



Montana Medicaid

CLAIM JUMPER

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Tamper-Resistant Prescription Requirements

The Centers for Medicare and Medicaid Services (CMS) released guidance to state Medicaid programs regarding a new law requiring the use of Tamper-Resistant Prescription Pads contained in section 7002(b) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007. Beginning October 1, 2007, CMS will require that a Medicaid prescription pad contain **one** of the following three characteristics:

- One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form
- One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber, and
- One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

After October 1, 2008, a prescription pad must meet **all** of the above characteristics.

This requirement applies to all Medicaid written prescriptions for outpatient drugs, including over-the-counter medications, regardless of whether Medicaid is the primary or secondary payor.

The Department has posted a list of vendors for tamper-resistant pads on the Department Website and will update this list as new vendors are reviewed.

Montana Medicaid encourages providers to telephone, fax or electronically transmit prescriptions to the pharmacy.

Pharmacies may fill a prescription of covered outpatient drugs written on non-compliant prescriptions, at the Pharmacist's discretion. However, pharmacies *must* verbally confirm the non-compliant prescription and document the call on the face of the prescription, or obtain a faxed, electronic, or compliant written prescription within 72 hours of the date on which the prescription was filled.

For further guidance please refer to Montana Medicaid Provider Notice September 20, 2007: Tamper Resistant Prescription Pads, and the accompanying CMS FAQ's.

Submitted by Wendy Blackwood, DPHHS

CHIP Extended Dental Plan

Effective October 1, Montana's Children's Health Insurance Plan (CHIP) will offer extended dental benefits for some children enrolled in CHIP.

Under CHIP's basic dental plan, services are limited to \$412 in billed charges per benefit year (October 1 – September 30). CHIP-participating dentists are reimbursed at 85 percent of billed charges so the maximum reimbursement under the basic plan is \$350.

The CHIP Extended Dental Plan (EDP) allows children with significant dental needs, beyond the \$412 limit, to receive additional services up to \$1,176. The maximum reimbursement for children approved for EDP is \$1,350. (Basic plan \$350 + \$1,000 EDP = \$1,350.) EDP covers only the services currently covered under the basic plan.

For CHIP-enrolled children to be eligible for EDP, providers must submit a "Request for

Extended Dental Benefits" form to CHIP for approval. This form will include a treatment plan listing the services the patient needs and estimated charges. Upon CHIP approval of the treatment plan, extended services can be provided and reimbursed.

CHIP will mail more detailed information regarding EDP, as well as a copy of the Request form, to all CHIP-participating dentists prior to October 1. This information will also be available for download at www.chip.mt.gov.

Submitted by Barbara Arnold, CHIP Dental and Eyeglass Manager

Community Based Alternatives to Psychiatric Residential Treatment Facilities

Montana was one of 10 states chosen to receive a federal grant that will serve youth with serious emotional disturbance (SED) in their communities instead of placed in psychiatric residential treatment facilities (PRTF). Youth with SED will be provided specialized wrap around services to meet their individual needs.

The Department of Public Health and Human Services was awarded the demonstration grant in December 2006 as part of the Deficit Reduction Act of 2005. The grant will be administered and implemented by the Children's Mental Health Bureau (CMHB).

The project will have a total of 100 slots for youth by the end of the five-year period in five Montana counties, starting year one in Billings. The project plans to begin offering services this fall.

Submitted by Kari Tutwiler, DPHHS

Montana Healthcare Program Reenrollment

ACS will be available with online access during Provider Training for those who have not reenrolled in Montana's Healthcare Programs (Medicaid, CHIP and MHSP). Please refer to www.mtmedicaid.org for dates, times, locations, and a checklist of documentation to bring to complete the online enrollment process.

Corrected PA Contact Numbers

The contact numbers for prior authorization of DMEPOS and physician related services in the July *Claim Jumper* were incorrect. The correct numbers are fax toll-free local and long distance 1-877-443-2580; phone local (406) 457-5887, toll-free long distance 1-877-443-4021, ext. 5887.

Children's Mental Health Bureau Expands Service Array

Effective October 1, 2007, the Children's Mental Health Bureau (CMHB) will begin accepting applications for the CMHB Supplemental Services Program (SSP). SSP funding will be available for youth with serious emotional disturbance who are Medicaid, CHIP Extended Mental Health Benefit or Children's Mental Health Service Plan (CMHSP) recipients.

Family income for this program must be under 175% of the federal poverty level. Youth who receive Medicaid via SSI, adoption or guardianship subsidy or a waiver must report family income to determine eligibility. SSP funding can be accessed only when there is no other form of payment available including Medicaid, CHIP and CMHSP. SSP cannot be used to supplement payments from any of these sources.

Within the available appropriation, SSP funding will be considered for the following kinds of supplemental services: services to the family that are directly related to the child's mental health needs; non-medical transportation related to the mental health needs of the child; specialized discharge training for the family and provider; consultation or care coordination; room and board for therapeutic group home, and other services. All services must be medically necessary and integrated into the youth's treatment plan.

Services are strictly limited to a four-month period each federal fiscal year (October 1 – September 30). SSP funds must be directed at family stabilization or reunification. Youth must be in the legal custody of the parent (biological or adoptive) or another specified caretaker relative within the fifth degree of kinship.

Active participation by parents or caretaker is critical to the success of SSP services. The SSP application must address how parents will be involved. The parent or caretaker will be asked to complete a brief written survey at the conclusion of services to provide information about the effectiveness of the service.

Applications may be submitted by a Targeted Youth Case Manager, the youth's mental health provider, or the local Kids Management Authority (KMA) Coordinator. The SSP Policy Manual is located under "Programs & Services" at the CMHB Website: <http://www.dphhs.mt.gov/mentalhealth/>

children/index.shtml. The SSP Application is located in "About the Bureau" section.

This program, formerly referred to as "Part B," is funded by Temporary Assistance to Needy Families, Maintenance of Effort (TANF MOE) dollars. This is a capped appropriation and not an entitlement program. CMHB is pleased to offer these supplemental services and appreciates the opportunity to partner with TANF to meet the needs of youth with SED and their families.

Submitted by Kari Tutwiler, DPHHS

Billing Montana Healthcare Programs

Medicare recently announced that they will continue to allow providers to bill using their legacy number only. Medicare is also allowing providers to bill using their NPI number only or both their NPI and legacy number. Due to Medicare's decision, Montana Healthcare Programs will also allow providers to bill Medicaid using their NPI (for healthcare providers); NPI and current Montana Healthcare Program number(s) or their current Montana Healthcare Programs number(s). When Medicare mandates NPI-only billing for healthcare providers, Montana's Healthcare Programs will also require the NPI. For atypical providers, they may use their new Montana Healthcare Program number.

There is a possibility that you may receive more than one payment from Montana's Healthcare Programs if you bill Medicare differently than you bill Montana's Healthcare Programs.

- If you bill Medicare using your NPI and Montana's Healthcare Programs with your current provider number, your crossover payment will be under your NPI and payment for non-Medicare claims will be under your current number.
- If you bill Montana's Healthcare Programs using your NPI and Medicare with your current Medicare legacy number, your crossover payment will be under your current Montana Healthcare Program number and your non-crossover claims will be under your NPI.

For claims received on or after October 1, 2007, the Department of Public Health and Human Services encourages providers who have an NPI or have been issued a new atypical provider number to use these numbers to bill. If you have received your NPI and are not yet reenrolled in Montana's Healthcare Programs, you are encouraged to do so immediately. Reenrollment is available online at www.mtmedicaid.org. For those providers who do not yet have an NPI, you may apply online at <https://nppes.cms.hhs.gov>.

If you have questions or need assistance with reenrollment, contact ACS Provider Relations at 1-800-624-3958.

Fall Provider Training

The fall training has been condensed into a one-day training. Dates, locations and an agenda can be found on the enclosed insert. Hotel information is available at www.mtmedicaid.org.

Electronic Billing Tips For DME and Hearing Aid Providers

Providers can submit electronic claims to ACS even if they need to include separate paper documentation. Simply mail (P.O. Box 8000, Helena, MT 59604) or fax (406-442-4402) the documentation with the paperwork attachment cover sheet available on www.mtmedicaid.org.

There are two types of attachments: claim-specific and non-claim specific. Claim-specific attachments include descriptions of miscellaneous or undefined procedure codes and TPL attachments indicating the claim was either denied by the other payer or the full allowed amount was applied to the other payer deductible. Non-claim-specific attachments include sterilization forms, abortion forms, hysterectomy forms and FA-455 forms. Non-claim-specific attachments will be copied and imaged as a paperwork attachment to be referenced for other claims submitted for that client. Claim-specific attachments need to be sent separately with the paperwork attachment cover sheet.

Providers who submit claims with miscellaneous or undefined procedure codes that require descriptions should *always* send a paperwork attachment for the descriptions. Descriptions included in the ANSI X12 transactions are not included on the claim record in the claims processing system. Therefore, it is important that even if you submit the transaction with a description you also send the description as a paperwork attachment. It is important to send the paperwork attachment indicator on the X12 to serve as notification that paperwork was sent and can be reviewed. Claims will be denied if a paperwork attachment is not sent for those miscellaneous codes that need a description.

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).

14,250 copies of this newsletter were printed at an estimated cost of \$.47 per copy, for a total cost of \$6,757.45, which includes \$3,779.52 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		
08/01/07	All Provider Types	Elimination of eSOR
08/07/07	Physician, Mid-Level Practitioners, Dentists, Pharmacies	Tamper-Resistant Prescription Pad Requirement
08/09/07	RHC, FQHC	NPIs Will Be Required for Attending Providers
08/09/07	Nursing Facilities	Nursing Facility Claim Submission
08/17/07	Physician, Mid-Level Practitioners, Pharmacies	Zanaflex® Capsule
08/24/07	RHC, FQHC	Manual replacement pages: Revised key contacts, prior authorization, coordination of benefits, and revenue codes
08/27/07	Physician, Mid-Level Practitioner	Vaccines for Medicare Part D Participants
08/29/07	Durable Medical Equipment	Criteria for Group 2 Support Surface; Criteria for Wheel Chair Seating in the Nursing Home; Criteria for Gait Trainers
08/30/07	Physicians, Mid-Level Practitioners, Dentists, Pharmacies, Inpatient Hospitals, Outpatient Hospitals	Tamper-Resistant Prescription Pads
Fee Schedules		
08/06/07	Home and Community Based Services	HCBS for Adults With Severe Disabling Mental Illness fee schedule
08/08/07	Home and Community Based Services	Revised Elderly and Physically Disabled Waiver fee schedule
08/15/07	Durable Medical Equipment	Fee schedule
Other Resources		
07/31/07	Inpatient Hospital	DRG calculation worksheet, DRG base price and CCR history
07/31/07	Pharmacy	Updated PDL and Quicklist
08/01/07, 08/06/07, 08/13/07, 08/20/07, 08/27/07	All Provider Types	What's New on the Site This Week
08/06/07	All Provider Types	News item regarding eSOR Notification
08/08/07	All Provider Types	News item regarding Attention New Providers
08/08/07	All Provider Types	News item regarding ACS to Assume Passport To Health Functions
08/09/07	All Provider Types	New provider enrollment and existing provider reenrollment boxes in left navigation column combined into one
08/09/07	All Provider Types	Revised UB-04 contingency instructions in news item regarding Instructions for Billing on Paper During the NPI Contingency Period
08/13/07	All Provider Types	September 2007 <i>Claim Jumper</i>
08/15/07	All Provider Types	Reenrollment questions from previous NPI Provider Reenrollment page added
08/15/07	Durable Medical Equipment	News item regarding Corrected Contact Numbers
08/20/07 (removed 08/21/07)	All Provider Types	News item regarding eSOR Notification
08/20/07	All Provider Types	News item regarding Certificate Issue on the Web Portal
08/27/07	All Provider Types	References to outdated paper enrollment forms removed
08/28/07	All Provider Types	Information on Fall Provider Training added to Upcoming Events page
08/28/07	All Provider Types	News items regarding Montana Healthcare Program Reenrollment and Fall Provider Training

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

PRSR STD
U.S. Postage
PAID
Eau Claire, WI
Permit No. 366

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



Oct 10th: Havre-Duck Inn

Oct 23rd: Billings-MSU Billings Student Union Building

Oct 30th: Missoula-St Patrick's Hospital

Topics to Be Covered

8:00 - 8:20 a.m.	Registration
8:20 - 8:30 a.m.	Housekeeping and Introductions
8:30 - 8:45 a.m.	Web Portal Updates
8:45 - 9:00 a.m.	NPI and Re-enrollment
9:00 - 10:00 a.m.	Eligibility
10:00 - 10:15 a.m.	Break
10:15 - 11:45 a.m.	Billing
11:45 - 1:00 p.m.	Lunch
1:00 - 2:00 p.m.	Passport
2:00 - 2:15 p.m.	Credit Balance
2:15 - 2:30 p.m.	Who to Call
2:30 - 2:45 p.m.	Break
2:45 - 3:30 p.m.	TPL and Medicare
3:30 - 4:30 p.m.	Panel with State Staff/Q&A



Registration Form

Please check the appropriate box

Location: Havre (Oct 10)___ Billings (Oct 23)___ Missoula (Oct 30)___

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"



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

**PLACE
STAMP
HERE**

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