

In This Issue

Provider Services
Portal News

SURS Revelations

Providers and TPL

Recent Website
Posts

Top 15 Denial
Reasons

Upcoming Training

Optometric
September 15,
2022

Passport
October 15,
2022

SURS
November 17,
2022

Register Now

Provider Services Portal News

When to Disenroll a Provider

When a provider no longer wants to provide services to Montana Healthcare Programs members, a disenrollment should be completed in the MPATH Provider Services Portal.

Prior to disenrolling a provider, it is important to confirm that the date of disenrollment will not overlap existing claims the provider will submit or has submitted for payment.

A termination (disenrollment) letter must be uploaded in the Portal, be on letterhead and signed/dated.

To disenroll within the Provider Enrollment Portal, your application must be in an Enrolled status.

1. Navigate to the current Enrolled line for the applicable NPI.
2. Under the Actions column, click the radio button next to that line.
3. From the left tile menu, click Disenrollment.
4. Enter the desired Date of Disenrollment.
5. Select a Termination Reason Type from the drop-down menu.
6. In the Reason for Disenrollment box, enter a short explanation for the disenrollment.
7. At the bottom of the screen, click the blue Upload New Document button to upload your termination letter.

*Submitted by Denise Juvik
MPATH Providers Services Project Manager
DPHHS*

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

Montana Medicaid Providers and Third Party Liability

Part 4 of 4: Refunding the Department

In the final article of the series, we address provider responsibilities directed in state regulation after payments have been received from both a liable third party and Montana Medicaid. As was discussed in Part 3: Establishing Provider Lien and Billing Medicaid for Tort Recovery Purposes, a provider must place a lien with the liable third party *prior* to billing Medicaid.

Provider liens placed in accordance with Administrative Rules of Montana ([ARM 37.85.407\(11\)](#)) protect a provider's interest in the liable third party's primary payment, allowing providers to bill and be paid by the Department prior to receiving payment from the liable third party. When the third party payment is received, [ARM 37.85.407 \(9\)](#) directs that provider shall refund to the Department, within 60 days of receipt of the third party payment, the lesser of the amount the Department paid or the amount of the third party payment. For example:

- May 1, 2022 – Medical care was given to recipient in a car accident.
- May 10, 2022 – Provider discovers liable third party known or potential liability for payment of medical services.
- May 11, 2022 – Provider bills liable third party for claims related to accident.
- June 10, 2022 – Fault has not yet been determined by insurances.
- June 13, 2022 – Provider places lien against any award, settlement, or judgment from third party.
- August 15, 2022 – Provider notifies the Department's Third Party Liability team of provider's lien against liable third party and includes all required information.
- August 19, 2022 – Provider bills Medicaid.
- August 30, 2022 – Provider receives payment of \$700 from the Department.
- October 18, 2022 – Provider receives \$1,256 payment from liable third party.
- No later than December 16, 2022 – Provider must refund the Department \$700 (lesser of the two payments received).

When the TPL Program is made aware that a provider has received payment from a liable third party, and the 60-day timeframe in [ARM 37.85.407 \(9\)](#) has passed; a refund request letter will be mailed to the provider's billing department. The provider has 10 days from the date of the letter to submit a refund of the lesser of the two amounts to the Department.

Refund shall be made payable and sent to:

Third Party Liability
DPHHS
P.O. Box 202953
Helena, MT 59620

For questions related to this article, please email hhstraumaprogram@mt.gov or call the TPL Program at (406) 444-9440 and select option 4.

*Submitted by Olivia Roussan and Sara Sparks
TPL Recovery
DPHHS*

See the June, July, and August issues of the [Claim Jumper](#) for Parts 1, 2, and 3.

Recent Website Posts

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

PROVIDER NOTICES

Date Posted	Provider Types	Provider Notice Title
08/05/2022	All Providers	Bipartisan Budget Act of 2018 Cost Avoidance Statute Change

FEE SCHEDULES

January 2022

January 2022 Laboratory Services Fee Schedule REVISED

January 2022 ASC Fee Schedule REVISED

April 2022

April 2022 ASC Fee Schedule REVISED

April 2022 OPPS Fee Schedule

April 2022 APC Fee Schedule

July 2022

July 2022 DME Fee Schedule

July 2022 DDP Fee Schedule

July 2022 Laboratory Services Fee Schedule

July 2022 Ambulance Fee Schedule

July 2022 Personal and Commercial Transportation Fee Schedule

July 2022 Non-Emergency Transportation Fee Schedule

July 2022 ASC Fee Schedule REVISED

July 2022 Physician Fee Schedule REVISED

July 2022 Mid-Level Practitioner Fee Schedule REVISED

July 2022 Psychiatrist Fee Schedule REVISED

July 2022 Public Health Clinic Fee Schedule REVISED

October 2022

October 2022 APR-DRG

October 2022 OPPS Fee Schedule

October 2022 APC Fee Schedule

October 2022 72-Hour Presumptive Eligibility for Crisis Stabilization Fee Schedule

October 2022 SUD Medicaid Fee Schedule

October 2022 SUD Non-Medicaid Fee Schedule

October 2022 MHSP Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- July 2022 Billing 101 Training Presentation
- 2023 Nursing Facility Private Pay Rates
- ABA Services Manual Updated
- Prescription Drug Program Manual Updated
- Provider Enrollment Account Unlink Form
- Indian Health Services/Tribal 638 Manual Updated
- Preferred Drug List Updated
- Request for Therapeutic Home Visit Bed Reservation
- Request for Therapeutic Home Visit Bed Reservation in Excess of 72 Hours
- Request for Nursing Home Bed Reservation During Resident's Temporary Hospitalization Updated
- Dental and Denturist Program Manual Updated

Top 15 Claim Denials

Claim Denial Reason	July 2022	June 2022
MISSING/INVALID INFORMATION	1	2
PA MISSING OR INVALID	2	1
EXACT DUPLICATE	3	3
RATE TIMES DAYS NOT = CHARGE	4	6
PROC. CODE NOT COVERED	5	5
RECIPIENT COVERED BY PART B	6	4
PROC. CODE NOT ALLOWED	7	7
DEPRIVATION CODE RESTRICTED	8	12
REVENUE CODE NOT COVERED	9	11
RECIPIENT NOT ELIGIBLE DOS	10	9
CLAIM INDICATES TPL	11	8
PROVIDER TYPE/PROCEDURE MISMATCH	12	10
CLAIM/PA DATA DOES NOT MATCH	13	32
REV CODE INVALID FOR PROVIDER TYPE	14	14
SUSPECT DUPLICATE	15	16

SURS Revelations

Medical Records – When More Isn't Always Better

The SURS program has noticed several providers are submitting more medical records than requested for review. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule contains a key protection called the *minimum necessary standard* for disclosing protected health information (PHI). The premise is only the necessary PHI should be disclosed when requested.

For example, if a request is made for date of service January 1, 2022, and the provider sends the recipient's complete file including *all* service dates, this discloses more information than is necessary for the review, thus violating the minimum necessary standard section of HIPAA.

PHI should not be used or disclosed when not properly requested or necessary. Per the minimum necessary standard: ***The Privacy Rule generally requires covered entities to take reasonable steps to limit the use or disclosure of, and requests for, protected health information to the minimum necessary to accomplish the intended purpose.***

If you receive a request for medical records and are unsure what to provide, please reach out to the requestor to clarify. For more detailed information on the minimum necessary standard, please refer to the HHS guidance material titled [Minimum Necessary Requirement](#).

*Submitted by Rachel Savage
Program Integrity Compliance Specialist
Office of Inspector General
Surveillance Utilization Review Section*

Key Contacts

Montana Healthcare Programs

Provider Relations

General Email:
MTPRHelpdesk@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:
MTErollment@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
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

Attach completed form online to your updated enrollment or mail completed form to Provider Services.
P.O. Box 89
Great Falls, MT 59403

Verify Member Eligibility

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

Pharmacy POS Help Desk

(800) 365-4944

Passport

(406) 457-9542

PERM Contact Information

Email: HeatherSmith@mt.gov
(406) 444-4171

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)