Frequently Asked Questions for Montana Healthcare Programs Screening and Enrollment

Most Recent Update - 5/28/2019

1. **Q: How do I become a Montana Healthcare Programs provider?**

   A: The first step in becoming a Montana Healthcare Programs provider is to apply for a National Provider Identifier (NPI) at the National Plan and Provider Enumeration System (NPPES) web page at: https://nppes.cms.hhs.gov. An agency will typically have just one NPI, regardless of the number of services offered or service locations. Once the NPI is received, the agency or individual provider completes the Montana Healthcare Programs provider enrollment application, which is available on the Provider Portal .

2. **Q: 42 CFR 455 says institutional providers must pay an application fee. Has Montana Healthcare Programs implemented the collection of this fee?**

   A: Yes, The application fee is to be imposed on institutional providers that are newly enrolling, re-enrolling/re-validating, or adding a new practice location.

3. **Q: What is an institutional provider?**

   A: As described by the Centers for Medicare and Medicaid Services (CMS), an institutional provider includes, but is not limited to, entities such as a hospital, clinic, assisted living facility, nursing home, and laboratory.

4. **Q: How much is the application fee?**

   A: The fee changes annually and is determined by CMS. The fee for calendar year 2019 is $586. Each year, CMS will publish the application fee via the Federal Register 60 days prior to the new calendar year.

5. **Q: What if payment of the application fee will be a hardship for our office/practice to pay or it is not economical for us to do so because we expect to serve a limited number of Montana Healthcare Programs members?**

   A: Providers may request a waiver of the application fee from CMS. As applicable, suggested information to include in the application fee waiver request: a narrative describing why payment of the fee would be a hardship, the number of members you expect to serve, document if you are in an underserved area or if the service you provide is specialized and not readily available by other providers. If the waiver is approved, it should be attached to the provider enrollment. The enrollment specialist will verify the fee payment or waiver. Screening and enrollment activities will not begin until the fee is paid or waived.

6. **Q: If we have multiple locations, do we have to pay a fee for each location we enroll?**

   A: Yes, The application fee is to be imposed on institutional providers that are newly enrolling, re-enrolling/re-validating, or adding a new practice location.

7. **Q: What if we have already paid the application fee to Medicare or another state Medicaid program?**

   A: Providers that are already enrolled in Medicare or have already paid the application fee to Medicare or another state Medicaid program are not required to pay the application fee again. The Provider will need to supply proof of payment to Medicare or the other state Medicaid program.

8. **Q: How do I know what risk level my provider type is?**

   A: Please see 42 CFR § 424.518 - *Screening levels for Medicare Providers and Suppliers* for more information on how risk levels are assigned by CMS.

9. **Q: 42 CFR 455 says requires moderate and high risk provider types to have pre- and post-enrollment site visits. How will providers know when to prepare for these visits?**

   A: The site visits will be unannounced there will be no notice given to the provider prior to either site visit.

10. Q: What if a provider fails a site visit?

A: If the provider fails the pre-enrollment site visit, they may be given the opportunity to correct deficiencies. A second pre-enrollment site visit will then be required. If the second pre-enrollment site visit is failed, the provider will be denied enrollment. If the provider fails the post-enrollment site visit, their enrollment may be terminated from participation in Montana Healthcare Programs.

11. Q: What is revalidation?

A: All providers must be revalidated every 3 to 5 years, depending on provider type. Revalidation consists of the same enrollment and screening activities as an initial enrollment, including payment of the application fee if applicable.

12. Q: How will providers know when it is their time to revalidate?

A: Providers will be notified in writing at least 90 days prior to their revalidation due date. Another notice will be sent 60 and 30 days prior to the revalidation due date to providers that have not completed revalidation.

13. Q: What happens if I do not participate in the revalidation process?

A: Providers that do not complete revalidation by their due date may be dis-enrolled from Montana Healthcare Programs. Providers that are dis-enrolled are eligible for reinstatement for up to 365 days from the dis-enrollment date if the provider completes the required revalidation; after the 365 days, the provider has to go through a re-enrollment process.

14. Q: How do I submit the ownership/control information when the facility does not have an owner?

A: There must be an owner disclosed on each provider file. If the facility is not owned by individuals, any individual that makes day-to-day or financial decisions must be disclosed as a managing employee, including board members.

15. Q: What is the difference between the Ordering, Rendering, Prescribing (ORP), the Rendering (RP), and the Billing Provider enrollment applications?

A: The Ordering/Referring/Prescribing (ORP) enrollment application is intended for an individual provider that orders, refers or prescribes services only. An ORP provider will never directly provide services to a Montana Healthcare Programs member. This enrollment application is appropriate for the following individual provider types:

- Physical Therapist
- Physician
- Physician Assistant
- Podiatrist
- Psychiatrist
- Optometrist
- Occupational Therapist
- Nurse Practitioner
- Nurse Midwife
- Dental
- Audiologist

Claims will deny if a provider enrolled as an ORP provider attempts to submit claims as a rendering or billing provider.

A: The Rendering Provider (RP) enrollment application is intended for individual providers that perform the services being submitted on claims (Rendering, Attending, or Treating) but will not receive payment directly from Montana Healthcare Programs. This enrollment application is appropriate for the following Individual Provider Types.

- Audiologist
- Board Certified Behavior Analyst
- Chiropractor
- Dental
- Denturist
- Licensed Addiction Counselor
- Licensed Professional Counselor
- Nurse Midwife
- Nurse Practitioner
- Nutritionist / Dietician
- Occupational Therapist
- Optometrist
- Clinical Pharmacist
- Physical Therapist

- Physician
- Physician Assistant
- Podiatrist
- Psychiatrist
- Psychologist
- Registered Nurse Anesthetist
- Social Worker
- Speech Pathologist

A: The Billing Provider Application is intended for providers that intend to bill Montana Healthcare Programs directly for the services provided using the NPI/Assigned Provider ID in the Pay-To/Billing field of a claim. This enrollment application is appropriate for all facilities and group/clinics as well as some individual provider types.

16. Q: We have submitted the required supplemental documents for our application. How long does the enrollment process take and how will I be notified that I can start submitting claims?

A: Typical enrollment processing time is around 15 business days. If there are issues with the enrollment application, Provider Relations will reach out to the provider using the contact information provided in the application.

Once the enrollment application has been approved, a welcome letter will be sent to the correspondence address submitted in the enrollment application, informing the provider of the enrollment effective date.

17. Q: Why does the Welcome letter have a different taxonomy on it than the one I selected in my enrollment?

A: A standard set of taxonomy codes comes from WPC Washington Publishing Company reference guide, that supports the Provider Portal and we follow those standards when matching the primary and sub specialties; we only allow the specialties that follow the CMS standards.

As part of the enrollment process, the Provider's information is validated in the National Provider Registry (NPPES). Each provider is enrolled with the primary taxonomy code registered in NPPES, regardless of the taxonomy code selected on the application. The only exception to the primary taxonomy code policy is when an organization is enrolling multiple files for different provider types or DME/Pharmacy.

18. Q: I've already submitted my online application and realized that I need to make a correction to some information. How can I make a change to my application if it has already been submitted?

A: Once an application has been submitted, online in the Provider Portal, processing of the application begins to occur. Therefore, you are not able to log back into the application to make changes; you may view the application after submission. Any changes to the application that are requested after submission should occur by mail, fax or email. If you have not sent your supplemental material, you can include a letter in your documents with the requested change and the Enrollment Specialist that processes your application can make the appropriate changes in the system.

A: If your supplemental documents have already been emailed, faxed or mailed, you can contact Provider Relations at 1-800-624-3958 with your application reference number to speak with the Enrollment Specialist working on your application.

19. Q: An additional provider joined my practice. I would like my group to receive payment for all services provided. How do I link the two together?

A: The rendering and billing provider must be enrolled with Montana Healthcare Programs in order for professional claims to successfully process.

A: This means that you must obtain a group NPI number from NPPES and enroll with Montana Healthcare Programs as a group. Additionally, you must ensure that the individual provider is also enrolled with Montana Healthcare Programs.

A: Once both NPI numbers are enrolled with Montana Healthcare Programs, you will submit professional claims with the individual provider as the rendering NPI number and the group as the billing NPI number on the professional claim. Payment is always driven to the provider that is disclosed as the billing NPI number on claims.

A: For Physician affiliations, the Physician can use the Group Name or NPI to search for a group to request an affiliation. The billing provider name and NPI should show the name of the billing group the physician wants to affiliate with. Once the physician is enrolled, the group may link the provider to the group using the Manage Affiliations (Groups only) feature in the Provider Portal to link the NPI of the rendering provider affiliated with the group.

20. Q: An additional provider joined my practice. I would like the individual provider to be paid for the services that they render directly from Montana Healthcare Programs, instead of my group. How do I complete the enrollment application and submit claims?

A: In this case, the individual provider will need to be enrolled with Montana Healthcare Programs as a billing provider and have their own tax reporting information.

A: When claims are submitted, the individual provider's NPI number will need to be entered on the claim as the rendering and billing provider. Payment is always driven to the provider that is disclosed as the billing provider on claims.

21. Q: **Our organization provides Durable Medical Equipment services and Pharmacy services. How do we complete our enrollment and how do we bill?**

A: The Provider Portal has suppliers as the primary provider type mapped with sub-specialties of Durable Medical Equipment & Supplies and Pharmacy as options for enrollment. This feature allows you to select both taxonomies using one provider type in the Provider Portal. Both are considered tier 1 taxonomies and get stored for credentialing to be completed separately for the specialties.

Questions? *Please visit our Provider R*esource *website at www.medicaidprovider.mt.gov, call the* Provider Services department at (800)624-3958 or email us at MTPRhelpdesk@conduent.com.