

Provider Matters – July 2015

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

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Medicaid Electronic Health Records (EHR) Incentive Program

Medicaid attestation timelines and CEHRT requirements

Program Year 2015 attestations are being accepted now for all eligible [hospitals](#) and [professionals](#).

- Please report using 2014 Edition certified electronic health record technology (CEHRT).

CMS and ONC Release NPRMs on Stage 3 Requirements and 2015 Edition Certification Criteria

- The Centers for Medicare and Medicaid Services (CMS) has released a notice of proposed rulemaking (NPRM) for [Stage 3](#), the next step in the implementation of the [Medicare and Medicaid Electronic Health Record \(EHR\) Incentive Programs](#).
- Concurrently, the Office of the National Coordinator for Health Information Technology (ONC) also announced the proposed [2015 Edition certification criteria for health IT products](#).

Both proposed rules focus on the interoperability of data across systems, and make the EHR Incentive Programs simpler and more flexible.

What is the Medicaid EHR Incentive Program?

The program provides federal incentives, up to \$63,750 paid over six years to certain eligible providers who adopt, implement, upgrade or achieve meaningful use of CEHRT.

- [Eligible professionals](#) must choose to participate in either the Medicare or Medicaid EHR Incentive Program.
- 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 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.

For more information

- **About the program:** Please visit the [Medicaid EHR Incentive Program website](#) or contact the Medicaid EHR Incentive Program team at 503-945-5898 (Salem).
- **About EHR Incentive Programs resources:** Please visit the [CMS EHR website](#).
- **About certified EHRs:** Please visit the Office of the National Coordinator's [Certified Health Product Listing website](#).

From CMS: MLN Connects National Provider Call: Countdown to ICD-10

Thursday, August 27; 2:30-4 pm ET

To Register: Visit [MLN Connects Event Registration](#). Space may be limited, register early.

Don't miss the August 27 MLN Connects Call — five weeks before ICD-10 implementation on October 1, 2015. Sue

Bowman from the American Health Information Management Association (AHIMA) and Nelly Leon-Chisen from the American Hospital Association (AHA) will be joining us with coding guidance and tips, along with updates from CMS.

Agenda

- National implementation update
- Coding guidance
- How to get answers to coding questions
- Claims that span the implementation date
- Results from acknowledgement and end-to-end testing weeks
- Provider resources

Target Audience: Medical coders, physicians, physician office staff, nurses and other non-physician practitioners, provider billing staff, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare providers.

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information](#) Web page to learn more.

From CMS: Get ready now with the new ICD-10 Quick Start Guide

While ICD-10 is almost here, you still have time to get ready. But you must get ready now.

The [CMS Quick Start Guide](#) features 5 steps for getting ready now: 1) [Make a Plan](#), 2) [Train Your Staff](#), 3) [Update Your Processes](#), 4) [Talk with Your Vendors and Health Plans](#), and 5) [Test Your Systems and Processes](#).

Plan to work on the 5 steps at the same time. Remember that you do not have to necessarily complete one step before working on another step. Visit the [Road to 10](#) tool to build an action plan using the 5 steps. A CMS online ICD-10 resource, Road to 10 was built by physicians for physicians.

Available on the [CMS website](#), the [Quick Start infographic](#) can be posted to websites and social media platforms if you would like to share it with colleagues. In addition to the full infographic, the CMS website includes a separate image for each of the 5 steps, with the CMS ICD-10 logo linking viewers to cms.gov/ICD10.

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](#). You can also [view all past CMS ICD-10 Industry Email Updates](#).

Questions about ICD-10?

Email the DMAP ICD-10 Project at stateoregon.icd10@state.or.us.

Birth control methods and reimbursement under the Oregon Health Plan

According to 42 CFR 441.20, "For beneficiaries eligible under the plan [Medicaid State Plan] for family planning services, the plan must provide that each beneficiary is free from coercion or mental pressure and free to choose the method of family planning to be used."

To help providers and plans (coordinated care organizations or physical health plans) ensure freedom of choice for Oregon Health Plan (OHP) members, DMAP has developed [a fact sheet about OHP birth control coverage](#). The fact sheet explains:

- What types of birth control OHP covers
- That plans can refer to formularies or require generics for prescription birth control medications
- How to bill birth control services for CCO/plan members
- Why OHP members are free to see any enrolled provider for family planning services

It also provides federal and state resources related to effective contraceptive use.

The fact sheet is available on the [Medical-Surgical](#) and [Pharmaceutical Services](#) provider guidelines pages (look under "Supplemental information and guidelines").

Oregon Psychiatric Access Line about Kids (OPAL-K)

Many children and adolescents in Oregon with mental health issues remain untreated or experience significant delays before beginning treatment. With [OPAL-K](#), medical practitioners can treat youth with mental health issues right away rather than placing patients on waiting lists to receive care.

A collaboration between OHSU's Division of Child and Adolescent Psychiatry, the Oregon Pediatric Society (OPS) and the Oregon Council of Child and Adolescent Psychiatry (OCCAP), OPAL-K provides free, same-day child psychiatric phone consultation to primary care providers in Oregon.

- Practitioners who would like to start using this service should [register with OPAL-K](#). Registered practitioners then get immediate access to consulting psychiatrists when they call OPAL-K.
- To learn more about OPAL-K, visit www.ohsu.edu/opalk, or [contact OPAL-K](#) (855-966-7255 or 503-346-1000).

Proposed Medicare Physician Fee Schedule changes for Calendar Year 2016

On July 08, 2015, CMS issued a [proposed rule that updates payment policies, payment rates, and quality provisions for services furnished under the Medicare Physician Fee Schedule \(PFS\) on or after January 1, 2016](#). The proposed rule was published in the Federal Register on July 15, 2015.

- This year, CMS is proposing a number of new policies, including several that are a result of recently enacted legislation.
- The rule also finalizes changes to several of the quality reporting initiatives that are associated with PFS payments, including the Physician Quality Reporting System (PQRS), the Physician Value-Based Payment Modifier (Value Modifier), and the Medicare Electronic Health Record (EHR) Incentive Program, as well as changes to the Physician Compare website on Medicare.gov.

This is the first PFS proposed rule since the repeal of the Sustainable Growth Rate (SGR) formula by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Through the proposed rule, CMS is beginning implementation of the new payment system for physicians and other practitioners, the Merit-Based Incentive Payment System (MIPS), required by the legislation.

Next steps

CMS is accepting public comments on the CY 2016 PFS proposed rule, until September 8, 2015. CMS will issue the final rule by November 1.

<https://www.federalregister.gov/articles/2015/07/15/2015-16875/medicare-programs-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>

Hospice providers – Updates to DMAP 525 form

Last month, DMAP made the following changes to the DMAP 525 (DHS/OHA Hospice Notification for Nursing Facility Residents):

- Added "Reason for notification" section with reasons to select using checkboxes, so that it is clear what hospices are reporting to DHS/OHA
- Reorganized existing fields under three headings: Hospice information, Resident information and Transfer information
- Removed duplicate fields

We hope these changes make it easier for hospices to complete this form, and make clear that the form is only to be used for existing Oregon Medicaid nursing facility residents (not hospice patients who later enter a nursing facility).

The updated form is available in [Word](#) and [PDF](#). You can also find other resources, including the updated July 2015 rate table, on the [Hospice Services provider guidelines page](#).

Reminder: Claim processing issues for hospitals

DMAP continues to work on solutions to the following claim processing issues. We will let you know when these issues are resolved.

- 1) We are still waiting to update our system with the Inpatient DRG grouper version 32 effective 10/1/14.
- 2) For outpatient claims paid by the Ambulatory Payment Classification (APC) grouper, clinical lab codes billed using the L1 modifier are not processing correctly.

- 3) The system is paying all inpatient claims according to the date of discharge instead of the admission date. This error mainly affects claims that have outliers.

Thank you for your patience as we continue to work toward system improvements.

Reminder: Monthly payment recovery for OHP newborn claims

Every month, DMAP recovers a small number of payments made in the preceding month for services to newborns who are now enrolled in an OHP managed care organization (MCO) or CCO.

- Once the birth is reported, DMAP enrolls children born to MCO/CCO members in the mother's plan.
- However, depending on when the birth is reported to DMAP, this process may take three or more weeks to complete.

To avoid future recoveries for newborn services:

- Please report births as soon as possible using the [DMAP 2410](#) (Newborn Notification Form). Allow 2-3 weeks for processing.
- [Verify the newborn's MCO/CCO enrollment](#) using PWP, AVR or EDI.
- Once you have verified the newborn's MCO/CCO enrollment, bill the MCO/CCO.

What you will see on the paper remittance advice (RA), electronic remittance advice (ERA) or PWP:

- **On the paper RA:** Adjusted claims will have an ICN beginning with "52". The "Detail EOBs" for these ICNs will list Explanation of Benefits (EOB) code *EOB 0090 – Service is covered by a managed care plan. Claim must be billed to the appropriate managed care plan.*
- **On the ERA or PWP:** The ERA should list these adjustments as overpayment recoveries. PWP will show the adjustment ICN as a denied claim. In both ERA and PWP, the reason for recovery will be Adjustment Reason Code 24 - *Charges are covered under a capitation agreement/managed care plan.*

To learn more about recovery of overpayments or appeals, please see Oregon Administrative Rules 410-120-1397(7), 410-120-1560 and 410-120-1580 in [DMAP's General Rules](#).

Need help?

Find more phone numbers, e-mail addresses and other resources in DMAP's [Provider Contacts List](#) (updated 4/30/15).

- **Claim resolution** - Contact [Provider Services](#) (800-336-6016).
- **Direct deposit questions** – Contact the DHS/OHA EFT Coordinator (503-945-6872).
- **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).

Help us improve future announcements:

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



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