



Claim Jumper

Montana Healthcare Programs Claim Jumper

November 2023 Volume XXXVIII, Issue 11

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The More You Know

The Public Health Emergency (PHE) declared in March 2020 allowed for adjustments in enrollment, face-to-face requirements, and signatures just to name a few. On May 11, 2023, the PHE was lifted, and state and federal programs began to assess what needed to be updated or reinstated. With the end of the PHE, it is important to review state and federal rules and regulations. This will ensure compliance with updated information. When enrolling in Medicaid, every provider signs an agreement stating they will stay up to date and educate themselves and their practice on state and federal rules and regulations.

Knowing where to find the provider manuals, provider notices, and other educational tools for the state and federal level is extremely valuable. Access to information that will help Medicaid providers stay current on Montana Medicaid rules and regulations are found on the [Montana Healthcare Programs Provider Information website](#). The website includes information on provider type specific manuals, links to Medicaid rules and regulations, provider notices, and the *Claim Jumper* newsletter.

The [Contact Us](#) page on the Provider Information website also includes links to helpful sites such as the National Correct Coding Initiative (NCCI), Administrative Rules of Montana (ARM), Centers for Medicare and Medicaid Services (CMS), and Montana Medicaid Provider Relations.

Being current on state and federal rules and regulations assures accuracy in providing care and documenting care appropriately for Montana Medicaid. Another valuable resource are the Montana Medicaid Program Officers, who are available to assist with questions to further understand the rules and regulations pertaining to specific provider types.

*Submitted by Cat King
Program Integrity Compliance Specialist
Office of the Inspector General*

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
10/16/2023	Family Planning, Hospital Outpatient, Mid-Level, Physician, Public Health Clinic, FQHC, RHC	Vaccines for Children Code Update
10/13/2023	Licensed Addiction Counselors, Licensed Marriage and Family Therapists, Licensed Professional Counselors, Social Workers	Licensing Requirements for Out-of-State Mental Health Practitioners Practicing via Telehealth in Montana
10/06/2023	DME	Reminder DME Prior Authorization Requirements
10/06/2023	Occupational Therapist, Physical Therapist, Speech Therapist	Medicaid NCCI Policy for Otorhinolaryngologic Services
10/06/2023	Mental Health Center	Temporary Suspension of Prior Authorizations and Continued Stay Reviews
FEE SCHEDULES		
<ul style="list-style-type: none"> October 2023 School Based Services Cover Sheet July 2023 DME Fee Schedule REVISED July 2023 Non-Emergency Transportation Fee Schedule REVISED October 2023 ASC Cover Sheet and Fee Schedule October 2023 OPPS Cover Sheet and Fee Schedule 		
ADDITIONAL DOCUMENTS POSTED		
<ul style="list-style-type: none"> Audiology and Hearing Aid Services Manual October 2023 DUR Meeting Agenda 		

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

Please Help Passport to Health Members Receive Care

The Department of Public Health and Human Services extends thanks to our Passport to Health providers for the crucial role they serve.

Passport to Health is a primary care case management program. The fundamental goal is to establish a “medical home” for Medicaid members, ensuring they receive the care they need promptly and effectively. As providers, you hold the capacity to either deliver the required care or make referrals to suitable specialists.

Recognizing the challenges faced by many Medicaid members during the recent Public Health Emergency, where access to primary care providers was often limited, we understand the significance of your role. Your timely referrals are pivotal in granting members the access they need to essential care.

Each month, Passport providers receive lists of attributed members. It would greatly benefit the program if Passport practices reached out to newly attributed members or those members that have not recently been seen. In cases where there is no response from the members, providers have the option to either disenroll the member **or** issue referrals to ensure members receive necessary care. If the Passport provider chooses to disenroll the member, this will allow the member’s assignment to another primary care provider.

The provider receiving the referral assumes responsibility for delivery of a medically necessary service and must appropriately document this in case of an audit. Passport audits simply document that there was a primary care interaction with the member.

We anticipate that the Medicaid population's access to care will stabilize soon, allowing us to return to our established processes.

*Submitted by Liz LeLacheur
Primary Care and Population Health Program Officer
Montana Medicaid Program*

House Bill 102 – An Act Revising Laws Related to Accrediting Agencies for Health Care Facilities

Numerous healthcare facilities acquire accreditation for regulatory compliance reviews and approval of Medicare and Medicaid funding. The Centers for Medicare and Medicaid Services ([CMS](#)) currently recognizes 11 accrediting agencies for hospitals, critical access hospitals, outpatient surgery centers, home infusion therapy, home health, hospice, and end-stage renal dialysis facilities.

Montana Code Annotated (MCA) allows for the eligibility of state licensure to be based on the receipt of an accrediting agency's report when furnished to the Department of Public Health and Human Services (the Department). Previously, 50-5-103, MCA did not recognize all the CMS-approved accreditation agencies, which resulted in some facilities whose accrediting agency was not included in 50-5-103, MCA to endure surveys and compliance reviews from both the accrediting agency and the licensure bureau.

The 2023 Legislature enacted House Bill 102, an act revising laws related to accrediting agencies for healthcare facilities. The law allows all healthcare facilities to be eligible to seek accreditation from any accrediting agency recognized by CMS and submit the accreditation survey and certification for eligibility for licensure.

The bill was signed by the Governor on April 18, 2023, and as a result, the Department has proposed amendments to several Administrative Rules of Montana (ARM) to facilitate the adoption of this bill.

*Submitted by Tara Wooten
Healthcare Facility Program Manager
Office of Inspector General, DPHHS*

Top 15 Claim Denials

Claim Denial Reason	October 2023	September 2023
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
MISSING/INVALID INFORMATION	3	3
PA MISSING OR INVALID	4	4
RECIPIENT COVERED BY PART B	5	6
PASSPORT PROVIDER NO. MISSING	6	5
INVALID CLIA CERTIFICATION	7	8
PROC. CONTROL CODE = NOT COVERED	8	10
CLAIM INDICATES TPL	9	7
PROVIDER TYPE/PROCEDURE MISMAT	10	9
RECIPIENT HAS TPL	11	12
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	12	11
REV CODE INVALID FOR PROV TYPE	13	13
SUSPECT DUPLICATE	14	16
RECIPIENT NUMBER NOT ON FILE	15	15

Severe Disabling Mental Illness (SDMI) Waiver Prior Authorizations (PAs)

The SDMI waiver requires a prior authorization process be followed before delivery of services.

Although an enrolled member may qualify for more than one SDMI waiver service, members do not receive automatic approval for all services. The SDMI case management team determines which waiver services a member qualifies for and creates the corresponding PAs for approved services. All SDMI home and community-based (HCBS) services, except case management, must be approved by the SDMI program's contracted case management teams.

[SDMI HCBS Policy Manual Section 415 Prior Authorization](#) states that prior authorization means approval for payment of certain services before they are rendered.

Requests for back-dated PAs for services delivered without prior approval are not permissible under the SDMI Waiver program.

*Submitted by Jean Perrotta
SDMI Waiver Section Supervisor
Treatment Bureau
Behavioral Health and Development Disabilities Division
DPHHS*

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

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)