

Enrollment

Enrollment Guidelines

Enrollment includes **Application** and receipt of **Supplemental Material**.

- Incomplete applications will not be processed.
- All applicable sections of the provider enrollment application must be completed.
 - Requirements may vary depending on Provider Type, or response to questions
 - Required fields are noted in the application with a red asterisk *
- Supplemental forms can be mailed, emailed, or fax.

****Be mindful of sending sensitive information through unsecured means!****

Enrollment Guidelines

- The 4-digit ZIP code extension is required on all addresses.
 - Zip Plus 4 is required for claims processing.
- Rendering, Ordering, Referring, and Prescribing providers are required to be enrolled, but can use Abbreviated form.
- Individual Providers only need to enroll one time, regardless of the number of locations in which they practice.
- **Exception: Participation in waiver programs requires separate enrollments.**

Supplemental Forms

- Enrollment Checklist
- Disclosures, Screening and Enrollment Requirements
- Enrollment Agreement and Signature Page
- License, CLIA, and Certification
- Trading Partner Agreement
- W-9 Form
- EFT/ERA Authorization Agreement
- Additional forms may be required based on Provider Type

National Provider Identifier Standard (NPI)

- The Administration Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPPA)* mandated the adoption of standard unique identifiers for health care providers.
- The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers.
- The **NPI Enumerator** may be contacted at the following:
Customer Service: 800.465.3203
customerservice@npienumerator.com
- The NPI Enumerator team can assist with applying for an NPI, and maintaining NPI records in NPPES.
- The NPI Enumerator can answer many questions about the NPI and NPPES, they cannot supply advice on billing, subpart structuring, or legislation.

How to Apply for an NPI

Individual Providers:

As an Individual Provider, you may only have a single NPI, which will be associated with your unique, individual information. Once you login to NPPES, you will be able to complete your NPI application.

1. Create a Login through the Identity & Access Management System (I&A).
2. Login to NPPES with your I&A Username and password.
3. Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.

If you have accessed NPPES before, your existing account information has not changed.

How to Apply for an NPI

Healthcare Provider Organizations:

Healthcare Organizations are currently required to have a separate Username and password for each NPI associated with the organization.

1. Create an NPPES ONLY Username and password for the NPI you are applying for.
2. Complete the NPI application. Estimated time to complete the NPI application form is 20 minutes.

Start at: <http://medicaidprovider.mt.gov/>

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Healthy People. Healthy Communities.
Department of Public Health & Human Services

Richard Opper, Director

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Montana Healthcare Programs

HELP Plan
Montana Health and Economic Livelihood Partnership

Provider Enrollment
New or Existing Providers

Provider File Updates
Changes to Current Enrollments

Announcements

Revalidation and Faxes:
Provider Relations has received concerns about an inability to get faxes submitted to the revalidation fax line, 406-457-9566. If a provider is having trouble getting a fax through this line we suggest the following times to avoid the busy signal:

- Mondays and Fridays are the lightest traffic
- On any day, Early mornings and later afternoon are the best.
- The time to avoid is the 11 to 1 lunch hour

(posted 09/07/2016)

Registration for Fall Provider Training Sessions is now Live
Register for the Provider Training session near you at <https://www.surveymonkey.com/r/SS7J63X>

(posted 09/06/2016)

Provider Enrollment Menu



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Montana Access to Health Web Portal

Log In

Provider Enrollment

Web Registration

This is the menu page for Provider Enrollment and Re-Enrollment in the Medicaid, Children's Health Insurance Plan (CHIP)-Dental Services Only, and Mental Health Services Plan (MHSP). Links to forms, enrollment, status of enrollment, and web portal registration are provided below.

Provider Enrollment

Provider Information Website

[Enroll or Re-Enroll as a Provider Online](#)

Enroll or Re-Enroll as a Provider via the Web

Electronic Billing

[Abbreviated Enrollment Online](#)

Enroll Prescribing, Ordering, and Referring Provider via Web

Provider Locator

[Download Enrollment Forms](#)

Link to a page which displays all enrollment forms

[Check Status of your Enrollment](#)

Check Status of your Enrollment

[Web Portal Registration](#)

Link to a page through which a new Web user can register for Web Portal Access

Click here to check your [browser compatibility](#).

Abbreviated Enrollment Form



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Enrollment Options

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Montana Access to Health Web Portal

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Web Registration
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Provider Enrollment Options

Create a New Application

Please enter your e-mail address and click **Create**.

E-mail Address:

Confirm E-mail Address:

Enroll Using Copy

If you have already completed the enrollment process, you may copy a previously completed enrollment application for use as a new enrollment application. Enter your E-mail address and Reference # and click **Enroll Using Copy** to get a copy of an enrollment application you've previously completed as a new enrollment application.

* E-mail Address:

* Reference #:

Recall Your Existing Application

To recall an application that you have partially completed or submitted, enter both your e-mail address and the reference number and click **Recall**.

E-mail Address:

Reference #:

Forgotten Your Reference Number

If you have forgotten your reference number, enter your e-mail address below and click **Submit**. The address you submit will be validated against the one on file for you, and your reference number will be sent to that address.

E-mail Address:

Reference Number

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Montana Access to Health Web Portal

Online Provider Enrollment Application - Before You Begin...

Your Reference Number is: 4E4B21BC20

You will need your reference number to return to this website at a later time and complete or check the status of your application (once it has been submitted).

To facilitate the enrollment process, the following is a list of tips and information to have available. The information below may not be applicable based on your provider type and options selected.

Beginning **October 1, 2007**, submit claims with your NPI or new Provider Id.

Tips:

- Print this page!
- Use the navigation buttons at the bottom of each page. **DO NOT** use the browser back/forward buttons.
- When enrolling more than one provider, you can use the copy function. This functionality may be found on the Provider Enrollment Notice Page.
- Physical address cannot contain a P.O.Box. There is a place to enter the correspondence address later on in the application process.

Note: You will see additional instructions on the following pages.

Continue **Back** **Cancel**

After Application Submission

- When Provider Relations receives your application and supplemental materials, and verify it is complete, processing can begin.
- Provider Relations screen every piece and verify against multiple federal databases.
- After screening is complete, an application may need to be sent to appropriate officers at DPHHS for final approval
- Once application is approved, you will receive a welcome letter in the mail with your Montana Healthcare Provider ID and an effective date. Do not bill for services until you have received written approval and an effective date



Revalidation 2016...

- ACA required
- The 2016 Revalidation effort will query nearly 8,000 providers and generate mail for each provider selected.
- Selected providers received the revalidation packet and those packets were returned to Xerox GHS for processing.

In order to comply with the Patient Protection and Affordable Care Act, Section 6401(a) and 42 CFR 455.414, Montana Healthcare Programs now requires all actively enrolled providers and suppliers to revalidate the enrollment information on file every three to five years, depending on provider type.

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