

FES & Part C Training

How the program works & how to submit claims

Training Outline

- How the programs work currently.
- What is different moving forward?
- When will you get paid?
- How to submit claims?
- Provider Website, Manuals and Remits.
- How to handle billing errors?
- Who to contact for help?

How the programs work currently

Invoice Billing

Currently you are invoice billing through AWAX.

One invoice is submitted for the month with information for all patients seen during that service month.

You are paid directly from the state.

New Process

Family Education and Support Services

Basics of FES

FES:

- Patients 3 – 21 years of age
- Fee for service program
- One claim per member per service month allowed
- One code, one payment amount
- FES is not a Medicaid program

FES Services Team - FS

Payment amount is based on the annual contract for members served. Only paid up to the members seen or the contract cap, whichever is less.

CMS-1500 claim forms are submitted at the end of each month for members who received services during that month. Once a clean claim is processed through Conduent, you will receive payment the following Monday.

New Process

Part C – Early Intervention Program

Basics of Part C

Part C:

- Patients 0 – 3 years of age
- Tier based payment
- Encounter claim submitted any time during the service month or the following month to be counted towards Tier payment.
- Payment received once a month.
- Part C is not a Medicaid program

Part C Program Team - PC

Payment amount is decided by a Tier system. Tiers are based on how many members are in the program per region. Tiers subject to change monthly.

Encounter claims can be submitted throughout the service month or the following month. For payment the second week of the next month.

What is an Encounter Claim

Encounter – This input medium is an electronic claim submitted for health data reporting purposes.

Encounter claims can only be submitted electronically.

Individual encounter claims are paid at zero. Lump sum payment will show as a Gross Adjustment.

Questions?

Submitting Claims with MPATH

[MPATH: https://mtdphhs-provider.optum.com](https://mtdphhs-provider.optum.com)



Home



Contact us

Provider



MPATH



Provider

How can we help you?

Login and Registration



MPATH – Initial Set UP

Optum GovID Sign In

Optum GovID or email address

Password



SIGN IN

[Forgot Optum GovID](#) | [Forgot Password](#)

Additional options:

[Create Optum GovID](#)

[Manage your Optum GovID](#)

[What is Optum GovID?](#)

Create Optum GovID

Optum GovID securely manages your account so that you can use one Optum GovID and password to sign in to all integrated applications.



Already have Optum GovID? [Sign in now](#)

Profile Information

Copy

First name

Last name

Date of birth

mm-dd-yyyy

MPATH – Create GovID & Password

Sign In Information

Your email address

Create Optum GovID

 ⓘ

Your Optum GovID must have:

- 6 to 50 characters
- At least one letter
- No spaces
- No letters with accents

Create password Copy

 ⓘ

Your password must have:

- Between 8 and 100 characters
- At least 1 upper case letter
- At least 1 lowercase letter
- At least 1 number
- At least 1 special character

Type password again

 ⓘ

Security Questions and Answers

Security question 1

 ▼

Security answer 1

 ⓘ Copy

Security question 2

 ▼

Security answer 2

 ⓘ

Security question 3

 ▼

Security answer 3

 ⓘ

You must agree to the [Terms of Use](#) and [Website Privacy Policy](#) to use the Optum GovID service. If you do not agree, click Cancel and do not use any aspect of the Optum GovID service.


[Cancel](#)


Instructions on verification of email and activation of account.

Your Email Address

- Check your email inbox** (ktm*****31@yahoo.com) for a message from (noreply_healthid@optum.com).
- Click on the activation link** in the email or [enter the 10-digit activation code](#).

MPATH - Confirmation

 Optum GovID-NoReply
Today at 8:53 AM



Your Optum GovID
[Activate my Optum GovID](#)

If you prefer, copy this 10-digit code **1853983101** and paste it into the box for the activation code on the Activate Your Optum GovID page.

If you did not request an activation link or code, or if you have questions about setting up an Optum GovID, contact us at [f \[redacted\]](#)


Thank you,
Optum GovID

2. Click on the activation link in the email or [enter the 10-digit activation code](#).

10-digit activation code

NEXT Cancel

Email Address Verified

 Your Optum GovID is ready to use. Click the Continue button below to finish.

CONTINUE

Share My Optum GovID

Using your Optum GovID to sign in to SOC46639 means that SOC46639 uses your Optum GovID account information to verify your access. We share this information with SOC46639 :

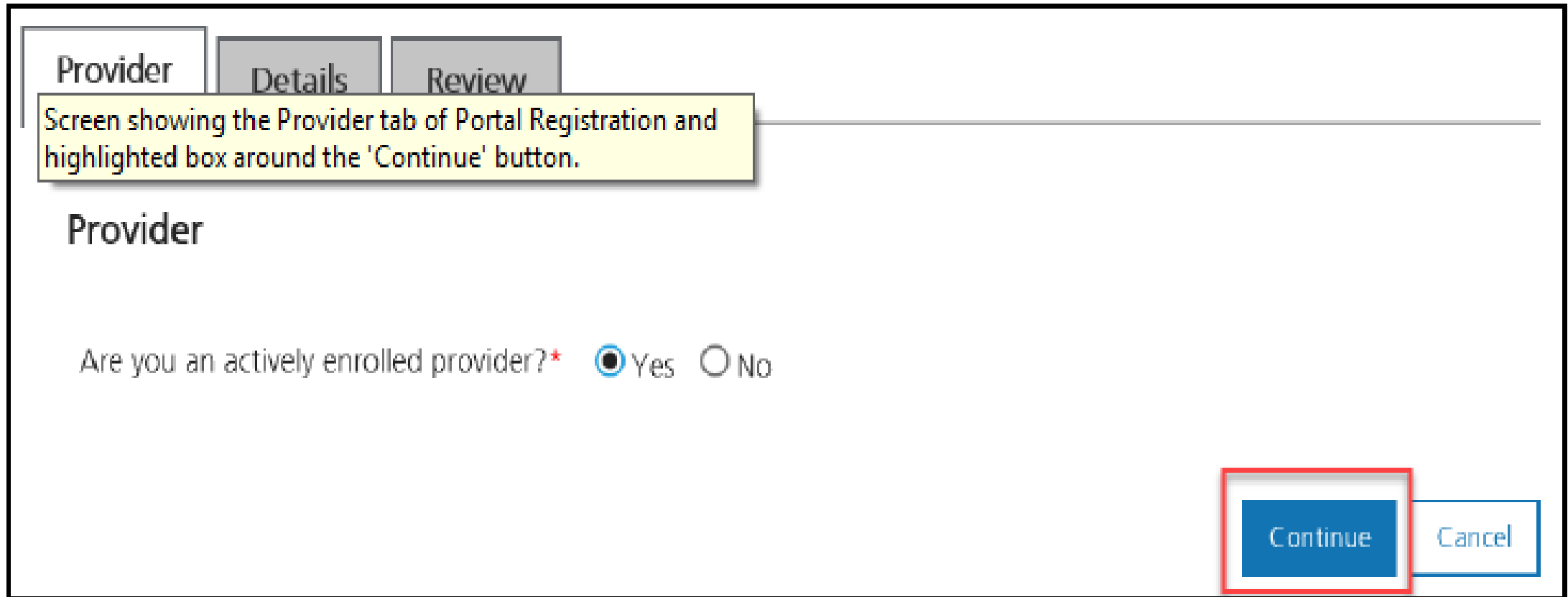
- Optum GovID
- Name
- Email address

By clicking I Agree,

- You give Optum GovID permission to share your account information with SOC46639;
- You acknowledge that your account information is being provided to SOC46639 and it is subject to the SOC46639 privacy policy; and
- You acknowledge that the SOC46639 privacy policy may be different from the Optum GovID privacy policy.

I AGREE Decline

MPATH – Link NPI to GovID



Provider Details Review

Screen showing the Provider tab of Portal Registration and highlighted box around the 'Continue' button.

Provider

Are you an actively enrolled provider? * Yes No

Continue Cancel

Verify User Information

Provider Details Review

Details

User:

First Name:

Last Name:

Email:

Enter Provider Information

Provider:

Provider Name or
Organization Name? *

Provider Name Organization Name

Note: Please enter name exactly as it was presented on notification letter.

Provider First Name: *

Provider Last Name: *

NPI or API? *

NPI API

API: *

Billing or Non-Billing Provider?
*

Billing Non-Billing

SSN: *

Continue

Previous

Cancel

Provider

Details

Review

Review

User:

First Name:

Last Name:

Email:

Provider:

Provider First Name:

Provider Last Name:

API:

SSN:



By submitting your registration information, you indicate that you have read and accept our [Terms and Conditions](#) and [Privacy Policy](#).

Submit

Previous

Cancel

MPATH – Claim Submission



The screenshot displays the MPATH web application interface. On the left, a sidebar menu titled "myMenu" is visible, containing several options: "Claims", "Provider Profile", "Provider Enrollment-MT", "Provider Enrollment-OC", "Provider Enrollment", and "Account Administration". The "Claims" option is highlighted with an orange border. To the right of the sidebar, a dropdown menu is open, listing "Claim Submission in Progress", "Claim Submission Templates", and "Professional Submission". The "Professional Submission" option is also highlighted with an orange border. The background of the main content area shows a blurred image of a doctor in a white coat holding a clipboard.

MPATH – Provider Claim Screen

Test Provider
NPI#: 1234567890

Provider Details
Member Details
Claim Information
Terms and Agreements

myMenu

Hi Test Provider [← Back](#)

[View Templates](#)

Professional Claim Submission Form

Billing Provider

NPI/API:

Provider Name:

Rendering Provider

NPI/API:

Provider Name:

Service Location Address 1:

Service Location Address 2:

City:

State:

ZIP:

Referring Provider

There is a referring provider for this claim.

Ordering Provider

There is a ordering provider for this claim.

[Save and Continue](#) [Save and Exit](#) [Cancel](#)

MPATH – Member Claim Screen

Professional Claim Submission Form

Member Details

Member ID: *	<input type="text" value="1234"/>
Patient Account Number:	<input type="text"/>
First Name: *	<input type="text" value="TestFirst"/>
Middle Name:	<input type="text"/>
Last Name: *	<input type="text" value="TestLast"/>
Date of Birth: *	<input type="text" value="01/01/1985"/>
Gender: *	<input type="text" value="M"/>
Mailing Address 1: *	<input type="text" value="123 Testing Ave"/>
Mailing Address 2:	<input type="text"/>
City: *	<input type="text" value="Helena"/>
State: *	<input type="text" value="MT"/>
ZIP: *	<input type="text" value="59601"/>

Save and Continue

Previous

Save and Exit

Cancel

Diagnosis Codes

ICD-10 is short for *International Classification of Diseases, 10th Revision*.

There are many websites out there to obtain this information. Here is my favorite:

<https://icd10coded.com/>

Diagnosis Codes

ICD-10 Code Lookup

Oct 01, 2018 - Sep 30, 2019

2019 ICD-10 data & code lookup

Alphabetic Index

ICD-10-CM

ICD-10-PCS

Search

MPATH Claim Screen - FES

- Professional Claim Submission Form

- Claim Information

Note : Do not include any decimals when entering Diagnosis Code Information. Enter at least first three (3) characters of a Diagnosis and/or Procedure code before utilizing the search icon.

Diagnosis Codes (ICD 10):

1	2	3	4	5	6
<input type="text" value="F78"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

From Date*	To Date*	POS*	CPT/ HCPCS Code*	Modifier	Diagnosis Pointer*	Charges*	Days or Units*	COB	NDC	EPSDT	Emergency Service	Family Planning
08/01/2015	08/01/2015	11	G9002	SE	1	\$476.62	1	COB			<input type="radio"/>	<input type="radio"/>

Total Charges:

MPATH Claim Screen – FES cont'd

Do you have a Medicaid resubmission code? *

Yes No

Are you submitting COB at the claim level?

Yes No

Is the member's condition related to:

Select ▼

First date related to Member's condition:

Select ▼

Is this Member deceased? *

Yes No

Is member unable to work in current occupation? *

Yes No

Is hospitalization related to current services? *

Yes No

Clinical Laboratory Improvement Amendment Number needed for this claim? *

Yes No

Is there a prior authorization for this claim? *

Yes No

Is there a Referral for this claim? *

Yes No

Do you have attachments for this claim? *

Yes No

Additional Notes:

FES

Save and Continue

Previous

Save and Exit

Cancel

MPATH Claim Screen – Part C

Diagnosis Codes (ICD 10):

1 *	2	3	4	5	6
E000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

From Date *	To Date *	POS *	CPT/ HCPCS Code *	Modifier	Diagnosis Pointer *	Charges *	Days or Units *	COB	NDC	EPSDT	Emergency Service	Family Planning	
05/01/20	05/02/20	01	G900		TL	1	\$123.00	1	COB		<input type="radio"/>	<input type="radio"/>	

Total Charges:

MPATH Claim Screen – Part C cont'd

Do you have a Medicaid resubmission code? *

Yes No

Are you submitting COB at the claim level?

Yes No

Is the member's condition related to:

Select ▼

First date related to Member's condition:

Select ▼

Is this Member deceased? *

Yes No

Is member unable to work in current occupation? *

Yes No

Is hospitalization related to current services? *

Yes No

Clinical Laboratory Improvement Amendment Number needed for this claim? *

Yes No

Is there a prior authorization for this claim? *

Yes No

Is there a Referral for this claim? *

Yes No

Do you have attachments for this claim? *

Yes No

Additional Notes:

PC

Save and Continue

Previous

Save and Exit

Cancel

MPATH – Claim Submission

Professional Claim Submission Form

Terms and Agreements

Please key in provider name and NPI to certify the information on this form is accurate and terms and conditions have been satisfied.

Provider Name: *

NPI/API: *

Accept assignment? * Yes No

I certify I have read the [Terms and Conditions](#) that apply to this bill and are made a part thereof.

MPATH – Additional Features

The screenshot displays the MPATH web application interface. On the left, a navigation pane titled 'myMenu' contains the following items:

- Claims
- Account Administration

The 'Claim Submission Templates' option is highlighted with a red border. To the right, a search filter is present: 'Filter your results: '. Below this is a table of claim submission templates:

	Date Last Modified
Facility Profe	06/11/2019
	06/11/2019
No MemID Res Hab Facility	06/11/2019
No MemID Assisted Living	06/11/2019
MemID 431431 Non Emergent Transport	06/11/2019

Each row in the table includes a yellow background and icons for editing (pencil) and deleting (trash can). At the bottom of the page, the text reads: 'Claim submission templates returned: 5'.

Website, Manuals and Other Information

Montana Healthcare Programs Website

- The Montana Healthcare Programs Provider Information website is available 24/7/365.
- Contains the general manual, provider manuals, fee schedules, provider notices and additional resources.
- Provider notices report important updates including, but not limited to, policy, program, coding and rule changes.
- And much more.

Additional Resources on the Website

Provider Type

See your provider type webpage for specific resources.

***Claim Jumper* Newsletters**

The Montana Healthcare Programs newsletter, the *Claim Jumper*, is available online only; however, you may choose to print for your use.

Montana Access to Health (MATH) Web Portal

The MATH web portal is a secure website with many functions.

<https://medicaidprovider.mt.gov/>

MONTANA.GOV
OFFICIAL STATE WEBSITE

SERVICES AGENCIES LOGIN SEARCH MONTANA.GOV

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Sheila Hogan, Director
About Us Meetings & Events Health Data & Statistics Contact Us A - Z Index

[Montana Healthcare Programs Provider Information » home](#)

Montana Healthcare Programs
Thank you for serving Montana's Healthcare Program Members.

- Provider File Updates, Revalidation, and New Provider Information
- MATH Web Portal
- Resources by Provider Type**
- Provider Enrollment

Welcome to the Montana Healthcare Programs Provider Information Website.

Important Announcements
Call Center Telephone Options Have Changed
As of Monday, January 28, 2019 the options in the Call Center phone systems will change for both providers and members. Please listen carefully to the options when calling the call centers in order to be directed to the correct extension.

WebEx Training Available
Did you know there are monthly WebEx Trainings with the Program Officers? These trainings are a great opportunity for providers to learn about their program, policy changes, and ask questions.

Navigating the Provider Website - Finding the information you need without making a phone call.
Emilie Boyles, Publications Specialist, Montana Provider

Resources by Provider Type

- **Provider Manuals section** The *General Information for Providers* manual and the manual for your specific provider type.
- **Fee Schedules section** Most recent fee schedules for your provider type.
- **Provider Notices section** Notices on policy, procedure and other changes from the state.
- **Other Resources** Miscellaneous information that may be helpful.

We encourage you to visit the website weekly for important program updates.

Resources by Provider Type

Providers are listed in alphabetical order

[A-C](#)

[D-F](#)

[G-K](#)

[L-O](#)

[P-Q](#)

[R-Z](#)

Providers D – F

03/26/2019

[Dental \(Dentist, Dental Hygienist\)](#)

03/26/2019

[Denturist](#)

03/26/2019

[Developmental Disabilities Program](#)

Example: DDP

All provider type sections have the same layout.

Developmental Disabilities Program Providers

▼ [Manuals](#)

[General Information for Providers](#) 05/2019

Medicaid manual with general information for all provider types.

▶ [Medicaid Rules and Regulations](#)

▶ [Fee Schedules](#)

▶ [Provider Notices](#)

▶ [Other Resources](#)

▶ [To locate older documents, access the Archive Page.](#)

Example: DDP

▼ *Medicaid Rules and Regulations*

Code of Federal Regulations (Title 42)

Montana Code Annotated - <https://leg.mt.gov/> (Choose “Laws & Bills” then “ Montana Statutes – MCA”)

Applicable Section: Title 53, Chapter 6

Administrative Rules of Montana (Title 37)

- Chapter 79 Healthy Montana Kids
- Chapter 82 Medicaid Eligibility
- Chapter 83 Medicaid for Certain Medicare Beneficiaries and Others
- Chapter 85 General Medicaid Services
- Chapter 86 Medicaid Primary Care Services

Example: DDP

▼ Provider Notices

2019

05/20/2019 [Nurse Visit - Appropriate Billing Reminder - Revised Clarification](#) rev.
05/30/2019

2018

12/31/2018 [New Developmental Disabilities Program Provider Type](#)

11/20/2018 [Appropriate Billing Reminder](#)

11/08/2018 [Rate Updates Mass Adjustment](#)

10/19/2018 [Medicaid Fee Schedules](#)

07/02/2018 [Updated CLIA Claims Editing](#)

06/04/2018 [Coding Resources Change](#)

04/04/2018 [Updated Passport Eligible Populations & Reimbursement](#)

02/26/2018 [New Rendering Only Provider Enrollment Application](#)

01/31/2018 [Montana Healthcare Programs Covered Double Electric Breast Pumps - E0603](#)

Example: DDP

- ▼ Other Resources

[Prior Authorization Criteria for Specific Services](#)

[Rebateable Manufacturers](#) *10/2018*

[SURS Provider Self-Audit Protocol](#) *10/2015*

Claim Jumper

If you are unable to locate a resource you need, please contact Provider Relations at 1 (800) 624-3958 or (406) 442-1837

[Recent Website Posts](#)

[Announcements](#)

[Drug and Pharmacy News](#)

[Forms](#)

[Resources by Provider Type](#)

[Claim Instructions](#)

[Training and Events](#)

[Claim Jumper Newsletters](#)

[Montana HELP Plan](#)

Claim Jumper

▼ [Claim Jumper 2019](#)

[Volume XXXIV Issue 5 May 2019](#)

Publication Reminder
SURS Audit Revelations
You Asked - We Answered
Field Rep Corner
Recent Website Posts
New DDP Provider Type
Top 15 Claim Denial Reasons
Your New Field Rep
Key Contacts

[Volume XXXIV Issue 4 April 2019](#)

Publication Reminder
Training Survey
Upcoming Changes
You Asked - We Answered
Billing of Medicaid Nursing, Swing Bed, and Hospice
Up coming WebEx Training
Recent Website Posts
Top 15 Claim Denial Reasons
SURS Audit Revelations
Key Contacts

Claim Jumper

- ▶ Resources by Provider Type
- ▶ Provider Enrollment
- ▶ Montana HELP Plan
- ▶ **Subscribe to Claim Jumper**

Claim Jumper Registration

Register to receive the Claim Jumper direct to your email.

The Claim Jumper is published on or near the the 18th of each month. Registering your email will allow you to receive the publication directly to your inbox as well as occasional announcements applicable to most providers. Your email will not be shared or sold at any time. To unsubscribe from this list simply visit <http://www.medicaidprovider.mt.gov>, choose "Subscribe to Claim Jumper" from the menu bar, and you will be given the option to unsubscribe. Both subscribe and unsubscribe adjustments will be made to Claim Jumper email lists prior to the next distribution of information. Thank you for serving Montana's Medicaid Members.

Note: This form may not work properly in Internet Explorer. If you experience an issue with this form, please try using another browser, or email your request directly to MTWebmaster@conduent.com.

First Name

Last Name

Email

Role

- Provider
 Biller
 Provider AND Biller

Opt In / Opt Out

- Subscribe
 Unsubscribe

Agree to [Terms and Conditions](#)

reCAPTCHA

I'm not a robot



SUBMIT

Claim Jumper example

Montana Healthcare Programs *Claim Jumper*

Volume XXXIV, Issue 6 June 2019

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New Developmental Disabilities Program Provider Type

Effective July 1, 2019, all developmental disabilities providers (DDP) must utilize the MMIS for claims processing of services for the 0208 Comprehensive Services Waiver for Individuals with Developmental Disabilities.

All providers wanting to provide DDP waiver services are to enroll in Montana Healthcare Programs on or before June 1, 2019.

Please visit the [Montana Healthcare Programs Provider Information Website](https://medicaidprovider.mt.gov/) <https://medicaidprovider.mt.gov/> to enroll and become a developmental disabilities provider.

*Submitted by Rebecca Corbett
Business Analyst, MPATH
DPHHS*

Definitions and Acronyms

Definitions and Acronyms

DPHHS Acronyms

DPHHS Definitions Below:

▼ Numeric – A

270/271 Transactions

The ASC X12N eligibility inquiry (270) and response (271) transactions.

276/277 Transactions

The ASC X12 claim status request (276) and response (277) transactions.

278 Transactions

The ASC X12N request for services review and response used for prior authorization.

Frequently Asked Questions (FAQs)

Frequently Asked Questions (FAQs)

- ▶ [Adjustments](#)
- ▶ [Billing and Electronic Transactions](#)
- ▶ [Claim Processing](#)
- ▶ [Enrollment](#)
- ▶ [Eligibility](#)
- ▶ [Fraud and Abuse](#)

Questions?

Electronic Statement of Remittance (eSOR)

Payment

FES payments are made by direct deposit every Monday.

Part C payments are made on the 2nd Monday of the month.

Your Statement of Remittance is available every Tuesday.

Payment: Remittance Advices

Remittance advices are payment explanations which provide details about a member's claims.

- The Statement of Remittance (eSOR) contains paid, denied, in process regular claims and 'history only' gross adjustment claims.
- All providers must access remittance advice data through the MATH portal.
- Providers can receive an 835 transaction delivery directly or via a clearinghouse.

MATH Portal Access

<https://mtaccesstohealth.portal.conduent.com>



Montana Access to Health Web Portal

Log In

Web Registration

Provider Enrollment

Provider Information Website

Electronic Billing

Provider Locator

Welcome to Montana Access to Health Web Portal!

Montana Access to Health Web Portal provides the tools and resources to help healthcare providers conduct business electronically. If you have already registered to use the Montana Access to Health Web Portal, Log In below. If you have already completed a Montana Enrollment Form, but have not yet registered to use the Montana Access to Health Web Portal, click the [Web Registration](#) button on the left side of this page to begin. If you are a new provider or have not already completed a Montana Enrollment Form, visit [Provider Enrollment](#) for step-by-step instructions.

Log In

Enter your User ID and Password and click 'Log In.' If you do not have a User ID and Password, contact your Office Administrator.

User ID:

Password:

Log In

[Forgot Your Password?](#)

Obtaining your eSOR

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim Status		View e!SOR Reports	Add Existing User to Organization	Change Organization
Provider Payment Summary		My Inbox	Update or Remove Users/Reset Password	Change Password
Claims-based Medical History			Manage Submitter IDs	Manage Proxies
Electronic Health Record				
Provider Locator				

ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

Select file

Montana Access to Health Web Portal

[Exit](#)

[Home](#) > [Retrievals](#) > View/Download Electronic Statement of Remittance

MONTANA MEDICAID TEST1

View/Download Electronic Statement of Remittance

Select a provider number and click "Submit" to retrieve a list of Electronic Statement of Remittance Report files.

NPI or Provider Number:

Submit

eSOR by Date

View/Download State of Remittance



A portion of this payment is made from American Recovery Investment Act funds. Go to <http://recovery.mt.gov> to follow how we are reinvesting and rebuilding Montana with funding from the Recovery and Reinvestment Act.

Report files will be stored for 90 days, after which time they will be deleted from the Web Portal.

Payment Date	File Name	File Size	Download Speed
05/27/2019	05272019_1003902909_01.pdf	68,369 bytes	Calculate
05/20/2019	05202019_1003902909_01.pdf	29,707 bytes	Calculate
05/13/2019	05132019_1003902909_01.pdf	39,367 bytes	Calculate
05/06/2019	05062019_1003902909_01.pdf	58,707 bytes	Calculate
04/29/2019	04292019_1003902909_01.pdf	39,373 bytes	Calculate
04/22/2019	04222019_1003902909_01.pdf	29,707 bytes	Calculate
04/15/2019	04152019_1003902909_01.pdf	39,371 bytes	Calculate
04/08/2019	04082019_1003902909_01.pdf	39,371 bytes	Calculate
04/01/2019	04012019_1003902909_01.pdf	39,375 bytes	Calculate
03/25/2019	03252019_1003902909_01.pdf	49,039 bytes	Calculate
03/18/2019	03182019_1003902909_01.pdf	58,701 bytes	Calculate
03/11/2019	03112019_1003902909_01.pdf	68,363 bytes	Calculate
03/04/2019	03042019_1003902909_01.pdf	87,695 bytes	Calculate
02/25/2019	02252019_1003902909_01.pdf	68,367 bytes	Calculate
02/18/2019	02182019_1003902909_01.pdf	126,352 bytes	Calculate


Remit Example for FES

VENDOR # 0000123456 REMIT ADVICE # 508527 EFT/CHK # 0000000 DATE 04/29/2019 PAGE 2
NPI #: 1234567890 TAXONOMY: 251S00000X

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO PAY REASON & REMARK CODES
1541234	Mouse, Mickey	08012020	08312020	1.000	G9002	476.62	476.62	
ICN 21925200255001234		PATIENT NUMBER=1541234						
TEAM NUMBER 01								
CLAIM TOTAL**						476.62	476.62	
1123175	Duck, Donald	08012020	08312020	1.000	G9002	476.62	476.62	
ICN 21925300255013567		PATIENT NUMBER=1123175						
TEAM NUMBER 01								
CLAIM TOTAL**						476.62	476.62	
PAID CLAIM TOTALS - MISCELLANEOUS CLAIM				**NUMBER OF CLAIMS 2		953.24	953.24	
TOTAL WARRANT AMOUNT						953.24		

Remit Example for Part C

VENDOR # 0000123456 REMIT ADVICE # 508527 EFT/CHK # 0000000 DATE 04/29/2019 PAGE 2
NPI #: 1234567890 TAXONOMY: 251S00000X

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO PAY REASON & REMARK CODES	
1541234	Mouse, Mickey	08012020	08312020	1.000	G9002	476.62	0.00		
ICN 31925200255001234	PATIENT NUMBER=1541234								
TEAM NUMBER 01									
CLAIM TOTAL**						476.62	0.00		
1123175	Duck, Donald	08012020	08312020	1.000	G9002	476.62	0.00		
ICN 31925300255013567	PATIENT NUMBER=1123175								
TEAM NUMBER 01									
CLAIM TOTAL**						476.62	0.00		
HISTORY-ONLY CLAIMS - GROSS ADJUSTMENTS									
ICN	01202017	01202017		1.000	G9002	953.24	953.24		
22008100255004030	PAYMENT FOR AUGUST 2020 CLAIMS								
									
HISTORY ONLY TOTALS - NOT IN PAYMENT TOTALS **NUMBER OF CLAIMS 2						953.24			
TOTAL WARRANT AMOUNT						953.24			

Billing errors

FES – Claim Adjustments



Montana Healthcare Programs Medicaid • Mental Health Services Plan • Healthy Montana Kids Individual Adjustment Request

Instructions:

This form is for providers to correct a claim which has been **paid** at an incorrect amount or was **paid** with incorrect information. Complete all the fields in Section A with information about the paid claim from your remittance statement. Complete **only** the items in Section B that represent the incorrect information that needs changing. For help with this form, refer to the Remittance Advices and Adjustments chapter in the *General Information for Providers* manual or call Provider Relations at 1.800.624.3958 (Montana and out-of-state providers) or 406.442.1837 (Helena).

A. Complete all fields using the remittance advice for information.			
1. Provider Name, Address, and Telephone Number		3. Internal Control Number (ICN)	
Name		_____	
Street or P.O. Box		4. NPI/API	
_____		_____	
City	State	5. Member ID Number	
_____	_____	_____	
Telephone Number		6. Date of Payment	
_____		_____	
2. Member Name		7. Amount of Payment \$	
_____		_____	

B. Complete only the items which need to be corrected.			
Item	Date of Service or Line Number	Information on Statement	Corrected Information

Part C – Billing Corrections

Billing errors for Part C will be handled on a case by case basis with the Program Officer.

If You Have Questions...



Provider Relations Contact Information

Provider Relations Call Center:

- 1(800) 624-3958 or (406) 442-1837
- Monday through Friday
- 8 AM – 5 PM Mountain Time

IVR- Automated system available 24/7:

- 1(800) 714-0062

Field Representative:

- Deb Braga (406) 457-9553

Department Contact Information

DPHHS Program Officer:

- Wendy Studt 406-444-5647

Conclusion