

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](#).

**Have you registered yet?
It's not too late!**

[CLICK TO REGISTER NOW](#)

2016 Provider Fair
May 10–11, 2016
Helena, Montana

We look forward to meeting you there!

Passport Members Can Get HIP

The Health Improvement Program (HIP) provides care coordination services for Medicaid Passport to Health (Passport) members to prevent or slow the progression of chronic conditions and disability, prolong life, and promote good physical and mental health.

Who is eligible?

All Medicaid members who are eligible for Passport are also eligible to participate in HIP. Those members who currently have chronic health conditions or are at high risk for serious health issues will have their information provided to a HIP care manager who serves that county.

Current Passport members will stay with their primary care provider (PCP) for regular care, but are eligible for care management and care coordination services through HIP, for no additional cost or fee. The HIP service providers will work with PCPs and their patients to help carry out treatment and care plans by coordinating services and removing social barriers to achieving good health.

What are some of the services available to members?

- Conduct health assessments;
- Work with PCPs to develop care plans;
- Educate patients in self-management and prevention;
- Provide pre and post hospital discharge planning;
- Help with local resources to address social needs; and
- Remind patients about scheduling needed screening and medical visits.

Who are the HIP service providers?

The HIP service providers are community and Tribal health centers. There are 14 health centers covering all 56 counties. For a map of the providers and area that is covered, please go to: dphhs.mt.gov/MontanaHealthcarePrograms/HIP

How does HIP benefit PCPs and members?

Coordinating member care often goes beyond what can be provided in office and perhaps beyond what resources PCPs may be aware of. HIP care managers maximize treatment recommendations by working with members on their living arrangements, social barriers, transportation issues, financial limitations, and other medical complications. They work with PCPs and members to create a comprehensive personalized plan to help the member meet their health care goals.

To refer a member to HIP, please go to dphhs.mt.gov/MontanaHealthcarePrograms/HIP and select the "Referrals to the Health Improvement Program" link.

If you have further questions regarding HIP, contact Kelley Gobbs at DPHHS at 406.444.1292 or kgobbs@mt.gov.

*Submitted by Kelley Gobbs, DPHHS
Health Improvement Program and
Patient Centered Medical Home*

Mental Health Through Interactive Video Systems

The Children's Mental Health Bureau reminds licensed Psychologists, LCPCs, and LCSWs that they are allowed to provide outpatient mental health services through interactive video systems and should report the services on claims with modifier GT.

This allows the Bureau to monitor and assess the use of these services to accurately track trends, identify underutilization, and expand the delivery of services with these new technologies.

The Bureau requests all providers utilizing Interactive Audio and Video to report the GT modifier upon claim submission and thanks providers already reporting this service.

Please see the Provider Notice dated 02.06.2014 on your provider page.

If you have any questions, please contact Tracey Riley at 406.444.7064 or triley@mt.gov or Aaron Hahm at 406.444.6962 or ahahm@mt.gov.

*Submitted by Aaron Hahm, DPHHS
Medicaid Program Officer
Children's Mental Health Bureau*

Nurse First Supports Patient Education to Prevent Melanoma

As a physician, you know that melanoma occurs when something goes awry in the melanin-producing cells (melanocytes) that give color to the skin.

Are your patients also aware of this?

It is likely that a combination of factors, including environmental and genetic factors, causes melanoma. Some of you also believe exposure to ultraviolet (UV) radiation from the sun and from tanning lamps and beds is the leading cause of melanoma. However, UV light doesn't cause all melanomas, especially those that occur in places on the body that don't receive exposure to sunlight. This indicates that other factors may contribute to the risk of melanoma.

Nurse First has RNs available to share the factors that may increase the risk of melanoma with your patients. In addition, Nurse First RNs are available to share the first signs and symptoms of melanoma and recommend that your patients schedule an appointment with you to be certain about a change in an existing mole and/or the development of a new pigmented or unusual-looking growth on their skin.

To help your patients identify characteristics of unusual moles that may indicate melanomas or other skin cancers, Nurse First is prepared to discuss the ABCs of checking their own moles.

Nurse First is available 24/7 to discuss melanoma symptoms with your patients and recommend that they make an appointment with you if they notice any skin changes that seem unusual. In addition, the RNs can provide written literature for your patients to have as a reference.

A is for asymmetrical shape. Look for moles with irregular shapes, such as two very different-looking halves.

B is for irregular border. Look for moles with irregular, notched or scalloped borders — characteristics of melanomas.

C is for changes in color. Look for growths that have many colors or an uneven distribution of color.

D is for diameter. Look for new growth in a mole larger than 1/4 inch (about 6 millimeters).

E is for evolving. Look for changes over time, such as a mole that grows in size or that changes color or shape. Moles may also evolve to develop new signs and symptoms, such as new itchiness or bleeding.

Finally, Nurse First can help your patients be aware of hidden melanomas, which may be the scariest of all for your patients.

Melanomas can also develop in areas of your body that have little or no exposure to the sun, such as the spaces between your toes and on

your palms, soles, scalp or genitals. These are sometimes referred to as hidden melanomas because they occur in places most people wouldn't think to check.

Nurse First will provide your Medicaid members with the current recommendations from the Centers for Disease Control and Prevention and the American Congress of Obstetricians and Gynecologists.

For this or other services offered by Nurse First, provide your patients with this number: 1.800.330.7847.

*Submitted by Connie Olson, DPHHS
Nurse Advice Line Program Office*

Inside Provider Relations

Enrollment Update

We have been focusing our efforts over the last six weeks to cleaning up the backlog of enrollment applications, and I am happy to announce that we are very close to returning to an approximate ten-day timeframe. We have also started developing a more user-friendly application along with educational materials to help new or returning providers navigate the enrollment process.

Call Center Update

We continue to have long hold times in our all center. We know this is extremely inconvenient for our providers. Please know that we are diligently working to answer the calls as effectively as possible. We are in the process of adding additional members to the team, but training does take some time.

A new field rep will be joining Tanya in April, as well as an EDI Specialist and additional staff for the call center. Please know we are aware of the challenges and we are addressing them. Overall, we thank you for your patience and understanding as we continue to navigate this transition period. Thank you for continuing to work with us to deliver healthcare to Montanans.

See you at the Provider Fair in May!

*Julia
Submitted by Julia Porter
Provider Relations Manager
Xerox State Healthcare, LLC*

The 2016 Provider Fair Is Almost Here!

How do you as a provider get paid faster and with less hassle? Learn what tools are available, how to use them and when to use them! You can do all three for FREE at the 2016 Provider Fair May 10 and 11. This year's event is shaping up to be full of new information and resources you need to process your Medicaid claims as easily as possible.

There will be many sessions to answer your questions, enhance your knowledge and find out what is new or coming up for you in the world of Montana Medicaid. There will also be an opportunity to have lunch with the program officers on day two and get to know them one on one as well. See all of the session in the agenda below.

Register for the 2016 Provider Training Fair on the Training page, the Provider Information website home page, <http://.medicaidprovider.mt.gov>, or at the link below. The fair is less than a month away, but if you have not registered yet there is still time!

[Click HERE to Register for the 2016 Provider Fair](#)

May 10

Time	Ballroom/Executive Room
12:00 – 1:00	Registration and Vendor Area Opens
1:00 – 1:15	Opening Remarks – DPHHS
1:15 – 3:00	Billing Basics – Xerox <ul style="list-style-type: none"> • Major issues • Eligibility • Questions and answers
3:00 – 3:15	Break
3:15 – 4:15	SURS – Jen Tucker
4:15 – 4:45	Enrollment – Abbreviated form, etc. – Xerox
4:45 – 5:00	Question and Answers

May 11

8:00 – 9:00	Registration and Vendor Area Opens Coffee and Refreshments			
9:00 – 9:15	Welcome – Ballroom/Executive Room			
9:15 – 11:30	HELP Panel Discussion, Executive Room Rebecca Corbett – HELP Program Officer Jen Rieden – Medicaid Reform Specialist Jan Paulsen – Dental and Transportation Program Officer Casey Peck – IHS, ASC, and Dialysis Clinics Program Officer BCBSMT			
11:30 – 1:00	Ballroom – Lunch with Your Program Officer (provided by Xerox)			
Time	State Room (50)	Legislative Room (50)	Judicial Room (50)	Gallery Room (20)
1:00 – 2:00	TPL Julie Bullman – Xerox	Implementation of NDCs on Revenue Codes Valerie St. Clair and Erica Lewis	Children's Mental Health Aaron Hahm and Tracey Riley	Autism Carla Rime
2:00 – 3:00	School-Based Services Part 1 Rena Steyaert	Passport, Team Care, Health Improvement, and Nurse First Amber Sark, Connie Olson, and Kelley Gobbs	AMDD – Case Management (Adult Mental Health) Julie Prigmore and Bernadette Miller	Website/ Web Portal Assistance Xerox
3:00 – 3:30	Vendor and Refreshment Break			
3:30 – 4:30	School Based Services Part 2 Rena Steyaert	SURS Jennifer Tucker	See Public Health Differently Sarah Brokaw Jessie Fernandes, and Linda Krantz	Website/ Web Portal Assistance Xerox

Publications Available on the Website

Below is a list of recently published Medicaid information and updates available on the Provider Information [website](#). On the website, select Resources by Provider Type in the left 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
Provider Notices, Manuals, and Replacement Pages		
03.02.2016	Hospital Outpatient	ICD-10 Obstetric Observation Billing Update Revised
03.04.2016	Pharmacy	Vaccine Administration by Pharmacists for Adolescents Age 12–18 Years
03.21.2016	Durable Medical Equipment	HCPCS Code for Ventilators E0465 and E0466
03.21.2016	Hospital Outpatient and Dialysis Clinic	NDC Required for Physician-Administered Drugs
03.21.2016	Hospital Outpatient and Dialysis Clinic	Billing Instructions for Montana Medicaid Cross-Over Claims
Fee Schedules		
03.16.2016	Indian Health Service (IHS)	IHS Fee Schedule, January 2016
03.22.2016 <i>Revised</i> 03.23.2016	Hospital Outpatient	Outpatient Procedure (OPP) Codes (<i>Revised</i>)
03.24.2016	Physician	Physician Fee Schedule, January 2016 (<i>Revised</i>)
Forms		
03.14.2016	Pharmacy	Prior Authorization Request Hepatitis C Treatment
03.21.2016	Pharmacy	Prior Authorization Request Buprenorphine Containing Products
Other Resources		
02.29.2016 <i>Revised</i> 03.09.2016	Pharmacy DUR	DUR Agenda, March 30, 2016
03.03.2016	Pharmacy DUR	DUR Minutes, February 17, 2016
03.03.2016	Pharmacy DUR	DUR Agenda Documentation: Cosentyx
03.31.2016 03.04.2016	Pharmacy	Preferred Drug List (PDL), March 31, 2016 Preferred Drug List (PDL), March 4, 2016
03.28.2016 03.07.2016	Pharmacy	Montana SMAC Update, March 25, 2016 Montana SMAC Update, March 7, 2016
03.16.2016	All Providers	<i>Claim Jumper</i> , April 2016
03.18.2016 <i>Revised</i> 04.13.2016	All Providers	2016 Provider Fair Agenda
03.21.2016	Pharmacy DUR	DUR Agenda Documentation: Cosentyx® (secukinumab) Clinic Summary; Humira® (Adalimumab) Medicaid Testimony; Seebri® Neohaler® (glycopyrrolate) inhalation powder Clinical Summary; Technivie® (ombitasvir, paritaprevir, and ritonavir tablets) Medicaid Testimony; Tudorza® Pressair® (Acridinium bromide inhalation powder) Clinical Executive Summary; Utibron® Neohaler® (indacaterol and glycopyrrolate) inhalation powder Clinical Summary
03.22.2016	03.04.2016	2016 Current Income Calculator

Top 15 Claim Denial Reasons		
Exception	April Ranking	March Ranking
PA MISSING OR INVALID	1	3
EXACT DUPLICATE	2	1
RECIPIENT NOT ELIGIBLE DOS	3	4
RATE TIMES DAYS NOT = CHARGE	4	5
REFILL TOO SOON PDCS	5	2
REFILL TOO SOON	6	6
PASSPORT PROVIDER NO. MISSING	7	7
DRUG CONTROL CODE = 2 (DENY)	8	8
NDC MISSING OR INVALID	9	9
MISSING/INVALID INFORMATION	10	11
RECIPIENT COVERED BY PART B	11	12
SLMB OR QI-1 ELIGIBILITY ONLY	12	14
RECIP NON-COVERED SERVICES	13	10
CLAIM INDICATES TPL	14	13
DAYS SUPPLY MISSING	15	20

An Ounce of Prevention

This is what your billers can do to prevent denied claims based on a few of this month's top denial reasons:

Claim Indicates TPL

Claim indicates TPL means primary insurance was indicated on the submitted claim. To avoid denials for this reason, make sure the amount and/or indicator field correctly reflects patient status. For example, sometimes the first 3 digits of the telephone number will inadvertently end up in that field and the system picks up \$4.06 as a TPL amount. Or if primary insurance is indicated but the system never receives an EOB, the claim will deny.

Refill Too Soon

The member/provider attempted to refill the prescription before the refill date. Before refilling, check the last date the member had the prescription filled.

Passport Provider No. Is Missing

About 70% of all Montana Medicaid and HMK *Plus* members are eligible for and therefore must enroll in the Passport to Health program. Providers who wish to participate in the Passport program must also enroll.

Another requirement of the Passport program is that each member have a designated Passport provider who provides or coordinates his/her members' care, making referrals to other Montana Medicaid/HMK *Plus* providers when necessary. In those instances, the other Montana Medicaid/HMK *Plus* provider must indicate the Passport referral number on claims for that patient. If the referral number is not included, the claim will deny.

This referral number is not the Passport provider's NPI. If you do not have the Passport referral number, you can use the MATH web portal or call Provider Relations for the Passport provider's contact information. Provider Relations cannot give you the referral number directly,

More information about the Passport to Health program can be found on the website at <http://www.medicaidprovider.mt.gov/passport>.

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

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 or

406.444.4171

<http://www.dphhs.mt.gov/gad/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