



# Montana Healthcare Programs Provider Notice

## October 30, 2023

### Nursing Facility and Swing Bed Providers

### Medicaid Nursing Facility Reimbursement and Patient Contribution

Pursuant to [Administrative Rules of Montana \(ARM\) 37.40.307](#) Nursing Facility Reimbursement (1) for services other than ICF/IID, the Montana Medicaid program pays nursing facilities within the state a per diem rate for each Medicaid patient day. The rate is determined by this rule and reduced by the Medicaid recipient's patient contribution.

Providers must verify the accuracy of the personal resource amount to ensure proper claims processing and to prevent potential overpayment, as stipulated in ARM 37.40.307 (12).

When submitting a **paper claim on an MA-3 form**, enter the personal resource amount in the designated box.

When submitting a **paper claim on a UB-04 form**, enter value code 31 in box 39, 40 or 41 as applicable.

When submitting an electronic **facility claim in the MPATH Provider Services Claims entry solution**, enter value code 31 in the Value Code box to indicate personal resource information and enter the personal resource dollar amount in the adjacent Amount/Days box. Do not use commas; the field will self-populate one comma after 3 characters. Extra commas can skew the amounts.

When submitting an **electronic claim through another vendor**, follow their instructions for indicating value codes.

The Office of Public Assistance (OPA) frequently transmits the Medicaid recipient's calculated personal resource amount to the Claims unit for data systems entry. Upon receipt of the claim, the claims processing system checks for an existing personal resource amount on the member's record for the date of service, month, and year.

If the provider fails to identify the Medicaid recipient's personal resource amount on the submitted claim or if the personal resource amount is entered incorrectly, the claim will be systematically updated to reflect the correct personal resource amount.

Providers must bill for only a single calendar month at a time to ensure accurate recording of the personal resource amount and proper claims processing. Claims spanning multiple months will be denied. Claims paid or processed after August 7, 2023, will force the single calendar month and personal resource requirements.

The OPA determines the Medicaid recipient's personal resource amount, adhering to Montana Medicaid eligibility and calculation requirements. Both the Medicaid recipient and the nursing facility receive notification letters upon initial approval and whenever calculation changes occur based on individual case circumstances.

Providers requesting verification of a resident's personal resource amount should contact the Montana OPA Long Term Care Unit for support by calling (888) 706-1535 or e-mailing [hshcsdltcfieldoffice@mt.gov](mailto:hshcsdltcfieldoffice@mt.gov).

Additional information regarding the personal resource amount is in the Nursing Facility and Swing Bed Manual on the Provider Information website. The manual also includes guidance for the application of personal resource amounts for therapeutic home visits (THVs) and hospital holds.

## **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](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.