

Provider Matters – January 2014

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

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Pharmacies - Help OHP clients maintain prescription access

Effective January 1, 2014, 130,000 Oregon Health Plan (OHP) households transitioned to a new coordinated care organization (CCO). To ensure that all OHP clients continue to receive the prescriptions they need, please ask clients which CCO they are enrolled with.

- If they know the correct CCO, bill the CCO using the CCO Pharmacy Benefit Manager list available in the [Oregon Medicaid Pharmacy Quick Reference](#). A copy of this list was also faxed to all pharmacies on Friday, January 10.
- If they don't know which CCO they are enrolled with, or you get an error when billing the client's CCO, call the Oregon Pharmacy Call Center at 1-888-202-2126.

Please do not have clients call OHP Client Services for CCO prescription help. CCO members should call their CCO for help.

Medicaid Electronic Health Records (EHR) Incentive Program

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.

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

Hospitals - Program year 2014 applications being accepted now.

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 participating in the Medicaid EHR Incentive Program have until December 29, 2014, to submit their attestation to Oregon's Medicaid EHR Incentive Program for program year 2014.
- 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.

Eligible professionals - Program year 2013 and 2014 applications are being accepted now.

Eligible professionals must choose to participate in either the Medicare or Medicaid EHR Incentive Program. If participating in the Medicaid EHR Incentive Program, eligible professionals have until March 31, 2014, to submit their attestation for program year 2013.

There are many changes for program year 2014, including the introduction of Stage 2 meaningful use. One key change for all participants, regardless of the meaningful use stage, is that they will need to adopt technology certified to the 2014 standard. A list of systems that have been certified can be found at the Office of the National Coordinator's [Certified Health Product Listing](#) website.

Correction - Starting February 1, 2014, please use code J7301 to bill for Skyla™

In 2013, the Centers for Medicare and Medicaid Services (CMS) updated the HCPCS code set to include a specific code for the Skyla™ contraceptive device: *Q0090 - Levonorgestrel-Releasing Intrauterine Contraceptive System (SKYLA), 13.5 mg*). For 2014, the code to use for this device is **J7301**.

Please bill for Skyla™ according to date of service using the following codes:

Dates of service	Accepted codes
7/1/2013 through 12/31/2013	J3490 or Q0090
1/1/2014 through 1/31/2014	J3490 or J7301
2/1/2014 forward	J7301 only

This means starting February 1, we will only accept claims for Skyla™ billed under code J7301. Skyla™ claims submitted under codes J3490 or Q0090 will be denied.

Change to DMAP's timely filing rule postponed until further notice

In September 2013, DMAP filed a [Notice of Proposed Rulemaking that included changes for Oregon Administrative Rule 410-120-1300 – Timely Submission of Claims](#). The changes would have required fee-for-service claims to be submitted within four months of the date of service.

After considering the comments received and the work required to update our payment system with this change, DMAP decided to postpone this proposed rule change until further notice. Once we have confirmed a new effective date for this rule change, we will let you know through our standard rulemaking process:

1. We will hold a Rule Advisory Committee and invite stakeholders to join the Committee. You can [eSubscribe to OHP Stakeholders Updates](#) to receive these invitations.
2. We will file a new Notice of Proposed Rulemaking and hold a Rulemaking Hearing. You can [eSubscribe to DMAP Rulemaking Notices](#) to receive these notices.
3. We will file the rule and post an updated administrative rulebook. You can [eSubscribe to DMAP Rules and Guidelines](#) to find out when new rulebooks are posted.

From CMS: MLN Connects™ videos on ICD-10

ICD-10 Training Webinar Video: Navigating ICD-10, the Provider Perspective

CMS has released a new recording of an ICD-10 training webinar conducted for the National Association of Community Health Centers. The [video](#) is available on the [ICD-10 Provider Resources](#) web page. This webinar includes information on:

- Changes in ICD code structure, code definitions, and the recurring patterns that help providers to understand the organization and content of ICD-10 codes
- The importance of clinical documentation in order to accurately and thoroughly capture medical concepts to inform ICD-10 coding
- Approaches to assess ICD-10 readiness, identify gaps, prioritize tasks, and monitor progress through continuous quality improvement

Keep up to date on ICD-10

Visit the CMS [ICD-10 website](#) for the latest news and resources to help you prepare for the **October 1, 2014** deadline; and sign up for [CMS ICD-10 Industry Email Updates](#).

Questions about ICD-10?

Email the DMAP ICD-10 Project at stateoregon.icd10@state.or.us.

OHP clients on hospice are exempt from copayments starting January 1, 2014

[DMAP updated General Rule 410-120-1230](#) to reflect that beginning January 1, 2014, OHP hospice clients are exempt from copayments for all services.

However, because our system does not flag all clients when they initiate hospice services, you will **not** see this new copayment exemption when verifying eligibility using the Provider Web Portal, Automated Voice Response or 270/271 transaction.

Hospice and other providers will need to know that there are no copays for OHP hospice clients.

Self-attest by March 31 to receive the federal primary care payment increase effective January 1, 2014

So far, almost 2,900 providers have been deemed eligible for the temporary primary care rate increase available under Section 1202 of the Affordable Care Act.

- Physicians, advance practice nurses and physician assistants who practice General Internal Medicine, Pediatric

Medicine or Family Medicine have until March 31, 2014, to [self-attest to have the increase apply to eligible primary care services rendered on or after January 1, 2014](#).

- We have also posted [the 2014 federal primary care rates](#) (look in the "Rates" section of [our federal primary care page](#)).

When attesting, please make sure to use the Oregon Medicaid ID and NPI for the **rendering provider** (not the clinic or group). This allows us to link the attestation to the correct practitioner.

For newly-attesting providers, we will apply the new primary care rate once we review your attestation, obtain any needed corrections, and update your provider record to indicate that you qualify for the increase. Please allow 2-3 weeks for us to process your attestation. Learn more on [our ACA primary care increase Web page](#).

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).

ICD-10 transition questions – Contact the [ICD-10 Project Team](#).

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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