

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 the *Claim Jumper* and on the Medicaid [website](#).

Verification of Presumptive Eligibility for Children

Healthy Montana Kids (HMK) implemented the option of Presumptive Eligibility (PE) health care coverage for children under age 19 on January 1, 2011. PE provides “temporary” coverage for children while their parents or guardians submit an application for regular coverage with HMK or HMK*Plus*.

Currently PE is only available in hospital settings, with more than 200 statewide hospital staff able to make PE determinations. While PE is available only in statewide hospitals, once a child is determined

eligible for the program, other medically-necessary health-related services are also covered. Children with PE receive the same benefits available to children under HMK or HMK*Plus* designated coverage.

It is important providers know children with PE do not receive a member identification card to present when they seek health care services.

The family will have a “Proof of Temporary Coverage” letter, but it is critical to verify PE or regular HMK or HMK*Plus* eligibility when a child presents for services. Eligibility may be verified in one of three ways:

- Web portal www.mtmedicaid.org
- FaxBack 1-800-714-0075
- Automated Voice Response System (AVRS) 1-800-714-0060
- Provider Relations 1-800-624-3958

On the web portal, eligibility information appears in the area designated “Eligibility Spans,” with the heading “About HMK/HMK*Plus*.” Both the effective and end dates are shown for each eligible coverage span. If a child has PE, the “Plan Coverage Description” states “Presumptive Eligible,” and HMK or HMK*Plus* is displayed under “Payer Name.” Since PE is short-term coverage, eligibility shows in one-month segments.

When checking eligibility on the web portal, providers may see the following message since children are limited to one PE period every 365 days.

It will appear on the web portal just above the Eligibility Span information:

Presumptive Eligibility (PE) is temporary coverage under either HMK*Plus* or HMK. This coverage is limited to one determination in a 12-month period. Client has had a PE determination within the last 365 days.

For questions regarding Presumptive Eligibility, contact one of the following HMK Program Officers: Trinda Smith, tsmith@mt.gov, 1-877-543-7669 X3098, or Liz Lelacheur, 1-877-543-7669 X6002, lelacheur@mt.gov.

Submitted by Trinda Smith, DPHHS

HIPAA 5010 Update

For the past several months, Montana Health Care Programs have been getting ready for the January 1, 2012 implementation of HIPAA 5010.

Montana Health Care Programs will be utilizing the 999 Implementation Acknowledgement for Health Care Insurance transaction to indicate successful acceptance or rejection of an 837 file at the translator level and the 277CA Claim Acknowledgement transaction to report files and or claims rejecting because they do not meet Montana-specific edits. We will also continue sending 835 Health Care Payment/Advice transactions.

Montana Health Care Programs will have provider notices and other information available on the Provider Information website to assist providers with the transition to HIPAA 5010. Look for a direct link from the main page to the HIPAA 5010 information.

We are currently conducting internal testing for the 837P (professional), 837D (dental) and 837I (institutional) transactions and internal testing of the HIPAA 5010-compliant free WINASAP software.

We plan to start testing with providers sometime in mid-summer. If you, your software vendor, or your clearinghouse want to test 5010 transactions with Montana Health Care Programs, send the following information to Provider Relations at MTPRHelpdesk@acs-inc.com or call 1-800-624-3958.

- Montana EDI submitter number
- Name of your organization
- Name, phone number and e-mail address of a contact person for testing

For additional information regarding changes to the electronic transactions, please refer to the 5010 X12 Technical Reports (TR3) [documents](#), available from Washington Publishing Company.

Watch the *Claim Jumper* for more HIPAA 5010 updates in the coming months!

Door Prize Winner!

Congratulations to Rheba Simpson, the winner of the door prize drawing!

A thank you to all who participated in the Spring 2011 Provider Training via WebEx and completed the evaluation forms. The training sessions are now available for review on the Provider Information [website](#).



Primary Care and Mental Health

A recent survey by the National Alliance on Mental Illness (NAMI) reveals a broad gap between family needs and the knowledge and resources of primary care providers in treating children and youth living with serious mental illness.

A majority of families reported children first exhibited behavioral or emotional problems at 7 years or younger, but few said primary care providers were knowledgeable about mental illness, or about local resources and support for families.

“Family dependence on primary care for mental health needs is especially great in smaller communities and rural regions,” explained NAMI Executive Director Michael Fitzpatrick. “Primary care professionals need to be prepared to meet the challenge.”

NAMI published a brochure for primary care providers titled “What Families Want from Primary Care.” The brochure includes information on establishing open communication and actions to best support families.

The NAMI brochure can be found on their [website](#).

Submitted by Mary Noel, DPHHS

Prospective Payment System for End-Stage Renal Disease (ESRD)

Effective for dates of service July 1, 2011 and after, Montana Health Care Programs will pay dialysis clinics for ESRD services using a revised prospective payment system (PPS).

A similar payment system for Medicare was implemented for dates of service January 1, 2011, as required by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

The PPS bundles all services provided to the dialysis patient for a single date of service into one payment. The new bundled composite rate is projected to be \$229.63 per visit.

ESRD providers will have to bill dialysis services to Medicaid using only one of the following revenue codes:

- 821 (hemodialysis composite or other rate)
- 831 (peritoneal dialysis composite or other rate)
- 841 (continuous ambulatory peritoneal dialysis [CAPD] composite or other rate)
- 851 (continuous cycling peritoneal dialysis [CCPD] composite or other rate).

Revenue codes for dialysis services other than those listed above will bundle and pay at \$0.00. No other services are paid separately under the PPS. Although physician injectable drugs billed for dialysis patients will bundle into the composite rate, a valid, rebatable NDC, valid unit type, and unit value are still required on those lines.

The cost share amount for dialysis patients will be assessed as \$5.00 per unit of the revenue codes listed above for dates of service July 1, 2011 and after.

If you have questions about the new payment method, contact Provider Relations at 1-800-624-3958 or (406) 442-1837, or contact John Hein, ESRD Program Officer, at (406) 444-4349 or jhein@mt.gov.

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 and Replacement Pages		
04/12/2011	Physician, Psychiatrist, Pharmacy, Mid-Level Practitioner, and Mental Health Center	Prior Authorization for Cycloset®; Prior Authorization for Nexiclon®; and Prior Authorization for Pradaxa®
04/12/2011	All Providers	Request: Claims Submission, Date of Payment June 30, 2011
04/29/2011	Hospital Outpatient	Replacement Page: How Payment Is Calculated, page 8.5
05/05/2011	Physician, Mid-Level Practitioner, RHC, FQHC, and IHS	Renew Passport Provider Agreement
05/18/2011	Dentist, Denturist, Physician, and Mid-Level Practitioner	Provider Notice: Dentist and Denturist Provider Manual Updated Replacement Pages: Dentist and Denturist Provider Manual
05/27/2011	Pharmacy, Physician, Mid-Level Practitioner	Prior Authorization for Horizant®, Gralise®, Daliresp® and Sprix®
06/01/2011	Physician, Mid-Level Practitioner, and Public Health Clinic	17-AHP and Makena
Other Resources		
03/28/2011	Pharmacy	DUR Meeting Notice (date revision)
04/12/2011 04/14/2011 04/15/2011	Pharmacy	DUR Agenda Preferred Manufacturers List NDPCP Payer Sheet
04/15/2011	All Providers	May 2011 <i>Claim Jumper</i>
04/15/2011	TCM Non-Mental Health	Developmental Disabilities Program Manual of Fee for Service Reimbursement Rates and Procedures, Section One
04/22/2011	Passport	Passport to Health Provider Agreement
04/22/2011	All Providers	Provider training session material Sessions 1–11
04/22/2011 04/26/2011	Passport	Passport to Health Provider Agreement Passport Provider Agreement Renewal Q&As
04/22/2011 04/29/2011	Training and Upcoming Events Provider Training Material	Nursing Facility/Swing Bed, Hospital and Clinic Services; Montana HIT and EHR Incentive; Physician-Related Services, EPSDT Well Child, and SURS
05/06/2011 05/10/2011 05/13/2011 05/25/2011	Pharmacy	SMAC Update SMAC Update Preferred Manufacturer's List Preferred Drug List
05/06/2011 05/13/2011 05/16/2011	Training and Upcoming Events Provider Training Material	Medicare Crossover, Healthy Montana Kids (HMK) Presumptive Eligibility; Children's Mental Health and Hospital and Clinic (revised)
05/16/2011	Provider Newsletters and Upcoming Events	June 2011 <i>Claim Jumper</i>
05/20/2011	Forms	Address Correction Form
05/24/2011	Training and Upcoming Events Provider Training Material	Adult Mental Health

Top 15 Claim Denial Reasons		
Exception	May Ranking	April Ranking
RECIPIENT NOT ELIGIBLE DOS	1	2
DRUG CONTROL CODE = 2 (DENY)	2	3
EXACT DUPLICATE	3	1
RATE TIMES DAYS NOT = CHARGE	4	5
REFILL TOO SOON.	5	6
PA MISSING OR INVALID	6	4
REFILL TOO SOON	7	7
PASSPORT PROVIDER NO. MISSING	8	8
CLAIM INDICATES TPL	9	9
RECIPIENT COVERED BY PART B	10	10
MISSING/INVALID INFORMATION	11	14
DEPRIVATION CODE RESTRICTED	12	16
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	13	11
SLMB OR QI ELIGIBILITY ONLY	14	13
REV CODE INVALID FOR PROV TYPE	15	17

Key Contacts

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

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

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

Automated Voice Response System (AVRS) (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