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Healthy Montana Kids Application

Discontinue Use of Healthy Montana Kids Application

The Department has seen an influx of old Healthy Montana Kids applications.

An example of the **old** application is below. **This application form is no longer a valid way to apply for assistance or health coverage.**

The image shows a sample of an old application form. At the top left is the 'HEALTHY MONTANA Kids' logo with a sun icon. To the right of the logo is the title 'Healthy Montana Kids Plan Application'. In the top right corner, there is a box with contact information: 'Healthy Montana Kids Plan, Montana Department of Public Health and Human Services, PO Box 202951, Helena, MT 59620-2951, E-mail: hmk@mt.gov • Website: www.hmk.mt.gov, 1-877-543-7669 • FAX: 1-877-418-4533'. Below the title, it states: 'This application is used only for children's health coverage through the Healthy Montana Kids (HMK) Plan.' Underneath is a section titled 'APPLICATION INSTRUCTIONS' with the following text: 'Please complete the entire application in black or blue ink. Please print your answers. If you need assistance completing this application, call the HMK helpline at 1-877-543-7669 or contact your county Office of Public Assistance. If more space is needed to complete your answers, attach an additional sheet with appropriate information. A person in your home or an authorized representative who knows the financial situation of all the people in your home should complete the application. This person is responsible for all answers provided.' Below that, it says: 'The person listed first on the application is considered the applicant and will receive all correspondence for this household, unless otherwise requested.' and 'Your application will be processed within 45 days from the date of application.' At the bottom, it provides two options for where to send the application: 'Send completed application to: Healthy Montana Kids Plan, Montana Department of Public Health and Human Services, PO Box 202951, Helena, MT 59620-2951' OR 'Any county Office of Public Assistance'.

Providers, dispose of the old application forms, either electronic or hard copy. Direct people interested in applying for HMK services to use one of the following methods:

1. **Online**
<https://apply.mt.gov/>
2. **Calling**
(888) 706-1535
3. **Email for a current PDF application form**
hhsspapplicationcustomersupport@mt.gov
Fax forms to (877) 418-4533

Mail forms to:
Human and Community Services
P.O. Box 202925
Helena, MT 59620

4. **In person at an Office of Public Assistance Field Office**
For a list, visit [Office of Public Assistance \(mt.gov\)](#)

Submitted by Krista Pratt
HMK Program Officer
DPHHS

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 |
| 04/10/2023 | All Providers | Resumption of Face-to-Face Requirements for Selected Programs REVISED |
| 04/19/2023 | Chemical Dependency | Clarification for Substance Use Disorder Intensive Outpatient Providers |
| 04/28/2023 | Mental Health Center | Montana Assertive Community Treatment (MACT) and Substance Use Disorder (SUD) Services |
| 05/01/2023 | CAH, Family Planning Clinic, Hospital Inpatient, Hospital Outpatient, IHS, Mid-Level, Physician | Medicaid Coverage of Abortion Services and Related Forms and Instructions |
| 05/01/2023 | Durable Medical Equipment, IHS/Tribal 638, Physician, Mid-Level | Non-Adjunctive (Therapeutic) and Adjunctive (Non-Therapeutic) Continuous Glucose Monitors (CGMs) Policy Revision |
| 05/03/2023 | CAH, Hospital Outpatient, IHS, Mid-Level, Pharmacy, Physician | Makena PV Makena (hydroxyprogesterone caproate injection) Coverage |
| 05/03/2023 | Pharmacy, IHS | End of PHE Pharmacy Signature Requirements |
| 05/05/2023 | CAH, Family Planning Clinic, Hospital Inpatient, Hospital Outpatient, IHS, Mid-Level, Physician | Medicaid Coverage of Abortion Services and Related Forms and Instructions REVISED |
| 05/08/2023 | CAH, FQHC, Hospital Outpatient, IHS, Mid-Level, Nutritionist/Dietician, Physician, Public Health Clinic, RHC | Diabetes Prevention Program (DPP) Information REVISED |

FEE SCHEDULES

May 2023 Youth Mental Health Fee Schedule (REVISED)
April 2023 ASC Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- May 2023 Claim Jumper Newsletter
- May 2023 DUR Meeting Agenda
- Passport to Health Manual
- Preferred Drug List
- Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies (DMEPOS) Manual

SURS Revelations

The Risks of Upcoding and Overbilling

The practice of upcoding costs government and private payers billions of dollars a year resulting in an increase in the cost of healthcare. Upcoding and overbilling places providers at a high risk for reviews that may lead to an investigation for fraud. The U.S. Office of Inspector General (OIG) defines fraud as, “The wrongful or criminal deception intended to result in financial or personal gain. Fraud includes false representation of fact, making false statements, or by concealment of information.”

The U.S. Health and Human Services (HHS) OIG lists a few of the common examples of upcoding and overbilling:

- Billing for services that are not rendered or deemed medically unnecessary
- Coding for a higher service than what was provided
- Unbundling services that are already included in a global fee
- Inappropriate use of modifiers

Providers should be documenting **ALL** services and providing enough information to ensure claims are being billed appropriately and support the level of care provided. While oversights can occur, it is imperative providers and billers stay up to date in coding guidelines and policies.

The following links are good educational resources.

- [CMS Regulations and Guidance, Medicare Program Integrity Manual](#)
- [Medicaid Program Integrity Education, Medicaid Documentation for Medical Professionals](#)
- [General Information for Providers Manual, Provider Requirements Chapter](#)
- [OIG A Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse](#)
- [U.S. HHS OIG I. Physician Relationships with Payers](#)
- [ARM 37.85.414 Maintenance of Records and Auditing](#)

*Submitted by Rachel Savage
Program Integrity Compliance Specialist
Office of Inspector General*

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

Provider Requirements for Residential Habilitation Assisted Living Providers

The Severe Disabling Mental Illness (SDMI) Program reminds residential habilitation assisted living providers of the provider requirement regarding residential agreements.

Providers should refer to [Severe Disabling Mental Illness Home and Community Based Services Manual Policy 376 Residential Habilitation-Assisted Living \(mt.gov\)](#).

Residential habilitation assisted living providers are required to have a signed residential agreement for all members in the residential setting. Providers are also required to provide case management teams with a copy of the signed residential agreement.

It has been reported case management teams are not receiving members' residential agreements as requested from providers.

Please ensure you review all provider requirements as listed for residential habilitation providers in the [SDMI HCBS Waiver Manual \(mt.gov\)](#).

*Submitted by Cindy Shay
SDMI Waiver Program Policy Manager
Behavioral Health and Developmental Disabilities (BHDD) Division*

Top 15 Claim Denials

| Claim Denial Reason | April 2023 | March 2023 |
|---|------------|------------|
| MISSING/INVALID INFORMATION | 1 | 1 |
| PA MISSING OR INVALID | 2 | 2 |
| EXACT DUPLICATE | 3 | 3 |
| RATE TIMES DAYS NOT = CHARGE | 4 | 4 |
| RECIPIENT COVERED BY PART B | 5 | 5 |
| INVALID CLIA CERTIFICATION | 6 | 6 |
| CLAIM INDICATES TPL | 7 | 8 |
| RECIPIENT NOT ELIGIBLE DOS | 8 | 10 |
| PROVIDER TYPE/PROCEDURE MISMATCH | 9 | 9 |
| PROVIDER ENROLLMENT TERMINATED | 10 | 16 |
| DEPRIVATION CODE RESTRICTED | 11 | 15 |
| SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER | 12 | 12 |
| REVENUE CONTROL CODE NOT COVERED | 13 | 14 |
| SUSPECT DUPLICATE | 14 | 13 |
| REV CODE INVALID FOR PROV TYPE | 15 | 17 |

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)