DMAP Services Directory

November 2010

Department of Human Services
Division of Medical Assistance Programs
DMAP mailing information

Oregon DHS - Division of Medical Assistance Programs
500 Summer St NE, Salem, OR 97301

DMAP mail codes - See unit listings for exceptions

<table>
<thead>
<tr>
<th>Office of the Administrator; Budget and Finance; Quality Improvement &amp; Medical</th>
<th>E49</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>E44</td>
</tr>
<tr>
<td>Policy and Planning; Research, Education and Development</td>
<td>E35</td>
</tr>
</tbody>
</table>

E-mail addresses by topic

<table>
<thead>
<tr>
<th>Communications</th>
<th><a href="mailto:dmap.distribution@state.or.us">dmap.distribution@state.or.us</a></th>
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<tr>
<td>Electronic Data Interchange or HIPAA</td>
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<td>Provider enrollment</td>
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<td>Provider training</td>
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<tr>
<td>Staff training</td>
<td><a href="mailto:dmap.training@state.or.us">dmap.training@state.or.us</a></td>
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<tr>
<td>Web portal assistance</td>
<td><a href="mailto:team.provider-access@state.or.us">team.provider-access@state.or.us</a></td>
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Helpful telephone numbers

Also see [www.oregon.gov/DHS/healthplan/contact_us.shtml](http://www.oregon.gov/DHS/healthplan/contact_us.shtml).

<table>
<thead>
<tr>
<th>DMAP Reception</th>
<th>800-527-5772</th>
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<tbody>
<tr>
<td>Automated Voice Response</td>
<td>866-692-3864</td>
</tr>
<tr>
<td>Client Services Unit</td>
<td>800-273-0557</td>
</tr>
<tr>
<td>EDI Support Services</td>
<td>888-690-9888</td>
</tr>
<tr>
<td>FFS Dental Coordinator</td>
<td>503-945-9891</td>
</tr>
<tr>
<td>OHP Application Center</td>
<td>800-359-9517</td>
</tr>
<tr>
<td>OHP Benefits/RN Hotline</td>
<td>800-393-9855</td>
</tr>
<tr>
<td>OPAR Medical Payment Recovery</td>
<td>503-947-4250</td>
</tr>
<tr>
<td>PA Hotline</td>
<td>800-642-8635</td>
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<tr>
<th>Provider Enrollment</th>
<th>800-422-5047</th>
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<tr>
<td>Provider Services Unit</td>
<td>800-336-6016</td>
</tr>
<tr>
<td>SPD Medically Fragile Children’s Unit</td>
<td>971-673-2985</td>
</tr>
<tr>
<td>DHS Service Desk</td>
<td>503-945-5623</td>
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<tr>
<td>HSB Copy Center</td>
<td>503-945-6744</td>
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<tr>
<td>RACF Coordinator</td>
<td>503-945-6539</td>
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<td>DHS Voicemail</td>
<td>503-945-6000</td>
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<tr>
<td>HSB Facilities</td>
<td>503-947-5412</td>
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</tbody>
</table>
# Contents

DMAP Office of the Administrator ................................................................. 1  
  MMIS Business Implementation Unit ............................................................ 1  
DMAP Budget and Finance Section ................................................................. 2  
  Office Management Unit ............................................................................ 2  
DMAP Policy and Planning Section ................................................................. 3  
  Clinic and Hospital Unit ............................................................................ 3  
  Medical and Community-Based Services Unit .......................................... 3  
  Pharmacy Unit .......................................................................................... 4  
  State Plan and Policy Initiatives Unit .......................................................... 4  
DMAP Quality Improvement and Medical Section ......................................... 5  
  Clinical Unit .............................................................................................. 5  
  Delivery Systems Unit ............................................................................... 5  
  Hearings Unit ............................................................................................ 5  
  Quality Assurance & Improvement Unit ..................................................... 5  
DMAP Research, Education and Development Section ................................ 6  
  Analysis & Research Unit .......................................................................... 6  
  Client & Provider Education ..................................................................... 6  
  Special Projects Unit ................................................................................ 6  
DMAP Operations Section ............................................................................. 7  
  Business Support Unit ............................................................................... 8  
  Claims Unit ................................................................................................ 9  
  Client Services Unit .................................................................................. 10  
  Medical Management Unit ....................................................................... 11  
  Provider Enrollment Unit .......................................................................... 12  
  Provider Services Unit .............................................................................. 12
DMAP Office of the Administrator

<table>
<thead>
<tr>
<th>Phone</th>
<th>503-945-5769</th>
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<tbody>
<tr>
<td>Fax</td>
<td>503-373-7689</td>
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This office carries out the goals and objectives of the Division of Medical Assistance Programs (DMAP) to manage the design, implementation, and evaluation of multiple statewide programs and activities in support of the Oregon Health Plan (OHP).

Responsibilities include:
- Provide leadership
- Determine policy and program priorities
- Assure conformance to legal requirements
- Integrate and coordinate interagency activities
- Ensure effective use of resources

MMIS Business Implementation Unit

This unit works with DHS business units to coordinate processes and communication needed for successful system implementation. Specific goals include:

- Improve project quality, consistency and satisfaction
- Improve project implementation communication between technical and business teams and with external customers
- Increase understanding, participation and consistency in defect and change order prioritization process
- Establish business processes to leverage new system functionality
DMAP Budget and Finance Section

<table>
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<tr>
<th>Phone</th>
<th>503-945-5774</th>
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<tr>
<td>Fax</td>
<td>503-373-7689</td>
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This section is responsible for DMAP office management, DMAP budgeting and OHP program budgeting. Specific services include:
- Personnel actions
- Staff training
- Diversity
- Administrative budget
- Contract clearinghouse and financial oversight
- Invoice payments
- Actuarial services
- Pricings
- Program budget
- DHS budgeting
- Federal reporting
- Federal matching funds

Office Management Unit

Office management staff handle the DMAP administrative budget, personnel, payroll, purchasing, business services, space planning, word processing services, staff training, and reception functions.
This section is responsible for all medical service programs and coordination of activities related to the administration of the Title XIX Program and the Title XXI Children’s Health Insurance Program (CHIP).

Staff design, develop, implement, monitor and maintain Medicaid medical service programs to comply with state and federal regulations. They also develop cost control measures to ensure expenditures are within budget. Specific services include:

- State Plan Amendments
- Contract development and coordination
- Coordination with federal project officers
- Liaison to Health Resources Commission
- Facilities settlements and audits (hospitals, FQHCs, RHCs)

Staff also provide program-specific operational support, such as:

- Referring clients and case workers to other resources
- Investigating complaints and facilitating resolution
- Special research, research and follow-up
- Reporting and analysis of program-specific claim processing issues or concerns

Clinic and Hospital Unit

Staff serve as liaisons with state and federal agencies, MCOs, advocacy groups, and professional provider organizations to maintain Medicaid program policy in the following areas:

- Home Health
- Hospice
- Hospital Services
- Indian Health Services
- Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)

This unit is also responsible for the audits, payment reconciliations and cost settlements to multiple types of providers such as hospitals, FQHCs and RHCs.
Medical and Community-Based Services Unit

Staff serve as liaisons with state and federal agencies, MCOs, advocacy groups, and professional provider organizations to maintain Medicaid program policy in the following areas:

- Dental Services
- Durable Medical Equipment
- Home Enteral/Parenteral Nutrition and IV Services
- Medical Transportation
- Medical-Surgical Services
- Physical and Occupational Therapy
- Private Duty Nursing
- Speech-Language Pathology, Audiology and Hearing Aid Services
- Vision Services

Pharmacy Unit

Staff serve as liaisons with state and federal agencies, MCOs, advocacy groups, and professional provider organizations to maintain pharmacy program policy. The unit is also responsible for Prescription Drug File activities.

The Pharmacy Unit monitors DMAP’s contracted pharmacy benefit manager (PBM)* for fee-for-service Oregon Medicaid clients. The PBM does the following:

- Processes pharmacy and EPIV nutritional supplement prior authorizations
- Provides technical assistance for pharmacy point of sale billing

State Plan and Policy Initiatives Unit

This unit is responsible for the Title XIX, Title XXI State Plan which is the officially recognized document describing the nature and scope of Oregon’s Medicaid and Children’s Health Insurance Program (CHIP) activities.

It also coordinates DMAP’s administration of Medicare Modernization Act (MMA) policy implementation, and conducts administrative reviews. It oversees Medicaid program policy for School-Based Health Services and Medical Transportation.

Staff serve as liaisons with state and federal agencies, MCOs, advocacy groups, and professional provider organizations to maintain Medicaid program policy in the following areas:

- Administrative Exams and Reports
- Behavioral Rehabilitation Services
- Targeted Case Management
- School-Based Health Services
- Medicaid services to dual-eligible clients with Medicare coverage
- Medicaid and CHIP State Plan Amendments

*Additional Information

Oregon Pharmacy Call Center (Fee-for-Service PBM) 888-202-2126
DMAP Quality Improvement and Medical Section

In this section, the Medical Director provides clinical support, medical policy recommendations, and acts as an external, clinical, professional liaison. Units in this section provide the following services:

- MCO management, including data analysis, rate setting review, and financial solvency coordination
- MCO quality assurance and improvement monitoring
- Hearings and administrative reviews

Delivery Systems Unit

Phone 503-945-6524  
Fax 503-947-5221  
Mail Code E35

A liaison between DMAP and the MCOs, this unit manages customer service and enrollment issues for the MCOs. It develops and monitors the prepaid health plan, primary care management (PCM), and dental care organization delivery systems. It coordinates the Managed Care administrative rules and contracts. It also monitors and evaluates the financial solvency of the MCOs serving OHP clients.

Hearings Unit

Phone 503-945-5785

This unit handles administrative hearings involving DMAP and managed care/policy coordination.

Quality Assurance & Improvement Unit

Phone 503-945-6964

This unit evaluates and monitors the quality assurance (QA) and quality improvement (QI) processes of the MCOs serving OHP clients.
DMAP Services Directory

DMAP Research, Education and Development Section

Phone
503-947-5240
Fax
503-373-7689

This section is responsible for ensuring the quality and consistency of DMAP information presented to a variety of groups, including the Governor’s Office, the legislature, other agencies, community groups, providers, clients, applicants, and the general public. Specific services include:

- Coordinated response to information requests
- Administrative rule coordination
- Analysis, research and evaluation
- Legislative coordination
- Provider education and training
- Announcements to clients regarding access and coverage information
- Printing and distribution

Analysis & Research Unit

This unit performs ongoing research, data analysis and evaluation of the OHP.

Client & Provider Education

Phone
503-947-5281
Fax
503-947-5221
dmap.distribution@state.or.us

This unit is responsible for filing and posting DMAP’s Oregon administrative rules; provider training; and drafting, editing and distributing written material for OHP clients, MCOs and health care providers, other state agencies, and the general public.

Special Projects Unit

This unit analyzes regulations, programs, and policies related to the operation of Oregon’s medical assistance programs. It coordinates all aspects of the division’s legislative process, including policy option packages, reduction options, analysis of bills and preparing legislative testimony. It also coordinates responses to legislators on constituent issues.

Staff produce policy analyses, initiates program implementation, provides division leadership for LEAN and transformation initiatives, and fulfills information requests from the Legislature, Governor’s Office, other divisions within DHS/OHA, providers, community partners, and policy makers.

Other work includes Demonstration Waiver development, program renewal and evaluation and recommending changes to benefits, eligibility standards and processes.
### DMAP Operations Section

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<th>Phone</th>
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<tr>
<td>503-945-6655</td>
<td>503-947-5359</td>
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This section ensures the delivery of payments to health care providers. It also ensures delivery of care coordination activities to clients. Specific services include:

- Claims management, adjudication, and exception claims processing (non-clinical)
- Customer service for OHP clients and providers
- Managed care enrollment assistance
- Reports and analysis on claims processing and other Operations functions
- Electronic data interchange (EDI) support services
- Fee-for-service medical case management and disease case management services
- Liaison services for managed care encounter claims
- Medicaid Management Information System (MMIS) liaison
- Provider enrollment
- Workflow analysis and design
- Prior authorization and RN hotline
- Electronic funds transfer
- Premium payment coordination
- Technical and encounter data management
- Liaison to Health Services Commission

This section also develops and monitors contracts assigned to Operations, including the OHP premium contract.
This unit’s primary responsibility is to ensure that the MMIS operates according to DHS business needs. It also coordinates staff training on MMIS subsystems and oversees compliance with federal Medicaid Prompt Pay requirements. This unit is organized in 7 teams.

Each of the teams below monitors and ensures that the MMIS meets the needs of the Oregon Medicaid program by acting as the liaison between DHS and Hewlett Packard (HP). Each team responds to MMIS service requests to troubleshoot system functionality, and facilitates compliance and coordination of system requirements. Each team also coordinates the design and development of system enhancement functionality to improve workflow efficiency. BSU also works with DHS managers on MMIS security access.

- **Beneficiary Management:** This team is responsibility for the Recipient, Buy-In, Contact Tracking Management System (CTMS), Voice Response, EDI and Hearing and Grievances subsystems.
- **Provider:** This team is responsible for the Plan of Care, Prior Authorization and Provider subsystems.
- **Operations Management:** This team is responsible for the Claims, Reference, Electronic Document Management System (EDMS), Provider Web Portal, Pharmacy Point of Sale (POS), Drug Rebate, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and Third Party Liability subsystems.
- **Program Management:** This team is responsible for the Management and Administrative Reporting (MAR), Medicaid Statistical Information System (MSIS), Financial, Data Warehouse and Security Management subsystems.
- **Program Integrity:** This team is responsible for Surveillance and Utilization Review (SUR) subsystem.
- **Care Management:** This team is responsible for the Managed Care subsystem.
- **MMIS User Training:** This team is responsible for working with the DHS business in assessing and determining user training needs, and for coordinating DHS user training statewide.

*Additional Information*

**DMAP RACF Coordinator** 503-945-6539
This unit ensures appropriate processing of fee for service (FFS) and encounter claims. It also approves providers and MCOs for electronic data interchange (EDI) testing and submissions. It acts as the liaison for MCO claims submissions to meet federal and state standards.

This unit is also the OHA compliance coordinator for HIPAA Transactions and Codes Sets standards. It is also the contract administrator for Medicare’s Coordination of Benefits (COB) contractor, GHI and providers using a value added network (VAN) connection for eligibility inquiries. It includes the following 3 teams:

- **Claims**: Claims staff process suspended FFS claims based on system defined reviews for appropriate billing practices, prior authorizations, service limitations and missing or invalid information. Special handling for County-60 client services, transplant services, nursing facility, administrative examination and state institutions claims for special handling, and requests for redetermination of denials or payments.

- **Encounters**: Encounter staff ensure the integrity and validity of encounter claims submitted by the MCOs serving OHP clients. They monitor MCO data submissions for contract compliance. They also assist with prior authorization of, and access to, dental care services*, hysterectomy and sterilization compliance reconciliation and pharmacy rebate dispute resolution.

- **EDI Support Services**: EDI staff ensure that claims submitted via Electronic Data Interchange (EDI)* enter the payment system for processing. They help providers register for, test, and successfully exchange EDI transactions with DHS/OHA for billing and claims/eligibility inquiries. They facilitate the HIPAA EDI Transaction and Codes Sets (TCS) implementation process, and educate DHS/OHA providers about how to comply with TCS standards.
Client Services Unit

Phone 503-945-6801
Fax 503-945-6898

This unit is the customer service center for OHP clients. Staff members help clients navigate a complex system of health financing rules and MCO protocols. Unit functions include:

- Advising clients
- Referring clients to other resources
- Investigating complaints and facilitating resolution
- Issuing Certificates of Creditable Coverage for clients who leave OHP to move to commercial health insurance
- Processing requests to change an assigned pharmacy for clients in the Pharmacy Management Program.

CSU is organized in 4 teams:

- Client Billing: This team reasearches and assists clients with medical bills received from OHP providers.
- Client Enrollment Services*: This team maintains the integrity of the MCO enrollment files by assisting DHS branch offices with client enrollment issues, monitoring exceptions to enrollment, ensuring accurate and timely capitation payments, and resolving MCO inquiries about appropriate enrollment or capitation.
- Client Hotline: This team answers the OHP Hotline* and obtains information from the caller to help address client concerns about access to, limitations on, or quality of their OHP benefits or services. If they cannot resolve the issue over the phone, staff refer the call to the appropriate resource.
- Special Assistance: This team researches and assists clients with issues requiring follow-up action.

*Additional Information

Client Enrollment Services contact information:

- Fax 503-945-6898
- E-mail ces.dmap@state.or.us

OHP Hotline: 800-273-0557

Client information on the OHP Web site: www.oregon.gov/DHS/healthplan/clients/casu.shtml
The Medical Management Unit provides clinical consultation and payment authorizations (PA)* and medical claims review. Special areas include:

- Durable Medical Equipment
- Home Enteral/Parenteral Nutrition & IV Services
- Home Health
- Physical and Occupational Therapy
- Private Duty Nursing
- Speech-Language Pathology, Audiology and Hearing Aid Services
- Transplants and out-of-state services
- Vision Services
- Medical management case reviews

This unit performs the following functions:

- **RN Authorization & Claims Analysis:** Registered nurses (RNs) authorize medical services for payment, and provide medical consultation to providers and agency staff as it relates to the program policies and OHP coverage limitations. They also answer the OHP Benefits/RN Hotline* to determine line placement of condition/treatment pairs on the Prioritized List of Health Services.

- **Technical Assistance:** Provides support for the Medical Unit.

- **Technical Authorization Review:** Authorizes services not requiring RN licensure. They also answer the PA hotline* and send referrals to RN staff as needed.

- **Clinical Review:** Staff maintain the administrative rules for transplant services. Registered nurses authorize payment for organ transplants and out-of-state services. They also coordinate projects about disease case management are responsible for coordination and promotion of preventive health care strategies, such as tobacco cessation.

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**Additional Information**

800 numbers are for questions related to FFS clients only.

- **OHP Benefits/RN Hotline** 503-945-5939; 800-393-9855 in-state only
- **PA Hotline** 503-945-6821; 800-642-8635 in-state only

- For questions related to PA and benefits for MCO clients, contact the MCO.
- For questions about Medically Fragile Children clients, contact the Medically Fragile Children’s Unit at 971-673-2985 or 971-673-3000.
**Provider Enrollment Unit**

This unit enrolls and disenrolls medical providers into the MMIS. For each provider type, staff determine if the provider meets established enrollment criteria, such as valid licensure with the appropriate licensing authority. They also maintain National Provider Identifier and taxonomy information for enrolled Medicaid providers.

They also add and update Medicare and Durable Medical Equipment Resource Center (DMERC) crossovers and the Medicare and Universal Provider Identification Numbers (UPIN); add new changes to the PCM files; add mass rate changes; and maintain accurate hard copy files. They also process provider applications for Electronic Funds Transfer of claim payments.

**Provider Services Unit**

This is the customer service center for DMAP fee-for-service providers. Staff interpret DMAP rules and policy to assist providers in billing and resolving billing issues with DMAP. They answer DMAP’s Provider Services 800 number*, and obtain claim information from providers to help them review the status of their claims. They also help providers with Provider Web Portal access and navigation issues.

### *Additional Information*

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
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<tbody>
<tr>
<td>Provider Enrollment 800 Number</td>
<td>800-422-5047</td>
</tr>
<tr>
<td>Provider Services 800 Number</td>
<td>800-336-6016</td>
</tr>
</tbody>
</table>

Provider information on the OHP Web site:

- Enrollment forms:  [www.oregon.gov/DHS/healthplan/forms/omapforms.shtml#3100](http://www.oregon.gov/DHS/healthplan/forms/omapforms.shtml#3100)