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Authorized Signature

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Topic: Medical Benefits

Subject: *First Pass Connections* provider newsletter

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS Employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): <u>DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal</u> |

Message: OMAP has created a new provider newsletter, *First Pass Connections*, which we mailed to all providers on May 13. We have included articles on the following subjects in this edition of the newsletter.

- Process improvements
- Common billing problems
- Recent statistics and comparisons
- Exclusive Web-based communications
- Billing tips
- Electronic Data Interchange (EDI) information
- HIPAA news
- Upcoming trainings and events

We will publish *First Pass Connections* quarterly.

If you have any questions about this information, contact:

Contact(s):	Kathy Mickenham, Communications and Training, OMAP	
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E-mail:	k.mickenham@dhs.state.or.us	Fax:

First Pass Connections

An informational newsletter for OMAP providers

Visit the First Pass Web page at: <http://www.oregon.gov/DHS/healthplan/first-pass/main.shtml>



Fast Information for Faster Claims Processing

May 2005

Issue 1

Inside this Issue

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Process Improves for New Providers

The Office of Medical Assistance Programs (OMAP) enrolls approximately 200 new providers every month.



To help these providers familiarize themselves with OMAP's policies, Provider Enrollment Representatives will soon begin a new "welcome aboard" process of calling all

providers within one month of their enrollment.

Representatives will make sure the new provider has received their initial OMAP enrollment packet, review materials and answer questions.

We believe this initial contact will help get our new providers off to a good start and forge a strong relationship between our providers and OMAP staff.

Spotlight on Common Billing Problems

Listed below are some of the billing errors from claims we processed in the first quarter of 2005:

Problem: OMAP denied 173,700 detail lines because the provider should have billed the client's managed care plan instead of OMAP.

Resolution: Be sure to verify eligibility before you submit your claim.

Tools: AIS Plus phone line – 1-800-522-2508

AIS Web – <https://register.fhsc.com/webreg/>

OMAP Medical ID Card (fields 8a and 8b)

Provider Relations Unit – 1-800-336-6016



Problem: OMAP denied 79,244 detail lines because the provider did not include a billing provider number on the claim.

Resolution: Make sure to include your OMAP provider number in the appropriate location of the claim.

Tools: Provider Relations Unit

Provider Supplements – <http://www.dhs.state.or.us/policy/healthplan/guides/main.html>

Problem: OMAP denied 105,600 detail lines because we had already processed a duplicate claim.

Resolution: Be sure to review the explanation in the "Claims Message Codes" field of your Remittance Advice (RA)

Tools: RA, Provider Relations Unit

Checking our Pulse – recent statistics and comparisons

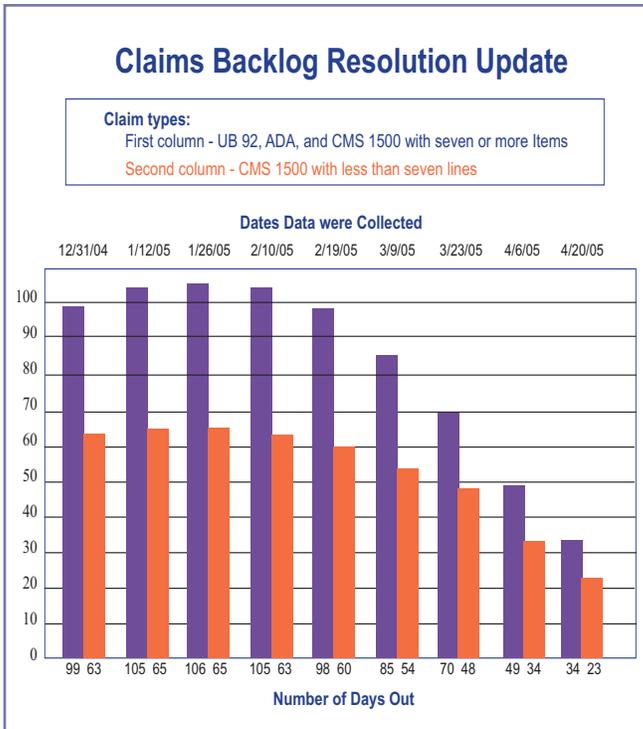


Paper claim backlog reduced 50%

We are pleased to report that the DHS Office of Forms and Document

Management (OFDM), which initially receives and enters paper claims into our system, has cut processing time by more than half.

In January, we sent a mailing to all providers addressing the backlog issue and making a commitment to reduce it. By using the innovative strategies outlined in the January document, OFDM has successfully met its data entry goal of 30 days.



OMAP Shifts to Exclusive Web-based Communications

Effective July 1, 2005, OMAP will discontinue mailing most of the informational announcements and materials we write to providers. We post these documents on our Web page. We also have a free email notification service, eSubscribe, that will send you an email when we post material to any of the Web pages you subscribe to. To subscribe to our notification service, click on the “eSubscribe” button on the DHS home page:

<http://www.oregon.gov/DHS/index.shtml>

We expect to save the state almost \$250,000 in the 2005-07 biennium by discontinuing provider mailings.

PA centralization project complete

On May 1, 2005, we will complete the transfer of PA approval responsibilities from Seniors and People with Disabilities (SPD) to the OMAP Medical Unit. (Health Integrated and the Medically Fragile Children’s Unit continue to do the PAs for their clients.)

We currently process:

- ✓ Requests that meet the Immediate (within 24 hours) and Urgent (within 3 working days) criteria within those timeframes.
- ✓ Routine requests (within 5 working days), processed by our Technical Review team. within 1-5 working days.
- ✓ Routine requests, processed by our Professional (RN) team. within 5-8 working days from date of receipt.

Next steps

We are now looking at efficiencies, such as identifying other services appropriate for the Technical Review team to process, and will continue to maintain staffing and review processes to ensure we process PA requests on time.

Thank you!

Thank you for your patience and support as we implemented this centralization. Your collaboration greatly helped us with this important transition. Also, we want to recognize our providers’ success in working with us to reduce the Pended Request rate for incompleteness from 16% to 8%!

Tip Off – Billing tips you can use



1 Keep your provider information current!

Every month we receive hundreds of pieces of returned mail, including checks, because of outdated information in our provider files. Take the time to update your provider information by sending us a Provider Information Update (OMAP 3035) or calling Provider Enrollment directly at 1-800-422-5047. The OMAP 3035 is easy to complete and includes both mailing and fax addresses.

Download the OMAP 3035 at:
<http://dhsforms.hr.state.or.us/Forms/Served/OE3035.pdf>

2 Be prepared when you call

Our Provider Relations staff take over 10,000 phone calls every month. Here are a few tips to help us efficiently work with you on your billing issues.

When you call the Provider Relations Unit, be sure to have the following information on hand:

- ✓ Your six-digit OMAP provider number. We cannot use social security or tax ID numbers.
- ✓ The recipient ID number (field 11 on the OMAP Medical Care ID).
- ✓ The dates of service.
- ✓ Any other relevant information about the particular claim you are calling about.

Electronic Toolbox – Saving You Time and Money



Electronic Makes Good Business Cents – Dare to Compare

Electronic Claims	Paper Claims
Usually processed in four days	Take 8 times longer to pay than electronic claims
Allow submitters the option of Electronic Funds Transfer (EFT) and receive payment in one day.	Submitters receive their check by mail – in 2-5 business days.
Are less than 1% likely to require an adjustment.	4-5 times more likely to require an adjustment than electronic claims. This means a higher administrative cost to providers spent on additional staff time to handle additional paperwork.
47% of OMAP providers submit electronically. <i>This represents 69% of our claims volume.</i>	53% of OMAP providers submit paper claims. <i>This represents 31% of our claims volume.</i>

HIPAA News – CMS Finalizes Rule on NPI



The Centers for Medicare and Medicaid Services (CMS) published the National Provider Identifier (NPI) final rule on January 1, 2005. This rule details the requirements and timeframes for compliance with the NPI and the NPI Enumerator.

Important Timeframes

May 23, 2005 Health care providers can apply for their NPI

May 1, 2006 Medicare NW will be completely converted to the new NPI

May 23, 2007 Compliance date for health care providers to acquire an NPI (except small health plans)

May 23, 2008 Compliance date for small health plans

The NPI for all health care providers has far-reaching effects. DHS has begun our analysis on how we will handle and process claims for payment with NPIs versus the OMAP 6-digit provide number, and we will keep you informed of future progress.

Upcoming Trainings and Events

OHP Billing FUN-damentals

Date & Time: June 14, 2004

8:30 – 12:00 or 1:00 – 4:30

Location: Employment Building Auditorium, Salem

Summary: Your response to this free provider training was so great that we decided to repeat it in June.

Topics include:

- ✓ Billing issues
- ✓ Available resources – where to find provider tips, billing instructions and other printed information, and helpful contacts
- ✓ Information on eligibility verification
- ✓ Basic requirements for requesting payment authorization

Registration information is available online at:

<http://www.oregon.gov/DHS/healthplan/first-pass/main.shtml#training>

Electronic Data Interchange (EDI) Vendor Fair

Date & Time: July 13, 2005, 10 am – 4 pm

Location: Cascade Hall, State Fairgrounds, Salem

Summary: This is a free event sponsored by OMAP to give EDI vendors working with HIPAA transactions an opportunity to showcase their goods and services. Vendors will represent:

- ✓ Software suppliers
- ✓ Billing services, and
- ✓ Clearinghouses.

OMAP will include more information on this EDI Vendor Fair with future RAs.

Providers do not need to register for the EDI Vendor Fair.



Contacts and Resources

Benefit RN Hotline – 1-800-393-9855

Provider Enrollment – 1-800-422-5047

Provider Relations Unit – 1-800-336-6016

OMAP Web page “Tools for Providers” – http://www.oregon.gov/DHS/healthplan/tools_prov/main.shtml

OMAP Contact List – http://www.oregon.gov/DHS/healthplan/data_pubs/add_ph_conts.pdf