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## Montana Healthcare Programs

### Provider Portal User Guide

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## 1. Overview

This guide provides detailed instructions to Montana Healthcare Program providers on how to use the secure online Montana Provider Portal. It includes information about registering for a portal account, account administration, claim submission, searches and general portal navigation.

### 1.1. Audience

This guide is for providers, or other designated representatives acting on behalf of a provider, enrolled in the Montana Healthcare Programs.

### 1.2. Online Help

Help is available from several places while using the Montana Provider Portal.

- From the Government Identification (GovID) Sign In Page: If not yet logged in, registration and log in help is available by clicking **Help** in the upper right corner of the screen. Refer to Figure 1-1. The help page displays frequently asked questions and answers about GovID. Refer to Figure 1-2.
- Once Logged into the Portal: Help is also available from many of the Montana Provider Portal pages by clicking **Help** on each page. Refer to Figure 1-3. A pop-up window displays with a description of the fields on the page. Refer to Figure 1-4. Help is currently available on all pages of the portal.
- Additional Help Options: Support staff is also available to assist with portal questions. To contact support staff, click **Contact Us** at the top of any page within the portal. Refer to Figure 1-5. The Contact Us page lists email addresses or telephone numbers for Montana Program for Automating and Transforming Healthcare (MPATH) support representatives.

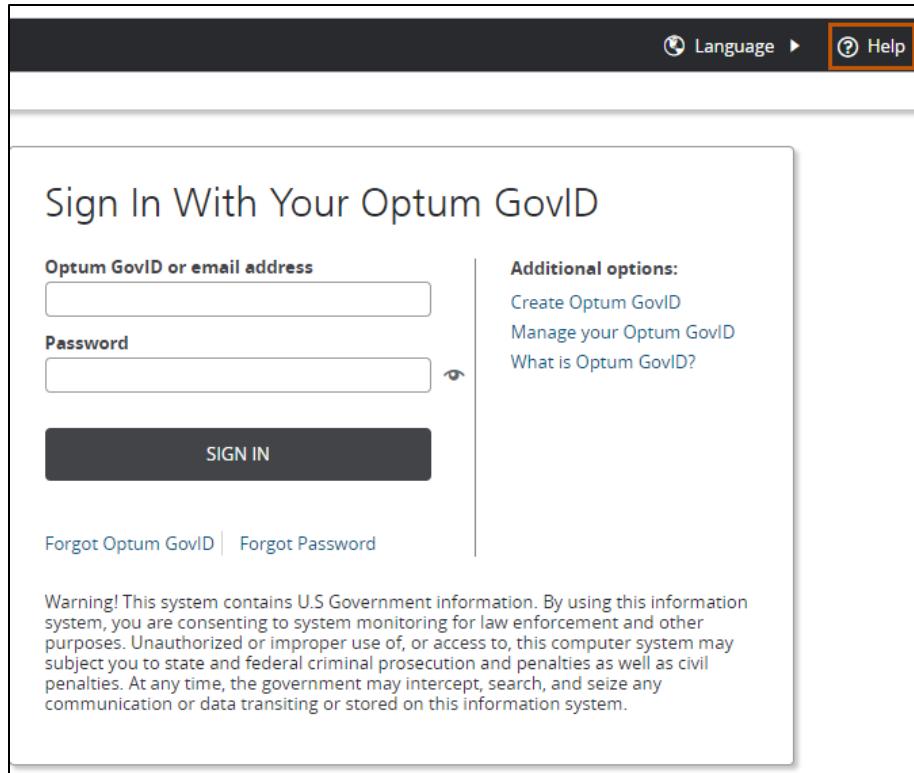


Figure 1-1: Help Icon on the GovID Sign In Page

OPTUM® | GovID

How to ...

What is an Optum GovID?

Optum GovID delivers a secure, centralized identity management solution that enables a single sign-on to all integrated applications. You register for an Optum GovID once and use that Optum GovID to access all of the associated applications seamlessly. You can access self-service tools to reset your password, recover your Optum GovID, and maintain your profile.

You can learn more about how to:

- [Sign in with Optum GovID](#)
- [Create an Optum GovID](#)
- Use self-service to [retrieve your Optum GovID](#) or [reset your password](#)
- [Unlock your account](#)
- [Manage your profile](#)

Figure 1-2: GovID Help Page



Figure 1-3: Help icon on User Search Page

A screenshot of the "Users" search results page. A "Help" modal window is open, also highlighted with a red box. The modal title is "Help" and the content is "Users Help". Below that is a section titled "Action" with the sub-instruction "Select action icons to view, edit, disable and reinvite portal users." At the bottom of the modal are three action icons: a magnifying glass, a pencil, and a trash can. The main search results table shows columns for "Login Name", "First Name", and "Email". The "First Name" column for the first row contains "t2@getn".

Figure 1-4: User Search Help Text

A screenshot of the MPATH Provider Services website. At the top left is the DPHHS logo with the text "Montana DPHHS Quality People. Healthy Communities. Healthy Children. Healthy Lives." To the right is the MPATH logo with "MPATH Provider Services". At the top right are "Home" and "Contact us" buttons, with "Contact us" highlighted with a red box. Below the header is a navigation bar with "Provider" and "State Agent" tabs. The main content area features a photograph of two people sitting on a rocky shore by a lake, with a green canoe nearby. Below the photo is a row of six buttons: "Getting started" (bell icon), "FAQs" (question mark icon), "Find a provider" (map icon), "Announcements" (speaker icon), "DPHHS Website" (document icon), and "Paper Application" (pencil icon).

Figure 1-5: Contact Us Icon on the Home Page

### 1.3. Accessing the Montana Provider Portal

Use the following link to access the Montana Provider Portal website:

<https://mtdphhs-provider.optum.com>

**Note:** Refer to Section 2: Provider Registration and Login for detailed instructions on how to register for an account and how to log in to the portal.

## 2. Provider Registration and Login

This section describes how Montana Healthcare Program providers register to obtain access to the Montana Provider Portal and how to log in to the portal once registered.

### 2.1. Registration

Providers can choose from one of the following ways to register for the Montana Provider Portal access:

- **Self-Registration:** Providers should use the self-registration method, unless otherwise directed. For detailed directions on how to complete this process, refer to Section 2.1.1: Self Registration.
- **Registration by Email Invitation:** For this registration method, providers must receive an email invitation from the portal administrator to complete registration. For more information on how to complete this process, refer to Section 2.1.2: Registration by Email Invitation.

#### 2.1.1. Self-Registration

These instructions explain how a provider self-registers on the Montana Provider Portal.

**Note:** Providers are only able to self-register once per National Provider Identifier (NPI) or Atypical Provider Identifier (API). If someone already self-registered on behalf of an NPI or API, the person self-registering must invite other users to the portal account via Account Administration. For more information on this process, refer to Section 12: Account Administration.

1. Navigate to the Montana Provider Portal website. Refer to Section 1.3: Accessing the Montana Provider Portal.
2. Click **Provider**. Refer to Figure 2-1.

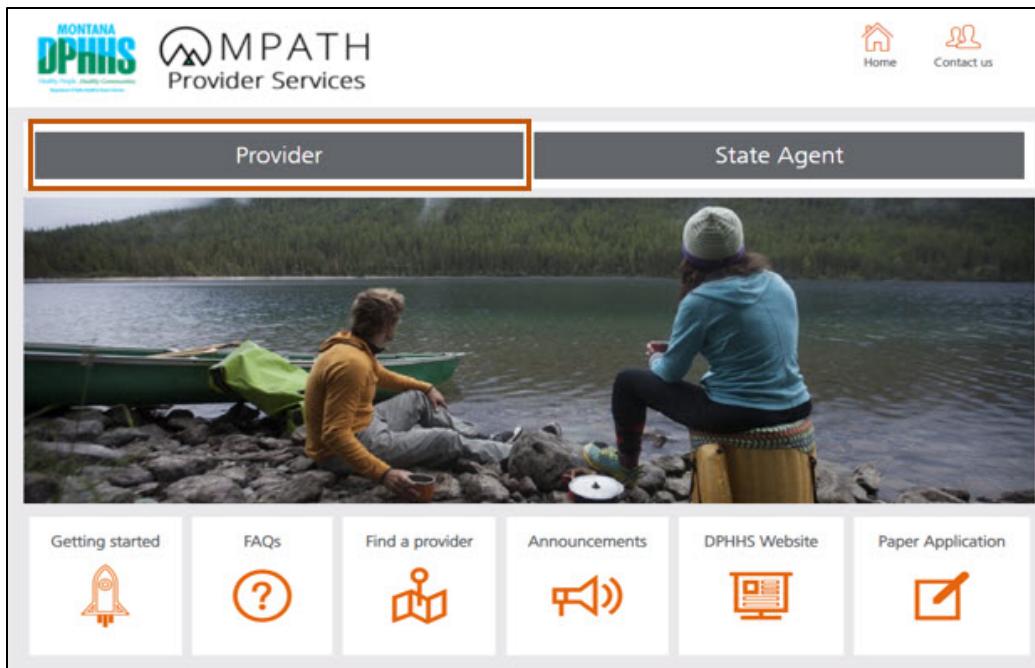


Figure 2-1: Montana Provider Portal Home Page

3. Select **Login and Registration**. Refer to Figure 2-2.



Figure 2-2: Provider Login and Registration

4. If the provider does not have an Optum GovID, then select **Create Optum GovID** and go to the next step. Refer to Figure 2-3.



The image shows the 'Sign In With Your Optum GovID' page. It features a 'Sign In' button, a 'Forgot Optum GovID' link, and a 'Forgot Password' link. On the right, there are 'Additional options:' including 'Create Optum GovID' (which is highlighted with a red box), 'Manage your Optum GovID', and 'What is Optum GovID?'. A warning message at the bottom states: 'Warning! This system contains U.S. Government information. By using this information system, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized or improper use of, or access to, this computer system may subject you to state and federal criminal prosecution and penalties as well as civil penalties. At any time, the government may intercept, search, and seize any communication or data transiting or stored on this information system.'.

Figure 2-3: Optum GovID Sign In

5. Complete the fields listed on the Optum GovID registration page. Refer to Table 2-1.

Table 2-1: Registration Fields and Descriptions

Field Name	Description
<b>First Name</b>	Enter the user's first name in the field provided.
<b>Last Name</b>	Enter the user's last name in the field provided.
<b>Date of Birth</b>	Enter the date of birth in mmddyyyy format in the field provided.
<b>Your Email Address</b>	<p>This must be a valid email address. The system sends an automatic email confirming registration.</p> <p>Enter the user's email address in the field provided.</p>
<b>Create Optum GovID</b>	<p>This is the unique username used to log into the portal.</p> <p>Enter the Optum GovID in the field provided. Optum GovIDs must contain the following:</p> <ul style="list-style-type: none"> <li>• Six to 50 characters</li> <li>• At least one letter</li> <li>• No spaces</li> <li>• No letters with accents</li> </ul>

Field Name	Description
<b>Create Password</b>	<p>This is the password used to log in to the portal after successful registration.</p> <p>Enter the password in the field provided. Valid passwords must contain the following:</p> <ul style="list-style-type: none"> <li>• Eight to 100 characters</li> <li>• At least one uppercase letter</li> <li>• At least one lowercase letter</li> <li>• At least one number</li> <li>• At least one special character</li> </ul>
<b>Type Password Again</b>	Reenter the password.

6. Read the Terms of Use and Website Privacy Policy statements that display and click **I AGREE**. Refer to Figure 2-4.



Figure 2-4: Agree to Terms of Use Agreement

7. Review the Next Step: Verify Your Email Address. This message provides further instruction on how to verify the portal account. Refer to Figure 2-5.

## Next Step: Verify Your Email Address

1. **Check your email inbox** (AA\*\*31@getnada.com) for a message from Optum GovID (noreply@optumgovid.com).
2. **Enter the 10-digit activation code.**

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Still waiting for your activation code? [Resend email](#) or [update email address](#)

If you don't see it, check your junk or spam folders. You may need to resend the message or add our address to your approved senders.

If you'd like assistance, contact support at the Help Desk location found when selecting the Contact Us icon on the portal's Home Page.

**Figure 2-5: Next Steps Confirmation Message**

### 8. Verify the email address.

**Note:** There are two ways to verify the email address: By email or by using a 10-digit activation code.

- a. Complete the steps below if verifying using email.
  - i. Open the email message sent to the email inbox listed in the Next Step window (or the one provided at registration).
  - ii. Click the **Activate my Optum GovID** link. Refer to Figure 2-6. Go to Step 9.

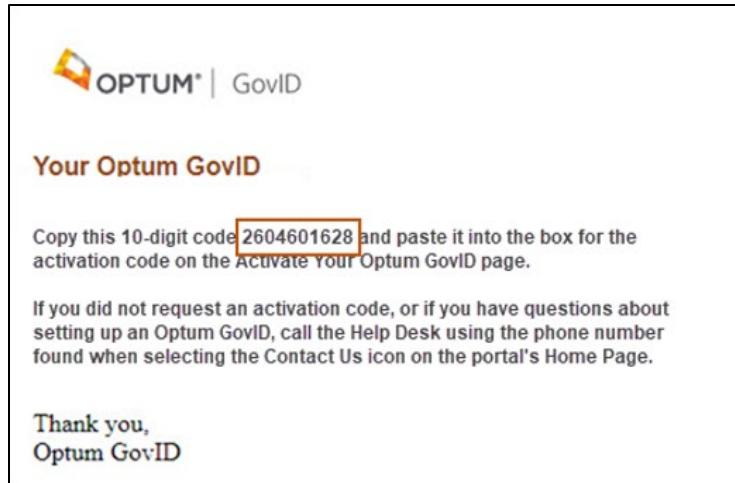


Figure 2-6: Activate my Optum GovID Link Email

- b. Complete the steps below if verifying using the 10-digit activation code.
  - i. In the Next Step window, click the **Enter the 10-digit activation code** link.  
Refer to Figure 2-7.

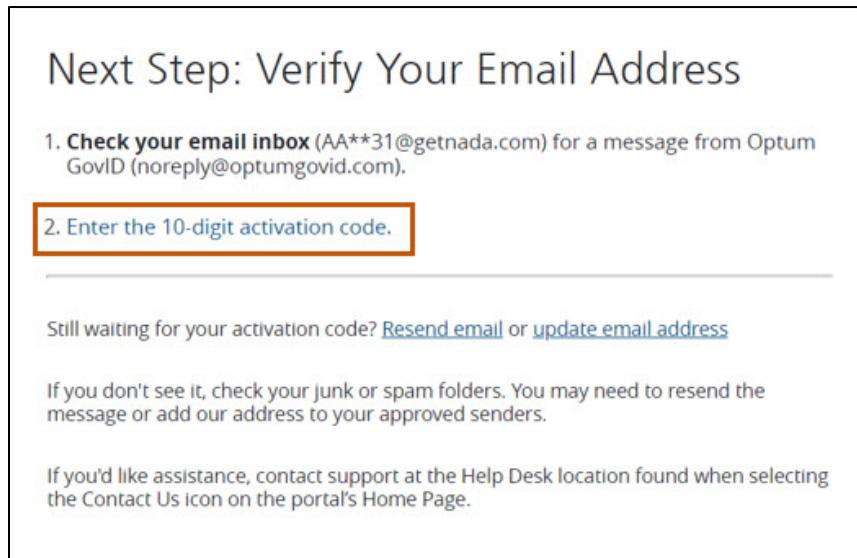
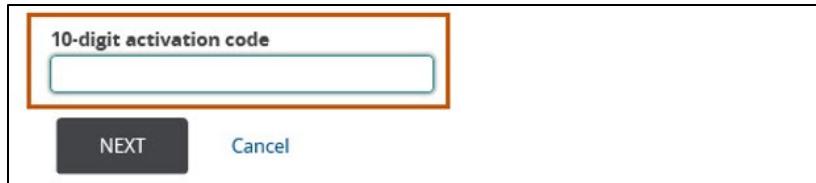


Figure 2-7: Enter the 10-digit activation code Link

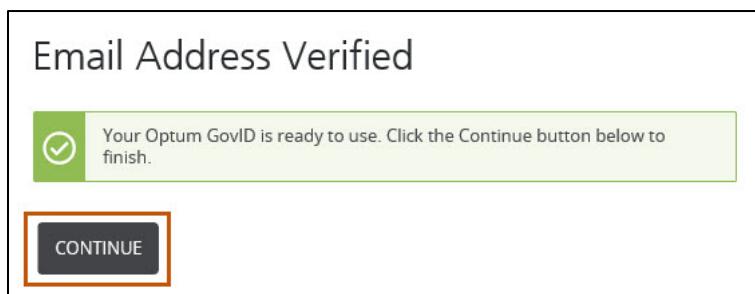
- ii. Paste the code into the 10-digit activation code field. Refer to Figure 2-8.



**Figure 2-8: Account Registration with 10-Digit Activation Code**

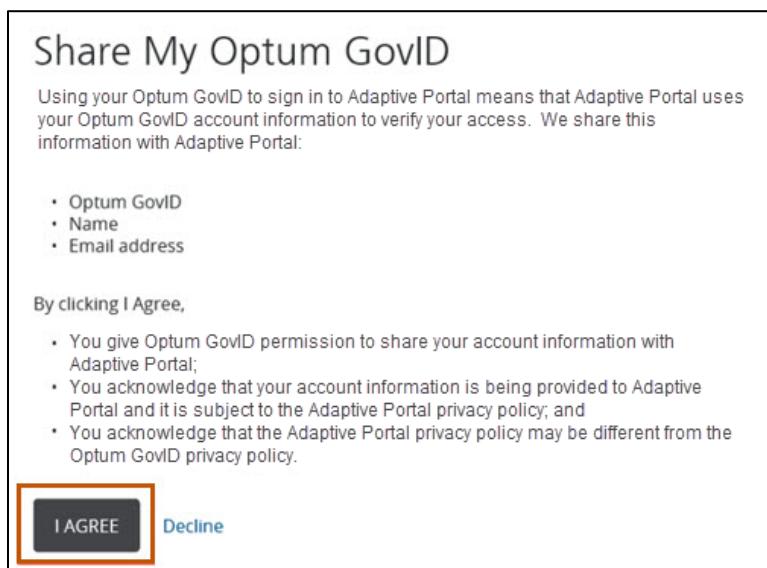
iii. Click **NEXT**.

9. Click **CONTINUE** at the Email Address Verified confirmation message. Refer to Figure 2-9.



**Figure 2-9: Email Address Confirmation Message**

10. Read the Share My Optum GovID agreement and click **I AGREE**. Refer to Figure 2-10.



**Figure 2-10: Share My Optum GovID Agreement**

11. On the Portal Registration Entity tab, use the **I am registering as** drop-down menu to choose either Provider (as the owner of the NPI / API) or Provider Delegate (on behalf of the owner of the NPI / API, per the owner's invitation).

12. Click **Continue**. Refer to Figure 2-11.

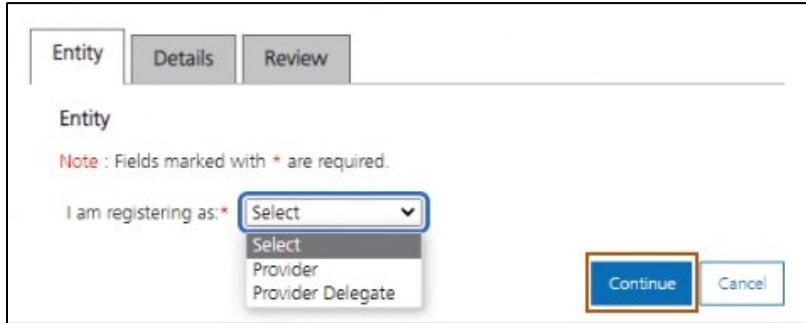


Figure 2-11: Portal Registration Provider Tab Continue Button

13. On the Portal Registration Details tab, click Yes or No to answer the question, Are you an actively enrolled provider? This is a required selection.

- a. If the user clicked No to the question of being actively enrolled, type First Name, Last Name and Email in the fields provided. Refer to Figure 2-12.
- b. If the user clicked Yes to the question of being actively enrolled, the First Name, Last Name and Email fields automatically populate from the Optum GovID and cannot be modified. Review the User section to make certain the correct information displays. Refer to Figure 2-12.

Entity      Details      Review

Details for Provider Account

**Note :** Fields marked with \* are required.

Are you currently an active enrolled provider with the state of Montana?\*  Yes  No

User:

First Name:

Last Name:

Email:

**Figure 2-12: Verify Name and Email Address**

The Provider section is shown in Figure 2-13. All questions in this section require a response. The first question asks whether the user is registering as an individual provider.

Provider:

Are you registering as an Individual Provider?\*  Yes  No

Provider Name or Organization Name?\*  Provider Name  Organization Name

NPI or API?\*  NPI - National Provider Identifier  
 API - Atypical Provider Identifier  
 Atypical Provider without assigned API

Billing or Non-Billing Provider?\*  Billing  Non-Billing

**Note:** For Organizations, additional NPIs/APIs can be added after registration.

**Figure 2-13: Choose Provider or Organization**

14. If the provider is an individual, then answer Yes to the first question and select the Provider Name radio button.

- Enter the provider's first name in the Provider First Name field.
- Enter the provider's last name in the Provider Last Name field.

c. Go to Step 16.

15. If the provider is an organization, then answer No to the first question and select the Organization Name radio button.

- Enter the organization's name in the Organization Name field.
- The provider will need to enter an NPI or API. Refer to Figure 2-14.

Provider:

Are you registering as an Individual Provider?\*  Yes  No

Provider Name or Organization Name?\*  Provider Name  Organization Name

**NPI or API?\***  NPI - National Provider Identifier  API - Atypical Provider Identifier  Atypical Provider without assigned API

Billing or Non-Billing Provider?\*  Billing  Non-Billing

**Note:** For Organizations, additional NPIs/APIs can be added after registration.

**Figure 2-14 Select NPI or API**

16. If the provider has an NPI, click **NPI**.

- Enter the provider's NPI in the NPI field.
- Go to Step 18.

17. If the provider has an API, click **API**.

- Enter the provider's API in the API field.
- The provider will respond as being either a Billing or Non-Billing provider. Refer to Figure 2-15.

**Provider:**

Are you registering as an Individual Provider?\*  Yes  No

Provider Name or Organization Name?\*  Provider Name  Organization Name

NPI or API?\*  NPI - National Provider Identifier  
 API - Atypical Provider Identifier  
 Atypical Provider without assigned API

**Billing or Non-Billing Provider?\***  Billing  Non-Billing

**Note:** For Organizations, additional NPIs/APIs can be added after registration.

**Figure 2-15: Select Billing or Non-Billing Provider**

18. If the provider is a billing provider, click **Billing** and enter the provider's TIN or FEIN in the TIN/FEIN field.
19. If the provider is not a billing provider, click **Non-Billing** and enter the provider's SSN in the SSN field.
20. Review all the information entered and click **Continue**.
21. Make sure all the information on the Review tab, as shown in Figure 2-16, matches what was entered in previous steps.
22. Click the checkbox to agree to the terms and click **Submit**. Refer to Figure 2-16.

Entity Details Review

Review for Provider Account

First Name: First

Last Name: Last

Email: redacted@mtnada.com

Individual Provider? No

Organization Name: ABV

NPI: redacted 1898

TIN/FEIN: redacted 989

By submitting your registration information, you indicate that you have read and accept our [Terms and Conditions](#) and [Privacy Policy](#).

**Submit** Previous Cancel

Figure 2-16: Submit Registration

**Result:** The user successfully registered on the Montana Provider Portal and can now access the site.

### 2.1.2. Registration by Email Invitation

These instructions explain how a provider registers on the Montana Provider Portal using an invitation email.

**Note:** An administrator must send the invitation email to the provider. For detailed instructions on how the administrator creates and sends this invitation email, please reference section 12.1.5: Add a Portal User.

1. Open the invitation email message and click the **Login Link** to complete the registration process. Refer to Figures 2-2 through 2-17 and Table 2-1.
2. Click **Login and Registration** on the non-secure landing page.
3. Determine if the provider has an Optum GovID and complete the steps below, where appropriate.
  - a. If the provider has an Optum GovID, log in with the existing Optum GovID or email address and Password and go to Step 11.

- b. If the provider does not have an Optum GovID, click **Create Optum GovID** and go to the next step.
4. Review the Terms of Use and Website Privacy Policy statements that display and click **I AGREE**.
5. Review the Next Step: Verify Your Email Address message. This message provides further instruction on how to verify the portal account.
6. Verify the email address.

**Note:** There are two ways to verify the email address: By email or by using a 10-digit activation code.

- a. Complete the steps below if verifying using email.
  - i. Open the email message sent to the email inbox listed in the Next Steps window (or the one provided at registration).
  - ii. Click the **Activate my Optum GovID** link. Go to Step 8.
- b. Complete the steps below if verifying using the 10-digit activation code.
  - i. In the Next Steps window, click the **Enter the 10-digit activation code** link.
  - ii. Open the email message sent to the email inbox listed in the Next Steps window and copy the 10-digit activation code.
  - iii. Paste the code into the 10-digit activation code field.
  - iv. Click **NEXT**.

7. Click **CONTINUE** at the Email Address Verified confirmation message.
8. On the Portal Registration Details tab, complete the steps below.
  - a. Review the First name, Last name, and Email fields to verify accuracy.

**Note:** These fields populate from the Optum GovID and cannot be modified.

- b. Enter the last four digits of the user's SSN in the Last 4 Digits of SSN field and click **Continue**.
9. Review the information on the Review page for accuracy.
10. Click the checkbox to agree to the terms and click **Submit**.

**Note:** Last 4 Digits of SSN must match what the individual adding the provider portal user entered. If this information does not match, the user will not be allowed into the portal.

The user has successfully registered on the Montana Provider Portal and can now access the site.

Log in to the Portal.

The instructions below cover the standard log in process for all providers.

1. Navigate to the Montana Provider Portal website. Refer to Section 1.3: Accessing the Montana Provider Portal.
2. Click **Provider**. Refer to Figure 2-17.

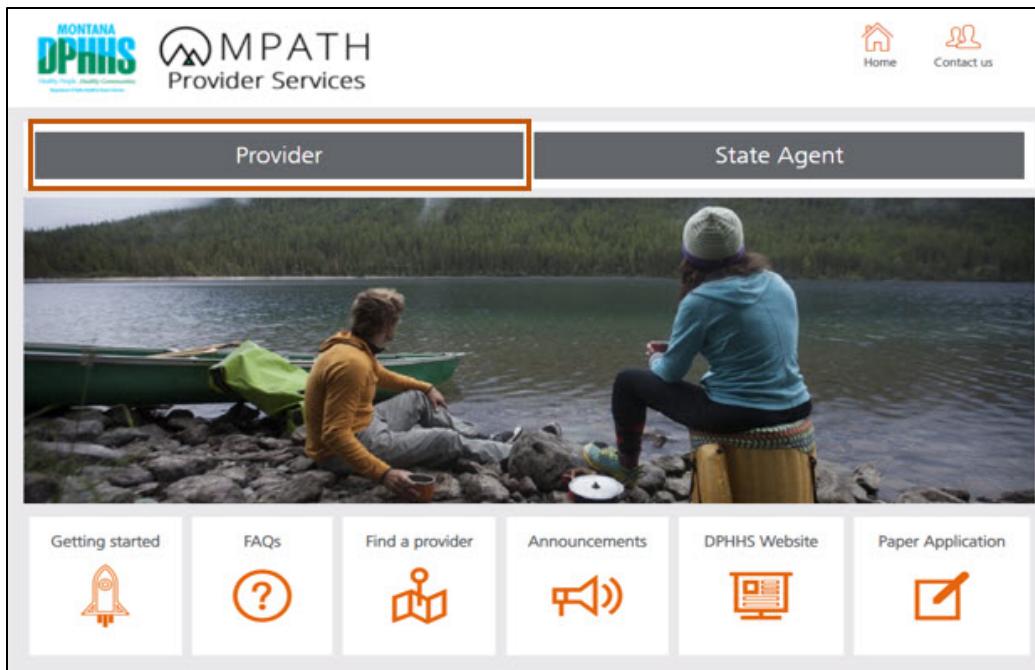


Figure 2-17: Montana Provider Portal Home Page

3. Select **Login and Registration**. Refer to Figure 2-18.



Figure 2-18: Provider Login and Registration button

4. On the Optum GovID Sign In page, complete the information below. Refer to Figure 2-19.
  - a. Enter the user's Optum GovID or email address in the box provided.
  - b. Enter the Password in the box provided.



Figure 2-19: Optum GovID Sign In

5. Click SIGN IN.

**Result:** The Sign In: Access Code page displays. A message on the page indicates a message has been sent to the email address used to register. Refer to Figure 2-20.

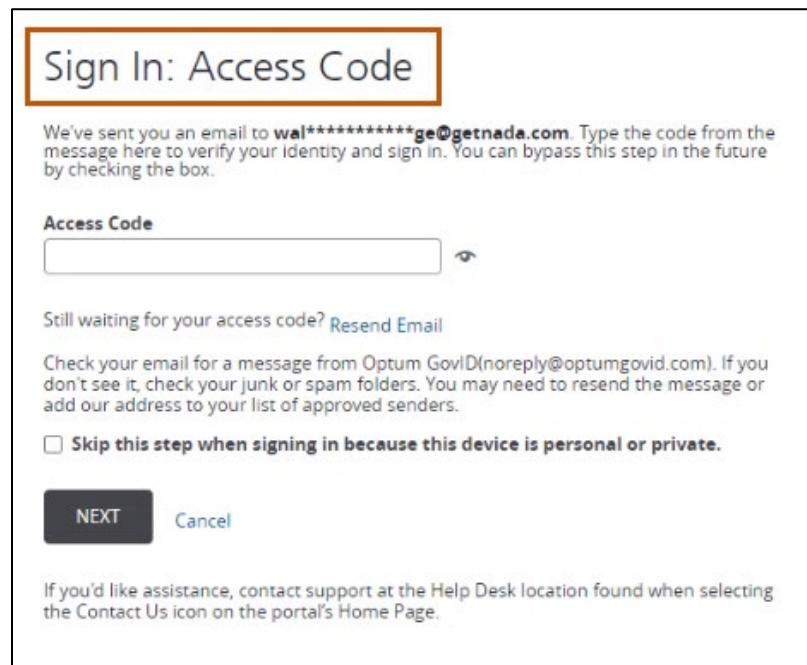


Figure 2-20: Sign In Access Code Page

6. Check the email used to register to locate the One-Time Access Code. Refer to Figure 2-21.

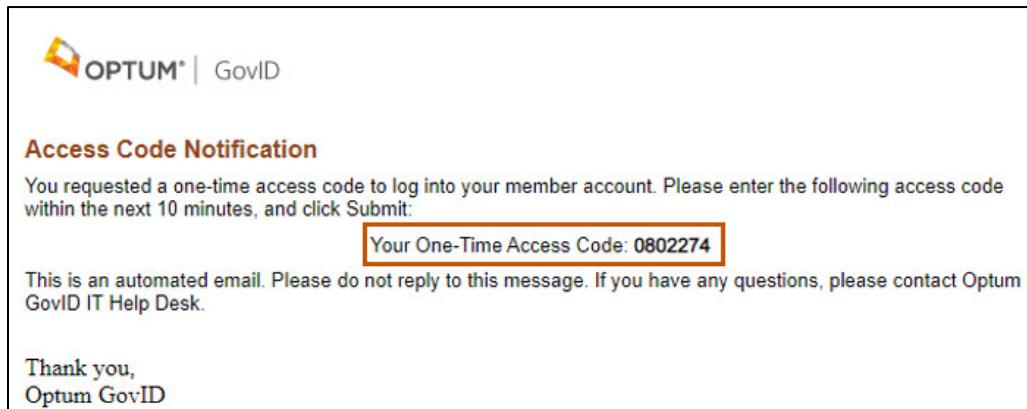


Figure 2-21: Email Code Notification

7. Copy the Access Code into the Access Code field in the Sign In page. Refer to Figure 2-22.

A screenshot of the 'Sign In: Access Code' page. It instructs the user to type the code from the email into the 'Access Code' field. A note says: 'We've sent you an email to wal\*\*\*\*\*ge@getnada.com. Type the code from the message here to verify your identity and sign in. You can bypass this step in the future by checking the box.' Below the field is a 'Resend Email' link. A checkbox is available to 'Skip this step when signing in because this device is personal or private.' At the bottom are 'NEXT' and 'Cancel' buttons, with a note: 'If you'd like assistance, contact support at the Help Desk location found when selecting the Contact Us icon on the portal's Home Page.'

Figure 2-22: Enter Access Code

8. Click the check box above the Next button, instructing the system to skip the sign in with access code in the future when signing in with the same machine. Click the **Next** button to continue. Refer to Figure 2-23.

## Sign In: Access Code

We've sent you an email to [wal\\*\\*\\*\\*\\*ge@getnada.com](mailto:wal*****ge@getnada.com). Type the code from the message here to verify your identity and sign in. You can bypass this step in the future by checking the box.

**Access Code**



Still waiting for your access code? [Resend Email](#)

Check your email for a message from Optum GovID([noreply@optumgovid.com](mailto:noreply@optumgovid.com)). If you don't see it, check your junk or spam folders. You may need to resend the message or add our address to your list of approved senders.

**Skip this step when signing in because this device is personal or private.**

**NEXT** [Cancel](#)

If you'd like assistance, contact support at the Help Desk location found when selecting the Contact Us icon on the portal's Home Page.

**Figure 2-23: Click Next to Continue**

### 3. Site Navigation and General Use

This section describes the main areas of the Montana Provider Portal public website and secure portal, including site navigation and general navigation.

#### 3.1. Montana Provider Portal Home Page

The Montana Provider Portal home page is a public website page that presents all users with two options for login. These login options are Provider and State Agent. Refer to Figure 3-1.

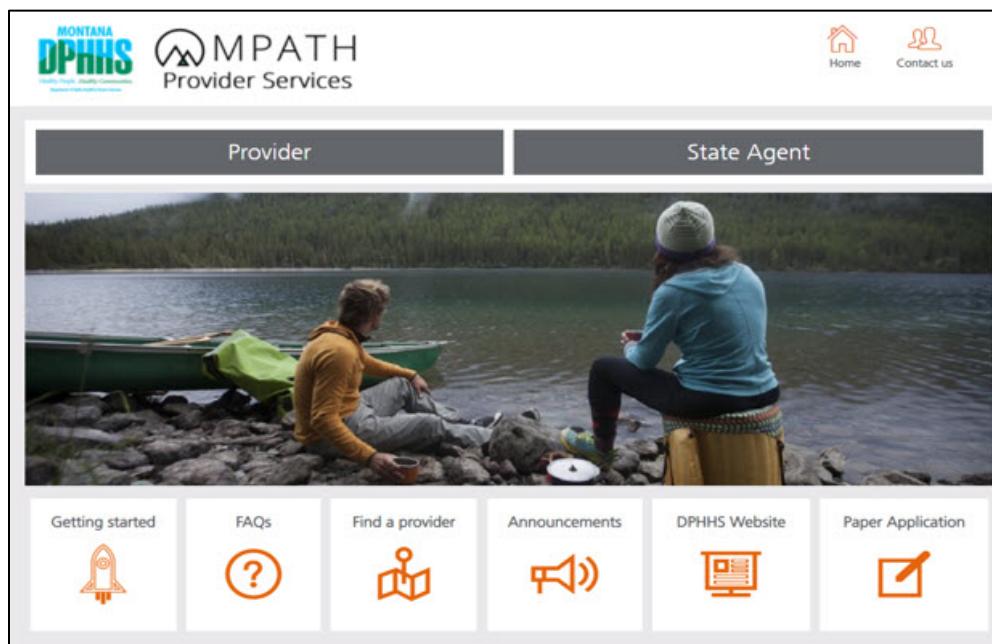


Figure 3-1: Montana Provider Portal Public Home Page

#### 3.2. Montana Provider Portal Public Landing Page

When the **Provider** button is clicked on the Montana Provider Portal public landing page, the provider public landing page displays. Users can access the secure Login and Registration or view additional tiles of information with Montana specific provider resources. Refer to Figure 3-2.

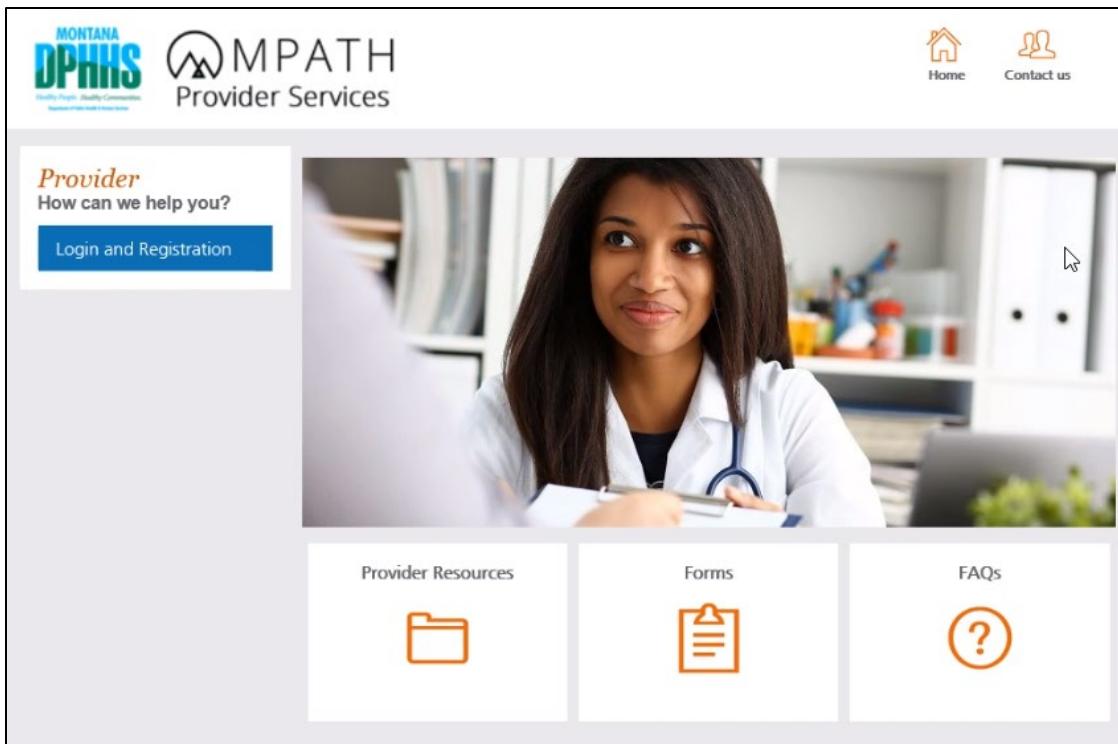


Figure 3-2: Provider Public Landing Page

After logging in using the GovID and Password, the Provider Portal Secure Home page displays. Refer to Figure 3-3.

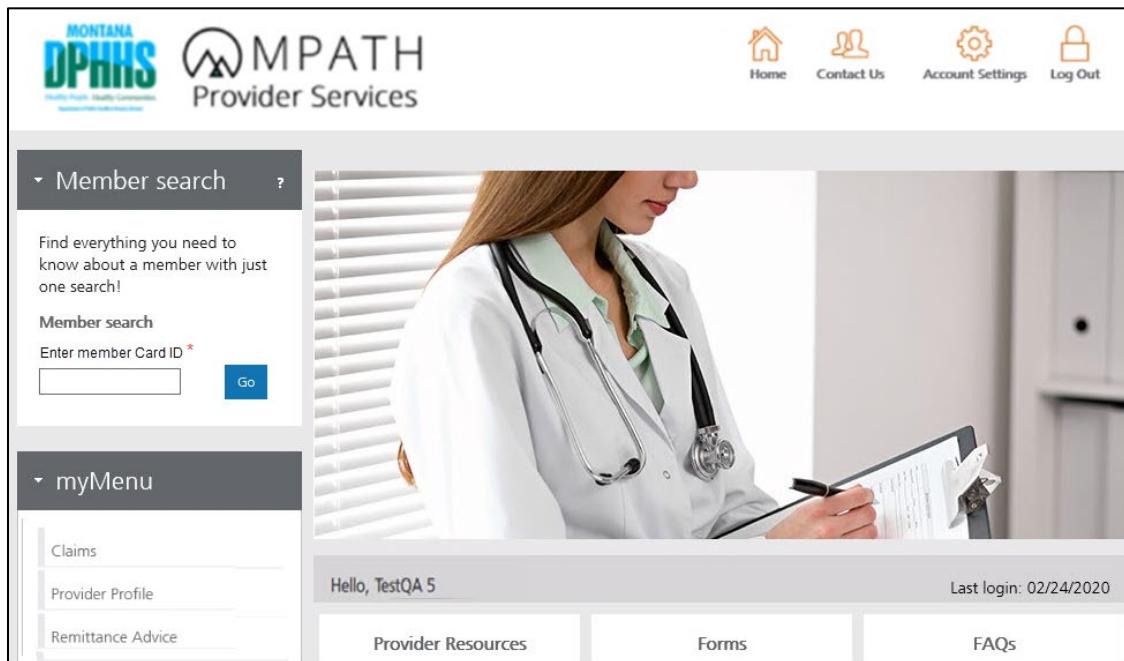


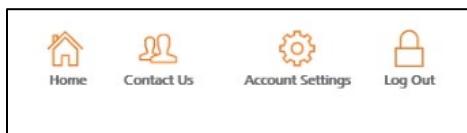
Figure 3-3: Provider Portal Secure Home

The home page consists of the following areas:

- Global Navigation Panel: This is available at the top of every page of the secure portal. Use this section to perform administrative tasks or basic website navigation. Refer to Table 3-1 and Figure 3-4.
- Information Tiles: Click on each of these tiles for access to Montana Healthcare Programs, Forms, Provider Manuals, and more. Refer to Figure 3-5.
- myMenu: This holds important pieces of data about your account or program. It is viewable on the left side of screen on every page of the secure portal. Refer to Table 3-2 and Figure 3-6.
- Provider Profile Panel: This shows the provider demographic information. Refer to Figure 3-7.
- Site Footer contains a link to the Optum Privacy statement. Refer to Figure 3-8.

**Table 3-1: Global Navigation Panel Icons and Descriptions**

Icon	Description
<b>Home</b>	Redirects the website to the secure portal home page.
<b>Contact Us</b>	This includes information on how portal users can contact Montana Department of Health and Human Services (DPHHS). Contact information is broken out between Provider Relations, Member Eligibility, Claims and Website Assistance.
<b>Account Settings</b>	Manage Optum GovID settings such as password and email addresses.
<b>Log Out</b>	Redirects the website to the secure portal home page.



**Figure 3-4: Global Navigation Panel**

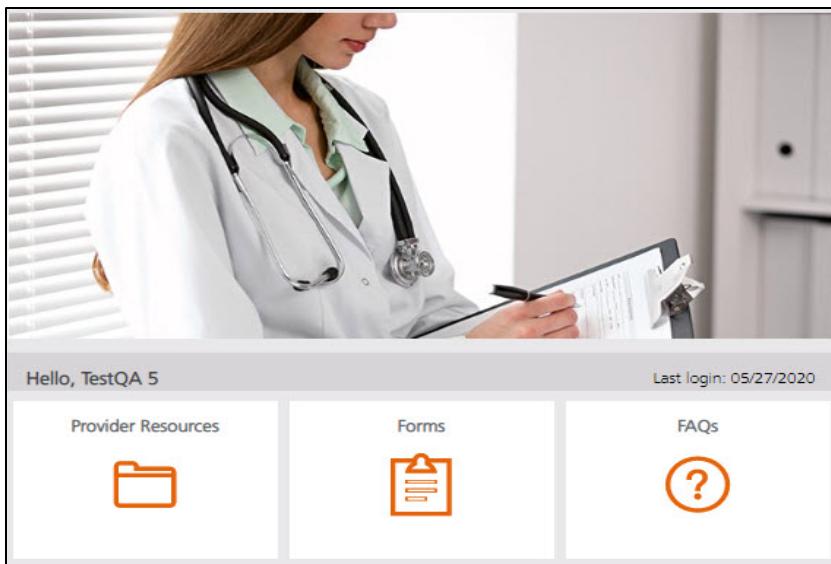
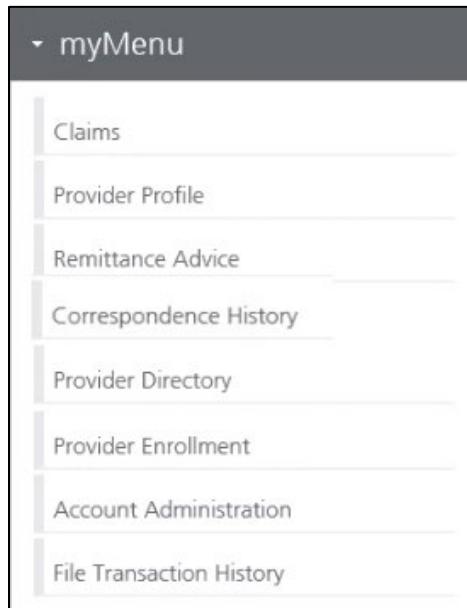


Figure 3-5: Information Tiles

Table 3-2: myMenu Options and Descriptions

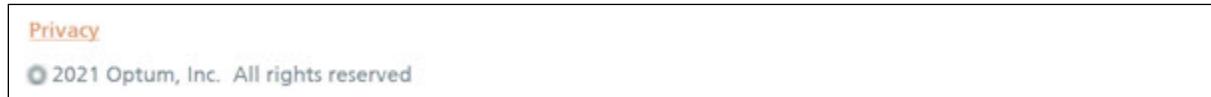
Menu Option	Description
<b>Claims</b>	Use Claims to submit claims for adjudication, retrieve in progress claim submissions and manage claim templates.
<b>Provider Profile</b>	Use Provider Profile to view account and demographic information such as NPI or API, TIN and address information.
<b>Remittance Advice</b>	Use Remittance Advice to view details of adjudicated claims.
<b>Correspondence History</b>	Use Correspondence History to view sent correspondence/letters.
<b>Provider Enrollment</b>	Use Provider Enrollment to complete a new enrollment, reenroll, update information and disenroll from a program.
<b>Provider Directory</b>	Use the Provider Directory to search for all providers in the network using a wide range of search options, such as provider type, specialty or location.
<b>Account Administration</b>	Use Account Administration to add portal users and to view, edit and disable users.
<b>Bulk HIPAA Transactions</b>	Use Bulk HIPAA Transactions to view, upload and download Health Insurance Portability and Accountability Act (HIPAA) transactions.



**Figure 3-6: myMenu**



**Figure 3-7: Provider Profile Panel**



**Figure 3-8: Site Footer**

## 4. Resetting Passwords and Account Settings

This section describes how Montana Healthcare Programs' providers update and reset their GovID password for the Montana Provider Portal. It also covers how providers update account information, such as username, security questions and answers.

1. Navigate to the Montana Provider Portal website. Refer to Section 1.3: Accessing the Montana Provider Portal.
2. Click **Provider**. Refer to Figure 4-1.



Figure 4-1: Montana Provider Portal Home Page

3. Click **Login and Registration**. Refer to Figure 4-2.



Figure 4-2: Login and Registration

4. On the Sign In page, there are two options for forgotten GovIDs and passwords:
  - a. **Forgot Optum GovID**, refer to Section 4.1: Forgot Optum GovID.
  - b. **Forgot Password**, refer to Section 4.2: Forgot Password.

### 4.1. Forgot Optum GovID

1. On the Optum GovID Sign In page, click **Forgot Optum GovID**. Refer to Figure 4-3.

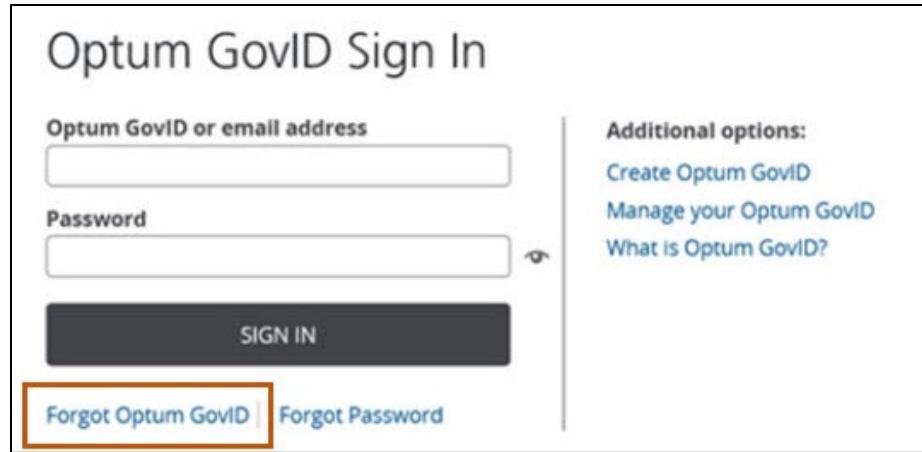


Figure 4-3: Forgot Optum GovID hyperlink

2. Enter the email address for the account in Email address field and click **NEXT**. Refer to Figure 4-4.

The image shows the 'Forgot Optum GovID' page. It contains an 'Email address' input field and a 'NEXT' button, both of which are highlighted with a red box.

Figure 4-4: Forgot Optum GovID page

3. Click the Email option to recover the Optum GovID, then click **NEXT**. Refer to Figure 4-5.

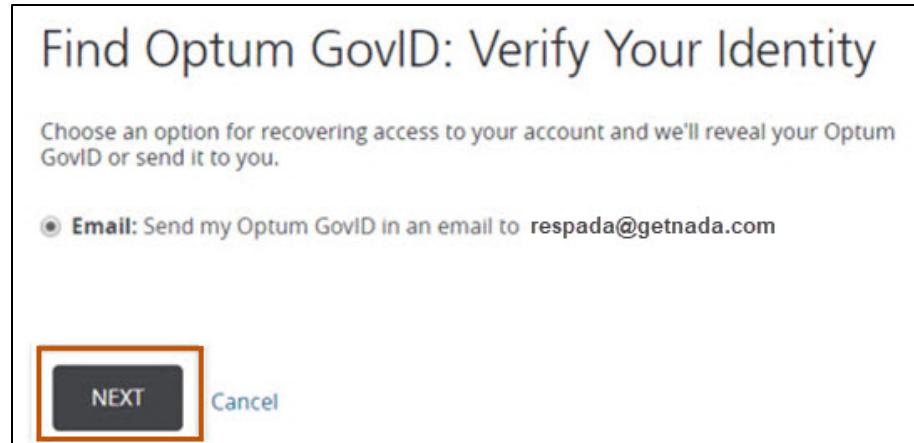


Figure 4-5: Optum GovID Verify Your Identity

4. Go to the inbox of the email account and open the message from Optum GovID. Locate the Optum GovID username provided in the email.
5. Enter the Optum GovID username you received into the field titled Optum GovID or email address. Refer to Figure 4-6.

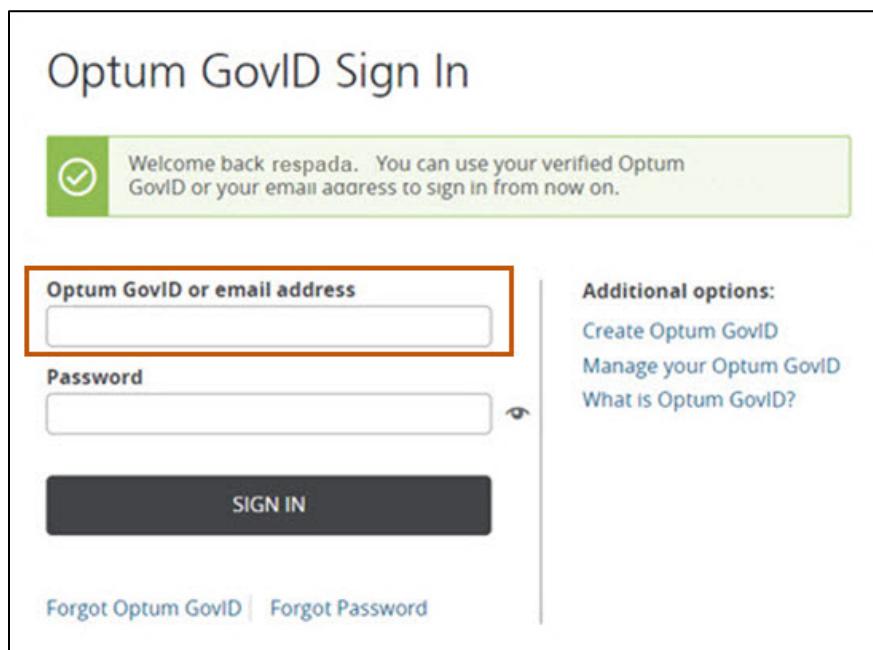


Figure 4-6: Retrieve Optum GovID Message

## 4.2. Forgot Password

1. On the Optum GovID Sign In page, select **Forgot Password**. Refer to Figure 4-7.



The image shows the 'Sign In With Your Optum GovID' page. It features a 'Sign In' form with fields for 'Optum GovID or email address' and 'Password'. Below the form is a 'SIGN IN' button. To the right of the form is a sidebar with 'Additional options:' including 'Create Optum GovID', 'Manage your Optum GovID', and 'What is Optum GovID?'. At the bottom, there is a warning message and links for 'Forgot Optum GovID' and 'Forgot Password'.

Sign In With Your Optum GovID

Optum GovID or email address

Password

SIGN IN

Forgot Optum GovID [Forgot Password](#)

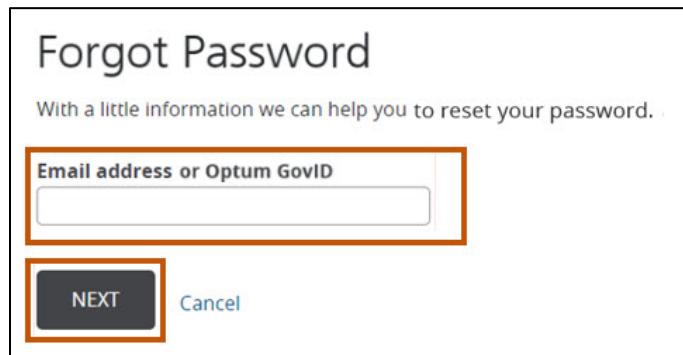
Additional options:

Create Optum GovID  
Manage your Optum GovID  
What is Optum GovID?

Warning! This system contains U.S Government information. By using this information system, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized or improper use of, or access to, this computer system may subject you to state and federal criminal prosecution and penalties as well as civil penalties. At any time, the government may intercept, search, and seize any communication or data transiting or stored on this information system.

**Figure 4-7: Forgot Password Link**

2. Enter the email address or Optum GovID for the account in Email address or Optum GovID field and click **NEXT**. Refer to Figure 4-8.



The image shows the 'Forgot Password' page. It has a text input field for 'Email address or Optum GovID' and two buttons: 'NEXT' and 'Cancel'. The 'NEXT' button is highlighted with a red box.

Forgot Password

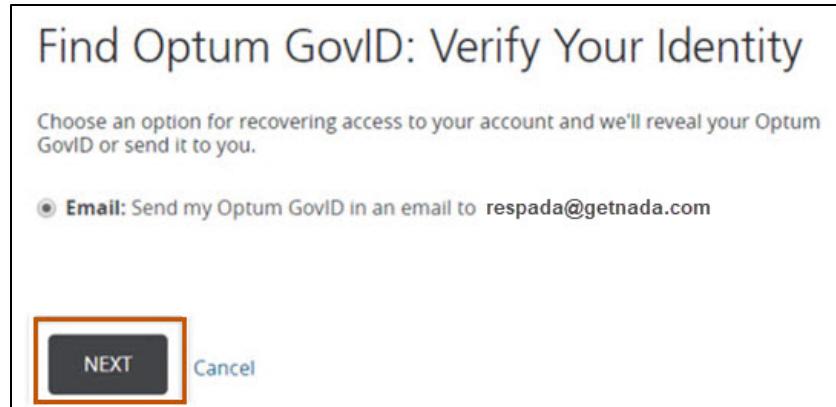
With a little information we can help you to reset your password.

Email address or Optum GovID

NEXT Cancel

**Figure 4-8: Forgot Password**

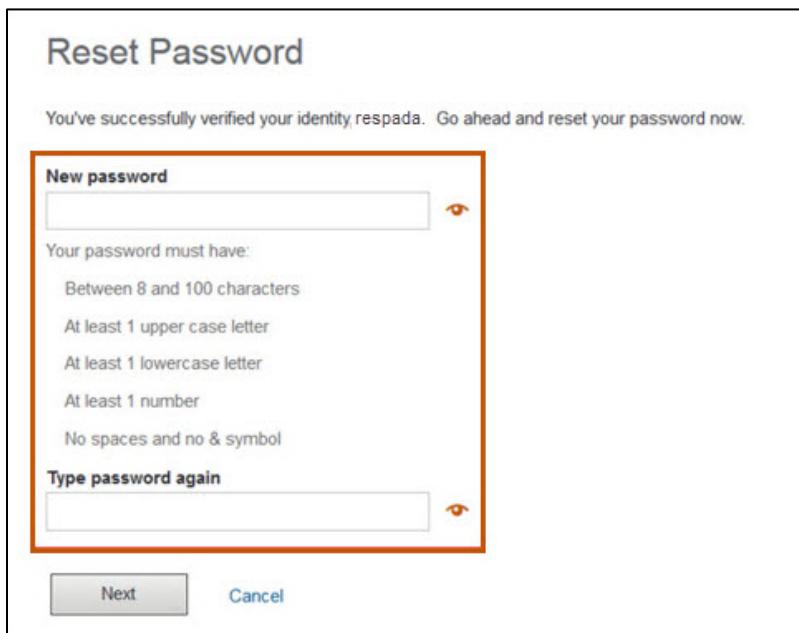
3. Click the Email option to reset the password, then click **NEXT**. Refer to Figure 4-9.



The screenshot shows a web page titled "Find Optum GovID: Verify Your Identity". A sub-instruction reads: "Choose an option for recovering access to your account and we'll reveal your Optum GovID or send it to you." A radio button is selected next to the option "Email: Send my Optum GovID in an email to respada@getnada.com". At the bottom are two buttons: "NEXT" (highlighted with an orange border) and "Cancel".

Figure 4-9: Verify Your Identity

4. Go to the inbox of the email account and open the email from Optum GovID. Click the **Reset Password** link in the email.
5. On the Reset Password screen, enter a new password in the New Password field, then reenter the password in the Type password again field. It must be entered exactly the same. Refer to Figure 4-10.



The screenshot shows a "Reset Password" screen. A message at the top says: "You've successfully verified your identity respada. Go ahead and reset your password now." Below is a "New password" input field with an "eye" icon to its right. A list of password requirements follows: "Your password must have:  
Between 8 and 100 characters  
At least 1 upper case letter  
At least 1 lowercase letter  
At least 1 number  
No spaces and no & symbol". Below these is a "Type password again" input field with an "eye" icon to its right. At the bottom are "Next" and "Cancel" buttons.

Figure 4-10: Reset Password

**Important:** The new password must meet the following requirements:

- a. Between eight and 70 characters in length

- b. At least one uppercase letter
- c. At least one lowercase letter
- d. At least one number
- e. No spaces and no ampersand (&)

6. Click **Next**.

7. Return to the Optum GovID Sign In page and complete the login steps located in Section 2.2. Log Into the Portal.

### 4.3. Updating Account Settings

This section explains how to access and update account settings when logged into the portal.

1. In the navigation header on any of the secure pages in the portal, click **Account Settings**. Refer to Figure 4-11.

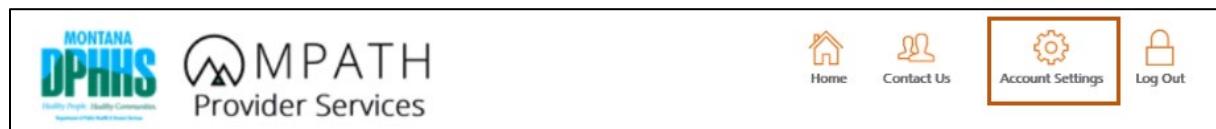


Figure 4-11: Account Settings Page

2. Click **Go** within the GovID Profile Management section. Refer to Figure 4-12.

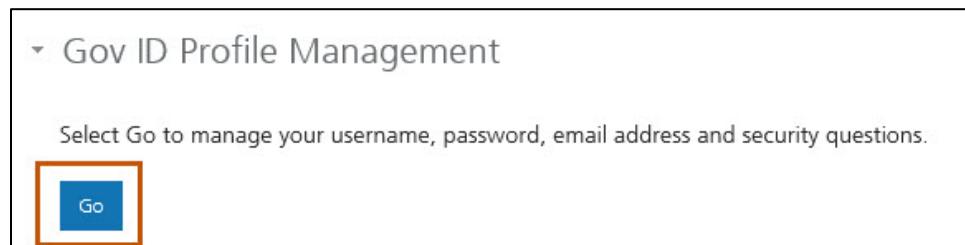


Figure 4-12: Account Settings Page

3. On the Manage Your Optum GovID page (refer to Figure 4-13), complete the information below.

- a. Profile Information: Add or update the user's existing demographics information, including First name, Last name, Date of birth, etc.
- b. Sign In Information: Update the user's existing password.
- c. Manage Verification Options: Update the user's email, secondary email, phone number, and phone communication method.

Manage Your Optum GovID [Return to Adaptive Portals](#)

Keep your profile up-to-date, change your Optum GovID or password, and manage the options for verifying your identity.

Update Profile [Sign In Information](#) [Manage Verification Options](#)

First name

Middle name (optional)

Last name

Suffix (optional)

Prefix (optional)

Date of birth  mm-dd-yyyy

Home address (optional)

City (optional)

State (optional)

ZIP code (optional)

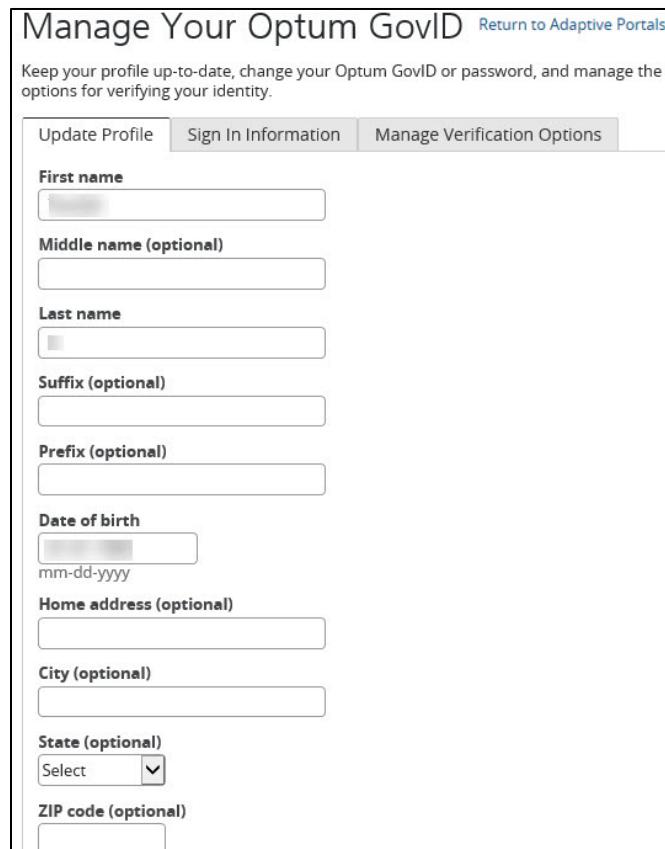


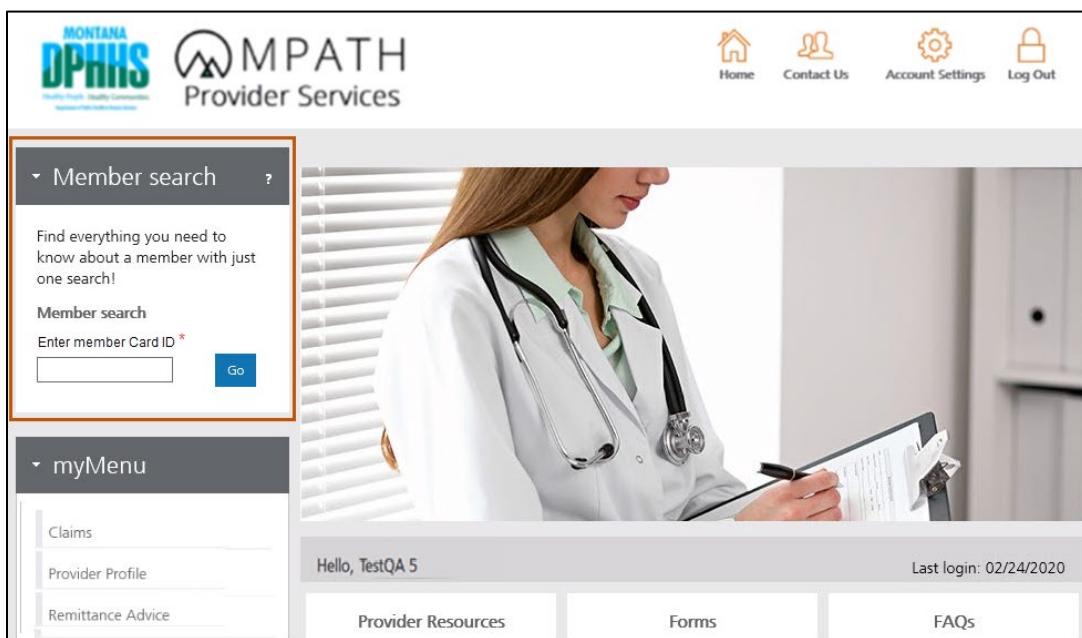
Figure 4-13: Manage Your Optum GovID

4. Click **Save**.

## 5. Member Search

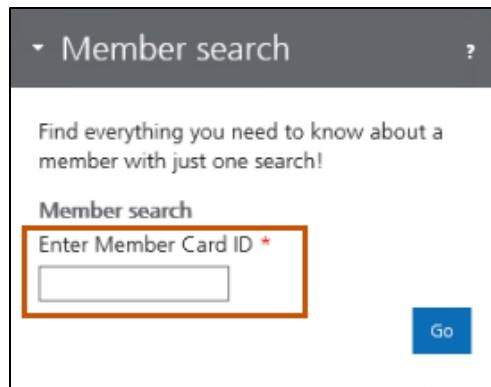
This section describes the options available after searching for a member, including Claims Inquiry, and Eligibility Search.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Locate the Member search area on the secure landing page. Refer to Figure 5-1.



**Figure 5-1: Member Search Area**

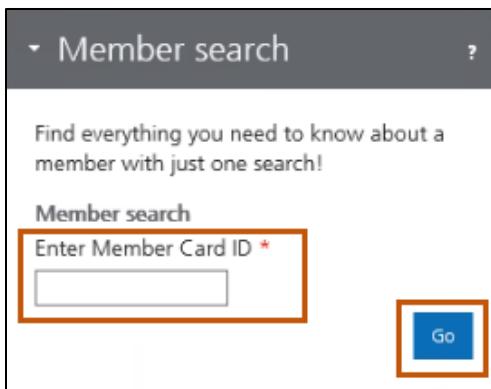
3. Enter the member card ID into the Enter Member Card ID field within the Member search area. Refer to Figure 5-2.



The screenshot shows the 'Member search' interface. At the top, there is a header with the title 'Member search' and a help icon. Below the header, a sub-header says 'Find everything you need to know about a member with just one search!'. The main search area is titled 'Member search' and contains a label 'Enter Member Card ID \*' followed by a text input field. A large orange rectangle highlights the 'Enter Member Card ID \*' label and the input field. To the right of the input field is a blue 'Go' button.

Figure 5-2: Enter Member Card ID Search Field

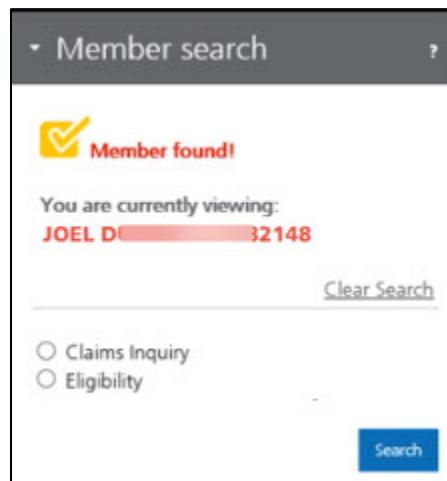
4. Click **Go**. Refer to Figure 5-3.



The screenshot shows the 'Member search' interface, similar to Figure 5-2. The 'Enter Member Card ID \*' label and input field are highlighted with an orange rectangle. The 'Go' button is also highlighted with an orange rectangle.

Figure 5-3: Enter Member Card ID and click Go

5. The Member found confirmation message displays with a list of additional functions to perform. Refer to Figure 5-4.



The screenshot shows the 'Member search' results. At the top, there is a header with the title 'Member search' and a help icon. Below the header, a message 'Member found!' is displayed with a yellow checkmark icon. The message continues: 'You are currently viewing: JOEL D [REDACTED] 32148'. Below this, there is a 'Clear Search' link. At the bottom, there are two radio buttons: 'Claims Inquiry' and 'Eligibility'. A blue 'Search' button is located at the very bottom right.

Figure 5-4: Member Search Options

6. The user has three function options when the member is found:
  - a. For Claims Inquiry, go to Section 5.1: Member Claims Inquiry.
  - b. For Eligibility, go to Section 5.2: Member Eligibility Search.

## 5.1. Member Claims Inquiry

This section describes the Member Claims Inquiry page. Locate this page after searching for a member in the Member search area. Providers can view their historical claims information associated to a specific member.

1. Login to Montana Provider Portal and search for a member. Refer to Section 5: Member Search.
2. When the Member found! confirmation message displays, select Claims Inquiry, then click **Search**. Refer to Figure 5-5.

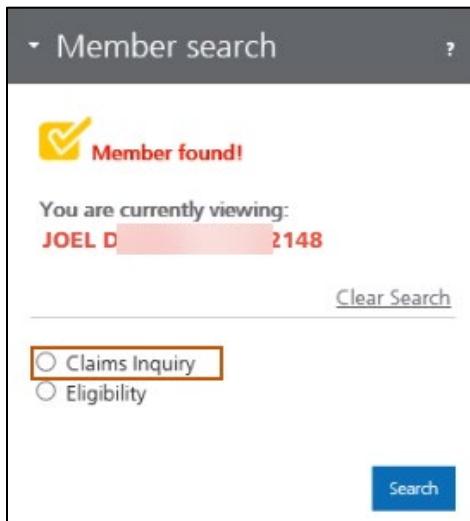
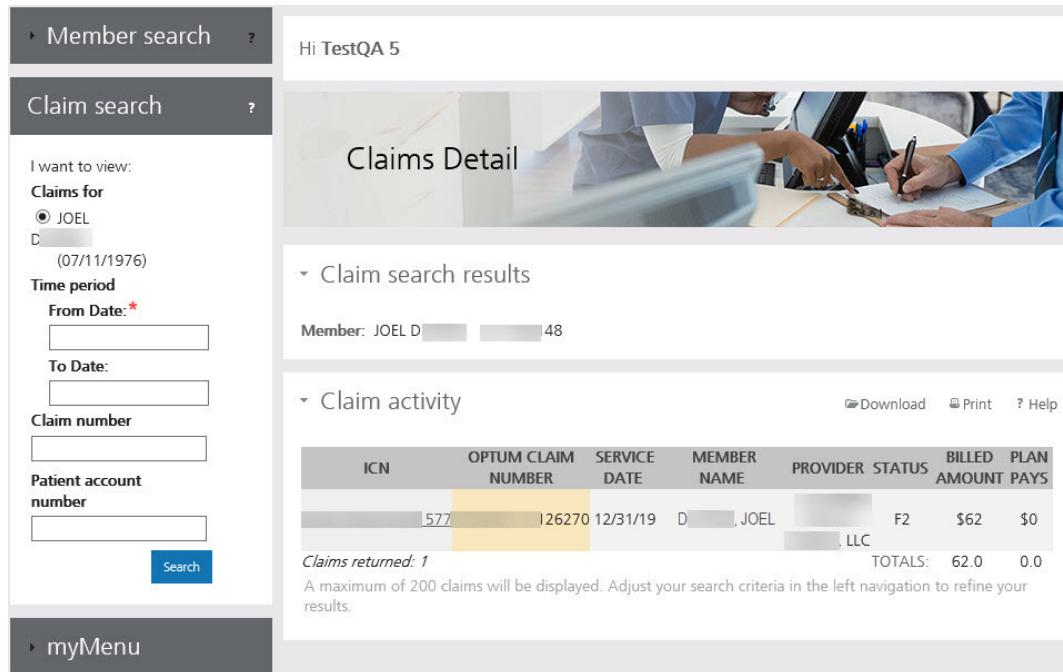


Figure 5-5: Claims Inquiry on Member Search

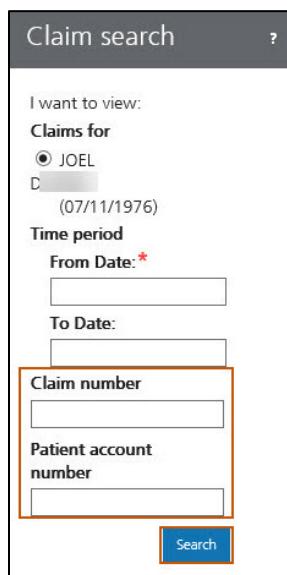
3. The Claim search page displays. Refer to Figure 5-6.



The screenshot shows the 'Claims Detail' page. The left navigation panel includes 'Member search' and 'Claim search' tabs, and a 'myMenu' item. The 'Claim search' panel is active, showing search criteria: 'Claims for' (radio button selected for 'JOEL'), 'Time period' (From Date: 07/11/1976), and 'Search' button. The main content area displays 'Claim search results' for member 'JOEL D' (48 years old). It includes a table of claim activity with columns: ICN, OPTUM CLAIM NUMBER, SERVICE DATE, MEMBER NAME, PROVIDER, STATUS, BILLED, and PLAN AMOUNT PAYS. One row is shown: ICN 577, OPTUM CLAIM NUMBER 126270, SERVICE DATE 12/31/19, MEMBER NAME JOEL, PROVIDER LLC, STATUS F2, BILLED \$62, and PLAN AMOUNT PAYS \$0. A note states 'Claims returned: 1' and 'TOTALS: 62.0 0.0'. Buttons for 'Download', 'Print', and 'Help' are at the top right.

Figure 5-6: Claim Search Page

4. In the Claim Search left navigation panel, the From Date is the only required field, as indicated on the screen with a red asterisk. A maximum of 200 claims display. Adjust the search criteria by adding the Claim number or the Patient account number (or both) in the left navigation to refine the results, then click the **Search** button. Refer to Figure 5-7.



The screenshot shows the 'Claim search' navigation panel. The 'Claim number' input field is highlighted with a red box. The panel includes 'Claims for' (radio button selected for 'JOEL'), 'Time period' (From Date: 07/11/1976), and 'Search' button.

Figure 5-7: Claim Search Navigation

**Result:** The Claim Activity Detail page appears. Refer to Figure 5-8.

The screenshot shows the 'Claims Detail' page. On the left, a sidebar titled 'myMenu' contains a 'Claim search' section with fields for 'Claims for', 'Time period', 'From Date', 'To Date', 'Claim number', and 'Patient account number', along with a 'Search' button. The main content area is titled 'Claim search results' and shows a summary for member JOEL D. The summary includes the member's name, date of service (10/01/19-10/31/19), patient account (D), and date processed (01/27/20). It also shows the total amount billed (\$117.91) and paid (\$117.91). Below this, the 'Claim activity' section displays two service lines. Line 1 is for a provider with Provider ID 134, dated 10/01/19-10/31/19, with a cost of \$231.12 and a total billed of \$231.12. Line 2 is for a provider with Provider ID 134, dated 10/01/19-10/31/19, with a cost of \$3587.01 and a total billed of \$3587.01. The page also includes a 'Download', 'Print', and 'Help' button, and a 'Return to search' link.

**Figure 5-8: Claim Activity Details Page**

On this page, the user can view the claim details including the following:

- Claim Search Details (refer to Figure 5-9) including the following:
  - Member's Name and ID
  - Claim Date of Service range searched

The screenshot shows the 'Claim search results' section of the page. It displays the member's name (JOEL D.) and the date range (05/16/2020 to 06/15/2020).

**Figure 5-9: Claim Search Results Name and Date**

b. Claim Activity (refer to Figure 5-10) including the following:

- i. Claim Number
- ii. Date of Service
- iii. Patient Account
- iv. Date Processed
- v. Member Name and ID
- vi. Claim Status
- vii. Total Amount Billed/Paid
- viii. Payment Number
- ix. Payment Date
- x. Payment Amount

Member: D [REDACTED], JOEL	Total amount billed: \$117.91
Date of service: 10/01/19-10/31/19	Total amount paid: \$117.91
Patient account: D [REDACTED], JOEL	Date processed: 01/27/20
Member:	Payment details
Member ID: [REDACTED] 134	Payment number: 00000942396
Claim status: F1:Finalized/Payment	Payment date: 02/03/20
	Payment amount: \$117.91

Figure 5-10: Claim Search Results – Claim details

c. Detailed Claim Line Items (refer to Figure 5-11) including:

- i. Provider Name and Tax ID
- ii. Date of Service
- iii. Procedure Code
- iv. Amount Billed
- v. Amount Paid by Plan

Line 1	Provider name: [REDACTED] INC	Cost for this service	Amount billed:	\$231.12
Provider Tax ID:			Amount paid by plan:	\$231.12
Date of service:	10/01/19-10/31/19			
Procedure code:	T2021			

Figure 5-11: Claim Search Results – Provider Billing Information

## 5.2. Member Eligibility Search

1. Log in to Montana Provider Portal and search for a member. Refer to Section 5: Member Search.
2. When the **Member found!** confirmation message displays, select Eligibility, then click **Search**. Refer to Figure 5-12.

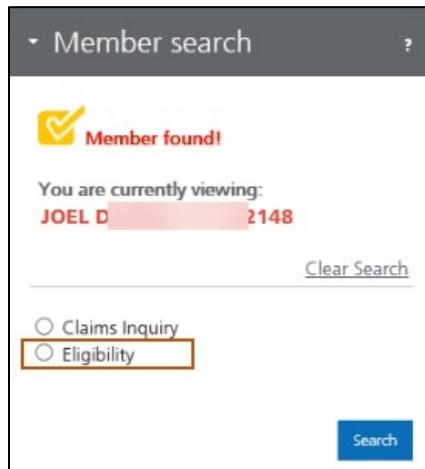


Figure 5-12: Eligibility in Member Search

Choosing the Eligibility search takes the user to the Montana Access to Health Web Portal. Member Eligibility details can be obtained after logging in. Refer to Figure 5-13.

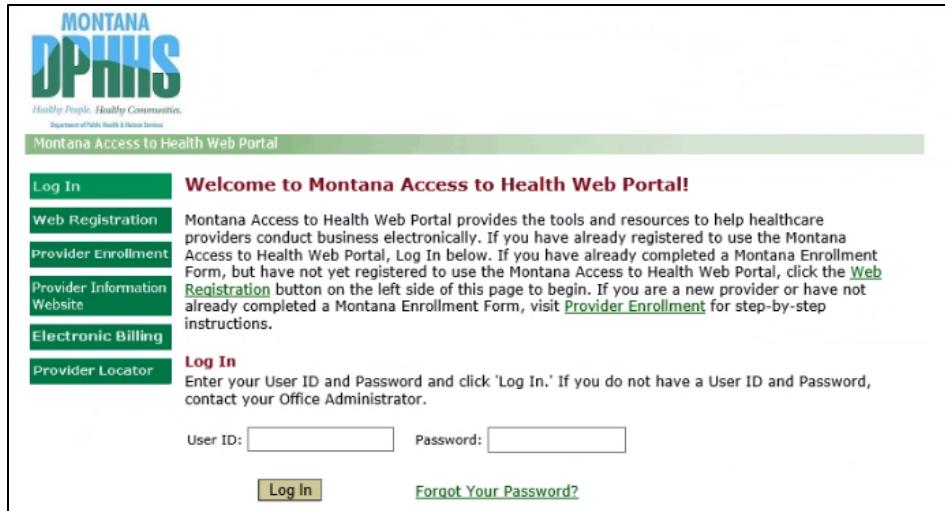


Figure 5-13: Montana Access to Health Web Portal

## 6. Claim Submission

This section describes the Claims process for Montana Healthcare Programs providers on the Montana Provider Portal. It includes the following subsections:

- Submitting claims for professional, facility and dental services
- Accessing in-progress claim submissions
- Using claim submission templates for all claim types

### 6.1. Submit a Professional Claim

These instructions explain how to submit a professional claim.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Hover over **Claims** under myMenu. Refer to Figure 6-1.

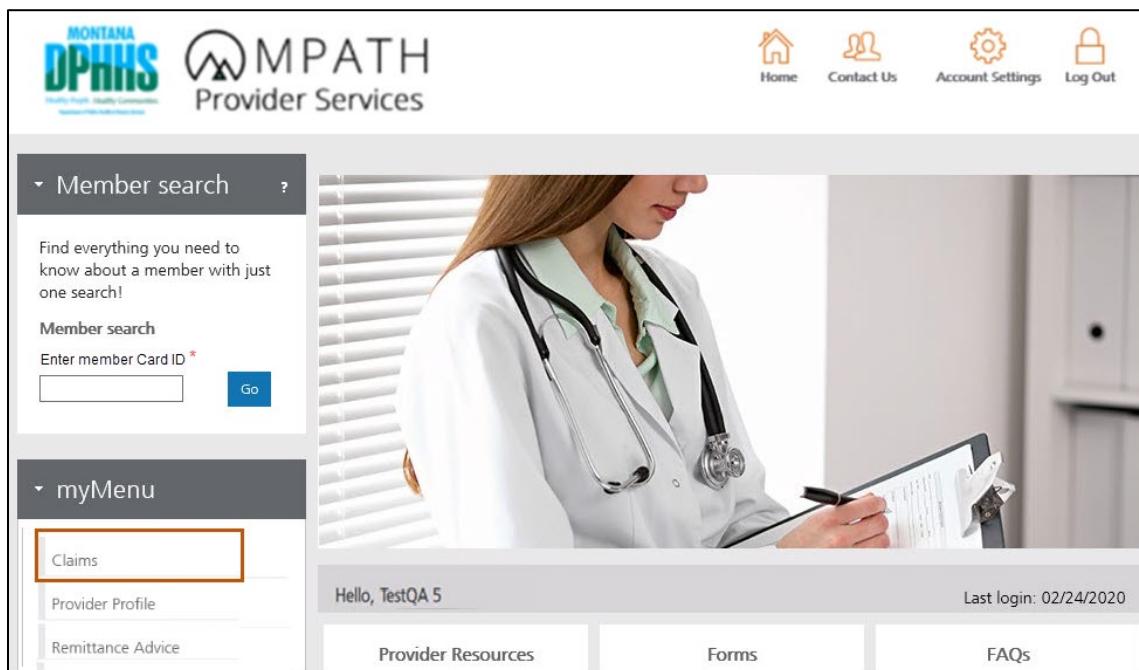


Figure 6-1: Select Claims from myMenu.

3. Select **Professional Submission** from the secondary menu. Refer to Figure 6-2.

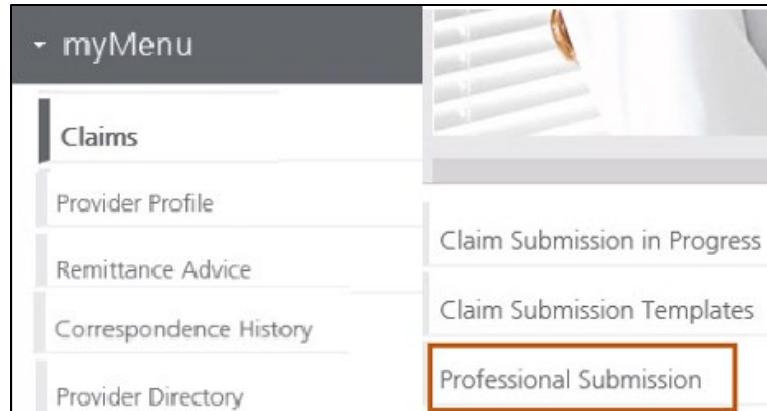


Figure 6-2: Select Professional Submission

4. The Professional Claim Submission page displays. There are four main sections to the Professional Claim Form. Table 6-1 describes these sections in detail. Refer to Figure 6-3.

Table 6-1: Professional Claim Submission Form Sections and Descriptions

Section	Description
<b>Provider Details</b>	Billing, rendering and referring provider information for the claim
<b>Member Details</b>	Information for the member for whom the claim is being submitted
<b>Claim Information</b>	Service details such as procedure codes, diagnosis codes and modifiers
<b>Terms and Agreements</b>	Legal attestation and online signature

The screenshot shows the 'Professional Claim Submission Form' interface. On the left, a sidebar titled 'myMenu' contains a profile icon, the text 'NPI# 192', and a list of sections: 'Provider Details', 'Member Details', 'Claim Information', and 'Terms and Agreements'. The 'View Templates' button is located at the top right. The main content area is titled 'Professional Claim Submission Form' and contains a 'Billing Provider' section. It includes fields for 'NPI/API: \*' (with value '192'), 'Provider Name: \*' (with value 'ME'), and 'Program/Waiver: \*' (with a dropdown menu showing 'Select Program/Waiver'). A note at the top of the form states: 'Note : Fields marked with an asterisk \* are required.'

Figure 6-3: Four sections of the Professional Claim Submission Form

**Note:** Templates are available for professional claims. Click **View Templates** and select **Claim Submission Templates**. For instructions on how to use the templates, refer to Section 6.5: Using Professional Claim Templates. Refer to Figure 6-4.

This screenshot is identical to Figure 6-3, showing the 'Professional Claim Submission Form' interface. The 'View Templates' button is highlighted with a red box. The rest of the interface, including the sidebar with 'myMenu' and the 'Billing Provider' section, remains the same.

Figure 6-4: View Templates button

5. Review the provider information displayed in the Provider Details section. Refer to Figure 6-5.

myMenu

View Templates

Professional Claim Submission Form

Billing Provider

**Note :** Fields marked with an asterisk \* are required.

NPI/API: \* 192

Provider Name: \* EME

Program/Waiver: \* School Based Services - CSCT

Specialty: \* Local Education Agency (LEA)

Service Location Address 1: \* EW

Service Location Address 2:

City: \* MT

State: \* MT

ZIP: \* 590

Taxonomy Code: \* 251300000X

Team Number: \* TEAM 03

Enrollment Unit: \* 0000429131

Select Address

Referring Provider

There is a referring provider for this claim.

Ordering Provider

There is a ordering provider for this claim.

Save and Continue Save and Exit Cancel

**Figure 6-5: Professional Claim Submission Form – Provider Details**

**Note:** Service Location Address is the physical location of the provider where services are provided or rendered. Taxonomy Code is the unique 10-character code that designates the provider's classification and specialization. Team Numbers are assigned for various State and Waiver programs. Refer to Figure 6-5 above.

Billing Provider

NPI/API: \* 879

Provider Name:

**Figure 6-6: NPI/API Selection List for Billing Provider**

**Note:** If provider has multiple NPIs or APIs associated to the portal account, then select correct NPI or API from the list in **Billing Provider** section. Refer to Figure 6-6 above.

6. Determine if there is a Rendering Provider.
  - a. If the provider is a Rendering Provider, then the Rendering Provider section displays, and the fields automatically populate with the applicable rendering provider fields. Refer to Figure 6-7.

The screenshot shows a user interface for entering provider information. At the top, a section is titled "Rendering Provider". Inside this section, there are two input fields: "NPI/API" and "Provider Name", both of which are highlighted with a red border. Below this section, there is a link labeled "Select Address". Underneath the "Select Address" link, there are five input fields for "Service Location Address 1", "Service Location Address 2", "City", "State", and "ZIP", all of which are blurred. The entire "Rendering Provider" section is enclosed in a light gray box.

**Figure 6-7: Rendering Provider Fields**

- b. If the provider is a direct pay to provider, then go to Step 13.
7. The Rendering Provider's address populates into the **Service Location** fields.

**Note:** If the Rendering Provider has multiple service addresses, then click **Select Address** and choose correct service address. Refer to Figure 6-8.

Rendering Provider	
NPI/API:	[REDACTED]
Provider Name:	[REDACTED]
<input type="button" value="Select Address"/>	
Service Location Address 1:	[REDACTED]
Service Location Address 2:	[REDACTED]
City:	[REDACTED]
State:	[REDACTED]
ZIP:	[REDACTED]

Figure 6-8: Select Address

8. Review the **Billing Provider** and the **Rendering Provider** sections for accuracy.
  - a. If the information is correct, go to the next step.
  - b. If the information is incorrect, please contact Montana Provider Relations at 1 (800) 624-3958.
9. Determine if there is a Referring or Ordering Provider.
  - a. If there is a Referring or Ordering Provider, then go the next step.
  - b. If there is not a Referring or Ordering Provider, then go to Step 13.
10. Select the **Referring Provider** checkbox or the **Ordering Provider** checkbox (or both). Refer to Figures 6-9 and 6-10.

Referring Provider	
<input type="checkbox"/>	There is a referring provider for this claim.

Figure 6-9: Referring Provider checkbox

Ordering Provider	
<input type="checkbox"/>	There is an ordering provider for this claim.

Figure 6-10: Ordering Provider checkbox

11. Click **Save and Continue** to display the Provider Search field. To use this feature, type an NPI or API in the search field provided and click **Go**. Refer to Figure 6-11.

Figure 6-11: Referring or Ordering Provider NPI/API Search

12. From the search results, select the search record you want to associate to the claim.

13. Table 6-2 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-12.

Table 6-2: Professional Claim Form Navigation Buttons – Provider Details Page

Button	Action	Result
<b>Save and Continue</b>	Click <b>Save and Continue</b> .	Member Details page displays. Refer to Figure 6-14.
<b>Save and Exit</b>	Click <b>Save and Exit</b> .	Claim information saves in the Claim Submission In Progress Workbench. <b>Note:</b> This saves any progress on the claim form so the provider can access it later.
<b>Cancel</b>	Click <b>Cancel</b> .	The claim form closes without saving. <b>Note:</b> This cancels out the claim form.



**Figure 6-12: Claim Form Navigation Buttons**

14. Enter the Member Card ID in the field shown, then click the Go button. Refer to Figure 6-13.

**Figure 6-13: Enter Member Card ID**

The Member Details screen will open, populated with the member details for the ID provided. Refer to Figure 6-14.

**Figure 6-14: Professional Claim Submission Form – Member Details**

15. Review all fields on the page for accuracy. Table 6-3 lists all Member Details fields (Figure 6-14) and their descriptions.

- If the member's information is correct, go to the next step.
- If the member's information is incorrect, please contact Montana Provider Relations at 1 (800) 624-3958.

**Important:** Fields marked with a red asterisk indicate a required entry.

**Table 6-3: Member Details Fields and Description**

Field	Action
<b>Member Card ID</b>	Review the Member Card ID field that was entered. This field is required.

Field	Action
<b>Medicaid Recipient ID</b>	Review the Medicaid Recipient ID. This field is required.
<b>Patient Account Number</b>	If the claim needs a patient account number, enter the number in the Patient Account Number field provided. This is for the provider's record only. This field is optional.
<b>First Name</b>	Review the member's first name in the First Name field. This field is required.
<b>Middle Name</b>	Review the member's middle name in the Middle Name field. This field is optional.
<b>Last Name</b>	Review the member's last name in the Last Name field. This field is required.
<b>Date of Birth</b>	Review the member's birth date in the Date of Birth field in MMDDYYYY format. This field is required.
<b>Gender</b>	Review the member's gender. Options are Male and Female. This selection is required.
<b>Mailing Address 1</b>	Review the member's primary address in the Mailing Address 1 field. This field is required.
<b>Mailing Address 2</b>	Review any additional address details in the Mailing Address 2 field. This field is optional.
<b>City</b>	Review the member's city in the field provided. This field is required.
<b>State</b>	Review the member's state from the State list. This field is required.
<b>Zip</b>	Review the member's ZIP code in the ZIP field. This field is required.

16. Table 6-4 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-15.

**Table 6-4: Professional Claim Form Navigation Buttons – Member Details Page**

Button	Action	Result
<b>Save and Continue</b>	Click <b>Save and Continue</b> .	Claim Information page displays. Refer to Figure 6-16 and 6-17.
<b>Previous</b>	Click <b>Previous</b> .	The previous page displays.
<b>Save and Exit</b>	Click <b>Save and Exit</b> .	Claim information saves in the Claim Submission In Progress Workbench. <b>Note:</b> This saves any progress on the claim form so the provider can access it later.
<b>Cancel</b>	Click <b>Cancel</b> .	The claim form closes without saving. <b>Note:</b> This cancels out the claim form.

**Figure 6-15: Claim Form Navigation Options**

▼ Professional Claim Submission Form ? Help

▼ Claim Information

**Note :** Fields marked with an asterisk \* are required.

**Note :** Do not include any decimals when entering Diagnosis Code Information. Enter at least first three (3) characters of a Diagnosis and/or Procedure code before utilizing the search icon.

**Diagnosis Codes**

Diagnosis Codes (ICD 10):

1 *	2	3	4	5	6
<input type="text"/>					
<input type="button" value="Search"/>					
7	8	9	10	11	12
<input type="text"/>					
<input type="button" value="Search"/>					

**Claim Details**

**Note :**  indicates all required fields of COB have been entered.

From Date*	To Date*	POS*	CPT/ HCPCS Code*	Modifier	Diagnosis Pointer*	Charges*	Days or Units*	COB	NDC	EPSDT	Emergency Service	Family Planning
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is this a void or replacement of a previously submitted claim?*	<input type="radio"/> Yes <input type="radio"/> No
Are you submitting COB at the claim level?	<input type="radio"/> Yes <input type="radio"/> No
Is the member's condition related to:	Select <input type="button" value="▼"/>
First date related to Member's condition:	Select <input type="button" value="▼"/>
Is this Member deceased?*	<input type="radio"/> Yes <input type="radio"/> No
Is member unable to work in current occupation?*	<input type="radio"/> Yes <input type="radio"/> No
Is hospitalization related to current services?*	<input type="radio"/> Yes <input type="radio"/> No
Clinical Laboratory Improvement Amendment Number needed for this claim? *	<input type="radio"/> Yes <input type="radio"/> No
Is there a prior authorization for this claim?*	<input type="radio"/> Yes <input type="radio"/> No
Is there a Referral for this claim?*	<input type="radio"/> Yes <input type="radio"/> No
Do you have attachments for this claim? *	<input type="radio"/> Yes <input type="radio"/> No

**Figure 6-17: Professional Claim Form – Claim Information Page, 2 of 2**

**Note:** A checkmark above COB (  COB ) indicates all required COB fields have been populated.

17. Complete all applicable fields on the **Claim Information** page. Appendix C – Professional Claim Form Fields and Descriptions lists each field and describes how to complete them. Refer to Figures 6-16 and 6-17 above.

**Important:** Fields marked with a red asterisk indicate a required entry.

18. Determine if the provider needs to search for **Diagnosis Code** or **CPT/HCPCS Code**.

- a. If searching by Diagnosis Code or CPT/HCPCS code, then go to the next step.
- b. If the provider has the Diagnosis Code or CPT/HCPCS code, then enter the valid **Diagnosis Code** or **CPT/HCPCS** code in the appropriate field and go to Step 21.

19. In the Diagnosis Code entry fields or in the Service Description grid within the CPT/HCPCS Code fields, enter at least the first three characters of the code and click the **Search** icon. Refer to Figures 6-18 and 6-19.

**Note :** Do not include any decimals when entering Diagnosis Code Information. Enter at least first three (3) characters of a Diagnosis and/or Procedure code before utilizing the search icon.

**Diagnosis Codes**

Diagnosis Codes (ICD 10):

1 *	2	3	4	5	6
E7800 					
7	8	9	10	11	12
					

**Claim Details**

Note :  indicates all required fields of COB have been entered.

From Date*	To Date*	POS*	CPT/ HCPCS Code*	Modifier	Diagnosis Pointer*	Charges*	Days or Units*	COB	NDC	EPSDT	Emergency Service	Family Planning
11/01/2021 	11/01/2021 	Select 	80061 		1	\$ 57.00	1.00	COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select 				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select 				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select 				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select 				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select 				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select 				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select				\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Select <img alt="Select icon" data-bbox="368 2295 398										

Search Results	
Code	Description
E7800	Pure hypercholesterolemia, unspecified
E7801	Familial hypercholesterolemia
E781	Pure hyperglyceridemia
E782	Mixed hyperlipidemia
E783	Hyperchylomicronemia
E7841	Elevated Lipoprotein(a)
E7849	Other hyperlipidemia
E785	Hyperlipidemia, unspecified
E786	Lipoprotein deficiency
E7870	Disorder of bile acid and cholesterol metabolism, unspecified
E7871	Barth syndrome
E7872	Smith-Lemli-Opitz syndrome
E7879	Other disorders of bile acid and cholesterol metabolism
E7881	Lipoid dermatopathology
E7880	Other lipoprotein metabolism disorders

Cancel

Figure 6-19: Diagnosis Code Search Result

20. Select correct code from search results by clicking on the **Code number** in the Search Results window. Refer to Figure 6-20.

Search Results	
Code	Description
E7800	Pure hypercholesterolemia, unspecified
E7801	Familial hypercholesterolemia
E781	Pure hyperglyceridemia
E782	Mixed hyperlipidemia
E783	Hyperchylomicronemia
E7841	Elevated Lipoprotein(a)
E7849	Other hyperlipidemia
E785	Hyperlipidemia, unspecified
E786	Lipoprotein deficiency
E7870	Disorder of bile acid and cholesterol metabolism, unspecified
E7871	Barth syndrome
E7872	Smith-Lemli-Opitz syndrome
E7879	Other disorders of bile acid and cholesterol metabolism
E7881	Lipoid dermatopathitis
E7880	Other lipoprotein metabolism disorders

Cancel

Figure 6-20: Click the Diagnosis Code to Add It to the Claim Information Page

21. Table 6-5 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-21.

Table 6-5: Professional Claim Form Navigation Buttons – Claim Information Page

Button	Action	Result
<b>Save and Continue</b>	Click <b>Save and Continue</b> .	The Terms and Agreements page displays. Refer to Figure 6-22.
<b>Previous</b>	Click <b>Previous</b> .	The previous page displays.
<b>Save and Exit</b>	Click <b>Save and Exit</b> .	Claim information saves in the Claim Submission In Progress Workbench. <b>Note:</b> This saves any progress on the claim form so the provider can access it later.

Button	Action	Result
Cancel	Click <b>Cancel</b> .	The claim form closes without saving. <b>Note:</b> This cancels out the claim form.



**Figure 6-21: Claim Form Navigation Options**

▼ Professional Claim Submission Form

▼ Terms and Agreements

**Note** : Fields marked with \* are required.

Please key in provider name and NPI to certify the information on this form is accurate and terms and conditions have been satisfied.

Provider Name: \*

NPI/API: \*

I certify I have read the [Terms and Conditions](#)  that apply to this bill and are made a part thereof.

**Submit** **Previous** **Save and Exit** **Cancel**

**Figure 6-22: Professional Claim Submission Form – Terms and Agreements**

22. Click **Terms and Conditions** and review them. Refer to Figure 6-22 above.

23. Click the **checkbox** to agree to the terms and conditions.

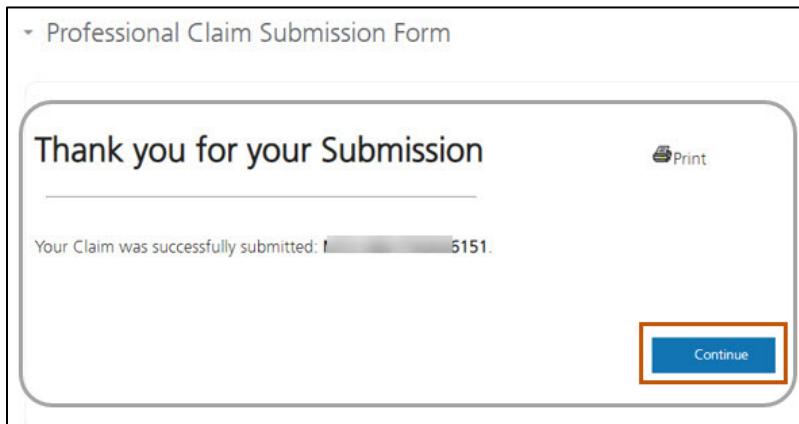
**Note:** Provider will not be able to submit claim if this box is not selected.

24. Table 6-6 describes the navigation buttons available in the interface and describes their actions and results when clicked.

**Table 6-6: Professional Claim Form Navigation Buttons – Terms and Agreements Page**

Button	Action	Result
<b>Submit</b>	Click <b>Submit</b> .	The Professional Claim successfully submits, and the claim number displays. Refer to Figure 6-23.
<b>Previous</b>	Click <b>Previous</b> .	The previous page displays.
<b>Save and Exit</b>	Click <b>Save and Exit</b> .	Claim information saves in the Claim Submission In Progress Workbench. <b>Note:</b> This saves any progress on the claim form so the provider can access it later.
<b>Cancel</b>	Click <b>Cancel</b> .	The claim form closes without saving. <b>Note:</b> This cancels out the claim form.

25. Upon submission, the confirmation message displays with the claim number. Click the **Print** icon to display all claim details entered and print or save locally. Click **Continue** to close the message. Refer to Figure 6-23.

**Figure 6-23: Claim Submission Confirmation and Claim ID**

## 6.2. Submit a Facility Claim

These instructions explain how to submit a facility claim.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.

2. Hover over **Claims** under myMenu. Refer to Figure 6-24.

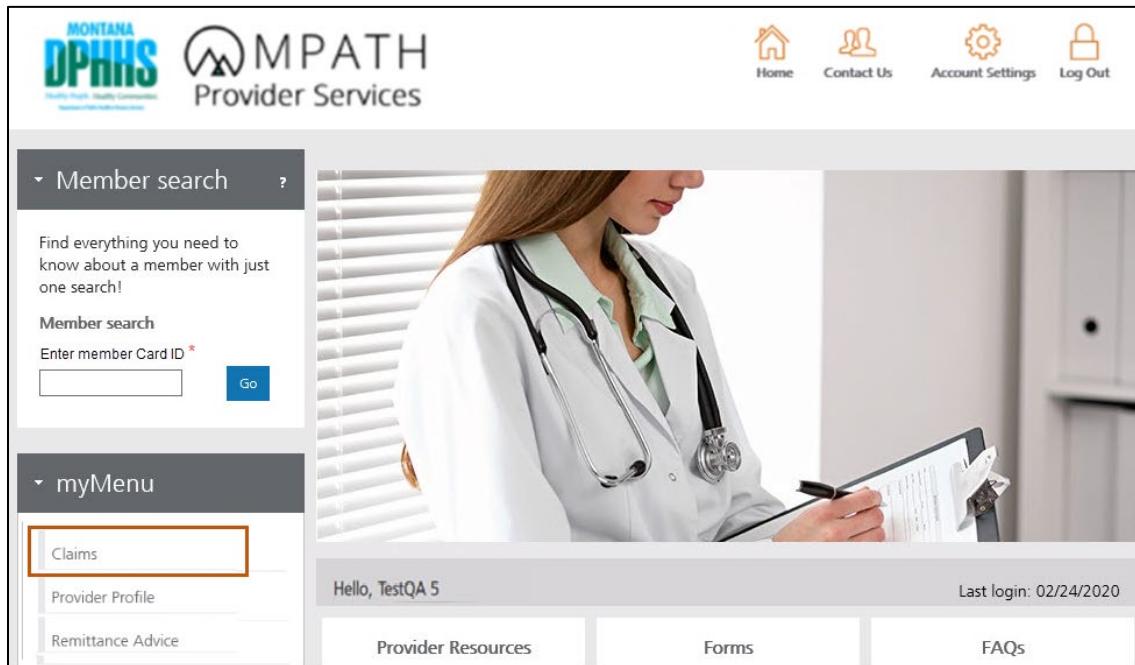


Figure 6-24: Select Claims from myMenu

3. Select **Facility Submission** from the secondary menu. Refer to Figure 6-25.

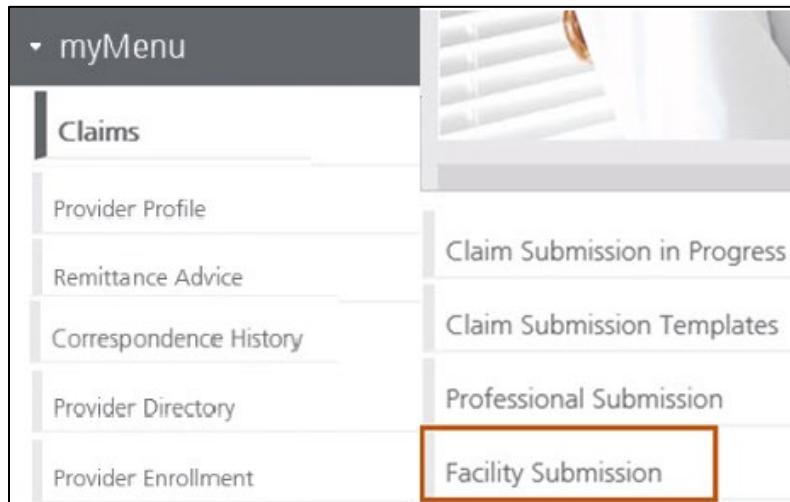


Figure 6-25: Select Facility Submission

4. The Facility Claim Submission Form displays on the Provider Details page. Refer to the **instructions** found in this section to complete the claim form. Refer to Figure 6-26.

Figure 6-26: Provider Details Page on Facility Claim Submission Form

5. There are four main sections to the Facility Claim Submission Form. Table 6-7 describes these sections in detail. Refer to Figure 6-27.

Table 6-7: Facility Claim Submission Form Sections and Descriptions

Section	Description
<b>Provider Details</b>	Billing, rendering and referring provider information for the claim

Section	Description
<b>Member Details</b>	Information for the member for whom the claim is being submitted
<b>Claim Information</b>	Service details such as revenue codes, diagnosis codes and modifiers
<b>Terms and Agreements</b>	Legal attestation and online signature

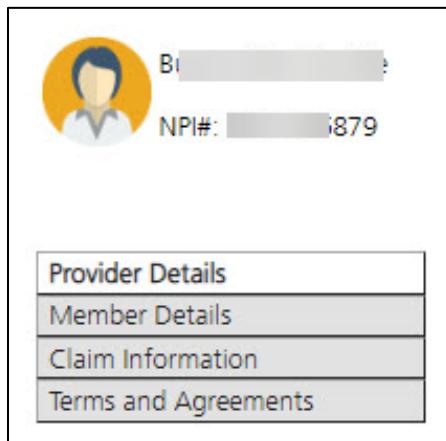


Figure 6-27: Sections of the Facility Claim Submission Form

**Note:** Templates are available for facility claims. Click **View Templates** and select **Claim Submission Templates**. For instructions on how to use the templates, refer to Section 6.6: Using Facility Claim Templates. Refer to Figure 6-28.

[View Templates](#)

▼ Facility Claim Submission Form

▼ Billing Provider

**Note :** Fields marked with an asterisk \* are required.

NPI/API:*	<input type="text" value="61"/>
Provider Name:*	<input type="text" value="ALTH"/>
Program/Waiver:*	<input type="text" value="Montana Medicaid (HMK Plus)"/>
Specialty:*	<input type="text" value="Clinic/Center, Federally Qualified Health Cen"/>
<b>Service Location</b>	
Service Address 1:*	<input type="text" value="NA"/>
Service Address 2:	<input type="text"/>
City:*	<input type="text"/>
State:*	<input type="text" value="MT"/>
ZIP:*	<input type="text" value="5981"/>
Taxonomy Code: *	<input type="text" value="261QF0400X"/>
Enrollment Unit:*	<input type="text" value="0000393584"/>

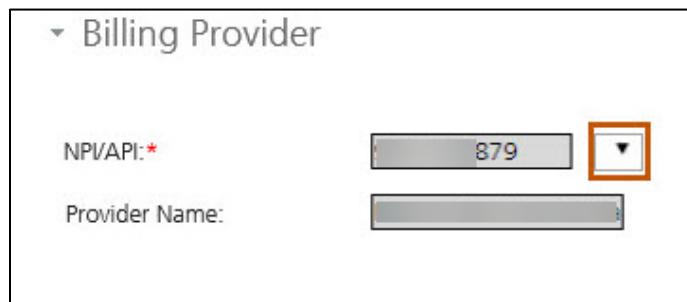
**Figure 6-28: Select View Templates to use a Claim Template**

**Note:** Service Location Address is the physical location of the provider where services are provided or rendered. Taxonomy Code is the unique 10-character code that designates the provider's classification and specialization. Team Numbers are assigned for various State and Waiver programs. Refer to Figure 6-28 above.

6. Review the NPI/API and the Provider Name fields and select the applicable NPI/API, if necessary.

**Note:** These fields automatically populate based on the provider's information. If the provider has multiple NPIs or APIs associated to the portal account, a selection list displays.

- a. If the provider does not have multiple NPIs or APIs associated to portal account, then go the next step.
- b. If the provider has multiple NPIs or APIs associated to portal account, then select correct NPI/API from the NPI/API list and go to the next step. Refer to Figure 6-29.



The image shows a user interface for selecting a Billing Provider. At the top, there is a dropdown menu labeled 'Billing Provider'. Below it, there is a section for 'NPI/API: \*' with a dropdown menu containing the number '879' and a dropdown arrow. To the right of this is a text input field for 'Provider Name'.

Figure 6-29: NPI/API Selection List for Billing Provider

7. Review the Billing Provider and the Rendering Provider sections for accuracy.
  - a. If the information is correct, go to the next step.
  - b. If the information is incorrect, please contact Montana Provider Relations at 1 (800) 624-3958.
8. Determine if there are multiple Service Locations associated to Billing Provider.
  - a. If there is only one service location associated to Billing Provider, then go to Step 11.
  - b. If there are multiple service locations associated to Billing Provider, then go to the next step.
9. Click **Select Address**. Refer to Figure 6-30.

▼ Facility Claim Submission Form

▼ Billing Provider

**Note :** Fields marked with an asterisk \* are required.

NPI/API: \*

Provider Name: \*

Program/Waiver: \*  Montana Medicaid (HMK Plus)

Specialty: \*  Clinic/Center, Federally Qualified Health Cen

Service Location

Select Address

Service Address 1: \*

Service Address 2:

City: \*

State: \*

ZIP: \*

Figure 6-30: Select Address Hyperlink

10. From the list of services addresses, select the correct service address. The service address displays in the correct fields under the Service Location section.
11. If additional providers need to be added to this claim, complete the following steps:
  - a. To add an Attending Provider, enter the attending provider's NPI in the Enter Provider NPI field, then select **Go**. Refer to Figure 6-31.
  - b. To add an Operating Provider, enter the operating provider's NPI in the Enter Provider NPI field, then select **Go**. Refer to Figure 6-31.

<p>Other Provider(s)</p> <p>Attending Provider</p> <p><input checked="" type="checkbox"/> There is an attending provider for this claim.</p> <p>Enter Provider NPI:*</p> <p><input type="text"/> <b>Go</b></p> <p>Operating Provider</p> <p><input checked="" type="checkbox"/> There is an operating provider for this claim.</p> <p>Enter Provider NPI:*</p> <p><input type="text"/> <b>Go</b></p> <p>Other Provider 1</p> <p><input type="checkbox"/> There is an other provider for this claim.</p> <p>Other Provider 2</p> <p><input type="checkbox"/> There is an other provider for this claim.</p>
--

**Figure 6-31: Attending and Operating Providers**

- c. To add an Other Provider (options include Referring, Rendering and Other Operating Physician), select the Provider Type from the list of choices and enter the provider's NPI in the Enter Provider NPI field. Select **Go**. Refer to Figure 6-32.

Figure 6-32: Other Provider – Provider Type Selections

Table 6-8 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-33.

Table 6-8: Facility Claim Form Navigation Buttons – Provider Details Page

Button	Action	Result
<b>Save and Continue</b>	Click <b>Save and Continue</b> .	Member Details page displays. Refer to Figure 6-34.
<b>Save and Exit</b>	Click <b>Save and Exit</b> .	Claim information saves in the Claim Submission In Progress Workbench. <b>Note:</b> This saves any progress on the claim form so the provider can access it later.
<b>Cancel</b>	Click <b>Cancel</b> .	The claim form closes without saving. <b>Note:</b> This cancels out the claim form.



Figure 6-33: Claim Form Navigation Options

The screenshot shows the 'Facility Claim Submission Form - Member Details Page'. On the left, a sidebar menu includes 'Member search', 'myMenu', and a user profile icon with 'NPI#:' and '92'. The main content area has a 'Facility Claim Submission Form' header with a 'Help' link. It features a 'Member Details' section with a note: 'Note : Fields marked with an asterisk \* are required.' Below is a search form with 'Enter Member Card ID\*' and a 'Search' button. At the bottom are buttons for 'Save and Continue', 'Previous', 'Save and Exit', and 'Cancel'.

Figure 6-34: Facility Claim Submission Form – Member Details Page

12. Enter the member card ID into the Member Card ID field and select **Go**, as shown in Figure 6-34 above.
13. The member's information automatically populates into the Member Details. Refer to Figure 6-35.

Member search

Hi [redacted]

View Templates

Facility Claim Submission Form

Member Details

Note: Fields marked with an asterisk \* are required.

Enter Member Card ID \*

Member Card ID: 48

Patient Control Number: [redacted]

Medical Record Number: [redacted]

First Name: JOEL

Middle Name: [redacted]

Last Name: [redacted]

Date of Birth: [redacted]

Gender: [redacted]

Mailing Address 1: ONE MONTANA

Mailing Address 2: [redacted]

City: HEMLOCK

State: MT

ZIP: 59241-0000

Save and Continue Previous Save and Exit Cancel

Figure 6-35: Member Details Populated

14. Review the member's information.

- If the member's information is correct, go to the next step.
- If the member's information is incorrect, please contact Montana Provider Relations at 1 (800) 624-3958.

15. Complete any of the optional fields on the Member Details page, as needed, by following the steps below.

16. If the claim needs a Patient Control Number, enter the number in the Patient Control Field and continue to the next step. Refer to Figure 6-35 above.

17. To add a Medical Record Number, enter the number in the Medical Record Number field and continue to the next step.

18. Table 6-9 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-36.

**Table 6-9: Facility Claim Form Navigation Buttons – Member Details Page**

Button	Action	Result
<b>Save and Continue</b>	Click <b>Save and Continue</b> .	Claim Information page displays. Refer to Figures 6-37 through 6-40.
<b>Previous</b>	Click <b>Previous</b> .	The previous page displays.
<b>Save and Exit</b>	Click <b>Save and Exit</b> .	Claim information saves in the Claim Submission In Progress Workbench. <b>Note:</b> This saves any progress on the claim form so the provider can access it later.
<b>Cancel</b>	Click <b>Cancel</b> .	The claim form closes without saving. <b>Note:</b> This cancels out the claim form.

**Important:** Fields marked with a red asterisk indicate a required entry.



**Figure 6-36: Claim Form Navigation Options**

Facility Claim Submission Form [? Help](#)

Claim Information

**Note:** Fields marked with an asterisk \* are required.

**Note:** Type of Bill value field is 4 character code with the first value always being zero.

Type of Bill: \* Inpatient or Outpatient: \* Statement Period From: \* Statement Period Through: \*

Admission Date: Admission Hour: Admission Type: \* Source of Admission: \* Discharge Hour: Member Discharge Status: \*

Condition Codes

Condition Codes:

Accident State:

Occurrence Codes

Occurrence Code: Date: Occurrence Code: Date:

Occurrence Span Codes

Occurrence Span Code: From: Through: Occurrence Span Code: From: Through:

Figure 6-37: Facility Claim Form – Claim Information Page, 1 of 4

Value Codes		Value Codes		Value Codes			
Value Code:	Amount/Days:	Value Code:	Amount/Days:	Value Code:	Amount/Days:		
1		5		9			
2		6		10			
3		7		11			
4		8		12			
<b>Claim Details</b>							
Revenue Code:*	HCPCS Code:	Modifier:	From Date:*	To Date:*	Service Units:*	NDC:	Total Charges:*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/> Total Charges: <input type="text"/> <input type="button" value="Add"/>							
<b>Note:</b> Do not include any decimals when entering Diagnosis Code Information. Enter at least first three (3) characters of a Diagnosis and/or Procedure code before utilizing the search icon.							
Primary Diagnosis Code:* <input type="text"/> Present on Admission:* <input type="text"/> Diagnosis Related Groups(DRG): <input type="text"/>							
<input type="text"/> <input type="button" value="Select"/> <input type="button" value="▼"/> <input type="text"/>							
<b>Note:</b> Primary Diagnosis Code should not be repeated within the listed Other Diagnosis Codes.							

**Figure 6-38: Facility Claim Form – Claim Information Page, 2 of 4**

**Other Diagnosis Codes**

**Note :** When you add Other Diagnosis Code, you are required to select Present on Admission.

Other Diagnosis Codes: Present on Admission:

<input type="text"/>	<input type="button" value="Select"/>

**Add Diagnosis Code**

Admitting Diagnosis Code: Member's Reason for Visit Diagnoses:

<input type="text"/>	<input type="button" value="Select"/>	<input type="text"/>	<input type="button" value="Select"/>
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**Note :** When you add External Cause of Injury Codes, you are required to select Present on Admission.

External Cause of Injury Codes: Present on Admission:

<input type="text"/>	<input type="button" value="Select"/>
<input type="text"/>	<input type="button" value="Select"/>
<input type="text"/>	<input type="button" value="Select"/>

Principal Procedure Code: Date:

<input type="text"/>	<input type="button" value="Select"/>
----------------------	---------------------------------------

**Other Procedure Codes**

Other Procedure Codes: Date:

<input type="text"/>	<input type="button" value="Select"/>

Prior Authorization Number: Referral Number: Service Authorization Exception Code:

<input type="text"/>	<input type="text"/>	<input type="button" value="Select"/>
----------------------	----------------------	---------------------------------------

[Advanced Search](#)

Are you submitting COB at the claim level?  Yes  No

**Figure 6-39: Facility Claim Form – Claim Information Page, 3 of 4**

Other Insurance/COB:	Primary Payer	Secondary Payer
Insurance Type: *	<input type="button" value="Select"/>	Insurance Type: <input type="button" value="Select"/>
Carrier Name: *	<input type="text"/>	Carrier Name: <input type="text"/>
Carrier Code: *	<input type="text"/>	Carrier Code: <input type="text"/>
Subscriber First Name: *	<input type="text"/>	Subscriber First Name: <input type="text"/>
Subscriber Middle Name:	<input type="text"/>	Subscriber Middle Name: <input type="text"/>
Subscriber Last Name: *	<input type="text"/>	Subscriber Last Name: <input type="text"/>
Allowed:	<input type="text"/> \$	Allowed: <input type="text"/> \$
Copay:	<input type="text"/> \$	Copay: <input type="text"/> \$
Deductible:	<input type="text"/> \$	Deductible: <input type="text"/> \$
Coinsurance:	<input type="text"/> \$	Coinsurance: <input type="text"/> \$
Paid Amount: *	<input type="text"/> \$	Paid Amount: <input type="text"/> \$
Group	Reason	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
<input type="text"/>	<input type="text"/>	<input type="text"/> \$
EOB Payment Date: *	<input type="text"/> <input type="button" value="Calendar"/>	EOB Payment Date: <input type="text"/> <input type="button" value="Calendar"/>
Do you have attachments for this claim? * <input type="radio"/> Yes <input type="radio"/> No		
Notes:		
<input type="text"/> <input type="button" value="Save and Continue"/> <input type="button" value="Previous"/> <input type="button" value="Save and Exit"/> <input type="button" value="Cancel"/>		

Figure 6-40: Facility Claim Form – Claim Information Page, 4 of 4

19. Complete all applicable fields on the Claim Information page. Appendix D – Facility Claim Form Fields and Descriptions lists each field and describes how to complete them. Refer to Figures 6-37 through 6-40 above.

**Reminder:** Fields marked with a red asterisk indicate a required entry.

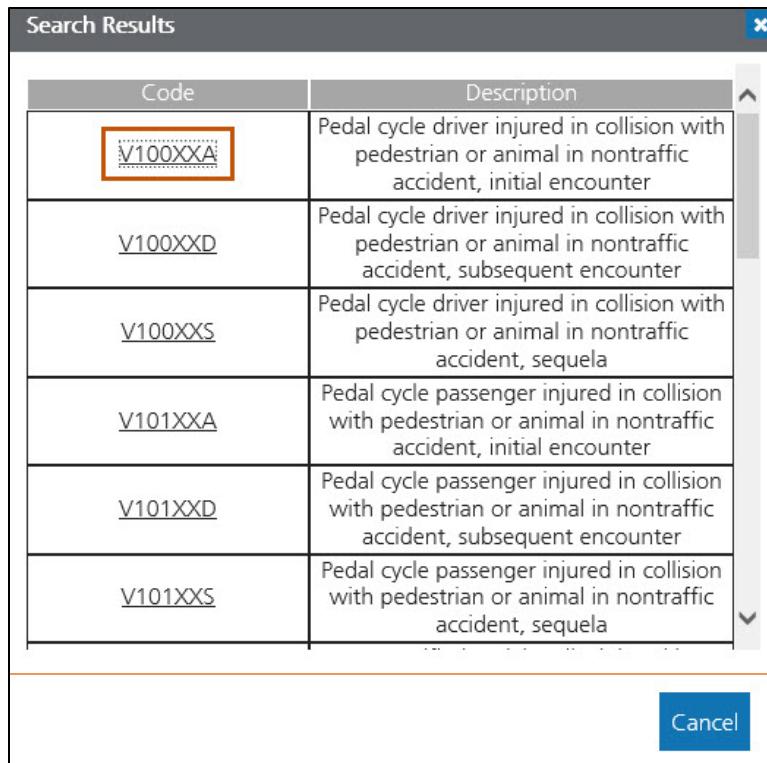
20. Determine if the provider needs to search for a Revenue Code, HCPCS Code, Procedure Code, or Diagnosis Code.
  - a. If searching for a Revenue Code, HCPCS Code, Procedure Code or Diagnosis Code on the Claim Information page, go to the next step.
  - b. If not searching for a Revenue Code, HCPCS Code, Procedure Code, or Diagnosis Code on the Claim Information page, enter the valid Revenue Code, HCPCS Code, Procedure Code or Diagnosis Code in the applicable field and go to Step 25.
21. In the Revenue Code, HCPCS Code, Procedure Code or Diagnosis Code field, enter at least the first three characters of the code and click the **Search** icon. Refer to Figures 6-41 and 6-42.

**Figure 6-41: Diagnosis Code Search and Procedure Code Search**

Search Results	
Code	Description
<u>V100XXA</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, initial encounter
<u>V100XXD</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
<u>V100XXS</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, sequela
<u>V101XXA</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, initial encounter
<u>V101XXD</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
<u>V101XXS</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, sequela

**Figure 6-42: Diagnosis Code Search Result Window**

22. Select correct code from search results window. Refer to Figure 6-43.



**Figure 6-43: Select the Diagnosis Code from the Search Results Window**

23. Table 6-10 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-44.

**Table 6-10: Facility Claim Form Navigation Buttons – Claim Information Page**

Button	Action	Result
<b>Save and Continue</b>	Click <b>Save and Continue</b> .	The Terms and Agreements page displays. Refer to Figure 6-45.
<b>Previous</b>	Click <b>Previous</b> .	The previous page displays.
<b>Save and Exit</b>	Click <b>Save and Exit</b> .	Claim information saves in the Claim Submission In Progress Workbench. <b>Note:</b> This saves any progress on the claim form so the provider can access it later.
<b>Cancel</b>	Click <b>Cancel</b> .	The claim form closes without saving. <b>Note:</b> This cancels out the claim form.



Figure 6-44: Claim Form Navigation Options

▼ Facility Claim Submission Form

▼ Terms and Agreements

**Note** : Fields marked with \* are required.

Please key in provider name and NPI to certify the information on this form is accurate and terms and conditions have been satisfied.

Provider Name: \*

NPI/API: \*  480

I certify I have read the [Terms and Conditions](#) that apply to this bill and are made a part thereof.

Figure 6-45: Facility Claim Submission Form – Terms and Agreements

24. Click **Terms and Conditions** and review them. Refer to Figure 6-45 above.

25. Click the **checkbox** to agree to the Terms and Conditions. Refer to Figure 6-45.

**Note:** Provider will not be able to submit the claim if this box is not selected.

26. Table 6-11 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer Figure 6-46.

Table 6-11: Facility Claim Form Navigation Buttons – Terms and Agreements Page

Button	Action	Result
Submit	Click <b>Submit</b> .	The Facility Claim successfully submits and the claim number displays. Refer to Figure 6-47.
Previous	Click <b>Previous</b> .	The previous page displays.

Button	Action	Result
<b>Save and Exit</b>	Click <b>Save and Exit</b> .	Claim information saves in the Claim Submission In Progress Workbench. <b>Note:</b> This saves any progress on the claim form so the provider can access it later.
<b>Cancel</b>	Click <b>Cancel</b> .	The claim form closes without saving. <b>Note:</b> This cancels out the claim form.

27. Upon submission, the confirmation message displays with the claim number. Click the **Print** icon to display all claim details entered and print or save locally. Click **Continue** to close the message. Refer to Figure 6-46.

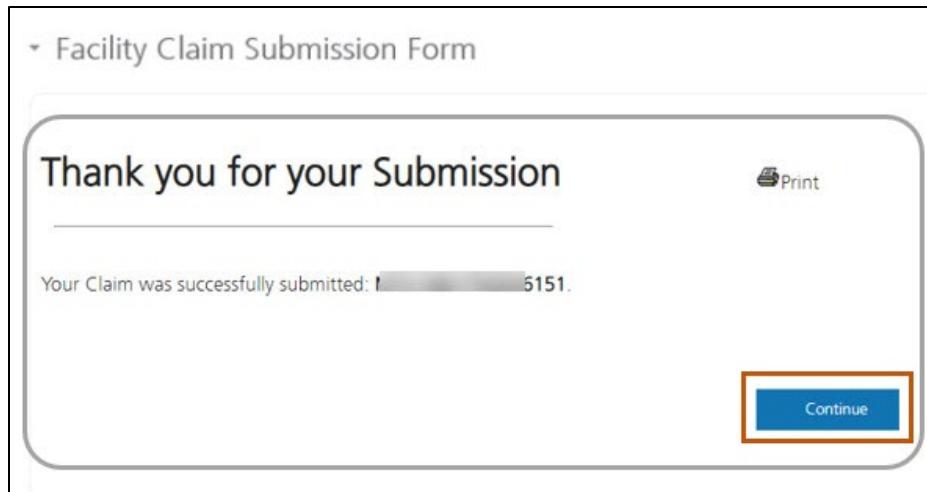


Figure 6-46: Claim Submission Confirmation and Claim ID

### 6.3. Submit a Dental Claim

These instructions explain how to submit a dental claim.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Hover over Claims under myMenu. Refer to Figure 6-47.

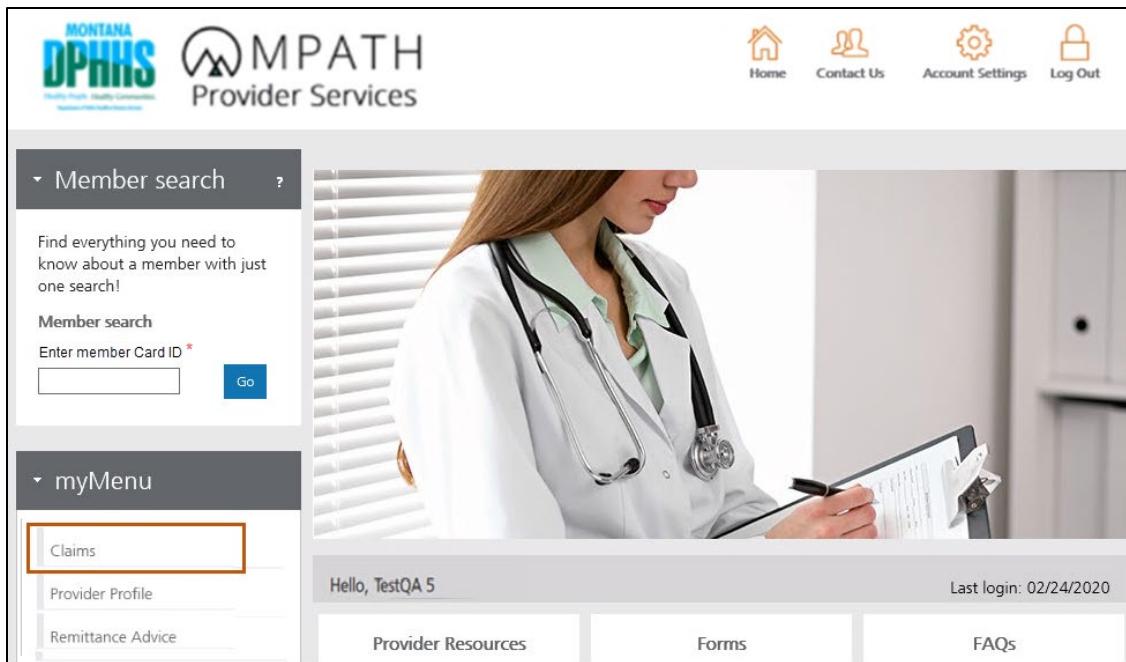


Figure 6-47: Select Claims from myMenu

3. Click **Dental Submission** on the secondary menu. Refer to Figure 6-48.

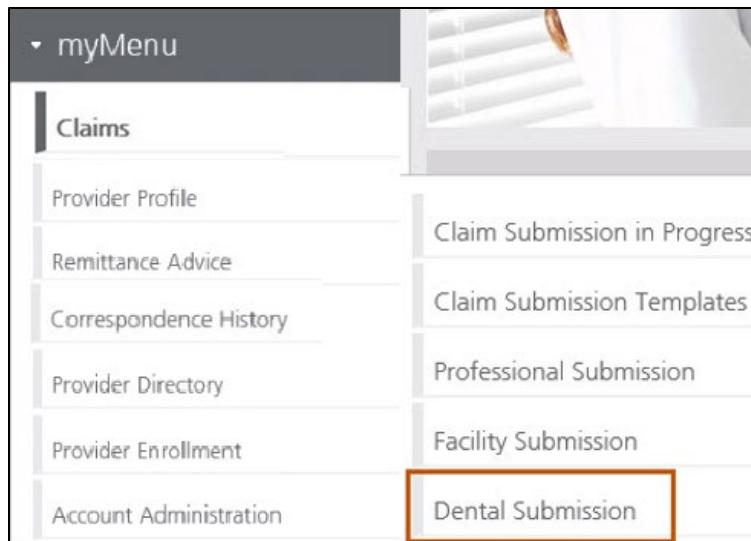


Figure 6-48: Select Dental Submission

4. The Dental Claim Submission Form displays on the Provider Details page. Refer to the instructions found in this section to complete the claim form. Refer to Figure 6-49.

Figure 6-49: Provider Details Page on Dental Claim Submission Form

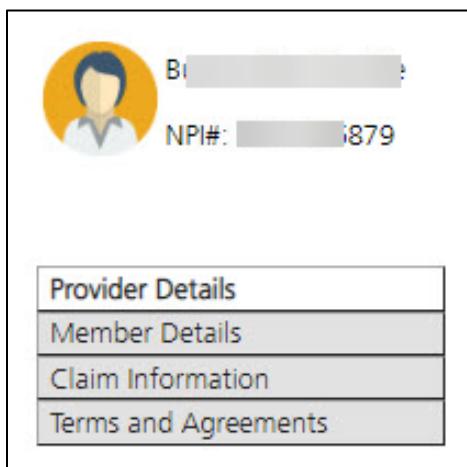
**Note:** Service Location Address is the physical location of the provider where services are provided or rendered. Taxonomy Code is the unique 10-character code that designates the provider's classification and specialization. Team Numbers are assigned for various State and Waiver programs. Refer to Figure 6-49 above.

5. There are four main sections to the Dental Claim Submission Form. Table 6-12 describes these in detail. Refer to Figure 6-50.

Table 6-12: Dental Claim Submission Form Sections and Descriptions

Section	Description
Provider Details	Billing Dentist and Treating Dentist

Section	Description
<b>Member Details</b>	Information for the member for whom the claim is being submitted
<b>Claim Information</b>	Service details such as procedure codes, diagnosis codes and modifiers
<b>Terms and Agreements</b>	Legal attestation and online signature



**Figure 6-50: Four Sections of the Dental Claim Submission Form**

**Note:** Templates are available for dental claims. Click **View Templates** and select **Claim Submission Templates**. For instructions on how to use the templates, refer to Section 6.7: Using Dental Claim Templates. Refer to Figure 6-51.

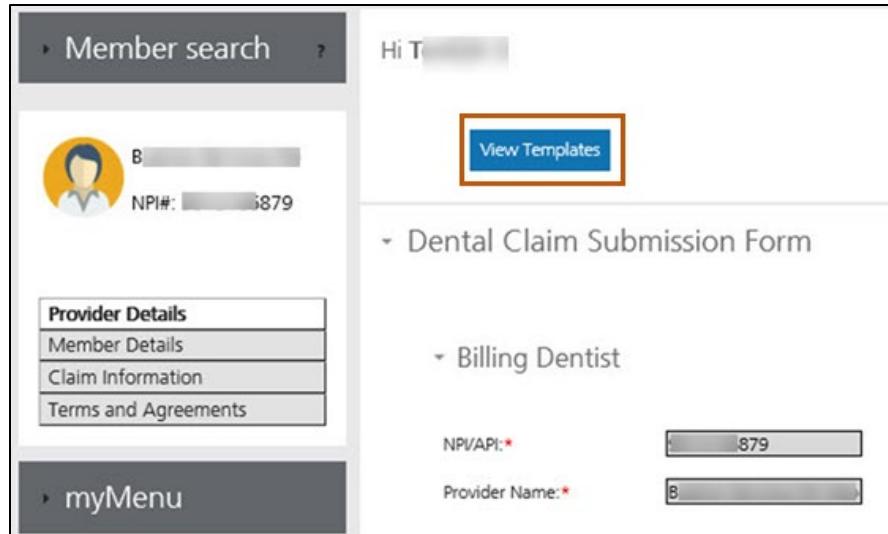


Figure 6-51: View Templates Button

6. Review the NPI/API and the Provider Name fields and select the applicable NPI or API, if necessary.

**Note:** These fields automatically populate based on the provider's information. If the provider has multiple NPIs or APIs associated to the portal account, a selection list displays.

- a. If the provider does not have multiple NPIs or APIs associated to portal account, then go the next step.
- b. If the provider has multiple NPIs or APIs associated to portal account, then select correct NPI or API from the NPI/API list and go to the next step. Refer to Figure 6-52.

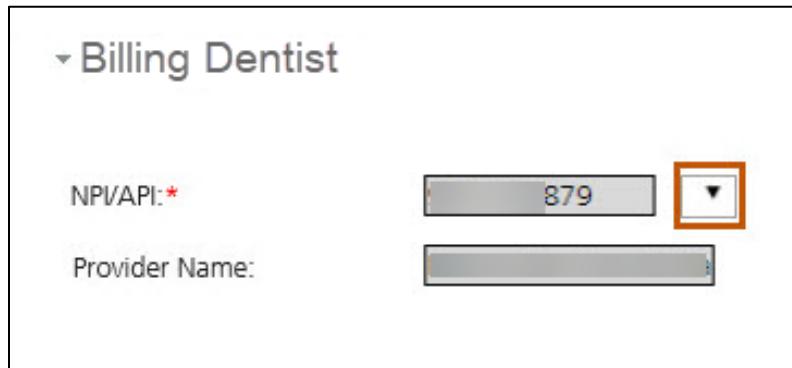


Figure 6-52: NPI/API Selection List for Billing Dentist

7. Review the Billing Dentist and Treating Dentist sections for accuracy. Refer to Figure 6-53.
  - a. If the information is correct, go to the next step.
  - b. If the information is incorrect, please contact Montana Provider Relations at 1 (800) 624-3958.
8. Determine if there are multiple Service Locations associated to Treating Dentist.
  - a. If there is only one service location associated to Treating Dentist, go to Step 11.
  - b. If there are multiple service locations associated to Treating Dentist continue to the next step.
9. Click **Select Address**.

myMenu

NPI#: 19

Provider Details

Member Details

Claim Information

Terms and Agreements

View Templates

Dental Claim Submission Form

Billing Dentist

**Note**: Fields marked with an asterisk \* are required.

NPI:*	<input type="text"/>
Provider Name:*	<input type="text"/>
Program/Waiver:*	<input type="text" value="Healthy Montana Kids (HMK - CHIP)"/>
Specialty:*	<input type="text" value="Dentist; Orthodontics and Dentofacial Ortho"/>
Service Location Address 1:*	<input type="text" value="123 Main Street"/>
Service Location Address 2:	<input type="text"/>
City:*	<input type="text" value="Billings"/>
State:*	<input type="text" value="MT"/>
ZIP Code:*	<input type="text" value="59801"/>
Taxonomy Code: *	<input type="text" value="1223X0400X"/>
Enrollment Unit:*	<input type="text" value="0000528564"/>

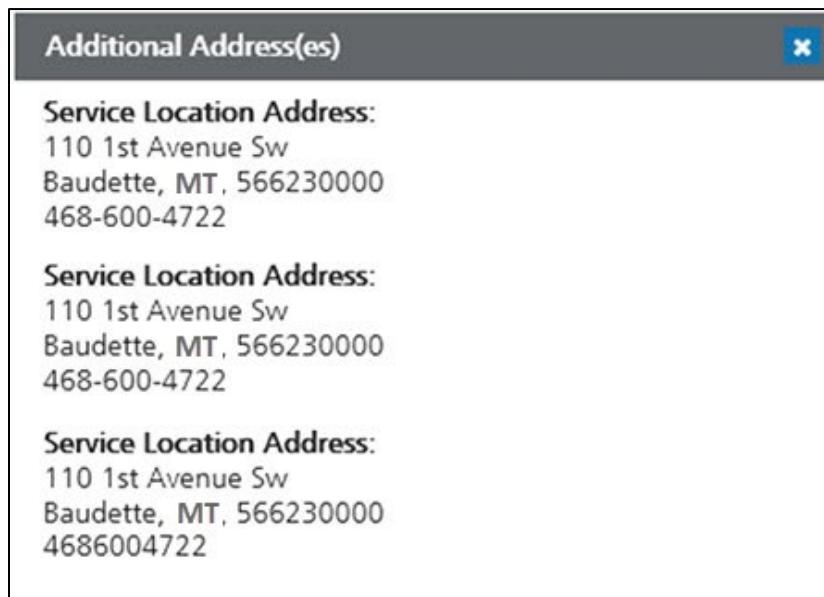
Save and Continue

Save and Exit

Cancel

Figure 6-53: Review Dentist Information

**Note:** The associated service addresses display in the Additional Addresses window. Refer to Figure 6-54.



**Figure 6-54: Additional Associated Service Addresses Window**

10. Select correct service address from the Additional Addresses window.

**Note:** The information from service address selected displays in the fields under Service Location section.

11. Table 6-13 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-55.

**Table 6-13: Dental Claim Form Navigation Buttons – Provider Details Page**

Button	Action	Result
<b>Save and Continue</b>	Click <b>Save and Continue</b> .	Member Details page displays. Refer to Figure 6-56.
<b>Save and Exit</b>	Click <b>Save and Exit</b> .	Claim information saves in the Claim Submission In Progress Workbench. <b>Note:</b> This saves any progress on the claim form so the provider can access it later.

Button	Action	Result
<b>Cancel</b>	Click <b>Cancel</b> .	The claim form closes without saving. <b>Note:</b> This cancels out the claim form.

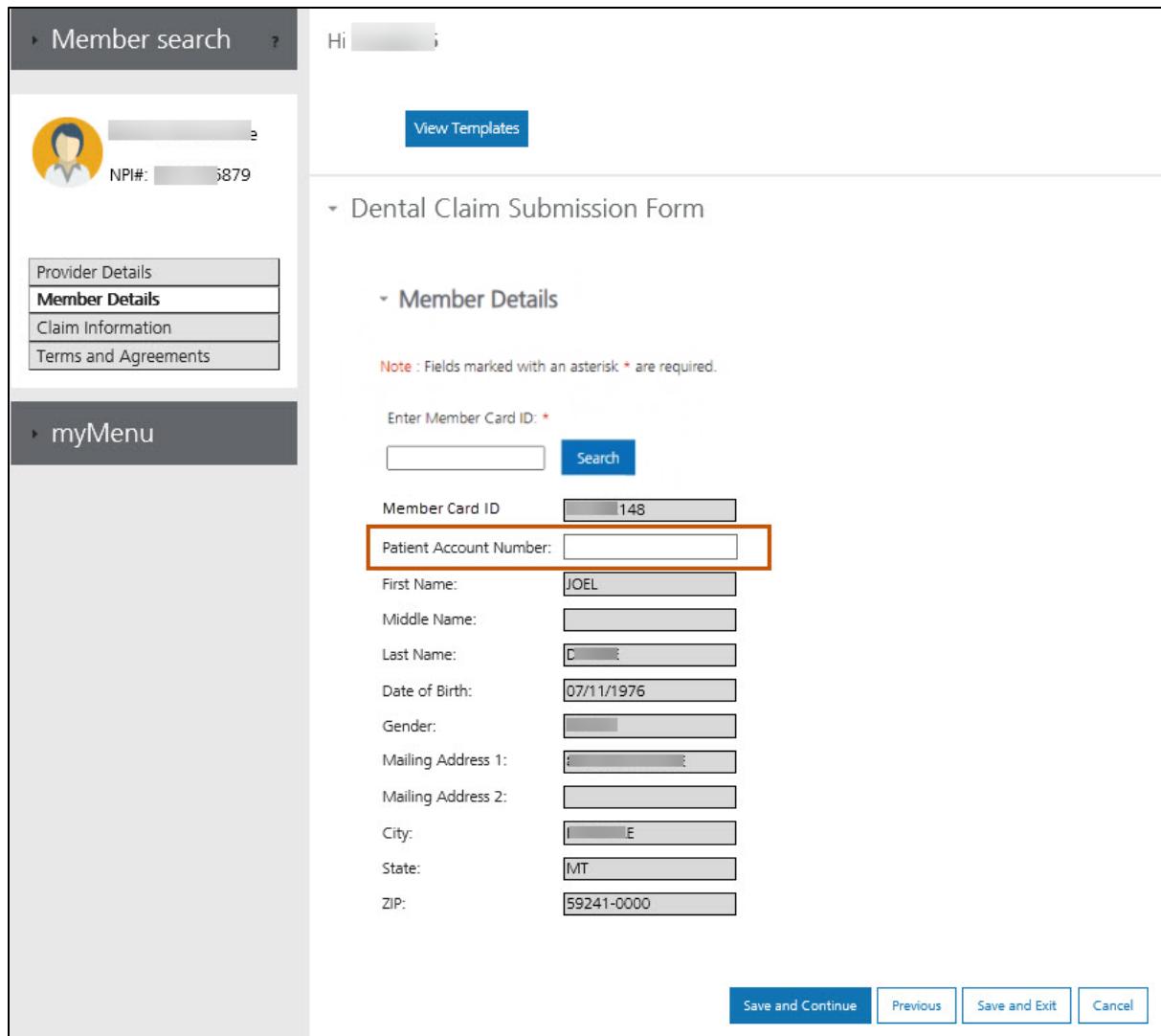


Figure 6-55: Claim Form Navigation Options

Figure 6-56: Dental Claim Submission Form – Member Details Page

12. Enter the member card ID into the **Member Card ID** field and click **Go**. Refer to Figure 6-56 above.

**Note:** The member's information automatically populates into the Member Details. Refer to Figure. Refer to Figure 6-57.



Member search

Hi [redacted]

View Templates

Dental Claim Submission Form

Member Details

Note: Fields marked with an asterisk \* are required.

Enter Member Card ID: \*

Member Card ID: 148

Patient Account Number: (highlighted with red border)

Patient Account Number:	148
First Name:	JOEL
Middle Name:	
Last Name:	D
Date of Birth:	07/11/1976
Gender:	
Mailing Address 1:	
Mailing Address 2:	
City:	E
State:	MT
ZIP:	59241-0000

Save and Continue Previous Save and Exit Cancel

Figure 6-57: Member Details Populated

13. Review the member's information.

- If the member's information is correct, go to the next step.
- If the member's information is incorrect, please contact Montana Provider Relations at 1 (800) 624-3958.

14. Determine if the dental claim needs a patient account number.

- If the claim needs a patient account number, enter the number in the **Patient Account Number** field provided (refer to Figure 6-57 above), then go to the next step.

b. If the claim does not need a patient account number, go to the next step.

15. Table 6-14 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-58.

**Table 6-14: Dental Claim Form Navigation Buttons – Member Details Page**

Button	Action	Result
<b>Save and Continue</b>	Click <b>Save and Continue</b> .	Claim Information page displays. Refer to Figures 6-59 and 6-60.
<b>Previous</b>	Click <b>Previous</b> .	The previous page displays.
<b>Save and Exit</b>	Click <b>Save and Exit</b> .	Claim information saves in the Claim Submission In Progress Workbench. <b>Note:</b> This saves any progress on the claim form so the provider can access it later.
<b>Cancel</b>	Click <b>Cancel</b> .	The claim form closes without saving. <b>Note:</b> This cancels out the claim form.



**Figure 6-58: Claim Form Navigation Options**

• Dental Claim Submission Form [? Help](#)

• Claim Information

**Note :** Fields marked with an asterisk \* are required.

**Record of services provided**

**Note :**  indicates all required fields of COB have been entered.

Procedure Date*	Area of Oral Cavity	Tooth Number(s) or Letter(s)	Tooth Surface	Procedure Code*	Diagnosis Code Pointer	Quantity*	COB	Fee*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">COB</a>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">COB</a>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">COB</a>	<input type="text"/>

**Figure 6-59: Dental Claim Submission Form – Claim Information Page, 1 of 2**

**Missing Teeth Information**

Click to highlight each missing tooth																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		

**Ancillary Claim/Treatment Information**

Is this a void or replacement of a previously submitted claim?\*  Yes  No

Are there EPSDT services for this claim?\*  Yes  No

Are you submitting COB at the claim level?  Yes  No

Place of Treatment:\*

Is this Treatment or Orthodontics:\*

Replacement of Prosthesis:  Yes  No

Treatment Resulting From:

Predetermination Number:

Prior Authorization Number:

[Advanced Search](#)

Do you have attachments for this claim?\*  Yes  No

Notes:

**Figure 6-60: Dental Claim Submission Form – Claim Information Page, 2 of 2**

**Note:** A checkmark above COB ( ) indicates all required fields of COB have been entered.

16. Complete all applicable fields on the Claim Information page. Appendix E – Dental Claim Form Fields and Descriptions lists each field and describes how to complete them. Refer to Figures 6-59 and 6-60 above.

**Important:** Fields marked with a red asterisk indicate a required entry.

17. Determine if the provider needs to search for a Revenue Code, HCPCS Code, Procedure Code or Diagnosis Code:

- a. If searching for a Revenue Code, HCPCS Code, Procedure Code or Diagnosis Code on the Claim Information page, go to the next step.
- b. If not searching for a Revenue Code, HCPCS Code, Procedure Code or Diagnosis Code on the Claim Information page, enter the valid code in the applicable field and go to Step 20.

18. In the **Procedure Code or Diagnosis Code** fields, type at least the first three characters of the code and select the **Search** icon. Refer to Figure 6-61 and 6-62.

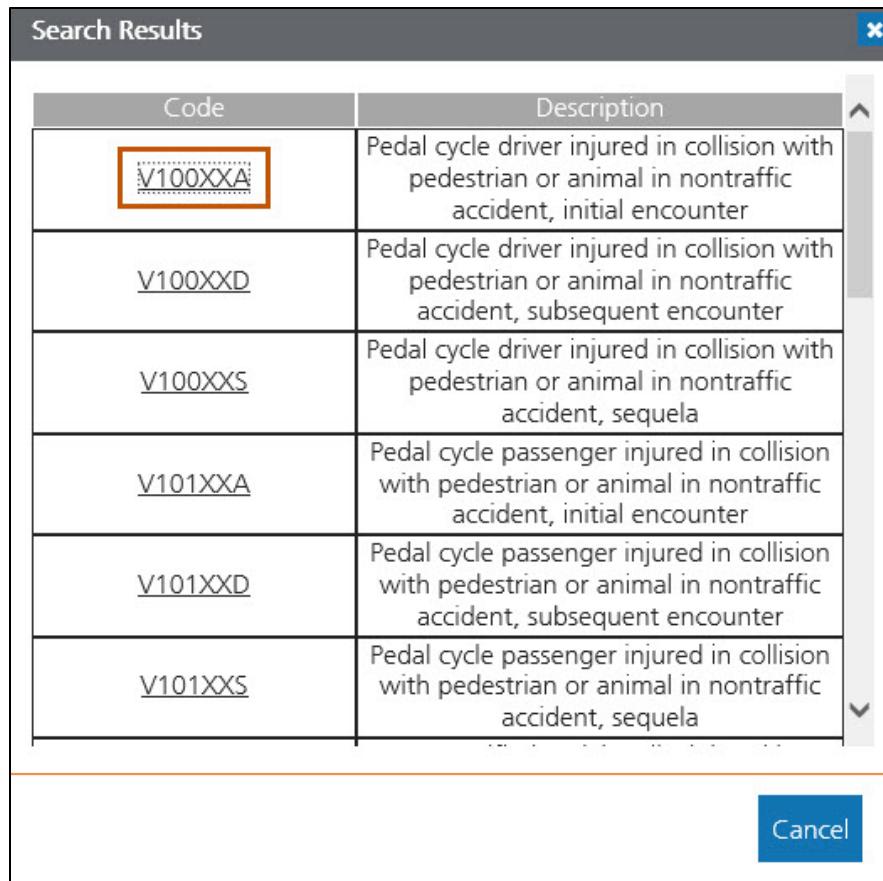
## Claim Information

**Figure 6-61: Diagnosis Code Search and Procedure Code Search**

Search Results	
Code	Description
<u>V100XXA</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, initial encounter
<u>V100XXD</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
<u>V100XXS</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, sequela
<u>V101XXA</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, initial encounter
<u>V101XXD</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter
<u>V101XXS</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident, sequela

**Figure 6-62: Diagnosis Code Search Result Window**

19. Select the correct code from the search results. Refer to Figure 6-63.



**Figure 6-63: Select the Diagnosis Code from the Search Results Window**

20. Table 6-15 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer to Figure 6-64.

**Table 6-15: Dental Claim Form Navigation Buttons – Claim Information Page**

Button	Action	Result
<b>Save and Continue</b>	Click <b>Save and Continue</b> .	The Terms and Agreements page displays. Refer to Figure 6-65.
<b>Previous</b>	Click <b>Previous</b> .	The previous page displays.
<b>Save and Exit</b>	Click <b>Save and Exit</b> .	Claim information saves in the Claim Submission In Progress Workbench. <b>Note:</b> This saves any progress on the claim form so the provider can access it later.

Button	Action	Result
<b>Cancel</b>	Click <b>Cancel</b> .	The claim form closes without saving. <b>Note:</b> This cancels out the claim form.



Figure 6-64: Claim Form Navigation Options

**▼ Terms and Agreements**

**Note :** Fields marked with \* are required.

Please key in provider name and NPI to certify the information on this form is accurate and terms and conditions have been satisfied.

Provider Name: \*

NPI/API: \*  480

I certify I have read the [Terms and Conditions](#) that apply to this bill and are made a part thereof.

Figure 6-65: Dental Claim Submission Form: Terms and Agreements

21. Click **Terms and Conditions** and review them. Refer to Figure 6-65.
22. Click the **checkbox** to agree to the terms and conditions. Refer to Figure 6-65.

**Note:** Provider will not be able to submit the claim if this box is not selected.

23. Table 6-16 describes the navigation buttons available in the interface and describes their actions and results when clicked. Refer Figure 6-65.

**Table 6-16: Dental Claim Form Navigation Buttons – Terms and Agreements Page**

Button	Action	Result
<b>Submit</b>	Click <b>Submit</b> .	The Dental Claim successfully submits, and the claim number displays. Refer to Figure 6-66.
<b>Previous</b>	Click <b>Previous</b> .	The previous page displays.
<b>Save and Exit</b>	Click <b>Save and Exit</b> .	Claim information saves in the Claim Submission In Progress Workbench. <b>Note:</b> This saves any progress on the claim form so the provider can access it later.
<b>Cancel</b>	Click <b>Cancel</b> .	The claim form closes without saving. <b>Note:</b> This cancels out the claim form.

24. Upon submission, the confirmation message displays with the claim number. Click the **Print** icon to display all claim details entered and print or save locally. Click **Continue** to close the message. Refer to Figure 6-66.



Figure 6-66: Claim Submission Confirmation and Claim ID

## 6.4. Accessing In Progress Claims

At any point in the claim submission process, providers can save a draft of their claim submission form and return to complete it later. The instructions in this section explain how to access in progress claims.

1. Log in to the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Hover over **Claims** under myMenu. Refer to Figure 6-66.

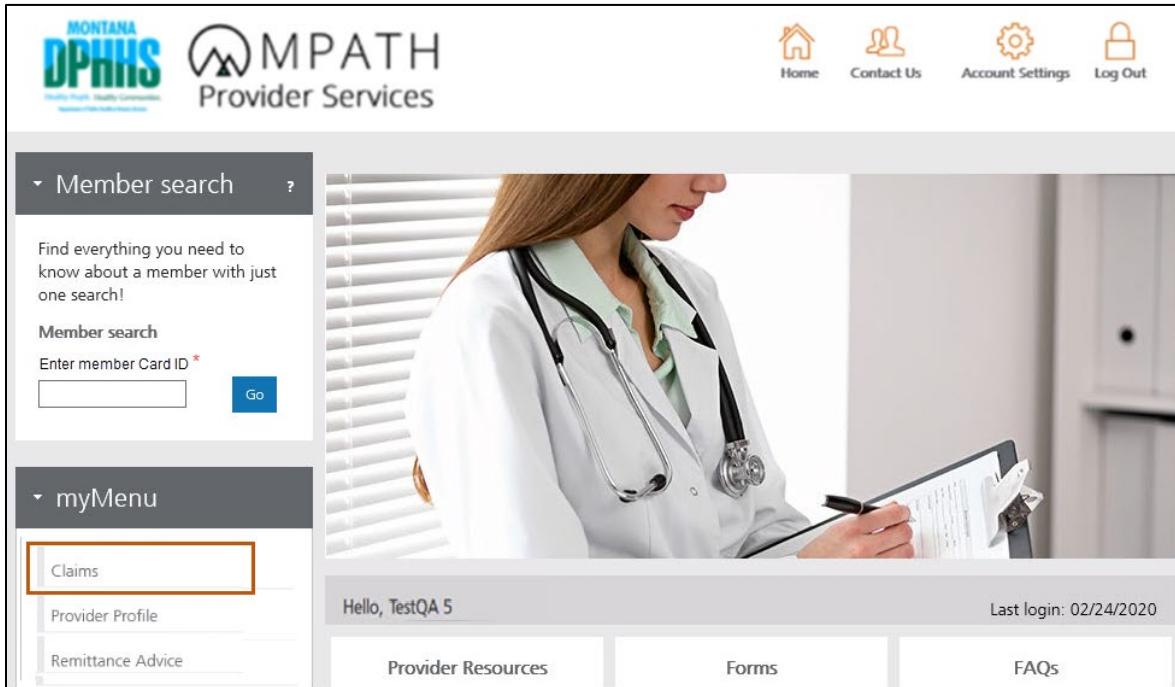


Figure 6-67: Select Claims from myMenu

3. Select **Claim Submission in Progress** from the secondary menu. Refer to Figure 6-68.

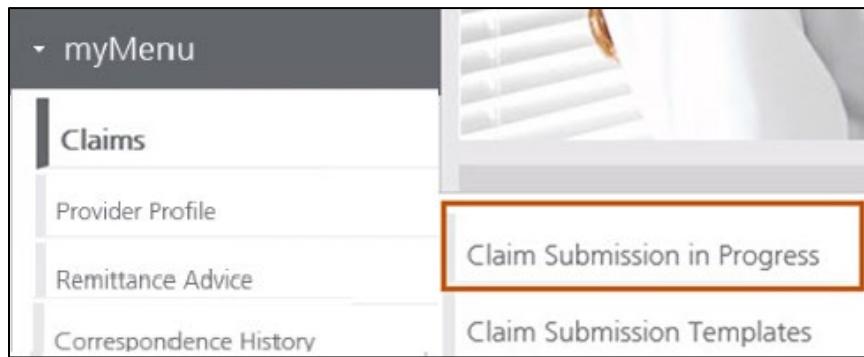


Figure 6-68: Select Claim Submission in Progress

**Note:** The Claim Submission in Progress grid displays. By default, up to 200 claims may display in the grid.

4. If needed, filter the results by entering the member's name, date of service, provider NPI or the date last modified into the Filter field. The results filter immediately. There is no character minimum for the filter.
5. Choose a function from **View**, **Edit** or **Delete**. Table 6-17 describes the buttons available and their functions. Refer to Figures 6-69, 6-70, and 6-71.

**Table 6-17: Claim Submission In Progress Buttons and Descriptions**

Button	Description
<b>View</b>	Allows the user to view the claims in the grid. The grid displays the Member Name, Date of Service, NPI and the Date Last Modified.
<b>Edit</b> (the pencil icon)	Click the <b>Edit</b> icon to pick up where provider left off in the claim the last time it was saved. Refer to Figure 6-70.  <b>Note:</b> Refer to Sections 6.1, 6.2 and 6.3 for instructions on how to submit to submit claims.
<b>Delete</b> (the trash can icon)	Click the <b>Delete</b> icon and select <b>Yes</b> to confirm deleting the in-progress claim. Refer to Figure 6-71.  <b>Caution:</b> Clicking the <b>Delete</b> icon permanently deletes the in-progress claim.

Claim Submission in Progress					?	Help
					Filter your results:	
Action	Member Name	Date of Service	NPI/API	Date Last Modified		
			9512106879	02/25/2020		
			9512106879	02/25/2020		
			9512106879	02/25/2020		
			9512106879	02/25/2020		
			9512106879	12/23/2019		
			9512106879	12/11/2019		
			9512106879	12/11/2019		
In-progress claims returned: 82						
A maximum of 200 in progress claims will be displayed. Adjust your search criteria in the left navigation to refine your results.						

**Figure 6-69: Claim Submission in Progress Grid**

Action	Member Name
	First, Last
	Test, QA
	Claim, 03
	Test, QA
	radha, k

Figure 6-70: Select Pencil Icon to Edit the Claim

Action	Member Name
	First, Last
	Test, QA
	Claim, 03
	Test, QA
	radha, k

Figure 6-71: Select Trash Can Icon to Delete the Claim

## 6.5. Using Professional Claim Templates

Claim submission templates are a convenient tool providers can edit and save for members for whom they frequently submit claims. Providers may also utilize the claim submission template for frequently billed service-related information, such as procedure code and diagnosis code. The template contains the same fields and information as the claim submission section of the portal, but no fields are required. Providers can create and save up to 500 claim templates.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Hover over **Claims** under myMenu. Refer to Figure 6-72.

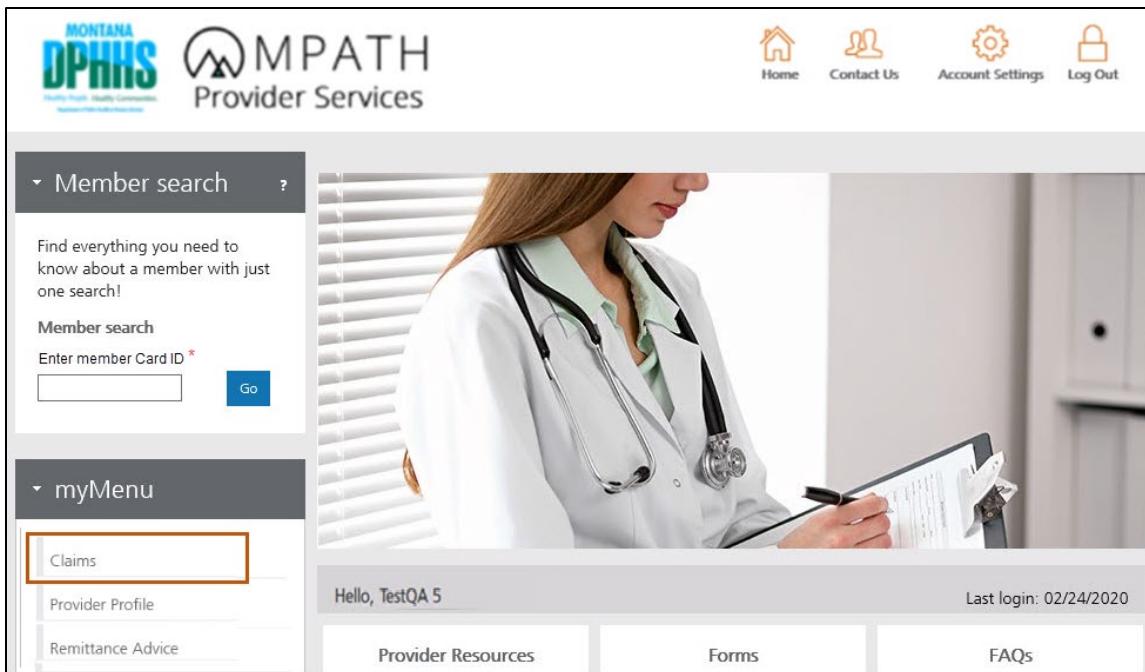


Figure 6-72: Select Claims from myMenu

3. Select **Claim Submission Templates** from secondary menu. Refer to Figure 6-73.

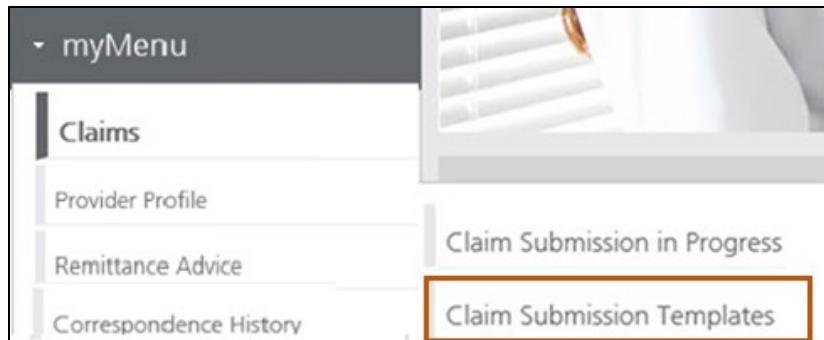
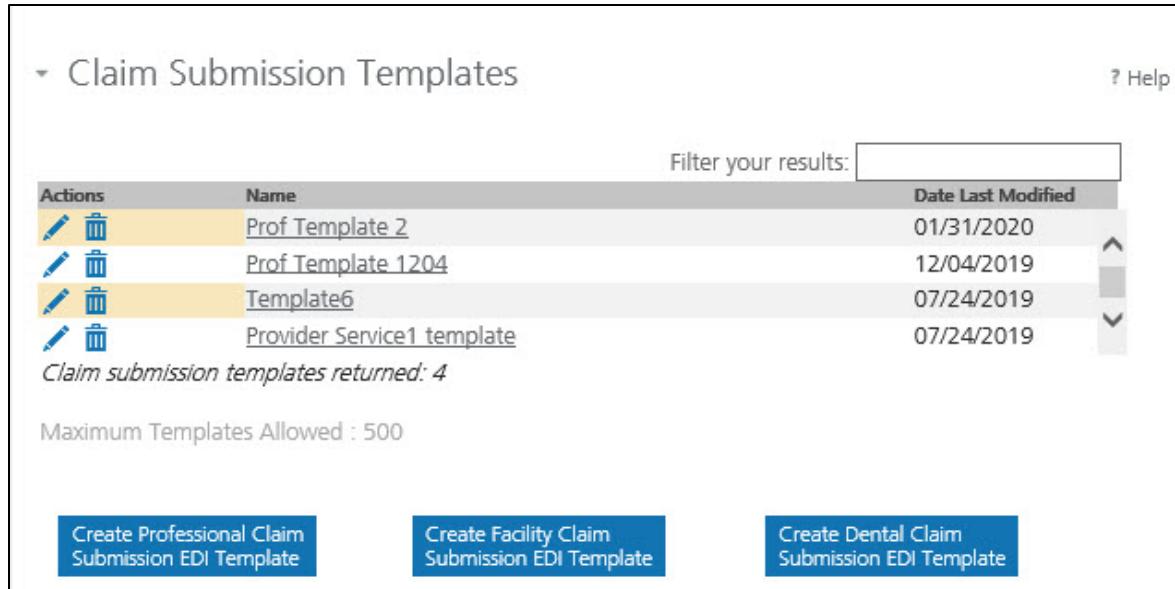


Figure 6-73: Select Claim Submission Templates

4. The Claim Submission Templates workbench displays a list of existing claim submission templates (up to 500 by default). Refer to Figure 6-74.



Claim Submission Templates

Filter your results:

Actions	Name	Date Last Modified
	Prof Template 2	01/31/2020
	Prof Template 1204	12/04/2019
	Template6	07/24/2019
	Provider Service1 template	07/24/2019

Claim submission templates returned: 4

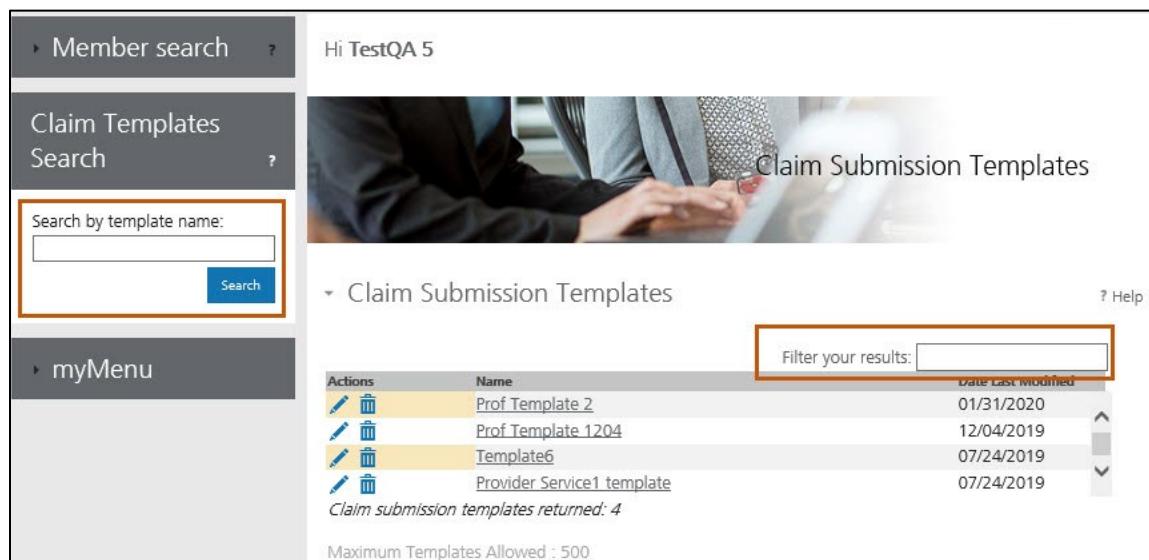
Maximum Templates Allowed : 500

[Create Professional Claim Submission EDI Template](#) [Create Facility Claim Submission EDI Template](#) [Create Dental Claim Submission EDI Template](#)

Figure 6-74: Existing Claim Submission Templates

5. If needed, search for a specific claim template by entering at least the first three characters of the template name in the **Search by template name** field and clicking **Search**. Refer to Figure 6-74.

**Note:** To filter the search results, enter the template name or date last modified into the **Filter your results** field. The results filter immediately. There is no character minimum for the filter. Refer to Figure 6-75.



Member search ?

Claim Templates Search ?

Search by template name:  **Search**

myMenu

Hi TestQA 5

Claim Submission Templates

Filter your results:

Actions	Name	Date Last Modified
	Prof Template 2	01/31/2020
	Prof Template 1204	12/04/2019
	Template6	07/24/2019
	Provider Service1 template	07/24/2019

Claim submission templates returned: 4

Maximum Templates Allowed : 500

Figure 6-75: Claim Submission Template Search

6. Determine what function the user would like to perform within professional claim submission template options.

a. To create a new professional claim submission template, complete the steps below.

i. Select **Create Professional Claim Submission EDI Template**. Refer to Figure 6-76.

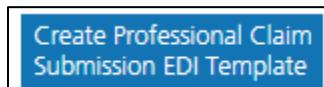


Figure 6-76: Create Professional Claim Submission EDI Template

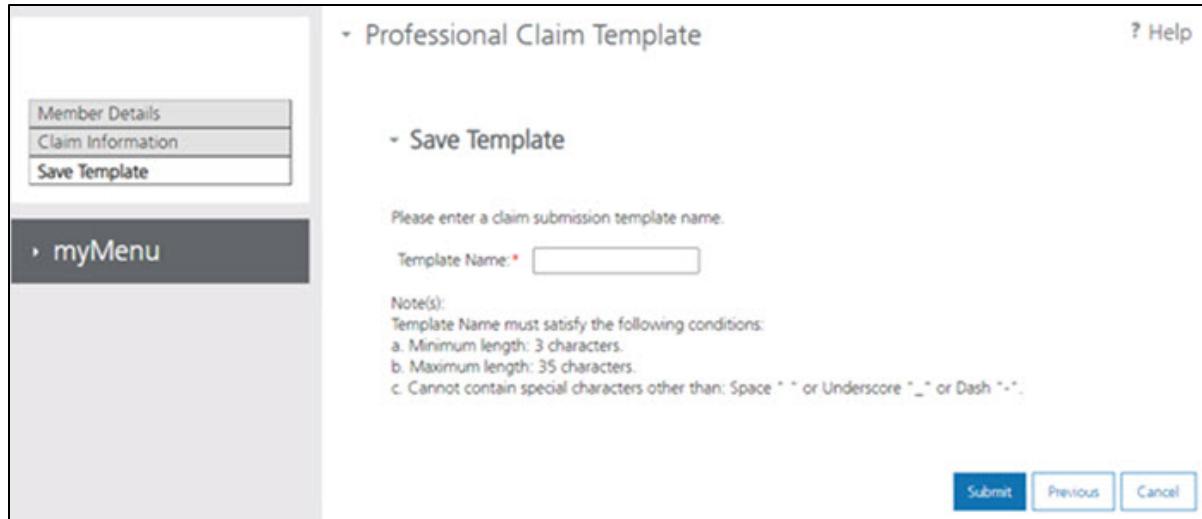
ii. Go to Step 7.

- b. To edit an existing professional claim submission template, go to Step 9.
- c. To delete an existing professional claim submission template, go to Step 12.
- d. To submit a claim using an existing template from workbench, go to Step 14.

7. Claim templates are completely customizable and no fields are required. Refer to Section 6.1: Submit a Professional Claim for instructions on navigating the professional claim.

**Important:** If users make changes to any part of the claim template, these changes save as part of template, instead of the actual claim. Refer to step 14 below for instructions on how to submit a claim using an existing template from the workbench.

8. Enter the name of the claim submission template in the **Template Name** field and click **Submit**. Refer to Figure 6-77.

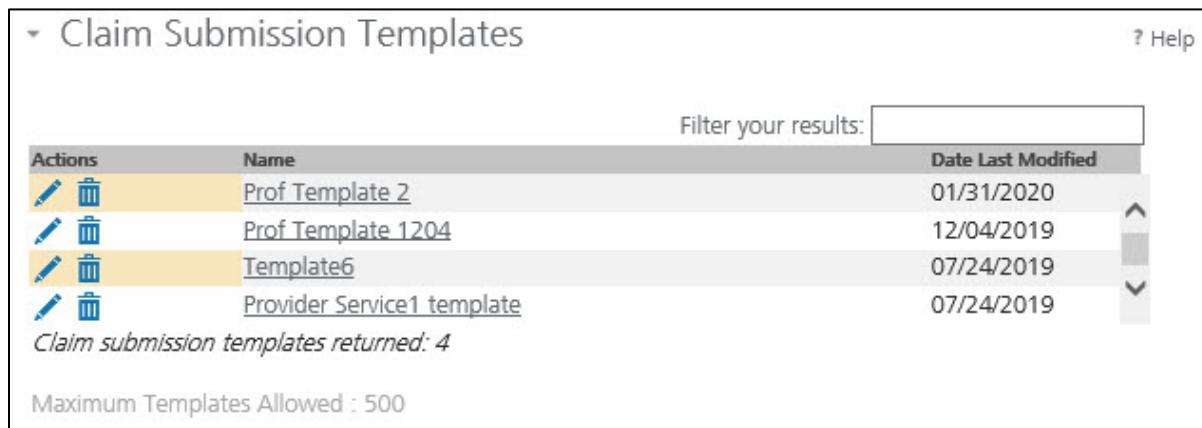


The screenshot shows a 'Save Template' dialog box. On the left is a sidebar with 'Member Details', 'Claim Information', and 'Save Template' buttons. The main area has a title 'Professional Claim Template' and a 'Save Template' button. Below that is a note: 'Please enter a claim submission template name.' with a 'Template Name:' input field. A note section says: 'Template Name must satisfy the following conditions:  
a. Minimum length: 3 characters.  
b. Maximum length: 35 characters.  
c. Cannot contain special characters other than: Space " " or Underscore "\_" or Dash "-".' At the bottom are 'Submit', 'Previous', and 'Cancel' buttons.

Figure 6-77: Save Template Screen

**Note:** A confirmation message displays and the template saves in the Claim Submission Template workbench. Each portal user can create a maximum of 500 templates.

9. To edit an existing claim template, click the **Edit** icon from the Claim Submission Template grid. Refer to Figures 6-78 and Figure 6-79.



The screenshot shows a table titled 'Claim Submission Templates'. The columns are 'Actions', 'Name', and 'Date Last Modified'. The table contains four rows with the following data:

Actions	Name	Date Last Modified
	Prof Template 2	01/31/2020
	Prof Template 1204	12/04/2019
	Template6	07/24/2019
	Provider Service1 template	07/24/2019

Below the table, a note says 'Claim submission templates returned: 4' and 'Maximum Templates Allowed : 500'.

Figure 6-78: Claim Submission Template Workbench



Figure 6-79: Edit Icon for Claim Templates

10. The Provider Details page displays within the template. Make any necessary changes to the template and click **Save and Continue** until the Save Template page displays. Refer to Figure 6-80.



Figure 6-80: Save and Continue

11. Click **Submit** to save the changes to the existing template.

12. To delete an existing claim template, click the **Delete** icon from the Claim Submission Template grid. See Figure 6-81.



Figure 6-81: Delete Icon for Claim Templates

13. At the confirmation message, click **Yes** to delete the template. Refer to Figure 6-82.

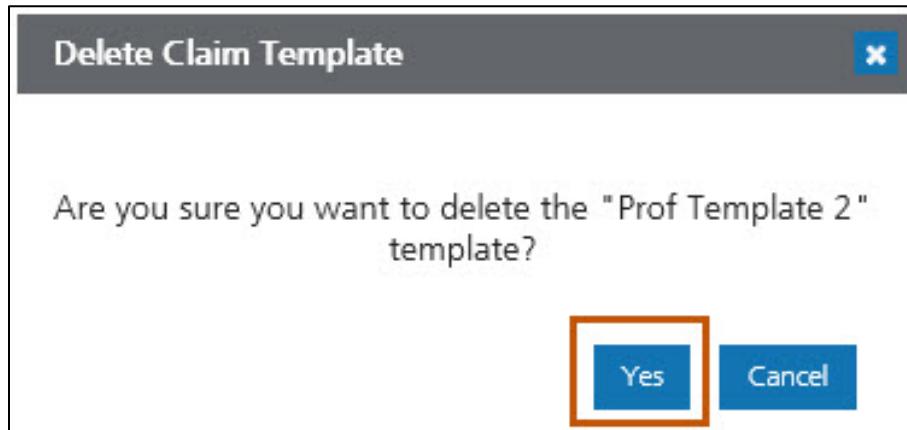


Figure 6-82: Delete Claim Template Confirmation Message

14. To submit a claim using an existing template from the workbench, select the template name from the grid. Refer to Figure 6-83.

Actions	Name	Date Last Modified
 	<a href="#">Prof Template 2</a>	01/31/2020
 	<a href="#">Prof Template 1204</a>	12/04/2019
 	<a href="#">Template6</a>	07/24/2019
 	<a href="#">Provider Service1 template</a>	07/24/2019

Figure 6-83: Claim Submission Template Workbench

15. The template displays with saved information. Go to Section 6.1: Submit a Professional Claim.

## 6.6. Using Facility Claim Templates

Claim submission templates are a convenient tool providers can edit and save for members for whom they frequently submit claims. Providers may also utilize the claim submission template for frequently billed service-related information, such as procedure code and diagnosis code. The template contains the same fields and information as the claim submission section of the portal, but no fields are required. Providers can create and save up to 500 claim templates.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Hover over **Claims** under myMenu. Refer to Figure 6-84.

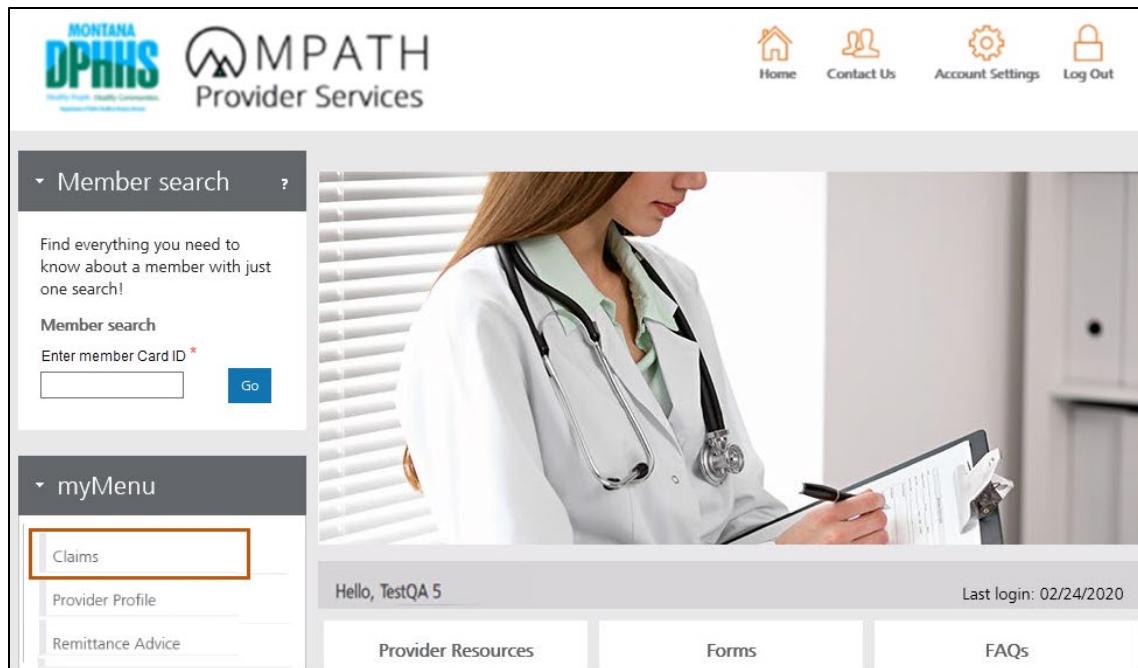


Figure 6-84: Select Claims from myMenu

3. Select **Claim Submission Templates** from the secondary menu. Refer to Figure 6-85.

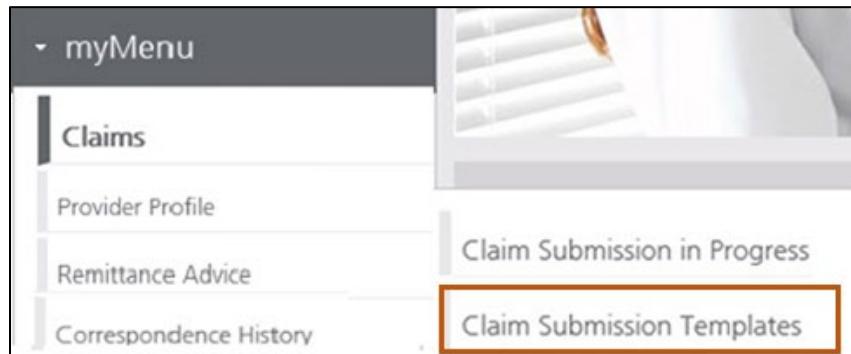
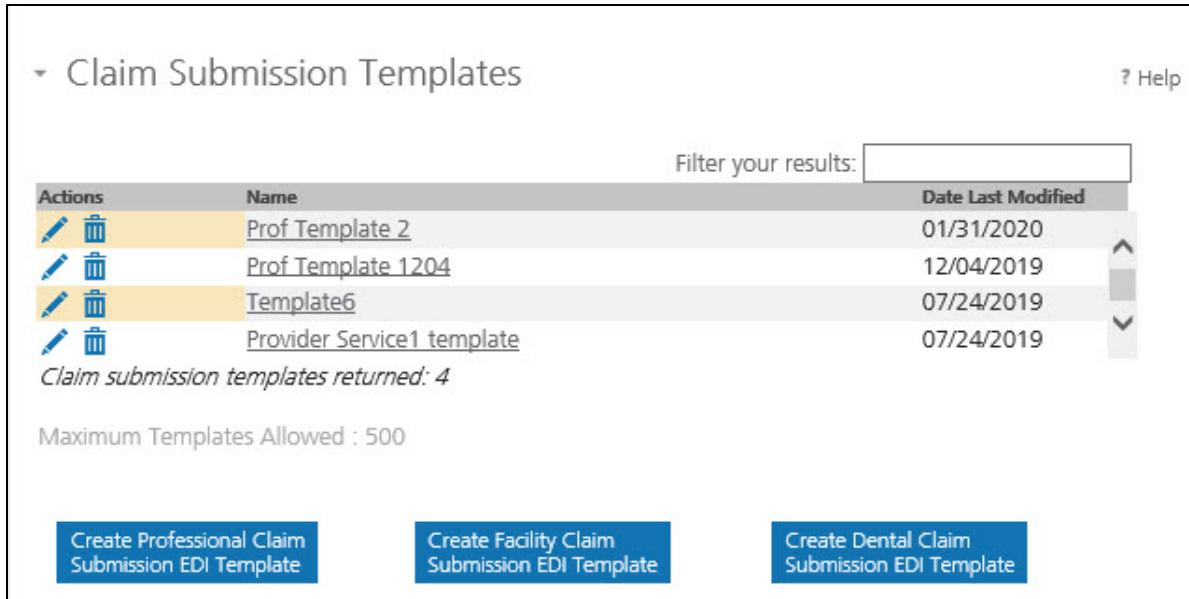


Figure 6-85: Select Claim Submission Templates

4. The Claim Submission Templates workbench displays a list of existing claim submission templates (up to 500 by default). Refer to Figure 6-86.



Claim Submission Templates

Filter your results:

Actions	Name	Date Last Modified
	<a href="#">Prof Template 2</a>	01/31/2020
	<a href="#">Prof Template 1204</a>	12/04/2019
	<a href="#">Template6</a>	07/24/2019
	<a href="#">Provider Service1 template</a>	07/24/2019

Claim submission templates returned: 4

Maximum Templates Allowed : 500

[Create Professional Claim Submission EDI Template](#)

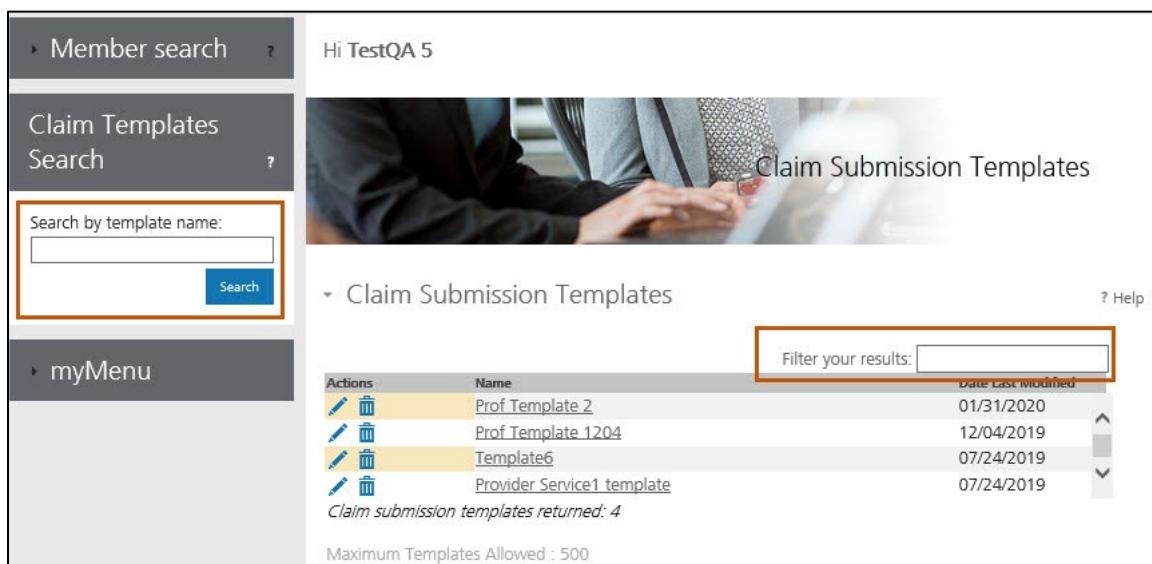
[Create Facility Claim Submission EDI Template](#)

[Create Dental Claim Submission EDI Template](#)

Figure 6-86: Existing Claim Submission Templates

5. If needed, search for a specific claim template by entering at least the first three characters of the template name in the **Search by template** name field and clicking **Search**. Refer to Figure 6-87.

**Note:** To filter the search results, type the template name or date last modified into the **Filter your results** field. The results filter immediately. There is no character minimum for the filter. Refer to Figure 6-87.



Member search

Hi TestQA 5

Claim Templates Search

Search by template name:

Search

myMenu

Claim Submission Templates

Filter your results:

Actions	Name	Date Last Modified
	<a href="#">Prof Template 2</a>	01/31/2020
	<a href="#">Prof Template 1204</a>	12/04/2019
	<a href="#">Template6</a>	07/24/2019
	<a href="#">Provider Service1 template</a>	07/24/2019

Claim submission templates returned: 4

Maximum Templates Allowed : 500

Figure 6-87: Claim Submission Template Search

6. Determine the function the user would like to perform within facility claim submission template options.

a. To create a new facility claim submission template, complete the steps below.

i. Click **Create Facility Claim Submission EDI Template**. Refer to Figure 6-88.



Figure 6-88: Create Facility Claim Submission EDI Template

ii. Go to Step 7.

b. To edit an existing facility claim submission template, go to Step 9.

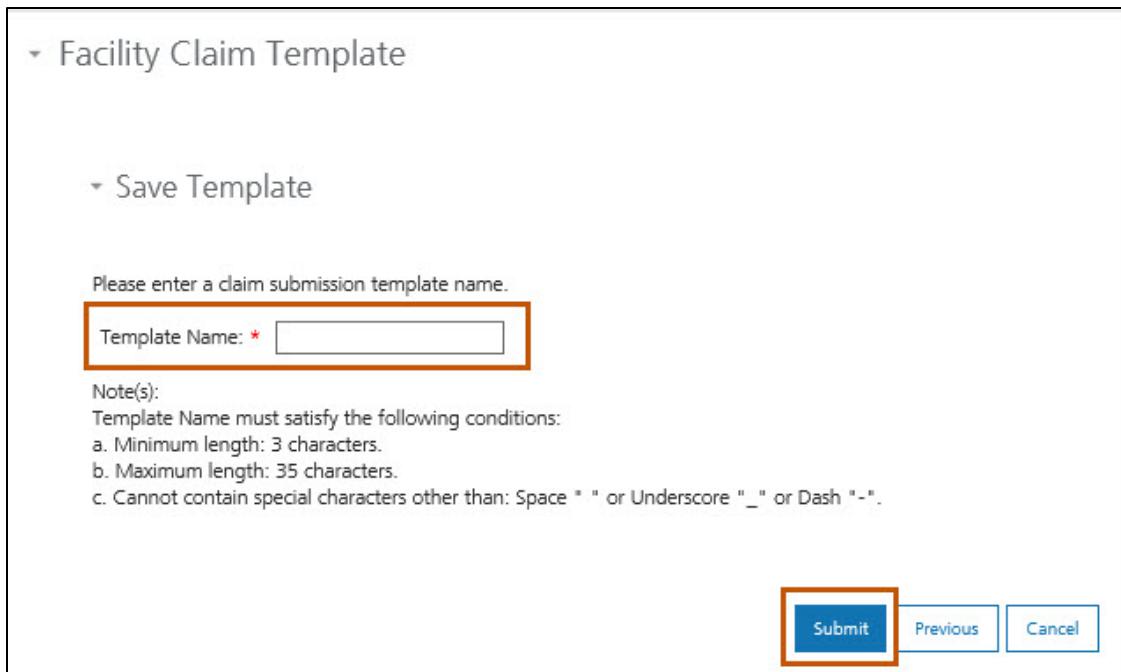
c. To delete an existing facility claim submission template, go to Step 12.

d. To submit a claim using a facility template from workbench, go to Step 14.

7. Claim templates are completely customizable and no fields are required. Refer to Section 6.2: Submit a Facility Claim for instructions on navigating the facility claim.

**Important:** If users make changes to any part of the claim template, these changes save as part of template, instead of the actual claim. Refer to step 14 below for instructions on how to submit a claim using an existing template from the workbench.

8. Enter the name of the claim submission template in the **Template Name** field. All template names must be unique. Click **Submit**. Refer to Figure 6-89.



The image shows a screenshot of a web-based application interface. At the top, there is a navigation bar with a logo and the text 'Montana HealthCare Programs'. Below the navigation bar, there is a sidebar with a tree structure. The 'Facility Claim Template' node is expanded, and its child node 'Save Template' is also expanded. Under 'Save Template', there is a sub-section titled 'Please enter a claim submission template name.' with a text input field. Below the input field, there is a note about template name requirements. At the bottom right of the form, there are three buttons: 'Submit' (highlighted with an orange border), 'Previous', and 'Cancel'.

Facility Claim Template

Save Template

Please enter a claim submission template name.

Template Name: \*

Note(s):  
Template Name must satisfy the following conditions:  
a. Minimum length: 3 characters.  
b. Maximum length: 35 characters.  
c. Cannot contain special characters other than: Space " " or Underscore "\_" or Dash "-".

Submit Previous Cancel

Figure 6-89: Save Template Screen

**Note:** A confirmation message displays and the template saves in the Claim Submission Template workbench. Each portal user can create a maximum of 500 templates.

9. To edit an existing claim template, click the **Edit** icon from the Claim Submission Template grid. Refer to Figures 6-90 and 6-91.

Actions	Name	Date Last Modified
	<a href="#">Prof Template 2</a>	01/31/2020
	<a href="#">Prof Template 1204</a>	12/04/2019
	<a href="#">Template6</a>	07/24/2019
	<a href="#">Provider Service1 template</a>	07/24/2019

Claim submission templates returned: 4

Maximum Templates Allowed : 500

[Create Professional Claim Submission EDI Template](#)

[Create Facility Claim Submission EDI Template](#)

[Create Dental Claim Submission EDI Template](#)

Figure 6-90: Claim Submission Template Workbench



Figure 6-91: Edit icon for Claim Templates

10. The Provider Details page displays within the template. Make any necessary changes to template and click **Save and Continue** until the Save Template page displays. Refer to Figure 6-92.



Figure 6-92: Save and Continue Button on Claim Template

11. Click **Submit** to save the changes to the existing template.
12. To delete an existing claim template, click the **Delete** icon from the Claim Submission Template grid. See Figure 6-93.



Figure 6-93: Delete Icon for Claim Templates

13. At the confirmation message, click **Yes** to delete the template. Refer to Figure 6-94.

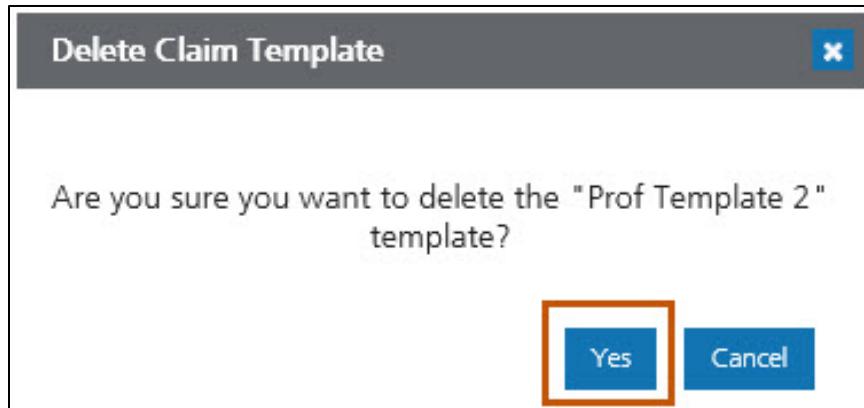


Figure 6-94: Delete Claim Template Confirmation Message

14. To submit a claim using an existing template from the workbench, select the template name from the grid. Refer to Figure 6-95.

Actions	Name	Date Last Modified
	<a href="#">Prof Template 2</a>	01/31/2020
	<a href="#">Prof Template 1204</a>	12/04/2019
	<a href="#">Template6</a>	07/24/2019
	<a href="#">Provider Service1 template</a>	07/24/2019

Figure 6-95: Claim Submission Template Workbench

15. The template displays with saved information. Go to Section 6.2: Submit a Facility Claim.

## 6.7. Using Dental Claim Templates

Claim submission templates are a convenient tool providers can edit and save for members for whom they frequently submit claims. Providers may also utilize the claim submission template for frequently billed service-related information, such as procedure

code and diagnosis code. The template contains the same fields and information as the claim submission section of the portal, but no fields are required. Providers can create and save up to 500 claim templates.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Hover over **Claims** under myMenu. Refer to Figure 6-96.

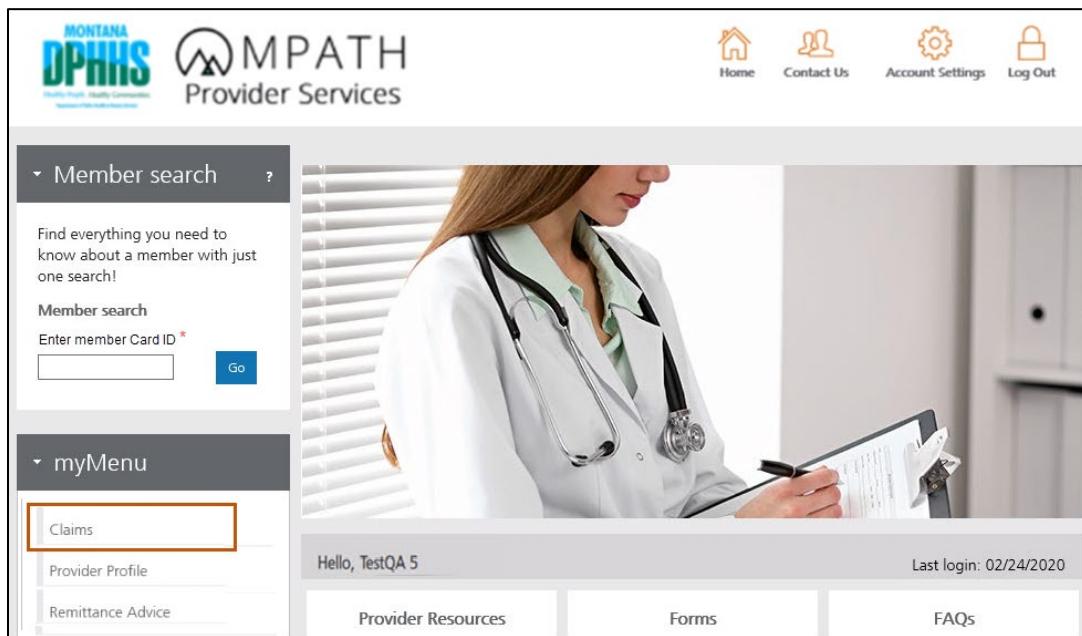


Figure 6-96: Select Claims from myMenu

3. Select **Claim Submission Templates** from the secondary menu. Refer to Figure 6-97.

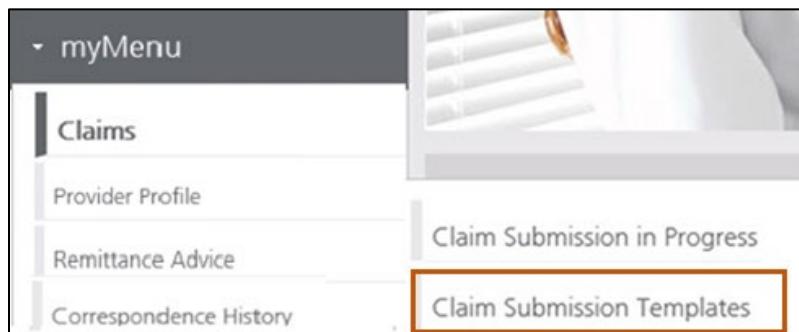
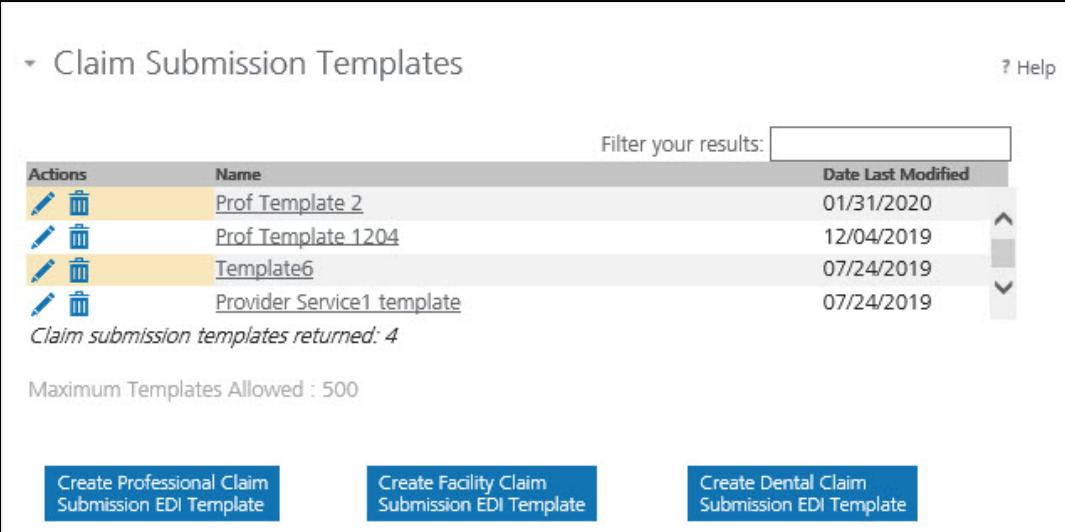


Figure 6-97: Select Claim Submission Templates

4. The Claim Submission Templates workbench displays a list of existing claim submission templates (up to 500 by default). Refer to Figure 6-98.



The screenshot shows a list of claim submission templates. The table has columns for Actions, Name, and Date Last Modified. The data is as follows:

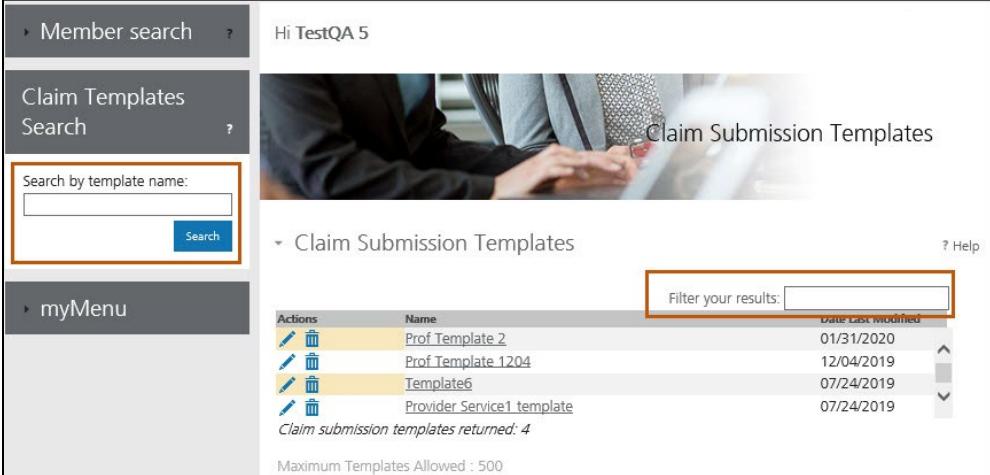
Actions	Name	Date Last Modified
	<a href="#">Prof Template 2</a>	01/31/2020
	<a href="#">Prof Template 1204</a>	12/04/2019
	<a href="#">Template6</a>	07/24/2019
	<a href="#">Provider Service1 template</a>	07/24/2019

Below the table, the message "Claim submission templates returned: 4" is displayed. At the bottom, there are three buttons: "Create Professional Claim Submission EDI Template", "Create Facility Claim Submission EDI Template", and "Create Dental Claim Submission EDI Template".

**Figure 6-98: Existing Claim Submission Templates**

5. If needed, search for a specific claim template by entering at least the first three characters of the template name in the **Search by template** name field and clicking **Search**. Refer to Figure 6-99.

**Note:** To filter the search results, type the template name or date last modified into the **Filter your results** field. The results filter immediately. There is no character minimum for the filter. Refer to Figure 6-99.



The screenshot shows a search result for "TestQA". The search interface on the left includes a "Search by template name:" input field and a "Search" button. The main content area shows a list of templates with the search term "TestQA" highlighted in the results. The table structure is identical to Figure 6-98.

**Figure 6-99: Claim Submission Template Search**

6. Determine the function the user would like to perform within dental claim submission template options.

a. To create a new dental claim submission template, complete the steps below.

i. Click **Create Dental Claim Submission EDI Template**. Refer to Figure 6-100.



**Figure 6-100: Create Dental Claim Submission EDI Template**

ii. Go to Step 7.

b. To edit an existing dental claim submission template, go to Step 9.

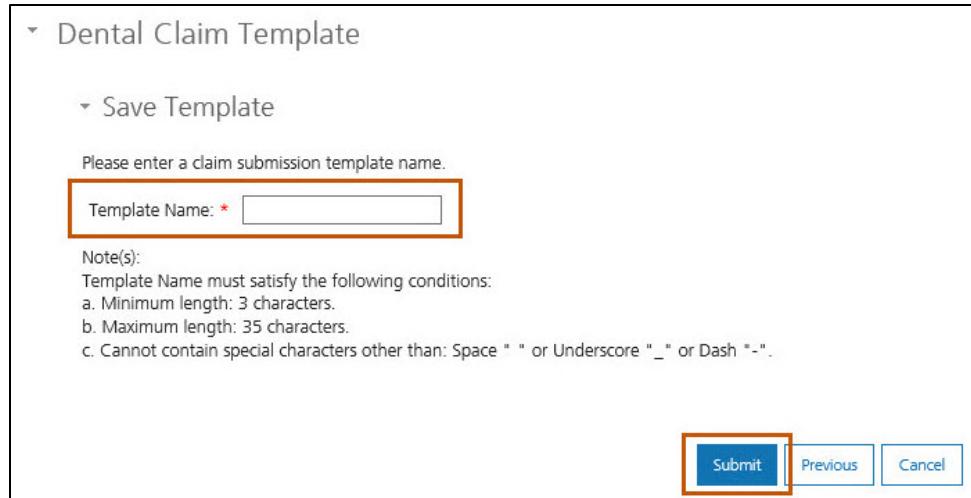
c. To delete an existing dental claim submission template, go to Step 12.

d. To submit a claim using a dental template from workbench, go to Step 14.

7. Claim templates are completely customizable and no fields are required. Refer to Section 6.3: Submit a Dental Claim for instructions on navigating the dental claim.

**Important:** If users make changes to any part of the claim template, these changes save as part of template, instead of the actual claim. Refer to step 14 below for instructions on how to submit a claim using an existing template from the workbench.

8. Enter the name of the claim submission template in the **Template Name** field and click **Submit**. Refer to Figure 6-101.

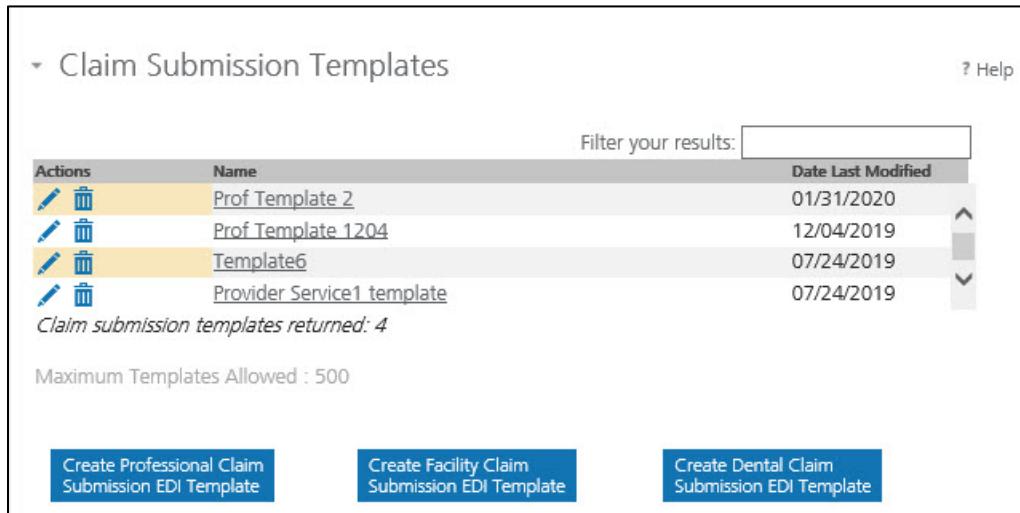


The screenshot shows a 'Save Template' dialog box. At the top, a dropdown menu is open with 'Dental Claim Template' selected. Below it, another dropdown menu is open with 'Save Template' selected. A text input field labeled 'Template Name:' with a red asterisk is highlighted with a red box. Below the input field, a note states: 'Template Name must satisfy the following conditions: a. Minimum length: 3 characters. b. Maximum length: 35 characters. c. Cannot contain special characters other than: Space " " or Underscore "\_" or Dash "-".' At the bottom right are three buttons: 'Submit' (highlighted with a red box), 'Previous', and 'Cancel'.

Figure 6-101: Save Template Screen

**Note:** A confirmation message displays and the template saves in the Claim Submission Template workbench. Each portal user can create a maximum of 500 templates.

9. To edit an existing claim template, click the **Edit** icon from the Claim Submission Template grid. Refer to Figures 6-102 and 6-103.



The screenshot shows the 'Claim Submission Templates' workbench. At the top, a dropdown menu is open with 'Claim Submission Templates' selected. A 'Help' link is to the right. Below the menu is a search bar labeled 'Filter your results:'. A table lists four templates with columns for 'Actions', 'Name', and 'Date Last Modified'. The table has a scroll bar on the right. Below the table, a message says 'Claim submission templates returned: 4'. A note at the bottom states 'Maximum Templates Allowed : 500'. At the bottom are three buttons: 'Create Professional Claim Submission EDI Template', 'Create Facility Claim Submission EDI Template', and 'Create Dental Claim Submission EDI Template'.

Actions	Name	Date Last Modified
	<a href="#">Prof Template 2</a>	01/31/2020
	<a href="#">Prof Template 1204</a>	12/04/2019
	<a href="#">Template6</a>	07/24/2019
	<a href="#">Provider Service1 template</a>	07/24/2019

Figure 6-102: Claim Submission Template Workbench



Figure 6-103: Edit icon for Claim Templates

10. The Provider Details page displays within the template. Make any necessary changes to template and click **Save and Continue** until the Save Template page displays. Refer to Figure 6-104.



Figure 6-104: Save and Continue Button on Claim Template

11. Click **Submit** to save the changes to the existing template.
12. To delete an existing claim template, click the **Delete** icon from the Claim Submission Template grid. See Figure 6-105.



Figure 6-105: Delete Icon for Claim Templates

13. At the confirmation message, click **Yes** to delete the template. Refer to Figure 6-106.

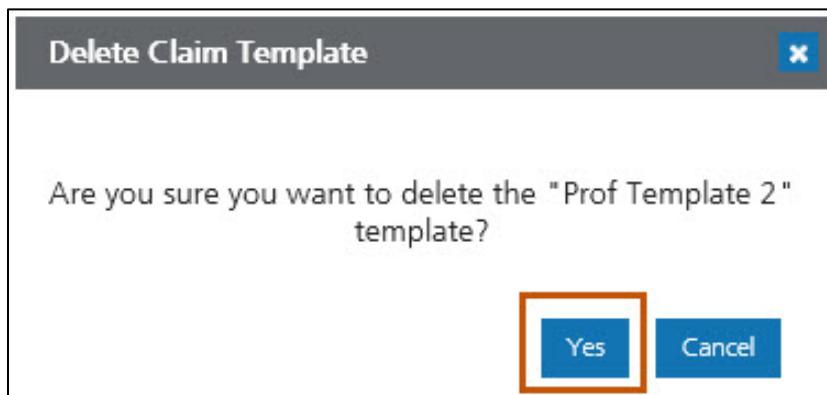


Figure 6-106: Delete Claim Template Confirmation Message

14. To submit claim using an existing template from the workbench, select the template name from the grid. Refer to Figure 6-107.

Actions	Name	Date Last Modified
 	Prof Template 2	01/31/2020
 	Prof Template 1204	12/04/2019
 	Template6	07/24/2019
 	Provider Service1 template	07/24/2019

Figure 6-107: Claim Submission Template Workbench

15. The template displays with saved information. Go to Section 6.3: Submit a Dental Claim.

## 7. Provider Profile

This section describes the Provider Profile page. Provider Profile is accessible from myMenu and is a view-only page that displays practice and demographic information.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. From myMenu, click Provider Profile. Refer to Figure 7-1.

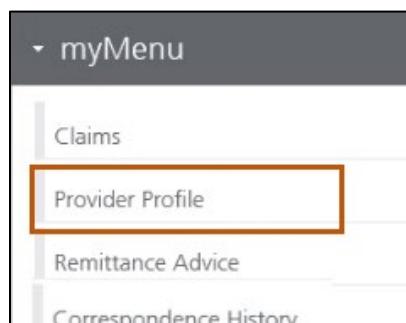
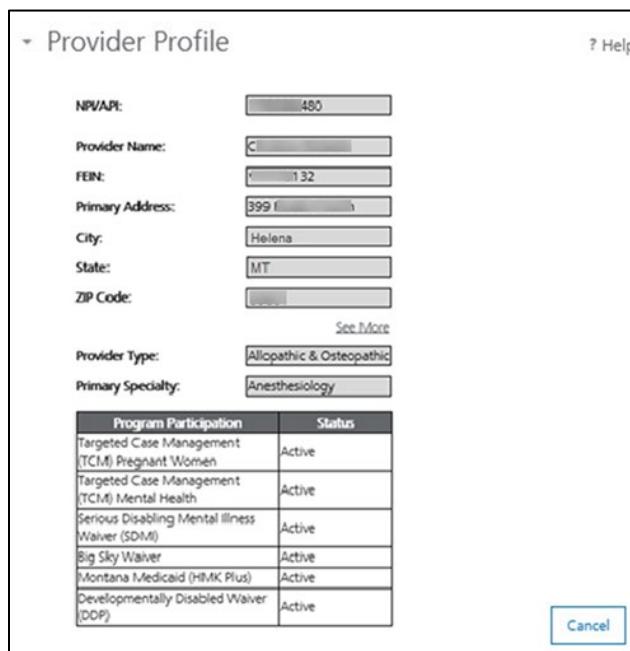


Figure 7-1: Select Provider Profile from myMenu

3. The Provider Profile details page display. Refer to Figure 7-2.

A screenshot of the 'Provider Profile' details page. The page header is 'Provider Profile'. It contains the following information:

- NPAPI: 480
- Provider Name: [REDACTED]
- FEIN: 132
- Primary Address: 399 [REDACTED]
- City: Helena
- State: MT
- ZIP Code: [REDACTED]
- Provider Type: Allopathic & Osteopathic
- Primary Specialty: Anesthesiology

Program Participation	Status
Targeted Case Management (TCM) Pregnant Women	Active
Targeted Case Management (TCM) Mental Health	Active
Serious Disabling Mental Illness Waiver (SDMI)	Active
Big Sky Waiver	Active
Montana Medicaid (HMK Plus)	Active
Developmentally Disabled Waiver (DDP)	Active

Cancel

Figure 7-2: Provider Profile Details

## 8. Remittance Advice

Remittance Advice is selectable from **myMenu** and allows providers to view remittance advice details on the Montana Provider Portal.

1. Log in to the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Click **Remittance Advice** on myMenu. Refer to Figure 8-1.

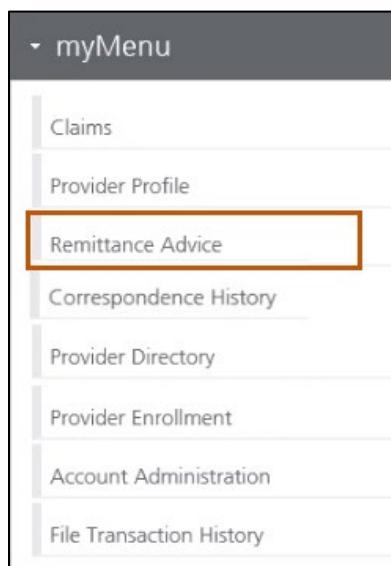


Figure 8-1: Remittance Advice option in myMenu

3. The Remittance Advice search portlet displays. Refer to Figure 8-2.

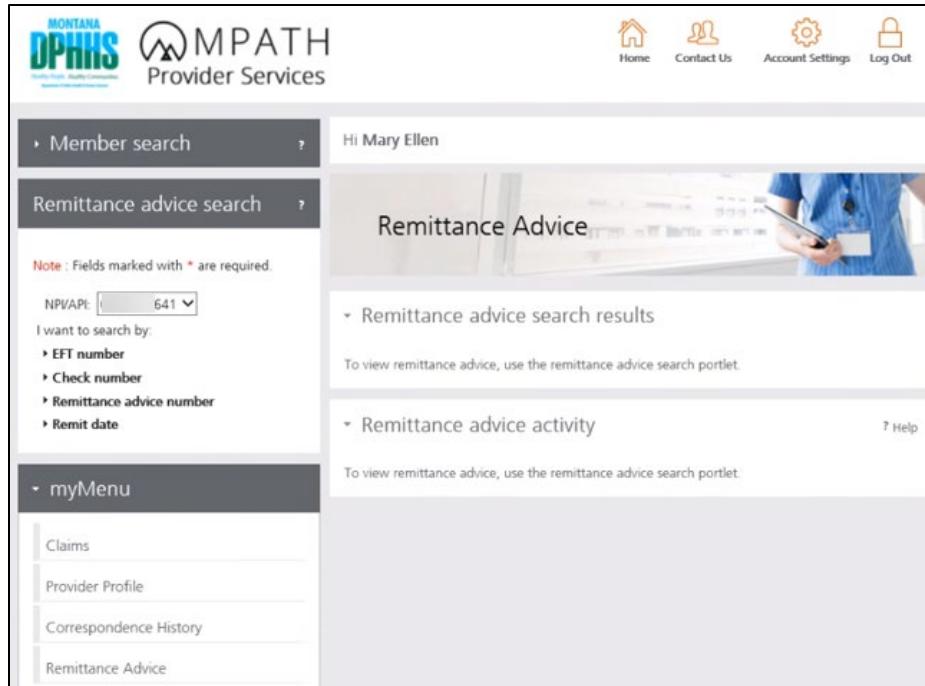


Figure 8-2: Remittance Advice Search Portlet

4. Click on the search parameter from the options listed in the portlet. Enter required data under the option chosen. Click **Search**. Remittance advice details will display. Refer to Figure 8-3.

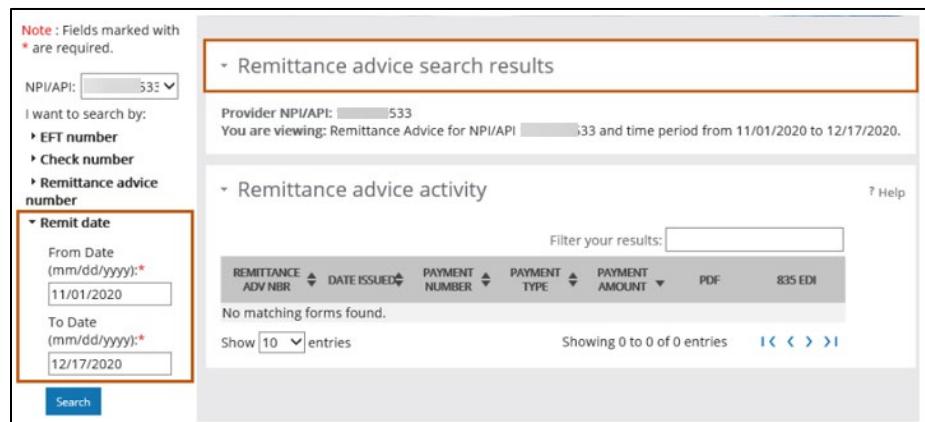


Figure 8-3: Remittance Advice Details

## 9. Correspondence History

This section describes the Correspondence History page. Correspondence History is accessible from myMenu and is a view-only page that displays sent correspondence and letters.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. From myMenu, click **Correspondence History**. Refer to Figure 9-1.

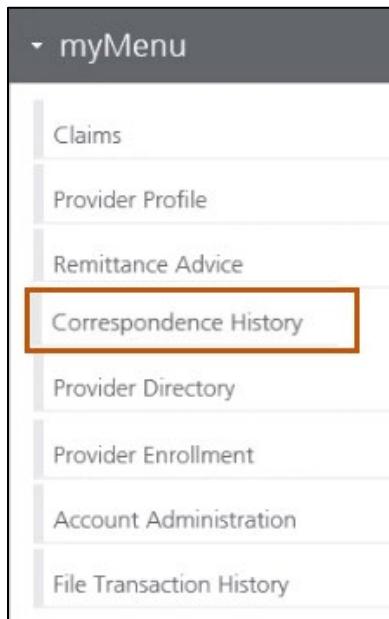


Figure 9-1: Correspondence History in myMenu

3. Search for correspondence by selecting search criteria described below. Refer to Figure 9-2.

Correspondence history search

Correspondence for: 325

Date Sent \*

ALL

Last 30 days

Last 6 months

Correspondence Type \*

Claims

Financial

Prior Authorization

Other

Search

Figure 9-2: Correspondence History Search

- a. For Date Sent, select one option from below.
  - i. **All**: this is all correspondence sent to provider with no date limit.
  - ii. **Last 30 days**: This is correspondence sent to provider within the last 30 days.
  - iii. **Last 6 months**: This is correspondence sent to provider within the last six months.
- b. For Correspondence Type, select **ALL**. This includes all types of correspondence sent to the provider.
4. Click **Search**. Refer to Figure 9-3.

**Correspondence history search**

Correspondence for:  
325

Date Sent \*

ALL  
 Last 30 days  
 Last 6 months

Correspondence Type \*

Claims  
 Financial  
 Prior Authorization  
 Other

**Search**

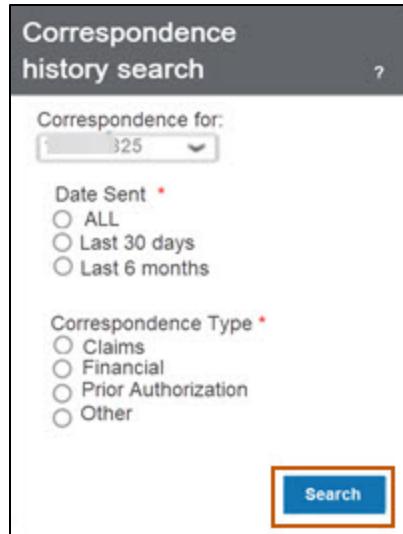


Figure 9-3: Correspondence History Search

5. Click **View** to view the image of the provider correspondence. Refer to Figure 9-4.

**Correspondence activity**

Filter your results:

ACTION	DATE SENT	NAME	CORRESPONDENCE TYPE
	10/01/2020	Sample Document	Provider Enrollment

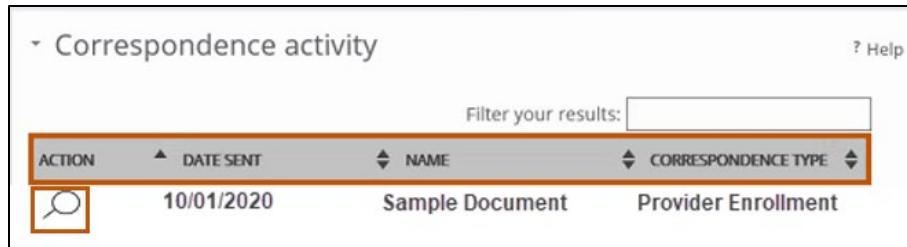


Figure 9-4: Provider Correspondence

## 10. Provider Directory Search

This section describes the Provider Directory Search functionality. The Provider Directory Search is available on the public landing page of the portal and in the secure portal.

1. Navigate to the Montana Provider Portal website. Refer to Section 1.3: Accessing the Montana Provider Portal.
2. The user does not need to be logged into the portal to search the provider directory.
  - a. Logged into Portal: From myMenu, click **Provider Directory**. Refer to Figure 10-1.

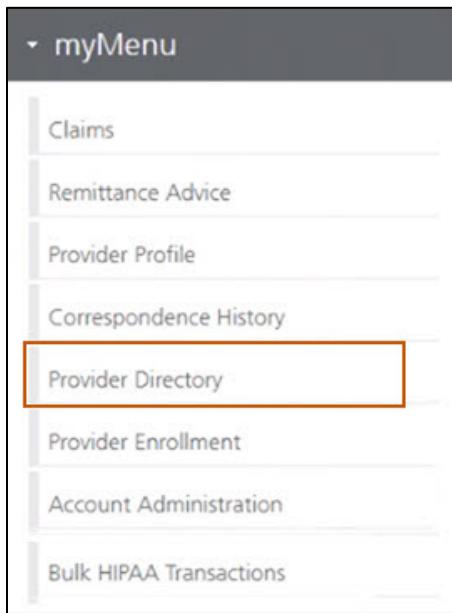


Figure 10-1: Provider Directory in myMenu

- b. Not Logged into Portal: From the public landing page, click the **Find a Provider** tile. Refer to Figure 10-2.

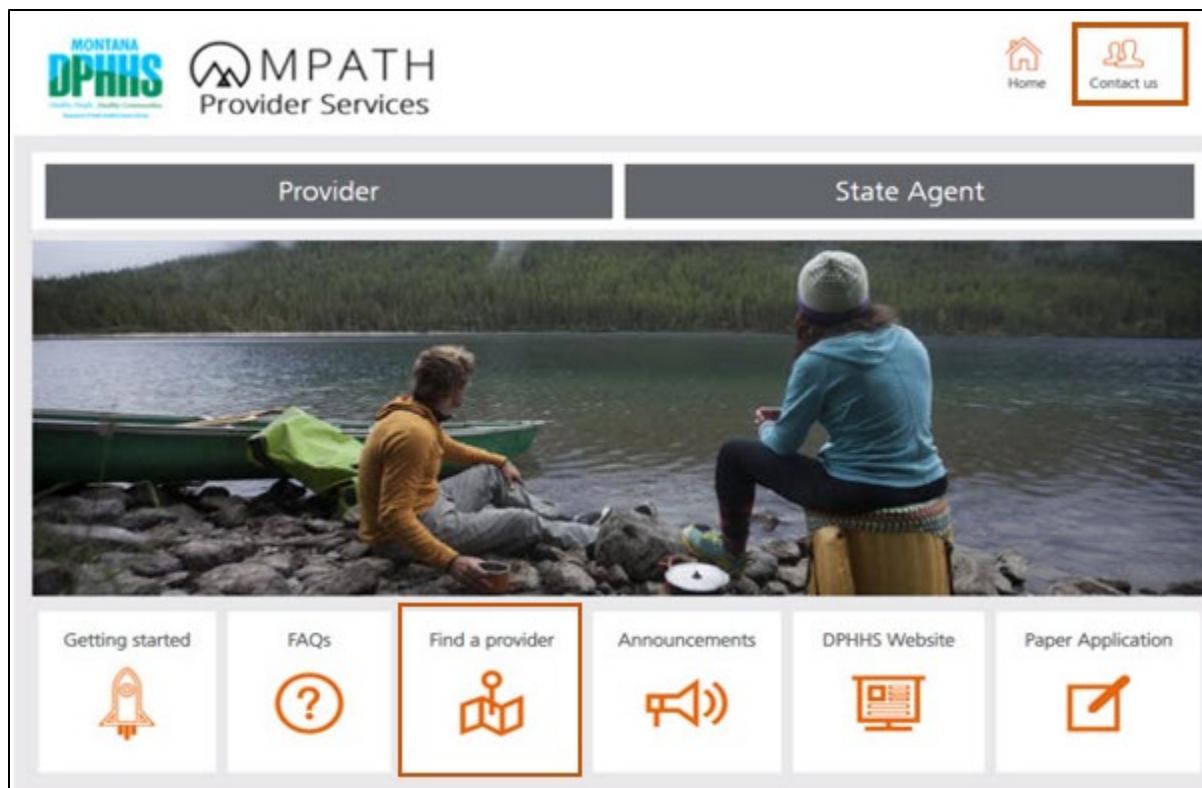


Figure 10-2: Find a Provider

3. On the Provider Directory screen, choose the provider search method (i.e., **Provider Type** or **Provider Name**). Refer to Figure 10-3.
  - a. To search by Provider Type, refer to Section 9.1: Search by Provider Type.
  - b. To search by Provider Name, refer to Section 9.2: Search by Provider Name.

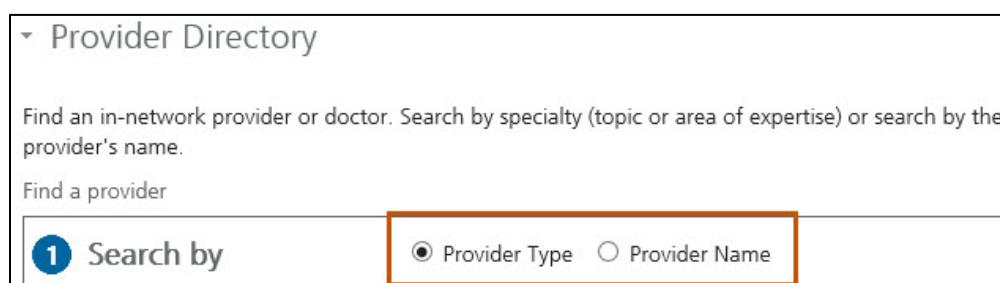
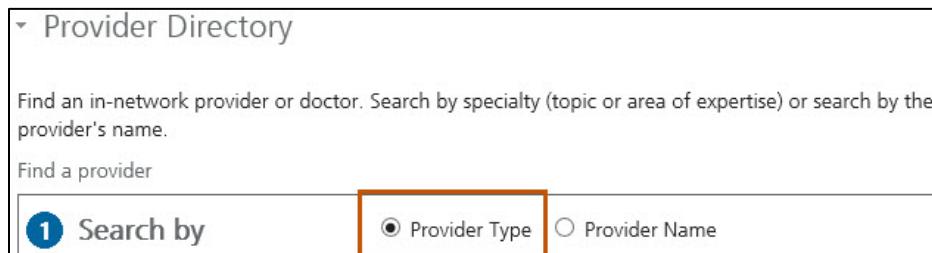


Figure 10-3: Provider Directory Search by Options

## 10.1. Search by Provider Type

To search by Provider type, follow the steps below.

1. Select **Provider Type** in the Search by section. Refer to Figure 10-4.



Provider Directory

Find an in-network provider or doctor. Search by specialty (topic or area of expertise) or search by the provider's name.

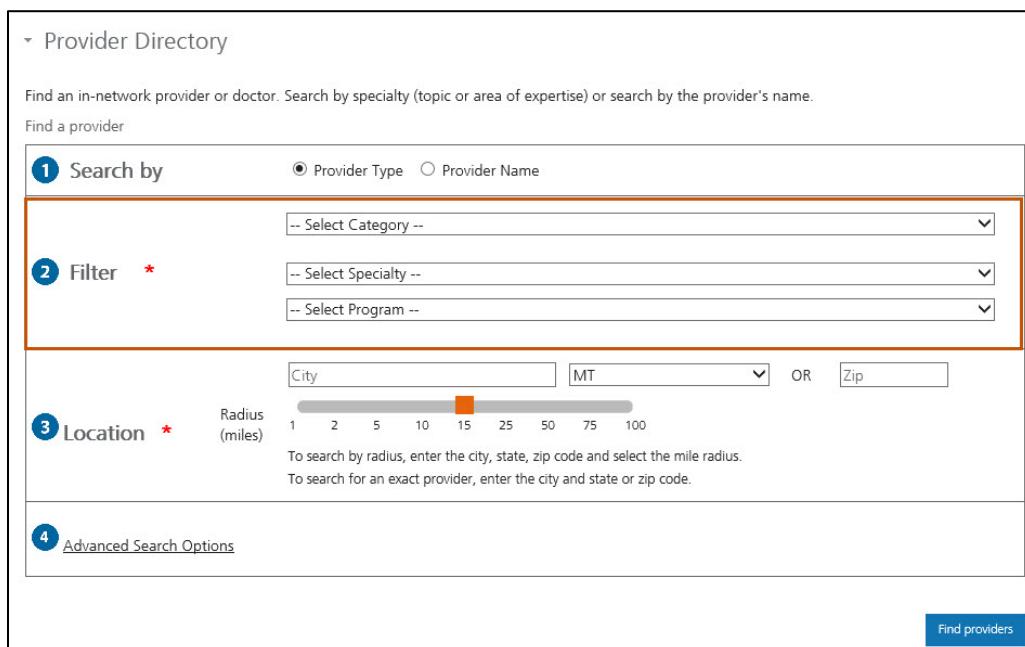
Find a provider

**1** Search by  Provider Type  Provider Name

Figure 10-4: Search by Provider Type

2. In the Filter section, select values for **Category**, **Specialty** and **Program**. Refer to Figure 10-5.

- Category: This is the provider's medical focus (e.g., Eye and Vision Services Providers). It is also known as the provider's type.
- Specialty: This is the provider's specific or unique types of medicine that the provider practices (e.g., Optometrist).
- Program: This is the Montana-specific program in which the provider participates (e.g., MONTANA HMK/CHIP).



Provider Directory

Find an in-network provider or doctor. Search by specialty (topic or area of expertise) or search by the provider's name.

Find a provider

**1** Search by  Provider Type  Provider Name

**2** Filter  \*  Select Category  Select Specialty  Select Program

**3** Location  \* Radius (miles)  1  2  5  10  25  50  75  100 City  MT OR Zip

To search by radius, enter the city, state, zip code and select the mile radius.  
To search for an exact provider, enter the city and state or zip code.

**4** Advanced Search Options

Find providers

Figure 10-5: Provider Directory – Provider Type Filters

3. Enter the applicable location details. Either enter the applicable **City** and select the **State** from the list or enter the ZIP code in the **Zip** field. An option to select a **Radius** (in miles) from the specified location is also available. Refer to Figure 10-6.

**Important:** Location is a required search filter.

3 Location \*

Radius (miles) 1 2 5 10 15 25 50 75 100

To search by radius, enter the city, state, zip code and select the mile radius.  
To search for an exact provider, enter the city and state or zip code.

Figure 10-6: Provider Directory Location Search Options

4. Select **Advanced Search Options** to view additional search criteria. Refer to Figure 10-7. The following options display:
  - Language Spoken:** This is the provider's primary language spoken. Select the language from the list.
  - Accessibility:** Choose from **Handicap Accessible** or **Behavioral Disruptive**.
  - Accepting New Patient Status:** Select from **Accepting New Patients** or **Accepting Family Members** (of current patients).
  - Gender:** Select from **All**, **Male** or **Female**.

4 Advanced Search Options

Language Spoken: Select

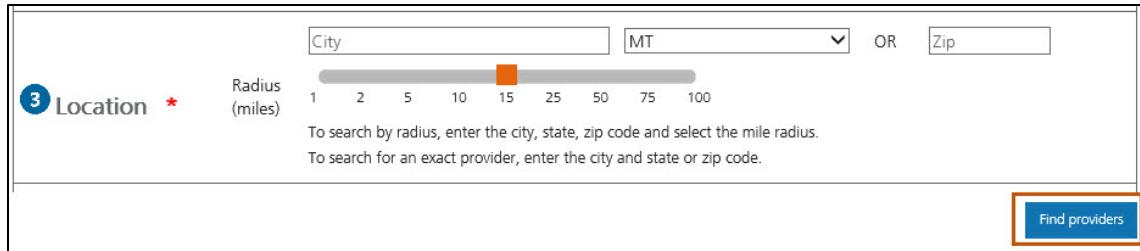
Accessibility:  Handicap Accessible  Behavioral Disruptive

Accepting New Patient Status:  Accepting New Patients  Accepting Family Members

Patient Gender(s) Served:  Both  Male  Female

Figure 10-7: Provider Directory Advanced Search Options

5. Click **Find Providers**. Refer to Figure 10-8. The provider search results display.



3 Location \*

Radius (miles)

1 2 5 10 15 25 50 75 100

To search by radius, enter the city, state, zip code and select the mile radius.  
To search for an exact provider, enter the city and state or zip code.

Find providers

Figure 10-8: Find Providers Button

6. Click on a provider's name from search results to access additional practice details.

Refer to Figure 10-9.

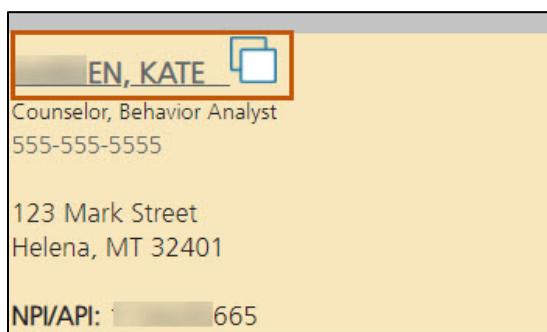


Figure 10-9: Click to View Provider Details

7. The Provider Details window displays with additional information about the provider.

Refer to Figure 10-10.

**Provider Profile**

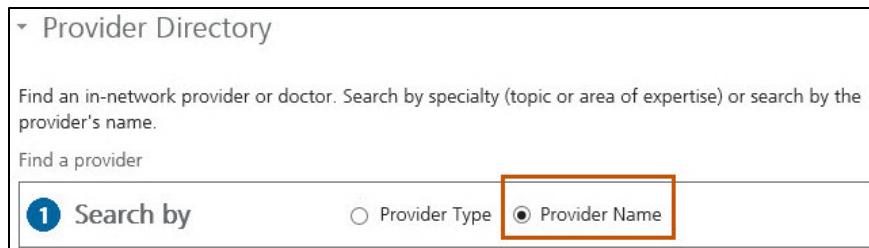
	
<b>Address, City, State:</b>	
Phone #:	24 Hour Office Phone #:
(306) 393-5857	
Care Management Phone #:	24 Hour Care Management Phone #:
Fax #:	
<b>Service Location:</b>	<b>NPI/API:</b>
399 [REDACTED] Helena MT 59601	[REDACTED] 563
<b>Accepting New Patients:</b>	
No	
<b>Physical Handicap Access:</b>	
No	
<b>Hours:</b>	<b>Behavioral Disruptive Access:</b>
Mon - Fri 8:00 a.m. - 5:00 p.m.	No
<b>Accepting Family Members:</b>	
No	
<b>Patient Gender(s) Served:</b>	
<b>Languages Spoken:</b>	
<b>Specialties:</b>	
Anesthesiology	
<b>Primary Care Physician:</b>	
No	
<b>Program Participation:</b>	
Big Sky Waiver Montana Medicaid (HMK Plus)	
<b>Group/Clinic:</b>	
<b>MCO Network Entity:</b>	
<b>Affiliated Providers:</b>	

**Figure 10-10: Provider Details**

## 10.2. Search by Provider Name

To search by Provider Name, follow the steps below.

1. Click **Provider Name**. Refer to Figure 10-11.



Provider Directory

Find an in-network provider or doctor. Search by specialty (topic or area of expertise) or search by the provider's name.

Find a provider

**1** Search by  Provider Type  Provider Name

Figure 10-11: Provider Name Radio Button

2. Choose how to search for the provider's name.
  - a. To search using the individual provider's name, click **Individual** and enter the full or partial **First Name** and the full or partial **Last Name** in the fields provided. Refer to Figure 10-12. Continue with step 3.



**2** Name \*

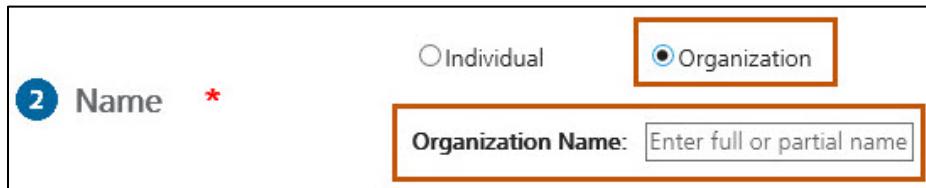
Individual  Organization

First Name: Enter full or partial name

Last Name: Enter full or partial name

Figure 10-12: Individual Provider Search Using Full or Partial Name

- b. To search using an organization name, click **Organization** and enter the full or partial **Organization Name** in the box provided. Refer to Figure 10-13. Continue with step 3.



**2** Name \*

Individual  Organization

Organization Name: Enter full or partial name

Figure 10-13: Organization Provider Search Using Full or Partial Name

3. Click **Find Providers**. Refer to Figure 10-14.

The screenshot shows a search interface for providers. At the top, there are three input fields: 'City' (text box), 'MT' (dropdown menu), and 'Zip' (text box). Below these is a 'Radius (miles)' slider with a scale from 1 to 100, with the value set to 15. To the right of the slider is the text 'OR'. At the bottom right of the search area is a blue 'Find providers' button with a white border.

Figure 10-14: Find Providers Button

**Note:** The provider search results display below provider search options. Refer to Figure 10-15.

4. From the list of provider search results, select desired provider by clicking on provider name. Refer to Figure 10-15.

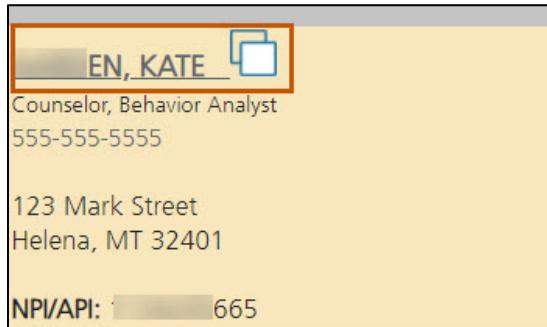


Figure 10-15: Click to View Provider Details

5. The Provider Details window displays with additional information about the provider. Refer to Figure 10-16.

**Provider Profile**

**Actions**

**Address:** A\_\_\_\_\_ A\_\_\_\_\_

**Phone #:** (306) 393-5857 **24 Hour Office Phone #:**

**Care Management Phone #:** **24 Hour Care Management Phone #:**

**Fax #:**

**Service Location:**  
399 \_\_\_\_\_  
Helena MT 59601 **NPI/API:** 363

**Accepting New Patients:** No

**Physical Handicap Access:** No

**Hours:**  
Mon - Fri  
8:00 a.m. - 5:00 p.m. **Behavioral Disruptive Access:** No

**Accepting Family Members:** No

**Patient Gender(s) Served:**

**Languages Spoken:**

**Specialties:**  
Anesthesiology

**Primary Care Physician:** No

**Program Participation:**  
Big Sky Waiver  
Montana Medicaid (HMK Plus)

**Group/Clinic:**

**MCO Network Entity:**

**Affiliated Providers:**

**Figure 10-16: Provider Details**

## 11. Provider Enrollment – Accessing the Enrollment Portal

This section describes how users can access the enrollment portal. The enrollment portal is accessible from myMenu and allows users to enroll, re-enroll, update information and disenroll.

1. Navigate to the Montana Provider Portal website. Refer to Section 1.3: Accessing the Montana Provider Portal.
2. Select **Provider Enrollment** under myMenu. Refer to Figure 11-1.

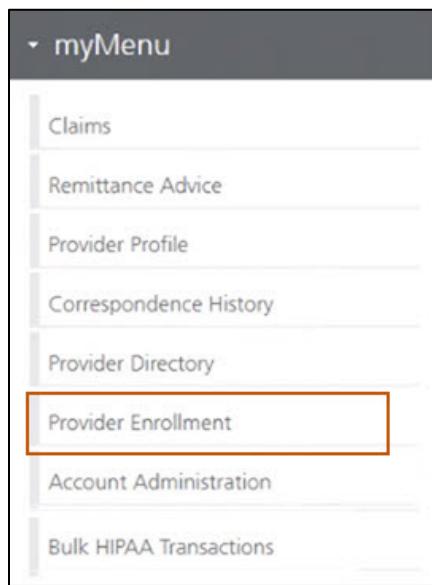


Figure 11-1: Provider Enrollment in myMenu

3. The enrollment portal opens in a new tab.

## 12. Account Administration

This section describes how Montana Healthcare Programs providers access and use the Account Administration functions on the Montana Provider Portal. Providers can add other users to their account, as well as view, edit and disable the accounts of these users. Providers also can add additional billing NPI and API to their portal account. After adding additional billing NPIs and APIs, providers can access functionality on behalf of each NPI and API including claim history.

**Note:** Only certain users have access to perform account administration functions. Access is dependent upon the specific user role of the portal user.

### 12.1. Manage Portal Users

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Click **Account Administration** on myMenu. Refer to Figure 12-1.

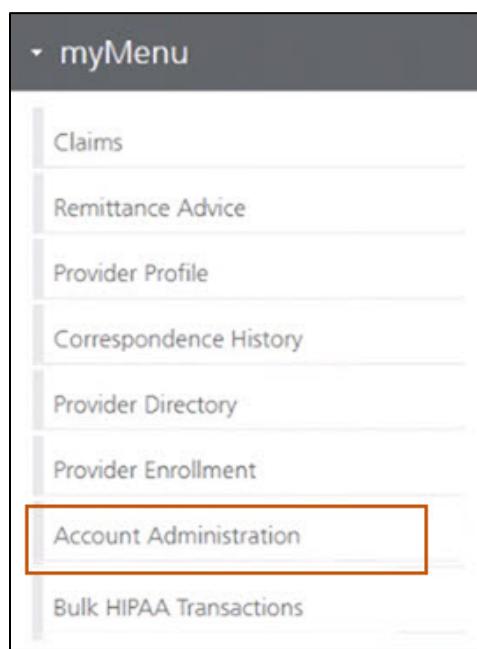


Figure 12-1: Select Account Administration from myMenu

**Result:** Account Administration page displays. Refer to Figure 12-2.

The screenshot shows the 'User search' interface on the left and the 'Manage Portal Users' table on the right. The 'User search' interface includes fields for Login Name, First Name, Last Name, and E-mail Address, along with a 'Type of user' dropdown (set to 'All') and a 'Search' button. The 'Manage Portal Users' table displays three user entries with columns for Actions, Login Name, First Name, Last Name, Email, and Status. The users are: FNine1987 (FirstFirst, LastLast, FNine1987@getnada.com, Disabled), ocProvider.flashtest793 (FirstTest, LastTest, jubozup@getnada.com, Pending), and TestPortalUser (TestFirst123, TestLast123, zifus@getnada.com, Active). The table also shows 'Users returned: 3' and pagination 'Showing 1 to 3 of 3 entries'.

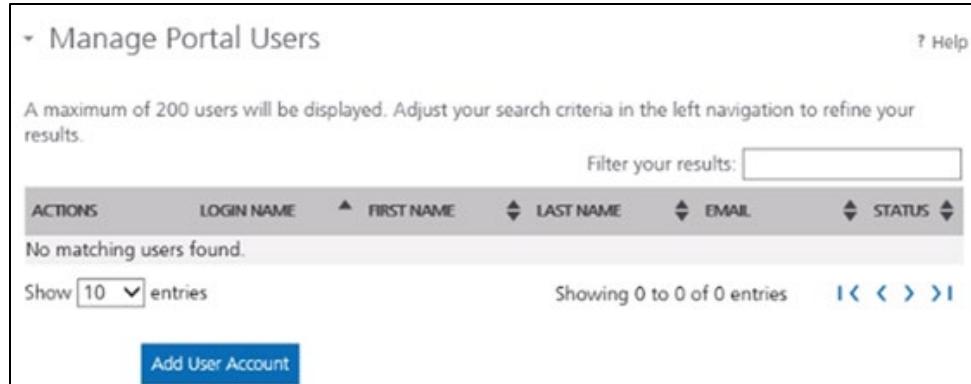
ACTIONS	LOGIN NAME	FIRST NAME	LAST NAME	EMAIL	STATUS
	FNine1987	FNineFirst	LNineLast	FNine1987@getnada.com	Disabled
	ocProvider.flashtest793	FirstTest	LastTest	jubozup@getnada.com	Pending
	TestPortalUser	TestFirst123	TestLast123	zifus@getnada.com	Active

Figure 12-2: Account Administration Page

3. Determine the function the user would like to perform within the Account Administration area of portal.
  - a. To search for a provider portal user, go to Section 12.1.1: Search for a Provider Portal User.
  - b. To view a user profile, go to Section 12.1.2: View a Provider Portal User.
  - c. To edit user profile, go to Section 12.1.3: Edit a Provider Portal User.
  - d. To disable a user, go to Section 12.1.4: Disable a Provider Portal User.
  - e. To add a user, go to Section 12.1.5: Add a Provider Portal User.

### 12.1.1. Search for a Portal User

1. Locate the User search area on the Account Administration page. Refer to Figure 12-3.



Manage Portal Users

A maximum of 200 users will be displayed. Adjust your search criteria in the left navigation to refine your results.

Filter your results:

ACTIONS	LOGIN NAME	FIRST NAME	LAST NAME	EMAIL	STATUS
No matching users found.					

Show 10 entries

Showing 0 to 0 of 0 entries

Add User Account

Figure 12-3: Account Administration User Search Area

2. Complete at least one of the steps below to search for the portal user.

- a. Type the portal user's login name into the **Login Name** field.

**Note:** This is the user's GovID and what the user types to log in to the portal.

- b. Type the user's first name into the **First Name** field.

- c. Type the user's last name into the **Last Name** field.

- d. Type the user's email address into the **E-mail Address** field.

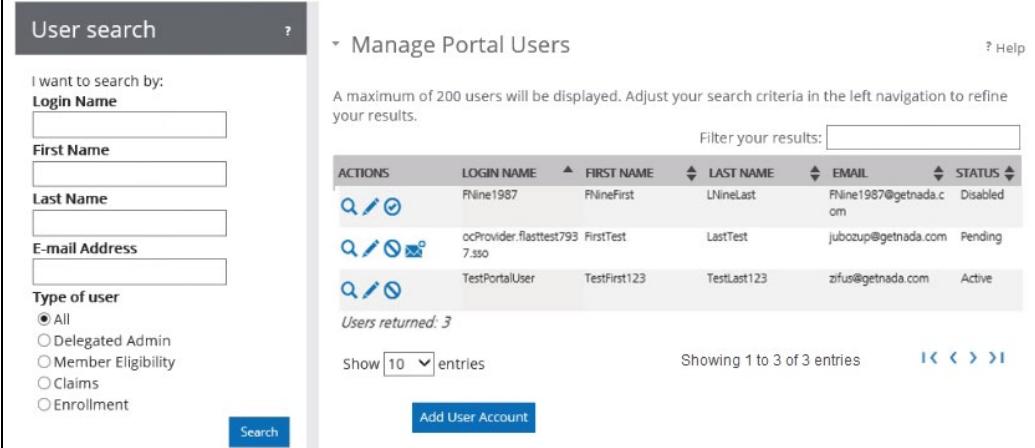
**Note:** This is the email address that the provider used to create the Optum GovID.

- e. Select the **Type of user** from the list. Options include: All, Delegated Admin, Member Eligibility, Claims/UM and Enrollment.

**Note:** This is the role that the user was assigned when being added to the portal.

3. Click **Search**.

4. Users display in the search results grid. Refer to Figure 12-4.

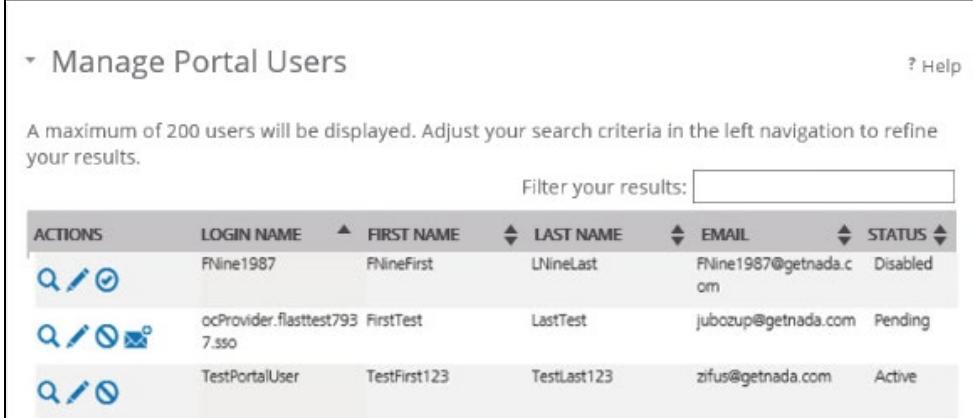


The screenshot shows the 'User search' interface. On the left, there is a search form with fields for 'Login Name', 'First Name', 'Last Name', 'E-mail Address', and 'Type of user' (with 'All' selected). Below the form is a 'Search' button. On the right, the 'Manage Portal Users' section displays a table of search results. The table has columns for 'ACTIONS', 'LOGIN NAME', 'FIRST NAME', 'LAST NAME', 'EMAIL', and 'STATUS'. The results are: 1. FNine1987, FNineFirst, LNineLast, FNine1987@getnada.com, Disabled. 2. ocProvider.flassttest793, FirstTest7.sso, LastTest, jubozup@getnada.com, Pending. 3. TestPortalUser, TestFirst123, TestLast123, zifus@getnada.com, Active. The table includes a 'Filter your results:' input field, a 'Users returned: 3' message, and pagination controls 'Show 10 entries' and 'Showing 1 to 3 of 3 entries'.

Figure 12-4: User Search Results Grid

### 12.1.2. View a Portal User

1. Search for a portal user. For more information, refer to Section 12.1.1: Search for a Portal User.
2. Locate portal user in search results grid to the right of the search area. Refer to Figure 12-5.



The screenshot shows the 'Manage Portal Users' section with a table of search results. The columns are 'ACTIONS', 'LOGIN NAME', 'FIRST NAME', 'LAST NAME', 'EMAIL', and 'STATUS'. The results are: 1. FNine1987, FNineFirst, LNineLast, FNine1987@getnada.com, Disabled. 2. ocProvider.flassttest793, FirstTest7.sso, LastTest, jubozup@getnada.com, Pending. 3. TestPortalUser, TestFirst123, TestLast123, zifus@getnada.com, Active. The table includes a 'Filter your results:' input field and a 'Users returned: 3' message.

Figure 12-5: User Search Results Grid

3. Select the **View** icon under the Actions column. Refer to Figure 12-6.



Figure 12-6: View Icon

4. The user's portal account information displays. Refer to Figure 12-7.

<b>Role</b>	
Account Status:	Pending
Last Login:	
Account Created:	Tue Jun 29 20:03:26 UTC 2021
Role:	Delegated Admin
Category:	Delegated Administrator
<b>Provider Information</b>	
First Name:	test
Last Name:	test
Birth Date: (MM/DD/YYYY)	06/29/1985
Email:	coreyTest@getnada.com
NPI / API :	0000121641 0000175729

Figure 12-7: User Portal Account

### 12.1.3. Edit a Portal User

1. Search for a provider portal user. For more information, refer to Section 12.1.1: Search for a Provider Portal User.
2. Locate the provider portal user in search results grid to the right of the search area. Refer to Figure 12-8.

Filter your results: <input type="text"/>						
ACTIONS	LOGIN NAME	FIRST NAME	LAST NAME	EMAIL	STATUS	
	PNine1987	PNineFirst	PNineLast	PNine1987@getnada.com	Disabled	
	ocProvider.flasstest793_7.sso	FirstTest	LastTest	juboziup@getnada.com	Pending	
	TestPortalUser	TestFirst123	TestLast123	zifus@getnada.com	Active	

Users returned: 3

Figure 12-8: Provider Portal User Search Results Grid

- Click the **Edit** icon under the Actions column. Refer to Figure 12-9.

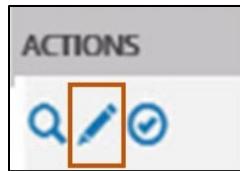


Figure 12-9: Edit Icon in Provider Portal User Search Results Grid

**Result:** The portal user Role Tab displays. Refer to Figure 12-10.

Figure 12-10: Role Tab of Edit a Provider Portal User

- Edit the user's role, as needed, in the **Select role** list and click **Continue**. Refer to Figure 12-11.

**Note:** Click **Cancel** to cancel editing the user without saving the changes.



Figure 12-11: Select Role Dropdown

5. On the Provider Information tab, complete the steps below. Refer to Figure 12-12.

Role Provider Information Review

Provider Information

Assign NPI(s) / API to User  
Select one or multiple NPIs / API to assign to the user.

NPI's / API:  
 167  
 111  
 100  
 123

User Information

First Name: <sup>*</sup>	AdminD
Last Name: <sup>*</sup>	DeleD
Email: <sup>*</sup>	deleda@getnada.com
Birth Date (MM/DD/YYYY): <sup>*</sup>	08/01/1991

Continue Previous Cancel

Figure 12-12: Provider Information Tab of Edit a Provider Portal User

- Select one or multiple NPIs or APIs to assign to the user or edit the **User Information** such as first and last name, email and date of birth.
- Click **Continue** to proceed. Click **Previous** or **Cancel** to go to the previous tab or cancel editing the user.

6. Navigate to the Review tab and confirm all changes are correct. Refer to Figure 12-13.

Hi TestQA 5

**Review**

**Role** Delegated Admin

**NPIs / API** 1679, 1114, 12353, 10004

**First Name** AdminD

**Last Name** DeleD

**Email** deleda@getnada.com

**Birth Date** 08/01/1991

**Submit** **Previous** **Cancel**

Figure 12-13: Review Tab of Edit a Provider Portal User

7. Click **Submit** to save changes. Click **Previous** or **Cancel** to go to the previous tab or cancel editing the provider portal user.

#### 12.1.4. Disable a Portal User

1. Search for a provider portal user. For more information, refer to Section 12.1.1: Search for a Provider Portal User.
2. Locate the provider portal user in the search results grid to the right of the search area.
3. Click the **Disable** icon under the Actions column. Refer to Figure 12-14.



Figure 12-14: Disable Icon

4. Click **Disable** to confirm disabling the provider user. Refer to Figure 12-15.

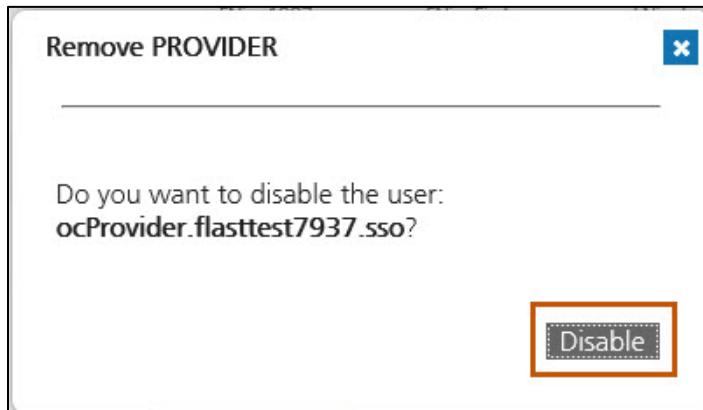


Figure 12-15: Disable Provider Confirmation Message

The user's account is disabled, and the user is unable to log in to the portal.

#### 12.1.5. Add a Portal User

1. On the Account Administration home page, click **Add User Account**. Refer to Figure 12-16.

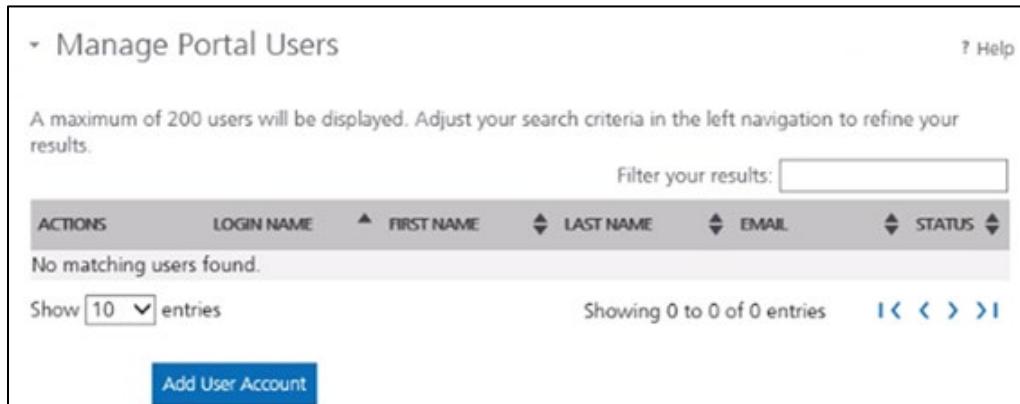


Figure 12-16: Account Administration Add Portal User

2. On the Role tab, **select the role** for the new user and click **Continue**. Refer to Figure 12-17.

**Note:** The role determines what screens the user can access. Choose from the following roles:

- a. Delegated Admin: This role can access all screens and functions for the provider account including the ability to add/invite other users.
- b. Claims: This role can submit and view professional claim submissions.
- c. Provider Enrollment: This role can submit, view and edit provider enrollment information for credentialing in the Montana Healthcare Programs network.

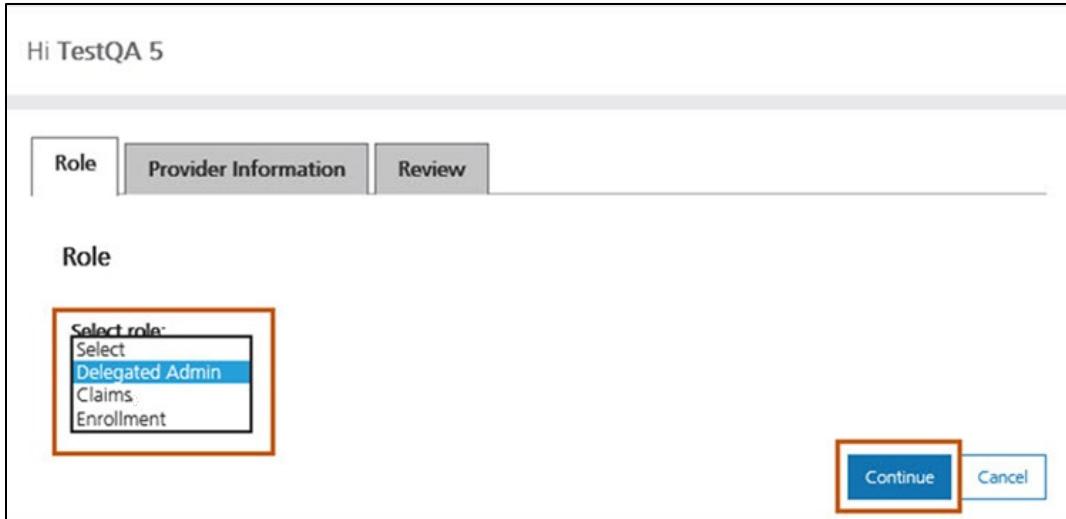


Figure 12-17: Add Provider User – Select Role

3. On the Provider Information tab, complete the steps below. Refer to Figure 12-18.

**Note:** All fields on the Provider Information tab are required.

The screenshot shows the 'Add Provider User' interface. At the top, there are three tabs: 'Role' (selected), 'Provider Information' (highlighted with a red box), and 'Review'. Below the tabs, the 'Provider Information' section is displayed. It contains a sub-section titled 'Assign NPI(s) / API to User' with a note: 'Select one or multiple NPIs / API to assign to the user.' A checkbox labeled 'NPI's / API: \*' is present, with a value '385' next to it. Another red box highlights the 'User Information' section, which includes fields for 'First Name: \*', 'Last Name: \*', 'Email: \*', 'Birth Date (MM/DD/YYYY): \*', and 'Last 4 digits of SSN: \*'. At the bottom right are buttons for 'Continue', 'Previous', and 'Cancel'.

Figure 12-18: Add Provider User Provider Information

- a. Select one or multiple NPI and APIs, if applicable.

**Note:** When assigning an NPI or API to a specific user, that user can view and manage the information for that NPI or API.

- b. Enter the user's first name in the **First Name** field.
- c. Enter the user's last name in the **Last Name** field.
- d. Enter the user's email address in the **Email** field.
- e. Enter the user's date of birth in MM/DD/YYYY format in the **Birth Date** field.

**Important:** This information validates when the portal user completes registration. It must match what the user enters upon registering.

- f. Enter the last four digits of the user's social security number in the **Last 4 digits of SSN** field.

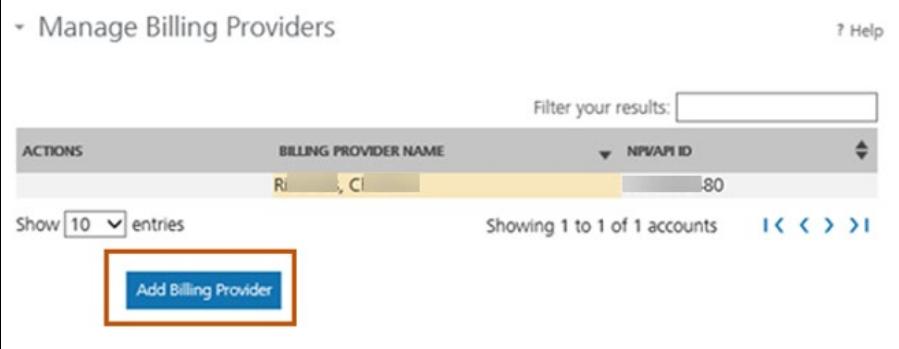
**Important:** This information validates when the portal user completes registration. It must match what the user enters upon registering.

4. Review the information for accuracy, then select **Continue**.

An invitation email is sent to the user's email address with portal registration instructions.

## 12.2. Managing Billing Providers

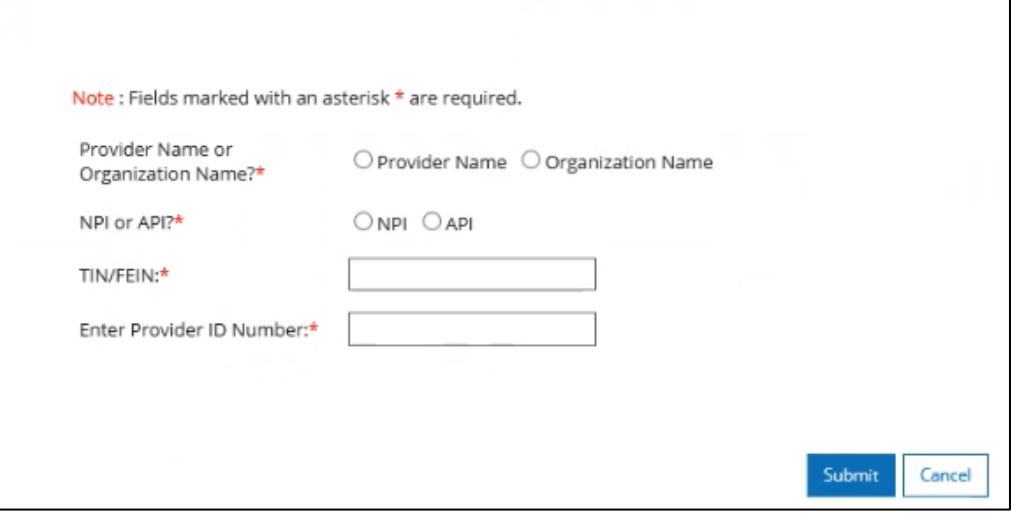
1. Click the **Add Billing Provider** button. Refer to Figure 12-19.



The screenshot shows a table with a single row of data. The columns are labeled 'ACTIONS', 'BILLING PROVIDER NAME', and 'NPI/API ID'. The data row contains the text 'R... , CI' under 'BILLING PROVIDER NAME' and '80' under 'NPI/API ID'. Below the table, there are buttons for 'Show 10 entries' and 'Showing 1 to 1 of 1 accounts'. At the bottom, there is a prominent blue button with the text 'Add Billing Provider'.

Figure 12-19: Manage Billing Providers Section

2. Complete all the required fields, then click **Submit**. Refer to Figure 12-20.



The form contains the following fields:

- Note :** Fields marked with an asterisk \* are required.
- Provider Name or Organization Name?\***  Provider Name  Organization Name
- NPI or API?\***  NPI  API
- TIN/FEIN:\***
- Enter Provider ID Number:\***
- Submit** **Cancel**

Figure 12-20: Add Billing Provider Details

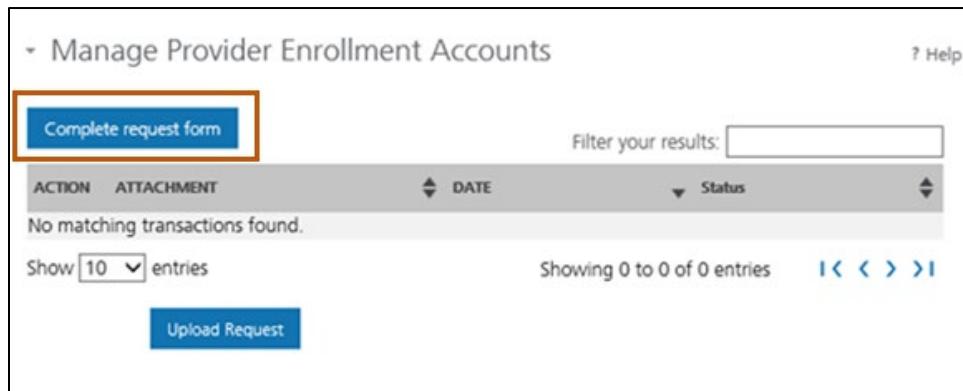
3. The provider will be shown in the results grid.

- a. To view the provider information, select the **View** icon under the Actions column.

- b. For information on how to edit the billing provider information, refer to Section 12.1.3 Edit a Portal User and complete all subsections.

### 12.3. Managing Provider Enrollment Accounts

On the Account Administration screen, click the **Complete request form** button to open the Montana Access to MPATH Provider Services Module Enrollment Account Link Request form. Refer to Figure 12-21.



The screenshot shows a web-based application interface for managing provider enrollment accounts. At the top, a header reads "Manage Provider Enrollment Accounts" with a "Help" link. Below the header is a blue button labeled "Complete request form" which is highlighted with a red rectangular box. To the right of this button is a search bar labeled "Filter your results:" with an empty input field. Underneath the search bar is a table header with columns: ACTION, ATTACHMENT, DATE, and Status. The table body contains the message "No matching transactions found." Below the table are two sets of controls: "Show 10 entries" and "Showing 0 to 0 of 0 entries", followed by a set of navigation arrows (back, forward, first, last). At the bottom of the screen is a blue button labeled "Upload Request".

Figure 12-21: Complete Request Form Button

1. Refer to Figure 12-22 for a sample of the form.

**Montana Access to MPATH Provider Services Module**  
**Enrollment Account Link Request**

The MPATH Provider Services Module uses a unique Organization ID to allow linkage of provider enrollment records for viewing and management. To have your enrollment account linked to a specific Organization ID, you must submit an Enrollment Account Link Request.

Each National Provider Identifier (NPI), or Atypical Provider Identifier (API) used in enrollment into Montana Healthcare programs may create their own user account for enrolling or completing maintenance updates to their provider enrollment information. Upon creation of a user account, an Organization ID is assigned. If a provider wants to link their user account to another organization ID, or add a provider to their organization ID, it is required to have your organization IDs linked.

Complete the information below. Please allow up to 10 days for Provider Relations to process the request.

Authorizing Provider Name: \_\_\_\_\_

Authorizing NPI/API#: \_\_\_\_\_

For additional NPI/APIs you want linked, please check the box below and upload the supplemental page with your request.

Requested NPI/API# \_\_\_\_\_

Requested Provider Name: \_\_\_\_\_

Additional NPI/APIs requested (on separate excel form):

Contact Name for questions when processing request (Required).

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



Figure 12-22: Access to MPATH Provider Service Module Enrollment Account Link Request Form

2. Complete the fields in the form, then save it locally to your computer.
3. Click the browser **Back** (left arrow) button to return to the Account Administration screen. In the Managing Provider Enrollment Accounts section, click the **Upload Request** button to load the completed form.
4. The uploaded document will display in the Managing Provider Enrollment Accounts grid.

Manage Provider Enrollment Accounts

Complete request form

Filter your results:

ACTION	ATTACHMENT	DATE	STATUS
	Enrollment Link Request	7/1/2020	Uploaded

Show 10 entries

Showing 1 to 1 of 1 entries | < < > >|

Upload Request

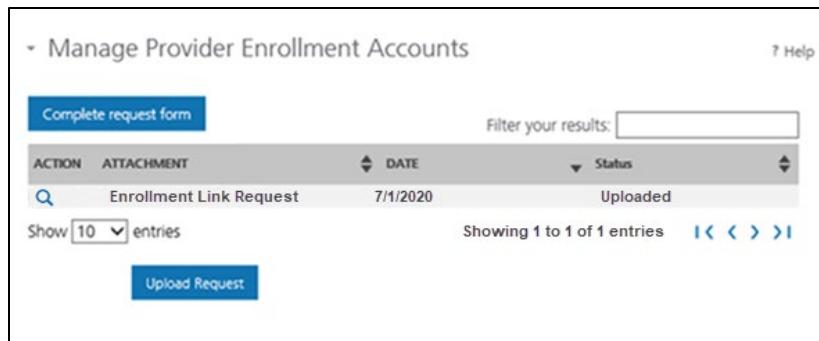


Figure 12-23: Uploaded Document

## 13. Bulk HIPAA Transactions

This section describes the Bulk HIPAA Transactions page. Bulk HIPAA Transactions is accessible from myMenu and allows providers to view, upload and download HIPAA compliant transactions.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Click **Bulk HIPAA Transactions** on myMenu. Refer to Figure 13-1.

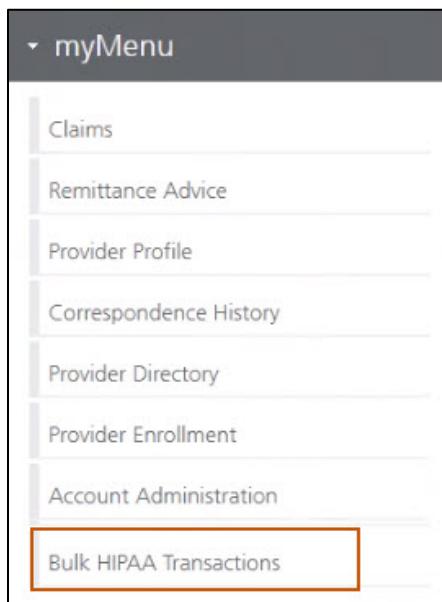


Figure 13-1: Bulk HIPAA Transactions in myMenu

3. The Bulk HIPAA Transactions search and grid displays. The default search as the page opens is the Last 30 days. Refer to Figure 13-2.

Time Period

Last 30 days

Last 6 months

[Advanced Time Period Search](#)

[Search](#)

Bulk HIPAA Transactions results

You are viewing: Bulk HIPAA Transactions for NPI/API 1164552592 and the Last 30 days.

To modify, use the Bulk HIPAA Transactions search portlet.

Bulk HIPAA Transactions activity

Filter your results:

ACTIONS	TRANSACTION DATE	FILE NAME
<a href="#"></a>	11/03/2021	2 - edi
<a href="#"></a>	10/29/2021	2 - edi
<a href="#"></a>	10/21/2021	2 - edi
<a href="#"></a>	10/21/2021	2 - edi
<a href="#"></a>	10/21/2021	2 - edi

Show 10 entries

Showing 1 to 5 of 5 transactions

[Upload](#)

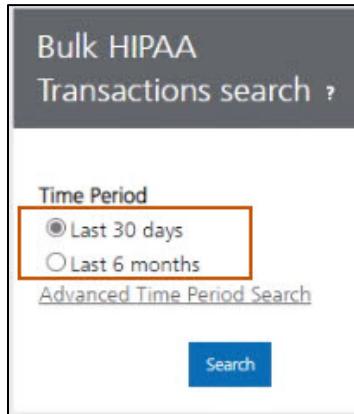
**Figure 13-2: Bulk HIPAA Transactions Search and Grid**

4. The user has several function choices within the Bulk HIPAA Transactions area of portal:
  - a. To search for transaction, go to Section 13.1: Search for a Transaction.
  - b. To download and view a transaction, go to Section 13.2: Download a Transaction.
  - c. To upload a transaction, go to Section 13.3: Upload a Transaction.

### 13.1. Search for a Transaction

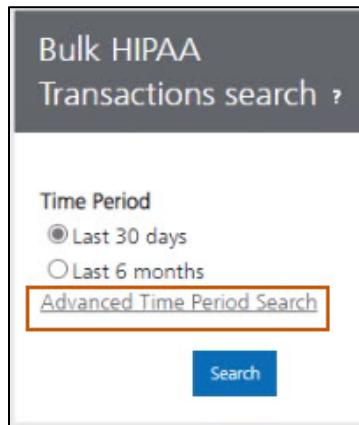
1. Locate the Bulk HIPAA Transactions search area in the top left-hand corner of the Bulk HIPAA Transactions screen.
2. Determine the period to search for the transaction.
  - a. Select Last 30 days to search all transactions within the last 30 days. Go to Step 4. Refer to Figure 13-3.

- b. Select Last 6 months to search all transactions within the last six months. Go to Step 4. Refer to Figure 13-3.
- c. Select Advanced Time Period Search to search using additional search criteria, such as a specific date range. Go to Step 3. Refer to Figure 13-4.



The screenshot shows a search interface titled "Bulk HIPAA Transactions search". The "Time Period" section contains two radio button options: "Last 30 days" (selected) and "Last 6 months". Below these options is a link "Advanced Time Period Search". At the bottom is a blue "Search" button.

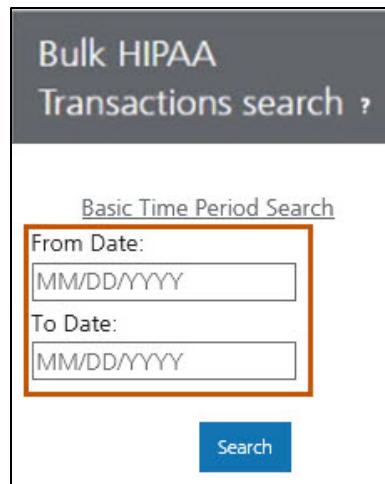
Figure 13-3: Time Period Options



The screenshot shows the same search interface as Figure 13-3, but the "Advanced Time Period Search" link is highlighted with a red box.

Figure 13-4: Advanced Time Period Search

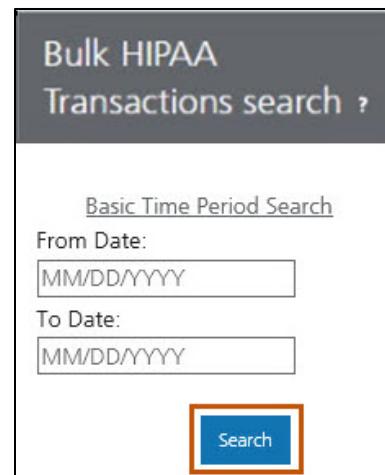
3. Enter or select from the calendar, the desired From Date and To Date. Go to the next step. Refer to Figure 13-5.



The screenshot shows a search interface titled 'Bulk HIPAA Transactions search'. Below the title is a section labeled 'Basic Time Period Search'. It contains two input fields: 'From Date:' and 'To Date:', each with a placeholder 'MM/DD/YYYY'. A red box highlights both of these input fields. Below the fields is a blue 'Search' button.

Figure 13-5: From Date and To Date Fields

4. Click **Search**. Refer to Figure 13-6.



The screenshot shows the same search interface as Figure 13-5. The 'Basic Time Period Search' section is visible, featuring 'From Date:' and 'To Date:' fields. The 'Search' button at the bottom is highlighted with a red box.

Figure 13-6: Bulk HIPAA Transactions Search Button

5. The search results display in the Bulk HIPAA Transactions grid. Refer to Figure 13-7.

▼ Bulk HIPAA Transactions results

You are viewing: Bulk HIPAA Transactions for NPI/API 1164552592 and the Last 30 days.

To modify, use the Bulk HIPAA Transactions search portlet.

▼ Bulk HIPAA Transactions activity

Filter your results:

ACTIONS TRANSACTION DATE FILE NAME

	11/03/2021	2	edi
	10/29/2021	2	edi
	10/21/2021	2	di
	10/21/2021	2	di
	10/21/2021	2	edi

Show 10 entries Showing 1 to 5 of 5 transactions

**Upload**

Figure 13-7: Bulk HIPAA Transactions Search Results

## 13.2. Download and View a Transaction

1. Search for transaction using Basic or Advanced Time Period Search. For more information, refer to Section 13.1: Search for a Transaction.
2. From the list of results, locate the transaction to download and select the **Download** icon under the Actions column. Refer to Figure 13-8.

▼ Bulk HIPAA Transactions activity

ACTIONS TRANSACTION DATE FILE NAME

	11/03/2021	2	
	10/29/2021	2	
	10/21/2021	2	

Show 10 entries **Upload**

Figure 13-8: Download icon

3. After the download completes, open the file to view.

### 13.3. Upload a Transaction

1. From the File transaction activity screen, click **Upload**. Refer to Figure 13-9.

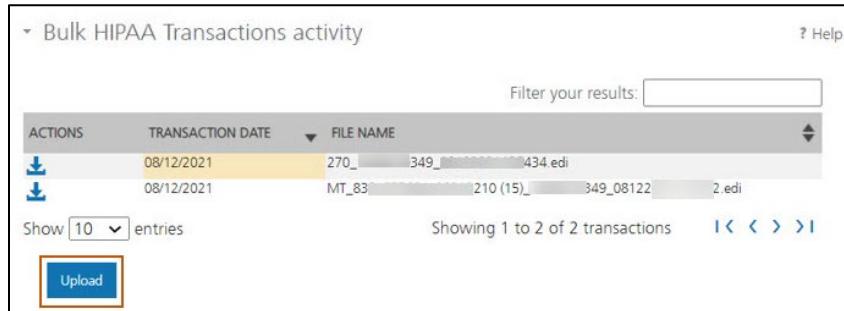


Figure 13-9: Upload Button

**Note:** The File Upload window displays. Refer to Figure 13-10.

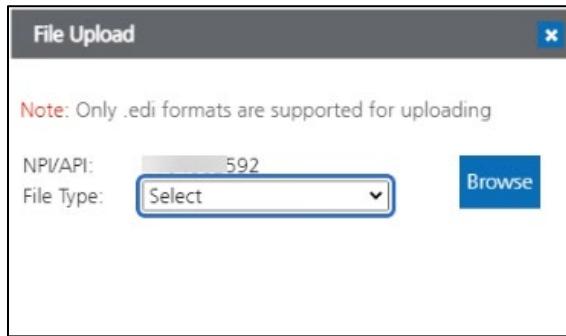


Figure 13-10: File Upload Window

2. Select **File Type** from the list of options, including Member Eligibility (270), Claim Submission (873) and Claim Status (276). Click **Browse**. Refer to Figure 13-11.

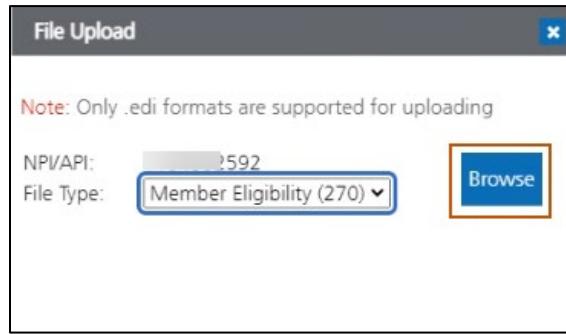


Figure 13-11: Browse Button

3. Locate and select the file to be uploaded. Click the **Upload** button. Refer to Figure 13-12.

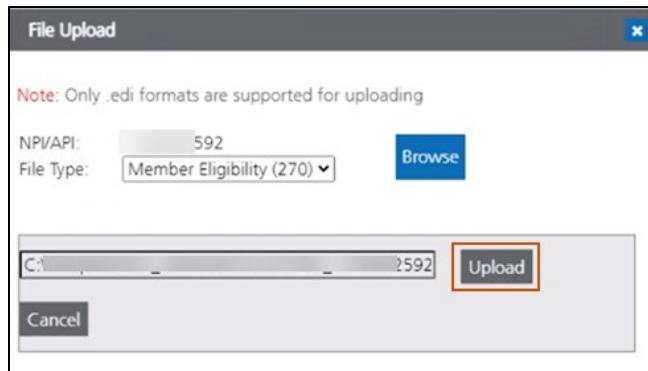


Figure 13-12: File Upload Button

4. When the upload is complete the screen will display a success message. Refer to Figure 13-13.

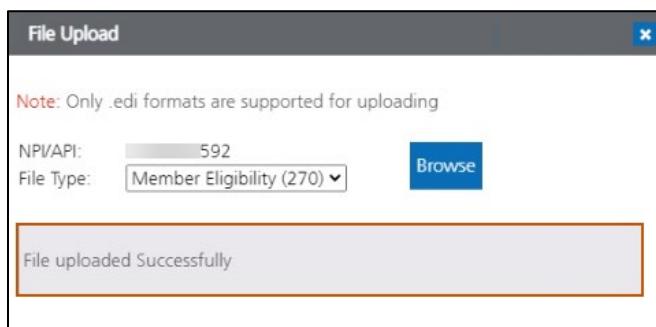


Figure 13-13: File Uploaded Successfully

5. The file displays in Bulk HIPAA Transactions activity grid. Refer to Figure 13-14.

Bulk HIPAA Transactions activity		
ACTIONS	TRANSACTION DATE	FILE NAME
	11/11/2021	2592_member_eligibility.edi
	11/03/2021	2592_member_eligibility.edi
	10/29/2021	2592_member_eligibility.edi
	10/21/2021	2592_member_eligibility.edi
	10/21/2021	2592_member_eligibility.edi
	10/21/2021	2592_member_eligibility.edi

Figure 13-14: File Displays in the Bulk HIPAA Transactions Grid

## 14. Alerts and Announcements

This section describes how Montana Healthcare Program providers view and accept alerts on the Montana Provider Portal.

1. Log into the Montana Provider Portal. For more information, refer to Section 2.2: Log into the Portal.
2. Determine type of alert posted to provider portal. See the following sections.

### 14.1. Blocking Alerts

Blocking alerts show immediately upon logging into the portal. Navigation around the site is not possible until acknowledging the alert.

1. View the alert message and take any necessary action based on the message. Refer to Figure 14-1.

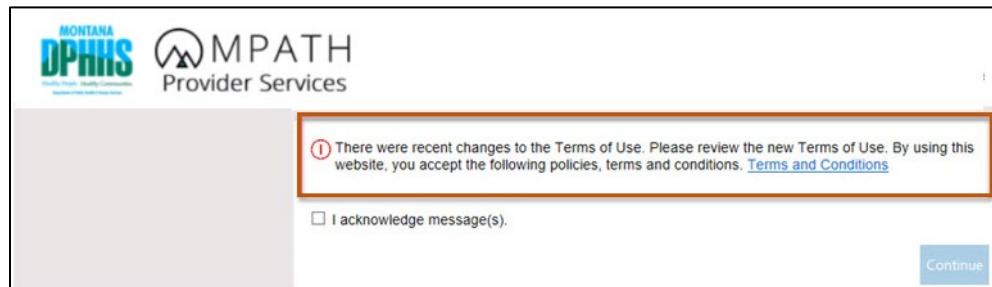


Figure 14-1: Sample of a Blocking Alert

2. Click the **checkbox** next to the **I acknowledge message(s)** statement. Refer to Figure 14-2.

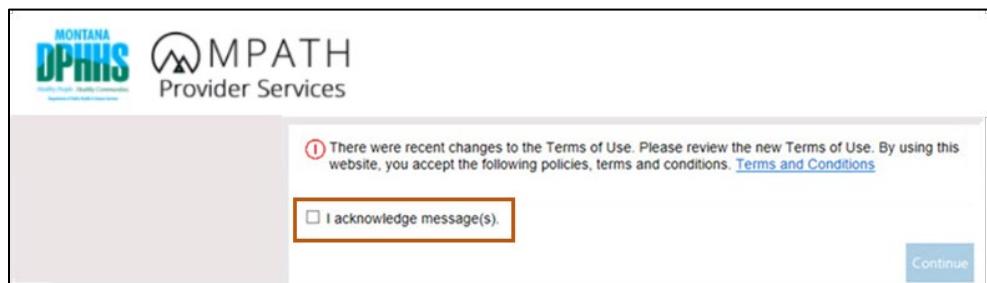


Figure 14-2: Acknowledgement Checkbox

3. Click **Continue**. The secure landing page displays.

**Note:** If the user does not select the Continue button at this step, the user returns to the non-secure portal. The user continues to see this alert until acknowledging the message and selecting **Continue**.

## 14.2. Non-Blocking Alerts

A non-blocking alert appears immediately upon logging into the portal. Navigation around the site is not possible until the user continues past the alert page. In this case, the user does not need to acknowledge the message.

1. Read the alert message and take any necessary action based on the message.
2. Click **Continue**. Refer to Figure 14-3.

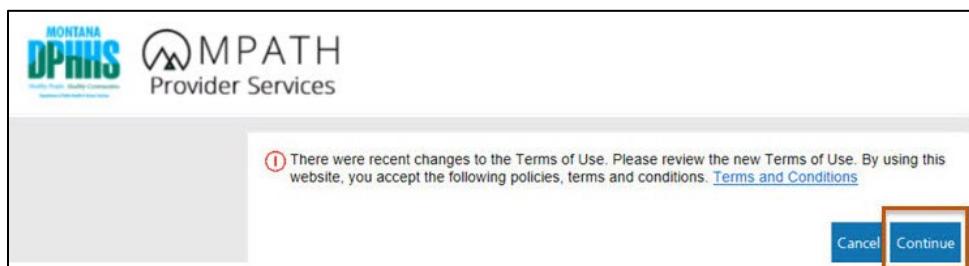


Figure 14-3: Sample of a Non-blocking alert

**Note:** If the **Cancel** button is selected, the user continues to see this alert until **Continue** button is selected.

## 14.3. Non-Blocking Alert Banner

A non-blocking alert banner displays immediately upon logging into the portal. In this instance, the user does not need to acknowledge the message and the user is free to move around the portal.

Read the message. The message displays until MPATH administrators determine removal. Refer to Figure 14-4.

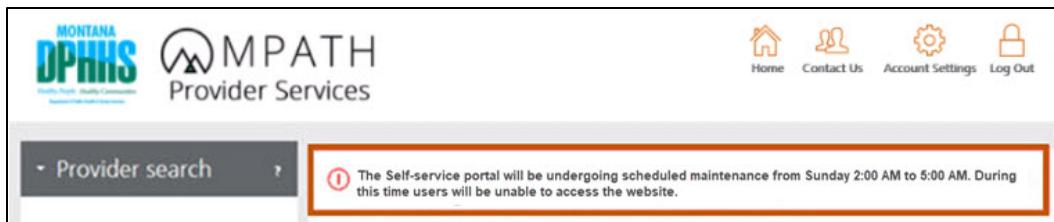


Figure 14-4: Non-Blocking Alert Banner Message Sample

## 15. Montana Healthcare Programs Contact Information

This section describes how Montana Healthcare Programs providers use the Montana Provider Portal to find contact information for the program to reach out for assistance or support.

1. Navigate to the Montana Provider Portal website. Refer to Section 1.3: Accessing the Montana Provider Portal.
2. Whether on the public landing page or logged in to the secure portal, click the **Contact Us** icon in upper right corner of the page. Refer to Figures 15-1 and 15-2.



Figure 15-1: Public Landing Page – Contact Us



Figure 15-2: Secure Portal – Contact Us

3. View the contact information on the page, including phone numbers and mailing addresses.

# **Appendices**

## Appendix A – Acronyms

The following is a list of acronyms used within this document.

Acronym	Term
<b>API</b>	Atypical Provider Identifier
<b>COB</b>	Coordination of Benefits
<b>CPT</b>	Current Procedural Terminology
<b>DPHHS</b>	Department of Public Health and Human Services
<b>EOB</b>	Explanation of Benefits
<b>EPSDT</b>	Early Periodic Screening, Diagnosis and Treatment
<b>GovID</b>	Government Identification (username used to gain secure access to the Montana Provider Portal)
<b>HCPC</b>	Healthcare Common Procedure Code
<b>HCPCS</b>	Healthcare Common Procedure Coding System
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>MPATH</b>	Montana Program for Automating and Transforming Healthcare
<b>NDC</b>	National Drug Code
<b>NPI</b>	National Provider Identifier
<b>POS</b>	Place of Service

## Appendix B – Glossary

Term	Definition
Atypical Provider Identifier	CMS defines atypical providers as providers that do not provide health care (e.g., taxi services, home or vehicle modification or respite services).
Coordination of Benefits (COB)	A program that determines which plan or insurance policy will pay first if two health plans or insurance policies cover the same benefits. If one of the plans is a Medicare health plan, Federal law may decide who pays first
Current Procedural Terminology (CPT)	A medical code set of physician and other services, maintained and copyrighted by the American Medical Association (AMA), and adopted by the Secretary of HHS as the standard for reporting physician and other services on standard transactions
Department of Public Health and Human Services (DPHHS)	A cabinet-level executive branch department of the U.S. federal government with the goal of protecting the health of all Americans and providing essential human services
Explanation of Benefits (EOB)	A notice given to a member after a provider files a claim and that claim has been adjudicated by the member's insurance carrier. It typically describes the charges, the amount(s) approved by the carrier, and the amount(s) paid to the provider.
Early Periodic Screening, Diagnosis and Treatment (EPSDT)	The child health component of Medicaid, providing comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.
Government Identification	State or federally issued identification, typically a driver's license, identity card, Social Security card or passport.
Healthcare Common Procedure Code (HCPCS)	A medical code set that identifies health care procedures, equipment, and supplies for claim

	<p>submission purposes. It has been selected for use in the HIPAA transactions.</p>
Health Insurance Portability and Accountability Act (HIPAA)	<p>A law passed in 1996 which provides a wide variety of protections.</p> <ul style="list-style-type: none"> <li>• expands health care coverage for a lost job,</li> <li>• protects individuals with pre-existing medical conditions</li> <li>• limits how companies can use your pre-existing medical conditions to keep you from getting health insurance coverage.</li> <li>• usually gives you credit for health coverage you have had in the past.</li> <li>• may give you special help with group health coverage when you lose coverage or have a new dependent; and</li> </ul> <p>generally, guarantees your right to renew your health coverage. HIPAA does not replace the states' roles as primary regulators of insurance.</p>
Montana Program for Automating and Transforming Healthcare (MPATH)	A series of projects to implement modules and services to replace the State's legacy Medicaid Management Information System (MMIS).
National Drug Code (NDC)	A medical code set maintained by the Food and Drug Administration that contains codes for drugs that are FDA-approved. The Secretary of HHS adopted this code set as the standard for reporting drugs and biologics on standard transactions
National Provider Identifier (NPI)	The name of the standard unique health identifier for health care providers that was adopted by the Secretary in January 2004
Place of Service (POS)	The physical location where medical services take place.
Tax Identification Number	A nine-digit tax processing number only available for certain nonresident and resident aliens, their spouses, and dependents who cannot get a Social Security Number.

## Appendix C – Professional Claim Form Fields and Descriptions

Field	Description
<b>Diagnosis Codes (ICD 10)</b> – Field 1  <b>Important:</b> This field is required.	<p>This is the primary diagnosis code used for the claim. Use the applicable ICD 10 code.</p> <p><b>Note:</b> Do not include any decimals when typing the diagnosis code information. This field is intuitive to prevent errors by validating codes. Start typing the diagnosis code and select the search button to view all codes with the alphanumeric sequence typed.</p>
<b>Diagnosis Codes (ICD 10)</b> – Fields 2-12  <b>Important:</b> This field is not required.	<p>These are the additional diagnosis codes used for the claim. Use the applicable ICD 10 codes.</p> <p><b>Note:</b> Do not include any decimals when typing the diagnosis code information. This field is intuitive to prevent errors by validating codes. Start typing the diagnosis code and select the search button to view all codes with the alphanumeric sequence typed.</p>
<b>From Date</b>  <b>Important:</b> This field is required.	Select correct From Date from the calendar or use MMDDYYYY format for the claim line.
<b>To Date</b>  <b>Important:</b> This field is required.	Select the correct To Date from the calendar or use MMDDYYYY format for the claim line.
<b>Place of Service (POS)</b>  <b>Important:</b> This field is required.	Select the Place of Service for the claim line.
<b>CPT/HCPCS</b>  <b>Important:</b> This field is required.	This is the Procedure Code for the claim line. <p><b>Note:</b> When J-code or drug, please key in the National Drug Code (NDC) in the NDC column.</p>
<b>Modifier</b>  <b>Important:</b> This field is not required.	This field describes a service or procedure. Use up to four modifiers per claim line. Separate each modifier with a comma. <p><b>Note:</b> Do not include spaces between modifier code and comma. Spaces between modifier code and comma are automatically removed.</p>

Field	Description
<b>Diagnosis Pointer</b> <b>Important:</b> This field is required.	Use the reference code from above the claim grid to relate the date of service and the procedures performed to the correct diagnosis code. Use up to eight diagnosis pointers per claim line. Make sure to match the diagnosis code for this particular service.  <b>Note:</b> Do not include spaces between diagnosis pointer and comma. Spaces between each diagnosis pointer and comma are automatically removed.
<b>Charges</b> <b>Important:</b> This field is required.	This is the amount charged for service.
<b>Days or Units</b> <b>Important:</b> This field is required.	This is the number of days or units for service.

Field	Description
<p><b>Other Insurance/Coordination of Benefits (COB)</b></p> <p><b>Important:</b> This field is situational.</p>	<p>If member has other insurance select the <b>COB</b> link to enter the below information:</p> <p>Primary Payer Fields/Columns:</p> <ul style="list-style-type: none"> <li>• <b>Insurance Type:</b> Insurance options include the following: <ul style="list-style-type: none"> <li>○ Commercial</li> <li>○ Medicare Part A and B</li> <li>○ Medicare Part B</li> <li>○ Medicare Part A</li> <li>○ Medicare Part C/Advantage</li> </ul> </li> <li>• <b>Carrier Name:</b> This is the Primary Payer billable name.</li> <li>• <b>Carrier Code:</b> Reference code to the primary payer.</li> <li>• <b>Subscriber First Name:</b> This is the first name of insurance carrier.</li> <li>• <b>Subscriber Last Name:</b> This is the last name of the insurance carrier.</li> <li>• <b>Subscriber Middle Name:</b> This is the middle name of the insurance carrier.</li> <li>• <b>Allowed:</b> This is the maximum amount the other insurance plan paid for service.</li> <li>• <b>Copay:</b> This is the fixed amount paid by member for a health care service.</li> <li>• <b>Deductible:</b> This is the amount paid by member before other insurance plan starts to pay.</li> <li>• <b>Coinsurance:</b> This is the amount paid by the other insurance plan after the member reached the deductible.</li> <li>• <b>Paid Amount:</b> This is the amount paid by the additional insurance carrier.</li> <li>• <b>Group:</b> This identifies the responsible party.</li> <li>• <b>Reason:</b> These codes communicate a reason for a payment adjustment that describes why a claim or service line was paid differently than it was billed.</li> <li>• <b>Amount:</b> The Medicare reimbursement amount to be paid to the provider.</li> <li>• <b>Explanation of Benefits (EOB) Paid Date:</b> This is the claim's processing date by other insurance carrier.</li> </ul>

Field	Description
<b>NDC</b> <b>Important:</b> This field is situational.	This is the National Drug Code. <b>Note:</b> Please key in NDC using a 5-4-2 format (e.g. xxxx-xxxx-xx).
<b>Early Periodic Screening, Diagnosis and Treatment (EPSDT)</b> <b>Important:</b> This field is situational.	Early and Periodic Screening, Diagnostic and Treatment
<b>Emergency Service</b> <b>Important:</b> This field is situational.	This identifies if the claim is related to emergency services.
<b>Family Planning</b> <b>Important:</b> This field is situational.	This identifies if the claim is related to family planning services.
<b>Trash Bin</b> (Delete Icon) <b>Important:</b> This field is situational.	Use the trash bin to remove lines added at the claim level.
<b>Total Charges</b>	This is the total of all charges from claim lines from grid.
<b>Add</b> (Add Icon)	Selecting <b>Add</b> adds 10 more rows to the grid.
<b>Is this a void or replacement of a previously submitted claim?</b> <b>Important:</b> This field is required.	Select Yes if the current claim is a void or replacement of a previous claim.

Field	Description
<p><b>Are you submitting COB at the claim level?</b> <b>Important:</b> This field is not required.</p>	<p>If provider selects Yes to this question, complete the below fields for a member with other insurance:</p> <p>Primary Payer Fields/Columns:</p> <ul style="list-style-type: none"> <li>• <b>Insurance Type:</b> Insurance options include the following: <ul style="list-style-type: none"> <li>○ Commercial</li> <li>○ Medicare Part A and B</li> <li>○ Medicare Part B</li> <li>○ Medicare Part A</li> <li>○ Medicare Part C/Advantage</li> </ul> </li> <li>• <b>Carrier Name:</b> This is the Primary Payer billable name.</li> <li>• <b>Carrier Code:</b> Reference code to the primary payer.</li> <li>• <b>Subscriber First Name:</b> This is the first name of insurance carrier.</li> <li>• <b>Subscriber Last Name:</b> This is the last name of the insurance carrier.</li> <li>• <b>Subscriber Middle Name:</b> This is the middle name of the insurance carrier.</li> <li>• <b>Allowed:</b> This is the maximum amount the other insurance plan paid for service.</li> <li>• <b>Copay:</b> This is the fixed amount paid by the member for a health care service.</li> <li>• <b>Deductible:</b> This is the amount paid by the member before the other insurance plan starts to pay.</li> <li>• <b>Coinsurance:</b> This is the amount paid by the other insurance plan after the member reached the deductible.</li> <li>• <b>Paid Amount:</b> This is the amount paid by the additional insurance carrier.</li> <li>• <b>Group:</b> This identifies the responsible party.</li> <li>• <b>Reason:</b> These codes communicate a reason for a payment adjustment that describes why a claim or service line was paid differently than it was billed.</li> <li>• <b>Amount:</b> The Medicare reimbursement amount to be paid to the provider.</li> <li>• <b>EOB Paid Date:</b> This is the claim's processing date by other insurance carrier.</li> </ul>

Field	Description
<b>Is the member's condition related to:</b> <b>Important:</b> This field is not required.	Select if the member's condition is related to one of the following: <ul style="list-style-type: none"> <li>• <b>None</b></li> <li>• <b>Employment</b></li> <li>• <b>Auto Accident</b></li> </ul> <p><b>Note:</b> When selecting Auto Accident, Auto Accident State displays. This field is required.</p> <ul style="list-style-type: none"> <li>• <b>Other Type of Accident</b></li> </ul>
<b>First date related to Member's condition:</b> <b>Important:</b> This field is not required.	Select if the member's condition is related to one of the following: <p><b>Note:</b> Depending on the field selected, additional fields could display for First Date. This is a required field.</p> <ul style="list-style-type: none"> <li>• <b>Onset of Current Symptoms or illness</b></li> <li>• <b>Accident</b></li> <li>• <b>Last Menstrual Period</b></li> </ul>
<b>Is this Member deceased?</b> <b>Important:</b> This field is required.	If the provider selects <b>Yes</b> to this question, type the date of death. If the provider selects <b>No</b> to this question, go to the next field.
<b>Is member unable to work in current occupation?</b> <b>Important:</b> This field is required.	If provider selects <b>Yes</b> to this question, complete the following fields: <ul style="list-style-type: none"> <li>• <b>From Date</b></li> <li>• <b>To Date</b></li> </ul> If provider selects <b>No</b> to this question, go to the next field.
<b>Is hospitalization related to current services?</b> <b>Important:</b> This field is required.	If the provider selects <b>Yes</b> to this question, complete the following fields: <ul style="list-style-type: none"> <li>• <b>Admit Date</b></li> <li>• <b>To Date</b></li> </ul> If the provider selects <b>No</b> to this question, go to the next field.
<b>Clinical Laboratory Improvement Amendment Number needed for this claim?</b> <b>Important:</b> This field is required.	If provider selects <b>Yes</b> to this question, complete the following field: <ul style="list-style-type: none"> <li>• <b>Clinical Laboratory Improvement Amendment Number</b></li> </ul> If the provider selects <b>No</b> to this question, go to the next field.

Field	Description
<b>Is there a prior authorization for this claim?</b>  <b>Important:</b> This field is required.	If the provider selects <b>Yes</b> to this question, complete the following field: <ul style="list-style-type: none"><li>• <b>Prior Authorization Number</b></li></ul> Clicking <b>Advanced Search</b> Populates the Member ID and facilitates searching date ranges for existing prior authorization numbers.  If provider selects <b>No</b> to this question, go to next field.
<b>Is there a Referral for this claim?</b>  <b>Important:</b> This field is required.	If provider selects <b>Yes</b> to this question, complete the following field: <ul style="list-style-type: none"><li>• <b>Referral Number</b></li></ul> If provider selects <b>No</b> to this question, go to the next field.
<b>Do you have attachments for this claim?</b>  <b>Important:</b> This field is required.	Select Yes if attachment(s) exist for this claim.

## Appendix D – Facility Claim Form Fields and Descriptions

Field	Required?	Description
<b>Type of Bill</b>	Required	<p>This four-digit alphanumeric code represents the type of bill and always starts with a zero.</p> <p><b>Note:</b> If this is a resubmission of a previously submitted claim, use 7 for the frequency digit.</p>
<b>Inpatient or Outpatient</b>	Required	Specify whether claim is inpatient or outpatient.
<b>Statement Period From</b>	Required	Beginning date of service.
<b>Statement Period Through</b>	Required	End date of service.
<b>Admission Date</b>	Required for Inpatient and Home Health Only	<p>Use the following guidelines for the date care begins:</p> <ul style="list-style-type: none"> <li>For Inpatient care, use the date of admission.</li> <li>For all others, use the date care starts.</li> </ul>
<b>Admission Hour</b>	Required for Inpatient and Home Health Only	<p>This is the hour in which patient is admitted for inpatient or outpatient care.</p> <p><b>Note:</b> Use Military Standard Time (00-23).</p>
<b>Admission Type</b>	Required for Inpatient Only	This is the priority of the admission or visit.
<b>Source of Admission</b>	Required	This is the point of origin of the patient upon for this admission or visit.
<b>Discharge Hour</b>	Required for Inpatient Only	<p>The patient was discharged from inpatient care in this hour.</p> <p><b>Note:</b> Use Military Standard Time (00-23).</p>
<b>Member Discharge Status</b>	Required	This is the status of the member upon discharge.
<b>Condition Codes (1-11)</b>	Situational	These are the conditions or events related that could affect the processing.
<b>Accident State</b>	Not Required	The accident occurred in this state.

Field	Required?	Description
<b>Occurrence Code (1-8)</b>	Situational	The significant events that affect the processing.
<b>(Occurrence Code) Date (1-8)</b>	Situational	Start and end dates of the specific events.
<b>Occurrence Span Code (1-8)</b>	Required for Inpatient Only	Significant events that affect the processing.
<b>(Occurrence Span Code) From (1-8)</b>	Required for Inpatient Only	These are the start dates of the specific events.
<b>(Occurrence Span Code) Through (1-8)</b>	Required for Inpatient Only	These are the end dates of the specific events.
<b>Value Code (1-12)</b>	Required	Codes to identify the monetary data for processing claims.
<b>(Value Code) Amount / Days (1-12)</b>	Required	Dollar amounts associated to value code to identify the monetary data for processing claims.
<b>Revenue Code</b>	Required	This is a HIPAA-compliant code identifying the services performed.  <b>Note:</b> Make sure to add the HCPC code when revenue code requires it.
<b>HCPCS Code</b>	Required	These are codes for ancillary services, accommodation rate for inpatient services and Health Insurance Prospective Payment System rate codes for specific patient groups.
<b>Modifier</b>	Not Required	This field describes a service or procedure. Use up to four modifiers per claim line. Separate each modifier with a comma.  <b>Note:</b> Do not include spaces between modifier code and comma. Spaces between modifier code and comma automatically will be removed.
<b>From Date</b>	Required for Inpatient Only	Select correct From Date from the calendar or use MMDDYYYY format for the claim line.

Field	Required?	Description
<b>To Date</b>	Not Required	Select correct To Date from the calendar or use MMDDYYYY format for the claim line.
<b>Service Units</b>	Required	Unit of service provided (i.e., pints of blood, miles traveled, number of inpatient days).
<b>NDC</b>	Situational	This is the National Drug Code. <b>Note:</b> Please key in NDC using a 5-4-2 format (e.g. xxxxx-xxxx-xx).
<b>Total Charges</b>	Required	Total charge billed for each revenue code.
<b>Trash Bin (Delete Icon)</b>	N/A	Use the trash bin to remove lines added at the claim level.
<b>Total Charges</b>	N/A	This is the total of all charges from the claim lines in the grid.
<b>Add</b>	N/A	Selecting <b>Add</b> adds 10 more rows to grid.
<b>Primary Diagnosis Code</b>	Required	This is the primary ICD-10 diagnosis code.
<b>Present on Admission</b>	Required	Select from these options: <ul style="list-style-type: none"> <li>• N – No</li> <li>• U – Unknown</li> <li>• W – Not Applicable</li> <li>• Y - Yes</li> </ul>
<b>Diagnosis Related Groups (DRG)</b>	Situational	This alphanumeric code identifies the level of services/products that the patient received during an inpatient hospital stay.
<b>Other Diagnosis Codes (1-24)</b>	Not Required	These diagnosis codes are in addition to the primary diagnosis code.
<b>Add Diagnosis Code</b>	Situational	Selecting <b>Add Diagnosis code</b> adds additional lines, one at a time, up to 24.

Field	Required?	Description
<b>Admitting Diagnosis Code</b>	Required	This is the patient's ICD-10-CM diagnosis code at time of admission.
<b>Member's Reason for Visiting Diagnoses (1-3)</b>	Situational	These are the ICD-10-CM codes for the reason of patient's outpatient visit.
<b>External Cause of Injury Codes (1-3)</b>	Not Required	This is additional information surrounding an injury or health condition.
<b>Principal Procedure Code</b>	Not Required	This is a procedure code of primary procedure performed for inpatient claims.
<b>(Principal Procedure Code) Date</b>	Not Required	Date of procedure code of primary procedure performed for inpatient claims.
<b>Other Procedure Codes (1-5)</b>	Not Required	Additional procedure codes performed for inpatient claims.
<b>(Other Procedure Codes) Date (1-5)</b>	Not Required	Date of additional procedure codes performed for inpatient claims.
<b>Prior Authorization Number</b>	Not Required	This is the prior authorization code linked to this claim.
<b>Advanced Search</b>	Not Required	Populates the Member ID. Facilitates searching date ranges for existing prior authorization numbers.
<b>Referral Number</b>	Not Required	This is the referral number linked to this claim.

Field	Required?	Description
<b>Service Authorization Exception Code</b>	Not Required	<p>This is the service authorization exception code. Options include:</p> <ul style="list-style-type: none"> <li>• Client has temporary Medicaid</li> <li>• Emergency care</li> <li>• Immediate/urgent care</li> <li>• Request from county for second opinion to determine if recipient can work</li> <li>• Request for override pending</li> <li>• Services rendered in a retroactive period</li> <li>• Special handling</li> </ul>
<b>Are you submitting COB at the claim level?</b>	Not Required	Selecting Yes opens the Other Insurance / COB section.
<b>Insurance Type</b>	Situational	<p>Options include:</p> <ul style="list-style-type: none"> <li>• Commercial</li> <li>• Medicare Part A and B</li> <li>• Medicare Part B</li> <li>• Medicare Part A</li> <li>• Medicare Part C/Advantage</li> </ul>
<b>Carrier Name</b>	Situational	This is the Primary Payer billable name.
<b>Carrier Code</b>	Situational	Reference code to the primary payer.
<b>Subscriber First Name</b>	Situational	This is the first name of the member with other insurance.
<b>Subscriber Middle Name</b>	Situational	This is the middle name of the member with other insurance.
<b>Subscriber Last Name</b>	Situational	This is the last name of the member with other insurance.
<b>Allowed</b>	Situational	This is the maximum amount the other insurance plan paid for service.

Field	Required?	Description
<b>Copay</b>	Situational	This is the fixed amount paid by the member for a health care service.
<b>Deductible</b>	Situational	This is the amount paid by member before other insurance plan starts to pay.
<b>Coinsurance</b>	Situational	This is the amount paid by the other insurance plan after the member reached the deductible
<b>Paid Amount</b>	Situational	This is the amount paid by the additional insurance carrier.
<b>Group</b>	Situational	This identifies the responsible party.
<b>Reason</b>	Situational	These codes communicate a reason for a payment adjustment that describes why a claim or service line was paid differently than it was billed.
<b>Amount</b>	Situational	The Medicare reimbursement amount to be paid to the provider.
<b>EOB Payment Date</b>	Situational	This is the claim's processing date by other insurance carrier.
<b>Do you have attachments for this claim?</b>	Required	<p>Select <b>Yes</b> or <b>No</b>.</p> <ul style="list-style-type: none"> <li>• If the provider selects <b>Yes</b> to this question, complete the following fields:           <ul style="list-style-type: none"> <li>○ <b>Report Code Type</b></li> <li>○ <b>Transmission Code</b></li> <li>○ <b>Control Number</b></li> </ul> </li> </ul> <p>Note: Providers can mail, fax or electronically submit claim attachments. Select <b>Attachments</b> for electronic claim attachments.</p> <ul style="list-style-type: none"> <li>• If provider selects <b>No</b> to this question, go to the next field.</li> </ul>
<b>Notes</b>	Not Required	Provide additional information that is necessary to process the claim.

## Appendix E – Dental Claim Form Fields and Descriptions

Field	Required?	Description
<b>Procedure Date</b>	Required	The procedure date for which services were performed.
<b>Area of Oral Cavity</b>	Situational	<p>Always report the area of the oral cavity when the Procedure Code refers to a quadrant or arch and the area of the oral cavity is not uniquely defined by the procedure's nomenclature. Area of the oral cavity is designated by a two-digit code:</p> <ul style="list-style-type: none"> <li>• 00: Entire oral cavity</li> <li>• 01: Maxillary arch</li> <li>• 02: Mandibular arch</li> <li>• 10: Upper right quadrant</li> <li>• 20: Upper left quadrant</li> <li>• 30: Lower left quadrant</li> <li>• 40: Lower right quadrant</li> </ul>
<b>Tooth Number(s) or Letter(s)</b>	Situational	Enter the appropriate tooth number or letter when the procedure directly involves a tooth or range of teeth. Otherwise, leave blank.
<b>Tooth Surface</b>	Situational, Required if a Tooth Number or Letter is entered	<p>This Item is necessary when the procedure performed by tooth involves one or more tooth surfaces. Otherwise, leave blank. The following single letter codes are used to identify surfaces:</p> <ul style="list-style-type: none"> <li>• Buccal: B</li> <li>• Distal: D</li> <li>• Facial (or labial): F</li> <li>• Incisal: I</li> <li>• Lingual: L</li> <li>• Mesial: M</li> <li>• Occlusal: O</li> </ul>
<b>Procedure Code</b>	Required	The code used to identify the procedure performed.

Field	Required?	Description
<b>Diagnosis Code Pointer</b>	Not Required	<p>Use the reference code from below the claim grid to relate the date of service and the procedures performed to the correct diagnosis code. Up to 4 diagnosis pointers may be provider per claim line. Please be sure to match the diagnosis code(s) for this particular service.</p> <p><b>Note:</b> Do not include spaces between diagnosis pointer and comma. Spaces between each diagnosis pointer and comma are automatically removed.</p>
<b>Quantity</b>	Required	The number of times procedure was performed on date of service.

Field	Required?	Description
COB	Situational	<p>If member has other insurance, select COB link to enter the below information:</p> <p>Primary Payer Fields/Columns:</p> <ul style="list-style-type: none"> <li>• <b>Insurance Type:</b> Insurance options include the following: <ul style="list-style-type: none"> <li>○ Commercial</li> <li>○ Medicare Part A and B</li> <li>○ Medicare Part B</li> <li>○ Medicare Part A</li> <li>○ Medicare Part C/Advantage</li> </ul> </li> <li>• <b>Carrier Name:</b> This is the Primary Payer billable name.</li> <li>• <b>Carrier Code:</b> Reference code to the primary payer.</li> <li>• <b>Subscriber First Name:</b> This is the first name of insurance carrier.</li> <li>• <b>Subscriber Last Name:</b> This is the last name of the insurance carrier.</li> <li>• <b>Subscriber Middle Name:</b> This is the middle name of the insurance carrier.</li> <li>• <b>Group:</b> This identifies the responsible party.</li> <li>• <b>Reason:</b> These codes communicate a reason for a payment adjustment that describes why a claim or service line was paid differently than it was billed.</li> <li>• <b>Amount:</b> The Medicare reimbursement amount to be paid to the provider.</li> <li>• <b>EOB Paid Date:</b> This is the claim's processing date by other insurance carrier.</li> </ul>
Fee	Required	This is the fee charged for procedure.
Trash Bin (Delete Icon)	N/A	Use the trash bin to remove lines added at the claim level.
Total Charges	N/A	This is the sum of all fees.

Field	Required?	Description
<b>Add</b> (Add Icon)	N/A	Selecting <b>Add</b> adds 10 more rows to the grid.
<b>Diagnosis Codes (ICD 10) (1-4)</b>	Situational	This identifies why the patient is receiving care from the provider. It is also known as the diagnosed condition.
<b>Missing Teeth Information (1-32)</b>	Situational	Numbers associated to each of the teeth that are missing in a patient's mouth. The provider will need to identify which ones are missing.
<b>Is this a void or replacement of a previously submitted claim?</b>	Required	Select Yes if the current claim is a void or replacement of a previous claim.
<b>Are there EPSDT services for this claim?</b>	Required	<p>EPSDT indicates if services are comprehensive and preventative for children under age 21.</p> <ul style="list-style-type: none"> <li>• Select <b>Yes</b> to indicate the patient's services are comprehensive.</li> <li>• Select <b>No</b> if they are not.</li> </ul>

<p><b>Are you submitting COB at the claim level?</b></p>	<p>Situational</p>	<p>If provider selects <b>Yes</b> to this question, complete the below fields for a member with other insurance:</p> <p><b>Primary Payer Fields/Columns:</b></p> <ul style="list-style-type: none"> <li>• <b>Insurance Type:</b> Insurance options include the following:           <ul style="list-style-type: none"> <li>○ Commercial</li> <li>○ Medicare Part A and B</li> <li>○ Medicare Part B</li> <li>○ Medicare Part A</li> <li>○ Medicare Part C/Advantage</li> </ul> </li> <li>• <b>Carrier Name:</b> This is the Primary Payer billable name.</li> <li>• <b>Carrier Code:</b> Reference code to the primary payer.</li> <li>• <b>Subscriber First Name:</b> This is the first name of insurance carrier.</li> <li>• <b>Subscriber Last Name:</b> This is the last name of the insurance carrier.</li> <li>• <b>Subscriber Middle Name:</b> This is the middle name of the insurance carrier.</li> <li>• <b>Allowed:</b> This is the maximum amount the other insurance plan paid for service.</li> <li>• <b>Copay:</b> This is the fixed amount paid by member for a health care service.</li> <li>• <b>Deductible:</b> This is the amount paid by member before other insurance plan starts to pay.</li> <li>• <b>Coinsurance:</b> This is the amount paid by the other insurance plan after the member reached the deductible.</li> <li>• <b>Paid Amount:</b> This is the amount paid by the additional insurance carrier.</li> <li>• <b>Group:</b> This identifies the responsible party.</li> <li>• <b>Reason:</b> These codes communicate a reason for a payment adjustment that describes why a claim or service line was paid differently than it was billed.</li> <li>• <b>Amount:</b> The Medicare reimbursement amount to be paid to the provider.</li> </ul>
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Field	Required?	Description
		<ul style="list-style-type: none"> <li><b>EOB Paid Date:</b> This is the claim's processing date by other insurance carrier.</li> </ul>
<b>Place of Treatment</b>	Required	This is the two-digit numeric place of service code (Ex: 11-Office, 21-Inpatient Hospital, 32-Nursing Facility).
<b>Is this Treatment or Orthodontics</b>	Required	This selection indicates whether the services are part of a treatment plan or orthodontia plan. Select Treatment or Orthodontics from the drop down menu.
<b>Replacement of Prosthesis</b>	Not Required	If replacing a prosthetic device, then select <b>Yes</b> and answer the additional required question. If not replacing a prosthetic device, select <b>No</b> and go to the next field.
<b>Date of Prior Placement</b>	Required	This is only applicable if user selected <b>Yes</b> to Replacement of Prosthesis. Select the date that the original prosthetic device was placed.
<b>Treatment Resulting From</b>	Situational	This question is asking if the following three reasons are what is causing the treatment to be provided: <ul style="list-style-type: none"> <li><b>Auto accident</b></li> <li><b>Occupational illness/injury</b></li> <li><b>Other accident</b></li> </ul>
<b>Predetermination Number</b>	Situational	This is the number acquired by submitting the estimated charges as a predetermination and get approval. The number associated to the approval is forwarded to the provider.
<b>Prior Authorization Number</b>	Situational	This is the requested authorization number for required prior authorization services before rendering said services. Once approved, the prior authorization number associated to the approval is forwarded to the provider.
<b>Advanced Search</b>	Not Required	Populates the Member ID. Facilitates searching date ranges for existing prior authorization numbers.

Field	Required?	Description
<b>Do you have attachments for this claim?</b>	Required	<p>Select <b>Yes</b> or <b>No</b> to answer the required question.</p> <ul style="list-style-type: none"><li>• If the provider selects <b>Yes</b> to this question, complete the following fields:<ul style="list-style-type: none"><li>○ <b>Report Code Type</b></li><li>○ <b>Transmission Code</b></li><li>○ <b>Control Number</b></li></ul></li><li>• If the provider selects <b>No</b> to this question, go to the next field.</li></ul> <p><b>Note:</b> Providers can mail, fax or electronically submit claim attachments. Select <b>Attachments</b> for electronic claim attachments.</p>
<b>Notes</b>	Situational	Type any additional information needed to process the claim in the field provided.

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