

# Provider Matters – May 2014

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

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## Help coordinated care organization (CCO) members stay with their chosen providers

When Oregon Health Plan (OHP) clients have been enrolled in a CCO that does not already contract with their chosen provider(s), they can request to change to their providers' CCO in order to continue receiving services from their chosen provider(s). To help with this, we have worked with providers and CCOs to develop the [new CCO Provider Change Request Guide](#).

- To help patients change CCOs in order to continue seeing their chosen providers, please use the process described in the [CCO Provider Change Request Guide](#). The provider can complete the form with the client, then submit the request by fax or email as specified in the guide.
- The process and form described in the [CCO Provider Change Request Guide](#) is only for providers to help their patients request a change from one CCO to another CCO. For any other type of change, clients may [call their CCO](#), or call OHP Client Services at 1-800-273-0557.

## Questions?

If you have questions about this new process, please email [CCO.ChangeRequest@state.or.us](mailto:CCO.ChangeRequest@state.or.us).

## How to verify eligibility for clients approved through the Hospital Presumptive Eligibility process

More than 35 hospitals statewide are now approving individuals for temporary, fee-for-service OHP Plus coverage through the [Hospital Presumptive Eligibility \(HPE\) process](#). While hospitals can approve individuals for this coverage immediately, an Oregon Health ID number will not be issued for approved individuals for at least 5 to 7 business days after the approval date.

- Providers seeking to verify eligibility should enter the patient's full last name, first name, date of birth and the date of service.
- If the patient is not in the system at the time you the provider seeks to verify eligibility, please accept the client's HPE Approval Notice ([OHP 3263A](#)) as proof of eligibility, the same way you would accept the Temporary Oregon Health ID ([DMAP 1086](#)). When completed and signed by an authorized representative, these forms act as proof of OHP eligibility until we are able to enter the individual into our eligibility system.

Temporary OHP Plus coverage through HPE lasts up to about 60 days. To learn more, [read our recent letter about HPE](#).

## 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.

### **In program year 2014, all participants must adopt EHR technology certified to the 2014 standard**

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.

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

So far, more than 3,000 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](#).

## **Oregon Office of Rural Health loan repayment programs**

Adding primary providers, especially in rural and underserved areas, is essential to enabling clients to access care. It is expected that more than 250,000 additional Oregonians will join the Oregon Health Plan (OHP) by 2016. Offering educational loan repayment is an incentive to attract providers to practice in these areas.

Two programs administered by the Office of Rural Health (ORH) are increasing access to care in Oregon's rural and underserved communities. The [Oregon Partnership State Loan Repayment Program](#) (SLRP) and the [Oregon Medicaid Primary Care Loan Repayment Program](#) (MPCLRP) give providers and sites two tax-free options for loan repayment incentives.

To learn more, [read the Oregon Office of Rural Health's May newsletter](#).

## **PERM Provider Education Webinar/Conference Calls begin June 10**

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 join sessions on [June 10](#), [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](#).

## DMAP coverage of over-the-counter fish oil products ends May 31, 2014

Effective June 1, 2014, DMAP will no longer cover over-the-counter (OTC) fish oil products for OHP clients.

- Prescription fish oil products are still available; however, in order for DMAP to cover these products, prescribers must obtain prior authorization from the Oregon Pharmacy Call Center.
- For patients who receive Medicare Part D drug benefits, prescribers will also need to meet coverage criteria of the patient's Medicare Part D plan.
- For patients in a coordinated care organization (CCO) or medical plan, please contact the CCO/plan to find out about their criteria for OTC fish oil coverage.

To learn more about the reasons for this coverage change, please [read the March issue of the Oregon State Drug Review](#).

## Reminders about OHP prescription coverage

When prescribing drugs for OHP clients, please make sure the drug is covered by DMAP or the client's CCO/plan. To be considered for DMAP fee-for-service coverage, drugs must:

- Have a valid National Drug Code (NDC).
- Be distributed by a company participating in the [Medicaid Drug Rebate Program](#).
- Meet DMAP's [prior authorization criteria](#) or be on the [Preferred Drug List](#).
- Be used for a covered Oregon Health Plan diagnosis. See the [Prioritized List](#).
- Be used in accord with [Pharmacy & Therapeutics Committee](#) recommended criteria.

If you have questions about DMAP's fee-for-service drug coverage, please contact the Oregon Pharmacy Call Center at 888-202-2126.

If you have questions about drug coverage for CCO/plan members, please contact the CCO/plan.

## DMAP enrollment requirements for prescribing, ordering and referring providers

DMAP requires all prescribing, ordering and referring providers to enroll with DMAP in order to have their covered prescriptions, orders or referrals for OHP clients paid by DMAP. To enroll with DMAP, complete and submit the DMAP 3113 (Provider Enrollment Short Form – [Word](#) or [PDF](#)).

### Questions?

If you have questions about enrolling with DMAP, contact Provider Enrollment (800-422-5047) or [visit our Provider Enrollment page](#).

## 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.

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

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

## Reminder: DMAP will only accept the ADA 2012 claim form starting June 1, 2014

Starting June 1, 2014, the only dental claims DMAP will accept on paper will be those submitted on commercially available versions of the [ADA 2012 claim form](#). You can find updated billing instructions on the [OHP billing tips page](#).

Whenever possible, please submit claims electronically using electronic data interchange or the Provider Web Portal at <https://www.or-medicaid.gov>. Billing electronically for **all** your claims is not only faster and results in lower denial rates, but can save you time and money. Paper claims are seldom required.

To learn more about billing electronically with DMAP, please visit our [Electronic Business Practices page](#).

## Reminder: How to submit direct deposit requests

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 by doing the following:

### Submit any direct deposit requests or changes to DHS/OHA Office of Financial Services only.

Please send requests to the following address:

EFT Coordinator  
 DHS/OHA Office of Financial Services  
 500 Summer Street N.E. E-97  
 Salem OR 97301-1080  
 Fax 503-945-6860

### Use the current direct deposit authorization form (MSC 189, revised 01/14)

You can find this form on the [OHP Forms and Publications page](#) (type "189" or "direct deposit" in the search box).

Attach a copy of a voided preprinted check or official bank verification letter of the account name, routing number and account number. Statements and deposit slips are not accepted. Retain a copy for your records.

### Questions?

If you have any questions about direct deposit, please call the DHS/OHA EFT Coordinator at 503-945-5710 (Salem).

## 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.



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