



Claim Jumper

Montana Healthcare Programs Claim Jumper

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Upcoming Training

Provider Enrollment sessions held the second Wednesday of every month.

General Resources
December 3, 2025

Social Determinants of Health Training
December 18, 2025

Billing 101
December 24, 2025

Clinical Laboratory Improvement Amendments (CLIA) 101
January 21, 2026

Register Now

SURS Revelations

Incomplete and Insufficient Documentation

The Surveillance Utilization Review Section (SURS) has identified an issue occurring across all provider types regarding insufficient and/or incomplete documentation in medical records. Documentation is necessary to determine the appropriate coding and billing for Medicaid services.

A proper and accurate record/documentation verifies precisely what services are provided during each encounter. This includes but is not limited to the problem, symptoms, or reason for the service, the intervention or the assessment of the patient's complaint, provider's exam, what was done during the visit, and how the patient responded. The records must sufficiently document and fully demonstrate the extent, nature and medical necessity of the service billed to Medicaid. ([ARM 37.85.414](#))

Every record, regardless of format type, must be dated and must include a handwritten or an approved electronic signature of the rendering/treating provider. When there are multiple pages in a record, every page of a patient record must have identifying information for the patient. When utilizing both sides of the page, the information should be on each side. This includes, at a minimum, the patient's name and date of service. All records must be accurate and complete within 90 days of the date billed to Medicaid. The record is considered complete once it is signed and dated. If a record is found to be incorrect and addendum to correct the record can be completed within the 90-day time period.

Furthermore, if the code billed is time based, the full amount of time spent with the patient or the time in and out must be present on the record. SURS encourages providers to utilize the time in and out on all records/documentation as a standard of practice.

(continued on page 2)

In conclusion, it is always necessary to review all applicable laws, rules, and written policies pertaining to the Montana Medicaid Program, including but not limited to Title XIX of the Social Security Act, Code of Federal Regulations (CFR), Montana Code Annotated (MCA), Administrative Rules of Montana (ARM), and written Department of Public Health and Human Services (DPHHS) policies which include but are not limited to content/information contained in the Medicaid provider manuals, notices and Claim Jumper newsletters. This is to ensure accurate Medicaid documentation and billing. Complete and accurate documentation is the key to support billing and coding practices.

Remember: **“If it isn’t documented the service can’t be substantiated!”**

*Written by Jennifer Bergmann
Submitted by Rachel Savage
Program Integrity Compliance Specialist
Program Compliance Bureau
Office of Inspector General
DPHHS*

Provider Single Sign-On

We are excited to announce that in the Spring of 2026, the Medicaid Enterprise Systems (MES) Provider Services Portal will be moving to a Single Sign-On (SSO) account for access to all systems used to support your business with Montana Healthcare Programs. Stay tuned for more information.

With SSO, you use one set of credentials (an email and password) to access many different applications and websites, rather than logging in to each one separately.

Why is it Useful?

- **Less hassle:** No more trying to remember multiple passwords for different services.
- **Saves time:** You spend less time logging in.
- **Better security:** Stronger authentication can be applied to the single login, reducing the risk of weak or reused passwords.
- **Easier to manage:** It's easier to manage user accounts and access to different systems from one central location.

*Rhonda Brinkoeter
MES Project Manager
Medicaid Systems Support Program
DPHHS*

What Resources Are Available to Medicaid Providers?

Training Resources on the Medicaid Provider Site, Part Two

This is part two of two about training at your disposal via the [Montana Medicaid Provider](#) web site.

[Resources by Provider Type](#)

Get to this page via the left-hand menu. It is home to a list of all the provider types. Each provider type page has general and provider-specific information. Click the one(s) that most closely matches your services. Each provider page has several 'accordion' dropdowns; clicking them reveals the caches within.

The *Provider Manuals* drop-down has two or more manuals. The first is the [General Information for Providers](#) manual. It is common to all the provider types. The ones that follow will be for your provider type.

Two more dropdowns contain training: *Provider Notices* and *Other Resources*. The provider notices are usually one topic updates. They have general information and go out as needed. They go up to three years back. Scroll down to find the [Register for Training](#) button for those sessions.

The *Other Resources* drop-down holds the [SURS Provider Internal Self-Review Protocol](#). That document guides providers that need to refund monies to Montana Medicaid. The other dropdowns vary by provider type. Take some time to dig into those for your provider type.

[Claim Jumper](#)

Here is where editions of the *Claim Jumper*, the Montana Healthcare Programs monthly newsletter for providers, are deposited. Some articles alert you to trainings on offer.

You can sign up to receive the newsletter from the provider website. Click on the [Subscribe to Claim Jumper](#) menu item. Fill out the form. You should get the next issue in your email inbox as soon as it is published.

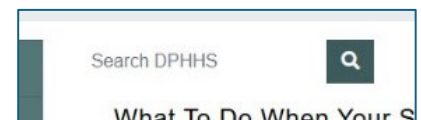
You can also read older issues. From any web page, click the Site Index menu item then *Claim Jumper* Newsletters. Old issues go back as far as three years. Click on the year you want. That reveals each issue and its article titles. Click on the volume and issue number to open it.

[Provider Enrollment](#)

Do you need help enrolling as a provider? You need the tools in the *Enrollment Training Materials and User Guides* drop-down. All the dropdowns have useful forms, FAQs and guides. Be sure to look through the October 2024 Revalidation Guide.

[Search](#)

If all else fails, try the Site Search link in the upper right corner of the page. Then type your search terms into the "Search DPHHS" field near the magnifying lens icon. Like all search engines, it may take a few tries and some digging to find gold.



Submitted by Allen Way
Trainer
Conduent

Revalidation – How to Stay Compliant

Per [42 CFR 424.515 \[ecfr.gov\]](#) providers enrolled with Medicaid are required to revalidate their enrollment every five years.

If you don't complete a revalidation within the designated time frame you could have your payments suspended until the revalidation is completed and could even be subject to a repayment of the funds you received.

When it's time for your revalidation you should receive a letter indicating the steps and time frame allotted to complete your revalidation.

Please do not ignore the notices for revalidation.

Hospice Claims

Hospice Billing and Procedures

Before billing any member enrolled in the Medicaid Hospice Program, member must be Medicaid eligible to qualify. A Notice of Election (NOE) form must be submitted by an approved Medicaid hospice provider. A representative for the member may file the election statement.

NOE's must be filed with the department within 5 calendar days of the start of Medicaid hospice services. The election form can be sent to HHSSLTCMedicalinformation@mt.gov. Medicaid will not reimburse for days of hospice care from the start of the hospice services until the date the NOE is received by the Department. Failure to submit NOE's in a timely manner may jeopardize payment of hospice services.

The Department may waive the consequences of failure to submit a timely filed NOE depending on certain circumstances. See [Hospice Policy 404 Election of Hospice Services](#) for more information.

Hospice Billing for Nursing Facility or Swing-bed Residents

When billing for room and board for a hospice member residing in a nursing facility or swing bed, the hospice provider is responsible for billing all claims to Medicaid. Medicaid allows reimbursement for the number of days hospice provides care for the member at the approved rate established for the individual facility. Payment for room and board will be made to the hospice provider, and the hospice provider will then reimburse the nursing facility for those days of care. If the hospice provider bills for the entire month, the personal resource amount is deducted from the amount that the hospice provider can bill from the rate. The personal resource amount is paid directly to the nursing facility by the member or their representative. The nursing facility can bill the hospice provider for the month's room and board rate, minus the personal resource amount. If the hospice provider does not bill for the entire month, the daily rate is billed and the personal resource amount does not need to be deducted.

Room and board rate includes performance of personal care services, including assistance in the activities of daily living, socializing activities, administration of medication, maintaining cleanliness of a member's room, and supervision and assisting in the use of durable medical equipment and prescribed therapies. See [ARM 37.40.339](#) and [Hospice Policy 605 Payment for Hospice Care](#).

For questions on hospice billing, please contact Devney Welsh at (406) 444-4142, or Jenifer Thompson at (406) 444-3997 for questions about billing for Nursing Facility and Swing Beds.

*Submitted by Jenifer Thompson
and Devney Welsh
Community Services Bureau
Senior and Long-Term Care
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 Type

Provider Notice Title

11/20/2025

Critical Access Hospital, Inpatient
Hospital, Labs, Mid-Level, Outpatient
Hospital, Physician

Fetal Chromosomal Aneuploidy Testing

FEE SCHEDULES

- January 2025 Lab Services Fee Schedule Revised

ADDITIONAL DOCUMENTS POSTED

- November 2025 Documentation from a Reviewers Perspective Training Presentation
- November 2025 Monthly Enrollment Training Presentation
- November 2025 CLIA IHS Tribal Presentation
- November 2025 Healthy Montana Kids (HMK) Presentation
- November 2025 IHS Tribal Training Agenda
- November 2025 Money Follows the Person Training Presentation
- Applied Behavior Analysis Services Additional Units of Service Request Form
- Applied Behavior Analysis Services Provider Transfer Request Form

Top 15 Claim Denials

Claim Denial Reason	November 2025	October 2025
RECIPIENT NOT ELIGIBLE DOS	1	1
PA MISSING OR INVALID	2	2
MISSING/INVALID INFORMATION	3	3
EXACT DUPLICATE	4	4
RECIPIENT COVERED BY PART B	5	5
INVALID CLIA CERTIFICATION	6	11
CLAIM INDICATES TPL	7	8
SUSPECT DUPLICATE	8	6
REV CODE INVALID FOR PROV TYPE	9	9
PROC. CONTROL CODE = NOT COVERED	10	12
CLAIM DATE PAST FILING LIMIT	11	13
PROC. FACT. CODE = NOT ALLOWED	12	14
PROVIDER TYPE/PROCEDURE MISMAT	13	7
RECIPIENT HAS TPL	14	15
SUSPECT DUPLICATE/CONFLICT	15	10

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.

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

(800) 624-3958
Option 7 (Provider), Option 3 (Eligibility)

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)

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