



# Montana Healthcare Programs **CLAIM JUMPER**

**Volume XXX, Issue 2, February 2015**

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## **Publications Reminder**

It is the responsibility of all providers to be familiar with Medicaid manuals, fee schedules, provider notices for their provider type, and information published in *Claim Jumper* issues and on the Montana Medicaid [website](#).

## **Website Changes**

The Montana Medicaid website is being redesigned.

The URLs for provider pages will change, and previously created bookmarks will no longer work once the redesigned website goes live, February 1.

At the time the site goes live, the Montana Healthcare Programs home page URL will be <http://medicaidprovider.mt.gov>.

If you have questions, please call Provider Relations.

## **Passport: Monthly Enrollee Lists and Disenrollments**

Each Passport provider receives a monthly Passport enrollee list by the first day of each month.

The enrollee list assists Passport providers in managing their Passport members. Providers should check their Passport enrollee list each month.

Passport providers receive a monthly case management fee of \$3 for each person on their list. This means the provider has agreed to provide primary care, preventive care, health maintenance, treatment of illness and injury, and coordination of their members' access to medically necessary care by providing referrals for each member on their enrollee list.

If there are members on your monthly enrollee lists that you have dismissed from your practice it may be because the proper disenrollment process was not followed.

### **Disenrolling a Passport Member**

A provider may disenroll a member from their case load for the following reasons:

- The provider-patient relationship is mutually unacceptable
- The member has not established care
- The member is seeking primary care elsewhere
- The member fails to follow prescribed treatment
- The member is abusive
- The member could be better treated by a different provider
- The member consistently fails to show up for appointments

A written disenrollment notification must be sent to the member at least 30 days prior to disenrollment.

The provider remains responsible for the care of the member until the disenrollment process is complete. At a minimum, the disenrollment letter must identify the member as your Passport member, specify the reason for disenrollment, and indicate notification of continuing care for 30 days.

A copy of the member's disenrollment notification must be mailed or faxed to Xerox/Passport to Health. The provider's 30-day care obligation does not start until a copy of the disenrollment notification is received by Xerox/Passport to Health.

For Passport provider responsibilities and disenrollment requirements or other information about Passport to Health, visit our [webpage](#), call the Medicaid Help Line at 1-800-362-8312, or contact the Passport to Health Program Officer, Amber Sark, at 406-444-0991 or [asark@mt.gov](mailto:asark@mt.gov).

*Submitted by Amber Sark, DPHHS*

## **Nurse First**

February is American Heart Month!  
See [page 2](#) for details!

## February is American Heart Month

As you may already know, heart disease is the leading cause of death for men and women in the United States. Every year, 1 in 4 deaths are caused by heart disease. The good news is that heart disease can be prevented when people make healthy choices and manage their health conditions.



The American Heart Association has designated February as American Heart Month. We can use this month to raise awareness about heart disease and how people can prevent it. Below are a few ideas on how you can help:

- Be a leader in your community by speaking out about ways to prevent heart disease.
- Encourage your patients to make small changes, like using spices to season foods instead of salt.
- Motivate kids to make physical activity a part of their day; this can help start good habits early.
- Remind your patients of the basic steps they can take to prevent heart disease
- Eat healthy and get active – aim for 2 hours and 30 minutes of aerobic activity every week.
- Watch their weight – if overweight, losing just 10 pounds can lower their risk for heart disease
- Quit smoking and stay away from second hand smoke
- Control their cholesterol and blood pressure
- If they drink alcohol, drink only in moderation – this means no more than 1 drink per day for women and no more than 2 drinks per day for men
- Take steps to prevent Type 2 diabetes
- Manage stress

For more information or details on member communications you can use, visit [healthfinder.gov](http://healthfinder.gov).

*Submitted by Connie Olson, DPHHS*

## Final Update: EFT and ERA Changes

This notice supersedes all written documentation regarding EFT and ERAs, including *Claim Jumper* articles, provider notices, and announcements posted on the Provider Information website.

All Montana Healthcare Programs providers (Medicaid/HMK *Plus*, CHIP/HMK, and Mental Health Services Plan) will be moved to EFT (direct deposit) and ERA over the next two months.

In order to accomplish this transition, Xerox will eliminate both the paper remittance advice option and paper warrants/checks. Some providers were affected as early as December 1, 2014.

To avoid disruption in receiving remittance advices and payments, providers should initiate the change to EFT/ERA as soon as possible. All providers must be registered for the web portal and submit their paperwork to Provider Relations to be eligible for payment and receive applicable ERAs in 2015.

If you are enrolled in EFT, receive ERAs, completed a Trading Partner Agreement (TPA) and have already registered for the Montana Access to Health (MATH) web portal, you meet the requirements of the policy and no additional documentation is needed. Providers who currently receive paper checks and/or paper remittance advices must follow the process below to transition to EFT and ERAs.

### Forms Needed

To sign up for EFT (direct deposit) and register for the web portal, providers need to complete the documents listed below and mail or fax them to Provider Relations (see next page). See the Provider Enrollment webpage for the needed documents. A letter from your financial institution verifying legitimacy of the account is also required. The letter must include the name and contact information of the bank representative and be signed by the bank representative.

- Montana Medicaid Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Authorization Agreement
- Trading Partner Agreement
- Letter from your financial institution verifying the routing number and account number. The letter must include the name and contact information of the bank representative and must be signed by the bank representative. Do not send voided checks or deposit slips.

### EFT Instructions

To enroll in EFT, a provider must complete and sign the EFT & ERA Authorization Agreement and mail or fax the Agreement and the financial institution letter to provider Relations.

Upon receipt of the form, Provider Relations adds the EFT information to the provider's profile. This process takes up to 10 business days. Once completed, the provider will get paid via EFT on the next payment cycle.

### ERA Instructions

To receive ERAs, a provider must complete the Trading Partner Agreement (TPA) and register on the MATH web portal to view the ERAs.

1. The provider prints, completes, and signs the TPA. The provider must include his/her NPI/API on the last page of the TPA.
2. The provider faxes or mails the TPA to Provider Relations. Once Xerox receives the TPA, the process takes up to 10 business days.
3. Xerox mails the Welcome Letter to the provider. This letter contains the credentials to register for the web portal (user ID and password) and the provider's submitter ID.

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## Publications Available on the Website

Below is a list of recently published Medicaid information and updates. Download the complete document from 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 1.800.624.3958 or 406.442.1837 in Helena.

<b>Date</b>	<b>Provider Type</b>	<b>Description</b>
<b>Provider Notices, Manuals, and Replacement Pages</b>		
12.18.2014	All Providers	Final Notice Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Changes
12.17.2014	Hospitals	Utilization Requirements for Acute Inpatient Hospital Youth Mental Health Services
12.10.2014	Physician and Mid-Level	Primary Care Enhanced Payment Extended
12.10.2014	Mental Health Centers, Home Support Services Providers, and Therapeutic Group Home Providers	Home Support Services and Therapeutic Group Home Utilization Review Update Notification
12.08.2014	DME	Compression Garments for the Legs
12.01.2014	Psychologists, Social Workers, LCPCs, Mental Health Centers, and Psychiatrists	Billing and Code Clarification for Individual and Family Therapy on the Same Day
<b>Fee Schedules</b>		
01.06.2015	DME	Final DME, January 2015
12.31.2014	Physician/Mid-Levels	Primary Care Enhanced Payment Fee Schedule, January 2015
12.15.2014 12.23.2014	DME	Proposed DME, January 2015 Proposed DME, January 2015 (Revised)
<b>Other Resources</b>		
12.19.2014	Pharmacy	DUR Agenda, January 28, 2015
12.17.2014 12.05.2014	Pharmacy	Montana SMAC Update, December 17, 2014 Montana SMAC Update, December 5, 2014

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### [Final Update: EFT and ERA Changes, continued from page 2](#)

4. Providers can then register online using the information provided in the Welcome Letter. Click the Log in to Montana Access to Health link at the top of this page. You may also want to reference the web portal tutorials: Web Portal Registration and Web Portal Navigation. Note: Upon registering, providers are notified via e-mail that they must change their password and have 24 hours to do so.
5. Once registered, the provider must access Manage Users and Update or Remove Users and grant yourself Security Privileges following the instructions given. Providers must log out and back in for the privileges to take effect.
6. To access a remittance advice (in PDF format), click on Retrievals and View e!SOR Reports.

Mail or fax enrollment documents to Provider Relations, P.O. Box 4936, Helena, MT 59604, 406-442-4402 (Fax).

Providers may also request an 835 ERA delivered to their clearinghouse.

Please contact your clearinghouse or software vendor to begin that process.

**Top 15 Claim Denial Reasons**

<b>Exception</b>	<b>December Ranking</b>	<b>November Ranking</b>
EXACT DUPLICATE	1	3
RECIPIENT NOT ELIGIBLE DOS	2	1
RATE TIMES DAYS NOT = CHARGE	3	2
PA MISSING OR INVALID	4	4
REFILL TOO SOON PDCS	5	5
PASSPORT PROVIDER NO. MISSING	6	8
REFILL TOO SOON	7	6
DRUG CONTROL CODE = 2 (DENY)	8	7
RECIPIENT COVERED BY PART B	9	9
MISSING/INVALID INFORMATION	10	13
DEPRIVATION CODE RESTRICTED	11	10
REV CODE INVALID FOR PROV TYPE	12	15
SLMB OR QI-1 ELIGIBILITY ONLY	13	12
CLAIM INDICATES TPL	14	19
SUSPECT DUPLICATE	15	11

**Key Contacts**

**Montana Healthcare Programs  
Provider Information**

<http://medicaidprovider.mt.gov/>  
**Xerox EDI Solutions**  
<http://www.acs-gcro.com/gcro/>  
**Xerox EDI Support Unit**  
 1.800.987.6719

**Provider Relations**

1.800.624.3958 In/Out of state  
 406.442.1837 Helena  
 406.442.4402 Fax  
[MTPRHelpdesk@xerox.com](mailto:MTPRHelpdesk@xerox.com)

**Third Party Liability**

1.800.624.3958 In/Out of state  
 406.443.1365 Helena  
 406.442.0357 Fax

**EFT and ERA**

Fax completed documentation to  
 Provider Relations, 406.442.4402.

**Verify Member Eligibility**

FaxBack 1.800.714.0075 or  
 Voice Response 1.800.714.0060

**POS Help Desk for Pharmacy Claims**

1.800.365.4944

**Passport** 1.800.362.8312

**PERM Contact Information**

[HeatherSmith@mt.gov](mailto:HeatherSmith@mt.gov) or 406.444.4171  
 Visit <http://www.dphhs.mt.gov/qad/PC/PERMPC.aspx>

**Prior Authorization**

MPQH 1.800.262.1545  
 MPQH – DMEPOS/Medical  
 406.457.5887 Local  
 877.443.4021 X 5887 Long-Distance

Magellan Medicaid Administration

(dba First Health) 1.800.770.3084  
 Transportation 1.800.292.7114  
 Prescriptions 1.800.395.7961

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

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

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

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