2026

Hospital Presumptive Eligibility
Training Manual

Utah Department of
Health & Human
Services

With Hospital Presumptive Eligibility (HPE) an individual can be temporarily enrolled in Utah Medicaid if they are determined presumptively eligible.

State of Utah

March 2026

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PART 1 – General Information

Section 1: What Is Hospital Presumptive Eligibility (HPE)?

- HPE is a temporary Medicaid coverage for individuals determined presumptively eligible by a qualified HPE hospital.

- The two departments that oversee the programs are the Utah Department of Health and Human Services (DHHS) and the Department of Workforce Services (DWS). DHHS is responsible for the policy, training, procedures and accuracy of HPE programs, while DWS is responsible for the eligibility system and ongoing Medicaid coverage.

- DHHS issues Memorandums of Agreement (MOA) between DHHS and hospitals throughout the state to administer the HPE program. Only hospital staff who are trained by DHHS on the HPE process can determine HPE eligibility.

- HPE providers must use the Presumptive Eligibility Portal (PEP) to administer HPE. DWS enters all HPE decisions received into the eligibility system. DWS then uses the HPE application to determine ongoing Medicaid eligibility and stores all HPE applications received.

- Applicants can apply for HPE through any qualified hospital.

Section 2: Contact Information

Jeff McClellan
Program Specialist
Phone: (801) 538-6082 hpepolicy@utah.gov (Email me to request training, report changes in HPE staff, and to ask questions about policy or procedure)
Utah Department of Health and Human Services/Office of Eligibility
PO Box 143107
Salt Lake City, UT 84114-3107

- For questions about medical billing/payment or covered services, contact Medicaid by phone at: (801) 538-6155 or (800) 662-9651.

PART 2   Policies and Procedures

Section 1: Terms of Agreement

- All HPE hospitals must agree to follow the State's policies and procedures. DHHS will provide HPE providers with information on all policies and procedures related to HPE.

- DHHS monitors all HPE determinations, and if a hospital is not making determinations in accordance with DHHS policies and procedures, DHHS will require additional training and other corrective actions before disqualifying a hospital.

- Performance standards require HPE providers to:

    - Be accurate at with at least 85% of HPE decisions made. Accuracy is measured by how accurate determinations are based on information provided by the client.

    - Help maintain the standard that, of HPE applicants also applying for ongoing Medicaid, at least 65% will be determined eligible for ongoing Medicaid.

- All HPE hospitals must have a Memorandum of Agreement (MOA) with DHHS.

- All HPE providers must be trained by DHHS on the HPE process before determining eligibility. Training conducted by fellow staff does not meet this requirement. DHHS keeps a record of completed trainings.

- All HPE hospitals must notify DHHS when a new staff member is hired to determine HPE eligibility. DHHS will schedule and provide training accordingly.

- All HPE hospitals must notify DHHS within five business days when any HPE providers change job responsibilities or terminate employment.

- All HPE providers are required to check current Medicaid eligibility for all HPE applicants prior to making an eligibility decision. Access the Eligibility Lookup Tool here: https://medicaid.utah.gov/eligibility or call Medicaid at (801)538-6155 or 1-800-662-9651.

    - Enter the client ID # and use the HPE determination date as the date of the medical service received. If the client is eligible, the system will give the medical program type, health plan, co-pay, mental health coverage, and third party liability information.

- An HPE provider who applies for HPE coverage can't (approve or deny) their own application.

- Eligibility determinations may only be performed by staff employed by the hospital at the location in which they work and determine eligibility.

- The hospital may not prescreen potential clients. However, the hospital may describe eligibility qualifications to individuals who inquire about the program.

Section 2: Services and Payment

- HPE programs cover a variety of Medicaid eligible services that may include medication, lab work, inpatient and outpatient care.

- During the HPE period, the client is able to receive treatment from various Medicaid Providers.

- Pregnant woman HPE covers Medicaid eligible, pregnancy-related services including pharmacy and dental. This includes prenatal visits, prenatal lab tests, ultrasounds, and prenatal vitamins. **It does not cover labor and delivery of the baby**.

- Hospitals will be paid at regular Medicaid rates for covered services.

Section 3: Confidentiality

- All confidential information must be safeguarded from unauthorized disclosure and use. HPE providers who fail to safeguard confidential information may be subject to both civil and criminal penalties.

- Confidential information includes:

  - Identifying information, such as names, addresses, telephone numbers, social security numbers, etc.
  - Information used to determine eligibility, such as income, assets, medical reports and data, names of persons obligated to provide financial and medical support, etc.
  - Information about benefits and medical services provided to individual clients.

- Information that cannot be identified to particular applicants and clients is not confidential information. For example: information stating the total number of HPE clients is not confidential information because no one person can be identified by that general information.

- The hospital shall only access, use, or disclose data solely for the purposes of determining HPE.

- The hospital shall implement and maintain administrative, technical, and physical safeguards necessary to protect the confidentiality of the data and to prevent any unauthorized use or access. Any and all transmission or exchange of data and electronic records must take place by secure means.

Section 4: Fraud, Waste and Abuse

- To report suspected fraud, contact the DWS Information Fraud Hotline at (800) 955-2210 or via email at wsinv@utah.gov.

- What you need to know when reporting fraud, waste or abuse:

  - It is helpful if you can provide any of the following information when reporting fraud, waste or abuse of the HPE Program:
    - HPE Provider, Medicaid Provider or client name
    - Date of birth
    - Address

- Phone number
- Medicaid ID or SSN
- Other details about what you suspect is happening or what appears to be wrong
  - ➢ You may remain anonymous when reporting suspected fraud
  - ➢ Your name may be requested so the investigator can contact you if they have questions regarding your referral. You may, however request that your name not be used in conjunction with the case.
- For more information on reporting fraud, waste or abuse, visit: https://oig.utah.gov/report-fraud/

Section 5: General HPE Information

- The application serves as both a HPE application and an ongoing Medicaid application.

- Applying for ongoing Medicaid benefits is not a requirement for HPE. Clients may check the "opt out" question on the application if they do not wish to pursue ongoing Medicaid.

- Self-declaration is used for all factors of eligibility.

- PEP requires all HPE specific questions on the application to be completed. Since the HPE application also serves as an ongoing Medicaid application, it is important to answer as many additional questions as possible to achieve the 65% HPE to Medicaid conversion standard.

- Applications must be signed and dated by the applicant or authorized representative. A parent or responsible adult must sign the application unless the applicant is a minor living independently.

- If an applicant is unable to complete the application, they may assign an authorized representative to apply on their behalf.

  - ➢ Hospitals cannot require individuals to assign the hospital as their authorized representative.
  - ➢ The person who signs the application must be someone who can answer all the questions on the application.
  - ➢ If an applicant is unable to write, he/she must make a mark on the application and have at least one witness to the signature.

- Review all eligibility on the PEP determination screen before making a determination (approval or denial) as soon as possible (see Part 3). Applicants must meet all factors of eligibility in order to qualify for HPE.

- If the applicant is eligible for HPE, the start date for eligibility is the date the HPE provider approves the application, not the date the applicant signed or submitted the application.

- If the applicant is not eligible for HPE and opted to pursue ongoing Medicaid, DWS will make a decision for the ongoing coverage. No further application is needed.

- HPE coverage will continue until DWS makes a decision for ongoing Medicaid. The day the decision is made for ongoing Medicaid (approved or denied) is the same day the HPE coverage will end.

- If the applicant opted to not pursue ongoing Medicaid, HPE coverage will end on the last day of the month after the month HPE was approved.

- If an applicant received medical services during any of the three months immediately before the date they apply for HPE, they may be able to receive Medicaid for some or all of that time-period. The Retroactive Period is the 3 calendar months immediately before the HPE application. The applicant must request retroactive coverage on the HPE application. Retroactive coverage can be determined even if HPE is denied.

- Denial reasons follow eligibility criteria and are as follows:

  - Not a U.S. citizen or eligible non-citizen
  - Not a Utah resident
  - Current CHIP, UPP or Medicaid client
  - Medicaid denial in the past 30 days
  - Already received HPE or Baby Your Baby (BYB) for the current pregnancy
  - Over the income limit
  - No available HPE program
  - Over 65 years of age
  - Not enough information to determine HPE
  - Issued HPE in the current calendar year (January 1-December 31)
  - No deprivation

- Provide the client the Presumptive Eligibility Receipt once the determination is completed. This receipt is accessible in PEP.

- DWS will enter the HPE decision into the eligibility system within a few days from the date the decision is sent to DWS. The HPE decision cannot be changed. DWS will send the approval/denial notice and medical card (if approved for HPE). DWS will then use the application to determine ongoing Medicaid eligibility unless the client opts-out.

- An application is only good for 30 days. If you leave it in pending status beyond this point you will have to deny it. If the 30th day is a non-business day, you have until the following business day to make a decision. Please check your queue regularly and make decisions as soon as possible to avoid this denial requirement.

- Individuals can still receive HPE if they have other health insurance.

- If the client does not have a SSN or refuses to provide the SSN, the field can be blank. Although the SSN is not required, request it from the client as it allows for efficient processing of the application.

- A Medical Identification card is mailed to clients approved for HPE. If the client already has a card, the HPE coverage adds to that card. If the card is lost or damaged, the client can request a replacement card from DWS. If eligible for ongoing Medicaid, the client will not receive another card. See Appendix 3 for a sample of the Medical Information Card.

- DWS will deny a HPE Provider's decision if the individual is currently receiving Medicaid, CHIP, UPP or Medicaid with a spenddown, even if the spenddown has not been paid.

Section 6: Eligibility Criteria

Self-declaration is used for all eligibility criteria other than current Medicaid eligibility (see the 4th bullet below). Compare the responses on the application to the eligibility criteria listed in this section. Individuals who do not meet all criteria listed below are not eligible for HPE.

➢ Be a Utah resident.
➢ Be a U.S. citizen, Naturalized U.S citizen, U.S. National, or a qualified non-citizen.
  - U.S. Citizens are individuals born in any of the 50 states, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, and the Northern Mariana Islands.
  - U.S. Nationals are individuals born in American Samoa or Swain's Islands
  - Qualified non-citizens are individuals lawfully admitted into the U.S.
    o Certain individuals who entered the country after August 22, 1996 are barred from receiving HPE for five years after the date they became a qualified non-citizen. The 5 year bar, does not include children under the age of 19 who are qualified non-citizens or lawfully present.
    o Refer to Medicaid policy section 205-2 for a complete list and definitions of qualified non-citizen and statuses that are barred for the 5 years.
    o Refer to Medicaid policy section 205-2.1 for more information on lawfully present children under age 19.
    o Medicaid manual: https://oepmanuals.dhhs.utah.gov/#t=Whats_New.htm

    Note: Deferred Action for Childhood Arrivals (DACA or dreamers) are **not** eligible for HPE.

➢ Except for pregnant woman HPE, an individual can only receive HPE one time in the current calendar year. Women can receive pregnant woman HPE one time during each pregnancy.
➢ Must not currently be receiving Utah Medicaid, CHIP, UPP, PCN or HPE or Medicaid with a spenddown, even if the spenddown has not been paid. **Remember that Medicaid eligibility must be checked on all applicants prior to making a determination.**
➢ Must not have received a denial for Medicaid, CHIP or UPP within the past 30 days, unless household circumstances have changed. For example, if the client was denied for

Medicaid because their income was too high and now reports that their income has changed, determine if the client is eligible for HPE.

➢ Has a gross household income at or below the income level for her household size. See section 9 on how to determine household size and section 10 for income information.

➢ There is no asset test.

➢ **NOTE:** A newborn child who has been approved for HPE and whose mother was open for Medicaid in the month of birth is eligible for Medicaid until the age of one.

Section 7: Medicaid Programs and Hierarchy

Only complete a HPE determination for the Medicaid programs listed below, listed in order of hierarchy. Do not complete a determination for individuals not wanting or needing HPE coverage:

- Child 0-5 (CM 0-5)
- Child 6-18 (CM 6-18)
- Parent/Caretaker Relative (PCR)
- Pregnant woman (PW)
- Former Foster Care (FC)
- Adult Expansion*:
  ▪ Adults w/children
  ▪ Adults w/out children

*The provider portal will automatically determine the appropriate Adult Expansion sub-group (adults w/children or adult w/out children) once the provider approves or denies the application.

Note: There is no HPE adult expansion emergency program.

A few examples of incorrect determinations:
  o PCR for a child under 19
  o CM 6-18 for a child under age 6
  o PW for a male
  o CHIP, Family or Emergency Medicaid for any individual

Section 8: Basic Program Requirements:

❖ **Child Medicaid Age 0-5**

- Income limit: 139% of the Federal Poverty Level (FPL).
- Can receive eligibility through the month in which they turn age 6.
- Parent(s) income is countable.
- A child does not have to live with a parent.

❖ Child Medicaid Age 6-18

- Income limit: 133% of FPL.
- Can receive eligibility through the month in which they turn age 19.
- Parent(s) income is countable.
- A child does not have to live with a parent.

❖ Parent/Caretaker Relative (PCR) Age 19-64

- Income limit: See income chart in Appendix 1.
- Determine coverage for the parent/caretaker(s) only.
- In the case of a two-parent/caretaker household, both parents/caretakers can be included in the coverage or if the parents are unmarried and live together, they can both receive coverage.
- The household must include the following individuals (living together):

1. A parent, relative by blood, adoption or marriage of a dependent child who assumes primary responsibility for a child's care. This individual must be between 19-64 years old.
   Note:
   a. Caretaker Relatives are parents and step-parents, grandfather and grandmother, brother or sister including step, half or adopted brother or sister, uncle or aunt, first cousin or child of a first cousin, nephew or niece, persons of prior generations designated by the prefix grand, great, great-great, or great-great-great, or spouses or former spouses of any of those individuals.
   b. In certain circumstances, a non-parent caretaker relative could assume primary responsibility for the dependent child's care while the parent is in the home. Contact the HPE program specialist with any questions on how to determine if a non-parent caretaker relative meets this requirement.
   c. The caretaker relative can receive coverage through the month in which they turn age 65.
2. A dependent child who is deprived of the parent/caretaker's support.
   Note:
   a. The child must either be under 18 or age 18 and a full-time student who is expected to graduate before the age of 19. An unborn can count as an eligible child if the adult woman is in her 3rd trimester. If she is not in her 3rd trimester, determine if she qualifies for PW.
   b. Deprivation of support exists if the child has:
      o A parent that is deceased. This means that one parent is deceased and the surviving parent has not remarried.
      o A parent that is incapacitated. This means that either parent has a physical or mental incapacity and is an SSI recipient or has been determined to be disabled by the Social Security Administration or has been determined to be disabled by the State Medicaid Disability Office or is recognized as 100% disabled by the Veteran's Administration.

- A parent in a two or more parent household is unemployed or employed less than 100 hours in the application month.
- A parent who is absent from the home. This means a parent is absent and the expected duration of the absence is unknown, is an inmate of a public institution such as jail or prison, or the child is under joint custody. A child is **not** deprived of support if the parent is absent due to military service, employment, schooling or training, or plans to return to the home within 30 days from the application date.

❖ **Pregnant Woman**

- Income limit: 139% of FPL.
- The woman must be pregnant on the day of approval for HPE.
- If age 19 or older and lives with her parent(s), her parent's income is not countable.
- If under age 19 and living with her parent(s), her parents' income is countable.

❖ **Former Foster Care Individuals**

- Age 18 to 26. Eligibility runs through the month they turn age 26.
- The individual was receiving Medicaid when they aged out of foster care in any state on or after their 18th birthday.
- Individual was in the custody of DCFS, DHS or an American Indian Tribe when foster care ended. Persons in the custody of Juvenile Justice Services are not eligible.
- There is no income test.
- Must not be eligible for CM, PCR or PW.

❖ **Adult Expansion 19-64**

- Income limit: 133% of FPL.
- The individual cannot be eligible for any other HPE program or receiving Medicare.
- The individual must be between the ages of 19 and 64.
- The individual can receive eligibility through the month in which they turn age 65.
- If determining an adult with a child, the child must be the individual's child and the child must be under age 19.

NOTE: Due to the hierarchy of CM and PCR to PW, it is possible that a pregnant woman is determined eligible for CM or PCR. CM and PCR cover labor and delivery.

Section 9: Determining Household Size

With the exception of Former Foster Care, determine household size by relationship and living arrangements. Do not include individuals who do not live with the person needing HPE.

❖ **Under Age 19**

Include the following in the household size:

- The individual
- The individual's children
- If pregnant, the number of unborn children of the individual
- Legal spouse
- Parent(s) or step-parent(s)
- Any sibling under the age of 19

Note: Do not include adults in a child's household size if they are not a parent of that child, such as a grandparent or aunt/uncle.

❖ Over Age 19

Include the following in the household size:

- The individual
- If pregnant, the number of unborn children of the individual
- Legal spouse
- Children or step-children under the age of 19

❖ Former Foster Care

Include the following in the household size:

- The individual (always a household size of 1)

Example: Laurie (18) who is pregnant, lives with her boyfriend George and her parents Dave and Linda. She also has two siblings Gina (20) who is also pregnant and her brother Lane (15). The household size for Laurie is five. George is not included as he is not related to any household member and Gina is not included as she is over the age of 18.

Section 10: Income

❖ General Rules

- Only the income of a parent is countable, unless a child under age 19 is not living with a parent, then that child's income will count.
- For earned income, count the gross income (before taxes and deductions).
- For self-employment, count the net income after business expenses.
- Applicants must self-declare income in Section K (even if income is zero).
- Applicant must declare which income is correct if there is a discrepancy in income posted in Sections D and K.
- The income of a child who is under age 19:
  - Is not countable if the child is living with a parent
  - Is countable if the child is not living with a parent
- Income of a sibling is not countable
- Income of a guardian or adult who is not the parent is not countable.

- FC does not have an income limit.
- The following apply for American Indian income:
  - Revenues from tribal ran gambling are countable
  - Tribal benefits are not countable
- The following income types are not countable:
  - Educational income
  - Veteran's income
  - Child support
  - SSI

Determining Income

❖ **Determining Income Without Check Stubs**
To determine monthly income without check stubs, you need to know how often the individual is paid, how many hours a week they work and their hourly rate.

➢ **Paid "Weekly" or "Every Other Week"**

- Multiply hours worked each week by the hourly rate. This will give gross weekly income.
- Multiply gross weekly income by 4.3. This will give the gross monthly income.

Example: Individual works 32 hours a week at $11.25 an hour.
  - 32 hours per week 'X' $11.25 an hour = $360 (weekly income).
  - $360 'X' 4.3 = $1548 (monthly income).

➢ **Paid "Twice a Month" or "Monthly"**

- Use the 172 hour chart (appendix C)
  - Find the weekly hours the individual states they work in the left column. This will determine the monthly hours as shown in the right column.
  - Multiply the monthly hours by the hourly rate. This will give you their gross monthly income.
  Example: Individual works 29 hours a week at $10.25 an hour.
  - 29 weekly hours = 126 monthly hours.
  - 126 monthly hours 'X' $10.25 = 1,291.50 (monthly income)

❖ **Determining Income Using Check Stubs**
Check stubs are not required. However, if an applicant provides you with check stubs, determine income as follows:
➢ **Paid "Weekly"**

- Multiply gross amount on the check stub by 4.3.
  - Check stub shows gross income of $512.50. Multiply $512.50 by 4.3 = $2203.75 (monthly income).

➢ **Paid "Every Two Weeks"**

- Multiply the gross paycheck amount by 2.15

- Check stub shows gross income of $412.55. Multiply $412.55 by 2.15 = $886.98 (monthly income).

➢ **Paid "Twice a Month"**

- Multiply the gross paycheck amount by 2.
  - Check stub shows gross income of $680.01. Multiply $680.01 by 2 = $1360.02 (monthly income).

➢ **Paid "Monthly"**

- The gross amount on check is the gross monthly income.

Section 11: Inform the client on the following:

☑ HPE coverage can be used with any Utah Medicaid Provider.

☑ Stop using HPE benefits if denied for ongoing Medicaid.

- If the client continues to use HPE coverage after an ongoing medical assistance denial, they may be responsible to pay back any benefits received.

☑ If approved for ongoing Medicaid, use the same card issued for HPE.

☑ DWS may contact them for additional information for their ongoing medical application if they did not opt out of ongoing medical.

☑ The HPE "Pregnant Woman" program only covers pregnancy related outpatient services. Labor and Delivery are not a covered service.

☑ HPE can only be received once per calendar year even if benefits were not used.
Exception: A pregnant woman can receive HPE or Baby Your Baby once per pregnancy.

PART 3   Presumptive Eligibility Portal (PEP)

Section 1: What is the Presumptive Eligibility Portal (PEP)?
- PEP is a comprehensive application system that provides the following features:
  - Application serves as both a HPE application and an ongoing Medicaid application (unless the client opts out).
  - Ability for HPE providers to help a client complete an application. The client must electronically sign and date the application in person or electronically sign, date, and return the signature to the HPE Provider via email.
  - Ability for HPE Providers to process applications received through PEP.
  - The application is available in both English and Spanish

Section 2: Access to PEP
To obtain access to PEP:

1. Contact the HPE Program Specialist (hpepolicy@utah.gov) to request access to PEP. The following information must be included with your email request:
   - HPE Provider contact information (name, phone number and email)
   - Location
   - Date the HPE Provider will begin processing HPE applications on PEP.
2. The program specialist will then provide you with new provider training on PEP.
3. After completing new provider training, you will go through a registration process by creating a user name (your email) and a password, then selecting your hospital site. You will then receive an email confirming your registration, asking to verify your registration information. DHHS will then approve your access at which point you will receive an enrollment approval email.
4. Once your account has been activated, you can manage HPE applications by logging in at: https://medicaid.utah.gov/pep-access/
5. If you no longer work with HPE, contact the program specialist immediately to close your PEP account.
6. If you see other HPE Providers listed on PEP and they no longer administer HPE, contact the program specialist immediately to remove their names.
   - Note: Access to the Eligibililty Lookup Tool and PEP are not the same. You will need access to both systems. You will need to register separately for each system.

Section 3: Summary of the PEP Process

1. The HPE Provider views list of all pending applications.
2. The HPE Provider reviews the application.
3. The HPE Provider checks current Medicaid eligibility for all applicants.
   - Use the Eligibility Lookup Tool or call the Medicaid hotline to verify eligibility.
4. The HPE Provider makes an eligibility decision.
5. The HPE Provider prints out and gives the client notice of approval/denial.
6. DWS receives information and enters the HPE Provider's decision into the eligibility system. The decision cannot be changed.

7. DWS processes the ongoing application (unless applicant opts out) and notifies applicant of thedecision.

Section 4: Confidentiality
- The same confidentiality and release of information requirements mentioned in Part 2, Section 3 apply to PEP.
- When you are working in the system, SIGN OUT if you leave your desk at any time. You must maintain strict protection and confidentiality of the information in the system. Do NOT share your password with anyone else including co-workers. If a co-worker or anyone else needs access to PEP, that individual needs to set up their own account.
- Do not email any client identifying information, including Social Security Numbers.

PART 4: APPENDICES

Appendix 1: Income chart

Effective March 1, 2026

Household Size	Parent & Caretaker Relative (PCR) Age 19-64	Pregnant Woman & Child Medicaid Age 0-5	Adult Medicaid & Child Medicaid Age 6-18	Former Foster Care Individuals Age 18-26
		139% FPL	133% FPL	No Income limit
1	$438	$1849	$1769	
2	$544	$2507	$2399	
3	$678	$3165	$3028	
4	$797	$3823	$3658	
5	$912	$4481	$4288	
6	$1012	$5139	$4917	
7	$1072	$5797	$5547	
8	$1132	$6455	$6176	
9	$1196	$7113	$6806	
10	$1257	$7771	$7435	

Appendix 2: 172 Hour Chart: Use this chart when a client is paid monthly or twice per month.

Find the weekly hours the client says they work in the column on the left. This will determine the monthly hours as shown in the right column to calculate the monthly gross income.
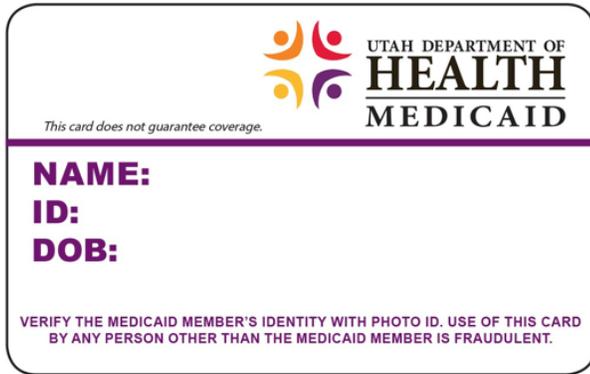
Average Hours Worked Per Week	Monthly Hours
40	172
39	169
38	163
37	160
36	155
35	151
34	146
33	143
32	138
31	134
30	129
29	126
28	120
27	117
26	112
25	108
24	103
23	100
22	95
21	91
20	86
19	83
18	77
17	74
16	69
15	65
14	60
13	57
12	52
11	48
10	43
9	40
8	34
7	31
6	26
5	22
4	17
3	14
2	9
1	5

Appendix 3: Medical Identification Card

Below are samples of the Medicaid member cards. Each new Medicaid member will get their own card. Existing members will continue using their old UDOH Medicaid card. Please accept both DHHS and UDOH Medicaid cards.

Old UDOH Medicaid Card

FRONT:

UTAH DEPARTMENT OF
HEALTH
MEDICAID

This card does not guarantee coverage.

NAME:
ID:
DOB:

VERIFY THE MEDICAID MEMBER'S IDENTITY WITH PHOTO ID. USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEDICAID MEMBER IS FRAUDULENT.

BACK:

Medicaid Members:
- Show this card with photo ID before getting medical care
- For information about your Medicaid benefits or claims, call toll-free 1-844-238-3091
- To verify your Medicaid eligibility, visit mybenefits.utah.gov
- For changes affecting your eligibility, visit jobs.utah.gov/mycase or call 1-866-435-7414
- If you have other insurance, report changes to ORS at 801-536-8798

Medicaid Providers:
- Most members are enrolled in a health plan
- To verify eligibility, health plan enrollment, coverage dates, and covered benefits, call *AccessNow* at 1-800-662-9651 or visit medicaid.utah.gov/eligibility

New DHHS Medicaid Card

FRONT:
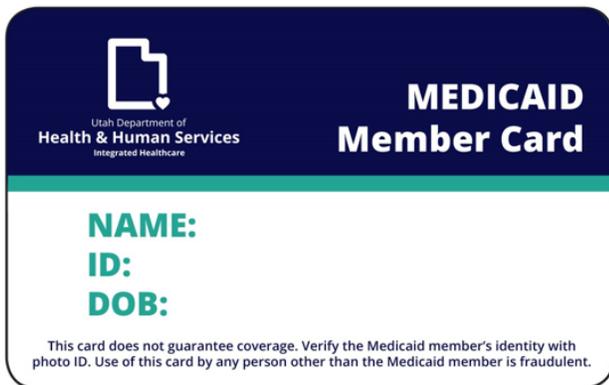
Utah Department of
Health & Human Services
Integrated Healthcare

MEDICAID
Member Card

NAME:
ID:
DOB:

This card does not guarantee coverage. Verify the Medicaid member's identity with photo ID. Use of this card by any person other than the Medicaid member is fraudulent.

BACK:

Medicaid Members:
- Show this card with photo ID before you get medical care
- For information about your Medicaid benefits or claims, call toll-free 1-844-238-3091
- To verify your Medicaid eligibility, visit mybenefits.utah.gov
- For changes affecting your eligibility, visit jobs.utah.gov/mycase or call 1-866-435-7414
- If you have other insurance, report changes to ORS at 801-536-8798

Medicaid Providers:
- Most members are enrolled in a health plan
- To verify eligibility, health plan enrollment, coverage dates, and covered benefits, call *AccessNow* at 1-800-662-9651 or visit medicaid.utah.gov/eligibility