



# Claim Jumper

Montana Healthcare Programs Claim Jumper

March 2025 Volume 40, Issue 3

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## Upcoming Training

Monthly provider  
enrollment second  
Wednesday of every  
month

Billing 101  
March 6, 2025

General Resources  
March 20, 2025

SDMI  
April 17, 2025

**Register Now**

## SURS Revelations

### Billable Dental Services for FQHCs and RHCs

As a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), it is the responsibility of the provider to ensure they still comply with the requirements outlined in the provider manual relevant to the type of service being billed, such as the [Dental Program Manual](#), if providing dental services.

Administrative Rules of Montana ([ARM](#)) [37.86.4406 \(5\) \(a\)](#) states, “The health professional providing the RHC or FQHC service must meet the same requirements that would apply if the health professional were to enroll directly in the Montana Medicaid program in the category of service to be provided. Such requirements include but are not limited to applicable licensure, certification and registration requirements.”

For example, a dentist rendering services in an FQHC or RHC setting is still required to obtain an Access to Baby and Child Dentistry (AbCd) certification to be reimbursed for AbCd procedure codes.

### Dental Hygienists

Effective April 1, 2019, a billable FQHC or RHC dental encounter includes services performed by dental hygienists under the general supervision of a licensed dentist and by dental hygienists with limited access permit (LAP). LAP hygienists must ensure compliance in accordance with [Montana Code Annotated \(MCA\) 37-4-405](#). LAP hygienists must also be enrolled in Montana Healthcare Programs.

### Fluoride Services

As stated in the [FQHC and RHC Provider Manual](#), encounters consisting of fluoride-only services are included in the provider’s PPS rate. This service is considered incidental to the preventative screening or dental visit and is not billable as a stand-alone visit.

***As a reminder, all services must be within the FQHC’s or RHC’s scope of services to be billable with Montana Medicaid, per [ARM 37.86.4406 \(6\)](#).***

*Submitted by Alyssa Clark  
Program Integrity Compliance Specialist  
Program Compliance Bureau  
Office of the Inspector General  
DPHHS*

## Money Follows the Person

The Money Follows the Person (MFP) demonstration project is an initiative that began in 2005 to help states transition seniors and individuals with disabilities from institutional settings (like nursing homes and hospitals) to community-based living. It provides funding opportunities and has successfully transitioned over 107,000 people nationwide back into their communities.

Since it started in Montana in 2014, the MFP project has helped nearly 300 seniors and individuals with disabilities move from institutional settings to community-based living.

### Eligibility and Assistance

- Participants must have lived in an institutional setting for at least 60 days, with Medicaid paying for their care for at least one of those days.
- Participants must be eligible for one of Montana's partner programs (Big Sky Waiver, Severe Disabling Mental Illness Waiver, or Developmental Disability Waiver).
- The project assists with rent and utility deposits, past due bills, household goods, environmental and vehicle modifications.

### Qualified Residential Settings

- A home owned or leased by the participant or their family member
- An apartment with secure access and individual lease, with living, sleeping, bathing, and cooking areas
- A community-based residential setting like a group home with up to 4 unrelated people

For more information or to make a referral, contact the MFP project director, April Staudinger, via email at [MoneyFollowsThePerson@mt.gov](mailto:MoneyFollowsThePerson@mt.gov), call (406) 439-6870, or fax (406) 655-7646.

You can also submit a secure referral form through the [Money Follows the Person Request for Referral webpage](#).

*Submitted by April Staudinger  
MFP Project Director  
Community Services Bureau  
Senior and Long-Term Care  
DPHHS*

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### 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!**

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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
02/04/2025	All Providers	Health Behavior Assessment and Intervention Billing Codes
02/11/2025	All Providers	EFT Authorization Agreement Updated
02/25/2025	Big Sky Waiver, Personal Assistance/Community First Choice, Severe Disabling Mental Illness	Team Number Required for Billing

### FEE SCHEDULES

- January 2025 DME Services Fee Schedule Revised
- January 2025 Mid-Level Services Fee Schedule Revised
- January 2025 Public Health Services Fee Schedule Revised
- January 2025 Physician Services Fee Schedule Revised
- January 2025 DME Services Fee Schedule Revised

### ADDITIONAL DOCUMENTS POSTED

- Private Duty Nursing Services Prior Authorization Forms for Agencies 2025
- Private Duty Nursing School Based Services Request Form 2025
- Electronic Funds Transfer Authorization Agreement 2025
- Federally Qualified Health Center and Rural Health Clinic Providers Manual Update
- Prescription Drug Program Manual Update
- February 2025 Preferred Drug List
- March 2025 DUR Meeting Agenda
- WASP Clinical Eligibility Form 2025
- WASP Waiver Checklist
- February 2025 WASP Training Presentation
- State Plan WASP, SDMI, LOI Form 2025
- WASP Medicaid Enrollment Form 2025
- February 2025 Montana Healthcare Programs MPATH Provider Services Billing 101
- February 2025 Team Number Rollout
- February 2025 Montana Healthcare Programs MPATH Provider Services Team Selection
- January 2025 IHS Tribal Training Agenda
- January 2025 Optometry Billing Presentation
- February 2025 IHS Tribal Training Agenda
- February 2025 Passport Training Presentation

# Top 15 Claim Denials

Claim Denial Reason	January 2025	December 2024
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
PA MISSING OR INVALID	3	4
MISSING/INVALID INFORMATION	4	3
SUSPECT DUPLICATE	5	10
RECIPIENT COVERED BY PART B	6	5
INVALID CLIA CERTIFICATION	7	15
PROVIDER TYPE/PROCEDURE MISMAT	8	8
SUSPECT DUPLICATE/CONFLICT	9	11
CLAIM INDICATES TPL	10	7
REV CODE INVALID FOR PROV TYPE	11	6
PROC. CONTROL CODE = NOT COVERED	12	13
CLAIM DATE PAST FILING LIMIT	13	9
PROC. FACT. CODE = NOT ALLOWED	14	12
RECIPIENT HAS TPL	15	14

**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~**

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

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## 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:  
 MTEnrollment@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: 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)