New Provider Services Module

Provider Demonstration

Presented by Deb Braga, PR Field Rep

Conduent
Government Healthcare Solutions
Montana FAS **January 2022**

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/

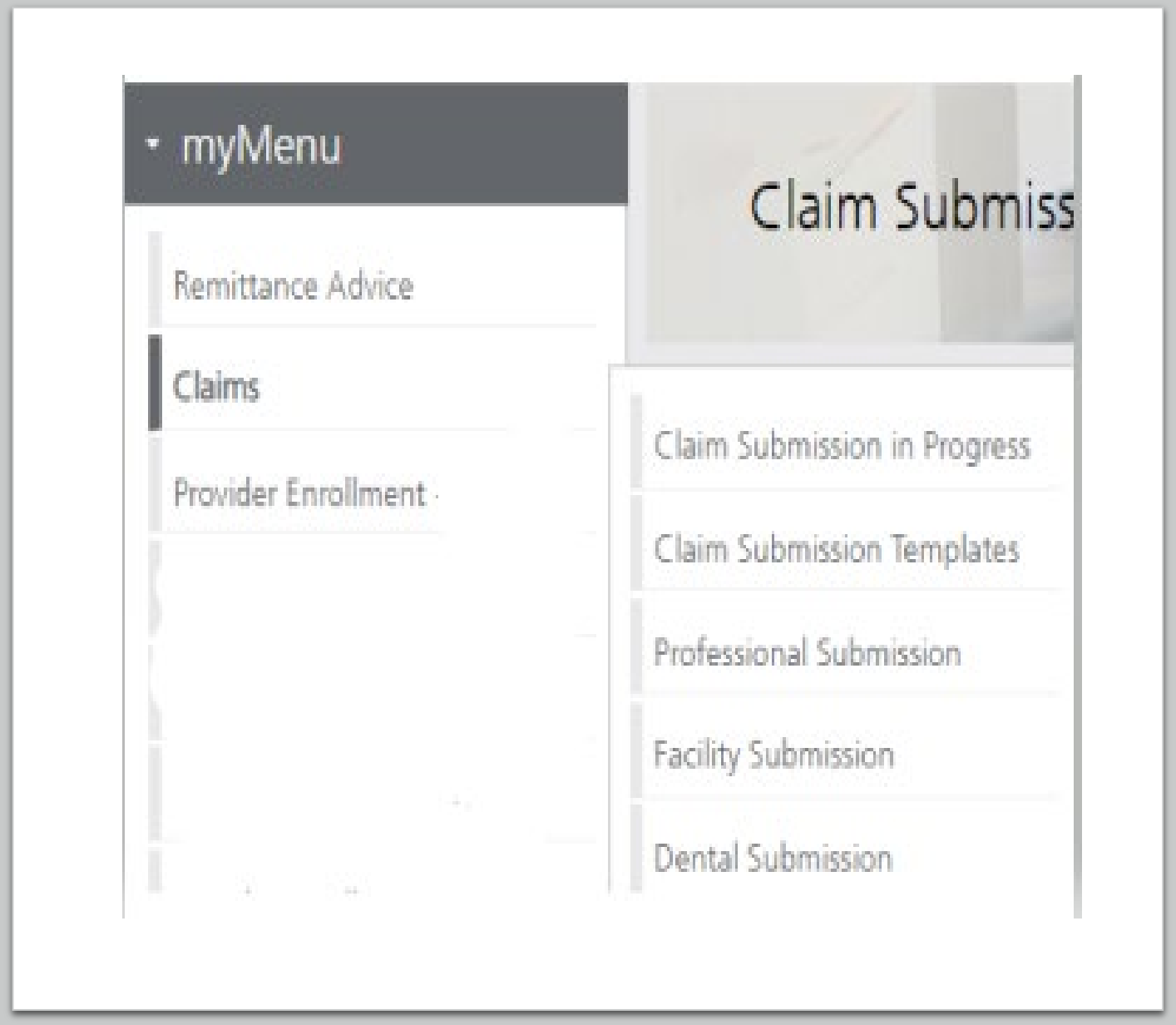
Claims

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.



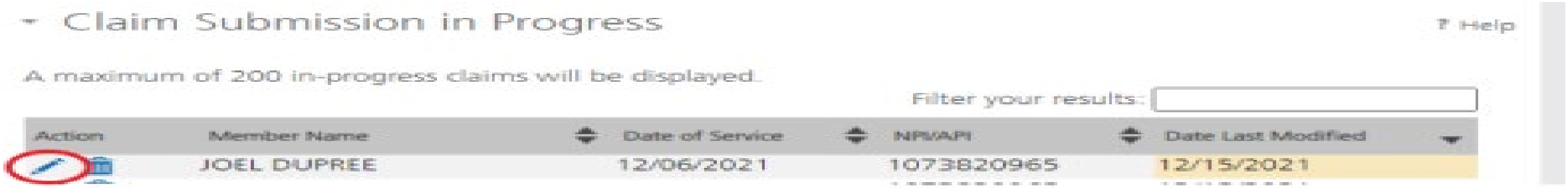
Claims Submission in Progress

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.



Claim Submission Templates

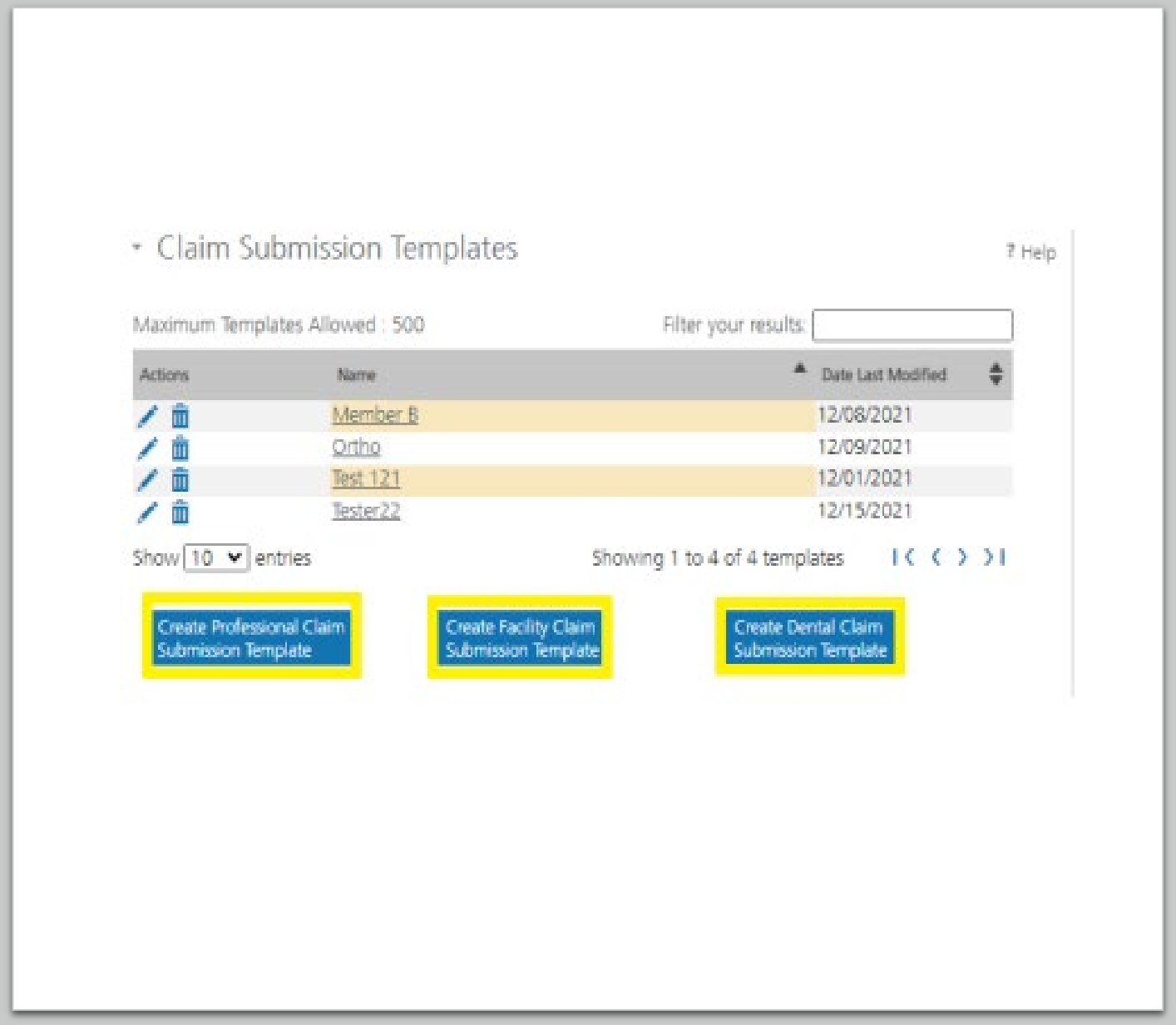
This function is a time saving tool for reoccurring claims.

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.

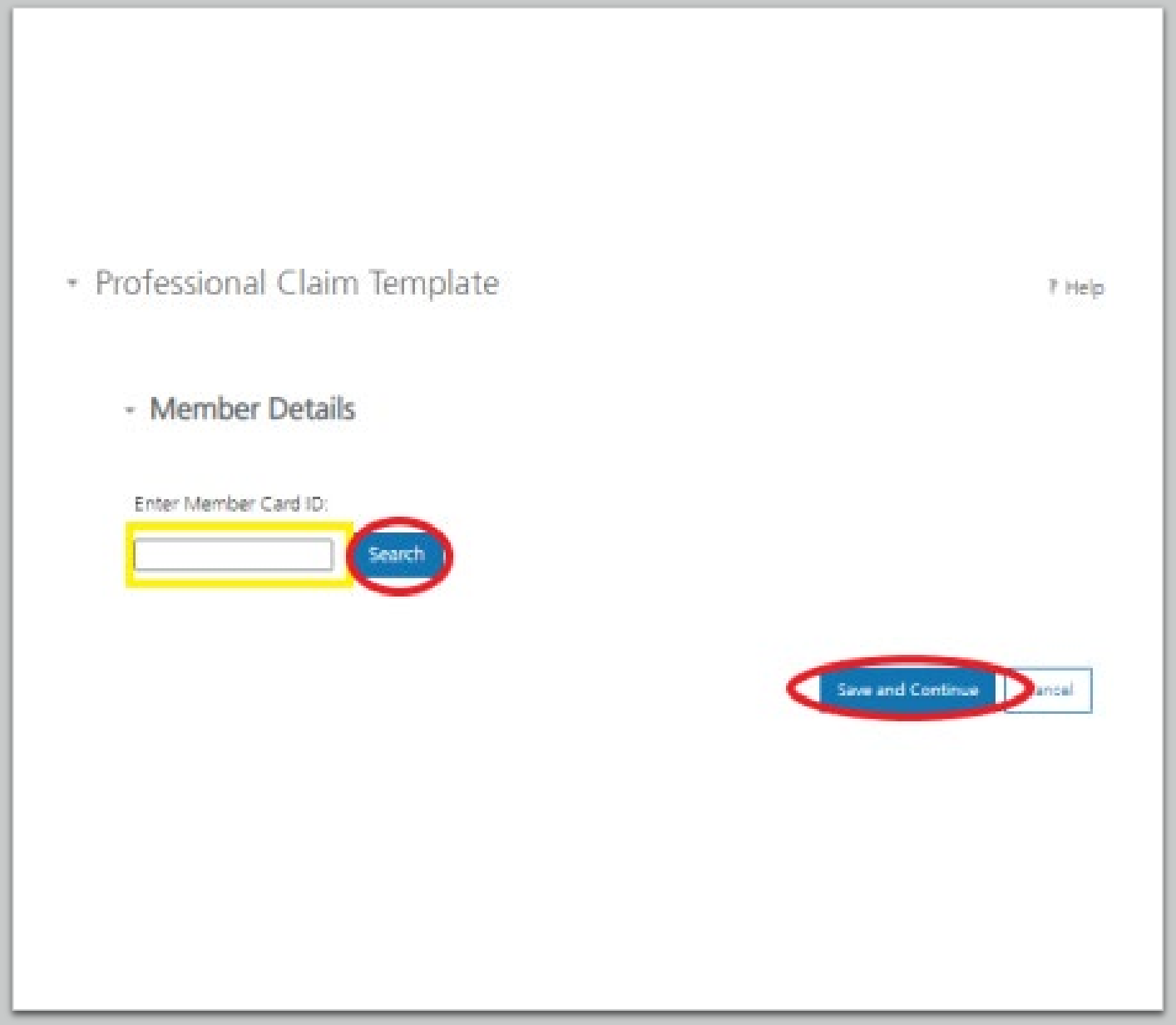


Creating a Template

Enter the member's MT Medicaid ID number.

Click **Search**.

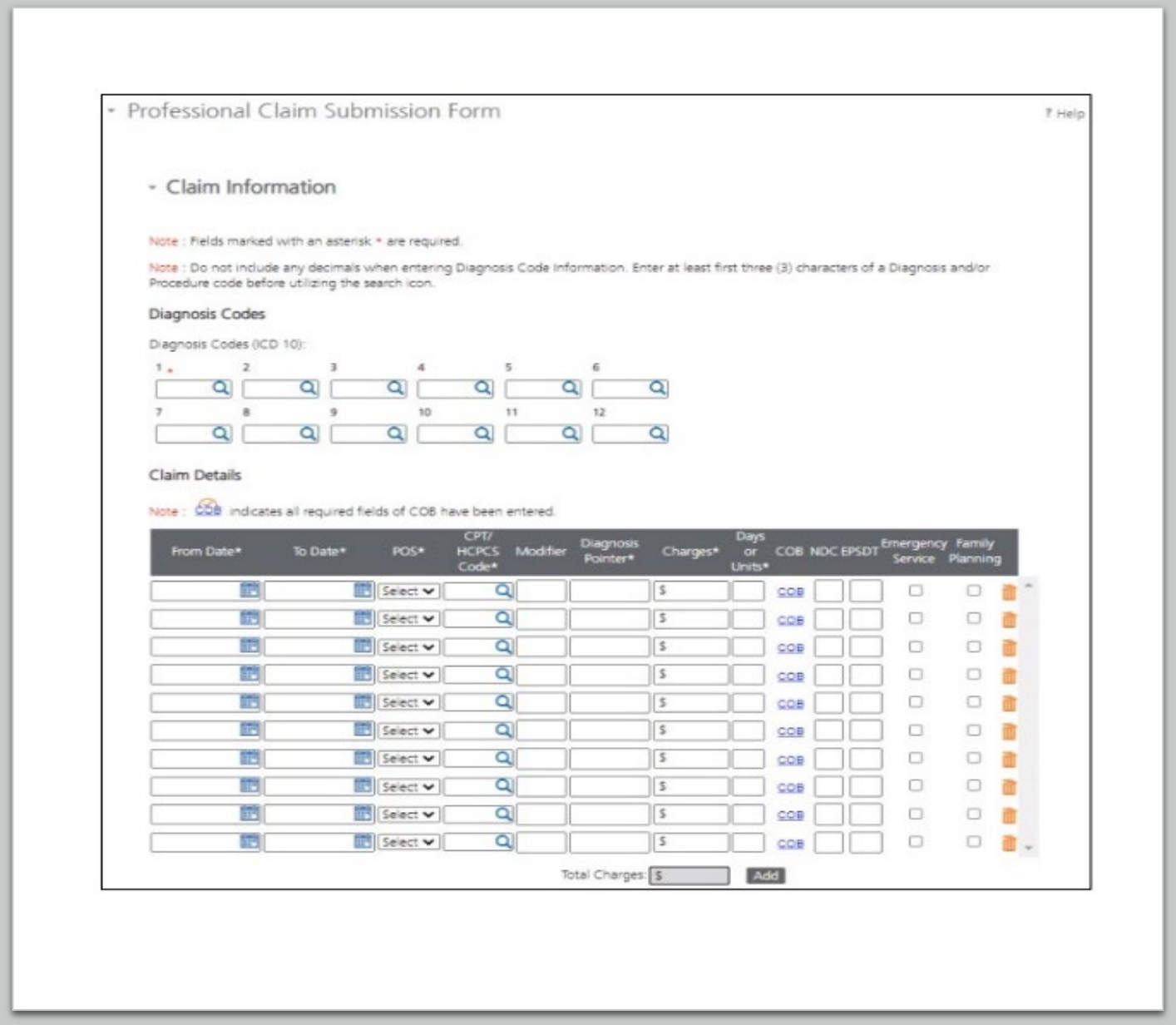
When the member information populates, verify and click **Save and Continue**.



Creating a Template

Complete the fields that will not change.

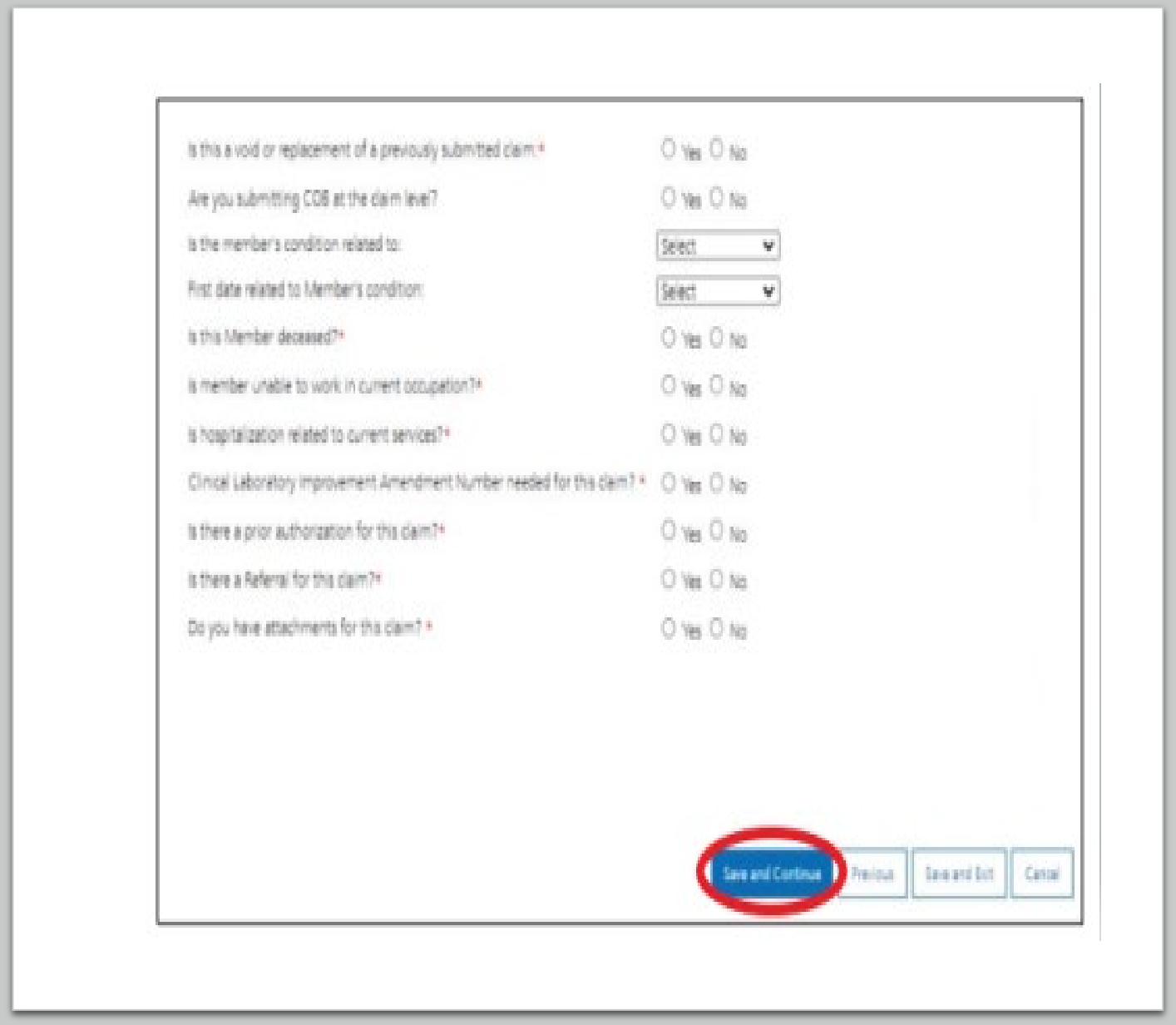
For instance, the diagnosis code, place of service, CPT code, modifier & diagnosis point fields will most likely not change for reoccurring visits.



Creating a Template

Answer all the questions at the bottom of the screen.

Click **Save and Continue**.



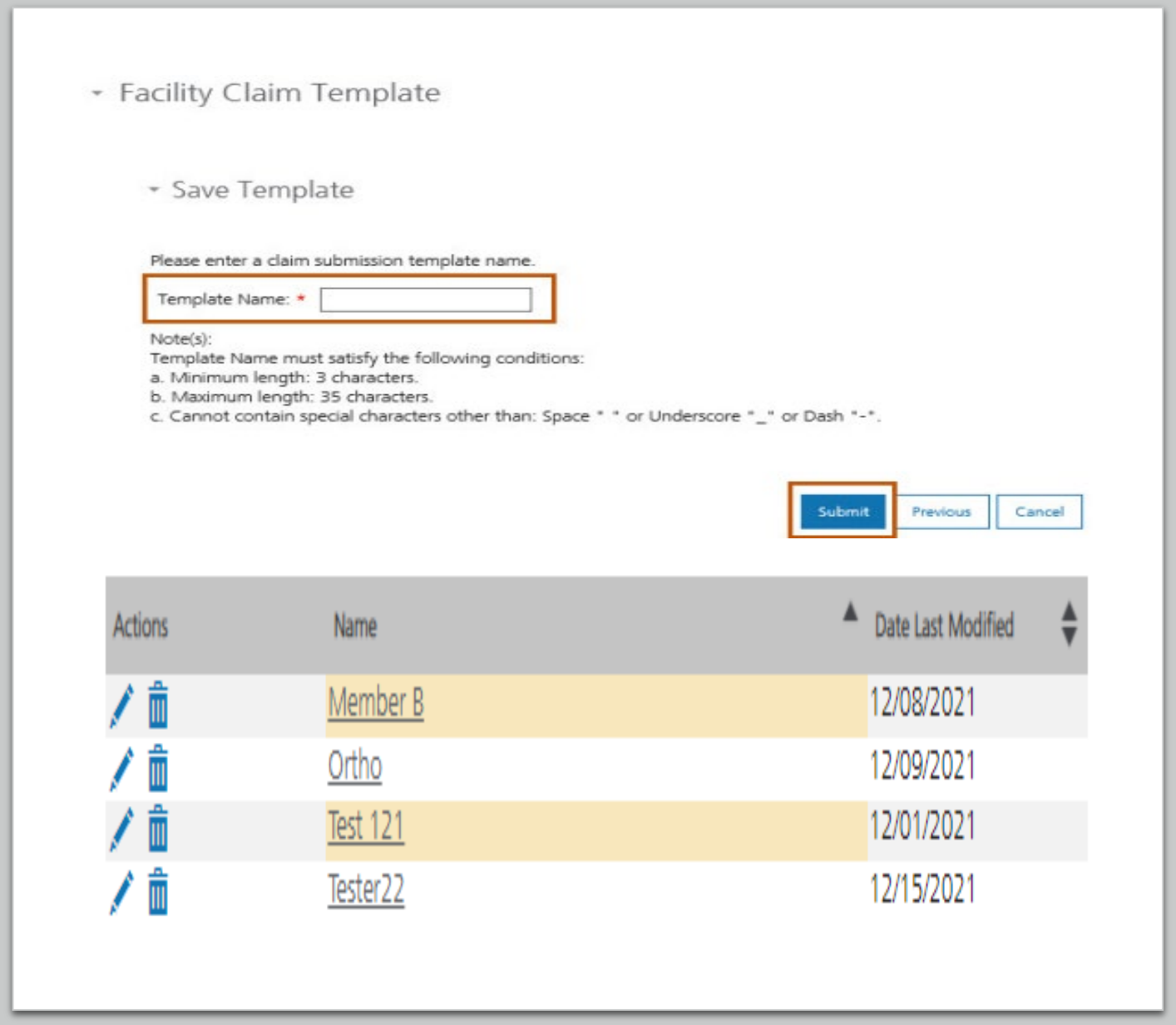
Creating a Template

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.

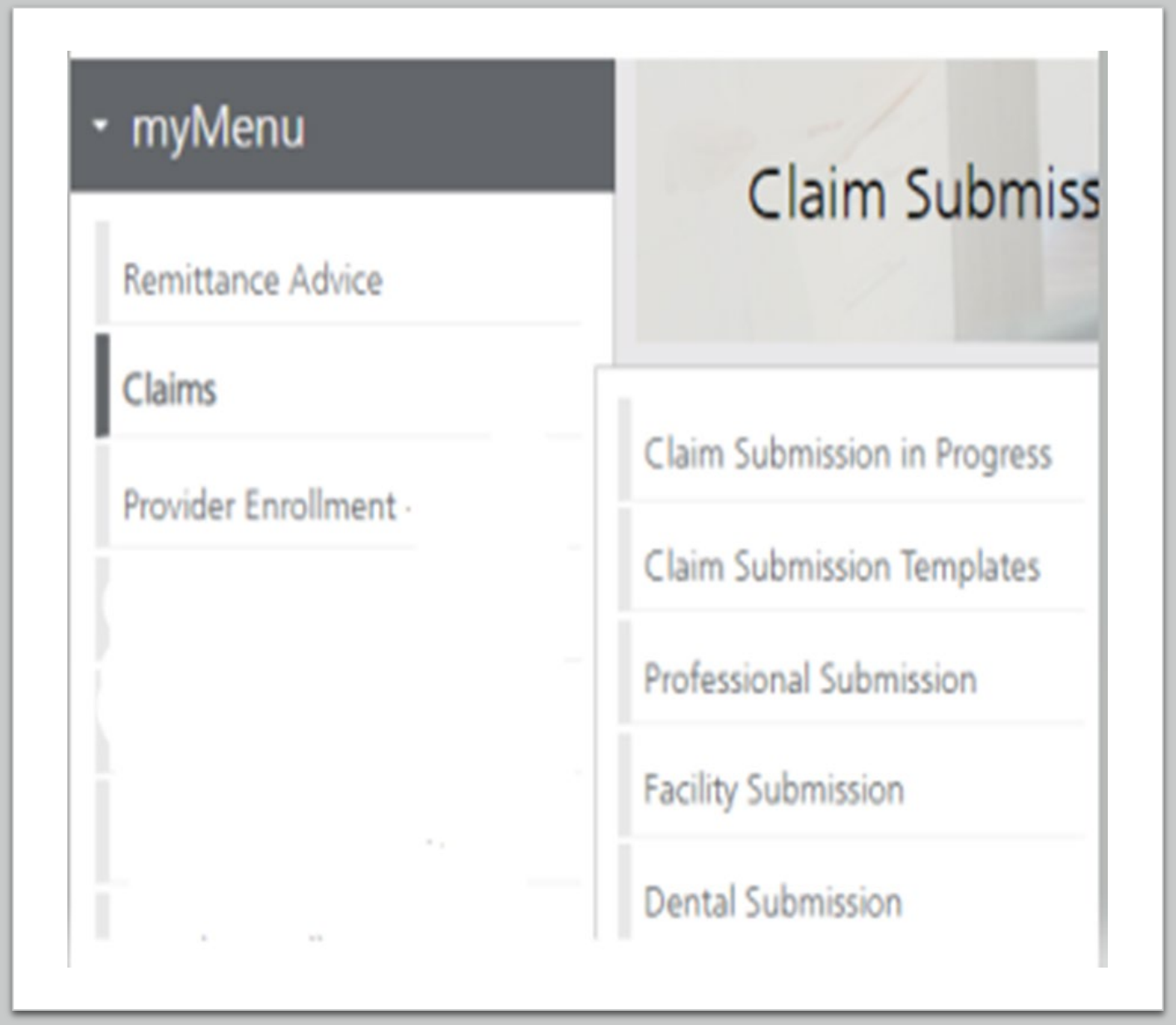
To delete a template, click on the **Garbage can** icon.



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)

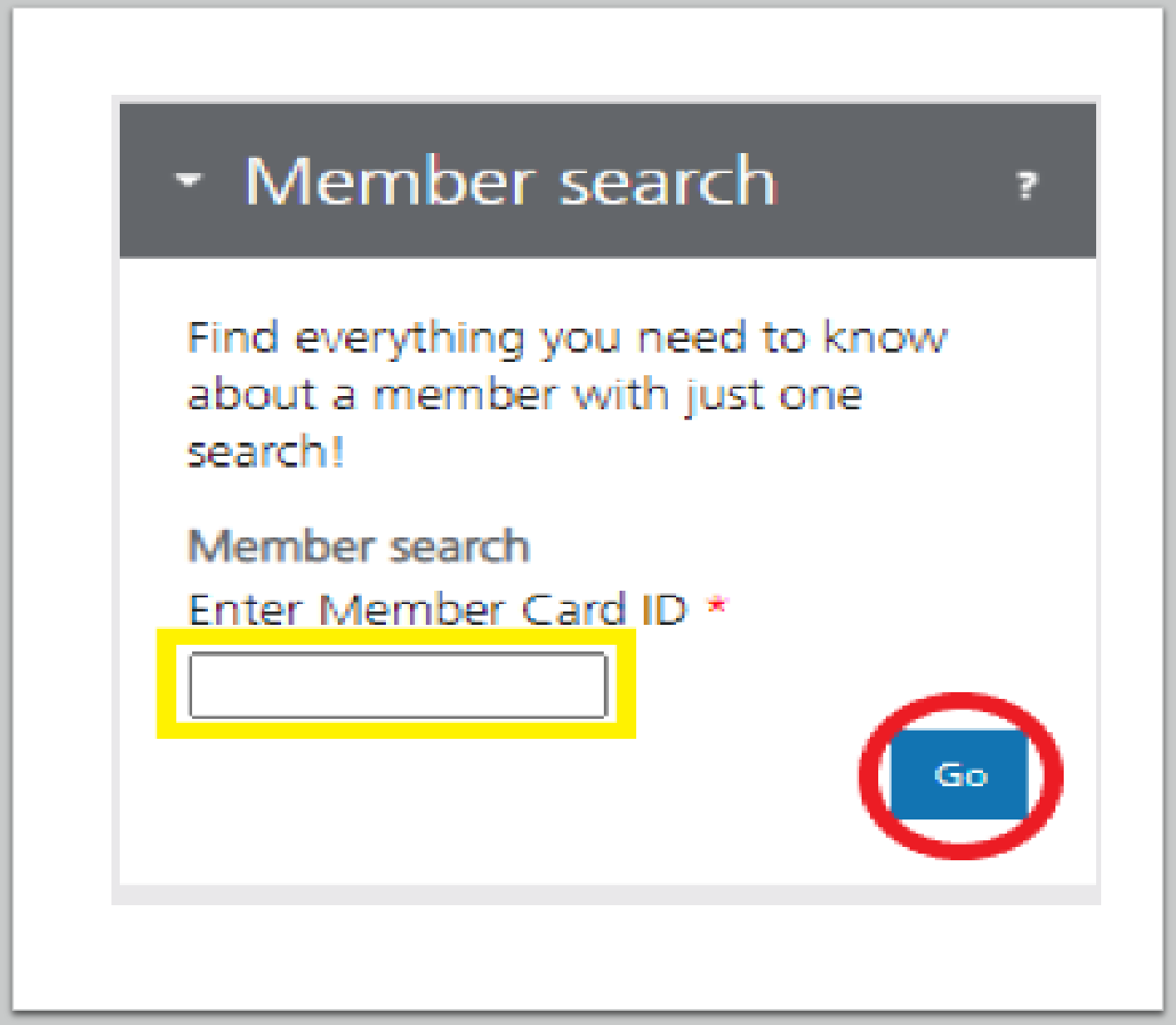
Member Eligibility Search

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

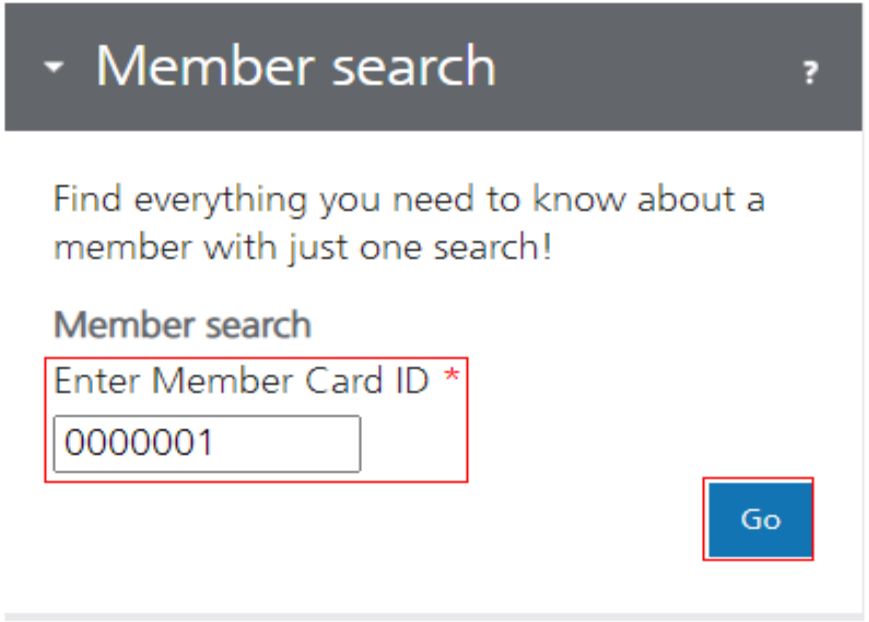
Enter member's MT Medicaid ID number.

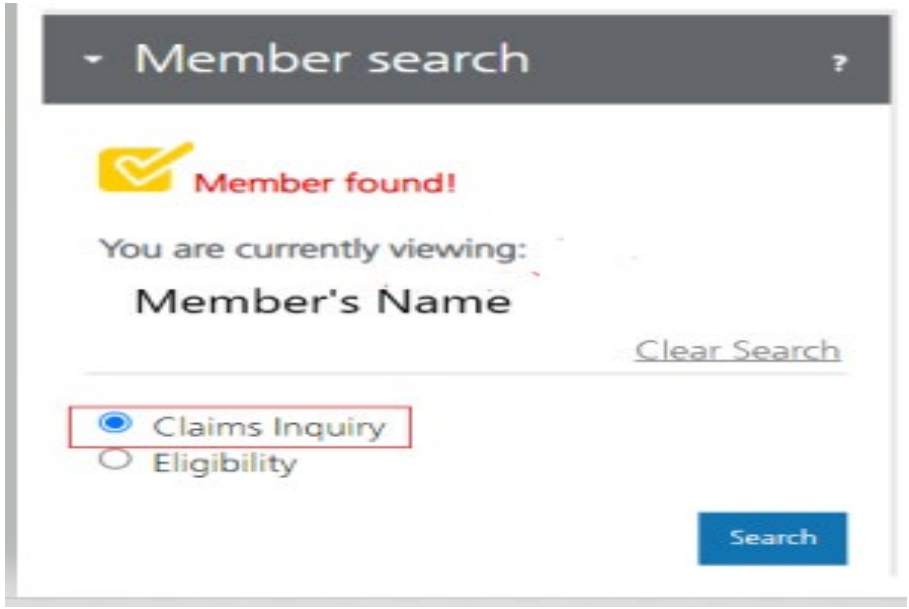
Click **Go**.

Not available till 2/1/2022

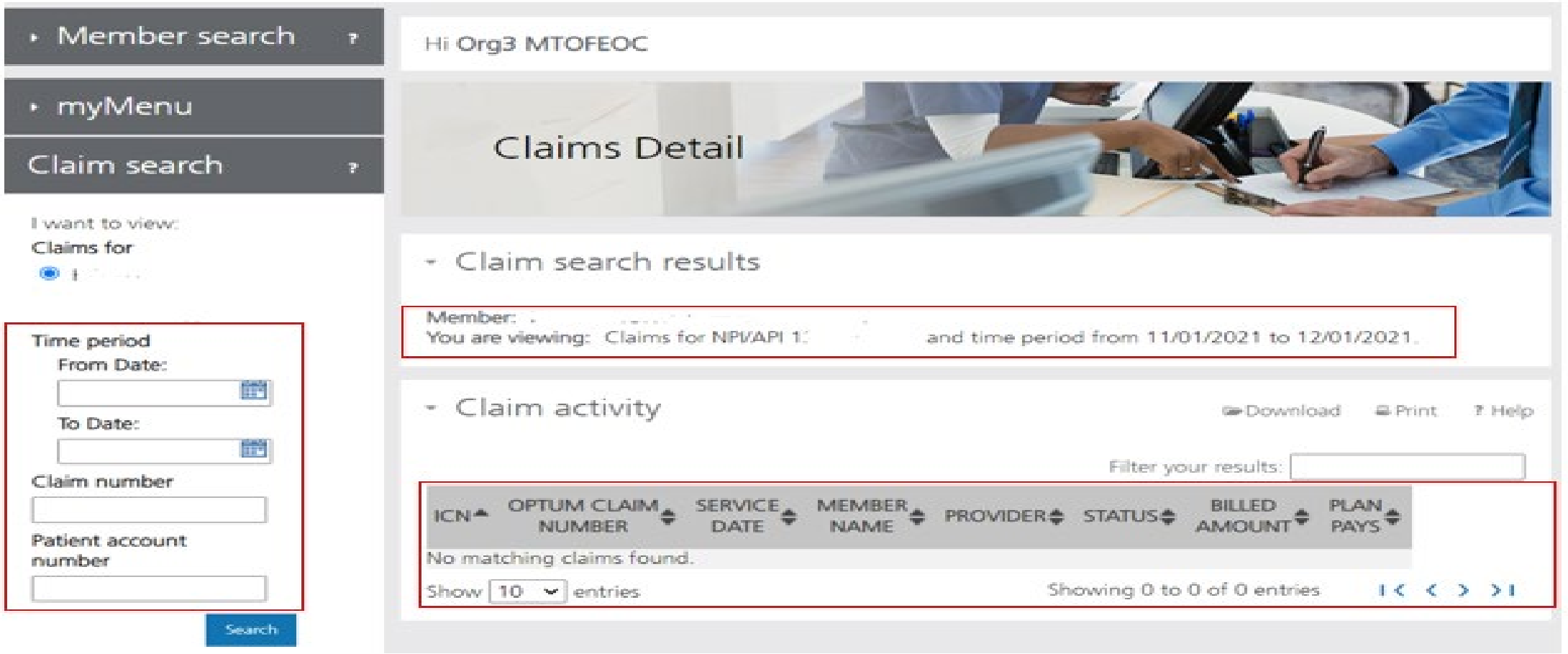


Provider Portal – Claims Inquiry

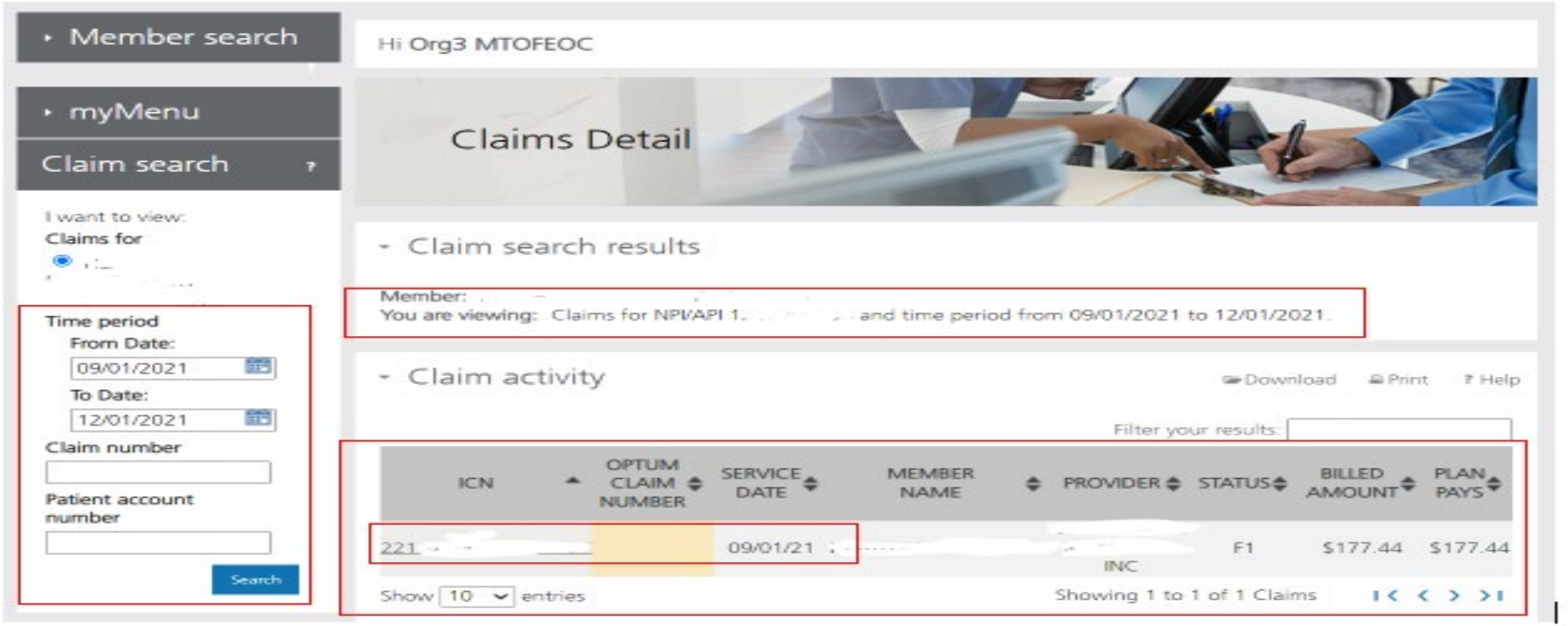




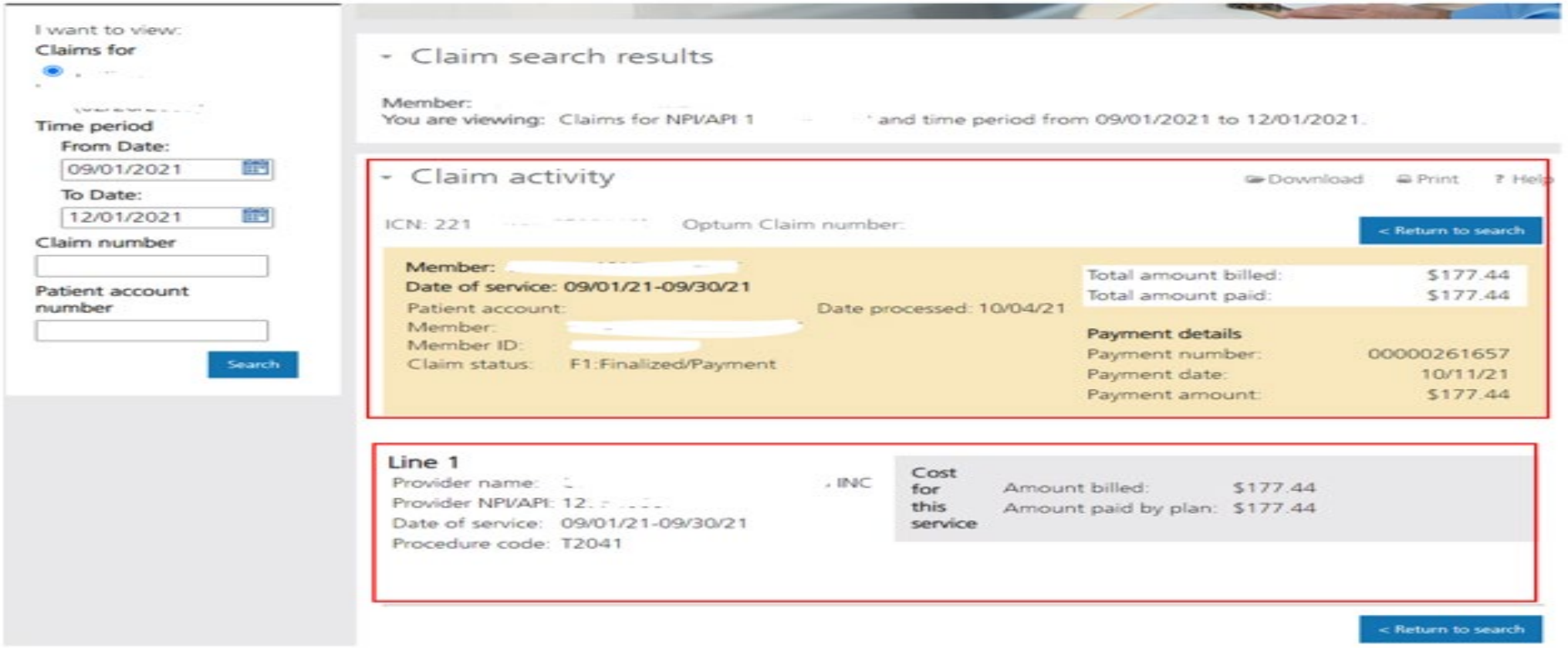
Provider Portal – Claims Inquiry



Provider Portal – Claims Inquiry



Provider Portal – Claims Inquiry



Provider Portal – Claims Inquiry

Print

Claim Detail

ICN: 221: / ... Optum Claim number:

Member:
Date of service: 09/01/21-09/30/21
Patient account:
Member:
Member ID:
Claim status: F1:Finalized/Payment

Date processed: 10/04/21

Total amount billed: $177.44
Total amount paid: $177.44

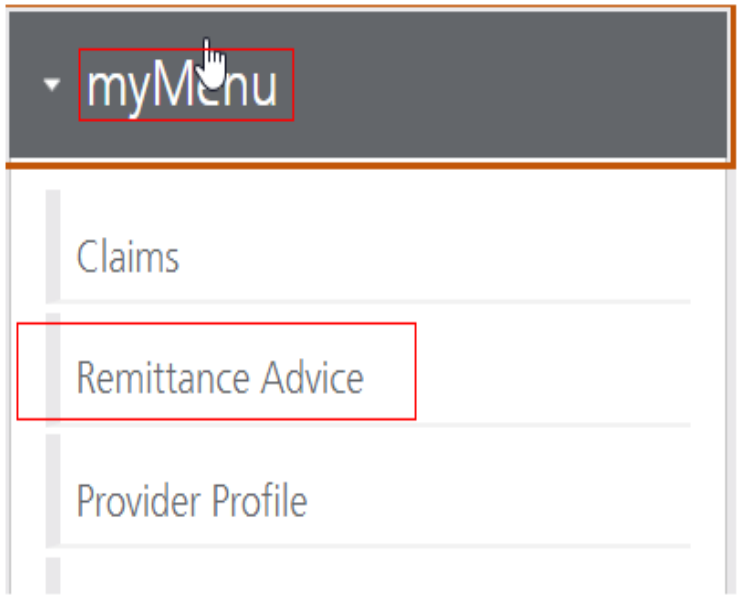
Payment details
Payment number: 00000261657
Payment date: 10/11/21
Payment amount: $177.44

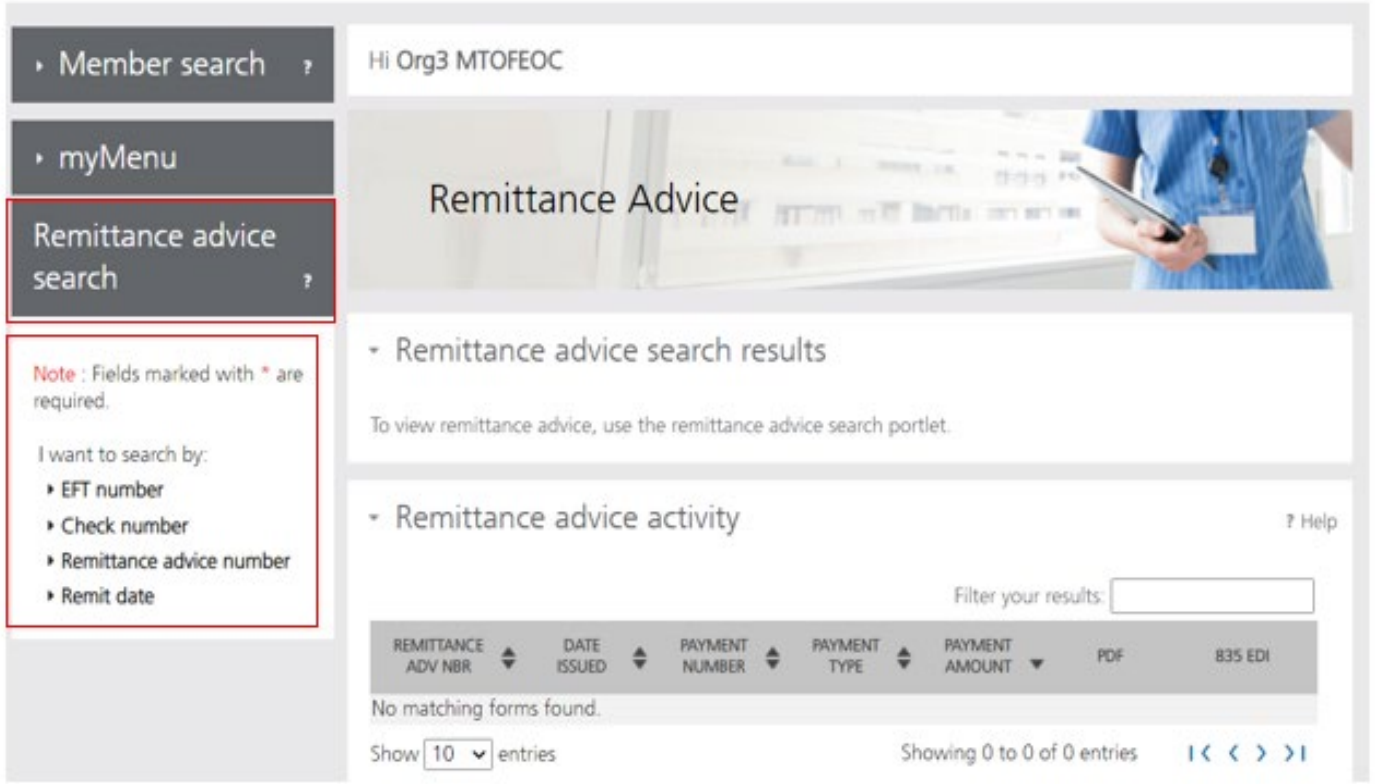
Line 1
Provider name: ..' INC
Provider NPI/API: 12.
Date of service: 09/01/21-09/30/21
Procedure code: T2041

Cost for this service

Amount billed: $177.44
Amount paid by plan: $177.44

Provider Portal – Remits





Provider Portal – Remits

Provider Portal – Remits

Filter your results:

REMITTANCE ADV NBR	DATE ISSUED	PAYMENT NUMBER	PAYMENT TYPE	PAYMENT AMOUNT	PDF	835 EDI
C	09/27/2021	0	Check	$1150550.83	View	Download
0	09/27/2021	0	Check	$246077.51	View	Download
0	09/27/2021	0	Check	$94875.42	View	Download
	09/20/2021	01	Check	$14843.00	View	Download
0	09/27/2021	0	Check	$7195.51	View	Download
0	09/06/2021	0	Check	$1572.51	View	Download
0	09/13/2021	01	Check	$520.36	View	Download

Show 10 entries Showing 1 to 7 of 7 forms

VENDOR # 000 REMIT ADVICE # 8 EFT/CHK #0 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 NUMBER=00	07012021	07312021	1.000	S5141	2453.93	2453.93		
TEAM NUMBER 01								
	CLAIM TOTAL				2453.93	2453.93		
ICN 221 PATIENT NUMBER=0	08012021	08312021	1.000	S5141	2453.93	2453.93		
TEAM NUMBER 01								
	CLAIM TOTAL				2453.93	2453.93		
ICN 22 PATIENT NUMBER=00	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 NUMBER=0	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 NUMBER=0	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.

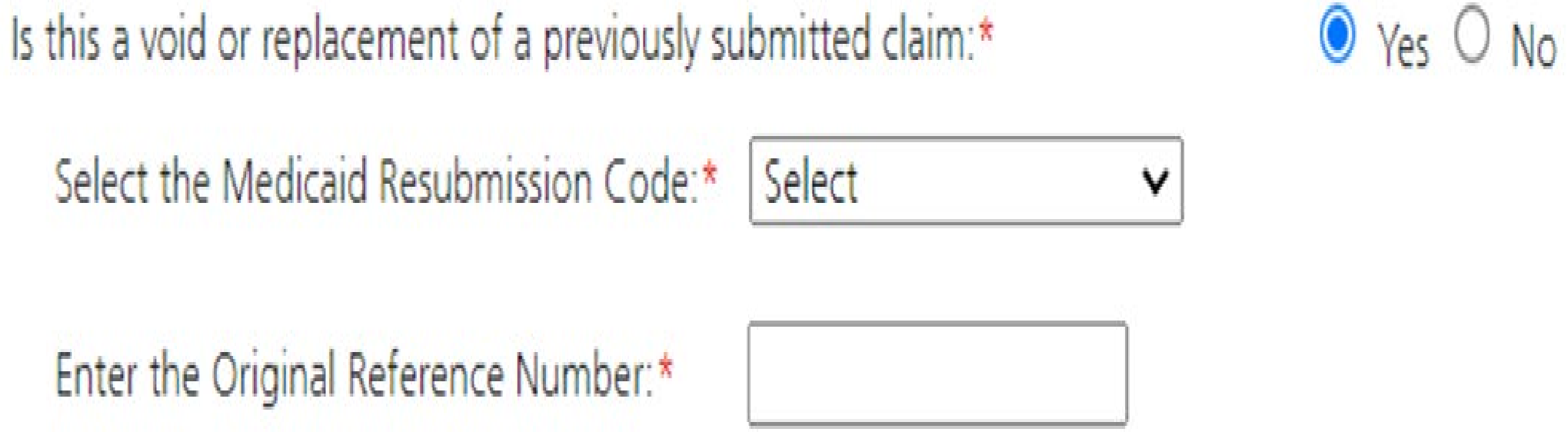
Professional Claims (CMS-1500) & Dental Claims

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



Electronic Claim Adjustments

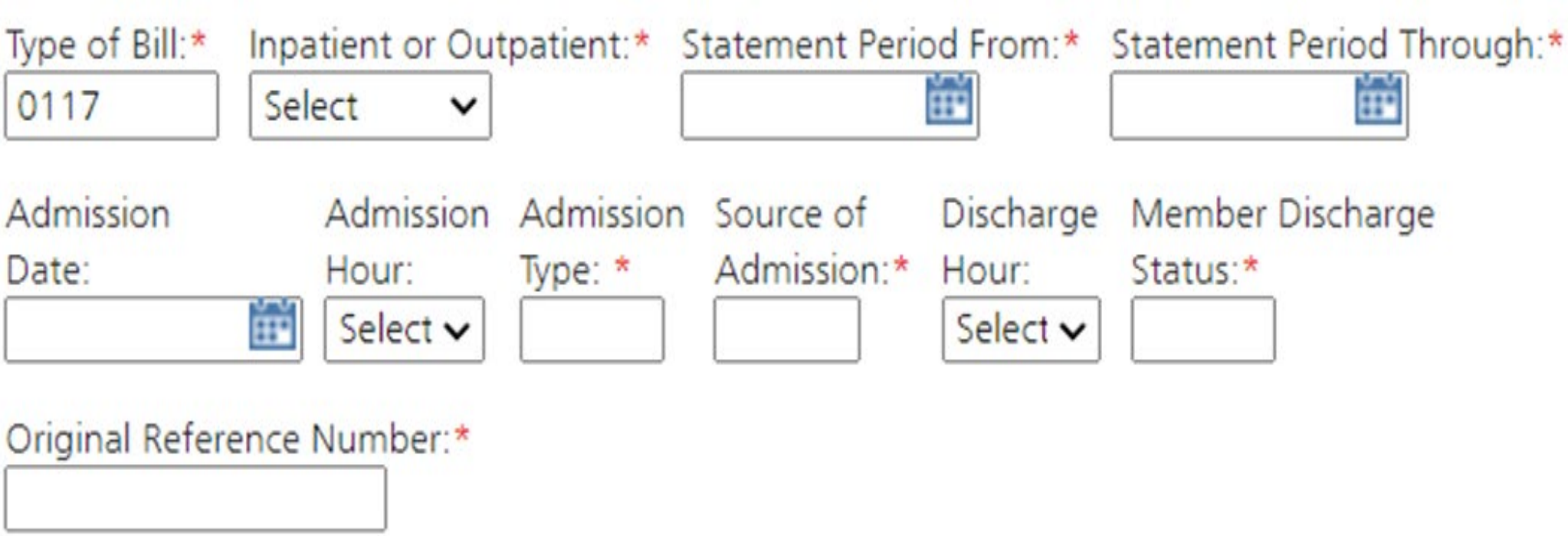
To Correct a claim - Create a new claim with the corrected information.
To Void a claim – Create a new claim with the original claim information.

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



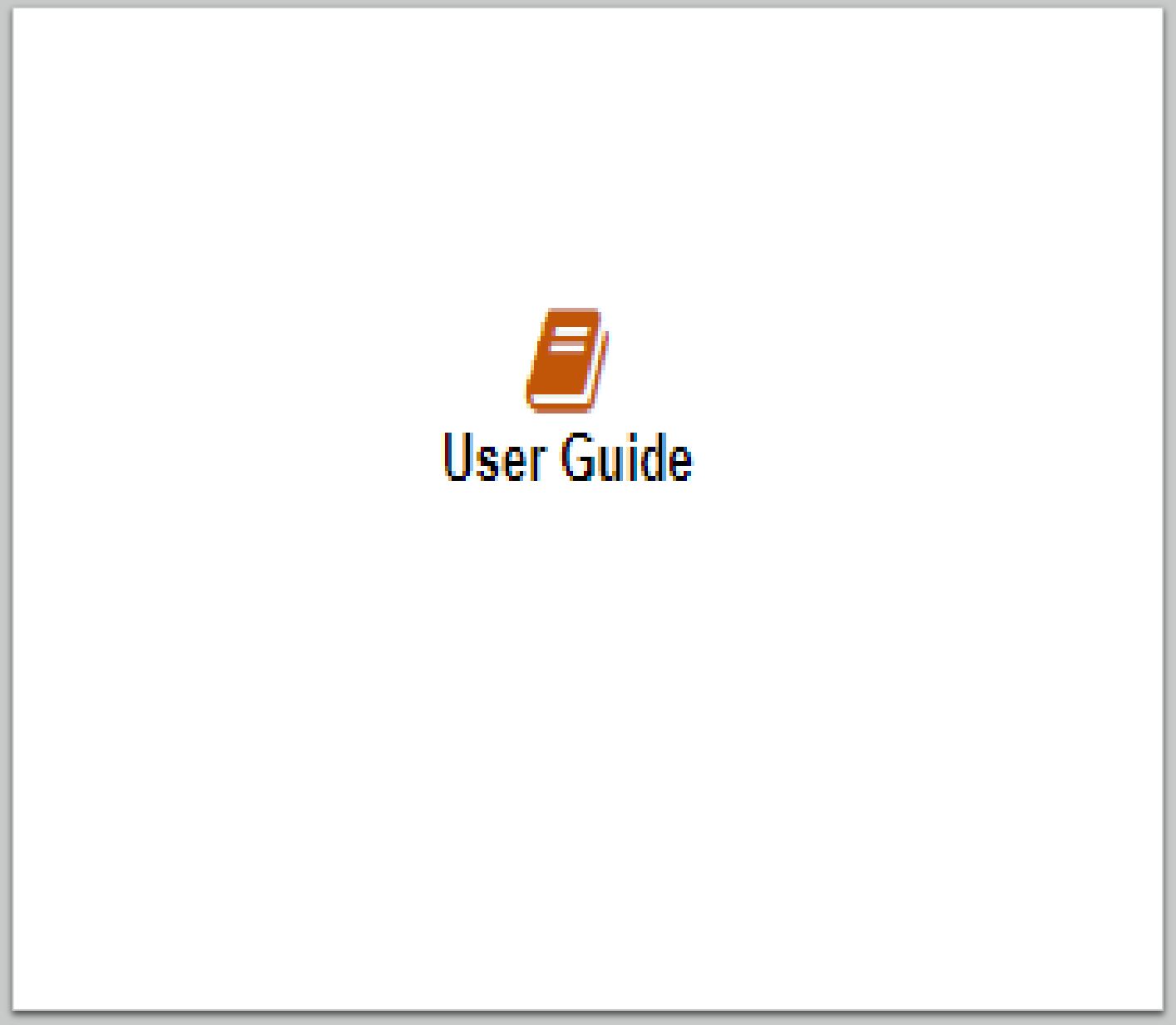
CONDUENT

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.



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?