
| Benefit Plan | State Medicaid Mental Health Services | Effective Date | 10/01/2015 | Appeal Indicator | N |
| | | End Date | 03/31/2016 | Used Units | 0 |
| | | Close Reason | | Used Dollars | \$0.00 |
| | | | | Balance Units | 6 |
| | | | | Balance Dollars | \$4,791.00 |

Procedure code and modifier

Information submitted on your claim must match information approved on the POC

Dates approved on this POC; if nearing the end date, work with the referring provider to submit a new plan of care request

Step two

SUBMIT YOUR CLAIM

Providers Page

Claims menu,
click Professional

The screenshot shows the top navigation bar of the Oregon Health Authority website. The 'Providers' menu item is highlighted in red. A dropdown menu is open, listing options: Search, Dental, Institutional, Pharmacy, Professional, and Roster Billing. A yellow callout box with a black border points to the 'Professional' option. Below the navigation bar, there is a blue banner with a warning message and contact information for security incidents and password resets.

Home Contact Us Directory Search Clients Account Claims Eligibility Trade Files Prior Authorization **Providers** POC Help

home demographic maintenance drug search
client pmpm history client pmpm attestation

Search
Dental
Institutional
Pharmacy
Professional
Roster Billing

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Professional Claim Form

- Sections:
1. Professional Claim (header)
 2. Diagnosis
 3. TPL: Third-Party Liability
 4. Medicare Information
 5. Detail
 6. Hard-Copy Attachments
 7. Claim Status Information

The screenshot shows a web-based form titled "Professional Claim" with the following sections and callouts:

- 1** Professional Claim (header)
- 2** Diagnosis
- 3** TPL: Third-Party Liability
- 4** Medicare Information
- 5** Detail
- 6** Hard-Copy Attachments
- 7** Claim Status Information

* Mental health providers only fill out sections 1, 2 and 5

Professional Claim (Header)

| Professional Claim | |
|-----------------------------|----------------------|
| Billing Information | |
| ICN | |
| Provider ID | 506675926 MCD |
| 1 Client ID* | MJ301G5D [Search] |
| Last Name | BMHFAM |
| First Name, MI | MICHAEL |
| Date of Birth | 05/01/1980 |
| Patient Account # | |
| 2 Referring Phys | 500500005 [Search] |
| Insurance Denied | |
| Mailbox and Filename | |
| Mailbox # | |
| File Name | |
| Service Information | |
| 3 From Date* | 10/01/2015 |
| To Date* | 10/31/2015 |
| Expected Delivery Date | |
| Medical Record Number | |
| Accident Related To | |
| Charges | |
| Total Charges | \$0.00 |
| TPL Amount | \$0.00 |
| Plan Payment Amount | |
| CoPay Amount | \$0.00 |

- Required fields:
1. Client ID
 2. Referring Physician
 3. From Date and To Date

Enter the referring provider's Medicaid ID; this is usually the county mental health provider

If your client has an offset (client liability), enter it in the TPL Amount field

Diagnosis

| Sequence | Diagnosis | Description | ICD Version | Present on Admission |
|----------|-----------|--|-------------|----------------------|
| A 1 | F250 | Schizoaffective disorder, bipolar type | 10 | |

Type data below for new r

2 Sequence* **3** Diagnosis* [Search]

Present on Admission Description Schizoaffective disorder, bipolar type
ICD Version 10

delete add **1**

- For each diagnosis:
1. Click add
 2. Enter sequence
 3. Enter diagnosis

Sequence:
1 for first;
2 for second;
3 for third; etc.

Enter diagnosis code
without the decimal

Detail

| Item | Procedure | Units | Charges | Status |
|------|-----------|-------|---------|--------|
| A | 1 | 0 | \$0.00 | |

Type data below for new record.

| | | | |
|---------------------------------|--------------------------|-------------------------------|------------|
| Item | 1 | Emergency | No |
| 1 From DOS* | 10/01/2015 | Pregnancy | |
| 2 To DOS* | 10/31/2015 | SDT Ref | None |
| 3 Units* | 1.00 | Planning | |
| Units Qualifier | | Amount | \$0.00 |
| 4 Charges* | \$4,791.00 | COPay Amount | \$0.00 |
| Rendering Physician | [Search] | Adjustment Reason Code | [Search] |
| Taxonomy | | Adjustment Amount | |
| Zip+4 | | Medicare Paid Date | |
| Status | | Deductible Amount | \$0.00 |
| 5 Diagnosis Code Pointer | 1 | Coinsurance Amount | \$0.00 |
| 6 Modifiers | HK [Search] [Search] | Medicare Paid Amount | \$0.00 |
| | [Search] [Search] | Medicare Psych Amount | \$0.00 |
| 7 POS* | 12 [Search] | | |
| 8 Procedure* | S5141 [Search] | | |
| NDC | | | |
| NDC UOM | | | |
| NDC Quantity | 0 | | |
| Tpl Amount | \$0.00 | | |
| Plan Payment Amount | | | |

AFH = 1 unit/month
RTF/RTH/SRTF = 1 unit/day

Total charges;
do not deduct
offset amount

POS codes:
12 = home (AFH)
56 = psychiatric residential treatment center
(RTF/RTH/SRTF)

- Required fields:
1. From DOS (date of service)
 2. To DOS
 3. Units
 4. Charges
 5. Diagnosis Code Pointer
 6. Modifiers
 7. POS (place of service)
 8. Procedure



Procedure Codes and Modifiers

| | Provider | Modifier(s) | Additional information |
|---|---|-------------|---|
| S5141 Personal care/habilitation services, per month | Adult Foster Home | HK | |
| | | HK & HW | HW added for clients approved for the HCBD 1915(i) plan |
| T1020 Personal care services, per diem | Residential Treatment Home | HK | |
| | Secure Residential Treatment Home or Facility | HK and TG | |
| | Residential Treatment Facility | HK and HE | |
| T1020 Home-based and behavioral habilitation services, per diem | Residential Treatment Facility or Home | HK and HW | HW added for clients approved for the HCBD 1915(i) plan |

Claim Status Information

| Claim Status Information | |
|--|-------------------|
| Claim Status | Not Submitted yet |
| Supporting documentation | |

Not Submitted yet claim; provider may

- Submit
- Cancel

submit

cancel

Submits the claim for processing

Clears changes made during this session

Claim Status PAID

| Claim Status Information | | |
|--------------------------|---------------|--|
| Claim Status | PAID | |
| Claim ICN | 2214223000004 | |
| Paid Date | | |
| Allowed Amount | \$2,850.00 | |

Coversheet for supporting documentation

| HIPAA Adjustment Reasons | | |
|--------------------------|------------------------------|---|
| Detail Number | HIPAA Adjustment Reason Code | HIPAA Adjustment Reason Description |
| 0 | 223 | Adjustment code for mandated federal, state or local law/regulation that is not already covered by another code and is mandated before a new code can be created. |
| 1 | 204 | This service/equipment/drug is not covered under the patient's current benefit plan |

PAID claim; provider may

- Cancel
- Adjust
- Void
- Copy claim

Clears changes made during this session

Adjusts the existing claim with changes made during this session

Cancels the existing claim; previous payments will be recouped

Duplicates the existing claim; status will change back to Not Submitted Yet

cancel adjust void copy claim

Claim Status DENIED

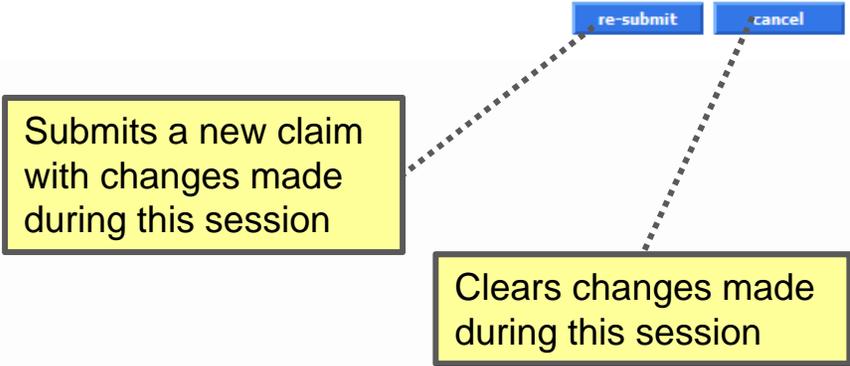
DENIED claim; provider may

- Re-submit
- Cancel

| Claim Status Information | | |
|--------------------------|---------------|--|
| Claim Status | DENIED | |
| Claim ICN | 2214223000002 | |
| Denied Date | 08/11/2014 | |
| Allowed Amount | \$0.00 | |

Coversheet for supporting documentation

| HIPAA Adjustment Reasons | | |
|--------------------------|------------------------------|--|
| Detail Number | HIPAA Adjustment Reason Code | HIPAA Adjustment Reason Description |
| 1 | 45 | Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability). |
| 1 | B7 | This provider was not certified/eligible to be paid for this procedure/service on this date of service. |
| 1 | B7 | This provider was not certified/eligible to be paid for this procedure/service on this date of service. |
| 1 | B7 | This provider was not certified/eligible to be paid for this procedure/service on this date of service. |



*Claim status **SUSPENDED**: In some cases, a claim may suspend for internal review when our system is unable to determine if a claim should pay or deny. Providers may take *no* action on suspended claims. Claims are given a PAID or DENIED status after internal review. This process should never take longer than two weeks.

Do You Need Further Assistance?

Provider Services Unit

800-336-6016

dmap.providerservices@state.or.us

Medicaid Provider Training

Medicaid.Provider-Training@state.or.us