Montana Medicaid

CLAIM JUMPER

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Transferring Credit Balances

Now that claims are being processed with either National Provider Identifier (NPI) or atypical provider identifier (API), any activity on your previous legacy provider number may result in that number moving into a credit balance. Your legacy number may move in and out of a credit balance depending on adjustments completed to claims originally billed with the legacy number.

ACS has started moving the credit balance amounts from your legacy number to the NPI/API and will continue to do so until all currently enrolled providers are no longer in a credit balance. This process will take a significant amount of time due to the number of providers involved. If you wish to have your credit balance moved more quickly, please contact Provider Relations and ask to have your credit balance moved to your NPI/API. You will need to indicate the legacy number from which you wish the credit moved and the NPI and taxonomy or API to which you wish the credit moved. These transactions are conducted as gross adjustments and cannot be attributed to any individual client.

When the credit is satisfied, those claims that appeared in the credit balance section of your remittance advice will move into the paid section and can be posted at that time.

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).

Tips for Submitting Paper Claims

Montana Medicaid utilizes Optical Character Recognition software to "read" paper claims. If you submit a paper claim on which the data grid has incorrectly sized margins or is not full size, the software will not be able to read the data accurately. Other factors that will cause claims to be read inaccurately include data that is on a line or runs into the next field and claims with light print, handwritten information or information not printed in 10-pitch Pica type, six lines per inch vertical and 10 characters per inch horizontal.

Alcohol and Chemical Inpatient Detoxification

Alcohol and chemical inpatient detoxification services are covered for up to four days. More than four days may be covered if an acute hospital setting is required and the service has been authorized by the Department. Services may also be covered if the Department determines that the client has a concomitant condition that must be treated in an inpatient hospital setting, and the detoxification treatment is a necessary adjunct to the treatment of the concomitant condition. You must contact the Department no later than the fourth day of service.

To obtain authorization contact:

Department of Public Health and Human Services
RN Case Manager
(406) 444-0061 Telephone
(406) 444-4441 Fax

Submitted by Deb Stipcich, DPHHS

Team Care Information For Providers

Team Care is the restricted card program for Medicaid clients who misuse or overuse medical services. It could be because they are unaware of the correct way to access care, unsure of appropriate care needs or are abusing the system. Clients are identified through claims data and provider referrals.

Clients referred into the program are restricted to one provider and one pharmacy, and are encouraged to call the Nurse First Advice Line, provided by the Department's vendor, McKesson Health Solutions, prior to accessing care other than scheduled follow-up visits with their PCP. Whenever a client

calls the Nurse First Advice Line, a fax is sent to the provider's office informing them of the contact and listing the recommendations made.

Clients benefit by having one provider managing their care, and providers benefit by having the clients utilizing the more efficient Nurse First Advice Line rather than multiple phone calls to the office. Clients receive educational and self-management tools as part of the service.

If a provider believes one of their clients is appropriate for Team Care, he or she can fill out the Team Care provider referral fax form located on the DPHHS Web site (http://medicaidprovider.hhs.mt.gov/pdf/tcproviderreferralfax.pdf), or call the Medicaid Help Line at 1-800-362-8312 Monday through Friday, 8 a.m. - 5 p.m. to make a referral.

Submitted by Janice Gomersall, M.D

Medical Advisor, Nurse First Program

Federal Government May Request Medical Records

Beginning October 1, 2007, Montana's Healthcare Plans will be required to participate in the federal Office of Management and Budget's (OMB) Payment Error Rate Measurement (PERM) program. This national program measures improper payment in Medicaid and CHIP because OMB identified these two programs as being at risk for significant erroneous payments.

The Centers for Medicare and Medicaid Services (CMS) will use three national contractors to measure the accuracy of Montana Medicaid and CHIP payments for services rendered to clients. Montana providers will work primarily with Livanta, CMS's documentation and database contractor. Livanta will collect medical policies from Montana Medicaid and CHIP as well as either electronic or hard copy medical records from providers.

Medical records are needed to support required medical reviews to determine if claims were correctly paid. If a provider's ID number is identified on a claim as receiving payment, and that claim is selected as a sample for a service the provider rendered to either a Medicaid or CHIP client, Livanta will contact the provider for a copy of the required medical records.

Livanta will verify the correct name and address information and determine whether the provider wants to receive the request by fax or mail. Once the request is received, the provider must submit the information electronically or in hard copy within 60 days. The provider who is identified on the claim as receiving payment will be responsible for ensuring that any and all supporting medical records, from any and all provider(s) who rendered a service for which the claim payment under review was requested, are submitted in a timely manner. During this 60-day timeframe, Livanta will follow up to ensure that the provider submits the documentation before the deadline.

Providing the requested medical records is required by the Social Security Act and is permissible by HIPAA.

It is very important that providers submit complete medical records in a timely manner to support evaluation of the accuracy of claims payments. No response or insufficient documentation will count against the State as an error, and result in a recovery of an overpayment from the provider. The Program Compliance Bureau at the Montana Department of Public Health and Human Services is available to help providers identify the required documentation for submission. If you have any questions, please contact Karen Wood at (406) 444-9355.

Clarification on Provider Welcome Letters

The Provider Welcome Letters are generated with the date the enrollment was approved in the Medicaid Management Information System (MMIS). The letter indicates that the enrollment is complete and providers may now use the approved NPI or atypical provider identifier (API) to bill Montana's Healthcare Programs for all claims.

All claims billed to Montana's Healthcare Programs must be billed with the NPI/taxonomy for healthcare providers and with the new API for atypical providers, no matter the date of service. The timely filing rules do apply. Institutional providers (UB-04 or 837I) began billing Montana's Healthcare Programs with their NPI and taxonomy as of January 1, 2008. Professional providers (CMS-1500 or 837P) must bill with their NPI and taxonomy as of March 1, 2008.

Fall Provider Training Scheduled

Fall Provider Training is scheduled for October 2008 in Bozeman, Hamilton and Great Falls. Watch for more details in next month's *Claim Jumper* and on www.mtmedicaid.org.

Alert Regarding Taxonomy Code Issue Affecting Outbound 837 Professional Crossover Claims

The Centers for Medicare & Medicaid Services (CMS) is alerting all Coordination of Benefits Agreement (COBA) trading partners to a systems issue that its Medicare contractors identified within the MCS Part B claims processing shared system in relation to inclusion of provider taxonomy codes on outbound 837 professional crossover claims. The issue is apparently being introduced upon acceptance of claims into the Medicare Part B contractors' system and is resulting in instances where the provider taxonomy code, even when reported on the incoming claim, is not being carried through to the outbound 837 professional crossover claims process. Current estimates are that a fix to the problem will be available on/about July 25, and, following successful testing of the fix, the Part B contractors that operate on MCS will elevate the fix into production. Thus, if all goes according to plan, the fix should be in production by the early part of August 2008. The CMS will provide further updates if contingencies that would affect the aforementioned timetable occur.

Should you have questions regarding this broadcast, contact your designated COBC EDI representative or CMS COBA representative.

14,250 copies of this newsletter were printed at an estimated cost of $.36 per copy, for a total cost of $5,174.93, which includes $2197 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 and Replacement Pages		
06/09/08	Durable Medical Equipment	Billing and Policy Changes
06/16/08	Pharmacy	Pharmacy Claims Pricing Adjustments
06/17/08	All Provider Types	Frequently Asked Questions About NPI Reenrollment and Billing (revised)
06/18/08	Psychologists	CPT Code 96101 Must Be Billed With Modifier
06/23/08	Inpatient Hospitals	Alcohol and Chemical Inpatient Detoxification
06/24/08	Dentists	Revision to Procedure Code D3240
06/26/08	Psychologists	CPT Code 96101, 96118, 96119 and 96120 Must Be Billed With Modifier
Fee Schedules		
06/24/08	Home Infusion Therapy	Fee schedule
Other Resources		
06/02/08, 06/09/08, 06/16/08, 06/23/08	All Provider Types	What's New on the Site This Week
06/02/08	All Provider Types	Revised news item regarding NPI and Taxonomy Paper Claim Instructions
06/05/08	All Provider Types	News item regarding Mass Adjustment for Physician-Administered Drugs Requiring NDC
06/06/08	All Provider Types	NDC Attachment added to Forms page
06/06/08	All Provider Types	News item regarding Provider File Updates
06/06/08	Pharmacy	Updated PDL
06/10/08	Pharmacy	Updated PDL
06/10/08	Pharmacy	Note and date removed from PDL Quicklist
06/12/08	All Provider Types	July 2008 *Claim Jumper*
06/16/08	Pharmacy	Updated PDL and Quicklist
06/16/08, 06/19/08	All Provider Types	Vendor information updated on Tamper-Resistant Pad Vendors page
06/17/08	Pharmacy	Updated PDL and Quicklist
06/19/08	All Provider Types	News item regarding Mass Adjustment Issue
06/19/08	All Provider Types	Updated news item regarding Medicare Part D Prescription Drug Benefit News
06/24/08	All Provider Types	News item regarding Transferring Credit Balances
06/24/08	All Provider Types	Links and documents updated on Team Care page: Fact Sheet, Team Care Handbook, Patient Enrollment Letter, Team Care General Information and FAQs
06/25/08	All Provider Types	MHSP Addendum added to Forms page

Montana Medicaid
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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: MTPRHelpdesk@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

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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