SDMI Monthly Provider Call

June 22, 2026, noon

DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Provider Questions

Can a Health and Safety Modification be used to waive provider requirements or required service components?

- No. The Health and Safety Modification process is intended to address individual member rights under the HCBS Settings Rule and does not waive provider requirements or service components established in waiver policy.

- For example, if the Adult Foster Care service definition requires 24-hour on-site awake staff, that requirement remains applicable regardless of whether a particular member's individual needs would otherwise support a lesser level of supervision.

Provider Information

MedCompass

- The SDMI program recently transitioned to the MedCompass care management system. At this time, providers do not have access to MedCompass for SDMI-related activities. Should provider access be considered in the future, the Department will communicate with providers in advance and involve them prior to the design and implementation of any provider-facing functionality.

MedCompass

- As part of the integration into MedCompass for the SDMI Waiver, the case management team is slated to begin developing prior authorizations within MedCompass beginning 7/1/2026. Due to this, the case management team will not be able to complete and send prior authorizations effective 7/1/2026 prior to that date. As long as the integration in MedCompass continues as planned, you can expect to receive prior authorization for services effective 7/1/2026 within the month of July. If services are identified in the service plan and the case manager has confirmed you will be authorized for service provision for the new service plan year, please proceed with services to avoid service interruption for members.

- If there are delays with MedCompass integration impacting prior authorization development, the department will send notification through email to keep you updated.

- Please contact Jean Perrotta (jperrotta@mt.gov) with any questions or concerns.

Quality Assurance, Enrollment and Claims Info

- Annual Provider Questionnaire
- Mountain Pacific Annual Review
- Change of Ownership
- SDMI Claims Issues

Annual Provider Questionnaire regarding restrictive interventions, seclusions and/or restraints

Due to CMS federal requirements regarding restrictive interventions, seclusions, and/or restraints, provider participation is required to obtain the necessary information for annual reporting to CMS.

The questionnaire will be completed through Microsoft Office 365. To assist with tracking and ensure timely responses, providers will be asked to create an account when completing the questionnaire.

The Provider Questionnaire, along with a link to access it, will be emailed to providers and will include three questions that require a response.

The email will be distributed in July 2026 and will specify the State Fiscal Year reporting period for which information is being requested.

Annual Provider Questionnaire questions

1.Was staff trained to identify, address and/or prevent unauthorized use of restrictive interventions, seclusion and/or restraints during Fiscal Year 2025 (07/01/2024 to 06/30/2025)?

2.Do you have policies in place prohibiting the use of restrictive interventions during Fiscal Year 2025 (07/01/2024 to 06/30/2025)?

3.**For BIA or Life Coach providers only**: (if not applicable, please put in "N/A")
What is the number of BIA/Life Coach providers who received 8hrs of behavioral health training for treatment and recovery for SDMI members during Fiscal Year 2025 (07/01/2024 to 06/30/2025)?

Mountain Pacific Annual Review

As part of performance monitoring to meeting Center for Medicare and Medicaid (CMS) standards, the Montana Behavioral Health and Developmental Disabilities program is conducting a quality assurance review of paid claims for services.

Mt Medicaid contracts with Mountain Pacific to perform this review and organizations/individuals are seleted from a random sample.

Mountain Pacific will send out request emails to selected providers which will have all the information on date span of requested records along with instructions on how to upload those records.

They will also send follow up emails on any records not received.

Mountain Pacific Annual Review

Mountain Pacific will send out hard copy letters by mail and emails regarding this review around July 13, 2026.

The first request for documentation will be mailed/emailed around August 3, 2026, to the selected providers with information and instructions on what records are needed and how to upload them.

Mountain Pacific will send up to 3 requests for documentation if providers do not respond to the first request.

Provider emails are selected from MMIS and enrollments. **Please ensure you have updated the email addresses' with Conduent on your enrollment records to ensure you do not miss these requests**.

Non-responsive providers to these records requests may be sent to Surveillance Utilization Review Section (SURS) for auditing reviews.

Change of ownership

When ownership changes, the new owner must re-enroll in Montana Healthcare Programs. For income tax reporting purposes, the provider must notify Provider Relations at least **30** days in advance about any changes to a tax identification number. Early notification helps avoid payment delays and claim denials.

- A new application will be required if tax ID information is changing.
- Claims cannot be billed or processed until the enrollment is complete.
- Some provider types (i.e. Residential Habilitation and Assisted Living facilities) require state approvals including mandatory site visits which will add to the processing time.

General Provider Manual
Provider Enrollment

Top SDMI Claims Issues

- **Billing with an expired PA**
  - Ensure the PA number you are using is valid for the dates of service being billed. If you have not received an updated PA, please contact the case manager.
- **Required HD modifier is missing or billed with the wrong modifier**.
- **Ensure claims have finalized (denied, not in pending status) prior to resubmitting the claim. .**
  - Multiple claims in the system for the same member/date of service etc., can hold up the processing of the claim and/or deny as a duplicate.
- **Pending claims for long periods of time**
  - Some claims are manually processed by Conduent so please be patient while Conduent staff work through these claims

Duplicate claim submissions

When a claim has already been billed and paid, and you later determine that additional services need to be billed, please do not submit a new claim.

Instead, you must submit an adjustment to the paid claim and increase the applicable services (e.g., units and billed amount) to reflect the additional services provided.

Submitting a new claim for services that overlap with an already paid claim will result in the new claim denying as a duplicate. To ensure payment for the additional services, an adjustment to the original paid claim is required.

Questions?

SDMI Provider Education
The SDMI Team

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