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DMAP Operations

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Authorized Signature

Issue Date: 06/15/2012

Topic: Medical Benefits

Subject: Provider announcement: June 2012 “Provider Matters”

Applies to:

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

Message:

DMAP will post the following [OHP Provider Announcement](#) and send it as an e-mail bulletin to subscribers of OHP Provider Announcements, MCO Announcements, OHP Tools for Providers, EDI Updates and MMIS-What’s New eSubscribe lists.

“Provider Matters” is a monthly newsletter that includes billing updates and reminders, quality improvement information and system implementation updates. Starting this month, it also features a Health System Transformation section.

Send us your feedback:

Staff, partners and providers are encouraged to complete DMAP’s [provider announcement feedback survey](#) to let us know what they think of the new “Provider Matters” format.

You can also let us know your [OHP Web site feedback](#) and [how you prefer to receive electronic communications from DMAP](#).

If you have any questions about this information, contact:

Contact(s):	DMAP Client and Provider Education
E-mail:	dmap.distribution@state.or.us

Provider Matters - June 2012

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

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Next steps toward coordinated care

OHA has completed an important step toward contracting with new Coordinated Care Organizations. Of the 14 applications submitted on April 30, [eleven were found to be on the path toward providing truly coordinated care](#) as required by Senate Bill 1580. Others have been invited to resubmit their application.

As provisionally certified CCOs, the 11 applicants must provide additional information to meet the core certification criteria. Then they will move forward to contract negotiations, readiness reviews and final CMS approval.

Applicants have the option of becoming a new CCO effective August 1, September 1 or October 1. Once the CCO contracts are final, OHA will know the effective dates for the approved CCOs.

Will all the provisionally certified CCOs become certified and be approved to operate as a CCO?

Not necessarily. Moving forward is dependent on whether the provisionally certified CCOs can provide the additional information within the deadlines.

When will I know when a new CCO might begin in my community?

By the end of June, OHA will make an announcement about which CCOs will begin August 1 and which are on a schedule to begin later.

To learn more about CCOs and Health System Transformation, please visit www.health.oregon.gov.

Become a Patient-Centered Primary Care Home

Patient-Centered Primary Care Homes are clinics that have been recognized for their commitment to a patient-centered approach to care. Right now, recognized primary care homes can [apply to receive additional Medicaid funding](#) to support the comprehensive, coordinated care they offer Medicaid patients with chronic conditions such as diabetes and asthma.

One of the foundations of Oregon's health system transformation efforts, the primary care home model fosters strong relationships with patients and their families to better treat the whole person.

- Recognized primary care homes aim to reduce costs and improve care by focusing on prevention, wellness and management of chronic conditions.
- CCOs will be required to include recognized primary care homes in their networks of care to the greatest extent possible.

Resources are available for clinics interested in [becoming a recognized primary care home](#).

Recent fixes to the 999 acknowledgement transaction

On May 21, 2012, OHA made changes to the 999 to resolve two issues: 1) Some claims accepted with errors were reported on the 999 as accepted with no errors; and 2) Some rejected claims were reported on the 999 as accepted.

We believe we have resolved the vast majority of issues of this kind. However, if you have questions about a specific 999, please contact [EDI Support Services](#).

Prepare sooner, not later, for ICD-10

ICD-10 codes are required on all HIPAA transactions on and after October 1, 2013. Otherwise, your claims and other transactions will be rejected, and you will need to resubmit them with the ICD-10 codes. This will impact your reimbursements, so it is important to start preparing for the changeover to ICD-10 codes.

OHA strongly encourages you to discuss **your** business needs with your vendor specifically; do not wait for them to come to you with their plans. Make them aware of your implementation schedule and your need for compatible products well ahead of Oct. 1, 2013 deadline.

Visit [DMAP's ICD-10 page](#) to read suggested questions to ask software vendors, new resource links and learn about our approach to ICD-10 implementation.

Provider Web Portal - Did you know?

At <https://www.or-medicaid.gov>, you can:

- **New!** See benefit plan descriptions (e.g., BMH = OHP Plus) and copayment requirements when you [verify eligibility](#).
- Bill online for clients with **secondary payers**, including Medicare!
 - Learn more at our [free Webinars about secondary billing](#).
- [Request prior authorizations](#).
- [Check Prioritized List coverage](#) by specific service.
- Review the status of [submitted claims](#).
- [Update your contact information](#).

If you don't have these Provider Web Portal (PWP) menu items, check with your office's PWP administrator, or [learn how to add them](#). Need help? [Contact us](#).

Reminder - Third party payments and billing

Medicaid is the payer of last resort. If a client has other health coverage resources available, including Medicare, bill them first before billing DMAP.

If you bill and receive payment from another resource after billing DMAP, you need to reimburse DMAP within 30 days. As required by Oregon Administrative Rule 410-120-1280 (f)(16) in DMAP's [General Rules](#), you have two options:

- Adjust your claim to DMAP using the [Provider Web Portal](#), EDI 837 or [DMAP 1036](#); or
- Mail a refund to the [Medical Payment Recovery Unit](#), PO Box 14023, Salem OR 97309.

New Executive Director for OHP Care Coordination Program

APS Healthcare has hired John DiPalma as the new Executive Director of the [Oregon Health Plan Care Coordination Program](#) (OHPCC). Mr. DiPalma comes to Oregon with extensive experience in Medicaid, Medicare and commercial health care operations, most recently as Chief Operating Officer of Florida's Aetna markets.

OHPCC provides a nurse advice line, free educational materials, and other supports to help fee-for-service OHP clients make responsible decisions about their health care. Clients with more complex medical conditions can also benefit from the OHPCC's Disease Management and Medical Care Management programs.

For more information about OHPCC, providers may call 1-800-562-4620.

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).
- **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).
- **Web portal help and resets** - Contact [Provider Services](#) (800-336-6016).



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