

# Provider File Updates

**Prior to updating your provider file, please note the following important information:**

## For Businesses Buying/Selling an NPI, NCPDP number, and/or Changing Ownership

Any change in business ownership may require updated ownership and tax information prior to being active as a Montana Healthcare Programs provider. Please contact Provider Relations (800) 624-3958 or [email: MTenrollment@conduent.com](mailto:MTenrollment@conduent.com) 60 days prior to the active date.

The intent is to protect Montana providers from claim denials or duplicate submissions. There may also be critical tax implications if claims are paid to the incorrect provider. The following general guidelines are here to help you navigate through the enrollment process.

### **Purchasing NPI - If your business is purchasing an active NPI enrolled with Montana Healthcare Programs**

- A new application will be required if tax ID information is changing.
- Claims cannot be processed until the enrollment is complete.
- All information on the National Plan & Provider Enumeration System (NPPES) will need to be updated prior to enrollment application submission.
- Some provider types require state approvals including mandatory site visits which will add to the processing time. [This information can be accessed at https://nppes.cms.hhs.gov/#/](https://nppes.cms.hhs.gov/#/).

### **Selling NPI - If you are selling your NPI to either an active or inactive Medicaid Provider**

- Notify Provider Relations in writing 30 days prior to the date of the sale.
- After the sale is complete, claims must not be submitted with the old provider information.
- Please contact Provider Relations (800) 624-3958 [email: MTenrollment@conduent.com](mailto:MTenrollment@conduent.com) to help facilitate the transition.

### **Pharmacy Specific Requirements - Pharmacy business changes can be critical due to the high-volume nature of pharmacy claims. The following should be updated prior to enrolling.**

- The NCPDP number needs to be current. If purchasing a NCPDP number, the purchase agreement documentation will need to be made available to Provider Relations.
- DEA number needs to be updated.

### **Changing ownership - Transition between Individual and Organization owners**

- The same rules apply if transitioning between individuals and organizational ownership. Because tax information is changing, a new application will need to be submitted.

- Please contact Provider Relations to help facilitate the change.

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](mailto: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
<b>Address</b>	<p>The <a href="#">Address Correction Form</a> is required. One form per NPI.</p> <ul style="list-style-type: none"> <li>Specify whether the change is for the Physical, Pay-To/Billing, or Correspondence/Mailing address by checking the correct box.</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 for all changes affecting a Pay To address 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 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 than 365 days prior to enrollment.</p>

Item to Update	Documentation to Include With Written Request
<b>Clinical Laboratory Improvement Amendments (CLIA) Certificate</b>	Include a legible copy of the CLIA certificate with the pay-to provider's NPI clearly indicated.
<b>E-Mail, Fax, or Telephone</b>	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.
<b>Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Information</b>	<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"> <li>• <a href="#">Electronic Funds Transfer (EFT) &amp; Electronic Remittance Advice (ERA) Authorization Agreement</a></li> <li>• Effective 12/1/16, a letter from the financial institution is no longer required. <b>Do not send voided checks, direct deposit forms, or deposit slips.</b></li> </ul>
<b>Licensure</b>	Include a legible copy of the updated license with the provider's NPI clearly indicated.
<b>Ownership</b>	<p>Providers are required to disclose ownership and controlling interest 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>• Ownership is based on the NPI. An individual cannot be owned by another individual.</li> </ul>
<b>Provider-Based Designation Request</b>	<p>Request must be on the provider's letterhead with provider's NPI clearly indicated, and must include a CMS letter with the designation.</p> <p>Request will be referred to DPHHS for approval.</p>
<b>Provider Name</b>	<p>Specify the original name on the account and the updated name, and include 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>If Tax reporting status is impacted by the change, an updated IRS W-9 form</b> to ensure payment and tax data is correct.</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>

Item to Update	Documentation to Include With Written Request
Tax ID (FEIN/EIN)	<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.
Taxonomy Code	Must be updated on NPPES registry first. In addition to your written request, include a confirming NPPES letter. <a href="#">NPPES NPI Registry</a>
Voluntary Termination of Enrollment	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.
Web Portal Link Request	Complete the <a href="#">MATH Web Portal Link Request</a> . One form per NPI.
835 Request	Complete the <a href="#">835 Request</a> . <b>These requests must be mailed or faxed.</b>