

# Montana Health Care Programs

# CLAIM JUMPER

Volume XXVIII, Issue 6, June 2013

## In This Issue

Publications Reminder .....	1
Use the Correct Enrollment Form!.....	1
Spring 2013 Provider Training.....	1
HMS Awarded RAC by the State of Montana .....	1
“Diabetes-Proof” Your Patients and Their Loved Ones!.....	2
Blanket Denials for Direct Care School Services .....	2
Effective July 1, 2013, EFT Users Must Receive Electronic RAs, Not Paper .....	2
Passport to Health Disenrollment.....	2
Top 15 Claim Denial Reasons .....	4

## 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

Stamp out diabetes with Nurse First!  
See [page 2](#) for details!

## Use the Correct Enrollment Form!

The new provider enrollment form is available and no other version will be accepted. **If another version is used, it will be returned, and your application will not be processed.**

The acceptable version is on the Montana Medicaid Provider Information website ([Provider Enrollment page](#)) or by contacting Provider Relations at 1.800.624.3958 or 406.442.1837.

## Spring 2013 Provider Training

On-site provider trainings are being held during May. Presentations include information on eligibility, claims, ICD-10, denials, Medicare and third party liability, SURS, physical therapy, speech therapy, occupational therapy, and children’s mental health/CSCT. See the [Training](#) page for details.

## HMS Awarded RAC by the State of Montana

In 2010, Section 6411 of the Patient Protection and Affordable Care Act (ACA) required states to implement Recovery Audit Contracts (RACs) in order to help ensure the fiscal integrity of their Medicaid programs. After a competitive procurement process, the Montana Department of Public Health and Human Services (DPHHS) announced that Health Management Systems (HMS) had been selected to serve as the State’s RAC vendor.

HMS has been a trusted partner in Medicaid program integrity initiatives for more than 25 years and is currently the Medicaid RAC vendor in over 30 states. All reviews are performed by teams of registered nurses and certified coders and overseen by board certified physicians. HMS will also provide a dedicated Provider Services team to support outreach, education, and other support via toll-free phone lines and secure 24/7 online access to the HMS Provider Portal.

At this time, DPHHS and HMS are in the early implementation phase of the RAC program and have yet to define specific audit targets. In the coming months, HMS and DPHHS will be conducting joint outreach and informational webinars to further define the scope of the Montana RAC program. When specific provider types have been identified for RAC review, HMS and DPHHS will contact the applicable provider associations and offer targeted educational opportunities.

DPHHS will work with HMS to ensure compliance with the Centers for Medicare and Medicaid Service (CMS) final rule regarding Medicaid RACs. Among the highlighted requirements:

- RACs must identify both overpayments and underpayments and recover overpayments
- States must coordinate the recovery audit efforts of their Medicaid RACs with other auditing entities
- RACs will only review fully adjudicated claims.
- States must provide appeal rights under state law or administrative procedures to Medicaid providers that seek review of an adverse RAC determination
- RACs must work with the state to develop an education and outreach program for providers and other stakeholders

Submitted by Michael Murry, DPHHS

## “Diabetes-Proof” Your Patients and Their Loved Ones!

The January 2013 issue of *Prevention* magazine ran an excellent article about diabetes. Some of the highlights of that article include:

- Diabetes is epidemic, yet many cases are preventable.
- More than 100 million Americans have type 2 diabetes or prediabetes. That’s one in three Americans!
- Diabetes impacts both children and adults.
- Prediabetes can be reversible when detected early.



Nurse First can assist you in educating your patients about diabetes prevention and treatment by providing articles for review and consideration, such as:

- Diabetes – Type 1 and 2
- Children Living with the Disease
- New Treatments
- Checking your Blood Sugar
- Eating a Low Glycemic Diet
- Planning for Pregnancy

Your patients can access information using one of two methods: 1) Call Nurse First at 1.800.330.7847 to speak with a registered nurse or 2) Click on the Health and Wellness tab on the Nurse First website page to request information via e-mail from Healthwise. All Montana Medicaid, HMK, and HMK *Plus* patients are eligible for both services.

**Let Nurse First help you and your patients stamp out diabetes today!**

*Submitted by Kathy Wilkins, DPHHS*

## Blanket Denials for Direct Care School Services

Montana Medicaid has recently changed the way Direct Care services in Schools will handle third party insurance.

**School-based Direct Care or Individual Education Plan (IEP) related services** for students that have a primary insurance in addition to Medicaid can be billed directly to Montana Medicaid without third party insurance information on the claim.

Montana Medicaid had previously required schools to bill a Medicaid member’s primary insurer before Medicaid or include a blanket denial.

**Claims for Comprehensive School and Community Treatment (CSCT) or mental health services will continue to require billing of the member’s primary insurer or include a blanket denial.**

*Submitted by Rena Steyaert, DPHHS*

## Effective July 1, 2013, EFT Users Must Receive Electronic RAs, Not Paper

Per the Montana Operations Manual (MOM) Category 300 (330 Warrant Writer Unit Policies and Procedures XIVE), **effective July 1, 2013, providers who receive electronic funds transfer (EFT) payments must also receive electronic remittance advices, not paper.**

Until the provider enrollment forms have been updated to reflect the policy change, Provider Relations will monitor enrollment forms for paper remittance advice requests, and will notify the affected providers.

## Passport to Health Disenrollment

Below are requirements for providers who are disenrolling a Passport to Health member.

When disenrolling a Passport to Health member, a provider must send written notification to the member and either mail a copy of that member notification to Passport to Health Program, P.O. Box 254, Helena, MT 59624-0254 or fax the member notification to 406.442.2328. The provider’s 30-day care obligation does not start until a copy of the written notification is received by Xerox – Passport to Health.

At a minimum, the disenrollment letter must identify the member as your Passport patient and specify the reason for disenrollment as due to one or more of the following:

- The provider–patient relationship is mutually unacceptable.
- Member has not established care.
- Member seeking primary care elsewhere.
- Member fails to follow prescribed treatment.
- Member is abusive.
- Member could be better treated by a different type of provider, and a referral process is not feasible.
- Member consistently fails to show up for appointments.

The letter must also indicate notification of continuing care. The provider will continue to provide care, whether direct care or referrals, for 30 days from the date the letter is received by Xerox/ Passport to Health.

See the provider notice titled *Passport to Health Disenrollment Requirements for Providers Disenrolling a Member* for a sample disenrollment letter.

If you have any questions, contact the Passport Provider Lead at 406.457.9558.

*Submitted by John Hoffland, DPHHS*

## 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
<b>Provider Notices, Manuals, and Replacement Pages</b>		
05.07.2013	Mental Health Children	<a href="#">Youth Mental Health Services</a> (Manual)
05.06.2013	Physician, Mid-Level, IHS, RHC and FQHC	Provider Notice: Passport to Health Disenrollment Requirements for Providers Disenrolling a Member
05.06.2013	RHC and FQHC	Provider Notice: Pneumococcal Influenza Vaccination/ Administration and Contraceptive Injections Not Separately Billable
04.25.2013	HCBS	Manual: 1915(i) Home and Community Based Services State Plan Program for Youth With Serious Emotional Disturbance (SED), January 1, 2013
04.22.2013	Schools	Provider Notice: Blanket Denials for Direct Care School Services No Longer Needed
04.02.2013	PRTF and TGH	Provider Notice: Important PRTF Reminders
04.01.2013	DME	Provider Notices: Wheelchair Replacement of Equipment, Home Blood Glucose Monitors and Related-Accessories and Supplies, Standing Table (Standing Frame)
<b>Fee Schedules</b>		
05.08.2013 05.09.2013 05.10.2013	Provider Information	Proposed Draft: 72-Hour Presumptive Eligibility Adult, Ambulance, APR-DRG, Audiology, Bridge Waiver, Chemical Dependency, Children's Mental Health, Chiropractic, Dental, Durable Medical Equipment, Hearing Aid, HCBS Adults with SDMI, HCBS Waiver Elderly/Phys. Disabled, Home Health, Home Infusion Therapy, Medicaid MHSP Adult, Medicaid Mental Health Adult, Montana i-home, Non-Emergency Transportation, Nutrition, Optician, Optometric, Orientation and Mobility Services, Personal Assistance Services, Personal/Commercial Transportation, Private Duty Nursing, RBRVS, School-Based Services
<b>Other Resources</b>		
05.01.2013	Training	WebEx Recorded Sessions See the <a href="#">Training</a> page.
04.25.2013 04.26.2013 04.08.2013 04.01.2013	Pharmacy	PDL, April 26, 2013 (Revised) PDL, April 25, 2013 PDL Update, April 1, 2013 PDL, Update, April 8, 2013
04.25.2013	Pharmacy DUR	DUR Meeting Minutes, March 27, 2013
04.17.2013	Pharmacy	MHSP Preferred Manufacturers List
04.15.2013	IHS State/Tribes/IHS Billing Workgroup	Minutes March 20, 2013 Agenda April 17, 2013
04.22.2013 04.16.2013 04.09.2013	Pharmacy DUR	DUR Board Agenda, May 29, 2013 DUR Board Agenda, April 24, 2013 (postponed for May 29) DUR Board Agenda, April 24, 2013
05.07.2013 04.08.2013	Pharmacy	SMAC Update, May 7, 2013 SMAC Update, April 8, 2013
04.15.2013 04.02.2013	Training	WebEx Presentations Training Material See <a href="#">Training</a> page.

### Top 15 Claim Denial Reasons

Exception	April Ranking	March Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
RATE TIMES DAYS NOT = CHARGE	3	3
PA MISSING OR INVALID	4	5
DRUG CONTROL CODE = 2 (DENY)	5	7
REFILL TOO SOON	6	8
REFILL TOO SOON PDCS	7	9
PASSPORT PROVIDER NO. MISSING	8	10
RECIPIENT COVERED BY PART B	9	14
SUSPECT DUPLICATE	10	6
DEPRIVATION CODE RESTRICTED	11	11
CLAIM DATE PAST FILING LIMIT	12	4
SLMB OR QI-1 ELIGIBILITY ONLY	13	13
REV CODE INVALID FOR PROV TYPE	14	16
MISSING/INVALID INFORMATION	15	24

## 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](mailto: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

[Return to page 1](#)