

Montana Health Care Programs

CLAIM JUMPER

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Publications Reminder

It is the responsibility of all providers to be familiar with Medicaid manuals, fee schedules, provider notices for their provider type, and information published in *Claim Jumper* issues and on the Montana Medicaid [website](#).

ICD-10 Information

Visit the [ICD-10 page](#) for the latest ICD-10 news and the second ICD-10 Readiness survey!

*Submitted by Amber Sark and Jennifer Tucker,
ICD-10 Co-Coordinators*

Spring Provider Fair 2014

Watch the Training page for information about the Spring Provider Fair to be held at the Helena Great Northern Hotel May 20–21, 2014. Room blocks are available on a first-come first-served basis; unbooked rooms will be released April 19.

Attention WINASAP Users

Users running Windows Vista, Windows 7, or Windows 8 **must right-click on the WINASAP icon and select “Run as administrator” every time** the program is opened. Failure to do so will result in all data deleted upon exit.

EFT and ERA Requirement Update

All Montana Health Care Programs providers (Medicaid/HMK Plus, CHIP/HMK, and Mental Health Services Plan) will be moved to EFT (direct deposit) and ERA by March 2014.

In order to accomplish this transition, Xerox will eliminate the paper remittance advice option and eliminate payment via paper warrant. Providers may be affected as early as January 1, 2014.

Providers must complete the paperwork for both ERA/EFT below but will receive a paper warrant until the transition is complete.

To avoid disruption in receipt of remittance advices, providers should initiate the change to ERA/ EFT as soon as possible. All providers must be registered for the web portal and submit their paperwork to Provider Relations to be eligible for payment and receive applicable ERAs in 2014.

If you are enrolled in EFT, receive ERAs, have already registered for the Montana Access to Health (MATH) web portal, and completed a Trading Partner Agreement (TPA) you meet the requirements of the policy and no additional documentation is needed.

Providers who currently receive paper checks and/or paper remittances must follow the process below to transition to EFT and ERAs.

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Effective Immediately for All Providers

All providers (excluding MHSP only) should use the Medicaid member ID and **not** the member’s Social Security number for billing purposes and checking eligibility.

This will ensure the expenditures go to the correct member and any query information is for the correct member. Errors can occur using the SSN for either billing or requesting eligibility information.

If you only have the member’s SSN, have questions, or need assistance, contact Provider Relations at 1.800.624.3958.

Forms Needed

To sign up for electronic funds transfer (direct deposit) and register for the web portal, providers need to complete the Montana Medicaid Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Authorization Agreement and the Trading Partner Agreement. See the [Provider Enrollment page](#) for these documents.

EFT Instructions

To enroll in EFT, a provider must complete the EFT & ERA Authorization Agreement.

1. The provider completes and signs the EFT & ERA Authorization Agreement and has their financial institution complete their portion.
2. The provider faxes or e-mails the EFT & ERA Authorization Agreement to Provider Relations.
3. Upon receipt of the form, Provider Relations adds the EFT information to the provider's profile. This process takes up to 10 business days. Once completed, the provider will get paid via EFT on the next payment cycle.

ERA Instructions

To receive ERAs, a provider must complete the Trading Partner Agreement (TPA) for electronic claims submission and register on the Montana Access to Health web portal so that he/she can view the ERAs.

1. The provider prints, completes, and signs the TPA. The provider must include his/her NPI/API on the last page of the TPA.
2. The provider faxes or mails the TPA to Provider Relations.
3. Once Xerox receives the TPA, the provider is given access to the web portal. This process takes up to 10 business days.
4. Xerox mails the Welcome Packet to the provider. This packet contains the user ID and password for the web portal and the provider's submitter ID.
5. Providers can then register online using the information provided in the Welcome Packet or call Provider Relations for assistance. Note: Upon registering, providers are notified via e-mail that they must change their password and have 24 hours to do so.
6. Once registered, the provider clicks on Retrievals and View e!SOR Reports to access an RA (in PDF format).

Contact Information

Mail or fax enrollment documents to:

Provider Relations
P.O. Box 4936
Helena, MT 59604
406.442.4402.

**Suicide Prevention**

Suicide can strike almost anyone – most adults have thought about suicide once or twice during their life. Approximately 30,000 people in the U.S. take their lives each year.

As a physician, you are well aware of the triggers for suicide and the preventive measures; however, are you aware of Nurse First's protocol for suicide calls? First of all, Nurse First is available 24/7/365 to triage potential suicide callers. And how exactly how are the calls handled?

- A Customer Care Professional initially greets the caller and inquires if they are experiencing a life threatening emergency.
- If yes, the caller is immediately transferred to a registered nurse.
- The registered nurse commences triage by following the Barton Schmitt/David Thompson guidelines for suicide.
- If warranted during the call, the RN will call 911 to assist the caller.

As your patient's primary care provider, you can have a comfort level knowing that if one of your patients desperately needs help, they can call Nurse First any time – day or night to respond to their needs.

Be sure your patients have the Nurse First number handy at all times - we just might help save their life

The Nurse First number is **1.800.330.7847**. The Montana Suicide Prevention Lifeline is also available 24/7/365 at 1-800-273-TALK (8255).

Submitted by Kathy Wilkins, DPHHS

Publications Available on the Website

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from 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 1.800.624.3958 or 406.442.1837 in Helena.

Date	Provider Type	Description
Provider Notices, Manuals, and Replacement Pages		
11.26.2013	All Providers	ICD-10 Readiness
11.26.2013	Pharmacy, Physician, and Mid-Level	Prior Authorization for Testosterone Products
11.15.2013	DME	DMEPOS Manual
11.07.2013	Physician, Mid-Level, and Enhanced Payment	Primary Care Enhanced Payment Program Notification
11.07.2013	Physician, Mid-Level, Podiatrist, Lab and Imaging, Chiropractic, Nutrition, Private Duty Nursing, EPSDT, Home Infusion, Home Health Code, IDTF, Occupation Therapy, Physical Therapy, Speech Therapy, Public Health, School-Based, IHS, FQHC, and RHC	Medicaid Passport to Health Referrals and Fee Schedules
11.07.2013	Physician, Mid-Level, Podiatrist, Lab and Imaging, Indian Health Service, Federally Qualified Health Center, Rural Health Clinic, and Independent Diagnostic Testing Facilities	Radiology Procedures and Medicaid Passport to Health Referrals
11.07.2013	Podiatrists, Physicians, Mid-Level, IHS, FQHC, RHC, and Public Health Clinics	Podiatrists and Medicaid Passport to Health Referrals
Fee Schedules		
12.01.2013	Ambulance	Ambulance Fee Schedule, Revised
12.01.2013	Physician	Physician Fee Schedule, Revised
12.01.2013	Mid-Level	Mid-Level Fee Schedule, Revised
12.01.2013	Podiatry	Podiatry Fee Schedule, Revised
11.08.2013	HCBS	Adult SDMI Fee Schedule
11.01.2013	Hospital Inpatient	APR-DRG Worksheet, July 2013 and April 2012, Revised
Other Resources		
12.09.2013	Forms and Passport	Health Improvement Program Provider Referral Form
12.01.2013	Team Care	Team Care Information and FAQs (Revised) Team Care Provider Pharmacy Change Form Team Care Program Fact Sheet Team Care Referral Form
11.22.2013	Pharmacy DUR	DUR Meeting Minutes
11.18. 2013	All Providers	December Claim Jumper
11.12.2013 12.06.2013	Pharmacy	Montana SMAC Update, November 7, 2013 Montana SMAC Update, December 6, 2013
11.01.2013	Pharmacy	Preferred Drug List, November 1, 2013
11.01.2013	ICD-10	ICD-10 Readiness Survey II

Top 15 Claim Denial Reasons		
Exception	November Ranking	October Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
RATE TIMES DAYS NOT = CHARGE	3	4
DRUG CONTROL CODE = 2 (DENY)	4	3
PA MISSING OR INVALID	5	7
REFILL TOO SOON PDCS	6	5
REFILL TOO SOON	7	6
PASSPORT PROVIDER NO. MISSING	8	8
CLAIM INDICATES TPL	9	9
RECIPIENT COVERED BY PART B	10	11
DEPRIVATION CODE RESTRICTED	11	13
REV CODE INVALID FOR PROV TYPE	12	10
NDC MISSING OR INVALID	13	17
SLMB OR QI-1 ELIGIBILITY ONLY	14	14
PROC. FACT. CODE=4 (NOT ALLOW)	15	26

Key Contacts

Provider Information

<http://medicaidprovider.hhs.mt.gov/>

Xerox EDI Solutions (previously ACS EDI Gateway)

<http://www.acs-gcro.com>

EDI Help Desk 1.800.624.3958

Provider Relations 1.800.624.3958 (In/Out of State)

406.442.1837 (Helena)

406.442.4402 Fax

MTPRHelpdesk@xerox.com

Third Party Liability 1.800.624.3958 (In/Out of State)

406.443.1365 (Helena)

406.442.0357 Fax

Direct Deposit Arrangements

Fax information to Provider Relations, 406.442.4402.

Verify Client Eligibility

FaxBack 1.800.714.0075

Voice Response 1.800.714.0060

Point-of-Sale Help Desk for Pharmacy Claims 1.800.365.4944

Passport 1.800.362.8312

Prior Authorization

Mountain-Pacific Quality Health 1.800.262.1545

Mountain-Pacific Quality Health – DMEPOS/Medical

406.457.5887 Local; 877.443.4021, Ext. 5887 Long-Distance

Magellan Medicaid Administration (dba First Health) 1.800.770.3084

Transportation 1.800.292.7114

Prescriptions 1.800.395.7961

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

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