



Montana Medicaid

CLAIM JUMPER

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What Is COBA and How Does It Affect Montana?

Currently, Medicare contractors individually negotiate crossover Trading Partner Agreements with other insurers and benefit programs (e.g., Medigap plans, employer supplemental plans, Tricare for Life, and State Medicaid Agencies) for the electronic transfer of Medicare paid claims information. The Centers for Medicare & Medicaid (CMS) recently established a national contract called the Coordination of Benefits Agreement (COBA), which creates a uniform national contract between CMS and other health insurers and benefit programs.

Beginning July 1, 2006, all crossover claims will be coordinated through one

company, thereby eliminating the need for individual agreements between the State Medicaid Agencies and Medicare fiscal intermediaries. Any provider who accepts assignment from Medicare will have their claims crossover to Medicaid electronically. Providers will no longer have the choice to opt out of the crossover process. Montana Medicaid will require providers to supply their Medicare number for Medicaid enrollment.

COBA standardizes the way eligibility and Medicare claims payment information is exchanged. COBA permits other insurers and benefit programs to send eligibility information and receive Medicare paid claims data from CMS' national crossover contractor, the Coordination of Benefits Contractor (COBC), for processing supplemental insurance benefits for Medicare clients. The new COBA program promotes greater efficiency and simplification through consolidation.

For information on getting started with COBA and to download the *COBA Implementation User Guide*, visit the CMS website at http://www.cms.hhs.gov/COBAgreement/01_overview.asp.

Obtaining Disproportionate Share Payment

Hospitals should submit **all** Medicaid inpatient claims, even if the claim is expected to pay at zero. All claims, including those that pay at zero, are used when calculating disproportionate share (DSH) payments. Providers who fail to submit all Medicaid in-

patient claims may not be eligible for DSH payment or may not receive full credit for DSH payment.

Submitted by Thom Warsinski, DPHHS

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).

CHIP Offers Enhanced Services for Children With Special Mental Health Needs

On March 1, 2006, the Children's Health Insurance Plan (CHIP) began providing extended mental health benefits for children with a serious emotional disturbance (SED).

CHIP provides low-cost health insurance for eligible children up to age 19. The program currently covers more than 12,800 Montana kids and has openings for about 1,000 more.

The basic CHIP Plan covers limited inpatient mental health services, counseling sessions and prescription medications. The CHIP Extended Plan covers the following community-based mental health services: therapeutic group home services (including room and board), therapeutic family services, day treatment, community-based psychiatric rehabilitation and support services, individual and family counseling sessions, and respite care.

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In order to receive these specialized services, a child must be enrolled in CHIP and be determined by DPHHS to have a serious emotional disturbance (SED).

If you provide mental health services to a CHIP child you believe may be eligible for Extended Plan benefits, please send a clinical assessment and social history to DPHHS for review. The toll-free fax number is 1-877-418-4533, and the address is:

DPHHS – CHIP
PO Box 202951
Helena, MT 59620-2951

CHIP administrators estimate 200-300 children may qualify for these extended mental health benefits.

ACS processes the Extended Plan mental health claims for children determined eligible for these benefits.

For more information about CHIP and/or the CHIP Extended Mental Health Plan, visit the CHIP website at www.chip.mt.gov or call 1-877-543-7669.

Submitted by Michael Mahoney, DPHHS

Provider Enrollment Function Now Available on the Web Portal

Providers who wish to enroll as a Montana Medicaid, CHIP Dental or MHSP provider now have the option to enroll from the Montana Access to Health (MATH) Web Portal. The “Enroll as a Provider Online” option provides a secure, efficient and convenient online enrollment option.

Online enrollment is convenient and easy to use. It is guided by smart-editing features that tell providers when they are entering inappropriate information, such as alpha characters in a numerical field or insufficient number of characters, or when they are trying to skip a field that must be filled out for the provider type they have chosen. Applicants can stop at any time during the application process, save their work and record their application reference number, and return later to the place they left off. In the event that the application reference number was not recorded or misplaced, an option is available to retrieve it.

Once the online application is submitted, applicants need only submit actual signature pages and copies of some documentation by mail. Online enrollment reduces postage costs, the number of incomplete or inaccurate applications, and enrollment time. Applicants can periodically check the status of their enrollment application by selecting “Check Status of Your Enrollment” and entering the application reference number. Applicants who don’t want to enroll online may print, complete and mail the application at their convenience.

Once an applicant is approved and receives the welcome packet, the new provider must register to use the Web Portal in order to access its secure features. Upon completion of the registration process, the provider has immediate access to the secure MATH Web Portal.

Refill Too Soon Edit Set to 90% for Controlled Substances (CII-CV) and Tramadol Products

Effective June 1, 2006, clients seeking an early refill of a controlled substance or products containing tramadol, must use 90% of the days’ supply of the medication prior to refilling. For example, a 30-day supply of a medication cannot be refilled prior to the 28th day of therapy.

Early refills, particularly for controlled substances, undermine cost saving measures and may facilitate abuse or diversion. Under the current policy, medications written and dispensed for a 30-day supply are eligible to be refilled after only 23 days. As a result, in a 12-month period a client may fill a prescription 16 times. Requiring 90% of the estimated days’ supply to be used prior to a refill being authorized will reinforce appropriate prescription use and mitigate many of the abuses associated with controlled substances and tramadol.

This should not prohibit clients from receiving a timely refill of their prescriptions, nor should weekends or holidays pose a problem. Pharmacists continue to have the authority to fill a three-day

emergency supply of a client’s medication by using the Prior Authorization Type Code of 8 on the point of sale system. Admission to a nursing facility or a change in the dose will continue to be an exception to this policy.

The prescriber (physician, etc.) or pharmacy may submit requests by mail, telephone, or FAX to:

Drug Prior Authorization Unit
Mountain Pacific Quality Health
Foundation
3404 Cooney Drive
Helena, MT 59602

Phone:

(406) 443-6002 or (800) 395-7961

Fax:

(406) 443-7014 or (800) 294-1350

Questions can be directed to Roger Citron, RPh at (406) 444-5951 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

Submitted by Dan Peterson, DPHHS

Submitting Medicare Crossover Claims to Medicaid

Montana Medicaid cannot accept Medicare Part A and Part B crossover claims that are sent electronically directly from providers or clearinghouses. Part B crossover claims are accepted directly from Medicare, or providers can submit them on paper with the appropriate paperwork attached. Medicaid can accept claims with third party liability (TPL) that are sent electronically directly from providers and clearinghouses. Montana Medicaid is currently evaluating the feasibility of allowing providers to send Medicare Part A and Part B claims directly. More information will be available in future issues of the *Claim Jumper*.

Beginning July 1, 2006, all Medicare Part A and Part B crossover claims will be coming electronically from CMS’ Coordination of Benefits Contractor (COBC). For more information, see the article *What Is COBA and How Does It Affect Montana?* in this newsletter.

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		
04/11/06	Physician, Mid-Level Practitioner, Inpatient Hospital, Outpatient Hospital, IDTF, Psychiatrist, Podiatrist, Lab and X-ray	2002-2006 ATP Tests and Fee Schedules, 2006 Lab Panels
04/18/06	Physician, Mid-Level Practitioner, Public Health Clinic, FQHC, RHC, Hospital Inpatient, Hospital Outpatient, Indian Health Services	VFC Update
04/21/06	RHC	Payment Methodology Change
Fee Schedules		
04/14/06	Lab and X-ray	Updated Fee Schedule
Manuals and Replacement Pages		
04/25/06	EPSDT, Physician, Mid-Level Practitioner, Podiatrist, Lab and X-ray, IDTF, Public Health Clinic	Physician-Related Services Manual Replacement Pages: Revised Instructions for Completing a Claim and Revised Information on How Cost-Sharing Affects Claim Payment
04/25/06	Eyeglass, Optometrist, Optician	Optometric Manual Replacement Pages: Updated Covered Services for Initial/New Prescriptions for Eyeglasses
04/25/06	School-based Services	School-based Services Manual Replacement Pages: Revised Coordination of Benefits Information
04/25/06	Indian Health Services	New Provider Manual
04/25/06	Inpatient Hospital, Outpatient Hospital, Physical Therapy, Speech Therapy, Occupational Therapy, Private Nursing, Ambulatory Surgical Centers, Physician, Nutrition, Residential Treatment Center, Mid-Level Practitioner, Schools, RHC, FQHC, IHS, Public Health Clinic	PASSPORT To Health Provider Handbook
Other Resources		
04/03/06, 04/10/06, 04/17/06, 04/24/06	All Provider Types	What's New on the Site This Week
04/04/06	All Provider Types	Updated Carrier Codes
04/05/06	FQHC, Home Health, Inpatient Hospital, Outpatient Hospital, IDTF, Lab and X-ray, Mid-Level Practitioner, Physician, Podiatrist, Psychiatrist, RHC	Updated Remittance Advice Notices
04/05/06, 04/10/06, 04/13/06, 04/21/06	Pharmacy	May 2006 DUR Board / Formulary Committee Meeting Agenda
04/13/06	All Provider Types	May Claim Jumper
04/13/06, 04/18/06	Pharmacy	May 2006 Drug Class Reviews
04/18/06	All Provider Types	Definitions and FAQs Updated With Team Care Information
04/18/06	Hospital Outpatient	Outpatient Prospective Payment System Billing Guide
04/18/06, 04/19/06, 04/21/06	Pharmacy	Manufacturer-Submitted Information for May 3 PDL Review
04/25/06	PASSPORT To Health	Link to ARMs Added, Page Re-organized
04/25/06	All Provider Types	Link Added on Home Page to New Site Map
04/19/06, 04/21/06	Pharmacy	Updated PDL and Quicklist

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) 624-3958

Prior Authorization

DMEPOS (406) 444-0190

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

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