Provider Matters – December 2015

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

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Medicaid Electronic Health Records (EHR) Incentive Program

Program Year 2015:
As of December 15, 2015, the Medicaid EHR Incentive Program will **not be** accepting any attestations that use the 2015-2017 modifications for meaningful use (found in the CMS Final Rule). We anticipate opening MAPIR to accept such attestations for both Eligible Professionals and Eligible Hospitals **in early 2016**.

Please note: The program is currently accepting Adopt, Implement, Upgrade (AIU) attestations for providers participating in their first year of 2015.

CMS and ONC Release rule changes for EHR Program Years 2015-2017; Stage 3 Requirements and 2015 Edition Certification Criteria
On October 16, 2015, CMS and ONC released final rules that simplify requirements; add new flexibilities for providers to make electronic health information available when and where it matters most; and enable health care providers and consumers to readily, safely, and securely exchange that information.

To find out more about these rule changes, please view the CMS Final Rule and the ONC Final Rule.

Corrections and Clarifications to 2015 Edition Final Rule
On December 11, 2015, the ONC issued a Federal Register notice (HTML) (PDF) to provide corrections (*e.g.,* corrects cross-references and citation omissions) and clarifications for the final rule entitled "2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications." These corrections and clarifications will eliminate confusion and ambiguity, permitting stakeholders to better understand, implement, and comply with the final rule. The final rule and notice are effective January 14, 2016.

What is the Medicaid EHR Incentive Program?
The program provides federal incentives, up to $63,750 paid over six years to certain eligible providers who adopt, implement, upgrade or achieve meaningful use of CEHRT.

- Eligible professionals must choose to participate in either the Medicare or Medicaid EHR Incentive Program.
- 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 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.

For more information

- **About the program:** Please visit the Medicaid EHR Incentive Program website or contact the Medicaid EHR Incentive Program team at 503-945-5898 (Salem).
- **About EHR Incentive Programs resources:** Please visit the CMS EHR website.
- **About certified EHRs:** Please visit the Office of the National Coordinator's Certified Health Product Listing website.

Accepted professional paper claims changing January 1, 2016

Starting January 1, 2016, OHA will only accept the following types of professional paper claim forms:

- The 2/12 version of the CMS-1500 form, and
- The 8/15 version of the DMAP 505 form (Medicare-Medicaid Billing Invoice).

We will return invoices and claims submitted in any other formats with a request to re-submit the claim on the correct form.

The CMS-1500 claim form is available through local business forms suppliers, the Oregon Medical Association, or by calling the U.S. Government Printing Office at 202-512-1800.

The DMAP 505 form is available on the OHP Forms page at www.oregon.gov/oha/healthplan/Pages/forms.aspx. It is also available to order through the DHS/OHA Distribution Center using the MSC 8100 form.

Trained pharmacists can now enroll with OHA as birth control prescribers

Effective January 1, 2016, the Oregon Board of Pharmacy is expanding the scope of practice for pharmacists to include prescribing birth control pills and patches.

Only pharmacists who complete Board-approved training through the Oregon State University (OSU) College of Pharmacy and follow the Board's rules and procedures may prescribe birth control.

Pharmacists who have completed the training can enroll with OHA now so that they are ready to serve OHP members as a *Pharmacist Clinician (provider type 50, specialty 109)* starting January 1.

To enroll with OHA, you will need to submit the following:

- Certificate of completion of Board-approved training
- National Provider Identifier (taxonomy code 1835P0018X)
- If services are billed by a pharmacy, DMAP 3113 form
- If services are billed by the pharmacist, DMAP 3114, OHA 3972, OHA 3975, OHA 3973, copy of license, copy of training certificate, SSN documentation

Reminder for Medicare Part D prescribers: Submit your Medicare provider enrollment application by January 1

Starting June 1, 2016, Medicare Part D will only cover prescriptions written by enrolled Medicare providers, or from providers who choose to opt-out of Medicare.

If you complete prescriptions for Medicare members, please submit your provider application to Medicare by January 1, 2016 so that CMS can approve your application by the June 1 deadline.

OHP does not cover Part D prescriptions. To make sure your patients with OHP Plus (BMM, BMD) coverage can fill prescriptions you complete, enroll as a Part D prescriber now.

1. Use the PECOS website. Download instructions or watch the video tutorial.
2. Submit a paper application to your Medicare Administrative Contractor (MAC). MACs process Medicare claims, enroll health care providers in the Medicare program, and educate providers on certain Medicare requirements.

If you opt-out, Medicare Advantage plans will not cover your prescriptions after June 1. Opt-out status lasts for two years; you can only terminate it within the first 90 days of your opt-out.

For more information:

- MLN Matters® Special Edition Article #SE1434
- Part D Prescriber Enrollment website – Find enrollment tools, decision charts, and more
- Contact your local MAC

Reminder: Monthly payment recovery for OHP newborn claims

Every month, OHA recovers a small number of payments made in the preceding month for services to newborns who are now enrolled in an OHP managed care organization (MCO) or CCO.

- Once the birth is reported, we enroll children born to MCO/CCO members in the mother's plan.

- However, depending on when the birth is reported to us, this process may take three or more weeks to complete.

To avoid future recoveries for newborn services:

- Please report births as soon as possible using the Newborn Notification Form. Allow 2-3 weeks for processing.
- Verify the newborn's MCO/CCO enrollment using PWP, AVR or EDI.
- Once you have verified the newborn's MCO/CCO enrollment, bill the MCO/CCO.

What you will see on the paper remittance advice (RA), electronic remittance advice (ERA) or PWP:

- **On the paper RA:** Adjusted claims will have an ICN beginning with "52". The "Detail EOBs" for these ICNs will list Explanation of Benefits (EOB) code *EOB 0090 – Service is covered by a managed care plan. Claim must be billed to the appropriate managed care plan.*
- **On the ERA or PWP:** The ERA should list these adjustments as overpayment recoveries. PWP will show the adjustment ICN as a denied claim. In both ERA and PWP, the reason for recovery will be Adjustment Reason Code 24 - *Charges are covered under a capitation agreement/managed care plan.*

To learn more about recovery of overpayments or appeals, please see Oregon Administrative Rules 410-120-1397(7), 410-120-1560 and 410-120-1580 in the General Rules guidelines.

Need help?

Find more phone numbers, e-mail addresses and other resources in our Provider Contacts List.

- **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 hel and the 835 ERA** - Contact EDI Support Services (888-690-9888).
- **ICD-10 transition questions** – OHAICD10.help@state.or.us
- **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 PA Line at 800-642-8635 or 503-945-6821 (outside Oregon).
- **Provider enrollment updates** - Contact Provider Enrollment (800-422-5047).
- **Provider training videos and past Provider Collaborative webinars –** Visit the OHA YouTube channel.
- **Provider Web Portal help -** Visit our Provider Web Portal page. If you need a password reset, contact Provider Services (800-336-6016).