



Claim Jumper

Montana Healthcare Programs Claim Jumper

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Upcoming Training

General Resources
October 7, 2026

Affiliations Training
October 6, 2026

Billing 101
October 28, 2026

PCMT 101
November 13, 2026

Documentation from a
Reviewers Perspective

November 19, 2026

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SURS Revelations

Provider Self-Reviews

Medicaid Providers may be unaware that they can complete their own reviews. As a provider, business owner, or both, reviewing billing processes for compliance with state and federal regulations is a healthy assessment for the business. If during this assessment a billing mistake or error is found, there are two possible ways to make a claim correction:

If the error/mistake is for a limited number of records and discovered within the timely filing year, an adjustment can be submitted. The Adjustment Request can be completed electronically through the [provider services portal](#). Submitting this adjustment will correct the claim and ensure the correct amount is paid to the provider. If the claim should not have been billed at all, an adjustment can be completed to refund the money to Montana Medicaid.

If the error/mistake is found on a much larger scale, a Self-Review may be used. This can help reduce the burden on the provider. The Self-Review would also be required if the error/mistake falls outside the timely filing period. Self-Review information is available on the Montana Medicaid Provider website. Self-Review information is on the Montana Healthcare Programs Provider Information website. Select the [Resources by Provider Type](#) option in the menu on the left. After reading and accepting the ender user agreement, the [SURS Provider Self-Review Protocol](#) is on each provider type page in the Other Resources section.

These guidelines will help correct the billing/payment issue and ensure the correct amounts were reimbursed for the specific codes. If you have any questions regarding this process, please feel free to contact the SURS Supervisor, Jennifer Tucker, at (406) 444-4586 or jtucker2@mt.gov.

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 Inspector General
DPHHS*

Changes to Non-Emergency Medical Transportation

Montana Healthcare Programs is transitioning from its current NEMT Medicaid program to a new, modernized service model with a start date of **October 1, 2026**.

The Department of Public Health and Human Services (DPHHS) has entered into a new contract with Modivcare for NEMT broker services under Montana Healthcare Programs. As part of the new NEMT broker structure, administrative and operational functions will shift from Mountain Pacific Quality Health to Modivcare.

ALL PROVIDERS:

How providers can support Medicaid members:

If you are a Montana Medicaid provider, you may serve members who depend on the NEMT program to access necessary healthcare appointments. This program can support you as a provider by reducing cancellations and no-shows caused by transportation barriers of members. Members who use the personal reimbursement option of the NEMT program will be required to obtain a provider signature confirming attendance at the appointment for which reimbursement is requested. Some members may need assistance locating, printing, or submitting these forms to Modivcare. Providers can support their members by assisting with the process as needed. Modivcare's member page can be accessed at

<https://www.mymodivcare.com/members-mt/>.

Providers may also arrange transportation on behalf of members through the TripCare facility portal at <https://tripcare.modivcare.com/login> or by calling the facility line at (866) 726-1469.

TRANSPORTATION PROVIDERS:

Enrollment:

Enrollment functions will no longer be managed by the State's contractor, Conduent. Instead, Modivcare will assume full responsibility for all provider enrollment processes. If you are interested in becoming an NEMT provider, please contact the provider line at (866) 726-1471 or go online to

<https://www.modivcare.com/transportation-providers-contact-us/>.

Billing:

NEMT provider billing and claims activities will no longer be operated by Conduent. Modivcare will oversee and administer all NEMT Medicaid billing functions beginning October 1, 2026.

Accessibility and Enhancements:

The reservation line for members will remain the same, (800) 292-7114, and transition to 24-hour availability for urgent trips. Members will also be able to schedule via Modivcare digital application or online portal. Members who choose not to use the electronic methods for scheduling can work with their providers or reach out to the member reservation line to get provider signature forms mailed or emailed.

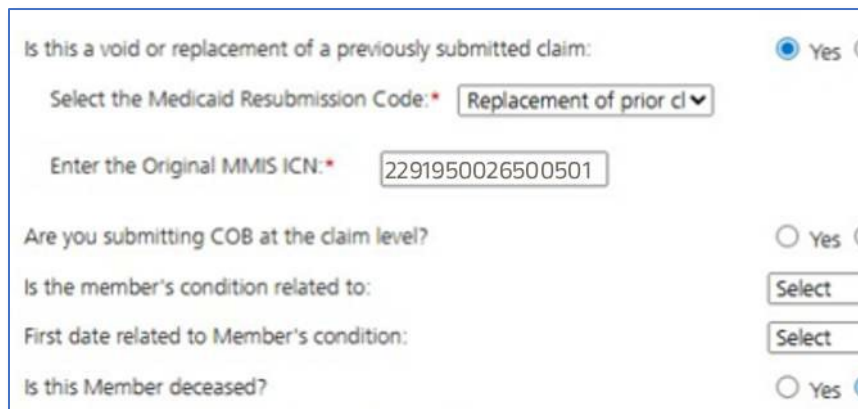
*Submitted by Bridget Evans
Non-Emergency Medical Transportation Program Officer
Member Health Management Bureau
Health Resources Division
DPHHS*

Attaching Printed Claims to Adjustments

Question: When should providers submit printed versions of claims for electronic adjustments?

Answer: For adjustments submitted via the provider portal, providers do not need to include print versions of claims with at all. The portal already has that information. Providers can, of course, print images of them for their own records but they do not need to attach print versions to their electronic adjustments, mail or fax them to us. That slows down the processing of your adjustments.

Once done entering the adjustment details in the portal, to associate it with the original claim, mark 'Yes' for "Is this a void or replacement of a previously submitted claim." Then select "Replacement of prior claim" for the Medicaid Resubmission Code and enter the original claim's MMIS ICN. Doing those three quick things connects the adjustment with the original claim. No need to print the claim image; no need to attach it.

A screenshot of a web form for submitting a claim adjustment. The form includes several fields and checkboxes. The first section asks "Is this a void or replacement of a previously submitted claim:" with a radio button selected for "Yes". Below this is a dropdown menu for "Select the Medicaid Resubmission Code:" with "Replacement of prior cl" selected. The next field is "Enter the Original MMIS ICN:" with the value "2291950026500501" entered. Below that are three more questions: "Are you submitting COB at the claim level?" with a radio button for "Yes", "Is the member's condition related to:" with a "Select" button, and "First date related to Member's condition:" with another "Select" button. The final question is "Is this Member deceased?" with a radio button for "Yes".

Another question: What printed documents, if any, should providers submit with electronic adjustments?

Answer: Providers can include printed documents not already submitted to support their adjustments. Examples might include new TPL documentation like denials or other EOBs.

Answers to questions like these, and much more, are available on the [Medicaid Provider Website](#). There you can find instruction manuals, forms and training you can enroll in, such as the monthly Billing 101.

*Submitted by Allen Way
Account Trainer
Conduent*

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.

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

Practice Location Disclosure Requirements

Providers enrolled in the Montana Healthcare Program as a group or organization must disclose all locations at which they conduct business or provide covered services. This includes providers with more than one practice location, service site, office, facility, residence, or other operational location.

Each disclosed location must reflect the provider's current physical address and must be maintained as part of the provider's enrollment record.

A separate location record is required for each distinct physical address, including the applicable ZIP Code+4. Each unique address must be reported as a separate practice location and assigned its own enrollment unit/provider identifier (EU/PID).

Providers operating multiple buildings or service sites must disclose each building's physical address as a separate location. Providers that operate multiple homes, houses, units, or service settings on the same campus must disclose each house or unit separately when it is licensed or otherwise recognized as a distinct service location.

Examples of locations that should be separately disclosed include:

- Separate buildings located at different street addresses.
- Distinct units, houses, or residences on the same campus when separately licensed.
- A new location opened in the same city or town as an existing location.
- A relocated practice site, even when the provider's ownership, name, services, or community served do not change.

When a provider relocates from one physical location to another, the new address must be added to the provider's enrollment record as a new practice location. A new, unique EU/PID must be established for the new location.

If the provider no longer conducts business or provides services at the prior address, the prior location and associated EU/PID(s) must be terminated in accordance with Montana Healthcare Program enrollment procedures. Providers should not continue using an EU/PID associated with a location where services are no longer being provided.

For example, if a provider moves its business from one address in Helena to another address in Helena, the new address must be enrolled as a new location with a unique EU/PID. The former location should be terminated once the provider has ceased operations there.

These requirements support compliance with federal Medicaid provider-screening and site-visit requirements. Under 42 CFR § 455.432, state Medicaid agencies conduct site visits to verify the accuracy of enrollment information and determine compliance with federal and state enrollment requirements.

(continued on pg.5)

Maintaining complete, current, and location-specific enrollment information enables the Montana Healthcare Program to:

- Validate that providers are operating at the locations reported in their enrollment records.
- Conduct required or risk-based site visits and other program-integrity activities.
- Associate licensure, services, provider type, and enrollment records with the correct physical service location.
- Ensure that payments, claims activity, and provider communications can be accurately tied to the location where services are furnished.
- Identify locations that have opened, relocated, closed, or otherwise changed operational status.

Providers are responsible for promptly reporting additions, relocations, closures, and other changes to their practice locations through the Montana Healthcare Program provider-enrollment process. Failure to maintain accurate location information may affect enrollment status, site-visit verification, payment, and continued participation in the program.

*Submitted by Denise Juvik
MPATH Project Manager
Provider Services*

Medicaid Enrollment for Attending Providers

Administrative Rules of Montana (ARM) 37.85.402 requires providers of services to Montana Healthcare Programs members to be enrolled with Montana Healthcare Programs. In the new Montana Healthcare Claims System (MTHCS), which is expected to go live in 2027, if an enrolled facility submits an institutional claim for services provided or overseen by a non-enrolled attending provider, the enrolled facility's claim will be denied. Please note that all claims will be impacted whether submitted through a clearinghouse, sent via paper, or entered into the MES Provider Services Claims Module or the coming Montana Healthcare Claims Provider Portal.

Additional information on attending provider enrollment is available at medicaidprovider.mt.gov/providerenrollment under the Rendering Provider section.

For enrollment questions, contact Montana Provider Relations at (800) 624-3958 or (406) 442 1837, or email the [Montana Provider Relations Helpdesk](#).

Visit the [Claims Modernization](#) page for additional information regarding the MTHCS. If you have questions or feedback regarding the MTHCS, contact HHSClaimsModernization@mt.gov.

*Brittany Craig
MPATH Business Analyst
Medicaid Systems Support Program
DPHHS*

Long Term Care Claim Changes for Intermediate Care Facility, Nursing Home, and Swing Bed Providers

Montana Healthcare Programs will implement the Montana Healthcare Claims System (MTHCS) in 2027 in partnership with Gainwell Technologies. This new system will modernize claims processing and payment operations.

The use of the MA-3 Nursing Facility Claim Form, also known as Turnaround Documents (TADs), for claims processing will be discontinued. All claims must be submitted on a UB-04 form or 837I (Institutional) transactions, with a goal of 100% electronic submission.

For providers currently not submitting 837I claims through a Clearinghouse or the MES Provider Services Portal free claim submission or who wish to use another option, the new Montana Healthcare Claims Provider Portal will offer free claim entry and Roster Billing functionality. This feature is designed to replicate the TAD process by allowing providers to semi-automate billing on a selected schedule, such as weekly, biweekly, or monthly. Providers can use static roster templates to automatically calculate and populate service days and billed charges and submit claims in bulk.

With near-real-time claim adjudication, providers will receive the final disposition of a claim within minutes of receipt. Providers will be able to adjust/correct claims before the weekly financial cycle, helping reduce claim denials and the need for manual intervention.

Visit the [Claims Modernization](#) page for additional information regarding the MTHCS. If you have questions or feedback regarding the MTHCS, contact HHSClaimsModernization@mt.gov.

*Submitted by Aaron Hahm
MPATH MES Analyst
Medicaid Systems Support Program
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 Type	Provider Notice Title
08/31/2026	Nursing Facility, Home Health, Hospice	Provider Site Visits
09/03/2026	Family Planning, FQHC, Hospital Outpatient, Mid-Level, Physician, Public Health Clinic, RHC	Vaccines for Children Code Update
09/03/2026	All Providers, PCMT	Primary Care Montana (PCMT) Enrollment Deadline Extended - Final Opportunity for Retroactive PMPM Payments
09/10/2026	HRPW, Heart TCM Providers	Changes to HRPW and Heart TCM Providers
09/10/2026	Intermediate Care Facility (SNF/ICF), Nursing Home, Swing Bed	Montana Healthcare Claims Systems (MTHCS): Long Term Care Claims Changes
09/17/2026	All Providers	Returning Payments to Previously Prohibited Entities Under H.R. 1, Section 71113
09/23/2026	FQHC, IHS, Mid-Level, Physician, Primary Care Montana, RHC, Tribal 638	Primary Care Montana (PCMT) Technical Assistance (TA)
09/23/2026	Dialysis Clinic Providers	Hemodiafiltration Billing and Reimbursement
09/30/2026	All Providers	Claim Adjustment and Void Changes in the MTHCS
FEE SCHEDULES		
- July 2026 DME Services Fee Schedule - July 2026 DME Services Fee Schedule Revised		
ADDITIONAL DOCUMENTS POSTED		
- Coverage Criteria for MDI Spacers - September 2026 General Resources Training - September 2026 Preferred Drug List - September 2026 Monthly Enrollment Training - Coverage Criteria for Ketone Test Strips - Coverage Criteria for Gait Trainers - Coverage Criteria for Home Ventilator - September 2026 BSW Settings Rule Training - Coverage Criteria for Oral Nutrition 2026 Quality Measures - Primary Care Montana Enrollment Guide - Member Registry Quality Measure List - Primary Care Montana Enrollment Agreement - Montana Healthcare Programs Physician Certification for Abortion Services - Instructions for Completing the MA-37 - Coverage Criteria for Oral Food Thickener - Coverage Criteria for Enteral and Parenteral Nutrition - Coverage Criteria for Glucose Monitors and Related Supplies - PCMT Provider Change or Enrollment Form		

*Thank you for the care and support of Montana Healthcare Programs members that you provide.
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Top 15 Claim Denials

Claim Denial Reason	August 2026	July 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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