Announcement

Help Members Receive Important Information from Montana Medicaid and Stay Covered

DPHHS is asking healthcare providers to ensure we have the most accurate contact information for our Medicaid members.

When the COVID-19 public health emergency ends, DPHHS will begin the process of redetermining all current Medicaid members’ eligibility for continued Medicaid coverage. It is essential that DPHHS has up-to-date contact information for our Medicaid members so that they receive important notifications. If DPHHS cannot reach them, their coverage may end.

Providers are uniquely positioned to identify Medicaid members who need to update their contact information because providers see the contact information that DPHHS has on file for members through the MATH Web Portal.

Please ask members if the address you see in the MATH Web Portal is their current mailing address. If it is not, have them update their information using one of the methods below. Ideally, the best option is helping members update their address on the spot using the link at the top of apply.mt.gov.

- Complete a change of address form online at apply.mt.gov. At this site, members can also create an online account, which allows them to update their contact information, receive correspondence, and renew their coverage when it is time.
- Call the Public Assistance Helpline at (888) 706-1535.
- Mail a letter to DPHHS, P.O. Box 202925, Helena, MT 59620-2925.
- Fax a letter with the member’s name, DOB, case number if known, SSN, previous address, and new address to DPHHS at (877) 418-4533.
- Go to an Office of Public Assistance field office.

For more information about upcoming changes to Medicaid and how you can support your patients through those changes, see the Changes Coming to Montana Medicaid fact sheet.

Contact Information

Contact HHSCHS DPHEUnwind@mt.gov with any questions.

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email Montana Provider Relations Helpdesk.