



Montana Department of Public Health and Human Services
PO Box 202951, Helena, Montana 59620-2951
Website: www.hmk.mt.gov ♦ E-Mail: hmk@mt.gov
1-877-543-7669

About Healthy Montana Kids (HMK)



- Free or low-cost health coverage for Montana children and teens up to age 19
- Covers pre-existing conditions
- Covers the care Montana children need most:
 - Immunizations
 - Well-child checkups
 - Vision care
 - Dental care
 - Prescriptions
 - Hospital stays
 - Physicals
 - Lab and x-ray services
 - Ambulance services
 - Mental health services

NOTE: Benefits for HMK and HMK *Plus* may vary. When in doubt, please verify whether the service you intend to provide is a covered benefit.

HMK Eligibility

- Effective April 1, 2014, HMK covers children whose families have incomes of 144% through 261% of the Federal Poverty Level.

Family Size	Max Monthly Income
1	\$2,538.23
2	\$3,421.27
3	\$4,304.33
4	\$5,1873.38 (5,187.38?)

HMK Plus ID Card



PROVIDER RELATIONS

HMK Plus/Medicaid: MTPRHelpdesk@Xerox.com or 1-800-624-3958

PRIOR AUTHORIZATION

HMK Plus/Medicaid (Physical Health Services): 1-800-262-1545, X 585

HMK Plus/Medicaid (Mental Health Services): 1-800-770-3084

ON-LINE CODING & REIMBURSEMENT INFORMATION: www.mtmedicaid.org

HMK ID Card



 BlueCross BlueShield of Montana <small>An Independent Licensee of the Blue Cross and Blue Shield Plans.</small>	
Subscriber Name James Smith	
Health Plan ID: YDA802985154	
Plan Code: 751 Group No.: X59620101 BIN: 610455 PCN: HMBC Group Name: Healthy Montana Kids	Copay: Office \$3 Inpatient \$25, Outpatient \$5 Up to \$215 family max
	

 BlueCross BlueShield of Montana	www.bcbsmt.com
Plan notification: Call customer service for inpatient admissions, surgeries and major medical procedures. For emergency/urgent services, call within 24 hours of the next working day.	Customer Service: 1-800-447-7828
BCBSMT only provides administrative claims payment services for Healthy Montana Kids Plan and does not assume any financial risk or obligation with respect to claims.	Outside of Montana Provider Locator: 1-800-810-2583
	Pharmacy Customer Service: 1-866-325-5230
	Nurse First*: 1-800-330-7847
	Dental Claims ACS*: 1-800-624-3958
	* not a Blue Cross Blue Shield product.
	To submit dental claims: ACS, P.O. Box 8000, Helena, MT 59604
	To submit dental claims due to an accident: HMK, P.O. Box 4309, Helena, MT, 59604
	Submit all other claims to BCBSMT: P.O. Box 5004 Great Falls, MT 59403
	Providers outside of Montana: Submit claims to your local Blue Cross and/or Blue Shield Plan. Blue Cross and Blue Shield of Montana is an independent licensee of the BlueCross and BlueShield Association.
	 Pharmacy Benefits Administrator.

PROVIDER RELATIONS

HMK/BCBSMT E-Mail HCS-x6100@bcbsmt.com or 1-800-447-7828

PRIOR AUTHORIZATION

HMK/BCBSMT: 1-800-447-7828 or 406-437-7863 (Fax)

ON-LINE PROVIDER INFORMATION: www.hmk.mt.gov

Topics Covered Today



Changes in HMK Pharmacy and Dental Benefits

- The HMK Pharmacy Benefit is administered through Xerox point of sale and matches the HMK *Plus* pharmacy benefit as of October 1, 2013.
- The HMK Extended Dental Benefit ends June 30, 2014.
- The HMK Dental Limits increase July 1, 2014.

HMK Prospective Payment Updates

- There was a change October 1, 2013, in the way HMK reimburses clinics for vaccinations and administration fees.

Provider Record Standards

- Chart elements examined in audits are discussed.

HMK Pharmacy Benefit



- **On October 1, 2014, the HMK Pharmacy Benefit was aligned with the HMK *Plus* Pharmacy Benefit.**
 - HMK Pharmacy Benefits are now administered by Xerox.
 - HMK members will have no copayments for Pharmacy Benefits.
 - A network pharmacy provider must be enrolled as a Montana Health Care Programs provider.
 - Additional over-the-counter medications will become a covered benefit on July 1, 2014.

See the September 2013 issue of the Montana Health Care Programs *Claim Jumper* newsletter for the complete article.

http://medicaidprovider.hhs.mt.gov/pdf/claim_jumper/2013/cj0913.pdf

More information is available in *HMK Evidence of Coverage* available at <http://www.dphhs.mt.gov/hmk/evidenceofcoverage.shtml>.

Contact Katie Hawkins, Montana Medicaid Pharmacy Program Officer, at 406-444-2738 for more information.

HMK Medical Supplies Benefit



There is a change in how HMK covers medical supplies.

- Medical supplies were included in the HMK Pharmacy Benefit prior to October 1, 2013.
- Blue Cross and Blue Shield of Montana (BCBSMT) still administers the Medical Supplies Benefit for HMK.
- If a BCBSMT-enrolled pharmacy previously supplied medical supplies to HMK-enrolled children, they must enroll as a medical supply provider with BCBSMT and bill for the supplies on a medical claim form.
- HMK will work with providers to get them properly enrolled so they can be reimbursed for medical supplies.

HMK Dental Benefit Changes



- **Effective July 1, 2014:**
 - The Dental Benefit Year will change to July 1 through June 30;
 - The Extended Dental Benefit ends June 30, 2014;
 - The new HMK Dental Benefit increases to \$1,900, which when reimbursed at the 85% reimbursement rate, will yield a maximum benefit to the dentist of \$1,615.00.

For a more comprehensive list of Dental Program requirements contact Xerox Provider Relations or contact Barbara Arnold, 406-444-7046 or Gail Moloney, 406-444-7045.

Prospective Payment



How should bills be submitted for clinic services provided in an federally qualified health center (FQHC) or rural health clinic (RHC)?

- Bill all services performed on or after October 1, 2010, on a **UB-04**.
- Active revenue codes for HMK are 512 (Dental), 521 (Clinic Medical) and 900 (Mental Health).
- Use the Electronic Payer ID that you use for standard Medicaid claims.
- Use your **facility** NPI number rather than the provider NPI number.
- Send bills to Xerox, P.O. Box 8000, Helena, MT 59604 or bill electronically.
- Use the patient ID on the member's HMK benefit card but strip off the "YDA" from the front of the number.

Prospective Payment



Effective October 1, 2013, claims from FQHCs and RHCs for vaccines and administration fees (if eligible) provided to HMK members are now paid in the following manner:

- HMK vaccine claims should be billed in conjunction with FQHC and RHC office visit claims on a UB-04.
- Vaccine CPT codes should be listed on a separate line using revenue code 636.
- Vaccine administration fees should be billed on a line using revenue code 771.
- When billed in conjunction with an office visit, administration fees will bundle and pay at zero.

Prospective Payment



- Example A: Mary is an enrolled HMK member and the only service she receives is a vaccination from a nurse at a FQHC. The vaccine and administration fee are billed to Xerox on a UB-04. The provider will be reimbursed for both vaccines and administration fees but not the PPS visit fee.
- Example B: Tony is an enrolled HMK member and during an RHC office visit for a well-child check-up with a mid-level provider, he also receives a vaccination. The office visit and vaccinations are billed to Xerox on a UB-04 and reimbursed through the PPS. Only the vaccine and office visit are reimbursed as the administration fees bundle into the PPS visit fee.

Prospective Payment



- **Are dental services subject to the program limits?**
 - Yes. To prevent denials, submit separate dental, mental health, and medical claims if the services are provided on the same day.

Prospective Payment



How are bills submitted for hospital services provided at or billed through an FQHC or RHC?

Services provided in a hospital are billed to Blue Cross and Blue Shield of Montana (BCBSMT) on a medical claim form.

Only clinic services are eligible for PPS payments.

Copays do apply for hospital services.

Prospective Payment



The following services are included in your PPS rate per the Medicaid FQHC and RHC manual, page 2.2:

- Drugs other than vaccines administered in the office
- Laboratory tests performed in the clinic
- X-rays and sonograms
- Blood draws
- Office administered medications other than vaccinations

Prospective Payment



Please contact Xerox Provider Relations, 1-800-624-3958, with questions.

Contact Rey Busch, **RHC Program Officer**, at 444-4834, with questions regarding the RHC PPS.

Contact John Hein, **FQHC Program Officer**, at 444-4349, with questions regarding the FQHC PPS.

New HMK Benefits



HMK will add these benefits July 1, 2014:

- Allow reimbursement for enteral formula for medically necessary treatment of conditions other than inborn errors of metabolism.
- Add telemedicine as a covered benefit.

New HMK Benefits



- Claims for these services must be submitted to Blue Cross and Blue Shield of Montana (BCBSMT), P.O. Box 7982, Helena MT 59604.
- BCBSMT can be contacted at 1-800-447-7828.
- Details about the services HMK covers can be found in *HMK Evidence of Coverage* found on the HMK website www.hmk.mt.gov.

Proper Charting in the Electronic Age



Service time frames must be documented in the chart to support the billing of units or higher levels of care.