

# Montana Health Care Programs

# CLAIM JUMPER

Volume XXVII, Issue 7, July 2012

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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 Medicaid [website](#).

## Plan First Program

The Department of Public Health and Human Services launched Plan First on June 1, 2012.

This is a waiver service for a new eligibility group of up to 4,000 women to receive family planning and family planning related services.

Provider-specific information can be found in the [provider notice](#) on the Provider Information website.

Providers are advised to review client eligibility and pay particular attention to the list of services available to Plan First members in the notice.

If you have questions about Plan First, please contact Kriss Hensley at (406) 444-5928 or [chensley@mt.gov](mailto:chensley@mt.gov).

For more information on this program, go to <http://www.dphhs.mt.gov/planfirst/>. For pharmacy-specific information, see the Provider Information [website](#).

*Submitted by Bob Wallace, DPHHS*

## Passport to Health Program – Establishing Care and Referrals

Establishing care with a provider is one of the most important factors in Medicaid and Healthy Montana Kids *Plus* clients receiving effective, quality medical care.

Care should start with and be coordinated by the Passport primary care provider (PCP). The Passport to Health program recommends that in most cases, Passport referrals should not be given to specialists or other primary care providers if the client has not established care with their Passport PCP.

However, there are some instances where the Passport to Health program requests that the Passport PCP provide a referral, even when care has not been established. Some examples are:

- The client moved far away and chose a new provider. The client is no longer in the vicinity of the Passport PCP, but the Passport enrollment with the new provider will not be implemented until the first of the next month. Access to care should not be restricted.

- A foster care child has been moved to another city and is in need of a medical and psychiatric evaluation. Access to care should be the priority in this situation.
- Follow-up care with a doctor seen initially through emergency admittance and surgery. It is understandable that the client would feel most secure with follow-up care from the surgeon who initiated and did the operation.
- Certain anesthesia services, such as injections, that are related to a surgery that had already received a Passport referral

We appreciate the great job Passport PCPs do in providing coordinated, continuous and accessible care to their clients. Please take into account the exceptional nature of some requests for Passport referrals and the need to ensure access to needed medical care.

If you have questions or comments, contact John Hoffland, Passport to Health Program Officer at (406) 444-0991.

*Submitted by John Hoffland, DPHHS*

## Billing Claims for Dual Eligible Children

“Dual eligible” enrollment for children occurs when children are simultaneously enrolled and covered by Healthy Montana Kids (HMK, formerly CHIP) and Healthy Montana Kids *Plus* (HMK *Plus*, formerly Children’s Medicaid). This overlap, or dual eligibility, occurs when there is a change in the family’s circumstances, and the child who is already enrolled in

HMK subsequently becomes enrolled in HMK *Plus*. When the child is enrolled in HMK *Plus*, the start date for that coverage often back dates one month or more, which results in the dual eligibility.

While HMK and HMK *Plus* benefit packages are similar; there are some notable differences, so the following billing guidelines are listed to assist providers.

- Submit claims **first** to the HMK/CHIP claims processor, Blue Cross and Blue Shield of Montana (BCBSMT), for children who are dual eligible. HMK/CHIP is always the primary payer as long as the service is a covered benefit.
- Exceptions include claims for HMK dental, HMK optical, Community-Based Psychiatric Rehabilitation and Support (CBPRS), or services received at a federally qualified health center (FQHC) or a rural health clinic (RHC). These claims should be sent to Xerox.
- If the service is denied at BCBSMT because it is not a part of the HMK benefit package, bill the service to Xerox to access the HMK *Plus* benefit package.
- HMK *Plus* is the payer of last resort, which means all other payers must be billed first.

*Submitted by Liz Lelacheur, DPHHS*

### Integrated Voice Response

Using the Integrated Voice Response (IVR) can be a timesaver for providers. Below are tips for providers to improve their call-in experience.

- When asked for the billing number, enter your NPI/API. This allows the Custom Care representative to pull up the information before they answer the call.
- Call the correct line (EDI, Claims, or Eligibility) to ensure you get the right person helping you the first time.
- Have necessary information such as ICN or client ID, the date of service, and the charge amount on hand before you call.
- Have pen and paper on hand to note information provided to you during the call.

### 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 February and March, callers' most frequent questions were pediatric-related.

Nurse First also offers a free Healthwise® website. Patients may go to [www.dphhs.mt.gov/programsservices/medicaid.shtml](http://www.dphhs.mt.gov/programsservices/medicaid.shtml), and click on *Montana Health and Wellness Information*. During February and March, the most sought-after information was regarding Smart decisions: know your options and Sputum culture.

*Submitted by Michael Huntly, DPHHS*

<b>Nurse First Calls</b>			
The top five Nurse First call topics are in the table below:			
<b>March 2012 (768 total calls)</b>		<b>February 2012 (713 total calls)</b>	
<b>Calls</b>	<b>Type of Call</b>	<b>Calls</b>	<b>Type of Call</b>
25	Pediatric colds	25	Pediatric colds
24	Pediatric cough	24	Pediatric cough
16	Pediatric vomiting	16	Adult medication question
15	Adult medication questions	15	Pediatric information
12	Adult information	12	Pediatric fever

<b>Visits to Healthwise® Website</b>			
The top five topics visitors were interested in are in the table below:			
<b>March 2012 (55 website visits)</b>		<b>February 2012 (88 website visits)</b>	
<b>Visits</b>	<b>Topic of Interest</b>	<b>Visits</b>	<b>Topic of Interest</b>
11	Sputum culture	15	Smart decisions: know your options
4	Immunization safely	8	Crohn's disease
4	HIV, stages of infection	7	Ulcerative colitis
3	Angiogram of the lung	6	Functional ovarian cysts
3	HIV infection	4	Depression

## 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.

<b>Recent Publications Available on Website</b>		
<b>Date</b>	<b>Provider Type</b>	<b>Description</b>
<b>Notices, Manuals, and Replacement Pages</b>		
05.01.12	FQHC, IHS, Mid-Level Practitioner, Physician	Passport and Foster Care
05.03.12	Pharmacy	Dispense as Written (DAW) = 9 NCPDP D.0 Payer Sheet (Update)
05.14.12	Physician, EPSDT, Family Planning, IDTF, Lab, Mid-Level Practitioner, Oral Surgeon, Podiatrist, Psychiatrist, Public Health Clinic	<i>Physician-Related Services</i> manual
05.31.12	Passport Provider Enrollment	Passport to Health Provider Agreement (for those already enrolled in Medicaid)
<b>Fee Schedules</b>		
05.10.12	Hospital Outpatient	Outpatient Procedure Code Fee Schedule (Excel and PDF), April 1, 2012
05.17.12	Montana Medicaid Provider Information	Proposed SFY13 RBRVS Fee Schedule
05.21.12	ASC	Fee Schedule
05.31.12	Hospital Inpatient	APR-DRG Fee Schedule
<b>Other Resources</b>		
05.02.12	All Providers	TPL Insurance Carriers by Carrier ID and Carrier Name
05.08.12 05.14.12 05.21.12	Pharmacy	Montana SMAC List, May 7, 2012 Montana SMAC List, May 14, 2012 Montana SMAC List, May 21, 2012
05.08.12 05.24.12 06.04.12 06.11.12	Pharmacy DUR	DUR Meeting Minutes, April 25, 2012 DUR Agenda, June 27, 2012 DUR Agenda, June 27, 2012 (Revised) DUR Agenda, June 27, 2012 (Revised)
05.09.12	Pharmacy	PDL, May 9, 2012
05.17.12	Forms	Request for Blanket Denial Letter Individual Adjustment Request Paperwork Attachment Cover Sheet Claim Inquiry Form Address Correction Request
05.18.12	HIPAA 5010	Electronic Transaction Instructions for HIPAA 5010
05.24.12	Training	Training Material from Spring Provider Fair 2012 (May 15–May 16, 2012)

**Watch upcoming issues of the *Claim Jumper* for  
information regarding Fall 2012 Provider Fair trainings!**

Bozeman                      Billings                      Missoula  
October 3, 2012 \* October 10, 2012 \* October 17, 2012

**Top 15 Claim Denial Reasons**

<b>Exception</b>	<b>May Ranking</b>	<b>April Ranking</b>
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
RATE TIMES DAY NOT = CHARGE	3	3
DRUG CONTROL CODE = 2 (DENY)	4	4
PDCS REFILL TOO SOON	5	7
PA MISSING OR INVALID	6	6
REFILL TOO SOON	7	8
PASSPORT PROVIDER NO. MISSING	8	5
DEPRIVATION CODE RESTRICTED	9	12
MISSING/INVALID INFORMATION	10	9
SUSPECT DUPLICATE	11	16
RECIPIENT COVERED BY PART B	12	10
CLAIM INDICATES TPL	13	11
SLMB OR QI-1 ELIGIBILITY ONLY	14	14
REV CODE INVALID FOR PROV TYPE	15	17

**Key Contacts**

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

EDI Gateway website: <http://www.acs-gero.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: [MTPRHhelpdesk@xerox.com](mailto:MTPRHhelpdesk@xerox.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

Integrated Voice Response (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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