

SECTION
ADMINISTRATIVE REQUIREMENTS

SUBJECT
Provider Enrollment

REQUIREMENT

All providers of Home and Community Based Services must be enrolled in Montana's Medicaid Program. HCBS Case Management services must be provided by agencies under contract with the Department. HCBS Manual sections 700 detail the specific provider requirements for each Home and Community Based Service.

PROVIDER ENROLLMENT PROCEDURES

All requests for enrollment in the Medicaid Program must be made to Xerox. Enrollment forms can be requested in writing, by calling or on the Montana Medicaid website:

Xerox
P.O. Box 8000
Helena, MT 59604
1-800-624-3958 (In-State)
406-442-1837
www.mtmedicaid.org

Providers can enroll electronically on the Access to Health web portal by going to mtmedicaid.org website.

PROVIDER ENROLLMENT FORM

The enrollment form must be completed in its entirety before Xerox can process the enrollment application. The provider should be told to use Home and Community Based Services code 28 for the provider type code. Case Management Teams (CMT) must notify the Mental Health Services Bureau (MHSB) via e-mail the name of agencies applying to provide HCBS services. The e-mail should include the name of the agency, contact person, services to be provided, and effective date. Xerox will forward the completed enrollment forms to the CSB for approval, procedure codes and rates.

STATUS CHANGES

All status changes such as change in ownership, address, licensure, etc., must be immediately reported in writing to Xerox. Forms can be obtained on the mtmedicaid.org website.

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PROVIDER MANUAL

The HCBS provider manual describes policy and procedures relating to billing for Medicaid services. Provider manuals can be obtained at www.mtmedicaid.org

PROVIDER TRAINING

The Case Management Team must explain to the provider the HCBS program, the prior authorization process and how to complete a CMS 1500 or 837-P claim form. The CMT has the authority to negotiate rates with providers and must provide the negotiated rate in writing to the provider. New provider training is available through Xerox.

PROVIDER CHARGE FILE

All HCBS providers have a provider charge file in MMIS that lists the procedure codes, rates and effective dates of the services a provider can bill. The Mental Health Services Bureau manages the provider charge file. Upon enrolling, MHSB authorizes the procedure codes and rates based on the information the CMT has sent during provider enrollment. The CMT can request to have procedure codes added or deleted in the provider's charge file. The CMT must send a request to MHSB via e-mail listing the procedure code and effective date of the service to be added or deleted.

When provider rates increase, the Mental Health Services Bureau will change the provider charge files for all active providers.

