



## How-To: View and Verify a Member's Eligibility through the Provider Portal

The following information provides examples of various eligibility designations in the Provider Portal.

### Log-In and Search Steps

1. Go to the Delaware Medical Assistance Portal: <https://medicaid.dhss.delaware.gov/>.
2. Click [Click here](#) to enter the Provider Portal.

State of Delaware  
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Home Wednesday 02/22/2017 04:55 PM EST

Welcome to the Delaware Medical Assistance Portal

*The First State*

MEMBERS - [Click here](#) to enter the **Member Portal**

PROVIDERS - [Click here](#) to enter the **Provider Portal**

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## Log-In and Search Steps

3. Log in by entering your User ID, Challenge Question, and Password.

**State of Delaware**  
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Home

Wednesday 02/22/2017 04:58 PM EST

**Login**

\*User ID

**Log In**

[Forgot User ID?](#)  
[Register Now](#)  
[Where do I enter my password?](#)

**Welcome to the Delaware Medical Assistance Portal for Providers**  
This portal provides important information to health care providers about the Delaware Medical Assistance Program (DMAP). All of the information you need is located within the links located on the left side of this page. Looking for an important program update, check out our banners. That is where we plan to post important information that is new to the program. If you would like to see your patient panel, please click the Provider Login button on the left side of this page.

**What can you do in the Provider Portal**  
Through this secure and easy to use internet portal, healthcare providers can submit claims and inquire on the status of their claims, inquire on a patient's eligibility, upload files containing 837 transactions, and search for another provider. In addition, healthcare providers can use this site to locate claim forms, provider participation materials and other health plan information and resources.

**Protect Your Privacy!**  
Always log off and close all of your browser windows  
[Privacy Policy](#)

[Manuals, Bulletins and Forms](#)

[Provider Enrollment](#)  
[Trading Partner Enrollment](#)

[Provider News](#)

[Payment Error Rate Measurement](#)

[Provider Incentive Program for EHR](#)

[Pharmacy Corner](#)  
[Dental Corner](#)

**Call Center Hours!**  
8:00 a.m. - 4:30 p.m.  
1-800-999-3371

4. From the Home Page, click the Eligibility tab and then Eligibility Verification.

**State of Delaware**  
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Home **Eligibility** Claims Care Management Patient Health History Files Exchange Resources Switch Provider

Eligibility Verification | Treatment History

Eligibility Thursday 03/23/2017 10:38 AM EST

Delegate for  
Provider Name

Role IDs  
Provider - In Network

Location  
Taxonomy 208000000X-Pediatrics

**Eligibility**

[Eligibility Verification](#)

[Treatment History](#)

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## Log-In and Search Steps

5. Perform a search for the member in the top portion of the page.

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Home Eligibility Claims Care Management Patient Health History Files Exchange Resources Switch Provider

Eligibility Verification | Treatment History

Eligibility > Eligibility Verification Thursday 03/23/2017 10:41 AM EST

Delegate for \_ Role IDs Provider - In Network - Location Taxonomy \_

Provider Name \_

**Eligibility Verification Request**

\* Indicates a required field.  
Enter the member information. If Member ID is not known, enter SSN and Birth Date.

Member ID: 0000000000 x Last Name: First Name:

SSN: Birth Date:

\* Effective Date: 03/23/2017 Verification for Newborn?

**Service Type Code or Procedure Code Search**

If the Service Type Code or Procedure Code is selected from the 'Search By' dropdown list, the Service Type Code or Procedure Code field is required.

Search By: Code Type:

Service Type Code or Procedure Code:

Submit Reset

The bottom portion of the screen displays the search results with links to the Eligibility Verification Coverage (there can be more than one Coverage).

Coverage	Effective Date	End Date
<a href="#">DELAWARE PRESCRIPTION ASSISTANCE PROGRAM</a>	11/01/2013	11/30/2016
<a href="#">QUALIFIED BENEFICIARY</a>	08/01/2013	11/30/2016
<a href="#">Other Insurance Detail Information</a>		

## Eligibility Examples

The following describes the most common eligibility scenarios: [QMB](#), [SLMB](#), [Illegal Non-Resident](#), [DHCP \(eligible\)](#), [DHCP \(ineligible\)](#).

### Qualified Medicare Beneficiary (QMB)

1. Click the link, QUALIFIED MEDICARE BENEFICIARY.

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

Home Eligibility Claims Care Management Patient Health History Files Exchange Resources Switch Provider

Eligibility Verification | Treatment History

Eligibility > Eligibility Verification Thursday 03/23/2017 10:41 AM EST

Delegate for \_ Role IDs Provider - In Network - Location Provider Name \_ Taxonomy \_

**Eligibility Verification Request**

\* Indicates a required field.  
Enter the member information. If Member ID is not known, enter SSN and Birth Date.

Member ID 0000000000 Last Name First Name  
SSN Birth Date  
\* Effective Date 03/23/2017 Verification for Newborn?

**Service Type Code or Procedure Code Search**

If the Service Type Code or Procedure Code is selected from the 'Search By' dropdown list, the Service Type Code or Procedure Code field is required.

Search By Code Type  
Service Type Code or Procedure Code

Submit Reset

**Eligibility Verification Information for 03/23/2017**

Member ID 0000000000	Birth Date	Gender Male
Coverage	Effective Date	End Date
QUALIFIED MEDICARE BENEFICIARY	04/01/2015	12/31/9999

[Other Insurance Detail Information](#)

2. Review the Effective Date and End Date for the Coverage and Description listed.

Coverage Details for Member ID 0000000000 04/01/2015 to 12/31/9999 Back to Eligibility Verification

Verification Response ID

Expand All | Collapse All

**Benefit Details**

Coverage	Description	Effective Date	End Date
QUALIFIED MEDICARE BENEFICIARY	PARTIAL   QUALIFIED MEDICARE BENEFICIARY	03/23/2017	03/23/2017

**Demographic Details**

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**Note:** Partial refers to a partial rather than a full Medicaid program/benefit. For coverage description/service covered, refer to the [General Policy](#) manual on the Provider Portal.

## Specified Low-Income Medicare Beneficiary (SLMB)

1. Click the link, QUALIFIED BENEFICIARY.

Eligibility Verification Information for <span style="float: right;">for 11/30/2016</span>			
Member ID	0000 0000 00	Birth Date	Gender Female
Coverage	Effective Date	End Date	
<a href="#">DELAWARE PRESCRIPTION ASSISTANCE PROGRAM</a>	11/01/2013	11/30/2016	
<a href="#">QUALIFIED BENEFICIARY</a>	08/01/2013	11/30/2016	
<a href="#">Other Insurance Detail Information</a>			

2. Review the Effective Date and End Date for the Coverage and Description listed.

Coverage Details for Member ID 0000000000 <span style="float: right;">from 08/01/2013 to 11/30/2016</span>			
<a href="#">Print Preview</a>			
<a href="#">Back to Eligibility Verification</a> ?			
Verification Response ID			
<a href="#">Expand All</a>   <a href="#">Collapse All</a>			
Benefit Details			
Coverage	Description	Effective Date	End Date
DELAWARE PRESCRIPTION ASSISTANCE PROGRAM	PARTIAL   DELAWARE PRESCRIPTION ASSISTANCE PROGRAM	11/30/2016	11/30/2016
QUALIFIED BENEFICIARY	PARTIAL   QUALIFIED BENEFICIARY	11/30/2016	11/30/2016
Demographic Details			

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## Illegal Non-Resident - Formerly Known as *Emergency Service/Labor & Delivery*

1. Click the link, ILLEGAL, NON-RESIDENTS.

Eligibility Verification Information for <span style="float: right;">for 03/23/2017</span>			
Member ID	000 000 000	Birth Date	Gender Male
Coverage	Effective Date	End Date	
<a href="#">ILLEGAL NON RESIDENTS</a>	10/01/2016	12/31/9999	
<a href="#">Other Insurance Detail Information</a>			

## Illegal Non-Resident - Formerly Known as *Emergency Service/Labor & Delivery*

- Review the Effective Date and End Date for the Coverage and Description listed.

Coverage Details for Member ID 000 000 000 from 10/01/2016 to 12/31/9999 [Back to Eligibility Verification](#) [Print Preview](#)

Verification Response ID [Expand All](#) | [Collapse All](#)

Benefit Details			
Coverage	Description	Effective Date	End Date
ILLEGAL NON RESIDENTS	PARTIAL   ILLEGAL NON RESIDENTS	03/23/2017	03/23/2017

Demographic Details

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## Delaware Healthy Children Program (DHCP) - Member IS ELIGIBLE for Date of Service

- Click the link, DELAWARE HEALTHY CHILDRENS PROGRAM.

Eligibility Verification Information for 03/23/2017

Member ID 000000000 Birth Date Gender Male

Coverage	Effective Date	End Date
<a href="#">DELAWARE HEALTHY CHILDRENS PROGRAM</a>	12/01/2016	12/31/9999

[Other Insurance Detail Information](#)

- Review the Managed Care Assignment Details.

**IMPORTANT:** There is a Managed Care Organization (MCO) assignment for the date of service (DOS); therefore, *this member is eligible*.

Managed Care Plan	Managed Care Plan Phone	Primary Care Provider	Provider Phone	Benefit Plan	Type
UNITEDHEALTHCARE COMMUNITY PLAN	1-800-600-9007			MANAGED CARE (DHCP)	Health Benefit Plan Coverage

Lock-In Details

Demographic Details

## Delaware Healthy Children Program (DHCP) - Member Is NOT ELIGIBLE for Date of Service

1. Click the link, DELAWARE HEALTHY CHILDRENS PROGRAM.

Eligibility Verification Information for			for 03/23/2017
Member ID	000000000	Birth Date	Gender Female
Coverage	Effective Date	End Date	
DELAWARE HEALTHY CHILDRENS PROGRAM	06/01/2016	12/31/9999	
<a href="#">Other Insurance Detail Information</a>			

2. Review the Effective Date and End Date for the Coverage and Description listed.

**IMPORTANT:** There is no Managed Care Organization (MCO) assignment for the date of service (DOS); therefore, ***this member is not eligible.***

Coverage Details for Member ID 000000000				from 06/01/2016 to 12/31/9999	<a href="#">Back to Eligibility Verification</a> ?
Verification Response ID				<a href="#">Print Preview</a>	
Benefit Details				<a href="#">Expand All</a>   <a href="#">Collapse All</a>	
Coverage	Description	Effective Date	End Date		
DELAWARE HEALTHY CHILDRENS PROGRAM	DELAWARE HEALTHY CHILDRENS PROGRAM	03/23/2017	03/23/2017		
Demographic Details				<a href="#">+</a>	

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**Need assistance?** Please contact Provider Services at **1-800-999-3371**; Option **0**, then Option **2**.