

# Provider Matters – April 2014

Monthly updates about claim processing, policy and resources for Oregon Medicaid providers

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## Cover Oregon open enrollment extended through April 30, 2014

The U.S. Department of Health and Human Services has extended [Cover Oregon's application period through April 2014](#).

- Cover Oregon's extended application period is for people who wish to purchase private health insurance coverage through Cover Oregon or directly from an insurance carrier.
- Those who purchase through Cover Oregon can get tax credits and other financial assistance.
- To apply online, or find a community partner or insurance agent to help with the application process, visit [www.CoverOregon.com](http://www.CoverOregon.com).

**Public medical program applications are accepted year-round.** Medical assistance under the Oregon Health Plan is always open for enrollment.

**All plans offered through Cover Oregon cover ten essential health benefits** including hospital stays, maternity care, emergency room care, prescriptions, preventive care, provider visits, mental health services, dental and vision coverage for kids and more.

## Medicaid Electronic Health Records (EHR) Incentive Program

The Medicaid EHR Incentive program provides federal incentives, up to \$63,750 paid over six years, to certain eligible professionals who adopt, implement, upgrade or achieve meaningful use of certified EHR technology.

For more information, please visit the [Medicaid EHR Incentive Program website](#) or contact the Medicaid EHR Incentive Program team at 503-945-5898 (Salem).

### Eligible professionals - Program year 2014 applications being accepted now

Eligible professionals must choose to participate in either the Medicare or Medicaid EHR Incentive Program. If participating in the Medicaid EHR Incentive Program, eligible professionals can submit their attestation now for program year 2014.

### Hospitals - Program year 2014 applications being accepted now.

Most but not all of the eligible hospitals in Oregon meet the federal requirements to participate in both the Medicare and Medicaid EHR Incentive Programs.

- Hospitals participating in the Medicaid EHR Incentive Program have until **December 29, 2014**, to submit their attestation to Oregon's Medicaid EHR Incentive Program for program year 2014.
- Hospitals that receive payments under both programs must first attest to Medicare and then, attest for a payment through Medicaid. Once payments begin in Medicare, Hospitals must attest to demonstrating meaningful use **every year** to receive an incentive and avoid a payment adjustment.

### In program year 2014, all participants must adopt EHR technology certified to the 2014 standard

There are many changes for program year 2014, including the introduction of Stage 2 meaningful use. One key

change for all participants, regardless of the meaningful use stage, is that they will need to adopt technology certified to the 2014 standard. A list of systems that have been certified can be found at the Office of the National Coordinator's [Certified Health Product Listing](#) website.

## Self-attest by June 30 to receive the federal primary care payment increase effective April 1, 2014

So far, more than 3,000 providers have been deemed eligible for the temporary primary care rate increase available under Section 1202 of the Affordable Care Act.

- Physicians, advance practice nurses and physician assistants who practice General Internal Medicine, Pediatric Medicine or Family Medicine have until June 30, 2014, to [self-attest to have the increase apply to eligible primary care services rendered on or after April 1, 2014](#).
- Providers who have already attested in 2013 **do not need to re-attest** to have the rate increase apply in 2014.

When attesting, please make sure to use the Oregon Medicaid ID and NPI for the **rendering provider** (not the clinic or group). This allows us to link the attestation to the correct practitioner.

For newly-attesting providers, we will apply the new primary care rate once we review your attestation, obtain any needed corrections, and update your provider record to indicate that you qualify for the increase. Please allow 2-3 weeks for us to process your attestation. Learn more on [our ACA primary care increase Web page](#).

## From CMS – Impermissible balance billing of QMBs

Providers are strictly prohibited under §1902(n)(3) of the Social Security Act from seeking to collect any additional amount from a Qualified Medicare Beneficiary (QMB) for Medicare deductibles or coinsurance (other than nominal Medicaid copayments), even if the Medicaid program's payment is less than the total amount of the Medicare deductibles and coinsurance.

Specifically, the statute provides that the Medicare payment and any Medicaid payment are considered payment in full to the provider for services rendered to a QMB. To learn more about how to avoid inappropriately billing QMB clients, [read MLN Matters SE1128](#) (revised March 2014).

## DMAP will only accept ICD-10 transactions on or after October 1, 2015

This month, Congress passed the [Protecting Access to Medicare Act of 2014](#) (H.R. 4302), which reads as follows:

"The Secretary of Health and Human Services may not, prior to October 1, 2015, adopt ICD-10 code sets as the standard for codes sets under section 1173 (c) of the Social Security Act (42 U.S.C. 1320d-2 (c)) and section 162.1002 of title 45, Code of Federal Regulations."

**What that means for providers is that DMAP will not be able to accept transactions using ICD-10 until at least 10/1/2015.** We will continue to work on the transition to ICD-10. The federal agency, Centers for Medicare and Medicaid Services, is examining the federal legislation and will provide guidance soon.

We will post updates to [our ICD-10 Web page](#) as more information about the delay and new implementation timelines are made available.

### Keep up to date on ICD-10

Visit the CMS [ICD-10 website](#) for the latest news and resources to help you prepare; and sign up for [CMS ICD-10 Industry Email Updates](#).

### Questions about ICD-10?

Email the DMAP ICD-10 Project at [stateoregon.icd10@state.or.us](mailto:stateoregon.icd10@state.or.us).

## DMAP now accepts 2/12 version of the CMS-1500 claim form

We are pleased to let you know that we are now able to accept both the 2/12 and 8/05 versions of the CMS-1500 claim form. You can find updated billing instructions on the [OHP billing tips page](#).

When submitting claims on the 2/12 form, please make sure printed information is correctly aligned on the form. Claims containing misaligned data will be returned to you to resubmit.

- For example, Field 21 on the 2/12 form now has 12 diagnosis code fields reading from left to right in row order. On the 8/05 form, this field has 4 diagnosis code fields in column order.

- We have been receiving 2/12 claim forms with these codes printed on the form in the 8/05 format. When this happens, the claim must be entered manually, which delays processing.

## DMAP will no longer accept the ADA 2006 dental claim form starting June 1, 2014

Starting June 1, 2014, the only dental claims DMAP will accept on paper will be those submitted on commercially available versions of the [ADA 2012 claim form](#). You can find updated billing instructions on the [OHP billing tips page](#).

We are now able to process claims that contain information in these new fields on the 2012 form:

- Tooth Quadrant (field 25)
- Quantity (field 29-b)
- Place of Treatment (field 38)
- Diagnosis Codes and Diagnosis Pointer (fields 34a and 29a)

Also make sure that you list the client name in box 20 (last, first, middle). The name does not get picked up if you check Self in box 18.

Whenever possible, please submit claims electronically using electronic data interchange or the Provider Web Portal at <https://www.or-medicaid.gov>. Billing electronically for **all** your claims is not only faster and results in lower denial rates, but can save you time and money. Paper claims are seldom required.

To learn more about billing electronically with DMAP, please visit our [Electronic Business Practices page](#).

## Third Party Liability (TPL) information for OHP members

As you know, if a client has other health coverage (TPL), Medicaid is generally the payer of last resort. [The TPL panel of the Provider Web Portal eligibility verification screen](#) shows the most current information DMAP has about the Carrier Name, Policy Number, Policy Holder, and Coverage Type for any TPL reported to DHS/OHA.

To find out a carrier's telephone number after finding TPL information on this screen:

- View DMAP's list of [Common Insurance Carrier Codes](#).
- If you can't find the phone number you need on DMAP's list, you can also search on [Data.Healthcare.Gov's list of Qualified Health Plan \(QHP\) Customer Service Phone Numbers](#) (type the carrier name in the "Search this dataset" box at the top of the screen).

Make sure to bill TPL first. When billing DMAP, clearly list whether TPL paid or denied. Otherwise, DMAP may deny your claim with a message telling you to bill TPL.

To submit updates for any TPL information you find on the Provider Web Portal, please submit the [MSC 415H form](#) to the DHS/OHA Health Insurance Group (HIG). To learn more about reporting TPL changes, [view HIG's TPL Quick Reference Guide](#).

## Reminder about how to submit direct deposit requests

Oregon's Automated Clearinghouse (ACH) Security Policy requires that only employees with ACH duties have access to banking information. Thank you for helping us protect the confidentiality, integrity and availability of your banking information by doing the following:

### **Submit any direct deposit requests or changes to DHS/OHA Office of Financial Services only.**

Please send requests to the following address:

EFT Coordinator  
DHS/OHA Office of Financial Services  
500 Summer Street N.E. E-97  
Salem OR 97301-1080  
Fax 503-945-6860

### **Use the current direct deposit authorization form (MSC 189, revised 01/14)**

You can find this form on the [OHP Forms and Publications page](#) (type "189" or "direct deposit" in the search box).

Attach a copy of a voided preprinted check or official bank verification letter of the account name, routing number and account number. Statements and deposit slips are not accepted. Retain a copy for your records.

### **Questions?**

If you have any questions about direct deposit, please call the DHS/OHA EFT Coordinator at 503-945-5710 (Salem).

## How to sign up for electronic data interchange (EDI) services

Please help us set up your electronic transactions as quickly as possible by doing the following:

### Only use the most current forms available on the EDI website

The [EDI Resources page](#) contains links to the forms to use. DMAP will not accept older versions of these forms:

- Trading Partner Agreement ([DMAP 2080](#), version 10/11)
- Exhibit A – Application for Authorization ([DMAP 2081](#), version 10/11)
- Exhibit B – EDI Registration ([DMAP 2082](#), version 8/12)
- EDI Registration Change Form ([DMAP 2083](#), version 8/12)

If a clearinghouse sends you older versions of these forms to complete, we will not accept them for processing.

### For new providers, providers changing clearinghouses or changes to Authorized Signer, complete a current EDI Registration Packet (DMAP 2080PKT, revised 8/12)

The [EDI Registration Packet](#) includes the Trading Partner Agreement, Exhibit A and Exhibit B forms. All three forms are required in order to register for EDI services.

We also recommend that you [use our EDI registration guide](#) to make sure you have correctly completed all forms prior to mailing.

### Sign all EDI forms in blue or black ink, and mail them to EDI Support Services.

- DMAP will not accept faxed, emailed or photocopied forms.
- DMAP will only accept mailed forms with original signatures in blue or black ink.

## Request the 835 Electronic Remittance Advice (ERA) through the Provider Web Portal

Providers who use the Provider Web Portal at <https://www.or-medicaid.gov> can now complete a simple form to request setup for the 835 (ERA) transaction.

Just select "835 Signup," fill out the required information, and click save. Once your request has been submitted, you will receive a follow up email from an EDI Outreach & Support Specialist.

## Please use EDI Support Services main email address to seek EDI help

For any EDI-related assistance, please email EDI Support Services at [DHS.EDISupport@state.or.us](mailto:DHS.EDISupport@state.or.us). Questions sent to the main email address can be accessed by the entire EDI Support Services team for quicker follow-up. You can also leave a voicemail by calling the main EDI Support line at 888-690-9888. You will receive a response within 1 business day.

### Need help?

Find more phone numbers, e-mail addresses and other resources in DMAP's [Provider Contacts List](#).

**Claim resolution** - Contact [Provider Services](#) (800-336-6016).

**Direct deposit questions** – Contact the DHS/OHA EFT Coordinator (503-945-5710).

**Electronic Data Interchange (EDI), the EDI Trading Partner Agreement, EDI mailbox help, and the 835 ERA** - Contact [EDI Support Services](#) (888-690-9888).

**ICD-10 transition questions** – Contact the [ICD-10 Project Team](#).

**Pharmacy and prescriber questions (for technical help and fee-for-service prescription PAs)** - Contact the Oregon Pharmacy Call Center at 888-202-2126. You can also fax PA requests to 888-346-0178.

**Prior authorization status** – Call the DMAP PA Line at 800-642-8635 or 503-945-6821 (outside Oregon).

**Provider enrollment updates** - Contact [Provider Enrollment](#) (800-422-5047).

**Provider Web Portal help and resets** - Contact [Provider Services](#) (800-336-6016).



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[Click here](#) to answer six survey questions about this provider announcement.