

# Tenancy Support

## Part 1: Enrollment



Presented by Maria Gonzales and Loma Romero,  
Field Representatives

# Roll Call

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

# NPIs

# Resources

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**Website:**

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

**Tenancy Support Services PowerPoint:**

[https://dphhs.mt.gov/assets/BHDD/HeartWaiver/Tenancy\\_Support\\_PowerPoint\\_for\\_Providers.pdf](https://dphhs.mt.gov/assets/BHDD/HeartWaiver/Tenancy_Support_PowerPoint_for_Providers.pdf)

# What is an NPI?

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## [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

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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

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

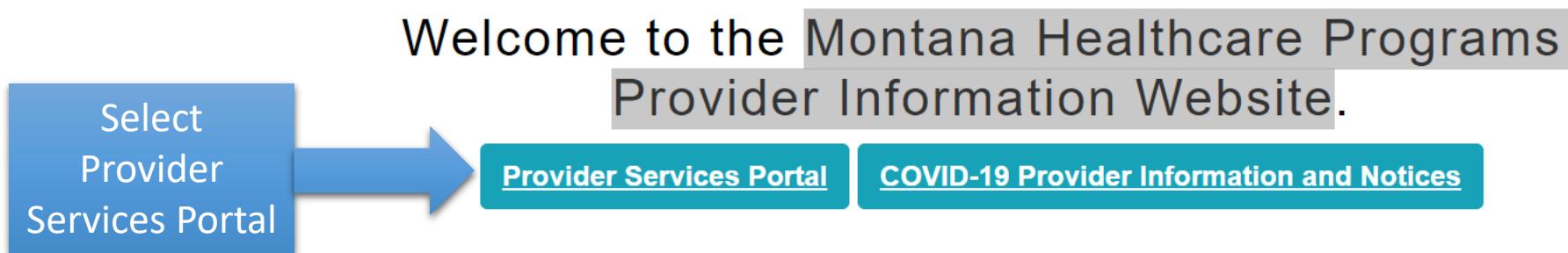
251B00000X – Case Management

# Registering for the MPATH Portal

# Accessing the Self-Service Portal

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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:

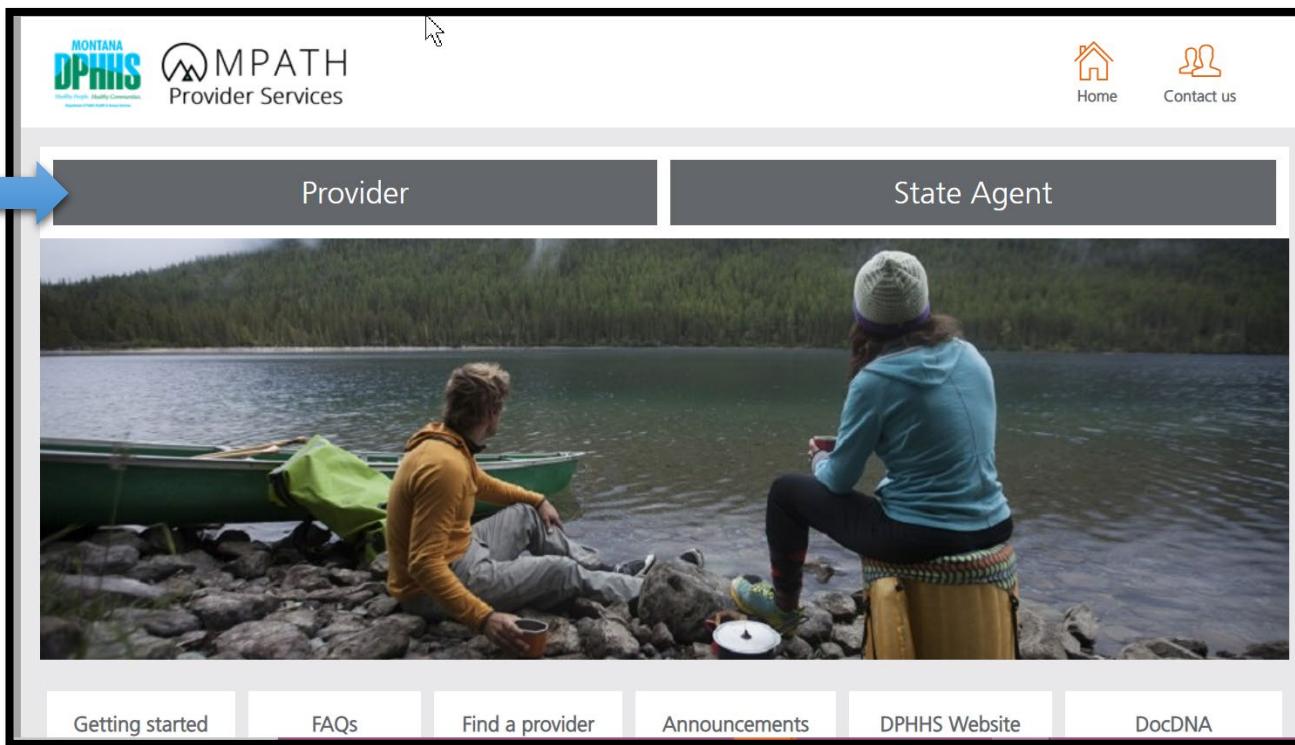
[https://mtdphhs-provider.optum.com/tpa-ap-web/?navDeepDive=MT\\_publicHomeDefaultContentMenu](https://mtdphhs-provider.optum.com/tpa-ap-web/?navDeepDive=MT_publicHomeDefaultContentMenu)

# Disclaimer

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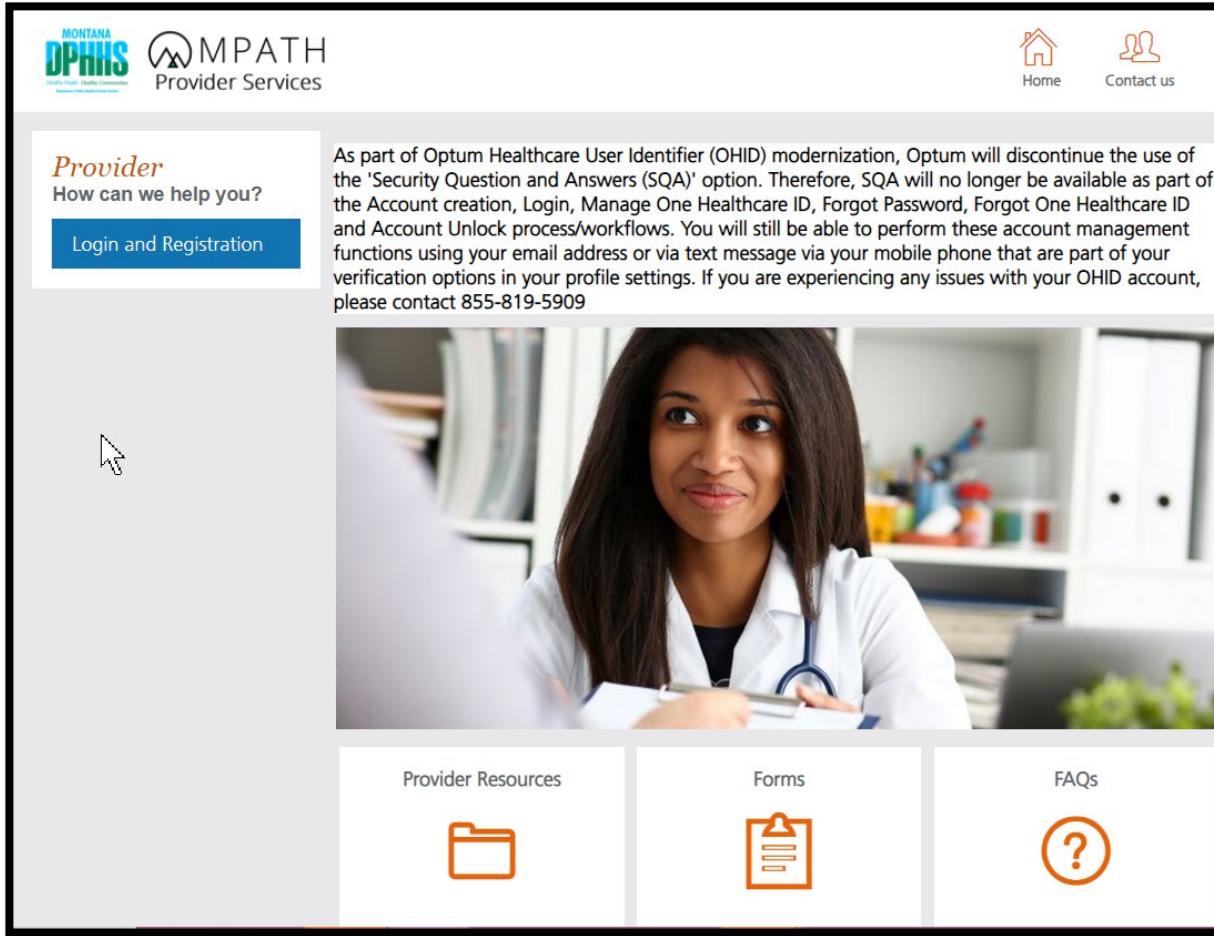
All information in the following slides are  
fictitious.

# Accessing the Self-Service Portal



# Login and Registration

First time users  
will need to  
Register to use  
the portal



The screenshot shows the homepage of the MPATH Provider Services website. At the top, the Montana DPHHS logo and the MPATH Provider Services logo are visible. In the top right corner, there are links for "Home" (with a house icon) and "Contact us" (with a person icon). The main content area has a heading "Provider" and a sub-heading "How can we help you?". A blue button labeled "Login and Registration" is present. To the right of this, a text block informs users about the discontinuation of the 'Security Question and Answers (SQA)' option due to OHID modernization. It provides contact information: 855-819-5909. Below this text is a photograph of a female healthcare provider in a white coat. At the bottom of the page, there are three buttons: "Provider Resources" with a folder icon, "Forms" with a clipboard icon, and "FAQs" with a question mark icon.

# Login and Registration

Sign In With Your Optum GovID

Optum GovID or email address

Password

[Create Optum GovID](#)

[Manage your Optum GovID](#)

[What is Optum GovID?](#)

**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](mailto: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](#)

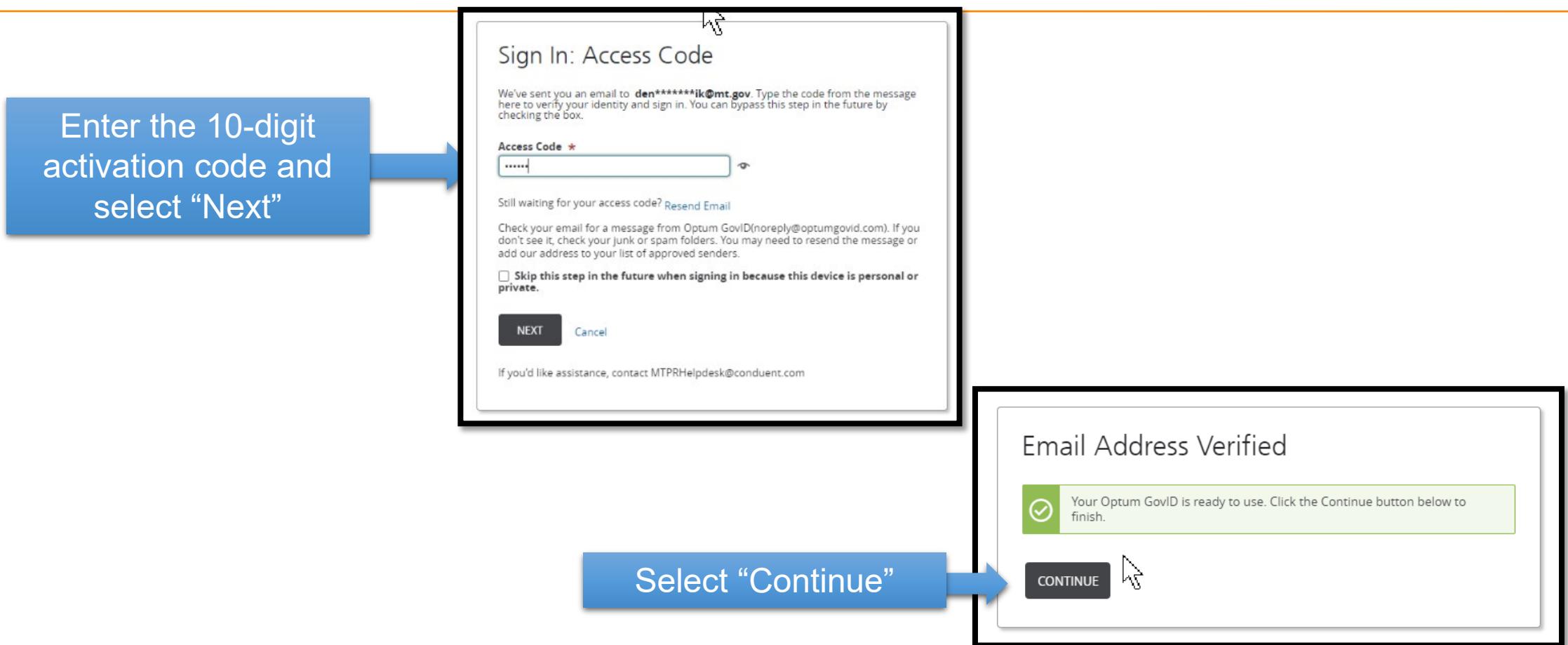
If you don't see it, check your junk or spam folders. You may need to resend the message or add our address to your approved senders.

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.

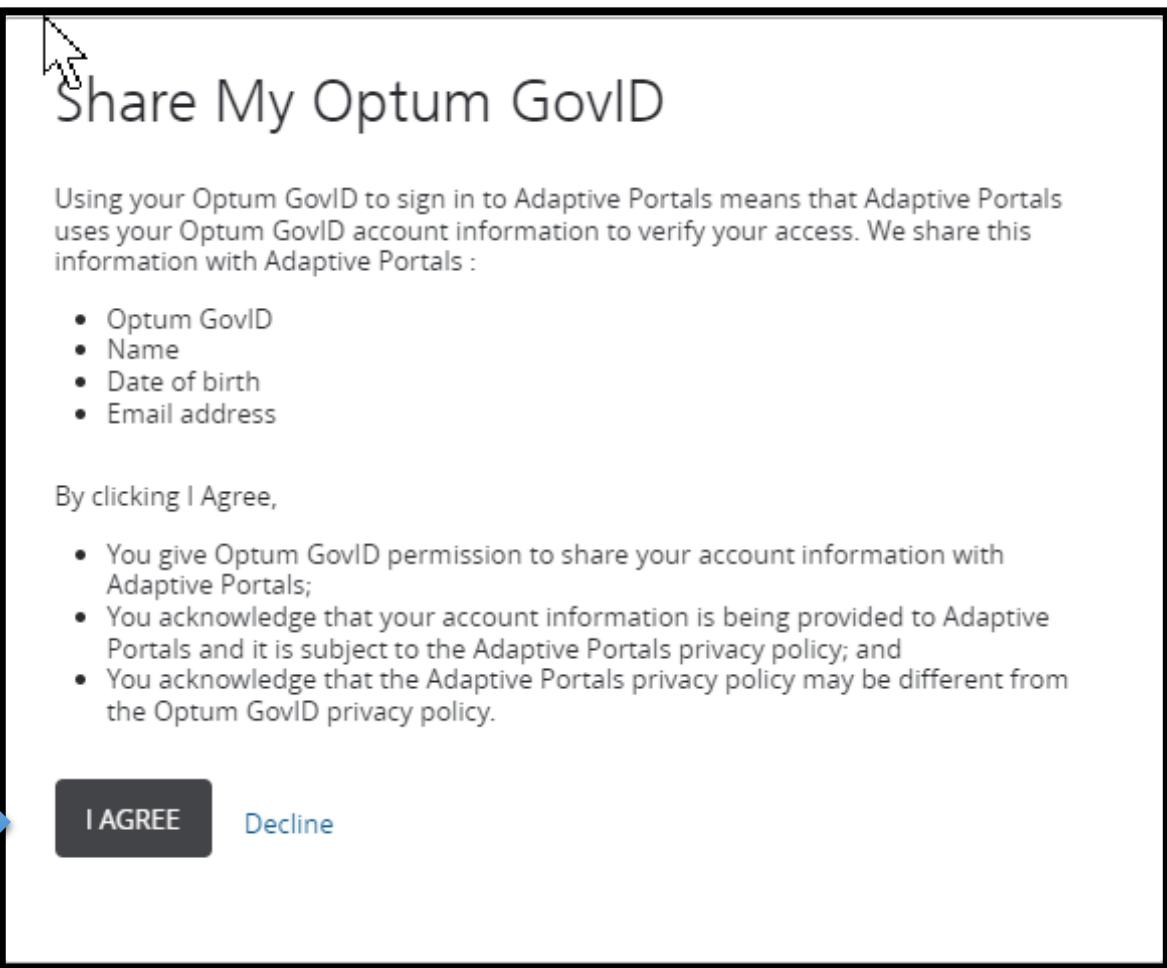
Copy the 10-digit activation code in the email and select “Enter the 10-digit activation code”.



# Login and Registration



# 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.

**I AGREE**   **Decline**

**Select “Agree”** →

# 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  
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  
 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**  
samanthasmith@getnada.com  
Email address is verified.

**Secondary email address (optional)**  
[empty input field]

**Phone number (optional)**  
406-402-4022  
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”

MONTANA DPHHS  
Healthy People. Healthy Communities  
Department of Public Health & Senior 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

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# 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

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 10 entries Showing 0 to 0 of 0 entries | < < > > |

[Add User Account](#)

Manage Billing Providers

Filter your results:

ACTIONS	BILLING PROVIDER NAME	NPI/API ID
	Farmingdale Primary Care PC	1073820965
	Braga, Deb	9260371104

Show 10 entries Showing 1 to 2 of 2 accounts | < < > > |

[Add Billing Provider](#)

Manage Provider Enrollment Accounts

Complete request form

Filter your results:

ACTION	ATTACHMENT	DATE	Status
No matching transactions found.			

Show 10 entries Showing 0 to 0 of 0 entries | < < > > |

[Upload Request](#)

# Account Admin functions

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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.

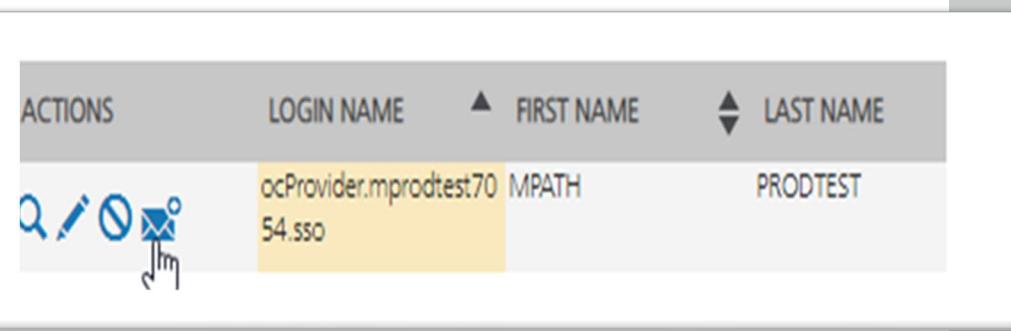


The screenshot shows a user interface for adding a portal user. At the top, there are three tabs: 'Role' (which is selected and highlighted in blue), 'Provider Information', and 'Review'. Below the tabs, the word 'Role' is displayed. A note in red text states: 'Note: Fields marked with \* are required.' Under the note, there is a label 'Select role:' followed by a dropdown menu with the text 'Select' and a dropdown arrow. In the bottom right corner of the interface, there are two buttons: a blue 'Continue' button and a light blue 'Cancel' button. The 'Continue' button is circled in red.

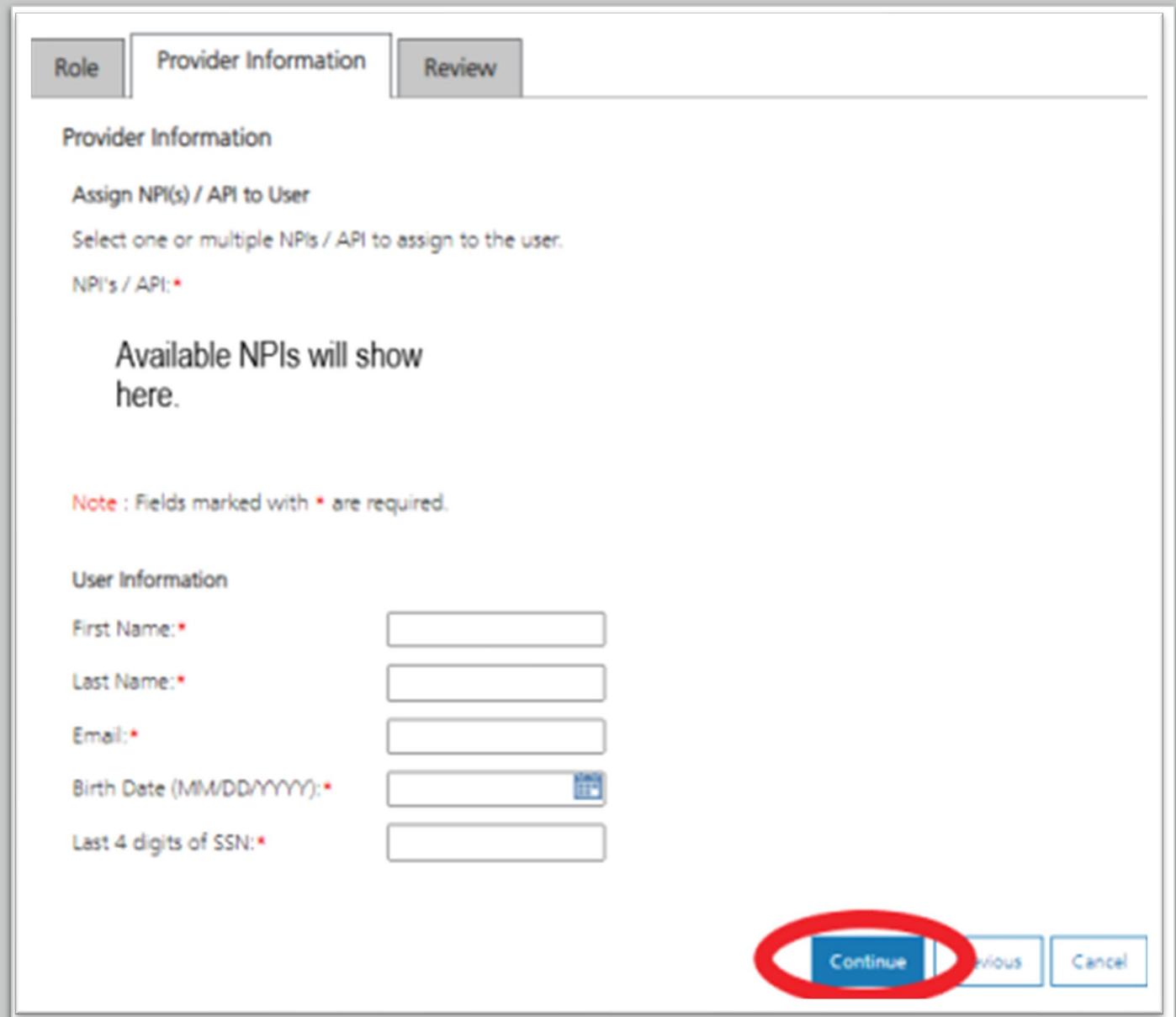
# Add Portal User

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.



A screenshot of a user list table. The table has columns: ACTIONS, LOGIN NAME, FIRST NAME, and LAST NAME. A user row is highlighted with a yellow background. The user's LOGIN NAME is 'ocProvider.mprodtest70', FIRST NAME is 'MPATH', and LAST NAME is 'PRODTEST'. The ACTIONS column contains icons for search, edit, delete, and email. The email icon is highlighted with a yellow background.



A screenshot of the 'Provider Information' step in a user creation wizard. The top navigation bar includes 'Role', 'Provider Information' (which is selected and highlighted in grey), and 'Review'. The main content area is titled 'Provider Information' and 'Assign NPI(s) / API to User'. It includes a note: 'Select one or multiple NPIs / API to assign to the user.' and a field 'NPI's / API: \*'. Below this is a note: 'Available NPIs will show here.' A note at the bottom left states: 'Note : Fields marked with \* are required.' The 'User Information' section contains fields for First Name, Last Name, Email, Birth Date (with a calendar icon), and Last 4 digits of SSN. The 'Continue' button at the bottom right is circled in red.

# 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

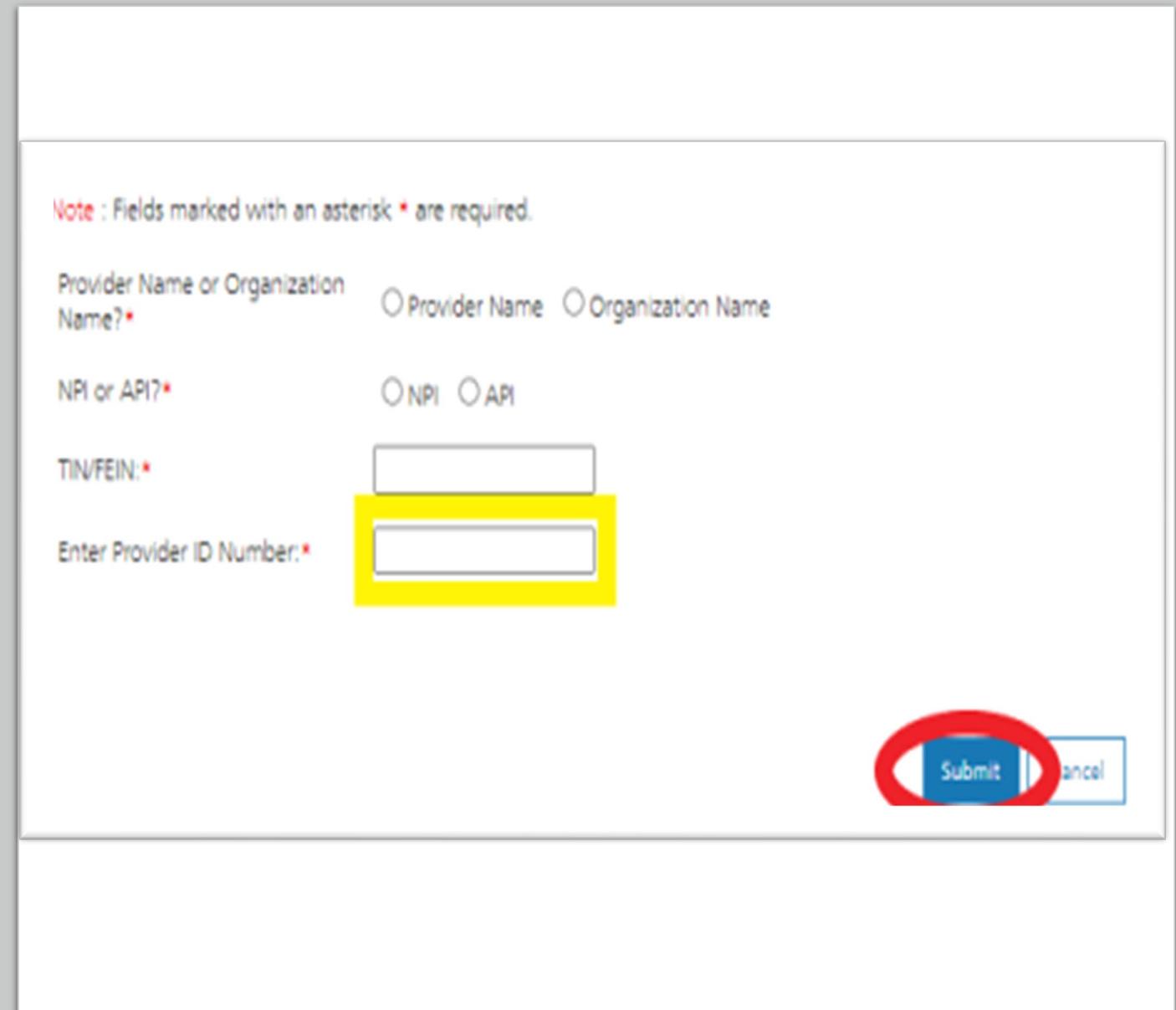
NPI or API?\*

NPI  API

TIN/FEIN:\*

Enter Provider ID Number:\*

**Submit** **Cancel**

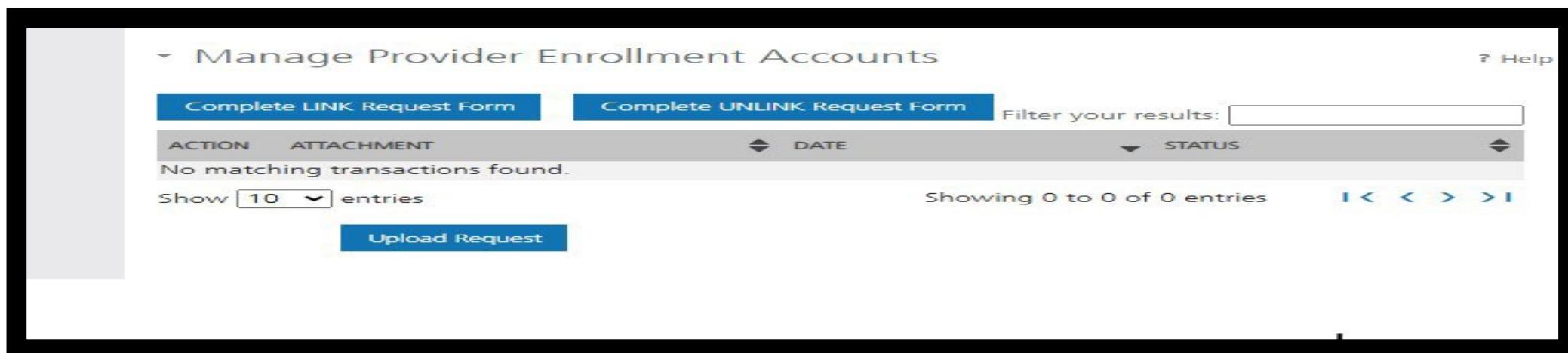


# Manage Enrollment Providers

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.



Manage Provider Enrollment Accounts

Complete LINK Request Form   Complete UNLINK Request Form   Filter your results:

ACTION	ATTACHMENT	DATE	STATUS
No matching transactions found.			

Show [10 dropdown] entries   Showing 0 to 0 of 0 entries   < < > >>

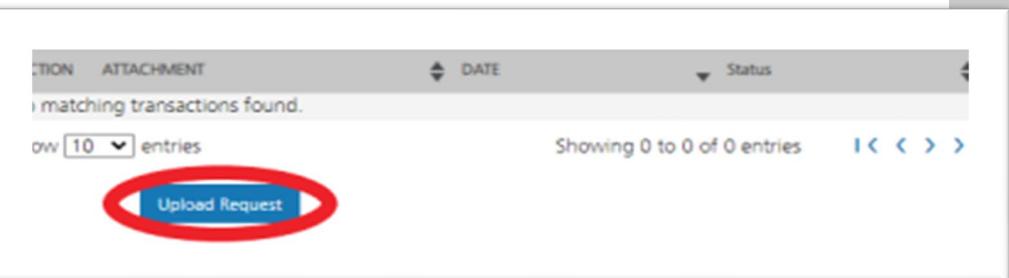
Upload Request

# 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.

Showing 0 to 0 of 0 entries < < > >

10 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:

Authorizing NPI/API:

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

Requested NPI/API:

Requested Provider Name:

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:  Title:

Phone Number:  Email:

Comments (Optional):

I attest that I am the authorized individual who is submitting this Enrollment Account Link Request.

Authorization Name:

Authorization Title:

Date:

The current form has a DocuSign line.

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

Questions?

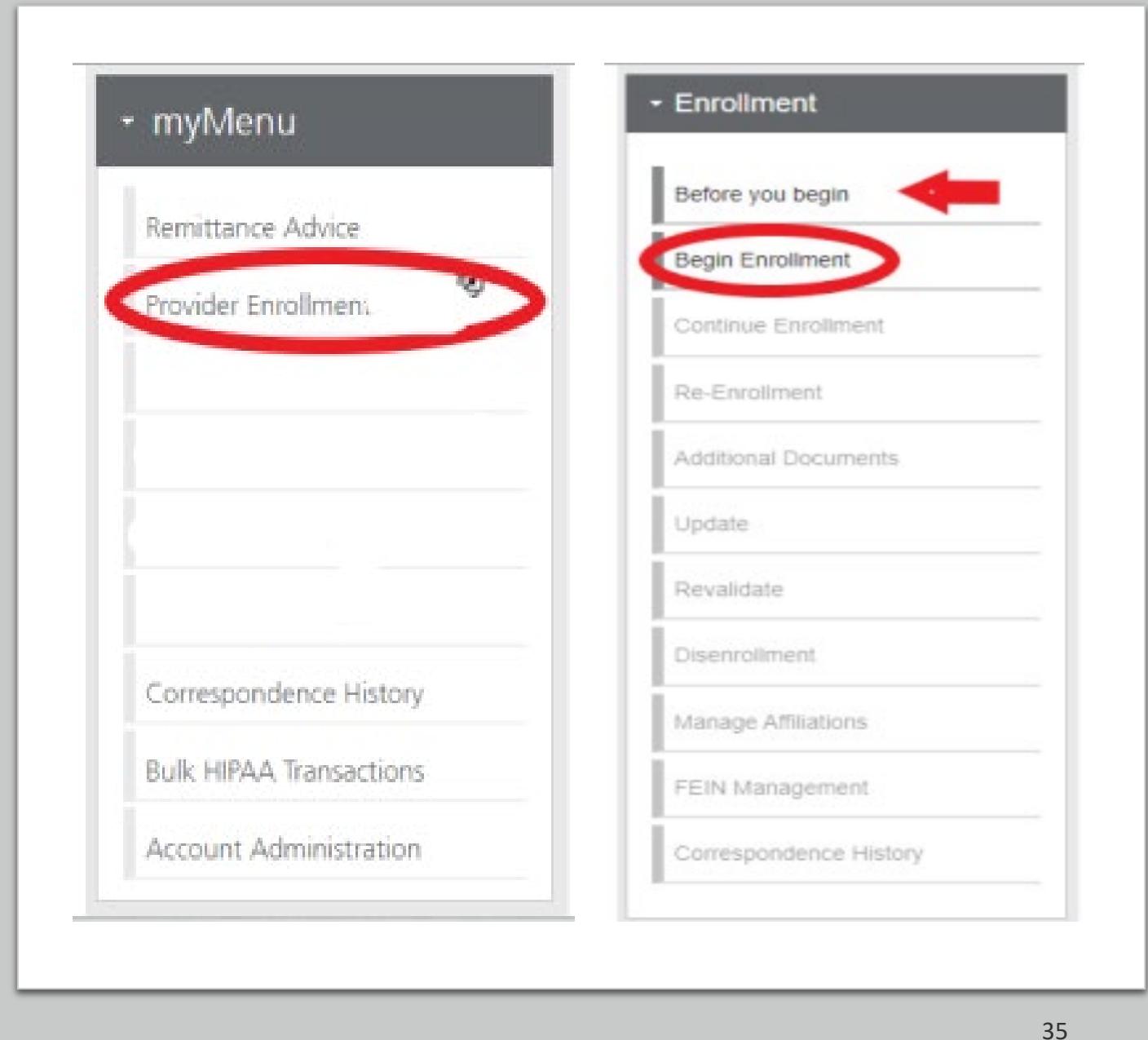
# New Enrollments

# 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.



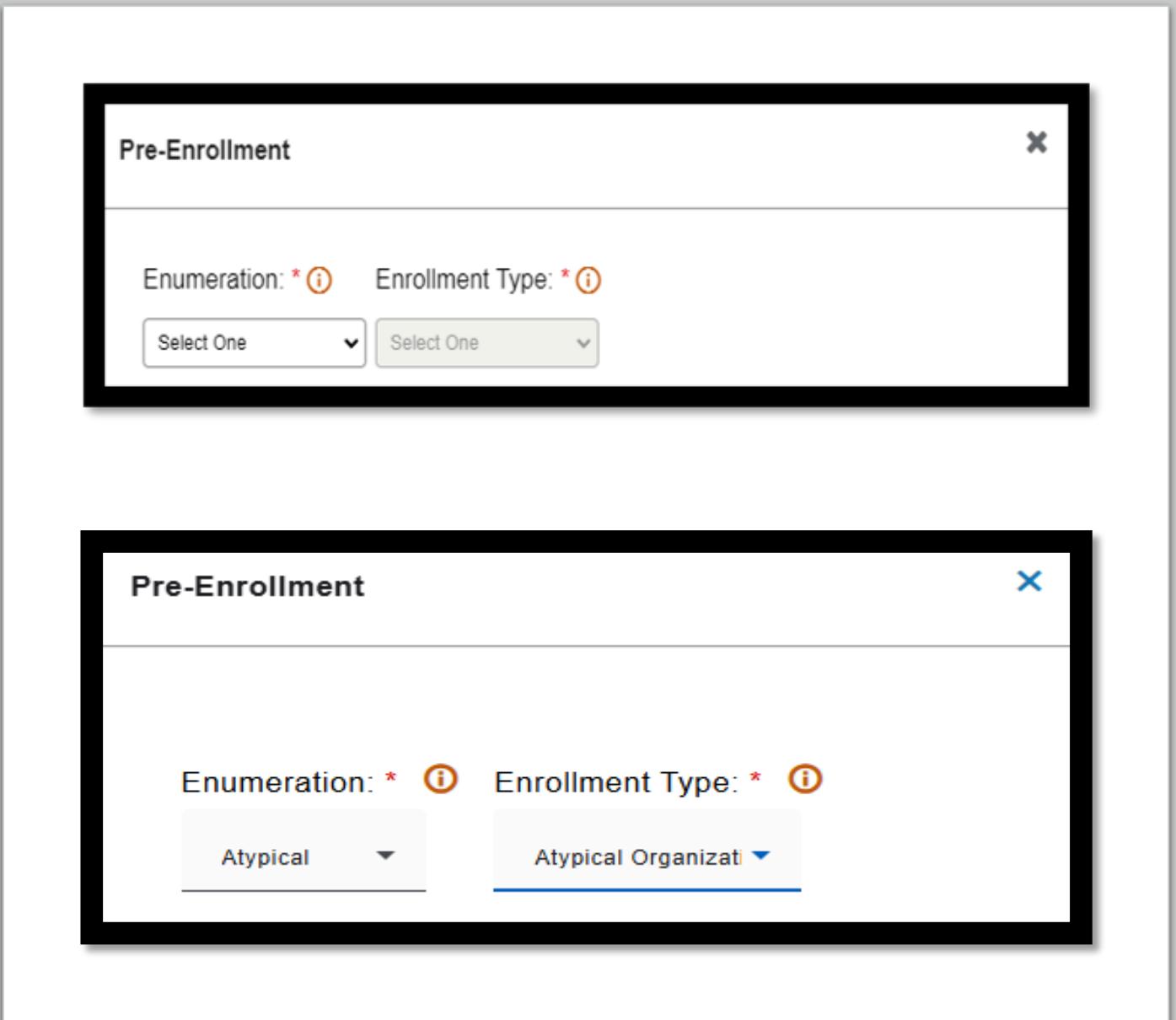
# Pre-Enrollment Facility

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

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

Type of Provider: <sup>*</sup>	Add	Info	
Type of Provider	Effective Date	Terminate Date	Actions
Agencies	07/01/2024		 

# Specialty

Select add.

Select your provider type.

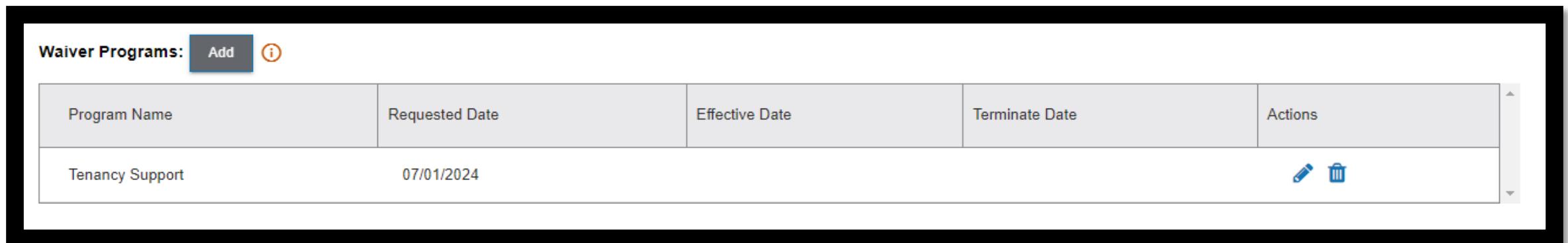
Then select the taxonomy 251B00000X.

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

# Program

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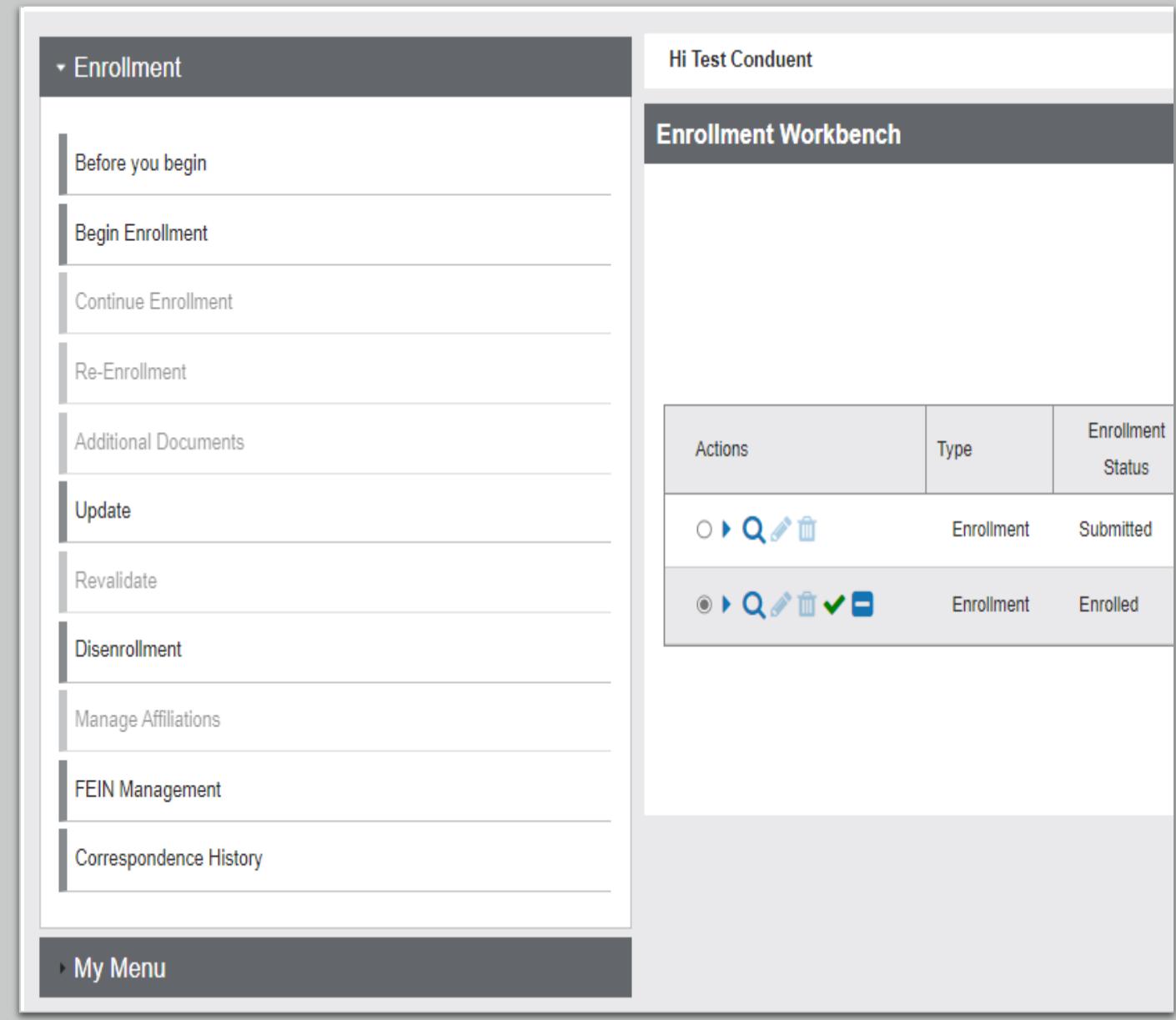
Under Waiver Programs, select Tenancy Support and enter your effective date again.



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

# Additional Documents

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



The screenshot shows the 'Enrollment Workbench' interface. The top navigation bar includes 'Hi Test Conduent' and the title 'Enrollment Workbench'. The left sidebar, titled 'Enrollment', contains the following menu items: 'Before you begin', 'Begin Enrollment', 'Continue Enrollment', 'Re-Enrollment', 'Additional Documents' (which is currently selected and highlighted in blue), 'Update', 'Revalidate', 'Disenrollment', 'Manage Affiliations', 'FEIN Management', and 'Correspondence History'. The main content area is titled 'Enrollment Workbench' and displays a table of enrollment entries. The table has columns for 'Actions', 'Type', and 'Enrollment Status'. There are two entries listed:

Actions	Type	Enrollment Status
<input type="radio"/>	Enrollment	Submitted
<input checked="" type="radio"/>	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.

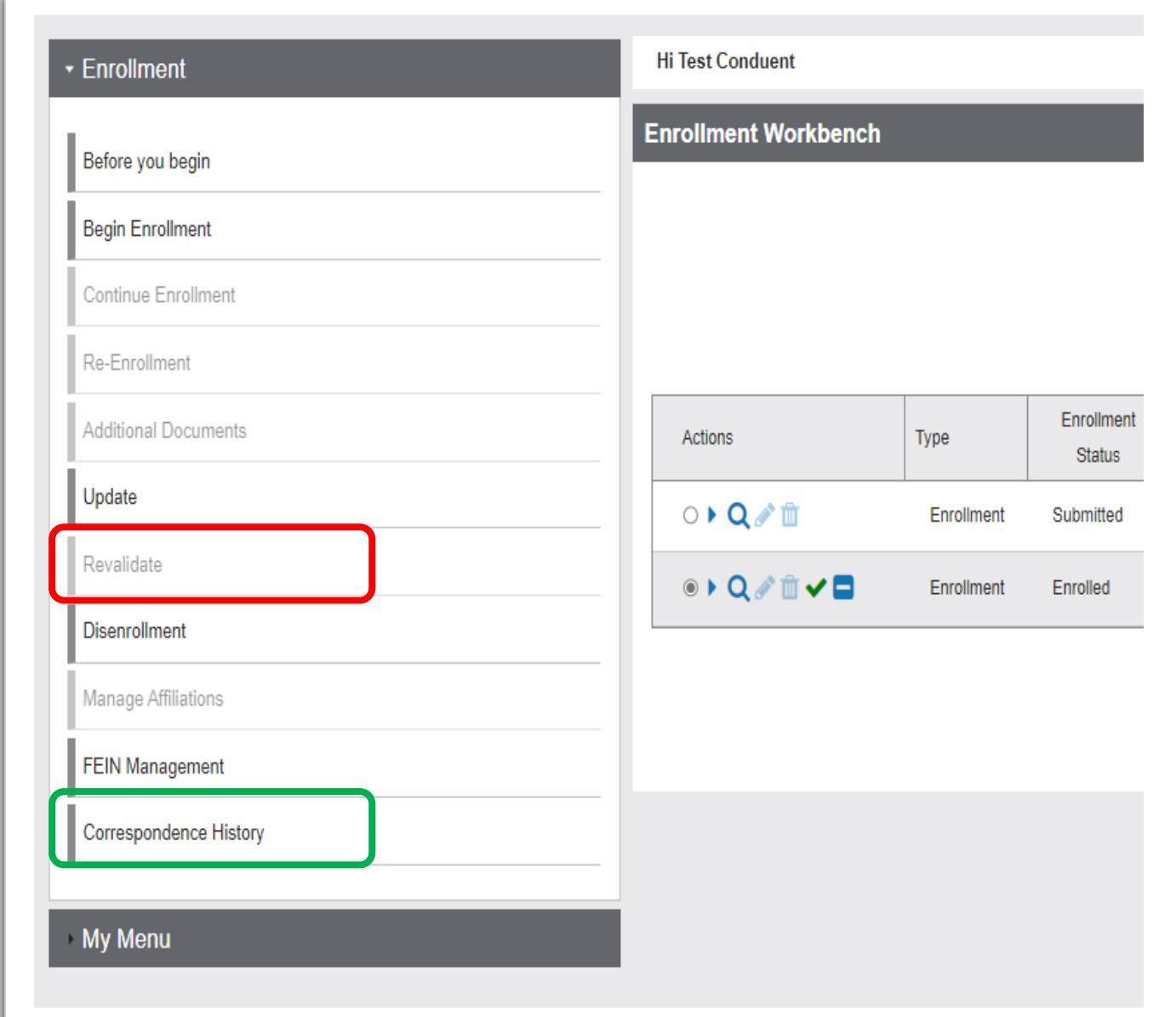
Actions	Type	Status	Submission Date	Confirmation #	Tax ID	NPI/Atypical ID	Provider ID	Provider Name
	Enrollment	Enrolled	12-09-2021	20086035	XX-XXX1234	0002089504	200002447	Deb Braga
	Update	InProgress		20087591	XX-XXX1234	0002089504	200002447	Deb Braga

# 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 shows the 'Enrollment Workbench' interface. The top navigation bar includes 'Enrollment' (with a dropdown arrow), 'Hi Test Conduent', and 'Enrollment Workbench'. The main menu on the left lists 'Before you begin', 'Begin Enrollment', 'Continue Enrollment', 'Re-Enrollment', 'Additional Documents', 'Update' (with 'Revalidate' highlighted by a red box), 'Disenrollment', 'Manage Affiliations', 'FEIN Management', and 'Correspondence History' (highlighted by a green box). The bottom menu bar includes 'My Menu'. To the right, a table displays enrollment status for two entries:

Actions	Type	Enrollment Status
<input type="radio"/> <input type="button" value="Search"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>	Enrollment	Submitted
<input checked="" type="radio"/> <input type="button" value="Search"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/> <input checked="" type="checkbox"/> <input type="button" value="Enroll"/>	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 type="radio"/>	07/01/2024		 

# Program

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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.



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

# Sub-Parts

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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

Practice Information  Legal Name & Address  Ownership  Disclosure Information  [Show Less](#)

**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: \* 

New Hope Clinic 12-3456789

Validate Address 

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

Limited Liability Partnership (LLP) Private for Profit

# 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.  *This address is also a Servicing Location*

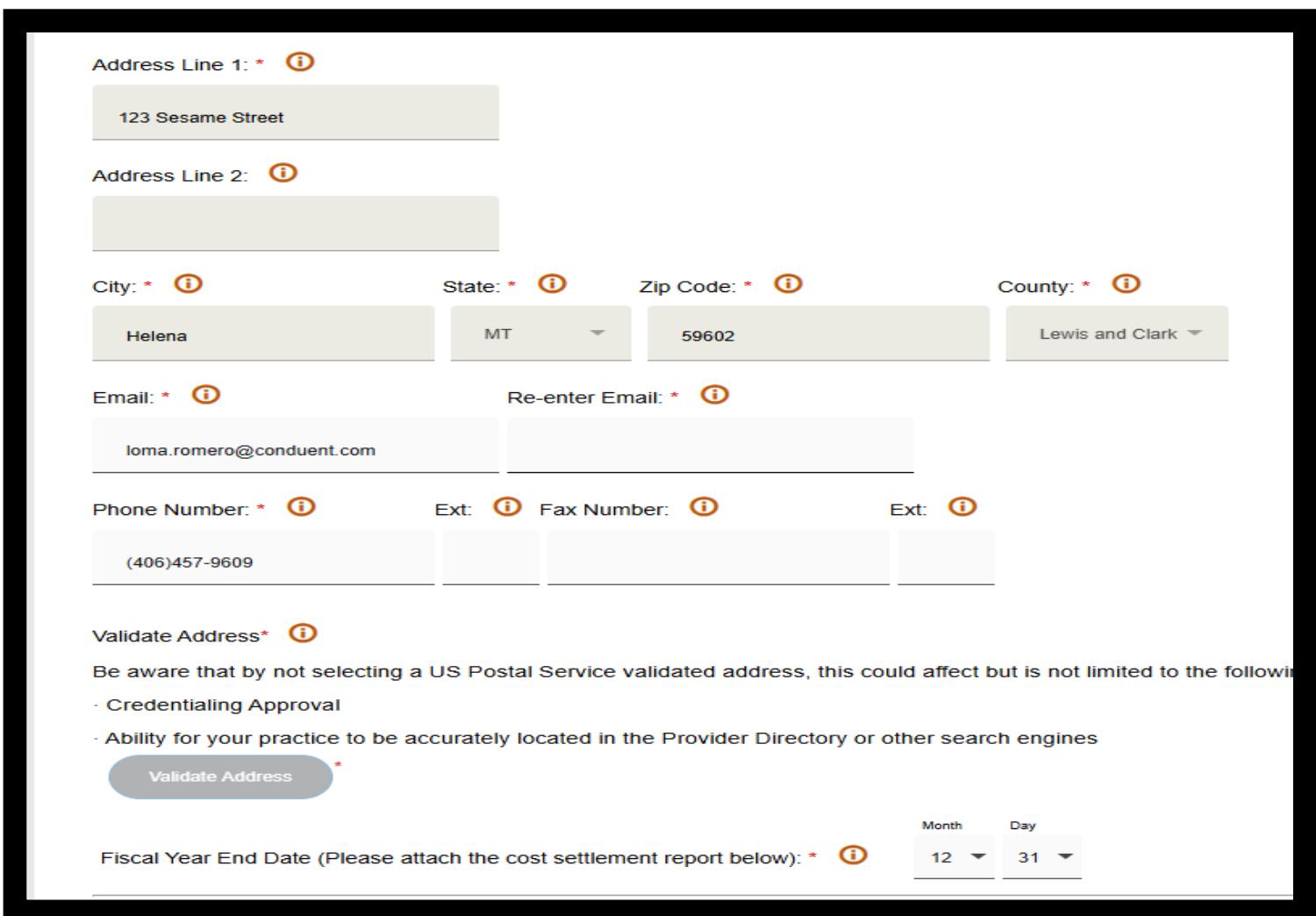
Address Line 1: \*  *123 Sesame Street*

# Legal Name & Address Cont.

## Enter Billing Address

- Cannot be a PO Box

## Enter Fiscal Year



The image shows a screenshot of a web form for entering a billing address. The form is set against a black background. At the top, there are fields for 'Address Line 1' (containing '123 Sesame Street') and 'Address Line 2'. Below these are fields for 'City' (Helena), 'State' (MT), 'Zip Code' (59602), and 'County' (Lewis and Clark). Further down, there are fields for 'Email' (loma.romero@conduent.com) and 'Re-enter Email'. Below that are fields for 'Phone Number' (406)457-9609), 'Ext.', 'Fax Number', and another 'Ext.' field. At the bottom left, there is a 'Validate Address' button. To the right, there are dropdown menus for 'Month' (12) and 'Day' (31). A note at the bottom states: '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'.

Address Line 1: \* i  
123 Sesame Street

Address Line 2: i

City: \* i State: \* i Zip Code: \* i County: \* i

Helena MT 59602 Lewis and Clark

Email: \* i Re-enter Email: \* i

loma.romero@conduent.com

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

(406)457-9609

Validate Address\* i

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): \* i

Month Day

12 31

# Legal Name & Address Cont.

## Enter Mailing Address

- Can be a PO Box

**Mailing Address:** i

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

Address Line 1: \* i  
123 Sesame Street

Address Line 2: i  
\_\_\_\_\_

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

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

Validate Address\* i

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:  ⓘ Terminate Date:  ⓘ SSN: \*  ⓘ  
MM/DD/YYYY  ⏷ MM/DD/YYYY  ⏷  ⏷

Address Line 1: \*  ⓘ  
\_\_\_\_\_  
Address Line 2:  ⓘ  
\_\_\_\_\_  
City: \*  ⓘ State: \*  ⓘ Zip Code: \*  ⓘ County:  ⓘ  
-Select-  ⏷ -Select-  ⏷

# Ownership Continued

- This is a 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: \* 

Select One 

State: \*  Effective Date: \*  Expiration Date: 

Select One  MM/DD/YYYY  MM/DD/YYYY 

500 characters remaining.

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** 

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**  

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 \***  

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**

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.**

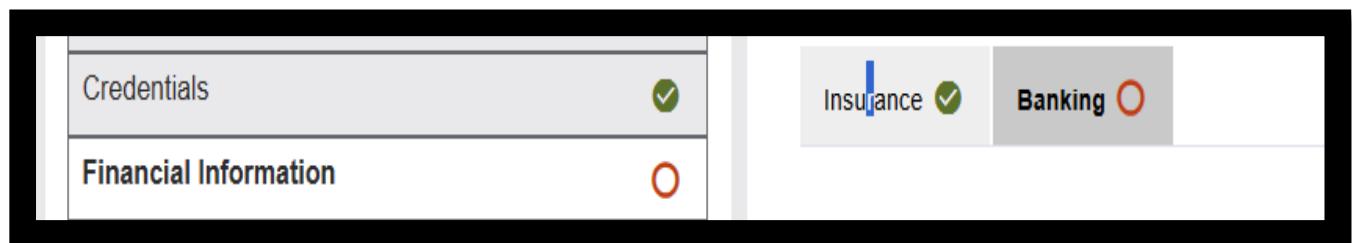
**Licenses:** ○

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"/>	  

# Financial Information

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



**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
<span>! <a href="#">EFT/ERA Authorization...</a></span>	EFT/ERA Authorization...					<input type="checkbox"/> <span>↑</span>

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

[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](#)

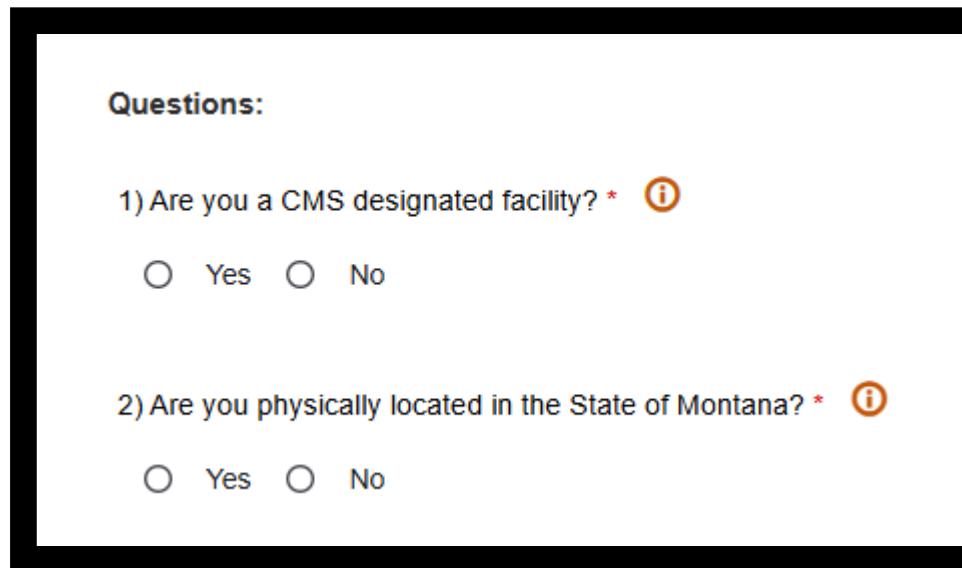
# Physical Location Continued

- Add Service Location Name – this is your naming convention so you can easily identify the location.



A screenshot of a web form input field. The label "Service Location Name: \*" is in orange. To its right is an orange information icon. Below the label is a text input box containing the text "Helena Location 1".

- Add address, and phone.



A screenshot of a web form with a section titled "Questions:" in bold. It contains two numbered questions with radio button options. Each question has an orange information icon to its right.

1) Are you a CMS designated facility? \*  Yes  No

2) Are you physically located in the State of Montana? \*  Yes  No

- Answer Questions

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

# Physical Location Continued

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

Type of Provider * <span style="color: orange;">i</span>					
Select	Type of Provider	Requested Date	Effective Date	Terminate Date	
<input checked="" type="checkbox"/>	Agencies	01/09/2025			

Specialties * <span style="color: orange;">i</span>					
Select	Type of Provider	Specialty	Taxonomy	Requested Date	Effective Date
<input checked="" type="checkbox"/>	Agencies	Case Management	251B00000X	01/09/2025	

Programs * <span style="color: orange;">i</span>					
Select	Program Name	Care Management ID	Required Team Name	Requested Date	Effective Date
<input checked="" type="checkbox"/>	Tenancy Support			01/09/2025	

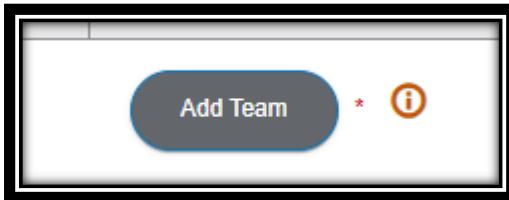
Add Team \* i

# 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' dialog box. The dialog box contains the following fields:

- Team Name: \* (Helena-1)
- Program Affiliation: (Tenancy Support)
- Requested Date: \* (01/09/2025)
- Terminate Date: (MM/DD/YYYY)

There are 'Save' and 'Cancel' buttons at the bottom right of the dialog box.

# Physical Location Continued

- Complete remaining sections.



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

Services Provided: only the asterik \* questions are required.

A screenshot of a software interface showing the 'Office Hours' configuration. It includes fields for 'Monday \*' (with options 'Closed' and 'Open 24 hours'), 'Opening time' (set to '12:00 AM'), 'Break start time' (set to 'Select'), 'Break end time' (set to 'Select'), and 'Closing time' (set to '11:59 PM'). Each time field has an 'info' icon (a red circle with an 'i').

# 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**

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

**Actions:**

- Add**
- Manage Affiliations**
- Save and Exit**
- Cancel**
- Previous**
- Save and Continue**

Questions?

# Enrollment Units

Select the blue pencil to complete the Enrollment Units

User Guide

Enrollment Units

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			

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"/>	<span>○</span>

# 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: \* i      Terminate Date: i

Office Manager MM/DD/YYYY i

**Set Contact as Primary**

Primary Contact i

First Name: \* i      M.I.: i      Last Name: \* i

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

Contact Email Address: \* i      Re-enter Email Address: \* i

Save Cancel

Questions?

# Final Submission

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

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.

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	Helena-1	1	01/09/2025		Complete	

Items per page  1 - 1 of 1

# If you have Questions

# Need Help?

---

At the top of each screen is a **User Guide** icon.

When you click on the icon, the user guide will open to the section matching the screen you are on.



**User Guide**

# Online Resources

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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

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Provider Relations Call Center:

(800) 624-3958

Monday through Friday 8am to 5pm MST

General, Claims, TPL, and EDI questions:

[MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com)

Enrollment Questions and documents:

[MTEnrollment@conduent.com](mailto:MTEnrollment@conduent.com)

Note: the Conduent helpdesks cannot accept secured emails or PHI.

# Email Assistance [MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com)

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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!