

To:

Provider Offices

DME vendors

We recently released Umpqua Health Alliance's (UHA) Prior Authorization Grid effective May 1, 2018 on our website and in the March edition of the UHA Provider Newsletter. We continue to emphasize that the diagnosis code (ICD-10-CM) submitted with any request for PA should appear on a funded line (#1-469) on the Oregon Health Plan (OHP) Prioritized List.

Our recent change in claims platform allows us to more accurately pay claims for services as covered by OHP, so it is important that **claims not subject to prior authorization** also have diagnosis codes that correspond to funded lines. We currently have a liberal policy for Durable Medical Equipment (DME) in that claims that total less than \$500 do not require a prior authorization for payment. However, we want to let you know that these claims need to have an accurate diagnosis code that corresponds to a funded line on the Prioritized List beginning with Dates of Service May 1, 2018, or risk denial.

These changes are a response to the continually tightening reimbursements we receive from the Oregon Health Authority to provide the covered services for our population membership. We need to be good stewards of Oregon's healthcare dollars while striving to sustain reimbursement for Medicaid services at levels that encourage provider participation.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Bruce R Croffy MD, PhD Chief Medical Officer

bcroffy@umpquahealth.com

Bruce U. C. My ms, PhD