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SURS Revelations

Treatment Plan Documentation for Mental Health Services

The Surveillance Utilization Review Section (SURS) has identified a trend from multiple review cases of treatment plans not being completed and documented correctly. Some examples of common errors found within treatment plans are:

- Missing provider signature
- Missing client or parent/guardian signature
- Missing required components
- Treatment plans not updated

While some requirements are standard (i.e., provider signature, client/parent signature), some requirements can vary depending on whether they are for Adult Mental Health or Children's Mental Health services. The [Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health](#) gives very specific criteria and component elements required within the treatment plan. In addition, the treatment plan must be completed within 21 days of admission and reviewed and updated at least every 90 days.

For children's services, the treatment plan criteria vary per provider type and services rendered. Please ensure you review the [Children's Mental Health Medicaid Services Provider Manual](#) for the specific treatment plan requirements.

Please ensure the treatment plans follow all applicable laws, rules, and written policies for Montana Medicaid to ensure accurate documentation and reimbursement.

*Submitted by Jennifer Bergmann, CPIP, CPC
Lead Program Integrity Compliance Specialist
Office of the Inspector General*

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

Montana Medicaid Providers and Third-Party Liability

Part 1 of 4 : When is it appropriate to bill Medicaid?

The Department's Third-Party Liability (TPL) unit is responsible for the recovery of funds for medical claims paid by Montana Medicaid when a liable third party had primary responsibility. Under Medicaid rules, a "third party" is broadly defined to include: health insurance, managed care organizations, pharmacy benefit managers (PBM), workers' compensation, liability insurance (including automobile, homeowner, and medical malpractice insurance), indemnity plans and any other parties that are by statute, contract, or agreement legally responsible for payment of a claim for healthcare item or service.

The directive is a stipulation of the Social Security Act 1902 and 42 CFR §433 Subpart D. By law, all available third-party resources are obligated to pay claims as a primary insurance before the Medicaid program. Recovery programs for Montana Medicaid include Coordination of Benefits, Tort Recovery, Lien Recovery, Estate Recovery and Benefit Overpayment.

Administrative Rules of Montana ([ARM](#)) [37.85.401](#) stipulates that Montana providers participating in Medicaid must follow all applicable statutes, rules, regulations, and policies. It is the provider's responsibility to ask for health coverage information from the member and validate coverage on the [MATH Web Portal](#) before services are rendered.

When a liable third party has been billed and no response has been received after 90 days, the provider may request that Medicaid invoke pay and chase actions by submitting a claim with proof of liable third party being billed. For example, to support billing Medicaid before primary payment is received, a provider could submit a copy of the third-party claim as an attachment to the Medicaid claim.

To protect the provider interest of a potential larger payment from the liable third party, the Department recommends that providers allow sufficient time before requesting Medicaid pay and chase consideration. Per [ARM 37.85.406 \(11\)](#), the provider accepts Medicaid payment as full and final; therefore, once claims are submitted to Medicaid, providers are relinquishing rights to payment from the liable third party.

For questions related to this article or to notify the Department, please email hhstraumaprogram@mt.gov or call the TPL Program at (406) 444-9440 and select option 4.

*Submitted by Olivia Roussan and Sara Sparks
TPL Recovery
DPHHS*

Coming in the July issue of the Claim Jumper, Montana Medicaid Providers and Third-Party Liability Part 2: Establishing Provider Lien and Billing Medicaid for Tort Recovery Purposes

Provider Services Portal News

Uploading Supplemental Documentation in the MPATH Provider Services Portal

One of the most popular features of the MPATH Provider Services Portal is the ability to upload documentation.

What makes the Upload feature so popular is that it simplifies meeting Montana Healthcare Programs requirement for providing updated copies of licenses, certifications, and accreditation documents. Additionally, a provider may need to upload other documents based on other updates made to an enrollment record.

The MPATH Provider Services Portal allows providers to upload these documents and other supporting documentation, which are saved to their enrollment workbench for the provider and Provider Services staff to view at any time. This prevents potential loss of documentation that is faxed or mailed.

To upload documentation to your enrollment workbench, follow the steps below. It is not necessary to include the Provider Services Mail Cover Sheet when using this feature.

Create an Update Record

1. Log into the MPATH Provider Services Portal.
2. Select **Provider Enrollment** under **myMenu**. The Enrollment workbench shows the current provider enrollment.
3. In the **Enrollment Workbench**, click the radio button next to the current record with the Type/Status of *Enrollment/Enrolled* or *Update/Enrolled*.
4. From the left navigational menu, click **Update**. This entry now displays **at the end of the Enrollment Workbench** and has a Type/Status of *Update/InProgress*.
5. Click **Edit** (the **pencil icon**) on the workbench. This brings the user to the first page of the enrollment application. The user is now ready to update the file.

Uploading Supporting Documentation

1. In the Enrollment Workbench, select the enrollment with Type/Status of *Enrollment/Submitted* by clicking the radio button next to the current record.
2. In the left navigation menu, click **Additional Documents**.
3. Click the **Add** button to the right of Add Documents to add a new record.
4. In the Add Document window, **complete the fields** for the document type.
5. Select document type from drop-down.
6. Enter a description (optional).
7. Click **Browse** to navigate to your document. Double-click on the file name to select it. Your document name appears to the right of the Browse button.
8. Click **Save**. A new record displays in the Add Document grid.
9. To add additional document, repeat Steps 3-6 above. If finished uploading, go to Step 10.
10. Click the **blue Exit button** in the lower right corner **when finished uploading documents**.

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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
04/25/2022	CAH, Hospital Outpatient, Mid-Level Practitioner, Physician, and Psychiatrist	Physician Administered Drug Prior Authorization Information
04/26/2022	All Providers	Health Behavior Assessment and Intervention Billing Codes REVISED
05/09/2022	CAH, Hospital Outpatient, Mid-Level Practitioner, Physician, and Psychiatrist	Physician Administered Drug Prior Authorization Information REVISED
05/11/2022	FQHC and RHC	Dental Hygienist and Dental Hygienist with Limited Access Permit (LAP) REISSUED
05/11/2022	FQHC and RHC	FQHC and RHC Fee Schedule Reminder REISSUED
05/11/2022	FQHC, IHS, RHC, Tribal	Peer Support Services REISSUED
05/11/2022	Ambulance, DME, FQHC, Home Health Agency, Inpatient Hospital, Mid-Level Practitioner, Outpatient Hospital, Physician, Private Duty Nursing, and RHC	Prior Authorization Qualitrac Portal REISSUED
05/13/2022	All Providers	National Drug Code (NDC) Denial Error
05/13/2022	All Providers	Revalidation Extended REVISED
05/16/2022	All Providers	Help Members Receive Important Information from Montana Medicaid and Stay Covered
FEE SCHEDULES		
April 2022		
April 2022 Ambulatory Surgical Center Fee Schedule		
July 2022		
Proposed July 2022 Fee Schedules		
<i>See Proposed Fee Schedule page.</i>		
ADDITIONAL DOCUMENTS POSTED		
<ul style="list-style-type: none"> • IHS Tribal Training Agenda March 2022 • IHA Tribal Training Agenda April 2022 • Preferred Drug List Updated • Medicaid Nursing Facility Add-on Rate Request Form • April PDL Meeting Minutes • May 2022 DURB Meeting Agenda • Montana Provider Services Mail Cover Sheet Updated 		

Provider Services Portal News

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New Mailing Process Requires Cover Sheet

With the implementation of the MPATH Provider Services Portal, Montana Healthcare Programs has a new mailing address for all provider enrollment and maintenance related correspondence and a new process:

Montana Healthcare Programs Provider Services
P.O. Box 89
Great Falls, MT 59403

While the simplest method for providing documentation is to use the online Upload feature, there are times that mailing documentation is necessary.

When **mailing documentation** for submission, the Montana Provider Services Mail Cover Sheet is **required**. Documents that are mailed in without a cover sheet cannot be easily associated with a specific provider record, which can delay processing.

The Cover Sheet is found on the [Provider Enrollment](#) webpage under the **Enrollment Support Forms Tab**. Complete all applicable fields and select the appropriate document type checkbox(es). For example, EFT Authorization Agreement is considered Financial and Tax Support Documents and a license is considered License/Certification/Insurance documents. If both are mailed, both boxes would be checked.

Please note that the Cover Sheet is **not** required when you are using the **online** Upload feature on the MPATH Provider Services Portal.

*Submitted by Denise Juvik
MPATH Provider Services Project Manager
DPHHS*

Top 15 Claim Denials

Claim Denial Reason	April 2022	March 2022
MISSING/INVALID INFORMATION	1	1
PA MISSING OR INVALID	2	3
EXACT DUPLICATE	3	4
RATE TIMES DAYS NOT = CHARGE	4	2
PROC. CODE NOT COVERED	5	5
RECIPIENT COVERED BY PART B	6	6
PROC. CODE NOT ALLOWED	7	11
PROVIDER TYPE/PROCEDURE MISMATCH	8	7
RECIPIENT NOT ELIGIBLE DOS	9	10
CLAIM INDICATES TPL	10	12
REVENUE CODE NOT COVERED	11	13
SUSPECT DUPLICATE	12	18
DEPRIVATION CODE RESTRICTED	13	14
PROCEDURE/AGE MISMATCH	14	9
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	15	15

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:
MTErollment@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

Heather Smith
Email: HeatherSmith@mt.gov
(406) 444-4171

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)