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Take Action Now—Be Prepared for ICD-10 this October!

October 1 is right around the corner, and that means the CMS mandatory implementation date for ICD-10 is coming. In Delaware, we are ready to implement and are already conducting testing with providers, so please make sure your clearinghouses and billing services test their systems. Don’t get caught with systems that weren’t properly tested to process the new codes on your claims. Ensure a smooth transition today!

All claims with a date of service on or after October 1, 2015 will be rejected if they do not contain valid ICD-10 codes. **Our system will not have the capability to accept ICD-9 codes for dates of service after September 30, 2015 or accept claims that contain both ICD-9 and ICD-10 codes.**

To help you with ICD-10 preparation, CMS created the following resources:

- “Road to 10” for smaller physician practices—[http://www.roadto10.org](http://www.roadto10.org)

Providers are encouraged to visit the DMAP website ICD-10 “Did You Know?” page for updates.

If you have questions about ICD-10 or would like to test your system before the October 1 compliance date, please contact the DMAP ECS team at DEXIX-PR-ECS@hp.com or call 1-800-999-3371, option 0, option 2.

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**Medicaid Pharmacy Prior Authorization Information for Members in Managed Care**

This is a reminder that Delaware Medicaid members enrolled in a Managed Care Organization (MCO) have their pharmacy benefits administered by that MCO. All medication prior authorization inquiries or pharmacy claim issues should be directed to the member’s MCO for resolution. For more information on the Delaware Managed Care plans, please see the attached links:

**UnitedHealthcare Community Plan:**
[http://www.uhccommunityplan.com/health-professionals/de/pharmacy-program.html](http://www.uhccommunityplan.com/health-professionals/de/pharmacy-program.html)

**Highmark Health Options:**
[https://highmarkhealthoptions.com/providers/priorauthorization](https://highmarkhealthoptions.com/providers/priorauthorization)
Delaware Is Getting a New Medicaid Enterprise System

Delaware is replacing the current Medicaid Management Information System with a new system called Delaware Medicaid Enterprise System (DMES). DMES will feature a new provider healthcare portal—Delaware Medical Assistance Portal—that will enable online capabilities for claims submission, prior authorization, provider enrollment, adjustments, inquiries, and access to member eligibility information.

The portal is expected to become available in the summer of 2016. Training on portal features will occur during the spring and summer of 2016.

Approaching Go-Live of the new system, additional information about the new portal will be communicated via the DMAP Medicaid Special Bulletin and website. If you are not registered to receive DMAP email notifications, sign up now!

Register for DMAP email notifications

Visit the DMAP website home page and click the link for DMAP E-mail Registration (or follow the link below). Follow the simple instructions to add your email contact information and receive updates via email.

https://www.dmap.state.de.us/secure/emailIntro.do

Attention: Providers Enrolled Under the Division of Developmental Disabilities Services Program

As you know, the Diamond State Partners, PCCM, was terminated effective December 31, 2014. You are currently still enrolled with the DMAP as a fee-for-service (FFS) provider, in addition to any enrollment you may have with one or both of the Delaware Medicaid Managed Care Organizations (MCO). There are still some populations eligible for Delaware Medicaid who are not enrolled with a MCO but continue to receive care reimbursed by FFS. Claims for these individuals are still paid as fee-for-service by HP Enterprise Services.

Individuals with intellectual disabilities who are enrolled in the Developmental Disabilities Services Home and Community Based Services waiver, and individuals residing at Stockley Center and the Mary Campbell Center, are the largest of these groups of individuals that are not enrolled in managed care. Another group is individuals who qualify but are not yet enrolled in a Managed Care Organization. Claims for their Medicaid-covered services are still paid as fee-for-service.

The Division of Developmental Disabilities Services has informed us that recently, when they have tried to access a Medicaid-covered service for one of the afore-mentioned individuals, some providers have told them that they no longer accept “traditional Medicaid.” Of course, it is a provider’s decision as to whether they want to be enrolled with the DMAP as a fee-for-service provider. As long as a provider is enrolled, however, they should continue to accept individuals who have traditional (fee-for-service) Medicaid.

We hope that you will communicate this broadly throughout your organization, so that individuals with intellectual disabilities will be able to continue receiving the Medicaid benefits to which they are entitled. If you have any questions, please contact HP Provider Relations at 1-800-999-3371, option 0, then option 2.
Program Updates

Initiative to Decrease Unintended Pregnancies

Delaware continues to rank in the top 10 states for incidences of teen pregnancy.

Christopher Ingram, a Washington Post blogger, cites another concern: a new Guttmacher Institute analysis states that unintended pregnancies cost American taxpayers $21 billion annually. Public healthcare programs, such as Medicaid, paid for 68 percent of those pregnancies, from prenatal care through birth.¹

These deliveries are within a high-risk population that has more adverse outcomes due to poverty, youth, cultural boundaries, and reduced utilization of healthcare. Factors such as low-birth weight, and premature, repeat, and unintended births trend higher in the Medicaid population. So, what options are available to decrease these high-risk pregnancies?

One consideration for decreasing high-risk pregnancies is to promote longer intervals between pregnancies via safe and efficient contraceptive methods. A study in Georgia shows that the rate of repeat pregnancies in the Medicaid population within three years of their index birth could be dramatically reduced, from 60 percent to 10 percent with immediate IUD insertion postpartum.²

Nationally, the Department of Public Health is working to increase awareness of the safety record and effectiveness of Long-Acting, Reversible Contraceptives (LARCs), such as the Mirena, Skyla, and Paragard intrauterine devices (IUDs) and subdermal hormonal implants (Nexplanon). These contraceptive methods offer the following:

- Very high rate of effectiveness for women of all ages.
- Duration of use, reversibility, and greater compliance (no need to “remember to use”).
- Easy placement at any time.
- Higher satisfaction rate than other methods.

Please consider ways that your practice can open access to LARCs or increase awareness for your patients who are at risk for repeat unintended pregnancies.

² Emory University; Brann, AW, MD; Revzina, Natalia, MD; et al. Cost-effectiveness analysis of immediate postpartum IUD insertion among Medicaid population in state of Georgia.

Electronic Health Records Incentive Payment Program Update

As of the end of July 2015, this program has paid Delaware Medicaid providers more than $32M in electronic health record incentives.

The team is now processing those 2014 applications that were received during the CMS Flexibility Rule grace period, which closed June 30, 2015.

2013 payment audits are also being processed by the team. We are using the CMS Toolkit as a guideline during this audit. If you have received a letter from the Provider Incentive Payment audit team, please respond promptly. If you have any questions, please contact the team at delawarepipteam@hp.com or call 1-800-999-3371, option 0, option 3.
Oral Health Screening and Fluoride Varnish for Medical Professionals

**Effective July 1, 2015,** the Delaware Medical Assistance Program (DMAP) will reimburse approved medical providers for CPT code 99188 - the topical application of fluoride varnish. Approved providers can bill CPT code 99188, one time in six months, when completed on the same day as an approved Medicaid well-child visit for children between ages six months through age five. Only Physicians, Physician Assistants, Certified Registered Nurse Practitioners, and Clinical Nurse Specialists who successfully complete the free online Smiles for Life Fluoride Varnish course (Course 6: Caries Risk Assessment, Fluoride Varnish and Counseling) at [www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org) can complete the oral health screening and apply the fluoride varnish.

Reimbursement for fluoride varnish includes the following:
1. Oral health screening to be completed prior to application of fluoride varnish
2. Completion of the Oral Health Risk Assessment Tool
3. Application of Topical Fluoride Varnish
4. Oral health and dietary education
5. Referral to a dental home for children who have a moderate or high risk assessment

**Billing Procedure for Fluoride Varnish:**
Fluoride varnish is a benefit outside of the Managed Care Package and must be billed to the DMAP for reimbursement. This service is covered one time in six months and must be completed on the same visit as a Medicaid well-child visit, using CPT code 99188. All claims billed for this code must include the certificate serial number for the Smiles for Life Course 6 and indicate one of the following codes D0601- Low caries risk, D0602- Moderate caries risk, D0603- High caries risk based on your oral health assessment in the comment section. Paper claim submissions using a 1500 form will need to place this information in box 19.

**Coordination of Care:**
- When referring a child to a dental provider, instruct the member to inform the dental provider the date the fluoride varnish was completed.
- During a well-child visit, inquire with the guardian of the member if they have a dental home and have seen a dentist in the last 6 months.
- CPT code 99188 and CDT code D1206 are used interchangeably and can only be billed one time in a six-month period.
- The American Academy of Pediatric Dentistry recommends all children see a dentist by their first birthday.

**Oral Health Educational Materials and Medicaid Dental Provider List**
To order free oral health pamphlets, contact DPH at 302-744-4554 or order through NIH at [https://catalog.nidcr.nih.gov/OrderPublications/](https://catalog.nidcr.nih.gov/OrderPublications/).

Medicaid Dental Provider list for referrals: (Note age limitations for providers)
[http://www.dmap.state.de.us/information/DE_participating_oral_health_providers1.pdf](http://www.dmap.state.de.us/information/DE_participating_oral_health_providers1.pdf)

Check the DMAP website frequently for new information regarding this healthcare initiative.
Program Updates

Delaware Cancer Treatment Program (DCTP) Update

Please note that any DCTP clients who fall under “temporary eligibility” enrollment status, per the regulations found at http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Public%20Health/Health%20Promotion%20and%20Disease%20Prevention/4203.pdf, must first call the health insurance marketplace to determine if they qualify for a special enrollment period outside of the open enrollment. Clients deemed “temporary eligible” for DCTP are those who do not have an exemption from the health insurance marketplace.

In order to speed up the DCTP application process, if the client is eligible for the health insurance marketplace, he or she MUST contact a marketplace guide at 1-800-318-2596 to determine if they meet special enrollment circumstances. If they do not, they must be sure to obtain the representative’s name. The program will need this information for processing their DCTP application.

New Payment Error Rate Measurement (PERM) Cycle

On October 1, 2014, Delaware started a new cycle of the Payment Error Rate Measurement (PERM) Program required by the Centers for Medicare and Medicaid Services (CMS). The PERM program measures improper payments in Medicaid and DHCP in the Federal Fiscal Year (FFY) under review. The error rates are based on reviews of the fee-for-service (FFS), managed care, and eligibility components of Medicaid and DHCP. All states are required to participate every three years on a rotating basis.

Providers can expect Medical Record (MR) requests by fall of 2015 from A+ Government Solutions, a contractor hired by CMS to complete the medical record review. Providers must submit proper medical record documentation supporting the paid claim(s) selected within 60 days of the request. The required documentation must include sufficient information to validate that services were provided, were medically necessary, and were consistent with the specified diagnosis during the time of claim payment. The MR requests will continue quarterly throughout 2015 and 2016 on a rolling basis.

CMS will collect the Federal Financial Portion (FFP) back from the State for claims where proper documentation is not submitted by providers timely. Consequently, DMMA will need to recoup the payment from the provider as a PERM Recovery.

If you have any questions or concerns regarding this program, please contact Susan M. Mateja, Planning and Policy Administrator, DMMA, at (302) 857-5055.
Provider Manual Updates

What’s New?

The following revisions were posted to the DMAP website What's New page: www.dmap.state.de.us. Notification also appeared on Remittance Advice Banner Pages and DMAP email notifications.

DDDS HCBS Waiver Specific Provider Manual
Revision Date: 6/15/2015, Sections Revised: 2.0 - Language was added to the manual to reflect the new CMS Definition of Community Rule that applies to all Medicaid-funded Home and Community Based Services that became effective on March 17, 2014. Language was added to this section to define acceptable practices for the establishment of a provider "waiting list" to take referrals when they are at capacity. Sections Revised 7.0 - U1, was added as a required modifier to be used when billing Individual Supported Employment.

General Policy Manual
Revision Date: 8/1/2015, Sections Revised: 2.1.9.2.1 - Updated policy manual to reflect changes in initial services for the expanded population to include FFS coverage prior to enrollment in DSHP.
Section Revised: 2.1.9.2.2.1- Updated income limit for expanded population from 100% FPL to 133% FPL.
Section Revised: 2.1.9.2.2.2 - Deletion to reflect change in expanded population eligibility rule.

Revision Date: 5/1/2015, Sections Revised: 8.1- Updated Prior Authorization Request Form to add the acceptance of ICD-10 codes and remove DSP language.

Pharmacy Policy Provider Specific Manual
Revision Date: 07/15/2015, Section Revised: 1.1.2.3.1 - Guidance added in regards to exemptions with Long Acting Reversible Contraceptives (LARCs)
Section Revised: 1.1.2.3.2 - Language added to direct pharmacies on the dispensing of LARCs.

Phone and Fax Contacts

Client Pharmacy
800-996-9969, option 2, option 2

Delaware Cancer Treatment Program (DCTP)
800-996-9969 **Fax 302-454-0223

Delaware Healthy Children Program (DHCP)
800-996-9969 **Fax 302-454-1074

Delaware Prescription Assistance Program (DPAP)
800-996-9969 **Fax 302-454-0223

Health Benefits Manager
800-996-9969 **Fax 302-454-1074

Provider Pharmacy
800-999-3371, option 0, option 1
**Fax 302-454-0224

Provider Relations
800-999-3371, option 0, option 2
**Fax 302-454-7603

Provider Incentive Program
800-999-3371, option 0, option 3
**Fax 302-454-7603

Provider Enrollment
800-999-3371, option 0, option 4
**Fax 302-454-7603

Managed Care:

Highmark Health Options
Clients: 1-844-325-6251
Pharmacies: 1-844-325-6253
Providers (Doctors/Nurses): 1-844-325-6253
FAX Prior Auth forms: 1-855-476-4158

UnitedHealthcare Community Plan of Delaware
Clients: 1-800-842-4195
Pharmacies: 1-800-842-4195
Providers (Doctors/Nurses): 1-800-842-4195
FAX Prior Auth forms: 1-866-940-7328
PA requests: 800-310-6826 (direct) or 800-842-4195