



ADMINISTRATIVE RULES OF MONTANA

37.83.821 QUALIFIED MEDICARE BENEFICIARIES, PROVIDER REQUIREMENTS

- (1) As a condition of participation in the Montana medicaid program, including the qualified medicare beneficiary program, all providers of service shall abide by all applicable state and federal statutes and regulations, including but not limited to federal regulations and statutes found in Title 42 of the United States Code and the Code of Federal Regulations governing the medicaid program, and all pertinent Montana statutes and rules governing licensure and certification.
- (2) In addition to the requirements provided in these rules, a provider of services to a medicaid qualified medicare beneficiary must comply with the requirements in the following rules:
 - (a) ARM 37.85.402 concerning provider requirements, participation and service delivery;
 - (b) ARM 37.85.406(1) concerning billing requirements;
 - (c) ARM 37.85.406(2) concerning prompt payment of claims and prompt recovery of all payments erroneously or improperly made to a provider;
 - (d) ARM 37.85.406(3) and (4) concerning reimbursement requirements, payment in full and retroactive payment increases;
 - (e) ARM 37.85.406(5) , (6) and (7) concerning direct provider payments, payment rates for out of state providers and governmental billing of medicaid;
 - (f) ARM 37.85.407 concerning third party liability;
 - (g) ARM 37.85.414 concerning record keeping, record disclosure and audits; and
 - (h) ARM 37.85.501 concerning sanctions.

Authorizing statute(s): Sec. 53-2-201 and 53-6-113, MCA

Implementing statute(s): Sec. 53-6-101 and 53-6-131, MCA

History: NEW, 1989 MAR p. 835, Eff. 6/30/89; TRANS, from SRS, 2000 MAR p. 197.