

# Provider matters

*Updates about claim processing, policy and resources for Oregon Medicaid providers*

**August 7, 2017**

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## Important reminders

### Electronic Health Record Incentive Program – Year 2017

On August 1, 2017, the Oregon Health Authority (OHA) opened Program Year 2017 for Eligible Professionals and Hospitals.

For eligible professionals:

- Only providers submitting applications for their **first year** of Meaningful Use will be able to attest at this time.
- Those who want to submit an application for later years of Meaningful Use must wait until **January 1, 2018**.

To learn more, [visit the program's website](#).

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

Please help us process your requests faster by including the EDMS Coversheet ([MSC 3970](#)) as a fax cover sheet for each prior authorization (PA) and provider enrollment (PE) request you submit to OHA.

- We do not see the faxes sent to our central PA and PE numbers until they are scanned into our system.
- Unfortunately, only requests sent under the EDMS Coversheet get into the system.
- Requests missing this coversheet are destroyed and not returned.

To make sure your faxes are processed and reviewed by OHA, please read our [EDMS Coversheet tips](#) to learn more.

### **Coming soon – “Upload document” feature for Provider Web Portal prior authorization requests**

Soon, the Provider Web Portal at <https://www.or-medicaid.gov> will allow providers to upload required documentation when they submit a prior authorization request.

- You can upload a scan or text file of the documentation. Supported files are .TXT, .PDF and .TIF/.TIFF.
- This means you can submit all information and documents in one request. No more faxing or calling to provide additional information.

If you prefer, you can still fax in additional information using the EDMS Coversheet ([MSC 3970](#)).

To learn more about this feature, [visit the Provider Web Portal page](#).

### **Changes you may need to make for new Medicare cards coming in 2018**

In April 2018 Medicare members will start getting new Medicare cards with a new Medicare number (currently called the Medicare Claim Number). You may need to change your systems to:

- Accept the new Medicare number (Medicare Beneficiary Identifier or MBI).
- Identify your patients who qualify for Medicare under the Railroad Retirement Board (RRB). You will be able to identify them only by the RRB logo on their card, not their ID number.
- Update your practice management system’s patient numbers to automatically accept the MBI from the remittance advice (835) transaction.

If you use vendors to bill Medicare, and they haven’t already shared these system changes with you, please contact them. They can also tell you how they will pass the new Medicare number to you.

To learn more, [visit Medicare’s provider page about the new card](#) and read the [July 13 issue of MLN Connects](#).

## Sign up for the *Oregon Health Update* to get the latest news about OHA

Have you heard about the *Oregon Health Update*? This bulletin shares information from across OHA, including:

- Legislative and health reform updates
- OHA in the news
- Oregon Health Plan renewal and application processing times
- Current projects, such as [the centralization of Medicaid eligibility services](#)

You can view past issues, and sign up to receive future updates, [on the OHA website](#).

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## Training and technical assistance

### HIPAA Right of Access training

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) has launched [a new video training](#) about patients' right of access under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

The training features:

- In-depth review of HIPAA right of access
- How right of access helps patients be more involved in their own care
- Helpful suggestions on how to integrate access rights into your practice

Free Continuing Medical Education (CME) and/or Continuing Education (CE) credit is available for health care professionals who complete this training.

Link to training: <http://www.medscape.org/viewarticle/876110>

For this and other training resources, visit OCR's Training and Resources page at <https://www.hhs.gov/hipaa/for-professionals/training/index.html>.

### Updates to the OHA 2080 (Trading Partner Agreement)

In our ongoing efforts to make the HIPAA registration process for Oregon Medicaid electronic data interchange transactions as easy as possible:

- OHA has updated the Trading Partner Agreement form ([OHA 2080](#)), effective July 2017.
- OHA will accept both the August 2016 and July 2017 versions of this form.

To learn more about this form, review the form and self-study guide on our [EDI page](#).

## Claims

### **Please add modifier 33 to all claims for preventive services**

All preventive services, as indicated on the [1/1/2017 Prioritized List](#), now qualify for enhanced federal match payments from the federal Medicaid program.

- This means that federal Medicaid dollars will pay a bigger share of each of these claims, so that OHA can spend state Medicaid dollars elsewhere.
- To make this work, we need your help!

When billing for preventive services for OHP members, please add modifier 33. This includes the following services:

- United States Preventive Services Task Force A and B recommendations (effective in Oregon one year after their effective date).
- Recommended vaccines per CDC schedule
- HRSA women's services
- American Academy Bright Futures services

Adding modifier 33 will allow OHA to report all claims subject to the enhanced federal match.

## Rules and program changes

### **Recent temporary rules**

[Adopting Division 149 Rules](#) – Payments and participation requirements for fee-for-service Comprehensive Primary Care Plus Demonstration, effective 8/1/2017

[Home Health Services](#) – Amending to meet Medicaid regulations 42 CFR 440.70, effective 7/15/2017

[410-050-0861](#) – Hospital Assessment Rate Increase, effective 7/1/2017

[410-121-0030](#) and [410-121-0040](#) – Preferred Drug List and Prior Authorization Approval Criteria Guide, effective 7/1/2017

### **Sign up to get rule updates via text or email**

You can also sign up to get text or email updates about:

- [Notices of proposed rulemaking](#)
- [Temporary rulemaking notices](#)

- [Permanent rulemaking notices](#), rulebooks, and supplemental information

To learn more, read about [how to sign up for rulemaking notices](#).

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## Need help?

Find more phone numbers, email addresses and other resources in our [Provider Contacts List](#).

- **Claim-specific questions and issues** – Contact [Provider Services](#) (800-336-6016).
- **EDI and the 835 ERA** – Contact [EDI Support Services](#) or [visit the EDI page](#).
- **Provider enrollment updates** – Contact [Provider Enrollment](#) at 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 PA line at 800-642-8635 or 503-945-6821 (outside Oregon).
- **Web portal help and resets** – Contact [Provider Services](#) at 800-336-6016.