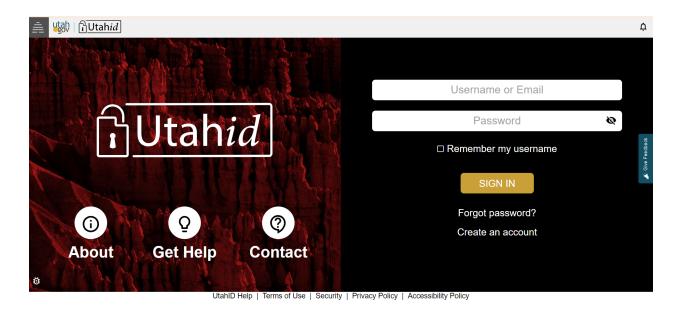
Please note that any HIPAA protected information has been obscured.

Begin by going to<u>https://elt.medicaid.utah.gov</u> and logging in with your Department of Health and Human Services (DHHS) user ID. If you do not have a DHHS user ID, you will need to create one by clicking on the Create an account link right below the SIGN IN button.



Once you are logged in, you will need to enter your 10 or 12 digit provider ID. This is always required for a search.

UTAH Utah Department of Health & Hum An official website	nan Services		Hello,		
Search Results Logout					
	Eligibility Look	kup Tool Results			
	Terms and Conditions:				
	Only exact matches will return results. For more detail and real time data please go to the PRISM Portal.				
	By clicking the Submit button, you acknowledge that the information you access may contain protected health information and other identifiable information protected by federal and state privacy law, including the Health insurance Portability and Kaccountability Act (HMA). Information accessed through the use of this Eligibility Lookup Tool must be kept secure and private in accordance with the Utah Department of Health and Human Services HIPAA Policies. Failure to comply with the HIPAA.Rule may result in termination of access from this portal.				
	Provider ID: *Required Provider ID				
	Unique ID: "One of these and two personal information are required	-			
	Member ID	SSN			
	Member ID	SSN			

You will need to enter one of the following combinations:

- 1 unique ID and 2 personal information, OR
- 3 personal information

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Search Results Logout						
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	Terms and Conditions: Only exact matches will return results. For more detail and real time dat By citicking the Sulmit buttors, you acknowledge that the information the Health Insolution Formation and the IHPAA Informative Health and Human Services HIPAA Policies. Failure to comply with the HIPAA Rule may result in termination of accer					
	Provider ID: "Recursed Provider ID Unique ID: "One of these and two personal information are required					
	Member ID SSN Member ID SSN					
	Personal Information: 'OR three of these are required		л			
	First Name:	Last Name:		Date of Birth:		
	First Name	Last Name		MM/DD/YYYY		
				~		

Eligibility Lookup Tool Results

Terms and Conditions:							
Only exact matches will return results. For more detail and real time data please go to the PRISM Portal.							
By clicking the Submit button, you acknowledge that the information you access may contain protected health information and other identifiable information protected by federal and state privacy base, including the Health insurance Portability and Accountability Act (HIPAV). Information accessed through the use of this Eligibility Lookup Tool must be kept secure and private in accordance with the Ulah opartment of Health and Amma Services HIPAP Rollicis.							
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Provider ID: Required							
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Member ID		SSN					
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First Name:	Last Name:		Date of Birth:				
First Name	Last Name	MM/DD/YYYY					
Data of Sonvices "Required							
Date of Service: 'Required							
08/09/2024							

Date of service is always required.

An official website International Services						•	Hello,
eenun eenun uoguu		Eligibility Lool	kup Tool Results				
	Terms and Conditions: Object and matches will reserve with, for more detail and mail time data places go to the PROM producing the bindmarks upon advantatege that the information you access may unotating accessed through the use of this Eighbilty Lookup tool must be kept accure and polisite in accom- Tabland to comply with the HRMA fluid may result in termination of access from this potent.						
	Provider ID: "Report Provider D Unique ID: "Short frame and the present effective are registed Number ID		SIN				
	Member ID Personal Information: "Online of least an expired First New:	Last Name:	SSN	Date of Birth:			
	Test Name Test Name Date of Service: "Report Report	Last Name		MM/CD/YYYY	۵		
					Clear		
Follow us online 🚦 🗐 🔀 🖸 🖂 💟							

The submit button will remain disabled until all the required fields are completed correctly.

Jnique ID: ^{•One of these ar}	nd two personal information are required		
lember ID	SSM	I	
	s	SN	
	ON: ^{OR three of these are required} Last Name:	Date of Birth:	
		Date of Birth: MM/DD/YYYY	
Personal Information First Name: Date of Service: "Req	Last Name:		

On the results screen, the request date will be shown for documentation purposes. This date will print with the results when you click the Print Results button.

If you click the Show Coverage Calendar, you can go back and forth between service dates without having to perform an entirely new search.

equest date: 08/12/2024	🏫 New Search 🛛 🖶 Print Resu				
Show Coverage Calendar					
<u>الم</u> Member	e	Member Benefit Type		🗰 Service Date	
		Traditional		08/12/2021	
A Member Information					
First Name:		Eligibility Date Span	: 08/01/2021 - 08/31/2021		
Last Name:	Benefit Type:	Traditional	Health Plan:	HEALTH CHOICE UTAH - INTEGRATED	
Gender:	Eligibility Program Type:	Adult Expansion		MEDICAL & 877-358-8797	
DOB:	Co-Pay Information:	Co-pay required	Mental Health Provider:	HEALTH CHOICE UTAH - INTEGRATED	
	Co-Pay Exemption:	No		MEDICAL & 877-358-8797	
Age:	Cost Share Met:	Unknown	Substance Use Disorder	HEALTH CHOICE UTAH - INTEGRATED	
Member ID:	Cap Amount Remaining:	Unknown	Provider:	MEDICAL & 877-358-8797	
Case Number:	Eligible Services:	This member is eligible for medical and			
Case Review Date:		pharmacy services.			

Select a date of service within the calendar to view eligibility. The legend at the top of the calendar will tell you the coverage type for a particular date of service (as will the popup when you hover over the date). It is important that you click on a date within the calendar to see the coverage details for each date of service in question to identify changes in eligibility, enrollment in managed care, or changes in eligible services and copay.

st date: 08/12/2024	El	🏫 New Search 🛛 🔒 Print F			
e Coverage Calendar					
select a date of service within the calenda	ar to accurately view eligibility, plan enr	ollment, restrictions, and benefit informatio	on.		
d: — Traditional — Non-Traditional	Emergency Only QMB Only	UPP — CHIP — PCN — Other			
2022	2023	20	024		
January	February	March	April	Мау	June
Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa
1 2 3 4 5 6	1 2 3	1 2	1 2 3 4 5 6	1 2 3 4	1
7 8 9 10 11 12 13	4 5 6 7 8 9 10	3 4 5 6 7 8 9	7 8 9 10 11 12 13	5 6 7 8 9 10 11	2 3 4 5 6 7 8
14 15 16 17 18 Traditional	11 12 13 14 15 16 17	10 11 12 13 14 15 16	14 15 16 17 18 19 20	12 13 14 15 16 17 18	9 10 11 12 13 14 15
21 22 23 24 25 26 27	18 19 20 21 22 23 24	17 18 19 20 21 22 23	21 22 23 24 25 26 27	19 20 21 22 23 24 25	16 17 18 19 20 21 22
28 29 30 31	25 26 27 28 29	24 25 26 27 28 29 30	28 29 30	26 27 28 29 30 31	23 24 25 26 27 28 29
July	August	31 September	October	November	30 December
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1 2 3 4 5 6	1 2 3				
7 8 9 10 11 12 13	4 5 6 7 8 9 10				
14 15 16 17 18 19 20	11 12 13 14 15 16 17				
	18 19 20 21 22 23 24				
21 22 23 24 25 26 27	NO NO NA NA NA				

To perform a search on another member, click on New Search. This will take you to the main screen and will retain your Provider ID.

Request date: 08/12/2024	Eligibility Looku	Eligibility Lookup Tool Results				
Show Coverage Calendar						
<u></u> Member	٩	Dember Benefit Type	e	🗰 Service Date		
		Traditional		08/12/2021		
A Member Information		仓 C	overage Information			
First Name:		Eligibility	Date Span: 08/01/2021 - 08/31/2021			
Last Name:	Benefit Type:	Traditional	Health Plan:	HEALTH CHOICE UTAH - INTEGRATED MEDICAL		
Gender:	Eligibility Program Type:	Adult Expansion		& 877-358-8797		
DOB:	Co-Pay Information:	Co-pay required	Mental Health Provider:	HEALTH CHOICE UTAH - INTEGRATED		
Δσe:	Co-Pay Exemption:	No		6 877-358-8797		

If your search doesn't succeed, you will be taken to an error screen where it will give you an error message which explains why your search didn't succeed. It will also give you a summary of the search criteria you entered. If you click on retry search, you will be taken back to the main screen to correct your information. You will not need to retype all of the fields.

UT An offici	AH al website	Utah Department of Health & Human Services					Hello,
Search	Results	Logout					
	Me are No mat This was Provide Member SSN: First nan Last nar DOB: Date of	sorry, we were unable to process your request. Please see ch found. Entered information has to exactly ma the search information you entered: riD:			typos in the information.		Retry Search
Follow us	online	3 🛛 🗙 🕻 🖌	Provider ID: "Meaned Unique ID: "Se office of the part of density of the set Meaners Personal Information: "Set on the set of the set Date of Service: "Second Set 2005 Service: Second	50N 55N 55N	Data of Britti RINGCOVY	a)	