

Comprehensive School and Community Treatment CSCT Intergovernmental Transfer (ITG) Montana DPHHS Children's Mental Health Bureau

February 2026



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Welcome

This training is designed for new business managers or managers who want a refresher. The training will focus on the IGT process, including covering each step of this process, how to access and read remittance advices (RA), and answering questions.



CSCT ITG Presentation Overview

- **Quick Overview of Children's Mental Health Bureau & the CSCT Program**
- **CSCT IGT Statement and Timeline**
- **CSCT IGT Process**
- **Remittance Advice**
- **FAQs, Resources, and Contacts**
- **Questions**



Introductions

Christine White

CSCT Medicaid Program Officer

Children's Mental Health Bureau

Behavioral Health and Developmental Disabilities Division



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Quick Overview of CMHB and CSCT



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Who is the Children's Mental Health Bureau

- The Children's Mental Health Bureau (CMHB) is responsible for designing, developing, managing, and evaluating mental health services for youth enrolled in Healthy Montana Kids *Plus* (Medicaid)
- The population served is youth with serious emotional disturbance (SED) diagnosis(es).
- Resource to Providers



What is CSCT?

- Comprehensive School and Community Treatment is a mental health center service provided by a public school district. CSCT services are provided by treatment teams of one licensed or supervised in-training practitioner and up to two behavioral aides.
- Once admitted into the program, a youth may receive services at the **school**, the **home**, or in the **community**. Services are focused on improving the youth's functional level by facilitating the development of skills related to exhibiting appropriate behaviors in the school and community settings.
- Comprehensive School and Community Treatment includes:
 - Individual, group and family therapy
 - Behavioral and life skills training



CSCT IGT

Statement and Timeline



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CSCT Intergovernmental Transfer (IGT)

Starting October 1, 2021, CSCT uses an IGT funding methodology. CMS (Medicaid) requires providers pay a **non-federal state hard match** (state and local funds) before the federal portion can be released. Since the school district is the Medicaid provider of record for CSCT, the school district submits the state match so that claims can be released. The mental health center contracted to provide CSCT services bills on behalf of the school district using the district NPI. Claims that clear review by the Medicaid claims processing system (MMIS) are put in suspend/pending status until the monthly match is made.

The CMHB generates a monthly suspended claims report. From this report, we create match statements for each school district showing the state match amount due. The school district then submits to DPHHS the match payment and the signed certification form stating the funds are non-federal. If the match has been paid in full, DPHHS releases the claims that are pending. School districts are reimbursed once a month (see timeline). This reimbursement includes **both** the state match and the federal portion.

CSCT Intergovernmental Transfer (IGT)

CSCT IGT Statement Email

By the first of the month all school districts with claims on the IGT report will receive an email with the following information:

- Spreadsheet with detailed ICN claim information for match payment
- Due date for the state match payment and signed certification form
- Links to AccessGov and Online Payment Portal
- Where to mail checks
- Who to contact if you have questions
- Important reminders including trainings, FMAP updates, new links, etc.



AccessGov and Payment of State Match

AccessGov/Engagement Builder Website

DPHHS utilizes the AccessGov/Engagement Builder platform.

School districts are able to:

- Download state match statement(s)
- Download certification form(s)
- Upload PDF of signed certification form
- Select payment method



CSCT IGT Timeline

The IGT timeline, approved by CMS, outlines when school districts can access statements, when payments are due, and when reimbursements will be sent.

School districts have **10 business days** to submit their non-federal state match payment and their signed certification form in order for claims to be released.

(The [IGT Timeline by Month](#) for school districts is available online.)

Please refer to the SFY 2025 calendar below to determine the reporting period. Please note the month in which the reporting period begins.

Children's Mental Health Bureau Behavioral Health & Developmental Disabilities

Task	Claims Submitted in July 2024	Claims Submitted in August 2024	Claims Submitted in September 2024
School District/Mental Health Center	Public school districts submit claims to MMIS	Wed June 19 through Tue July 23	Wed July 24 through Tue Aug 20
MMIS	Claims set to pay, suspend in MMIS	Throughout reporting period	Throughout reporting period
DPHHS BHDD Fiscal	DPHHS BHDD Fiscal notifies public school districts what their CSCT state match amount is and when it is due.	Thu Aug 1	Fri Aug 30 [ADJUSTED FOR WEEKEND]
Public School Districts and DPHHS BHDD Fiscal	Within 10-business day window, public school districts send to DPHHS BHDD Fiscal: • State match • Signed certification form	10-Day Window: Thu Aug 1 to Wed Aug 14	10-Day Window: Fri Aug 30 to Tue Sep 13
DPHHS BHDD Fiscal	DPHHS BHDD Fiscal reconciles payments to state match report. DPHHS BHDD Fiscal notifies DPHHS CMHB Program which public school district state matches have been received and reconciled and which have not.	Wed Aug 14 to Tue Aug 20	Fri Sep 13 to Tue Sep 17
DPHHS CMHB Program	DPHHS CMHB notifies Conduent which claims, by ICN, to release.	Tue Aug 20	Tue Sep 17
MMIS	Claims in MMIS process	Wed Aug 21	Wed Sep 18
MMIS	Claims pay to public school districts.	Mon Aug 26	Mon Sep 23

Task	Claims Submitted in July 2024	Claims Submitted in August 2024
School District/Mental Health Center	Public school districts submit claims to MMIS	Wed June 19 through Tue July 23
MMIS	Claims set to pay, suspend in MMIS	Throughout reporting period
DPHHS BHDD Fiscal	DPHHS BHDD Fiscal notifies public school districts what their CSCT state match amount is and when it is due.	Thu Aug 1
Public School Districts and DPHHS BHDD Fiscal	Within 10-business day window, public school districts send to DPHHS BHDD Fiscal: • State match • Signed certification form	10-Day Window: Thu Aug 1 to Wed Aug 14
DPHHS BHDD Fiscal	DPHHS BHDD Fiscal reconciles payments to state match report. DPHHS BHDD Fiscal notifies DPHHS CMHB Program which public school district state matches have been received and reconciled and which have not.	Wed Aug 14 to Tue Aug 20
DPHHS CMHB Program	DPHHS CMHB notifies Conduent which claims, by ICN, to release.	Tue Aug 20
MMIS	Claims in MMIS process	Wed Aug 21
MMIS	Claims pay to public school districts.	Mon Aug 26

Claims Submitted in June 2025
May 21 through June 24 throughout reporting period
July 1
Day Window: Thu July 1 to Fri July 15
Thu July 15 to Fri July 22
Tue July 22
Wed July 23
Mon July 28



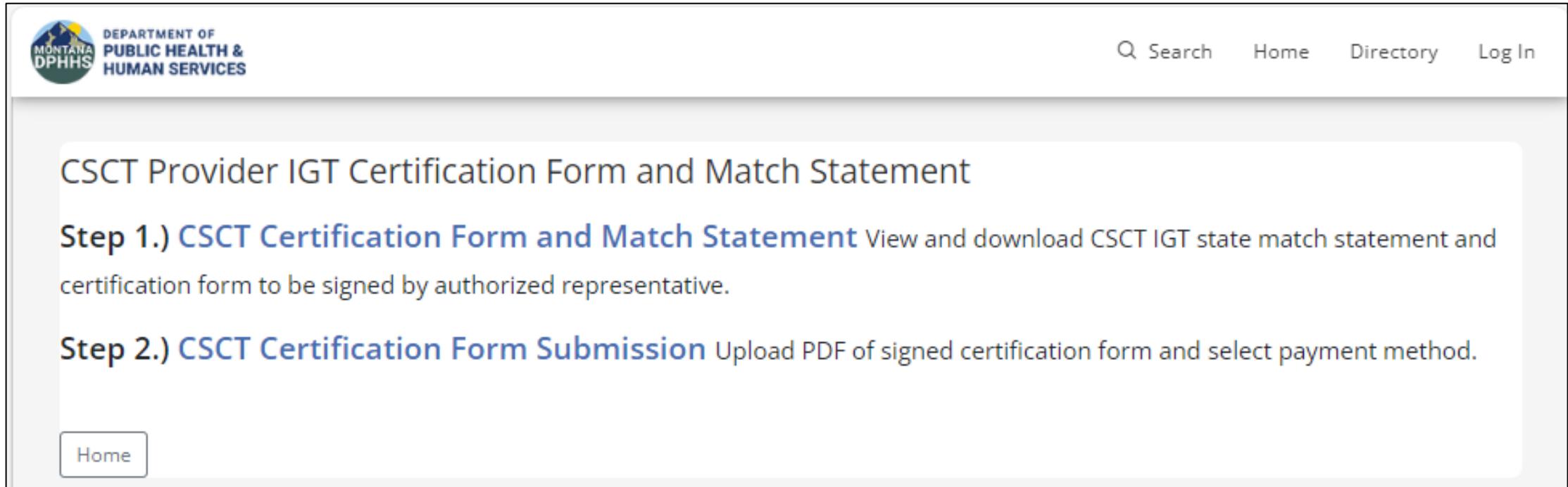
CSCT IGT Process



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CSCT Intergovernmental Transfer (IGT)

AccessGov Two-Step Process



The screenshot shows the Montana DPHHS website interface. In the top left corner is the logo for the Department of Public Health & Human Services (DPHHS). In the top right corner, there are navigation links for Search, Home, Directory, and Log In. The main content area features a white box with the following text:

CSCT Provider IGT Certification Form and Match Statement

Step 1.) CSCT Certification Form and Match Statement View and download CSCT IGT state match statement and certification form to be signed by authorized representative.

Step 2.) CSCT Certification Form Submission Upload PDF of signed certification form and select payment method.

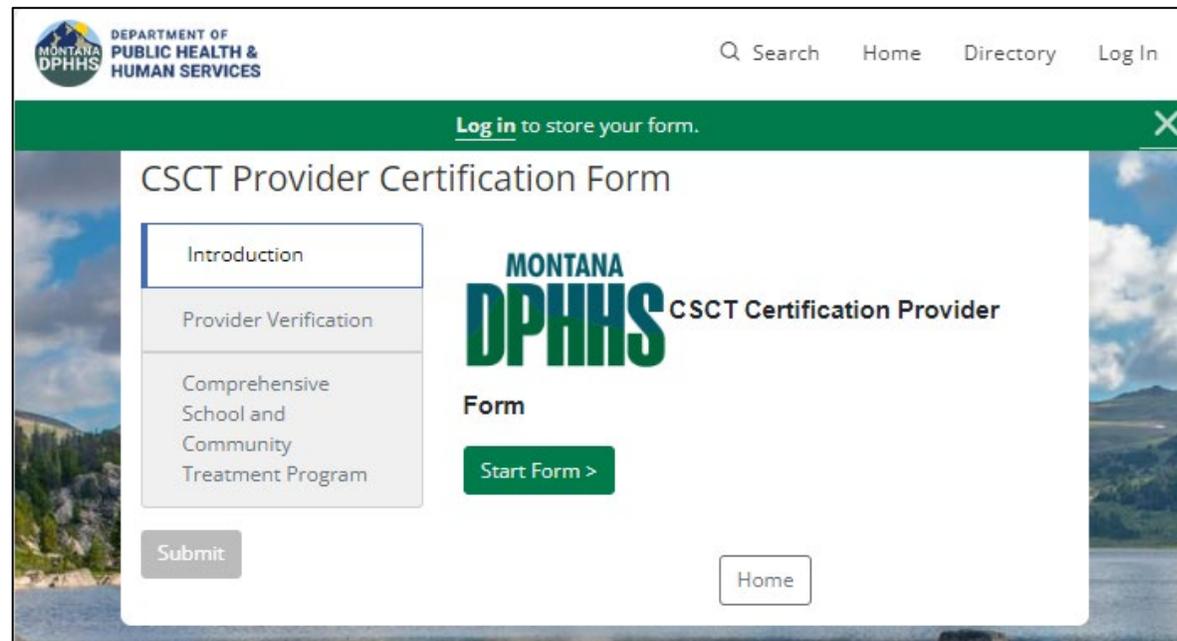
At the bottom left of the white box, there is a button labeled "Home".

 Be sure to bookmark this link: [CSCT Provider IGT Certification Form and Match Statement: DPHHS \(accessgov.com\)](https://accessgov.com/CSCT-Provider-IGT-Certification-Form-and-Match-Statement-DPHHS)

CSCT Intergovernmental Transfer (IGT)

Step 1 Access Statement and Form

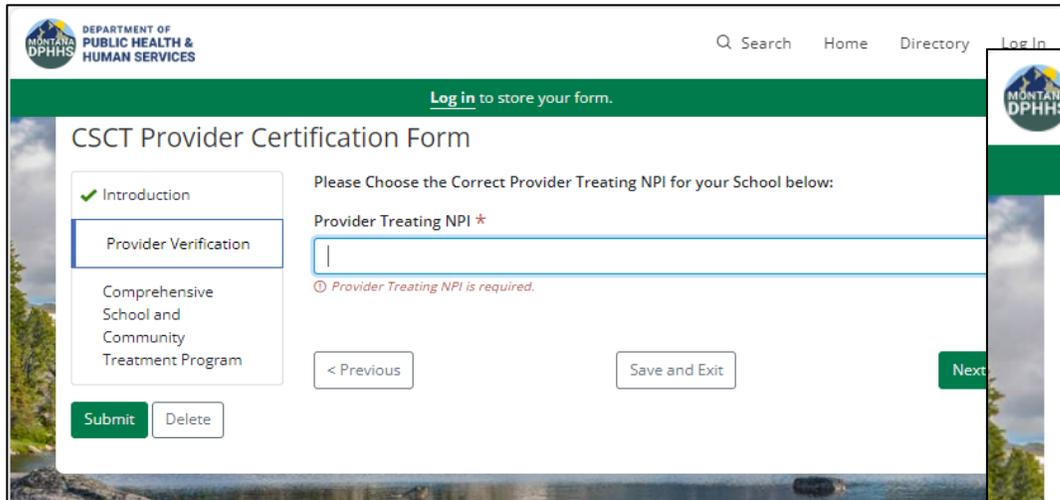
In AccessGov, go to Step 1 to view and download CSCT IGT state match statement and certification form to be signed by authorized representative.



The screenshot shows the Montana DPHHS website interface for the CSCT Provider Certification Form. At the top left is the Montana DPHHS logo and the text "DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES". To the right are navigation links for "Search", "Home", "Directory", and "Log In". A green banner at the top of the content area says "Log in to store your form." with a close button (X). The main heading is "CSCT Provider Certification Form". On the left is a vertical menu with four items: "Introduction" (highlighted), "Provider Verification", "Comprehensive School and Community Treatment Program", and "Submit". The main content area features the Montana DPHHS logo and the text "CSCT Certification Provider Form". Below this is a green button labeled "Start Form >". At the bottom right of the content area is a "Home" button.

CSCT Intergovernmental Transfer (IGT)

Step 1 Access Statement and Form, *continued*



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Log in to store your form.

CSCT Provider Certification Form

- Introduction
- Provider Verification
- Comprehensive School and Community Treatment Program

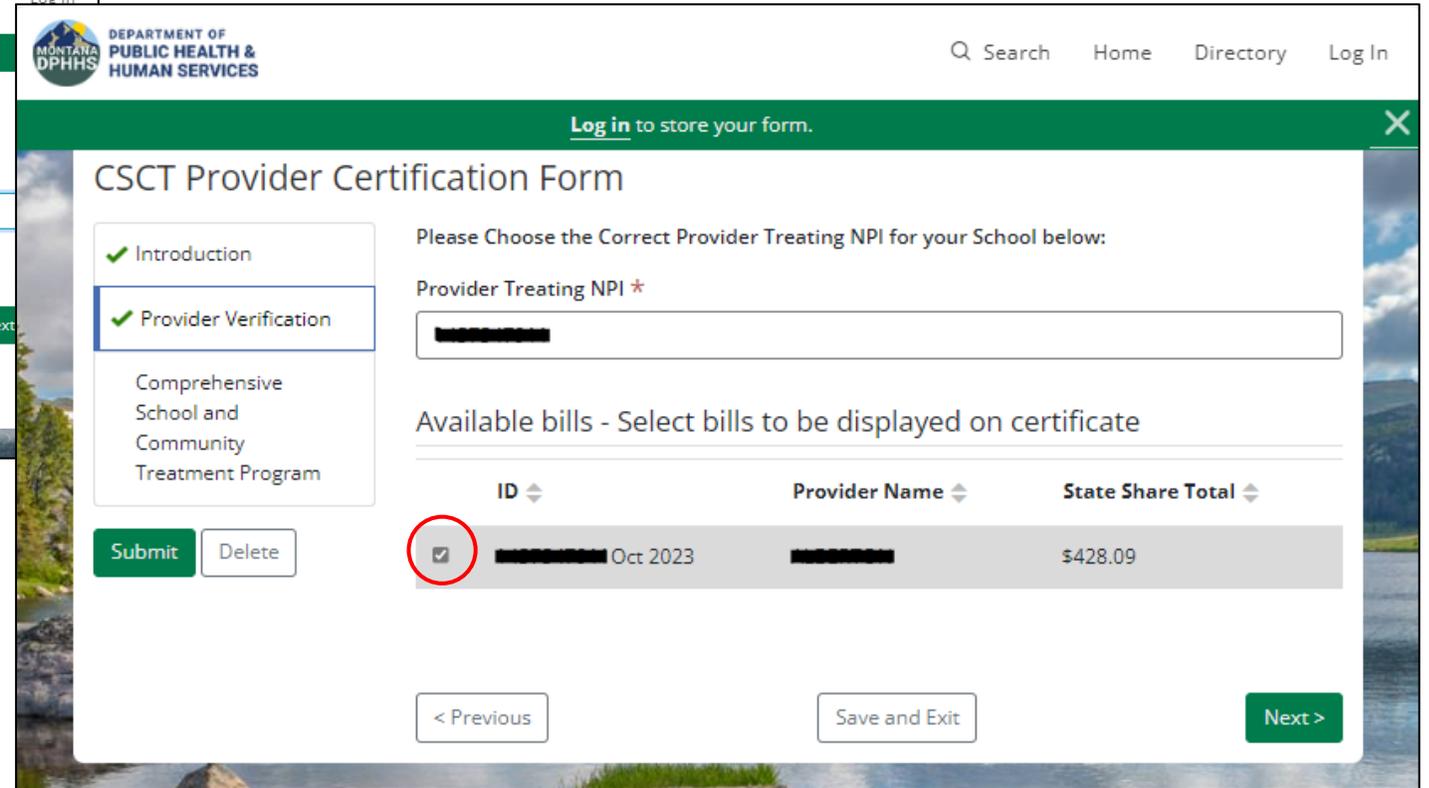
Please Choose the Correct Provider Treating NPI for your School below:

Provider Treating NPI *

ⓘ Provider Treating NPI is required.

< Previous Save and Exit Next >

Submit Delete



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Log in to store your form.

CSCT Provider Certification Form

- Introduction
- Provider Verification
- Comprehensive School and Community Treatment Program

Please Choose the Correct Provider Treating NPI for your School below:

Provider Treating NPI *

Available bills - Select bills to be displayed on certificate

ID	Provider Name	State Share Total
<input checked="" type="checkbox"/> [REDACTED] Oct 2023	[REDACTED]	\$428.09

< Previous Save and Exit Next >

Submit Delete

CSCT Intergovernmental Transfer (IGT)

Step 1 Downloading Forms

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Search Home Directory Log In

Log in to store your form.

CSCT Provider Certification Form

- Introduction
- Provider Verification
- Comprehensive School and Community Treatment Program

Submit Delete

Note: There are no action steps on this page. Submit the form to build your CSCT Certification Form to obtain the necessary authorized signature.

Provider Treating NPI: [REDACTED]

Total State Share Match(s) for Transfer

Name	Billing Period	Total State Share Due
[REDACTED]	1-Oct	\$428.09

Authorized Representative Certification

[] I, as the Authorized Representative am charged with the duties of supervising the administration of the provision and billing for Comprehensive School and Community Treatment (CSCT) Services provide under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify the submitted IGT of state and local share of public, non-federal funds needed to match the federal share of medical claims billed to the state Medicaid agency for School District CSCT services provided to eligible children for the above stated month. These IGT funds are solely derived from state and local funds.

Signature _____ Date _____

< Previous Save and Exit **Submit**

CSCT Intergovernmental Transfer (IGT)

Step 1 Downloading Forms, *continued*

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Search Home Directory Log In

Log in to store your form.

CSCT Provider Certification Form

- Introduction
- Provider Verification
- Comprehensive School and Community Treatment Program

MONTANA DPHHS CSCT Certification Provider Form

Form Submitted

✓ Form submitted successfully.

Please *print this page* for your Authorized Representative approval and signature. Once this form is fully executed you can upload it as a PDF to submit the Provider Liability Submission form and select your payment type: online or mail in a check.

Produced Files

- CSCT Certification Form
- CSCT State Share by School

Download All

Download Submission

Close

CSCT Provider Certification
10/17/2023 3:23:59 PM

Provider Verification

Provider Treating NPI: [REDACTED]

Provider Treating Name(s) with ID: [REDACTED]

CSCT State Share by School Data:

FMAP for Period	24.21%		34.59%		10.00%		Current Year Claims Only	
Provider ID	CHIP Funded State Share	CHIP Funded Total	Medicaid State Share	Medicaid Total	HELP State Share	HELP Total	ALL CSCT State Share	ALL CSCT Total
[REDACTED]	\$80.98	\$334.50	\$347.11	\$1,003.50	\$0.00	\$0.00	\$428.09	\$1,338.00

CSCT Provider Certification Form
10/17/2023 3:23:59 PM

Comprehensive School and Community Treatment Program

Note: There are no action steps on this page. Submit the form to build your CSCT Certification Form to obtain the necessary authorized signature.

Provider Treating NPI: [REDACTED]

Total State Share Match(s) for Transfer:

Name	Billing Period	Total State Share Due
[REDACTED]	1-Oct	\$428.09

Authorized Representative Certification

[] I, as the Authorized Representative am charged with the duties of supervising the administration of the provision and billing for Comprehensive School and Community Treatment (CSCT) Services provide under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify the submitted IGT of state and local share of public, non-federal funds needed to match the federal share of medical claims billed to the state Medicaid agency for School District CSCT services provided to eligible children for the above stated month. These IGT funds are solely derived from state and local funds.

Signature
Date

CSCT Intergovernmental Transfer (IGT)

Step 2 Uploading Signed Certification Form

Go back to AccessGov and select Step 2 to upload a PDF of your signed certification form and select your payment method.

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Search Home Directory Log In

Log in to store your form.

CSCT Provider Certification Submission Form

Please Choose the Correct Provider Treating NPI for your School below:

Provider Treating NPI *

Available bills - Select each bill to be paid

ID	Provider Treating Short Name	Period	Total State Share Match for Transfer
<input checked="" type="checkbox"/> [REDACTED] 2023	[REDACTED]	1-Oct	\$428.09

< Previous Save and Exit Next >

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Search Home Directory Log In

Log in to store your form.

CSCT Provider Certification Submission Form

CSCT Provider Certification Form Submission

CSCT Certification Form

Please upload the signed and approved CSCT Certification Form *

Choose File No file chosen

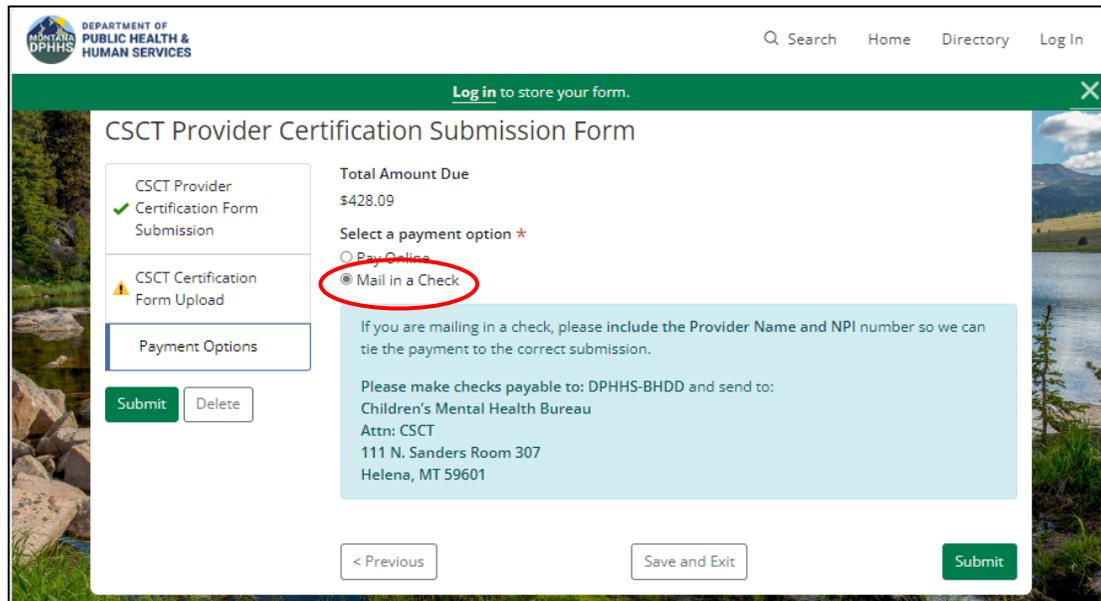
< Previous Save and Exit Next >

CSCT Intergovernmental Transfer (IGT)

Step 2 Selecting a Payment Option

After uploading, school districts have several payment options:

- Mail in a paper check
- Online via electronic check or credit/debit card



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Search Home Directory Log In

Log in to store your form.

CSCT Provider Certification Submission Form

CSCT Provider Certification Form Submission	Total Amount Due \$428.09
CSCT Certification Form Upload	Select a payment option *

Pay Online

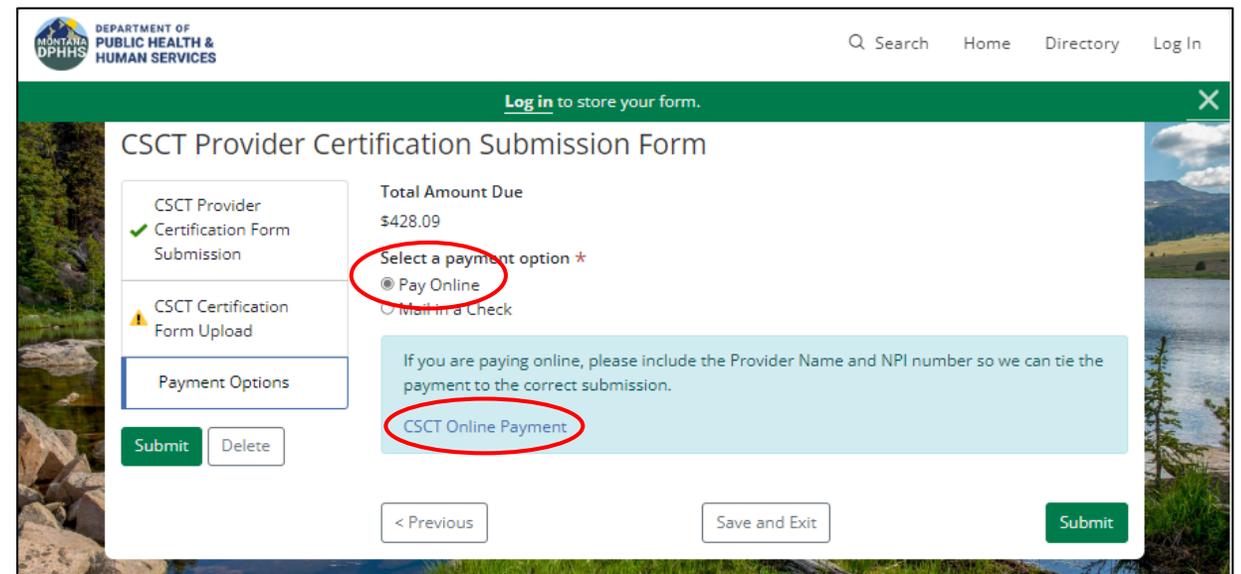
Mail in a Check

If you are mailing in a check, please include the Provider Name and NPI number so we can tie the payment to the correct submission.

Please make checks payable to: DPHHS-BHDD and send to:
Children's Mental Health Bureau
Attn: CSCT
111 N. Sanders Room 307
Helena, MT 59601

Submit Delete

< Previous Save and Exit Submit



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Search Home Directory Log In

Log in to store your form.

CSCT Provider Certification Submission Form

CSCT Provider Certification Form Submission	Total Amount Due \$428.09
CSCT Certification Form Upload	Select a payment option *

Pay Online

Mail in a Check

If you are paying online, please include the Provider Name and NPI number so we can tie the payment to the correct submission.

CSCT Online Payment

Submit Delete

< Previous Save and Exit Submit

Online Payment Portal

For school districts choosing to pay the state match online, you will be redirected to the [Montana Online Payment Portal](#).

Online Payment process times:

- Credit/debit card – please allow 3-5 business days
- Electronic check – please allow 5 business days

Please note there are transaction fees* associated with this method of payment. The fees are automatically calculated when you choose the method of payment.

- **Transaction Fee:** 1.5% per transaction
- **Maximum Fee Cap:** \$20 per transaction
- **Credit Card Processing Fee:** transaction fee plus 3% of the transaction (approximate depending on card type)

**Effective February 1, 2025*

Fees are subject to change

The screenshot shows the Montana Online Payment Portal interface. At the top, it says "MONTANA.GOV OFFICIAL STATE WEBSITE" with navigation links for SERVICES, AGENCIES, LOGIN, and a search bar. The main header features the Montana DPHHS logo and the title "CSCT State Share Match Payment". Below the title, a welcome message explains the process: "Welcome to the Comprehensive School and Community Treatment (CSCT) IGT State Share Match Payment page. Please select your payment type, click on the Add Item button, enter your state match amount as indicated in AccessGov, and click Add. Click Next to complete your transaction. Transaction fees will be automatically calculated." The "Items" section contains a "Payment Type *" dropdown menu with two options: "Credit/Debit Card" (selected and circled in red) and "ACH (eCheck)". Below this is a table with columns for "Item", "Item Cost", and "Item Total". The table lists "HHS CSCT Match" with a quantity of 1, a cost of 428.09 (with a green checkmark), and a total of \$428.09. A red arrow points from the "428.09" value to a "Surcharge" row, which shows a value of \$13.00. The "Total" row shows a final amount of \$441.09. At the bottom right, there is an "Add Item" button, and at the bottom center, there are "Reset" and "Next" buttons.

Item	Item Cost	Item Total
HHS CSCT Match	1 428.09 ✓	\$428.09
	Surcharge	\$13.00
	Total	\$441.09

Remittance Advice and Reconciliation



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Remittance Advice/Reconciliation

The Remittance Advice (RA/e!SOR) shows the status of claims. Please use the remittance advice to reconcile claims – not the state match statement received the first of the month. That statement is used to calculate the match amount due.

Information on the remittance advice that may be helpful:

- **CSCT Procedure Codes:** H0036 or H2027
- **Claim Status:** Paid, Pending (Suspended), or Denied. Suspended CSCT claims that are “pending” with remark code 133 are claims that will be released once the IGT state match has been met. The month in which claims are pending is based on when a clean claim is received, not on the date of service.
- **Service Dates**
- **Amount Billed**
- **Amount Allowed** by Medicaid
- **ICN**
- **Team Number**
- **Student Name and Medicaid Number:** **** This is PHI so always send remits via secure file transfer.****



Remittance Advice/Reconciliation Examples

Example of Paid Claim

RECIPIENT ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CLAIM									
1740211	[REDACTED]	04142023	04142023	1.000	H0036 TN	111.50	111.50		
ICN 22325000255006023		PATIENT NUMBER=[REDACTED]-CL-00012-1							
TEAM NUMBER 04									
CLAIM TOTAL**						111.50	111.50		

Example of Pending Claim with Remark Code 133

RECIPIENT ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
CLAIMS PENDING: MISCELLANEOUS CLAIM									
1711677	[REDACTED]	09182023	09182023	1.000	H0036 TN	111.89	0.00		133
ICN 22327700255003769		PATIENT NUMBER=[REDACTED]-CL-00001-1							
TEAM NUMBER 04									

Remittance Advice/Reconciliation Examples

continued

Example of Mass Adjusted Claim with ICN that starts with a "4".

- For claims that are adjusted, there are two lines on the remittance. The original payment is taken back and then the adjusted amount is paid.

RECIPIENT ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CLAIM									
1711677	[REDACTED]	07052023	07052023	1.000	H0036 TN	111.89-	111.50-		
ICN 42325300890102592		PATIENT NUMBER=[REDACTED]-CL-00001-1							
TEAM NUMBER 04									
CLAIM TOTAL**						111.89-	111.50-		
1711677	[REDACTED]	07052023	07052023	1.000	H0036 TN	111.89	111.89		
ICN 42325300890202592		PATIENT NUMBER=[REDACTED]-CL-00001-1							
TEAM NUMBER 04									
CLAIM TOTAL**						111.89	111.89		



Remittance Advice/Reconciliation

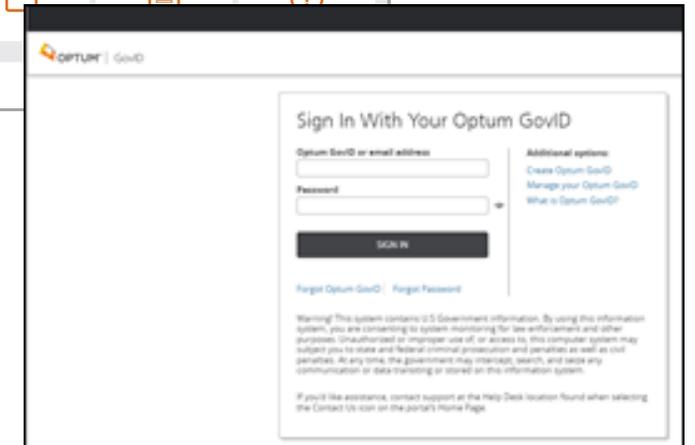
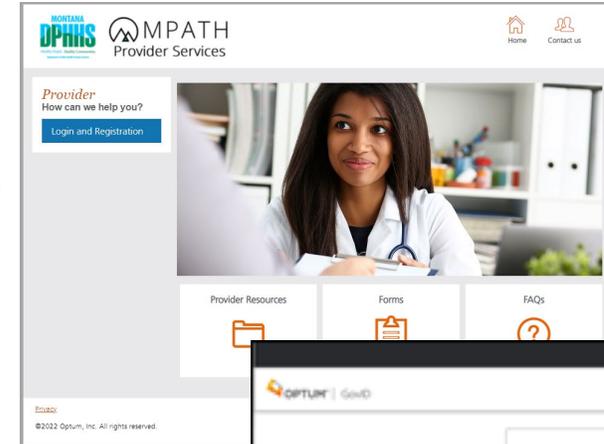
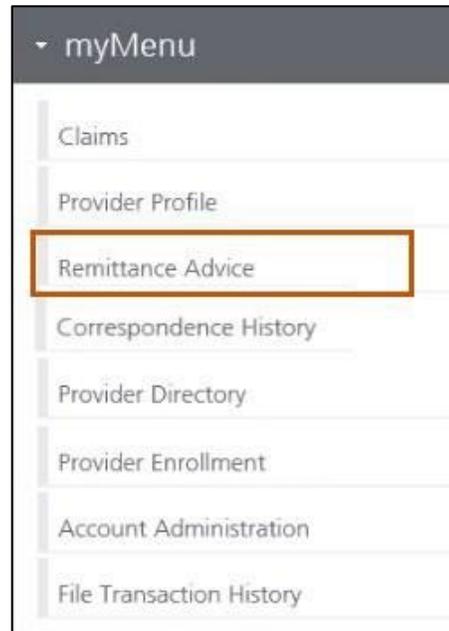
Accessing your Remittance Advice

1. Log onto the **Optum MPATH Provider Services Portal**

[Home | OMMS Provider Portal \(optum.com\)](#)

(The legacy MATH portal is being phased out. Please use the MPATH portal)

2. Under **myMenu**,
select **Remittance Advice**

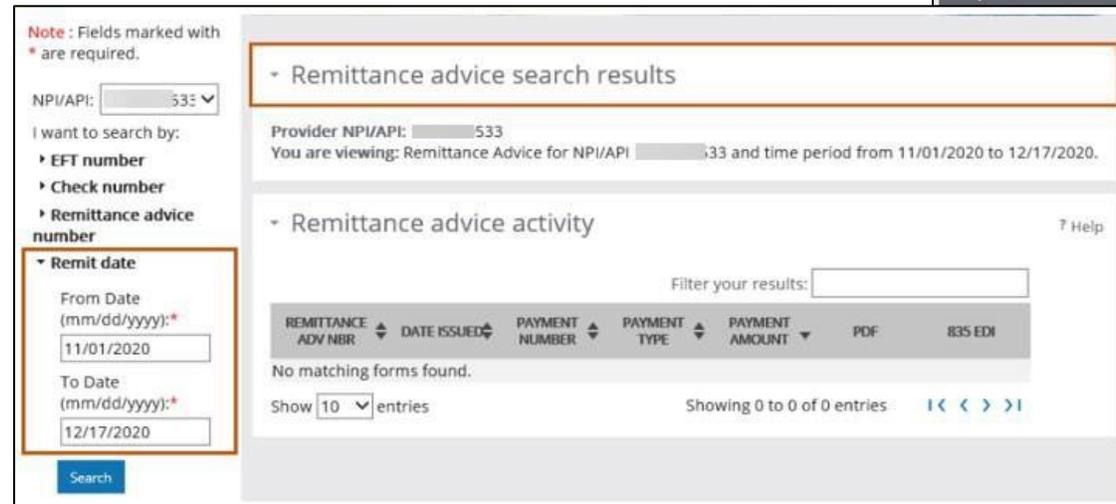
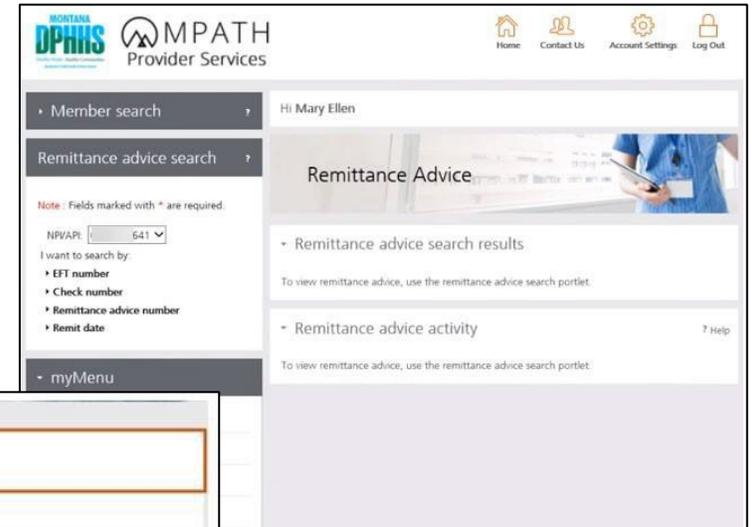


Remittance Advice/Reconciliation

Accessing your Remittance Advice, *continued*

3. The Remittance Advice search portlet will display with four search options: EFT number, check number, remittance advice number, and remit date.

4. Click on the search parameter from the options listed in the portlet. Enter required data under the option chosen. Click **Search**. Remittance advice details will display. You have the option to view or download a PDF.



MPATH Optum Provider Service Portal User Guide

To access the User Guides:

- Go to the Medicaid Provider Webpage: <https://medicaidprovider.mt.gov/>
- Select **Provider Enrollment**, in the green side bar to the left.
- Select **Enrollment Training Materials and User Guides** at the bottom of the page.
- Select training **Presentations/January 2022 MPATH Provider Services Module Presentation** (*User Guides and Training Videos are also available in this section*)



FAQs, Resources, and Contacts



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FAQs

Q: What happens if I miss the deadline?

A: If you miss the deadline to submit your match payment and/or certification form, claims will rollover to the next month until the match is met. There is no penalty for letting claims roll over but be aware claims may then be subject to changes in the FMAP or rate increases that affect the calculation of the state match. If that occurs you will receive a certification form that reflects that adjustment.

- The next potential FMAP change will occur October 1, 2026, at the start of the next Federal Fiscal Year. Check the reminders in your monthly statement email for more information.

Q: In Step 1, I entered my NPI, saw what bills were available but when I clicked on “Next” no certification form or statement was available.

A: If you receive a “No bills were selected to display on certificate” message, click on the “Previous” button to return to page showing statements that are available to view and download. Then select the square radio button to the left of the statement(s) you wish to access. Then go to “Next” again and it should display.



FAQs

continued

Q: Our previous CSCT provider is no longer providing services, why did I still get a statement?

A: Your district will receive a statement even if there is a gap in services or you are no longer providing CSCT services if there are pending claims on the report. There are several reasons this may occur. If no match payment has been submitted or the payment is received after the due date the claims will roll over. Also, providers have 365 days to submit claims to Medicaid so the mental health center may be wrapping up billing.



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Who to Contact with Questions

DPHHS CMHB

CSCT Program Questions

Christine White

CSCT Medicaid Program Officer

406-444-5916

chwhite@mt.gov

Liz LeLacheur

Medicaid Program Supervisor

406-444-7652

elelacheur@mt.gov

Office of Public Instruction (OPI)

School Finance Questions

(i.e., revenue codes, expenditure codes, fund accounts)

OPISchoolFinance@mt.gov

IGT Questions (statements, payments, certification forms):

Email: HHSCSCT@mt.gov



Acronyms

Acronym	Definition	Acronym	Definition
ARM	Administrative Rule of Montana	MMIS	Medicaid Management Information System
BHDD	Behavioral Health and Developmental Disabilities Division	MOU	Memorandum of Understanding
CMS	Centers for Medicare & Medicaid	MTSS	Multi-Tiered Systems of Support
CSCT	Comprehensive School and Community Treatment	NPI	National Provider Identifier
CHIP	Children's Health Insurance Plan	OPA	Office of Public Assistance
CMHB	Children's Mental Health Bureau	OPI	Office of Public Instruction
DPHHS	Department of Public Health and Human Services	PID	Provider ID
FFY	Federal Fiscal Year (Oct 1-Sept 30)	RA	Remittance Advice
FMAP	Federal Medical Assistance Percentage	SED	Serious Emotional Disturbance
HELP	Medicaid Expansion/Health & Economic Livelihood Partnership	SFY	State Fiscal Year (July 1-June30)
HMK	Healthy Montana Kids (<i>see CHIP</i>)	TPL	Third Party Liability Insurance
HMK <i>Plus</i>	Montana Medicaid/Healthy Montana Kids <i>Plus</i>		
ICN	Individual Control Number (assigned to each claim)		
IGT	Intergovernmental Transfer		

Questions?



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