Montana
Health Care Programs
CLAIM JUMPER

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Healthy Montana Kids Plan Begins October 1

On October 1, children's Medicaid and the Children's Health Insurance Plan (CHIP) will combine and become the Healthy Montana Kids (HMK) Plan, expanding free or low-cost health coverage for Montana children and teens.

The change comes less than a year after Montana voters approved the Healthy Montana Kids ballot measure, changing income guidelines and extending eligibility to 29,000 more Montana children.

HMK/HMK *Plus*

Montana Medicaid and CHIP children who are eligible for benefits in October will be enrolled in the Healthy Montana Kids Plan. The Healthy Montana Kids Plan offers health care coverage to Montana children in two coverage groups. Depending on family income, eligible children will either be in the HMK coverage group, which used to be CHIP, or the HMK *Plus* coverage group, which used to be children's Medicaid.

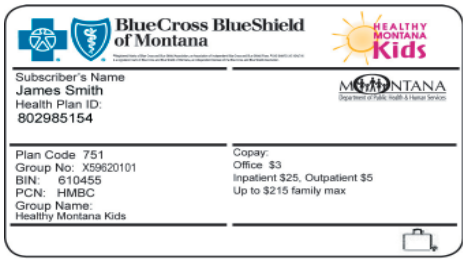
Under the new income guidelines, a family of four could earn up to $55,125 a year and their children could qualify for the HMK Plan.

Children enrolled in the HMK coverage group receive an HMK member ID card, have the current CHIP benefit package and their services are reimbursed at the CHIP reimbursement rate. Children enrolled in the HMK *Plus* coverage group receive an HMK *Plus* ID card and have the current Medicaid benefit package. Their services are reimbursed at the Medicaid reimbursement rate and children are enrolled in the Passport to Health Program.

Since income guidelines for both coverage groups increase, many children enrolled in the HMK coverage group will transition to the HMK *Plus* coverage group when they reapply during the next year. There will also be a significant number of children at higher income levels who will qualify for the HMK coverage group.

Here's a look at a few other notable changes:

- There is no asset test for families applying for HMK.
- There is a 12-month continuous eligibility span for children enrolled in the plan (some exceptions apply).
- The time a child must be uninsured prior to enrollment in the HMK coverage group increases from one month to three months. There are some exceptions. There is no comparable waiting time for children eligible for HMK *Plus*.
- Families applying for HMK must provide proof of citizenship, proof of identity for teens age 16 and older and documents to verify family income. These guidelines are already part of the application process for HMK *Plus* coverage.
- All children, enrolled in either CHIP or a children's Medicaid program in October, will receive new HMK or HMK *Plus* member identification cards.



Provider News

Current providers do not need to apply to be providers for the Healthy Montana Kids Plan. There is an automatic enrollment for Medicaid providers as providers for the HMK *Plus* coverage group and CHIP providers as providers for the HMK coverage group.

Providers should verify a child's eligibility at each visit via web portal, fax back, or automated voice response. Both HMK and HMK *Plus* eligibility may be confirmed at these sites. Contact information for those services—including toll-free phone numbers, e-mail addresses, web addresses and mailing addresses—is on the back of each member's ID card and available at www.mtmedicaid.org.

Enrollment Partners

The Healthy Montana Kids Plan is recruiting "HMK Enrollment Partners" to help Montana families apply for children's health coverage. Enroll-

ment Partners may be an individual or organization that works with children and families, e.g. health care providers, educators, community organizations and others.

HMK staff will train Enrollment Partners to answer general questions and provide hands-on assistance with the HMK Plan application process. Partners will also review documents to verify citizenship and identity, and may share resources—like computers or fax machines—to help families apply for the Healthy Montana Kids Plan.

More Information

The following is a link to a Healthy Montana Kids PowerPoint presentation for health care providers: http://hmk.mt.gov/hmkpresentation_files/frame.htm.

If you are not a Medicaid provider and would like to enroll as a Medicaid/HMK *Plus* provider, please contact Provider Relations at MTPRHelpdesk@ACS-inc.com or 1-800-624-3958. If you are not a CHIP provider and want to enroll as a CHIP/HMK coverage group provider, contact Provider Relations at Hcs-x6100@bcbsmt.com or 1-800-447-7828.

Please contact HMK Community Relations Manager Michael Mahoney at 406-444-7877 or mmahoney2@mt.gov if you have questions about the HMK Plan or would like information about becoming an Enrollment Partner.

Submitted by Jackie Forba, 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 (www.mtmedicaid.org).

2010 ICD-9-CM Updates

This is a reminder that Montana Medicaid follows industry standards and will begin to use the 2010 ICD-9-CM codes as of October 1, 2009.

A complete listing of the new, deleted and revised codes can be viewed on the CMS website at, http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage.

Changes include 311 new diagnosis codes, 45 revised diagnosis codes, 23 invalid diagnosis codes, 15 new surgical procedure codes, and 16 revised procedure codes.

Among the changes, there are a significant number of new E codes, including a new section titled "External cause status (E000)" and a new section titled "Activity (E001 – E030)."

The 2010 ICD-9-CM Official Guidelines for Coding and Reporting should be used as a supplement to accompany and complement the office conventions and instructions provided within the ICD-9-CM itself.

Updates to Provider Rates for Reimbursement

Presently the following providers or services receive an enhanced RBRVS payment using a rate variable: maternity services; family planning services; optical services; and psychiatrist services. The Department is transitioning to an RBRVS reimbursement system that does not include enhanced payments through rate variables. The Department has chosen to reduce the amount of these rate variables in excess of 100 percent by one half. This rate variable is not sensitive to the date of service of the submitted claim.

In order to implement this change, the rate variable was changed on September 1, 2009, from 125 percent to 112 percent for optical services and from 150 percent to 125 percent for psychiatrist services. The delay in implementation allowed time for providers to submit their claims for services prior to July 1, 2009, and have them paid at the higher rates of reimbursement. In July, the Department requested that every effort be made to bill for services rendered prior to July 1, 2009, before September 1, 2009, to prevent these claims from paying at the lower rate.

Any claims processed between July 1 and August 31, 2009, for dates of service on or after July 1, 2009, will be adjusted to the new percent rates.

Reference to these changes can be found on the Montana Medicaid website under the respective provider type.

Fall Provider Training

Fall provider training will be held in Miles City on October 1, Kalispell on October 8, and Bozeman on October 29.

A complete schedule and registration form can be found on www.mtmedicaid.org under Upcoming Events.

Healthy Montana Kids Income Guidelines*

Family Size (including adults)	Family Annual Income (approximate)
2	$36,425
3	$45,775
4	$55,125
5	$64,475
6	$73,825
7	$83,175
8	$92,525
9	$101,875
10	$111,225

* Guidelines effective October 1, 2009

Families who earn more than the guidelines should still apply because additional income adjustments are made based on the number of family members who are employed and whether they pay for child care or care for a diasabled or dependent adult.

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 $2,197 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		
07/28/09	Family Planning Clinic, Public Health Clinic, Group Clinic	Family Planning Clinic Medicaid Billing Changes
Fee Schedules		
07/27/09	Dental Hygienist, Dentist	Fee schedule
07/28/09	Physician, Mid-Level Practitioner	Revised fee schedule
07/30/09, 08/11/09	Home and Community Based Services	PRTF waiver fee schedule
08/10/09	Ambulatory Surgical Center	Fee schedule
08/11/09	Mental Health Center, Psychologist, Psychiatrist, Social Worker, Licensed Professional Counselor, Physician, Mid-Level Practitioner, Inpatient Hospital	72-hour presumptive eligibility program for crisis stabilization individuals 18 years and older fee schedule
08/17/09	Hospital Outpatient	APC schedule, outpatient procedure fee schedule
08/24/09	School-Based Services	Revised fee schedule (07/01/09)
08/24/09	School-Based Services	Fee schedule (04/01/09)
Other Resources		
07/27/09, 07/30/09, 08/10/09, 08/17/09, 08/24/09	All Provider Types	What's New on the Site This Week
07/28/09	Mental Health Center, FQHC, RHC, Outpatient Hospital	MHSP Clinical Eligibility Assessment form, MHSP Covered SDMI Diagnoses
07/28/09, 07/30/09, 08/12/09	All Provider Types	Fall provider training schedule and registration form added to Upcoming Events page
07/29/09	All Provider Types	Revised Frequently Asked Questions added to FAQs page
08/12/09	All Provider Types	September 2009 *Claim Jumper*
08/13/09	All Provider Types	Revised Medicaid/Children's Special Health Services Orthodontia Treatment Plan added to Forms page
08/19/09	Targeted Case Management	Web-X presentation for targeted case management providers

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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
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Third Party Liability
P.O. Box 5838
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