

Key Contacts

Hours for Key Contacts are 8:00 a.m. to 5:00 p.m. Monday through Friday (Mountain Time), unless otherwise stated. The phone numbers designated “In state” will not work outside Montana.

Provider Relations

Contact Provider Relations for questions about Medicaid, MHSP, and CHIP eyeglass and dental questions including payments, denials, eligibility, general claims questions, and PASSPORT or Medicaid questions or enrollment:

(800) 624-3958 In and out-of-state
(406) 442-1837 Helena
(406) 442-4402 Fax

Send written inquiries to:

Provider Relations Unit
P.O. Box 4936
Helena, MT 59604

PASSPORT Client Information

Clients who have general Medicaid questions may call the **Montana Medicaid Help Line** or write to:

(800) 362-8312 In and out-of-state

PASSPORT To Health
P.O. Box 254
Helena, MT 59624-0254

PASSPORT Program Officer

PASSPORT providers report errors, omissions, or discrepancies in enrollee utilization and cost reports to:

(406) 444-4540

PASSPORT Program Officer
DPHHS
Medicaid Services Bureau
P.O. Box 202951
Helena, MT 59620-2951

Claims

Send paper claims to:

Claims Processing Unit
P. O. Box 8000
Helena, MT 59604

Client Eligibility

There are several methods for verifying client eligibility; see *Client Eligibility and Responsibilities, Verifying Client Eligibility*.

Third Party Liability

For questions about private insurance, Medicare, or other third-party liability:

(800) 624-3958 In state
(406) 442-1837 Out of state and Helena

Send written inquiries to:

Third Party Liability Unit
P. O. Box 5838
Helena, MT 59604

Provider's Policy Questions

For policy questions, contact the appropriate division of the Department of Public Health and Human Services; see *Program Policy Information* in the *Introduction* chapter.

Presumptive Eligibility

To verify Presumptive Eligibility call:

(800) 932-4453

To become a provider who can determine presumptive eligibility contact:

(406) 444-4540

Send written inquiries to:

Health Policy and Services Division
1400 Broadway
Helena, MT 59601

EDI Technical Help Desk

For questions regarding electronic claims submissions:

(800) 624-3958 In and out-of-state
(406) 442-1837 Helena
(850) 442-4402 Fax

Mail to:

ACS
 ATTN: MT EDI
 P.O. Box 4936
 Helena, MT 59604

Administrative Reviews and Fair Hearings

To request an administrative review, address or direct the request to the division that issued the contested determination, and deliver or mail to:

DPHHS
 111 N. Sanders
 P.O. Box 4210
 Helena, MT 59604-4210

To request a fair hearing, deliver or mail the request to the following address. A copy of the hearing request must also be delivered to the division that issued the contested determination.

DPHHS
 Quality Assurance Division
 Office of Fair Hearings
 P.O. Box 202953
 Helena, MT 59620-2953

Health Insurance Premium Payment Coverage

To apply for this program contact:

(800) 694-3084 In state
(406) 444-9440 Out of state and Helena

Send written inquiries to:

Health Insurance Payment Program
 P.O. Box 202953
 Helena, MT 59620-2953

Surveillance/Utilization Review

To report suspected fraud and abuse by providers:

(406) 444-4586
(800) 376-1115

To report suspected fraud and abuse by clients:

(406) 444-4167

Send written inquiries to:

Fraud and Abuse
 Surveillance/Utilization Review
 2401 Colonial Drive
 P.O. Box 202953
 Helena, MT 59620-2953

Team Care Program Officer

For questions regarding the Team Care Program:

(406) 444-4540 Phone
(406) 444-1861 Fax

Team Care Program Officer
 DPHHS
 Managed Care Bureau
 P.O. Box 202951
 Helena, MT 59620-2951

Nurse First

For questions regarding Nurse First Disease Management or the Nurse Advice Line, contact:

(406) 444-4540 Phone
(406) 444-1861 Fax

Nurse First Program Officer
 DPHHS
 Managed Care Bureau
 P.O. Box 202951
 Helena, MT 59620-2951

Secretary of State

The Secretary of State's office publishes the most current version of the Administrative Rules of Montana (ARM):

(406) 444-2055 Phone

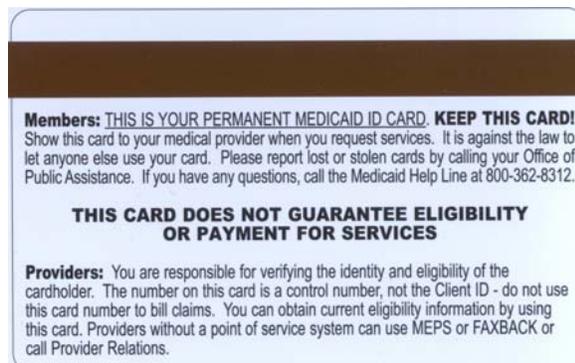
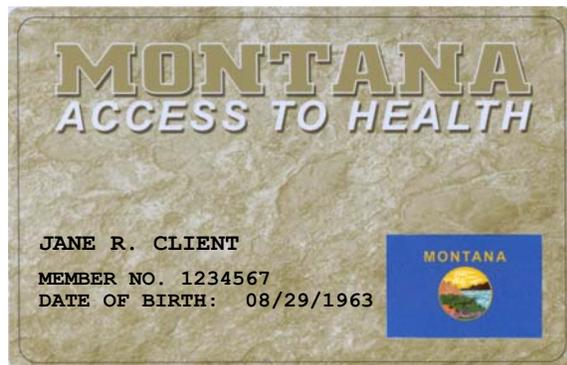
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

Key Web Sites	
Web Address	Information Available
Virtual Human Services Pavilion (VHSP) vhsp.dphhs.mt.gov	Select <i>Human Services</i> for the following information: <ul style="list-style-type: none"> • Medicaid: Medicaid Eligibility & Payment System (MEPS). Eligibility and claims history information and a link to the Provider Information Website. • Senior and Long Term Care: Provider search, home/housing options, healthy living, government programs, publications, protective/legal services, financial planning. • DPHHS: Latest news and events, DPHHS information, services available, and legal information.
Provider Information Website www.mtmedicaid.org or www.dphhs.mt.gov/hpsd/medicaid/medicaid2/index.htm	<ul style="list-style-type: none"> • Medicaid news • Provider manuals • Notices and manual replacement pages • Fee schedules • Remittance advice notices • Medicaid Forms • PASSPORT To Health information • Team Care Information • Provider enrollment • Frequently asked questions (FAQs) • Upcoming events • HIPAA Update • Newsletters • Key contacts • Links to other websites and more
CHIP Website www.chip.mt.gov	<ul style="list-style-type: none"> • Information on the Children’s Health Insurance Plan (CHIP)
ACS EDI Gateway www.acs-gcro.com/Medicaid_Account/Montana/montana.htm	ACS EDI Gateway is Montana’s HIPAA clearinghouse. Visit this website for more information on: <ul style="list-style-type: none"> • Provider Services • EDI Support • Enrollment • Manuals • Software • Companion Guides • FAQs • Related Links
Medicaid Mental Health and Mental Health Services Plan www.dphhs.mt.gov/about_us/divisions/addictive_mental_disorders/services/public_mental_health_services.htm	Mental Health Services information for Medicaid and MHSP

Client Eligibility and Responsibilities

Medicaid ID Cards

Each Medicaid client is issued his or her own permanent *Montana Access To Health* Medicaid ID card (including QMB only clients). Clients must never throw away the *Montana Access To Health* card, even if their Medicaid eligibility ends. The ID card lists the client's name, date of birth, and a member number. The member number may be used for checking eligibility and for billing Medicaid. Since eligibility information is not on the card, it is necessary for providers to verify eligibility before providing services (see *Verifying Client Eligibility* in this chapter).



The *Montana Access To Health* card does not show client eligibility, so providers should verify eligibility before providing services.

Verifying Client Eligibility

Client eligibility may change monthly, so providers should verify eligibility each visit. Providers can check eligibility using any of the methods described in the following table.