

Montana Healthcare Programs

Claim Jumper

Volume XXXIII, Issue 1, January 2018

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Check your Fee Schedules
Most fee schedules will be updated in January 2018.

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](#).

New EHR Registry Opening and Updates

Montana State Registry (SLR) Opening for Program Year 2017

Montana State Level Registry (SLR) will open for Program Year 2017 for Eligible Professionals and Eligible Hospitals on February 1, 2018 and will close on April 30, 2018. Additional information is available on the [SLR Provider Outreach page located at http://mt.aincentive.com/](http://mt.aincentive.com/).

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).

Eligible Professionals can continue to participate through 2021 if they have previously attested and received payment at least once in any program year prior to and including 2016.

Eligible Hospitals that have attested and received payment for program year 2016 can continue to participate through 2019. Participation must be consecutive. Starting in program year 2016, incentive payments must be made every year in order to continue participation in the program.

Eligible Professionals can receive up to 6 payments and Eligible Hospitals, up to 4 payments.

Note: 2016 was the last year for Eligible Professionals and Eligible Hospitals to initiate participation in the EHR Incentive Payment Program. Eligible Providers must have received at least one EHR incentive payment for program years 2011-2016 in order to participate in program years 2017- 2021. Medicaid eligible hospitals must receive an incentive in FY 2016 to receive an incentive in FY 2017 and later years.

New EHR Staff and Contacts

Montana's Medicaid EHR Incentives Payment Program would like to introduce and welcome Jessica Brown as the new EHR Incentives Payment Coordinator. Please direct any questions regarding Montana Medicaid EHR Incentive Payments and participation to:

Jessica.Brown@mt.gov, (406) 444-6055, or DWiebe@mt.gov, (406) 444-5957.

Montana also has a Medicaid EHR email that is checked daily and questions are welcomed here at MedicaidEHR@mt.gov

Submitted by: Jessica Brown EHR
Incentive Program
Payment Coordinator
DPHHS

New Medicare Cards Coming in April 2018

Medicare is rolling out new Medicare cards in April 2018 and these cards will use a new Medicare Beneficiary Identifier (MBI) which is replacing the old Health Insurance Claim Number (HICN). Which was based on the clients SSN. [For more information on what the new Medicare Card mean for providers please go to the Centers for Medicare & Medicaid Services \(CMS\) link <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html>](#).

*Submitted by Glen
Gormely Project Manager
DPHHS*

Field Rep Corner

Website Updates

Most fee schedules will be revised in January 2018. Please check your fee schedules prior to submitting claims. Additionally, while you are adding notes to your calendars for the new year, this is a great time to mark a day each month to completely review the provider website particularly your [Provider Type Page](#), the [Claim Jumper](#), the [Training Page](#), and the [Announcements Page](#). You may also want to note your calendar to check the [New Posts](#) page every Friday afternoon for notices that may impact you.

Did You Know?

Paid TPL secondary claims can be submitted electronically without requiring the EOB to be attached. An Electronic claim with TPL payment will process without needing the EOB. If there is a payment made and Medicaid doesn't have a record of that Insurance on the members file a letter will be sent to the provider asking for the insurance information so we can update our files.

- **TPL Information**
 - **Loop 2320 Segment SBR Data Element 09**
- **TPL Payment**
 - **Loop 2320 Segment AMT Data Element 02**

Training Topics

There are new questions in the [Training Survey](#)! We are looking for more suggestions from providers on topics that you would like to see presented at trainings. [You can email suggestions to MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com) with the subject "Training Topic" or through our [Training Survey](#). Your feedback is greatly appreciated.

*Submitted by Dan Hickey
Field Representative
Montana Provider Relations*

Montana HELP Plan Administration Change and Prior Authorization Requirements

Claim Processing

Effective January 1, 2018, Blue Cross and Blue Shield of Montana (BCBSMT) will no longer administer the Montana HELP Plan. Members will transition to Montana Medicaid. These members will continue to present with a BCBSMT card through December 31, 2017.

Customer Service inquiries, eligibility inquiries, claims submission, and claims processing for dates of service in 2016 and 2017 will continue to be handled by BCBSMT through December 31, 2018.

Beginning January 1, 2018, these members will present with a Montana Medicaid card and will be eligible for the Standard Medicaid benefit package.

Providers already enrolled with Montana Healthcare Programs should send claims for these members for services provided after January 2018 to Conduent instead of BCBSMT. Providers will use the member card ID on the Montana Access to Health Card instead of the YDM portion of the member ID. [You should continue to verify eligibility using the MATH Web Portal, http://medicaidprovider.mt.gov/](http://medicaidprovider.mt.gov/), before providing services to the member.

[If you are not enrolled, you can become a Montana Healthcare Program provider by going to http://www.medicicaidprovider.mt.gov/providerenrollment.](http://www.medicicaidprovider.mt.gov/providerenrollment) If you have questions about the application or enrolling process, please call Provider Relations at 1-800-624-3958.

For HELP Plan claims inquires with dates of service in 2016 and 2017, please call BCBSMT Provider Services at 1-877-296-8206.

For claims inquires with dates of service beginning January 1, 2018, please call Montana Provider Relations at 1-800-624-3958.

Prior Authorization Requirements

Members will have the same benefits under Montana Medicaid as the HELP Plan. However, there will be prior authorization requirement differences. Five scenarios have been identified below:

1. Services that require a prior authorization for BCBSMT, but not for Montana Medicaid:
 - a. Prior authorizations given by BCBSMT in 2017 will expire 12/31/2017, with no changes made to Montana Medicaid.
2. Services that do not require a prior authorization for BCBSMT, but do for Montana Medicaid:
 - a. Beginning 1/1/2018, providers must follow Montana Medicaid prior authorization requirements.
3. Services that require a prior authorization for BCBSMT or Montana Medicaid in 2017 and will extend into 2018:
 - a. If a prior authorization span must be requested in December 2017 but will not be effective until 2018, providers must follow the Montana Medicaid prior authorization requirements.
4. Services where BCBSMT has provided a prior authorization span in 2017 that extends into 2018 and requires a Montana Medicaid prior authorization:
 - a. A grace period for Montana Medicaid will be allowed until the span ends. For example, a prior authorization is given by BCBSMT in December 2017 for six months. The grace period for Montana Medicaid will last through May 2018. Upon span completion, if the member needs additional units, the provider must follow the Montana Medicaid prior authorization requirements.
5. Services that do not require a prior authorization for BCBSMT or Montana Medicaid:
 - a. No changes will be made.

For additional information regarding prior authorization from BCBSMT, call Provider Services at 1-877-296-8206 or fax the request to 406-437-5850.

[For additional information regarding prior authorization from Montana Medicaid, go to http://medicaidprovider.mt.gov/priorauthorization.](http://medicaidprovider.mt.gov/priorauthorization)

Thank you for your service to Montana Healthcare Program members.

*Submitted by Rebecca Corbett
HELP Program Officer
Member Health Management Bureau
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		
11/01/2017	Mental Health Centers, PRTF, Psychiatrist, Psychologist, School-Based Services, Social Worker, TCM (Mental Health), Therapeutic Foster Care, Therapeutic Group Home	Billing Clarification for HB 589 TCM Data Collection
11/02/2017	All Providers	New Medicare Card
11/02/2017	Physician, Psychiatrist, IDTF	Physician Administered Drugs - Famotidine
11/13/2017	Hospital Inpatient, Hospital Outpatient, Mid-Levels, Pharmacy, Physicians	Smart PA® Prior Authorization for Synagis®
11/21/2017	Mental Health Centers, Psychiatrists, APRNs, LCSWs, LCPCs, Psychologists, Physicians, Mid-Levels, Hospitals	Severe Disabling Mental Illness (SDMI)
11/21/2017	DME, Physicians, Mid-Levels	Bi-Level Positive Pressure Devices
11/20/2017	All Providers	QMB Claims Adjustments
11/29/2017	Physicians, Outpatient Hospitals, CAH	Physician Administered Drugs Prior Authorization
11/29/2017	DME, Physicians, Mid-Levels	Prosthetic Devices
12/01/2017	All Providers	Montana Medicaid Expansion Prior Authorization Changes
Fee Schedules		
Hospital Outpatient - Revised April, July and October Schedules		
Forms		
Buprenorphine Containing Products PA, Request for Medicaid Home Infusion Therapy Authorization Form, MA-3 Nursing Home Claim Form, Physician Administered Drug Prior Authorization Form		
Manuals Revisted		
General Manual, School-Based Services Manual		

Other Resources

- DURB Revised Agenda for December 6, 2017 meeting
- Updated Provider Enrollment Section - All forms and materials updated.
- Licensed Addiction Counselor Provider Type Page added
- Training Page - Fall Training PowerPoints added
- Provider File Update Tab - Revised
- Physician Administered Drugs Pane added to the Prior Authorization Page with documents and instructions for the following drugs: Cinquair®, Krystexxa®, Lucentis®, Nucala®, Ocrevus®, Prolia®, Spinraza®, Supprelin®, and Xgeva®

Top 15 Claim Denial Reasons

Exception	Nov. 2017	Oct. 2017
EXACT DUPLICATE	1	1
PA MISSING OR INVALID	2	2
REFILL TOO SOON	3	3
PROC. CONTROL CODE NOT COVERED	4	16
RECIPIENT NOT ELIGIBLE DOS	5	4
PROCEDURE CODE MODIFIER INVALID	6	56
MISSING/INVALID INFORMATION	7	5
RATE TIMES DAYS NOT = CHARGE	8	6
DRUG CONTROL CODE = 2 (DENY)	9	7
RECIPIENT COVERED BY PART B	10	12
NDC MISSING OR INVALID	11	9
PASSPORT PROVIDER NO. MISSING	12	8
SLMB OR QI-1 ELIGIBILITY ONLY	13	14
PROC. CODE NOT ALLOWED	14	13
CLAIM INDICATES TPL	15	11

Inside Provider Relations

In early October Medicare revised their remittance advices (RAs) for QMB claims that eliminated the cost share and deductible information that was previously included. This resulted in claims that would have normally been reimbursed by Medicaid to pay at \$0. In early December Medicare updated their remittance advices with the correct information. This did not affect claims that automatically crossed to Medicaid from the Medicare Coordination of Benefits Agreement (COBA). Electronic claims with paperwork attachments or paper claims/paper Medicare RAs that have been processed by Medicaid will require provider adjustments. Additionally, if you held claims pending the Medicare update per the related [November Provider Notice](#), those claims can now be submitted.

Providers with claims require adjustments due to the Medicare QMB issue need to resubmit those claims and include:

- Attach a copy of the claim, completed adjustment form, the Medicare RA, along with the Medicare explanation of denial codes.
- Be sure to include language in Box 8 to specify the adjustment is necessary because of the Medicare QMB change to the information included on their RA.

Send the claim and attachments to the Conduent Claims Unit, P. O. Box 8000, Helena, MT 59604 for processing. More information about the QMB issue can be found on the [CMS website](#).

*Submitted by Julia Harris
Provider Relations Manager
Conduent*

Key Contacts

**Montana Healthcare Programs
Provider Information**
<http://medicaidprovider.mt.gov/>

Conduent EDI Solutions
hacs-gcro.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
[http://dphhs.mt.gov/qad/
PC/PERMPC](http://dphhs.mt.gov/qad/PC/PERMPC)
email: KCronholm@mt.gov
(406) 444-9365

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