

# 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](#).

**TRAINING?**

**Tell PR  
What Information  
YOU  
Need!**

**Click HERE  
for a  
SHORT SURVEY**

### Medicaid Electronic Health Record Incentive Program

CMS encourages the use of certified electronic health record (EHR) systems that support meaningful use and clinical quality reporting. This is the last year to begin the Medicaid EHR incentive program. The program supports Medicaid physicians, dentists, nurse practitioners, certified nurse midwives, and mid-level practitioners, with PAs qualifying in very limited circumstances. Most apply to adopt, implement or upgrade (AIU) an EHR system in the first year. Some may be in a position to demonstrate meaningful use right away, avoiding Medicare payment adjustments.

Successful applicants and ongoing participants may reapply annually for up to six years, or through 2021. Potential incentives total \$63,750.

To qualify for the incentive program, a provider must demonstrate a 30% Medicaid patient volume among other criteria.

For more information visit the CMS website [EHR Incentive Programs](#), and then visit the [Montana State Level Registry Provider Outreach Page](#) to learn about the attestation process. Program year 2016 application window opens in September and runs through March 2017. For additional information please contact Randy Haight by telephone at 406.444.1268 or email [rhaight@mt.gov](mailto:rhaight@mt.gov).

*Submitted by Randy Haight  
Manager, State Level Registry for  
Medicaid EHR Incentives*

### Fee Schedule Increases

The 2015 Legislative session provided for 34 Fee Schedule changes effective July 1, 2016.

MAR 37-745 adopted Administrative Rules of Montana 37.85.104 and 37.85.105 changes to implement provider rate increases appropriated by the 64th Legislature. Many Montana Medicaid providers' rates are established through the resource-based relative value scale (RBRVS) model.

[RBRVS](#) is used nationwide by most health plans, including Medicare and Medicaid. The relative value unit component of RBRVS is revised annually by the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association. The department amends ARM 37.85.105 annually to adopt current relative value units (RVUs). An RVU is a numerical value assigned to each medical procedure. RVUs are based on physician work, practice expense, and malpractice insurance expenses and express the relative effort and expense expended to provide one procedure compared with another. RVUs are added for new procedures and the RVUs of particular procedures may increase or decrease from year to year.

To view the new fee schedules effective July 1st 2016, please go to [http://www.medicaidprovider.mt.gov/provider\\_type](http://www.medicaidprovider.mt.gov/provider_type) and find the appropriate fee schedule under each provider type.

*Submitted by Jamie Olsen, MA  
Research Analyst  
Children's Mental Health Bureau*

## Nurse First Emphasizes the Importance of Member Vaccinations

It is always important to do what is best for your patients. Most parents know the importance of car seats and cribs, among other things, to keep their children safe. I am sure you already know one of the best ways to protect children is to make sure they have all of their vaccinations.

Immunizations can save a child's life. There have been a lot of advances in the technology of immunizations. Your patients can be protected against more diseases than ever before. Diseases that were once epidemics and killed many children are now completely under control or close to extinction.

Vaccination is very safe and effective. There may be some redness or pain for the child but the benefits far outweigh the risks or side effects for almost all of your patients.

Immunization protects everyone. Not only do the immunizations help protect your patients but they help protect the family as a whole. Encourage parents to keep their own immunizations current as a powerful example to their children of how important immunizations are. Adults of all ages should keep their immunizations current especially for pneumonia, tetanus, and flu shots. Many immunizations protect the adults and elderly in the household as well.

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 or direct them online to <http://dphhs.mt.gov/MontanaHealthcarePrograms/NurseFirst.aspx> under "Would you like more Montana Health and Wellness Information?"

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

## Admission Date and Statement Covers Period

*This Provider Notice was published June 30, 2016 and impacts Indian Health Service, Inpatient Hospital, and Outpatient Hospital provider types.*

In collaboration with the National Uniform Billing Committee (NUBC) and the Centers for Medicare and Medicaid Services (CMS), Montana Medicaid has revised the way the admission date and statement covers period is allowed to be reported on inpatient hospital claims.

- The Admission Date (Form Locator 12) is the date the member was admitted as an inpatient to the facility.
- The Statement Covers Period ("From" and "Through" dates in Form Locator 6) identifies the span of service dates included on the claim. The "From" date is the earliest date of service on the claim.

Previously, Montana Medicaid did not allow the admission date to be a later date of service than the Statement Covers Period. The Medicaid Management Information System (MMIS) has been updated to allow claims to process when the admission date is a later date of service than the Statement Covers Period.

A mass adjustment has been submitted for claims denied between January 1, 2016 and June 27, 2016.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at [MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com). Visit the Montana Healthcare Programs Provider Information website at

<http://www.medicicaidprovider.mt.gov>.

*Submitted by Erica Lewis  
Hospital Program Officer  
Hospitals and Physicians Services Bureau  
Health Resources Division*

## Inside Provider Relations

### Survey Time!

It is that time of the year when new things are happening! The new fiscal year brings us Cost Share, Dental Limits, Revalidation and, of course, Fall Training and new webinars. This fall, Provider Relations will offer training events in Billings, Bozeman and Missoula. Monthly webinars will return with new content.

New changes bring new questions and Provider Relations wants to make sure your questions are answered and that the information we bring to you addresses your concerns.

It is our priority to assure you find the information you need to get your claims processed quickly and easily as possible. To help us help you, please answer a short survey found [HERE](#). The survey will take less than five minutes to complete and will help us to help you get the most out of training.

Please find the survey [HERE](#) and pass the link on to anyone else in your office who also processes Medicaid claims.

*Submitted by Beverly Fallang  
Field Representative  
Xerox State Healthcare, LLC*

## Have You Checked Your MANUAL Lately??

Many manuals have been recently updated and many more are in the works.

Please remember to check both the Manuals section of your provider type as well as the Replacement Pages section to keep up to date.

Find your manual at <http://medicaidprovider.mt.gov>  
Click on "Provider Type Resources"

## 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		
<b>Provider Notices, Manuals, and Replacement Pages</b>				
06.09.2016	Dental Oral Surgery Denturist	Dental Reimbursement Change and Provider Manual		
06.09.2016	Transportation Commercial, Non-Emergency	Specialized Wheel Chair Van Provider Reimbursement Rate Changes		
06.09.2016	Transportation Personal and Commercial Provider	Reimbursement Rate Changes		
06.06.2016	Ambulance	Ambulance Provider Reimbursement Rate Changes		
06.27.2016	Pharmacy	Reverse and Rebill for Drug Cost Disputes		
06.27.2016	Pharmacy	Average Acquisition Cost Reimbursement Methodology		
07.01.2016	Indian Health Service Hospital Inpatient Hospital Outpatient	Admission date and Statement Covers Period		
<b>Fee Schedules</b>				
06.20.2016	Chemical Dependency	Effective January 1, 2016		
New Fee Schedules Effective July 1, 2016				
1951i	Ambulance	Audiology	Chemical Dependency	Community First Choice
Dental Services	Denturist	Elderly and Physically Disabled	Hearing Aid Services	Home Infusion Therapy
IDTF	Lab & Imaging	Mental Health Center 72-Hour Presumptive	Mental Health Center Adult SMDI	Mental Health Center Medicaid
Mental Health Center MHSP	Mid-Levels	Nutrition	Occupational Therapy	Optician
Optometric	Oral Surgeon	Orientation and Mobility	Personal Assistance Services	Physical Therapy
Physician	Podiatry	Private Duty Nursing	Psychiatrist	Public Health
RVRBS and Anesthesia	School-Based Services	Speech Therapy	Targeted Case Management Youth	Targeted Case Management Non-Mental Health
Transportation Personal and Commercial	Transportation Specialized Non- Emergency			
<b>Manuals and Replacement Pages</b>				
06.06.2016	Transportation Personal	06.06.2016	Transportation Commercial Non- Emergency	
06.08.2016	Dental	06.08.2016	Mental Health Services Adult	
06.15.2016	Prescription Drug	06.20.2016	Audiology	
06.20.2016	DMEPOS	06.22.2016	Hospice	

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**Forms**

- Eyeglass Breakage and Loss
- Ownership Update Provider Disclosure Statement
- Prior Authorization for Hepatitis C

**Other Resources**

- Sample ADA Claim Form added to Claims Instructions
- Enrollment Tutorial added to Home Page
- Third Quarter Rebateable Labelers added to Quick Links and Pharmacy
- Provider Revalidation New webpage link from homepage
- Average Acquisition Cost Section replaced SMAC in Pharmacy

**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/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

<b>Top 15 Claim Denial Reasons</b>		
<b>Exception</b>	<b>June2016</b>	<b>May 2016</b>
EXACT DUPLICATE	1	1
PA MISSING OR INVALID	2	2
PASSPORT PROVIDER NO MISSING	3	7
RECIPIENT NOT ELIGIBLE DOS	4	5
REFILL TOO SOON PDCS	5	3
REFILL TOO SOON	6	4
RATE TIMES DAYS NOT = CHARGE	7	6
DRUG CONTROL CODE = 2 (DENY)	8	8
RECIPIENT COVERED BY PART B	9	11
MISSING/INVALID INFORMATION	10	9
NDC MISSING OR INVALID	11	10
SLMB OR QI-1 ELIGIBILITY ONLY	12	14
CLAIM INDICATES TPL	13	12
PROC. FACT CODE=4 (NOT ALLOW)	14	16
RECIP NON COVERED SERVICES	15	13

**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.

**RECIPIENT COVERED BY PART B**

Page 5.7 of the general manual (found under your provider type at <http://www.medicicaidprovider.mt.gov/provider-type>) covers in detail how to submit claims when a member also has Medicare. The manual notes that:

- “Providers should submit Medicare crossover claims to Medicaid only when:
- The referral to Medicaid statement is missing. In this case, submit a claim and a copy of the Medicare EOMB to Medicaid for processing.
  - The referral to Medicaid statement is present, but there is no response from Medicaid within 45 days of receiving the Medicare EOMB. Submit a claim and a copy of the Medicare EOMB to Medicaid for processing.
  - Medicare denies the claim. The provider may submit the claim to Medicaid with the EOMB and denial explanation (as long as the claim has not automatically crossed over from Medicare).”

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