



Claim Jumper

Montana Healthcare Programs Claim Jumper

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In This Issue

Understanding
Authorization,
Settings, and Provider
Requirements

House Bill 303

ABNs and No-Shows
and Copays, Oh My!

Recent Website Posts

Top 15 Claims Denials

Upcoming Training

Monthly Provider
Enrollment July 10,
2024

General Resources
July 18, 2024

CSCT Schools
August 15, 2024

Montana Medicaid
PRTF and TGH
Authorization and
Billing
September 19th, 2024

Register Now

Personal Care Services Part 2 of 4

Navigating Medicaid Personal Care Services - Understanding Authorization, Settings, and Provider Requirements

In Part 1, we explored the importance of Medicaid personal care services and the implications of improper payments. In Part 2, we delve into the intricacies of personal care services authorization, settings, and provider requirements. Understanding these aspects is crucial for personal care service provider agencies to navigate the regulatory landscape effectively and ensure compliance.

Authorization

States have the flexibility to provide personal care services through various Medicaid authorities, including their State plan, Medicaid demonstrations, or waiver programs. This flexibility results in significant variation in personal care services coverage and services across states. Providers can access a current list of demonstration and waiver programs on the [Community Services \(mt.gov\)](https://www.mt.gov) webpage (Big Sky Waiver and Personal Assistance/Community First Choice) and the [Behavioral Health and Developmental Disabilities \(mt.gov\)](https://www.mt.gov) webpage (Developmental Disability Waiver and Severe Disabling Mental Illness Waiver).

Settings

Personal care services can be delivered in diverse settings, including member homes or other approved locations such as worksites or grocery stores. However, certain restrictions apply, such as limitations on providing personal care services to hospitalized members or those in nursing facilities under the State plan. Other restrictions known as HCBS Settings Criteria ensure that members receive approved services in the least restrictive environment appropriate to their needs. More information about the HCBS Settings Criteria can be found on the [Home and Community Based Service \(mt.gov\)](https://www.mt.gov) webpage.

Personal care services encompass a range of assistance tailored to individuals who are aged and/or disabled, enabling them to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs). While ADLs include fundamental tasks like eating and bathing, IADLs encompass activities necessary for independent living, such as meal preparation and light housework. Providers should familiarize themselves with the definition and scope of services covered for each program under which services are provided.

Continued on page 2

Provider Requirements

Personal care service providers, often referred to as personal care attendants (PCAs), play a vital role in delivering essential care to members. While PCAs are not subject to federal training requirements, Montana has established minimum qualifications to combat fraud and abuse. These qualifications vary widely among programs, ranging from mandatory training to minimal requirements. Providers must ensure compliance with Montana's program-specific regulations and avoid billing personal care services unless they have been authorized and are included in the person-centered plan.

Future Trends and Challenges

The demand for personal care services is expected to rise significantly in the coming years, driven by factors such as population aging and the prevalence of chronic conditions. To address workforce challenges and ensure quality care delivery, policymakers are exploring strategies for workforce development and training. Providers must stay informed about evolving trends and anticipate potential challenges to adapt effectively.

Conclusion

Understanding Medicaid personal care services authorization, settings, and provider requirements is essential for navigating the complex regulatory landscape.

In Part 3, we will delve into the distinctions between personal care services and home health services, providing clarity on billing practices and compliance standards. Stay tuned as we continue to explore Ensuring Proper Payments for Medicaid Personal Care Services in this four-part series.

[Preventing Medicaid Improper Payments for Personal Care Services](#) was used as a resource for developing this article.

*Submitted by Michelle Christensen
CFC/PAS/MFP Section Supervisor
Community Services Bureau
Senior and Long-Term Care
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House Bill 303 – Medical Ethics and Diversity Act

[House Bill 303](#) is an Act providing protections for medical practitioner, health care institution, and health care payer actions based on conscience; providing protections for objecting to participating in health care services based on conscience; providing free speech protections; providing whistleblower protections; providing immunity; limiting governmental liability; providing remedies; amending sections [37-1-308](#) and [50-20-111](#), [MCA](#); and providing an applicability date.

The 2023 Legislature enacted House Bill No. 303: Implement Medical Ethics and Diversity Act and the bill was signed by Governor Gianforte on May 3, 2023.

This Act protects practitioners against discrimination by protecting their First Amendment free speech rights. The Act also requires hospitals, critical access hospitals, and rural emergency hospitals to develop a policy that does not require medical practitioners to participate in abortions unless a practitioner opts, in writing, to participate in these services.

The Department of Public Health and Human Services (the Department) proposes to amend [Administrative Rules of Montana 37.106.330](#) to facilitate these requirements.

*Tara Wooten
Licensure Bureau Chief
Office of Inspector General, DPHHS*

SURS Revelations

ABNs and No-Shows and Copays, Oh My!

Knowing what can be billed and when to charge a patient for services with Montana Healthcare Programs can be troublesome and often confusing.

Per Administrative Rules of Montana ([ARM 37.85.204](#)) and the December 27, 2019 member notice titled [No More Copayments](#), effective for claims paid on or after January 1, 2020, members covered under Montana Healthcare Programs **may not be charged** for a copayment, as defined in [ARM 37.84.102](#), for any covered services. In addition, providers cannot bill a member if they fail to arrive **or** no-show for a scheduled appointment per the [General Information for Providers Manual](#).

Under certain instances, for example, if the service is non-covered, or the service is not medically necessary under Montana Medicaid criteria, an Advanced Beneficiary Notice (ABN), otherwise known as a private pay agreement may be needed. An ABN is a notice a provider gives to a member **before** the patient receives service(s) if, based on Montana Medicaid coverage requirements, the provider has reason to believe Montana Medicaid will not pay for the service(s) and provider wishes to bill the member upon conclusion of the services. The ABN gives the patient or guardian the opportunity to accept the service(s) and financial responsibility or decide against the service(s). An ABN must be signed by the patient or guardian. A generic agreement stating a member is liable for payment of non-covered service(s) is not acceptable. For an ABN to be considered valid, it must contain the items listed below:

- Member name.
- Member Medicaid ID number.
- Services to be rendered.
- Date(s) the service(s) will be rendered.
- Member's financial liability of the service(s).
- Member's signature and date signed.
- Provider's name.
- Provider's address.
- Provider's telephone number.
- Provider's signature and date signed.

In accordance with [ARM 37.85.406](#) and [ARM 37.85.204](#), if a member signs the custom agreement before receiving services, providers may bill that member after the services are rendered.

In addition to federal requirements and regulations, the [Provider Enrollment page](#) of the Provider Information website and [ARMs](#) are valuable resources for additional information, provider manuals, rules, and regulations. Each online tool can help with staying current and knowledgeable while billing Montana Medicaid.

Remember: **"If it isn't documented the service can't be substantiated!"**

*Submitted by Kim Brault, CPC
Program Integrity Compliance Specialist
Program Compliance Bureau
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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
06/05/2024	Big Sky Waiver, Developmental Disabilities Program, Severe Disabling Mental Illness	Implementation of New Home and Community Based Services Setting Portal
06/10/2024	Ambulance, Ambulatory Surgical Center, Audiologist, Dialysis Clinic, Direct Entry Midwife, Durable Medical Equipment, Federal Qualified Health Center, Hearing Aid, Home Infusion Therapy, Hospital Inpatient, Hospital Outpatient, Independent Diagnostic Testing Facility, Indian Health Service, Laboratory Services, Mid-Level Practitioner, Mobile Imaging, Nutritionist, Occupational Therapy, Optician, Optometric, Physical Therapy, Physician, Podiatrist, Private Duty Nursing, Public Health Clinic, Rural Health Clinic, Speech Therapy, Transportation, Tribal 638	Health Resources Division Claims Appeal Process
06/10/2024	Dentist, Dental Hygienist, Denturist, Oral Surgeon	Health Resources Division Dental Claims Appeal Process
06/14/2024	Big Sky Waiver, Developmental Disabilities, Home Health, Personal Assistance, Community First Choice, Private Duty Nursing, SDMI	Electronic Visit Verification Full Compliance Deadline
06/18/2024	All Providers	DEA Number Required for Prescribers REVISED
06/18/2024	Durable Medical Equipment, Early Periodic Screening, Diagnostic and Treatment, Indian Health Service, Mid-Level, Physician, Tribal 638	Method for Submitting Durable Medical Equipment Prior Authorizations
06/20/2024	Hospital Inpatient, Hospital Outpatient, Critical Access	Hospital Transfers: In State Versus Out of State
06/20/2024	DME	DME Claims Processing Instructions – Enteral Nutrition Supplies
06/28/2024	All Providers (Except Hospice and DDP)	January 1, 2024 and July 1, 2024 Fee Schedule Updates
06/28/2024	Mental Health	Temporary Suspension of Prior Authorization and Continued Stay Review Requirements
06/28/2024	Developmental Disabilities Program	Developmental Disabilities Program Fee Schedule Updates

FEE SCHEDULES

- July 2024 Applied Behavior Analysis Services Proposed Fee Schedule
- July 2024 Big Sky Waiver Proposed Fee Schedule
- July 2024 SDMI Proposed Fee Schedule
- July 2024 IHS Fee Schedule
- July 2024 Tribal 638 Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- June 2024 DUR Meeting Agenda Updated
- Team Care Handbook Update
- Presumptive Eligibility Calculator
- June 2024 Preferred Drug List
- DME IHS/Tribal 538 June 2024 Training PowerPoint
- IHS Tribal Training Agenda June 2024
- June 2024 Dental Claims Training
- June 2024 Billing 101 for Providers
- Updated DMEPOS Manual

Top 15 Claim Denials

Claim Denial Reason	June 2024	May 2024
EXACT DUPLICATE	1	2
RECIPIENT NOT ELIGIBLE DOS	2	1
MISSING/INVALID INFORMATION	3	4
PA MISSING OR INVALID	4	3
RECIPIENT COVERED BY PART B	5	5
PROVIDER TYPE/PROCEDURE MISMAT	6	8
CLAIM INDICATES TPL	7	7
CLAIM DATE PAST FILING LIMIT	8	14
REV CODE INVALID FOR PROV TYPE	9	11
PROC. CONTROL CODE = NOT COVERED	10	10
PROC. FACT. CODE = NOT ALLOWED	11	13
SUSPECT DUPLICATE	12	9
SUSPECT DUPLICATE/CONFLICT	13	12
NO RATE ON PDD FILE FOR DOS	14	15
INVALID CLIA CERTIFICATION	15	6

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:
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)