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Have Feedback?  
Have Questions?

Take The Survey!

## Upcoming Training

CSCT  
September 19, 2019  
CSCT  
September 19, 2019  
Optometric  
October 17, 2019  
FQHC/RHC  
November 21, 2019  
Audiology/Hearing Aids  
December 19, 2019

Register Now

## FQHC & RHC Changes

### Alternative Payment Methodology (APM)

FQHC and RHC providers have the option to be reimbursed under an Alternative Payment Methodology (APM) effective July 1, 2019.

The APM is not mandatory and providers who elect to be reimbursed under the APM must submit their facility's two most recently completed as-filed Medicare cost reports to the Department, and any additional information requested to establish a new APM per visit rate. The established APM per visit rate will be no less than the existing facility Prospective Payment System (PPS) rate.

It is important to note, APM per visit rates will not be entered in the claims processing system until CMS approval has been received. Once CMS approval has been granted the Department will input the APM per visit rate and will appropriately mass adjust any impacted claims.

The option to elect reimbursement under the APM is available for one year only; and providers are required to notify the Department of their election no later than July 1, 2020.

### Certified Behavioral Health Peer Support Services

Effective July 1, 2019, Montana Healthcare Programs is offering reimbursement to FQHC and RHC providers for Certified Behavioral Health Peer Support services for adults. All certified peer support service requirements must be adhered to and are outlined in the final [Addictive & Mental Disorders Division Medicaid Services Provider Manual](#) at <https://dphhs.mt.gov/amdd>.

Certified peer support services are not considered an FQHC or RHC service and are ineligible to be reimbursed under the Prospective Payment System (PPS) reimbursement methodology. Certified peer support services will be reimbursed at the fee schedule rate utilizing the Outpatient Prospective Payment System (OPPS) fee schedule.

Claims must be submitted on a UB-04 claim form using revenue code 911 and procedure code H0038. The department asks that providers please wait to submit claims until all appropriate methodology modifications have been implemented in the system.

*Submitted by Alyssa Clark  
FQHC & RHC Program Officer  
Hospital & Physician Services Bureau  
Health Resources Division*

## Field Rep Corner

### Frequent Claim Denial Reasons For All Provider Types and How to Avoid Them

- **Recipient Not Eligible DOS** – This denial means that the member did not have Medicaid coverage on your date of service. This denial can be avoided by verifying the member's eligibility before services are rendered. Keep in mind coverage is on a month-to-month basis. Eligibility can be verified on the MATH Provider Web Portal or by contacting Provider Relations at (800) 624-3958 Opt. 7, Opt. 3.
- **Exact Duplicate** – This denial means that another claim for the same member, same services and date of service has already been paid. This error happens a lot when the initial claim paid at zero. Zero paid claims are often mistaken for denied claims when the biller is looking at the Paid or Pending sections of the remit where the claim is appearing. It can also happen when a member sees two separate providers for the same service on the same day (less likely).
- **Missing/Invalid Information** – This denial means that something is missing or invalid on the claim form. For example, the charge line is missing the number of units or the code being billed is not valid. It could be a Nursing Home claim missing the service level. Taking an extra minute to review your claim forms before submitting can help catch your missing fields.
- **Procedure Code Not Covered** – This denial means that the CPT code being billed is not covered by MT Medicaid. The fee schedule for your specific provider type will show you which CPT you can bill. This document can be searched (Use Ctrl-F) by name or CPT code. It is recommended that if unsure, you verify codes to the fee schedule before providing services.

The Provider Relations Call Center is available Monday – Friday, 8 – 5 at (800) 624-3958 Opt. 7, Opt. 2. An agent can assist with understanding claim denials and ways to prevent them in the future.

### Upcoming CSCT Training

Please join us for online training on September 19<sup>th</sup> at 2PM for training about CSCT. CSCT stands for Comprehensive School and Community Treatment. This training will be provided by Christine White, who is the Grants and Program Coordinator for CMHB. If you submit claims for these types of services for your school, this training is for you. Register on the [Online Training Registration Page](#).

*Submitted by Deb Braga  
Field Representative  
Montana Provider Relations*

## Top 15 Claim Denial Reasons

Claim Denial Reason	June 2019	May 2019
RECIPIENT NOT ELIGIBLE DOS	1	1
FILL TOO SOON	2	3
REFILL TOO SOON.	3	2
EXACT DUPLICATE	4	4
MISSING/INVALID INFORMATION	5	5
PA MISSING OR INVALID	6	6
DRUG CONTROL CODE = 2 (DENY)	7	8
PASSPORT PROVIDER NO. MISSING	8	7
RATE TIMES DAYS NOT = CHARGE	9	9
PROC. CODE NOT COVERED	10	11
RECIPIENT COVERED BY PART B	11	12
NDC MISSING OR INVALID	12	10
DAYS SUPPLY MISSING	13	13
SLMB OR QI-1 ELIGIBILITY ONLY	14	14
DISPENSE AS WRITTEN	15	15

### IVR Reminder

Providers are able to access some information 24/7  
by calling the Interactive Voice Response system:

**(800) 362-8312**

#### Providers choose **OPTION 7**.

(Option 1 is for pharmacies requesting unlock and Option 5 is for members.)

In the next menu, select one of the following options:

- OPTION 1: Last 5 PAYMENTS
- OPTION 2: CLAIMS STATUS
- OPTION 3: MEMBER ELIGIBILITY
- OPTION 4: PROVIDER APPLICATION STATUS
- OPTION 5: VALIDATE PROVIDER NUMBER
- OPTION 6: GET EDI HELP
- OPTION 7: WEB PORTAL PASSWORD RESET

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*We appreciate the work you do at all hours of the day and night to serve Montana Healthcare Program members. The IVR is there to help you get the information you need when you need it.*

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## Recent Website Posts

Below is a list of recently published Montana Healthcare Programs 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.

## Provider Notices

Date Posted	Provider Types	Provider Notice Title
07/23/2019	DME, IHS/Tribal 638, Physicians, Mid-levels	Therapeutic Continuous Glucose Monitor and Sensors – K0554 & K0553
07/23/2019	FQHC, RHC, IHS/Tribal 638	Peer Support Services
07/25/2019	All Providers	Cognitive Care Services - Revised
08/02/2019	DDP	Developmental Disabilities Program MMIS Transition
08/08/2019	FQHC/RHC	FQHC & RHC Fee Schedule Reminder

## Fee Schedules

Proposed October 2019
Adult Mental Health, APR-DRG, Dental Services, Medicaid SUD, Non-Medicaid SUD, Oral Surgeon
July 2019 Schedules
ASC, APC, OPSS
Revised Schedules
July 2019 Optometric
Draft July 2019
DDP

## Manuals

FQHC/RHC <ul style="list-style-type: none"> <li>• Billings Procedures Chapter revised</li> <li>• How Payment is Calculated Chapter revised</li> </ul> Draft DDP Manual Proposed October 2019 Dental Services Manual
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## Other Resources

<ul style="list-style-type: none"> <li>• Online Training PowerPoints <ul style="list-style-type: none"> <li>○ Website Navigation</li> <li>○ MATH Web Portal</li> </ul> </li> <li>• Updated Paper Enrollment Forms: <ul style="list-style-type: none"> <li>○ Full Enrollment Application</li> <li>○ Limited Enrollment Application</li> <li>○ Rendering Enrollment Application</li> <li>○ Cover Letter and Checklist</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• DDP Resources <ul style="list-style-type: none"> <li>○ DDP Training PowerPoint</li> <li>○ MPATH Provider Services Claims Entry Solution Link</li> <li>○ Montana Provider Portal User Guide</li> </ul> </li> <li>• Updated Provider Survey</li> </ul>
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[New Enrollment email address – MTEnrollment@conduent.com](mailto:MTEnrollment@conduent.com)

## You Asked - We Answered

### Who helps patients stay current on Medicaid?

It is the Member's responsibility to stay current on Montana Healthcare Programs (Medicaid). The General Manual outlines the responsibility of members in the [Member Eligibility and Responsibilities Chapter](#).

Members may obtain assistance from a local [Office of Public Assistance](#) or the Member Hotline. Medicaid/HMK Plus Member Help Line at (800) 362-8312. Members may also find answers to questions in the [Member Guide located at <https://dphhs.mt.gov/Portals/85/hrd/MemberGuide.pdf>](#).

### Do incurements still exist?

Yes, incurements still exist, however, they are now called "spend down". A section of the [Member Eligibility and Responsibility Chapter of the General Manual](#) explains the current spend down process. Spend Down is coverage for the medically needy who have an income level that is higher than the SSI-eligible Medicaid program standards. The General Manual states:

*"When a member has high medical expenses relative to income he/she can become eligible for Medicaid by incurring medical expenses and/or making a cash payment equal to the spend down amount on a monthly basis. The spend down amount is based on the member's countable income. When the member chooses to use the Medical Expense option to meet their spend down, he/she is responsible to pay for medical services before Medicaid eligibility begins and Medicaid pays for remaining covered services."*

***Providers should verify if medically needy members are covered by Medicaid on the date of service to determine whether to bill the member or Medicaid."***

Additional information about spend down is also available in the Member Eligibility and Responsibility Chapter of the General Manual.

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

Visit the [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.

## Key Contacts

### Montana Healthcare Programs

#### Provider Relations

General Email: [MTPRHeldesk@conduent.com](mailto:MTPRHeldesk@conduent.com)  
 Enrollment Email: [MTErollment@conduent.com](mailto:MTErollment@conduent.com)  
 P.O.Box 4936  
 Helena, MT 59602  
 (800) 624-3958 In/Out of state  
 (406) 442-1837 Helena  
 (406) 442-4402 Fax

#### Conduent EDI Solutions

<http://edisolutionsmmis.portal.conduent.com/gcro/>

#### 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: [KCroholm@mt.gov](mailto:KCroholm@mt.gov)  
 Telephone: (406) 444-9365  
 Website: <https://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