



# Claim Jumper

Montana Healthcare Programs Claim Jumper

March 2024 Volume XXXIX, Issue 3

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## SDMI Claim Submission and Timely Filing

The Severe Disabling Mental Illness (SDMI) Waiver program noticed a trend from multiple providers billing claims incorrectly and outside of the timely filing limits. Per the [General Information for Providers Manual](#), providers must submit clean claims within 12 months from the date of service. The submission date is defined as the date the claim was received.

SDMI waiver strongly encourages providers to follow the below tips to avoid timely filing denials and non-payment:

- Correct and resubmit denied claims promptly.
- Contact Provider Relations for claim status regarding denied or non-paid claims.

**All claims' issues must be resolved within this 12-month period.** If you are having issues with claims processing, please ensure you reach out to Provider Relations or SDMI Waiver prior to the end of the 12-month period to have your claims corrected and/or resolved. If the issues on claims are received by SDMI Waiver after the 12-month period, payment may be denied.

*Submitted by Jennifer Bergmann, CPIP, CPC  
Quality Assurance Program Manager  
SDMI Waiver*

## The Importance of Effective Dates

Did you know that Montana Medicaid can backdate your enrollment up to 365 days from the date the application is submitted?

When you submit your enrollment application, it is important to enter the correct request date for your effective date under the Provider Type, Specialty, and Program you are enrolling in.

These three areas in your application must match each other and must cover the first date of service for which you need to bill. If the requested effective date on your enrollment does not cover the dates of service you need to bill for, your claims will be denied for dates of service prior to your effective date.

If your NPI was disenrolled within the last 365 days, your requested effective date on the re-enrollment should be the day **after** the disenrollment date on your previous enrollment. This will prevent a gap in your enrollment files and avoid claim denials.

Claims cannot be billed for a span of service dates that overlap multiple enrollment files. Claims would need to be split and submitted for dates of service through the disenrollment date on the previous enrollment file. A separate claim would need to be submitted for claims with a date of service for the effective date and after on the re-enrollment file.

If you did not request the correct date on your enrollment, you may do so **in writing after the enrollment is approved**. The written request should be submitted to Provider Enrollment via email to [MTEnrollment@conduent.com](mailto:MTEnrollment@conduent.com). Please allow 5-10 business days for processing your request. If you have questions on your effective date or need to check on a back date request, please contact Provider Relations at (800) 624-3958.

Thank you for the care you provide to Montana Medicaid members.

*Submitted by Jennifer Stirling  
Claims Manager  
Conduent Health*

## Hospital Facility Utilization Fee 2023

In-state Prospective Payment System (PPS) Hospitals and Critical Access Hospitals annual Hospital Facility Utilization fee is **due on or before March 31, 2024**.

Please see [Hospital Facility Utilization Fee 2023 \(mt.gov\)](#) for details.

*Submitted by Don Holmlund  
Bureau Chief  
Hospital and Physician Services  
DPHHS*

## Claim Adjustments

Adjustments to claims may be submitted either by paper using the [Individual Adjustment Request \(IAR\)](#) form or electronically. Electronic adjustment instructions can be found on the [Claims](#) page of the Provider Information website. Electronic adjustments are typically processed faster than paper adjustments.

For electronic adjustments, the take back and the reprocessing will process on the same payment date as paper adjustments have historically done. Please see the January 8, 2024, provider notice [Electronic Claim Adjustment Processing Change](#) for more details on the recent change to the timing on processing both parts of the adjustment request.

To avoid processing delays or denials on adjustments, please follow these guidelines:

- Adjustments cannot be done on denied claims. The provider must submit a new clean claim instead.
- Providers must wait until suspended (in process) claims finalize before resubmitting or adjusting. Suspended claims cannot be adjusted and will be processed as received.
- Always use the most recent paid ICN for your adjustment. Adjustments cannot be done on the same ICN more than once.
- Paper adjustments must include a copy of the remittance advice where the claim was paid.
- Electronic claims must be submitted with all lines that were billed on the original claim.
- Adjustments for rate increases should be billed for the new total charges, not simply the difference between the previous payment and the new rate amount. Claims billed for only the difference will take back the entire original payment and pay only the difference and place the provider into a credit balance.
- If your claim was split due to reaching the maximum number of lines able to be processed on a single claim, your adjustment must be done using the IAR form. The form must include all ICNs that were part of the split claim. This is the only exception to the one ICN per IAR form requirement.

Electronic adjustments are valid up to 365 days from the date of payment. Claims Processing must receive paper claim adjustments within 15 months from the date of Payment. After this time, gross adjustments are required via Department of Public Health and Human Services.

For more information on claims, billing procedures, and adjustments, please review the Billing Procedures chapter of the [General Information for Providers Manual](#) and your provider type manual. For questions on claims and adjustments, please contact Provider Relations at (800) 624-3958.

Submitted by Jennifer Stirling  
Claims Manager  
Conduent Health

## 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
02/05/2024	Developmental Disabilities Program, Mental Health Center, Psychiatric Residential Treatment Facility, Therapeutic Group Home, Severe Disabling Mental Illness, Chemical Dependency	BHDD Awarding Grant Funds to Increase Residential Bed Capacity in Montana
02/06/2024	Critical Access Hospitals, Hospital Inpatient, Hospital Outpatient	Hospital Facility Utilization Fee 2023
02/08/2024	Nursing Facility	Complex Care Add-On Structure
02/14/2024	Ambulatory Surgical Center, Direct Entry Midwife, Family Planning, FQHC, Hospital Inpatient, Hospital Outpatient, IHS, Mental Health Center, Mid-Level, Physician, Public Health Clinic, RHC, Tribal 638	Medicaid 12-Month Postpartum Continuous Eligibility Coverage
02/14/2024	Critical Access Hospitals, Family Planning Clinic, FQHC, Hospital Inpatient, Hospital Outpatient, IHS, Mid-Level, Physician, RHC, Tribal 638	How to Obtain a Double Electric Breast Pump, HCPCS E0603
02/22/2024	Chemical Dependency	American Society of Addiction Medicine (ASAM) Services Refresher Training Opportunity
02/27/2024	Dentist, Dental Hygienist, Denturist, Oral Surgeon	Tooth Number Required When Billing for Codes D0220 and D0230
<b>FEE SCHEDULES</b>		
<ul style="list-style-type: none"><li>Update July 2023 Schools Fee Schedule Excel</li><li>Big Sky Waiver Fee Schedule for July 2023 Revised</li></ul>		
<b>ADDITIONAL DOCUMENTS POSTED</b>		
<ul style="list-style-type: none"><li>Medicaid Nursing Facility Add-On Application</li><li>Montana Medicaid Reimbursement Services Training</li><li>IHS Tribal Training Agenda February 2024</li><li>DUR Meeting Agenda March 2024</li></ul>		

## Top 15 Claim Denials

Claim Denial Reason	January 2024	December 2023
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	2
PA MISSING OR INVALID	3	6
MISSING/INVALID INFORMATION	4	3
SUSPECT DUPLICATE	5	8
RECIPIENT COVERED BY PART B	6	5
INVALID CLIA CERTIFICATION	7	9
PROVIDER TYPE/PROCEDURE MISMAT	8	7
CLAIM INDICATES TPL	9	11
REV CODE INVALID FOR PROV TYPE	10	12
CLAIM DATE PAST FILING LIMIT	11	14
PROC. CONTROL CODE = NOT COVERED	12	10
SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYER	13	13
PROVIDER ENROLLMENT TERMINATED	14	17
RECIPIENT HAS TPL	15	19

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

## 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:  
MTEenrollment@conduent.com  
P.O. Box 89  
Great Falls, MT 59403

### Conduent EDI Solutions

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

### Third Party Liability

Email: MTTPPL@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)