



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 the Medicaid Provider Home Page located at http://www.medicaprovider.mt.gov](http://www.medicaprovider.mt.gov). Choose the **MATH Web Portal** button.
- 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.**

First Name	MI	Last Name	SSN 1234567890	DOB MM/DD/YYYY	Effective Date of Coverage MM/DD/YYYY	Select Coverage Group
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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/](https://transfer.mt.gov/), and [e-mail the scanned documents to HHSPresumptive@mt.gov](mailto:HHSPresumptive@mt.gov)
OR fax the same documents to 1-877-418-4533.