

Provider Matters – October 2013

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

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Fast track enrollment

About 260,000 letters were sent to Oregonians letting them know that they qualify for the Oregon Health Plan and can enroll through [“fast-track” enrollment](#). Here is some background information that we hope will be helpful:

As you know, our state has opened the Oregon Health Plan to more adults as allowed by federal health reform. People can begin applying through Cover Oregon now for [coverage that starts January 1, 2014](#).

The Oregon Health Authority will mail confirmation notices to people who enroll through the fast-track process.

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 Web site or contact the Medicaid EHR Incentive Program team at 503-945-5898 (Salem).

Hospitals - Program year 2013 deadlines approaching

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 Medicare EHR Incentive Program have until November 30, 2013, to attest to demonstrating meaningful use to CMS.
- Hospitals participating in the Medicaid EHR Incentive Program have until December 29, 2013, to submit their attestation to Oregon’s Medicaid EHR Incentive Program.

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.

Providers - Program year 2012 attestation processing deadlines

Program staff are still working directly with a handful of providers on outstanding items for program year 2012. If you are currently working with staff on your 2012 attestation, please be sure to submit all remaining documentation and information to staff no later than November 30, 2013.

Program year 2013 timelines for applying for first, second and third year incentives

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 have until March 31, 2014, to submit their attestation for program year 2013.

When an attestation may be submitted depends on the individual provider’s experience in the program as shown

below:

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.

Looking ahead to program year 2014 and Stage 2 meaningful use

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 December 31 to receive the 2013-2014 federal primary care payment increase effective October 1, 2013

So far, almost 2,700 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 December 31, 2013, to [self-attest to have the increase apply to eligible primary care services rendered on or after October 1, 2013](#).
- 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](#).

Makena® (17-alpha-Hydroxyprogesterone Caproate) coverage effective October 1, 2013

- Makena® is now a preferred agent, but requires prior authorization to ensure appropriate and safe use and should be billed through the pharmacy point of sale program.
- Compounded 17-alpha-Hydroxyprogesterone Caproate must comply with Oregon Board of Pharmacy OAR 855-045-0230 (1)(c).

DMAP ICD-10 provider survey results now available on ICD-10 page

Results from this summer's provider readiness survey are now available on DMAP's [ICD-10 page](#). Of the 464 who completed the survey:

- 60 percent expect to be able to use ICD-10 codes starting October 1, 2014.
- 72 percent understand that they must be fully ICD-10 compliant in order to ensure reimbursement from DMAP for dates of service on or after October 1, 2014.
- 34 percent say their mapping strategy will be direct coding; 20 percent do not know what their mapping strategy is.
- 38 percent expect to have all business process/IT systems changes completed for ICD-10 in order to begin external testing by the first quarter of 2014.

Again, we thank everyone who completed this survey. For more detail, please read our [Provider Readiness Survey Results](#).

From CMS: Resources and tools to help prepare for ICD-10

CMS and industry partners have developed many resources to help you get ready for ICD-10. These tools provide information and step-by-step guidance for providers and staff to prepare for a smooth transition. We encourage you to share these resources with all members of your team who are taking part in the transition to ICD-10.

New Online ICD-10 Implementation Guide

CMS just released the new [Online ICD-10 Guide](#). This web-based tool includes an overview of ICD-10 as well as information on how to transition to ICD-10 for small/medium practices, large practices, small hospitals, and payers.

Below are links to other helpful tools available on the [CMS ICD-10 Website](#):

- [The ICD-10 Transition: An Introduction](#)
- [ICD-10 FAQs](#)
- [ICD-10 Basics for Medical Practices](#)
- [ICD-10 Basics for Small and Rural Practices](#)
- [Talking to Your Vendors About ICD-10: Tips for Medical Practices](#)
- [ICD-10 Resources List](#)
- [National ICD-10 Provider Education teleconferences](#)

CMS works with Medscape to produce videos and articles that offer tips and advice on ICD-10. CMS has recently released two new Medscape videos:

- [ICD-10: A roadmap for Small Clinical Practices](#)
- [ICD-10: Small Practice Guide to a Smooth Transition](#)

You can also reference resources from provider associations and other industry organizations. Many of these groups also host ICD-10 webinars and trainings that you can attend to get up to speed on ICD-10. Visit the [ICD-10 Provider Resources page](#) to find a list of some organizations that offer ICD-10 resources, and check with any organizations to which you belong for members-only resources.

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; 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.

Hospitals – Bill non-covered charges under non-covered revenue codes

If you would like DMAP to acknowledge non-covered charges on claims submitted for inpatient or outpatient hospital services, please bill the non-covered charges with a non-covered revenue code.

For a complete list of covered and non-covered revenue codes, please see [DMAP's Revenue Codes List](#).

Version 31 of Medicare Grouper delayed

Version 31 of the Medicare Grouper is effective Oct. 1, 2013. However, we need to complete other system updates before we can apply the current Grouper. When we are ready to do this, we will let you know.

Once our system is updated with the Version 31 Grouper, we will reprocess any claims for dates of service on or after Oct. 1, 2013, that processed under the Version 30 Grouper.

Reminder – 340B Drug Program drugs are not subject to Medicaid rebate; please bill at acquisition cost

340B pharmacies are expected to bill actual acquisition cost for drugs purchased through 340B Drug Program. This applies to all Medicaid claims for drugs purchased through the 340B Drug Program. Claims for 340B drugs are excluded from the Medicaid Drug Rebate Program and are not subject to rebate.

When billing for 340B drugs, please be sure to bill the acquisition cost only, plus a dispensing fee. For more information, refer to *Oregon Administrative Rule 410-121-0155, Reimbursement*, in the [DMAP Pharmaceutical Services administrative rules](#).

If you bill an OHP managed care organization or coordinated care organization, 340B entities may negotiate dispensing fee terms with each organization.

DMAP now maintains [a list of the enrolled 340B entities subject to these policies](#).

DMAP will no longer accept the ADA 2006 dental claim form starting Jan. 1, 2014

Starting January 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](#).

Starting January 1, we will be able to process claims that contain information in these new fields on the 2012 form:

- Tooth Quadrant (field 25)
- Quantity (field 29-b)
- Place of Treatment (field 38)
- Diagnosis Code Pointer (field 29a)

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](#).

Payment Error Rate Measurement (PERM) for FFY 2014 claims

Oregon is preparing for the FFY 2014 PERM cycle. Under the PERM program, the CMS PERM Review Contractor, A+ Government Solutions, will review a random selection of Oregon Medicaid and CHIP claims paid between October 1, 2013, and September 30, 2014, for proper payment.

If a claim for a service you rendered is selected for review:

- A+ Government Solutions will contact you between June 2014 and December 2014.
- You will need to provide a complete copy of the medical record supporting the specific claim.
- A+ Government Solutions will use the information you provide to determine if the service was medically necessary and paid in compliance with state policy.

For more information about PERM, see the [CMS PERM website](#), [Provider Education FAQs](#) and/or the [PERM YouTube](#) video.

For questions, email PERMProviders@cms.hhs.gov or your State PERM Representative, Barbara Zharkoff at barbara.zharkoff@state.or.us.

PERM was designed to measure improper payments in the Medicaid and CHIP programs as required by the Improper Payments Information Act (IPIA) of 2002 (amended in 2010 by the Improper Payments Elimination and Recovery Act (IPERA)). IPERA was amended by the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA).

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).

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 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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