

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](#).

Fall 2011 Provider Training Update

The State and ACS continue the provider training sessions via WebEx.

Visit the [Training page](#) to register for upcoming sessions or to access training materials for earlier sessions. The recorded presentations will be posted to the website following completion of all the training sessions.

Remember to complete your training surveys to be eligible to win the [stained glass wall hanging!](#)

January 1, 2012 HIPAA 5010 Implementation

In only **2½ months**, all electronic X12 transactions must be submitted and received in the HIPAA 5010-compliant format.

It is important that providers contact their software vendor and/or clearinghouse to ensure they are prepared to meet the deadline so that claims processing is not delayed.

If providers and their software vendor or clearinghouse want to test 5010 transactions with Montana Health Care Programs, they should call Provider Relations (see [Key Contacts](#)) and provide their Montana EDI submitter number; organization name; the method in which they currently submit transactions; and for the testing, a contact person's name, phone number and e-mail address.

Provider notices and other HIPAA 5010 information are available on the Medicaid website. For additional information regarding changes to the electronic transactions, refer to the 5010 X12 Technical Reports (TR3) documents, available on the Washington Publishing Company [website](#).

Payment System Change

The State of Montana recently implemented a change to our payment system.

Under the new system, the State issues one check per provider for all payments from the State.

Due to this change, providers may see that their RAs/835s do not match the warrant amounts or may not receive the remittance advice on the scheduled date these are posted on the website. This may occur because provider Medicaid payments are decreased if a provider owes the State of Montana monies outside of Medicaid.

If you receive an remittance advice that is in excess of the payment amount, contact the Department of Revenue at 444-6900. You will need to provide your Tax ID number and state you are "calling about a revenue offset."

Submitted by Michelle Gillespie, DPHHS

NCPDP D.0 Submission Requirements

Beginning October 1, 2011, pharmacy providers may begin submitting claims in NCPDP D.0 standard for Montana DPHHS programs, which includes Medicaid and the Mental Health Services Plan.

From October 1, 2011 through December 31, 2011, the Department will accept claims in either the NCPDP 5.1 or NCPDP D.0 standards.

A test region is available as of mid-September 2011, for pharmacies to test their D.0 claims. To access the D.0 test region, use BIN: 610084 and PCN: DRM-DV5S. Do not expect payment from test claims as this system only provides a method for determining the workability for your upgraded system.

See the [provider notice](#) dated September 15, 2011, for a draft of the D.0 Payer Sheet with the additions and

changes highlighted in yellow. Providers should make this payer sheet available to their software vendor.

Effective January 1, 2012, NCPDP 5.1 will no longer be accepted, and all pharmacy claims must be submitted in the NCPDP D.0 standard.

If you have issues submitting claims after October 1, 2011, contact the ACS-POS Help Desk at (800) 365-4944.

If you have questions regarding this article, contact Amy Holodnick at (406) 444-2738.

Submitted by Amy Holodnick, DPHHS

State Level Registry for EHR Incentive Payments

DPHHS has scheduled the launch of the Montana Medicaid EHR Incentive Program for November 7, 2011.

This program offers eligible professionals and hospitals access to Federal incentive funding for the adoption, implementation, upgrade, or meaningful use of electronic health record technology.

Visit our new EHR Provider Outreach Page at <http://mt.arraincentive.com/> for additional information.

This site contains valuable information, tools, and resources to help you start collecting and organizing the information necessary to register for this program.

A statewide WebEx training session on participation in the Medicaid EHR Incentive Program will be held on November 2, 2011, at 1 p.m. Visit the Provider Information website and select **Session 15** to register.

Submitted by Tim Sizemore, DPHHS

Enhanced Voice Response System

ACS Provider Relations is scheduled to switch to an enhanced interactive voice response system by the beginning of November, pending State approval.

While providers will notice that the script is different, the system is easier to use and offers streamlined responses. There will be no interruption in the service, and the telephone numbers for FaxBack and AVRS remain the same. Options with the new service include warrant, eligibility, and claim status. In addition, the Call Center now provides a customer service survey option.

If you have questions about the new system, call Provider Relations at (800) 624-3958 or (406) 442-1837.

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 June and July, callers' most frequent questions were pediatric.

Nurse First also offers patients a free Healthwise® website. Patients may go to www.dphhs.mt.gov/programsservices/medicaid.shtml, and click on *Montana Health and Wellness Information*. During June and July, the most sought-after information was regarding cystic fibrosis and insect bites and stings, and spider bites.

Submitted by Michael Huntly, DPHHS

Nurse First Calls			
The top five Nurse First call topics are in the table below:			
July 2011 (635 total calls)		June 2011 (637 total calls)	
Calls	Type of Call	Calls	Type of Call
13	Pediatric head trauma	23	Pediatric general information
11	Abdominal pain	15	Pediatric vomiting
9	Chest pain	13	Abdominal pain
9	Pediatric diarrhea	10	Pediatric colds
9	Pediatric general information	10	Pediatric fever

Visits to Healthwise® Website			
The top five topics visitors were interested in are in the table below:			
July 2011 (64 website visits)		June 2011 (74 website visits)	
Visits	Topic of Interest	Visits	Topic of Interest
13	Cystic fibrosis	7	Insect bites and stings, and spider bites
5	Headaches	5	Crying, age 3 and younger
5	Healthy eating	2	Fibromyalgia
5	Pediatric ear injuries and problems	2	Childhood BMI, ages 2 to 19
4	Swelling	2	Chronic pain

Basic Medicaid Waiver for MHSP Population

Basic Medicaid will be provided for up to 800 State Only MHSP individuals who qualify for the Basic Medicaid Waiver.

MHSP individuals who meet waiver qualifications receive Basic benefits for 12 months of continuous eligibility without having to report monthly changes of income and resources.

The Basic package is the Full Medicaid benefit, with the following medical services generally excluded under Basic Medicaid: audiology, dental and denturist, durable medical equipment, eyeglasses, optometry and ophthalmology for routine eye exams, personal care services, home infusion and hearing aids.

Qualifications include

- Meeting the State Only MHSP eligibility;
- Having a primary clinical diagnosis of schizophrenia or bipolar disorder;
- Being ages 18–64;
- Being Montana residents (individuals must provide citizenship and identification documentation);
- Having incomes at or below 150% FPL; and
- Not being otherwise qualified for Medicaid.

For more information on the Basic Medicaid Waiver, visit the [website](http://medicaidprovider.hhs.mt.gov/waiver/index.shtml) (<http://medicaidprovider.hhs.mt.gov/waiver/index.shtml>) or call one of the program contacts below:

- Marcia Armstrong, 444-2878
- Helen Higgins, 444-3055
- Becky Corbett, 444-9530
- Linda Nelson, 444-9330

Submitted by Becky Corbett, DPHHS

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

Effective for dates of service November 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 \$262.00 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 November 1, 2011 and after.

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

Submitted by John Hein, DPHHS

PERM Provider Education Webinar/Conference Call

The Centers for Medicare & Medicaid Services (CMS) is hosting a Payment Error Rate Measurement (PERM) provider education webinar/listening sessions from 3–4 p.m. EST on **October 19, 2011, October 26, 2011, November 2, 2011**. **For more information and instructions on joining the webinars, click on the corresponding date link for the session you wish to attend.**

PERM is designed to measure improper payments in the Medicaid and CHIP programs, as required by the Improper Payments Information Act (IPIA) of 2002 (amended in 2010 by the Improper Payments Elimination and Recovery Act or IPERA). The purpose of this webinar/listening session is to educate Medicaid and CHIP providers about PERM and their specific responsibilities during the PERM process.

Webinar/listening session participants will learn from PERM-related presentations such as:

- An overview of the PERM Program
- The PERM process and provider responsibilities during a PERM review
- The medical records/service records request letter
- Frequent mistakes and best practices

If you have questions about the PERM provider education webinar, contact Terri Thompson at thompson2@mt.gov or (406) 444-4120.

Submitted by Terri Thompson, DPHHS

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, Manuals, and Replacement Pages		
09/01/11	Pharmacy	Replacement pages: 2.4, 3.1, 3.2, and 6.4 (Dispensing Fee changes; MHSP Formulary changes)
09/01/11	Ambulatory Surgical Center	ASC manual
09/07/11	All Providers	Provider Notice: Payment Error Rate Measurement (PERM)
09/09/11	DME, Pharmacy, Physicians, Mid-Level Practitioners	Provider Notice: DME Order and Prescription Requirements
09/09/11	All Providers	Provider Notice: HIPAA 5010/OCR Qualifier Changes
09/15/11	Pharmacy	Provider Notice: NCPDP D.0 Submission Requirements Important Update
Fee Schedules		
09/02/11	Chiropractor (QMB), EPSDT, IDTF, Lab and Imaging, Mid-Level Practitioner, Occupational Therapy, Optician, Optometric, Physical Therapy, Physician, Podiatrist, Public Health Clinic, Speech Therapy	Fee Schedules, September 1, 2011
09/07/11	Audiology	Fee Schedule FY2012
09/12/11	Hospital Inpatient, Hospital Outpatient, Licensed Professional Counselor, Mental Health Center, Mid-Level Practitioner, Physician, PRTF, Psychiatrist, Psychologist, Public Health Clinic, School-Based Services, Social Worker, Targeted Case Management (Mental Health), TFC, and TGH	Mental Health and Mental Health Services Program Individuals Under 18 Years of Age
09/14/11	Hospital Outpatient	Fee Schedule – APC and Procedure Code
09/14/11	Schools	Fee Schedule FY2012
Other Resources		
09/01/11	Pharmacy	MHSP Preferred Manufacturers List, September 2011
09/01/11	Pharmacy	MHSP Formulary, June 28, 2011
09/02/11	Pharmacy	PDL, August 23, 2011 (revised)
09/09/11 09/16/11 09/26/11	Pharmacy	SMAC Update, September 8, 2011 SMAC Update, September 16, 2011 SMAC Update, September 26, 2011
09/08/11	All Providers	Fall 2011 Provider Training Session Material: Session 1 Billing Basics and Session 2 Web Portal/CyberAccess
09/09/11	All Providers	Fall 2011 Provider Training Schedule
09/09/11	Pharmacy DUR	DUR Board Minutes, August 24, 2011
09/15/11	All Providers	Frequently Asked Questions (FAQs)
09/14/11	Pharmacy DUR	DUR Meeting Agenda, September 28, 2011 (revised)
09/14/11	All Providers	October 2011 <i>Claim Jumper</i>
09/14/11	Passport to Health	Passport to Health Waiver
09/15/11	All Providers	HIPAA 5010 FAQs <i>Electronic Transaction Instructions for HIPAA 5010</i>
09/30/11	All Providers	Fall 2011 Provider Training Session Material Session 6 Sample DDS Claim Form Session 7 HMK Dental

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

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

<p>Provider Relations P.O. Box 4936 Helena, MT 59604</p>

<p>Claims Processing P.O. Box 8000 Helena, MT 59604</p>
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<p>Third Party Liability P.O. Box 5838 Helena, MT 59604</p>
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