Claim Jumper

Upcoming Training

Monthly Provider Enrollment Second Wednesday of every month

SURS Training October 17, 2024

Documentation from a Review Perspective November 21, 2024

Diabetes Prevention Program December 19, 2024

Register Now

Tips from Provider Relations

Listing a License Number on Your Enrollment

When filling out the license section of your enrollment, here are a few tips to ensure the enrollment is filled out correctly.

A license must be added and updated on the Credentials section of the enrollment to cascade to the Enrollment Units. A license must be added to each taxonomy to ensure the information is added/cascaded to each Enrollment Unit.

The license number must match the number listed on the license document including all letters, numbers, and punctuation. This requirement became effective on December 10, 2021. If your license does not currently have all characters when you are submitting an update or revalidation, please click the "Add" button and add a new license line with the correct full license number.

The effective date on your license must match the original effective date on the license. When adding a new line for the full license number, please include the original effective date on the new license line.

The expiration date must match the expiration date on the license document. If the license does not expire, advance it one year. An update and current license will need to be submitted each year for attestation purposes. License dates ending in 99 are not accepted and will be returned for corrections.

A copy of the license document must be submitted with the enrollment, revalidation, or license update.

Following these tips will prevent an enrollment from being returned due to incorrect license information. For questions, please reach out to MTEnrollment@conduent.com.

Submitted by Jennifer Stirling MSML, MBA
Provider Relations Manager
Conduent

SURS Revelations
Medicare Allowed Services Versus Coverage by Medicaid

If the Centers for Medicare & Medicaid (CMS) states a service is now covered by Medicare, is it automatically covered by Montana Medicaid? Well, not necessarily…

Administrative Rules of Montana (ARM) 37.85.406(17) states, "Medicaid coverage and reimbursement is available only for services or items that are provided in accordance with all applicable Medicaid requirements…"

Each type of service is administered by a different program, so there may be restrictions applicable to one type of service, but not another. Each state also has a different agreement (State Plan) with CMS, so Medicaid coverage may vary from state-to-state.

How can a provider be certain a Medicare allowable service is not covered by Montana Medicaid if claims are paying?

Providers cannot rely on the claims processing system to catch every billing error. ARM 37.85.406(10)(a) states, "The Department is entitled to recover under (10) any payment to which the provider was not entitled, regardless of whether the payment was the result of Department or provider error, or other cause, and without proving that the provider submitted an improper or erroneous claim knowingly, intentionally, or with intent to defraud."

Upon enrollment, providers are required to sign an agreement stating they will comply with all laws, rules and policies pertaining to the Montana Medicaid program, including but not limited to the ARMs and Medicaid provider manuals. The General Information for Providers Manual also states providers must be familiar with current rules and regulations governing Montana Healthcare Programs.

To avoid billing errors, it is important to frequently check for any updates to provider type manuals, provider notices, and fee schedules on the Montana Healthcare Programs Provider Information website. It is also recommended that providers attend coding classes offered by certified coding specialists, as national coding guidelines can change.

As a reminder, the General Information for Providers Manual states that standard use of medical coding conventions is required when billing Montana Medicaid, to always refer to the long descriptions in the coding books, and to bill the appropriate level of service provided. This includes all coding policies outlined in the appropriate Medicaid National Correct Coding Initiative (NCCI) Policy Manual for the date of service provided.

For program-related questions, please contact your Department of Public Health and Human Services (DPHHS) Program Officer. See the DPHHS tab on the Contact Us page.

For questions about claims, eligibility, and enrollment, please contact Conduent Provider Relations at (800) 624-3958.

Submitted by Alyssa Clark
Program Integrity Compliance Specialist
Office of the Inspector General
DPHHS

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
09/03/2024	Pharmacy	COVID At-Home Tests and Vaccine Coverage Change
09/18/2024	Family Planning, FQHC, Hospital Outpatient, Mid-Level, Physician, Public Health Clinic, RHC	Vaccines for Children Code Update
09/26/2024	Pharmacy	Plan First COVID Vaccine Coverage Changes

FEE SCHEDULES

- October 2024 School Based Services Cover Sheet

ADDITIONAL DOCUMENTS POSTED

- September 2024 Drug Utilization Review Agenda
- Bi-Weekly Provider Enrollment Training Presentation
- Individual Adjustment Request Form
- Bi-Weekly Provider Enrollment Training Presentation
- September 2024 Medicaid Eligibility Refresher
- September 2024 IHS Tribal Training Agenda
- October 2024 PRTF and TGH Authorization and Billing Training
- Update to Physician Administered Drugs

Top 15 Claim Denials

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

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 (800) 376-1115~

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

Key Contacts
Montana Healthcare Programs

Provider Relations
General Email:
MTPRHelpdesk@conduent.com
P.O. Box 4936
Helena, MT 59604
(800) 624-3958 In/Out of state
(406) 442-1837 Helena
(406) 442-4402 or (888) 772-2341 Fax

Provider Enrollment
Enrollment Email:
MTEnrollment@conduent.com
P.O. Box 89
Great Falls, MT 59403

Conduent EDI Solutions
https://edisolutionsmmis.portal.conduent.com/gcro/

Third Party Liability
Email: MTTPL@conduent.com
P.O. Box 5838
Helena, MT 59604
(800) 624-3958 In/Out of state
(406) 443-1365 Helena
(406) 442-0357 Fax

Claims Processing
P.O. Box 8000
Helena, MT 59604

EFT and ERA
Attach completed form online to your updated enrollment or mail completed form to Provider Services.
P.O. Box 89
Great Falls, MT 59403

Verify Member Eligibility
FaxBack (800) 714-0075
Voice Response (800) 714-0060

Pharmacy POS Help Desk
(800) 365-4944

Passport
(406) 457-9542

PERM Contact Information
Email: Amy.Kohl@mt.gov
(406) 444-9356

Prior Authorization
OOS Acute & Behavioral Health Hospital, Transplant, Rehab, PDN, DMEPOS/Medical, & Behavioral Health Reviews
(406) 443-0320 (Helena) or
(800) 219-7035 (Toll-Free)