Montana Healthcare Programs

Provider Maintenance Updates User Guide

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Release Notes

Release 7.0:

- Log into the Portal – To improve portal login flow and enhance security, a new portal landing page displays and a new login process that includes using a one-time passcode is live.
- Enrollment Unit History – A new tab displays for Enrollment Unit History that you can access through the Enrollment Workbench. It provides a complete history of enrollment unit approvals, terminations, suspensions, and reinstatements.
- Add Licenses, Certifications, and Accreditations and Edit and Terminate Licenses, Certifications, and Accreditations – Previously updated license records have been merged as a one-time process if they were identified as having multiple entries with continuous coverage. You now have the option to merge a new license record with an existing license record, provided the new record has a partial or complete match on the license number.
- Disenrollment – Confirmations display when you try to disenroll providers with a revalidation due, a revalidation in process or an update transaction in process.
- Revalidate – If you have a revalidation submitted or denied, you cannot submit an Update transaction.
- Add 340B/HRSA IDs and Edit 340B/HRSA – Group and Facility Organizational providers now have the ability to add and edit 340B programs at the physical location and EU level using an update transaction.
- Re-enrollment – All providers now have the option to update their FEIN or SSN during re-enrollment.
    - Individual and Organizational providers can update their FEIN during re-enrollment.
    - Individual providers can update their SSN during re-enrollment.
    - Legacy providers that registered with a Tax ID can now update their FEIN or SSN during re-enrollment.

- **Requested Termination Date** – To provide transparency and audit tracking, a column for Requested Termination Date now displays in the following grids on the Practice Information page: Type of Provider, Specialties, State Programs, and Waiver Programs.
- Appeals – You now have the ability to appeal a denial for an enrollment for maintenance case using the Appeal Management Workbench.

Release Number 7.1:

- Manage Affiliations – Organizational Providers – We've enhanced the Affiliation Management experience to give you greater flexibility when managing relationships between organizational and individual providers. You can now add additional locations and programs not yet affiliated to an established affiliation without needing to create a new affiliation record.
- Primary Care Case Management (PCCM) Program Enhancements
  - Add a Primary Care Case Management (PCCM) Program – You can add Primary Care Provider (PCP) or Primary Care Montana (PCMT) programs as part of the PCCM enhancements.
  - Terminate State Program or Waiver Program – You can terminate Primary Care Provider (PCP) or Primary Care Montana (PCMT) programs as part of the PCCM enhancements.
  - Physical Location Updates – To help capture program information for PCMT providers, a Tier selection displays when you enroll a physical location in the PCMT program. Additionally, you can update this information using a maintenance update.
  - Tier 1 and Tier 2 for Primary Care Montana (PCMT) – Questionnaires generates for the Physical Location when you select a PCMT program and tier. You can modify these with a maintenance update.

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1. Overview

This user guide describes how providers make maintenance updates to their enrollment using the Montana Provider Portal. It contains information about when to make maintenance updates and how to use the Montana Provider Portal to make the changes. Maintenance updates only occur once the provider completes the initial enrollment application and is enrolled in the Montana Healthcare Programs network.

1.1. Audience

This guide is for providers, or other designated representatives acting on behalf of the provider, enrolled in the Montana Healthcare Programs network.

1.2. Access the Montana Provider Portal

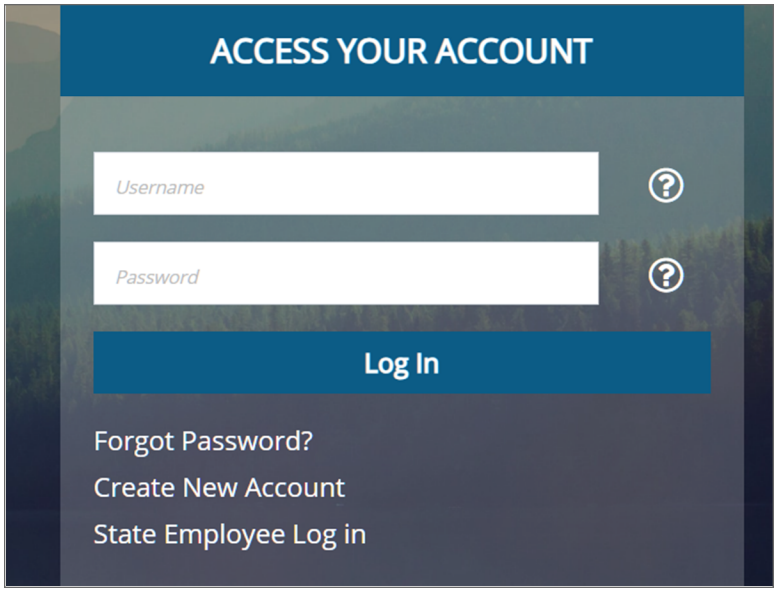
Use the following link to access the https://portal.mt.healthinteractive.net/icapPortal/

1.3. Log into the Portal

The instructions below describe how to log into the portal.

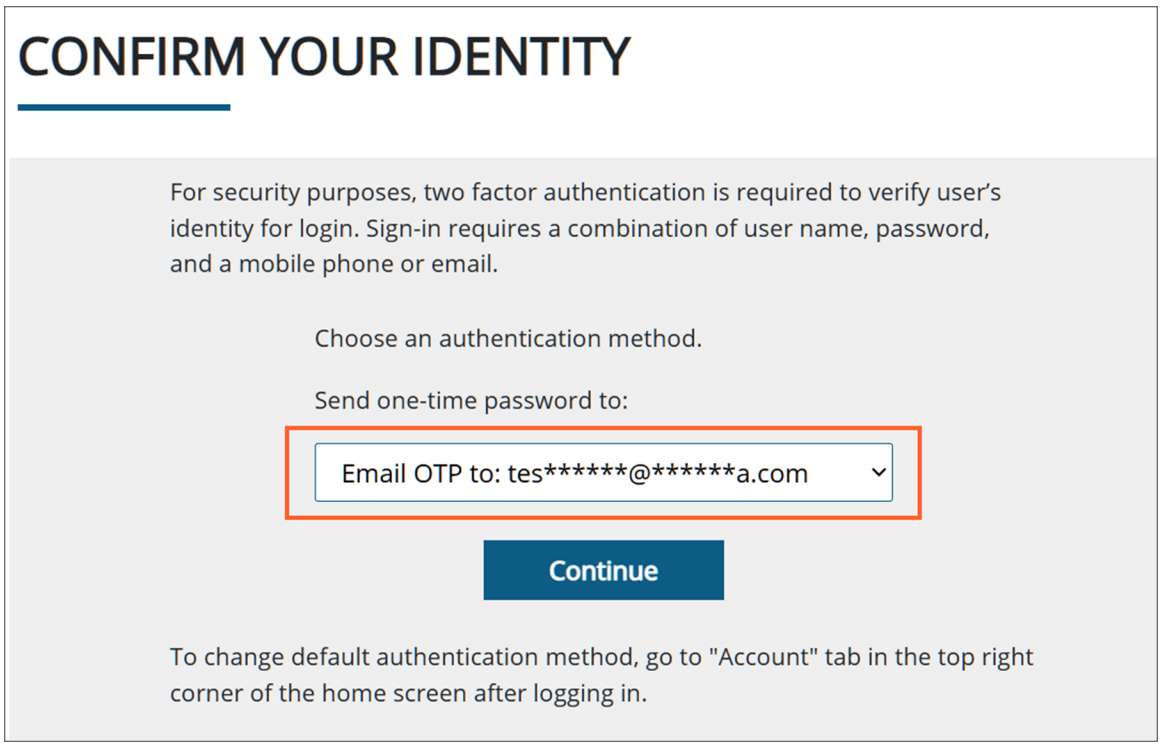
1. Navigate to the following link to access the MES home page: https://portal.mt.healthinteractive.net/icapPortal/
2. Access your account by entering your email address in the Username field and password in the Password field. Select **Log In**.

Figure 1-1: Access Your Account



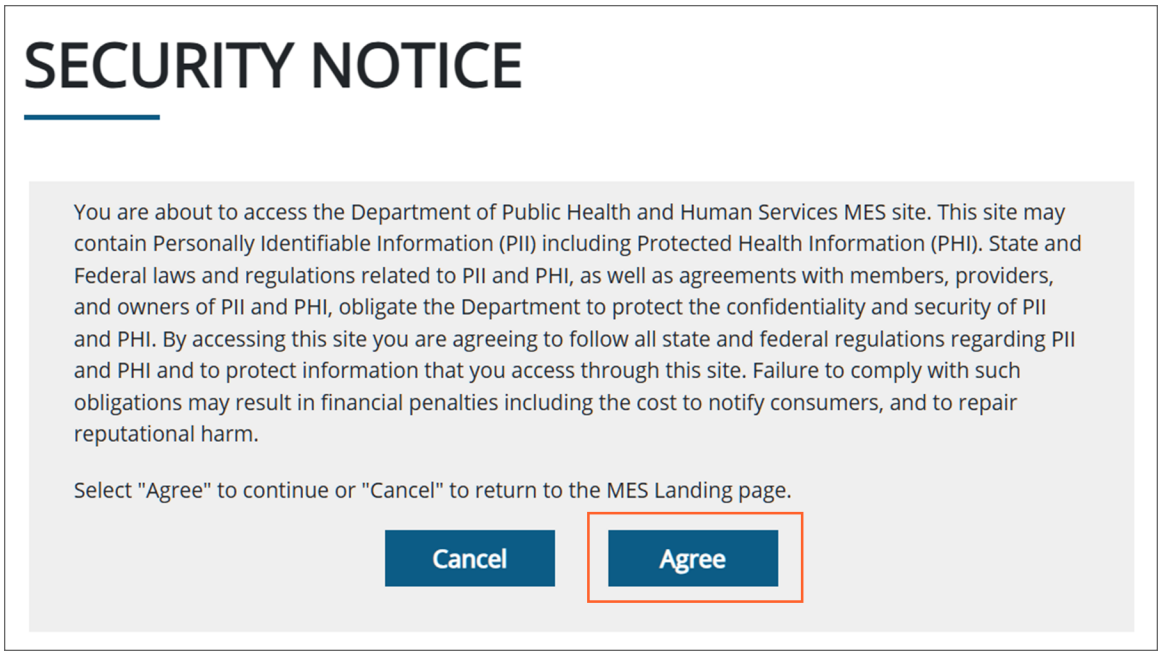
3. On the Confirm Your Identity screen, choose your authentication method for a one-time password: **Email** or **Mobile Phone** and select **Continue**.

Figure 1-2: Confirm Your Identity



4. Enter the code sent to your selected authentication method in the One-Time Password field and select **Continue**.
5. Read and select **Agree** on the Security Notice screen.

Figure 1-3: Security Notice



6. On the Home screen, select the **Provider** tile.
7. Select **Continue** to be re-routed to the Montana Provider Portal.

1.3.1. Registration for Existing Users

These instructions explain how to complete Integrated Customer Access Portal (ICAP) registration on the Montana Medicaid Enterprise Systems (MES) home page for existing Montana Provider Portal users. This is required the first time you log in using MES and ICAP.

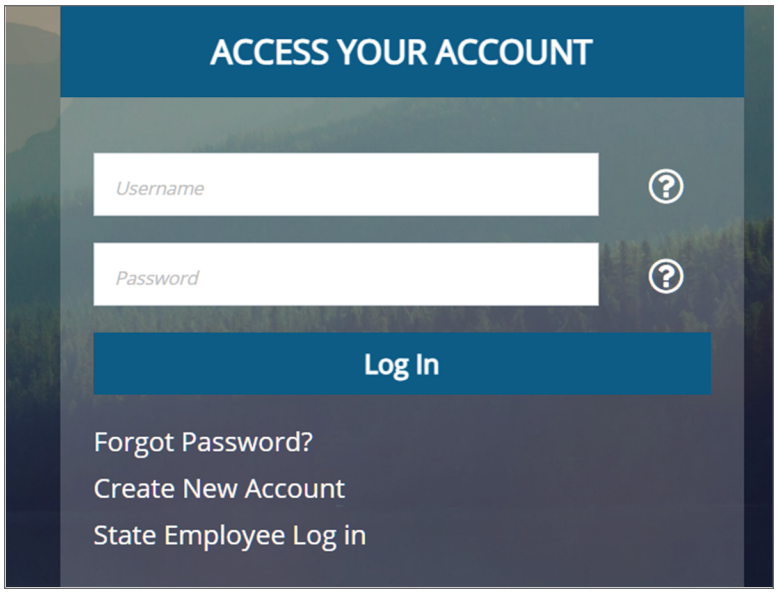
Note: Before you register your account on the ICAP portal landing page, you will receive your username and a temporary password by email. You will be required to reset this password.

1. Navigate to the following link to access the MES home page: https://portal.mt.healthinteractive.net/icapPortal/

2. Access your account by entering your email address in the Username field and your temporary password in the Password field. Select **Log In**.

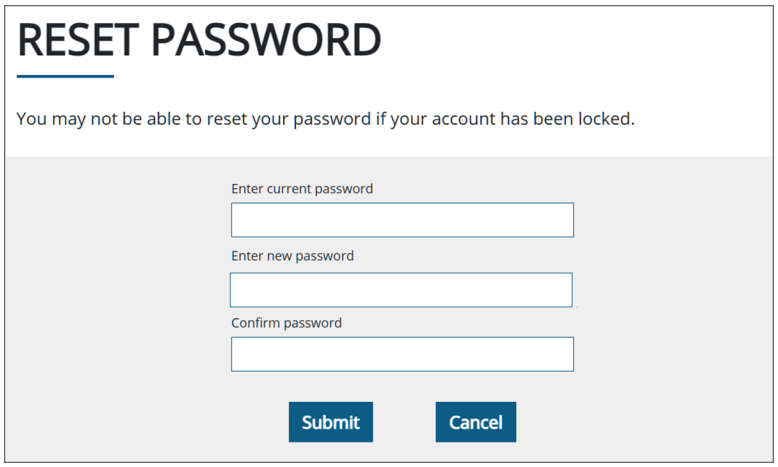
   Note: You will be prompted to change your password.

Figure 1-4: Access Your Account



3. Reset your password using the steps below.

Figure 1-5: Reset Password



a. Enter your current password in the Enter current password field.

b. Enter your new password and re-type it in the Enter new and Confirm password fields.

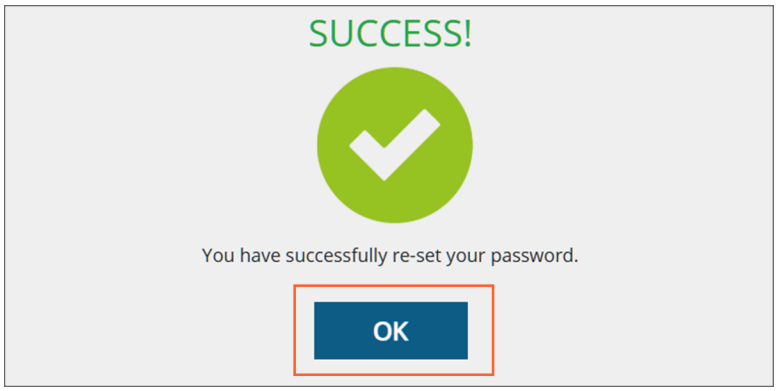
Important: Passwords must meet the minimum criteria when created. You will not be able to proceed if your password does not meet the guidelines listed.

c. Select **Submit**.

4. Select **OK** to close the password reset success message.

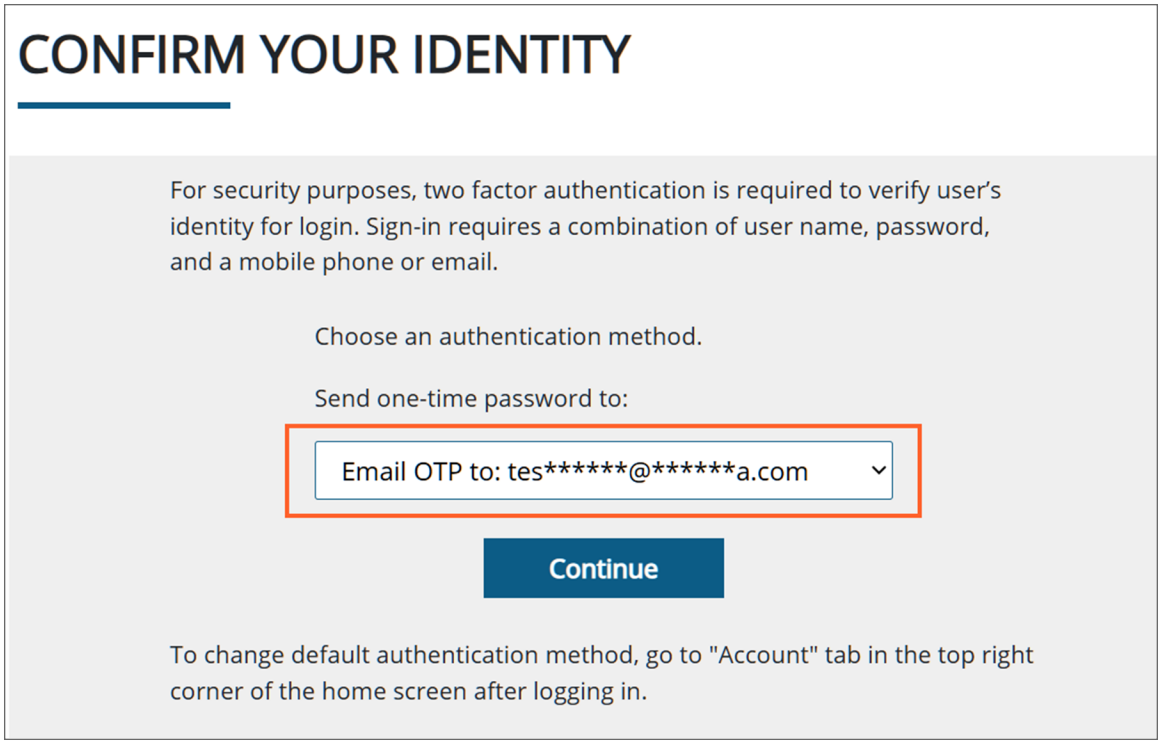
Note: You will also receive an email confirmation stating your password was changed.

Figure 1-6: Password Reset



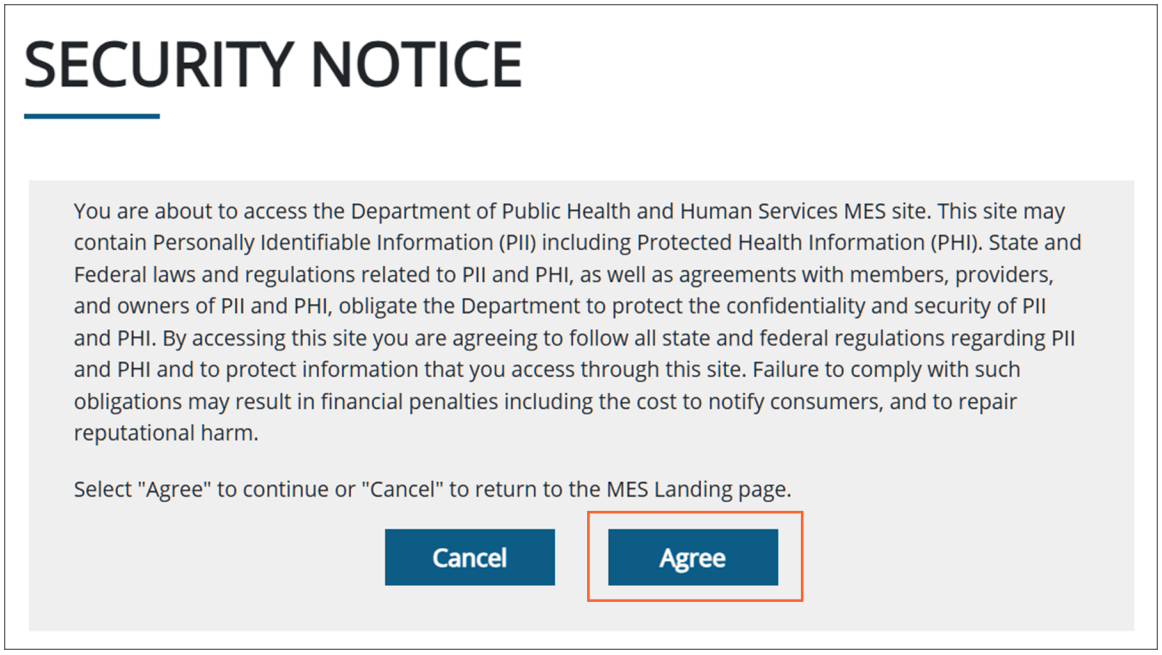
5. You will be redirected to the login screen. Enter your Username (email) and new Password to access your account. Select **Log In**.
6. On the Confirm Your Identity screen, choose your authentication method for a one-time password: **Email** or **Mobile Phone** and select **Continue**.

Figure 1-7: Confirm Your Identity



7. Enter the code sent to your selected authentication method in the One-Time Password field and select **Continue**.
8. Read and select **Agree** on the Security Notice screen.

Figure 1-8: Security Notice



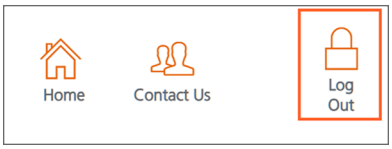
9. Complete the steps below on the Reset Security Questions screen.
    a. Enter your Password and select **Next**.
    b. Select 4 different security questions and answer each in the boxes provided. If you forget your username or password, you will be asked these to regain access to your account.
    c. Select **Submit**.
10. Select **OK** to close the security reset success message.
11. On the Home screen, select the **Provider** tile.
12. Select **Continue** to be re-routed to the Montana Provider Portal.

1.4. Ending your Portal Session

After you log into the portal, you can close your session at any time. The following explain different methods to ending your portal session.

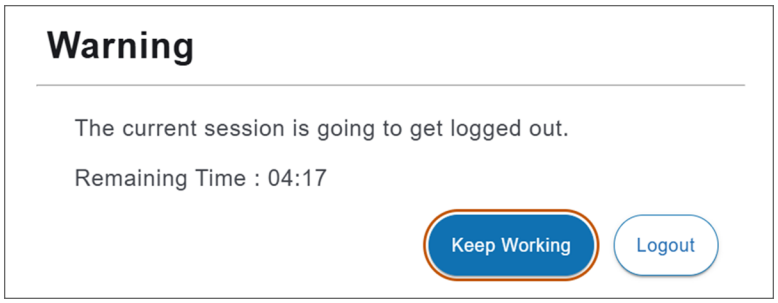
- From the secure portal home page, select **Log Out**.

Figure 1-9: Log Out from Home Page



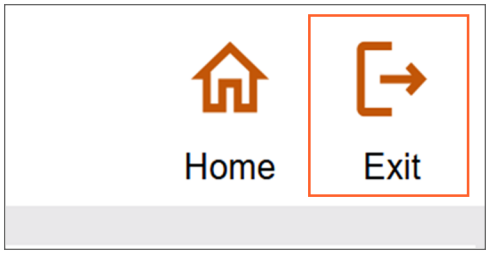
- If you are inactive for more than 15 minutes, the system automatically logs you out. When 5 minutes remain, you receive a warning that the current session will end, and you can select **Keep Working** or **Logout**.

Figure 1-10: Logout Alert



- From any workbench, select the **Exit** icon. This closes your browser window, but you remain logged into the portal. If you remain inactive for more than 15 minutes, you will automatically be logged out.

Figure 1-11: Exit Icon

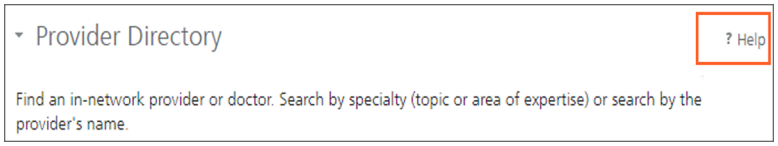


1.5. Online Help Support

This section provides details on how to locate various online help features throughout the Montana Provider Portal.

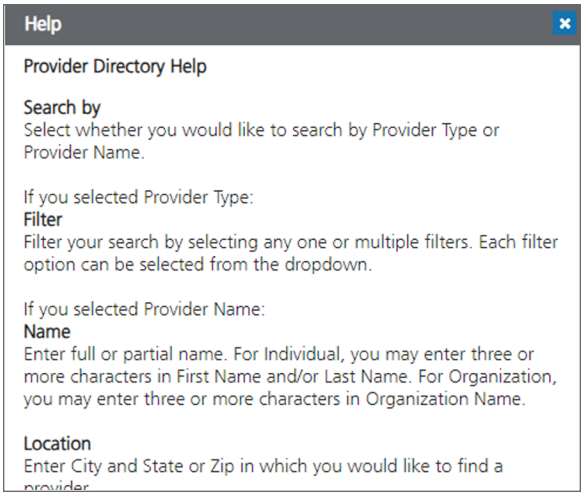
- **Help icon:** Once logged into the portal, the online Help icon displays in the upper corner of each page.

Figure 1-12: Help Icon within the Montana Provider Portal



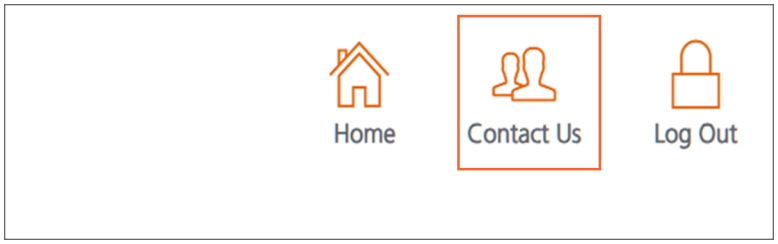
When clicked, it shows page-level help that provides descriptions of the specific fields on the active page.

Figure 1-13: Help Field Descriptions



- **Contact Us:** Select **Contact Us** at the top of any portal page to contact support staff to assist with portal questions. The Contact Us page lists email addresses and/or telephone numbers for Montana Provider Relations representatives.

Figure 1-14: Contact Us



2. Maintenance Process

If you are enrolled (or show a status of Enrolled within the Enrollment Workbench), you can update your application. Each section in this guide explains how to complete a maintenance update in a specific section of an enrollment record.

Important: Supporting documentation might be needed depending on the type of maintenance you perform.

When you make a change to a record on the Provider Portal, the change is submitted for review. Enrollment Specialists and Quality Analysts receive and review the request to identify the presence of all appropriate documentation. Additionally, the State Medicaid Agency (SMA) reviews and approves changes that have contractual impacts or require re-credentialing.

You can use maintenance updates to terminate components of your enrollment. These termination requests always require an SMA review and are never automatically approved. When you add a Terminate Date, it shows in the subsequent grid as a Requested Termination Date until it is approved by an SMA. You can request future termination dates.

Note: You can modify or even remove future termination dates before they are finalized without needing to add an additional maintenance case.

Additionally, there are many safeguards in place so that you do not accidentally terminate an essential component to your enrollment, such as your last active service location or your last active taxonomy, program, provider type, etc. Some examples are as follows:

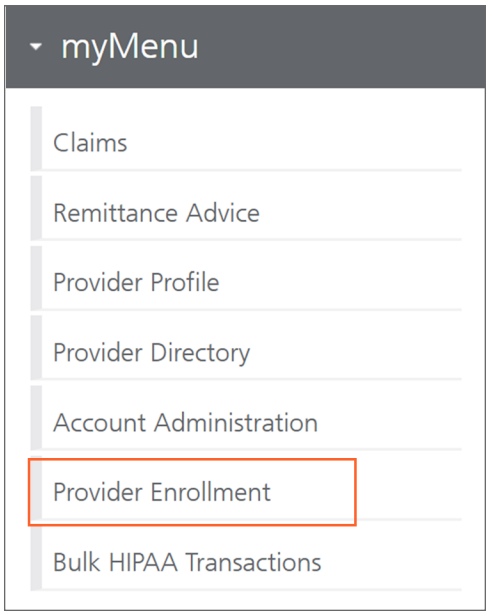
- You will receive an alert message and will not be able to continue with the termination.
- You will receive an error message if you attempt to enter a termination date that is earlier than the effective date of any related Enrollment Unit (EU).

3. Create an Update Record

The first step in the process of beginning an update is to create an enrollment update record in the Montana Provider Portal. The update record holds the changes so they can be routed for review and approval.

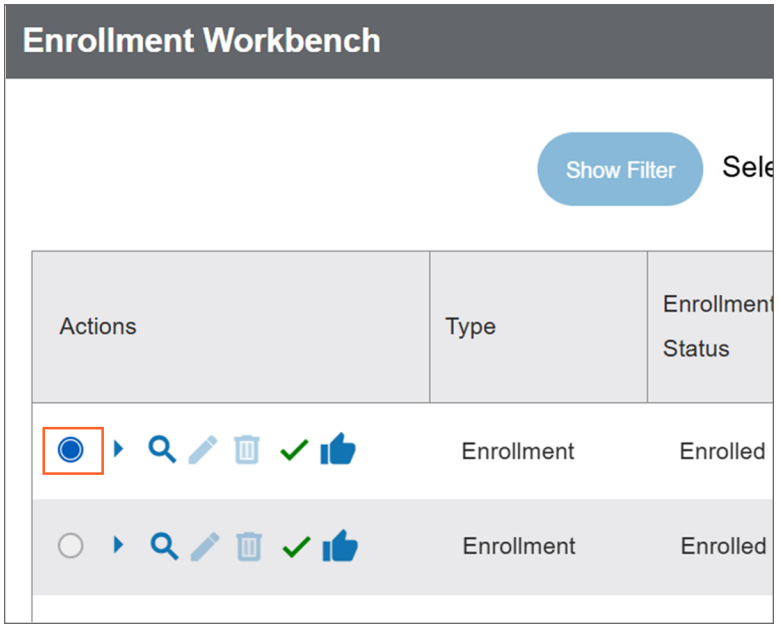
1. Log into the Montana Provider Portal.
2. Select **Provider Enrollment** under myMenu to open the Enrollment Workbench.

Figure 3-1: Provider Enrollment



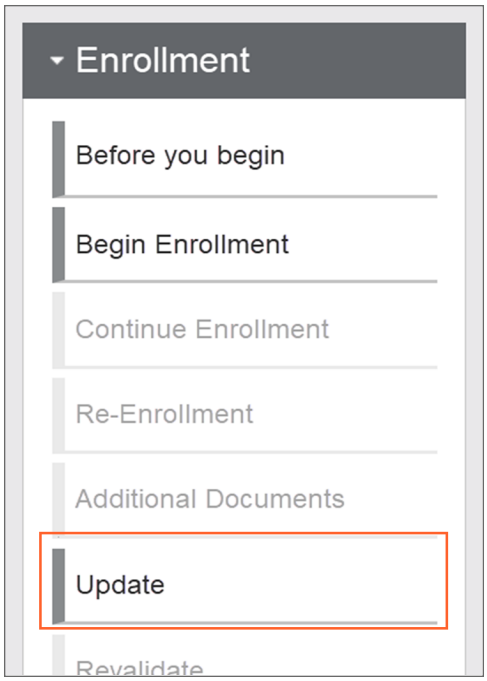
3. In the Enrollment Workbench, select the radio button next to the record with the status of **Enrolled**.

Figure 3-2: Enrolled Status



4. From the Enrollment menu, select **Update**.

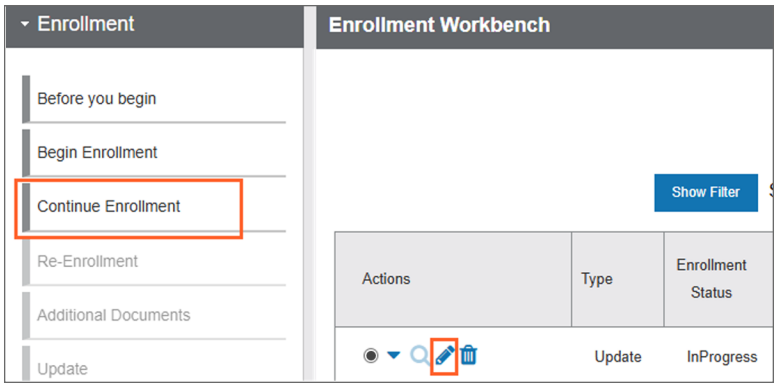
Figure 3-3: Enrollment Menu Update



Note: The selected record displays on the Enrollment Workbench and shows as Update under Type and In Progress under Enrollment Status.

5. Select the radio button for the updated entry and select either **Edit** (the pencil icon) on the workbench or **Continue Enrollment** from the menu. Either option opens the first page of the enrollment application.

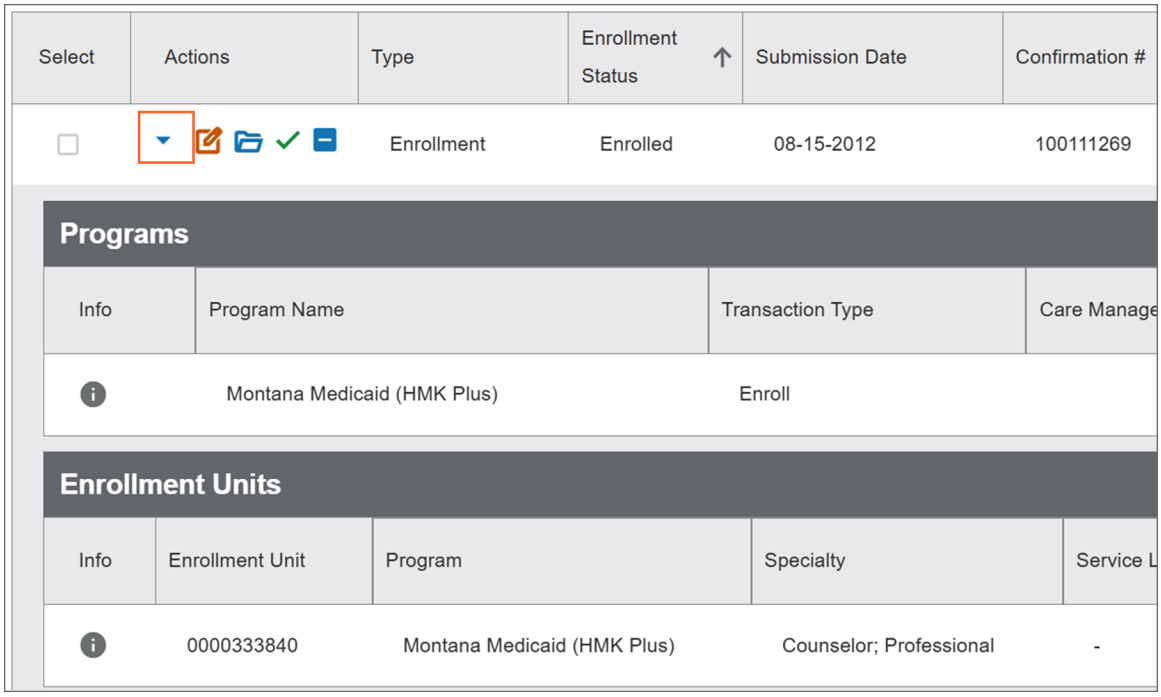
Figure 3-4: Edit or Continue Enrollment



Tip! If there are multiple records, use the Search By and Search Criteria to narrow your results. For example, you can search using the NPI or Atypical ID, Enrollment Unit ID, Enrollment Status, Tax ID, Provider Name, Last Accessed Date, and much more. For information on how to use Search By and Search Criteria, go to Workbench Search and Filter Options.

6. Select the **Expand** icon in the Actions column to view the details of each transaction, including the program and Enrollment Unit (EU) details.

Figure 3-5: Accordion View



4. Credential Updates

Updating credentials is one of the most common provider maintenance functions. If a license, certification, or accreditation is expiring or has expired, you can update the expiration date on the existing record or add a new record. When credentials expire, the enrollment record requires new documentation. This section addresses how to update different types of licensing, certifications and accreditations, as well as how to upload necessary documentation.

4.1. Add a DEA/DEAX License for a Provider

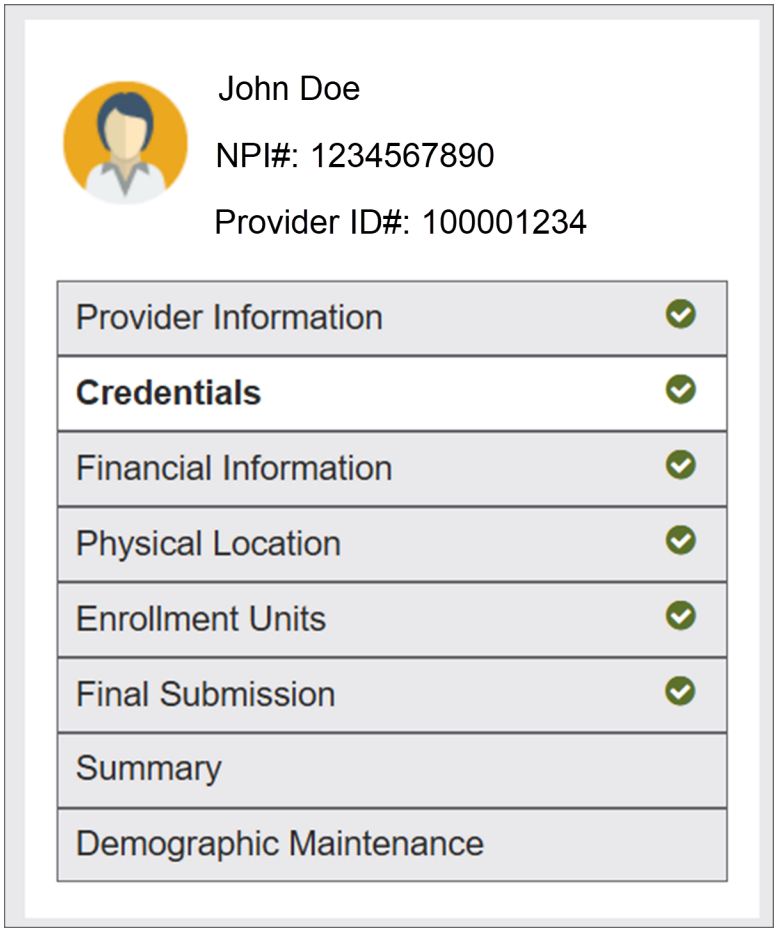
Applies To: Individual Providers

You can add additional Drug Enforcement Administration (DEA)/DEAX licenses with an update transaction using the steps below.

Note: If you are an organizational provider, your DEA/DEX license information is located in each Physical Location of your enrollment. For more information, go to Add a DEA/DEAX License for a Location.

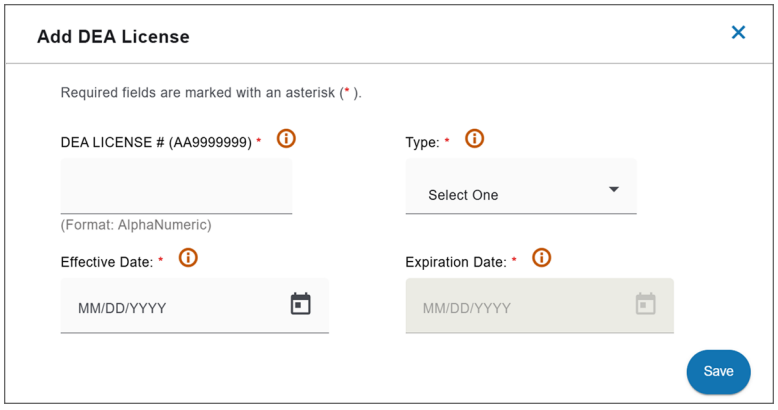
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Credentials** from the navigation menu.

Figure 4-1: Credentials



3. In the Licensing, Certifications & Accreditations tab, select **Add** above the DEA grid to add a new record.
4. Complete the required fields in the Add DEA License window.

Figure 4-2: Add DEA License Window



a. Enter your DEA or DEAX License # in the field provided.

b. Select the schedule from the Type list.

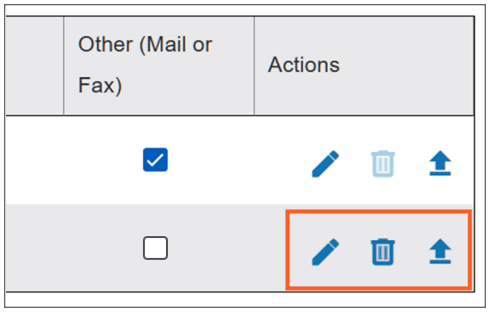
c. Select the **calendar** icon to choose an Effective Date. Alternatively, you can type the date in MM/DD/YYYY format.

d. Select the **calendar** icon to choose the Expiration Date. Alternatively, you can type the date in MM/DD/YYYY format.

e. Select **Save**. The record displays in the grid.

5. The new record shows in the grid with all Action icons active, including the Delete icon. You can edit or delete the record prior to submission. Once you submit the update, Delete becomes inactive.

Figure 4-3: Delete Active



6. Select the **Upload** icon from the Actions column to upload any required supporting documents. Alternatively, you can select the **Other** box to mail supporting documents. For more information, go to Upload Documents.

7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

4.2. Edit a DEA/DEAX License for a Provider

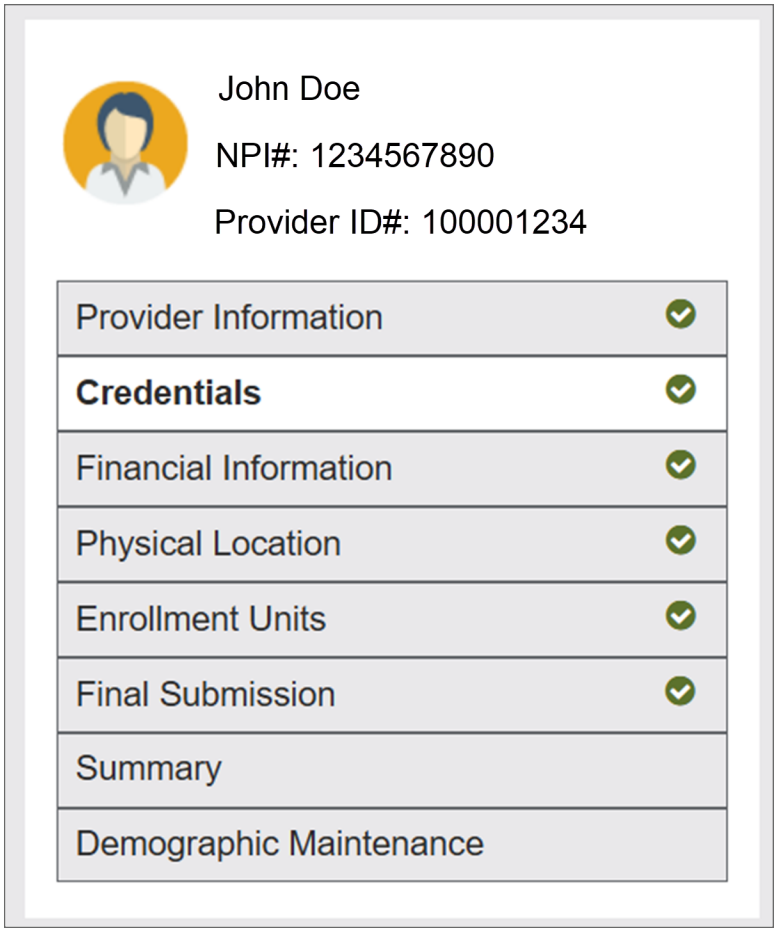
Applies To: Individual Providers

You can update an existing DEA/DEAX license with an update transaction using the steps below.

Note: If you are an organizational provider, your DEA/DEX license information is located in each Physical Location of your enrollment. For more information, go to Edit a DEA/DEAX License for a Location.

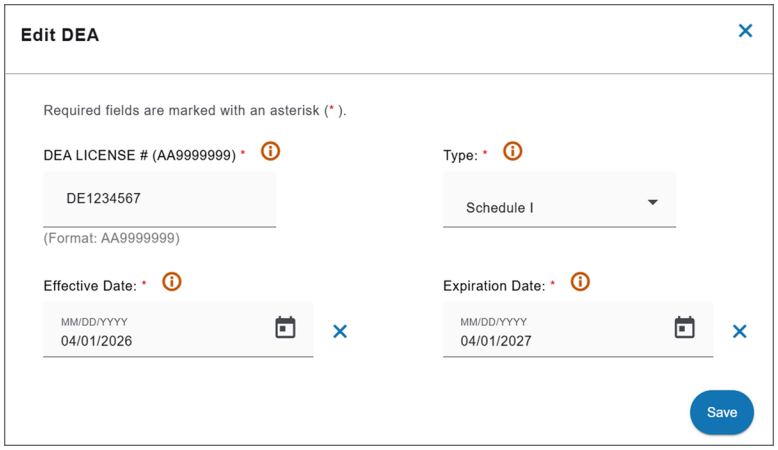
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Credentials** from the navigation menu.

Figure 4-4: Credentials



3. In the Licensing, Certifications & Accreditations tab, locate the license needing the update in the DEA grid and select **Edit** (pencil icon).
4. In the Edit DEA window, update your license information. You can update the following fields: DEA License #, Type, Effective Date, and Expiration Date.

Figure 4-5: Edit DEA



5. Select **Save** to save your changes.
6. Select the **Upload** icon from the Actions column to upload any required supporting documents. Alternatively, you can select the **Other** box to mail supporting documents. For more information, go to Upload Documents.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

4.3. Add Laboratory Services for a Provider

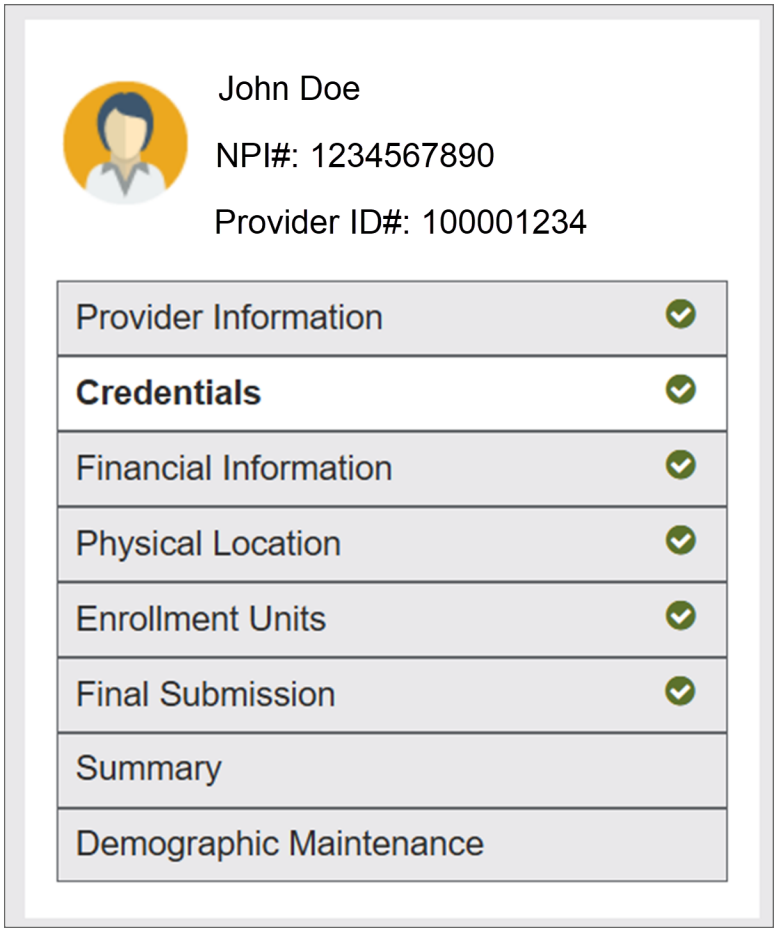
Applies To: Individual Providers

You can add additional Clinical Laboratory Improvement Amendments (CLIA) licenses with an update transaction using the steps below.

Note: If you are an organizational provider, your CLIA license information is located in each Physical Location of your enrollment. For more information, go to Add Laboratory Services for a Location.

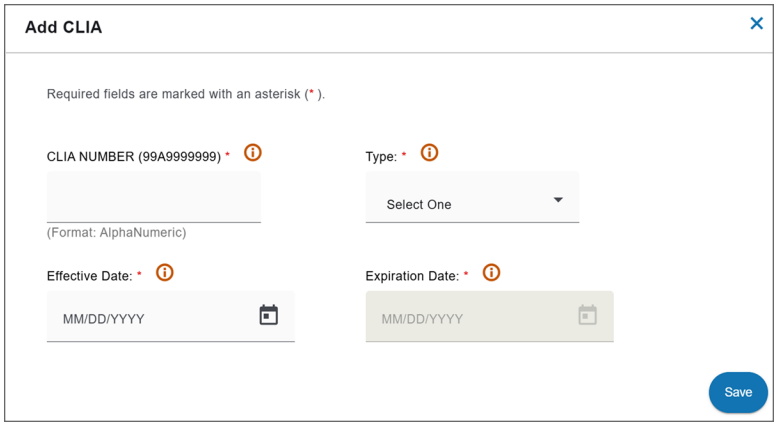
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Credentials** from the navigation menu.

Figure 4-6: Credentials



3. In the Licensing, Certifications & Accreditations tab, locate the Certifications Details grid and select **Add** to add a new CLIA certification.
4. Complete the required fields in the Add CLIA window.

Figure 4-7: Add CLIA Window



a. Enter your CLIA Number in the field provided.

b. Select the Type from the list.

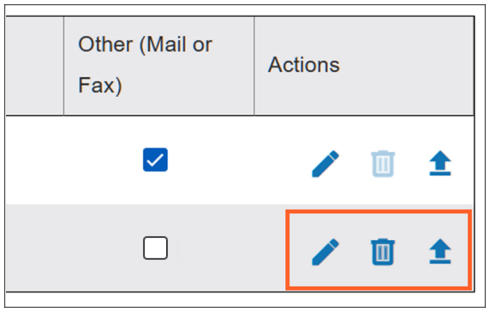
c. Select the **calendar** icon to choose an Effective Date. Alternatively, you can type the date in MM/DD/YYYY format.

d. Select the **calendar** icon to choose the Expiration Date. Alternatively, you can type the date in MM/DD/YYYY format.

e. Select **Save**.

5. The new record shows in the grid with all Action icons active, including the Delete icon. You can edit or delete the record prior to submission. Once you submit the update, Delete becomes inactive.

Figure 4-8: Delete Active



6. Select the **Upload** icon from the Actions column to upload any required supporting documents. Alternatively, you can select the **Other** box to mail supporting documents. For more information, go to Upload Documents.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

4.4. Edit Laboratory Services for a Provider

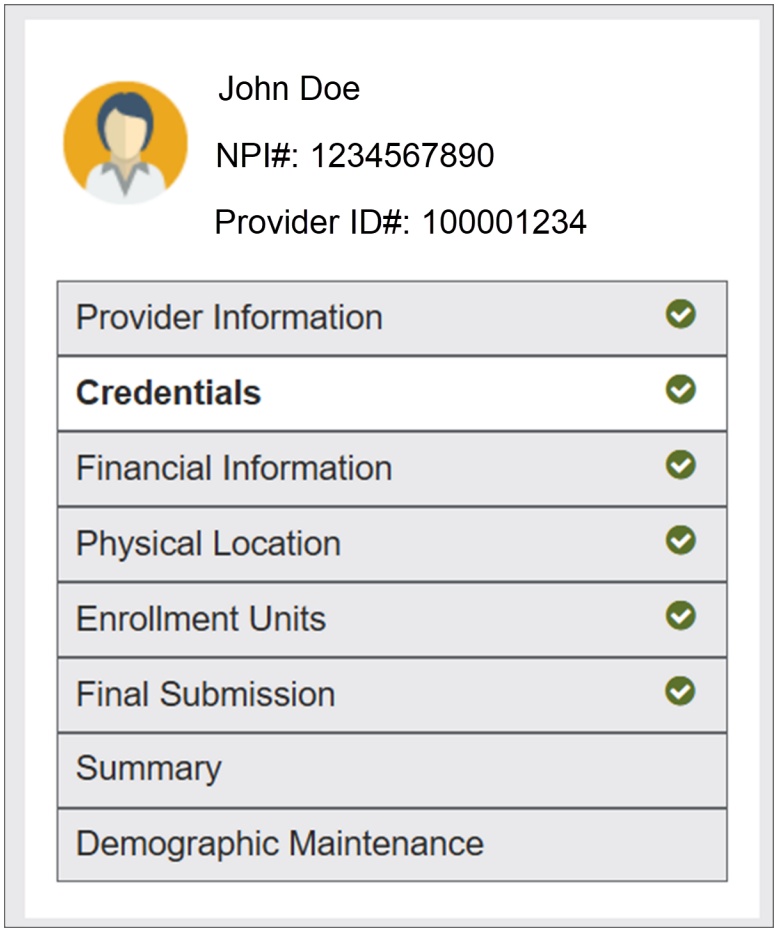
Applies To: Individual Providers

You can update an existing CLIA certification for a provider with an update transaction using the steps below.

Note: If you are an organizational provider, your CLIA license information is located in each Physical Location of your enrollment. For more information, go to Edit Laboratory Services for a Location.

1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Credentials** from the navigation menu.

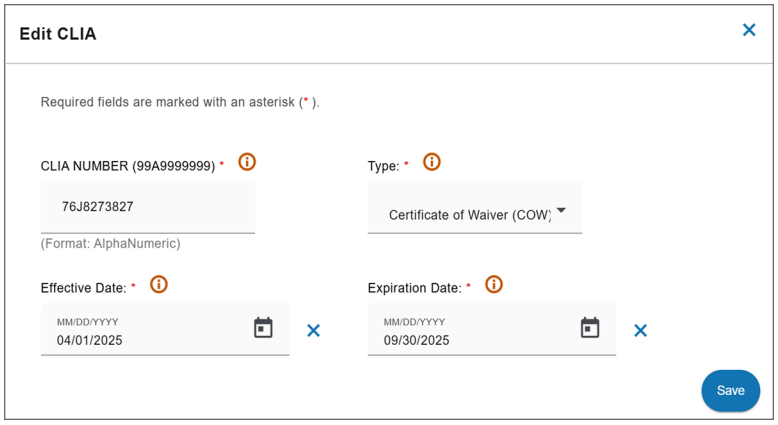
Figure 4-9: Credentials



3. In the Licensing, Certifications & Accreditations tab, locate the Certifications Details grid and select **Edit** (pencil icon) for the CLIA certification to update.

   Note: You can update the following fields: CLIA Number, Type, Effective Date, and Expiration Date.

Figure 4-10: Edit CLIA



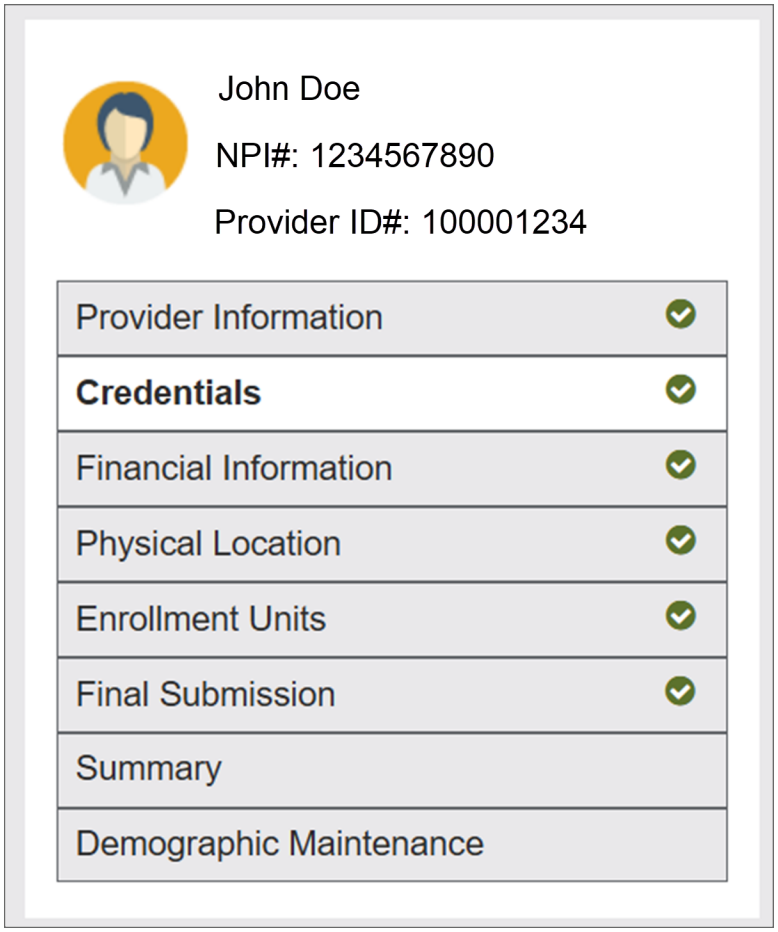
4. Select **Save**.
5. Select the **Upload** icon from the Actions column to upload any required supporting documents. Alternatively, you can select the **Other** box to mail supporting documents. For more information, go to Upload Documents.
6. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

4.5. Add Licenses, Certifications, and Accreditations

The steps below describe how to add credentials such as licenses, certifications, and accreditations.

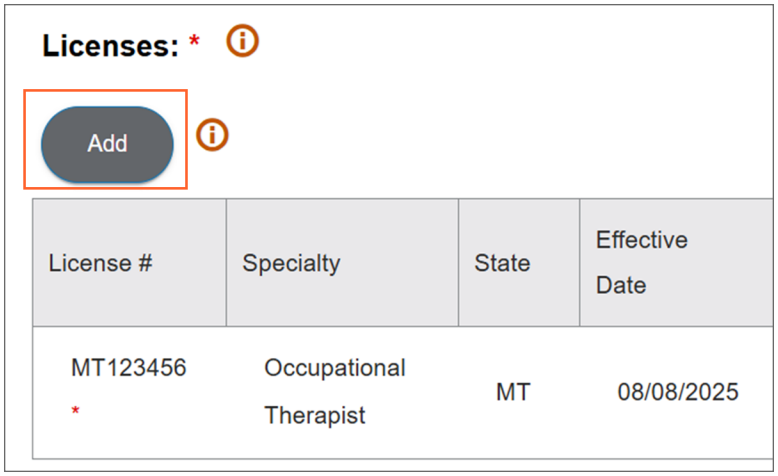
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Credentials** from the navigation menu.

Figure 4-11: Credentials



3. In the Licensing, Certifications & Accreditations tab, select **Add** above the related grid to add a new record.

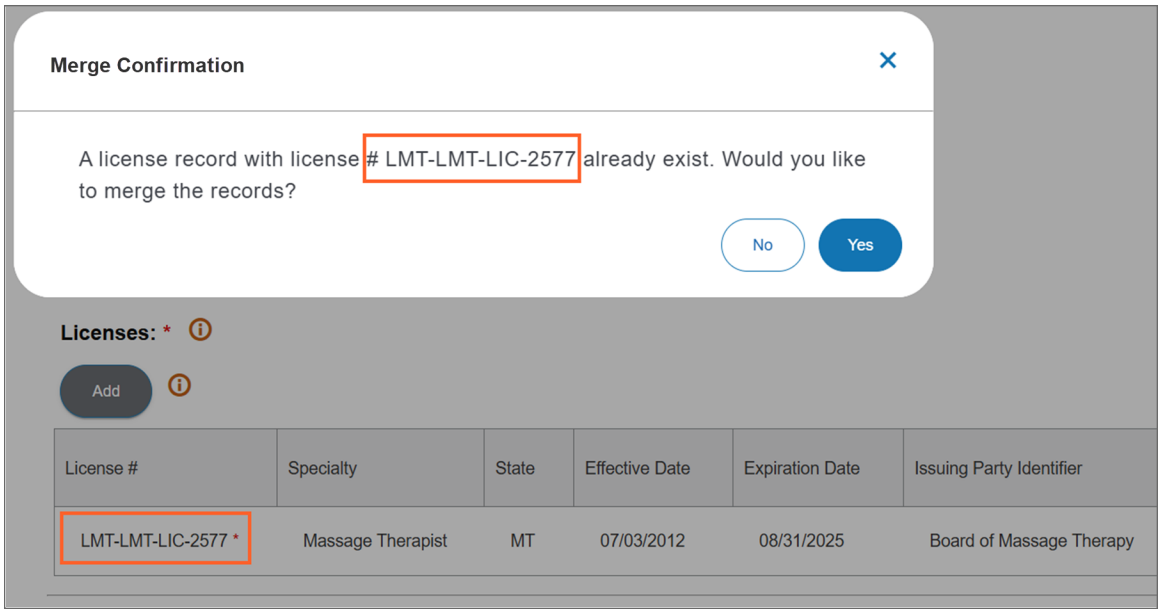
Figure 4-12: Add a New Record



4. In the Add window, complete the required fields for the documentation type. Refer to the *Provider Enrollment User Guide* for a list of the documentation type fields and their descriptions.
5. Select **Save**.

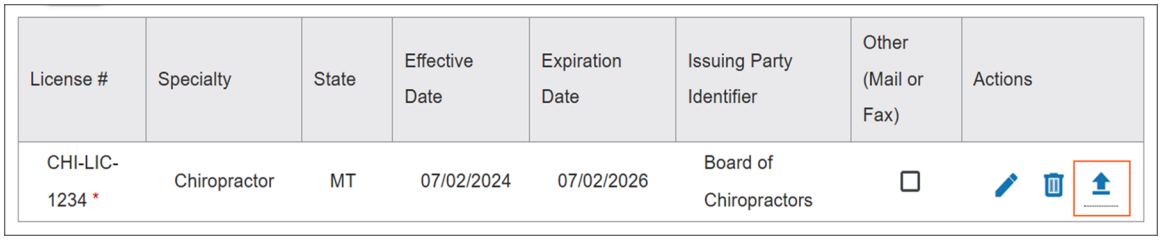
   Note: If you try to add another license and the number matches a record in the grid, you receive an alert to merge the records. Select **Yes** to merge or **No** to create separate records.

Figure 4-13: Merge License Alert



6. Upload the new license, certification, or accreditation to the record by selecting **Upload** in the grid. For more information, go to Upload Documents.

Figure 4-14: Upload Icon



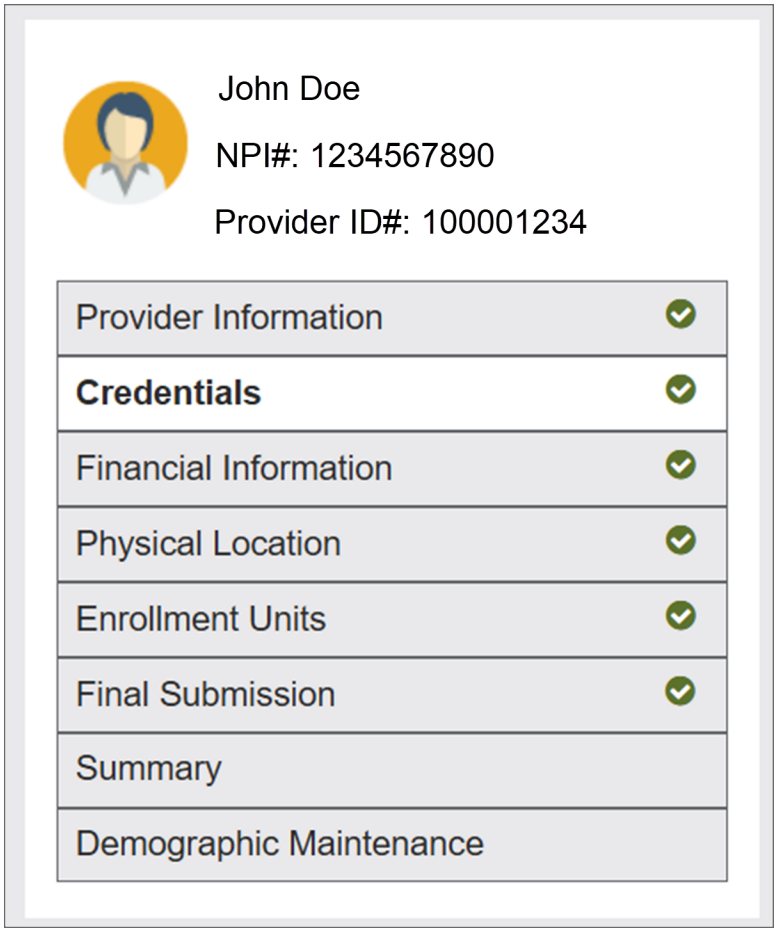
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

4.6. Edit and Terminate Licenses, Certifications, and Accreditations

If a license, certification, or accreditation is ready to expire or expired, you can update the expiration date on the existing record or add a new record. The steps below explain how to edit, terminate, or upload a document for each license, certification, or accreditation on the Credential page using an update transaction.

1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Credentials** from the navigation menu.

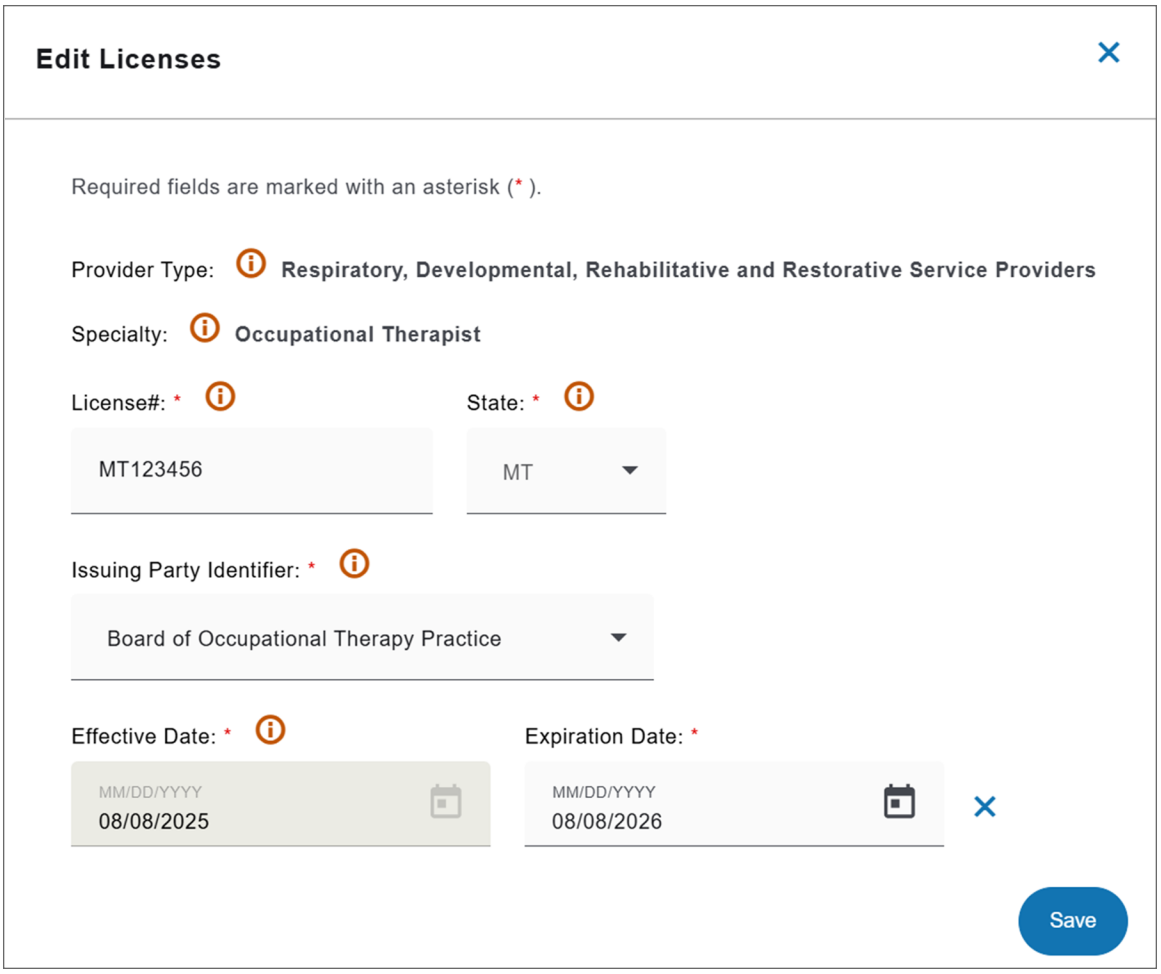
Figure 4-15: Credentials



3. To update a license, certification, or accreditation, complete the steps below.

a. Select **Edit** (the pencil icon) to make changes to a license, certification, or accreditation. You can change the following details: Issuing Party Identifier or Expiration Date.

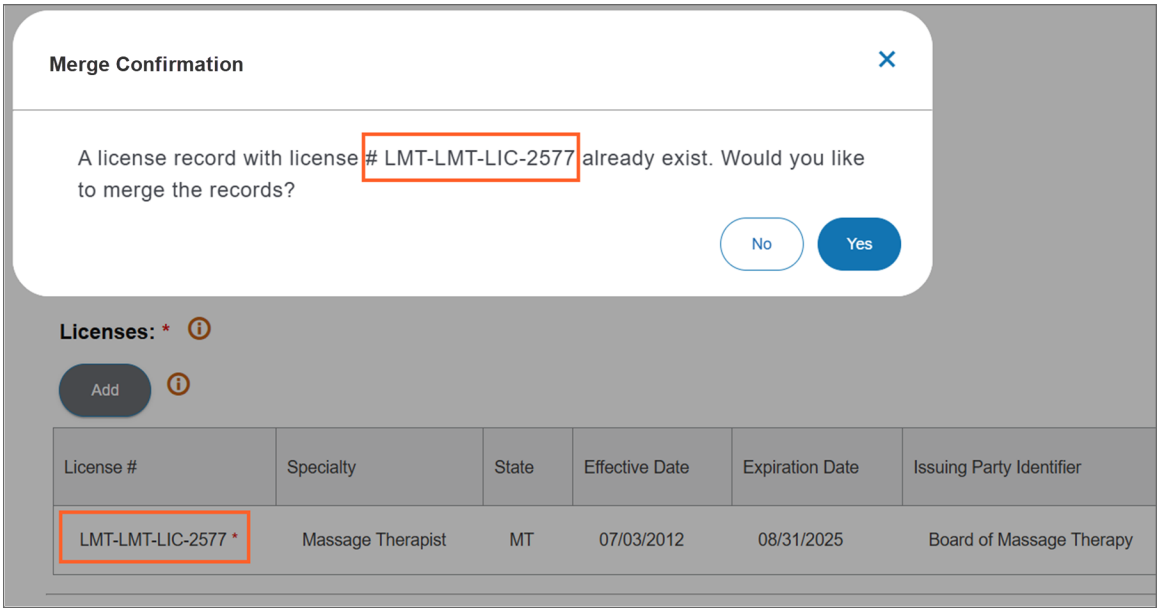
Figure 4-16: Edit Licenses Window



b. Select **Save** when you complete your changes.

Note: If there's multiple entries in the grid that match the license number, entirely or partially, you receive an alert to merge the records. Select **Yes** to merge or **No** to create separate records.

Figure 4-17: Merge License Alert



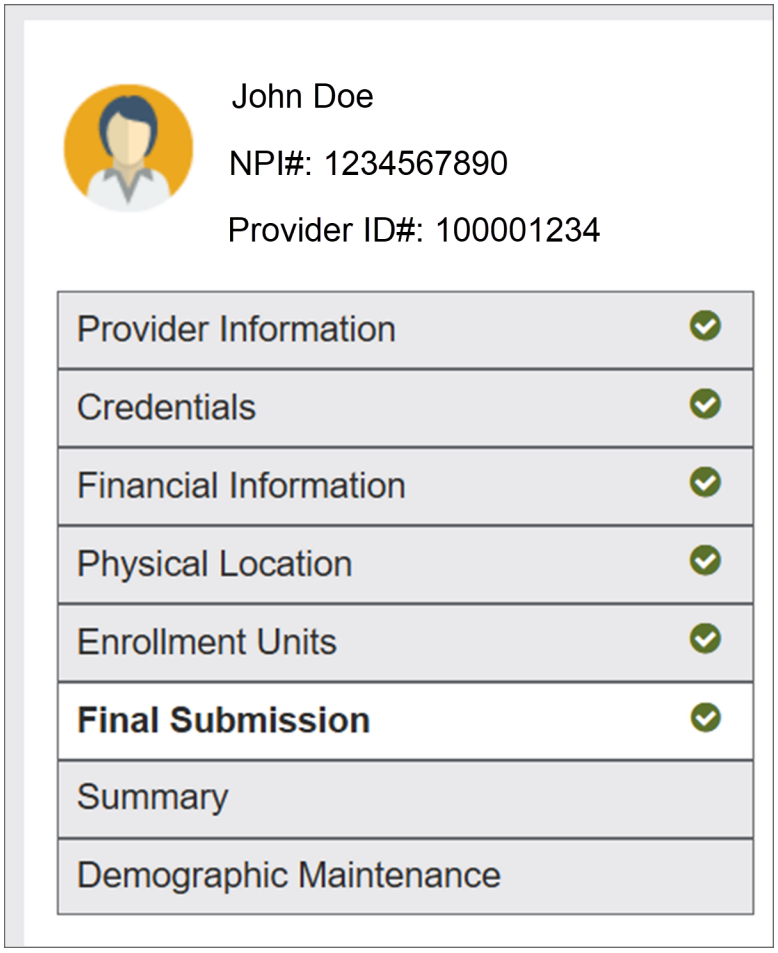
4. To terminate a license, certification, or accreditation, complete the steps below.
   a. From the grid, select **Delete** (trash can icon).
   b. Select **Remove** in the confirmation window and the record will be deleted from the grid.
5. To upload a document to a license, certification, or accreditation select the corresponding Upload icon on the grid and select the file to upload. For more information, go to Upload Documents.
6. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

4.7. Upload New W-9 Forms

When you update the legal business address, you must upload a new W-9 form. The steps below describe how to upload a W-9 form.

1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Final Submission** from the navigation menu.

Figure 4-18: Final Submission



3. Select the **W-9** tab.
4. Select the **Upload** icon in the Action column to upload the new W-9. For more information, go to Upload Documents.
5. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5. Provider Information Updates

The Provider Information section of the enrollment record contains your practice information, legal name and address, ownership, and disclosure information. You can update these at any time using a Maintenance Update.

5.1. Practice Information

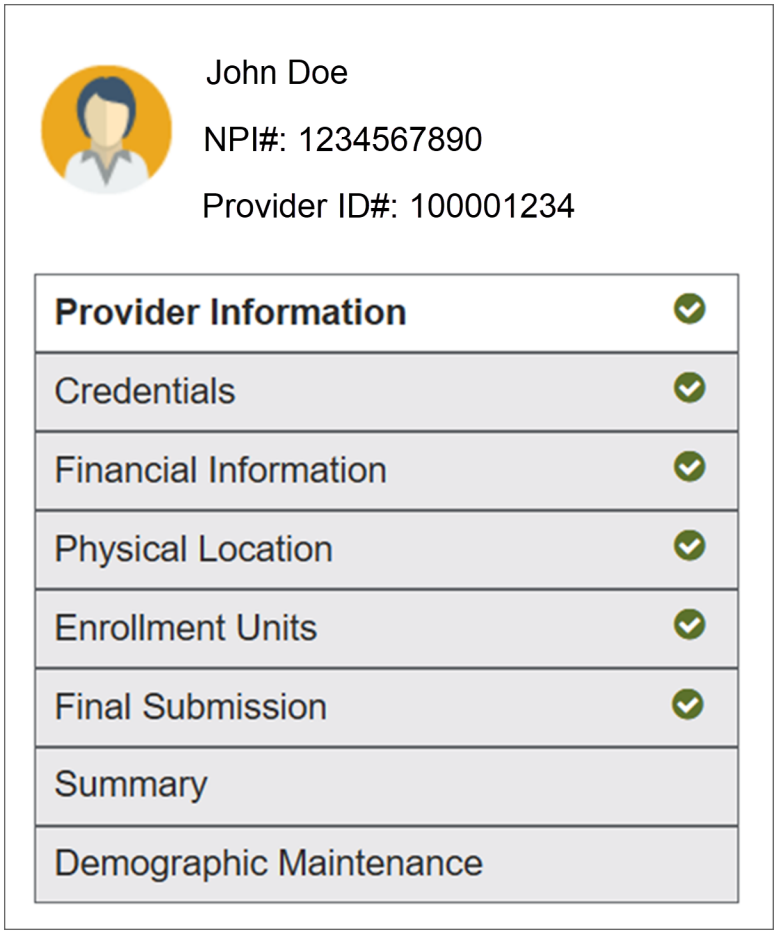
The Practice Information tab houses your information related to provider specialties and any enrolled state or waiver programs.

5.1.1. Add Type of Provider

If you are a provider with subparts, you can add additional provider types on the Practice Information page.

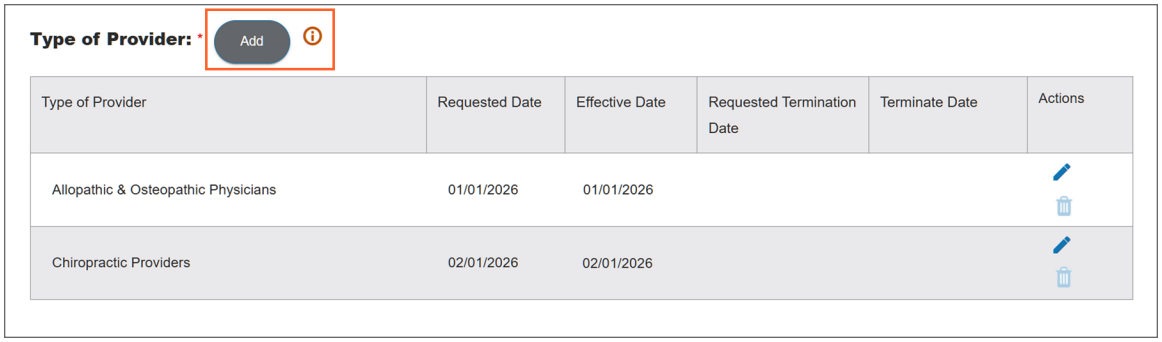
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-1: Provider Information



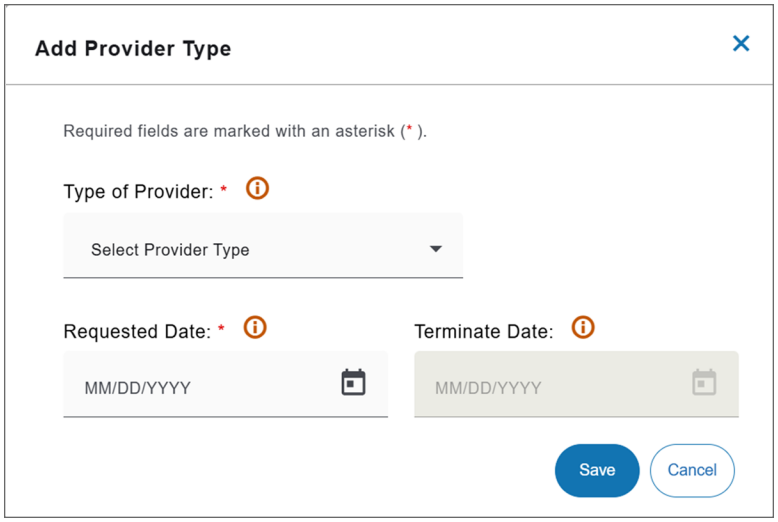
3. On the Practice Information tab, scroll to the Type of Provider section and select **Add**.

Figure 5-2: Add Type of Provider



4. In the Add window, complete the fields below.

Figure 5-3: Add Provider Type



a. Select the provider type for the specialty from the Type of Provider list.

b. Select a specialty from the Specialty list.

c. Select the **calendar** icon to choose the Requested Date. Alternatively, you can type the date in MM/DD/YYYY format.

d. Select **Save**.

5. Select **Save and Continue**.

6. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

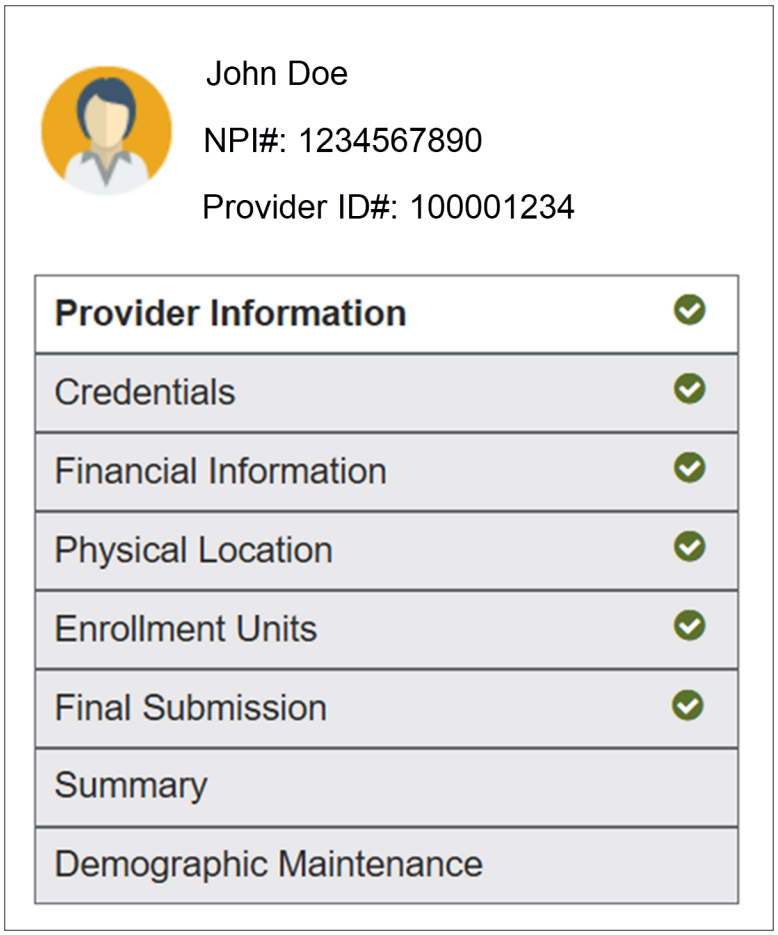
5.1.2. Terminate Type of Provider

If you are a provider with subparts, the steps below explain how to terminate a type of provider.

Note: Once you are enrolled with a Type of Provider, you cannot delete that Type of Provider and the delete icon is disabled. The only action you can take is adding the requested termination date. To request a termination date, select **Edit** (pencil icon) to edit and add the Terminate Date. However, if you add a Type of Provider and have not yet submitted your update, you can delete it using the delete icon.

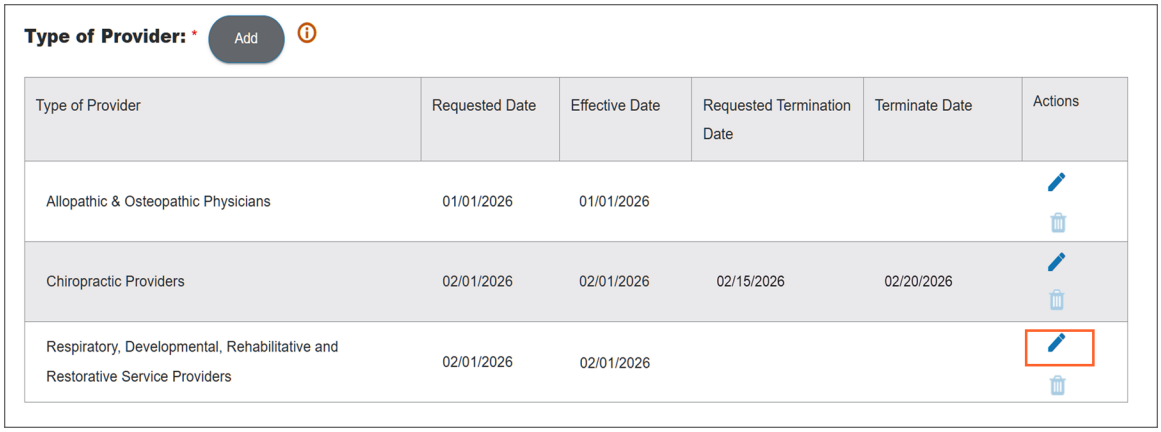
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-4: Provider Information



3. On the Practice Information tab, scroll to the Type of Provider section and select **Edit** (pencil icon) on the record you want to terminate.

Figure 5-5: Select Provider Type



4. Select the **calendar** icon to choose a Terminate Date. You must use the calendar icon to populate Terminate Dates.
5. Select **Save**. The Requested Termination Date shows in the Type of Provider grid.

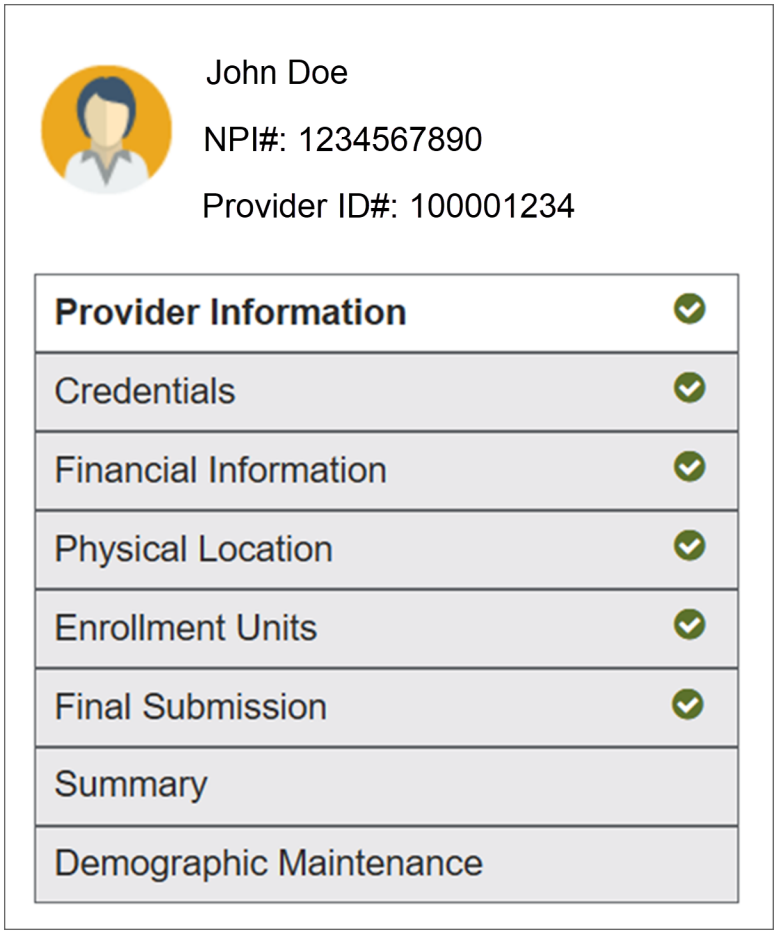
   Note: Once you submit your request, an SMA reviews your update request. If approved, the approved date displays in the Terminate Date column.
6. Select **Save and Continue**.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.1.3. Add Specialties

Within the Specialties section of the Practice Information page, you can add additional specialties to your practice.

1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-6: Provider Information



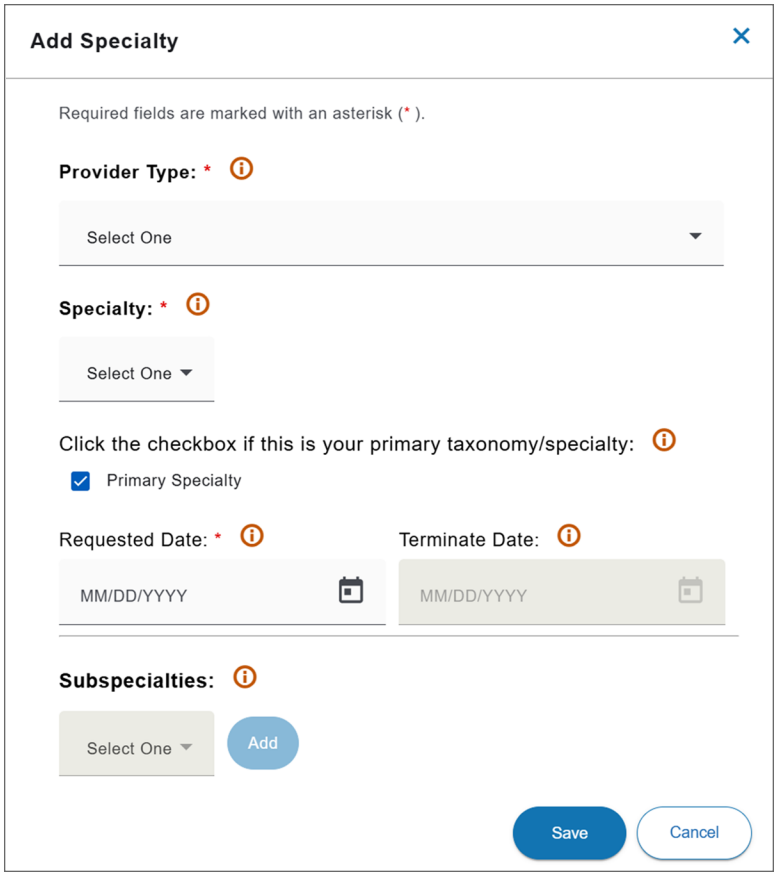
3. On the Practice Information tab, scroll down to the Specialties section and select **Add**.

Figure 5-7: Add Secondary Specialty



4. In the Add window, complete the fields below.

Figure 5-8: Add Specialty



a. Select the provider type for the specialty from the Provider Type list.

b. Select a specialty from the Specialty list.

c. If this is the primary specialty, check the Primary Specialty box.

   Note: If you check Primary Specialty during an update transaction, this becomes the primary specialty, and the former one becomes the secondary specialty.

d. Select the **calendar** icon to choose the Requested Date. Alternatively, you can type the date in MM/DD/YYYY format.

e. Select **Save**.

5. Select **Save and Continue**.

6. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.1.4. Edit or Terminate Specialties

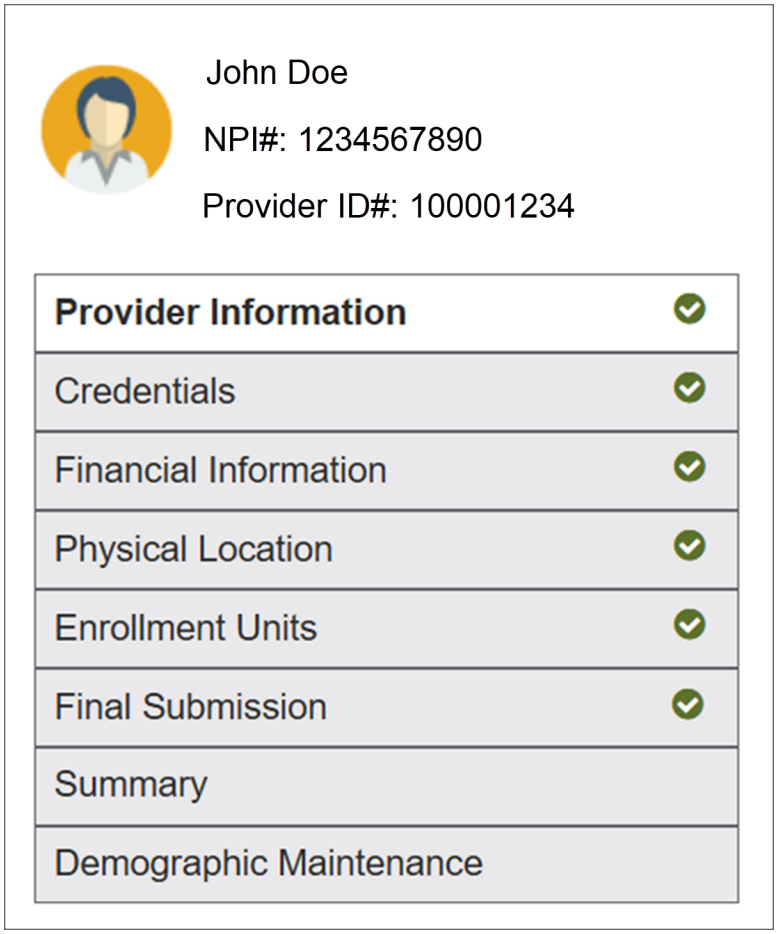
Once you enroll in a specialty, you cannot delete that specialty. You can edit the specialty and add a termination date.

Note: The Delete icon, which is normally available to remove items, is disabled for Specialties after your enrollment is approved.

The steps below describe how to use a maintenance update to terminate a specialty.

1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-9: Provider Information



3. On the Practice Information tab, scroll down to the Specialties section and select **Edit** (pencil icon) on the specialty record.
4. Select the **calendar** icon to choose a Terminate Date. You must use the calendar icon to populate Terminate Dates.
5. Select **Save**. The Requested Termination Date shows in the Specialties grid. Once you submit your request, an SMA reviews your update request. If approved, the approved date displays in the Terminate Date column.

   Important: If you terminate the Primary specialty, you receive the following message: "*At least one active primary specialty is required*." You must select an active specialty as Primary.
6. Select **Save and Continue**.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

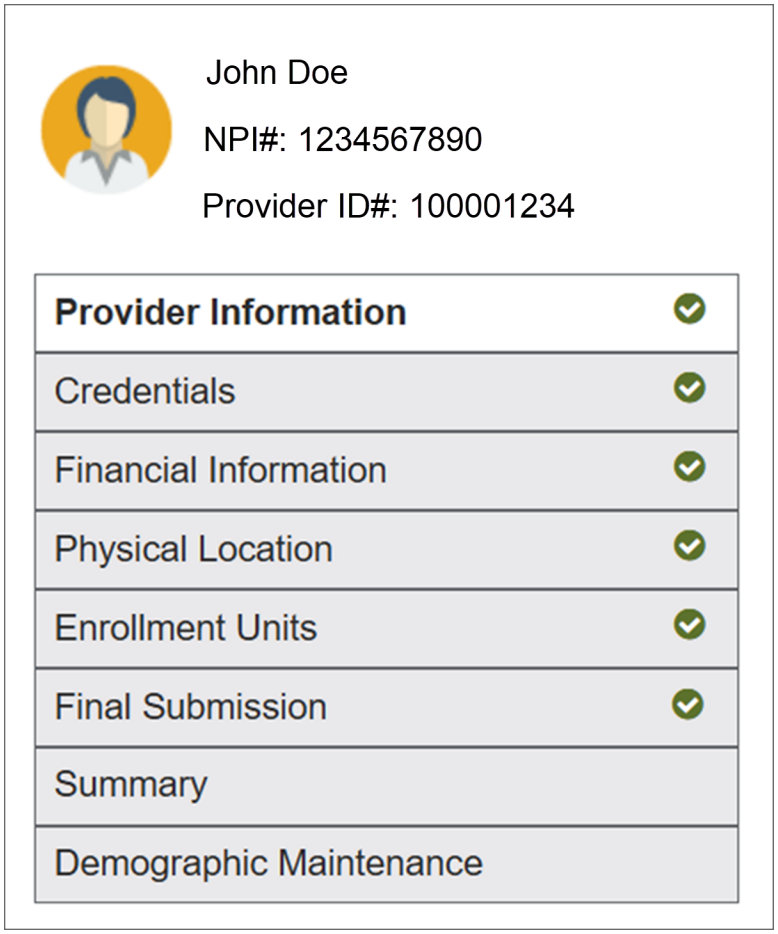
5.1.5. Add State Program or Waiver Program Request

This section explains how to use a maintenance update to request enrollments in a state or waiver program. Enrollment in these requires further validation and approval by the State and, if applicable, requires documentation to confirm you meet the program requirements.

The documentation required depends on the specific program requested.

1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

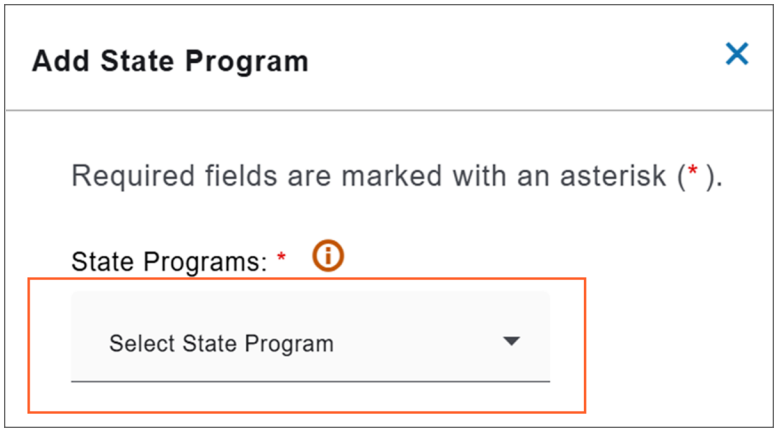
Figure 5-10: Provider Information



3. On the Practice Information tab, scroll down to the State Programs and/or Waiver Programs sections and select **Add**.
4. In the Add window, select the applicable program or waiver name from the list.

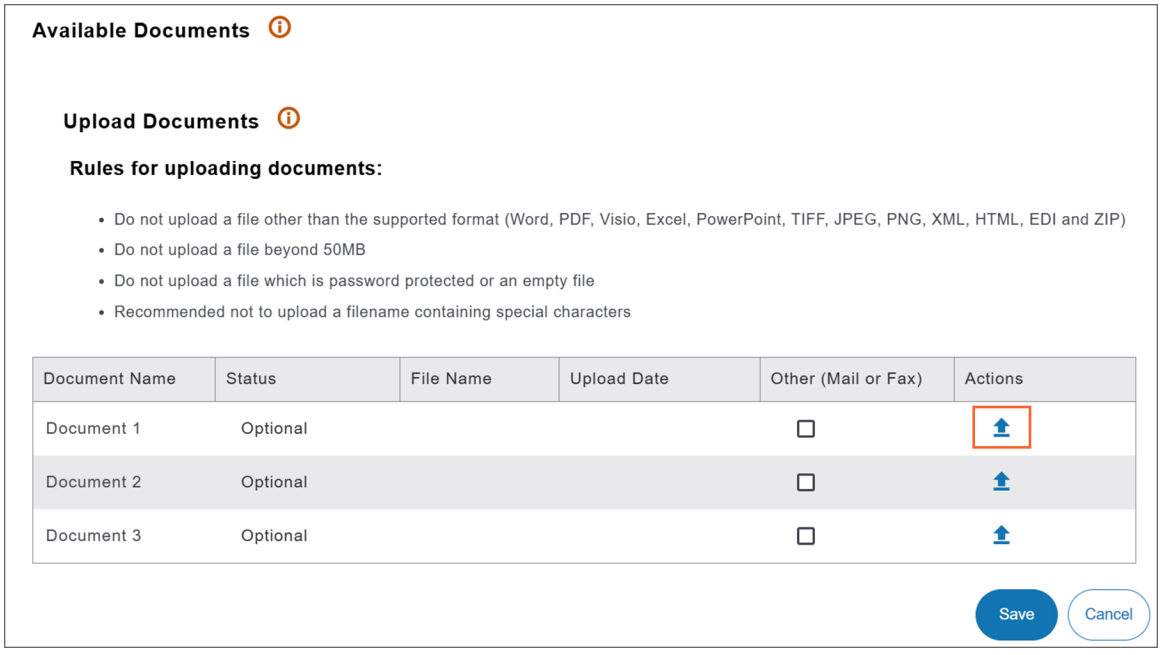
   Note: For instructions on how to add a Primary Care Case Management (PCCM) program, go to Add a Primary Care Case Management (PCCM) Program.

Figure 5-11: Add a State Program



5. Select the **calendar** icon to choose the Requested Date. Alternatively, you can type the date in MM/DD/YYYY format.
6. Scroll to the Upload Document section and upload any necessary documents related to the program by selecting the **Upload** icon in the Actions column.

Figure 5-12: Upload Documents



7. Navigate to the document you want to upload. Double-click to select it.

Note: The uploaded file shows in the Document grid with the File Name and Upload Date. You can check the box in the grid to mail the document. Once you complete enrollment, you can include your confirmation number.

8. Select **Save**.
9. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.1.6. Add a Primary Care Case Management (PCCM) Program

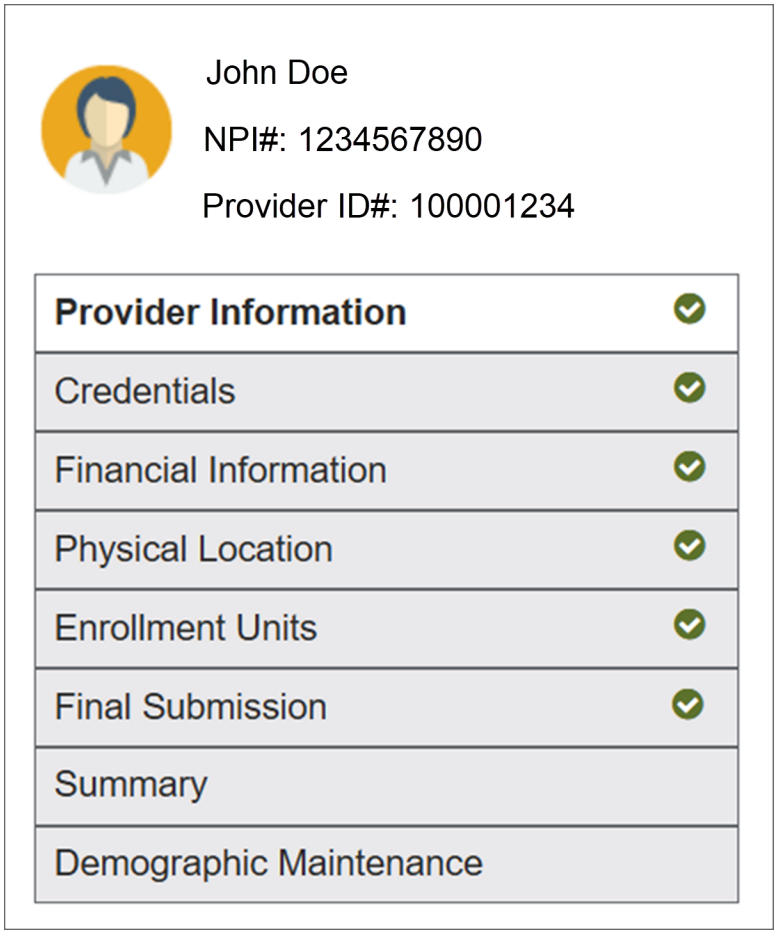
Applies To: Individual Sole Proprietor, Organizational (Group/Facility) provider types with specific Specialties (taxonomies)

You must have a specific Type of Provider and Specialty selected to add either the Primary Care Provider (PCP) or Primary Care Montana (PCMT) program. Additionally, both programs depend on Montana Medicaid (HMK Plus) and cannot exist independently within enrollment. When you add Primary Care Montana (PCMT), additional activities generate within your enrollment application tied to the program.

This section explains how to use a maintenance update to request enrollments in either Primary Care Provider (PCP) or Primary Care Montana (PCMT) programs. Enrollment in these requires further validation and approval by the State and, if applicable, requires documentation to confirm you meet the program requirements.

1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

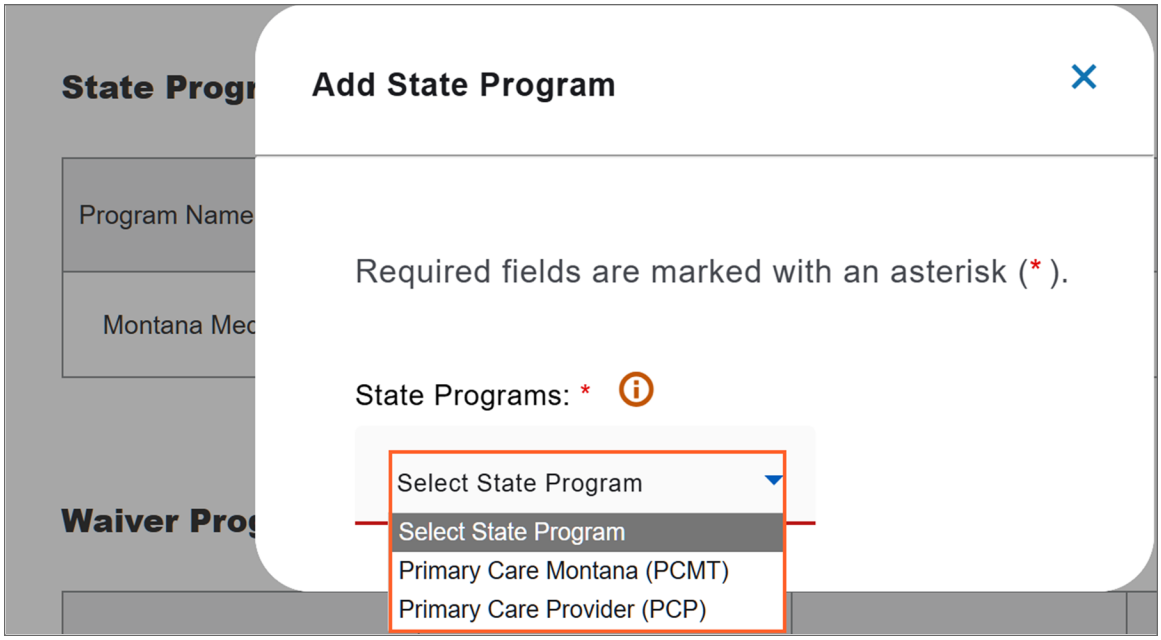
Figure 5-13: Provider Information



3. On the Practice Information tab, scroll down to the State Programs and/or Waiver Programs sections and select **Add**.
4. In the Add a State Program window, select either **Primary Care Provider (PCP)** or **Primary Care Montana (PCMT)**.

   Note: Programs and waivers are configured based on the Provider and Specialty combination. In order to add Primary Care Provider (PCP) or Primary Care Montana (PCMT), you must first add Montana Medicaid (HMK Plus) and have a specific Provider/Specialty. For more information, go to PCCM Provider Types and Specialties.

Figure 5-14: Add a State Program



5. Select the **calendar** icon to choose the Requested Date. Alternatively, you can type the date in MM/DD/YYYY format.

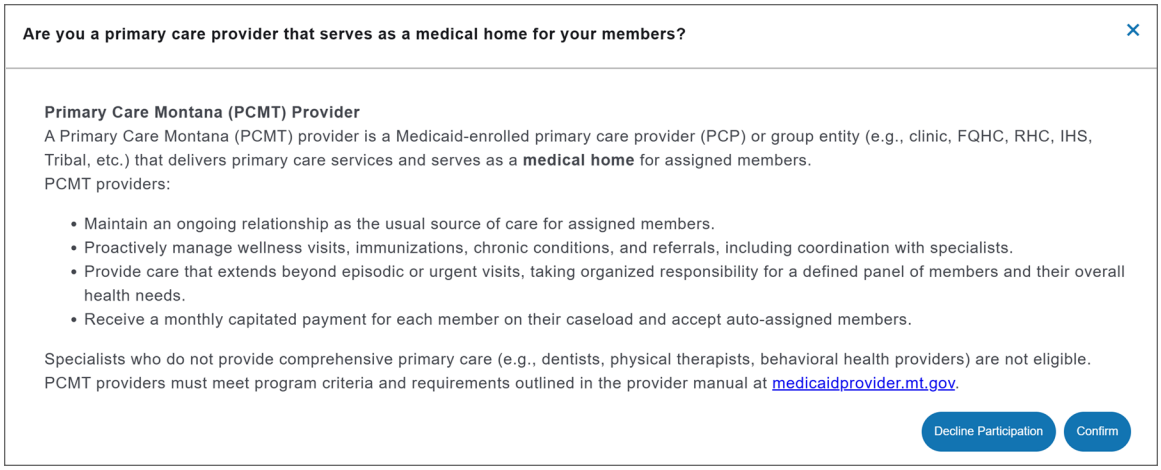
   Note: The Requested Date cannot be earlier than the Effective or Requested Date for Montana Medicaid (HMK Plus).

6. Select **Save**.

7. A confirmation window displays detailing program participation criteria. You must select **Confirm** to request enrollment in the program.

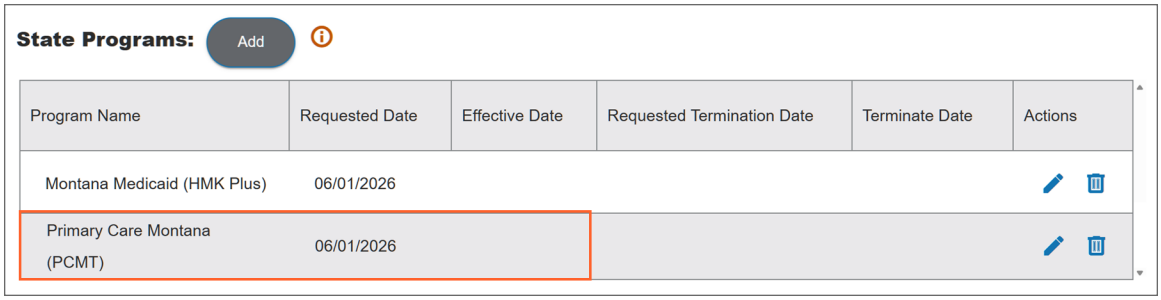
   Tip! There are different confirmations for PCMT and PCP programs. The confirmation you receive depends on the program you request.

Figure 5-15: PCMT Confirmation Example



8. After you select **Confirm**, the requested program displays in the State Programs grid.

Figure 5-16: State Programs Grid



Note: If you selected **Decline Participation**, the State Program grid displays and the PCMT or PCP program does not display. You will not be enrolled.

9. Select **Save**.
10. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

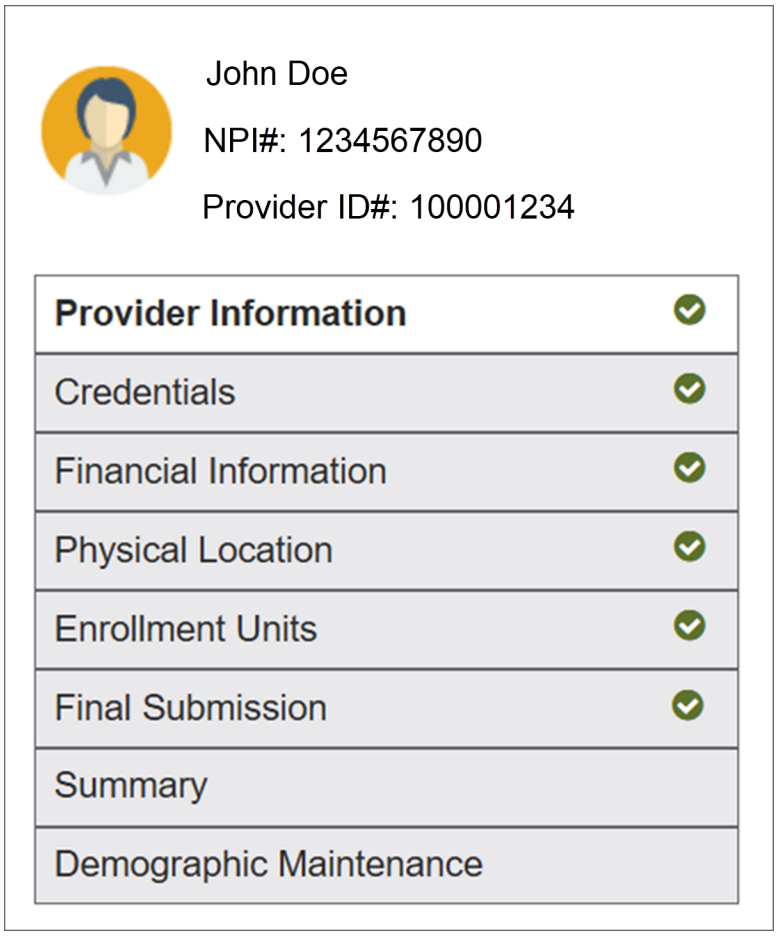
5.1.7. Terminate State Program or Waiver Program

The steps below explain how to terminate enrollments in a state or waiver program.

1. Create and open the update record. For more information, go to Create an Update Record.

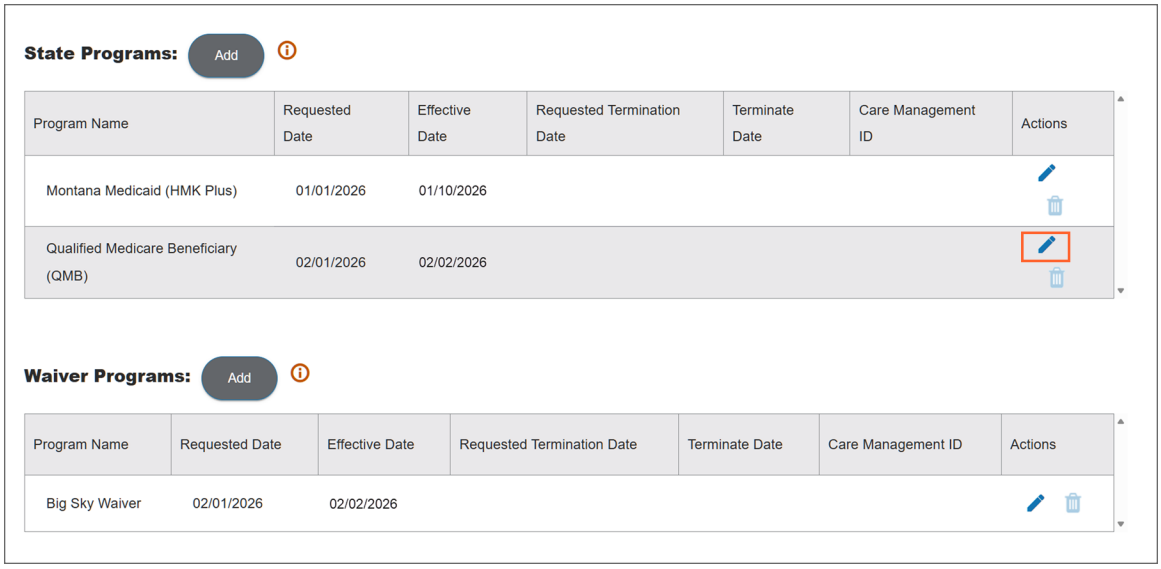
2. Select **Provider Information** from the navigation menu.

Figure 5-17: Provider Information



3. On the Practice Information tab, scroll down to the State Programs and/or Waiver Programs sections and select **Edit** (pencil icon) on the record you want to terminate.

Figure 5-18: Select Program or Waiver



4. Select the **calendar** icon to choose a Terminate Date. You must use the calendar icon to populate Terminate Dates.
5. Select **Save**. The Requested Termination Date shows in the State Programs grid.

   Note: If you requested a termination date for a PCCM dependent program, the Requested Termination Date cascades to dependent components, including Physical Locations and Enrollment Units.
6. Select **Save and Continue**.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

   Note: Once you submit your request, an SMA reviews your update request. If approved, the approved date displays in the Terminate Date column.

5.2. Legal Name and Address

Use the Legal Name and Address tab to make changes to a provider's billing or mailing address only. You must contact Provider Services to obtain instructions on changing and submitting new Legal Name, Address, and Federal Tax Information.

Important: You cannot edit Billing Address if it is the same as your Legal Address.

Legal name changes require updated documentation. The list of required documents is as follows:

- Professional/business licenses, including accreditations and board certifications
- Insurance certificate
- W-9 form

If you need to update physical or service locations, go to Physical Location Updates.

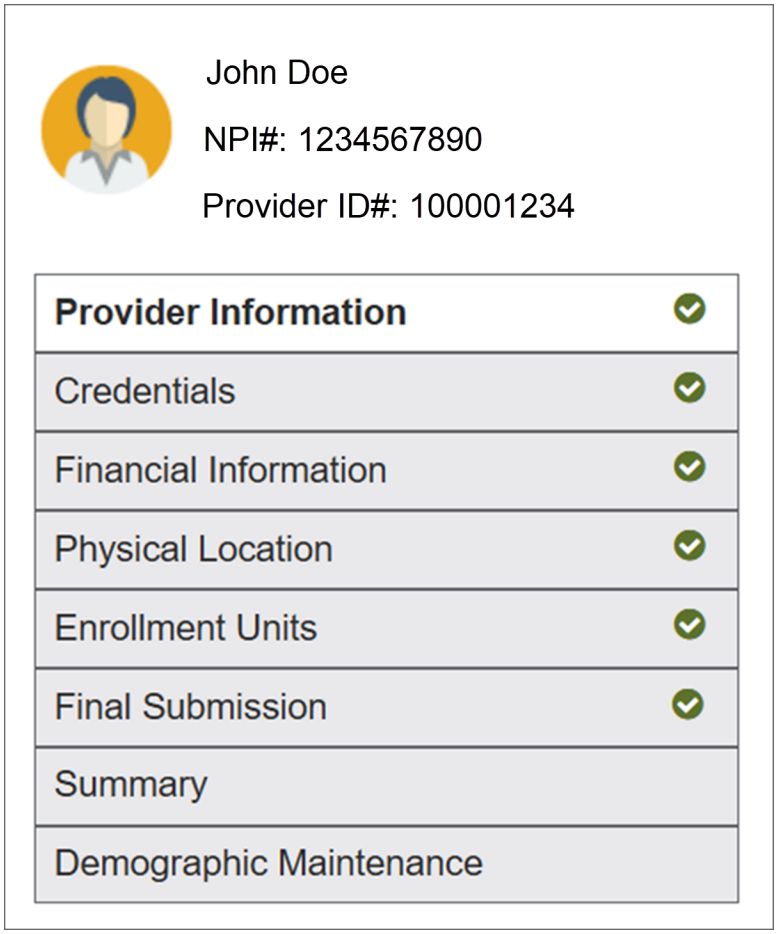
If you are a FEIN Owner, you can edit your Legal Entity Address fields. If you are a FEIN Consumer, your Legal Entity Address fields are disabled and cannot be modified.

5.2.1. Edit Billing and Mailing Address

The section below explains how to update the Billing and Mailing Address.

1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-19: Provider Information



3. Select the **Legal Name & Address** tab.
4. Scroll to the appropriate section to update the applicable address information. Choose from **Billing Address** and **Mailing Address**.
5. To edit an address, complete any of the steps below to update the applicable address information.

   Note: Each address section contains the same fields.

   a. Select the Address 1 field and update the applicable information. This is a required field.

   b. Select the Address 2 field and update the applicable information. This is an optional field.

c. Select the City field and update the applicable information. This is a required field.

d. Select from the State list. This is a required field.

e. Select the Zip Code field and update the applicable information (ZIP+4). This is a required field.

f. Select from the County list. This is a required field.

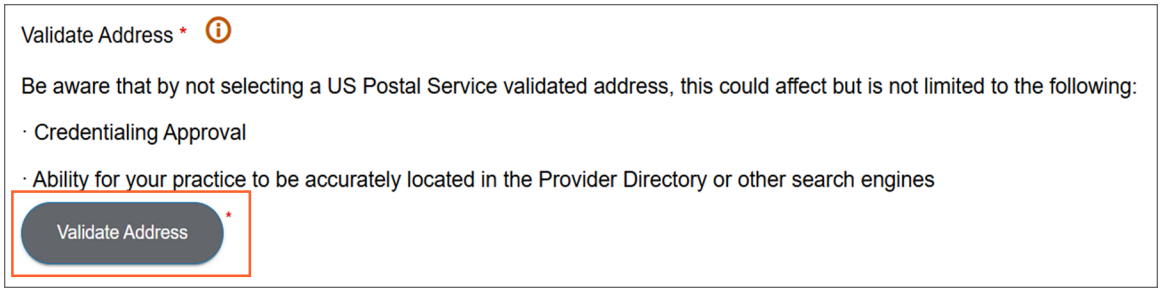
g. Select the Email Address field and update the applicable information. This is a required field.

h. Select the Phone Number field and update the phone number. This is a required field.

i. Select the Fax Number field and update the fax number. This is an optional field.

6. Read the statement for address validation and select **Validate Address**. This checks the disclosed address against the United States Postal Service (USPS) to make sure it is a valid address.

Figure 5-20: Address Validation



Note: If you entered a P.O. Box address for Billing Address, you will receive an Alert message at validation indicating that you need to use a valid street address.

7. Select the correct Suggested Address from the list of choices, then select **Submit**. The legal address section updates with the new information.

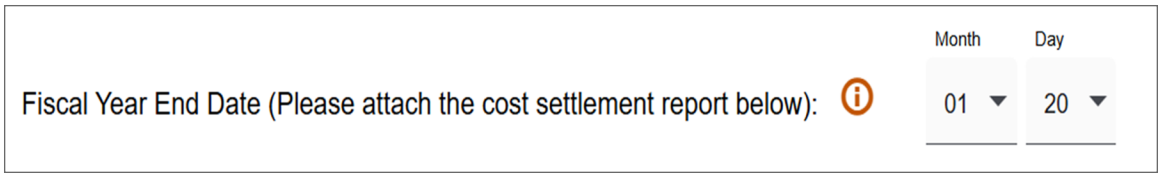
Note: Select **Use Existing** to keep the address as entered. If you choose to do this, you receive a warning message indicating that the address could have a negative impact.

Figure 5-21: Suggested Address



8. If needed, update the fiscal year using the Month and Day options to adjust the values.

Figure 5-22: Fiscal Year Selections



9. Select **Save and Continue**.
10. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.3. Ownership

Applies To: Organizational Providers

As specified in 42 Code of Federal Regulations §§ 455.100–.106, all Medicaid providers must attest and disclose identifying information for each person and organizations having direct or indirect ownership interests or control interest equal to or more than five percent of the value of the disclosing entity.

You completed this attestation during your initial enrollment. You can update this anytime you have ownership changes within the organization. Changes of ownership include:

- Individual owners or organization owner names
- A change in percentage of ownership by the individual(s) or business

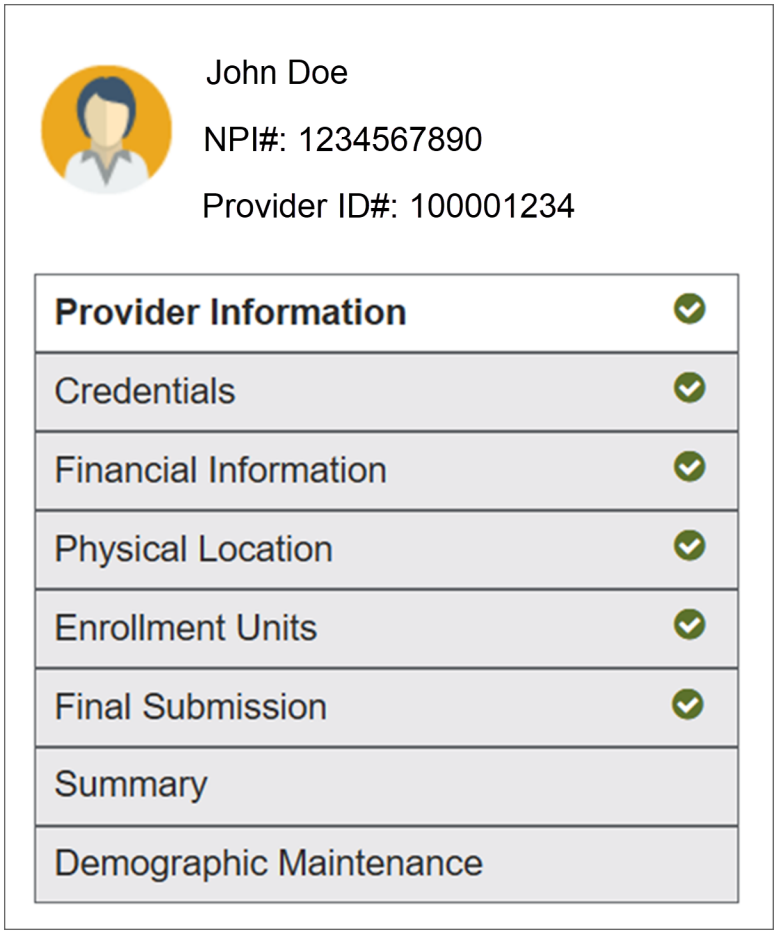
- A change to person(s) or business listed on the statement when the organization initially enrolled

5.3.1. Add Ownership

The section below explains how to update Ownership information.

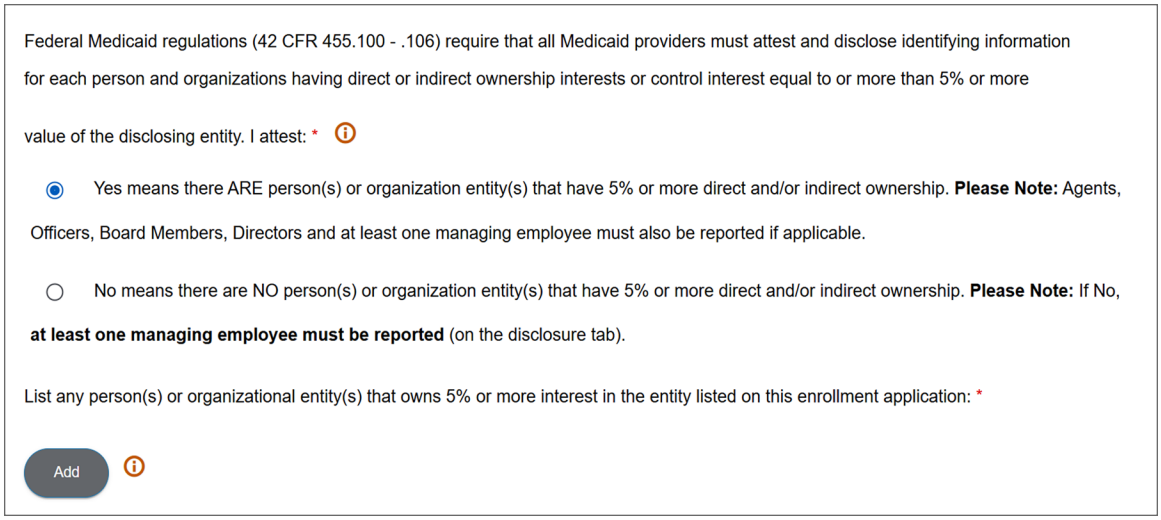
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-23: Provider Information



3. Select the **Ownership** tab.
4. Select **Yes** to indicate there is a person or organization entity(s) with ownership interest.

Figure 5-24: Ownership Indicator



5. Select **Add**.
6. In the Ownership window, select the Ownership type. Choose from **Name** or **Business Name**.

   Note: Your selection impacts the fields available within the window.
7. Enter the required information for the individual's First Name, M.I., Last Name and Date of Birth or the Business Name.
8. Select the **calendar** icon to choose an Effective Date. Alternatively, you can type the date in MM/DD/YYYY format.
9. Enter your identification number in the Federal Tax ID or SSN field.

   Note: For individuals, enter your SSN. For businesses, enter your Federal Tax ID.
10. Complete the address information.
    a. Enter the primary address in the Address Line 1 field.
    b. Enter any additional address information in the Address Line 2 field.
    c. Enter the city in the City field.
    d. Select the **State** list and choose the correct state.

e. Enter the zip code in the Zip Code field. If you know the 4-digit extension, include that as well.

f. Select the **County** list and choose the correct county.

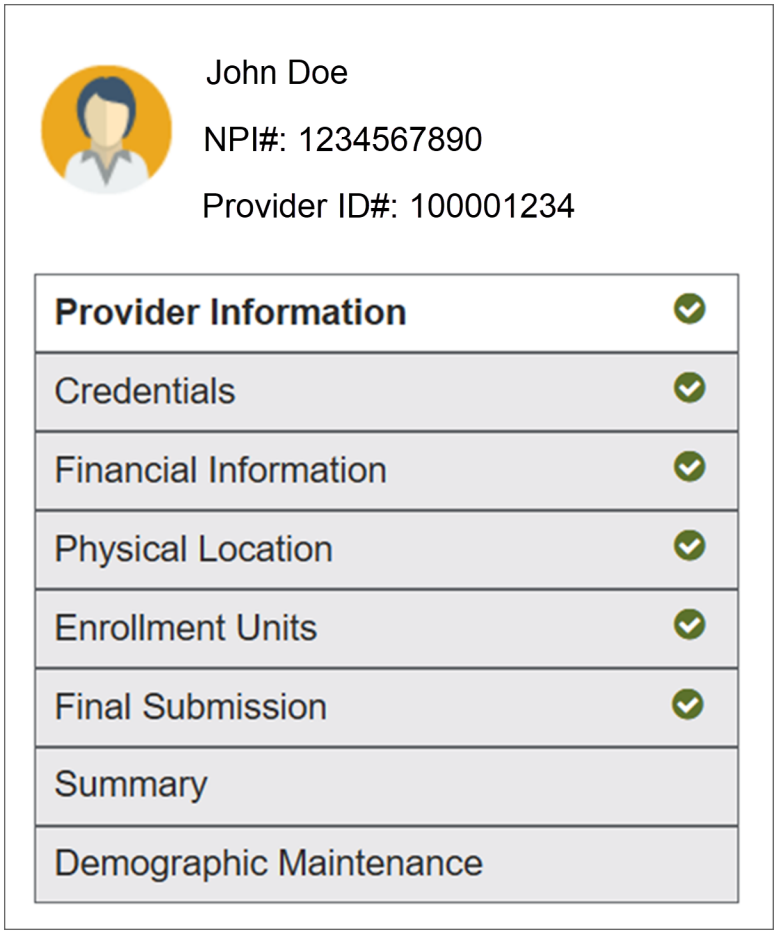
11. Select **Yes** or **No** to disclose if the individual has a conviction history. For more information, go to Add Conviction Details.
12. Enter the Percentage of Ownership.
13. Select **Save**.
14. Select **Save and Continue**.
15. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.3.2. Edit Existing Owner

The section below explains how to edit an Owner for an Organizational Provider.

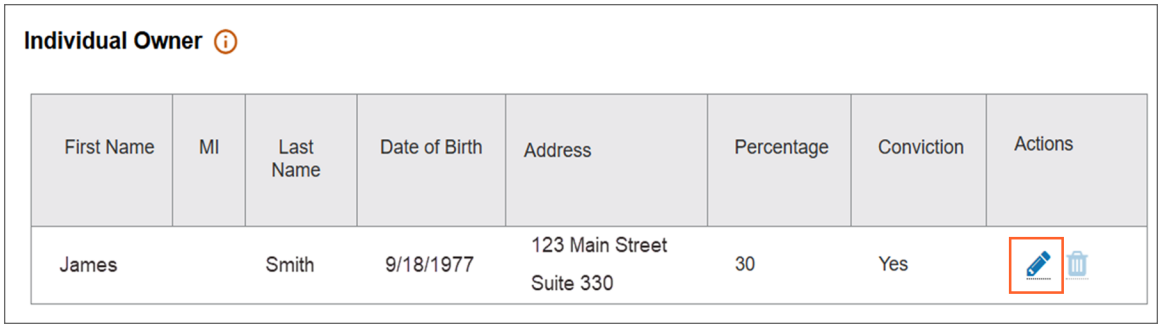
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-25: Provider Information



3. Select the **Ownership** tab.
4. On the Ownership tab, a list of existing owners displays. Select **Edit** (pencil icon) on the row of the ownership record to update.

Figure 5-26: Edit Owner



5. Update the editable fields within the Ownership window. Use the descriptions in the table below to make updates.

Table 5-1: Ownership Fields and Description

Field	Description
First Name	The owner's first name.
Last Name	The owner's last name.
Address	The owner's address.
City	The owner's city.
State	The owner's state.
Zip Code	The owner's ZIP+4 code.
County	The owner's county.
Conviction	Select **Yes** or **No** to indicate a Conviction. If you previously indicated Yes, you cannot unselect this. You can continue to add additional convictions as needed.
Percentage of Ownership	The percentage of ownership.

6. Select **Save**.
7. Select **Save and Continue**.
8. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.3.3. Terminate Existing Owner

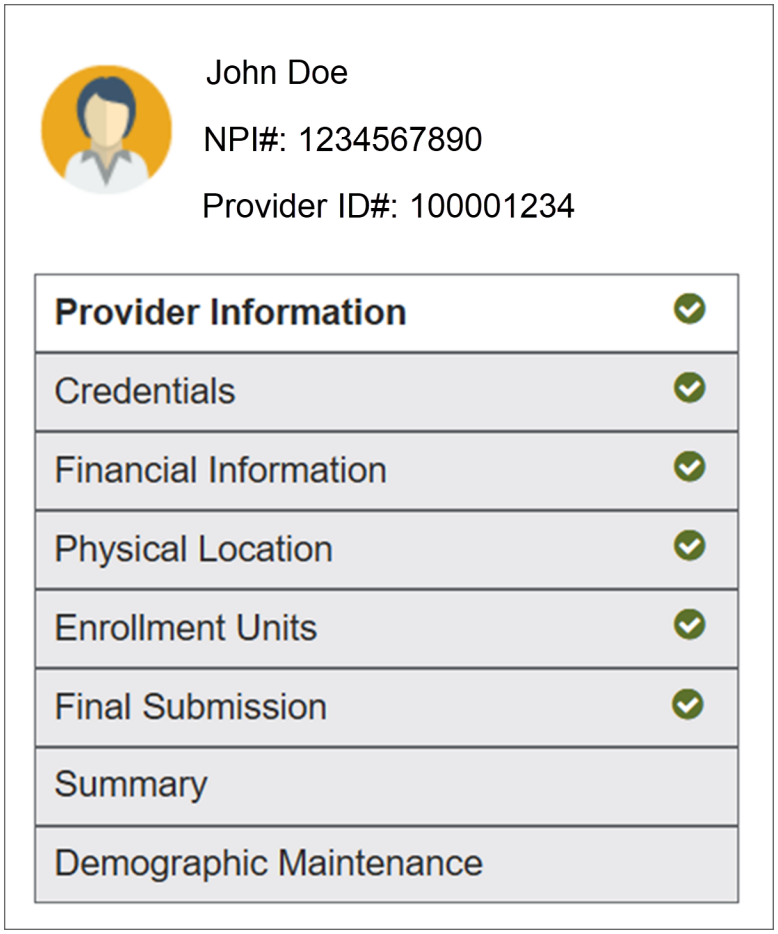
This section explains how to terminate an existing owner for an organizational provider.

Important: You must include a business name if there are no individuals owning five percent or more and you must disclose at least one managing employee. If there is only

one owner and you terminate that owner, you must add another owner so there is at least one owner on the application. If there are no owners, there must be at least one managing employee.

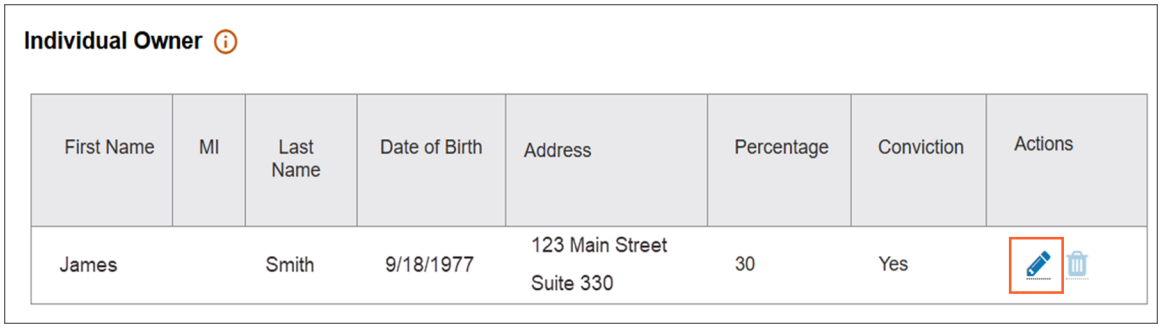
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-27: Provider Information



3. Select the **Ownership** tab.
4. On the Ownership tab, a list of existing owners displays. Select **Edit** (pencil icon) on the row of the ownership record to terminate.

Figure 5-28: Edit Owner



5. Select the **calendar** icon to choose a Terminate Date. You must use the calendar icon to populate Terminate Dates.
6. When terminating the owner, update the Percentage of Ownership field to zero.

   Important: If you do not update this field, you will not be able to terminate the owner.
7. Select **Save and Continue**.
8. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.4. Disclosure Information

Use the Disclosure Information tab to update or add information about all agents, directors, officers and managing employees who have expressed or implied authority to act on behalf of the provider entity.

Organizational providers must maintain their Managing Employees grid. There must be one active managing employee. If yours is no longer active (has a past Terminate Date) or you do not have one, you will receive an alert at the top of the Disclosure Information tab to correct the error before you can proceed.

Figure 5-29: Managing Employee Error

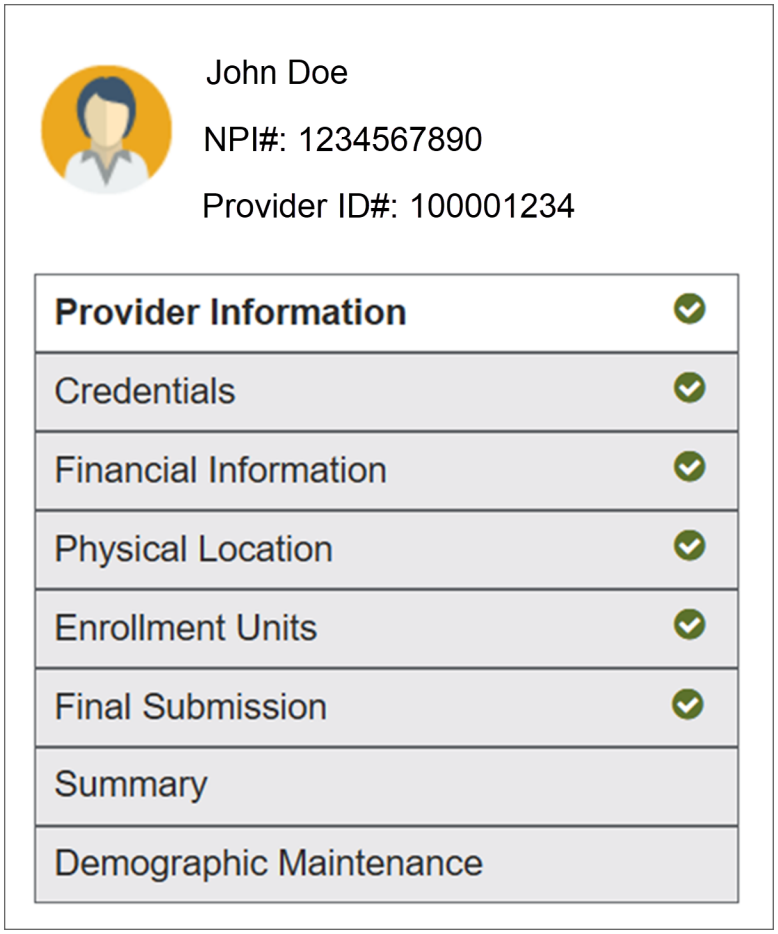


5.4.1. Add Managing Employee

This section explains how to add a managing employee using a maintenance update.

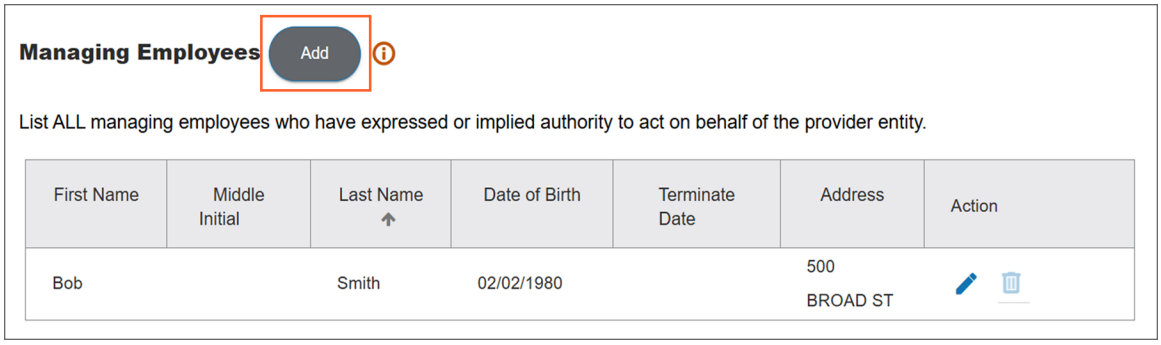
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-30: Provider Information



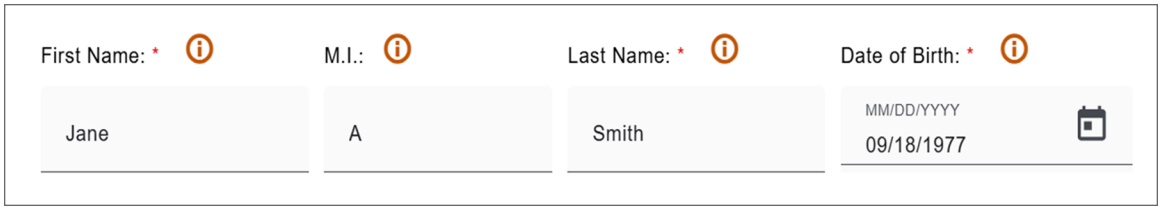
3. Select the **Disclosure Information** tab.
4. Select **Add** in the Managing Employees section.

Figure 5-31: Managing Employees Section



5. Complete the steps below to add the individual's name and date of birth.

Figure 5-32: Name and Date of Birth



   a. Enter the individual’s first name in the First Name field.
   b. Enter the individual’s middle initial in the M.I. field.
   c. Enter the individual’s last name in the Last Name field.
   d. Select the **Date of Birth** calendar and choose the correct date. Alternatively, you can type the date of birth into the field in MM/DD/YYYY format.

6. Select the **calendar** icon to choose a Begin Date. Alternatively, you can type the date in MM/DD/YYYY format.
7. Enter the SSN for the individual into field that displays.
8. Complete the steps below to enter the service location where the individual acts as a managing employee.
   a. Enter the primary address in the Address Line 1 field.
   b. Enter any additional address information in the Address Line 2 field.
   c. Enter the city in the City field.

d. Select the **State** list and choose the correct state.

e. Enter the zip code in the Zip Code field. If you know the 4-digit extension, include that as well.

f. Select the **County** list and choose the correct county.

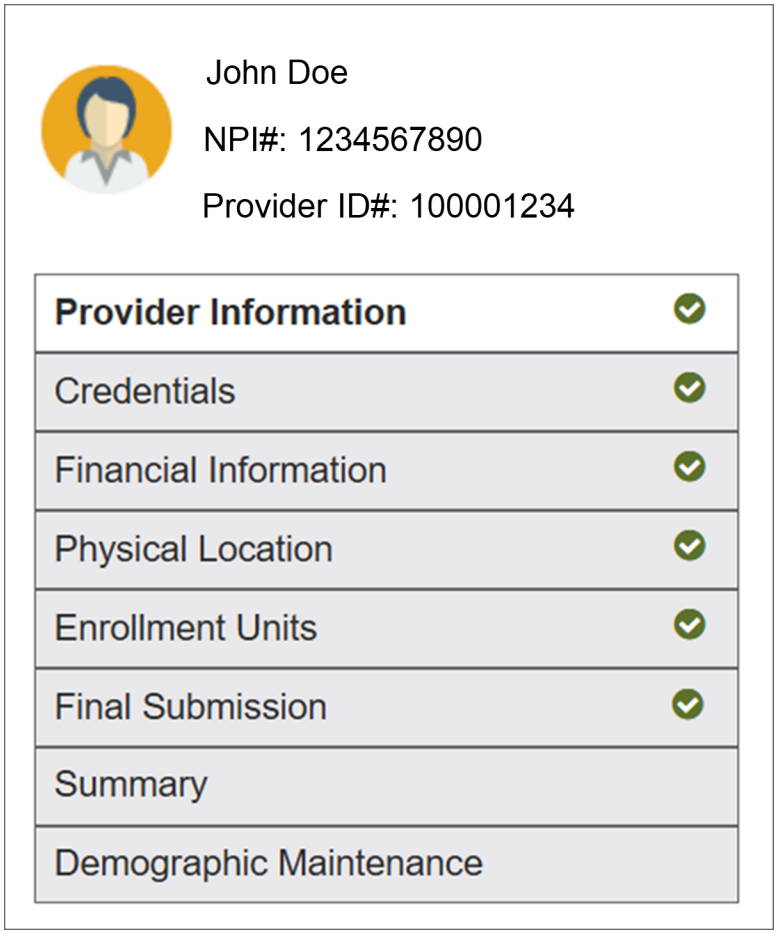
9. Select **Yes** or **No** to disclose if the individual has a conviction history. For more information, go to Add Conviction Details.
10. Select **Save**.
11. Select **Save and Continue**.
12. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.4.2. Edit Existing Managing Employee

This section explains how to edit an existing managing employee using a maintenance update.

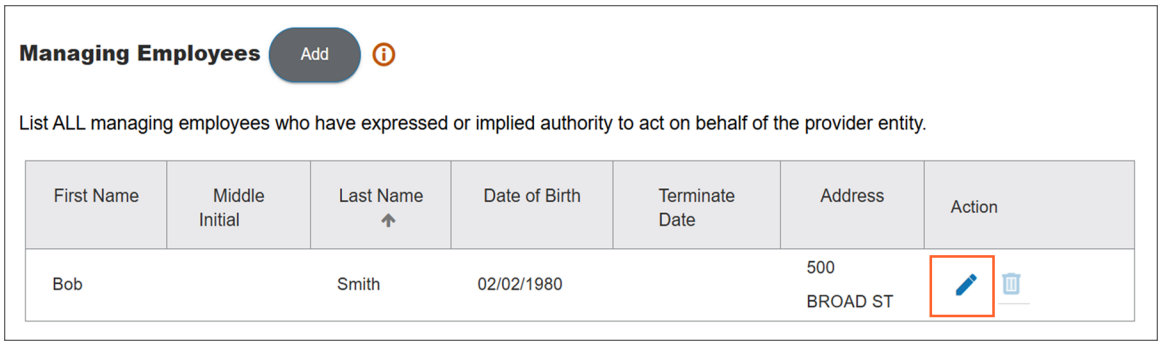
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-33: Provider Information



3. Select the **Disclosure Information** tab.
4. In the Managing Employees grid, select **Edit** (pencil icon) on the record to update.

Figure 5-34: Edit Managing Employee



5. Update the applicable fields within the Edit Managing Employee window. Use the descriptions in the table below to make updates.

Table 5-2: Managing Employee Fields and Description

Field	Description
SSN	The managing employee's social security number.
Address	The managing employee's address.
City	The managing employee's city.
State	The managing employee's state.
Zip Code	The managing employee's ZIP+4 code.
Phone Number	The managing employee's phone number.
Conviction	Select **Yes** or **No** to indicate a Conviction. If you previously indicated Yes, you cannot deselect this. You can continue to add additional convictions as needed.

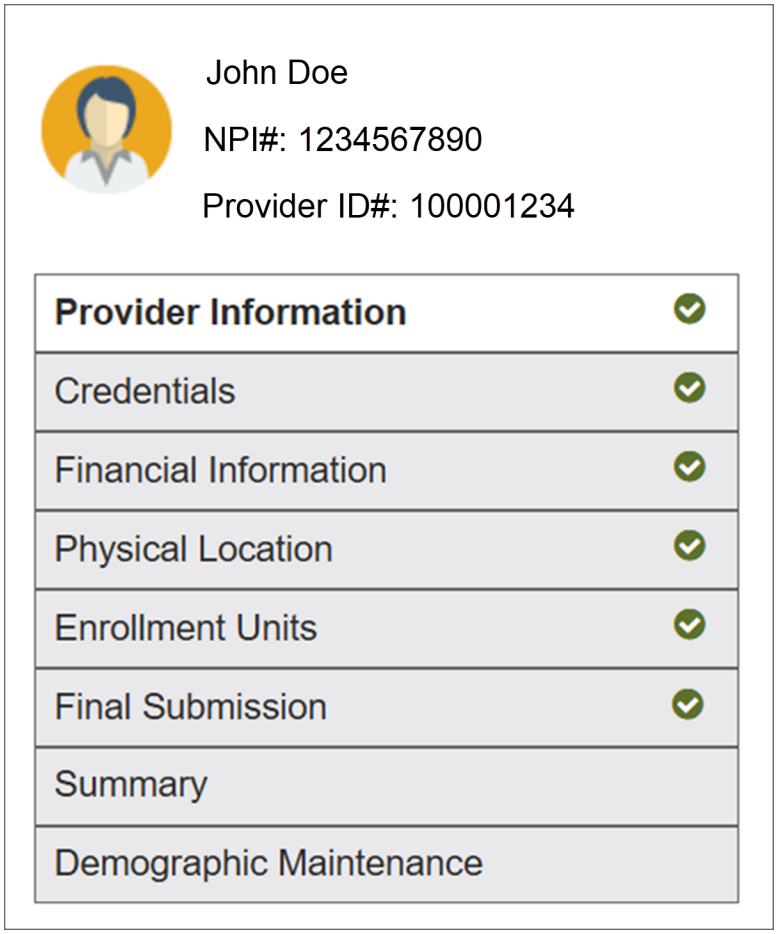
6. Select **Save**.
7. Select **Save and Continue**.
8. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.4.3. Terminate Managing Employee

This section explains how to terminate an existing managing employee using a maintenance update.

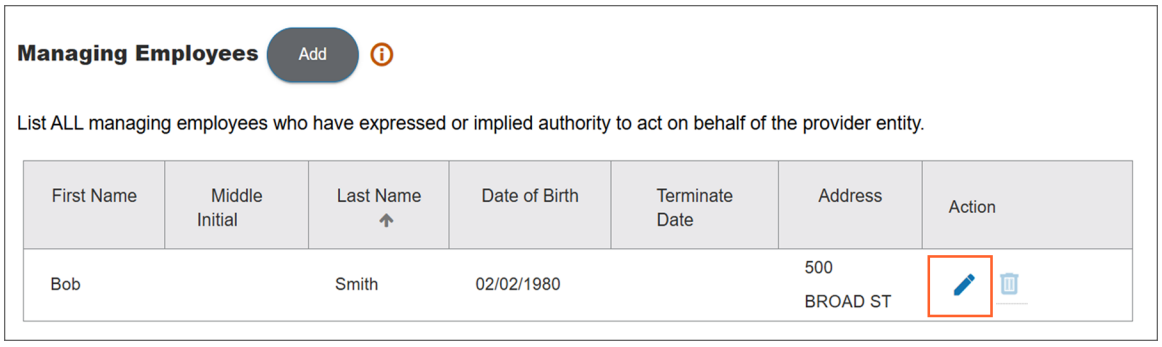
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-35: Provider Information



3. Select the **Disclosure Information** tab.
4. In the Managing Employees grid, select **Edit** (pencil icon) on the record to update.

Figure 5-36: Edit Managing Employee



5. Select the **calendar** icon to choose a Terminate Date. You must use the calendar icon to populate Terminate Dates.
6. Select **Save**.
7. Select **Save and Continue**.
8. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.4.4. Add Agents Officers Directors and Board Members

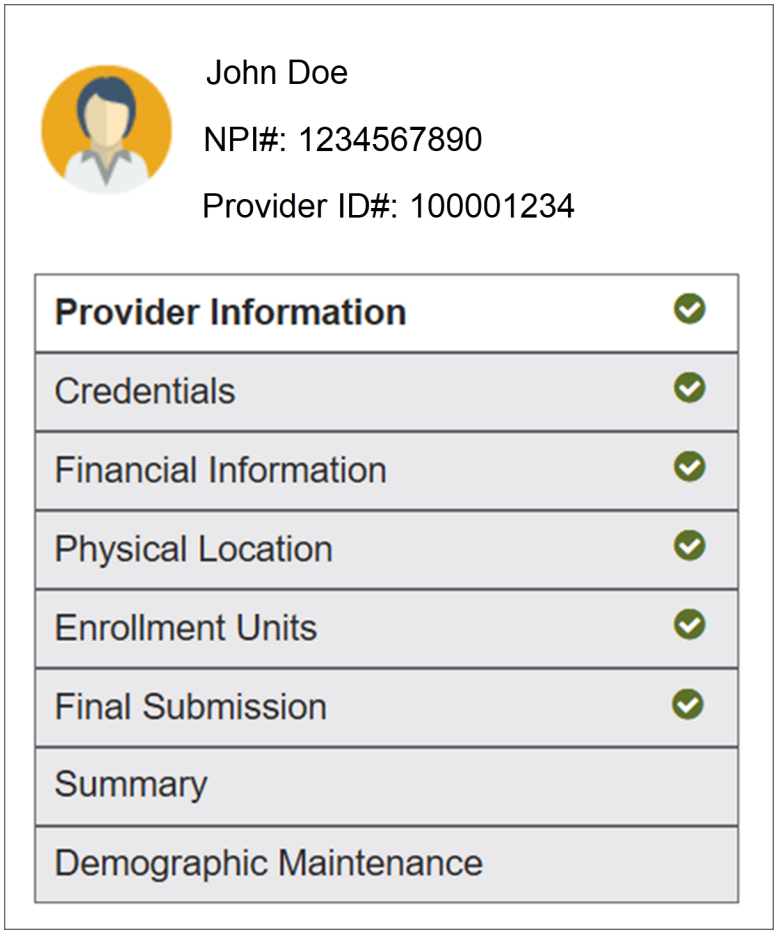
This section explains how to add agents, offices, directors, and board members using a maintenance update. The following table describes each role.

Table 5-3: Disclosure Information Role Definitions

Role	Definition
Agent	A person who acts on behalf of an organization or company.
Officer	An individual that manages the daily business and affairs of a corporation or organization of a disclosing entity.
Director	An individual appointed or elected to handle an organization's or company's policy and strategy along with other directors. Collectively, they protect shareholders' interests.
Board Member	A member of the board of directors of a corporation.

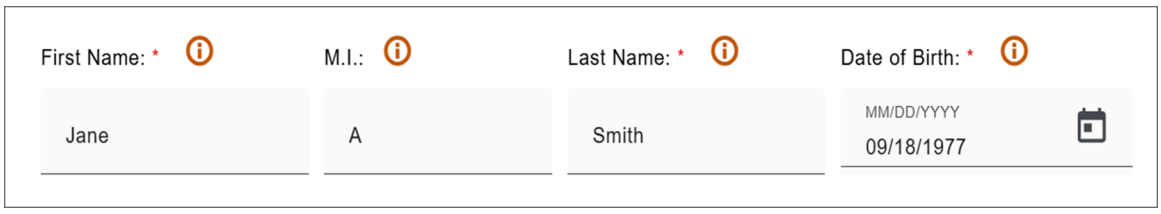
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-37: Provider Information



3. Select the **Disclosure Information** tab.
4. Select **Add** in the Agents, Officers, Directors, and Board Members section.
5. Complete the steps below to add the individual's name.

Figure 5-38: Name and Date of Birth



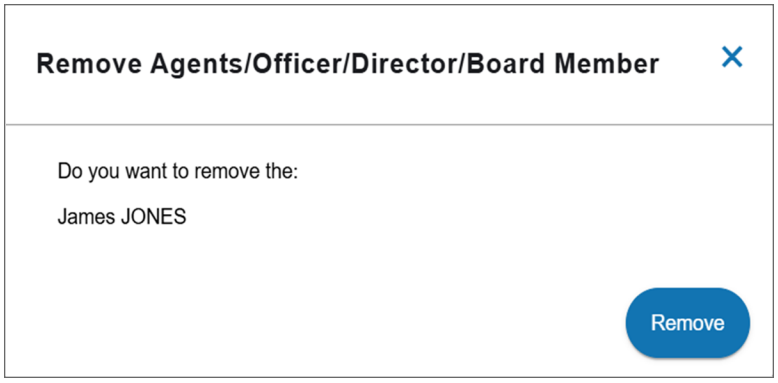
   a. Enter the individual’s first name in the First Name field.
   b. Enter the individual’s middle initial in the M.I. field.

c. Enter the individual's last name in the Last Name field.

d. Select the **Date of Birth** calendar and choose the correct date. Alternatively, you can type the date of birth into the field in MM/DD/YYYY format.

6. Select the role type. Choose from **Agent**, **Officer**, **Director**, or **Board Member**.
7. Select the **calendar** icon to choose a Begin Date. Alternatively, you can type the date in MM/DD/YYYY format.
8. Enter the SSN for the individual into field that displays.
9. Complete the steps below to add the individual's address information.
   a. Enter the primary address in the Address Line 1 field.
   b. Enter any additional address information in the Address Line 2 field.
   c. Enter the city in the City field.
   d. Select the **State** list and choose the correct state.
   e. Enter the zip code in the Zip Code field. If you know the 4-digit extension, include that as well.
   f. Select the **County** list and choose the correct county.
10. Select **Yes** or **No** to disclose if the individual has a conviction history. For more information, go to Add Conviction Details.
11. Select **Save**.
12. If you added an individual in error, you can select **Delete** (trash can icon) in the Actions column in the grid. The Remove Agents/Officer/Director/Board Member confirmation window displays and prompts for your confirmation. Select **Remove**.

Figure 5-39: Remove Individual



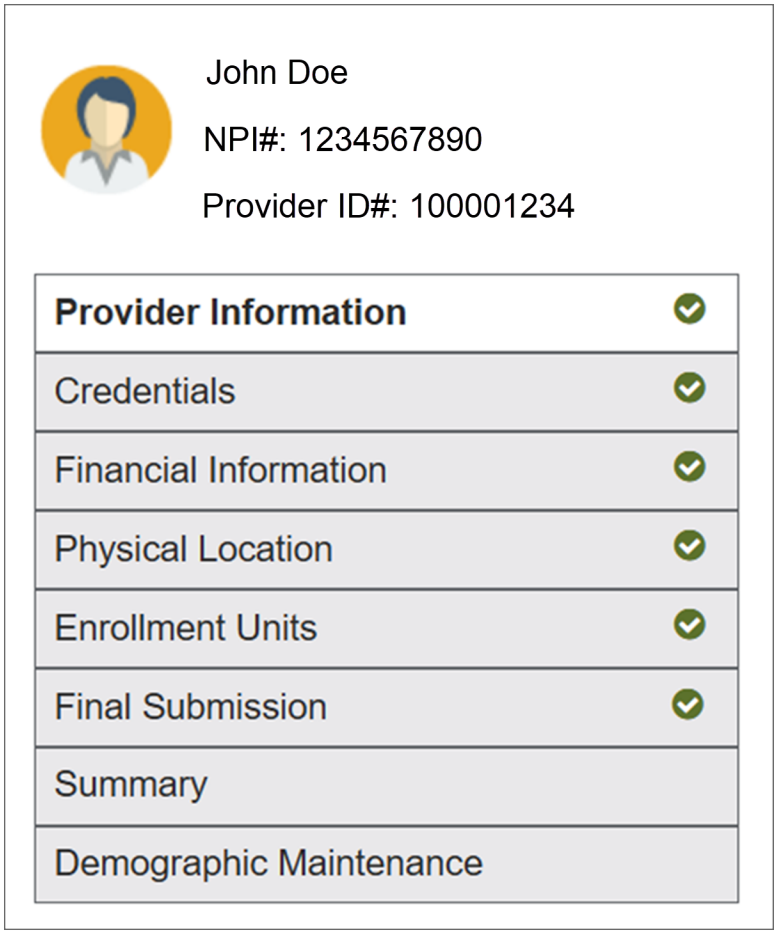
13. Select **Save and Continue**.
14. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.4.5. Edit Existing Agent Officer Director or Board Member

This section explains how to edit existing agents, officers, directors or board members using a maintenance update.

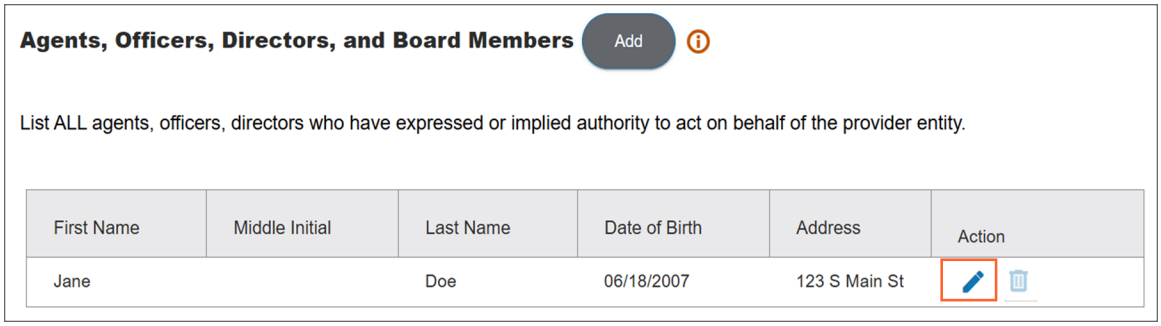
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-40: Provider Information



3. In the Agents, Officers, Directors, and Board Members grid, select **Edit** (pencil icon) on the record to update.

Figure 5-41: Edit Agents, Officers, Directors, and Board Members



4. Update the editable fields within Edit Managing Employee window. Use the descriptions in the table below to make updates.

Table 5-4: Managing Employee Fields and Description

Field	Description
First Name	The individual's first name.
Last Name	The individual's last name.
SSN	The individual's social security number.
Address	The individual's address.
City	The individual's city.
State	The individual's state.
Zip Code	The individual's ZIP+4 code.
Phone Number	The individual's phone number.
Conviction	Select **Yes** or **No** to indicate a Conviction. If you previously indicated Yes, you cannot unselect this. You can continue to add additional convictions as needed.

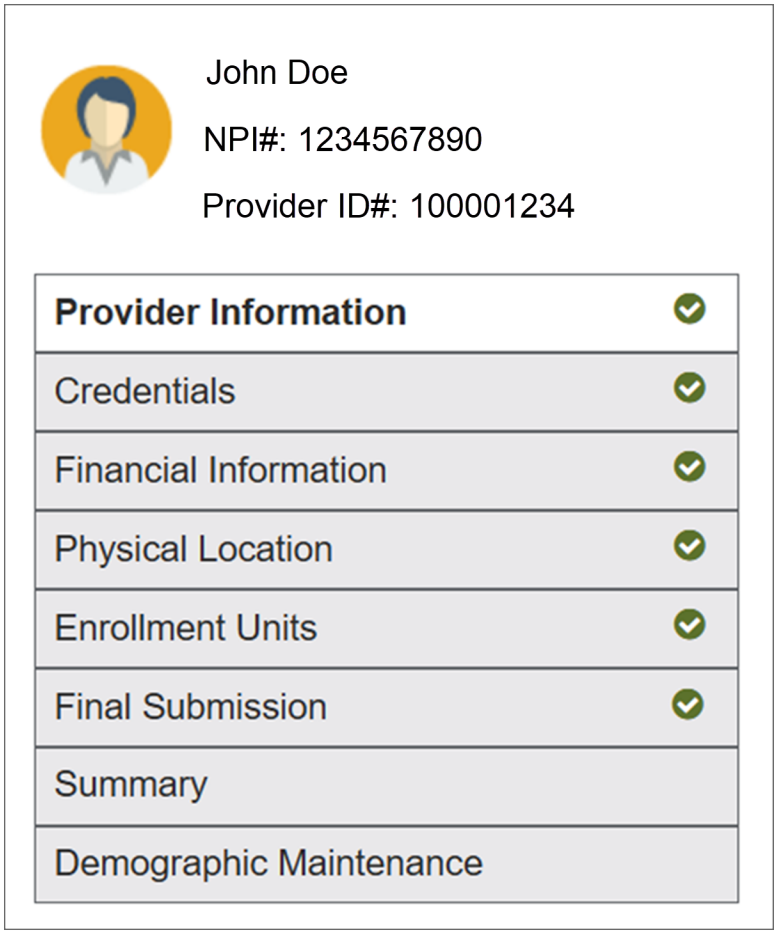
5. Select **Save**.
6. Select **Save and Continue**.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.4.6. Terminate Agents Directors Officers or Board Members

This section explains how to terminate existing agents, directors, officers, or board members using a maintenance update.

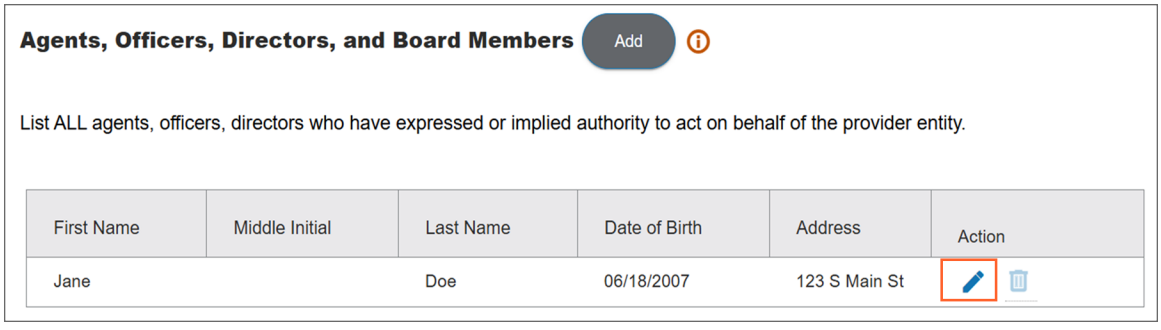
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-42: Provider Information



3. Select the **Disclosure Information** tab.
4. In the Agents, Officers, Directors, and Board Members grid, select **Edit** (pencil icon) on the record to update.

Figure 5-43: Edit Agents, Officers, Directors, and Board Members



5. Select the **calendar** icon to choose a Terminate Date. You must use the calendar icon to populate Terminate Dates.
6. Select **Save**.
7. Select **Save and Continue**.
8. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.5. Medicare/Medicaid

> **Applies To:** Non billing provider types (Rendering Providers; Ordering, Prescribing, Referring Providers)

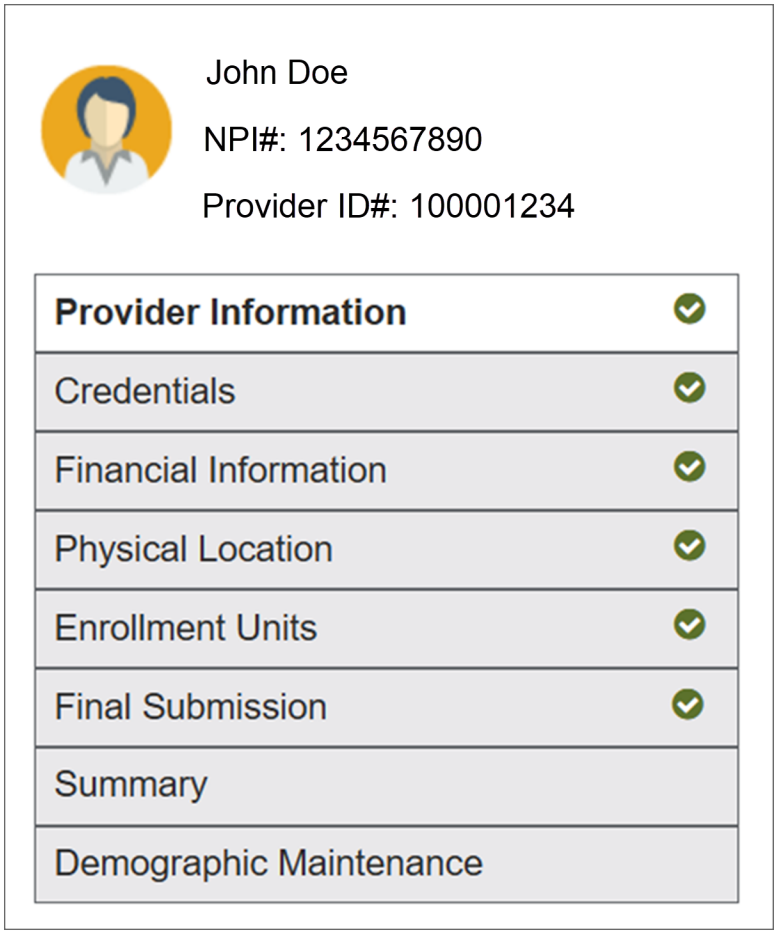
You must complete this tab if you are currently enrolled in, or have ever been enrolled in, Medicare or a state Medicaid program.

Note: For billing provider types (Sole Proprietors and Organizational providers), this information displays within the Physical Location page.

The steps below explain how to update this tab as part of a maintenance update. Required fields are marked with an asterisk (*).

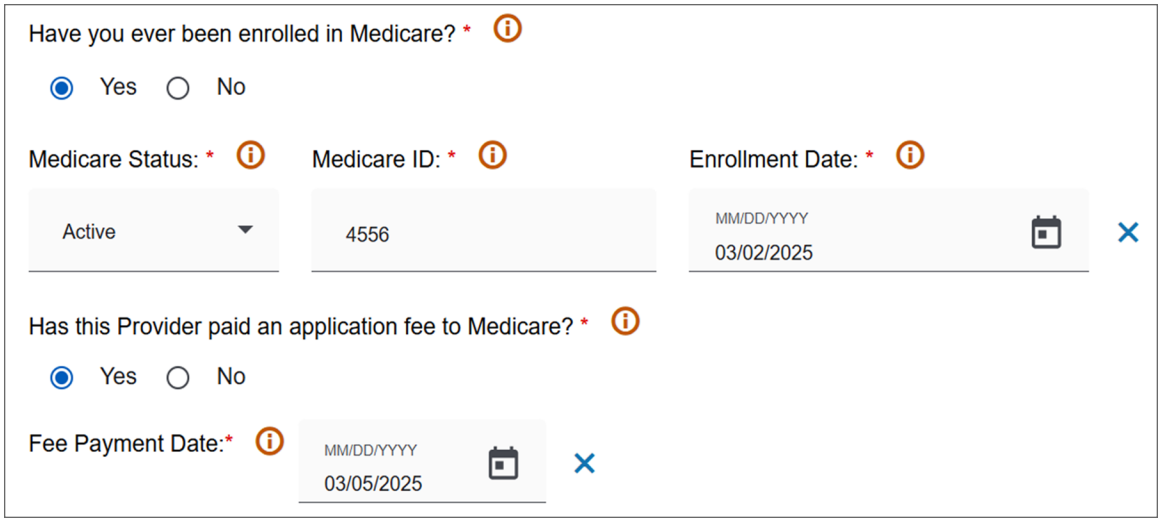
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-44: Provider Information



3. Select the **Medicare/Medicaid** tab.
4. Select **Yes** or **No** to indicate whether you have ever been enrolled in Medicare. If you select **Yes**, complete the additional steps below.

Figure 5-45: Medicare Details



a. Select your current Medicare Status from the list.

b. Enter your Medicare ID in the field provided.

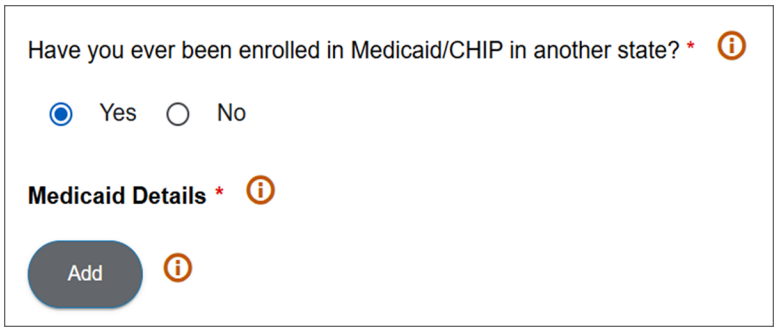
c. Select the **calendar** icon to choose an Enrollment Date. Alternatively, you can type the date in MM/DD/YYYY format.

d. Select **Yes** or **No** to indicate whether the provider paid the application fee to Medicare.

e. If yes, select the **calendar** icon to choose the Fee Payment Date. Alternatively, you can type the date in MM/DD/YYYY format.

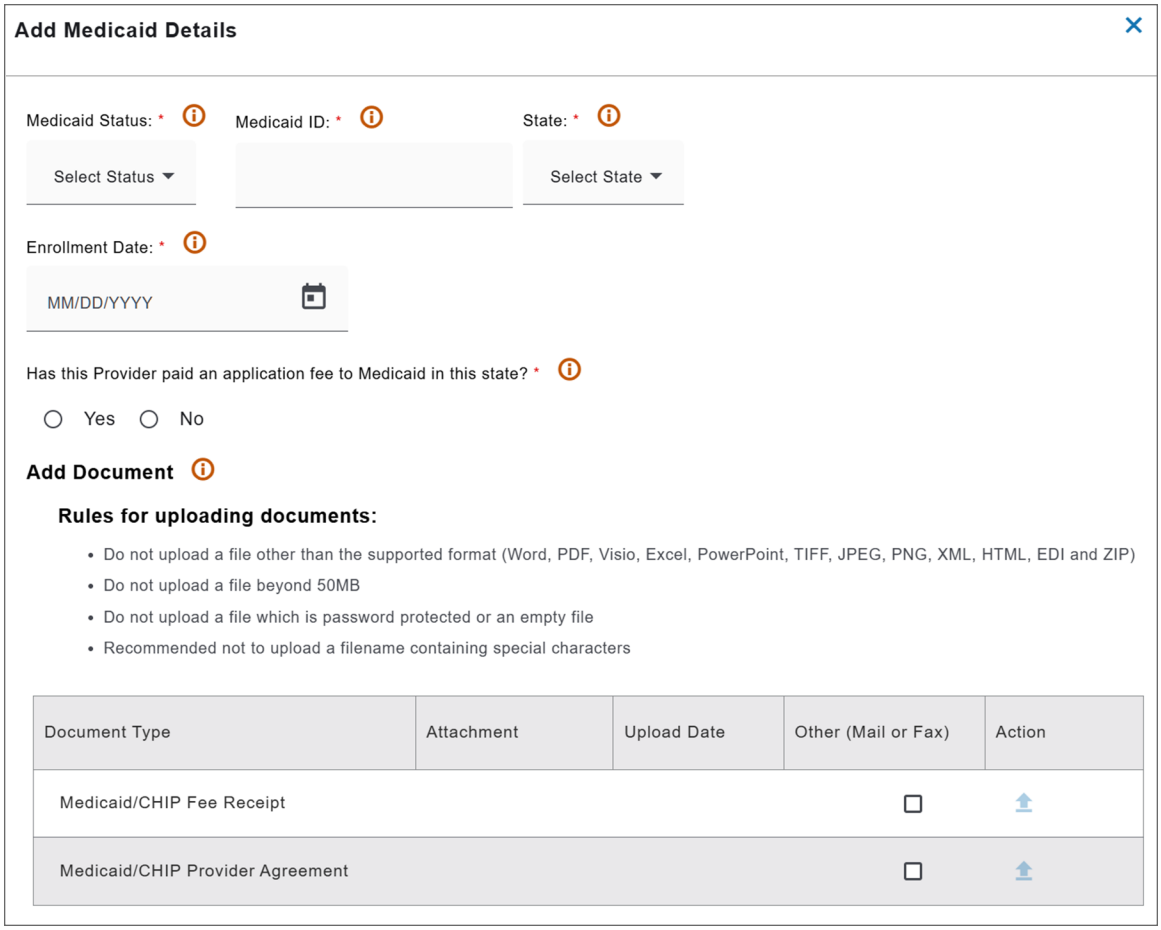
5. Select **Yes** or **No** to indicate whether you have ever been enrolled in Medicaid or Children's Health Insurance Program (CHIP) in any other state.

Figure 5-46: Medicaid/CHIP Enrollment



Note: If you selected **Yes**, select **Add** and complete the additional steps below in the Add Medicaid Details window.

Figure 5-47: Add Medicaid Details Window



a. Select the current status from the Medicaid Status list.

b. Enter the Medicaid ID in the field provided.

c. Select the State in which you are or were enrolled.

d. Select the **calendar** icon to choose an Enrollment Date. Alternatively, you can type the date in MM/DD/YYYY format.

e. Select **Yes** or **No** to indicate whether the NPI paid the application fee to Medicaid. If yes, select the **calendar** icon to choose the Fee Payment Date. Alternatively, you can type the date in MM/DD/YYYY format.

f. Select the **Upload** icon to attach any required supporting documents to the record.

g. Select **Save**.

6. Select **Save and Continue**.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

5.6. Individual Provider Affiliations

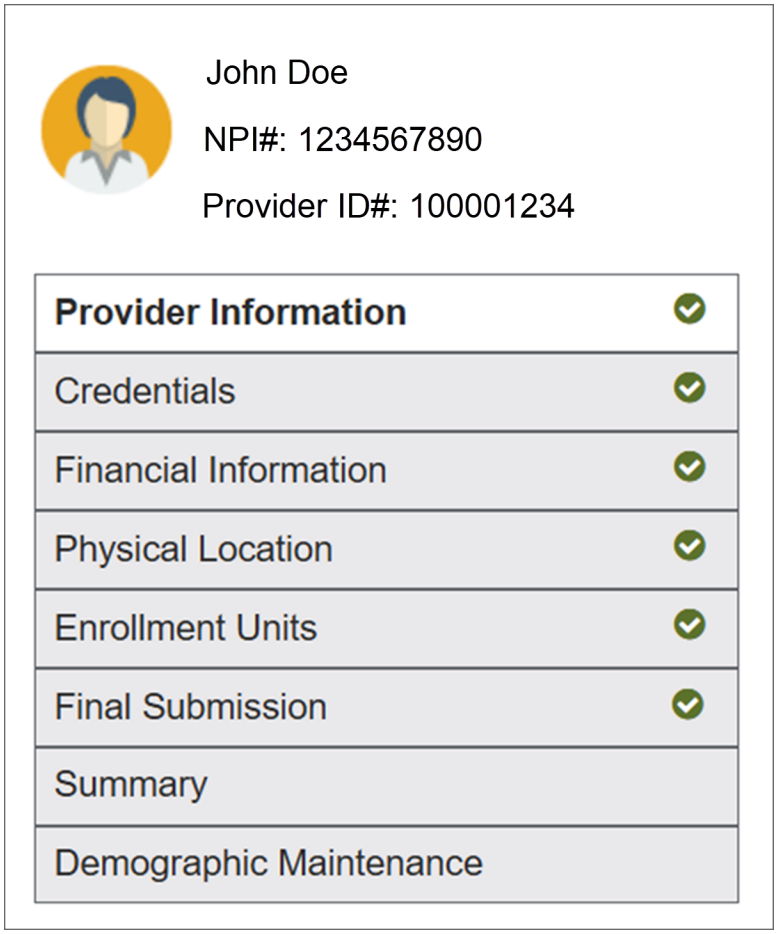
Applies To: Individual Providers

As an individual provider, you can request or view affiliations using the Affiliation tab within Provider Information.

Note: Organizational facility or group providers access affiliations using a different method. For more information, go to Manage Affiliations – Organizational Providers.

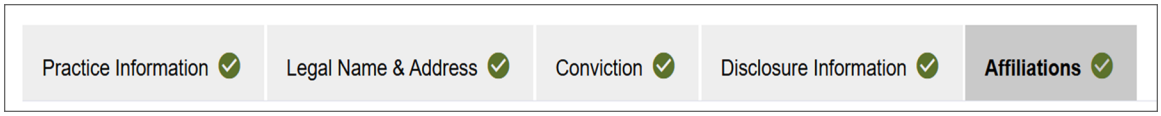
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Provider Information** from the navigation menu.

Figure 5-48: Provider Information



3. Select the **Affiliations** tab.

Figure 5-49: Affiliations Tab



4. For detailed information about managing affiliations, go to Manage Affiliations – Organizational Providers.

6. Financial Information Updates

The Financial Information section of the enrollment record contains provider insurance and banking information.

6.1. Insurance

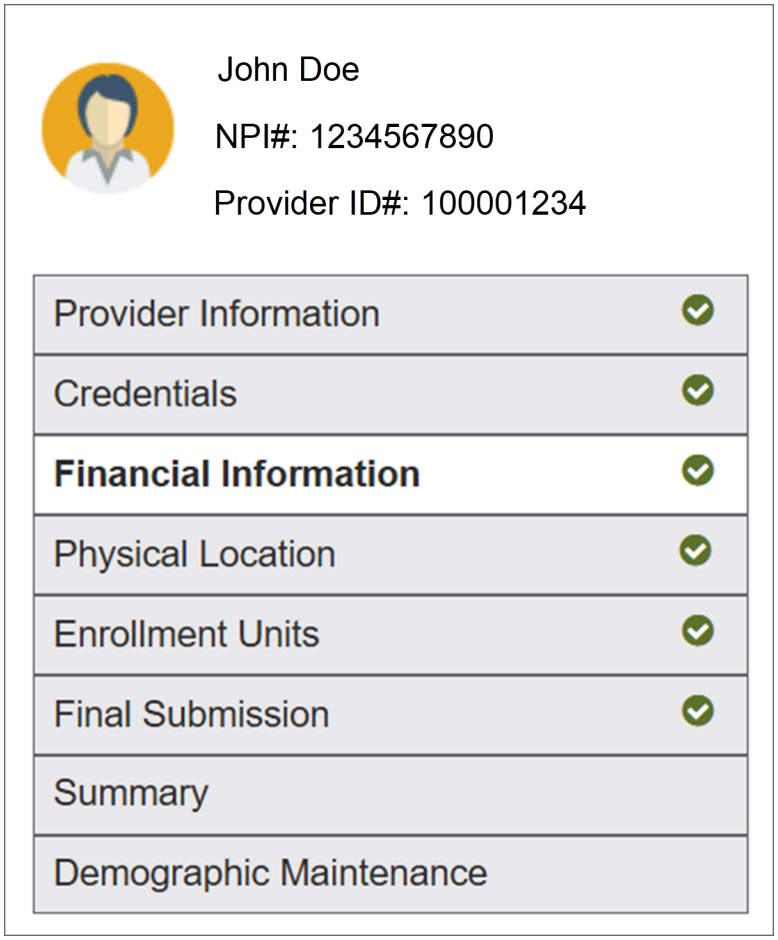
You can create a maintenance update to add new insurance carriers or polices or to modify expired policies.

6.1.1. Add a New Policy

The steps below explain how to add a new insurance policy using a maintenance update.

1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Financial Information** from the navigation menu.

Figure 6-1: Financial Information



3. Select the **Insurance** tab.
4. In the Manage Insurance Companies section, select **Add**.

Figure 6-2: Manage Insurance Companies Add



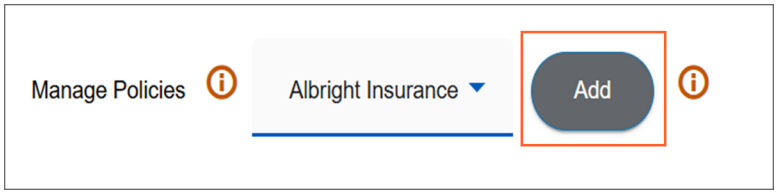
5. Complete the steps below in the Add window.
    a. Enter the Insurance Company in the field.
    b. Enter the Agent Name in the field.

c. Enter the Contact Number in the field.

d. Select **Save**.

6. To add a policy, scroll to the Manage Policies section and select the insurance carrier from the list and select **Add**.

Figure 6-3: Add a Policy



7. In the Edit Manage Policy window, complete the steps below.

   a. Select the Policy Type from the list.

   b. In the Policy Number field, enter the insurance policy number.

   c. In the Policy Coverage Limit field, enter the amount. This field is required and only accepts numbers.

   d. In the Per Claim/Aggregate Amount field, enter the aggregate amount. This field is required and only accepts numbers.

   e. Select the **calendar** icon to choose an Effective Date. Alternatively, you can type the date in MM/DD/YYYY format.

   f. Select the **calendar** icon to choose a Terminate Date. You must use the calendar icon to populate Terminate Dates.

   g. Select **Save**.

8. Select the **Upload** icon from the Actions column to upload any required supporting documents. Alternatively, you can select the **Other** box to mail supporting documents. For more information, go to Upload Documents.

9. Select **Save and Close**.

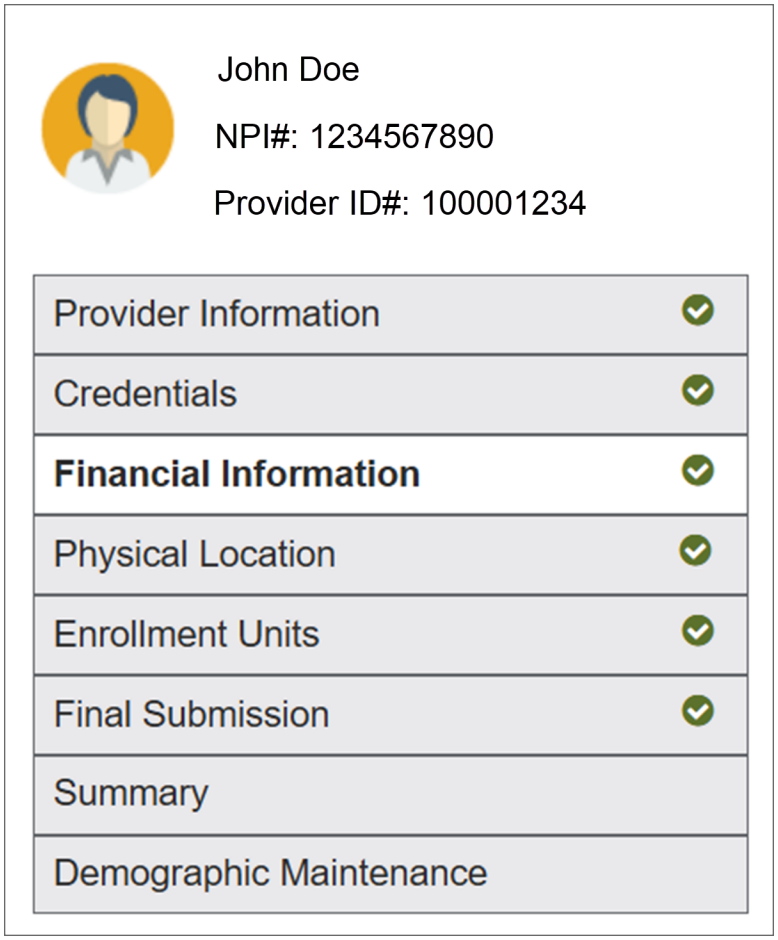
10. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

6.1.2. Update Expired Insurance

The steps below explain how to update an expired insurance policy using a maintenance update.

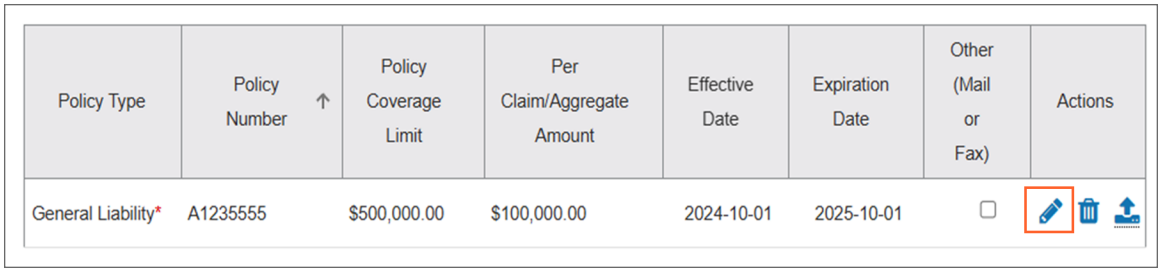
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Financial Information** from the navigation menu.

Figure 6-4: Financial Information



3. Select the **Insurance** tab.
4. Scroll to the Manage Policies section and select the policy you want to modify.
5. Select **Edit** (pencil icon) to open the Edit window.

Figure 6-5: Edit Policy



Policy Type	Policy Number	Policy Coverage Limit	Per Claim/Aggregate Amount	Effective Date	Expiration Date	Other (Mail or Fax)	Actions
General Liability*	A1235555	$500,000.00	$100,000.00	2024-10-01	2025-10-01	☐	

6. Select the **calendar** icon to choose a Terminate Date. You must use the calendar icon to populate Terminate Dates.
7. Select **Save**.
8. Select the **Upload** icon from the Actions column to upload any required supporting documents. Alternatively, you can select the **Other** box to mail supporting documents. For more information, go to Upload Documents.
9. Select **Save and Close**.
10. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

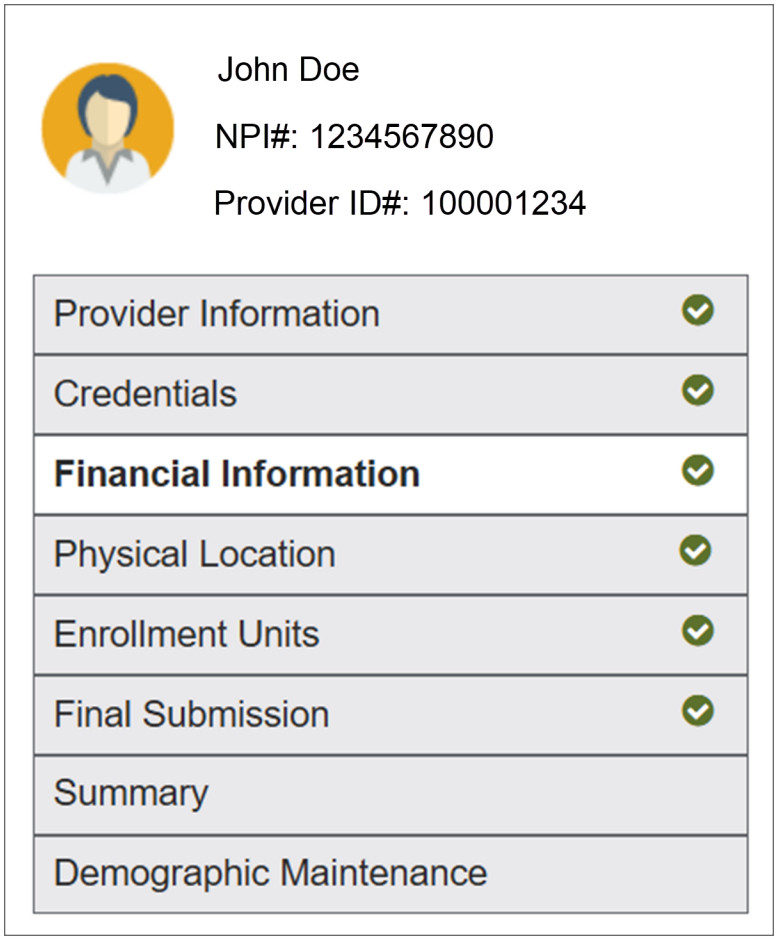
6.2. Banking

Applies To: Sole Proprietor Providers; Atypical Providers; Organizational Providers

The steps below explain how to make updates to your banking information using a maintenance update.

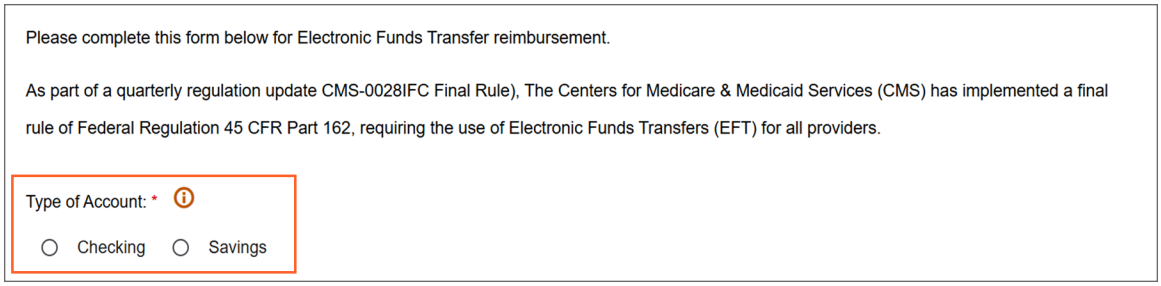
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Financial Information** from the navigation menu.

Figure 6-6: Financial Information



3. Select the **Banking** tab.

Figure 6-7: Account Type



4. Complete the account information.

a. If necessary, enter or update the routing number in the Financial Institution Routing Number field and confirm it by re-entering it in the Re-enter Financial Institution Routing Number field.

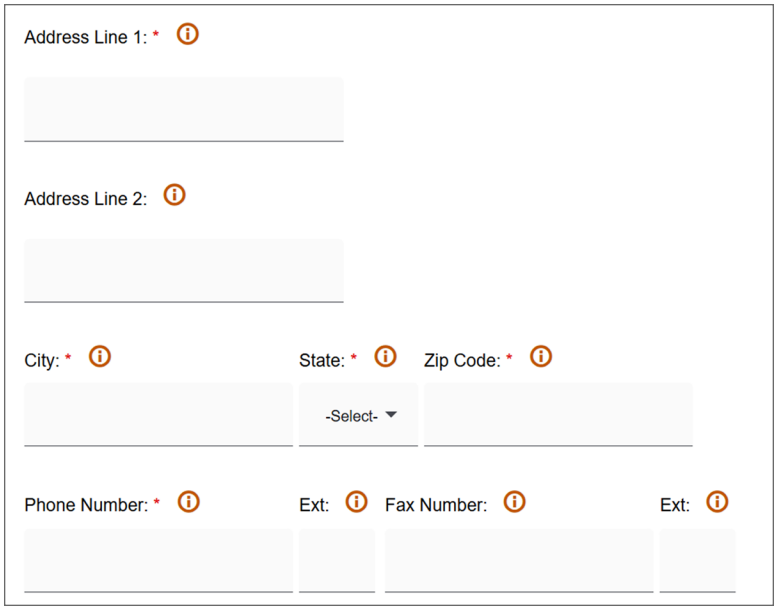
b. If necessary, enter or update the account number in the Account Number field and confirm it by re-typing it in the Re-enter Account Number field.

c. Enter the Account Holder Name.

d. Enter the Financial Institution Name.

5. Complete the contact details.

Figure 6-8: Contact Details



a. Enter the primary address in the Address Line 1 field.

b. Enter any additional address information in the Address Line 2 field.

c. Enter the city in the City field.

d. Select the **State** list and choose the correct state.

e. Enter the zip code in the Zip Code field. If you know the 4-digit extension, include that as well.

f. Enter the phone number in the Phone Number field and the extension in the Ext field. Extensions are not required but are helpful if one is available.

g. Enter the fax number in the Fax Number field and extension in the Ext field. These are not required.

6. Select the **Upload** icon from the Actions column to upload any required supporting documents. Alternatively, you can select the **Other** box to mail supporting documents. For more information, go to Upload Documents.
7. Select **Save and Continue**.
8. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7. Physical Location Updates

Applies To: Individual Sole Proprietor Providers, Atypical Providers, Organizational Providers

A physical location is the place where a provider sees patients and provides services.

Each physical location includes several sections used to collect information about that site, such as address, contact information, hours of operation, languages spoken, Medicare/Medicaid details, and lab credentialing (if required). Some sections may vary based on the provider's type or specialty.

Only sole proprietors and organizations (billing providers) are enrolled with physical locations. Individual non billing providers are not enrolled with a physical location and do not need to manage physical location information.

7.1. Address

The Address tab contains information on your physical location address. You can use a maintenance update to add a new physical location or edit/terminate an existing physical location.

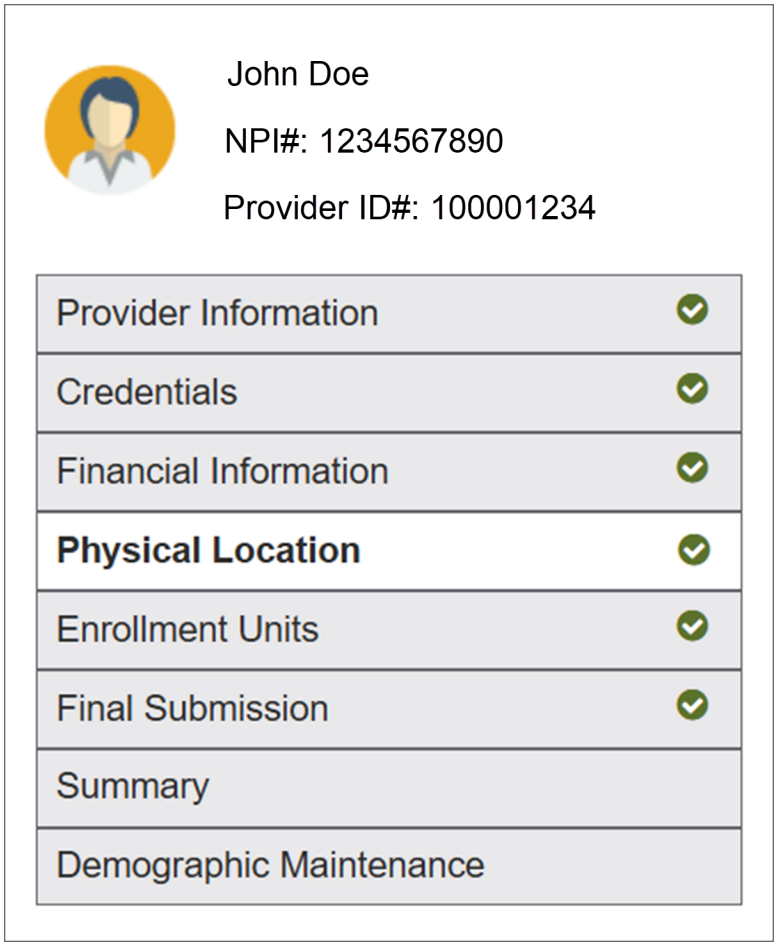
7.1.1. Add a New Physical Location

The steps below describe how to add a new physical location using a maintenance update.

Note: If you have an existing affiliation between an organization and an individual, there could be additional updates you must make. For more information, go to Manage Affiliations – Organizational Providers.

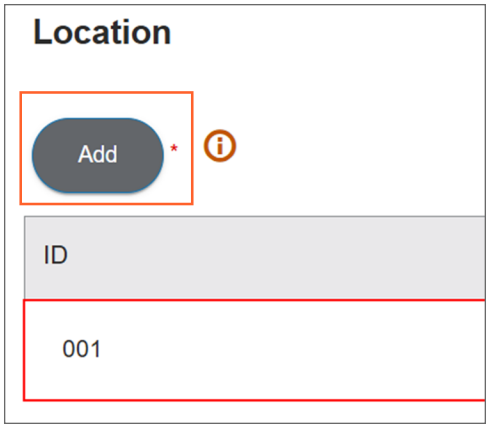
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Physical Location** from the navigation menu.

Figure 7-1: Physical Location



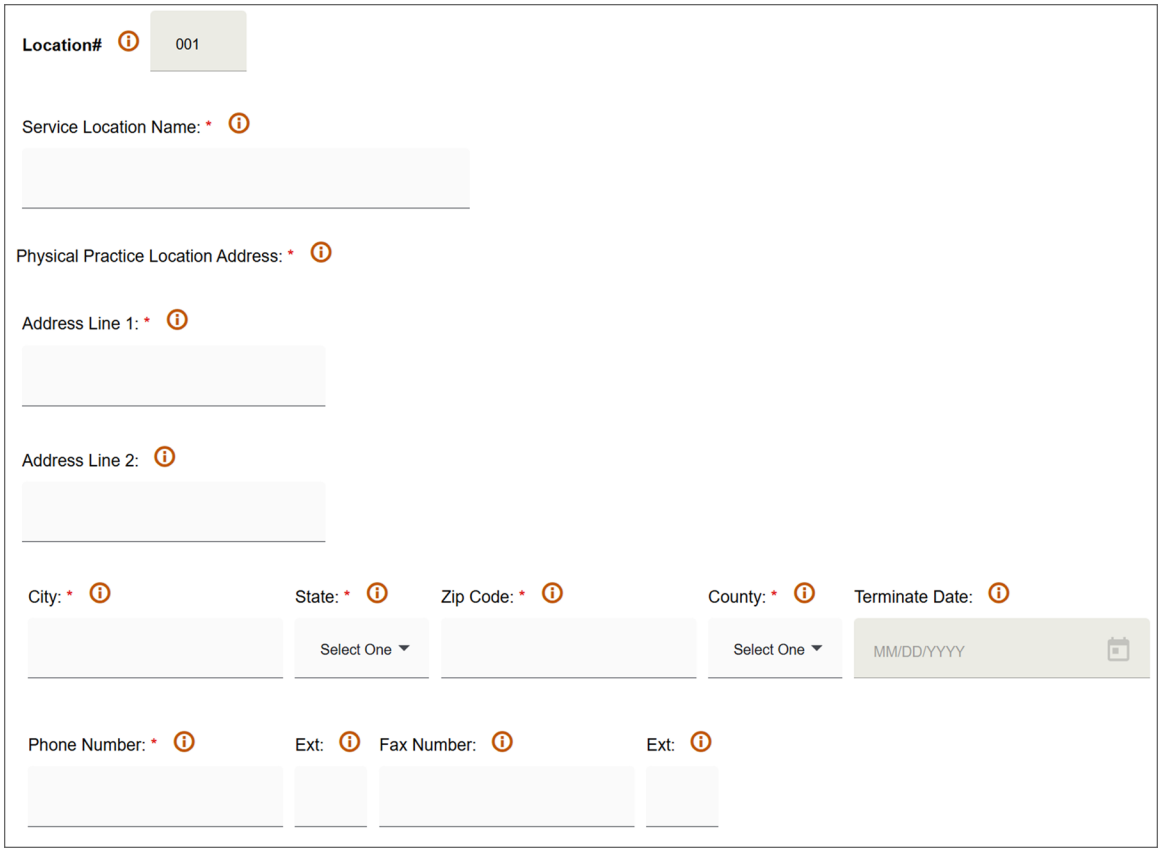
3. Select **Add**.

Figure 7-2: Add Physical Location



4. In the Address section, complete the steps below.

Figure 7-3: Address Window



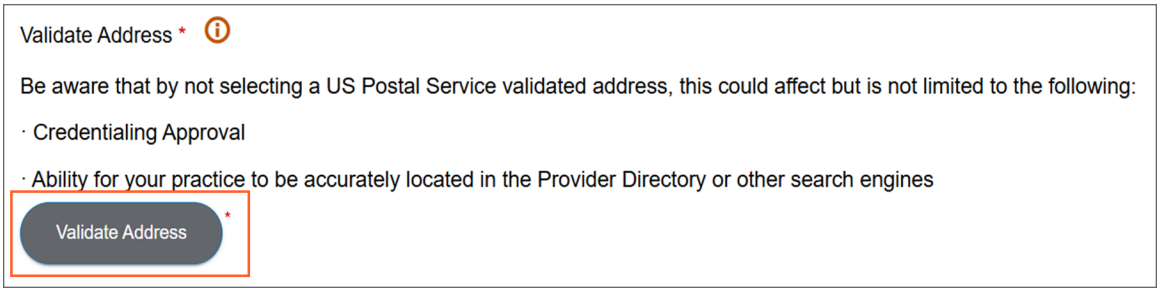
a. Enter the Service Location name in the field provided.

b. Enter the Physical Practice Location Address information. This includes Address Lines 1 and 2, City, State, Zip Code, County, Phone Number and Extension, and Fax Number and Extension.

   Note: When adding a new location, the Terminate Date field remains inactive (gray).

c. Read the statement for address validation and select **Validate Address**. This checks the disclosed address against the United States Postal Service (USPS) to make sure it is a valid address.

Figure 7-4: Address Validation



d. Select the correct Suggested Address from the list of choices, then select **Submit**. The legal address section updates with the new information.

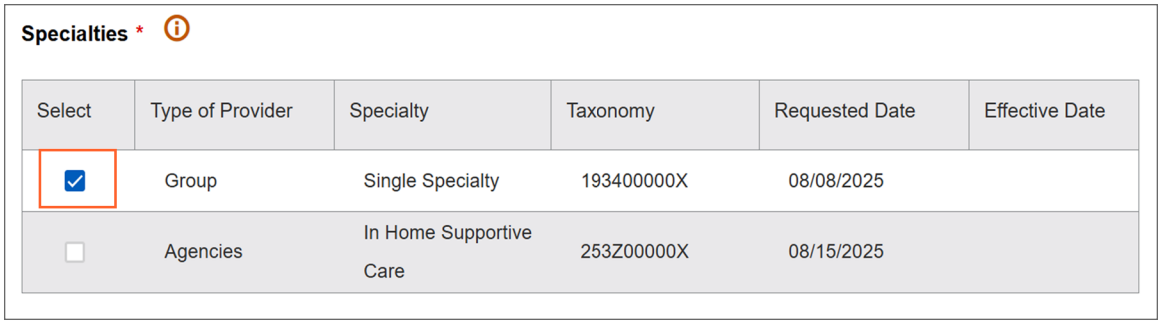
   Note: Select **Use Existing** to keep the address as entered. If you choose to do this, you receive a warning message indicating that the address could have a negative impact.

Figure 7-5: Suggested Address



5. Answer any of the related physical location questions that display in the Questions section. These are based on your provider type and enrollment criteria.
6. Select the box next to the Specialties that apply to the Location address you added. You must select at least one Specialty.

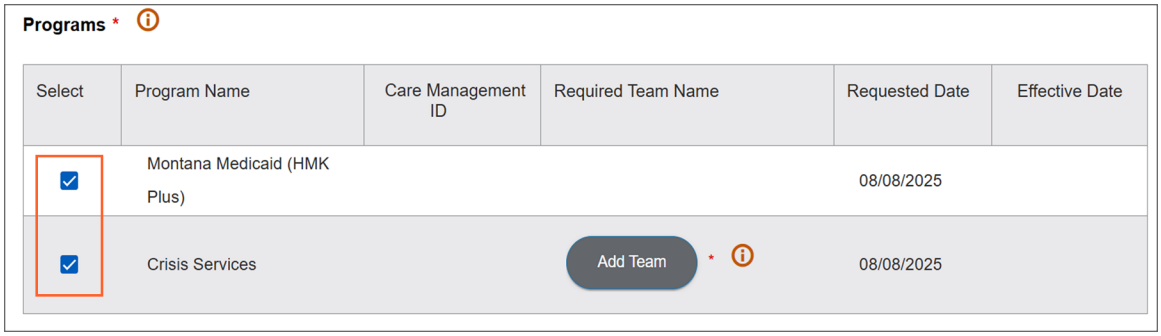
Figure 7-6: Select Specialty



7. Select the box next to the Programs that apply to the Location address you added. You must select at least one Program.

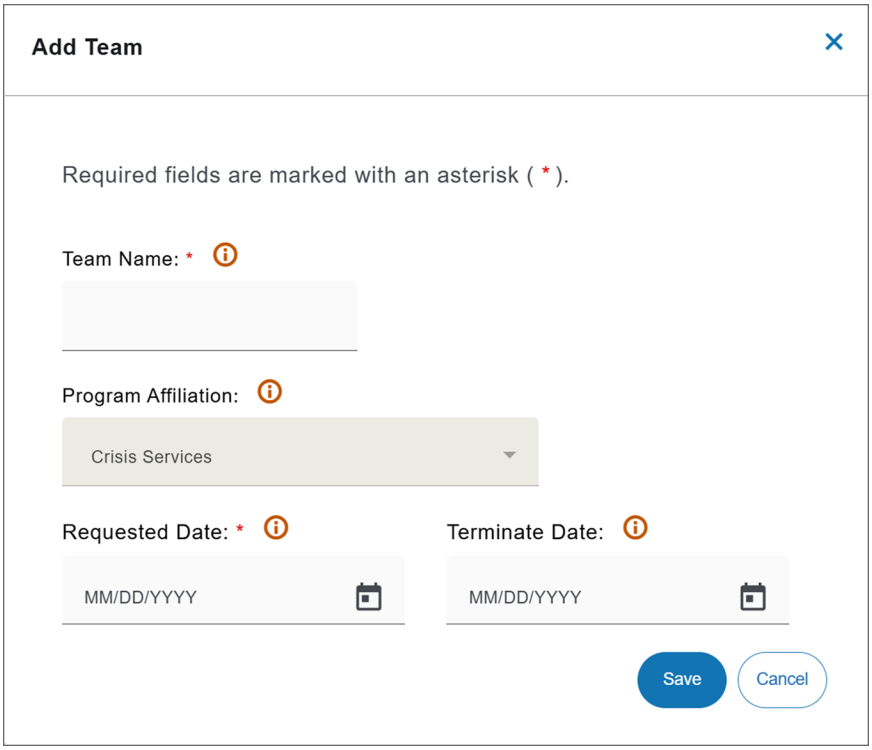
   Note: To add Primary Care Provider (PCP) or Primary Care Montana (PCMT), you must first add Montana Medicaid (HMK Plus).

Figure 7-7: Select Program



8. If required, select **Add Team** to add a team name within the Programs grid and complete the steps below in the Add Team window.

Figure 7-8: Add Team Window



a. Enter the Team Name.

b. Select the **calendar** icon to choose the Requested Date. Alternatively, you can type the date in MM/DD/YYYY format.

Tip! When selecting the Requested Date, you cannot select a date earlier than the related Provider Type Requested Date or Effective Date.

c. Select **Save**.

9. Upload any required supporting documents needed.
10. Select **Save and Continue**.
11. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

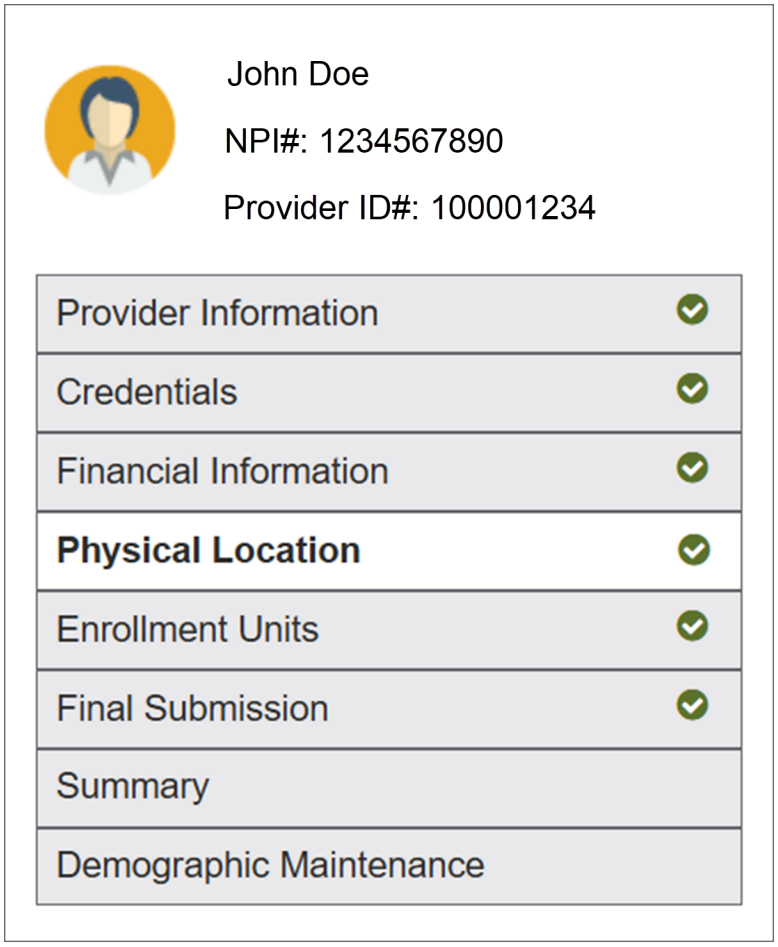
7.1.2. Edit or Terminate a Physical Location

The steps below describe how to edit or terminate an existing physical location using a maintenance update.

You must have one physical location enrolled. If you want to terminate all locations for the NPI, please initiate a disenrollment.

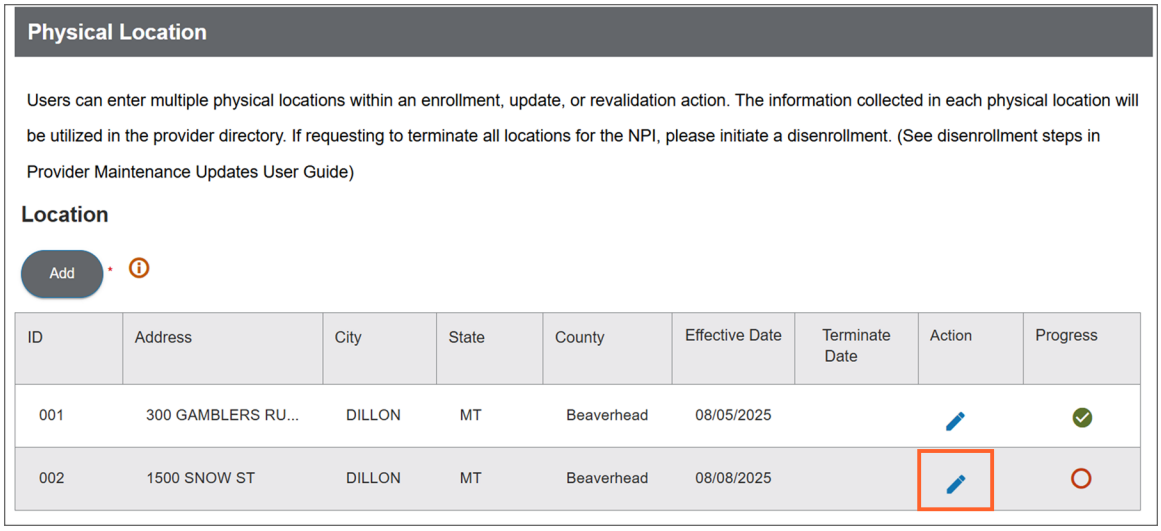
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Physical Location** from the navigation menu.

Figure 7-9: Physical Location



3. Select **Edit** (pencil icon) on the physical location you want to terminate.

Figure 7-10: Edit Physical Location

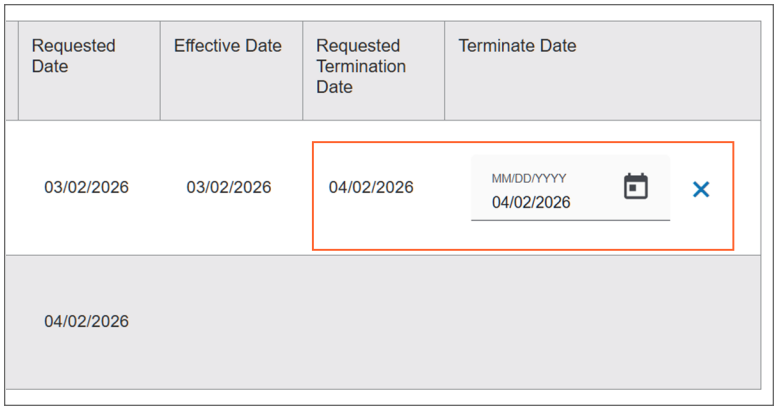


4. Review and update the Service Location Name if needed.
5. Review and update the address information, including Address Lines 1 and 2, City, State, Zip Code, County. Any address changes need Address Validation.
6. If applicable, select the **calendar** icon to choose a Terminate Date. You must use the calendar icon to populate Terminate Dates. For more information, go to Understanding Location Terminations.

   Note: If this is the only physical location or the only active physical location, the Terminate Date will be inactive (gray). You must have at least one active physical location.
7. Review and update the Phone Number and Ext and Fax Number and Ext.
8. Review and add or update any licenses or certifications if they apply to your provider type.
9. Enter the Terminate Date for the Type of Provider, Specialties and Programs. Once entered, the date displays in the Requested Termination Date column.

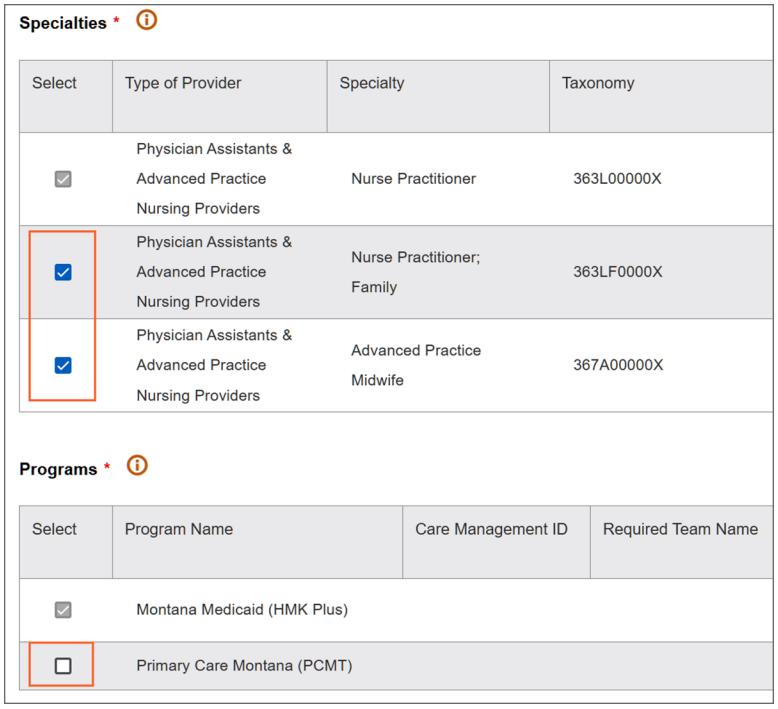
   Note: Each location must have at least one Type of Provider, Specialty, or Program. If you enter a Terminate Date for an item that has dependent components, the Terminate Date cascades to all related components.

Figure 7-11: Terminate Date



10. If you added any Specialties or Programs on the Practice Information page, you can select them for the location.

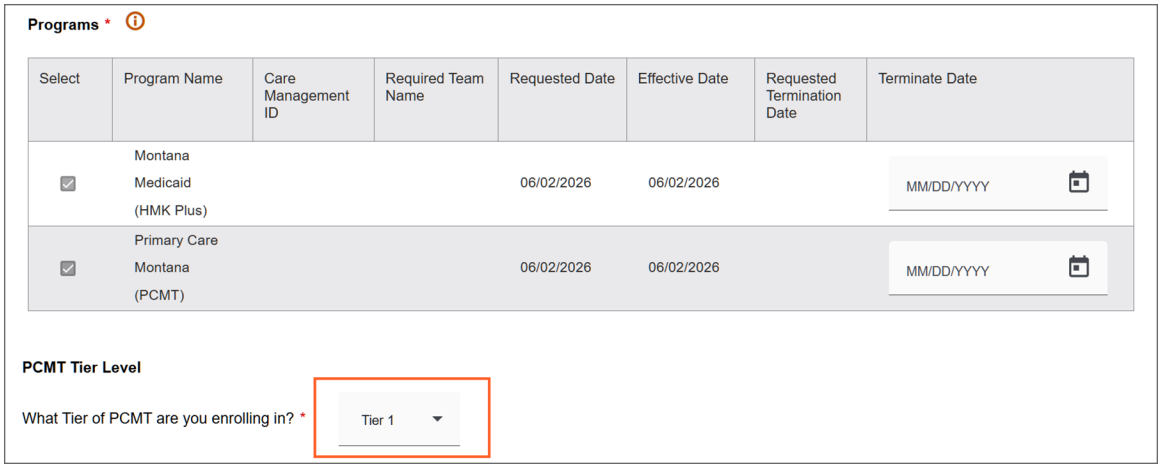
Figure 7-12: Select Specialties and Programs



11. If you added or have a Primary Care Montana (PCMT) program, you can update your Tier for the location by choosing either Tier 1 or Tier 2.

    Note: The required panels for the location update when you change the selection.

Figure 7-13: PCMT Tier Level

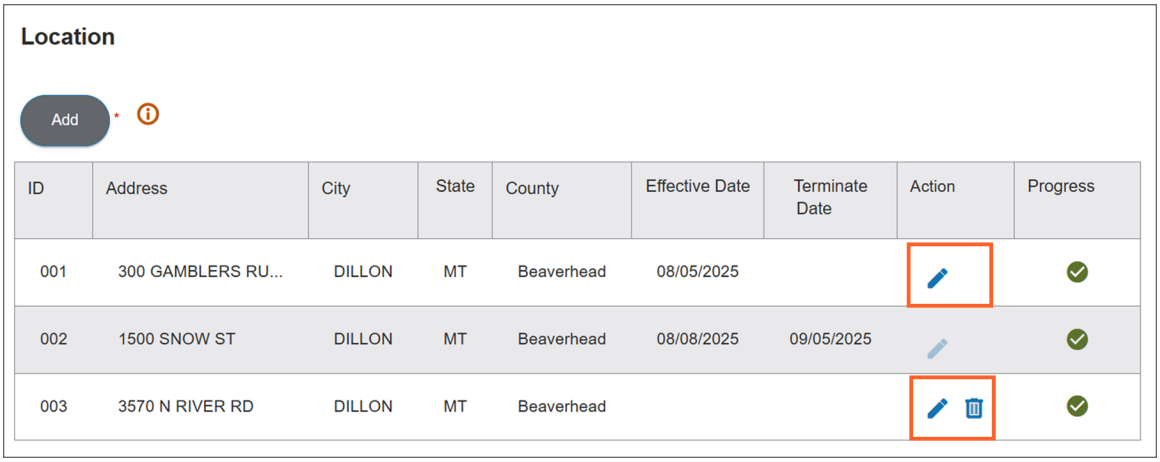


12. If there are any Teams, select **Edit** (pencil icon) to update the Team Name or add a Terminate Date.
13. Select **Save and Continue**.
14. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7.1.2.1. Understanding Location Terminations

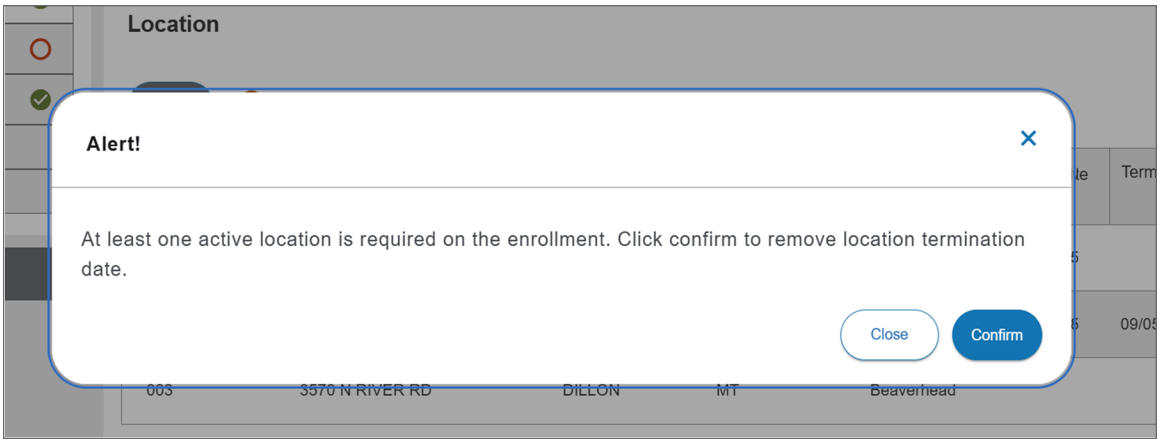
When there is only one active location and you add another during the update transaction, the Terminate Date becomes active in the existing physical location. You can edit and add a Terminate Date for the location.

Figure 7-14: Edit Location Grid



However, because the update transaction was not submitted, you can still delete the location added during the transaction. To safeguard in removing all active locations, the system alerts you that one active location is required and the location termination date will be removed from the original location.

Figure 7-15: Location Alert



7.1.3. Add Laboratory Services for a Location

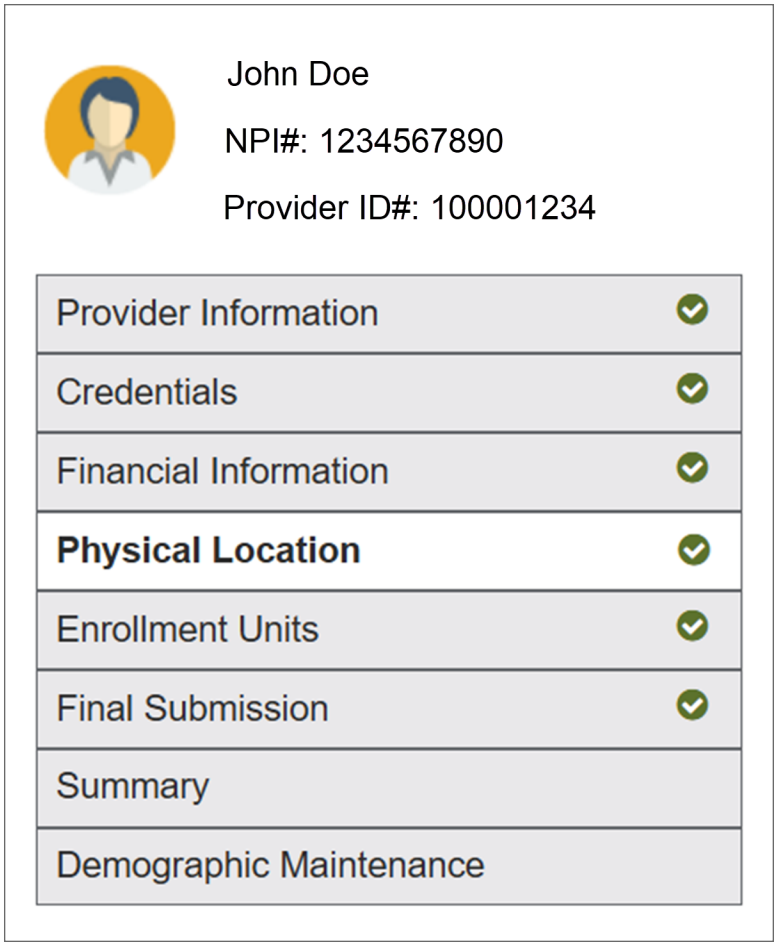
Applies To: Organizational Providers

You can add additional CLIA certifications for a location with an update transaction using the steps below.

Note: If you are an individual provider, your CLIA license information is located in the Credentials page of your enrollment. For more information, go to Add Laboratory Services for a Provider.

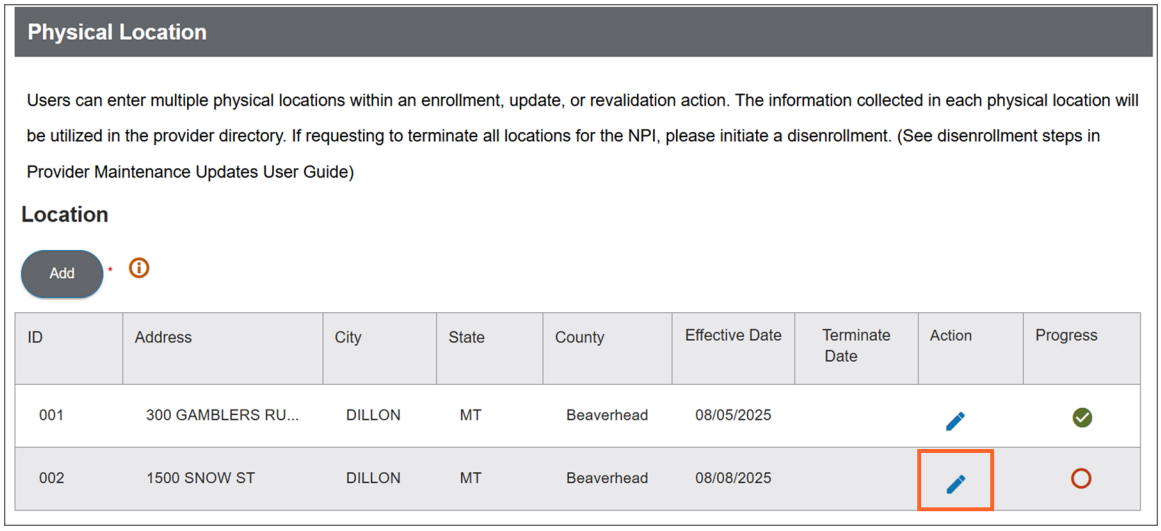
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Physical Location** from the navigation menu.

Figure 7-16: Physical Location



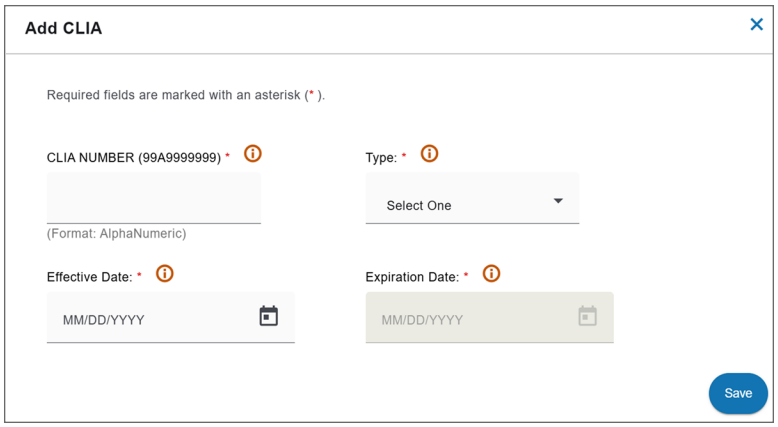
3. Select **Edit** (pencil icon) on the physical location you want to modify.

Figure 7-17: Edit Physical Location



4. On the Address tab, locate the Certifications Details grid and select **Add** to add a new CLIA certification.
5. Complete the required fields in the Add CLIA window.

Figure 7-18: Add CLIA Window



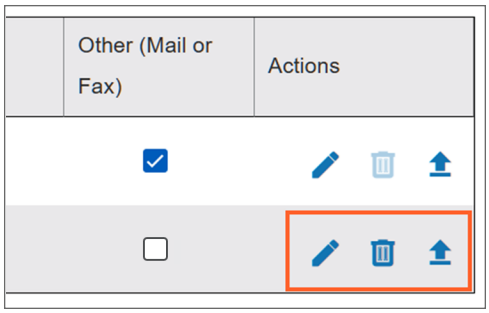
a. Enter your CLIA Number in the field provided.
b. Select the Type from the list.
c. Select the **calendar** icon to choose an Effective Date. Alternatively, you can type the date in MM/DD/YYYY format.

d. Select the **calendar** icon to choose the Expiration Date. Alternatively, you can type the date in MM/DD/YYYY format.

e. Select **Save**. The record displays in the grid.

6. The new record shows in the grid with all Action icons active, including the Delete icon. You can edit or delete the record prior to submission. Once you submit the update, Delete becomes inactive.

Figure 7-19: Delete Active



7. Select the **Upload** icon from the Actions column to upload any required supporting documents. Alternatively, you can select the **Other** box to mail supporting documents. For more information, go to Upload Documents.

8. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7.1.4. Edit Laboratory Services for a Location

Applies To: Organizational Providers

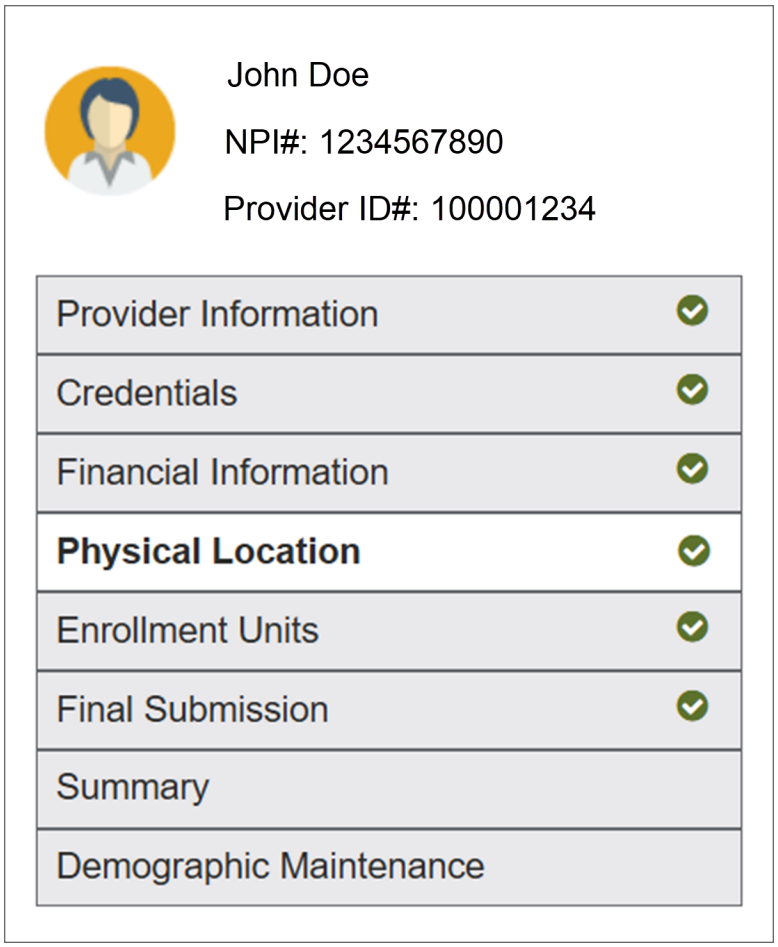
You can update an existing CLIA certification for a location with an update transaction using the steps below.

Note: If you are an individual provider, your CLIA license information is located in the Credentials page of your enrollment. For more information, go to Edit Laboratory Services for a Provider.

1. Create and open the update record. For more information, go to Create an Update Record.

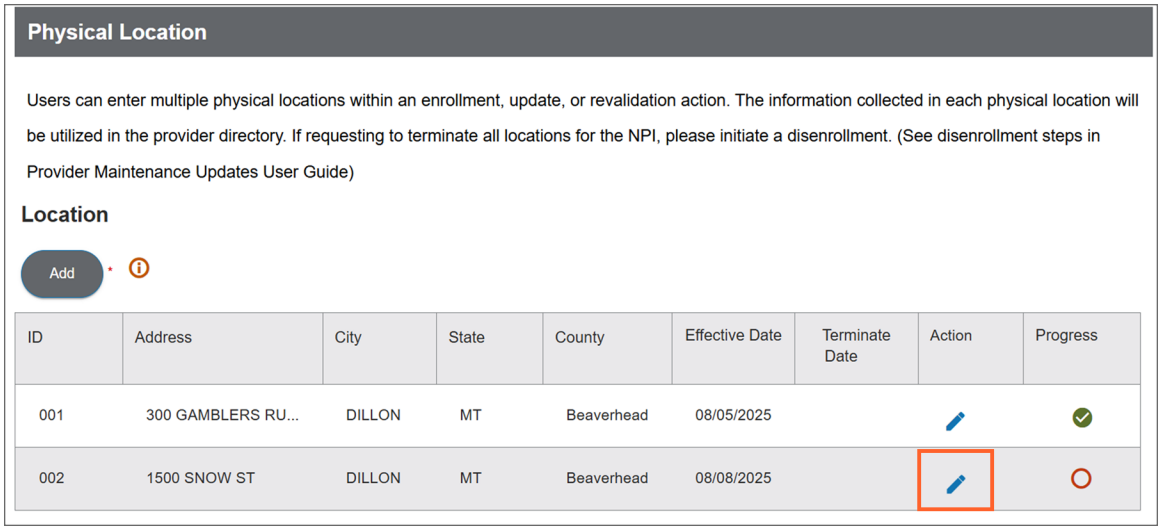
2. Select **Physical Location** from the navigation menu.

Figure 7-20: Physical Location



3. Select **Edit** (pencil icon) on the physical location you want to modify.

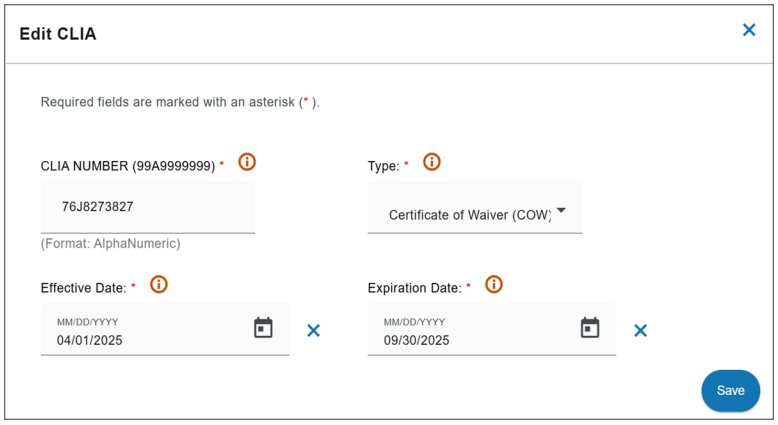
Figure 7-21: Edit Physical Location



4. On the Address tab, locate the Certifications Details grid and select **Edit** (pencil icon) for the CLIA certification to update.

   Note: You can update the following fields: CLIA Number, Type, Effective Date, and Expiration Date.

Figure 7-22: Edit CLIA



5. Select **Save**.
6. Select the **Upload** icon from the Actions column to upload any required supporting documents. Alternatively, you can select the **Other** box to mail supporting documents. For more information, go to Upload Documents.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7.1.5. Add a DEA/DEAX License for a Location

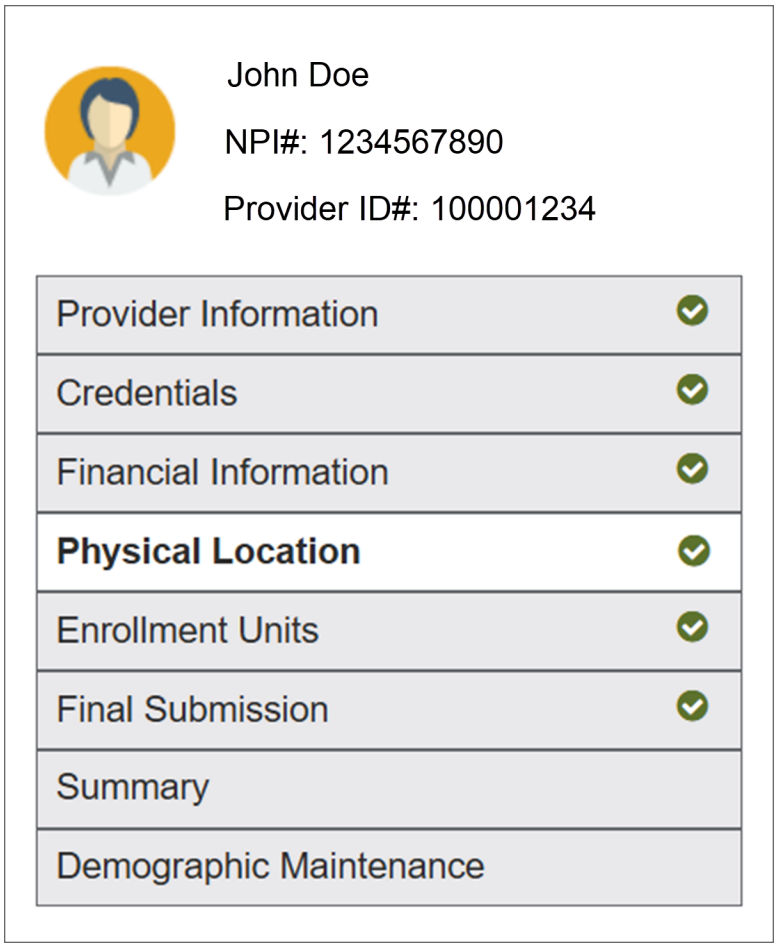
Applies To: Organizational Providers

You can add additional DEA/DEAX licenses with an update transaction using the steps below.

Note: If you are an individual provider, your DEA/DEAX license information is located in the Credentials page of your enrollment. For more information, go to Add a DEA/DEAX License for a Provider.

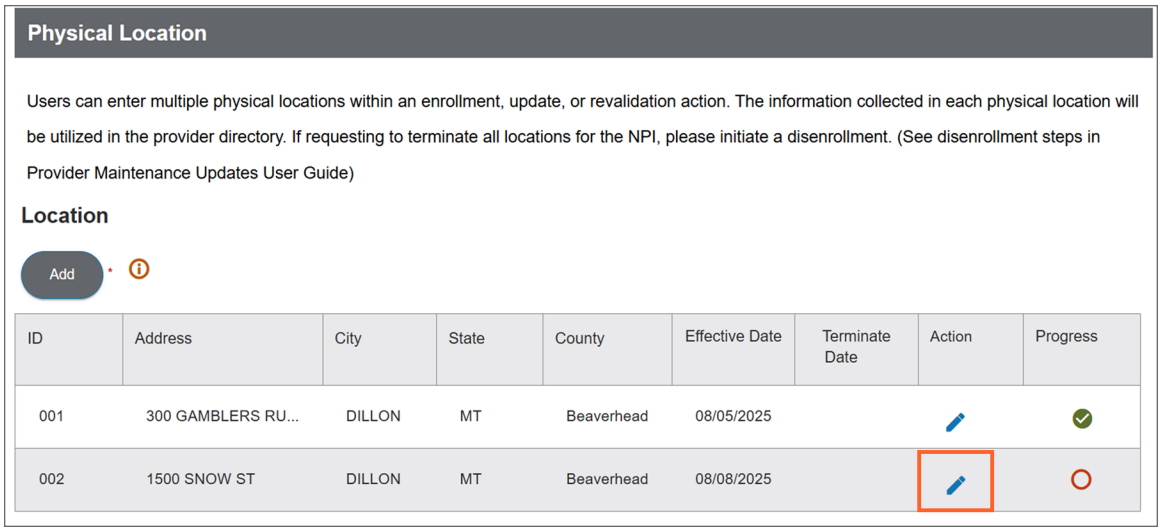
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Physical Location** from the navigation menu.

Figure 7-23: Physical Location



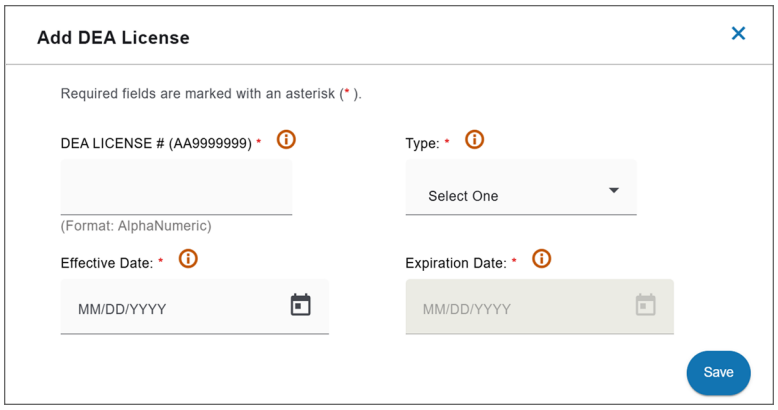
3. Select **Edit** (pencil icon) on the physical location you want to modify.

Figure 7-24: Edit Physical Location



4. On the Address tab, locate the License Details grid for DEA/DEX and select **Add** to add a new DEA license.
5. Complete the required fields in the Add DEA License window.

Figure 7-25: Add DEA License Window



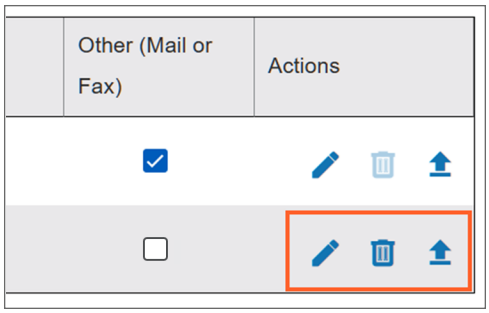
a. Enter your DEA or DEAX License # in the field provided.
b. Select the schedule from the Type list.
c. Select the **calendar** icon to choose an Effective Date. Alternatively, you can type the date in MM/DD/YYYY format.

d. Select the **calendar** icon to choose the Expiration Date. Alternatively, you can type the date in MM/DD/YYYY format.

e. Select **Save**. The record displays in the grid.

6. The new record shows in the grid with all Action icons active, including the Delete icon. You can edit or delete the record prior to submission. Once you submit the update, Delete becomes inactive.

Figure 7-26: Delete Active



7. Select the **Upload** icon from the Actions column to upload any required supporting documents. Alternatively, you can select the **Other** box to mail supporting documents. For more information, go to Upload Documents.

8. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7.1.6. Edit a DEA/DEAX License for a Location

Applies To: Organizational Providers

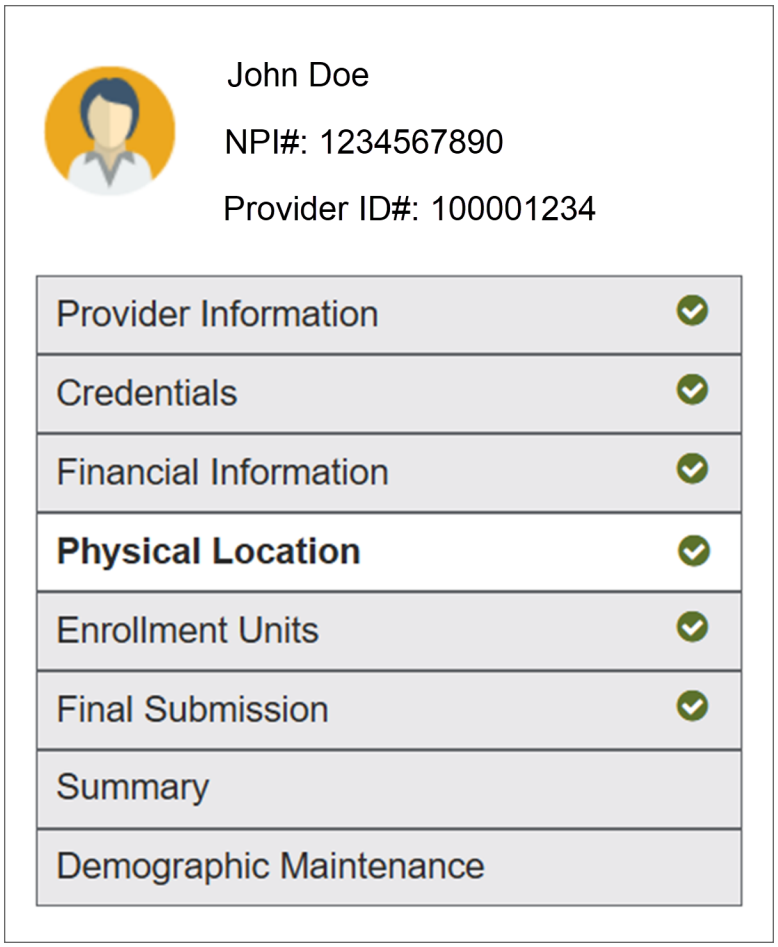
You can update an existing DEA/DEAX license with an update transaction using the steps below.

Note: If you are an individual provider, your DEA/DEX license information is located in the Credentials page of your enrollment. For more information, go to Edit a DEA/DEAX License for a Provider.

1. Create and open the update record. For more information, go to Create an Update Record.

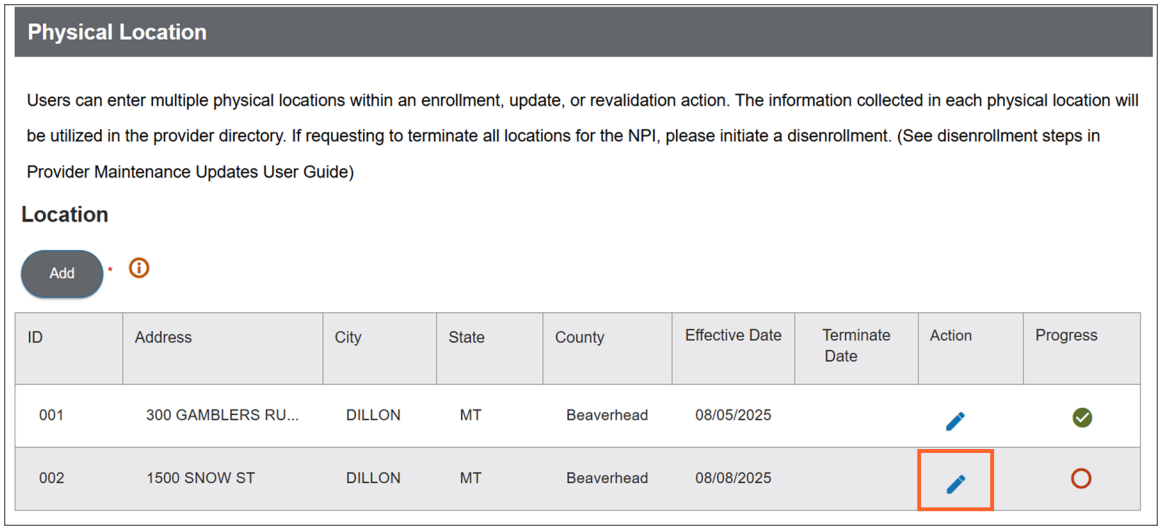
2. Select **Physical Location** from the navigation menu.

Figure 7-27: Physical Location



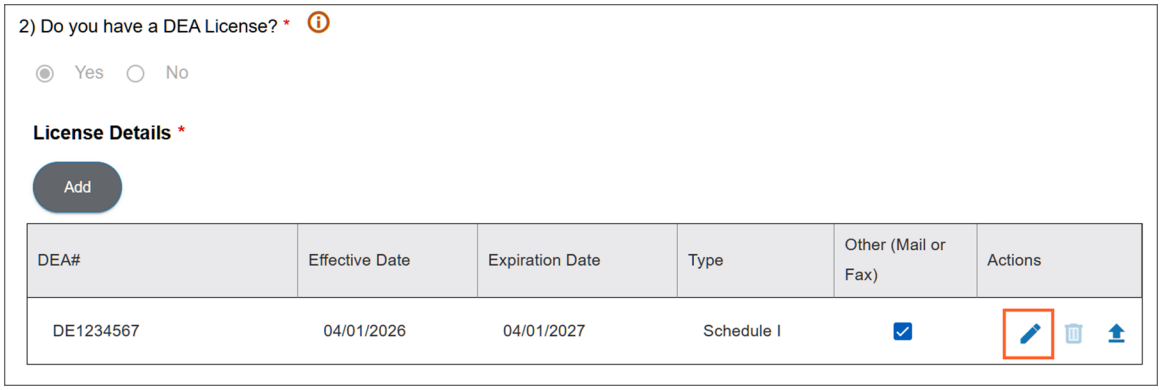
3. Select **Edit** (pencil icon) on the physical location you want to modify.

Figure 7-28: Edit Physical Location



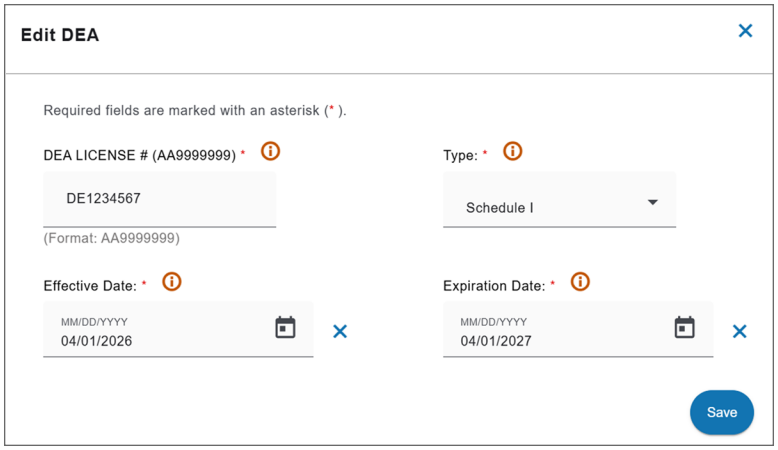
4. On the Address tab, locate the license needing the update in the License Details grid and select **Edit** (pencil icon).

Figure 7-29: License Details Grid



5. In the Edit DEA window, update your license information. You can update the following fields: DEA License #, Type, Effective Date, and Expiration Date.

Figure 7-30: Edit DEA



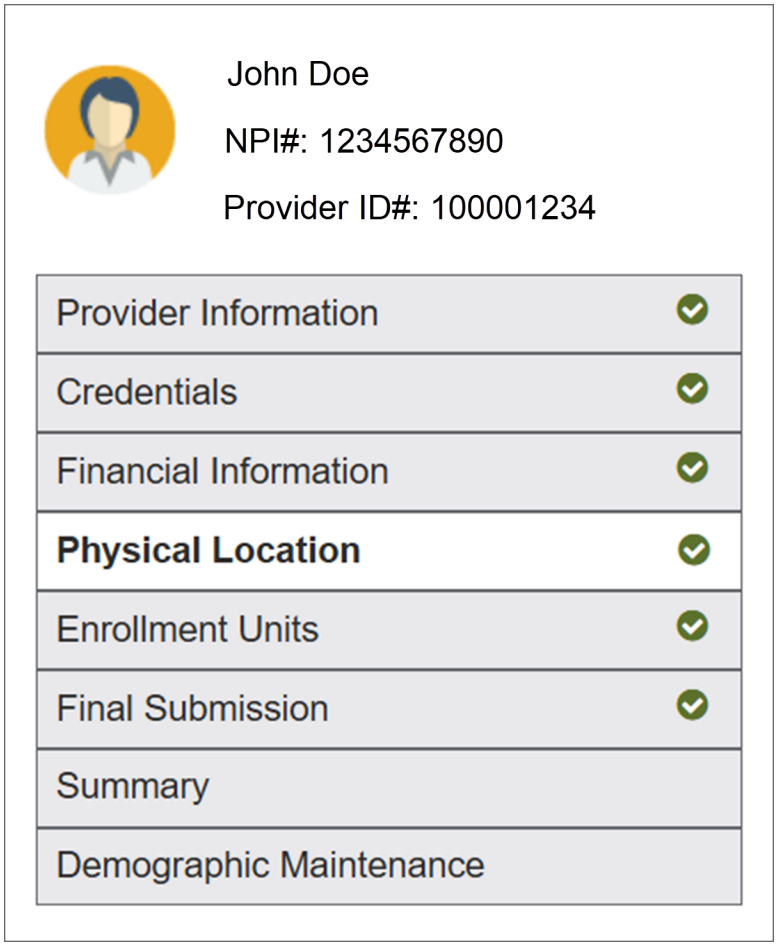
6. Select **Save** to save your changes.
7. Select the **Upload** icon from the Actions column to upload any required supporting documents. Alternatively, you can select the **Other** box to mail supporting documents. For more information, go to Upload Documents.
8. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7.1.7. Add 340B/HRSA IDs

You can add additional 340B/HRSA IDs for a location with an update transaction using the steps below.

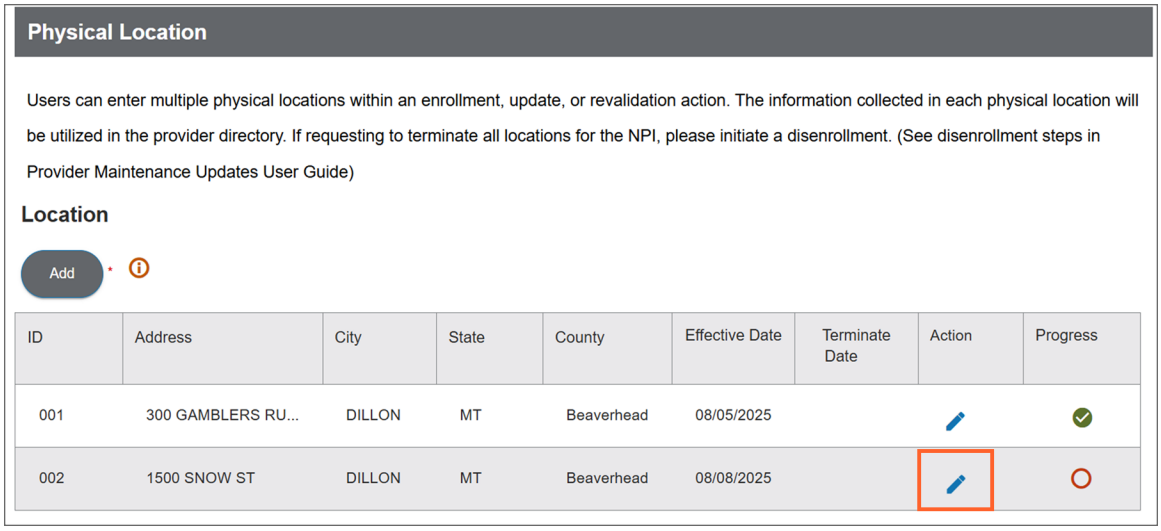
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Physical Location** from the navigation menu.

Figure 7-31: Physical Location



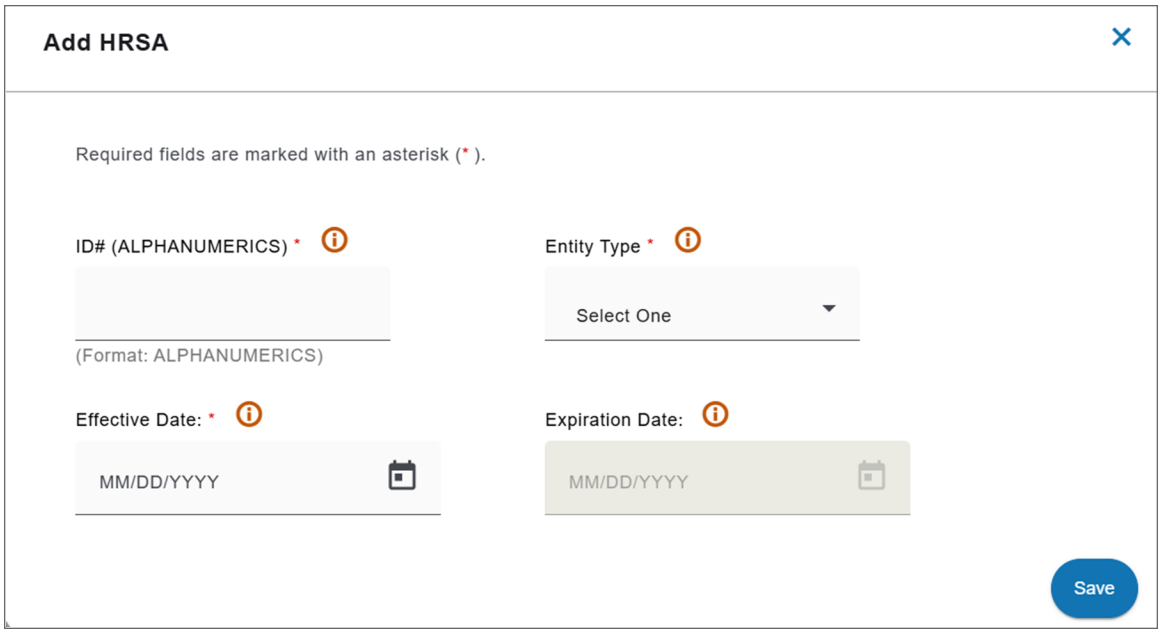
3. Select **Edit** (pencil icon) on the physical location you want to modify.

Figure 7-32: Edit Physical Location



4. On the Address tab, locate the 340B Details grid and select **Add** to add a new line.
5. Complete the required fields in the Add HRSA window.

Figure 7-33: Add HRSA Window



a. Enter the ID number using the alphanumeric format in the ID# field. This is limited to 20 characters.
b. Select the Entity Type. Choose from **Carve In** or **Carve Out**.

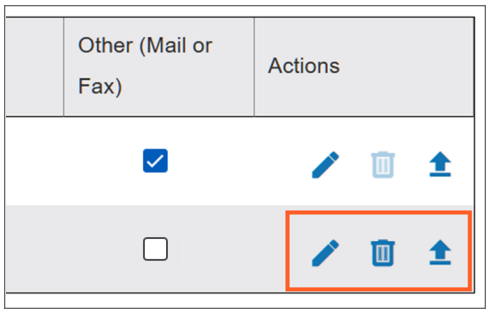
c. Select the **calendar** icon to choose an Effective Date. Alternatively, you can type the date in MM/DD/YYYY format.

d. Select the **calendar** icon to choose the Expiration Date. Alternatively, you can type the date in MM/DD/YYYY format.

e. Select **Save**.

6. The new record shows in the grid with all Action icons active, including the Delete icon. You can edit or delete the record prior to submission. Once you submit the update, Delete becomes inactive.

Figure 7-34: Delete Active



7. Select the **Upload** icon from the Actions column to upload any required supporting documents. Alternatively, you can select the **Other** box to mail supporting documents. For more information, go to Upload Documents.

8. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7.1.8. Edit 340B/HRSA

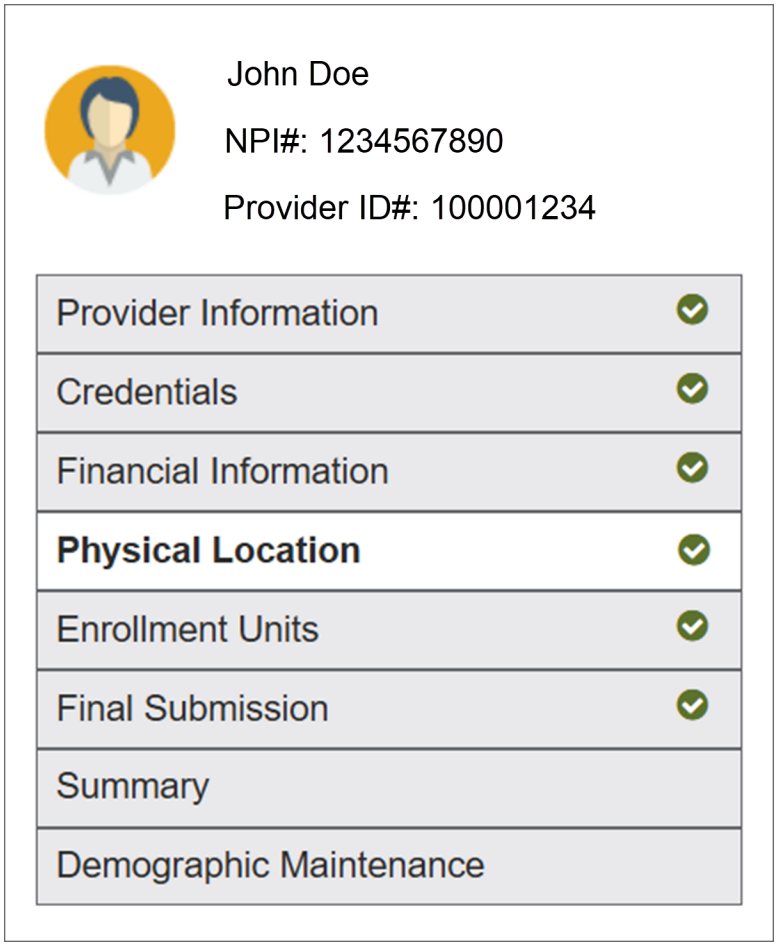
You can update an existing 340B for a location with an update transaction using the steps below.

Applies To: Organizational Providers (Facility or Group)

1. Create and open the update record. For more information, go to Create an Update Record.

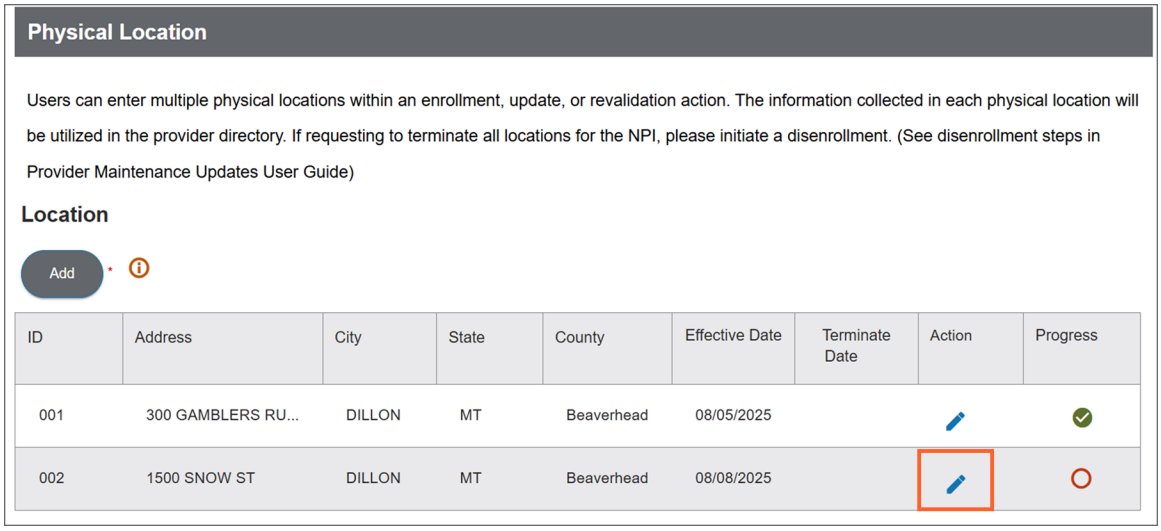
2. Select **Physical Location** from the navigation menu.

Figure 7-35: Physical Location



3. Select **Edit** (pencil icon) on the physical location you want to modify.

Figure 7-36: Edit Physical Location



4. On the Address tab, locate the 340B Details grid and select **Edit** (pencil icon) for the ID# to update.

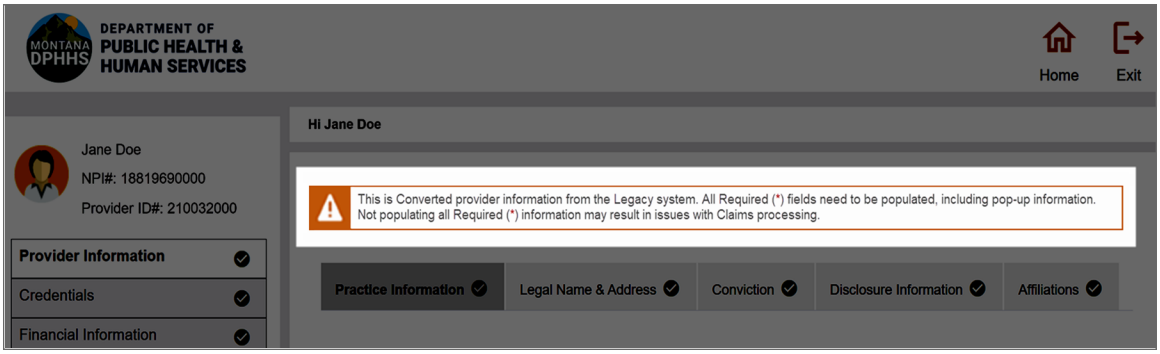
   Note: You can update the following fields: Type and Expiration Date.

5. Select **Save**.
6. Select the **Upload** icon from the Actions column to upload any required supporting documents. Alternatively, you can select the **Other** box to mail supporting documents. For more information, go to Upload Documents.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7.1.9. Update Team Name for Migrated and Converted Providers

A migrated/converted provider is one that DPHHS transferred into the system. Team Program data was part of this transfer. You will need to enter the Team Name using an update transaction. To identify if you are one, an alert shows at the top of the enrollment screen indicating your information migrated from a legacy system.

Figure 7-37: Migrated/Converted Providers



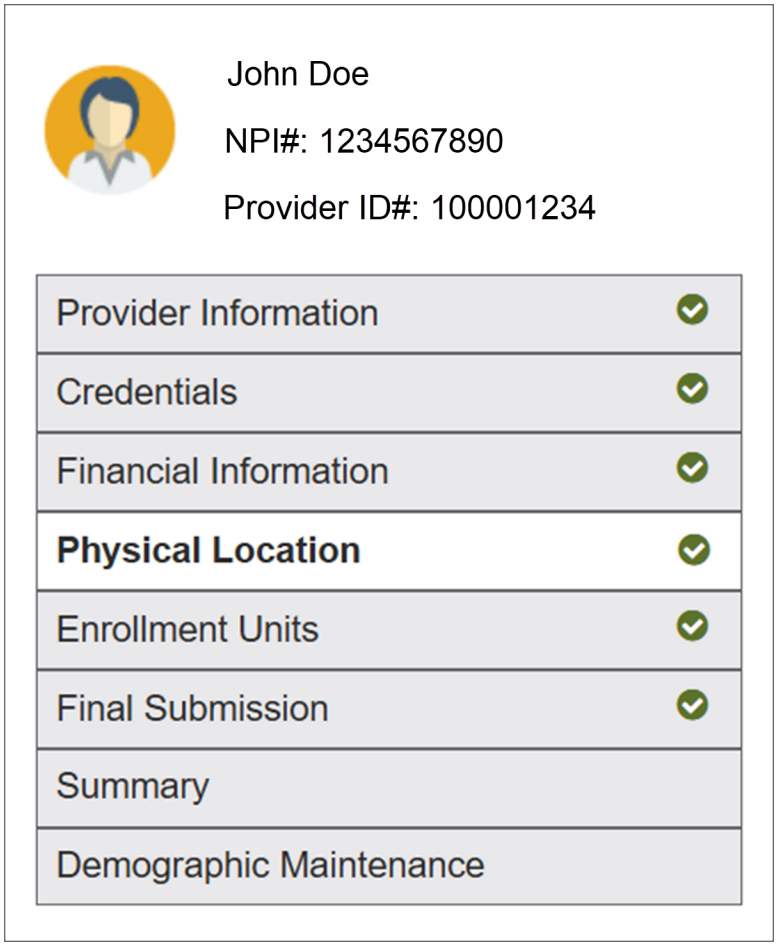
1. Create and open the update record. For more information, go to Create an Update Record.
2. Navigate to the Physical Location tab and the Location grid and select the **Edit** (pencil) icon for the associated ID.
3. Scroll to the Team section at the bottom of the Physical Location screen.
4. Select **Edit** (pencil) icon to view or edit the Team Name or any other Team details.
5. Select **Save**.
6. Upload any required supporting documents needed.
7. Select **Save and Continue**.
8. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7.2. Hours

The Hours tab contains the hours of operation for the selected physical location. Initially, hours were entered upon enrollment, so the only option available in this section is to update the hours for a given day.

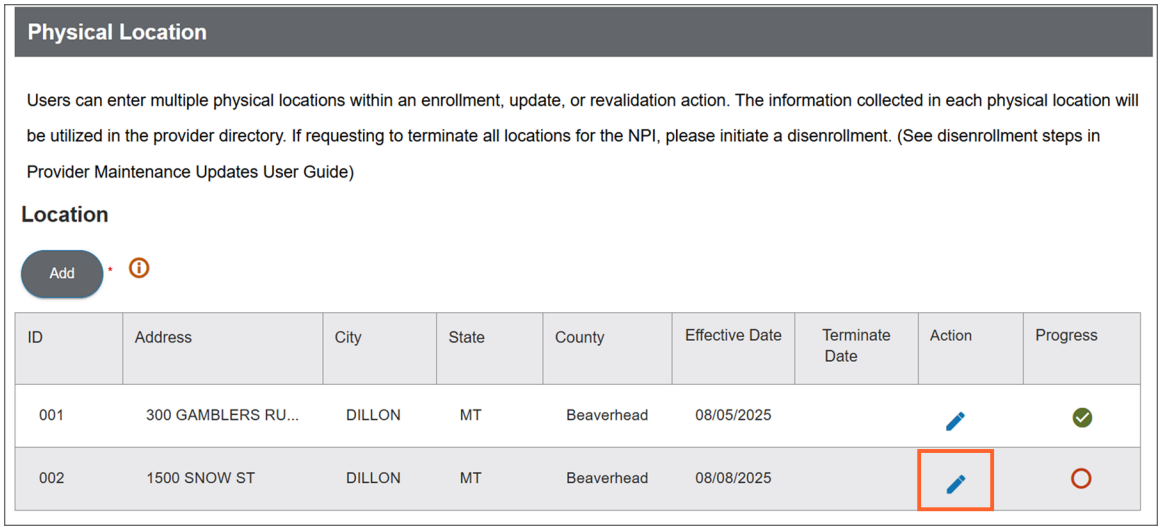
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Physical Location** from the navigation menu.

Figure 7-38: Physical Location



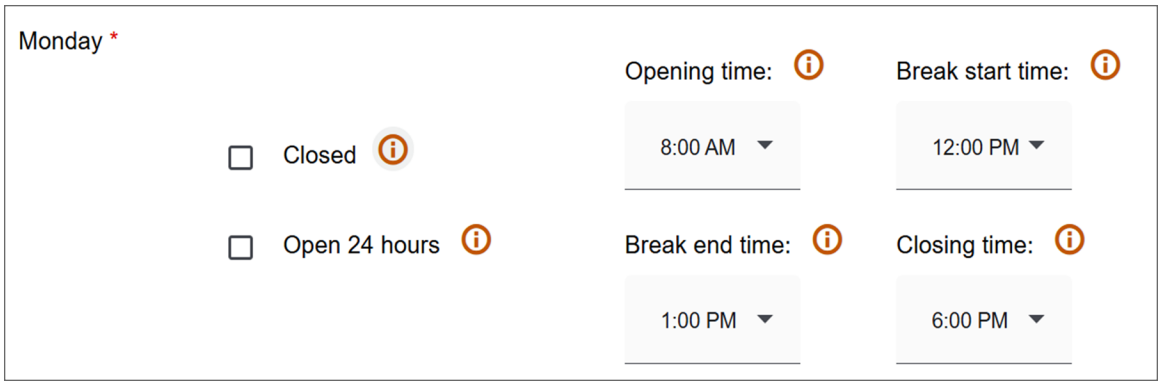
3. Select **Edit** (pencil icon) on the physical location you want to modify.

Figure 7-39: Edit Physical Location



4. Select the **Hours** tab.
5. Update the hours of operation for any day(s) of the week, including whether the location is closed on a given day or open 24 hours.

Figure 7-40: Office Hours



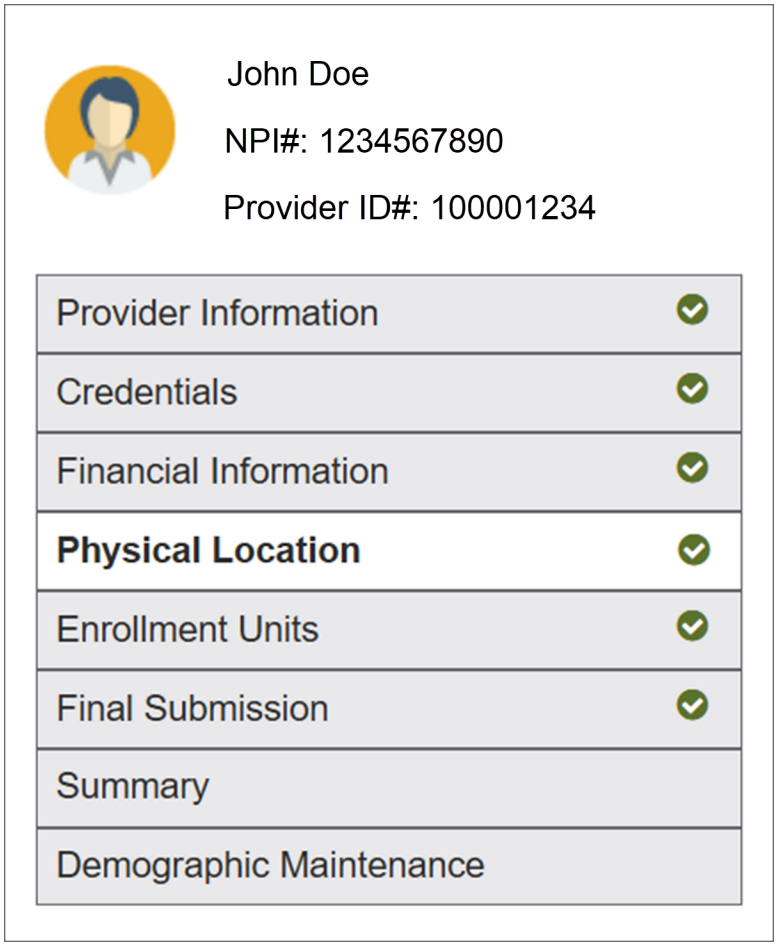
6. Select **Save and Continue**.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7.3. Languages

The Languages section houses the languages spoken at the physical locations. The languages were selected upon initial enrollment, so the only option available in this section is to update the languages. To update this tab, complete the steps below.

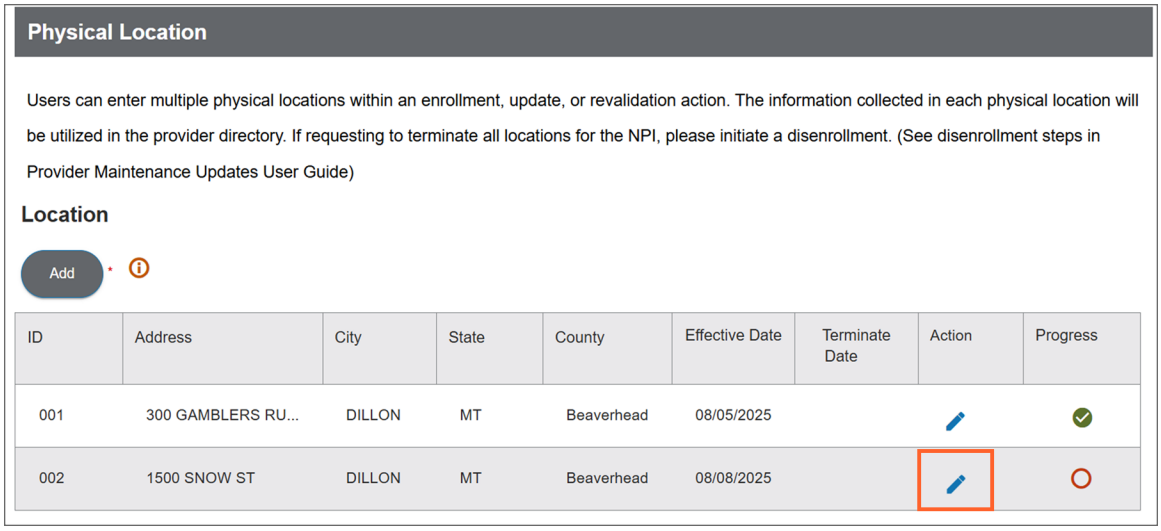
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Physical Location** from the navigation menu.

Figure 7-41: Physical Location



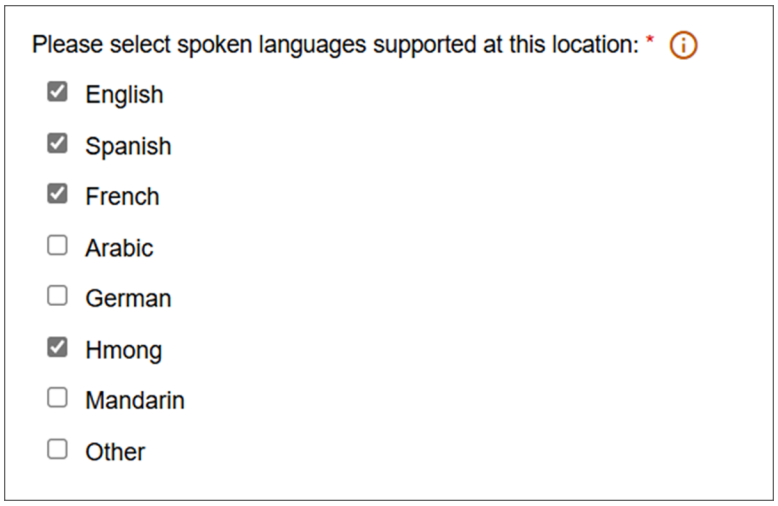
3. Select **Edit** (pencil icon) on the physical location you want to modify.

Figure 7-42: Edit Physical Location



4. Select the **Languages** tab.
5. Update the languages supported by checking or unchecking the box next to the appropriate language.

Figure 7-43: Languages Supported



6. Select **Save and Continue**.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7.4. Medicare/Medicaid

Applies To: Billing provider types (Sole Proprietor, Organizational Providers)

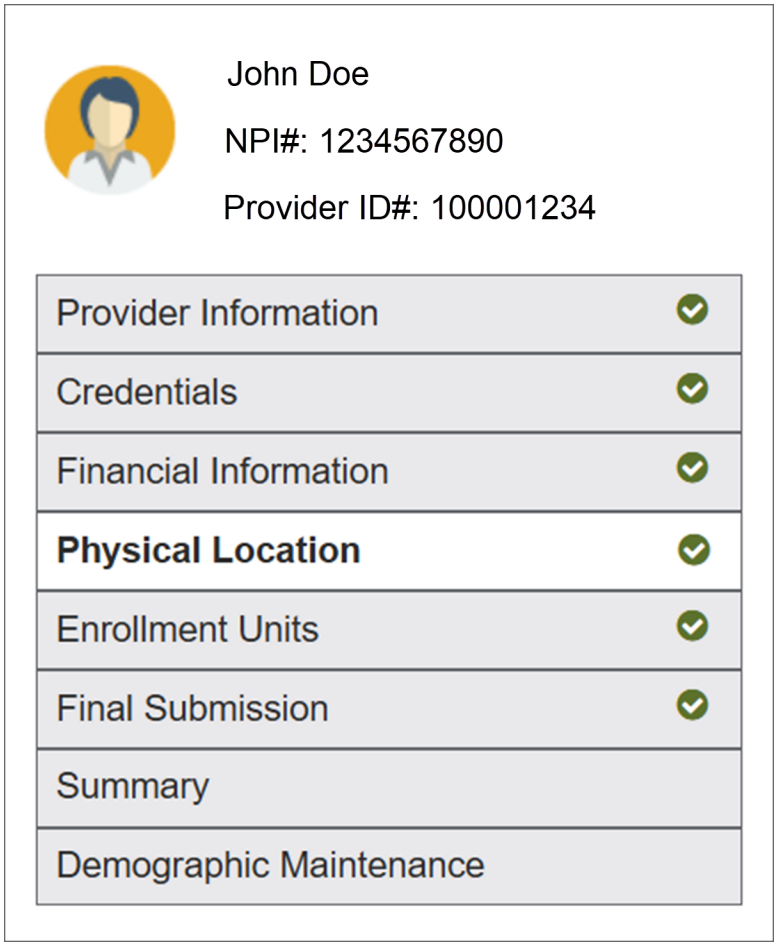
You must complete this tab if you are currently enrolled in, or have ever been enrolled in, Medicare or a state Medicaid program.

Note: For non-billing provider types (Rendering Providers and Ordering, Prescribing, Referring Providers), this information displays within the Provider Information page.

The steps below explain how to update this tab as part of a maintenance update. Required fields are marked with an asterisk (*).

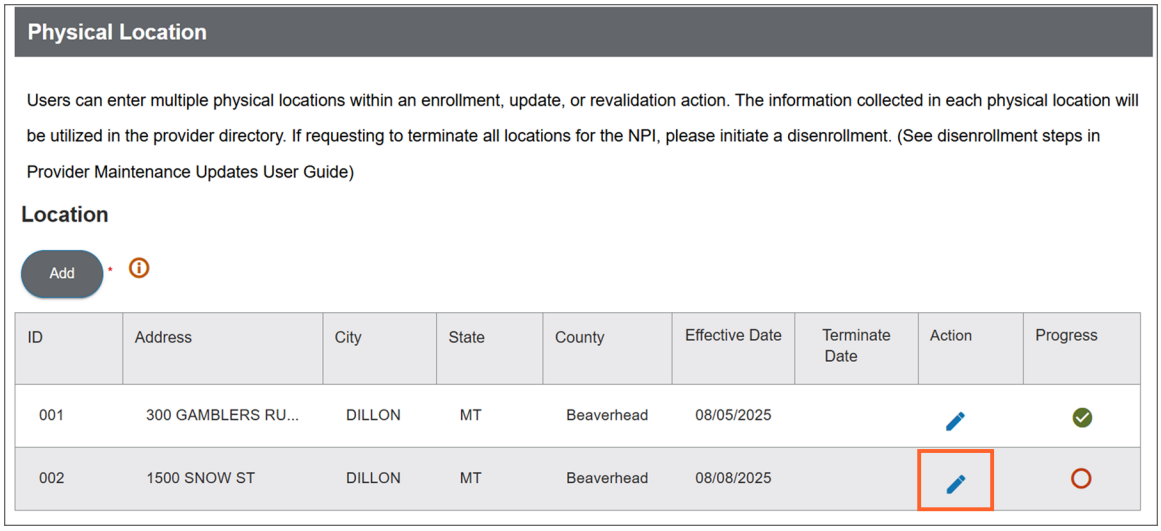
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Physical Location** from the navigation menu.

Figure 7-44: Physical Location



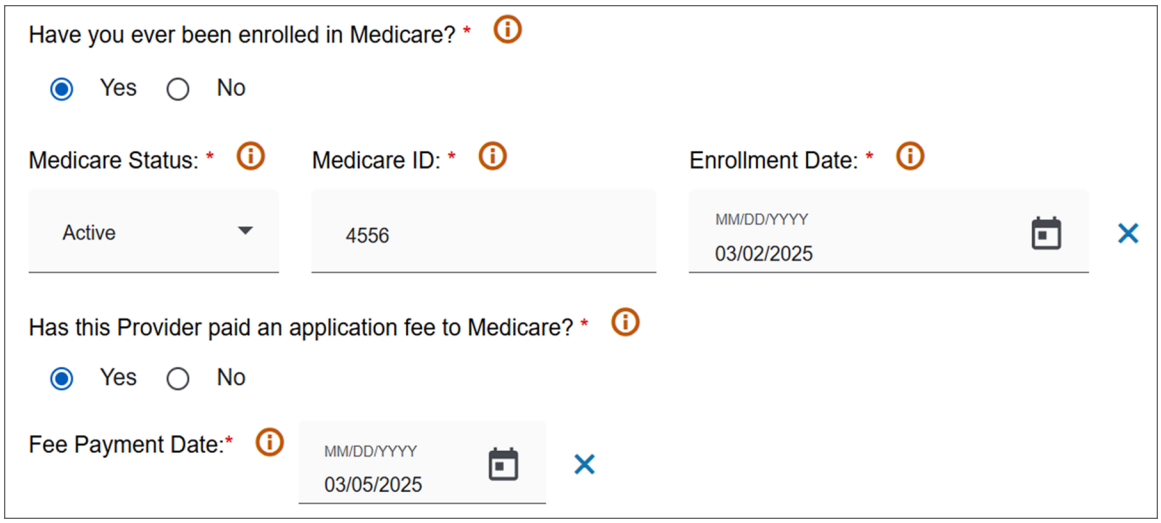
3. Select **Edit** (pencil icon) on the physical location you want to modify.

Figure 7-45: Edit Physical Location



4. Select the **Medicare/Medicaid** tab.
5. Select **Yes** or **No** to indicate whether you have ever been enrolled in Medicare. If you select **Yes**, complete the additional steps below.

Figure 7-46: Medicare Details



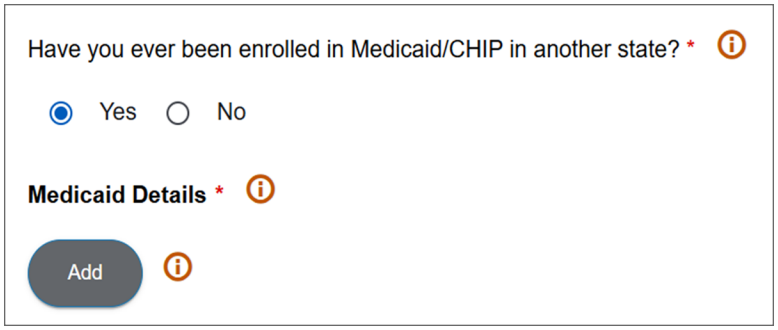
a. Select your current Medicare Status from the list.
b. Enter your Medicare ID in the field provided.
c. Select the **calendar** icon to choose an Enrollment Date. Alternatively, you can type the date in MM/DD/YYYY format.

d. Select **Yes** or **No** to indicate whether the provider paid the application fee to Medicare.

e. If yes, select the **calendar** icon to choose the Fee Payment Date. Alternatively, you can type the date in MM/DD/YYYY format.

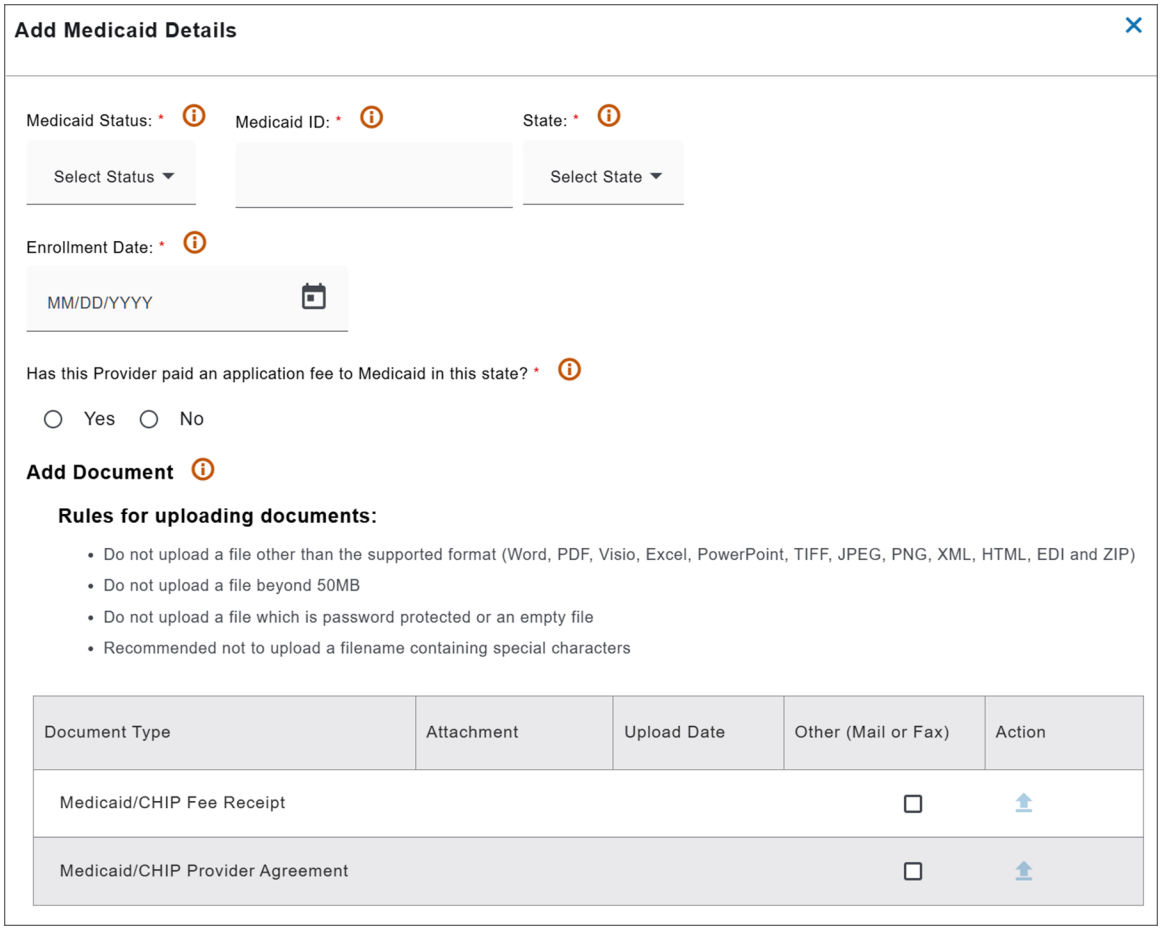
6. Select **Yes** or **No** to indicate whether you have ever been enrolled in Medicaid or Children's Health Insurance Program (CHIP) in any other state.

Figure 7-47: Medicaid/CHIP Enrollment



Note: If you selected **Yes**, select **Add** and complete the additional steps below in the Add Medicaid Details window.

Figure 7-48: Add Medicaid Details Window



a. Select the current status from the Medicaid Status list.

b. Enter the Medicaid ID in the field provided.

c. Select the State in which you are or were enrolled.

d. Select the **calendar** icon to choose an Enrollment Date. Alternatively, you can type the date in MM/DD/YYYY format.

e. Select **Yes** or **No** to indicate whether the NPI paid the application fee to Medicaid. If yes, select the **calendar** icon to choose the Fee Payment Date. Alternatively, you can type the date in MM/DD/YYYY format.

f. Select the **Upload** icon to attach any required supporting documents to the

record.

g. Select **Save**.

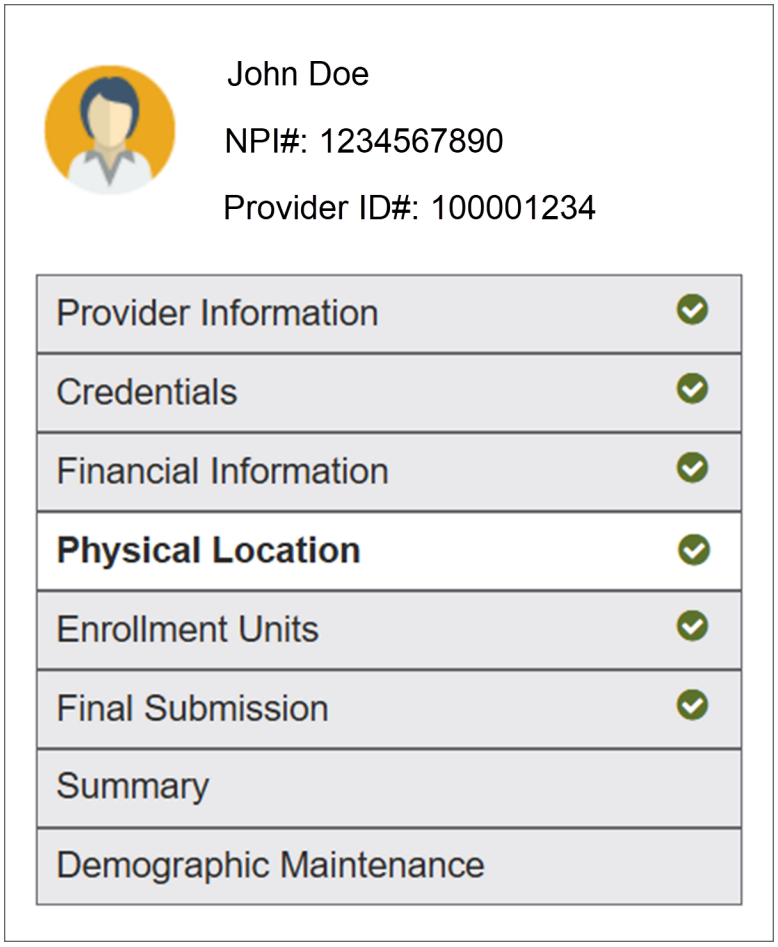
7. Select **Save and Continue**.
8. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7.5. Services Provided

The Services Provided tab captures additional information on services offered at the selected physical location. This tab is specific to Montana Healthcare Programs. The steps below describe how to update the services provided using a maintenance update.

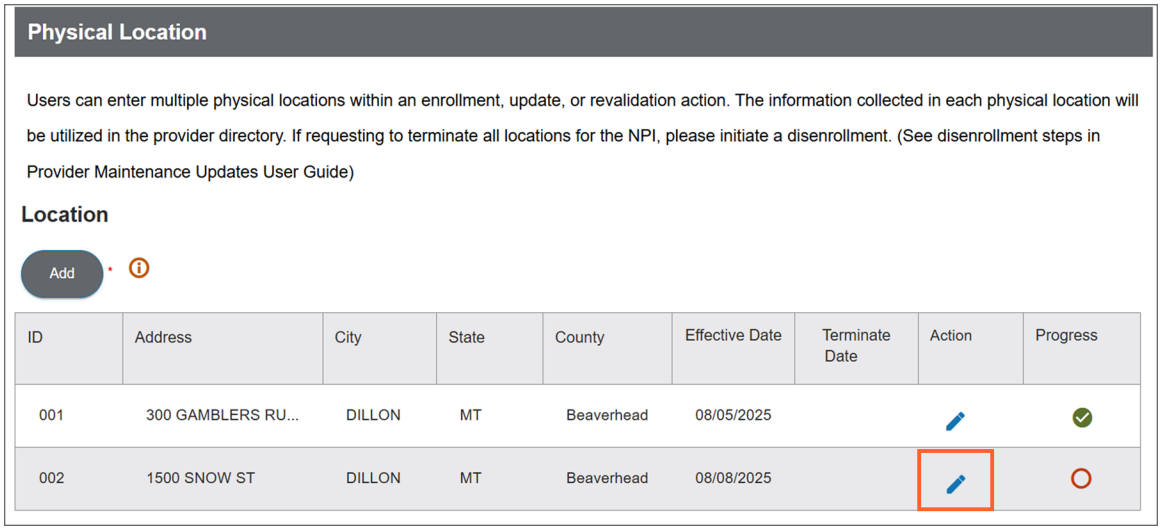
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Physical Location** from the navigation menu.

Figure 7-49: Physical Location



3. Select **Edit** (pencil icon) on the physical location you want to modify.

Figure 7-50: Edit Physical Location



4. Select the **Services Provided** tab.
5. Answer the questions that display on the Services Provided page. Questions marked with an asterisk require a response.
6. Select **Save and Continue**.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7.6. Tier 1 and Tier 2 for Primary Care Montana (PCMT)

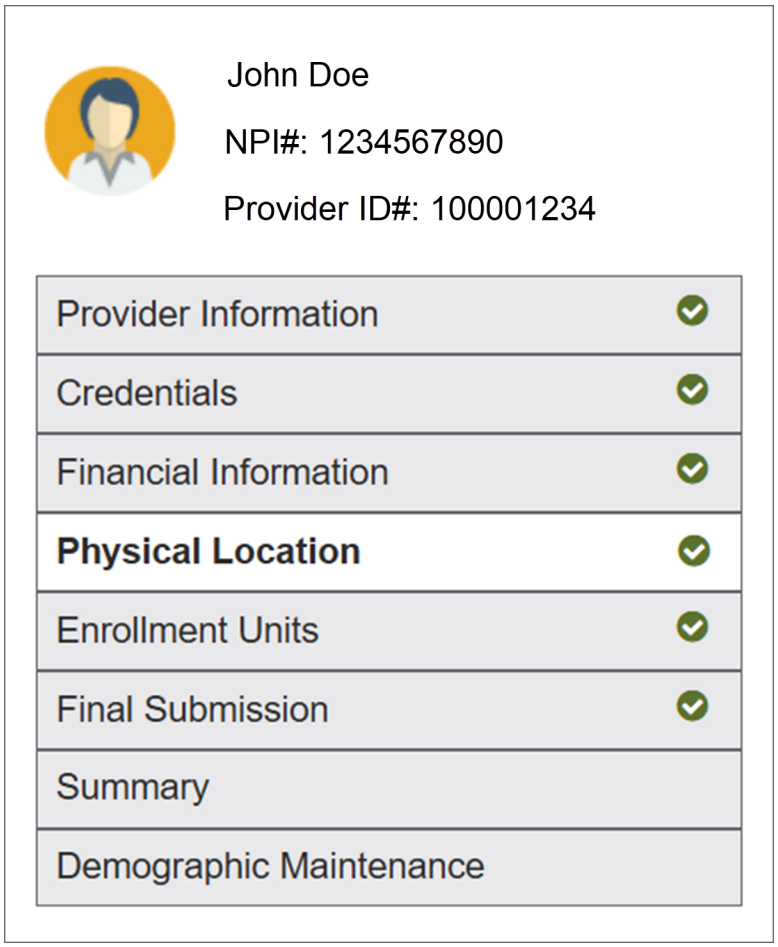
Applies To: Individual Sole Proprietor, Organizational (Group/Facility) provider types with specific Specialties (taxonomies)

The Tier 1 and Tier 2 panels capture required program information about the physical location. The panels that display depend on your selection on the Physical Location – Address tab. Tier 1 captures basic primary care and focuses on prevention and routine care, whereas Tier 2 includes the Tier 1 panel and also adds a panel for advanced care management and transitions of care. You can update the information you provided during enrollment by submitting a maintenance update.

The steps below explain how to update the Tier 1 or Tier 2 tab as part of a maintenance update.

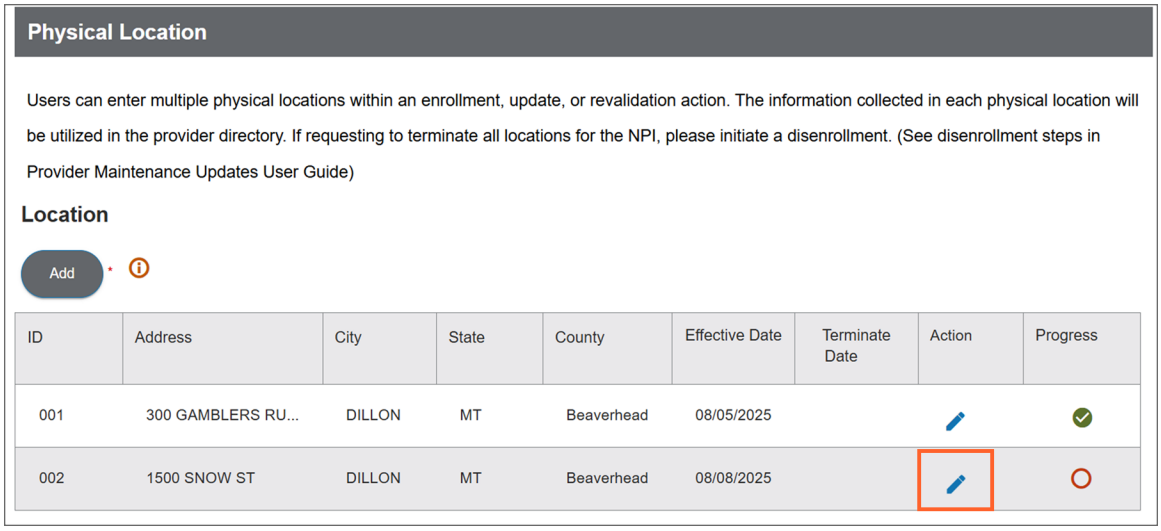
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Physical Location** from the navigation menu.

Figure 7-51: Physical Location



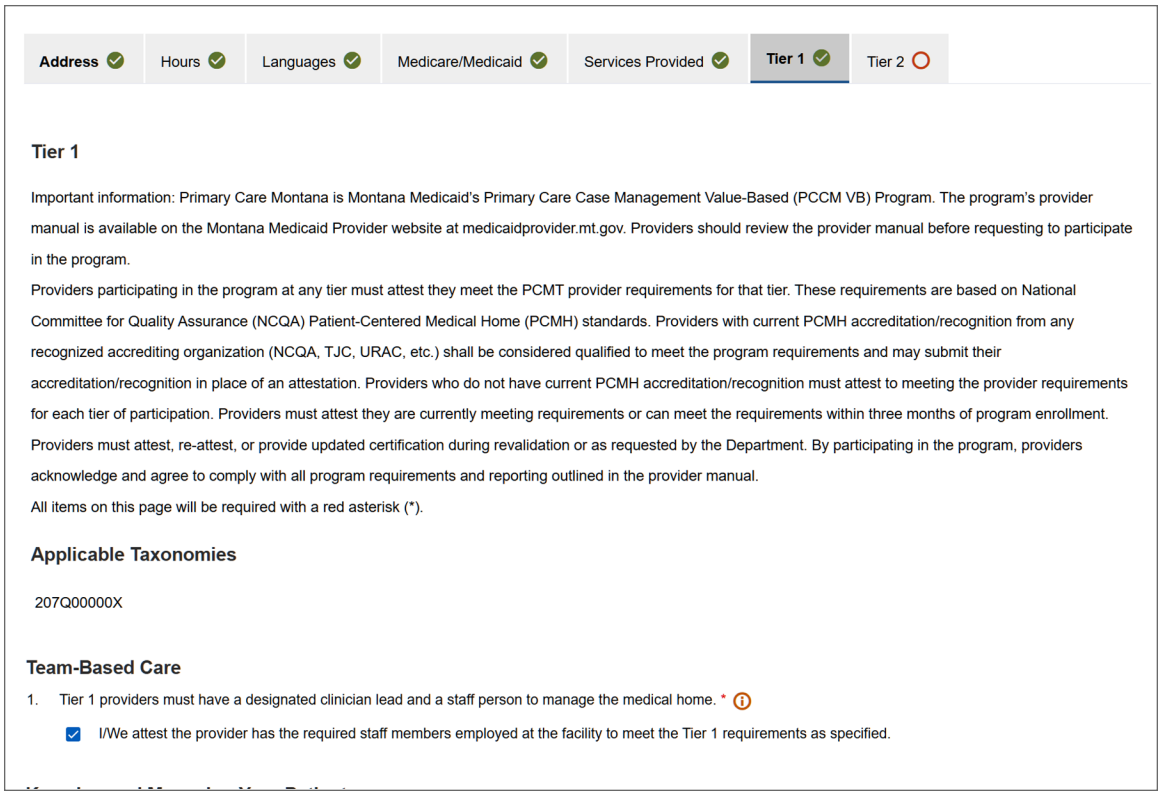
3. Select **Edit** (pencil icon) on the physical location you want to modify.

Figure 7-52: Edit Physical Location



4. Select the **Tier 1** or **Tier 2** tab.

Figure 7-53: Facility Information Tab



5. Locate the information you want to update. You can edit your choices by selecting or deselecting boxes, selecting different Yes/No options, or update any other fields as it relates to your provider type.
6. Select **Save and Continue**.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

7.7. Facility Information

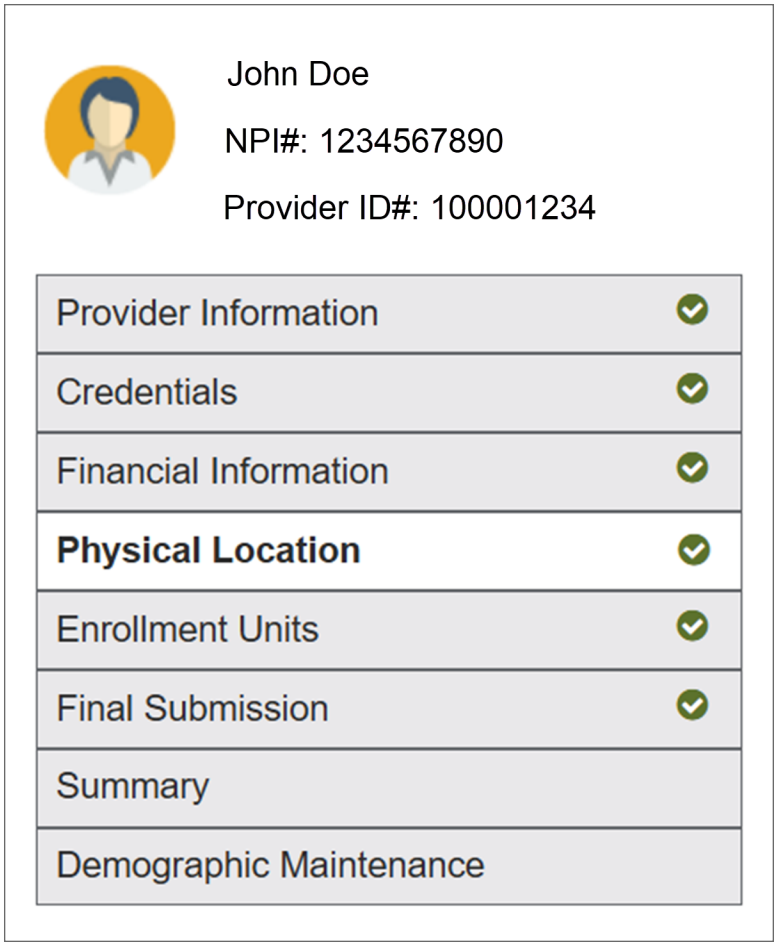
Applies To: Organizational Providers (Facility)

Use the Facilities Information tab to review and maintain hospital classification details, including hospital type, effective and termination dates, and applicable bed types with corresponding bed counts. You see this tab because you selected **Facility** as the Enrollment Type during Organizational enrollment. You can update the information you provided during enrollment by submitting a maintenance update.

The steps below explain how to update the Facilities Information tab as part of a maintenance update.

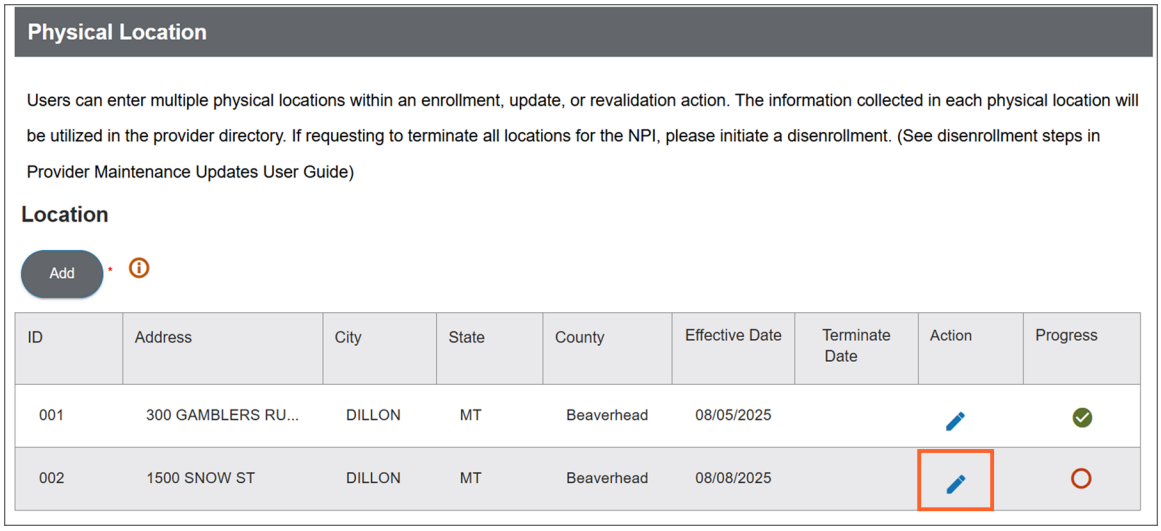
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Physical Location** from the navigation menu.

Figure 7-54: Physical Location



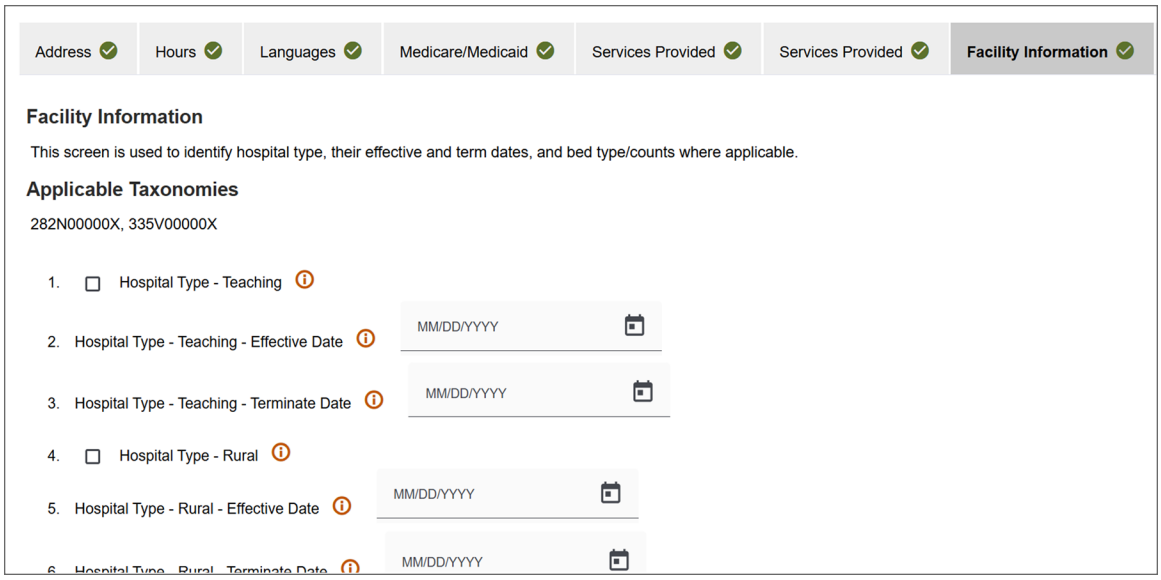
3. Select **Edit** (pencil icon) on the physical location you want to modify.

Figure 7-55: Edit Physical Location



4. Select the **Facility Information** tab.

Figure 7-56: Facility Information Tab



5. Locate the information you want to update. You can add or edit the facility type by selecting or deselecting boxes, add or edit Terminate Dates, or update any other information field as it relates to your facility.
6. Select **Save and Continue**.
7. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

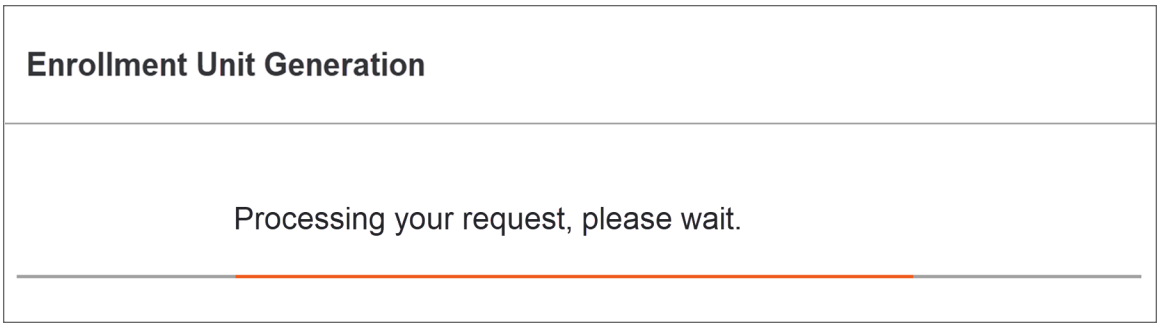
8. Enrollment Units

An Enrollment Unit (EU) is a separate provider record that generates based on how the portal captures certain provider information. EUs automatically generate when you disclose specific information within the enrollment application. For example, an EU creates for each physical location. Additionally, EUs create when you select certain state or waiver programs, as well as when you select a provider type, specialty and taxonomy.

The Enrollment Unit tab captures detailed information applicable to a physical location. You can validate licensing, certification, or accreditation information, provider taxonomy, state and waiver programs, additional address information (such as a remittance address) and contact information. The steps below describe how to update an EU using a maintenance update.

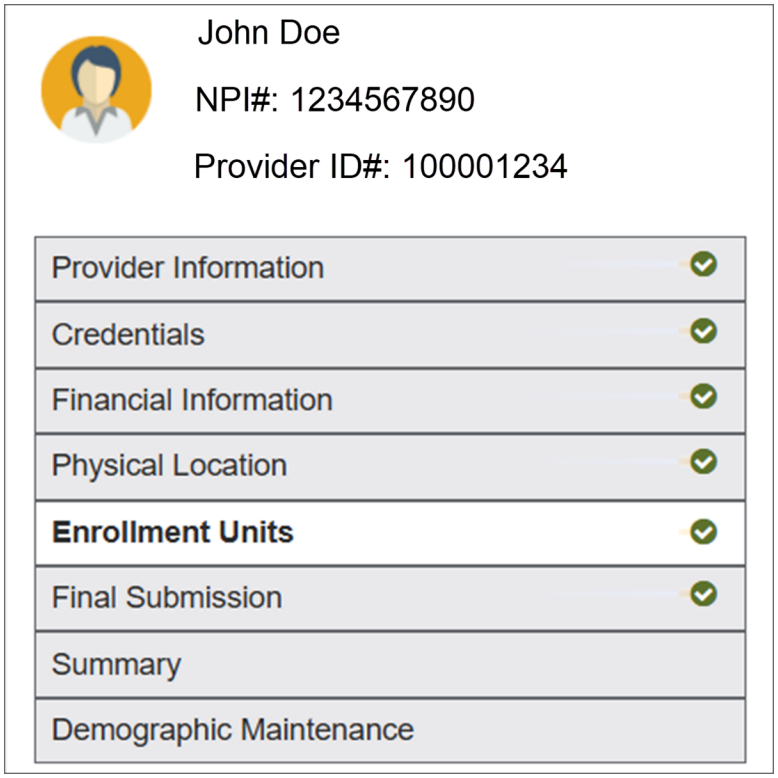
Caution: If a large number of taxonomy, program, and location combinations exist, the system displays an EU generation message. Do not leave or refresh this page. Remain on the page until the process finishes. The message closes automatically when EU generation completes, and the EU grid appears.

Figure 8-1: EU Generation Message



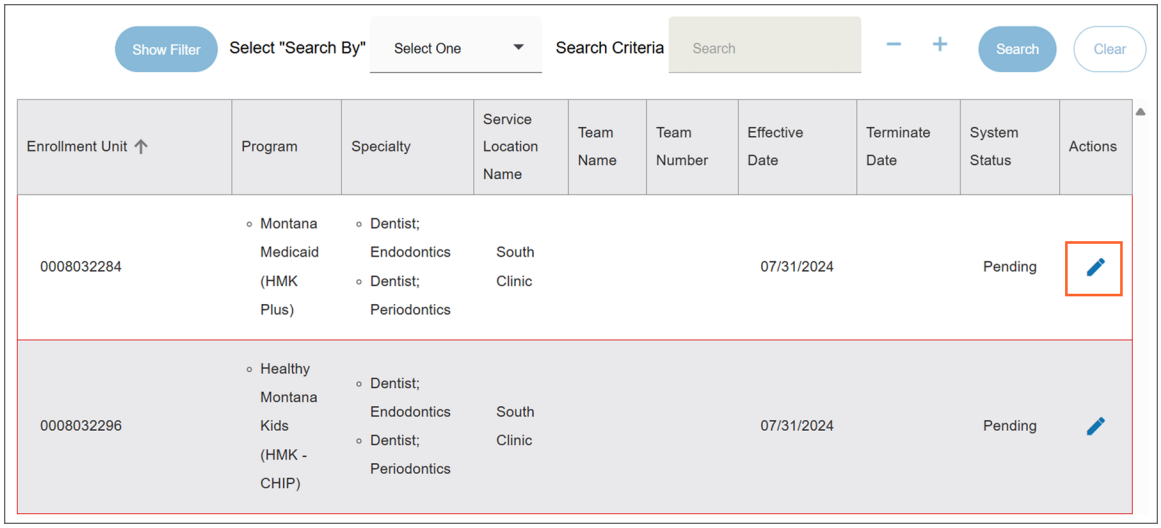
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Enrollment Units** from the navigation menu.

Figure 8-2: Enrollment Units



3. From the Enrollment Unit main page, select **Edit** (pencil icon) to manage a specific EU.

Figure 8-3: Edit EU



4. To update the Enrollment Unit Detail section, add/edit the identifying information requested by entering the following components.

   Note: The Enrollment Detail window contains information previously entered by you during enrollment or another maintenance update. You can use this maintenance update to update the following tabs for the EU:

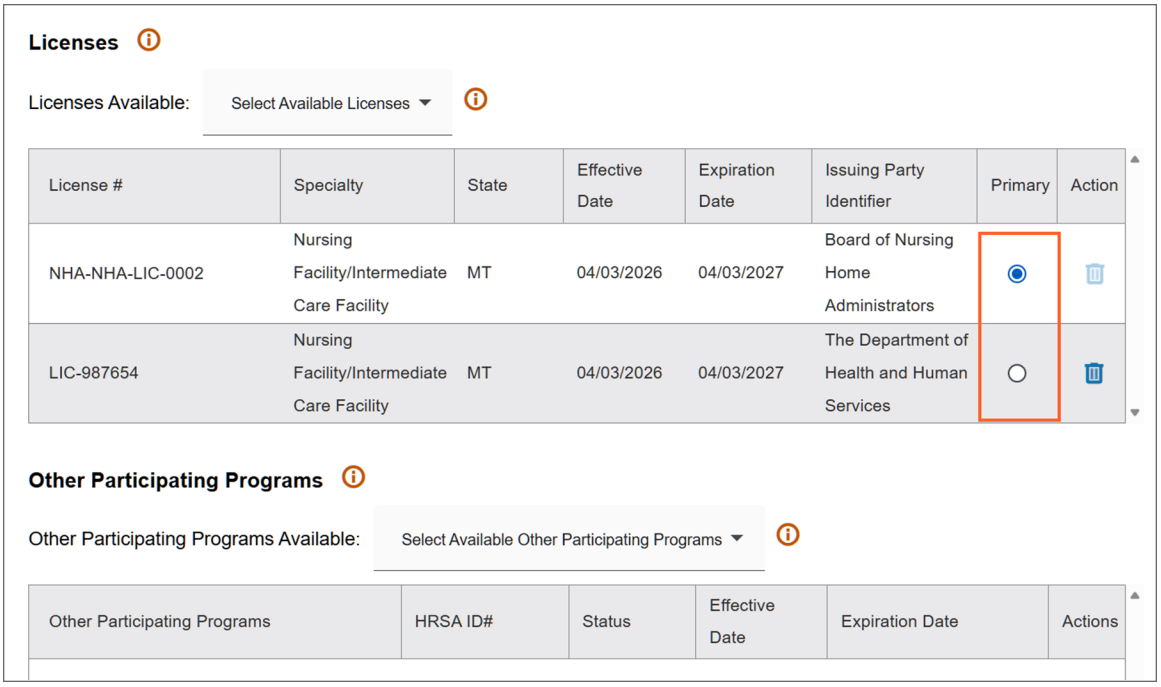
   a. Licensing, Certifications & Accreditations tab
   b. Address tab
   c. Communications tab
   d. Managing Employees tab (only applicable for facility billing providers under Enrollment Unit)
   e. Insurance tab

5. On the Licensing, Certifications & Accreditations tab, review, add or update any needed information. The grids prepopulate with information previously entered for the EU.

   Note: Facility and Group Organizational providers have an additional grid for Other Participating Programs that manage 340B programs. Any added HRSAs for the EU can be managed in this grid.

   a. If the Enrollment Unit has more than one license, select one license as **Primary**. Make sure the primary license is the most current license and is not expired.

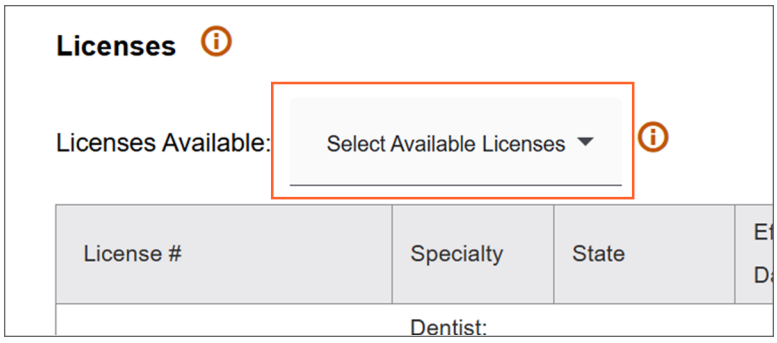
Figure 8-4: Primary License



b. If you added a License, Certification, or Accreditation and it does not apply to the EU, select **Delete** (trash can icon) in the Action column.

c. If you removed a License, Certification, or Accreditation in error, reselect it from the list above the grid to reapply the information.

Figure 8-5: Select License

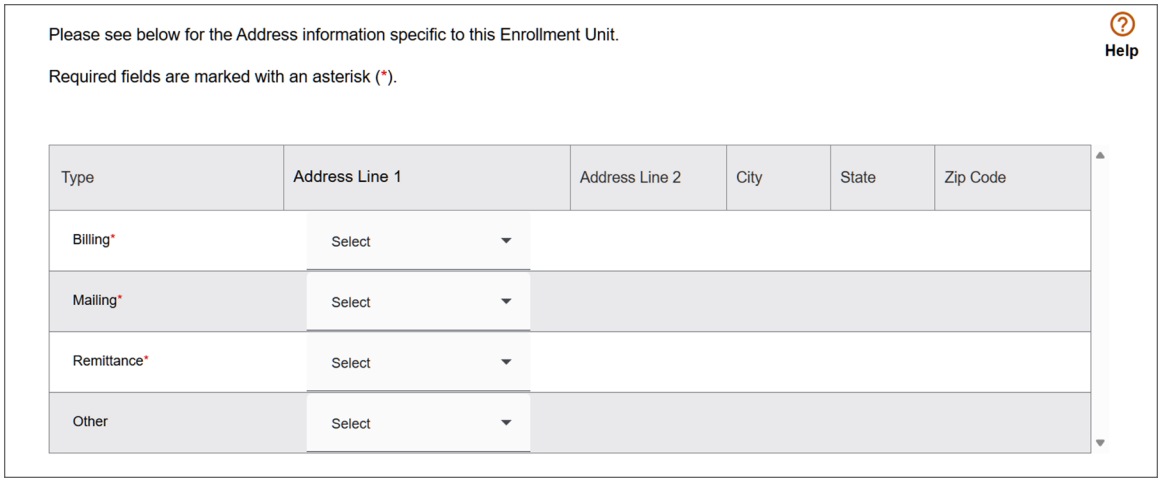


d. Verify you select the box to confirm you reviewed the information on the screen as presented. This acknowledgment is required.

e. Select **Save and Continue** to go to the Address tab.

6. On the Address tab, review, add or update any needed information. Use the dropdowns to edit and assign the correct address to each address Type (Billing, Mailing, Remittance, and Other).

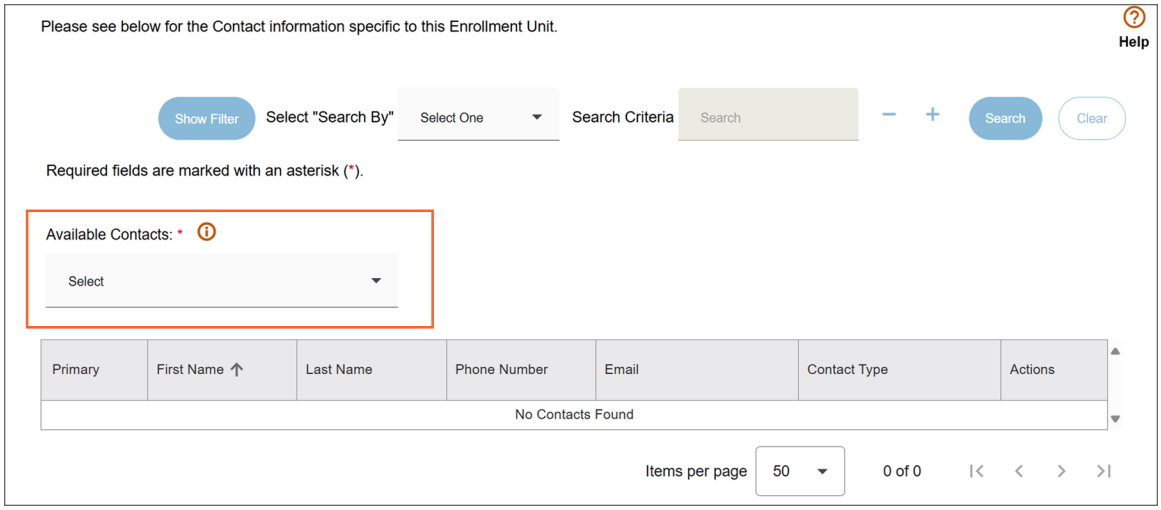
Figure 8-6: Update Address



7. Select **Save and Continue** to go to the Communications tab.
8. On the Communications tab, review, add or update any needed information. Use the Available Contacts list to select and assign contacts.

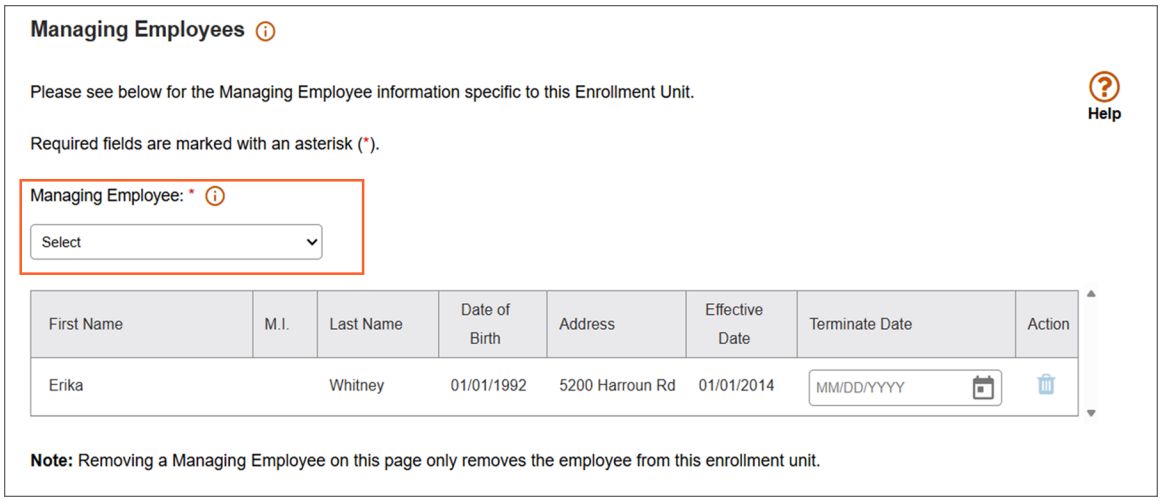
   Note: You must have one primary contact.

Figure 8-7: Update Communications



9. Select **Save and Continue** to go to the Managing Employees tab, if applicable for your provider type. Use the Managing Employee list to add the employee responsible for the EU.

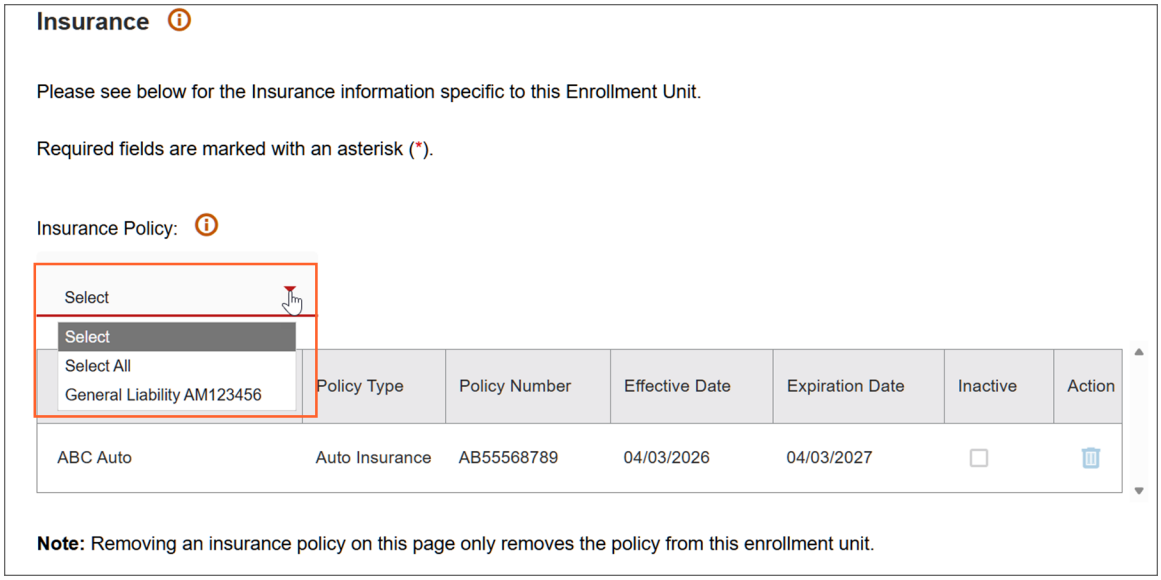
Figure 8-8: Managing Employees



Note: You can modify the Managing Employee by entering a Terminate Date. You must have at least one Managing Employee for the EU.

10. Select **Save and Continue** to go to the Insurance tab.
11. Use the Insurance Policy list to select policies for the EU. You can also select **Inactive** to deactivate a policy in the grid.

Figure 8-9: Update Insurance



12. Select **Save**.

    Tip! Once you select **Save**, the EU's status automatically changes from Pending to Complete and you route back to the Enrollment Units page.

13. Select **Save and Continue**.

14. Complete any additional updates and submit the maintenance request. For more information, go to Submit Maintenance Request.

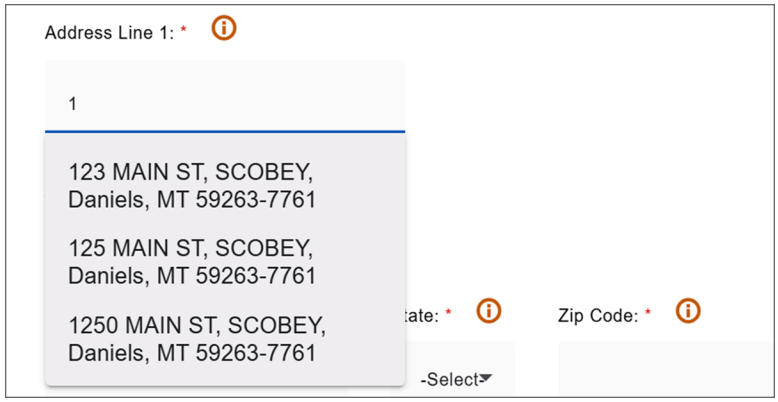
9. Demographic Maintenance

You can use Demographic Maintenance to quickly control the addresses and contacts available for selection in your application.

For example, if you added three addresses in the Legal Name and Address tab—one for Legal Address of 123 Main St, one for Billing Address of 125 Main St, and one for Mailing Address of 1250 Main St—each display on the Address tab within Demographic Maintenance.

When you navigate to any other screen within the enrollment that has addresses, such as Disclosure Information, as soon as you start typing the address number, the list of available addresses display and you can select from this list to automatically populate the address field.

Figure 9-1: Address Selection



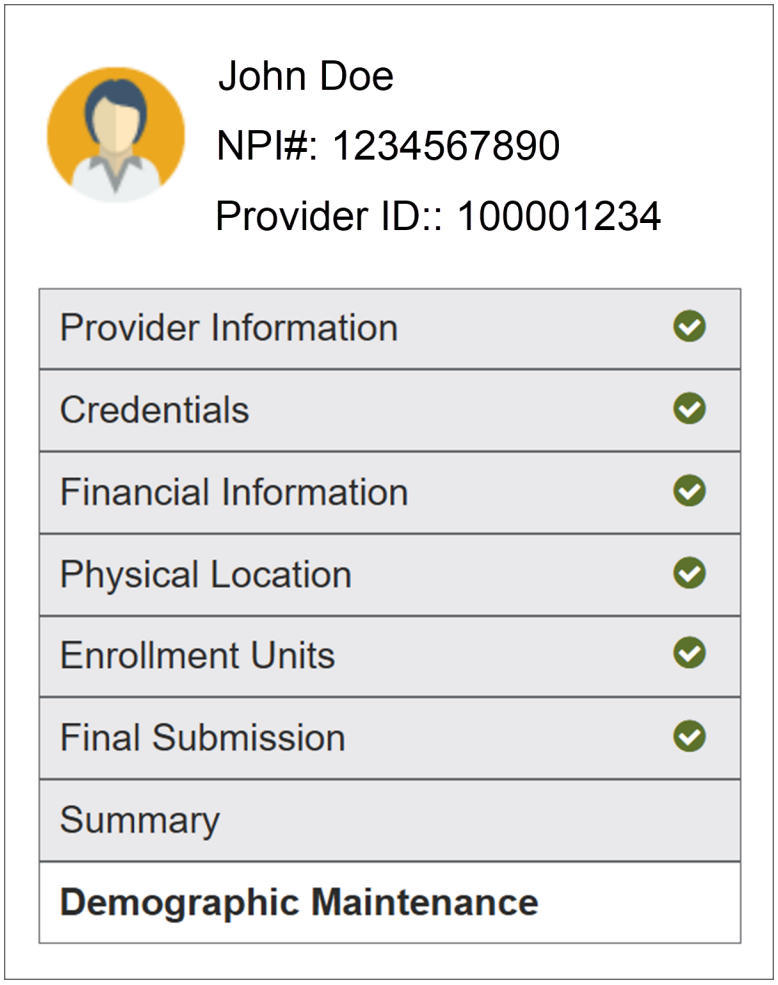
The contacts you enter in the application work in the same manner as the addresses.

You can use the Demographic Maintenance page to make an address or contact inactive.

Important: Once a location or contact is set to Inactive, it is removed from the selection pool within the application.

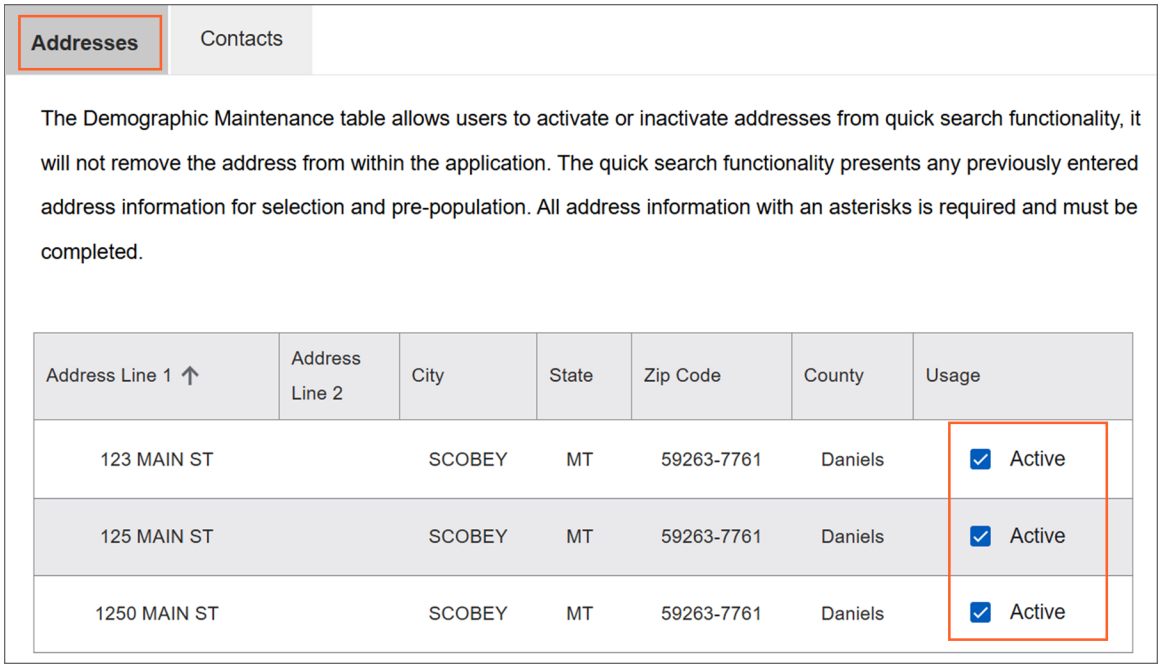
1. Create and open the update record. For more information, go to Create an Update Record.
2. Select **Demographic Maintenance** from the navigation menu.

Figure 9-2: Demographic Maintenance



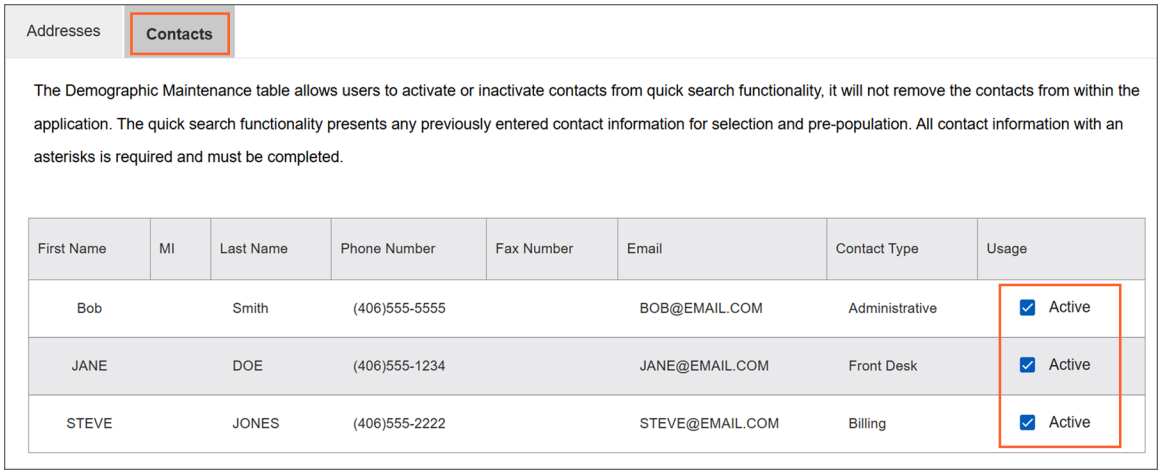
3. On the Addresses tab, check the box in the Usage column to change the status of a location from **Active** to **Inactive** and select **Save**.

Figure 9-3: Addresses Tab



4. On the Contacts tab, check the box in the Usage column to change the status for a specific contact from **Active** to **Inactive** and select **Save**.

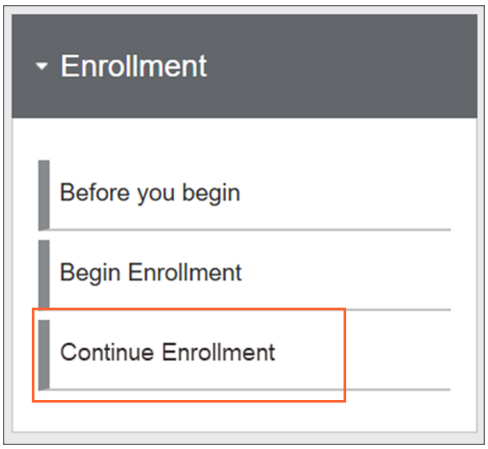
Figure 9-4: Contact Tab



10. Continue Enrollment

If you need to stop while completing an update on an enrollment, you can pick up where you left off later. Log back into the Montana Provider Portal, navigate to the Enrollment Workbench, select the record, and select **Continue Enrollment** in the menu, or select **Edit** (the pencil icon). You can continue from your last saved point.

Figure 10-1: Continue Enrollment



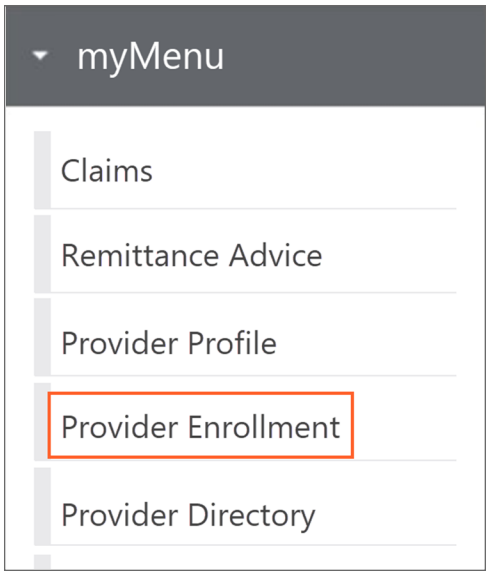
11. Re-enrollment

If you have a disenrollment submitted or are disenrolled from Montana Medicaid, you can apply for re-enrollment via the Montana Provider Portal. During re-enrollment, you can change your Enrollment Type and your FEIN or SSN, if needed.

Note: The effective date of a re-enrollment can start no earlier than one day after your disenrollment date.

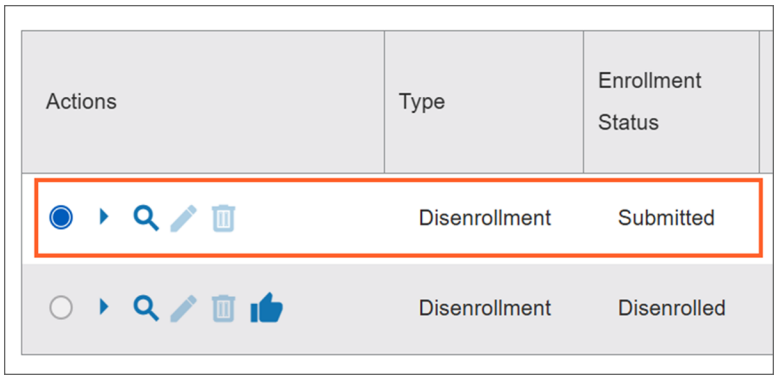
1. Log into the Montana Provider Portal.
2. Select **Provider Enrollment** under myMenu to open the Enrollment Workbench.

Figure 11-1: Provider Enrollment



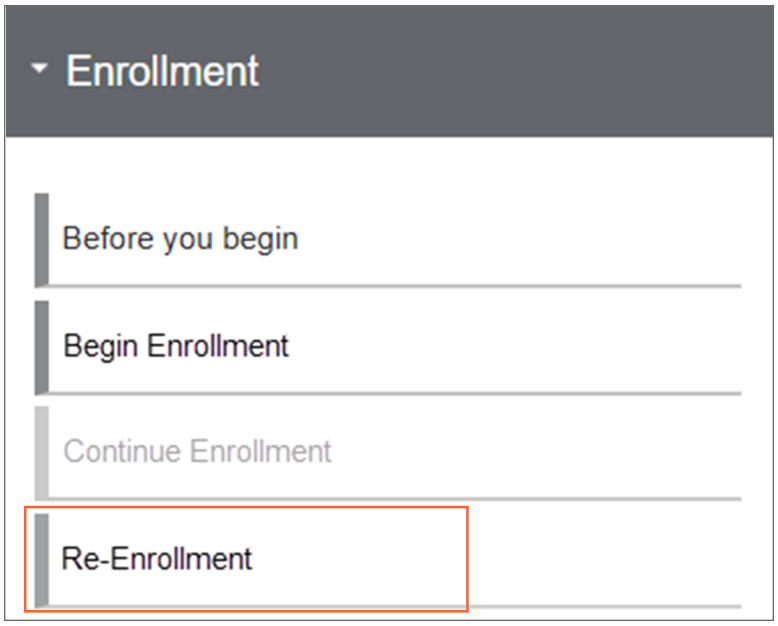
3. From the Enrollment Workbench, select the Disenrolled record.

Figure 11-2: Disenrolled Record



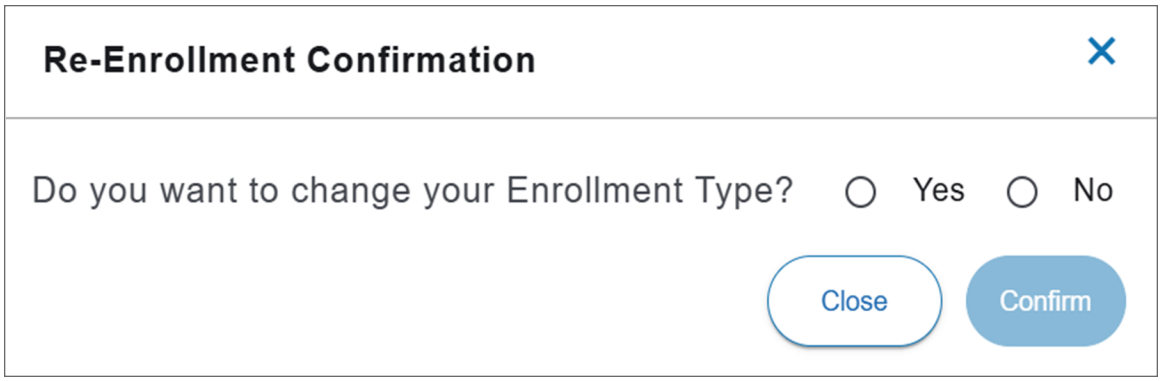
4. Select **Re-Enrollment** from the Enrollment navigation menu.

Figure 11-3: Re-Enrollment



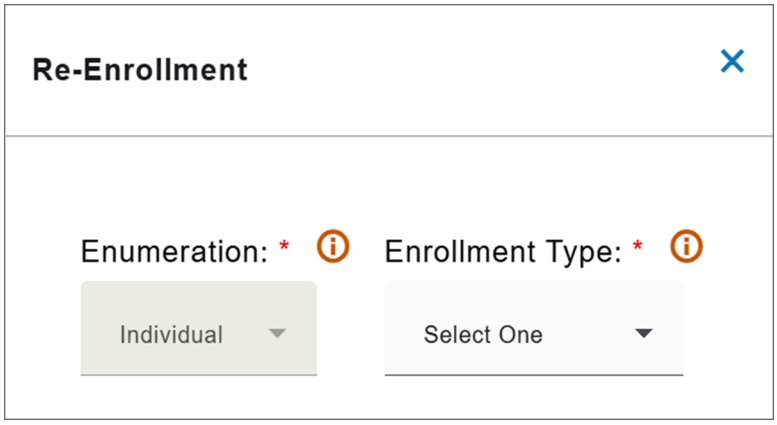
5. In the Re-Enrollment Confirmation window, indicate if you want to change your Enrollment Type by selecting either **Yes** or **No** and then **Confirm**.

Figure 11-4: Re-enrollment Confirmation



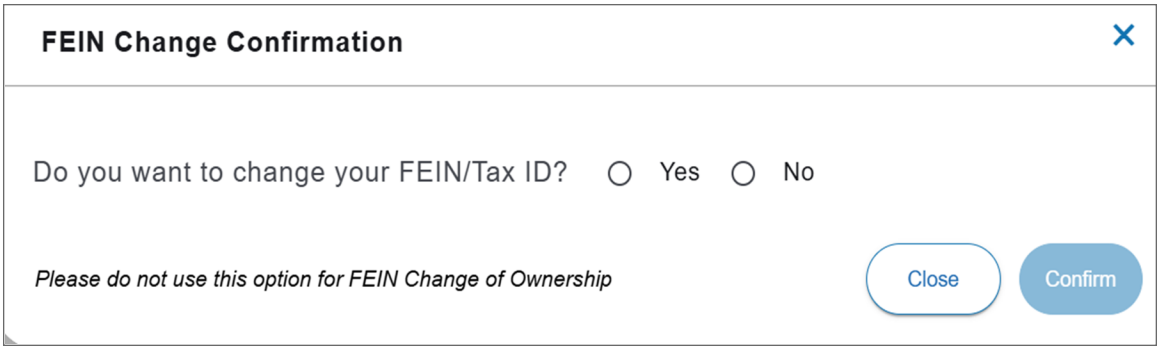
   a. If you select **Yes**, you are redirected to the Re-Enrollment window to select a new Enrollment Type and continue with completing the re-enrollment application.

Figure 11-5: Update Enrollment Type



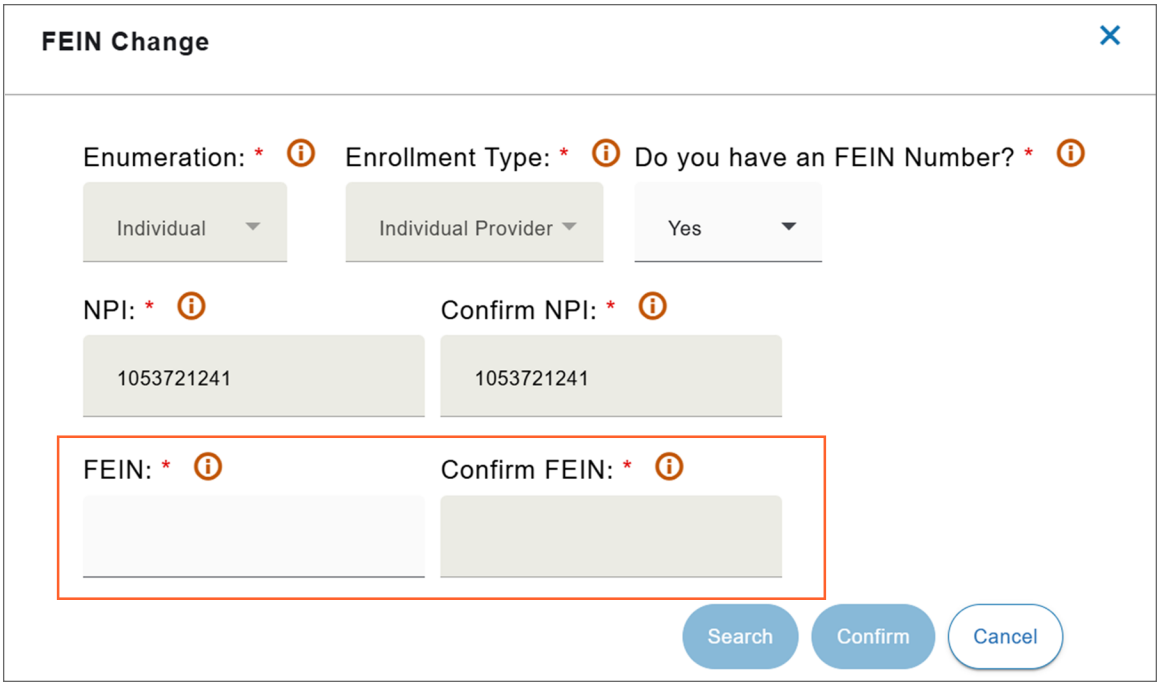
b. If you select **No**, the FEIN Change Confirmation window displays where you can opt to change your FEIN or continue processing your re-enrollment without changing your FEIN.

Figure 11-6: FEIN Change Confirmation



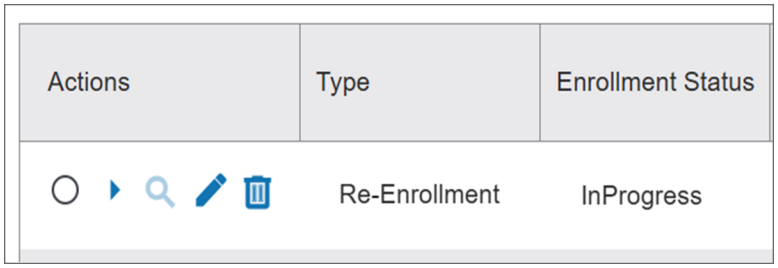
Note: If you select **Yes**, the FEIN Change window displays and you can change and confirm your FEIN.

Figure 11-7: FEIN Change Window



6. Your new record for re-enrollment displays. You can select the record and then select **Continue Enrollment** from the Enrollment navigation menu to navigate to the enrollment application as expected.

Figure 11-8: Re-Enrollment in Progress



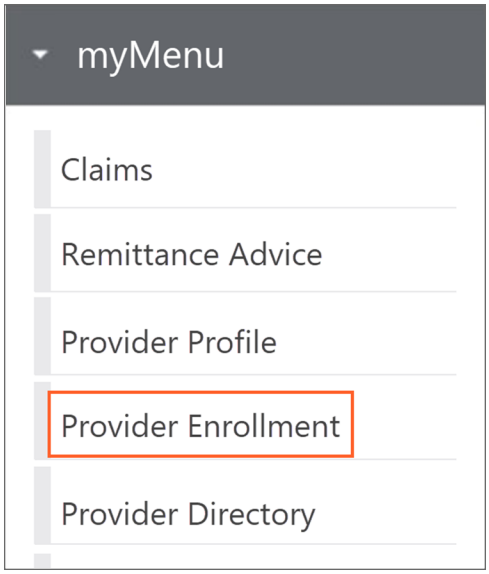
12. Additional Documents

After submitting your enrollment application through the Montana Provider Portal, you might need to provide additional documentation for approval. The steps below describe how to submit additional documents after you submit your application.

Note: Your enrollment must be in a Submitted status to activate this menu item.

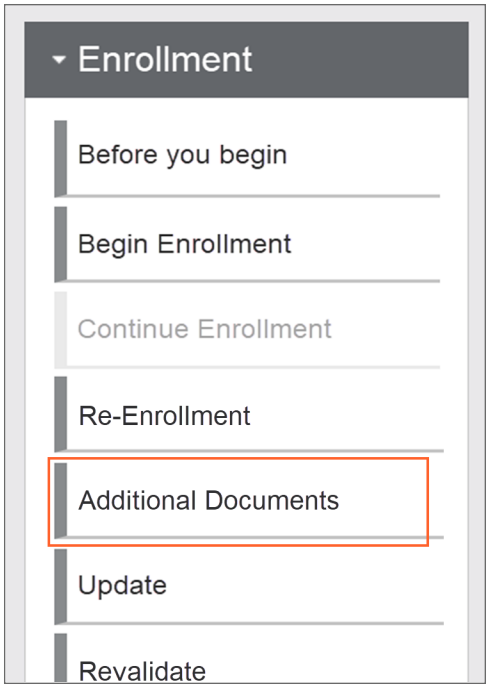
1. Log into the Montana Provider Portal.
2. Select **Provider Enrollment** under myMenu to open the Enrollment Workbench.

Figure 12-1: Provider Enrollment



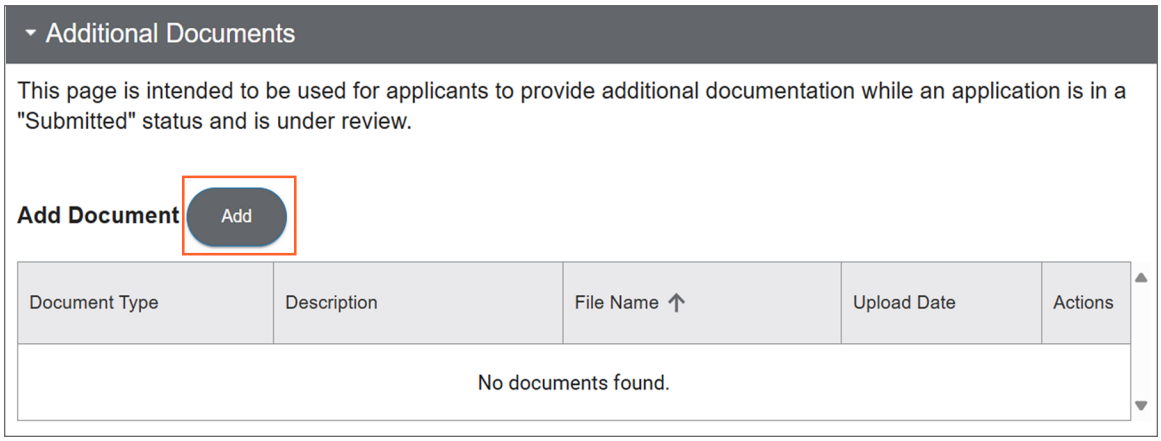
3. Select **Additional Documents** from the Enrollment menu.

Figure 12-2: Additional Documents



4. Select **Add** over the grid to add a new document.

Figure 12-3: Add Document



5. In the Add Document window, complete the steps below.
   a. Select the Document Type.
   b. Select **Browse** and navigate to the file you want to upload. Double-click to select it.

c. Enter a Description for the file. This is not required.

d. Select **Save**.

6. Select **Exit** under the grid to return to the Enrollment Workbench.

13. Revalidate

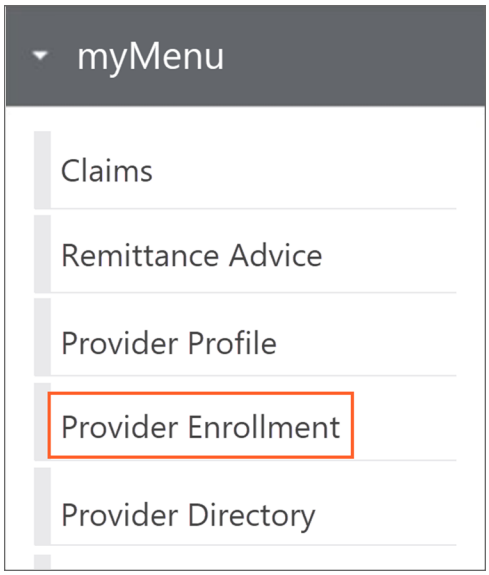
You are required to revalidate your enrollment every five years. When you are due for revalidation, DPHHS sends you a notification letter. You can access this letter in your Correspondence History within the Enrollment Workbench.

Note: You cannot make an update to your enrollment once you submit your revalidation. Once it's been approved by the SMA, you can once again make updates. A denied revalidation cannot be updated.

The steps below describe how to revalidate your enrollment using the Montana Provider Portal.

1. Log into the Montana Provider Portal.
2. Select **Provider Enrollment** under myMenu to open the Enrollment Workbench.

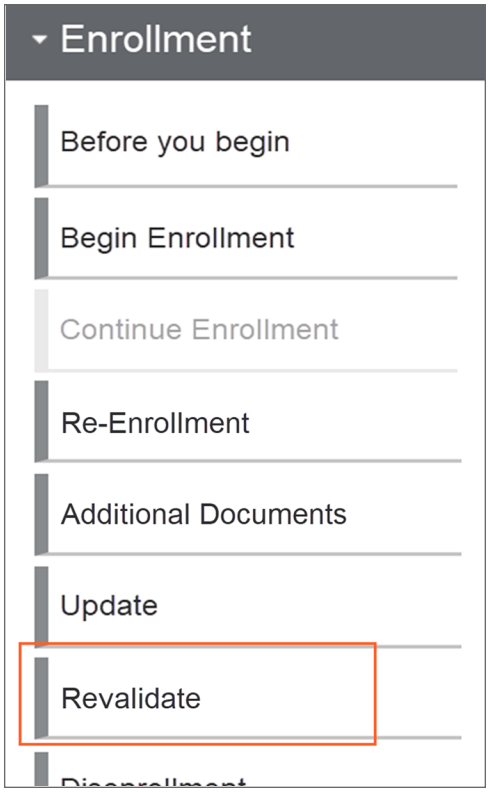
Figure 13-1: Provider Enrollment



3. From the Enrollment Workbench, select the enrollment due for revalidation.
4. Select **Revalidate** from the Enrollment Workbench menu to create the enrollment record for revalidation.

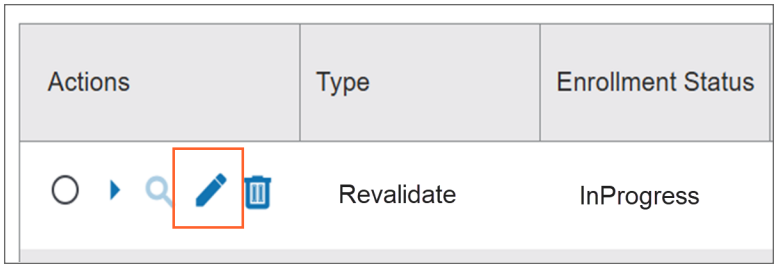
   Tip! Normally, it is inactive and enables when the timeframe for the revalidation window begins.

Figure 13-2: Revalidate



5. Select **Edit** (pencil icon) to start the revalidation process.

Figure 13-3: Revalidation In Progress



6. Confirm each screen of the revalidation application or make updates as needed.

   Note: The revalidation process populates unexpired data from the initial enrollment application into the revalidation application. If no updates are required, you can simply verify the existing enrollment information by selecting **Yes** to the revalidation question that appears on each screen of the enrollment record.

Figure 13-4: Revalidation Confirmation



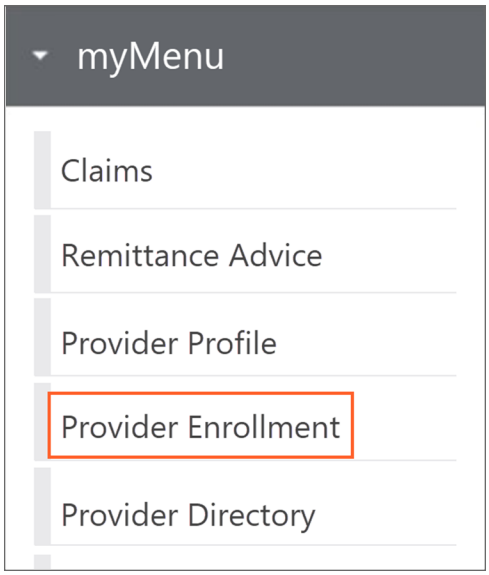
14. Disenrollment

You can use the Montana Provider Portal to disenroll from Montana Healthcare Programs. Once your disenrollment is in a submitted status, you can re-enroll if needed.

Note: If you submitted a Revalidation and it has not been approved or denied by the SMA, you cannot request a Disenrollment.

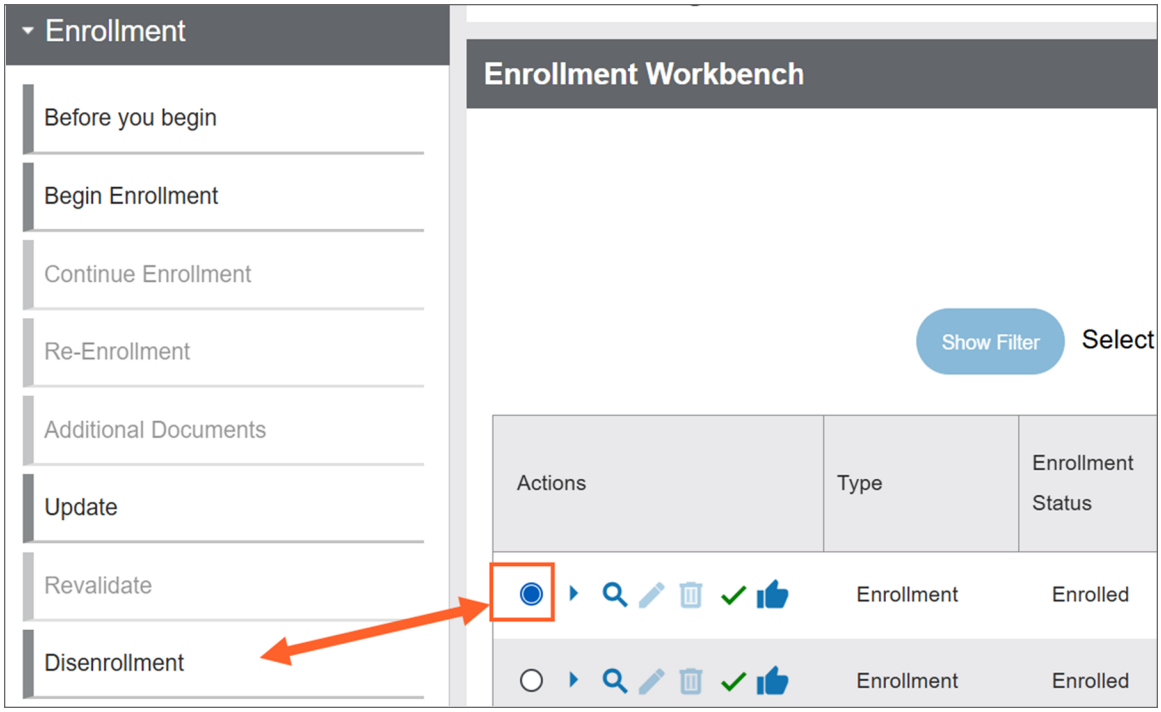
1. Log into the Montana Provider Portal.
2. Select **Provider Enrollment** under myMenu to open the Enrollment Workbench.

Figure 14-1: Provider Enrollment



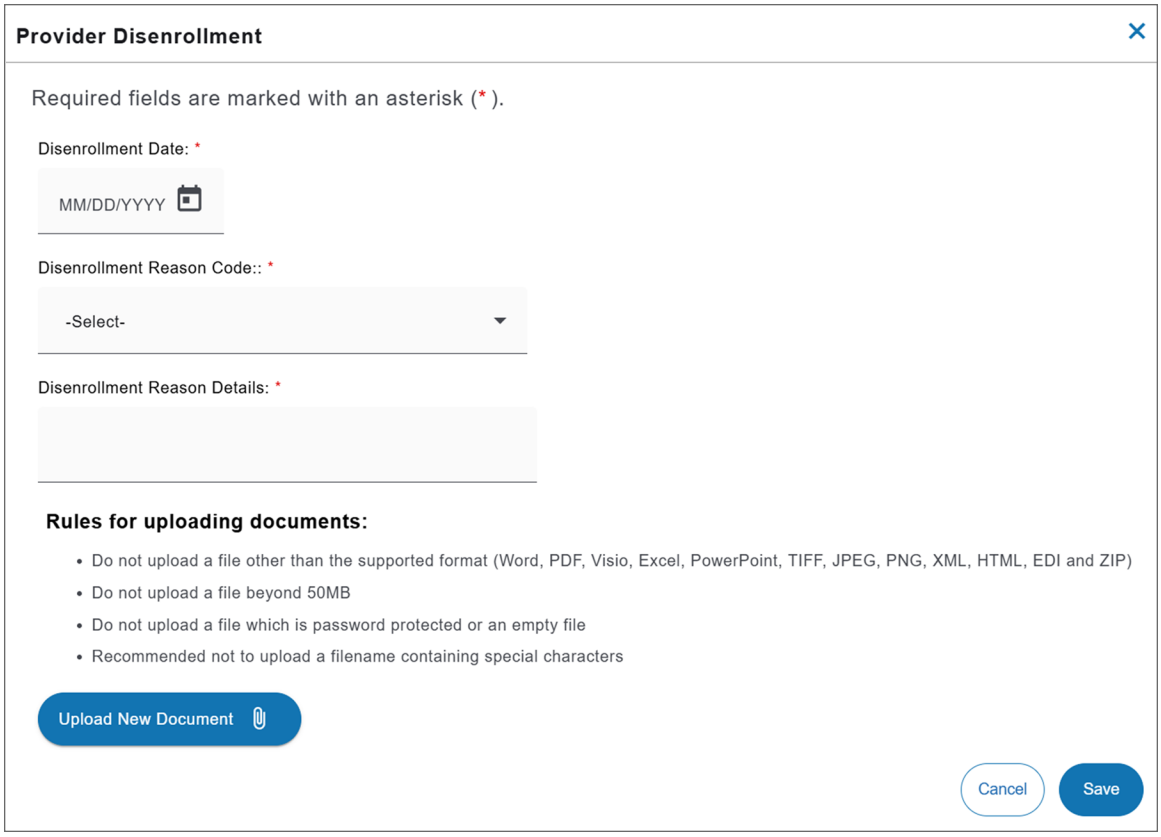
3. Select the active enrollment record, then select **Disenrollment** from the Enrollment Workbench menu.

Figure 14-2: Disenrollment



4. When there is a revalidation due or in process or an update transaction in process, a message displays.
    a. **For revalidations due but not yet started:** The message reads *"Revalidation is due. Are you sure that you want to disenroll?"* Select **Confirm** to continue the disenrollment process or **Cancel** to return to the Enrollment Workbench.
    b. **For revalidations in process:** The message reads *"Revalidation is in process. Are you sure that you want to disenroll?"* Select **Confirm** to continue the disenrollment process and delete the revalidation in process or **Cancel** to return to the Enrollment Workbench.
    c. **For an update transaction in process:** The message reads *"Provider has an update transaction in process. Are you sure that you want to disenroll?"* Select **Confirm** to continue the disenrollment process and delete the update transaction in process or **Cancel** to return to the Enrollment Workbench.
5. In the Provider Disenrollment window, complete the steps below.

Figure 14-3: Provider Disenrollment Window



a. Select the **calendar** icon to choose the Disenrollment Date.

b. Select the Disenrollment Reason Code from the list of choices.

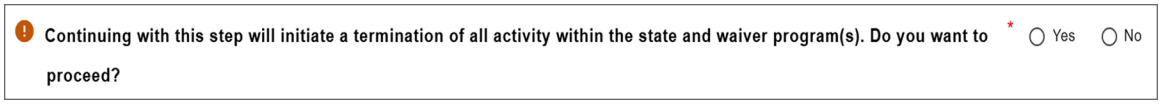
c. Enter the Disenrollment Reason Details in the field provided.

d. You can upload a formal letter or other documentation for the disenrollment, if needed by selecting **Upload New Document**.

e. Select **Save**.

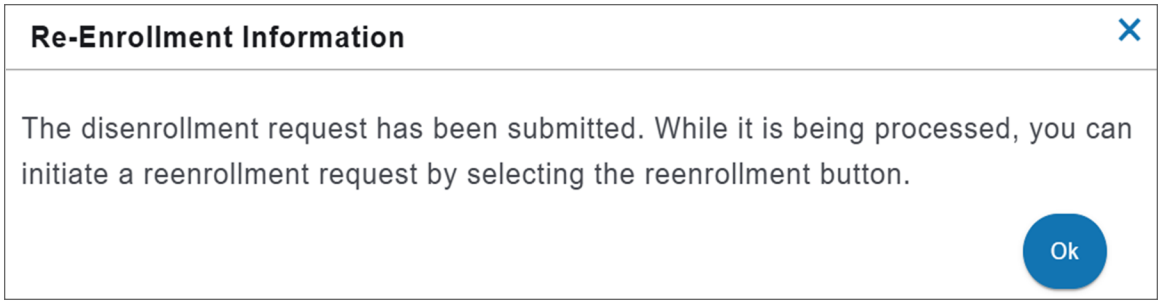
6. Select **Yes** or **No** to confirm you understand that you are terminating all activity within the specific state and waiver program.

Figure 14-4: Disenrollment Confirmation



7. Read the re-enrollment information message and select **OK** to confirm. Once your disenrollment shows in the grid as Submitted, you can initiate a re-enrollment request.

Figure 14-5: Re-enrollment Information Message



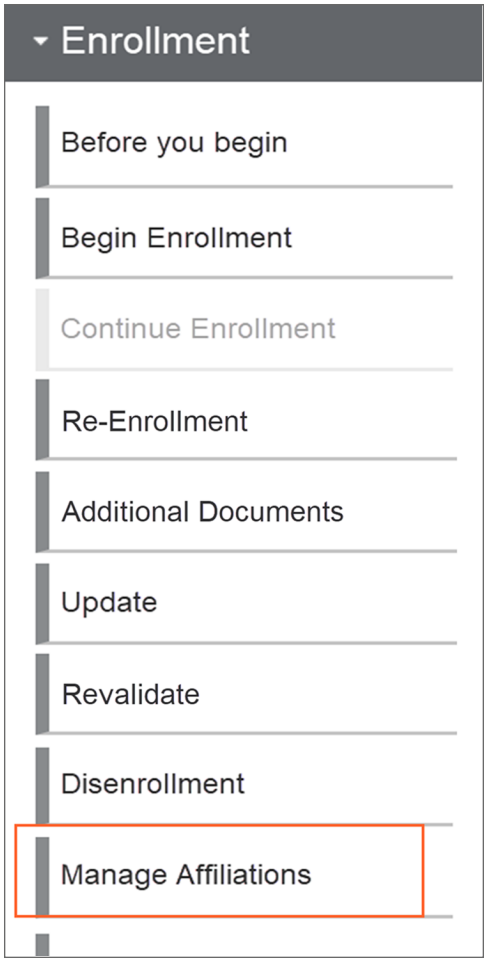
15. Manage Affiliations – Organizational Providers

Affiliations allow an organization to bill for and receive payment for services provided by an individual provider. Organizations can add or update affiliations during the individual provider's enrollment process or after the provider has been enrolled and approved.

Once there's an existing affiliation between an organizational provider and an individual provider, you can add additional locations and programs without having to create a new affiliation request.

After the initial enrollment submission, Facility and Group providers manage affiliations by selecting the enrollment record from the provider portal and selecting the **Manage Affiliations** menu option, or they can update their affiliations within the Physical Location tab using the **Manage Affiliation** button during a maintenance update.

Figure 15-1: Manage Affiliations



15.1. PCCM Affiliation Requirements

Although Primary Care Provider (PCP) and Primary Care Montana (PCMT) programs do not display in the interface for rendering providers (Individual, Rendering, or Ordering), eligible rendering providers can still be affiliated with an organization as a PCCM provider.

You can create a PCCM affiliation under the following conditions:

- The rendering provider and the organization are both enrolled in Montana Medicaid (HMK Plus).
- The rendering provider has a taxonomy that qualifies for PCCM provider enrollment. For more information, go to PCCM Provider Types and Specialties.

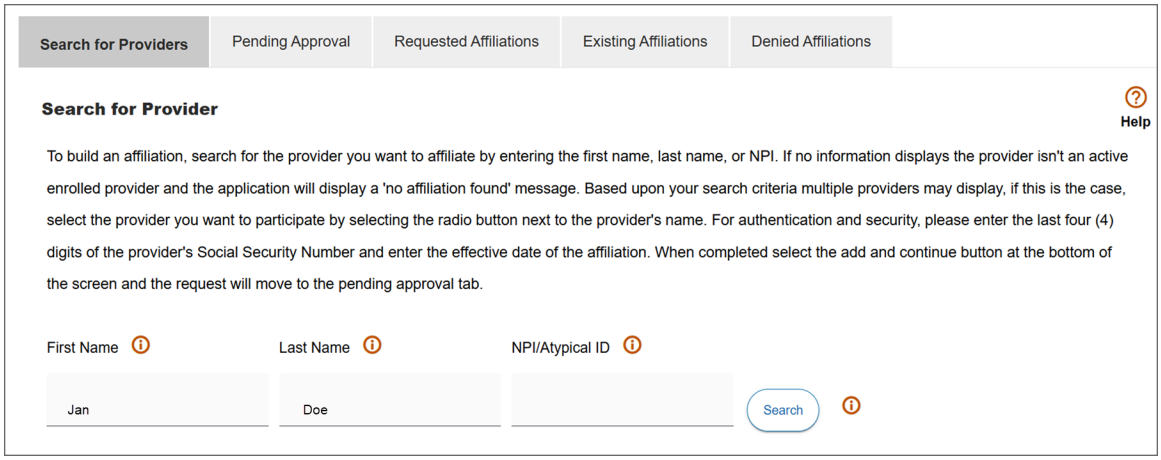
15.2. Search for Provider Tab

The steps below describe how to add a new affiliation or add an additional location or program to an existing affiliation on the Search for Provider tab.

1. To add affiliations on the Search for Provider tab, search for a Rendering Provider using the provider's First Name, Last Name or NPI/Atypical ID.

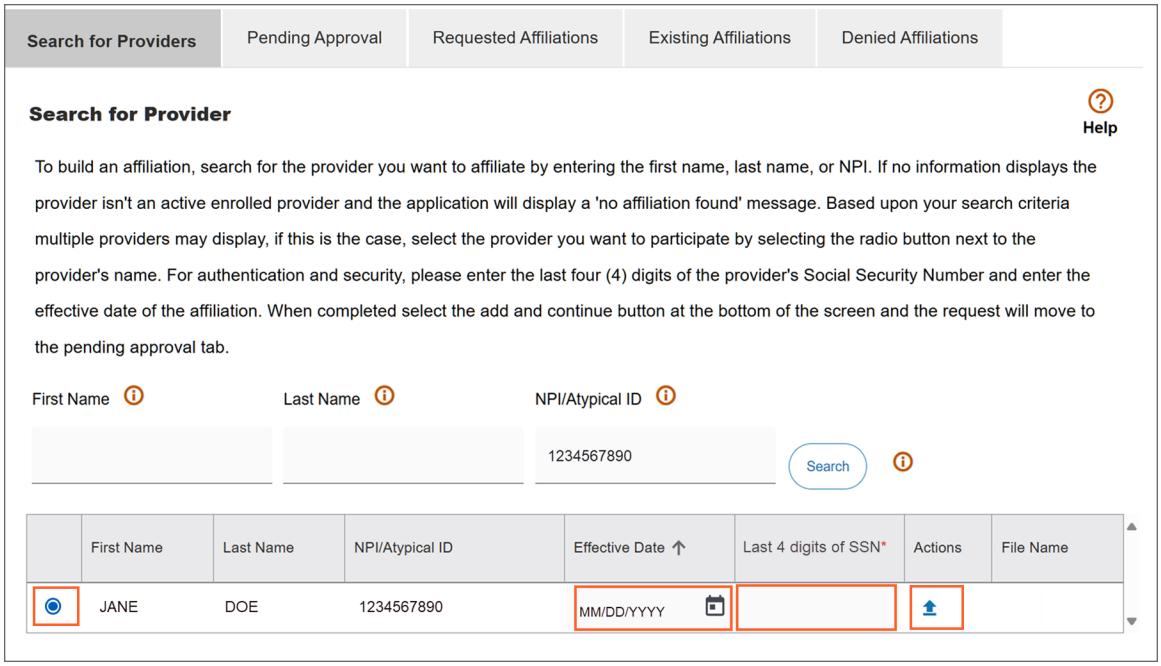
   Tip! When searching by first and last name, enter at least 3 characters of the name to produce results. The three-character limit helps the Montana Provider Portal display a smaller list of results.

Figure 15-2: Rendering Provider Search



2. From the list of results, select the radio button next to the provider's name and complete the steps below.

Figure 15-3: Search Results



   a. Select the **calendar** icon to choose an Effective Date. Alternatively, you can type the date in MM/DD/YYYY format.

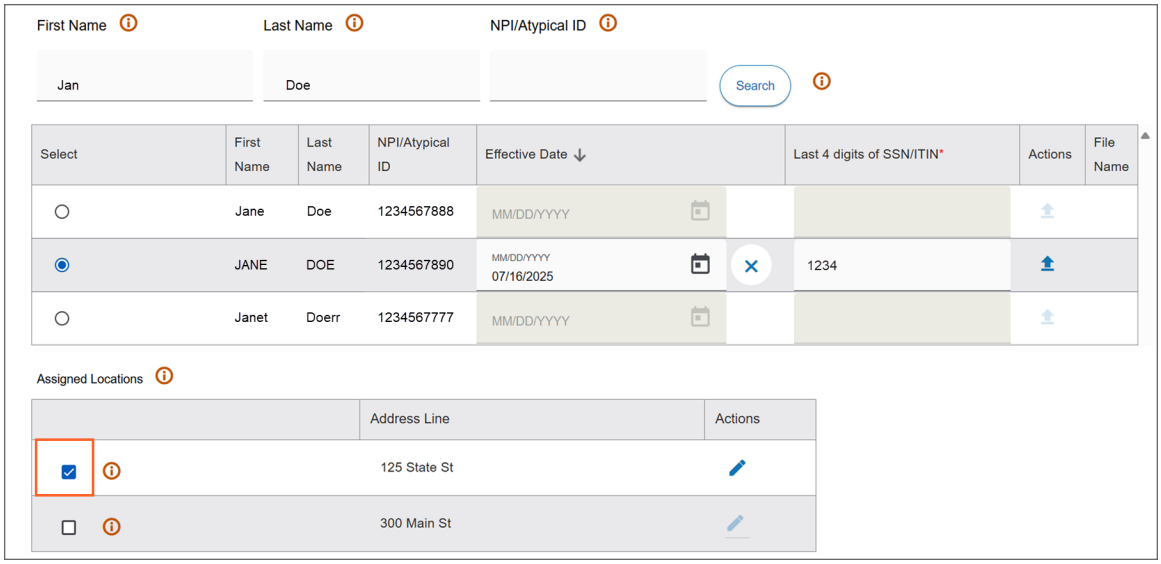
   b. Enter the last four digits of the provider's Social Security Number in the Last 4 digits of SSN field.

   c. Select the **Upload** icon to upload the Billing Agreement. For more information, go to Upload Documents.

3. From the Assigned Locations grid, select the box next to the address line where this Rendering Provider provides services.

   Note: Only locations not already affiliated with your organization or locations with new programs to affiliate display in this grid.

Figure 15-4: Assigned Locations



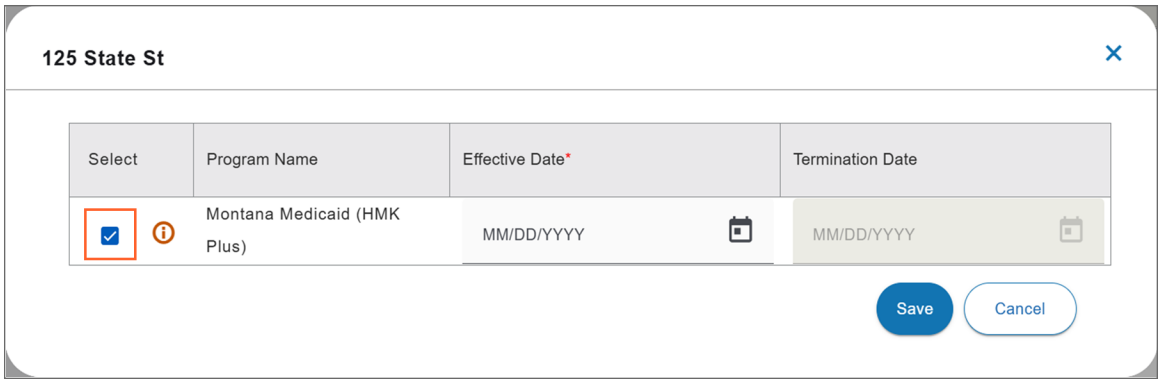
4. Select **Edit** (pencil icon).

   Note: The Edit (pencil icon) enables only after you select the Assigned Location box.

5. Select the programs in which the Rendering Provider serves at this physical location and select **Save**.

   Note: The application only displays programs that both the organization and the Rendering Provider have in common. If the organization participates in additional programs, the Rendering Provider must also enroll with the same programs for them to display here.

Figure 15-5: Select Program



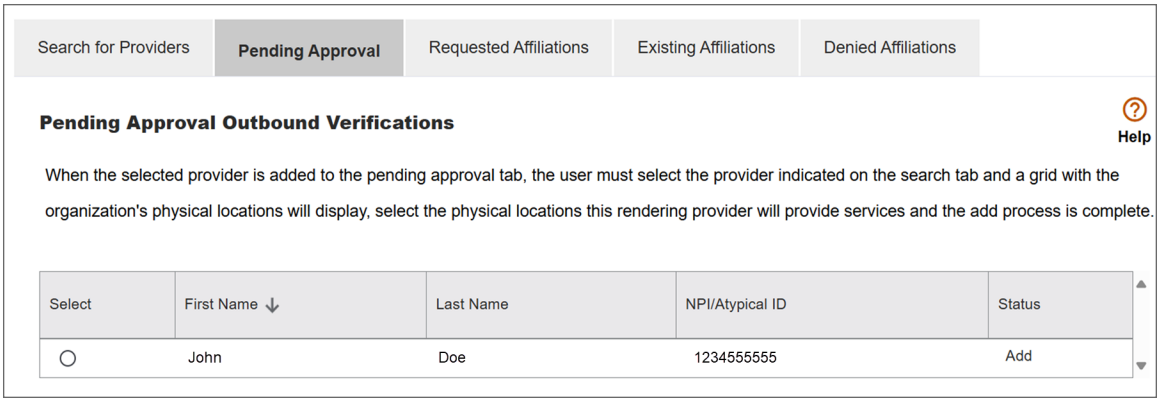
6. To save and add the affiliation, select **Add and Continue**. The affiliation is now visible on the Pending Approval tab.

15.3. Pending Approval Tab

The Pending Approval tab is a view only tab to review the Rendering Provider details. After enrollment (you must be in Approved status to add an affiliation), your affiliation request remains in the Pending Approval tab for approximately one minute. It's automatically approved and moves to Existing Affiliations.

To view program information, select the provider and then the **View** (magnifying glass) icon.

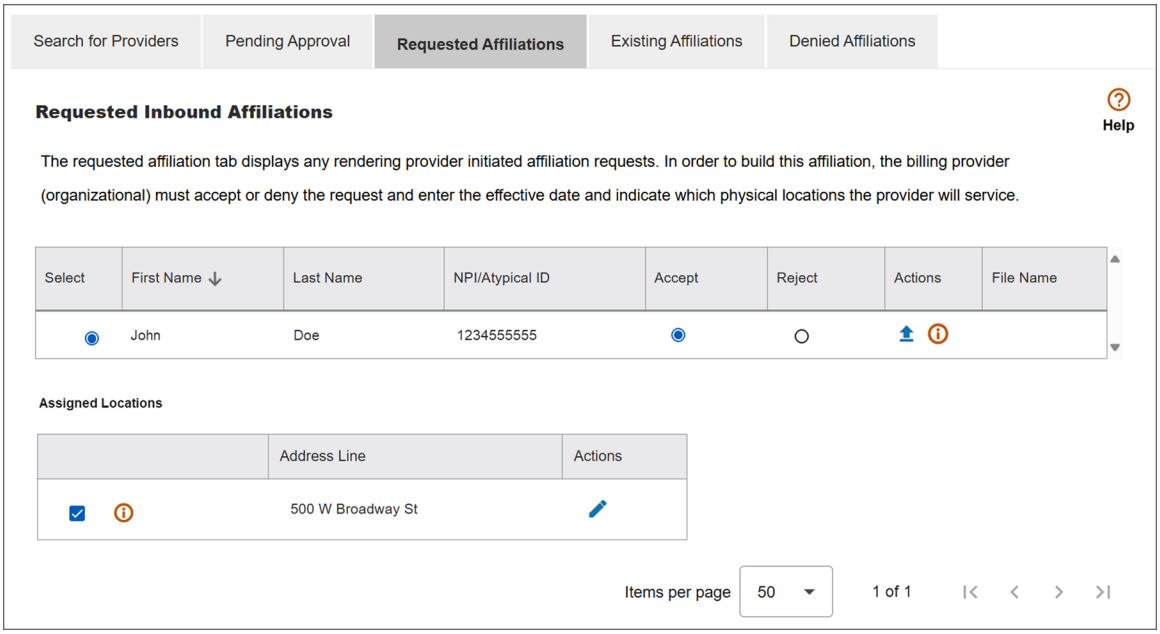
Figure 15-6: Pending Approval Tab



15.4. Requested Affiliations Tab

Facilities and Groups must be active and enrolled to process requested affiliations. When enrolled, you can search the Facility or Group information within the enrollment application for enrolled individual providers to request an affiliation. Individual providers can initiate affiliation requests after their enrollment application is approved. Once the affiliation request is submitted, it shows in the Facility/Group enrollment application in the Requested Affiliations tab.

Figure 15-7: Requested Affiliations Tab



To approve the affiliation, complete the steps below.

1. Select the request to be approved. The Facility or Group physical locations display.
2. Select the appropriate Assigned Locations.
3. For each assigned location, select **Edit** (pencil icon) and enter the Program Name and Effective Date.
4. Select **Save** for the selected program.
5. Select **Save** on the Requested Affiliations tab. The affiliation is approved and moves to the Existing Affiliations tab.

15.5. Existing Affiliations Tab

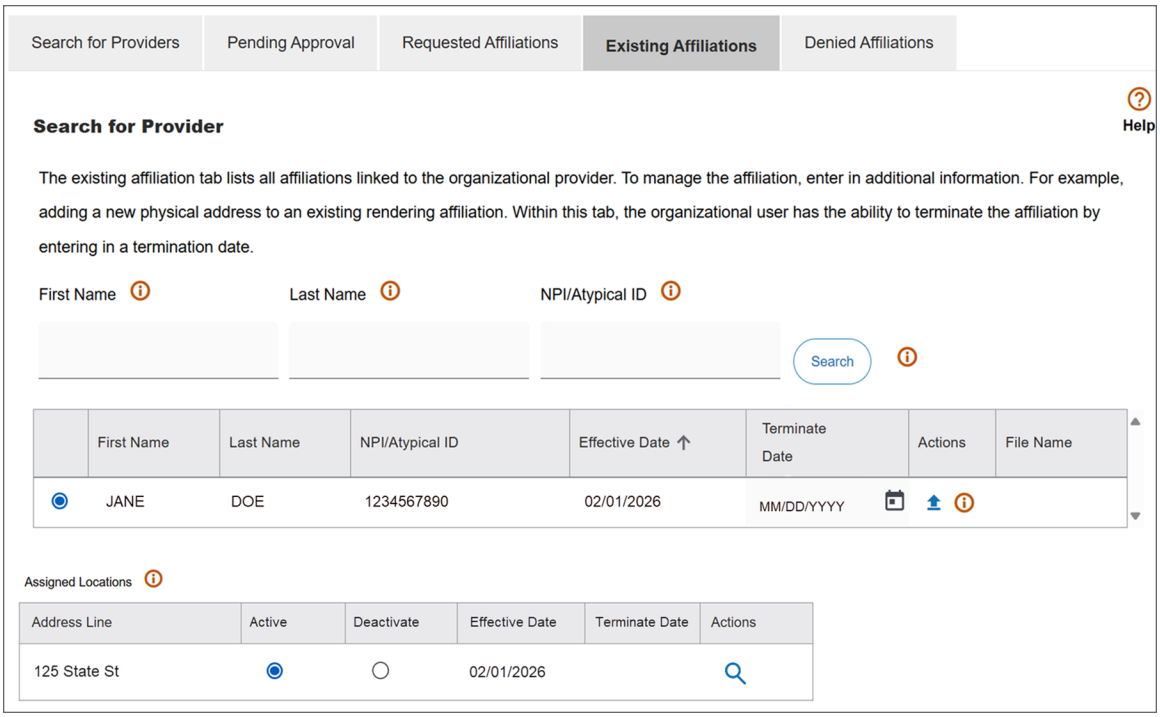
Facilities and Groups must be active and enrolled to edit the Existing Affiliations tab. Select **Search** to view all affiliations.

Use the **Existing Affiliations** tab to update an established affiliation between an organization and an individual for the following scenarios:

- Terminating an affiliation
- Deactivating/terminating a particular location from the list of available locations

- Terminating affiliation of a program within a location

Figure 15-8: Existing Affiliations Tab



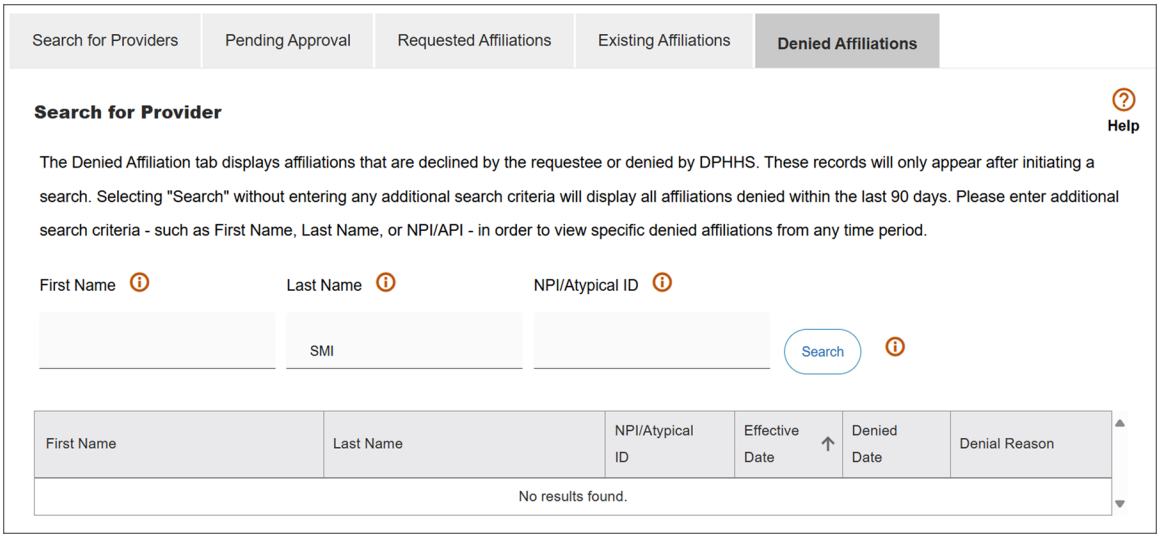
Use the **Search for Affiliations** tab to update an affiliation for any additional locations or programs (existing, not previously added, or new locations).

Tip! On the Search for Providers tab, search for the affiliation using the provider's First Name, Last Name, or NPI/API.

15.6. Denied Affiliations Tab

The Denied Affiliations tab shows affiliations that are declined by the requestee or denied by the State in the last 90 days. You can use the available Search to view affiliations with specific providers denied any time in the past. The grid only shows once you initiate a search.

Figure 15-9: Denied Affiliations Tab

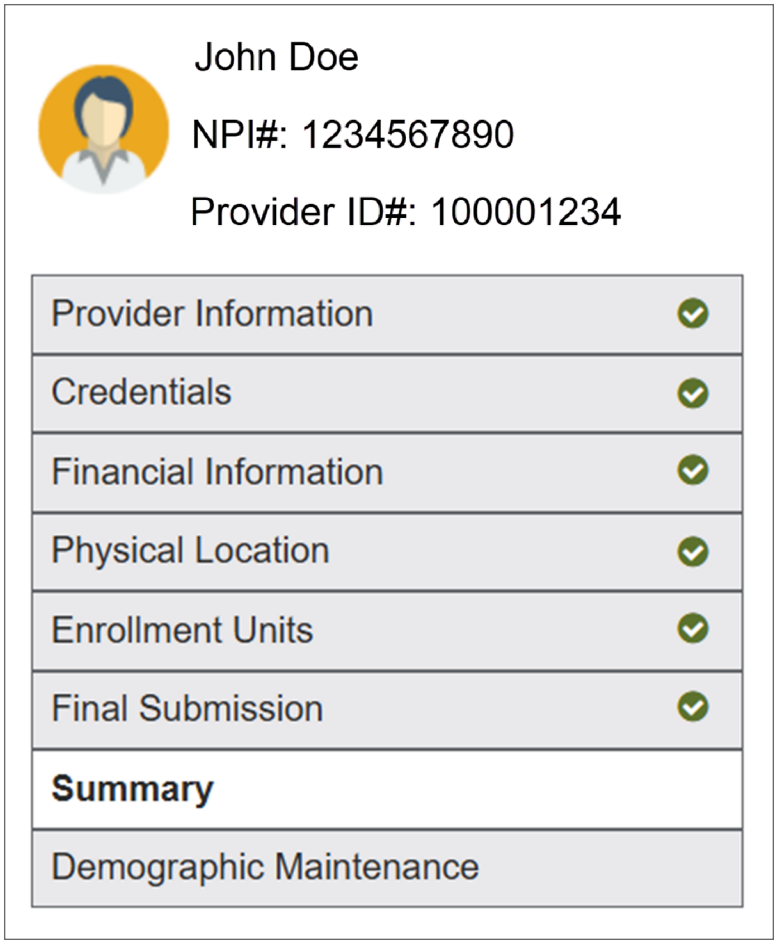


16. Submit Maintenance Request

Use the information in this section to submit the maintenance updates made to any section of the enrollment record.

1. Select **Summary** from the navigation menu.

Figure 16-1: Summary



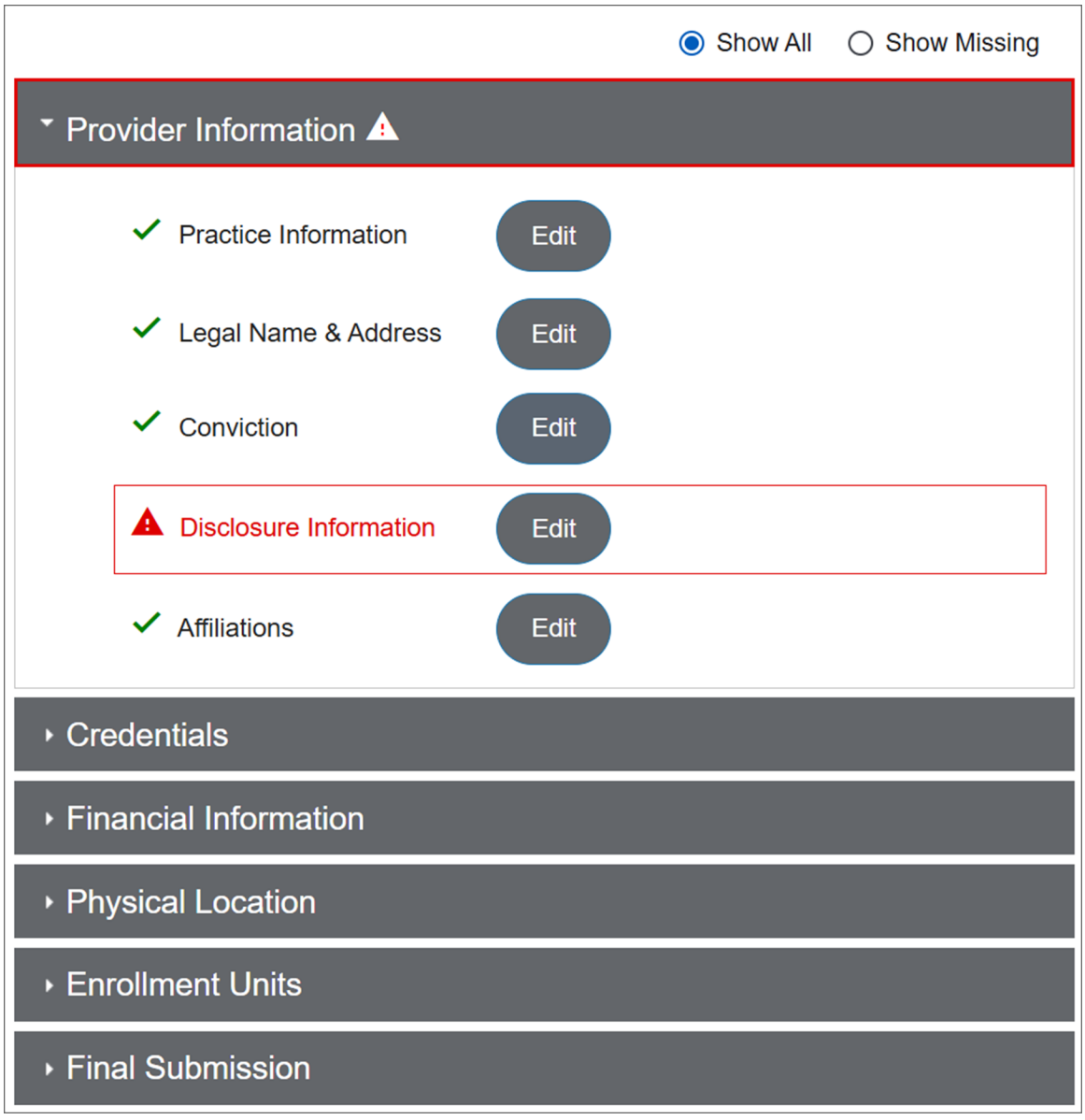
2. All sections of the enrollment application display. Review the updated enrollment information and select **Submit**.

   Note: If you are missing any information in a section of the enrollment application, the missing section is highlighted in red and the Submit button is not active until

you resolve the missing information. To navigate directly to sections with missing information, select **Edit** and complete the missing details and select **Save and Continue**.

Note: Any update transactions in progress that have a P.O. Box address for Legal Entity Address or Billing will be cleared and you will need to update it before submitting your transaction.

Figure 16-2: Missing Information



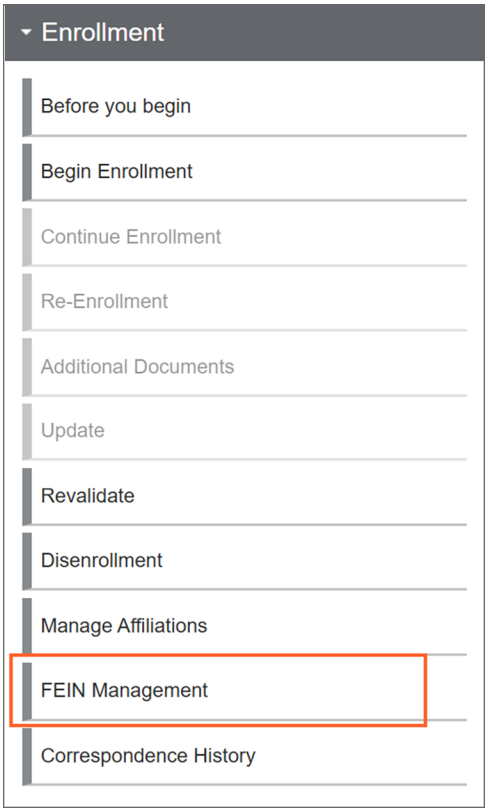
3. Select **Submit** to submit the application. A confirmation displays on the screen. The update record now displays in your Enrollment Workbench with an Enrollment Status of **Submitted**.

17. FEIN Management

> **FEIN Management** shows only if you enrolled using your FEIN.

If you need changes related to your Federal Employee Identification Number (FEIN) and/or related information, you can do so by selecting **FEIN Management** from the Enrollment menu.

Figure 17-1: FEIN Management



You can upload a W-9 form, download a blank W-9, and have the option to send via mail. If you are a FEIN Owner, you can also make changes to the following:

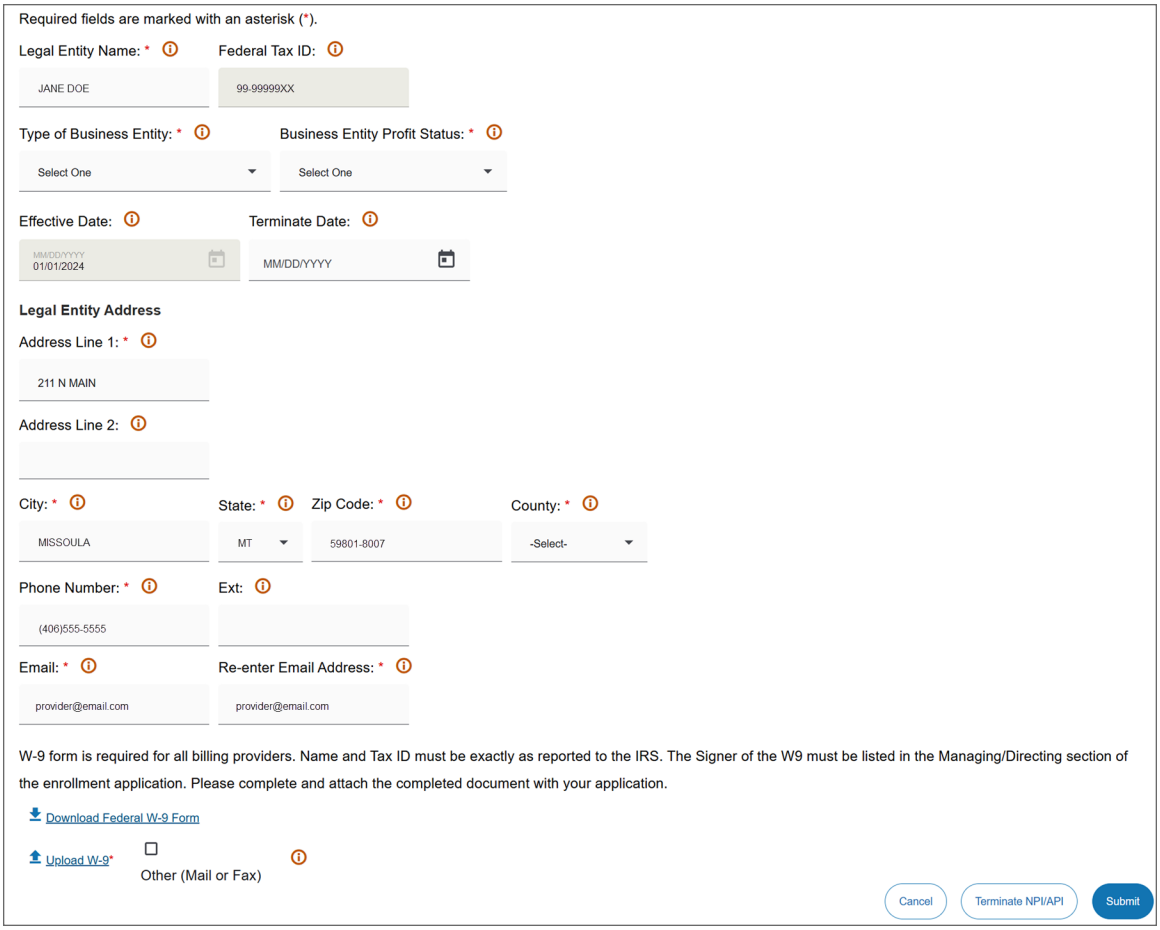
- Legal Entity Name
- Type of Business Entity
- Business Entity Profit Status
- Terminate Date
- Legal Entity Address and related contact information

To identify if you are a FEIN owner or a FEIN Consumer, please review the following:

- FEIN Owner – All fields are enabled for you. You have the ability to edit.
- FEIN Consumer – All fields are disabled for you. You cannot edit.

  Note: The Terminate NPI/API Button at the bottom of the FEIN Management page is not functional.

Figure 17-2: FEIN Management Screen

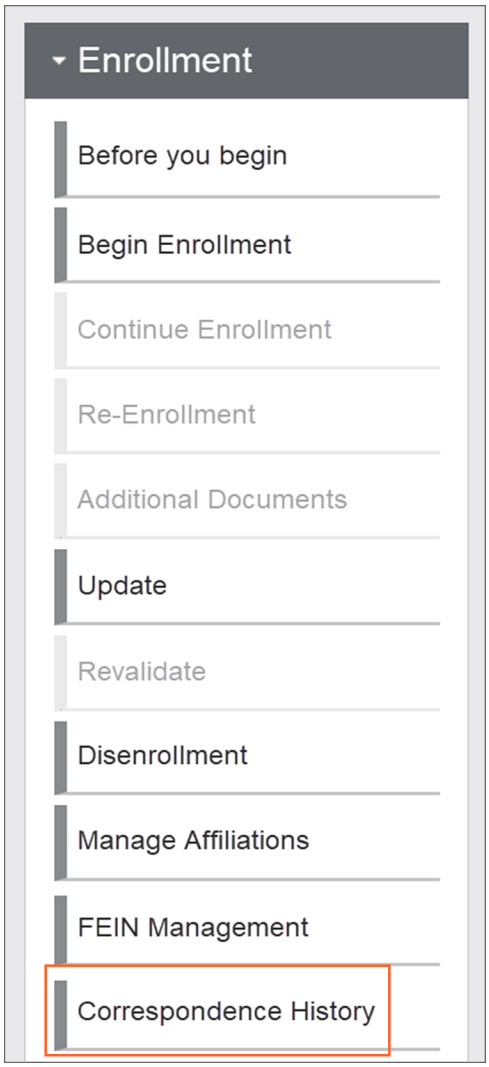


18. Correspondence History

Correspondence History provides a centralized location where you can locate any letters sent to you by DPHHS, as well as any documents that were uploaded.

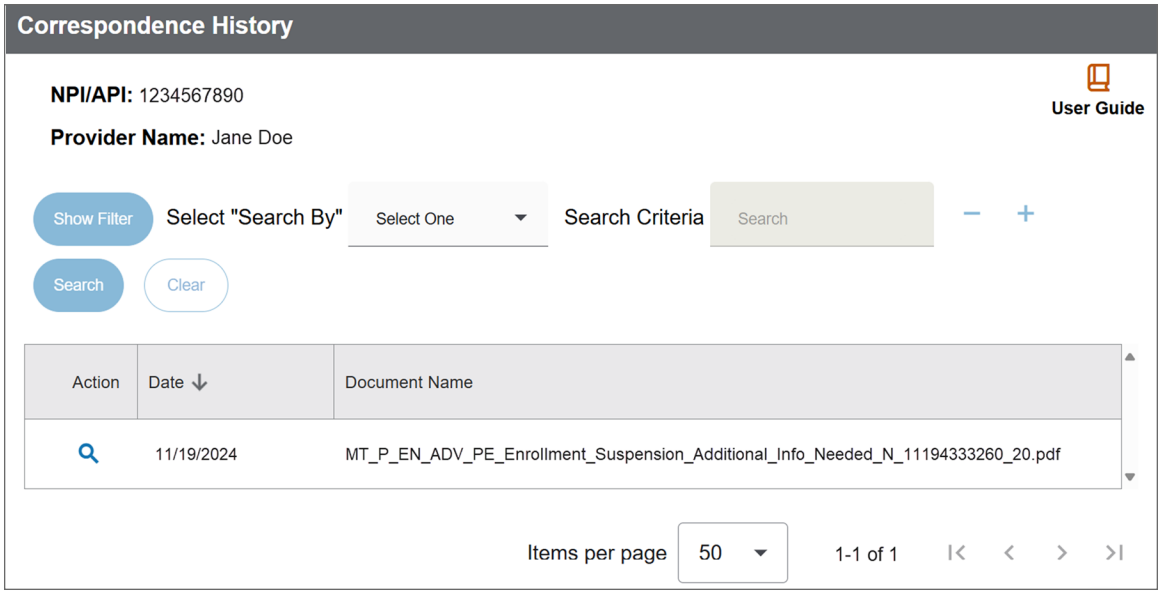
1. To access letters and documents, select **Correspondence History** from the Enrollment Workbench menu.

Figure 18-1: Correspondence History



2. Use the Search By list and enter specific Search Criteria to narrow your results in the grid. Search using the Document Name or the Date in which the correspondence was uploaded or received.

Figure 18-2: Correspondence History Grid

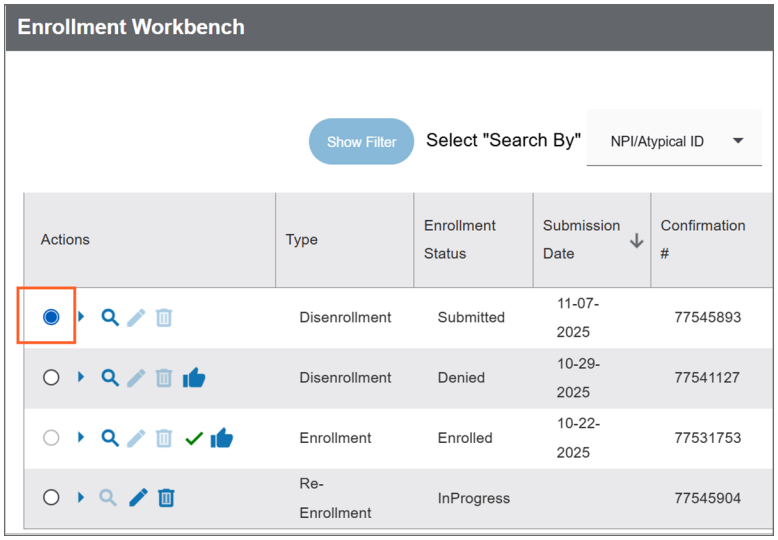


19. Enrollment Unit History

Enrollment Unit History provides the complete history of EU approvals, terminations, suspensions, and reinstatements. You can access this on the most recent transaction line.

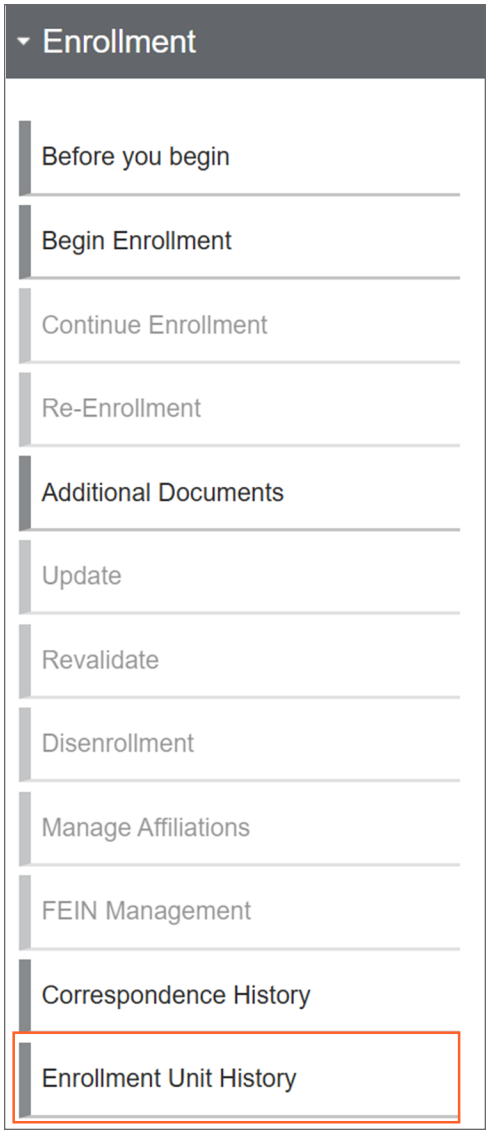
1. From the Enrollment Workbench, select the most recent transaction line for the enrollment.

Figure 19-1: Select Transaction



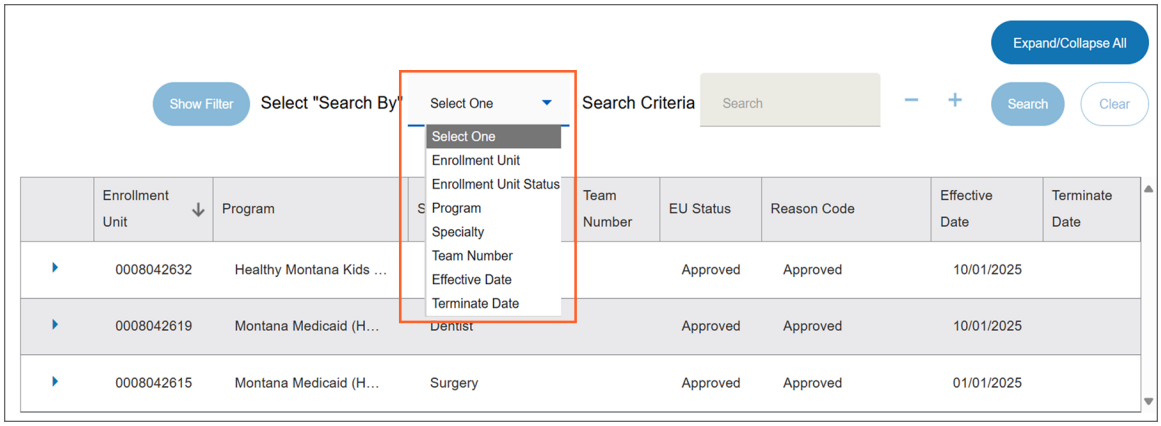
2. Select **Enrollment Unit History** from the Enrollment menu.

Figure 19-2: Enrollment Unit History



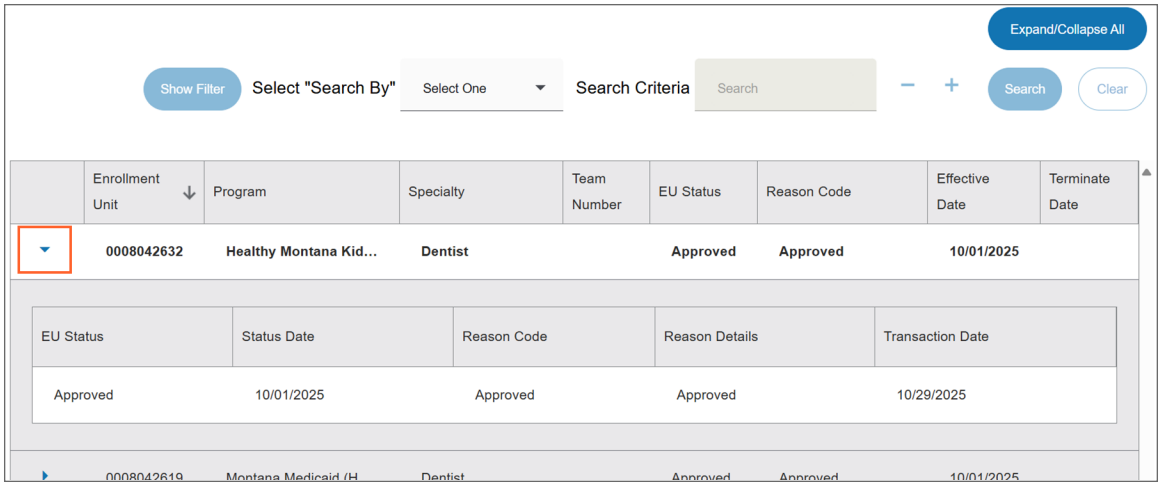
3. Use the search feature to locate specific EUs. You can search by EU number, Status, Program, Specialty, Team Number, Effective Date, or Termination Date.

Figure 19-3: Search Options



4. To view additional historical information about an EU, select the arrow to expand the record. The grid line row that you expanded displays in bold for easy identification.

Figure 19-4: Expanded Record



The table below describes the information included in the expanded view.

Table 19-1: Expanded History Details

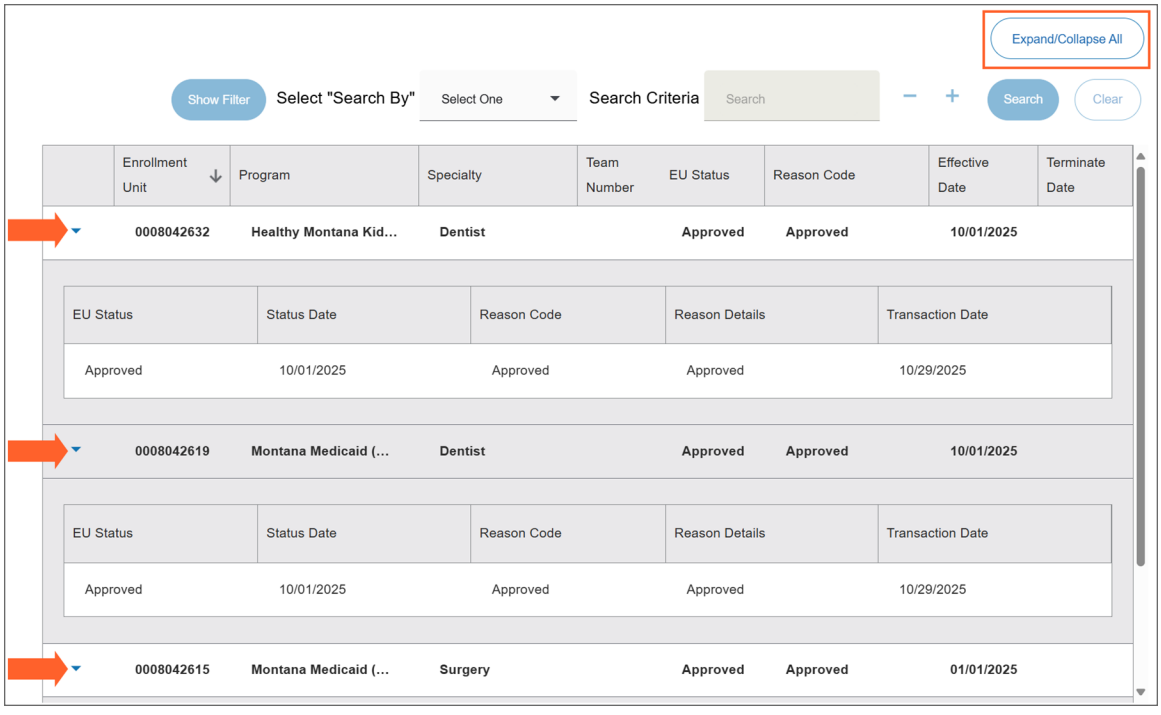
Field	Description
EU Status	This is the status of the EU after approving, suspending, terminating, or reinstating the EU.

Field	Description
Status Date	This is the Effective Date that the SMA selected when the action was taken on the EU to approve, suspend, terminate or reinstate it.
Reason Code	This is the Reason Code that the SMA selected while saving the approval, suspension, termination, or reinstatement.
Reason Details	These are the details that the SMA entered when saving the approval, suspension, termination, or reinstatement.
Transaction Date	This is the date that the SMA or system took the decision and submitted the transaction to the system.

5. To quickly open or collapse all rows at once, select **Expand/Collapse All**.

   Note: When expanded, the main grid lines display in bold, and the Expand/Collapse All button is no longer blue.

Figure 19-5: Expand or Collapse All



20. Appeals

The Appeals functionality gives you a structured and fair way to challenge decisions about your enrollment. Using the Appeals Workbench, you can:

- Contest enrollment decisions such as initial enrollment denial, revalidation denial, maintenance update denial, disenrollment, or termination.
- Submit reasons and supporting documentation to explain why your enrollment should be reconsidered.
- Respond quickly using the portal during the given timeframe (60 days after the decision date).

Overall, the appeals process provides transparency and helps resolve issues quickly so you can continue providing services without unnecessary delays.

20.1. Appeals Management

The Appeal Management page is your control center for tracking your appeals. Here, you can add additional documents, edit returned appeals, withdraw an appeal, and view notes (for appeals returned to the provider) and details.

Note: After you submit an appeal, you cannot edit it when it is under review, unless it is returned for corrections. Additionally, you cannot initiate new transactions while an appeal is in progress or submitted.

The Appeals Management page has several different Status values for tracking that display throughout the lifecycle of an appeal. They are explained in the table below.

Table 20-1: Appeals Status Values

Status	Description
Submitted	The appeal form is complete and submitted. The appeal is now in the system and awaiting processing.
In Progress	The appeal has been initiated but not yet submitted, or it is actively being processed by an Enrollment Specialist.

Status	Description
Returned to Provider (RTP)	An Enrollment Specialist reviewed the appeal and found missing or incorrect information. It has been sent back to the provider for corrections.
Approved	The appeal review is complete, and the decision is in favor of the provider. Coverage or enrollment is reinstated as per the appeal request.
Denied	The appeal review is complete, and the decision is against the provider. No changes are made to the original denial or termination.
Withdrawn	The provider voluntarily withdraws the appeal before a decision is made.
Cancelled	The system automatically cancels the appeal due to no response from the provider within the configured timeframe after a return for correction.

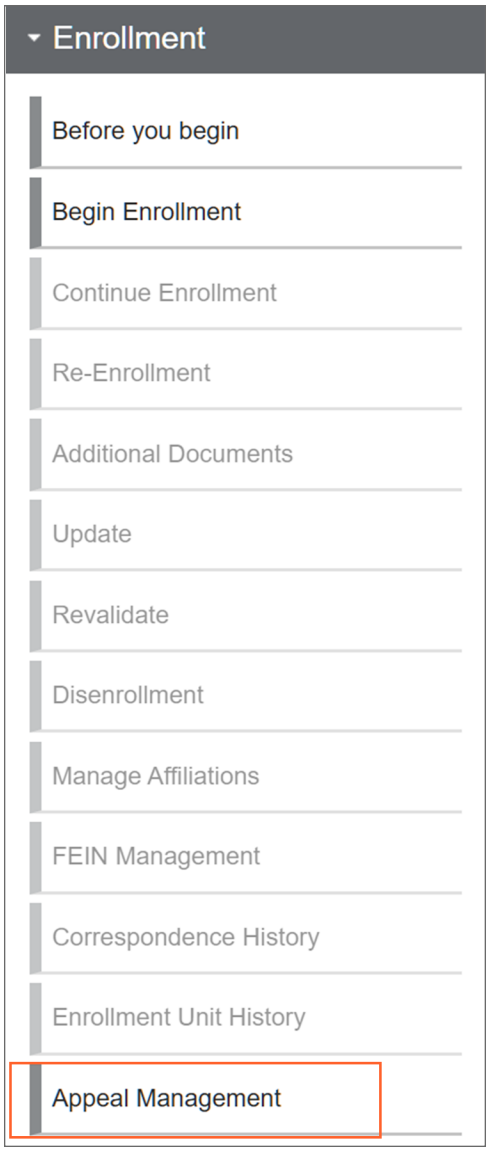
The Actions column contains icons that determine which action you can take on the appeal. You can hover over the icon to see the name of the icon or you can select **Legend** above the grid to expand the full list containing every icon used.

20.2. View Appeals

The steps below describe how to view your appeals.

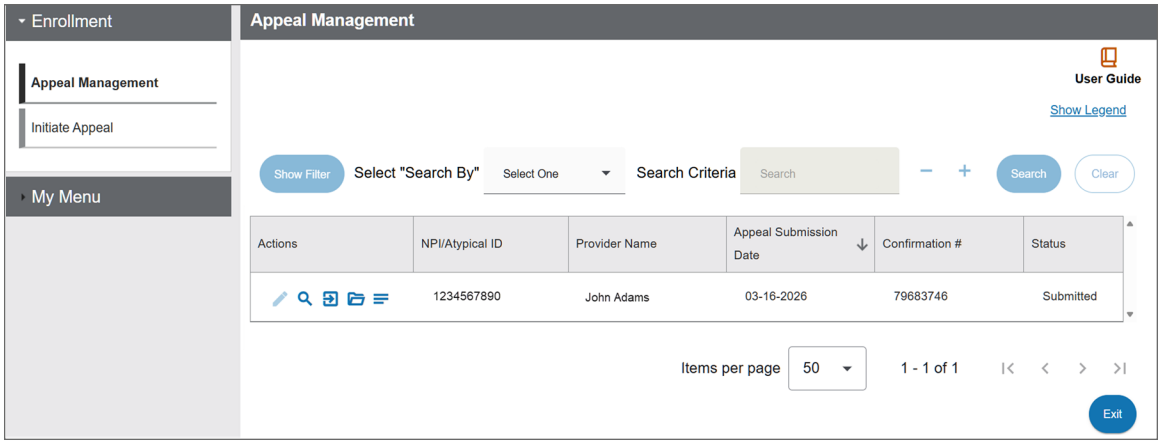
1. Select **Appeal Management** from the Enrollment Workbench menu.

Figure 20-1: Appeal Management Workbench



2. The Appeal Management page shows any appeals you submitted. If you have not submitted any appeals, the grid will be empty.

Figure 20-2: Provider Appeals



3. You can use the grid to review the status for the appeal and then use the Action icons to complete the following:

   a. **Edit (Pencil) Icon** – Edit the existing appeal In Progress or Returned for Correction. This is inactive (gray) when unavailable.

   b. **Delete (Trash Can) Icon** – Delete an appeal that is still In Progress (not yet Submitted). Once Submitted, you can only Withdraw.

   c. **Document Icon** – Upload or attach additional supporting documents to an appeal in Submitted status. This is active (blue) enabled.

   d. **Notes Icon** – View notes added by Enrollment Specialists under Appeal Application Notes.

   e. **View (Magnifying Glass) Icon** – View the full details of a submitted appeal.



f. **Withdraw Icon** – Withdraw a submitted appeal before a decision is made. This is inactive (gray) until the appeal is submitted.



20.3. Initiate an Appeal

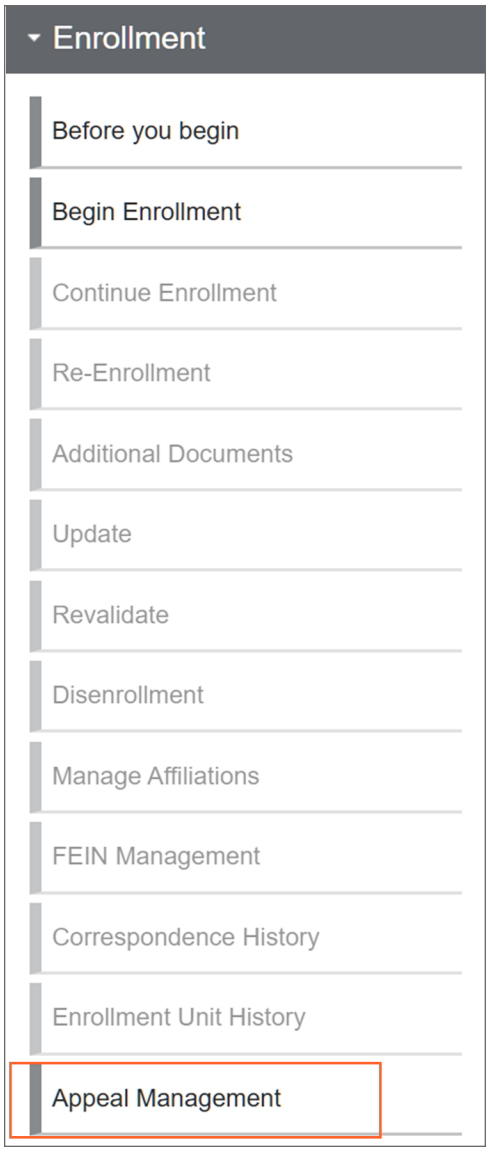
To be eligible for an appeal and to display in the Eligible Appeals grid, the transaction must meet the following criteria:

- The appeal must be within the eligibility timeframe (within 60 days after the decision date); once this timeframe passes, you can no longer submit your appeal.
- There cannot be multiple appeals against the same Confirmation ID.
- There cannot be subsequent transactions in progress.

The steps below describe how to initiate an appeal.

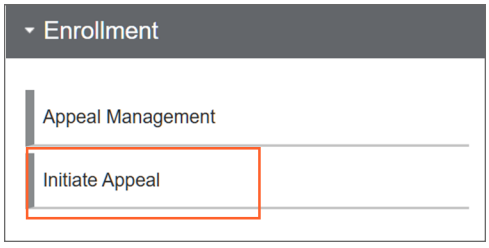
1. Select **Appeal Management** from the Enrollment Workbench menu.

Figure 20-3: Appeal Management Workbench



2. Select **Initiate Appeal** from the menu.

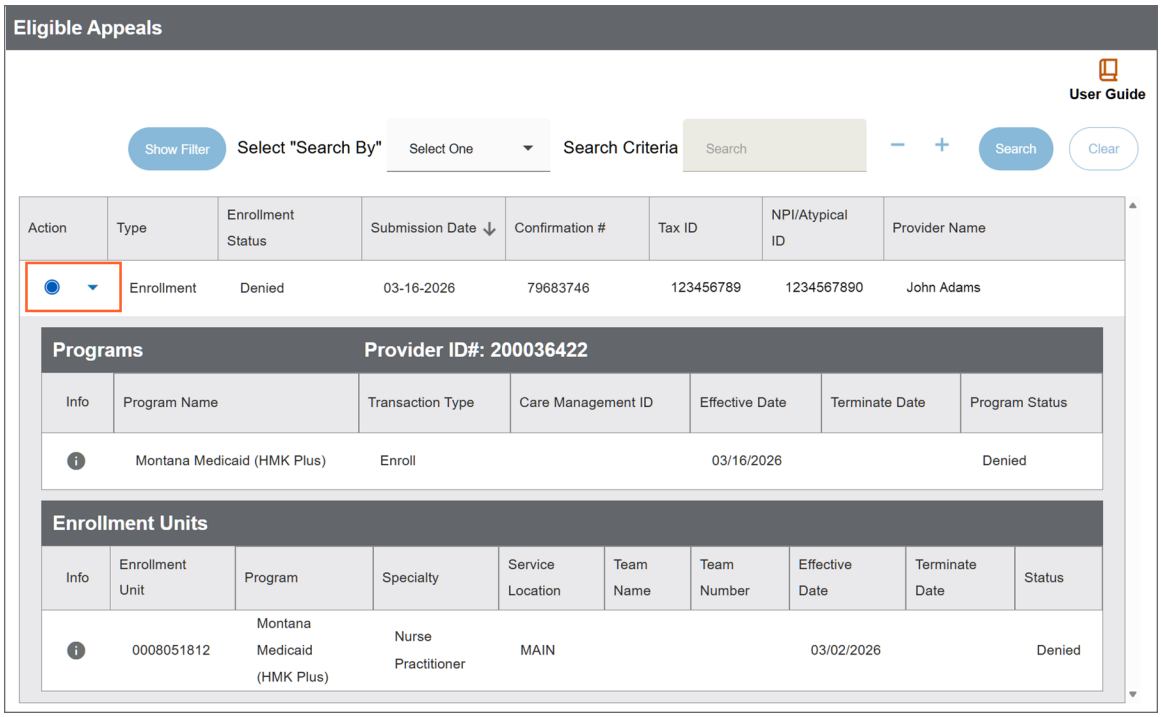
Figure 20-4: Initiate Appeals



3. Locate and select the enrollment in the Eligible Appeals grid. If there are many, you can use the Search By list and enter specific Search Criteria to narrow your results. To view the enrollment details, select the arrow to expand the grid.

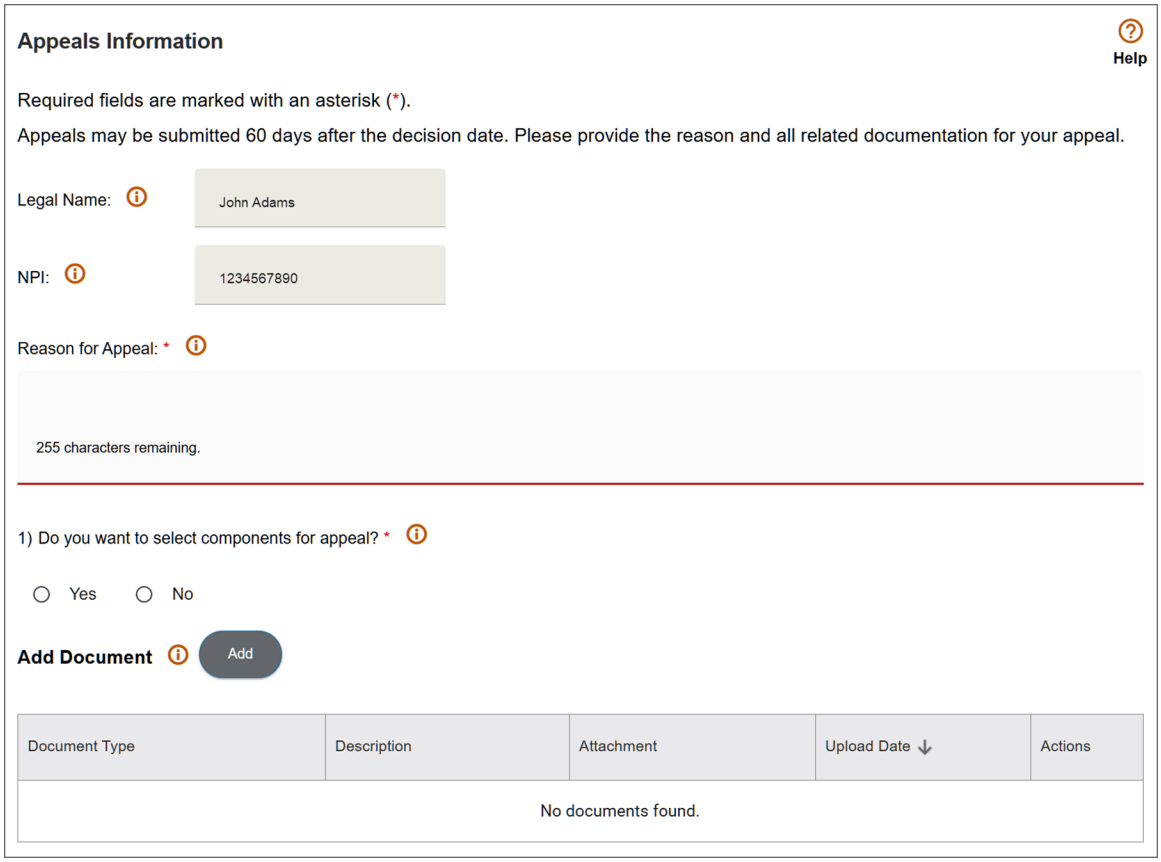
   Note: Initially, the details of each eligible appeal are expanded so you can review the specific denial.

Figure 20-5: Eligible Appeals Grid



4. Select **Continue**.
5. Complete the steps below in the Appeal form.

Figure 20-6: Appeals Information



a. Enter the Reason for Appeal in the text box provided.

b. Select components to appeal. If you select **Yes**, you can select individual components. If you select **No**, you are appealing the entire denial or termination.

c. Select **Add** to add documents supporting your appeal.

d. Select the Document Type from the list.

e. Select **Browse** to locate the document.

f. Navigate to the document on the computer's desktop or folder location. Double-click the file name to select it. The document displays and uploads to the record.

Note: Files must be in Word, PDF, Visio, Excel, PowerPoint, TIFF, JPEG, PNG, XML, HTML, EDI or ZIP format. Files cannot be larger than 50MB. Do not upload password protected or blank files. File names cannot contain special characters.

g. Type a Description in the box provided.

h. Select **Save**.

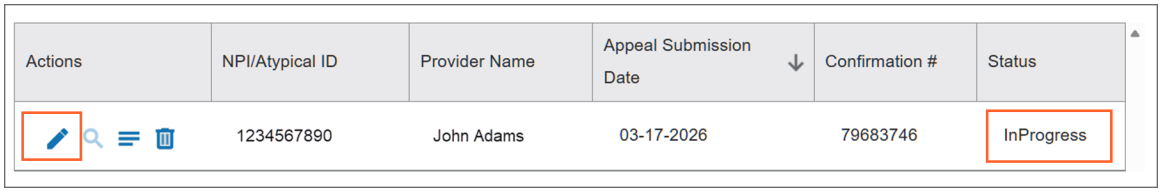
6. Select **Submit Appeal**.
7. After submission, the appeal displays in the Appeal Management grid with status Submitted and you receive a letter acknowledging the appeal submission.

20.4. Edit an Appeal

You can edit your appeal if it is still In Progress or if it was sent back to you as Return to Provider. For more information, go to Return to Provider.

1. Navigate to the Appeal Management grid and your list of appeals. For more information, go to View Appeals.
2. Locate the In Progress appeal and select **Edit**.

Figure 20-7: In Progress Appeal



3. In the Appeal Submission form, choose from the updates below, as needed.

a. Update the Reason for Appeal.

b. Update or change the components you selected.

c. You can select **Add** to add documents supporting your appeal or you can select **Delete** (trash can icon) to remove supporting documents.

Note: Files must be in Word, PDF, Visio, Excel, PowerPoint, TIFF, JPEG, PNG, XML, HTML, EDI or ZIP format. Files cannot be larger than 50MB. Do not upload password protected or blank files. File names cannot contain special characters.

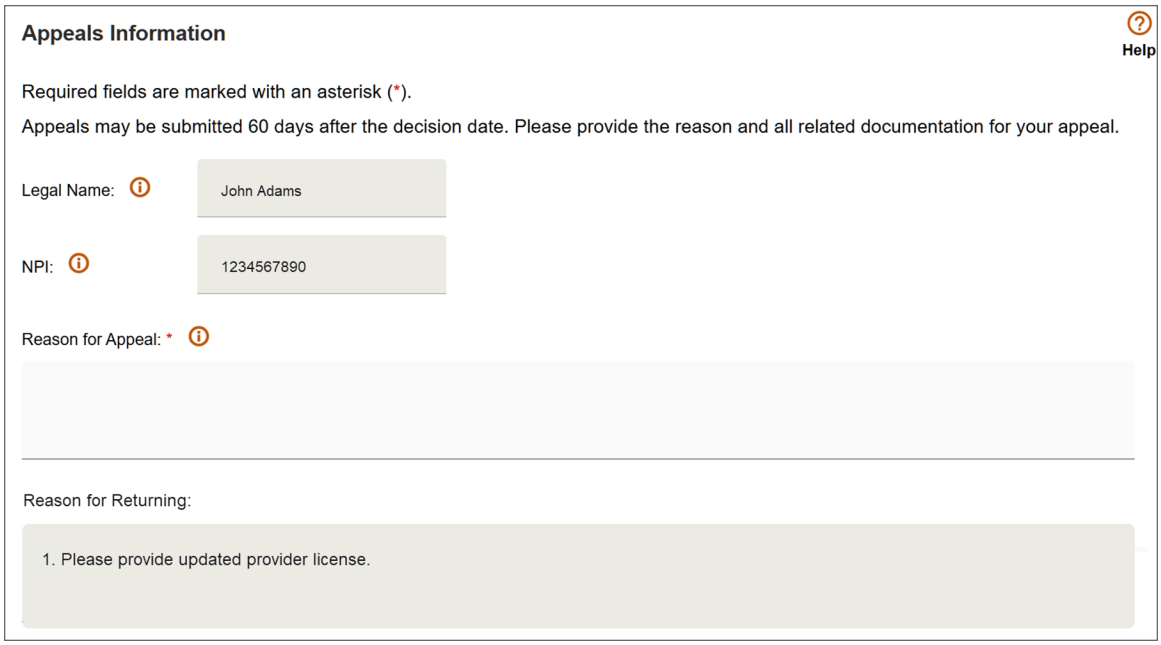
4. Select **Submit Appeal** to submit the appeal.

20.5. Return to Provider

Once you submit your appeal, it is locked and cannot be edited unless the Enrollment Specialist sends it back for corrections. In this case, you will receive a Returned for Correction Letter when it's sent back and then reminder letters at 5,10, and 15 days.

Note: If you do not respond to the Return for Correction request after the final reminder, you will receive a Cancellation Letter and the appeal's Status automatically updates to Cancelled.

1. Navigate to the Appeal Management grid and your list of appeals. For more information, go to View Appeals.
2. Locate the appeal. It will have a Status of **RTP**.
3. Select **Edit** in the Actions column.
4. In the Appeal Submission form, choose from the updates below, as needed.



a. Review the Reason for Returning. This explains what you need to fix to resubmit the appeal. This field is read only.

b. Enter the Reason for Appeal and include any additional information to support your updates for the appeal.

c. Select **Add** to add documents supporting your appeal. Make sure you select the Document Type and enter a Description (optional).

   Note: Files must be in Word, PDF, Visio, Excel, PowerPoint, TIFF, JPEG, PNG, XML, HTML, EDI or ZIP format. Files cannot be larger than 50MB. Do not upload password protected or blank files. File names cannot contain special characters.

5. Select **Submit Appeal** to submit the appeal.

20.6. Withdraw an Appeal

You can withdraw an appeal any time after submission unless an SMA approved or denied the appeal. To withdraw an appeal, complete the steps below.

1. Navigate to the Appeal Management grid and your list of appeals. For more information, go to View Appeals.

2. Locate the appeal. It will have a Status of Submitted.
3. Select **Withdraw** in the Actions column.

   Note: This icon is only active when the appeal meets the withdraw requirements.
4. Complete the steps below in the Appeal Withdrawal window.
5. Enter the Appeal Withdrawal Reason.
6. Select the **Appeal Withdrawal Reason Code** from the list of choices.
7. Select **Save**.
8. At confirmation, select **Submit**.

   Note: You will receive the Appeal Withdrawn by Provider Letter immediately upon submission. It indicates that no further action is required and details on how to submit a new appeal in the future.

Appendices

Appendix A. Common Procedures

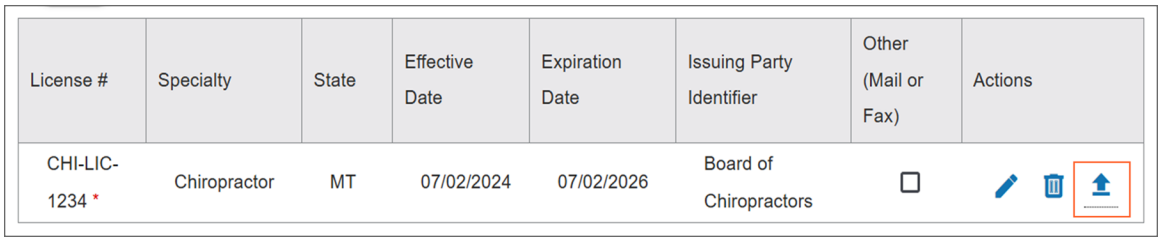
This section describes repeated procedures throughout the enrollment process in greater detail.

Upload Documents

This is a commonly used process through the provider portal. Use the following instructions to guide you in uploading a document to a grid.

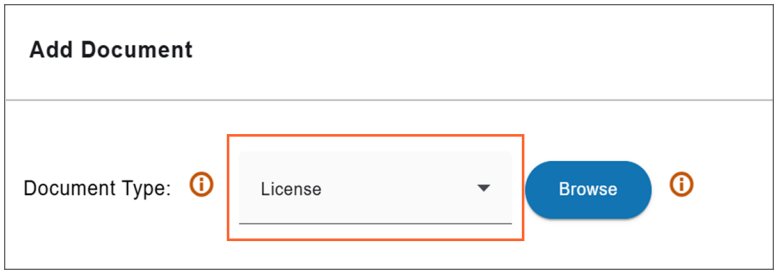
1. Select the **Upload** icon in the grid to upload the document.

Figure A-1: Upload Icon



2. In the Add Document window, verify the Document Type populates based on the type of document you are uploading.

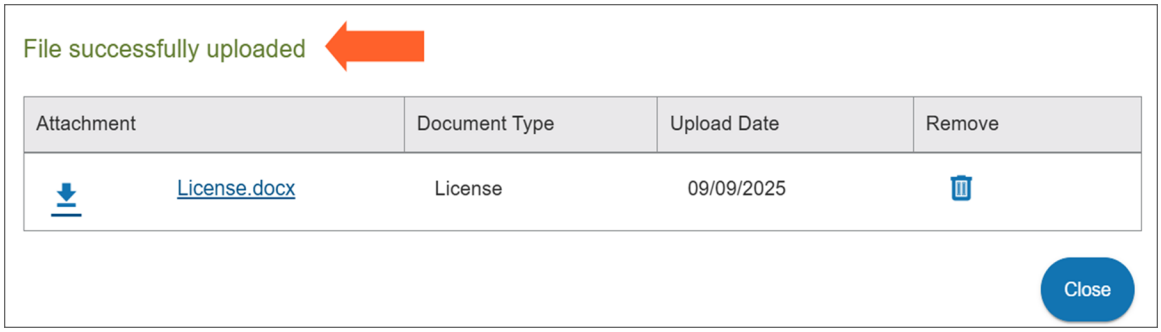
Figure A-2: Document Type



3. Select **Browse** to locate the document.
4. Navigate to the document on the computer's desktop or folder location. Double-click the file name to select it. The document displays and uploads to the record.

   If you uploaded a document in error, select **Delete** (trash can icon) to permanently remove the file.

Figure A-3: Upload Details



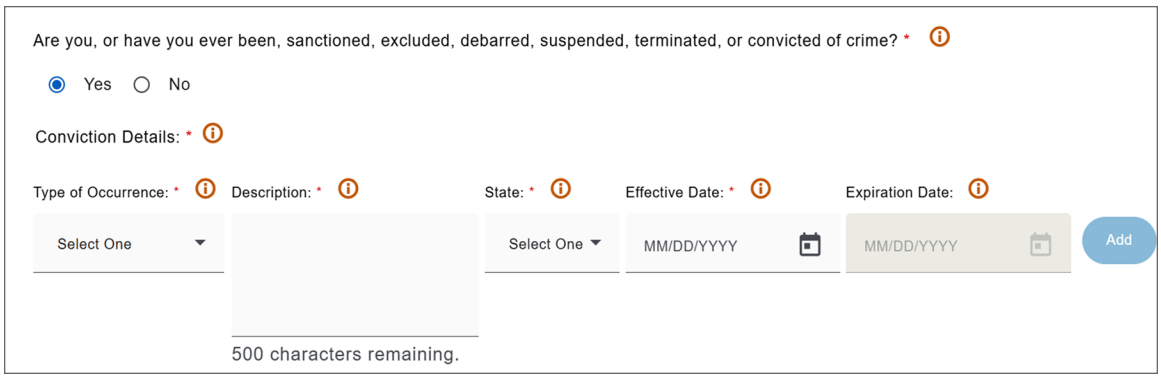
5. Select **Close**.

Add Conviction Details

While a tab exists to add Convictions, there are also several locations where you can add Conviction Details, including while adding Ownership, Managing Employees, Subcontractors, and more. This section explains how to add Conviction Details when a question populates within a window or grid.

1. Indicate if you have been sanctioned, excluded, debarred, suspended, terminated, or convicted of a crime by selecting **Yes** or **No**. If **Yes**, complete the Conviction Details.

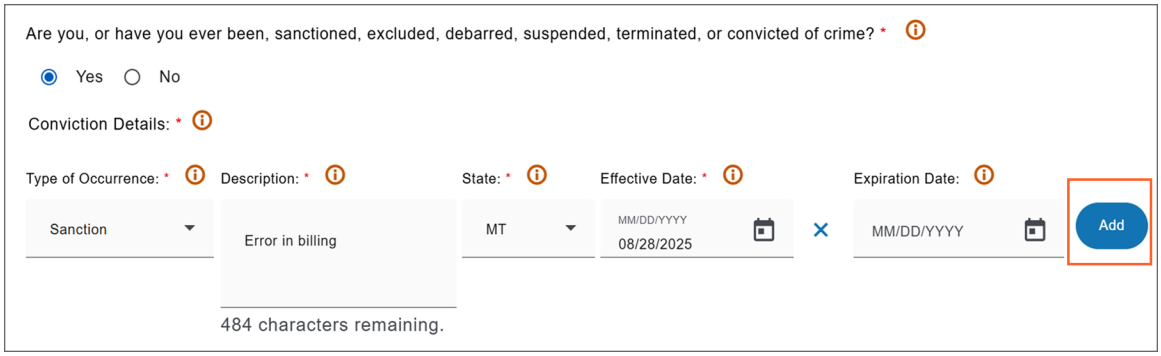
Figure A-4: Conviction Details



2. Select the **Type of Occurrence** from the list.
3. Enter the Description in the field.
4. Select the **State** from the list.

5. Select the **calendar** icon to choose an Effective Date. Alternatively, you can type the date in MM/DD/YYYY format.
6. Once you enter information in all required fields, the Add button activates. Select **Add** to add it to the grid.

Figure A-5: Add Conviction



7. Use the Actions column to **Edit** or **Delete** the record. You can add additional convictions using the same process as needed.

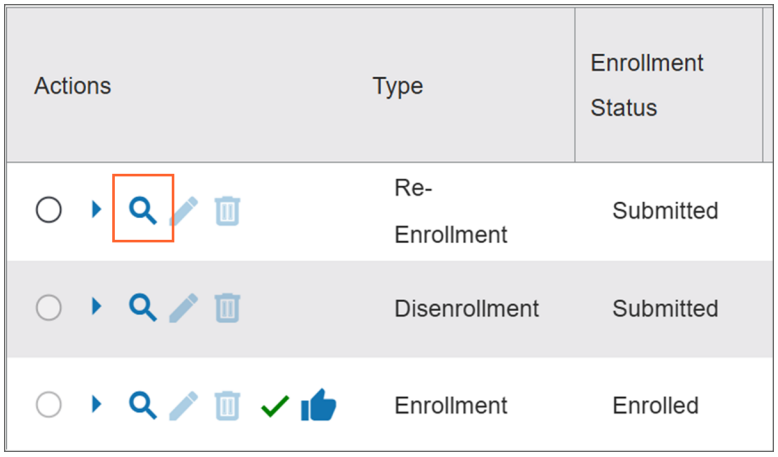
Printing within the Portal

You can print your complete enrollment information within the portal quickly using the steps below.

Note: If you do not see the Printer icon, you can use **Ctrl+P** and use browser printing. This will print the entire browser screen.

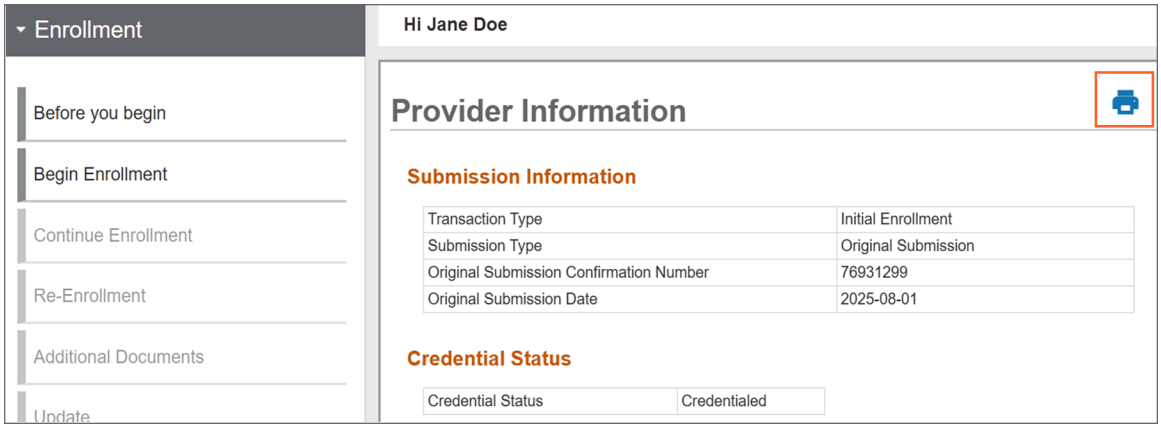
1. Log into the Montana Provider Portal.
2. From myMenu, select **Provider Enrollment** to access the Enrollment Workbench.
3. Locate the enrollment you would like to print and select the **View** icon.

Figure A-6: View Record



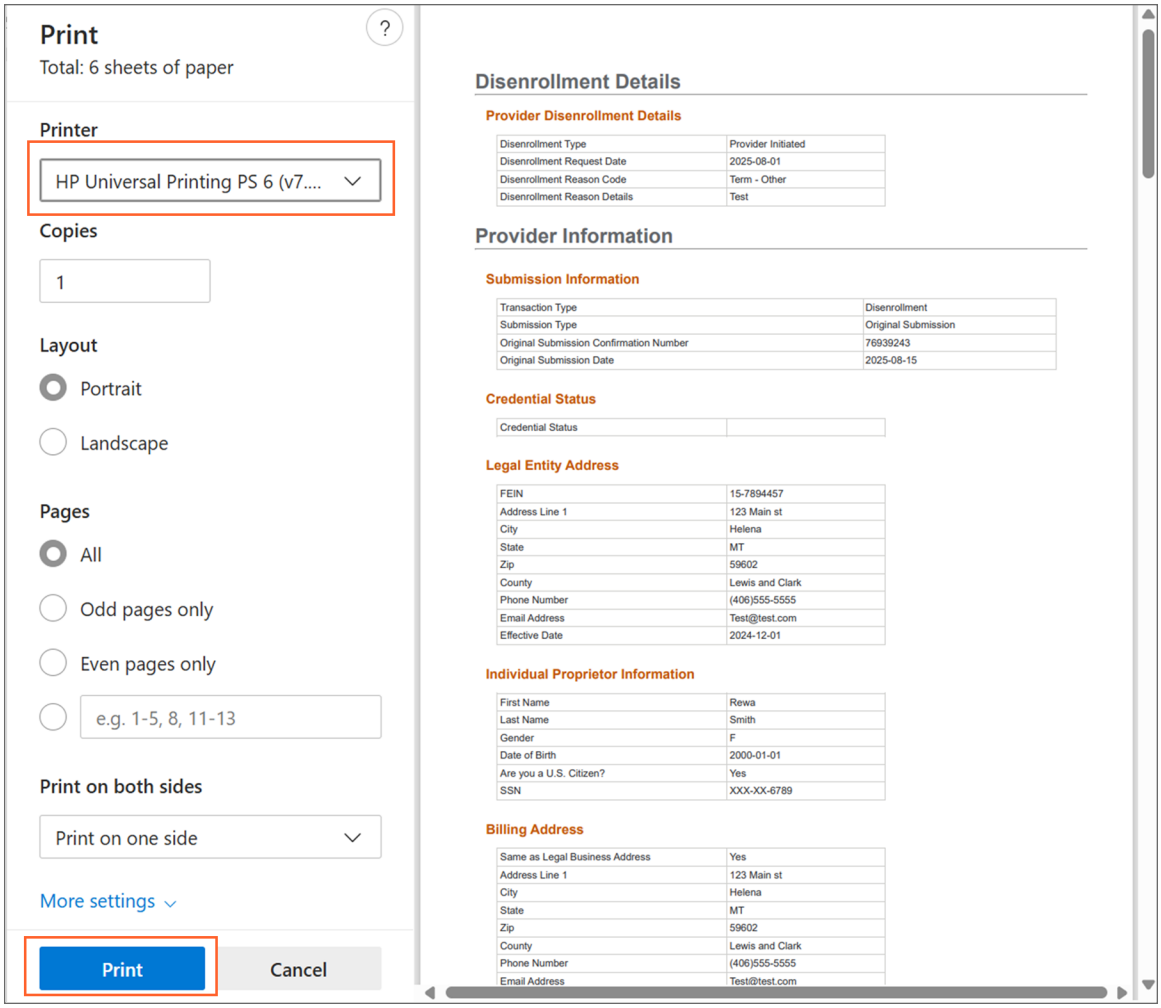
4. The details of the enrollment display. In the upper corner of the Provider Information window, select the **Printer** icon. This prints just the view and not the entire browser window.

Figure A-7: Printer Icon



5. Verify or select your printer and select **Print**.

Figure A-8: Print Document

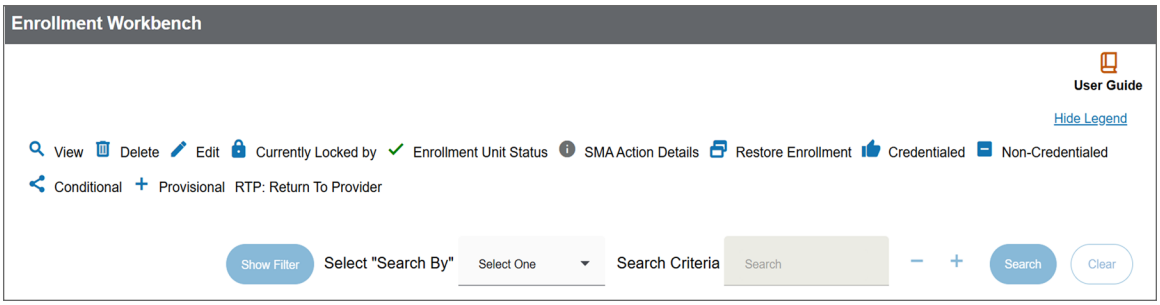


Appendix B. Workbench Search and Filter Options

Sometimes there are multiple records listed in the Workbench, and you need to be able to locate one quickly. You can use the Search By and Search Criteria features available above the grid. This helps you locate your record quickly using targeted search criteria. Additionally, there's a legend link that explains each action icon that displays within the grid.

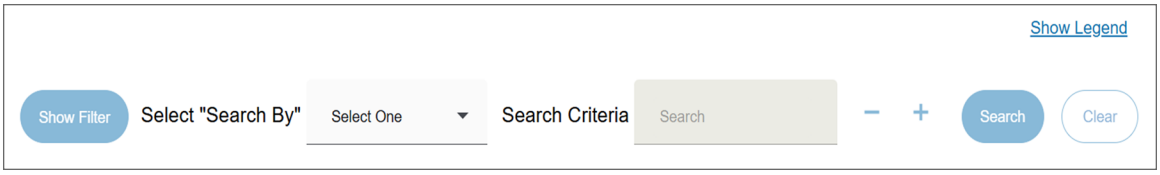
The legend for action icons can be toggled using the **Show Legend** or **Hide Legend** link.

Figure B-1: Enrollment Workbench Legend



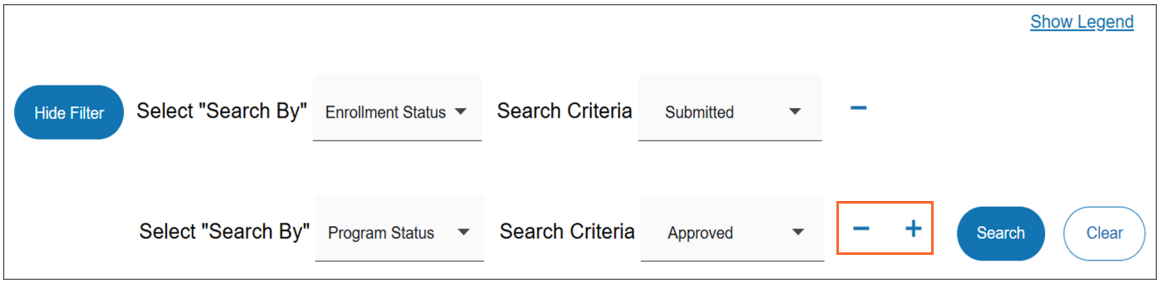
The steps below outline how to use the Search By and Search Criteria functionality.

Figure B-2: Workbench Search Options



1. Select a **Search By** option from the list of choices.
2. Choose your Search Criteria in the field(s) provided. This defines how the Search By field returns results.
3. Add any additional search criteria selecting **+**. This adds an additional row of Search By and Search Criteria.
    a. If you add more than one search parameter, the – sign activates. You can select the **–** sign to remove criteria.

Figure B-3: Add and Remove Criteria



b. If you enter more than one search parameter, the **Show Filter** option activates. This gives you the ability to Show or Hide the search fields and makes it easier to view search results.

4. Select **Search** to view your results.
5. Select **Clear** to clear your search criteria.

Appendix C. PCCM Provider Types and Specialties

The following Provider Types and Specialties combinations are required before you can add a Primary Care Provider (PCP) or Primary Care Montana (PCMT) program for a provider.

Note: After adding the Type of Provider and Specialty, you must first add Montana Medicaid (HMK Plus) as a State Program.

Table C-1: PCCM Requirements

Type of Provider	Specialty (Taxonomy)
Group	Multi-Specialty (193200000X) Single Specialty (193400000X)
Ambulatory Health Care Facilities	Clinic/Center (261Q00000X) Clinic/Center; Community Health (261QC1500X) Clinic/Center; Health Service (261QH0100X) Clinic/Center; Migrant Health (261QM1000X) Clinic/Center; Primary Care (261QP2300X) Clinic/Center; Federally Qualified Health Center (FQHC) (261QF0400X) Clinic/Center; Public Health, Federal (261QP0904X) Clinic/Center; Rural Health (261QR1300X)

Type of Provider	Specialty (Taxonomy)
Physician Assistants & Advanced Practice Nursing Providers	Physician Assistant (363A00000X) Physician Assistant; Medical (363AM0700X) Nurse Practitioner (363L00000X) Nurse Practitioner; Adult Health (363LA2200X) Nurse Practitioner; Community Health (363LC1500X) Nurse Practitioner; Family (363LF0000X) Nurse Practitioner; Pediatrics (363LP0200X) Nurse Practitioner; Psychiatric/Mental Health (363LP0808X) Nurse Practitioner; Primary Care (363LP2300X) Nurse Practitioner; Women's Health (363LW0102X) Clinical Nurse Specialist; Adult Health (364SA2200X) Clinical Nurse Specialist; Community Health/Public Health (364SC1501X) Clinical Nurse Specialist; Family Health (364SF0001X) Clinical Nurse Specialist; Holistic (364SH1100X) Clinical Nurse Specialist; Pediatrics (364SP0200X) Clinical Nurse Specialist; Psychiatric/Mental Health, Child & Adolescent (364SP0807X) Clinical Nurse Specialist; Psychiatric/Mental Health (364SP0808X) Clinical Nurse Specialist; Psychiatric/Mental Health, Adult (364SP0809X) Clinical Nurse Specialist; Psychiatric/Mental Health, Child & Family (364SP0810X) Clinical Nurse Specialist; Psychiatric/Mental Health, Community (364SP0812X) Clinical Nurse Specialist; Women's Health (364SW0102X)

Type of Provider	Specialty (Taxonomy)
Allopathic & Osteopathic Physicians	Family Medicine (207Q00000X) Family Medicine; Adolescent Medicine (207QA0000X) Family Medicine; Adult Medicine (207QA0505X) Internal Medicine (207R00000X) Internal Medicine; Adolescent Medicine (207RA0000X) Pediatrics (208000000X) Pediatrics; Adolescent Medicine (2080A0000X) Pediatrics; Child Abuse Pediatrics (2080C0008X) Preventive Medicine; Public Health & General Preventive Medicine (2083P0901X) General Practice (208D00000X) Family Medicine; Sports Medicine (207QS0010X) Internal Medicine; Sports Medicine (207RS0010X) Pediatrics; Sports Medicine (2080S0010X)

Appendix D. Error Messages

Provider Information

Field	Error Message
Do you have Subparts of the organization sharing this NPI, which are a different Provider Type than the Primary one selected? *(If Yes is selected)*	There must be more than one type of provider selected when the answer is yes to the question related to subparts of the organization
Add Provider Type	Provider type selection is required Requested Date is required
Add Specialty	Please select Provider type Please select Specialty type Requested Date is required for specialty At least one primary specialty is required

Legal Name & Address

Field	Error Message
Address 1	Address Line 1 is required.
City	City is required.
State	State is required.
Zip Code	ZIP Code is required. ZIP Code must be in a 5- or 9-digit format.
County	County is required.
Phone Number	Phone number is required. Phone Number must be of 10 digits.

Field	Error Message
Validate Address	Not selecting the suggested USPS validated address can result in a negative impact on other functionalities which may require a validated address.
First Name	First Name is required.
M.I.	Please enter proper middle initial.
Last Name	Last Name is required.
Are you a U.S. citizen?	Citizen is required.
Requested Date	Requested Date is required. Requested Date for Medicaid state program is required. Requested Date for CHIP state program is required.

Ownership

Field	Error Message
First Name	First Name is required.
M.I.	Please enter proper middle initial.
Last Name	Last Name is required.
Date of Birth	Date of Birth is required.
Business Name	Business Name is required.
Federal Tax ID	Federal Tax ID is required.
Address 1	Address Line 1 is required.
City	City is required.
State	State is required.

Field	Error Message
Zip Code	ZIP Code is required. ZIP Code must be in a 5- or 9-digit format.
Are you, or have you ever been, sanctioned, excluded, debarred, suspended, terminated, or convicted of crime? *(If Yes is selected)*	Conviction is required.
Type of Occurrence	Type of Occurrence is required.
Description	Description is required.
State	State is required.
Effective Date	Effective Date is required.
Percentage of Ownership	Percentage of Ownership is required.

Conviction

Field	Error Message
Are you, or have you ever been, sanctioned, excluded, debarred, suspended, terminated, or convicted of crime? *(If Yes is selected)*	First Name is required.
Type of Occurrence	Type of Occurrence is required.
Description	Description is required.
State	State is required.
Effective Date	Effective Date is required.

Disclosure – Agents, Officers, Directors, and Board Members

Field	Error Message
First Name	First Name is required.
M.I.	Please enter proper middle initial.
Last Name	Last Name is required.
Date of Birth	Date of Birth is required.
Select One: Agent, Officer, Director, Board Member	Please assign the role for the contact as Agent/Officer/Director/Board Member.
Begin Date	Begin Date is required.
SSN	SSN is required.
Address 1	Address Line 1 is required.
City	City is required.
State	State is required.
Zip Code	ZIP Code is required. ZIP Code must be in a 5- or 9-digit format.
Are you, or have you ever been, sanctioned, excluded, debarred, suspended, terminated, or convicted of crime? *(If Yes is selected)*	Conviction is required.
Type of Occurrence	Type of Occurrence is required.
Description	Description is required.
State	State is required.
Effective Date	Effective Date is required.

Disclosure – Managing Employees

Field	Error Message
First Name	First Name is required.
M.I.	Please enter proper middle initial.
Last Name	Last Name is required.
Date of Birth	Date of Birth is required.
Begin Date	Begin Date is required.
SSN	SSN is required.
Address 1	Address Line 1 is required.
City	City is required.
State	State is required.
Zip Code	ZIP Code is required. ZIP Code must be in a 5- or 9-digit format.
County	County is required.
Phone Number	Managing Employee Phone Number must be of 10 digits.
Are you, or have you ever been, sanctioned, excluded, debarred, suspended, terminated, or convicted of crime? *(If Yes is selected)*	Conviction is required.
Type of Occurrence	Type of Occurrence is required.
Description	Description is required.
State	State is required.
Effective Date	Effective Date is required.

Disclosure – Managing Relationships

Field	Error Message
Indicate if any individuals listed in the agents, officers, directors, and managing employees section are related through blood or marriage. If not a sole proprietor, please also include members of ownership where this question may apply. *(If Yes is selected)*	When Yes flag is checked for Managing Relationships section, then you must enter at least one Relationship

Disclosure – Subcontractors

Field	Error Message
Indicate if this provider had business transactions with any subcontractor totaling more than $25,000 during the preceding twelve (12) month period. *(If Yes is selected)*	When Yes flag is checked for Sub-Contractors, then you must enter at least one sub-contractor.
First Name	First Name is required.
M.I.	Please enter proper middle initial.
Last Name	Last Name is required.
Date of Birth	Date of Birth is required.
Business Name	Business Name is required.
Federal Tax ID	Federal Tax ID is required.
Begin Date	Begin Date is required.
SSN	SSN is required.

Field	Error Message
Address 1	Address Line 1 is required.
City	City is required.
State	State is required.
Zip Code	ZIP Code is required. ZIP Code must be in a 5- or 9-digit format.
County	County is required.
Are you, or have you ever been, sanctioned, excluded, debarred, suspended, terminated, or convicted of crime? *(If Yes is selected)*	Conviction is required.
Type of Occurrence	Type of Occurrence is required.
Description	Description is required.
State	State is required.
Effective Date	Effective Date is required.

Disclosure – Business Transactions

Field	Error Message
Indicate if this provider had any significant business transactions with any wholly owned supplier or subcontractor during the preceding five (5) year period? *(If Yes is selected)*	When Yes flag is checked for the Business Transactions section, then you must enter at least one Business Transaction.
First Name	First Name is required.
M.I.	Please enter proper middle initial.

Field	Error Message
Last Name	Last Name is required.
Date of Birth	Date of Birth is required.
Business Name	Business Name is required.
Federal Tax ID	Federal Tax ID is required.
Begin Date	Begin Date is required.
SSN	SSN is required.
Address 1	Address Line 1 is required.
City	City is required.
State	State is required.
Zip Code	ZIP Code is required. ZIP Code must be in a 5- or 9-digit format.
County	County is required.
Are you, or have you ever been, sanctioned, excluded, debarred, suspended, terminated, or convicted of crime? *(If Yes is selected)*	Conviction is required.
Type of Occurrence	Type of Occurrence is required.
Description	Description is required.
State	State is required.
Effective Date	Effective Date is required.

Disclosure – Controlling Interest

Field	Error Message
Does any owner or board member have ownership or controlling interest in another organization that bills for Medicaid services? *(If Yes is selected)*	When Yes flag is checked for Controlling Interest section, then you must enter at least one Controlling Interest
Business Name	Please enter Business Name.
FEIN	Please enter FEIN.
Medicaid ID	Please enter Medicaid ID.
NPI	Please enter NPI.
Begin Date	Begin Date is required.
Address 1	Address Line 1 is required.
City	City is required.
State	State is required.
Zip Code	ZIP Code is required. ZIP Code must be in a 5- or 9-digit format.
County	County is required.
Are you, or have you ever been, sanctioned, excluded, debarred, suspended, terminated, or convicted of crime? *(If Yes is selected)*	Conviction is required.
Type of Occurrence	Type of Occurrence is required.
Description	Description is required.
State	State is required.
Effective Date	Effective Date is required.

Field	Error Message
Do you or any owner or employee owe any money to Medicare, Medicaid or CHIP that has not been paid? *(If Yes is selected)*	Question Number 1 description cannot be empty.
Have you or any owner or employee identified in the Ownership and Control Interest Section ever been convicted of any health related crimes? *(If Yes is selected)*	You must enter at least one record in Conviction Grid for Custom Question 2.
Type of Occurrence	Type of Occurrence is required.
Description	Description is required.
State	State is required.
Effective Date	Effective Date is required.
Have you or any owner or employee identified in the Ownership and Control Interest Section ever been convicted of a crime involving the abuse of a child or elderly adult? *(If Yes is selected)*	You must enter at least one record in Conviction Grid for Custom Question 23
Type of Occurrence	Type of Occurrence is required.
Description	Description is required.
State	State is required.
Effective Date	Effective Date is required.

Disclosure – General

Field	Error Message
I Attest	I Attest is required for Authorized Official Attestation.

Licensing, Certifications & Accreditations

Field	Error Message
Provider Type	Provider Type is required.
Specialty	Specialty is required.
License #	License # is required.
State	State is required.
Issuing Party Identifier	Issuing Party is required.
Effective Date	Effective Date is required.
Expiration Date	Expiration Date is required.
Certification #	Certification # is required.
Board Certification #	Board Certification # is required.
Accreditation #	Accreditation # is required.
Accrediting Organization	Accrediting Organization is required.

Insurance and Banking

Field	Error Message
Insurance Company	Insurance Company is required.
Policy Type	Policy Type is required.
Policy Number	Policy Number is required.
Effective Date	Effective Date is required.
Expiration Date	Expiration Date is required.
Type of Account	Type of Account is required.
Financial Institution Routing Number	Financial Institution Routing Number is required.

Field	Error Message
Re-enter Financial Institution Routing Number	Re-enter Financial Institution Routing Number is required.
Account Number	Account Number is required.
Re-enter Account Number	Re-enter Account Number is required.
Account Holder Name	Account Holder Name is required.
Financial Institution Name	Financial Institution Name is required.
Address 1	Address Line 1 is required.
City	City is required.
State	State is required.
Zip Code	ZIP Code is required. ZIP Code must be in a 5- or 9-digit format.
Phone Number	Phone number is required. Phone Number must be of 10 digits.
EFT/ERA Authorization	Please upload signed EFT/ERA Authorization Agreement document(s) or select Other to mail or fax documents in.

Physical Location

Field	Error Message
General errors	Error exists for location [ID].
Service Location Name	Service Location is required
1) Are you physically located in the State of Montana?	Please select the Yes/No Option for Question 1
Are you within 100 miles of the Montana State Line?	Are you within 100 miles of the Montana State Line? is required.

Field	Error Message
Please provide the resident state	Please provide the resident state is required.
Address 1	Address Line 1 is required.
City	City is required.
State	State is required.
Zip Code	ZIP Code is required. ZIP Code must be in a 5- or 9-digit format.
County	County is required.
Phone Number	Phone number is required. Phone Number must be of 10 digits.
Validate Address	The Physical Location Address must be validated.
Type of Provider	Provider must select at least one Provider Type at the Physical Location level.
Specialties	Provider must select at least one Specialty at the Physical Location level.
Programs	Provider must select at least one Program at the Physical Location level.
Add Team	A team name is required to proceed for the program
Team Name	Please enter a Team Name.
Requested Date	Requested date is required.
Monday	Please complete or correct the time for the sections highlighted for Monday
Tuesday	Please complete or correct the time for the sections highlighted for Tuesday

Field	Error Message
Wednesday	Please complete or correct the time for the sections highlighted for Wednesday
Thursday	Please complete or correct the time for the sections highlighted for Thursday
Friday	Please complete or correct the time for the sections highlighted for Friday
Saturday	Please complete or correct the time for the sections highlighted for Saturday
Sunday	Please complete or correct the time for the sections highlighted for Sunday
Languages	Please select at least one supported language
Have you ever been enrolled in Medicare?	Have you ever been enrolled in Medicare is required.
Medicare Status	Medicare Status is required.
Medicare ID	Medicare ID is required
Enrollment Date	Enrollment Date is required.
Has this Provider paid an application fee to Medicare?	Has this provider paid an application fee to Medicare is required
Fee Payment Date	Last Fee Payment date is required.
Have you ever been enrolled in Medicaid/CHIP in another state?	Have you ever been enrolled in Medicaid/Chip in another state is required.
Medicaid Status	Medicaid Status is required
Medicaid ID	Medicaid ID is required
State	Medicaid State is required

Field	Error Message
Enrollment Date	Enrollment Date is required
Has this Provider paid an application fee to Medicaid in this state?	Has this provider paid an application fee to Medicaid in this state is required
Fee Payment Date	Last Fee Payment date is required
1. Are you accepting new patients?	Please select the Yes/No Option for Question 1.
2. Does this location accept family members of existing patients?	Please select the Yes/No Option for Question 2.
3. Do you accept siblings of established patients?	Please select the Yes/No Option for Question 3.
26. What gender does this facility accommodate?	Please select the value for Question 26.
27. Does this location have an Age Restriction?	Please select the Yes/No Option for Question 27.
28. Age served - Minimum Age Served (format: 1234567890)	Please enter the value for Question 28.
29. Age served - Maximum Age Served (format: 1234567890)	Please enter the value for Question 29.

Enrollment Units

Field	Error Message
I have reviewed the information on this screen as presented.	Answering "I have reviewed the information on this screen as presented" statement on the screen is required.
Address – Billing	Billing address type requires an address to be selected to continue

Field	Error Message
Address – Mailing	Mailing address type requires an address to be selected to continue
Address – Remittance	Remittance address type requires an address to be selected to continue
Address 1	Address Line 1 is required.
City	City is required.
State	State is required.
Zip Code	ZIP Code is required. ZIP Code must be in a 5- or 9-digit format.
County	County is required.
Validate Address	Not selecting the suggested USPS validated address can result in a negative impact on other functionalities which may require a validated address.
Available Contacts	At least one primary contact is required.
Contact Type	Contact type is required.
First Name	First Name is required.
Last Name	Last Name is required.
Phone Number	Phone number is required. Phone Number must be of 10 digits.
Contact Email Address	Contact Email Address is required.
Re-enter Contact Email Address	Re-enter Email Address is required.

Final Submission

Field	Error Message
W-9	Please upload W9 document or select Other to mail or fax documents in.

Re-enrollment Specific

Field	Error Message
FEIN	Entered FEIN should be of 9 digits FEIN and Confirm FEIN should be the same

Disenrollment

Field	Error Message
Disenrollment Date	Disenrollment Date is required
Disenrollment Reason Code	Disenrollment Reason Code is required
Disenrollment Reason Details	Disenrollment Reason Details is required
Choose one: Voluntary Disenrollment, Forced Disenrollment	Choose an option for disenrollment

Appendix E. Definitions

C

CLIA (Clinical Laboratory Improvement Amendments)

The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through CLIA. The objective of CLIA is to ensure quality laboratory testing. Established in 1988, CLIA's quality standards for all testing laboratories ensure that all patient test results are accurate, reliable, and timely. CLIA covers approximately 320,000 laboratory entities. State Survey Agencies are authorized to set and enforce CLIA standards.

D

DEA (Drug Enforcement Administration)

A federal law enforcement agency under the United States Department of Justice, tasked with combating drug trafficking and distribution within the United States. A DEA number is an identifier assigned to a healthcare provider by the United States DEA allowing them to write prescriptions for controlled substances. When an X is included (DEAX), it indicates the certification to prescribe addiction treatment drugs.

DPHHS (Department of Public Health and Human Services)

A cabinet-level executive branch department of the U.S. federal government with the goal of protecting the health of all Americans and providing essential human services.

E

EU

Enrollment Unit

F

FEIN

Federal Employer Identification Number

M

MES

Medicaid Enterprise Systems

MT

Montana

P

PCMT

Primary Care Montana

PCP

Primary Care Provider

Provider Portal

A web portal that provides tools and resources to help healthcare providers conduct business electronically.

S

SMA

State Medicaid Agent

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