

Montana Healthcare Programs

Claim Jumper

Volume XXXI, Issue 1, January 2016

In This Issue

Publications Reminder	1
Montana HELP Plan	1
Patient Discharge Status Codes and Hospital Transfer	1
Boost Your Immune System Naturally	2
SURS Audit Revelations	2
Publications on the Website	3
Xerox Field Representatives' Corner	4
Inside Provider Relations	4
Abbreviated Enrollment	4
Oral Nutrition for Children	5
Top 15 Claim Denial Reasons	5
Key Contacts	5

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 Healthcare Programs Provider Information [website](#).

Montana HELP Plan

On April 29, 2015, Governor Steve Bullock signed into law Senate Bill 405, an Act establishing the Montana Health and Economic Livelihood Partnership (HELP) Plan to expand health coverage in Montana to an estimated 70,000 new adults with incomes up to 138 percent of the Federal Poverty Level (FPL). Coverage will begin January 1, 2016.

Montana Medicaid has contracted with Blue Cross and Blue Shield of Montana (BCBSMT), a third party administrator, to administer the delivery of and payment for medical and behavioral healthcare services for most new adults.

Services BCBSMT will process:

- Convalescent home
- Diabetes Prevention Program
- Durable medical equipment/supplies
- Emergency
- Hospital
- Lab and x-ray
- Medical vision
- Mental health and substance use disorder
- Mid-level
- Physician
- Preventive (including EPSDT)
- Rehabilitative and habilitative
- Surgical

Services Xerox will process:

- Audiology
- Dental
- Eyeglasses
- Federally Qualified Health Center
- Hearing aids
- Home infusion
- Indian Health Service/Tribal Health
- Pharmacy
- Rural Health Clinic
- Transportation

Contact Information

- HELP Plan Provider Services 1.877.296.8206 (BCBSMT)
- BCBSMT website, www.bcbsmt.com
- HELP Plan Provider Services 1.800.624.3958 (Xerox)
- Provider Information website, <http://medicaidprovider.mt.gov/>
- HELP Plan Information website, <http://www.helpplan.mt.gov>

Additional information regarding premium and copayment requirements will be included in an upcoming provider notice.

If you have questions, contact Rebecca Corbett, HELP Plan Program Officer, at 406.444.6869 or rcorbett@mt.gov.

Submitted by Rebecca Corbett, DPHHS

Patient Discharge Status Codes and Hospital Transfer

Hospitals are responsible for coding the patient status code based on the discharge plan for the patient.

For example, if a patient is discharged from your facility to another general hospital; the patient status code should be 02 Discharge/Transfer General Hospital.

Please reference the *Hospital Inpatient Services* provider manual and the *Critical Access Hospital Services* provider manual on the Hospital Inpatient provider page of the Provider Information [website](#) for the Medicaid allowed discharge status codes.

Patient discharge and transfer status codes are part of the *Uniform Billing Expert Manual (UB-04 Billing Manual)* and are required to be accurately placed on inpatient and outpatient claims.

Coding an inaccurate patient status code can cause subsequent claims to deny. As a result, facilities will be required to adjust the claim and submit it with the correct patient status code for all appropriate claims to be processed correctly.

For additional reference, please see the [CMS article](#).

Submitted by Holly Mook, DPHHS

Provider Fair 2016

May 10–11, 2016, in Helena at the Red Lion.

Watch future *Claim Jumper* issues and the [Training](#) page on the website for information.

Boost Your Immune System Naturally

Cold and flu season is here, which means it's time to take extra precautions to stay as healthy as possible. Even if you received a recommended flu shot, there are additional ways to put your immune system in its best condition to battle against illness. The experts at NurseWise, a national multilingual nurse triage and health education provider, are pleased to offer five tips to boost your immune system naturally.

1. Snooze like Sleeping Beauty.

Studies reveal strong evidence that getting the proper amount of sleep is crucial to the health of your body and maintaining your immune system. In fact, lack of sleep can actually put your immune system in the same state of weakness as stress and impact your white blood cells, which are crucial to your body's defense. Experts recommend 7–8 hours of sleep each night to maintain physical and mental health. Lack of sleep not only weakens your immune system, it also increases your risk for numerous chronic illnesses.

2. Diminish the "D" deficiently.

As we get less sunshine in an effort to avoid skin cancer, many people are deficient in vitamin D and don't even know it. The impact of vitamin D on the immune system has become clearer in recent years. Along with being connected to many serious diseases, low vitamin D levels also allow you to be more susceptible to becoming sick because it is an immune system regulator. You can get a blood test to check your D levels, and if they're low, talk to your doctor about supplements.

3. Pop those probiotics.

The gastrointestinal tract has an enormous impact on the immune system, so keeping your gut in order helps to keep the rest of your body in top fighting condition. Probiotics are "good" bacteria that help keep your gut balanced. In addition to helping reduce inflammation and preventing infection in the body, probiotics can also decrease the severity of colds and flu. They may also increase the production of antibodies, which fight bacteria and viruses. Probiotics can be taken as a supplement or found in fermented foods, including yogurt. Talk with your doctor first because probiotics are not FDA-regulated.

4. Munch on mushrooms. In addition to beefing up your fruit and veggie intake so your body is getting the nutrients needed to battle the bugs of the season, studies also show certain mushrooms, including shiitake and maitake, have a positive impact on the immune system. Many mushrooms are rich in essential vitamins (including vitamins B and C) and minerals. Certain mushrooms, including shiitake and maitake, also have antiviral and immune system enhancing effects. Mushrooms have been used medicinally for thousands of years and each is known for varied health benefits, so throw them in a cooked dish or eat them raw.

5. Shy away from sugar. Studies show that your sweet tooth might be just as bad for your immune system as it is for your waist. Eating or drinking too much sugar suppresses your immune system and its ability to fight off attacks. Almost immediately, there is a drastic decline in your body's defense when you ingest sugar, which can last for up to six hours. Experts also suggest saying "so long" to any sugar when sick, since it knocks down your immune system and the ability to heal even more.

For more information about preventing and fighting the flu, visit www.cdc.gov.

*Submitted by Connie Olson,
Nurse First Program Officer, DPHHS.*

SURS Audit Revelations

Updating or Correcting Medical Record

The SURS unit has identified a trend of providers altering a record inappropriately. Per ARM 37.85.414 Maintenance of Records and Auditing:

"(1) All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid recipients. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.

(a) All records which support a claim for a service or item must be complete within 90 days after the date on which the claim was submitted to Medicaid for reimbursement. A record that is required to be signed and dated,

including but not limited to an order, prescription, certificate of medical necessity, referral or progress note, is not complete until it has been signed and dated."

In the Surveillance and Utilization Review chapter of the *General Information for Providers* manual under Key Points (page 6.2), it states: *The provider shall submit a true and accurate copy of each record of the service or item being reviewed as it existed within 90 days after the date on which the claim was submitted to Medicaid.*

Montana Medicaid understands that mistakes happen and corrections or updates will occur from time to time. As documentation standards dictate, make corrections and/or update a medical record by using the following recommendations:

- When correcting a medical record, it is important to: 1) Draw a single line through the original information, but it must be legible and easy to read; 2) Insert the correct information as close to the original text as possible; and 3) Date and initial the correction. We recommend documenting the reason the correction is taking place in an addendum to the record, which is signed and dated.
- If you use electronic health records, an addendum can be done by stating what is incorrect in the original document and what the corrected information is, then date and initial or sign the addendum.
- The update or correction to a medical record should be clear and well-documented. It is important to document why the late entry was made, and date and initial the additions/corrections.

We recommend using the Federal Register/Vol. 65, No. 194/Thursday, October 5, 2000/Notices. Page 59440 has guidelines for documentation of medical records and services.

In addition, when billed services need to be corrected due to an error in billing/ or documentation, refer to the Rebilling and Adjustments section in the *General Information for Providers Manual*.

Submitted by Barbara Graziano, SURS

Publications Available on the Website

Below is a list of recently published Medicaid information and updates. Download the document from the Provider Information [website](#). Select Resources by Provider Type in the website menu to locate information specific to your provider type. If you cannot locate the information, contact Provider Relations at 1.800.624.3958 or 406.442.1837 in Helena.

Date	Provider Type	Description
Provider Notices, Manuals, and Replacement Pages		
11.02.2015	Dialysis Clinics	Dialysis Clinics Manual, Replacement Pages
11.03.2015	Mental Health Centers	CSCT Claims Issues Related to Update Severe Emotional Disturbance (SED) Definition
11.03.2015	All Providers	Services Exempt from Passport to Health Referral
11.03.2015	Pharmacy	Pharmacy Provider License Status
11.09.2015	Passport, ASC, Family Planning, FQHC, Hospital Inpatient, Hospital Outpatient, IHS, Mid-Levels, Nutritionist (EPSDT), Occupational Therapist, Physical Therapist, Physician, PRTF, Public Health Clinic, RHC, Schools, and Speech Therapist	Passport to Health Manual
11.13.2015	DME, Pharmacy, Physician, Mid-Level, and EPSDT	Oral Nutrition for Children Under Age 21 – EPSDT
11.17.2015	Hospital Outpatient	Hospital Outpatient Services Manual, November 2015 (Replacement Pages)
11.17.2015	All Providers	General Information for Providers Manual, November 2015 (Replacement Pages)
11.23.2015	Hospital Outpatient, Emergency Room, Birthing Center, and Dialysis Clinic	Hospital National Drug Code (NDC) Billing on Revenue Codes (<i>Revised 11.23.2015</i>)
11.23.2015	Hospital Outpatient, Hospital Inpatient, ASC, Physician, and Mid-Level	Prior Authorization Requests and Medical-Surgical Prior Authorization Request (Form)
11.25.2015	Physician, Mid-Level, and Public Health Clinic	Compound Drugs Billed on CMS-1500 (<i>Update</i>)
11.27.2015	DME	Home Blood Glucose Monitors and Related Accessories and Supplies
11.30.2015	Pharmacy	New Montana Medicaid Pharmacy Claims Processing System
Fee Schedules		
11.03.2015	Psychiatrist	Psychiatrist, January 1, 2015 (<i>Revised</i>)
11.06.2015	Psychiatrist	Psychiatrist, July 1, 2015 (<i>Revised</i>)
11.09.2015	Hospice (see Proposed Fee Schedules webpage)	Proposed Hospice Rates, FFY 2016 Proposed Hospice Rates with Penalty, FFY 2016
11.27.2015	Lab and Imaging	Lab and Imaging, July 2015 (<i>Revised</i>)
11.27.2015	All Providers (RBRVS)	RBRVS, SFY 2016 (<i>Revised</i>)
11.30.2015	Hospital Outpatient	OPPS, October 2015 (<i>Revised</i>)
Other Resources		
11.09.2015	Pharmacy	Preferred Drug List, November 9, 2015
11.03.2015		Preferred Drug List, November 3, 2015

Xerox Field Representatives' Corner

A New Year's Recipe for a Successful Provider Enrollment

With all the holiday recipes flying around, we thought we would give providers a recipe for a successful enrollment in the hope that the correct documents and information are included in the application packet. If you have questions about the enrollment process, please call Provider Relations at 1.800.624.3958.

Preheat the oven by submitting the online enrollment application on the MATH web portal. Be sure to include your contact information.

Print the Supplement Materials, including the Enrollment Checklist — It's the perfect recipe helper for you to check off the information as you include it in your enrollment packet.

Gather the following ingredients:

- 1 Montana Health Care Programs Agreement and Signature Page – signed and dated by applicant.
- 1 completed, signed, and dated IRS W-9 form. The name on the first line should match the tax reporting status; include only one address in the Address section; and include an SSN or an EIN, not both.
- 1 Montana Medicaid Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Authorization Agreement. Complete all fields, sign, and date.
- Letter from your financial institution on letterhead indicating routing and account number and account type (checking or savings). This information must be an exact match to the information on the EFT/ERA and the application. The letter must be signed by a representative of the financial institution.
- Photocopy of license showing effective date and expiration date.
- Photocopy of certifications – board certifications, CLIA certification (if you perform laboratory services), Drug Enforcement Administration (DEA) certificate (if applicable).
- Signed and dated Trading Partner Agreement, **if** you plan to submit or receive electronic transactions (835/837 only).
- If you hold a CMS Provider-Based Facility Designation, include the CMS letter and your Passport application.

Check thoroughly for any missing documentation. Pour (place) all ingredients (documents) into an 8.5 x 11 pan (envelope) and submit to Xerox for baking (processing). Wait patiently for confirmation of enrollment. Provider Enrollment may ask that you add ingredients to the mix.

Baking (Enrollment) Tips

Recipes change over time. Some ingredients (documents) previously used are no longer needed, including:

- National Provider Identifier (NPI) designation letter or e-mail from the National Plan & Provider Enumeration System (NPPES)
- Direct deposit forms or voided checks.

Sometimes recipes do not turn out right. This could be due to:

- Ownership Information not completed or completed incorrectly (Who owns the NPI?). If you forgot to enroll an additional owner/manager online, use the [Additional Owner/Manager](#) form.)
- EFT/ERA Authorization Agreement not completed and/or signed and/or dated.
- Direct deposit slip or voided check sent in place of the required official financial institution letter.
- W-9 includes incorrect information. For example, providers should include only SSN or EIN; the name on line 1 must match Medicaid application exactly)
- Ingredients (documents) that require signatures and dates are not completed by the authorized signor on the appropriate lines.
- Applicable licensure was omitted.

Once all of the needed documents have been received and processed, you will be able to enjoy the benefits of your successful enrollment.



Inside Provider Relations

Welcome Our New Field Rep!

As I say good-bye to Xerox, I ask you to welcome Mary Lehman, Xerox Field Representative, to the Provider Relations team!

Mary has a 12-year background in information technology working with the State of Utah. While working in Utah, she provided network and desktop assistance to employment counselors and health workers who used a program similar to the MMIS.

She recently moved to Helena from Texas, where she owned her own dog training business. In addition, she is president of Eagle-Eye Aviation, which she and her husband co-own.

Mary has a diverse customer service background and is a welcome addition to the Provider Relations team!

*Olivia Roussan,
Provider Relations Manager*

Abbreviated Enrollment

The Patient Protection and Affordable Care Act and 42 CFR 455.440 mandate that all state Medicaid programs require the National Provider Identifier (NPI) of any ordering or referring physician or other professional to be specified on claims for payment that are based on an order or referral of the physician or other health professional.

Montana Medicaid providers are required to identify ordering or referring physicians or other professionals on claims. To facilitate the enrollment process, Montana Medicaid created an abbreviated enrollment form, which is now available.

[Continued on page 5](#)

Top 15 Claim Denial Reasons		
Exception	November Ranking	October Ranking
EXACT DUPLICATE	1	1
RECIPIENT NOT ELIGIBLE DOS	2	3
RATE TIMES DAYS NOT = CHARGE	3	2
PA MISSING OR INVALID	4	4
REFILL TOO SOON PDCS	5	6
PASSPORT PROVIDER NO. MISSING	6	5
NDC MISSING OR INVALID	7	26
REFILL TOO SOON	8	7
DRUG CONTROL CODE = 2 (DENY)	9	8
DRUG QUANTITY MISSING	10	42
UNIT TYPE MISSING/INVALID	11	41
RECIPIENT COVERED BY PART B	12	10
MISSING/INVALID INFORMATION	13	12
SLMB OR QI-1 ELIGIBILITY ONLY	14	9
DEPRIVATION CODE RESTRICTED	15	11

[Continued from page 4](#)

Hospitals and clinics that enroll new healthcare providers who will not be billing may use the abbreviated version.

While the option is available via paper and online enrollment, to expedite the enrollment process, providers are encouraged to use the online option through the Montana Access to Health (MATH) web portal by selecting the Abbreviated Enrollment Online option, second in the list to the right of the green menu buttons.

For detailed billing information, see the provider notice on your provider type page regarding ordering and referring providers

Oral Nutrition for Children

The Department reminds providers that the Medicaid Durable Medical Equipment (DME) program can reimburse DME enrolled providers for prescribed oral nutrition for children where there is a documented medical need.

The prescription must indicate the product name, diagnosis, medical necessity, quantity, and the length of need.

A documented medical need for members under 21 years of age includes an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screen resulting in a diagnosed medical condition that impairs absorption of specific nutrients. The member must also have a measurable nutrition plan developed by a nutritionist and the member's primary care provider (PCP). The PCP must maintain the documentation to include a completed Certificate of Medical Necessity (CMN) EPSDT nutritional services form, DME CMN Enteral Therapy, for individuals under age 21, found on the Forms page of the Provider Information [website](#).

When submitting claims, use modifier BO when nutrition is orally administered, not by a feeding tube (only for members under 21 years of age).

If you have questions regarding the above requirement, please contact Dani Green, DME Program Officer, at 406.444.5296 or dgreen3@mt.gov.

Submitted by Lisa Warrington, DPHHS

Key Contacts

Montana Healthcare Programs Provider Information

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

Xerox EDI Solutions

<http://www.acs-gcro.com/gcro/>

Xerox EDI Support Unit

1.800.987.6719

Provider Relations

1.800.624.3958 In/Out of state

406.442.1837 Helena

406.442.4402 Fax

MTPRHelpdesk@xerox.com

Third Party Liability

1.800.624.3958 In/Out of state

406.443.1365 Helena

406.442.0357 Fax

EFT and ERA

Fax completed documentation to Provider Relations, 406.442.4402.

Verify Member Eligibility

FaxBack 1.800.714.0075 or

Voice Response 1.800.714.0060

POS Help Desk for Pharmacy

1.800.365.4944

Passport

1.800.362.8312

PERM Contact Information

HeatherSmith@mt.gov or 406.444.4171

<http://www.dphhs.mt.gov/qad/PC/PERMPC.aspx>

Prior Authorization

MPQH 1.800.262.1545

MPQH – DMEPOS/Medical

406.457.5887 Local

877.443.4021 X 5887 Long-Distance

Magellan Medicaid Administration

(dba First Health) 1.800.770.3084

Transportation 1.800.292.7114

Prescriptions 1.800.395.7961

Claims Processing
P.O. Box 8000
Helena, MT 59604

Provider Relations
P.O. Box 4936
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604

[Return to page 1](#)