

Provider Matters – May 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

Proposed revisions to the Medicaid EHR Incentive Programs' Oregon Administrative Rules [are now posted for comment](#). 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.

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

So far, over 2,000 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 June 30, 2013 to [self-attest to have the increase apply to eligible primary care services rendered on or after April 1, 2013](#).
- Providers who self-attest between May 1 and June 30 will need to resubmit eligible claims in order to have the increased rate apply to eligible services rendered on or after April 1.
- 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 will apply the new primary care rate once we receive approval from the federal Centers for Medicare and Medicaid Services (CMS). Please allow 2-3 weeks for us to process your attestation. Learn more on [our ACA primary care increase webpage](#).

DMAP ICD-10 readiness survey results

DMAP's ICD-10 readiness survey is now closed. Thank you to all providers, contractors, and clearinghouses who took time to tell us about their progress towards meeting the federal compliance date of October 1, 2014.

When asked about their progress in completing an impact assessment/gap analysis for ICD-10 compliance, 62 percent of the providers who completed the survey said they had not started reviewing their needs for ICD-10 readiness.

CMS highly recommends that all HIPAA-covered entities take this important first step in preparing for ICD-10 sooner, not later.

Coming next month– Provider survey

The second survey in our ongoing series of ICD-10 tracking surveys will focus on DMAP's provider community.

As with the first survey, the information gathered will be used to steer goals, facilitate collaboration, and understand and address provider needs.

In June, we will post the survey on our [ICD-10 Web page](#) and send e-mail invitations to include all Provider Web Portal users and OHP eSubscribe users. All providers are welcome to take the survey once it is available.

Resources for implementation planning

[Checklists and timelines](#) provide an overview of what to do to get ICD-10 ready. Adapt them to your needs for meeting the October 1, 2014, deadline. CMS also provides the following step-by-step information to help you plan for the transition.

- [Plan to Mitigate Risk for a Smooth Transition](#)
- [Planning Your ICD-10 Transition Activities for 2013](#)
- [ICD-10 Activities for 2013](#)
- [Simple Steps to Improve Clinical Documentation](#)
- [Develop Your ICD-10 Communication and Awareness Plan](#)
- [The ICD-10 Planning Checklist](#)
- [Review How You Use ICD-9 Codes](#)
- [Looking Back at Version 5010 and Ahead to 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

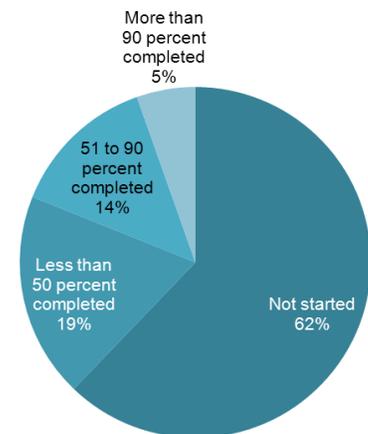
New hospice/nursing facility payment process implemented May 1, 2013

DMAP implemented the new payment process for Oregon Medicaid nursing facility residents who elect hospice care on May 1, 2013. Hospice providers need to follow this process for all services on or after May 1, 2013:

- Report any nursing facility residents you serve who receive Oregon Medicaid benefits. Do this by completing and faxing the [DMAP 525 form](#) to 503-945-6606 (Salem).
- To bill for services furnished by the nursing facility, use the [four new statewide bundled nursing facility rates for basic \(658\), complex medical \(191\), pediatric \(192\), and special contract \(199\)](#).
- To bill for hospice services you provide in a nursing facility, use the revenue codes for Routine Home Care (651) or Continuous Home Care (652).

For more information, you can view the recent webinars for [hospice providers](#), [nursing facilities](#) and [OHP health plans](#) (MCOs and CCOs) on the [OHA YouTube channel](#).

Provider Readiness Results - Progress with ICD-10 impact assessment/gap analysis



When faxing documents to DMAP, please include your fax number and completed EDMS Coversheet

Please make sure that all faxes you send to the central fax numbers at 503-378-3074 (Provider Enrollment), 503-378-3086 (Claims/Correspondence), 503-378-5814 (Routine PA Requests), and 503-378-3435 (Urgent/Immediate PA Requests) use the [EDMS Coversheet](#) and include where the fax came from (*i.e.*, the originating fax number) in the header at the top of your outgoing fax.

- **If sending via fax machine**, review your fax machine's settings to make sure it includes the originating fax number. Your settings may call this the "Station ID," "Logo," "Sender Information" or "Transmit Terminal Information"; check the "Getting Started" section of your fax machine's user manual for more information.
- **When sending via computer**, most systems already include the originating fax number in the transmission. However, you must include the [EDMS Coversheet](#) (not your own coversheet) in the transmission so that the fax enters our system.

When providers call DMAP asking if we received a fax sent to one of our central numbers, we review a report that lists all incomplete transmissions by the originating fax number. If your fax number is not transmitted as described above, we cannot use this report to find any incomplete transmissions you may have sent us.

For detailed coverage and copayment information for OHP plan members, contact the plan

The Provider Web Portal at <https://www.or-medicaid.gov> only provides service-specific coverage and copayment information for services billed directly to DMAP. If you need such information for OHP members who are enrolled in an OHP health or dental plan, please verify with the member's plan.

Reminder – Prescriptions, orders and referrals for Oregon Medicaid clients must be from enrolled DMAP providers

Prescribing, ordering and referring providers must enroll with DMAP in order to have their covered prescriptions, orders or referrals paid by DMAP. For these providers:

- **If your only relationship with DMAP will be as a prescribing, ordering or referring provider:** Use the DMAP 3113 (Non-Paid Provider Enrollment Form – [Word](#) or [PDF](#)) to enroll.
- **If you plan to bill DMAP for professional services:** Complete the OHA 3972 ([Word](#)) ([PDF](#)), OHA 3973 ([Word](#)) ([PDF](#)) and OHA 3975 ([Word](#)) ([PDF](#)), and the attachment for your provider type.

You can find the forms you need on our [Provider Enrollment webpage](#).

This requirement is one of several fraud prevention provisions under the federal Affordable Care Act. For more information, visit the [Healthcare.gov Web site](#). If you have questions about enrolling with DMAP, contact [Provider Enrollment](#) (800-422-5047).

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).

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.

