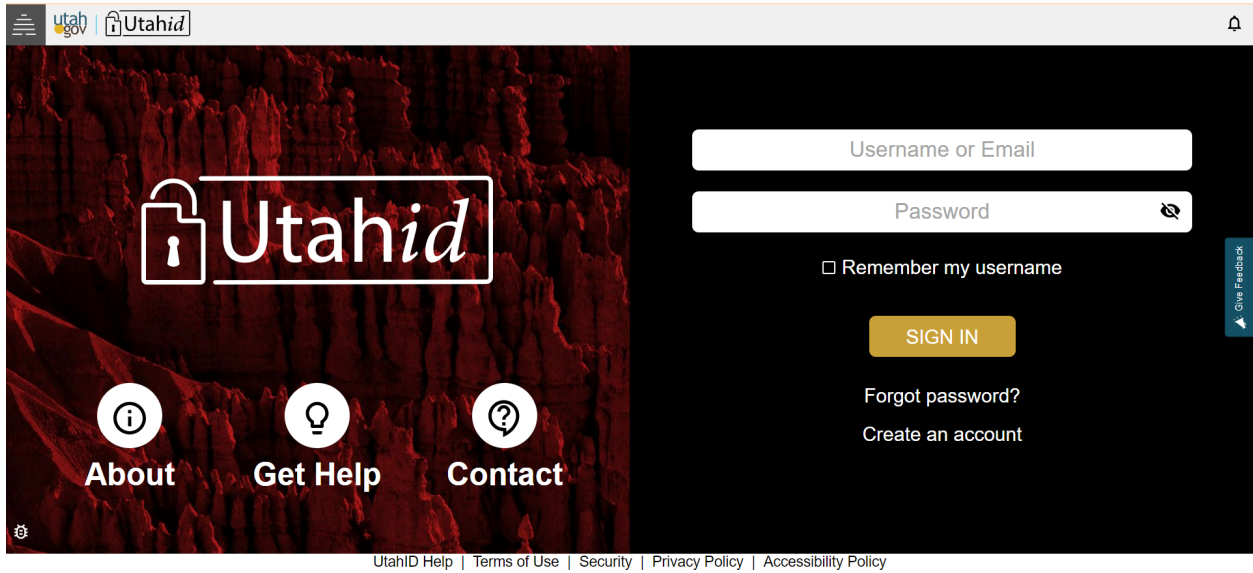


Please note that any HIPAA protected information has been obscured.

Begin by going to <https://elt.medicaid.utah.gov> 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.



### 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 laws, including the Health Insurance Portability and Accountability Act (HIPAA). 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

### 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 laws, including the Health Insurance Portability and Accountability Act (HIPAA). 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 <input type="text"/>	SSN <input type="text"/>

**Personal Information:** \* OR three of these are required

First Name:	Last Name:	Date of Birth:
First Name <input type="text"/>	Last Name <input type="text"/>	MM/DD/YYYY <input type="text"/>

### 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](#).

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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 <input type="text"/>	SSN <input type="text"/>

**Personal Information:** \* OR three of these are required

First Name:	Last Name:	Date of Birth:
First Name <input type="text"/>	Last Name <input type="text"/>	MM/DD/YYYY <input type="text"/>

**Date of Service:** \* Required

08/09/2024

Date of service is always required.

### Eligibility Lookup Tool Results

Terms and Conditions:  
Only exact matches will return results. For more detail and real time data please go to the [PREM 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 laws, including the Health Insurance Portability and Accountability Act (HIPAA). 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: <sup>\* Required</sup>

Unique ID: <sup>\* One of these and two personal information are required</sup>  
Member ID  SSN   
Member ID  SSN

Personal Information: <sup>\* Or three of these are required</sup>  
First Name:  Last Name:  Date of Birth:   
First Name  Last Name  MM/DD/YYYY

Date of Service: <sup>\* Required</sup>

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

Provider ID: <sup>\* Required</sup>

Unique ID: <sup>\* One of these and two personal information are required</sup>  
Member ID  SSN   
Member ID  SSN

Personal Information: <sup>\* Or three of these are required</sup>  
First Name:  Last Name:  Date of Birth:   
First Name  Last Name  MM/DD/YYYY

Date of Service: <sup>\* Required</sup>

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.

Request date: 08/12/2024

### Eligibility Lookup Tool Results

[New Search](#)
[Print Results](#)

[Show Coverage Calendar](#)

<p><b>Member</b></p> <p>[REDACTED]</p>	<p><b>Member Benefit Type</b></p> <p>Traditional</p>	<p><b>Service Date</b></p> <p>08/12/2021</p>														
<p><b>Member Information</b></p> <p><b>First Name:</b> [REDACTED]</p> <p><b>Last Name:</b> [REDACTED]</p> <p><b>Gender:</b> [REDACTED]</p> <p><b>DOB:</b> [REDACTED]</p> <p><b>Age:</b> [REDACTED]</p> <p><b>Member ID:</b> [REDACTED]</p> <p><b>Case Number:</b> [REDACTED]</p> <p><b>Case Review Date:</b> [REDACTED]</p>	<p><b>Coverage Information</b></p> <p>Eligibility Date Span: 08/01/2021 - 08/31/2021</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><b>Benefit Type:</b> Traditional</td> <td style="width: 33%;"><b>Health Plan:</b> HEALTH CHOICE UTAH - INTEGRATED MEDICAL ☎ 877-358-8797</td> </tr> <tr> <td><b>Eligibility Program Type:</b> Adult Expansion</td> <td></td> </tr> <tr> <td><b>Co-Pay Information:</b> Co-pay required</td> <td><b>Mental Health Provider:</b> HEALTH CHOICE UTAH - INTEGRATED MEDICAL ☎ 877-358-8797</td> </tr> <tr> <td><b>Co-Pay Exemption:</b> No</td> <td></td> </tr> <tr> <td><b>Cost Share Met:</b> Unknown</td> <td><b>Substance Use Disorder Providers:</b> HEALTH CHOICE UTAH - INTEGRATED MEDICAL ☎ 877-358-8797</td> </tr> <tr> <td><b>Cap Amount Remaining:</b> Unknown</td> <td></td> </tr> <tr> <td colspan="2"><b>Eligible Services:</b> This member is eligible for medical and pharmacy services.</td> </tr> </table>		<b>Benefit Type:</b> Traditional	<b>Health Plan:</b> HEALTH CHOICE UTAH - INTEGRATED MEDICAL ☎ 877-358-8797	<b>Eligibility Program Type:</b> Adult Expansion		<b>Co-Pay Information:</b> Co-pay required	<b>Mental Health Provider:</b> HEALTH CHOICE UTAH - INTEGRATED MEDICAL ☎ 877-358-8797	<b>Co-Pay Exemption:</b> No		<b>Cost Share Met:</b> Unknown	<b>Substance Use Disorder Providers:</b> HEALTH CHOICE UTAH - INTEGRATED MEDICAL ☎ 877-358-8797	<b>Cap Amount Remaining:</b> Unknown		<b>Eligible Services:</b> This member is eligible for medical and pharmacy services.	
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<b>Eligible Services:</b> This member is eligible for medical and 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.

Request date: 08/12/2024

### Eligibility Lookup Tool Results

[New Search](#)
[Print Results](#)

[Hide Coverage Calendar](#)

Please select a date of service within the calendar to accurately view eligibility, plan enrollment, restrictions, and benefit information.

**Legend:** Traditional (red) Non-Traditional (blue) Emergency Only (orange) QMB Only (yellow) UPP (green) CHIP (purple) PCN (pink) Other (grey)

2022							2023							2024																																																																																																																																																																											
January							February							March							April							May							June																																																																																																																																																						
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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 Lookup Tool Results

[New Search](#) [Print Results](#)

[Show Coverage Calendar](#)

<b>Member</b> [Redacted]	<b>Member Benefit Type</b> Traditional	<b>Service Date</b> 08/12/2021
<b>Member Information</b> First Name: [Redacted] Last Name: [Redacted] Gender: [Redacted] DOB: [Redacted] Age: [Redacted]	<b>Coverage Information</b> Eligibility Date Span: 08/01/2021 - 08/31/2021 Benefit Type: Traditional Health Plan: HEALTH CHOICE UTAH - INTEGRATED MEDICAL 877-358-8797 Eligibility Program Type: Adult Expansion Co-Pay Information: Co-pay required Mental Health Provider: HEALTH CHOICE UTAH - INTEGRATED MEDICAL 877-358-8797 Co-Pay Exemption: No	

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.

**UTAH** Utah Department of Health & Human Services  
An official website Integrated Healthcare

Hello, [Redacted]

Search Results Logout

⚠ We are sorry, we were unable to process your request. Please see the following for more information regarding the problem:

**No match found. Entered information has to exactly match with the information in the database. Please check for typos in the information.**

This was the search information you entered:  
Provider ID: [Redacted]  
Member ID: [Redacted]  
SSN: [Redacted]  
First name: [Redacted]  
Last name: [Redacted]  
DOB: [Redacted]  
Date of Service: 08/12/2024

Please [click to retry your search.](#)

[Retry Search](#)

Follow us online [f](#) [i](#) [x](#) [v](#) [e](#) [t](#)

Provider ID: \*Required  
[Redacted]

Unique ID: \*One of these and two personal information are required  
[Redacted]

Member ID: [Redacted] SSN: [Redacted]

Personal Information: \*All three of these are required  
First Name: [Redacted] Last Name: [Redacted] Date of Birth: [Redacted] MM/DD/YYYY

Date of Service: \*Required  
08/12/2024

[Clear](#) [Submit](#)