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Have Feedback?  
Have Questions?

**Take The Survey!**

## Upcoming Training

Updates for Provider Services for Members  
**January 16, 2020**

W-9/1099-MISC Fiscal  
**February 20, 2019**

Billing 101  
**March 19, 2019**

**Register Now**

## Elimination of Co-Payment

**Effective January 1, 2020**, all claims paid will no longer post a copayment amount. This change applies to any covered service under Montana Medicaid or Medicaid Expansion.

### Individual and Mass Adjustment Requests

For claims paid in 2019 and adjusted in 2020, no copayment will be assessed. The elimination of copayment applies to all claims paid on or after January 1, 2020. Therefore, a refund may be due to the member if copayment was assessed and collected. It is the providers responsibility to refund members.

### Medicaid Expansion Premiums

This change **does not** affect premium responsibilities for those members who owe premiums.

### HMK Benefit

Those individuals receiving Healthy Montana Kids benefits will still be required to pay a copayment.

### Adult Dental Benefit

The \$1,125 dental treatment services cap for Adult members with Standard Medicaid Benefits has not changed. Covered anesthesia, dentures, diagnostic and preventative services do not count toward the dental treatment cap. It is important to note children age 0-20 and adults determined categorically eligible for Aged, Blind, and Disabled Medicaid are not subject to the \$1,125 annual dental treatment limit.

Adult members are responsible to pay for non-covered dental services and any dental treatment services received above the annual \$1,125 limit.

**Please contact your program officer if you have any additional questions.**

*Submitted by Valerie St. Clair  
Hospitals Program Officer  
DPHHS*

## SURS Audit Revelations

### MEDICAID/MEDICARE EXCLUDED INDIVIDUALS

Providers need to be aware that employing individuals who have been excluded by the Federal or State government agencies, can result in monetary recoveries. A person who has been terminated for cause and placed on an exclusion list either Federal or State level is not able to participate in any program that receives federal funding (42 CFR 1002.6). At a state level the provider is subject to recoupment of the total amount paid from the Medicare and Medicaid program for the entire time the employee was on an exclusion and working for the provider (42 CFR 1003). If an individual is excluded in one state and they move to a different state, by Code of Federal Regulations (42 CFR 456.416) the new state is required to terminate or not allow enrollment of the excluded individual. Fortunately, to help avoid these situations there are several resources in place for providers to reference.

At the federal level, the Office of the Inspector General provides the [List of Excluded Individuals/Entities](http://exclusions.oig.hhs.gov) at <http://exclusions.oig.hhs.gov>. The System for Award Management (SAM), is a database of excluded individuals that is administered by the General Services Administration found at <https://www.sam.gov>. These websites will provide information regarding any federally excluded individual and actions against them. For state agencies, the Montana Department of Labor and Industry maintains the [Licensee Lookup System](http://app.mt.gov/lookup/index) <http://app.mt.gov/lookup/index> where information on licensed individuals can be referenced to ensure they have an active Montana license. The Montana specific list of excluded individuals is located at: <https://dphhs.mt.gov/montanahealthcareprograms/terminatedexcludedproviders>.

Additional related information: Administrative Rules of Montana (ARM) 37.85.507 and Code of Federal Regulations: 42 CFR 1001.1001, 42 CFR 1001.1801, 42 CFR 1001.1901, 42 CFR 1001.2005, 42 CFR 1001.2006, 42 CFR 1001.3001 and 42 CFR 455.106.

Remember, it is the Medicaid provider's responsibility to be aware of the rules and regulations that govern your provider type, as well as policies and covered services. ARM 37.85.402 .

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#### ***Quick Links for verifying if an employee has been excluded by Federal or State Government Agencies:***

##### **Federal:**

Office of Inspector General - List of Excluded Individuals: <http://exclusions.oig.hhs.gov>  
SAM - Database of Excluded Individuals: <https://www.sam.gov>

##### **State of Montana:**

DPHHS - Terminated and Excluded Providers:  
<https://dphhs.mt.gov/montanahealthcareprograms/terminatedexcludedproviders>

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## FFY 2019 PERM Medical Review Findings

The FFY 2017 Payment Error Rate Measurement (PERM) audit results have been released by CMS. Montana's FFY 2017 audit resulted in Medical Record Review Errors. The nature of the errors includes:

- Providers not responding to the request for records for the PERM review.
- Providers not submitting all required documentation to support the billed claim.
- Providers billing for incorrect number of units for a particular procedure or revenue code.
- Providers submitting records that required a signature and/or credentials but were not present on the documentation submitted.

Providers that were reviewed and found in error will be receiving overpayment letters. As a reminder, providers are encouraged to respond to the PERM requests for medical records and to review their claims for accuracy.

Montana's current PERM cycle began in July 2019. Selected providers may expect to receive medical record requests beginning mid-2020. CMS will be hosting Provider Educational Webinars that will explain what providers should expect during the audit process and give providers an opportunity to ask questions. These will be available spring of next year, notifications of the scheduled training will be provided in future Claim Jumper articles. The State PERM liaison will be offering a Provider Training in June 2020 to explain the PERM process and how to respond to PERM's medical record requests. Providers may also visit the [CMS PERM Provider website](#) to become familiar with the entire PERM process.

DPHHS would like to thank providers for their responses to PERM and for the wonderful work you do.

*Submitted by Krista Cronholm,  
Program Specialist  
DPHHS Quality Assurance Division*

### Top 15 Claim Denial Reasons

Claim Denial Reason	November 2019	October 2019
RECIPIENT NOT ELIGIBLE DOS	1	2
EXACT DUPLICATE	2	1
PA MISSING OR INVALID	3	5
MISSING/INVALID INFORMATION	4	4
RATE TIMES DAYS NOT = CHARGE	5	3
DRUG CONTROL CODE = 2 (DENY)	6	6
PASSPORT PROVIDER NO. MISSING	7	7
PROC. CODE NOT COVERED	8	8
RECIPIENT COVERED BY PART B	9	10
DAYS SUPPLY MISSING	10	11
NDC MISSING OR INVALID	11	9
SLMB OR QI-1 ELIGIBILITY ONLY	12	13
CLAIM INDICATES TPL	13	14
PROC. CODE NOT ALLOWED	14	21
SUSPECT DUPLICATE	15	24

## Field Rep Corner

### Happy New Year 2020

Thank you for all the services you offer to Montana Healthcare Program Members. The beginning of the year is a good time to review the resources and support we have available to assist you.

#### **[The Provider Website - https://medicaidprovider.mt.gov/](https://medicaidprovider.mt.gov/)**

On our website you will find announcements, reminders, available training, manuals, fee schedules, provider notices, forms and much more.

#### **[New Staff and Providers Page - https://medicaidprovider.mt.gov/newproviders](https://medicaidprovider.mt.gov/newproviders)**

This section of the website provides eight easy steps to get new billing staff and providers up to speed. It is also a great reminder for all staff for deadlines and frequently updated resources.

#### **[Online Training Page- Register at https://medicaidprovider.mt.gov/registration](https://medicaidprovider.mt.gov/registration)**

From the Home page of our website; this link will take you to the monthly WebEx trainings available for providers to attend. WebEx training is conducted on the Third Thursday of every month at 2:00PM MST. Here is what we have to offer for the first quarter:

- **Updates for Provider Services for Members – Elimination of Co-Payments**  
Presented by Randy Fontaine, Provider Relations Manager, January 16, 2020 at 2pm MST (1 hour)
- **W-9/1099-MISC Training**  
Presented by Jessica Brown, Accounting Technician, Fiscal Department, February 20, 2020 at 2pm MST (1 hour)
- **Billing 101**  
Presented by Deb Braga, Field Rep, Provider Relations, March 19, 2020 at 2pm MST (2 hours)

Later in the year training will cover SURS (Surveillance and Utilization Review), Hospitals, Mental Health, Nursing Homes, and Web Navigation. The dates for these trainings will be announced on the Home page. If you have a suggestion on a topic or area you would like us to consider for upcoming trainings, please let us know by completing a [short survey](#).

### Email Services

#### **[General Questions - MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com)**

The Provider Relations department can be contacted for general questions any time via our helpdesk email. This email cannot accept secured emails and does not accept Enrollment supplementals. You may also contact the Field Rep or Call Center Leadership with questions through this email.

#### **[Enrollment Questions - MTEnrollment@conduent.com](mailto:MTEnrollment@conduent.com)**

The Enrollment department can be contacted for general enrollment questions any time via our enrollment email. This email cannot accept secured emails and does not accept Enrollment supplementals.

*Submitted by Deb Braga*

*Field Rep*

*Montana Provider Relations*

## 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
11/13/2019	DME, EPSDT, IHS/Tribal 638	Daily Supply Kit by Day for Enteral Feeding (B4034, B4035, B4036)
11/14/2019	Physician, Hospital Inpatient, Hospital Outpatient, FQHC, RHC, ASC, Mid-Levels	Circumcision Prior Authorization Changes
11/14/2019	CAH, Hospital Inpatient, Hospital Outpatient, Mid-Levels, Pharmacy	Prior Authorization Criteria for Synagis®
11/14/2019	CPC+, FQHC, Hospital Inpatient, Hospital Outpatient, Mid-Levels, PCMH, Physician Psychiatrist, RHC	Chronic Care Codes Revised
11/18/2019	Home & Community Based Waivers, Mental Health Centers, Out-Of-State Hospital Inpatient, PRTF, State-Approved SUD Therapeutic Group Homes	New UR Introduction and Training Information
11/18/2019	All Providers	HCPS Modifiers – XE, XP,XS, XU
11/22/2019	Hospital Inpatient, Hospital Outpatient, EPSDT, Private Duty Nursing, DME, Mid-Levels, Physician, Home Health Agencies, Ambulance	New Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Review and Process through Qualitrac Portal
12/04/2019	Pharmacy, Mid-Levels, Physicians, IHS/Tribal 638	Dosage Restrictions for all Opioids based on Morphine Milligram Equivalents (MME)
12/06/2019	Home & Community Based Waivers, Mental Health Centers, Out of State Hospital Inpatient, PRTF, State-Approved SUD, Therapeutic Group Homes	New UR Implementation Date and Provider Portal Training
12/10/2019	State Approved Substance Use Disorder Programs	DLA-20 for Intensive Outpatient Treatment (IOP) Programs
2/16/2019	Pharmacy	Guidance for Pharmacies Billing Prescriptions for Members in Psychiatric Residential Treatment Facilities (PRTF)

Recent Website Posts Continued from page 5

**Manuals**

General Manual

**Fee Schedules**Proposed October 2019:  
Hospice Compliant, Hospice Non-Compliant**Forms**

EPSDT Prior Authorization Form,

**Fee Schedules**Proposed October 2019:  
Hospice Compliant, Hospice Non-Compliant**Other Resources Posted**

- Online Training FQHC/RHC PowerPoint
- Updated APR-DRG FAQs
- Passport Page
  - New PCCM Member Disenrollment Form & Instructions
- Pharmacy DUR
  - DUR Minutes September 25, 2019
  - DUR Minutes October 30, 2019
- December 2019 PDL

**Registered for 2020 Updates!**

Online – 1 Hour Trainings – Get Questions Answered

**Updates for Provider Services for Members - Elimination of Co-Payments****January 16, 2020 at 2pm****Presented by Randy Fontaine  
Montana Provider Relations Manager****W-9/1099-MISC Fiscal February 20,2020****Presented by Jessica Brown Accounting  
Technician DPHHS Fiscal Department****Register for these important trainings on the  
Training Registration Page****Key Contacts****Montana Healthcare Programs  
Provider Relations**

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