Nursing Facility Providers

Turn Around Documents for Nursing Facility Billing

Turn Around Documents (TADs) are MA-3 forms that are pre-completed with billing information for residents who were in the nursing facility the previous month. They are generated from the facilities and sent electronically to Conduent who "turns around" and returns them to the facility printed with resident's information for review during the third week of the month. The TAD printing cycle is the second to last Tuesday of each month.

Once providers receive their TADs from Conduent, they must review all claims and make necessary changes to the documents before sending them back to Conduent for processing. Including any rate changes at the start of the fiscal year on July 1.

For example, if the TAD indicates the resident was at the facility for 31 days during the month, then the facility must make sure that there were no days that the resident left for therapeutic home visits (THVs), hospitalized with no bed hold days, expires, discharges, or has a change in personal resources. If the resident has these types of days, the original 31 days must be crossed off and the total deducted by any of these days. If the total charges, net charges, or any new diagnosis codes or recent complications have changed, these also need to be corrected and reported on the TAD.

Please note, when rate changes occur it is important to verify the correct rate is listed on the TAD. Any old rate on the TAD must also be crossed off and the new rate needs to be added. If this is not amended, the old rate will be used.

Once all changes are made, the facility must make sure that the internal control number (ICN) that was generated for the TAD is printed on the upper right side of the MA-3 form, signed and dated at the bottom, and returned to Conduent before the fifth of the following month.

To receive preprinted TADs (including new residents added during the month), providers must have submitted all claims (including new additions) to Medicaid, and the claims must be clean claims that were processed before the TAD printing date.

After Medicaid receives claims containing new additions to nursing facilities, it takes approximately three to five business days to add the new residents. New residents will be included on the TAD for the following month if the claim for the new addition was processed before the TAD printing date. Medicaid does not guarantee processing or payment within this timeframe. Any new resident not on the current TAD will need a separate claim sent for payment.

When the first Wednesday is within the first three business days of the month, Medicaid/Conduent must receive TADs by 1:00 p.m. Mountain Time on that Wednesday to be processed in that cycle.

Keep the following in mind when submitting TADs to Medicaid:

a. Darken and shrink TAD to 96% on copier before faxing
b. Feed TADs into the fax machine signature date line first.
c. Medicaid must receive faxed TADs by 1:00 p.m. Mountain Time on the payment cycle to ensure processing.

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d.   Follow up faxed TADs with a telephone call after 1:00 p.m. to ensure faxed copies were received and were legible.

e.   Although TADs are received and processed before the payment cycle, Medicaid does not guarantee payment since the claim may deny or suspend for several reasons.

Paper claims and TADs can be mailed to:

Claims Processing
P.O. Box 8000
Helena, MT 59604

Fax copies are not always received or received in good condition. It is not advisable to fax claims. If the faxed claims are received and the form is not signed, print is illegible, cut off, or has incorrect diagnosis codes or codes that are not on file, or too many errors in general, claims will be returned to provider without being entered for processing. To avoid returns and denials, before submitting a claim, check each claim form and confirm that all information is correct and current, and that the claim is signed and dated.

Although use of TADs is acceptable, facilities are encouraged to sign up through the Provider Services Portal to submit claims electronically. On the Montana Healthcare Programs Provider Information website, select the blue Provider Services Portal button below the Welcome text.

Additional resources are available on the Provider Services Portal through the "Getting started" button, which is the first option in the row of buttons at the bottom of the screen.

Training on billing is also available, and it is encouraged that billing staff attend these training. To register for upcoming trainings or access earlier trainings, visit the Training page on the Provider Information website.

If you have any questions or need additional assistance, contact one of the Montana Provider Relations field representative at the telephone number below to help you. Past trainings are also listed and available in PDF format further down on the Training page in the yearly Training Presentations tabs.

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.