

Montana Healthcare Programs

Claim Jumper

Volume XXXIII, Issue 9, September 2018

In This Issue

PUBLICATION REMINDER —	1
INSIDE PROVIDER RELATIONS —	1
UNIVERSAL CLAIM FORM -	2
FIELD REP CORNER —	2
RECENT WEBSITE POSTS —	3
TOP 15 CLAIM DENIAL REASONS —	4
YOU ASKED - WE ANSWERED -	4
KEY CONTACTS —	6

How can we
better serve
YOU?

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](#).

Inside Provider Relations

Navigating the MATH Web Portal

Happy Fall! As we move into the school season I thought it may be helpful to provide a lesson on one of the provider's most valuable tools, the Montana Access to Health (MATH) Web Portal. The Web Portal Provides tools and resources to help healthcare providers conduct business electronically. The MATH Web Portal can be accessed through the Provider Website, with a link at the top of the menu. It offers providers a link to the online enrollment process, quick and secure way to view claim and eligibility information, download eSORs (Electronic Remittance) and upload files (Claims in X12 Format).

When you are enrolled with Montana Healthcare Programs, Web Portal access is created for you. However, in order to utilize the Web Portal, you do have to register. You should receive a second letter from Conduent that contains a submitter number and password. You will need these in order to register for the Web Portal. The access itself does not expire, but the password you set up will expire, in accordance with security regulations. An Office Administrator is established through the registration process and that individual will have local admin rights for your office. They can also add others as users with inquiry rights.

Once registered, the Web Portal home page is broken into five categories: **Inquiries**, where you can search for a variety of information including member eligibility or status of a claim.

Submissions, where you can upload files to the Web Portal, including some HIPAA compliant claims. Retrievals, download files or view your electronic Statement of Remittance (eSOR). This is extremely important if you have not signed up for 835 electronic remits. eSORs from the Web Portal or 835s are the only options available for receiving that remittance advice necessary for reconciliation of records.

Manage Users, which allows various tasks such as adding additional web portal users to your organization. If it was not done upon registration for the Web Portal, the office administrator will need to add privileges for each user before they can view certain information, like electronic statements of remittance. Keep in mind, some information is restricted based on Provider Type.

My Access, which allows options for account administration.

If you have additional questions regarding the Web Portal, please email MTPRHelpdesk@conduent.com.

Submitted by Julia Harris
Provider Relations Manager
Montana Provider Relations

New Universal Claim Form for Outpatient Pharmacy Paper Claims

The Department is eliminating the use of the MA-5 paper form, and will be utilizing a universal claim form for all future outpatient pharmacy claims. The Department still supports NCPDP X2 Version D.0 electronic transactions. If a claim must be billed on paper, the Department supports the Universal Claim Form Version 1.2 - 02/2013. Pharmacies are eligible to receive five free Universal Claim Forms per year through NCPDP. To obtain a copy, please call (480) 477-1000. If a pharmacy needs more paper forms, they can be ordered through CommuniForm LLC via phone (877) 817- 3676 or Fax at (866) 308-2036. Providers may also request online login access from CommuniForm LLC by calling (877) 817- 3676 to [order forms online by logging in at https://www.asbaces.com/NEWACES/\(S\(exhfqdwrrar3yfin0ozystqw0\)\)/storefront.aspx](https://www.asbaces.com/NEWACES/(S(exhfqdwrrar3yfin0ozystqw0))/storefront.aspx).

If you have any questions please contact the Pharmacy Program Officer at (406) 444-2738.

*Submitted by Dani Feist
Pharmacy and Home Infusion Program Officer
Allied Health Services Bureau
DPHHS*

Field Rep Corner

What Happens After An Adjustment Request Is Submitted

Adjustments can be confusing and what shows up on the remit can be almost as confusing. The call center receives questions such as “Why does the remit show more negative amounts than what was changed in the original adjustment request” or “why did you take back the other lines, those lines paid fine”

When an adjustment request is processed the entire original claim is taken back.

A way to know if your adjustment has been processed is to check on your remits. For the most part, the adjustment with the money taken back and the new claim should be on the same remit. On the remit you can check for the member information and the dates of service as the adjustment request that was sent in. An adjustment and the corrected payment will have different ICNS but have the same member information and dates of service as the original claim.

WebEx Offerings

There have been monthly WebEx trainings since March covering policy and program changes that have been made recently. These WebEX offerings are on the 3rd Thursday of the month at 2 PM The PDF of the past presentations can be found on the [Training Page](#) of the provider website.

This link has PDFs outlines of recent WebEx’s including CHMB, School Based Services, AMDD, SURS, Passport, and Claim Basics. The August WebEx has been changed to August 23, 2018 and will be MATH Portal and Provider Website Navigation. This presentation will provide tips for easier navigation of online provider resources. [Register for this WebEx at https://medicaidprovider.mt.gov/webex](https://medicaidprovider.mt.gov/webex).

Upcoming WebEx Training:

[Register for WebEx Training on the WebEx Registration Page at https://medicaidprovider.mt.gov/webex](https://medicaidprovider.mt.gov/webex).



Date	Topic
August 23, 2018	MATH Web Portal and Provider Website Navigation
September 20, 2018	TBA
October 18, 2018	TBA

*Submitted by Dan Hickey
Field Representative
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.

Provider Notices		
07/02/2018	All Providers	CLIA Claims Editing
07/03/2018	DME	CUREs Act Claims
07/05/2018	Physician, Pharmacy, Mid-Levels	Dosage Restrictions on Morphine Milligram Equivalents (MME)
07/11/2018	Nursing Facility	Nursing Facility Rates Effective July 1, 2018
07/12/2018	Assisted Living Facility	Assisted Living Rates Effective July 1, 2018
07/16/2018	Physicians, Mid-Levels	Elective Deliveries Re-Issued Notice
07/17/2018	EPSDT, Physicians, Mid-Levels, Outpatient Hospitals, CAH, FQHC, RHC, IHS	Caregiver Depression Screenings Re-Issued Notice
07/19/2018	Physicians Mid-Levels	Drugs Not Covered for MAT Members
07/24/2018	Outpatient Hospital, Physician, Nutritionist, Mid-Levels, RHC, FQHC, IHS, Public Health Clinic, CAH	Diabetes Prevention Program (DPP) Coding Change
July 2018 Fee Schedules		
72-Hour, APC, ASC, Elderly and Physically Disabled Big Sky Waiver, HCBS SDMI Medicaid Waiver, Hospice Compliant, Hospice Non-Compliant, Medicaid Mental Health Adult, MHSP, OPPS, Optician, Optometric, Private Duty Nursing, Substance Use Disorder Medicaid, Substance Use Disorder Non-Medicaid		
Forms		
Medication Assisted Treatment (MAT) Form		
Manuals Revised		
Chemical Dependency Manual, Children's Mental Health Medicaid Manual, Proposed Dental and Denturist Services Manual, Prescription Drug Manual		
Other Resources		
<ul style="list-style-type: none"> • Claim Basic WebEx PowerPoint (In PDF) added to the Training Page of the provider website • PDL Updated • New Presumptive Eligibility Training Dates • Rebateable Labelers • Provider File Update Table Revised • IHS Meeting Agenda for June 26, 2018 • IHS Medicaid Training PowerPoint (In PDF) 		

Top 15 Claim Denial Reasons

Exception	JUNE 2018	MAY 2018
EXACT DUPLICATE	1	1
PA MISSING OR INVALID	2	2
FILL TOO SOON	3	3
REFILL TOO SOON	4	3
MISSING/INVALID INFORMATION	5	5
RECIPIENT NOT ELIGIBLE DOS	6	4
DRUG CONTROL CODE =2 (DENY)	7	7
PASSPORT PROVIDER NO. MISSING	8	6
RATE TIMES DAY NOT = CHARGE	9	8
PROC. CODE NOT ALLOWED	10	14
UNITS GREATER THAN MAXIMUM	11	30
NDC MISSING OR INVALID	12	9
RECIPIENT COVERED BY PART B	13	11
DAYS SUPPLY MISSING	14	12
CLAIM INDICATES TPL	15	10

You Asked - We Answered

The Training Survey gives providers an opportunity to request training. It also provides a venue to ask questions. In this new monthly feature the Provider Relations Team will answer questions from the Training Survey responses.

Who helps patients stay current on Medicaid?

It is the Member's responsibility to stay current on 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 1-800-362- 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.

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: <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