

# Provider File Updates

If you have questions, please call Provider Relations for clarification **before** submitting.

**Written requests are required for all changes. Unless otherwise indicated, send via fax, mail, or encrypted e-mail if the correspondence contains sensitive information.**

Forms requiring a signature will not be processed without one. Any forms missing required information will cause a delay in processing.

Regular Mail  
 P.O. Box 48936  
 Helena, MT 59604  
 1.800.624.3958  
 406.442.4402 Fax  
[MTPRHelpdesk@Xerox.com](mailto:MTPRHelpdesk@Xerox.com)

Certified Mail or FedEx  
 Provider Relations  
 34 North Last Chance Gulch  
 Helena, MT 59601

Item to Update	Documentation to Include With Written Request
<b>Address</b>	<p>The <a href="#">Address Correction Form</a> is required.</p> <ul style="list-style-type: none"> <li>Specify whether the change is for the Physical, Pay-To/Billing, or Correspondence/Mailing address.</li> <li>Indicate whether or not the corresponding Passport Provider File should also be updated.</li> </ul> <p><b>An updated IRS W-9 form</b> is also required to ensure payment and tax data is correct.</p>
<b>Back-Date a Provider's Effective Date</b>	<p>Send a request to back-date up to 1 year from the effective date of enrollment, as long as the provider had an active license for that timeframe.</p> <p>An effective date cannot be back-dated prior to the provider's license date.</p>
<b>Clinical Laboratory Improvement Amendments (CLIA) Certificate</b>	<p>Include a legible copy of the CLIA certificate with the provider's NPI clearly indicated.</p>
<b>E-Mail, Fax, or Telephone</b>	<p>Indicate the e-mail, fax, and/or telephone number on file and the new version.</p>
<b>Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Information</b>	<p>See full instructions in the provider notice found <a href="#">HERE</a>.          Required documentation includes:</p> <ul style="list-style-type: none"> <li><a href="#">Electronic Funds Transfer (EFT) &amp; Electronic Remittance Advice (ERA) Authorization Agreement</a></li> <li>Letter on your financial institution's letterhead verifying legitimacy of the account. The letter must include the name and contact information of the financial institution representative, be signed by the financial institution representative, and verify the account type (checking or savings), financial institution routing number, and provider account number. <b>Do not send voided checks, direct deposit forms, or deposit slips.</b></li> </ul>
<b>Licensure</b>	<p>Include a legible copy of the updated license with the provider's NPI clearly indicated.</p>

Item to Update	Documentation to Include With Written Request
<b>Ownership</b>	<p>Providers are required to disclose ownership changes to an enrollment whenever they occur.</p> <ul style="list-style-type: none"> <li>• Complete the <b>Ownership Update</b> form. See the <a href="#">Forms</a> page of the website.</li> <li>• Include an updated <b>IRS W-9 form</b>. This is required to ensure payment and tax data is correct.</li> </ul>
<b>Provider-Based Designation Request</b>	<p>Request must be on the provider's letterhead with provider's NPI clearly indicated. Also include a CMS letter.</p>
<b>Provider Name</b>	<p>Specify the original name on the account and the updated name and include with the following:</p> <ul style="list-style-type: none"> <li>• <b>A legal document</b> (e.g., marriage license, business license, divorce decree) showing the official name change. The W-9 is not accepted as the legal document used to verify the change.</li> <li>• <b>An updated IRS W-9 form</b> to ensure payment and tax data is correct, and to indicate whether or not the tax reporting information is impacted by the name change.</li> </ul> <p>This change will not be completed unless Provider Relations is able to independently confirm that the name has already been updated on both the provider's license and NPI registration.</p>
<b>Tax ID (FEIN/EIN)</b>	<p><b>Requires a full re-enrollment in Montana Medicaid to ensure correct payment and tax reporting data.</b> See the <a href="#">Provider Enrollment page</a> on the Montana Access to Health web portal to enroll online.</p> <p>Use the <a href="#">Abbreviated Provider Enrollment</a> if the provider being enrolled will <b>never</b> be listed as the Pay-To provider on a claim.</p>
<b>Taxonomy Code</b>	<p>In addition to your written request, include a confirming NPPES letter. <a href="#">NPPES NPI Registry</a></p>
<b>Voluntary Termination of Enrollment</b>	<p>This written request from the enrolled provider must clearly indicate the provider's NPI and must be signed.</p>
<b>Web Portal Link Request</b>	<p>Complete the <a href="#">MATH Web Portal Link Request</a>.</p>
<b>835 Request</b>	<p>Complete the <a href="#">835 Request</a>. <b>These requests must be mailed or faxed.</b></p>