

MPATH Provider Services Portal Enrollment

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> Conduent Government Healthcare Solutions Montana FAS January 2023

Training Agenda

- Verify NPPES
- GovIDs
- Enrollments
- Denied applications
- Correspondence History
- Account Administration
- Updates/Revalidations
- Manage Affiliations
- Available resources



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/





Creating your GovID

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Creating your GovID

https://mtdphhs-provider.optum.com/

This system is designed for **1 Primary/Authorized Official User to register the Facility or Provider NPI**, when creating their GovID.

This person will submit requests to link additional Users to the system, depending on the function. It is important to have a discussion within your management team to determine who this should be.

- NPI can only be registered to ONE GovID.
- Email address can only be linked to ONE GovID.

Accessing the Portal

https://mtdphhsprovider.optum.com/

Click **Provider**





MPATH Provider Services

Click Login and Registration



Creating your GovID

Click Create Optum GovID

Sign In With Your Optum GovID Optum GovID or email address Additional ontions: Create Optum GovID Warninger your optom GovID Password What is Optum GovID? 100 SIGN IN Forgot Optum GovID Forgot Password Warning! This system contains U.S Government information. By using this information

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 support at MTPRHelpdesk@conduent.com

Creating your GovID (cont'd)

Complete all required fields.

- Profile Information
- Sign In Information
- Create Password

| Optum GovID securely manages your a | account so that you can use one Optum GovID |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| and password to sign in to all integrate | ed applications. |
| | |
| Aiready have Optum GoviD: | r sign in now |
| Profile Information | |
| Prome information | |
| First name | |
| | |
| Last name | |
| | |
| Date of birth | |
| mm dd assa | |
| пп-аа-уууу | |
| Your email address | |
| Your email address Create Optum GovID | |
| Your email address Create Optum GovID Vour Optum GovID must have: | |
| Your email address Create Optum GovID Your Optum GovID must have: 6 to 50 characters | 0 |
| Your email address Create Optum GovID Your Optum GovID must have: 6 to 50 characters At least one letter | 0 |
| Your email address Create Optum GovID Your Optum GovID must have: 6 to 50 characters At least one letter No spaces | 0 |
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| 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 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 | ⑦ |
| Your email address Create Optum GovID 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: | ⑦ |
| Your email address Create Optum GovID 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 | ? |
| Your email address Create Optum GovID Create Optum GovID Vour Optum GovID must have: 6 to 50 characters At least one letter No spaces No letters with accents Create password Vour password must have: Between 8 and 100 characters At least 1 uppercase letter | |
| Your email address Create Optum GovID Create Optum GovID Vour Optum GovID must have: 6 to 50 characters At least one letter No spaces No letters with accents Create password Vour password must have: Between 8 and 100 characters At least 1 uppercase letter At least 1 lowercase letter | |
| 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 | |
| Your email address Create Optum GovID Create 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 | |
| Your email address Create Optum GovID Create Optum GovID 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 agaln | |

Creating your GovID (cont'd)

Continue to complete all required fields.

- Language Preferences
- Security Questions and Answers

Click I Agree

Language Preferences

Select the language in which you want to receive communications from Optum GoviD. This can be changed at any point from Manage my Optum GoviD.

Preferred language

● English ○ Español

Security Questions and Answers

| Select | ~ | |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------|
| Security answer 1 | | |
| | d. | |
| | | |
| Security question 2 | | |
| Select | ~ | |
| Security answer 2 | | |
| | T. | |
| | | |
| Security question 3 | | |
| Select | ~ | |
| Security answer 2 | | |
| security answer 5 | d | |
| | 10 | |
| You must agree to the <u>Terms</u> GovID service. If you do not a Optum GovID service. | <u>of Use</u> and <u>Website Privacy Po</u> gree, click Cancel and do not u | <u>licy</u> to use the Optum ise any aspect of the |
| | | |
| I AGREE Cancel | | |
| I AGREE Cancel | tt support at MTPRHelpdesk@ | conduent.com |

Complete GovID

Review the information entered is correct.

Click **Box** to accept Terms and Conditions

Click Submit



Verify E-mail

Check your e-mail now.

Subject line will read:

Confirm your Optum GovID email address

Next Step: Verify Your Email Address

 Check your email inbox (lag****of@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.

E-mail Verification

Enter the 10-digit code from the email in the Access Code field.

Click Next

If you don't receive the email within a few minutes, click resend email.



Creating your GovID

Email Address Verified Click **Continue**

Verify the disclosure screen. Click **I Agree**

Email Address Verified

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



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.

I AGREE Decline

Registering your NPI

Select the role in the drop down.

- Provider or
- Provider Delegate

Both allow the same function access.

Click Continue



Registering your NPI

The information on this screen pertains to ONLY the NPI you are using to register.

As you click the radio button for each question, fields will open to enter information.

Click Continue

| ntity Details Revie | w | |
|----------------------------------|-------------------------------------------------------------------------------|--|
| Details for Provider Account | | |
| iote : Fields marked with * are | required. | |
| Select Yes, if NPI is e | enrolled or has been enrolled within the last 3 years. | |
| Are you currently an active ent | rolled provider with the state of Montana?* Unites Unites | |
| | ▲ | |
| user: | | |
| First Name: | Daisy | |
| Last Name: | Duke | |
| Email: | lagakavof@getnada.com | |
| | | |
| Provider: | | |
| Are you registering as an | Oves ONe | |
| Roundar Nama or | | |
| Organization Name?* | O Provider Name O Organization Name | |
| | O NPI - National Provider identifier | |
| NPI or API7* | API - Atypical Provider Identifier Atypical Provider without assigned API | |
| Billing or Non-Billing Provider? | * O Billing O Non-Billing | |
| Note: For Organizations, addit | ional NPIs/APIs can be added after registration. | |
| | | |
| | | |

Registering your NPI

Depending on your selection, the required field will now be visible.

Click Continue

| Provider: | |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Are you registering as an individual Provider?* | O Yes 🖲 No |
| Provider Name or Organization Name?* | O Provider Name |
| Organization Name * | |
| NPI or APIC* | NPI - National Provider Identifier O API - Atypical Provider Identifier O Atypical Provider without assigned API |
| NPL* | |
| Billing or Non-Billing Provider | ?* 🖲 Billing O Non-Billing |
| TINFEIN * | |
| Note: For Organizations, add | tional NPIs/APIs can be added after registration. |
| | Continue Previous Cancel |
| | |

Final Review

Review the information entered is correct.

Click **Box** to accept Terms and Conditions

Click Submit



| Hirst Name: Daisy Last Name: Duke Email: lagakavof@getnada.com Individual Provider? No Organization Name: NPI: INVFEIN: TINVFEIN: y submitting your registration information, you indicate that you have read and accept our trms and Conditions and Privacy Policy. Car | T-1 | Delet |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------|
| Last Name: Duke Email: lagakavof@getnada.com Individual Provider? No Organization Name: NPI: INVFEIN: INVFEIN: INVFEIN: Inversion of the second of the secon | Hirst Name: | Daisy |
| imail: lagakavof@getnada.com hdividual Provider? No Drganization Name: IPI: IN/FEIN: IN/FEIN: IV/FEIN: IV/Submitting your registration information, you indicate that you have read and accept our <u>Submit</u> revious Car | ast Name: | Duke |
| ndividual Provider? No Organization Name: IPI: IN/FEIN: IN/FEIN: IN/FEIN: Inversion of the second se | imail: | lagakavof@getnada.com |
| Organization Name: NPI: IN/FEIN: Inversion of the second s | ndividual Provider? | No |
| INFEIN: INFEIN: Inversion of the second | Organization Name: | |
| IN/FEIN: y submitting your registration information, you indicate that you have read and accept our erms and Conditions and <u>Privacy Policy</u> . | IPI: | |
| y submitting your registration information, you indicate that you have read and accept our erms and Conditions and <u>Privacy Policy</u> . | TIN/FEIN: | |
| Submit Previous Car | y submitting yo | ur registration information, you indicate that you have read and accept our tions and <u>Privacy Policy</u> . |
| | | Submit Previous Cance |

Provider Home Screen

The system will automatically direct you to the Provider Home screen & your myMenu functions available.

Depending on your role, myMenu functions will differ.









Enrollments

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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.



Provider Enrollment

Answer the Pre-Questionaire questions.

Click Begin Enrollment

Accept Terms and Conditions on the next scree.

Click OK



Pre-Enrollment

Enumeration:

- Individual
- Organization
- Atypical

Enrollment Type:

• Selections will change depending on first selection.

FEIN: Yes or No

| re-Enrollment | |
|------------------------------------------------------|--|
| Enumeration: * (i) Enrollment Type: * (i) Select One | |
| re-Enrollment | |
| | |

Pre-Enrollment

Click the **User Guide** icon in the top right corner for screen by screen/field by field instructions.





Disenrollment/Re-enrollment

In order to submit a new application to change a Tax ID number for example. The current enrollment must be disenrolled first. The provider must be linked.

Use the **Disenrollment** tab under the Enrollment menu.

Once completed, your status will change to complete/approved.

Use the **Re-Enrollment** tab under the Enrollment menu, to submit a new application under the new TIN.

Additional Documents

If you are unable to upload a document during the application process, use the **Additional Documents** tab to upload after the fact.

| Before you begin | |
|----------------------|--|
| Begin Enrollment | |
| Continue Enrollment | |
| Re-Enrollment | |
| Additional Documents | |







Account Administration Tab

Account Administration

All 3 Account Administration functions are located on one screen.

| | | Filter your results: | |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------|-----------|
| ACTIONS L | OGIN NAME A FIRST NAME | LAST NAME 🔶 EMAIL | 🖨 STAT |
| No matching users for | und. | | |
| Show 10 🖌 entries | | Showing 0 to 0 of 0 entr | ies I 🕻 🕻 |
| Add Lie | ar Account | | |
| Add Osc | Account | | |
| Manage Billi | ng Providers | | |
| | | | |
| | | Filter your results: | |
| ACTIONS | BILLING PROVIDER NAM | e NPI/API ID | |
| â | Farmingdale Primary | Care PC 10738209 | 965 |
| | Braga, Deb | 9260371 | 104 |
| Show 10 🖌 entries | | Showing 1 to 2 of 2 account | nts I 🕻 🕻 |
| | | | |
| | ling Provider | | |
| Add Bil | | | |
| Add Bill | vider Enrollment Acc | ounts | |
| • Manage Pro | vider Enrollment Acc | ounts | |
| Add Bill Manage Pro Complete request form | vider Enrollment Acc | Counts | |
| Manage Pro Complete request for ACTION ATTACHMENT | vider Enrollment Acc | Filter your results: | _ |
| Manage Pro Complete request for Action ATTACHMENT No matching transact | vider Enrollment Acc | Filter your results: TE Status | |
| Manage Pro Complete request for ACTION ATTACHMENT No matching transact Show 10 • entries | vider Enrollment Acc m · • • • • • • • • • • • • • • • • • • • | Filter your results: | s 1(() |



Account Admin functions

The **Account Administration tab**, under **myMenu**, is used to add additional portal users & NPIs to your GovID access.

Manage Portal Users the system is designed for **1** Primary/Super User to register the Facility NPI, when creating their GovID. This person will submit requests to link additional Users to the system, depending on the function.

Manage Billing Providers allows you to bill for (in the MPATH Claims Solutions) and/or **see remits** for the linked NPIs. <u>If you use a Clearing House to submit claims</u> and reconcile 835s/remits; this step is not necessary. MPATH PID required to add NPI.

Manage Enrollment Providers allows you to maintain the NPIs and complete file updates on your workbench. Link request required.

Add Portal User

Additional portal users are invited through this function.

These users will be assigned a Role and sent an email. The email will contain a link for them to use to establish their GovID.

Depending on the Role, they will have access to the information available to the Primary User.

| | 6 | | | |
|------------------|------------------------------|---------|---------------------------------------|-----------------|
| Role | Provider Information | Review | | |
| Role | | | | |
| Note : Select | Fields marked with * are re- | quired. | Delegated Admin Member Eligibility | |
| Selec | t 🗸 | | Claims | |
| | | | Enrollment | Continue Cancel |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



Add Portal User

| Role | Provider Information | Review | |
|---------|----------------------------------|---------------------|--|
| Provid | er Information | | |
| Assign | n NPI(s) / API to User | | |
| Select | one or multiple NPIs / API to | issign to the user. | |
| NPI's | / API:* | | |
| ł | Available NPIs will sho here. | w | |
| Note | Fields marked with * are req | lired. | |
| User I | information | | |
| First N | lame:* [| | |
| Last N | lame:* | | |
| Email | • [| | |
| Birth | Date (MM/DD/YYYY):* | | |
| Last 4 | digits of SSN:* | | |
| | | | |

Complete all fields with the new user's information.

If you need to send another email to the user, click on the envelope icon in front of their name.



Cancel

Manage Billing Providers

Add Billing NPIs to this section ONLY if,

- You will be submitting claims through MPATH.
- You need access to the weekly Remittances for this NPI.

This is the MPATH assigned Provider ID number. Not the PID from MT Medicaid.

| Note : Fields marked with an aster | isk * are required. | | |
|--------------------------------------|-------------------------------------|---------------|--|
| Provider Name or Organization Name?* | O Provider Name O Organization Name | | |
| NPI or API7* | ONPI OAPI | | |
| TIN/FEIN:* | | | |
| Enter Provider ID Number:* | | | |
| | | Submit Dancei | |
| | | | |
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Manage Enrollment Providers

This will be the most important function for facilities, credentialers & billing agents who oversee multiple facility NPIs and/or multiple providers.

The only way you can view additional NPIs on your workbench is through this function.

Updates and Revalidations cannot be completed until NPIs are linked here.



Link request form

Link request forms are processed by Optum.

Complete all fields of the form. Sign or eSign.

Upload form and additional spread sheet if applicable.

| | Montana / | Access to MPATH Pro Enrollment Account L | vider Services Module ink Request | | | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------|---|------|
| | The MPATH Provider Services Modu enrollment records for viewing and Organization ID, you must submit ar | fe uses a unique Orga management. To hav 1 Enrollment Account | inization ID to allow linkage e your enrollment account Link Request. | of provider linked to a speci | ific | | |
| | Each National Provider Identifier (Ni Montana Healthcare programs may maintenance updates to their provis Organization ID is assigned. If a prov add a provider to their organization | PI), or Atypical Provid create their own use der enroliment inform (der wants to link the ID, it is required to h | er Identifier (API) used in e r account for enrolling or cr ation. Upon creation of a u ir user account to another rive your organization IDs is | sroliment into smpleting rser account, an organization ID, nked. | or | | |
| | Complete the information below. Pli request. | ease allow up to 10 d | ays for Provider Relations t | o process the | | | |
| | Authorizing Provider Name: Name | of the person or f | acility registered to Go | div | | | |
| | Authorizing NPI/API#: NPI used to | register the Prim | ary GovID | | | | |
| | For additional NPI/APIs you want is page with your request. Requested NPI/APIs Name of the | nked, please check the person or facility | ne box below and upload t | he supplementa | il. | | |
| | Requested Provider Name: NIPI yo | u want to link | | | | | |
| | Additional NPI/APIs requested (on s | eparate excel form): | | | | | |
| | If you need to link mon | e than one NP | Attach a spread | sheet | | | |
| | Contact Name for questions when a Name: Person completing form | processing request (A | equired). | | | | |
| | Phone Number: | Email: | | | | | |
| | Comments (Optional): All fields m can be the same. | ust be completed. | The contact & authorit | ting person | _ | | |
| | Lattest that Lam the authorized indi Authorization Name: Person auth | widual who is submitt iorizing the reques | ing this Enrollment Accour d. | t Link Request. | | | |
| | Authorization Title: Date: | 3. | | | | | |
| | The current form | has a Docusi | gn line. | | | _ | |
| ACTION | ATTACHMENT | DATE | * | Status | | | ÷ |
| No match | ing transactions found. | | | | | | |
| show 10 | ♥ entries | | Showing 0 to 0 of | 0 entries | 14 | < | > >1 |
| | Upload Request | | | | | | |
| | | | | | | | |







Updates/File Maintenance



Before you Update

In order to see providers on your workbench, they must first be linked via **Manage Enrollment Providers**.

The **Account Administration tab**, under **myMenu**, is used to add additional portal users & NPIs to your GovID access.

Manage Enrollment Providers allows you to maintain the NPIs and complete file updates. Link request required.

Search NPI

Click **Provider Enrollment** tab under myMenu.

Search the NPI using the fields shown.

Click Radio button for NPI.

Click **Update** under the Enrollment menu.

A new Update line will show at the end of your list.

Click Pencil icon.



Provider File Maintenance Updates

This example is for a license update. However, the process is the same of all updates.

- Review, update or correct any application information required to ensure all sections of the application show a Green check mark.
- In the license section, click **Pencil** Icon.
- Change the expiration date to match the new license expiration date.
- Click Save and Continue.
- Upload the license copy using the Blue Upload button in that section.
- Complete the steps in the Enrollment Unit (EU) section to approve the license applies to the correct EU.
- Go to the Summary section of the application.
- Click Submit.







Managing Affiliations

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Manage Affiliations

This function is **NOT** required for facilities or billing providers submitting claims through any other avenue than the MPATH system.

Example:

Clearing Houses, Billing Agencies, or direct billing software.

This function adds Rendering providers to the drop-down list, in the MPATH claims entry system.

Manage Affiliations

Click **Provider Enrollment** tab under myMenu.

Click **Radio button** on the Enrollment line of the facility.

The **Manage Affiliations** tab is now visible under the Enrollment Menu.

Click Manage Affiliations tab.

| Actions | Туре | Status | | |
|---------------------|------------|----------|--|--|
| o Q 🖉 î 🕑 🗸 | Enrollment | Enrolled | | |
| Manage Affiliations | | | | |
| | | | | |
| | | | | |
| | | | | |

Manage Affiliations

Rendering providers must be enrolled to add as an affiliation.

Complete the search fields. Click **Search**.

Follow the instructions on the screen.

Affiliations initiated by the facility do not require approval.



Manage Affiliations

Pending Approval tab will show any providers you have submitted to be affiliated.

Requested Affiliations are providers who are requesting affiliation.

Completed affiliations can be searched under the **Existing Affiliations** tab.

| | | | Terroro Cxis | ting Affiliations | | | | | 0.55.02 |
|---------------------------------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|-------------------------------------|--------------------|-----------------------|-----------------------|------------------------|--------------------|
| Search for Provider | | | | | | | | | C |
| The existing affiliation tai For example, adding a n | b lists all offices ow physical add | ons linked to the lines to an existin | organizational) no renderino aff | provider. To me Higton, Within 1 | nage the affiliate | n, enter rizatione | in addio siuser he | onal info is the at | mation iithr to |
| terminate the affiliation b | ly entoring in a l Lost Nor | ermination date. | White | m qilade | | | | | |
| | | | | | Staardh | 0 | | | |
| | | | | | | | | 100 | |
| | For Name | Latition | 10 | Date + | Terreinate Date | | Actional | Nat | |
| 0 | Resta | Chacke | | 05/01/2825 | MARGOVINY. | - 25 | 4 | ø | |
| 0 | Jerielle | Adams | | 12/01/2021 | MADOVITY | - | 1.3 | 0 | |
| | _ | | | | | | | | |







If you have Questions

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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

Provider Information Website 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

Email Assistance <u>MTPRHelpdesk@condunent.com</u>

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.

