Revalidation Guide

DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

MONTANA
DPHHS

What is revalidation

- To comply with the Patient Protection and Affordable Care Act, Section 6401(a) and 42 CFR 424.515, Montana Healthcare Programs requires all actively enrolled providers and suppliers to revalidate their enrollment information every five years.

Documentation
Before you begin a Revalidation

- License

- DEA

- CLIA

- EFT form

- Insurance

- W9 with Legal Entity Address

Provider Portal Log In

Log into the MPATH Provider Services Portal to access enrollment workbench and begin a revalidation

Provider Portal Log In

Sign In With Your Optum GovID

Optum GovID or email address

MPATHPROD@mt.gov

Password

•••••••••

SIGN IN

Additional options:

Create Optum GovID

Manage your Optum GovID

What is Optum GovID? ⧉

Forgot Optum GovID | Forgot Password

As a security enhancement, we are removing Security questions as an account recovery and authentication method. Users will have the option to use other available methods.

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 MTPRHelpdesk@conduent.com

Enter your Optum GovID or registered email and Password. For security a passcode will be emailed to your registered email address.

Sign In: Access Code

We've sent you an email to **mpa****od@getnada.com**. Type the code from the message here to verify your identity and sign in. You can bypass this step in the future by checking the box.

Access Code ✱

•••••••

Still waiting for your access code? Resend Email

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

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

NEXT   Cancel

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

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Provider Portal Log In

The Provider portal offers many features. For revalidation click on the Provider Enrollment tile on the left menu.

Enrollment workbench search

Use the Select "Search By" to search by NPI.
Enter the 10 digit NPI in the Search Criteria text box and click search.
The result will return the NPI with a history of all activities completed specific to that NPI.

Checking for Revalidation

Select the radio button on the top line or current enrolled line.

Hover over the revalidation tile on the left menu. If the tile highlights and revalidation Enrollment Units display your file is ready for revalidation.

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Creating a Revalidation

Click the revalidation tile on the left menu. The pop out Enrollment Units are grayed out and informational only.

Creating a Revalidation on workbench

The Revalidation line will appear at the bottom of the workbench. Click the blue pencil icon to begin the revalidation process.

Navigating sections of Revalidation

The left tiles will appear red at the beginning of the revalidation. As each section is completed these tiles will change to green.

Within each tile there are another set of tabs that are red across the top of the page. These will change to green when each tab is complete.

Revalidation Attestation

Great Falls, MT 59403

☐ I have reviewed the information on this screen as presented * ⓘ

Great Falls, MT 59403

☑ I have reviewed the information on this screen as presented * ⓘ

Type of Provider:* [Add] ⓘ

Type of Provider	Effective Date	Terminate Date	Actions
Ambulatory Health Care Facilities	04/02/2023		✏️ 🗑️

[Save and Exit] [Cancel] [Previous] **[Save and Continue]**

Revalidation is a process of reviewing and updating information on your enrollment. Each page of the enrollment during revalidation will have a checkbox to attest to the statement "I have reviewed the information ion this screen as presented. Click Save and Continue to proceed to the next section.

Provider Information Tile

The first tab to complete will be the Practice information. This is where you will validate the provider taxonomy, state and/or waiver programs. Updates can be made by selecting the Add button and navigating the popup screen.

Provider Information Tile

Practice Information ⊘ | **Legal Name & Address** ◯ | Ownership ◯ | Disclosure Information ◯

Legal Name & Address

Required fields are marked with an asterisk (*).

Please enter in your Legal Name and Address information, this information would be the same information on your W9. Each address in the enrollm

United States Postal Service information. To complete, enter the address information and select the "Validate Address" button and confirm the inforn

Provider/Organizational descriptive information by selecting and entering in the required values in each section. Enter in the Billing Address informat

address is the same as the Legal Address or Billing Address, select the checkbox to pre-populate the address information into this section. Each ad

information allowing the user to select from a previously entered address. In order to update your Legal Entity email, please navigate to the FEIN Ma

workbench.

☐ I have reviewed the information on this screen as presented * ⓘ

Legal Entity Name: * ⓘ   FEIN: * ⓘ

| MPATH NORTHWEST COMMUNITY HEALTH CA | | 10-0336285 |

Type of Business Entity: * ⓘ   Business Entity Profit Status: * ⓘ

| Corporation ⌄ | | Private Non-Profit ⌄ |

> Legal name and address tab also contains the billing (physical address) and mailing sections.

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Provider Information Tile

| Practice Information ✓ | Legal Name & Address ✓ | Ownership ✓ | Disclosure Information ⦿ |

Ownership

❓
Help

Individual Providers - Please indicate if you have ever been sanction, excluded, or convicted. Select the Yes indicator and enter in the details in the "Conviction Details" section, Please include the data of offense, outcome, and state in which action has been taken.

Organizational Providers - Federal and State regulations requires users to disclose ownership information. The collected data will be used to identify the organizational structure and to check if the disclosed individuals have been sanctioned, excluded, or convicted. If the disclosed individual has been sanctioned, excluded, or convicted, please provide details in the Comment box in the Ownership pop-up. Use the top ? to access User Documentation to help navigate each section of the Provider Enrollment application. The 'Help' symbol is also available for additional help or the (i) for hover field level help.

☑ I have reviewed the information on this screen as presented * ⓘ

Federal Medicaid regulations (42 CFR 455.100 - .106) require that all Medicaid providers must attest and disclose identifying information for each person and organizations having direct or indirect ownership interests or control interest equal to or more than 5% or more value of the disclosing entity. I attest: * ⓘ

○ Yes means there ARE person(s) or organization entity(s) that have 5% or more direct and/or indirect ownership. **Please Note:** Agents, Officers, Board Members, Directors and at least one managing employee must also be reported if applicable.

◉ No means there are NO person(s) or organization entity(s) that have 5% or more direct and/or indirect ownership. **Please Note:** If No, **at least one managing employee must be reported** (on the disclosure tab).

[Save and Exit] [Cancel] [Previous] [Save and Continue]

If "yes" is selected each individual or business owner must be listed in the ownership section. If "no" is selected at least one managing employee must be listed on the next tab.

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Provider Information Tile

Provider Information Tile

Practice Information ✓	Legal Name & Address ✓	Ownership ✓	Disclosure Information ✓

Authorized Official Attestation:

By checking the box below, I attest that I have searched and continue to search on a monthly basis the (OIG) Office of Inspector General List of Excluded Individuals/Entities prior to enrolling in any State or Federal program, before hiring new employee and employing contractors. I attest the provider, all owners, managers, employees and contractors are not excluded from participation in Medicare, Medicaid, CHIP or other federal health care programs and agree to immediately notify any exclusion information to the State Medicaid Agency.

☑ I Attest * ⓘ

Save and Exit   Cancel   Previous   Save and Continue

Navigate through the additional questions on the disclosures page, read the Attestation and click I Attest. Then click save and continue. Note the tabs across the top should all appear green.

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Credentials Tile

Please enter the exact License number located on your certificate, including special characters.

☐ I have reviewed the information on this screen as presented * ⓘ

Licenses: * ⓘ

[Add] ⓘ

License #	Specialty	State	Effective Date	Expiration Date	Issuing Party Identifier	Other (Mail or Fax)	Actions
1212 *	Clinic/Center; Federally Qualified Health Center (FQHC)	MT	04/01/2023	12/31/2023	Other	☐	✏️ 🗑️ ⬆️
5465165 *	Clinic/Center; Federally Qualified Health Center (FQHC)	MT	11/01/2023	11/30/2023	Other	☐	✏️ 🗑️ ⬆️

Add Licenses   ✖

Required fields are marked with an asterisk (*).

Provider Type: * ⓘ
[Ambulatory Health Care Facilities ▼]

Specialty: * ⓘ
[Clinic/Center; Federally Qualified Health Center (FQHC) - 261QF0400X ▼]

License#: * ⓘ   State: * ⓘ
[   ]   [Select One ▼]
(Format: Universal)

Issuing Party Identifier: * ⓘ
[Select One ▼]

Effective Date: * ⓘ   Expiration Date: * ⓘ
[MM/DD/YYYY 📅]   [MM/DD/YYYY 📅]

[Save]

Review the licensure on file. Add a new license for an expired line. Click Add and follow the prompts in the popup.

If the license is close to expiration the date can be extended by clicking the pencil icon.

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Credentials Tile

Upload a current copy of the license by clicking the blue upload icon. Click browse, navigate to the license and click open.

Credentials Tile

When the file is successfully uploaded click close on the upload pop up. Navigate through the rest of the page and click save and continue.

Financial Information Tile

Add Insurance Company   ✕

Required fields are marked with an asterisk (*).

Insurance Company: *
ⓘ   State Farm

Agent Name: ⓘ   Jake

Contact Number: ⓘ   (406)444-4444

Save

☑ I have reviewed the information on this screen as presented * ⓘ

Manage Insurance Companies: Add ⓘ

Add Insurance Company

Insurance information will be added on the insurance tab. Click Add to add the insurance company.

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Financial Information Tile

Once the Insurance Information is added click Add next to Manage Policies. This popup will allow you to enter the details of the policy.
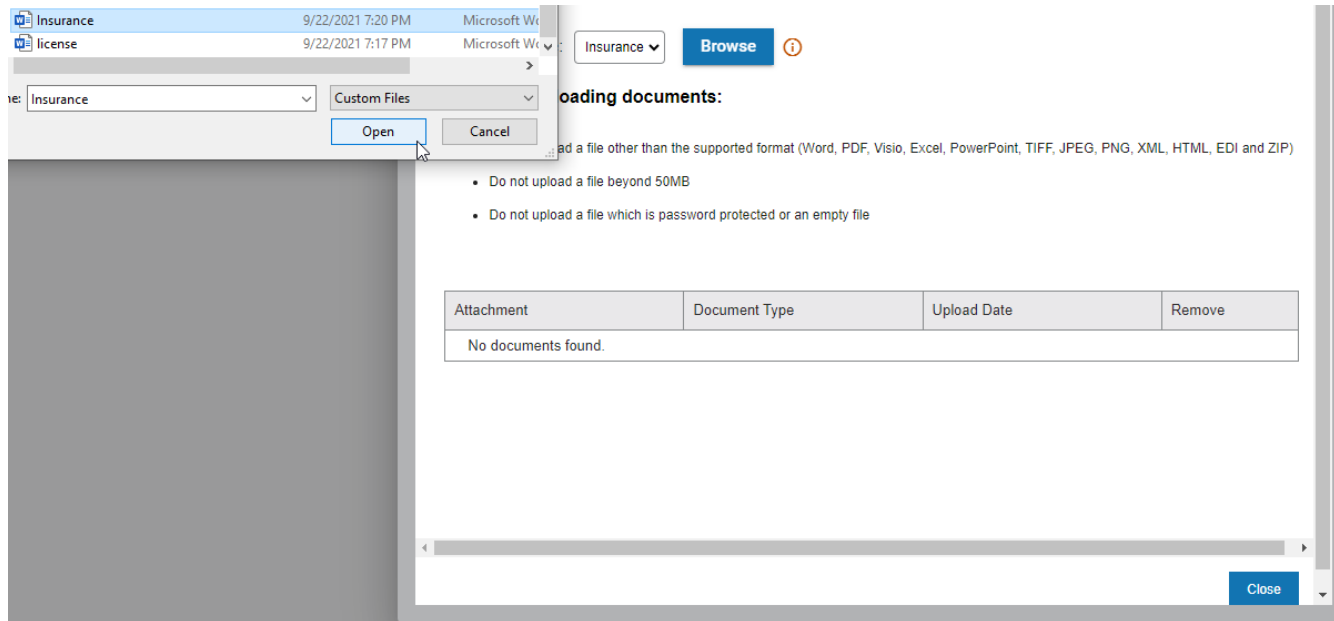
Financial Information Tile

Policy Type	Policy Number ↑	Policy Coverage Limit	Per Claim/Aggregate Amount	Effective Date	Expiration Date	Other (Mail or Fax)	Actions
General Liability	1078845124	$1,000,000.00	$25,000.00	2024-01-01	2024-12-31	☐	✏️ 🗑️ ⬆️

Upload a current copy of the insurance policy by clicking the blue upload icon. Click browse, navigate to the document and click open.
When the file is successfully uploaded click close on the upload pop up.

Financial Information Tile

Insurance information will appear on this tab. Click save and continue.

Financial Information Tile

☑ I have reviewed the information on this screen as presented * ⓘ

Please complete this form below for Electronic Funds Transfer reimbursement.

As part of a quarterly regulation update CMS-0028IFC Final Rule), The Centers for Medicare & Medicaid Services (CMS) has requiring the use of Electronic Funds Transfers (EFT) for all providers.

Type of Account: * ⓘ
◉ Checking   ○ Savings

Financial Institution Routing Number: * ⓘ
123456789

Re-enter Financial Institution Routing Number: * ⓘ
123456789

Account Number: * ⓘ
••••••••

Re-enter Account Number: * ⓘ
••••••••

Account Holder Name: * ⓘ
Hayes River

Financial Institution Name: * ⓘ
Valley Bank

Address Line 1: * ⓘ
8 Last Chance

Address Line 2: ⓘ

Supporting Documents: ⓘ

Rules for uploading documents:

- Do not upload a file other than the supported format (Word, PDF, Visio, Excel, PowerPoint, TIFF, JPEG, PNG, XML, HTML, EDI and ZIP)
- Do not upload a file beyond 50MB
- Do not upload a file which is password protected or an empty file

Document Name	Document Type	File Name	Upload Date	Uploaded By	Other (Mail or Fax)	Actions
⬇ EFT/ERA Authorization ... *	EFT/ERA Authorization ...				☐	⬆

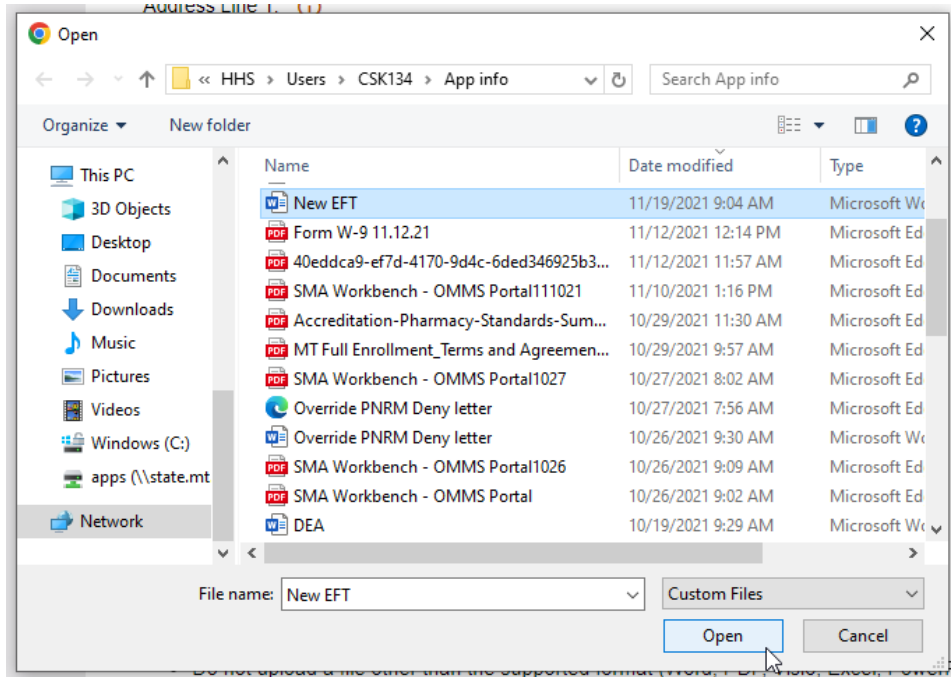Upload Signed Documents

[Save and Exit] [Cancel] [Previous] [Save and Continue]

Review banking information on file and validate the address information.
An EFT is required for revalidation. The EFT routing and account number must match exactly to the information on the screen and be signed within a year of revalidation submission date.

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Financial Information Tile

Upload a current EFT form by clicking the blue upload icon. Click browse, navigate to the document and click open.
When the file is successfully uploaded click close on the upload pop up.

Physical Location Tile

Physical Location

Users have the ability to enter multiple physical locations within a single enrollment application submission. After entering in all of the required infor application will generate an additional physical location. Each physical location is identified by using the National Provider Identifier (NPI) or Atypica example the first physical location number would be ex. 1234567891-001 and the additional locations would be -002, -003, etc. The information co provider directory. The information disclosed will help the member population determine where to receive care and provider characteristics. Use the each section of the Provider Enrollment application. The 'Help' symbol is also available for additional help or the (i) for hover field level help.

Physical locations are where the provider has a servicing location. There can be one or multiples.
Each location will appear with a red progress status. To review and update each location click on the pencil icon.

Location

Add * (i)   Manage Affiliations (i)

ID		Address	City	State	County		ID	Action	Progress
002		102 J STREET	HELENA	MT	Park			✏️	⭕
003	✏️	123 Main St	Helena	MT	Lewis and Clark			✏️	⭕
005		7 J Street	Helena	MT	Lewis and Clark			✏️	⭕

Physical Location Tile

Location

ID	Address	City	State	County		Action	Progress
002	102 J STREET	HELENA	MT	Park		✏️	○
003	123 Main St	Helena	MT	Lewis and Clark		Edit	○

[Add] * ⓘ   [Manage Affiliations] ⓘ

Address ○ | Hours ○ | Languages ○ | Medicare/Medicaid ○ | Services Provided ○ | Drug Program ○

To review and update each location click on the pencil icon.
This will open the location and tabs will appear across the top with a red status. Each tab will need to be reviewed and/or updated.

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Physical Location Tile

Address

Required fields are marked with an asterisk (*).

Users have the ability to enter multiple physical locations within a single enrollment application submission. After entering in all of the required information the user can select the "Add" butto

the application will generate an additional physical location. Each physical location is identified by using the National Provider Identifier (NPI) or Atypical Provider Number plus a three digit e>

For example the first physical location number would be ex. 1234567891-001 and the additional locations would be -002, -003, etc. The information collected in each physical location will be

in the provider directory. The information disclosed will help the member population determine where to receive care and provider characteristics. Use the top ? to access User Documentatio

help navigate each section of the Provider Enrollment application. The 'Help' symbol is also available for additional help or the (i) for hover field level help.

☑ I have reviewed the information on this screen as presented * ⓘ

Location# ⓘ `002`

Service Location Name: * ⓘ

`Clinic West`

Physical Practice Location Address: * ⓘ

Address Line 1: * ⓘ

`102 J STREET`

Address Line 2: ⓘ

City: * ⓘ   State: * ⓘ   Zip Code: * ⓘ   County: * ⓘ   Terminate Date: ⓘ

`HELENA`   `MT`   `56986-7986`   `Park`   `MM/DD/YYYY`

Phone Number: * ⓘ   Ext: ⓘ   Fax Number: ⓘ   Ext: ⓘ

`(406)442-4402`   `698767`   `(406)442-4402`

Help ❓

Questions:

1) Do you have the SAMHSA accreditation? * ⓘ
   ○ Yes ● No

2) Do you have a DEA License? * ⓘ
   ○ Yes ● No

3) Are you a CMS designated facility? * ⓘ
   ○ Yes ● No

4) Do you provide laboratory services at this location? * ⓘ
   ○ Yes ● No

5) Are you physically located in the State of Montana? * ⓘ
   ● Yes ○ No

Specialties * ⓘ

	Type of Provider	Specialty	Taxonomy	Terminate Date
☑	Ambulatory Health Care Facilities	Clinic/Center; Federally Qualified Health Center (FQHC)	261QF0400X	MM/DD/YYYY

Programs * ⓘ

	Program Name	Care Management ID	Required Team Name	Terminate Date
☑	Montana Medicaid (HMK Plus)			MM/DD/YYYY

Supporting Documents:

Document Name	Document Type	Other (Mail or Fax)	Actions
Location Business License	Location Business License	☐	⬆ ⓘ

Cancel   Previous   Save and Continue   Save

Physical Location Tile

Hours

Help

Please enter the Hours of Operation for each Physical Location. Complete each day of the week with the appropriate information which will display in the member search of the provider directory. To enter office hours, first indicate for each day of the week if the physical location is closed or open 24 hours by selecting the checkbox. When the closed checkbox is selected, the portal will grey out the Opening and Closing time hours field for that day of the week. If Open 24 hours is selected the portal will prefill the Opening and Closing time data fields applying the 24 hours for that day of the week. To enter specific hours of operation, the user will select from the drop-down under the Opening Time option and select the time the physical location opens. Next, if the physical location has a break (ex. the office closes for lunch, etc.) indicate the Break Start Time by selecting the appropriate Break Start time. Next, enter the time when the Break Ends indicating when the physical location is re-opened after the break. Finally, enter the Closing time when the physical location is closed for the day. Complete each day of the week and select Save at the bottom of the screen. If this physical location does not have a break through the course of the day enter only the Opening time and Closing time and leave the Break start time and Break end time blank. Use the top ? to access User Documentation to help navigate each section of the Provider Enrollment application. The 'Help' symbol is also available for additional help or the (i) for hover field level help.

☑ I have reviewed the information on this screen as presented * (i)

Office Hours:

Monday *

☑ Closed (i)

☐ Open 24 hours (i)

Opening time: (i)

Select ▼

Break start time: (i)

Select ▼

Break end time: (i)

Closing time: (i)

Cancel   Previous   Save and Continue   **Save**

Physical Location Tile

Address ✓ | Hours ✓ | **Languages** ⦿ | Medicare/Medicaid ⦿ | Services Provided ⦿ | Drug Program ⦿

❓
Help

Languages

Please select the languages this physical location services. Please select all that apply. This information will be included in the Provider Directory which will help members select a provider and location that supports their language. Use the top? to access User Documentation to help navigate each section of the Provider Enrollment application. The 'Help' symbol is also available for additional help or the (i) for hover field level help.

☑ I have reviewed the information on this screen as presented   * ⓘ

Please select spoken languages supported at this location: * ⓘ

☑ English
☐ Spanish
☐ French
☐ Arabic
☐ German
☐ Hmong
☐ Mandarin
☐ Other

Cancel | Previous | Save and Continue | **Save**

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Physical Location Tile

Address ✓	Hours ✓	Languages ✓	**Medicare/Medicaid** ⬭	Services Provided ⬭	Drug Program ⬭

Medicare/Medicaid

⑦ Help

Required fields are marked with an asterisk (*).

Please indicate your participation with Medicare or another state's Medicaid or Children's Health Insurance Program. This information is used to validate screening has been completed by CMS or another state's Medicaid/CHIP agency. Please only include current status, not historical information. If applicable, enter your Medicare status, Medicare ID (NPI number or Provider ID used for Medicare billing), Enrollment date, and if an application was collected by CMS. Enter the same information for any other Medicaid/CHIP Agencies including proof of application fees collected by other states. Use the top ? to access User Documentation to help navigate each section of the Provider Enrollment application. The 'Help' symbol is also available for additional help or the (i) for hover field level help.

☑ I have reviewed the information on this screen as presented * ⓘ

Have you ever been enrolled in Medicare? * ⓘ
○ Yes ● No

Have you ever been enrolled in Medicaid/CHIP in another state? * ⓘ
○ Yes ● No

Medicaid Details ⓘ

[Add] ⓘ

Medicaid Status	Medicaid ID	Enrollment Date	Inactive Date	State	Actions
		No Records Found			

[Cancel] [Previous] [Save and Continue] [Save]

Physical Location Tile

Physical Location Tile

| Address ✓ | Hours ✓ | Languages ✓ | Medicare/Medicaid ✓ | Services Provided ✓ | Drug Program ○ |

Drug Program

The Drug Program is provided to qualifying Hospitals (Facilities, Groups, Individuals), DPHHS and Indian Health providers that participate in the 340B Drug Program and/or dispense 340B stock to Montana DPHHS members.

☑ I have reviewed the information on this screen as presented * ⓘ

1. Do you participate in the 340B program? ⓘ
   ○ Yes   ● No

2. Do you dispense your 340B stock to Montana DPHHS Members? ⓘ
   ○ Yes   ◉ No

Cancel   Previous   Save and Continue   Save

Physical Location Tile

The process will need to be completed for each location. Once all sections of the location are complete the progress bar will appear green with a checkmark.

Enrollment Units Tile

Enrollment Units (EU) are unique numbers that identify the type of provider service when billing/paying claims. These EUs contain information specific to the provider services. Click the pencil icon to review the information at the Enrollment Unit (EU).

Enrollment Units Tile

☑ I have reviewed the information on this screen as presented * ⓘ

Licenses ⓘ

Licenses Available: [Select Available Licenses ▾] ⓘ

License #	Specialty	State	Effective Date	Expiration Date	Issuing Party Identifier	Primary	Action
1212	Clinic/Center; Federally Qualified Health Center (FQHC)	MT	04/01/2023	12/31/2023 📅	Other	○	🗑
5465165	Clinic/Center; Federally Qualified Health Center (FQHC)	MT	11/01/2023	11/30/2023 📅	Other	○	🗑
1514	Clinic/Center; Federally Qualified Health Center (FQHC)	MT	12/01/2023	12/31/2025 📅 ✕	Federation of State Medical Boards	●	🗑

Certifications ⓘ

Certifications Available: [Select Available Certifications ▾] ⓘ

Certification #	Specialty	State	Effective Date	Expiration Date	Issuing Party Identifier	Primary	Action
			No Certifications found				

Accreditations ⓘ

Accreditations Available: [Select Available Accreditations ▾] ⓘ

Accreditation #	Specialty	State	Effective Date	Expiration Date	Accreditation Organization	Primary	Action
			No Accreditations found				

[Cancel] [Previous] [Save and Continue] [Save]

Validate the license is current at the Enrollment Unit level. Click the Primary radio button next to the current active license.

Enrollment Units Tile

Validate or update the billing (physical address), mailing and remittance addresses at the Enrollment Unit level. Note: billing address cannot be a PO Box.

Enrollment Units Tile

Validate or update the contact information. This will be used for questions about the revalidation or updates.

Enrollment Units Tile

Enrollment Units Tile

The process will need to be completed for each location. Once all sections of the location are complete the Systems status will state complete.

Final Submission Tile

Provider Name: ⓘ [MPATH NORTHWEST COM]

NPI: ⓘ [1003362864]

Please click the hyper link shown below to review, download, and print,the most recent Terms & Agreement form. The document must be printed signed, scanned/imaged and uploaded using the upload Terms & Agreement button before the application can be submitted for final review

Rules for uploading documents:

- Do not upload a file other than the supported format (Word, PDF, Visio, Excel, PowerPoint, TIFF, JPEG, PNG, XML, HTML, EDI and ZIP)
- Do not upload a file beyond 50MB
- Do not upload a file which is password protected or an empty file

Document Name	Document Type	E-Sign The Document	File Name	Upload Date	Uploaded By	Other (Mail or Fax)
⬇ MTDisclosuresScreenin... *	DisclosuresScreeningEn...	E-Sign				☐
⬇ MTDPHHSTermsandAgr... *	MTDPHHSTermsandAgr...	E-Sign				☐

[Save and Exit] [Cancel] [Previous]

Revalidation requires new signed Montana Terms and Agreement and Disclosure, Screening and Enrollment Requirements documents. The documents are available for download by clicking the blue download button.

Electronic signature is available by clicking E-Sign.

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Final Submission Tile

Final Submission Tile

Final Submission Tile

To change the Signature of Authorized Representative.
Highlight the current name and begin typing.
Once both documents are signed click save and continue.

Terms and Agreements ✓ | W-9 ⭕

W-9

(?)
Help

Provider Enrollment W-9

Please complete the following sections. Use the ? symbol for additional help or the (i) for field level help

☑ I have reviewed the information on this screen as presented * (i)

> A W-9 with a legal entity and signed within a year revalidation submission date is required.

Click this link to download the most recent version of the Federal W-9 Form.

This is required for all billing providers. Name and Tax ID must be exactly as reported to the IRS. The Signer of the W9 must be listed in the Managing/Directing section of the enrollment application.

Please complete and attach the completed document with your application.

Supporting Documents:

Document Name	Document Type	Other (Mail or Fax)	Actions
W9 *	W-9	☐	⬆ (i)

Save and Exit | Cancel | Previous | Save and Continue

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HUMAN SERVICES**

Final Submission Tile

Upload a current W-9 form by clicking the blue upload icon. Click browse, navigate to the document and click open.

When the file is successfully uploaded click close on the upload pop up.

Summary Tile

Summary is the final step of the revalidation process. If any information is missing the tiles on the left will appear red. You can navigate direct back to the section by clicking the tile and reviewing the missing information.

Once the review is complete click the Submit button at the bottom right corner of the revalidation.

Enrollment Workbench

Thank you confirmation

Your provider enrollment application was submitted and sent to your SMA.

Continue

Enrollment Workbench

User Guide

Show Legend

Show Filter Select "Search By" NPI/Atypical ID Search Criteria 1003362864 — + Search Clear

Actions	Type	Enrollment Status	Submission Date ↓	Confirmation #	Tax ID	NPI/Atypical ID	Provider Name	Last Accessed By	Last Accessed Date
○ ▶ 🔍 ✏ 🗑	Revalidate	Submitted	10-04-2024	73066883	100336285	1003362864	MPATH NORTHWEST...	PROD MPATHP	10-04-2024

Click submit. A Thank you confirmation page will appear, click continue.

On the Enrollment workbench the top line will display Revalidation Submitted.

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Provider Relations Contact Information

- Provider Relations Call Center:
- (800) 624-3958
- Monday through Friday 8am to 5pm MST

- General, Claims, TPL, and EDI questions:
  MTPRHelpdesk@conduent.com

- Enrollment Questions and documents:
- MTEnrollment@conduent.com
- Note: the Conduent emails cannot accept secured emails.

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Thank you for the care and support of Montana Healthcare Programs members that you provide.