



MONTANA HEALTHCARE PROGRAMS NOTICE

December 30, 2022

Nursing Facility and Swing Bed Providers

Reminder

Medicaid Nursing Facility Reimbursement and Patient Contribution

Pursuant to [Administrative Rules of Montana \(ARM\) 37.40.307 Nursing Facility Reimbursement](#) (1) For nursing facility services, other than ICF/IID services, provided by nursing facilities located within the state of Montana, the Montana Medicaid program will pay a provider, for each Medicaid patient day, a per diem rate determined in accordance with this rule, minus the amount of the Medicaid recipient's patient contribution.

When submitting claims on the [MA-3](#) or [UB-04](#), providers must identify the Medicaid recipient's personal resource amount (referred to as the nursing home obligation on the claim). It is the facility's responsibility to verify that the Medicaid recipient's personal resource amount is accurate to assist with appropriate claims processing and to avoid potential overpayment as mentioned in the ARM above in subpart 12.

When filing electronically, claims are set up under the submission of a UB-04. When entering information for the personal resource amount, use code 31 for personal resources in the value code box (39), then enter the dollar amount in the box next to it.

Contact and Website Information

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

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