

# Montana Healthcare Programs

## *Claim Jumper*

Volume XXXIII, Issue 7, JULY 2018

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How can we  
better serve  
YOU?

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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](#).

### FAILURE TO SUBMIT TIMELY HOSPICE NOTICE OF ELECTION STATEMENTS

Effective July 1, 2018, the Department will begin post-payment reviews of hospice Notice of Election statement submission dates.

Hospice Notice of Election (NOE) statement form must be submitted to the Department within 5 calendar days of the start of Medicaid hospice services.

**When a hospice fails to submit the required Hospice NOE statement within five calendar days of the start of Medicaid hospice services, Medicaid will not reimburse for days of hospice care from the start of hospice services until the date the NOE is received by the Department (ARM 37.40.815).**

#### Timely Notice Example

- Medicaid patient signs the Hospice NOE statement on January 1, 2018.
- The Department receives the NOE on January 5, 2018.
- Medicaid pays for hospice care starting January 1, 2018

#### Late Notice Example

- Medicaid patient signs the Hospice NOE on January 1, 2018.
- The Department does not receive the NOE until January 8, 2018.
- Medicaid will not pay for hospice care on January 1, 2018 through January 7, 2018.
- Medicaid begins covering hospice care on January 8, 2018.

The Department may elect to waive the consequences of failure to submit a timely-filed NOE. The Department will determine if a circumstance encountered by the hospice is exceptional and qualifies for waiver of the consequence. A hospice must fully document and furnish any requested documentation to the Department for a determination of exception.

An exceptional circumstance may be due to, but is not limited to, the following:

1. Fires, floods, earthquakes, or similar unusual events that inflict extensive damage to the hospice's ability to operate;
2. A Department system issue that is beyond the control of the hospice;
3. A newly Medicaid-certified hospice that is notified of that certification after the Medicaid certification date, or which is awaiting its user ID from the Department; or
4. Other situations determined by the Department to be beyond the control of the hospice.

NOEs must be faxed to the attention of the Hospice Program Manager, (FAX: (406) 444-7743) within five days of the start of Medicaid hospice services. Hospice providers should retain verification of form submissions for their records.

*continued on page 2*

**HOSPICE** *continued from page 1*

### **Third Party Liability for BOTH Hospice and Home Health**

Effective July 1, 2018, All Hospice and Home Health providers must submit their claims to Medicare and all third parties who have a legal liability to pay before Medicaid. Please refer to Administrative Rule of Montana 37.85.407 for more information on this requirement. Denials from Medicare and third party sources must be submitted with the Medicaid .

*Submitted by Mickey Brown  
Home Health Program Manager  
Senior and Long-Term Care  
DPHHS*

### **SURS Audit Revelations**

#### **Incomplete and/or Insufficient Documentation**

The Surveillance and Utilization Review Unit (SURS) has identified an issue occurring across all providers types regarding insufficient and/or incomplete documentation in medical records. Documentation is necessary to determine the appropriate coding and billing for Medicaid services.

A proper and accurate record/documentation verifies precisely what services are provided. This includes but is not limited to the problem, symptoms or reason for the service, the intervention or the assessment of the patient's complaint, provider's exam, what was done during the visit, and how the patient responded. The records must sufficiently document and fully demonstrate the extent, nature and medical necessity of the service billed to Medicaid.

Specifically, the documentation for evaluation and management (E/M) services must adequately define the services provided and follow the CPT coding book and state guidelines in selecting the level of service.

Every record regardless of format type, must be dated and include the electronic or handwritten signature of the rendering provider. When there are multiple pages in a record, every page (including front and back) of a patient record must have identifying information for the patient. This includes at a minimum, the patients name and date of service. All records and documentation must be accurate and complete within 90 days of submitting the claim to Medicaid for processing.

Furthermore, if the code being billed is time based, the full amount of time spent with the patient or the time in and out must be present on the record/documentation. SURS encourages providers to utilize the time in and out on all records/documentation as a standard of practice. This will benefit the documentation by making it more accurate and complete.

In conclusion, it is always necessary to review all applicable laws, rules and written policies pertaining to the Montana Medicaid Program, including but not limited to Title XIX of the Social Security Act, Code of Federal Regulations (CFR), Montana Code Annotated (MCA), Administrative Rules of Montana (ARM), and written Department of Public Health and Human Services (Department) policies which includes but is not limited to policies contained in the Medicaid provider manuals, notices and claim jumpers. This is to ensure accurate Medicaid documentation and billing. Complete and accurate documentation is the key to support billing and coding practices.

[Administrative Rules of Montana ARM 37.85.414 http://mtrules.org](http://mtrules.org)

[Federal Register: Vol. 65, No. 194 / Thursday, October 5, 2000 / Notices pg. 59440 https://www.gpo.gov/fdsys/pkg/FR-2000-10-05/pdf/FR-2000-10-05.pdf](https://www.gpo.gov/fdsys/pkg/FR-2000-10-05/pdf/FR-2000-10-05.pdf)

*Submitted by Jennifer Bergmann, CPIP, CPC  
Program Integrity Compliance Specialist  
Quality Assurance Division  
DPHHS*

## Field Rep Corner

### Change to the MATH portal URL- Check your links

The URL or Link to the MATH portal has changed. The MATH Portal is used to check things such as Claim Status, Member Eligibility, and to view or download your Remittance Advices or e!Sors.

The old address had ACS in the address. **The new URL is:** <https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>,

If you are using the old link/URL you may be getting a security warning. Please use the link above and remember to save or update the URL in your web browser.

### WebEx offerings

Since March there have been monthly WebEx offerings covering Policy and program changes that have been made the past few months. These WebEX offerings are on the 3rd Thursday of the month at 2 PM. [The PDF of the past presentation PowerPoints can be found on the Training page at https://medicaidprovider.mt.gov/training#226908125-2018-webex-training](https://medicaidprovider.mt.gov/training#226908125-2018-webex-training) .

This link has PDFs for presentations from CHMB, School Based Services, AMDD, and SURS. On June 21st the WebEX will be presented by Amber Sark and be about the Passport Program. The WebEX on July 19th will be Claim Basics for Paper and Electronic and be presented by Conduent. Registration for these or any WebEX can be found on the [WebEx Registration page at https://medicaidprovider.mt.gov/webex](https://medicaidprovider.mt.gov/webex).

*Submitted by Dan Hickey  
Field Representative  
Montana Provider Relations*

## REMINDER

**The correct  
MATH Web Portal address is:**

<https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>

## Montana Healthcare Programs EHR Update

Now that we are well into 2018, please be sure to check out the [Meaningful Use Requirements for 2018 at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2018ProgramRequirementsMedicaid.html](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2018ProgramRequirementsMedicaid.html). Be sure to run monthly reports from your EHR systems to make sure you are on track to attest for program year 2018.

Another great place to get helpful information about Meaningful Use is a blog that is written by Mountain Pacific Quality Health's Patricia Kosednar. There you can find information like:

### **Providers: Medicaid Eligible Professional Changes for 2018 Reporting Year:**

- Providers can choose to report requirements for Modified Stage 2 or Stage 3 (your choice).
- You can use 2014, 2015 or a combination of 2014/2015 certified EHR technology.
- You must use 2015 or a combination of 2014/2015 certified EHR technology to report to Stage 3, 2014 certified EHR for Modified Stage 2.
- The reporting period for 2018 will be a continuous 90-day period within the 2018 calendar year.
- Along with the core measures you will need to report six clinical quality measures (it can be a different 90-day period and do not need to cross domains\*).
- 2016 was the last year a provider could begin participation in the Medicaid EHR Incentive program.

If you have not subscribed to Kosednar's Blog, it is never too late. [Find the blog at http://mpqhf.com/blog/mu/](http://mpqhf.com/blog/mu/)

Some other exciting news is that CMS is changing the name of the Electronic Health Record Incentive Programs to the [Promoting Interoperability Programs](#).

Never hesitate to contact your [State Promoting Interoperability Program Coordinator, Jessica Brown](#), by email [Jessica.Brown@mt.gov](mailto:Jessica.Brown@mt.gov) or telephone at (406) 444-6055, or visit our [Provider Outreach page at http://mt.aincentive.com/](http://mt.aincentive.com/)

Thank you and have an amazing Summer!

*Submitted by Jessica Brown  
State Promoting Interoperability Coordinator  
DPHHS*

## Inside Provider Relations

### **Provider Feedback Needed**

We are a few months into a new training format. Due to the budget constraints, Conduent was asked to find a new format to deliver provider training. The solution was the WebEx format. I wanted to take a moment this month to encourage our providers to complete the [Training Survey](#) we have on the Provider Website.

The Conduent staff will use your feedback to develop training for monthly WebEx offerings – but we can develop training for any other occasion necessary too! For example, if several dental offices in the Flathead area were struggling with the same issues, the Field Rep could work with the Program Officer to schedule a Webex to address issues. We want to know the challenge areas our providers have with navigating Medicaid. We want to know what programs and program officers you might like to hear from. We want to know what is important to you and develop training that best serves you!

So far our Webexs have been well attended and allowed us to deliver and share many of the changes that have taken place this winter and spring, all from the comfort of your office! We are looking forward to developing content for the second half of the year.

[Please take a moment to complete the survey and provide us with this valuable feedback.](#)

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

## 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.

| <b>Provider Notices</b>   |  |  |
|---|--|--|
| 05/01/2018  | Hospital Inpatient, Hospital Outpatient                              | Condition Code LARC Immediately After Delivery |
| 05/07/2018  | Chemical Dependency, FQHC, RHC                                       | AMDD Prior Authorization Numbers               |
| 05/09/2018  | Hospital Outpatient  | OPP and APC Fee Schedule Quarterly Update      |
| 05/09/2018  | Chemical Dependency, FQHC, RHC                                       | Substance Use Disorder Code Update Revised     |
| 05/18/2018  | Chemical Dependency  | SUD Utilization Management                     |
| 05/24/2018  | FQHC, RHC  | Reimbursement for LARCs                        |
| 05/30/2018  | Physicians, Mid-Levels, Hospital Inpatient, Hospital Outpatient, ASC | Panniculectomy Criteria Revised                |
| <b>Fee Schedules</b>  |  |  |
| <p>All Proposed Fee Schedules for July and October 2018 may be found at <a href="https://medicaidprovider.mt.gov/proposedfs">https://medicaidprovider.mt.gov/proposedfs</a>.</p> <p>As Fee Schedules are approved for July 2018, they will be added to the appropriate provider type pages.</p>   |  |  |
| January 2018 Revised Fee Schedules: Mid-Levels  |  |  |
| <b>Manuals Revised</b>  |  |  |
| Multiple manual revisions are expected to be released soon. Please watch your provider type page for updated manuals.   |  |  |
| <b>Other Resources</b>  |  |  |
| <ul style="list-style-type: none"> <li>• DUR-PDL Revised Agenda for May 23, 2018 (revised)</li> <li>• Sublocade Testimony added to DUR-PDL Agenda Materials</li> <li>• SURS WebEx PowerPoint (In PDF) added to the Training Page of the provider website</li> <li>• PDL Updated</li> <li>• Panniculectomy Prior Authorization Criteria Revised</li> <li>• Pharmacy Systems Announcement added to the Home Page of the provider website</li> </ul> |  |  |

| Exception                        | MAY 2018 | APRIL 2018 |
|----------------------------------|----------|------------|
| EXACT DUPLICATE                  | 1        | 3          |
| PA MISSING OR INVALID            | 2        | 1          |
| REFILL TOO SOON                  | 3        | 2          |
| RECIPIENT NOT ELIGIBLE DOS       | 4        | 5          |
| MISSING/INVALID INFORMATION      | 5        | 4          |
| PASSPORT PROVIDER NO. MISSING    | 6        | 8          |
| DRUG CONTROL CODE =2 (DENY)      | 7        | 7          |
| RATE TIMES DAYS NOT = CHARGE     | 8        | 6          |
| NDC MISSING OR INVALID           | 9        | 11         |
| SUSPECT DUPLICATE                | 10       | 23         |
| RECIPIENT COVERED BY PART B      | 11       | 9          |
| PROVIDER TYPE/PROCEDURE MISMATCH | 12       | 16         |
| DAYS SUPPLY MISSING              | 13       | 13         |
| CLAIM INDICATES TPL              | 14       | 12         |
| PROC. CODE NOT ALLOWED           | 15       | 18         |

**Provider Information**

<https://medicaidprovider.mt.gov/>  
**Conduent EDI Solutions** <http://edisolutionsmmis.portal.conduent.com/gcro>

**Provider Relations**

[MTPRHelpdesk@conduent.com](mailto: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](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

**Your Service to  
Montana Healthcare Program  
Members is appreciated!**

**THANK YOU!**