Montana Medicaid

CLAIM JUMPER

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PERM Date Correction

Montana's Healthcare Plans will be required to participate in the federal Payment Error Rate Measurement (PERM) program. Medicaid and CHIP payments made from October 1, 2007, through September 30, 2008, are targeted for review.

CMS Announces Suspension of the Competitive Acquisition Program (CAP)

On September 10, 2008, the Centers for Medicare and Medicaid Services (CMS) announced the suspension of the 2009 Medicare Part B Competitive Acquisition Program (CAP). The current CAP program will continue through December 31, 2008.

Earlier this year, CMS accepted bids for vendor contracts for the 2009-2011 Competitive Acquisition Program. While CMS received several qualified bids, contractual issues with the successful bidders resulted in CMS suspending the 2009 program. As a result, CAP physician election for participation in the 2009 program will not be held, and CAP drugs will not be available from an approved CAP vendor for dates of service after December 31, 2008.

CMS plans to seek feedback on the CAP program from participating physicians, potential vendors, and other interested parties before proceeding with another bid solicitation. Information about how to submit comments will be available at http://www.cms.hhs.gov/CompetitiveAcquisforBios/.

Within the next few months, CMS will provide additional guidance for participating CAP physicians on how to transition out of the program. Additional information will be posted on the CMS Competitive Acquisition Program physician's page at http://www.cms.hhs.gov/CompetitiveAcquisforBios/02_infophys.asp.

Submitted by Rey Busch, DPHHS

TPL Reminders

When a client has TPL (ARM 37.85.407) http://www.mtrules.org/

When a Medicaid client has additional medical coverage (other than Medicare), it is often referred to as third party liability or TPL. In most cases, providers must bill other insurance carriers before billing Medicaid. Providers are required to notify their clients that any funds the client receives from third party payers (when the services were billed to Medicaid) must be turned over to the Department.

Exceptions to Billing Third Party First

In a few cases, providers may bill Medicaid first:

- When a Medicaid client is also covered by Indian Health Services (IHS) or Crime Victim's Compensation, providers must bill Medicaid first. These are not considered a third party liability.
- When a client has Medicaid eligibility and MHSP eligibility for the same month, Medicaid must be billed first.
- Some prenatal and pediatric codes can be billed directly to Medicaid.
- If the third party has only potential liability, such as automobile insurance, the provider may bill Medicaid first or the provider may bill the other insurance. Do not indicate the potential third party on the claim. Instead,

Top 15 Claim Denial Reasons

Exception	August Count	August Ranking	July Ranking
EXACT DUPLICATE	27,936	1	1
RECIPIENT NOT ELIGIBLE FOR DATE OF SERVICE	16,346	2	2
DRUG CONTROL CODE = 2 (DENY)	8,437	3	4
RATE TIMES DAYS NOT = CHARGE	8,179	4	3
PASSPORT PROVIDER NO. MISSING	6,513	5	19
REFILL TOO SOON	6,424	6	6
REV CODE INVALID FOR PROVIDER TYPE	6,008	7	5
CLAIM INDICATES TPL	5,736	8	8
PRIOR AUTHORIZATION MISSING OR INVALID	4,963	9	12
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	4,836	10	14
RECIPIENT COVERED BY PART B	4,105	11	15
PROVIDER TYPE/PROCEDURE MISMAT	4,041	12	9
SLMB OR QI-1 ELIGIBILITY ONLY	3,985	13	11
CLAIMSGUARD ONE E&M PER DOS	3,754	14	20
RENDERING NOT REQUIRED	3,619	15	10

notify the Department of the potential third party by sending the claim and notification directly to Third Party Liability Unit, Department of Public Health & Human Services, P.O. Box 202953, Helena, MT 59620-2953.

Providers should remember the following when billing a claim with third-party liability on paper:

- If the other insurance company has paid on the claim, enter the actual paid amount from the other insurance company on the claim in field 29 or form locator 54.
- Send the other payer EOB if the other payer denied the services or the entire allowed amount was applied to the deductible. Remember to make sure the explanation of these reason codes is also included on the EOB as ACS cannot process without the explanation.
- Do not include any adjustments in the TPL field.
- Do not include any co-pays in the TPL collected field; you will be shorting yourself on net reimbursement.
- Do not put small amounts in the TPL field to bypass the TPL edit. Putting small amounts in the TPL field triggers fraud audits.

Providers should remember the following when billing a claim with third-party liability electronically:

- If a third-party claim does not pay or only has a partial payment, you can bill the claim electronically. You can indicate on the electronic claim that you are sending the EOB as a paperwork attachment (PWK). Be sure to include the paperwork attachment coversheet found under Forms at www.mtmedicaid.org. Follow the instructions on the form to send in to ACS.
- Make sure the electronic claim is indicated as Medicaid at the claim level and not Commercial Insurance. If Commercial Insurance is indicated at claim level the claim will adjudicate and deny because the client's ID will not come across. Make sure to use only the Commercial Insurance indicator in the appropriate fields.
- If possible put all TPL payments on an electronic claim. The claim will process much quicker and can result in faster payment.

New HIPAA Privacy Rule Guidance

The Department of Health and Human Services Office for Civil Rights has published two new HIPAA Privacy Rule guidance documents that discuss when a health care provider may share a patient's health information with the patient's family, friends, or others involved in the patient's care. These new guides answer common questions about these permitted and important communications and target an area of the HIPAA Privacy Rule that is frequently misunderstood by health care providers and patients alike.

The provider guide is available at http://www.hhs.gov/ocr/hipaa/provider_ffg.pdf.

The consumer guide is available at http://www.hhs.gov/ocr/hipaa/consumer_ffg.pdf.

For more information on the HIPAA Privacy Rule, including guidance on specific provisions, fact sheets, and frequently asked questions, please visit the OCR Privacy Rule Web Site at http://www.hhs.gov/ocr/hipaa.

CHIP Claims Processing Change for Most Extended Mental Health Services

Effective October 1, 2008, Blue Cross and Blue Shield of Montana (BCBSMT) will process claims for the CHIP Extended Mental Health Plan for Children with a Serious Emotional Disturbance (SED). There is one exception. HCPCS code H2019, Community Based Psychiatric Rehabilitation and Support (CBPRS), will continue to process through ACS. All Extended Mental Health claims for dates of service prior to October 1, 2008, will continue to process through ACS.

The claims processing change is made to incorporate the majority of CHIP mental health related benefits under the program's current third party administrative contractor, BCBSMT. This change will address providers' concerns related to claims processing for CHIP Extended Mental Health benefits.

Updated assessment guidelines are posted on the CHIP website (www.chip.mt.gov). Other website information includes the fact sheet and benefit table. For more information contact CHIP at 1-877-KIDS NOW and ask for Charity at extension 0946.

Submitted by Charity Christofferson, DPHHS

Weekly Payment Cycles

Since September 3, full payment cycles are being run weekly. Providers who typically received payment every two weeks are now receiving weekly payments. This change will allow providers to be paid more frequently and hopefully reduce the number of payment issues. The change will remain in place indefinitely.

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 $.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		
09/02/08	Pharmacies, Physicians, Mid-Level Practitioners	Introducing SmartPA®
09/02/08	Psychologists	96101 AH
09/03/08	Inpatient Hospital	Interim Claims
09/03/08	Inpatient Hospital	Present on Admission Indicator
09/03/08	Inpatient Hospital	Prior Authorization
09/03/08	Pharmacies, Physicians, Mid-Level Practitioners	SmartPA® Maximum Daily Amounts for Acetaminophen
09/03/08	Pharmacies, Physicians, Mid-Level Practitioners, Dental, Hospital Inpatient, Hospital Outpatient	Tamper-Resistant Rx Pad Update: Three Features Required October 1
09/03/08	Pharmacies, Physicians, Mid-Level Practitioners	SmartPA® Prior Authorization for Seroquel®
09/04/08	Pharmacies, Physicians, Mid-Level Practitioners	SmartPA® Prior Authorization for Synagis®

09/04/08	Pharmacies, Physicians, Mid-Level Practitioners	SmartPA® Prior Authorization for Marinol®
09/05/08	Home and Community Based Services	Psychiatric Residential Treatment Facility Waiver
09/15/08	Dentists	Dental Sealant Revisions
09/15/08	Ambulance	Mileage Reimbursement Increase
09/15/08	Commercial Transportation	Mileage Reimbursement Increase
09/15/08	Specialized Non-Emergency Transportation	Mileage Reimbursement Increase
09/16/08	School-Based Services	Manual replacement pages: Revised Key Contacts, Covered Services, Billing Procedures, Claim Instructions
09/18/08	All Provider Types	Federal Government May Request Medical Records (revised)
09/24/08	Home and Community Based Services	Mileage Reimbursement Increase
09/24/08	Personal Assistance Services	Mileage Reimbursement Increase
Fee Schedules		
09/03/08	Home and Community Based Services	Elderly and Physically Disabled Waiver fee schedule
09/05/08	Home and Community Based Services	Psychiatric Residential Treatment Facility Waiver fee schedule
09/12/08	Mental Health Center, Psychologist, Psychiatrist, Social Worker, Licensed Professional Counselor, Targeted Case Management, Inpatient Hospital, Physician, Mid-Level Practitioner	Fee schedule for Medicaid mental health for clients 18 years of age and older
09/12/08	Mental Health Center, Psychiatrist, Targeted Case Management, FQHC, RHC, Physician, Mid-Level Practitioner	Fee schedule for MHSP services for clients 18 years of age and older
09/12/08	Mental Health Center, Psychologist, Psychiatrist, Social Worker, Licensed Professional Counselor, Physician, Mid-Level Practitioner, Inpatient Hospital	Fee schedule for 72-hour presumptive eligibility program for crisis stabilization for individuals 18 years of age and older
09/16/08	School-Based Services	Fee schedule
09/23/08	Home and Community Based Services	Adults With Severe Disabling Mental Illness fee schedule
09/24/08	Home and Community Based Services	Elderly and Physically Disabled Waiver fee schedule
09/24/08	Personal Assistance Services	Fee schedule
09/24/08	Dentist, Oral Surgeon, Dental Hygienist	Revised fee schedule
Other Resources		
08/29/08	All Provider Types	News item regarding Holiday ESOR Schedule
09/02/08, 09/10/08, 09/15/08, 09/22/08	All Provider Types	What's New on the Site This Week
09/03/08	All Provider Types	News item regarding MATH Web Portal Maintenance
09/03/08	All Provider Types	News item regarding ACS Staff Available at Fall Events
09/03/08	Pharmacies	Revised MA-5 form
09/04/08	All Provider Types	News item regarding Weekly Payment Cycles in September
09/05/08	Inpatient Hospital	Letters regarding changes to prior authorization and reimbursement methodology (generic and preferred)
09/08/08	All Provider Types	News item regarding Remittance Advices on Montana Access to Health Website
09/11/08	Pharmacy	Updated PDL and Quicklist
09/12/08	All Provider Types	October 2008 *Claim Jumper*
09/16/08	All Provider Types	Revised fact sheet, provider brochure, patient asthma brochure, asthma action plan, patient diabetes brochure, diabetes action plan, patient CHF brochure, CHF action plan, patient chronic pain brochure, pain diary, pain action plan added to Nurse First Disease Management page
09/16/08	All Provider Types	News item regarding Delayed 835s Now Available
09/16/08	Pharmacy	Agenda for September 24 DUR Board meeting
09/18/08	All Provider Types	Revised news item regarding Federal Government May Request Medical Records
09/18/08	All Provider Types	Revised Team Care referral form
09/18/08	All Provider Types	Revised news item regarding NPI and Taxonomy Paper Claim Instructions

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: 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