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Have Feedback?  
Have Questions?

Take The Survey!

## Upcoming Training

FQHC/RHC  
November 21, 2019

Audiology/Hearing Aids  
December 19, 2019

Register Now

## Inside Provider Relations

### For Businesses Buying/Selling an NPI, NCPDP number, and/or Changing Ownership

Any change in business ownership may require updated ownership and tax information prior to being active as a Montana Healthcare Programs provider. Please contact Provider Relations (800) 624-3958 or [email: MTenrollment@conduent.com](mailto:MTenrollment@conduent.com) 60 days prior to the active date.

The intent is to protect Montana providers from claim denials or duplicate submissions. There may also be critical tax implications if claims are paid to the incorrect provider. The following general guidelines are here to help you navigate through the enrollment process.

### Purchasing NPI - If your business is purchasing an active NPI enrolled with Montana Healthcare Programs

- A new application will be required if tax ID information is changing.
- Claims cannot be processed until the enrollment is complete.
- All information on the National Plan & Provider Enumeration System (NPPES) will need to be updated prior to enrollment application submission. This information can be accessed at <https://nppes.cms.hhs.gov/#/>
- Some provider types require state approvals including mandatory site visits which will add to the processing time.

### Selling NPI - If you are selling your NPI to either an active or inactive Montana Healthcare Programs Provider

- Notify Provider Relations in writing 30 days prior to the date of the sale.
- After the sale is complete, claims must not be submitted with the old provider information.
- Please contact Provider Relations at (800) 624-3958 or [email: MTenrollment@conduent.com](mailto:MTenrollment@conduent.com) to help facilitate the transition.

### Pharmacy Specific Requirements - Pharmacy business changes can be critical due to the high-volume nature of pharmacy claims. The following should be updated prior to enrolling.

- NCPDP number needs to be current. If purchasing a NCPDP number, the purchase agreement documentation will need to be made available to Provider Relations.
- DEA number needs to be updated.

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**Changing ownership - Transition between Individual and Organization owners**

- The same rules apply if transitioning between individuals and organizational ownership. Because tax information is changing, a new application will need to be submitted.
- Please contact Provider Relations to help facilitate the change.

*Submitted by Randy Fontaine  
Provider Relations Manager  
Montana Provider Relations*

## Field Rep Corner

### Enrollment Tips

- Review our three types of enrollments to ensure you are selecting the correct application for your needs.
- Ensure all provider/facility information is up to date before submitting the application. Delays can be caused by taxonomies not matching NPPEs, name on application doesn't match the name on the license, the wrong NPI is listed on the application, etc.
- Ensure that all supplemental documents are submitted with the application reference number within 90 days of submitting the on-line application. These documents can be faxed or mailed in. An email will be sent to the email address on the application once the documents have been added to the file. Please note, applications cannot be processed until all supplemental documents are received.
- Don't send in unnecessary documents. For example, submitting an EFT form or W-9 form for a Rendering Only and Abbreviated provider application. Group documentation when application is for an individual.
- Do not remove the email address used to create the application. You can add additional emails. Please make sure your email address is a business/professional email address. The original email address is where all communication from the Enrollment Team will go.
- If you list the board certification and CLIA license on the application, please send in the hard copy in the supplemental documents.
- Contact the Provider Relations Call Center at 1800-624-3958 Opt. 7, Opt. 4 or [email MTEnrollment@conduent.com](mailto:MTEnrollment@conduent.com) if you have any questions about your application.

*Submitted by Deb Braga  
Field Representative  
Montana Provider Relations*

## SURS Audit Revelations

For Durable Medical Equipment (DME) providers, suppliers are required to maintain Proof of Delivery (POD) documentation in their files. Regardless of the method of delivery, the POD documentation ensures the item(s) delivered are the same as the item submitted for Medicaid reimbursement. It also ensures the supply was received by the Montana Healthcare Programs member. Suppliers, employees, or delivery persons are prohibited from signing and accepting the delivery on behalf of the member. Suppliers should also have on file, documentation containing a description of the item delivered and must be noted on the POD. DME supplies must be billed using the date of service the member receives the item unless the supplier utilizes a shipping service or mail order. For more guidance on what is required in the POD and shipping, please see Chapters 3 and 4 of the [Medicare Supplier Manual](https://med.noridianmedicare.com/web/jddme/education/supplier-manual) at:

<https://med.noridianmedicare.com/web/jddme/education/supplier-manual>.

Providers must retain the original prescription or order, the supporting medical need documentation, and proof of delivery in their records. For additional documentation requirements, see the [Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies \(DMEPOS\) manual](https://medicaidprovider.mt.gov/manuals) at <https://medicaidprovider.mt.gov/manuals>.

*Submitted by* Sandy Snyder  
Program Integrity Compliance Specialist  
Quality Assurance Division  
DPHHS

## Top 15 Denial Reasons

Claim Denial Reason	September 2019	August 2019
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
PA MISSING OR INVALID	3	4
MISSING/INVALID INFORMATION	4	3
RATE TIMES DAYS NOT = CHARGE	5	6
DRUG CONTROL CODE = 2 (DENY)	6	5
PASSPORT PROVIDER NO. MISSING	7	7
PROC. CONTROL CODE = 01	8	8
RECIPIENT COVERED BY PART B	9	10
DAYS SUPPLY MISSING	10	12
NDC MISSING OR INVALID	11	11
SLMB OR QI-1 ELIGIBILITY ONLY	12	9
CLAIM INDICATES TPL	13	14
PROVIDER TYPE/PROCEDURE MISMAT	14	16
PROC. CODE NOT ALLOWED	15	20

## 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
09/27/2019	Hospital Inpatient	Reimbursement Rate Change
10/01/2019	All Providers	Chronic Care Coordinated Care Codes
10/04/2019	FQHC, IHS, RHC	Peer Support Services
10/10/2019	Chemical Dependency	Continued Stay Requirements for Substance Use Disorder (SUD) Intensive Out Patient Services (ASAM 2.1) Adult And Adolescent Are Temporarily On Hold Until Further Notice

### Manuals

Dental Services Manual
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### Fee Schedules

#### New Fee Schedules

October 2019: Adult Mental Health, ASC, Dental Services, Medicaid SUD, Mid-Levels, Non-Medicaid SUD, Oral Surgeon, Public Health, Physician, Psychiatrist, School-Based Services

July 2019 : APC (coversheet only), IHS, OPSS (coversheet only)

#### Revised Fee Schedules

October 2019

#### Proposed Fee Schedules

October 2019: HCBS for Adults With SDMI Fee Schedule, Physically Disabled HCBS Waiver Service Fee Schedule

### Forms

PA Form for Suboxone Films for Medication Assisted Therapy Revised
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### Other Resources

- Online Training PowerPoint
  - CSCT
- Quarterly Rebateable Labelers
- Provider Website
  - Enrollment, FAQs, and Provider File Update pages amended to include Requirements for Business Purchases
- Pharmacy
  - PDL Updated

## Provider Address Correction Form

Provider Relations is in the process of updating the [Provider Address Correction Form](#). Recently Provider Relations has seen a significant number of requests with incomplete information. Provider Relations will reach out if there is an issue. However, to quickly and efficiently get your address updated, please make sure to include all of the requested information.

The following are the form questions which most frequently needs correction and how you can prevent address update delays:

- Include your email address on the form so Provider Relations can contact you if there are concerns with the request.
- If the pay-to address is changing, the request **must** include a completed and signed W-9 form.
- If you have multiple addresses that are changing under one NPI, please contact Provider Relations to assist you with the Provider Address Correction Form.
- If the address change is related to a sale or purchase, please review the guidelines on the [provider enrollment page of the provider website](#).

Provider Relations is available to assist, Please contact us if you have any questions (800) 624-3958.

*We are Thankful*

For your dedicated service to  
Montana Healthcare Programs  
Members

## Key Contacts

Montana Healthcare Programs

### Provider Relations

General Email: [MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com)  
Enrollment Email: [MTEnrollment@conduent.com](mailto:MTEnrollment@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: [KCrohlm@mt.gov](mailto:KCrohlm@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