

Provider Relations Training

Montana Access to Health Provider Portal

In this module...

- What is MATH?
- Web Portal Registration
- Password Self Resets
- Eligibility verification
- Obtaining eSORS (Statement of Remittance)
- Office Administrator functions

MATH

Montana Access to Health (MATH)

Web Portal Location:

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



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 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?](#)

The MATH Web Portal can be accessed from a link on the Provider Web Page:

<https://medicaidprovider.mt.gov>

EDI Welcome Letter



7/8/2019

Provider Name
Street Address
City State Zip



Montana Provider Relations
P O Box 4936
Helena, MT 59604

tel 800-624-3958 Opt3

Dear Montana Submitter:

Welcome to Conduent EDI Solutions. Please find below the information necessary to submit electronic transactions, based on your enrollment selections. Carefully review all the items in this package. If you find any discrepancies, please call Montana Provider Relations at 1-800-624-3958.

Trading Partner Login Information

Trading Partner Category
Trading Partner Name
Trading Partner / Submitter ID
User Name
Password/User ID
Submission Telephone Number(s)

| |
|--|
| Provider Name 7123456 TMP000000 TBDDDPCOND |
|--|

1-800-334-2832 or 1-800-334-4650

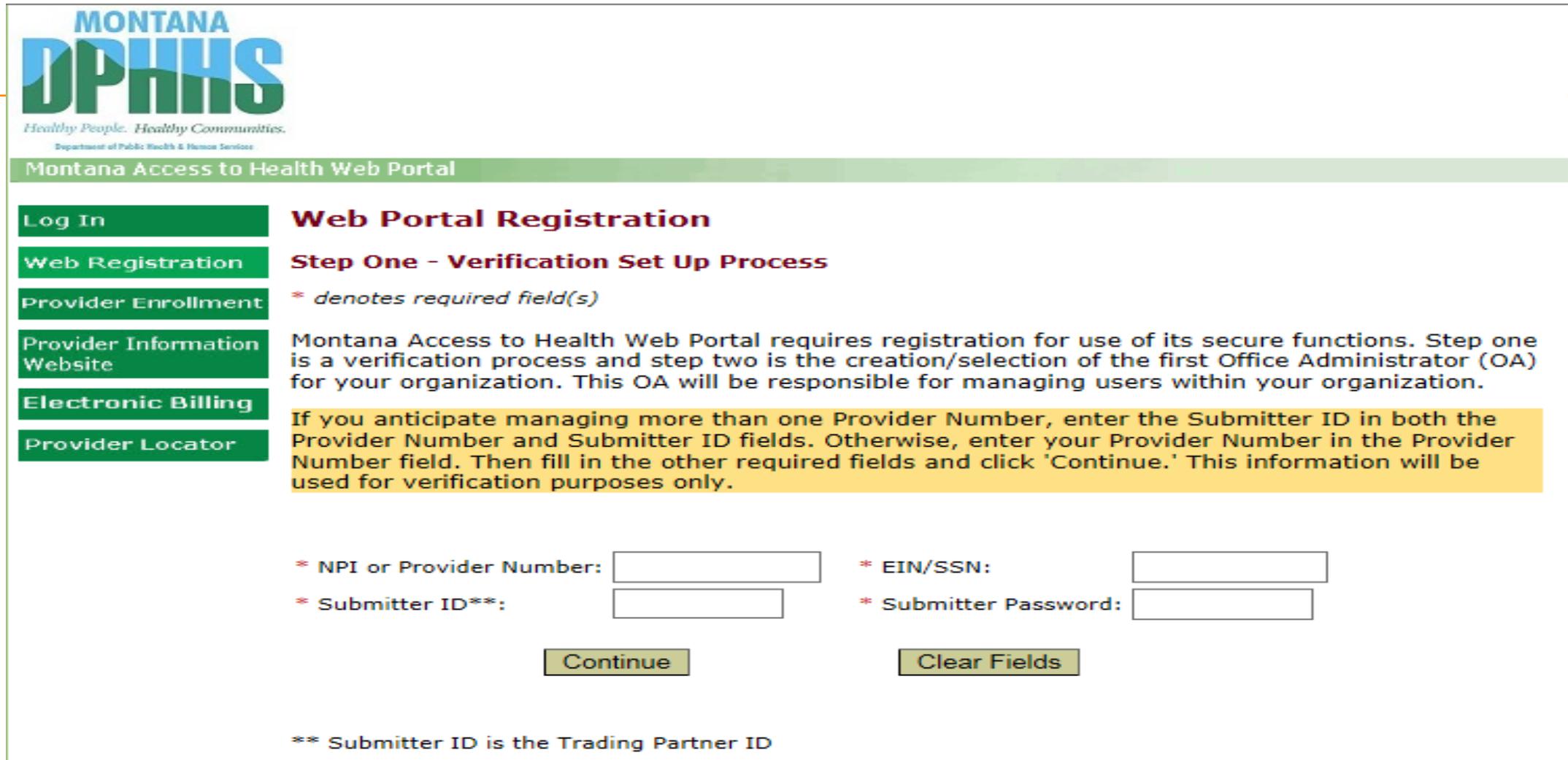
EDI Welcome Letter Instructions

We recommended that all providers register for the Montana Access to Health Web Portal. To register, use the credentials in this letter. Visit the Provider Website (<https://medicaidprovider.mt.gov>) and select the MATH Web Portal link from the menu on the left. Or, go directly to the web portal (<https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>) and choose Web Registration from the menu.

1. Enter the Submitter Number in both the NPI and Submitter fields.
2. Enter your Tax Identification Number and the password *from this letter*.
3. From the prompt, create your User ID that you will use to log in. Once the account is registered, an email will be generated with a temporary password.
4. Log in with the user ID you created and copy/paste the password *from the email*.
5. From the prompt, change your password. (Use the temporary password from the email as the old password.)
6. Once logged in to the MATH web portal, click Manage users and select Update or Remove Users to change access.

Note: All Vendors, Billing Agents, and Clearinghouses must enroll and test with Conduent EDI Solutions prior to submitting production transactions. If you are a provider, please check with your contracted Vendor, Billing Agent, or Clearinghouse regarding their testing status.

Web Registration Screen



MONTANA DPHHS
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Department of Public Health & Human Services

Montana Access to Health Web Portal

- Log In
- Web Registration**
- Provider Enrollment
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Web Portal Registration

Step One - Verification Set Up Process

* denotes required field(s)

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.

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.

* NPI or Provider Number:

* EIN/SSN:

* Submitter ID**:

* Submitter Password:

** Submitter ID is the Trading Partner ID

Web Registration Confirmation Screen



Montana Access to Health Web Portal

Web Portal Registration

Step One Continued - Confirm Profile

If this is you, click 'Continue.' If this is not you, click 'Re-enter Information.' If any information is incorrect, contact Provider Services to update it at 1-800-624-3958.

Organization: Provider Number :
EIN: Submitter ID:
Address:

Missoula, MT 59801

Continue

Cancel

Re-enter Information

For assistance, contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

Web Registration – Additional Submitter IDs



Montana Access to Health Web Portal

Web Portal Registration

Step One Continued - Add Additional Submitter IDs

The following list displays the Submitter IDs* added to your Montana Access to Health Web Portal organization profile. Only Submitter IDs in your Montana Access to Health Web Portal profile will be used to reference transactions. If additional Submitter IDs need to be entered, enter a Submitter ID and Password and click 'Add.' Repeat as necessary. When the list below represents all of your Submitter IDs, click 'Continue.'

* denotes required field(s)

* Submitter ID: * Submitter Password:

Verified Submitter IDs

7:

* Submitter ID is the Trading Partner ID

For assistance, contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

Web Registration – Assign Office Admin



Montana Access to Health Web Portal

Web Portal Registration

Step Two - Create Your First Office Administrator

You must now create your first Office Administrator (OA) by creating a new user or assigning this privilege to an existing user.

An OA will have the authority to create/edit/delete the portal users within your office staff. Every organization must have at least one OA at any given time. If your sole OA is no longer a member of your staff, you must contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958 and have them assign you another OA. It is recommended you make yourself the first OA of your organization.

Select one of the following options:

[Create a new user to be your first Office Administrator.](#)

[Assign an existing user to be your first Office Administrator.](#)

Cancel

For assistance, contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

Web Registration – Office Admin Information



Montana Access to Health Web Portal

Web Portal Registration

Step Two Continued - Create A New User As Your First Office Administrator

Enter the information below to create your first Office Administrator (OA) and click 'Continue.'

Follow the rule below for creating a unique User ID for the first OA in your organization. It is recommended that you create a User ID that can be easily remembered by you and your OA. 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: | <input type="text"/> | * First Name: | <input type="text"/> |
| * Last Name: | <input type="text"/> | * Confirm E-mail: | <input type="text"/> |
| * E-mail: | <input type="text"/> | | |
| * Phone Number: | <input type="text"/> | (i.e. #####) | |

Continue

Cancel

Clear Fields

Web Registration - Confirmation



Montana Access to Health Web Portal

Web Portal Registration

Step Two Continued - Confirm Your First Office Administrator

Confirm the information entered for your Office Administrator. If there is an error, click 'Re-enter Information.' If everything is correct, click 'Submit.'

User ID:

Last Name:

First Name:

E-mail:

Phone Number:

For assistance, contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

Web Registration – Office Admin Step 1 Completed

Montana Access to Health Web Portal

Web Registration Completed

Thank you...

You have successfully registered for Montana Access to Health Web Portal.

Your Office Administrator (OA) contact information is displayed below. [Print a copy](#) for your records. For best results, choose a landscape paper orientation from the print dialog box that appears.

User ID:

Last Name:

First Name:

E-mail:

Phone Number:

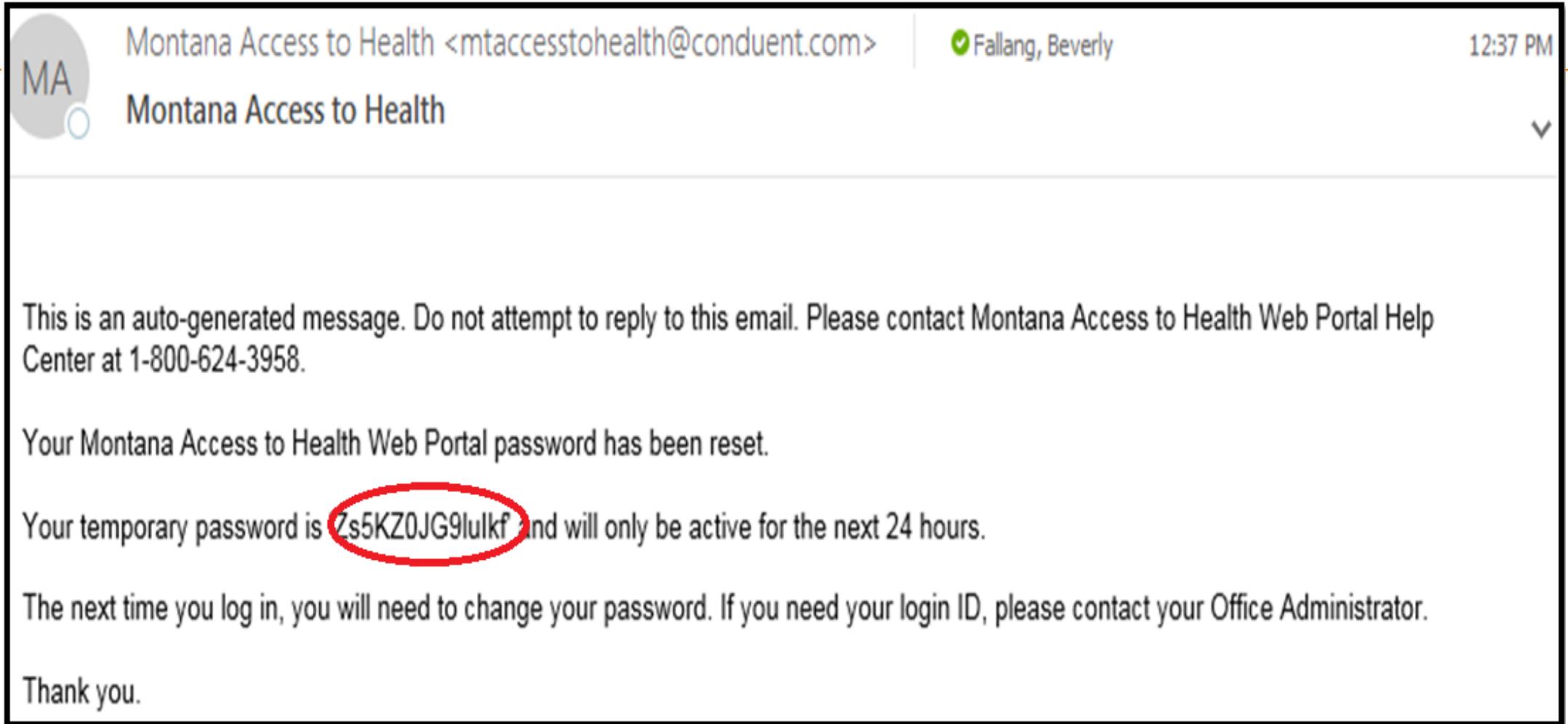
The Security Privileges only allow this user to perform Office Administrator functions. They do not allow a user to perform any other functions (X12 Uploads, X12 Downloads, and View Client Eligibility). If this OA needs the ability to access other areas of the system, log in and navigate to Update or Remove User. Grant access to the appropriate functions. The new Security Privileges take effect the next time the user logs in. If there is a need to access the new system functions immediately, the user needs to log out and then log back in after successfully submitting the changes.

If your first OA is a new user, an e-mail was sent to him/her with a single use password (which must be changed upon logging in for the first time). If the e-mail address listed above is incorrect, call the Montana Access to Health Web Portal Help Center at 1-800-624-3958 to edit this information and send you a new password. If your first OA is a previously existing user, his/her current password is applicable.

In order to set up other office staff for your organization, your OA should log in from the home page and go to Manage Users.

[Home](#)

Password Reset Letter



Web Registration – Password Continued



Montana Access to Health Web Portal

Log In

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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?](#)

Web Registration – Password Continued



Montana Access to Health Web Portal

Change Password

Your password has expired and must be changed. Passwords automatically expire every 30 days.

To change your password, enter the data below and click 'Submit.' The conditions for creating a password are as follows:

- Passwords must contain a minimum of 8 characters.
- Passwords must be different from your last 5 passwords.
- Passwords must contain 3 out of 4 of the following types; uppercase letters, lowercase letters, numbers, special characters (!, \$, #, or %).

Old Password:

New Password:

Confirm New Password:

For assistance, contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

Web Registration – Password Reset Complete



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Montana Access to Health Web Portal

Change Password Completed

Thank you...

Your password has been successfully changed.

Continue

Assigning Security Privileges to Office Admin



Montana Access to Health Web Portal

[Exit](#)

MONTANA MEDICAID TEST1

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.

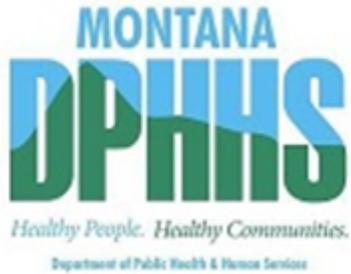
Site Contents

| 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.

Assigning Security Privileges to Office Admin



Montana Access to Health Web Portal

[Exit](#)

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

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:

Assigning Security Privileges to Office Admin



Montana Access to Health Web Portal

[Exit](#)

[Home](#) > [Manage Users](#) > [Update or Remove Users - Search](#) > Update or 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 |
|-----------|------------|-------------------------|------|--------------------------|
| Last Name | First Name | User ID | OA | <input type="checkbox"/> |

Assigning Security Privileges to Office Admin



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Montana Access to Health Web Portal

[Exit](#)

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

Update User

To update this user, change the information below and click 'Submit.' If this is not the correct user, click 'Cancel' and try your search again.

User ID:

Last Name:

First Name:

* denotes required field(s)

* E-mail:

* Confirm E-mail:

* Phone Number:

(i.e. #####)

Security Privileges

Verify Eligibility

Check Claim Status

View Provider Payment

Upload Files

Download Files

Office Administrator

View e!SOR Reports

View Electronic Health Record

Prescriber Privileges

For assistance, contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

Assigning Security Privileges to Office Admin



Montana Access to Health Web Portal

[Exit](#)

[Home](#) > [Manage Users](#) > [Update or Remove Users](#) > Update User > User Successfully Updated

User Successfully Updated

Thank you...

The profile for user 'Leah Meloy' has been successfully updated. The new profile is displayed below. If you have changed the Security Privileges for this user, those privileges will be enabled the next time the user logs in.

User ID:

Last Name:

First Name:

E-mail:

Phone Number:

Security Privileges:

[Manage Users](#)

Questions?

Password Self Resets

Password Self Resets

Log In/Forgot Password



Montana Access to Health Web Portal

- Log In
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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?](#)

Self Service Password Reset



Montana Access to Health Web Portal

Reset Password User Search

* denotes required field(s)

If you need assistance contact your Office Administrator or the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

* User ID:

* Last Name:

* First Name:

Reset Password

Clear Fields

Self Service Password Reset



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Montana Access to Health Web Portal

Reset Password User List

Click the 'User ID' link to update user's password.

NOTE: If you have more than one user ID resetting your password for one, will reset it for all.

User List *

| Organization | NPI or Provider Number | Last Name | First Name | User ID |
|------------------------|------------------------|------------|------------|------------|
| MONTANA MEDICAID TEST1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

Self Service Password Reset



Montana Access to Health Web Portal

Reset Password

A temporary password will be sent to the email address displayed for this user ID.
If the email address on file for this user ID is incorrect, please contact your Office Administrator or the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

User ID:

Last Name

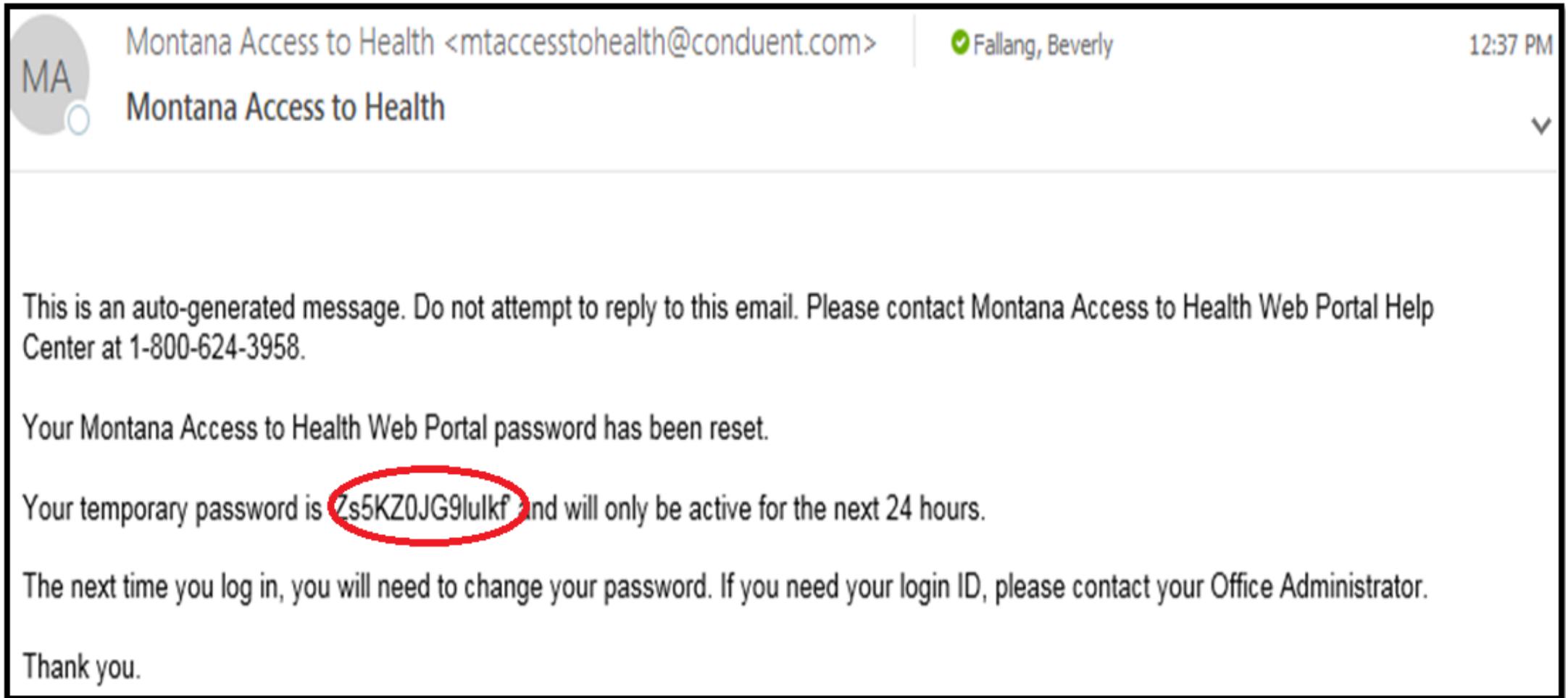
First Name:

E-mail:

@conduent.com

Reset Password

Password Reset Letter



Web Registration – Password Continued



Montana Access to Health Web Portal

Log In

Web Registration

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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?](#)

Web Registration – Password Continued



Montana Access to Health Web Portal

Change Password

Your password has expired and must be changed. Passwords automatically expire every 30 days.

To change your password, enter the data below and click 'Submit.' The conditions for creating a password are as follows:

- Passwords must contain a minimum of 8 characters.
- Passwords must be different from your last 5 passwords.
- Passwords must contain 3 out of 4 of the following types; uppercase letters, lowercase letters, numbers, special characters (!, \$, #, or %).

Old Password:

New Password:

Confirm New Password:

For assistance, contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

Web Registration – Password Reset Complete



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Montana Access to Health Web Portal

Change Password Completed

Thank you...

Your password has been successfully changed.

Continue

Questions?

Eligibility

Eligibility Verification with Portal

Log In



Montana Access to Health Web Portal

- Log In
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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 Verification



Montana Access to Health Web Portal

[Exit](#)

MONTANA MEDICAID TEST1

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.

Member Information



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:

Submit

Clear Fields

Verify Member



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

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

MONTANA MEDICAID TEST1

Eligibility Inquiry Confirmation

If this is the member you wish to inquire on, click 'View Member Eligibility.'

Member Original
ID:
Name:
Date of Birth:
Gender Code:

[Back to Eligibility Inquiry](#)

[View Member Eligibility](#)

Eligibility Response



Montana Access to Health Web Portal

[Exit](#)

[Home](#) > [Inquiries](#) > [Eligibility Inquiry](#) > Eligibility Inquiry Confirm > Eligibility Inquiry Response

MONTANA MEDICAID TEST1

Eligibility Inquiry Response



Member Demographic Information

| | | |
|---------------------|--------------------------|---------------------------------------|
| Member Original ID: | NPI or Provider ID: | 1003008251 |
| Member Current ID: | Date of Service: | 07/09/2019 |
| Member ID: | Valid Request Indicator: | Y: Yes |
| Name: | Reject Reason Code: | 50: Provider Ineligible for Inquiries |
| Address: | Follow-up Action Code: | N: Resubmission Not Allowed |
| City: | Date of Death: | |
| County Code: | Trace Number: | 201919012543480IT |
| State: | | |
| Zip Code: | | |
| Date of Birth: | | |
| Gender Code: | | |

Eligibility Response

Co-payment cannot be charged to the member until a health care claim for services has been submitted and paid. Co-payment amounts may be less or exempt per Administrative Rules. Please refer to your Medicaid Provider Manual for covered services and 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) | \$ 4.00 |
| MH: Mental Health | \$ 4.00 |
| UC: Urgent Care | \$ 4.00 |
| 35: Dental Care | \$ 4.00 |
| 50: Hospital - Outpatient | \$ 4.00 |
| 88: Pharmacy | \$ 4.00 |
| 98: Professional (Physician) Visit - Office | \$ 4.00 |
| 48: Hospital - Inpatient | \$ 75.00 |

Eligibility Response

Eligibility Spans

| 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 | 05/01/2019 | 07/31/2019 |



Managed Care Information

| Plan Coverage Description | Plan/PCP Name | Plan/PCP Phone Number | Begin Date | End Date |
|---------------------------|---------------------------------|-----------------------|------------|------------|
| Passport Provider | NORTHWEST COMMUNITY HEALTH CENT | 4062836900 | 09/01/2018 | 07/31/2019 |



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 | 07/01/2019 | 06/30/2020 |



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.

Eligibility Response

Eligibility Spans

About HMK/CHIP

HELP Plan

Standard Medicaid

| 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 | 01/01/2019 | 07/31/2019 |
| 30: Health Benefit Plan Coverage | QM: Qualified Medicare Beneficiary | Medicaid/HMKPlus | Qualified Medicare Beneficiary | 11/01/2009 | 07/31/2019 |
| 54: Long Term Care | LC: Long Term Care | Medicaid | Nursing Home | 01/01/2011 | 07/31/2019 |

Medicare Information

| Insurance Type Code | Member Policy ID | Eligibility Effective Date | Eligibility End Date |
|---------------------|------------------|----------------------------|----------------------|
| MA: Medicare Part A | | 08/01/2002 | 12/31/2099 |
| MB: Medicare Part B | | 11/01/2009 | 12/31/2099 |

Questions?

eSOR

Obtaining Statement of Remittance (eSOR)

Obtaining your eSOR



Montana Access to Health Web Portal

[Exit](#)

MONTANA MEDICAID TEST1

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Obtaining your eSOR

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:

eSOR by Date

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 |
|--------------|--|---------------|---------------------------|
| 05/27/2019 | 05272019_1003902909_01.pdf | 68,369 bytes | Calculate |
| 05/20/2019 | 05202019_1003902909_01.pdf | 29,707 bytes | Calculate |
| 05/13/2019 | 05132019_1003902909_01.pdf | 39,367 bytes | Calculate |
| 05/06/2019 | 05062019_1003902909_01.pdf | 58,707 bytes | Calculate |
| 04/29/2019 | 04292019_1003902909_01.pdf | 39,373 bytes | Calculate |
| 04/22/2019 | 04222019_1003902909_01.pdf | 29,707 bytes | Calculate |
| 04/15/2019 | 04152019_1003902909_01.pdf | 39,371 bytes | Calculate |
| 04/08/2019 | 04082019_1003902909_01.pdf | 39,371 bytes | Calculate |
| 04/01/2019 | 04012019_1003902909_01.pdf | 39,375 bytes | Calculate |
| 03/25/2019 | 03252019_1003902909_01.pdf | 49,039 bytes | Calculate |
| 03/18/2019 | 03182019_1003902909_01.pdf | 58,701 bytes | Calculate |
| 03/11/2019 | 03112019_1003902909_01.pdf | 68,363 bytes | Calculate |
| 03/04/2019 | 03042019_1003902909_01.pdf | 87,695 bytes | Calculate |
| 02/25/2019 | 02252019_1003902909_01.pdf | 68,367 bytes | Calculate |
| 02/18/2019 | 02182019_1003902909_01.pdf | 126,352 bytes | Calculate |

Questions?

Office Admin

Providing Assistance to Office Administrators

- Setting Security Privileges
- Resetting Passwords for Office Staff
- Adding New User Profiles

Assigning Security Privileges to Office Staff



Montana Access to Health Web Portal

[Exit](#)

MONTANA MEDICAID TEST1

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.

Assigning Security Privileges to Office Staff



Montana Access to Health Web Portal

[Exit](#)

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

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:

Assigning Security Privileges to Office Staff



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

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

Update User

To update this user, change the information below and click 'Submit.' If this is not the correct user, click 'Cancel' and try your search again.

User ID: Last Name: First Name:

* denotes required field(s)

* E-mail: * Confirm E-mail:

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

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 type="checkbox"/> Office Administrator |
| <input checked="" type="checkbox"/> View e!SOR Reports | <input type="checkbox"/> View Electronic Health Record | <input type="checkbox"/> Prescriber Privileges |

For assistance, contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

Assigning Security Privileges to Office Staff



Montana Access to Health Web Portal

[Exit](#)

[Home](#) > [Manage Users](#) > [Update or Remove Users](#) > Update User > User Successfully Updated

User Successfully Updated

Thank you...

The profile for user 'Leah Meloy' has been successfully updated. The new profile is displayed below. If you have changed the Security Privileges for this user, those privileges will be enabled the next time the user logs in.

User ID:

Last Name:

First Name:

E-mail:

Phone Number:

Security Privileges:

[Manage Users](#)

Questions?

Log In/Forgot Password



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?](#)

Changing a Password for Office Staff



Montana Access to Health Web Portal

[Exit](#)

MONTANA MEDICAID TEST1

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

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| 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.

Changing a Password for Office Staff



Montana Access to Health Web Portal

[Exit](#)

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

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:

Search

Clear Fields

Changing a Password for Office Staff



Montana Access to Health Web Portal

[Exit](#)

[Home](#) > [Manage Users](#) > [Update or Remove Users - Search](#) > Update or 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 |
|-----------|------------|----------------|--------------|--------------------------|
| Last Name | First Name | <u>User ID</u> | Office Staff | <input type="checkbox"/> |

Changing a Password for Office Staff



Montana Access to Health Web Portal

[Exit](#)

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

Update User

To update this user, change the information below and click 'Submit.' If this is not the correct user, click 'Cancel' and try your search again.

User ID: Last Name: First Name:

* denotes required field(s)

* E-mail: * Confirm E-mail:

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

Security Privileges

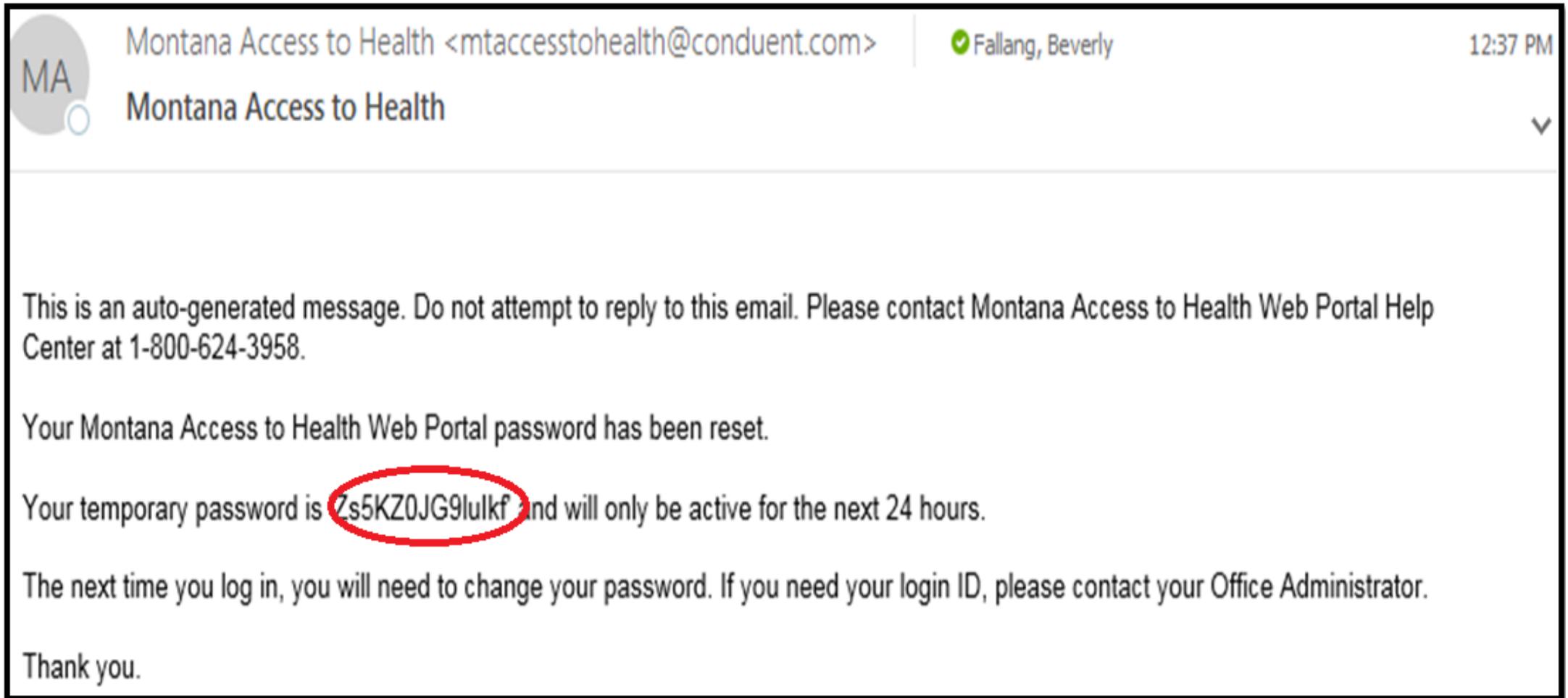
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Verify Eligibility | <input checked="" type="checkbox"/> Check Claim Status | <input checked="" type="checkbox"/> View Provider Payment |
| <input checked="" type="checkbox"/> Upload Files | <input checked="" type="checkbox"/> Download Files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

Message from webpage

 Are you sure you want to reset this user's password?

For assistance, contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.

Password Reset Letter



Questions?

Adding New User Profiles



Montana Access to Health Web Portal

[Exit](#)

MONTANA MEDICAID TEST1

Montana Access to Health Web Portal Home Page

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Site Contents

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| 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.

New User



Montana Access to Health Web Portal

[Exit](#)

[Home](#) > [Manage Users](#) > Add New User to Organization

MONTANA MEDICAID TEST1

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: | <input type="text"/> | | |
| * Last Name: | <input type="text"/> | * First Name: | <input type="text"/> |
| * E-mail: | <input type="text"/> | | * Confirm E-mail: |
| * 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 type="checkbox"/> View Electronic Health Record |
| <input type="checkbox"/> Prescriber Privileges | | |

Confirmation Screen

User Successfully Updated

Thank you...

The profile for user has been successfully updated. The new profile is displayed below.

User ID:

Organization:

Last Name:

First Name:

E-mail:

Phone Number:

Security Privileges: View Provider Payment, Download Files, Upload Files, Office Administrator, Verify Eligibility, View e!SOR Reports, Check Claim Status

Manage Portal Users

Questions?

Key Contacts and Websites

- Provider Website: <https://medicaidprovider.mt.gov>
- Provider Portal:
<https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>
- Email Provider Relations: MTHelpdesk@conduent.com
- Email Enrollment Team: MTEnrollment@conduent.com
- Provider Relations: (800) 624-3958
- IVR: (800) 362-8312

CONDUENT

