

Secretary of State

The Secretary of State's office publishes the most current version of the Administrative Rules of Montana (ARM):

(406) 444-2055 Phone

Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

Key Web Sites	
Web Address	Information Available
<p>Virtual Human Services Pavilion (VHSP) vhsp.dphhs.state.mt.us</p>	<p>Select <i>Human Services</i> for the following information:</p> <ul style="list-style-type: none"> • Medicaid: Medicaid Eligibility & Payment System (MEPS). Eligibility and claims history information and a link to the Provider Information Website. • Senior and Long Term Care: Provider search, home/housing options, healthy living, government programs, publications, protective/legal services, financial planning. • DPHHS: Latest news and events, DPHHS information, services available, and legal information.
<p>Provider Information Website www.mtmedicaid.org or www.dphhs.state.mt.us/hpsd/medicaid/medicaid2/index.htm</p>	<ul style="list-style-type: none"> • Medicaid news • Provider manuals • Notices and manual replacement pages • Fee schedules • Remittance advice notices • Medicaid Forms • PASSPORT To Health information • Team Care Information • Provider enrollment • Frequently asked questions (FAQs) • Upcoming events • HIPAA Update • Newsletters • Key contacts • Links to other websites and more
<p>CHIP Website www.chip.state.mt.us</p>	<ul style="list-style-type: none"> • Information on the Children’s Health Insurance Plan (CHIP)
<p>ACS EDI Gateway www.acs-gcro.com/Medicaid_Account/Montana/montana.htm</p>	<p>ACS EDI Gateway is Montana’s HIPAA clearinghouse. Visit this website for more information on:</p> <ul style="list-style-type: none"> • Provider Services • EDI Support • Enrollment • Manuals • Software • Companion Guides • FAQs • Related Links
<p>Medicaid Mental Health and Mental Health Services Plan www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/services/public_mental_health_services.htm</p>	<p>Mental Health Services information for Medicaid and MHSP</p>

- Providers may not deny services to a client because the client is unable to pay cost sharing fees. (ARM 37.85.402)

Confidentiality (ARM 37.85.414)

All Medicaid client and applicant information and related medical records are confidential. Providers are responsible for maintaining confidentiality of health care information subject to applicable laws.

Record keeping (ARM 37.85.414)

Providers must maintain all Medicaid-related medical and financial records for six years and three months following the date of service. The provider must furnish these records to the Department or its designee upon request. The Department or its designees may audit any Medicaid related records and services at any time. Such records may include (but are not limited to) the following:

- Original prescriptions
- Certification of medical necessity
- Treatment plans
- Medical records and service reports including (but not limited to):
- Patient's name and date of birth
- Date and time of service
- Name and title of person performing the service, if other than the billing practitioner
- Chief complaint or reason for each visit
- Pertinent medical history
- Pertinent findings on examination
- Medication, equipment, and/or supplies prescribed or provided
- Description and length of treatment
- Recommendations for additional treatments, procedures, or consultations
- X-rays, tests, and results
- Dental photographs/teeth models
- Plan of treatment and/or care, and outcome
- Specific claims and payments received for services
- Each medical record entry must be signed and dated by the person ordering or providing the service.
- Prior authorization information
- Claims, billings, and records of Medicaid payments and amounts received from other payers for services provided to Medicaid clients



Providers are responsible for keeping informed about applicable laws, regulations, and policies.

- Records and original invoices for items that are prescribed, ordered, or furnished
- Any other related medical or financial data

Compliance with applicable laws, regulations, and policies

All providers must follow all applicable rules of the Department and all applicable state and federal laws, regulations, and policies. Provider manuals are to assist providers in billing Medicaid; they do not contain all Medicaid rules and regulations. Rule citations in the text are a reference tool; they are not a summary of the entire rule. In the event that a manual conflicts with a rule, the rule prevails.

The following are references for some of the rules that apply to Montana Medicaid. The provider manual for each individual program contains rule references specific to that program.

- Title XIX Social Security Act 1901 et seq.
 - 42 U.S.C. 1396 et seq.
- Code of Federal Regulations (CFR)
 - CFR Title 42 - Public Health
- Montana Codes Annotated (MCA)
 - MCA Title 53 - Social Services and Institutions
- Administrative Rules of Montana (ARM)
 - ARM Title 37 - Public Health and Human Services

Links to rules are available on the Provider Information website (see *Key Contacts*). Paper copies of rules are available through Provider Relations and the Secretary of State's office (see *Key Contacts*).

Provider Sanctions (ARM 37.85.501 - 507 and 513)

The Department may withhold a provider's payment or suspend or terminate Medicaid enrollment if the provider has failed to abide by terms of the Medicaid contract, federal and state laws, regulations and policies.

Other Programs

This is how the provider requirements apply in Department of Public Health and Human Services (DPHHS or the Department) programs other than Medicaid.

Mental Health Services Plan (MHSP)

To be paid by MHSP, the provider must be enrolled as a Medicaid provider and, in addition, must sign an addendum to the provider enrollment agreement that is specific to MHSP. If a signed addendum is not on file when a claim is submitted to MHSP, payment will be denied until the addendum is received.

Adults enrolled in MHSP can only receive MHSP services from a contracted Mental Health Center. Children may obtain MHSP services from other enrolled licensed practitioners.

All other policies and procedures in this chapter apply to MHSP providers in the same way they apply to Medicaid providers.

Mental health services **for Medicaid clients** are included within the scope of the Medicaid provider agreement and the separate addendum need not be signed.

Children's Health Insurance Plan (CHIP)

For CHIP, the policies and procedures in this chapter apply only to providers of dental services and eyeglasses. Provider Relations for providers of CHIP dental services and eyeglasses is handled by the same DPHHS contractor as for Medicaid. Providers of these services will receive CHIP provider numbers that differ from Medicaid provider numbers they may already have.

For all other services, CHIP provider relations is administered by BlueCross BlueShield of Montana; call (406) 447-8647 in Helena or (800) 447-7828 x8647 statewide.

Chemical Dependency Bureau State Paid Substance Dependency/Abuse Treatment Program

Providers of chemical dependency services must have a state-approved program, and the provider must sign a contract with the Department's Addictive and Mental Disorders Division for delivery of the covered services.

