

Tenancy Support Part 1: Enrollment

Presented by Maria Gonzales and Loma Romero,
Field Representatives

Roll Call

- We want to get to know our Community
- Your name
- The name of your company
- Who are you representing

NPIs

Resources

Website:

<https://dphhs.mt.gov/HeartInitiative/TenancySupportServices>

Tenancy Support Services PowerPoint:

https://dphhs.mt.gov/assets/BHDD/HeartWaiver/Tenancy_Support_PowerPoint_for_Providers.pdf

What is an NPI?

[National Provider Identifier Standard \(NPI\) | CMS](#)

- 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.

NPPES NPI Registry

Application link: <https://nppes.cms.hhs.gov/#/>

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

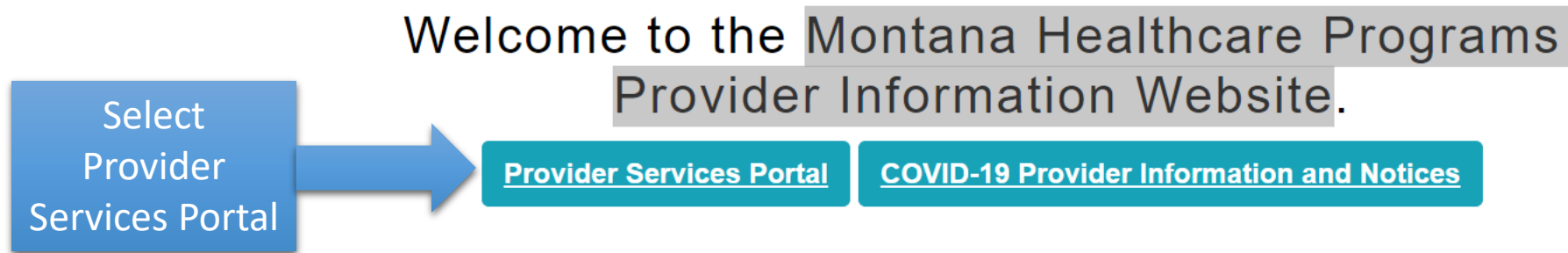
There is only one taxonomy available for Tenancy Support program enrollment.

251B00000X – Case Management

Registering for the MPATH Portal

Accessing the Self-Service Portal

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



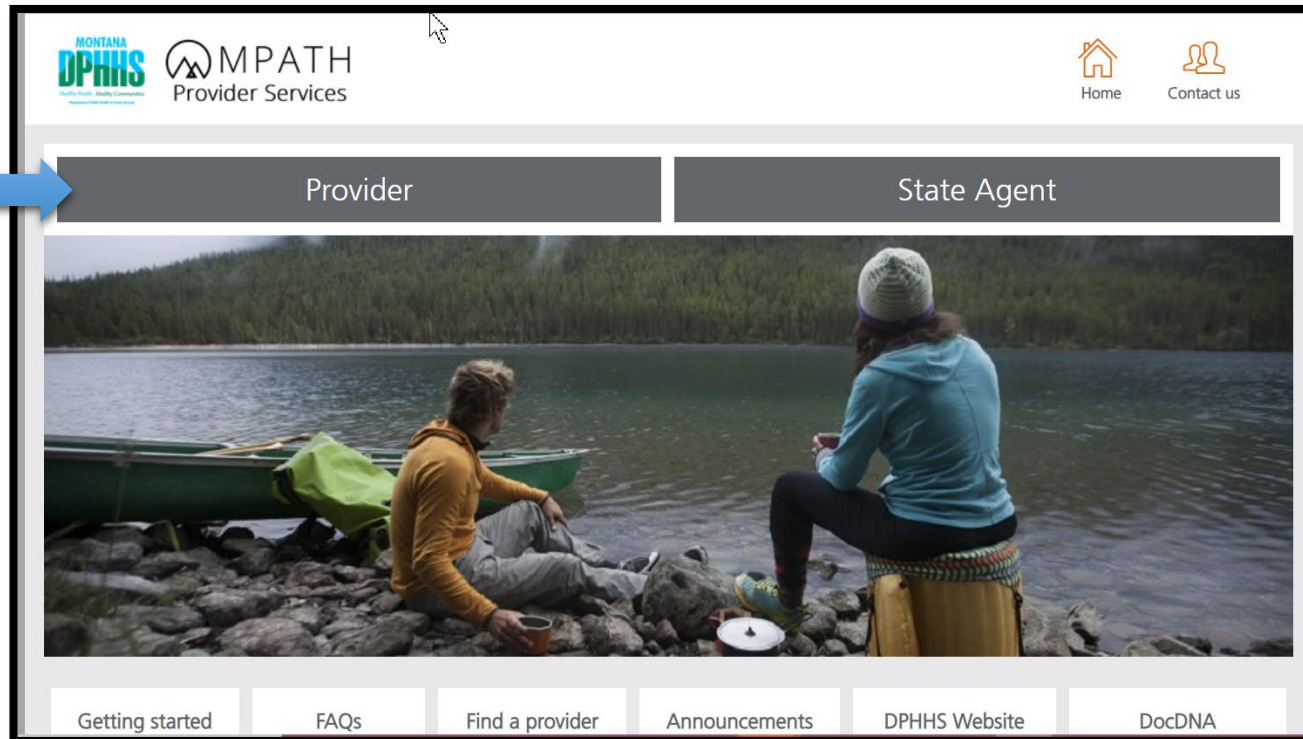
You can also access the Self Service portal directly at:
https://mtdphhs-provider.optum.com/tpa-ap-web/?navDeepDive=MT_publicHomeDefaultContentMenu

Disclaimer

All information in the following slides are
fictitious.

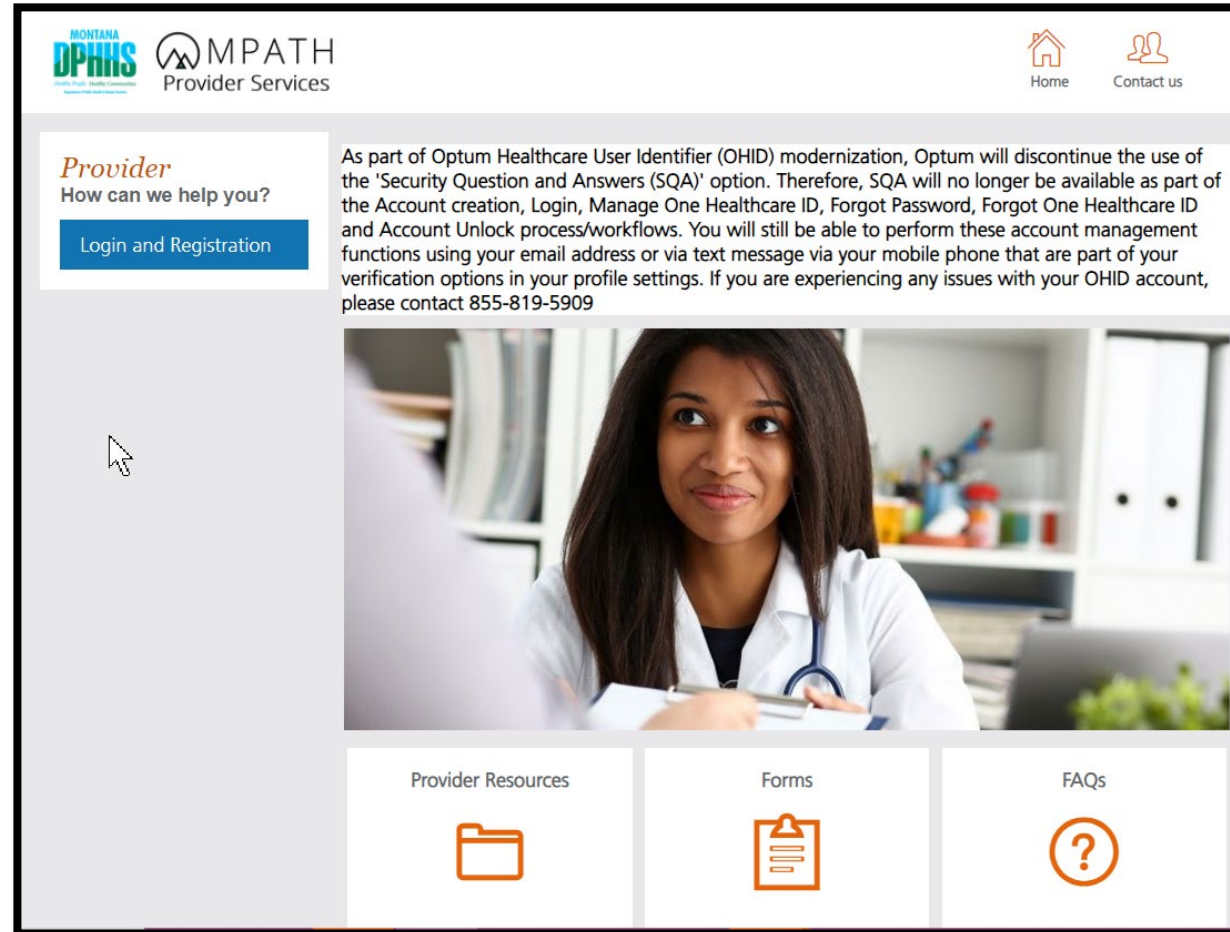
Accessing the Self-Service Portal

Select
Provider



Login and Registration

First time users
will need to
Register to use
the portal




Login and Registration

Sign In With Your Optum GovID

Optum GovID or email address

Password



SIGN IN

[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

Begin by Selecting
"Create Optum GovID"

Login and Registration

After completing your profile information select “Agree”

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



Login and Registration

An activation code will be sent to your email



Access Code Notification

You requested a one-time access code to log into your member account. Please enter the following access code within the next 10 minutes, and click Next:

Your One-Time Access Code: **5114378**

This is an automated email. Please do not reply to this message. If you have any questions, please contact Optum GovID IT Help Desk.

Thank you,
Optum GovID

Next Step: Verify Your Email Address

1. **Check your email inbox** (sam*****th@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](#)

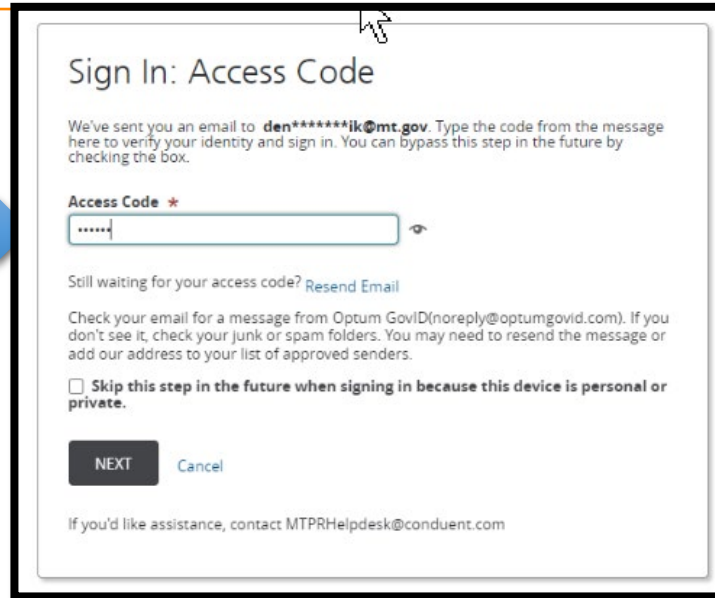
If you don't see it, check your junk or spam folders. You may need to resend the message or add our address to your approved senders.

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.

Copy the 10-digit activation code in the email and select "Enter the 10-digit activation code".

Login and Registration

Enter the 10-digit
activation code and
select “Next”



Sign In: Access Code

We've sent you an email to **den*****ik@mt.gov**. 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](#)

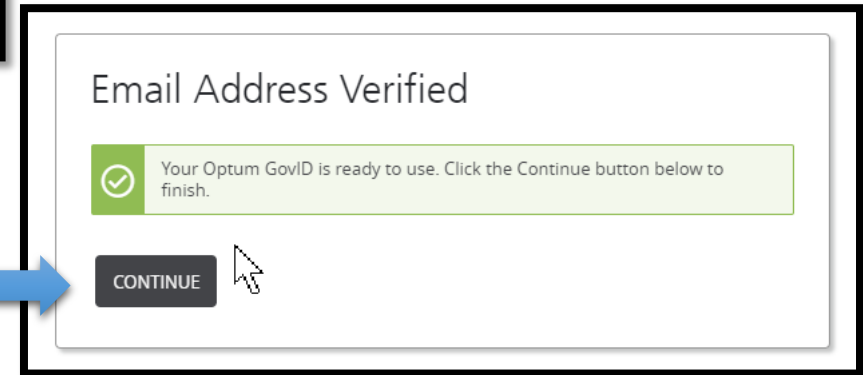
Check your email for a message from Optum GovID(noreply@optumgovid.com). If you don't see it, check your junk or spam folders. You may need to resend the message or add our address to your list of approved senders.

☐ 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

Select “Continue”

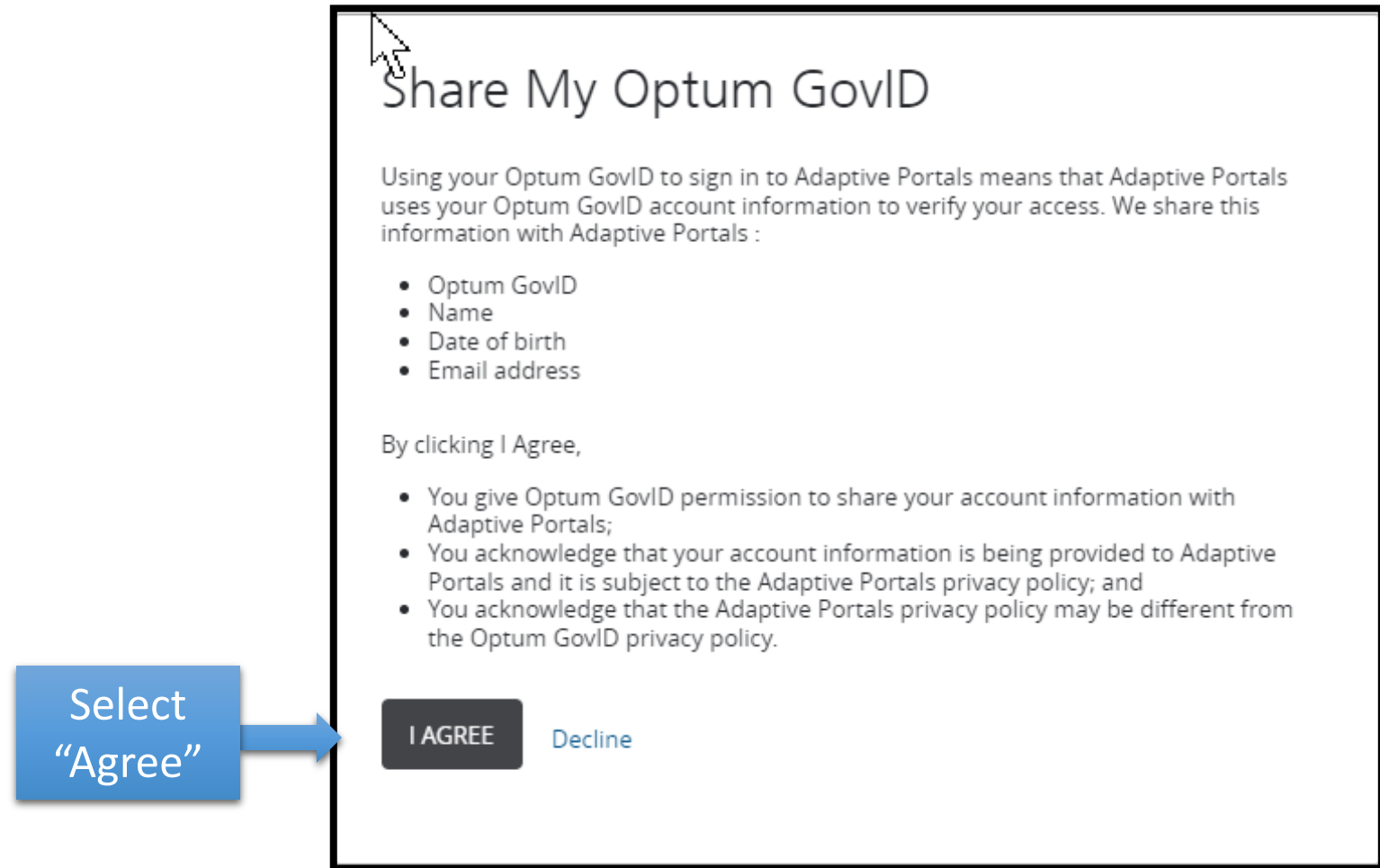


Email Address Verified

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

CONTINUE

Login and Registration



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.

Select "Agree" → [Decline](#)

Manage Your Optum Gov ID

[Return to Adaptive Portals](#)

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
samanthasmith@getnada.com

Change Password

Current Password

New 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

Confirm New Password

[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.

Select the
Sign in tab
to change
password

Be sure to
choose
Notification
Options and
select "Save"

[Return to Adaptive Portals](#)

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](#)

First name

Middle name (optional)

Last name

Suffix (optional)

Prefix (optional)

Date of birth

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

☒ English ☐ Español

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.

[Return to Adaptive Portals](#)

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
samanthasmith@getnada.com

Email address

Email address is verified.

Secondary email address (optional)

Phone number (optional)

555-555-5555

Phone communication method
☒ Text messages only
☐ Phone calls only
☐ Both text messages and phone calls

Security questions
Security questions can be used if you need to recover your account.
[Add or change security questions](#)

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 GovID

You can elect to verify your mobile number or select "Not now"

Manage Your Optum GovID

 You've successfully saved the changes you made to your Optum GovID.

We noticed you added a new mobile number. You can verify it now or we'll ask you to verify it the next time you sign in.

When you verify your mobile phone number, you are opting to receive a text message with a one-time verification code from Optum GovID. Message and data rates may apply.

CONTINUE[Not now](#)

The system will navigate users back to the Manage Your Optum GovID. Select "Return to Adaptive Portals"

[Return to Adaptive Portals](#)

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
samanthasmith@getnada.com

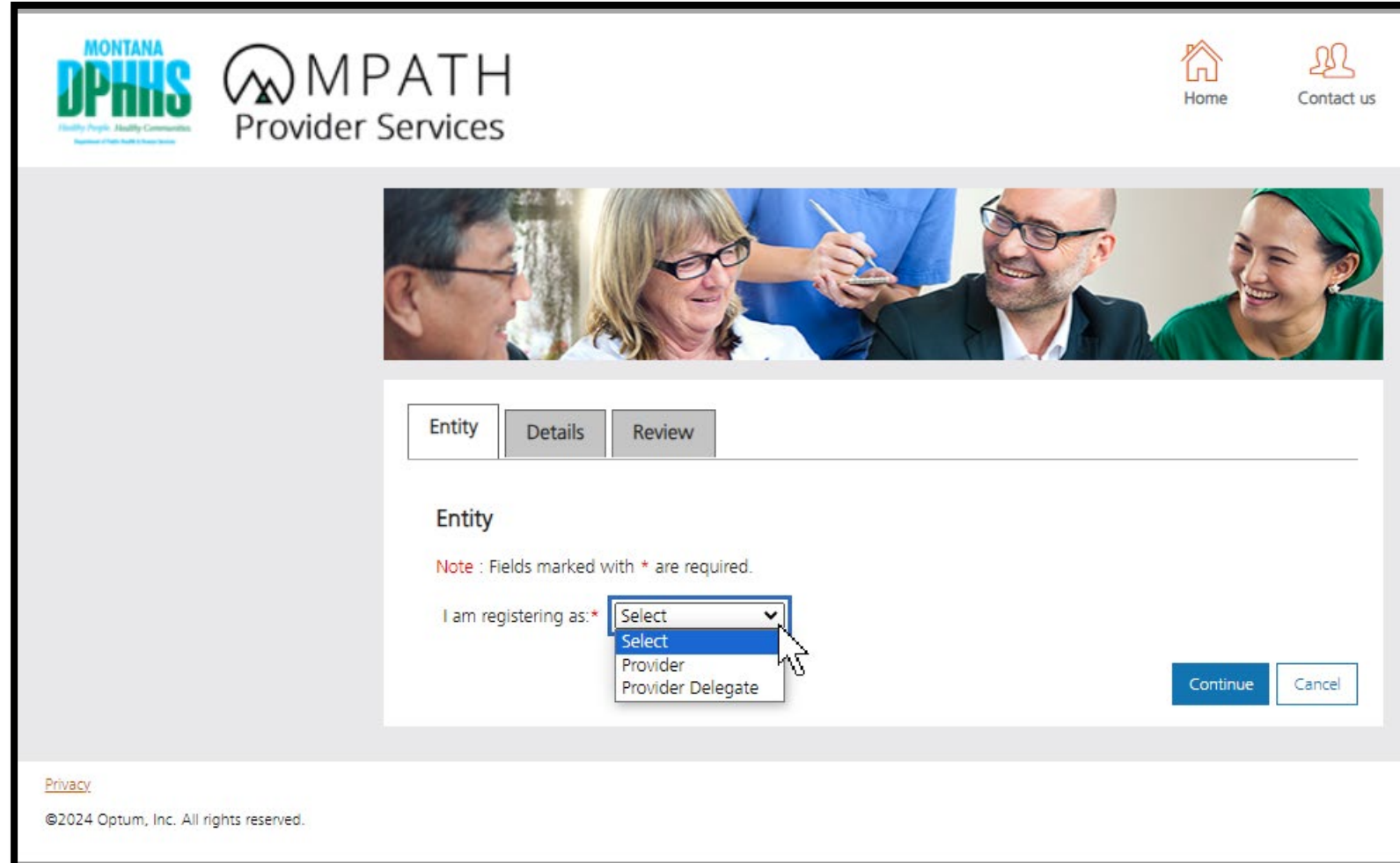
Email address

Email address is verified.

Secondary email address (optional)

Registration

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



The screenshot shows the MPATH Provider Services registration interface. At the top, there are logos for MONTANA DPHHS and MPATH Provider Services, along with navigation links for Home and Contact us. Below the logos is a banner image of four people smiling. The main content area has three tabs: Entity, Details, and Review. The Entity tab is selected. Below the tabs, there is a section titled "Entity" with a note: "Note : Fields marked with * are required." The first field is "I am registering as: *" with a dropdown menu. The dropdown menu is open, showing four options: "Select", "Select", "Provider", and "Provider Delegate". A mouse cursor is pointing at the "Provider Delegate" option. To the right of the dropdown menu are two buttons: "Continue" and "Cancel". At the bottom left, there is a link for "Privacy" and a copyright notice: "©2024 Optum, Inc. All rights reserved."

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

MPATH
Provider Services

Home Contact us

Entity Details Review

Entity

Note : Fields marked with * are required.

I am registering as: *

Select
Select
Provider
Provider Delegate

Continue Cancel

[Privacy](#)
©2024 Optum, Inc. All rights reserved.

Registration

Complete
required fields and
select “Continue”

Details for Provider Account

Important : If registering with an Organization/Group NPI or API, you will become the Owner/Administrator for that organization/group. If this is incorrect, **do not** proceed with this provider portal registration process.

For additional information on the Provider Portal Registration process:

[Quick Tips for Delegates/Office Staff](#)

[Quick Tips for Owners/Administrators](#)

[Organization and Group Registration User Guide](#)

[MT Provider Training Video - New Providers](#)

Note: Fields marked with * are required.

Are you currently an active enrolled provider with the state of Montana? * ☐ Yes ☒ No

User:

First Name:

Last Name:

Email:

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/FEIN: *

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

[Continue](#)

[Previous](#)

[Cancel](#)

Registration

Entity

Details

Review

Review for Provider Account

First Name:

Loma

Last Name:

Romero

Email:

flromero90@gmail.com

Individual Provider?

No

Organization Name:

BETANCES CLINICAL CENTER INC

NPI:

1700208253

TIN/FEIN:

123456789

☒

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

Submit

Previous

Cancel

Review the information, select the checkbox and “Submit”

Post Registration

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

- Provider Enrollment
- Provider Directory
- Account Administration



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 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 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 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 MPATH 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. MPATH PID required to add NPI.

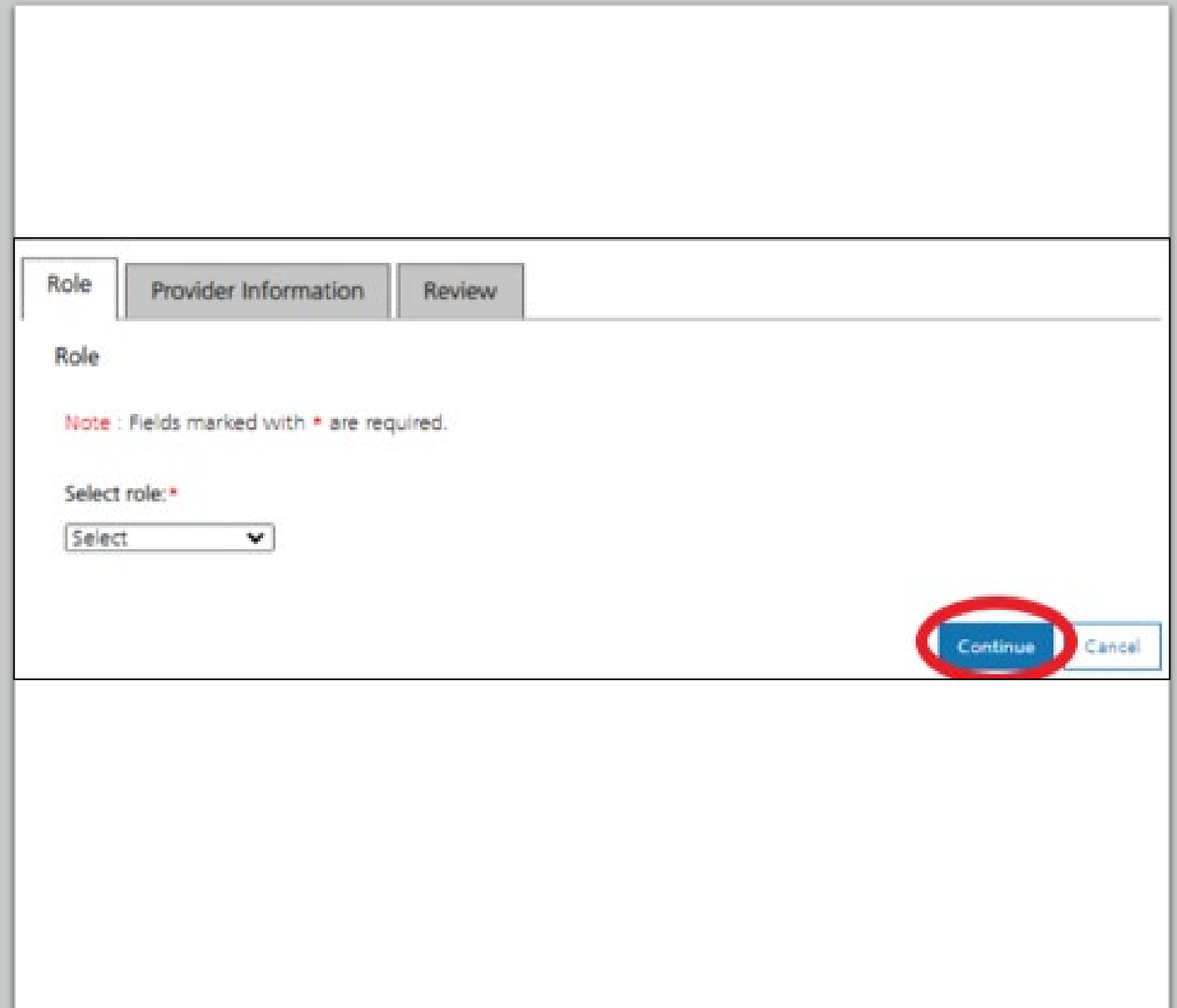
Manage Enrollment Providers allows you to maintain the NPIs and **complete file updates on your workbench**. Link request required.

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.



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 red note states: 'Note : Fields marked with * are required.' Below this, there is a label 'Select role: *' followed by a dropdown menu with the word 'Select' and a downward arrow. In the bottom right corner of the form, there are two buttons: 'Continue' (highlighted with a red circle) and 'Cancel'.

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.

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

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

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.*

Note : Fields marked with an asterisk * are required.

Provider Name or Organization Name? * ☐ Provider Name ☐ Organization Name

NPI or API? * ☐ NPI ☐ API

TIN/FEIN: *

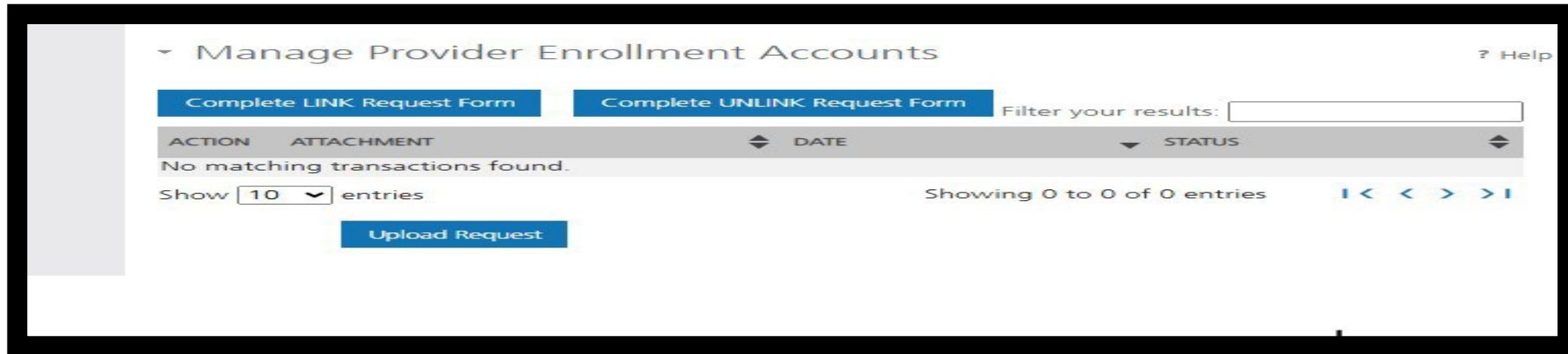
Enter Provider ID Number: *

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 on your workbench is through this function.

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



The screenshot displays a web application interface for managing provider enrollment accounts. At the top, the title 'Manage Provider Enrollment Accounts' is shown with a dropdown arrow on the left and a 'Help' link on the right. Below the title, there are two blue buttons: 'Complete LINK Request Form' and 'Complete UNLINK Request Form'. To the right of these buttons is a search bar labeled 'Filter your results:'. Below the buttons and search bar is a table header with columns: 'ACTION', 'ATTACHMENT', 'DATE', and 'STATUS'. The table body contains the text 'No matching transactions found.' Below the table, there is a 'Show' dropdown menu set to '10' and the text 'entries'. To the right of this is the text 'Showing 0 to 0 of 0 entries' and a set of navigation icons. At the bottom center, there is a blue button labeled 'Upload Request'.

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.

ACTION ATTACHMENT DATE Status

0 matching transactions found.

Show 10 entries Showing 0 to 0 of 0 entries

Upload Request

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 NPI/API#: 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/API#: 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.

I attest that I am 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/Status:

Questions?

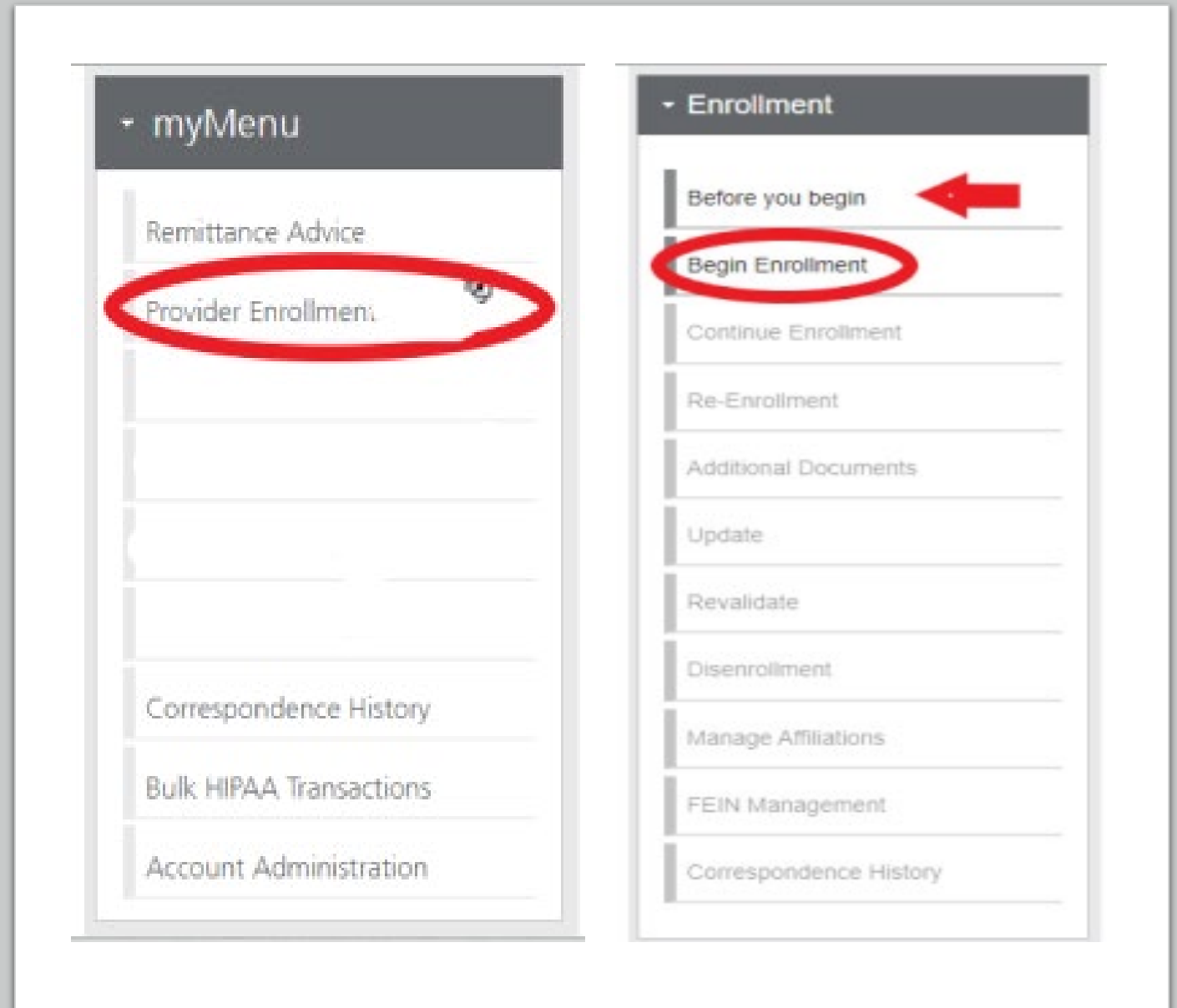
New Enrollments

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.



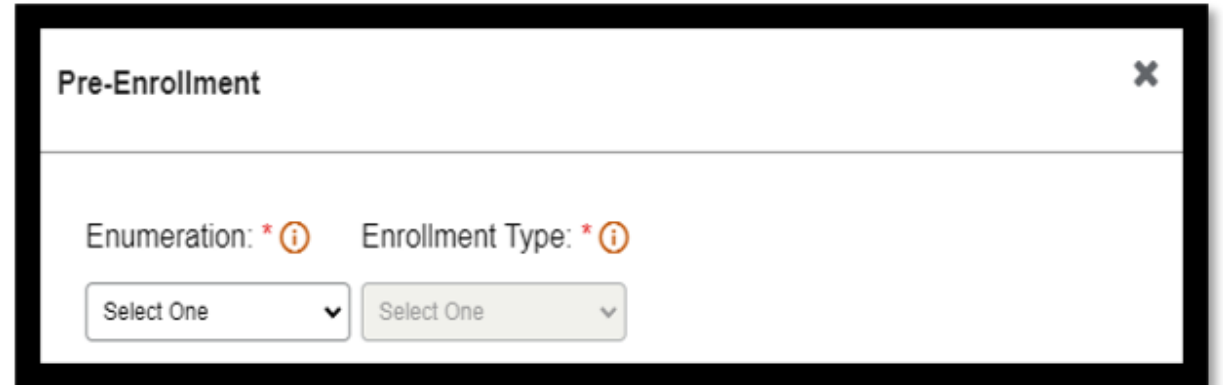
Pre-Enrollment Facility

Enumeration:

- Atypical

Enrollment Type:

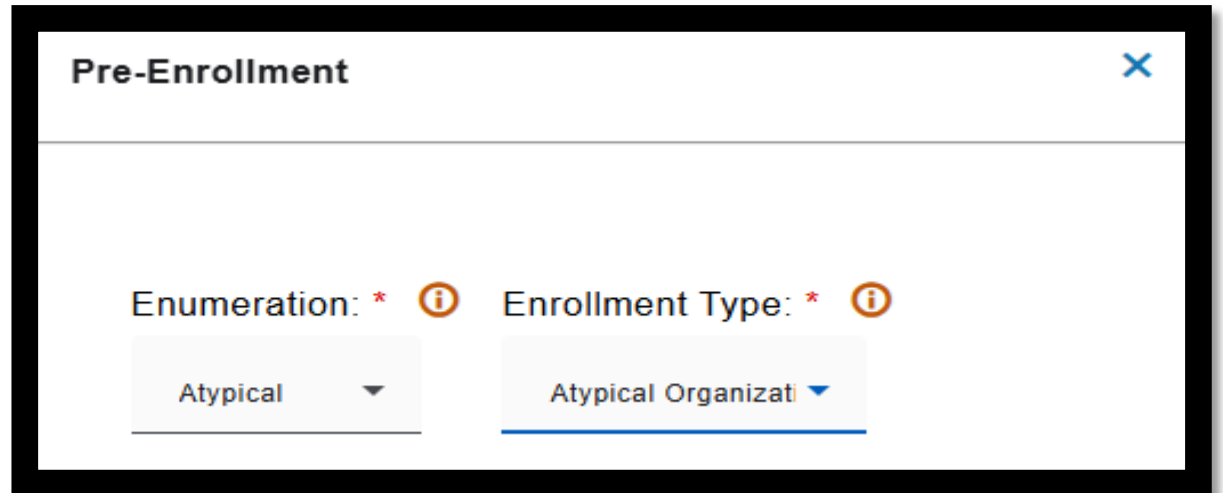
- Organization



Pre-Enrollment

Enumeration: * ⓘ Enrollment Type: * ⓘ

Select One ▼ Select One ▼



Pre-Enrollment



Enumeration: * ⓘ Enrollment Type: * ⓘ

Atypical ▼ Atypical Organization ▼

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		 



Specialty

Select add.

Select your provider type.

Then select the taxonomy 251B00000X.

Specialties:* Add i

Type of Provider	Specialty	Taxonomy	Primary	Effective Date	Terminate Date	Actions
Agencies	Case Management	251B00000X	<input checked="" type="radio"/>	07/01/2024		 

Program

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

Waiver Programs:

Add

Program Name	Requested Date	Effective Date	Terminate Date	Actions
Tenancy Support	07/01/2024			<div></div> <div></div>

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

Before you begin

Begin Enrollment

Continue Enrollment

Re-Enrollment

Additional Documents

Update

Revalidate

Disenrollment

Manage Affiliations

FEIN Management

Correspondence History

► My Menu

Hi Test Conduent

Enrollment Workbench

Actions	Type	Enrollment Status
	Enrollment	Submitted
	Enrollment	Enrolled

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.

The screenshot displays the 'Enrollment Workbench' interface. At the top, there is a search section with a dropdown menu labeled 'Select "Search By" Column' (highlighted with a yellow box) and a search criteria input field (also highlighted with a yellow box). To the right of the search field are 'Search' and 'Clear' buttons. Above the search field, there are links for 'User Guide' and 'Show Legend'. Below the search section is a table with the following columns: Actions, Type, Status, Submission Date, Confirmation #, Tax ID, NPI/Atypical ID, Provider ID, and Provider Name. The table contains one row of data: Enrollment, Enrolled, 12-09-2021, 20086035, XX-XXX1234, 0002089504, 200002447, Deb Braga. At the bottom of the table, there is a new row with an 'Update' button (highlighted with a yellow box) and a pencil icon (circled in red) in the Actions column. The status for this new row is 'InProgress'.

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
	Update	InProgress		20087591	XX-XXX1234	0002089504	200002447	Deb Braga

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.

The screenshot displays the 'Enrollment Workbench' interface. On the left, a sidebar menu under the 'Enrollment' header lists several options: 'Before you begin', 'Begin Enrollment', 'Continue Enrollment', 'Re-Enrollment', 'Additional Documents', 'Update', 'Revalidate' (highlighted with a red box), 'Disenrollment', 'Manage Affiliations', 'FEIN Management', and 'Correspondence History' (highlighted with a green box). At the bottom of the sidebar is a 'My Menu' button. The main content area on the right is titled 'Hi Test Conduent' and 'Enrollment Workbench'. It contains a table with two rows of enrollment data.

Actions	Type	Enrollment Status
	Enrollment	Submitted
	Enrollment	Enrolled



Specialty

If you do not have the approved taxonomy already and you have 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 ?



Type of Provider	Specialty	Taxonomy	Primary	Effective Date	Terminate Date	Actions
Agencies	Case Management	251B00000X	<input checked="" type="radio"/>	07/01/2024		 

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 i

Program Name	Requested Date	Effective Date	Terminate Date	Actions
Tenancy Support	07/01/2024			 

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? * ⓘ

☒ Yes ☐ No


Questions?


Legal Name & Address


Enter your Legal Name and Address


Validate the address

[Show Legal Name & Address](#)

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 enrollment application needs to be validate against the United States Postal Service information. To complete, enter the address information and select the "Validate Address" button and confirm the information provided. Complete the Provider/Organizational descriptive information by selecting and entering in the required values in each section. Enter in the Billing Address information and the Mailing address information, if this address is the same as the Legal Address or Billing Address, select the checkbox to pre-populate the address information into this section. Each address block will provide a listing of all address information allowing the user to select from a previously entered address. In order to update your Legal Entity email, please navigate to the FEIN Management tile from the left menu on the enrollment workbench.

Legal Entity Name: * 

FEIN: * 



Type of Business Entity: * 

Business Entity Profit Status: * 

Legal Name & Address Cont.

Enter Electronic Claim Submission Question
Communication Method - Paper

Do you utilize electronic claims submission? * ⓘ

☒ Yes ☐ No

Do you employ a clearinghouse? * ⓘ

☐ Yes ☒ No

Preferred Method of Communication: * ⓘ

Paper ▼

Billing Address ⓘ

Same as Legal Entity Address: ⓘ

☒ Yes ☐ No

☐ This address is also a Servicing Location. ⓘ

Address Line 1: * ⓘ

123 Sesame Street

Legal Name & Address Cont.

Enter Billing Address

- Cannot be a PO Box

Enter Fiscal Year

Address Line 1: * ⓘ

123 Sesame Street

Address Line 2: ⓘ

City: * ⓘ

Helena

State: * ⓘ

MT

Zip Code: * ⓘ

59602

County: * ⓘ

Lewis and Clark

Email: * ⓘ

loma.romero@conduent.com

Re-enter Email: * ⓘ

Phone Number: * ⓘ

(406)457-9609

Ext: ⓘ

Fax Number: ⓘ

Ext: ⓘ

Validate Address* ⓘ

Be aware that by not selecting a US Postal Service validated address, this could affect but is not limited to the following:

- Credentialing Approval
- Ability for your practice to be accurately located in the Provider Directory or other search engines

Validate Address *

Fiscal Year End Date (Please attach the cost settlement report below): * ⓘ

Month

12

Day

31

Legal Name & Address Cont.

Enter Mailing Address

- Can be a PO Box

Mailing Address: ⓘ

Same as: ⓘ ☐ Billing Address ☒ Legal Entity Address ☐ Other

Address Line 1: * ⓘ
123 Sesame Street

Address Line 2: ⓘ

City: * ⓘ Helena State: * ⓘ MT Zip Code: * ⓘ 59602 County: * ⓘ Lewis and Clark ▼

Phone Number: * ⓘ (406)457-9609 Ext: ⓘ Fax Number: ⓘ Ext: ⓘ

Validate Address* ⓘ

Be aware that by not selecting a US Postal Service validated address, this could affect but is not limited to the following:

- Credentialing Approval
- Ability for your practice to be accurately located in the Provider Directory or other search engines

Validate Address *

Legal Name & Address Cont.

These Supporting Documents are optional.

Save and Continue

Supporting Documents:

Document Name	Document Type	Other (Mail or Fax)	Actions
Corporate Business License	Corp Business Lic	<input type="checkbox"/>	 
Cost Settlement Report	Other	<input type="checkbox"/>	

Save and Exit

Cancel

Previous

Save and Continue

Ownership

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.

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).

List any person(s) or organizational entity(s) that owns 5% or more interest in the entity listed on this enrollment application: *

Ownership Continued

Add Individual and/or Business Owners

Add ⓘ

Individual Owner ⓘ

First Name	MI	Last Name	Date of Birth	Address	Percentage	Conviction	Actions
No Records Found							

Business Owner ⓘ

Business Name	Effective Date	Address	Percentage	Conviction	Actions
No Records Found					

Ownership Continued

- Complete the Ownership box.

Ownership

Select Ownership: *

☒ Name ⓘ

☐ Business Name ⓘ

First Name: * ⓘ

M.I.: ⓘ

Last Name: * ⓘ

Date of Birth: * ⓘ

MM/DD/YYYY

Effective Date: ⓘ

MM/DD/YYYY

Terminate Date: ⓘ

MM/DD/YYYY

SSN: * ⓘ

Address Line 1: * ⓘ

Address Line 2: ⓘ

City: * ⓘ

State: * ⓘ

Zip Code: * ⓘ

County: ⓘ

-Select-

-Select-

Ownership Continued

- This is an example of the question if Yes is Answer to a conviction.

Ownership

Are you, or have you ever been, sanctioned, excluded, debarred, suspended, terminated, or convicted of crime? *

☒ Yes ☐ No

Conviction Details: * ⓘ

Type of Occurrence: * ⓘ Description: * ⓘ State: * ⓘ Effective Date: * ⓘ Expiration Date: ⓘ

Select One ▼

500 characters remaining.

Select One ▼

MM/DD/YYYY

MM/DD/YYYY

Add

Type of Occurrence ↓	Description	State	Effective Date	Expiration Date	Actions
No Records Found					

Percentage of Ownership: * ⓘ

50

Save

Disclosure Information

Add Agents, Officers, Directors, Board Members and Managing Employees

Practice Information

Legal Name & Address

Ownership

Disclosure Information

Disclosure Information

?

Help

Required fields are marked with an asterisk (*).

In this section please enter the disclosure information applicable to your organization. The information collected is required based up federal requirements outlined in 42 CFR Subpart B - Disclosure of Information by Providers and Fiscal Agents and 42 CFR Subpart E - Provider Screening and Enrollment.

Agents, Officers, Directors, and Board Members

Add

i

List ALL agents, officers, directors who have expressed or implied authority to act on behalf of the provider entity.

First Name	Middle Initial	Last Name	Date of Birth	Address	Action
No Records Found					

Managing Employees *

Add

i

List ALL managing employees who have expressed or implied authority to act on behalf of the provider entity.

First Name	Middle Initial	Last Name	Date of Birth	Terminate Date	Address	Action
No Records Found						

Disclosure Information Cont.


Answer the Yes or No Questions

Select the "I Attest" Button

Save and Continue

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

Questions?

Licensing

Add License Information and Upload License, Certifications, or Accreditations using the blue Upload Arrow

Licensing, Certifications & Accreditations

Licensing, Certifications & Accreditations

Help

Please complete all of the required information when entering licensing, certification, and accreditation information if applicable. To add a license, certification or accreditation, select the "Add" button and the corresponding pop-up screen will display. Enter in the license, certification, or accreditation number, effective and terminate dates, and indicate the name of the issuing party identifier. 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.

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

Licenses:

Add

License #	Specialty	State	Effective Date	Expiration Date	Issuing Party Identifier	Other (Mail or Fax)	Actions
abc-med-lic-124 *	Case Management	MT	01/01/2025	12/31/2026	Board of Behavioral Health	<input type="checkbox"/>	<div><div></div><div></div><div></div></div>

Financial Information

- Add Insurance, Policy Information, and upload a copy of insurance document.
- Add Banking information
- Fill out and Upload EFT Form



Credentials	✓
Financial Information	○

Insurance ✓	Banking ○
-------------	-----------

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
- Recommended not to upload a filename containing special characters

Document Name	Document Type	File Name	Upload Date	Uploaded By	Other (Mail or Fax)	Actions
! EFT/ERA Authorization... *	EFT/ERA Authorization ...				<input type="checkbox"/>	↑

Save and Exit

Cancel

Previous

Save and Continue

Physical Location

Add Physical Location

Provider Information

Credentials

Financial Information

Physical Location

Enrollment Units

Final Submission

Summary

Demographic Maintenance

Physical Location

Users can enter multiple physical locations within an enrollment, update, or revalidation action. The information collected in each physical location will be utilized in the provider directory. If requesting to terminate all locations for the NPI, please initiate a disenrollment. (See disenrollment steps in Provider Maintenance Updates User Guide)

Location

Add

Manage Affiliations

ID	Address	City	State	County	Effective Date	Terminate Date	Action	Progress
No locations found.								

Save and Exit

Cancel

Previous

Save and Continue

[Show Legend](#)

Physical Location

Users can enter multiple physical locations within an enrollment, update, or revalidation action. The information collected in each physical location will be utilized in the provider directory. If requesting to terminate all locations for the NPI, please initiate a disenrollment. (See disenrollment steps in Provider Maintenance Updates User Guide)

Location

Add

Manage Affiliations

ID	Address	City	State	County	Effective Date	Terminate Date	Action	Progress
No locations found.								

Save and Exit

Cancel

Previous

Save and Continue

Physical Location Continued

- Add Service Location Name – this is your naming convention so you can be easily identify the location.
- Add address, and phone.

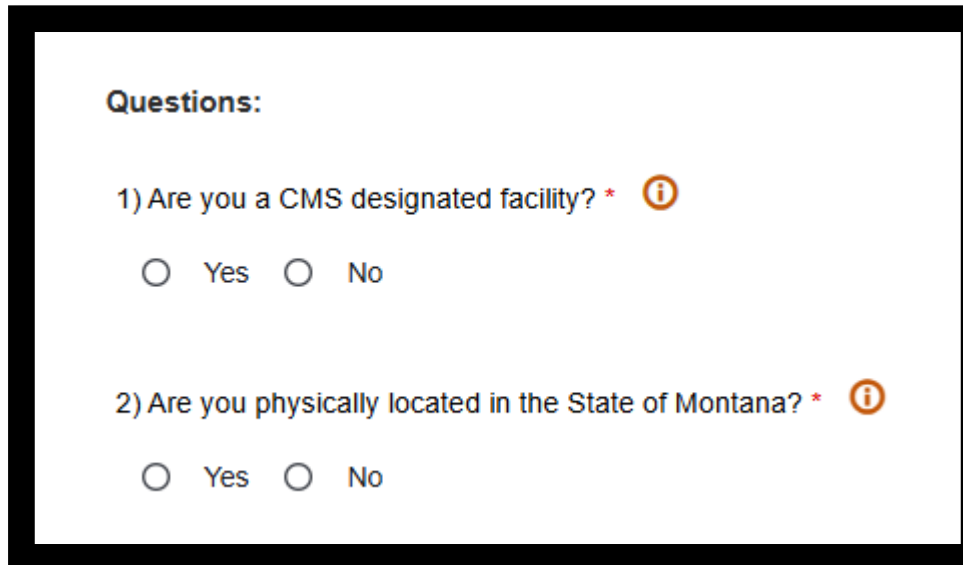
A screenshot of a web form showing a text input field for "Service Location Name". The label "Service Location Name:" is followed by a red asterisk and an information icon. The input field contains the text "Helena Location 1".

Service Location Name: * ⓘ

Helena Location 1

- Answer Questions

Tip: If you don't know the Answer to question 1; default to No.

A screenshot of a web form showing a "Questions:" section. It contains two questions, each with a red asterisk and an information icon. Question 1 asks if the user is a CMS designated facility, with radio buttons for "Yes" and "No". Question 2 asks if the user is physically located in the State of Montana, also with radio buttons for "Yes" and "No".

Questions:

1) Are you a CMS designated facility? * ⓘ

☐ Yes ☐ No

2) Are you physically located in the State of Montana? * ⓘ

☐ Yes ☐ No

Physical Location Continued

- Select box for Type of Provider, Specialties, and Programs

Type of Provider * ⓘ

Select	Type of Provider	Requested Date	Effective Date	Terminate Date
<input checked="" type="checkbox"/>	Agencies	01/09/2025		

Specialties * ⓘ

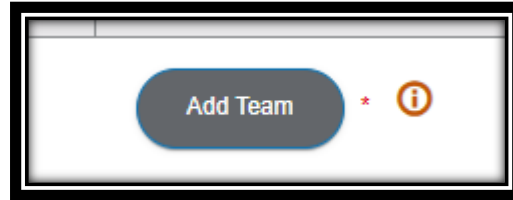
Select	Type of Provider	Specialty	Taxonomy	Requested Date	Effective Date
<input checked="" type="checkbox"/>	Agencies	Case Management	251B00000X	01/09/2025	

Programs * ⓘ

Select	Program Name	Care Management ID	Required Team Name	Requested Date	Effective Date
<input checked="" type="checkbox"/>	Tenancy Support		<div>Add Team * ⓘ</div>	01/09/2025	

Physical Location Continued

- Add Team
- Add Requested Date and Save.

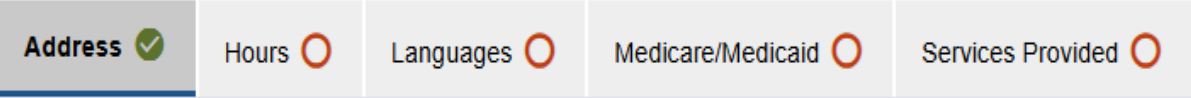


Tip: Create a unique Team Name for each location if you have more than one.

A screenshot of the "Add Team" form. The form has a title bar "Add Team" with a close button (X). Below the title bar, it says "Required fields are marked with an asterisk (*).". The form contains three main sections: "Team Name:" with a text input field containing "Helena-1"; "Program Affiliation:" with a dropdown menu showing "Tenancy Support"; and "Requested Date:" and "Terminate Date:" with date pickers. The "Requested Date:" field shows "01/09/2025". At the bottom right, there are "Save" and "Cancel" buttons. The "Requested Date:" and "Terminate Date:" fields have orange information icons (i) next to their labels.

Physical Location Continued

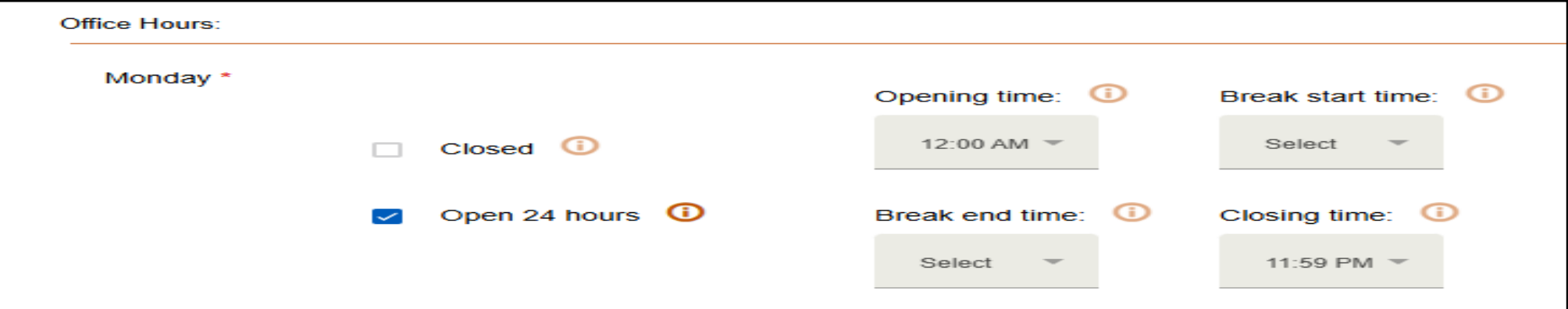
- Complete remaining sections.



A horizontal progress bar with five segments. The first segment, 'Address', is highlighted with a blue underline and a green checkmark icon. The other four segments, 'Hours', 'Languages', 'Medicare/Medicaid', and 'Services Provided', each have a red circle icon.

Tip: Hours only need the beginning and end, no breaks needed

Services Provided: only the asterik * questions are required.



Office Hours:

Monday *

☐ Closed ⓘ

☒ Open 24 hours ⓘ

Opening time: ⓘ
12:00 AM ▼

Break start time: ⓘ
Select ▼

Break end time: ⓘ
Select ▼

Closing time: ⓘ
11:59 PM ▼

Physical Location Continued

Save and Continue




Physical Location

Users can enter multiple physical locations within an enrollment, update, or revalidation action. The information collected in each physical location will be utilized in the provider directory. If requesting to terminate all locations for the NPI, please initiate a disenrollment. (See disenrollment steps in Provider Maintenance Updates User Guide)

Location

Add * ⓘ

Manage Affiliations ⓘ

ID	Address	City	State	County	Effective Date	Terminate Date	Action	Progress
001	123 Sesame Stre...	Helena	MT	Lewis and Clark			 	

Save and Exit

Cancel

Previous

Save and Continue

Questions?

Enrollment Units

Select the blue pencil to complete the Enrollment Units

Enrollment Units

User Guide

?

Help

Enrollment Units are components/sections of the application that are created to capture additional information. Items that make up an enrollment unit are, additional physical locations, particular state programs, or a combinations of location and program. within the enrollment unit additional information is confirmed or captured. The enrollment application will create each enrollment unit automatically and information from previous sections will populate within the Enrollment Unit. This workbench will display all enrollment units for this enrollment application, please complete each as applicable.

Show Filter

Select "Search By"

Select One

Search Criteria

Search

-

+

Search

Clear

Enrollment Unit ↑	Program	Specialty	Service Location	Team Name	Team Number	Effective Date	Terminate Date	System Status	Actions
0001866358	Tenancy Support	Case Management	001-Helena Location 1	Helena-1		01/09/2025		Pending	<div></div>

Items per page

50

1 - 1 of 1

|<

<

>

>|

Save and Exit

Cancel

Previous

Save and Continue

Enrollment Units Continued

- Select the attestation Box.
- Save and continue To move forward.

Licensing, Certifications & Accreditations Address Communications Managing Employees

Please see below for the Licensing, Certification and Accreditations specific to this Enrollment Unit.

A primary license must be selected at the Enrollment Unit. If you have multiple licenses select MT as the primary.

Required fields are marked with an asterisk (*).

☒ 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
abc-med-lic-124	Case Management	MT	01/01/2025	12/31/2026	Board of Behavioral Health	<input checked="" type="radio"/>	

Help

Enrollment Units Continued

- Only the billing address has to be a physical location, cannot be a PO Box.

Licensing, Certifications & Accreditations

Address

Communications

Managing Employees

Please see below for the Address information specific to this Enrollment Unit.

Required fields are marked with an asterisk (*).

Type ↑	Address Line 1	Address Line 2	City	State	Zip Code
Billing*	Select ▼				
Mailing*	Select ▼				
Remittance*	Select ▼				
Other	Select ▼				

Cancel

Previous

Save and Continue

Save

Enrollment Units Continued

- Select a primary contact and Information and save

Add Contact ✕

Required fields are marked with an asterisk (*).

Contact Type: * ⓘ
Office Manager

Terminate Date: ⓘ
MM/DD/YYYY

Set Contact as Primary

☒ Primary Contact ⓘ

First Name: * ⓘ

M.I.: ⓘ

Last Name: * ⓘ

Phone Number: * ⓘ

Ext: ⓘ

Fax Number: ⓘ

Ext: ⓘ

Contact Email Address: * ⓘ

Re-enter Email Address: * ⓘ


Save


Cancel

Questions?

Final Submission

After Enrollment Units are complete, save and continue to Final Submission.

Enrollment Units 

Final Submission 

Summary

Demographic Maintenance

information from previous sections will populate within the Enrollment Unit. This workbench will display all enrollment units for this enrollment application, please complete each as applicable.

Show Filter

Select "Search By"

Select One



Search Criteria

-

+

Search

Clear

Enrollment Unit 	Program	Specialty	Service Location	Team Name	Team Number	Effective Date	Terminate Date	System Status	Actions
0001866358	Tenancy Support	Case Management	001-Helena Location 1	Helena-1		01/09/2025		Complete	

Items per page

50

1 - 1 of 1

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>|

Save and Exit

Cancel

Previous

Save and Continue

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.



Online Resources

Provider Information Website:

<https://medicaidprovider.mt.gov>

- [Provider Enrollment Page](#)
- Provider Services Module User Guides
- [Claim Jumper Newsletters](#)
- 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 MTPRHelpdesk@conduent.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?

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