Self-Service Portal (SSP) Guide for Medicaid

Tips for using Montana's online public benefit portal apply.mt.gov

Troubleshooting & Tips

If you encounter issues with your SSP account creation, login, or verification process, you can get help by contacting hhssspapplicationcustomersupport@mt.gov.

Okta account creation instructions can be found online here.

You can find step-by-step instructions for navigating the different functions of the SSP by clicking the "help" button on apply.mt.gov.

If your browser closes or times out in your SSP account, you may have to login again. Return to apply.mt.gov and sign in to your account again. Your progress on an application should be saved.

If you created an online account for Medicaid before DPHHS transitioned to using Okta, you may need to create a new account.

If you are accessing the SSP on your mobile device, scroll to the bottom of the page to click on "Desktop Version" to access the login features.
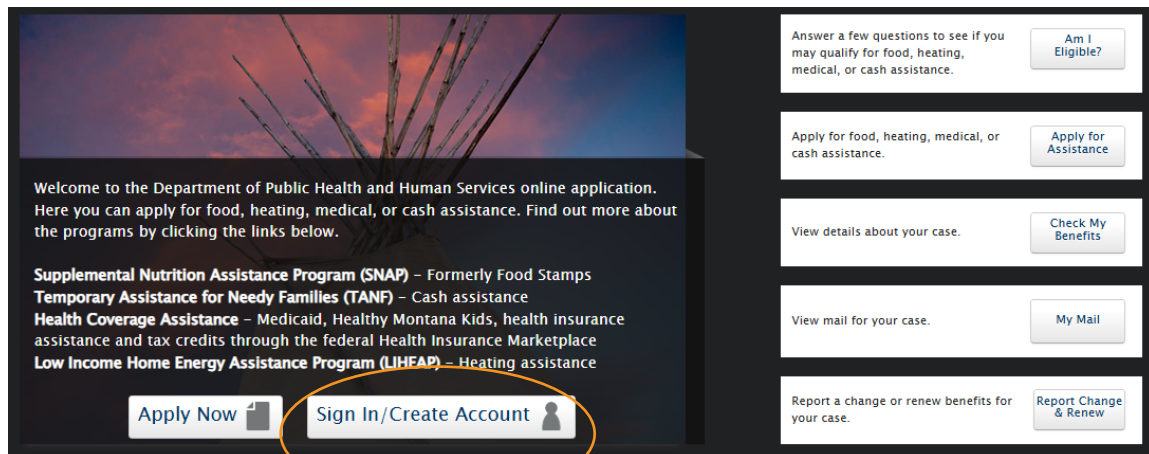
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Account Creation

To create an SSP account, you must have an active email address with current access to complete verification.

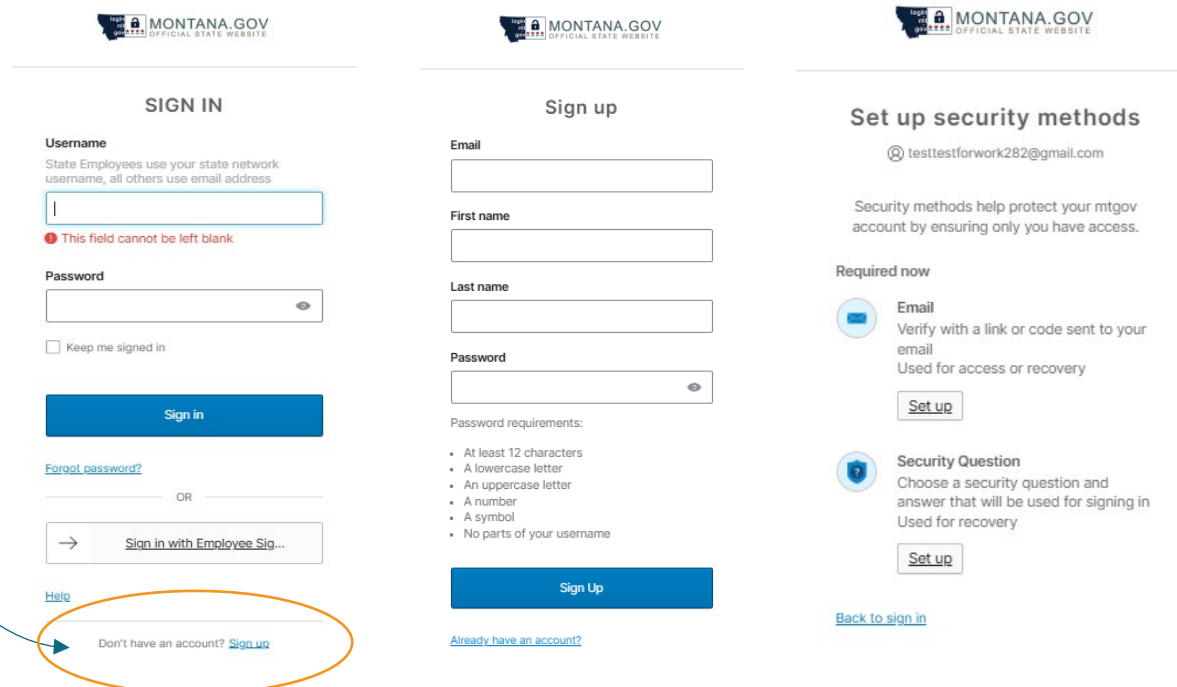Montana DPHHS uses a multi-factor authentication system called Okta that manages login information for the SSP. Account creation instructions from DPHHS can be found online here.

Click "Sign In/Create Account".

Click "Don't have an account? Sign up".

Enter Name, email address, and password that meets the requirements. **Email addresses can only be used to create one account on the SSP. If you have already used the email address entered, you will have to use a new email address or reset your password on your existing account.**

Set up account security by verifying your email and choosing security questions. Both security processes are required to create a new account.

Check your email for a verification link that will confirm your email and activate your Okta account.
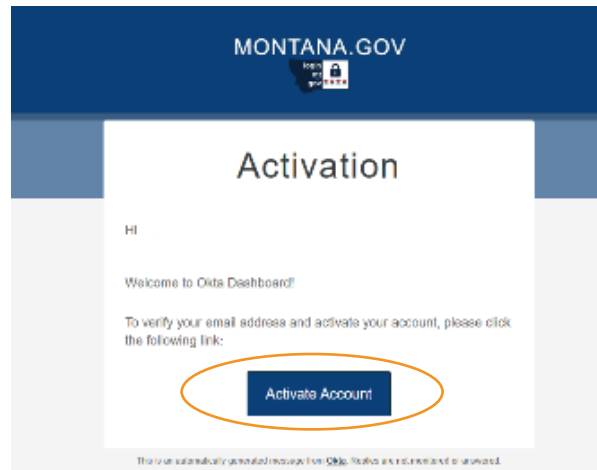
After you click on "Activate Account" in your email, a new window will open, and you will select a security question from their drop-down menu or create your own.
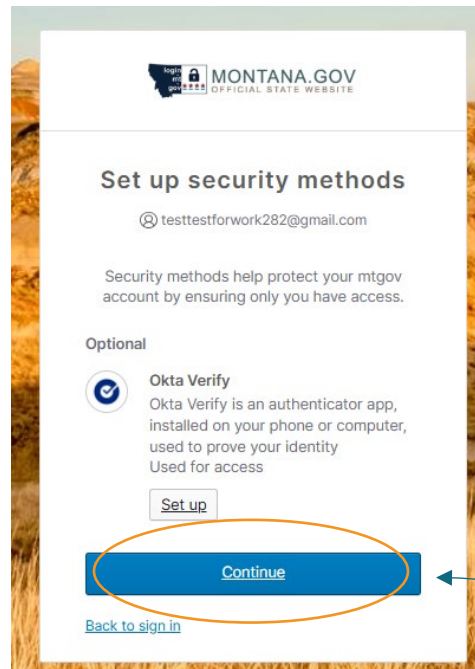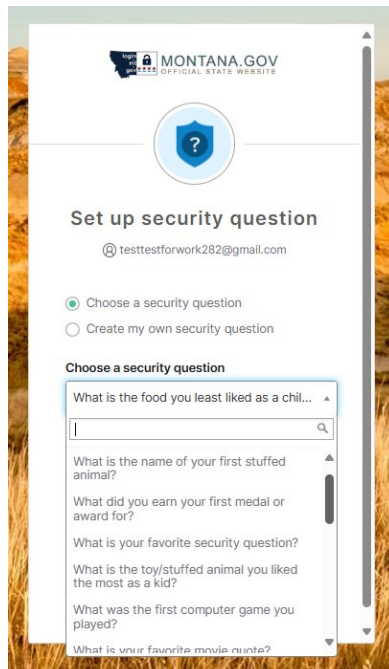
A third verification is optional and not needed to create your account. You may select continue.

Once your account is created and you login, you may end up at this screen. Locate the button that says "SNAP, TANF, LIHEAP & Healthcare Coverage Assistance". Click that tile.

You will be directed back to the original sign in page, where you will click "Sign In", then click "I Accept" as seen below.

Linking Your Case

If you have an existing Medicaid case, you will need to link your case in the SSP to be able to view 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 and is either a six or seven digit number. This is not your member ID number, or the number on your Medicaid or HMK card.

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 should report that change to DPHHS.

Select "Manage My Account" to link your case.

Enter the name, date of birth, social security number for the head of household, and Medicaid case number.

Select the case with the number that corresponds to your household benefits.

Find My Case

Fill in your First Name, Last Name, Date of Birth, Social Security Number, Case Number and click SEARCH to search for the cases that match your personal information.

* First Name: _____   * Last Name: _____

* Date of Birth: _____   Social Security *Number: _____

*Case Number: _____

Search

Below is the case which we found. To link your account to this case, select the case below and click Link Case.

Selection	Case Number	Head of Household	Benefits	Case Status
○		Rikki Kindler	SNAP (Food Assistance) , Health Coverage Assistance	Approved

LINK CASE

Managing Notifications

To manage notifications, including your preference for how you receive mail or notices from DPHHS, click "Manage My Account"

Apply For Assistance

Hello, _____ You are logged in.

Manage My Account   **Logout**

| My Benefits | My Applications | Report Changes/ Renew Benefits | My Mail | Health Coverage Re-enrollment |

We recommend updating notification preferences to receive communications by **US mail and email** to help ensure timely notification of any changes to your case or requests for information. You can register any email to receive notifications, and it does not have to be the email address associated to your SSP account.

Manage My Mail

Please tell us how you would like to receive mail and notifications about your case.

If you would like to receive email notifications when mail is available for your case electronically through Apply.MT.Gov in addition to your regular US Mail, select the "US Mail + Email Notifications" option.

You can also choose to **stop** receiving US Mail by selecting the "Email Notifications Only" option. US Mail will only stop after we verify your email address.

After making a selection, you must click "UPDATE" for it to take effect.

* Case Number: [_____ ▼]

○ US Mail

◉ US Mail + Email Notifications

○ Email Notifications Only

Please enter an email address to receive email notifications. We will email you with a verification email when you click, "UPDATE."
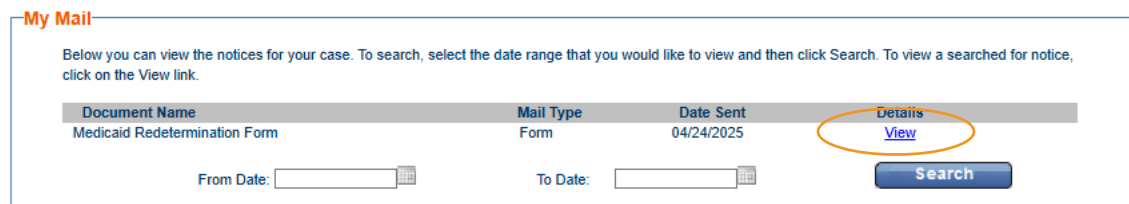
[_____]

UPDATE

Viewing Mail

Once your case is linked to your account, you can view mail by clicking the blue "My Mail" tab.


Select a date range to search for any communications sent during that timeframe. The dates must be no more than 60 days apart. Once you select dates, you can view and save PDF files of the mailed communication by clicking on the "View" link next to each item.
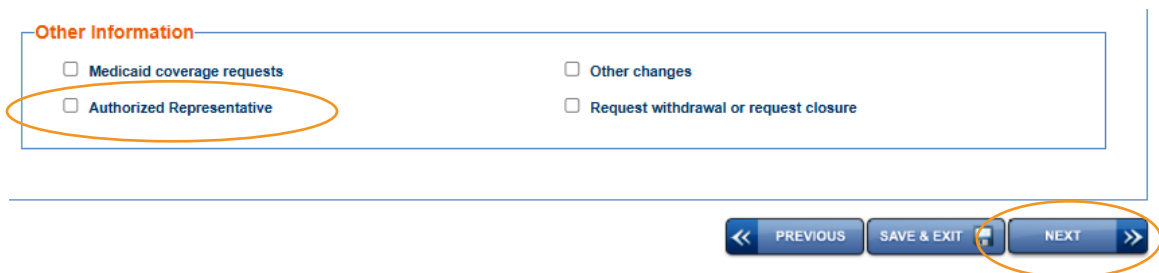

Authorized Representatives

Authorized Representatives are people that you choose to designate to view, act on your behalf, or receive updates about your public benefits case. They may be professionals, family or friends, or personal contacts.

To add or change an authorized representative on your case, click on "Report Changes/Renew Benefits" tab, then click "Report Change".
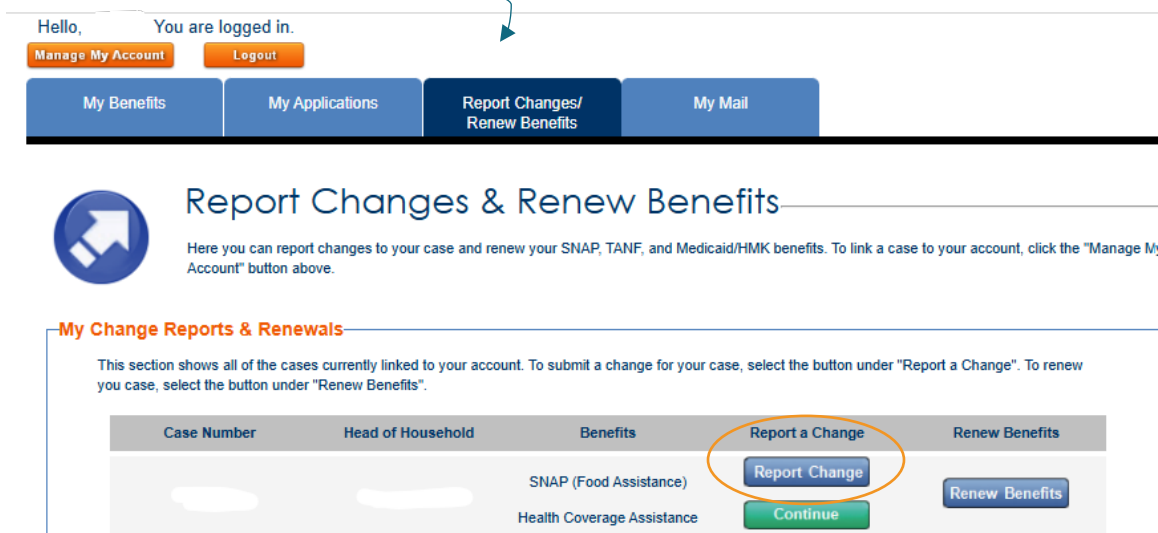
Click "Authorized Representative", then "Next".

Other Information

☐ Medicaid coverage requests   ☐ Other changes

☐ Authorized Representative   ☐ Request withdrawal or request closure
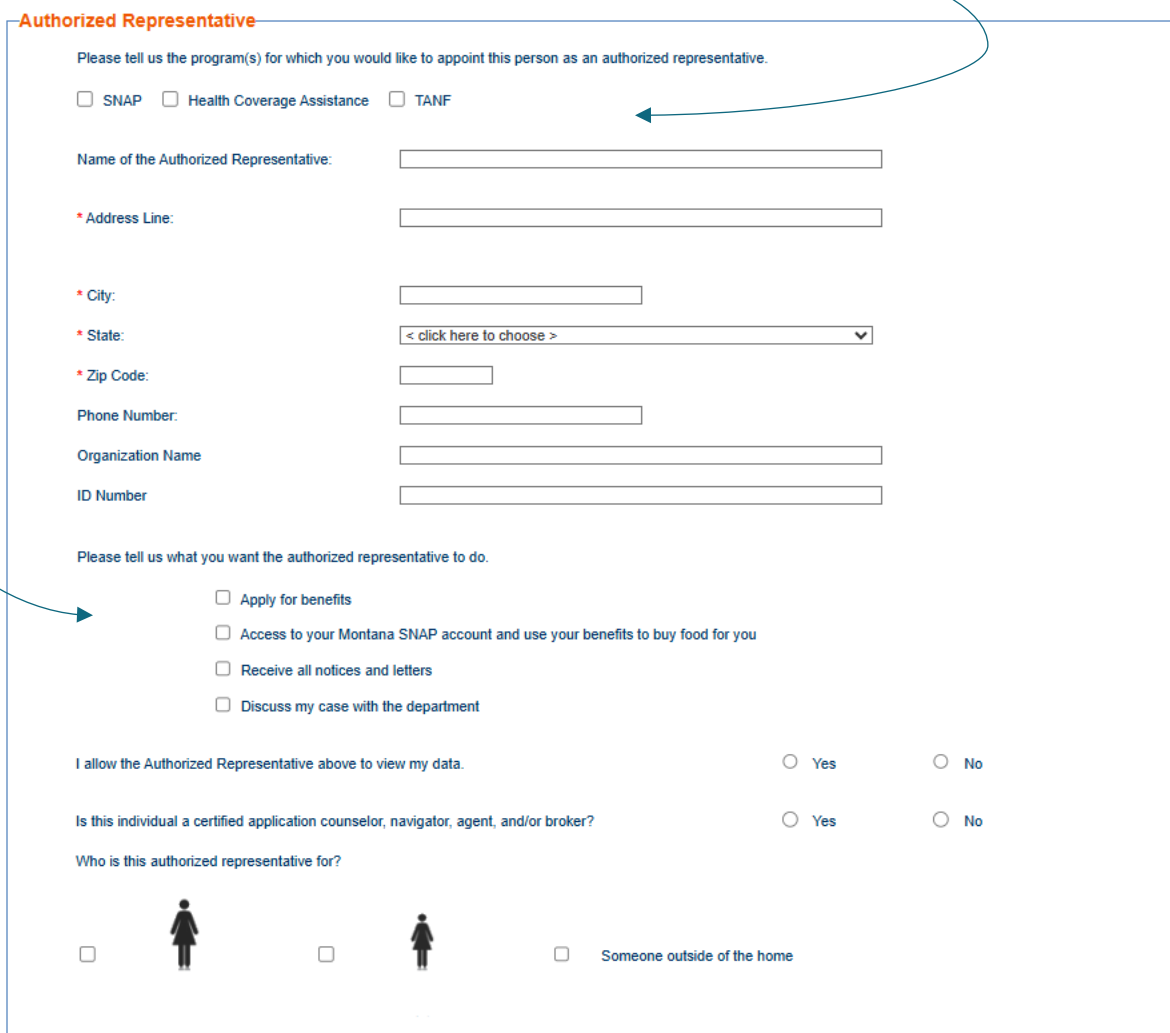
« PREVIOUS   SAVE & EXIT   NEXT »

Reporting a Change in Authorized Representative

Authorized Representative	What would you like to do?
Is there a new authorized representative in the household?	☑ Add a new authorized representative

« PREVIOUS   SAVE & EXIT   NEXT »

Enter the Authorized Representative's information and include what you'd like them to have access to, including applying for benefits on your behalf and the ability to discuss your case with DPHHS. You can select the information you would like this person to receive based on each benefit program (SNAP, Medicaid, TANF) individually.

Authorized Representative

Please tell us the program(s) for which you would like to appoint this person as an authorized representative.

☐ SNAP   ☐ Health Coverage Assistance   ☐ TANF

Name of the Authorized Representative: _____

* Address Line: _____

* City: _____

* State: < click here to choose >

* Zip Code: _____

Phone Number: _____

Organization Name _____

ID Number _____

Please tell us what you want the authorized representative to do.

☐ Apply for benefits

☐ Access to your Montana SNAP account and use your benefits to buy food for you

☐ Receive all notices and letters

☐ Discuss my case with the department

I allow the Authorized Representative above to view my data.   ○ Yes   ○ No

Is this individual a certified application counselor, navigator, agent, and/or broker?   ○ Yes   ○ No

Who is this authorized representative for?

☐   ☐   ☐ Someone outside of the home

Ordering Medicaid Cards

To order replacement Medicaid cards, click the "My Benefits" tab, then scroll down to "Request Medicaid Card Replacement" and select the household member you need to order a new card for.

The next screen will confirm your mailing address and the reason for needing a replacement. Make appropriate selection and click "Submit".

My Benefits

To view information about your case, click the "My Benefits" tab. You can view information about your case including who is covered, when your upcoming redetermination date is, and a fast way to view your mail.

Updating Contact Information

You can report a change in contact information to DPHHS without logging into the SSP or creating an account.

Follow this link to report changes in address, phone number, or email address.

Updating your address, phone number, or email address does not change your communication preferences, and DPHHS will still default to sending paper mail unless you indicate otherwise. See the "Managing Notifications" section for more information.

Reporting Changes

DPHHS requires Medicaid and HMK Members to report changes throughout the year, including changes in income, household members, insurance status, pregnancy, residence, disability status, and more. Changes should be reported to DPHHS as soon as you are made aware and ideally within 10 days. A full description of all changes that must be reported can be found in the DPHHS Medicaid Policy Manual.

Report My Changes

Welcome to Report My Changes! As part of getting benefits, you may need to tell your worker if you have changes in your household, your income and/or your bills. This tool will help you report those changes.

For most changes, you will need to mail, fax, or bring proof to your worker within 10 days of when your worker asks for it. Without this proof, your changes cannot be made and your benefits may end.

Reporting Changes

Please check the boxes for all of the changes that you want to report. **You may add, change or end.**

Based on the benefits you are getting, here are the changes you should report:

Household Information

☐ Mailing address, where you live, or your phone number
☐ Someone has moved into your home
☐ Someone has moved out of your home
☐ Race, Citizenship, Immigration Status or Military Status
☐ Someone became pregnant, pregnancy has ended or ability to bear children has changed
☐ Tax filing information

☐ School Enrollment or Student Status
☐ Marital Status
☐ Healthcare Coverage
☐ Health Conditions (physical, mental, or emotional health condition)
☐ Other medical coverage (insurance, workers compensation, accidental insurance, etc.)

Income and Resources

☐ Resources (cash, checking and savings accounts, vehicles, savings bonds, IRA, etc.)
☐ Wages and self-employment income

☐ Other income

Bills and Expenses

☐ Rent, mortgage, or utility expenses
☐ Dependent care, child support, or alimony expenses

☐ Medical Bills
☐ Medicare Premium

Other Information

☐ Medicaid coverage requests
☐ Authorized Representative

☐ Other changes
☐ Request withdrawal or request closure

Preparing for Renewal

Many Montana Medicaid programs redetermine eligibility once yearly. Renewals are conducted for each covered individual in a household and may have different results for different family members. **Some household members may have a different renewal date than others, depending on what program they are enrolled in and when they became eligible. Be sure to respond if you receive a request to renew benefits for anyone in your household even if it has not been one year since you last completed it.**

Approximately one month before your redetermination is due, you should receive a renewal packet either in the mail or a notification to view electronically. Your redetermination is typically due on the 10th of a month, or one of the days immediately following if the 10th falls on a weekend. Review your packet and gather any information about changes you may have from the previous year including address updates, income changes, household changes, and other household or insurance information.

If you aren't sure when your renewal is or want to prepare, you can view your due date in your SSP by clicking on "My Benefits" and then clicking on the magnifying glass underneath Details.

My Benefits

Below you will find information about the benefit programs registered on your case. Click on the magnifying glass icon to view more details about the benefit type.

As of Thursday, May 8, 2025.

Benefits	Status	Details
Health Coverage Assistance	Approved	🔍

You can see program information for each person on the case, including when their next "Review Date" or redetermination date is. **Individuals may have different renewal dates if they are enrolled in different Medicaid programs, you can confirm those dates here for each person.**

Eligibility Information

Individual:	
Type of Assistance:	ACA Adult - Medicaid
Case #:	
Next Review Date:	01/31/2026

Issuance Information

Benefit Month:	05/01/2025
Program Name:	Health Coverage Assistance
Coverage Level:	Full
Date Issued:	04/25/2025
Incurment:	
Premium Amount:	

Renewing Benefits

Most Medicaid programs require you to update your information at least once yearly to determine if the people in the household are still eligible and renew benefits. Renewals are conducted for each covered individual in a household and may have different results for different family members. **If you do not complete your renewal process by the due date, your benefits will be closed, and you will have to reapply for your household if you believe you are still eligible.**

You can complete your renewal in the following ways:

1. Fill out the renewal packet that is mailed to you and return it to an OPA office or mail it to the address listed on the form.
2. Online through your SSP account if your case is linked.
3. Over the phone by calling the Public Assistance Helpline (PAHL) at 1-888-706-1535.

If you are renewing Medicaid for your household, do not complete that process using healthcare.gov, even if you originally applied for Medicaid there. Once you are enrolled in Medicaid, report any changes to your household to the state directly before updating your account on healthcare.gov.

If it is time to renew your benefits and you are using the SSP, log in to your account at apply.mt.gov and click "Renew Benefits". Select the benefits that you are renewing, which can include more than one program.
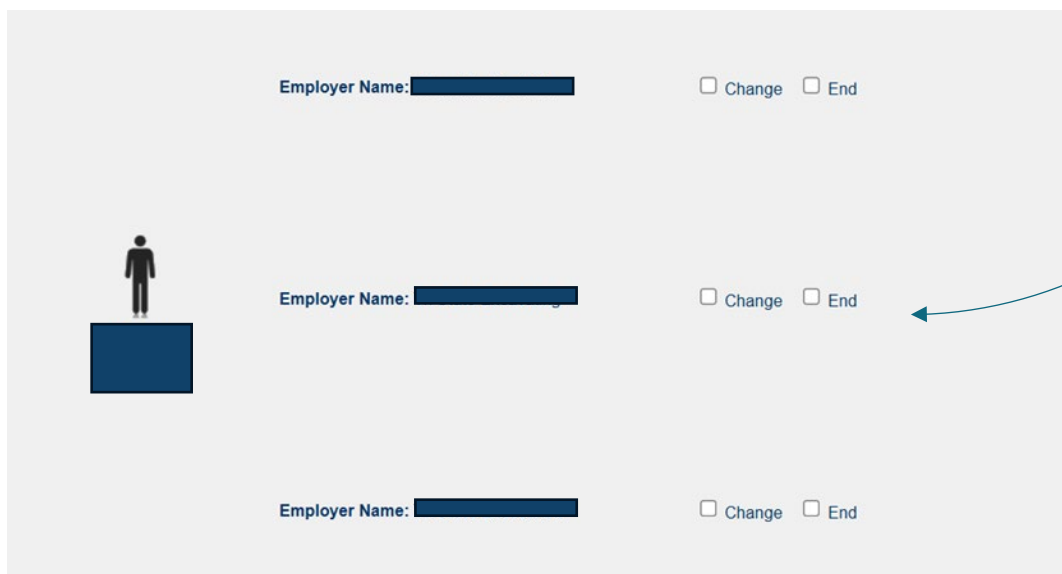
Report any changes to DPHHS that have occurred since you last provided information, including contact information, people in your household, pregnancy status, or whether you would like to appoint an authorized representative to assist with your case.

Sometimes online renewals will show old information that has ended and is updated within the state system, but not in the SSP. You can make changes or end anything that is not updated and indicate when that change occurred.

You will receive a tracking number for your change form and we recommend recording that and downloading or printing a copy of your form for future reference.

Adding or Removing Covered Household Members

To add or remove a household member from your case and to update, first click on the blue tab titled "Report Changes/Renew Benefits" then click the blue "Report Change" button.

Select option for "Someone has moved into home" or "Someone has moved out of home".

If someone moved into your home, enter applicable information as seen below including name, Date of Birth, Social Security Number and citizenship status if they are applying for coverage.

Verification and Document Upload

To upload documents through your Self-Service Portal, you can click on the green arrow next to your submitted changes, applications or renewals and upload your documents. Try uploading documents that are requested here first, but some files may be too large or may not be uploaded correctly here.

If you are unable to submit documents in your SSP account, you can send them through the state's file transfer system. To upload documents through the Secure File Upload, follow the link included and use your apply.mt.gov login information. **File Transfer Service.**

Click on the blue button "Send a New Files(s)
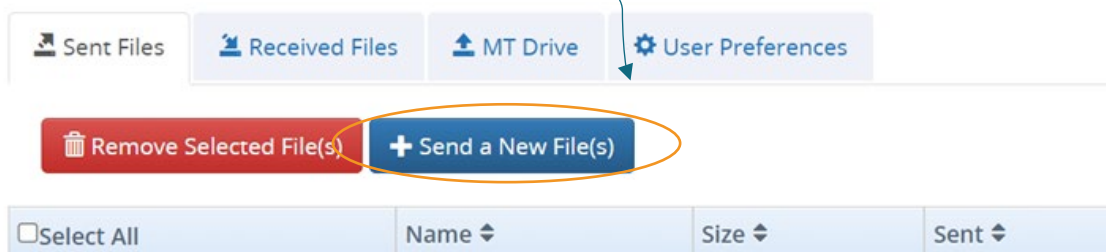
Upload your files on this screen, then click continue.

Select the top option, for login.mt.gov customer

Input an email address in top left section as follows below. **Secure file transfer requires an email recipient. You can send files to hhshcsdcsu@mt.gov as a general recipient or can send verifications to your regional OPA office email.** Include message with case number and any notes on documents in bottom right section. If you need to send the documents to a specific person, you can search for them in the blue section. Click send.

Once documents are submitted, you should see a verification of submission. **We recommend screenshotting this verification because record of it will only remain in this file transfer system for 30 days.**

Requesting Benefit Closure

If you would like to request a household member's benefits to be closed, you'll report a change.

Towards the bottom of all the possible changes, you'll see "Request withdrawal or request closure" and click on that option before selecting next.

Select the person(s) you wish to withdraw from Medicaid or close, then select "Next" and "Submit".