



Claim Jumper

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Upcoming Training

Provider Enrollment sessions held the second Wednesday of every month.

General Resources
April 1, 2026

Documentation from a Reviewers Perspective
April 16, 2026

Billing 101
April 22, 2026

SDMI
May 21, 2025

Register Now

Medicaid Enrollment for Ordering, Referring, and Prescribing (ORP) Providers, Attending Providers

Federal regulation 42 CFR 455.410 requires all providers who order, refer, or prescribe (ORP) services for Montana Healthcare Programs members to be enrolled with Montana Healthcare Programs. Active enrollment is required even if the ORP provider does not bill Montana Healthcare Programs for their services.

Enrolling as an ORP provider does not require the provider to accept Montana Healthcare Programs members or submit claims for payment. ORP providers can continue to provide services for enrolled members without billing Montana Healthcare Programs. Active ORP provider enrollment ensures services rendered as a result of an order, referral, or prescription are eligible for reimbursement. If an enrolled provider submits a claim for services ordered, referred, or prescribed by a non-enrolled provider, the enrolled provider's claim will be denied.

Anyone providing services to Medicaid members must be enrolled with MT Medicaid. If the provider is an ORP they must enroll as such. If they are an Attending/ Rendering, they must enroll as Rendering only.

Additional information regarding provider enrollment can be found at <https://medicaidprovider.mt.gov/providerenrollment>

*Submitted by Amanda Brensdal
Hospital Program Officer
Hospital & Physician Services Bureau
DPHHS*

SURS Revelations

Understanding Fraud, Waste, and Abuse in Medicaid

We often hear the terms fraud, waste, and abuse used together. They are related, but they are not the same. Understanding the difference helps providers avoid billing problems and protect the Montana Medicaid program funds.

FRAUD

Fraud involves intentional deception. It means someone knowingly did something wrong to receive payment they were not entitled to.

Examples may include:

- Billing for services not rendered.
- Falsifying or altering medical records.
- Billing under another provider's credentials.
- Intentionally upcoding to higher-paying services.

Fraud cases can result in recoupment, civil penalties, or criminal prosecution.

WASTE

Waste is generally not intentional. It involves inefficient or unnecessary use of resources that increases program costs.

Examples may include:

- Excessive or unnecessary testing.
- Duplicate services billed.
- Scheduling appointments more frequently than medically necessary.
- Providing more expensive treatments when lower cost options are available.

Waste impacts the overall sustainability of the Medicaid program.

ABUSE

Abuse occurs when services or billing practices do not meet Medicaid rules or documentation standards, even if there was no intent to deceive.

Examples may include:

- Missing required signatures or dates.
- Missing start and stop times for time-based services.
- Services provided without valid or timely orders.
- Copy and paste documentation that does not reflect the actual visit.

Many review findings fall into this category and can be prevented with better documentation and keeping up with rules and regulations, to ensure appropriate billing practices.

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Provider Tips:

- Make sure to document the extent, nature and medical necessity of the services.
- Ensure all documentation requirements are present, this includes the signature and date signed by the rendering provider.
- Ensure orders are valid and within required time frames.
- Perform periodic self-reviews.
- Train staff on where to find Medicaid requirements.

Strong documentation and accurate billing help protect program funds and ensure recipients receive needed healthcare.

Important General Medicaid rules include but are not limited to [Administrative Rule of Montana \(ARM\) 37.85.406](#) - Records and documentation requirements, and [ARM 37.85.414](#) - Provider responsibilities and record authentication. Specific requirements are outlined in each provider manual as well as the General Information for Providers Manual, these can be found at the [Montana Medicaid Provider Information website](#).

Compliance is not only about avoiding penalties – it's about protecting access to care.

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

*Submitted by Lori Beniger, LPN
Program Integrity Compliance Specialist
Program Compliance Bureau
Office of Inspector General
DPHHS*

Provider Appeals Coming in April

Beginning in April, the Provider Services module will support appeals of enrollment decisions, including initial enrollment denials, revalidation denials, maintenance denials, disenrollments, and terminations. Appeals must be submitted within 30 days of the most recent denial, disenrollment, or termination transaction, and only when no subsequent update has been submitted.

A new Appeal tile will be available on the Provider Enrollment Portal (PEP) workbench. From this tile, you can submit an appeal by providing your reason for the request and uploading supporting documentation explaining why your enrollment should be reconsidered. All correspondence related to the appeal will occur within the PEP Appeal workbench, which should be monitored regularly after an appeal is submitted. For detailed, step-by-step instructions, please refer to the Provider Maintenance User Guide (this will be available on April 13, 2026).

*Submitted by Denise Juvik
MPATH Project Manager
Medicaid Systems Support Program
DPHHS*

A Few Quick Bits on Remits

Where can I look at my remittance advices? You can find RAs on the Provider Portal, available exclusively via the MES Integrated Customer Access Portal (ICAP) starting April 13, 2026. (See the *Montana Provider Services Module Single Sign-On* article below.) Once there, click the Provider button for access to the new Provider Services Workbench. Next, you will need to enter your National Provider ID (NPI). Click the Go button. Select Remittance Advice and Search. Search by EFT, check or RA number, or by date range. You can view the RA online or download it as a PDF.

What does it mean by “pending further review?” Do I need to provide more information? The 133 ‘pending’ code is a good sign. It means that things are processing normally; it just isn’t done yet. You don’t need to provide anything more.

What can be done to speed up the claims process?

For faster turn-around, consider [electronic claims submission](#).

Where can I find out more? Invest a bit of time to attend a monthly Billing 101 class. It’s free, you can ask questions and it can save you a lot of time. Go to the [Montana Healthcare Programs Provider Information Website](#). Go to Site Index > Training and Events > Register for Training. Fill out the short registration form and pick your class session.

*Submitted by Allen Way
Account 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.

Montana Provider Services Module Single Sign-On (SSO)

Effective Monday, April 13, 2026, the Montana Provider Services Portal will be accessed exclusively through the MES Integrated Customer Access Portal (ICAP) at <https://portal.mt.healthinteractive.net/icapPortal/>. Existing Provider Services Portal users will be automatically transitioned to ICAP using the email address currently on file. Between April 6–10, 2026, users will receive an email with a temporary password and a link to complete their ICAP access.

Users may complete ICAP registration as soon as they receive their email; however, access to the Provider Services Portal through ICAP will not begin until April 13, 2026. Until that date, users should continue to access the Provider Services Portal as they do today.

Please check your spam or junk folder and mark messages from noreply@mt.healthinteractive.net as “not spam.” Add noreply@mt.healthinteractive.net to your contacts or Safe Senders List to help ensure you receive these messages.

Current Montana Provider Services Portal users will receive an email listing their username and temporary password prior to the transition. These credentials will be used to log in to the Montana Provider Services Portal via ICAP.

The new Single Sign-On (SSO) experience through ICAP makes it easier and faster for users to access multiple MES applications with a single secure login. This enhanced approach simplifies credential management, improves data security, and offers a seamless, modern experience for all provider users. We're excited to deliver this upgrade as part of Montana's continued commitment to improving system accessibility and convenience.

For additional details and step-by-step guidance, please refer to the Registered Users Help Guide.

For new registrations on or after April 13, 2026, please check the announcement page for updates.

*Submitted by Denise Juvik
MPATH Project Manager
Medicaid Systems Support Program
DPHHS*

Transition of Passport to Health, Comprehensive Primary Care Plus (CPC+) and Patient Centered Medical Home (PCMH) to new Primary Care Montana (PCMT) Program

Montana Healthcare Programs is preparing to transition its current primary care case management and medical home programs into a single, value-based primary care case management (PCCM) program called Primary Care Montana (PCMT) program. Upon approval from the Centers for Medicare & Medicaid Services (CMS), the new PCMT program is anticipated to begin July 1, 2026. When PCMT begins, the following programs will end:

- Passport to Health (Passport)
- Comprehensive Primary Care Plus (CPC+)
- Patient-Centered Medical Home (PCMH)

Current Passport, CPC+, and PCMH providers will receive additional communication about how this transition will occur, including key dates, provider responsibilities, and options for participating in PCMT. The Department's goal is to support continuity of care for members while simplifying and modernizing primary care case management for providers.

To support providers through this change, the Department and its contractor will offer a series of technical assistance (TA) opportunities. These will include PCMT overview trainings, detailed walkthroughs of program requirements and tiers, and practical guidance on attribution, reporting, and payment under the new PCCM model.

Providers will be able to register for PCMT provider training through the Montana Healthcare Programs Provider Information website (medicaidprovider.mt.gov), as they become available.

A PCMT Town Hall and Provider Technical Assistance Kickoff is scheduled for April 13, 2026, from 11:00 a.m. to 12:30 p.m. Providers can register for the town hall at:

- Webinar Registration – Zoom
- https://mt-gov.zoom.us/webinar/register/WN_4dxnn3KYRBKfPpOYGwRqXLQ?#/registration

Future Claim Jumper articles, provider notices, and a PCMT provider manual will include more detailed information on:

- PCMT program design and participation requirements
- Transition timelines from Passport, CPC+, and PCMH
- Enrollment steps for providers who wish to participate in PCMT
- Training schedules and access instructions

For specific program questions, providers may contact:

Primary Care Value-Based Programs
Brook Sturm, Program Specialist
Email: mtprimarycareprograms@mt.gov

*Submitted by Jacqueline Roberts
Care Management Section Supervisor
Health Resources Division
DPHHS*

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

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
03/04/2026	DME	Anal Irrigation Systems Update to Annual Max Units
03/06/2026	Audiologist, DME, Hearing Aid	MRSP Reimbursement and Documentation Requirements
03/13/2026	DME, Pharmacy	Billing Guidance for Incontinence Supplies
03/20/2026	All Providers	Transition of Passport to Health, CPC+, and PCMH to New Primary Care Montana (PCMT) Program
FEE SCHEDULES		
<ul style="list-style-type: none"> July 2025 Transportation PC Services Fee Schedule January 2026 DME Services Fee Schedule January 2026 Podiatry Services Fee Schedule July 2025 School Based Services Fee Schedule Revised October 2025 School Based Services Cover Sheet July 2025 MT Prov DDP Rates January 2026 OPSS Services Fee Schedule January 2026 APC Services Fee Schedule 	<ul style="list-style-type: none"> January 2026 Audiologist Services Fee Schedule Revised January 2026 DME Services Fee Schedule Revised January 2026 Dental Services Fee Schedule Revised July 2025 Nursing Facility Fee Schedule Proposed Youth Mental Health Services Fee Schedule October 2025 APC Services Fee Schedule October 2025 OPSS Services Fee Schedule 	
ADDITIONAL DOCUMENTS POSTED		
<ul style="list-style-type: none"> Coverage Criteria for Anal Irrigation Systems and Catheters 01/2026 March 2026 General Resources Training RMTS Coordinator Training MAC Financials Training April 2026 DUR Meeting Agenda Not Enrolled with Medicare – Provider Attestation Form Coverage Criteria for Incontinence Supplies March 2026 Tribal Training Agenda DPHHS Healthy Montana Kids (HMK) Training March 2026 Billing 101 Training Presentation March 2026 Rebateable Labelers March 2026 PDL Meeting Minutes 		

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

Top 15 Claim Denials

Claim Denial Reason	February 2026	January 2026
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
PROC. CONTROL CODE = NOT COVERED	6	10
CLAIM INDICATES TPL	7	7
PROC. FACT. CODE = NOT ALLOWED	8	12
REV CODE INVALID FOR PROV TYPE	9	9
INVALID CLIA CERTIFICATION	10	6
CLAIM DATE PAST FILING LIMIT	11	11
PROVIDER TYPE/PROCEDURE MISMAT	12	13
SUSPECT DUPLICATE	13	8
RECIPIENT HAS TPL	14	14
SUSPECT DUPLICATE/CONFLICT	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)