



# Montana Medicaid

# CLAIM JUMPER

Volume XXIII, Issue 10, October 2008

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### Reminder for School-Based Services Providers

Effective October 1, 2008, the fee schedule for school-based health services will reflect updated fees based on a new allied health conversion factor, the Comprehensive School and Community Treatment (CSCT) rate increase, and the Federal Matching Assistance Percentage (FMAP) change. The allied health conversion factor change was reflected on the July 1, 2008, fee schedule. The CSCT rate increase of 3 percent will be reflected on the October 1, 2008, fee schedule. The 2008 FMAP of 68.53 percent expires on September 30 and the federal fiscal year 2009 FMAP of 63.04 percent begins October 1. The FMAP is important to school-based services because the reimbursement rate is calculated by multiplying the published fee by the appropriate FMAP in effect at the time your claim is adjudicated within the Department's claim processing system. It is vital to remember that claims for school-based services are reimbursed

based on payment date of the claim rather than by the date of service.

For your reference, a provider notice dated July 10, 2008, titled "Multiple Conversion Factors for RBRVS Providers" and another dated July 24, 2008, titled "New FMAP Rate Reflects Changes to Reimbursement on the Fee Schedule" are posted on the Department website at [http://medicaid.provider.hhs.mt.gov/providerpages/provider\\_type/45.shtml#notices](http://medicaid.provider.hhs.mt.gov/providerpages/provider_type/45.shtml#notices).

*Submitted by Rena Steyaert, DPHHS*

### Improving Response to Provider Questions

The Department of Public Health and Human Services would like to take this opportunity to thank you for your recent reenrollment in the Montana Health Care Programs and continuing to provide medical services for Montana's most vulnerable citizens.

It has come to our attention that there may be issues or concerns with claim payments, responses to questions related to claims, or lengthy hold times when calling for assistance. In order to address these concerns, we have increased staffing and implemented changes at ACS to ensure claims are processed more quickly and calls are responded to in a timely manner. The Department and ACS are committed to providing timely claims processing and accurate responses to our providers.

*Submitted by Michelle Gillespie, DPHHS*

### New Inpatient Reimbursement Begins October 1, 2008

On October 1, 2008, the Montana Department of Public Health and Human Services will implement a new inpa-

tient payment methodology based on All Patient Refined Diagnosis Related Groups (APR-DRGs). This change will impact all hospitals except Indian Health Service Hospitals.

All hospitals (except Indian Health Service Hospitals) will see changes to prior authorization, interim claims, present on admission indicator, diagnosis and procedure codes, and condition, occurrence and value codes. All out of state and prospectively paid hospitals will see additional changes to include their grouper system, weights, average length of stay data used, cost outlier calculations, DRG base prices, add-ons, transfers, partial eligibility, hospital residents and bundling of out-patient services.

Because of the extensive nature of changes we strongly suggest hospital staff review information we have posted on our website. Under the Inpatient Hospital section of the website ([http://medicaidprovider.hhs.mt.gov/providerpages/provider\\_type/01.shtml](http://medicaidprovider.hhs.mt.gov/providerpages/provider_type/01.shtml)) we have published notices entitled "Prior Authorization," "Present on Admission Indicator," and "Interim Claims." Also under the Inpatient Section is a section entitled "Other Resources." By clicking on the "New APR-DRG Payment Method" you will find additional information available to you to include: frequently asked questions, PowerPoint presentations, pricing examples, guides and letters.

If you have any questions, please contact Bob Wallace at (406) 444-7018.

*Submitted by Deb Stipeich, DPHHS*

### Most Common Reasons For Claim Denials

While many denials can result from edits placed in the claims processing system to prevent errors, a recent

review of claim denial reasons indicates that a large portion of denials might be preventable. The current number one claim denial reason is that the claim is an exact duplicate of a claim that has already been paid. This denial reason accounts for over 12 percent of all denials. In addition, line duplicate conflicts make up another 3 percent of total denials.

Billing for recipients who do not have eligibility for the date of the service accounts for almost 8 percent of total denials. This denial can be caused by problems in getting clients' eligibility established, but can also be caused by not checking for appropriate eligibility prior to submission of the claim. In addition, over 9,000 claims per month are submitted for Medicaid services for clients who may have Medicare Part B or SLMB/QI-1 only.

In the top 15 list, refills too soon, and non-allowed or non-preauthorized drugs make up over 10 percent of total denials. An additional 2 percent of claims are denied because the pharmacy claim needs to be submitted to another processor or primary payer.

Enrollment issues may cause a variety of denials including procedure/revenue code not allowed for provider type, rendering not required and rendering provider is not on file. We are

seeing significant decreases in these types of issues.

The Department and ACS are working together to reduce or eliminate unnecessary denials and the delays that they can cause. Your help is needed. Most providers check eligibility before billing for services. Reviewing your Remittance Advice may offer insights into trends or problems that can be resolved with simple procedural changes. If you are seeing numerous denials of these types, contact Montana Medicaid Provider Relations for assistance.

This is the first in a planned series of articles related to claim denials. Future articles will discuss these issues in further detail and we will continue to update you on the most frequent edits on a routine basis.

**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 (mtmedicaid.org).

**Provider File Updates**

Providers who have already completed their reenrollment with Montana's

Healthcare Programs in conjunction with the implementation of NPI do not need to complete a new enrollment if their information changes. If a reenrolled provider needs to update their provider file (i.e., change of practice location, billing address, tax information, etc.), they should mail the new information to Provider Relations, P.O. Box 4936, Helena, MT 59604 or fax to (406) 442-4402, Attention: Provider File Updates. Healthcare providers who have not yet reenrolled with their NPI, or atypical providers for a new proprietary ID, should do so immediately.

**Letters Sent to Out-of-State Hospitals**

Letters regarding changes to prior authorization and new reimbursement methodology as well as termination of all preferred hospital agreements have been sent to all out-of-state hospitals. Copies of these letters are available on the inpatient hospital provider page at [www.mtmedicaid.org](http://www.mtmedicaid.org).

**Fall Provider Trainings**

Please join us for Montana's Healthcare Programs Fall Provider Training. The each day-and-a-half long session will be conducted in October in the following locations:

- Bozeman: October 7-8 at the Holiday Inn
- Hamilton: October 22-23 at the Bitterroot River Inn
- Great Falls: October 28-29 at the Holiday Inn

For a detailed schedule as well as directions, please review Upcoming Events at [www.mtmedicaid.org](http://www.mtmedicaid.org). To register, please access September's *Claim Jumper* online for the registration form. You may also email [MTPRHelpdesk@acs-inc.com](mailto:MTPRHelpdesk@acs-inc.com), or call (406) 457-9554. We look forward to seeing you in October!

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.

<b>Top 15 Claim Denial Reasons</b>	
<b>Edit Description</b>	<b>% of Total</b>
EXACT DUPLICATE	12.53
RECIPIENT NOT ELIGIBLE DOS	7.86
DRUG CONTROL CODE = 2 (DENY)	4.02
REV CODE INVALID FOR PROV TYPE	3.47
REFILL TOO SOON	3.19
REFILL TOO SOON	3.06
CLAIM INDICATES TPL	2.85
PROVIDER TYPE/PROCEDURE MISMAT	2.80
RENDERING NOT REQUIRED	2.61
SLMB OR QI-1 ELIGIBILITY ONLY	2.52
PA MISSING OR INVALID	2.50
SUSPECT DUPLICATE (line level)	2.46
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	2.24
RECIPIENT COVERED BY PART B	2.06
MHSP FEE FOR SERVICE	1.99

## 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.

<b>Recent Publications Available on Website</b>		
<b>Date</b>	<b>Provider Type</b>	<b>Description</b>
<b>Notices and Replacement Pages</b>		
08/05/08	Physician, Mid-Level Practitioner, Inpatient Hospital, Outpatient Hospital, Ambulatory Surgical Centers, Indian Health Services	Changes to Prior Authorization for Circumcision (revised)
08/11/08	Durable Medical Equipment	Billing and Policy Changes (revised)
08/12/08	All Provider Types	Federal Government May Request Medical Records
08/26/08	Pharmacies, Physicians, Mid-Level Practitioners	Benefiber® Not Covered
<b>Fee Schedules</b>		
08/05/08	Outpatient Hospital	APC schedule, outpatient procedure fee schedule
<b>Other Resources</b>		
08/04/08, 08/11/08, 08/14/08, 08/25/08	All Provider Types	What's New on the Site This Week
08/06/08	All Provider Types	FY2008 Medicaid statistics added to Medicaid Information page
08/11/08	All Provider Types	72-Hour Presumptive Eligibility Program Provider Enrollment Addendum added to Forms and Provider Enrollment pages
08/12/08	Inpatient Hospital	Updated FAQs, training PowerPoint, pricing examples, and pricing calculator and weights and thresholds added to the New APR-DRG Payment Method page
08/12/08	All Provider Types	News item regarding Federal Government May Request Medical Records
08/13/08	All Provider Types	September 2008 <i>Claim Jumper</i>
08/13/08	Inpatient Hospital	3M presentation added to the New APR-DRG Payment Method page
08/13/08, 08/27/08	Inpatient Hospital	Updated pricing calculator and weights and thresholds on the New APR-DRG Payment Method page
08/14/08	Inpatient Hospital	Claim Processing and Editing Guide PowerPoint on the New APR-DRG Payment Method page
<b>08/25/08</b>	<b>All Provider Types</b>	<b>2008 fall provider training schedule and locations added to Upcoming Events page</b>
08/28/08	Pharmacy	List of bulk powders for compound medications—rebateable as of 08/27/2008

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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