CommunityCare

PacificSource

Medicare and Medicaid Provider Newsletter | Summer 2013

In This Issue

Contact Us

Provider Network

Introduction

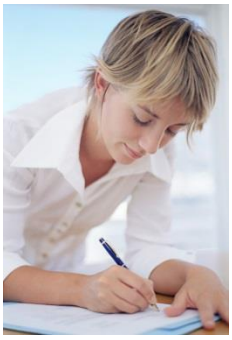
CommunityCare was developed to help furnish our providers with faster and easier access to the information you need. This newsletter highlights information specific to PacificSource Medicare and PacificSource Community Solutions (Medicaid) lines of business. *CommunityCare* is separate from our *Provider Bulletin,* currently in production for our Commercial products.

PacificSource Community Solutions is our Coordinated Care Organization (CCO) plan serving the Central Oregon and Mid-Columbia Gorge Oregon Medicaid population. PacificSource Medicare is our Medicare Advantage plan serving counties in Oregon and Idaho. Issues of this newsletter will be available on our website under the Partners/For Providers section at www.Medicare.PacificSource.com and www.CommunitySolutions.PacificSource.com.

Your feedback is welcome and appreciated, please email any comments and suggestions about this publication to providerservicerep@pacificsource.com.

General Information

Provider Access Survey



PacificSource conducts a survey of participating providers to ensure accessibility and availability standards are met for emergent and non-emergent care (e.g., primary care, specialty care, urgent, ancillary, and behavioral health). We are extending our provider access survey to include contracted providers for all lines of business. Surveys are brief and conducted on a random sampling of providers each month. Information collected from the access survey is used to support our quality improvement programs and to fulfill NCQA requirements.

Surveys take approximately five minutes and inquire about how quickly your office can schedule appointments for various types of care. Provider offices are encouraged to participate in this survey. Please take a few moments to provide us the contact information to ensure the appropriate person from your clinic received the Provider Access Survey. Provider Access Survey Contact Information

Quick Links

Medicare Info

- InTouch Login
- Medicare Provider Directory
- Formulary
- Authorization Grid
- Notices & Updates
- Claims Billing
- Documents & Forms

Medicaid Info

- CIM Login
- Provider Directory
- Formulary
- Notices & Updates Preapproval Grid
- Claims Billing
- Documents & Forms

Durable Medical Equipment Claims

Our claims team has identified an influx of Durable Medical Equipment (DME) claims that were billed inappropriately. Below, please find the two most common errors in relation to date span and supply units.

Enteral Feeding Supply Kits:
Enteral Feeding Supply kits and formula should be billed with one date of service, and total number of units with no modifiers. Modifiers NU and RR are not typical or appropriate for Enteral Feeding Supply Kits or the formulas.

Oxygen Content:
We are receiving claims for multiple units of oxygen content in error. Suppliers are responsible to provide all of the oxygen contents for one month per coding guidelines. Please remember: only bill one unit for HCPC codes E0441-E0444.

Online Prior Authorization and Referral Requests

Reduce processing time by submitting prior authorizations and referral requests online. Prior authorization (PA) for medical services* and referral requests can be submitted online via:

- **InTouch** for **PacificSource Commercial and Medicare** members.
- **CIM** for **PacificSource Community Solutions** members.

Please note: PacificSource will soon require all requests to be submitted online. This requirement will help move towards a "paperless" system and help our ongoing effort to streamline administrative processes for both PacificSource and the provider community. The timeline for this requirement is in development and as soon as more information is available, we will provide details and notifications to providers via email.
We are available to assist providers with additional questions or provide onsite training for submitting requests online. If you would like to schedule an onsite visit, please contact your PacificSource Provider Service Representative.

*At this time, Pharmacy prior authorizations cannot be submitted online.

ICD-10 is Coming-Are You Ready?

On October 1, 2014, medical coding in United States healthcare settings will change from ICD-9 to ICD-10. The transition will require business and systems changes throughout the healthcare industry. Marilyn Tavenner, administrator of the Centers for Medicare & Medicaid Services (CMS), recently announced there will be no additional delays to implementation for ICD-10-CM and the Procedural Coding System (PCS). PacificSource will adhere to this deadline;

claims with dates of service on or after October 1, 2014 will require ICD-10 codes.

Preparing for the conversion now will help you avoid potential reimbursement issues. We have created an ICD-10 Web page, www.PacificSource.com/ICD10, to keep you up-to-date on our implementation process. This page will be updated quarterly.
The following information is from CMS and lists basic steps to prepare for ICD-10 by October 1, 2014.

1. Identify your current systems and work processes that use ICD-9 codes.
2. Talk with your practice management system vendor about accommodations for ICD-10 codes.
3. Discuss implementation plans with all your clearinghouses, billing services, and payers to ensure a smooth transition.
4. Identify potential changes to work flow and business processes.
5. Assess staff training needs. Identify the staff in your office who code or have a need to know the new codes.
6. Budget for time and costs related to ICD-10 implementation, including expenses for system changes, resource materials, and training.

CMS has also prepared detailed guides to help you navigate through this process.
ICD-10 Implementation Guide for Small and Medium Practices (pdf)
ICD-10 Implementation Guide for Large Practices (pdf)
ICD-10 Implementation Guide for Small Hospitals (pdf)

Discounted 2014 Code Books Now Available

As a participating provider, you can preorder code books through PacificSource at a discounted rate, and delivery is free! To order, simply complete the 2014 Code Book Order Form and mail it to us with your check. Full payment is required prior to delivery.

Medicare Specific

Mandatory Medicare Payment Reductions- "Sequestration"

On March 1, 2013, President Obama issued a sequestration order as related to the American Taxpayer Relief Act of 2012. This order will impact Medicare claims with dates of service or dates of discharge on or after April 1, 2013. These claims will incur a two percent reduction in the Medicare payment.

How will this affect my PacificSource Medicare payments?
We will apply the mandatory two percent reduction to the paid amount on claims with dates of service on or after April 1, 2013. This is

applicable to ALL payments regardless of PacificSource Medicare network status.

How will this reduction be displayed on my PacificSource Medicare Explanation of Payment (EOP)?
This reduction will be displayed in the withhold column on the EOP. For paper EOPs: In addition to the reduction in the withhold column, the paper EOP will reflect an explanation that states: Mandatory two percent sequestration reduction effective April 1, 2013.
For 835s (Electronic Remittance Advice (ERA)): We are researching the use of CAS Code 223. This code is utilized by Original Medicare to identify the reduction in the 835 ERA file. This may be a solution for those providers who do not have withhold in their provider agreement; however, we are researching all CAS Code options.

Please note: this two percent reduction is considered a provider write-off and therefore cannot be billed to the patient.
If you have any questions, please contact your Provider Contract Representative by phone at: (800) 624-6052 ext. 2580.

PacificSource Medicare Non-Physician Payments

According to CMS payment policies, reductions apply for services rendered by certain non-physician practitioners. These reductions are based on the Medicare Physician Fee Schedule (MPFS). It was recently identified that we were not applying this methodology correctly and therefore overpaying for some services.

In order to process claims consistent with CMS payment policies, our system has been updated to allow the correct reimbursement amount for non-physician practitioners. This change has been implemented and will affect claims with dates of service on and after April 1, 2013.
Please note: We will not be reprocessing or requesting refunds for overpayments on claims related to this change for dates of service prior to April 1, 2013.

How will this affect my PacificSource Medicare payments?
If your clinic includes non-physician practitioners, you may notice reduced payment amounts for services billed with dates of service on or after April 1, 2013.

Current CMS non-physician reductions are as follows:
- Physician assistant: 85% of MPFS
- Clinical Nurse Specialist: 85% of MPFS
- Nurse practitioner: 85% of MPFS
- Registered Dietician: 85% of MPFS
- Clinical Social Worker: 75% of MPFS

As CMS updates payment policies, PacificSource Medicare will update accordingly. For more information on CMS payment policies, please visit www.CMS.gov.

Does PacificSource Medicare allow incident to billing?
PacificSource Medicare requires the rendering provider of service to be reflected in box 31 of the CMS 1500 form. We do not allow incident to billing. (PacificSource Medicare provider manual reference: Chapter 11.1.)

You can access our provider manual via our website www.Medicare.PacificSource.com/For Providers/Documents and Forms/Provider Manual. If you have any questions regarding this, please contact your Provider Contract Representative at (800) 624-6052 ext. 2580.

PacificSource Medicare Provider Manual

The PacificSource Medicare provider manual is now available on our website at www.Medicare.PacificSource.com.

The Provider Manual is your desktop reference for information about PacificSource Medicare's policies and procedures. Updates are announced in this CommunityCare e-newsletter and on the Provider Home page of our website. The manual is a work in progress and updates will be made throughout each year as policies are developed and/or changed.

If you have any questions or suggestions regarding this manual, you are welcome to contact your PacificSource Provider Service Representative at (800) 624-6052 ext. 2580 or email providerservicerep@pacificsource.com.

Coverage for Part D Drugs Not on the 2013 Formulary

We will allow a one-time transition fill for Medicare members who are prescribed a Part D drug that is not on the 2013 formulary. The transition fill provides a 30-day supply of a non-formulary, Part D covered drug. The one-time transition fill for current members was permitted within the first 90 days of 2013. The one-time transition fill will continue to be allowed for new PacificSource Medicare members throughout 2013. New members coming onto a PacificSource Medicare Advantage plan will be allowed a one-time transition fill within the first 90 days of enrolling onto the plan. Notifications are mailed to prescribing providers and members, and include instructions for how to ask for an exception.

Medicaid Specific

Hospice Billing for PacificSource Community Solutions

It has come to our attention there is an error in our PacificSource Community Solutions member handbook regarding hospice billing. We would like to clarify; when billing hospice services for PacificSource Community Solutions members, services should be billed directly to PacificSource Community Solutions, not the Division of Medical Assistance Programs (DMAP).

Oregon Health and Science University (OHSU)

Effective March 1, 2013, OHSU became contracted with PacificSource Community Solutions. OHSU is now a participating provider across all lines of business with PacificSource.

Please note: OHSU does not credential all providers they employ. Some ancillary providers may require direct credentialing with PacificSource prior to being listed as participating. PacificSource is continuing to work with OHSU to identify and assist ancillary providers to complete the credentialing process.

To verify the participating status of these ancillary providers, please reference the provider directory on our website at www.CommunitySolutions.PacificSource.com/Tools/ProviderDirectory.aspx. If you are unable to find the provider, please feel free to contact us at (800) 624-6052, ext. 2580.

Referring to OHSU
When referring PacificSource Community Solutions members to OHSU, first verify if the provider is participating, then use the following steps:

- Participating OHSU provider: submit referral request via CIM system.
- Nonparticipating OHSU provider: submit a preapproval request via the CIM System.

For PacificSource Medicare and Commercial members, please utilize InTouch for online referral and authorization submission.

Contact Us

Provider Network

Please feel free to contact a Provider Service Representative at (800) 624-6052 ext. 2580 or providerservicerep@pacificsource.com.
Sincerely,

The Provider Network Department
PacificSource Community Health Plans, Inc.
PacificSource Community Solutions, Inc.

PacificSource Community Health Plans, Inc. is a health plan with a Medicare Contract.
Y0021_PR1892_Plan Approved 06242013