



Claim Jumper

Montana Healthcare Programs Claim Jumper

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Upcoming Training

Provider Enrollment sessions held the second Wednesday of every month.

Billing 101
May 1, 2025

Medicaid Administrative Claiming
May 15, 2025

General Resources
May 22, 2025

PCCA Services
June 12, 2025
June 26, 2025

Register Now

Settings Evaluation and Tracking System: Digitizing Settings Rule Compliance

The Home and Community-Based Services (HCBS) Settings Rule, a federal regulation passed in 2014, establishes that individuals receiving HCBS have full access and benefits of community living with opportunities to receive services in the most integrated setting.

To comply with the rule, a partnership was formed between the following waiver programs to develop and implement the Settings Evaluation and Tracking System (SETS) Platform:

- Big Sky Waiver (BSW)
- Developmental Disabilities (DD) Waiver
- Severe Disabling Mental Illness (SDMI) Waiver

SETS promotes digital centralization, efficiency, and compliance with the HCBS Settings Rule. It further allows programs to manage provider self-assessments (PSA) and onsite validation visits digitally and includes three portals:

- The SETS Administrative Portal is for Department of Public Health and Human Services (DPHHS) HCBS Staff to monitor compliance and document management.
- The SETS Provider Portal is for providers to manage settings and related required documents.
- The SETS Citizen Portal will be open for public comment and feedback and is intended to ensure ongoing compliance with the HCBS Settings Rule.

HCBS staff are introducing providers to SETS through a series of training sessions. They will contact providers individually for specific rounds of training. This training will help providers access and navigate the system, participate in provider office hours, and connect with HCBS program leads for their respective waiver programs as an ongoing resource.

Additionally, providers can learn more about the HCBS settings requirements and SETS on the DPHHS webpage, [Home and Community Based Services](#).

*Submitted by Jess Milakovich
Big Sky Waiver Performance Improvement Specialist
Community Services Bureau, SLTC
DPHHS*

Pediatric Complex Care Assistant Services Overview

Pediatric Complex Care Assistant (PCCA) services support Montana Medicaid members under 21 years of age who are medically eligible for complex pediatric care by compensating family caregivers – parent, guardian, relative, or foster care – for specialized care.

Established under 37-2-603, MCA, in response to House Bill 449 (2023), these services fill care gaps without replacing existing programs.

PCCA services do not replace private duty nursing (PDN) services. PCCA services are not intended to act as a complete substitute for PDN services. PCCA services do not duplicate health maintenance activities available under Montana Community First Choice/Personal Assistant Services.

Certified nurse aide (CNA) is not reimbursable under PCCA but may be covered elsewhere. Medical complexity may allow for bowel, bladder, and wound care under PCCA, but in most cases these services may be covered elsewhere.

PCCAs work as part of a comprehensive, person-centered plan alongside personal care attendant (PCA) and PDN services.

Authorized PCCA Tasks

PCCAs with a valid Montana license may perform the following under a provider:

- Medication administration
- Tracheostomy care: Routine care, suctioning, emergency ventilation, and tube replacement
- Enteral care and therapy
- Airway clearance: Includes oral suction and device setup and cleaning
- Additional tasks: Ostomy, central line, IV fluid, and oxygen management (including CPAP, BIPAP, and ventilator support) per regulatory rules

PCCA Service Enrollment and Hiring Process

Provider enrollment may start as early as May 2025. PCCAs may need to pass a background check and must have been granted a valid license prior to enrollment. **Provider enrollment cannot begin without valid PCCA licenses.** Billing for PCCA services cannot begin until July 1, 2025.

PCCAs must not be listed on any exclusionary lists, including:

- [Special OIG Advisories](#)
- [List of Excluded Individuals and Entities \(LEIE\)](#)
- [Montana Department of Labor](#),
- [System for Award Management \(SAM\)](#)

Providers should collaborate with physicians and families to develop the plan of care and conduct periodic quality check-ins with members, PCCAs, and families.

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Provider Services Portal – New Enrollment or Update to Existing Enrollment

1. Providers enroll in the [DPHHS Provider Services Portal](#) with taxonomy codes 251E00000X or 251J00000X and select the PCCA provider type option.
2. Enter all valid PCCA licenses in the Credential section. **Note:** Licensees will be required to complete annual attestation for license maintenance.
3. Provider will add a Team at each location where services are provided. There is one team per location.
4. The system will generate a new enrollment unit (EU).
5. Upon selecting Submit, the application will be routed for review. Providers will receive a Welcome Letter once the EU is approved.

Mountain Pacific – Prior Authorizations

1. The provider hires the family caregivers as PCCAs and enrolls in or updates their provider record in the [Mountain Pacific Provider Portal](#).
2. The provider obtains prior authorization for each eligible member **before** offering services. Prior authorizations must be renewed every 90 days initially for the first six months and then every six months thereafter **or** when the child's condition changes.

Electronic Visit Verification (EVV) Requirement

1. Once the application is approved, providers must register their EU (Payer Provider ID) in [Netsmart Mobile Caregiver+](#) or with their alternate EVV vendor, whichever is applicable.
2. Providers will receive a registration confirmation email with the steps to follow.
3. Providers must ensure the PCCAs follow EVV protocols.

Online training will be provided in June for PCCA providers, licensed PCCAs, and those interested in becoming licensed PCCAs. See the [Training page](#) on the website to enroll.

For more information, contact Denise Brunett, Bureau Chief Community Services Bureau, at (406) 444-4544, email Denise.Brunett2@mt.gov or Michelle Christensen, Section Supervisor CFCS/PCS/MFP, (406) 270-4211, email MChristensen@mt.gov.

*Submitted by Denise Brunett and Michelle Christensen
SLTC Division
DPHHS*

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Claims System Modernization

New Montana Healthcare Programs Claims System Coming in 2027!

The Department of Public Health and Human Services (DPHHS) is pleased to announce we have contracted with Gainwell Technologies to implement a Claims, Encounter, and Financial (CEF) Solution for processing and paying Montana healthcare claims. The claims project kicked off in October 2024, with plans to roll out the new system in 2027!

The new Claims System is part of the DPHHS overall Medicaid Enterprise Systems (MES) initiative to modernize and improve systems supporting Montana Healthcare Programs. The new system will leverage modern, flexible, and adaptable solutions that will provide best-in-class capabilities to Montana Healthcare Programs providers, stakeholders, members, and staff.

Benefits coming in the new Claims System:

- Near real-time adjudication of Montana Healthcare Programs claims
- Increased automation and improved business processes
- Ability to more quickly implement and automate Medicaid policy and rate changes

Stay Connected

DPHHS will inform providers about project status, timelines, training opportunities, and potential impacts on providers. To stay connected, visit the [DPHHS Claims Modernization webpage](#). From there, you may register your email address to receive Claims System updates and notifications directly to your email inbox.

You may ask questions, voice concerns, or provide feedback by emailing HHSClaimsModernization@mt.gov.

*Submitted by Brittany Craig
MPATH Business Analyst
Medicaid Systems Support Program
Technology Services Division
DPHHS*

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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SURS Revelations

Unique Challenges in Behavioral Health Fraud

Medicaid is a critical source of funding for behavioral health services, providing care for millions of individuals with mental health and substance use disorders. However, the complexity of behavioral health treatment and reimbursement models create vulnerabilities fraudsters can exploit. Understanding these unique challenges is essential for compliance professionals working to protect program integrity.

Unlike physical health services, behavioral health treatment often involves subjective diagnoses and longer-term, less quantifiable interventions. This makes it easier for people to manipulate claims or misrepresent services. Some of the most common fraud schemes include:

- **Upcoding and Overbilling** – Billing for a higher level of services than were actually provided, such as billing for 60 minutes when the patient was only seen for 30 minutes.
- **Phantom Services** – Submitting claims for services that never took place.
- **Unqualified Providers** – Allowing unlicensed or uncredentialed staff to provide care while billing under a licensed provider's credentials.
- **Kickbacks and Patient Brokering** – Unethical referrals, where providers pay for patient recruitment or offer patients incentives to use their services.

To combat these risks, compliance professionals can implement targeted strategies to strengthen oversight:

- **Provider Credentialing** – Ensure all providers are properly licensed and meet Medicaid participation requirements before enrollment.
- **Use Data Analytics for Monitoring** – Use available technology to identify billing anomalies, such as excessive claims per provider or unusual billing patterns.
- **Educate Providers on Compliance** – Most billing errors stem from misunderstanding Medicaid rules. DPHHS offers regular training opportunities. See the Training page on the [Provider Information website](#) for details.
- **Encourage Whistleblower Reporting** – Foster a culture where employees and patients feel safe reporting suspicious activities.
- **Conduct Self-Reviews** – Regularly review records to ensure services were accurately and adequately delivered, which support the claims billed. Please see [SURS Provider Internal Self-Review Protocol](#) under the Other Resources tab on your provider type page.

Behavioral health fraud, waste, and abuse not only drains Medicaid resources but also compromises patient care. By understanding the unique risks and implementing strong compliance measures, Medicaid programs can protect funding and ensure the vulnerable populations receive the care they need. With proactive oversight, behavioral health services can be both accessible and accountable.

*Submitted by Summer Roberts, CPC
Lead Program Integrity Compliance Specialist
Program Compliance Bureau
Office of the Inspector General
DPHHS*

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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
04/23/2025	Critical Access Hospital, Indian Health Services, Inpatient Hospital, Mid-Level, Outpatient Hospital, Physician, RHC, FQHC, Tribal 638	Written Orders Regarding Occupational, Physical, and Speech Therapy
04/23/2025	DME, EPSDT, Indian Health Service, Mid-Level, Pharmacy, Physician, Tribal 638	DME Claims Processing Instructions for Enteral and Parenteral Nutrition
04/25/2025	FQHC, RHS, UIO	Dental Hygienist and dental Hygienist with Limited Access Permit Updates
04/29/2025	All Providers	Audio – Only Codes
FEE SCHEDULES		
<ul style="list-style-type: none"> January 2025 Mid-Level Services Fee Schedule Revised January 2025 DME Services Fee Schedule Revised April 2025 ASC Services Fee Schedule Revised 		
ADDITIONAL DOCUMENTS POSTED		
<ul style="list-style-type: none"> Contact update to Presumptive Eligibility Guide Pharmacy/DUR Meeting Minutes March 2025 General Resources Training March 2025 Billing 101 Training March 2025 Provider Enrollment Training March 2025 SDMI Provider Training May 2025 DUR Meeting Agenda April 2025 DUR Meeting Minutes April 2025 IHS-Tribal 638 Training Agenda The Nuts and Bolts of the Surveillance Utilization Review (SURS) Presentation 		

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Top 15 Claim Denials

Claim Denial Reason	March 2025	February 2025
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	5
REV CODE INVALID FOR PROV TYPE	6	6
INVALID CLIA CERTIFICATION	7	10
CLAIM INDICATES TPL	8	8
SUSPECT DUPLICATE	9	7
CLAIM DATE PAST FILING LIMIT	10	9
PROVIDER TYPE/PROCEDURE MISMAT	11	11
PROC. CONTROL CODE = NOT COVERED	12	12
PROC. FACT. CODE = NOT ALLOWED	13	13
SUSPECT DUPLICATE/CONFLICT	14	14
RECIPIENT HAS TPL	15	15

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)

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