



MONTANA HEALTHCARE PROGRAMS NOTICE

August 30, 2023

CAH, FQHC, Hospital Inpatient, Mid-Level, Physician, and RHC Providers

Effective Immediately

Attestation Form Required for Qualifying Clinical Trials

Effective immediately, providers must submit the Medicaid Attestation Form on the Appropriateness of the Qualified Clinical Trial to be reimbursed for routine patient services furnished in connection with the participation by Medicaid members in qualifying clinical trials.

The required form is on the [Forms page of the Provider Information website](#). The Forms page link is under the Site Index drop-down on the Home page. The form is under Forms M – O.

Please reference the General Information for Providers Manual for guidelines when billing electronically with paper attachments.

Contact and Website Information

If you have questions, please contact the Physician Program Officer, Stephanie King, at (406) 444-3995 or email Stephanie.King@mt.gov.

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

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.