

Provider Matters – September 2014

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

In this issue:

Health system transformation

[Help us spread the word about Oregon Health Plan \(OHP\) renewals](#)
[Medicaid Electronic Health Records \(EHR\) Incentive Program](#)

Other provider updates

[Self-attest by September 30 to receive the federal primary care payment increase effective July 1, 2014](#)
[From CMS: New ICD-10 webcast and updated ICD-10 resources](#)
[DMAP will only accept the 8/14 version of the OHA 3972 starting October 1, 2014](#)
[Central fax numbers will be unavailable the weekend of October 3, 2014](#)
[January 1, 2015 home health rates now available](#)
[Office of Rural Health loan repayment programs](#)
[DHS/OHA secure email changes effective September 8, 2014](#)
[Not receiving all GovDelivery \(eSubscribe\) emails?](#)
[Helpful reminders for billing providers](#)
[Reminder: EDMS Coversheet is required for all documents sent to central fax numbers](#)
[Reminder: Do not balance bill Qualified Medicare Beneficiaries \(QMBs\) for Medicaid and Medicare Part A, B services](#)

Help us spread the word about Oregon Health Plan (OHP) renewals

Every year, OHP and Healthy Kids members must update their information to make sure they still qualify for health benefits. Not everyone will renew at the same time. When it is time to renew benefits, OHP will send a letter telling know how to renew. More information about OHP renewals is available at www.ohp.oregon.gov.

Please help us get the word out to OHP members about renewing their benefits. As valued partners, sharing renewal information on your websites, social media accounts, newsletters and directly with clients, will have a huge impact. You can find tools such as banner ads, text (for social media, email and newsletter content), posters, and more in the [OHP Partner Toolkit](#). Thank you for your help!

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.

Final rule published to determine your CEHRT participation options for Program Year 2014

CMS has released a [final rule](#) that allows providers participating in the EHR Incentive Programs to use the 2011 Edition of certified electronic health record technology (CEHRT) for calendar and fiscal year 2014.

- The rule grants flexibility to providers who are unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 for Meaningful Use due to delays in 2014 CEHRT availability.
- Providers may now use EHRs that have been certified under the 2011 Edition, a combination of the 2011 and 2014 Editions, or the 2014 Edition for 2014 participation.

- Beginning in 2015, all eligible providers **will be required** to report using 2014 Edition CEHRT.

For more information

Visit the CMS Newsroom to read the [press release](#) about the final rule. For more EHR Incentive Programs resources, visit the [CMS EHR website](#).

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 September 30 to receive the federal primary care payment increase effective July 1, 2014

So far, 3,165 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 September 30, 2014, to [self-attest to have the increase apply to eligible primary care services rendered on or after July 1, 2014](#).
- Providers who have already attested in 2013 **do not need to re-attest** to have the rate increase apply in 2014.
- Newly enrolled providers must wait to attest until **after** their effective enrollment date with Oregon Medicaid.

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: New ICD-10 webcast and updated ICD-10 resources

CMS launches "Road to 10" webcast series

The Centers for Medicare & Medicaid Services (CMS) has released a new webcast introducing the "Road to 10" tool. Accessible through the "Road to 10" link on [the CMS website](#), the webcast covers the history of the International Classification of Diseases (ICD) and the benefits of ICD-10. This is the first in the new "Road to 10" webcast series. Five more webcasts will follow—all aimed at helping small practices get ready for ICD-10 by the October 1, 2015, compliance date.

Also available now is a brief [video introduction](#) to the "Road to 10" tool. Developed in collaboration with physicians, the "Road to 10" tool offers:

- Clinical documentation tips
- Coding concepts
- Clinical scenarios
- Training calendar

Go to [the CMS ICD-10 website](#) to get started on the "Road to 10" today.

Updated resources from Medicare Learning Network

Updated ICD-10 resources from the Medicare Learning Network (MLN) are now available:

- [Billing and Payment Frequently Asked Questions](#)
- [ICD-10 Myths and Facts](#)
- [ICD-10-CM Classification Enhancements](#)
- [General Equivalence Mappings Frequently Asked Questions](#)

Read more about the updated MLN Educational Products in [the August 28 issue of MLN Matters](#).

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](#).

Questions about ICD-10?

Email the DMAP ICD-10 Project at stateoregon.icd10@state.or.us.

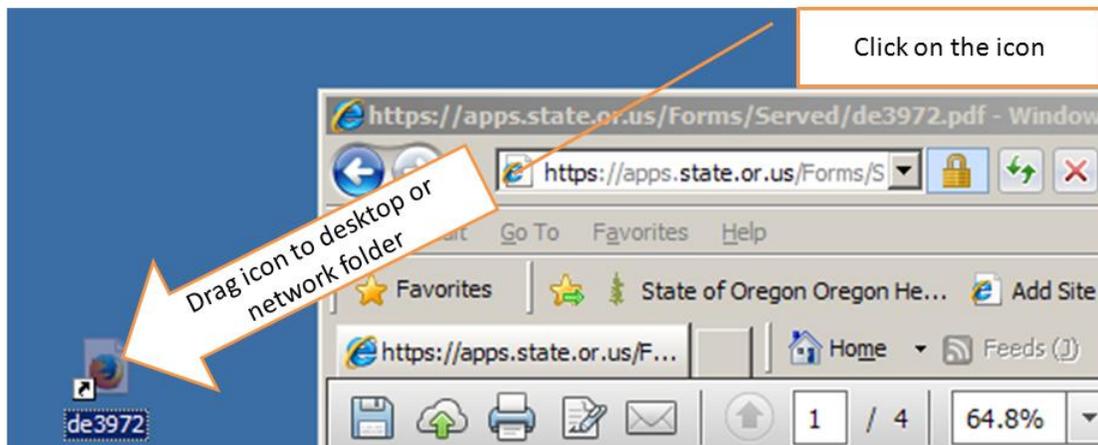
DMAP will only accept the 8/14 version of the OHA 3972 starting October 1, 2014

DMAP has revised the OHA 3972 ([Word](#)) ([PDF](#)) to make it a 4-page form that is easier for newly-enrolling providers to read and complete. Unfortunately, even though the form is available with other required enrollment forms on the [Provider Enrollment page](#), we continue to receive older versions of this form.

- Please delete/destroy any previous versions of the 3972 form and only use the current version.
- Starting October 1, we will return all unprocessed applications that include older versions of the 3972 with a request to re-submit your application using the current 3972.

To make sure you are always using the currently accepted version of the 3972 form, please **do not** save Word or PDF copies of the form to your desktop or network folder. Instead, do one of the following:

- [Download the forms from the Provider Enrollment page](#) directly each time you need to access a form; or
- Save an internet shortcut to the form, as shown below. To do this, simply go to the form in your internet browser, then drag the icon located at the beginning of your browser's address bar to where you want to be able to click on the form in the future (desktop, toolbar or network folder).



Central fax numbers will be unavailable the weekend of October 3, 2014

The Electronic Document Management System (EDMS) fax server will be down for routine maintenance from 5 p.m. Friday, October 3 until 5 a.m. Monday, October 6. The following fax numbers will be unavailable during this time:

- Provider Enrollment – 503-378-3074
- Claim Documentation – 503-378-3086
- Prior Authorization – 503-378-5814 and 503-378-3435

January 1, 2015 home health rates now available

DMAP has posted the fee-for-service home health rates that will be effective January 1, 2015. You can find the rates and other resources on DMAP's [home health provider guidelines page](#).

To learn more about the January 1, 2015 rates, please [read our recent letter to home health agencies](#).

Office of Rural Health loan repayment programs

As [more people in Oregon gain access to health care services](#), the state is working to increase the number of qualified primary care providers in underserved communities. The [Medicaid Loan Repayment Program](#) offers health professional loan repayments to primary care providers if they agree to work in practices with a high concentration of Medicaid clients.

- Awardees receive 20 percent of their unpaid student debt, up to \$35,000 per year, for a minimum of three years, for a full-time participant and a maximum of five years, for a part-time participant.
- In exchange, participants agree to serve Medicaid and other patients in a qualifying practice site. There are qualifying sites in every Oregon county.

The state has announced the second group of providers to take part in this program. "We must improve access to health care providers as we transform the health care system. I want to extend congratulations to the award recipients and thank them for their service to the state," said Suzanne Hoffman, interim director of the Oregon Health Authority. To learn more, [read the program's press release](#).

DHS/OHA secure email changes effective September 8, 2014

This month, DHS/OHA changed their secure email service from Tumbleweed to ProofPoint. If you are used to receiving secure emails from DHS/OHA, you should experience no difference in how you access and reply to secure emails.

The body of the email will look like this:



If you do not click the link before the expiration date listed in the message, you can still access the message by clicking on the "Secure Email Attachment" included with the ProofPoint email.

To help us transition from Tumbleweed to ProofPoint, please **do not** reply to DHS/OHA emails that were sent using Tumbleweed.

- Tumbleweed emails will look like the screenshot below.
- If you still have DHS/OHA email that looks this way, you can still view the message(s), but if you need to reply, please start a new email.



Not receiving all GovDelivery (eSubscribe) emails?

We have recently heard from some *OHP Provider Announcements* subscribers who have not received "Provider Matters" in recent months, even though our records show that the emails were delivered successfully to their email addresses. If you feel this has happened to you:

- **Please check your email junk/spam folder.** Also check your email's trash in case you have inadvertently set up an email rule that automatically deletes certain emails.
- **Check with your IT team to see if they can whitelist GovDelivery (eSubscribe) emails.** It is possible that your organization's email server may be accepting, but not routing, certain incoming email as potential spam.

[You can learn more about addressing email delivery issues](#) on the GovDelivery website.

Helpful reminders for billing providers

Information to have ready when calling DMAP Provider Services (1-800-336-6016)

For claim or prior authorization (PA) questions, please have the following information ready when you call. You can find this information on the claim or PA request you submitted to DMAP:

- Your National Provider Identifier, or your 6- or 9-digit Oregon Medicaid Provider ID;
- The 8-digit, alphanumeric Oregon Medicaid Client ID;
- The date(s) of service;
- The total dollar amount billed (for claims only).

How to submit claims that are over one year old

Complete the following information:

- A new paper claim;

- Proof of timely filing (within the deadline of one year from the original date of service);
- Brief cover sheet stating that the claim is over one year old.

Mail this information to:

DMAP Provider Services
500 Summer St NE, E44
Salem, OR 97301-1079

Reminder: EDMS Coversheet is required for all documents sent to central fax numbers

Please make sure **all** your requests get to DMAP staff for processing by including the EDMS Coversheet ([DHS 3970](#)) as the cover page for the following types of requests:

Request type	Fax number	Request should include:
Provider enrollment	503-378-3074	<ul style="list-style-type: none"> • DHS 3970 – Include the provider’s NPI; for enrollments you begin in the Provider Web Portal, also include the Application Tracking Number (ATN) • Forms and documentation required for the specific provider type (see the Provider Enrollment page)
Prior authorization	503-378-5814 (routine) 503-378-3435 (urgent or immediate)	<ul style="list-style-type: none"> • DHS 3970 – Include provider’s NPI and the client ID. For existing authorizations, also include the PA number. • DHS 3971 • Other forms or documentation as outlined in the provider guidelines for the requested services
Claim documentation or correspondence	503-378-3074	<ul style="list-style-type: none"> • DHS 3970 – Include the claim’s ICN and provider’s NPI • Documentation for the claim

Each request sent to these central fax numbers must be under its own EDMS Coversheet. If you have two prior authorization requests, they must be sent under two different coversheets. If you are enrolling 5 providers, all 5 requests need their own coversheets.

- We do not see the faxes sent to these numbers until they are scanned into our system.
- Unfortunately, only requests sent in under the [EDMS Coversheet](#) get scanned into the system. Requests missing this coversheet are destroyed and not returned.
- If you make the effort to complete the required forms and documentation, please make sure to send your request under the [EDMS Coversheet](#) so that we can respond to your request.

Reminder: Do not balance bill Qualified Medicare Beneficiaries (QMBs) for Medicaid and Medicare Part A, B services

[Section 1902\(n\)\(3\)\(B\) of the Social Security Act](#) (Act), as modified by Section 4714 of the Balanced Budget Act of 1997, prohibits all Medicare physicians, providers and suppliers from balance billing QMBs for:

- Medicare Part A or B cost-sharing (*e.g.*, deductibles, coinsurance, and copayments), and
- Any health care services covered by Medicare Part A or B. The Act provides that, for services rendered to a QMB, the Medicare payment and any Medicaid payment are considered payment in full.

For QMB-Only (“MED” benefit plan) and QMB Plus (“BMM” benefit plan) clients:

- Please consider any Medicare and Medicaid payments received as payment in full, and
- Do not balance bill the client for Medicare Part A or B cost-sharing, or services covered by Medicaid or Medicare Part A or B.
- **Note:** For QMB Plus (“BMM”) clients, please do not collect OHP Plus copayments at the time of service. DMAP deducts copayment amounts from the provider payment. If there is no provider payment, no copayment applies. You will need to wait until you bill DMAP to find out whether DMAP paid and whether a copayment applies. To learn more, read the “Client copayments” section of DMAP’s [Keys to Success](#) provider guide (updated April 2014).

To learn more, [please read our recent letter about billing for services to QMBs](#).

Need help?

Find more phone numbers, e-mail addresses and other resources in DMAP's [Provider Contacts List](#) (updated 9/12/2014).

- **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 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 14-537