



Proof of Temporary Coverage for Presumptive Eligibility

Dear Provider:

The person(s) listed below has (have) temporary health coverage through Presumptive Eligibility (PE). Temporary coverage may last between 30 and 60 days, depending on the effective date of coverage shown (below). To ensure payment, providers must verify eligibility prior to providing services and submitting claims. If you have questions concerning Presumptive Eligibility, please call the Human and Community Services office, 1-877-543-7669, Extension 2869 or Extension 3098.

Verify Presumptive Eligibility using any of these resources:

- Web Portal via <http://medicaidprovider.mt.gov>. Click on *MATH Web Portal* link.
- FaxBack at 1-800-714-0075. **Do not fax the completed PE application to this fax number.**
- Integrated Voice Response (IVR) at 1-800-714-0060.

Services included under temporary coverage are the same as those available under regular program coverage.

NOTE: Social Security numbers are requested, **but are not required.**

Name (First-Middle Initial-Last)	Social Security Number <u>AND</u> Date of Birth mm/dd/yyyy	Effective Date of Coverage mm/dd/yyyy	Check the appropriate coverage group						
			HMK <i>Plus</i>	HMK	Former Foster Care (ages 18 up to 26)	Parent/ caretaker Relative Medicaid	Pregnant Woman	Breast & Cervical Cancer	Medicaid Expansion (ages 19-64)

Name of Qualified Entity Determining Presumptive Eligibility (Please Print)

Date

Signature of Qualified Entity

QUALIFIED ENTITY: Within 5 days of Determination, **SCAN Presumptive Eligibility Application and Proof of Temporary Coverage form**, create a secure ePass account at transfer.mt.gov/, and e-mail the scanned documents to HHSPresumptive@mt.gov **OR fax the same documents to 1-877-418-4533.**