



Department of Public Health & Human Services
Health Resources Division

Montana Medicaid Hospital Training

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Hospital Program Officer

November 18, 2021

- Hospital Rates
- Implementation of Hospital Rate Change
- Outpatient Payments
- Inpatient Payments
- Timely Filing
- Provider Website
 - Provider by Type
 - Rebateable Manufacturer
- National Drug Codes (NDC)
- Outpatient Medicare Crossover NDCs
- Prior Authorizations
- Sterilizations/Hysterectomies
- Contact Information
- Questions

Agenda

Hospital Rates

Hospital Rate Decreases

- HB 2 directed the department to decrease non-Critical Access Hospital (CAH) reimbursement by 1%

Non-Critical Access Hospital Inpatient Reimbursement

- Effective October 1, 2021, the department proposed the following inpatient hospital reimbursement changes
 - adoption of version 38 of the APR-DRG grouper
 - reduction in general and center of excellence hospital base rates
 - increases to the adult and pediatric mental health age adjusters
 - increase the neonate policy adjuster
 - addition of a new obstetric policy adjuster

Non-Critical Access Hospital Outpatient Reimbursement

- Effective October 1, 2021, the department proposed the following outpatient hospital reimbursement change
 - decrease the conversion factor

Implementing Hospital Rate Changes

▶ MAR 37-957

- Published October 8, 2021
- Fully adopted November 20, 2021

▶ Full adoption will allow us to update our system

- The department will complete a mass adjustment
 - Inpatient and outpatient hospital claims
 - Date of service on or after October 1, 2021

- The most common denials we are currently seeing due to these updates are related to diagnosis codes and POA indicators effective October 1, 2021

Outpatient Payments

- ▶ Outpatient Prospective Payment System (OPPS)
 - Payment is made at a predetermined, specific rate
 - Bundled - Payment is calculated with another service
 - Example: some drugs bundle with infusion codes
 - Not Allowed - Montana Medicaid does not cover the service

- ▶ OPPS Fee Schedule
 - <https://medicaidprovider.mt.gov/02>

Inpatient Payments

▶ All Patient Refined Diagnosis-Related Group (APR-DRG)

- APR-DRG payment methodology includes all routine services such as the following:
 - Bed and board
 - Nursing services and other related services
 - Use of hospital facilities
 - Medical social services
 - Drugs, biologicals, supplies, appliances, and equipment furnished by the hospital for the care and treatment of inpatients
 - Other diagnostic or therapeutic items or services provided in the hospital
 - Outpatient services provided by the hospital facility the day of admission or the day before

▶ APR-DRG Calculator

<https://medicaidprovider.mt.gov/01>

- ▶ A clean claim must be submitted
 - 12 months (365 days) from whichever is later
 - Date of service
 - Date the retroactive eligibility or disability is determined
 - 6 month from the date on a Medicare explanation of benefits
 - 6 months from the date in an adjusted notice from TPL
- ▶ A claim paid at \$0 is payment in full
 - This is not a denied claim
- ▶ Providers may not bill Montana Medicaid Members
 - Signed ABN required

Timely Filing

Provider Website

- ▶ Provider home page - <https://medicaidprovider.mt.gov/>
 - COVID-19 Provider Information
 - Provider policy and procedure notices
 - State, Tribal, and DPHHS resources
 - Resources by Provider Type
 - Provider Enrollment
 - Claim Jumper
 - Monthly newsletter for Medicaid news and updates
 - Email subscription
 - Online Training
 - Sign up for training
 - Access previous training presentations
 - Forms
 - Claim Instructions
 - Site Index
 - FAQs
 - Adjustments, Billing, Eligibility, Passport, Prior Authorization, TPL/Medicare, and more
 - Rebateable Manufacturers

Provider Website (Cont.)

- ▶ Resources by Provider Type
 - Provider Manual
 - Provider Requirements
 - Telemedicine
 - Covered Services
 - Prior Authorizations
 - Billing Procedures
 - Payments
 - Remittance Advice and Adjustments
 - Medicaid Rules and Regulations
 - Code of Federal Regulations (CFR)
 - Montana Code Annotated (MCA)
 - Administrative Rules of Montana (ARM)
 - Fee Schedules
 - Provider Notices
 - Provider notifications and changes
 - Other Resources

Provider Website (Cont.)

▶ Rebateable Manufacturers List

- Determine if a manufacturer is rebateable
 - Check the first 5 digits of the National Drug Code (NDC) against the list
 - No match, the drug is not reimbursable

▶ Please visit the Rebateable Manufacturers List below for more information

<https://medicaidprovider.mt.gov/docs/rebateablelabelers/RebateableDrugManufacturers07012021.pdf>

National Drug Code (NDC)

NDC Conversion: 10 Digit to 11 Digit		
Leading Digit Segment	Examples of 10 Digit Format	Add a Zero (0)
5 digit	XXXX-XXXX-XX	0XXXX-XXXX-XX
4 digit	XXXXX-XXX-XX	XXXXX-0XXX-XX
2 digit	XXXXX-XXXX-X	XXXXX-XXXX-0X

- ▶ Requires 11-digits
 - Some manufacturers omit the leading zeros
 - Must be structured in 5-4-2 format
- ▶ NDC qualifier
 - N4
- ▶ NDC unit of measure qualifier
 - F2 - International Unit
 - GR - Gram (includes mg, mcg)
 - ML - Milliliter
 - UN - Units (includes each)

NDCs on Outpatient Medicare Crossover Claims

- ▶ All outpatient Medicare crossover claims pay at header level
 - Edits/denials do not point to specific line
- ▶ How to bill NDCs on outpatient Medicare crossover claims
 - Verify NDC billed was the NDC dispensed
 - Verify drug is from a rebateable manufacturer
 - If it is not from a rebateable manufacturer it is non-rebateable
 - Remove non-rebateable lines from the claim
 - Subtract payment from total Medicare payment/coinsurance/deductible amount

Prior Authorizations

- ▶ Suspended prior authorization requirements to alleviate administrative burden during the public health crisis.

- Please visit the Provider Notice below for more information

<https://medicaidprovider.mt.gov/docs/providernotices/2020PN/provnoticesuspensionofPAorContinuedStayReviewsandClinicreqforsomemedicaidprograms04222020.pdf>

- ▶ For questions regarding prior authorizations contact Mountain Pacific Quality Health (MPQH) (800) 219-7035

Sterilization/Hysterectomy

Elective

- Member must complete and sign Informed Consent for Sterilization Form (HHS-687)
 - At least 30 days prior to procedure, but no more than 180 days prior
- 30 day waiting period waived
 - Premature delivery
 - Emergency abdominal surgery
- Must be 21 years of age
- Must not have been declare incompetent
- Must not be confined to correctional or rehabilitation facility

Medically necessary

- Complete Informed Consent for Sterilization Form

Contact Information

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Contact Name	Purpose	Phone	Fax
Provider Relations - Conduent	General claim, enrollment, and eligibility questions	1 (800) 624-3958	1 (406) 442-4402
Mountain Pacific Quality Health (MPQH)	Prior Authorizations	1 (811) 443-4021	1 (877) 443-2580
Sherri Munson (A-L) Vacant (M-Z)	Department of Corrections	1 (406) 444-7843	1 (406) 444-9550

