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Register Now

Provider Services Portal News

Provider Maintenance Update

The Provider Services Module introduced many new features to providers and organizations.

The ability to update the application online has improved that data quality in the Provider Services Module and Claims Processing systems.

While the updates are online for the providers, a review of the information must still be completed on each Update Submitted application. This allows for a second level of data quality checks within the systems. Due to this review, there are delays in the updates moving into a finalized status and the claims system.

Next steps when an update is submitted:

- Notify your clearinghouse of any changes (additions or deletions) to address, ZIP code + 4, or taxonomy.
- When an update is in an Update Submitted on the Provider Enrollment Portal workbench, your updates are not in the claims processing system.
- If you have been proactive in updating the clearinghouse with your newest information, please understand that your claims could reject for mismatched information until the update line is in an Update Enrolled status on the workbench.

Should the update be denied, none of the information will be retained and subsequent update will need to be completed.

*Submitted by Denise Juvik
MPATH Provider Services Project Manager
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
08/18/2023	RHC, FQHC, IHS, Tribal 638	Case Management and Medication Assisted Treatment Services
08/01/2023	All Providers	License Expiration Reminders Letters
07/12/2023	Developmental Disabilities Program (DDP)	Provider Rate Increases for Developmental Disabilities Program (DDP) Providers
FEE SCHEDULES		
July 2023		
<ul style="list-style-type: none"> Proposed July 2023 Developmental Disabilities Program (DDP) Cover Sheet & Fee Schedule 		
ADDITIONAL DOCUMENTS POSTED		
<ul style="list-style-type: none"> August 2023 Claim Jumper Nursing Facility Private Pay Rates SFY 2024 Preferred Drug List August 2023 		

Provider Services Portal News

Provider License Expiration Reminder Letters

Beginning July 31, 2023, in-state providers will receive 90-day, 60-day, and 30-day license expiration reminder letters to ensure providers have time to complete their licensure updates in the Provider Service Portal. These letters will be mailed to the correspondence address on the provider file and will be digitally available in the Correspondence History tile on the provider's workbench.

Providers can update their licenses and upload supporting documentation using the Montana Healthcare Programs Provider Services Portal. Refer to the *Claim Jumper* article [Updating Provider Licenses](#).

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

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

SURS Revelations

No More Tiers: Changes in IOP Services

The Behavioral Health and Developmental Disabilities (BHDD) Division implemented extensive changes to their provider manual to align with the American Society of Addiction Medicine (ASAM) criteria. The Intensive Outpatient (IOP) therapy services (ASAM 2.1) saw significant changes to its service requirements. Effective October 1, 2022, IOP services may now only be billed once a week, with a notable rate increase. The bundled service still requires three (3) core services to be provided in a week; however, the minimum hours are now nine (9) hours for adults and six (6) hours for adolescents. The low tier IOP service is no longer an option to bill to Montana Medicaid. Face-to-face services are preferred; however, if the member requires services provided via telehealth, the choice must be identified in the member's individualized treatment plan and include reaching out to local supports for transportation to promote face-to-face visits. Prior to the update, only one (1) core service was required to be a skilled treatment, now all nine (9) hours must be skilled treatments. Skilled treatment is defined as structured services performed by licensed clinical staff.

Previously when a member was not able to meet the minimum criteria of services and/or hours, the provider was instructed to bill the appropriate outpatient service codes. The updated version allows the provider to bill for up to two more weeks of services if the attempts to contact the member is documented in the member's file. If the member chooses to reengage in services after two (2) weeks of no contact, the member must be reassessed for the appropriate level of care. The current rules require a continued stay review (CSR) after 120 calendar days to be documented in the members treatment plan. The CSR must be completed every 30 calendar days if the member is still receiving IOP services.

As a Montana Medicaid provider, you are expected to stay up to date on the rules and regulations surrounding your Program. There are many ways to stay informed about changes.

- To be alerted to proposed changes to the manuals or Administrative Rules of Montana (ARM), sign up to be an interested party by emailing Cindy Dallas, BHDD Office Manager, at CDallas2@mt.gov.
- Access [BHDD provider manuals](#) on the BHDD Medicaid Services Provider Manual webpage. The current manual is viewable on the main page. Previous versions are under Provider Manuals and Program Resources in the menu on the right side of the screen.
- Provider notices are available on your provider type page on the [Provider Information website](#) via the Resources by Provider Type link in the menu on the left. Read and accept the end user agreement to access the list of provider types.

For further information about the changes in mental health or substance use disorder services, please contact Cody Magpie, LAC, SUD Program Officer, at (406) 444-9582 or Cody.Magpie@mt.gov and Tracey Palmerton, LCSW-C, Treatment Specialist, at (406) 444-3187 or Tracey.Palmerton@mt.gov.

*Submitted by Summer Roberts
Lead Program Integrity Specialist
Surveillance and Utilization Review Section
Office of the Inspector General*

Community Services Bureau Updates

Electronic Visit Verification

In September 2023, the Department of Public Health and Human Services (DPHHS), is implementing an Electronic Visit Verification (EVV) system to electronically verify the delivery of services for Medicaid members receiving personal care or home health services. [See the list of services subject to EVV on the DPHHS website.](#)

EVV is a system that automates the collection of information entered by a home care worker at the point of care. It will allow providers to eliminate costly, time-consuming paperwork, reduce billing errors, ensure personal care attendants deliver the services for which they are paid, improve member outcomes by enhancing consistency of care, improve communication across the care coordination team, and reduce the likelihood for error or fraud.

Netsmart Technologies/Mobile Caregiver+ has been selected as the EVV solution for the state of Montana. DPHHS is offering this solution at no cost, but providers can also elect to use their own EVV solution. [For more information about Netsmart, see the Montana EVV webpage.](#)

Providers who choose to use an existing system or acquire their own EVV solution will need to meet certification requirements, including the ability to send data to the Montana DPHHS EVV solution. It is critical that providers using an alternate EVV solution coordinate with Netsmart/Mobile Caregiver+ prior to the implementation of EVV in September.

Montana Medicaid providers who bill personal care or home health services are subject to federal EVV requirements. These include certain services available through the following provider types.

- Big Sky Waiver (Elderly and Disabled)
- Community First Choice
- Developmental Disabilities Program (DDP)
- Home Health Services
- Personal Assistance Services
- Private Duty Nursing
- SDMI Waiver

If members do not have a smart phone that will support the use of the mobile application, they can secure a smart phone at no cost through a national program, [My Benefit Phone](#). This program is not administered by Montana DPHHS.

If you have questions or need more information about EVV, please visit the [Montana DPHHS EVV webpage](#).

See the Subscribe for Updates section to register your email address to receive EVV updates and notifications about upcoming stakeholder townhall meetings and trainings.

*Submitted by Gloria Garceau-Glaser
Policy Program Manager
CFC/PAS
DPHHS*

Community Services Bureau Updates

EVV Survey for Personal Care and Home Health Services

Netsmart is conducting a survey to determine which providers will use the State's EVV solution or use an Alternate EVV Vendor. If a provider agency has not completed the [Montana Provider Survey](#), we ask that they do so by September 18. This is very important to ensure a successful transition to EVV.

At end of the survey, providers planning to use an alternate EVV vendor will need to share an additional survey link with their alternate EVV vendor. This survey allows Netsmart to gather information related to their alternate EVV vendor and register them as an alternate EVV solution with Netsmart Mobile Caregiver+ for Montana Medicaid. Once the EVV vendor submits their survey, Netsmart will begin communicating with the vendor and provide next steps.

*Submitted by Gloria Garceau-Glaser
Policy Program Manager
CFC/PAS
DPHHS*

Top 15 Claim Denials

Claim Denial Reason	August 2023	June 2023
RECIPIENT NOT ELIGIBLE DOS	1	4
MISSING/INVALID INFORMATION	2	2
EXACT DUPLICATE	3	1
PA MISSING OR INVALID	4	3
RATE TIMES DAYS NOT = CHARGE	5	5
RECIPIENT COVERED BY PART B	6	7
PROVIDER ENROLLMENT LICENSE EXPIRED	7	14
INVALID CLIA CERTIFICATION	8	6
CLAIM INDICATES TPL	9	10
SUSPECT DUPLICATE	10	8
PROCEDURE CODE NOT ALLOWED	11	11
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	12	9
PROVIDER TYPE/PROCEDURE MISMAT	13	13
PROC CODE NOT COVERED	14	16
CLAIM/PA DATA DOES NOT MATCH	15	20

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:
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
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)