

# Provider Matters – June 2014

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

In this issue:

## Health system transformation

[Two ways hospitals can help establish health care coverage  
Medicaid Electronic Health Records \(EHR\) Incentive Program](#)

## Other provider updates

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

[From CMS: Extension of ICD-9 and ICD-10 partial code freeze](#)

[Disproportionate Share Hospital \(DSH\) audit delayed](#)

[Next PERM Provider Education Webinar/Conference Call is June 26](#)

[2014 School-Based Health Services procedure codes now available](#)

[2013-14 school vaccine exemption rates are now available](#)

[Clarification: Billing for immunizations for children](#)

[Updates for hospice providers](#)

[2014 home health rate rebasing](#)

[Reminder: Report Third Party Liability on the MSC 415H form only](#)

[Reminder: CMS-1500 and DMAP 505 claims and diagnosis code pointers](#)

## Two ways hospitals can help establish health care coverage

Hospital providers have two tools to use in determining a patient's likely eligibility for the Oregon Health Plan (OHP): the Hospital Hold process, and Hospital Presumptive Eligibility.

### About the hospital hold process

Hospitals may continue to use the Hospital Hold process when they admit individuals who lack OHP coverage for **inpatient** stays.

- The hospital will submit the inpatient's information on the [OHP 3261 form](#).
- The individual's OHP application request will then be dated the hospital admission date.
- If the individual qualifies for OHP coverage, the effective date of coverage will be the hospital admission date.
- If the individual does not qualify for OHP coverage, OHA **will not** reimburse the hospital for services rendered.

Please remember that hospitals [now should submit](#) inpatient hospital hold requests via secure e-mail to [application.requests@state.or.us](mailto:application.requests@state.or.us) using the new [OHP 3261 spreadsheet](#).

For more information about the Hospital Hold process, [see Oregon Administrative Rule 410-125-0030](#).

### About Hospital Presumptive Eligibility

Hospital Presumptive Eligibility is a new process allowed under the federal Affordable Care and Patient Protection Act. As of January 1, 2014, OHA may authorize hospitals to determine immediate, temporary eligibility for OHP.

- **Any individual** seeking immediate medical coverage may apply. There is no requirement that the individual be admitted to the hospital or be seeking hospital services in order to apply.
- Based on the individual's attestation of income, family size, citizenship status, address and prior HPE status, the hospital can presumptively approve or deny that person's eligibility for OHP using forms OHP 7260, and OHP 3263 A or 3263B.

OHA **will** reimburse the hospital for OHP-covered services rendered during the temporary eligibility period, even if the individual does not qualify for coverage when a full determination is made. Please [visit the HPE Web page](#) for more information about Hospital Presumptive Eligibility.

## 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.

### New proposed rule for Stage 2 in 2014

Under the current rule for meaningful use, in program year 2014, all participants must adopt EHR technology certified to the 2014 standard. [A proposed CMS rule published on May 23, 2014](#), would provide eligible professionals, eligible hospitals, and critical access hospitals more flexibility in how they use certified electronic health record (EHR) technology (CEHRT) to meet meaningful use.

- Comments must be submitted by July 21, 2014. To submit, [please visit the CMS website](#).
- For more information on the proposed rule, [please visit the Federal Register website](#).
- To view the CMS press release about the proposed rule, [please visit the online CMS Newsroom](#).

To view a list of systems that have been certified, please visit 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, 3,066 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: Extension of ICD-9 and ICD-10 partial code freeze

The ICD-9-CM Coordination and Maintenance Committee implemented a partial freeze of the ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) codes prior to the implementation of ICD-10, which would end one year after the implementation of ICD-10. On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which said that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, HHS expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015.

The partial code freeze will continue through October 1, 2015, the new planned implementation date. Regular updates to ICD-10 will begin on October 1, 2016, one year after the implementation of ICD-10. See [Partial Code Freeze for ICD-9-CM and ICD-10](#) for more information.

The 2015 ICD-10-CM and 2015 ICD-10-PCS files are now posted on the CMS website at [2015 ICD-10-CM](#) and [2015 ICD-10-PCS](#). The 2015 General Equivalence Mappings (GEMs) will be posted later this summer.

## 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).

## Disproportionate Share Hospital (DSH) audit delayed

The 2011 DSH audit is delayed until DMAP contracts with a new independent DSH auditor.

DMAP is submitting a Request for Proposal to begin the contract process. Once we have a contract in place with a new auditor, we will notify hospitals and begin the 2011 audit of DSH hospitals. Thank you for your patience as we work to select a contractor that meets the needs of all parties in this process.

## Next PERM Provider Education Webinar/Conference Call is June 26

The Centers for Medicare & Medicaid Services (CMS) will host four provider education webinar/conference calls about specific provider responsibilities during the 2014 Payment Error Rate Measurement (PERM) cycle. These sessions will feature presentations about:

- The PERM process and provider responsibilities during a PERM review
- Recent trends, frequent mistakes and, best practices
- The Electronic Submission of Medical Documentation, esMD program

You can still join sessions on [June 26](#), [July 16](#) and [July 30](#). All sessions are 3 to 4 p.m. Eastern Standard Time. Once available, presentation material and participant call-in information will be available on [the Providers tab of the PERM website](#).

For detailed information about these sessions, including how to test your computer and audio for session compatibility, [view the 2014 webinar invitation](#).

## 2014 School-Based Health Services procedure codes now available

DMAP has updated the [2014 SBHS procedure code list](#) to include the following information:

- Procedure code descriptions – Includes CPT and lay descriptions
- Note – Psychotherapy codes – Lists what is included and excluded when billing these codes
- Max fee calculation - How to calculate costs and bill for each procedure code; age limits and modifiers that apply for each procedure code
- Modifiers – A list of all SBHS modifiers.

For more resources, [please visit the SBHS provider guidelines page](#).

## 2013-14 school vaccine exemption rates are now available

County-level exemption rates for school year 2013-14 are now available on the [Public Health Division's Vaccines and Immunizations website](#). Kindergarten exemption rates continued to climb this year, from 6.4 percent in 2012-13 to 7 percent in 2013-14.

Beginning on March 1, 2014, parents who choose to sign a nonmedical exemption for their child must provide documentation that they have received education about the benefits and risks of vaccination. This new requirement ensures that parents have access to science-based information before signing an exemption. More information about nonmedical exemptions is available at [www.healthoregon.org/vaccineexemption](http://www.healthoregon.org/vaccineexemption).

## Questions?

If you have questions about exemption rates or nonmedical exemptions, please contact Janis Betten or Peggy Hillman of the Oregon Immunization Program at 971-673-0292.

## Clarification: Billing for immunizations for children

To bill DMAP for vaccine administration to children ages 0 through 18, continue to bill immunizations with the specific vaccine administered and add modifier SL or 26. Do not use the new CPT codes (90460 and 90461) available for children's immunizations.

For ages 0 through 18, you can only bill DMAP for administration of vaccines provided through the federal [Vaccines for Children \(VFC\) program](#).

**Exception:** Federally Qualified Health Centers, Rural Health Clinics, and IHS/Tribal 638 clinics must bill the administration CPT code for children's vaccines (not the vaccine code), since vaccines are inclusive of the administration code, and vaccines are not separately reimbursed.

## Updates for hospice providers

### Patient liability for nursing facility (NF) residents on hospice

The Patient Liability (PL) amount the client gets to keep will increase from \$30 to \$60 per month on July 1, 2014. When billing for NF services for an individual with a Medicaid benefit, please be sure to:

- Review your Remittance Advice (RA) to see the PL amount.
- If the amount listed on the paper RA is different from what the NF identifies as the Patient Liability amount, tell the Nursing Facility about the discrepancy and request that they coordinate with their local AAA/APD worker to get the Patient Liability amount corrected.

Providers may also work with Vivien Van Hatten with DMAP Provider Services (503-947-5368); however, all PL updates must be done at the local AAA/APD office level.

### July 1, 2014 Hospice-Nursing Facility rates will be updated

DMAP will update rates for revenue codes 658, 191, and 192 for Nursing Facility (NF) Room and Board (bundled rate).

- These new rates apply to NF room and board provided from July 1, 2014 through June 30, 2015.
- These NF codes are to be used only in conjunction with revenue codes 651 (Routine Home Care) and 652 (Continuous Home Care).

To learn more, please [read our letter to hospice providers about the July 1 NF rate increase](#).

## 2014 home health rate rebasing

Home health providers: DMAP will rebase home health rates in 2014.

Your home health agency or corporate office will soon receive a letter requesting the most recent audited or Medicare-submitted Medicare Cost Report. Please submit this information by the given deadline.

## Reminder: Report Third Party Liability on the MSC 415H form only

This is a reminder to report Third Party Liability (*e.g.*, private health insurance) on the [MSC 415H](#).

The Health Insurance Group (HIG) is still receiving requests on the MSC 8708 form, which is obsolete and no longer available on the DHS/OHA website.

If your office is still using the 8708 form to report TPL, please be sure to:

- Recycle any paper copies of this form;
- Delete any electronic copies of this form; and
- Only use the [MSC 415H](#).

### Questions?

If you have any questions about TPL reporting, please contact HIG at 503 378-6233 or by email: [tpr.referrals@state.or.us](mailto:tpr.referrals@state.or.us).

## Reminder: CMS-1500 and DMAP 505 claims and diagnosis code pointers

When submitting claims on CMS-1500 or DMAP 505 form, please make sure the diagnosis code pointer for each line item refers to a completed diagnosis code field. Claims with diagnosis code pointers that do not match up to a completed diagnosis code field will be returned to you to resubmit.

For example, when diagnosis code fields are printed in 8/05 format on a 2/12 CMS-1500 form:

- Only the first and third diagnosis code fields may be filled.
- The second, fourth and subsequent code fields may be blank or completed in the wrong order.
- The detail lines may list numbers instead of letters.

If any of these errors are found on your claim, we will return it for you to resubmit in the correct format.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)			
1. _____		3. _____	
2. _____		4. _____	

Figure 1 - 8/05 CMS-1500 form has 4 numeric fields in column order

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)				ICD Ind.
A. _____	B. _____	C. _____	D. _____	
E. _____	F. _____	G. _____	H. _____	
I. _____	J. _____	K. _____	L. _____	

Figure 2 - 2/12 CMS-1500 form has 12 alpha fields in row order

## 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).

### Help us improve future announcements:

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



DMAP CAPE 14-383 06/14