Oregon Health Authority

Division of Medical Assistance Programs

Information Memorandum Transmittal

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Authorized Signature

Number: DMAP-IM-12-124

Issue Date: 11/16/2012

Topic: Medical Benefits

Subject: **Provider announcement:** November 2012 "Provider Matters"

Applies to:

- ☐ All DHS employees
- ☐ Area Agencies on Aging
- ☐ Children, Adults and Families
- ☐ County DD Program Managers
- ☐ County Mental Health Directors
- ☐ Seniors and People with Disabilities
- ☒ Other (please specify): DHS and OHA staff and others identified on the APD, CAF, AMH and DMAP transmittal lists

Message:

DMAP will post the following OHP Provider Announcement and send it as an e-mail bulletin to subscribers of OHP Provider Announcements, OHP Plan 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 Nov. 1 CCO implementation considerations, Oct. 18 DMAP fee schedule updates, Jan. 1 AMH coding changes, local match rates update for leveraging providers; and reminders about billing and training.

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 - November 2012

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

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November 1 marks final wave of CCO implementation

This month marked the final wave of CCO implementation. In all, 15 CCOs now serve the majority of Oregon Health Plan members, including most members who previously received care on a fee-for-service (FFS, or open card) basis.

A full list of certified CCOs is available online at www.health.oregon.gov.

Resources for providers and members are available online, including fact sheets, FAQs, presentations and more. Please visit www.health.oregon.gov and click on either the "Info for members" tab or the "Info for providers" tab to learn more about what CCOs mean for Oregon.

Provider contacts for questions about serving CCO members

The CCO (not DMAP) pays providers for most services to CCO members. If you have questions about how to make sure you are able to receive payment for services to CCO members, please use the following contacts:

- **Enrolled with DMAP?** Contact Provider Services.
- **Enrolled with a CCO, or want to join a CCO panel**? Contact the CCO.
- **Not enrolled with DMAP, but want to be?** Contact Provider Enrollment.

Oregon Health Plan Care Coordination still available for fee-for-service members

The Oregon Health Plan Care Coordination (OHPCC) program will continue to manage and coordinate care for FFS members, now estimated to be approximately 10 percent of the OHP population.

OHPCC services include 24-hour, 7-days-a-week RN Triage and Advice at 1-800 562-4620. Providers who would like or need care coordination services for their FFS patients may also access OHPCC services at this number.

7/11 mental health drugs are still covered by DMAP, not CCOs

With CCO implementation, 7/11 drug coverage has not changed. DMAP still covers 7/11 prescriptions on a fee-for-service basis for all OHP members. See Oregon Administrative Rule 410-141-3070 (1) for more information.

You can also view the 7/11 carveout list in the Pharmacy Program section of the OHP Tools for Providers page.

Changes to psychiatric and psychotherapy codes effective January 1, 2013

The American Psychiatric Association has announced changes to both psychiatric and psychotherapy CPT codes effective January 1, 2013. The changes include de-activation of some existing codes and creation of new codes covering both psychiatric evaluations, inpatient and outpatient psychotherapy and other psychiatric and psychotherapy services and procedures.

Visit the Addictions and Mental Health (AMH) Tools for Providers page for a summary and code crosswalk of the Jan. 1 changes, as well as an updated Fee Schedule for Mental Health Services (coming later this year). These changes are also in the 2013 CPT coding books.

If you have questions about these changes, contact David Fischer of the AMH Medicaid Policy Unit at 503-947-5522 or by e-mail at david.h.fischer@state.or.us.

Oct. 18 Corrections to the September 2012 DMAP fee schedule

On Oct. 18, DMAP made updates to the September fee schedule to correct rates for labor and delivery codes 59400 through 59622. See the OHP Fee Schedule Page for the current files and links to past fee schedules.

For questions about rates listed on the schedule, contact dmap.providerservices@state.or.us.

Leveraging providers – New local match rates for 2012-2013

DMAP has updated the local match rates table with new rates effective Oct. 1, 2012.

The Federal Medical Assistance Percentage (FMAP) rates determine how much the local match rate will be. For more information about FMAP, read DMAP's Questions and Answers (pdf).

How and when to submit documents using the EDMS Coversheet

The EDMS Coversheet (DHS 3970) is required as the only cover sheet for faxing the following types of documents:

- **Provider enrollment requests or follow-up documentation** – Fax the 3970, followed by the required forms and documentation. Include your NPI or application tracking number.
- **Prior authorization (PA) requests or follow-up documentation**– Fax the 3970, followed by the required forms and documentation for your program. Include your NPI, the patient's Oregon Medicaid ID and prior authorization number.
- **Claim documentation** – Fax the 3970 and documentation. Include your NPI and claim ICN.

The 3970 now lists all fax numbers that require the coversheet. If you fax documents without this cover sheet to those numbers, DMAP will not return them for correction.

This month - Training on billing for nursing facility residents who receive hospice care

Hospice providers, nursing facility providers, Coordinated Care Organizations, and Managed Care Organizations need to know details about the new January 1, 2013 payment process for hospice patients residing in nursing facilities. Learn more about available training and register using the following links:

- Hospice Organizations - Payment Process for Nursing Facility Residents– Wednesday, Nov. 28, 9 to 11 a.m.
- Nursing Facility Organizations - Payment Process for Room and Board – Wednesday, Nov. 28, 2:30 to 4:30 p.m.
- Overview for Nursing Facilities and Hospice Organizations – Thursday, Nov. 29, 9 to 11 a.m.

When possible, do not bill physician-administered drugs using J3490

Whenever possible, please bill for physician-administered drugs using the procedure code specific to the drug administered. Examples include:

- Famotidine has a temporary S code that has been assigned since 2000. If you bill DMAP using J3490 instead of the S code, you will receive a denial asking for a specific procedure code.
- Compounded hydroxyprogesterone caproate also needs to be billed with the specific J code, which DMAP has covered since February 4, 2011.

Reminder – State offices closed Nov. 22 and 23 for Thanksgiving Day observance and furlough day

DMAP, along with most state offices, will be closed next Thursday and Friday. Go to DMAP's Office Closures page to find out which contacts are available on state office closure dates.

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).

Help us improve future announcements:
Click here to answer six survey questions about this provider announcement.

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