

Oregon Medicaid Provider Web Portal Eligibility Verification Request Screen

Verify client eligibility, benefits and enrollment at <https://www.or-medicaid.gov>



At the main menu, click **Eligibility**. Enter the client's Oregon Health ID number or Social Security number, plus name or date of birth, then click "search."

- **For dates of service**, enter a "From" date no more than 13 months before the date of inquiry. The "To" field cannot accept future dates.
- **For service limitations**, also enter a procedure code.

The following screens will appear. **Note:** These screens do **not** display Primary Care Provider (PCP) information. To find a coordinated care organization (CCO) member's assigned PCP, contact the member's CCO.

1 Client information

- **Hospital Presumptive Eligibility:** Date a hospital last approved the client for temporary OHP ("No" if not applicable)
- **Last EPSDT:** Not used.
- **DHS Branch ID and Phone Number**

1 Client Information

Client ID	AA#####A	Last Name	DOE
Birth Date	12/09/1997	First Name	JANE
Hospital Presumptive Eligibility	No	Last EPSDT	
Medicare A		Last Dental Visit	04/11/14
Medicare B		Branch ID	5503
MedicareD		Phone Number	(800) 338-7237

2 Benefit plan codes

Codes for OHP (physical, dental, behavioral health care) benefits:

- **BMD:** Does not cover Medicare Part D drugs
- **BMH:** For non-Medicare clients
- **BMM:** BMD coverage, plus Medicare cost-sharing
- **BMP:** Added vision and dental (for pregnant OHP clients)
- **CWX:** BMH and BMP coverage (for pregnant CAWEM clients)

Codes for non-OHP benefits:

- **CWM:** CAWEM (emergency services and female sterilization)
- **MED:** Medicare cost-sharing

To view service types covered by each code, click the row for the code.

2 Benefit Plan

Benefit Plan	Effective Date	End Date	Remaining Out Of Pocket	Remaining Deductible	PERC Code
BMH - OHP Plus	01/01/2016	01/15/2016		\$0.00	MF
CRN - Contract Nursing	01/01/2016	01/15/2016		\$0.00	MF
SMHS - State Medicaid Mental Health Services	01/01/2016	01/15/2016		\$0.00	MF

Select a Benefit Plan row to see the Service Type Coverage and Copay rows.

3 Service Type Coverage and Copay

Benefit Plan	Effective Date	End Date	Service Type	Coverage	Copay
BMH - OHP Plus	01/01/2016	01/15/2016	MEDICAL CARE	ACTIVE	
BMH - OHP Plus	01/01/2016	01/15/2016	CHIROPRACTIC	ACTIVE	\$0.00
BMH - OHP Plus	01/01/2016	01/15/2016	DENTAL CARE	ACTIVE	
BMH - OHP Plus	01/01/2016	01/15/2016	DIAGNOSTIC X-RAY	ACTIVE	\$0.00
BMH - OHP Plus	01/01/2016	01/15/2016	HOSPITAL	ACTIVE	\$0.00
BMH - OHP Plus	01/01/2016	01/15/2016	HOSPITAL - INPATIENT	ACTIVE	\$0.00
BMH - OHP Plus	01/01/2016	01/15/2016	DIAGNOSTIC LAB	ACTIVE	\$0.00
BMH - OHP Plus	01/01/2016	01/15/2016	HOSPITAL - OUTPATIENT	ACTIVE	\$0.00
BMH - OHP Plus	01/01/2016	01/15/2016	MATERNITY	ACTIVE	\$0.00
BMH - OHP Plus	01/01/2016	01/15/2016	AUDIOLOGY EXAM	ACTIVE	\$0.00

3 Service Type Coverage and Copay

Groups covered services by service type (e.g., "Medical Care").

- **Coverage:** "Active" or "Limited"
- **Copay:** There are no copays. This field will read \$0.00 or blank for all services.

4 TPL

Carrier Name	Policy Number	Policy Holder	Group Number	Coverage Type
EXPRESS SCRIPTS, INC	#####	JOHN DOE		PRESCRIPTION DRUGS
BCBS OF IDAHO	#####	JOHN DOE	AA###A	MENTAL HEALTH
BCBS OF IDAHO	#####	JOHN DOE	AA###A	NURSING FACILITY
BCBS OF IDAHO	#####	JOHN DOE	AA###A	MAJOR MEDICAL MAINTENANCE

4 Third-party liability (TPL)

Information about other health coverage.

5 Managed Care / Primary Care Home

Provider Name	Provider Phone	Plan Type	Effective Date	End Date
ADVANTAGE DENTAL	(866)268-9631	DCO	01/01/2016	01/15/2016
VIRGINIA GARCIA MEM HLTH CTR	(503)359-5925	APM	01/01/2016	01/15/2016

Visit www.oregon.gov/OHA/HSD/OHP/Pages/Plans.aspx to view Managed Care Plans by county.

5 Managed Care/Primary Care Home

Effective dates of managed care or primary care home enrollment (for the requested date range).

Managed Care Plan Types list the types of health care the client's plan covers. If no plan is listed, bill OHA.

- **CCOA:** Physical, dental and behavioral
- **CCOB:** Physical and behavioral
- **CCOE or MHO:** Behavioral
- **CCOG:** Behavioral and dental
- **DCO:** Dental care

The **Primary Care Home Plan Type (APM)** means the client has an FQHC/RHC primary care home. Providers can contact the APM provider to coordinate the client's care.

6 Lockin

*** No rows found ***

7 Service Limitations

No Service Limitations found for Procedure Code 92002

Last Dental service was 04/11/2014

6 Lockin

Assigned pharmacy for Pharmacy Management Program clients.

7 Service Limitations - The next available date of service for the procedure entered; date of last known dental and vision service visits.