

March 30, 2017

MEDICAID WAIVER SERVICES

**aka Home And Community Based
Services**

Daniel Hickey- Conduent - Field Rep

Jason Armstrong- Conduent - Field Rep

Paula Soll – SLTC - Program Specialist/ Claims Examiner

Waiver Services Overview 1

- There are several different kinds of waivers for the State of Montana
 - A few are listed below
 - Big Sky Waiver- to serve the elderly and special needs community
 - SDMI Waiver- to serve the Severe Disabling Mental Illness
 - DDP 208 Waiver- to serve the Developmental Disabilities Persons
- The goal of the waiver program is to keep those who need nursing home or hospital level of care in their own homes if possible.

Waiver Services Overview 2

The services provided in these waiver programs, assist members to build skills and capacities to overcome obstacles and pursue their goals. This may be accomplished by providing a large varieties of services that are beyond the standard Medicaid coverage. This could be equipment that isn't covered under the existing Medicaid program DME, household chore help or homemaker, nutritional/meals, adult day health, acupuncture, massage, or vet care for service animals.

NOTE: Members must be determined eligible to be enrolled in a waiver program

Eligibility- Member


How do members qualify for a Waiver Program?

- Must be eligible for Medicaid.
- Must meet the criteria for the necessary level of care.
 - Criteria that would normally place them in a Nursing Home, Hospital, or a specialized facility.
- There must be an available slot.

Web Site and Enrollment

Your roadmap to success starts here:

[The Medicaid Provider Website:](http://medicaidprovider.mt.gov/)
<http://medicaidprovider.mt.gov/>



MONTANA.GOV
OFFICIAL STATE WEBSITE

SERVICES AGENCIES LOGIN SEARCH MONTANA.GOV

Montana Healthcare Programs Provider Information

Welcome to the Montana Healthcare Programs Provider Information website.

If you are unable to locate a resource you need, please contact Provider Relations at 1 (800) 624-3958 or (406) 442-1837

Important Announcement:
Next WebEx: March 30, 2017 at 1:00 PM MST

Waiver Program with Paula Soll, DPHHS Program Specialist/Claim Examiner

This WebEx will cover the Waiver Program including what qualifies a member for the Waiver Program and a review of what fields on the CMS-1500 are required for claims.

[Register for the Waiver Program WebEx](#)

For additional announcements, Please select the Announcement button below.

Recent Website Posts	Announcements	Drug and Pharmacy News
Forms	Resources by Provider Type	Claim Instructions
Training and Events	Claim Jumper Newsletters	Montana HELP Plan

Montana Healthcare Programs

Thank you for serving Montana's Healthcare Program Members.

- MATH Web Portal
- Resources by Provider Type
- Submit Provider Information for Enrollment, File Updates, and Revalidation

Provider Enrollment
New or Existing Providers

Provider File Updates
Changes to Current Enrollments

Provider Revalidation
Existing Providers

March 30, 2017 [Montana HELP Plan](#)

Provider Enrollment Menu

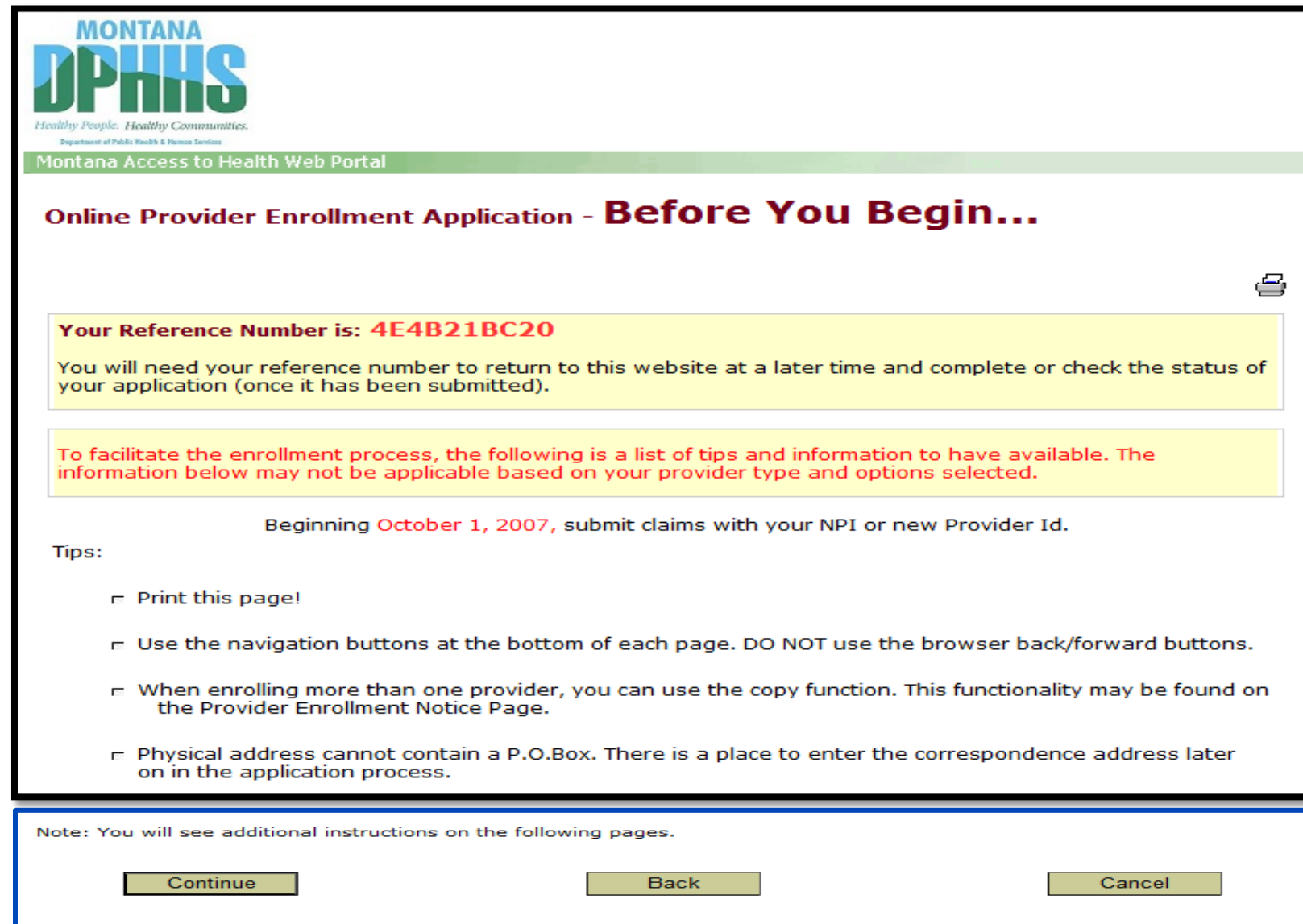


MONTANA DPHHS
Healthy People. Healthy Communities.
 Department of Public Health & Human Services

Montana Access to Health Web Portal

<ul style="list-style-type: none"> Log In Web Registration Provider Enrollment Provider Information Website Electronic Billing Provider Locator 	<p>Provider Enrollment</p> <p>This is the menu page for Provider Enrollment and Re-Enrollment in the Medicaid, Children's Health Insurance Plan (CHIP)-Dental Services Only, and Mental Health Services Plan (MHSP). Links to forms, enrollment, status of enrollment, and web portal registration are provided below.</p> <p>Enroll or Re-Enroll as a Provider Online</p> <p>Abbreviated Enrollment Online</p> <p>Download Enrollment Forms</p> <p>Check Status of your Enrollment</p> <p>Web Portal Registration</p> <p>Click here to check your browser compatibility.</p>	<p>Enroll or Re-Enroll as a Provider via the Web</p> <p>Enroll Prescribing, Ordering, and Referring Provider via Web</p> <p>Link to a page which displays all enrollment forms</p> <p>Check Status of your Enrollment</p> <p>Link to a page through which a new Web user can register for Web Portal Access</p>
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Reference Number



MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Montana Access to Health Web Portal

Online Provider Enrollment Application - Before You Begin...



Your Reference Number is: 4E4B21BC20

You will need your reference number to return to this website at a later time and complete or check the status of your application (once it has been submitted).

To facilitate the enrollment process, the following is a list of tips and information to have available. The information below may not be applicable based on your provider type and options selected.

Beginning **October 1, 2007**, submit claims with your NPI or new Provider Id.

Tips:

- Print this page!
- Use the navigation buttons at the bottom of each page. DO NOT use the browser back/forward buttons.
- When enrolling more than one provider, you can use the copy function. This functionality may be found on the Provider Enrollment Notice Page.
- Physical address cannot contain a P.O.Box. There is a place to enter the correspondence address later on in the application process.

Note: You will see additional instructions on the following pages.

After Application Submission

- When Provider Relations receives your application and supplemental materials, and verify it is complete, processing can begin.
- Provider Relations screen every piece and verify against multiple federal databases.
- After screening is complete, an application may need to be sent to appropriate officers at DPHHS for final approval
- Once application is approved, you will receive a welcome letter in the mail with your Montana Healthcare Provider ID and an effective date. Do not bill for services until you have received written approval and an effective date.



Montana Access to Health Web Portal

<https://mtaccesstohealth.acs-shc.com/mt/general/home.do>

Provides tools and resources

MATH portal can:

- Check eligibility.
- Check claim status.
- Download/view.
- View payment summaries “E!SOR”.

If Using Electronic Billing Software

- If using software for billing, and the software is capable of creating HIPPA compliant file. Then the file can be uploaded to the MATH portal for electronic submission.

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim Status		View e!SOR Reports	Add Existing User to Organization	Change Organization
Provider Payment Summary		My Inbox	Update or Remove Users/Reset Password	Change Password
Claims-based Medical History			Manage Submitter IDs	Manage Proxies
Electronic Health Record				
Provider Locator				

\$\$ THIS WILL SHORTEN THE CLAIMS PROCESSING TO ABOUT A WEEK. \$\$

Providing Services

Where do I start?

SLTC Referral

Provider: **Provider No:** **XXXXXX**
Client: **Client Phone No:** **406-529-XXXX**
Address:
City/State/Zip:
Physician: **Physician Phone No:** **W59.22XA**
Diagnosis: **Diagnosis Code:**
Medicaid ID No: **00:XXXXXX** **Service Plan Date:** **02/01/2015 - 01/31/2016**
Date of Birth:

Service	Units Authorized	Effective Date	Total Units Auth.	Unit Cost
(T1019 UA) Personal Assistance Attendant - Agency-Based PA Num: XXXXXXXXXX Service Comment: social/supervision time	16 Per Week	02/01/2015 - 01/31/2016	832	5.03
(T2003 UA) Transportation - Trip PA Num: XXXXXXXXXX Service Comment: trips	4 Per Week	02/01/2015 - 01/31/2016	208	1.54
(S5125 UA) Specially Trained Attendants - Attendant PA Num: XXXXXXXXXX Service Comment: STA-Life Coach I - Pam-reports result of doctor appt each month-ORI	4 Per Month	02/01/2015 - 01/31/2016	48	4.69

Comment:

Modifiers should always be included when billing

Case Management Team Signature: _____ Date: 04/24/2015

Referral

- Provider will receive a Referral form from the Case Manager
 - The Referral form determines the services that can be billed
 - The Prior Authorization can change
- The Referral form will provide all the information needed to complete the CMS-1500

Eligibility

Eligibility- Member

How do you check for Eligibility?

3 options are available:

WEB portal, AVR, FAX,

If these options don't seem to work, than call PR

When choosing to go through the MATH portal

- Choose the “Eligibility” option on the left side

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Claims-based Medical History			Manage Submitter IDs	Manage Proxies
Electronic Health Record				
Provider Locator				

Eligibility- Member

How do you check for Eligibility?

This example is a member with the date set for 1.1.17
The member does not have Medicaid coverage.

Eligibility Spans		About HMK/HMKPlus			
Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	QM: Qualified Medicare Beneficiary	Medicaid/HMKPlus	Qualified Medicare Beneficiary	11/01/2016	02/28/2017

Eligibility- Member 1

How do you check for Eligibility?

This Example the date is set for 11.1.16 and has full Medicaid coverage through 11.30.16.

Eligibility Spans		About HMK/HMKPlus			
Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Full Coverage	12/01/2015	11/30/2016

Eligibility- Member 2

How do you check for Eligibility?

This example is the same member but the date is set for 12.1.16
The member has full Medicaid coverage through 2.28.17 now but is also
Showing the waiver text.

Eligibility Spans		About HMK/HMKPlus			
Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Full Coverage	12/01/2016	02/28/2017
Message Text: Elderly/Physically Disabled Waiver					

Claims

Submitting Paper claims vs. Electronic claims

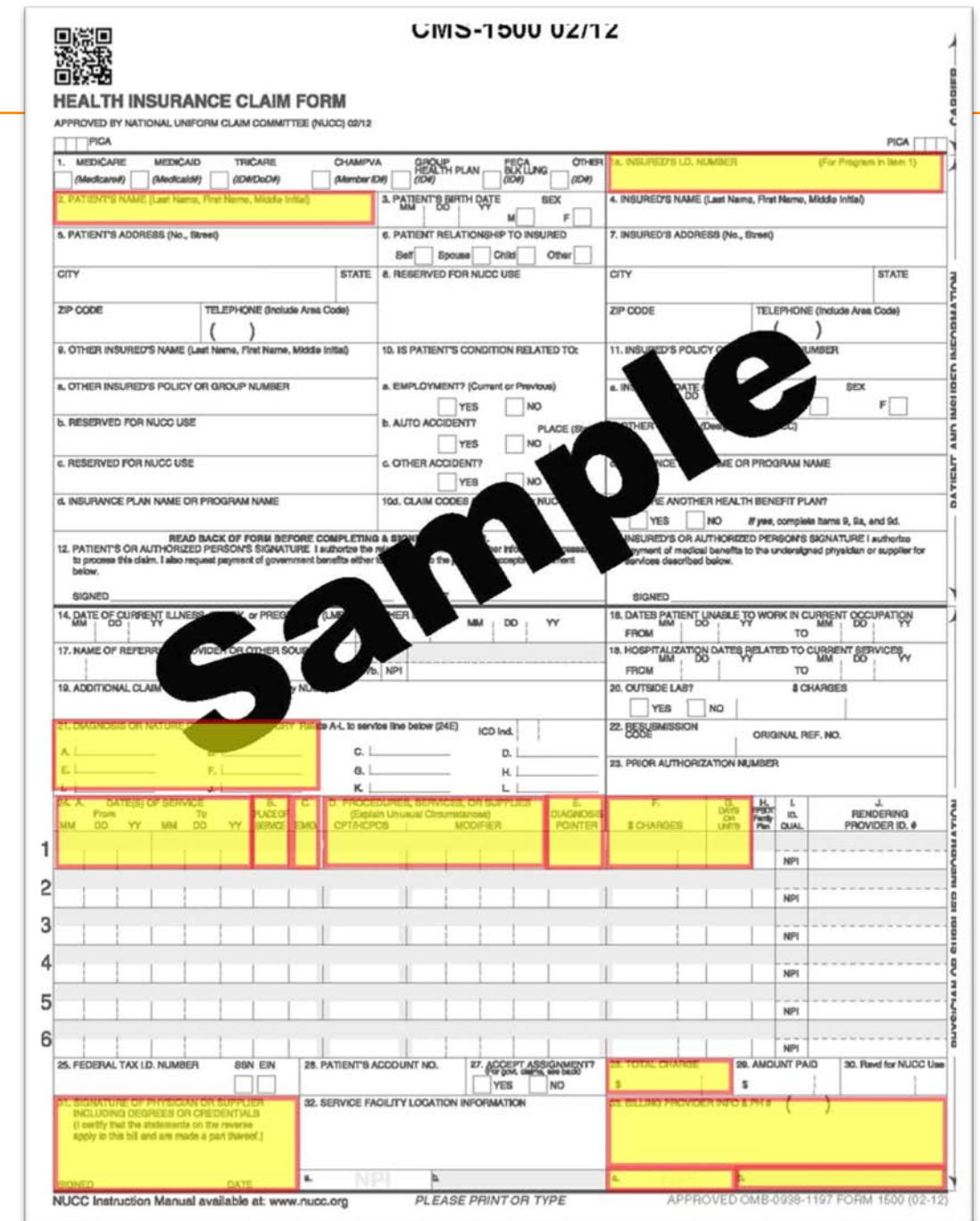
- The most efficient way for claims to be submitted is electronically. Claims submitted electronically are processed an average of 14 days faster than paper claims.
- Paper claims submitted via mail are processed an average 12 days faster than paper claims submitted via fax.

CMS- 1500 (02/12)

What fields to fill out on a CMS-1500 form.

Field Identifiers

- 1A – Insured’s ID Number
- 2 - Patient’s Name
- 21 – DX code
- 23 – Prior Authorization Number
- 24A – Dates of Service
- 24B – Place of Service
- 24D – Procedure Code & Modifier (first position)
- 24E – DX pointer
- 24F – Charges
- 24G – Days or Units
- 28 – Total charges
- 31 – signature and date
- 33A – NPI if enrolled and no other provider type for the same NPI or
- 33B – Atypical number (with qualifier G2XXXXXXXX)



The image shows a sample of the CMS-1500 Health Insurance Claim Form (02/12). The form is titled "HEALTH INSURANCE CLAIM FORM" and includes a QR code in the top left corner. A large "Sample" watermark is overlaid on the form. Red boxes highlight several key fields: 1. Insured's ID Number (Field 1A), 2. Patient's Name (Field 2), 21. DX code (Field 21), 23. Prior Authorization Number (Field 23), 24A. Dates of Service (Field 24A), 24B. Place of Service (Field 24B), 24D. Procedure Code & Modifier (Field 24D), 24E. DX pointer (Field 24E), 24F. Charges (Field 24F), 24G. Days or Units (Field 24G), 28. Total charges (Field 28), 31. Signature and date (Field 31), 33A. NPI (Field 33A), and 33B. Atypical number (Field 33B). The form also includes sections for patient information, insurance details, and provider information.

CMS-1500 forms

Original CMS-1500 forms.

When ever possible please use original forms

- They can be purchased from most office supply stores.
- They speed up processing time, by allowing automated processes to read them.

Mail Paper claims to:

Claims Processing
P. O. Box 8000
Helena, MT, 59604

Photocopies

Currently the State is not rejecting photocopies. However there may be a point in the near future where this becomes a possibility.

Who to contact if you have questions.

Contact Info – Waiver Numbers

Big Sky Waiver – Central Office Contact Information: Fax: (406) 444-7743

For inquiries on specific claims and payment:

Paula Soll psoll@mt.gov (406) 444-4142

For inquiries on provider enrollment status:

Craig Bender cbender2@mt.gov (406) 444-4376

SDMI- Waiver

Helen Higgins hhiggins@mt.gov (406) 444-3055

DD0208 Waiver

Carla Rime carlarime2@mt.gov (406) 444-6047

Contact Info – Montana Provider Relations

Conduent

Montana Provider Relations

- (800) 624-3958 or (406) 442-1837
Monday through Friday
8 a.m. - 5 p.m. Mountain Time

General Questions

MTPRhelpdesk@conduent.com

Contact Info – Public Assistance

Office of Public Assistance

P O Box 202925

Helena 59620-2925

Montana Public Assistance Helpline – 1-888-706-1535

Statewide Fax number – 1-877-418-4533

The Montana Citizens' Advocate Office is located in Room 232 in the Governor's Office in the Montana State Capitol.

It is open 8-5 Monday through Friday. It may also be reached by calling (800) 332-2272 or (406) 444-3468 or by e-mail at citizensadvocate@mt.gov.

CONDUENT

