

# New Provider Services Module

Provider Demonstration

Presented by Deb Braga, PR Field Rep

# NPES NPI Registry

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

**The first step is to verify your information in the NPES 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/>

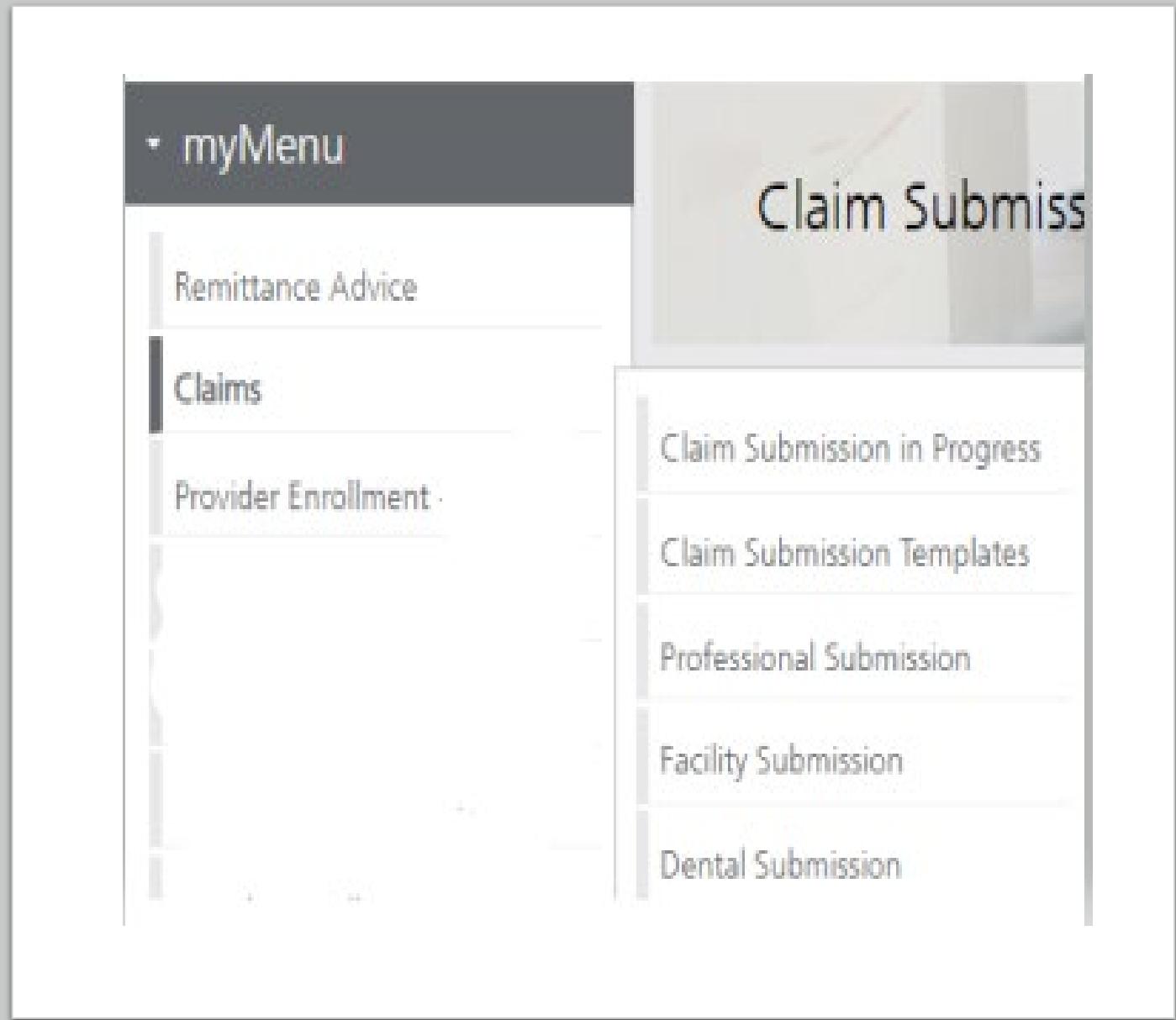
# Claims

# Claim Submission Menu

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

A side menu with submission options will appear.

The following slides will describe each function.



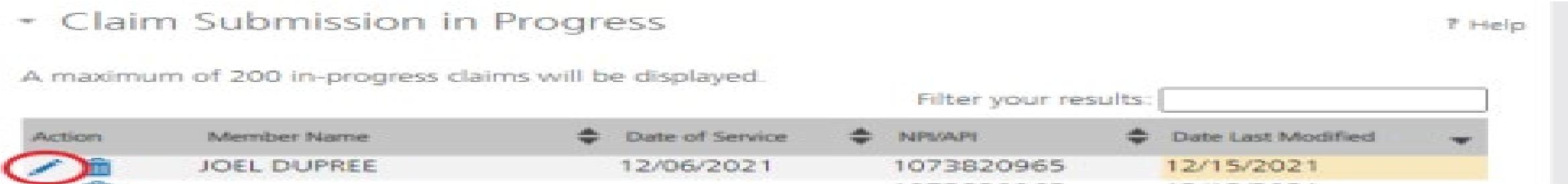
# Claims Submission in Progress

**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.



Action	Member Name	Date of Service	NPIN/API	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.

Claim Submission Templates

Maximum Templates Allowed : 500

Filter your results:

Actions	Name	Date Last Modified
	<a href="#">Member B</a>	12/08/2021
	<a href="#">Ortho</a>	12/09/2021
	<a href="#">Test 121</a>	12/01/2021
	<a href="#">Tester22</a>	12/15/2021

Show  entries

Showing 1 to 4 of 4 templates

Create Professional Claim Submission Template

Create Facility Claim Submission Template

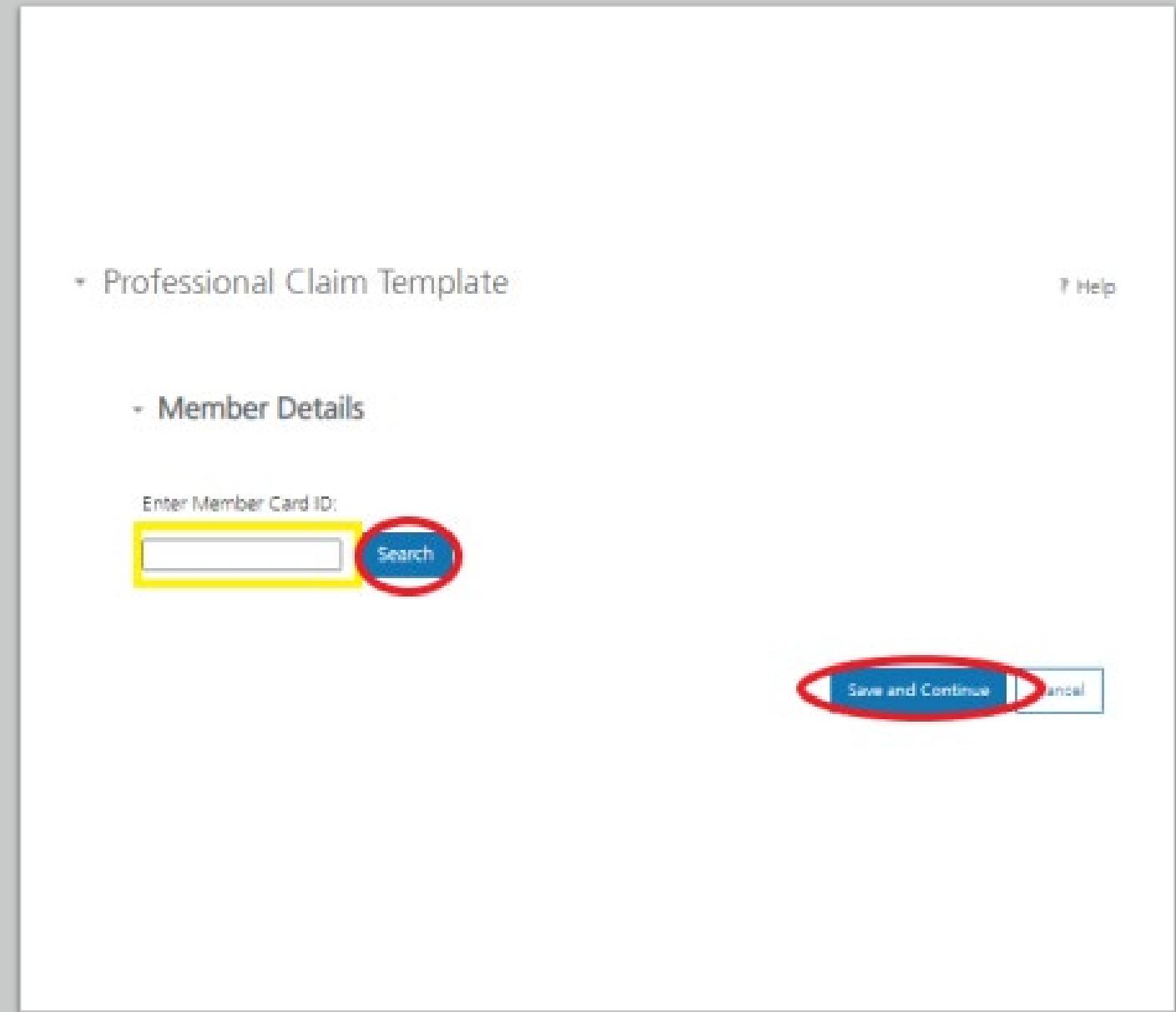
Create Dental Claim Submission Template

# Creating a Template

Enter the member's MT Medicaid ID number.

Click **Search**.

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



Professional Claim Template

Member Details

Enter Member Card ID:

Search

Save and Continue 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
<input type="text"/>					
7	8	9	10	11	12
<input type="text"/>					

Claim Details

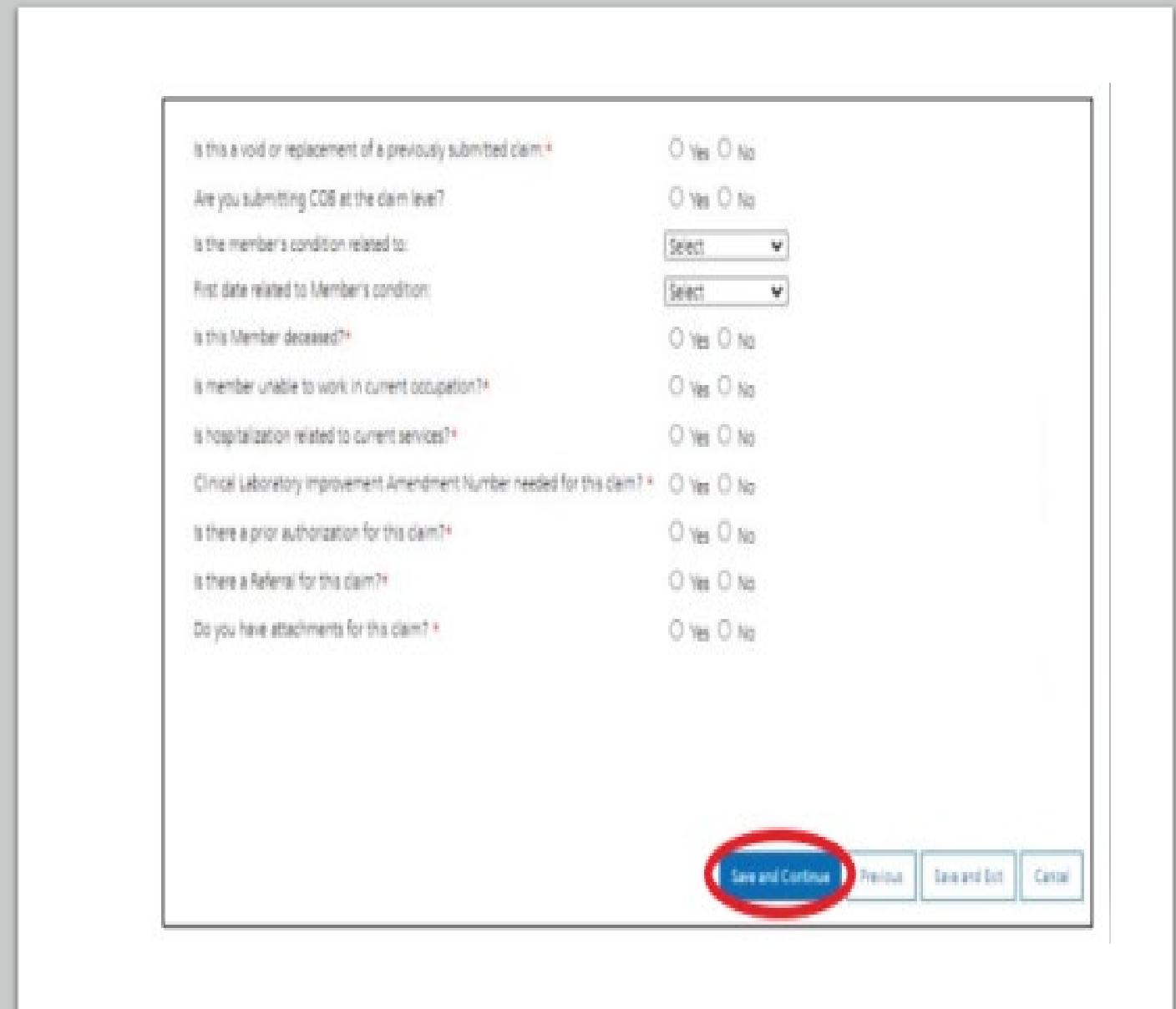
Note :  indicates all required fields of COB have been entered.

From Date*	To Date*	POS*	CPT/ HCPCS Code*	Modifier	Diagnosis Pointer*	Charges*	Days or Units*	COB	NDC	EPSDT	Emergency Service	Family Planning
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# Creating a Template

Answer all the questions at the bottom of the screen.

Click **Save and Continue**.



The screenshot shows a web-based form for creating a claim template. The form consists of a list of questions with radio button options for 'Yes' or 'No'. At the bottom, there are four buttons: 'Save and Continue' (highlighted with a red oval), 'Previous', 'Save and Exit', and 'Cancel'.

Is this a void or replacement of a previously submitted claim? *	<input type="radio"/> Yes <input type="radio"/> No
Are you submitting COB at the claim level?	<input type="radio"/> Yes <input type="radio"/> No
Is the member's condition related to:	Select <span style="font-size: small;">▼</span>
First date related to Member's condition:	Select <span style="font-size: small;">▼</span>
Is this Member deceased? *	<input type="radio"/> Yes <input type="radio"/> No
Is member unable to work in current occupation? *	<input type="radio"/> Yes <input type="radio"/> No
Is hospitalization related to current services? *	<input type="radio"/> Yes <input type="radio"/> No
Clinical Laboratory Improvement Amendment Number needed for this claim? *	<input type="radio"/> Yes <input type="radio"/> No
Is there a prior authorization for this claim? *	<input type="radio"/> Yes <input type="radio"/> No
Is there a Referral for this claim? *	<input type="radio"/> Yes <input type="radio"/> No
Do you have attachments for this claim? *	<input type="radio"/> Yes <input type="radio"/> 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 "-".

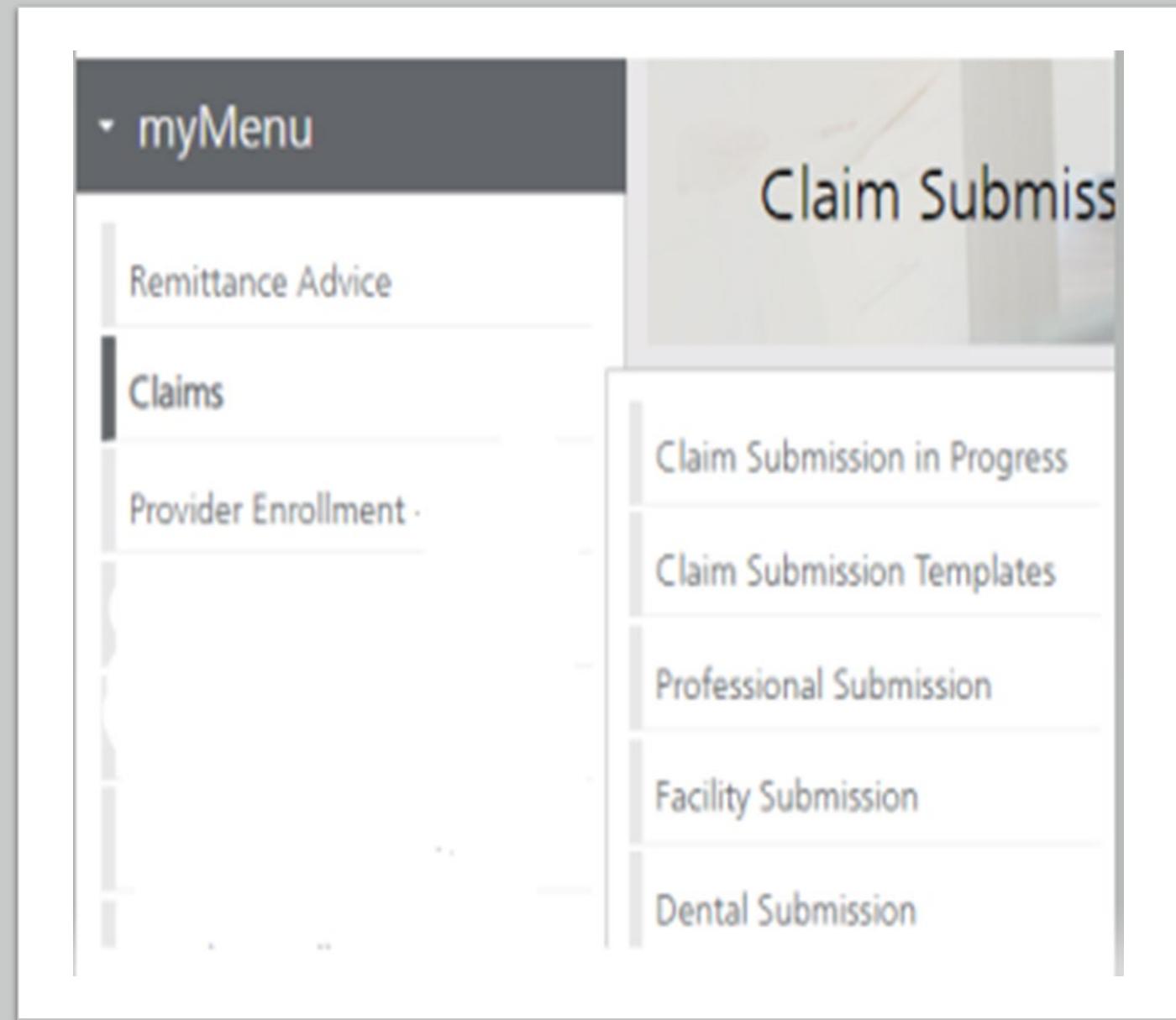
Submit Previous Cancel

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

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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)

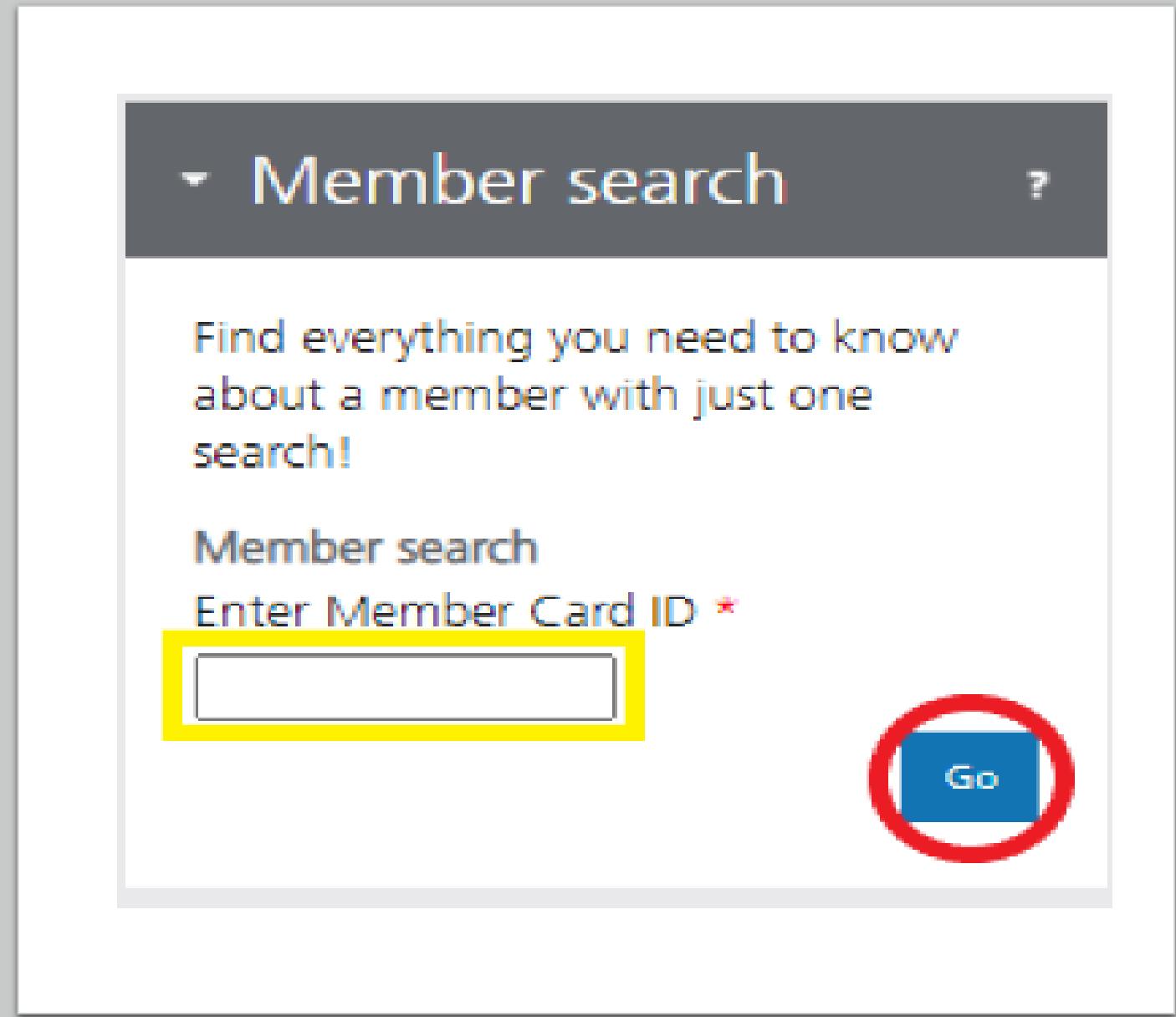
# Member Eligibility Search

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**



Member search ?

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

Member search

Enter Member Card ID \*

Go

# 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 \*

Go

Member search ?

Member found!

You are currently viewing:

Member's Name

[Clear Search](#)

Claims Inquiry  
 Eligibility

Search

# Provider Portal – Claims Inquiry

Hi Org3 MTOFEOC

## Claims Detail

Claims for NPWAPI 11/01/2021 to 12/01/2021

Member: NPWAPI

You are viewing: Claims for NPWAPI 11/01/2021 to 12/01/2021

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
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No matching claims found.

Show 10 entries

Showing 0 to 0 of 0 entries

Search

# 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 NPI/API 1234567890 and time period from 09/01/2021 to 12/01/2021.

Claim activity

Filter your results:

ICN	OPTUM CLAIM NUMBER	SERVICE DATE	MEMBER NAME	PROVIDER	STATUS	BILLED AMOUNT	PLAN PAYS
221	1234567890	09/01/21	INC	F1		\$177.44	\$177.44

Show 10 entries  Showing 1 to 1 of 1 Claims

# Provider Portal – Claims Inquiry

I want to view:  
Claims for

Time period  
From Date:   To Date:

Claim number   
Patient account number

**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:

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

**Line 1**

Provider name: <input type="text"/>	Provider NPI/API: <input type="text"/>	INC	Cost for this service	Amount billed: \$177.44
Date of service: 09/01/21-09/30/21	Procedure code: T2041			Amount paid by plan: \$177.44

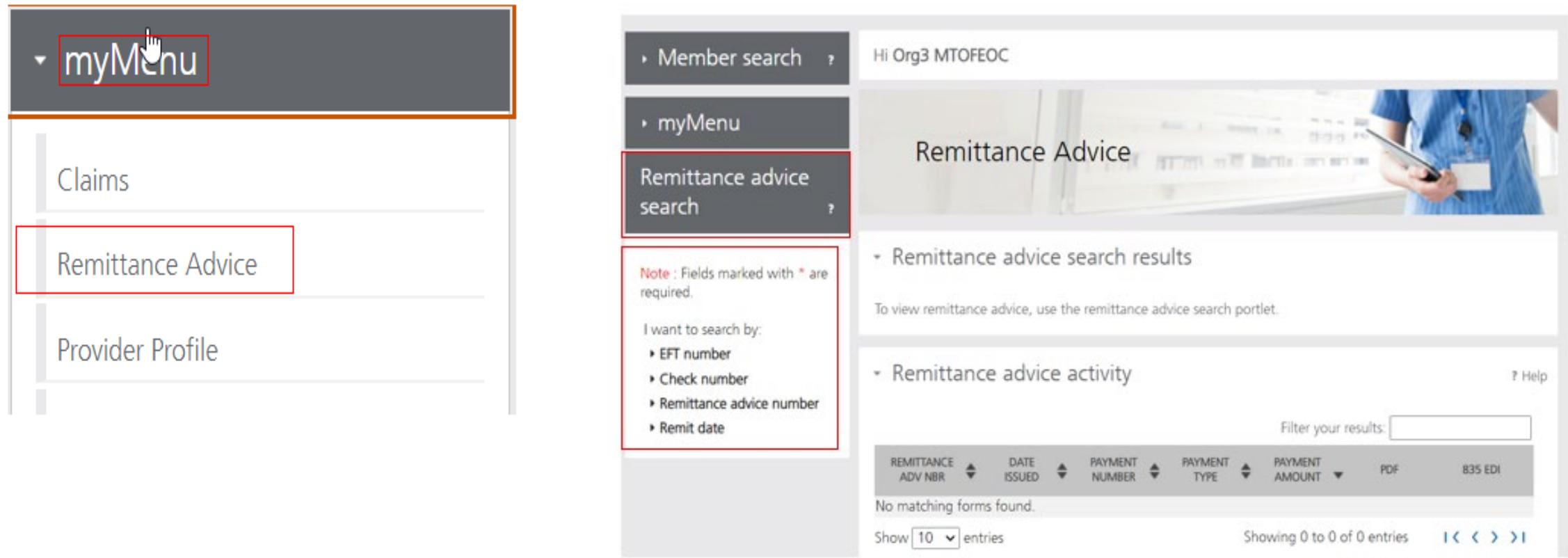
# Provider Portal – Claims Inquiry



## Claim Detail

ICN: 2211 /	Optum Claim number:			
Member:				
Date of service:	09/01/21-09/30/21			
Patient account:		Date processed:	10/04/21	
Member:				Total amount billed:
Member ID:				\$177.44
Claim status:	F1:Finalized/Payment			Total amount paid:
				\$177.44
<b>Payment details</b>				
				Payment number:
				00000261657
				Payment date:
				10/11/21
				Payment amount:
				\$177.44
<b>Line 1</b>				
Provider name:	INC	Cost for this service		Amount billed:
Provider NPI/API:	12			\$177.44
Date of service:	09/01/21-09/30/21			Amount paid by plan:
Procedure code:	T2041			\$177.44

# Provider Portal – Remits



The screenshot illustrates the Provider Portal interface for Remits. On the left, a vertical sidebar features a 'myMenu' button at the top, followed by 'Claims', 'Remittance Advice' (which is highlighted with a red box), and 'Provider Profile'. Below this is a 'myMenu' dropdown with options: 'Member search', 'myMenu', 'Remittance advice search' (which is highlighted with a red box), and a note about required fields. The main content area shows a 'Remittance Advice' search results page. The header includes a greeting 'Hi Org3 MTOFEOC' and a placeholder image of a healthcare professional. The search results section has a heading 'Remittance advice search results' and a note: 'To view remittance advice, use the remittance advice search portlet.' It also includes a 'Remittance advice activity' section with a 'Help' link and a 'Filter your results:' input field. The results table has columns: REMITTANCE ADV NBR, DATE ISSUED, PAYMENT NUMBER, PAYMENT TYPE, PAYMENT AMOUNT, PDF, and 835 EDI. A message 'No matching forms found.' is displayed. Navigation controls at the bottom allow for showing 10 entries and showing 0 to 0 of 0 entries.

myMenu

Claims

Remittance Advice

Provider Profile

Member search

myMenu

Remittance advice search

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

I want to search by:

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

Hi Org3 MTOFEOC

Remittance Advice

Remittance advice search results

To view remittance advice, use the remittance advice search portlet.

Remittance advice activity

Filter your results:

REMITTANCE ADV NBR	DATE ISSUED	PAYMENT NUMBER	PAYMENT TYPE	PAYMENT AMOUNT	PDF	835 EDI
No matching forms found.						

Show 10 entries

Showing 0 to 0 of 0 entries

# Provider Portal – Remits

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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

Remittance Forms							Filter your results: <input type="text"/>	
Remittance Adv Nbr	Date Issued	Payment Number	Payment Type	Payment Amount	PDF	835 EDI		
01	09/27/2021	01	Check	\$1150550.83	<a href="#">View</a>	<a href="#">Download</a>		
01	09/27/2021	01	Check	\$246077.51	<a href="#">View</a>	<a href="#">Download</a>		
01	09/27/2021	01	Check	\$94875.42	<a href="#">View</a>	<a href="#">Download</a>		
01	09/20/2021	01	Check	\$14843.00	<a href="#">View</a>	<a href="#">Download</a>		
01	09/27/2021	01	Check	\$7195.51	<a href="#">View</a>	<a href="#">Download</a>		
01	09/06/2021	01	Check	\$1572.51	<a href="#">View</a>	<a href="#">Download</a>		
01	09/13/2021	01	Check	\$520.36	<a href="#">View</a>	<a href="#">Download</a>		

Show **10** entries

Showing 1 to 7 of 7 forms

1 < < > > 1

VENDOR # 0001 REMIT ADVICE # 81 EFT/CHK #01 DATE 09/27/2021 PAGE 24  
NPI # 123456789 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	TEAM NUMBER 01		07012021	07312021	1.000 S5141	2453.93	2453.93		
		PATIENT NUMBER=00			***CLAIM TOTAL*****	2453.93	2453.93		
ICN 221	TEAM NUMBER 01		08012021	08312021	1.000 S5141	2453.93	2453.93		
		PATIENT NUMBER=00			***CLAIM TOTAL*****	2453.93	2453.93		
ICN 221	TEAM NUMBER 01		07012021	07312021	1.000 T2032	767.70	767.70		
		PATIENT NUMBER=00			07012021 07312021 5.000 S5135	115.50	115.50		
					***CLAIM TOTAL*****	883.20	883.20		
ICN 221	TEAM NUMBER 01		08012021	08312021	1.000 T2032	767.70	767.70		
		PATIENT NUMBER=00			08012021 08312021 5.000 S5135	115.50	115.50		
					***CLAIM TOTAL*****	883.20	883.20		
ICN 2212	TEAM NUMBER 01		07012021	07312021	8.000 T2021	782.48	782.48		
		PATIENT NUMBER=00							

# Electronic Claim Adjustments

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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

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

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

Original Reference Number: \*

<input type="text"/>
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A large, stylized graphic element on the left side of the slide. It features a vertical grey rectangle pointing diagonally upwards. Below it is a white triangle pointing upwards. At the bottom is a large, tilted orange parallelogram.

If You Have Questions...

# 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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<https://medicaidprovider.mt.gov>

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

# Provider Relations Contact Information

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

## Field Representative:

- Deb Braga      (406) 457-9553      [Deborah.braga@conduent.com](mailto:Deborah.braga@conduent.com)

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

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

**GovID:**

**Name:**

**Email registered:**

**NPI attempting/registered:**

**Phone number:**

**A screen shot of the error:**

Please allow 2 - 5 business days for a response.

Questions?