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DMAP Operations Section

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**Authorized Signature**

**Issue Date:** 09/26/2013

**Topic:** Medical Benefits

**Subject:** Provider announcement: September 2013 "Provider Matters"

**Applies to:**

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Aging and People with Disabilities
- Other (please specify): DHS and OHA staff and others identified on the APD, CAF, AMH and DMAP transmittal lists

**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:

- Oregon Health Plan 2014
- 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
- Oregon primary care code list updates
- From CMS: Transitioning to ICD-10 video slideshows now available
- From CMS: Medicare to accept revised CMS-1500 form starting January 6, 2014
- Pending October 1, 2013 Prioritized List now available
- Updated professional billing instructions for rendering physician field
- DMAP will no longer accept the ADA 2006 dental claim form starting Jan. 1, 2014
- Quality Corner – September is National Preparedness Month

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	DMAP Client and Provider Education
<b>E-mail:</b>	<a href="mailto:dmap.distribution@state.or.us">dmap.distribution@state.or.us</a>

# Provider Matters – September 2013

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

In this issue:

## Health system transformation

[Oregon Health Plan 2014](#)

[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](#)

[Oregon primary care code list updates](#)

[From CMS: Transitioning to ICD-10 video slideshows now available](#)

[From CMS: Medicare to accept revised CMS-1500 form starting January 6, 2014](#)

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[Updated professional billing instructions for rendering physician field](#)

[DMAP will no longer accept the ADA 2006 dental claim form starting Jan. 1, 2014](#)

[Quality Corner – September is National Preparedness Month](#)

## Oregon Health Plan 2014

Beginning in January, 2014, the Oregon Health Plan is opening to more people. That means there is no longer a need for the OHP Standard reservation list. Everyone who qualifies for the Oregon Health Plan will receive coverage. Enrollment will begin in October through [Cover Oregon](#).

Because enrollment is starting very soon, OHA has stopped collecting names for the reservation list as of August 31.

If someone is already on the OHP Standard Reservation List, they will receive a letter with information about Cover Oregon and next steps. Learn more on the updated [OHP Standard Reservation List](#) page.

## 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:

<b>First-year payment: To adopt, implement or upgrade EHR</b>	<b>Second-year payment: To report meaningful use</b>	<b>Third-year payment: To report meaningful use</b>
Apply now	Apply now	<b>Wait until at least January 1, 2014</b> , 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](#).

## Oregon primary care code list updates

We have updated our list of [Oregon primary care providers and procedure codes](#) to add the following codes:

- 99487
- 99488
- 99489
- 99495
- 99496
- 99363
- 99374
- 99375
- 99377
- 99378
- 99420
- G0396
- G0397

## From CMS: Transitioning to ICD-10 video slideshows now available

On June 20, CMS Regional Offices hosted webinars on "Transitioning to ICD-10." Now available on [the CMS YouTube channel](#), the webinars cover the background and impact of ICD-10 on industry, CMS ICD-10 implementation, how CMS is working with the states, how CMS is partnering with industry, best practices, frequently asked questions and resources and contact information.

[The Mountain-Pacific event](#) was held for healthcare professionals, coders and organizations operating within Oregon and other states (AK, AZ, CA, CO, HI, ID, MT, ND, NV, SD, UT, WA, and WY).

### 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](mailto:stateoregon.icd10@state.or.us).

## From CMS: Medicare to accept revised CMS-1500 form starting January 6, 2014

The revised CMS-1500 form ([version 02/12](#)) supports the use of the ICD-10 diagnosis code set by giving providers the ability to:

- Indicate whether they are using ICD-9 diagnosis codes (for dates of service before October 1, 2014) or ICD-10 diagnosis codes (for dates of service on or after October 1, 2014); and
- Enter additional diagnosis codes, expanding from 4 possible codes to 12.

Only providers who qualify for [exemptions from electronic submission](#) may submit the CMS-1500 Claim Form to Medicare. CMS encourages providers who use service vendors to check with their vendors to determine when they will switch to the new form.

Medicare will begin accepting the revised form on January 6, 2014. Starting April 1, 2014, Medicare will accept only the revised version of the form.

## Pending October 1, 2013 Prioritized List now available

The 10/1/13 Prioritized List of Health Services and associated data files [are now available](#) on the Health Evidence Review Commission (HERC) website.

To keep informed about all Prioritized List and guideline changes, [please eSubscribe to receive HERC updates](#).

## Updated professional billing instructions for rendering physician field

DMAP has updated the [Professional Billing Instructions](#) to include clarifications for mental health and chemical dependency providers who bill DMAP. The rendering physician field is required when you need to indicate who in the clinic, group or AMH-approved mental health or chemical dependency facility actually performed/rendered the service.

- When the rendering provider is under direct supervision (e.g., resident in a teaching hospital), enter the supervising physician's information.
- For medical claims, the rendering provider must be enrolled with DMAP and have their ID number reported in this field to ensure appropriate claim processing.
- For chemical dependency or mental health claims, only rendering providers who meet OHA's certification or enrollment criteria are required to enroll with DMAP and have their ID numbers reported in this field.

## 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](#).

## Quality Corner – September is National Preparedness Month

How can we best prepare clients for emergencies, whether in the home or on a community wide basis?

- The federal Centers for Disease Control and Prevention (CDC) website features [several tools to promote emergency preparedness](#) for schools, families and communities.
- The Oregon Public Health Division also provides [local resources and information](#) for medical professionals, including [Crisis Care Guidance](#) for medical professionals to consider in the event of a health crisis, major disaster or other public health emergency. Topics include alternate care sites, planning resources, and triage models.
- The Federal Emergency Management Agency also provides resources to help businesses prepare at <http://www.ready.gov/business>.

### 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.