### **ACA-ORP Stakeholder Council**

#### WELCOME

## ORP December 2016

Ordering, Referring, and Prescribing Providers

December 12, 2016



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### ACA-ORP Stakeholder Council

### **Opening Remarks**



### Agenda

- PAVE
- Project Status
- Stakeholder Council Questions
- Next Steps

## **PAVE**

## **Project Status**

#### Medicare Provider Enrollment

- Background: Review of the ACA ORP legislation indicates that the use of Medicare provider enrollment for ORP validation may not be allowed. DHCS is reaching out to CMS for validation/permission to use the Medicare provider enrollment data.
- DHCS reached out to CMS requesting permission to use Medicare enrollment for validating ORP providers on Medi-Cal claims. DHCS has paused the ORP outreach to providers while waiting for a response.

- Remittance Advice Detail (RAD) 558
  - RAD 558 is the warning message being delivered on paid claims as a warning when the claim would have failed for ORP edits.
    - RAD 558: The ORP Provider is not enrolled. Correct or future claims will not pay
  - For the HIPAA Electronic Remittance Advice, 835 transaction, the provider receives a Claims Adjustment Reason Code (CARC) 239 and Remittance Advice Remark Code (RARC) N77 on their paid claim.
    - CARC 239: Claim spans eligible and ineligible periods of coverage. Rebill separate claims.
    - RARC N77: Missing/incomplete/invalid designated provider number.

- DHCS will be replacing the CARC 239 with the CARC 184 which better describes the intended warning. In addition, DHCS will be adding RARC N574 as an additional code to the 835.
  - CARC 184: The prescribing/ordering provider is not eligible to prescribe/order the service billed. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
  - RARC N574: Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider.

- Note that these CARC and RARC codes are used for other claim edits as well. Providers should use the following combination to identify claims receiving the RAD 558 warning on an 835 transaction:
  - + Paid claim status
  - + CARC 239
  - + RARC N77
- Once DHCS has completed the changes described above for the mapping of RAD 558 to CARC/ RARC messages providers will need to look the following combination on their 835 transaction:
  - + Paid claim status
  - + CARC 184
  - + RARC N77
  - + RARC N574
- Once an implementation date for the change has been determined the date will be communicated via the Medi-Cal website, www.medi-cal.ca.gov.

### **ORP Project Updates**

- ORP Directory Lookup Deliver an open web application for providers to be able to check an ORP NPI enrollment
  - DHCS is developing an open access application for providers to validate ORP.
  - Example: Indiana Medicaid http://provider.indianamedicaid.com/ihcp/ProviderServices/OPRProvide rSearch.aspx
- Outpatient Claim Edits Develop ORP edits with a grace period (RAD 558) for Outpatient claims
  - Project scope is to implement the RAD 558 warning message for outpatient claims to give providers time to identify and correct processes to comply with the ORP mandate prior to DHCS enforcing the ORP legislation.
  - Note: With this project the warning message may be more inclusive of services than will be enforced. DHCS will be conducting a second phase of this project to identify the specific services that will need to be enforced.

# Stakeholder Council Participation

- Question: Was there a deadline in place for providers to get enrolled as an ORP?
  - Response: At this time there is not a deadline for enrollment. There are a number of milestones DHCS must reach prior to making a decision to start enforcing ORP. I will continue to share the status of the effort in the council meetings. Once we are able to identify a date we will make sure it is communicated through the stakeholder council and Medi-Cal website.
- Question: It's not mandatory for pharmacists to enroll as an ORP if they are not working in a pharmacy that is not a Medi-Cal provider, or not providing services to Medi-Cal patients, correct?
  - Response: If the pharmacist does not provide services for which Medi-Cal will be billed then they are not required to be enrolled for the purposes of ORP.
- Question: How long does it take for the ORP application to be processed?
  - Response: Officially, DHCS has 180 days to review Medi-Cal ORP provider applications from non-physician practitioners and notify the applicant of its action. PED has set an internal goal to process these much faster.

- Question: Are there any other major steps, or resources I should be providing to our pharmacist members other than this?:
  - Response: These are the major steps.
    - Step 1: Get a Type 1 NPI (if you do not have one already)
    - Step 2: Enroll with Medi-Cal (PAVE Portal: <a href="https://pave.dhcs.ca.gov/">https://pave.dhcs.ca.gov/</a>)
    - Read more about becoming an ORP and FAQs
    - Visit the Ordering, Referring and Prescribing (ORP) webpage for more information
- Question: Can I use the CCHCS Open Data Portal list of providers to validate an ORP?
  - Response: The CHHS Open Data Portal Profile of Enrolled Medi-Cal FFS Providers does not contain the information required to verify whether a provider is enrolled as an ORP with a Type 1 (Individual) NPI. DHCS is currently developing an application that will support the validation of ORP providers.

- Can you highlight Medicare enrollment as a valid enrollment mechanism in the FAQs?
  - DHCS is waiting for confirmation from CMS that Medicare enrollment is permissible for ORP validation. If the response is positive then DHCS will update the FAQs and other materials to inform providers.
- A hospital stay may result in having more than four providers treat a patient but the UB-04 only allows for the entry of up to four providers. How should hospitals report ORP if more than four providers treat a patient?
  - DHCS will be standing up a project in the future to evaluate and address inpatient claim requirements for ORP, to include this question.

- Do nurse practitioners, certified nurse midwives, and physician assistants who are identified on a claim as the clinician who provided services under the direction of a supervising physician need to be enrolled as ORPs, even if they are NOT listed on claim as an ordering, referring, or prescribing provider?
  - Health care professionals that are not listed on the claim as the ORP NPI will not be evaluated against the ORP edits for the claim.
- Are managed care plans required to enforce this requirement as well? If so, are they also enforcing with a grace period or are they implementing now?
  - At this time DHCS is not requiring enforcement of ORP for managed care plans. Note that managed care providers that write a prescription, order, or referral that is billed on a feefor-service claim must be enrolled as an ORP provider for the claim to be paid.

## Group Q&A

## Next Steps

### Next Steps...

- Send your input and questions to ORP@dhcs.ca.gov
  - ORP awareness pulse
  - FAQs
  - Member feedback on provider challenges
  - Share the actions your organization has/is taking to conduct ORP outreach

- Next Medi-Cal ORP Stakeholder Council scheduled for:
  - Monday, January 23, 2017 2:00–3:00

### ACA-ORP Stakeholder Council

## Thank you for your participation!

Email: ORP@dhcs.ca.gov

TSC phone number: 1-800-541-5555



## Backup Slides

#### Where Can I Get More Information?

Refer to these items for more information about ORP.

- Ordering/Referring/Prescribing Brochure. This brochure has more information about ORP requirements.
- Medi-Cal Ordering/Referring/Prescribing Provider Application Instructions and Requirements. This document contains instructions for becoming an ORP provider.
- Medi-Cal Ordering/Referring/Prescribing Provider Application/Agreement/Disclosure Statement for Physician and Non-physician Practitioners. This is the application form to enroll as an ORP provider.
- ACA Billing and Enrollment Requirements for ORP Providers. This is the regulatory provider bulletin that establishes ORP provider requirements for the Medi-Cal Program.