

New Provider Services Module

Provider Demonstration

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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/>

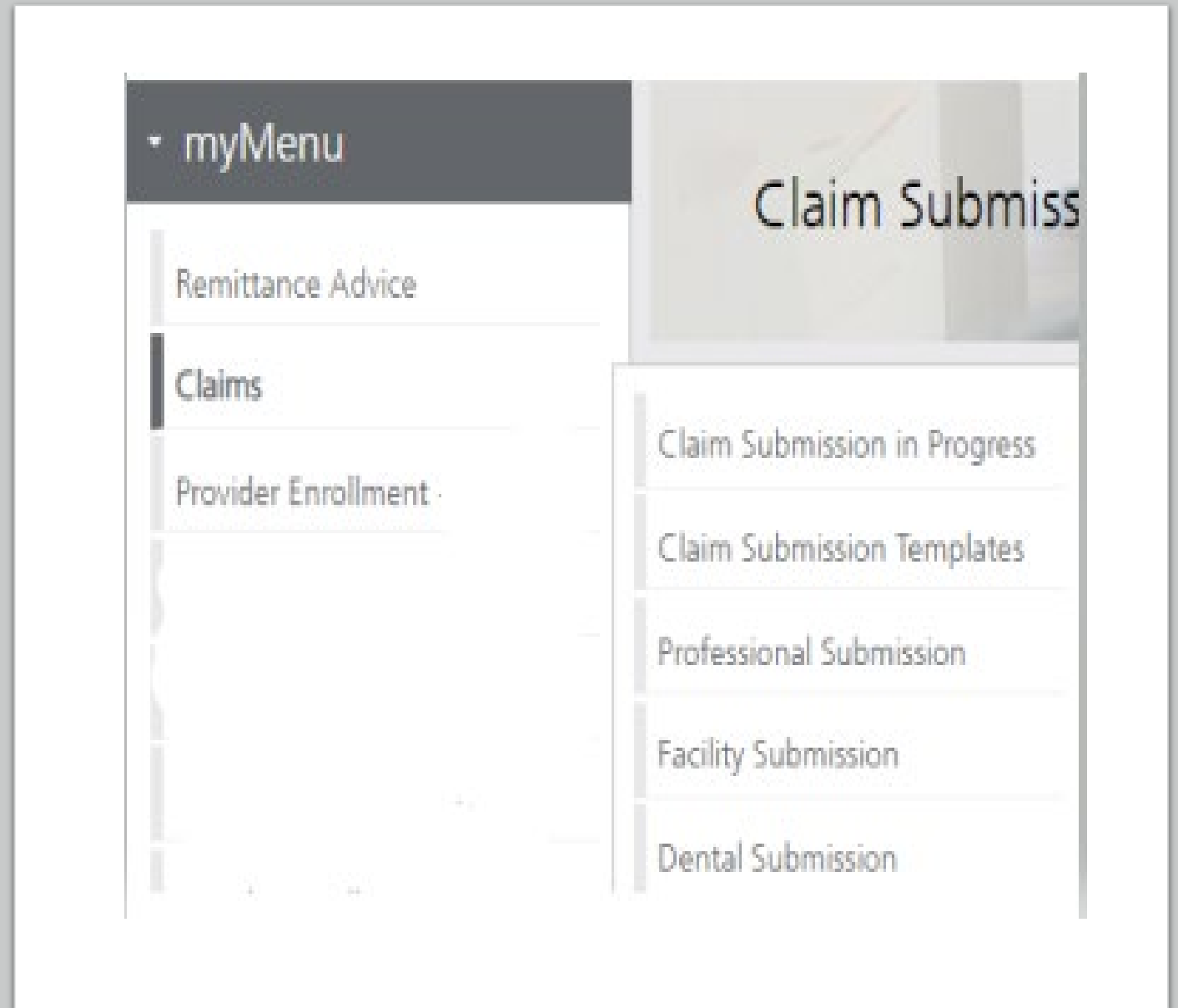
Claims

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.

Action	Member Name	Date of Service	NPV/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 shows a web application interface for managing claim submission templates. 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 filter 'Filter your results:' with an input field. A table lists four templates with columns for 'Actions', 'Name', and 'Date Last Modified'. The 'Name' column contains 'Member B', 'Ortho', 'Test 121', and 'Tester22'. The 'Date Last Modified' column contains '12/06/2021', '12/09/2021', '12/01/2021', and '12/15/2021'. 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

Showing 1 to 4 of 4 templates

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>	\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB			<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB			<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: *

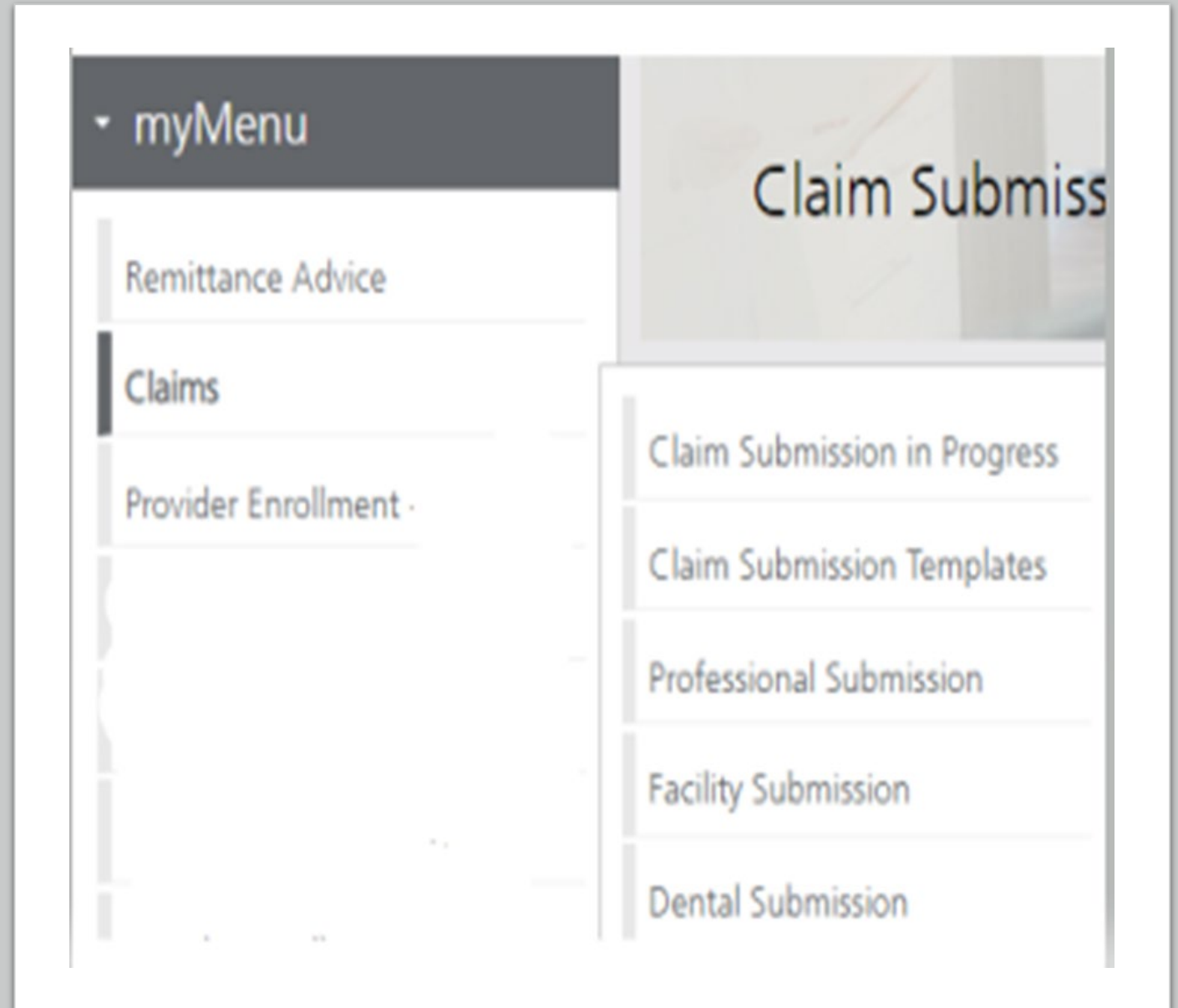
Note(s):
Template Name must satisfy the following conditions:
a. Minimum length: 3 characters.
b. Maximum length: 35 characters.
c. Cannot contain special characters other than: Space " " or Underscore "_" or Dash "-".

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)

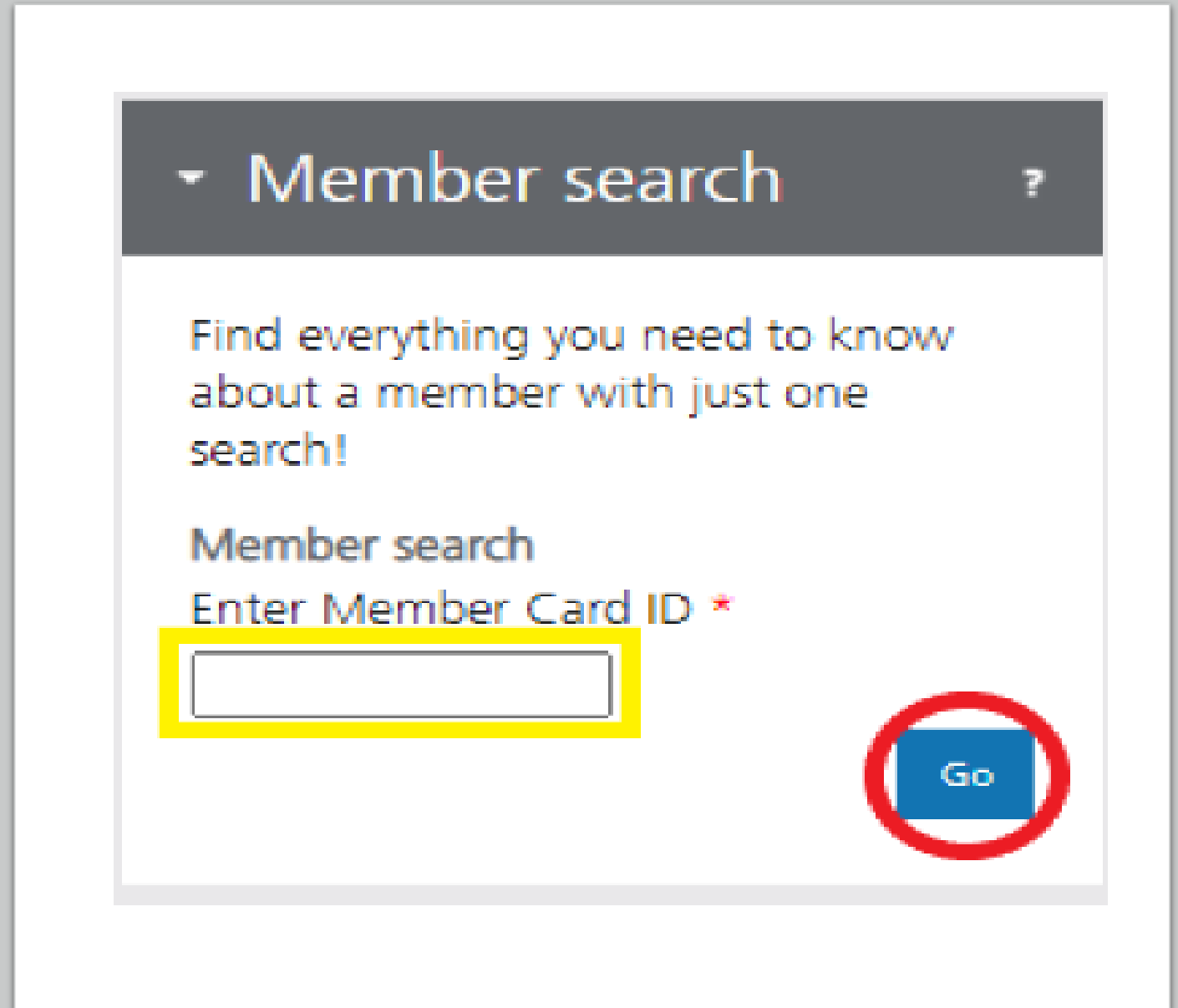
Member Eligibility Search

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 features the text 'Find everything you need to know about a member with just one search!' in blue. Underneath, the text 'Member search' is followed by 'Enter Member Card ID *' in blue. A white rectangular input field is highlighted with a yellow border. To the right of the input field is a blue button with the word 'Go' in white, which is circled in red.

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 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

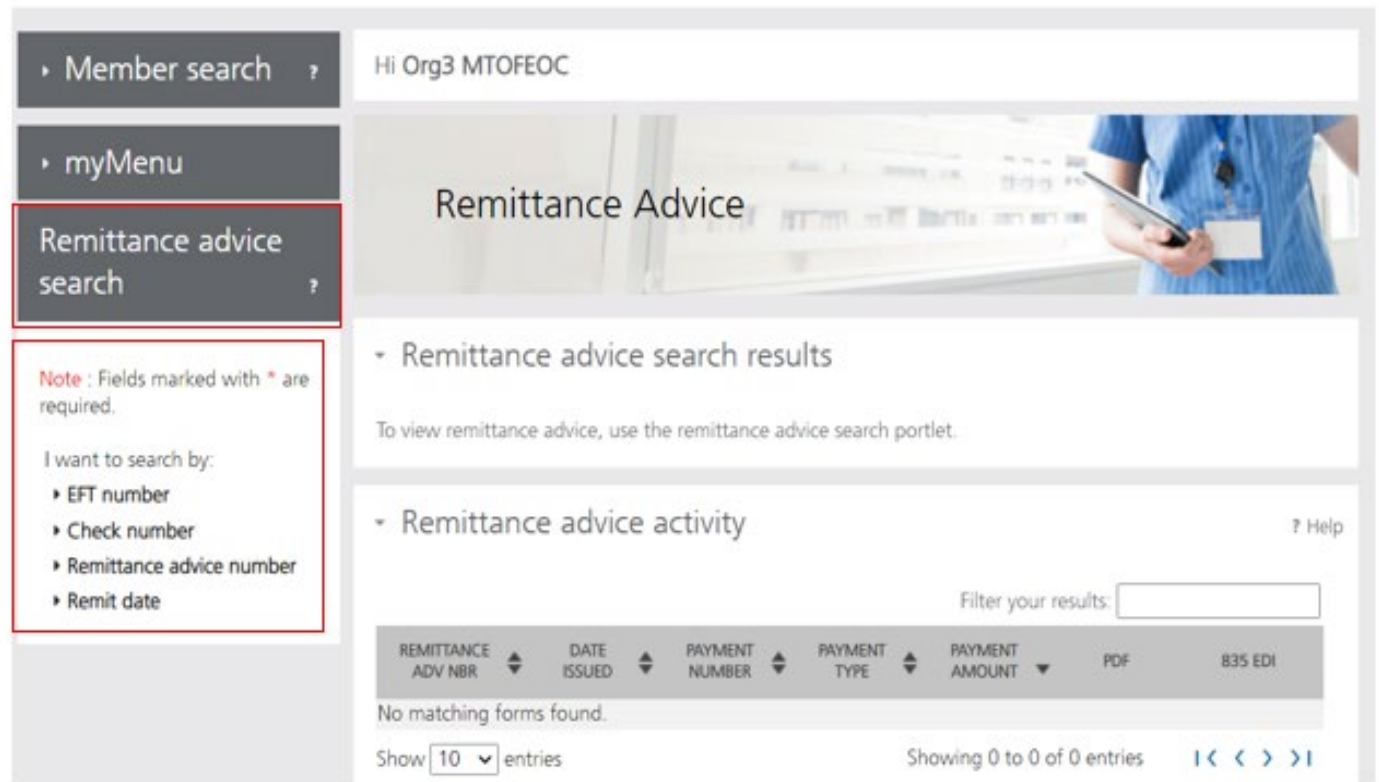
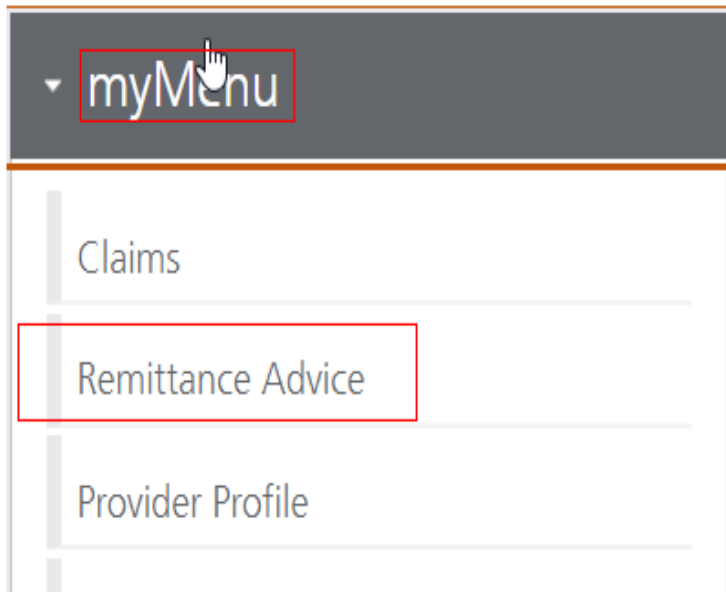
Provider NPI/API: 12

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:*

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?