

# Montana Health Care Programs

# CLAIM JUMPER



Volume XXVIII, Issue 9, September 2013

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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](#).

## ICD-10 Information

Check out the [ICD-10 Information page](#) and take a few minutes to complete the ICD-10 Readiness Survey. A link to the survey is on that page and on the Montana Medicaid Provider Information page. Thanks to those who have already completed the survey. We appreciate your feedback!

*Submitted by Amber Sark and Jennifer Tucker,  
ICD-10 Co-Coordinators*

## Nursing Facility Services Bureau WebEx Trainings

The Nursing Facility Services Bureau will be offering monthly provider training via WebEx for Nursing Facility providers and staff.

The Bureau would like feedback on topics we should include in these trainings. Contact Becky McAnally, Nursing Facility Services Program Officer at [bmcanally@mt.gov](mailto:bmcanally@mt.gov) with your suggestions.

Our first training is scheduled for October 2, 2013. Additional information and an agenda will be sent to all Nursing Facility providers in September.

*Submitted by Becky McAnally, DPHHS*

## Update on EFT and ERA Requirements

Medicaid providers who enrolled after July 1, 2013, were required to register for electronic funds transfer (EFT) payments and electronic remittance advices (RAs), mirroring the Medicare policy.

Medicaid providers who registered prior to July 1, 2013, will also be required to register for EFT and electronic RAs; however, those providers will be transitioned over the coming months. Further information on the final transition date will be forthcoming.

In addition, Social Security numbers are no longer to be used on the RAs. Instead, the Medicaid member's card ID number will be used. The current provider enrollment forms reflect the policy change. Provider Relations will monitor enrollment applications for paper RA requests and notify affected providers regarding the change.

Providers who are already enrolled in EFT and receive electronic RAs, have already registered for the MATH web portal and completed a Trading Partner agreement. Therefore, they meet the requirements of the policy and no additional documentation is needed. However, providers may want to verify that Provider Relations has their current information.

Providers who currently receive paper checks and/or paper RAs must transition to EFT and electronic RAs.

1. Complete the EDI Trading Partner Agreement (TPA) on the Forms page of the Montana Medicaid Provider Information website. Make a copy for your records and fax or mail it to Provider Relations. Your TPA will be processed within 10 days, and you will receive a welcome letter and information needed to register on the MATH web portal.
2. Register on the MATH web portal online or by contacting Provider Relations.
3. Complete the Direct Deposit form. Have your financial institution complete their portion and return the form to you. Make a copy for your records and fax or mail it to Provider Relations.

If you have questions, please contact Provider Relations at 1.800.624.3958.

## Nurse First

Have your patients had their needed immunizations? See [page 3](#) for details!

## DPHHS Reaches Out to Medicaid and HMK Members

The Department of Public Health and Human Services (DPHHS) is informing Montana Medicaid and Healthy Montana Kids (HMK) Plan members (CHIP and children's Medicaid) that the upcoming implementation of the Affordable Care Act (ACA), or Obamacare, does not impact their current health coverage.

DPHHS is reaching out to about 75,000 member households in August with a flyer informing them that their health coverage will continue and that when it is time to renew, a renewal form will be sent to them to complete and return.

ACA implementation kicks into full gear when the October 1 open enrollment period begins for the Health Insurance Marketplace. Currently, anyone can go to [www.healthcare.gov](http://www.healthcare.gov) to begin the process of applying for coverage.

The federal government plans to launch a paid media campaign in September, which may prompt member questions about whether the new law impacts their coverage, or if they need to take any action.

For additional questions, the flyer directs members to visit [www.medicaid.mt.gov](http://www.medicaid.mt.gov) or to call the Medicaid/HMK Plus Helpline Monday–Friday from 8 a.m. to 5 p.m. at 1-800-362-8312.

The final message on the DPHHS flyer is directed at adults with no coverage. For example, DPHHS is aware of several Montana families in which the parents have no health coverage, but their children are covered by HMK.

DPHHS encourages adults without health coverage to apply by visiting [www.healthcare.gov](http://www.healthcare.gov) or calling 1.800.318.2596.

*Submitted by Jon Ebelt, DPHHS*

## Passport to Health Disenrollment — How to Do It Right!

**A verbal dismissal of a Medicaid Passport member by a Passport provider does not constitute disenrollment.** A provider who has only verbally dismissed a member is still responsible for providing access to care by either direct care or referrals.

**Instructing the member to choose a new provider also does not constitute disenrollment.** If a member does not follow through on changing his/her provider, the provider continues to be responsible for care. The only sure way to legally dismiss a member is to go through the disenrollment process as described by the state of Montana.

In order to disenroll a Passport member, a provider must send written notification to the member and either mail a copy of that member notification to the Passport to Health Program, P.O. Box 254, Helena, MT 59624-0254, or fax the member notification to 406.442.2328.

The provider has a 30-day care obligation to provide care or referrals from the date the written notification is received by Xerox/ Passport to Health.

For complete information on disenrolling a member, see the easy-to-follow provider notice posted 05/06/2013 titled *Passport to Health Disenrollment Requirements for Providers Disenrolling a Member*. The notice includes approved disenrollment reasons, a sample disenrollment letter, and the disenrollment process.

If you have any questions, contact the Passport Provider Lead at 406.457.9558.

*Submitted by John Hoffland, DPHHS*

## Affordable Care Act, Medicaid and You!

You may have heard about the Affordable Care Act (**Obamacare**). If you are an **ADULT** covered by **MONTANA MEDICAID**, or if you have a **CHILD** covered by the **HEALTHY MONTANA KIDS PLAN** (CHIP or children's Medicaid), you may have questions about what to do.

*What do I need to do?*

# Nothing!

### Nothing?

Nothing at all. If you have coverage under Medicaid or the Healthy Montana Kids Plan, you will still be covered.

### Will I have to reapply now for my health coverage to continue?

No. When it is time to renew, we will send you a renewal form to complete and return.

### Will my health coverage change?

No. You'll get all of your medical care the same way you do now.

### Can I still see my same doctor?

Yes.

### Who can I talk to if I have other questions?

You can call the **Medicaid** and **Healthy Montana Kids Plus Helpline**, Monday through Friday from 8 a.m. to 5 p.m. at 1-800-362-8312. Or, visit [www.medicaid.mt.gov](http://www.medicaid.mt.gov).

### If I'm an adult with no health coverage, what should I do?

Call 1-800-318-2596 or visit [www.healthcare.gov](http://www.healthcare.gov) and apply for health coverage.

*This message brought to you by the Montana Department of Public Health and Human Services.*



## Back to School – Germ Warfare Will Be on the Rise!

As the summer comes to an end and thoughts turn to the back-to-school season, it’s time for you to remind your Medicaid parents and parents of Healthy Montana Kids to make sure their children have all their needed vaccines.



Nurse First has provided some information also to help parents make sure their children are up-to-date on their vaccines.

Vaccinations not only protect those who have received them, they also protect others in the community like newborns and people with weakened immune systems. Nurse First is another means to help educate your patients on these benefits.

Below are the CDC-recommended vaccinations for certain age groups. Members calling Nurse First will be directed to contact providers if their children require any vaccinations.

### Younger Children

- Polio
- Whooping Cough
- Chickenpox
- DTaP (diphtheria, tetanus, and pertussis)
- MMR (measles, mumps, and rubella)
- Yearly flu vaccines (for all children 6 months and older)

### Preteen and Teens

- Tdap (tetanus, diphtheria, and pertussis)
- HPV (human papillomavirus)
- MCV (meningococcal conjugate virus)
- Yearly flu vaccines

Parents can find out more about the CDC-recommended immunizations at <http://www.cdc.gov/vaccines/parents/index.html>.

*Submitted by Kathy Wilkins, DPHHS*

## Provider Training 2013 – WebEx and On-Site Sessions

DPHHS, in conjunction with Xerox, will be hosting **WebEx sessions in September** and **on-site sessions in October**. To register for either, visit the [Training](#) page.

### WebEx Sessions

Date/Time	Topic
September 9	Website / Web Portal and Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Changes
September 10	Children’s Mental Health
September 11	Waiver Billing: Elderly and Physically Disabled Programs
September 12	Physician Program
September 13	Dental/Ortho

### On-Site Presentations

On-site presentations will be held in Kalispell (October 9), Butte (October 16), and Billings (October 23).

Provider Training 2013 Agenda – Morning		Provider Training 2013 Agenda – Afternoon	
8:30 – 9:00	Registration	1:15 – 2:00	Eligibility
9:00 – 9:30	Website/Web Portal <b>and</b> EFT/ERA Changes	2:00 – 2:45	Children’s Mental Health
9:30 – 10:30	Managed Care	2:45 – 3:15	TPL and Medicare
10:30 – 10:45	Morning Break	3:15 – 4:00	Advanced Billing
10:45 – 11:15	ICD-10		
11:15 – 12:15	SURS		
12:15 – 1:15	Lunch Break		

## HMK Pharmacy Benefits

Effective October 1, 2013, the pharmacy benefit for Healthy Montana Kids (HMK) members will change from administration of the plan by Blue Cross and Blue Shield of Montana to administration by Xerox State Healthcare, LLC. The expected changes can be seen in the [Proposed Evidence of Coverage](#) on the HMK website.

Changes include the following:

- A network pharmacy provider will be enrolled as a Montana Health Care Programs provider.
- HMK members will have no copayments for pharmacy benefits.
- Prescribed oral fluoride preparations are a covered pharmacy benefit.
- Out-of-state pharmacy benefits will be paid only if the provider is enrolled as a Montana Health Care Programs provider.

The lists of covered and noncovered pharmacy benefits are updated in the Proposed Evidence of Coverage to reflect the change in pharmacy benefits. Prescription drug coverage mirrors coverage of HMK *Plus* and is limited to products whose pharmaceutical manufacturer has signed a rebate agreement with the federal government.

In addition, covered prescribed medications are subject to the preferred drug list and prior authorization requirements. Prior authorization for pharmacy claims will be obtained through the Department's Drug Prior Authorization Unit. The prior authorization process for prescriptions may be initiated by the prescriber or dispensing pharmacy.

Dispensing quantities will be limited to a 34-day supply. The proposed Evidence of Coverage lists the exceptions to the 34-day supply rule. Prescriptions for non-controlled substances may be refilled after 75% of the estimated therapy days have elapsed. Prescriptions for controlled substances and a few other medications may be refilled only after 90% of the estimated therapy days have elapsed.

Early refills will be authorized only if a prescriber changes the dose. Early refills will not be granted for lost or stolen medication, or for vacation or travel.

Contact Katie Hawkins, Pharmacy Program Officer, at 406.444.2738 or [khawkins@mt.gov](mailto:khawkins@mt.gov), for more information.

*Submitted by Katie Hawkins, DPHHS*

## HMK/CHIP and HMK *Plus*/Medicaid and Payment Error Rate Measurement (PERM)

The Improper Payments Information Act (IPIA) of 2002 (amended in 2010 by the Improper Payments Elimination and Recovery Act or IPERA) requires the heads of Federal agencies to annually review programs they administer and identify those that may be susceptible to significant improper payments, to estimate the amount of improper payments, to submit those estimates to Congress, and to submit a report on actions the agency is taking to reduce the improper payments.

The Office of Management and Budget (OMB) has identified Medicaid and the Children's Health Insurance Program (CHIP) as programs at risk for significant improper payments. As a result, CMS developed the Payment Error Rate Measurement (PERM) program to comply with the IPIA and related guidance issued by OMB.

The PERM program measures improper payments in Medicaid and CHIP and produces error rates for each program. The error rates are based on reviews of the fee-for-service (FFS), managed care, and eligibility components of Medicaid and CHIP in the fiscal year (FY) under review. It is important to note the error rate is not a "fraud rate" but simply a measurement of payments made that did not meet statutory, regulatory or administrative requirements.

Through the PERM program, CMS samples state Fee-For-Service (FFS) CHIP and Medicaid payments, collects documentation from providers, conducts a data processing review on sampled FFS payments, and performs a medical record review on sampled FFS claims.

CMS recovers the federal share of CHIP and Medicaid payments from states on a claim-by-claim basis from the FFS overpayments found in error. CMS also works closely with states to review their error rates, determine root causes of errors and develop corrective actions to address the major causes of errors.

DPHHS recently completed the CMS PERM review for FFY 2011. Following are types of errors found by CMS contractor reviews of claims submitted by HMK/CHIP and HMK *Plus*/Medicaid participating providers:

- Provider records did not support the number of units billed
- Provider records did not contain provider's signature
- Provider documentation did not support the claim

In addition to the types of errors listed above, HMK *Plus*/Medicaid participating provider claims had the following error:

- Provider did not validate patient's eligibility for the reviewed program

HMK and HMK *Plus* programs appreciate the work participating providers do to provide quality health care services for Montana children.

Please keep in mind requirements of recordkeeping and submitting claims in order to avoid potential review findings.

Thank you for providing outstanding medical care for children participating in the HMK/CHIP and HMK *Plus*/Medicaid programs.

*Submitted by Patricia Dawes, DPHHS*

## 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.

<b>Date</b>	<b>Provider Type</b>	<b>Description</b>
<b>Provider Notices, Manuals, and Replacement Pages</b>		
07.08.2013	Physicians, Mid-Levels, Schools, TCM, TFC, TGH, Psychiatrists, Public Health Clinics, Hospital Outpatient, Mental Health Center, PRTF, Licensured Psychologist, Licensured Clinical Social Worker, and Licensured Professional Counselor	Montana Medicaid DSM-5 Implementation
07.10.2013	Physicians, Mid-Levels, Schools, RHC, FQHC, Schools, IHS, TCM, TFC, TGH, Psychiatrists, Public Health Clinics, Hospital Outpatient, Mental Health Center, PRTF, Licensured Psychologist, Licensured Clinical Social Worker, and Licensured Professional Counselor	Psychiatrist Service Reimbursement Change and Timely Billing Requirement
07.10.2013	Schools	School-Based Services Manual
07.01.2013	Dental (Dentist, Dental Hygienist), Denturist, and Oral Surgeon	Dental and Denturist Services (Manual)
<b>Fee Schedules</b>		
07.17.2013	Hospital Outpatient, Family Planning, Psychologist, Physician, PRTF, Mid-Level, School, Licensured Professional Counselor, Mental Health Center, TCM (Mental Health), TGH, Public Health Clinic, TFC, and Psychiatrist	Mental Health Adult, July 1, 2013
07.17.2013	Hospital Outpatient, Family Planning, Psychologist, Physician, PRTF, Mid-Level, School, Licensured Professional Counselor, Mental Health Center, TCM (Mental Health), TGH, Public Health Clinic, TFC, and Psychiatrist	MHSP Adult, July 1, 2013
07.16.2013	Psychologist, Physician, PRTF, Mid-Level, School, Licensured Professional Counselor, Mental Health Center, TCM (Mental Health), TGH, TFC, and Psychiatrist	72-Hour Presumptive, July 1, 2013
07.16.2013	HCBS, Mental Health Center, and TCM (Mental Health)	HCBS Adult with SDMI, July 1, 2013
07.08.2013	Dental (Dentist, Dental Hygienist), Denturist and Oral Surgeon	Fee Schedules, July 1, 2013
07.08.2013	QMB Chiropractic	Fee Schedules, July 1, 2013
07.08.2013	EPSDT, EPSDT Chiropractic, and EPSDT Respiratory	Fee Schedules, July 1, 2013
07.08.2013	Dental (Dentist, Dental Hygienist), Denturist, and Oral Surgeon	Fee Schedules, July 1, 2013
<b>Other Resources</b>		
07.23.2013	All Providers	August 2013 <i>Claim Jumper</i>
07.22.2013 07.23.2013	Pharmacy	Montana SMAC Update, July 16, 2013 Montana SMAC Update, July 23, 2013
07.22.2013	Pharmacy	DUR Board Minutes, June 26, 2013
07.23.2013	Passport to Health	Passport Change Form and Passport Referral Form
07.09.2013	All Providers	Participating Providers List

<b>Top 15 Claim Denial Reasons</b>		
<b>Exception</b>	<b>July</b>	<b>June</b>
RECIPIENT NOT ELIGIBLE DOS	1	1
RATE TIMES DAYS NOT = CHARGE	2	2
EXACT DUPLICATE	3	3
PA MISSING OR INVALID	4	5
DRUG CONTROL CODE = 2 (DENY)	5	4
REFILL TOO SOON PDCS	6	8
REFILL TOO SOON	7	9
PASSPORT PROVIDER NO. MISSING	8	7
DEPRIVATION CODE RESTRICTED	9	6
RECIPIENT COVERED BY PART B	10	10
SLMB OR QI-1 ELIGIBILITY ONLY	11	12
REV CODE INVALID FOR PROV TYPE	12	11
SUSPECT DUPLICATE	13	13
MISSING/INVALID INFORMATION	14	14
RENDERING NOT REQUIRED	15	17

## Key Contacts

**Provider Information**

<http://medicaidprovider.hhs.mt.gov/>

**Xerox EDI Solutions (previously ACS EDI Gateway)**

<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

[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

**Direct Deposit Arrangements**

Fax information to Provider Relations, 406.442.4402.

**Verify Client Eligibility**

FaxBack 1.800.714.0075

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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