Provider Matters – March 2016

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

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Medicaid Electronic Health Records (EHR) Incentive Program

Year 2015:

- **For eligible hospitals:** OHA will accept both types of attestations – adopt, implement or upgrade (AIU) and meaningful use (MU) – until **March 31, 2016.**
- **For eligible professionals:** OHA is accepting only AIU attestations until **March 31, 2016**. The health authority expects to begin accepting MU attestations **in late May 2016**.

Year 2016:

Program year 2016 is the last year to begin the program (coming in under AIU or MU Payment Year 1). Eligible professionals can receive an incentive payment for adopting, implementing or upgrading certified EHR technology in their first year of participation.

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 certified electronic health record technology (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 (ONC)'s Certified Health Product Listing website.
- **About CMS and ONC rule changes for Program Years 2015-2017:** See the CMS Final Rule and the ONC Final Rule (dated October 2015), and ONC corrections and clarifications (HTML or PDF, dated January 2016).

Please use EDMS Coversheet on all prior authorization and provider enrollment requests

Please help us process your requests faster by including the EDMS Coversheet as a fax cover sheet for each prior authorization and provider enrollment request you submit to OHA. Please read our EDMS Coversheet tips to learn more.

Correction to Jan. 1, 2016, rates for three physician-administered drug codes

On March 14, OHA corrected the January 1, 2016, fee-for-service rates for the following HCPCs codes. To receive the correct payment, please reverse and rebill any paid claims for service dates from January 1 through March 13, 2016.

CODE:	DESCRIPTION:	OLD RATE:	NEW RATE:
J7297	Levonorgestrel iu 52mg 3 yr	$ 599.00	664.06
J7298	Levonorgestrel iu 52mg 5 yr	$ 772.65	861.17
J7301	Levonorgestrel iu 13.5 mg	$ 650.32	690.97

Online remittance advice (RA) now available on the Provider Web Portal

On March 20, 2016, OHA updated the Provider Web Portal at https://www.or-medicaid.gov with a new "Online RA" role. With this role, you can review electronic copies of your paper RA dating back to September 2014. You can also choose to stop receiving your paper RAs.

The online RA is identical to the mailed RA. The only difference is that paper RAs have an issue date of the Friday of each claim processing cycle, while the online RAs have a Saturday issue date.

To learn more, please read OHA's recent letter about this change and view the new self-paced guide about the Online RA.

Help OHA process your prior authorization requests faster

OHA is working on ways to complete fee-for-service prior authorization (PA) reviews faster. As a starting point, here are the top four reasons that PA reviews are delayed or interrupted.

1. **Benefit RN Hotline at 800-393-9855 handles calls intended for other customer service numbers.** Please use this number **only** to ask about

condition/treatment pairs according to the Prioritized List of Health Services. Have your Oregon Medicaid provider number and diagnosis/procedure codes ready when you call. If you need help with other issues, such as claim resolution or PA status, please refer to the phone numbers listed at this end of this bulletin, and also published in the Oregon Medicaid Provider Contacts List.

2. **RNs spend time navigating callers to policies on the OHP website.** All policies related to prior authorization are in the OHP rules and guidelines. Please sign up to get email updates so that you know when the policies change. Each policy page also contains the forms and additional reference material you may need to correctly submit PA requests.
3. **RNs spend time explaining the Prioritized List to callers.** You can find common questions and answers, provider resources, and current Prioritized List links on the OHP website. You can also use the HSC List inquiry at https://www.or-medicaid.gov to inquire about specific condition/treatment pairs.
4. **Requests for existing PA requests are submitted as new PA requests.** The initial setup of new PA requests is the longest part of the PA review process, and existing PA requests do not need to go through this process. To avoid delays in adjusting a submitted PA, please call the PA Line at 800-642-8635. Have the PA number and your Oregon Medicaid provider number ready.

We hope this information helps you find the right resources you need, and helps our PA review staff focus on timely completion of PA reviews. Thank you for your patience as we work to improve our business processes.

When to use the *Agreement to Pay* (DMAP 3165) form

Please use the *Agreement to Pay* (DMAP 3165) form only when the service you provide is a service that the Oregon Health Plan does **not** cover *by rule* or *according to the Prioritized List of Health Services*. The form is not for services that OHP covers. For example:

- Routine dental care is covered by OHP. However, if a client sees a dentist who is not an enrolled Oregon Medicaid provider, OHA cannot pay the provider until he or she successfully enrolls.
- Similarly, if a CCO member sees a dentist who is not in the CCO's network of providers, the CCO cannot pay the provider until the provider joins the CCO's network or makes other arrangements with the CCO regarding payment.

In either case, regardless of the provider's enrollment status, the client is under **no** obligation to pay for these services because the dental services are a covered OHP benefit. Misuse of the DMAP 3165 form, and attempts to collect payment from clients for services covered by OHP, could lead to provider sanctions under Oregon Administrative Rule (OAR) 410-120-1400(ff), for failure to follow the requirements of OAR 410-120-1280, Billing.

Oregon Administrative Rule 410-120-1280(h) states,

> A provider may bill a client for services that are not covered by the Division, PHP, or CCO (see definition of non-covered services). Before providing the non-covered service, the client must sign the provider-completed Agreement to Pay (DMAP

3165), or a facsimile containing all of the information and elements of the DMAP 3165.

Oregon Administrative Rule 410-120-0000(148) defines "non-covered services" as,

> [S]ervices or items for which the Authority is not responsible for payment or reimbursement. Non-covered services are identified in:
>
> (a) OAR 410-120-1200, Excluded Services and Limitations; and
>
> (b) 410-120-1210, Medical Assistance Benefit Packages and Delivery System;
>
> (c) 410-141-0480, OHP Benefit Package of Covered Services;
>
> (d) 410-141-0520, Prioritized List of Health Services; and
>
> (e) Any other applicable Division administrative rules.

Web and email resources for health care providers

There are many resources to help keep you informed. In addition to subscribing to OHA's Rules and Guidelines updates and OHP Provider Announcements, you may want to look into these resources:

- U.S. Department of Health and Human Services, Office of Minority Health Newsletter – This newsletter provides weekly health resource updates for consumers, community organizations and health professionals. It also provides links to funding opportunities and other programs such as the National Health Service Corps Loan Repayment Program for primary care medical, dental and behavioral health clinicians. To learn more, read the newsletter.
- Medicaid Program Integrity Education Updates – This newsletter provides updates about updated toolkits and other resources to help health care providers meet Medicaid Program Integrity requirements. To learn more, read their latest update.
- The Wednesday Health Beat - Mental Health America of Oregon's Peerlink Technical Assistance Center sends email updates with resources and tips to support mental health recovery and wellness.
- ICD-10 News – CMS continues to provide resources and guidance about ICD-10 compliance. You can look back at past communications on the CMS website.
- Patient-Centered Primary Care Institute Newsletter – The Institute, a public-private partnership between the Oregon Health Authority, Oregon Health Care Quality Corporation and the Northwest Health Foundation, sends this newsletter to share knowledge and resources to help accelerate primary care transformation in Oregon. You can read past newsletters and sign up for email updates on the Institute's website.
- Familias en Acción Newsletter -The mission of Familias en Acción is to promote holistic family well being for Latinos through community engagement, education, research, and advocacy for social change. Their priorities include chronic disease prevention and education, cancer survivorship, community leadership development, elimination of health disparities, and community based participatory research. They also host an annual Latino Health Equity Conference.
- Think Cultural Health News – Another publication from the Office of Minority Health, this newsletter is produced by the Office's Center for Linguistic and Cultural Competence in Health Care. The Center's mission is to enhance the ability

of the health care system to deliver linguistically appropriate and culturally competent health care to limited English-speaking populations. To learn more, read their February issue.

- MLN Matters – Part of the CMS Medicare Learning Network (MLN), MLN Matters is the home of national articles that inform health care professionals about the latest changes to the Medicare program. You can view past articles or sign up for email updates on the CMS website.
- Human Services Trainings through Portland State University Continuing Education – To get updates about mental health and addictions programs, courses, and workshops, view PSU's spring 2016 update.
- SAMHSA email updates – The Substance Abuse and Mental Health Services Administration (SAMHSA) leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. You can sign up to get email updates when they share new opportunities and resources such as webinars, publications and grants related to supporting behavioral health recovery.
- DHS/OHA GovDelivery service – Find other OHP topics, as well as Public Health Division updates, OHA news releases, Health Information Technology Oversight Council updates, and more.
- CMS Outreach and Education – Find more Medicaid/Medicare topics such as ACA and Marketplace, special populations, EHR and HITECH, and more.

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 or 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 two to three weeks for processing.
- Verify the newborn's MCO or CCO enrollment using PWP, Automated Voice Response or Electronic Data Interchange.
- Once you have verified the newborn's MCO or CCO enrollment, bill the MCO or 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, email addresses and other resources in our Provider Contacts List. Also go to our updated Tools for Providers page where we have added a searchable list of all provider tools.

- **Client calls –** CCO members should call their CCO. Other clients should call OHP Client Services at 800-273-0557.
- **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** – 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).