Senior and Long-Term Care Provider Notice
November 13, 2026

Informational

Community First Choice Services, Nursing Facilities, Big Sky Waiver, Pediatric Complex Care Assistant, Personal Care Services, Home Health, Hospice, and Swing Bed Providers

Senior Long-Term Care Division Claims Appeal Process

To streamline processing and improve accuracy, the Senior Long-Term Care Division (SLTCD) is addressing the claims appeal process. Currently, these requests are being sent via email, phone, fax, and mail. Many of these requests are also being sent to the wrong Medicaid program.

Given the volume of requests and the importance of ensuring each request is appropriately tracked and thoroughly reviewed, we are requesting providers to follow the process below when seeking claim denial appeal. This procedure should be followed regardless of whether the claim denial results from an error committed by the Fiscal Agent or the Department.

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, an appeal may be submitted following the steps below. This process ensures all requests are tracked and can be assigned to a Claims Resolution Specialist for review. Please indicate if the request is regarding Nursing Facilities, Swing Beds or HCBS Services.

1. Submit a request for appeal to SLTCD
    a. CSBClaims@mt.gov
    b. Mailing to:
        Attention: CSB Claims
        SLTC Division
        P.O. Box 4210
        Helena MT 59604-4210

    c. Send fax to (406) 444-7743, attention: CSB Claims, SLTC.

2. Requests for appeal must include the information below. Any claim submitted to SLTCD without the required information below will be submitted directly to 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.

Information containing protected health information (PHI) must be sent through the state's File Transfer Service.

Appeal Status Follow-Ups
Send claims questions or appeal status inquiries to CSBClaims@mt.gov. Please indicate if the request is regarding Nursing Facilities, Swing Beds or HCBS Services. Emails will be tracked and responded to in the order of 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. Ensure claims are submitted timely and that denied claims are corrected and resubmitted promptly.
3. Understand Program policies.
    b. Current reimbursement policies, provider notices, training resources and fee schedules can be found on the Medicaid Provider website.

Contact and Website Information

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 457-9592 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.