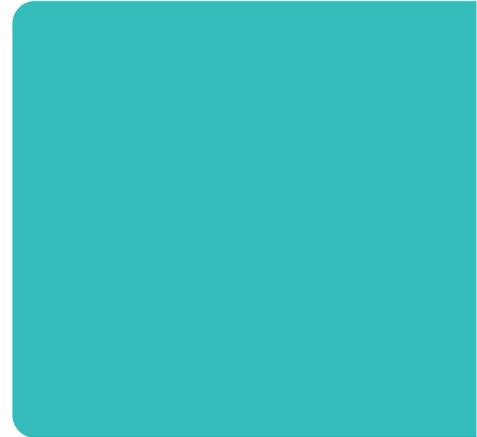


# Provider 101

# Welcome to Montana Healthcare Programs

- Thank you for choosing to serve the healthcare needs of our members through Montana Healthcare Programs.
- Your commitment to providing high quality services to our members is important to them and to those of us who administer the program.
- We are dedicated to making your participation in the program as straightforward and productive as possible.



# Xerox Government Healthcare

Xerox is the Fiscal Agent for the  
State of Montana

- DPHHS contracts with the Government Healthcare Solutions branch of Xerox Business Services
- Xerox performs a variety of Medicaid-related services for Montana Healthcare Programs.
- 30 years!



# Medicaid is Collaborative Effort

Montana Healthcare Programs are a collaborative effort between:

- MT Dept. of Public Health & Human Services
- Xerox – Government Healthcare Solutions
- Deloitte
- Blue Cross Blue Shield of Montana
- Mountain Pacific Quality Health
- And More!



# Xerox – Fiscal Agent



# Xerox Services: Fiscal Agent to Montana

<b>FAS Departments</b>	
<b>Claims Processing</b>	
<b>Provider Relations</b>	<b>Provider Training/Provider Bulletins/Provider Manuals</b>
<b>Enrollment Broker</b>	<b>Montana Medicaid Client Help Line</b>
<b>Third Party Liability</b>	
<b>Pharmacy Benefits Management</b>	
<b>Program Support</b>	<b>Payment methodology, FURS</b>
<b>Systems</b>	<b>Enhancement, Maintenance, CSR completion, SURS, DSS</b>
<b>Quality Assurance</b>	

# Provider Relations

# What PR does -

- Call Center right here in Montana!
  - ✓ Billing, EDI, Eligibility, Enrollment and Web Portal – 600 calls a day
- Enrollment of all Montana Healthcare Programs Providers
  - ✓ 100 applications or more every week!
- Field Representatives
  - ✓ Education & Outreach, escalated issues, additional EDI Support, October and May regional trainings, & the bi-annual Helena Provider Fair!
- Publication Specialist
  - ✓ Maintains ALL information on the Provider Webpage –

[www.medicaidprovider.mt.gov](http://www.medicaidprovider.mt.gov)

# New Provider Relations Team

- Julia Harris – Manager
  - Beverly Fallang – Supervisor
  - Dan Hickey – Field Representative
  - Jason Armstrong – Field Representative
  - Emilie Boyles – Publications Specialist
  - Janene Felter – Learning & Development Analyst
- 
- ❖ 5 Enrollment Specialists
  - ❖ 15 Customer Care Agents



# Montana Healthcare Programs



# Medicaid = Montana Healthcare Programs

- Standard or HELP
- Managed Care (Passport to Health)
- Presumptive Eligibility
- HMK and HMK Plus
- MHSP
- Dental
- Durable Med Equip (DME)
- Home Community-Based Services (HCBS)
- CMHB non-Medicaid
- Chemical Dependency
- HIS
- RHC
- FQHC

# Medicaid in Montana

## Population

- Medicaid serves about 150,000 Montanans a month
- 10.5% of Montana's population.
- HELP expanded +60k

## In Montana:

- 55% of all Medicaid clients are under age 21
- almost 25% have disabilities
- 8% are elderly
- 14% are adults who are neither elderly nor disabled.

## Coverage

Meet income and resource limits and fit into:

- Families with dependent children
- Pregnant women
- Children and youth 18 and under
- Women with breast or cervical cancer or pre-cancer
- People 65 and over
- People who are disabled (based on Social Security standards)
- Former foster care children age 18 up to 26

# Provider Resources

# Provider Information Website

[www.medicaidprovider.mt.gov](http://www.medicaidprovider.mt.gov)

## Additional Resources

- Claim Instructions
- Claim Jumper Newsletters
- Contact Us
- Cost Share
- Definitions and Acronyms
- Electronic Billing
- EPSDT
- FAQs
- Forms
- Health Improvement Program
- HELP Plan
- HIPAA 5010
- ICD-10 Information

Richard Oppen, Director

About Us Meetings & Events Health Data & Statistics Contact Us A - Z Index

LOGIN

Montana | Healthcare Programs Provider Information

**Montana Healthcare Programs**

**HELP Plan**  
Montana Health and Economic Livelihood Partnership

**Provider Enrollment**  
New or Existing Providers

**Provider File Updates**  
Changes to Current Enrollments

**Provider Revalidation**  
Existing Providers

**Announcements**

**Revalidation and Faxes:**  
Provider Relations has received concerns about an inability to get faxes submitted to the revalidation fax line, 406-457-9566. If a provider is having trouble getting a fax through this line we suggest the following times to avoid the busy signal:

- Mondays and Fridays are the lightest traffic
- On any day, Early mornings and later afternoon are the best.
- The time to avoid is the 11 to 1 lunch hour

(posted 09/07/2016)

**Registration for Fall Provider Training Sessions is now Live**  
Register for the Provider Training session near you at <https://www.survevmonkev.com/r/SS7J63X>

(posted 09/06/2016)

# Provider Website:

[www.medicaprovider.mt.gov](http://www.medicaprovider.mt.gov)

- *Claim Jumper*
- Manuals, Notices, Fee Schedules
- Links to MATH Web Portal and HELP
- Announcements
- Tons of additional resources
  - Claim and Electronic Billing Instructions
  - FAQs
  - Training
  - Program Information
- **We encourage you and your billing staff to visit the website weekly for important program updates.**

# Resources by Provider Type

On your provider type page, see:

**Provider Manuals section.** Print the provider manuals for your provider type(s). All providers should be familiar with the *General Information for Providers* manual, their provider type manual, and other information. This applies to all providers.

- **Provider Manuals**
  - **Replacement Pages** - Print the manual replacement pages for your provider type.
  - **Provider Notices** - Refer to notices for your provider type.
- **Fee Schedules section.** Refer to fee schedules for your provider type.
- **Other Resources.** Most provider type pages have an area for miscellaneous resources.

# Resources by Provider Type

- Provider type information is found on the **Resources by Provider Type** link in the menu.



[Resources by Provider Type](#)

[Team Care](#)

[Terminated/Excluded Medicaid Providers](#)

[Training](#)

- Read and accept the End User Agreement to access the resources.

[I ACCEPT](#)

[I DO NOT ACCEPT](#)

# Resources by Provider Type

## Select Your Provider Type

Provider types are listed in alphabetical order. Available resources include fee schedules, provider notices, provider manuals, and more.

[A-C](#)[D-F](#)[G-K](#)[L-O](#)[P-Q](#)[R-Z](#)

### Providers A – C

08/02/2016 [Ambulance](#)

08/06/2016 [Ambulatory Surgery Center](#)

08/02/2016 [Audiologist](#)

08/02/2016 [Chemical Dependency](#)

08/02/2016 [Chiropractor](#)

08/02/2016 [Clinic \(Public Health\)](#)



- Navigate by clicking a button to jump to that section in the alphabetical list or by scrolling.
- Click on a provider type name to open the provider type webpage.

TOP ↓

### Providers D – F

08/02/2016 [Dental \(Dentist, Dental Hygienist\)](#)

# Example: Ambulance

All provider type pages have these sections.

## Ambulance

### Provider Manuals

#### General Information for Providers 08.2016

Medicaid manual with general information for all provider types.

#### Ambulance Services 03.2015

This manual has information specific to your provider type.

### Fee Schedules – Ambulance

and

#### PDF

07.2016 [July 2016 Ambulance](#)

01.11.2016 [January 2016 Ambulance](#)

07.2015 [July 2015 Ambulance](#)

01.2015 [January 2014 Ambulance](#)

07.2014 [July 2014 Ambulance](#)

#### Excel

07.2016 [July 2016 Ambulance](#)

01.11.2016 [January 2016 Ambulance](#)

07.2015 [July 2015 Ambulance](#)

01.2015 [January 2015 Ambulance](#)

07.2014 [July 2014 Ambulance](#)

# Example: Ambulance

All provider type pages have this section.



## Provider Notices 2010–2016

### **2016**

- 07.18.2016 [Changes to Member Cost Share Update](#)
- 06.09.2016 [Ambulance Provider Reimbursement Rate Changes](#)
- 05.19.2016 [Changes to Member Cost Share](#)
- 02.01.2016 [Basic Medicaid Benefit Increased to Standard Medicaid Benefit](#)
- 01.15.2016 [Standard Medicaid and HELP Plan Claims Processing Rev. 01.19.2016](#)

### **2015**

- 12.31.2015 [Changes to Montana Medicaid](#)
- 11.03.2015 [Services Exempt from Passport to Health Referral](#)

# The *Claim Jumper* newsletters

- The monthly Montana Healthcare Programs newsletter containing information on:
  - Policy,
  - Program,
  - Coding,
  - And rule changes,
  - Recent documents posted to the website,
  - The top 15 claim denial reasons,
  - A monthly Nurse First article,
  - And more!

# Read and accept the End User Agreement to access the newsletters.

## End User Agreement



### *Claim Jumper Newsletters*

Much of the provider information contained on the Montana Healthcare Programs Provider Information website is copyrighted by the American Medical Association and the American Dental Association. This includes items such as CPT codes and CDT codes.

Before you can enter the *Claim Jumper Newsletters* section of the website, read and accept an agreement to abide by the copyright rules regarding the information you find within this section. If you choose not to accept the agreement, you will return to the Montana Healthcare Programs Provider Information home page.

[I ACCEPT](#)

[I DO NOT ACCEPT](#)

# The *Claim Jumper*

## *Claim Jumper*

- ▶ [Claim Jumper 2016](#)
- ▶ [Claim Jumper 2015](#)
- ▶ [Claim Jumper 2014](#)
- ▶ [Claim Jumper 2013](#)
- ▶ [Claim Jumper 2012](#)
- ▶ [Claim Jumper 2011](#)

# The *Claim Jumper*

## ▾ [Claim Jumper 2016](#)

### [Volume XXXI Issue 10 October 2016](#)

Publications Reminder

Training for All

Signature Line Policy

Revalidation and Faxes

Nurse First

Did You Know

Inside Provider Relations

Call Center Questions

Publications Available on the Website

Top 15 Claim Denial Reasons

An Ounce of Prevention

Key Contacts

# The Claim Jumper

Montana Healthcare Programs  
*Claim Jumper*

Volume XXXI, Issue 10 | Special Fall 2010 Training Issue

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Revalidation and Faxes	1
Notes First	2
Star You Know	2
Inside Provider Relations	2
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Publications Available on the Website	4
Pay Contracts	5

**Publications Reminder**

It is the responsibility of all providers to be familiar with standard insurance fee schedules, provider contracts 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

**Required Dental Signatures**

The S-RRS unit has identified a trend of dental providers not signing their records appropriately. It is important that each record should be signed and dated by the dentist performing the service, even if the dental assistant or hygienist has signed the record, the dentist's signature should be in addition to this.

The 4892.37108.014 Maintenance of Records and Billing:

(E) All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid recipients. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.

(M) All records which support a claim for a service or item must be complete within 30 days after the date on which the claim was submitted to Medicaid for reimbursement. It should not be required to be signed and dated, including but not limited to an order, prescription, and note of medical necessity, referral or progress note, is not complete until it has been signed and dated.

A further explanation of this rule is available in the General Information for Providers manual on pages 2-5-2.7. On page 2.7 the manual states: "Each medical record entry must be signed and dated by the person entering or providing the service."

The General Information for Providers manual can be accessed at [www.montanahealthcare.org](http://www.montanahealthcare.org), by selecting "Resources for Provider Type" in the left hand column of the home page.

Submitted by Michelle Duvick  
 Program Integrity Auditor  
 Quality Assurance Division

**Revalidation and Faxes**

Provider Relations has received concerns about an inability to get faxes submitted to the revalidation fax line, 406-457-9560. If a provider is having trouble getting a fax through this line we suggest the following times to avoid the busy signal:

- Mondays and Fridays are the busiest.
- On any day, early mornings and later afternoons are the best.
- The time to avoid is the 11 to 1 lunch hour.



 **WORK CAN WORK BETTER™** 

