



Claim Jumper

Montana Healthcare Programs Claim Jumper

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Personal Care Services Part 4 of 4

Preventing Medicaid Improper Payments for Personal Care Services: Consequences, Prevention, and Partnership

In the final installment of our series on navigating ensuring proper payments for Medicaid personal care services, we delve into the repercussions of improper payments and outline proactive strategies for prevention. Understanding the consequences of improper payments and implementing preventive measures are vital for maintaining integrity and sustainability in personal care service provision.

Consequences of Improper Payments

Improper payments in personal care services have far-reaching consequences, impacting our Medicaid programs, taxpayers, providers, and members. HHS-OIG audits have identified significant sums of recoupable dollars, highlighting deficiencies in personal care service claims. This has resulted in the government's efforts to recover overpayments affecting state and federal funds, provider reimbursements, and member services. Providers who receive improper payments must disclose and return them as required by law, though this does not absolve them from potential penalties or investigations.

Prevention Strategies

Preventing improper payments requires a collaborative effort between Medicaid providers and state agencies. Providers should prioritize learning and understanding agency and specific Medicaid program rules, attend state-offered trainings, and seek guidance when rules are unclear. Developing and implementing comprehensive policies and procedures, conducting regular self-audits, and implementing corrective actions are essential for personal care service agencies to ensure compliance and accuracy in billing and documentation practices.

Partnership for Integrity

Medicaid providers are integral partners in delivering personal care services and safeguarding program integrity. By adhering to state regulations, promoting accurate billing practices, and prioritizing quality care, providers contribute to the sustainability of the Medicaid program. Maintaining open communication with state agencies, attending mandatory training, and staying informed about regulatory updates are crucial steps in fostering a collaborative partnership between providers and state Medicaid programs.

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Conclusion

As we conclude our series on Ensuring Proper Payments for Medicaid Personal Care Services, it's evident that proactive measures and partnership are key to maintaining integrity in personal care service provision. By prioritizing compliance, transparency, and quality care, providers contribute to the sustainability and effectiveness of the Medicaid program. Let's continue working together to ensure that personal care service members receive the care they deserve while safeguarding taxpayer funds and program integrity. More information about Medicaid Fraud can be found on the [DPHHS Medicaid Fraud and Abuse webpage](#).

[Preventing Medicaid Improper Payments for Personal Care Services](#) was used as a resource for developing this article.

Submitted by Michelle Christensen
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DPHHS

SURS Revelations

National Correct Coding Initiative (NCCI) Edits

NCCI edits are coding edits designed to control specific Current Procedural Terminology (CPT) codes that may or may not be billed on the same day for the same patient. These are specifically created to prevent improper payments by bundling codes into more inclusive codes. NCCI edits provide information about what codes cannot be billed together and are created by the Centers for Medicare and Medicaid Services (CMS). **NCCI is updated quarterly.**

There are two types of NCCI edits: procedure-to-procedure (PTP) and medically unlikely edits (MUEs). NCCI PTP edits prevent inappropriate payment of services that generally should not be reported together. MUEs prevent payment for a potentially inappropriate number/quantity of the same service on a single day. When billing Montana Medicaid to use the [Medicaid NCCI edits | CMS](#) and Medicaid [NCCI policy manual | CMS](#).

You can find more information about NCCI edits on the CMS website, [Medicaid NCCI FAQ | CMS](#). Montana Medicaid may also publish a provider notice when significant changes occur. However, it is the responsibility of the providers to keep up on all federal and state rules and regulations. These notices are published on the [Provider Information website](#) on the provider type pages. Select the [Resources by Provider Type](#) option in the menu.

Remember: “If it isn’t documented the service can’t be substantiated!”

Submitted by Ross Barnes
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Recent Website Posts

Below is a list of recently published Montana Healthcare Programs information and updates available on the [Provider Information Website](#).

PROVIDER NOTICES

Date Posted	Provider Types	Provider Notice Title
08/09/2024	Family Planning Clinic, FQHC, Hospital Outpatient, Mid-Level, Physician, Public Health Clinic, RHC	Vaccines for Children Code Update
08/19/2024	Ophthalmology, Optician, Optometric	Change in Coverage Frequency for Medicaid Adult Eyeglasses, Eye Examinations, and Contact Lenses
8/30/2024	Dentist, Dental Hygienist, Denturist, Oral Surgeon	Alignment of the HMK/CHIP Dental Services Benefit to the Medicaid Dental Services Benefit

FEE SCHEDULES

- October 2023 Hospice Compliant Fee Schedule
- October 2023 Hospice Non-Compliant Fee Schedule
- July 2024 Nursing Facility Private Pay Rates
- July 2024 Denturist Services Fee Schedule
- July 2024 Ambulance Services Fee Schedule
- July 2024 DDP Rates

ADDITIONAL DOCUMENTS POSTED

- August 2024 Plan First Billing Codes
- June 2024 DUR Meeting Minutes
- August 2024 CSCT Training Presentation
- Updated T-HIP Manual
- August 2024 Preferred Drug List

Tips from Provider Relations

Billing Address on Enrollments and Claims

Effective December 10, 2021, Montana Medicaid no longer accepts a post office box for the Billing Address on enrollments. New enrollments and revalidations listing a post office box as the Billing Address will be returned to the provider for correction.

Providers enrolled prior to December 10, 2021, are requested to update the billing address on the enrollment during the next update or revalidation. Please ensure the Billing Address is updated on the Legal Name, Address tab and each of the Enrollment Units.

The billing address listed on claims must match the physical location on the enrollment file. Montana Medicaid uses the physical location to match to the enrollment unit (EU) under which the services will be processed. Claims may reject or be returned to the provider if the billing address does not match the EU. For more information, please contact Provider Relations at mtprhelpdesk@conduent.com.

Top 15 Claim Denials

Claim Denial Reason	July 2024	June 2024
EXACT DUPLICATE	1	1
RECIPIENT NOT ELIGIBILE DOS	2	4
PA MISSING OR INVALID	3	3
MISSING/INVALID INFORMATION	4	2
SUSPECT DUPLICATE	5	7
CLAIM INDICATES TPL	6	9
RECIPIENT COVERED BY PART B	7	7
PROVIDER TYPE/PROCEDURE MISMAT	8	12
REV CODE INVALID FOR PROV TYPE	9	13
PROC. FACT. CODE = NOT ALLOWED	10	10
PROC. CONTROL CODE = NOT COVERED	11	8
SUSPECT DUPLICATE/CONFLICT	12	14
RECIPIENT HAS TPL	13	11
CLAIM DATE PAST FILING LIMIT	14	15
INVALID CLIA CERTIFICATION	15	5

Fraud, Waste, and Abuse...OH MY!

Feel like fraud is happening and you don't know who to talk to?

Call the Montana Medicaid Fraud Control Unit (MFCU)

~Provider Fraud Hotline 1-800-376-1115~

Thank you for the care and support of Montana Healthcare Programs members that you provide.
Your work is appreciated!