



DELAWARE HEALTH
AND SOCIAL SERVICES

DIVISION OF MEDICAID &
MEDICAL ASSISTANCE

Delaware Medical Assistance Program



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

Please Note: This document contains fictitious information and does not contain protected health information (PHI) or personally identifiable information (PII) data.

INTRODUCTION: This user guide provides examples of how to view and verify various eligibility designations in the Provider Portal.

Need Assistance?

Call Us: Provider Relations at **1-800-999-3371**; Option **0**, then Option **4**.

Message Us: Secure Correspondence: Log in to the [Provider Portal](#).

Email* Us: delawarepret@gainwelltechnologies.com – *Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox.

Log-in Steps

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



Log-in Steps

3. Log into the Provider Portal using your User ID, Challenge Question, and Password.

The screenshot shows the homepage of the Delaware Medical Assistance Portal for Providers. At the top, there is a navigation bar for the State of Delaware with a search bar and a 'State Services & Information' dropdown. Below this is the 'DELAWARE HEALTH AND SOCIAL SERVICES' header. The main content area features a 'Login' box on the left with a red border, containing a 'Have ID?' field, a 'Log In' button, and links for 'Forgot User ID?', 'Register Now', and 'Where do I get my password?'. To the right of the login box is a 'Welcome to the Delaware Medical Assistance Portal for Providers' message, followed by a 'What can you do in the Provider Portal' section. Below the text is a photograph of two healthcare professionals. At the bottom right, there is a 'Call Center Hours!' section listing the hours as 8:00 a.m. - 4:30 p.m. and the phone number 1 800 999 1171. A left sidebar contains various utility links such as 'Protect Your Privacy!', 'Manuals, Bulletins and Forms', and 'Pharmacy Corner'.

Search Member Eligibility

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

The screenshot displays the State of Delaware's official website for Health and Social Services. At the top, the header includes the state logo, the text "State of Delaware - The Official Website of the First State", a search bar, and a "State Services & Information" dropdown menu. Below the header, the "DELAWARE HEALTH AND SOCIAL SERVICES" logo and "Division of Medicaid & Medical Assistance" are visible, along with a "Logout" link. A navigation menu contains tabs for "Home", "Eligibility", "Claims", "Care Management", "Patient Health History", "Files Exchange", "Resources", and "Switch Provider". The "Eligibility" tab is active, and the sub-menu shows "Eligibility Verification | Treatment History". The page title is "Eligibility" and the date is "Thursday 03/23/2017 10:38 AM EST". A form section includes fields for "Delegate for" and "Provider Name", a "Role IDs" dropdown menu set to "Provider - In Network", and "Location" and "Taxonomy" fields with the value "208000000X-Pediatrics". Below the form, a blue "Eligibility" button is shown, with a red box highlighting the "Eligibility Verification" link. A "Treatment History" link is also visible. The footer contains links for "Delaware.gov", "Privacy", "Contact", and "Phone Directory".

Search Member Eligibility

5. Enter search information for the member in the top portion of the page, and click Submit.

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 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
DELAWARE PRESCRIPTION ASSISTANCE PROGRAM	11/01/2013	11/30/2016
QUALIFIED BENEFICIARY	08/01/2013	11/30/2016
Other Insurance Detail Information		

Additional Search Capabilities

1. Newborn Verification Using the Mother's Medicaid ID

There is now a checkbox option that will allow the user to enter the mother's Medicaid ID and the baby's date of birth. DMES will then return the baby's information.

Eligibility Verification Request ?

* Indicates a required field.

Enter Mother's Member ID and Newborn's DOB.

Effective Date Range is limited to 90 days per search and cannot exceed today's date. If effective To date is not entered, it will default to Effective From date.

Coverage does not guarantee payment.

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.

Eligibility Verification Information for from 11/22/2019 to 11/22/2019

Member ID	Birth Date	Gender	Female	Verification Response ID
0000000000				
	Coverage			Effective Date End Date
MEDICAID FFS				09/25/2019 12/31/2299
Other Insurance Detail Information				

2. Third Party Liability

There is now updated third-party liability information displayed, including Medicare. There are also filter options for things such as Carrier Name, Group IDs, etc. Only include other insurance results for active coverage within the date ranges searched on the **Eligibility Verification** panel.

Eligibility Verification Information for 09/25/2019 to 10/31/2019

Member ID	Birth Date	Gender	Female	Verification Response ID
0000000000				
	Coverage			Effective Date End Date
MEDICAID FFS				09/25/2019 12/31/2299
Other Insurance Detail Information				

Note: Medicare coverage will be indicated, but policy number will not display. Providers are encouraged to reach out to Medicare directly.

Additional Search Capabilities

3. Eligibility Verification Search Panel

The search field will allow a date range. Historical eligibility verification information can be searched up to 120 months prior to the current date. However, the search date range must be a 90-day range.

Examples of correct search entries:

- 04/01/2018 - 06/29/3018
- 01/01/2024 - 03/29/2024

Examples of incorrect search entries:

- 02/01/2016 - 04/29/2016 because the historical range is greater than 120 months before the current date.
- 07/01/2023 - 12/01/2023 because the range is greater than 90 days.

Eligibility Verification Request

* Indicates a required field.
 Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.
 Effective Date Range is limited to 90 days per search and cannot exceed today's date. If effective To date is not entered, it will default to Effective From date.
 Coverage does not guarantee payment.

Member ID Last Name First Name
 SSN Birth Date
 * Effective From Effective To Verification for Newborn?

4. Eligibility Verification Display Panel

The **Eligibility Verification** panel will display aid code/category under Benefit Details.

Coverage Details for Member ID from 09/01/2017 to 12/31/2299 [Back to Eligibility Verification](#)

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

Benefit Details			
Coverage	Description	Effective Date	End Date
ABI / E&D WAIVER	ABI / E&D WAIVER	09/01/2017	12/31/2299
Aid Category	Description	Effective Date	End Date
6V	MEDICAID - SSI DISABLED, NON-GRANT ASSISTED LIVING	09/01/2017	12/31/2299

[Aid category listing help](#)

Eligibility Examples

The following describes the most common eligibility scenarios: [Qualified Medicare Beneficiary](#), [Specified Low-income Medicare Beneficiary](#), [Illegal Non-Resident](#), [Delaware Healthy Children Program \(eligible\)](#), [Delaware Healthy Children Program \(ineligible\)](#), [Newborn Verification](#), [Patient Pay](#), [Incarcerated Member](#).

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 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

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 ?

Print Preview

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

Delaware.gov | Privacy | Contact | Phone Directory

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			for 11/30/2016
Member ID	0000000000	Birth Date	Gender Female
Coverage	Effective Date	End Date	
DELAWARE PRESCRIPTION ASSISTANCE PROGRAM	11/01/2013	11/30/2016	
QUALIFIED BENEFICIARY	08/01/2013	11/30/2016	
Other Insurance Detail Information			

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

Coverage Details for Member ID 0000000000				from 08/01/2013 to 11/30/2016	Back to Eligibility Verification ?
Verification Response ID				Print Preview	
				Expand All Collapse All	
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					

Delaware.gov | Privacy | Contact | Phone Directory

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

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

Eligibility Verification Information for for 03/23/2017		
Member ID	Birth Date	Gender
000000000		Male
Coverage	Effective Date	End Date
ILLEGAL NON RESIDENTS	10/01/2016	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 000000000 from 10/01/2016 to 12/31/9999			
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			

Delaware.gov | Privacy | Contact | Phone Directory

Delaware Healthy Children Program (DHCP) - Member IS 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 Male
Coverage	Effective Date	End Date	
DELAWARE HEALTHY CHILDRENS PROGRAM	12/01/2016	12/31/9999	
Other Insurance Detail Information			

2. Review the Managed Care Assignment Details.

IMPORTANT: Under the “Benefit Plan”, there is a Managed Care Organization (MCO) assignment for the date of service (DOS); therefore, *this member is eligible*.

Managed Care Assignment Details					
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	
Other Insurance Detail Information			

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

IMPORTANT: There is no “Benefit Plan” column and 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		Print Preview
Back to Eligibility Verification ?				
Verification Response ID				
Expand All Collapse All				
Benefit Details				
Coverage	Description	Effective Date	End Date	
DELAWARE HEALTHY CHILDRENS PROGRAM	DELAWARE HEALTHY CHILDRENS PROGRAM	03/23/2017	03/23/2017	
Demographic Details				
Delaware.gov Privacy Contact Phone Directory				

Newborn Verification Using Mother's Medicaid ID

- To verify a newborn's Medicaid coverage using the mother's Medicaid ID, check the *Verification for Newborn* box after entering the mother's Member ID.

Eligibility Verification Request ?

* Indicates a required field.

Enter Mother's Member ID and Newborn's DOB.

Effective Date Range is limited to 90 days per search and cannot exceed today's date. If effective To date is not entered, it will default to Effective From date.
Coverage does not guarantee payment.

Member ID 0000000000 Last Name First Name
 SSN **Birth Date**
 *Effective From 09/25/2019 Effective To 10/31/2019 **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 09/25/2019 to 10/31/2019

Member ID	Birth Date	Gender	Female	Verification Response ID
0000000000				
	Coverage		Effective Date	End Date
	MEDICAID FFS		09/25/2019	12/31/2299
Other Insurance Detail Information				

- If the member ID is not known, two of the following identifiers, in combination, may be entered to retrieve a member's information: SSN, Birth Date, and/or Member Name (First and Last).

Eligibility Verification Request ?

* Indicates a required field.

Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.

Effective Date Range is limited to 90 days per search and cannot exceed today's date. If effective To date is not entered, it will default to Effective From date.
Coverage does not guarantee payment.

Member ID **Last Name** **First Name**
SSN **Birth Date**
 *Effective From 11/21/2019 Effective To 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**

Patient Pay

- The "Patient Pay Details" table is now populated when searching a member.

Coverage Details for Member ID		from 09/01/2017 to 12/31/2299		Back to Eligibility Verification ?		
Verification Response ID						
Expand All Collapse All						
Benefit Details						
Coverage	Description	Effective Date	End Date			
ABI / E&D WAIVER	ABI / E&D WAIVER	09/01/2017	12/31/2299			
Aid Category	Description	Effective Date	End Date			
6V	MEDICAID - SSI DISABLED, NON-GRANT ASSISTED LIVING	09/01/2017	12/31/2299			
Aid category listing help						
Managed Care Assignment Details						
Managed Care Plan	Managed Care Plan Phone	Primary Care Provider	Provider Phone	Benefit Plan	Effective Date	End Date
LOGISTICARE SOLUTIONS				MEDICAID NON-EMERGENCY TRANSPORTATION BROKER	09/01/2017	12/31/2299
HIGHMARK BCBSD HEALTH OPTIONS INC.	1-302-421-3000	WESTSIDE FAMILY HEALTHCARE INC	1-302-455-0900	PLUS DIAMOND STATE HEALTH PLAN	08/01/2017	12/31/2299
Patient Pay Details						
Patient Liability/Member Obligation:		Effective Date	End Date			
\$1,484.45		01/01/2019	12/31/2299			

Incarcerated Member

1. Search using the member's Medicaid ID. If the member's Medicaid ID is not known, two of the following identifiers, in combination, may be entered to retrieve a member's information: SSN, Birth Date, and/or Member Name (First and Last).

Eligibility Verification Request
?

* Indicates a required field.
 Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.
 Effective Date Range is limited to 90 days per search and cannot exceed today's date. If effective To date is not entered, it will default to Effective From date.
 Coverage does not guarantee payment.

Member ID <input type="text" value="0000000000"/>	Last Name <input type="text"/>	First Name <input type="text"/>
SSN <input type="text"/>	Birth Date <input type="text"/>	
*Effective From <input type="text" value="09/19/2019"/>	Effective To <input type="text" value="12/18/2019"/>	Verification for Newborn? <input type="checkbox"/>

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 <input type="text"/>	Code Type <input type="text"/>
Service Type Code or Procedure Code <input type="text"/>	

Submit
Reset

In the "Managed Care Assignment Details" table under the "Benefit Plan", a new description now displays "Managed Care (INCAR)". The "Lock-In Details" table displays the "Benefit Plan" of "PRISONERS".

Coverage Details for Member ID -
from 10/01/2019 to 12/31/2299
Back to Eligibility Verification ?

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

Benefit Details			
Coverage	Description	Effective Date	End Date
MAGI EXPANDED POPULATION	MAGI EXPANDED POPULATION	10/01/2019	12/31/2299
Aid Category	Description	Effective Date	End Date
X4	ADULT EXPANSION MEDICAID <= 108% FPL	10/01/2019	12/31/2299

[Aid category listing help](#)

Managed Care Assignment Details						
Managed Care Plan	Managed Care Plan Phone	Primary Care Provider	Provider Phone	Benefit Plan	Effective Date	End Date
AMERIHEALTH CARITAS DELAWARE, INC.	1-855-777-6617			Managed Care (INCAR)	11/01/2019	12/31/2299
LOGISTICARE SOLUTIONS				MEDICAID NON-EMERGENCY TRANSPORTATION BROKER	10/01/2019	10/31/2019

Lock-In Details				
Lock-in Provider	Lock-in Provider Phone	Benefit Plan	Effective Date	End Date
		PRISONERS	10/18/2019	12/18/2019

Demographic Details
+

Note: INCAR designation does not guarantee services are covered by the Managed Care. Providers are to contact the appropriate Managed Care Plan for specific information. Providers should also view the Lock-In Details section.

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