



Montana Medicaid

CLAIM JUMPER

Volume XXIII, Issue 3, March 2008

In This Issue

Provider Fair	1
Publications Reminder	1
Provider Types Which Require a Rendering Provider.	1
Duplicate Issue	2
Industry-Wide Enforcement of the NPI Compliance Date.	2
Tamper-Resistant Prescription Pads. . .	2
Passport to Health Caseloads to Increase.	3
Claim Attachments.	3
Use of ID Numbers.	3
NPI-Only Requirement for Pharmacies	3
Delivery of 835s	3
Elimination of the Medicaid Administrative Claiming (MAC) for School-Based Service Providers. . .	3
Recent Publications	4

Provider Fair

Spring is right around the corner and so is Montana's Healthcare Programs Spring Provider Fair. This two-day event will be held April 14-15 at the Best Western Great Northern Hotel and Convention Center in Helena.

The schedule is as follows:

Monday, April 14

8:30 a.m. - 11:30 a.m. Coding Class

12 p.m. - 1 p.m. Registration and Vendor Fair Opens

1 p.m. - 5 p.m. Eligibility Determination, Provider Information and Billing ABC's

Tuesday, April 15

8 a.m. - 9 a.m. Registration and Vendor Area Opens

9 a.m. - 9:15 a.m. Welcome

9:15 a.m. - 10:15 a.m. Hospitals/Swing Bed, CHIP Extended Mental Health, Durable Medical Equipment

10:15 - 10:30 a.m. Break

10:30 a.m. - 11:30 a.m. Passport to Health/TEAM Care, School-Based Services, Dental Programs (CHIP and Medicaid)

11:30 a.m. - 1 p.m. Lunch With Your Program Officer

1 p.m. - 2 p.m. Physician-Related Services, Children's Mental Health Services, Nursing Facilities

2 p.m. - 3 p.m. Third Party Liability, Home and Community Based Services, Transportation

3 p.m. - 3:15 p.m. Break

3:15 p.m. - 4:15 p.m. SURS, FQHC/RHC, Adult Mental Health

Please see inserts or additional information on the web at www.mtmedicaid.org.

Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website (mtmedicaid.org).

Provider Types Which Require a Rendering Provider

Prior to the NPI implementation, the claims processing system for Montana's Healthcare Programs used only a single provider ID to process the claim. Since the NPI implementation, the claims processing system uses both the billing provider and the rendering provider so providers must be extremely careful to use the correct numbers in these fields to avoid claims processing problems.

Only certain provider types are required to bill a rendering provider on professional claims as part of the NPI implementation. A change was recently made to the claims processing system so that only those provider types required to submit a rendering provider are allowed to submit a rendering provider that is different from the billing provider. If you are not one of the provider types listed below, you are both the billing provider and the rendering provider. If a provider type not listed below submits a claim with a rendering provider that is different from the billing provider, the claim will be denied.

- Podiatry Clinic
- Physical Therapy Clinic

- Speech Therapy Clinic
- Occupational Therapy Clinic
- Dental Clinic
- Physician Clinic
- Dedicated Emergency Department
- General Group or Clinic
- Provider Based Clinics
- Hospitals

Duplicate Issue

Please be sure to submit claims only once under either the PID or NPI. An extensive review of paid claims will be done to verify whether services were billed and paid for the same service under different provider numbers. The Department will complete adjustments to take back inappropriate duplicate funds paid for services that have been billed more than once to the Montana's Healthcare Programs.

ACS has identified that some clinic providers have been paid twice for the same service since the contingency period began. The NPI contingency plan currently in place allows providers to bill with either their old provider number (PID) or NPI until January 1, 2008, for institutional providers and March 1, 2008, for professional providers. The contingency was adopted to allow providers the additional time they may have needed to obtain their NPI and to follow guidelines as set forth by Medicare. As part of the NPI implementation effective October 1, 2007, providers have the option of using their NPI or old PID. Montana's Healthcare Programs now allow clinics to enroll and submit claims as the billing/pay-to providers but must include the rendering provider(s) as well.

Submitted by Michelle Gillespie, DPHHS

Industry-Wide Enforcement of the NPI Compliance Date

The compliance date for the NPI for all HIPAA covered entities except small health plans was May 23, 2007. (Small health plans have

until May 23, 2008, to comply.) In guidance provided on April 2, 2007, CMS announced that, through May 23, 2008, it would not impose penalties on covered entities that deploy contingency plans to facilitate the compliance of their trading partners. On May 24, 2008, CMS will lift its enforcement-leniency policy. Complaints will be investigated as they are today, but penalties will be a legitimate resolution if the entity does not demonstrate compliance or corrective action. CMS will continue to employ a complaint-driven approach to enforcement. For example, if a complaint is received alleging a failure to comply with the NPI requirements, CMS will contact the entity to secure evidence of compliance and the contingency plan that had been in place. If violations are identified, enforcement actions will take place.

This notice does not prohibit covered entities from lifting contingency plans prior to May 24, 2008. As you are aware, Montana's Healthcare Programs required NPI only on paper UB and 837I claims on January 1, 2008. Effective March 1, 2008, health care professionals must submit NPI only on paper professional and 837P formats. Atypical providers do not bill with an NPI and will bill with their new Montana's Healthcare Programs ID number.

In sum, no later than May 24, 2008, all covered entities are expected to be using the NPI in a compliant manner, and all contingency plans should be lifted.

Submitted by Michelle Gillespie, DPHHS

Tamper-Resistant Prescription Pads

The federal law requiring written Medicaid prescriptions to be on tamper-resistant pads will be implemented on April 1, 2008, by H.R. 3668, the "TMA, Abstinence Education, and QI Programs Extension Act of 2007."

The Department, in accordance with CMS guidance, will require that a Medicaid prescription pad contain

at least one of the following characteristics beginning April 1, 2008:

- One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;
- One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber, or
- One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Beginning October 1, 2008, a written Medicaid prescription must be written on a tamper-resistant prescription that contains all three characteristics.

The Department advises prescribers to take this time to obtain supplies of tamper-resistant prescription pads for their Medicaid prescriptions. The Department will continue to update the list of tamper-resistant prescription pad vendors on its website at <http://medicaidprovider.hhs.mt.gov/providerpages/prescriptions.shtml>.

For providers who elect to seek out their own vendors, the Department is available to evaluate these tamper-resistant prescription pads upon request to ensure compliance with published guidelines.

Please direct any questions regarding this notice to the following personnel: Physician and Mid-Level Providers: Denise Brunett at (406) 444-5778; Dentists: Jan Paulsen at (406) 444-3182; Pharmacy Providers: Wendy Blackwood at (406) 444-2738; Hospitals: Debra Stipcich at (406) 444-4834.

Submitted by Wendy Blackwood, DPHHS

14,250 copies of this newsletter were printed at an estimated cost of \$.60 per copy, for a total cost of \$8,610.93, which includes \$5633 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis at (406) 444-9772.

Passport to Health Caseloads to Increase

Have you noticed that during the past year your Passport to Health caseload has slowly decreased and that you have not received new Passport clients? That's because due to contractor issues the enrollment process has not happened since March 2006, resulting in a large number of clients who should have been enrolled with Passport providers during the past year but were not. Through some hard work by the Department and our new enrollment broker, ACS, we are now ready to begin enrolling eligible clients. In the next couple of months you will see increases in your caseload of Passport clients. This means an increase in case management fees paid to you or your clinic.

If you want new clients enrolled with you or your practice you should ensure that your caseload limit is higher than zero or one. Due to system changes during the past year you will not be automatically assigned clients if your current caseload is higher or equal to the amount chosen by you in your Passport contract. If you do not know your caseload limit, please call our help line at 1-800-362-8312 8 a.m. - 5 p.m. Monday through Friday and we can help you increase your limit.

Thank you for your patience and cooperation during this process and we look forward to resuming normal Passport operations in 2008.

Submitted by Chris Silvonon, DHPPS

Claim Attachments

Providers can submit electronic claims to ACS even if they need to include separate paper documentation. Simply mail or fax the documentation with the paperwork attachment cover sheet available on www.mtmedicaid.org.

There are two types of attachments: claim-specific and non-claim specific. Claim-specific attachments are TPL attachments indicating the

claim was either denied by the other payer or the full allowed amount was applied to the other payer deductible. The EOB must contain the verbiage as to why the other payer did not make a payment on the services. No attachment is necessary if the other payer made a payment. The payment should be reflected in the appropriate loop and segment.

Non-claim-specific attachments include sterilization forms, abortion forms, hysterectomy forms and FA-455 forms. Non-claim-specific attachments will be copied and imaged as a paperwork attachment to be referenced for other claims submitted for that client. Claim-specific attachments need to be sent separately with the paperwork attachment cover sheet.

For all paperwork attachments, providers must include the client ID so the paperwork can be located for processing.

Providers can call Provider Relations at (800) 624-3958 with questions in relation to attachments.

Use of ID Numbers

With the implementation of NPI and the recent provider reenrollment, there are several different numbers providers may use to bill, depending on provider type:

- Institutional providers must use their NPI and taxonomy to bill all services, even if they are the billing provider on a professional claim.
- Atypical providers who are using their new provider ID number must include the correct qualifier, ID, to identify the number as their Montana's Healthcare Programs provider number.
- Vendor numbers cannot be used to bill claims.
- Professional providers must use their NPI and taxonomy to bill all services billed to and received by Montana's Healthcare Programs on March 1, 2008.

NPI-Only Requirement for Pharmacies

Based on information obtained at a recent CMS roundtable discussion, Medicare stated they would not require NPI-only for pharmacy claims until May 23, 2008. Therefore, Montana will follow Medicare and will not require the NPI-only to be used on pharmacy claims as had been planned for claims received March 1, 2008.

Pharmacies may bill pharmacy claims to Montana's Healthcare Programs with an NABP number or NPI until May 23, 2008. At that time, pharmacy claims received at ACS must have NPI only. Pharmacies may continue to use the prescriber's DEA number or NPI in the prescriber ID field as well.

Submitted by Wendy Blackwood, DPHHS

Delivery of 835s

If your 835 is not being delivered to the expected submitter for pickup, providers should verify the submitter number sent on their enrollment for the 835 delivery point.

Providers can call Provider Relations at (800) 624-3958 to verify the submitter number.

Elimination of the Medicaid Administrative Claiming (MAC) for School-Based Service Providers

Effective July 1, 2008, the Medicaid Administrative Claiming program will no longer be available to Montana's public or private schools. The Centers for Medicare and Medicaid (CMS) rule, CMS-2287-F, eliminates federal Medicaid payment for these school-based administrative activities. A provider notice has been posted to the www.mtmedicaid.org website which outlines the final deadlines to finish the payments for the second quarter to close this program.

Submitted by Rena Steyaert, DPHHS

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices and Replacement Pages		
01/11/08, 01/17/08	Physician, Mid-Level Practitioners, Psychiatrists, Public Health Clinics, Outpatient Hospitals, Birthing Centers, Podiatrists, Independent Diagnostic Testing Facilities, Freestanding Dialysis Clinics, Ambulatory Surgery Centers	NDC Requirement on All Physician-Administered Drugs (revised)
01/14/08	Physician, Mid-Level Practitioners, Public Health Clinics, FQHCs, RHCs, Hospital Inpatient, Hospital Outpatient, Indian Health Services	Vaccines for Children
01/15/08, 01/16/08	Physician, Mid-Level Practitioners, Pharmacy	Compound Prescription Billing Changes (revised)
01/18/08	All Provider Types	Possible Duplicate Claims Processed Through Electronic Data Interchange
01/22/08	Physician, Mid-Level Practitioners	Passport to Health Caseloads to Increase
01/23/08	Residential Treatment Centers, Mental Health Case Management, Mental Health Centers, Therapeutic Group Homes, Therapeutic Family Care	Mental Health Fee Schedules and Billing
01/28/08	Physician, Mid-Level Practitioners, Pharmacies	Date of Birth on Pharmacy Claims—New Feature
01/28/08	Physician, Mid-Level Practitioners, Pharmacies	Sedative Hypnotic Coverage Changes (Ambien CR [®] , zolpidem, Rozerem [®] , Lunesta [®] , Sonata [®])
01/28/08	FQHC, RHC, Psychiatrist, Physician, Mid-Level Practitioners, Lab and X-ray	Expansion of Provider Types for the Mental Health Services Plan
01/29/08	Physical Therapy, Occupational Therapy, Speech Therapy, Audiology, School-Based Services, Nursing Homes	Enhanced Claims Editing—Medicare Correct Coding Initiative Edits (CCI)
01/29/08	Physicians, Podiatrists, Optometric, Mid-Level Practitioners, Chiropractors	Enhanced Claims Editing—Medicare Correct Coding Initiative Edits (CCI)
01/29/08	Mental Health Centers, Psychiatrists, Psychologists, Licensed Professional Counselors, Social Workers	Enhanced Claims Editing—Medicare Correct Coding Initiative Edits (CCI)
01/31/08	Physician Clinics, Inpatient Hospitals	Duplicate Issue
Fee Schedules		
01/07/08	Ambulatory Surgical Center	Fee schedule
01/14/08	Mental Health Center	Fee schedule for Medicaid mental health and MHSP services for clients under 18 years of age
01/15/08	Durable Medical Equipment	Fee schedule

Other Resources		
01/02/08, 01/04/08, 01/14/08, 01/21/08, 01/28/08	All Provider Types	What's New on the Site This Week
01/02/08	All Provider Types Except Nursing Facilities	2008 Medicaid Payment Schedule
01/03/08	Nursing Facilities	2008 Medicaid Payment Schedule and TAD Schedule for Nursing Facilities
01/04/08	All Provider Types	News item regarding Institutional Providers Must Use NPI to Check Eligibility on the Web Portal After January 1, 2008
01/08/08	All Provider Types	Revised W-9 Form added to Passport, Forms, and Provider Enrollment pages
01/15/08	All Provider Types	February <i>Claim Jumper</i>
01/16/08	All Provider Types	Prescription Compounding Fee Determination Fax Request added to Forms page
01/16/08	All Provider Types	Link to Medicaid Fraud and Abuse page added to left column navigation menu
01/17/08	Pharmacy	Agenda for January 23 DUR Board meeting
01/22/08	All Provider Types	News item regarding Passport to Health Caseloads to Increase
01/22/08	All Provider Types	News item regarding Possible Duplicate Claims Processed Through Electronic Data Interchange
01/24/08	All Provider Types	Revised Electronic Billing Agreement
01/24/08	All Provider Types	Revised forms: Paperwork Attachment Cover Sheet, Individual Adjustment Request, Ambulance Trip Log, Request for Blanket Denial Letter, Montana Healthcare Claim Inquiry Form, Emergency Dental Services Form, Orthodontia Treatment Form, Drug Prior Authorization Form, Hearing Aid Prior Authorization, Team Care Provider Referral Fax Form, Private-Duty Nursing Authorization, Private-Duty Nursing School Authorization, General Use Prior Authorization, Dental Prior Authorization, Medicaid Form Order, Gross Adjustment Form
01/25/08	DME	DME CMN Oxygen, DME CMN Seat Lift Mechanism, DME Information Form External Infusion Pumps, DME Information Form Enteral and Parenteral Nutrition, DME CMN Pneumatic Compression Device, DME CMN Osteogenesis Stimulators, DME CMN Transcutaneous Electrical Nerve Stimulator (TENS), DME CMN Continuation Form
01/28/08	All Provider Types	Updated link for Mental Health Authorization Forms on Forms page
01/31/08	All Provider Types	Updated Key Contacts posted under "Contact Us" in left column

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

PRSR STD
U.S. Postage
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Eau Claire, WI
Permit No. 366

Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In- and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: MTPRHelpdesk@ACS-inc.com

TPL (800) 624-3958 (In- and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

Prior Authorization

Mountain-Pacific Quality Health Foundation (800) 262-1545

Mountain-Pacific Quality Health Foundation—DMEPOS/Medical

(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

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

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

Third Party Liability
P.O. Box 5838
Helena, MT 59604

SPRING PROVIDER FAIR

April 14th & 15th, 2008

Great Northern Hotel & Convention Center
835 Great Northern Blvd, Helena MT

Please **pre-register** for the classes you will attend, as space is limited. Return your registration to ACS no later than April 7, 2008.

Provider #: _____ Provider Name: _____

Phone Number: _____ Name of Person(s) Attending: _____

Lunch will be provided on day two, please list number that will be staying for lunch: _____

Day One

Morning Session: 8:30 a.m. – 11:30 a.m. Coding Seminar (additional insert)
Afternoon Session: 1:00 p.m. - 5:00 p.m. Provider Training (registration below)

Afternoon Session Includes:

Eligibility Determination

Billing ABC's

(including eligibility verifications, NPI billing, claim forms, adjustments and more)

Please list number of attendees for Day One: _____

Day Two: Full Day Session 8:00AM – 4:30PM

8:00 a.m. - 9:00 a.m. -	Registration and Vendor Area Opens
9:00 a.m. - 9:15 a.m. -	Welcome
9:15 a.m. - 10:15 a.m. -	Hospitals/Swing Bed, CHIP Extended Mental Health, Durable Medical Equipment
10:15-10:30 a.m. -	Break
10:30 a.m. - 11:30 a.m. -	PASSPORT to Health/TEAM Care, School Based Services, Dental Programs (CHIP and Medicaid)
11:30 a.m. - 1:00 p.m. -	Lunch with Your Program Officer
1:00 p.m. - 2:00 p.m. -	Physician Related Services, Children's Mental Health Services, Nursing Facilities,
2:00 p.m. - 3:00 p.m. -	TPL, Home and Community Based Services, Transportation
3:00 p.m. - 3:15 p.m. -	Break
3:15 p.m. - 4:15 p.m. -	SURS, FQHC/RHC, Adult Mental Health

Please list number of attendees for day two: _____



DPHHS PROVIDER FAIR Spring 2008

Attend the Spring Provider Fair hosted by the Department of Public Health and Human Services (DPHHS) and ACS! This free day-and-a-half training provides medical billers and providers an opportunity to learn more about Medicaid, CHIP, and Children's Mental Health Services policies and billing practices. Day One will focus on materials for providers and billing entities that are new to Montana's Healthcare Programs and Day Two will be valuable for all providers and billers. Day Two offers three different tracks, with sessions running throughout the day on a variety of interesting topics. In addition, DPHHS program officers will be available for a "Lunch with your Program Officer" as well as being involved with the classes on Day Two.

Lunch will be provided by ACS on Day Two of the Provider Fair.

For further detail regarding each class being offered, visit the mtmedicaid.org website.

Please complete the reverse side of this form and mail (or fax to 442-4402) to register for the Spring Provider Fair. Space is limited so advanced registration is required. Please keep a copy of your registration for your records.

The Great Northern is offering hotel rooms and has set aside a block of rooms for those that are coming in from out of town. Please contact them by March 26, 2008 at 406-457-5500 or 800-829-4047 to reserve your rooms.

If you have any questions regarding the Spring Provider Fair, please contact ACS Provider Field Representative Sarah Converse at 406-457-9522.



P.O. BOX 4936
HELENA, MONTANA 59604

PLACE
STAMP
HERE

DPHHS PROVIDER FAIR REGISTRATION
P.O. BOX 4936
HELENA, MONTANA 59604

Montana Medical Association/Brown Consulting Associates
Spring 2008 Coding Competency Workshop
Monday, April 14th 8:30 a.m. – 11:30 a.m. Great Northern Hotel & Convention Center, Helena

“A Coding Buffet”

This program has prior approval by the American Academy of Professional Coders for 3 CEUs

This fast paced session will cover several current coding topics including:

Significant Diagnosis and CPT Coding Changes for 2008

Modifier Modifications in 2008

Place of Service and Modifier 26/TC Issues

Common Coding Concerns Related to Medicaid Denials including CCI

Other Issues Important to Attendees

Workshop Costs

\$50 MMA Members or \$100 Non-MMA Members

LATE REGISTRATION FEE APPLIES AFTER APRIL 7TH

\$75 MMA Members or \$125 Non-MMA Members

Registration Deadline is April 10th – No Registrations will be accepted after this date

The MMA Reserves the right to cancel this program if at least 15 participants have not registered by 4/1/08

MMA 2008 Spring Coding Workshop Registration

Registrant Name _____ Title _____ Phone _____ Fax _____

Physician/Provider Name _____ Specialty _____ Clinic/Hospital Name _____

Street Address _____ City _____ State _____ Zip _____

Check Method of Payment: [] Check Enclosed [] VISA/MasterCard/AE/Discover (**complete information below**)

Print Name as it appears on card: _____ Your Signature: _____

Card Number: _____ Expiration Date: ____ Amount: \$ _____

Mail completed form with payment to:

Montana Medical Association Seminars, 2021 11th Avenue, Suite 1, Helena, MT 59601

Please call the MMA at 406-443-4000 or instate toll free 877-443-4000 if you have any questions.

Brown Consulting Associates, Inc. Workshop Leader

Bonnie R. Lewis, RN, CCS-P, serves as a private practice reimbursement consultant who has served as a national physician office consultant and seminar speaker for a variety of firms, including St. Anthony Publishing and Consulting in Alexandria, Virginia and Medical Learning inc. in Minneapolis, Minnesota. Bonnie currently presents approximately 30 seminars each year with the Idaho, Montana and Washington State Medical Associations. She continues to present seminars and workshops for the Northwest Regional Primary Care Association as well as the National Health Service Corps. Brown Consulting Associates, Inc. has developed and presents live, web-based certification training for all of these organizations. As an instructor at the College of Southern Idaho, Bonnie teaches a two-semester course for students aspiring to become certified coders. Bonnie has worked with health care legal defense attorneys to assist physicians in resolving third party payer coding actions.

Eighteen years of clinical experience combined with eighteen years of coding consulting and training provides an exceptional skill base for application to the challenging and changing medical coding environment. Bonnie graduated from Los Angeles Country-USC Medical Center School of Nursing in 1973. Her nursing experience includes 16 years of office nursing and hospital nursing in the areas of surgery, ER, ICU and home health. She served as an Air Force Flight Nurse.

Bonnie worked in physician office nursing and management, dealing directly with reimbursement issues in Las Vegas, Nevada; Salt Lake City, Utah; and Twin Falls, Idaho. She has been teaching and consulting since 1989 and has worked in 41 states. As a physician reimbursement consultant, Bonnie visits physician offices, clinics and ERs to assess the issues that directly and indirectly affect reimbursement and CMS compliance.

PARKING INFORMATION FOR HOTEL MEETINGS AND CONVENTIONS

Best Western Helena Great Northern Hotel
835 Great Northern Blvd
Helena, MT 59601
800 829-4047

Parking for overnight Hotel Guests is complimentary and is available in front of the Hotel (behind Mountain West Bank). Please pick up your parking pass at the Front Desk when you check in. You must have your pass on your dashboard prior to attending your meeting. If you are parked in the lot without a pass longer than two hours you will be ticketed by the City of Helena. Ask for your pass even if you cannot check into your room right away upon arrival.

We have made other arrangements for meeting or conference attendees not staying at the hotel. The hotel has a small lot at the back of the hotel accessible on Front Street. This lot is for those attending conferences but not staying overnight at the hotel and is available on a first come first serve basis. It doesn't require a parking pass. Parking is also available in Lot 15 behind the hotel (in front of the Federal Building) and the meters on Front Street with a pass available at the Front Desk each morning of the meeting. Be sure they mention they are parked in Lot 15. This must be done on a daily basis and the voucher must be placed in the vehicle each day of the conference. The hotel has prepaid for these vouchers from the City of Helena for our day meeting attendees.

If meeting attendees are only here from 8 am until noon, they can park in the Great Northern Parking Garage for free. They must however be out of the garage by noon. If your attendees are here for only 4 hours we provide a 4 hour parking voucher. Please have them indicate they will be here for that time period.

Our staff will provide this information again at your registration or at the beginning of your meeting.

PLEASE BE SURE ALL ATTENDEES ARE ADVISED OF THIS INFORMATION.