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DMAP Operations Section

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Authorized Signature

Issue Date: 08/16/2013

Topic: Medical Benefits

Subject: Provider announcement: August 2013 "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"/> Aging 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 APD, 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 to subscribers of OHP Provider Announcements, OHP Plan Announcements, and MMIS-What's New eSubscribe lists. "Provider Matters" is a monthly provider newsletter. This month's issue includes the following updates:

- Medicaid Electronic Health Records (EHR) Incentive Program
- Self-attest by September 30 to receive the 2013-2014 federal primary care payment increase effective July 1, 2013
- Reprocessing of January-June 2013 claims for the federal primary care rate increase postponed
- From CMS – Final ICD-9-CM Code Set Update
- Please have your NPI or DMAP provider ID ready when contacting Provider Services
- If you serve Health Share of Oregon CCO members, please use Health Share's new Provider Portal
- Reminder – How to correct paid and denied claims
- Reminder – DMAP does not accept multi-page claims

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 – August 2013

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

In this issue:

Health system transformation

[Medicaid Electronic Health Records \(EHR\) Incentive Program](#)

Other provider updates

[Self-attest by September 30 to receive the 2013-2014 federal primary care payment increase effective July 1, 2013](#)

[Reprocessing of January-June 2013 claims for the federal primary care rate increase postponed](#)

[From CMS – Final ICD-9-CM Code Set Update](#)

[Please have your NPI or DMAP provider ID ready when contacting Provider Services](#)

[If you serve Health Share of Oregon CCO members, please use Health Share's new Provider Portal](#)

[Reminder – How to correct paid and denied claims](#)

[Reminder – DMAP does not accept multi-page claims](#)

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).

2013 program changes

The proposed revisions for Medicaid EHR Incentive Programs' Oregon Administrative Rules are [now available](#) on DMAP's Notices of Proposed Rulemaking page. The revisions incorporate recent changes in federal legislation that affect how providers are eligible for the incentive program and how eligible patient volume is calculated.

Timelines for applying for first, second and third year incentives

When to apply depends on which payment period you need to apply for:

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.

How to apply

- For first-year payment, providers must first register through Centers for Medicare and Medicaid Services (CMS) and then apply using the Provider Web Portal at <https://www.or-medicare.gov> to access the online application.
- After the first year, providers only need to apply using the [Provider Web Portal](#).
- A list of the [steps to apply](#) can be found on our website.

Self-attest by September 30 to receive the 2013-2014 federal primary care payment increase effective July 1, 2013

So far, almost 2,500 providers have been deemed eligible for the temporary two-year 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, 2013 to [self-attest to have the increase apply to eligible primary care services rendered on or after July 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.

DMAP started applying the increase for eligible providers and claims [the week of July 8, 2013](#). 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](#).

Reprocessing of January-June 2013 claims for the federal primary care rate increase postponed

In [a recent letter](#), we let you know that in August, we planned to reprocess eligible claims submitted between January and June 2013, to apply the federal primary care rate increase. Due to other system activity happening at this time, we have postponed this reprocessing until at least September.

When we are ready to reprocess these claims, we also plan to reprocess all other RVU-based claims submitted between January and March 2, 2013, for 2013 dates of service, to apply the [2013 RVU-weight based rates](#).

When we are ready to reprocess these claims, we will let you know.

From CMS – Final ICD-9-CM Code Set Update

The final updates to ICD-9-CM codes will take effect on October 1, 2013. These updates will be in effect until the ICD-10 transition takes place on October 1, 2014. You can find the last official ICD-9-CM code titles, both full and abbreviated, posted on [the CMS website](#).

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.

Please have your NPI or DMAP provider ID ready when contacting Provider Services

Please remember to provide your office's NPI or DMAP provider ID when calling the Provider Services Unit at 1-800-336-6016. If you do not provide this information, we cannot help you.

When you give us your provider ID, we can confirm you are an enrolled DMAP provider and that we are permitted under HIPAA to discuss patient health information, such as health care claims, with you.

If you serve Health Share of Oregon CCO members, please use Health Share's new Provider Portal

If you use DMAP's [Provider Web Portal](#) or [Automated Voice Response System](#) to verify eligibility for Health Share of Oregon members, this will only tell you whether the member is eligible for benefits and that the member is enrolled with Health Share of Oregon.

- To find out whom to contact within Health Share of Oregon's network for pre-authorization, claims inquiries or billing for services their members received, please use [Health Share's new Web-based provider portal](#).
- Providers with questions about the Health Share provider portal can contact PH Tech's Provider Relations department at 503-584-2169, selecting Option 2, or email support@phtech.com.

For more information, read Health Share of Oregon's [July 1, 2013 press release](#).

Reminder – How to correct paid and denied claims

To correct a paid claim, adjust the claim. To correct a denied claim, submit a new claim.

You can view all paid and denied claims billed to DMAP on the [Provider Web Portal](#) (PWP). On the PWP, you can also:

- Adjust an existing claim in PWP, or
- Make corrections to and resubmit a denied claim.
- Learn more in our [step-by-step guide to adjusting or resubmitting claims](#).

Reminder – DMAP does not accept multi-page claims

We have begun receiving multi-page paper claims printed on continuous feed paper. Please remember that DMAP only accepts commercially-available, one-page versions of the ADA 2006, UB-04 and CMS-1500 paper claim forms. We only accept one-page versions of the DMAP 505 (revised 2007 or later).

- Each paper claim is a complete billing document. Do not submit multi-page claims.
- If you do not have enough space on the form to bill all procedures provided, complete a new billing form for the rest of the procedures, or use the [Provider Web Portal](#).
- Do not “carry over” totals from one claim to another.

For more reminders and tips to help you successfully bill DMAP, visit our [Billing Tips page](#).

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.

