

# Montana Healthcare 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 Healthcare Programs Provider Information [website](#).

### Provider Fair 2016

May 10–11, 2016, in Helena at the Radisson Colonial Hotel (formerly Red Lion).

Watch future *Claim Jumper* issues and the [Training](#) page on the website for information.

### SURS Audit Revelations

#### Medicaid/CHIP Provider Fingerprint-Based Background Checks

The Centers for Medicare and Medicaid (CMS) requires all high-risk Medicaid providers and owners with 5 percent or more interest to submit fingerprints to the Department of Health and Human Services (DPHHS). (42 CFR 455 Subpart E)

Montana utilizes the Medicare “high-risk” provider definition, which is found in the Federal Register/Vol.76, No. 22/Wednesday, February 2, 2011/Rules and Regulations, and includes Durable Medical Equipment and Home Health Agencies. The fingerprints will be used to conduct a criminal background check for convictions related to Medicare, Medicaid or CHIP programs in the last ten (10) years. DPHHS will send a notice and fingerprint instructions in February and March 2016.

Providers will be required to review their current ownership information filed with Montana Medicaid. The letter will have guidance and the necessary documents to complete a fingerprint background check. Each request must be received within 30 calendar days from the date on the letter. Once the fingerprint results are completed you will be notified.

### Frequently Asked Questions

#### 1. Why does a state Medicaid agency have to conduct fingerprint-based criminal background checks?

Federal regulation at 42 CFR 455.410(a) provides that a state Medicaid agency must require all enrolled providers to be screened according to the provisions

of Part 455 subpart E. These provisions require the agency to screen all provider applications for enrollment, including initial applications, applications for a new practice location, and applications for re-enrollment or revalidation, based on a categorical risk level of “limited,” “moderate,” or “high” (42 CFR 455.450).

#### 2. Who is required to submit fingerprints?

Providers, and any person with 5 percent or more direct or indirect ownership interest “Ownership interest” is defined in 42 CFR 455.101 as the possession of equity in the capital, the stock, or the profits of the provider. An “indirect ownership interest” means an ownership interest in an entity that has an ownership interest in the provider.

#### 3. What if a provider or a 5 percent owner doesn't submit fingerprints when requested to do so by a state Medicaid agency?

Under 42 CFR 455.416, a state Medicaid agency must terminate or deny enrollment for failure to submit the requested prints within 30 days for any person with a 5 percent or greater direct or indirect ownership interest.

*Submitted by Surveillance and Utilization Review Section, Quality Assurance Division*

## Heart Disease Leading Cause of Death for Men and Women

As you may already know, heart disease is the leading cause of death for men and women in the United States.

Every year, 1 in 4 deaths are caused by heart disease. The good news is that heart disease can be prevented when people make healthy choices and manage their health conditions.

The American Heart Association has designated February as American Heart Month. We can use this month to raise awareness about heart disease and how people can prevent it.

Below are ideas on how you can help:

- Be a leader in your community by speaking out about ways to prevent heart disease.
- Encourage your patients to make small changes, like using spices to season foods instead of salt.
- Motivate kids to make physical activity a part of their day; this can help start good habits early.
- Remind your patients of the basic steps they can take to prevent heart disease
  - Eat healthy and get active. Aim for 2 hours and 30 minutes of aerobic activity every week.
  - Watch their weight. If overweight, losing just 10 pounds can lower their risk for heart disease.
  - Quit smoking and stay away from secondhand smoke.
  - Control their cholesterol and blood pressure.
  - If they drink alcohol, drink only in moderation. This means no more than 1 drink per day for women and no more than 2 drinks per day for men.
  - Take steps to prevent type 2 Diabetes.
  - Manage stress.

For more information or details on member communications to use, please visit [Healthfinder.gov](http://Healthfinder.gov).

*Submitted by Connie Olson,  
Nurse First Program Officer, DPHHS.*

## Inside Provider Relations

### Provider File Updates

Provider Relations has developed a guide for providers to ensure the correct documentation is submitted the first time. Documentation can now be mailed, faxed, or sent via encrypted e-mail to Provider Relations.

See the Provider File Updates link in the menu on the Provider Information [website](#).

If you have questions regarding updates to your provider file, contact Provider Relations prior to sending your request.

#### Contact Provider Relations

P.O. Box 4936  
 Helena, MT 59602  
 1.800.624.3958 In/Out of state  
 406.442.1837 Helena  
 406.442.4402 Fax  
[MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com)

## Increasing Coverage of Lactation Services to Outpatient Hospitals

Montana Medicaid has made it a priority to improve the health of the population and reduce preventable causes of poor health.

The U.S. Preventative Task Force (USPSTF) specifically recommends coordinated interventions throughout pregnancy, birth, and infancy to increase breastfeeding initiation, duration, and exclusivity. The Department will begin to cover Outpatient Hospital Services for outpatient lactation consults for pregnant/postpartum women.

These services can only be provided in outpatient hospitals, and performed by non-physician providers. Therefore, these services will only be allowed to be billed by the facility on UB-04 and 837I as follows:

Procedure Codes	Reimbursed Amount	Allowed Units
<b>S9443</b> Lactation Class, Non-Physician Provider, Per Session	\$15.00 No copay/cost share	1 session per day
<b>S9445</b> Patient Education, Non-Physician Provider, Individual, Per Session	\$30.00 No copay/cost share	1 session per day

Until the codes with reimbursement amounts are uploaded in the Montana claims processing system, CAHs will be paid their cost-to-charge ratio and claims will be mass adjusted to the correct reimbursement.

*Submitted by Holly Mook, DPHHS*

## Publications Available on the Website

Below is a list of recently published Medicaid information and updates available on the Provider Information [website](#). Select Resources by Provider Type in the website menu to locate information specific to your provider type. If you cannot locate the information below, 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>		
12.08.2015	Hospital Outpatient	Plan First Procedure and Service Codes, October 1, 2015
12.09.2015	Plan First	Increasing Coverage of Lactation Services to Outpatient Hospitals
12.14.2015	Hospital Outpatient, Hospital Inpatient, ASC, Physician, and Mid-Level Practitioners	Prior Authorization Request and Medical-Surgical Prior Authorization Request Form (Revised)
12.21.2015	Hospital Outpatient, Emergency Room, Birthing Center, and Dialysis Clinic	Hospital National Drug Code (NDC) Billing on Revenue Codes (Revised)
12.31.2015	All Providers	<b>Provider Manual Replacement Pages, January 2016</b> Adult Mental Health, Ambulatory Surgical Center (ASC), Audiology, Critical Access Hospital (CAH), Dental, Dental HMK, Dialysis Clinic, DME, Eyeglass, General Information for Providers, Hearing Aid, Home Infusion, Hospital Inpatient, Hospital Outpatient, Nutrition, Optometric, Prescription Drug Program, Private Duty Nursing, Rural Health Clinic (RHC)/Federally Qualified Health Center (FQHC), Therapy Services (Occupational, Physical, and Speech Therapy)
12.31.2015	All Providers	Changes to Montana Medicaid, December 31, 2015
12.31.2015	Adult Mental Health and Chemical Dependency	Addictive and Mental Disorders Division Changes to Prior Authorization, December 24, 2015
12.31.2015	Passport to Health, Physicians, and Mid-Level	Increase in Passport Caseloads Due to HELP Plan, December 30, 2015
12.31.2015	Dental, Dental Hygienist, Denturist, and Mid-Level	Important Dental Benefit Update, January 1, 2016
12.31.2015	Adult Mental Health and Chemical	Adult Mental Health and Chemical
12.31.2015	Pharmacy	Montana HELP Plan, December 31, 2015
<b>Fee Schedules</b>		
12.02.2015	Hospital Outpatient	OPPS, October 2015 (Revised)
12.02.2015	EPSDT	Orientation and Mobility Specialist, July 2015 (Revised)
12.17.2015	Hospital Inpatient, Hospital Outpatient, Psychologist, Physician, Social Worker, Mid-Level, LCPC, and Mental Health Center	Mental Health Adult and MHSP Adult
12.24.2015	HCBS and Mental Health Center	Home and Community Based Services for Adults with Severe Disabling Mental Illness (SDMI), October 2015
12.29.2015	Hospital Inpatient	APR-DRG Calculator, July 2015 (Revised)
12.24.2015	Hospital Inpatient, Psychologist, Physician, PRTF, Social Worker, Mid-Level, School-Based, LCPC, Mental Health Center, TCM Mental Health, TGH, Public Health Center, TFC, and Psychiatrist	Mental Health Adult (Revised), January 1, 2016 MHSP Adult (Revised), January 1, 2016
12.24.2015	Hospital Inpatient, Psychologist, Physician, PRTF, Social Worker, Mid-Level, School-Based, LCPC, Mental Health Center, TCM Mental Health, TGH, TFC, and Psychiatrist	72-Hour Presumptive Eligibility for Crisis Stabilization in Adults, January 1, 2016
12.24.2015	Hospital Outpatient, Podiatrist, Physician, Lab and Imaging, Mid-Level, Psychiatrist, and IDTF	ATP Tests and Fees, January 2016
<b>Other Resources</b>		
12.14.2015	Pharmacy DUR	DUR Meeting Minutes, October 28, 2015
12.15.2015	Claim Jumper Newsletters	January 2016 Claim Jumper

### Top 15 Claim Denial Reasons

Exception	December Ranking	November Ranking
EXACT DUPLICATE	1	1
RATE TIMES DAYS NOT = CHARGE	2	3
RECIPIENT NOT ELIGIBLE DOS	3	2
PA MISSING OR INVALID	4	4
NDC MISSING OR INVALID	5	7
REFILL TOO SOON.	6	5
REFILL TOO SOON	7	8
PASSPORT PROVIDER NO. MISSING	8	6
DRUG CONTROL CODE = 2 (DENY)	9	9
RECIPIENT COVERED BY PART B	10	12
DRUG QUANTITY MISSING	11	10
UNIT TYPE MISSING/INVALID	12	11
SLMB OR QI-1 ELIGIBILITY ONLY	13	14
MISSING/INVALID INFORMATION	14	13
DEPRIVATION CODE RESTRICTED	15	15

## Xerox Field Representatives' Corner

### Abbreviated Enrollment Application

We are excited to announce that DPHHS has implemented an abbreviated online enrollment application. This process can be used by individual providers who are a rendering, referring, prescribing, and ordering provider, and who will not be listed as a pay-to provider on a claim. The abbreviated application will allow Montana Healthcare Program providers to practice in multiple locations or change healthcare employers without having to re-enroll.

**If you are a rendering, referring, prescribing, or ordering provider, who will never be paid directly by Montana Healthcare Programs, this application is for you!**

Providers who enroll using the abbreviated form will not have banking or tax information associated with their Montana Healthcare Program file. The provider will be enrolled using their Social Security number, date of birth, name, and address, and other required documentation. For example, Dr. John Smith is working for Western Montana Hospital. The hospital will be the Pay-To on claims, and Dr. Smith will enroll with the abbreviated form to be a rendering provider because he will never receive direct payment from Montana Healthcare Programs. If he decides to go work for another facility, he can then take his Montana Healthcare Programs enrollment with him and avoid re-enrolling. He only has to update his physical address and maintain active licensure.

The abbreviated application is on the Provider Enrollment page of the Montana Healthcare Programs Provider Information [website](#).

Select the Provider Enrollment link and choose the Abbreviated Enrollment Online link. Remember to generate the supplemental material at the end of the application and send to Provider Enrollment.

Enrolling providers who **will** receive payment directly from Montana Healthcare Programs should continue to use the existing online application by selecting the Enroll or Re-Enroll as a Provider Online link.

If you have questions regarding enrollment, contact Provider Enrollment at 1.800.624.3958.

## Key Contacts

### Montana Healthcare Programs Provider Information

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

### Xerox EDI Solutions

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

### Xerox EDI Support Unit

1.800.987.6719

### Provider Relations

P.O. Box 4936

Helena, MT 59602

1.800.624.3958 In/Out of state

406.442.1837 Helena

406.442.4402 Fax

[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

### EFT and ERA

Fax completed documentation to Provider Relations, 406.442.4402.

### Verify Member Eligibility

FaxBack 1.800.714.0075 or

Voice Response 1.800.714.0060

### POS Help Desk for Pharmacy

1.800.365.4944

### Passport

1.800.362.8312

### PERM Contact Information

[HeatherSmith@mt.gov](mailto:HeatherSmith@mt.gov) or

406.444.4171

<http://www.dphhs.mt.gov/qad/PC/PERMPC.aspx>

### Prior Authorization

MPQH 1.800.262.1545

MPQH – DMEPOS/Medical

406.457.5887 Local

877.443.4021 X 5887 Long-Distance

Magellan Medicaid Administration

(dba First Health) 1.800.770.3084

Transportation 1.800.292.7114

Prescriptions 1.800.395.7961

Claims Processing  
P.O. Box 8000  
Helena, MT 59604

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

Third Party Liability  
P.O. Box 5838  
Helena, MT 59604

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