



ORP Training

Presented by Maria Gonzales
Field Representative

Roll Call

- Your Name
- Credentialing Company
- Who you are representing



Before you Begin

NPES NPI Registry

<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/>

Enrollment

https://medicaidprovider.mt.gov

MONTANA.GOV
OFFICIAL STATE WEBSITE

SERVICES AGENCIES LOGIN Search MT.gov Sites

MONTANA DPHHS

MONTANA MEDICAID PROVIDER

 Home Site Search Supplemental Payments Contact Us

Home

[COVID-19 Provider Information](#)

[Online Services](#) ▾

[Resources by Provider Type](#)

[Provider Enrollment](#)

[Subscribe to Claim Jumper](#)

[Site Search](#)

[Site Index](#) ▾

Welcome to the Montana Healthcare Programs Provider Information Website.

→ [Provider Services Portal](#) [COVID-19 Provider Information and Notices](#)

Revalidation List Updated
July 18, 2025
[Provider Revalidation List](#)

CMS Issues Fax Scam Alert
June 30, 2025

The Centers for Medicare and Medicaid Services (CMS) is warning providers about a rise in phishing scams involving fraudulent fax requests for medical records. These fax scams are typically unexpected, threatening, and require an urgent response.



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES



Home



Contact us

Provider

State Agent



Getting started



FAQs



Find a provider



Announcements



DPHHS Website



DocDNA



[Privacy](#)

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Provider

How can we help you?

[Login and Registration](#)



Provider Resources



Forms



FAQs



[Privacy](#)

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Sign In

Optum GovID or Email Address

Password

[Forgot Optum GovID?](#)

[Forgot Password?](#)

Continue

————— or —————

Create Optum GovID

Manage My Optum GovID



- **If you have not yet registered, you will need to create a GovID first**
- **On the question “are you a participating provider” answer YES**



▼ Member search ?

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

- Search By Member ID
- Search By Member Name
- Search By Member SSN

Member ID:*

Service Date:*

 MM/DD/YYYY

Go



Hello, Conduent Test

Last login: 6/19/2025

▼ myMenu

- Claims
- Remittance Advice
- Provider Profile
- Provider Enrollment**
- Provider Directory
- Account Administration
- Bulk HIPAA Transactions



Provider Resources



Forms



FAQs



Enrollment

Before you begin

Begin Enrollment 

Continue Enrollment

Re-Enrollment

Additional Documents

Update

Revalidate

Disenrollment

Manage Affiliations

FEIN Management

Correspondence History

My Menu

Hi Conduent Test

Enrollment Workbench

User Guide 

Show Legend 

Show Filter Select One Search

Actions	Type	Enrollment Status	Submission Date	Confirmation #	Tax ID	NPI/Atypical ID	Provider Name	Last Accessed By	Last Accessed Date
	Enrollment	Submitted	06-24-2025	75785058	XXX-XX-1111	1932975133	Irene Acheampong	Test Conduent	06-24-2025
	Enrollment	Submitted	06-11-2025	75576649	137685843	1376858431	Cet Huella De A...	Test Conduent	06-11-2025
	Enrollment	RTP		75487442	167992867	1679928675	Clinica Las Ame...	PNRM	06-10-2025

Items per page 50 1 - 3 of 3 

Pre-Questionnaire X

Please answer the following questions:

Required fields are marked with an asterisk (*).

- Do you have a National Provider Identifier (NPI)? The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Standard. A NPI is a unique identification number for covered health care providers, created to improve the efficiency and effectiveness of electronic transmission of health information. When enrolling, please be sure to choose an enumeration type of Individual or Organization, when enrolling. * i

Yes No

Close Begin Enrollment

Search Criteria Search

ID	NPI/Atypical ID	Provider Name
XXX-XX-1111	1932975133	Irene Acheamp
137685843	1376858431	Cet Huell De A...
167992867	1679928675	Clinica La Ame...

Items per page 50

- **Select YES for having an NPI**
- **Accept the legal terms**

Terms and Conditions

1 of 7

OPTUM®

Terms of Use

Agreement and Terms

These website Terms of Use ("Terms") describe the rules for using this website.

These Terms constitute a legally binding agreement between you, the person using this website, and Optum. If you are helping another person use this website, these Terms constitute a legally binding agreement between both the helper and the person being helped and Optum. Terms such as "we" or "our" and "Company" refer to Optum and its affiliate entities.

By using this website, you agree to the most-recent Terms as well as the most-recent version of our Privacy Policies ([Opens in New Window](#)). We may change these Terms at any time, and such changes will be posted on this or a similar page of this website. It is your responsibility to review these Terms each time you use this website. By continuing to use this website, you consent to any changes to our Terms.

By using this website, you acknowledge and agree that any activity on this website is subject to monitoring by the Company at any time, and that the Company may use the results of such monitoring without limitation, subject to applicable law.

If you enter into any other agreement with the Company, then these Terms are in addition to the terms of such other agreement.

License to Use this Website and Content Ownership

Subject to these Terms, the Company grants you a personal, nontransferable, nonexclusive, revocable, limited license to view the information and content (collectively, "Content") on the website for the sole purpose of collecting information regarding provider enrollment and related activities. You may also print a reasonable number of copies of the Content for your personal use, but in such case you must reproduce all proprietary copyright and trademark notices. All rights, title and interest in and to the website, including the Content, and all intellectual property rights, including all copyright, trademark, patent and trade secret rights therein shall remain with the Company and our licensors and vendors, and no ownership interest is transferred to you or any other entity by virtue of making the Content available on the website, granting the foregoing licenses or entering into this Agreement.

Some websites operated by the Company include trademarks or logos belonging to other third-party licensors and are

Accept Terms and Conditions

Close **Ok**

show filter Select Search by Select One

Pre-Enrollment

Enumeration: * ⓘ Enrollment Type: * ⓘ

Individual Select One

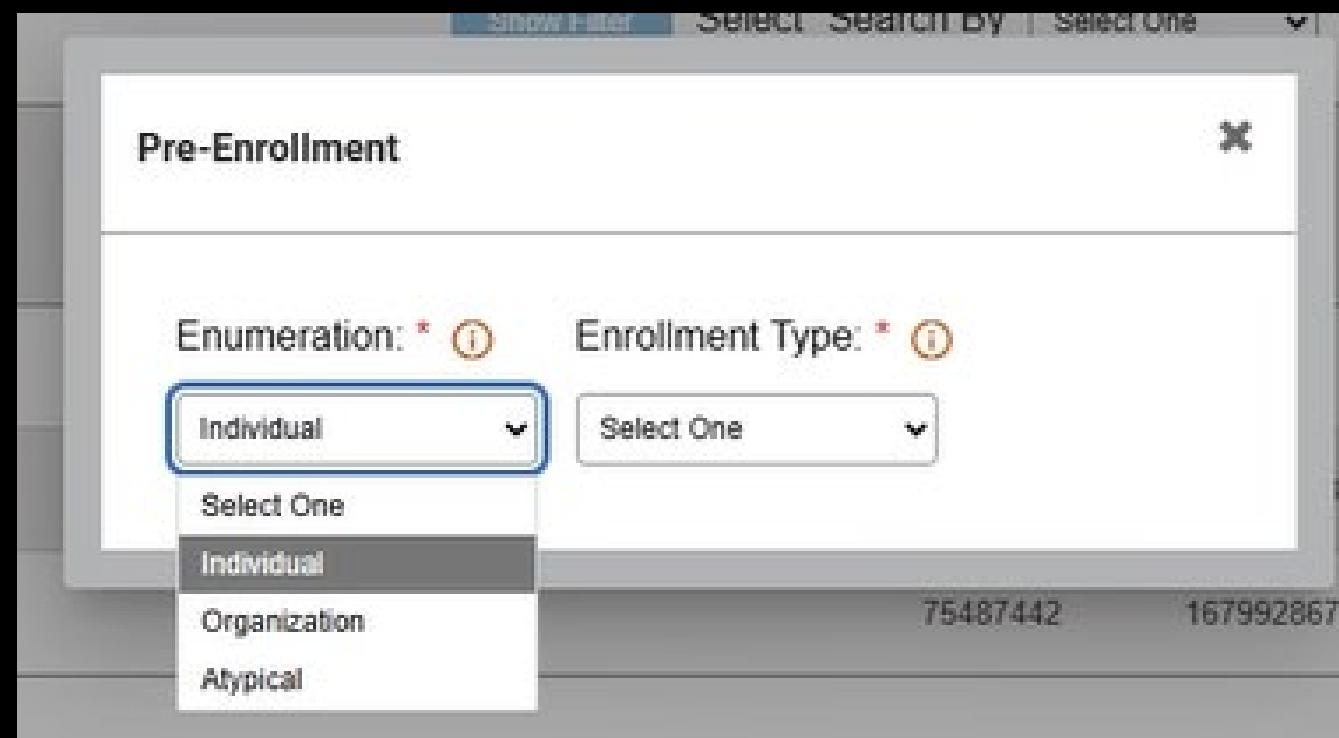
Select One

Individual

Organization

Atypical

75487442 167992867



Enumeration: * ⓘ Enrollment Type: * ⓘ

Individual Select One

Select One

Individual Provider (Sole Proprietor)

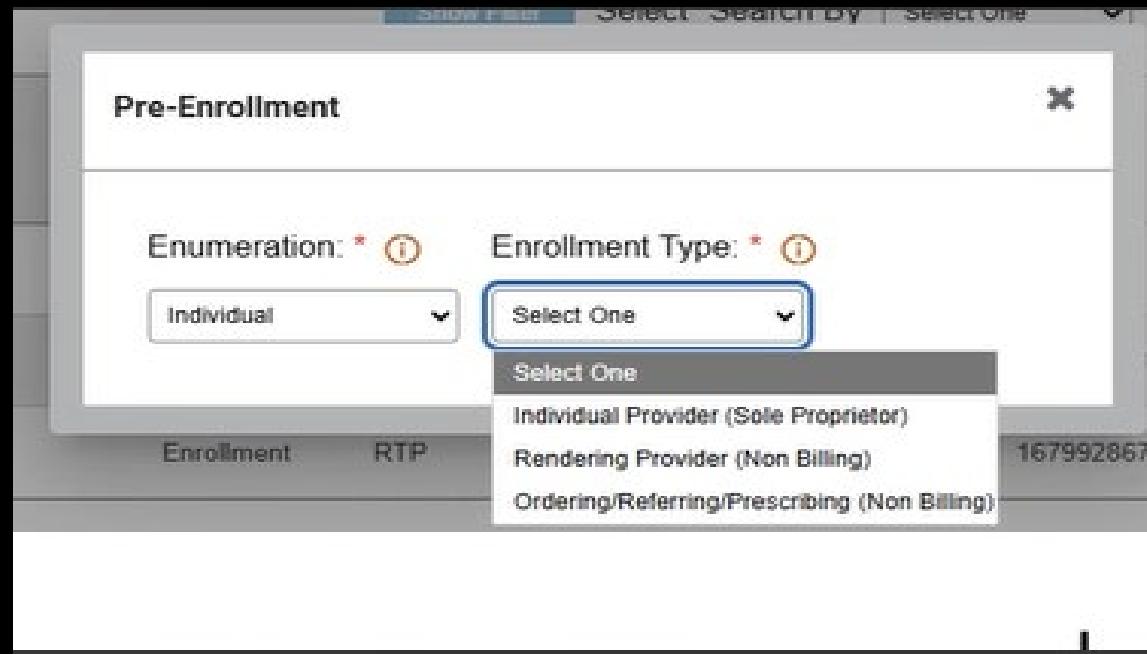
Rendering Provider (Non Billing)

Ordering/Referring/Prescribing (Non Billing)

Enrollment RTP 167992867

Pre-Enrollment

X



Pre-Enrollment

Pre-Enrollment ×

Enumeration: * i Enrollment Type: * i

NPI: * i Confirm NPI: * i

SSN/ITIN: * i Confirm SSN/ITIN: * i

✖ ✖

Pre-Enrollment Cont.

Enumeration: * ⓘ Enrollment Type: * ⓘ

Individual Ordering/Referring/Pre:

NPI: * ⓘ Confirm NPI: * ⓘ

1003588773 1003588773

SSN/ITIN: * ⓘ Confirm SSN/ITIN: * ⓘ

100-35-8877 ⚡

Prefix: ⓘ First Name: * ⓘ M.I.: ⓘ Last Name: * ⓘ Suffix: ⓘ

Jonaida Otero

Address Line 1: ⓘ

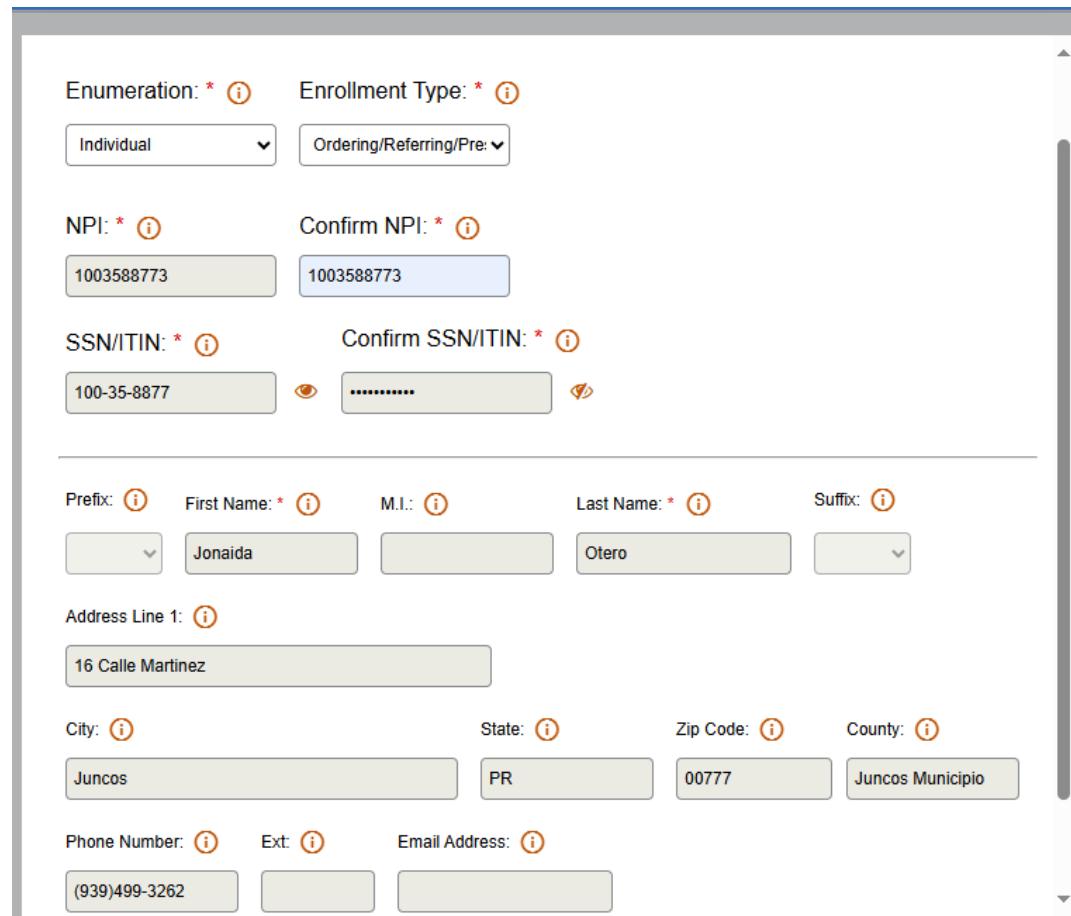
16 Calle Martinez

City: ⓘ State: ⓘ Zip Code: ⓘ County: ⓘ

Juncos PR 00777 Juncos Municipio

Phone Number: ⓘ Ext: ⓘ Email Address: ⓘ

(939)499-3262



Questions

Practice Information

Provider Information	
Credentials	
Financial Information	
Physical Location	
Enrollment Units	
Final Submission	
Summary	
Demographic Maintenance	

My Menu

Practice Information

Practice Information

Required fields are marked with an asterisk (*).

Welcome to the Montana Department of Health and Human Services Provider Enrollment Portal. Please enter all required information in each section, the application will not allow a user to submit an application with missing required fields or documentation.

Please select your provider type by selecting the "Add" button next to Type of Provider field. When selected, the Type of Provider pop-up will display, select the provider type from the drop-down and enter the effective date.

Please select your provider specialty by selecting the "Add" button next to Specialty field. When selected, the Specialty pop-up will display, select the provider type next select the specialty from the drop-down and enter the effective date.

Select the primary checkbox if the specialty selected is the primary for the provider or organization. The user can enter multiple specialties and sub-specialties if applicable. Select the State Program or Waiver Program you want to participate. When selected, the State or Waiver pop-up will display, enter in the requested enrollment date. If the requested date is in the past, please make sure you are following the State backdating policy.

Use the top ? to access User Documentation to help navigate each section of the Provider Enrollment application. The 'Help' symbol is also available for additional help or the (i) for hover field level help.

If you have additional questions please contact Provider Relations for general claims questions, questions about enrollment, eligibility, Passport, Medicaid, MHSP, HMK pharmacy, eyeglass and dental payments and denials:

Telephone:

(800) 624-3958 In/Out of state

(406) 442-1837 Helena



Help

Practice Information Cont.

Type of Provider: *[Add](#)

Type of Provider	Effective Date	Terminate Date	Actions
No Provider Types found.			

Specialties: *[Add](#)

Type of Provider	Specialty	Taxonomy	Primary	Effective Date	Terminate Date	Actions
No specialties found.						

State Programs:[Add](#)

Program Name	Requested Date	Effective Date	Terminate Date	Care Management ID	Actions
No program found.					

Waiver Programs:[Add](#)

Program Name	Requested Date	Effective Date	Terminate Date	Care Management ID	Actions
No program found.					

Practice Information Cont.

Add Provider Type ×

Required fields are marked with an asterisk (*).

Type of Provider: * i

Select Provider Type

Effective Date: * i Terminate Date: i

MM/DD/YYYY MM/DD/YYYY

Save Cancel

- **Effective Date can go back 365 Days from the Application submission**
- **State approval will be need for any older date(s)**

Practice Information Cont.

- Do not put a termination date

Add Specialty X

Required fields are marked with an asterisk (*).

Provider Type: * i

Select One

Specialty: * i

Select One

Click the checkbox if this is your primary taxonomy/specialty: i

Primary Specialty

Effective Date: * i **Terminate Date:** i

MM/DD/YYYY

Subspecialties: i

Select One Add

Practice Information Cont.

- **Requested date is the day to start the file with MT Medicaid**
- **Upload Documents (not required)**

Add State Program

Required fields are marked with an asterisk (*).

State Programs: * i Montana Medicaid (HMK Plus) ▼

Requested Date: * i MM/DD/YYYY ▼ Terminate Date: i MM/DD/YYYY ▼

Available Documents i

Upload Documents i

Rules for uploading documents:

- Do not upload a file other than the supported format (Word, PDF, Visio, Excel, PowerPoint, TIFF, JPEG, PNG, XML, HTML, EDI and ZIP)
- Do not upload a file beyond 50MB
- Do not upload a file which is password protected or an empty file
- Recommended not to upload a filename containing special characters

Document Name	Status	File Name	Upload Date	Other (Mail or Fax)	Actions
Document 1	Optional				<input type="checkbox"/> Upload
Document 2	Optional				<input type="checkbox"/> Upload

Practice Information 

Legal Name & Address 

Conviction 

Disclosure Information 

Medicare/Medicaid 

- Once saved a **green check** appears indicating this section is complete.

- Move to Next tab

Practice Information Legal Name & Address Conviction Disclosure Information Medicare/Medicaid 

Legal Name & Address

Required fields are marked with an asterisk (*).

Please enter in your Legal Name and Address information, this information would be the same information on your W9. Each address in the enrollment application needs to be validate against the United States Postal Service information. To complete, enter the address information and select the "Validate Address" button and confirm the information provided.

Complete the Provider/Organizational descriptive information by selecting and entering in the required values in each section.

Enter in the Billing Address information and the Mailing address information, if this address is the same as the Legal Address or Billing Address, select the checkbox to pre-populate the address information into this section. Each address block will provide a listing of all address information allowing the user to select from a previously entered address.

In order to update your Legal Entity email, please navigate to the FEIN Management tile from the left menu on the enrollment workbench.

Gender: * 

Male Female Unknown

Race: 

Select One

Ethnicity: 

Select One

Are you a U.S. citizen? * 

Yes No

Are you physically located in the State of Montana? * 

Yes No

Enter your legal name as entered on your personal income tax return.

Prefix: 

Select One

First Name: * 

Jonaida

M.I.: 

Last Name: * 

Otero

Suffix: 

SSN: * 

.....

Date of Birth: * 

MM/DD/YYYY

[Practice Information](#) [Legal Name & Address](#) [Conviction](#) [Disclosure Information](#) [Medicare/Medicaid](#) 

Conviction



Individual Providers - Please indicate if you have ever been sanction, excluded, or convicted. Select the Yes indicator and enter in the details in the "Conviction Details" section. Please include the data of offense, outcome, and state in which action has been taken.

Organizational Providers - Federal and State regulations requires users to disclose ownership information. The collected data will be used to identify the organizational structure and to check if the disclosed individuals have been sanctioned, excluded, or convicted. If the disclosed individual has been sanctioned, excluded, or convicted, please provide details in the Comment box in the Ownership pop-up. Use the top ? to access User Documentation to help navigate each section of the Provider Enrollment application. The 'Help' symbol is also available for additional help or the (i) for hover field level help.

Has the enrolling provider ever been sanctioned, excluded, or convicted of a criminal offense related to their involvement in any program under Medicare, Medicaid, Waivers, CHIP, or the Title XX services (Social Services Act) since the inception of these programs? (41 CFR 455.106) 

Are you, or have you ever been, sanctioned, excluded, debarred, suspended, terminated, or convicted of crime?: *

Yes No



Conviction Details: 

Add

Type of Occurrence	Description	State	Effective Date	Expiration Date	Actions
No Records Found					

[Save and Exit](#)

[Cancel](#)

[Previous](#)

[Save and Continue](#)

Disclosure Information

Required fields are marked with an asterisk (*).

In this section please enter the disclosure information applicable to your organization. The information collected is required based up federal requirements outlined in 42 CFR Subpart B - Disclosure of Information by Providers and Fiscal Agents and 42 CFR Subpart E - Provider Screening and Enrollment.

Agents, Officers, Directors, and Board Members

[Add](#)

List ALL agents, officers, directors who have expressed or implied authority to act on behalf of the provider entity.

- **Answer no to all questions**

First Name	M.I.	Last Name	Date of Birth	Address	Action
No Records Found					

Managing Employees

[Add](#)

List ALL managing employees who have expressed or implied authority to act on behalf of the provider entity.

First Name	M.I.	Last Name	Date of Birth	Address	Action
No Records Found					

Managing Relationships

[Practice Information](#) [Legal Name & Address](#) [Conviction](#) [Disclosure Information](#) [Medicare/Medicaid](#)

Help

Medicare/Medicaid

Required fields are marked with an asterisk (*).

Please indicate your participation with Medicare or another state's Medicaid or Children's Health Insurance Program. This information is used to validate screening has been completed by CMS or another state's Medicaid/CHIP agency. If applicable, enter your Medicare status, Medicare Legacy Number, Enrollment date, and if an application was collected by CMS. Enter the same information for any other Medicaid/CHIP Agencies including proof of application fees collected by other states. Use the top ? to access User Documentation to help navigate each section of the Provider Enrollment application. The 'Help' symbol is also available for additional help or the (i) for hover field level help.

Have you ever been enrolled in Medicare? *

Yes No

Have you ever been enrolled in Medicaid/CHIP in another state? *

Yes No

Medicaid Details

[Add](#)

Medicaid Status	Medicaid ID	Enrollment Date	Inactive Date	State	Actions
No Records Found					

Licensing, Certifications & Accreditations.

➤ Answer each question

Licensing, Certifications & Accreditations

Please complete all of the required information when entering licensing, certification, and accreditation information if applicable. To add a license, certification or accreditation, select the "Add" button and the corresponding pop-up screen will display. Enter in the license, certification, or accreditation number, effective and terminate dates, and indicate the name of the issuing party identifier. Use the top ? to access User Documentation to help navigate each section of the Provider Enrollment application. The 'Help' symbol is also available for additional help or the (i) for field level help.

Please enter the exact License number located on your certificate, including special characters.

Hospital Privileges: (i)

Does this provider have hospital privileges? * (i)

Yes No

1) Do you prescribe Methadone & Buprenorphine? * (i)

Yes No

2) Do you Prescribe Buprenorphine Only? * (i)

Yes No

3) Do you Prescribe Methadone Only? * (i)

Yes No

4) Do you have a DEA License? * (i)

Yes No

5) Do you provide laboratory services at this location? * (i)

Yes No

Licensing, Certifications & Accreditations cont.

Add Licenses

Required fields are marked with an asterisk (*).

Provider Type: * 

Select One

Specialty: * 

Select One

Save

Add Licenses

Required fields are marked with an asterisk (*).

Provider Type: * 

Allopathic & Osteopathic Physicians

Specialty: * 

Family Medicine - 207Q00000X

License#: * 

Select One

(Format: Universal)

State: * 

Select One

Issuing Party Identifier: * 

Select One

Effective Date: * 

MM/DD/YYYY 

Expiration Date: * 

MM/DD/YYYY 

Save

➤ Enter License Effective Date & Expiration Date

! **Licenses:** * ⓘ

Add ⓘ

License #	Specialty	State	Effective Date	Expiration Date	Issuing Party Identifier	Other (Mail or Fax)	Actions
12345 *	Family Medicine	MT	07/25/2024	07/31/2025	Board of Medical Examiners	<input type="checkbox"/>	  



Add Document

➤ **Upload Current License**

Document Type: ⓘ License ⓘ

License ⓘ

Browse ⓘ

➤ **Once Uploaded This Appears**

File successfully uploaded

Save & Continue

Provider Information	✓
Credentials	✓
Financial Information	○
Physical Location	○
Enrollment Units	○
Final Submission	○
Summary	
Demographic Maintenance	

My Menu

Insurance ○

Insurance

Please complete the Insurance information. The top grid is used to capture the Insurance Company details. To enter this information, select the "Add" button next to Managing Insurance Companies and enter the the Insurance Company Name, Insurance Agent Name, and Insurance Agent contact information. If the user has multiple insurance with different insurance companies, enter all that apply. If the user has multiple insurance companies and wants to filter by Insurance Company or Insurance Agent, type in the company name or agent name in the blanks in the top grid to filter for the desired insurance organization. The bottom grid is used to define the policy information. To complete, select the Insurance Company from the drop-down list and select "Add". When open, enter in the policy type from the policy type drop-down, policy number, effective and terminate dates and upload a copy of the policy if applicable. Enter all the policy information for each insurance company based upon the coverage type. Use the User Guide icon in the upper right corner of screen to access User Documentation to help navigate each section of the Provider Enrollment application. The 'Help' symbol is also available for additional help or the (i) for hover field level help.

Manage Insurance Companies: Add (i)

Insurance Company	Agent Name	Contact Number	Actions
No Records Found			

Manage Policies (i) Choose one: ▼ Add (i)

Policy Type	Policy Number ↑	Policy Coverage Limit	Per Claim/Aggregate Amount	Effective Date	Expiration Date	Other (Mail or Fax)	Actions
-------------	-----------------	-----------------------	----------------------------	----------------	-----------------	---------------------	---------

Enrollment Unit

User C

Enrollment Units



Enrollment Units are components/sections of the application that are created to capture additional information. Items that make up an enrollment unit are, additional physical locations, particular state programs, or a combinations of location and program. within the enrollment unit additional information is confirmed or captured. The enrollment application will create each enrollment unit automatically as information from previous sections will populate within the Enrollment Unit. This workbench will display all enrollment units for this enrollment application, please complete each as applicable.

Show Filter

Select "Search By"

Select One

Search Criteria

Search

- +

Search

Clear

Enrollment Unit	Program	Specialty	Service Location Name	Team Name	Team Number	Effective Date	Terminate Date	System Status	Actions
-----------------	---------	-----------	-----------------------	-----------	-------------	----------------	----------------	---------------	---------

0001825863

◦ Montana Medicaid (HMK Plus)
◦ Family Medicine

07/25/2024

Pending



Enrollment Unit Cont.

State Programs (i)

Program Name	Effective Date	Terminate Date
Montana Medicaid (HMK Plus)		

Waiver Programs (i)

Program Name	Effective Date	Terminate Date
No Waiver Programs found.		

Taxonomy (i)

Type of Provider	Taxonomy	Specialty	Effective Date	Terminate Date

Enrollment Unit Cont.

Licensing, Certifications & Accreditations  Address 

Please see below for the Licensing, Certification and Accreditations specific to this Enrollment Unit.

A primary license must be selected at the Enrollment Unit. If you have multiple licenses select MT as the primary.



Required fields are marked with an asterisk (*).

I have reviewed the information on this screen as presented * 



- Once confirmed
- Move to the next tab, which is address

Enrollment Unit Cont.

Type	Address Line 1	Address Line 2	City	State	Zip Code
Billing*	Select				
Mailing*	Select				
Legal Entity*	Select				
Other	Select				

Required fields are marked with an asterisk (*).

The Terms and Agreement is where the provider will sign and attest to the State provider agreement. A provider agreement must be signed and completed for newly enrolling providers and providers who are going through revalidation. At the bottom of the screen the user signs the provider agreement utilizing the E-sign button at the bottom of the page. When selected the portal will display a message to the user advising them that they are being redirected to the E-sign page. This application uses Adobe Sign to capture the electronic signature. To begin the signature process, select the checkbox at the top left to the screen agreeing the Electronic Record and Signature Disclosure. User can select the hyperlink next to the checkbox to read the disclosure document. After the checkbox has been selected, the page will display a "Continue" button at the top right of the screen, select Continue to move to the signature process. Next, select the "Start" button at the top left side of the document and the user will be directed to the section that requires the E-signature. Select the "Fill In" button which will allow the user to format the E-signature. When signed select the "Finish" button at the top of the page to be redirected back to the portal. Use the top? to access User Documentation to help navigate each section of the Provider Enrollment application. The 'Help' symbol is also available for additional help or the (i) for hover field level help.

This is to certify:

Provider Name: 	Jonaida Otero
NPI: 	1003588773

Please click the hyper link shown below to review, download, and print, the most recent Terms & Agreement form. The document must be printed signed, scanned/imaged and uploaded using the upload Terms & Agreement button before the application can be submitted for final review

Rules for uploading documents:

- Do not upload a file other than the supported format (Word, PDF, Visio, Excel, PowerPoint, TIFF, JPEG, PNG, XML, HTML, EDI and ZIP)
- Do not upload a file beyond 50MB
- Do not upload a file which is password protected or an empty file
- Recommended not to upload a filename containing special characters

Document Name	Document Type	E-Sign The Document	File Name	Upload Date	Uploaded By	Other (Mail or Fax)	Actions
 MTDisclosuresScreenin... *	DisclosuresScreeningEn...					<input type="checkbox"/>	
 MTTermsAndAgreement... *	MTORPEnrollmentTerm...					<input type="checkbox"/>	

Provider Information	
Credentials	
Financial Information	
Physical Location	
Enrollment Units	
Final Submission	
Summary	
Demographic Maintenance	

▶ My Menu

Summary

This page allows you to review all information completed on the application. Each heading in gray below matches a page name in the enrollment application.

▼ Review Your Enrollment

 Show All Show Missing

▼ Provider Information

 Practice Information[Edit](#) Legal Name & Address[Edit](#) Conviction[Edit](#) Disclosure Information[Edit](#) Medicare/Medicaid[Edit](#)

▶ Credentials

▶ Financial Information

▶ Physical Location

▶ Enrollment Units

Thank you confirmation

Your provider enrollment application was submitted and sent to your SMA.

[Continue](#)

Questions

Online Resources

Provider Information Website:

<https://medicaidprovider.mt.gov>

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

Provider Relations Contact Information

Provider Relations Call Center:

(800) 624-3958

Monday through Friday 8am to 5pm MST

General, Claims, TPL, and EDI questions:

MTPRHelpdesk@conduent.com

Enrollment Questions and documents:

MTEnrollment@conduent.com

Note: the Conduent helpdesks cannot accept secured emails.

Email Assistance

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.

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