MONTANA MEDICAID CLAIM JUMPER

Volume XII The Montana Medicaid Newsletter Winter 2001

DPHHS Announces New Look for Medicaid ID Cards

Beginning in April 2001, the Montana Medicaid eligibility card will have a new look. The new card is designed to more closely resemble an insurance card, and will contain all the eligibility information. New cards will continue to be issued once each month to Medicaid clients.

The Department will begin issuing the new cards on April 2, 2001 to all newly eligible clients and will issue the new cards to all clients in May. Providers may see a mix of the old and the new cards in April and should accept either.

Providers will receive complete information and samples of the cards in February so that they can be prepared to accept the new cards. Questions or comments regarding the new Medicaid eligibility card should be referred to Provider Relations at Consultec (In-State Providers call 1-800-624-3958; Out-of-State Providers call (406) 442-1837).

Provider Survey Enclosed

Special Handling Needed for Some Denied QMB Claims

Providers who have had claims for recipients covered under QMB that have been denied for "recipient is covered by MHSP only", must submit their claims directly to the address listed below with the statement "QMB ONLY" placed at the top of each claim:

Provider Relations
QMB Only
P.O. Box 4936
Helena, MT 59604

Fun Fact: In 2000, Consultec processed an average of 300,000 claims per month! This number is up considerably from 1985 when the average number of claims per month was only about 80,000.

Top Denial Reasons for HCFA-1500 Claims and How to Avoid Them

With this issue of the *Claim Jumper* we will begin addressing common denial reasons and offer suggestions how to avoid these. The most common claim form used by providers is the HCFA-1500 so we'll start with that claim type now, addressing UB-92, MA-3, and ADA forms in upcoming issues.

The most common reason for claim denials is that a claim for the same service was submitted and paid previously. Timely working of your Remittance Advices and posting to accounts is the best way to avoid this denial.

The next most common denial reason is that the PASSPORT authorization number is either missing or invalid. When a Medicaid eligible individual has a PASSPORT provider, most services need to be rendered by that provider or a referral must be given. Make sure that when you verify eligibility you also check the individual's PASSPORT provider. You must then call the PASSPORT provider to obtain authorization. Be aware that an individual's PASSPORT provider number can change from month to month. Each time you see an individual you may be required to get a new referral and authorization number.

Verifying individual's eligibility for Medicaid prior to providing service is the best method to avoid denials for either no eligibility on file or not eligible on date of service. Requiring patients to present their ID cards up front is the best way to confirm eligibility. If the ID card is not presented, you may also use other methods such as Automated Voice Response, FAXBACK, or the Medicaid Eligibility and Payment web site to verify eligibility.

Fun Fact: Consultec became a business unit of Affiliated Computer Services, Inc. (ACS), a computer services and systems company based in Dallas, TX, in 1999. Consultec is very proud of its association with DPHHS and Montana, having begun Medicaid claims processing activities here in March 1985!

Consultec Provider Relations Quality Assurance

Beginning in March 2001, Consultec will begin a quality assurance check on our Provider Relations Unit to ensure that you are receiving the best possible customer service. Robin Lyda, PR Field Representative, and Sandie Hance, PR Manager will begin making random calls to providers to ask how your recent contacts have been with our phone representatives.

Robin and Sandie are also available to providers who feel they have more complicated issues than our phone representatives can address, or if you have concerns about the service you have received.

Recently Released Publications

The following is a list of publications sent out since the release of the last *Claim Jumper*. If you would like extra copies of these publications, please contact Consultec Provider Relations.

Date	Sent to	Topic
11/1/2000	Physicians, Mid-level practitioners, and Public Health Clinics	Immunization administration and VFC program
11/21/2000	Pharmacies	Formulary changes, drug pricing, and co-pay
12/6/2000	Durable Medical Equipment providers	Prepayment review on procedure code E1399
12/7/2000	Dentists	Crown coverage
12/8/2000	Physicians, Mid-Level Practitioners, Lab and Radiology providers	Mass adjustments on lab and other diagnostic services
12/12/2000	Durable Medical Equipment providers	HCPCS changes effective 1/1/2001
12/21/2000	Ambulatory Surgical Centers	Coverage changes effective 1/1/2001
1/3/2001	All Medicaid providers	Medicaid eligibility changes effective 2/1/2001
1/2001	Pharmacies and Prescribers	Drug Prior Authorization Manual
1/18/2001	Speech Therapists and School-Based Providers	Coding changes effective 1/1/2001

Who to Contact for Information about CHIP

DPHHS recently announced that their goal to cover 10,000 children through the Children's Health Insurance Plan has been met. Your participation as providers has helped DPHHS attain this important milestone. Thank you.

DPHHS has a contract with Blue Cross/Blue Shield of Montana who administers the BlueCHIP plan for the majority of covered services. Consultec is the fiscal agent only for dental services and for eyeglasses. The following is a list of phone contacts for your reference for assistance:

♦BlueCHIP can be contacted by calling 1-800-447-7828 ext. 8647 or 447-8647 (Helena providers). Their representatives can assist you with questions regarding BlueCHIP covered services and claims.
♦DPHHS' CHIP Section can be reached at 1-877-KIDS-NOW (1-877-543-7669). CHIP staff can help with policy-related questions and to receive applications for coverage.
♦Consultec Provider Relations can help answer inquiries about dental claims. Dental offices can reach Consultec at 1-800-624-3958 (in-state) and at (406) 442-1837 (Helena and out-of-state providers).
♦CHIP eligibility information is available through Automated Voice Response at 1-800-714-0060 and through FAXBACK at 1-800-714-0075.

INFORMATION TELEPHONE NUMBERS

Provider Relations	1-800-624-3958 (Montana Providers) (406) 442-1837 (Helena and Out-of-State Providers) (406) 442-4402 (FAX)		
FAXBACK	1-800-714-0075	AUTOMATED VOICE RESPONSE	1-800-714-0060
Point-of-Sale Help Desk	1-800-365-4944	PASSPORT	1-800-480-6823
Direct Deposit	(406) 444-5283		

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P.O. BOX 8000
HELENA, MT 59604

Frequently Asked Questions about ACE$

Question: What is the most recent version of ACE$?
Answer: The most recent version of ACE$ is designated as Version 1.1. The reporting capabilities of this version over the original Version 1.0 are greatly enhanced allowing more user flexibility in designing customized reports. If you are still using Version 1.0 and would like to upgrade to Version 1.1, please contact Consultec Provider Relations.

Question: What is the best way to navigate between fields while entering a claim into ACE$?
Answer: To ensure that the information you input is saved, use the '**Enter**' key and not the 'Tab' key. However, after entering the last line in the line item entry field, you must use '**Tab**' key to leave the line entry area.

Question: Please explain the different claim statuses.
Answer: The "Unbilled" claim status is the only status that can be used to enter or edit a claim. Only "Unbilled" claims will be transmitted. Claims are automatically set to "TranPend" status after a new billing file is created. This status shows that the claim is in the process of being transmitted. After a successful claim file transmission, you can change the claim status from "TranPend" to "Billed." You will need to do this manually. After you have received your Remittance Advice, you may change your claim statuses accordingly – either "Paid" or "Denied."