Provider Matters – July 2013

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

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Medicaid Electronic Health Records (EHR) Incentive Program updates

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 Web site or contact the Medicaid EHR Incentive Program team at 503-945-5898 (Salem).

2013 program changes
The updated Medicaid EHR Incentive Programs' Oregon Administrative Rules are now available on DMAP's Temporary Rules page. The revisions provide greater flexibility in what patient volume time periods may be used and the types of OHP encounters to include in the patient volume calculation.

Timelines for applying for first, second and third year incentives
When to apply depends on which payment period you need to apply for:

First-year payment: To adopt, implement or upgrade EHR	***Second-year payment: To report meaningful use***	***Third-year payment: To report meaningful use***
Apply now	Apply now	**Wait until at least January 1, 2014**, after a full 365-day EHR reporting period has passed.

How to apply

- For first-year payment, providers must first register through Centers for Medicare and Medicaid Services (CMS) and then apply using the Provider Web Portal at https://www.or-medicaid.gov to access the online application.
- After the first year, providers only need to apply using the Provider Web Portal.
- A list of the steps to apply can be found on our website.

Oregon expands Health Plan Care Coordination Program

Effective July 1, 2013, the State of Oregon, through its existing Oregon Health Plan Care Coordination (OHPCC) program, will expand care coordination to more than 26,000 additional State residents who are dually eligible for both Medicaid and Medicare.

The program, administered by APS Healthcare, Inc., features, among other things, a 24-hour nurse advice and triage telephone service; coordination of services; and connections with clinical providers regarding the clients' needs and the development of individualized care plans targeting the highest acuity clients. This coordination is designed to provide seamless and continuous care and improve health outcomes. It will serve to eliminate barriers to accessing services and will focus on supporting an individual's choice to remain independent in the community.

Improving care coordination for Oregonians who are dually eligible for Medicaid and Medicare means improved quality of care, improved health and lower costs. This program also improves both the efficiency and efficacy of that care.

"We are thrilled to expand our relationship with the Oregon Health Authority and the Department of Human Services. We have been an integral partner since 2009, coordinating care for the citizens of Oregon and delivering significant cost savings over that entire period. This expansion is another fantastic opportunity to make positive clinical impacts

for the people of Oregon," APS Executive Director, John R. DiPalma stated.

With the inclusion of the Medicaid-Medicare dually eligible population, the OHPCC program now is available to over 70,000 state residents who receive Medicaid benefits.

Self-attest by September 30 to receive the 2013-2014 federal primary care payment increase effective July 1, 2013

So far, almost 2,500 providers have been deemed eligible for the temporary two-year 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 September 30, 2013 to self-attest to have the increase apply to eligible primary care services rendered on or after July 1, 2013.
- 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.

DMAP started applying the increase for eligible providers and claims the week of July 8, 2013. 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.

ICD-10 provider survey now available on DMAP's updated ICD-10 Web page

We have posted our new readiness survey for providers on the updated ICD-10 Web page. Please share the survey with the individual in your organization who is responsible for planning, implementing, and/or managing your organization's transition to ICD-10:

https://survey.emp.state.or.us/cgi-bin/qwebcorporate.dll?idx=DBVMEY

Your answers will tell us about your progress in preparing to meet the ICD-10 compliance date of Oct. 1, 2014 and help us improve DMAP's outreach efforts. We look forward to hearing from you!

From CMS – How will ICD-10 affect clinical documentation?

As practices prepare for the October 1, 2014, transition to ICD-10, there's been a good deal of discussion about the many new codes ICD-10 offers and how clinical documentation will be affected. Just as with ICD-9, complete documentation is essential for patient care and accurate selection of ICD-10 codes.

ICD-10 captures familiar clinical concepts
Concepts that are new to ICD-10 are not new to clinicians, who are already documenting a patient's chart with more clinical information than an ICD-9 code can capture about:

- Initial Encounter, Subsequent Encounter, or Sequelae
- Acute or Chronic
- Right or Left
- Normal Healing, Delayed Healing, Nonunion, or Malunion

Many ICD-10 codes—more than one-third—are identical except for indicating laterality, or whether the right or left side of the body is affected. The advantage of ICD-10 codes is that they enable clinicians to capture laterality and other concepts in a standardized way that supports data exchange and interoperability for a more efficient health care system.

Verifying your documentation is ICD-10-ready
While ICD-10 should not require providers to change documentation practices, reviewing documentation will help you understand how ICD-10 will affect your practice. Understanding the scope of the ICD-10 transition will reduce the likelihood that you will overlook areas that need updates for ICD-10. Testing ICD-10, from documentation all the way through communication with billing services, is vital to making sure you have worked out any snags in the process before the October 1, 2014, transition date.

Take a look at documentation for the most often-used ICD-9 codes in your practice and work with coding staff to select the appropriate corresponding ICD-10 codes. Identifying these codes will help reinforce the information to highlight when documenting patient diagnoses for ICD-10.

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. For practical transition tips:

- Read recent ICD-10 email update messages
- Access the ICD-10 continuing medical education modules developed by CMS in partnership with Medscape

Questions about ICD-10?
Email the ICD-10 Project at stateoregon.icd10@state.or.us.

Reminder – Updated rates and administrative rules effective July 1, 2013

Home Health Program:

- To learn more about the July 1 rates, read our recent letter to home health providers.
- July 1 rule revisions are now available on the Home Health Services provider guidelines page.

Hospice Services Program:

- The July 1 rule revisions and update rates are now available on the Hospice Services provider guidelines page.

Interested in rule updates for other programs? View all recent updates at the following links:

- DMAP Rules and Guidelines updates (all programs)
- DMAP Temporary Rules updates (all programs)

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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