



February 14, 2013

Montana Health Care Programs Notice

All Providers

Montana Medicaid HIPAA Operating Rules Upgrade

Montana Medicaid has tentatively planned an outage for the HOpR upgrade:

Sunday, February 17, 2013, 5:00 PM –7:00 PM ET

Only Montana Medicaid eligibility inquiry/response transactions (X12 270/271) will be affected during the upgrade. A formal outage notification will be disseminated when the outage period has been confirmed.

With the implementation of the Patient Protection and Affordable Care Act, the Department of Health and Human Services (HHS) is requiring that health plans, including Medicaid states, adopt operating rules to improve the automation of electronically transmitted eligibility for a health plan (X12 270/271) and claim status transactions (X12 276/277). Under this recent mandate, Montana Medicaid is implementing the HIPAA operating rules to improve the quality of health data you receive back from patient eligibility inquiries and the efficiency at which you receive responses for both eligibility and claim status inquiries.

Provider Benefits

- Improved availability of Montana patient data, especially on evenings and weekends, for both eligibility and claim status transactions.
- Faster online confirmation of patient insurance and benefit coverage should help reduce the number of denied claims and write-offs for uncovered services.
- Greater detail in the eligibility data content returned should reduce inquiries by the billing/administrative staff to Medicaid Provider Services, allowing staff to focus on other and more critical administrative tasks.
- More specific and detailed error messages presented in a standard way allows providers to readily make corrections for immediate resubmission instead of calling the health plan to determine problem.

What Should I Anticipate?

Plan to use the Service Type Code to your benefit. To get the most benefit detail from the payer, you may now need to select a specific Service Type Code on eligibility inquiries. **Copayment amount may be less or exempt per Administrative Rules. Please refer to your Medicaid provider manual for additional information.**

You may see improved support for past and future dates of service on eligibility inquiries. The data content rules include a provision on allowable dates of service. Providers may request a benefit coverage date 12 months in the past or up to the end of the current month.

You may see specific error detail in AAA Error Codes. If the payer can determine the patient name is incorrect, the operating rule states it must send back an “invalid name” error code rather than the generic “member not found” message.

Be prepared for changes across all health plans. The operating rules apply to all health plans; not just Medicaid states. Payers nationwide may now support and/or require the submission of specific service type codes on eligibility inquiries to return benefit details specific to that service type.

Contact Information

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.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.