

### Tenancy Support Part 1: Enrollment

Presented by Jennifer Stirling Provider Relations Manager

> Conduent Government Healthcare Solutions October 2024





### NPIs

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### What is an NPI?

### NPI: What You Need to Know (cms.gov)

This link describes what an NPI is and who needs one.

Type 1 NPI

• Healthcare providers who are individuals, including physicians, dentists, and all sole proprietors. An individual is eligible for only one NPI.

Type 2 NPI

- Healthcare providers which are organizations, including physician groups, hospitals, nursing homes, and the corporation formed when an individual incorporates themselves.
- HEART enrollment requires a Type 2 organization NPI.



## **NPPES NPI Registry**

Application link: <a href="https://nppes.cms.hhs.gov/#/">https://nppes.cms.hhs.gov/#/</a>

Instructions:

 The easiest way to apply for an NPI is to visit the NPPES website using the link above and create an account. From there, you will need a User Id and Password to create and manage NPIs.

Once you receive your NPI, which could take 10 days, you will need to wait 2-3 weeks to submit your enrollment application in the MPATH portal.



### Taxonomy

There is only one taxonomy available for Tenancy Support program enrollment.

251B00000X – Case Management





### Registering for the MPATH Portal

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## Accessing the Self-Service Portal

To begin, access the Provider Self Service portal by navigating to the Montana Healthcare Programs Provider Information Website <u>https://medicaidprovider.mt.gov</u>



You can also access the Self Service portal directly at: <u>https://mtdphhs-provider.optum.com/tpa-ap-</u> <u>web/?navDeepDive=MT\_publicHomeDefaultContentMenu</u>

## **Accessing the Self-Service Portal**



First time users will need to Register to use the portal





### After completing your profile information select "Agree"

Create	Optum	GovID
cicate	optum	JOVID

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

**(i)** Already have Optum GovID? Sign In now

### Profile Information

First name	
	J
Last name	
	)
Date of birth	
mm-dd-yyyy	
Sign In Information	
Your email address	1
	J
Create Optum GovID	
	) (?)
Your Optum GovID must have:	
6 to 50 characters	
At least one letter	
No spaces	
No letters with accents	
Create password	
	ð
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





### 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

### Manage Your Optum Gov ID

icions for verifying yo	our Identity.		н
Update Profile	Sign In Info	Verification Options	
Optum GovID samanthasmith@ge	tnada.com		h
Change Pa	assword	1	ш
Current Password			
New Password			
Your password must	t baue.		
Petween 9 and 10	L fidve:		
At least 1 upperca	ice letter		
At least 1 lowerca	se letter		
At least 1 number			
At least 1 special o	character		
Confirm New Passy	word		
		¢	

Select the Sign in tab to change password Be sure to choose Notification Options and select "Save"

### Manage Your Optum GovID

Keep you  $\!\!\!\!\!/$  profile up-to-date, change your Optum GoviD or password, and manage the options for verifying your identity.

Update Profile Sign In Info Verification Options First name Samantha Middle name (optional) Last name Smith Suffix (optional) Prefix (optional) Date of birth 01-01-2001 mm-dd-yyyy Home address (optional) City (optional) State (optional) Select ~ ZIP code (optional) Language Preferences Select the language in which you want to receive communications from Optum GOVID. Preferred language Notification Options Select the notifications you want to receive at your primary email address and by text If you added a phone number to your account. Failed Login Email Text Message Successful Login Email Text Message Account Recovery Attempt Email — Text Message Locked Account 🗸 Email Text Message

SAVE Cancel

If you'd like assistance, contact the Help Desk location found when selecting the Contact Us Icon on the portal's Home Page.

### Manage Your Optum Gov ID

On the Verification Options tab enter your phone number to receive text messages or calls with your verification code in addition to email.

### Manage Your Optum GovID

Keep your profile up-to-date, change your Optum GovID or password, and manage the options for verifying your identity.

Update Profile	Sign In Info	Verification Options	
Optum GovID	tataada com		
samanunasmiun@g	getriaua.com		
Email address			
samanthasmith@	getnada.com		
Email address is v	arified.		
Secondary email	address (optior	nal)	
Phone number (o	ptional)		
406-402-4022			
555-555-5555			
Phone communic	ation method		
Text messages	only		
<ul> <li>Phone calls on</li> </ul>	ly		
<ul> <li>Both text mess</li> </ul>	ages and phone	e calls	
Security question	15		
Security questions	can be used If y	you need to recover your account.	
Add or change sec	urity questions		
SAVE	Cancel		
f you'd like assistant	e, contact the H	elp Desk location found when selecting the	

### Manage Your Optum GovID





### Registration

On the Entity Tab choose either Provider or Provider Delegate and select "Continue"



Privacy

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Contact us

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Home

## Registration

### Complete required fields and select "Continue"

Details	
mportant: If registering with organization/group. If this is i letails, <u>click here</u> to view the	an Organization/Group NPI or API, you will become the Owner/Administrator for that ncorrect, <b>do not</b> proceed with this provider portal registration process. For additional Organization and Group User Guide.
lote: Fields marked with * ar	e required.
Is the Provider associated to	your account enrolled with the state of Montana?* $\bigcirc$ Yes $\bigcirc$ No
User:	
First Name:	Samantha
Last Name:	Smith
Email:	samanthasmith@getnada.com
Provider:	
Are you registering as an Individual Provider?*	○ Yes ○ No
Provider Name or Organization Name?*	O Provider Name O Organization Name
NPI or API?*	NPI - National Provider Identifier     API - Atypical Provider Identifier
NPI:*	1669569273
Billing or Non-Billing Provide	r?*   Billing O Non-Billing
TIN/FEIN:*	166956927
Note: For Organizations add	litional NPIs/APIs can be added after registration

### Registration

Review			
First Name:	Samantha		
Last Name:	Smith		
Email:	samanthasmith@getnada.com		
Individual Provider?	Yes		
Provider First Name:	Michelle	Review the information, s	elect the
Provider Last Name:	Ballard	checkbox and "Submit"	
NPI:	1669569273		
TIN/FEIN:	166956927		

## Post Registration

Congratulations you are registered! On the left you will have the following options:

- Provider Enrollment
- Provider Directory
- Account Administration

	)MPATH ovider Services	Home Con	Lact Us Account Settings Log Out
<ul> <li>myMenu</li> <li>Provider Enrollment</li> <li>Provider Directory</li> <li>Account Administration</li> </ul>			
	Hello, Samantha Smith		Last login: 3/7/2024
	Provider Resources	Forms	FAQs
			?
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### Account Administration Tab

### Account Administration

### All 3 Account Administration functions are located on one screen.





### **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 MPATH Claims Solutions) and/or **see remits** for the linked NPIs. <u>If you use a Clearing House to submit claims</u> and reconcile 835s/remits; this step is not necessary. MPATH PID required to add NPI.

Manage Enrollment Providers allows you to maintain the NPIs and complete file updates on your workbench. 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.

Role Provider Information Review	
Role	
Note : Fields marked with * are required.	
Select 🗸	
	Continue

### Add Portal User

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.

Q 🖍 🛇 📸 🕺 54.ssc	vider.mprodtest70 o	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 MPATH assigned Provider ID number. Not the PID from MT Medicaid.

iote : Fields marked with an aste	risk * are required.
Provider Name or Organization Name?*	O Provider Name O Organization Name
NPI or API?*	ONPL OAPL
TIN/FEIN:*	
Enter Provider ID Number:*	
	Submit



### **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 on your workbench is through this function.

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



# 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: Name of the person or facility registered to GovID Authorizing NPL/API4: NPI used to register the Primary GovID

For additional NPI/APIs you want linked, please check the box below and upload the supplemental page with your request.

Requested NPI/APIe Name of the person or facility you want to link.

Requested Provider Name: NPI you want to link

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: Person completing form Title: \_\_\_\_\_\_
Phone Number: Email:

comments (Optional): All fields must be completed. The contact & authorizing person can be the same.

Lattest that Lam the authorized individual who is submitting this Enrollment Account Link Request. Authorization Name: Person authorizing the request.

Authorization Title:

Date:

The current form has a Docusign line.

Do Not Enter Below. For State Use Only Date Received: Review/Statut







### New 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.



# **Pre-Enrollment**

Facility

### Enumeration:

Atypical

### Enrollment Type:

Organization

Pre-Enrollment	×
Enumeration: * (i) Enrollment Type: * (i) Select One	
Pre-Enrollment	
Enumeration: * (i) Enrollment Type: * (i) Organization V Organizational/Facility V	



## **Type of Provider - Agency**

Under Type of Provider, select Agencies and enter your effective date:

Type of Provider:* Add (i)			
Type of Provider	Effective Date	Terminate Date	Actions
Agencies	07/01/2024		e 🖉



## Specialty

Select add.

Select your provider type.

Then select the taxonomy 251B00000X.

Type of Provider       Specialty       Taxonomy       Primary       Effective Date       Terminate Date       Actions	Specialties:* Add (i)							
	Type of Provider	Specialty	Taxonomy	Primary	Effective Date	Terminate Date	Actions	
Agencies Case Management 251B00000X 01/01/2024	Agencies	Case Management	251B00000X	۲	07/01/2024		e 🖉	



### Program

Under Waiver Programs, select Tenancy Support and enter your effective date again.

Program Name       Requested Date       Effective Date       Terminate Date       Actions       *         Tenancy Support       07/01/2024       07/01/2024       *       *       *       *	Waiver Programs: Add (j)					
Tenancy Support 07/01/2024	Program Name	Requested Date	Effective Date	Terminate Date	Actions	
	Tenancy Support	07/01/2024				-

# Additional Documents

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

+ Enrollment	Hi Test Conduent		
Before you begin	Enrollment Workbench		
Begin Enrollment			
Continue Enrollment			
Re-Enrollment			
Additional Documents	Actions	Туре	Enrollment Status
Update	○ ► Q 🖉 🛅	Enrollment	Submitted
Revalidate	● ▶ Q	Enrollment	Enrolled
Disenrollment			
Manage Affiliations			
FEIN Management			
Correspondence History			
My Menu			





### Already Enrolled NPIs

### Updates

Search the NPI using the fields shown.

Select the radio button for NPI.

Click the Update button on the left menu.

A new Update line will show at the end of your list and click pencil icon.



### Revalidation

When an Enrollment Unit under the NPI is due for Revalidation, a letter will be mailed.

On the workbench, you will be able to select the Revalidate button on a selected NPI if revalidation is needed.

You will also be able to see the letter under Correspondence history.





## Specialty

If you do not have the approved taxonomy already and you the Agencies Type of provider, you can simply follow the steps to add another specialty.

Select add.

Then select the taxonomy and enter your effective date again.

Specialties:* Add (i)						
Type of Provider	Specialty	Taxonomy	Primary	Effective Date	Terminate Date	Actions
Agencies	Case Management	251B00000X	۲	07/01/2024		e 🛍



### Program

Under your existing NPI, if you already have the approved taxonomy, you will only need to add the program.

Under Waiver Programs, select Tenancy Support and enter your effective date again.

Waiver Programs: Add (j)					
Program Name	Requested Date	Effective Date	Terminate Date	Actions	-
Tenancy Support	07/01/2024			e 🖞	



### **Sub-Parts**

Under your existing NPI, if you need to add the approved taxonomy but do not already have the Agencies provider type, follow these steps.

Under the specialties section, answer the question asking about sub-parts yes.

This will make the Type of Provider section option to add available again and you can then follow the steps to select the type of provider you need to add.

Do you have Subparts of the organization sharing this NPI, which are a different Provider Type than the Primary one selected? \* (i)
 Yes
 No







## If you have Questions

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### **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.





### **Online Resources**

**Provider Information Website:** 

https://medicaidprovider.mt.gov

- Provider Enrollment Page
- Provider Services Module User Guides
- <u>Claim Jumper Newsletters</u>
- Previous training presentations and videos



### **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 helpdesks cannot accept secured emails or PHI.

### Email Assistance <u>MTPRHelpdesk@conduent.com</u>

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.





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