

Provider Matters – March 2014

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

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Help patients enroll through Cover Oregon by March 31 for private health insurance coverage

Help your patients take advantage of the final weeks of [open enrollment through Cover Oregon](#) for commercial (private) health insurance and financial assistance! Individuals who submit a private health insurance application by March 31 can:

- Select their health plan to potentially obtain tax credits by May 1, and
- Enroll in their selected health plan for coverage effective May 1.

Open enrollment is year-round for public medical programs. These programs include the Oregon Health Plan, Healthy Kids and CAWEM.

All plans offered through Cover Oregon cover ten essential health benefits including hospital stays, maternity care, emergency room care, prescriptions, preventive care, provider visits, mental health services, dental and vision coverage for kids and more.

Help OHA increase access to health care coverage in three ways

If your practice currently helps patients enroll in health insurance through Cover Oregon, thank you! If you would like to learn more, here are three ways your practice can help patients get the health care coverage they need:

1. **Become an application assister.** To learn how your staff can become certified application assisters, [visit Cover Oregon's community partner training page](#).
2. **Become a Hospital Presumptive Eligibility determination site.** Local hospitals also can help uninsured patients jump-start the enrollment process into OHP through the Hospital Presumptive Eligibility (HPE) process. To learn more, [visit the HPE Web page](#).
3. **Refer patients to a local application assister or HPE determination site.** If you do not have staff capacity to become an assister or HPE determination site, you can help patients find a Cover Oregon agent or partner on the [Cover Oregon website](#); or refer patients to [a local HPE determination site](#) to apply for OHP.

Questions?

For more information about how patients and providers can benefit from Cover Oregon, please contact [Betse Thielman](#), Provider Campaign Coordinator for OHA/Cover Oregon (phone number 971-301-3168).

For more information about Hospital Presumptive Eligibility, email hpe.info@state.or.us.

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).

Eligible professionals - Program year 2013 applications are due March 31, 2014

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.

Program year 2014 applications are also being accepted now.

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.

In program year 2014, all participants must adopt EHR technology certified to the 2014 standard

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.

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

So far, approximately 3,000 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](#).
- Providers who have already attested in 2013 **do not need to re-attest** to have the rate increase apply in 2014.

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](#).

PERM provider education webinar/conference calls begin June 10

The Centers for Medicare & Medicaid Services (CMS) will host four provider education webinar/conference calls about specific provider responsibilities during the 2014 Payment Error Rate Measurement (PERM) cycle. These sessions will feature presentations about:

- The PERM process and provider responsibilities during a PERM review
- Recent trends, frequent mistakes and, best practices
- The Electronic Submission of Medical Documentation, esMD program

You can join sessions on June 10, June 26, July 16 and July 30. All sessions are 3 to 4 p.m. Eastern Standard Time. Once available, presentation material and participant call-in information will be available on [the Providers tab of the PERM website](#).

For detailed information about these sessions, including how to test your computer and audio for session compatibility, [view the 2014 webinar invitation](#).

From CMS: ICD-10 eHealth University Resources

CMS has launched [eHealth University](#), a new go-to resource to help providers understand, implement, and successfully participate in [CMS eHealth programs](#). eHealth University features a full curriculum of materials and

information, all in one location. The education modules are organized by level, from beginner to advanced, and simplify complex information in a variety of formats, including fact sheets, guides, videos, checklists, webinar recordings, and more.

As part of eHealth University, CMS is offering several resources to help you prepare for the **October 1, 2014, ICD-10 compliance date**. These include:

- [Introduction to ICD-10](#) – This fact sheet provides an introduction to ICD-10 and explains the key steps for switching to ICD-10.
- [Transition Checklist: Large Practices](#) and [Transition Checklist: Small and Medium Practices](#) – These checklists outline tasks and estimated timeframes for important ICD-10 transition activities for small, medium, and large practices.
- [Basics for Small and Rural Practices](#) – This beginner-level fact sheet provides basics about the ICD-10 transition for small and rural practices, including background on ICD-10, important questions to answer about ICD-10 preparations, and resources to help prepare for the compliance date.
- [Introduction to ICD-10 for Providers](#) – This in-depth guide for providers explains the background behind ICD-10, why the transition is important, how providers can prepare for ICD-10, and important resources to help transition.

Once you have an understanding of the basics of ICD-10 through these beginner-level resources, check out the intermediate and advanced resources also available on the [eHealth University website](#). By using these tools, you can better prepare for October 1, 2014, and help ensure a smooth transition to ICD-10.

From CMS - Medicare FFS Testing

CMS has released MLN Matters article SE1409, "[Medicare Fee-for-Service \(FFS\) International Classification of Diseases, Tenth Edition \(ICD-10\) Testing Approach](#)."

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.

Help us resolve client billing issues

More OHP clients are asking for our help resolving billing issues for services they receive on a fee-for-service ("open card") basis. In working through these issues, we have found that some billing services are not familiar with Oregon Medicaid guidelines and have been putting bills into collections rather than taking steps to resolve the claim or accepting "payment in full" as outlined in [Oregon Administrative Rule \(OAR\) 410-120-1340\(17\)](#).

If you use a billing service, it is still your responsibility to ensure accurate billing and work with DMAP or the client's CCO/plan to resolve billing issues. Please make sure you, and the billing services you use, follow DMAP's guidelines, including [OAR 410-120-1280](#) (Billing) and keep the following in mind:

- **Providers must verify OHP eligibility and plan enrollment status before providing service.** This allows the billing service to bill the appropriate payer (DMAP or the OHP health plan).
- **OHP clients cannot be billed for services covered by DMAP or the OHP health plan.** The DMAP or plan payment for the service, even if a zero payment, is considered payment in full.
- **OHP clients can only be billed for non-covered services when they agree to pay for the service.** To document this agreement, providers must have the client sign an Agreement to Pay form ([English](#)) ([Spanish](#)) that lists the services they agree to pay for.

For a summary of the tools you need to successfully bill for services to OHP clients, please review our [Keys to Success](#). To find answers to your questions, recent provider updates, forms and guidelines, make sure to visit the [OHP Tools for Providers page](#).

Client educational tools are now available

DMAP has updated the OHP Client Handbook ([OHP 9035](#)) and created a new educational toolkit ([OHP 9040](#)) focusing on information related to billing issues. Printed copies of both the handbook and toolkit will be available for ordering in April.

- Clients may order copies by calling OHP Client Services at 1-800-273-0557, TTY 711.
- Providers may order copies through the [DHS/OHA Distribution Center](#).

These tools are intended to help clients understand their benefits, rights and responsibilities, how to access services and to be informed and successful as they work with their providers and CCOs toward good health.

Billing for topical fluoride varnish in medical settings

Topical fluoride varnish is an effective tool for preventing dental caries. OHP covers topical fluoride varnish for all OHP Plus clients receiving the treatment in a dental office. As of December 23, 2013, [OHP also covers the service for children under age 19 who receive the service in a primary care setting](#). For reimbursement, medical practitioners should:

- Bill the child's CCO when the child is enrolled in a CCO that includes integrated dental and medical services (CCOA). This is now the most common arrangement in most areas of the state.
- Bill DMAP directly only when the patient is fee-for-service ("open card") or enrolled in a plan/CCO that does **not** include integrated dental and medical services (CCOB, CCOE, CCOG, FCHP, PCO).

When it comes to vaccine exemptions, let's not be special

In Oregon, we celebrate all the little things that make us special. We have more ghost towns than any other state in the country. Someone still pumps our gas for us. And we're the only state in the nation that has an official state nut. (It's the hazelnut, by the way.)

But when we're talking about our children's health, there's one fact about Oregon that makes us worry, not celebrate. In Oregon, more parents of kindergartners sign exemptions to school- and childcare-required vaccines than in any other state in the nation. This trend puts Oregon communities at risk, should a vaccine-preventable disease be introduced in their area.

A new nonmedical exemption law that went into effect on March 1, 2014, is intended to halt this trend. Under this law, parents now must provide documentation that they have received education about vaccine risks and benefits before they can choose to exempt their child from vaccines required for school and childcare attendance.

Want to learn more? Information and resources for parents, healthcare providers, and school and childcare staff are available at www.healthoregon.org/vaccineexemption.

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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