MMIS Trainings Q & A

0208 Comprehensive Services Waiver for Individuals with Developmental Disabilities ("DDP Waiver")

Developmental Disabilities Providers ("DD Providers")

Claims Submission

1. Is there a set of billable codes (HCPCS, CPT, ICD) available for DDP Waiver Services? Code and rate information will be included in the Fee Schedule. The Fee Schedule will be posted to the Montana Healthcare Programs Providers website once finalized. The draft fee schedule is currently posted on the DDP website.

2. Will claims list each service a client receives? Yes, a claim will include the service, date of service, and rate of service.

3. How many service lines will claims allow? 99 service lines.

4. For individuals receiving autism state plan services, will providers need to use the current billing system or the new billing system? Autism state plan services have been billed in the MMIS since 2018, no changes have been made to this process.

5. Will August 5th be the earliest date that providers can access the claims web portal? Beginning August 5, 2019, DD Providers can begin using the Optum Provider Services Module to manually enter claims, create claim templates, and submit claims for payment.

6. What are the billing options available for July 2019 services forward? Beginning August 5, 2019, DD Providers will have three billing options. Providers can utilize a clearinghouse to submit claims electronically, they can utilize Optum's Provider Services Module to manually enter claims, or they can submit paper claims. For expedited processing and payment, providers should either electronically bill through a clearinghouse or enter claims utilizing Optum's Provider Services Module.

7. Will year end June billing still happen in July? Any billing for services on or prior to June 30, 2019 for the DD Waiver will be completed utilizing the current process.

8. What diagnosis codes should be submitted on 0208 Waiver claims? Providers must use an appropriate valid diagnosis code allowed by Medicaid. Additional information can be found on the Centers for Medicare and Medicaid Services website.

9. How do I link my DD Provider MATH Portal account with my HCBS Provider account? DD Providers wanting to link their DDP and HCBS enrollment on the MATH Portal should complete the MATH Portal Link Request.

10. How many templates are allowed in the Optum system? The Department is working with Optum to increase the current maximum of five (5) templates. It is recommended that templates be setup based on services provided not on an individual member basis. For example, if there are multiple members who receive the exact same service or set of services, if you create a services based template, the only items that will need to be

populated to submit a claim will be the member ID, the dates of service, and the units of service.

11. What member information will need to be entered when creating a claim using the Optum Provider Services Module? When entering a claim, the provider will only need to enter a member's Medicaid ID on a claim, all other member demographic information will be populated based on the member ID entered.

12. What is required if a member is also Medicare eligible? If there is a Medicare EOB it should be sent with the claim indicating a Medicare denial. There are very few DDP procedure codes that are covered by Medicare with the exception of therapy codes (PT, OT, Speech).

13. Is there a set of modifiers available for DDP Waiver Services? Code (including modifiers) and rate information will be included in the Fee Schedule. The Fee Schedule will be posted to the Montana Healthcare Programs Providers website once finalized. The draft fee schedule is currently posted on the DDP website.

Claims Payments and Adjustments

1. Is the statement of remittance sent to providers via email or do providers need to log in to the MATH portal to retrieve it? All DD Providers must access remittance advice data through the MATH portal.

2. In a situation where the provider was overpaid, will the overpayment be taken out of the next billing cycle? The overpayment will be credited to your account, and your next payment will be reduced by the credit during subsequent payment cycles until the balance is reduced to $0.

3. On the adjustments on overpayment do we attach a check? No. The overpayment will be credited to your account, and your next payment will be reduced by the credit during subsequent payment cycles until the balance is reduced to $0.

4. How are claims grouped? (by person) – Will the remittance reports in pdf be able to be exported to Excel for filter and sort functions? Members are displayed alphabetically on the Remittance Advice (not by claims). Currently, the RA can be viewed on the MATH portal or in PDF form. We are planning to make it available in Optum's Provider Services Module via Excel in the future.

5. How do I submit an adjustment? Adjustments must be completed on paper. The form has fillable fields but will need to be printed and signed. The form can be found on the Montana Healthcare Programs Providers website.

6. Can I resubmit a denied claim using the adjustment form? A denial resubmitted without changes is not an adjustment. A new individual claim will be submitted in this instance.

Prior Authorization

1. Does every claim have to use prior authorization? Every DDP Waiver service requires a prior authorization.
2. Who generates PA numbers? DD Providers will receive prior authorization numbers via an automatically generated letter from Conduent.
3. Providers asked how they obtain member IDs? DD Waiver member IDs will be included in the prior authorization letter sent to DD Providers. If using the Optum Solution to submit claims, one prior authorization number per submission is allowed.

General

1. Can Y-T-D utilization reports still be run in AWACS in FY20? Yes.
2. Will the AWACS reports "know" utilization amounts from billing submitted outside the AWACS system? No, DD providers will need to review their Remittance Advice (RA's) to determine utilization amounts.
3. What web browsers does the Optum Provider Service Module support? The Optum website is supported by all major browsers.
4. What is the website for Optum? The website is not yet available but will be published prior to August 5th.

Other Important Information

- Claims submitted in MMIS by Wednesday at 2:30 pm, process the following Monday.
- The Remittance Advice is available on Tuesday in the MATH portal and will display paid, denied, or suspended. The Remittance Advice is available in the portal for 90 days.
- A detailed training on submitting claims through the Optum Provider Web Portal will be offered on July 17, 2019 from 1:00p – 5:00p and again on July 18, 2019 from 8:00a to 12:00p. Additional details will be sent to DD Providers.