



Montana Healthcare Programs Provider Notice

February 5, 2026

Informational

Licensed Addiction Counselors [77](#), Licensed Marriage and Family Therapist [87](#), Licensed Professional Counselor [58](#), Mental Health Centers [59](#), Psychiatric Residential Treatment Facility [38](#), Psychiatrist [65](#), Psychologist [17](#), Social Workers [42](#), Substance Use Disorder [32](#), Therapeutic Foster Care [64](#), Therapeutic Group Home [61](#), Targeted Case Management (Mental Health) [60](#) Providers

Appeal Process for Adult and Children's Behavioral Health and Substance Use Disorder

The Behavioral Health and Developmental Disabilities (BHDD) Division and Children's Mental Health Bureau (CMHB) 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 process below 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 process below to review claims processing concerns.

1. Submit a request for reconsideration to the Behavioral Health and Developmental Disabilities (BHDD) Division or Children's Mental Health Bureau (CMHB):

- a. Mailing to:
Behavioral Health and Developmental Disabilities
Claims Appeals and Reconsiderations
301 S. Park Ave., Suite 320
P.O. Box 202905
Helena, MT 59620-2905

b. Send fax to (406) 444-4435, attention Claims Appeals and Reconsiderations.

Or

- a. Mailing to:
Children's Mental Health
Claims Appeals and Reconsiderations
111 N. Sanders, Room 307
P.O. Box 4210
Helena, MT 59604-4210

b. Send fax to (406) 444-5913, attention Claims Appeals and Reconsiderations.

2. Requests for reconsideration must include the information below. Any claim submitted to BHDD or CMHB 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:

Chelsey.Hallsten@mt.gov – Adults

Alisha.Oellermann@mt.gov – Youth

Emails will be tracked and responded to in the order in which they are received.

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.

Provider Self-Audit Protocol

The Department encourages all providers to conduct internal self-audits and to voluntarily disclose any overpayments of Medicaid funds. To ensure uniformity of the self-disclosure process, the Surveillance Utilization Review Section (SURS) has established this protocol for provider self-audits.

<https://medicaidprovider.mt.gov/docs/surs/SURSProviderSelf-AuditProtocol02112022.pdf>

When providers believe that they have been inappropriately paid, they should promptly contact SURS to expedite the return of improper payments.

SURS is required to safeguard against unnecessary and inappropriate use of Montana Healthcare Programs services and against excess payments.

<https://medicaidprovider.mt.gov/manuals/generalinformationforprovidersmanual>

Contact and Website Information

If you have questions, please contact:

- BHDD Adult Behavioral Health Program Officer, Chelsey Hallsten (406) 444-9330, Chelsey.Hallsten@mt.gov
- CMHB Youth Behavioral Health, Program Officer Alisha Oellermann, (406) 444-6018, Alisha.Oellermann@mt.gov