



MATH Portal Overview

Presented by Dan Hickey

Objectives

Provide a basic overview of the MATH Portal functions.

- Review How to create or register for a MATH portal account
- Review where to down load the E!Sor
- How to add/ or remove users.
- How to check Eligibility.

MATH Portal

Can Be found at:

<https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>

Can Also Be found at:

<https://medicaidprovider.mt.gov/>



Montana Access to Health Web Portal

Log In

Web Registration

Provider Enrollment

Provider Information Website

Electronic Billing

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.

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?](#)

MATH portal Account Creation

Trading Partner Letter



First thing you need!

If you don't have one call Provider Relations EDI line and request a copy.

1-800-624-3958 - EDI Opt 3

8/14/2018

CONDUENT
Conduent EDI Solutions, Inc.
EDI Service Center
P O Box 4936
Helena, MT 59604
tel 800-987-6719

Dear Montana Submitter:
Welcome to Conduent EDI Solutions, Inc. Below is the information you need to submit your transactions electronically based upon your enrollment selections. To ensure a smooth transition, carefully review all the items in this package. If you find any discrepancies, please call the EDI Service Center at 1-800-987-6719.

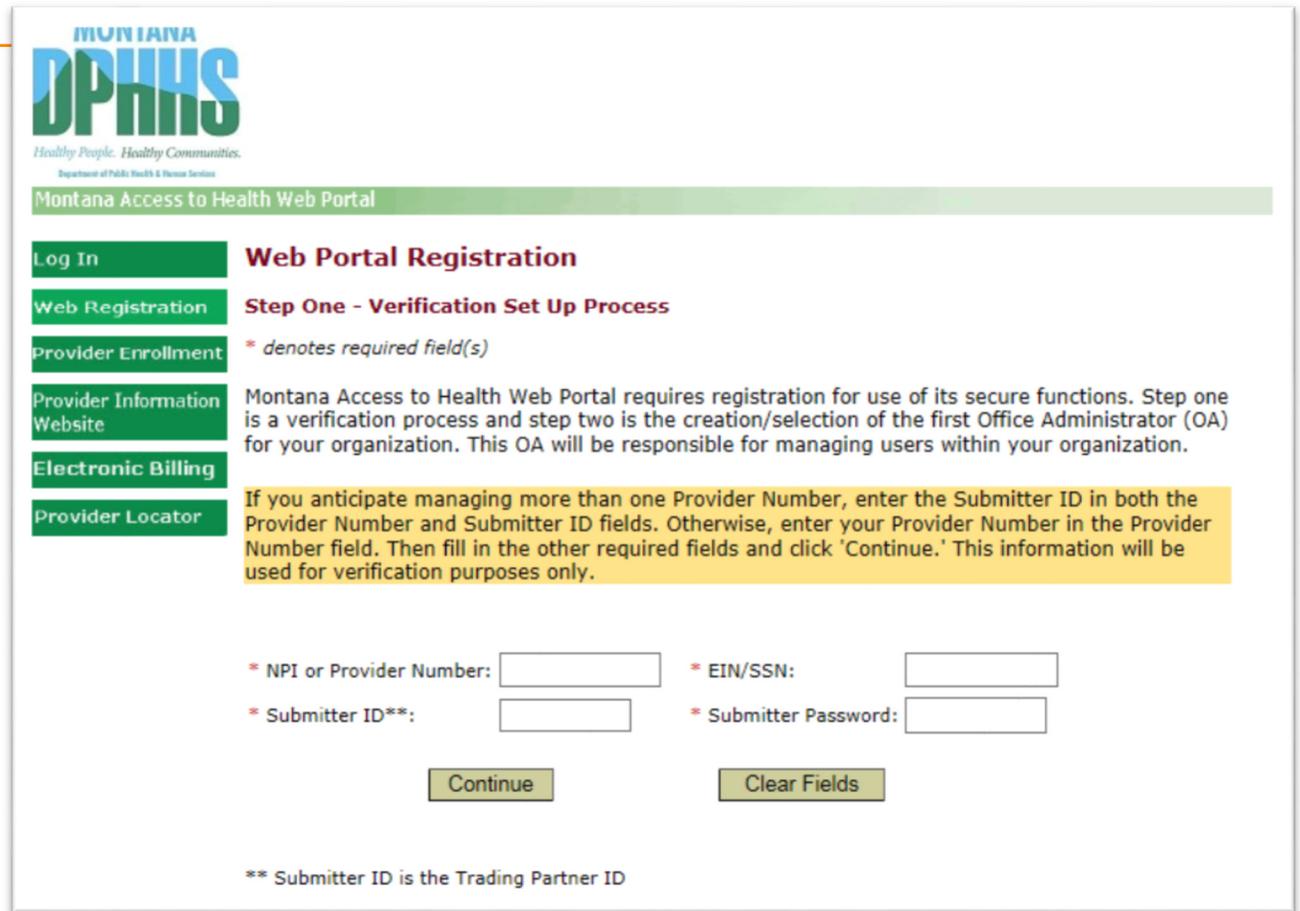
Trading Partner Login Information

Trading Partner Category	
Trading Partner Name	ABC Services
Trading Partner / Submitter ID	7XXXXXXXX
User Name	TMXXXXXXXX
Password/User ID	XXXXXXXXXXXX
Submission Telephone Number(s)	1-800-334-2832 or 1-800-334-4650

It is recommended that all providers register for the Montana Access to Health web portal. To register for the MATH portal, you will need the credentials in this letter.

Registering

- Use the Trading Partner number as both the NPI and the Submitter ID
- For EIN/SSN use the one you registered for
- The Submitter Password is from the EDI letter as “Password/User ID”



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Montana Access to Health Web Portal

Log In **Web Portal Registration**

Web Registration **Step One - Verification Set Up Process**

Provider Enrollment * denotes required field(s)

Provider Information Website Montana Access to Health Web Portal requires registration for use of its secure functions. Step one is a verification process and step two is the creation/selection of the first Office Administrator (OA) for your organization. This OA will be responsible for managing users within your organization.

Electronic Billing If you anticipate managing more than one Provider Number, enter the Submitter ID in both the Provider Number and Submitter ID fields. Otherwise, enter your Provider Number in the Provider Number field. Then fill in the other required fields and click 'Continue.' This information will be used for verification purposes only.

Provider Locator

* NPI or Provider Number: * EIN/SSN:

* Submitter ID**: * Submitter Password:

** Submitter ID is the Trading Partner ID

MATH Portal Basics

Electronic Statement of Remittance eSORS or Remits

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 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				
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.

Getting the Remit

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

[Home](#) > [Retrievals](#) > View/Download Electronic Statement of Remittance MONTANA MEDICAID TEST1

View/Download Electronic Statement of Remittance

Select a provider number and click "Submit" to retrieve a list of Electronic Statement of Remittance Report files.

NPI or Provider Number:



Download Remits

View/Download State of Remittance



A portion of this payment is made from American Recovery Investment Act funds. Go to <http://recovery.mt.gov> to follow how we are reinvesting and rebuilding Montana with funding from the Recovery and Reinvestment Act.

Report files will be stored for 90 days, after which time they will be deleted from the Web Portal.

Payment Date	File Name	File Size	Download Speed
05/28/2018	05282018_1013074939_01.pdf	29,703 bytes	Calculate
05/21/2018	05212018_1013074939_01.pdf	39,375 bytes	Calculate
05/14/2018	05142018_1013074939_01.pdf	29,707 bytes	Calculate
05/07/2018	05072018_1013074939_01.pdf	39,371 bytes	Calculate
04/30/2018	04302018_1013074939_01.pdf	49,035 bytes	Calculate



Look at the date!

Adding New User Profiles

Montana Access to Health Web Portal Home Page

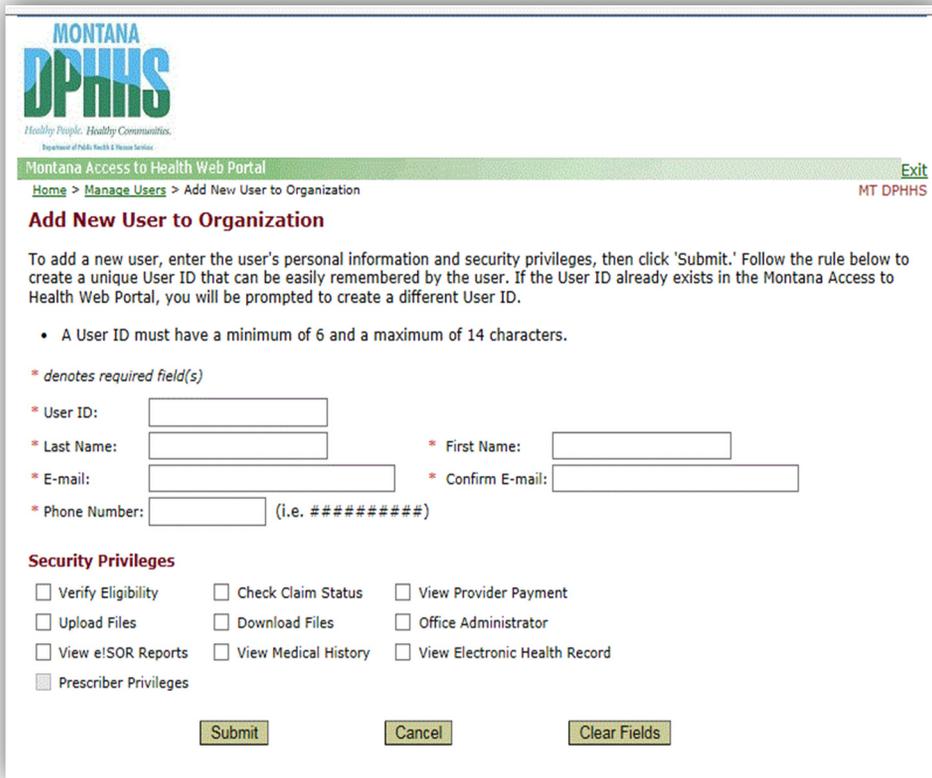
Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health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

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Provider Locator				



Manage Users: Add New User



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Montana Access to Health Web Portal [Exit](#)
[Home](#) > [Manage Users](#) > Add New User to Organization MT DPHHS

Add New User to Organization

To add a new user, enter the user's personal information and security privileges, then click 'Submit.' Follow the rule below to create a unique User ID that can be easily remembered by the user. If the User ID already exists in the Montana Access to Health Web Portal, you will be prompted to create a different User ID.

- A User ID must have a minimum of 6 and a maximum of 14 characters.

* denotes required field(s)

* User ID:

* Last Name: * First Name:

* E-mail: * Confirm E-mail:

* Phone Number: (i.e. #####)

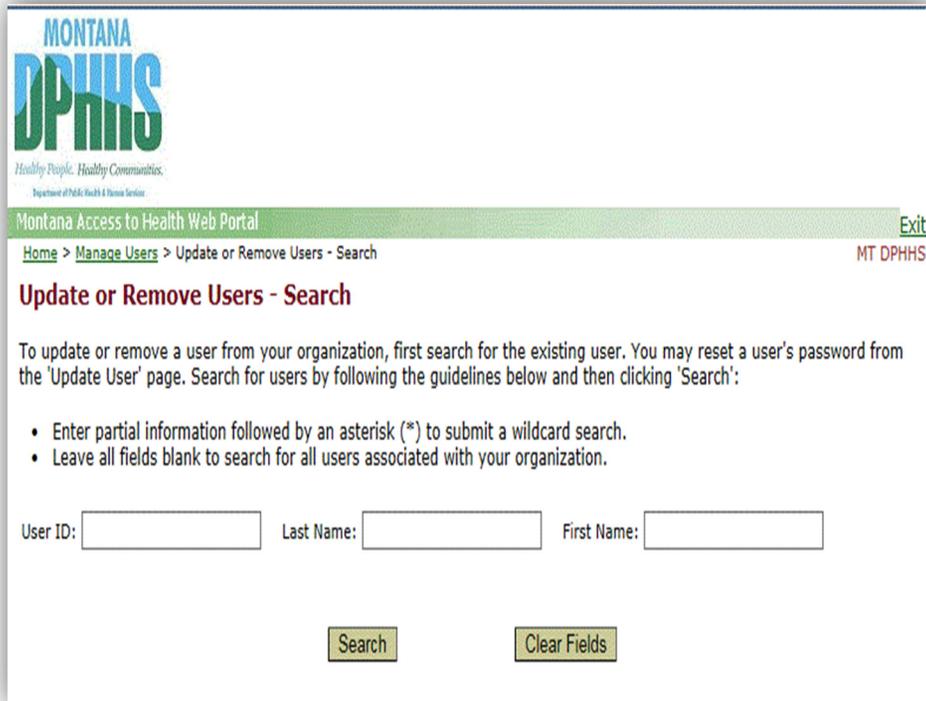
Security Privileges

<input type="checkbox"/> Verify Eligibility	<input type="checkbox"/> Check Claim Status	<input type="checkbox"/> View Provider Payment
<input type="checkbox"/> Upload Files	<input type="checkbox"/> Download Files	<input type="checkbox"/> Office Administrator
<input type="checkbox"/> View e!SOR Reports	<input type="checkbox"/> View Medical History	<input type="checkbox"/> View Electronic Health Record
<input type="checkbox"/> Prescriber Privileges		

Adding New User to Organization:

- Office Administrator
- Limit privileges for users
- Can add multiple users

Manage Users: Update/Remove Users

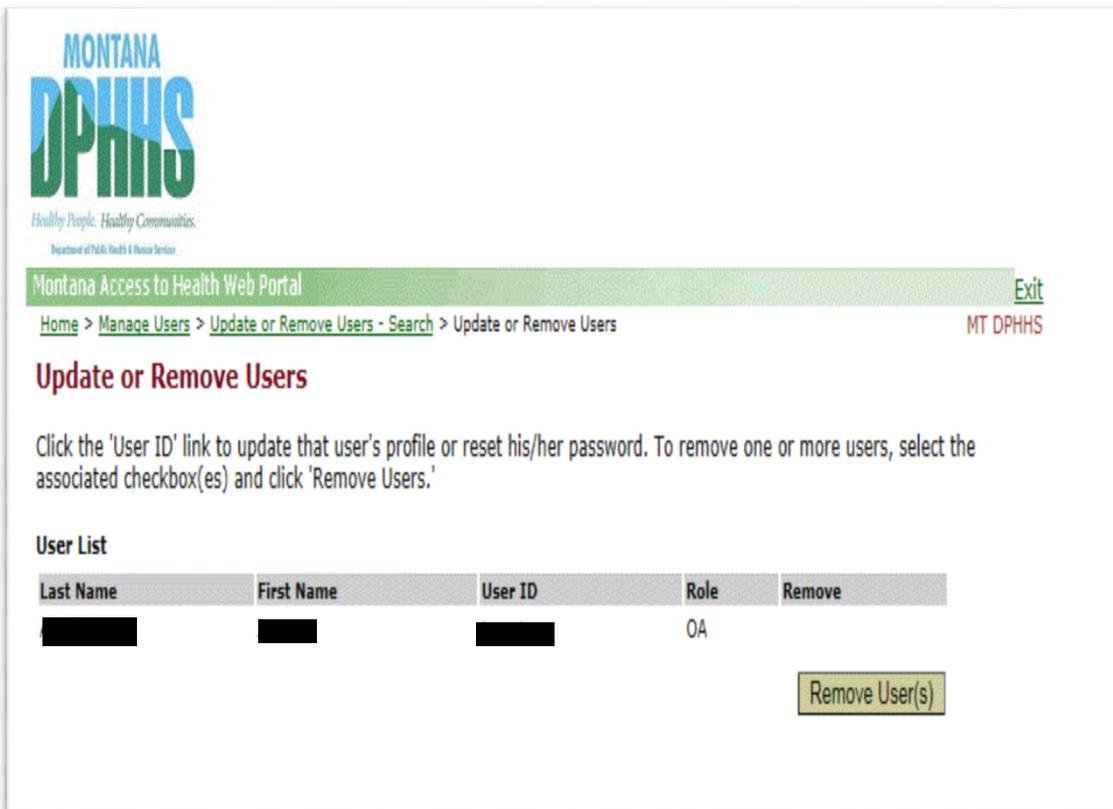


The screenshot shows the 'Update or Remove Users - Search' page on the Montana Access to Health Web Portal. The page includes the Montana DPHHS logo, a breadcrumb trail (Home > Manage Users > Update or Remove Users - Search), and an 'Exit' link. The main heading is 'Update or Remove Users - Search'. Below this, there is a paragraph of instructions: 'To update or remove a user from your organization, first search for the existing user. You may reset a user's password from the 'Update User' page. Search for users by following the guidelines below and then clicking 'Search':'. This is followed by two bullet points: 'Enter partial information followed by an asterisk (*) to submit a wildcard search.' and 'Leave all fields blank to search for all users associated with your organization.'. At the bottom, there are three input fields labeled 'User ID:', 'Last Name:', and 'First Name:'. Below these fields are two buttons: 'Search' and 'Clear Fields'.

Update/Remove User:

- Search by User ID or name
- Wildcard search capable “*”
- Can search all users in organization

Manage Users: Remove Users



The screenshot shows the Montana DPHHS web portal interface. At the top left is the logo for Montana DPHHS with the tagline 'Healthy People. Healthy Communities.' and 'Department of Public Health & Human Services'. Below the logo is a green navigation bar with the text 'Montana Access to Health Web Portal' and an 'Exit' link. A breadcrumb trail reads 'Home > Manage Users > Update or Remove Users - Search > Update or Remove Users'. The main heading is 'Update or Remove Users'. Below this is a paragraph of instructions: 'Click the 'User ID' link to update that user's profile or reset his/her password. To remove one or more users, select the associated checkbox(es) and click 'Remove Users.''. A table titled 'User List' has columns for 'Last Name', 'First Name', 'User ID', 'Role', and 'Remove'. One row is visible with redacted names and the role 'OA'. A 'Remove User(s)' button is located at the bottom right of the table area.

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

[Home](#) > [Manage Users](#) > [Update or Remove Users - Search](#) > Update or Remove Users MT DPHHS

Update or Remove Users

Click the 'User ID' link to update that user's profile or reset his/her password. To remove one or more users, select the associated checkbox(es) and click 'Remove Users.'

User List

Last Name	First Name	User ID	Role	Remove
[REDACTED]	[REDACTED]	[REDACTED]	OA	<input type="checkbox"/>

[Remove User\(s\)](#)

Removes user no longer needing access to portal

Update User Access

Security Privileges

<input checked="" type="checkbox"/> Verify Eligibility	<input checked="" type="checkbox"/> Check Claim Status	<input checked="" type="checkbox"/> View Provider Payment
<input checked="" type="checkbox"/> Upload Files	<input checked="" type="checkbox"/> Download Files	<input checked="" type="checkbox"/> Office Administrator
<input checked="" type="checkbox"/> View e!SOR Reports	<input type="checkbox"/> View Medical History	<input type="checkbox"/> View Electronic Health Record
<input type="checkbox"/> Prescriber Privileges		

Assign Access:

- Office Administrator
- Give as much or as little access as needed
- Reset Password option

Update or Remove Users and Reset Passwords

Montana Access to Health Web Portal Home Page

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Claims-based Medical History			Manage Submitter IDs	Manage Proxies
Electronic Health Record				
Provider Locator				



Search Users

Update or Remove Users - Search

To update or remove a user from your organization, first search for the existing user. You may reset a user's password from the 'Update User' page. Search for users by following the guidelines below and then clicking 'Search':

- Enter partial information followed by an asterisk (*) to submit a wildcard search.
- Leave all fields blank to search for all users associated with your organization.

User ID:

Last Name:

First Name:

Update User

Update User

To update this user, change the information below and click 'Submit.' The Phone Number and E-mail fields are organization specific. The Last Name and First Name fields will update across all organizations. To reset the user's password, click 'Reset Password.'

* denotes required field(s)

* User ID:	<input type="text"/>	* Organization:	MONTANA MEDICAID TEST1
* Last Name:	<input type="text"/>	* First Name:	<input type="text"/>
* E-mail:	<input type="text"/>	* Confirm E-mail:	<input type="text"/>
* Phone Number:	<input type="text"/> (i.e. #####)		

Security Privileges

- | | | |
|--|---|---|
| <input type="checkbox"/> Verify Eligibility | <input type="checkbox"/> Check Claim Status | <input type="checkbox"/> View Provider Payment |
| <input type="checkbox"/> Upload Files | <input type="checkbox"/> Download Files | <input type="checkbox"/> Office Administrator |
| <input type="checkbox"/> View e!SOR Reports | <input type="checkbox"/> View Medical History | <input checked="" type="checkbox"/> View Electronic Health Record |
| <input type="checkbox"/> Prescriber Privileges | | |

Submit

Cancel

Reset Password

Reset Fields

Remove Users

Update or Remove Users

Click the 'User ID' link to update that user's profile or reset his/her password. To remove one or more users, select the associated checkbox(es) and click 'Remove Users.'

User List

Last Name	First Name	User ID	Role	Remove
Yuhas	Bailey	byuhas	Office Staff	<input type="checkbox"/>

Eligibility Verification with Portal

Verification

Under inquiries, please choose eligibility:

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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.

Verification

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

[Home](#) > [Inquiries](#) > Eligibility Inquiry
MONTANA MEDICAID TEST1

Eligibility Inquiry

To submit an Eligibility Inquiry on a specific member, 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 member, 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 ccyy

Member Information:

Member ID:

or

Last Name:

First Name: **M.I.:**

Date of Birth: mm dd ccyy

Service Type Code:

Note:

- The Eligibility Response will not indicate retroactive eligibility.
- When inquiring by Member 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.

Verify Member



Member Demographic Information

Member Original ID:	NPI or Provider ID:
Member Current ID:	Date of Service: 01/31/2018
Member ID:	Valid Request Indicator:
Name: <input style="border: 1px solid yellow;" type="text"/>	Reject Reason Code:
Address:	Follow-up Action Code:
City:	Date of Death:
County Code:	Trace Number: 201803114244921IT
State: MT	
Zip Code:	
Date of Birth: <input style="border: 1px solid yellow;" type="text"/>	
Gender Code: M: Male	

STANDARD

Eligibility Spans	<u>About HMK/CHIP</u>		<u>HELP Plan</u>	<u>Standard Medicaid</u>	
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	Standard Medicaid Plan	01/01/2016	02/28/2018



Not a true effective date

Managed Care/Passport to Health

Managed Care Information				
Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
Passport Provider	FAMILY PRACTICE LLC	4067275778	01/01/2018	02/28/2018
				
	Give practice name	Give provider phone #		

Dental

Dental Treatment Information

Dental Treatment Type	Treatment Limit	Used Amount	Remaining Reimbursement Balance	Effective Begin Date	Effective End Date
ADULT DENTAL TREATMENT LIMIT	\$ 1,125.00	\$ 0.00	\$ 1,125.00	07/01/2017	06/30/2018

Please be advised that there may be other claims pending adjudication by the system which may be paid before your claim is submitted thereby reducing the available remaining balance from the amount reported above. Limits should be verified on each visit for the current date of service. The Treatment Limit amount shown is the amount Medicaid will reimburse for dental services.

Who to contact about questions.

Provider Relations Contact Information

Provider Relations Call Center:

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

Field Representatives:

- Dan Hickey (406) 457-9553

