

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](#).

Nurse First

What's new with Nurse First? See [page 2](#) for details!

Provider Training WebEx Sessions

The State and Xerox completed the April WebEx sessions.

Visit the [Training](#) page to access the recorded WebEx presentations and PDF training documents and to register for the on-site trainings being offered during May.

Primary Care Enhanced Payment Program

The Primary Care Enhanced Payment Program articles below were published in the April 2013 issue and are being published this month upon request.

The Department of Public Health and Human Services is participating in a program to enhance payments to primary care practitioners.

The program is titled *Payment for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration* under the Vaccine for Children Program as defined in the Patient Protection and Affordable Care Act of 2010.

Providers may obtain additional information on the [Enhanced Payment](#) page of the Provider Information website.

Submitted by Bob Wallace, DPHHS

Primary Care Enhanced Payment Applications

Providers have begun submitting applications to participate in the program. We recommend reading the provider notice and related information posted on the webpage. If after reviewing these documents, you believe that you qualify, complete the Self-Attestation form.

- A physician must be practicing as an internist, pediatrician, or family physician to be eligible for higher payment. Attestation on the basis of board certification alone does not suffice.
- Indicate whether you are certified through one of the CMS-determined boards (ABMS, ABPS, or AOA) or indicate the name of the board through which you *are* certified.
- Include a copy of your current board certification with the form.
- If certified through a board other than ABMS, ABPS, or AOA, a provider must qualify through the 60% threshold option. See the threshold list on the webpage and locate your NPI to determine whether you qualify.
- If qualifying under the 60% threshold, check the box indicating qualification under the threshold option.
- Providers must submit a self-attestation form; without the signed form, we are unable to process the application and DPHHS is unable to reimburse the provider at the enhanced rate.

If you have questions, contact the Provider Enrollment Manager at 1.800.624.3958 or 406.442.1837. We thank providers for their patience as we work through this process.

Nurse First Has a New Look!

We updated website pages and changed URLs to make them more user-friendly, with photos to help promote our message and less navigation.



Please take a moment and review some of our updates:

- Who is Nurse First and what do we offer our Medicaid members?
<http://medicaidprovider.hhs.mt.gov/nursefirst/>
 - Dropdown revised Member page
 - Dropdown revised Provider page
- Member online resource for health and wellness information on thousands of topics.
<http://www.healthwisepreview.net/mtmedicaid?f=mtmedicaid>

Nurse First wants to thank you for your participation in our recent outreach survey by helping us update our records to reflect your current office information.

Maintaining accurate contact information will enable Nurse Response to send you future correspondence about our after-hours Nurse First Advice Line service so you can in turn keep your Medicaid patients aware of this service provided to them free of charge. Nurse advice is only a phone call away.

In the upcoming months Nurse First will be providing you with additional correspondence that you can share with your Medicaid patients. Remember, Nurse First doesn't seek to compete in any way with your delivery of patient services; we merely complement what you provide by being available 24/7/365 to answer questions and provide guidance when you can't.

Submitted by Kathy Wilkins, DPHHS

Spring 2013 Provider Training

On-site provider trainings are being held in May. To register, click on the city name

- [Billings](#), Hilton Garden Inn, May 15, 2013
- [Great Falls](#), Hilton Garden Inn, May 22, 2013
- [Helena](#), Best Western Premier Great Northern, May 29, 2013

Begin	End	Covered Material
8:30 a.m.	9:00 a.m.	Registration
9:00 a.m.	9:30 a.m.	Eligibility Verification
9:30 a.m.	10:15 a.m.	Claims and ICD-10
10:15 a.m.	10:30 a.m.	Break
10:30 a.m.	11:15 a.m.	Denials
11:15 a.m.	12:00 p.m.	Medicare and Third Party Liability (TPL)
12:00 p.m.	1:00 p.m.	Lunch (on your own)
1:00 p.m.	2:00 p.m.	SURS
2:00 p.m.	2:30 p.m.	Physical, Speech, and Occupational Therapy
2:30 p.m.	3:45 p.m.	Children's Mental Health Bureau/CSCT

Recent 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		
03.22.2013	RHC and FQHC	Manual Replacement Pages: RHC/FQHC March 2013, Coordination of Benefits
04.01.2013	DME	Provider Notices: Wheelchair Replacement of Equipment, Home Blood Glucose Monitors and Related-Accessories and Supplies, Standing Table (Standing Frame)
04.02.2013	PRTF and TGH	Provider Notice: Important PRTF Reminders
Fee Schedules		
03.08.2013 03.14.2013	Dental	Dental, January 1, 2013 (revised)
03.11.2013	Hospital Inpatient	OPPS, (January 1, 2013 (revised)
03.15.2013	Lab and Imaging	Lab, January 1, 2013 (revised))
03.18.2013	Dental	Dental Hygienist (revised)
Other Resources		
03.01.2013	Enhanced Payment	CMS Questions and Answers, Set IV
03.05.2013	Enhanced Payment	Primary Care Enhanced Payment Self-Attestation (revised)
03.07.2013 04.08.2013	Pharmacy	SMAC Update, March 7, 2012 SMAC Update, April 8, 2013
03.19.2013 03.29.2013	Pharmacy DUR	DUR Meeting Agenda, March 27, 2013 (revised) DUR Meeting Agenda, April 24, 2013
04.01.2013 04.08.2013	Pharmacy	PDL Update, April 1, 2013
04.02.2013	Training	WebEx Presentations Training Material for Eligibility, Claims and ICD-10-CM, Denials, Medicare and TPL

Top 15 Claim Denial Reasons

Exception	March Ranking	February Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
RATE TIMES DAYS NOT = CHARGE	3	4
CLAIM DATE PAST FILING LIMIT	4	6
PA MISSING OR INVALID	5	5
SUSPECT DUPLICATE	6	10
DRUG CONTROL CODE = 2 (DENY)	7	3
REFILL TOO SOON	8	7
REFILL TOO SOON PDCS	9	8
PASSPORT PROVIDER NO. MISSING	10	12
DEPRIVATION CODE RESTRICTED	11	9
DIAGNOSIS NOT ON FILE	12	11
SLMB OR QI-1 ELIGIBILITY ONLY	13	14
RECIPIENT COVERED BY PART B	14	17
MISSING/INVALID INFORMATION	15	13

Key Contacts

Provider Information website: <http://medicaidprovider.hhs.mt.gov/>

EDI Gateway website: <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
 E-Mail: 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 406.444.5283

Verify Client Eligibility
 FaxBack 1.800.714.0075

Integrated 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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