

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, provider notices for their provider type, and information published in *Claim Jumper* issues and on the Montana Medicaid [website](#).

Nurse First

Count on Nurse First for your patients 24/7/365. See [page 2](#) for details!

Important Enrollment Information

All providers enrolling for Medicaid must use the **current** enrollment forms, which are available on the [Provider Enrollment](#) page of the Montana Medicaid Provider Information website.

If other enrollment forms are used, they will be returned, and your application will not be processed.

If you have questions, please call Provider Enrollment at 1.800.624.3958.

Reminder: Remittance Advices and Adjustments

If you do an adjustment, and use a Medicare Remittance Advice Template to print your Medicaid Remittance advice, be aware that not all templates accommodate the necessary Medicaid information for your adjustment to process.

The issue is the length of the ICN on the Medicare Remittance Advice Template. The Medicare ICN is formatted for 15 digits, but the Medicaid ICN length is 17 digits, truncating the Medicaid ICN by 2 digits. Check this field and make any necessary corrections. If this is not corrected, we will return your adjustment for correction.

Primary Care Enhanced Payment Program

The Department of Public Health and Human Services is participating in a program to enhance payments to primary care practitioners. The program is titled *Payment for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration* under the Vaccine for Children Program as defined in the Patient Protection and Affordable Care Act of 2010. Providers may obtain additional information on the [Enhanced Payment](#) page of the Provider Information website.

Submitted by Bob Wallace, DPHHS

Primary Care Enhanced Payment Applications

Providers have begun submitting applications to participate in the program.

We recommend reading the provider notice and related information posted on the webpage. If after reviewing these documents, you believe that you qualify, complete the Self-Attestation form.

- A physician must be practicing as an internist, pediatrician, or family physician to be eligible for higher payment. Attestation on the basis of board certification alone does not suffice.
- Indicate whether you are certified through one of the CMS-determined boards (ABMS, ABPS, or AOA) or indicate the name of the board through which you are certified.
- Include a copy of your current board certification with the form.
- If certified through a board other than ABMS, ABPS, or AOA, a provider must qualify through the 60% threshold option. See the threshold list on the webpage and locate your NPI to determine whether you qualify.
- If qualifying under the 60% threshold, check the box indicating qualification under the threshold option.
- Providers must submit a self-attestation form; without the signed form, we are unable to process the application and DPHHS is unable to reimburse the provider at the enhanced rate.

If you have questions, please contact the Provider Enrollment Manager at 1.800.624.3958 or 406.442.1837. We thank providers for their patience as we work through this process.

OPEN! Nurse First is Never Closed

To say that we understand your business is an understatement. Nurse First is the statewide solution for your busy practice. Whether it's helping you meet state and federal requirements or working to improve continuity of care, Nurse First ensures that you never stop serving your patients.



Nurse First is there for your patients when you can't be, because we know that providers need sleep, too. We deliver our care exactly when your patients need it and then report back to you via secure, HIPAA-compliant technologies. That's how our experienced team seamlessly integrates our services with your business.

Your patients benefit from year-round 24/7 access to:

- Competent, compassionate health care professionals who have the resources to instantly assess needs and provide actionable recommendations
- An online and audio library of health and wellness information that supports and empowers healthy decision making
- Support for behavioral health crisis intervention
- The exceptional care they have come to expect from providers like you

Your organization benefits from:

- Peace of mind knowing that your patients are receiving exceptional care, 24 hours a day, 7 days a week from a URAC Accredited Health Call Center
- Referral of symptomatic patients to the most appropriate source for routine, urgent, and emergency care
- Instant reporting on our engagements with your patients, allowing for appropriate follow-up and continuity of care
- Outreach initiatives promoting self-care responsibility, the importance of prevention and early detection, and utilization of primary care providers

What Providers Say

Delivering care within the realities of complicated, public programs like Medicare and Medicaid requires smart partners who 'get' it. For our agency, Nurse First is that partner.

Our state department provides services for millions in diverse populations. Nurse First has proven excellent in helping us extend care to those populations. We're pleased with the results.

If you have not provided your updated clinical contact information requested by Montana Medicaid, please do as soon as possible so we can notify you when your patients call us. Call 1.888.869.7773 to let us know where to send patient triage information.

Submitted by Kathy Wilkins, DPHHS

Spring 2013 Provider Training

On-site provider trainings are being held in May. To register, click on the city name.

- [Billings](#), Hilton Garden Inn, May 15, 2013
- [Great Falls](#), Hilton Garden Inn, May 22, 2013
- [Helena](#), Best Western Premier Great Northern, May 29, 2013

Begin	End	Covered Material
8:30 a.m.	9:00 a.m.	Registration
9:00 a.m.	9:30 a.m.	Eligibility Verification
9:30 a.m.	10:15 a.m.	Claims and ICD-10
10:15 a.m.	10:30 a.m.	Break
10:30 a.m.	11:15 a.m.	Denials
11:15 a.m.	12:00 p.m.	Medicare and Third Party Liability (TPL)
12:00 p.m.	1:00 p.m.	Lunch (on your own)
1:00 p.m.	2:00 p.m.	SURS
2:00 p.m.	2:30 p.m.	Physical, Speech, and Occupational Therapy
2:30 p.m.	3:45 p.m.	Children's Mental Health Bureau/CSCT

Provider Training WebEx Sessions

The State, in conjunction with Xerox, will offer WebEx sessions during April.

All sessions begin at 9 a.m.

To register, visit the [Training page](#) and click on the corresponding link for the sessions you want to attend.

- Eligibility
- Claims and ICD-10
- Denials
- Medicare and Third Party Liability
- Nursing Facility
- Managed Care
- Dental Programs
- HMK

Recent Publications Available on the Website

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.

Date	Provider Type	Description
Provider Notices, Manuals, and Replacement Pages		
02.25.2013	Physicians, Mid-Level Practitioners, Public Health Clinics, Family Planning Clinics	Vaccine Administration Changes
02.25.2013	Mental Health Centers	Non-Medicaid Respite Services for Youth with Severe Emotional Disturbance (SED)
02.20.2013	PRTF	Important PRTF Requirements
02.19.2013	All Providers	Montana Medicaid HIPAA Operating Rules Upgrade
02.12.2013	Physician, Hospital Inpatient, Hospital Outpatient, RHC, FQHC, and Public Health Clinics	BRCA1 and BRCA2 Testing
02.11.2013	Psychiatrist, Physician, Mid-Level, Hospitals, and Mental Health Centers	Passport and Medical Evaluation with Psychotherapy Services
02.06.2013	Pharmacy	Replacement Pages: Medicaid Covered Products
02.04.2013	Audiology and Hearing Aid	Replacement Pages: Covered Services
Fee Schedules		
02.14.2013	Hospital Outpatient	Outpatient Procedure Codes, January 1, 2013 APC, January 1, 2013
02.07.2013	Hospital Outpatient	Outpatient Procedure Codes, October 1, 2012 (Revised)
02.01.2013	Hospital Outpatient, Podiatrist, Physician, Lab and Imaging, Mid-Level Practitioner, IDTF	ATP Tests and Fees
Other Resources		
03.05.2013	Enhanced Payment	Primary Care Enhanced Payment Self-Attestation (revised)
03.01.2013 02.26.2013	Enhanced Payment	CMS Questions and Answers, Set IV CMS Questions and Answers, Sets II and III
02.27.2013	Pharmacy DUR	DUR Meeting Agenda, March 27, 2013
02.21.2013	 Enhanced Payment	Primary Care Enhanced Payment Program web page, including summary of program; links to certifying boards, specialties, and subspecialties; CMS question and answer documents for primary care providers; links to CMS Proposed Rule and Final Rule; Enhanced Payment Fee Schedule; Self-Attestation form; 60% Threshold List and Provider Notices.
02.21.2013	Provider Newsletters and Upcoming Events	March 2013 <i>Claim Jumper</i>
02.15.2013	Pharmacy	Preferred Drug List (PDL)
02.13.2013	Provider Information	RBRVS Addendum, January 1, 2013
02.07.2013 02.04.2013	Pharmacy	Montana SMAC Update, February 7, 2013 Montana SMAC Update, February 4, 2013 Montana SMAC Update, January 18, 2013 Montana SMAC Update, January 8, 2013

Top 15 Claim Denial Reasons

Exception	February Ranking	January Ranking
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
DRUG CONTROL CODE = 2 (DENY)	3	4
RATE TIMES DAYS NOT = CHARGE	4	3
PA MISSING OR INVALID	5	7
CLAIM DATE PAST FILING LIMIT	6	42
REFILL TOO SOON PDCS	7	5
REFILL TOO SOON	8	6
DEPRIVATION CODE RESTRICTED	9	11
SUSPECT DUPLICATE	10	16
DIAGNOSIS NOT ON FILE	11	81
PASSPORT PROVIDER NO. MISSING	12	8
MISSING/INVALID INFORMATION	13	13
SLMB OR QI-1 ELIGIBILITY ONLY	14	14
CLAIM INDICATES TPL	15	10

Key Contacts

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

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

EDI Help Desk 1.800.624.3958

Provider Relations 1.800.624.3958 (In/Out of State)
 406.442.1837 (Helena)
 406.442.4402 Fax
 E-Mail: MTPRHelpdesk@xerox.com

Third Party Liability 1.800.624.3958 (In/Out of State)
 406.443.1365 (Helena)
 406.442.0357 Fax

Direct Deposit Arrangements 406.444.5283

Verify Client Eligibility
 FaxBack 1.800.714.0075

Integrated Voice Response 1.800.714.0060
Point-of-Sale Help Desk for Pharmacy Claims 1.800.365.4944
Passport 1.800.362.8312

Prior Authorization
Mountain-Pacific Quality Health 1.800.262.1545
Mountain-Pacific Quality Health – DMEPOS/Medical
 406.457.5887 Local; 877.443.4021, Ext. 5887 Long distance
Magellan Medicaid Administration (dba First Health) 1.800.770.3084
Transportation 1.800.292.7114
Prescriptions 1.800.395.7961

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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