

# Montana Healthcare Programs Provider Enrollment

# Court Ordered Evaluation and Stabilization Near-Term Initiative

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The [Community-Based Court-Ordered Evaluation and Stabilization Near-Term Initiative \(NTI\)](#) launched on March 8<sup>th</sup>, 2024 after receiving approval from Governor Greg Gianforte and the Behavioral Health System for Future Generations Commission (BHSFG).

The new process provides \$7.5 million to compensate local providers for community-based court-ordered forensic fitness evaluations (COEs) and related stabilization and restoration services. These state funds are meant to address a longstanding backlog in evaluations at the Montana State Hospital Forensic Mental Health Facility (FMHF, also known as Galen).

[A detailed summary document that outlines the new process](#) from the time a judge issues a COE to be conducted in the community to when a provider submits a claim for reimbursement.

This presentation is intended to provide instructions for providers interested in participating in this historic initiative.

# Montana Healthcare Programs Enrollment

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## **Registration and Enrollment:**

Enrolling in Montana Healthcare Programs is an online process that includes the following:

- Setting up a user ID
- Registering your NPI
- Completing the online enrollment questionnaire

## **What you will need:**

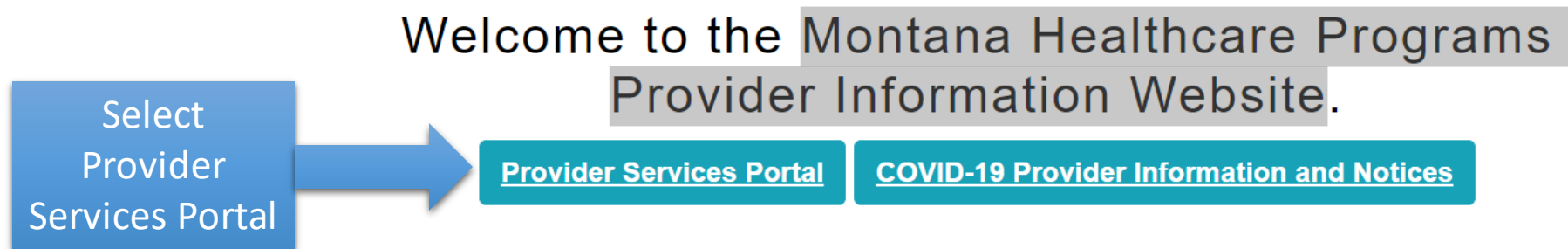
Enrolling will require supporting documentation. It is helpful to have the following documentation available while you are enrolling online.

- License & certification if applicable
- EFT form and banking information
- Insurance
- W9 with Legal Entity Address
- NPPES Letter for National Provider Identifier (NPI) and Taxonomy information

# Accessing the Self-Service Portal

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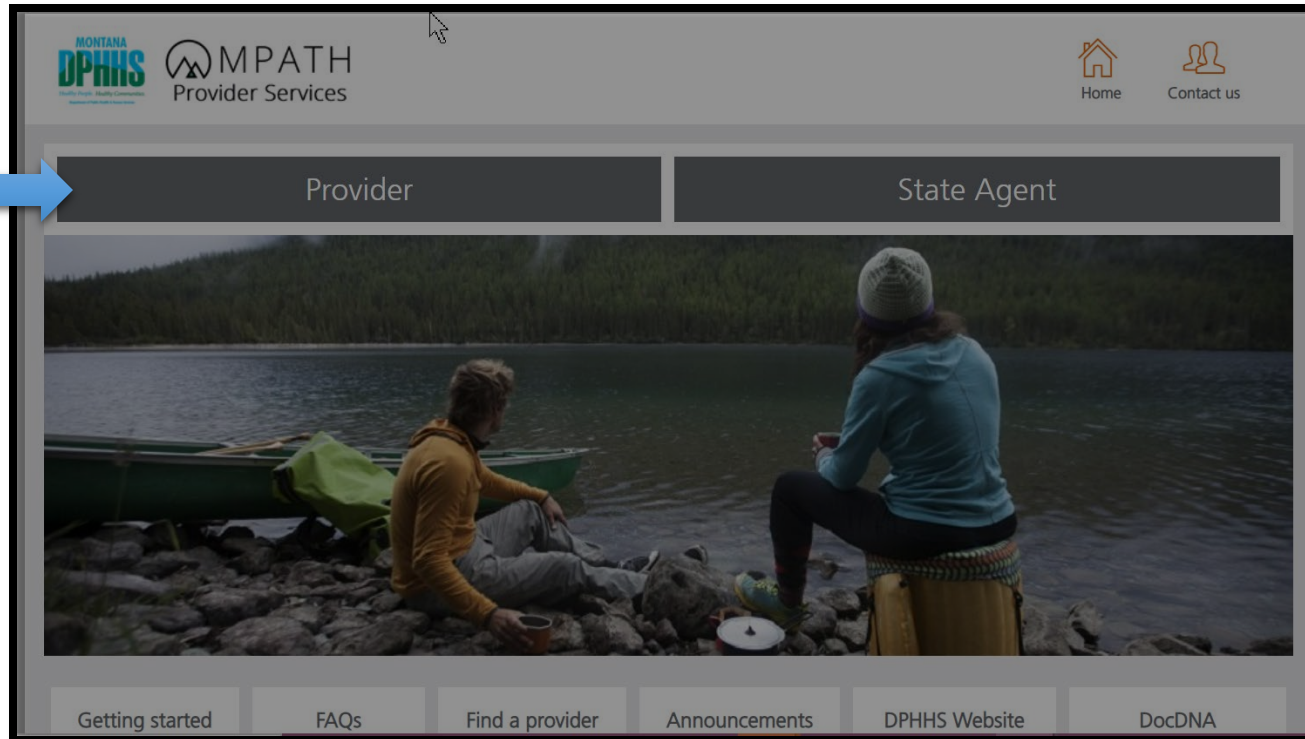
To begin, access the Provider Self Service portal by navigating to the Montana Healthcare Programs Provider Information Website <https://medicaidprovider.mt.gov>



You can also access the Self Service portal directly at:  
[https://mtdphhs-provider.optum.com/tpa-ap-web/?navDeepDive=MT\\_publicHomeDefaultContentMenu](https://mtdphhs-provider.optum.com/tpa-ap-web/?navDeepDive=MT_publicHomeDefaultContentMenu)

# Accessing the Self-Service Portal

Select  
Provider



# Login and Registration

First time users  
will need to  
Register to use  
the portal

**MONTANA DPHHS** **MPATH**  
Health Plan Health Coverage Provider Services

Home Contact us

*Provider*  
How can we help you?  
[Login and Registration](#)

As part of Optum Healthcare User Identifier (OHID) modernization, Optum will discontinue the use of the 'Security Question and Answers (SQA)' option. Therefore, SQA will no longer be available as part of the Account creation, Login, Manage One Healthcare ID, Forgot Password, Forgot One Healthcare ID and Account Unlock process/workflows. You will still be able to perform these account management functions using your email address or via text message via your mobile phone that are part of your verification options in your profile settings. If you are experiencing any issues with your OHID account, please contact 855-819-5909

Provider Resources Forms FAQs

# Login and Registration

## Sign In With Your Optum GovID

**Optum GovID or email address**

**Password**

**SIGN IN**

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

As a security enhancement, we are removing Security questions as an account recovery and authentication method. Users will have the option to use other available methods.

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


Begin by Selecting  
"Create Optum GovID"

# Login and Registration

After completing your profile information select “Agree”

## 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**  
 



# Login and Registration

An activation code will be sent to your email



## Access Code Notification

You requested a one-time access code to log into your member account. Please enter the following access code within the next 10 minutes, and click Next:

Your One-Time Access Code: **5114378**

This is an automated email. Please do not reply to this message. If you have any questions, please contact Optum GovID IT Help Desk.

Thank you,  
Optum GovID

## Next Step: Verify Your Email Address

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

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

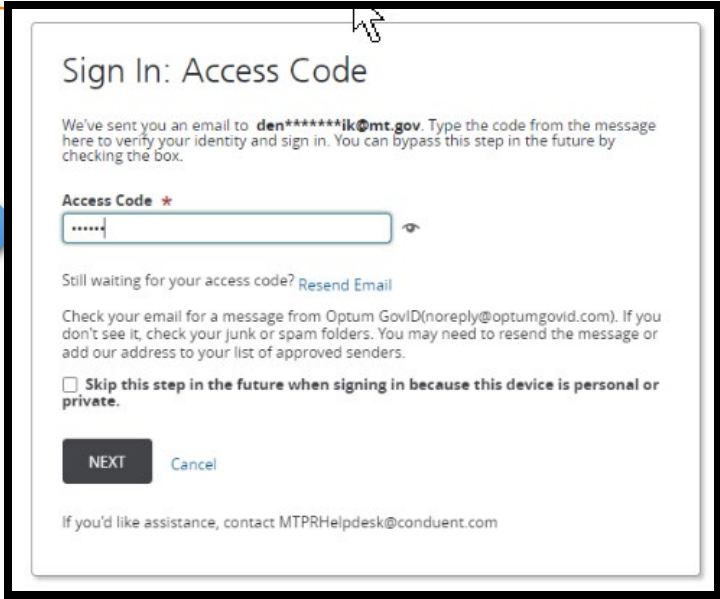
If you don't see it, check your junk or spam folders. You may need to resend the message or add our address to your approved senders.

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.

Copy the 10-digit activation code in the email and select "Enter the 10-digit activation code".

# Login and Registration

Enter the 10-digit  
activation code and  
select "Next"



Sign In: Access Code

We've sent you an email to **den\*\*\*\*\*ik@mt.gov**. Type the code from the message here to verify your identity and sign in. You can bypass this step in the future by checking the box.

**Access Code \***

.....

Still waiting for your access code? [Resend Email](#)

Check your email for a message from Optum GovD(noreply@optumgovid.com). 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 list of approved senders.

Skip this step in the future when signing in because this device is personal or private.


**NEXT** Cancel

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

Select "Continue"



Email Address Verified

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

**CONTINUE**

# Login and Registration

## 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.

Select  
"Agree"

I AGREE

Decline

# Manage Your Optum Gov ID

Be sure to choose Notification Options and select "Save"

Select the Sign in tab to change password

Return to Adaptive Portals

## Manage Your Optum GovID

Keep your profile up-to-date, change your Optum GovID or password, and manage the options for verifying your identity.

Update Profile | **Sign In Info** | Verification Options

**Optum GovID**  
samanthasmith@getnada.com

### Change Password

Current Password

New 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

Confirm New Password

**SAVE** Cancel

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

Return to Adaptive Portals

## Manage Your Optum GovID

Keep your profile up-to-date, change your Optum GovID or password, and manage the options for verifying your identity.

Update Profile | Sign In Info | **Verification Options**

**First name**

**Middle name (optional)**

**Last name**

**Suffix (optional)**

**Prefix (optional)**

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

**Home address (optional)**

**City (optional)**

**State (optional)**

**ZIP code (optional)**

### Language Preferences

Select the language in which you want to receive communications from Optum GovID.

**Preferred language**

English  Español

### Notification Options

Select the notifications you want to receive at your primary email address and by text if you added a phone number to your account.

**Failed Login**

Email  Text Message

**Successful Login**

Email  Text Message

**Account Recovery Attempt**

Email  Text Message

**Locked Account**

Email  Text Message

**SAVE** Cancel

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

# Manage Your Optum Gov ID

On the Verification Options tab enter your phone number to receive text messages or calls with your verification code in addition to email.

[Return to Adaptive Portals](#)

## Manage Your Optum GovID

Keep your profile up-to-date, change your Optum GovID or password, and manage the options for verifying your identity.

Update Profile | Sign In Info | **Verification Options**

**Optum GovID**  
samanthasmith@getnada.com

**Email address**  
  
Email address is verified.

**Secondary email address (optional)**

**Phone number (optional)**  
  
555-555-5555

**Phone communication method**

- Text messages only
- Phone calls only
- Both text messages and phone calls

**Security questions**  
Security questions can be used if you need to recover your account.


[Add or change security questions](#)

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

# Manage Your Optum GovID

You can elect to verify your mobile number or select "Not now"

## Manage Your Optum GovID

 You've successfully saved the changes you made to your Optum GovID.

We noticed you added a new mobile number. You can verify it now or we'll ask you to verify it the next time you sign in.

When you verify your mobile phone number, you are opting to receive a text message with a one-time verification code from Optum GovID. Message and data rates may apply.

[CONTINUE](#) [Not now](#)

The system will navigate users back to the Manage Your Optum GovID. Select "Return to Adaptive Portals"

## Manage Your Optum GovID

[Return to Adaptive Portals](#)

Keep your profile up-to-date, change your Optum GovID or password, and manage the options for verifying your identity.

[Update Profile](#) [Sign In Info](#) [Verification Options](#)

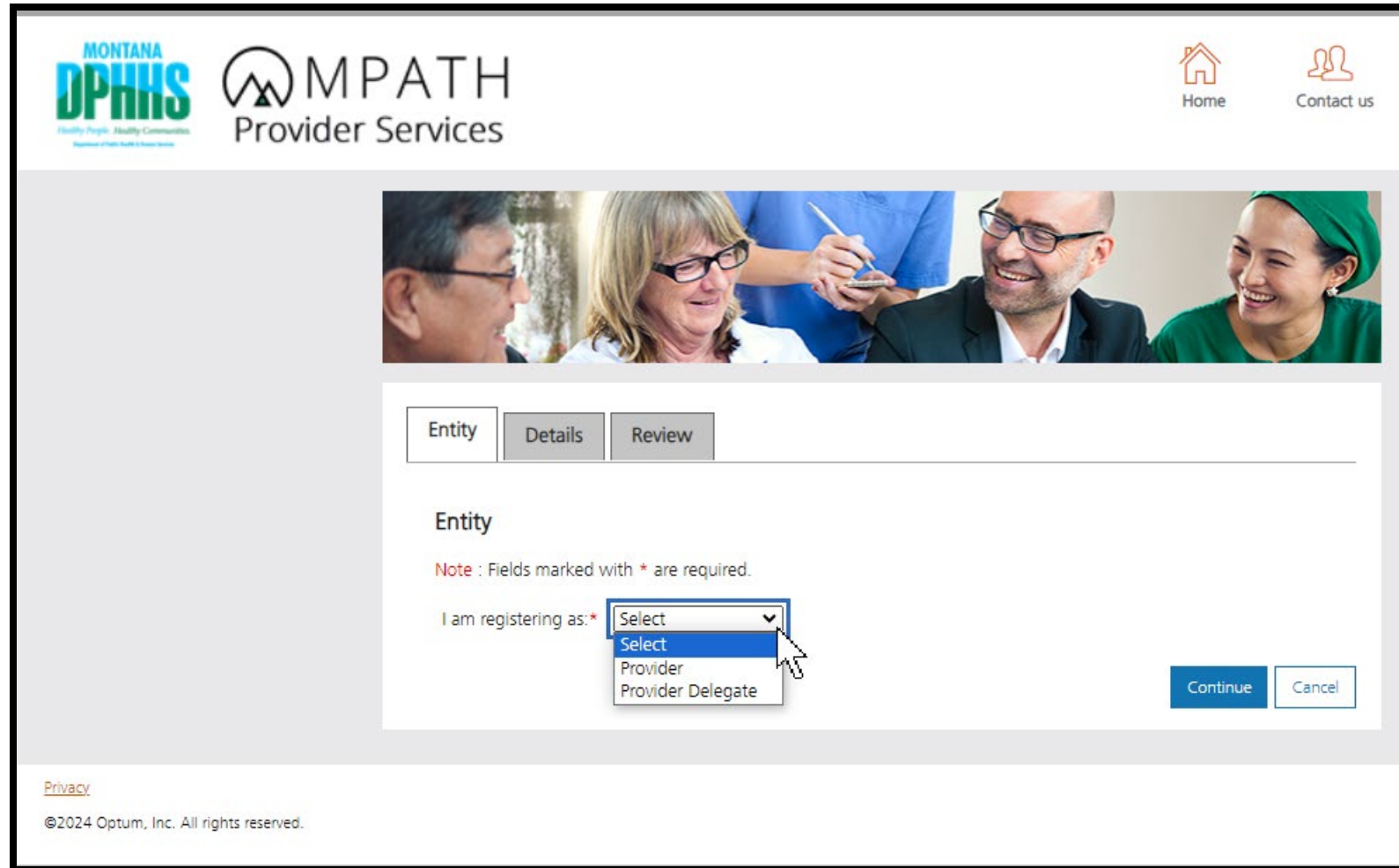
**Optum GovID**  
samanthasmith@getnada.com

**Email address**  
  
Email address is verified.

**Secondary email address (optional)**

# Registration

On the Entity Tab  
choose either  
Provider or Provider  
Delegate and select  
“Continue”



**MONTANA DPHHS**  
Identify People. Healthy Communities.  
Department of Public Health & Human Services

**MPATH**  
Provider Services

Home Contact us

Entity Details Review

**Entity**

Note : Fields marked with \* are required.

I am registering as: \*

- Select
- Provider
- Provider Delegate

Continue Cancel

[Privacy](#)

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# Registration

Complete  
required  
fields and  
select  
“Continue”

Entity Details Review

### Details

**Important:** If registering with an Organization/Group NPI or API, you will become the Owner/Administrator for that organization/group. If this is incorrect, **do not** proceed with this provider portal registration process. For additional details, [click here](#) to view the Organization and Group User Guide.

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

Is the Provider associated to your account enrolled 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

NPI:\*

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

TIN/FEIN:\*

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



# Registration

Entity Details Review

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### Review

First Name: Samantha  
Last Name: Smith  
Email: samanthasmith@getnada.com

Individual Provider? Yes  
Provider First Name: Michelle  
Provider Last Name: Ballard  
NPI: 1669569273  
TIN/FEIN: 166956927

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

Submit Previous Cancel

Review the information, select the checkbox and "Submit"

# Post Registration

Congratulations you are registered!  
On the left you will have the following options:

- Provider Enrollment
- Provider Directory
- Account Administration



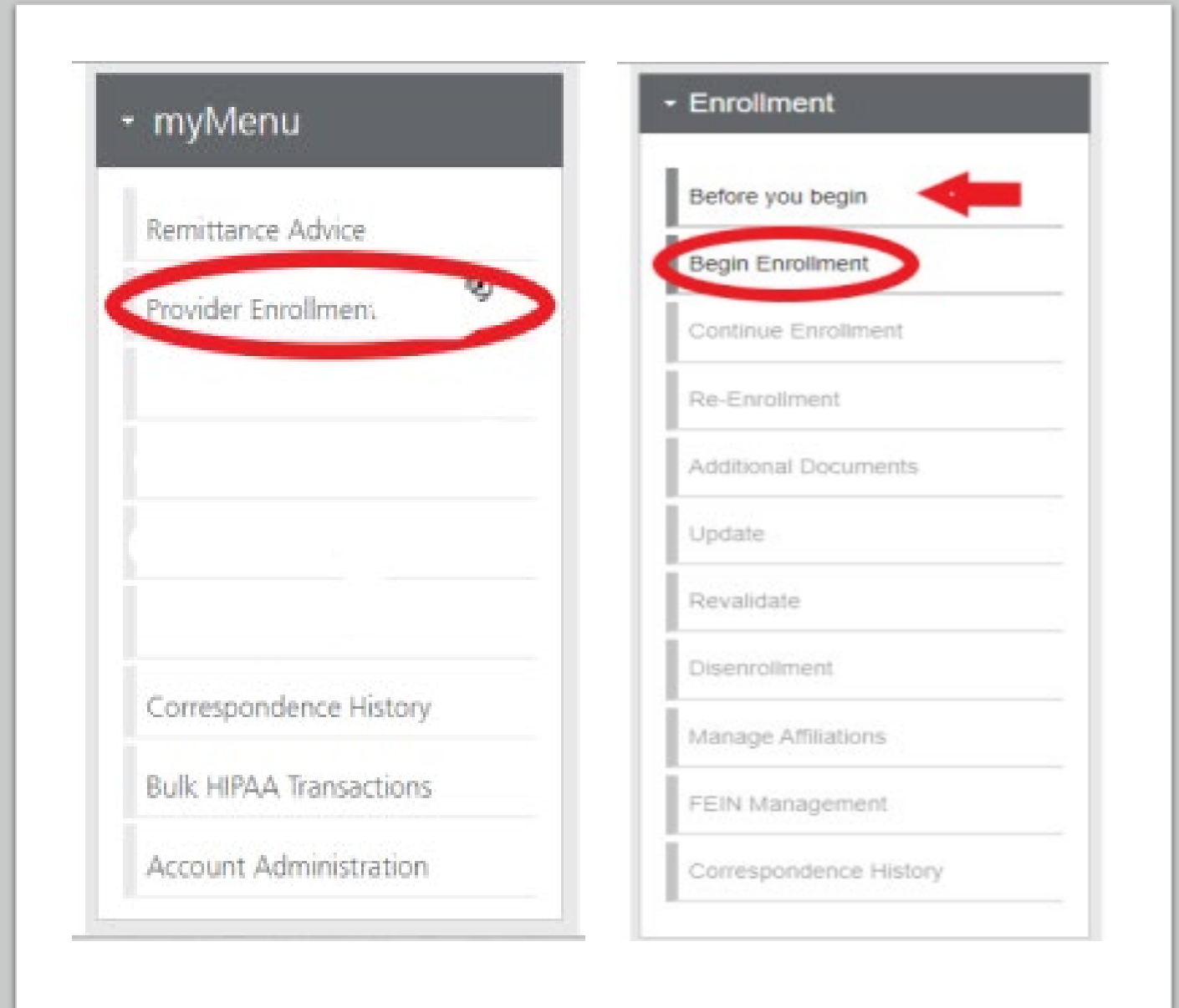
# Begin Enrollment

# 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 the application.



# Pre-Enrollment Individual

Enumeration:

- Individual

Enrollment Type:

- Individual Provider (Sole Proprietor)
- Rendering Provider (Non-Billing)
- Ordering, Referring, Prescribing (Non-Billing)

The screenshot shows a web form titled "Pre-Enrollment" with a close button (X) in the top right corner. Below the title, there are two required fields, each marked with an asterisk and an information icon (i):

- Enumeration:** A dropdown menu currently showing "Individual".
- Enrollment Type:** A dropdown menu currently showing "Select One". A mouse cursor is hovering over this menu, which has opened to show the following options:
  - Select One
  - Individual Provider (Sole Proprietor)
  - Rendering Provider (Non Billing)
  - Ordering/Referring/Prescribing (Non Billing)

At the bottom right of the form area, the text "No matching enrollments found." is displayed.

# Select A Provider Type - Individuals

To Add a Provider Type select the general category in the drop down appropriate for your provider type and enter the effective date for your enrollment

**Add Provider Type**

Required fields are marked with an asterisk (\*).

Type of Provider: \* ⓘ

Allopathic & Osteopathic Physicians

Effective Date: \* ⓘ 03/03/2024

Terminate Date: ⓘ MM/DD/YYYY

Save Cancel

**Add Provider Type**

Required fields are marked with an asterisk (\*).

Type of Provider: \* ⓘ

Select Provider Type

- Select Provider Type
- Behavioral Health & Social Service Providers
- Chiropractic Providers
- Dental Providers
- Dietary & Nutritional Service Providers
- Eye and Vision Services Providers
- Other Service Providers
- Pharmacy Service Providers
- Allopathic & Osteopathic Physicians
- Podiatric Medicine & Surgery Service Providers
- Respiratory, Developmental, Rehabilitative and Restorative Service Providers
- Speech, Language and Hearing Service Providers
- Suppliers
- Physician Assistants & Advanced Practice Nursing Providers
- Nursing Service Related Providers

# Selecting a Specialty

Select Add

Specialties:\*  ⓘ

Type of Provider	Specialty	Taxonomy	Primary	Effective Date	Terminate Date	Actions

### Add Specialty

Required fields are marked with an asterisk (\*).

**Provider Type:** \* ⓘ  
Allopathic & Osteopathic Physicians ▾

**Specialty:** \* ⓘ  
Select One ▾

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

**Effective Date:** \* ⓘ      **Terminate Date:** ⓘ  
MM/DD/YYYY 📅      MM/DD/YYYY 📅

**Subspecialties:** ⓘ  
Select One ▾   

Select your Provider Type

Select Specialty: Select the taxonomy that matches NPPES and enter your effective date and Save.

# Selecting a Program

State Program is required "Select Add"

State Programs:  ⓘ

Program Name	Requested Date	Effective Date	Terminate Date	Actions
No program found.				

Select Montana Medicaid (HMK Plus) and enter an effective date

### Add State Program

Required fields are marked with an asterisk (\*).

State Programs: \* ⓘ

Requested Date: \* ⓘ  ⓘ

Terminate Date: ⓘ

Available Documents ⓘ

Upload Documents ⓘ



# Completing the Enrollment

The provider information panel indicators will be green once all information is complete for that panel.

The screenshot displays a web application interface for provider enrollment. On the left is a vertical navigation menu with the following items: 'Provider Information' (with a red circle indicator), 'Credentials' (red circle), 'Financial Information' (red circle), 'Physical Location' (red circle), 'Enrollment Units' (red circle), 'Final Submission' (red circle), 'Summary', and 'Demographic Maintenance'. Below this menu is a 'My Menu' button. The main content area has a top navigation bar with four tabs: 'Practice Information' (with a green checkmark), 'Legal Name & Address' (with a red circle), 'Conviction' (red circle), and 'Disclosure Information' (red circle). The 'Legal Name & Address' section is active and contains a 'Help' icon (a question mark in a circle). The text in this section reads: '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.', and '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.'

# Other Enrollment Requirements

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- License if applicable
- EFT form
- Insurance?
- W9 with Legal Entity Address

# 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 is a navigation menu with a dark header 'Enrollment' and a dark footer 'My Menu'. The menu items are: 'Before you begin', 'Begin Enrollment', 'Continue Enrollment', 'Re-Enrollment', 'Additional Documents', 'Update', 'Revalidate', 'Disenrollment', 'Manage Affiliations', 'FEIN Management', and 'Correspondence History'. 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

# Enrollment Status

View the workbench to determine your enrollment status

A welcome letter is sent to the provider mailing address with important enrollment information and provider resources.

The screenshot shows a web application interface for enrollment management. On the left is a navigation menu with a dark header 'Enrollment' and a dark footer 'My Menu'. The menu items are: 'Before you begin', 'Begin Enrollment', 'Continue Enrollment', 'Re-Enrollment', 'Additional Documents', 'Update', 'Revalidate', 'Disenrollment', 'Manage Affiliations', 'FEIN Management', and 'Correspondence History'. On the right, the user is identified as 'Hi Test Conduent'. Below this is a dark header 'Enrollment Workbench'. A table displays enrollment records with columns for 'Actions', 'Type', and 'Enrollment Status'. The table contains two rows: one for 'Submitted' and one for 'Enrolled'. The 'Submitted' row has icons for search, edit, and delete. The 'Enrolled' row has icons for search, edit, delete, a green checkmark, and a blue minus sign.

Actions	Type	Enrollment Status
<input type="radio"/> ▶ 🔍 ✎ 🗑️	Enrollment	Submitted
<input checked="" type="radio"/> ▶ 🔍 ✎ 🗑️ ✓ -	Enrollment	Enrolled

# 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**

# Online Resources

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Provider Information Website:

<https://medicaidprovider.mt.gov>

- [Provider Enrollment 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** [MTPRHelpdesk@conduent.com](mailto:MTPRHelpdesk@conduent.com)  
and [HHSMPathPS@mt.gov](mailto:HHSMPathPS@mt.gov)

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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:**



Questions?

Thank you for participating in the  
Court Ordered Evaluation and  
Stabilization Services Near-Term  
Initiative!