

# Oregon Medicaid Provider Portal Eligibility Verification Request Screen

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



At the main menu, click **Eligibility**. Enter the member'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

<b>Client ID</b>	AA#####A	<b>Last Name</b>	
<b>Birth Date</b>	12/09/1997	<b>First Name</b>	
<b>Hospital Presumptive Eligibility</b>	No	<b>Last Eff</b>	
<b>Medicare A</b>		<b>Last Dental</b>	
<b>Medicare B</b>		<b>Branch</b>	
<b>Medicare D</b>		<b>Phone Num</b>	

## 2 Benefit Plan

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

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

For more information about benefit plans and OHP Plus copayments, go to <http://www.oregon.gov/OHA/HSD>

## 4 TPL

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

## 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](http://www.oregon.gov/OHA/HSD/OHP/Pages/Plans.aspx) to view Managed Care Plans by County Comparison

## 6 Lockin

\*\*\* No rows found \*\*\*

## 7 Service Limitations

No Service Limitations found for Procedure Code 92002

## 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.

## 1 Client information

- **Hospital Presumptive Eligibility:** Date a hospital last approved the client for temporary OHP ("No" if not applicable)

## 2 Benefit plan codes

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

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

Codes for other benefits:

- **CWM:** Citizenship Waived Medical (emergency services and female sterilization)
- **DEN, DNT:** OHP Plus dental-only benefits
- **MED:** Medicare cost-sharing

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

## 3 Service Type Coverage and Copay

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

- **Coverage:** "Active" or "Limited"
- **Copay:** Not used. There are no copays.

## 4 Third-party liability (TPL)

The member's other health coverage. Bill this first. Report any changes to the member's other health coverage at [www.ReportTPL.org](http://www.ReportTPL.org).

## 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:** The types of care the plan covers. If no plan is listed, bill OHA.

- **CCOA:** Physical, dental and behavioral
- **CCOB:** Physical and behavioral
- **CCOE:** Behavioral
- **CCOF:** Dental care
- **CCOG:** Behavioral and dental

**Primary Care Home Plan Type (APM)** means the member has an FQHC/RHC primary care home. Contact this provider to coordinate care.

**Questions?** Call Provider Services at 800-336-6016 (option 5) or visit the OHP provider website at [bit.ly/ohpproviders](http://bit.ly/ohpproviders).