



Claim Jumper

Montana Healthcare Programs Claim Jumper

February 2025 Volume 40, Issue 2

In This Issue

Autograph Please!

Working to Improve the
Healthcare for
Healthcare Workers
Initiative

Recent Website Posts

Top 15 Claims Denials

Upcoming Training

Monthly provider
enrollment second
Wednesday of every
month

WASP Waiver
February 20, 2025

General Resources
March 20, 2025

SDMI
April 17, 2025

Register Now

SURS Revelations

Autograph Please!

Why is a signature required? The signature is used to authenticate a medical document. The signature ensures that the entry was made by the medical provider who is caring for the patient. The signature holds the medical provider accountable for the information provided on the document. An acceptable signature is either a legible handwritten signature or a password protected electronic signature with a timestamp and full name.

[Administrative Rules of Montana 37.85.414 \(1\) \(a\)](#) states, “A record that is required to be signed and dated, including but not limited to an order, prescription, certificate of medical necessity, referral or progress note, is not complete until it has been signed and dated.” In addition, the signature, which signifies a complete record, is required within 90 days from submission to Medicaid.

The [General Information for Providers Manual](#) states that common billing errors are due to signatures missing on medical documentation. If a provider’s documentation does not meet all the required components for reimbursement, the service will be deemed to not to be provided and reimbursable due to the lack of documentation, and the department will recover reimbursement paid to the provider.

In addition to federal requirements and regulations, [Administrative Rules of Montana](#) and the [Provider Information website](#) are valuable resources. The Provider Enrollment page on the Provider Information website includes information related to enrollment, including the documents 1) Terms and Agreements and 2) Disclosures, Screening and Enrollment Requirements. All these resources help with staying current and knowledgeable while billing Montana Medicaid.

Remember: “If it isn’t documented the service can’t be substantiated!”

*Submitted by Kim Brault, CPC
Program Integrity Compliance Specialist
Program Compliance Bureau
Office of the Inspector General
DPHHS*

Working to Improve the Healthcare for Healthcare Workers Initiative

Montana Invests in Caregiver Health Insurance

Since 2007, the state of Montana has offered financial support to help agencies providing Medicaid personal assistance and private-duty nursing services afford health insurance for their employees. This initiative, known as Healthcare for Healthcare Workers (HCHCW), aims to improve recruitment and retention of these essential caregivers.

Increased Subsidy, Growing Impact

Initially, the program offered a \$450 monthly subsidy per qualified employee. Today, that amount has risen to \$1,250. This increase reflects the program's success: over the past two years, HCHCW has helped provide health coverage for 527 workers.

Challenges and Looking Ahead

Despite its success, HCHCW faces challenges related to funding limitations, allocation procedures, rising insurance costs, and policy restrictions. To address these obstacles and ensure the program's continued effectiveness, the Community Services Bureau (CSB) has commissioned a study by the University of Montana's Research & Sponsored Programs.

Your Voice Matters

This study will gather feedback from both participating agencies and direct care workers, including those who are not currently enrolled in the program. The findings will be used to guide the future direction of HCHCW.

Get Involved

If you represent an agency that participates in HCHCW, or one that would like to participate but faces limitations, we encourage you to share your input and suggestions. You can contact Ginny Landers, the HCHCW Point Person, at Glanders@mt.gov or Michelle Christensen, Section Supervisor, at Mchristensen@mt.gov.

*Submitted by Ginny Landers
CFC Performance Improvement Specialist
Community Services Bureau
Senior and Long-Term Care
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Revalidation – How to Stay Compliant

Per [42 CFR 424.515 \[ecfr.gov\]](https://www.ecfr.gov/current/title-42/chapter-IV/part-424/subpart-B/section-424.515) 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!

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
01/02/2025	Chemical Dependency, Licensed Addiction Counselor	Clarification for Outpatient Treatment Providers Revised
01/02/2025	Mental Health Center, Targeted Case Management (Mental Health)	Documentation Requirements for Targeted Case Managers
01/06/2025	CAH, FQHC, Hospital Inpatient, Hospital Outpatient, Mid-Level, Physician, RHC	Montana Prescription Drug Registry Survey for Federal Fiscal Year 2024
01/10/2025	Substance Use Disorder	Provider Website Resources Information Updated
01/15/2025	Durable Medical Equipment, Indian Health Service, Pharmacy, Physician, Mid-Level, Tribal 638	Total Electric Hospital Bed Coverage Criteria
01/15/2025	All Providers	Montana Healthcare Programs Support Services Holiday Closure
01/21/2025	Psychiatrist, Physician	Transcranial Magnetic Stimulation Services, Provider Requirements, and Medical Necessity Criteria

FEE SCHEDULES

<ul style="list-style-type: none"> January 2025 Mid-Level Services Fee Schedule Proposed October 2024 Adult Mental Health Services Fee Schedule October 2024 Adult Mental Health Services Fee Schedule January 2025 ASC Services Fee Schedule January 2025 APC Services Fee Schedule January 2025 OPPS Services Fee Schedule January 2025 Mid-Level Services Fee Schedule January 2025 Ambulance Services Fee Schedule January 2025 Direct Entry Midwife Services Fee Schedule January 2025 DME Services Fee Schedule January 2025 Hearing Aid Services Fee Schedule 	<ul style="list-style-type: none"> January 2025 IDTF Services Fee Schedule January 2025 Lab Services Fee Schedule January 2025 Optician Services Fee Schedule January 2025 Optometric Services Fee Schedule January 2025 Oral Surgeon Services Fee Schedule January 2025 Podiatry Services Fee Schedule January 2025 Physician Services Fee Schedule January 2025 Psychiatrist Services Fee Schedule January 2025 Public Health Services Fee Schedule January 2025 Speech Therapy Services Fee Schedule
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ADDITIONAL DOCUMENTS POSTED

- Federally Qualified Health Center and Rural Health Clinic Provider Manual Effective 01/01/2025
- December 2024 DUR Meeting Minutes
- February 2025 DUR Meeting Agenda
- January 2025 Big Sky Waiver Training
- January 2025 Community First Choice High Level Overview
- CMS-1500 Sample Paper Claim Instructions 2025

Top 15 Claim Denials

Claim Denial Reason	December 2024	November 2024
RECIPIENT NOT ELIGIBLE DOS	1	1
EXACT DUPLICATE	2	3
MISSING/INVALID INFORMATION	3	2
PA MISSING OR INVALID	4	4
RECIPIENT COVERED BY PART B	5	6
REV CODE INVALID FOR PROV TYPE	6	12
CLAIM INDICATES TPL	7	7
PROVIDER TYPE/PROCEDURE MISMAT	8	5
CLAIM DATE PAST FILING LIMIT	9	10
SUSPECT DUPLICATE	10	11
SUSPECT DUPLICATE/CONFLICT	11	14
PROC. FACT. CODE = NOT ALLOWED	12	8
PROC. CONTROL CODE = NOT COVERED	13	9
RECIPIENT HAS TPL	14	15
INVALID CLIA CERTIFICATION	15	13

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!
