

DDP Wrap Up Training

Billing process start to finish

In this training...

- What order should things be done?
- Where to I go to get information, submit & reconcile claims?
- What access do I need before I can begin?
- What are my resources?
- Questions?

What order should things be done?
What order should things be done?

What order should things be done?

1. Verify member eligibility.
2. Obtain & review member's prior authorization.
3. Select the proper diagnosis code.
4. Select place of service.
5. Select the proper CPT code (service provided).
6. Verify Fee Schedule
7. Enter and submit claim
8. Verify claim status
9. Obtain eSor to reconcile claims/payments

Eligibility Verification with Portal

Eligibility Verification with Portal

Verify Member's Eligibility

It is important to verify your member's eligibility each month.

MPATH will eventually have the capability of verifying eligibility when claims are created.

MATH Provider Web Portal

Call Center

Log In



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:

[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



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



Healthy People. Healthy Communities.

Department of Public Health & Human Services

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

	About HMK/CHIP	HELP Plan	Standard Medicaid
Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid	Standard Medicaid Plan
			Eligibility Effective Date: 05/01/2019
			Eligibility End Date: 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

	<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	01/01/2019	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?

Prior Authorizations

Prior Authorizations

Prior Authorizations

Prior Authorization letters are mailed by Conduent any time a prior authorization has been entered into our system.

You should expect to receive your first batch of PAs the first week of August.

Letters may contain multiple members. Each member will have their own prior authorization number.

If you do not receive your prior authorizations in time for billing; contact the Call Center.

Prior Authorization Letter

APPROVER ID: 702

DATE 07/22/19

[REDACTED]
PO BOX [REDACTED]
[REDACTED]

WA 98383

NPI: [REDACTED]
PROVIDER: [REDACTED]

RECIPIENT ID	NAME	PRIOR AUTH NUMBER	AUTHORIZE FROM	DATES TO				
[REDACTED]	[REDACTED]	920370 [REDACTED]	060519	060519				
STATUS: APPROVED		REASON: 999						
LINE	ITEM	UNITS	DOLLARS	FR-DTE	TO-DTE	PROC RANGE / MOD	DIAG	RANGE
	02	1	0.00	060519	060519	A0428 A0428 HE		
TOOTH NUM / SURFACE:				THERA CLASS:		STATUS: APPROVED		REASON:
[REDACTED]		[REDACTED]	[REDACTED]					
STATUS: APPROVED		REASON: 999						
LINE	ITEM	UNITS	DOLLARS	FR-DTE	TO-DTE	PROC RANGE / MOD	DIAG	RANGE
	01	15	0.00	060319	060319	A0425 A0425 RH		
TOOTH NUM / SURFACE:				THERA CLASS:		STATUS: APPROVED		REASON:
	02	1	0.00	060319	060319	A0429 A0429 RH		
TOOTH NUM / SURFACE:				THERA CLASS:		STATUS: APPROVED		REASON:
[REDACTED]		[REDACTED]	[REDACTED]					
STATUS: APPROVED		REASON: 999						
LINE	ITEM	UNITS	DOLLARS	FR-DTE	TO-DTE	PROC RANGE / MOD	DIAG	RANGE
	01	1	0.00	060719	060719	A0427 A0427 NH		
TOOTH NUM / SURFACE:				THERA CLASS:		STATUS: APPROVED		REASON:

Diagnosis Codes (ICD-10)

Diagnosis Codes (ICD-10)

Diagnosis Codes

Your ICP letter should give you the main reason why services are being requested.

ICD-10 is short for *International Classification of Diseases, 10th Revision*.

There are many websites out there to obtain this information. Here is one the state recommends:

<https://www.cms.gov/Medicare/Coding/ICD10/index.html>

Diagnosis Codes

ICD-10 Code Lookup

Oct 01, 2018 - Sep 30, 2019

2019 ICD-10 data & code lookup

Alphabetic Index

ICD-10-CM

ICD-10-PCS

Search

Place of Service

Place of Service

Place of Service

<https://dphhs.mt.gov/dsd/developmentaldisabilities>

On the left hand side, under *For State Staff and Providers:*
Click on ***MMIS Transition***.

On this page you will find several helpful links and other information.

Place of Service

List of Place of Service values for claim submission - July 2019

MMIS Provider Trainings Q&A - July 2019

Provider Claims Training FAQs Session

Link to Montana Medicaid Provider website

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

Place of Service list needed for claim submission.

- 01 Pharmacy
- 03 School
- 04 Homeless Shelter
- 05 IHS Freestanding Facility
- 06 IHS Provider-Based Facility
- 07 Tribal 638 Freestanding Facility
- 08 Tribal 638 Provider-Based Facility
- 11 Office
- 12 Home

CPT Code (service provided)
Fee Schedule

CPT Code (service provided)
Fee Schedule

CPT Code

CPT Codes can be located in your DDP Provider Manual.

<https://medicaidprovider.mt.gov>

Locating your Provider Manual

MONTANA.GOV
OFFICIAL STATE WEBSITE

SERVICES AGENCIES LOGIN SEARCH MONTANA.GOV

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Sheila Hogan, Director
About Us Meetings & Events Health Data & Statistics Contact Us A - Z Index

[Montana Healthcare Programs Provider Information » home](#)

Montana Healthcare Programs
Thank you for serving Montana's Healthcare Program Members.

- ▶ [Provider File Updates, Revalidation, and New Provider Information](#)
- ▶ [MATH Web Portal](#)
- ▶ [Resources by Provider Type](#)
- ▶ [Provider Enrollment](#)

Welcome to the Montana Healthcare Programs Provider Information Website.

Important Announcements
Call Center Telephone Options Have Changed

As of Monday, January 28, 2019 the options in the Call Center phone systems will change for both providers and members. Please listen carefully to the options when calling the call centers in order to be directed to the correct extension.

WebEx Training Available

Did you know there are monthly WebEx Trainings with the Program Officers? These trainings are a great opportunity for providers to learn about their program, policy changes, and ask questions.

Navigating the Provider Website - Finding the information you need without making a phone call.

Emilie Boyles, Publications Specialist, Montana Provider Relations July 18 at 2:00 PM MST

Locating your Provider Manual

Providers are listed in alphabetical order

[A-C](#)

[D-F](#)

[G-K](#)

[L-O](#)

[P-Q](#)

[R-Z](#)

Providers D – F

03/26/2019

[Dental \(Dentist, Dental Hygienist\)](#)

03/26/2019

[Denturist](#)

03/26/2019

[Developmental Disabilities Program](#)

Locating your Provider Manual

▼ Manuals

[General Information for Providers](#) 05/2019

Medicaid manual with general information for all provider types

[Montana Developmental Disabilities Program Services Manual](#)

07/2019

This manual has information specific to your provider type.

S5165

Environmental Modifications

\$ cost varies

Fee Schedule

Looking at your manual; some codes have fees listed.

Your Fee Schedule will give you additional charge information.

Locating your Fee Schedule

Developmental Disabilities Program Providers

[Prior Authorization](#)

[Forms](#)

[Claim Jumper Newsletters](#)

▶ [Manuals](#)

▶ [Medicaid Rules and Regulations](#)

▶ [**Fee Schedules**](#)

▶ [Provider Notices](#)

▶ [Other Resources](#)

▶ [To locate older documents, access the Archive Page.](#)

Questions?

Claim Submission

Claim Submission

MPATH System



myMenu

- Claims
- Provider Profile
- Account Administration

Smiling woman in professional setting
[Learn more](#) for the transitions to ICD-10.
Providers get the facts.

Hello, Deb Braga
PROVIDER: Goodgrief Healthcare

Last login: 07/24/2019

Provider Resources

A simple icon of a folder, representing provider resources.

Forms

A simple icon of a clipboard with a checklist, representing forms.

FAQs

A simple icon of a question mark inside a circle, representing frequently asked questions.

MPATH System



Smiling woman in professional setting [Learn more](#)

Providers get the facts.

Hello, Deb Braga

Last login: 07/24/2019

- myMenu
 - Claims
 - Provider Profile
 - Account Administration
- Claim Submission in Progress
- Claim Submission Templates
- Professional Submission - EDI

Forms

FAQs

Completing the Claim Entry Form

Screen 1 – Provider Details

Hi Deb Braga

[View Templates](#)

[Back](#)

Provider Details

Member Details

Claim Information

Terms and Agreements

myMenu

Professional Claim Submission Form - EDI

Billing Provider

NPI/Medicaid ID: * 7719909189

Provider Name: * Goodgrief healthcare

Rendering Provider

NPI/Medicaid ID: 7719909189

Provider Name: Goodgrief healthcare

Service Location Address 1: 269 state rt 10

Service Location Address 2:

City: HELENA

State: MT

ZIP: 596013819

~~**Referring Provider**~~

~~There is a referring provider for this claim.~~

~~**Ordering Provider**~~

~~There is a ordering provider for this claim.~~

[Save and Continue](#) [Save and Exit](#) [Cancel](#)

Completing the Claim Entry Form

Screen 2 – Member Details

Hi Deb Braga

[View Templates](#)

[Back](#)

Deb Braga
NPI#: 7719909189

Provider Details
Member Details
Claim Information
Terms and Agreements

myMenu

Professional Claim Submission Form - EDI

Member Details

Member ID: *

Patient Account Number:

First Name: *

Middle Name:

Last Name: *

Date of Birth: *

Gender: *

Mailing Address 1: *

Mailing Address 2:

City: *

State: *

ZIP: *

[Save and Continue](#) [Previous](#) [Save and Exit](#) [Cancel](#)

Completing the Claim Entry Form

Screen 3 – Claim information/Date of Service

From Date*	To Date*	POS*	CPT/ HCPCS Code*	Modifier	Diag Point
07/01/2019	07/01/2019	Select ▼	<input type="text"/> 🔍	<input type="text"/>	<input type="text"/>
07/08/2019	07/12/2019	Select ▼	<input type="text"/> 🔍	<input type="text"/>	<input type="text"/>
07/01/2019	07/29/2019	Select ▼	<input type="text"/> 🔍	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

◀ Jul ▼ 2019 ▼ ▶						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Completing the Claim Entry Form

Screen 3 – Claim information/Place of Service

From Date*	To Date*	POS*
07/01/2019	07/01/2019	12
07/08/2019	07/12/2019	Select
07/01/2019	07/29/2019	Select
01/15/2019	07/29/2019	Select
		Select

Place of Service list needed for claim submission.

- 01 Pharmacy
- 03 School
- 04 Homeless Shelter
- 05 IHS Freestanding Facility
- 06 IHS Provider-Based Facility
- 07 Tribal 638 Freestanding Facility
- 08 Tribal 638 Provider-Based Facility
- 11 Office
- 12 Home

Completing the Claim Entry Form

Screen 3 – Claim information/CPT codes

The screenshot shows a software interface for entering CPT codes. On the left, there is a table with columns for 'CPT/HCPCS Code*' and 'Modifier'. The first row has 'S' entered in the code field. A search results window is open on the right, titled 'Search Results'. It contains a table with two columns: 'Code' and 'Description'. The first row in the search results table has 'S5165' in the code column and 'HOME MODIFICATIONS; PE SERVICE' in the description column. This row is circled in red. Below the search results table is a 'Cancel' button.

Code	Description
<u>S5165</u>	HOME MODIFICATIONS; PE SERVICE
<u>S516522</u>	HOME MODIFICATIONS; PE SERVICE;Increased Procedure Services
<u>S516552</u>	HOME MODIFICATIONS; PE SERVICE;Reduced Services
<u>S516553</u>	HOME MODIFICATIONS; PE SERVICE;Discontinued Procedure
<u>S516558</u>	HOME MODIFICATIONS; PE SERVICE;Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

Completing the Claim Entry Form

Screen 3 – Claim information/Remaining fields

COB	NDC	EPSDT	Emergency Service	Family Planning	
COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	☑
COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	☑☑
COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	☑☑☑
COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	☑☑☑☑
COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	☑☑☑☑☑
COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	☑☑☑☑☑☑
COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	☑☑☑☑☑☑☑
COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	☑☑☑☑☑☑☑☑
COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	☑☑☑☑☑☑☑☑☑

Completing the Claim Entry Form

Screen 3 – Claim information/Claim Questions

Do you have a Medicaid resubmission code?*

Yes No

Are you submitting COB at the claim level?

Yes No

Is the member's condition related to:

Select 

First date related to Member's condition:

Select 

Is this Member deceased?*

Yes No

Is member unable to work in current occupation?*

Yes No

Is hospitalization related to current services?*

Yes No

Clinical Laboratory Improvement Amendment Number needed for this claim?*

Yes No

Is there a prior authorization for this claim?*

Yes No

Prior Authorization Number: *

Is there a Referral for this claim?*

Yes No

Do you have attachments for this claim?*

Yes No

Completing the Claim Entry Form

Screen 3 – Claim information/Remaining fields - TPL

Are you submitting COB at the claim level?

Yes No

Do you have attachments for this claim?*

Yes No

	Primary Payer		Secondary Payer
Insurance Type:*	Medicare Part A . ▾	Insurance Type:	Select ▾
Carrier Name:*	<input type="text"/>	Carrier Name:	<input type="text"/>
Carrier Code:	<input type="text"/>	Carrier Code:	<input type="text"/>
Subscriber First Name:*	<input type="text"/>	Subscriber First Name:	<input type="text"/>
Subscriber Middle Name:	<input type="text"/>	Subscriber Middle Name:	<input type="text"/>
Subscriber Last Name:*	<input type="text"/>	Subscriber Last Name:	<input type="text"/>
Allowed:*	\$ <input type="text"/>	Allowed:	\$ <input type="text"/>
Copay:	\$ <input type="text"/>	Copay:	\$ <input type="text"/>
Deductible:	\$ <input type="text"/>	Deductible:	\$ <input type="text"/>
Coinsurance:	\$ <input type="text"/>	Coinsurance:	\$ <input type="text"/>
Paid Amount:*	\$ 50.00	Paid Amount:	\$ <input type="text"/>

Group Reason Amount

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Group Reason Amount

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

EOB Payment Date:*

EOB Payment Date:

Report Code Type: Transmission Code: Control Number:

EB-Explanation of Benef ▾ Select ▾

Add



Paperwork Attachment Cover Sheet

Paperwork Attachment Control Number

Date of Service

Billing NPI/API

Member ID Number

Type of Attachment

Instructions

This form is used as a cover sheet for attachments to electronic and paper Montana Healthcare Programs (Medicaid; Healthy Montana Kids, Mental Health Services Plan, and Indian Health Service) claims sent to the address below.

The Paperwork Attachment Control Number must be the same number as the Attachment Control Number on the corresponding electronic claim. This number consists of the provider's NPI/API, the member's ID number and the date of service (mmddyyyy), each separated by a dash (NPI: 999999999-99999999-99999999/Atypical Provider ID: 999999-99999999-99999999).

This form may be downloaded from the Provider Information website (<http://medicaidprovider.mt.gov/>).

If you have questions about paper attachments that are necessary for a claim to process, call Provider Relations at 1-800-624-3958 or 406-442-1837.

Completed forms can be mailed or faxed to:

P.O. Box 8000
Helena, MT 59604
Fax: 1-406-442-4402

Completing the Claim Entry Form

Screen 3 – Claim information/Terms and Agreements

Professional Claim Submission Form - EDI

Terms and Agreements

Please key in provider name and NPI to certify the information on this form is accurate and terms and conditions have been satisfied.

Provider Name: *

NPI: *

Accept assignment? * Yes No

I certify I have read the [Terms and Conditions](#) that apply to this bill and are made a part thereof.

Submit

Previous

Save and Exit

Cancel

Questions?

Claim Templates

Claim Templates

Completing Templates

The screenshot displays a web application interface. On the left, a dark grey navigation menu titled "myMenu" is expanded, showing three options: "Claims", "Provider Profile", and "Account Administration". The "Claims" option is highlighted with a dark grey bar on its left. To the right of the menu, there is a main content area. At the top of this area, there is a small icon of a woman in a professional setting, followed by the text "Smiling woman in professional setting" and a yellow button labeled "Learn more". Below this, the text "Hello, Deb Braga" is visible. A white modal window is overlaid on the right side of the screen, containing a list of four items: "Claim Submission in Progress", "Claim Submission Templates" (which is circled in red), and "Professional Submission - EDI".

myMenu

- Claims
- Provider Profile
- Account Administration

Smiling woman in professional setting
Learn more

Hello, Deb Braga

- Claim Submission in Progress
- Claim Submission Templates
- Professional Submission - EDI

Creating a Template

Claim Submission Templates

Filter your results:

Actions	Name	Date Last Modified
 	<u>C Smith</u>	07/18/2019
 	<u>C Moen</u>	07/18/2019
 	<u>T2013 Tranpsortation</u>	07/15/2019
 	<u>Tester</u>	07/15/2019

Claim submission templates returned: 4

Maximum Templates Allowed : 5

Create Professional Claim
Submission EDI Template

Member Details Template Screen

▼ Member Details

Member ID:	<input type="text"/>
Patient Account Number:	<input type="text"/>
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Gender:	<input type="text" value="Select"/>
Mailing Address 1:	<input type="text"/>
Mailing Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="MT"/>
ZIP:	<input type="text"/>

Save and Continue

Previous

Cancel

Claim Information Template Screen

Diagnosis Codes (ICD 10):

1	2	3	4	5	6
<input type="text"/>					
7	8	9	10	11	12
<input type="text"/>					

From Date	To Date	POS	CPT/HCPCS Code	Modifier	Diagnosis Pointer	Charges	Days or Units	COB	NDC	EPSDT	Emergency Service	Family Planning
<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	Select ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	COB	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

Total Charges: \$

Do you have a Medicaid resubmission code? Yes No

Are you submitting COB at the claim level? Yes No

Is the member's condition related to:

First date related to Member's condition:

Is this Member deceased? Yes No

Is member unable to work in current occupation? Yes No

Is hospitalization related to current services? Yes No

Clinical Laboratory Improvement Amendment Number needed for this claim? Yes No

Is there a prior authorization for this claim? Yes No

Is there a Referral for this claim? Yes No

Do you have attachments for this claim? Yes No

Yes No

Yes No

Select ▼

Select ▼

Yes No

Name and Save Your Template

Professional Claim Template - EDI

Save Template

Please enter a claim submission template name.

Template Name: *

Note(s):

Template Name must satisfy the following conditions:

- Maximum length: 35 characters.
- Cannot contain special characters other than: Space " " or Underscore "_" or Dash "-".

Submit

Previous

Cancel

Claim Status

Claim Status

Claim Status



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.

Claim Status Inquiry



Montana Access to Health Web Portal

[Home](#) > [Inquiries](#) > Claim Status Inquiry

[Exit](#)

MONTANA MEDICAID TEST1

Claim Status Inquiry

Select a Provider Number and enter available information in the remaining fields before clicking 'Submit'. Searches will be performed only against claims processed in the last three years.

* denotes required field(s)

* NPI or Provider Number:

* Member Information:

Client ID:

Claim First Date of Service:

mm	dd	ccyy
<input type="text"/>	<input type="text"/>	<input type="text"/>

Claim Last Date of Service:

mm	dd	ccyy
<input type="text"/>	<input type="text"/>	<input type="text"/>

or

ICN/TCN:

Submit

Clear Fields

Sample Claim Detail



Montana Access to Health Web Portal

[Home](#) [Inquiries](#) [Claim Status Inquiry](#) [Claim Detail](#)

[Exit](#)

MONTANA MEDICAID TEST1

Claim Detail



Claim Data

Status Information Effective Date: 07/31/2019
Status Category Code: D0: Entity not found - change search criteria
Status: 132: Entity's Medicaid provider id.
Service Period: From To

ICN/TCN:

Bill Type Identifier:
Charged Amount: \$ 0.00
Payment Amount: \$ 0.00

Patient Account Number or Trace Number: dbraga_ [REDACTED]
Adjudication or Payment Date:
Check Issue or EFT Effective Date:

Provider Data

NPI or Provider Number: [REDACTED]
Name or Servicing Organization: NOT AVAILABLE

Client Data

Name: unknown unknown
Date of Birth: Client ID: '99-99999999'
Gender:

Payer Data

Name: Montana Medicaid
Identification: 77039

Information Receiver Data

Name or Submitting Organization: UNKNOWN
Portal User ID: 7779999

[Inquiries](#)

[Back to Claim Status Inquiry](#)

eSors

Obtaining Statement of Remittance (eSors)

Obtaining your eSOR



Montana Access to Health Web Portal Home Page

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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.

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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:

 

Submit

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

Remit Example

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

HELENA

MT 59602

VENDOR # 0000 [REDACTED] REMIT ADVICE # 431 [REDACTED] EFT/CHK # 24 [REDACTED] DATE 01/07/2019 PAGE 2
NPI #: 14 [REDACTED] TAXONOMY: [REDACTED]

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED*	CO-PAY	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CLAIM									
[REDACTED]	[REDACTED]	TAN	12042018	12042018	1.000	90837	165.00	89.92	
	ICN 21836100255	[REDACTED]	PATIENT NUMBER=73710						
CLAIM TOTAL**							165.00	89.92	
[REDACTED]	[REDACTED]		12052018	12052018	1.000	90837	165.00	89.92	
	ICN 21836100255	[REDACTED]	PATIENT NUMBER=73720						
CLAIM TOTAL**							165.00	89.92	

Example of Denial Reason Codes

*****THE FOLLOWING IS A DESCRIPTION OF THE REASON/REMARK CODES THAT APPEAR ABOVE *****

- N286** Missing/incomplete/invalid referring provider primary identifier.
- 133** The disposition of this service line is pending further review. (Use only with Group Code OA). Note: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).
- 15** The authorization number is missing, invalid, or does not apply to the billed services or provider.

Questions?

Conclusion