

Montana Healthcare Programs

Claim Jumper

Volume XXXI, Issue 9 September 2016

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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 Healthcare Programs Provider Information [website](#).

Register Now Fall Trainings

Billings
October 5, 2016

Bozeman
October 13, 2016

Missoula
October 20, 2016
[Click to Register](#)

Required Dental Signatures

The SURS unit has identified a trend of dental providers not signing their records appropriately. It is important that each record should be signed and dated by the dentist performing the service, even if the dental assistant or hygienist has signed the record, the dentists signature should be in addition to this.

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.”

A further explanation of this rule is available in the General Information for Providers manual on pages 2.6-2.7. On page 2.7 the manual states “Each medical record entry must be signed and dated by the person ordering or providing the service.

The General Information for Providers manual can be accessed at www.medicaidprovider.mt.gov, by selecting “Resources by Provider Type” in the left hand column of the home page.

*Submitted by Michelle Bowlds
Program Integrity Auditor
Quality Assurance Division*

Updates to Cost Share

A few changes to cost sharing for Montana Medicaid Members have been made since the information was first provided in the July 2016 Claim Jumper. An [updated provider notice](#) dated July 18, 2016 was published for all provider types. All updated changes are effective back to June 1, 2016.

A new cost share page on the provider website found at <http://www.medicaidprovider.mt.gov/costshare> was published. Providers can find up to date information and changes related to cost share as well as current provider notices, frequently asked questions, the current preventative services list and eventually administrative rules on the new webpage.

*Submitted by Casey Peck
IHS, ASC, and Dialysis Clinics
Hospital and Physician Bureau*

Inside Provider Relations

As summer draws to an end, here's a little update from Inside Provider Relations.

As they say, the only thing constant is change. In July, we bid farewell to the call center supervisor, Robert Ronan, and wished him well as he made the decision to pursue a different path in his career. We will announce his replacement in the next issue.

Our efforts to clean up the enrollment back log are officially a success! Enrollments with no issues should be processed within 10 business days. If you think you have an enrollment that has gone past this time frame, please call us so we can help determine the issue.

Our call center is about to receive the much-needed and long-awaited boost in staff! I know providers will be as excited by this news as we are. We start training several new agents in the middle of August with the goal to have them on the phone lines by the end of the month. The goal is to reduce our hold times significantly and get providers the help they need in a timely

Register For Fall Training [HERE](#) 

Finally, our Field Reps are hard at work preparing for the [Fall Training](#). Hotels have been booked, cities and dates have been announced, and they are eagerly awaiting your feedback from the [Survey](#)! These trainings are a fantastic opportunity to learn more about Montana Healthcare Programs and hear directly from Program Officers. We are looking for ways to improve these trainings, determine if there is a need for more and for what topics. The Field Reps are working toward serving our provider community through an Outreach and Education role and need to hear what providers would most like to see or benefit from. [Please fill out the survey](#) even if you're not planning to attend Fall Training. We'd love to hear your ideas for future

 Complete the Survey [HERE](#)

Please know we are working diligently to resolve challenges and as always, we are appreciative of your continued participation as a provider.

*Submitted by Julia (Porter) Harris
Xerox Provider Relations Manager*

NurseFirst: Suicide Prevention In Your Office September is National Suicide Prevention Month

September is National Suicide Prevention Month. State statistics show that in recent years Montana, which has the 3rd highest suicide rate in the nation, hits a peak rate of suicide in September and January. Who are the victims of suicide, what connection do they have with providers, and what can providers do to help prevent suicide in their patients?

The most recent Montana suicide statistics show that suicide claims people from all walks of life and income levels – teachers, oil field workers, sales associates, students, waitresses, unemployed, business owners, truckers, farmers. 81% were male and 24% were veterans – a much higher rate than the national veteran suicide rate. The age range is wide – from a very young age of 5 to those in their 80's with the largest group between ages 45 and 65 and impacted by health issues, relationship issues, and mental health issues. In 40% of all suicides health issues are determined as a factor. In fact, providers can play a key role in preventing suicide in their patients.

Suicide Prevention: What Can Providers Do in Limited Time?

Providers only have a few minutes with patients but there are a few simple things that can be done without adding time to a patient visit.

- Look for the three most common signs of suicidal behavior: depression, isolation, and substance abuse.
- Print out and post the state suicide prevention poster in waiting and exam rooms. It can be downloaded at <http://opi.mt.gov/pdf/Health/SuicideAware/CrisisTextLinePoster.pdf>.
- Post the Montana Suicide Hotline 1-800-TALK (8255) and the Text Line: Text MT to 741-741
- Ensure all of your staff, particularly reception attendants, have information about suicide prevention so they know when to alert the attending doctor or provider. Basic information can be found here: <https://dphhs.mt.gov/Portals/85/amdd/documents/AMDD%20Website%20Migration%20Documents/WarningSignsofSuicide.pdf>
- The National Institute for Health offers guidelines for managing suicidal patients. They can be found here: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC419387/>

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The Montana Suicide Review Team research found that 45% of the people who complete suicide saw their primary care provider within a month of their suicide, with 20% of those people seeing their provider within 24 hours.

In their 2014 annual report the team noted “With the limited mental health resources and the strong stigma concerning mental illness in our state, primary care providers are often the first point of contact for those exhibiting high risk of suicide. Universal screening of depression in primary care settings would help decrease stigma associated with mental illness and help identify patients that may be suffering from an underlying mental health issue, which increases their risk of suicide. Closer assessment of those who have a history of concussions or traumatic brain injuries is also recommended.”

Nurse First will provide your Medicaid members with the current recommendations from the Centers for Disease Control and Prevention and the American Congress of Obstetricians and Gynecologists. For this or other services offered by Nurse First, provide your patients with this number: 1.800.330.7847 or direct them online to <http://dphhs.mt.gov/MontanaHealthcarePrograms/NurseFirst.aspx> under “Would you like more Montana Health and Wellness Information?”

*Submitted by Connie Olson, DPHHS
Nurse Advice Line Program Office*

Commonly Asked Questions About Revalidation

Does ownership reflect the provider or the tax information?
No. Ownership pertains to the owner of the registered NPI number. If the provider is an individual, John Smith, the ownership should reflect John Smith and his identifying information. It should not reflect the facility or organization John Smith works for. Packets will be returned if this information is not correct.

Do I have to disclose identifying information for all owners and managing employees?

Yes, this is a federal requirement. Packets will be returned if SSN and DOBs are not provided.

We are a non-profit. Do we have to supply ownership information?

Yes. As noted in the instructions, Organizations must disclose two levels of ownership unless they can attest Company A has 100% controlling interest in Clinic X, for example. In the case of a non-profit, the organization generally owns themselves and then the board makes the decisions. So you will disclose the organization, and the CEO as the two levels of ownership, then the board as managing employees. This disclosure is to ensure that no one connected with federal (Medicaid) dollars is on any exclusion list. As a dramatic example, if Al Capone was on your board and you weren't aware of his being on an exclusion list, the organization would still be held accountable for his actions or denied participation if the information was not disclosed but was discovered by a state or federal entity.

If ownership is the same across multiple organization packets, can I substitute the ownership page of one packet into another packet so I don't have to fill out the same information multiple times?

Each packet has unique identifying information and if the NPI, Provider Type and CRN do not match on all 4 pages it appears as if the ownership has been misplaced in the wrong packet.

If you have the same organization ownership for multiple packets you must cross out the NPI, Provider Type, and CRN on the on the copies from the original ownership page and write in the appropriate(CRN, NPI and Provider type)information for the provider packet you are attaching the copies to.

OR

Fill out the Ownership Update form found at the link below and include copies of that form with your revalidation:

<http://medicaidprovider.mt.gov/Portals/68/docs/forms/ownershipproviderdisclosurestatement.pdf>

If I receive a suspension letter, what does that mean?

It means Provider Relations did not receive your packet by the specified deadline. You have 30 days from the date of the suspension letter to return your completed packet. It is preferable if you return the packet to the fax or mailing address listed in the packet instructions. Your packet may encounter delays that could impact your deadline if returned using other methods.

If I return only a signature page, will I be in compliance?

No. Packets must be completed entirely, with a change of information OR No Change clearly indicated, and all 4 pages returned to be considered complete.

For more information about revalidation visit

<http://www.medicicaidprovider.mt.gov/revalidation>

Reminder:
Check your Provider Type Page Regularly
for updates and changes at:
<http://www.medicicaidprovider.gov>

>>>ANNOUNCEMENT<<<

Montana Medicaid Announces: Involvement and Participation in the Largest-Ever Initiative to Improve Primary Care in America.

The application period for practices to participate in the new nation-wide primary care model, Comprehensive Primary Care Plus (CPC+) is now open and Montana Medicaid is proud to announce their commitment. CPC+ is a five-year primary care medical home model beginning January 2017, that will enable primary care practices to care for their patients the way they believe will deliver the best outcomes, to pay them for achieving results, and improving care. CPC+ is an opportunity for practices of diverse sizes, structures, and ownership who are interested in improved and value-based primary care. CMS estimates that up to 5,000 primary care practices 14 regions across the nation will serve an estimated 3.5 million beneficiaries in the model nation-wide.

CPC+ is a multi-payer, public-private, collaborative model. Medicare, Montana Medicaid, PacificSource, and Blue Cross Blue Shield of Montana have partnered together, through CPC+ to support primary care practices in Montana. CMS has selected the regions based on payer interest and coverage. With participating payers throughout the state, CPC+ moves the health care system away from one-size-fits-all, fee-for-service to a model that supports clinicians delivering the care that best meets the needs of their patients and improves health outcomes.

CPC+ will benefit patients by helping primary care practices:

- Support patients with serious or chronic diseases achieve their health goals;
- Give patients 24-hour access to care and health information;
- Deliver preventive care;
- Engage patients and their families in their own care; and
- Work together with hospitals and other clinicians, including specialists, to provide better-coordinated care.

>>>Provider Opportunity <<<

Practices across Montana may participate in one of two CPC+ tracks. In Track 1, payers will pay practices a monthly fee in addition to regular fee-for-service payments. In Track 2, practices will receive the monthly fee, as well as a hybrid of reduced fee-for-service payments and comprehensive primary care payments to allow greater flexibility in how practices deliver care. Practices in Track 2 will provide more comprehensive services for patients with complex medical and behavioral health needs, including, as appropriate, a systematic assessment of their psychosocial needs and an inventory of resources and supports to meet those needs. To promote high quality and value care, practices in both tracks will also receive performance-based incentive payments based on quality and utilization metrics. In addition, CPC+ counts as an Advanced Alternative Payment Model (APM) under Medicare Access and CHIP Reauthorization Act (MACRA), would earn provider exemption from the Merit-based Incentive Payment System (MIPS) reporting requirements through 2024, and qualify them for a 5% APM incentive payment.

Practices must apply by September 15, 2016, to be a part of the 5-year project. At any time, practices may choose to drop out of the initiative with 90 days' notice. Unfortunately, FQHC's, RHC's, pediatric clinics, and IHS are not eligible to participate in this program.

For questions about the model, the application process, what other states qualified, and where to apply TODAY visit: <http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Plus> or email CPCplus@cms.hhs.gov.

For specific questions involving Medicaid's participation in CPC+, please contact Kelley Gobbs at kgobbs@mt.gov or 406-444-1292.

We hope and encourage all of our valued primary care practices will apply for this exciting initiative.

*Submitted by Kelley Gobbs
Health Improvement Program and
Patient Centered Medical Home Program Officer
Member Health Management Bureau*

Publications Available on the Website

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

Provider Notices			
Date	Provider Type/Page		Description
07.05.2016	Physician Hospital Inpatient Hospital Outpatient FQHC	RHC Ambulatory Surgical Center Mid-Level Practitioner	Circumcision Prior Authorization Changes
07.05.2016	Physician Hospital Inpatient Hospital Outpatient FQHC	RHC Ambulatory Surgical Center Mid-Level Practitioner	PA For Botox No Longer Required
07.12.2016	Physician Hospital Inpatient Hospital Outpatient FQHC	RHC Ambulatory Surgical Center Mid-Level Practitioner	Vaccine Administration Code Update
07.18.2018	All Providers		Changes to Member Cost Share Update
07.25.2016	Hospital Outpatient Critical Access Hospital Indian Health Service		Admission and Statement Date Covers Period
07.28.2016	Plan First Family Planning RHC FQHC IHS	Hospital Outpatient Mid-Level Practitioner Pharmacy Physician Public Health Clinic	Montana Plan First - Preventive Code Additions

Fee Schedules

New Fee Schedules Effective July 1, 2016

APC	ASC	Chiropractor	EPSDT	Hospice Compliant (Revised)
Hospice Non-Compliant (Revised)	Hospital Outpatient (Revised)	IDTF (Revised)	Lab & Imaging (Revised)	Mid-Level (Revised)
OPP (Revised)	Physician (Revised)	Podiatry (Revised)	Psychiatry (Revised)	Public Health Clinic (Revised)

Manual with Replacement Pages

07.12.2016 08.02.2016	General Manual	07.27.2016	RHC FQHC	07.28.2016	DME POS
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Other Resources

- Revalidation - Additional Instructions, Additions to FAQ, Enrollment Fee List added.
- IHS - Monthly Agenda and HMK Overview
- Nursing Facility - Online Staffing Report Pane added with instructions, Sample Form, and Report Information
- Pharmacy - NCDPC Payer Sheet
- Pharmacy - Weekly MT AAC
- Pharmacy - MT PDC

Top 15 Claim Denial Reasons

Exception	JULY 2016	JUNE 2016
EXACT DUPLICATE	1	1
PA MISSING OR INVALID	2	2
RECIPIENT NOT ELIGIBLE DOS	3	4
REFILL TOO SOON	4	5
REFILL TOO SOON PDCS	5	8
DRUG CONTROL CODE = 2 (DENY)	6	10
MISSING/INVALID INFORMATION	7	7
RATE TIMES DAYS NOT = CHARGE	8	11
NDC MISSING OR INVALID	9	13
CLAIM INDICATES TPL	10	12
SLMB OR QI-1 ELIGIBILITY ONLY	11	21
CLAIMSGUARD ONE E&M PER DOS	12	15
DAYS SUPPLY MISSING	13	18
RECIPIENT COVERED BY PART b	14	9
PROC. FACT. CODE=4 (NOT ALLOW)	15	14

An Ounce of Prevention

This is what your billers can do to prevent denied claims based on a few of this month's top denial reasons.

PROC. FACT. CODE=4 (NOT ALLOW)

The code is billing for a product or service that is not paid for by Montana Medicaid. Verify submitted codes are valid prior to submitting. Valid codes are reflected in the fee schedules under each provider type and are updated periodically. Verify that the fee schedule being used is the correct one for the period billed.

CLAIMSGUARD ONE E&M PER DOS

This exception code reflects the provider has billed more than one evaluation and management code for the same date of service for the same Medicaid member. Prior to submitting claims, verify the dates of service.

Prescription Related Exceptions

Prescriptions for non-controlled substances may be refilled after 75% of the estimated therapy days have elapsed. Prescriptions for controlled substances (CII-CV), Ultram (tramadol), Ultracet (tramadol/acetaminophen), carisoprodol, and gabapentin may be refilled after 90% of the estimated therapy days have elapsed. The POS system will deny a claim for "refill to soon" based on prescriptions dispensed on month-to-month usage. A prescription may be refilled early only if the prescriber changes the dosage, or if the member was admitted to a nursing facility. The pharmacist must document any dosage change. In any circumstance, the provider must contact the Drug Prior Authorization Unit (Mountain Pacific Quality Health) to receive approval.

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

P.O. Box 4936

Helena, MT 59602

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](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