

Insurance Verification • Reconciliation Sample

Three representative patients across three offices. For each, the live Ohio Medicaid (PNM) portal result is shown beside the status we recorded, confirming the data comes directly from the state system. Medicaid numbers and SSNs are masked.

PATIENT Christopher Mimms OFFICE Cincinnati-Muddy Creek WE RECORDED **ACTIVE** • United Healthcare
Live Ohio Medicaid portal result (Medicaid number and SSN masked):

The screenshot displays the Ohio Medicaid portal interface. At the top, there is a navigation bar with a hamburger menu icon. Below it, a 'Jump To:' dropdown menu is set to 'Search-RA'. A row of icons includes 'Search-RA', 'Submit PA', 'Search Eligibility', 'Search PA', 'Submit Claim', and 'Search'. The main content area is titled 'ELIGIBILITY SEARCH' with a plus sign icon. A note states: 'An asterisk * indicates a required field'. The search criteria are as follows:

- * Medicaid Billing Number: [Empty field]
- * or SSN Example(123456789) No Dashes Needed: [Empty field]
- * Date of Birth Example(12/31/2025) Full Date Needed: 11/09/1983
- Procedure Code: [Empty field]
- * From DOS Example(12/31/2025) Full Date Needed: 06/01/2026
- * To DOS Example(12/31/2025) Full Date Needed: 06/01/2026

Buttons for 'Search', 'Clear', and 'Print' are located below the search criteria. The 'RECIPIENT INFORMATION' section is expanded, showing the following details:

- Medicaid Billing Number: *****7304
- Date of Birth: 11/09/1983
- County of Residence: Hamilton
- Last Name: MIMMS
- Date Of Death: [Empty field]
- County of Eligibility: HAMILTON
- First Name, MI: CHRISTOPHER
- SSN: ***-**-****
- County Office Information: <https://fs.ohio.gov/about/local-agencies-directory>
- Gender: Male

At the bottom, the text 'BENEFIT ASSIGNMENT PLAN(S)' is partially visible.

Live Ohio Medicaid portal result (Medicaid number and SSN masked):

Jump To: Search-RA

Search-RA Submit PA Search Eligibility Search PA Submit Claim Search

Provider Medicaid ID:
Provider NPI:
Provider Name:

ELIGIBILITY SEARCH +

An asterisk * indicates a required field

* Medicaid Billing Number

* or SSN Example(123456789) No Dashes Needed

* Date of Birth Example(12/31/2025) Full Date Needed

Procedure Code

* From DOS Example(12/31/2025) Full Date Needed

* To DOS Example(12/31/2025) Full Date Needed

Search Clear Print

RECIPIENT INFORMATION -

Medicaid Billing Number:

Date of Birth:

County of Residence:

Last Name:

Date Of Death:

County of Eligibility:

First Name, MI:

SSN:

County Office Information:
<https://fs.ohio.gov/about/local-agencies-directory>

Gender:

BENEFIT/ASSIGNMENT PLAN(S) -

PATIENT

Clarissa Holloway

OFFICE

Columbus

WE RECORDED

ACTIVE · CareSource

Live Ohio Medicaid portal result (Medicaid number and SSN masked):

Jump To:

Search-RA



Search-RA

Submit PA

Search Eligibility

Search PA

Submit Claim

Search

Provider Medicaid ID:

Provider NPI:

Provider Name:

ELIGIBILITY SEARCH

An asterisk * indicates a required field

* Medicaid Billing Number

* or SSN Example(123456789) No Dashes Needed

* Date of Birth Example(12/31/2025) Full Date Needed

Procedure Code

* From DOS Example(12/31/2025) Full Date Needed

* To DOS Example(12/31/2025) Full Date Needed

Search

Clear

Print

RECIPIENT INFORMATION

Medicaid Billing Number:

Date of Birth:

County of Residence:

Last Name:

Date Of Death:

County of Eligibility:

First Name, MI:

SSN:

County Office Information:

<https://fs.ohio.gov/about/local-agencies-directory>

Gender:

BENEFIT/ASSIGNMENT PLAN(S)

Benefit/Assignment Plan ↓	Effective Date ↓	End Date ↓
MAGI:Alcohol and Drug Addiction Services	06/01/2026	06/30/2026
MAGI:Medicaid	06/01/2026	06/30/2026
MAGI:HMO, CFC	06/01/2026	06/30/2026
MAGI:MRDD Targeted Case Mgmt	06/01/2026	06/30/2026
MAGI:Ohio Mental Health	06/01/2026	06/30/2026