Montana Medicaid

CLAIM JUMPER

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Nursing Facility Reenrollment and Billing

Nursing facilities have a unique challenge related to National Provider Identifier (NPI) and new billing requirements effective October 1, 2007. With the implementation of NPI by Montana's Healthcare Programs, nursing facilities may reenroll with ACS using their nursing facility NPI for multiple disciplines. These disciplines may include therapies or pharmacy.

If a facility chooses to use the same NPI for multiple disciplines, then a separate reenrollment will need to be completed for each discipline. For example, to bill for therapy services, the nursing facility must reenroll for each type of therapy provided at the facility. For example, a nursing facility that provides physical therapy, speech therapy and occupational therapy will complete three reenrollments with their nursing facility NPI. For physical therapy choose the clinic–physical therapy provider type and the appropriate taxonomy for the physical therapy enrollment. For occupational therapy and speech therapy, choose clinic–clinic/group not otherwise specified and the appropriate taxonomy for the occupational therapy enrollment and the appropriate taxonomy for the speech therapy enrollment. This applies to other disciplines as well. Nursing facilities should follow each program's (discipline's) guidelines for submitting claims.

To bill for therapy services, nursing facilities will bill their nursing facility NPI and taxonomy for the service being billed as the billing provider. The individual therapist's NPI and taxonomy will be submitted as the rendering provider on the detail line. In those instances when the therapist is employed by the nursing facility and has not obtained an individual NPI, the nursing facility's NPI and taxonomy will be submitted both as billing and rendering.

TPL Reminders

Providers should remember the following when billing a claim with third-party liability:

- If the other insurance company has paid on the claim, enter the paid amount on the claim and do not send the payer EOB.
- Send the other payer EOB if the other payer denied the services or the entire allowed amount was applied to the deductible.
- If the primary payer for a client is Medicare, do not mark field 11d on the CMS-1500 as yes.
- For professional crossovers, do not enter a prior payment amount if the other payer is Medicare.

New CMS-1500 to Be Required Beginning July 2, 2007

CMS has extended the deadline for requiring the new version of the CMS-1500 form from June 1, 2007, to July 2, 2007. Therefore, Montana's Healthcare Programs will also extend the required date to July 2, 2007, for providers submitting paper claims on the CMS-1500.

This has no bearing on the implementation of NPI.

The delay is because CMS needed to review the extent of any problems created by some print vendors selling an incorrectly printed version of the revised form.

The NPI Compliance Deadline Is Here!

At this point, any covered entity that is noncompliant and has not implemented a contingency plan is at risk for enforcement action. Please review the April 2, 2007, CMS ***"Guidance on Compliance With the HIPAA National Provider Identifier (NPI) Rule."*** As this guidance pertains to claims transactions, it means that:

- Providers must have and use their NPI;
- Clearinghouses must accept and use NPIs; and
- Health plans must accept and send NPIs in claims transactions.

Providers should be:

- Aware of contingency plans for any health plans they bill. Contingency plans may differ by health plan.
- Aware that health plans may lift their contingency plans (and require an NPI on claims or other HIPAA transactions) any time before May 23, 2008.
- Working with vendors and clearinghouses with whom they contract to make sure the NPI is being passed to health plans.
- Paying close attention to how and when health plans will be testing implementation of the NPI.
- Aware that, for those health plans that did not establish a contingency plan, providers are required to use their NPIs now. This means that if you are not using your NPI, your claim may be rejected or denied.

New Tip Sheet Available

A tip sheet entitled ***What the "Guidance on Compliance With the HIPAA National Provider Identifier (NPI) Rule" Means for Health***

Care Providers is now available at http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/ContingencyTipSheet.pdf.

This product provides helpful steps for providers based on the contingency guidance released on April 2, 2007. This guidance does not mean that providers have an extra year to get an NPI, so please view the tip sheet for additional information.

Reminder—Sharing NPIs

Once providers have received their NPIs, they should share them with other providers with whom they do business, and with health plans that request them. In fact, as outlined in current regulation, providers who are covered entities under HIPAA must share their NPIs with any entities that request them for use in standard transactions—including those who need to identify ordering or referring physicians/providers. Providers should also consider letting health plans, or institutions for whom they work (e.g. a large hospital system), share their NPIs for them.

Reminder: PA Transfer

Effective January 1, 2007, responsibility for the prior authorization of DMEPOS and physician related services was transferred from SURS/PA to the Mountain Pacific Quality Health Foundation (MPQHF). As of January 1, please direct your PA requests to:

Mountain-Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602

Fax: Local 443-4584
Long distance 1-800-497-8235

Phone: Local 443-4020, ext. 5850
Long distance
1-800-262-1545, ext. 5850

Please contact Liz Harter, SURS Supervisor, at (406) 444-4586 if you have any questions about this transfer and transition.

Submitted by Liz Harter, DPHHS

Billing During the NPI Contingency Period

The National Provider Identifier (NPI) contingency plan—which changes the NPI implementation date to October 1, 2007, for Montana's Healthcare Programs operated by ACS—affects how providers must complete claims submitted between now and October 1, 2007.

Paper Claims

Even though NPIs are not required until October 1, 2007, the new CMS-1450 (UB-04) must be used beginning May 23, 2007, and the revised CMS-1500 must be used beginning July 2, 2007. Claims submitted on the old forms after these dates will be returned to providers. When billing on paper to Montana's Healthcare Programs, providers must continue to use their current Medicaid provider number. Dental claims must contain current Medicaid/CHIP ID number. The following explains the fields to be used on the UB-04 and revised CMS-1500 forms.

Institutional Claims (CMS-1450 UB-04)

- Form Locator (FL) 57 must contain the billing provider's current Medicaid ID number.
- The second and third boxes in FL 76 must contain the attending provider's two-digit ID qualifier and current Medicaid ID number.

Professional Claims (CMS-1500 revised 08/05)

- Field 17a must contain the referring provider's two-digit ID qualifier and current Medicaid or Passport number.
- There will be no clinic/group billing until October 1, so providers must continue to bill with their Medicaid/CHIP/MHSP ID number in Field 33b. Fields 24 I and J will not be used until October 1, 2007.

Electronic claims

Claims received prior to October 1, 2007, must contain current Medicaid ID numbers. Providers who are required to obtain NPIs may also include their NPI in addition to their current Medicaid number effective immediately, but the NPI will not be used in processing until October 1.

Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the ***Claim Jumper*** and on the Medicaid website (mtmedicaid.org).

NPI Contingency Plan Implemented, Reenrollment Extended

ACS and Montana's Healthcare Programs announced the implementation of a contingency plan for the National Provider Identifier (NPI) implementation in the May 2007 *Claim Jumper*. Due to recent Centers for Medicare and Medicaid Services (CMS) and Medicare contingency announcements, the implementation date for Montana has been changed from May 23, 2007, to October 1, 2007, to minimize impacts on the provider community.

Providers must continue to bill Montana's Healthcare Programs with their current provider ID numbers through September 28, 2007. Providers who are required to obtain an NPI may also include their NPI with their current provider ID number beginning May 23, 2007. Beginning October 1, 2007, only NPI numbers (or new Montana Medicaid provider ID numbers for atypical providers) may be used unless the provider has contacted ACS to request an extension. To request an extension, the provider must certify they have a contingency plan in place.

The requirement to reenroll applies to ***all providers*** who bill Medicaid, CHIP or MHSP, including atypical providers who do not require an NPI. All providers must have completed their reenrollment by September 28, 2007. Claims submitted with old Montana's Healthcare Programs provider ID numbers after this date will be denied.

Annual July RBRVS Fee Schedule Update to Be Implemented in October

Each year DPHHS updates the RBRVS fee schedule to implement changes in Relative Value Units and fees. This is normally accomplished on July 1. This year, funding for provider rate increases was included in the legislative appropriations bill (HB 2). The bill specified that these increases would be effective on October 1, 2007, for the first year of the biennium and on July 1, 2008, for the second year. Accordingly, the RBRVS fee schedule update will be implemented on October 1, 2007, rather than July 1. Individual code additions and deletions will be made as necessary to allow for the appropriate billing of CPT and HCPCS codes, however fee schedules will not be revised until October.

Planning for Fall Provider Training

ACS and Montana's Healthcare Programs are in the process of planning for the fall provider training sessions. We would like provider input into the sessions offered. Please send requests to mtprhelpdesk@acs-inc.com.

Medicare EOMBs Must Match Claim Data

Providers sending in a paper claim with a Medicare EOMB attachment must be sure to include all the EOMB header information or the claim will not be processed. All the information on the EOMB must match the information on the claim. Be sure the recipient is identified and all header info such as date of service, procedures, and coinsurance is included. In addition, providers must be consistent in their billing practices and bill Medicare and Medicaid their usual and customary charge for services.

Electronic Swing Bed Claims

Swing bed claims may now be billed electronically. ACS has enhanced the claims processing system to recognize types of bill 18X for swing bed claims to allow the claims to process as nursing facility services.

14,250 copies of this newsletter were printed at an estimated cost of $.38 per copy, for a total cost of $5,492.49, which includes $2,514.56 for printing and $2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis, at (406) 444-9772.

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select ***Resources by Provider Type*** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	**Provider Type**	**Description**
Notices		
05/01/07	School-Based Services	Future FMAP Rate Reflects Changes to Reimbursement on the Fee Schedule
05/18/07	School-Based Services	Montana Healthcare Schools Reenrollment and Billing CSCT
05/22/07	Pharmacy	NPI Contingency Planning
05/31/07	All Provider Types	New CMS-1500 to Be Required Beginning July 2, 2007
Fee Schedules		
05/09/07	Hearing Aid	Revised fee schedule
05/21/07	HCBS	Revised Elderly and Physically Disabled Waiver fee schedule
06/01/07	HCBS	HCBS for Adults With Severe and Disabling Mental Illness fee schedule
Other Resources		
05/01/07. 05/07/07, 05/14/07, 05/21/07, 05/29/07	All Provider Types	What's New on the Site This Week
05/01/07	All Provider Types	Revised news item regarding EFT Payments to Be Delayed
05/01/07	All Provider Types	Revised May 2007 *Claim Jumper*
05/01/07, 05/08/07	Pharmacy	Manufacturer-submitted information for May 23 DURB review
05/02/07	All Provider Types	News item regarding Spring Provider Training Presentations Available
05/02/07	All Provider Types	Spring provider training PowerPoint presentations posted to Upcoming Events page
05/02/07	All Provider Types	News item regarding NPI Contingency Plan Implemented
05/04/07, 05/22/07, 05/23/07	Pharmacy	Updated PDL and Quicklist
05/04/07	Pharmacy	Revised May and June DUR Board agendas
05/10/07	All Provider Types	News item regarding Billing During the NPI Contingency Period
05/14/07	All Provider Types	June *Claim Jumper*
05/14/07	All Provider Types	Revised NPI reenrollment application posted to NPI Provider Reenrollment page
05/15/07, 05/18/07	Pharmacy	Manufacturer-submitted information for June 27 DURB review
05/16/07, 05/23/07	Pharmacy	Updated PDL
05/18/07	All Provider Types	NPI implementation date updated on home page, Provider Enrollment page, and NPI Provider Enrollment page
05/18/07	All Provider Types	Revised NPI reenrollment application, revised NPI application supplemental information, and revised NPI reenrollment FAQs added to NPI Provider Reenrollment page
05/21/07	Pharmacy	Revised May and June DUR Board agendas; updated Drug Class Reviews
05/21/07	Pharmacy	Drug Class Reviews for June 27 DURB review
05/24/07	All Provider Types	Mental Health authorization forms link updated on Forms page
05/29/07	All Provider Types	Link to Electronic Remittance Advice and Payment Cycle Enrollment Form added
05/29/07, 05/30/07, 05/31/07	All Provider Types	News item regarding Instructions for Billing on Paper During the NPI Contingency Period
05/29/07, 05/30/07	All Provider Types	News item regarding New CMS-1500 to Be Required Beginning July 2, 2007
05/30/07	Pharmacy	Revised June DUR Board agenda
05/30/07	Pharmacy	Updated manufacturer-submitted information for May and June DURB review

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Key Contacts

Provider Information website: http://www.mtmedicaid.org
ACS EDI Gateway website: http://www.acs-gcro.com
ACS EDI Help Desk (800) 624-3958
Provider Relations
(800) 624-3958 (In and out-of-state)
(406) 442-1837 (Helena)
(406) 442-4402 Fax
Email: MTPRHelpdesk@ACS-inc.com
TPL (800) 624-3958 (In and out-of-state)
(406) 443-1365 (Helena)
(406) 442-0357 Fax
Direct Deposit Arrangements (406) 444-5283
Verify Client Eligibility
FAXBACK (800) 714-0075
Automated Voice Response (AVR) (800) 714-0060
Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944
PASSPORT (800) 362-8312
Prior Authorization
Mountain-Pacific Quality Health Foundation (800) 262-1545
Mountain-Pacific Quality Health Foundation—DMEPOS/Medical
(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance
First Health (800) 770-3084
Transportation (800) 292-7114
Prescriptions (800) 395-7961

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