



Montana Medicaid

CLAIM JUMPER

Volume XXIV, Issue 9, September 2009

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The Big Sky Rx Program is a State of Montana program that pays all, or part, of Medicare Part D Prescription Drug Plan (PDP) **premiums** for eligible Montanans. The program is administered by the Montana Department of Public Health and Human Services. This program was created by the 2005 Legislature (SB324) to help Montanans pay their Medicare Part D premiums.

Any Montana Medicare recipient can fill out an application to see if they qualify. If they do, we start paying all, or a portion of, their monthly Part D PDP premium up to \$33.19.

To qualify a person must:

- Be a Montana resident,

- Be on Medicare, and have not received Medicaid in the last 12 months,
- Have an annual income less than about \$21,660 if single or about \$29,140 if married and living together (these income limits change with the household size and change annually).

People should apply for Big Sky Rx even if they think their income is too high as some income is not counted and assets are not counted as income for the program.

An applicant will be notified if his or her income and assets indicate he or she may be eligible for the Social Security Extra Help Program, a federal program

Fall Provider Training

Fall provider training will be in Miles City October 1, Kalispell October 8, and Bozeman October 29. This one-day training includes presentations from both the State and ACS. Sessions include Healthy Montana Kids, SURS, Managed Care, special forms, electronic rejections, keeping files current, and fundamentals to prevent denials. The day will conclude with a roundtable discussion with your program officer.

A complete schedule and registration form can be found in this *Claim Jumper* or on the website under Upcoming Events.

Good News for Montanans With Medicare Part D: Big Sky Rx Is Accepting Applications

There is help available for Montanans on Medicare who are **not eligible for Medicaid**.

Top 15 Claim Denial Reasons

| Exception | July Ranking | June Ranking |
|---|--------------|--------------|
| RECIPIENT NOT ELIGIBLE DOS | 1 | 2 |
| EXACT DUPLICATE | 2 | 1 |
| REFILL TOO SOON | 3 | 3 |
| DRUG CONTROL CODE = 2 (DENY) | 4 | 4 |
| RATE TIMES DAYS NOT = CHARGE | 5 | 5 |
| PASSPORT PROVIDER NO. MISSING | 6 | 6 |
| REV CODE INVALID FOR PROV TYPE | 7 | 7 |
| PA MISSING OR INVALID | 8 | 10 |
| CLAIMS INDICATES TPL | 9 | 8 |
| RECIPIENT COVERED BY PART B | 10 | 9 |
| SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER | 11 | 11 |
| DEPRIVATION CODE RESTRICTED | 12 | 16 |
| CLAIMSGUARD ONE E&M PER DOS | 13 | 37 |
| SUSPECT DUPLICATE | 14 | 12 |
| SLMB OR QI-1 ELIGIBILITY ONLY | 15 | 19 |

that can help with Medicare Part D co-pays, deductibles, and premiums.

Big Sky Rx applications are processed year round. Once a person is enrolled, Big Sky Rx will begin paying all or a portion of his or her premiums the month following enrollment and will continue paying for a year.

For more information, applications, or FAQ sheets:

- Website: www.bigskyrx.mt.gov
- Email: bigskyrx@mt.gov
- In-State Toll-Free: 1-866-369-1233
- Helena Area and Out-of-State: (406) 444-1233
- Montana Relay Service: 711

Submitted by Pam Zehntner, DPHHS

Cost Sharing: When Is It Taken, and How Much Is It?

Cost sharing is the client's financial responsibility for a medical bill as assigned by Medicaid. It is generally taken for services for adults, with a few exceptions. This is usually a flat fee, with the schedule as follows:

**Inpatient Hospital
\$100 per discharge**

Ambulatory Surgery Center,
Denturists, DME, FQHC,
Freestanding Dialysis Clinics,
Outpatient Hospital, RHC,
Non-Emergent Care in ER
\$5 per visit

Independent Diagnostic Testing
Facility, Mid-level Practitioners,
Physicians, Podiatry, Psychiatrists
\$4 per visit

Dental, Home Health, LCPCs,
Psychological Services, Social Worker,
Speech Therapy
\$3 per visit

Audiology, Hearing Aids,
Occupational Therapy, Opticians,
Optometric, Physical Therapy
\$2 per visit

**Public Health Clinics
\$1 per visit**

**Pharmacy
\$1-\$5 per script
\$25 monthly cap**

Clients who reside in a nursing home, receive hospice, personal assistance, and home and community based services do not have cost share taken for any services. Pregnant women will not have cost share taken if providers use an appropriate EPSDT code, which indicates pregnancy. This indicator can only be used on females and should only be used when the female is pregnant, through the covered post-partum period (which begins when the pregnancy ends and extends through the end of the month in which 60 days have passed).

If a client has TPL or Medicare, cost sharing may or may not be assessed. If the TPL or Medicare pays on the claim, no cost share will be taken. However, if the claim is denied by TPL or by Medicare, the client will still be responsible for that cost share amount. This includes situations where the claim is applied to the deductible.

If you have any questions on cost sharing you can contact Provider Relations at (800) 624-3958 or (406) 442-1837.

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).

Family Planning Clinic Medicaid Billing Changes

Effective August 1, 2009, Medicaid established provider type 16 for family planning clinics to accommodate your specific billing practices.

Family planning clinics may:

- **Re-enroll.** If you are part of a public health or other clinic, you must enroll as a family planning clinic. Enroll online at www.mtmedicaid.org; follow the enrollment links at the top left of the page. You will continue to be enrolled as a public health clinic and no changes are necessary to that enrollment.

If you re-enroll and have family planning service claims with dates of services less than one year old, submit the claims to ACS for processing. Your claims must have

rendering provider information to process and pay.

- **Request an update.** If you are a family planning clinic enrolled as another entity, for example, as a public health clinic, and you are not attached to another entity, you may request your clinic be changed to provider type 16, family planning clinic, with the correct taxonomy code of 261QF0050X. Submit this update request in writing to ACS Provider Relations at MTPRHelpDesk@ACS-inc.com or Provider Enrollment Unit, P.O. Box 4936, Helena, MT 59604.

If you request an update to your enrollment to reflect family planning, and you have claims with dates of services less than one year old, submit the claims to ACS for processing, or contact Connie Olson at 444-3995 or COLson2@mt.gov to request a mass adjustment. Your claims must have rendering provider information to process and pay.

After re-enrollment or update for your clinic is complete, claims will process correctly.

Family Planning Clinics that re-enroll or request an update may have claims that are more than one year old. You may send those claims for review to:

Family Planning Clinic Claims
Review
Attention: Brenda Beardslee
DPHHS/HRD/MCB
P.O. Box 202951
Helena, MT 59620-2951

These claims must fall into one of the three categories below:

- Have a date of service more than one year old, and
- Have a date of service on or after May 23, 2007, and
- Were not paid due to enrollment issues.

Submitted by Bob Wallace, DPHHS

14,250 copies of this newsletter were printed at an estimated cost of \$.47 per copy, for a total cost of \$6,757.45, which includes \$3,779.52 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.

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, 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 |
| Notices and Replacement Pages | | |
| 07/06/09 | Psychiatrist | Service Reimbursement Change and Timely Billing Requirement |
| 07/08/09 | Psychologist, Licensed Clinical Professional Counselor | Psychological Testing Reimbursement Change |
| 07/08/09 | Physician, Mid-Level Practitioner | Anesthesia Providers |
| 07/09/09 | Optometric, Optician | Optical Services Paid by RBRVS |
| 07/16/09 | Dentist, Physician | Coverage of Fluoride Varnish |
| Fee Schedules | | |
| 07/08/09 | Mental Health Center, Licensed Clinical Professional Counselor, Social Worker, Psychologist, Targeted Case Management—Mental Health, Physician, Psychiatrist, Mid-Level Practitioner | Fee schedule for MHSP services for clients 18 years of age and older |
| 07/08/09 | Mental Health Center, Licensed Clinical Professional Counselor, Social Worker, Psychologist, Targeted Case Management—Mental Health, Physician, Psychiatrist, Mid-Level Practitioner | Fee schedule for Medicaid Mental Health services for clients 18 years of age and older |
| 07/14/09 | Physician | Fee schedule |
| 07/15/09 | Mid-Level Practitioner, Podiatrist, IDTF, Lab and X-ray, Public Health Clinic | Fee schedule |
| 07/21/09 | Denturist, Oral Surgeon, Non-Emergency Transportation, Personal and Commercial Transportation, Ambulance, Nutrition, Respiratory Therapist, Chiropractic, Private-Duty Nursing, DME, Hearing Aid, Audiology, Eyeglasses, School-Based Services, Physical Therapy, Occupational Therapy, Speech Therapy | Fee schedule |
| 07/22/09 | Home and Community Based Services | Adults With Severe Disabling Mental Illness fee schedule |
| Other Resources | | |
| 07/06/09, 07/13/09, 07/20/09 | All Provider Types | What's New on the Site This Week |
| 07/06/09 | All Provider Types | New Nurse First logo |
| 07/13/09 | All Provider Types | August 2009 <i>Claim Jumper</i> |
| 07/14/09 | All Provider Types | Fall Provider Training added to Upcoming Events |
| 07/15/09 | All Provider Types | Prior Authorization Key Contacts updated |
| 07/16/09 | Psychologist, Chemical Dependency, Psychiatrist, Psychiatric Residential Treatment Facility, Social Worker, Targeted Case Management—Mental Health, Therapeutic Foster Care, Therapeutic Group Home, Licensed Professional Counselor, Mental Health Center | Mental Health Services Key Contacts updated |
| 07/16/09, 07/20/09 | Pharmacy | Updated PDL |
| 07/21/09 | Passport | Provider Change Form |
| 07/21/09 | Mental Health Center | Adult Intensive Outpatient Therapy Services Clinical Management Guidelines |

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

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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

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

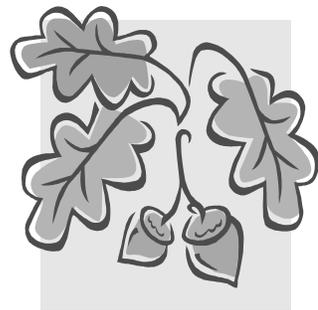
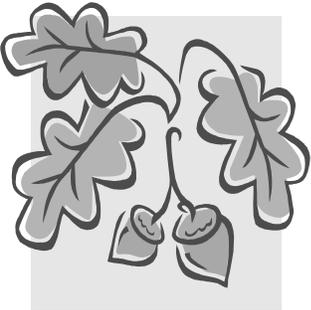
Transportation (800) 292-7114

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



Fall Provider Training

October 1: Miles City- Miles City Community College

October 8: Kalispell- Red Lion Hotel

October 29: Bozeman– Holiday Inn



Healthy Montana Kids

8:30 - 9:45

SURS

10:00 - 10:30

Passport / Nurse First / TeamCare

10:30 - 11:15

Special Forms & Electronic Rejections

11:15 - 12:00

Keeping Files Current

1:00 - 1:30

Fundamentals to Prevent Denials

1:30 - 3:00

Round Table with Program Officers

3:15 - 4:30



Registration Form

Please check the appropriate box

Location: Miles City (Oct. 1)___ Kalispell (Oct. 8)___ Bozeman (Oct. 29)___

Name/Organization:_____

NPI :_____ Contact Name:_____

City:_____ Phone Number:_____

Names of Attendees:_____

You can register via e-mail at mtprhelpdesk@acs-inc.com,

calling 1-800-624-3958, 406-457-9598

or fax to 406-442-4402

Schedule can be downloaded at www.mtmedicaid.org



**ACS
P.O. BOX 8000
HELENA, MT 59604**

**PLACE
STAMP
HERE**

**ACS PROVIDER TRAINING PRE-REGISTRATION
P.O. BOX 8000
HELENA, MT 59604**