

Dale Elder, Manager
DMAP Operations Section

Number: DMAP-IM-12-089

Authorized Signature

Issue Date: 09/21/2012

Topic: Medical Benefits

Subject: Provider announcement: September 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 updates regarding Coordinated Care Organizations, the Provider Web Portal, ICD-10 and Synagis® (RSV prophylaxis) reimbursement.

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 - September 2012

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

In this issue:

Health System Transformation

[New Coordinated Care Organizations \(CCOs\) moving forward in Hood River, Wasco and Yamhill counties](#)
[How to identify Coordinated Care Organization members](#)

Other provider updates

[Provider Web Portal billing changes effective Aug. 19, 2012](#)
[Changes to Synagis® reimbursement effective Aug. 20, 2012](#)
[From CMS: ICD-10 transition information providers and payers need to share](#)
[Coming soon: ICD-10 Educational Conference](#)

New Coordinated Care Organizations moving forward in Hood River, Wasco and Yamhill counties

The Oregon Health Authority recently announced that [two new coordinated care organizations received provisional certification](#) to serve Oregon Health Plan clients.

Pending final approval later this month, the new CCOs will begin operation November 1. PacificSource Community Solutions Coordinated Care Organization – Columbia Gorge Region, will serve OHP clients in Hood River and Wasco counties. Yamhill Community Care Organization will serve local entities there.

In total, 13 CCOs have received final approval to serve OHP clients and three have received provisional certification. The majority of OHP clients in the state will be served through a local CCO.

How to identify Coordinated Care Organization members

When using the [Provider Web Portal \(PWP\) eligibility verification screen](#), please note:

- CCO members who receive both physical and mental health care through their CCO have the code **CCOB** listed for their CCO.
- CCO members who only receive mental health services through their CCO have the code **CCOE**.

CCO members will see these same codes on the “Managed care enrollment” page of their [OHP coverage letter](#).

Provider Web Portal billing changes effective Aug. 19, 2012

If you have a National Provider Identifier (NPI), you need to use it when billing via the Provider Web Portal at <https://www.or-medicaid.gov>. The following changes went into effect on Sunday, Aug. 19:

- **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.

Changes to Synagis® reimbursement effective Aug. 20, 2012

Effective Aug. 20, DMAP will only reimburse pharmacies (not practitioners) for Synagis® serum.

- Pharmacy reimbursement requires prior authorization (PA) through the Oregon Pharmacy Call Center (1-888-202-2126). Please view DMAP’s [Oregon Medicaid PA Criteria](#) for updated PA requirements.
- DMAP will no longer reimburse practitioners for the serum under CPT 90378. Instead, DMAP will reimburse practitioners for administration of the serum when billed with a CPT therapeutic injection code.

Authorization is only permitted during respiratory syncytial virus (RSV) season. RSV season is Nov. 1 to Mar. 31, or as identified by the [Oregon Public Health Division's weekly RSV report](#).

From CMS: ICD-10 transition information providers and payers need to share

The compliance deadline for ICD-10 is now October 1, 2014. With two years to complete ICD-10 implementation, providers and payers will need to communicate regularly to help ensure a smooth transition. To keep transition activities on track, providers and payers should:

1. **Engage in an Open Dialogue**

Once you have established an [ICD-10 Project Team](#) or designated a representative to oversee transition activities, reach out to the organizations you coordinate with to inform them of your implementation plans. Regardless of your organization's size or resources, it is important to make sure you are regularly communicating with external partners about transition plans. If you have not already done so, make sure to:

- **Communicate the current status of your organization's ICD-10 implementation efforts.** As payers and providers may be at different stages of implementation, it is important to reach out to one another to share your organization's current focus.
- **Share contact information for all key personnel at your organization involved in ICD-10 implementation activities.** This will help ensure that information and updates are sent to the appropriate person(s) working on ICD-10 implementation, as well as reduce instances of miscommunication between organizations.
- **Establish regular check-in meetings.** Whether you choose to set up formal conference calls, in-person check-ins, or send updates via email, it is important to establish regular meetings to review transition progress and address challenges.

2. **Revise and Share Implementation Timelines**

Since the ICD-10 compliance deadline is now October 1, 2014, organizations will need to revisit their existing timelines or develop new ICD-10 implementation timelines. The [timelines](#) developed by CMS outline the steps you will need to take moving forward as well as the timing for each activity.

Following the revision of your organization's implementation timeline, share it with the providers or payers you are coordinating with on the ICD-10 transition. Providers and payers will need to work together on testing, so it will be important to make sure your timelines are in sync.

Please note: Current CMS timelines are based on the October 1, 2013, compliance deadline. CMS plans to update all materials to reflect the new October 1, 2014, compliance deadline. Continue to check the CMS website for updated materials.

Keep Up to Date on ICD-10. Please visit [the ICD-10 website](#) for the latest news and resources to help you prepare!

Coming Oct. 29-30, 2012: ICD-10 Educational Conference (Webinar)

The federal Centers for Medicare and Medicaid Services (CMS) will present a conference to help providers and plans learn about the challenges, opportunities and resources available as we move to ICD-10.

Space is limited! Check the [OHP Training page](#) for registration and Webinar information. Topics include:

- Code structure and definition
- Analytics and reporting
- Business requirements that drive the technical updates
- Executive overview
- Managed care
- Policy and claims management
- Policy remediation
- Program integrity
- Provider communication
- Translation and General Equivalence Mappings (GEM)

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).



DMAP CAPE
12-461 09/12

Help us improve future announcements:

[Click here](#) to answer six survey questions about this provider announcement.