

Montana Health Care Programs

CLAIM JUMPER

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Publications Reminder

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

ACS Is Now Xerox

Two years ago Xerox acquired Affiliated Computer Services (ACS), combining the Xerox strength in document technology with the ACS expertise in managing and automating work processes.

We are now retiring the ACS brand in many areas and bringing our technology and services portfolio together under the Xerox brand. Effective April 1, 2012, ACS State Healthcare, LLC will officially become Xerox State Healthcare, LLC.

The transition to Xerox will occur in the upcoming months, so you will see a new logo and new e-mail addresses. Our services and team will remain the same, and you will continue dealing with the same people. We will continue to update you as we complete the transition.

Spring Provider Fair 2012

Provider Fair 2012 is scheduled for May 15–16, 2012, at the Great Northern Hotel in Helena. Registration and complete session descriptions are available on the [Training page](#) of the website. **We recommend that participants register individually.**

In conjunction with the Provider Fair, the Montana Medical Association/Brown Consulting Associates are offering a coding workshop at the Great Northern Hotel on May 15 from 8:30 a.m. to 11:30 a.m.

The registration deadline for the coding workshop is May 11; a late fee applies after April 30.

The coding workshop [registration form](#) is available on the Provider Information website.

Vaccines for Children (VFC) Training

The Montana Immunization Program is hosting webinars for pharmacy providers who want to learn more about the VFC program.

VFC enrollment for pharmacies begins in March 2012, with the goal of having participating pharmacies enrolled by June 2012, when orders for influenza vaccine are due. The training and enrollment site visit must be completed before receiving VFC influenza vaccine shipments.

Webinars will be offered March 22 at 8 a.m. and March 27 at 1:30 p.m. Refer to the [provider notice](#) for more information and instructions on joining the webinars. Materials for the webinar are available on the [VFC website](#).

Submitted by Amy Holodnick, DPHHS

Professional Claims EPSDT Indicator Issue

ACS recently corrected an issue where the EPSDT indicator sent on the 837P in Loop 2400, data element SV111 was not always captured.

This change was implemented on February 23, 2012, and the EPSDT indicator will be captured on any lines sent in 837P files on or after this day.

We apologize for any inconvenience and ask that providers resubmit any claims that denied or adjust any paid claims with denied lines or that had cost share taken incorrectly due to this issue.

Professional Crossover Claims Issue

ACS recently corrected an issue where the parent or spouse was found instead of the subscriber when the Medicare ID was sent as the subscriber ID in Loop 2010BA, data element NM09 on COBA claims.

The change was implemented on February 23, 2012 so the correct client will be found when the Medicare ID is submitted on any 837P COBA files received on or after this day.

We apologize for any inconvenience and ask providers to resubmit any claims that denied due to this issue.

If you are submitting the claim directly to ACS, the subscriber must be the 7-digit card ID or the 9-digit SSN; the Medicare ID will only be used to find the correct client when the claim comes directly from COBA.

This issue did not affect 837I COBA crossover claims.

Rate Change for RHCs and FQHCs

CMS Transmittal 2343 dated November 4, 2011, provided for a 1.8% increase in the 2012 Medicare Economic Index (MEI) for rural health clinics (RHCs) and federally qualified health centers (FQHCs). This increase was effective January 1, 2012.

CMS has rescinded Transmittal 2343 and has replaced it with Transmittal 2406 dated January 30, 2012.

Transmittal 2406 provides for a corrected 2012 payment rate increase for RHCs and FQHCs. The 2012 corrected rate reflects a 0.6% increase over the 2011 payment limit.

The corrected rate increase of 0.6% as mandated by CMS will be retroactively effective for claims with dates of service on or after January 1, 2012.

For claims which were paid at the incorrect rate increase with dates of service on or after January 1, 2012, a mass adjustment will be conducted in an effort to recoup any overpayments paid to providers.

For more information, see the provider notice [Rate Change for RHCs and FQHCs](#).

Submitted by Rey Busch, DPHHS

POA Value of Space

Montana Health Care Programs changed the claims processing system to allow a value of space as the Present on Admission (POA) value if the diagnosis code is in the list of CMS diagnosis codes that are exempt from POA reporting. Space is only allowed on inpatient claims submitted in the HIPAA 5010 format or on paper/OCR claims submitted on or after January 1, 2012.

On March 12, 2012, the Department adjusted the claims that were previously submitted and denied in error. Providers should resubmit claims that denied for this reason if they do not appear on either the remittance advice for paid date 03/19/2012 or paid date 03/26/2012.

For more information, see the February 9, 2012, [provider notice](#) on the Provider Information website. If you have any questions, contact Provider Relations.

Submitted by Jennifer Wilhoit, DPHHS

Nurse First Services and Usage

All Montana Medicaid, Healthy Montana Kids, and Healthy Montana Kids *Plus* patients are eligible for the Nurse First Advice Line. They can call 1-800-330-7847 at any time to speak with a registered nurse. It's free and confidential. During November and December, callers' most frequent questions were pediatric-related.

Nurse First also offers patients a free Healthwise® website. Patients may go to www.dphhs.mt.gov/programsservices/medicaid.shtml, and click on *Montana Health and Wellness Information*. During November and December, the most sought-after information was regarding phosphates in blood and early disease detection.

Submitted by Michael Huntly, DPHHS

Nurse First Calls

The top five Nurse First call topics are in the table below:

December 2011 (613 total calls)		November 2011 (683 total calls)	
Calls	Type of Call	Calls	Type of Call
20	Pediatric cough	18	Pediatric vomiting without diarrhea
12	Adult medication question	16	Pediatric colds
11	Pediatric colds	12	General medication information
11	Pediatric vomiting	11	General adult health
10	Pediatric fever	11	Pediatric vomiting with diarrhea

Visits to Healthwise® Website

The top five topics visitors were interested in are in the table below:

December 2011 (74 website visits)		November 2011 (84 website visits)	
Visits	Topic of Interest	Visits	Topic of Interest
12	Early disease detection	21	Phosphate in blood
7	Living with Type I DM	19	Early disease detection
6	Stroke	4	Fibromyalgia
3	Osteoporosis screening	4	Constipation
2	Type II DM	3	Knee problems and injuries

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, 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.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices, Manuals, and Replacement Pages		
02.01.12	Pharmacy	Replacement Pages: <i>Prescription Drug Services</i>
02.07.12	School-Based Services	Comprehensive School and Community Treatment (CSCT) Program Changes
02.09.12	Hospital Inpatient	Present on Admission Value of Space for Diagnosis Code Exempt from POA Reporting
02.09.12	DME	DME Coverage for Clients with Basic Medicaid Only
02.13.12	Pharmacy, Physician, Mid-Level Practitioner	New Medications under Prior Authorization and the Authorization Criteria
02.13.12	Physician, Mid-Level Practitioners, RHC, FQHC, IHS, Hospital Inpatient, and Hospital Outpatient	Emergency Room Services Update
02.15.12	Hospital Inpatient, Physician, Mid-Level Practitioner	Non-Coverage of Artificial Disc
02.21.12	Electronic Billing	Montana WINASAP 5010 Guide
02.22.12 02.29.12	Pharmacy	Vaccine Administration for Pharmacists for Adolescents Age 12–18 Important Update
02.29.12	Pharmacy	NCPDP D.0 Submission Requirements Important Update Coordination of Benefits under NCPDP D.0
03.02.12	RHC and FQHC	RHC and FQHC Rate Change
03.05.12	Nursing Facility and Swing Bed	Replacement Pages: <i>Nursing Facility and Swing Bed Services</i>
03.07.12	Personal Transportation	Personal Transportation Services
Fee Schedules		
01.30.12	Hospital Outpatient, IDTF, Lab and Imaging, Mid-Level Practitioner, Physician, Podiatrist	ATP Fee Schedule
Other Resources		
02.07.12 02.13.12 03.07.12	Pharmacy	SMAC Update, February 7, 2012 SMAC Update, February 13, 2012 SMAC Update, March 7, 2012
02.10.12	Pharmacy	PDL, February 6, 2012 DUR Meeting Minutes, January 25, 2012
02.20.12	Provider Newsletters and Upcoming Events	March 2012 <i>Claim Jumper</i>
03.01.12	Pharmacy	NCPDP D.0 Payer Sheet Updated
03.02.12	Pharmacy DUR	DUR Meeting Agenda, March 21, 2012
02.20.12	Electronic Billing	Electronic Billing Agreement EDI Submitter Enrollment Form EDI Submitter Enrollment Form Instructions EDI Provider Enrollment Form EDI Provider Enrollment Form Instructions

Top 15 Claim Denial Reasons		
Exception	February Ranking	January Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
RATE TIMES DAY NOT = CHARGE	3	3
DRUG CONTROL CODE = 2 (DENY)	4	4
PA MISSING OR INVALID	5	5
PDCS REFILL TOO SOON	6	6
REFILL TOO SOON	7	8
PASSPORT PROVIDER NO. MISSING	8	7
CLAIM INDICATES TPL	9	10
RECIPIENT COVERED BY PART B	10	9
DEPRIVATION CODE RESTRICTED	11	12
REV CODE INVALID FOR PROV TYPE	12	13
NDC MISSING OR INVALID	13	22
SLMB OR QI ELIGIBILITY ONLY	14	11
PROC. FACT. CODE=4 (NOT ALLOW)	15	19

Key Contacts

Provider Information website: <http://medicaidprovider.hhs.mt.gov/>

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

EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In/Out of state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

E-mail: 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

Voice Response System (800) 714-0060

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

Passport (800) 362-8312

Prior Authorization

Mountain-Pacific Quality Health (800) 262-1545

Mountain-Pacific Quality Health–DMEPOS/Medical

(406) 457-5887 Local; (877) 443-4021, Ext. 5887 Long distance

Magellan Medicaid Administration (previously dba First Health Services) (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

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