Becoming a Medicaid Provider

Before You Begin

Check the statutes (laws) and rules pertaining to the Limited Access Permit. Go to Montana Board of Dentistry, click on dental hygienist, and proceed to statute/or rule.

- Statute 37-4-405 (law, passed by legislature) This is the address to the statute: http://data.opi.mt.gov/bills/mca/37/4/37-4-405.htm

- Rule (adopted by the BOD) This is the address to the rules: http://bsd.dli.mt.gov/license/bsd_boards/den_board/pdf/den_rules.pdf
  24.138.509 (application and qualifications) page 33 24.138.425 (treatment guidelines) page 22

To Enroll as a Montana Medicaid Provider

<u>To enroll as a Medicaid provider you must first secure a National Provider Identifier Number (NPI#)</u>
This task is best accomplished on-line, but may be done by hardcopy.
Go to: https://nppes.cms.hhs.gov
or write: NPI Enumerator, PO Box 6059, Fargo, ND 58108-6059
or call: 1-800-465-3203 (NPI Toll-Free) with questions
This process is easy to follow on-line and your NPI # will be assigned almost immediately, allowing you to proceed with enrollment to be a Montana Medicaid Provider.
<u>To enroll as a Montana Medicaid Provider</u> (not as difficult as it seems)
On-line enrollment is available and suggested. You will still need to send a packet of documents and information following the initial enrollment process. Go to: https://mtaccesstohealth.acs-shc.com/mt/general/providerEnrollmentHome.do (not a typo no "c" at the end)
Some questions on the enrollment application may be confusing: (below are the appropriate responses when you will be the provider of services and bill directly to Medicaid) Your unique situation may require a different response.

- Taxonomy Code 1: 124Q00000X (Dental Hygienist)
- You will be asked to supply your NPI number
- Physical or Practice Address/Contact Information: where do you want information sent? home address may work well
- Are you Board Certified? N
- Ownership Type: Other
- Reporting Status: Individual

<u>To finalize your enrollment information:</u>
Sign and send all printed documents with required documents :
Montana Provider Relations Web Enrollment, PO Box 4936, Helena, MT 59604
Your packet must include:

- Your signed Provider Enrollment Signature Pages
- Completed, signed, and dated the printed W-9
- Completed and signed the printed Direct Deposit Sign-Up Form (Standard Form 1199A) A trip to the bank is necessary to complete this item.
- Photocopy of your current license showing an effective and expiration date
- Signed Trading Partner Agreement
- Include your National Plan and Provider Enumeration System (NPPES) notification letter or e-mail

<u>To bill Medicaid:</u>

- All claims (paper) are required to use an ADA dental claim form with copyright date of 2006 or later
- For claims questions or additional information: (406) 444-3182 or toll-free 1-800-624-3958