



Montana Medicaid

CLAIM JUMPER

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Federal Medical Assistance Percentage (FMAP) Change

Effective October 1, 2006, the Federal Medical Assistance Percentage (FMAP) for school-based services changed from 70.54% to 69.11%.

Submitted by Rena Steyaert, DPHHS

NPI Provider Reenrollment

Providers may now download the NPI reenrollment form from mtmedicaid.org by clicking on Existing Provider Reenrollment for Participation On or After May 23, 2007, in the left column.

Online web enrollment will be available March 1. The Department strongly encourages providers to complete reenrollment online as the system alerts providers to missing information, re-

ducing errors. Paper applications will be processed beginning in March and could be delayed if they are returned for additional information. Paper applications are not guaranteed to process by May 23, 2007, which may cause claims to deny.

NPI: Get It. Share It. Use It.

Failure to prepare could result in a disruption in cash flow. Will you be ready to use your NPI? Time is running out!

To date, over 1.6 million providers have obtained an NPI. Now, only 90 days are left to implement the NPI into business practices prior to the compliance date. A recent survey of the health care industry, conducted by the Workgroup for Electronic Data Interchange (WEDI), indicates that providers should have already obtained an NPI and be focusing on implementation and testing with health plans and clearinghouses. If you have not obtained your NPI by now you should do so immediately so that you can begin the implementation and testing process.

Reminder to Supply Legacy (Current) Identifiers on NPI Application

CMS continues to urge providers to include legacy (current) identifiers, as well as associated provider identifier type(s), on their NPI applications.

This will help all health plans, including Medicaid, to get ready for May 23, 2007. If reporting a Medicaid legacy (current) number, include the associated State name. If providers have already been assigned NPIs, CMS asks them to go back into the NPPES and update their information with their legacy (current) identifiers if they did not include those identifiers when they applied for NPIs. Providers should

make sure that these legacy (current) identifiers are the ones used to bill for services and should be sure that the NPPES is updated with this information for all health plans.

This information is critical for health plans and health care clearinghouses in the development of crosswalks to aid in the transition to the NPI.

Still Confused?

Not sure what an NPI is and how you can get it, share it and use it? As always, more information and education on the NPI can be found at the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website.

Remittance Advice Files on the Web Portal

Beginning Thursday, January 25, providers who have online remittance advice (RA) files with more than 1,000 pages will receive multiple numbered files instead of one large file. If you have questions about your RAs, please contact Provider Relations.

Dental Procedure Codes Updated

Effective January 1, 2007, dental providers need to bill Medicaid and CHIP using the Current Dental Terminology (CDT) 2007-2008 updated procedure codes. One of the big changes is the removal of D1201 (combined cleaning and fluoride application) as a valid procedure code. Effective January 1, 2007, cleaning and fluoride treatment must be billed separately using D1120 and D1203 for children or D1110 and D1204 for adults. D1206 is the new code specifically for fluoride varnish application. You can order a copy of the new CDT manual by contacting the American Dental Association (ADA) at 1-800-947-4746

or by visiting their website at www.adacatalog.org

Submitted by Patrick Brown, DPHHS

Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website (mtmedicaid.org).

Big Savings With Team Care

The Team Care program is generating big cost savings for Montana Medicaid. The staff has completed its first savings analysis which showed that the program saves \$47 per member per month. There are currently 600 Team Care clients, for a savings of \$340,000 per year.

Team Care is a utilization control program for Medicaid clients with a history of overusing services when there is no underlying medical necessity. These clients need additional assistance when accessing care. Team Care clients receive enhanced education and strict case management, ensuring they receive "the right care at the right time at the right place."

The program also has helped providers by limiting phone calls to staff and reducing unnecessary appointments, freeing up time for patients who really need their attention.

The Team Care staff would like thank providers for their ongoing support of

the program. Please continue to refer clients to Team Care and encourage current Team Care clients to use the triage line when they need care.

Spring Provider Training

DPHHS and ACS have scheduled three free 1½-day provider training sessions: March 21-22 in Butte at the Copper King Hotel; April 11-12 in Polson at the KwaTaqNuk; and April 25-26 in Miles City in the VA auditorium. Schedules, maps and registration forms can be obtained at mtmedicaid.org under "Upcoming Events."

Something New With Big Sky Rx

Good news! The income guidelines for Big Sky Rx eligibility have gone UP! A single person household can now earn \$20,660/year and a two-person household can earn \$27,620/year to qualify for this program. Remember assets do NOT count as income.

More good news for your clients! We have recently learned that if a client QUALIFIES for the Big Sky Rx Program and has NOT signed up for a MEDICARE approved Prescription Drug Plan (PDP), then they may enroll with a Special Enrollment Period (SEP) granted from CMS. Big Sky Rx is considered a State Pharmaceutical Assistance Program (SPAP) and comes with this perk.

If you still have clients on MEDICARE *without* prescription drug coverage:

- Have the client send in an application for Big Sky Rx to see if they meet the qualifications.
- Big Sky Rx will send them a letter stating that they are "Qualified, but missing information," or an "Ineligible Notice" if not qualified.
- Have the client then tell their insurance carrier they are qualified for an SPAP and are entitled to the SEP.

If you have a MEDICARE client that is dissatisfied with the plan that they choose, or perhaps they choose a plan that is not the best possible plan for their needs, and they QUALIFY for Big Sky Rx, they can change plans one time during the year outside of the open enrollment period.

Any way you look at it, Big Sky Rx is a great deal for your clients on MEDICARE. Big Sky Rx will pay the Medicare Part D insurance premiums up to \$33.11 for prescription drug coverage and give those individuals NOT signed up with a plan an opportunity to get on a plan at any time during the year.

Call 1-866-369-1233 for additional applications for your office or for more information.

Submitted by Margaret Souza, DPHHS

14,250 copies of this newsletter were printed at an estimated cost of \$.57 per copy, for a total cost of \$8,249.99, which includes \$5,272.06 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis, at (406) 444-9772.

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select *Resources by Provider Type* for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices		
01/11/07	Pharmacy, Physician, Mid-Level Practitioner	Prior Authorization Addition
01/11/07	School-Based Services	Federal Medical Assistance Percentage (FMAP) Change
01/15/07	Durable Medical Equipment	Revised Fee and Criteria on Phototherapy (Bilirubin) Light With Photometer
01/15/07	Durable Medical Equipment	Medicare Changes in Certificate of Medical Necessity (CMN)
01/16/07	Inpatient Hospital	Inpatient Out-of-State Hospital Changes

Date	Provider Type	Description
01/18/07	Inpatient Hospital, Outpatient Hospital, Freestanding Dialysis Clinic, Rural Health Clinic, FQHC, Indian Health Service	Admit Hour to Be Required for Institutional Claims
01/22/07	Physicians, Mid-Level Practitioners, Inpatient Hospitals, Outpatient Hospitals, IDTFs, Psychiatrists, Podiatrists, Lab and X-ray	2002-2007 ATP Tests and Fee Schedules
01/24/07	Physicians, Mid-Level Practitioners, Public Health Clinics, Inpatient Hospitals, Outpatient Hospitals, FQHCs, RHCs, Indian Health Services	VFC Update
01/24/07	Hospice	Instructions for Reporting Hospice Services in Greater Line Item Detail
01/24/07	Hospice	Revised Rate Increase
01/25/07	Targeted Case Management - Mental Health, Targeted Case Management - Non-Mental Health	Additional Targeted Case Management for High-Risk Pregnancies
01/26/07	Inpatient Hospitals, Mental Health Centers, Physicians, Mid-Level Practitioners, Psychiatrists, Psychologists, Social Workers, Licensed Professional Counselors, Targeted Case Management - Mental Health	Mental Health Claims May Have Been Underpaid
02/01/07	Physicians, Mid-Level Practitioners	Adjustments to Anesthesia Claims
Fee Schedules		
01/24/07	Hospice	New fee schedule
Other Resources		
01/02/07, 01/08/07, 01/15/07, 01/22/07, 01/29/07	All Provider Types	What's New on the Site This Week
01/02/07	All Provider Types	Updated carrier codes
01/03/07	All Provider Types	News item regarding New Provider Relations Help Line Options
01/08/07	All Provider Types	News item regarding Provider Reenrollment for NPI
01/10/07	All Provider Types	2007 Medicaid Payment Schedule
01/11/07	Pharmacy	Updated PDL and Quicklist
01/12/07 (removed 01/29/07)	All Provider Types	News item regarding Delay of e!SOR and 835 Files
01/16/07	All Provider Types	News item regarding SLMB, QI and Medicaid Mass Adjustment to Be Reprocessed
01/16/07	Dental	Revised dental emergency services form
01/17/07	All Provider Types	February 2007 <i>Claim Jumper</i>
01/19/07	Pharmacy	January 2007 DUR meeting agenda
01/19/07	All Provider Types	Link to Montana Prescription Drug Assistance Programs added under Pharmacy heading
01/22/07	All Provider Types	Revised Complete Montana Medicaid Provider Enrollment Packet on Provider Enrollment page
01/22/07	Physicians, Mid-Level Practitioners, Outpatient Hospitals, IDTFs, Psychiatrists, Podiatrists, Lab and X-ray	2007 Lab Panels
01/24/07 (removed at end of day)	All Provider Types	News item regarding Viewing Online e!SOR Files
01/24/07	Nursing Facilities	2007 Medicaid Payment and TAD Schedule
01/25/07	Pharmacy	February PDL meeting schedule and drug list
01/29/07	All Provider Types	News item regarding SLMB, QI and Medicaid Mass Adjustment Completed
02/01/07	Pharmacy	February drug class reviews
02/01/07	All Provider Types	News item regarding Remittance Advice Files on the Web Portal

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

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Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: MTPRHlpdesk@ACS-inc.com

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

Prior Authorization

Mountain-Pacific Quality Health Foundation (800) 262-1545

Mountain-Pacific Quality Health Foundation—DMEPOS/Medical

(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604



Spring 2007 Provider Training

March 21-22: Butte-Copper King Hotel

April 11-12: Polson- KwaTaqNuk

April 25-27: Miles City- VA Hospital Auditorium



Day One: Medicaid Basic

Special Morning Provider Session

- Physician/Midlevel
- Hospital Programs
- Provider Based Programs

Afternoon Provider Session

- **Introduction:** Including New Phone System
- **Web Portal Walk Thru:** A Brief tutorial of MATH
- **Eligibility Determination and Verification:** How and where to find eligibility
- **Claim Denials:** Various forms of denials and how to correct/avoid them
- **PASSPORT/Teamcare:** Including discussion on Provider Based Rules
- **TPL/Medicare and COBA:** A Refresher



Day Two: What's New

- **Introduction:** Including New Phone System
- **QMB, SLMB and QI:** How does it effect your claims
- **New Claim Forms:** In-depth discussion of new UB-4 and CMS-1500
- **Bloodhound:** What is it?
- **Re-enrollment:** Discussion on the Mandatory Re-enrollment process
- **PERM:**Payment Error Rate Program
- **SURS:** Surveillance Utilization and Review
- **NPI Question and Answer**
- **Pharmacy:** Prescription Drug Program and PharmAssist



Registration Form

Please check the appropriate box

Location: Butte(March 21-22); Polson(April 11-12); Miles City(April 25-26)

Day One 8:30am- 11:30am 1:00pm-4:00pm Day Two 8:00am-4:00pm

Name/Organization: _____

Provider Number: _____ Contact Name: _____

City: _____ Phone Number: _____

Names of Attendees: _____

*You can register via e-mail at mtprhelpdesk@asc-inc.com,
calling 1-800-624-3958, 406-457-9532 or fax to 406-442-4402
Schedule and map can be downloaded at www.mtmedicaid.org*



**ACS
P.O. BOX 8000
HELENA, MT 59604**



**ACS PROVIDER TRAINING PRE-REGISTRATION
P.O. BOX 8000
HELENA, MT 59604**