Claim Jumper

Montana Healthcare Programs Claim Jumper April 2025 Volume 40, Issue 4

In This Issue

Upcoming Training

Monthly provider enrollment second Wednesday of every month

SDMI
April 17, 2025

Billing 101
May 1, 2025

Medicaid Administrative Claiming
May 15, 2025

Register Now

Payment Error Rate Measurement (PERM)

The PERM program measures improper payments in Medicaid and Children's Health Insurance Program (CHIP) and produces error rates for each program. The error rates are based on reviews of the fee-for-service (FFS), managed care, and eligibility components of Medicaid and CHIP in the fiscal year (FY) under review. It is important to note the error rate is not a "fraud rate" but simply a measurement of payments made that did not meet statutory, regulatory, or administrative requirements.

The reporting year (RY) 2024 PERM cycle, which looked at state fiscal year (SFY) 2023 claims, wrapped up and results have been posted. Audit findings are not sent out individually for every sampled Medical Record. If you do not receive an overpayment follow up, then the claims are correct. No news is good news!

DPHHS would like to thank providers for their responses to PERM and for the wonderful work you do!

The most common errors identified were:

- Provider records did not support the number of units billed.
- Number of units billed is more than number of units documented.
- One or more documents are missing from the record that are required to support payment.

The RY 2027 PERM cycle will be kicking off in the coming months. Be on the lookout for information, which will be shared as it becomes available. As always, you can visit the CMS.gov website for more information on the PERM program.

Submitted by Valerio Varani
PERM Program Specialist
Office of Inspector General

Turn Around Documents for Nursing Facility Billing

Turn Around Documents (TADs) are MA-3 forms that are pre-completed with billing information for residents who were in the nursing facility the previous month. They are generated from the facilities and sent electronically to Conduent who “turns around” and returns them to the facility printed with resident’s information for review during the third week of the month. The TAD printing cycle is the second to last Tuesday of each month.

Once providers receive their TADs from Conduent, they must review all claims and make necessary changes to the documents before sending them back to Conduent for processing.

For example, if the TAD indicates the resident was at the facility for 31 days during the month, then the facility must make sure that there were no days that the resident left for therapeutic home visits (THVs), hospitalized with no bed hold days, expires, discharges, or has a change in personal resources. If the resident has these types of days, the original 31 days must be crossed off and the total deducted by any of these days. If the total charges, net charges, or any new diagnosis codes or recent complications have changed, these also need to be reported on the TAD.

Once all changes are made, the facility must make sure that the internal control number (ICN) that was generated for the TAD is printed on the upper right side of the MA-3 form, signed and dated at the bottom, and returned to Conduent before the fifth of the following month.
To receive preprinted TADs (including new residents added during the month), providers must have submitted all claims (including new additions) to Medicaid, and the claims must be clean claims that were processed before the TAD printing date.

After Medicaid receives claims containing new additions to nursing facilities, it takes approximately three to five business days to add the new residents. New residents will be included on the TAD for the following month if the claim for the new addition was processed before the TAD printing date. Medicaid does not guarantee processing or payment within this timeframe.

When the first Wednesday is within the first three business days of the month, Medicaid/Conduent must receive TADs by 1:00 p.m. Mountain Time on that Wednesday to be processed in that cycle.

- Darken and shrink TAD to 96% on copier before faxing
- Feed TADs into the fax machine signature date line first.
- Medicaid must receive faxed TADs by 1:00 p.m. Mountain Time on the payment cycle to ensure processing.
- Follow up faxed TADs with a telephone call after 1:00 p.m. to ensure faxed copies were received and were legible.
- Although TADs are received and processed before the payment cycle, Medicaid does not guarantee payment since the claim may deny or suspend for several reasons.

Paper claims and TADs can be mailed to:

Claims Processing
P.O. Box 8000
Helena, MT 59604

(continued on page 3)

Fax copies are not always received or received in good condition. It is not advisable to fax claims. If the faxed claims are received and the print is illegible, cut off, or have incorrect codes or codes that are not on file, or too many errors in general, claims will be returned to provider without being entered for processing. To avoid returns and denials, before submitting a claim, check each claim form and confirm that all information is correct and current, and that the claim is signed and dated.

Although use of TADs is acceptable, facilities are encouraged to sign up through the Provider Services Portal to submit claims electronically. On the Montana Healthcare Programs Provider Information website, select the blue Provider Services Portal button below the Welcome text.

Additional resources are available on the Provider Services Portal through the Getting started button, which is the first option in the row of buttons at the bottom of the screen.

Training on billing is also available, and it is encouraged that billing staff attend these training. To register for upcoming trainings or access earlier trainings, visit the Training page on the Provider Information website. If you have any questions or need additional assistance, you can use the Contact us feature on the Portal to have Conduent help you further.

Submitted by Jenifer Thompson
Claims Specialist
Community Services Bureau
Senior and Long-Term Care Division
DPHHS

SURS Revelations

Services Are Not Covered After the Date of Death

Montana Medicaid does not reimburse services to providers if the date of service is after the member's date of death. Due to the delays in updating the date of death, some providers may receive payments that shouldn't have been made and must be returned.

A member is not eligible if they are not alive. Providers that bill for services for an entire month span will need to be more diligent with checking eligibility. Verifying the member's eligibility prior to providing services or submitting claims is a very helpful habit for providers. This can help deter improper payments and possible overpayments in the future. There are multiple ways to verify eligibility listed in the General Information for Providers Manual on the website Medicaidprovider.mt.gov.

Providers are encouraged to perform self-reviews to identify possible errors on their own and refund Montana Medicaid. The provider website has information on how to complete a self-review. Providers will select resources by provider type, then their provider type, and other resources to find the SURS Provider Internal Self-Review Protocol.

Remember: "If it isn't documented the service can't be substantiated!"

Submitted by Jaymie Larsen
Program Integrity Compliance Specialist
Program Compliance Bureau
Office of the Inspector General
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
03/06/2025	DME, EPSDT, Indian Health Services, Mid-Level, Pharmacy, Physician, Tribal 638	Monthly Supply Allowance for Continuous Glucose Monitors – A4238 or A4239
03/06/2025	Audiologist, Hearing Aid Dispensers	Billing for Hearing Aid Dispenser Services – Appropriate Taxonomy and Required Modifiers
03/31/2025	All Providers	Payment To Be Suspended for Providers Without Current Financial Information

FEE SCHEDULES

- January 2025 Lab Services Fee Schedule Revised
- January 2025 Mid-Level Services Fee Schedule Revised
- January 2025 OPPS Services Fee Schedule Revised
- January 2025 Physician Services Fee Schedule Revised
- January 2025 Podiatry Services Fee Schedule Revised
- January 2025 Psychiatrist Services Fee Schedule Revised
- January 2025 Public Health Services Fee Schedule

ADDITIONAL DOCUMENTS POSTED

- EPSDT Prior Authorization and Certification of Medical Necessity Form
- March 2025 Team Number Implementation
- February 2025 DUR Meeting Minutes
- April 2025 DUR Meeting Agenda

Revalidation – How to Stay Compliant

Per 42 CFR 424.515 [ecfr.gov] providers enrolled with Medicaid are required to revalidate their enrollment every five years.

If you don't complete a revalidation within the designated time frame you could have your payments suspended until the revalidation is completed and could even be subject to a repayment of the funds you received.

When it's time for your revalidation you should receive a letter indicating the steps and time frame allotted to complete your revalidation.

Please do not ignore the notices for revalidation!

Top 15 Claim Denials

Claim Denial Reason	February 2025	January 2025
RECIPIENT NOT ELIGIBILE DOS	1	1
EXACT DUPLICATE	2	2
MISSING/INVALID INFORMATION	3	4
PA MISSING OR INVALID	4	3
RECIPIENT COVERED BY PART B	5	6
REV CODE INVALID FOR PROV TYPE	6	11
CLAIM INDICATES TPL	7	10
SUSPECT DUPLICATE	8	5
CLAIM DATE PAST FILING LIMIT	9	13
INVALID CLIA CERTIFICATION	10	7
PROVIDER TYPE/PROCEDURE MISMAT	11	8
PROC. CONTROL CODE = NOT COVERED	12	12
PROC. FACT. CODE = NOT ALLOWED	13	14
SUSPECT DUPLICATE/CONFLICT	14	9
RECIPIENT HAS TPL	15	15

Fraud, Waste, and Abuse…OH MY!
Feel like fraud is happening and you don't know who to talk to?
Call the Montana Medicaid Fraud Control Unit (MFCU)
~Provider Fraud Hotline (800) 376-1115~

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:
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
(800) 624 3958
Option 7 (Provider), Option 3 (Eligibility)

Pharmacy POS Help Desk
(800) 365 4944

Passport
(406) 457 9542

PERM Contact Information
Email: Amy.Kohl@mt.gov
(406) 444 9356

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)