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DMAP Operations Section

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Authorized Signature

Issue Date: 08/16/2012

Topic: Medical Benefits

Subject: Provider Announcement: August 2012 "Provider Matters"

Applies to:

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers | |

Message:

DMAP will post the following [OHP Provider Announcement](#) and send it as an e-mail bulletin to subscribers of OHP Provider Announcements, MCO Announcements, OHP Tools for Providers, EDI Updates and MMIS-What's New eSubscribe lists.

"Provider Matters" is a monthly provider newsletter. This month's issue includes Health System Transformation updates; update about codes incorrectly closed for payment July 1; how to enroll referring, prescribing, or ordering practitioners with DMAP; and upcoming Provider Web Portal changes.

If you have any questions about this information, contact:

Contact(s):	DMAP Client and Provider Education
E-mail:	dmap.distribution@state.or.us

Provider Matters - August 2012

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

In this issue:

Health System Transformation

[New Coordinated Care Organizations \(CCOs\) approved for Sep. 1](#)
[Patient-Centered Primary Care Home \(PCPCH\) payment incentives](#)

Other provider updates

[Update - Some codes incorrectly closed effective July 1](#)
[How to enroll referring, prescribing or ordering practitioners with DMAP](#)
[Keep informed about ICD-10](#)
[Reminder – Use EDMS Coversheet for all faxed prior authorization and provider enrollment requests](#)
[Upcoming Provider Web Portal changes](#)
[Quality corner: Continuing education opportunities](#)

New Coordinated Care Organizations approved for Sep. 1

On August 1, the Oregon Health Authority certified [five new Coordinated Care Organizations](#) (CCOs). These CCOs will begin serving local communities in Oregon on Sep. 1, 2012.

The [new](#) CCOs will provide services for OHP members in 22 counties. In total, there are 13 Coordinated Care Organizations serving 33 counties in the state. By Sep. 1, nearly 500,000 adults and children – the majority of Oregon Health Plan members – will have access to a CCO.

For more information and to see the *full list* of CCOs, their service areas and start dates, visit www.health.oregon.gov.

These newly certified CCOs will join the eight other CCOs that were certified late June and began serving OHP clients Aug. 1.

A phone line is available for Oregon Health Plan members who have questions regarding CCOs. Clients should call 1-855-226-6170.

It's important to note that as CCOs begin services, OHP members will not see much of a change, especially at first. Oregon Health Plan benefits are not changing and services that are covered today will continue to be covered under CCOs.

Patient-Centered Primary Care Home payment incentives

Right now, recognized Patient-Centered Primary Care Homes (PCPCH) can apply to receive additional Medicaid funding to support the comprehensive, coordinated and patient-centered care they offer certain Medicaid patients with chronic conditions such as diabetes and asthma. Clinics are eligible to begin receiving per-member-per-month payments beginning from their effective date of PCPCH recognition. These payments are intended to provide support for activities that are typically non-billable.

After your clinic has been recognized as a primary care home, please read and follow the instructions outlined in the [Supplemental Payment Options Packet](#). The packet explains the program requirements and what recognized clinics must do to begin receiving payments.

If your clinic is participating in the Medicaid PCPCH payment program, please submit your quarterly patient lists using the [Patient List Template](#) (DMAP 3131); see page 9 of the [Supplemental Payment Option Packet](#) for instructions. For more information and resources for the Medicaid PCPCH payment program, visit the [Payment Incentives](#) webpage.

Across the state, more than 200 clinics have already been recognized as Patient-Centered Primary Care Homes. If your clinic is not yet recognized please read the provider [Fact Sheet](#) and visit www.PrimaryCareHome.oregon.gov.

Update – Some codes incorrectly closed effective July 1

Last month, we learned that some codes were incorrectly closed to payment in the MMIS effective July 1. We reopened these codes between July 19 and August 3. We will reprocess any claims that denied because of this error. The codes were for the following services:

- EPIV: 99601, S9325, S9330, S9375-S9376, S9494, S9500-S9504 (corrected July 26)
- Family planning: A4261 and A4266-A4269 (corrected July 19)
- Incontinence supplies: T4521-T4536 (corrected Aug. 3)
- Prosthetics: L3956, L3971, L3973, L3975-L3978, L3980, L3982, L3984, L3995, L3999, L4000, L4002, L4010, L4020, L4030, L4040, L4045 (corrected Aug. 3)
- Additional durable medical equipment codes: A7045, A8000- A8001, E0158, L3972, L3974, S1040, S9001 (corrected Aug. 3)
- Other codes: R0075, S8415 (corrected July 19)

We have posted an [August update of the fee schedule](#) to restore these codes.

How to enroll referring, prescribing or ordering practitioners with DMAP

The Medicaid Program Integrity provisions of the federal Affordable Care Act, outlined in Title 42, Part 455.410(b) of the Code of Federal Regulations, now require all state Medicaid agencies to enroll all providers referring, prescribing or ordering on behalf of Medicaid or Children's Health Insurance Program (CHIP) patients, even if those providers do not render or bill for services to those patients.

- Clinics that bill DMAP need to make sure such professionals at their location are enrolled with DMAP.
- Individual practitioners do not need to do anything if they are already enrolled with DMAP as a rendering or non-payable provider, or are part of an OHP medical plan (MCO or CCO)'s provider network.

Providers must enroll with DMAP either as a rendering or billing provider, or as a non-payable provider. If they also refer, prescribe or order services for other state Medicaid or CHIP patients (e.g., Washington Medicaid), they will need to enroll with each appropriate state agency.

To enroll with DMAP as a non-payable provider, just complete the new Non-Payable Individual Provider Enrollment Request (DMAP 3113) form and fax it to DMAP Provider Enrollment at 503-378-3074 under the EDMS Coversheet (DHS 3970) form. These forms are available on DMAP's updated [Provider Enrollment Web page](#).

The DMAP 3113 form can be used to enroll any individual practitioner who needs to be enrolled as an Oregon Medicaid provider for reasons other than direct reimbursement by DMAP. This form is not for providers billing or contracted by an OHP medical plan.

Keep informed about ICD-10

Although the final rule on the proposed ICD-10 deadline change has yet to be published, it is important to continue planning for the transition to ICD-10. The switch to the new code set will affect every aspect of how your organization provides care. Please consider the following checklist to help keep your efforts on track with your transition:

- Educate staff and leadership about ICD-10
- Perform an impact assessment
- Plan a realistic and comprehensive budget
- Coordinate with external partners
- Get ready for testing

To help you prepare, please visit [the ICD-10 website](#) and [sign up to receive ICD-10 updates from CMS](#).

Reminder – Use EDMS Coversheet for all faxed prior authorization and provider enrollment requests

Please remember to use the EDMS Coversheet ([DHS 3970](#)) as the only cover sheet for each prior authorization and provider enrollment request you fax to DMAP. Documents sent to central fax numbers (503-378-5814, 503-378-3435, or 503-378-3074) without this cover sheet will not be processed or returned to you for correction.

Upcoming Provider Web Portal changes

The following changes are scheduled for the Provider Web Portal at <https://www.or-medicaid.gov>. For a list of all upcoming changes scheduled this year, please see the [Upcoming PWP Changes](#) list on our [Provider Web Portal information page](#).

- **New taxonomy and ZIP+4 fields on Professional, Dental and Institutional claims:** These fields will allow users to enter NPI taxonomy and ZIP+4 when submitting a claim.
- **Provider fields to only allow NPI (for NPI providers only):** Providers subject to NPI requirements will no longer be able to enter the 6- or 9-digit Oregon Medicaid Provider ID when submitting claims in these fields:
 - Dental Claim: Rendering Physician
 - Institutional Claim: Attending Physician, Referring Physician, Facility Number, Other Physician
 - Professional Claim: Referring Physician, Rendering Physician
 - Pharmacy: Prescriber ID

If you need to enter a provider on a claim and the NPI is linked to more than one provider, you will need to use the Provider search function and search by additional criteria, such as taxonomy or ZIP+4.

Non-health care providers are not subject to NPI requirements and not affected by this change.

- **Tabbing issue on claim fields:** This is a known issue, and is being worked.

Quality Corner: Continuing education opportunities

The following Seattle, WA trainings are from the University of Washington's Center for Healthcare Improvement for Addictions, Mental Illness, and Medically Vulnerable Populations (CHAMMP) [local training opportunities e-mail list](#):

- [TEAMcare: Managing Depression, Diabetes and Coronary Heart Disease in Primary Care](#): Sep. 20-21, 2012. TEAMcare is an effective, comprehensive care program that improves disease outcomes for depression, diabetes, and coronary heart disease simultaneously. TEAMcare is designed to align with patient-centered medical home and accountable care organization initiatives, addressing multiple medical and mental health conditions simultaneously--which helps organizations to meet the 2011 NCQA requirements.
- [PEARLS: Community-Based Depression Treatment](#): Sep. 27-28, 2012. Learn to effectively assess for depression, recognize psychosocial needs and stressors, recommend steps to improve clients' mental health and quality of life, and gain practical skills.

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).

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



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