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Have Feedback?
Have Questions?

Take The Survey!

Upcoming Training

Audiology/Hearing Aids
December 19, 2019

Updates for Provider
Services for Members

January 16, 2020

Register Now

Montana's Promoting Interoperability Program

Montana's Promoting Interoperability Program-PIP (formally known as the EHR Program) is planning to open Program Year 2019 on January 1, 2020 and close on March 31, 2020. These dates are not yet confirmed so please watch for an email to be sent out in early December with the exact dates. Below is a list of some significant changes to submission expectations and required documentation for the submission of your Program Year Attestations. As we move into Stage 3 of participation in the program the use of EHR System is held to the highest standards. Providers are expected to meet these measurements set forth by CMS. It is very important that you know and understand these objectives and measures as it is your responsibility to make sure you have met them. Here is a link to CMS's website where you can find specific information on the rules and requirements for PY2019. [CMS-2019 Program Requirements Medicaid](#). Also, you may find updated information on the [MT Provider Outreach Page](#).

What to Expect for Program Year 2019?

- Eligible Professionals can continue through 2021 if they have previously attested at least once in any program year prior to and including 2016.
- All participants must attest to Meaningful Use Stage 3.
- Beginning with program year 2019, EPs must use 2015 Edition certified EHR technology. The 2015 Edition functionality must be in place by the first day of the EHR reporting period and the product must be certified to the 2015 Edition criteria by the last day of the EHR reporting period. The EP must be using the 2015 Edition functionality for the full EHR reporting period. In many situations the product may be deployed but pending certification. As long as the certification is received by the last day of the reporting period, the EP will be able to meet the Stage 3 objectives and measures. EHR reporting period for Medicaid EPs and EHs is a minimum of any continuous 90-day period.
- Medicaid EPs who are returning participants must report on a one-year eCQM reporting period, and first-time meaningful users must report on a 90-day eCQM reporting period.

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- EPs are required to report on at least one outcome measure. If no outcome measures are relevant to that EP, they must report on at least one high-priority measure. If there are no outcome or high priority measures relevant to an EP's scope of practice, they must report on any six relevant measures.
- Unlike in previous years, there are no alternate exclusions or specifications available.
- Security Risk Assessment must be conducted by both EHs and EPs during Calendar Year 2019.
- Broadband Access Exclusion: CMS offers broadband access exclusions for three meaningful use objectives: Patient Electronic Access to Health Information, Coordination of Care through Patient Engagement, and Health Information Exchange. According to the Federal Communications Commission's (FCC) most current map, all counties in Montana are listed as having 50 percent or more of its housing units with 4Mbps broadband available. Therefore, no providers are eligible to take the broadband exclusion for either of these objectives.
- The following documentation must be uploaded to the Montana State Level Registry (SLR) for EP Program Year 2019:
 - Copy of Contract with EHR Vendor (if contract is not current upload a current invoice)
 - Copy of Security Risk Assessment
 - Full Meaningful Use Summary Report (All MU objectives/measures and all CQMs) or Supporting Documentation (screen shots or EHR report with PHI removed)
 - Letter from the Public Health Agency (or statement/reason for exclusion- "We don't give immunization due to provider type. We are Dentists.")
 - Signed and Dated Program Year 2019 Attestation

*Submitted by Jessica Brown
EHR PIP Coordinator
DPHHS*

We Appreciate

**All Of Your Daily Efforts in 2019 To Serve Montana
Healthcare Programs Members. If you have suggestions or
ideas that could make us more helpful to you in 2020,
please complete our short survey at
<https://medicaidprovider.mt.gov/survey>.**

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
10/21/2019	Pharmacy	Pharmacy Provider License Renewal Reminder

Fee Schedules

New Fee Schedules
October 2019: APC, OPSS
July 2019 : APC (coversheet only), IHS, OPSS (coversheet only)
Revised Fee Schedules
October 2019: APR-DRG,
July 2019:Laboratory Services, Mid-Levels, Physician, OPSS

Other Resources

- 2018-2019 Medicaid Statistics
- Online Training PowerPoint
 - Optometric/Eyeglasses
- Pharmacy
 - DUR B Agenda October 20, 2019
 - DUR B Minutes September 25, 2019

Top 15 Claim Denial Reasons

Claim Denial Reason	October 2019	September 2019
EXACT DUPLICATE	1	2
RECIPIENT NOT ELIGIBLE DOS	2	1
RATE TIMES DAYS NOT = CHARGE	3	5
MISSING/INVALID INFORMATION	4	4
PA MISSING OR INVALID	5	3
DRUG CONTROL CODE = 2 (DENY)	6	6
PASSPORT PROVIDER NO. MISSING	7	7
PROC. CODE NOT COVERED	8	8
NDC MISSING OR INVALID	9	11
RECIPIENT COVERED BY PART B	10	9
DAYS SUPPLY MISSING	11	10
PROCEDURE/AGE MISMATCH	12	19
SLMB OR QI-1 ELIGIBILITY ONLY	13	12
CLAIM INDICATES TPL	14	13
CLAIM DATE PAST FILING LIMIT	15	18

Field Rep Corner

2019 Provider Training

Provider Relations will be conducting our last online training of 2019 on December 19, 2019. The presentation will be for Audiology and Hearing Aid Providers and will be offered by Aleasha Horn, the DME, Audiology & Hearing Aids Program Officer. There is still time to register if you would like to join this training. Please visit the [Registration Page](#) to sign up.

2020 Provider Training

Provider Relations is developing next year's online training schedule. In addition to the training topics provided by Program Officers from the DPHHS, Provider Relations staff will be conducting several training sessions on multiple topics throughout the year. Stay tuned to our website for the announcement of the training topics for the first quarter.

As a reminder, online trainings are conducted on the third Thursday of each month from 2PM to 3PM. The first topic of the year will be ***Updates to Provider Services for Members***. Randy Fontaine, Provider Relations Manager will be the presenter.

On behalf of the Provider Relations Team, have a happy and safe holiday season and thank you for the services you provide to our members each and every day.

*Submitted by Deb Braga
Field Representative
Montana Provider Relations*

Just a Reminder:

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

If you are buying or selling your business, 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. This includes Purchasing an NPI, Selling an NPI, Changing Ownership, or Pharmacy business Changes.

Providers may locate detailed information about business ownership changes on the [Enrollment Page](#) of the provider website.

General Guidelines for Passport Referrals

If a member is enrolled in Passport to Health, most medically necessary services must be provided or approved by the member's Passport provider. Passport referrals can be made verbally or in writing. All providers are required to keep a record of all Passport referrals given or received in the member's record, a spreadsheet, or other record. The parameters of the referral are established by the Passport provider which may be a one-time visit, a time specific period, or the duration of a condition. If a time parameter is not specified, the referral is only valid for one date of service. Providers should obtain a Passport referral in advance specific to a member, services, and date(s). Blanket referrals for any service, any time span, or any member are not allowed.

It is acceptable for a Passport provider to deny referral if the member is able to see their Passport provider. Referrals may not be refused because the member has not established care.

Once a Passport provider gives a referral, the referred to provider must coordinate with the Passport provider any additional referrals the member needs to other providers. The same guideline applies if the member visits an ER and the ER provide would like to refer the member to another provider.

Providers receiving referrals may not use a Passport approval number without authorization. Doing so is considered fraud and any payment made could be recouped. Passport approval numbers may not be stored by referred to providers.

Members who are eligible for IHS do not need a referral from their Passport provider to obtain services from an IHS or Urban Indian Health (Urban) clinic. If the IHS or Urban refers the member to another provider, the IHS or Urban will provide their NPI as the referral for the claim and the referred-to provider will not need to get a separate referral from the member's Passport provider.

Questions about Passport referrals can be directed to the Passport Analyst at (406) 457-9542.

*Submitted by Jennifer Stirling
Passport Analyst
Montana Provider Relations*

Key Contacts

Montana Healthcare Programs

Provider Relations

General Email: MTPRHelpdesk@conduent.com
Enrollment Email: MTErollment@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: KCroholm@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