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

Temporary Amendment to Provider Enrollment Instructions

Montana Healthcare Programs is expediting all provider enrollments to ensure Montana Healthcare Programs members have access to care during the COVID-19 pandemic. In accordance with Montana's 1135 section waiver, approved by CMS, the standard provider enrollment process has been updated to temporarily waive certain provider enrollment tasks detailed in this notice. Expedited enrollment procedures will remain in effect through the remainder of the COVID-19 epidemic.

Waived CMS Provider Enrollment and Screening Requirements include:

➢ Site Visits
➢ Fingerprinting except upon request of the State of Montana
➢ Enrollment fees
➢ Montana Healthcare Programs may rely on a provider's active enrollment with Medicare or another state Medicaid/CHIP program to meet most provider screening and enrollment requirements.
   o If you are actively enrolled in another state's Medicaid or CHIP program, include a copy of that state's welcome letter with the required supplemental information sent to provider relations.
   o If the welcome letter is not available, include a statement identifying the state you are enrolled with and the effective dates
➢ All enrollments processed under the expedited enrollment procedures cannot be backdated prior to March 1st, 2020.

Expedited Provider Enrollment and Screening Documentation Requirements

Montana Healthcare Programs has modified the enrollment supplemental documentation required to in order to expedite the enrollment approval process.

The expedited enrollment process will require that documentation is received via email. Please contact Provider Relations if there are questions.

Provider Enrollment Checklist- "All Medicaid-Only Providers"
The table below reflects expedited or waived requirements on the Provider Enrollment Checklist.

Checklist Item	Process Prior to Expedited Enrollment	Expedited Enrollment Clarification
#4	Complete, sign, and date the printed Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Authorization Agreement.	This information is necessary for billing providers to be paid electronically. This information may be emailed to MTEnrollment@Conduent.com . Providers who do not send in this information may receive paper checks. Please contact Provider Relations (800) 624-3958 if you do not have EFT information. Documents submitted via email MUST include your NPI or application ID in the subject line of the email.
#5	Include a photocopy of your current professional license showing an effective and expiration date. If you are enrolling to bill for services already provided, also include a photocopy of your license covering that date of service.	Providers do not need to include a photocopy of their professional license except upon request after submitting an application.

Checklist Item	Process Prior to Expedited Enrollment	Expedited Enrollment Clarification
#6	Include a photocopy of your applicable board certification.	Providers do not need to include a photocopy of their board certification except upon request after submitting an application.

Disclosures, Screening and Enrollment Requirements

Enrollment Task	Expedited Enrollment Clarification
Sign and Date Disclosures, Screening, and Enrollment Requirements Document	This information may be emailed to MTEnrollment@Conduent.com Documents submitted via email MUST include your NPI or application ID in the subject line of the email.

Medicare

Enrollment Task	Expedited Enrollment Clarification
If the active Medicaid welcome letter from a state other than Montana is available email it to MTenrollment@conduent.com. Include your NPI or application ID in the subject line of the email.	Provider Enrollment staff will verify active status in good standing in the Provider's state's Medicaid program and/or the Federal Medicare program. This information may be emailed to MTEnrollment@Conduent.com Documents submitted via email MUST include your NPI or application ID in the subject line of the email.

Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Authorization Agreement

Enrollment Task	Expedited Enrollment Clarification
Sign and Date Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Authorization Agreement	This information is necessary for billing providers to be paid electronically. This information may be emailed to MTEnrollment@Conduent.com. Providers who do not send in this information may receive paper checks. Documents submitted via email MUST include your NPI or application ID in the subject line of the email.

Attachment A – Passport Provider Enrollment Information
➢ This document is not required.
Attachment B Passport Provider Caseload Management Information
➢ This document is not required.

HMK/CHIP Dental Provider Agreement and Signature Page
➢ This document is for dental providers only.
   Comprehensive School and Community Treatment, and Exhibit 1 and Exhibit 2
   These documents are for School-Based providers only.

If you have questions or need assistance to complete an enrollment application, please contact Provider Relations by telephone at (800) 624-3958 and choose Option 7 then Option 4. Agents are available M-F 8am -5pm Mountain Time weekdays. Questions may also be submitted by email to METenrollment@conduent.com.

Additional general information about enrolling as a Medicaid provider with Montana Healthcare Programs is located on the provider website on the enrollment page.

To start enrolling, visit the Enrollment section of the Montana Access To Health Web Portal.