

Electronic data interchange (EDI) facts

If you currently use...	You can sign up for EDI transaction...
CMS-1500 and/or OHP 505	837 Professional Claim
UB-04	837 Institutional Claim
ADA 2012	837 Dental Claim
Paper Remittance Advice	835 Electronic Remittance Advice
Automated Voice Response or Provider Web Portal to check eligibility or claim status	270/271 Eligibility inquiry/response 276/277 Claim inquiry/response

What are your options?

A clearinghouse or billing service can handle your EDI transactions for you for a fee. They coordinate billing among multiple payers, not just OHA.

- This option is usually most cost-effective for providers with large claim volumes (more than 40 claims per week).
- A list of OHA-registered clearinghouses is on the Web at www.oregon.gov/OHA/healthplan/pages/edi.aspx.

Your current office management software may already be set up to exchange EDI transactions directly with OHA. Contact your vendor for pricing information.

How to get started

Once you know who will handle your EDI transactions for you, you need to register as an EDI Trading Partner, tell us whom to authorize as your EDI submitter, and tell us what transactions you want to sign up for.

Learn more about electronic data interchange

Tips about choosing an EDI submitter, links to registration forms and more are at www.oregon.gov/OHA/healthplan/pages/edi.aspx.

Questions?

Contact EDI Support Services at 888-690-9888 or e-mail dhs.edisupport@state.or.us.



Oregon Health Plan electronic business practices



Go electronic and save:

- Time
- Money
- Paper



Learn how to go paperless using the Provider Web Portal, electronic data interchange (EDI) and direct deposit.

Go electronic - It's faster, simpler, and saves you money.

Provider Web Portal features

- Secure website at <https://www.or-medicaid.gov>
- Real-time claims submission allows you to see whether the claim will pay or deny right away, then adjust or rebill the same day.
- Electronic copies of your paper remittance advice
- Online prior authorization (PA) requests and PA status inquiry
- Verify client eligibility, health plan enrollment, copayments and Plans of Care
- Verify Prioritized List and benefit plan coverage
- Update name, address, phone, fax and other information for your service locations

Is it right for you?

You can use the Provider Web Portal any time for real-time claims, PA, Plan of Care and eligibility information.



How to get started

You will need your PIN letter from OHA, plus a computer with an Internet connection and compatible browser (Internet Explorer 6-10 or Mozilla Firefox 2.0).

If you have had your PIN letter for more than 6 months, and have not activated your account, contact us to request a new PIN letter.

Learn more about the Provider Web Portal

Visit the Provider Web Portal page at www.oregon.gov/OHA/healthplan/pages/webportal.aspx for:

- Handbooks, quick references and step-by-step guides, and
- Links to training videos to help you get started

Questions?

Contact Provider Services at 800-336-6016 or e-mail team-provider.access@state.or.us.

It's faster.

Electronic claims are not delayed or lost in the mail. They directly enter our claims system. If submitted by 5 p.m. Friday, claims process that weekend.



Paper claims can be rejected if they are on the wrong form, in the wrong ink color or if fields are misaligned. Avoid the hassle by going paperless! We only require paper for documents needing an original signature or attachments.

Don't wait for a paper remittance advice (RA). Look up claim status on the Provider Web Portal, or get the electronic RA the day after your claims process.

Direct deposit is safe, secure and simple. Electronic payments enter your checking account the Wednesday after your claims process: To sign up:

- Submit the form at <https://apps.state.or.us/Forms/Served/DE0189.doc>.
- Attach a canceled check for the account you will use.

It's simpler.

Electronic claims reduce or eliminate data entry errors. If your claim is rejected, you will get real-time notification for both EDI and Web claims. You can make corrections and resubmit immediately.

Consistent messaging and uniform standards. Unlike the OHA-specific messages on the paper remittance advice, the error messages on electronic claims (Adjustment Reason Codes) are the same ones used by all payers.

It saves money.

Over time, electronic claims cost less than the cost of postage, claim forms and handling paper claims.



It is also federally mandated.

Eventually, the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) will require all health care entities to exchange health care information and receive payments in electronic formats only.