

New Provider Services Module

Provider Demonstration

Presented by Deb Braga, PR Field Rep

Training Agenda

- **Verify NPPES**
- **GovIDs**
- **Enrollments**
- **Denied applications**
- **Correspondence History**
- **Account Administration**
- **Updates/Revalidations**
- **Claims/Provider Portal**
- **Manage Affiliations**
- **Available resources**

NPPES NPI Registry

<https://npiregistry.cms.hhs.gov/registry/>

The first step is to verify your information in the NPPES registry.

- **Search the NPI.**
- **Verify all information shown under the NPI is correct. Name, address, phone number and taxonomy code should all be verified.**
- **Notate the taxonomy needed for your current application.**

<https://taxonomy.nucc.org/>

Creating your GovID

Creating your GovID

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

This system is designed for **1 Primary/Authorized Official User to register the Facility or Provider NPI**, when creating their GovID.

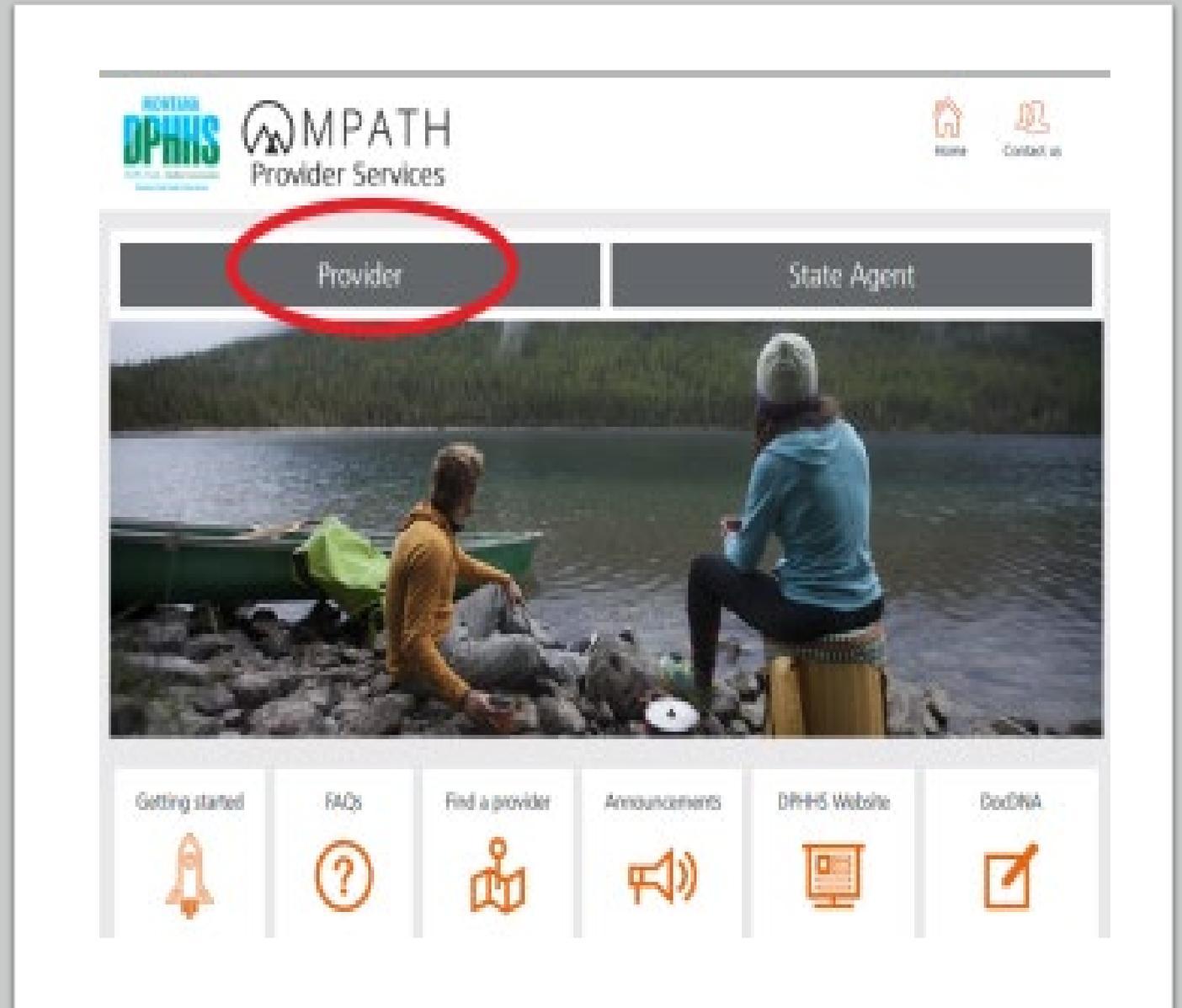
This person will submit requests to link additional Users to the system, depending on the function. It is important to have a discussion within your management team to determine who this should be.

- NPI can only be registered to ONE GovID.
- Email address can only be linked to ONE GovID.

Accessing the Portal

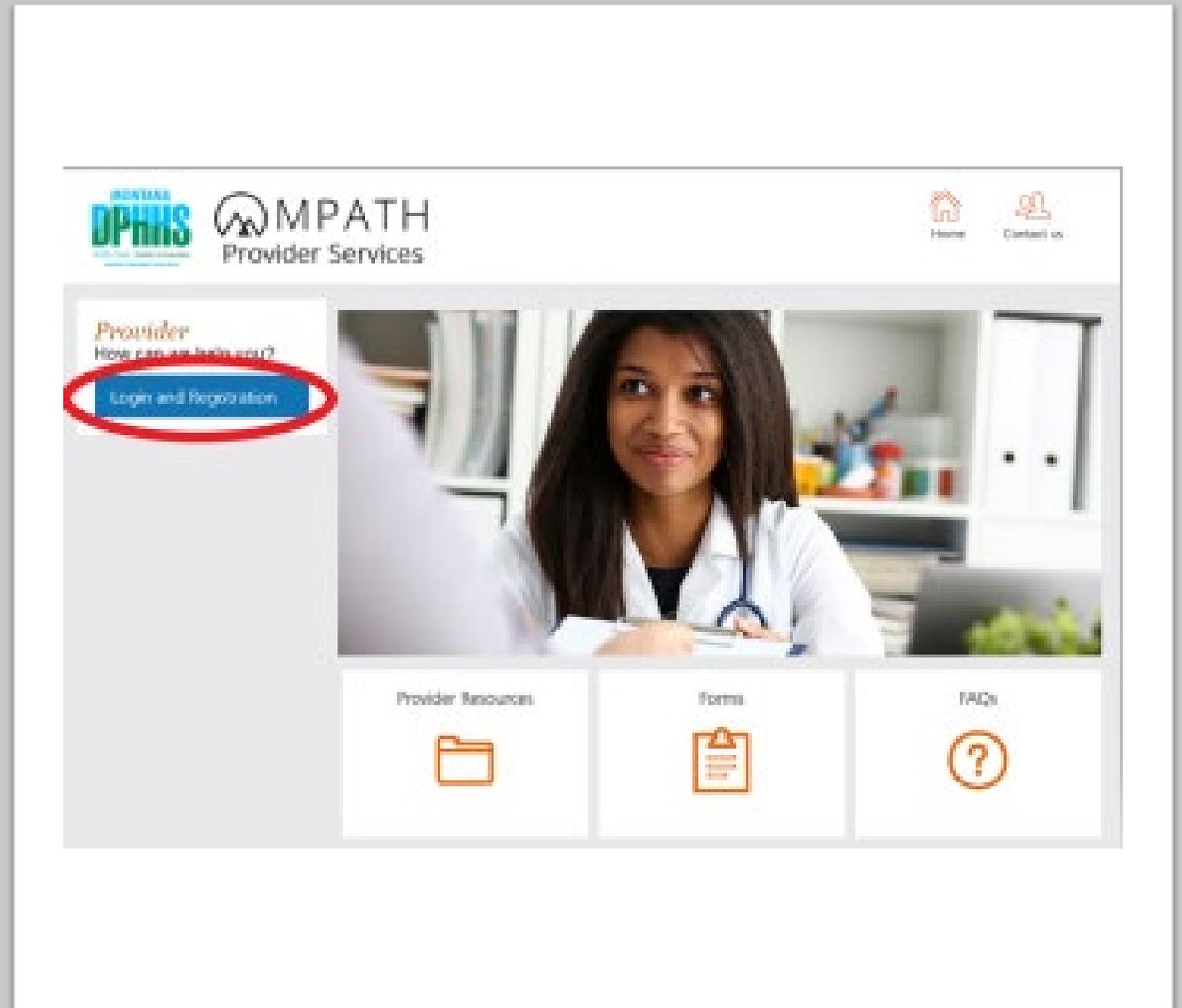
<https://mtdphhs-provider.optum.com/>

Click **Provider**



MPATH Provider Services

Click **Login and Registration**



Creating your GovID

Click **Create Optum GovID**

Sign In With Your Optum GovID

Optum GovID or email address

Password

SIGN IN

[Forgot Optum GovID](#) | [Forgot Password](#)

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.

If you'd like assistance, contact support at MTPRHelpdesk@conduent.com

Additional options:

- Create Optum GovID**
- [Manage your Optum GovID](#)
- [What is Optum GovID?](#)

Creating your GovID (cont'd)

Complete all required fields.

- Profile Information
- Sign In Information
- Create Password

Create Optum GovID

Optum GovID securely manages your account so that you can use one Optum GovID and password to sign in to all integrated applications.

 [Already have Optum GovID? Sign in now](#)

Profile Information

First name

Last name

Date of birth

mm-dd-yyyy

Sign In Information

Your email address

Create Optum GovID
 

Your Optum GovID must have:

- 6 to 50 characters
- At least one letter
- No spaces
- No letters with accents

Create password
 

Your password must have:

- Between 8 and 100 characters
- At least 1 uppercase letter
- At least 1 lowercase letter
- At least 1 number
- At least 1 special character

Type password again
 

Creating your GovID (cont'd)

Continue to complete all required fields.

- Language Preferences
- Security Questions and Answers

Click **I Agree**

Language Preferences

Select the language in which you want to receive communications from Optum GovID. This can be changed at any point from Manage my Optum GovID.

Preferred language

English Español

Security Questions and Answers

Security question 1

--Select--

Security answer 1

Security question 2

--Select--

Security answer 2

Security question 3

--Select--

Security answer 3

You must agree to the [Terms of Use](#) and [Website Privacy Policy](#) to use the Optum GovID service. If you do not agree, click Cancel and do not use any aspect of the Optum GovID service.

If you'd like assistance, contact support at MTPRHelpdesk@conduent.com

Complete GovID

Review the information entered is correct.

Click **Box** to accept Terms and Conditions

Click **Submit**



Details Review

Review

First Name:	Summer
Last Name:	Collins
Email:	nois@getnada.com
DOB:	01/01/1960
Last 4 digits of SSN:	1234

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

Submit Previous Cancel

Verify E-mail

Check your e-mail now.

Subject line will read:

**Confirm your Optum GovID
email address**

Next Step: Verify Your Email Address

1. **Check your email inbox** (lag****of@getnada.com) for a message from Optum GovID (noreply@optumgovid.com).
2. [Enter the 10-digit activation code.](#)

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.

E-mail Verification

Enter the 10-digit code from the email in the Access Code field.

Click **Next**

If you don't receive the email within a few minutes, click resend email.

Next Step: Verify Your Email Address

1. Check your email inbox (lag****of@getnada.com) for a message from Optum GovID (noreply@optumgovid.com).
2. [Enter the 10-digit activation code.](#)

10-digit activation code

NEXT

Cancel

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.

Creating your GovID

Email Address Verified
Click **Continue**

Verify the disclosure screen.
Click **I Agree**

Email Address Verified



Your Optum GovID is ready to use. Click the Continue button below to finish.

CONTINUE

Share My Optum GovID

Using your Optum GovID to sign in to Adaptive Portals means that Adaptive Portals uses your Optum GovID account information to verify your access. We share this information with Adaptive Portals :

- Optum GovID
- Name
- Date of birth
- Email address

By clicking I Agree,

- You give Optum GovID permission to share your account information with Adaptive Portals;
- You acknowledge that your account information is being provided to Adaptive Portals and it is subject to the Adaptive Portals privacy policy; and
- You acknowledge that the Adaptive Portals privacy policy may be different from the Optum GovID privacy policy.

I AGREE

Decline

Registering your NPI

Select the role in the drop down.

- Provider or
- Provider Delegate

Both allow the same function access.

Click **Continue**

Entity Details Review

Entity

Note: Fields marked with * are required.

I am registering as * Select ▼

Continue Cancel

Registering your NPI

The information on this screen pertains to ONLY the NPI you are using to register.

As you click the radio button for each question, fields will open to enter information.

Click **Continue**

The screenshot shows a web form titled "Details for Provider Account" with three tabs: "Entity", "Details", and "Review". The "Details" tab is active. A note at the top states: "Note: Fields marked with * are required. Select Yes, if NPI is enrolled or has been enrolled within the last 3 years." Below this, the question "Are you currently an active-enrolled provider with the state of Montana?*" is followed by two radio buttons: "Yes" and "No". A red arrow points to the "Yes" radio button. The "User:" section contains three input fields: "First Name" (Daisy), "Last Name" (Duke), and "Email" (agakavof@getnada.com). The "Provider:" section contains several questions with radio buttons: "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), and "Billing or Non-Billing Provider?*" (Billing/Non-Billing). A note at the bottom states: "Note: For Organizations, additional NPIs/APIs can be added after registration." At the bottom right, there are three buttons: "Continue", "Previous", and "Cancel". A large red arrow points to the "Continue" button.

Registering your NPI

Depending on your selection, the required field will now be visible.

Click **Continue**

Provider:

Are you registering as an Individual Provider? Yes No

Provider Name or Organization Name? Provider Name Organization Name

Organization Name

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

NPI

Billing or Non-Billing Provider? Billing Non-Billing

TIN/FBN

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

Final Review

Review the information entered is correct.

Click **Box** to accept Terms and Conditions

Click **Submit**



Entity Details **Review**

Review for Provider Account

First Name: Daisy
Last Name: Duke
Email: lagakavof@getnada.com

Individual Provider? No
Organization Name:
NPI:
TIN/FEIN:

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

Submit Previous Cancel

Provider Home Screen

The system will automatically direct you to the Provider Home screen & your myMenu functions available.

Depending on your role, myMenu functions will differ.



Questions?

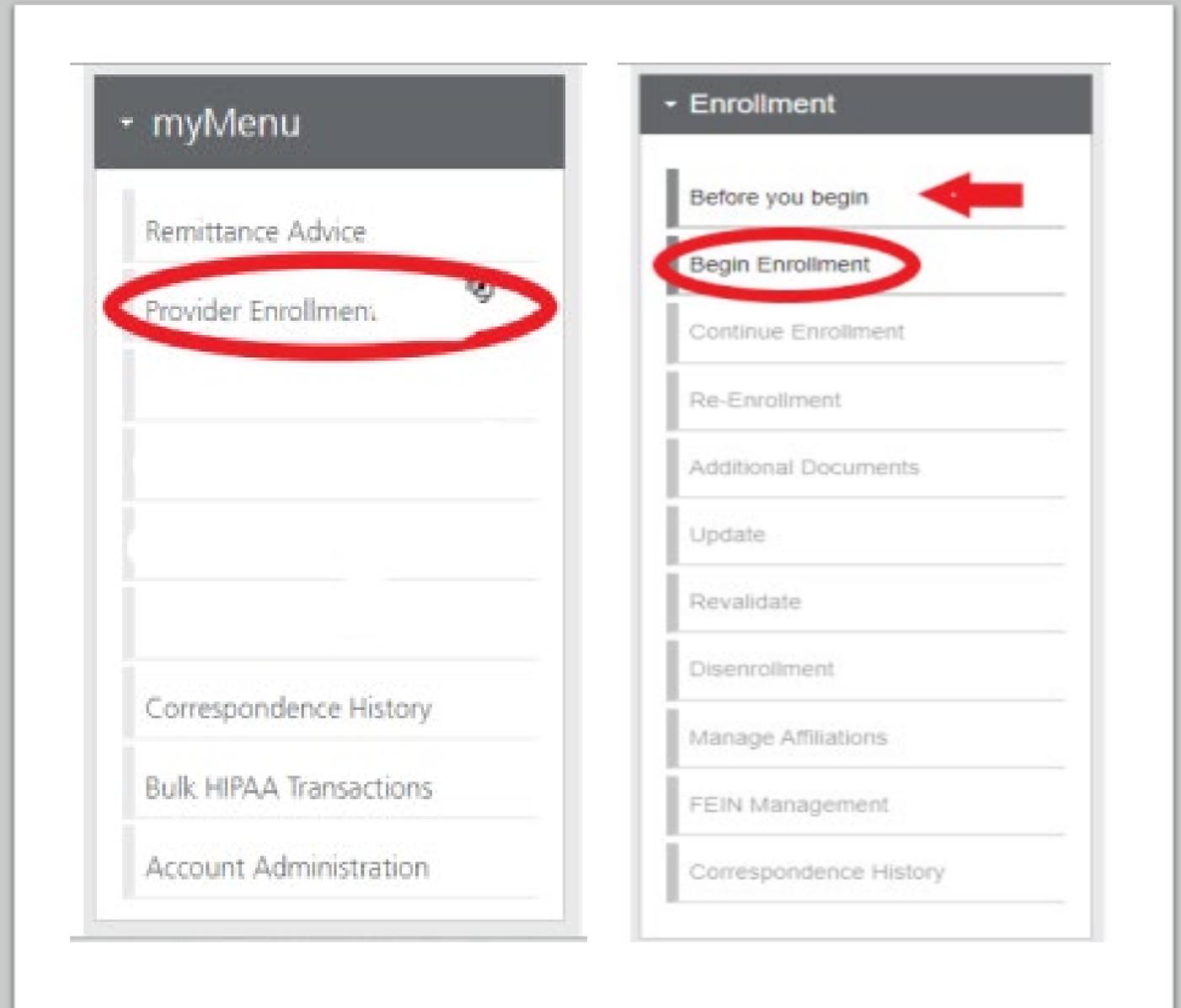
Enrollments

Provider Enrollment

Click **Provider Enrollment** under myMenu.

Click **Before you begin** under the Enrollment menu for a copy of the Checklist.

Click **Begin Enrollment** under the Enrollment menu to start the application.



Provider Enrollment

Answer the Pre-Questionnaire questions.

Click **Begin Enrollment**

Accept Terms and Conditions on the next screen.

Click **OK**

The image shows two overlapping screenshots from a provider enrollment process. The top screenshot is titled "Pre-Questionnaire" and contains the following text: "Please answer the following questions:", "Required fields are marked with an asterisk (*)", and two questions: "Do you have a National Provider Identifier (NPI)? The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Standard. A NPI is a unique identification number for covered health care providers, created to improve the efficiency and effectiveness of electronic transmission of health information. When enrolling, please be sure to choose an enumeration type of Individual or Organization, when enrolling." and "Are you physically located in the State of Montana?". Both questions have radio buttons for "Yes" and "No", with the "Yes" option selected. The "Begin Enrollment" button at the bottom right is circled in red. The bottom screenshot shows a document viewer with a "DRAFT" watermark and a "Close" button. Below the document viewer, there is a checkbox labeled "Accept Terms and Conditions" which is checked, and an "OK" button circled in red.

Pre-Enrollment

Enumeration:

- Individual
- Organization
- Atypical

Enrollment Type:

- Selections will change depending on first selection.

FEIN: Yes or No

The image displays two screenshots of a 'Pre-Enrollment' form, illustrating how the available options for 'Enrollment Type' change based on the 'Enumeration' selection.

Top Screenshot: The 'Enumeration' dropdown is set to 'Select One' and the 'Enrollment Type' dropdown is also set to 'Select One'. Both fields have a red asterisk and an information icon, indicating they are required.

Bottom Screenshot: The 'Enumeration' dropdown is now set to 'Individual'. The 'Enrollment Type' dropdown has updated to show 'Individual Provider (So' as a visible option. A third field, 'Do you have an FEIN Number?', has appeared with a 'Select One' dropdown. All three fields have a red asterisk and an information icon, indicating they are required.

Pre-Enrollment

Click the **User Guide** icon in the top right corner for screen by screen/field by field instructions.



Pre-Enrollment ✕

Enumeration: * ⓘ Enrollment Type: * ⓘ Do you have an FEIN Number?: * ⓘ

Individual Individual Provider (So No

NPI: * ⓘ Confirm NPI: * ⓘ

SSN/ITIN: * ⓘ Confirm SSN/ITIN: * ⓘ

Search Confirm Cancel

Disenrollment/Re-enrollment

In order to submit a new application to change a Tax ID number for example. The current enrollment must be disenrolled first. The provider must be linked.

Use the **Disenrollment** tab under the Enrollment menu.

Once completed, your status will change to complete/approved.

Use the **Re-Enrollment** tab under the Enrollment menu, to submit a new application under the new TIN.

Denied Applications

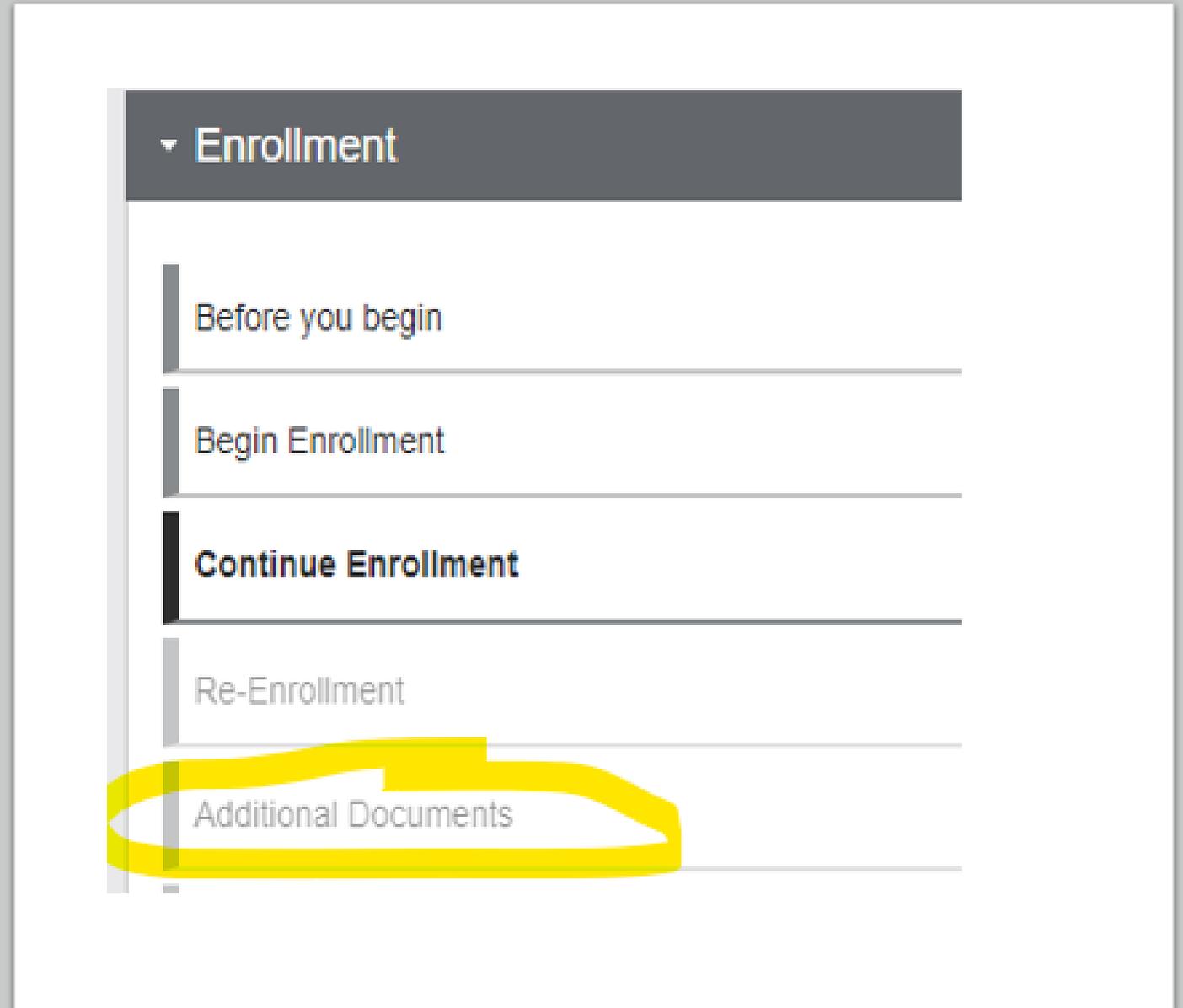
The Enrollment Team no longer has access to correct errors on applications. If there is an error, even due to a typo, the application will be denied.

The Enrollment Team will reach out if there is missing information or forms for necessary to process the application.

Be sure to check the Correspondence History tab regularly.

Additional Documents

If you are unable to upload a document during the application process, use the **Additional Documents** tab to upload after the fact.



Hospital Privileges

There is a question in the application about whether the provider has hospital privileges.

Please answer “No” to this question.

Linking providers to facilities, including hospitals, is done through the facility NPI using the Affiliations function.

Questions?

Account Administration tab

Account Administration

All 3 Account Administration functions are located on one screen.

Manage Portal Users Help

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

Manage Billing Providers Help

Filter your results:

ACTIONS	BILLING PROVIDER NAME	NPI/API ID
---------	-----------------------	------------

	Farmingdale Primary Care PC	1073820965
	Braga, Deb	9260371104

Show 10 entries

Showing 1 to 2 of 2 accounts [|<<](#) [>>|](#)

Add Billing Provider

Manage Provider Enrollment Accounts Help

Complete request form

Filter your results:

ACTION	ATTACHMENT	DATE	Status
--------	------------	------	--------

No matching transactions found.

Show 10 entries

Showing 0 to 0 of 0 entries [|<<](#) [>>|](#)

Upload Request

Account Admin functions

The ***Account Administration tab***, under **myMenu**, is used to add additional portal users & NPIs to your GovID access.

Manage Portal Users the system is designed for **1 Primary/Super User to register the Facility NPI**, when creating their GovID. This person will submit requests to link additional Users to the system, depending on the function.

Manage Billing Providers allows you to bill for (in the Optum Claims Solutions) and/or **see remits** for the linked NPIs. If you use a Clearing House to submit claims and reconcile 835s/remits; this step is not necessary. Optum PID required to add NPI.

Manage Enrollment Providers allows you to maintain the NPIs and **complete file updates**. Link request required.

Add Portal User

Additional portal users are invited through this function.

These users will be assigned a Role and sent an email. The email will contain a link for them to use to establish their GovID.

Depending on the Role, they will have access to the information available to the Primary User.

The screenshot displays a web form for adding a portal user. At the top, there are three tabs: 'Role', 'Provider Information', and 'Review'. The 'Role' tab is currently selected. Below the tabs, the text 'Role' is displayed. A note states: 'Note : Fields marked with * are required.' Below this, there is a label 'Select role: *' followed by a dropdown menu with the text 'Select' and a downward arrow. To the right of the dropdown, a list of roles is shown: 'Delegated Admin', 'Member Eligibility', 'Claims', and 'Enrollment'. At the bottom right of the form, there are two buttons: 'Continue' and 'Cancel'. The 'Continue' button is highlighted with a red oval.

Add Portal User

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: *

Available NPIs will show here.

Note : Fields marked with * are required.

User Information

First Name: *

Last Name: *

Email: *

Birth Date (MM/DD/YYYY): * 

Last 4 digits of SSN: *

Continue Previous Cancel

Complete all fields with the new user's information.

If you need to send another email to the user, click on the envelope icon in front of their name.

ACTIONS	LOGIN NAME	FIRST NAME	LAST NAME
   	ocProvider.mprodtest70 54.sso	MPATH	PRODTEST

Manage Billing Providers

Add Billing NPIs to this section ONLY if,

- You will be submitting claims through MPATH.
- You need access to the weekly Remittances for this NPI.

This is the Optum assigned Provider ID number. *Not the PID from MT Medicaid.*

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: *

Manage Enrollment Providers

This will be the most important function for facilities, credentialers & billing agents who oversee multiple facility NPIs and/or multiple providers.

The only way you can view additional NPIs is through this function.

Updates and Revalidations cannot be completed until NPIs are linked here.

▾ Manage Provider Enrollment Accounts

? Help

Complete request form

Filter your results:

Link request form

Link request forms are processed by Optum.

Complete all fields of the form. Sign or eSign.

Upload form and additional spread sheet if applicable.

**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):

If you need to link more than one NPI. Attach a spread sheet.

Contact Name for questions when processing request (Required).

Name: Title:

Phone Number: Email:

Comments (Optional):

I attest that I am the authorized individual who is submitting this Enrollment Account Link Request.

Authorization Name:

Authorization Title:

Date:

The current form has a Docusign line.

ACTION	ATTACHMENT	DATE	Status
No matching transactions found.			

show entries Showing 0 to 0 of 0 entries [|<](#) [<](#) [>](#) [|>](#)

[Upload Request](#)

Questions?

Updates/File Maintenance/Revalidations

Before you Update

In order to see providers on your work bench, they must first be linked via **Manage Enrollment Providers**.

The ***Account Administration tab***, under **myMenu**, is used to add additional portal users & NPIs to your GovID access.

Manage Enrollment Providers allows you to maintain the NPIs and **complete file updates**. Link request required.

Search NPI

Click **Provider Enrollment** tab under myMenu.

Search the NPI using the fields shown.

Click **Radio button** for NPI.

Click **Update** under the Enrollment menu.

A new Update line will show at the end of your list.

Click **Pencil** icon.

The screenshot displays the 'Enrollment Workbench' interface. At the top, there is a search section with a dropdown menu labeled 'Select "Search By" Column' (set to 'Select One') and a search criteria input field. Below this is a table with columns: Actions, Type, Status, Submission Date, Confirmation #, Tax ID, NPI/Atypical ID, Provider ID, and Provider Name. The first row shows an 'Enrollment' record with status 'Enrolled' and a date of '12-09-2021'. Below the table, an 'Update' button is visible. At the bottom, a second row is shown with status 'InProgress', and a pencil icon in the 'Actions' column is circled in red, and the 'Update' button is highlighted with a yellow box.

Actions	Type	Status	Submission Date	Confirmation #	Tax ID	NPI/Atypical ID	Provider ID	Provider Name
   	Enrollment	Enrolled	12-09-2021	20086035	XX-XXX1234	0002089504	200002447	Deb Braga
  		InProgress		20087591	XX-XXX1234	0002089504	200002447	Deb Braga

Provider Fill Updates

This example is for a license update. However, the process is the same of all updates.

Review, update or correct any application information required to ensure all sections of the application show a Green check mark.

In the license section, click **Pencil** Icon.

Change the expiration date to match the new license expiration date.
Click **Save and Continue**.

Upload the license copy using the Blue Upload button in that section.

Go to the Summary section of the application.

Click **Submit**.

Revalidations

Provider must be linked before you can view the provider in your work bench.

Click **Provider Enrollment** tab under myMenu.
Search for the NPI.

Click **Radio** button at the beginning of the enrollment line.

Click the **Revalidate** tab, now visible under the Enrollment menu.

Click **Pencil** icon on the revalidate line, located at the end of your current work bench list.

Review the information and enter/update any missing or incorrect information upload documentation as applicable and Submit.

Questions?

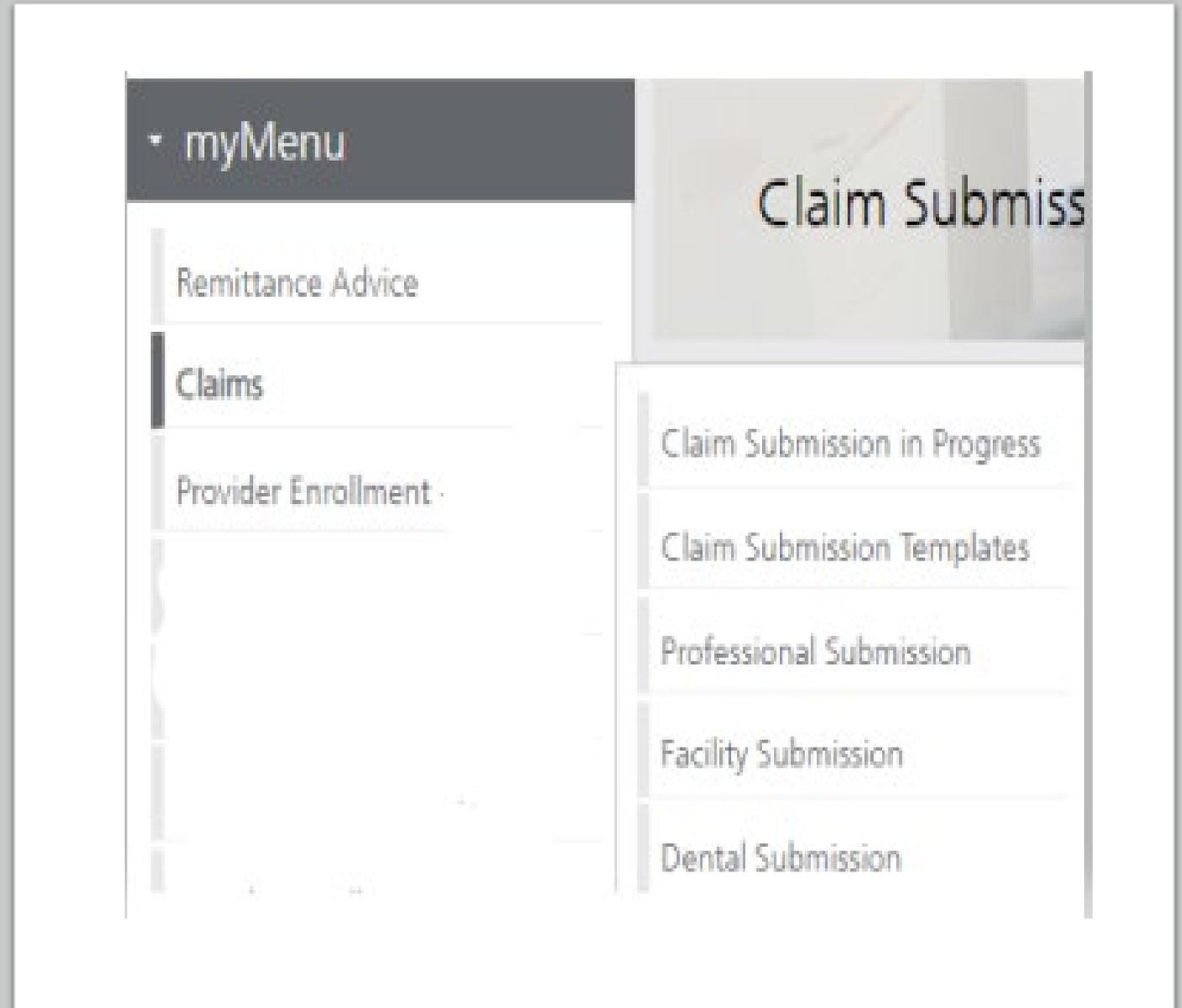
Claims

Claim Submission Menu

Under myMenu, without clicking, place your curser on **Claims**.

A side menu with submission options will appear.

The following slides will describe each function.



Claims Submission in Progress

This function is for claims started but not submitted.

Example:

You begin to complete the information for claim. You are interrupted and need to exit the system. When you click Save and Exit at the bottom of the current claim screen; your claim moves to this section.

When you return, click Claims Submission in Progress. Click the **Pencil** icon to pick up where you left off on that claim.

Action	Member Name	Date of Service	NP/API	Date Last Modified
	JOEL DUPREE	12/06/2021	1073820965	12/15/2021

Claim Submission Templates

This function is a time saving tool for reoccurring claims.

Example:

You see the same member for the same service on a consistent basis. You can create a template for that member with all the claim information except the date of service, and maybe the units & billed amount.

When it is time to submit their claim; select the **Claims Submission Templates** tab. Then click on the template name. Now you only need to select the billing provider NPI, enter the missing information on the Claim Information screen and submit your claim.

Creating a Template

To create a template, click the **blue button** for the claim form required.

The screenshot displays the 'Claim Submission Templates' interface. At the top, there is a title 'Claim Submission Templates' and a 'Help' link. Below the title, it states 'Maximum Templates Allowed : 500' and a search box labeled 'Filter your results:'. A table lists four existing templates with columns for 'Actions', 'Name', and 'Date Last Modified'. Below the table, there is a 'Show 10 entries' dropdown and 'Showing 1 to 4 of 4 templates' with navigation arrows. At the bottom, three blue buttons are highlighted with yellow boxes: 'Create Professional Claim Submission Template', 'Create Facility Claim Submission Template', and 'Create Dental Claim Submission Template'.

Actions	Name	Date Last Modified
	Member B	12/06/2021
	Ortho	12/09/2021
	Test 121	12/01/2021
	Tester22	12/15/2021

Buttons:

- Create Professional Claim Submission Template
- Create Facility Claim Submission Template
- Create Dental Claim Submission Template

Creating a Template

Enter the member's MT Medicaid ID number.

Click **Search**.

When the member information populates, verify and click **Save and Continue**.

Professional Claim Template Help

Member Details

Enter Member Card ID:

Creating a Template

Complete the fields that will not change.

For instance, the diagnosis code, place of service, CPT code, modifier & diagnosis point fields will most likely not change for reoccurring visits.

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

7 8 9 10 11 12

Claim Details

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

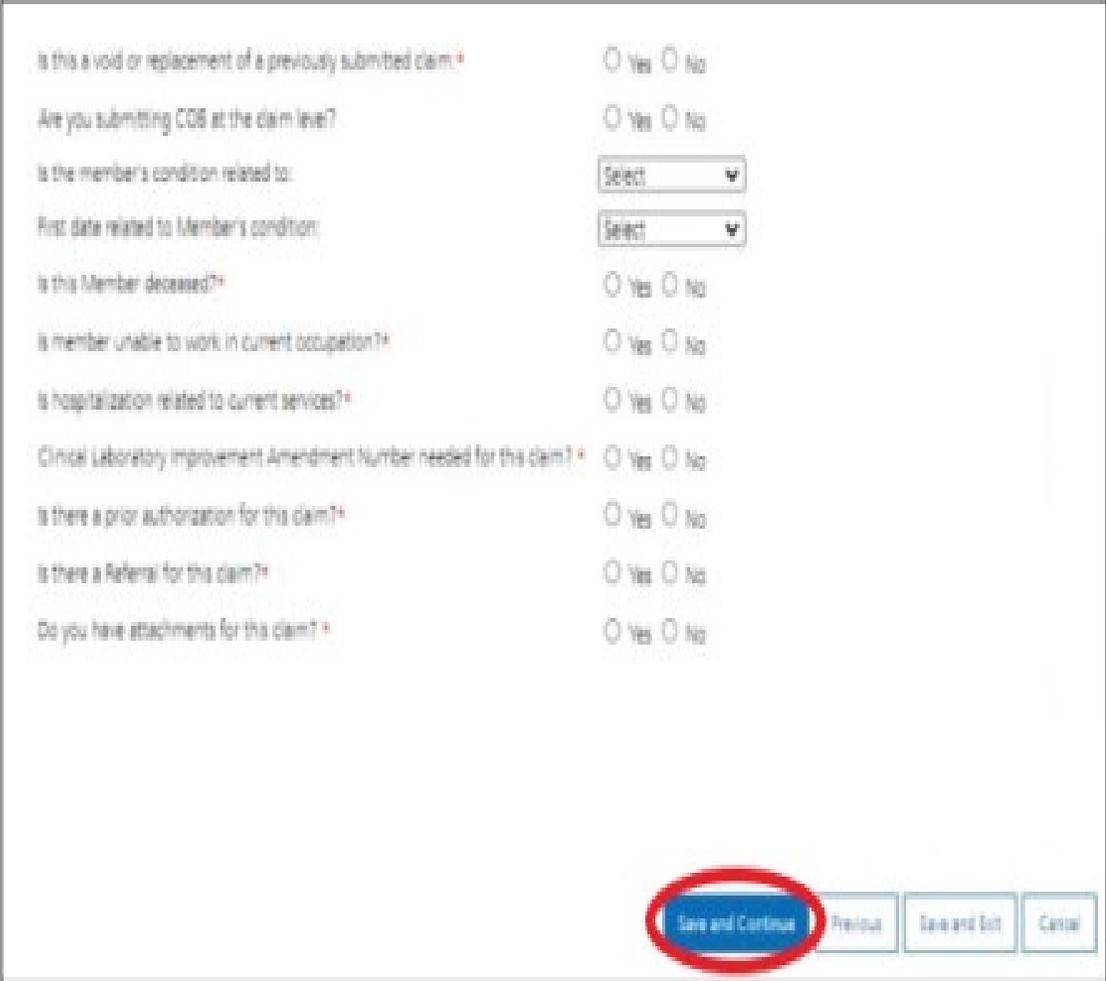
From Date*	To Date*	POS*	CPT/ HCPCS Code*	Modifier	Diagnosis Pointer*	Charges*	Days or Units*	COB	NDC	EPSDT	Emergency Service	Family Planning
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Charges: \$

Creating a Template

Answer all the questions at the bottom of the screen.

Click **Save and Continue**.



The screenshot shows a form with the following questions and options:

- Is this a void or replacement of a previously submitted claim? Yes No
- Are you submitting COB at the claim level? Yes No
- Is the member's condition related to:
- First date related to Member's condition:
- Is this Member deceased? Yes No
- Is member unable to work in current occupation? Yes No
- Is hospitalization related to current services? Yes No
- Clinical Laboratory Improvement Amendment Number needed for this claim? Yes No
- Is there a prior authorization for this claim? Yes No
- Is there a Referral for this claim? Yes No
- Do you have attachments for this claim? Yes No

At the bottom right, there are four buttons: **Save and Continue** (highlighted with a red circle), **Previous**, **Save and Exit**, and **Cancel**.

Creating a Template

The last step is to name the template. Then click **Save**.

Your template is now visible.

To edit a template, click on the **Pencil** icon.

To delete a template, click on the **Garbage can** icon.

Facility Claim Template

Save Template

Please enter a claim submission template name.

Template Name: *

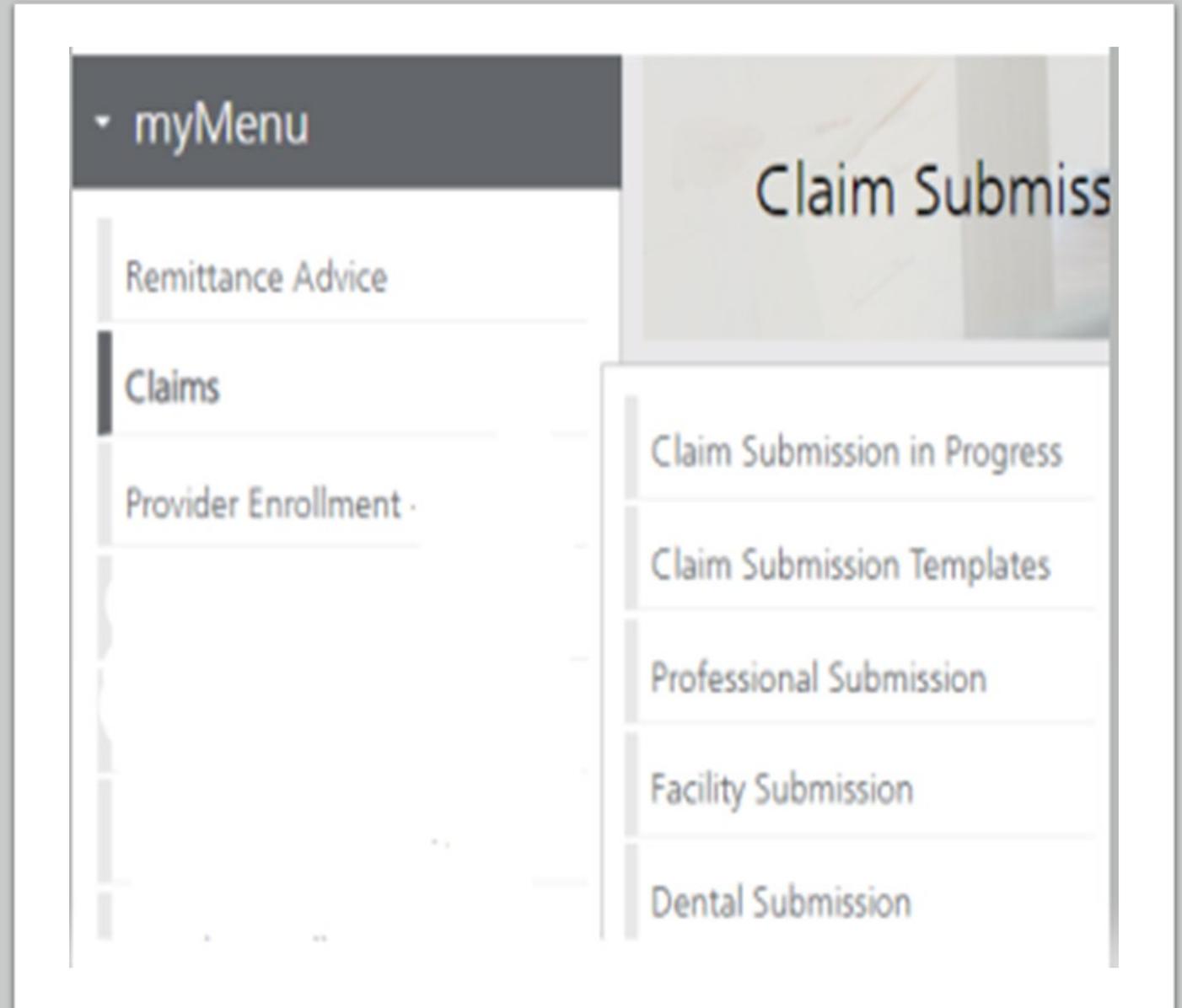
Note(s):
Template Name must satisfy the following conditions:
a. Minimum length: 3 characters.
b. Maximum length: 35 characters.
c. Cannot contain special characters other than: Space " " or Underscore "_" or Dash "-".

Actions	Name	Date Last Modified
 	<u>Member B</u>	12/08/2021
 	<u>Ortho</u>	12/09/2021
 	<u>Test 121</u>	12/01/2021
 	<u>Tester22</u>	12/15/2021

Creating a one-time claim

To create a one-time claim, click the submission tab for the claim type required.

Complete all fields containing a red asterisk. (*)



Provider Portal

Provider Portal

The new Provider Services portal contains the same information and functions as the Montana Access to Health (MATH) portal.

- Verify Member eligibility (**Beginning 2/1/22**)
 - Built in limits (such as annual dental limits)
- Verify claim status
- Verify weekly remittance advices (eSOR reports)

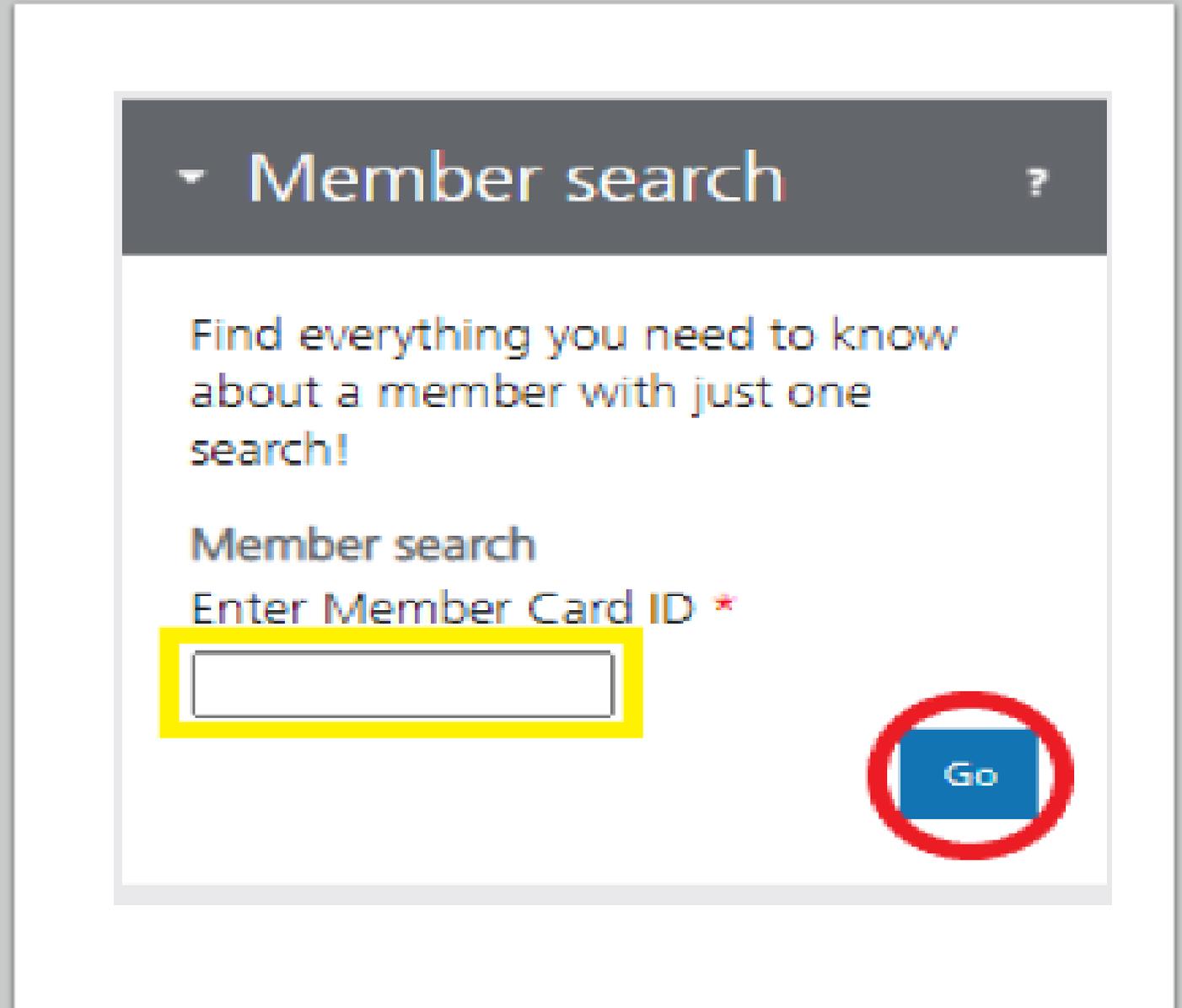
Member Eligibility Search

To verify member information, use the Member Search function at the top of the screen.

Enter member's MT Medicaid ID number.

Click **Go**.

Not available till 2/1/2022



The screenshot shows a web interface for a "Member search" function. At the top, there is a dark grey header with a white triangle icon, the text "Member search", and a question mark icon. Below the header, the main content area has a white background. It contains the text "Find everything you need to know about a member with just one search!". Underneath this is the heading "Member search" followed by the label "Enter Member Card ID *". A white rectangular input field is positioned below the label and is highlighted with a thick yellow border. To the right of the input field is a blue rectangular button with the word "Go" in white text, which is circled with a thick red border.

Provider Portal – Claims Inquiry

Member search ?

Find everything you need to know about a member with just one search!

Member search

Enter Member Card ID *

Go

Member search ?

 **Member found!**

You are currently viewing:

Member's Name

[Clear Search](#)

Claims Inquiry
 Eligibility

Search

Provider Portal – Claims Inquiry

Member search

myMenu

Claim search

I want to view:
Claims for

Time period
From Date:
To Date:
Claim number
Patient account number

Hi Org3 MTOFEOC

Claims Detail

Claim search results

Member: -
You are viewing: Claims for NPV/API 1: and time period from 11/01/2021 to 12/01/2021.

Claim activity Download Print Help

Filter your results:

ICN	OPTUM CLAIM NUMBER	SERVICE DATE	MEMBER NAME	PROVIDER	STATUS	BILLED AMOUNT	PLAN PAYS
No matching claims found.							

Show 10 entries Showing 0 to 0 of 0 entries

Provider Portal – Claims Inquiry

Member search

myMenu

Claim search

I want to view:
Claims for

Time period
From Date: 09/01/2021
To Date: 12/01/2021
Claim number
Patient account number
Search

Hi Org3 MTOFEOC

Claims Detail

Claim search results

Member: ...
You are viewing: Claims for NPV/API 1... and time period from 09/01/2021 to 12/01/2021.

Claim activity

Download Print Help

Filter your results:

ICN	OPTUM CLAIM NUMBER	SERVICE DATE	MEMBER NAME	PROVIDER	STATUS	BILLED AMOUNT	PLAN PAYS
221		09/01/21		INC	F1	\$177.44	\$177.44

Show 10 entries

Showing 1 to 1 of 1 Claims

Provider Portal – Claims Inquiry

I want to view:
Claims for

Time period
From Date: 09/01/2021
To Date: 12/01/2021

Claim number
Patient account number

Search

- Claim search results

Member:
You are viewing: Claims for NPI/API 1 and time period from 09/01/2021 to 12/01/2021.

- Claim activity

ICN: 221 Optum Claim number: [Return to search](#)

Member:		Total amount billed:	\$177.44
Date of service: 09/01/21-09/30/21		Total amount paid:	\$177.44
Patient account:	Date processed: 10/04/21		
Member:		Payment details	
Member ID:		Payment number:	00000261657
Claim status: F1:Finalized/Payment		Payment date:	10/11/21
		Payment amount:	\$177.44

Line 1

Provider name:	INC	Cost for this service	Amount billed:	\$177.44
Provider NPI/API: 12:			Amount paid by plan:	\$177.44
Date of service: 09/01/21-09/30/21				
Procedure code: T2041				

[Return to search](#)

Provider Portal – Claims Inquiry



Claim Detail

ICN: 221 / Optum Claim number:

Member: [REDACTED]

Date of service: 09/01/21-09/30/21

Patient account:

Date processed: 10/04/21

Member:

Member ID:

Claim status: F1:Finalized/Payment

Total amount billed: \$177.44

Total amount paid: \$177.44

Payment details

Payment number: 00000261657

Payment date: 10/11/21

Payment amount: \$177.44

Line 1

Provider name: [REDACTED] INC

Cost for this service

Amount billed: \$177.44

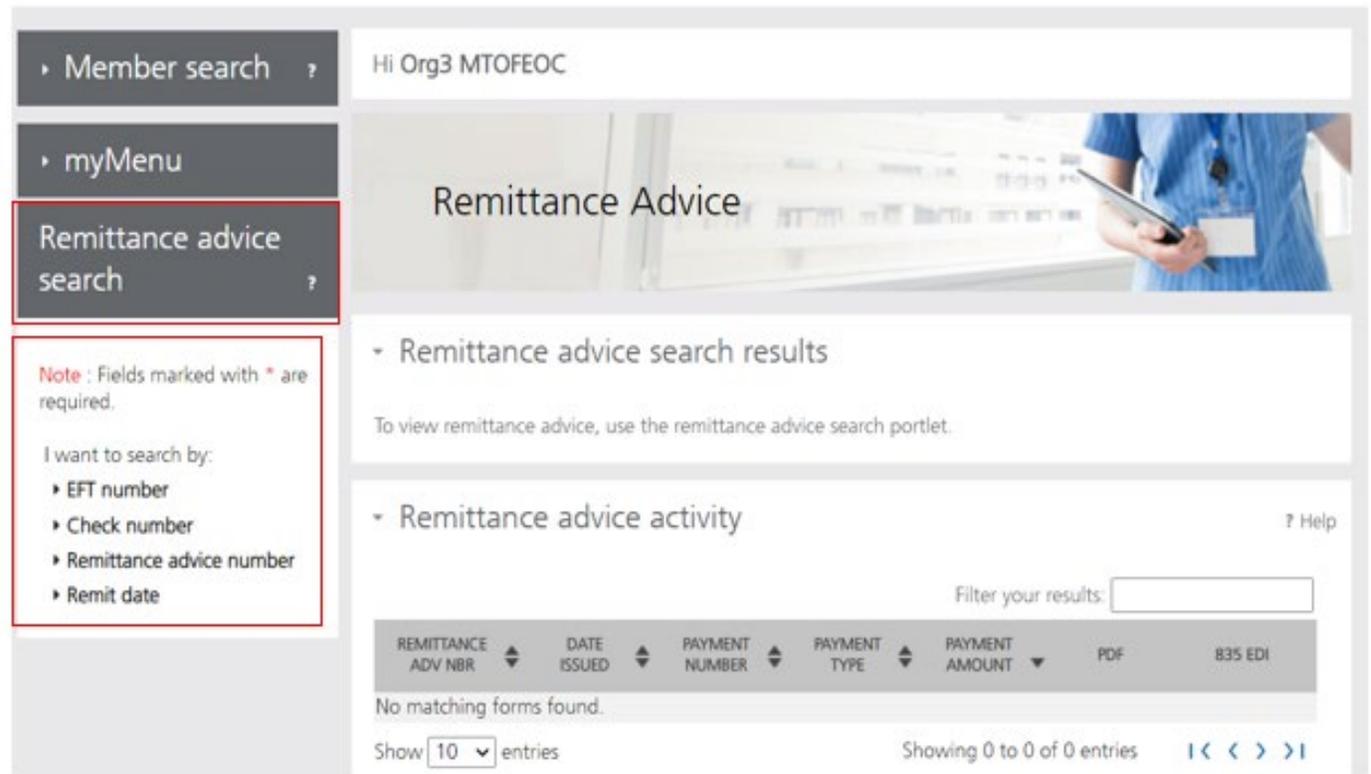
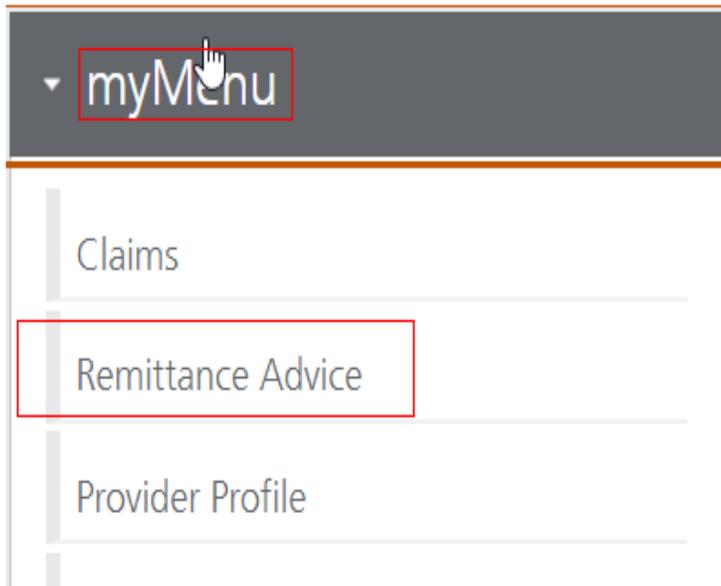
Provider NPI/API: 12

Amount paid by plan: \$177.44

Date of service: 09/01/21-09/30/21

Procedure code: T2041

Provider Portal – Remits



Provider Portal – Remits

I want to search by:

▼ EFT number

Enter EFT number: *

▼ Check number

Enter check number: *

▼ Remittance advice number

Enter remittance advice number: *

▼ Remit date

From Date(mm/dd/yyyy): *

09/02/2021 

To Date(mm/dd/yyyy): *

12/01/2021 

Search

Provider Portal – Remits

Filter your results:

REMITTANCE ADV NBR	DATE ISSUED	PAYMENT NUMBER	PAYMENT TYPE	PAYMENT AMOUNT	PDF	835 EDI
C	09/27/2021	01	Check	\$1150550.83	View	Download
O	09/27/2021	00	Check	\$246077.51	View	Download
O	09/27/2021	00	Check	\$94875.42	View	Download
O	09/20/2021	01	Check	\$14843.00	View	Download
OL	09/27/2021	00	Check	\$7195.51	View	Download
OE	09/06/2021	01	Check	\$1572.51	View	Download
O	09/13/2021	01	Check	\$520.36	View	Download

Show entries Showing 1 to 7 of 7 forms [|](#) [<](#) [>](#) [|](#)

VENDOR # 0001 REMIT ADVISE # 81 EFT/CHK #01 DATE 09/27/2021 PAGE 2
 NPI #: 12 TAXONOMY:

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CLAIM									
ICN 22	PATIENT	07012021	07312021	1.000	S5141	2453.93	2453.93		
TEAM NUMBER 01		***CLAIM TOTAL*****				2453.93	2453.93		
ICN 221	PATIENT	08012021	08312021	1.000	S5141	2453.93	2453.93		
TEAM NUMBER 01		***CLAIM TOTAL*****				2453.93	2453.93		
ICN 221	PATIENT	07012021	07312021	1.000	T2032	767.70	767.70		
TEAM NUMBER 01		07012021	07312021	5.000	S5135	115.50	115.50		
		CLAIM TOTAL**				883.20	883.20		
ICN 221	PATIENT	08012021	08312021	1.000	T2032	767.70	767.70		
TEAM NUMBER 01		08012021	08312021	5.000	S5135	115.50	115.50		
		CLAIM TOTAL**				883.20	883.20		
ICN 2212	PATIENT	07012021	07312021	8.000	T2021	782.48	782.48		
TEAM NUMBER 01									

Electronic Claim Adjustments

To Correct a claim - Create a new claim with the corrected information.

To Void a claim – Create a new claim with the original claim information.

Professional Claims (CMS-1500) & Dental Claims

Answer YES, to the first question at the bottom of the claim entry screen. The next two fields are now visible.

Select either ***Replacement of prior claim*** or ***Void of prior claim*** from the Medicaid Resubmission drop down.

Enter the Paid ICN of the claim being adjusted in the Original Reference Number field.

Electronic Claim Adjustments

Is this a void or replacement of a previously submitted claim:*

Yes No

Select the Medicaid Resubmission Code:*

Select



Enter the Original Reference Number:*

Electronic Claim Adjustments

To Correct a claim - Create a new claim with the corrected information.

To Void a claim – Create a new claim with the original claim information.

Institutional Claims (UB-04)

When recreating the claim, change the last digit of the Type of Bill code to either **7 for replacement** or **8 for void**.

The Original Reference Number filed is now visible. Enter the Paid ICN of the claim being adjusted in the Original Reference Number field.

Electronic Claim Adjustments

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

0117 Select ▼  

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

 Select ▼ Select ▼

Original Reference Number:*

Questions?

Managing Affiliations

Manage Affiliations

This function is **NOT** required for facilities or billing providers submitting claims through any other avenue than the MPATH system.

Example:

Clearing Houses, Billing Agencies, or direct billing software.

This function adds Rendering providers to the drop-down list, in the MPATH claims entry system.

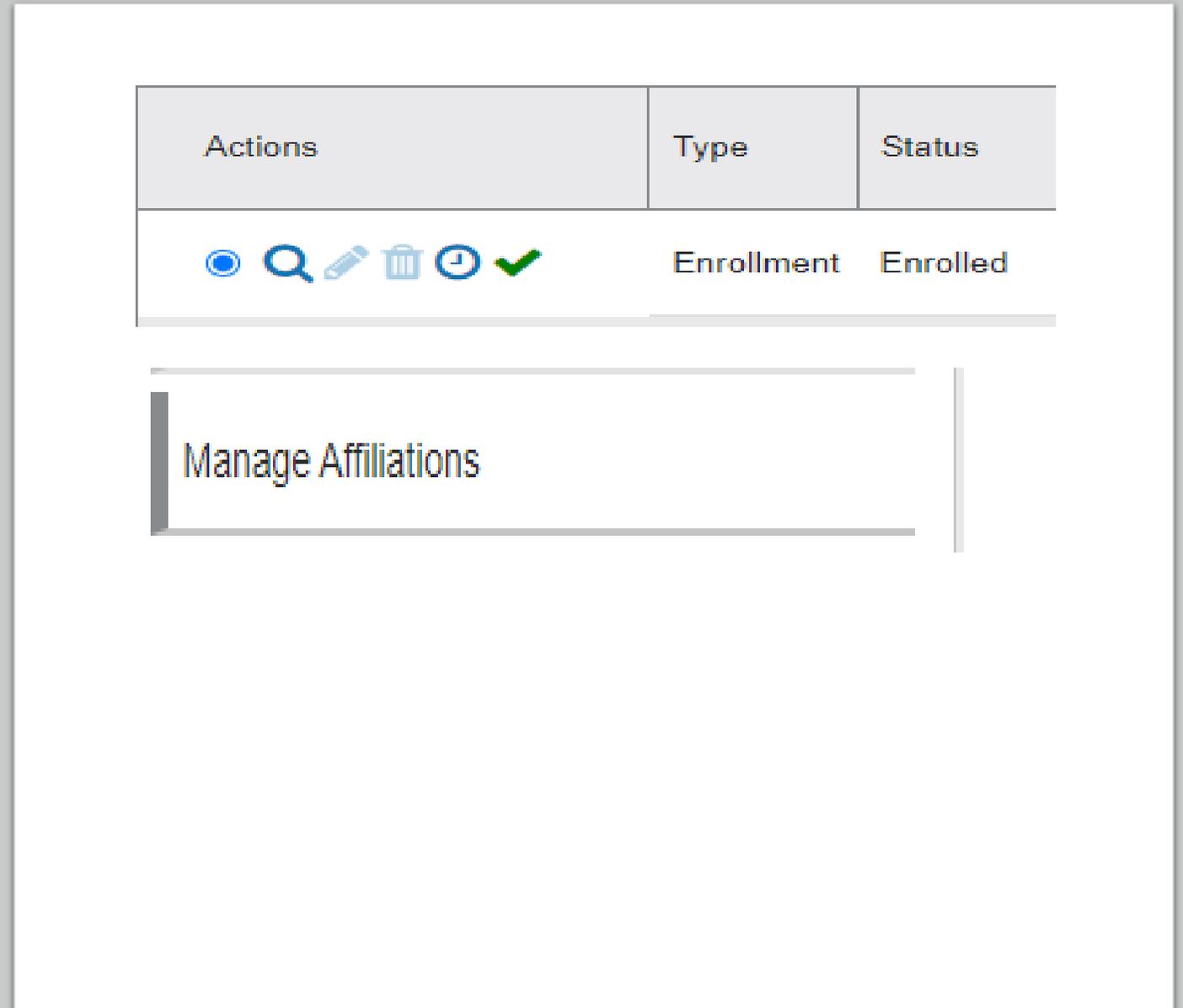
Manage Affiliations

Click **Provider Enrollment** tab under myMenu.

Click **Radio button** on the Enrollment line of the facility.

The **Manage Affiliations** tab is now visible under the Enrollment Menu.

Click **Manage Affiliations** tab.



Manage Affiliations

Rendering providers must be enrolled to add as an affiliation.

Complete the search fields.
Click **Search**.

Follow the instructions on the screen.

Affiliations initiated by the facility do not require approval.

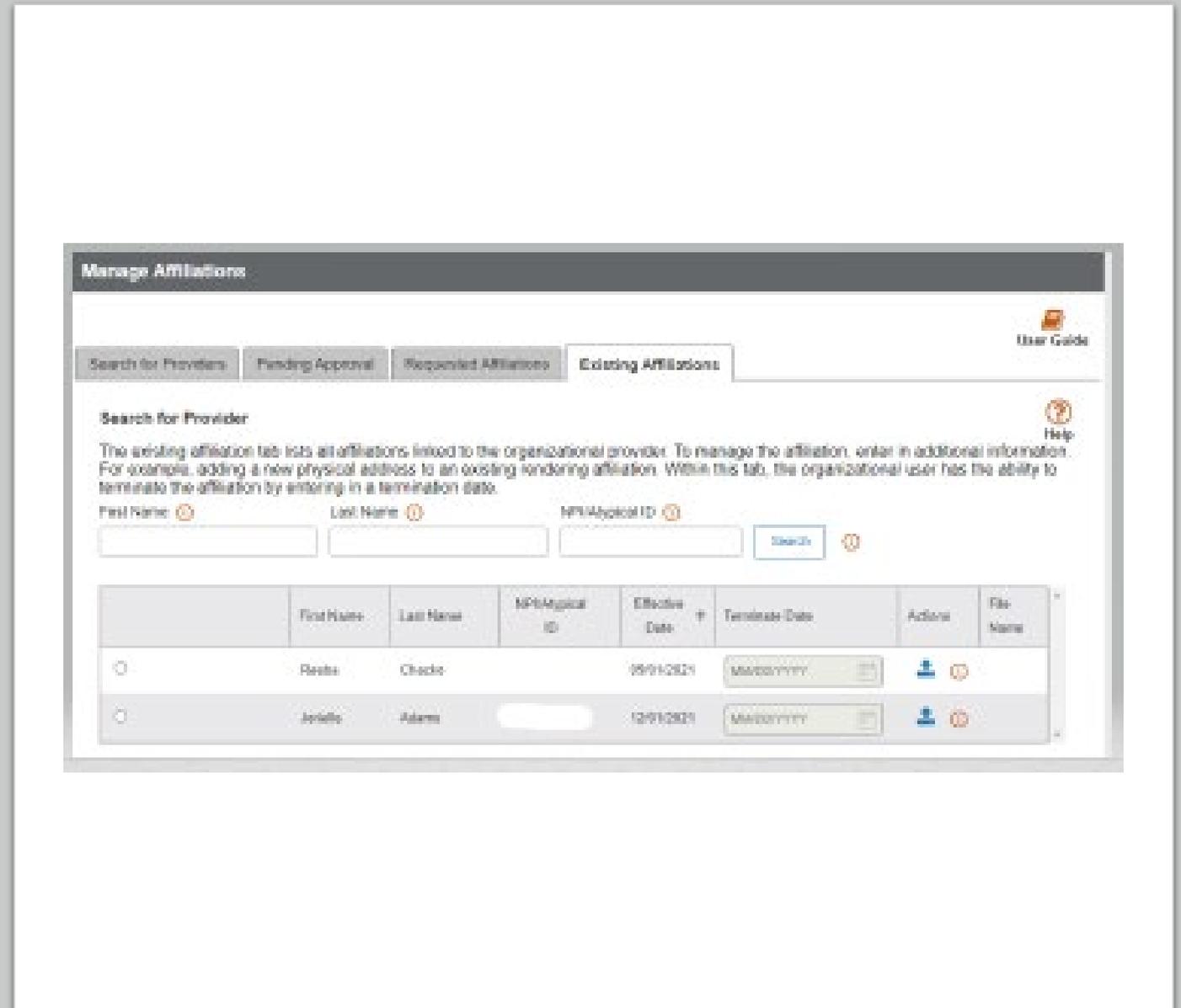
The screenshot shows the 'Manage Affiliations' web interface. At the top, there is a dark header with the title 'Manage Affiliations'. Below the header, there are four tabs: 'Search for Providers' (which is active), 'Pending Approval', 'Requested Affiliations', and 'Existing Affiliations'. In the top right corner, there is a 'User Guide' link with a document icon. The main content area is titled 'Search for Provider' and includes a 'Help' icon. Below the title, there is a paragraph of instructions: 'To build an affiliation, search for the provider you want to affiliate by entering the first name, last name, or NPI. If no information displays the provider isn't an active enrolled provider and the application will display a 'no affiliation found' message. Based upon your search criteria multiple providers may display, if this is the case, select the provider you want to participate by selecting the radio button next to the provider's name. For authentication and security, please enter the last four (4) digits of the provider's Social Security Number and enter the effective date of the affiliation. When completed select the add and continue button at the bottom of the screen and the request will move to the pending approval tab.' Below the instructions, there are three input fields: 'First Name', 'Last Name', and 'NPI/Atypical ID', each with an information icon. To the right of these fields is a 'Search' button with an information icon. Below the search fields, there is a pagination control showing 'Items per page 10' and '0 of 0' with navigation arrows. At the bottom right of the form, there are three buttons: 'Save and Exit', 'Cancel', and 'Add and Continue'.

Manage Affiliations

Pending Approval tab will show any providers you have submitted to be affiliated.

Requested Affiliations are providers who are requesting affiliation.

Completed affiliations can be searched under the **Existing Affiliations** tab.



Questions?

If You Have Questions...



Need Help?

At the top of each screen is a **User Guide** icon.

When you click on the icon, the user guide will open to the section matching the screen you are on.



User Guide

On-line Resources

<https://medicaidprovider.mt.gov>

- Provider Enrollment tab
- Provider Services Module User Guides
- FAQs Section under Site Index

Provider Relations Contact Information

Provider Relations Call Center:

- (800) 624-3958 Opt. 7, Opt. 4
- Live Agents
 - Monday through Friday
 - 8 AM to 5 PM Mountain Time
 - MTPRHelpdesk@conduent.com

Field Representative:

- Deb Braga (406) 457-9553 Deborah.braga@conduent.com

Email Assistance MTPRHelpdesk@condunent.com

When emailing the help desk, please provide the following so we can research & submit a help ticket to our Tech Team.

GovID:

Name:

Email registered:

NPI attempting/registered:

Phone number:

A screen shot of the error:

Please allow 2 - 5 business days for a response.

Questions?

Conclusion