



Montana Medicaid Training

Health Resources Division
April 2022

Healthy People. Healthy Communities.

Department of Public Health & Human Services

Agenda:

1. What role Medicaid plays in your business.
2. What services does Medicaid pay for and who can receive them.
3. What steps need to be completed to become a Medicaid provider.
4. What role does the Health Resource Division and Conduent fill.
5. Indian Health Service and Tribal 638 information.
6. How do other services coordinate with Medicaid.



What is Medicaid?

Medicaid is a joint federal and state government insurance program for families and individuals with limited resources versus Medicare which is a federal program attached to Social Security.

Medicaid services and rules can vary by State above and beyond the basics set forth in federal regulation.

For health care businesses this means that Medicaid is a payer for services you provide.

- Medicaid only covers services approved by the Centers for Medicare and Medicaid
- These services are approved through a process known as a State Plan Amendment (SPA) or Waiver
- Services and providers that are not found in the SPA or Waiver are not payable

If the following questions are “Yes”, then it is billable to Medicaid

1. Is this a service for a Medicaid eligible client?
2. Is this a Medicaid Eligible Service?
3. Is this service provided by a Medicaid eligible Provider?

Services covered under Medicaid

- Advanced Practice Registered Nurse
- Diabetes Services
- Dentist and Dental Assistant
- Dialysis
- Durable Medical Equipment/Medical Supplies
- Licensed Addiction Counselor
- Mental Health Professional (LCPC, Psychologist)
- Occupational Therapy
- Optometry
- Pharmacy
- Physical Therapy
- Physician
- Speech Therapy
- Telemedicine Services
- *****Any other State Plan Amendment services covered by Montana Medicaid

Services
Not
Covered
by
Montana
Medicaid

- Community Health Representatives
- Equine Therapy
- Health Educator
- Injury Prevention
- Nutritionist (*EPSTD only service)
- Public Health Nurse
- Registered Nurse
- Social Workers (Bachelor SW)

Medicaid services are guided by:

Code of Federal Regulations

Administrative Rules of Montana (ARMS)

- These can be found on the Secretary of State's website:
 - <http://sos.mt.gov/arm>

Montana Code Annotated

- State laws passed by the Legislature and updated every other year
 - Can be found at <http://leg.mt.gov> under laws and constitution

Provider Manuals

- Meant to assist providers in billing Medicaid
 - General Manual – provides answers to general Medicaid questions about provider enrollment, member eligibility, and surveillance and utilization review
 - Provider Type Manual – works in conjunction with the General Manual and contain program specific information.
 - Can be found at <http://medicaidprovider.mt.gov>

Becoming A Medicaid Provider

Every provider needs as NPI

- What is an NPI?
 - National Provider Identifier
 - A 10-digit, intelligence free numeric identifier.
- Why do you need one?
 - THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA) mandated the adoption of standard unique identifiers for health care providers
 - A NPI number is needed for both individuals and organizations

- Application for an NPI number is done through the National Plan & Provider Enumeration System (NPPES)
 - **The website is: <https://nppes.cms.hhs.gov>**
- Application to enroll with Montana Medicaid Health Care Systems is done through Conduent.
 - Application can be done online at:
<http://medicaidprovider.mt.gov>

Role of Health Resources Division – IHS/Tribal Section

- Manage this provider type by working on Medicaid policy development and implementation
- Establish procedures and requirements for billable services
- Publish provider manuals, providers notes, Administrative Rules of Montana, fee schedules
- Organize monthly informational trainings
- Technical Assistance for specific issues after other avenues have been exhausted

Role of Conduent

- Medicaid's fiscal agent
- Provider enrollment
- Process Claims
- Approve claims for payment
- Provider Relations is available to give claims support and technical assistance



What we **do not** have the expertise to discuss are:

How services should be coded (diagnosis codes/procedure codes) and how to fill in each box

How to set up a Tribal billing office

How to use RPMS or other EHR systems.

Medical coding is the first step in the medical billing process. The process involves using ICD 10, CPT and HCPCS codes.

Medical billers are an essential part of a health care business.

There are online certification classes that teach the process for coding and submitting claims.



IHS/Tribal 638 Providers

IHS/Tribal 638 Providers bill as Institutions on a UB-04 claim form.

For a Tribe to receive reimbursement for Medicaid services at the “all-inclusive rate” there must be a 638 agreement in place between the Tribe and the IHS Billings Area Office. Tribes must show proof of the 638 approval to the State.

Medicaid agreements are between the Department and the Tribal Government. They are not agreements with individual programs. The Tribal Government must accept responsibility for operating the program and be financially responsible for any overpayment which may occur.



Medicaidprovider.mt.gov

Providers should
bookmark this website

Select resources by
provider type

Choose Indian Health
Service

Located here is
information specific to
IHS/Tribal 638
providers such as:
manuals, passport to
health, fee schedules,
provider notices

Fee Schedule

Revenue Code	Description	Amount
100	Hospital Room and Board	\$4,239.00
270	Medical/Surgical Supplies	\$640.00
290	Durable Medical Equipment (DME)	\$640.00
300	Laboratory	\$640.00
320	Radiology	\$640.00
350	CT Scan, General	\$640.00
351	CT Head Scan	\$640.00
352	CT Body Scan	\$640.00
359	Other CT Scan	\$640.00
420	Physical Therapy General	\$640.00
423	Physical Therapy Group	\$640.00
490	Outpatient surgery	\$1,258.35
500	Outpatient visit	\$640.00
509	Other – Eyeglasses Dispensing	\$640.00
512	Dental	\$640.00
513	Mental Health	\$640.00
519	Other Clinic	\$640.00
771	Vaccine Administration	\$21.32
780	Telemedicine	\$27.59
910	Peer Support – Mental Health	\$13.73
911	Peer Support – Substance Use Disorder	\$13.73
944	Substance Use Disorder	\$640.00
972	Radiology, Diagnostic	\$640.00
982	Professional Fees – Telephone Services	\$640.00
987	Professional Fees – Hospital	\$640.00

Multiple Visits

- **Multiple visits for different services on the same day with the same diagnosis:**
 - IHS/Tribal facilities can be reimbursed for multiple general covered services categories on the same day for the same client with the same diagnosis provided they are different general covered service categories. (Mental Health and Pharmacy visit)
- **Multiple visits for the same type of service on the same day with different diagnoses:**
 - IHS/Tribal facilities can be reimbursed for multiple same day visits for the same type of general covered service category if the diagnoses are different. (Medical and dental visit)

Multiple Visits

- **Multiple same day visits that will not be reimbursed:**
 - Multiple visits of the same **general covered service categories** with the same diagnosis are not reimbursed separately. (Two visits of the same nature – sore throat)
 - You can bill all services on one claim or use a separate claim for each visit.

Separate Medicaid Provider Agreement Services

- Tribes can provide the following services under separate agreements (not reimbursed at the all-inclusive rate)
 - Ambulance
 - Client Travel
 - Nursing Home
 - Personal Care Attendant
 - Home and Community Based Services