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## MPATH Provider Services Portal News

A **BIG thank you** for a highly successful launch of the new Montana Healthcare Programs MPATH Provider Services Module. We hope you have had time to familiarize yourself with the new portal and have found the system to be user friendly.

As we roll into the new year, we offer tips to help you as you navigate the MPATH Provider Services Portal. **Below are tips related to our most-asked questions.**

### GovID Tip

The MPATH Provider Services Portal is designed to have a single primary/super user who registers the facility NPI. This is the GovID user account. Additional users may be added via the Account Administration tab.

### Revalidation Tip

Unless you are revalidating the NPI used to register, a Link Request must be completed before you can view the provider in your work bench. Once you are logged in:

- Click the Provider Enrollment tab under myMenu.
- Search for the NPI.
- Click the radio button at the beginning of the enrollment line.
- Click the Revalidate tab, now visible on the left side.
- Click the pencil icon on the revalidate line, located at the end of your current work bench list.
- Review the information and enter/update any missing or incorrect information upload documentation as applicable and click the Submit button.

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Thank you  
for the care and support of Montana Healthcare  
Programs members that you provide.  
Your work is appreciated!

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## Waiver for Additional Services and Populations (WASP) Application Process for Providers

This is a Section 1115 waiver that provides Standard Medicaid benefits to individuals with a Severe Disabling Mental Illness (SDMI) who do not otherwise qualify for Medicaid benefits. To qualify for the WASP waiver, the individual must have a SDMI diagnosis, must be 18 years or older, must be ineligible for Medicaid, must have a family income of 0 to 138 percent of the federal poverty level, and are eligible for or have Medicare, **or** have a family income of 139 to 150 percent of the federal poverty limit regardless of Medicare status.

To determine eligibility, the application materials must be submitted to the Behavioral Health and Developmental Disabilities Division (BHDDD), previously the Addictive and Mental Disorders Division (AMDD). Application materials consist of the WASP Medicaid Enrollment Application, the Clinical Eligibility Form signed by a licensed mental health professional, and income verification of two months. Once BHDDD receives the application materials, the clinical eligibility is reviewed by the department clinician and, if approved, the entire application is sent to the Office of Public Assistance for financial verification and completion of approval or denial.

The application process is frequently and significantly slowed down due to errors in the Clinical Eligibility Form. When the form is sent to the Department for eligibility, it becomes a document of record, which is a legal document. Therefore, all information must be completed accurately and be legible, making the form easy to review. Having a qualifying diagnosis is not enough to be diagnosed with a SDMI. The individual must meet both the SDMI diagnostic criteria and functioning impairment criteria. The following common errors result in delays and/or denials:

1. The form is incomplete. The form must be completed in its entirety.
2. The form is illegible. When completing the form by hand, ensure the handwriting is legible and use the correct format when an error is made. Do not use whiteout or scribble out an error. Amendments must be clearly marked and initialed and must be legible.
3. The primary diagnosis must be identified in both narrative form and the ICD-9 or ICD-10 code. The clinician cannot input the code for you even when the form has the full diagnosis narrative. The form will be returned to you for this information.
4. A brief description must be included for any "Yes" answer on page 2 of the form. Functional impairment must be due to the mental health diagnosis and must be behaviorally based. Determining functional impairment is essential for this program.
5. The provider completing the form and/or the provider's supervisor must have their name legibly printed with the signature, and the form must be dated.

Please contact Barbara Graziano, LCSW, Clinical Program Manager, at (406) 444-9330 or [BGraziano@mg.gov](mailto:BGraziano@mg.gov) with any questions or concerns.

*Submitted by Barbara Graziano, LCSW  
Clinical Program Manager  
Behavioral Health and Development Disabilities Division*

## MPATH Provider Services Portal News

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### Account Admin Tab / Adding Additional Users Tip

Access the Account Administration tab located under myMenu.

- **Manage Portal Users** allows primary users to add additional users.
- **Manage Billing Providers** allows providers to bill for (in the Optum Claims Solutions) and/or see remittance advices for the linked NPIs. **Note:** If a clearinghouse is used to submit claims and reconcile 835s/remits; this step is not necessary. An Optum PID is required to add an NPI.
- **Manage Enrollment Providers** allows you to maintain the NPIs and complete file updates. A Link Request is required.

### Trainer Tip

Complete the Enrollment Providers functions first for any billing providers you will need remittance advice access to. NPIs will need to be added to provide you with update access. However, adding them here first also gives you access to the Optum PID needed to add them as Billing Providers.

### Link Request Form Tip

- Click the blue **Complete request form** button under the **Manage Enrollment Providers** tab.
- Section 1: Enter the NPI and name as registered.
- Section 2: Enter the NPIs you want to link.
- Sections 3 and 4: Enter the submitter's information.
- Once completed, upload the form for processing using the **Upload Request** button. Allow 10 business days for processing. The Status will change from Submitted to Completed when processed.

### Want to learn more?

- Training opportunities hosted by the Department and Conduent continue to be offered. Visit the [Training page](#) for upcoming training dates.
- Access to pre-recorded sessions and PowerPoint presentations will be made available for providers who are unable to attend training offerings.
- Coming soon we will be adding hot topic FAQs.

Stay tuned for more announcements regarding the MPATH Provider Services Portal!

*Submitted by Shellie McCann  
Medicaid Systems Operations Manager  
DPHHS*

## SURS Revelations

### Provider Adjustments and Self-Audits

Many Medicaid providers are unaware they can complete their own audits/reviews. As a provider, business owner, or both, reviewing billing processes for compliance with state and federal regulations is a healthy assessment for the business. If during this assessment an inadvertent billing mistake or error is found, there are two possible ways to make a claim correction:

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## Recent Website Posts

Below is a list of recently published Montana Healthcare Programs information and updates available on the [Provider Information Website](#).

<b>PROVIDER NOTICES</b>		
Date Posted	Provider Types	Provider Notice Title
12/16/2021	Hospital Inpatient, Hospital Outpatient, Mid-Level, Physician, Psychiatrist	Coverage for Botox (onabotulinumtoxinA)
12/17/2021	Dentist, Denturist, Oral Surgeon	Deleted Dental Codes (D8050 and D8060) and Replacements
12/20/2021	ASC, CAH, Family Planning Clinic, FQHC, Hospital Inpatient, Hospital Outpatient, IHS, Mid-Level, Pharmacy, Physician, Public Health Clinic, RHC	Plan First Updated Code List Descriptions
12/23/2021	Chemical Dependency	Clarification for Outpatient Treatment Providers
12/27/2021	Dentist, Denturist, Oral Surgeon	Deleted Dental Codes (D4320 and D4321) and Replacements
01/03/2022	DME, EPSDT, IHS, Mid-Level, Physician	Non-Therapeutic CGM Devices
01/04/2022	Family Planning Clinic, FQHC, Hospital Outpatient, Mid-Level, Physician, Public Health Clinic, RHC	Vaccines for Children (VFC) Code Update
01/05/2022	FQHC, RHC	Healthy Montana Kids (HMK) Vaccine Administration Codes
01/07/2022	School Based Services	Billing for Activities of Daily Living with Paraprofessionals

## FEE SCHEDULES

### January 2022

January 2022 Swing Bed Fee Schedule

Proposed January 2022 Fee Schedules

[\\*See Proposed Fee Schedule page](#)

### October 2021

October 2021 APC Fee Schedule

October 2021 OPSS Fee Schedule

October 2021 APR-DRG

## ADDITIONAL DOCUMENTS POSTED

- Proposed Dental and Denturist Services Manual
- DME Manual Update
- Monthly Nursing Home Staffing Report Instructions Updated
- Nursing Home General Staffing Report Information Updated
- APR-DRG FAQs
- Physician Administered Drugs Aduhelm
- Physician Administered Drugs Evkeeza
- Physician Administered Drugs Lemtrada
- Physician Administered Drugs Prolia Revised
- Physician Administered Drugs Vyepiti
- Physician Administered Drugs Xolair Revised

**SURS Revelations**

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1. If the error/mistake is for a limited number of records and discovered within the timely filing year, an adjustment form can be submitted. The Individual Adjustment Request form is located at <https://medicaidprovider.mt.gov/forms>. Submitting this form will correct the claim and ensure the correct amount was paid to the provider. If the claim should not have been billed at all, an adjustment can be done to refund the money to Montana Medicaid.
2. If the error/mistake is found on a much larger scale, a Self-Audit may be used. This can reduce the burden on the provider of having to complete multiple adjustment request forms and getting all the necessary paperwork. The Self-Audit would also be required if the error/mistake is outside the timely filing time frame.

Self-Audit information is on the Montana Healthcare Programs Provider Information website. Select the [Resources by Provider Type](#) option in the menu on the left. After accepting the ender user agreement, the SURS Provider Self-Audit Protocol is on the provider type page in the Other Resources section.

These guidelines will help correct the billing/payment issue and ensure the correct amounts were reimbursed for the specific codes. If you have any questions regarding this process, please contact the SURS Supervisor, Jennifer Tucker, at (406) 444-4586 or [jtucker2@mt.gov](mailto:jtucker2@mt.gov).

*Submitted by Jennifer Bergmann, CPC  
Lead Program Integrity Compliance Specialist  
Surveillance Utilization Review Section*

**Top 15 Claim Denials**

Claim Denial Reason	December 2021	November 2021
MISSING/INVALID INFORMATION	1	1
PA MISSING OR INVALID	2	2
EXACT DUPLICATE	3	3
RATE TIMES DAYS NOT = CHARGE	4	4
PROC. CODE NOT COVERED	5	5
RECIPIENT COVERED BY PART B	6	6
RECIPIENT NOT ELIGIBLE DOS	7	7
PROVIDER TYPE/PROCEDURE MISMATCH	8	8
SUSPECT DUPLICATE	9	16
CLAIM INDICATES TPL	10	10
PROC. CODE NOT ALLOWED	11	9
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	12	13
DEPRIVATION CODE RESTRICTED	13	15
PROVIDER SPECIALTY/PROC MISMATCH	14	27
REV CODE INVALID FOR PROV TYPE	15	11

**Key Contacts**

**Montana Healthcare Programs**

**Provider Relations**

General Email: [MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com)  
 Enrollment Email: [MTEnrollment@conduent.com](mailto:MTEnrollment@conduent.com)

P.O. Box 4936  
 Helena, MT 59604  
 (800) 624-3958 In/Out of state  
 (406) 442-1837 Helena  
 (406) 442-4402 or (888) 772-2341  
 Fax

**Provider Enrollment**

Enrollment Email: [MTEnrollment@conduent.com](mailto:MTEnrollment@conduent.com)

P.O. Box 89  
 Great Falls, MT 59403

**Conduent EDI Solutions**

<https://edisolutionsmmis.portal.conduent.com/gcro/>

**Third Party Liability**

Email: [MTTPL@conduent.com](mailto:MTTPL@conduent.com)

P.O. Box 5838  
 Helena, MT 59604  
 (800) 624-3958 In/Out of state  
 (406) 443-1365 Helena  
 (406) 442-0357 Fax

**Claims Processing**

P.O. Box 8000  
 Helena, MT 59604

**EFT and ERA**

Fax completed documentation to Provider Relations (406) 442-4402

**Verify Member Eligibility**

FaxBack (800) 714-0075 or  
 Voice Response (800) 714-0060

**POS Help Desk for Pharmacy**

(800) 365-4944

**Passport**

(406) 457-9542

**PERM Contact Information**

Becky Yancy  
 Email: [Rebecca.Yancy@mt.gov](mailto:Rebecca.Yancy@mt.gov)  
 (406) 444-9365

**Prior Authorization**

OOS Acute & Behavioral Health Hospital, Transplant, Rehab, PDN, DMEPOS/Medical, & Behavioral Health Reviews  
 (406) 443-0320 (Helena) or  
 (800) 219-7035 (Toll-Free)