

# Montana Healthcare Programs

## *Claim Jumper*

Volume XXXIII, Issue 7 July 2019

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**Have Feedback?  
Have Questions?**

**Complete  
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](#).

### Third Party Liability (TPL) - Pay and Chase

Medicaid Pay and Chase is designed so providers may administer care services and receive payment from Medicaid without delays when certain criteria exists. No payment shall be made by the Montana Healthcare Programs for any medical service for which there is a known liable third-party with a legal responsibility to pay for medical services except for the following:

- Medical Support Enforcement
  - service provided to an individual on whose behalf child support enforcement is being carried out if (1) the third-party coverage is through an absent parent and (2) the provider certifies that, if the provider has billed a third party, the provider has waited 30 days from the date of service without receiving payment before billing Medicaid.
- Prenatal and preventative pediatric services (including EPSDT)
- Labor, delivery and postpartum care

In addition to the list above, pay and chase is available to providers when the known liable third-party has not responded to a clean claim submitted by the provider. According to 33-18-232, MCA, a carrier is required to pay claims within 30 days of submission unless supporting documents are requested at which time increases to 60 days. Montana Department of Public Health and Human Services (DPHHS) in compliance with federal law; allows a provider to bill the primary carrier then wait 90 days for a response and if one is not received, the provider may submit a claim to Montana Healthcare Programs' fiscal agent, Conduent TPL unit (see Key Contacts for Third Party Liability address), with proof of billing and not receiving a response from the primary carrier. Once the primary carrier pays the provider, a refund for the lesser of the two payments must be returned to Conduent within 60 days of the payment being received by the provider.

Finally, when there is no established liable third-party, Montana Healthcare Programs may pay claims to the maximum Medicaid allowable payment amount. If DPHHS later establishes that a third-party was liable for the claim, the DPHHS TPL Unit will seek to recover the payment. This may occur when the Montana Healthcare Programs member requires medical services in casualty/tort, medical malpractice, Worker's Compensation, or other cases where the third-party's liability is not determined before medical care is provided. It may also occur when DPHHS learns of health insurance coverage after medical care is provided. For example, a Montana Healthcare Programs member is hurt at work, goes to a doctor and is given a prescription. It is not the expectation of Montana Healthcare Programs that the pharmacy refuses billing Medicaid on that same

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## You Asked - We Answered

### What do I need to do if a provider is terminated from my group or facility?

Follow the requirements in the General Manual and verify in your provider type manual if there are any additional requirements.

- **Write a termination letter.** The General Manual states: “Medicaid enrollment may be terminated by writing to Provider Relations; however, some provider types have additional requirements. Providers should include their NPI (healthcare providers) or API (atypical providers) and the termination date in the letter.”
- **Include in the termination letter:**
  - An effective date for the termination
  - NPI or API number
- **Providers must give members a 40-day notice before denying treatment.**
- **To determine any additional requirements for your provider type, locate your provider type page on the [Resources by Provider Type page of the provider website](#).**
  - Open the Complete Manual tab then type the CTRL + F keys to open the search box.
  - Search for the term “Termination”.
- **If possible, do not terminate an enrollment file until all claims have processed.**
  - Once terminated, the provider will no longer have access to remits.
- **Written Requests are required for terminations.**  
Submit letters of termination:
  - By mail to: Provider Relations, P.O. Box 4936 Helena, MT 59604
  - By Fax to: (406) 442-4402

### What can happen if I don't send in a notice of termination of a provider?

Claims could be paid past the requested termination dated and/or put the provider into a credit balance.

### I am a provider starting a private practice and I am already enrolled with the Montana Healthcare Programs under a facility/group. What do I need to do or know?

- If you are going to accept Montana Healthcare Programs members, [enroll](#).
- As long as you are fully enrolled to the facility, your new private practice PID may not be back dated for members seen before your new enrollment is complete.
- If you see and bill for dates of service prior to the completion and approval of your new enrollment, funds will go to the facility you were enrolled with at that time.

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You Asked Continued from page 2

- There are two options for ensuring funds go to the proper location when you transition to a private practice from a facility or group:
  - **Option 1:**
    - **Obtain a group NPI from NPES.com.** Enrolling a second NPI as a group using your private practice EIN/SS# allows you back date the group enrollment.
    - **Submit an application to have your personal NPI changed to a Rendering Only.** Once the new enrollment is approved, let the facility know they must now use their facility NPI when billing for services you provide at their facility
  - **Option 2:**
    - **Notify the facility you are working for** as soon as you make the decision to start a private practice.
    - **Let the facility know that your enrollment with Montana Healthcare Programs will be changing.** They may need to change the way they submit their claims for services you provide. This will also allow time for your new enrollment to become effective before you begin seeing members in your private practice.
    - **Let the facility know they must now use their facility NPI when the new enrollment is approved,** and the facility will need to use their facility NPI when billing for services you provide at the facility.
- Contact Provider Relations at (800) 624-3958 Option 7, then Option 4 with any questions.

## Do you have a general question you would like answered?

**Visit the Training Survey!** Insert your question in the box under question five. 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 may also email [MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com).

**Do You Have Questions?**

**We Have Answers!**

**Get Answers You Need - Ask Here:**  
**<https://medicaidprovider.mt.gov/trainingsurvey>**

## SURS Audit Revelations

### Creating a Successful Self-Audit Process

Utilizing self-audits is a quick and easy way to ensure that your facility or practice is documenting accurately to support the reimbursement received from Medicaid. Medical professionals need to ensure records and claims submitted to Federal and State health care programs are true and accurate. This can help protect the facility or practice by implementing an internal self-auditing strategy.

The Center for Medicare and Medicaid Services (CMS) offers some suggestions on how a facility or medical professional can get started when conducting self-audits:

- Create and initiate a solid medical record documentation policy
- Utilize a standard medical auditing tool. The tool should cover the documentation policy criteria and coding standards as part of the review.
- Acquire an experienced staff person who understands medical documentation, CPT coding, and audit sampling.
- Refrain from auditing your own work.
- Use the self-audit results to improve practice compliance.
- After implementing any corrective action, audit the process again to ensure compliance has improved and is successful.

To learn more about Medicaid Documentation for Medical Professionals, please visit the [Medicaid Program Integrity Education page on the CMS website at the below link. https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-medicalprof-factsheet.pdf](https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-medicalprof-factsheet.pdf).

In addition, the Surveillance Utilization Review Section (SURS) has a self-audit process posted on the Montana.Gov official website. [For more information on how to perform and report your own self-audits please visit the following link: https://medicaidprovider.mt.gov/27#184022468-other-resources](https://medicaidprovider.mt.gov/27#184022468-other-resources).

*Submitted by Brett McMillan, LPN  
Program Integrity Compliance Specialist  
Quality Assurance Division  
DPHHS*

### 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.

In order to submit claims for processing and payment of services, providers are required to enroll in Montana Healthcare Programs as a Developmental Disabilities Program (DDP) provider.

Please visit the Montana Healthcare Programs Provider Enrollment website to enroll and become a DDP provider.

MMIS trainings for DDP providers were held in Billings, Great Falls, Helena, and Missoula during the first part of June. Watch for upcoming trainings for the new Provider Services Module in the coming months.

Additional DDP Provider Type information can be found on the Developmental Disabilities Program Providers website, including:

- DDP Provider Type Fee Schedule; and
- DDP Provider Type Manual.

*Submitted by Rebecca Corbett  
Business Analyst, MPATH  
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 (800) 624-3958 or (406) 442-1837 in Helena.

<b>Provider Notices</b>		
05/01/2019	Pharmacy, Physician, Mid-Levels	Dosage Restrictions for all Opioids Based on Morphine Milligram Equivalents (MME)
05/02/2019	Licensed Professional Counselor, Mental Health Centers, PRTF, Psychiatrist, Psychologist, Social Worker, School-Based Services, Targeted Case Management (Mental Health), Therapeutic Foster Home, Therapeutic Group Home	Outpatient Psychotherapy Limits
05/06/2019	Dental	Dental Blanket Denial Process
05/10/2019	ASC, CAH, Hospital Outpatient, IDTF, Mid-Levels, Physician	NDC Required on All radiopharmaceuticals
05/31/2019	All Providers	Nurse Visit - Appropriate Billing Reminder - Revised Clarification

**Fee Schedules**

**July 2019 Proposed**

72-Hour Presumptive Eligibility Program for Crisis Stabilization, Ambulance, Audiology, Children’s Chiropractic, Children’s Special Health Services, Dental Hygienist, Dental Services, Denturist , Direct Entry Midwife Services, DME, Elderly and Physically Disabled - Big Sky, Hearing Aid Services HCBS Adults with SDMI, Home Health, Home Infusion, IDTF, Lab Services, Medicaid MHSP Adult, Medicaid Mental Health Adult, Medicaid Behavioral Health Targeted Case Management, Medicaid Youth Mental Health, Mid-Level Services, Mobile Imaging Services, Nutrition EPSDT, Occupational Therapy, Optician, Optometric, Oral Surgeon, Orientation and Mobility, PAS, Physical Therapy, Physician Services, Podiatry Services, Private Duty Nursing, Psychiatrist Services, Public Health Services, Speech Therapy Cover Sheet, Substance Use Disorder Chemical Dependency – Medicaid, Substance Use Disorder Chemical Dependency - Non-Medicaid, Targeted Case Management - Non Mental Health, Transportation - Non-Emergency Specialized, Transportation - Personal and Commercial

**April 2019**

APC, ASC

**Revised Schedules**

**April 2019:** OPPTS **January 2019:** APR-DRG, Mid-Levels **July 2019:** Oral Surgeon

**Manuals**

General Information for Providers

**Other Resources**

- Updated End User Agreements for Provider Website
- All Manuals now have the complete manual at the top of each manual page
- Quarterly PDL
- Mayzent® Medicaid Dossier added to DUR Agenda for May 2019

# Online Live Training

## Register on the WebEx Page

Navigating the Provider Website  
Finding the information you need  
*without* making a phone call.

July 18, 2019 2PM MST

### Billing 101

August 15, 2019 2PM MST

#### Top 15 Claim Denial Reasons

Exception	May 2019	April 2019
RECIPIENT NOT ELIGIBLE DOS	1	2
REFILL TOO SOON.	2	3
FILL TOO SOON	3	4
MISSING/INVALID INFORMATION	4	6
PA MISSING OR INVALID	5	5
EXACT DUPLICATE	6	1
RATE TIMES DAYS NOT = CHARGE	7	7
PASSPORT PROVIDER NO. MISSING	8	8
DRUG CONTROL CODE = 2 (DENY)	9	9
NDC MISSING OR INVALID	10	10
PROC. CODE NOT COVERED	11	11
INVALID REV CODE FOR FACILITY TO BILL	12	15
RECIPIENT COVERED BY PART B	13	12
PROC. CODE NOT ALLOWED	14	14
DAYS SUPPLY MISSING	15	13

TPL (continued from page 1)

day because Worker's Compensation is a **potentially liable** third party. The pharmacy should bill Medicaid until Worker's Compensation has opened a case and accepted liability thereby establishing as the **known liable** third party.

For more information or questions please contact Conduent's Provider Relations hotline at (800) 624-3958.

*Submitted by Olivia J Roussan  
Third Party Liability Section Supervisor  
Quality Assurance Division  
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

email: [KCronholm@mt.gov](mailto:KCronholm@mt.gov)  
(406) 444-9365  
website: <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