

Eligibility Verification

Provider Training
Fall 2014



Common Eligibility Verification Methods

1. Online through the Montana Access to Health (MATH) web portal (<https://mtaccesstohealth.acs-shc.com/>)
2. Integrated Voice Response (IVR) 1-800-714-0060
3. FaxBack 1-800-714-0075
4. Provider Relations 1-800-624-3958

1. Montana Access to Health (MATH) Web Portal

- From the Montana Medicaid Provider Information webpage www.mtmedicaid.org
- Created by Xerox in conjunction with DPHHS
- Eligibility inquiry capability in addition to many other inquiry transactions
- Secure website

MONTANA DPHHS Public Health and Human Services
Healthy People. Healthy Communities.

Welcome to the Montana Department of Public Health and Human Services
Richard H. Opper, Director

[DPHHS Home](#) [About Us](#) [Contact Us](#) [News & Events](#) [Programs & Services](#) [Health Data & Statistics](#)

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Montana Medicaid

New or Existing Provider Enrollment

Log in to Montana Access to Health

Member Information
Provider Information

Montana Medicaid Provider Information

What's New on the Website This Week

Web Postings
A list of the documents posted to the website for the current week.

Announcements

MATH Web Portal

The screenshot shows the Montana Access to Health Web Portal. At the top left is the 'mt.gov' logo with the text 'Montana's Official State Website'. To the right is a banner for the 'DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES' featuring a landscape and two people. Below the banner is a yellow bar with the text 'Montana Access to Health Web Portal' and a 'Help' link on the right. On the left side, there is a vertical menu with green buttons for 'Log In', 'Web Registration', 'Provider Enrollment', 'Provider Web Portal Home', 'Public Assistance Toolkit', 'EDI', and 'Provider Locator'. The main content area has a green header 'Welcome to Montana Access to Health Web Portal!' followed by a paragraph explaining the portal's purpose and providing instructions for users. Below this is a 'Log In' section with a 'Log In' button and a 'Forgot Your Password?' link. At the bottom, there is a note about PDF documents and a link to 'Adobe Acrobat Reader'.

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal [Help](#)

Log In

Web Registration

Provider Enrollment

Provider Web Portal Home

Public Assistance Toolkit

EDI

Provider Locator

Welcome to Montana Access to Health Web Portal!

Montana Access to Health Web Portal provides the tools and resources to help healthcare providers conduct business electronically. If you have already registered to use the Montana Access to Health Web Portal, Log In below. If you have already completed a Montana Enrollment Form, but have not yet registered to use the Montana Access to Health Web Portal, click the [Web Registration](#) button on the left side of this page to begin. If you are a new provider or have not already completed a Montana Enrollment Form, visit [Provider Enrollment](#) for step-by-step instructions.

October 2014
October 2014

Log In

Enter your User ID and Password and click 'Log In.' If you do not have a User ID and Password, contact your Office Administrator.

User ID: Password:

[Forgot Your Password?](#)

Many documents available through the Montana Access to Health Web Portal are in PDF format. In order to view them, [Adobe Acrobat Reader](#) must be installed on your machine. If it is not, download this program by clicking on the link above.

Eligibility Inquiry

mt.gov
Montana's Official State Website

DEPARTMENT

Montana Access to Health Web Portal

HOME INQUIRIES SUBMISSIONS RETRIEVALS MA

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following information about each function, click the corresponding column header section, to display your current Montana Access to Health Web Portal page allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage
Eligibility	Upload Files	View/Download Files	Add New U
Claim Status		View e!SOR Reports	Add Existin
Provider Payment Summary		My Inbox	Update or
Claims-based Medical History			Manage Su
Electronic Health Record			
Ask Provider Relations			
Provider Locator			

Inquiry: Eligibility

Department of Public Health and Human Services
Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal [Exit](#) | [Help](#)

[HOME](#) [INQUIRIES](#) [SUBMISSIONS](#) [RETRIEVALS](#) [MANAGE USERS](#) [MY ACCESS](#)

[Home](#) > [Inquiries](#) > Eligibility Inquiry MT DPHHS

Eligibility Inquiry

To submit an Eligibility Inquiry on a specific client, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one client, you will be asked to check your information and/or enter a different set of information.

** denotes required field(s)*

<p>* NPI or Provider Number: <input type="text"/></p> <p>* Client Information:</p> <p>Client ID: <input type="text"/></p>	or	<p>* Date of Service: mm dd ccy <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>First Name: <input type="text"/> M.I.: <input type="text"/></p> <p>Date of Birth: mm dd ccy <input type="text"/> <input type="text"/> <input type="text"/></p>
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Service Type Code:

Eligibility Inquiry



The screenshot displays the Montana Department of Public Health & Human Services website. At the top left is the **mt.gov** logo with the tagline "Montana's Official State Website". To the right is a banner image featuring the state capitol building, mountains, and two Native Americans. Below the banner is a green navigation bar with the text "DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES". Underneath is a yellow bar with "Montana Access to Health Web Portal" and links for "Exit" and "Help". A green menu bar contains "HOME", "INQUIRIES", "SUBMISSIONS", "RETRIEVALS", "MANAGE USERS", and "MY ACCESS". The breadcrumb trail reads "Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirmation". The page title is "Eligibility Inquiry Confirmation" in red. The main text instructs the user to click "View Client Eligibility." if they wish to inquire on the client. Client details are listed: Client Original ID: 1234597, Name: Jane Doe, Date of Birth: 02/01/1990, and Gender Code: F: Female. At the bottom are two buttons: "Back to Eligibility Inquiry" and "View Client Eligibility".

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal [Exit](#) | [Help](#)

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

[Home](#) > [Inquiries](#) > [Eligibility Inquiry](#) > Eligibility Inquiry Confirmation MT DPHHS

Eligibility Inquiry Confirmation

If this is the client you wish to inquire on, click 'View Client Eligibility.'

Client Original ID: 1234597
Name: Jane Doe
Date of Birth: 02/01/1990
Gender Code: F: Female

[Back to Eligibility Inquiry](#) [View Client Eligibility](#)

Eligibility Response: Sec. 1

Client Demographics

HOME	INQUIRIES	SUBMISSIONS	RETRIEVALS	MANAGE USERS	MY ACCESS
Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response					MT DPHHS
Eligibility Inquiry Response					
Client Demographic Information					
Client Original ID:	123459723	NPI or Provider ID:	xxxxxxxxxx		
Client Current ID:	00123459723	Date of Service:	04/02/2014		
Client Member ID:	1234597	Valid Request Indicator:			
Name:	Jane Doe	Reject Reason Code:			
Address:	123 Main St	Follow-up Action Code:			
City:	Waterside	Date of Death:			
County Code:	25	Trace Number:	21000000010000000T		
State:	MT				
Zip Code:	599990000				
Date of Birth:	02/01/1990				
Gender Code:	F: Female				
<div style="border: 1px solid red; padding: 5px;">Co-payment amount may be less or exempt per Administrative Rules. Please refer to the Medicaid Provider Manual for additional information.</div>					

Eligibility Response: Sec. 2

Service Types

Service Type Code	Co-Payment/Co-Insurance
1: Medical Care	\$ 0.00
47: Hospital	\$ 0.00
86: Emergency Services	\$ 0.00
MH: Mental Health	\$ 3.00
UC: Urgent Care	\$ 4.00
98: Professional (Physician) Visit - Office	\$ 4.00
50: Hospital - Outpatient	\$ 5.00
88: Pharmacy	\$ 5.00
48: Hospital - Inpatient	\$ 100.00

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Basic Coverage	11/01/2010	04/30/2014

Managed Care Information

Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
TEAM CARE	RIVERSTONE HEALTH	4062473350	01/07/2014	04/30/2014

Plan Coverage Description	Plan/HIP Name	Plan/HIP Phone Number	Begin Date	End Date
Medicaid Health Improvement Program	RIVERSTONE HEALTH	4062473350	12/01/2013	04/30/2014

Restricted Client Information

Exception Description	Provider Name	Provider Phone Number	Period Effective Date	Period Expiration Date
Restricted Pharmacy	MONTANA CVS PHARMACY LLC	4062597861	12/22/2011	04/30/2014

Eligibility Response: Sec. 3

Information Source Data

Organization/Last Name: Medicaid
Identification Code Qualifier: PI: Payor Identification
Contact Name: ACS Provider Services
Primary Identifier: 77039
Communication Number: 8006243958

Information Receiver Data

Organization/Last Name: Test Provider
First Name: M.I.:
NPI or Provider Number: XXXXXXXXXXXX
Portal ID of Requestor:

Inquiries

New Eligibility Inquiry

Current Eligibility Inquiry

Medical History Inquiry

2. Integrated Voice Response

- 1-800-714-0060
- Verbal verification
- Press 1 to search by Member ID Number
- Press 2 to search by Card Control Number
- Access one member at a time
 - Multiple members within phone call
- Options to check provider payment and claim status

3. FaxBack

- 1-800-714-0075
- Enter provider ID and member ID number
- Response within 10 minutes
- Paper verification
- TPL information located on page 2

MONTANA HEALTHCARE PROGRAMS ELIGIBILITY VERIFICATION SYSTEM FAXBACK REQUEST RESPONSE

Provider Services Phone: 1-800-624-3958
Total Pages Transmitted: 2
To: ACS
Provider ID/NPI: 1110889
Provider Phone: 0000000000
Provider Fax: 4064422819

Input Information

Client ID:		Date of Birth:	01272004
Date of Service:	07192012	Card Control Number:	1111232

Transaction Response

Audit No.:	201220111373313FM	Client Name:	DOE, JOHN
Mcaid/HMKPlus:	Y	Card Control Number:	1111232
Client Gender:	M	Date of Birth:	01272004
Date of Death:	00000000	Current ID:	111331111
Original ID:		Part-A/B:	N/N
HMK/CHIP:	N	Nursing-Home:	N
Medicare #:	0000000000	Waiver:	N
No. of TPLs:	01		
Incurment Day:			

Benefit Summary (includes Managed Care, QMB, and Team Care)

The child is eligible for Healthy Montana Kids Plus. Is not eligible for the Medicare Savings Program. The client is not responsible for an incurment amount. The client is on Passport to Health. The client has third party insurance coverage.

MHSP Eligible: N

Passport: Y

Team Care: N

PCP Provider: WEST GRAND FAMILY MEDICINE

Phone #: 4062374040

Restricted Pharmacy: N

Pharm Name: NAME NOT FOUND

Phone #:

Current Third Party Liability (TPL) Coverage

Carrier Name:	PREMERA BC	Carrier Code:	K85
Address:	P O BOX 91059 SEATTLE, WA 98111-9159		
Begin Date:	20110401	End Date:	20991231
Policy #:	311113111	Group #:	9002235
Subscriber Name:	DOE	Subscriber Initial:	R
Subscriber SSN:			

4. Provider Relations Call Center

- 1-800-624-3958 or 1-406-442-1837
- Hours Monday through Friday, 8 a.m. to 5 p.m. Mountain Time

Additional Eligibility Verification

- **What does the member have for coverage?**
 - Full or Basic Medicaid
 - Healthy Montana Kids /Healthy Montana Kids *Plus*
 - Mental Health Services Plan (MHSP)
 - Qualified Medicare Beneficiary (QMB)
 - Specified Low-Income Medicare Beneficiary (SLMB)
 - Psychiatric Residential Treatment Facility (PRTF)

Other Items to Consider

- Are the services covered?
 - General and specific provider type manuals and replacement pages.
 - On the Montana Medicaid Provider Information webpage, www.mtmedicaid.org, click the Resources by Provider Type link to access your provider type page.
 - Fee schedule
 - Passport indicator
 - Prior authorization

Provider Relations Contact Information

Call Center

- 1-800-624-3958 or 1-406-442-1837
8 a.m. to 5 p.m.
Monday through Friday
Mountain Time

Field Representative

- Aaron Hahm: 406-457-9598
- Phil Currey: 406-457-9553

Manager

- Danielle Wood: 406-457-9559



Ready For Real Business