

Provider Matters – February 2014

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

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Reminder – Send the fast track back!

If you know someone who has received an OHP fast-track letter, please urge them to send the fast-track form back.

Fast-track enrollment is available to adult Oregonians who meet qualifications for the Oregon Health Plan (OHP) and who already qualify for either food benefits through the Supplemental Nutrition Assistance Program (SNAP), or health care benefits for children through Healthy Kids/OHP.

You can see a copy of the fast-track letter and read the fast-track Q&A at www.OHP.Oregon.gov.

How to enroll

Fast-track eligible Oregonians do not have to fill out an application through Cover Oregon. All they have to do is send the fast-track form back in the self-addressed stamped envelope. It's the easiest and fastest way to enroll in the Oregon Health Plan.

If people prefer to call, they can enroll at 1-800-699-9075. When they call, they should have their letter with them. They will be asked for their case number or client ID printed at the top of their letter.

Thank you for your help in spreading the word to "Send the fast-track back!"

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).

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.

Eligible professionals - Program year 2013 and 2014 applications are 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 have until March 31, 2014, to submit their attestation for program year 2013.

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.

To request Direct Deposit, submit current form to fax/address listed on form

If you need to submit direct deposit requests, or change your existing direct deposit information, please submit the new Direct Deposit Authorization form ([MSC 189](#)) form and related documentation to DHS/OHA Financial Services as listed on page 3 of the form.

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.

Only enrolled DMAP providers may sign up for direct deposit. New providers will need to wait until they their welcome letter from DMAP, which confirms enrollment and establishes the Oregon Medicaid provider number that we will need to link to the direct deposit request.

Starting March 1, 2014, DMAP will no longer process enrollment requests submitted without an EDMS Coversheet (MSC 3970)

The EDMS Coversheet ([MSC 3970](#)) is required for all provider enrollment requests faxed to DMAP's central fax number at 503-378-3074. This includes:

- All fee-for-service provider enrollment requests;
- The [DMAP 3113](#) form used to report rendering, referring, or other group providers;
- Full or partial corrections to previously-submitted enrollment requests.

When you use the EDMS Coversheet and complete it to include your National Provider Identifier (NPI), your request and all related documents are automatically entered into our system and linked to your NPI. When you fax documents without this coversheet, the documents are routed to a different office for manual sorting, provider identification and processing.

Unfortunately, due to the volume of requests, and the number of incomplete submissions we receive, we are unable to continue this practice.

- Starting March 1, 2014, DMAP will only process documents faxed to 503-378-3074 that include a completed the EDMS Coversheet.
- We are currently updating the [DMAP 3113](#) and [MSC 3972](#) forms to include the EDMS Coversheet as page 1 of the form. We hope this change helps ensure that the coversheet is included with each enrollment request.
- If you use the [online enrollment process](#), an EDMS Coversheet is automatically generated to include with your required documents.

Renewed licenses and [DMAP 3035](#) updates should **not** be faxed to 503-378-3074 under an EDMS Coversheet. Instead, please fax them to the Provider Enrollment Unit as directed on the DMAP 3035 form.

Hospice providers – Report all status changes for Oregon Medicaid nursing facility (NF) residents within 2 working days of the change

It has come to our attention that some nursing facilities have received duplicate payments requiring claim adjustments. To avoid this problem, hospice providers must complete and fax the [DMAP 525 notification form](#) within **1 to 2 working days** after the NF resident begins hospice **and** each time there is a status change.

Do not wait until the client is eligible for the NF benefit on the MMIS. Reportable status changes include death; hospice discharge; hospice revocation; and hospice or NF transfer.

Additionally, NFs should not bill the state directly for NF residents on hospice.

Third Party Insurance referrals

The Health Insurance Group (HIG) is currently experiencing an extremely high volume of third party insurance referrals. Please help us by doing the following:

To report referrals:

Submit your request to HIG at tpr.referrals@state.or.us or by fax to 503 373-0358 (Salem).

- For non-emergent referrals, please use the [MSC 415H](#).
- For **medical emergencies only**, you can request priority processing on the [MSC 0156](#). An emergency is when a client is unable to get medication or they have an emergent medical appointment. Rush requests are processed within 48 hours.

To verify whether HIG has processed your referral:

Please check the TPL panel of the [Provider Web Portal eligibility screen](#). The most recent payers entered by HIG will display in this area. If you see information that you believe is incorrect, notify HIG on the 415H.

For non-emergent requests, please allow **up to** 90 days for HIG to process your request before contacting HIG or DMAP to find out the status on a third party insurance referral. A referral should only be sent one time.

We are sorry for any inconvenience this may cause, and thank you for your patience as we work through these requests.

From CMS: Register for ICD-10 Testing Week: March 3-7

On October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. To help you prepare for this transition, CMS announces a national testing week for current direct submitters (providers and clearinghouses) from March 3 through 7, 2014.

This testing week will give trading partners access to the Medicare Administrative Contractor’s (MACs) and Common Electronic Data Interchange (CEDI) for testing with real-time help desk support. The event will be conducted virtually. Registration is required.

What you can expect during testing:

- Test claims with ICD-10 codes must be submitted with current dates of service (i.e. October 1, 2013 through March 3, 2014), since testing does not support future dated claims.
- Test claims will receive the 277CA or 999 acknowledgement as appropriate, to confirm that the claim was accepted or rejected in the system.
- Testing will not confirm claim payment or produce remittance advice.
- MACs and CEDI will be staffed to handle increased call volume during this week.

More information is available in [MLN Matters® Article MM8465](#), "ICD-10 Testing with Providers through the Common Edits and Enhancements Module (CEM) and Common Electronic Data Interchange (CEDI)"

Registration information:

Registration information will be posted soon on your [MAC](#) website.

From CMS - The MLN Connects™ Collection of ICD-10 Resources

The CMS MLN Connects™ Call Program has a variety of online resources to get you started down the road to ICD-10 proficiency. Check out our [Calls and Events](#) web page for slide presentations, audio recordings, and written transcripts, from previous ICD-10 educational conference calls, or view one of our popular ICD-10 educational [video](#) programs. Read, listen, or view these information packed programs at your convenience to learn more about implementing ICD-10 in your workplace.

For the latest information on ICD-10, visit the CMS [ICD-10](#) dedicated website, including the [Medicare Fee-For-Service Provider Resources](#) web page for a list of resources developed under the Medicare Learning Network ® (MLN).

Keep up to date on ICD-10

Visit the CMS [ICD-10 website](#) for the latest news and resources to help you prepare for the **October 1, 2014** deadline; 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.

Self-attest by March 31 to receive the federal primary care payment increase effective January 1, 2014

So far, over 2,900 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 March 31, 2014, to [self-attest to have the increase apply to eligible primary care services rendered on or after January 1, 2014](#).

- We have also posted [the 2014 federal primary care rates](#) (look in the "Rates" section of [our federal primary care page](#)).

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](#).

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).

EDI and the 835 ERA - Contact [EDI Support Services](#) (888-690-9888).

Direct deposit information and provider enrollment updates - Contact [Provider Enrollment](#) (800-422-5047).

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

Help us improve future announcements:

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



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