Claim Jumper

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Register Now

DPHHS has a new, secure online portal where you can share a concern or file a complaint (called a grievance) about your Home and Community-Based Services (HCBS). The portal will be available on the HCBS and Access Rule Webpages, both links will take you to the same portal: Montana Medicaid Access Rule (Home) and Home and Community Based Services

Key dates

- Dec. 1, 2026: Soft launch.
- Jan. 1, 2027: The portal officially opens.

What Is HCBS?

HCBS are services that help you live safely at home or in your community instead of a nursing home. HCBS does not include regular medical care, like doctor visits, ER trips, surgery, lab tests, or prescriptions. Learn more at Home and Community Based Services

What Can I Report?

- Your Person-Centered Plan: If you feel your voice isn't being heard or your goals aren't being included
- Service Planning and Delivery: If you are not receiving your approved services, or if there is a problem with how they are being delivered
- HCBS Settings Requirements: If you feel your rights to privacy, dignity, respect, or independence are not being supported where you live or receive services.

If you need additional information, please check the Access Rule webpage for upcoming webinars, updated guidance, and information: Montana Medicaid Access Rule (Home).

Thank you for helping us make Montana Medicaid services better.

Please let us know if you have any questions.

The Olmstead Plan for the State of Montana

We all want to live full, meaningful lives in our communities, surrounded by friends, family, and the activities we enjoy. For many Montanans with disabilities, this desire is supported by Montana's Olmstead Plan.

The Dedication to Olmstead: Community Over Institutions

The Olmstead Plan stems from a landmark 1999 Supreme Court decision. This ruling affirmed the right of people with disabilities to receive services in the most integrated setting appropriate to their needs, consistent with the requirements of the Americans with Disabilities Act.

In simpler terms, the Olmstead Plan supports people with disabilities receiving services in their homes and communities to maximize their ability to participate in cultural and community activities, employment, education, and socialization. The Olmstead decision represents freedom and choice for you to live where you feel most comfortable. The Supreme Court ruling required that people with disabilities have the right to receive state-funded services in the community, as opposed to an institution, as long as;

- that is the person's choice.
- the person's treatment team agrees that the community services will meet their needs.
- it is a reasonable accommodation and fair when compared to other people receiving services.

Looking Ahead: Strengthening Community Living in Montana

Through the Olmstead planning effort, the Department of Public Health & Human Services has been gathering feedback to understand what Montanans need to live in the most integrated settings possible. This work is focused on enhancing our system that values community input.

The foundation of this effort was gathering information through a series of focus groups which included people with disabilities residing in community or congregate settings, family members or caregivers of people with disabilities, and statewide advocacy groups. This outreach ensured that the statewide plan was built directly on the experiences, needs, and preferences of the people who use the services.

For more information, and to view the Olmstead Plan for the State of Montana, visit the Olmstead webpage which can be found at https://dphhs.mt.gov/olmstead/.

Submitted by Jess Milakovich
Big Sky Waiver Performance Improvement Specialist
Community Services Bureau
Senior and Long-Term Care

Claim Adjustment and Void Changes in the Montana Healthcare Claims System

When the Montana Healthcare Claims System (MTHCS) launches in 2027, the process for submitting claim adjustments and voids will change. The timeframe for adjusting paid claims will also be aligned to timely filing requirements.

Currently, providers may submit adjustments and voids using the paper Individual Adjustment Request form or electronically through the MES Provider Services Portal Claims Module or 837 transactions.

Paper Submissions
The paper Individual Adjustment Request form will no longer be used after MTHCS implementation. Use of this form will result in the documents being returned to the provider.

Although the Individual Adjustment Request form will no longer be available, paper submissions of adjustments and voids are still possible by submitting a clean copy of the applicable claim form with all necessary corrections, including updates to service lines, diagnosis codes, and charges. You must also complete the required fields below to identify the claim as a replacement or void of a previously paid claim. Claims submitted without the required replacement or void indicators will be processed as new claims and may be denied as duplicates of a previously paid claim. Denied claims cannot be adjusted.

CMS-1500 Professional Claim Form

Requested action	Required field	What to enter
Replace a prior claim	Box 22 — Resubmission Code/Original Reference Number	Enter **7** in the left side of the field (Resubmission Code) and the original claim ICN in the right side of the field (Original Ref No.)
Void a prior claim	Box 22 — Resubmission Code/Original Reference Number	Enter **8** in the left side of the field (Resubmission Code) and the original claim ICN in the right side of the field (Original Ref No.)

UB-04 Institutional Claim Form

Requested action	Required field	What to enter
Replace a prior claim	Box 4 — Type of Bill	Enter frequency code **7 (**Change the original Type Of Bill to end in 7)
Replace a prior claim	Box 64 — Document Control Number	Enter the original claim ICN
Void a prior claim	Box 4 — Type of Bill	Enter frequency code **8 (**Change the original Type Of Bill to end in 8)
Void a prior claim	Box 64 — Document Control Number	Enter the original claim ICN

If the adjustment includes changing the Type of Bill the claim must be voided and resubmitted as a new claim.

ADA Dental Claim Form

Requested action	Required field	What to enter
Replace a prior claim	Box 35 — Remarks	Enter **7** followed by a space and the original claim ICN
Void a prior claim	Box 35 — Remarks	Enter **8** followed by a space and the original claim ICN

Electronic Submissions

Electronic adjustments will continue to be available through the MES Provider Services Portal Claims Module or 837 transactions. No changes to the current portal adjustment process are anticipated. Electronic adjustment instructions are available on the Montana Healthcare Programs Provider claims page.
Providers may also submit adjustments and voids through EDI 837 transactions. Enter:

The applicable frequency code in Loop 2300, CLM05-3.
The original claim ICN in the REF*F8 segment of Loop 2300.

Timely Filing Requirements

Claim adjustments must meet the timely filing requirements in Administrative Rules of Montana (ARM) 37.85.406. In general, clean claims must be submitted by the latest applicable deadline:

Within 12 months of the date of service, the date retroactive eligibility was determined, or the date disability was determined.
Within six months of the date on the Medicare explanation of benefits approving the service, when the Medicare claim was timely filed and the member was Medicare eligible when the Medicare claim was filed.
Within six months of the date on a third-party payer adjustment notice, when that notice is dated after the deadlines above.
For inpatient hospital services, the date of service is the date of discharge. A clean claim is one that can be processed without additional information, documentation, or provider action. The submission date is the date the Department or its designee stamps the claim as received.

An adjustment submitted after the applicable timely filing deadline will be denied, and repayment of the original claim will not be issued.

More Information

Visit the Claims Modernization page for additional information regarding the MTHCS. If you have questions or feedback regarding the MTHCS, contact HHSClaimsModernization@mt.gov.

Submitted by Brittany Craig
MPATH MES Analyst
Medicaid Systems Support Program
DPHHS

SURS Revelations

Don’t Get Denied: Navigating Montana Medicaid Prior Authorizations for Private Duty Nursing

Prior authorizations (PA) may not be the most exciting part of providing care, but getting them right makes a big difference when it comes to claims.

SURS has noticed there are some issues in understanding what codes are correct to use for prior authorization of some Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), Private Duty Nursing (PDN). The Notice for April 16, 2026, Updated Guidance on Prior Authorization Requests offers guidance on submitting these authorizations and can help providers avoid unnecessary headaches down the road.

Things to consider

Make sure to keep the RN and LPN units separate when requesting your PA. Make sure you know your codes for EPSDT PDN. There are specific codes for RN services and LPN services.

What If the Staffing Mix Changes?
The RN/LPN allocation is an estimate. If actual staffing needs change, one code may exceed its original allocation while unused units remain under the other.

That's okay as long as the combined total authorized units are not exceeded.

The Bottom Line

A few extra seconds when submitting the PA may save considerably more time when you're trying to figure out why a claim didn't pay.

The Mountain-Pacific Qualitrac Provider User Guide, updated February 2026, includes the updated PDN PA submission guidance. Providers should always refer to the current Montana Healthcare Programs guidance and applicable manuals and forms when preparing requests.

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

Submitted by Angie Anderson
Program Integrity Compliance Specialist
Program Compliance Bureau

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.

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
10/01/2026	All Providers	Affiliations Requirement in the Claim Modernization System Revised
10/01/2026	All Providers	Changes to Medicaid Non-Emergency Medical Transportation
10/01/2026	Audiologist, DME, Hearing Aid Dispenser, IHS, Pharmacy, Physician, Mid-Level, Tribal 638	Updated Hearing Aid and Hearing Aid Systems Coverage Criteria
10/06/2026	All Providers	Changes to Gender Dysphoria Coverage in Accordance with New Federal Final Rules
10/09/2026	EPSDT	Updated Guidance on Prior Authorization Requests
10/09/2026	All Providers	Provider Services Portal Notice: Secure Mailbox
10/09/2026	All Providers	Provider Services Portal Notice: Communication Preferences
10/09/2026	All Providers	Provider Services Portal Notice: Electronic Linking Requests
10/13/2026	All Providers	CMS Directed Off-Cycle Revalidation for Targeted Moderate and High-Risk Providers
10/29/2026	Occupational Therapy, Physical Therapy, Speech Therapy	Place-of-Service (POS) Code 99 for Occupational, Physical, Speech Therapy Services
10/30/2026	DME	DME Equipment Retention and Member Financial Liability

FEE SCHEDULES

- July 2026 Audiology Services Fee Schedule
- July 2026 HMK Services Fee Schedule
- July 2026 Lab Services Fee Schedule Revised
- July 2026 Mid-Level Services Fee Schedule Revised
- July 2026 Physician Services Fee Schedule Revised
- July 2026 Targeted Case Management Non-Mental Health Services Fee Schedule
- October 2026 Hospice Services Fee Schedule
- October 2026 Hospice Non-Compliant Services Fee Schedule
- July 2026 APR DRG
- January 2026 Physician Services Fee Schedule Revised
- January 2026 Public Health Services Fee Schedule Revised
- January 2026 Mid-Level Services Fee Schedule Revised
- July 2026 Doula Services Fee Schedule

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

ADDITIONAL DOCUMENTS POSTED

- Coverage Criteria for Hearing Aids
- Coverage Criteria for Custom Made Equipment
- Coverage Criteria for Omnipod
- Coverage Criteria for Insulin Pump
- Advanced Beneficiary Notice for Noncovered Services and Costs Exceeding Annual Limits
- October 2026 Monthly Enrollment Training
- September 2026 DUR Meeting Minutes
- October 2026 SURS Nuts and Bolts Training
- October 2026 Billing 101 Training
- Coverage Criteria for Nebulizers and Nebulizer Kits
- DME Advanced Beneficiary Notice (ABN) Requirements

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Top 15 Claim Denials

Claim Denial Reason	September 2026	August 2026
RECIPIENT NOT ELIGIBILE 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:
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
(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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