Montana HELP Plan Administration Change

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.

If you are already enrolled as a Montana Medicaid provider, you will not need to make any changes except that you will submit claims to Conduent instead of BCBSMT and you will also no longer use the YDM portion of the member ID. This change will be reflected on each member's Access to Health ID Card. You should continue to verify eligibility using the MATH Web Portal, http://medicaidprovider.mt.gov/, before providing services to the member.

If you are not enrolled, you can become a Montana Medicaid provider by going to http://www.medicaidprovider.mt.gov/providerenrollment. If you have questions about the application or enrolling process, please call Montana 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.

Thank you for your service to Montana Healthcare Program members.

Sumitted by Rebecca Corbett
HELP Program Officer
Member Health Management Bureau
DPHHS
Billing Guidelines for Vaccines and Administration of Vaccines for FQHC/RHC

Vaccines and the administration of vaccines are not covered services in an FQHC or RHC facility and are **not separately billable**. The administration is considered part of the covered core services offered and are included within the facilities PPS rate per visit when there is a face-to-face encounter with member. The administration of vaccines is considered an incidental and not billable separately when administered by a non-core provider.

Since HMK eligible members are not entitled to the Vaccines for Children (VFC) program, providers may bill Montana Medicaid for vaccines using revenue code 636 and the vaccine procedure code. If a HMK member receives a face-to-face visit with a physician or mid-level visit, vaccines will be paid and administration fees will bundle and pay at zero. If vaccines are administered without a face-to-face physician or mid-level visit, provider may also bill for vaccine administration fees using revenue code 771 and vaccine administration procedure codes. An **immunization-only** visit does not qualify to be reimbursed the PPS rate.

Note: FQHC and RHC services must be billed either electronically or on a UB-04 claim form.

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**2018 FMAP Rate Reflect Changes to Reimbursement**

As a reminder, effective October 1, 2017 the Federal Medical Assistance Percentage (FMAP) rate will change from 65.56% to 65.38%. The FMAP used to calculate reimbursement is based on the payment date for your claims rather than the date of service.

The school-based services fee schedule is published utilizing the established RBRVS fee and the Department’s Medicaid fee. Therefore, when you are reviewing the fee schedule, you would take the published fee for schools and multiply by the appropriate FMAP rate that was in effect during the time your claim was priced within our system.

For your information, the FMAP rates are adjusted annually and coincide with the Federal Fiscal Year, from October through September. These changes are published in the Federal Register and are put into effect every October. **Historical FMAP rates can be accessed through the Federal Medicaid Assistance Website located at http://aspe.hhs.gov/health/fmap.cfm.**

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**SURES Audit Revelations**

**Evaluation and Management Services in Conjunction With Other Services**

All evaluation and management (E/M) services have “incidental” services included. When adding a modifier 25, the services must be significant, separately identifiable services. Most importantly, the documentation must adequately identify the separateness. (Healthcare Business Monthly- AAPC, pg. 24, December 2016)

Additional references where you can find information on when it is appropriate to have a separate E/M:

- American Medical Association CPT Codebook 2016
- HCPro’s Evaluation and Management Coding and Documentation Reference Guide 2014
- NCCI Medicaid 2016

*Always remember: It’s essential that all documentation support the services billed!*

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*Sumitted by Valerie St.Clair*
*Hospital Program Officer*
*DPHHS*

*Sumitted by Rena Steyaert*
*School Based Services, Optometric, and Therapies Program Officer*
*DPHHS*

*Sumitted by Brett Whitney, LPN*
*Program Integrity Compliance Specialist*
*DPHHS*
Field Rep Corner

Fall Training

The Field Reps would like to thank all those who attended our fall training events in Billings, Bozeman, and Missoula. We hope you found the information useful and beneficial in continuing to serve Montana Medicaid clients. If you were not able to make the training events, the information presented is available on the Training page of the provider website: www.medicaidprovider.mt.gov/training.

Upcoming WebEx Training

Provider Relations will be hosting WebEx's in November and December. Jennifer Tucker, Surveillance and Utilization Review (SURS) supervisor will be presenting Thursday, November 16, 2017 at 2:00 pm. Amber Sark, Passport to Health program officer, will be presenting on Wednesday, December 20, 2017 at 2:00 pm. Registration is now available on the website www.medicaidprovider.mt.gov/webex.

Provider Suggestions Needed

We are looking for suggestions from providers for topics that you would like to see presented at our trainings. Please email suggestions to MTPRHelpdesk@conduent.com with the subject “Training Idea” or provide suggestions through a short Training Survey at www.medicaidprovider.mt.gov/trainingsurvey. Your feedback is greatly appreciated.

Submitted by Jason Armstrong
Field Representative Montana
Provider Relations

Training Survey

Let Us Know
what WebEx training you would like, what questions you would like answered in the Claim Jumper, and/or what information you need at the 2018 Spring Provider Fair!

medicaidprovider.mt.gov/trainingsurvey
Nurse First

Nurse First: Good Prenatal Care Gives Babies a Fighting Chance

According to the March of Dimes, in 2016, the statistics of premature babies being born in the U.S. rose for the first time in the last eight years. That’s a stride in the wrong direction, and the caution lights are on for kids just emerging into the world—or trying to do so: premature birth is the leading cause of death for American babies.

For babies with the less-than 37-week gestation period who do survive, their health can be seriously compromised, not only at birth, but during their lifetime, from neurological conditions like autism and cerebral palsy, to serious breathing and chronic inflammatory lung problems like asthma and bronchopulmonary dysplasia (BPD). Premature babies, whose immune systems are not fully formed, are vulnerable to infections like pneumonia and meningitis (an infection of the brain). They can also be prone to losing their hearing or developing eye disease, including retinopathy of prematurity (ROP), and loss of eyesight entirely. Dental problems that can affect teeth color, growth, or position can follow, as can longtime learning disabilities. Emotional stress is coupled with financial worry.

One of the reasons that a good prenatal healthcare care regimen is so important, is to help ensure that pregnant mothers can carry their babies to at least a 40-week term with all of the health advantages and preventives in place, from adequate rest and/or an approved amount of exercise, to proper nutrition. Regular prenatal check-ups are the blueprint for both mother and baby; a time when positive lifestyle choices like eating right, and maintaining a healthy weight are encouraged, and lifestyle “don’ts” like alcohol, recreational drugs, and smoking are not. Over-the-counter drug or vitamin interaction is reviewed with their OB-gyn doctor, and everything from allergies to vaccines are discussed.

It’s crucial for doctors and pregnant patients to review family and personal medical history along with lifestyle habits to provide a full picture of potential risk factors of pre-term labor and premature birth. Factors that may impact can include: Having a family history of premature birth; being underweight or overweight before pregnancy; or getting pregnant again too soon after a prior birth (waiting at least 18 months is recommended). Genetic connective tissue disorders, like Ehlers-Danlos syndrome or EDS, can weaken blood vessel walls, joints, and the skin; the more severe vascular EDS can cause the walls of blood vessels, intestines, or the uterus to rupture. Both can be passed from parent to child. Diabetes, high blood pressure, and depression can also have bearing.

So how is Montana doing? The pre-term birth rate in Montana was 8.4 percent in 2015, lower than the national average pre-term birth rate of 9.6 percent, according to final data from the National Center for Health Statistics (NCHS). The March of Dimes’ Prematurity Campaign compared the 2015 pre-term birth rates in a state or locality to the organization’s goal of 8.1 percent by 2020. Montana, who came in at 8.4 percent on the pre-term rate scale with an

Continued on page 5
Recently Published Medicaid Information 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

<table>
<thead>
<tr>
<th>Date</th>
<th>Notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/14/2017</td>
<td>Pharmacy NCPDP Payer Sheet</td>
</tr>
<tr>
<td>09/19/2017</td>
<td>Outpatient Hospitals, FQHC, RHC Individual Adjustment Request on Split Claims (Revised)</td>
</tr>
<tr>
<td>09/19/2017</td>
<td>School Based Services 2018 FMAP Rate Reflect Changes to Reimbursement</td>
</tr>
<tr>
<td>09/22/2017</td>
<td>Pharmacy, Physicians, Mid-Levels Medication Authorization Changes - Revised</td>
</tr>
<tr>
<td>09/25/2017</td>
<td>RHC, FQHC, Physicians, Mid-Levels, Family Planning, Public Health Clinics, Outpatient Hospital Out of State Vaccine Administration Code Update</td>
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</tbody>
</table>

### Fee Schedules

- School Based Services (Effective 10/1/2017, Cover Sheet Only)
- ASC (Effective 10/1/2017)

### Manuals Revised

- General Manual, Home Infusion, Mental Health Services-Adult, Prescription Drug, RHC/FQHC

### Other Resources

- Link added to Dentist page for Baby and Child Dentistry Certification
- NCPDP Payer Sheet revised on the Pharmacy page
- DURB Meeting Agenda
- IHS - September 2017 Agenda posted
- IHS - SURS Training materials posted
- PDL revised

### Nurse First (Continued from Page 4)

rate scale with an overall “B” grade in the 2016 Premature Birth Report Card, still has a little ways to go, although its' progress is quite promising: It was one of only seven states in 2017 to receive the March of Dimes Virginia Apgar Prematurity Leadership Award for reducing the state’s pre-term birth rate by 16.8 percent between the baseline years from 2010 to 2015.

According to March of Dimes, during the past five years, 161 fewer babies were born pre-term in Montana, at a potential savings of more than $10.6 million in health care costs. (About 12,000 babies are born in Montana annually, with nearly 45% on average paid for by Medicaid.)

Beginning on July 1, 2014, all Montana hospitals that perform deliveries were required to have a strict policy on “non-medically necessary” early inductions and cesarean sections. Montana’s Department of Health and Human Services (DPHHS) worked closely with local facilities in support. Effective October 1, 2014, Montana’s Department of Health and Human Services (DPHHS) instituted a reduction in reimbursement for non-medically-necessary elective deliveries, which served to help lower Montana’s overall prematurity rate.

It’s estimated that approximately 380,000 babies are born prematurely each year in the U.S.— compared with 15 million worldwide. Some risk factors you can't change, and nothing absolutely guarantees that a premature birth won't occur. But pregnant mothers who take good care of themselves prenatally, might just give their babies a fighting chance to be healthy as well.

Nurse First is a confidential, 24/7, year-round advice line staffed by licensed, registered nurses. It provides Medicaid members with current recommendations from the Centers for Disease Control and Prevention (CDC) and the American Congress of Obstetricians and Gynecologists (ACOG). Patients can call 1 (800) 330-7847 or visit [http://dphhs.mt.gov/MontanaHealthcarePrograms/NurseFirst.aspx](http://dphhs.mt.gov/MontanaHealthcarePrograms/NurseFirst.aspx) under “Would you like more Montana Health and Wellness Information?”

Submitted by Jennifer Rieden Member Health Services Bureau Chief DPHHS
Top 15 Claim Denial Reasons

<table>
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<tr>
<th>Exception</th>
<th>September 2017</th>
<th>August 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXACT DUPLICATE</td>
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<td>PA MISSING OR INVALID</td>
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<tr>
<td>REFILL TOO SOON</td>
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<tr>
<td>RECIPIENT NOT ELIGIBLE DOS</td>
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<td>RATE TIME DAYS NOT = CHARGE</td>
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<tr>
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<tr>
<td>MISSING/INVALID INFORMATION</td>
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<td>6</td>
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<tr>
<td>DRUG CONTROL CODE = 2 (DENY)</td>
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<td>CLAIM INDICATES TPL</td>
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<tr>
<td>DAYS SUPPLY MISSING</td>
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<td>12</td>
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<tr>
<td>SLMB OR QI-1 ELIGIBILITY ONLY</td>
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<td>13</td>
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<tr>
<td>PROC. FACT. CODE=4(NOT ALLOW)</td>
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Inside Provider Relations

Know Your Terminology

When it comes to Electronic Billing there are some terms that are in common usage that cause some confusion while you are contacting our call center representatives. Knowing the difference between these will help you save time when you reach out to our call center.

The terms that are the most important to know, is the difference between a “rejected” claim and a “denied” claim. If you are speaking to a call rep and you use the term “rejected” you can expect to receive a series of questions to establish when the claim was submitted electronically, what the submitter ID that the claim was submitted to, and so forth. The reason for this is the terminology. A “rejected” claim is one that was submitted electronically, but had certain segments of information that make it unable to be processed due to the computer program being able to assign the claim to a specific file. A “denied” claim is one that made it into our systems for processing, but has an issue that causes the claim to be unpayable. Typically this is something like a missing prior authorization or an incorrect procedure code that cause Medicaid to not pay the claim.

Keep this in mind, if you are calling about a claim that was submitted but is missing, then you should be asking about a “rejection”. If you are calling about a claim that was not paid per your statement of remittance, then you will know to ask about a “denied” claim.

Knowing how these terms are used will save you time and confusion when calling into the Provider Relations call center.

Submitted by Ross Barnes
EDI Specialist
Montana Provider Relations