

Claim Jumper

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Have Feedback?
Have Questions?

Take The Survey!

Upcoming Training

Billing 101
March 19, 2020

Hospitals
April 16, 2020

SURS Training
May 21, 2020

PERM
June 18, 2020

Register Now

Medical Billers Are Important

The American Medical Billing Association has declared March 26, 2020 National Medical Billers Day. At Conduent, the fiscal agent for Montana Healthcare Programs, we recognize the dedication and hard work billers commit to serving both their employers and Montana Healthcare programs.

Montana Healthcare Programs and Conduent recognize the role billers play in freeing physicians and other practitioners to devote their energies to the care of their patients. In the complex world of reimbursement matters and ever-changing policies, statutes and technology, we understand how difficult your job as a medical biller is. Conduent is here to help when you need clarification regarding claims submission, member eligibility, locating policy information, understanding remittance advice documents, and much more.

Conduent's Provider Relations staff have done their best to provide you with monthly online training, professional call center support, and communication through the Claim Jumper and the provider website. If there are specific things we can do to help you do your job more efficiently or ways we can better assist you to submit clean claims on first submission, please visit our survey at any time and let us know.

Thank you for serving Montana Healthcare Programs members.

*Submitted by Ralph Choate
Director of Service Delivery Management for Montana
Conduent*

Use the Correct Consent for Sterilization Form

Montana Healthcare Programs will **ONLY** accept the following Consent for Sterilization Forms:

- Consent for Sterilization HHS 687
06/2019
- Consent for Sterilization MA-38 11/2016

Please review the form you are using. Consent for Sterilization form MA-38 revision 08/98 has been discontinued and will not be accepted. Montana Healthcare Programs will honor claims valid for 180 days after the member has signed this form.

The acceptable forms are downloadable from forms page of the provider website at <https://medicaidprovider.mt.gov/forms>.

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

Montana's Promoting Interoperability Program

The Montana Promoting Interoperability Program-PIP (formally known as the EHR Program) Program Year 2019 is open for attestation submissions from January 1, 2020 and will close on March 31, 2020. As Stage 3 of participation in the program begins, the use of EHR System is held to the highest standards and providers are expected to meet the measurements set forth by CMS. It is very important that providers know and understand the objectives and measures as it is the responsibility of providers ensure they are met. CMS's website has specific information on the rules and requirements for PY2019. There is additional information on the Montana Provider Outreach page. The links below will take you to these sites:

[**CMS-2019 Program Requirements Medicaid**](#)

[**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.
- 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.

Field Rep Corner

Billing 101 Training With New and Updated Information!

The March 2020 provider training is Billing 101. The curriculum and information were updated in this foundation training and it is appropriate for everyone, including those experienced in billing the Montana Healthcare Programs. The new format will walk attendees through the billing process start to finish and highlight what information is required, where to find it, and common issues.

I will be the presenter for this month's Billing 101 training on March 19, 2020 from 2:00PM – 4:00PM. Visit the [Training Registration page](#) of the provider website to sign up. This two-hour training allows plenty of time for questions. So please come armed with any claims questions you may have.

*Submitted by Deb Braga
Field Rep
Montana Provider Relations*

Top 15 Claim Denial Reasons

Claim Denial Reason	November 2019	October 2019
RECIPIENT NOT ELIGIBLE DOS	1	1
MISSING/INVALID INFORMATION	2	2
EXACT DUPLICATE	3	3
PA MISSING OR INVALID	4	4
DRUG CONTROL CODE = 2 (DENY)	5	6
RATE TIMES DAYS NOT = CHARGE	6	5
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	12
CLAIM DATE PAST FILING LIMIT	13	14
CLAIM INDICATES TPL	14	15
INVALID REV CODE FOR FACILITY TO BILL	15	18

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
01/17/2020	Chemical Dependency	Prior Authorization and Continued Stay Requirements for Substance Use Disorder Intensive Outpatient Services (ASAM2.1) Adult and Adolescent
01/24/2020	ASC, Hospital Outpatient, Mid-Levels, Physician, Public Health Clinic	Consent for Sterilization Form

Fee Schedules

January 2020

Ambulance, APC, APR-DRG, ASC, Dental Hygienist, Dental Services, Denturist Services, Direct Entry Midwife, DME, Hearing Aid Services, IDTF, Laboratory Services, Mid-Level Services, Mobile Imaging Services, Occupational Therapy, Oral Surgeon, Optician, OPPS, Optometric, Podiatry, Physician, Psychiatrist, Physical Therapy, Public Health Services, RBRVS, Speech Therapy

October 2019

APR-DRG

Forms

MA-038 Consent for Sterilization

Additional Documents Posted

- Prior Authorization Criteria for Physician-Administered Drugs:
Zulresso™
Spravato™
Zolgensma®
Spinraza®
Evenity™
Vivitrol®
- DUR Minutes January 22, 2020

There's A Resource For That!

Questions about Prior Authorization?

All the places to check for Prior Authorization requirements start in one location – your provider type page.

1. Reference your provider type fee schedule for codes requiring a prior authorization (PA).
2. At the top of your provider type page is a “Prior Authorization” button. This leads to the Prior Authorization for Specific Services page.
3. Manuals. Open the “Complete Manual” tab in both the General and provider type manuals. Using the CTR +F keys, search for “prior authorization”.
4. Check the provider notice section for recent notices addressing prior authorization issues for your provider type.

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

(406) 457-9542

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, DMEPOS/Medical,
& Behavioral Health Reviews
(406) 443-0320 (Helena) or
(800) 219-7035 (Toll Free)