



**SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU**

**BIG SKY WAIVER
Policy Manual**

Section: ADMINISTRATIVE REQUIREMENTS

Subject: Provider Enrollment

REQUIREMENT

All providers of Big Sky Waiver (BSW) services must be enrolled in Montana's BSW. BSW manual section 700 details the specific provider requirements for each service. Case Management services must be provided by agencies under contract with the Department.

**PROVIDER
ENROLLMENT**

All requests for enrollment in the Medicaid Program must be made to the Department's approved contractor. Providers should enroll electronically on the MATH Web Portal (Montana Access to Health). Provider manuals and enrollment forms can be obtained at <http://medicaidprovider.mt.gov> or by calling the Department approved contractor at 800-624-3958 or 406-442-1837.

**PROVIDER
ENROLLMENT
FORM**

The enrollment form must be completed in its entirety before the Department's approved contractor can process the enrollment application. The provider should use Home and Community Based Services (HCBS) for the provider type. Case Management Teams (CMT) must notify the Community Services Bureau (CSB) via e-mail the name of agencies applying to provide Big Sky Waiver services. The e-mail should include the name of the agency, contact person, services to be provided, and the effective date. The Department's approved contractor will forward the completed enrollment forms to the Community Services Bureau (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 Department's approved contractor.

**PROVIDER
TRAINING**

The CMT must explain to the provider of the BSW program, the prior authorization process, and how to complete a CMS 1500 or 837-P claim form. New provider training is available by contacting the Department's approved contractor.

**PROVIDER
CHARGE FILE**

All BSW providers have a provider charge file in the claims processing system that lists the procedure codes, rates and effective dates of the services a provider can bill. The CSB manages the provider charge file. Upon enrolling, CSB authorizes the procedure codes and rates based on the information the CSB 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 the CSB via e-mail identifying the procedure code and effective date of the service to be added or deleted.

When provider rates increase, the CSB will change the provider charge files for all active providers.