



MONTANA PROVIDER PORTAL USER GUIDE FOR PROVIDERS: REGISTRATION, CLAIMS SUBMISSION AND GENERAL SITE NAVIGATION

Welcome to the Montana Provider Portal. This user guide is designed to be a step-by-step document to guide Montana Healthcare Program providers through the use of the secure, online Montana Provider Portal. This guide includes information about registering for a portal account, claim submission, and general website navigation.

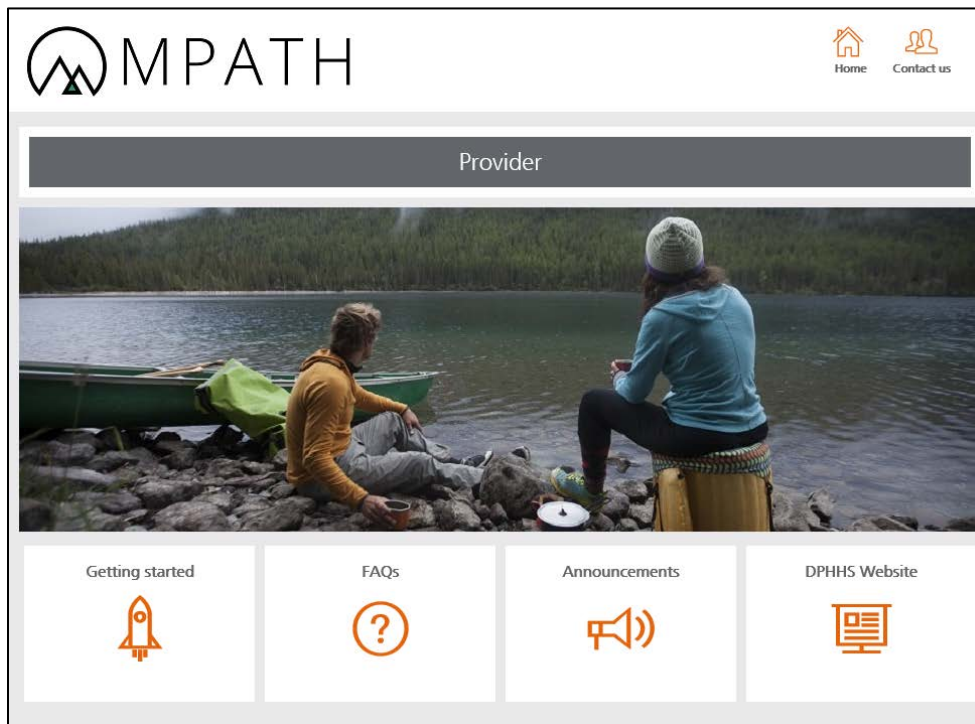


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1. Help for Users of the Montana Provider Portal

Help is available to users in a few different locations on the Montana Provider Portal.

From the Government Identifier (GovID) Sign In page, registration and log in help is available by clicking **Help** in the upper right corner of the screen (see Figures 1-1 and 1-2).

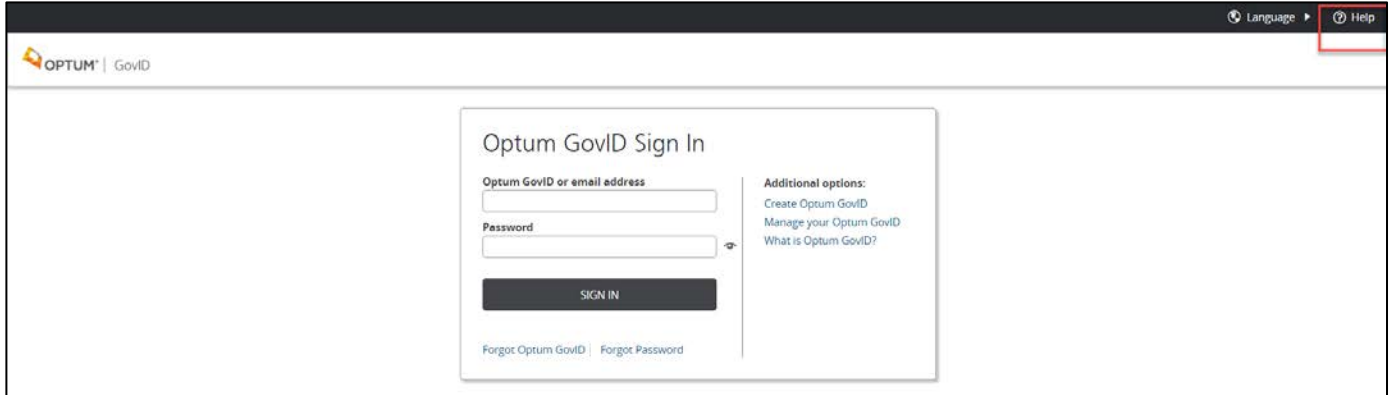


Figure 1-1 Help icon on the GovID Sign In page

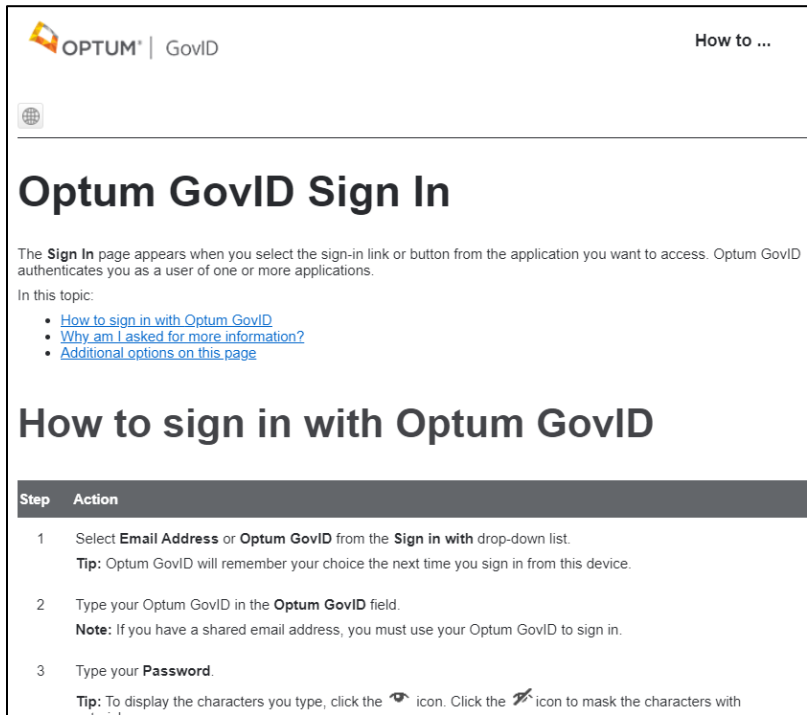


Figure 1-2 GovID Help Page

Once logged in, help is also available from many of the Montana Provider Portal pages by clicking **Help** on each page as shown in Figure 1-3. A pop up window displays with a description of the fields on the page, guiding the user as shown in Figure 1-4. Help is currently available on the following pages:

- Claim Submission Templates
- Claims Submissions In Progress
- Account Administration

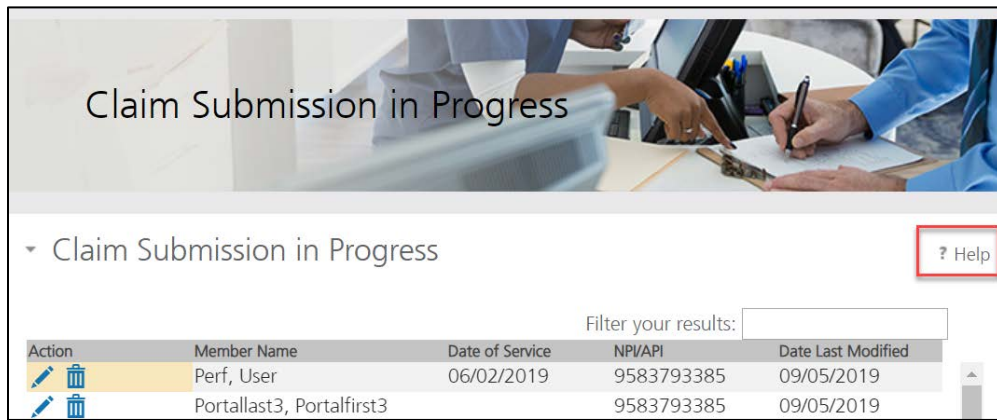


Figure 1-3 Help icon on Claims Submission In Progress page

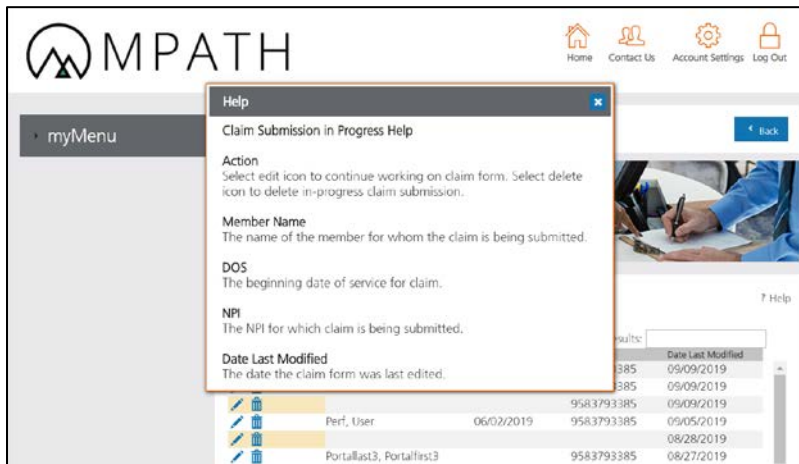


Figure 1-4 Claims Submission In Progress Help Text

Another option for providers is to reach out to our staff for support with questions. By clicking **Contact Us** at the top of any page on the portal and as shown in Figure 1-5, providers can locate email addresses and/or telephone numbers to seek support from an MPATH representative.

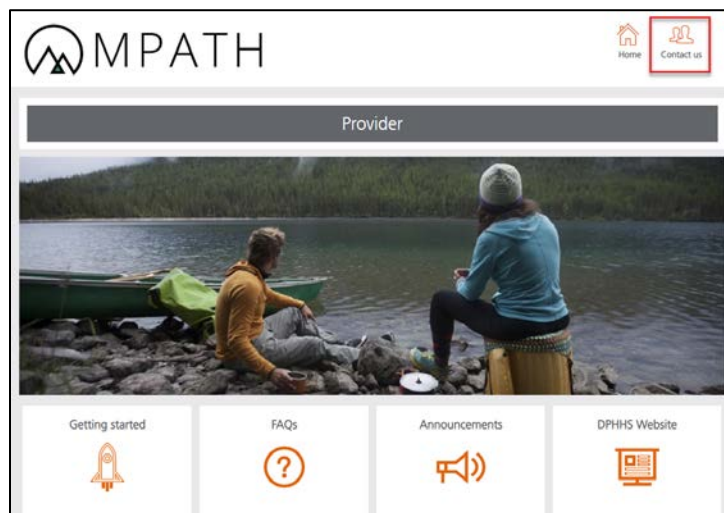


Figure 1-5 Contact Us icon on the Home Page

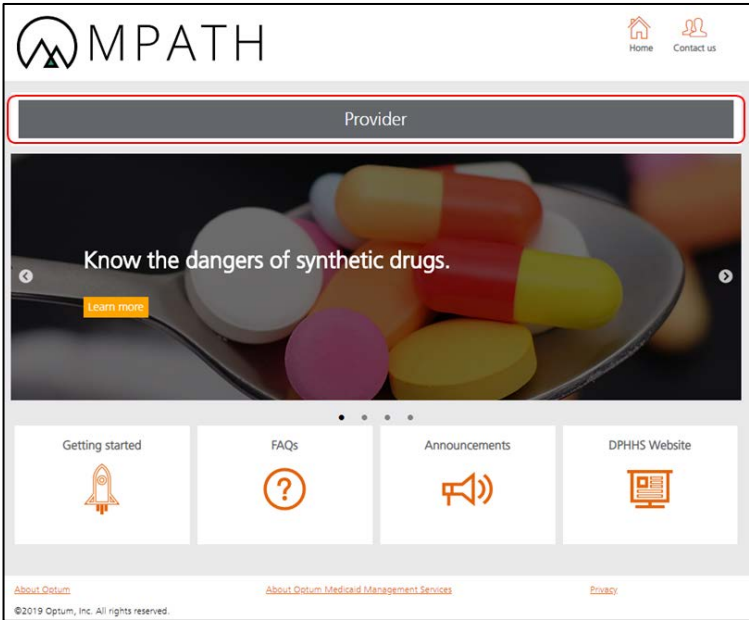
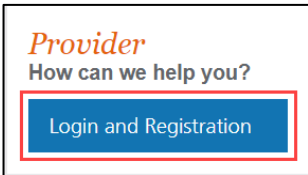
2. Accessing the Montana Provider Portal

The Montana Provider Portal provides useful tools and resources for the Montana Healthcare Program providers to conduct business online. The URL to the website is: <https://mtdphs-provider.optum.com>

3. Provider Login and Registration

This section describes how Montana Healthcare Programs providers register to obtain access to the Montana Provider Portal, and how to log in to the portal once registered. There are two ways to complete the registration process. Providers may complete a self-registration, or providers may complete the registration after being invited to register by a portal administrator. Providers should complete the Self-Registration process, unless otherwise directed.

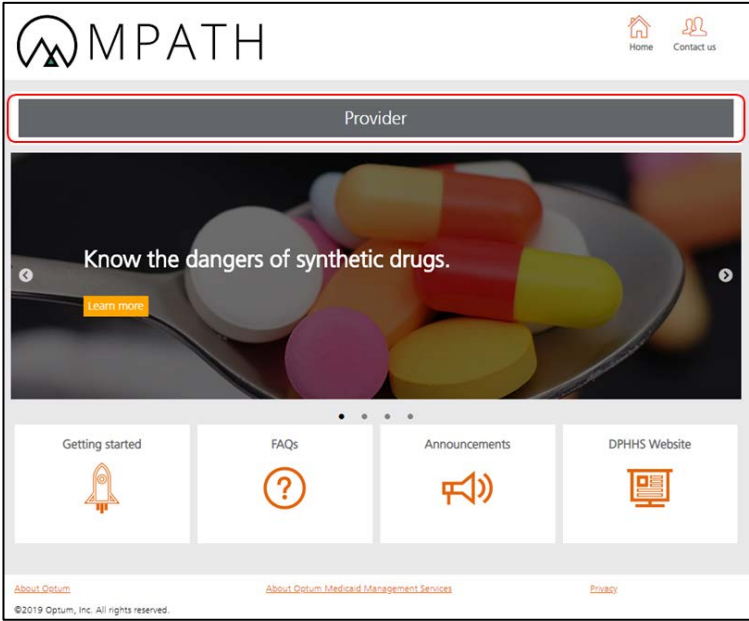
3.1. Log In

Step	Action
1	Navigate to the Montana Provider Portal website at https://mtdphhs-provider.optum.com
2	<p>Select PROVIDER button. Refer to Figure 3-1.</p>  <p style="text-align: center;">Figure 3-1 Montana Provider Portal Home Page</p>
3	<p>Select LOGIN AND REGISTRATION button. Refer to Figure 3-2.</p>  <p style="text-align: center;">Figure 3-2 Provider Login and Registration button</p> <p>Result: Optum GovID Sign In page appears.</p>

Step	Action
<p>4</p>	<p>Complete the following information on the Optum GovID Sign In page. Refer to Figure 3-3.</p> <ul style="list-style-type: none"> • Enter user's Optum GovID or email address in the OPTUM GOVID OR EMAIL ADDRESS field. • Enter user's Password in the PASSWORD field. • Click SIGN IN button. <div data-bbox="464 415 1325 921" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> </div> <p style="text-align: center;">Figure 3-3 Optum GovID Sign In</p> <p>Result: Secure landing page will display.</p>

<p>5</p>	<p>Upon entering log in credentials for the first time, a security pop up page will appear asking for the answer to one of the security questions defined during the registration process. This message appears when the user attempts to sign in from a new device (e.g. laptop, tablet). Enter the answer to the security question in the text field provided.</p> <p>To bypass this step in the future, click the check box next to the message "Skip this step when signing in because this device is personal or private". Refer to Figure 3-4.</p> <div data-bbox="488 1283 1300 1791" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> </div> <p style="text-align: center;">Figure 3-4 Unrecognized Device security pop up</p>
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3.2. Self-Registration

Step	Action						
<p>1</p>	<p>Determine if someone has already registered on behalf of National Provider Identifier (NPI)/ Atypical Provider Identifier (API) looking to be registered.</p> <table border="1" data-bbox="315 350 1472 722"> <thead> <tr> <th data-bbox="315 350 729 407">If</th> <th data-bbox="729 350 1472 407">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 407 729 646"> Someone has already registered on behalf of the NPI/API about to be registered. </td> <td data-bbox="729 407 1472 646"> – Discontinue this procedure. Providers are only able to self-register once per NPI/API. If someone has already self-registered on behalf of an NPI/API the person who self-registered must add other users their portal account via Account Administration. Note: Refer to Account Administration portal job aid to learn how to add provider users to a portal account. </td> </tr> <tr> <td data-bbox="315 646 729 722"> Provider does not have Optum GovID. </td> <td data-bbox="729 646 1472 722"> Go to next step. </td> </tr> </tbody> </table>	If	Then	Someone has already registered on behalf of the NPI/API about to be registered.	– Discontinue this procedure. Providers are only able to self-register once per NPI/API. If someone has already self-registered on behalf of an NPI/API the person who self-registered must add other users their portal account via Account Administration. Note: Refer to Account Administration portal job aid to learn how to add provider users to a portal account.	Provider does not have Optum GovID.	Go to next step.
If	Then						
Someone has already registered on behalf of the NPI/API about to be registered.	– Discontinue this procedure. Providers are only able to self-register once per NPI/API. If someone has already self-registered on behalf of an NPI/API the person who self-registered must add other users their portal account via Account Administration. Note: Refer to Account Administration portal job aid to learn how to add provider users to a portal account.						
Provider does not have Optum GovID.	Go to next step.						
<p>2</p>	<p>Navigate to Montana Provider Portal at https://mtdphhs-provider.optum.com</p>						
<p>3</p>	<p>Select PROVIDER button. Refer to Figure 3-5.</p>  <p style="text-align: center;">Figure 3-5 Montana Provider Portal Home Page</p>						

Step	Action
4	<p>Select LOGIN AND REGISTRATION button. Refer to Figure 3-6.</p> <div data-bbox="695 264 1094 491" style="border: 1px solid black; padding: 10px; text-align: center;"> <p><i>Provider</i> How can we help you?</p> <div style="border: 2px solid red; padding: 5px; display: inline-block; background-color: #0070C0; color: white; text-decoration: none;">Login and Registration</div> </div> <p style="text-align: center;">Figure 3-6 Provider Login and Registration</p> <p>Result: Optum GovID Sign In page appears.</p>

5	Determine if PROVIDER has an Optum GovID.	
	If	Then
	Provider has an Optum GovID.	Log in with existing GovID and Password and go to step 15.
Provider does not have Optum GovID.	<p>Select Create Optum GovID and go to next step. Refer to Figure 3-7.</p> <div data-bbox="748 873 1471 1297" style="border: 1px solid gray; padding: 10px;"> <p style="text-align: center;">Optum GovID Sign In</p> <p>Optum GovID or email address <input type="text"/></p> <p>Password <input type="password"/> </p> <p style="text-align: center; background-color: #333; color: white; padding: 5px 20px; border-radius: 3px;">SIGN IN</p> <p style="font-size: small;"> Forgot Optum GovID Forgot Password </p> <div style="float: right; font-size: small;"> <p>Additional options:</p> <p>Create Optum GovID</p> <p>Manage your Optum GovID</p> <p>What is Optum GovID?</p> </div> </div> <p style="text-align: center;">Figure 3-7 Optum GovID Sign In</p>	

Step	Action																												
6	<p data-bbox="315 218 1166 247">Complete the below fields on the Create Optum GovID registration page.</p> <table border="1" data-bbox="315 260 1471 1276"> <thead> <tr> <th data-bbox="315 260 683 310">Field Name</th> <th data-bbox="683 260 1471 310">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 310 683 361">FIRST NAME</td> <td data-bbox="683 310 1471 361">The user's first name (Fig. 3-8)</td> </tr> <tr> <td data-bbox="315 361 683 411">LAST NAME</td> <td data-bbox="683 361 1471 411">The user's last name (Fig. 3-8)</td> </tr> <tr> <td data-bbox="315 411 683 462">DATE OF BIRTH</td> <td data-bbox="683 411 1471 462">The user's date of birth. (Fig. 3-8)</td> </tr> <tr> <td data-bbox="315 462 683 529">YOUR EMAIL ADDRESS</td> <td data-bbox="683 462 1471 529">The user's email address. This must be a valid email address as a confirmation will be sent to this email address. (Fig. 3-9)</td> </tr> <tr> <td data-bbox="315 529 683 596">CREATE OPTUM GOVID</td> <td data-bbox="683 529 1471 596">A unique username that will be used to log in to the portal. (Fig. 3-9)</td> </tr> <tr> <td data-bbox="315 596 683 663">CREATE PASSWORD</td> <td data-bbox="683 596 1471 663">The password user will use to log in to the portal after successful registration. (Fig. 3-9)</td> </tr> <tr> <td data-bbox="315 663 683 714">TYPE PASSWORD AGAIN</td> <td data-bbox="683 663 1471 714">The same password from above.</td> </tr> <tr> <td data-bbox="315 714 683 856">SECURITY QUESTION 1</td> <td data-bbox="683 714 1471 856">A security question selected by user from the drop down that must be answered prior to obtaining access to portal after logging in, resetting a password, resetting an Optum GovID username, or updating other Optum GovID settings. (Fig. 3-10)</td> </tr> <tr> <td data-bbox="315 856 683 907">SECURITY ANSWER 1</td> <td data-bbox="683 856 1471 907">The answer to the question selected above. (Fig. 3-10)</td> </tr> <tr> <td data-bbox="315 907 683 1041">SECURITY QUESTION 2</td> <td data-bbox="683 907 1471 1041">A security question selected by user from the drop down that must be answered prior to obtaining access to portal after logging in, resetting a password, resetting an Optum GovID username, or updating other Optum GovID settings. (Fig. 3-10)</td> </tr> <tr> <td data-bbox="315 1041 683 1092">SECURITY ANSWER 2</td> <td data-bbox="683 1041 1471 1092">The answer to the question selected above. (Fig. 3-10)</td> </tr> <tr> <td data-bbox="315 1092 683 1226">SECURITY QUESTION 3</td> <td data-bbox="683 1092 1471 1226">A security question selected by user from the drop down that must be answered prior to obtaining access to portal after logging in, resetting a password, resetting an Optum GovID username, or updating other Optum GovID settings. (Fig. 3-10)</td> </tr> <tr> <td data-bbox="315 1226 683 1276">SECURITY ANSWER 3</td> <td data-bbox="683 1226 1471 1276">The answer to the question selected above. (Fig. 3-10)</td> </tr> </tbody> </table> <div data-bbox="609 1339 1177 1774" style="border: 1px solid black; padding: 10px; margin: 20px auto; width: fit-content;"> <p data-bbox="625 1360 901 1390" style="text-align: center;">Create Optum GovID</p> <p data-bbox="625 1417 1144 1453" style="font-size: small;">Optum GovID securely manages your account so that you can use one Optum GovID and password to sign in to all integrated applications.</p> <div data-bbox="625 1480 1153 1522" style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;"> i Already have Optum GovID? Sign in now </div> <p data-bbox="625 1549 868 1579" style="text-align: center;">Profile Information</p> <p data-bbox="625 1591 706 1612" style="font-size: small;">First name</p> <div data-bbox="625 1612 893 1642" style="border: 1px solid #ccc; height: 14px; margin-bottom: 5px;"></div> <p data-bbox="625 1648 706 1669" style="font-size: small;">Last name</p> <div data-bbox="625 1669 893 1698" style="border: 1px solid #ccc; height: 14px; margin-bottom: 5px;"></div> <p data-bbox="625 1705 722 1726" style="font-size: small;">Date of birth</p> <div data-bbox="625 1726 787 1755" style="border: 1px solid #ccc; height: 14px; margin-bottom: 5px;"></div> <p data-bbox="625 1755 706 1774" style="font-size: x-small;">mm-dd-yyyy</p> </div> <p data-bbox="597 1801 1188 1831" style="text-align: center;">Figure 3-8 Create Optum GovID - Profile Information</p>	Field Name	Description	FIRST NAME	The user's first name (Fig. 3-8)	LAST NAME	The user's last name (Fig. 3-8)	DATE OF BIRTH	The user's date of birth. (Fig. 3-8)	YOUR EMAIL ADDRESS	The user's email address. This must be a valid email address as a confirmation will be sent to this email address. (Fig. 3-9)	CREATE OPTUM GOVID	A unique username that will be used to log in to the portal. (Fig. 3-9)	CREATE PASSWORD	The password user will use to log in to the portal after successful registration. (Fig. 3-9)	TYPE PASSWORD AGAIN	The same password from above.	SECURITY QUESTION 1	A security question selected by user from the drop down that must be answered prior to obtaining access to portal after logging in, resetting a password, resetting an Optum GovID username, or updating other Optum GovID settings. (Fig. 3-10)	SECURITY ANSWER 1	The answer to the question selected above. (Fig. 3-10)	SECURITY QUESTION 2	A security question selected by user from the drop down that must be answered prior to obtaining access to portal after logging in, resetting a password, resetting an Optum GovID username, or updating other Optum GovID settings. (Fig. 3-10)	SECURITY ANSWER 2	The answer to the question selected above. (Fig. 3-10)	SECURITY QUESTION 3	A security question selected by user from the drop down that must be answered prior to obtaining access to portal after logging in, resetting a password, resetting an Optum GovID username, or updating other Optum GovID settings. (Fig. 3-10)	SECURITY ANSWER 3	The answer to the question selected above. (Fig. 3-10)
Field Name	Description																												
FIRST NAME	The user's first name (Fig. 3-8)																												
LAST NAME	The user's last name (Fig. 3-8)																												
DATE OF BIRTH	The user's date of birth. (Fig. 3-8)																												
YOUR EMAIL ADDRESS	The user's email address. This must be a valid email address as a confirmation will be sent to this email address. (Fig. 3-9)																												
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SECURITY ANSWER 2	The answer to the question selected above. (Fig. 3-10)																												
SECURITY QUESTION 3	A security question selected by user from the drop down that must be answered prior to obtaining access to portal after logging in, resetting a password, resetting an Optum GovID username, or updating other Optum GovID settings. (Fig. 3-10)																												
SECURITY ANSWER 3	The answer to the question selected above. (Fig. 3-10)																												

Step	Action
<p>6, continued</p>	<div data-bbox="662 210 1123 961" style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Sign In Information</h3> <p>Your email address <input type="text"/></p> <p>Create Optum GovID <input type="text"/> ?</p> <p>Your Optum GovID must have:</p> <ul style="list-style-type: none"> 6 to 50 characters At least one letter No spaces No letters with accents <p>Create password <input type="password"/> 👁</p> <p>Your password must have:</p> <ul style="list-style-type: none"> Between 8 and 100 characters At least 1 upper case letter At least 1 lowercase letter At least 1 number At least 1 special character <p>Type password again <input type="password"/> 👁</p> </div> <p style="text-align: center;">Figure 3-9 Create Optum GovID - Sign In Information</p> <div data-bbox="626 1087 1159 1612" style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <h3 style="text-align: center;">Security Questions and Answers</h3> <p>Security question 1 <input type="text" value="--Select--"/> ▼</p> <p>Security answer 1 <input type="text"/> 🔗</p> <p>Security question 2 <input type="text" value="--Select--"/> ▼</p> <p>Security answer 2 <input type="text"/> 🔗</p> <p>Security question 3 <input type="text" value="--Select--"/> ▼</p> <p>Security answer 3 <input type="text"/> 🔗</p> </div> <p style="text-align: center;">Figure 3-10 Create Optum GovID - Security Questions and Answers</p>

Step	Action
<p>7</p>	<p>Read the Terms of Use and Website Privacy Policy attestation statement and select I AGREE. Refer to Figure 3-11.</p> <div data-bbox="462 296 1325 525" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>You must agree to the Terms of Use and Website Privacy Policy to use the Optum GovID service. If you do not agree, click Cancel and do not use any aspect of the Optum GovID service.</p> <div style="display: flex; align-items: center; gap: 20px;"> <div style="border: 2px solid red; padding: 5px;"> <input type="button" value="I AGREE"/> </div> Cancel </div> </div> <p style="text-align: center;">Figure 3-11 Terms Of Use Agreement</p> <p>Result: Optum GovID page appears prompting user to verify email address.</p>
<p>8</p>	<p>Follow instructions provided in the email verification message by going to the email inbox for the email address entered in step 6 and open email from Optum GovID. Refer to Figure 3-12.</p> <div data-bbox="505 753 1284 1283" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <div style="border: 2px solid red; padding: 5px; text-align: center;"> <h3>Next Step: Verify Your Email Address</h3> </div> <ol style="list-style-type: none"> 1. Check your email inbox (ktm*****31@yahoo.com) for a message from (noreply_healthid@optum.com). 2. Click on the activation link in the email or enter the 10-digit activation code. <hr style="width: 20%; margin: 10px auto;"/> <p>Still waiting for your activation code? Resend email or update email address</p> <p>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.</p> <p>If you'd like assistance, contact support at Premkumar_gopalakrishnan@optum.com</p> </div> <p style="text-align: center;">Figure 3-12 "Next Steps" Email Verification Message</p>

Step	Action						
<p>9</p>	<p>Determine way in which user will verify email address. A sample of the email is provided in Figure 3-13.</p> <table border="1" data-bbox="315 294 1472 680"> <thead> <tr> <th data-bbox="315 294 743 348">If</th> <th data-bbox="743 294 1472 348">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 348 743 506"> <p>User will click on activation link in the email.</p> </td> <td data-bbox="743 348 1472 506"> <p>Select hyperlink in email saying “Activate my Optum GovID.” Result: Email Address Verified page appears. Go to step 13.</p> </td> </tr> <tr> <td data-bbox="315 506 743 680"> <p>User will enter the 10-digit activation code.</p> </td> <td data-bbox="743 506 1472 680"> <p>Copy or write down the 10-digit activation code from email and return to browser tab with Optum GovID prompting user to verify email address. Go to next step.</p> </td> </tr> </tbody> </table> <div data-bbox="636 739 1149 1341" style="text-align: center;"> </div> <p style="text-align: center;">Figure 3-13 Sample Verification Email</p> <p>Note: Subject of email will be “Confirm your Optum GovID email address.”</p>	If	Then	<p>User will click on activation link in the email.</p>	<p>Select hyperlink in email saying “Activate my Optum GovID.” Result: Email Address Verified page appears. Go to step 13.</p>	<p>User will enter the 10-digit activation code.</p>	<p>Copy or write down the 10-digit activation code from email and return to browser tab with Optum GovID prompting user to verify email address. Go to next step.</p>
If	Then						
<p>User will click on activation link in the email.</p>	<p>Select hyperlink in email saying “Activate my Optum GovID.” Result: Email Address Verified page appears. Go to step 13.</p>						
<p>User will enter the 10-digit activation code.</p>	<p>Copy or write down the 10-digit activation code from email and return to browser tab with Optum GovID prompting user to verify email address. Go to next step.</p>						
<p>10</p>	<p>Select “enter the 10-digit activation code” text. Result: Field appears below text for 10-digit activation code to be entered.</p>						

Step	Action
<p>11</p>	<p>Key in or paste the 10-digit activation code into the 10-DIGIT ACTIVATION CODE field and select NEXT. Refer to Figure 3-14.</p> <div data-bbox="597 296 1192 516" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p>2. Click on the activation link in the email or enter the 10-digit activation code.</p> <div style="border: 1px solid red; padding: 5px; margin: 5px auto; width: 200px;"> <p>10-digit activation code</p> <input style="width: 100%; height: 20px;" type="text"/> </div> <div style="margin-top: 5px;"> <input style="background-color: #333; color: white; padding: 5px 15px;" type="button" value="NEXT"/> Cancel </div> </div> <p style="text-align: center;">Figure 3-14 Entry screen for activation code</p>
<p>12</p>	<p>The Email Address Verified page appears. Select CONTINUE button. Refer to Figure 3-15.</p> <div data-bbox="602 663 1188 926" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">Email Address Verified</p> <div style="border: 1px solid green; padding: 5px; margin: 5px auto; width: 250px;"> <p> Your Optum GovID is ready to use. Click the Continue button below to finish.</p> </div> <div style="margin-top: 10px;"> <div style="border: 1px solid red; padding: 2px; display: inline-block;"> <input style="background-color: #333; color: white; padding: 5px 15px;" type="button" value="CONTINUE"/> </div> </div> </div> <p style="text-align: center;">Figure 3-15 Email Address Verification Success Message</p> <p>Result: Share My Optum GovID page appears.</p>
<p>13</p>	<p>Read the Share my Optum GovID agreement and select I AGREE. Refer to Figure 3-16.</p> <div data-bbox="548 1119 1239 1680" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">Share My Optum GovID</p> <p>Using your Optum GovID to sign in to SOC46639 means that SOC46639 uses your Optum GovID account information to verify your access. We share this information with SOC46639 :</p> <ul style="list-style-type: none"> Optum GovID Name Email address <p>By clicking I Agree,</p> <ul style="list-style-type: none"> You give Optum GovID permission to share your account information with SOC46639; You acknowledge that your account information is being provided to SOC46639 and it is subject to the SOC46639 privacy policy; and You acknowledge that the SOC46639 privacy policy may be different from the Optum GovID privacy policy. <div style="margin-top: 10px;"> <div style="border: 1px solid red; padding: 2px; display: inline-block;"> <input style="background-color: #333; color: white; padding: 5px 15px;" type="button" value="I AGREE"/> </div> Decline </div> </div> <p style="text-align: center;">Figure 3-16 Share My Optum GovID Agreement</p> <p>Result: Portal registration page appears.</p>

Step	Action						
14	<p>On the Portal Registration page, three tabs will appear. Complete the information on each tab, Determine if provider is an actively enrolled provider. Use the table below, and see Figure 3-17 in the next step for the view of the Provider tab of the portal registration process.</p> <table border="1" data-bbox="315 338 1472 548"> <thead> <tr> <th data-bbox="315 338 743 394">If</th> <th data-bbox="743 338 1472 394">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 394 743 472">Provider is actively enrolled in the state's Medicaid program.</td> <td data-bbox="743 394 1472 472">Select YES radio button next to question "Are you an actively enrolled provider?" Go to next step.</td> </tr> <tr> <td data-bbox="315 472 743 548">Provider is not actively enrolled in the state's Medicaid program.</td> <td data-bbox="743 472 1472 548">Select NO radio button next to question "Are you an actively enrolled provider?" Go to next step.</td> </tr> </tbody> </table>	If	Then	Provider is actively enrolled in the state's Medicaid program.	Select YES radio button next to question "Are you an actively enrolled provider?" Go to next step.	Provider is not actively enrolled in the state's Medicaid program.	Select NO radio button next to question "Are you an actively enrolled provider?" Go to next step.
If	Then						
Provider is actively enrolled in the state's Medicaid program.	Select YES radio button next to question "Are you an actively enrolled provider?" Go to next step.						
Provider is not actively enrolled in the state's Medicaid program.	Select NO radio button next to question "Are you an actively enrolled provider?" Go to next step.						

15 Select CONTINUE button. Refer to Figure 3-17.




Figure 3-17 Provider tab of Portal Registration

Result: Details tab appears.

16 On the Details tab, review the following information to validate this was what was keyed in while creating Optum GovID. Refer to Figure 3-18.

- FIRST NAME
- LAST NAME
- EMAIL

Note: This information automatically populates from Optum GovID and cannot be edited.

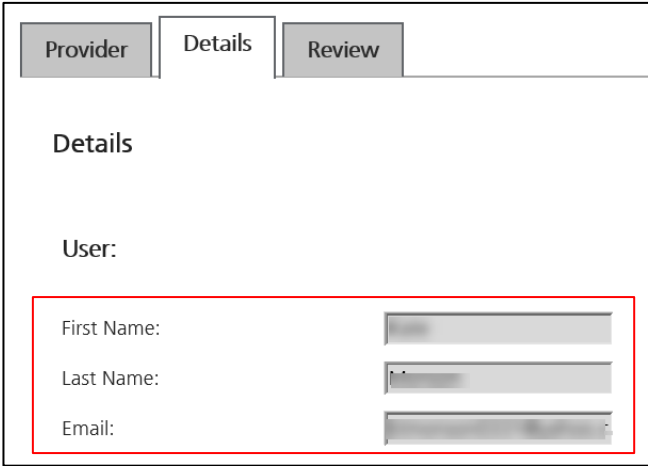


Figure 3-18 Verify Name and Email Address

Step	Action						
17	<p>Determine if provider is an individual or an organization. Use the table below, and see Figure 3-19 for a view of the Provider section of the Details tab.</p> <table border="1" data-bbox="315 291 1472 756"> <thead> <tr> <th data-bbox="315 291 743 346">If</th> <th data-bbox="743 291 1472 346">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 346 743 602">Provider is an individual.</td> <td data-bbox="743 346 1472 602"> Select PROVIDER NAME radio button. Refer to Figure 3-19. Key in provider's first name in PROVIDER FIRST NAME field. Key in provider's last name in PROVIDER LAST NAME field. Go to next step. </td> </tr> <tr> <td data-bbox="315 602 743 756">Provider is an organization.</td> <td data-bbox="743 602 1472 756"> Select ORGANIZATION NAME radio button. Refer to Figure 3-19. Key in organization name in ORGANIZATION NAME field. Go to next step. </td> </tr> </tbody> </table> <div data-bbox="315 816 1472 1285" style="border: 1px solid black; padding: 10px;"> <p>Provider:</p> <div style="border: 2px solid red; padding: 5px; margin-bottom: 10px;"> Provider Name or Organization Name? * <input type="radio"/> Provider Name <input type="radio"/> Organization Name </div> <p><i>Note: Please enter name exactly as it was presented on notification letter.</i></p> <p>NPI or API? * <input type="radio"/> NPI <input type="radio"/> API</p> <p>Billing or Non-Billing Provider? * <input type="radio"/> Billing <input type="radio"/> Non-Billing</p> <div style="text-align: right; margin-top: 20px;"> <input type="button" value="Continue"/> <input type="button" value="Previous"/> <input type="button" value="Cancel"/> </div> </div> <p style="text-align: center;">Figure 3-19 Choose Provider or Organization</p>	If	Then	Provider is an individual.	Select PROVIDER NAME radio button. Refer to Figure 3-19. Key in provider's first name in PROVIDER FIRST NAME field. Key in provider's last name in PROVIDER LAST NAME field. Go to next step.	Provider is an organization.	Select ORGANIZATION NAME radio button. Refer to Figure 3-19. Key in organization name in ORGANIZATION NAME field. Go to next step.
If	Then						
Provider is an individual.	Select PROVIDER NAME radio button. Refer to Figure 3-19. Key in provider's first name in PROVIDER FIRST NAME field. Key in provider's last name in PROVIDER LAST NAME field. Go to next step.						
Provider is an organization.	Select ORGANIZATION NAME radio button. Refer to Figure 3-19. Key in organization name in ORGANIZATION NAME field. Go to next step.						

Step	Action						
18	<p>Determine if provider has an NPI or API. Refer to Figure 3-20.</p> <table border="1" data-bbox="315 306 1472 636"> <thead> <tr> <th data-bbox="315 306 743 363">If</th> <th data-bbox="743 306 1472 363">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 363 743 478">Provider has an NPI</td> <td data-bbox="743 363 1472 478">Select NPI radio button next to question “NPI or API”. Key in provider’s NPI in NPI field. Go to next step.</td> </tr> <tr> <td data-bbox="315 478 743 636">Provider has an API</td> <td data-bbox="743 478 1472 636">Select radio button for API next to the question “NPI or API?” Key in provider’s API in the API field. Go to next step.</td> </tr> </tbody> </table> <div data-bbox="324 695 1463 1155" style="border: 1px solid black; padding: 10px;"> <p>Provider:</p> <p>Provider Name or Organization Name? * <input type="radio"/> Provider Name <input type="radio"/> Organization Name</p> <p><i>Note: Please enter name exactly as it was presented on notification letter.</i></p> <p style="border: 2px solid red; padding: 2px;">NPI or API? * <input type="radio"/> NPI <input type="radio"/> API</p> <p>Billing or Non-Billing Provider? * <input type="radio"/> Billing <input type="radio"/> Non-Billing</p> <div style="text-align: right; margin-top: 10px;"> <input type="button" value="Continue"/> <input type="button" value="Previous"/> <input type="button" value="Cancel"/> </div> </div> <p style="text-align: center;">Figure 3-20 Select NPI or API</p>	If	Then	Provider has an NPI	Select NPI radio button next to question “NPI or API”. Key in provider’s NPI in NPI field. Go to next step.	Provider has an API	Select radio button for API next to the question “NPI or API?” Key in provider’s API in the API field. Go to next step.
If	Then						
Provider has an NPI	Select NPI radio button next to question “NPI or API”. Key in provider’s NPI in NPI field. Go to next step.						
Provider has an API	Select radio button for API next to the question “NPI or API?” Key in provider’s API in the API field. Go to next step.						

Step	Action						
<p>19</p>	<p>Determine if provider is a billing provider. Refer to Figure 3-21.</p> <table border="1" data-bbox="315 260 1472 567"> <thead> <tr> <th data-bbox="315 260 872 315">If</th> <th data-bbox="872 260 1472 315">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 315 872 443">Provider is NOT a billing provider.</td> <td data-bbox="872 315 1472 443">Select NON-BILLING radio button. Key in provider's SSN in SSN field. Go to next step.</td> </tr> <tr> <td data-bbox="315 443 872 567">Provider is a billing provider.</td> <td data-bbox="872 443 1472 567">Select BILLING radio button. Key in provider's TIN/FEIN in TIN/FEIN field. Go to next step.</td> </tr> </tbody> </table> <div data-bbox="315 625 1472 1094"> <p>Provider:</p> <p>Provider Name or Organization Name? * <input type="radio"/> Provider Name <input type="radio"/> Organization Name</p> <p><i>Note: Please enter name exactly as it was presented on notification letter.</i></p> <p>NPI or API? * <input type="radio"/> NPI <input type="radio"/> API</p> <p>Billing or Non-Billing Provider? * <input type="radio"/> Billing <input type="radio"/> Non-Billing</p> <p style="text-align: right;"> <input type="button" value="Continue"/> <input type="button" value="Previous"/> <input type="button" value="Cancel"/> </p> </div>	If	Then	Provider is NOT a billing provider.	Select NON-BILLING radio button. Key in provider's SSN in SSN field. Go to next step.	Provider is a billing provider.	Select BILLING radio button. Key in provider's TIN/FEIN in TIN/FEIN field. Go to next step.
If	Then						
Provider is NOT a billing provider.	Select NON-BILLING radio button. Key in provider's SSN in SSN field. Go to next step.						
Provider is a billing provider.	Select BILLING radio button. Key in provider's TIN/FEIN in TIN/FEIN field. Go to next step.						

Figure 3-21 Select Billing or Non-Billing

<p>20</p>	<p>Review all the information entered and select CONTINUE. Refer to Figure 3-22.</p> <div data-bbox="469 1241 1312 1745"> <p>Provider:</p> <p>Provider Name or Organization Name? * <input checked="" type="radio"/> Provider Name <input type="radio"/> Organization Name</p> <p><i>Note: Please enter name exactly as it was presented on notification letter.</i></p> <p>Provider First Name: * <input type="text"/></p> <p>Provider Last Name: * <input type="text"/></p> <p>NPI or API? * <input type="radio"/> NPI <input checked="" type="radio"/> API</p> <p>API: * <input type="text"/></p> <p>Billing or Non-Billing Provider? * <input type="radio"/> Billing <input checked="" type="radio"/> Non-Billing</p> <p>SSN: * <input type="text"/></p> <p style="text-align: right;"> <input checked="" type="button" value="Continue"/> <input type="button" value="Previous"/> <input type="button" value="Cancel"/> </p> </div> <p>Result: Review tab appears.</p>
------------------	---

Figure 3-22 Review and Select Continue

Step	Action
<p>21</p>	<p>Ensure information on Review tab matches what was entered in previous steps. Click the checkbox to agree to the terms and select SUBMIT. Refer to Figure 3-23.</p> <div data-bbox="386 296 1404 966" style="border: 1px solid black; padding: 10px;"> <div style="display: flex; border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="border: 1px solid gray; padding: 2px 5px; margin-right: 5px;">Provider</div> <div style="border: 1px solid gray; padding: 2px 5px; margin-right: 5px;">Details</div> <div style="border: 1px solid gray; padding: 2px 5px; margin-right: 5px;">Review</div> </div> <p>Review</p> <p>User:</p> <p>First Name: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>Email: <input type="text"/></p> <p>Provider:</p> <p>Provider First Name: <input type="text"/></p> <p>Provider Last Name: <input type="text"/></p> <p>API: <input type="text"/></p> <p>SSN: <input type="text"/></p> <p><input type="checkbox"/> By submitting your registration information, you indicate that you have read and accept our Terms and Conditions and Privacy Policy.</p> <div style="text-align: right; margin-top: 10px;"> <input style="border: 1px solid red;" type="button" value="Submit"/> <input type="button" value="Previous"/> <input type="button" value="Cancel"/> </div> </div> <p style="text-align: center;">Figure 3-23 Review Tab</p> <p>Result: Provider successfully registered on the provider Montana Provider portal.</p>

3.3. Registration – Provider User Added/Invited by the Administrator

Step	Action						
<p>1</p>	<p>Determine if existing provider user has invited new user via Account Administration:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">If</th> <th style="width: 50%; text-align: center;">Then</th> </tr> </thead> <tbody> <tr> <td>Invitation email has NOT been sent to new provider portal user.</td> <td>-- Discontinue this procedure. Please refer to Account Administration Job Aid for instructions on how to add new provider portal user.</td> </tr> <tr> <td>Invitation email has been sent to new provider portal user.</td> <td>Go to next step.</td> </tr> </tbody> </table>	If	Then	Invitation email has NOT been sent to new provider portal user.	-- Discontinue this procedure. Please refer to Account Administration Job Aid for instructions on how to add new provider portal user.	Invitation email has been sent to new provider portal user.	Go to next step.
If	Then						
Invitation email has NOT been sent to new provider portal user.	-- Discontinue this procedure. Please refer to Account Administration Job Aid for instructions on how to add new provider portal user.						
Invitation email has been sent to new provider portal user.	Go to next step.						
<p>2</p>	<p>Go to the email inbox that the invitation email was sent to. Confirm the correct email address with your administrator.</p>						

Step	Action
<p>3</p>	<p>Open the email and select the 'Activate my Optum GovID' hyperlink to complete the registration process. Refer to Figure 3-24.</p> <div data-bbox="634 294 1149 894" data-label="Image"> </div> <p style="text-align: center;">Figure 3-24 Sample verification email</p> <p>Result: Provider non-secure landing page appears.</p>
<p>4</p>	<p>Select LOGIN AND REGISTRATION button. Refer to Figure 3-25.</p> <div data-bbox="690 1087 1094 1314" data-label="Image"> </div> <p style="text-align: center;">Figure 3-25 Provider Login and Registration</p> <p>Result: Optum GovID Sign In page appears.</p>

Step	Action					
<p>5</p>	<p>Determine if Provider has an Optum GovID.</p>					
	<table border="1"> <thead> <tr> <th data-bbox="298 260 673 323">If</th> <th data-bbox="673 260 1485 323">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="298 323 673 877"> <p>Provider has an Optum GovID.</p> </td> <td data-bbox="673 323 1485 877"> <p>Log in with existing GovID and Password and go to the next step. Refer to Figure 3-26.</p> <div data-bbox="721 401 1422 814" data-label="Image"> </div> <p style="text-align: center;">Figure 3-26 Optum GovID Sign In page</p> </td> </tr> <tr> <td data-bbox="298 877 673 1470"> <p>Provider does not have Optum GovID.</p> </td> <td data-bbox="673 877 1485 1470"> <p>Select CREATE OPTUM GOVID and navigate to section 3.2 Self-Registration. Refer to Figure 3-27.</p> <div data-bbox="699 961 1446 1402" data-label="Image"> </div> <p style="text-align: center;">Figure 3-27 Create Optum GovID hyperlink</p> </td> </tr> </tbody> </table>	If	Then	<p>Provider has an Optum GovID.</p>	<p>Log in with existing GovID and Password and go to the next step. Refer to Figure 3-26.</p> <div data-bbox="721 401 1422 814" data-label="Image"> </div> <p style="text-align: center;">Figure 3-26 Optum GovID Sign In page</p>	<p>Provider does not have Optum GovID.</p>
If	Then					
<p>Provider has an Optum GovID.</p>	<p>Log in with existing GovID and Password and go to the next step. Refer to Figure 3-26.</p> <div data-bbox="721 401 1422 814" data-label="Image"> </div> <p style="text-align: center;">Figure 3-26 Optum GovID Sign In page</p>					
<p>Provider does not have Optum GovID.</p>	<p>Select CREATE OPTUM GOVID and navigate to section 3.2 Self-Registration. Refer to Figure 3-27.</p> <div data-bbox="699 961 1446 1402" data-label="Image"> </div> <p style="text-align: center;">Figure 3-27 Create Optum GovID hyperlink</p>					

Step	Action
<p>6</p>	<p>Review the information on the Review page for accuracy. Click the checkbox to agree to the terms, and select Submit. Refer to Figure 3-28.</p> <div data-bbox="386 296 1406 968" style="border: 1px solid black; padding: 10px;"> </div> <p style="text-align: center;">Figure 3-28 Provider Registration Review page</p> <p>Note: Date of Birth and Last 4 Digits of SSN must match what was entered by the individual adding the provider portal user. If information does not match, user will not be allowed into the portal.</p> <p>Result: User successfully registered and is able to access the Montana Provider Portal.</p>

4. Site Navigation and General Use

This section describes the main areas of the Montana Healthcare Programs website and portal, how to use the site, and general navigation.

4.1. Montana Provider Portal Landing Page (unsecure)

The Montana Provider Portal Landing Page is an unsecure website page that presents all users with two options for log in: Providers and State Agents. Refer to Figure 4-1.

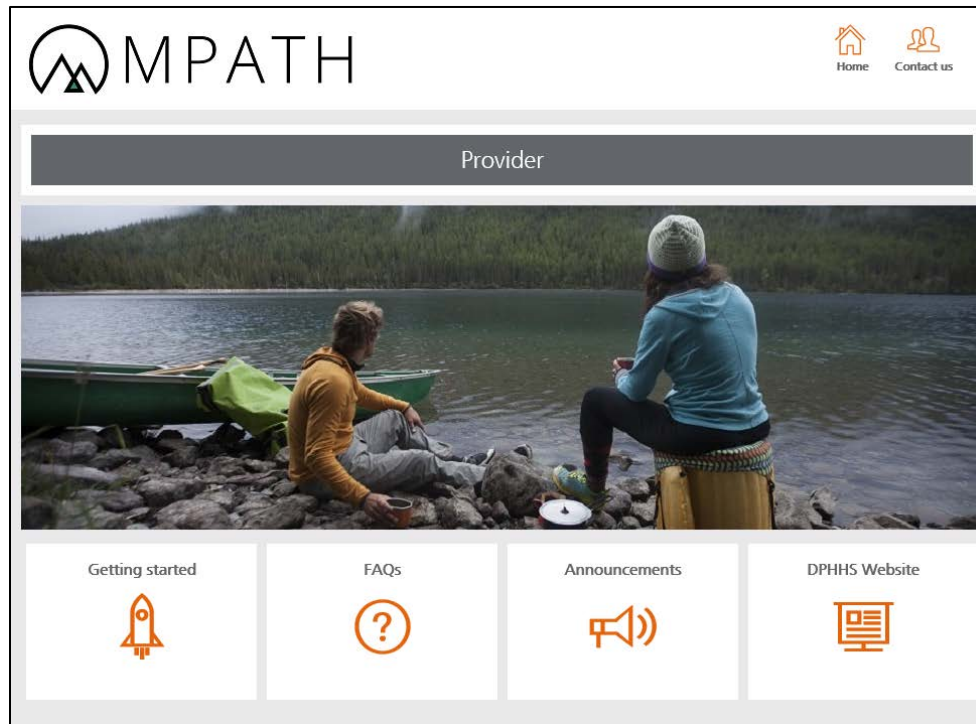


Figure 4-1 Unsecure Montana Provider Portal Landing Page

4.2. Montana Provider Portal Home Page (secure)

Upon selecting PROVIDER on the Montana Provider Portal unsecure landing page, providers are presented with access for Login and Registration to the secure portal, and additional tiles of information with Montana specific provider resources.

After logging in using Optum GovID and Password, the secure Provider home page will display. Refer to Figure 4-2.

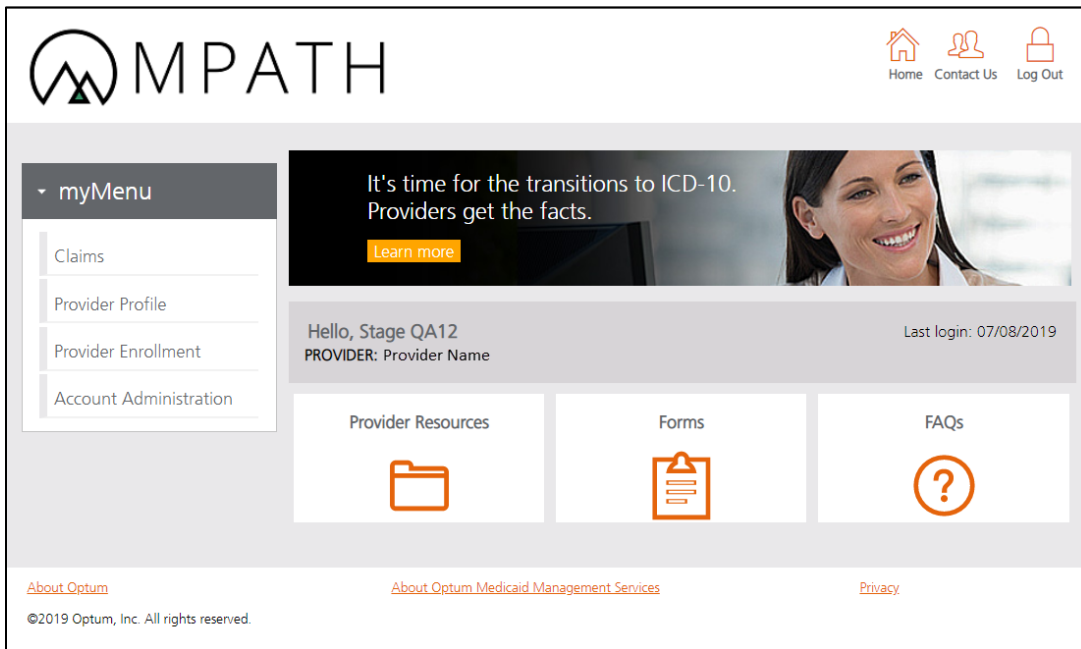


Figure 4-2 Provider Portal Secure Home

This home page consists of the following areas:

- **Global Navigation Panel:** Available at the top of every page of the secure portal; use this section to perform administrative tasks or basic website navigation. Refer to Figure 4-3.

Icon	Description
Home	Redirects the website to the secure portal home page.
Contact Us	Information on how portal users can contact Montana Department of Health and Human Services (DPHHS). Contact information is broken out between Provider Relations, Member Eligibility, Claims, and Website Assistance
Account Settings	Manage Optum GovID settings such as password, email address, and security questions and answers.
Log Out	Logs the current user out of the secure portal account.



Figure 4-3 Global Navigation Panel

- **Information Tiles:** Click on each of these tiles for access to Montana Healthcare Programs, Forms, Provider Manuals, and more. Refer to Figure 4-4.

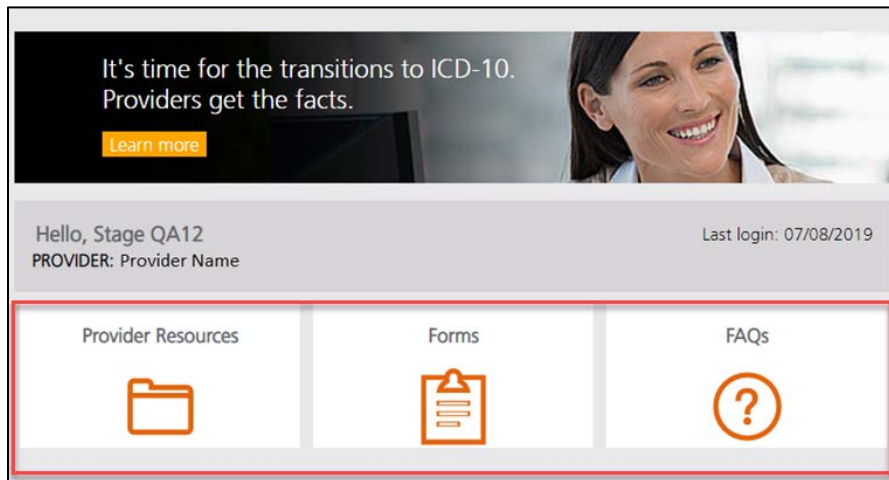


Figure 4-4 Information Tiles

- **MyMenu:** Houses options for account specific navigation; viewable on the left side of screen on every page of the secure portal. Use MyMenu to access important pieces of data about your account or program. Refer to Figure 4-5.

Menu Options	Description
Claims	Submit professional claims for adjudication, retrieve in progress claim submissions
Provider Profile	View account and demographic information such as NPI, Tax ID, and Address
Account Administration	Add Provider Users to the account; view, edit and disable users

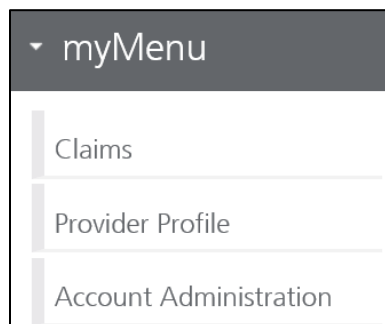


Figure 4-5 MyMenu

- **Banner Announcements:** Montana Healthcare Programs announcements or headlines. Refer to Figure 4-6.

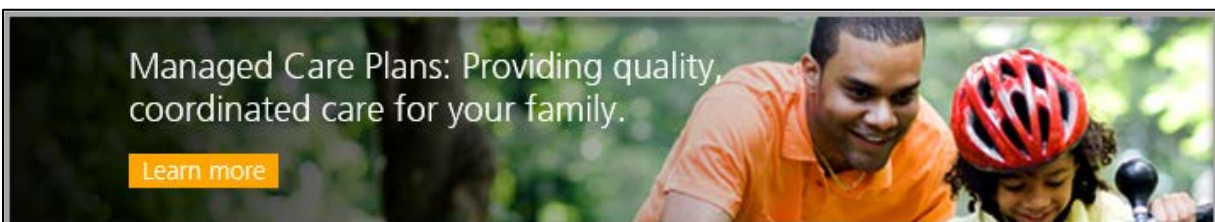


Figure 4-6 Banner Announcements

- **Provider Profile Pane:** Provider demographic information. Refer to Figure 4-7.



Figure 4-7 Provider Profile Panel

- **Site Footer:** Learn more by clicking the links: About Optum, About Optum Medicaid Management Services, and Privacy practices. Refer to Figure 4-8.

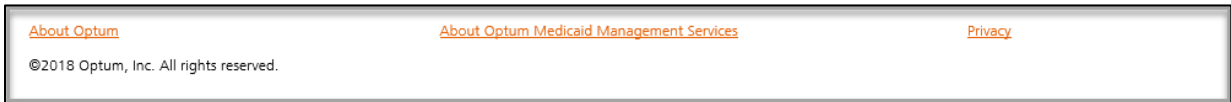
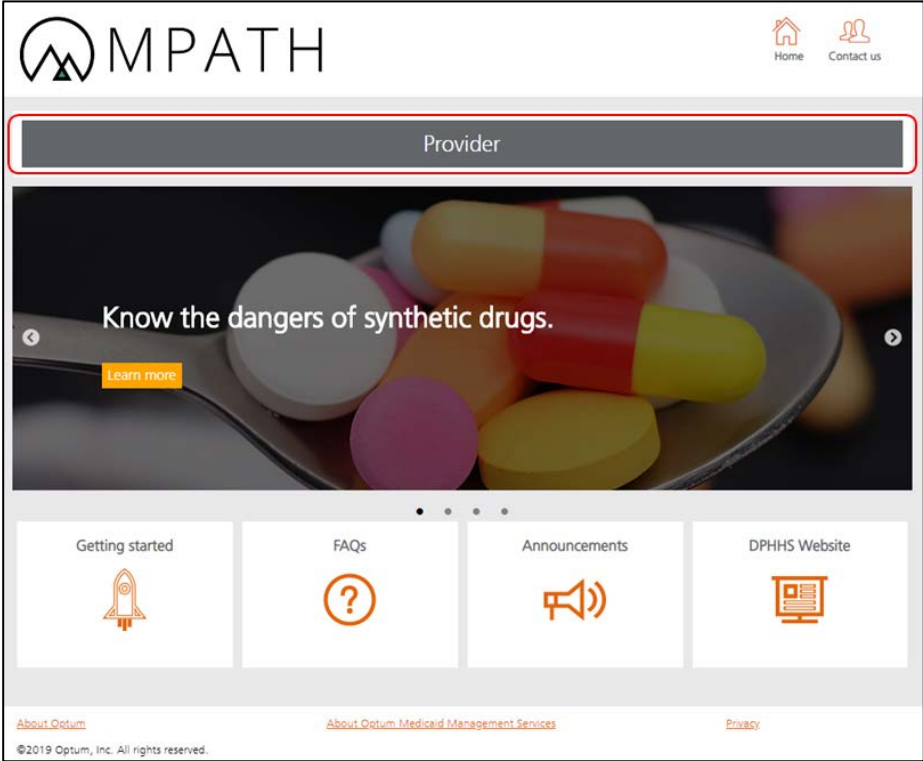
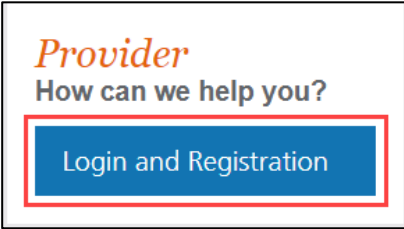


Figure 4-8 Site Footer

5. Resetting Passwords and Account Settings

This section describes how Montana Healthcare Programs providers can update and/or reset their Optum GovID password for the Montana Provider Portal and update account information, such as username and security questions and answers.

Step	Action
1	Navigate to the Montana Provider Portal website at https://mtdphhs-provider.optum.com
2	<p>Select PROVIDER button. Refer to Figure 5-1.</p>  <p style="text-align: center;">Figure 5-1 Montana Provider Portal Home Page</p>
3	<p>Select LOGIN AND REGISTRATION button. Refer to Figure 5-2.</p>  <p style="text-align: center;">Figure 5-2 Login and Registration button</p>

Step	Action								
4	<p>Determine if provider knows credentials for logging in to portal:</p> <table border="1" data-bbox="263 260 1472 487"> <thead> <tr> <th data-bbox="263 260 1091 315">If</th> <th data-bbox="1091 260 1472 315">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="263 315 1091 365">Provider does not know Optum GovID</td> <td data-bbox="1091 315 1472 365">Proceed to step 5.</td> </tr> <tr> <td data-bbox="263 365 1091 415">Provider does not know Password</td> <td data-bbox="1091 365 1472 415">Proceed to step 11.</td> </tr> <tr> <td data-bbox="263 415 1091 487">Provider knows Optum GovID and Password and wants to update Optum GovID account settings.</td> <td data-bbox="1091 415 1472 487">Proceed to step 17.</td> </tr> </tbody> </table>	If	Then	Provider does not know Optum GovID	Proceed to step 5.	Provider does not know Password	Proceed to step 11.	Provider knows Optum GovID and Password and wants to update Optum GovID account settings.	Proceed to step 17.
If	Then								
Provider does not know Optum GovID	Proceed to step 5.								
Provider does not know Password	Proceed to step 11.								
Provider knows Optum GovID and Password and wants to update Optum GovID account settings.	Proceed to step 17.								

5 Select FORGOT OPTUM GOVID hyperlink from the Optum GovID Sign In Page. Refer to Figure 5-3.

Figure 5-3 Forgot Optum GovID hyperlink

6 Key in email address in EMAIL ADDRESS field and select NEXT button. Refer to Figure 5-4.

Figure 5-4 Forgot Optum GovID page

Step	Action						
<p>7</p>	<p>Select Email or Security questions option to recover Optum GovID and select NEXT button. Refer to Figure 5-5 for the page that displays in order for you to choose how to complete identity verification.</p> <table border="1" data-bbox="263 294 1472 443"> <thead> <tr> <th data-bbox="263 294 1092 346">If</th> <th data-bbox="1092 294 1472 346">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="263 346 1092 394">Email radio button is selected.</td> <td data-bbox="1092 346 1472 394">Proceed to step 8.</td> </tr> <tr> <td data-bbox="263 394 1092 443">Security questions radio button is selected.</td> <td data-bbox="1092 394 1472 443">Proceed to step 9.</td> </tr> </tbody> </table> <div data-bbox="339 504 1395 1043" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Find Optum GovID: Verify Your Identity</p> <p style="text-align: center;">Choose an option for recovering access to your account and we'll reveal your Optum GovID or send it to you.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p><input checked="" type="radio"/> Email: Send my Optum GovID in an email to toa***zo@sharklasers.com.</p> <p><input type="radio"/> Security questions: Answer two security questions.</p> </div> <p style="text-align: center;"> <input type="button" value="NEXT"/> Cancel </p> </div> <p style="text-align: center;">Figure 5-5 Find Optum GovID: Verify Your Identity</p>	If	Then	Email radio button is selected.	Proceed to step 8.	Security questions radio button is selected.	Proceed to step 9.
If	Then						
Email radio button is selected.	Proceed to step 8.						
Security questions radio button is selected.	Proceed to step 9.						
<p>8</p>	<p>Open email at email address provided on screen and locate Optum GovID provided in email.</p> <p>– Discontinue this procedure.</p>						

Step	Action
<p>9</p>	<p>Answer security questions and select NEXT button. Refer to Figure 5-6.</p> <div data-bbox="375 264 1357 856" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <h3 style="text-align: center;">Find Optum GovID: Security Questions</h3> <p style="text-align: center;">Answer the following security questions to verify your identity.</p> <div style="border: 2px solid red; padding: 5px; margin: 10px 0;"> <p>What is your favorite board game to play?</p> <input style="width: 100%;" type="text"/> </div> <div style="border: 2px solid red; padding: 5px; margin: 10px 0;"> <p>If you could have any superpower, what would it be?</p> <input style="width: 100%;" type="text"/> </div> <p style="text-align: center;">Want to try something else? Return to verify identity options</p> <div style="display: flex; justify-content: center; gap: 20px; margin-top: 10px;"> <div style="border: 2px solid red; padding: 5px;"> <input type="button" value="NEXT"/> </div> Cancel </div> </div>

Figure 5-6 Enter answers to security questions

<p>10</p>	<p>Retrieve Optum GovID at the top of the screen. Refer to the green highlighted message displayed in Figure 5-7.</p> <div data-bbox="459 1033 1273 1631" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <h3 style="text-align: center;">Optum GovID Sign In</h3> <div style="border: 2px solid red; padding: 5px; margin: 10px 0; background-color: #e6f2e6;"> <div style="display: flex; align-items: center;"> <p>Welcome back delegatedadmin. You can use your verified Optum GovID or your email address to sign in from now on.</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <p>Optum GovID or email address</p> <input style="width: 90%;" type="text"/> <p>Password</p> <input style="width: 90%;" type="password"/> <div style="text-align: right; margin-top: -15px;"> </div> <div style="text-align: center; margin-top: 10px;"> <input type="button" value="SIGN IN"/> </div> <p style="font-size: small; margin-top: 10px;"> Forgot Optum GovID Forgot Password </p> </div> <div style="width: 35%; border-left: 1px solid #ccc; padding-left: 10px;"> <p>Additional options:</p> <p>Create Optum GovID</p> <p>Manage your Optum GovID</p> <p>What is Optum GovID?</p> </div> </div> </div>
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Figure 5-7 Retrieve Optum GovID message

Step	Action
11	<p>Select FORGOT PASSWORD hyperlink from the Optum GovID Sign In Page. Refer to Figure 5-8.</p> <div data-bbox="360 264 1375 848" style="border: 1px solid black; padding: 10px;"> </div> <p style="text-align: center;">Figure 5-8 Forgot Password hyperlink</p>

12	<p>Enter Email Address or Optum GovID in EMAIL ADDRESS OR OPTUM GOVID field and select NEXT button. Refer to Figure 5-9.</p> <div data-bbox="352 1024 1382 1486" style="border: 1px solid black; padding: 10px;"> </div> <p style="text-align: center;">Figure 5-9 Forgot Password page</p>
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Step	Action						
<p>13</p>	<p>Select EMAIL or SECURITY QUESTIONS option to reset password and select NEXT button. Refer to Figure 5-10 for the page that displays in order for you to choose how to complete identity verification.</p> <table border="1" data-bbox="263 340 1472 491"> <thead> <tr> <th data-bbox="263 340 1092 394">If</th> <th data-bbox="1092 340 1472 394">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="263 394 1092 441">Email radio button is selected.</td> <td data-bbox="1092 394 1472 441">Proceed to step 14.</td> </tr> <tr> <td data-bbox="263 441 1092 491">Security questions radio button is selected.</td> <td data-bbox="1092 441 1472 491">Proceed to step 15.</td> </tr> </tbody> </table> <div data-bbox="425 550 1310 976" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Reset Password: Verify Your Identity</p> <p>We want to be sure only you make changes to your account. First, choose an option to verify who you are. Then you can reset your password.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p><input checked="" type="radio"/> Email: Send a verification link to xoc***xx@sharklasers.com.</p> <p><input type="radio"/> Security questions: Answer two security questions.</p> </div> <p style="text-align: center;"> <input type="button" value="Next"/> <input type="button" value="Cancel"/> </p> </div> <p style="text-align: center;">Figure 5-10 Verify Your Identity selection message</p>	If	Then	Email radio button is selected.	Proceed to step 14.	Security questions radio button is selected.	Proceed to step 15.
If	Then						
Email radio button is selected.	Proceed to step 14.						
Security questions radio button is selected.	Proceed to step 15.						
<p>14</p>	<p>Open email at email address provided on screen and follow instructions to reset password.</p> <p>– Discontinue this procedure.</p>						
<p>15</p>	<p>Answer security questions and select NEXT button. Refer to Figure 5-11.</p> <div data-bbox="393 1253 1343 1822" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Reset Password: Security Questions</p> <p>Answer the following security questions to verify your identity.</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p>What is your favorite board game to play?</p> <input type="text"/></div> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p>What is your favorite thing to do when you are alone?</p> <input type="text"/></div> <p>Want to try something else? Return to verify identity options</p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <input type="button" value="NEXT"/> <input type="button" value="Cancel"/> </div> </div> <p style="text-align: center;">Figure 5-11 Reset Password: Security Questions</p>						

Step	Action
<p>16</p>	<p>Key in new password and select NEXT button. Follow the password requirements on the screen. Refer to Figure 5-12.</p> <div data-bbox="386 296 1349 1058" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <div style="text-align: center;"> <h2>Reset Password</h2> <p>You've successfully verified your identity, john.smith. Go ahead and reset your password now.</p> </div> <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: 80%;"> <p>New password</p> <input style="width: 90%; height: 20px;" type="password"/> </div> <p>Your password must have:</p> <ul style="list-style-type: none"> Between 8 and 100 characters At least 1 upper case letter At least 1 lowercase letter At least 1 number No spaces and no & symbol <p>Type password again</p> <input style="width: 90%; height: 20px;" type="password"/> </div> <div style="margin-top: 10px; text-align: center;"> <input type="button" value="Next"/> Cancel </div>

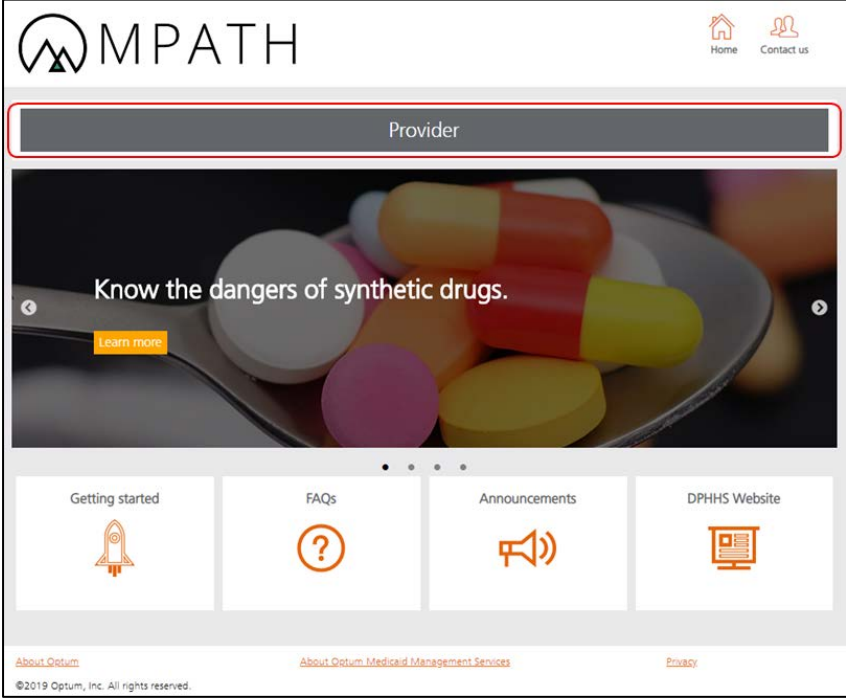
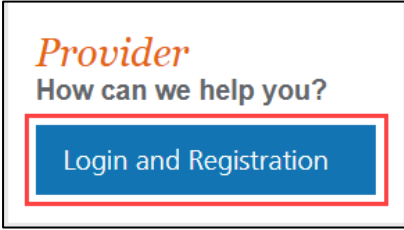
Step	Action
<p>17</p>	<p>Complete the following information. Refer to Figure 5-13.</p> <ul style="list-style-type: none"> • Enter user's Optum GovID or email address in the OPTUM GOVID or EMAIL ADDRESS field. • Enter user's Password in the PASSWORD field. • Select SIGN IN button. <div data-bbox="310 386 1424 1024" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <h3 style="text-align: center;">Optum GovID Sign In</h3> <div style="display: flex; justify-content: space-between;"> <div style="border: 2px solid red; padding: 5px;"> <p>Optum GovID or email address</p> <input style="width: 100%;" type="text"/> <p>Password</p> <input style="width: 100%;" type="password"/> </div> <div style="border-left: 1px solid gray; padding-left: 10px;"> <p>Additional options:</p> <p>Create Optum GovID</p> <p>Manage your Optum GovID</p> <p>What is Optum GovID?</p> </div> </div> <div style="text-align: center; margin-top: 10px;"> <p>SIGN IN</p> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <p>Forgot Optum GovID Forgot Password</p> </div> </div> <p style="text-align: center; margin-top: 10px;">Figure 5-13 Optum GovID Sign In page</p>
<p>18</p>	<p>Select ACCOUNT SETTINGS icon in upper right hand corner. Refer to Figure 5-14.</p> <div data-bbox="662 1171 1073 1264" style="border: 1px solid gray; padding: 5px; margin: 10px 0; text-align: center;">  </div> <p style="text-align: center; margin-top: 10px;">Figure 5-14 Account Settings icon</p>
<p>19</p>	<p>Select GO button within GovID Profile Management section. Refer to Figure 5-15.</p> <div data-bbox="266 1409 1471 1667" style="border: 1px solid gray; padding: 10px; margin: 10px 0;"> <p>▾ Gov ID Profile Management</p> <p>Select Go to manage your username, password, email address and security questions.</p> <div style="border: 2px solid red; padding: 5px; display: inline-block; margin-top: 10px;"> <p style="background-color: #0070c0; color: white; padding: 5px 10px; border-radius: 3px;">Go</p> </div> </div> <p style="text-align: center; margin-top: 10px;">Figure 5-15 GovID Profile Management</p>

Step	Action
<p>20</p>	<p>Update Optum GovID information. You can choose to update the information listed below. Refer to Figure 5-16 for a view of the Update Profile tab of Manage Your Optum GovID page.</p> <ul style="list-style-type: none"> • Profile Information: Add or Update demographics information • Sign In Information: Update username and password • Manage Verification Options: Update security Questions and Answers <div data-bbox="456 415 1279 1268" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <h3 style="text-align: center;">Manage Your Optum GovID</h3> <p style="text-align: center;">Keep your profile up-to-date, change your Optum GovID or password, and manage the options for verifying your identity.</p> <div style="display: flex; justify-content: center; gap: 10px; border-bottom: 1px solid #ccc; padding-bottom: 5px;"> Update Profile Sign In Information Manage Verification Options </div> <div style="margin-top: 10px;"> <p>First name <input type="text" value="Thomas"/></p> <p>Middle name (optional) <input type="text"/></p> <p>Last name <input type="text" value="Dykes"/></p> <p>Suffix (optional) <input type="text"/></p> <p>Prefix (optional) <input type="text"/></p> <p>Date of birth <input type="text" value="03-16-1991"/> <small>mm-dd-yyyy</small></p> <p>Home address (optional) <input type="text"/></p> <p>City (optional) <input type="text"/></p> </div> </div> <p style="text-align: center;">Figure 5-16 Update Profile tab of Manage Your Optum GovID page</p>

6. Claim Submission

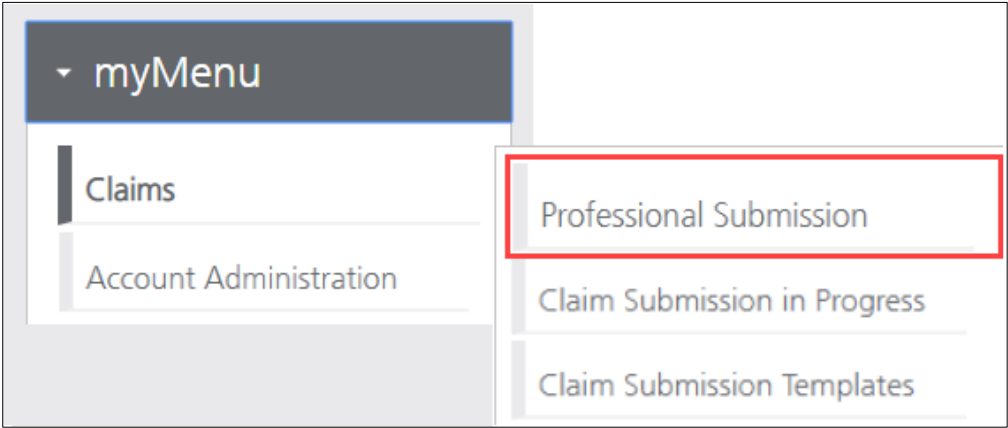
This section describes the Claims functions on the Montana Provider Portal. It includes the process for Montana Healthcare Programs providers to submit claims for professional services, how to access claim submissions that are in progress, and how to use to use professional claim submission templates.

6.1. Submit a Professional Claim

Step	Action
1	Navigate to the Montana Provider Portal website at https://mtdphhs-provider.optum.com
2	<p>Select PROVIDER button. Refer to Figure 6-1.</p>  <p style="text-align: center;">Figure 6-1 Montana Provider Portal Log In</p>
3	<p>Select LOGIN AND REGISTRATION button. Refer to Figure 6-2.</p>  <p style="text-align: center;">Figure 6-2 Provider Login and Registration button</p>

Step	Action
<p>4</p>	<p>Complete the following. Refer to Figure 6-3.</p> <ul style="list-style-type: none"> • Enter user's Optum GovID or email address in the OPTUM GOVID OR EMAIL ADDRESS field. • Enter user's Password in the PASSWORD field. • Select SIGN IN button. <div data-bbox="483 386 1294 863" data-label="Image"> </div> <p style="text-align: center;">Figure 6-3 Optum GovID Sign In page</p> <p>Result: Secure landing page will display.</p>

<p>5</p>	<p>Hover cursor over CLAIMS under MyMenu. Refer to Figure 6-4.</p> <div data-bbox="365 1058 1409 1654" data-label="Image"> </div> <p style="text-align: center;">Figure 6-4 Select Claims from MyMenu</p> <p>Result: Secondary menu will appear.</p>
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Step	Action
6	<p>Select PROFESSIONAL SUBMISSION from secondary menu. Refer to Figure 6-5.</p>  <p style="text-align: center;">Figure 6-5 Select Professional Submission</p> <p>Result: Provider Details page loads on professional claim form.</p>

7	<p>The Professional Claim Submission page opens. Determine if provider would like to submit a claim using a template:</p> <table border="1" data-bbox="305 909 1472 1152"> <thead> <tr> <th data-bbox="305 909 857 966">If</th> <th data-bbox="857 909 1472 966">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="305 966 857 1014">Provider will not use a template.</td> <td data-bbox="857 966 1472 1014">Go to next step.</td> </tr> <tr> <td data-bbox="305 1014 857 1152">Provider would like to use an existing template.</td> <td data-bbox="857 1014 1472 1152">Select VIEW TEMPLATES button on top of page and go to Claim Submission Templates procedure. Refer to Figure 6-6 for the View Templates button.</td> </tr> </tbody> </table>	If	Then	Provider will not use a template.	Go to next step.	Provider would like to use an existing template.	Select VIEW TEMPLATES button on top of page and go to Claim Submission Templates procedure. Refer to Figure 6-6 for the View Templates button.
If	Then						
Provider will not use a template.	Go to next step.						
Provider would like to use an existing template.	Select VIEW TEMPLATES button on top of page and go to Claim Submission Templates procedure. Refer to Figure 6-6 for the View Templates button.						

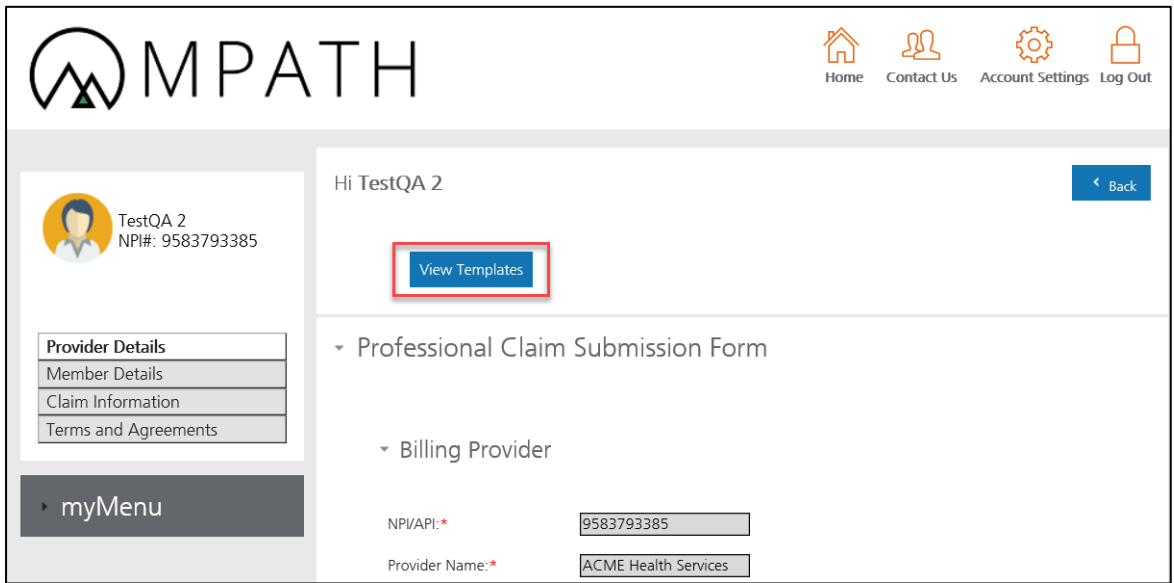
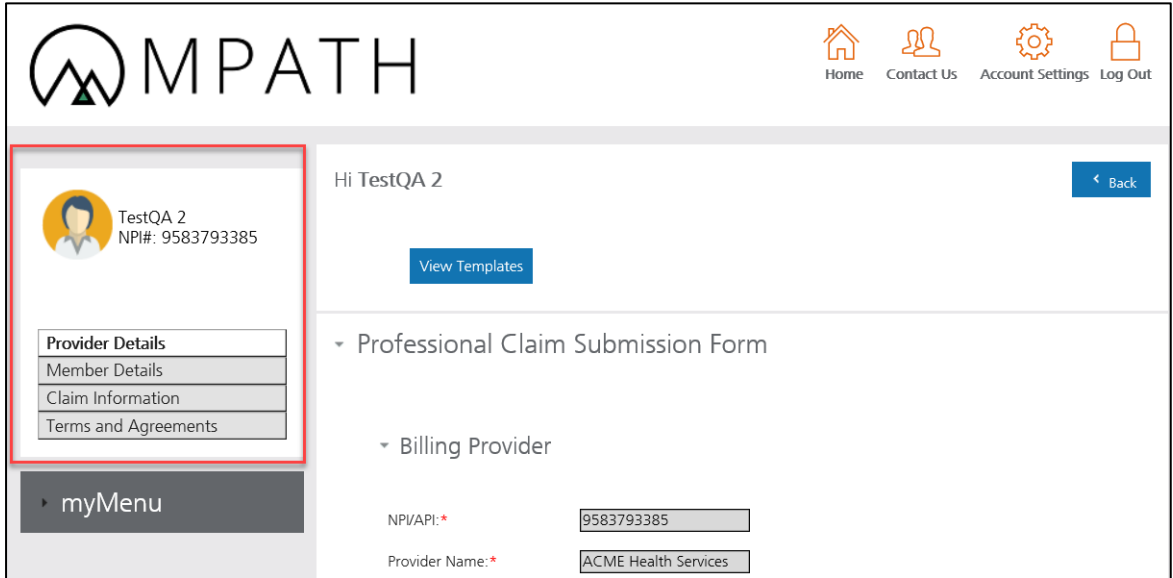


Figure 6-6 Select 'View Templates' to use a claim template for submission

Step	Action										
<p>7, continued</p>	<p>Professional Claim Submission Form</p> <p>The professional claim submission form is broken into four different sections, described in the grid below. Refer to Figure 6-7.</p> <table border="1" data-bbox="305 331 1471 606"> <thead> <tr> <th data-bbox="305 331 561 384">Section</th> <th data-bbox="561 331 1471 384">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="305 384 561 432">Provider Details</td> <td data-bbox="561 384 1471 432">Billing, rendering and referring provider information for the claim</td> </tr> <tr> <td data-bbox="305 432 561 480">Member Details</td> <td data-bbox="561 432 1471 480">Information for the member for whom the claim is being submitted</td> </tr> <tr> <td data-bbox="305 480 561 529">Claim Information</td> <td data-bbox="561 480 1471 529">Service details such as procedure codes, diagnosis codes and modifiers</td> </tr> <tr> <td data-bbox="305 529 561 606">Terms and Agreements</td> <td data-bbox="561 529 1471 606">Legal attestation and online signature</td> </tr> </tbody> </table>  <p>Figure 6-7 Four sections of the Professional Claim Submission Form</p>	Section	Description	Provider Details	Billing, rendering and referring provider information for the claim	Member Details	Information for the member for whom the claim is being submitted	Claim Information	Service details such as procedure codes, diagnosis codes and modifiers	Terms and Agreements	Legal attestation and online signature
Section	Description										
Provider Details	Billing, rendering and referring provider information for the claim										
Member Details	Information for the member for whom the claim is being submitted										
Claim Information	Service details such as procedure codes, diagnosis codes and modifiers										
Terms and Agreements	Legal attestation and online signature										

Step	Action
<p>7, continued</p>	<p>Professional Claim Submission Form – Provider Details Page</p> <p>Upon navigating to the professional claim submission form, the Provider Details Page appears. Refer to the instructions found in each of the following sections to accurately complete each field of the claim form. Figure 6-8 depicts the full view of the Provider Details page of the professional claim form.</p> <div data-bbox="306 394 1469 1310" style="border: 1px solid black; padding: 10px;"> <p>Provider Details</p> <ul style="list-style-type: none"> Member Details Claim Information Terms and Agreements <p>myMenu</p> <p>Professional Claim Submission Form</p> <p>Billing Provider</p> <p>NPI/API: 9583793385</p> <p>Provider Name: ACME Health Services</p> <p>Rendering Provider</p> <p>NPI/API: 9583793385</p> <p>Provider Name: ACME Health Services</p> <p>Service Location Address 1: 211 E Clark St</p> <p>Service Location Address 2:</p> <p>City: Albert Lea</p> <p>State: MN</p> <p>ZIP: 557132222</p> <p>Referring Provider</p> <p><input type="checkbox"/> There is a referring provider for this claim.</p> <p>Ordering Provider</p> <p><input type="checkbox"/> There is an ordering provider for this claim.</p> <p>Save and Continue Save and Exit Cancel</p> </div> <p>Figure 6-8 Professional Claim Submission Form: Provider Details Page</p>

Step	Action						
<p>8</p>	<p>Upon entering the claim form, the NPI/API field and the Provider Name field will be populated with the provider's information. Determine if provider has multiple NPIs or APIs associated to portal account. Refer to Figure 6-9 for the location of the dropdown button for NPI/API selection.</p> <table border="1" data-bbox="305 323 1471 842"> <thead> <tr> <th data-bbox="305 323 894 380">If</th> <th data-bbox="894 323 1471 380">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="305 380 894 457"> Provider does not have multiple NPIs/APIs associated to portal account. </td> <td data-bbox="894 380 1471 457"> Go to next step. </td> </tr> <tr> <td data-bbox="305 457 894 842"> Provider has multiple NPIs/APIs associated to portal account. </td> <td data-bbox="894 457 1471 842"> Select correct NPI/API from the drop down in Billing Provider section and go to next step. Refer to Figure 6-9. <div data-bbox="971 569 1398 747" data-label="Image"> </div> <p data-bbox="922 751 1446 806">Figure 6-9 Dropdown for selecting the correct NPI/API for the claim</p> </td> </tr> </tbody> </table>	If	Then	Provider does not have multiple NPIs/APIs associated to portal account.	Go to next step.	Provider has multiple NPIs/APIs associated to portal account.	Select correct NPI/API from the drop down in Billing Provider section and go to next step. Refer to Figure 6-9. <div data-bbox="971 569 1398 747" data-label="Image"> </div> <p data-bbox="922 751 1446 806">Figure 6-9 Dropdown for selecting the correct NPI/API for the claim</p>
If	Then						
Provider does not have multiple NPIs/APIs associated to portal account.	Go to next step.						
Provider has multiple NPIs/APIs associated to portal account.	Select correct NPI/API from the drop down in Billing Provider section and go to next step. Refer to Figure 6-9. <div data-bbox="971 569 1398 747" data-label="Image"> </div> <p data-bbox="922 751 1446 806">Figure 6-9 Dropdown for selecting the correct NPI/API for the claim</p>						
<p>9</p>	<p>Determine if Rendering Provider is required.</p> <table border="1" data-bbox="305 915 1471 1560"> <thead> <tr> <th data-bbox="305 915 894 972">If</th> <th data-bbox="894 915 1471 972">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="305 972 894 1514"> Rendering Provider is required. </td> <td data-bbox="894 972 1471 1514"> Rendering Provider section appears and is auto-populated with rendering provider details. Go to next step. Refer to Figure 6-10. <div data-bbox="967 1079 1401 1451" data-label="Image"> </div> <p data-bbox="967 1455 1401 1482">Figure 6-10 Rendering Provider fields</p> </td> </tr> <tr> <td data-bbox="305 1514 894 1560"> Provider is a direct pay to provider. </td> <td data-bbox="894 1514 1471 1560"> Go to step 11. </td> </tr> </tbody> </table>	If	Then	Rendering Provider is required.	Rendering Provider section appears and is auto-populated with rendering provider details. Go to next step. Refer to Figure 6-10. <div data-bbox="967 1079 1401 1451" data-label="Image"> </div> <p data-bbox="967 1455 1401 1482">Figure 6-10 Rendering Provider fields</p>	Provider is a direct pay to provider.	Go to step 11.
If	Then						
Rendering Provider is required.	Rendering Provider section appears and is auto-populated with rendering provider details. Go to next step. Refer to Figure 6-10. <div data-bbox="967 1079 1401 1451" data-label="Image"> </div> <p data-bbox="967 1455 1401 1482">Figure 6-10 Rendering Provider fields</p>						
Provider is a direct pay to provider.	Go to step 11.						

Step	Action	
<p>10</p>	Determine if Rendering Provider has multiple service addresses.	
	If	Then
	Rendering Provider has multiple Service Addresses (check verbiage)	Click SELECT ADDRESS and choose correct service address. Go to next step. Refer to Figure 6-11. <div data-bbox="967 428 1411 806" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center; margin: 0;">Rendering Provider</p> <p>NPI: <input type="text" value="9826123689"/></p> <p>Provider Name: <input type="text" value="Wellness Initiatives"/></p> <p style="text-align: right;">Select Address</p> <p>Service Location Address 1: <input type="text" value="321 West Main Street"/></p> <p>Service Location Address 2: <input type="text"/></p> <p>City: <input type="text" value="Arlington"/></p> <p>State: <input type="text" value="MN"/></p> <p>ZIP: <input type="text" value="563083333"/></p> </div> <p style="text-align: center; margin: 0;">Figure 6-11 Select Address hyperlink</p>
Rendering Provider does not have multiple Service Addresses.	Go to next step.	
<p>11</p>	Determine if provider information is correct.	
	If	Then
	Information is correct in Billing Provider and Rendering Provider sections.	Go to next step.
Information is not correct in Billing Provider and Rendering Provider sections.	Contact Montana DPHHS. – Discontinue this procedure.	
<p>12</p>	Determine if there is an Ordering/Referring Provider.	
	If	Then
	There is a Referring Provider.	Go to next step.
There is NOT a Referring Provider.	Go to step 14.	

Step	Action
<p>13</p>	<p>Select the checkbox next to “There is a referring provider for this claim.” and/or “There is an ordering provider for this claim.” Click the NPI/API dropdown to select the correct referring provider from the list. Once selected, the Provider Name field will populate. Refer to Figures 6-12 and 6-13.</p> <div data-bbox="659 325 1118 441" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Referring Provider</p> <p><input type="checkbox"/> There is a referring provider for this claim.</p> </div> <p>Figure 6-12 Referring Provider checkbox</p> <div data-bbox="659 514 1118 640" style="border: 1px solid black; padding: 5px;"> <p>Ordering Provider</p> <p><input type="checkbox"/> There is a ordering provider for this claim.</p> </div> <p>Figure 6-13 Ordering Provider checkbox</p>
<p>14</p>	<p>If the Referring and/or Ordering Provider checkbox is selected, a Provider Search field will appear. Enter an NPI or API and select GO. Refer to Figure 6-14.</p> <div data-bbox="639 863 1140 1560" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <div style="margin-bottom: 20px;"> <p>Referring Provider</p> <p><input checked="" type="checkbox"/> There is a referring provider for this claim.</p> <p>Provider Search</p> <div style="border: 2px solid red; padding: 2px; display: inline-block;"> <p>Enter Provider NPI/API</p> <input style="width: 100px;" type="text"/> <input style="background-color: #0056b3; color: white; padding: 2px 5px; margin-left: 5px;" type="button" value="Go"/> </div> <p>Advanced provider search</p> </div> <div> <p>Ordering Provider</p> <p><input checked="" type="checkbox"/> There is a ordering provider for this claim.</p> <p>Provider Search</p> <p>Enter Provider NPI/API</p> <input style="width: 100px;" type="text"/> <input style="background-color: #0056b3; color: white; padding: 2px 5px; margin-left: 5px;" type="button" value="Go"/> <p>Advanced provider search</p> </div> </div> <p>Figure 6-14 Referring or Ordering Provider NPI/API Search</p>

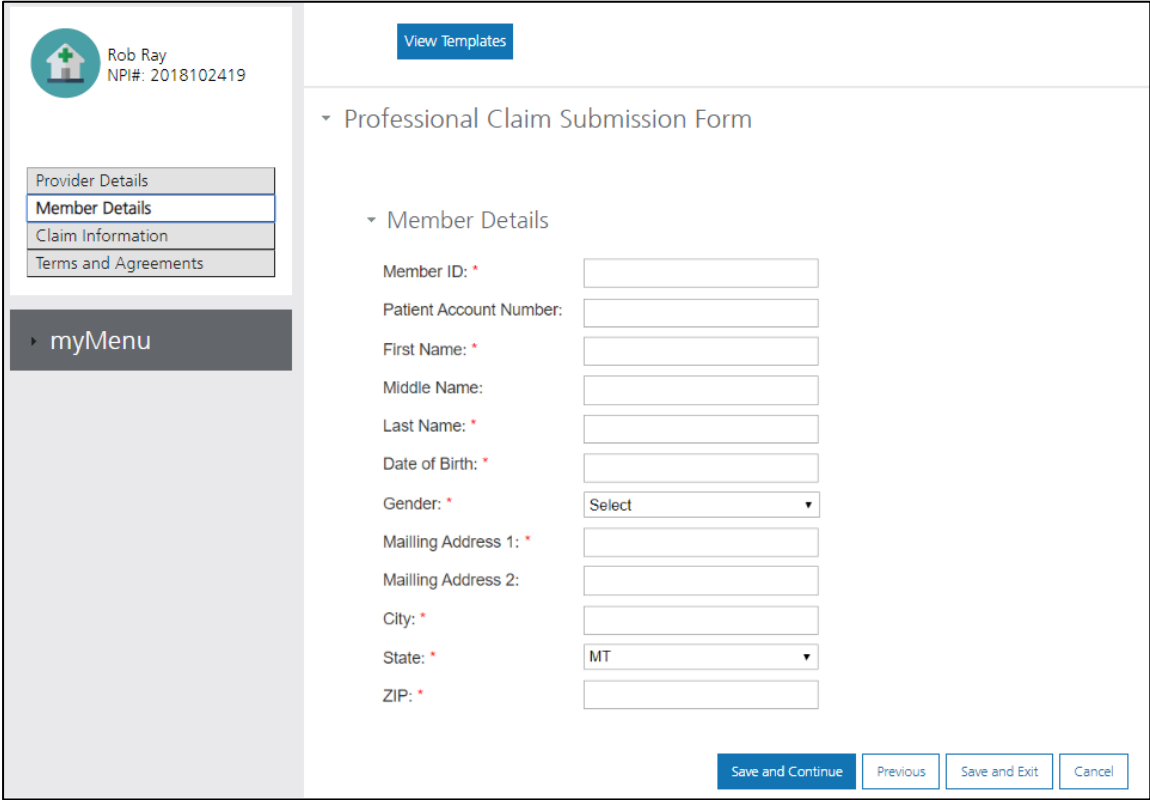
Step	Action														
15	<p>Select the Advanced Provider Search link to search by Tax ID. Select the search record you want to associate to the claim. Refer to Figure 6-15.</p> <div data-bbox="479 296 1299 531" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p>Provider search The search fields in red are required.</p> <p>Tax ID: <input style="border: 1px solid red;" type="text"/></p> <p><input type="button" value="Search"/> <input type="button" value="Cancel"/> <input type="button" value="Reset"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">NPI</th> <th style="width: 15%;">Provider Name</th> <th style="width: 10%;">City</th> <th style="width: 10%;">County</th> <th style="width: 10%;">State</th> <th style="width: 15%;">Effective Date</th> <th style="width: 10%;">Termination Date</th> </tr> </thead> <tbody> <tr> <td colspan="7">Please enter search.</td> </tr> </tbody> </table> </div>	NPI	Provider Name	City	County	State	Effective Date	Termination Date	Please enter search.						
NPI	Provider Name	City	County	State	Effective Date	Termination Date									
Please enter search.															


Figure 6-15 Provider Advanced Search

16	From the search results, select the search record you want to associate to the claim.
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17	<p>Determine if provider would like to continue throughout professional claim form. Use the buttons described in the table below, and shown in Figure 6-16, to navigate through the claim form.</p> <table border="1" data-bbox="305 823 1471 1194" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>Provider would like to go to next page.</td> <td>Select SAVE AND CONTINUE button and go to next step. Result: Member Details page appears. Refer to Figure 6-17.</td> </tr> <tr> <td>Provider would like to cancel claim submission form.</td> <td>Select CANCEL button. Note: Claim information will not be saved.</td> </tr> <tr> <td>Provider would like to save and continue this claim submission form at a later date.</td> <td>Select SAVE AND EXIT button. Note: Claim information will be saved in Claim Submission In Progress workbench</td> </tr> </tbody> </table> <div data-bbox="596 1253 1182 1339" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid blue; padding: 5px 15px; background-color: #0070c0; color: white; border-radius: 3px;">Save and Continue</div> <div style="border: 1px solid blue; padding: 5px 15px; background-color: #e6f2ff; border-radius: 3px;">Save and Exit</div> <div style="border: 1px solid blue; padding: 5px 15px; background-color: #e6f2ff; border-radius: 3px;">Cancel</div> </div> </div>	If	Then	Provider would like to go to next page.	Select SAVE AND CONTINUE button and go to next step. Result: Member Details page appears. Refer to Figure 6-17.	Provider would like to cancel claim submission form.	Select CANCEL button. Note: Claim information will not be saved.	Provider would like to save and continue this claim submission form at a later date.	Select SAVE AND EXIT button. Note: Claim information will be saved in Claim Submission In Progress workbench
If	Then								
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Provider would like to save and continue this claim submission form at a later date.	Select SAVE AND EXIT button. Note: Claim information will be saved in Claim Submission In Progress workbench								

Figure 6-16 Claim Form Navigation Options

Step	Action
<p>17, continued</p>	<p>Professional Claim Submission Form - Member Details Page</p>  <p>Figure 6-17 Professional Claim Submission Form: Member Details Page</p>

Step	Action																																							
<p>18</p>	<p>Complete all applicable fields as shown in the Figure 6-17 on the Member Details page. Use the table below for instructions how to accurately complete each field. The required fields are indicated on the screen with a red asterisk (*).</p> <table border="1" data-bbox="305 321 1471 1100"> <thead> <tr> <th data-bbox="305 321 631 375">Field</th> <th data-bbox="631 321 883 375">Required?</th> <th data-bbox="883 321 1471 375">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="305 375 631 424">MEMBER ID</td> <td data-bbox="631 375 883 424">Required</td> <td data-bbox="883 375 1471 424">The member's Medicaid ID.</td> </tr> <tr> <td data-bbox="305 424 631 533">PATIENT ACCOUNT NUMBER</td> <td data-bbox="631 424 883 533">Not Required</td> <td data-bbox="883 424 1471 533">The member's account number. The Patient Account Number is for the provider's record only.</td> </tr> <tr> <td data-bbox="305 533 631 581">FIRST NAME</td> <td data-bbox="631 533 883 581">Required</td> <td data-bbox="883 533 1471 581">The first name of the member.</td> </tr> <tr> <td data-bbox="305 581 631 630">MIDDLE NAME</td> <td data-bbox="631 581 883 630">Not Required</td> <td data-bbox="883 581 1471 630">The middle name of the member.</td> </tr> <tr> <td data-bbox="305 630 631 678">LAST NAME</td> <td data-bbox="631 630 883 678">Required</td> <td data-bbox="883 630 1471 678">The last name of the member.</td> </tr> <tr> <td data-bbox="305 678 631 726">DATE OF BIRTH</td> <td data-bbox="631 678 883 726">Required</td> <td data-bbox="883 678 1471 726">The member's date of birth.</td> </tr> <tr> <td data-bbox="305 726 631 835">GENDER</td> <td data-bbox="631 726 883 835">Required</td> <td data-bbox="883 726 1471 835">The gender of the member. Select from the drop down. Drop down options include: M- Male F- Female U- Unknown</td> </tr> <tr> <td data-bbox="305 835 631 884">MAILING ADDRESS 1</td> <td data-bbox="631 835 883 884">Required</td> <td data-bbox="883 835 1471 884">Member's mailing address- Line 1.</td> </tr> <tr> <td data-bbox="305 884 631 932">MAILING ADDRESS 2</td> <td data-bbox="631 884 883 932">Not Required</td> <td data-bbox="883 884 1471 932">Member's mailing address- Line 2.</td> </tr> <tr> <td data-bbox="305 932 631 980">CITY</td> <td data-bbox="631 932 883 980">Required</td> <td data-bbox="883 932 1471 980">Member's mailing address- City.</td> </tr> <tr> <td data-bbox="305 980 631 1052">STATE</td> <td data-bbox="631 980 883 1052">Required</td> <td data-bbox="883 980 1471 1052">Member's mailing address- State. Select from drop down.</td> </tr> <tr> <td data-bbox="305 1052 631 1100">ZIP</td> <td data-bbox="631 1052 883 1100">Required</td> <td data-bbox="883 1052 1471 1100">Member's mailing address- ZIP.</td> </tr> </tbody> </table>	Field	Required?	Description	MEMBER ID	Required	The member's Medicaid ID.	PATIENT ACCOUNT NUMBER	Not Required	The member's account number. The Patient Account Number is for the provider's record only.	FIRST NAME	Required	The first name of the member.	MIDDLE NAME	Not Required	The middle name of the member.	LAST NAME	Required	The last name of the member.	DATE OF BIRTH	Required	The member's date of birth.	GENDER	Required	The gender of the member. Select from the drop down. Drop down options include: M- Male F- Female U- Unknown	MAILING ADDRESS 1	Required	Member's mailing address- Line 1.	MAILING ADDRESS 2	Not Required	Member's mailing address- Line 2.	CITY	Required	Member's mailing address- City.	STATE	Required	Member's mailing address- State. Select from drop down.	ZIP	Required	Member's mailing address- ZIP.
Field	Required?	Description																																						
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PATIENT ACCOUNT NUMBER	Not Required	The member's account number. The Patient Account Number is for the provider's record only.																																						
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ZIP	Required	Member's mailing address- ZIP.																																						
<p>19</p>	<p>Determine if provider would like to continue throughout professional claim form. Use the buttons called out in the grid below, and shown in Figure 6-18, to navigate through the claim form.</p> <table border="1" data-bbox="305 1201 1471 1654"> <thead> <tr> <th data-bbox="305 1201 737 1257">If</th> <th data-bbox="737 1201 1471 1257">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="305 1257 737 1375">Provider would like to go to next page</td> <td data-bbox="737 1257 1471 1375">Select SAVE AND CONTINUE button and go to next step. Result: Claim Information page appears. Refer to Figure 6-19.</td> </tr> <tr> <td data-bbox="305 1375 737 1461">Provider would like to cancel claim submission form</td> <td data-bbox="737 1375 1471 1461">Select CANCEL button. Note: Claim information will not be saved.</td> </tr> <tr> <td data-bbox="305 1461 737 1579">Provider would like to save and continue this claim submission form at a later date</td> <td data-bbox="737 1461 1471 1579">Select SAVE AND EXIT button. Note: Claim information will be saved in Claim Submission In Progress workbench.</td> </tr> <tr> <td data-bbox="305 1579 737 1654">Provider would like to go to previous page.</td> <td data-bbox="737 1579 1471 1654">Select PREVIOUS button.</td> </tr> </tbody> </table> <div data-bbox="565 1713 1214 1801" style="text-align: center; border: 1px solid black; padding: 5px;">  </div> <p style="text-align: center;">Figure 6-18 Claim Form Navigation Options</p>	If	Then	Provider would like to go to next page	Select SAVE AND CONTINUE button and go to next step. Result: Claim Information page appears. Refer to Figure 6-19.	Provider would like to cancel claim submission form	Select CANCEL button. Note: Claim information will not be saved.	Provider would like to save and continue this claim submission form at a later date	Select SAVE AND EXIT button. Note: Claim information will be saved in Claim Submission In Progress workbench.	Provider would like to go to previous page.	Select PREVIOUS button.																													
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Provider would like to go to previous page.	Select PREVIOUS button.																																							


Step	Action																																																																																																																																																										
<p>19, continued</p>	<div style="border: 1px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>Rob Ray NPI# 2018102419</p> </div> <div style="text-align: center;"> <p>View Templates</p> <p>- Professional Claim Submission Form -</p> </div> </div> <div style="margin-top: 10px;"> <p>- Claim Information</p> <p><small>Note : Do not include any decimals when entering Diagnosis Code information.</small></p> <p>Diagnosis Codes (ICD 10):</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th>From Date</th> <th>To Date</th> <th>POS</th> <th>CPT/ HCPCS Code</th> <th>Modifier</th> <th>Diagnosis Pointer</th> <th>Charges</th> <th>Days or Units</th> <th>COB</th> <th>NDC</th> <th>EPSDT</th> <th>Emergency Service</th> <th>Family Planning</th> </tr> </thead> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td><td>Select</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>\$</td><td><input type="text"/></td><td>COB</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td>Select</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>\$</td><td><input type="text"/></td><td>COB</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td>Select</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>\$</td><td><input type="text"/></td><td>COB</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td>Select</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>\$</td><td><input type="text"/></td><td>COB</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td>Select</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>\$</td><td><input type="text"/></td><td>COB</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td>Select</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>\$</td><td><input type="text"/></td><td>COB</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td>Select</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>\$</td><td><input type="text"/></td><td>COB</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td>Select</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>\$</td><td><input type="text"/></td><td>COB</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td>Select</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>\$</td><td><input type="text"/></td><td>COB</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> <p style="text-align: right;">Total Charges \$ <input type="text"/> Add</p> <p>Do you have a Medicaid resubmission code? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you submitting COB at the claim level? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is the member's condition related to: <input type="text" value="Select"/></p> <p>First date related to Member's condition: <input type="text" value="Select"/></p> <p>Is this Member deceased? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is member unable to work in current occupation? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is hospitalization related to current services? <input type="radio"/> Yes <input type="radio"/> No</p> </div> </div>	1	2	3	4	5	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7	8	9	10	11	12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	From Date	To Date	POS	CPT/ HCPCS Code	Modifier	Diagnosis Pointer	Charges	Days or Units	COB	NDC	EPSDT	Emergency Service	Family Planning	<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																															
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Figure 6-19 Professional Claim Form: Claim Information Page

Step	Action		
20	Complete all applicable fields as show above in Figure 6-19 and answer all questions on the Claim Information page. Use the table below for instructions how to accurately complete each field. The required fields are indicated on the screen with a red asterisk (*).		
	Field	Required?	Description
	Diagnosis Codes (ICD 10)- Field 1	Required	The primary diagnosis code used for the claim. Use ICD 10 code. Note: Do not include any decimals when entering diagnosis code information.
	Diagnosis Codes (ICD 10)- Fields 2-12	Not required	Additional diagnosis codes used for the claim. Use ICD 10 codes. Note: Do not include any decimals when entering diagnosis code information.
	From Date	Required	The From Date for the claim line. Select correct from date from the calendar or use MMDDYYYY format.
	To Date	Required	The To Date for the claim line. Select correct to date from the calendar or use MMDDYYYY format.
	Place of Service (POS)	Required	The Place of Service for the claim line.
	Current Procedural Terminology (CPT)/ Healthcare Common Procedure Coding System Code (HCPCS)	Required	The Procedure Code for the claim line. Note: When J-code or drug, please key in the National Drug Code (NDC) in the NDC column.
	Modifier	Not required	The code used to further describe a service or procedure. Up to 4 modifiers may be provided per claim line. Separate each modifier using a comma (,). Note: Do not include spaces between modifier code and comma. Spaces between modifier code and comma automatically will be removed.
	Diagnosis Pointer	Required	Use the reference code from above the claim grid to relate the date of service and the procedures performed to the correct diagnosis code. Up to 8 diagnosis pointers may be provider per claim line. Please be sure to match the diagnosis code(s) for this particular service. Note: Do not include spaces between diagnosis pointer and comma. Spaces between each diagnosis pointer and comma automatically will be removed.
	Charges	Required	The charged amount for service.
	Days or Units	Required	The number of days or units for service.

Step	Action		
20, continued	Field	Required?	Description
	Other Insurance/ Coordination of Benefits (COB)	Situational	<p>If member has other insurance select COB link to enter the below information: Primary Payer Fields/Columns:</p> <ul style="list-style-type: none"> • INSURANCE TYPE <ul style="list-style-type: none"> ○ Options include: <ul style="list-style-type: none"> ▪ Commercial ▪ Medicare Part A and B ▪ Medicare Part B ▪ Medicare Part A ▪ Medicare Part C/Advantage • CARRIER NAME: The Primary Payer billable name. • CARRIER CODE: Reference code to the primary payer. • SUBSCRIBER FIRST NAME: First name of insurance carrier. • SUBSCRIBER LAST NAME: Last name of the insurance carrier. • SUBSCRIBER MIDDLE NAME: Middle name of the insurance carrier. • ALLOWED: The maximum amount the other insurance plan paid for service. • COPAY: The fixed amount paid by member for a health care service. • DEDUCTIBLE: The amount paid by member before other insurance plan starts to pay. • COINSURANCE: The amount other insurance plan paid after member reached deductible. • PAID AMOUNT: The amount paid by additional insurance carrier. • GROUP: • REASON: • AMOUNT: • EXPLANATION OF BENEFITS (EOB) PAID DATE: The date the claim was processed by other insurance carrier.

Step	Action					
20, continued	<table border="1"> <thead> <tr> <th data-bbox="293 197 621 260">Field</th> <th data-bbox="621 197 802 260">Required?</th> <th data-bbox="802 197 1482 260">Description</th> </tr> </thead> </table>	Field	Required?	Description		
	Field	Required?	Description			
	Other Insurance/COB, continued	Situational	Secondary Payer Fields/Columns: <ul style="list-style-type: none"> • INSURANCE TYPE <ul style="list-style-type: none"> ○ Options include: <ul style="list-style-type: none"> ▪ Commercial ▪ Medicare Part A and B ▪ Medicare Part B ▪ Medicare Part A ▪ Medicare Part C/Advantage • CARRIER NAME: The Secondary Payer billable name. • CARRIER CODE: Reference code to be supply based on Tenant • SUBSCRIBER FIRST NAME: First name of insurance carrier. • SUBSCRIBER LAST NAME: Last name of the insurance carrier. • SUBSCRIBER MIDDLE NAME: Middle name of the insurance carrier. • ALLOWED: The maximum amount the other insurance plan paid for service. • COPAY: The fixed amount paid by member for a health care service. • DEDUCTIBLE: The amount paid by member before other insurance plan starts to pay. • COINSURANCE: The amount other insurance plan paid after member reached deductible. • PAID AMOUNT: The amount paid by additional insurance carrier. • GROUP: Identifies the responsible party • REASON: numerical formatted value that that Identifies what line amount was reduced • AMOUNT: The line value • EOB PAID DATE: The date the claim was processed by other insurance carrier. 			
	NDC	Situational	The National Drug Code Note: Please key in NDC using a 5-4-2 format (e.g. XXXXX-XXXX-XX).			
	Early Periodic Screening, Diagnosis and Treatment (EPSDT)	Situational	Early and Periodic Screening, Diagnostic and Treatment			
Emergency Service	Situational	Identifies if the claim is related to emergency services				
Family Planning	Situational	Identifies if the claim is related to family planning services				

Step	Action		
20, continued	Field	Required?	Description
	Trash Bin	Situational	User are able to remove lines added at the claim level
	Total Charges	N/A	The total of all charges from claim lines from grid.
	Add	N/A	Selecting Add button will add 10 more rows to grid.
	Do you have a Medicaid resubmission code?	Required	If provider selects YES to this question, key in: <ul style="list-style-type: none"> • Required SELECT THE MEDICAID RESUBMISSION CODE • Required ORIGINAL REFERENCE NUMBER If provider selects NO to this question, go to next field.
Are you submitting COB at the claim level?	Required	If provider selects YES to this question, complete the below fields for a member with other insurance: Primary Payer Fields/Columns: <ul style="list-style-type: none"> • INSURANCE TYPE <ul style="list-style-type: none"> ○ Options include: <ul style="list-style-type: none"> ▪ Commercial ▪ Medicare Part A and B ▪ Medicare Part B ▪ Medicare Part A ▪ Medicare Part C/Advantage • CARRIER NAME: The Primary Payer billable name. • CARRIER CODE: Reference code to the primary payer. • SUBSCRIBER FIRST NAME: First name of insurance carrier. • SUBSCRIBER LAST NAME: Last name of the insurance carrier. • SUBSCRIBER MIDDLE NAME: Middle name of the insurance carrier. • ALLOWED: The maximum amount the other insurance plan paid for service. • COPAY: The fixed amount paid by member for a health care service. • DEDUCTIBLE: The amount paid by member before other insurance plan starts to pay. • COINSURANCE: The amount other insurance plan paid after member reached deductible. • PAID AMOUNT: The amount paid by additional insurance carrier. • GROUP: • REASON: • AMOUNT: • EOB PAID DATE: The date the claim was processed by other insurance carrier. 	

Step	Action		
<p>20, continued</p>	<p>Field</p>	<p>Required?</p>	<p>Description</p>
	<p>Are you submitting COB at the claim level?, continued</p>	<p>Required</p>	<p>Secondary Payer Fields/Columns:</p> <ul style="list-style-type: none"> • INSURANCE TYPE <ul style="list-style-type: none"> ○ Options include: <ul style="list-style-type: none"> ▪ Commercial ▪ Medicare Part A and B ▪ Medicare Part B ▪ Medicare Part A ▪ Medicare Part C/Advantage • CARRIER NAME: The Secondary Payer billable name. • CARRIER CODE: Reference code to be supply based on Tenant • SUBSCRIBER FIRST NAME: First name of insurance carrier. • SUBSCRIBER LAST NAME: Last name of the insurance carrier. • SUBSCRIBER MIDDLE NAME: Middle name of the insurance carrier. • ALLOWED: The maximum amount the other insurance plan paid for service. • COPAY: The fixed amount paid by member for a health care service. • DEDUCTIBLE: The amount paid by member before other insurance plan starts to pay. • COINSURANCE: The amount other insurance plan paid after member reached deductible. • PAID AMOUNT: The amount paid by additional insurance carrier. • GROUP: Identifies the responsible party • REASON: numerical formatted value that that Identifies what line amount was reduced • AMOUNT: The line value • EOB PAID DATE: The date the claim was processed by other insurance carrier. <p>This gives the provider the ability to specify COB payment information at a claim level but not applicable to line level.</p> <p>Note: If provider answers YES radio button for this question, provider is not able to enter COB payment information at a line level in the grid above.</p>

Step	Action		
20, continued	Field	Required?	Description
	Is the member's condition related to:	Not Required	Select if the member's condition is related to one of the following: <ul style="list-style-type: none"> • None • Employment • Auto Accident • Other Type of Accident Upon selection of one value above, Auto Accident State becomes a required field.
	First date related to Member's condition:	Not Required	If First date related to member's condition drop down contains one of the following: <ul style="list-style-type: none"> • Onset of Current Symptoms or illness • Accident • Last Menstrual Period Upon selection of one value above, Select the first date becomes a required field.
	Is this Member deceased?	Required	If provider selects YES to this question, key in: <ul style="list-style-type: none"> • Date if death If provider selects NO to this question, go to next field.
	Is member unable to work in current occupation?	Required	If provider selects YES to this question, key in: <ul style="list-style-type: none"> • FROM DATE • TO DATE If provider selects NO to this question, go to next field.
	Is hospitalization related to current services?*	Required	If provider selects YES to this question, key in: <ul style="list-style-type: none"> • ADMIT DATE • TO DATE If provider selects NO to this question, go to next field.
	Is there an outside lab?	Required	If provider selects YES to this question, key in: <ul style="list-style-type: none"> • CHARGES If provider selects NO to this question, go to next field.
	Clinical Laboratory Improvement Amendment Number needed for this claim?	Required	If provider selects YES to this question, key in: <ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENT NUMBER If provider selects NO to this question, go to next field.
	Is there a prior authorization for this claim?	Required	If provider selects YES to this question, key in: <ul style="list-style-type: none"> • PRIOR AUTHORIZATION NUMBER If provider selects NO to this question, go to next field.
	Is there a Referral for this claim?	Required	If provider selects YES to this question, key in: <ul style="list-style-type: none"> • REFFERRAL NUMBER If provider selects NO to this question, go to next field.
Additional Notes	Not Required	Provide additional information that is necessary to process the claim.	

Step	Action						
21	Determine if provider needs to search for Diagnosis Code or CPT/HCPC Code.						
	<table border="1"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>Provider will search for Diagnosis Code or CPT/HCPC code on Claim Information page.</td> <td>Go to next step.</td> </tr> <tr> <td>Provider will not search for Diagnosis Code or CPT/HCPC code on Claim Information page.</td> <td>Enter valid Diagnosis Code(s) or CPT/HCPC code(s). Go to step 24.</td> </tr> </tbody> </table>	If	Then	Provider will search for Diagnosis Code or CPT/HCPC code on Claim Information page.	Go to next step.	Provider will not search for Diagnosis Code or CPT/HCPC code on Claim Information page.	Enter valid Diagnosis Code(s) or CPT/HCPC code(s). Go to step 24.
	If	Then					
Provider will search for Diagnosis Code or CPT/HCPC code on Claim Information page.	Go to next step.						
Provider will not search for Diagnosis Code or CPT/HCPC code on Claim Information page.	Enter valid Diagnosis Code(s) or CPT/HCPC code(s). Go to step 24.						

22 In the Diagnosis Code entry fields, or in the Service Description grid in the CPT/HCPCS Code fields, enter at least the first three characters of the code and select the Search icon. Refer to Figure 6-20 and 6-21.

Note : Do not include any decimals when entering Diagnosis Code information.

Diagnosis Codes (ICD 10):

1 *	2	3	4	5	6
V10					
7	8	9	10	11	12

From Date*	To Date*	POS*	CPT/HCPCS Code*	Modifier	Diagnosis Pointer*	Charges*	Days or Units*	COB	NDC	EPSDT	Emergency Service	Family Planning
05/27/2019	06/03/2019	11	500		1	\$ 1,000.10	1	COB			<input type="radio"/>	<input type="radio"/>
		Select				\$		COB			<input type="radio"/>	<input type="radio"/>
		Select				\$		COB			<input type="radio"/>	<input type="radio"/>
		Select				\$		COB			<input type="radio"/>	<input type="radio"/>
		Select				\$		COB			<input type="radio"/>	<input type="radio"/>
		Select				\$		COB			<input type="radio"/>	<input type="radio"/>
		Select				\$		COB			<input type="radio"/>	<input type="radio"/>
		Select				\$		COB			<input type="radio"/>	<input type="radio"/>
		Select				\$		COB			<input type="radio"/>	<input type="radio"/>

Total Charges: \$ 1,000.10

Figure 6-20 Diagnosis Code Search (above) and Procedure Code Search (below)

Result: Code search pop up appears.

Step	Action																
<p>22, continued</p>	<div data-bbox="441 218 1334 1075" style="border: 1px solid black; padding: 10px;"> <div style="background-color: #444; color: white; padding: 5px; display: flex; justify-content: space-between;"> Search Results ✕ </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 20%;">Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>V10</u></td> <td>Pedal cycle rider injured in collision with pedestrian or animal</td> </tr> <tr> <td style="text-align: center;"><u>V100</u></td> <td>Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident</td> </tr> <tr> <td style="text-align: center;"><u>V100XXA</u></td> <td>Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, initial encounter</td> </tr> <tr> <td style="text-align: center;"><u>V100XXD</u></td> <td>Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter</td> </tr> <tr> <td style="text-align: center;"><u>V100XXS</u></td> <td>Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, sequela</td> </tr> <tr> <td style="text-align: center;"><u>V101</u></td> <td>Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident</td> </tr> <tr> <td style="text-align: center;"><u>V101XXA</u></td> <td>Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic</td> </tr> </tbody> </table> <div style="text-align: right; margin-top: 10px;"> Cancel </div> </div>	Code	Description	<u>V10</u>	Pedal cycle rider injured in collision with pedestrian or animal	<u>V100</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident	<u>V100XXA</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, initial encounter	<u>V100XXD</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter	<u>V100XXS</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, sequela	<u>V101</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident	<u>V101XXA</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic
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<u>V101XXA</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic																

Figure 6-21 Diagnosis Code Search Result Pop-up

Step	Action																
23	<p>Select correct code from search results. Refer to Figure 6-22.</p> <div data-bbox="485 262 1289 1037" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <div style="background-color: #f0f0f0; padding: 5px; border: 1px solid #ccc; display: flex; justify-content: space-between; align-items: center;"> Search Results ✕ </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: center;">Code</th> <th style="text-align: center;">Description</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; border: 2px solid red;">V10</td> <td>Pedal cycle rider injured in collision with pedestrian or animal</td> </tr> <tr> <td style="text-align: center;"><u>V100</u></td> <td>Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident</td> </tr> <tr> <td style="text-align: center;"><u>V100XXA</u></td> <td>Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, initial encounter</td> </tr> <tr> <td style="text-align: center;"><u>V100XXD</u></td> <td>Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter</td> </tr> <tr> <td style="text-align: center;"><u>V100XXS</u></td> <td>Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, sequela</td> </tr> <tr> <td style="text-align: center;"><u>V101</u></td> <td>Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident</td> </tr> <tr> <td style="text-align: center;"><u>V101XXA</u></td> <td>Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic</td> </tr> </tbody> </table> <div style="text-align: right; margin-top: 10px;"> Cancel </div> </div> <p style="text-align: center; margin-top: 10px;">Figure 6-22 Make diagnosis code selection by clicking the code</p> <p>Result: Pop up closes and code appears in correct field on Claim Information page.</p>	Code	Description	V10	Pedal cycle rider injured in collision with pedestrian or animal	<u>V100</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident	<u>V100XXA</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, initial encounter	<u>V100XXD</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, subsequent encounter	<u>V100XXS</u>	Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident, sequela	<u>V101</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic accident	<u>V101XXA</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic
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<u>V101XXA</u>	Pedal cycle passenger injured in collision with pedestrian or animal in nontraffic																

Step	Action										
24	Determine if provider would like to continue throughout professional claim form. Use the buttons described in the table below and shown in Figure 6-23, to perform navigation.										
	<table border="1"> <thead> <tr> <th data-bbox="293 294 862 348">If</th> <th data-bbox="862 294 1482 348">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="293 348 862 491">Provider would like to go to next page</td> <td data-bbox="862 348 1482 491">Select SAVE AND CONTINUE button and go to next step. Result: Terms and Agreements page appears. Refer to Figure 6-24.</td> </tr> <tr> <td data-bbox="293 491 862 579">Provider would like to cancel claim submission form</td> <td data-bbox="862 491 1482 579">Select CANCEL button. Note: Claim information will not be saved.</td> </tr> <tr> <td data-bbox="293 579 862 697">Provider would like to save and continue this claim submission form at a later date</td> <td data-bbox="862 579 1482 697">Select SAVE AND EXIT button. Note: Claim information will be saved in Claim Submission In Progress workbench.</td> </tr> <tr> <td data-bbox="293 697 862 743">Provider would like to go to previous page.</td> <td data-bbox="862 697 1482 743">Select PREVIOUS button.</td> </tr> </tbody> </table>	If	Then	Provider would like to go to next page	Select SAVE AND CONTINUE button and go to next step. Result: Terms and Agreements page appears. Refer to Figure 6-24.	Provider would like to cancel claim submission form	Select CANCEL button. Note: Claim information will not be saved.	Provider would like to save and continue this claim submission form at a later date	Select SAVE AND EXIT button. Note: Claim information will be saved in Claim Submission In Progress workbench.	Provider would like to go to previous page.	Select PREVIOUS button.
	If	Then									
	Provider would like to go to next page	Select SAVE AND CONTINUE button and go to next step. Result: Terms and Agreements page appears. Refer to Figure 6-24.									
	Provider would like to cancel claim submission form	Select CANCEL button. Note: Claim information will not be saved.									
Provider would like to save and continue this claim submission form at a later date	Select SAVE AND EXIT button. Note: Claim information will be saved in Claim Submission In Progress workbench.										
Provider would like to go to previous page.	Select PREVIOUS button.										



Figure 6-23 Claim Form Navigation Options

Professional Claim Submission Form - Terms and Agreements Page

▾ Professional Claim Submission Form

▾ Terms and Agreements

Please key in provider name and NPI to certify the information on this form is accurate and terms and conditions have been satisfied.

Provider Name: *

NPI/API: *

Accept assignment? * Yes No

I certify I have read the [Terms and Conditions](#) that apply to this bill and are made a part thereof.

Figure 6-24 Professional Claim Submission Form: Terms and Agreements

25	Key in Provider's Name in PROVIDER NAME field. Refer to Figure 6-24.
26	Key in Provider NPI/API in the NPI/API field. Refer to Figure 6-24.

Step	Action										
27	Select YES radio button for “Accept assignment?” question. Refer to Figure 6-24. Note: Provider will not be able to submit claim if Yes is not selected.										
28	Review Terms and Conditions and select check box next to statement “I certify I have read the Terms and Conditions that apply to this bill and are made a part thereof.” Refer to Figure 6-24. Note: Provider will not be able to submit claim if this box is not selected.										
29	Determine if provider would like to submit professional claim. Refer to Figure 6-24. <table border="1" data-bbox="305 531 1471 884"> <thead> <tr> <th data-bbox="305 531 862 583">If</th> <th data-bbox="862 531 1471 583">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="305 583 862 636">Provider would like to submit claim</td> <td data-bbox="862 583 1471 636">Select SUBMIT button and go to next step.</td> </tr> <tr> <td data-bbox="305 636 862 720">Provider would like to cancel claim submission form</td> <td data-bbox="862 636 1471 720"> Select CANCEL button. Note: Claim information will not be saved. </td> </tr> <tr> <td data-bbox="305 720 862 835">Provider would like to save and continue this claim submission form at a later date</td> <td data-bbox="862 720 1471 835"> Select SAVE AND EXIT button. Note: Claim information will be saved in Claim Submission In Progress workbench. </td> </tr> <tr> <td data-bbox="305 835 862 884">Provider would like to go to previous page.</td> <td data-bbox="862 835 1471 884">Select PREVIOUS button.</td> </tr> </tbody> </table>	If	Then	Provider would like to submit claim	Select SUBMIT button and go to next step.	Provider would like to cancel claim submission form	Select CANCEL button. Note: Claim information will not be saved.	Provider would like to save and continue this claim submission form at a later date	Select SAVE AND EXIT button. Note: Claim information will be saved in Claim Submission In Progress workbench.	Provider would like to go to previous page.	Select PREVIOUS button.
If	Then										
Provider would like to submit claim	Select SUBMIT button and go to next step.										
Provider would like to cancel claim submission form	Select CANCEL button. Note: Claim information will not be saved.										
Provider would like to save and continue this claim submission form at a later date	Select SAVE AND EXIT button. Note: Claim information will be saved in Claim Submission In Progress workbench.										
Provider would like to go to previous page.	Select PREVIOUS button.										
30	Claim is successfully submitted and Optum generated claim ID is presented on screen. – Discontinue this procedure.										

6.2. Accessing In Progress Claims

At any point in the claim submission process, a provider can choose to save a draft of their claim submission form and return to complete it at a later time. Use the instructions in this section to access claims that have been saved as in progress.

Step	Action
1	Navigate to the Montana Provider Portal website at https://mtdphs-provider.optum.com

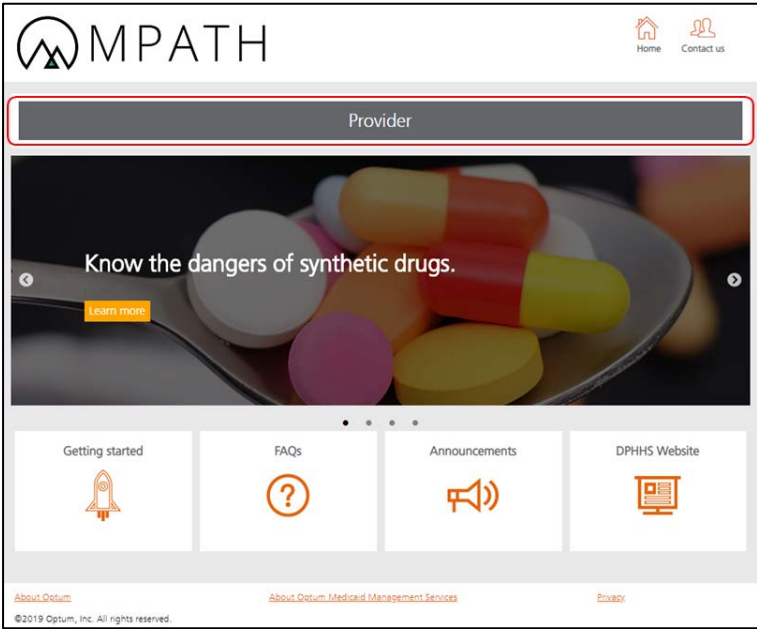
Step	Action
<p>2</p>	<p>Select PROVIDER button. Refer to Figure 6-25.</p>  <p>The screenshot shows the Montana Provider Portal (MPATH) home page. At the top left is the MPATH logo. At the top right are 'Home' and 'Contact us' icons. Below the logo is a navigation bar with a 'Provider' button highlighted by a red border. The main content area features a banner with the text 'Know the dangers of synthetic drugs.' and a 'Learn more' button. Below the banner are four menu items: 'Getting started' (rocket icon), 'FAQs' (question mark icon), 'Announcements' (megaphone icon), and 'DPHHS Website' (computer monitor icon). At the bottom, there are links for 'About Optum', 'About Optum Medicaid Management Services', and 'Privacy'. A copyright notice '©2019 Optum, Inc. All rights reserved.' is at the very bottom.</p>

Figure 6-25 Montana Provider Portal Home Page

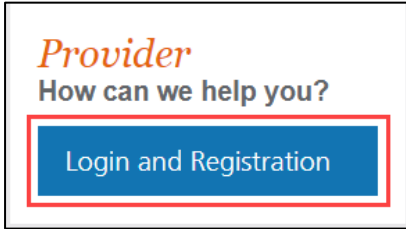
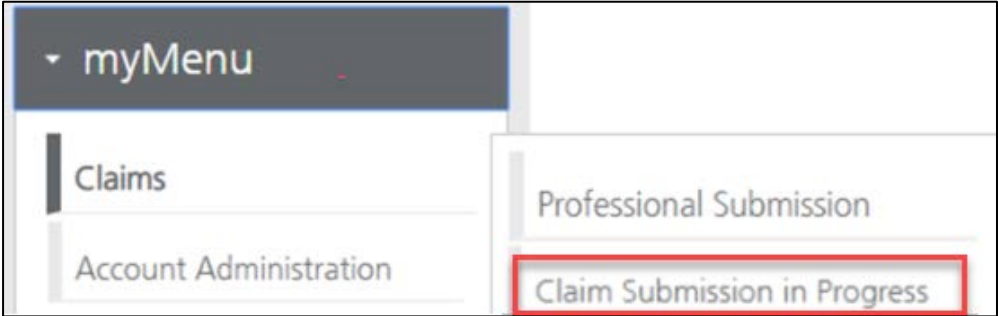
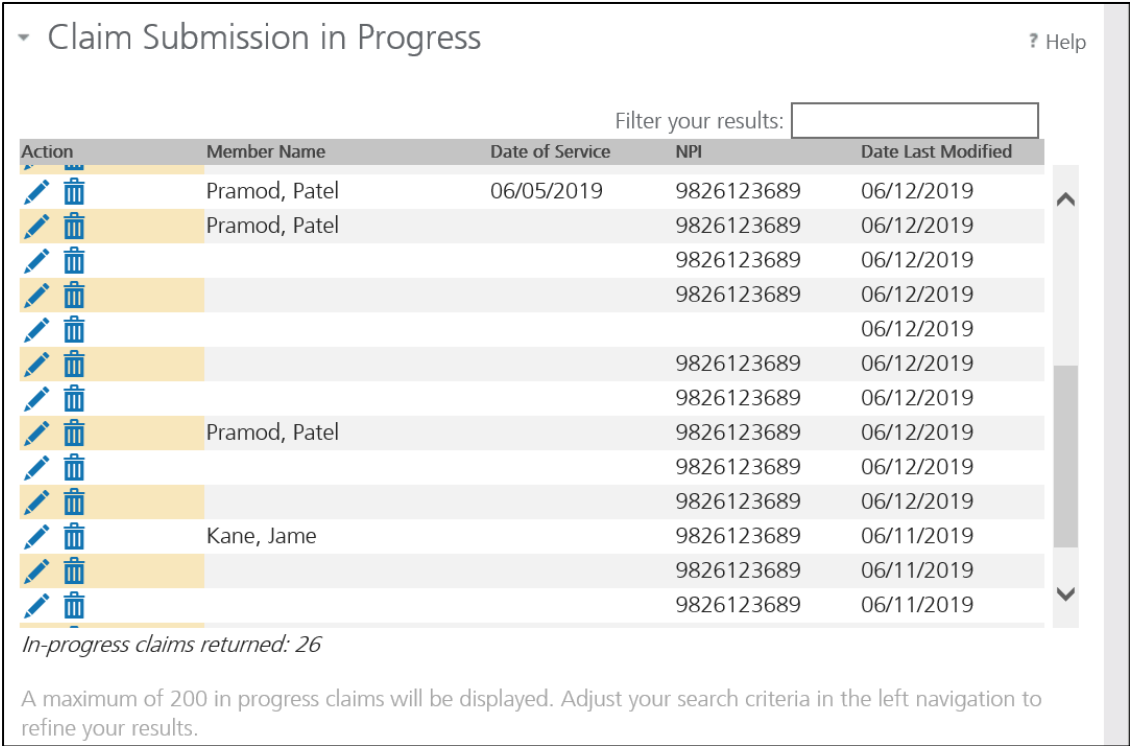
<p>3</p>	<p>Select LOGIN AND REGISTRATION button. Refer to Figure 6-26.</p>  <p>The screenshot shows a white box with the text 'Provider' in orange, 'How can we help you?' in blue, and a blue button with the text 'Login and Registration' in white. The button is highlighted with a red border.</p>
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Figure 6-26 Provider Login and Registration

Step	Action
<p>4</p>	<p>Complete the following information. Refer to Figure 6-27.</p> <ul style="list-style-type: none"> • Enter user's Optum GovID or email address in the OPTUM GOVID OR EMAIL ADDRESS field. • Enter user's Password in the PASSWORD field. • Select SIGN IN button. <div data-bbox="516 394 1263 827" data-label="Image"> </div> <p style="text-align: center;">Figure 6-27 Optum GovID Sign In Page</p> <p>Result: Secure landing page will display.</p>

<p>5</p>	<p>Hover cursor over CLAIMS under MyMenu. Refer to Figure 6-28.</p> <div data-bbox="414 1024 1360 1564" data-label="Image"> </div> <p style="text-align: center;">Figure 6-28 Select Claims from MyMenu</p> <p>Result: Secondary menu will appear.</p>
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Step	Action
6	<p>Select CLAIM SUBMISSION IN PROGRESS from secondary menu. Refer to Figure 6-29.</p>  <p>Figure 6-29 Select Claim Submission in Progress</p> <p>Result: Claim submission in progress grid appears.</p>

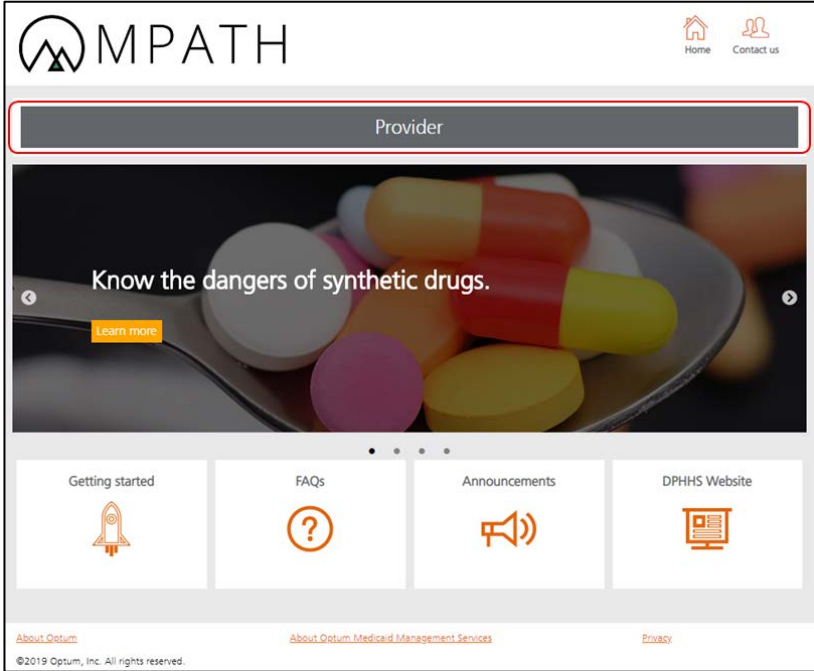
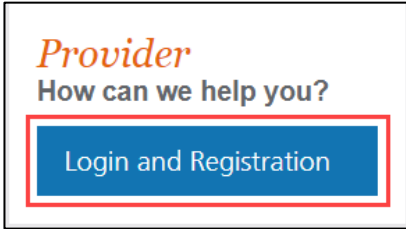
7	<p>By default, up to 200 in progress claims will display. To filter the results for a specific claim, key in the member's name, date of service, NPI or the date last modified into the Filter field. The results grid will begin to filter results immediately. There is no character minimum for the filter.</p> <p>Next, determine the functionality the provider would like to perform. Refer to Figure 6-30 for the Claims Submission in Progress grid view.</p>  <p>Figure 6-30 Claim Submission in Progress grid</p>
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Step	Action						
<p>7, continued</p>	If	Then					
	<p>Provider would like to VIEW in progress claims in grid.</p>	<p>View the claims in the grid. The grid displays the Member Name, Date of Service, NPI, and the Date Last Modified.</p> <p>– Discontinue this procedure.</p>					
	<p>Provider would like to EDIT an in progress claim in grid.</p>	<p>Select EDIT icon to pick up where provider left off in the claim the last time it was saved. Refer to section 6.1 Submit Professional Claim procedure for instructions on how to submit/continue to submit professional claim forms. Refer to Figure 6-31.</p> <div data-bbox="818 583 1425 747" style="border: 1px solid black; padding: 5px;"> <table border="1"> <thead> <tr> <th>Action</th> <th>Member Name</th> </tr> </thead> <tbody> <tr> <td></td> <td>Pramod, Patel</td> </tr> <tr> <td></td> <td>Pramod, Patel</td> </tr> </tbody> </table> </div> <p style="text-align: center;">Figure 6-31 Select pencil icon to edit the claim</p> <p>– Discontinue this procedure.</p>	Action	Member Name		Pramod, Patel	
Action	Member Name						
	Pramod, Patel						
	Pramod, Patel						
<p>Provider would like to DELETE an in progress claim in grid.</p>	<p>Select DELETE icon and select YES button on pop up asking provider if he or she is sure they would like to delete the in-progress claim. Refer to Figure 6-32.</p> <p>– Discontinue this procedure.</p> <div data-bbox="818 995 1425 1159" style="border: 1px solid black; padding: 5px;"> <table border="1"> <thead> <tr> <th>Action</th> <th>Member Name</th> </tr> </thead> <tbody> <tr> <td></td> <td>Pramod, Patel</td> </tr> <tr> <td></td> <td>Pramod, Patel</td> </tr> </tbody> </table> </div> <p style="text-align: center;">Figure 6-32 Select trash can icon to delete the claim</p> <p>Result: In-progress claim permanently deleted.</p>	Action	Member Name		Pramod, Patel		Pramod, Patel
Action	Member Name						
	Pramod, Patel						
	Pramod, Patel						

6.3. Using Professional Claim Templates

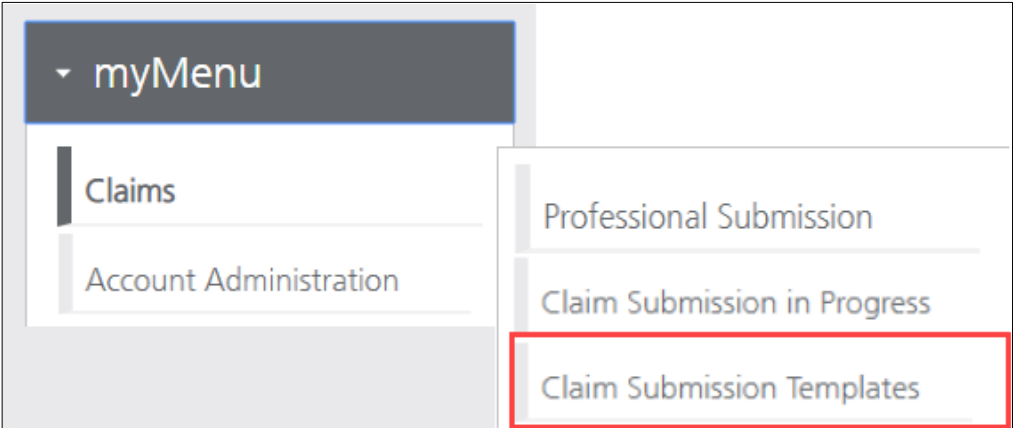
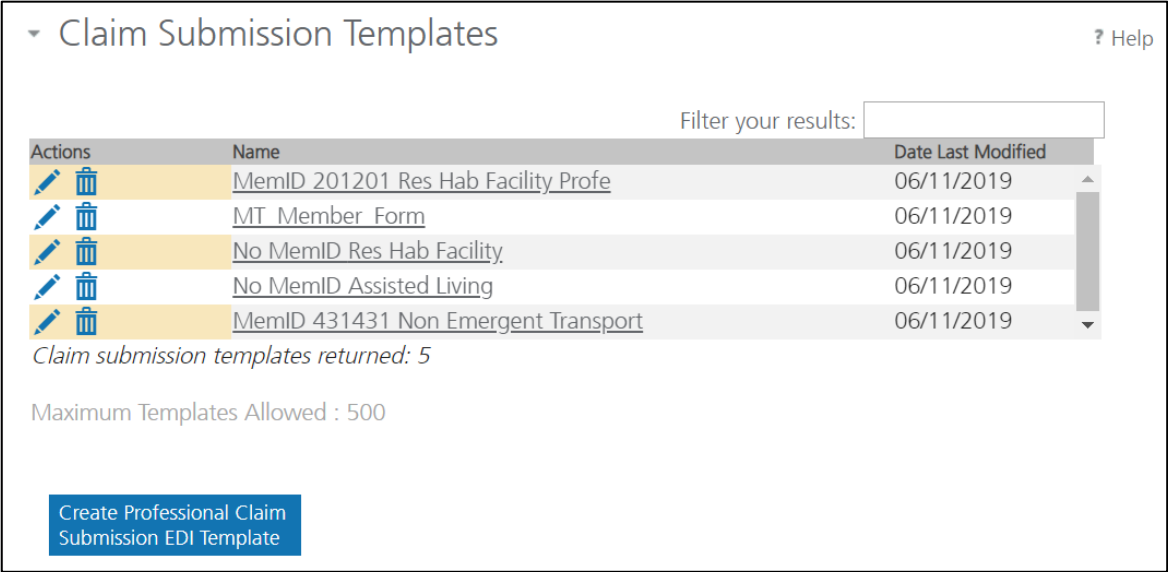






























Claim submission templates are a quick tool for providers to use when there are members they frequently submit claims for, service-related information, such as procedure code and diagnosis code, for which the provider frequently bills, or a combination of the two. Providers can create and save up to 500 claim templates.

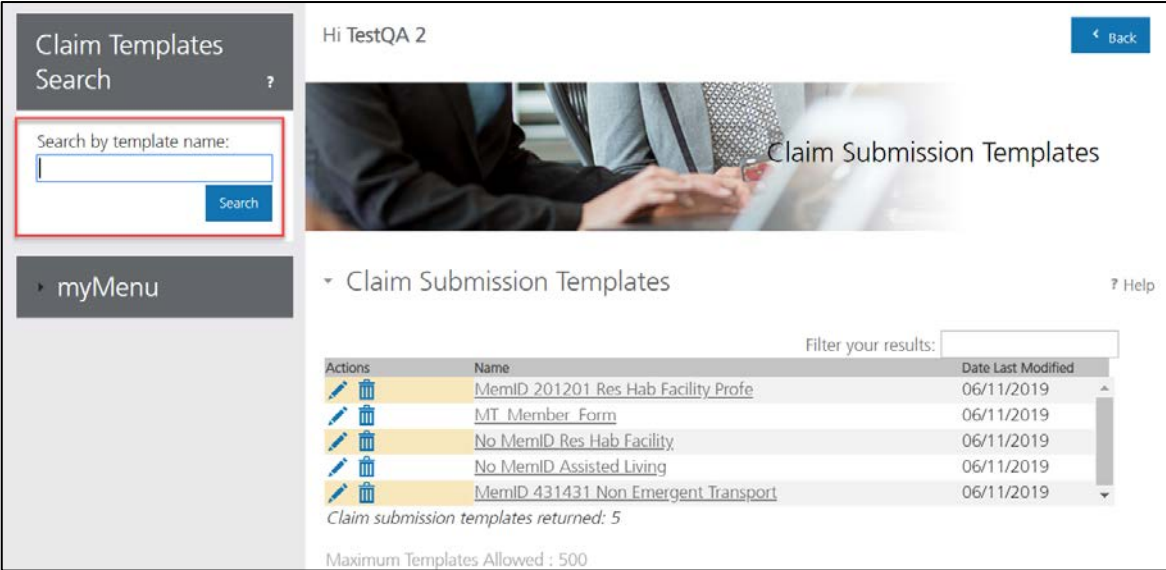
Step	Action
1	<p>Navigate to the Montana Provider Portal website at https://mtdphhs-provider.optum.com</p>

Step	Action
<p>2</p>	<p>Select PROVIDER button. Refer to Figure 6-33.</p>  <p style="text-align: center;">Figure 6-33 Provider Portal Home Page</p>
<p>3</p>	<p>Select LOGIN AND REGISTRATION button. Refer to Figure 6-34.</p>  <p style="text-align: center;">Figure 6-34 Provider Login and Registration</p>

Step	Action
<p>4</p>	<p>Complete the following information. Refer to Figure 6-35.</p> <ul style="list-style-type: none"> • Enter user's Optum ID or email address in the OPTUM ID OR EMAIL ADDRESS field. • Enter user's Password in the PASSWORD field. • Select SIGN IN button. <div data-bbox="500 396 1289 852" data-label="Image"> </div> <p style="text-align: center;">Figure 6-35 Optum GovID Sign In Page</p> <p>Result: Secure landing page will display.</p>

<p>5</p>	<p>Hover cursor over CLAIMS under MyMenu. Refer to Figure 6-36.</p> <div data-bbox="428 1050 1357 1579" data-label="Image"> </div> <p style="text-align: center;">Figure 6-36 Select Claims from MyMenu</p> <p>Result: Secondary menu will appear.</p>
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Step	Action																		
<p data-bbox="207 218 224 239">6</p>	<p data-bbox="315 218 1377 239">Select Claim Submission Templates from secondary menu. Refer to Figure 6-37 and 6-38.</p> <div data-bbox="391 264 1398 688">  </div> <p data-bbox="623 709 1166 739">Figure 6-37 Select Claim Submission Templates</p> <p data-bbox="315 764 834 793">Result: Claim template workbench appears.</p> <div data-bbox="318 814 1479 1381">  <table border="1" data-bbox="342 947 1409 1150"> <thead> <tr> <th data-bbox="342 947 418 968">Actions</th> <th data-bbox="548 947 602 968">Name</th> <th data-bbox="1203 947 1360 968">Date Last Modified</th> </tr> </thead> <tbody> <tr> <td data-bbox="342 978 418 1010"> </td> <td data-bbox="548 978 927 1010">MemID 201201 Res Hab Facility Profe</td> <td data-bbox="1203 978 1325 999">06/11/2019</td> </tr> <tr> <td data-bbox="342 1010 418 1041"> </td> <td data-bbox="548 1010 740 1041">MT Member Form</td> <td data-bbox="1203 1010 1325 1031">06/11/2019</td> </tr> <tr> <td data-bbox="342 1041 418 1073"> </td> <td data-bbox="548 1041 821 1073">No MemID Res Hab Facility</td> <td data-bbox="1203 1041 1325 1062">06/11/2019</td> </tr> <tr> <td data-bbox="342 1073 418 1104"> </td> <td data-bbox="548 1073 805 1104">No MemID Assisted Living</td> <td data-bbox="1203 1073 1325 1094">06/11/2019</td> </tr> <tr> <td data-bbox="342 1104 418 1136"> </td> <td data-bbox="548 1104 959 1136">MemID 431431 Non Emergent Transport</td> <td data-bbox="1203 1104 1325 1125">06/11/2019</td> </tr> </tbody> </table> <p data-bbox="342 1150 748 1180">Claim submission templates returned: 5</p> <p data-bbox="342 1205 699 1234">Maximum Templates Allowed : 500</p> <p data-bbox="370 1310 613 1360">Create Professional Claim Submission EDI Template</p> </div> <p data-bbox="607 1398 1182 1428">Figure 6-38 Existing Claim Submission Templates</p>	Actions	Name	Date Last Modified	 	MemID 201201 Res Hab Facility Profe	06/11/2019	 	MT Member Form	06/11/2019	 	No MemID Res Hab Facility	06/11/2019	 	No MemID Assisted Living	06/11/2019	 	MemID 431431 Non Emergent Transport	06/11/2019
Actions	Name	Date Last Modified																	
 	MemID 201201 Res Hab Facility Profe	06/11/2019																	
 	MT Member Form	06/11/2019																	
 	No MemID Res Hab Facility	06/11/2019																	
 	No MemID Assisted Living	06/11/2019																	
 	MemID 431431 Non Emergent Transport	06/11/2019																	

Step	Action
<p>7</p>	<p>The Claim Submission Templates page displays a list of existing claim submission templates (up to 500 by default). To search for a specific claim template, type at least the first three characters of the template name in the Claim Template Search field and click Search. Refer to Figure 6-39.</p> <p>To filter the results for a specific claim, key in the template name or date last modified into the Filter field. The results grid will begin to filter results immediately. There is no character minimum for the filter.</p>  <p>Figure 6-39 Claim Submission Template Search</p>

Step	Action																									
<p>8</p>	<p>Determine functionality user would like to perform within Claim Submission Template area of portal.</p> <table border="1" data-bbox="315 294 1472 1121"> <thead> <tr> <th data-bbox="315 294 672 348">If</th> <th data-bbox="672 294 1472 348">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 348 672 856"> <p>Create new Professional Template</p> </td> <td data-bbox="672 348 1472 856"> <p>Select CREATE PROFESSIONAL TEMPLATE button. Go to next step. Refer to Figure 6-40.</p> <div data-bbox="688 428 1463 760" style="border: 1px solid black; padding: 5px;"> <p>▾ Claim Submission Templates ? Help</p> <p style="text-align: right;">Filter your results: <input type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Actions</th> <th style="width: 70%;">Name</th> <th style="width: 20%;">Date Last Modified</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">No claim submission templates found.</td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>Claim submission templates returned: 0</i></td> </tr> <tr> <td colspan="3" style="text-align: center;">Maximum Templates Allowed : 500</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <div style="border: 1px solid blue; display: inline-block; padding: 2px 5px; color: white; background-color: #007bff;"> Create Professional Claim Submission EDI Template </div> </td> </tr> </tbody> </table> <p style="text-align: center;">Figure 6-40 Select button to create a new claim template</p> <p>Result: Provider Details page appears.</p> </div> </td> </tr> <tr> <td data-bbox="315 856 672 936"> <p>Edit existing Professional Template</p> </td> <td data-bbox="672 856 1472 936"> <p>Go to step 24.</p> </td> </tr> <tr> <td data-bbox="315 936 672 1016"> <p>Delete existing Professional Template</p> </td> <td data-bbox="672 936 1472 1016"> <p>Go to step 27.</p> </td> </tr> <tr> <td data-bbox="315 1016 672 1121"> <p>Submit claim using an existing template from workbench</p> </td> <td data-bbox="672 1016 1472 1121"> <p>Go to step 29.</p> </td> </tr> </tbody> </table>	If	Then	<p>Create new Professional Template</p>	<p>Select CREATE PROFESSIONAL TEMPLATE button. Go to next step. Refer to Figure 6-40.</p> <div data-bbox="688 428 1463 760" style="border: 1px solid black; padding: 5px;"> <p>▾ Claim Submission Templates ? Help</p> <p style="text-align: right;">Filter your results: <input type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Actions</th> <th style="width: 70%;">Name</th> <th style="width: 20%;">Date Last Modified</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">No claim submission templates found.</td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>Claim submission templates returned: 0</i></td> </tr> <tr> <td colspan="3" style="text-align: center;">Maximum Templates Allowed : 500</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <div style="border: 1px solid blue; display: inline-block; padding: 2px 5px; color: white; background-color: #007bff;"> Create Professional Claim Submission EDI Template </div> </td> </tr> </tbody> </table> <p style="text-align: center;">Figure 6-40 Select button to create a new claim template</p> <p>Result: Provider Details page appears.</p> </div>	Actions	Name	Date Last Modified	No claim submission templates found.			<i>Claim submission templates returned: 0</i>			Maximum Templates Allowed : 500			<div style="border: 1px solid blue; display: inline-block; padding: 2px 5px; color: white; background-color: #007bff;"> Create Professional Claim Submission EDI Template </div>			<p>Edit existing Professional Template</p>	<p>Go to step 24.</p>	<p>Delete existing Professional Template</p>	<p>Go to step 27.</p>	<p>Submit claim using an existing template from workbench</p>	<p>Go to step 29.</p>
If	Then																									
<p>Create new Professional Template</p>	<p>Select CREATE PROFESSIONAL TEMPLATE button. Go to next step. Refer to Figure 6-40.</p> <div data-bbox="688 428 1463 760" style="border: 1px solid black; padding: 5px;"> <p>▾ Claim Submission Templates ? Help</p> <p style="text-align: right;">Filter your results: <input type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Actions</th> <th style="width: 70%;">Name</th> <th style="width: 20%;">Date Last Modified</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">No claim submission templates found.</td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>Claim submission templates returned: 0</i></td> </tr> <tr> <td colspan="3" style="text-align: center;">Maximum Templates Allowed : 500</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <div style="border: 1px solid blue; display: inline-block; padding: 2px 5px; color: white; background-color: #007bff;"> Create Professional Claim Submission EDI Template </div> </td> </tr> </tbody> </table> <p style="text-align: center;">Figure 6-40 Select button to create a new claim template</p> <p>Result: Provider Details page appears.</p> </div>	Actions	Name	Date Last Modified	No claim submission templates found.			<i>Claim submission templates returned: 0</i>			Maximum Templates Allowed : 500			<div style="border: 1px solid blue; display: inline-block; padding: 2px 5px; color: white; background-color: #007bff;"> Create Professional Claim Submission EDI Template </div>												
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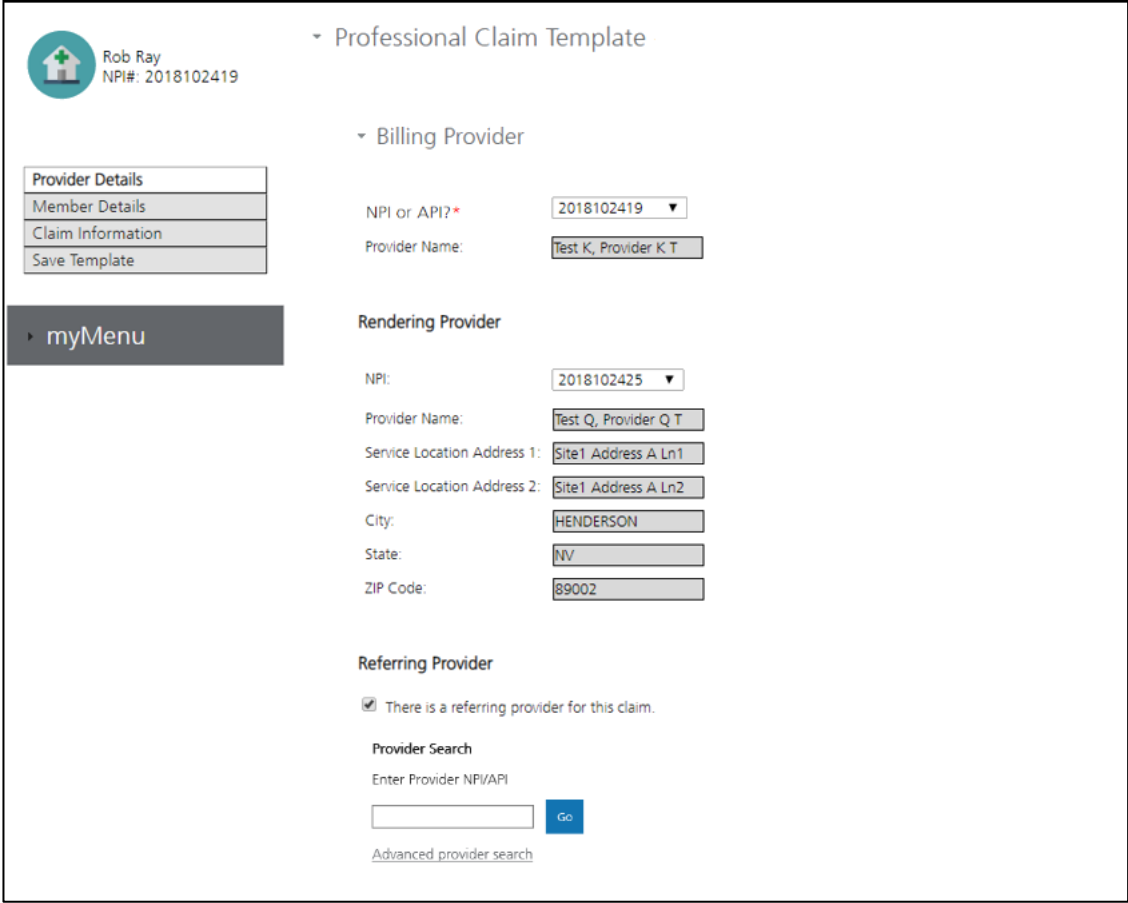
Step	Action
<p>8, continued</p>	<p>Provider Details Page for Professional Claim Template Creation</p> 

Figure 6-41 Professional Claim Submission Template - Provider Details Page

<p>9</p>	<p>Determine if user would like to change Provider Details page. (If user makes changes to this page, changes will be saved as part of template). Refer to Figure 6-41 for a view of the Provider Details Page.</p> <table border="1" data-bbox="315 1360 1472 1570"> <thead> <tr> <th data-bbox="315 1360 919 1415">If</th> <th data-bbox="919 1360 1472 1415">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 1415 919 1495">User does want to save changes to template on the provider details page</td> <td data-bbox="919 1415 1472 1495">Go to next step.</td> </tr> <tr> <td data-bbox="315 1495 919 1570">User does not want to save changes to template on the provider details page</td> <td data-bbox="919 1495 1472 1570">Go to step 17.</td> </tr> </tbody> </table>	If	Then	User does want to save changes to template on the provider details page	Go to next step.	User does not want to save changes to template on the provider details page	Go to step 17.		
If	Then								
User does want to save changes to template on the provider details page	Go to next step.								
User does not want to save changes to template on the provider details page	Go to step 17.								
<p>10</p>	<p>Determine if provider has multiple NPIs/APIs associated to portal account. Refer to Figure 6-41.</p> <table border="1" data-bbox="315 1642 1472 1906"> <thead> <tr> <th data-bbox="315 1642 919 1696">If</th> <th data-bbox="919 1642 1472 1696">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 1696 919 1768">User does not have multiple NPIs/APIs associated to portal account.</td> <td data-bbox="919 1696 1472 1768">Go to next step.</td> </tr> <tr> <td data-bbox="315 1768 919 1839">User has multiple NPIs/APIs associated to portal account.</td> <td data-bbox="919 1768 1472 1839">Select correct NP/API from drop down in Billing Provider section and go to next step.</td> </tr> <tr> <td data-bbox="315 1839 919 1906">User does not need to make changes to Billing Provider section to save to a template</td> <td data-bbox="919 1839 1472 1906">Go to next step.</td> </tr> </tbody> </table>	If	Then	User does not have multiple NPIs/APIs associated to portal account.	Go to next step.	User has multiple NPIs/APIs associated to portal account.	Select correct NP/API from drop down in Billing Provider section and go to next step.	User does not need to make changes to Billing Provider section to save to a template	Go to next step.
If	Then								
User does not have multiple NPIs/APIs associated to portal account.	Go to next step.								
User has multiple NPIs/APIs associated to portal account.	Select correct NP/API from drop down in Billing Provider section and go to next step.								
User does not need to make changes to Billing Provider section to save to a template	Go to next step.								

Step	Action								
11	<p>Determine if provider is a direct pay to provider. Refer to Figure 6-41.</p> <table border="1" data-bbox="315 260 1472 558"> <thead> <tr> <th data-bbox="315 260 920 317">If</th> <th data-bbox="920 260 1472 317">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 317 920 401">Provider is not a direct pay to provider. Rendering Provider is required.</td> <td data-bbox="920 317 1472 401">Rendering Provider section appears. Go to next step.</td> </tr> <tr> <td data-bbox="315 401 920 449">Provider is a direct pay to provider.</td> <td data-bbox="920 401 1472 449">Go to step 14</td> </tr> <tr> <td data-bbox="315 449 920 558">Provider does not need to make changes to Rendering Provider section to save to a template</td> <td data-bbox="920 449 1472 558">Go to next step.</td> </tr> </tbody> </table>	If	Then	Provider is not a direct pay to provider. Rendering Provider is required.	Rendering Provider section appears. Go to next step.	Provider is a direct pay to provider.	Go to step 14	Provider does not need to make changes to Rendering Provider section to save to a template	Go to next step.
If	Then								
Provider is not a direct pay to provider. Rendering Provider is required.	Rendering Provider section appears. Go to next step.								
Provider is a direct pay to provider.	Go to step 14								
Provider does not need to make changes to Rendering Provider section to save to a template	Go to next step.								
12	<p>Determine if Rendering Provider has multiple service addresses. Refer to Figure 6-41.</p> <table border="1" data-bbox="315 644 1472 963"> <thead> <tr> <th data-bbox="315 644 920 701">If</th> <th data-bbox="920 644 1472 701">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 701 920 779">Rendering Provider has multiple Service Addresses (check verbiage)</td> <td data-bbox="920 701 1472 779">Click SELECT ADDRESS and choose correct service address. Go to next step.</td> </tr> <tr> <td data-bbox="315 779 920 856">Rendering Provider does not have multiple Service Addresses.</td> <td data-bbox="920 779 1472 856">Go to next step.</td> </tr> <tr> <td data-bbox="315 856 920 963">Provider does not need to make changes to Rendering Provider section to save to a template</td> <td data-bbox="920 856 1472 963">Go to next step.</td> </tr> </tbody> </table>	If	Then	Rendering Provider has multiple Service Addresses (check verbiage)	Click SELECT ADDRESS and choose correct service address. Go to next step.	Rendering Provider does not have multiple Service Addresses.	Go to next step.	Provider does not need to make changes to Rendering Provider section to save to a template	Go to next step.
If	Then								
Rendering Provider has multiple Service Addresses (check verbiage)	Click SELECT ADDRESS and choose correct service address. Go to next step.								
Rendering Provider does not have multiple Service Addresses.	Go to next step.								
Provider does not need to make changes to Rendering Provider section to save to a template	Go to next step.								
13	<p>Determine if provider information is correct. Refer to Figure 6-41.</p> <table border="1" data-bbox="315 1037 1472 1249"> <thead> <tr> <th data-bbox="315 1037 920 1094">If</th> <th data-bbox="920 1037 1472 1094">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 1094 920 1171">Information is correct in Billing Provider and Rendering Provider sections.</td> <td data-bbox="920 1094 1472 1171">Go to next step.</td> </tr> <tr> <td data-bbox="315 1171 920 1249">Information is not correct in Billing Provider and Rendering Provider sections.</td> <td data-bbox="920 1171 1472 1249">Contact Montana DPHHS. – Discontinue this procedure.</td> </tr> </tbody> </table>	If	Then	Information is correct in Billing Provider and Rendering Provider sections.	Go to next step.	Information is not correct in Billing Provider and Rendering Provider sections.	Contact Montana DPHHS. – Discontinue this procedure.		
If	Then								
Information is correct in Billing Provider and Rendering Provider sections.	Go to next step.								
Information is not correct in Billing Provider and Rendering Provider sections.	Contact Montana DPHHS. – Discontinue this procedure.								
14	<p>Determine if there is an Order/Referring Provider needing to be saved to template. Refer to Figure 6-41.</p> <table border="1" data-bbox="315 1352 1472 1488"> <thead> <tr> <th data-bbox="315 1352 920 1409">If</th> <th data-bbox="920 1352 1472 1409">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 1409 920 1449">There is a Referring Provider</td> <td data-bbox="920 1409 1472 1449">Go to next step.</td> </tr> <tr> <td data-bbox="315 1449 920 1488">There is NOT a Referring Provider</td> <td data-bbox="920 1449 1472 1488">Go to step 17.</td> </tr> </tbody> </table>	If	Then	There is a Referring Provider	Go to next step.	There is NOT a Referring Provider	Go to step 17.		
If	Then								
There is a Referring Provider	Go to next step.								
There is NOT a Referring Provider	Go to step 17.								

Step	Action						
<p>15</p>	<p>Select the checkbox next to “There is a referring provider for this claim.” and/or “There is an ordering provider for this claim.” Click the NPI dropdown to select the correct provider from the list. Once selected, the Provider Name field will populate. Refer to Figures 6-42 and 6-43.</p> <div data-bbox="662 325 1122 443" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">Referring Provider</p> <p><input type="checkbox"/> There is a referring provider for this claim.</p> </div> <p style="text-align: center;">Figure 6-42 Capture a Referring Provider</p> <div data-bbox="662 514 1122 640" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;">Ordering Provider</p> <p><input type="checkbox"/> There is a ordering provider for this claim.</p> </div> <p style="text-align: center;">Figure 6-43 Capture an Ordering Provider</p>						
<p>16</p>	<p>Determine if provider would like to continue throughout professional claim template form.</p> <table border="1" data-bbox="315 800 1472 1056" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="315 800 802 856" style="text-align: center;">If</th> <th data-bbox="802 800 1472 856" style="text-align: center;">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 856 802 972"> <p>Provider would like to go to next page.</p> </td> <td data-bbox="802 856 1472 972"> <p>Select SAVE AND CONTINUE button and go to next step. Result: Member Details page appears.</p> </td> </tr> <tr> <td data-bbox="315 972 802 1056"> <p>Provider would like to cancel professional claim template form.</p> </td> <td data-bbox="802 972 1472 1056"> <p>Select CANCEL button. Note: Claim template will not be saved.</p> </td> </tr> </tbody> </table>	If	Then	<p>Provider would like to go to next page.</p>	<p>Select SAVE AND CONTINUE button and go to next step. Result: Member Details page appears.</p>	<p>Provider would like to cancel professional claim template form.</p>	<p>Select CANCEL button. Note: Claim template will not be saved.</p>
If	Then						
<p>Provider would like to go to next page.</p>	<p>Select SAVE AND CONTINUE button and go to next step. Result: Member Details page appears.</p>						
<p>Provider would like to cancel professional claim template form.</p>	<p>Select CANCEL button. Note: Claim template will not be saved.</p>						

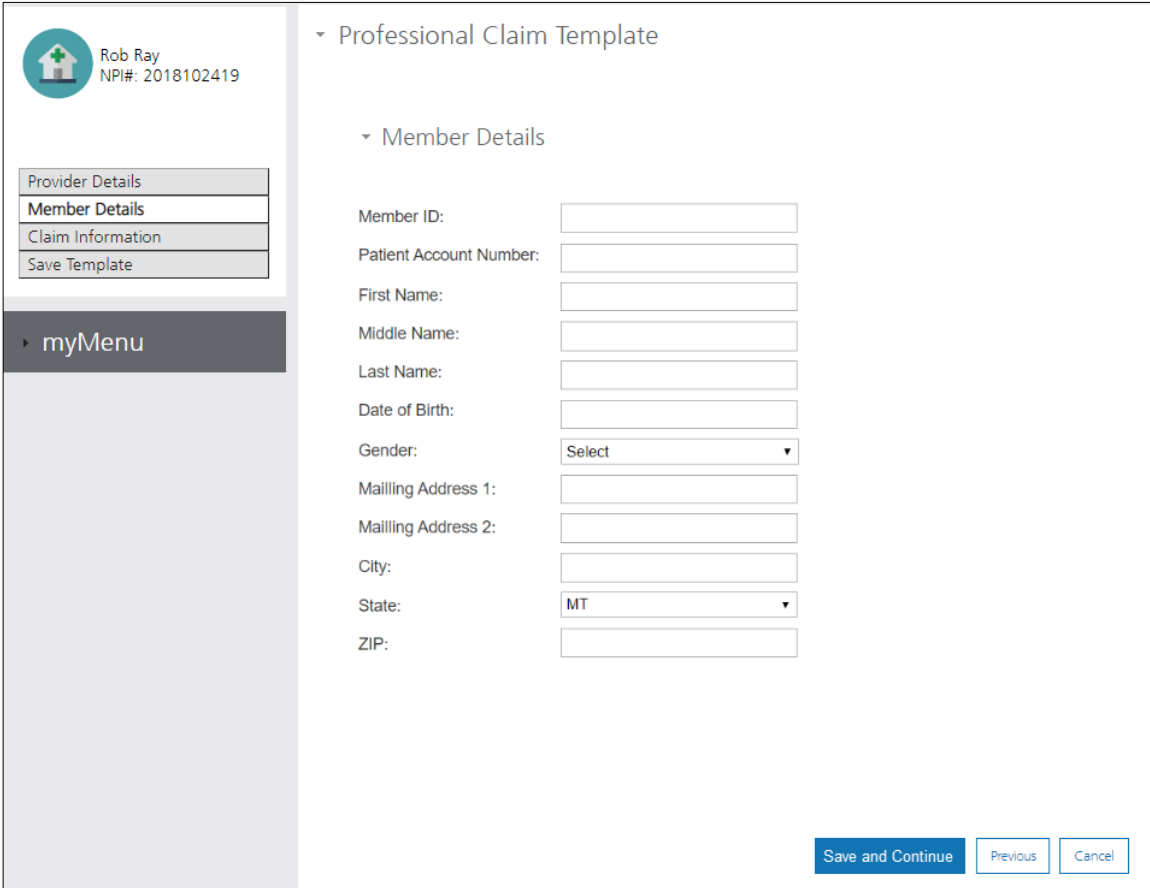
Step	Action
<p>16, continued</p>	<p>Member Details Page for Professional Claim Template Creation</p>  <p>Rob Ray NPI#: 2018102419</p> <p>Provider Details Member Details Claim Information Save Template</p> <p>myMenu</p> <p>Professional Claim Template</p> <p>Member Details</p> <p>Member ID: <input type="text"/></p> <p>Patient Account Number: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>Date of Birth: <input type="text"/></p> <p>Gender: <input type="text" value="Select"/></p> <p>Mailing Address 1: <input type="text"/></p> <p>Mailing Address 2: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text" value="MT"/></p> <p>ZIP: <input type="text"/></p> <p>Save and Continue Previous Cancel</p>

Figure 6-44 Professional Claim Submission Template - Member Details Page

<p>17</p>	<p>Determine if user would like to change Member Details page. (If user makes changes to this page, changes will be saved as part of template). See Figure 6-44.</p> <table border="1"> <thead> <tr> <th data-bbox="315 1318 943 1373">If</th> <th data-bbox="943 1318 1472 1373">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 1373 943 1451">User does want to save changes to template on the Member Details page</td> <td data-bbox="943 1373 1472 1451">Go to next step.</td> </tr> <tr> <td data-bbox="315 1451 943 1526">User does not want to save changes to template on the Member Details page</td> <td data-bbox="943 1451 1472 1526">Go to step 20.</td> </tr> </tbody> </table>	If	Then	User does want to save changes to template on the Member Details page	Go to next step.	User does not want to save changes to template on the Member Details page	Go to step 20.
If	Then						
User does want to save changes to template on the Member Details page	Go to next step.						
User does not want to save changes to template on the Member Details page	Go to step 20.						

Step	Action																																							
<p>18</p>	<p>Complete all applicable fields as shown above in Figure 6-44 – the Member Details page. Use the table below for instructions how to accurately complete each field. When creating templates, there are no required fields.</p> <p>NOTE: For Go-live, the Member Details functionality will change. There will be a Member Search function to allow users to search for a member, instead of manually entering member information.</p> <table border="1" data-bbox="315 422 1472 1167"> <thead> <tr> <th data-bbox="315 422 643 478">Field</th> <th data-bbox="643 422 889 478">Required?</th> <th data-bbox="889 422 1472 478">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 478 643 527">MEMBER ID</td> <td data-bbox="643 478 889 527">Not required</td> <td data-bbox="889 478 1472 527">The member's Medicaid ID.</td> </tr> <tr> <td data-bbox="315 527 643 636">PATIENT ACCOUNT NUMBER</td> <td data-bbox="643 527 889 636">Not required</td> <td data-bbox="889 527 1472 636">The member's account number. The Patient Account Number is for the provider's record only.</td> </tr> <tr> <td data-bbox="315 636 643 684">FIRST NAME</td> <td data-bbox="643 636 889 684">Not required</td> <td data-bbox="889 636 1472 684">The first name of the member.</td> </tr> <tr> <td data-bbox="315 684 643 732">MIDDLE NAME</td> <td data-bbox="643 684 889 732">Not required</td> <td data-bbox="889 684 1472 732">The middle name of the member.</td> </tr> <tr> <td data-bbox="315 732 643 781">LAST NAME</td> <td data-bbox="643 732 889 781">Not required</td> <td data-bbox="889 732 1472 781">The last name of the member.</td> </tr> <tr> <td data-bbox="315 781 643 829">DATE OF BIRTH</td> <td data-bbox="643 781 889 829">Not required</td> <td data-bbox="889 781 1472 829">The member's date of birth.</td> </tr> <tr> <td data-bbox="315 829 643 905">GENDER</td> <td data-bbox="643 829 889 905">Not required</td> <td data-bbox="889 829 1472 905">The gender of the member. Drop down options include: M- Male, F- Female, U- Unknown</td> </tr> <tr> <td data-bbox="315 905 643 953">MAILING ADDRESS 1</td> <td data-bbox="643 905 889 953">Not required</td> <td data-bbox="889 905 1472 953">Member's mailing address- Line 1.</td> </tr> <tr> <td data-bbox="315 953 643 1001">MAILING ADDRESS 2</td> <td data-bbox="643 953 889 1001">Not required</td> <td data-bbox="889 953 1472 1001">Member's mailing address- Line 2.</td> </tr> <tr> <td data-bbox="315 1001 643 1050">CITY</td> <td data-bbox="643 1001 889 1050">Not required</td> <td data-bbox="889 1001 1472 1050">Member's mailing address- City.</td> </tr> <tr> <td data-bbox="315 1050 643 1125">STATE</td> <td data-bbox="643 1050 889 1125">Not required</td> <td data-bbox="889 1050 1472 1125">Member's mailing address- State. Select from drop down.</td> </tr> <tr> <td data-bbox="315 1125 643 1167">ZIP</td> <td data-bbox="643 1125 889 1167">Not required</td> <td data-bbox="889 1125 1472 1167">Member's mailing address- ZIP.</td> </tr> </tbody> </table>	Field	Required?	Description	MEMBER ID	Not required	The member's Medicaid ID.	PATIENT ACCOUNT NUMBER	Not required	The member's account number. The Patient Account Number is for the provider's record only.	FIRST NAME	Not required	The first name of the member.	MIDDLE NAME	Not required	The middle name of the member.	LAST NAME	Not required	The last name of the member.	DATE OF BIRTH	Not required	The member's date of birth.	GENDER	Not required	The gender of the member. Drop down options include: M- Male, F- Female, U- Unknown	MAILING ADDRESS 1	Not required	Member's mailing address- Line 1.	MAILING ADDRESS 2	Not required	Member's mailing address- Line 2.	CITY	Not required	Member's mailing address- City.	STATE	Not required	Member's mailing address- State. Select from drop down.	ZIP	Not required	Member's mailing address- ZIP.
Field	Required?	Description																																						
MEMBER ID	Not required	The member's Medicaid ID.																																						
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CITY	Not required	Member's mailing address- City.																																						
STATE	Not required	Member's mailing address- State. Select from drop down.																																						
ZIP	Not required	Member's mailing address- ZIP.																																						
<p>19</p>	<p>Determine if provider would like to continue throughout professional claim template form. Refer to Figure 6-44.</p> <table border="1" data-bbox="315 1272 1472 1577"> <thead> <tr> <th data-bbox="315 1272 943 1329">If</th> <th data-bbox="943 1272 1472 1329">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="315 1329 943 1444">Provider would like to go to next page.</td> <td data-bbox="943 1329 1472 1444">Select SAVE AND CONTINUE button and go to next step. Result: Claim Information page appears.</td> </tr> <tr> <td data-bbox="315 1444 943 1535">Provider would like to cancel professional claim template form.</td> <td data-bbox="943 1444 1472 1535">Select CANCEL button. Note: Claim template will not be saved.</td> </tr> <tr> <td data-bbox="315 1535 943 1577">Provider would like to go to previous page.</td> <td data-bbox="943 1535 1472 1577">Select PREVIOUS button.</td> </tr> </tbody> </table>	If	Then	Provider would like to go to next page.	Select SAVE AND CONTINUE button and go to next step. Result: Claim Information page appears.	Provider would like to cancel professional claim template form.	Select CANCEL button. Note: Claim template will not be saved.	Provider would like to go to previous page.	Select PREVIOUS button.																															
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Step	Action																																																																																																																																																												
<p>19, continued</p>	<p>Claim Information Page for Professional Claim Template Creation</p> <div style="border: 1px solid gray; padding: 10px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>Rob Ray NPI# 2018102419</p> </div> <div style="text-align: right;"> <p>Claim Information</p> </div> </div> <div style="margin-top: 10px;"> <p>Provider Details</p> <p>Member Details</p> <p>Claim Information</p> <p>Save Template</p> </div> <div style="margin-top: 10px; background-color: #333; color: white; padding: 5px; text-align: center;"> <p>myMenu</p> </div> <div style="margin-top: 20px;"> <p>Claim Information</p> <p><i>Note</i> : Do not include any decimals when entering Diagnosis Code information.</p> <p>Diagnosis Codes (ICD 10):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">1</div> <div style="width: 15%;">2</div> <div style="width: 15%;">3</div> <div style="width: 15%;">4</div> <div style="width: 15%;">5</div> <div style="width: 15%;">6</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">7</div> <div style="width: 15%;">8</div> <div style="width: 15%;">9</div> <div style="width: 15%;">10</div> <div style="width: 15%;">11</div> <div style="width: 15%;">12</div> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>From Date</th> <th>To Date</th> <th>POS</th> <th>CPT/ HCPCS Code</th> <th>Modifier</th> <th>Diagnosis Pointer</th> <th>Charges</th> <th>Days or Units</th> <th>COB</th> <th>NDC</th> <th>EPSD1</th> <th>Emergency Service</th> <th>Family Planning</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>Select ▼</td><td>Q</td><td></td><td></td><td>\$</td><td></td><td>COB</td><td></td><td></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td></td><td></td><td>Select ▼</td><td>Q</td><td></td><td></td><td>\$</td><td></td><td>COB</td><td></td><td></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td></td><td></td><td>Select ▼</td><td>Q</td><td></td><td></td><td>\$</td><td></td><td>COB</td><td></td><td></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td></td><td></td><td>Select ▼</td><td>Q</td><td></td><td></td><td>\$</td><td></td><td>COB</td><td></td><td></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td></td><td></td><td>Select ▼</td><td>Q</td><td></td><td></td><td>\$</td><td></td><td>COB</td><td></td><td></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td></td><td></td><td>Select ▼</td><td>Q</td><td></td><td></td><td>\$</td><td></td><td>COB</td><td></td><td></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td></td><td></td><td>Select ▼</td><td>Q</td><td></td><td></td><td>\$</td><td></td><td>COB</td><td></td><td></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td></td><td></td><td>Select ▼</td><td>Q</td><td></td><td></td><td>\$</td><td></td><td>COB</td><td></td><td></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td></td><td></td><td>Select ▼</td><td>Q</td><td></td><td></td><td>\$</td><td></td><td>COB</td><td></td><td></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td></td><td></td><td>Select ▼</td><td>Q</td><td></td><td></td><td>\$</td><td></td><td>COB</td><td></td><td></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td></td><td></td><td>Select ▼</td><td>Q</td><td></td><td></td><td>\$</td><td></td><td>COB</td><td></td><td></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </tbody> </table> <p>Total Charges: \$ <input type="text"/> <input type="button" value="Add"/></p> <p>Do you have a Medicaid resubmission code? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you submitting COB at the claim level? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is the member's condition related to: <input type="text" value="Select"/></p> <p>Auto Accident State: <input type="text" value="Select"/></p> <p>First date related to Member's condition: <input type="text" value="Select"/></p> <p>Select the first date: <input type="text"/></p> <p>Is this Member deceased? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is member unable to work in current occupation? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is hospitalization related to current services? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is there an outside lab? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Clinical Laboratory Improvement Amendment Number needed for this claim? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is there a prior authorization for this claim? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Is there a Referral for this claim? <input type="radio"/> Yes <input type="radio"/> No</p> <div style="text-align: right; margin-top: 10px;"> <input type="button" value="Save and Continue"/> <input type="button" value="Previous"/> <input type="button" value="Cancel"/> </div> </div>	From Date	To Date	POS	CPT/ HCPCS Code	Modifier	Diagnosis Pointer	Charges	Days or Units	COB	NDC	EPSD1	Emergency Service	Family Planning			Select ▼	Q			\$		COB			<input type="radio"/>	<input type="radio"/>			Select ▼	Q			\$		COB			<input type="radio"/>	<input type="radio"/>			Select ▼	Q			\$		COB			<input type="radio"/>	<input type="radio"/>			Select ▼	Q			\$		COB			<input type="radio"/>	<input type="radio"/>			Select ▼	Q			\$		COB			<input type="radio"/>	<input type="radio"/>			Select ▼	Q			\$		COB			<input type="radio"/>	<input type="radio"/>			Select ▼	Q			\$		COB			<input type="radio"/>	<input type="radio"/>			Select ▼	Q			\$		COB			<input type="radio"/>	<input type="radio"/>			Select ▼	Q			\$		COB			<input type="radio"/>	<input type="radio"/>			Select ▼	Q			\$		COB			<input type="radio"/>	<input type="radio"/>			Select ▼	Q			\$		COB			<input type="radio"/>	<input type="radio"/>
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<p>20</p>	<p>Determine if user would like to change Claim Information page. (If user makes changes to this page, changes will be saved as part of template). See Figure 6-45.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">If</th> <th style="width: 50%; text-align: center;">Then</th> </tr> </thead> <tbody> <tr> <td>User does want to save changes to template on the Claim Information page</td> <td>Go to next step.</td> </tr> <tr> <td>User does not want to save changes to template on the Claim Information page</td> <td>Go to step 23.</td> </tr> </tbody> </table>	If	Then	User does want to save changes to template on the Claim Information page	Go to next step.	User does not want to save changes to template on the Claim Information page	Go to step 23.																																																																																																																																																						
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Figure 6-45 Professional Claim Submission Template - Claim Information page

Step	Action		
21	<p>Complete all applicable fields as shown above in Figure 6-45 – the Claim Information page. Use the table below for instructions how to accurately complete each field. When creating templates, no fields are required.</p>		
	Field	Required?	Description
	Diagnosis Codes (ICD 10)- Field 1	Not required	The diagnosis code used for the claim. Use ICD 10 code.
	Diagnosis Codes (ICD 10)- Fields 2-12	Not required	Additional diagnosis codes used for the claim. Use ICD 10 codes.
	From Date	Not required	The From Date for the claim line. Select correct from date from the calendar or use MMDDYYYY format.
	To Date	Not required	The To Date for the claim line. Select correct to date from the calendar or use MMDDYYYY format.
	POS	Not required	The Place of Service for the claim line.
	CPT/HCPCS Code	Not required	The Procedure Code for the claim line. Note: When J-code or drug, please key in NDC code in NDC column.
	Modifier	Not required	The code used to further describe a service or procedure. Up to 4 modifiers may be provided per claim line. Separate each modifier using a comma (.). Note: Do not include spaces between modifier code and comma. Spaces between modifier code and comma automatically will be removed.
	Diagnosis Pointer	Not required	Use the reference code from above the claim grid to relate the date of service and the procedures performed to the correct diagnosis code. Up to 8 diagnosis pointers may be provided per claim line. Please be sure to match the diagnosis code(s) for this particular service. Note: Do not include spaces between diagnosis pointer and comma. Spaces between each diagnosis pointer and comma automatically will be removed.
	Charges	Not required	The charged amount for service.
	Days or Units	Not required	The number of days or units for service.

Step	Action		
21, continued	Field	Required?	Description
	Other Insurance/COB	Not required	<p>If member has other insurance select COB link to enter the below information: Primary Payer Fields/Columns:</p> <ul style="list-style-type: none"> • INSURANCE TYPE <ul style="list-style-type: none"> ○ Options include: <ul style="list-style-type: none"> ▪ Commercial ▪ Medicare Part A and B ▪ Medicare Part B ▪ Medicare Part A ▪ Medicare Part C/Advantage • CARRIER NAME: The Primary Payer billable name. • CARRIER CODE: Reference code to the primary payer. • SUBSCRIBER FIRST NAME: First name of insurance carrier. • SUBSCRIBER LAST NAME: Last name of the insurance carrier. • SUBSCRIBER MIDDLE NAME: Middle name of the insurance carrier. • ALLOWED: The maximum amount the other insurance plan paid for service. • COPAY: The fixed amount paid by member for a health care service. • DEDUCTIBLE: The amount paid by member before other insurance plan starts to pay. • COINSURANCE: The amount other insurance plan paid after member reached deductible. • PAID AMOUNT: The amount paid by additional insurance carrier. • GROUP: • REASON: • AMOUNT: • EOB PAID DATE: The date the claim was processed by other insurance carrier.

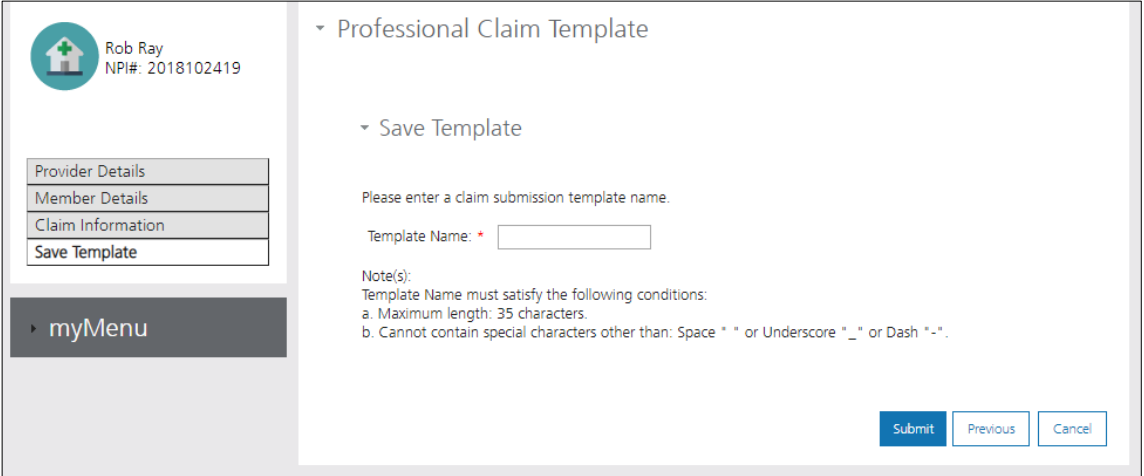
Step	Action		
21, continued	Field	Required?	Description
	Other Insurance/COB, continued	Not required	<p>Secondary Payer Fields/Columns:</p> <ul style="list-style-type: none"> • INSURANCE TYPE <ul style="list-style-type: none"> ○ Options include: <ul style="list-style-type: none"> ▪ Commercial ▪ Medicare Part A and B ▪ Medicare Part B ▪ Medicare Part A ▪ Medicare Part C/Advantage • CARRIER NAME: The Secondary Payer billable name. • CARRIER CODE: Reference code to be supply based on Tenant • SUBSCRIBER FIRST NAME: First name of insurance carrier. • SUBSCRIBER LAST NAME: Last name of the insurance carrier. • SUBSCRIBER MIDDLE NAME: Middle name of the insurance carrier. • ALLOWED: The maximum amount the other insurance plan paid for service. • COPAY: The fixed amount paid by member for a health care service. • DEDUCTIBLE: The amount paid by member before other insurance plan starts to pay. • COINSURANCE: The amount other insurance plan paid after member reached deductible. • PAID AMOUNT: The amount paid by additional insurance carrier. • GROUP: Identifies the responsible party • REASON: numerical formatted value that that Identifies what line amount was reduced • AMOUNT: The line value • EOB PAID DATE: The date the claim was processed by other insurance carrier.

















Step	Action		
21, continued	Field	Required?	Description
	NDC	Not required	The National Drug Code Note: Please key in NDC using a 5-4-2 format (e.g. XXXXX-XXXX-XX).
	EPSDT	Not required	Early and Periodic Screening, Diagnostic and Treatment
	Emergency Service	Not required	Identifies if the claim is related to emergency services
	Family Planning	Not required	Identifies if the claim is related to family planning services
	Trash Bin	Not required	User are able to remove lines added at the claim level
	Total Charges	Not required	The total of all charges from claim lines from grid.
	Add	Not required	Selecting Add button will add 10 more rows to grid.
Do you have a Medicaid resubmission code?	Not required	If provider selects YES to this question, key in: <ul style="list-style-type: none"> • Required SELECT THE MEDICAID RESUBMISSION CODE • Required ORIGINAL REFERENCE NUMBER If provider selects NO to this question, go to next field.	

Step	Action		
<p>21, continued</p>	<p>Field</p> <p>Are you submitting COB at the claim level?</p>	<p>Required?</p> <p>Not required</p>	<p>Description</p> <p>If provider selects YES to this question, complete the below fields for a member with other insurance:</p> <p>Primary Payer Fields/Columns:</p> <ul style="list-style-type: none"> • INSURANCE TYPE <ul style="list-style-type: none"> ○ Options include: <ul style="list-style-type: none"> ▪ Commercial ▪ Medicare Part A and B ▪ Medicare Part B ▪ Medicare Part A ▪ Medicare Part C/Advantage • CARRIER NAME: The Primary Payer billable name. • CARRIER CODE: Reference code to the primary payer. • SUBSCRIBER FIRST NAME: First name of insurance carrier. • SUBSCRIBER LAST NAME: Last name of the insurance carrier. • SUBSCRIBER MIDDLE NAME: Middle name of the insurance carrier. • ALLOWED: The maximum amount the other insurance plan paid for service. • COPAY: The fixed amount paid by member for a health care service. • DEDUCTIBLE: The amount paid by member before other insurance plan starts to pay. • COINSURANCE: The amount other insurance plan paid after member reached deductible. • PAID AMOUNT: The amount paid by additional insurance carrier. • GROUP: • REASON: • AMOUNT: • EOB PAID DATE: The date the claim was processed by other insurance carrier.

Step	Action		
<p>21, continued</p>	<p>Field</p> <p>Are you submitting COB at the claim level?, continued</p>	<p>Required?</p> <p>Not required</p>	<p>Description</p> <p>Secondary Payer Fields/Columns:</p> <ul style="list-style-type: none"> • INSURANCE TYPE <ul style="list-style-type: none"> ○ Options include: <ul style="list-style-type: none"> ▪ Commercial ▪ Medicare Part A and B ▪ Medicare Part B ▪ Medicare Part A ▪ Medicare Part C/Advantage • CARRIER NAME: The Secondary Payer billable name. • CARRIER CODE: Reference code to be supply based on Tenant • SUBSCRIBER FIRST NAME: First name of insurance carrier. • SUBSCRIBER LAST NAME: Last name of the insurance carrier. • SUBSCRIBER MIDDLE NAME: Middle name of the insurance carrier. • ALLOWED: The maximum amount the other insurance plan paid for service. • COPAY: The fixed amount paid by member for a health care service. • DEDUCTIBLE: The amount paid by member before other insurance plan starts to pay. • COINSURANCE: The amount other insurance plan paid after member reached deductible. • PAID AMOUNT: The amount paid by additional insurance carrier. • GROUP: Identifies the responsible party • REASON: numerical formatted value that that Identifies what line amount was reduced • AMOUNT: The line value • EOB PAID DATE: The date the claim was processed by other insurance carrier. <p>This gives the provider the ability to specify COB payment information at a claim level but not applicable to line level.</p> <p>Note: If provider answers YES radio button for this question, provider is not able to enter COB payment information at a line level in the grid above</p>

Step	Action		
<p>21, continued</p>	<p>Field</p>	<p>Required?</p>	<p>Description</p>
	<p>Is the member's condition related to:</p>	<p>Not required</p>	<p>Select if the member's condition is related to one of the following:</p> <ul style="list-style-type: none"> • None • Employment • Auto Accident • Other Type of Accident <p>Upon selection of one value above, Auto Accident State becomes a required field.</p>
	<p>First date related to Member's condition:</p>	<p>Not required</p>	<p>If First date related to member's condition drop down contains one of the following:</p> <ul style="list-style-type: none"> • Onset of Current Symptoms or illness • Accident • Last Menstrual Period <p>Upon selection of one value above, Select the first date becomes a required field.</p>
	<p>Is this Member deceased</p>	<p>Not required</p>	<p>If provider selects YES to this question, key in:</p> <ul style="list-style-type: none"> • Date if death <p>If provider selects NO to this question, go to next field.</p>
	<p>Is member unable to work in current occupation?</p>	<p>Not required</p>	<p>If provider selects YES to this question, key in:</p> <ul style="list-style-type: none"> • FROM DATE • TO DATE <p>If provider selects NO to this question, go to next field.</p>
	<p>Is hospitalization related to current services?*</p>	<p>Not required</p>	<p>If provider selects YES to this question, key in:</p> <ul style="list-style-type: none"> • ADMIT DATE • TO DATE <p>If provider selects NO to this question, go to next field.</p>
	<p>Is there an outside lab?</p>	<p>Not required</p>	<p>If provider selects YES to this question, key in:</p> <ul style="list-style-type: none"> • CHARGES <p>If provider selects NO to this question, go to next field.</p>
	<p>Clinical Laboratory Improvement Amendment Number needed for this claim?</p>	<p>Not required</p>	<p>If provider selects YES to this question, key in:</p> <ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENT NUMBER <p>If provider selects NO to this question, go to next field.</p>

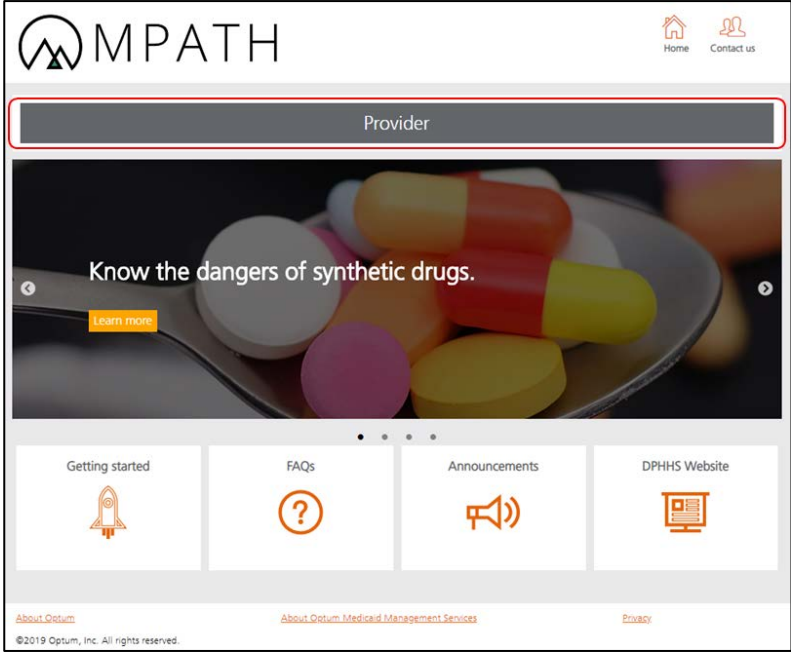
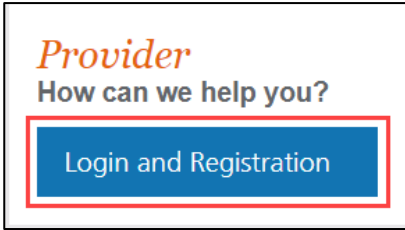
Step	Action		
<p>21, continued</p>	<p>Field</p>	<p>Required?</p>	<p>Description</p>
	<p>Is there a prior authorization for this claim?</p>	<p>Not required</p>	<p>If provider selects YES to this question, key in:</p> <ul style="list-style-type: none"> • PRIOR AUTHORIZATION NUMBER <p>If provider selects NO to this question, go to next field.</p>
	<p>Is there a Referral for this claim?</p>	<p>Not required</p>	<p>If provider selects YES to this question, key in:</p> <ul style="list-style-type: none"> • REFERRAL NUMBER <p>If provider selects NO to this question, go to next field.</p>
<p>Additional Notes</p>	<p>Not required</p>	<p>Provide additional information that is necessary to process the claim.</p>	
<p>22</p>	<p>Determine if provider would like to continue throughout professional claim template form. Refer to Figure 6-45.</p>		
<p>If</p>		<p>Then</p>	
<p>Provider would like to go to next page.</p>		<p>Select SAVE AND CONTINUE button and go to next step. Result: Save Template page appears.</p>	
<p>Provider would like to cancel professional claim template form.</p>		<p>Select CANCEL button. Note: Claim template will not be saved.</p>	
<p>Provider would like to go to previous page.</p>		<p>Select PREVIOUS button.</p>	
<p>Save Template for Professional Claim Template Creation</p>			
			
<p>Figure 6-46 Save Template screen</p>			
<p>23</p>	<p>Enter Claim Submission Template Name click SUBMIT button. Refer to Figure 6-46. Result: Confirmation of new template will appear and template will be saved in Claim Submission Template workbench. –Discontinue this procedure. Note: Each portal user can create a maximum of 500 templates.</p>		

Step	Action									
<p>24</p>	<p>To edit an existing claim template, select the EDIT TEMPLATE icon from the Claim Submission Template grid. Refer to Figure 6-47 for the Claim Submission Template workbench, and Figure 6-48 to view the pencil icon for Edit.</p> <div data-bbox="344 325 1442 802" style="border: 1px solid black; padding: 10px;"> <p>Claim Submission Templates ? Help</p> <p style="text-align: right;">Filter your results: <input type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Actions</th> <th style="width: 60%;">Name</th> <th style="width: 30%;">Date Last Modified</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">   </td> <td>Tier 1 7 Day No Auth</td> <td style="text-align: center;">06/24/2019</td> </tr> <tr> <td style="text-align: center;">   </td> <td>EDI1</td> <td style="text-align: center;">06/08/2019</td> </tr> </tbody> </table> <p>Claim submission templates returned: 2</p> <p>Maximum Templates Allowed : 500</p> <p style="text-align: center; margin-top: 10px;"> Create Professional Claim Submission EDI Template </p> </div> <p style="text-align: center; margin-top: 10px;">Figure 6-47 Claim Submission Template Workbench</p> <div data-bbox="792 877 997 1003" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">Actions</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 2px solid red; padding: 2px;"></div> <div style="border: 2px solid red; padding: 2px;"></div> </div> </div> <p style="text-align: center; margin-top: 5px;">Figure 6-48 Edit icon for claim templates</p> <p>Result: Provider Details page appears within template.</p>	Actions	Name	Date Last Modified	 	Tier 1 7 Day No Auth	06/24/2019	 	EDI1	06/08/2019
Actions	Name	Date Last Modified								
 	Tier 1 7 Day No Auth	06/24/2019								
 	EDI1	06/08/2019								
<p>25</p>	<p>Make changes to template and select SAVE AND CONTINUE button until user reaches the Save Template page.</p>									
<p>26</p>	<p>Select SUBMIT button.</p> <p>Result: Template changes have been saved to existing template. –Discontinue this procedure.</p>									
<p>27</p>	<p>To delete an existing claim template, select the DELETE TEMPLATE icon from the Claim Submission Template grid. See Figure 6-49 to view the trash can icon for Delete.</p> <div data-bbox="792 1451 997 1577" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">Actions</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 2px solid red; padding: 2px;"></div> <div style="border: 2px solid red; padding: 2px;"></div> </div> </div> <p style="text-align: center; margin-top: 5px;">Figure 6-49 Delete icon for claim templates</p> <p>Result: Pop up appears asking user if they are sure they want to delete template.</p>									

Step	Action															
<p>28</p>	<p>Select YES button. Refer to Figure 6-50.</p> <div data-bbox="526 264 1260 638" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <div style="background-color: #444; color: white; padding: 5px; border-radius: 5px; display: flex; justify-content: space-between; align-items: center;"> Delete Claim Template ✕ </div> <p style="text-align: center; margin: 10px 0;">Are you sure you want to delete the "max12" template?</p> <div style="display: flex; justify-content: center; align-items: center; gap: 20px;"> <div style="border: 2px solid red; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> </div> <div style="display: flex; gap: 10px;"> <div style="background-color: #0070c0; color: white; padding: 5px 15px; border-radius: 3px;">Yes</div> <div style="background-color: #0070c0; color: white; padding: 5px 15px; border-radius: 3px;">Cancel</div> </div> </div> </div> <p style="text-align: center; margin: 10px 0;">Figure 6-50 Delete Claim Template pop up message</p> <p>Result: Template is deleted. –Discontinue this procedure.</p>															
<p>29</p>	<p>Submit claim using an EXISTING template from workbench Select Template Name (underlined). Refer to Figure 6-51.</p> <table border="1" data-bbox="321 879 1464 1060" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Actions</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Date Last Modified</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">✎ </td> <td><u>facete</u></td> <td>01/29/2019</td> </tr> <tr> <td style="text-align: center;">✎ </td> <td><u>proftest</u></td> <td>03/12/2019</td> </tr> <tr> <td style="text-align: center;">✎ </td> <td><u>SaveMay61</u></td> <td>05/10/2019</td> </tr> <tr> <td style="text-align: center;">✎ </td> <td><u>max12</u></td> <td>12/19/2018</td> </tr> </tbody> </table> <p style="text-align: center; margin: 10px 0;">Figure 6-51 Claim Submission Template Workbench</p> <p>Result: Template appears with saved information. Go to Submit Professional Claim procedure. – Discontinue this procedure.</p>	Actions	Name	Date Last Modified	✎	<u>facete</u>	01/29/2019	✎	<u>proftest</u>	03/12/2019	✎	<u>SaveMay61</u>	05/10/2019	✎	<u>max12</u>	12/19/2018
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✎	<u>SaveMay61</u>	05/10/2019														
✎	<u>max12</u>	12/19/2018														

7. Provider Profile

This section describes the Provider Profile page. Provider Profile is accessible from MyMenu and is a view-only page that displays practice and demographic information.

Step	Action
1	Navigate to the Montana Provider Portal website at https://mtdphhs-provider.optum.com
2	<p>Select PROVIDER button. Refer to Figure 7-1.</p>  <p style="text-align: center;">Figure 7-1 Montana Provider Portal Landing Page</p>
3	<p>Select LOGIN AND REGISTRATION button. Refer to Figure 7-2.</p>  <p style="text-align: center;">Figure 7-2 Provider Login and Registration</p>

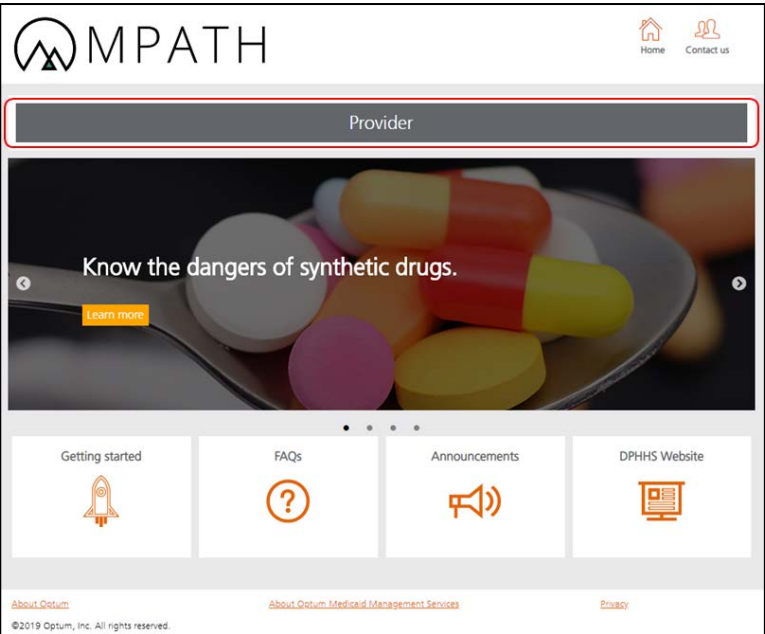
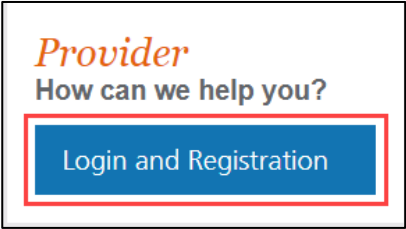
Step	Action
<p>4</p>	<p>Complete the following information. Refer to Figure 7-3.</p> <ul style="list-style-type: none"> • Enter user's Optum GovID or email address in the OPTUM GOVID OR EMAIL ADDRESS field. • Enter user's Password in the PASSWORD field. • Select SIGN IN button. <div data-bbox="506 386 1216 791" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> </div> <p style="text-align: center;">Figure 7-3 Optum GovID Sign In</p> <p>Result: Secure landing page will display.</p>

<p>5</p>	<p>Select PROVIDER PROFILE from MyMenu. Refer to Figure 7-4.</p> <div data-bbox="425 984 1292 1482" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> </div> <p style="text-align: center;">Figure 7-4 Select Provider Profile from MyMenu</p>
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Step	Action
6	<p>The Provider Profile details page will display. Refer to Figure 7-5.</p> <div data-bbox="410 264 1312 898" style="border: 1px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between;"> ▾ Provider Profile ? Help </div> <p>NPI/API: <input type="text" value="9583793385"/></p> <p>Provider Name: <input type="text"/></p> <p>FEIN: <input type="text"/></p> <p>Primary Address: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text"/></p> <p>ZIP Code: <input type="text"/></p> <p style="text-align: right;">See More</p> <p>Provider Type: <input type="text"/></p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid gray; padding: 2px 10px;">Program Participation</div> <div style="border: 1px solid gray; padding: 2px 10px;">Status</div> </div> <div style="text-align: right; margin-top: 20px;"> <input type="button" value="Cancel"/> </div> </div> <p style="text-align: center; margin-top: 10px;">Figure 7-5 Provider Profile details page</p>

8. Account Administration

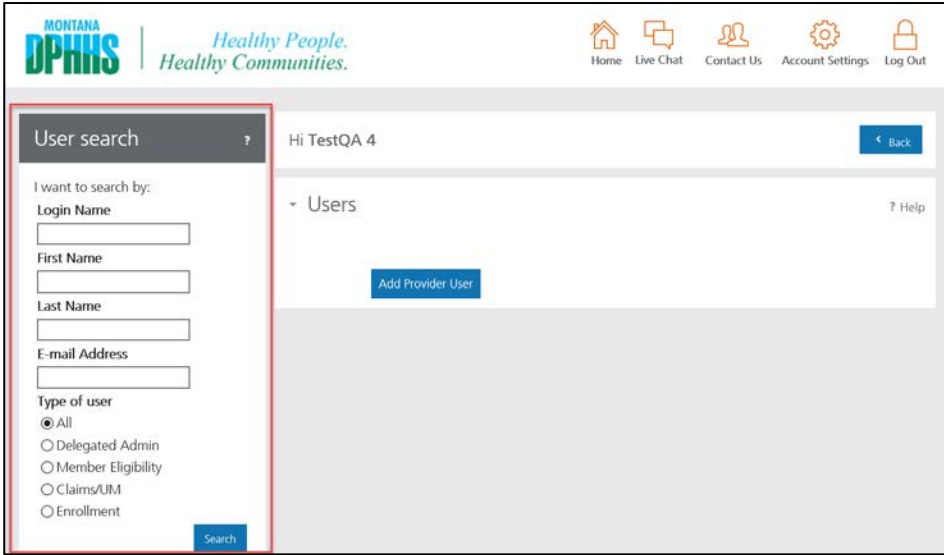
This section describes how Montana Healthcare Programs providers access and use the Account Administration functions on the Montana Provider Portal. Providers have the ability to add other users to their account, as well as, view, edit, and disable the accounts of these users. Only certain users will have access to Account Administration. Access is dependent on the specific user role of portal user.

Step	Action
1	Navigate to the Montana Provider Portal website at https://mtdphhs-provider.optum.com
2	<p>Select PROVIDER button. Refer to Figure 8-1.</p>  <p style="text-align: center;">Figure 8-1 Montana Provider Portal Landing Page</p>
3	<p>Select LOGIN AND REGISTRATION button. Refer to Figure 8-2.</p>  <p style="text-align: center;">Figure 8-2 Provider Login and Registration</p>

Step	Action
4	<p>Complete the following information. Refer to Figure 8-3.</p> <ul style="list-style-type: none"> • Enter user's Optum GovID or email address in the OPTUM GOVID OR EMAIL ADDRESS field. • Enter user's Password in the PASSWORD field. • Select SIGN IN button. <div data-bbox="506 386 1216 791" style="border: 1px solid #ccc; padding: 10px; margin: 10px auto; width: 80%;"> <div style="text-align: center;"> <h3>Optum GovID Sign In</h3> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 2px solid red; padding: 5px;"> <p>Optum GovID or email address</p> <input style="width: 100%;" type="text"/> <p>Password</p> <input style="width: 100%;" type="password"/> </div> <div style="font-size: small;"> <p>Additional options: Create Optum GovID Manage your Optum GovID What is Optum GovID?</p> </div> </div> <div style="text-align: center; margin-top: 10px;"> <input style="background-color: #333; color: white; padding: 5px 20px;" type="button" value="SIGN IN"/> </div> <div style="display: flex; justify-content: center; font-size: x-small; margin-top: 10px;"> Forgot Optum GovID Forgot Password </div> </div> <p style="text-align: center; margin-top: 10px;">Figure 8-3 Optum GovID Sign In</p> <p>Result: Secure landing page will display.</p>

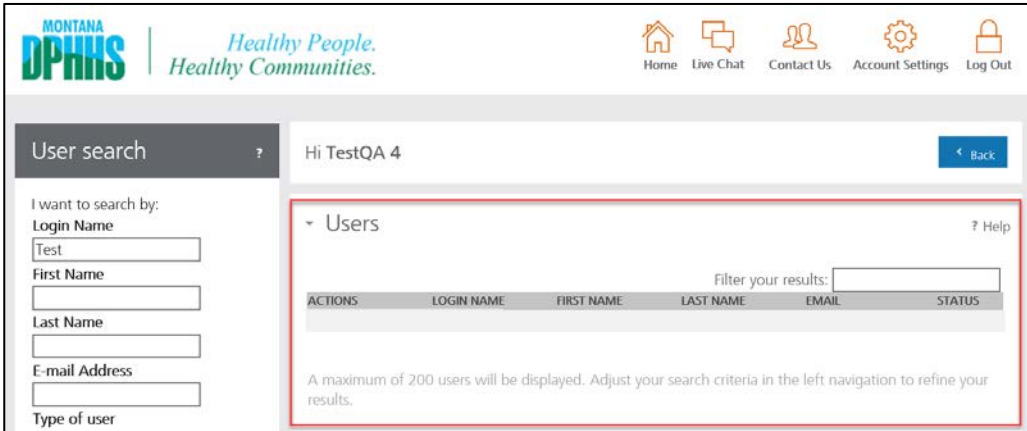
5	<p>Select Account Administration under MyMenu. Refer to Figure 8-4.</p> <div data-bbox="485 987 1235 1415" style="border: 1px solid #ccc; padding: 10px; margin: 10px auto; width: 80%;"> </div> <p style="text-align: center; margin-top: 10px;">Figure 8-4 Account Administration from MyMenu</p>
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6	<p>Determine functionality user would like to perform within Account Administration area of portal:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">If</th> <th style="width: 50%; text-align: center;">Then</th> </tr> </thead> <tbody> <tr> <td>Searching for provider portal user.</td> <td>Go to step 7.</td> </tr> <tr> <td>Viewing provider portal user profile.</td> <td>Go to step 9.</td> </tr> <tr> <td>Editing provider portal user profile.</td> <td>Go to step 12.</td> </tr> <tr> <td>Disabling provider portal user.</td> <td>Go to step 17.</td> </tr> <tr> <td>Adding provider portal user.</td> <td>Go to step 21.</td> </tr> </tbody> </table>	If	Then	Searching for provider portal user.	Go to step 7.	Viewing provider portal user profile.	Go to step 9.	Editing provider portal user profile.	Go to step 12.	Disabling provider portal user.	Go to step 17.	Adding provider portal user.	Go to step 21.
If	Then												
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Viewing provider portal user profile.	Go to step 9.												
Editing provider portal user profile.	Go to step 12.												
Disabling provider portal user.	Go to step 17.												
Adding provider portal user.	Go to step 21.												

Step	Action
7	<p>Search for a provider portal user by using one (or multiple) of the fields below. Refer to Figure 8-5.</p> <ul style="list-style-type: none"> • LOGIN NAME: This is the user's Optum GovID. This is what the user keys in to log in to the portal. • FIRST NAME: The first name of the user. • LAST NAME: The last name of the user. • EMAIL ADDRESS: This is the user's email address they used to create their Optum GovID. • TYPE OF USER: This is the role that the user was assigned when being added to the portal.  <p style="text-align: center;">Figure 8-5 Account Administration: User Search</p>

8	<p>Select SEARCH button. – Discontinue this procedure.</p> <p>Result: User(s) appear in search results grid to the right of the search area on portal.</p>
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9	<p>Search for provider portal user.</p>
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10	<p>Locate provider portal user in search results grid to the right of the search area. Refer to Figure 8-6.</p>  <p style="text-align: center;">Figure 8-6 User Search Results Grid</p>
----	--

Step	Action
11	Select VIEW icon under the ACTIONS column. – Discontinue this procedure. Result: Able to view provider user’s portal account.
12	Search for provider portal user.
13	Locate provider portal user in search results grid to the right of the search area.
14	Select EDIT icon under the ACTIONS column.
15	Edit desired fields of user and navigate to the REVIEW tab.
16	Select SUBMIT button. – Discontinue this procedure. Result: Information edited for provider portal user.
17	Search for provider portal user.
18	Locate provider portal user in search results grid to the right of the search area.
19	Select DISABLE icon under the ACTIONS column. Result: Pop up appears asking user if they want to disable user.
20	Select DISABLE button. – Discontinue this procedure. Result: User’s account is disabled and they are not able to log in to portal account.

21

Select ADD PROVIDER USER button. Refer to Figure 8-7.

Figure 8-7 Account Administration: Add Provider User

Step	Action
<p>22</p>	<p>Add Provider User is split into three different tabs. On the Role tab, select the Role of the user to add and click CONTINUE. Refer to Figure 8-8.</p> <p>The role of the user will determine what screens the user will have access to:</p> <ul style="list-style-type: none"> • Delegated Admin: Access to all screens and functions for the provider account including the ability to add/invite other use • Claims/UM: User will have access to submit and view professional claim submissions. • Provider Enrollment: User will have access to submit, view and edit provider enrollment information for credentialing in the Montana Healthcare Programs network. <div data-bbox="354 520 1373 1096" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>The screenshot shows a web interface for adding a provider user. At the top, it says 'Hi TestQA 4' with a 'Back' button. Below that is a section titled 'Add Provider User' with a 'Help' icon. There are three tabs: 'Role', 'Provider Information', and 'Review'. The 'Role' tab is active. Underneath, there is a 'Role' label and a dropdown menu. The dropdown menu is open, showing the following options: 'Select' (highlighted in blue), 'Delegated Admin', 'Claims/UM', and 'Enrollment'. At the bottom right of the form, there are two buttons: 'Continue' (highlighted in blue) and 'Cancel'.</p> </div> <p style="text-align: center;">Figure 8-8 Add Provider User: Select Role</p>

Step	Action
<p>23</p>	<p>On the Provider Information tab, enter the following information and click CONTINUE. All fields on this screen are required. Refer to Figure 8-9.</p> <ul style="list-style-type: none"> • ASSIGN USER TO NPI/API: Select one or multiple NPI/APIs (if applicable). The user being added will be able to view/manage information for the NPI(s)/API(s) they are assigned to. • FIRST NAME: First name of user being added. • LAST NAME: Last name of user being added. • EMAIL: Email address of user being added. • BIRTH DATE: Date of birth (MM/DD/YYYY) of user being added. This information will be validated when the added portal user completes portal registration. Date of Birth must match what was entered by individual adding new portal user. • LAST 4 DIGITS OF SSN: The last 4 digits of the user's SSN. This information will be validated when the added portal user completes portal registration. Last 4 digits of user's SSN must match what was entered by individual adding new portal user. <div data-bbox="412 688 1315 1444" style="border: 1px solid black; padding: 10px;"> <p>▾ Add Provider User ? Help</p> <p>Role Provider Information Review</p> <hr/> <p>Provider Information</p> <div style="border: 1px solid red; padding: 5px; margin-bottom: 10px;"> <p>Assign NPI(s) / API to User Select one or multiple NPIs / API to assign to the user. NPI's / API: * <input type="checkbox"/> 9583793385</p> </div> <div style="border: 1px solid red; padding: 5px;"> <p>User Information</p> <p>First Name: * <input type="text"/></p> <p>Last Name: * <input type="text"/></p> <p>Email: * <input type="text"/></p> <p>Birth Date (MM/DD/YYYY): * <input type="text"/></p> <p>Last 4 digits of SSN: * <input type="text"/></p> </div> <p style="text-align: right;"> <input type="button" value="Continue"/> <input type="button" value="Previous"/> <input type="button" value="Cancel"/> </p> </div> <p style="text-align: center;">Figure 8-9 Add Provider User: Provider Information</p>
<p>24</p>	<p>Review information on screen to ensure it is correct. Select SUBMIT button. – Discontinue this procedure.</p> <p>Result: Invitation sent to user's email with instructions for how to register on portal.</p>

9. Alerts and Announcements

This section describes how Montana Healthcare Program providers view and accept alerts on the Montana Provider Portal.

Step	Action
1	Navigate to the Montana Provider Portal website at https://mtdphhs-provider.optum.com
2	<p>Select PROVIDER button. Refer to Figure 9-1.</p>  <p style="text-align: center;">Figure 9-1 Provider Portal Home Page</p>
3	<p>Select LOGIN AND REGISTRATION button. Refer to Figure 9-2.</p>  <p style="text-align: center;">Figure 9-2 Provider Login and Registration</p>
4	<p>Complete the following information. Refer to Figure 9-3.</p> <ul style="list-style-type: none"> • Enter user's Optum GOVID or email address in the OPTUM GOVID OR EMAIL ADDRESS field. • Enter user's Password in the PASSWORD field. • Select SIGN IN button.

Step	Action
	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Optum GovID Sign In</h3> <div style="display: flex; justify-content: space-between;"> <div style="border: 2px solid red; padding: 5px;"> <p>Optum GovID or email address</p> <input type="text"/> <p>Password</p> <input type="password"/></div> <div> <p>Additional options: Create Optum GovID Manage your Optum GovID What is Optum GovID?</p> </div> </div> <div style="text-align: center; margin-top: 10px;"> <p>SIGN IN</p> </div> <div style="margin-top: 10px;"> <p>Forgot Optum GovID Forgot Password</p> </div> </div>

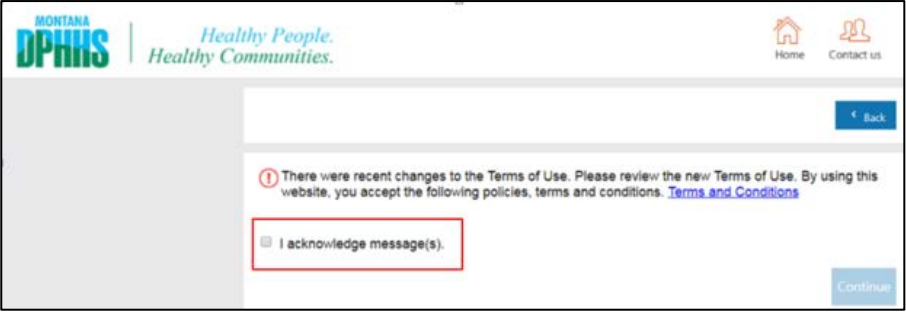
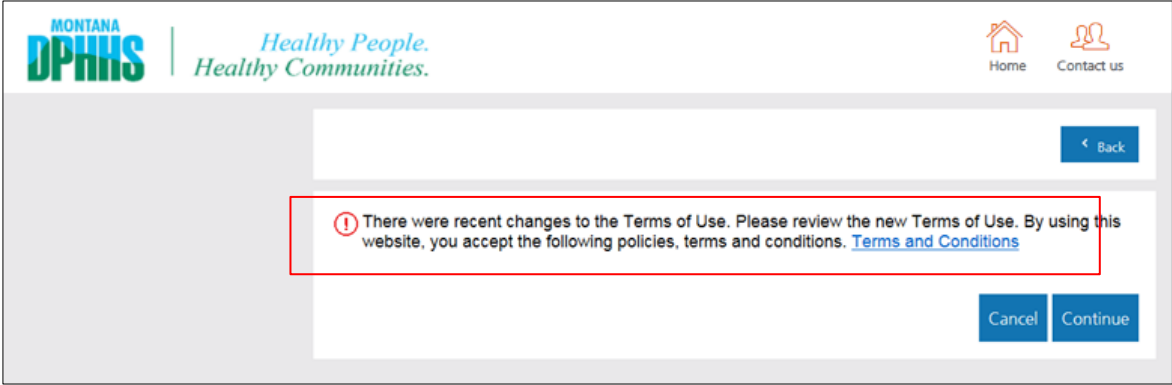
Figure 9-3 Optum GovID Sign In

5	<p>Determine type of alert posted to provider portal:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">If</th> <th style="width: 50%; text-align: center;">Then</th> </tr> </thead> <tbody> <tr> <td>Blocking Alert Post Login Popup</td> <td>Proceed to step 6.</td> </tr> <tr> <td>Non-Blocking Alert Post Login Popup</td> <td>Proceed to step 9.</td> </tr> <tr> <td>Non-Blocking Alert Banner</td> <td>Proceed to step 11.</td> </tr> </tbody> </table>	If	Then	Blocking Alert Post Login Popup	Proceed to step 6.	Non-Blocking Alert Post Login Popup	Proceed to step 9.	Non-Blocking Alert Banner	Proceed to step 11.
If	Then								
Blocking Alert Post Login Popup	Proceed to step 6.								
Non-Blocking Alert Post Login Popup	Proceed to step 9.								
Non-Blocking Alert Banner	Proceed to step 11.								

6	<p>A blocking alert popup will appear after logging in. Take action, if required. Refer to Figure 9-4.</p> <div style="border: 1px solid black; padding: 10px;"> </div>
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Figure 9-4 Sample of a Blocking Alert

7	<p>Select checkbox next to “I acknowledge message(s).” statement. Refer to Figure 9-5.</p>
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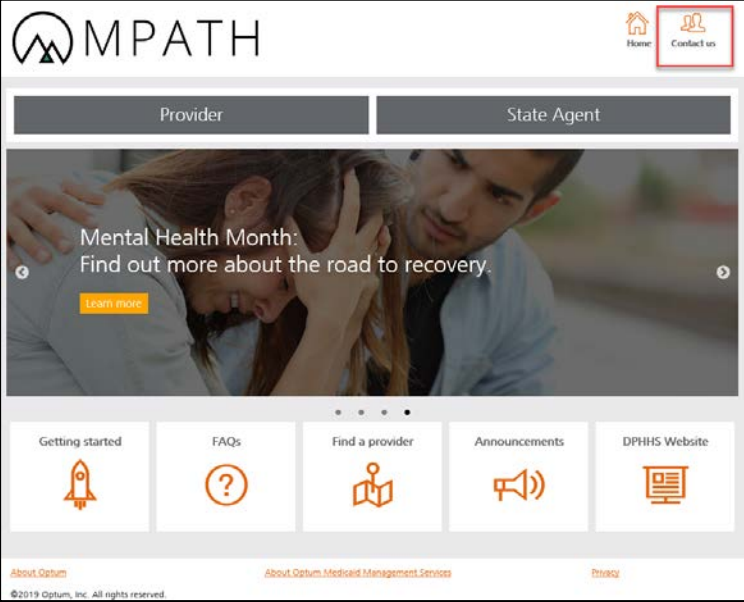
Step	Action
	 <p style="text-align: center;">Figure 9-5 Select checkbox to acknowledge the blocking alert</p> <p>Result: Continue button is enabled and now able to be selected.</p>
<p>8</p>	<p>Select CONTINUE button. Refer to Figure 9-5. – Discontinue this procedure.</p> <p>Note: If user does not select Continue button at this step, they will be brought back to the non-secure portal. The user will continue to see this alert until they acknowledge the message and select Continue.</p> <p>Result: User brought to secure provider landing page.</p>
<p>9</p>	<p>A non-blocking alert popup will appear after logging in. Refer to Figure 9-6.</p>  <p style="text-align: center;">Figure 9-6 Sample of a Non-blocking alert</p>
<p>10</p>	<p>Select CONTINUE or CANCEL button. Refer to Figure 9-6. – Discontinue this process.</p> <p>Note: If Cancel button is selected user will continue to see this alert until Continue button is selected.</p> <p>Result: User brought to secure provider landing page.</p>
<p>11</p>	<p>A non-blocking alert banner will appear on the home page after logging in. Refer to Figure 9-7. – Discontinue this procedure.</p>

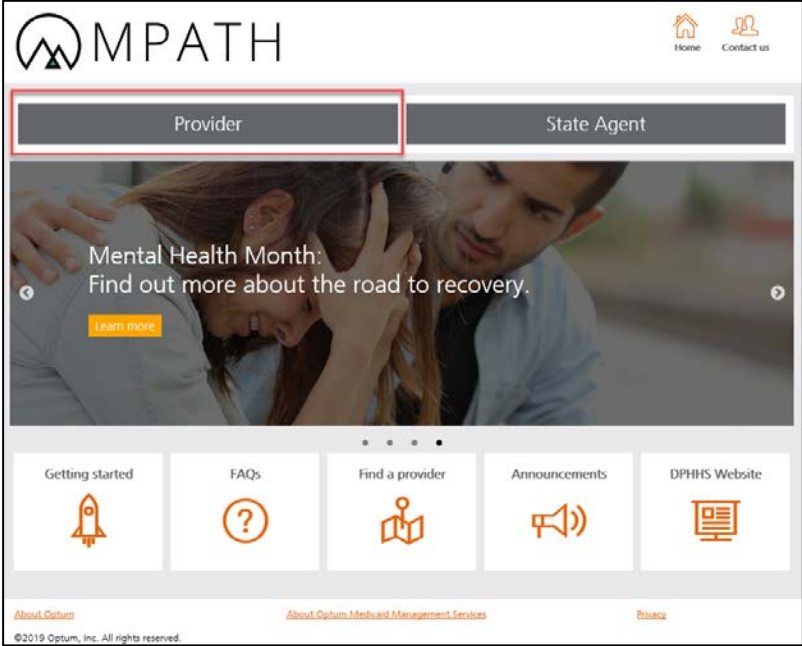
Step	Action
	 <p>The screenshot displays the Montana DPHHS provider portal interface. At the top left is the logo for MONTANA DPHHS with the tagline "Healthy People. Healthy Communities." To the right are navigation icons for Home, Contact Us, Account Settings, and Log Out. A "myMenu" sidebar is visible on the left. A red-bordered alert banner is highlighted, containing the text: "Scheduled Maintenance: The OMMS portal will be temporarily unavailable from 1 a.m. to 2 a.m. (CT) Sunday, April 15, 2018. We apologize for the inconvenience." Below the alert is a banner for ICD-10 transitions with a "Learn more" button. At the bottom, a user greeting "Hello, John Smith" and "Last login: 04/11/2018" are displayed.</p>

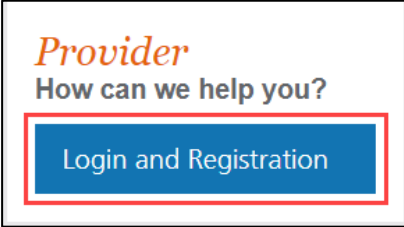
Figure 9-7 Sample of a Non-blocking alert banner

10. Montana Healthcare Programs Contact Information

This section describes how Montana Healthcare Programs providers can use the Montana Provider Portal to find contact information for the program to reach out for assistance or support.

Step	Action						
1	Navigate to the Montana Provider Portal website at https://mtdphhs-provider.optum.com						
2	<p>Determine how the user will access Contact Us page.</p> <table border="1" data-bbox="253 506 1471 653"> <thead> <tr> <th data-bbox="253 506 971 558">If</th> <th data-bbox="971 506 1471 558">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="253 558 971 604">Pre-authentication portal (i.e., not logging in to portal)</td> <td data-bbox="971 558 1471 604">Go to step 3.</td> </tr> <tr> <td data-bbox="253 604 971 653">Post-authentication portal (i.e., logging in to portal)</td> <td data-bbox="971 604 1471 653">Go to step 5.</td> </tr> </tbody> </table>	If	Then	Pre-authentication portal (i.e., not logging in to portal)	Go to step 3.	Post-authentication portal (i.e., logging in to portal)	Go to step 5.
If	Then						
Pre-authentication portal (i.e., not logging in to portal)	Go to step 3.						
Post-authentication portal (i.e., logging in to portal)	Go to step 5.						
3	<p>Select CONTACT US icon in upper right hand corner of public portal. Refer to Figure 10-1.</p>  <p style="text-align: center;">Figure 10-1 Contact Us icon, pre-secure login</p>						
4	View the contact information on page, including phone numbers and mailing addresses. – Discontinue this procedure.						

Step	Action
5	<p>Select PROVIDER button. Refer to Figure 10-2.</p>  <p>The screenshot shows the MPATH website interface. At the top left is the MPATH logo. At the top right are 'Home' and 'Contact us' icons. Below the logo is a navigation bar with 'Provider' and 'State Agent' buttons; the 'Provider' button is highlighted with a red border. Below the navigation bar is a banner for 'Mental Health Month: Find out more about the road to recovery.' with a 'Learn more' button. Underneath are five menu items: 'Getting started' (rocket icon), 'FAQs' (question mark icon), 'Find a provider' (map icon), 'Announcements' (megaphone icon), and 'DPHHS Website' (document icon). At the bottom, there are links for 'About Optum', 'About Optum Medicaid Management Services', and 'Privacy', along with a copyright notice: '©2019 Optum, Inc. All rights reserved.'</p> <p style="text-align: center;">Figure 10-2 Provider Portal Home Page</p>

6	<p>Select LOGIN AND REGISTRATION button. Refer to Figure 10-3.</p>  <p>The screenshot shows a white box containing the text 'Provider' in orange, followed by 'How can we help you?' in blue. Below this text is a blue button with the text 'Login and Registration' in white. The button is highlighted with a red border.</p> <p style="text-align: center;">Figure 10-3 Provider Login and Registration</p>
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Step	Action
<p>7</p>	<p>Complete the following information. Refer to Figure 10-4.</p> <ul style="list-style-type: none"> • Enter user's Optum GovID or email address in the OPTUM GOVID OR EMAIL ADDRESS field. • Enter user's Password in the PASSWORD field. • Select SIGN IN button. <div data-bbox="464 390 1260 846" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> </div> <p style="text-align: center;">Figure 10-4 Optum GovID Sign In</p> <p>Result: Secure landing page will display.</p>
<p>8</p>	<p>Select CONTACT US icon in upper right hand corner. Refer to Figure 10-5.</p> <div data-bbox="274 1037 1451 1165" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> </div> <p style="text-align: center;">Figure 10-5 Contact Us post-secure login</p>
<p>9</p>	<p>View the contact information on page, including phone numbers and mailing addresses. – Discontinue this procedure.</p>

Appendix

Appendix A — Acronyms

The following is a list of acronyms used within this document.

Acronym	Term
API	Atypical Provider Identifier
COB	Coordination of Benefits
CPT	Current Procedural Terminology
DPHHS	Department of Health and Human Services
EOB	Explanation of Benefits
EPSDT	Early Periodic Screening, Diagnosis and Treatment
FAQs	Frequently Asked Questions
GovID	Government Identification (username used to gain secure access to the Montana Provider Portal)
HCPCS	Healthcare Common Procedure Coding System
NDC	National Drug Code
NPI	National Provider Identifier
POS	Place of Service

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