



Claim Jumper

Montana Healthcare Programs Claim Jumper

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Upcoming Training

Provider Enrollment sessions
held the second Wednesday of
every month.

General Resources
September 2, 2026

Affiliations Training
September 4, 2026

PCMT 101
September 11, 2026

BSW Setting Rule
September 17, 2026

Billing 101
September 23, 2026

Register Now

Recognizing Grief in Long-Term Care Communities

August 30th was National Grief Awareness Day. In observation of this day, we want to shed light on the unique grief that can be experienced by members of the Senior and Long-Term Care population including Medicaid members receiving care, friends and family members, and caregivers.

Loss of Health

The goal of Community Services Bureau (CSB) programs is to provide the necessary support and services to members to enhance quality of life. Members with limited mobility may need to use adaptive equipment to function independently. Others may need care for conditions that are declining over time. Complex grief can grow from significant decline in physical, mental, and spiritual health over time. Grief can influence mental health in many ways. Feelings of sadness, anxiety, loneliness, or disconnection are common. Recognizing these emotional experiences is an important step toward healing and support.

Loss of Independence

Older adults can experience a loss of routine and independence after moving from their own home to a community-based setting or nursing facility. There can be an emotional toll on this kind of transition for anyone, especially seniors who have to relinquish the ability to prepare their own meals, live autonomously, or even drive.

Hospice

Hospice Care is a service provided by CSB offering palliative care to terminally ill individuals aimed at comfort not curing an illness. Services include physical care, counseling, drugs, equipment, and supplies for the terminal illness and related condition. The person and their family members are given support during and after loss.

Bereavement

CSB programs serve members who live independently, in assisted living facilities or groups homes, and in nursing facilities. Members may experience more frequent deaths of loved ones in their family and peer group due to increased age and complex medical needs. When loss compounds grief can be overwhelming.

(continued on pg. 2)

Strategies for Healing

- Life sharing — Encourage storytelling, reviewing photo albums, and sharing personal history.
- Maintain routines — Consistent mealtimes and activities can provide comfort and stability.
- Be present — Listening with patience and compassion helps loved ones feel seen and supported.
- Seek professional support — Therapists, grief counselors, and peer support groups can offer meaningful guidance.

Find out more about the National Grief Awareness Day [here](#).

*Submitted by Jess Milakovich
Big Sky Waiver Performance Improvement Specialist
Community Services Bureau
Senior and Long-Term Care
DPHHS*

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.

SURS Revelations

A Crack at Compliance: EPSDT Children's Chiropractic Billing Reminders

Don't let your documentation get out of alignment with Montana Medicaid standards! Reminders for best practices when billing Children's Chiropractic services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.

Covered Services

Montana Medicaid does **not** reimburse chiropractic services to individuals 21 years of age and older under EPSDT. ([ARM 37.86.2211](#))

- Covered Chiropractic services are limited to:
 - Evaluation and Management (E/M) visits
 - Manual manipulation of the spine
 - X-rays necessary to support the diagnosis of spinal subluxation
 - Please note that adjustments to extremities are not covered and will not be reimbursed by Montana Medicaid.

Medical Necessity Documentation

To qualify for reimbursement, medical necessity for Chiropractic treatment must be documented by the child's primary care provider (PCP) as required in [ARM 37.86.2211](#).

As best practice, providers should obtain a written referral from the PCP that includes

- The neuromuscular condition of the spine the patient is referred for treatment
- The PID number of the referring provider to be submitted on the claim

This documentation should be maintained in the patient's medical record and retained for your records in the event of a SURS review.

Documentation Reminder

Providers are reminded that medical records, including but not limited to examinations, daily visits, and/or progress notes, are not considered complete until they are signed and dated **within 90 days** of the claim's submission to Montana Medicaid per [ARM 37.85.414](#). Incomplete records submitted for review may result in recoupment during a review.

If you use an electronic health record (EHR) system, ensure that your electronic signature is password protected for compliance. If you experience issues with signatures or any part of your EHR, contact your software vendor to ensure your documentation remains compliant with Montana Medicaid requirements.

Making a few adjustments now can ensure you have a strong backbone of documentation.

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

*Submitted by Dr. Kelli Olson, DC,
Program Integrity Compliance Specialist
Program Compliance Bureau
Office of Inspector General
DPHHS*

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

Trading Partner Changes Coming in 2027: Montana Healthcare Claims System (MTHCS)

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.

If you are a practice management/billing software vendor or clearinghouse serving Montana Healthcare Programs providers, you are considered a Trading Partner and will be responsible for updating your systems and processes to support MTHCS and Gainwell EDI.

Key Changes

- All EDI transactions will transition from Conduent EDI to Gainwell EDI.
- Trading Partners must register with Gainwell and obtain a new Trading Partner ID.
- Certification is required for each transaction type before submitting production files.
- Updates to payer IDs, file naming conventions, and ISA/GS values will be required.
- SNIP Levels 1–5 and 7 validations will be applied to all submissions.

Trading Partner Responsibilities

- Complete registration through the Montana Healthcare Claims Provider Portal.
- Submit required test files and successfully complete certification.
- Coordinate with billing agents, software vendors, or clearinghouses to ensure system updates are completed.

What Providers Need to Know

- Providers using billing agents or clearinghouses should ensure those partners are preparing for these changes.
- Providers submitting through the Montana Healthcare Programs Provider Services Portal Direct Data entry (DDE) do not need to take action.
- Strategic National Implementation Process (SNIP) Levels 1–5 and Level 7 edits will be applied to all production files uploaded to the Montana Healthcare Programs Provider Services Portal.
- The Montana Access to Health (MATH) Portal will be retired; portal functions will transition to the Montana Healthcare Programs Provider Services Portal and the new Montana Healthcare Claims Provider Portal.

Additional Information

EDI Companion Guides and technical documentation will be available prior to go-live and will include detailed requirements for all transactions.

Stay Informed

Subscribe for updates, announcements, and registration information at:

<https://dphhs.mt.gov/MontanaHealthcarePrograms/ClaimsModernization>. Select “MPATH – New Claims System” under Medicaid topics.

*Submitted by Aaron Hahm
MPATH MES Analyst
Medicaid Systems Support Program
DPHHS*

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Prior Authorizations: Before You Call

Prior authorization refers to services that require Department authorization before they are performed. If a service requires prior authorization, the requirement exists for all Medicaid members. Prior authorization is required for certain diagnosis, procedures, services and medications. Mountain Pacific provides this service on behalf of MHP, along with utilization review and some other similar services. Additional details about PAs are on the [Medicaid Providers](#) web site on the Prior Authorization page or in the General Information for Providers Manual at: Site Index > Resources by Provider Type > General Manual. Provider fee schedules also inform providers of what procedure codes require a PA.

A prior authorization (PA) is a separate process from member eligibility or regular claims handling. In fact, the Provider Relations call center you normally contact for assistance has limited access to PA information. The PR call center agents can tell you *if* a code requires a PA, and *if* a PA has been approved and *when*. The call center agents cannot tell you *if* a PA was submitted and is still pending, *why* it is still pending, *why* it was denied or even *if* it was denied.

But don't despair. You can still get the information you need. Contact Mountain Pacific via phone at (800) 497-8232 or (406) 443-4020. You can also go to their [Montana Healthcare Provider Portal \(Qualitrac\)](#). In this portal, providers can electronically submit new PA requests, upload supporting documentation, review the status of pending requests, review determinations, and retrieve history of previous requests, determinations, and PA numbers. For information on pharmacy-specific PAs and drug criteria documents, go to the [Drug Prior Authorization](#) page of the Mountain Pacific web site or call the Drug PA Unit at 800.395.7961. Montana Medicaid Transportation Requests are also available on the [MPQH website](#) or call 800-292-7114.

*Submitted by Whitney Zehm and Allen Way
Conduent*

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
08/14/2026	Dentist, Denturist, Oral Surgeon	Unclaimed Dentures and Member Financial Responsibility
08/21/2026	All Providers	Referrals, Medical Orders, and Prior Authorization Requirements Beginning July 1, 2026
08/26/2026	All Providers	Big Sky Care Connect Data Quality Resource Website
08/28/2026	Critical Access Hospitals, Dialysis Clinic, FQHC, Home Health, Hospice, Psychiatric Residential Treatment Facility, RHC, Swing Bed, Tribal 638	Medicaid Enrollment for Attending Providers
FEE SCHEDULES		
- July 2023 PDN Services Fee Schedule Revised - July 2024 PDN Services Fee Schedule Revised - July 2025 PDN Services Fee Schedule Revised - July 2025 Transportation PC Services Fee Schedule - May 2026 Youth Mental Health Services Fee Schedule - Proposed July 2026 CFCS Fee Schedule Revised - April 2026 OPPS Services Fee Schedule Revised		
ADDITIONAL DOCUMENTS POSTED		
- PCMT Tier 1 Fact Sheet - PCMT Tier 2 Fact Sheet - Presumptive Eligibility Application - August 2026 General Resources Training - August 2026 Monthly Enrollment Training - PCCA Services Training - Optum Provider Maintenance Updates User Guide V31.0 - September 2026 DUR Meeting Agenda - CSCT Training		

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Top 15 Claim Denials

Claim Denial Reason	July 2026	June 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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