Using Self-service Portal (SSP) for Medicaid Redetermination:

Account Creation:

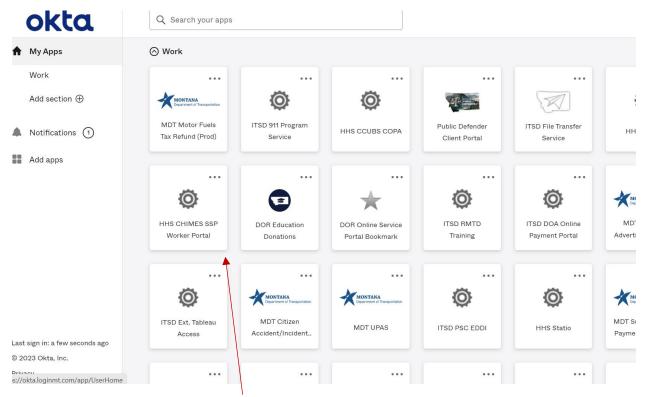
- DPHHS has instructions for account creation here: <u>SSP-Okta User Workflow (mt.gov)</u>
- To create an account on http://apply.mt.gov you must have an active email account that you have current access to in order to verify your account

f you have signed up to receive email notifications when correspondence is available for your case, you v sspnotification@announcements.mt.gov. To ensure you receive these emails, please add this email addre		
	Answer a few questions to see if you may qualify for food, medical, or cash assistance.	Am I Eligible?
	Apply for food, medical, or cash assistance.	Apply for Assistance
Welcome to the Department of Public Health and Human Services online application. Here you can apply for food, medical, or cash assistance. Find out more about the programs by clicking the links below.	View details about your case.	Check My Benefits
Supplemental Nutrition Assistance Program (SNAP) – Formerly Food Stamps Temporary Assistance for Needy Families (TANF) – Cash assistance Health Coverage Assistance – Medicaid, Healthy Montana Kids, health insurance assistance and tax credits through the federal Health Insurance Marketplace	View mail for your case.	My Mail
Apply Now Sign In/Create Account	Report a change or renew benefits for your case.	Report Change & Renew

- Click "Sign In/Create Account" /
- DPHHS uses a multi-factor authentication system called Okta that manages login information for Montana.gov

MONTANA.GOV	SERVICES	AGENCIES	LOGIN	SEARCH MONTANA.GOV	2
	MONTANA.GOV				2
	Create Account				
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and the second	This field cannot be left blank	A Street	ates for	A SECTION	
	Password *				
ARE MANY MANY	First name *			Children Street	
	Last name *	NV AN	() Pres		
	* indicates required field		XX7		
	Register				
Contraction of the second second	Back to sign in				ile >

- Check your email for a verification link that will confirm your email and activate your Okta account
- Once you have an account created and you login, you may end up at this screen:



- You can exit out of this screen and return to http://apply.mt.gov or click on the HHS CHIMES SSP tile above to route back to your account
- Once you return to http://apply.mt.gov, you will be able to select a tile to check your benefits, update information, or submit a new application

vou have signed up to receive email notifications when correspondence is available for your case, onotification@announcements.mt.gov. To ensure you receive these emails, please add this email a		
	Answer a few questions to see if you may qualify for food, medical, or cash assistance.	Am I Eligible?
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Apply Now Sign In/Create Account	Report a change or renew benefits for your case.	Report Change & Renew

• If you run into this error message at any point, return to <u>http://apply.mt.gov</u> to sign in again

	Error		
4	Your session has ended because of an error.		
		Click here to return to the Home Page	

Linking Case:

- If you have an existing Medicaid case, you will need to link your case in the SSP to be able to view information about your case online
- You will need your Medicaid case number to link your case in the SSP. This information can be found at the top of mailed notices from DPHHS. If you do not have this information, you can reach out to 406-449-3468 or HHSWebSupport@mt.gov for that information.
- You will only be able to view and link your case if you are the head of the Medicaid household. If you are not, you will have to have the head of household authorize you to view the case online through their own SSP account. If you are no longer in that person's Medicaid household, you need to report that change to DPHHS.
- Once you are logged into your SSP account and have agreed to the confidentiality agreement, you will see this screen if your case is not already linked:

		Apply For Ass	<u>sistance</u>		
o, You are	logged in.				
ge My Account	Logout				
My Benefits	My Applications	Report Changes/ Renew Benefits	My Mail	Health Coverage Re-enrollment	
	e Coloction				
	se Selection				
Here you above.	can see information about cases	s linked to your apply.mt.gov acco	unt. To link a case to your a	account, click the "Manage My Ac	count" button
To upload	documentation for a linked case	e, select the icon under "Upload D	ocuments."		
Case Selection					
	all of the second surrently linked		and prove the "Centin	ual button bolow to view more in	formation
		to your account. Please select a			iormation.
No cases have been button.	en associated to your account. T	o make an association, please se	lect the Manage My Accour	Manage My Account	

- Select "Manage My Account" to link your case
- Enter your name, date of birth, social security number, and Medicaid case number

Find My Case		
	n your First Name, Last Name, Date of Birth, Social Security Number, Case N onal information.	umber and click SEARCH to search for the cases that match your
* F	st Name: * Last Name:	
* D	social Security te of Birth: Number:	·—
*Ca	e Number:	
	Search	

• Select the type of benefits you would like to view online in your SSP account

Case				
Fill in your First Na personal information		Birth, Social Security Number, C	Case Number and click SEARCH to search	for the cases that match your
* First Name:	_	* Last Name:		
* Date of Birth:		Social Security *Number:		
*Case Number:				
Search				
Below is the case	which we found. To link yo	our account to this case, select	the case below and click Link Case.	
Selection	Case Number	Head of Household	Benefits	Case Status
0			SNAP (Food Assistance) , Health Coverage Assistance	Approved
LINK CASE				

• Select the case with the case number that corresponds to your active benefits

Managing Notifications:

• We recommend updating your preferences to receive notification from DPHHS via Mail and Email notification to help ensure timely notice of any changes

-Manage My Mail-	
manage my man	
Please tell	us how you would like to receive mail and notifications about your case.
UPD	



Pleas	e tell us how you would like to receive mail and notifications about your case.
	would like to receive email notifications when mail is available for your case electronically through Apply.MT.Gov in addition to your regular US select the "US Mail + Email Notifications" option.
You ca addre	an also choose to stop receiving US Mail by selecting the "Email Notifications Only" option. US Mail will only stop after we verify your email uss.
After	making a selection, you must click "UPDATE" for it to take effect.
* Cas	se Number:
۲	US Mail
0	US Mail + Email Notifications
0	Email Notifications Only
_	
_ U	

Viewing Mail:

-Manage My Mail-

• Once your case is linked, you can view notices that have been sent to you by DPPHS, including your renewal packet

	Renew Benefits			
My Mail				
Here you can view mail for cases linked to yo	our apply.mt.gov account. To link	a case to your account, click th	e "Manage My Account" button a	above.
		\backslash		
		\mathbf{A}		
Mail				
Below you can view the notices for your case. To sear	ch, select the date range that you	would like to view and then cli	ck Search. To view a searched fr	or
notice, click on the View link.	ch, select the date range that you	would like to view and then ch	ck Search. To view a searched in	01
		\sim		
Desument Name	Mail Tune	Data Sant	Details	_
Document Name Voter Registration Questionnaire	Mail Type Notice	Date Sent 04/18/2023	Details View	
Document Name Voter Registration Questionnaire National Voter Registration Act Information	Mail Type Notice Notice		Details <u>View</u> <u>View</u>	
Voter Registration Questionnaire	Notice	04/18/2023	View	-
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Voter Registration Questionnaire National Voter Registration Act Information Montana Voter Registration Application Authorization to Release Information Montana Voter Registration Application Medicaid Redetermination Form National Voter Registration Act Information Rights and Responsibilities Form Voter Registration Questionnaire	Notice Notice Notice Notice Notice Notice Notice Notice	04/18/2023 04/18/2023 04/18/2023 04/06/2023 04/06/2023 04/06/2023 04/06/2023 04/06/2023 04/06/2023	View View View View View View View View	_

Completing Medicaid redetermination process online:

• If you have received a paper renewal packet in the mail or an email notification that a redetermination is necessary for your case, you can complete this process in your SSP account by selecting "Report Change/Renew Benefits"

llo, You are age My Account	e logged in. Logout			
My Benefits	My Applications	Report Changes/ Renew Benefits	My Mail	
Here My A My Change Report This section shows you case, select the	e you can report changes to you cocount" button above. ts & Renewals all of the cases currently linke e button under "Renew Benefit	d to your account. To submit a ch s".	ANF, and Medicaid/HMK benefits. To li	
Case Nu	mber Head of Ho	ousehold Benefi	ts Report a Change	Renew Benefits
		Health Coverage	Assistance Report Change	
		SNAP (Food As		Renew Benefits

• If you need to upload supporting documents to verify income or household information, you can do this in the SSP by selecting the arrow button

Selection shows all of the cases currently linked to your account. Please select a case and press the "Configue" button below to view more information. Selection Case Number Head of Household Benefits Case Status Upload Documents Image: Configue Configuration Image: Configue Confi	e Selection-					
O SNAP (Food Assistance), Approved	This section show	s all of the cases curre	ently linked to your account. P	lease select a case and press th	ne "Contique" button below	to view more information.
Approved	Selection	Case Number	Head of Household	Benefits	Case Status	Upload Documents
	0				Approved	

• If the documents requested exceed the file size limit, you can save and upload pages individually, fax, or mail the document in. PDF documents are smaller file size than photos, so if possible, try uploading your document as a PDF.

Preparing for your case to be redetermined:

- If you have not received a notice that your case is being redetermined, you can find information about when this process will begin in your SSP account after April 10, 2023
- Go to http://apply.mt.gov and select the "Check my benefits" tile

f you have signed up to receive email notifications when correspondence is available for your case, yo sspnotification@announcements.mt.gov. To ensure you receive these emails, please add this email ad		
	Answer a few questions to see if you may qualify for food, medical or cash assistance.	Am I Eligible?
	Apply for food, medical, or cash assistance.	Apply for Assistance
Welcome to the Department of Public Health and Human Services online application. Here you can apply for food, medical, or cash assistance. Find out more about the programs by clicking the links below.	View details about your case.	Check My Benefits
Supplemental Nutrition Assistance Program (SNAP) – Formerly Food Stamps Temporary Assistance for Needy Families (TANF) – Cash assistance Health Coverage Assistance – Medicaid, Healthy Montana Kids, health insurance assistance and tax credits through the federal Health Insurance Marketplace	View mail for your case.	My Mail
Apply Now 🚺 Sign In/Create Account 👗	Report a change or renew benefits for your case.	Report Change & Renew

• Once you log in to your account, select your active case and click "continue"

Selection	Case Number	Head of Household	Benefits	Case Status	Upload Documents
			Health Coverage Assistance,		
۲			SNAP (Food Assistance),	Approved	
			TANF (Cash Assistance)		

Continue

• Click on the magnifying glass next to "Health Coverage Assistance"

My Benefits			
	Below you will find information about the benefit progra he benefit type.	ams registered on your case. Click on the	e magnifying glass icon to view more details about
	As of Thursday, April 27, 2023.		
	Benefits	Status	Details
	Health Coverage Assistance	Approved	
	SNAP (Food Assistance)	Denied	
	TANF (Cash Assistance)	Denied	Q

In this section, you will see program information for each person on the case. All information below is current as of 7:05 PM Tuesday, April 18, 2023.

ŧ	Eligibility Information Individual:	
	Type of Assistance:	
	Case #:	
	Next Review Date:	05/31/2023
	Issuance Information	
	Benefit Month:	04/01/2023
	Program Name:	Health Coverage Assistance
	Coverage Level:	Full
	Date Issued:	03/28/2023
	Incurment:	
	Premium Amount:	

Reporting Changes:

- You are required to submit changes in your household and income to DPHHS within 10 days of that change occurring
- You can submit changes in the SSP

6	Repo	ort Chang	es & Rene	w Benetits	· · ·		
0		n report changes to your of button above.	case and renew your SNAP,	ANF, and Medicaid/HMK b	enefits. To link a case	se to your account, click the "	Manage
				\mathbf{i}			
-My Chan	ge Reports & R	enewals		\rightarrow			
		e cases currently linked to under "Renew Benefits".	o your account. To submit a d	change for your case, selec	t the button under "Re	Report a Change". To renew	
you c	ise, select the button			\backslash			
you c	Case Number	Head of Hous	sehold Bene	fits Repo	rt a Change	Renew Benefits	
you c			sehold Bene SNAP (Food				
you c				Assistance) Repo	rt a Change	Renew Benefits Renew Benefits	
you c			SNAP (Food	Assistance) Repo			

Troubleshooting the SSP/FAQs:

- If you encounter issues with your SSP account login and account verification process, you can reach help by contacting support at 406-449-3468 or HHSWebSupport@mt.gov
- If you are submitting a new application for benefits and need assistance, you can find step-bystep instructions by selecting the "help" button on http://apply.mt.gov
- If your browser closes or times out in your SSP account, you may have to login again. Return to http://apply.mt.gov and sign in to your account again
- If you created an online Medicaid account before DPHHS transitioned to using Okta, you may need to set up a new account
- If you are accessing the SSP on your mobile device, you need to scroll to the bottom of the page to click on "Desktop Version" to access the login