

# MPATH Portal

Presented by Jennifer Stirling  
Provider Enrollment Supervisor

# Training Agenda

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- **GovIDs**
- **Account Administration**
- **Enrollments**
- **Claims**
- **Manage Affiliations**
- **Resources**

# Creating your GovID

# Creating your GovID

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<https://mtdphhs-provider.optum.com/>

This system is designed for **1 Primary/Authorized Official User to register the Facility or Provider NPI**, when creating their GovID.

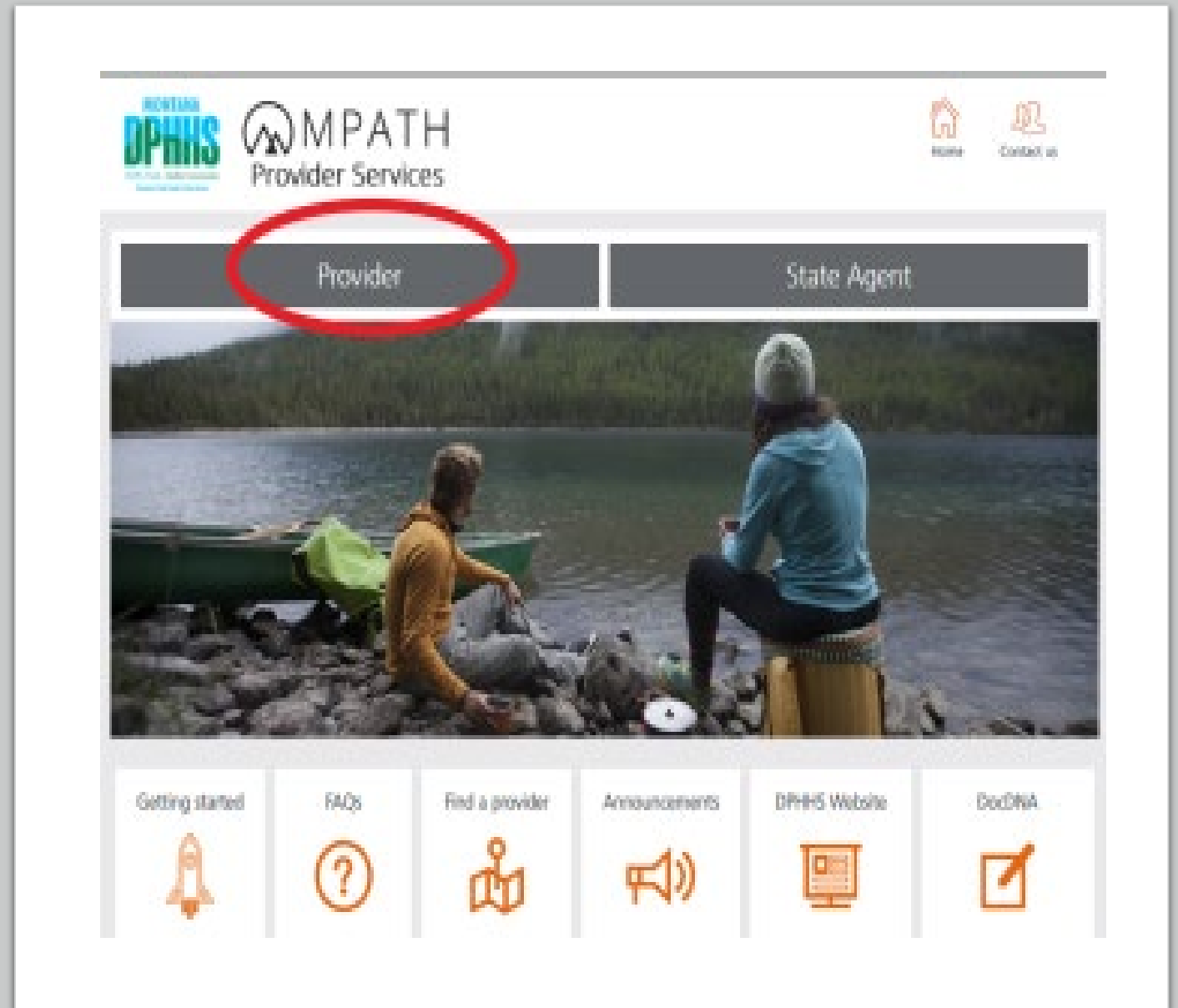
This person will submit requests to link additional Users to the system, depending on the function. It is important to have a discussion within your management team to determine who this should be.

- NPI can only be registered to ONE GovID.
- Email address can only be linked to ONE GovID.

# Accessing the Portal

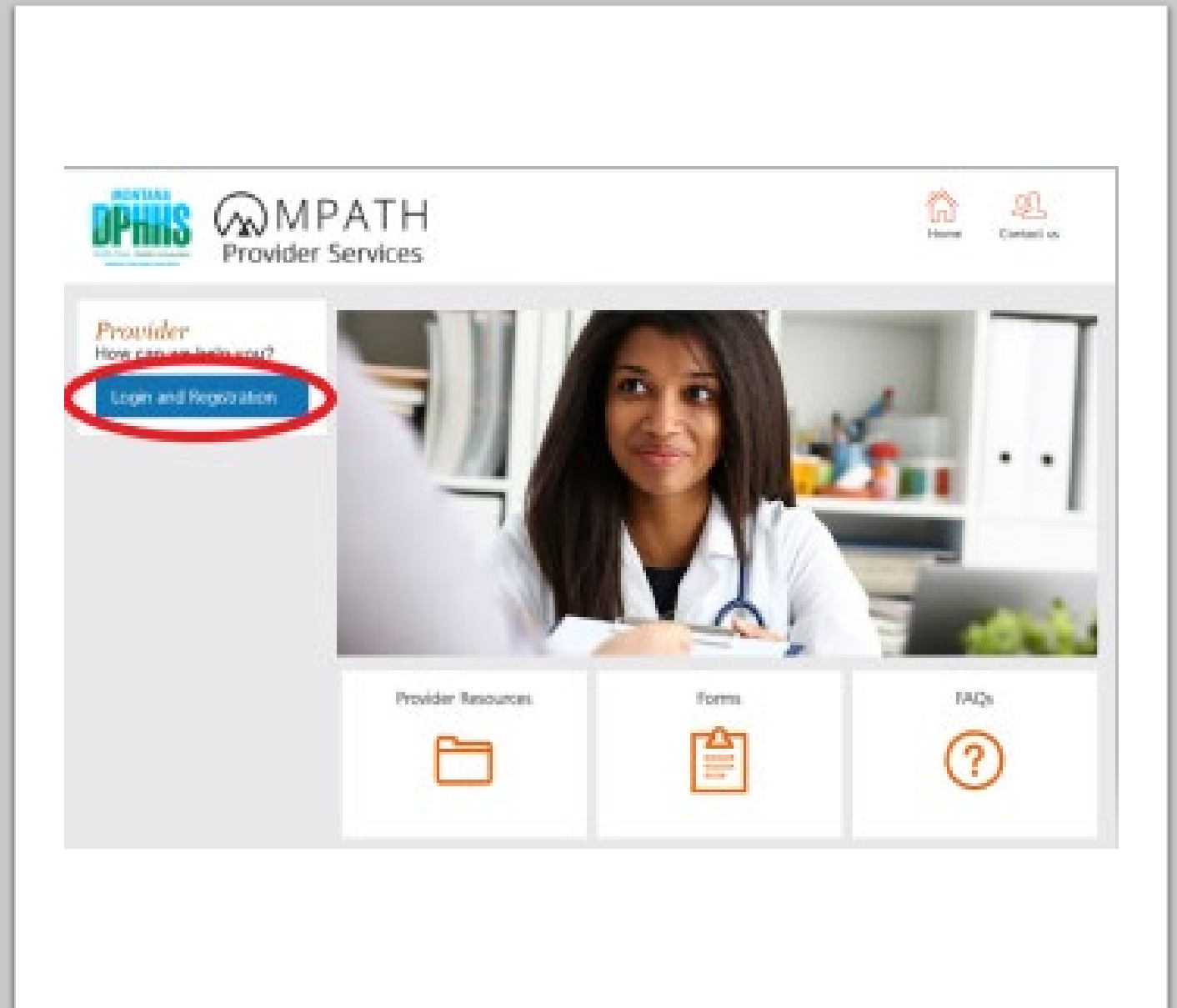
<https://mtdphhs-provider.optum.com/>

Click **Provider**



# MPATH Provider Services

Click **Login and Registration**



The screenshot displays the MPATH Provider Services website. At the top left, the Montana DPHHS logo is visible next to the MPATH Provider Services logo. On the top right, there are navigation links for 'Home' and 'Contact us'. The main content area features a large image of a female doctor in a white coat. To the left of this image is a text box with the heading 'Provider' and the subtext 'How can we help you?'. Below this text is a blue button labeled 'Login and Registration', which is circled in red. At the bottom of the page, there are three navigation tiles: 'Provider Resources' with a folder icon, 'Forms' with a clipboard icon, and 'FAQs' with a question mark icon.

# Creating your GovID

Click **Create Optum GovID**

## Sign In With Your Optum GovID

Optum GovID or email address

Password

**SIGN IN**

[Forgot Optum GovID](#) | [Forgot Password](#)

**Warning!** This system contains U.S. Government information. By using this information system, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized or improper use of, or access to, this computer system may subject you to state and federal criminal prosecution and penalties as well as civil penalties. At any time, the government may intercept, search, and seize any communication or data transiting or stored on this information system.

If you'd like assistance, contact support at [MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com)

**Additional options:**

- Create Optum GovID**
- [Manage your Optum GovID](#)
- [What is Optum GovID?](#)


# Creating your GovID (cont'd)

Complete all required fields.

- Profile Information
- Sign In Information
- Create Password

## Create Optum GovID

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

 [Already have Optum GovID? Sign in now](#)

### Profile Information


**First name**

**Last name**

**Date of birth**  
  
mm-dd-yyyy


### Sign In Information

**Your email address**

**Create Optum GovID**  
 


Your Optum GovID must have:

- 6 to 50 characters
- At least one letter
- No spaces
- No letters with accents

**Create password**  
 

Your password must have:

- Between 8 and 100 characters
- At least 1 uppercase letter
- At least 1 lowercase letter
- At least 1 number
- At least 1 special character

**Type password again**  
 



# Creating your GovID (cont'd)

Continue to complete all required fields.

- Language Preferences
- Security Questions and Answers

Click **I Agree**

## Language Preferences

Select the language in which you want to receive communications from Optum GovID. This can be changed at any point from Manage my Optum GovID.

Preferred language

English  Español

## Security Questions and Answers

Security question 1

--Select--

Security answer 1

Security question 2

--Select--

Security answer 2

Security question 3

--Select--

Security answer 3

You must agree to the [Terms of Use](#) and [Website Privacy Policy](#) to use the Optum GovID service. If you do not agree, click Cancel and do not use any aspect of the Optum GovID service.

**I AGREE**

[Cancel](#)


If you'd like assistance, contact support at [MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com)

# Complete GovID

Review the information entered is correct.

Click **Box** to accept Terms and Conditions

Click **Submit**



Details Review

Review

First Name:	Summer
Last Name:	Collins
Email:	noia@gatnada.com
DOB:	01/01/1960
Last 4 digits of SSN:	1234

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

Submit Previous Cancel

# Verify E-mail

Check your e-mail now.

Subject line will read:

**Confirm your Optum GovID  
email address**

## Next Step: Verify Your Email Address

1. **Check your email inbox** (lag\*\*\*\*of@getnada.com) for a message from Optum GovID (noreply@optumgovid.com).
2. [Enter the 10-digit activation code.](#)

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Still waiting for your activation code? [Resend email](#) or [update email address](#)

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

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

# E-mail Verification

Enter the 10-digit code from the email in the Access Code field.

Click **Next**

If you don't receive the email within a few minutes, click resend email.

## Next Step: Verify Your Email Address

1. Check your email inbox (lag\*\*\*\*of@getnada.com) for a message from Optum GovID (noreply@optumgovid.com).
2. [Enter the 10-digit activation code.](#)

10-digit activation code

**NEXT**

Cancel

Still waiting for your activation code? [Resend email](#) or [update email address](#)

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

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

# Creating your GovID

Email Address Verified  
Click **Continue**

Verify the disclosure screen.  
Click **I Agree**

## Email Address Verified



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

**CONTINUE**

## Share My Optum GovID

Using your Optum GovID to sign in to Adaptive Portals means that Adaptive Portals uses your Optum GovID account information to verify your access. We share this information with Adaptive Portals :

- Optum GovID
- Name
- Date of birth
- Email address

By clicking I Agree,

- You give Optum GovID permission to share your account information with Adaptive Portals;
- You acknowledge that your account information is being provided to Adaptive Portals and it is subject to the Adaptive Portals privacy policy; and
- You acknowledge that the Adaptive Portals privacy policy may be different from the Optum GovID privacy policy.

**I AGREE**

Decline

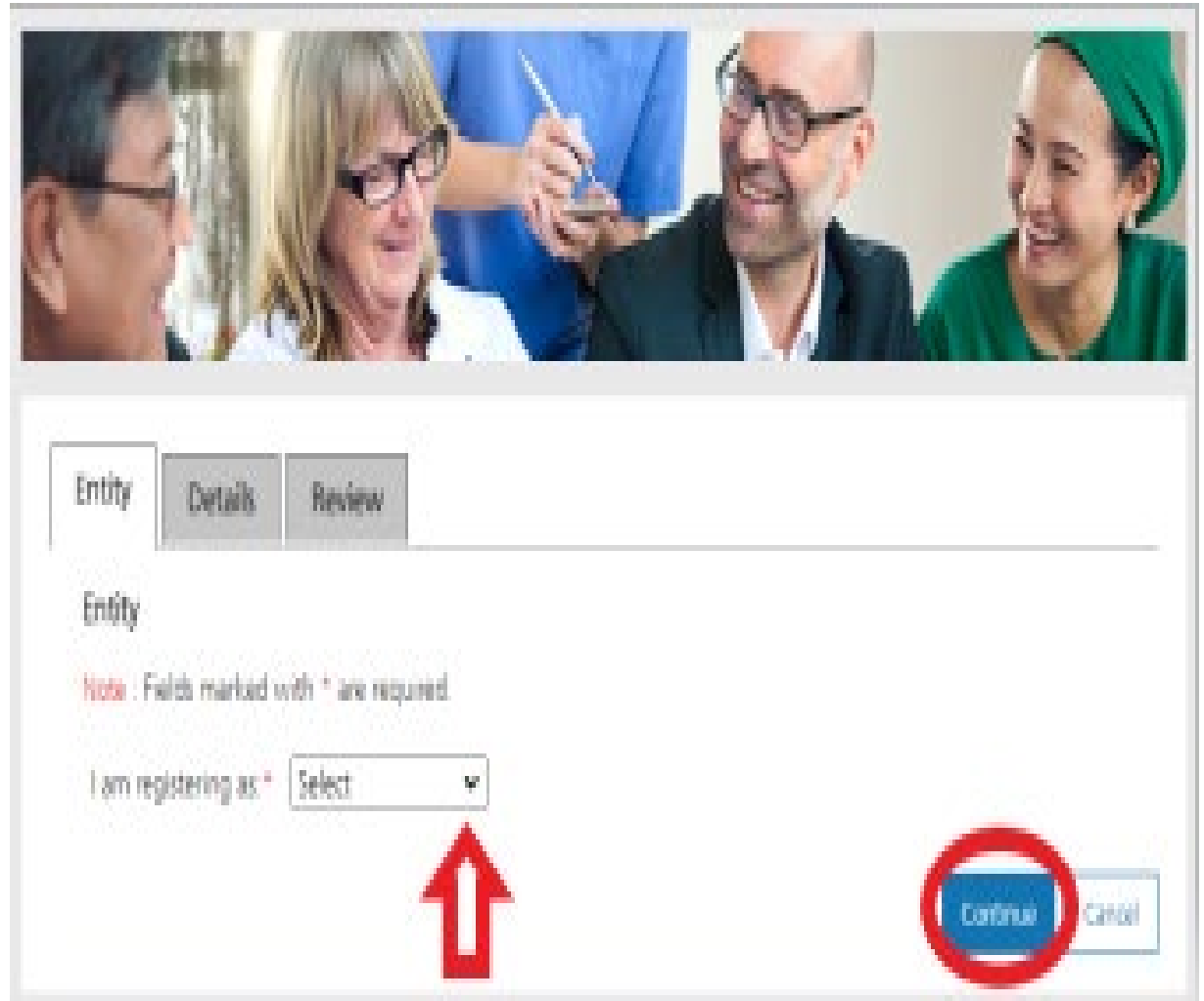
# Registering your NPI

Select the role in the drop down.

- Provider or
- Provider Delegate

Both allow the same function access.

Click **Continue**



Entity Details Review

Entity

Note: Fields marked with \* are required.

I am registering as \* Select ▼

Continue Cancel

# Registering your NPI

The information on this screen pertains to ONLY the NPI you are using to register.

As you click the radio button for each question, fields will open to enter information.

Click **Continue**

Entity Details Review

Details for Provider Account

Note: Fields marked with \* are required.  
Select Yes, if NPI is enrolled or has been enrolled within the last 3 years.

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

User:

First Name:

Last Name:

Email:

Provider:

Are you registering as an individual Provider?\*  Yes  No

Provider Name or Organization Name?\*  Provider Name  Organization Name

NPI or API?\*  NPI - National Provider Identifier  
 API - Atypical Provider Identifier  
 Atypical Provider without assigned API

Billing or Non-Billing Provider?\*  Billing  Non-Billing

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

Continue Previous Cancel

# Registering your NPI

Depending on your selection, the required field will now be visible.

Click **Continue**

Provider:

Are you registering as an Individual Provider?  Yes  No

Provider Name or Organization Name?  Provider Name  Organization Name

Organization Name

NPI or API?  NPI - National Provider Identifier  
 API - Atypical Provider Identifier  
 Atypical Provider without assigned API

NPI

Billing or Non-Billing Provider?  Billing  Non-Billing

TIN/FBN

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



# Final Review

Review the information entered is correct.

Click **Box** to accept Terms and Conditions

Click **Submit**



Entity Details **Review**

Review for Provider Account

First Name: Daisy  
Last Name: Duke  
Email: lagakavof@getnada.com

Individual Provider? No  
Organization Name:  
NPI:  
TIN/FEIN:

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

**Submit** Previous Cancel

# Provider Home Screen

The system will automatically direct you to the Provider Home screen & your myMenu functions available.

Depending on your role, myMenu functions will differ.

The screenshot displays the Montana DPHHS MPATH Provider Services interface. At the top left is the Montana DPHHS logo with the tagline "Healthy People. Healthy Communities." and the text "Department of Public Health & Human Services". To its right is the MPATH Provider Services logo. The top right navigation bar includes icons for Home, Contact Us, Account Settings, and Log Out. Below the navigation bar is a "Member search" section with a search input field and a "Go" button. A "myMenu" section lists various functions: Claims, Remittance Advice, Provider Profile, Provider Directory, Account Administration, Provider Enrollment, and Bulk HIPAA Transactions. A large image of a doctor in a white coat with a stethoscope is positioned to the right of the search and menu sections. Below the image, a user greeting "Hello, Test Conduent" and "Last login: 7/29/2023" are displayed. At the bottom, three main action tiles are shown: "Provider Resources" with a folder icon, "Forms" with a clipboard icon, and "FAQs" with a question mark icon.

# Account Administration tab

# Account Administration

All 3 Account Administration functions are located on one screen.

### Manage Portal Users ? Help

A maximum of 200 users will be displayed. Adjust your search criteria in the left navigation to refine your results.

Filter your results:

ACTIONS	LOGIN NAME	FIRST NAME	LAST NAME	EMAIL	STATUS
No matching users found.					

Show  entries Showing 0 to 0 of 0 entries [| < < > > |](#)

[Add User Account](#)

### Manage Billing Providers ? Help

Filter your results:

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

Show  entries Showing 1 to 2 of 2 accounts [| < < > > |](#)

[Add Billing Provider](#)

### Manage Provider Enrollment Accounts ? Help

[Complete request form](#)

Filter your results:

ACTION	ATTACHMENT	DATE	Status
No matching transactions found.			

Show  entries Showing 0 to 0 of 0 entries [| < < > > |](#)

[Upload Request](#)

# Account Admin functions

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## Manage Portal Users

- The system is designed for 1 Primary User to register the Facility NPI. This person will submit requests to add additional Users to the system, depending on the function each user needs.

## Manage Billing Providers

- Allows you to bill for (in the Optum Claims Solutions) and/or see remits for the linked NPIs. If you use a Clearing House to submit claims and reconcile 835s/remits; this step is not necessary.

## Manage Enrollment Providers

- Allows you to maintain the NPIs on your Workbench and **complete file updates**. Link request required to see an NPI on your workbench. You can also submit an unlink when you no longer need an NPI on your workbench.

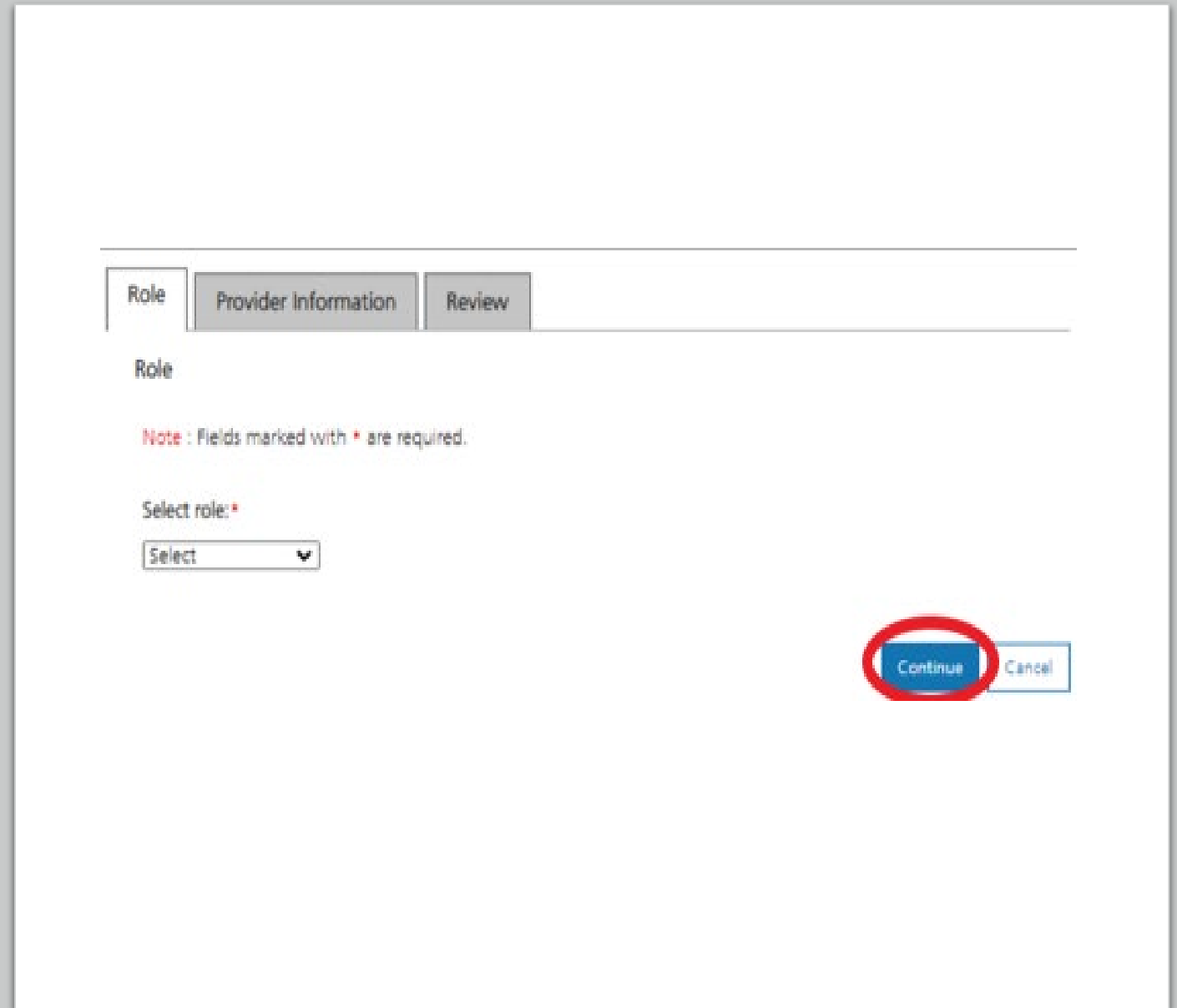
# Add Portal User

Additional portal users are invited through this function.

These users will be assigned a Role and sent an email. The email will contain a link for them to use to establish their GovID.

Roles available:

- Delegated Admin (same access as Primary User)
- Claims
- Enrollment
- Eligibility



The screenshot displays a web form for adding a portal user. At the top, there are three tabs: 'Role', 'Provider Information', and 'Review'. The 'Role' tab is currently selected. Below the tabs, the text 'Role' is displayed. A red note indicates that fields marked with an asterisk are required. The 'Select role:' field is a dropdown menu with 'Select' as the current selection. At the bottom right, there are two buttons: 'Continue' (highlighted with a red circle) and 'Cancel'.

# Add Portal User

Role | **Provider Information** | Review

Provider Information

Assign NPI(s) / API to User

Select one or multiple NPIs / API to assign to the user.

NPI's / API: \*

Available NPIs will show here.


Note : Fields marked with \* are required.

User Information

First Name: \*

Last Name: \*

Email: \*

Birth Date (MM/DD/YYYY): \*  

Last 4 digits of SSN: \*

**Continue** Previous Cancel

Complete all fields with the new user's information.

If you need to send another email to the user, click on the envelope icon in front of their name.

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

# Manage Billing Providers

Add Billing NPIs to this section if:

- You will be submitting claims through MPATH
- You need access to the weekly Remittances for this NPI

**Note: The Provider ID Number is the Optum assigned Provider ID number. Not the PID from MT Medicaid. This is found on the workbench.**

Note : Fields marked with an asterisk \* are required.


Provider Name or Organization Name? \*  Provider Name  Organization Name

NPI or API? \*  NPI  API

TIN/FEIN: \*

Enter Provider ID Number: \*

**MONTANA DPHHS** | *Healthy People. Healthy Communities.*

 LEEANNE Yonchek  
NPI#: 1790290096  
Provider ID#: 100026126

Hi Jennifer Stirling

**Enrollment Review**



# Link request form

Link request forms are processed by Optum.

Complete all fields of the form. Sign or eSign.

Upload form and additional spread sheet if applicable.

The only way you can view additional NPIs is through this function.

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

Manage Provider Enrollment Accounts ? Help

[Complete LINK Request Form](#) [Complete UNLINK Request Form](#) Filter your results:

ACTION	ATTACHMENT	DATE	STATUS
	ProviderEnrollmentAccountRequestForm.pdf	06/06/2023	Submitted

Show  entries Showing 1 to 1 of 1 transactions [|](#) [<](#) [>](#) [|](#)

[Upload Request](#)

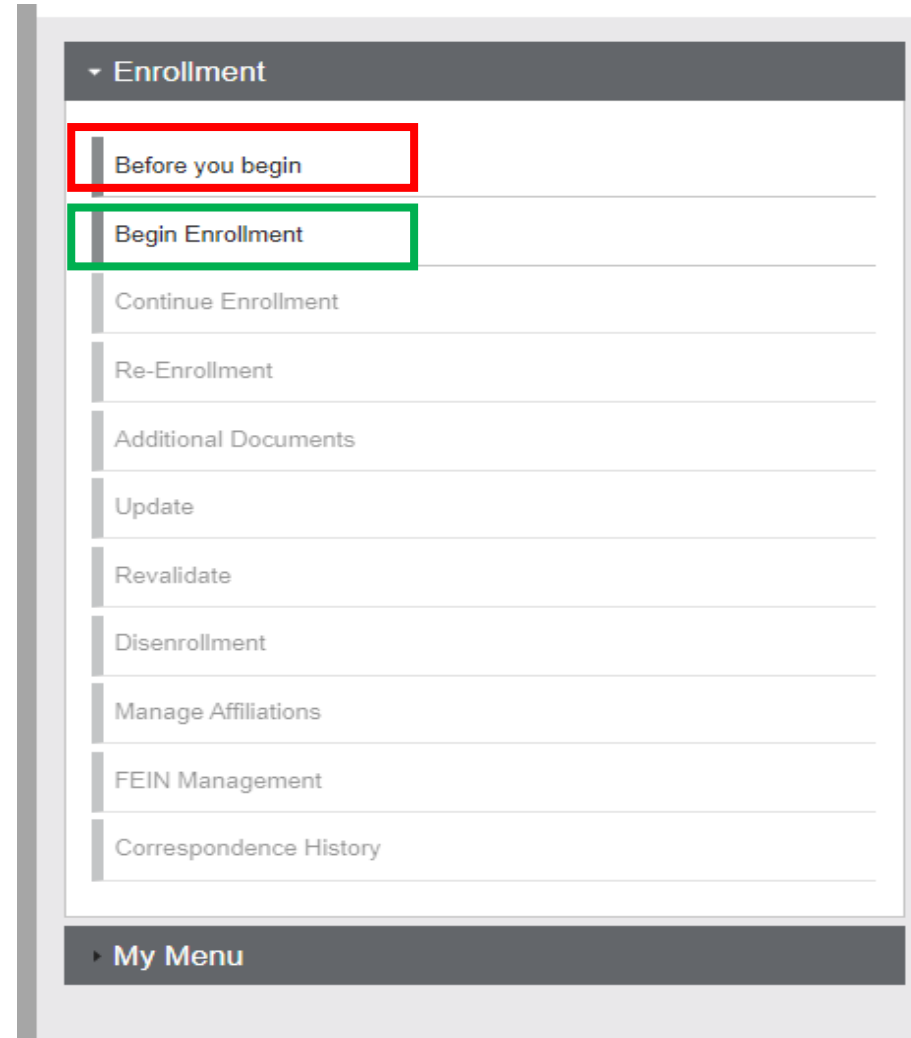
# Enrollments

# Provider Enrollment

Click **Provider Enrollment** under myMenu.

Click **Before you begin** under the Enrollment menu for a copy of the Checklist.

Click **Begin Enrollment** under the Enrollment menu to start a new application.



# Pre-Enrollment

## Enumeration:

- Individual
- Organization
- Atypical

## Enrollment Type:

- Selections will change depending on first selection.

Note: Individuals working for an organization should be enrolled as Rendering providers.

The image displays two screenshots of a 'Pre-Enrollment' form. The top screenshot shows the form with 'Organization' selected for Enumeration and 'Organizational/Facility' for Enrollment Type. The bottom screenshot shows 'Individual' selected for Enumeration and 'Rendering Provider (No)' for Enrollment Type. Both screenshots include 'Search', 'Confirm', and 'Cancel' buttons.

**Pre-Enrollment** [X]

Enumeration: \* ⓘ Enrollment Type: \* ⓘ

Organization [v] Organizational/Facility [v]

NPI: \* ⓘ Confirm NPI: \* ⓘ

FEIN: \* ⓘ Confirm FEIN: \* ⓘ

Search Confirm Cancel

**Pre-Enrollment** [X]

Enumeration: \* ⓘ Enrollment Type: \* ⓘ

Individual [v] Rendering Provider (No) [v]

# Updates

On your Enrollment Workbench, search the NPI using the fields shown.










Click **Radio** button for NPI.

Click **Update** under the Enrollment menu.

A new Update line will show at the end of your list.

Click **Pencil** icon.

The screenshot displays the Enrollment Workbench interface. At the top, there is a search bar with a dropdown menu labeled "Select 'Search By' Column" (set to "Select One") and a search criteria input field. Below the search bar is a table with the following columns: Actions, Type, Status, Submission Date, Confirmation #, Tax ID, NPI/Atypical ID, Provider ID, and Provider Name. The first row shows an "Enrollment" record with status "Enrolled" and submission date "12-09-2021". Below this row, there is an "Update" button. At the bottom of the table, a new "Update" row is shown with status "InProgress" and submission date "20087591". A red circle highlights the pencil icon in the Actions column of the new row, and a yellow box highlights the "Update" button.

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












# Disenrollment

In order to submit a new application to change a Tax ID number for example. The current enrollment must be disenrolled first.

Use the **Disenrollment** option under the Enrollment menu.

Once completed, your status will change to complete/approved

The screenshot displays a web application interface. On the left, a dark grey sidebar contains a menu with the following items: Enrollment (expanded), Before you begin, Begin Enrollment, Continue Enrollment, Re-Enrollment, Additional Documents, Update, Revalidate, Disenrollment (highlighted with a red box), Manage Affiliations, FEIN Management, and Correspondence History. At the bottom of the sidebar is a 'My Menu' button. The main content area is titled 'Hi Test Conduent' and 'Enrollment Workbench'. Below this is a table with three columns: Actions, Type, and Enrollment Status. The table contains two rows of data.

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

# Re-Enrollment

Once the Disenrollment is approved, you must use the **Re-Enrollment** button under the Enrollment menu, to submit a new application under the new TIN.

The screenshot displays a web application interface. On the left, a dark grey sidebar contains a menu with the following items: Enrollment (expanded), Before you begin, Begin Enrollment, Continue Enrollment, Re-Enrollment (highlighted with a red box), Additional Documents, Update, Revalidate, Disenrollment, Manage Affiliations, FEIN Management, and Correspondence History. At the bottom of the sidebar is a 'My Menu' button. The main content area is titled 'Hi Test Conduent' and 'Enrollment Workbench'. Below this is a table with three columns: Actions, Type, and Enrollment Status. The table contains two rows of data.

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

# Revalidation

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

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

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

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

Actions	Type	Enrollment Status
	Enrollment	Submitted
	Enrollment	Enrolled



# Additional Documents

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

The screenshot displays a web application interface. On the left, a dark grey sidebar contains a menu with the following items: 'Enrollment' (expanded), 'Before you begin', 'Begin Enrollment', 'Continue Enrollment', 'Re-Enrollment', 'Additional Documents' (highlighted with a red rounded rectangle), 'Update', 'Revalidate', 'Disenrollment', 'Manage Affiliations', 'FEIN Management', and 'Correspondence History'. At the bottom of the sidebar is a 'My Menu' button.

On the right, the main content area is titled 'Hi Test Conduent' and 'Enrollment Workbench'. Below this is a table with three columns: 'Actions', 'Type', and 'Enrollment Status'. The table contains two rows of data:

Actions	Type	Enrollment Status
	Enrollment	Submitted
	Enrollment	Enrolled

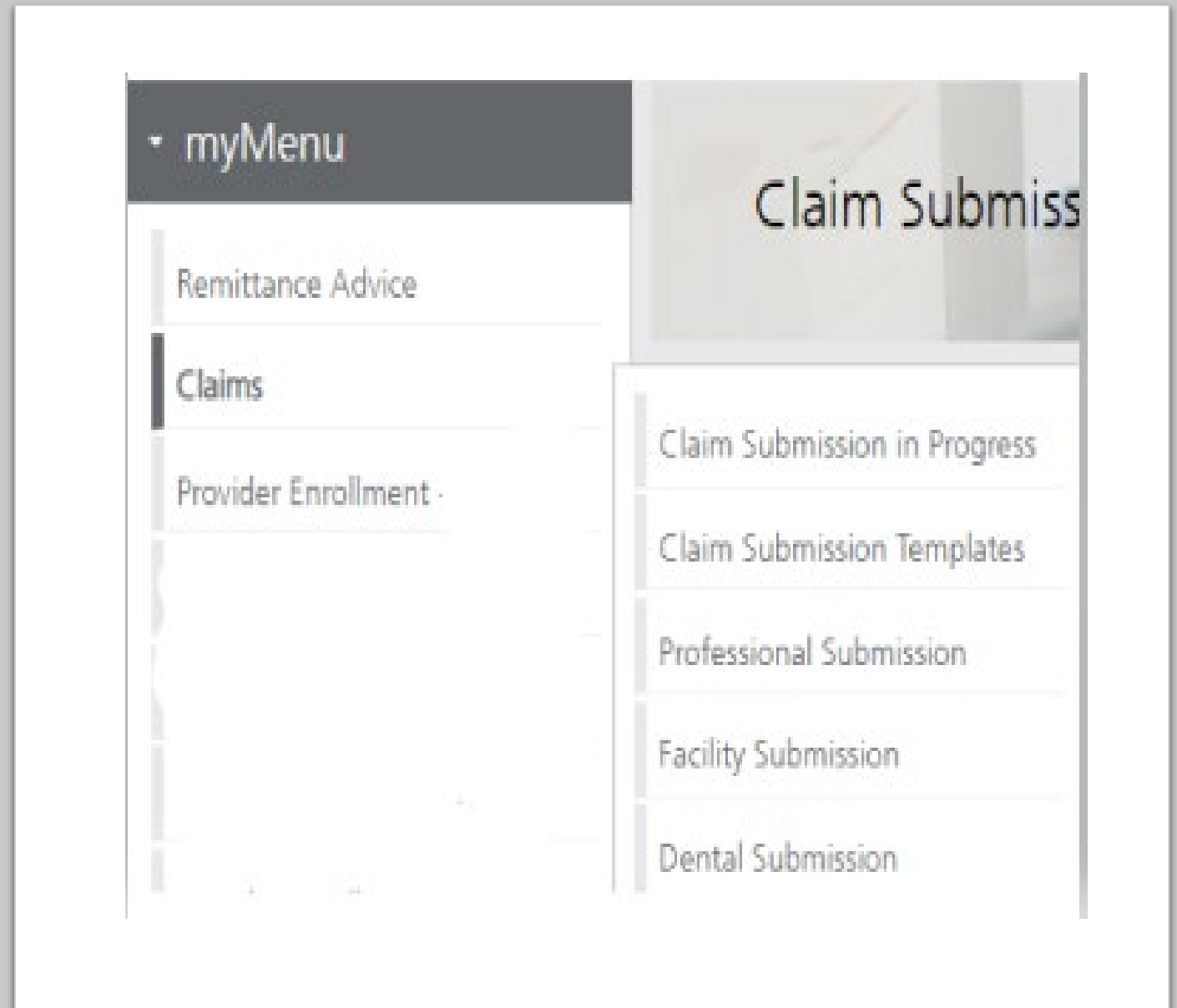
# Claims

# Claim Submission Menu

Under myMenu, without clicking, place your curser on **Claims**.

A side menu with submission options will appear.

The following slides will describe each function.



# Claims Submission in Progress

**This function is for claims started but not submitted.**

E.g., You begin to complete the information for claim. You are interrupted and need to exit the system. When you click Save and Exit at the bottom of the current claim screen; your claim moves to this section.

When you return, click Claims Submission in Progress. Click the **Pencil** icon to pick up where you left off on that claim.

## Claim Submission in Progress

Help

A maximum of 200 in-progress claims will be displayed.

Filter your results:

Action	Member Name	Date of Service	NP/APR	Date Last Modified
	JOEL DUPREE	12/06/2021	1073820965	12/15/2021

# Claim Submission Templates

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**This function is a time saving tool for reoccurring claims.**

Example:

You see the same member for the same service on a consistent basis. You can create a template for that member with all the claim information except the date of service, and maybe the units & billed amount.

When it is time to submit their claim; select the **Claims Submission Templates** tab. Then click on the template name. Now you only need to select the billing provider NPI, enter the missing information on the Claim Information screen and submit your claim.

# Creating a Template

To create a template, click the **blue button** for the claim form required.

The screenshot shows a web application interface for managing 'Claim Submission Templates'. At the top, there is a title 'Claim Submission Templates' and a 'Help' link. Below the title, it states 'Maximum Templates Allowed : 500' and a search filter 'Filter your results:' with an input field. A table lists four templates with columns for 'Actions', 'Name', and 'Date Last Modified'. The 'Name' column contains 'Member B', 'Ortho', 'Test 121', and 'Tester22'. The 'Date Last Modified' column contains '12/06/2021', '12/09/2021', '12/01/2021', and '12/15/2021'. Below the table, there is a 'Show 10 entries' dropdown and 'Showing 1 to 4 of 4 templates' with navigation arrows. At the bottom, three blue buttons are highlighted with yellow boxes: 'Create Professional Claim Submission Template', 'Create Facility Claim Submission Template', and 'Create Dental Claim Submission Template'.

Claim Submission Templates ? Help

Maximum Templates Allowed : 500 Filter your results:

Actions	Name	Date Last Modified
	Member B	12/06/2021
	Ortho	12/09/2021
	Test 121	12/01/2021
	Tester22	12/15/2021

Show  entries Showing 1 to 4 of 4 templates

[Create Professional Claim Submission Template](#) [Create Facility Claim Submission Template](#) [Create Dental Claim Submission Template](#)

# Creating a Template Cont.

Enter the member's MT Medicaid ID number.  
Click **Search**.

When the member information populates, verify and click **Save and Continue**.

Professional Claim Template Help

Member Details

Enter Member Card ID:

**Search**

**Save and Continue** Cancel

# Creating a Template Cont.

Complete the fields that will not change.

For example, the diagnosis code, place of service, CPT code, modifier & diagnosis point fields will most likely not change for reoccurring visits.

Professional Claim Submission Form ? Help

Claim Information

*Note:* Fields marked with an asterisk \* are required.

*Note:* Do not include any decimals when entering Diagnosis Code information. Enter at least first three (3) characters of a Diagnosis and/or Procedure code before utilizing the search icon.

Diagnosis Codes

Diagnosis Codes (ICD 10):

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

Claim Details

*Note:* indicates all required fields of COB have been entered.

From Date*	To Date*	POS*	CPT/ HCPCS Code*	Modifier	Diagnosis Pointer*	Charges*	Days or Units*	COB	NDC	EPSDT	Emergency Service	Family Planning
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$		COB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

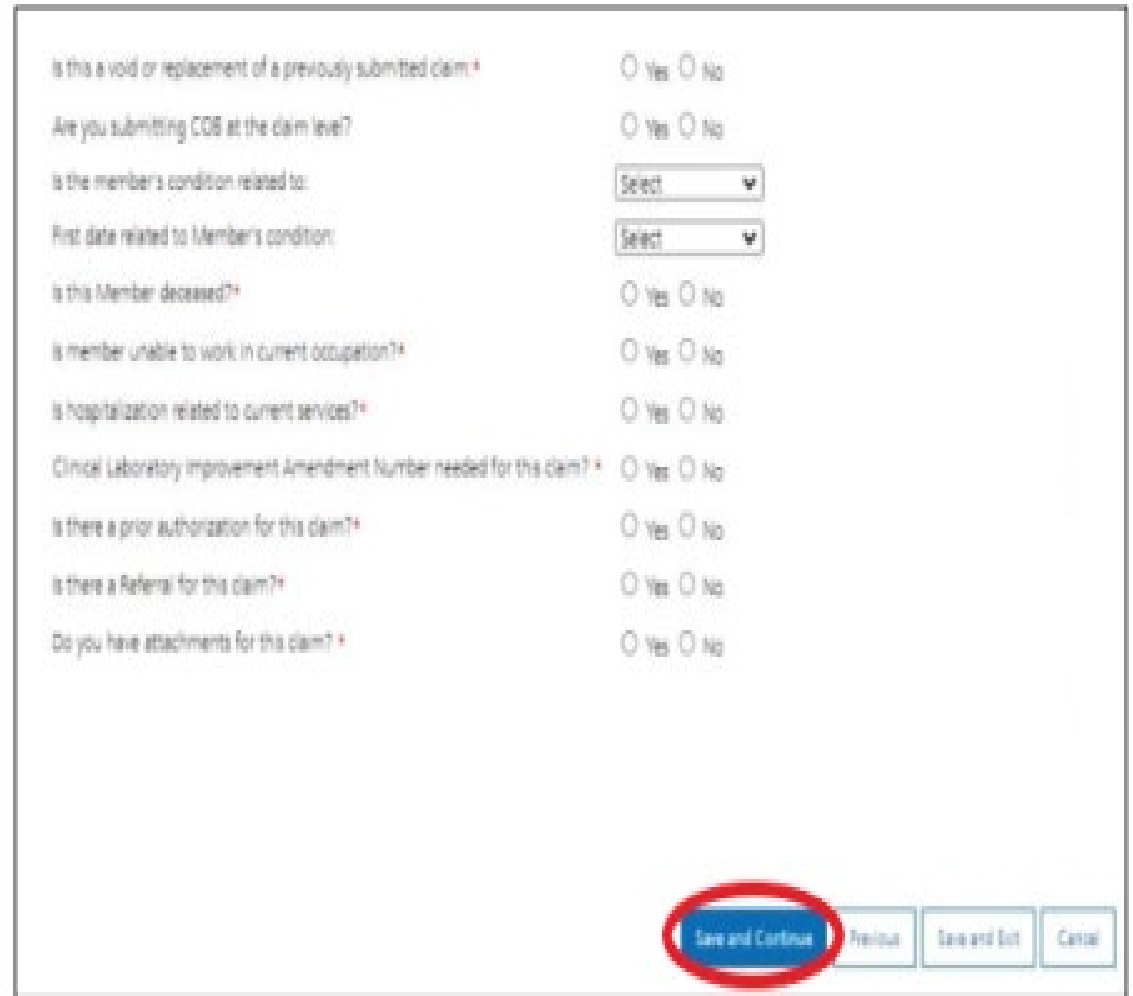
Total Charges: \$



# Creating a Template

Answer all the questions at the bottom of the screen.

Click **Save and Continue**.



The screenshot shows a form with the following questions and options:

- Is this a void or replacement of a previously submitted claim?  Yes  No
- Are you submitting COB at the claim level?  Yes  No
- Is the member's condition related to:
- First date related to Member's condition:
- Is this Member deceased?  Yes  No
- Is member unable to work in current occupation?  Yes  No
- Is hospitalization related to current services?  Yes  No
- Clinical Laboratory Improvement Amendment Number needed for this claim?  Yes  No
- Is there a prior authorization for this claim?  Yes  No
- Is there a Referral for this claim?  Yes  No
- Do you have attachments for this claim?  Yes  No

At the bottom right, there are four buttons: **Save and Continue** (highlighted with a red circle), Previous, Save and Exit, and Cancel.

# Creating a Template

The last step is to name the template. Then click **Save**.

Your template is now visible.

To edit a template, click on the **Pencil** icon.

To delete a template, click on the **Garbage can** icon.









Facility Claim Template

Save Template

Please enter a claim submission template name.

Template Name: \*

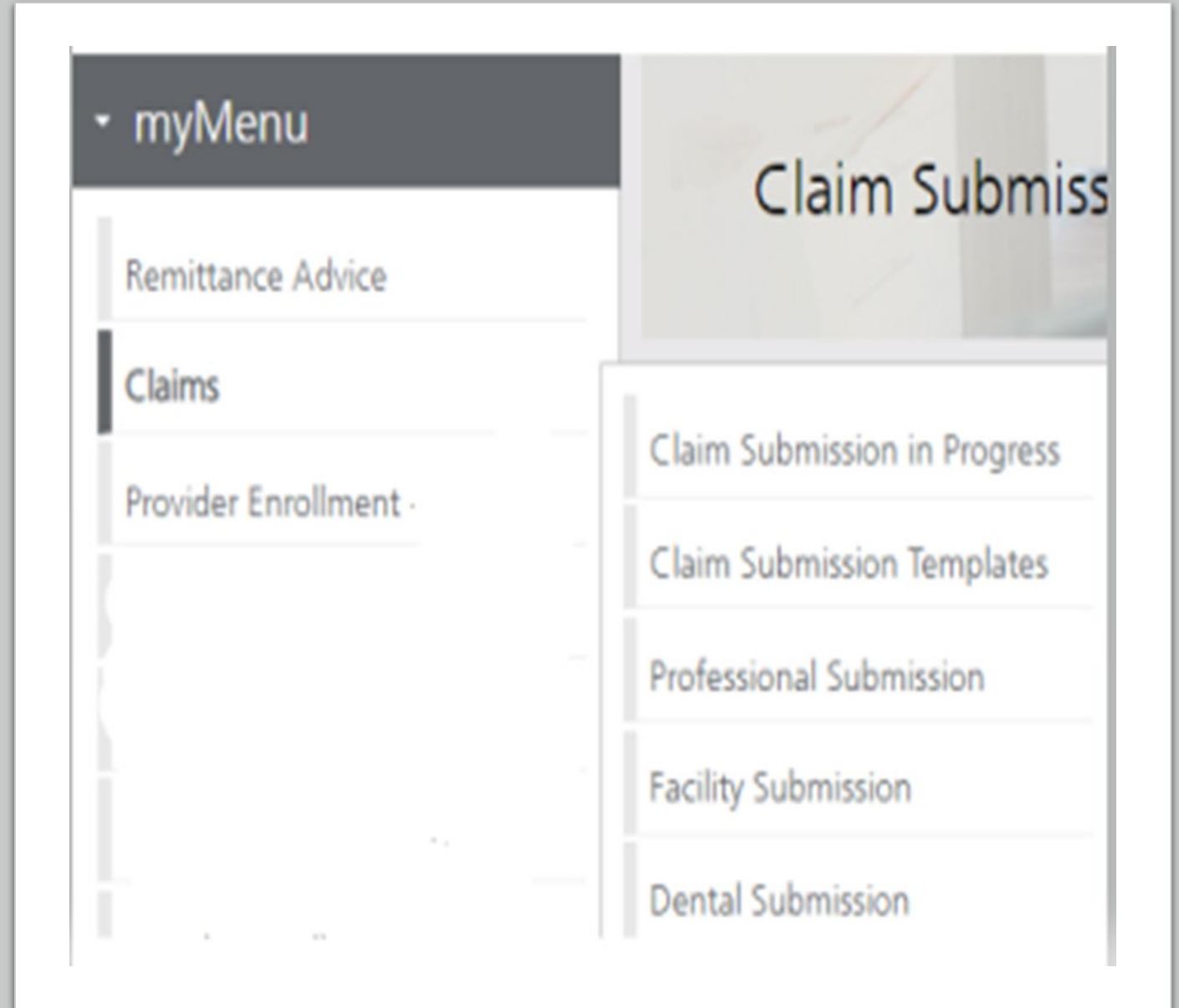
Note(s):  
Template Name must satisfy the following conditions:  
a. Minimum length: 3 characters.  
b. Maximum length: 35 characters.  
c. Cannot contain special characters other than: Space " " or Underscore "\_" or Dash "-".

Actions	Name	Date Last Modified
 	<u>Member B</u>	12/08/2021
 	<u>Ortho</u>	12/09/2021
 	<u>Test 121</u>	12/01/2021
 	<u>Tester22</u>	12/15/2021

# Creating a one-time claim

To create a one-time claim, click the submission tab for the claim type required.

Complete all fields containing a red asterisk. (\*)



# Claims Inquiry

Member search ?


Find everything you need to know about a member with just one search!

Member search

Enter Member Card ID \*

Go

Member search ?

 **Member found!**

You are currently viewing:

**Member's Name**

[Clear Search](#)

Claims Inquiry

Eligibility

Search

# Claims Inquiry Search Results

Member search

myMenu

Claim search

I want to view:  
Claims for

Time period  
From Date: 09/01/2021  
To Date: 12/01/2021  
Claim number  
Patient account number  
Search

Hi Org3 MTOFEOC

## Claims Detail

Claim search results

Member: ...  
You are viewing: Claims for NPV/API 1... and time period from 09/01/2021 to 12/01/2021.

Claim activity

Download Print Help

Filter your results:

ICN	OPTUM CLAIM NUMBER	SERVICE DATE	MEMBER NAME	PROVIDER	STATUS	BILLED AMOUNT	PLAN PAYS
221		09/01/21		INC	F1	\$177.44	\$177.44

Show 10 entries

Showing 1 to 1 of 1 Claims

# Claims Inquiry Detail

I want to view:  
Claims for

Time period  
From Date: 09/01/2021  
To Date: 12/01/2021

Claim number  
Patient account number

Search

## - Claim search results

Member: [redacted]  
You are viewing: Claims for NPI/API 1 [redacted] and time period from 09/01/2021 to 12/01/2021.

### - Claim activity

ICN: 221 [redacted] Optum Claim number: [redacted] [Return to search](#)

Member: [redacted]	Total amount billed:	\$177.44
Date of service: 09/01/21-09/30/21	Total amount paid:	\$177.44
Patient account: [redacted]		
Member ID: [redacted]	Date processed: 10/04/21	
Claim status: F1:Finalized/Payment		
<b>Payment details</b>		
	Payment number:	00000261657
	Payment date:	10/11/21
	Payment amount:	\$177.44

#### Line 1

Provider name: [redacted]	INC	Cost for this service	Amount billed:	\$177.44
Provider NPI/API: 12 [redacted]			Amount paid by plan:	\$177.44
Date of service: 09/01/21-09/30/21				
Procedure code: T2041				

[Return to search](#)

# Electronic Claim Adjustments

---

To Correct a claim - Create a new claim with the corrected information.

To Void a claim – Create a new claim with the original claim information.

## Professional Claims (CMS-1500) & Dental Claims

Answer YES, to the first question at the bottom of the claim entry screen. The next two fields are now visible.

Select either ***Replacement of prior claim*** or ***Void of prior claim*** from the Medicaid Resubmission drop down.

Enter the Paid ICN of the claim being adjusted in the Original Reference Number field.

# Electronic Claim Adjustments

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Is this a void or replacement of a previously submitted claim:\*

Yes  No

Select the Medicaid Resubmission Code:\*

Select



Enter the Original Reference Number:\*



# Electronic Claim Adjustments

---

To Correct a claim - Create a new claim with the corrected information.

To Void a claim – Create a new claim with the original claim information.

## Institutional Claims (UB-04)

When recreating the claim, change the last digit of the Type of Bill code to either **7 for replacement** or **8 for void**.

The Original Reference Number filed is now visible. Enter the Paid ICN of the claim being adjusted in the Original Reference Number field.

# Electronic Claim Adjustments

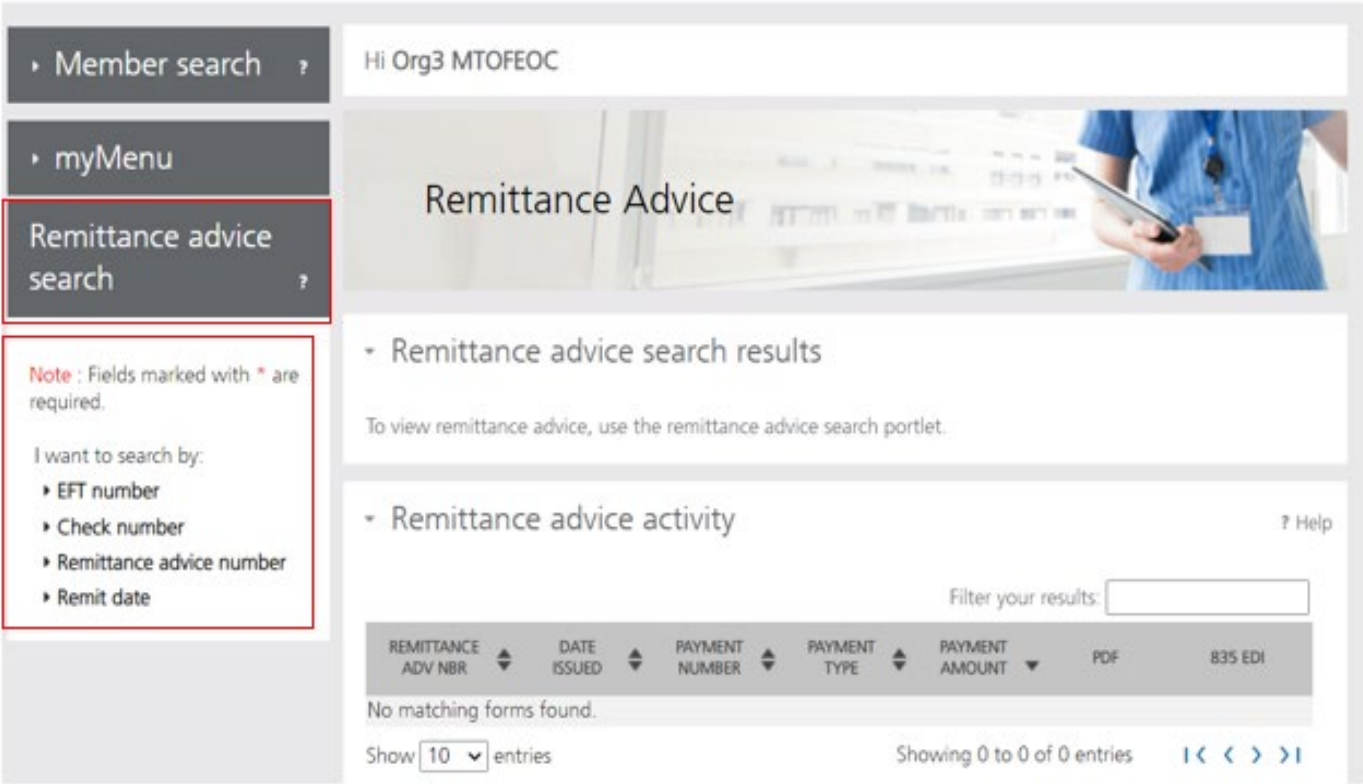
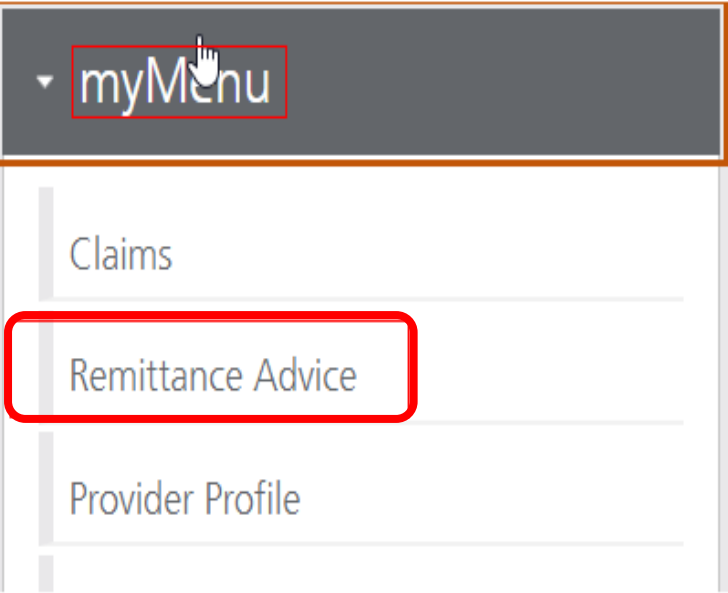
---

Type of Bill:\*  Inpatient or Outpatient:\*  Statement Period From:\*  Statement Period Through:\*

Admission Date:  Admission Hour:  Admission Type:\*  Source of Admission:\*  Discharge Hour:  Member Discharge Status:\*

Original Reference Number:\*

# Remittance Advice



# Remit Search

Remits are available on the MPATH portal From February 2022.

Select the NPI, EU, and other criteria to see the remits that match your search.

Click view under the PDF column to see download your remit.

Remittance advice search

Note : Fields marked with \* are required.

NPI/API: 1841530870

PID/EU: 0000359380

I want to search by:

- ▶ EFT number
- ▶ Check number
- ▶ Remittance advice number
- ▼ Remit date

From Date: \*  
01/01/2023

To Date: \*  
03/31/2023

Search

## Remittance Advice

Remittance advice search results

Provider NPI/API: 1841530870  
You are viewing: Remittance Advice for NPI/API 1841530870 and time period from 01/01/2023 to 03/31/2023.

Remittance advice activity ? Help

Filter your results:

REMITTANCE ADV NBR	DATE ISSUED	PID/EU	PAYMENT NUMBER	PAYMENT TYPE	PAYMENT AMOUNT	PDF	835 EDI
4	02/27/2023	0000359380		Check	\$19627.39	<a href="#">View</a>	<a href="#">Download</a>
4	01/23/2023	0000359380		Check	\$18693.43	<a href="#">View</a>	<a href="#">Download</a>
4	01/16/2023	0000359380		Check	\$6530.44	<a href="#">View</a>	<a href="#">Download</a>
4	01/09/2023	0000359380		Check	\$23.30	<a href="#">View</a>	<a href="#">Download</a>

Show 10 entries Showing 1 to 4 of 4 forms

# Managing Affiliations

# Manage Affiliations

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This function is not required for facilities or billing providers submitting claims through any other avenue than the MPATH system.

This function adds Rendering providers to the drop-down list, in the MPATH claims entry system.







# Manage Affiliations

Click **Provider Enrollment** tab under myMenu.

Click **Radio button** on the Enrollment line of the facility.

The **Manage Affiliations** tab is now visible under the Enrollment Menu.

Click **Manage Affiliations** tab.

Actions	Type	Status
     	Enrollment	Enrolled
<b>Manage Affiliations</b>		

# Manage Affiliations

Rendering providers must be enrolled to add as an affiliation.

Complete the search fields.  
Click **Search**.

Follow the instructions on the screen.

Affiliations initiated by the facility do not require approval.

The screenshot shows the 'Manage Affiliations' web interface. At the top, there is a dark header with the title 'Manage Affiliations'. Below the header, there are four tabs: 'Search for Providers' (which is active), 'Pending Approval', 'Requested Affiliations', and 'Existing Affiliations'. In the top right corner, there is a 'User Guide' link with a document icon. The main content area is titled 'Search for Provider' and includes a 'Help' icon. Below the title, there is a paragraph of instructions: 'To build an affiliation, search for the provider you want to affiliate by entering the first name, last name, or NPI. If no information displays the provider isn't an active enrolled provider and the application will display a 'no affiliation found' message. Based upon your search criteria multiple providers may display, if this is the case, select the provider you want to participate by selecting the radio button next to the provider's name. For authentication and security, please enter the last four (4) digits of the provider's Social Security Number and enter the effective date of the affiliation. When completed select the add and continue button at the bottom of the screen and the request will move to the pending approval tab.' Below the instructions, there are three input fields: 'First Name', 'Last Name', and 'NPI/Atypical ID', each with an information icon. To the right of these fields is a 'Search' button with an information icon. Below the search fields, there is a pagination control showing 'Items per page 10' and '0 of 0' with navigation arrows. At the bottom right of the form, there are three buttons: 'Save and Exit', 'Cancel', and 'Add and Continue'.



# Manage Affiliations

**Pending Approval** tab will show any providers you have submitted to be affiliated.

**Requested Affiliations** are providers who are requesting affiliation.

Completed affiliations can be searched under the **Existing Affiliations** tab.

The screenshot displays the 'Manage Affiliations' web application interface. At the top, there is a dark header with the title 'Manage Affiliations'. Below the header, there are four tabs: 'Search for Providers', 'Pending Approval', 'Requested Affiliations', and 'Existing Affiliations'. The 'Existing Affiliations' tab is currently selected. In the top right corner, there is a 'User Guide' icon. Below the tabs, there is a 'Search for Provider' section with a 'Help' icon. A descriptive text explains that the existing affiliation tab lists affiliations linked to the organizational provider and allows for managing the affiliation by entering additional information, such as a new physical address or a termination date. Below this text are three input fields for 'First Name', 'Last Name', and 'NPI/Agency ID', followed by a 'Search' button. At the bottom, there is a table with the following columns: 'First Name', 'Last Name', 'NPI/Agency ID', 'Effective Date', 'Terminate Date', 'Actions', and 'File Name'. The table contains two rows of data:

	First Name	Last Name	NPI/Agency ID	Effective Date	Terminate Date	Actions	File Name
<input type="checkbox"/>	Reita	Chick		09/14/2021	MA20211111		
<input type="checkbox"/>	Josiah	Adams		12/01/2021	MA20211111		

# Resources

# Need Help?

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

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



**User Guide**

# On-line Resources

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Provider Information Website:

<https://medicaidprovider.mt.gov>

- [Provider Enrollment Page](#)
- [Claims Page](#)
- Provider Services Module User Guides
- [Claim Jumper Newsletters](#)
- Previous training presentations and videos

# Provider Relations Contact Information

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Provider Relations Call Center:

(800) 624-3958

Monday through Friday 8am to 5pm MST

General, Claims, TPL, and EDI questions:

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

Enrollment Questions and documents:

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

Note: the Conduent helpdesks cannot accept secured emails.

# Email Assistance

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When emailing the Conduent helpdesks with issues, please provide the following so we can research & submit a help ticket to our Tech Team.

**GovID:**

**Name:**

**Email registered:**

**NPI attempting/registered:**

**Phone number:**

**A screen shot of the error:**

Please allow 2 - 5 business days for a response.

Questions?

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