

Montana Healthcare Programs

Claim Jumper

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In This Issue

Publications Reminder	1
Changes to Cost Share	1
Nurse First	2
Inside Provider Relations	2
Coming in July on the Website.....	3
Publications Available on the Website.....	3
Top 15 Claim Denial Reasons	4
An Ounce of Prevention	4
Key Contacts	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 Healthcare Programs Provider Information [website](#).

Member COST SHARE IS HERE!

Watch the Provider Information Website <http://www.medicaprovider.mt.gov> for more information and read the Provider Notice [HERE](#).

Changes to Cost Share

Effective June 1, Montana Medicaid made changes related to cost share. The following changes are for Montana Medicaid members with annual household incomes below 100% of the Federal Poverty Level (FPL):

Copayments for the following services will go from \$3 to \$4:

- Dental,
- Home health,
- Licensed Professional Counselor (LCPC),
- Psychologist,
- Social Worker, and
- Speech therapy.

Copayments for the following services will go from \$2 to \$4:

- Audiology,
- Hearing aids,
- Occupational therapy,
- Optician/Optometric, and
- Physical therapy.

Copayments for the following service will go from \$1 to \$4:

- Public health clinic services.

Copayments for the following services will go from \$0 to \$4:

- Home dialysis attendant,
- Personal assistance,
- Independent lab and x-ray,
- Mental health clinic,
- Chemical dependency, and
- Targeted case management.

Copayment for pharmacy is as follows:

- Outpatient generic prescriptions will have no copayment.
- Preferred brand drugs will have a \$4 copayment.

- Non-preferred brand and specialty drugs will have an \$8 copayment.

The following changes are for Montana Medicaid members with annual household incomes above 100% of the Federal Poverty Level (FPL):

Members with annual household incomes above 100% of the FPL will be responsible for a 10% copayment of the provider's reimbursed amount for any Medicaid covered service. For outpatient prescriptions, the member is responsible for a \$4 copayment for preferred brand drugs, and an \$8 copayment for non-preferred and specialty drugs.

The following changes are for all Montana Medicaid members:

Copayments may not be charged to the member until the claim has been processed and the provider has been notified of payment and the member amount owed.

Members with the following statuses are exempt from cost sharing:

- Persons under 21 years of age;
- Pregnant women;
- American Indians/Alaska Natives who are eligible for, currently receiving, or have ever received an item or service furnished by:
 - an Indian Health Service (IHS) provider;
 - a Tribal 638 provider;
 - an IHS Tribal or Urban Indian Health provider; or
 - through referral under contract health services.

Continued on Page 2

Continued from Page 1

- Persons who are terminally ill receiving hospice services;
- Persons who are receiving services under the Medicaid breast and cervical cancer treatment category;
- Institutionalized persons who are inpatients in a skilled nursing facility, intermediate care facility, or other medical institution if the person is required to spend for the cost of care all but their personal needs allowance, as defined in ARM 37.82.1320.

Cost sharing may not be charged to members for the following services:

- Persons who are receiving services under the Medicaid breast and cervical cancer treatment category;
- Emergency services;
- Family planning services;
- Hospice services;
- Home and community based waiver services;
- Transportation services;
- Eyeglasses purchased by the Medicaid program under a volume purchasing arrangement;
- Early and periodic screening, diagnostic and treatment (EPSDT) services;
- Provider preventable health care acquired conditions as provided for in 42 CFR447.26(b);
- Generic drugs;
- Preventative services as approved by CMS through the Health and Economic Livelihood Plan (HELP) Medicaid 1115 waiver;
- Services for Medicare cross over claims where Medicaid is the secondary payer under ARM 37.85.406(18). If a services is not covered by Medicare but is covered by Medicaid, cost sharing will be applied; and
- Services for third party liability (TPL) claims where Medicaid is the secondary payor under ARM 37.85.407. If a services is not covered by the TPL but is covered by Medicaid, cost sharing will be applied.

Copayments may not exceed a combined limit of 5% of the family's household income quarterly. Co-

payments may not be applied once the household has met the quarterly cap.

If you have any questions, please contact the Program Officer for your specific provider type

Nurse First on Hot Days and Patient Heat Related Illness

As we inch closer into the hot days of summer, Nurse First would like to provide a few tips to avoid heat related illnesses with your patients.

The CDC reports that from 1979-2003 more people died from extreme heat than from hurricanes, lightning, tornadoes, floods, and earthquakes combined. As you know, people suffer heat-related illness when their bodies are unable to compensate and properly cool themselves. The following are some important tips for your patients to keep in mind as they spend time outdoors this summer:

- Drink plenty of fluids
- Wear appropriate clothing and sunscreen
- Schedule outdoor activities carefully
- Stay cool indoors
- Monitor those at high risk

Elderly people (65 years and older), infants and children, and people with chronic medical conditions are more prone to heat stress. Air-conditioning is the number one protective factor against heat-related illness. During conditions of extreme heat, your patients could:

- Spend time in indoor locations with air-conditioning such as shopping malls, public libraries, or public health sponsored heat-relief shelters in their area.
- Listen to local news and weather channels to hear updates on heat conditions and safety updates.
- Drink cool, nonalcoholic beverages and increase their fluid intake, regardless of the level of activity.

Members can access this information by calling the Nurse First Advice Line @ 1-800-330-7847 or online at <http://www.dphhs.mt.gov/medicaid/nursefirst/> under "Would you like

more Montana Health and Wellness Information?"

Submitted by Connie Olson, DPHHS Nurse Advice Line Program Office

Inside Provider Relations

Happy Summer! I thought I would take moment this month to expand a little on Provider Revalidation. Many of you have probably received your notification letter. If you have not, we either have incorrect mailing information for you, or you are not required to revalidate at this time.

Currently DPHHS) is revalidating provider enrollment for all providers actively enrolled with Montana Healthcare Programs during or prior to 2011. Providers who are required to complete revalidation will be mailed a Revalidation Packet between June and September 2016. A schedule has been developed to ensure the revalidation project is completed within the timelines required by CMS. While we appreciate those of you who have reached out in an attempt to be proactive, packets will only be sent out per the revalidation schedule.

The revalidation packet will contain data currently on file for each individual or group provider that must be reviewed and verified. An ownership disclosure form is also included and must be completed for each person/corporation with current ownership or current controlling interest in the provider or in any subcontractor in which the provider has direct or indirect ownership of five percent or more. The packet needs to be signed, acknowledging the accuracy of the information and returned to Xerox in the allotted time frame specified in the Revalidation Packet. If the data is unchanged, simply check the appropriate boxes on the form, make sure the ownership is completed, assign a contact in case there are questions, sign and return.

If you received a notification letter or a packet for a provider that no longer works at your facility, please notify Provider Relations immediately.

More information will be available at <https://medicaidprovider.mt.gov> as the project progresses.

Submitted by Julia Porter Xerox Provider Relations Manager

Coming in July at WWW.MEDICAIDPROVIDER.MT.GOV

Throughout July you can expect to see several new resources and additions to the provider information website. Be sure to keep an eye on both the home page and your provider type to find the most current information. In general, those changes will include finalized July 2016 Fee Schedules, many manual revisions and replacement pages including the General Medicaid manual, and new Cost Share and Revalidation sections.

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/Page	Description
Provider Notices, Manuals, and Replacement Pages		
05.10.2016	Psychiatric Residential Treatment Facility Physician Psychiatrist Mid-Levels	Ancillary Services
05.19.2016	All Providers	Member Cost Share
Fee Schedules and Proposed Fee Schedules		
05.03.2016	Home and Community-Based Services	Proposed Fee Schedule Elderly and Physically Disabled HCBS Waiver
05.05.2016	Hospice	Proposed Fee Schedule Hospice Compliant Hospice Non-Compliant
05.12.2016	Hospital Outpatient	Fee Schedules Opps - January 1, 2016 Opps - April 1, 2016
05.12.2016	Children's Chiropractic Private Duty Nursing Nutrition Services Targeted Case Management	Proposed Fee Schedules
05.16.2016	Private Duty Nursing	Proposed Fee Schedule
05.19.2016	Home Health	Proposed Fee Schedule
05.24.2016	Community First Choice	Proposed Fee Schedule
05.24.2016	Personal Assistance Services	Proposed Fee Schedule
Forms		
05.06.2016		Prior Authorization General Drug (revised 05.19.2016)
05.13.2016		Eyeglass HMK RX 2016
Other Resources		
05.03.2016	Pharmacy	DUR Meeting Minutes (revised 05.16.2016)
05.09.2016	Pharmacy	SMAC Update
05.13.2016	Presumptive Eligibility	Training Video
05.16.2016	Pharmacy	PDL
05.24.2016	Training	2016 Provider Fair Presentation Slides
05.26.2016	IHS	April 24, 2016 IHS Meeting Materials Meeting Agenda Member Enrollment Tutorial WebEx Recorded Meeting

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

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.

DAYS SUPPLY MISSING

Prior to submitting a pharmacy claim, verify that the claim says how many days the supply is provided for and that the number is not zero or non-numeric characters (for example the letter O instead of zero).

SLMB OR QI-1 ELIGIBILITY ONLY

Verify that the patient has a Medicaid member card prior to service. The General Medicaid manual found under every provider type section of the provider website explains in detail what Medicaid will and will not pay for.

Members who are Specified Low-Income Medicare Beneficiary (SLMB) do not receive a Medicaid card. Medicaid pays the Medicare Part B premium and they are not eligible for other Medicaid benefits. The General Manual notes:

"For services Medicare covers, Medicaid will pay the lower of the Medicare coinsurance and deductible or the Medicaid fee less Medicare payments for Medicaid covered services. If a service is covered by Medicare but not by Medicaid, Medicaid will not pay coinsurance, deductible, or any other cost of the service. For services Medicare does not cover but Medicaid covers, Medicaid will be the primary payer for that service."

Qualifying Individuals' (QI) only benefit is that Medicaid pays the Medicare Part B premium.

REFILL TOO SOON

Review the member drug utilization of the particular drug to determine if the member is eligible for a refill before dispensing. The Prescription Drug Program Manual found under the provider type Pharmacy at <http://www.medicicaidprovider.mt.gov/providertype> states:

"The DUR Board has set monthly limits on certain drugs. Use over these amounts requires prior authorization. Prescription Refills Prescriptions for non-controlled substances may be refilled after 75% of the estimated therapy days have elapsed. Prescriptions for controlled substances (CII-CV), Ultram (tramadol), Ultracet (tramadol/acetaminophen), carisoprodol, and gabapentin may be refilled after 90% of the estimated therapy days have elapsed. The POS system will deny a claim for "refill to soon" based on prescriptions dispensed on month-to-month usage."

Additional specifics regarding when a prescription may be refilled can be found in the Prescription Drug Program Manual.

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