



PUBLIC HEALTH DIVISION
Oregon State Public Health Laboratory

Kate Brown, Governor

Oregon
Health
Authority

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Public Health Laboratory Billing Changes Update

Please disseminate to appropriate staff in your organization.

March 25, 2015

Dear Oregon State Public Health Laboratory Client,

Since sending the first invoices with our new billing vendor, Public Consulting Group (PCG), last month, we have received a lot of feedback from you about the information and processes. Thank you for your continued attention to these changes and for helping us improve in order to serve your organization. This letter contains information about what to expect on your next invoice and provides updates and reminders about this project.

Changes on Future Invoices

Please reference the attached OSPHL Invoice Aging Information as you review this section.

The invoice cover page and patient detail will show both current charges (incurred since the last invoice) and previously invoiced charges (if payment had not been received when the new invoice was printed). If you have already processed payment for the previous invoice through your accounting office, only the current charges need to be paid. Previously invoiced charges, if not reconciled, will continue to show in the next date range when you receive new invoices.

The invoice cover page will include your location number and an invoice number.

You may request to receive invoices via e-mail rather than on paper and mailed. This will be a .pdf file and in the same format received on paper. If you would like to request this option, please call PCG at 844-300-5044 (toll free).

Please note that if you choose this option you are responsible for ensuring that the e-mail address is updated with PCG if the intended recipient leaves your organization.

W-9 & Payment Remittance

A revised W-9 form is attached to this message. It has recently come to light that the W-9 associated with this project should be for the OSPHL. The name on the W-9 is the Oregon Health Authority; the OSPHL is a part of the Oregon Health Authority. In addition, the address reflected on this form is the same as is on the invoice cover page for payment remittance.

Early in the planning process, we agreed with PCG that they would accept payments on our behalf and previously sent PCG's W-9 form to each of you. We sincerely apologize for this miscommunication.

Process Reminders

If your location participates with the STD Program for no charge Chlamydia/gonorrhea testing (formerly known as IPP), you *must* include this information on the Test Request Form for eligible clients. Write “STD Program” or “IPP” in the Insurance/Health Plan Name box. This is the only designation which tells us to charge the Program for the testing. If this is not included, your organization will be charged.

Your organization will also be charged for testing if:

- You write “Confidential” on the Test Request Form in the Insurance/Health Plan Name box,
- Medicaid/CCO information provided does not clearly map to a specific health plan or CCO and cannot be reconciled by our staff,
- You did not provide pertinent billing data (plan name, policy number, or diagnosis code), or
- Information provided caused a claim billed to a Medicaid plan to deny (Ex: plan doesn't recognize the patient, incorrect policy number).

You may continue to see charges for patients whom you know have Medicaid/CCO coverage for multiple possible reasons:

- the coverage was retroactively effective,
- the information was not communicated to the OSPHL, or
- a claim billed to the Medicaid payer was denied.

Invoice Format Information

Several locations have mentioned that the patient detail for the invoice received from PCG is longer than the invoice previously received. PCG's standard process is to print one page per patient; we have worked with PCG to shorten the invoice as much as possible. Their data system cannot accommodate a different format at this time. We will explore other options to shorten the patient detail if they become available in the future.

Thank you to each of you for helping to ensure an overall successful implementation of this project. We know there have been some challenges with the implementation, and your partnership throughout this project has been critical to help ensure long-term financial stability for public health laboratory services.

You can find complete communications and trainings about these changes on our billing changes webpage at www.healthoregon.org/phlbilling. If you have additional questions, you may contact me at 503-693-4100 or sarah.m.humphrey@state.or.us.

Sincerely,



Sarah M. Humphrey, BS, CHES
Client Services Coordinator, OSPHL

OSPHL Invoice Aging Information

March 25, 2015

Example: Invoice Cover Page

Payment Due From:	Date: MM/DD/YY
Your Location Name	Location Number: ###
Your Location Address	Invoice Number: #####
City, State, Zip	Current Amount: \$###.##
	Previously Invoiced: \$###.##

Example: Patient Detail List

Billing	Date	Code/CPT	Billed	Amount	Current	31-60	61-90	91-120	> 120	Total
Patient 1 () Date: Insured: Self										
Insurance: Primary										
01/23/2015	87801/87801	02/20/2015	13.55	0.00	13.55	0.00	0.00	0.00	0.00	13.55
Patient Total:			13.55	0.00	13.55	0.00	0.00	0.00	0.00	13.55
Patient 2 () Date of Birth: Insured: Self										
Insurance: Primary										
02/03/2015	87801/87801	03/17/2015	13.55	13.55	0.00	0.00	0.00	0.00	0.00	13.55
Patient Total:			13.55	13.55	0.00	0.00	0.00	0.00	0.00	13.55

Previously invoiced charge. For this example, invoiced 31-60 days ago. Ignore if invoice is already processed at your office.

Previously invoiced charge. Invoiced >61 days ago. Charges in these columns are not yet reconciled - Not paid or adjusted.

Total amount due for this patient.

New charge on your invoice.