

Provider Matters – November 2015

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

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Medicaid Electronic Health Records (EHR) Incentive Program

Program Year 2015:

Providers can currently submit their Program Year 2015, 1st year Meaningful Use attestations until **December 14, 2015**.

- However, as of December 15, 2015, the Medicaid EHR Incentive Program will **not be** accepting any attestations that use the 2015-2017 modifications for meaningful use (found in the [CMS Final Rule](#)).
- We anticipate opening MAPIR to accept such attestations for both Eligible Professionals and Eligible Hospitals **in early 2016**.

Please note: The program is currently accepting Adopt, Implement, Upgrade (AIU) attestations for providers participating in their first year of 2015.

CMS and ONC Release Rule changes for EHR Program Years 2015-2017; Stage 3 Requirements and 2015 Edition Certification Criteria

On October 16, 2015, CMS and ONC released final rules that simplify requirements; add new flexibilities for providers to make electronic health information available when and where it matters most; and enable health care providers and consumers to readily, safely, and securely exchange that information.

To find out more about these rule changes, please view the [CMS Final Rule](#) and the [ONC Final Rule](#).

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](#).

Join OHA's ICD-10 Q and A webinar

You can still join the following Q and A webinar, where OHA staff will be available to answer questions you have about ICD-10. You can bring questions to the webinar, or email them to Medicaid.Provider-Training@state.or.us.

- Thursday, December 10, 2-3 p.m. – [Link to register](#)

You can also view past ICD-10 webinars on the [OHA YouTube channel](#), and read [questions and answers from the October webinar](#).

Oregon Medicaid requirements for existing orders and ICD-10 transition

For orders written before October 1 for services that will continue to be delivered and billed after October 1, the Centers for Medicare and Medicaid Services (CMS) states that providers can opt to use the [General Equivalence Mappings \(GEMs\)](#) to translate the ICD-9 codes on the original order to ICD-10. Providers are not required to update codes to ICD-10 for orders written before October 1.

If you use GEMs to obtain an ICD-10 diagnosis code for existing orders that are less than a year old, please do the following to make sure the services continue to be covered by Oregon Medicaid:

- Work with the prescribing provider and the RN Hotline at 1-800-393-9855 to make sure the ICD-10 code and service pair is covered according to the [Prioritized List of Health Services](#).
- Retain documentation in the client's medical record to support use of the new diagnosis code and a continued medical need (see Oregon Administrative Rule [410-120-1360 - Requirements for Financial, Clinical and Other Records](#)).

Orders that are over a year old will require a new order.

From CMS: Providers not required to revise physician orders written before Oct 1: New CMS FAQ

In response to questions from the provider community, CMS posted a new [FAQ](#) about physician orders written before the October 1 ICD-10 compliance date.

[FAQ 12625](#) explains that CMS is not requiring the ordering provider to translate ICD-9 diagnosis codes to ICD-10 on orders written before October 1 for lab, radiology, or any other services. In brief:

- Orders written before October 1 should have ICD-9 codes.
- Orders written on or after October 1 must use ICD-10.

For more guidance on claims processing and billing, please visit the [CMS ICD-10 FAQ webpage](#).

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](#) and other resources on [OHA's ICD-10 Web page](#) (updated November 2015).

Questions about ICD-10?

Email us at OHAICD10.help@state.or.us.

From CMS: Medicare Part D reminders for prescribers

Part D prescribers must enroll in Medicare: Submit your application by January 1 - CMS can help

Prescribers of Part D drugs must enroll in Medicare by June 1, 2016. Submit your application by January 1, so your application can be approved by the deadline. Be sure your patients' drugs are covered by enrolling now.

Two free ways to enroll in Medicare, so you can prescribe Part D drugs:

1. Use the [PECOS](#) website. Download [instructions](#) or watch the [video tutorial](#).
2. Submit a [paper application](#) to your [Medicare Administrative Contractor \(MAC\)](#). MACs process Medicare claims, enroll health care providers in the Medicare program, and educate providers on certain Medicare requirements.

Did you already enroll? Check the [list of enrolled providers](#).

For more information:

- [MLN Matters® Special Edition Article #SE1434](#)
- [Part D Prescriber Enrollment](#) website
- Contact your local [MAC](#)

Considering opting out of Medicare to meet the prescriber enrollment requirements?

Beginning June 1, 2016, prescribers who write prescriptions for Part D drugs must be enrolled in an approved status or have a valid opt-out affidavit on file with Medicare in order for their prescriptions to be covered under Medicare Part D. Before opting out of Medicare, you should consider the following impacts:

- You will not be able to participate in a Medicare Advantage plan, and
- **Your opt-out status lasts for two years and cannot be terminated unless within 90 days of your opt out designation.**

To learn more about the options available to you, refer to the [decision chart](#). For more information on the prescriber enrollment requirements refer to the [Part D Prescriber Enrollment](#) Web page.

Changes to valid fee-for-service medical-surgical codes effective November 1, 2015

Effective November 1, 2015, the Oregon Health Authority updated Oregon Administrative Rule (OAR) 410-130-0220 (*Not Covered/ Bundled Services*). Changes include:

- The rule now specifies codes that are not valid for claim processing.
- OHA will no longer pay separately for 64 codes, because they will be bundled under other codes for payment. (For example, payment for surgery trays will be bundled under the surgery payment.)

These changes align with Medicare's payment policies, national code sets, the Prioritized List of Health Services, and coverage recommendations from the Health Evidence Review Commission. For a full list of the changes, please view the related [Notice of Proposed Rulemaking](#).

All codes listed in OAR 410-130-0220 will be closed to payment effective **January 1, 2016**. Please review the rule changes to find out whether they affect you.

Reminder: Use the Provider Web Portal to update contact information and more

Most Oregon Medicaid health care providers can change demographic information, such as addresses and phone numbers, on the Provider Web Portal at <https://www.or-medicaid.gov>. To learn how, see page 10 of [our self-paced guide](#).

Reminder: Monthly payment recovery for OHP newborn claims

Every month, OHA 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, we enroll children born to MCO/CCO members in the mother's plan.
- However, depending on when the birth is reported to us, 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 [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 the [General Rules](#) guidelines.

Need help?

Find more phone numbers, e-mail addresses and other resources in our [Provider Contacts List](#).

- **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 hel and the 835 ERA** - Contact [EDI Support Services](#) (888-690-9888).
- **ICD-10 transition questions** – OHAICD10.help@state.or.us
- **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 PA Line at 800-642-8635 or 503-945-6821 (outside Oregon).
- **Provider enrollment updates** - Contact [Provider Enrollment](#) (800-422-5047).
- **Provider training videos and past Provider Collaborative webinars** – [Visit the OHA YouTube channel](#).
- **Provider Web Portal help** - [Visit our Provider Web Portal page](#). If you need a password reset, contact [Provider Services](#) (800-336-6016).