

Provider Matters – February 2015

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

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Introducing OHP Provider Collaboratives

The Oregon Health Plan (OHP) serves over 1,000,000 Oregonians, and we couldn't do it without providers who provide quality, accessible care in the communities where our members live. In the spirit of collaboration, mutual learning and transparency, the Oregon Health Authority (OHA) is holding a pilot series of monthly Provider Collaborative webinars.

Make sure to watch for Provider Collaborative webinar information in *Provider Matters* and [OHP Announcements](#).

What you will learn

OHA will address topics of immediate relevance to providers who serve OHP clients, and include time for questions and discussion. Our first topic will be *CCO Topics* on Friday, February 27 (see below to learn more).

What you will need to join

You can join the webinars from your desktop PC, Mac® or mobile device:

- PC: Windows® 8, 7, Vista, XP or 2003 Server
- Mac®: Mac OS® X 10.6 or newer
- Mobile: iPhone®, iPad®, Android™ phone or Android tablet

Help us plan future provider collaboratives

We look forward to hearing from you about future topics you would like to explore. To suggest new topics, please contact [our Medicaid Program Trainer](#).

WEBINAR: Join us February 27 for OHP Provider Collaborative – CCO Topics

Please join the Oregon Health Authority [Friday, February 27 from 10 a.m. to 11 a.m.](#) for the first OHP Provider Collaborative! Learn how OHP members are enrolled in coordinated care organizations (CCOs), and their options for changing their CCO enrollment. You will also learn how to help clients find a provider (fee-for-service and CCO).

Join us February 27, 2015

10:00 a.m. to 11:00 a.m.

[Register today!](#)

Over 90 percent of OHP members are enrolled in a CCO. We hope you join us to learn more about these CCO topics and join in the discussion at the end of this webinar.

Link to register: <https://www2.gotomeeting.com/register/370630874>

WEBINAR: Provider Options for Verifying “Atypical” OHP eligibility

If you missed our [January 30 webinar about eligibility for HealthCare.gov and Hospital Presumptive Eligibility \(HPE\) applicants](#), you can now view a video of the webinar on [the OHA YouTube channel](#).

You can [view the video](#) to learn:

- Which documents provide proof of OHP eligibility;
- What services OHP covers; and
- How to ensure payment for covered services.

Background

People can get immediate approval for OHP benefits through HealthCare.gov or the [Hospital Presumptive Eligibility \(HPE\)](#) process. However, OHA will not be able to issue these people an Oregon Health ID card right away. There will also be a delay in showing their eligibility information on the Provider Web Portal, Automated Voice Response and Oregon MMIS 270/271 transaction.

In the meantime, OHP guarantees fee-for-service payment to providers for Medicaid-covered services rendered to eligible members who present their [HPE](#) or [HealthCare.gov](#) approval notice.

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 website](#) or contact the Medicaid EHR Incentive Program team at 503-945-5898 (Salem).

Eligible professionals - Program year 2014 and 2015 applications being accepted now.

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

For professionals participating in the Medicaid EHR Incentive Program:

- Program year 2014 attestations are due no later than **May 31, 2015**.
 - If you are using the Flexibility Rule option to submit your program year 2014 EHR application, you may do so starting **Monday, February 23, 2015**.
- Program year 2015 attestations can be submitted starting **January 1, 2015**.

Hospitals - Program 2015 applications being accepted now.

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.

For hospitals participating in Oregon's Medicaid EHR Incentive Program:

- Program year 2015 attestations can be submitted starting **October 1, 2014**.

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.

Medicare to Medicaid program switch

Providers will have until **February 28, 2015** to switch from Medicare to Medicaid for their EHR Incentive Program participation. Per CMS rule 42 CFR 495.10, all program switches can occur one time, and only **for a payment year before 2015**.

Final rule published to determine your CEHRT participation options for Program Year 2014

The Centers for Medicare and Medicaid Services (CMS) has released a [final rule](#) that allows providers participating in the EHR Incentive Programs to use the 2011 Edition of certified electronic health record technology (CEHRT) for calendar and fiscal year 2014.

- The rule grants flexibility to providers who are unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 for Meaningful Use due to delays in 2014 CEHRT availability.
- Providers may now use EHRs that have been certified under the 2011 Edition, a combination of the 2011 and 2014 Editions, or the 2014 Edition for 2014 participation.
- Beginning in 2015, all eligible providers **will be required** to report using 2014 Edition CEHRT.

For more information

Visit the CMS Newsroom to read the [press release](#) about the final rule. For more EHR Incentive Programs resources, visit the [CMS EHR website](#).

To view a list of systems that have been certified, please visit the Office of the National Coordinator's [Certified Health Product Listing website](#).

From CMS: MLN Connects™ National Provider Call - ICD-10 Implementation and Medicare Testing

The Centers for Medicare & Medicaid Services (CMS) is offering acknowledgement testing and end-to-end testing to help the Medicare Fee-For-Service (FFS) provider community get ready for the October 1, 2015, implementation date. During this MLN Connects™ National Provider Call, CMS subject matter experts will discuss opportunities for testing and results from previous testing weeks, along with implementation issues and resources for providers. A question and answer session will follow the presentations.

- **Date:** Thursday, February 26; 1:30-3pm ET
- **Link to register:** Visit [MLN Connects Event Registration](#). Space may be limited, register early.

Participants are encouraged to review the testing resources on the [Medicare FFS Provider Resources Web page](#) prior to the call, including MLN Matters® Articles and testing results.

Agenda

- Participating in acknowledgement and end-to-end testing
- Results from previous acknowledgement and end-to-end testing weeks
- National implementation update
- Provider resources

Target audience:

Medical coders, physicians, physician office staff, nurses and other non-physician practitioners, provider billing staff, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare providers.

Continuing education credit may be awarded for participation in certain MLN Connects Calls. Visit the [Continuing Education Credit Information Web page](#) to learn more.

Keep up to date on ICD-10

Visit the CMS [ICD-10 website](#) for the latest news and resources to help you prepare; and sign up for [CMS ICD-10 Industry Email Updates](#). You can also [view all past CMS ICD-10 Industry Email Updates](#).

Questions about ICD-10?

Email the DMAP ICD-10 Project at stateoregon.icd10@state.or.us.

What to do if Third-Party Liability (TPL) pays after DMAP has already paid

If a provider receives a payment from TPL (e.g., private health insurance) after receiving payment from DMAP for the same claim, an overpayment may occur. If TPL pays equal to, or more than, DMAP paid, the provider must notify and reimburse DHS/OHA immediately. See Oregon Administrative Rule 410-120-1397(4) in [DMAP's General Rules](#).

To notify DHS/OHA, please only use **one** of the following methods.

1. Adjust the claim

- You can adjust **any** paid claim billed to DMAP using the Provider Web Portal at <https://www.or-medicaid.gov>, or
- You can adjust the claim using the paper DMAP 1036 (Individual Adjustment Request).

Once you submit the adjustment, DMAP will recover the amount of the overpayment by offsetting a future payment.

Instructions on how to adjust a claim in the Provider Web Portal or using the DMAP 1036 can be found in the [Claim Adjustment Handbook](#).

2. Submit a refund by check - Do not use this option if you have submitted a paper or electronic adjustment. It will create an overpayment.

Write a check for the amount of the overpayment. Include the following information with your check:

- Your Oregon Medicaid provider number;
- A copy of the remittance advice from DMAP indicating the overpaid claim and the overpayment amount;
- A copy of the remittance statement from the TPL indicating what the TPL paid.

Please submit the check, along with any supporting documentation to:

Do not use spaces or decimal points when entering diagnosis codes on paper claims

When entering diagnosis codes on paper claims, please do not enter decimal points or spaces. Our system allows for 5 diagnosis code digits per line item. When you enter a space or decimal point after the 3rd digit, our system considers it a 4th digit. This may make your claim deny or suspend due to an invalid diagnosis code.

To avoid claim denials, make sure to enter the diagnosis code as a 3- to 5-digit number, with no spaces, decimal points or other characters to indicate the decimal.

Changes to DHS/OHA secure email

You now need to register at [a new secure email website](#) in order to access secure email sent by the Department of Human Services (DHS) or Oregon Health Authority (OHA).

- Registration will require your email address, name and a password.
- The password must 1) be 8 to 20 characters; 2) include numbers; and 3) include both upper- and lower-case letters.

Once registered, you will also be able to use this website to initiate secure emails to DHS/OHA, instead of waiting for DHS/OHA to send you a secure email. To learn more, [read DHS/OHA's secure email instructions](#).

Coming soon: February 2015 OHP Medical-Dental fee schedule update

DMAP plans to publish an updated Medical-Dental fee schedule on the [OHP FFS fee schedule page](#) by the end of February. This page includes both Medical-Dental and Behavioral Health fee schedule files (the next Behavioral Health fee schedule update is planned for April).

To get fee schedule updates by email or text, [sign up for OHP Data and Reports updates](#). If you only want fee schedule updates, make sure to click "Subscriber Preferences," then "Questions." You can then choose "Fee-for-service fee schedule updates."

Reminder: Monthly payment recovery for OHP newborn claims

Every month, DMAP 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, DMAP enrolls children born to MCO/CCO members in the mother's plan.
- However, depending on when the birth is reported to DMAP, 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 [DMAP 2410](#) (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 [DMAP's General Rules](#).

Need help?

Find more phone numbers, e-mail addresses and other resources in DMAP's [Provider Contacts List](#) (updated 9/12/2014).

- **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 help, and the 835 ERA** - Contact [EDI Support Services](#) (888-690-9888).
- **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 enrollment updates** - Contact [Provider Enrollment](#) (800-422-5047).
- **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.



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