

# 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](#).

2016 Spring Provider Fair  
was a **blast**  
**BUT WAIT!**  
There's **MORE!**

Watch the [Training](#) page on the Provider Information Website <http://www.medicaprovider.mt.gov> for webinars with billing updates and future training opportunities.

### Help with HELP

Over the last several months multiple education sessions have been held to help billers and providers better understand the requirements of the HELP Plan. Here are a few of the most frequently asked questions and answers.

#### How are premiums and co-pays going to be monitored?

Premiums will be tracked by DPHHS through a data exchange system. The provider cannot bill the patient until after the claim has been adjudicated. Uncollected copayments should be tracked by the provider. The provider's remittance advice will report the copayment amount to be collected per claim.

#### How soon will a provider know if a patient is no longer eligible for coverage due to non-payment of premiums?

Providers are responsible to check eligibility at the time of service. If a person shows as eligible for the date of service, Medicaid will pay. There will be no retro disenrollment for non-payment of premiums.

#### What kind(s) of cards will the expansion participants receive?

HELP TPA Plan participants will receive a HELP TPA Plan ID card from BCBSMT. Non TPA expansion members will receive a Medicaid Access to Health card. Both cards are shown in the provider notice located on the website. [Click HERE to view.](#)

#### Will providers be able to see in the system that a member or participant has spent their annual dental services treatment cap?

Yes, the claim system programming is a work in progress and enhancements are in process to display this information on the Montana Access to Health (MATH) web portal. After the updates to the claim system are completed, you will be able to view member expenditure. You may call Medicaid Provider Relations at 1-800-624-3958 to inquire about a member's dental services treatment cap at any time.

#### Can people on an employer-based health coverage plan also enroll in Medicaid expansion if they qualify (for secondary coverage)?

Yes, a member may have Medicaid Expansion as a secondary health coverage plan.

#### How soon after an eligibility determination will providers be able to see that eligibility in the Medicaid system?

Eligibility spans update nightly, providers can check the next day.

#### Is it reasonable for providers to use the BCBSMT HELP TPA Plan Participant Guide for all patients who qualified for the HELP Plan regardless of whether they are being served by the TPA or Medicaid?

*Continued on Page 2*

*HELP Continued from Page 1*

No. Only those participants receiving the HELP TPA Plan through BCBMT, with a HELP Plan BCBSMT ID card should refer to the HELP Plan Participant Guide.

[View the guide HERE.](#)

**If a person is incarcerated does Medicaid or HELP TPA Plan pay for any services for the individual?**

HELP TPA Plan does not cover an individual that is incarcerated. Medicaid cannot pay for services while a person is incarcerated or is in custody of law enforcement. The only exception is if an incarcerated person meets the financial and eligibility criteria to be covered by Medicaid, then Medicaid will pay for the hospital stay and related services when an incarcerated person is admitted for an inpatient stay.

**For Prior Authorization of certain services (i.e. inpatient mental health), does a provider contact DPHHS, BCBSMT, or both depending on coverage?**

All Montana Medicaid and Healthy Montana Kids Plus services go through Mountain Pacific Quality Health for Prior Authorizations. Please see the Montana Medicaid Provider webpage for further detail at <http://medicaidprovider.mt.gov/priorauthorization>. All HELP TPA Plan participant services go through BCBSMT for Prior Authorizations. Please see the Evidence of Coverage located at the <http://dphhs.mt.gov/help-plan> website for further detail

**Is Targeted Case Management Covered under the TPA HELP Plan?**

No, BCBSMT does not cover Targeted Case Management (T1016), but BCBS does offer case management services, which are designed to identify medium and high risk participants and refer them to appropriate health services and healthy behavior activity programs.

**What causes the varied Medicaid enrollment periods among participants? Some applications take 2-3 days to process, and some take more than 30 days.**

Sometimes the Office of Public Assistance can verify eligibility quickly, but sometimes additional information is needed. If there is a medical need or emergency, tell Office of Public Assistance staff and it can be escalated. Eligibility back dates to the month of the application, and an individual may receive retroactive coverage for up to three months prior to application date if they have open claims.

**What is the recommended path for individuals to apply?**

Healthcare.gov and individuals can receive status notification real time. An individual can find in-person help by visiting [covermt.org](http://covermt.org) or their local Office of Public Assistance.

*If you need clarification or have addition HELP questions contact Rebecca Corbett, HELP Program Officer at (406) 444-6869.*

*Submitted by Rebecca Corbett, DPHHS  
HELP Program Officer*

**Proposed Fee Schedules**

*Many New Proposed Fee Schedules are on the Web! Currently they can be found at:*

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

**Affected Fee Schedules Include:**

*1915i*

*72-Hour Presumptive Eligibility Adult*

*Ambulance*

*Audiologist*

*Block Grant*

*Bridge Waiver*

*Chemical Dependency HELP/TPA Medicaid*

*Chemical Dependency Standard Medicaid*

*Community First Choice*

*Dental*

*Elderly and Physically Disabled HCBS Waiver*

*Hearing Aid*

*HCBS for Adults with SDMI*

*Home Infusion Therapy*

*Hospice Compliant*

*Hospice Non-Compliant*

*Mental Health Adult*

*Mental Health Youth*

*MHSP Adult*

*Occupational Therapist*

*Optician*

*Optometric*

*Orientation and Mobility Specialist*

*Personal Assistance Services*

*Personal and Commercial Transportation*

*Physical Therapist*

*Resource Based Relative Value System (RBRVS) SFY 2017*

*Specialized Non-Emergency Transportation*

*Speech Therapist*

*Transportation: Ambulance*

*Transportation: Personal and Commercial*

*Transportation: Specialized Non-Emergency*

*Once the fee schedules are finalized they will be found under your provider type. Locate your provider type at <http://medicaidprovider.mt.gov/provider.type>.*

## Nurse First Supports Patients' Healthy Eating Choices

June is National Fruit and Vegetable Month. More than 90% of adults and children do not eat the amount of fruits and vegetables recommended by the latest Dietary Guidelines for Americans and the MyPlate nutrition guide.

What does this really mean for your patients? Two important things they need to remember are to fill half of their plate with fruits and veggies at every eating occasion (yes, including snacks) and include all forms — fresh, frozen, canned, dried and 100% juice. Please share with patients of all ages!

### The Top 10 Reasons to Eat More Fruit and Veggies

10. **Color and texture.** Fruits and veggies add color, texture, and appeal to one's plate.
9. **Convenience.** Fruits and veggies are nutritious in any form, so they are ready when you are!
8. **Fiber.** Fruits and veggies provide fiber that helps fill one up and keeps the digestive system happy.
7. **Low in calories.** Fruits and veggies are naturally low in calories.
6. **May reduce disease risk.** Eating plenty of fruits and veggies may help reduce the risk of many diseases, as you know, including heart disease, high blood pressure and even some cancers.
5. **Vitamins and minerals.** Fruits and veggies are rich in vitamins and minerals that help one feel healthy and energized.
4. **Variety.** Fruits and veggies are available in an almost infinite variety — there's always something new to try!
3. **Quick, natural snack.** Fruits and veggies are nature's treat and easy to grab for a snack.
2. **Fun to eat.** Some crunch, some squirt, some you peel and some you don't. And some even grow right in your own backyard.

## 1. Fruits and veggies are nutritious and delicious!

You might also want to recommend the following to your patients:

1. Check for fruit and veggie happenings in their local community, such as a farmer's market.
2. Look for articles about fruits and veggies.
3. Search for healthy menus that include fruits or veggies.

### And remember!

Your patients have access to Nurse First 24/7 to ask questions of a nurse regarding healthy food choices, special diets for diabetics and triage any allergic reactions to fruits/veggies possibly caused by pesticides.

Nurse First nurses are available to answer questions when you are not available and direct your patients to the emergency room when applicable or tell them to call you in the morning.



You can also share the pictorial view of just what their plate should look like, if filled appropriately!

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

### Revalidations are Coming

Spring Greetings!

Thank you for your attendance at the Provider Fair. We can call it a success. Now on to one of the next projects. Over the coming months, Xerox will be working closely with DPHHS to meet CMS requirements to revalidate active providers. We'll be concentrating our efforts on those providers that enrolled prior to March of 2011 with Montana Healthcare Programs. We plan to make this a fairly painless process and will only effect about 9000 of our providers this year.

Providers who belong to this group will receive an initial notification letter in May, and their revalidation packets in the mail between June 2016 and August 2016. The packet will include information Montana Healthcare Programs currently has on file. Providers will be asked to review the data for accuracy, provide any updates, and return the completed packet to Xerox within 30 days.

For more information on revalidation, application fees, and other screening requirements under the Patient Protection and Affordable Care Act, view the MLN Matters article found at <http://www.cms.gov/MLN MattersArticles/downloads/MM7350.pdf>.

As always, thank you for your cooperation and continued participation in Montana Healthcare Programs.

Julia

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

## 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
<b>Provider Notices, Manuals, and Replacement Pages</b>		
04.05.2016	Hospital Outpatient, Mid-Level, and Physician	Place of Service Code Changes
04.07.2016	Plan First, Ambulatory Surgical Center, Public Health Clinic, DME, Family Planning, FQHC, Hospital Inpatient, Hospital Outpatient, IHS, Physician, and RHC	IUD and Anesthesia Updates Note from Laurie 4/27: Provider notice says "all providers" so it should be posted on all provider type pages. If only on these pages, then should only list these pages. If "all Plan First providers" then it should say that.
04.06.2016	Mid-Level, Physician, and Pharmacy	Hepatitis C Prior Authorization Request Form
04.22.2016	PRTF	Changes to PRTF Continued Stay Reviews
04.22.2016	Mental Health Center, LCPC, and Social Worker	Equine Assisted Therapy
<b>Fee Schedules and Proposed Fee Schedules</b>		
04.05.2016	Abulatory Surgical Center (ASC)	ASC Fee Schedule, April 1, 2016
04.13.2016	Chemical Dependency	Chemical Dependency HELP/TPA Medicaid Chemical Dependency Standard Medicaid
04.15.2016	Multiple <a href="#">See Proposed Fee Schedules</a>	<b>Proposed</b> Home Infusion Therapy Fee Schedule
04.18.2016	Multiple <a href="#">See Proposed Fee Schedules</a>	<b>Proposed</b> Bridge Waiver (Repealed), 1915i, Mental Health Youth, Occupational Therapist, O&M Specialist, Optician, Optometric, Physical Therapist, and Speech Therapist Fee Schedules
04.18.2016	Multiple <a href="#">See Proposed Fee Schedules</a>	<b>Proposed</b> 72-Hour Presumptive Eligibility Program for Crisis Stabilization for Adults, Ambulance, Audiologist, Block Grant, Chemical Dependency HELP/TPA Medicaid, Chemical Dependency Standard Medicaid, Dental, Hearing Aid, Mental Health Adult, MHSP Adult, Personal and Commercial Transportation, and Specialized Non-Emergency Transportation
04.19.2016	Multiple <a href="#">See Proposed Fee Schedules</a>	<b>Proposed</b> Community First Choice, Elderly and Physically Disabled HCBS Waiver, HCBS for Adults with SDMI, and Personal Assistance Services
04.22.2016	Multiple <a href="#">See Proposed Fee Schedules</a>	<b>Proposed</b> RBRVS
04.22.2016	Hospital Inpatient	APR-DRG Calculator, July 2015 (Revised)
04.26.2016	Hospital Outpatient	APC Fee Schedule, January 2016 (Revised)
<b>Other Resources</b>		
04.04.2016 04.13.2016	All Providers	Updated Provider Fair Agenda
04.04.2016	Pharmacy DUR	DUR Meeting Agenda, April 27, 2016
04.05.2016	Ambulance, Ambulatory Surgical Center, Dialysis Clinic, Family Planning, Home Health, Hospital Outpatient, IDTF, Lab/Imaging, Mid-Level, Optometric, Pharmacy, Physician, Podiatrist, Psychiatrist, and Social Worker	Quarterly Rebateable Labelers
04.07.2016	Pharmacy	Montana SMAC, April 7, 2016
04.18.2016	All Providers	May 2016 <i>Claim Jumper</i>
04.27.2016	IHS	Tribal/IHS Agenda and IHS Provide Enrollment Tutorial

## Top 15 Claim Denial Reasons

Exception	April 2016	March 2016
EXACT DUPLICATE	1	2
PA MISSING OR INVALID	2	1
RECIPIENT NOT ELIGIBLE DOS	3	3
REFILL TOO SOON PDCS	4	6
REFILL TOO SOON	5	7
RATE TIMES DAYS NOT = CHARGE	6	4
DRUG CONTROL CODE = 2 (DENY)	7	8
PASSPORT PROVIDER NO. MISSING	8	7
MISSING/INVALID INFORMATION	9	10
NDC MISSING OR INVALID	10	9
RECIPIENT COVERED BY PART B	11	11
SLMB OR QI-1 ELIGIBILITY ONLY	12	12
CLAIM INDICATES TPL	13	14
RECIP NON COVERED SERVICES.	14	13
DAYS SUPPLY MISSING	15	15

## An Ounce of Prevention or Field Rep Corner

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

### Recipient Non-Covered Services

If there is a question, please verify that a service is covered before it is performed. Check your fee schedule prior to billing. Fee schedules can be located on the provider website at <http://www.medicaidprovider.mt.gov/providertype>. From there, click on your provider type and then "Fee Schedules". If the service is not on the fee schedule it is not covered. However, arrangements may be made prior to providing a non-covered service under certain conditions. The Medicaid billing manual, also found under each provider type on the website, states:

"A provider may bill a member for non-covered services if the provider has informed the member in advance of providing the services that Medicaid will not cover the services and that the member will be required to pay privately for the services, and if the member has agreed to pay privately for the services. Non-covered services are services that may not be reimbursed for the particular member by the Montana Medicaid program under any circumstances and covered services are services that may be reimbursed by the Montana Medicaid program for the particular member if all applicable requirements, including medical necessity, are met (ARM 37.85.406)."

### Rate Times Days Not = Charge

Check your math! In addition, take care to use the correct unit measurement. The General Medicaid Provider Manual says "In general, Medicaid follows the definitions in the CPT and HCPCS coding books. Unless otherwise specified, one unit equals one visit or one procedure. For specific codes, however, one unit may be 'each 15 minutes' Always check the long text of the code description published in the CPT or HCPCS coding books."

## 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