

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 (DOH) user ID. If you do not have a DOH user ID, you will need to create one by clicking on the Register now link right below the SIGN ON button.

The screenshot shows the login page for the Utah Department of Health Medicaid Eligibility Lookup Tool. At the top left is the Utah Department of Health Medicaid logo. At the top right are language options for English and Español. The main heading is "Eligibility Lookup Tool Login". Below this are two input fields for "Email" and "Password". A purple "SIGN ON" button is positioned below the password field. Below the button is a link for "Forgot password?". Further down, there is a link for "Don't have a login? Register now." and a paragraph of text explaining the new login process and providing contact information for assistance. Below that is a link for "For questions about Eligibility Lookup Tool:" followed by a purple "LEARN MORE" button with a right-pointing arrow. At the bottom of the page, there is a dark purple footer with links for "Medicaid Website" and "myCase Website".

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

The screenshot shows the "Eligibility Lookup Tool Results" page. At the top, there is a navigation bar with the Utah.gov logo, the Utah Department of Health logo, and a "Settings" gear icon. Below the navigation bar are menu items: "Apply", "Members", "Providers", "Programs", "Administration", and "Español". The main heading is "Eligibility Lookup Tool Results" with a "Logout" link. Below the heading is a "Terms and Conditions" section with a warning that only exact matches will return results and a disclaimer about HIPAA. Below the terms is a form with three sections: "Provider ID:" (marked as required) with a single input field; "Unique ID:" (marked as one of two required) with two input fields for "Member ID" and "SSN"; and "Personal Information:" (marked as three of three required) with three input fields for "First Name", "Last Name", and "Birthday" (MM/DD/YYYY).

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

Logout

Terms and Conditions:

Only exact matches will return results.

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 HIPAA Policies.

Failure to comply with the HIPAA Rule may result in termination of access from this Portal.

Provider ID: * Required

Unique ID: * One of these and two personal information are required

Member ID	SSN
<input type="text" value="Member ID"/>	<input type="text" value="SSN"/>

Personal Information: * OR three of these are required

First Name:	Last Name:	BirthDay:
<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="MM/DD/YYYY"/>



Eligibility Lookup Tool Results

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Provider ID: * Required

Unique ID: * One of these and two personal information are required

Member ID	SSN
<input type="text" value="Member ID"/>	<input type="text" value="SSN"/>

Personal Information: * OR three of these are required

First Name:	Last Name:	BirthDay:
<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="MM/DD/YYYY"/>

Date of service is always required.

Date of Service: * Required

11/12/2019

Clear Submit

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

Provider ID: * Required

Unique ID: * One of these and two personal information are required

Member ID SSN

Personal Information: * Or three of these are required

First Name: Last Name: Birthday: MM/DD/YYYY

Date of Service: * Required

11/12/2019

Clear Submit

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.

Utah.gov Utah Department of Health Settings

Apply Members Providers Programs Administration Espanol

Request date: 11/12/2019

Eligibility Lookup Tool Results

New Search Print Results Logout

Show Coverage Calendar

Member	Member Benefit Type	Service Date
[Redacted]	Non-Traditional	11/12/2019

Member Information	Coverage Information									
First Name: [Redacted] Middle Initial: [Redacted] Last Name: [Redacted] Gender: [Redacted] DOB: [Redacted] Age: [Redacted] Member ID: [Redacted] Case Number: [Redacted]	Eligibility Date Span: 11/01/2019 - 11/30/2019 <table border="0"> <tr> <td>Benefit Type: Non-Traditional</td> <td>Health Plan: MOUNA-UT 1-888-483-0760</td> </tr> <tr> <td>Eligibility Program Type: Family Medicaid - Adult</td> <td>Mental Health Provider: SOUTHWEST BEHAVIORAL HEALTH 1-800-574-6763</td> </tr> <tr> <td>Co-Pay Information: Co-pay required for non-emergency use of ER, Outpatient hospital and Physician services, Pharmacy & Inpatient Hospital</td> <td>Substance Use Disorder Provider: SOUTHWEST BEHAVIORAL HEALTH 1-800-574-6763</td> </tr> <tr> <td>Eligible Services: This member is eligible for medical and pharmacy services.</td> <td></td> </tr> </table>		Benefit Type: Non-Traditional	Health Plan: MOUNA-UT 1-888-483-0760	Eligibility Program Type: Family Medicaid - Adult	Mental Health Provider: SOUTHWEST BEHAVIORAL HEALTH 1-800-574-6763	Co-Pay Information: Co-pay required for non-emergency use of ER, Outpatient hospital and Physician services, Pharmacy & Inpatient Hospital	Substance Use Disorder Provider: SOUTHWEST BEHAVIORAL HEALTH 1-800-574-6763	Eligible Services: This member is eligible for medical and pharmacy services.	
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Co-Pay Information: Co-pay required for non-emergency use of ER, Outpatient hospital and Physician services, Pharmacy & Inpatient Hospital	Substance Use Disorder Provider: SOUTHWEST BEHAVIORAL HEALTH 1-800-574-6763									
Eligible Services: This member is eligible for medical and pharmacy services.										

Click on a date to see updated coverage. 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.

Utah.gov | Utah Department of Health | Settings

HEALTH MEDICAID | Apply | Members | Providers | Programs | Administration | Espanol

Request date: 11/12/2019

Eligibility Lookup Tool Results

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

[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 (brown)

2017	2018	2019			
January Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	February Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	March Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	April Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	May Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	June Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
July Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	August Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	September Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	October Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	November Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	December Su Mo Tu We Th Fr Sa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

[Member](#) [Member Benefit Type](#) [Service Date](#)

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.

Utah.gov | Utah Department of Health | Settings

HEALTH MEDICAID | Apply | Members | Providers | Programs | Administration | Espanol

Request date: 11/12/2019

Eligibility Lookup Tool Results

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

[Show Coverage Calendar](#)

Member [Redacted]	Member Benefit Type Non-Traditional	Service Date 05/16/2019
Member Information First Name: [Redacted]	Coverage Information Eligibility Date Span: 05/01/2019 - 05/31/2019	
Benefit Type: Non-Traditional	Health Plan: MOLINA-UT	

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 re-try search, you will be taken back to the main screen to correct your information. You will not need to re-type all of the fields.

The screenshot shows the Utah Department of Health website. At the top, there is a navigation bar with "Utah.gov" on the left and "Utah Department of Health" and "Settings" on the right. Below the navigation bar is a menu with "Apply", "Members", "Providers", "Programs", "Administration", and "Español". The main content area features a red error message box with the following text: "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." Below this message, it lists the search criteria: "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: 11/12/2019". A "click to re-try your search" link is provided. To the right of the error message is a "Re-try Search" button. At the bottom of the page, there is a footer with the Utah Department of Health logo, contact information, and links to "Medicaid" and "Utah.gov Links".

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Provider ID: * Required

Unique ID: * One of these and two personal information are required

Member ID: [redacted] SSN: [redacted]

Personal Information: * Or three of these are required

First Name: [redacted] Last Name: [redacted] Birthday: 01/12/2003

Date of Service: * Required

11/12/2019

Clear Submit