



Primary Care Montana (PCMT) Provider Enrollment Guide

MONTANA DPHHS • HEALTH RESOURCES DIVISION • UPDATED 07/01/2026

PRIMARY CARE MONTANA (PCMT)

Provider Enrollment Guide —Adding PCMT for the First Time

This is for: Providers adding the Primary Care Montana (PCMT) program to enrollment or update on the Provider Enrollment Portal (PEP) for the first time.

Before you begin: The PCCM program for the State of Montana was implemented on **07/01/2026**. Any requested effective date prior to 07/01/2026 will not be applied to the approved/enrolled record.

What you'll do

1	Start the update: Open the enrollment on the PEP workbench
2	Add the PCMT program: Select PCMT in the State Programs section
3	Add PCMT at the location: Select PCMT and your Tier Level on the Physical Location tile
4	Answer the Tier panel questions: Complete all attestations for your tier
5	Create your PCMT ID: Visit the Enrollment Unit section to generate the ID
6	E-Sign and submit: Sign the agreement and submit the enrollment

PHASE 1 • Start the update

Begin by initiating an update on the Provider Enrollment Portal (PEP) workbench.

Step 1. Click the radio button next to the last Enrolled line (**1st Step**), then click **Update** on the left tile menu (**2nd Step**).



Update **2nd Step**

Manage Affiliations

Revalidate

Re-Enrollment

Show Filter Select "Search By" NPI/Atypical ID Search Criteria 1629449210 Search Clear

Show Legend

Actions	Type	Enrollment Status	Submission Date	Confirmation #	Tax ID	NPI/Atypical ID	Provider Name	Last Accessed By	Last Accessed Date
	Enrollment	Enrolled	06-20-2026	80366743	162944921	1629449210	MPATH METIC...	PNRM	06-20-2026
	Disenrollment	Disenrolled	04-10-2026	80042539	162944921	1629449210	MPATH METIC...	Juvik Denise	06-20-2026
	Disenrollment	Denied	02-26-2026	79869310	162944921	1629449210	MPATH METIC...	Juvik Denise	06-20-2026
	Revalidate	Enrolled	02-21-2026	79827719	162944921	1629449210	MPATH METIC...	Juvik Denise	06-20-2026
	Enrollment	Enrolled	12-16-2025	77730989	162944921	1629449210	MPATH METIC...	Juvik Denise	02-21-2026

Select the most recent Enrolled record, then choose Update from the left menu.

Step 2. Navigate to the bottom of the workbench and click the blue pencil icon on the in-progress Update line.

Show Filter Select "Search By" NPI/Atypical ID Search Criteria 1629449210 Search Clear

Actions	Type	Enrollment Status	Submission Date	Confirmation #	Tax ID	NPI/Atypical ID	Provider Name	Last Accessed By	Last Accessed Date
	Enrollment	Enrolled	06-20-2026	80366743	162944921	1629449210	MPATH METIC...	Juvik Denise	06-24-2026
	Disenrollment	Disenrolled	04-10-2026	80042539	162944921	1629449210	MPATH METIC...	Juvik Denise	06-20-2026
	Disenrollment	Denied	02-26-2026	79869310	162944921	1629449210	MPATH METIC...	Juvik Denise	06-20-2026
	Revalidate	Enrolled	02-21-2026	79827719	162944921	1629449210	MPATH METIC...	Juvik Denise	06-20-2026
	Enrollment	Enrolled	12-16-2025	77730989	162944921	1629449210	MPATH METIC...	Juvik Denise	02-21-2026
	Update	InProgress		80380273	162944921	1629449210	MPATH METIC...	Juvik Denise	06-24-2026

Click the pencil icon to open the in-progress update.

PHASE 2 • Add the PCMT program

Step 3. On the Provider Information tile, Practice Information tab, scroll down to the State Programs section and click **Add** to select a program.

State Programs: **Add**

Program Name	Requested Date	Effective Date	Requ
Montana Medicaid (HMK Plus)	01/01/2024	09/17/2024	

Click Add in the State Programs section.



Step 4. In the Add State Program window, select **Primary Care Montana (PCMT)** from the dropdown.

The screenshot shows the 'Add State Program' window with a modal overlay. The modal contains the text 'Required fields are marked with an asterisk (*)'. Below this, the 'State Programs' field is highlighted with a red circle and an information icon. The dropdown menu is open, showing 'Select State Program' at the top, followed by 'Primary Care Montana (PCMT)' (which is highlighted with a blue bar) and 'Primary Care Provider (PCP)'. A red arrow points to the 'Primary Care Montana (PCMT)' option.

Choose Primary Care Montana (PCMT) from the State Programs dropdown.

Step 5. Select the Requested Effective Date for the PCMT program, then click **Save**.

The screenshot shows the 'Add State Program' window with the 'State Programs' dropdown set to 'Primary Care Montana (PCMT)'. The 'Requested Date' field is set to '07/01/2026' and is highlighted with a red circle and an information icon. The 'Terminate Date' field is empty and also has an information icon. A red arrow points to the 'Save' button at the bottom right.

Set the Requested Effective Date and click Save.

Date rule: The effective date must be 07/01/2026 or later. Any date prior to 07/01/2026 will not be applied to the approved/enrolled record.

Step 6. An informational pop-up appears: “Are you a primary care provider that serves as a medical home for your members?” Read the message, then click **Confirm** to add PCMT to the State Program table. Clicking **Decline Participation** will not add PCMT to the enrollment/update.



Are you a primary care provider that serves as a medical home for your members? ✕

Primary Care Montana (PCMT) Provider
A Primary Care Montana (PCMT) provider is a Medicaid-enrolled primary care provider (PCP) or group entity (e.g., clinic, FQHC, RHC, IHS, Tribal, etc.) that delivers primary care services and serves as a **medical home** for assigned members.
PCMT providers:

- Maintain an ongoing relationship as the usual source of care for assigned members.
- Proactively manage wellness visits, immunizations, chronic conditions, and referrals, including coordination with specialists.
- Provide care that extends beyond episodic or urgent visits, taking organized responsibility for a defined panel of members and their overall health needs.
- Receive a monthly capitated payment for each member on their caseload and accept auto-assigned members.

Specialists who do not provide comprehensive primary care (e.g., dentists, physical therapists, behavioral health providers) are not eligible. PCMT providers must meet program criteria and requirements outlined in the provider manual at medicaidprovider.mt.gov.

Decline Participation Confirm

Review the informational pop-up, then click Confirm.

Step 7. After you click Confirm, Primary Care Montana (PCMT) appears in the State Programs table. Click **Save and Continue**.

State Programs: Add ?

Program Name	Requested Date	Effective Date	Requested Termination Date	Terminate Date	Actions
Montana Medicaid (HMK Plus)	01/01/2024	09/17/2024			
Primary Care Montana (PCMT)	07/01/2026				

Save and Exit Cancel Previous Save and Continue

PCMT now appears in the State Programs table.

Continue to complete any missing or expired information and click **Save and Continue** at the bottom of the page. Then navigate to the Physical Location tile.

PHASE 3 • Add PCMT at the location

Step 8. To add PCMT at the location, click the pencil icon on the address line.

Note: The address line may not appear red, but you must navigate into the record to add PCMT.



Location

Add * ⓘ **Manage Affiliations** ⓘ

ID	Address	City	State	County	Effective Date	Terminate Date	Action	Progress
001	9 J Street	Helena	MT	Lewis and Clark	09/17/2024			

Save and Exit **Cancel** **Previous** **Save and Continue**

Click the pencil icon on the location's address line.

Step 9. Scroll to the Programs section and check the box next to **Primary Care Montana (PCMT)**.

Programs * ⓘ

Select	Program Name	Care Management ID	Required Team Name	Requested Date	Effective Date	Requested Termination Date	Terminate Date
☒	Montana Medicaid (HMK Plus)			01/01/2024	09/17/2024		MM/DD/YYYY 
☒	Crisis Services		Add Team * ⓘ	02/01/2026	02/01/2026		MM/DD/YYYY 
 ☐	Primary Care Montana (PCMT)			07/01/2026			

Check the Primary Care Montana (PCMT) box in the Programs section.

Once the box is checked, the PCMT Tier Level question and dropdown appear.

Step 10. Select the Tier Level your group will participate in.

☒	Primary Care Montana (PCMT)	07/01/2026
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PCMT Tier Level

What Tier of PCMT are you enrolling in? *

Tier 1 

Select One

Tier 1

Tier 2

Team * ⓘ

Select Tier 1 or Tier 2 from the PCMT Tier Level dropdown.

Note: Your Primary Care Montana (PCMT) ID is not generated at this point. Continue with the update and leave the E Sign for the final step.

Step 11. Click **Save and Continue**. A red error message stating the E-Sign is required will display —this is expected. Click **Save and Continue** again to move to the Hours tab (or click the Hours tab directly).



Supporting Documents:

Document Name	Document Type	E-Sign The Document	File Name	Upload Date	Uploaded By	Other (Mail or Fax)	Actions
Location Busine...	Location Busin...					☐	↑ ⓘ
Primary Ca... *	PrimaryCareM...	<button>E-Sign</button>				☐	↑
Excluded Mem...	ExcludedMem...					☐	↑
Patient Centere...	PatientCentere...					☐	↑

Supporting Documents —leave the E-Sign for the final step.

Hours and Services tabs

Step 12. Review the Hours of Operation. This displays on the member portal so members know when the clinic is open for appointments.

Address ⓘ	Hours ✓	Languages ✓	Medicare/Medicaid ✓	Services Provided ⓘ	Tier 1 ⓘ
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Hours tab —displayed to members on the member portal.

Step 13. On the Services Provided tab, complete the group information, including the 24-hour phone number members may call for assistance.

Required as of June 2026: The 24 Hour Office Phone field is now required for all providers.

Address ✓	Hours ✓	Languages ✓	Medicare/Medicaid ✓	Services Provided ✓	Tier 1 ✓	Tier 2 ⓘ
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The 24 Hour Office Phone field is required for all providers.

PHASE 4 • Answer the Tier panel questions

Step 14. Navigate to the Tier Panel Questions and complete the form. **All questions require a response** to complete and submit the update.

Which panels appear: If you select Tier 1, a single panel appears. If you select Tier 2, both tier panels display.

	Phone Number	Ext
7. 24 Hour Office Phone * ⓘ		

Tier tabs appear at the top —Tier 1 only, or Tier 1 and Tier 2.



Tier 1 panel

Address	Hours	Languages	Medicare/Medicaid	Services Provided	Tier 1
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Tier 1

Important information: Primary Care Montana is Montana Medicaid's Primary Care Case Management Value-Based (PCCM VB) Program. The program's provider manual is available on the Montana Medicaid Provider website at medicaidprovider.mt.gov. Providers should review the provider manual before requesting to participate in the program.

Providers participating in the program at any tier must attest they meet the PCMT provider requirements for that tier. These requirements are based on National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) standards. Providers with current PCMH accreditation/recognition from any recognized accrediting organization (NCQA, TJC, URAC, etc.) shall be considered qualified to meet the program requirements and may submit their accreditation/recognition in place of an attestation. Providers who do not have current PCMH accreditation/recognition must attest to meeting the provider requirements for each tier of participation. Providers must attest they are currently meeting requirements or can meet the requirements within three months of program enrollment. Providers must attest, re-attest, or provide updated certification during revalidation or as requested by the Department. By participating in the program, providers acknowledge and agree to comply with all program requirements and reporting outlined in the provider manual.

Tier 1 tab and program overview.

Team-Based Care

1. Tier 1 providers must have a designated clinician lead and a staff person to manage the medical home. *
- ☐ I/We attest the provider has the required staff members employed at the facility to meet the Tier 1 requirements as specified.

Knowing and Managing Your Patients

2. Do you keep an up-to-date Problem List for each member with current and active diagnoses? *
- ☐ Yes ☐ No
3. Do you conduct depression screenings for the members using a standardized tool (i.e. PHQ-9 screening)? *
- ☐ Yes ☐ No
4. Providers must proactively outreach members to fill gaps in care. *
- ☐ I/We attest the practice will contact members to address identified gaps in care.

Access and Continuity

5. Do you provide same day appointments for acute and urgent care needs? *
- ☐ Yes ☐ No
6. How many days per week do you or your associated local clinics provide acute and urgent appointments outside of regular business hours Monday – Friday, 8:00am to 5:00pm? *

Select One ▾

Tier 1 questions 1–6 —Team-Based Care, Knowing & Managing Your Patients, Access & Continuity.



7. Tier 1 providers are required to provide 24/7 clinical advice by telephone or electronic means. * ⓘ
☐ I/We attest that 24/7 clinical advice is available by phone or electronic means.
8. Tier 1 providers are required to assist members who are eligible for Primary Care Montana, but are not on the practice's attribution list, in changing their PCP to the practice if the member wants to receive ongoing care at that practice. * ⓘ
☐ I/We attest that the practice will assist unattributed members with choosing or changing their attributed PCP.

Care Coordination and Care Transitions

9. Do you systematically manage lab and imaging tests by flagging abnormal results and bringing them to the attention of the clinician and notifying the members? * ⓘ
☐ Yes ☐ No
10. Do you systematically manage referrals by giving the consultant or specialist the clinical question, the required timing and the type of referral? * ⓘ
☐ Yes ☐ No

Tier 1 questions 7–10 —24/7 clinical advice, attribution, and Care Coordination.

Performance Measures and Quality Improvement

11. Providers in the PCMT program are responsible for quality reporting. Current quality reporting requirements and measures can be found on the [Medicaidprovider.mt.gov](https://www.medicaprovider.mt.gov) website. While most measures can be derived from claims, providers must attest that they can perform quality reporting from claims or other reporting avenues to meet their benchmarks. * ⓘ
☐ I/We are aware of the quality measure reporting required in the PCMT program for Tier 1 and Tier 2 providers.

General Provider Information

12. PCMT providers are required to accept auto assignment, unless they have reached their maximum case load. * ⓘ
☐ I/We attest to receiving auto-assigned members.
13. What is your requested case load range (Single provider minimum of 50-100 and a clinic with 2 or more providers minimum of 251-375 per PCP in the clinic)? * ⓘ

Select One ▼
14. Do you have an excluded member list? * ⓘ
☐ Yes ☐ No
15. Are you connected with an EHR connected to Big Sky Care Connect? * ⓘ
☐ Yes ☐ No
16. Do you have PCMH accreditation/recognition (NCQA, URAC, TJC, AAAHC, etc.)? * ⓘ
☐ Yes ☐ No

Tier 1 questions 11–16 —Performance Measures and General Provider Information.

Tier 2 panel

Note: Tier 2 providers must already meet and attest to all Tier 1 requirements. All items on the Tier 2 page are required.



Address	Hours	Languages	Medicare/Medicaid	Services Provided	Tier 1	Tier 2
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Tier 2

Important information: Primary Care Montana is Montana Medicaid's Primary Care Case Management Value-Based (PCCM VB) Program. The program's provider manual is available on the Montana Medicaid Provider website at medicaidprovider.mt.gov. Providers should review the provider manual before requesting to participate in the program.

Providers participating in the program at any tier must attest they meet the PCMT provider requirements for that tier. These requirements are based on National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) standards. Providers with current PCMH accreditation/recognition from any recognized accrediting organization (NCQA, TJC, URAC, etc.) shall be considered qualified to meet the program requirements and may submit their accreditation/recognition in place of an attestation. Providers who do not have current PCMH accreditation/recognition must attest to meeting the provider requirements for each tier of participation. Providers must attest they are currently meeting requirements or can meet the requirements within three months of program enrollment. Providers must attest, re-attest, or provide updated certification during revalidation or as requested by the Department. By participating in the program, providers acknowledge and agree to comply with all program requirements and reporting outlined in the provider manual.

PCMT Tier 2 providers must already have attested and meet requirements for Tier 1 providers.

All items on this page will be required with a red asterisk (*).

Tier 2 tab and program overview.

Team-Based Care

1. Does your practice conduct regular patient care team meetings or have a structured communication process focused on individual member care? *
☐ Yes ☐ No
2. Does your practice involve the care team in performance evaluations and quality improvement activities? *
☐ Yes ☐ No

Knowing and Managing Your Patients

3. Does your practice assess the language needs of the practice's population? *
☐ Yes ☐ No
4. Does your practice conduct comprehensive (social, behavioral, physical) health assessments? *
☐ Yes ☐ No

Tier 2 questions 1–4 —Team-Based Care and Knowing & Managing Your Patients.



5. This practice implements clinical decision support following evidence based guidelines for care. Please select all that apply (minimum of two must be selected): * ⓘ

- ☐ Mental health condition ⓘ
- ☐ Substance use disorder ⓘ
- ☐ Chronic medical condition ⓘ
- ☐ Acute condition ⓘ
- ☐ Condition related to unhealthy behaviors ⓘ
- ☐ Well child or adult care ⓘ
- ☐ Overuse/appropriateness issues ⓘ

6. Does your practice review and reconcile medications for at least 80 percent of members who have received care transitions? * ⓘ

☐ Yes ☐ No

7. Does your practice maintain an up to date list of medications for more than 80 percent of members? * ⓘ

☐ Yes ☐ No

Tier 2 questions 5–7 —clinical decision support and medication management.

Access and Continuity

8. Tier 2 providers must conduct outreach within 60 days to new members to establish care. Providers must attest they will provide proactive outreach to new members within the required time frame. * ⓘ

☐ I/We attest that the practice will conduct outreach to new members within 60 days to establish care as required.

Care Coordination and Care Transitions

9. Does your practice track referrals until the consultation or diagnostic test report is available, flagging and following up if overdue? * ⓘ

ⓘ
☐ Yes ☐ No

10. Does your practice systematically identify members with hospital admissions and emergency department visits? * ⓘ

☐ Yes ☐ No

11. Does your practice share clinical information with admitting hospitals and emergency departments? * ⓘ

☐ Yes ☐ No

12. Does your practice contact and follow up with members within 2-3 business days following a hospital admission or emergency department visits? * ⓘ

☐ Yes ☐ No

13. Does your practice offer a primary care follow up visit within 14 days of hospital discharge? * ⓘ

☐ Yes ☐ No

Tier 2 questions 8–13 —Access &Continuity and Care Coordination.



14. Does your practice follow up with members if a scheduled post-hospitalization discharge appointment is missed? * ⓘ
- ☐ Yes ☐ No
15. Does your practice facilitate a member's timely follow up with specialist(s) after hospital discharge, as indicated on the member's discharge instructions? * ⓘ
- ☐ Yes ☐ No

Performance Measures and Quality Improvement

16. Tier 2 providers are required to meet performance targets for follow up after hospitalization within 14 days. Current year quality reporting requirements and measures can be found on the [Medicaidprovider.mt.gov](https://medicaidprovider.mt.gov) website. Providers must attest they can perform follow-up within 14 days after hospitalization. * ⓘ
- ☐ I/We attest that the practice will perform follow-up with members within 14 days after hospitalization to meet required performance targets.
17. Tier 2 providers are required to meet performance targets for readmission rates. Current year quality reporting requirements and measures can be found on the [Medicaidprovider.mt.gov](https://medicaidprovider.mt.gov) website. Providers must attest they can meet performance targets for readmission rates. * ⓘ
- ☐ I/We attest that the practice will meet the required performance targets for readmission rates as specified.

[Cancel](#) [Previous](#) [Save and Continue](#) [Save](#)

Tier 2 questions 14–17 —Care Transitions and Performance Measures.

Step 15. Click **Save and Continue** once all Tier responses are answered.

Expected behavior: The location will still display red at this point. This clears up after the PCMT ID is created and the E Sign is completed.

Location

[Add](#) * ⓘ [Manage Affiliations](#) ⓘ

ID	Address	City	State	County	Effective Date	Terminate Date	Action	Progress
001	9 J Street	Helena	MT	Lewis and Clark	09/17/2024			

[Save and Exit](#) [Cancel](#) [Previous](#) [Save and Continue](#)

The location still shows red until the remaining steps are complete.

PHASE 5 • Create your PCMT ID

Step 16. Navigate to the Enrollment Unit section. **This navigation creates your PCMT ID.**

Step 17. Complete all missing details in the Enrollment Unit table. Click the pencil icon and navigate through the tabs across the top.



Enrollment Unit ↑	Program	Specialty	Service Location	Team Name	Team Number	Effective Date	Terminate Date	System Status	Actions
0001861665	Montana Medicaid (HMK Plus)	Multi-Specialty	001-MPATH METICOM MEDICAL			09/17/2024		Pending	
0001873366	Crisis Services	Multi-Specialty	001-MPATH METICOM MEDICAL	TEAM CS	TEAM CS	02/01/2026		Complete	
0001907074	Primary Care Montana (PCMT)	Multi-Specialty	001-MPATH METICOM MEDICAL			09/17/2024		Pending	

Items per page 50 1 - 3 of 3 < > >>

Complete the Enrollment Unit table —this generates the PCMT ID.

PHASE 6 • E Sign and submit

Now that you have the PCMT ID, you can complete the E-Sign at the location level.

Step 18. Click the Physical Location tile on the left menu, click the pencil icon on the red address line, navigate to the bottom of the Address tab, and click **E-Sign**.

0001907074	98	Primary Care Montana (PCMT)	Multi-Specialty
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Supporting Documents:

Document Name	Document Type	E-Sign The Document	File Name	Upload Date	Uploaded By	Other (Mail or Fax)	Actions
Location Busine...	Location Busin...	☐				☐	
Primary Ca...	PrimaryCareM...					☐	
Excluded Mem...	ExcludedMem...	☐				☐	
Patient Centre...	PatientCentere...	☐				☐	

Cancel

Previous

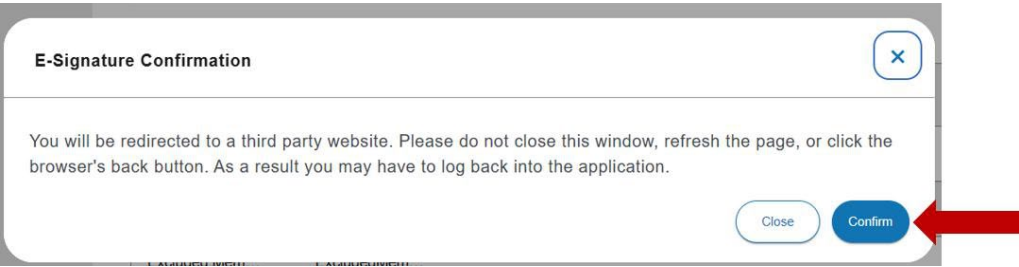
Save and Continue

Save

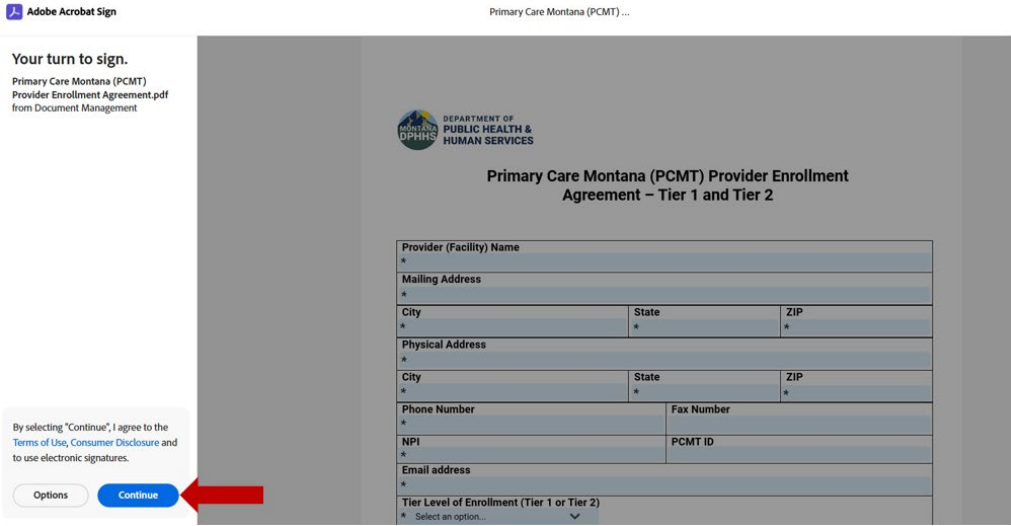
Open the location, then click E-Sign at the bottom of the Address tab.

Step 19. Follow the prompts after clicking E-Sign.

Do not interrupt: You will be redirected to a third-party website. Do not close the window, refresh the page, or use the browser's back button —doing so may require you to log back into the application.



E-Signature Confirmation —click Confirm to proceed.

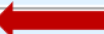


Adobe Acrobat Sign —review the agreement and click Continue.

PCMT ID required: The PCMT ID is required for the update to be approved. Make sure it is populated on the enrollment agreement.



**Primary Care Montana (PCMT) Provider Enrollment
Agreement – Tier 1 and Tier 2**

Provider (Facility) Name *		
Mailing Address *		
City *	State *	ZIP *
Physical Address *		
City *	State *	ZIP *
Phone Number *		Fax Number
NPI *		PCMT ID 
Email address *		
Tier Level of Enrollment (Tier 1 or Tier 2) * Select an option... ▼		

Section 1. Legal Authority

Enrollment in Primary Care Montana (PCMT) (the program) under this addendum shall be part of the provider's Montana Healthcare Programs enrollment for purposes of governing the provider's participation in the PCMT program. This addendum shall not in any way reduce or modify the provider's Montana Healthcare Programs enrollment for purposes of governing the provider's participation in the PCMT program. 

The provider(s) hereby agrees to comply with all applicable laws, rules and written policies including but

PCMT Provider Enrollment Agreement —confirm the PCMT ID field is filled.

Authorized Provider/Facility Signer:	Date:
* Click to Sign	06/24/2026
Printed Name and Title:	
*	
Agreement Completed by:	Date:
Printed Name and Title:	

Sign where indicated, then click Submit to complete the signature.

Step 20. To download a copy of the Primary Care Montana (PCMT) contract, click the hyperlink of the contract name.



Supporting Documents:

Document Name	Document Type	E-Sign The Document	File Name	Upload Date	Uploaded By	Other (Mail or Fax)	Actions
Location Busine...	Location Busin...	☐				☐	
Primary Ca...	PrimaryCareM...		E-Sign...	06/24/...		☐	
Excluded Mem...	ExcludedMem...	☐				☐	
Patient Centere...	PatientCentere...	☐				☐	

Click the contract name hyperlink to download your copy.

Step 21. Navigate to the Final Submission page and click **Submit**.

Review Your Enrollment

☒ Show All ☐ Show Missing

- Provider Information
- Credentials
- Financial Information
- Physical Location
- Enrollment Units
- Final Submission
- Enrollment Documents**

Review your enrollment, then click Submit on the Final Submission page.

You're done. Your enrollment update is submitted for review. The location's red status clears once all required items including the E Sign and PCMT ID are complete and the update is approved.