

# Eligibility Verification

October 2015



# Eligibility Verification

- It is important that you verify member eligibility on the date of service. Viewing the card alone does not ensure member eligibility; neither does having prior authorization on file.
- If you fail to verify eligibility on the date of service, you risk claim denial if, for example, the member was not eligible on the date of service, or the service provided was outside the member's scope of coverage.

# Common 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. Provider Relations 1-800-624-3958 or 1-406-442-1837

# 1. Montana Access to Health (MATH) Web Portal

- From the Montana Healthcare Programs Provider Information website, [www.medicicaidprovider.mt.gov](http://www.medicicaidprovider.mt.gov)
- Created by Xerox in conjunction with DPHHS
- Eligibility inquiry capability in addition to many other inquiry transactions
- Secure website



Richard Opper, Director

[About Us](#) | [Meetings & Events](#) | [Health Data & Statistics](#) | [Contact Us](#) | [A - Z Index](#)

Children

Families

Seniors

Health

Med **Medical**

Assistance

[Montana Healthcare Programs Provider Information](#) > [Home](#)

## [Montana Healthcare Programs](#)

[Provider Enrollment](#)  
New or Existing Providers

[MATH Web Portal](#)  
Log in to  
Montana Access to Health

# Montana Healthcare Programs Provider Information

Welcome to the Montana Healthcare Programs Provider Information website. While there is a new look to the website, accessing the information remains the same. See the table below for a list of links you may find useful.

**If you are unable to locate a resource you need, please contact  
Provider Relations at 1.800.624.3958 or 406.442.1837.**

## Quick Access

▾ [Quick Links](#)

# MATH Web Portal



Healthy People. Healthy Communities.

Department of Public Health & Human Services

## Montana Access to Health Web Portal

Log In

### Welcome to Montana Access to Health Web Portal!

Web Registration

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.

Provider Enrollment

Provider Information Website

Electronic Billing

Provider Locator

### 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:

Log In

[Forgot Your Password?](#)

# Eligibility Inquiry

## Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the tool bar. For more information about each function, click the corresponding column header. Click on 'My Profile,' located in the top right section, to display your current Montana Access to Health Web Portal profile. You will be able to perform actions not allowed by the user privileges assigned to you.

### Site Contents

#### **Inquiries**

[Eligibility](#)

[Claim Status](#)

[Provider Payment Summary](#)

[Claims-based Medical History](#)

[Electronic Health Record](#)

[Ask Provider Relations](#)

[Provider Locator](#)

#### **Submissions**

[Upload Files](#)

#### **Retrievals**

[View/Download Files](#)

[View e!SOR Reports](#)

[My Inbox](#)

#### **Manage Users**

[Add New User to Organization](#)

[Add Existing User to Organization](#)

[Update or Remove Users/Reset Password](#)

[Manage Submitter IDs](#)

# Inquiry: Eligibility

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)

\* NPI or Provider Number:

\* Date of Service: mm dd ccy

\* Client Information:

Client ID:

or

Last Name:

First Name:

M.I.:

Date of Birth:

mm

dd

ccyy

Service Type Code:

Submit

Clear Fields

# Eligibility Inquiry

[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: Client Demographics

1 of 3

HOME	INQUIRIES	SUBMISSIONS	RETRIEVALS	MANAGE USERS	MY ACCESS
<a href="#">Home</a> > <a href="#">Inquiries</a> > <a href="#">Eligibility Inquiry</a> > Eligibility Inquiry Confirm > Eligibility Inquiry Response					MT DPHHS
<b>Eligibility Inquiry Response</b>					
					
<b>Client Demographic Information</b>					
Client Original ID:	123459723	NPI or Provider ID:	XXXXXXXXXX		
Client Current ID:	00123459723	Date of Service:	04/02/2015		
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

## 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

## 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 (IVR)

- 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 of fax

## 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

<b>Client ID:</b>		<b>Date of Birth:</b>	01272004
<b>Date of Service:</b>	07192012	<b>Card Control Number:</b>	1111232

### Transaction Response

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

### 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

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

## 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)

# Additional Eligibility Verification

## Full Medicaid/Healthy Montana Kids *Plus* (HMK *Plus*)

- Eligible for all services that are medically necessary.
  - Medical
  - Dental
  - Vision
  - Pharmacy (prescriptions not covered if member has Medicare Part D)
  - MHSP
  - DME
  - Audiology
- Individuals who are aged, blind, disabled, or pregnant receive full Medicaid coverage.

# Additional Eligibility Verification

## Basic Medicaid

Covers primarily medical services only. Some services, like vision or dental, are not paid for by Medicaid, except in the case of an emergency, or when service is necessary for employment purposes. Generally, people receiving basic benefits are adults over age 20.

- Medical
- Pharmacy (prescriptions not covered if member has Medicare Part D)
- MHSP
- Emergency dental only (refer to Dental manual for exceptions)
- No vision (refer to Optometric and Eyeglass Services manual for exceptions)
- No hearing aids/audiology
- Limited DME (refer to DME manual)

# Additional Eligibility Verification

## Healthy Montana Kids (HMK)

- Previously the Children's Health Insurance Program (CHIP).
- Has federal funding separate from Medicaid, and is a coverage plan for children up to age 21.
- Administered by Blue Cross; however, eyeglasses, dental, and pharmacy claims, and claims from RHC and FQHC providers, are processed by Xerox.
- Contact Blue Cross for medical coverage information.

# Additional Eligibility Verification

## Mental Health Services Plan (MHSP)

MHSP is a state-funded plan for mental health services covering services and prescriptions related to mental health.

# Additional Eligibility Verification

## Qualified Medicare Beneficiary (QMB)

QMB pays Medicare Part A (when applicable) and Part B premiums, Medicare deductibles, and Medicare co-insurance.

# Additional Eligibility Verification

## Specified Low-Income Medicare Beneficiary (SLMB)

Medicaid pays only Medicare Part B premiums. Members are not eligible for other Medicaid benefits, and are responsible for their own Medicare coinsurance and deductibles.

# Additional Eligibility Verification

## Psychiatric Residential Treatment Facility (PRTF)

For youth receiving inpatient psychiatric services. Refer to provider notice for details.

**12.23.2013      Reimbursement Changes for Covered Ancillary Services Provided to Youth in a PRTF and Additional Information Pertaining to PRTF Services**

# Other Items to Consider

## Are the services covered?

On the Montana Healthcare Programs Provider Information website, [www.medicaidprovider.mt.gov](http://www.medicaidprovider.mt.gov), click on the **Resources by Provider Type** link to access provider type pages.

- *General Information for Providers* manual and specific manuals for your provider type.
- Fee schedules
  - Passport indicator
  - Prior authorization

# Provider Relations Call Center

1-800-624-3958 or 1-406-442-1837

8 a.m. to 5 p.m., Monday through Friday, Mountain Time



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