



Montana Healthcare Programs Provider Notice

June 11, 2024

Informational

Ambulance, Ambulatory Surgical Center, Audiologist, Dialysis Clinic, Direct Entry Midwife, Durable Medical Equipment, Federal Qualified Health Center, Hearing Aid, Home Infusion Therapy, Hospital Inpatient, Hospital Outpatient, Independent Diagnostic Testing Facility, Indian Health Service, Laboratory Services, Mid-Level Practitioner, Mobile Imaging, Nutritionist, Occupational Therapy, Optician, Optometric, Physical Therapy, Physician, Podiatrist, Private Duty Nursing, Public Health Clinic, Rural Health Clinic, Speech Therapy, Transportation: Commercial and Specialized, and Tribal 638 Providers

Health Resources Division Claims Appeal Process

The Health Resources Division (HRD) has noticed a large increase in claims appeal requests. Currently, these requests are being sent via email, phone, fax, and mail.

Given the volume of requests and the importance of ensuring each request is appropriately tracked and thoroughly reviewed, we are requiring providers to follow the below process when seeking claim denial reconsiderations.

This process is to be followed even if the claim denial is a result of a Fiscal Agent or Department error. To ensure all providers are afforded equitable rights, we ask that providers first call Provider Relations at (800) 624-3958 to discuss claim processing concerns. Please keep a record of the call reference number provided by the Call Center agent.

If after working with Provider Relations you feel your issue was not addressed, follow the HRD process below to review claims processing concerns. This process ensures all requests are tracked and can be assigned to a Claims Resolution Specialist for review.

1. Submit a request for reconsideration to HRD – Claims Appeals Section.
 - a. Mailing to:
Attention Claims Appeals Section
Health Resources Division
P.O. Box 202951
Helena, MT 59620-2951
 - b. Send fax to (406) 444-1861, attention Claims Appeals Section.
2. Requests for reconsideration must include the information below. Any claim submitted to HRD without the required information below will be submitted directly to the Fiscal Agent for standard claims processing.
 - a. The identification control number (ICN) for the claim.
 - b. A clear description of what is to be reconsidered, including the call reference number obtained from the Provider Relations Call Center agent.
 - c. A clean copy of the claim.
 - d. All substantiating documents and information necessary for the Department to consider when

reviewing the denial.

Claim Inquiries and Appeal Status Follow-Ups

Send claims questions or appeal status inquiries to ClaimsResolution@mt.gov. Emails will be tracked and responded to in the order of which they are received.

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Tips to Decrease Claims Processing Errors

1. Electronically submit claims and claims adjustments.
 - a. Paper claims and adjustments increase the risk of claims processing errors. To mitigate this risk the Department recommends providers submit claims and claim adjustments electronically whenever possible. Information on how to submit electronic claims and electronic claim adjustments is on the [Claims Information page on the Provider Information website](#).
2. Understand Program policies.
 - b. Current reimbursement policies, provider notices, and fee schedules can be found on the [Medicaid Provider website](#).

Contact and Website Information

If you have questions, please contact the Claims Resolution Team at ClaimsResolution@mt.gov.

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.