

Montana Healthcare Programs

Claim Jumper

Volume XXXIV, Issue 1, January 2019

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**How can we
better serve
you in
2019?
Take
the
Survey**

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](#).

Appropriate Billing Reminder

Nurses are not included within the Montana State Plan as billable providers, and are not eligible to enroll within the Montana Healthcare Programs. Generally, all services must be provided and billed by providers who are recognized and enrolled within the Montana Health Care Program. Moving forward, Montana Healthcare Program providers are expected to bill accordingly.

Providers have inquired whether services provided by nurses may be billed under an enrolled provider's ID number. There are exceptions where a nurse's services may be billed under the Medicaid enrolled provider number if the services fall under the following:

- **Billing for Procedure 99211** (Minimal office/other outpatient visit for evaluation and management – established patient):
 - May only be billed when an enrolled provider (i.e. physician or mid-level provider) is on-site at the time of service;
 - Visit must be documented to support a clinical reason for billing the procedure; and
 - Visit must be separately identifiable from other services.
 - Enrolled provider must sign off on record of services provided.

Do Not:

- Bill for a new patient visit.
- Bill in addition to evaluation and management services provided by the enrolled provider.

• Provider Orders:

- Must have orders for established patients, signed by the enrolled provider that are relevant to the patient, service and timeline.
 - Examples: administration of vaccines; injections, dispensing of medications, lab services that the enrolled provider is authorized to perform.
 - May only bill the procedure code relevant to service in standing order.
 - Enrolled provider must also sign off on record.

Please see the additional information below related to FQHC/RHC:

Services and supplies furnished by a non-core provider are considered incident to a core-provider encounter. Therefore, these services are not separately billable as a stand-alone visit. Examples of a non-core provider are lab technicians, dental hygienists, LPNs, RNs, etc.

Vaccine administration furnished by a non-core provider is separately reimbursable when provided to HMK eligible members. Please note, vaccine administration is considered incident to a core-provider encounter if provided on the same day, and under this situation is not separately reimbursable.

*Submitted by Cassie O'Bryant
Physician Program Officer
Montana Provider Relations*

Upcoming Changes for Montana Healthcare Programs Providers - What You Need To Know

The Department of Public Health and Human Services (DPHHS) will be rolling out several changes to the Montana Healthcare Programs IT infrastructure over the next few years. A key early part of this change is a new provider services solution coming in 2019. The new "Provider Services Module" includes a modern web-based Provider Enrollment Portal and the ability to update your provider information online.

In the upcoming months, DPHHS will be sending out future communications to providers with more detail regarding the timing and functionality of the Provider Services Module. In addition, DPHHS will be providing training opportunities and give providers the opportunity to participate in question and answer sessions with the Department.

Modernizing the Montana Healthcare Programs IT infrastructure will bring significant benefits to Montana taxpayers, members, and providers. In particular, the new provider enrollment, and self-service capabilities that the Provider Services Module delivers will make access to Montana Healthcare Programs tools and services more effective and efficient for all Montana providers. We are excited to introduce innovative new tools to enhance provider interactions with DPHHS. We greatly value your input and your support is critical for the upcoming system changes to be successful. Thank you in advance for your participation and cooperation.

*Submitted by Shellie McCann
MPATH Project Manager, PMO
DPHHS*

***Please Check the Provider Website
At Least Weekly
for
Announcements, Provider Notices,
and other updates***

Inside Provider Relations

This month will be my last column and message to you. Effective December 28, 2018, I am stepping down from the Provider Relations Manager role and leaving Provider Relations for personal reasons.

I would like to thank all the providers for continuing to serve the Montana Healthcare Program Members. There have been many changes during my tenure here from shorter call waiting times to improved training for our call agents to a more expansive website to help you get the answers you need more quickly and efficiently. I hope you have found the improvements over the last three years helpful and that they have made it at least a little easier to navigate Medicaid.

*Submitted by Julia Harris
Provider Relations Manager
Montana Provider Relations*

You Asked - We Answered

Provider questions submitted via the [Training Survey](#) this month are: “*Does Medicare cross over if Medicaid is the secondary insurance?*” and “*How do I bill Medicaid as a secondary insurance?*”

Both of these questions are answered in the [Member Eligibility and Responsibilities Chapter of the General Manual](#).

The General manual states:

When a Member Has Medicare

Medicare claims are processed and paid differently than other non-Medicaid claims. The other sources of coverage are called third party liability or TPL, but Medicare is not.

Medicare Part A Claims

Medicare Part A carriers and Medicaid use electronic exchange of institutional claims covering Part A services. Providers must submit these claims first to Medicare. After Medicare processes the claim, an Explanation of Medicare Benefits (EOMB) is sent to the provider. The provider then reviews the EOMB and submits the claim to Medicaid.

Medicare Part B Crossover Claims

The Department has an agreement with the Medicare Part B carrier for Montana (Noridian) and the Durable Medical Equipment Regional Carrier (DMERC) under which the carriers provide the Department with claims for members who have both Medicare and Medicaid coverage. Providers must tell Medicare that they want their claims sent to Medicaid automatically, and must have their Medicare provider number on file with Medicaid.

When members have both Medicare and Medicaid covered claims, and have made arrangements with both Medicare and Medicaid, Part B services need not be submitted to Medicaid. When a crossover claim is submitted only to Medicare, Medicare will process the claim, submit it to Medicaid, and send the provider an explanation of Medicare benefits (EOMB). Providers must check the EOMB for the statement indicating that the claim has been referred to Medicaid for further processing. It is the provider's responsibility to follow up on crossover claims and make sure they are correctly billed to Medicaid within the timely filing limit. (See the [Billing Procedures chapter](#) in this manual.)

Providers should submit Medicare crossover claims to Medicaid only when:

- o The referral to Medicaid statement is missing. In this case, submit a claim and a copy of the Medicare EOMB to Medicaid for processing.
- o The referral to Medicaid statement is present, but there is no response from Medicaid within 45 days of receiving the Medicare EOMB. Submit a claim and a copy of the Medicare EOMB to Medicaid for processing.
- o Medicare denies the claim. The provider may submit the claim to Medicaid with the EOMB and denial explanation (as long as the claim has not automatically crossed over from Medicare).

When submitting electronic claims with paper attachments, see the Billing Electronically with Paper Attachments section of the [Billing Procedures chapter](#).

When submitting a claim with the Medicare EOMB, use Medicaid billing instructions and codes. Medicare's instructions, codes, and modifiers may not be the same as Medicaid's. The claim must also include the Medicaid provider number and Medicaid member ID number. It is the provider's responsibility to follow up on crossover claims and make sure they are correctly billed to Medicaid within the timely filing limit.

Do you have a general question you would like answered?

Visit the [Training Survey](#)! We can answer your question in a future issue of the Claim Jumper or, if you leave your contact information, Provider Relations will respond directly to you. You can also [email MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com).

Montana's Promoting Interoperability Program (PIP)

Montana's Promoting Interoperability Program-PIP (formally known as the EHR Program) is planning to open Program Year 2018 on January 1, 2019 and close on March 31, 2019. Please watch for an email to be sent out in early December with these dates. Below is a list of some significant changes to submission expectations and required documentation for the submission of your Program Year Attestations. As we move towards the last Stages of participation in the program the use of EHR System is held to a higher standard and Eligible Hospitals and Provider are expected to be meet these measurements set forth by CMS. Here is a link to CMS's website where you can find specific information on the rules and requirements for PY2018. [CMS PY2018 Requirements for Medicaid](#) Also you may find updated information on the MT Provider Outreach Page, here is the link: [MT POP PAGE](#)

What to Expect for Program Year 2018:

- All participants must attest to Meaningful Use, either Modified Stage 2 or Stage 3 - no attestations will be accepted for AIU (Adopt, Implement or Upgrade).
- All EPs will report on a continuous 90-day EHR reporting period with a CQM reporting period of a full year for returning meaningful users, or 90 days for first time meaningful users. Six (6) CQMs must be reported, regardless of Stage.
- All providers must attest using Certified EHR Technology (CEHRT) that is certified (at minimum) to the 2014 Edition. However EPs who wish to attest to Stage 3 objectives must use Certified EHR Technology (CEHRT) that is certified to the 2015 Edition or a combination of 2014/2015 Edition CEHRT.
- There are 10 Objectives including 2 Public Health Measures for Modified Stage 2, and 8 Objectives including two Public Health Measures for Stage 3.
- Unlike in previous years, there are no alternate exclusions or specifications available.
- Security Risk Assessment must be conducted by both EHs and EPs during Calendar Year 2018.
- The following documentation must be uploaded to the Montana State Level Registry (SLR) for EP Program Year 2018:
 - o Eligibility Workbook
 - o Copy of Contract with EHR Vendor
 - o Supporting Documentation (screen shots or EHR report with PHI removed)
 - o Copy of Security Risk Assessment
 - o Full Meaningful Use Summary Report (All MU objectives/measurements and all CQMs)
 - o Letter from the Public Health Agency (or statement/reason for exclusion- "We don't give immunization due to provider type. We are Dentists.")
 - o Signed and Dated Program Year 2018 Attestation

Staff Update

I have accepted a new position within The Department of Public Health and Human Services as an Accounting Tech but the good news is that I am bring the PIP with me!!!

You can reach me at the same emails Jessica.Brown@mt.gov and MedicaidEHR@mt.gov , my phone number has changed to (406) 444-5932. I look forward to working with all of you that choose to attest and I encourage EVERYONE to continue with their participation in this great program.

*Submitted by Jessica Brown
Accounting Tech and EHR PIP Coordinator
DPHHS*

Recent Website Posts

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		
11/01/2018	Dental, Denturist, Oral Surgeon	Claims for Restored Adult Dental Can Now Be Processed
11/08/2018	Pharmacy	Rate Restoration Mass Adjustment for Pharmacy
11/07/2018	Optometry, Optician, Physical Therapy, Speech Therapy, Orientation and Mobility (EPSDT), School-Based Services	Mass Adjustments
11/07/2018	Physicians, Mid-Levels, Pharmacy	Vaccine Administration by Pharmacists
11/07/2018	Pharmacy	Mass Adjustments for Pharmacy
11/07/2018	Physicians, Mid-levels, Hospitals, Pharmacy	Smart PA® Prior Authorization for Synagis®
11/08/2018	Mental Health Centers, School-Based Services	New Contractor Comprehensive School and Community Treatment (CSCT) Form Required
11/08/2018	All Providers	Rate Updates Mass Adjustment
11/09/2018	Pharmacy	Pharmacy Provider License Renewal Reminder
11/13/2018	Hospital Outpatient, Nutritionist/Dietician, Mid-Levels, RHC, FQHC, IHS, Public Health Clinics, CAH	Diabetes Prevention Program (DPP) Claims Update
11/19/2018	Psychologist, School-Based Services, Mental Health Centers, PRTF, Social Worker, Licensed Professional Counselor, Targeted Case Management-Mental Health, Therapeutic Group Home, Therapeutic Foster Care	CMHB Providers Charging at or Below the Fee Schedule July 1st 2018, Version2
11/20/2018	All Providers	Appropriate Billing Reminder
11/20/2018	Audiology, Physicians	Audiology Adjustment for Rate Restoration
11/21/2018	Physicians, Mid-Levels, Hospital Outpatient, CAH	Physician Administered Drug Prior Authorization
11/26/2018	Hearing Aid, Physicians	Hearing Aid Services Adjustment for Rate Restoration
11/27/2018	DME, Physicians, Mid-Levels	Durable Medical Equipment Criteria for Home Ventilators & Letter from MPQH
11/29/2018	DME	DME Mass Adjustment for Rate Restoration
11/30/2018	Pharmacy, Physicians, Mid-Levels	Dosage Restrictions for All Opioids Based on Morphine Milligram Equivalents (MME)
Proposed October 2018 Fee Schedules		
Hospice Compliant, Hospice Non-Compliant		
October 2018 Fee Schedules		
APC, OPSS, School-Based Services		
July 2018 Fee Schedules		
School-Based Services V2, Big Sky Waiver V2 (Revised), Revised Coversheets Only: Audiology, EPSDT, Public Health, IDTF, Laboratory Services, Mid-levels, Mobile Imaging, Occupational Therapy, Optician, Optometric, Oral Surgeon, Physical Therapist, Physician		
Forms		
CSCT Contractor/Team Change Form, Growth Hormone PA Form (Revised), Medical/Surgical Form (Revised), Physician Administered Drugs PA Form (Revised), Sublocade® PA Form (Revised),		

Continued on Page 5

Recent Website Posts Continued from Page 4

Manuals
Prescription Drug Manual
Other Resources
<ul style="list-style-type: none"> • Prior Authorization for Prolia® Revised • DURB Agenda for December 12, 2018 • New Provider Type Page: Developmental Disabilities • CSCT Form Training WebEx PowerPoint • PDL -Revised

Field Rep Corner

Restored Adult Dental Services & Rate Increases Dental WebEx Training

Effective October 1, 2018, the Department has restored adult dental services that were previously covered prior to the March 2018 reduction. As noted in the November 2, 2018 Provider Notice, providers can begin submitting claims for the restored dental services. Please note that the restored services will only pay if the date of service is on or after October 1, 2018.

In addition to the restored adult dental benefits, there have been a number of rate increases for all provider types. In accordance with [MAR 37-863](#), the increases are for services that were performed on or after July 1, 2018. Mass adjustments are currently in process and are estimated to continue for several months. For claims submitted with usual and customary fees, there is no action needed on the provider's part.

Mass Adjustments

For detailed information regarding mass adjustments by provider type and the new rates, please visit the [Montana Healthcare Programs Provider Information Website](#). New Provider Notices and Fee Schedules can be found under Resources by Provider Type on your provider type page.

As always, please feel free to contact Provider Relations with any questions at (800) 624-3958. Emails are also welcome at MTPRHelpdesk@conduent.com.

Dental WebEx Training

Kelly Aughney, Montana Medicaid and HMK Dental Program Officer, Allied Health Services Bureau, DPHHS will be presenting information regarding the restored adult dental services and rate increases on Thursday, December 20, 2018 at 2:00 PM MST.

Please stay tuned for next month's WebEx! These trainings are typically held the third Thursday of every month at 2:00 PM MST. Registration can be found on the [WebEx Registration page at https://medicaidprovider.mt.gov/webex](https://medicaidprovider.mt.gov/webex). For access to previous Training PowerPoints, please visit the [Training page at https://medicaidprovider.mt.gov/training](https://medicaidprovider.mt.gov/training).

Submitted by Alyssa Clark
Field Rep
Montana Provider Relations

Register Now
Dental Update WebEx
December 20, 2018 2pm MST

Top 15 Claim Denial Reasons

Exception	NOVEMBER 2018	OCTOBER 2018
RECIPIENT NOT ELIGIBLE DOS	1	4
EXACT DUPLICATE	2	1
FILL TOO SOON	3	3
REFILL TOO SOON	4	2
PA MISSING OR INVALID	5	5
MISSING/INVALID INFORMATION	6	6
RATE TIMES DAYS NOT = CHARGE	7	7
DRUG CONTROL CODE =2 (DENY)	8	8
PASSPORT PROVIDER NO. MISSING	9	9
RECIPIENT COVERED BY PART B	10	11
NDC MISSING OR INVALID	11	13
PROC. CONTROL CODE NOT COVERED	12	14
SLMB OR QI-1 ELIGIBILITY ONLY	13	12
REV CODE INVALID FOR PROV TYPE	14	16
DAYS SUPPLY MISSING	15	15

New Developmental Disabilities Program Provider Type

Effective July 1, 2019, all developmental disabilities providers must utilize the MMIS for claims processing of services for the 0208 Comprehensive Services Waiver for Individuals with Developmental Disabilities.

All providers wanting to provide DDP waiver services are required to enroll in Montana Healthcare Programs.

Please visit the [Montana Healthcare Programs Provider Information Website](https://medicaidprovider.mt.gov/) <https://medicaidprovider.mt.gov/> to enroll and become a developmental disabilities provider.

Providers already enrolled in Montana Healthcare Programs are required to enroll in the new Developmental Disabilities Program (DDP) provider type. These providers will be receiving a letter from Montana Healthcare Programs that will assist in enrolling in the new provider type.

Please be aware, enrollment in the new provider type must be effective by July 1, 2019, in order to begin billing the waiver services.

*Submitted by Rebecca Corbett
Business Analyst, MPATH
DPHHS*

Key Contacts

**Montana Healthcare Programs
Provider Information**
<https://medicaidprovider.mt.gov/>
Conduent EDI Solutions <http://edisolutionsmmis.portal.conduent.com/gcro>

Provider Relations
MTPRHelpdesk@conduent.com
P.O. Box 4936
Helena, MT 59602
(800) 624-3958 In/Out of state
(406) 442-1837 Helena
(406) 442-4402 Fax

Third Party Liability

P.O. Box 5838
Helena, MT 59604
(800) 624-3958 In/Out of state
(406) 443-1365 Helena
(406) 442-0357 Fax

Claims Processing

P.O. Box 8000
Helena, MT 59604

EFT and ERA

Fax completed documentation to
Provider Relations,
(406) 442-4402.

Verify Member Eligibility

FaxBack (800) 714-0075 or
Voice Response (800) 714-0060

POS Help Desk for Pharmacy

(800) 365-4944

Passport

(800) 362-8312

PERM Contact Information

KCronholm@mt.gov
(406) 444-9365
[website: http://dphhs.mt.gov/qad/PC/PERMPC](http://dphhs.mt.gov/qad/PC/PERMPC)

Prior Authorization

OOS Acute & Behavioral Health
Hospital, Transplant, Rehab &
PDN:

(406) 457-3060 (Helena) or
(877) 443-4021 (Toll Free)
Fax:

(406) 513-1923 Helena or
(877) 443-2580 (Toll Free)
MPQH – DMEPOS/Medical
(406) 457-3060 Helena or
(877) 443-4021

Fax:

(406) 513-1923 Helena or
(877) 443-2580

Magellan Medicaid**Administration**

Phone: (800)770-3084 (opt 3)
Fax: (800) 639-8982