

Dale Elder, Manager
DMAP Operations Section

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Authorized Signature

Issue Date: 04/18/2013

Topic: Medical Benefits

Subject: Provider announcement: April 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 to subscribers of OHP Provider Announcements, OHP Plan Announcements, and MMIS-What's New eSubscribe lists.

"Provider Matters" is a monthly provider newsletter. This month's issue includes updates about attesting for the 2013-2014 federal primary care increase, ICD-10 readiness, and the new hospice/nursing facility payment process; and reminders about provider enrollment, 340B Drug Program, and compatible internet browsers for the Provider Web Portal.

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 – April 2013

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

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Self-attest by June 30 to receive the 2013-2014 federal primary care payment increase effective April 1, 2013

So far, over 2,000 providers have been deemed eligible for the temporary two-year 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 June 30, 2013 to [self-attest to have the increase apply to eligible primary care services rendered on or after April 1, 2013](#).
- For providers who self-attest by April 30, DMAP will automatically reprocess eligible claims retroactive to the beginning of the quarter they attested.
- Providers who self-attest between May 1 and June 30 will need to resubmit eligible claims in order to have the increased rate apply to eligible services rendered on or after April 1.
- 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.

DMAP will apply the new primary care rate once we receive approval from the federal Centers for Medicare and Medicaid Services (CMS). Please allow 2-3 weeks for us to process your attestation. Learn more on [our ACA primary care increase webpage](#).

From CMS – Medicare National Provider Call on transitioning to ICD-10

Will you be ready for ICD-10 on October 1, 2014? View the April 18 CMS presentation about ICD-10 transition on their [Medicare FFS National Provider Calls web page](#). Topics include:

- Planning for transition to ICD-10
- Claims processing
- National implementation issues
- National Coverage Decisions
- Outreach

The target audience for this call includes medical coders, physicians, physician office staff, nurses and other non-physician practitioners, provider billing staff, health records staff, vendors, educators, system maintainers, laboratories, and all Medicare FFS providers.

Plan to mitigate risk for a smooth ICD-10 transition

To make your transition to ICD-10 smooth, consider following these steps:

- **Establish a transition plan.** Outline the steps your practice intends to follow to comply with ICD-10 requirements. Establish milestones to keep your practice on track. Share your transition plan with your EHR and practice management system vendors and billing services. Talk to them about how you can set up testing before the deadline.
- **Communicate with your vendors regularly; encourage them to take action now to avoid reimbursement delays.** Talk to your vendors about making sure your practice management systems will be able to handle ICD-10 transactions. Ask them about their schedule for training your practice's staff on the system changes. Make sure you and your vendors allow ample time for testing ICD-10 systems.
- **Identify everywhere that your practice uses ICD-9.** Any function where you currently use ICD-9 will be

affected by the transition to ICD-10. By taking a look at where you use ICD-9, you will see where you need to be prepared to use ICD-10 codes.

- **Network with peers.** Talking with your peers in other practices can help you to identify best practices and opportunities for sharing resources.

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. For practical transition tips:

- Read [recent ICD-10 email update messages](#)
- Access [the ICD-10 continuing medical education modules](#) developed by CMS in partnership with Medscape

DMAP and other state offices closed on Friday, April 19

Due to state budget cuts, DMAP and most other state offices are closed on Friday, April 19, for mandatory unpaid leave. Go to [DMAP's Office Closures page](#) to find out which contacts are available on state office closure dates.

New hospice/nursing facility payment process coming May 1, 2013

DMAP now plans to begin the new payment process for Oregon Medicaid nursing facility residents who elect hospice care on May 1, 2013.

- The new process will incorporate the four new rates to be billed under the new process (for basic, complex medical, pediatric, and special contract rates at 100% reimbursement).
- Hospice providers, nursing facilities and OHP health plans (MCOs and CCOs), please be sure to attend the webinars about this change (listed below).

Coming this month – Training on billing for nursing facility residents who receive hospice care

Hospice providers, nursing facility (NFs) providers and OHP health plans (MCOs and CCOs) can sign up to learn details about the new May 1, 2013 payment process for hospice patients residing in nursing facilities.

Hospice providers and NFs, please sign up for two trainings: The training for your provider type on April 29 **and** the collaborative overview training on April 30. Learn more and sign up at the following links.

- [Nursing Facility Payment Process for Hospice Organizations](#) – Monday, April 29, 9 to 11 a.m.
- [Room and Board Payment Process for Nursing Facilities](#) – Monday, April 29, 2:30 to 4:30 p.m.
- [Collaborative Overview for Nursing Facilities and Hospice Organizations](#) – Tuesday, April 30, 9 to 11 a.m.

Reminder – Prescriptions, orders and referrals for Oregon Medicaid clients must be from enrolled DMAP providers

Prescribing, ordering and referring providers must enroll with DMAP in order to have their covered prescriptions, orders or referrals paid by DMAP. For these providers:

- **If your only relationship with DMAP will be as a prescribing, ordering or referring provider:** Use the DMAP 3113 (Non-Paid Provider Enrollment Form – [Word](#) or [PDF](#)) to enroll.
- **If you plan to bill DMAP for professional services:** Complete the OHA 3972 ([Word](#)) ([PDF](#)), OHA 3973 ([Word](#)) ([PDF](#)) and OHA 3975 ([Word](#)) ([PDF](#)), and the attachment for your provider type.

You can find the forms you need on our [Provider Enrollment webpage](#).

This requirement is one of several fraud prevention provisions under the federal Affordable Care Act. For more information, visit the [Healthcare.gov Web site](#). If you have questions about enrolling with DMAP, contact [Provider Enrollment](#) (800-422-5047).

Reminder - Bill actual acquisition cost for 340B drugs

When billing for drugs purchased through the federal [340B Drug Program](#), please be sure to bill the acquisition cost only, plus a dispensing fee. For more information, refer to *Oregon Administrative Rule 410-121-0155, Reimbursement*, in the [DMAP Pharmaceutical Services administrative rulebook](#).

For more information, please review [our recent letter to 340B Drug Program providers](#).

Reminder - System requirements to use the Provider Web Portal

We have been receiving several calls from providers who recently upgraded their internet browser to Internet Explorer 10 and are now unable to use the Provider Web Portal at <https://www.or-medicaid.gov>.

Until we are able to support Internet Explorer 10, you will need one of the following compatible browsers in order to use the Provider Web Portal:

- Microsoft Internet Explorer 6
- Microsoft Internet Explorer 7 Service Pack 2
- Microsoft Internet Explorer 8 and 9 (compatibility mode)
- Mozilla FireFox 2.0

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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