



Claim Jumper

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Upcoming Training

Provider Enrollment sessions held the second Wednesday of every month.

General Resources
June 3, 2026

PCMT 101
June 12, 2026

Electronic Adjustments for Providers
June 17, 2026

CMHB Home Support Services (HSS)
June 18, 2026

Billing 101
June 24, 2026

Register Now

Provider Portal Registration Made Simple

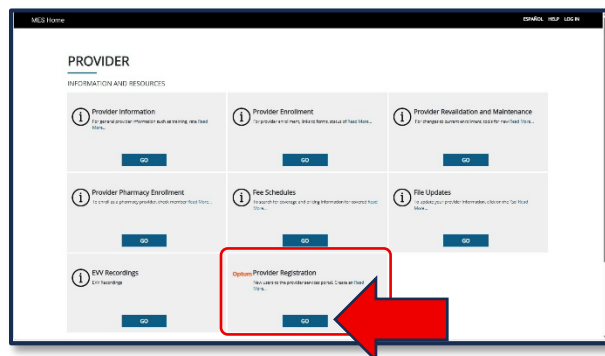
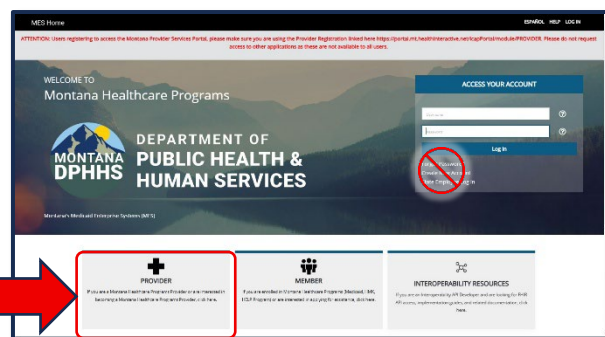
Do you need to register for a new provider account on the ICAP web portal for the Montana Healthcare Programs? Knowing this little detail can save you time.

On the portal login page. Do NOT use the Create New Account link inside the Access Your Account login box. That is for something else.

What you want to do is click the Provider tile below the top banner image.

That takes you to the Provider Information and Resources page. There are several tiles available. The one you want is the last one, the Optum Provider Registration tile. Click the Go button in that tile and you can start filling in the registration form.

Please do not request access to other applications as these are not available to all users.



*Submitted by Allen Way
Account Trainer
Conduent*

PCMT Transition Moves Ahead for July 1, 2026 Launch

Montana Healthcare Programs is taking the next step toward launching Primary Care Montana (PCMT), the state's new primary care case management (PCCM) program. Temporary provider enrollments are now underway for current Passport to Health (Passport), Comprehensive Primary Care Plus (CPC+), and Patient-Centered Medical Home (PCMH) providers. Pending CMS approval, PCMT is expected to begin July 1, 2026, and Passport, CPC+, and PCMH will end June 30, 2026.

To help facilitate a smooth transition, the Department created preliminary PCMT Enrollment Units (EUs), also referred to as Provider IDs (PIDs), for providers currently participating in Passport, CPC+, or PCMH programs. These temporary IDs begin with "88," but they do not replace the formal enrollment process. Providers must complete full enrollment through the Provider Service Portal to officially join the PCMT program.

Participation in PCMT is voluntary. Providers who choose not to enroll may continue serving as primary care providers under Montana Healthcare Programs rules, but they will not receive PCMT care coordination and case management per member per month (PMPM) payments. Medicaid enrolled providers who do not elect to join PCMT may continue to bill fee-for-service (FFS). Members who are currently attributed to your practice will continue to be attributed to your practice with PCMT, although members may request to change their PCMT provider at any time.

Providers who want to participate in PCMT can begin enrolling on June 22, 2026, through the Provider Service Portal at <https://portal.mt.healthinteractive.net/icapPortal/>. As part of the enrollment process, providers will need to sign the PCMT Provider Enrollment Agreement, choose either Tier 1 or Tier 2 participation, and complete the related attestation or provide proof of PCMH accreditation (NCQA, URAC, AAAHC, or TJC).

There are three key dates providers will want to remember:

- **June 22, 2026: PCMT** enrollment opens
- **July 1, 2026: Anticipated** PCMT start date
- **August 31, 2026: Deadline** to complete enrollment and sign the PCMT Provider Enrollment Agreement to receive PMPM payments retroactive to July 1.

Providers who enroll after August 31, 2026, will only receive payment beginning with their PCMT effective date.

Training and technical assistance resources are also available as implementation continues:

- The Department's PCMT webpage (<https://dphhs.mt.gov/MontanaHealthcarePrograms/pcmt>) includes program fact sheets for PCMT Tier1 and Tier 2, technical assistance information, and other program updates.
- PMCT 101 trainings are available for providers who want to learn more about the program; the training registration link can be found at <https://medicaidprovider.mt.gov/Training>.

Questions about PCMT can be directed to Brook Sturm, Primary Care Value-Based Program Specialist, at mtprimarycareprograms@mt.gov.

*Submitted by Jacqueline Roberts
Care Management Section Supervisor
Management Bureau/Health Resources Division
DPHHS*

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

Healthcare for Healthcare Workers Enters the Digital Age: Online Forms Now Live!

The Healthcare for Healthcare Workers (HCHCW) initiative is excited to announce that our administrative processes have officially modernized! To better serve our Montana providers who participate in the initiative, we have transitioned from manual submissions to a streamlined digital format.

What's New for Providers?

You can now manage your HCHCW document submissions online. Using our new digital forms, providers can:

- **Submit Annual Applications:** Complete your yearly application quickly through our secure digital link.
- **Track & Submit Quarterly Reports:** View upcoming due dates and submit reports electronically.
- **Save Your Progress:** By creating a unique username and password within the form, you can save an in-progress application or report and return to finish it later.
- **Instant Records:** You will be able to download a PDF copy of your submission for your internal records immediately after hitting "submit".

Important Note: Login Security

While the system allows you to save your progress, please be aware that the Department does not have access to usernames or passwords. We strongly advise you to keep a secure record of your login credentials. If they are lost, you will need to create a new account to start a new submission.

How to Access the Forms

The links are located on the main DPHHS [Medicaid Programs and Services](#) page.
To access the forms:

1. Navigate to the page linked above.
2. Locate the "**Healthcare for Healthcare Workers**" accordion and click to expand it.
3. Read the descriptions and deadlines provided, then click the relevant link:
 - [HCHCW Annual Application](#)
 - [HCHCW Quarterly Report](#)

We are proud to take this step forward in modernizing our processes to better serve the providers who do so much for Montana's healthcare workforce. If you have questions about navigating these new forms, please reach out to the Community Services Bureau at Senior and Long-term Care (406) 444-4077.

*Submitted by Ginny Landers
CFCS Performance Improvement Specialist
Community Services Bureau
Senior and Long-Term Care
DPHHS*

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SURS Revelations

Definitive Drug Testing: Scope of Practice and CLIA Requirements

Questions frequently arise regarding who is qualified to order and interpret drug testing, particularly definitive (non-CLIA waived) drug tests. Misunderstandings in this create compliance risks, including improper billing and potential fraud, waste, and abuse.

Drug tests fall into two (2) categories:

- CLIA-Waived (Screening Tests)
 - Simple, low complexity tests (e.g., urine cups) that provide presumptive positive/negative results and can be performed with minimal regulatory oversight. These tests are used to identify possible use or non-use of a drug or drug class
- Non-CLIA Waived (Definitive Tests):
 - Moderate to high complexity laboratory tests (e.g., gas chromatography, with mass spectrometry) that provide confirmatory, quantitative results identifying specific substances and metabolites.

Definitive tests are regulated under the Clinical Laboratory Improvement Amendments (CLIA) and require strict oversight due to their complexity and clinical impact.

CLIA requires that laboratory tests be ordered by an “authorized person,” as defined by state law and federal program standards. In practice, this includes licensed medical providers such as:

- Physicians (MD/DO)
- Nurse Practitioners (NPs)
- Physician Assistants (PAs)

These professionals are authorized to:

- Diagnose conditions
- Establish medical necessity
- Interpret complex laboratory results

Scope of practice must be explicitly granted in law or rule-**it is not implied**. For a professional to order and interpret non-CLIA waived tests, their governing authority must include:

- Ordering clinical laboratory tests
- Using lab results for diagnosis or treatment
- Recognition as an authorized provider

If this language is absent, the activity is outside their scope.

[MCA 39-39-310](#) established licensing requirements for Licensed Addiction Counselors (LACs), including education and supervised work experience. However, it does not grant authority to:

- Order clinical laboratory tests
- Interpret laboratory results for medical purposes
- Act as an authorized person under CLIA

Therefore, LACs are not authorized to independently order or interpret definitive drug tests.

(continued page 5)

Medical interpretation requires licensed medical authority and supports diagnosis and treatment decisions, while counseling use may include discussing results in a behavioral context. Counseling discussion does not equate to clinical interpretation or ordering authority. Ordering definitive drug tests without proper authority may result in invalid test orders, improper billing, failure to meet medical necessity requirements, and/or regulatory violations under CLIA. Absent explicit statutory authorization, professionals such as Licensed Addiction Counselors cannot independently order or interpret Definitive tests.

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

*Submitted by Summer Roberts, CPC
Lead Program Integrity Compliance Specialist
Program Compliance Bureau
Office of Inspector General
DPHHS*

Revalidation – How to Stay Compliant

Per [42 CFR 424.515 \[ecfr.gov\]](https://www.ecfr.gov/current/title-42/chapter-I/subchapter-B/part-424/subpart-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 Type	Provider Notice Title
05/01/2026	FQHC, RHC, UIO	Upcoming Billing Changes
05/01/2026	Pharmacy	2026 Average Acquisition Cost (AAC) Survey
05/07/2026	All Providers	Medicaid Expansion Changes
05/07/2026	All Providers	CMS-1500 Coordination of Benefits Processing: Medicare vs. TPL
05/11/2026	All Providers	Temporary PCMT Enrollment and Required Provider Enrollment Actions
05/11/2026	Dental, Dental Hygienist, Oral Surgeon	Tobacco Counseling (CDT D1320) Coverage and Documentation Requirements
05/29/2026	All Providers	State Fiscal Year 2027 Provider Rate Update
FEE SCHEDULES		
<ul style="list-style-type: none"> Hospice FY 2025 Compliant January 2024 Mid-Level Services Fee Schedule Revised 		
ADDITIONAL DOCUMENTS POSTED		
<ul style="list-style-type: none"> May 2026 Preferred Drug List April 2026 DUR Meeting Minutes May 2026 PCMT 101 Training May 2026 General Resources Training April 2026 ORP and Attending Provider Enrollment Training April 2026 IHS Tribal Training Agenda June 2026 DUR Meeting Agenda May 2026 Preferred Drug List PDL Changes Effective 05.28.2026 May 2026 Billing 101 Training 		

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Top 15 Claim Denials

Claim Denial Reason	April 2026	March 2026
RECIPIENT NOT ELIGIBLE DOS	1	1
PA MISSING OR INVALID	2	2
MISSING/INVALID INFORMATION	3	3
EXACT DUPLICATE	4	4
RECIPIENT COVERED BY PART B	5	5
PROC. CONTROL CODE = NOT COVERED	6	10
CLAIM INDICATES TPL	7	7
PROC. FACT. CODE = NOT ALLOWED	8	12
REV CODE INVALID FOR PROV TYPE	9	9
INVALID CLIA CERTIFICATION	10	6
CLAIM DATE PAST FILING LIMIT	11	11
PROVIDER TYPE/PROCEDURE MISMAT	12	13
SUSPECT DUPLICATE	13	8
RECIPIENT HAS TPL	14	14
SUSPECT DUPLICATE/CONFLICT	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.

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

(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)

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