

**Medicaid Information Line
Effective Date: Oct. 19, 2009**

**(801)
538-6155**
(Salt Lake City area)

OR

**(800)
662-9651**
(Outside Salt Lake, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada)

OR

**(801)
538-6155**
(Other States not listed above)

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**1
Verify
Eligibility**

ELIGIBILITY MENU

- | | |
|------------------------|--------------------------------|
| 1
Access Now | 2
Client Eligibility |
|------------------------|--------------------------------|

**2
Client**

CLIENT MENU

- | | | | | | | |
|-------------------------------------|----------------------------|-----------------------------|--|-------------------------------|---------------------------------|------------------|
| 1
Transportation Services | 2
CSUC (Billing) | 3
DWS Case Worker | 4
Certificate of Creditable Coverage | 5
Pharmacy Services | 6
Report Misuse (PIU) | 7
HPRs |
|-------------------------------------|----------------------------|-----------------------------|--|-------------------------------|---------------------------------|------------------|

TRANSPORTATION MENU

- | | |
|---|--------------------------------------|
| 2
Schedule Non-Emergency Non-Flex | 3
Schedule Flex-Trans Trip |
|---|--------------------------------------|

**3
Provider**

PROVIDER MENU

- | | | | | | | | | |
|----------------------------|---|------------------------|---------------------------------|--------------------------------|------------------------------|---------------------------------|-----------------------------|--------------------|
| 1
Transportation | 2
Customer Srv & Medcrossover | 3
Prior Auth | 4
Provider Enrollment | 5
Electronic Billing | 6
Pharmacy/Hospice | 7
Report Misuse (PIU) | 8
Custody Medical | 9
I.H.S. |
|----------------------------|---|------------------------|---------------------------------|--------------------------------|------------------------------|---------------------------------|-----------------------------|--------------------|

CSU/MCARE MENU

- | | |
|--------------------------------|-----------------------------------|
| 1
Medicare Crossover | 2
All other Billing ??? |
|--------------------------------|-----------------------------------|

PRIOR AUTHORIZATION MENU

- | | | | | | |
|--|------------------------------|---|-----------------------------|------------------------------|-----------------------------|
| 1
Dental, Vision, Transport, Audiology & Genetic Testing | 2
Pharmacy & Psych | 3
Emerg Only, Private D Nurse & Wheelchairs | 4
Inpatient Rehab | 5
All other Priors | 6
Program Manager |
|--|------------------------------|---|-----------------------------|------------------------------|-----------------------------|

**4
HMO**

HMO MENU

- | | | | | |
|------------------------------|------------------------------------|-------------------------------|-----------------------------------|---------------------------|
| 1
Covered Benefits | 2
Address & Phone Number | 3
Change Enrollment | 4
HMO Billing Questions | 5
Your Dr's HMO |
|------------------------------|------------------------------------|-------------------------------|-----------------------------------|---------------------------|

**7 Client -
Spanish**

SPANISH CLIENT MENU

- | | | | | | | |
|-------------------------------------|----------------------------|-----------------------------|--|-------------------------------|---------------------------------|------------------|
| 1
Transportation Services | 2
CSUC (Billing) | 3
DWS Case Worker | 4
Certificate of Creditable Coverage | 5
Pharmacy Services | 6
Report Misuse (PIU) | 7
HPRs |
|-------------------------------------|----------------------------|-----------------------------|--|-------------------------------|---------------------------------|------------------|

SPANISH TRANSPORTATION MENU

- | | |
|---|--------------------------------------|
| 2
Schedule Non-Emergency Non-Flex | 3
Schedule Flex-Trans Trip |
|---|--------------------------------------|