

Provider Matters – March 2013

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

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Reminder – 2012 EHR incentive deadline March 31, 2013

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. Providers must apply for a payment and demonstrate eligibility in each year that they choose to participate in the program. Only one payment is allowed per provider per program year.

- **Program Year 2012 deadline:** Providers that are participating in their second year and are attesting to meaningful use in program year 2012 have until March 31, 2013 to submit their application.
- **Program Year 2013 is here!** Providers participating in their first year in the program may apply now.

To apply, providers must first register through Centers for Medicare and Medicaid Services (CMS) and then apply using the Provider Web Portal at <https://www.or-medicaid.gov> to access the online application. A list of the steps to apply can be found on our Website.

Providers that are applying in program year 2013 for a second or third payment will need to wait to attest due to EHR Reporting periods associated with meaningful use. To help determine your specific EHR reporting period, [use this interactive tool from CMS](#).

For more information, please visit the [Medicaid EHR Incentive Program website](#) or contact the Medicaid EHR Incentive Program team at 503-945-5898 with any questions.

Please self-attest by Mar. 31, 2013 to receive 2013-2014 federal primary care payment increase effective Jan. 1, 2013

Providers who bill the Division of Medical Assistance Programs (DMAP) can now [self-attest to qualifying for the temporary 2-year primary care provider rate increase](#) and begin receiving the increased fee-for-service (FFS) reimbursement rate on or after April 1, 2013 (date contingent on federal approval).

- In order for DMAP to be able to apply the 2013-2014 federal rate increase to claims on and after Jan. 1, 2013, please submit your attestation by Mar. 31, 2013.
- For answers to frequently asked questions, see our new Questions and Answers and [updated fact sheet](#) on our [ACA primary care increase web page](#). Videos of our February webinars are also available.

From CMS: Plan to mitigate risk for a smooth ICD-10 transition

To make your transition to ICD-10 smooth, consider following these steps:

- **Establish a transition plan.** Outline the steps your practice intends to follow to comply with ICD-10 requirements. Establish milestones to keep your practice on track. Share your transition plan with your EHR and practice management system vendors and billing services. Talk to them about how you can set up testing before the deadline.
- **Communicate with your vendors regularly; encourage them to take action now to avoid reimbursement delays.** Talk to your vendors about making sure your practice management systems will be able to handle ICD-10 transactions. Ask them about their schedule for training your practice's staff on the system changes. Make sure you and your vendors allow ample time for testing ICD-10 systems.
- **Identify everywhere that your practice uses ICD-9.** Any function where you currently use ICD-9 will be affected by the transition to ICD-10. By taking a look at where you use ICD-9, you will see where you need to be prepared to use ICD-10 codes.

- **Network with peers.** Talking with your peers in other practices can help you to identify best practices and opportunities for sharing resources.

CMS releases ICD-10 checklists and timelines

To help you prepare for ICD-10, CMS has released new [checklists and timelines](#) for small and medium provider practices, large provider practices, small hospitals, and payers.

- **Checklists:** The [checklists](#) offer tasks that CMS recommends completing before the October 1, 2014 deadline. Each task also includes an estimated timeframe, allowing you to plan based on your current progress. Depending on your organization, you may be able to perform some of the tasks on a compressed timeline or at the same time as other tasks.
- **Timelines:** The [timelines](#) are an at-a-glance guide to key transition activities by phase.

You can use the [checklists and timelines](#) to identify where you need to focus your efforts. Then you can consult the more in-depth ICD-10 resources available on the CMS website. For practical transition tips:

- Read [recent ICD-10 email update messages](#)
- Access [the ICD-10 continuing medical education modules](#) developed by CMS in partnership with Medscape

Please complete our ICD-10 Readiness Survey

Help DMAP determine how to best support trading partners and providers by [completing our readiness survey](#). This survey is intended for providers, contractors and clearinghouses to tell us about their progress in assessing their readiness and preparing to meet the ICD-10 compliance date of Oct. 1, 2014.

Reminder – DMAP does not require copayment collection

DMAP has recently received several calls from OHP members who have been informed that their health care provider is required to collect OHP Plus copayments from them. Oregon Administrative Rule 410-120-1230(c) of DMAP's [General Rules program](#) states the following:

(c) Unless specified otherwise in individual program rules, and to the extent permitted under 42 CFR 1001.951 – 1001.952, the Division does not require providers to bill or collect a co-payment from the Medicaid client. The provider may choose not to bill or collect a co-payment from a Medicaid client, however, the Division will still deduct the co-payment amount from the Medicaid reimbursement made to the provider[.]

This means that even though DMAP may deduct the copayment amount from your payments, you are not required to collect that amount from the OHP member.

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).

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



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Help us improve future announcements:

[Click here](#) to answer six survey questions about this provider announcement.