

New Provider Services Module

Provider Demonstration

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NPPES NPI Registry

<https://npiregistry.cms.hhs.gov/registry/>

The first step is to verify your information in the NPPES registry.

- **Search the NPI.**
- **Verify all information shown under the NPI is correct. Name, address, phone number and taxonomy code should all be verified.**
- **Notate the taxonomy needed for your current application.**

<https://taxonomy.nucc.org/>

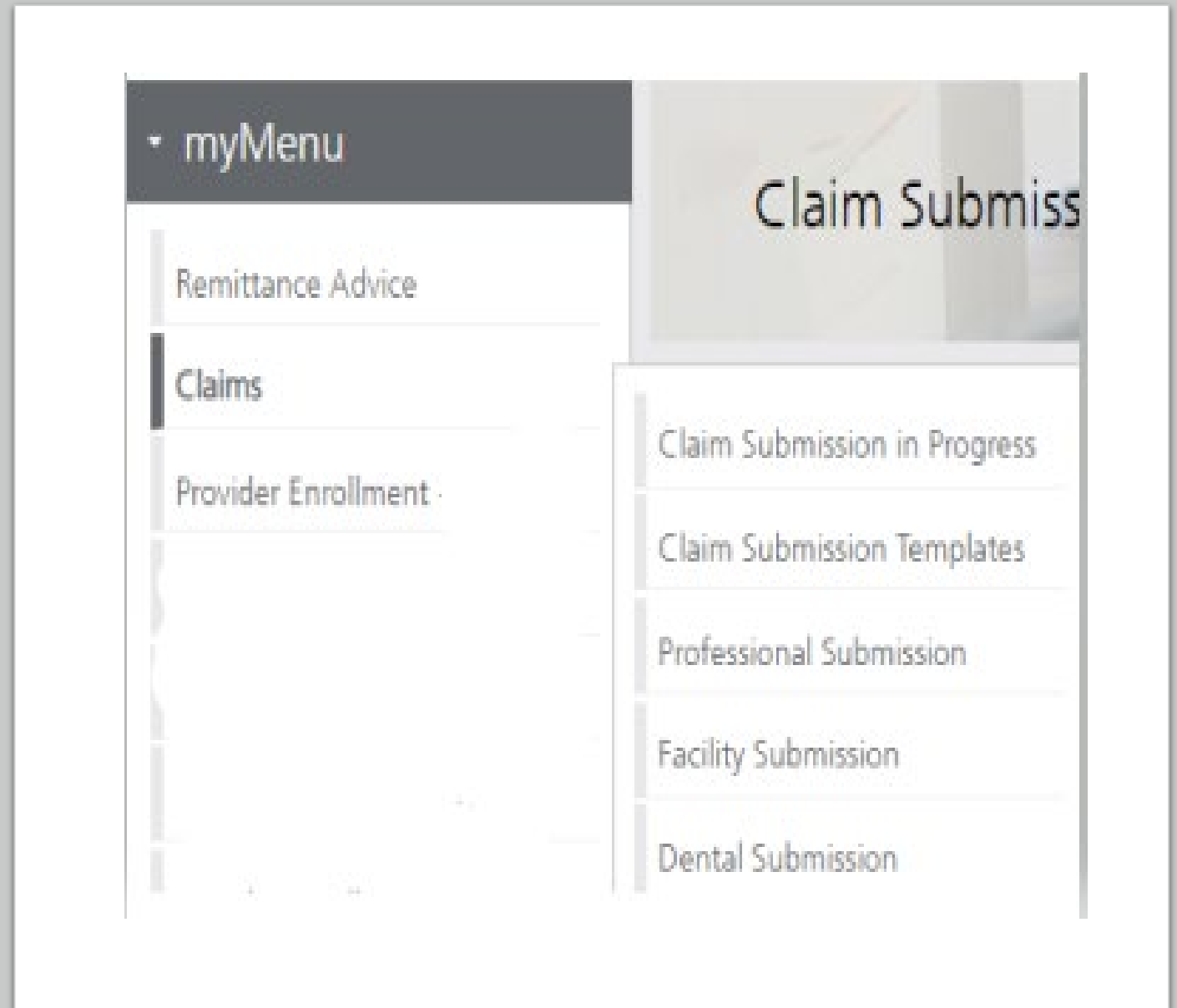
Claims

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.



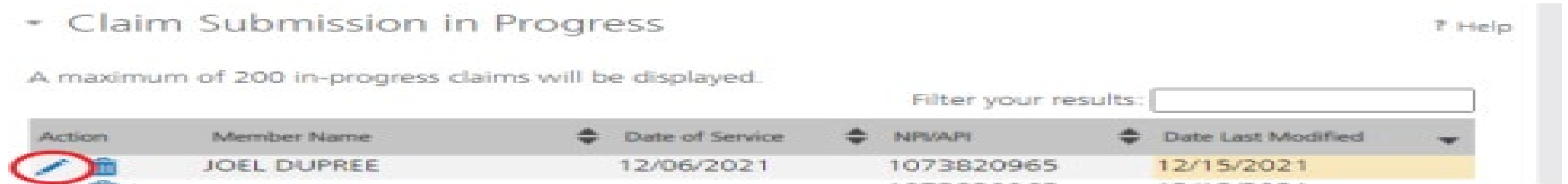
Claims Submission in Progress


This function is for claims started but not submitted.

Example:

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/API	Date Last Modified	
	JOEL DUPREE	12/06/2021	1073820965	12/15/2021	

Claim Submission Templates

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.

Claim Submission Templates

Help





Maximum Templates Allowed : 500

Filter your results:

Actions	Name	Date Last Modified
 	Member B	12/08/2021
 	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

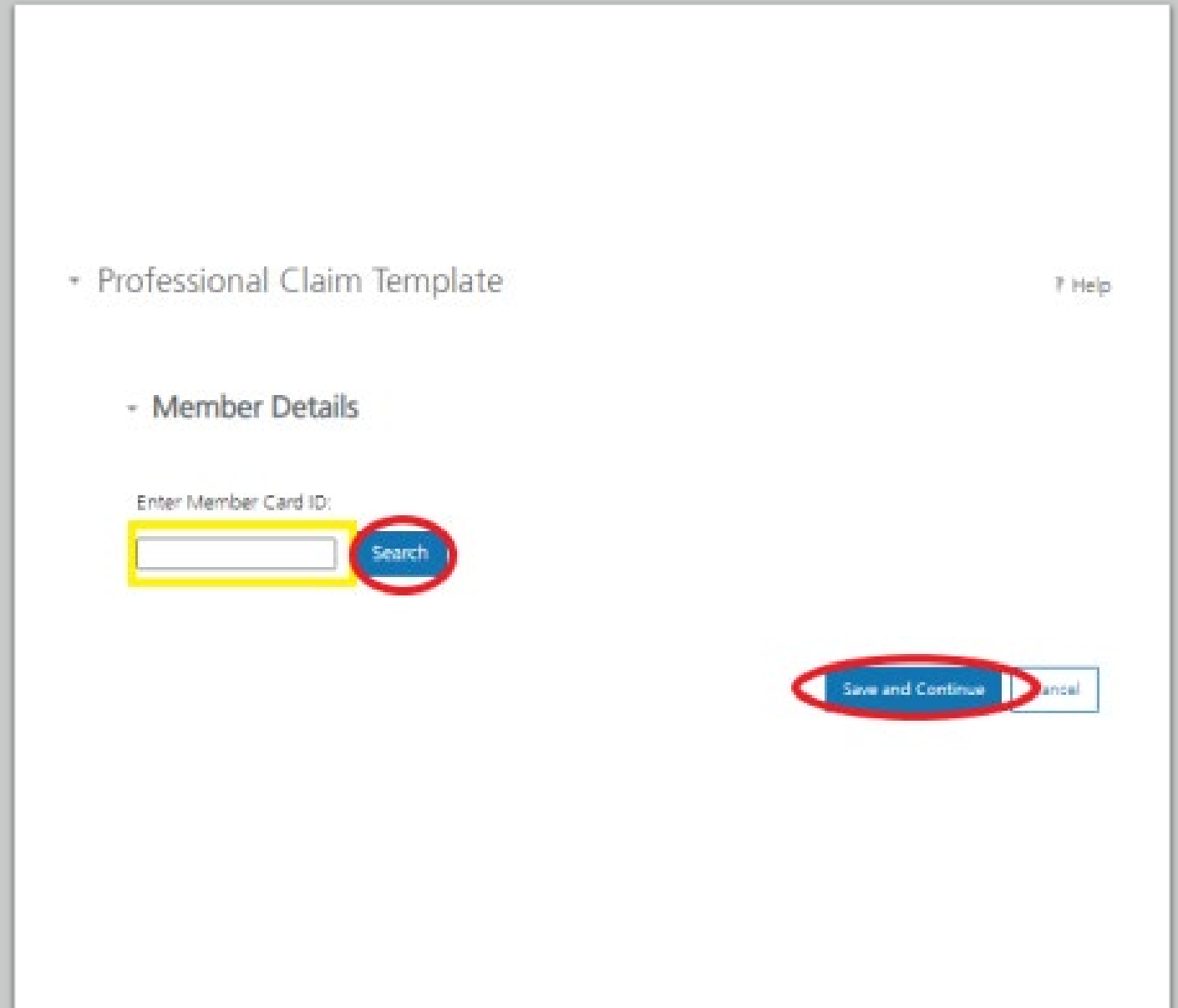
Create Dental Claim Submission Template

Creating a Template

Enter the member's MT Medicaid ID number.

Click **Search**.

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



The screenshot shows a web interface for creating a template. At the top, there is a section titled "Professional Claim Template" with a "Help" link. Below this is a section titled "Member Details". Under "Member Details", there is a label "Enter Member Card ID:" followed by a text input field and a "Search" button. The input field is highlighted with a yellow rectangle, and the "Search" button is circled in red. At the bottom right of the form, there are two buttons: "Save and Continue" (circled in red) and "Cancel".

Creating a Template

Complete the fields that will not change.

For instance, 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: COB indicates all required fields of COB have been entered.

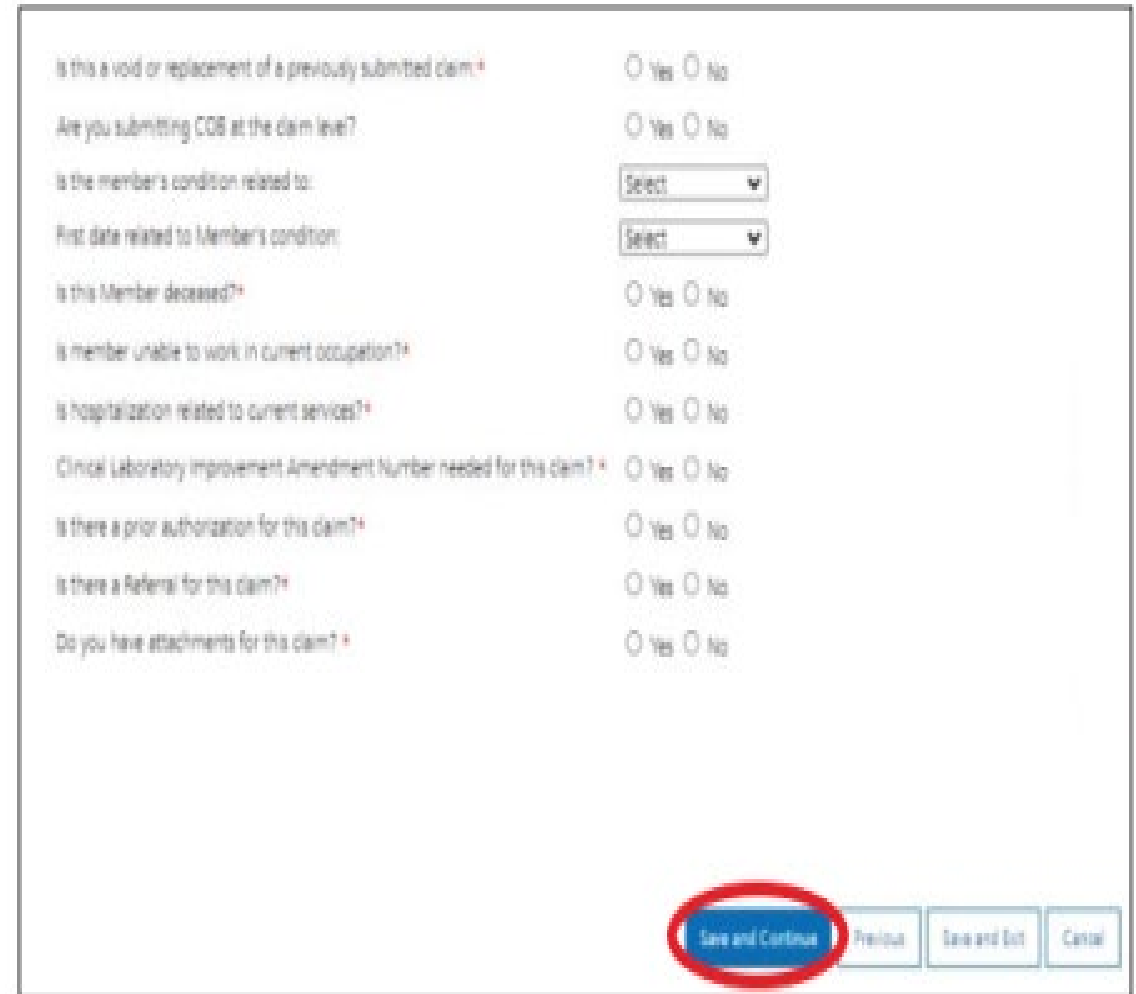
From Date*	To Date*	POS*	CPT/ HCPCS Code*	Modifier	Diagnosis Pointer*	Charges*	Days or Units*	COB	NDC	EPSDT	Emergency Service	Family Planning
		Select				\$		COB				
		Select				\$		COB				
		Select				\$		COB				
		Select				\$		COB				
		Select				\$		COB				
		Select				\$		COB				
		Select				\$		COB				
		Select				\$		COB				
		Select				\$		COB				
		Select				\$		COB				

Total Charges: \$ Add

Creating a Template

Answer all the questions at the bottom of the screen.

Click **Save and Continue**.



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

Save and Continue Previous Save and Exit 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: *

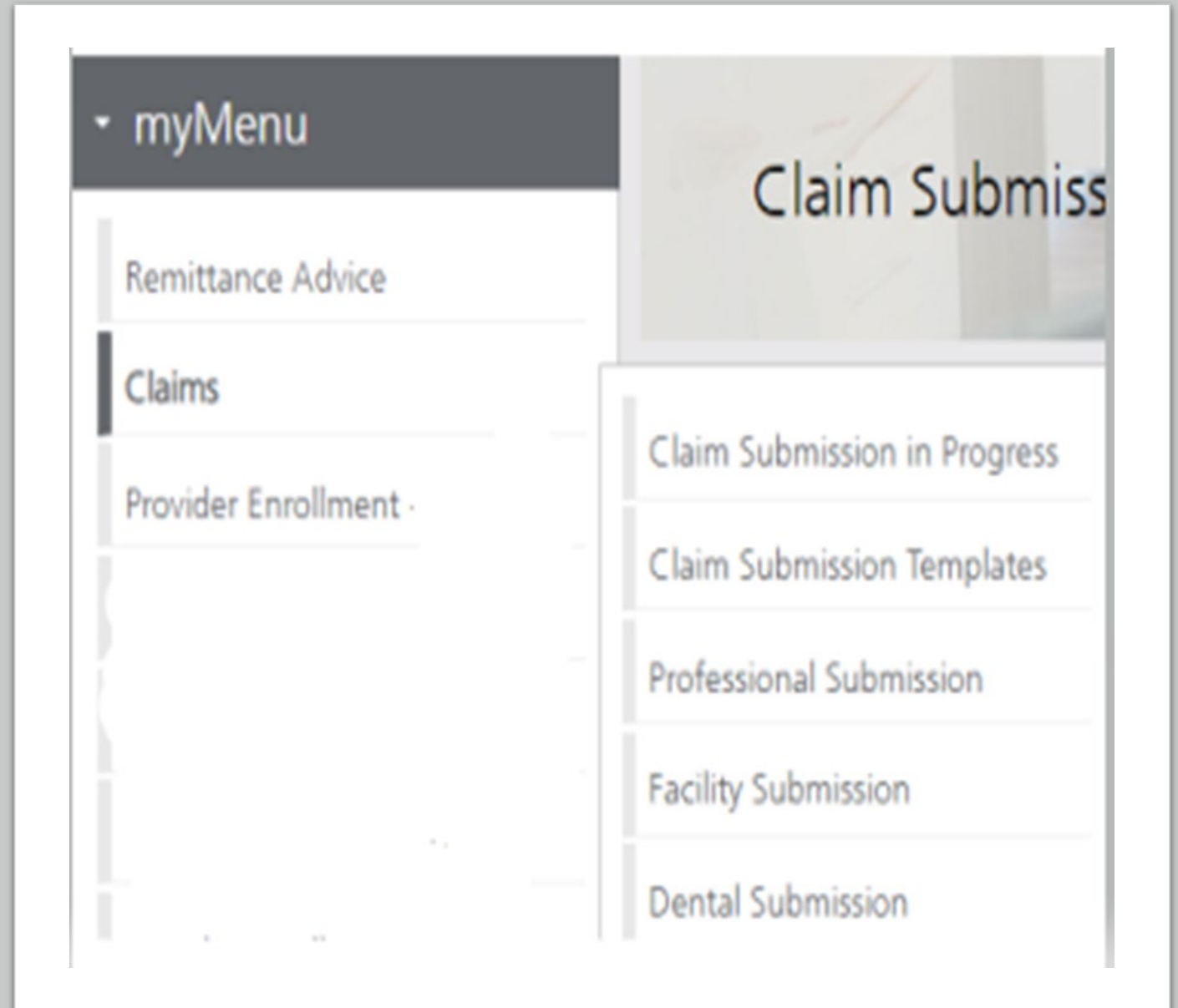
Note(s):
Template Name must satisfy the following conditions:
a. Minimum length: 3 characters.
b. Maximum length: 35 characters.
c. Cannot contain special characters other than: Space " " or Underscore "_" or Dash "-".

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. (*)



Provider Portal

Provider Portal

The new Provider Services portal contains the same information and functions as the Montana Access to Health (MATH) portal.

- Verify Member eligibility (**Beginning 2/1/22**)
 - Built in limits (such as annual dental limits)
- Verify claim status
- Verify weekly remittance advices (eSOR reports)

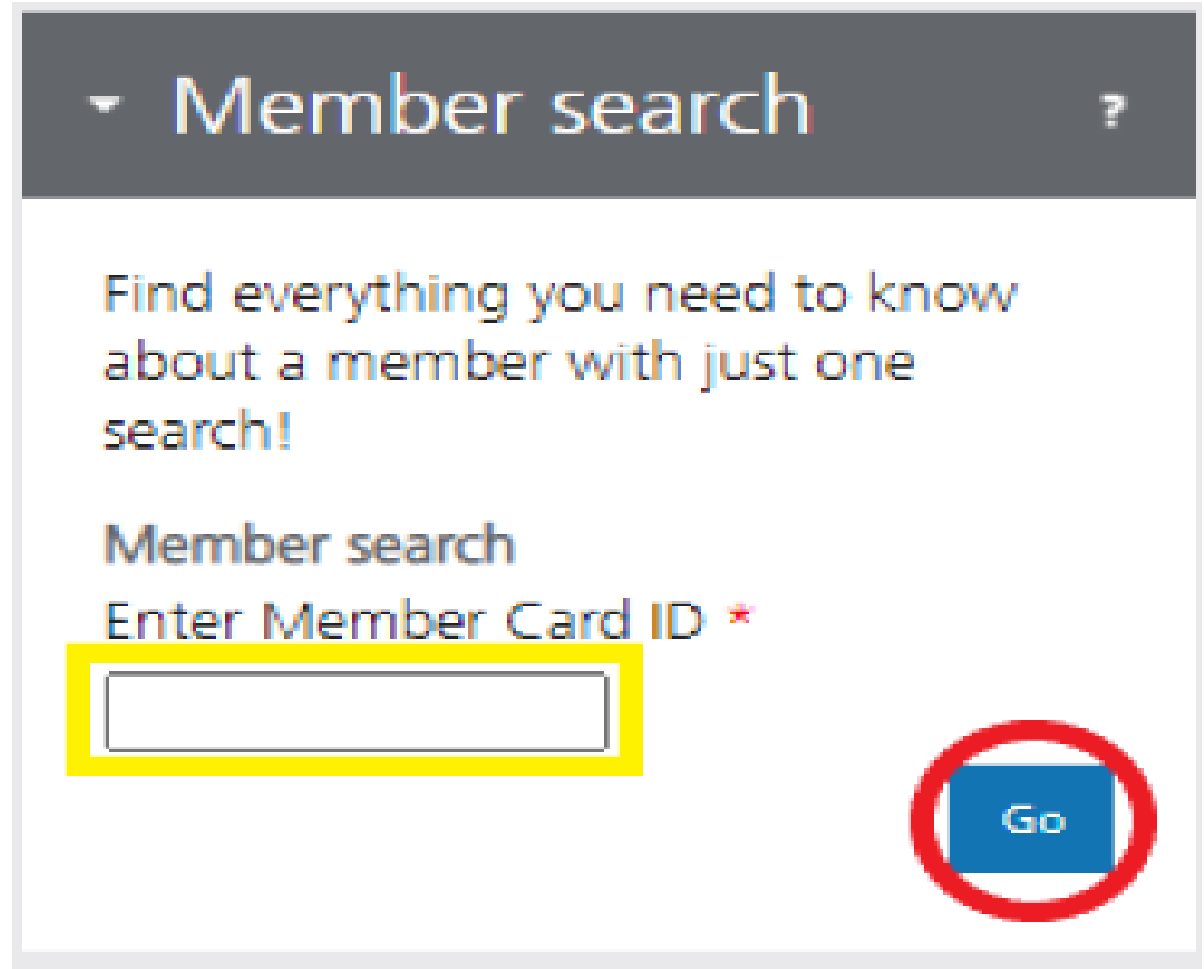
Member Eligibility Search

To verify member information, use the Member Search function at the top of the screen.

Enter member's MT Medicaid ID number.

Click **Go**.

Not available till 2/1/2022

A screenshot of a web application's 'Member search' section. At the top, there is a dark grey header bar with the text 'Member search' in white, preceded by a small downward arrow icon and followed by a question mark icon. Below the header, the main content area has a white background. It contains the text 'Find everything you need to know about a member with just one search!' in a blue, sans-serif font. Underneath this is the heading 'Member search' in a smaller blue font, followed by the label 'Enter Member Card ID *' in a blue font. Below the label is a white rectangular input field with a thin grey border, which is highlighted by a thick yellow rectangular box. To the right of the input field is a blue rectangular button with the word 'Go' in white, which is circled by a thick red ring.

Provider Portal – Claims Inquiry

Member search

?

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

Member search


Enter Member Card ID *

0000001

Go

Member search

?

 **Member found!**

You are currently viewing:

Member's Name

[Clear Search](#)

☒ Claims Inquiry

☐ Eligibility

Search

Provider Portal – Claims Inquiry

Member search

myMenu

Claim search

I want to view:
Claims for

Time period

From Date:

To Date:

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 11/01/2021 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
No matching claims found.							

Show 10 entries

Showing 0 to 0 of 0 entries

Provider Portal – Claims Inquiry

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 123456789 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

Showing 1 to 1 of 1 Claims

Provider Portal – Claims Inquiry

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

- Claim activity

ICN: 221 Optum Claim number: < Return to search

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

Line 1

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

< Return to search

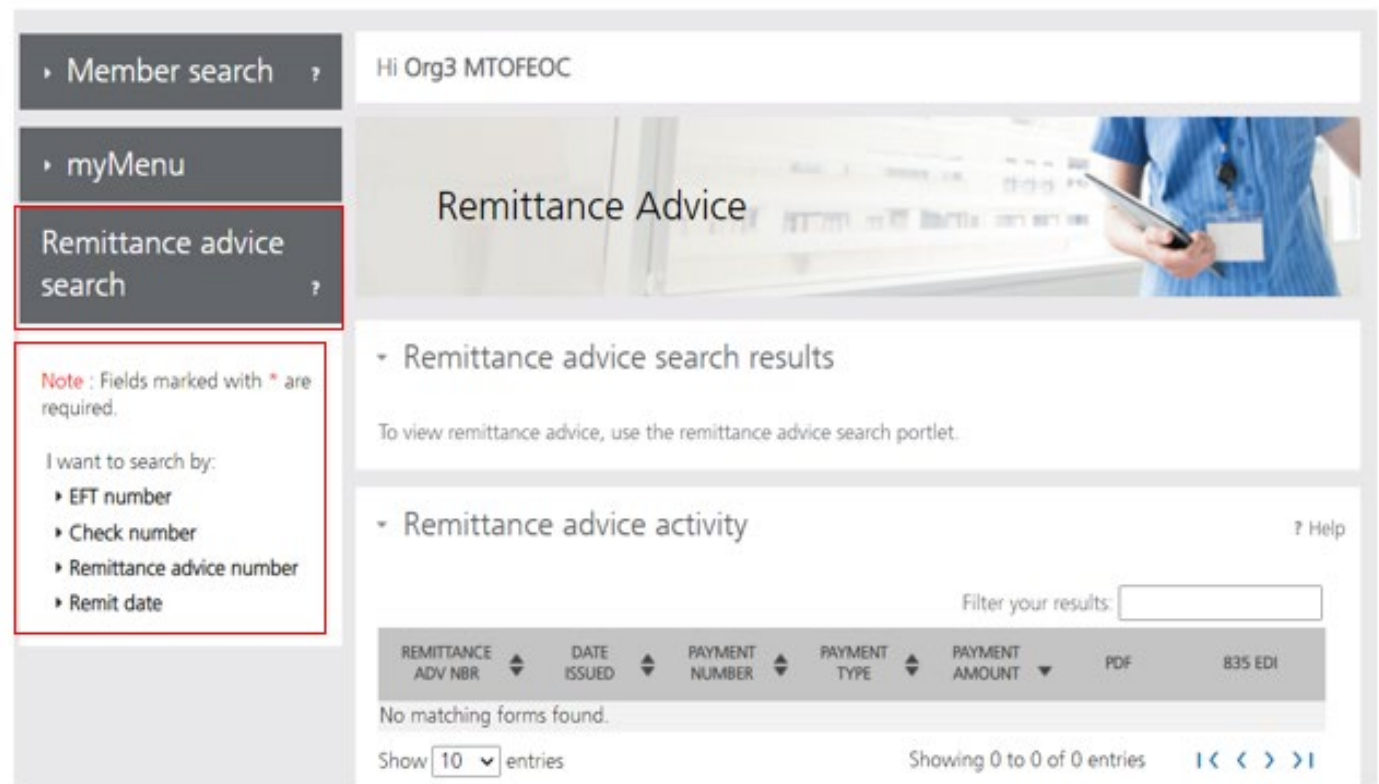
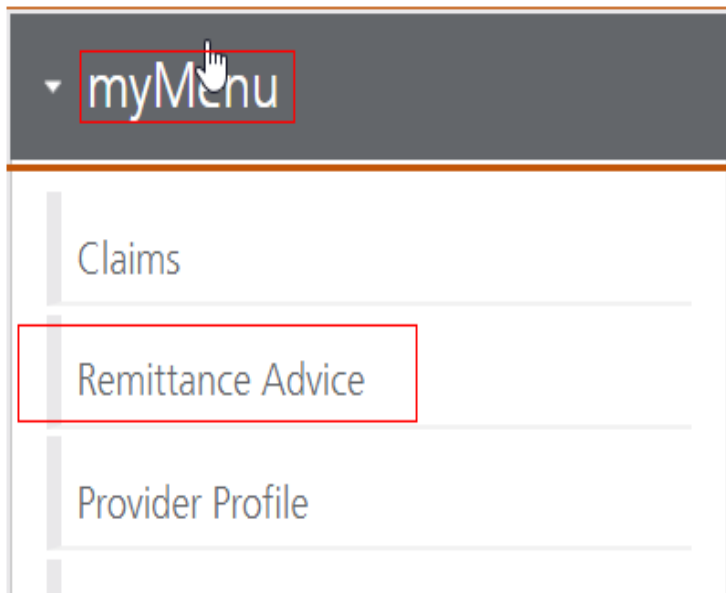
Provider Portal – Claims Inquiry



Claim Detail

ICN: 221: /		Optum Claim number:	
Member: [redacted]			
Date of service: 09/01/21-09/30/21			
Patient account:		Date processed:	10/04/21
Member:	[redacted]		
Member ID:	[redacted]		
Claim status:	F1:Finalized/Payment		
		Total amount billed:	\$177.44
		Total amount paid:	\$177.44
Payment details			
		Payment number:	00000261657
		Payment date:	10/11/21
		Payment amount:	\$177.44
Line 1			
Provider name:	[redacted] INC	Cost for this service	
Provider NPI/API:	12	Amount billed:	\$177.44
Date of service:	09/01/21-09/30/21	Amount paid by plan:	\$177.44
Procedure code:	T2041		

Provider Portal – Remits



Provider Portal – Remits

I want to search by:

▼ EFT number

Enter EFT number: *

▼ Check number


Enter check number: *

▼ Remittance advice number


Enter remittance advice number: *

▼ Remit date

From Date(mm/dd/yyyy): *

09/02/2021 

To Date(mm/dd/yyyy): *

12/01/2021 

Search

Provider Portal – Remits

Filter your results:

REMITTANCE ADV NBR	DATE ISSUED	PAYMENT NUMBER	PAYMENT TYPE	PAYMENT AMOUNT	PDF	835 EDI
C	09/27/2021	00	Check	\$1150550.83	View	Download
O	09/27/2021	00	Check	\$246077.51	View	Download
O	09/27/2021	00	Check	\$94875.42	View	Download
O	09/20/2021	01	Check	\$14843.00	View	Download
O	09/27/2021	00	Check	\$7195.51	View	Download
O	09/06/2021	00	Check	\$1572.51	View	Download
O	09/13/2021	01	Check	\$520.36	View	Download

Show entries

Showing 1 to 7 of 7 forms

[<](#) [<<](#) [>>](#) [>](#)

VENDOR # 0000 REMIT ADVISE # 81 EFT/CHK #01 DATE 09/27/2021 PAGE 2
NPI #: 121 TAXONOMY:

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CLAIM									
ICN 22	PATIENT	07012021	07312021	1.000	S5141	2453.93	2453.93		
TEAM NUMBER 01									
CLAIM TOTAL**						2453.93	2453.93		
ICN 221	PATIENT	08012021	08312021	1.000	S5141	2453.93	2453.93		
TEAM NUMBER 01									
CLAIM TOTAL**						2453.93	2453.93		
ICN 221	PATIENT	07012021	07312021	1.000	T2032	767.70	767.70		
TEAM NUMBER 01									
CLAIM TOTAL**						883.20	883.20		
ICN 221	PATIENT	08012021	08312021	1.000	T2032	767.70	767.70		
TEAM NUMBER 01									
CLAIM TOTAL**						883.20	883.20		
ICN 2212	PATIENT	07012021	07312021	8.000	T2021	782.48	782.48		
TEAM NUMBER 01									

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

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:*		
<input type="text" value="0117"/>	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>		
Admission	Admission	Admission	Source of	Discharge	Member Discharge
Date:	Hour:	Type: *	Admission:*	Hour:	Status:*
<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>
Original Reference Number:*					
<input type="text"/>					



If You Have Questions...

Need Help?

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

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



On-line Resources

<https://medicaidprovider.mt.gov>

- Provider Enrollment tab
- Provider Services Module User Guides
- FAQs Section under Site Index

Provider Relations Contact Information

Provider Relations Call Center:

- (800) 624-3958 Opt. 7, Opt. 4
- Live Agents
 - Monday through Friday
 - 8 AM to 5 PM Mountain Time
 - MTPRHelpdesk@conduent.com

Field Representative:

- Deb Braga (406) 457-9553 Deborah.braga@conduent.com

Email Assistance MTPRHelpdesk@condunent.com

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

GovID:

Name:

Email registered:

NPI attempting/registered:

Phone number:

A screen shot of the error:

Please allow 2 - 5 business days for a response.

Questions?