NY Medicaid

e-Dental Webinar

July 25, 2012

www.eMedNY.org/MEIPASS

Agenda

1. **Introduction to e-Dental**
   Jonathan Bick/Lee Perry, NYS DOH Office of Health Insurance Programs
2. **Electronic Prior Approval (PA) and Dispensing Validation System (DVS)**
   Rita Guido, CSC
3. **“Go Green” – Electronic Funds Transfer (EFT) and electronic/PDF remittance advice**
   Rita Guido, CSC
4. **NY Medicaid Electronic Health Records (EHR) Incentive Program**
   Patrick Correia, NYSTEC

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   Patrick Correia, NYSTEC

Introduction to e-Dental

- Carve-in of orthodontia to managed care
  - Continuing FFS cases
- Electronic submission of prior authorizations
- Electronic claims submission
- Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)
- EHR Incentive Program

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PRIOR APPROVAL (PA) and DISPENSING VALIDATION SYSTEM (DVS)

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PRIOR APPROVAL(PA) & DISPENSING VALIDATION SYSTEM (DVS)

- **Specific dental services may require PA or DVS authorization**
  - **Consult Dental Provider Manual/Procedure Code Section**

    Examples of DVS and PA requirements :

    D5110 # **Complete denture – maxillary (DVS)**

    D5710 **Rebase - complete maxillary denture (PA)**

    Procedures that require DVS :

    D5110, D5120 (Upper & Lower Dentures) & D1351 (Sealant –per tooth)

- **DVS - Access Methods :**
  - **VeriFone POS device**
  - **ePaces**
  - **CPU-CPU**
  - **SOAP**
- **PA - Access Methods :**
  - **ePaces – supports both the PA request and electronic attachments**
  - **Batch (278) – CPU-CPU, FTP, SOAP, eXchange**
  - **Paper formats**

NEW YORK state department of HEALTH

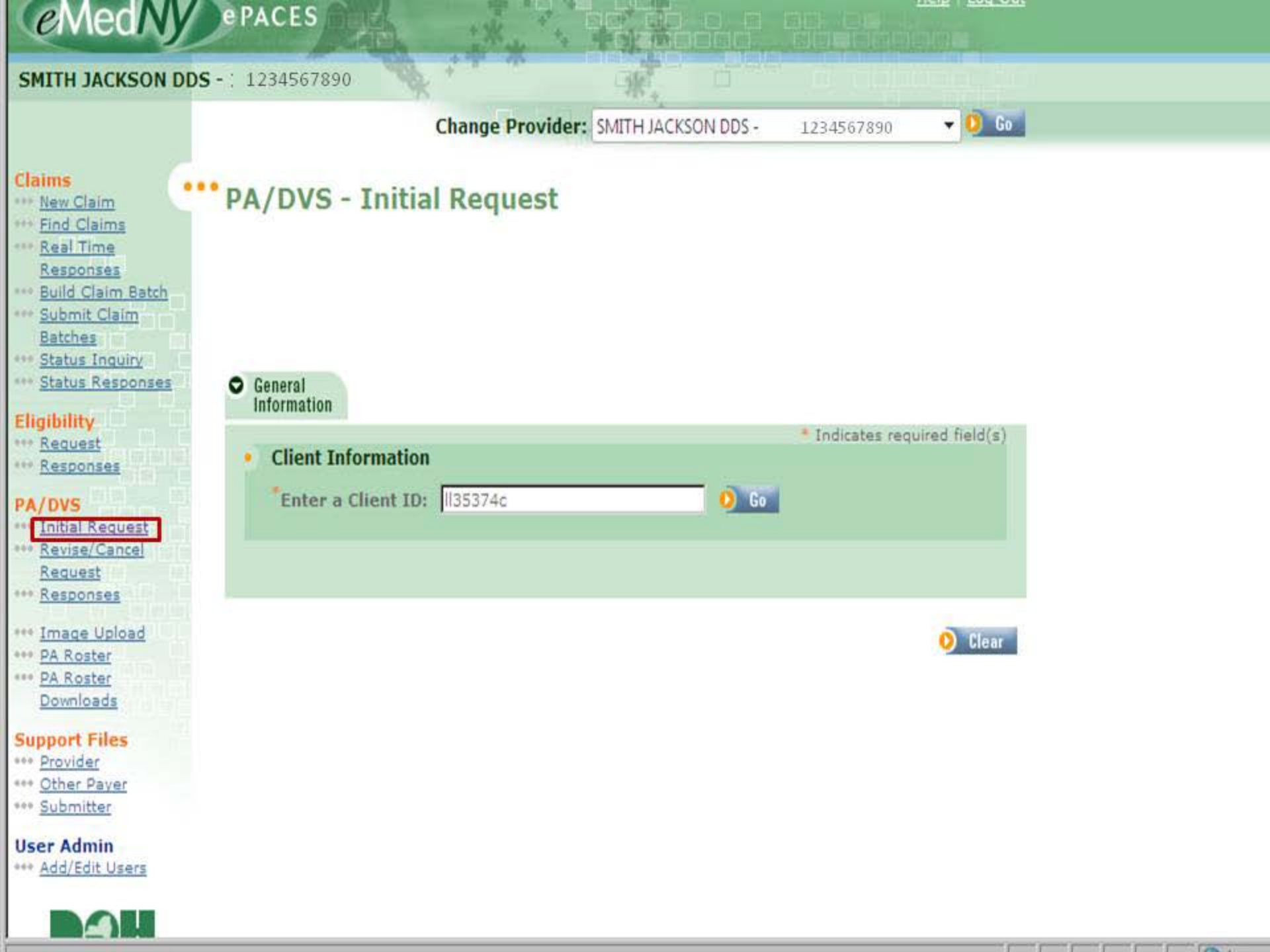
CSC

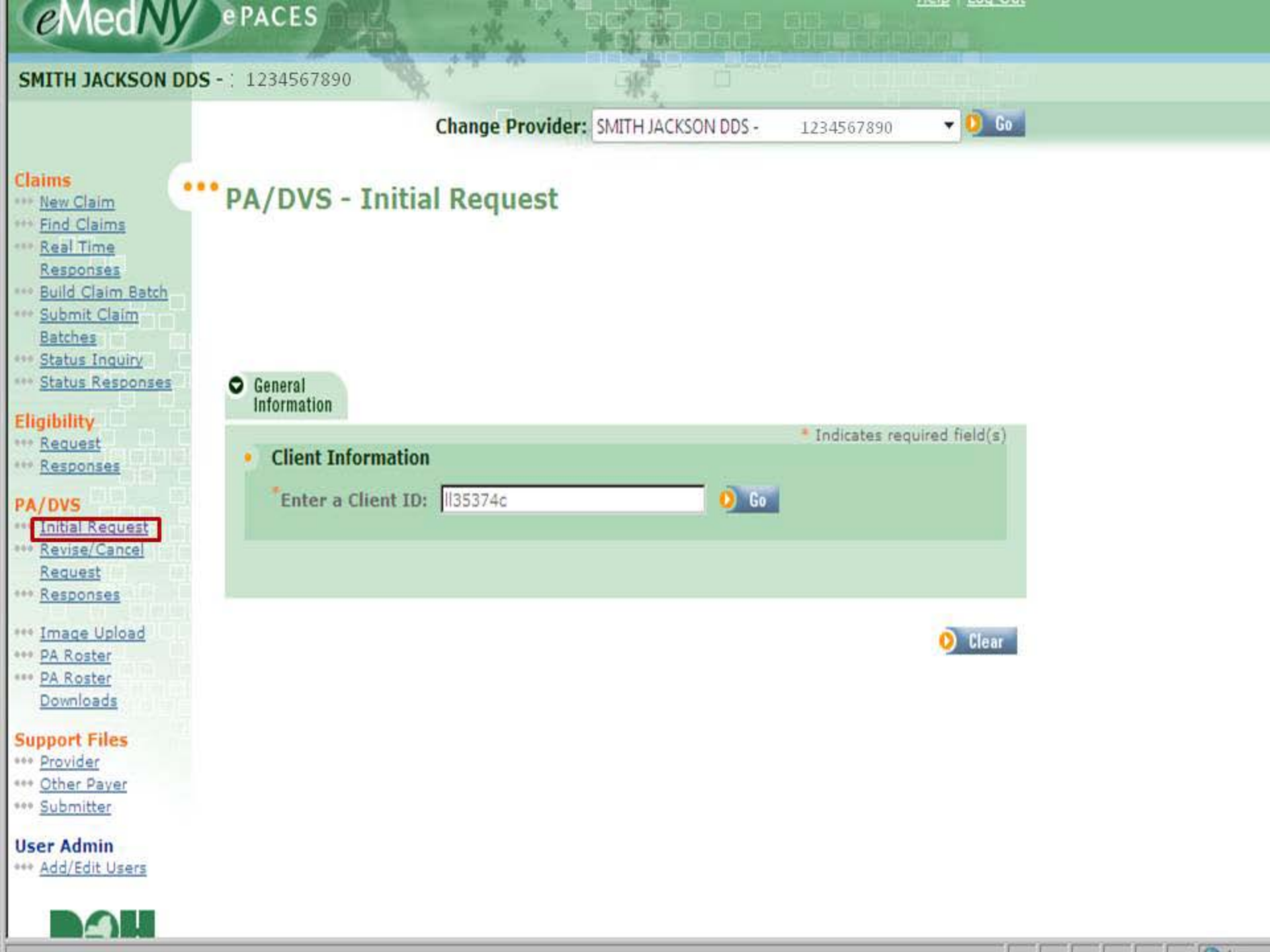
ePACES

Dental PA/Upload Review

5010 version

NEW YORK state department of HEALTH


eMedNY ePACES
SMITH JACKSON DDS - : 1234567890
Change Provider: SMITH JACKSON DDS - 1234567890
Go
Claims
New Claim
Find Claims
Real Time Responses
Build Claim Batch
Submit Claim Batches
Status Inquiry
Status Responses
Eligibility
Request
Responses
PA/DVS
Initial Request
Revise/Cancel Request
Responses
Image Upload
PA Roster
PA Roster Downloads
Support Files
Provider
Other Payer
Submitter
User Admin
Add/Edit Users
PA/DVS - Initial Request
General Information
* Indicates required field(s)
Client Information
*Enter a Client ID:
ll35374c
Go
Clear


eMedNY ePACES
SMITH JACKSON DDS - : 1234567890
Change Provider: SMITH JACKSON DDS - 1234567890
Go
Claims
New Claim
Find Claims
Real Time Responses
Build Claim Batch
Submit Claim Batches
Status Inquiry
Status Responses
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Request
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PA/DVS
Initial Request
Revise/Cancel Request
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Image Upload
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User Admin
Add/Edit Users
PA/DVS - Initial Request
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ll35374c
Go
Clear

- Status Responses

Eligibility
- Request
- Responses

PA/DVS
- Initial Request
- Revise/Cancel Request
- Responses
- Image Upload
- PA Roster
- PA Roster Downloads

Support Files
- Provider
- Other Payer
- Submitter

User Admin
- Add/Edit Users

General Information | Prior Approval Items

* Indicates required field(s)

Client Information

* Enter a Client ID: ll35374c Go

Patient Account #:

Name: LOY SHANNON

Gender: F

DOB: 7/15/1986

Transaction Type: Dental - Non DVS

Dental - Non DVS
Dental - DVS
Dental - Non DVS
Non Dental - DVS
Non Dental - Non DVS

Provider Service Address

Address Line 1: 123 Any St

Address Line 2:

City: New York

State: NY

Zip: 10018 1111

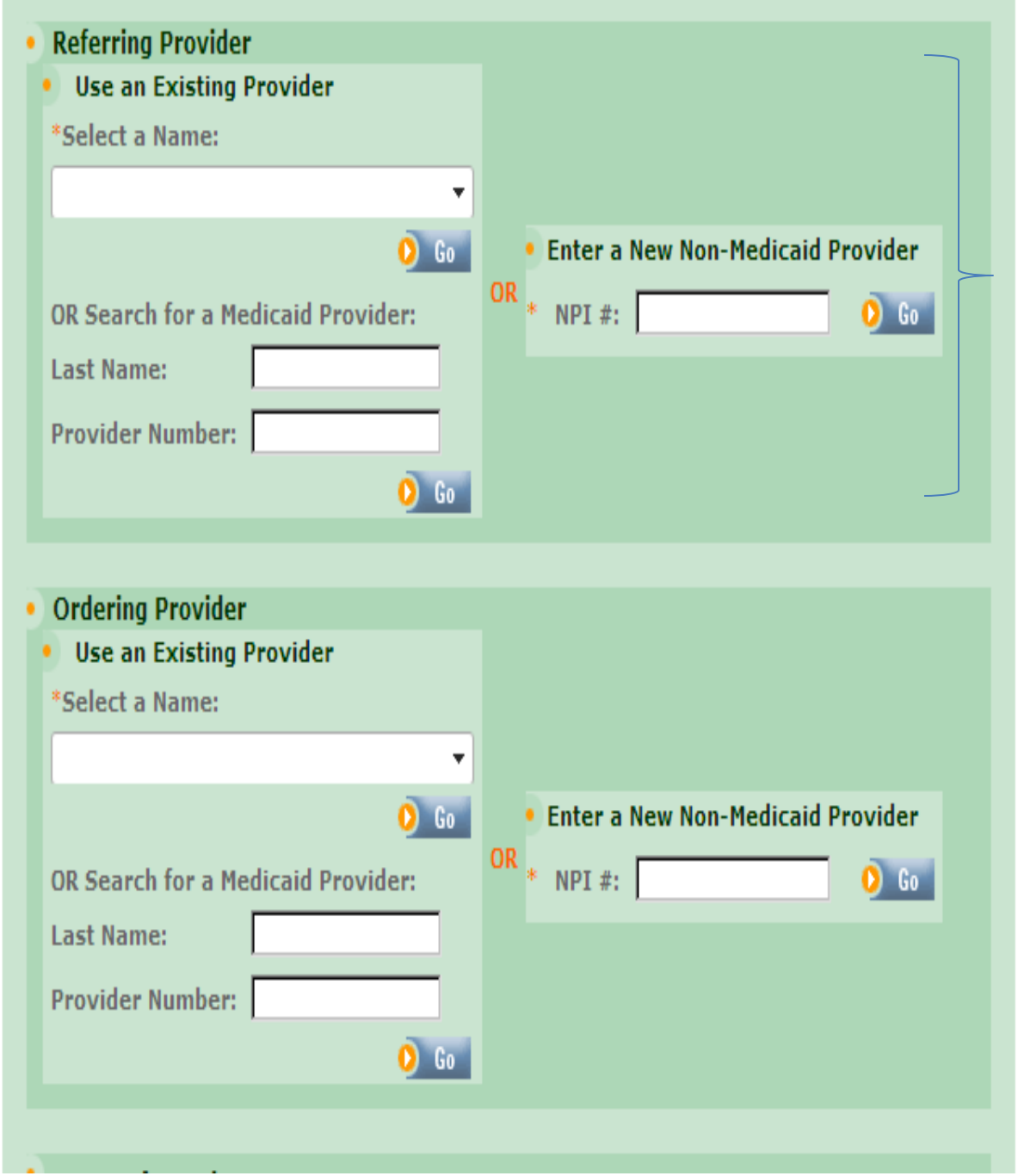
Contact Information

Name: PA Contact

Telephone: 2121111212 Ext:

E-Mail:

Fax #:



If applicable

Event Information

Facility Type: Professional/Dental (UB) Institutional

Service Type: 38

Release Of Information: Y

Accident Date:

Service Date: From: 07/01/2012

Onset Date:

To:

Admission Date:

Discharge Date:

Related Causes Information

Related Causes: Employment

Another Party Responsible

Auto Accident

Accident Location: NY US

21 - Third Surgical Opinion
23 - Diagnostic Dental
24 - Periodontics
25 - Restorative
26 - Endodontics
27 - Maxillofacial Prosthetics
28 - Adjunctive Dental Services
33 - Chiropractic
35 - Dental Care
36 - Dental Crowns
37 - Dental Accident
38 - Orthodontics
39 - Prosthodontics
40 - Oral Surgery
42 - Home Health Care

Diagnosis

Primary: **Secondary:**

Private Duty Nursing (PDN) providers should not enter any information in these fields.

Pattern of Delivery

Home Oxygen Therapy

Home Oxygen Therapy

Home Health Care

Attachments

Type	Transmission Code	Control Number	Description
08	el	555555	Treatment PLan
RB	el	333333	dental xrays

Enter More Attachments...

Codes

Code	Description
AA	Available on Request at Provider Site
BM	By Mail
EL	Electronically Only
EM	E-Mail
FX	By Fax
VO	Voice
Code	Description

Codes

Code	Description
03	Report Justifying Treatment Beyond Utilization Guidelines.
04	Drugs Administered
05	Treatment Diagnosis
06	Initial Assessment
07	Functional GoalsExpected outcomes of rehabilitative services.
08	Plan of Treatment
09	Progress Report
10	Continued Treatment
CC	Cause and Corrective Action Report
QR	Quality Report
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs
Code	Description

Certification Category

Condition Codes

Enter More Certification Information...

Comments

enter comments, if any

Next

General Information | Prior Approval Items

* Indicates required field(s)

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count	Oral Cav Area	Tooth Number	Line Amount	More Details	Remove
1	From: 04/12/2012 To:	D5710	1			$250.00		
2	From: To:					$		
3	From: To:					$		
4	From: To:					$		
5	From: To:					$		

Add More PA Items

Previous

Submit Clear

Responses
Build Claim Batch
Submit Claim Batches
Status Inquiry
Status Responses

Eligibility
Request
Responses

PA/DVS
Initial Request
Revise/Cancel Request
Responses

Image Upload
PA Roster
PA Roster Downloads

Support Files
Provider
Other Payer
Submitter

User Admin
Add/Edit Users

General Information | Prior Approval Items

* Indicates required field(s

More Details - PA Item #1

Close | Clear

Line	Service Dates	*NDC/Proc & Modifiers	Unit Count	Line Amount
1	From: 7/10/2012 To:	D5710	1.000	$500.00

Oral Cavity Areas

Tooth Information

Tooth Number	Tooth Surface Codes	Tooth Number	Tooth Surface Codes
	O M B L I F D		O M B L I F D
	O M B L I F D		O M B L I F D
	O M B L I F D		O M B L I F D
	O M B L I F D		O M B L I F D
	O M B L I F D		O M B L I F D
	O M B L I F D		O M B L I F D
	O M B L I F D		O M B L I F D
	O M B L I F D		O M B L I F D

Enter Another

Attachments

Copy attachments from Line

Type	Transmission Code	Control Number	Description

Enter more Attachments

Comments

Copy comments from Line

Close | Clear

Claims
- New Claim
- Find Claims
- Real Time Responses
- Build Claim Batch
- Submit Claim Batches
- Status Inquiry
- Status Responses

Eligibility
- Request
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- Initial Request
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PA/DVS - Initial Request

General Information

* Indicates required field(s)

Client Information

*Enter a Client ID: Go

Clear

Prior Approval Activity Worklist

Search Criteria

Requested within the last 3 days

Review Identification #:

Client Last Name:

Date Sent: (mm/dd/yyyy)

Client ID:

Action:

Service Type:

Show ○ all transactions for this provider ◉ just my transactions

Search Clear

Records 1-2 of 2

PA RESPONSE

Client ID	Name	Date Sent	Service Type	Review ID Number	Action	Response Descriptive Text	Image Upload
XX12345X		10/13/2011 10:55:08 AM	35	12345678901	A4	Pended, 0V-Requires Medical Review	

PA/DVS Response Details

View Original Request Information

General Information

Client Information

Client ID: XX12345X

Patient Account #:

Name: Last First

Gender: F

DOB: 11/11/9999

Transaction Type: Dental - Non DVS

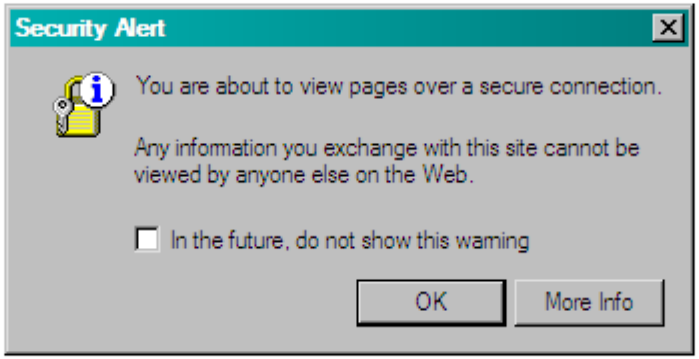
Response

PENDED

Review ID Number: 12345678901

Not for Billing

…… the next screen, after selecting “Image Upload”



* indicates required fields

Image Upload

PA Number: 12345678901

* Image Type: MR - MRI

MR - MRI
PH - PHOTO
XR - XRAY

'Image Type' available in the drop-down

* File Type: png tif

* File Upload: Browse...

Upload

(Once all required fields are populated and
local image file is selected, click upload button.)

Image Activity List

User	Local Image Name	Document Name	Sent Date	Status	Source

mage Upload

PA Number: 12345678901

* Image Type: PH - PHOTO

* File Type: gif jpg png tif

Select appropriate File Type

* File Upload: C:\Documents and S Browse...

Upload

(Once all required fields are populated and local image file is selected, click upload button.)

mage Activity List

User	Local Image Name	Document Name	Sent Date	Status	Sour

icates required fields

ge Sample.jpg Successfully Uploaded.

nage Upload

PA Number: 12345678901

* Image Type: PH - PHOTO

* File Type: gif jpg png tif

* File Upload: Browse...

Upload

(Once all required fields are populated and local image file is selected, click upload button.)

When upload is complete, the file info appears below

nage Activity List

User	Local Image Name		Document Name	Sent Date	Status	Source	Image T
KATZ1	Sample.jpg	AKATZ. 11102211104	12345678901 .PH.5.jpg	Jun 22, 2010 11:10:48 AM	2-Uploaded	5-278 APPR	PH-PHOTO
KATZ1	Sample.jpg	AKATZ1.10062104054	12345678901 .MR.5.jpg	Jun 21, 2010 4:05:41 PM	2-Uploaded	5-278 APPR	MR-MRI

PA#

Claims
- New Claim
- Find Claims
- Real Time Responses
- Build Claim Batch
- Submit Claim Batches
- Status Inquiry
- Status Responses

Eligibility
- Request
- Responses

PA/DVS
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- PA Roster
- PA Roster Downloads

Support Files
- Provider
- Other Payer
- Submitter

User Admin
- Add/Edit Users

Prior Approval Activity Worklist

Revisit PA Response function after appropriate length of time to view the NYS DOH response

Search Criteria

Requested within the last 3 days

Review Identification #:

Client Last Name:

Date Sent: (mm/dd/yyyy)

Client ID:

Action:

Service Type:

Show all transactions for this provider just my transactions

Search Clear

No Records

Client ID	Name	Date Sent	Service Type	Review ID Number	Cert. Type	Action	Response Descriptive Text	Image Upload
(No Requests Found)								

Client ID	Name	Date Sent	Service Type	Review ID Number	Cert. Type	Action	Response Descriptive Text	Image Upload

No Records

-701-11:26:04 AM

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Medicaid to Require Participation in

Electronic Fund Transfer (EFT)

Electronic Remittance Advice (ERA)

OR

PDF Version of Paper Remittance

welcome to

eMedNY

NEW YORK state department of HEALTH

Medicaid Provider Participation Requirement for Electronic Fund Transfer (EFT), Electronic Remittance Advice (ERA) or PDF version of Paper Remittance

- This requirement will bring New York State Medicaid program in alignment with health care industry standards
- It will help eliminate a costly and wasteful process of mailing paper

- Starting in Q4 2012 – all providers will need to register for EFT, ERA or PDF
- To be ahead of the game, providers are urged to start the registration process now.

Requirement
Electronic Fund Transfer (EFT)

- **EFT benefits –**
  - **Eliminates possibility of lost or misdirected checks**
  - **Eliminates mail time & trips bank to deposit checks**
  - **provides security of safe funds deposit**
- When enrolled in EFT, funds are deposited directly into providers
  - **checking or savings account**
    - ✓ **Funds are released 2 –weeks and 2 days from check date**
- Providers are encouraged to start the enrollment process now to avoid registration waiting list
- Visit the eMedNY and complete the EFT Enrollment form (or click on the "**Go Green**" icon on the eMedNY.org home page)

eMedNY

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

To request EFT of New York Medicaid funds, complete Sections A, B and C of the form below. **Attach an original defaced/voided check or an original letter from your banking institution to the application.** Follow all steps documented in the Instructions for Electronic Funds Transfer Enrollment following this form. Questions about form completion should be directed to eMedNY Call Center at 1-800-343-9000.

Section A: Complete All Provider Information Fields

MMIS Provider ID # *(Required, if NPI exempt)*:_____

National Provider ID # *(Required, unless exempt)*:_____

Provider/Organization Name:_____

Pay to Address:_____

City: _____State:_____Zip:_____

Contact Person:_____ Phone #:_____

eMail Address:_____ Fax #:_____

Tax ID or Social Security Number:_____

Section B: Complete All Banking Information Fields

Routing #:_____ Account #:_____

Account Type *(select one)* Checking: ☐ Savings: ☐

Bank Name: _____

Address:_____

City:_____State:_____Zip:_____

Section C: Signature (Required)

If submitting the form for a practitioner, the practitioner must sign below. If submitting this form for a group, business or institution, the authorized representative must sign below.

CSC as the eMedNY contractor for the New York State Department of Health will have the right to recover any amount that has been credited to your account incorrectly.

_____ _____

Signature of Provider/Authorized Representative *Date Signed*

_____ _____

Print Name of Provider/Authorized Representative *Title*

NEW YORK state department of HEALTH

Required
Paperless Remittance Enrollments

Remittance Advice Selection:

- **Electronic Remit. Advice-ERA (835)**
  - To receive ERA, must complete Electronic Remittance/PDF Remittance Request Form*
  - To read ERA, software needed to translate .x12 format
- **PDF format – PDF version of paper remit (Acrobat Reader 6.0 or higher)**
  - distributed electronically through eXchange (to access to eXchange must enroll in ePACES)
  - to receive PDF format, must complete Electronic Remittance/PDF Remittance Request Form*
- **All electronically distributed remits.–available Monday after the weekly cycle ends**

** or click on the "Go Green" icon on the eMedNY.org home page*

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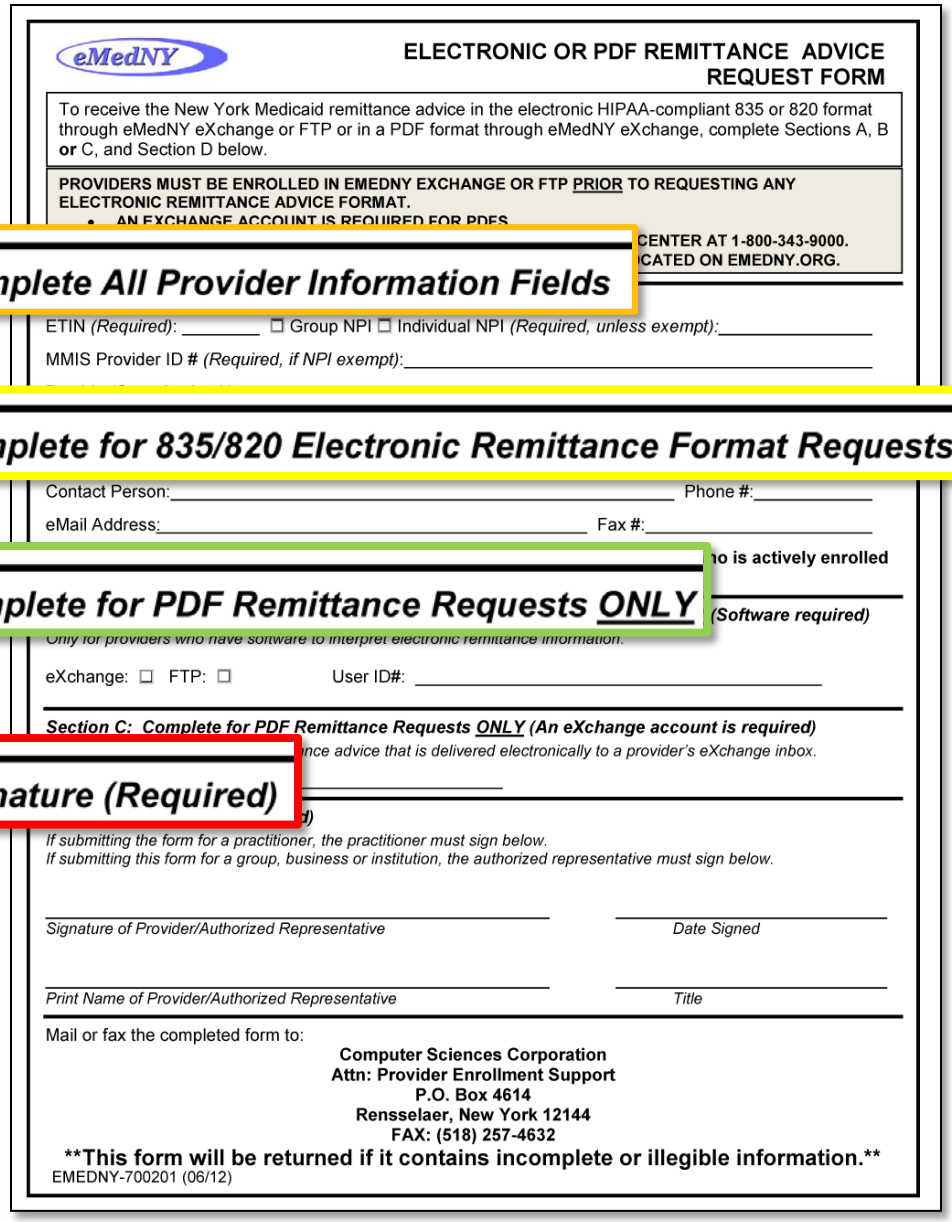

eMedNY

ELECTRONIC OR PDF REMITTANCE ADVICE REQUEST FORM

To receive the New York Medicaid remittance advice in the electronic HIPAA-compliant 835 or 820 format through eMedNY eXchange or FTP or in a PDF format through eMedNY eXchange, complete Sections A, B **or** C, and Section D below.

PROVIDERS MUST BE ENROLLED IN EMEDNY EXCHANGE OR FTP PRIOR TO REQUESTING ANY ELECTRONIC REMITTANCE ADVICE FORMAT.

- **AN EXCHANGE ACCOUNT IS REQUIRED FOR PDFS**

CENTER AT 1-800-343-9000.
ICATED ON EMEDNY.ORG.

Section A: Complete All Provider Information Fields

ETIN *(Required)*: _____ ☐ Group NPI ☐ Individual NPI *(Required, unless exempt)*:_____

MMIS Provider ID # *(Required, if NPI exempt)*:_____

Section B: Complete for 835/820 Electronic Remittance Format Requests ONLY

Contact Person:_____ Phone #:_____

eMail Address:_____ Fax #:_____

no is actively enrolled

Section C: Complete for PDF Remittance Requests ONLY ***(Software required)***

Only for providers who have software to interpret electronic remittance information.

eXchange: ☐ FTP: ☐ User ID#: _____

Section C: Complete for PDF Remittance Requests ONLY (An eXchange account is required)

...nce advice that is delivered electronically to a provider's eXchange inbox.

_____

Section D: Signature (Required)

...d)

If submitting the form for a practitioner, the practitioner must sign below.
If submitting this form for a group, business or institution, the authorized representative must sign below.

_____ _____
Signature of Provider/Authorized Representative *Date Signed*

_____ _____
Print Name of Provider/Authorized Representative *Title*

Mail or fax the completed form to:

Computer Sciences Corporation
Attn: Provider Enrollment Support
P.O. Box 4614
Rensselaer, New York 12144
FAX: (518) 257-4632

****This form will be returned if it contains incomplete or illegible information.****

EMEDNY-700201 (06/12)

NEW YORK state department of HEALTH

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EHR Incentive Program Background

Original Legislation

The Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act of 2009 (ARRA).

The HITECH Act Established:

- Medicaid EHR Incentive Program
- Medicare EHR Incentive Program
- Office of the National Coordinator for Health Information Technology (ONC)
- Certified EHR Technology

Goals of the HITECH Act:

- Improve patient quality of care
- Promote the adoption and meaningful use of health information technology
- Increase health information exchange
- Standardize health information technology

Medicaid EHR Incentive Program

Provides **incentive payments** to:

- Eligible Professionals (including dentists)
- Eligible Hospitals

as providers:

- Adopt (acquire, purchase, or secure access),
- Implement (install or commence utilization), or
- Upgrade (expand on the available functionality),

and subsequently:

- Demonstrate Meaningful Use

of **ONC certified EHR technology**

What are the patient volume criteria?

In order to be eligible, dentists must meet one of the following conditions throughout **all** participation years:

- Demonstrate a minimum 30% Medicaid patient volume, or
- Practice predominantly in a Federally Qualified Health Center or Rural Health Center and demonstrate a minimum 30% patient volume attributable to needy individuals.

Where do I start?

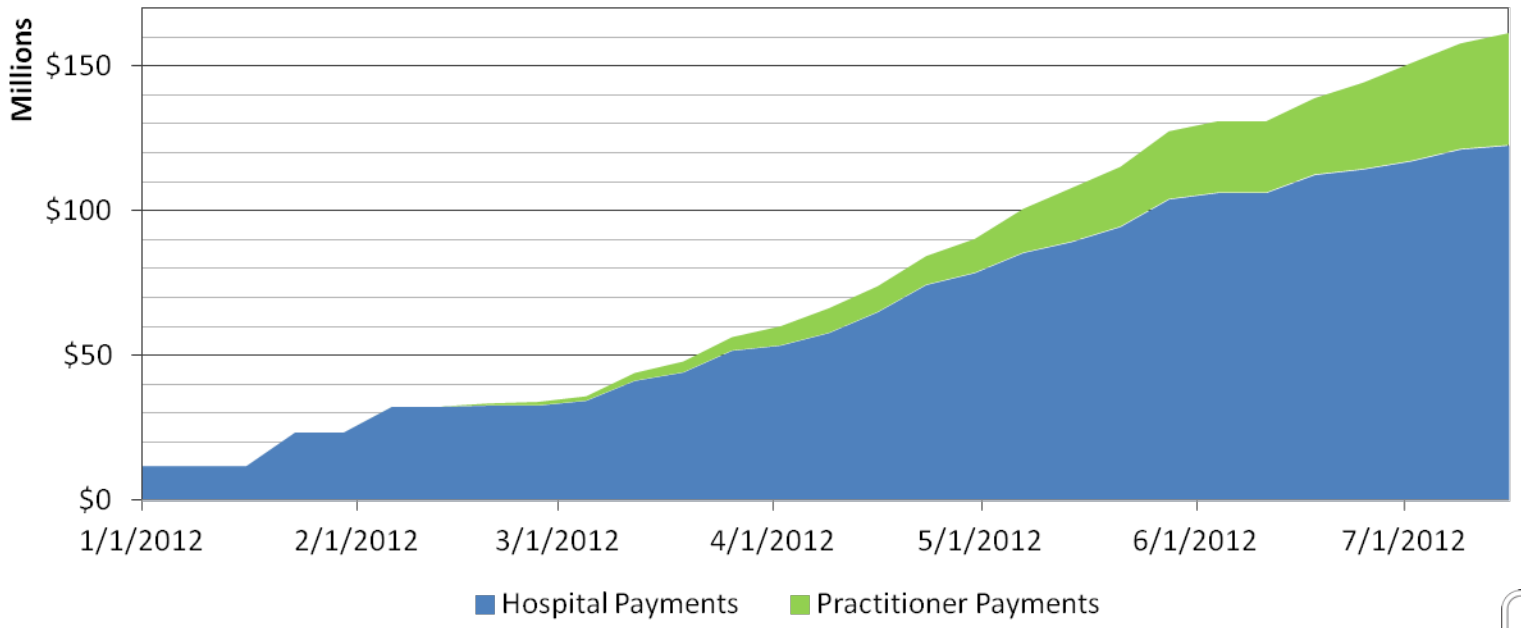
Recommendations:

- ✓ Review CMS webinar and user guide regarding registration at the national level
  - EHR: Medicare, Medicaid EHR Incentive Program Webinar for Eligible Professionals
  - EHR Medicaid EP Registration User Guide
- ✓ Review NYS webinars and user guides regarding attestation and meaningful use
  - NY Medicaid EHR Incentive Program MEIPASS Resource Webpage
    - Eligible Professional Webinar Schedule
    - Eligible Professional Quick Reference Guide
    - Frequently Asked Questions (FAQs)
    - MEIPASS Prerequisites Webinar

Program Progress Update

As of July 23, the NY Medicaid EHR Incentive Program has paid over $162 million in federal incentive funds to more than 2,000 providers:

- $122.6 million to 106 eligible hospitals
- $39.7 million to 1,901 eligible professionals



NEW YORK state department of HEALTH

Additional Resources

State Resources

- **Provider Information on eMedNY.org**
  https://www.emedny.org/meipass/
  - **Overview for Practitioners**
    https://www.emedny.org/meipass/over_prof.aspx
  - **MEIPASS Login**
    https://meipass.emedny.org/
  - **eMedNY LISTSERV**
    https://www.emedny.org/Listserv/eMedNY_Email_Alert_System.aspx

Other Resources

- **New York State Medicaid HIT Plan (NY-SMHP)**
  http://nyhealth.gov/regulations/arra/docs/medicaid_health_information_technology_plan.pdf
- **CMS Website for the Medicare and Medicaid EHR Incentive Programs**
  http://www.cms.gov/ehrincentiveprograms/
- **ONC Home Page**
  http://healthit.hhs.gov/

Questions?

eMedNY Call Center

Medicaid Enrollment, ePACES Enrollment and training,
PA/Claims Submission, EFT/electronic remittance

✉ **emednyproviderrelations@csc.com**

☎ **1 (800) 343-9000**

MEIPASS Call Center

MEIPASS Access Assistance

✉ **meipasshelp@csc.com**

☎ **1 (877) 646-5410**

EHR Incentive Program Support

Calculation, Registration, Eligibility

✉ **hit@health.state.ny.us**

☎ **1 (800) 278-3960**