



Montana Medicaid

CLAIM JUMPER

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Reminder to School-Based Services Providers of Upcoming FMAP Rate Change

The Federal Matching Assistance Percentage (FMAP) change will be put into effect on October 1, 2007, for the upcoming federal fiscal year. The new FMAP rate for Montana is changing from 69.11% to 68.53%. The FMAP is important to school-based services providers because the reimbursement rate is calculated by multiplying the

published fee by the appropriate FMAP rate that was in effect during the time your claim was priced within our system. It is important to remember that claims for school-based services are priced based on the payment date of the claim rather than by the date of service. For your reference, a provider notice dated May 1, 2007, titled “Future FMAP Rate Reflects Changes to Reimbursement on the Fee Schedule” is posted on the Department website at http://medicaidprovider.hhs.mt.gov/providerpages/provider_type/45.shtml#notices.

Submitted by Rena Steyaert, DPHHS

NPI Requirements For Clinics and Group Practices

Clinics or groups that want to bill Montana’s Healthcare Programs after October 1 must reenroll and have an NPI. In addition, the rendering providers in a clinic or group must reenroll individually, have their own NPIs, and must be indicated on the claim as the rendering provider. The exceptions include Mental Health Centers and Public Health Clinics.

New Format For Provider Training For Schools

The Department has developed a training of the school-based services on a CD and mailed it out to schools that provide medical services to students. It should have been received by the first part of September. This training has information regarding all school-based medical services that are reimbursable with Montana Medicaid. Information regarding what Passport, Team Care and Prior Authorization are about and their role in the schools is included as

well as National Provider Identification (NPI) and provider reenrollment with Montana Medicaid. It also includes information on Medicaid Administrative Claiming (MAC) and some of the details of the program. If your school hasn’t received one of the CDs and would like to have one, please contact Rena Steyaert, Program Officer for School-Based Services for Montana Medicaid, at 406-444-4066 or email at rsteyaert@mt.gov.

Submitted by Rena Steyaert, DPHHS

Have You Completed Your Required Reenrollment?

If you are an active provider but have not yet reenrolled in one or more of Montana’s Healthcare Programs, which include Medicaid, the Children’s Health Insurance Plan (CHIP) and the Mental Health Services Program (MHSP), we encourage you to reenroll at your earliest opportunity. Your participation is vital to the health and well-being of Montana’s most vulnerable citizens. Reenrollment must be completed by **October 1, 2007**, in order to avoid any delay in reimbursing you for services billed on or after that date.

There are two ways to reenroll: Through the Montana Access to Health (MATH) website at www.mtaccess.tohealth.acs-shc.com/mt/general/home.do; or regular paper process. A benefit to web-based reenrollment process is the system only displays questions relevant to your provider type while the paper reenrollment process includes all the paperwork needed for every type of provider.

In response to providers’ concerns, we recently made the following changes to improve the web-based process:

- There is a detailed reenrollment “checklist” on the web page which outlines the documents needed to complete the reenrollment and tips on how to navigate through the form.
- Multiple providers are more easily re-enrolled since a “copy data” function exists for subsequent applications after the initial application is saved and a reference number is assigned.
- We eliminated the requirement for some information from owners and managing employees, e.g. Social Security numbers and date and county of birth. The ACS Provider Relations department will contact you if the credentialing process cannot be completed without this information. The owner/managing employee Social Security number and date of birth may be required at this point to complete a secondary verification on the List of Excluded Individuals/Entities (LEIE).

We want to make the enrollment process as quick and easy as possible. If you need more information or assistance with the MATH web portal, you can call Provider Relations at 1-800-624-3958 or 1-406-442-1837 or e-mail mtprhelpdesk@acs-inc.com.

Two New NPI Educational Products Posted

Fact Sheets:

For Providers who are organizations:

http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_FactSheet_Org_Provi_web_07-03-07.pdf

For Providers who are sole proprietors:

http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_FactSheet_Sole_Prop_web.pdf

Reminder—Sharing NPIs

Once providers have received their NPIs, they should share their NPIs with other providers with whom they do business, and with health plans that request their NPIs. In fact, as outlined in current regulation, providers who are covered entities under HIPAA must share their NPIs with any entities that need them for billing purposes—including those who need them for designation of ordering or referring physician. Providers should

also consider letting health plans, or institutions for whom they work, share their NPIs for them.

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).

Breast and Cervical Cancer Treatment Program Changes

For dates of service effective on or after September 1, 2007, all individuals in the Breast and Cervical Cancer Treatment Program eligibility group will receive Full Medicaid benefits. In the past, most individuals in the Breast and Cervical group received Basic Medicaid benefits, unless they were pregnant, under 21 or blind/disabled according to Social Security criteria.

*Submitted by Jo Thompson and
Kathe Quittenton, DPHHS*

Nursing Facility Claim Submission

Nursing facilities are encouraged to submit claims for residents monthly. Most residents will be in the facility for the entire month and have personal resources that must be applied to the cost of care. Monthly submission simplifies this process.

Facilities submitting electronic claims may submit claims for short stay residents or correct denied claims on a weekly basis.

Elimination of ESOR

Effective September 1, 2007, electronic statements of remittance (ESORs) will no longer be available through the old Medicaid Eligibility and Payment System (MEPS). As you are aware, the ESORs on MEPS are not Health Insurance Portability and Accountability Act (HIPAA) compliant and providers are required to convert to the ANSI X12 835 format. The ANSI X12 835 is the HIPAA compliant electronic remittance advice (ERA) which adheres to the specific standards for electronic transactions and code sets under HIPAA Administration Simplification.

HIPAA requires every provider and payor who does business electronically to use the same health care transactions, code sets and identifiers.

In accordance with HIPAA, Montana Medicaid provides a standardized ANSI X12 835 and will not change or customize this format for individual providers. The ANSI X12 835 is available to all providers through the Montana Access to Health (MATH) web portal. All providers with web portal accounts have access to the printable statement of remittance in PDF format. The printable remittance advice is different from the ANSI X12 835 and will continue to be available online and in the PDF format.

To obtain access to the web portal, providers must complete the Trading Partner Agreement, the Electronic Billing Agreement and the Electronic Data Interchange (EDI) provider enrollment forms. These forms are available on the Montana Medicaid provider website located at www.mtmedicaid.org. Providers may contact ACS at (800) 624-3958 or (406) 442-1837 for assistance related to the web portal.

A Reminder on CHIP Extended Mental Health Benefit Claims

Some Children’s Health Insurance Plan (CHIP) Extended Mental Health Benefit claims must first be submitted to Blue Cross and Blue Shield of Montana (BCBSMT) and denied prior to being sent to ACS. Those claims include services for psychotherapy office visits or a therapeutic group home stay. Once the child exceeds the basic plan benefit limits, BCBSMT sends the Explanation of Benefits (EOB) denial. The provider must then submit the claim and EOB denial to ACS along with the “Paperwork Attachment Cover Sheet.”

The cover sheet keeps the initial EOB denial on file with ACS so subsequently denied claims (for the same service type) do not require cover sheets. The cover sheet has instructions on it, is easy to complete, and can be downloaded from the Montana’s Healthcare Programs provider website at www.mtmedicaid.org.

If the cover sheet is not submitted with the EOB denial, then all future claims for the same services must be accom-

panied by the individual EOB denial for each date of service. Claims submitted to ACS without the EOB will be denied.

If you have questions or need more information about the CHIP Extended Mental Health Plan for children with a serious emotional disturbance, please call CHIP at 1-877-543-7669 and ask for Charity.

*Submitted by Charity Christofferson,
CHIP Extended Mental Health Plan Specialist*

Fall Provider Training Is Almost Here!

Summer is almost over and we are looking ahead to Fall Provider Training. We will be conducting training in the following locations:

Havre—October 10-11
Billings—October 23-24
Missoula—October 30-31

Registration forms are included in this month’s *Claim Jumper*.

If you have any questions, please email us at mtprhelpdesk@acs-inc.com.

NPIs Will Be Required For Attending Providers

When National Provider Identifier (NPI) is implemented on October 1, many provider types that bill Montana’s Healthcare programs on the UB-04 will be required to include the valid NPI of the attending provider on the claim form. These program types include Inpatient Hospital, Outpatient Hospital, Freestanding Dialysis

Clinics, Rural Health Clinics, Federally Qualified Health Centers, and Indian Health Services.

These provider types should ensure that their attending providers have re-enrolled with Montana’s Healthcare Programs *and* obtained their own NPI. Providers can reenroll online at www.mtmedicaid.org and NPIs can be obtained by visiting the National Plan and Provider Enumeration System (NPPES) website at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

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		
07/02/07	Private Duty Nursing	Provider Rate Increase
07/06/07	Physicians, Mid-Level Practitioners, Public Health Clinics, Birth Centers, RHCs, FQHCs, Outpatient Hospitals, Indian Health Services	Coverage of 17 Alpha-Hydroxyprogesterone Caproate
07/10/07	Home Health	Rate Increase
07/17/07	Nursing Facilities	Nursing Facility Reenrollment and Billing
08/07/07	Physicians, Mid-Level Practitioners, Dentists, Pharmacies	Tamper-Resistant Prescription Pad Requirement
Fee Schedules		
07/10/07	Home Health	Fee schedule
07/13/07	Hospital Outpatient	APC schedule, outpatient procedure fee schedule
07/20/07	Home and Community-Based Services	Elderly and Physically Disabled Waiver fee schedule
07/20/07	Personal Assistance Services	Fee schedule
Other Resources		
07/02/07, 07/09/07, 07/16/07, 07/23/07	All Provider Types	What’s New on the Site This Week
07/02/07	All Provider Types	News item regarding Instructions for Billing on Paper During the NPI Contingency Period
07/09/07	Pharmacy	Updated PDL and Quicklist
07/12/07	All Provider Types	August <i>Claim Jumper</i>
07/24/07	All Provider Types	News item regarding ESOR Notification

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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

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



Fall Provider Training



Day 1 - Full Day Day 2 - Half Day

Oct 10th-11th: Havre-Duck Inn

Oct 23rd-24th: Billings-MSU Student Union Building

Oct 30th-31st: Missoula-St Patrick's Hospital

Topics to Be Covered

Eligibility: How it is determined, QMB, QI, SLMB, retro eligibility

How to Bill your Claim: UB-04 and CMS 1500

New Additions to the Web Portal: Mail Boxes, Provider Locator, Claims Based Medical History

Passport to Health

TPL and Medicare

Medicaid Basic-Who to Call and when

NPI and Re-enrollment

Billing Tips – Adjustment Forms, Sterilizations, NPI Billing, Bloodhound

Panel Discussion with State Program Staff

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Registration Form

Please check the appropriate box

Location: Havre (Oct 10-11)___ Billings (Oct 23-24)___ Missoula (Oct 30-31)___

Day One___ Day Two___

Name/Organization: _____

Provider Number: _____ Contact Name: _____

City: _____ Phone Number: _____

Names of Attendees: _____

*You can register via e-mail at mtprhelpdesk@acs-inc.com,
calling 1-800-624-3958,
or fax to 406-442-4402*

See full schedule and times at www.mtmedicaid.org under "Upcoming Events"



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