

Provider File Updates

Please use the table as a guideline for the materials needed to make an update to your provider file. Remember, it is the responsibility of the provider to keep Montana Healthcare Programs updated with any changes in information.

If you have questions, please call Provider Relations for clarification **before** submitting. 1-800-624-3958

Written requests are required for all changes and must include the NPI. 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 4936
Helena, MT 59604
1.800.624.3958
406.442.4402 Fax
MTPRHelpdesk@Conduent.com

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

Item to Update	Documentation to Include With Written Request
Address	<p>The Address Correction Form is required. One form per NPI.</p> <ul style="list-style-type: none"> Specify whether the change is for the Physical, Pay-To/Billing, or Correspondence/Mailing address by checking the correct box. Indicate whether or not the corresponding Passport Provider File should also be updated. <p>An updated IRS W-9 form is also required for all changes affecting a Pay To address to ensure payment and tax data is correct.</p>
Back-Date a Provider's Effective Date	<p>Send a request to back-date up to 1 year from the date of enrollment material was received, if 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 or more that 365 days prior to enrollment.</p>
Clinical Laboratory Improvement Amendments (CLIA) Certificate	<p>Include a legible copy of the CLIA certificate with the pay-to provider's NPI clearly indicated.</p>
E-Mail, Fax, or Telephone	<p>Indicate the existing e-mail, fax, and/or telephone number on file, followed by the corrected data. You may also use the Address Correction Form.</p>
Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Information	<p>See full instructions on the Home page of the Montana Healthcare Programs Provider Information website. Required documentation includes:</p> <ul style="list-style-type: none"> Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Authorization Agreement Effective 12/1/16, a letter from the financial institution is no longer required. <p>Do not send voided checks, direct deposit forms, or deposit slips.</p>
Licensure	<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
Ownership	<p>Providers are required to disclose ownership and controlling interest changes to an enrollment whenever they occur.</p> <ul style="list-style-type: none"> • Complete the Ownership Update form. See the Forms page of the website. • Ownership is based on the NPI. An individual cannot be owned by another individual.
Provider-Based Designation Request	<p>Request must be on the provider's letterhead with provider's NPI clearly indicated, and must include a CMS letter with the designation. Request will be referred to DPHHS for approval.</p>
Provider Name	<p>Specify the original name on the account and the updated name, and include the following:</p> <ul style="list-style-type: none"> • A legal document (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. • If Tax reporting status is impacted by the change, an updated IRS W-9 form to ensure payment and tax data is correct. <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>
Tax ID (FEIN/EIN)	<p>Requires a full re-enrollment in Montana Medicaid to ensure correct payment and tax reporting data. See the Provider Enrollment page on the Montana Access to Health web portal to enroll online.</p>
Taxonomy Code	<p>Must be updated on NPPES registry first. In addition to your written request, include a confirming NPPES letter. NPPES NPI Registry</p>
Voluntary Termination of Enrollment	<p>This written request from the enrolled provider must clearly indicate the provider's NPI, effective date of termination, and must be signed. Provider will be contacted if claims have been paid past the requested date and/or be put into Credit Balance.</p>
Web Portal Link Request	<p>Complete the MATH Web Portal Link Request. One form per NPI.</p>
835 Request	<p>Complete the 835 Request. These requests must be mailed or faxed.</p>