



# Montana Medicaid

# CLAIM JUMPER

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## Moving Credit Balances

Credit balances result when claims are adjusted for which the final reimbursement amount is less than the original payment and no other claim activity results in an amount due from the provider.

Any adjustment completed for a claim processed with an old legacy number—prior to implementation of the National Provider Identifier (NPI) and the new atypical provider identifier (API)—may result in a credit on that number.

ACS is in the process of completing gross adjustments to move legacy credit balances to the NPI/API. If you wish to have your credit balance moved more quickly, please contact Provider Relations. Providers also can send refund checks for the credit amount if they wish.

## Updating Provider File Information for Passport to Health/Team Care Providers

If you would like to submit a provider file update request to ACS Provider Relations and you are a Passport to Health/Team Care provider, please reference your Passport to Health/Team Care provider ID number along with your NPI. Provider file updates should be submitted in writing either by fax to (406) 442-4402 or by mail to:

ACS Provider Relations  
P.O. Box 4936  
Helena, MT 59604

## CyberAccess Available Soon

A replacement for the current Claims-Based Medical History functionality on the web portal is coming soon. The new product is called CyberAccess and will allow providers a more user friendly method of reviewing clients' medical history of claims processed for Montana's Healthcare Programs. This new product will enhance the user's gathering of data as well as work hand-in-hand with E-Prescribing, which allows providers to electronically submit prescriptions to pharmacies.

When CyberAccess is introduced, providers currently utilizing the web portal will need to verify current infor-

## Top 15 Claim Denial Reasons

Exception	December Ranking	November Ranking
RECIPIENT NOT ELIGIBLE DOS	1	2
EXACT DUPLICATE	2	1
REFILL TOO SOON	3	3
RATE TIMES DAYS NOT = CHARGE	4	4
DRUG CONTROL CODE = 2 (DENY)	5	5
RECIPIENT COVERED BY PART B	6	11
PROVIDER TYPE/PROCEDURE MISMAT	7	10
REV CODE INVALID FOR PROV TYPE	8	14
CLAIM INDICATES TPL	9	7
PASSPORT PROVIDER NO. MISSING	10	6
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	11	8
PA MISSING OR INVALID	12	9
DRUG QUANTITY MISSING	13	13
NDC MISSING OR INVALID	14	17
UNIT TYPE MISSING/INVALID	15	16

mation on their users to begin using it. Provider Relations representatives will be available at that time to answer any questions.

Watch for more information on the [www.mtmedicaid.org](http://www.mtmedicaid.org) website, in future issues of the *Claim Jumper*, and on remittance advice banner pages.

## Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website ([www.mtmedicaid.org](http://www.mtmedicaid.org)).

## Reason Code 133

When you see reason code 133 on your remittance advice, this indicates your claim is still processing. Any claim that posts an edit that must be reviewed by ACS staff will appear on your remittance advice with the 133 reason code. Since the implementation of optical character recognition (OCR), the number of claims pending has increased because the edits do not post until the claims have passed through an adjudication cycle. You may be more aware of the 133 reason code with the change to weekly payments for all providers.

Claims with this reason code will appear on the remittance advice in the "pending section" and once finalized will move to either the paid section or the denied section of the remittance advice. Do not post these claims as they have not yet reached a final status.

## Medical Home and Tips For Managing Your Passport to Health Case Load

Thank you for your patience during the mass client enrollment into the Passport to Health Program. Passport to Health is Montana Medicaid's Primary Care Case Management Program. The goal of Passport is to help Medicaid clients establish a medical home and in turn have better access to health-care.

An effective medical home has seven attributes; it is: *Accessible, Continu-*

*ous, Comprehensive, Family Centered, Coordinated, Compassionate and Culturally Effective.*

Here are some tips for assisting your clients in establishing a medical home and managing your Passport case load.

- **Review your monthly client lists.** Be sure to check your Passport client list each month. You are receiving a monthly \$3.00 case management fee for each person on your list. This means you have agreed to provide primary health care for these clients, keep a well maintained medical chart for each client and give them necessary referrals to specialists or other providers when needed. Referrals may be verbal or written, but must be documented. We provide you with an enrollee list at the first of every month. If you do not receive your enrollee list, please call the Medicaid Help Line at 1-800-362-8312.
- **Referring clients you've never seen.** You *may* choose to approve a referral if the services are medically necessary and appropriate, even if you have never seen the client. Encourage the client to establish a patient-provider relationship with you for future referrals. If you get numerous referral requests for a client whom you have never seen, it may be appropriate to remove the client from your case load.
- **Disenrolling a Passport client.** There are certain situations in which it is appropriate to request a patient be removed from your case load. You may request to disenroll a Passport enrollee if:
  - The provider-patient relationship is mutually unacceptable;
  - The patient fails to follow prescribed medical treatment;
  - The patient is abusive;
  - The patient has moved out of the community and has not yet changed to another provider; or
  - The patient could be better treated by a different type of provider, and a referral process is not feasible.

A letter of disenrollment must be sent to the client explaining you no longer will be his or her Passport provider. You must still provide coverage for the client for the next 30 days. A copy of the disenrollment letter needs to be sent to ACS. Once ACS receives the notice, the client will be disenrolled for the next month of coverage

and sent a letter of notification. If we are not notified of the disenrollment by your office, the client will continue to be enrolled with you and you will continue to be responsible for his or her care. You may fax notices of disenrollment to ACS at 406-442-2328 or mail them to:

Medicaid Managed Care – ACS  
P.O. Box 254  
Helena, MT 59624

- **Assisting clients with changing their Passport provider.** If you have clients who need to change their Passport provider, you can assist them by directing them to use one of the following provider change methods:
  - Contact the Medicaid Help Line at 1-800-362-8312;
  - Log on to the Medicaid website at [www.mtmedicaid.org](http://www.mtmedicaid.org) and click on the link to choose a provider; or
  - Complete a provider change request form.
- **Changes to your Passport to Health contract.** Please notify ACS in writing if you have any changes to your practice such as:
  - Adding new provider;
  - Provider is leaving your practice;
  - Changing mailing or residential addresses; or
  - Changing the name of your practice.

By notifying ACS of these changes we can ensure that the clients enrolled with your clinic are provided with the most up to date information.

For more information about Passport to Health and other managed care programs, visit our website at [www.mtmedicaid.org](http://www.mtmedicaid.org) or call the Medicaid Help Line at 1-800-362-8312. Rachel Donahoe is the new Passport to Health Program Officer for the State of Montana. She can be reached at 406-444-0991 or [Rdonahoe@mt.gov](mailto:Rdonahoe@mt.gov).

*Submitted by Rachel Donahoe, DPPHS*

14,250 copies of this newsletter were printed at an estimated cost of \$.36 per copy, for a total cost of \$5,174.93, which includes \$2,197 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis at (406) 444-9772.

**Billing for In-State PRTF Assessment Services and In-State PRTF High-Cost Medical And Ancillary Services Starting March 1, 2009**

The new Psychiatric Residential Treatment Facility (PRTF) Assessment Service defined in ARM 37.87.1215 is only provided by in-state PRTFs. These services will be authorized by First Health using revenue code 220. Paper claims for PRTF assessment

services may be used and sent to Julie Frickel at the address below. Electronic or paper claims submitted to ACS will be forwarded to the Children’s Mental Health Bureau (CMHB) to be manually priced and processed.

High-cost medical and ancillary claims will be paid on an interim basis for in-state PRTFs, if prior authorized by CMHB. Submit requests for prior authorization along with a bill supporting the expense and a paper claim using revenue code 229 to Diane White at the address below. If

the claim is prior authorized it will be processed for payment. If the claim is not prior authorized the provider will be notified by CMHB.

Children’s Mental Health Bureau  
P.O. Box 202951  
Helena, MT 59620-2951

For questions or more information contact Diane White, Clinical Program Supervisor, CMHB, at 406-444-1535 or [dwhite@mt.gov](mailto:dwhite@mt.gov).

*Submitted by Diane White, DPHHS*

**Recent Publications**

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from [www.mtmedicaid.org](http://www.mtmedicaid.org), the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
<b>Fee Schedules</b>		
12/03/08	Personal and Commercial Transportation	Revised fee schedule
12/15/08	Hospital Outpatient	Revised fee schedule
<b>Other Resources</b>		
12/01/08, 12/08/08, 12/15/08, 12/22/08, 12/29/08	All Provider Types	What’s New on the Site This Week
12/03/08, 12/18/08	All Provider Types	AMA/ADA disclaimer added to Emergency Services and Provider Newsletters pages
12/03/08, 12/15/08, 12/18/08	All Provider Types	News item regarding List of Eligible Drug Manufacturers Updated
12/03/08, 12/15/08	Physician, Podiatry, Mid-Level Practitioners, IDTF, Birthing Center, Laboratory and X-ray, Public Health Clinics, Outpatient Hospital, Emergency Room, Free-Standing Dialysis Clinic, Pharmacy, Psychiatry, Ambulatory Surgical Center	New link to Rebateable Manufacturers
12/12/08	All Provider Types	January 2008 <i>Claim Jumper</i>
12/16/08	All Provider Types	MHSP Non-Medicaid Enrollment Application and MHSP Non-Medicaid Enrollment Application (large print) forms added to Forms page
12/22/08	All Provider Types	News item regarding Holiday eSOR Schedule
12/30/08	Outpatient Hospital, Psychologist, Residential Treatment Center, Social Worker, Licensed Professional Counselor, Mental Health Center, Targeted Case Management—Mental Health, Therapeutic Group Home, Therapeutic Foster Care	Medicaid Mental Health Plan and Mental Health Services Plan (MHSP) for Youth services excluded from simultaneous reimbursement
12/31/08	All Provider Types except Nursing Home	2009 Medicaid Payment Schedule

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## Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

### Provider Relations

(800) 624-3958 (In- and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)

TPL (800) 624-3958 (In- and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

### Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

### Prior Authorization

Mountain-Pacific Quality Health Foundation (800) 262-1545

Mountain-Pacific Quality Health Foundation—DMEPOS/Medical

(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations  
P.O. Box 4936  
Helena, MT 59604

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

Third Party Liability  
P.O. Box 5838  
Helena, MT 59604