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DMAP Operations Section

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Authorized Signature

Issue Date: 02/15/2013

Topic: Medical Benefits

Subject: Provider announcement: Feb. 2013 "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"/> Aging 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 APD, 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, 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 Medicaid EHR incentive program deadlines, as well as updates about the ACA primary care reimbursement increase and self-attestation process, pending Prioritized List changes, ICD-10 readiness survey, and other reminders.

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 – February 2013

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

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Reminder – 2012 EHR incentive deadlines coming in March 2013

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.

If you are applying for the first time, please don't delay! It may take 6-8 weeks for providers to gain access to the EHR Incentive Program application through the Provider Web Portal.

The deadline for submitting an application is dependent on the provider's participation year:

- For providers that are participating for their first year, the deadline is **March 1, 2013**.
- For providers that are participating for a second year payment and are attesting to meaningful use, the deadline is **March 31, 2013**.

To apply, providers must first register through Centers for Medicare and Medicaid Services (CMS) and then apply using the Provider Web Portal at <https://www.or-medicare.gov> to access the online application. A list of the [steps to apply](#) can be found on our Website.

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

Self-attestation process now available for Medicaid primary care providers

Providers who bill the Division of Medical Assistance Programs (DMAP) can now [self-attest to qualifying for the temporary 2-year primary care provider rate increase](#) and begin receiving the increased fee-for-service (FFS) reimbursement rate on or after April 1, 2013 (date contingent on federal approval).

To learn more:

- [Read our provider letter](#) about DMAP's self-attestation process.
- Visit the new [ACA Primary Care Reimbursement Changes website](#). In addition to the attestation form, the new website also features a fact sheet and resources for more information.
- Attend one of DMAP's free webinars - [Wednesday, Feb. 20](#), or [Thursday, Feb. 21](#). Both webinars run from 10 to 11 a.m.

Pending changes to the Prioritized List now posted

The Health Evidence Review Commission's April 1, 2013 Prioritized List of Health Services is now available on their Pending Changes page at www.oregon.gov/oha/OHPR/pages/herc/pending.aspx.

- OHP coverage depends on the OHP member's benefit package and whether the service billed is covered for the condition being treated. The Prioritized List determines which service/condition pairs OHP covers.
- Learn more about how the Prioritized List works on the [OHP Prioritized List page](#).

You can also [sign up to receive HERC updates](#) via e-mail so that you receive Prioritized List updates directly from the Commission.

Hospice and nursing facility providers – Delay in new payment process

In December, we let you know that the new payment process for Oregon Medicaid nursing facility residents who elect hospice care would be implemented on or after March 1, 2013. This change has been delayed so that we can make further system changes to support the new process.

- We are updating our payment system to incorporate the four new rates that will be billed under the new process (for basic, complex medical, pediatric, and special contract rates at 100% reimbursement).
- Once we know when the system will be ready with the new rates, we will let you know.
- We will also schedule additional training for hospice and nursing facility providers, CCOs and MCOs.

In the meantime, we encourage you to continue work on [updating contracts to support the new process](#).

Jan. 1, 2013 change in how to bill DMAP for Clozaril/Clozapine Therapy Monitoring

Effective January 1, 2013, we updated [Pharmaceutical Services rule 410-121-0190](#) to align with National Coding Set changes. Pharmacies (not pharmacists) now need to bill for Clozaril/Clozapine therapy monitoring using the appropriate Medication Therapy Management Services (MTMS) codes.

In order to receive payment for Clozaril/Clozapine therapy monitoring, pharmacies must bill using the appropriate MTMS CPT codes (**not** 90862). Append modifier TC to the appropriate code.

DMAP accepts the following MTMS codes:

- 99605 (Initial 15 minutes, new patient)
- 99606 (Initial 15 minutes, established patient)
- 99607 (Each additional 15 minutes)

Only pharmacies may bill for Clozaril/Clozapine therapy monitoring. Pharmacists may continue to bill for other MTMS services.

For more information about MTMS billing and other resources for pharmacies, please see the [Pharmaceutical Services provider guidelines](#).

You can also [sign up to receive DMAP Rules and Guidelines updates](#) to find out when DMAP updates rules in this or other programs.

ICD-10 Readiness Survey now available

To help determine how DMAP can best support partners and providers, we have published a survey for providers, contractors and clearinghouses to tell us about their progress in assessing their readiness and preparing to meet the ICD-10 compliance date of Oct. 1, 2014.

To complete the survey, go to <https://survey.emp.state.or.us/cgi-bin/qwebcorporate.dll?idx=RUA374>.

Intermittent phone connectivity issues at DMAP call centers

As you may have noticed, DMAP phone and fax lines are experiencing intermittent connectivity issues. You may be unable to complete a call or fax, or get unexpectedly disconnected, when dialing the following numbers:

- Benefit RN Hotline at 800-393-9855 or 503-945-5939
- DMAP [Provider Enrollment](#)* at 800-422-5047 (fax 503-947-1119)
- DMAP [Provider Services](#)* at 800-336-6016 (fax 503-945-6873)
- DMAP Reception at 800-527-5772 (fax 503-373-7689)
- [EDI Support Services](#)* at 888-690-9888 (fax 503-945-6898)
- OHP Client Services at 800-273-0557 (fax 503-945-6898)
- PA Hotline at 800-642-8635 or 503-945-6821

* = E-mail available (allow 2-3 business days for response)

When these issues occur, they are generally resolved within 1 to 2 business days. If you experience this issue, please try again. We aren't hanging up on you!

Provider Web Portal and AVR eligibility verification lists client's health plans twice

When you verify OHP health plan enrollment using the Provider Web Portal (PWP) at <https://www.or-medicaid.gov> or Automated Voice Response (AVR) at 1-866-692-3864, each plan the client is enrolled with is reported twice.

We will let you know when this error is resolved. In the meantime, please know that the plans reported for any OHP member using these systems are accurate.

DMAP and other state offices closed on Monday, Feb. 18

DMAP and most other state offices are closed on Monday, Feb. 18, in observance of Presidents Day. [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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