

ELIGIBILITY VERIFICATION



5 Eligibility Verification Methods

1. Online, through the Montana Access to Health (MATH) Web Portal
2. Integrated Voice Response (IVR) 1-800-714-0060
3. FaxBack 1-800-714-0075
4. Medifax Swipe Card Technology
5. Provider Relations 1-800-624-3958

1 – Montana Access to Health (MATH) Web Portal

- From the Provider Information website, **www.mtmedicaid.org**
- Created by Xerox in conjunction with DPHHS
- Montana Health Care Programs-related information
- Eligibility inquiry capability – in addition to many other inquiry transactions
- Secure website

Montana Medicaid Provider Information

New Provider Enrollment
or Existing Provider
Enrollment

Montana Medicaid

Member Information Provider Information

Log in to Montana Access to
Health

5010 HIPAA Information

Claim Instructions

Claim Jumper Newsletter

Contact Us

Definitions and Acronyms

Early and Periodic
Screening, Diagnosis and
Treatment

Electronic Billing

Electronic Health Records
Incentives

Emergency Services

Enhanced Payment

FAQs

Forms

Health Improvement
Program



ICD-10 Information

Medicaid Fraud and Abuse

Medicaid Information

National Provider Identifier

Nurse First

Passport to Health

Provider Locator Search

What's New on the Website This Week

Web Postings

A list of the [documents posted](#) to the provider website for the current week.

Announcements

Xerox Closed for Holiday and Payment and Remittance Advice Delay

Xerox will be closed Monday, September 2, for Labor Day. Xerox will reopen at 8 am on September 3. Payments and remittance advices will be delayed until Wednesday, September 4, 2013, due to the holiday.

Update on EFT and Electronic RA Requirements

Medicaid providers who enrolled after July 1, 2013, were required to register for electronic funds transfer (EFT) payments and electronic remittance advices (RAs), mirroring the Medicare policy.

Medicaid providers who registered prior to July 1, 2013, will also be required to register for EFT and electronic RAs; however, those providers will be transitioned over the coming months. Further information on the final transition date will be forthcoming.

In addition, Social Security numbers are no longer to be used on the RAs. Instead, the Medicaid member's card ID number will be used. The current provider enrollment forms reflect the policy change. Provider Relations will monitor enrollment applications for paper RA requests and notify affected providers regarding the change.

For more information about the requirements and the transition process, see the September 2013 issue of the [Claim Jumper](#). If you have questions, please contact Provider Relations at 1.800.624.3958.

Fall 2013 Provider Training

Log In

Welcome to Montana Access to Health Web Portal!

Web Registration

Provider Enrollment

Provider Web Portal Home

Public Assistance Toolkit

EDI

Provider Locator

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.

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.

For assistance, visit [Help](#) or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958

Site last modified: 2013.01.09

Build Version: prod-275 2013.01.09 - 85

Montana Access to Health Web Portal Home Page

[Click here to read your new message**](#)**

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents



Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim Status		View e!SOR Reports	Add Existing User to Organization	Change Organization
Provider Payment Summary		My Inbox	Update or Remove Users/Reset Password	Change Password
Claims-based Medical History			Manage Submitter IDs	Manage Proxies
Electronic Health Record				
Ask Provider Relations				
Provider Locator				

ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

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)

* NPI or Provider Number:

* Date of Service: mm dd cyy

* Client Information:

Client ID:

or

Last Name:
First Name: M.I.:
Date of Birth: mm dd cyy

Service Type Code:



Submit

Clear Fields

Note:

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 Inquiry Response



Client Demographic Information

Client Original ID:	123459723	NPI or Provider ID:	1003008251
Client Current ID:	00123459723	Date of Service:	02/19/2013
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:	2100000010000000T
State:	MT		
Zip Code:	599990000		
Date of Birth:	02/01/1990		
Gender Code:	F: Female		

Co-payment amount may be less or exempt per Administrative Rules. Please refer to the Medicaid Provider Manual for additional information.

Service Types

Service Type Code	Co-Payment/Co-Insurance
1: Medical Care	\$ 0.00
33: Chiropractic	\$ 0.00
47: Hospital	\$ 0.00
86: Emergency Services	\$ 0.00
AL: Vision (Optometry)	\$ 2.00
MH: Mental Health	\$ 3.00
35: Dental Care	\$ 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	Full Coverage	11/02/2012	07/31/2013
30: Health Benefit Plan Coverage	QM: Qualified Medicare Beneficiary	Medicaid/HMKPlus	Qualified Medicare Beneficiary	04/01/2013	07/31/2013

Message Text: Elderly/Physically Disabled Waiver



Medicare Information

Insurance Type Code	Member Policy ID	Eligibility Effective Date	Eligibility End Date
MA: Medicare Part A	5071010001	10/01/1990	10/01/2020

Eligibility Inquiry Response



Client Demographic Information

Client Original ID:	123459723	NPI or Provider ID:	1003008251
Client Current ID:	00123459723	Date of Service:	03/01/2013
Client Member ID:	1234597	Valid Request Indicator:	
Name:	John Doe	Reject Reason Code:	
Address:	123 Main St	Follow-up Action Code:	
City:		Date of Death:	
County	Waterside	Trace Number:	21000000010000000T
Code:	25		
State:			
Zip Code:	MT		
Date of Birth:	599990000		
Gender Code:	02/01/2004		
	M: Male		

Co-payment amount may be less or exempt per Administrative Rules. Please refer to the Medicaid Provider Manual for additional information.

Service Types

Service Type Code	Co-Payment/Co-Insurance
AL: Vision (Optometry)	\$ 0.00
MH: Mental Health	\$ 0.00
UC: Urgent Care	\$ 0.00
1: Medical Care	\$ 0.00
33: Chiropractic	\$ 0.00
35: Dental Care	\$ 0.00
47: Hospital	\$ 0.00
48: Hospital - Inpatient	\$ 0.00
50: Hospital - Outpatient	\$ 0.00
86: Emergency Services	\$ 0.00
88: Pharmacy	\$ 0.00
98: Professional (Physician) Visit - Office	\$ 0.00

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 Full Coverage		05/01/2011	03/31/2013

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)

* NPI or Provider Number: * Date of Service:

* Client Information:

Client ID: or

Last Name:

First Name: M.I.:

Date of Birth:

Service Type Code:



Submit

Clear Fields

Note:

- The Eligibility Response will not indicate retroactive eligibility.
- When inquiring by Client Name, the first name, last name and date of birth are always required. Middle initial is optional. Search will return only exact matches for the criteria entered.

Eligibility Inquiry

To submit an Eligibility Inquiry, you must enter the following criteria set in the form. For more information and/or examples, click on the link below.

* denotes required field

* NPI or Provider Number:

* Client Information:

Client ID:

Service Type Code:

- Health Benefit Plan Coverage
- Medical Care
- Surgical
- Diagnostic X-Ray
- Diagnostic Lab
- Radiation Therapy
- Anesthesia
- Surgical Assistance
- Used Durable Medical Equipment
- Durable Medical Equipment Purchase
- Ambulatory Service Center Facility
- Durable Medical Equipment Rental
- Pneumonia Vaccine
- Second Surgical Opinion
- Chiropractic
- Dental Care
- Oral Surgery
- Home Health Care
- Hospice
- Hospital
- Hospital - Inpatient
- Hospital - Outpatient**
- Hospital - Emergency Accident
- Hospital - Emergency Medical
- Hospital - Ambulatory Surgical
- MRI/CAT Scan
- Newborn Care
- Smoking Cessation
- Well Baby Care
- Maternity

Health Benefit Plan Coverage

When you enter a Date of Service, complete one of the following criteria. For the same client, you will be asked to check your

dd ccyy

M.I.:
dd ccyy



Submit

Clear Fields

Note:

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Eligibility Inquiry

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* denotes required field(s)

* NPI or Provider Number:

* Date of Service:

mm	dd	ccyy
02	19	2013

* Client Information:

Client ID:	<input type="text" value="1234597"/>
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or

Last Name:	<input type="text"/>		
First Name:	<input type="text"/>	M.I.:	<input type="text"/>
Date of Birth:	mm	dd	ccyy
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Service Type Code:



Submit

Clear Fields

Note:

- The Eligibility Response will not indicate retroactive eligibility.
- When inquiring by Client Name, the first name, last name and date of birth are always required. Middle initial is optional. Search will return only exact matches for the criteria entered.

Eligibility Inquiry Response



Client Demographic Information

Client Original ID:	123459723	NPI or Provider ID:	1003008251
Client Current ID:	00123459723	Date of Service:	02/19/2013
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		

Service Types

Service Type Code	Co-Payment/Co-Insurance
50: Hospital - Outpatient	\$ 5.00

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
50: Hospital - Outpatient	MC: Medicaid	Medicaid/HMKPlus Full Coverage		05/01/2011	02/28/2013

Managed Care Information

Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
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2 – Integrated Voice Response

- 1-800-714-0060
- Verbal verification
- Press 1 to search by member SSN
- Press 2 to search by member card 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 numbers
- 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 – Medifax Services

Swipe technology – magnetic strip reader

- Available 24/7
- Paper documentation
- Batch capability
- Fee for service
- 1-800-444-4336

5 – Provider Relations

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

Additional Eligibility Verification

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

Other Items to Consider

- **Are the services covered?**
 - Go to the Provider Information page for general and specific provider type manuals found at www.mtmedicaid.org under the Resources by Provider Type link
 - Fee schedule
 - Prior authorization
 - Provider manual replacement pages

Provider Relations Contact Information

Manager

Barbara Kamerzel, 406-457-9559

Field Representatives

Danielle Wood, 406-457-9553

Brandi Weltz, 406-457-9598

Call Center

Toll-Free 800-624-3958