



MONTANA HEALTHCARE PROGRAMS NOTICE

April 27 2020

All Providers

Effective Immediately

Non-Covered Services Agreement Policy Change

The COVID-19 pandemic has increased the utilization of telehealth/telemedicine services. This shift has made it difficult for providers to obtain in-person signatures on a Custom Agreement for Medicaid Non-Covered Services. Montana Healthcare Programs has responded to the need for alternative methods to obtain a member's signature.

Description of Agreement

The Custom Agreement for Medicaid Non-Covered Services, also known as a waiver of liability or Advance Beneficiary Notice (ABN), is a notice a provider should give to a member BEFORE they receive a service if, based on Medicaid coverage rules, the provider has reason to believe Montana Healthcare Programs will not pay for the service. The agreement allows the member to decide whether to get the care in question and to accept financial responsibility for the service by paying for the service out-of-pocket. In accordance with ARM 37.85.406(11)(b)(i), if a member signs the Custom Agreement for Medicaid Non-Covered Services, before receiving services, providers may bill a member for Medicaid non-covered services.

Requirements of the Custom Agreement for Medicaid Non-Covered Services

In circumstances when issuing a Custom Agreement for Medicaid Non-Covered Services and an in-person signature is not possible, the provider may issue the agreement through the following means and according to HIPAA policies:

- Direct telephone;
- Photograph of signed document through text;
- Secure e-mail;
- Mail; or
- Secure fax machine.

If the provider cannot issue the agreement in person, document the contact in the member's records. The provider's office must follow up the telephone contacts immediately by either mailed, text, e-mailed, or faxed agreement. The member or the member's representative must sign and retain the original agreement and send a copy of the signed agreement back to the provider's office for retention in the member's record. The provider's office will keep a copy of the unsigned agreement on file while awaiting receipt of the signed agreement. If the member fails to return a signed copy, the provider will document the initial contact and subsequent attempts to obtain a signature in appropriate records or on the agreement

A copy of the Custom Agreement for Medicaid Non-Covered Services can be accessed on the [Forms Page](#) of the provider website.

Contact Information

Health Resources Division (406) 444-4455
Addictive and Mental Disorders Division (406) 444-3964
Developmental Disabilities Division (406) 444-2995
Children's Mental Health Bureau (406) 444-4545

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHelpdesk@conduent.com\]\(mailto:MTPRHelpdesk@conduent.com\).](#)

[Visit the Montana Healthcare Programs Provider Information website at <https://medicaidprovider.mt.gov>.](https://medicaidprovider.mt.gov)