

# 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](#).

## ICD-10 Information

Have you checked out the [ICD-10 Information page](#)?

Have you taken the ICD-10 Readiness Survey?

Visit the ICD-10 page for the latest information!

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

## Payment Error Rate Measurement (PERM)

Many providers were selected for PERM in Federal Fiscal Year (FFY) 2011. We recently completed that cycle and Montana fared pretty well.

The PERM program measures improper payments in Medicaid and the Children's Health Insurance Program (CHIP), and produces error rates for each program.

The error rates are based on reviews of the fee-for-service and eligibility components of Medicaid and CHIP in the fiscal year under review.

It is important to note the error rate is not a fraud rate, but is simply a measurement of payments made that did not meet statutory, regulatory or administrative requirements.

### Montana FFY 2011 PERM Error Rates

Payment Type	Medicaid	CHIP
Fee-For-Service	2.7%	3.2%
Eligibility	0.4%	1.6%
Overall Error Rate	3.1%	4.7%

The Quality Assurance Division/Program Compliance Bureau is just beginning to work with our federal counterparts to prepare for the next cycle that will encompass FFY 2014 (October 1, 2013—September 30, 2014).

Once we have the statistical requirements set, data will be generated and submitted to the federal contractor. The federal contractor will then contact the providers in the sample and request medical records. If the contractor has questions or makes a negative finding, you will be given the opportunity to respond.

PERM participation is required under the Federal Improper Payments Elimination and Recovery Act or IPERA of 2010.

As more information becomes available we will notify program managers and post in the *Claim Jumper*. There is a short, informative YouTube [video](#) on PERM or you can go to the federal PERM website.

*Submitted by Michelle Truax, DPHHS*

## Update! – EFT / ERA Requirements

By January 1, 2014, Montana Health Care Programs providers (Medicaid/HMK Plus, HMK/CHIP, and Mental Health Services Plan) who receive paper warrants or paper remittance advices will be transitioned to electronic funds transfer (EFT) and electronic remittance advices (ERAs), mirroring the change Medicare is implementing.

Watch the website for the provider notice which explains the process in detail. Providers who have not yet enrolled in the electronic-only system will receive a monthly reminder with instructions on enrolling; however, we recommend providers be proactive and enroll in EFT and ERA today!

DPHHS/Xerox will also present a segment on the requirements for the electronic-only system at the Fall 2013 provider training sessions in October.

For information regarding the requirements, contact Provider Relations at 1.800.624.3958.

## Nurse First

A cold or a fever? What to do? See [page 2](#) for details!

## SLTC PAS, Hospice, Home Health, and Waiver Providers: PERM Audit

Prompt response to PERM audit requests are critical.

The Improper Payments Information Act (IPIA) of 2002) 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 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 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.

PERM audits are conducted in three year cycles. Montana has contracted with A Plus Government Solutions to complete these audits and is currently gearing up for a cycle of reviews beginning federal fiscal year 14 (October 2013). When any provider, including PAS, Home Health, Hospice and Home and Community Based Services, is selected for audit they will receive a letter directly from the contractor requesting billing records or other information for a specific consumer for a specified time period to justify claims that have been billed. Typically, Department staff are not involved with these requests, and may not be aware that requests have been made. It is critical for providers to respond by the timelines laid out in the letter. If a provider does not respond, recovery will occur.

*Submitted by James Driggers, DPHHS*

## Is It Just a Cold? Or Is It the Flu?

Do you know that your Medicaid and Healthy Montana Kids (HMK) patients can contact Nurse First and describe their symptoms to a nurse who will triage their symptoms and recommend whether they should treat with home care, call your office to make an appointment to see you or seek emergent care?



Yes, the lights are always on at Nurse First. We take over when your office closes.

Nurse First registered nurses are available 24/7/365 to answer your patient's questions, free of charge and on a confidential basis. Some of the questions we receive include:

- What are flu symptoms?
- How do flu symptoms differ from symptoms with colds?
- How do flu symptoms differ between adults and children, infants/toddlers?
- What is the swine flu?
- How would I know if I should go to the emergency room or not?

Nurse First is at your service because we can answer these questions and you don't have to be paged unnecessarily.

And remember, you are always in the driver's seat, because we never make a diagnosis. Our nurses triage symptoms presented and recommend the type of treatment, based on the nationally recognized Barton Schmitt/David Thompson Guidelines.

In addition, your Medicaid and HMK patients can access articles about the flu through the free Nurse First Healthwise® website by going to <http://www.dphhs.mt.gov/medicaid/nursefirst/index.shtml> and clicking on the panel titled [Would you like more Montana Health and Wellness Information?](#) to access the Montana Health and Wellness website.

*Submitted by Kathy Wilkins, DPHHS*

## New Services of Orientation & Mobility Specialist for Schools

A new service has been made available for schools effective July 1, 2013.

Public schools that are enrolled with Montana Medicaid may now be reimbursed for services provided by a certified orientation and mobility (O&M) specialist for students who have low vision or are blind.

The School-Based Services fee schedule now reflects two additional procedure codes for a certified O&M specialist to use when aiding low vision and blind students. One service is for sensory integration techniques per 15 minutes and the other for self-care/home management training (e.g., activities of daily living (ADLs)) per 15 minutes.

For additional information regarding Medicaid School-Based Services, contact Rena Steyaert at 406.444.4066.

*Submitted by Rena Steyaert*

## Provider Training 2013

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

### Kalispell

**October 9, 2013**

Red Lion Hotel  
20 North Main Street  
Kalispell, MT 59901  
406.751.5050 (tel)  
406.751.5051 (fax)

### Butte

**October 16, 2013**

Copper King Hotel and  
Convention Center  
4655 Harrison Avenue  
Butte, MT 59701  
1.855.681.5020  
406.221.7070 (Montana)

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		

### Billings

**October 23, 2013**

Big Horn Resort  
1801 Majestic Lane  
Billings, MT 59102  
1.877.995.8999 (toll-free)  
406.839.9300 (tel)  
406.839.9301 (fax)

DPHHS and Xerox also hosted WebEx sessions in September. The recorded WebEx session and training materials are posted on the [Training](#) page.

- Website / Web Portal and Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Changes
- Children’s Mental Health
- Waiver Billing: Elderly and Physically Disabled Programs
- Physician Program
- Dental/Ortho

## Enhanced Payment Program Update

Effective January 1, 2013, DPHHS has been participating in the 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.

The program is designed to enhance payments made to physician and mid-level providers, and as of September 1, 2013, there were 647 providers enrolled in the program.

While enrollment for 2013 is winding down, the program continues in 2014.

For information on the program, visit the [Enhanced Payment](#) page on the Provider Information website. If you have questions, contact Bob Wallace at 406.444.5578 or [bwallace@mt.gov](mailto:bwallace@mt.gov).

*Submitted by Bob Wallace, 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>		
09.10.2013	EPSDT and Schools	New Services for O&M Specialists for Schools
09.09.2013	Pharmacy, Physician, and Mid-Level Providers	Updated Prior Authorization Request Form for Suboxone® and Subutex®
09.09.2013	PRTF and HCBS 1915(i) and Bridge Waiver Providers	Montana CANS System (MCS) Electronic Database
09.03.2013	Physician, Mid-Level, Public Health, Family Planning, Hospital Inpatient, Hospital Outpatient, Licensed Professional Counselor, Mental Health Center, PRTF, Psychiatrist, Psychologist, School-Based Services, Social Worker, TCM – Mental Health, TFC, and TGH	Changes to Contract with Magellan Medicaid Administration (MMA)
09.03.2013	Physician, Mid-Level, and Passport	Passport to Health Member Pending Lists and Provider Caseload Capacities
09.06.2013	Pharmacy	Prescription Drug Services Manual and Replacement Pages
08.28.2013	Pharmacy	Healthy Montana Kids Pharmacy Benefit
08.29.2013	IHS	IHS Manual Update and Replacement Pages
08.13.2013	Pharmacy	Pharmacist Vaccine Administration for Adults Over 18 and Adolescents Between 12 and 18 Years of Age
08.15.2013	Mental Health Centers and Schools	New Comprehensive School and Community Treatment (CSCT) Requirement
08.06.2013	Mental Health Centers, Home Support Services (HSS), Therapeutic Foster Care (TFC), and Therapeutic Foster Care–Permanency (TFC–P)	Home Support Services Billing Clarification
<b>Fee Schedules</b>		
08.15.2013	Targeted Case Management (Non-Mental Health)	TCM Fee Schedule
08.16.2013	Hospital Outpatient	APC Fee Schedule and OPSS Fee Schedule

Date	Provider Type	Description
<b>Provider Notices, Manuals, and Replacement Pages</b>		
<b>Other Resources</b>		
09.03.2013	Physician and Mid-Level Practitioner	Enrollment Data, September 2013 Enrollment Data, August 2012
08.16.2013 08.28.2013 08.05.2013 08.05.2013 08.05.2013	IHS and Provider Information/IHS Panel	Tribal/IHS Teleconference Agenda and Teleconference Minutes, August 21, 2013 Tribal IHS Teleconference Agenda and Tribal IHS Teleconference Minutes, July 17, 2013 IHS Training, July 1, 2013
08.22.2013	Dental	Form: Dental – Orthodontia HDL Index and Prior Auth Treatment Plan
08.22.2013	Pharmacy DUR	DUR Board Agenda, August 28, 2013
09.10.2013 08.23.2013 08.16.2013 08.07.2013	Pharmacy	Montana SMAC Update, September 9, 2013 Montana SMAC Update, August 23, 2013 Montana SMAC Update, August 16, 2013 Montana SMAC Update, August 7, 2013
08.22.2013	All Providers	World Health Organization Electronic ICD-10 Training Tool
08.13.2013	Pharmacy	Preferred Drug List
08.05.2013 08.05.2013 08.05.2013 08.09.2013 08.05.2013 08.05.2013 08.09.2013 08.09.2013	Passport	Emergency Room Update Including Passport Passport Member Guide Passport Q&A Requirements for a Member Disenrollment Letter Amendment – Add Providers Amendment – Increase Caseload What Is Passport? Medicaid Covered Services
08.05.2013	All Providers	Paper Enrollment Package
08.09.2013	Pharmacy	NCPDP Payer Sheet, August 9, 2013

<b>Top 15 Claim Denial Reasons</b>		
<b>Exception</b>	<b>August Ranking</b>	<b>July Ranking</b>
RECIPIENT NOT ELIGIBLE DOS	1	1
RATE TIMES DAYS NOT = CHARGE	2	2
EXACT DUPLICATE	3	3
DRUG CONTROL CODE = 2 (DENY)	4	5
PA MISSING OR INVALID	5	4
PASSPORT PROVIDER NO. MISSING	6	8
REFILL TOO SOON PDCS	7	6
REFILL TOO SOON	8	7
DEPRIVATION CODE RESTRICTED	9	9
RECIPIENT COVERED BY PART B	10	10
SLMB OR QI-1 ELIGIBILITY ONLY	11	11
MISSING/INVALID INFORMATION	12	14
REV CODE INVALID FOR PROV TYPE	13	12
PROCEDURE/AGE MISMATCH	14	19
CLAIM INDICATES TPL	15	16

## 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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