

State Web Portal Eligibility Check Step by Step Process

Objective: To provide practices/entities with a step-by-step process of how to check Medicaid and CHP HMO eligibility.

Ask of practices/entities during the Continuous Coverage Unwind:

- To ensure that you get properly reimbursed, you must check the Health First Colorado eligibility of each of your patients:
 - At the time their appointment is scheduled
 - When the patient arrives for their appointment

PLEASE NOTE:

1. This view is what the RAEs are able to see if may look slightly different on the provider side.
2. CHP HMO/RAE) do not provide portal support for the state's web portal. This is supported by the state's fiscal agent, Gainwell. If you are experiencing difficulties, please contact 844-235-2387.

[Colorado Provider Portal > Home \(gainwelltechnologies.com\)](https://gainwelltechnologies.com)

The screenshot shows the Colorado Provider Portal Home page. At the top, there are logos for the Colorado Department of Health Care Policy & Financing and Health First Colorado. Below the logos is a navigation bar with a "Home" link. The main content area is divided into several sections. On the left, there is a "Login" section with fields for "User ID" and "Password", a "Log In" button, and links for "Forgot User ID?", "Forgot Password?", and "Register Now". In the center, there are three featured tiles: "Provider enrollment" with a plus sign icon, "Provider services (forms, rates & billing manuals)" with a dollar sign and list icon, and "What's new? (bulletins, newsletters, updates)" with a radio tower icon. Below these tiles is a "Provider Portal News" section with a notice about the Provider Services Call Center closure on Friday, 3/24. A black arrow points to the "User ID" field in the login form.

3.



Eligibility Verification

Eligibility

Tuesday 03/21/2023 08:43 AM MST

Delegate for Colorado Access 3 **Provider ID** Managed Care - 99999903 **Location** 99999903 - COLORADO ACCESS RAE 3



 **Eligibility**

▸ [Eligibility Verification](#)



NOTE:

We recommend using the member's State ID (i.e.Y123456) and date span of the date of service or today's date.



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Eligibility Verification

[Eligibility](#) > Eligibility Verification

Tuesday 03/21/2023 08:43 AM MST

Delegate for Colorado Access 3 **Provider ID** Managed Care - 99999903 **Location** 99999903 - COLORADO ACCESS RAE 3

Eligibility Verification Request ?

* Indicates a required field.
Enter the member information. If Member ID is not known, enter two of the following: SSN, Birth Date, Member Name.

Member ID **Last Name** **First Name**
SSN **Birth Date**


* **Effective From** 03/21/2023 **Effective To** 03/21/2023 **Verification for Newborn?**

Service Type Code

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


Search By

Service Type Code


I'm not a robot 
reCAPTCHA
Privacy | Terms

Submit **Reset**

You can select either [Medicaid State Plan](#) or [Behavioral Health Benefit](#) hyperlink to see the same information concerning a member's RAE/CHP HMO eligibility.



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[Eligibility](#) > Eligibility Verification Tuesday 03/21/2023 08:46 AM MST

Delegate for Colorado Access 3
Provider ID Managed Care - 99999903
Location 99999903 - COLORADO ACCESS RAE 3

Eligibility Verification Request

* Indicates a required field.
Enter the member information. If Member ID is not known, enter two of the following: SSN, Birth Date, Member Name.


Member ID <input type="text"/>	Last Name <input type="text"/>	First Name <input type="text"/>	
SSN# <input type="text"/>	Birth Date# <input type="text"/>		
*Effective From# <input type="text"/>	Effective To# <input type="text"/>	Verification for Newborn?# <input type="checkbox"/>	

Service Type Code

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

Search By

Service Type Code#


I'm not a robot 

Submit
Reset


Eligibility Verification Information for ANNA M CORDOVA from 03/21/2023 to 03/21/2023

Member ID	Birth Date	Gender	
G051551	04/30/2002	Female	
Coverage	Effective Date	End Date	
Medicaid State Plan	05/01/2019	12/31/2299	
Behavioral Health Benefits	05/01/2019	12/31/2299	
Alternative Benefit Plan	05/01/2021	12/31/2299	
Other Insurance Detail Information			

Click on the “+” sign at the Managed Care Assignment Details to see either a member has Medicaid or CHP HMO and who they are enrolled in. In the below example, the member is enrolled in Medicaid RAE 5/Colorado Access. Primary Care Medical Provider is UHealth Medical Group/locations site 1114530466.



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Eligibility Verification

[Eligibility](#) > [Eligibility_Verification](#) > Coverage Details Tuesday 03/21/2023 08:50 AM MST

Delegate for Colorado Access 3
Provider ID Managed Care - 99999903
Location 99999903 - COLORADO ACCESS RAE 3

Print Preview

Coverage Details
?

Coverage Details for Member ID [REDACTED]
 Eligibility Verification Response Guarantee Number 2308005H5M
[Expand All](#) | [Collapse All](#)

Demographic and Copay Details
-

Mailing Address [REDACTED] **State** Colorado **Zip Code** 80012-3562
City [REDACTED] **State** Colorado **Zip Code** 80012-3562
Copay Status Max Met
 Due to the timing of when claims are submitted and paid, it is possible that the member's Copay Status may change. This eligibility verification is NOT a guarantee of the copay status or copay due.

Click '+' to expand and view copay amounts. Click '-' to collapse.

Benefit Details
-

	Coverage	Description	Effective Date	End Date
+	TXIX	Medicaid State Plan - HD	03/21/2023	03/21/2023
+	BHO+B	Behavioral Health Benefits - HD	03/21/2023	03/21/2023
+	ABP	Alternative Benefit Plan - HD	03/21/2023	03/21/2023

Limit Details
-

Managed Care Assignment Details
-

NPI/MCD	Managed Care Plan	Provider Name	Effective Date	End Date
1114530466/ 9000146132	Primary Care Medical Provider	UCHEALTH MEDICAL GROUP	03/21/2023	03/21/2023
None/ 99999905	REGIONAL ACCOUNTABLE ENTITY	RAE REGION 5	03/21/2023	03/21/2023
None/ 16374576	Administrative Service Organization - Dental	DENTAQUEST USA INSURANCE CO IN	03/21/2023	03/21/2023

EPSDT Well Child Service Details
-

CHP HMO Example: Member has CHP and enrolled with Colorado Access as their HMO.



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Eligibility Verification

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Tuesday 03/21/2023 09:03 AM MST

Delegate for Colorado Access 3
 Provider ID Managed Care - 99999903
 Location 99999903 - COLORADO ACCESS RAE 3

Print Preview

Coverage Details ?

Coverage Details for Member ID [REDACTED]

Eligibility Verification Response Guarantee Number 2308005NNB

[Expand All](#) | [Collapse All](#)

Demographic and Copay Details -

Mailing Address [REDACTED]

City [REDACTED] State Colorado Zip Code [REDACTED]

Copay Status Copay Due

Due to the timing of when claims are submitted and paid, it is possible that the member's Copay Status may change. This eligibility verification is NOT a guarantee of the copay status or copay due.

Click '+' to expand and view copay amounts. Click '-' to collapse.

Benefit Details -

	Coverage	Description	Effective Date	End Date
+	CHP+B	Child Health Plan Plus - N1	03/21/2023	03/21/2023

Managed Care Assignment Details -

NPI/MCD	Managed Care Plan	Provider Name	Effective Date	End Date
None/ 27474241	Child Health Plan Plus	COLORADO ACCESS	03/21/2023	03/21/2023
None/ 9000171765	Child Health Plan Plus - Dental	DENTAQUEST USA	03/21/2023	03/21/2023

EPSDT Well Child Service Details +