

MI Health Plan Benefits

User Guide

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1 - MI Health Plan Benefits Overview

MI Health Plan Benefits is a web application built and hosted by Michigan Public Health Institute (MPHI) that allows registered Providers to query patients for Medicaid eligibility.

Providers can have accounts associated with it with the following roles:

- **User Account** – This type of account allows the user to perform Individual and Multiple Eligibility lookups for the Provider.
- **Domain Administrator Account** – This type of account allows the user to perform lookups in addition to managing the Provider’s list of authorized users.

If you intend to apply to be a Domain Administrator for a Provider ID in Health Plan Benefits, please review the Health Plan Benefits Application Domain Administrator Guide.

2 - Setting Up Your Account

A Domain Administrator must add you to the Provider ID, so you can create an account or add the Provider ID to your existing account.

**User accounts are for individual use and will not be shared for use by any other person(s) within or outside of the organization that the user is employed.*

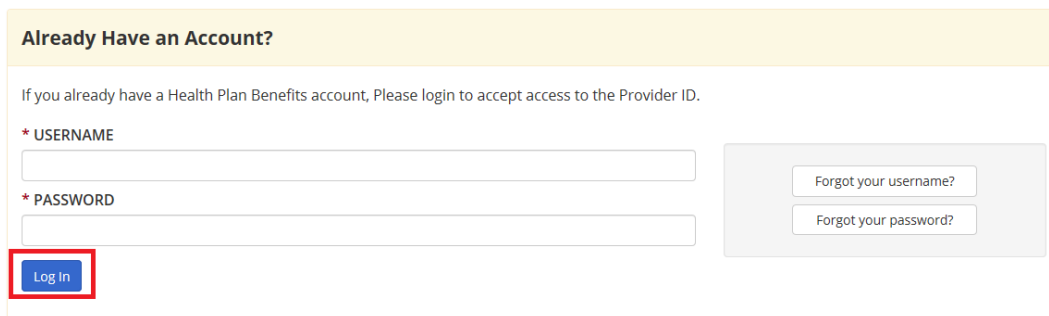
2.1 - Added by Domain Administrator

When a Domain Administrator has granted you access to a Provider ID, you will be sent an invite email. Follow the steps listed below to accept access to the Provider ID.

Step 1: Select the link in the email to be taken to the MI Health Plan Benefits page for accepting access to a Provider ID.

Step 2: If you already have a MI Health Plan Benefits account, log into the account by entering your username and password then selecting the “Log In” button in the “Already Have an Account?” section. Upon logging into your account, you will have access to the new Provider ID.

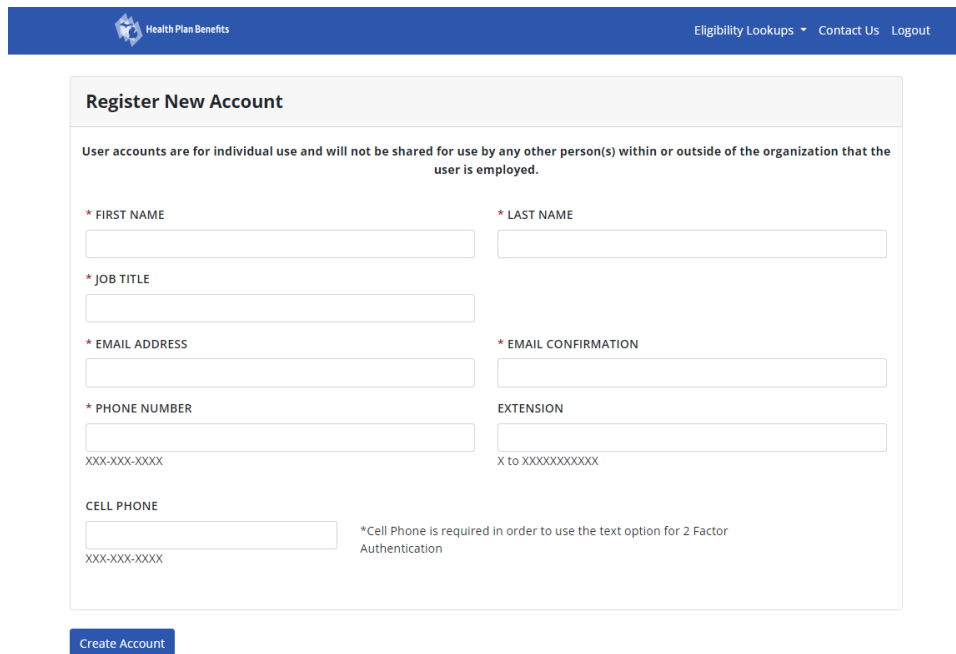
If you do not already have an account, go to step 3.



Step 3: Fill out the Register New Account section by entering the following information. A red asterisk (*) indicates a required field.

- * **First Name** – Your first name.
- * **Last Name** – Your last name.
- * **Job Title** – Your job title.
- * **Email Address** – Your email address. This address is where you will be sent emails necessary to finalize account setup.
- * **Email Confirmation** – Re-enter your email address in this field to confirm that it was entered correctly.
- * **Phone Number** – Your phone number.
- **Extension** – Your phone number extension, if necessary.
- **Cell Phone Number** – required if you want to use text for 2 factor authentication.

Step 4: Select the “Create Account” button at the bottom of the page to submit the account registration form. Upon submission, two emails will be sent to the entered email address: one with the new account username, and another with a registration link to set up the account password. The username is system generated.



Health Plan Benefits | Eligibility Lookups | Contact Us | Logout

Register New Account

User accounts are for individual use and will not be shared for use by any other person(s) within or outside of the organization that the user is employed.

* FIRST NAME | * LAST NAME

* JOB TITLE

* EMAIL ADDRESS | * EMAIL CONFIRMATION

* PHONE NUMBER | EXTENSION

CELL PHONE

*Cell Phone is required in order to use the text option for 2 Factor Authentication

Create Account

Step 5: Two emails will be sent; you will need both emails to complete setting up your new account.

- The first will contain your username.
- The second will contain a link to set your password.

Select the link in the password email to be taken to the Setup Account page.

Step 6: On the Setup Account page, you must enter the username that was emailed to you, then enter and confirm your new password.

Step 7: Select the “Confirm” button to complete your account setup. You will be taken to the Login page to log in to your new account. (See [2.1 – Logging In](#)) Your new account will have access to the Provider ID granted by the Domain Administrator.

3 - Accessing MI Health Plan Benefits

The MI Health Plan Benefits application can be accessed at <https://hpb.mihealth.org>.

3.1- User Maintenance System Policy

MI Health Plan Benefits accounts have 2 levels of permission: Account Login and User/Provider Relationship.

1. Account Login: You are required to log in at least once every 120 days or your account login will be deactivated.
 - If a user has not logged in for 180 days their account login will be expired.
2. User/Provider Relationship: You are required to perform a search using an authorized Provider ID at least once every 120 days or your User/Provider ID relationship will be deactivated.
 - A user with access to more than 1 Provider ID will need to perform a search with each Provider ID to keep the relationship active.
 - If a user has not performed a search using Provider ID for 180 days their Provider ID relationship will be expired.

Within 120 days you must login and complete a search to keep your account active.

A User/Provider ID relationship is defined as a user authorized to use a specific Provider ID to search eligibility. If a user is authorized to use to more than 1 Provider ID, each one is considered a unique relationship.

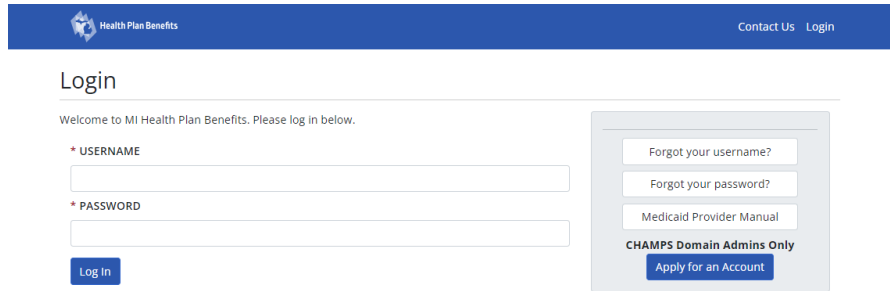
3.2 - Provider Maintenance System Policy

1. All Provider IDs in Health Plan Benefits must have an active Domain Administrator associated with it at all times.
 - a. Failure to do so within 48 hours, will result in all user accounts will be deactivated until the Provider ID is compliant.
2. The Provider ID is fully accountable for all transactions submitted and will cooperate with MPHI or its agents in the event that there is a security concern with respect to the any queries submitted by the organization to MPHI.
3. Provider must promptly notify MPHI if account is no longer in compliance or needs deactivation.
4. Provider will promptly notify MPHI in the event that the identity or contact information of the Domain Administrator changes, or if any of the assurances are no longer met.

*****When a user leaves the organization, they should contact the domain administrator to remove the user relationship immediately. If the user accesses patient information using a Provider ID they are no longer associated with, the user could be liable for any HIPAA violations.***

3.3 – Logging In

You can log into the MI Health Plan Benefits application from the Login page. Enter a valid Username and Password combination and select the Log In button to log into the application.



When you successfully log into the application, you will be taken to the Home page.

*If a user does not have an active status User/Provider ID relationship, they will not be allowed to log into Health Plan Benefits. They will receive the following message:

This account is not associated with a Provider ID, you will not be able to access any system information. To correct this please contact your Domain Administrator. If you do not know who your Domain Administrator is you can contact Health Plan Benefits Support at medicaideligibility@mphi.org

Note: If you attempt to login and have 5 consecutive failed attempts, your account will be locked for a 10-minute period. Please note, every failed attempt thereafter, while the account is already locked, will increase the total lockout time.

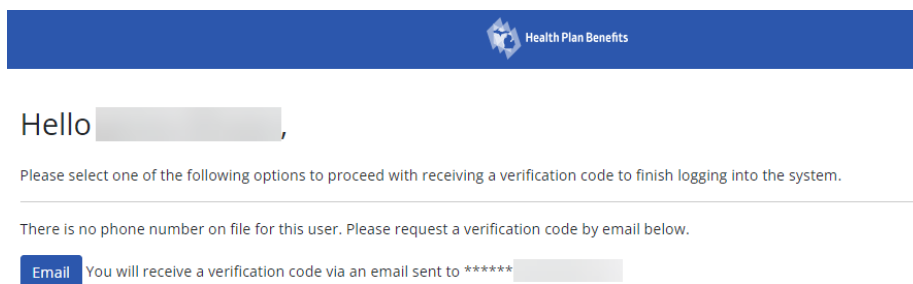
3.4 - 2 Factor Authentication

MI Health Plan Benefits uses 2 factor authentication. After a valid username and password is entered, a code will be sent to the user by email or text. You will be required to enter a code daily, but once a code is entered no code will be required for the rest of that day.

3.4.1 - 2 Factor Authentication by Email

The default selection for 2 Factor Authentication is email. If you do not have a cell phone saved in your user profile, this will be your only option.

After logging in you will see this message:



After selecting Email, the following screen will appear and you will receive an email sent to the email address saved in your user profile.

Your verification code has been sent.

Hello [redacted],

Please enter the verification code that was sent.

If your verification code has expired or require a new code, please click one of the options below to request a new code. You must wait 1 minute before you are allowed to request a new code.

You may request another code in 59 secs

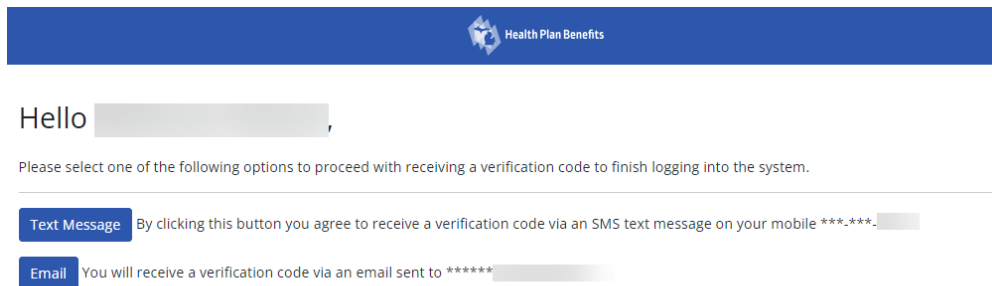
Your verification code is: **XXXXXX**
This code is active for 5 minutes.

Please enter the code above to finish logging in.

Enter the code into the box and click Submit.
If your code has expired, you can request a new one by clicking on Email.

3.4.2 – 2 Factor Authentication by Text

If you have saved a cell phone number in your user profile, you will have the choice of using email or text for 2 Factor Authentication. After entering your username and password, the following screen will appear:



To get an email with a code click on Email.
To get a text with a code click on Text Message.
The following screen will appear:

Your verification code has been sent.

Hello [redacted],

Please enter the verification code that was sent.

If your verification code has expired or require a new code, please click one of the options below to request a new code. You must wait 1 minute before you are allowed to request a new code.

You may request another code in 53 secs

If you selected Email, you will receive an email sent to the email address saved in your user profile:

Your verification code is: **XXXXX**
This code is active for 5 minutes.
Please enter the code above to finish logging in.

If you selected Text, you will receive a text message sent to the cell phone number saved in your user profile:

Your verification code is: XXXXX
This code is active for 5 minutes.
Please enter the code above to finish logging in.

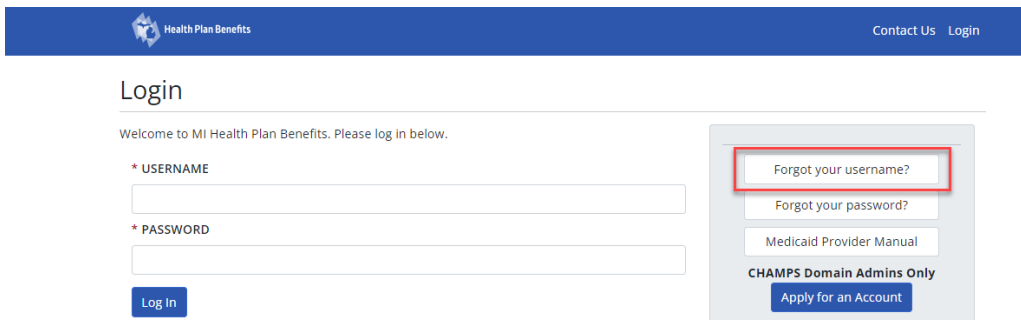
Enter the code into the box and click Submit.

If your code has expired, you can request a new one by clicking on Email or Text Message.

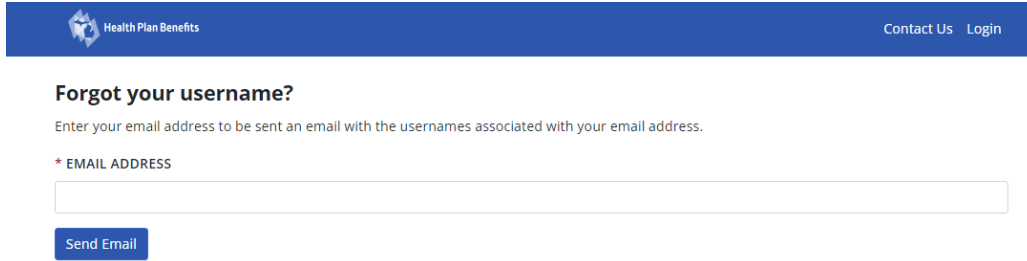
3.5 – Forgotten Username

If you have forgotten your MI Health Plan Benefits account username, you can recover it by following the steps below:

Step 1: Select the “Forgot your username?” button on the Login page.



Step 2: Enter the email address associated with your MI Health Plan Benefits account and select the Send Email button.



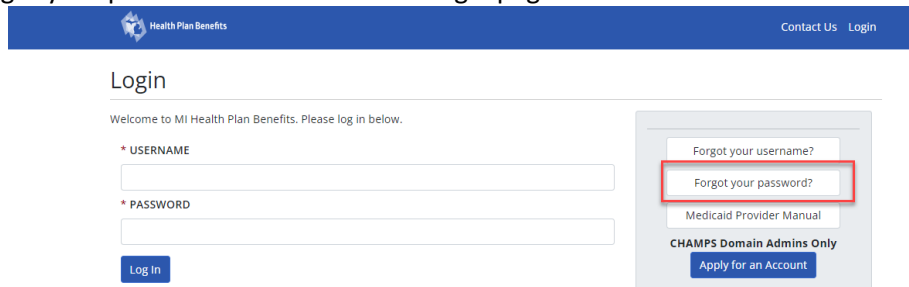
The screenshot shows the 'Forgot your username?' form on the MI Health Plan Benefits website. The header includes the 'Health Plan Benefits' logo and 'Contact Us Login' links. The form title is 'Forgot your username?' with a sub-instruction: 'Enter your email address to be sent an email with the usernames associated with your email address.' There is a single text input field labeled '* EMAIL ADDRESS' and a blue 'Send Email' button below it.

Step 3: MI Health Plan Benefits will send an email to the provided email address. The email will contain a list of all the usernames associated to the provided email address in MI Health Plan Benefits.

3.6 – Forgotten Password

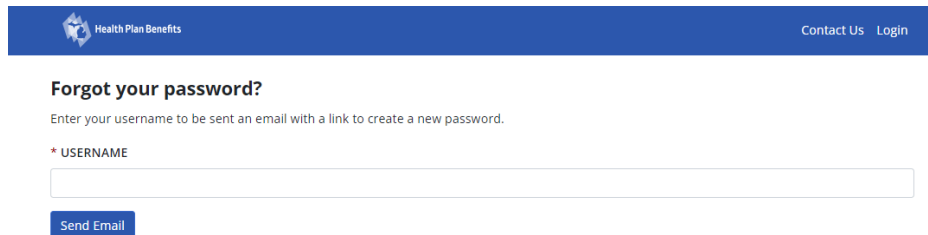
If you have forgotten your MI Health Plan Benefits account password, you can reset it by following the steps below.

Step 1: Select the “Forgot your password?” button on the Login page.



The screenshot shows the 'Login' page on the MI Health Plan Benefits website. The header includes the 'Health Plan Benefits' logo and 'Contact Us Login' links. The page title is 'Login' with a sub-instruction: 'Welcome to MI Health Plan Benefits. Please log in below.' There are two text input fields labeled '* USERNAME' and '* PASSWORD', and a blue 'Log In' button. On the right side, there is a grey sidebar menu with four items: 'Forgot your username?', 'Forgot your password?' (highlighted with a red box), 'Medicaid Provider Manual', and 'CHAMPS Domain Admins Only' (with an 'Apply for an Account' button below it).

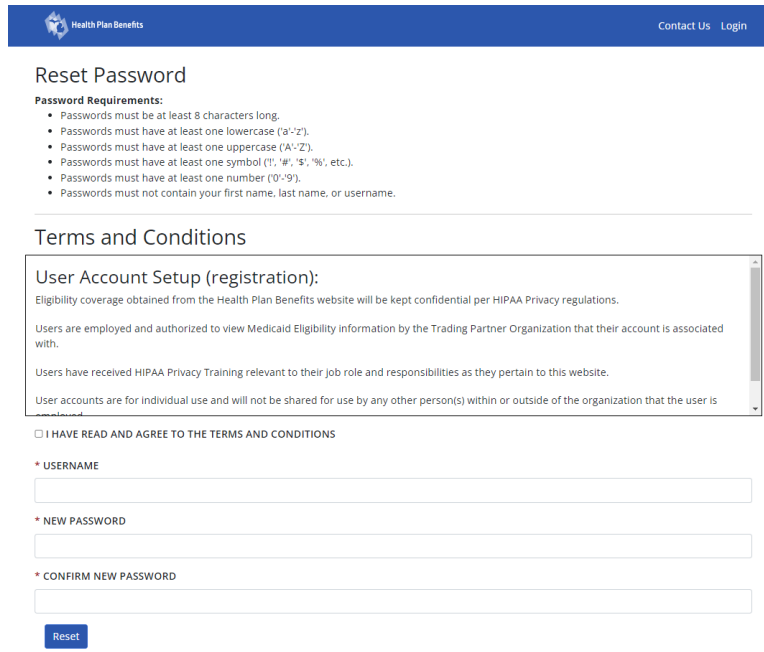
Step 2: Enter the username associated with your MI Health Plan Benefits account.



The screenshot shows the 'Forgot your password?' form on the MI Health Plan Benefits website. The header includes the 'Health Plan Benefits' logo and 'Contact Us Login' links. The form title is 'Forgot your password?' with a sub-instruction: 'Enter your username to be sent an email with a link to create a new password.' There is a single text input field labeled '* USERNAME' and a blue 'Send Email' button below it.

Step 3: An email will be sent to the email address associated with the entered username. Follow the link provided in the email to navigate to the Reset Password page.

Step 4: Enter the username for your account along with your new password in the Password and Confirm Password fields. Then, select the Reset button to save the new password.



The screenshot shows the 'Health Plan Benefits' website interface. At the top, there is a blue navigation bar with 'Health Plan Benefits' on the left and 'Contact Us' and 'Login' on the right. The main content area is titled 'Reset Password'. Below this title, there are 'Password Requirements' listed as bullet points: passwords must be at least 8 characters long, contain at least one lowercase letter, one uppercase letter, one symbol, and one number, and must not contain the user's first name, last name, or username. Below the requirements is a 'Terms and Conditions' section. This section contains a scrollable box with text about user account setup, including a statement that eligibility coverage is kept confidential per HIPAA regulations and that users are authorized to view Medicaid Eligibility information. Below the scrollable box is a checkbox labeled 'I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS'. Underneath the checkbox are three input fields: '* USERNAME', '* NEW PASSWORD', and '* CONFIRM NEW PASSWORD'. A blue 'Reset' button is located at the bottom of the form.

3.7 – Login Flow

After a user logs in, the system will perform 2 checks.

1. Does the user have an active User/Provider ID relationship?
2. Has the user signed a Terms of Service agreement in the last 180 days?

If a user is authorized to use to more than 1 Provider ID, each one is considered a unique relationship.

If yes to both questions, the user can log into their account.

3.8 - Terms of Service Agreement

To be able to access Health Plan Benefits, all accounts need to agree to the Terms of Service (TOS) and update/verify their contact information once every 180 days.

If you have not signed the TOS in 180 days, after you login you will be taken to the Terms of Service agreement page. The Terms of Service must be agreed to before you are allowed access to the system.

The Terms of Service is divided into three parts:

Agreement #1 – Health Plan Benefits Application

I confirm that I have received HIPAA privacy training relevant to my job role and responsibilities as it pertains to this website, including but not limited to:

- System users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS and MPHI.
- Systems users must not disclose any confidential, restricted, or sensitive data to unauthorized persons.
- Systems users will only access information on the systems for which they have authorization.

- Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems.
- When the information is no longer needed, it must be destroyed in an appropriate manner specific to the format type.

Eligibility coverage obtained from the Health Plan Benefits website must be kept confidential per HIPAA Privacy regulations.

Users requesting access (or that access is being requested on behalf of) are employed and authorized to view Medicaid Eligibility information by the organization identified in the application.

User accounts are for individual use and will not be shared for use by any other person(s) within or outside of the organization that the user is employed.

All users of the system give their expressed consent to the monitoring of their activities on the system. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution.

By accessing information provided by Michigan Public Health Institute's Health Plan Benefit application and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms, conditions, policies, and restrictions for the Health Plan Benefits application.

Agreement #2 – Terms and Conditions

Providers requesting access to the Health Plan Benefits website must have an active Trading Partner Agreement with Michigan Medicaid.

Providers requesting access must be classified as one of the following: ABW County Health Plan, Medicaid Health Plan, Community Mental Health, School-Based Healthcare, Long-Term Care Provider, Dental Provider, Tribal Provider, Pharmacy, Clearinghouse/Billing Agent, or "Out-of-State" Provider.

X12 270/271 Real-Time and Batch Transactions Trading Partner Organizations

Authorized Uses

Check eligibility for a patient currently being treated or serviced by you, or has contacted you about a treatment of service, or for who you have received a referral from a provider that treated or serviced that patient.

- Determine whether a beneficiary is enrolled in or has pending coverage in a program administered by Michigan Medicaid.
- Determine whether a beneficiary has Third Party Liability coverage in addition to Michigan Medicaid coverage.
- Determine beneficiary payment responsibilities.
- Determine proper billing.

This section will only apply if you submit a batch 270/271 transaction for your Provider.

All Trading Partner Providers

- Provider requesting access must be an active Michigan Medicaid Provider registered in CHAMPS or a Billing Agent registered in CHAMPS associated with one (or more) active Providers.
- Provider will ensure that proper security measures are in place to associate each 270 with the individual that submitted the inquiry.
- Provider is fully accountable for all transactions submitted and will cooperate with MPHI or its agents in the event that there is a security concern with respect to the any 270 submitted by the organization to MPHI.
- Provider will promptly contact MPHI in the event that the identity or contact information of the Domain Administrator changes, or if any of the assurances are no-longer met.
- Provider will immediately cease transmission of 270 transactions to MPHI at such time any of the assurances herein provided are no longer met.
- Provider will not disclose, lend, or otherwise transfer authentication information for this service to someone else.
- Provider will not browse or use this service for unauthorized or illegal purposes.
- Provider will comply with any and all requirements of their Trading Partner agreement with Michigan Medicaid.
- Provider will comply with any and all HIPAA privacy regulations.
- Provider must promptly notify MPHI if account is no longer in compliance or needs deactivation
- Each eligibility inquiry will be limited to requests for eligibility data with respect to a patient currently being treated or serviced by you, or has contacted you about a treatment or service, or for whom you have received a referral from a provider that has treated or serviced that patient.
- Provider will ensure that proper security measures in place to associate each 270 submitted with the individual that submitted the inquiry.
- Provider will only submit 270 transactions if they are a valid non-terminated Michigan Medicaid Provider.

By accessing information provided by Michigan Public Health Institute's Health Plan Benefit application and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms, conditions, policies, and restrictions for the Health Plan Benefits application.

Agreement #3 – User/Domain Administrator Account and Provider ID Responsibilities

All Health Plan Benefits Accounts:

User accounts will adhere to all policies stated in the Health Plan Benefits Application User Guide.

- [User Guide](#)

Domain Administrator accounts will adhere to all policies stated in both the Health Plan Benefits User Guide and the Health Plan Benefits Domain Administrator User Guide.

- [User Guide](#)
- [Domain Administrator Guide](#)

All Provider IDs:

- Provider must have an active Domain Administrator associated with it at all times.
 - Failure to do so within 48 hours, will result in all user accounts will be deactivated until compliant.
- Provider is fully accountable for all transactions submitted and will cooperate with MPHI or its agents in the event that there is a security concern with respect to the any queries submitted by the organization to MPHI.
- Provider must promptly notify MPHI if account is no longer in compliance or needs deactivation.

- Provider will promptly contact MPHI in the event that the identity or contact information of the Domain Administrator changes, or if any of the assurances are no-longer met.

Each section will need to be confirmed and the user will have to sign the full name used on their account profile.

If you do not agree to our terms of service you will not be allowed to use Health Plan Benefits.

Sign with the name associated with your User Account:

3.9 - Update User Profile

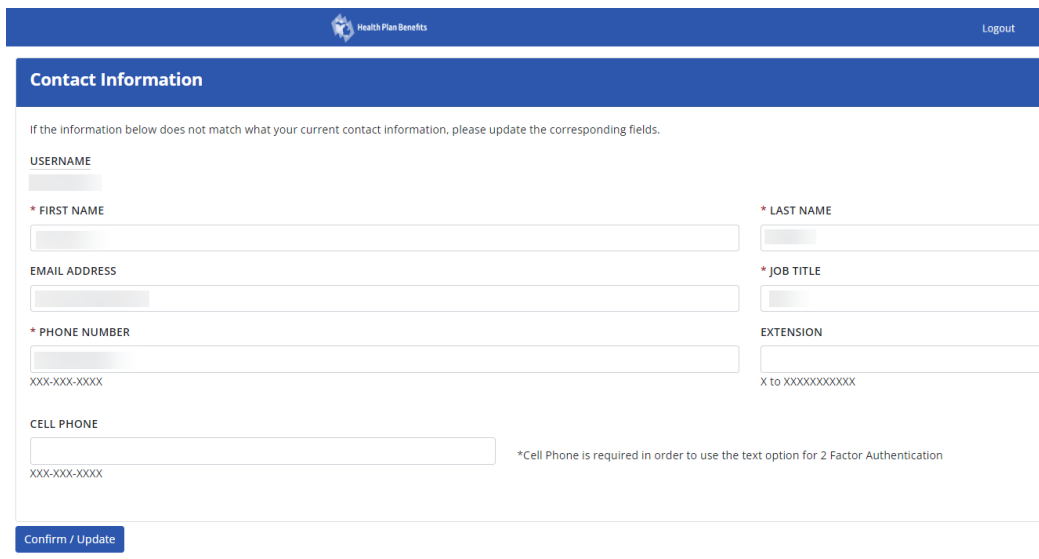
When the Terms of Service have been agreed to, a page will load with the user account information.

The user will need to review and verify the account information is correct.

It includes the following fields:

An *asterisk denotes a required field

- Username – read only
- *First Name
- *Last Name
- *Job Title
- *Phone Number
- Extension
- Email Address



The screenshot shows a web form titled "Contact Information" with a blue header. The form contains several input fields: USERNAME (read-only), *FIRST NAME, *LAST NAME, EMAIL ADDRESS, *PHONE NUMBER (with a mask XXX-XXX-XXXX), *JOB TITLE, EXTENSION (with a mask X to XXXXXXXXXXXX), and CELL PHONE (with a mask XXX-XXX-XXXX). A note states: "*Cell Phone is required in order to use the text option for 2 Factor Authentication". A "Confirm / Update" button is at the bottom left.

To update any information, just type the new information in the textbox. Click Confirm/Update to save current information or any updates done.

4 – System Outages

If the Health Plan Benefits web page experiences an **unexpected outage**, a banner will appear at the top of every page telling the user there is an outage. An unexpected outage is defined as an event where Health Plan Benefits cannot communicate with CHAMPS to retrieve patient information.

If there will be a planned outage, a message will be posted on the Home page showing the planned outage time.

5 – How to Become an HPB Domain Administrator

Potential users who intend to manage users for a Provider ID within MI Health Plan Benefits (HPB) must be set up as a Domain Administrator for that Provider ID.

There are two possible ways to become a Domain Administrator:

1. Have an existing Domain Administrator add you to a Provider ID that they manage.
2. Fill out an application to become a Domain Administrator.

5.1 – Added by Domain Administrator

See Section 2.1 of the Domain Administrator Guide for instructions on how to be added as a Domain Administrator to the Provider ID.

5.2 – Applying to be a Domain Administrator

A user can apply to become a Provider ID’s Domain Administrator by completing the following steps.

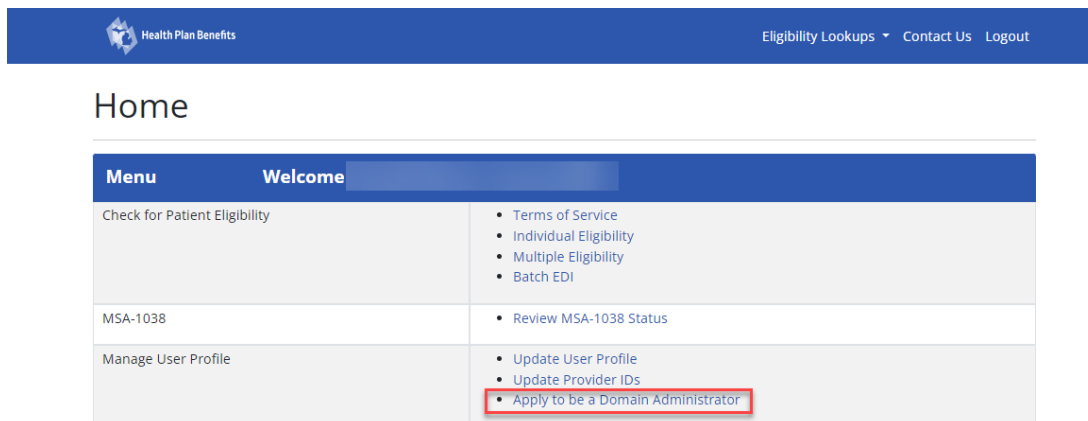
Please note: You must be a Domain Administrator for the Provider ID in CHAMPS for the application to be approved.

Step 1: Log in to your account.

Step 2: Select the “Apply to be a Domain Administrator” link on the Home page to be taken to the application.

Step 3: Fill out the application to use a Provider ID.

***Remember, you must be a CHAMPS Domain Administrator for your application to be approved.**



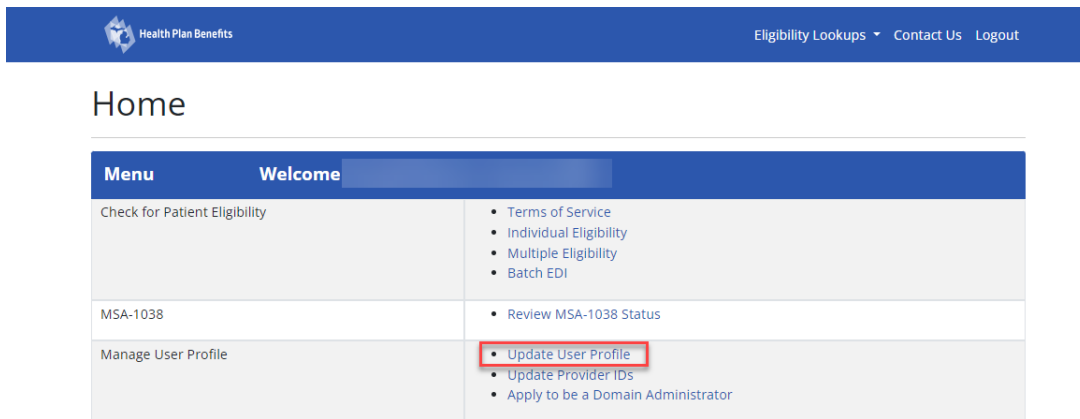
Menu	Welcome
Check for Patient Eligibility	<ul style="list-style-type: none"> Terms of Service Individual Eligibility Multiple Eligibility Batch EDI
MSA-1038	<ul style="list-style-type: none"> Review MSA-1038 Status
Manage User Profile	<ul style="list-style-type: none"> Update User Profile Update Provider IDs Apply to be a Domain Administrator

For additional directions on how to apply to be a Domain Administrator for a Provider ID in Health Plan Benefits, please see section 2.2 in the Domain Administrator Guide.

6 – Updating Account Profile

6.1 – Update User Profile Page

You can update your account details on the User Profile page. To access the User Profile page, select the Update User Profile link on the Home page.



Once on the User Profile page, you can view or update the following information about your account. A red asterisk (*) indicates a required field.

- * **First Name** – Your first name.
- * **Last Name** – Your last name.
- **Username** – Your account username. This field is read-only.
- * **Job Title** – Your job title.
- * **Email Address** – Your email address. MI Health Plan Benefits related emails, such as password reset, will be sent to this address.
- **Change Email** – Functionality to update your email address. When you update your email, you will be required to verify the new email before it can be considered ‘confirmed’. You will receive a confirmation email sent to the new address requiring action to confirm.
- **Change Password** – click to change your password, see 5.3
- **Email Confirmed** – This field indicates whether you have confirmed your email address. This field is read-only.
- * **Phone Number** – Your phone number.
- **Extension** – Your phone number extension.
- **Cell Phone Number** – required if you are choosing text for 2 factor authentication
- * **Current Identifier** – Your currently selected Provider ID. This can be either a National Provider ID or a CHAMPS ID. You can only select Provider IDs that you have been given access to by your Domain Administrator.

Health Plan Benefits | Eligibility Lookups | Contact Us | Logout

Home / User Profile

My User Profile

* FIRST NAME

* LAST NAME USERNAME

EMAIL ADDRESS

* JOB TITLE [Change Password](#)

EMAIL CONFIRMED

[Change Email](#)

* PHONE NUMBER EXTENSION

XXX-XXX-XXXX X to XXXXXXXXXX

CELL PHONE *Cell Phone is required in order to use the text option for 2 Factor Authentication

XXX-XXX-XXXX

* CURRENT PROVIDER ID

[Save](#) [Cancel](#)

Home / User Profile

6.2 – Change Email

You can change your email address by selecting the Change Email button and then entering your new email address in the New Email Address field. Select the Save button to save your new email.

Health Plan Benefits

Home / User Profile

My User Profile

* FIRST NAME

EMAIL ADDRESS

EMAIL CONFIRMED

[Change Email](#)

* PHONE NUMBER

XXX-XXX-XXXX

Health Plan Benefits

Home / User Profile

My User Profile

* FIRST NAME

EMAIL ADDRESS

EMAIL CONFIRMED

NEW EMAIL ADDRESS

A confirmation email will be sent to this email address.

* PHONE NUMBER

XXX-XXX-XXXX

CELL PHONE

XXX-XXX-XXXX

* CURRENT PROVIDER ID

[Save](#) [Cancel](#)

Once the new email address is Pending Confirmation, you will have the option to select the Resend New Email Confirmation button to resend the email that contains the link to confirm the change, or you can select Cancel New Email to cancel the change.

Health Plan Benefits Eligibility Lookups Contact Us Logout

Changes saved successfully. x

Home / User Profile

My User Profile

* FIRST NAME <input type="text"/>	* LAST NAME <input type="text"/>	USERNAME <input type="text"/>
EMAIL ADDRESS <input type="text"/>	* JOB TITLE <input type="text"/>	Change Password
<input type="checkbox"/> EMAIL CONFIRMED NEW EMAIL ADDRESS <input type="text"/> Pending Confirmation.		
<input type="button" value="Resend New Email Confirmation"/> <input type="button" value="Cancel New Email"/>		

6.3 – Change Password

You can change your account password by clicking the Change Password link.

Once on the page, enter your current password in the Current Password field and enter your new password in the New Password and Confirm New Password fields. Select the Change Password button to save your new password.

Change Password

Password Requirements:

- Passwords must be at least 8 characters long.
- Passwords must have at least one lowercase ('a-z').
- Passwords must have at least one uppercase ('A-Z').
- Passwords must have at least one symbol.
- Passwords must have at least one number ('0-9').
- Passwords must not contain your first name, last name, or username.

* CURRENT PASSWORD

* NEW PASSWORD

* CONFIRM NEW PASSWORD

7 – Review MSA-1038 Status

The Review MSA-1038 Status is a tool used to search and review records of all MSA-1038 form requests for beneficiaries. Any user with authorization to perform Eligibility Lookups can access the **Review MSA-1038 Status** page.

Health Plan Benefits Eligibility Lookups Contact Us Logout

Home
 Individual Eligibility
 Multiple Eligibility
 Batch EDI
Review MSA-1038 Status

Menu	Welcome
Check for Patient Eligibility	<ul style="list-style-type: none"> Terms of Service Individual Eligibility Multiple Eligibility Batch EDI
MSA-1038	<ul style="list-style-type: none"> <li style="border: 2px solid red;">Review MSA-1038 Status
Manage User Profile	<ul style="list-style-type: none"> Update User Profile Update Provider IDs Apply to be a Domain Administrator

7.1 – MSA-1038 Search

To perform a search, you must enter the following criteria (exact match):

- Medicaid ID OR
- Last Name AND First Name AND Date of Birth

If the search criteria entered is not valid, the system will indicate this with an error message:

Search

MEDICAID ID

Beneficiaries must be identified by their Medicaid ID, or Name and Date of Birth.

LAST NAME

FIRST NAME

DATE OF BIRTH

Error Summary:

- Beneficiaries must be identified by their Medicaid ID, or Name and Date of Birth.

If the search criteria entered is valid but no results were found, the system will indicate no match found:

Home / MSA1038 Status
Eligibility Lookups • Contact Us • Logout

MSA-1038 Status
Review the current status of all MSA-1038 form requests for a beneficiary.

Search

MEDICAID ID

LAST NAME

FIRST NAME

DATE OF BIRTH

No MSA-1038 forms match the provided search criteria.

If results are found, the results will display.

7.2 – MSA-1038 Results

MSA-1038 Status

Review the current status of all MSA-1038 form requests for a beneficiary.

Search	Search Results		
<div style="border: 1px solid #ccc; padding: 5px;"> <div style="background-color: #0056b3; color: white; padding: 5px;">Search</div> <p>MEDICAID ID <input type="text" value="0008100008"/></p> <p>LAST NAME <input type="text"/></p> <p>FIRST NAME <input type="text"/></p> <p>DATE OF BIRTH <input type="text"/></p> <p style="text-align: right;"> <input type="button" value="Search"/> <input type="button" value="Reset"/> </p> </div>	<p>Status: CLOSED</p> <p>Last Name: LastName9</p> <p>Medicaid ID: 8100008</p> <p>Description: 10/1/10 - 3/31/11</p> <p>Resolution: Approved AE, DE</p> <p>Received: 8/16/2012</p>	<p>Disposition Final: APPROVED</p> <p>First Name: FirstName9</p> <p>Origin: DHS</p> <p>Created: 8/16/2012</p>	<p>Disposition Rationale: N/A</p> <p>Date of Birth: 7/9/1979</p> <p>Area: EQA</p> <p>Closed: 8/20/2012</p>

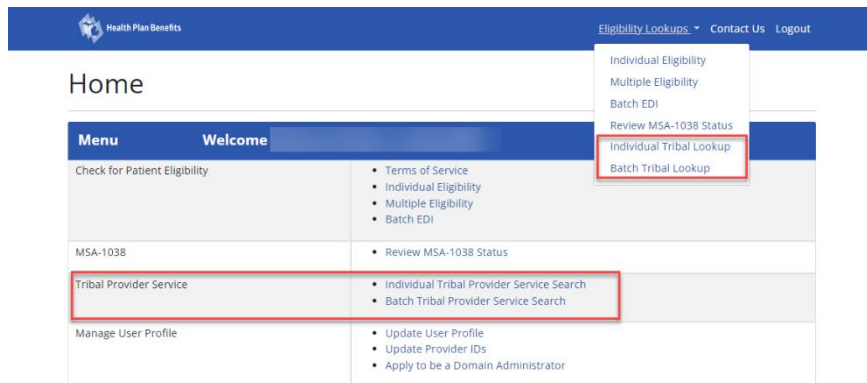
Results fields to display:

- Status
- Disposition Final
- Disposition Rationale
- Last Name
- First Name
- Date of Birth
- Medicaid ID
- Origin
- Area
- Description
- Resolution
- Received Date
- Created Date
- Closed Date

If more than one entry is available for selected Beneficiary ID, the records will display sorted by the most recent record first.

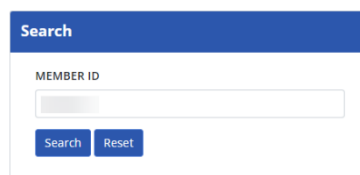
8 – Tribal Provider Status

The Tribal Provider Service is a tool used to search for recipients of American Indian or Alaskan Native tribal benefits. Any user with the role of Admin or Tribal Provider can access the **Tribal Provider Service Search** pages.

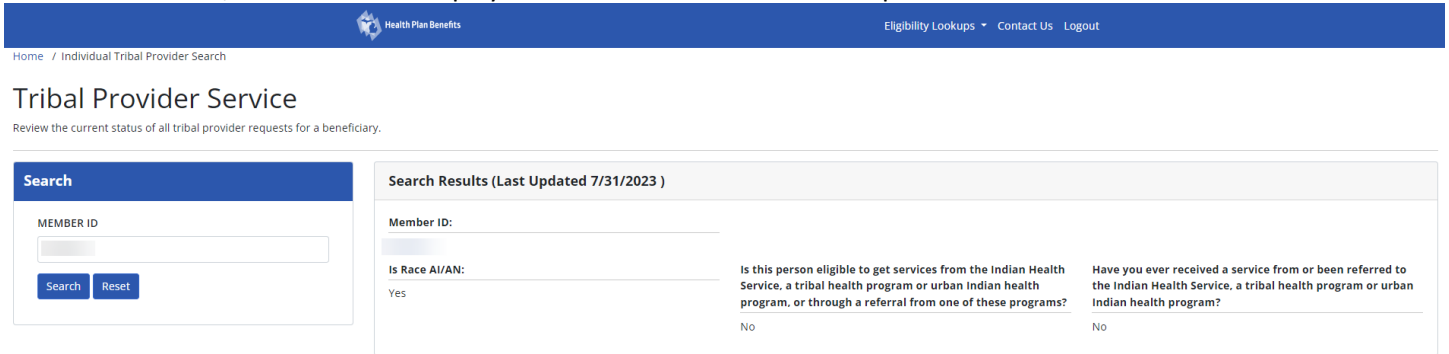


8.1 – Individual Tribal Provider Service Search

To perform a search, you must enter a Member ID (Medicaid ID, exact match):



If the search criteria entered is not valid, the system will indicate this with an error message. If results are found, the results will display with the date the file was last updated.



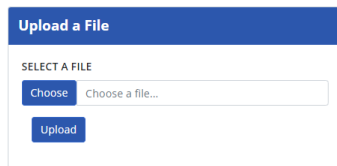
Home / Individual Tribal Provider Search

To perform an eligibility search on the individual, click on the Member ID.

8.2 – Batch Tribal Provider Service Search

The Batch feature allows registered Tribal Providers to query individual or multiple patients for eligibility.

Upload an excel or csv file with a column containing Medicaid IDs.

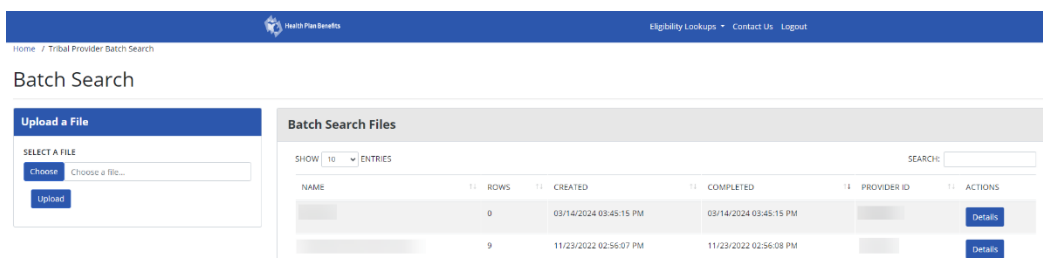


When the file has finished processing it will be added to the Batch Search Files table.

The Batch Search Files table will display all the results for all files uploaded by anyone who shares the same Provider ID.

Results fields to display:

- File Name
- Rows
- Date of Birth
- Created Date
- Completed Date
- Actions – Details



Click on the Details button to view the file details.

8.2.1 – Tribal Batch Search Details

When the Details button is clicked in the Batch Search Files a page will open with the file details.

The Batch Details section displays the file information and has the following fields:

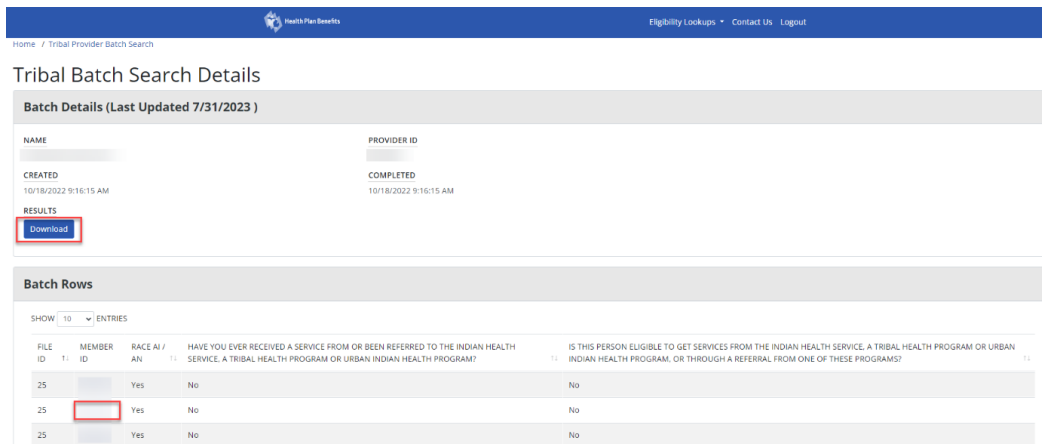
- Name
- Provider ID
- Created Date
- Completed Date
- Results – Download button

The Batch Rows displays an individual’s information and section has the following fields:

- File ID
- Member ID – Medicaid ID
- Race AI/AN – Y/N answer
- Cost Share Exempt – Y/N answer
- Premium Exempt – Y/N answer

To download the file, click the Download button.

If you would like to do Medicaid benefits lookup on an individual, click their Member ID. You will be taken to the Individual Eligibility page and the Search Results will be populated.



The screenshot shows the 'Tribal Batch Search Details' page. At the top, there is a navigation bar with 'Home / Tribal Provider Batch Search' and 'Eligibility Lookups • Contact Us • Logout'. Below the navigation bar, the page title is 'Tribal Batch Search Details'. Underneath, there is a section titled 'Batch Details (Last Updated 7/31/2023)'. This section contains a table with the following information:

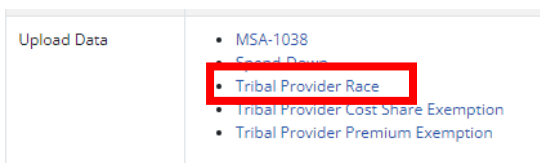
NAME	PROVIDER ID
CREATED 10/18/2022 9:16:15 AM	COMPLETED 10/18/2022 9:16:15 AM
RESULTS	
Download	

Below the 'Batch Details' section is the 'Batch Rows' section. It has a 'SHOW 10 ENTRIES' dropdown. Below this is a table with the following columns:

FILE ID	MEMBER ID	RACE AI/AN	HAVE YOU EVER RECEIVED A SERVICE FROM OR BEEN REFERRED TO THE INDIAN HEALTH SERVICE, A TRIBAL HEALTH PROGRAM OR URBAN INDIAN HEALTH PROGRAM?	IS THIS PERSON ELIGIBLE TO GET SERVICES FROM THE INDIAN HEALTH SERVICE, A TRIBAL HEALTH PROGRAM OR URBAN INDIAN HEALTH PROGRAM, OR THROUGH A REFERRAL FROM ONE OF THESE PROGRAMS?
25		Yes	No	No
25		Yes	No	No
25		Yes	No	No

8.3 – Tribal Provider Race Upload

The role of Admin is required to upload files. To update the race status of all clients, click on the Tribal Provider Race link in the Upload Data section. **Uploading a new file will delete the current list and replace it with the new one.



The screenshot shows the 'Upload Data' section. It contains a list of links:

- MSA-1038
- [Tribal Provider Race](#)
- Tribal Provider Cost Share Exemption
- Tribal Provider Premium Exemption

The Upload Member Race File page will open.

Click the Choose button and select a file to upload. The file should be a csv with a single column labeled Member ID.

Click Upload.

When the file is uploaded it will appear in the Member Race Files Table.

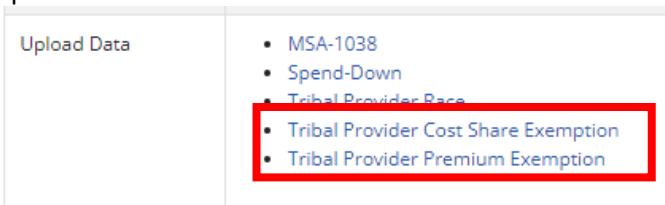
The table contains the following fields:

- Name – file name
- Rows – how many rows the file has
- Created Date
- Completed Date
- Actions – Download

To download a file, click the Download button in the selected file row.

8.4 – Tribal Provider Cost Share Exemption Upload

The role of Admin is required to upload files. To update the cost share exemption status of all clients, click on the Tribal Provider Cost Share Exemption link in the Upload Data section. **Uploading a new file will delete the current list and replace it with the new one.



The Upload Cost Share Exemption File page will open.

Click the Choose button and select a file to upload.

The file should be a csv with two columns:

- Member ID – Medicaid ID
- Native American Cost Share Exempt Flag – Y/N

Click Upload.

When the file is uploaded it will appear in the Member Cost Share Exemption Files Table.

The table contains the following fields:

- Name – file name
- Rows – how many rows the file has
- Created Date
- Completed Date
- Actions – Download

To download a file, click the Download button in the selected file row.

8.5 – Tribal Provider Premium Exemption Upload

The role of Admin is required to upload files. To update the Premium Exemption status of all clients, click on the Tribal Provider Premium Exemption link in the Upload Data section. **Uploading a new file will delete the current list and replace it with the new one.

Upload Data	<ul style="list-style-type: none">• MSA-1038• Spend-Down• Tribal Provider Race• Tribal Provider Cost Share Exemption• Tribal Provider Premium Exemption
-------------	---

The Upload Premium Exemption File page will open.

Click the Choose button and select a file to upload.

The file should be a csv with two columns:

- Member ID – Medicaid ID
- Native American Premium Exempt Flag – Y/N

Click Upload.

When the file is uploaded it will appear in the Premium Share Exemption Files table.

The table contains the following fields:

- Name – file name
- Rows – how many rows the file has
- Created Date
- Completed Date
- Actions – Download

To download a file, click the Download button in the selected file row.

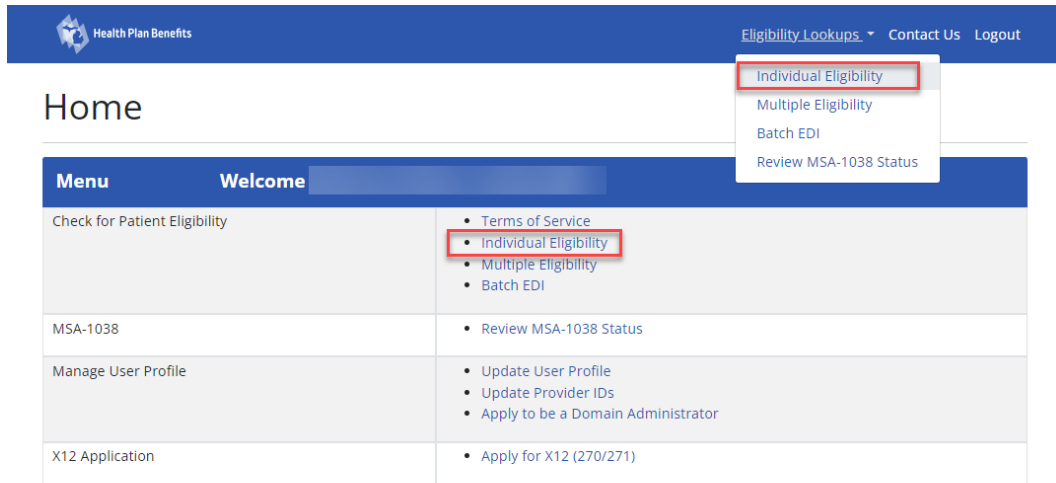
9 – Individual Eligibility Lookup

9.1 – Individual Eligibility Search

The Individual Eligibility search feature allows registered Providers to query individual patients for Medicaid eligibility.

Any user with authorization to perform Eligibility Lookups can access the **Individual Eligibility** page.

A user must be actively associated to at least one Provider ID to perform a query.



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Home

Individual Eligibility

Multiple Eligibility

Batch EDI

Review MSA-1038 Status

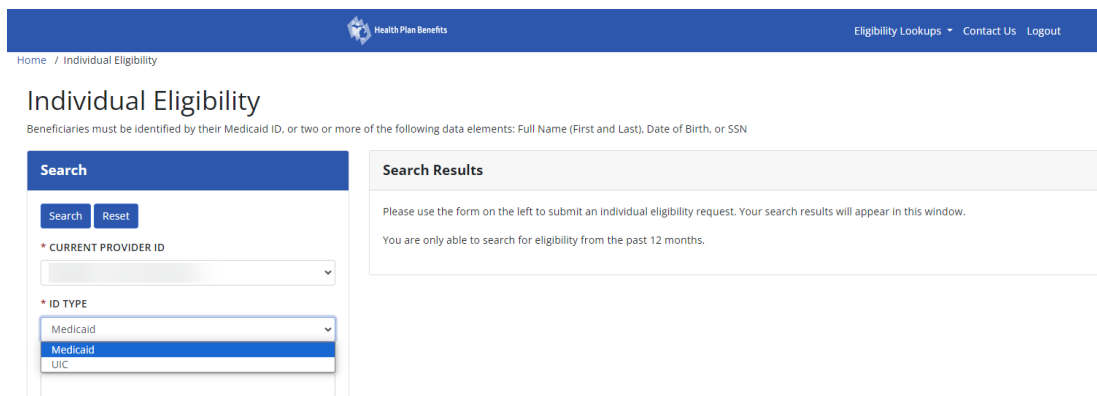
Menu	Welcome
Check for Patient Eligibility	<ul style="list-style-type: none"> Terms of Service Individual Eligibility Multiple Eligibility Batch EDI
MSA-1038	<ul style="list-style-type: none"> Review MSA-1038 Status
Manage User Profile	<ul style="list-style-type: none"> Update User Profile Update Provider IDs Apply to be a Domain Administrator
X12 Application	<ul style="list-style-type: none"> Apply for X12 (270/271)

To perform a valid search, you must enter one the following criteria (exact match):

- Medicaid ID
- UIC ID
- Two or more of the following data elements:
 - Full Name (Last Name AND First Name)
 - Date of Birth
 - SSN

To perform a search by Medicaid or UIC ID select the type from the dropdown menu.

Then enter the number into the ID field.



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Home / Individual Eligibility

Individual Eligibility

Beneficiaries must be identified by their Medicaid ID, or two or more of the following data elements: Full Name (First and Last), Date of Birth, or SSN

Search

Search Reset

* CURRENT PROVIDER ID

* ID TYPE

Medicaid

Medicaid

UIC

Search Results

Please use the form on the left to submit an individual eligibility request. Your search results will appear in this window.

You are only able to search for eligibility from the past 12 months.

Individual Eligibility

Beneficiaries must be identified by their Medicaid ID, or two or more of the following data elements: Full Name (First and Last), Date of Birth, or SSN

Search	Search Results
<p>Search <input type="button" value="Reset"/></p> <p>* CURRENT PROVIDER ID <input type="text"/></p> <p>* ID TYPE Medicaid</p> <p>ID# <input type="text"/></p> <p>LAST NAME <input type="text"/></p> <p>FIRST NAME <input type="text"/></p> <p>MIDDLE NAME <input type="text"/></p> <p>SSN <input type="text"/></p> <p>DATE OF BIRTH <input type="text"/></p> <p>* COVERAGE START DATE 05/01/2024</p> <p>* COVERAGE END DATE 05/31/2024</p> <p>Search <input type="button" value="Reset"/></p>	<p>Please use the form on the left to submit an individual eligibility request. Your search results will appear in this window.</p> <p>You are only able to search for eligibility from the past 12 months.</p>

You are only able to search eligibility from the past 12 months.

You are limited to searching a range of coverage dates over a 3-month period. For example:

- 01/01/2024 - 03/31/2024 OK
- 01/01/2024 - 04/01/2024 ERROR

Coverage End Date must not exceed the current month. For example:

- If the month is 08/2024, then the Coverage End Date cannot be 09/01/2024

Click "Search" to perform a query on selected search criteria.

Click "Reset" to clear search criteria.

9.2 – Individual Eligibility Results

If a user enters valid search criteria, the results will be displayed:

Eligibility Lookups ▾ Contact Us Logout

Home / Individual Eligibility

Individual Eligibility

Beneficiaries must be identified by their Medicaid ID, or two or more of the following data elements: Full Name (First and Last), Date of Birth, or SSN

Search

Search
Reset

* CURRENT PROVIDER ID

* ID TYPE
Medicaid

ID#

LAST NAME

FIRST NAME

MIDDLE NAME

SSN


DATE OF BIRTH

* COVERAGE START DATE

Search Results

Please use the form on the left to submit an individual eligibility request. Your search results will appear in this window.

You are only able to search for eligibility from the past 12 months.



Print

RESIDENCE COUNTY	FIA OFFICE	CASE NUMBER	WORKER LOAD	REDETERMINATION

Provider Information

MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS

Demographic Information

SUBSCRIBER ID	UIC

Beneficiary IDs

STATUS	BENEFIT PLAN	COMMENTS	DATES
Active	MA-MC-MHP-COMM	MOLINA HEALTHCARE OF MICHIGAN	05/01/2024 To 05/31/2024

Coverage Information / Benefit Plans:

- Status
- Benefit Plan
- Comments
- Coverage Dates

Beneficiary Demographic Information / Provider Information:

- Medicaid ID
- UIC ID (if searching by UIC)
- Residence County
- FIA Office
- Case Number
- Worker Load
- Redetermination
- Member/Patient Name
- Gender
- Date of Birth
- Address
- Coverage Period

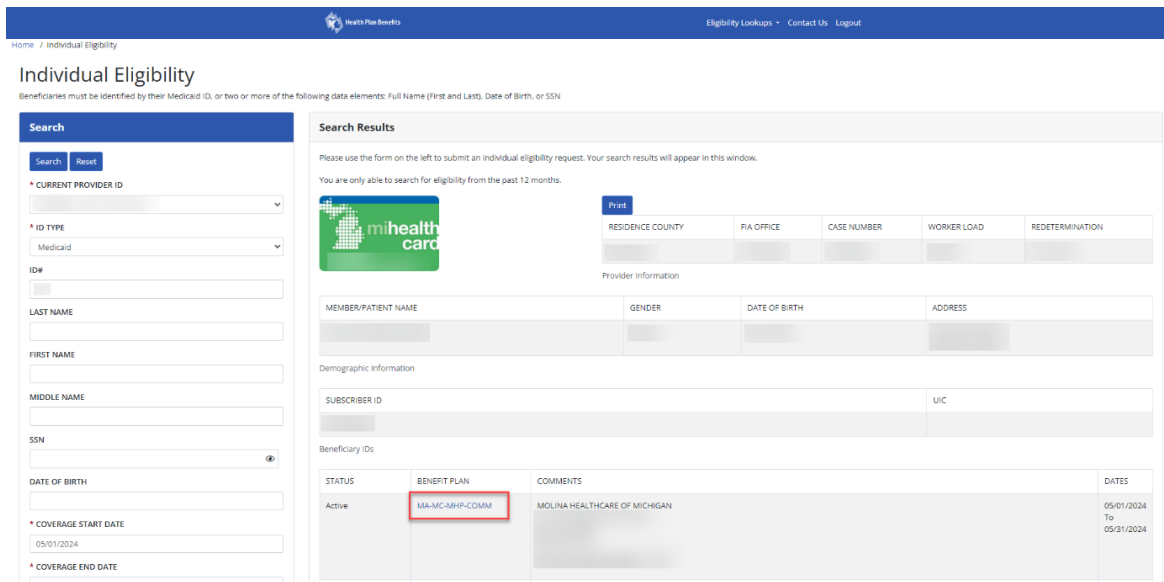
Any error found with your request will be displayed. If the error code is returned, a user will see the error code and description.

9.4 – Benefit Plans Glossary

The Benefit Plans glossary page contains the following plan related information:

- Plan ID
- Name
- Description
- Type

This page can be accessed by clicking the hyperlink from the Benefit Plan name on the search results page, or by visiting the FAQ page. If accessed from the search results page, the current selection from the search results page will be displayed first. The entire list of benefit plans will also be listed on the page for reference.



Individual Eligibility

Beneficiaries must be identified by their Medicaid ID, or two or more of the following data elements: Full Name (First and Last), Date of Birth, or SSN

Search

Search Results

Please use the form on the left to submit an individual eligibility request. Your search results will appear in this window. You are only able to search for eligibility from the past 12 months.

mihealth card

Print

RESIDENCE COUNTY	RIA OFFICE	CASE NUMBER	WORKER LOAD	REDETERMINATION

Provider information

MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS

Demographic information

SUBSCRIBER ID	UIC

Beneficiary IDs

STATUS	BENEFIT PLAN	COMMENTS	DATES
Active	MA-MC-MHP-COMM	MOLINA HEALTHCARE OF MICHIGAN	05/01/2024 To 05/31/2024

MI Health Plan Benefits

Eligibility Lookups - Upload - Admin - Contact Us Logout

Benefit Plans

Benefit plan data is assigned by the CHAMPS Eligibility and Enrollment (EE) Subsystem based on the source of the data (e.g., Medicaid, CSHCS, etc.) and program assignment factors (e.g., scope/coverage codes, level of care codes, etc.).

Current Selection

PLAN ID	NAME	DESCRIPTION	TYPE
MA	Full Fee-for-Service Medicaid	Members are generally assigned to this benefit plan upon approval of their eligibility information and remain active even if eventually assigned to MA Managed Care [MA-MC]. Once assigned to a managed care plan, the health plan is the primary payer.	Fee-for-Service
MA FFS DENTAL	MA FFS Dental	Fee-for-Service Dental associated with the MA Benefit Plan	Fee-for-Service
MA-MC	Medicaid Managed Care	Full Medicaid for Managed Care Organization enrollment. This capitated plan will be set to a higher priority than MA [Fee-for-Service]. The services not covered under this plan will be covered in MA.	Managed Care Organization
PCP	Primary Care Provider	The beneficiary's Primary Care Provider (PCP) as designated by their Medicaid Health Plan (MHP).	Other
PIHP	Prepaid Inpatient Health Plan	This benefit plan provides specialty behavioral health services for individuals enrolled in MA.	Managed Care Organization

All Benefit Plans

PLAN ID	NAME	DESCRIPTION	TYPE
ABW	Adult Benefits Waiver Program	This benefit plan, a.k.a. Adult Medical Program (AMP), provides basic medical care to low income childless adults who do not qualify for Medicaid. ABW medical coverages are limited (e.g., ambulatory benefit - no inpatient coverage). The ABW program covers individuals with income less than 35% of the Federal Poverty	Fee-for-Service

If accessed via the FAQ page, the link to the Benefit Plans page is found under the response to “What are the Benefit Plans?”

Health Plan Benefits
Eligibility Lookups ▾ Contact Us Logout

FAQ

General Site Information

- ▶ What is the purpose of this website?
- ▶ Who is this service provided to?
- ▶ How do I sign up for this service?
- ▶ Where else can I get Medicaid Eligibility information?
- ✔ What are the Benefit Plans?

Please reference the [Benefit Plans](#) page.

10 – Multiple Eligibility Lookup

10.1 – Multiple Eligibility Search

The Multiple Eligibility search feature allows registered Providers to query a list of patients for Medicaid eligibility. Any user with authorization to perform Eligibility Lookups can access the **Multiple Eligibility** lookup page. The same logic applies when performing an Individual Eligibility lookup; however, the Multiple Eligibility feature allows a user to enter and search for multiple individuals within a single search. A user must be actively associated to at least one Provider ID to perform a query.

If you are associated to more than one Provider ID, you may select another Provider ID from the dropdown and search on behalf of selected Provider. Otherwise, your default Current Provider ID is automatically populated. Your default Current Provider ID is configurable within your User Profile (see [section 6.1](#)).

ROW	CURRENT PROVIDER ID	ID TYPE	ID#
1	1111111114 - 270 Te ▾	UIC ▾	<input style="width: 100%;" type="text"/>
2	9999980 - Dales Test ▾	Medicai ▾	<input style="width: 100%;" type="text"/>

In the lookup table, each row indicates an individual record. Enter the following criteria for each row:

ID Type and ID number – Medicaid or UIC

OR

Two or more of the following data elements:

- Full Name (Last Name AND First Name)
- Date of Birth
- SSN

The max number of records you can search for in one lookup is 15:

Search

Beneficiaries must be identified by their Medicaid ID, or two or more of the following data elements: Full Name (First and Last), Date of Birth, or SSN

ROW	CURRENT PROVIDER ID	ID TYPE	ID#	LAST NAME	FIRST NAME	MIDDLE NAME	SSN	DATE OF BIRTH	COVERAGE START DATE	COVERAGE END DATE
1	111111114 - 270 Test	UIC							07/01/2022	07/31/2022
2	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
3	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
4	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
5	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
6	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
7	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
8	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
9	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
10	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
11	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
12	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
13	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
14	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
15	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022

Search Form

The default coverage date range for all rows will be set to the start and end dates of the current month. This can be changed for each row. You may also use the “copy date” function to update all rows with the same date. Clicking the “copy” icon copies the date entered in the first row and inserts the same date into all subsequent rows.

COVERAGE START DATE	COVERAGE END DATE
06/02/2020	06/30/2020
06/02/2020	06/30/2020

Notes on coverage dates:

You are only able to search eligibility from the past 12 months.

You are limited to searching a range of coverage dates over a 3-month period. For example:

- 01/01/2019 - 03/31/2019 OK
- 01/01/2019 - 04/01/2019 ERROR

Coverage End Date must not exceed the current month. For example:

- If the month is 06/2020, then the Coverage End Date cannot be 07/01/2020

Click “Search” to perform a query on selected search criteria.

Click “Reset” to clear search criteria.

14	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>

If invalid data is entered on the search/lookup page, an error will display next to each invalid field when you try to “Search” and retrieve your results. See below:

Multiple Eligibility									
ROW	PROVIDER ID	MEDICAID ID	SSN	FIRSTNAME	MIDDLENAME	LASTNAME	DOB	STARTDATE	ENDDATE
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	05/01/2020	05/31/2020
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	test	<input type="text"/>	test	<input type="text"/>	05/01/2020	05/31/2020
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	test	<input type="text"/>	<input type="text"/>	01/01/1970	05/01/2020	05/31/2020
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	05/01/2019	05/31/2020
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	02/01/2020	05/31/2020
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	test	<input type="text"/>	05/01/2020	05/31/2020
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	05/01/2020	05/31/2020

If you enter valid search criteria, the results will display.

10.2 – Multiple Eligibility Results

When a valid search is performed, you will see a summarized list of your Submitted Requests on the left side of the results page:

Multiple Eligibility

Submitted Requests

Modify Search
New Search

Medicaid ID:

Coverage Period: 06/01/2020 - 06/30/2020

View

⚠

Medicaid ID:

Coverage Period: 06/01/2020 - 06/30/2020

View

Medicaid ID:

Coverage Period: 06/01/2020 - 06/30/2020

View

⚠

Last Name:

First Name:

Date of Birth:

Coverage Period: 06/01/2020 - 06/30/2020

View

From this list, you may perform the following actions:

- **Modify Search**
 - This returns a user to the Multiple Eligibility search page and holds the values that were originally entered, allowing the user to edit without losing previous information.
- **New Search**
 - This returns a user to the Multiple Eligibility search page with values cleared. This is a complete refresh of the page.

- **View**

- This shows the detailed Search Results for the selected record. This is the same view that would result from an Individual Eligibility lookup.

Multiple Eligibility

Submitted Requests

Modify Search New Search

ID# [redacted] [View](#)


Coverage Period:
03/01/2023 - 03/31/2023

ID# [redacted] [View](#)

Coverage Period:
03/01/2023 - 03/31/2023

Search Results [View All](#)

Next >



[Print](#)

RESIDENCE COUNTY	FIA OFFICE	CASE NUMBER	WORKER LOAD	REDETERMINATION
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Provider Information

MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS
[redacted]	[redacted]	[redacted]	[redacted]

Demographic Information

SUBSCRIBER ID	UIC
[redacted]	[redacted]

Beneficiary IDs

STATUS	BENEFIT PLAN	COMMENTS	DATES
Active	NEMT	Modivcare Solutions 26877 NORTHWESTERN HWY SOUTHFIELD, MI 48033	03/01/2023 To 03/31/2023

When viewing the Search Results, you will see the following information for each individual record:

Coverage Information / Benefit Plans:

- Status
- Benefit Plan
- Comments
- Coverage Dates

Beneficiary Demographic Information / Provider Information:

- Medicaid ID
- UIC ID (if UIC is used for search)
- Residence County
- FIA Office
- Case Number
- Worker Load
- Redetermination
- Member/Patient Name
- Gender
- Date of Birth
- Address
- Coverage Period

You may navigate between records by clicking **Next / Previous**:

Multiple Eligibility

Submitted Requests


Modify Search New Search

ID# Coverage Period: 03/01/2023 - 03/31/2023 View

ID# Coverage Period: 03/01/2023 - 03/31/2023 View

Search Results View All

Next >



Print

RESIDENCE COUNTY	FIA OFFICE	CASE NUMBER	WORKER LOAD	REDETERMINATION

Provider Information

MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS

Demographic Information

SUBSCRIBER ID	UIC

Beneficiary IDs

STATUS	BENEFIT PLAN	COMMENTS	DATES
Active	NEMT	Modivcare Solutions 26877 NORTHWESTERN HWY SOUTHFIELD, MI 48033	03/01/2023 To 03/31/2023

If you choose to **View All**, all Search Results will display in a single viewing pane and you can scroll to review each record.

Multiple Eligibility

Submitted Requests


Modify Search New Search

ID# Coverage Period: 03/01/2023 - 03/31/2023 View

ID# Coverage Period: 03/01/2023 - 03/31/2023 View

Search Results View All

Next >



Print

RESIDENCE COUNTY	FIA OFFICE	CASE NUMBER	WORKER LOAD	REDETERMINATION

Provider Information

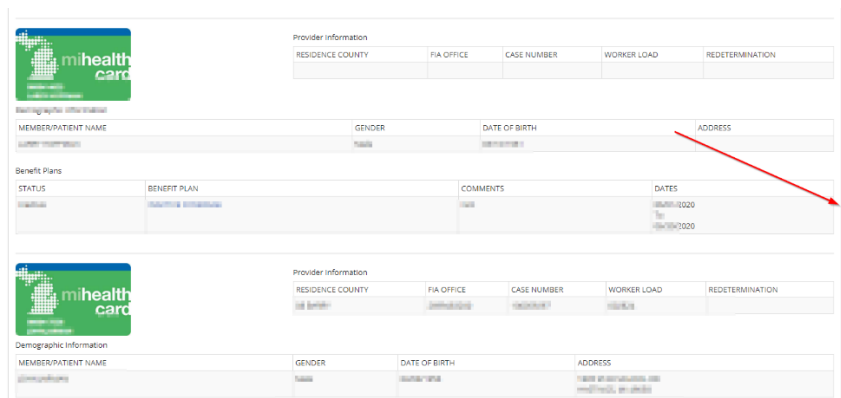
MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS

Demographic Information

SUBSCRIBER ID	UIC

Beneficiary IDs

STATUS	BENEFIT PLAN	COMMENTS	DATES
Active	NEMT	Modivcare Solutions 26877 NORTHWESTERN HWY SOUTHFIELD, MI 48033	03/01/2023 To 03/31/2023



mihealth card logo

Provider information

RESIDENCE COUNTY	FIA OFFICE	CASE NUMBER	WORKER LOAD	REDETERMINATION

Demographic Information

MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS

Benefit Plans

STATUS	BENEFIT PLAN	COMMENTS	DATES
Active	NEMT	Modivcare Solutions	03/01/2020 To 03/31/2020

mihealth card logo

Provider information

RESIDENCE COUNTY	FIA OFFICE	CASE NUMBER	WORKER LOAD	REDETERMINATION

Demographic Information

MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS

While in "View All" mode, you may choose to **Print All** or switch back to **Single View**.

Search Results

Print All Single View

If any of your submitted requests return an invalid result you will see a warning indicator in the Submitted Requests, and any error found will display within the Search Results view. If the error code is returned, you will see the error code and description:

Home / Multiple Eligibility

Multiple Eligibility

Submitted Requests

Modify Search New Search

Medicaid ID: [REDACTED] Coverage Period: 06/01/2020 - 06/30/2020	View
Medicaid ID: [REDACTED] Coverage Period: 06/01/2020 - 06/30/2020	View
Medicaid ID: [REDACTED] Coverage Period: 06/01/2020 - 06/30/2020	View
Medicaid ID: [REDACTED] Coverage Period: 06/01/2020 - 06/30/2020	View ⚠

Home / Multiple Eligibility

Search Results

< Previous

There was an error with your request.

Recipient ID is invalid. (Return code: MDE_AAA_2100C-72)

Recipient not on file/not found. Please validate recipient information & resubmit request. (Return code: MDE_AAA_2100C-75)

< Previous


10.3 – Printing Results

Users can print the results from a Multiple Eligibility search by clicking **Print** or **Print All**.

Print Single View

Search Results

< Previous | Next >



Provider Information

RESIDENCE COUNTY: [REDACTED] FIA OFFICE: [REDACTED]


Print

Demographic Information

ADDRESS	CITY	STATE	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Search Results

< Previous | Next >



Provider Information

RESIDENCE COUNTY	FIA OFFICE	STATE	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Demographic Information

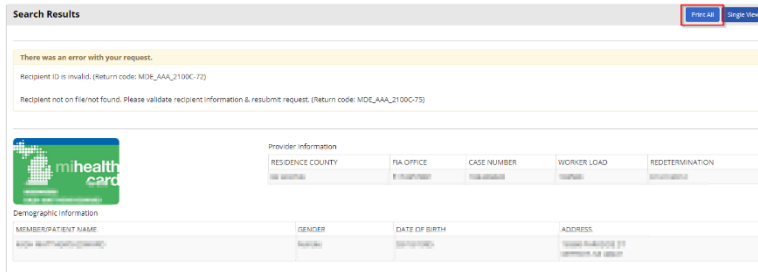
ADDRESS	CITY	STATE	ZIP
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Benefit Plans

STATUS	BENEFIT PLAN	COMMENTS	DATES
Active	MA-MC-Health Benefit Plan (Self-Cover)	CONTACT THE MAN FOR FURTHER DETAILS ON COVERED SERVICES INCLUDING PA, COPAY AND OTHER REQUIREMENTS.	06/01/2020 To 06/30/2020
		Service Provider Number: 431 9627	
Co-Insurance	MA-MC-Health Benefit Plan (Coverage)	N/A	06/01/2020 To 06/30/2020
Co-Payment	MA-MC-Health Benefit Plan (Coverage)	Patient Pay: \$1.00	06/01/2020 To 06/30/2020

Print All

When you **Print All**, there will be a page break between each individual record. This printout will also include any results that returned an error.



Search Results Print All Single View

There was an error with your request.
 Recipient ID is invalid. (Return code: MDE_AAA_2100C-72)
 Recipient not on file/not found. Please validate recipient information & resubmit request. (Return code: MDE_AAA_2100C-73)

Provider Information				
RESIDENCE COUNTY	PIA OFFICE	CASE NUMBER	WORKER LOAD	REDETERMINATION

Demographic Information			
MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS



Search Results

There was an error with your request.
 Recipient ID is invalid. (Return code: MDE_AAA_2100C-72)
 Recipient not on file/not found. Please validate recipient information & resubmit request. (Return code: MDE_AAA_2100C-73)

Submitted Request

Medicaid ID: [REDACTED]
 Coverage Pa: [REDACTED]
 06/01/2024

Provider Information				
RESIDENCE COUNTY	PIA OFFICE	CASE NUMBER	WORKER LOAD	REDETERMINATION

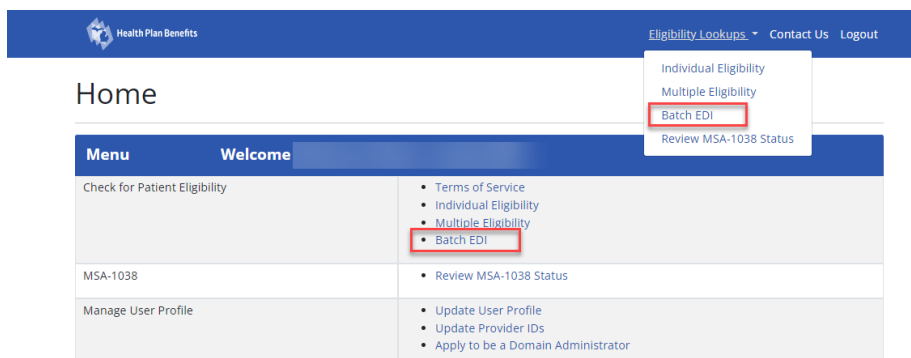
Demographic Information			
MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS

Benefit Plans

PLAN ID	PLAN NAME

11 – Batch EDI Processor

The Batch EDI feature allows registered Providers to query individual or multiple patients for Medicaid eligibility. Any user with authorization to perform Batch EDI can access the **Batch EDI** page. A user must be actively associated to at least one Provider ID to upload a file.



Health Plan Benefits Eligibility Lookups Contact Us Logout

Home

Menu	Welcome
Check for Patient Eligibility	<ul style="list-style-type: none"> Terms of Service Individual Eligibility Multiple Eligibility Batch EDI
MSA-1038	<ul style="list-style-type: none"> Review MSA-1038 Status
Manage User Profile	<ul style="list-style-type: none"> Update User Profile Update Provider IDs Apply to be a Domain Administrator

11.1 – Batch EDI submission

Click on the Submit Batch File button.

Batch EDI

Submit Batch File

Please click button below to be taken to the batch loading page.

[Submit Batch File](#)

From the Batch EDI Process page:

1. Check the Provider ID and Name. If you have access to more than 1 Provider ID you can choose the correct one from the dropdown.
2. Enter a name to identify your file, this is a required field. This name will display in the request and processing queues.
3. Browse and choose your file for processing. The uploaded file must be a Batch 270 .edi, .txt, or a Zip file containing a properly formatted file.
4. Check the “Email Notification (Upon Completion)” box if you prefer to receive a notification upon successful completion of processing.
5. Upload – by selecting Upload, you are submitting your file for processing.
6. Reset - by selecting Reset, the file name and the file upload fields will be cleared.
 - a. To clear the information, click the Reset button.

Upload a File

* CURRENT PROVIDER ID
9999980 - Michigan Public Health

* NAME

* SELECT A FILE
[Browse...](#) Choose a file...

EMAIL NOTIFICATION (UPON COMPLETION)

[Upload](#) [Reset](#)

When you click Upload you will be taken back to the previous page and can see the file progress in the Current Queue.

11.2 – Current Queue

The Current Queue shows all files submitted by your Provider ID that are being processed.

The progress of the file will then appear in the Current Queue section at the bottom of the page and will show the header rows:

- File ID
- File name
- Number of Transactions
- Submitted date
- Organization
- Status
 - Loading
 - % of completion
 - Cancelled
- Actions

Current Queue						
This table will refresh every 30 seconds for 30 minutes.						
SHOW	10	ENTRIES	SEARCH: <input type="text"/>			
ID	NAME	TRANSACTIONS	SUBMITTED	ORGANIZATION	STATUS	ACTIONS
2423	File Name	2	01/21/2021 09:17:29 AM	Tuesday Call Center Demo	(Loading)	Cancel
Showing 1 to 1 of 1 entries						Previous 1 Next

In the Eligibility Requests section at the top of the page you can see all the requests submitted by your Provider ID.

If the file is not completed yet, this section shows:

- File ID
- File name
- Number of transactions in the file
- Date/Time submitted
- Status
 - Loading
 - % of completion
 - Failed
- Actions

Eligibility Requests							
This table will refresh every 30 seconds for 30 minutes.							
SHOW	10	ENTRIES	SEARCH: <input type="text"/>				
ID	NAME	TRANSACTIONS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
2424	File Name	2	01/21/2021 09:18:31 AM			(Loading)	Details

When the file is completed, this section shows:

- File ID
- File name
- Number of transactions in the file
- Date/time submitted
- Date/time completed
- Status
- Actions

Eligibility Requests							
This table will refresh every 30 seconds for 30 minutes.							
SHOW	10	ENTRIES	SEARCH: <input type="text"/>				
ID	NAME	TRANSACTIONS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
2424	File Name	2	01/21/2021 09:18:31 AM	01/21/2021 09:18:50 AM		100 %	Details

If you selected Email Notification, when the file is completed you will receive an email that includes a link to see the results.

Your Medicaid Eligibility Request has completed processing:

ID	Name	Submitted	Completed
2424	File Name	1/21/2021 9:18:31 AM	

» View Results

Clicking on View Results will take you to the Batch EDI Details page for the file. (See Section 11.3 for Batch EDI Details)

11.3 – Cancelling a Batch EDI submission

If you want to cancel an upload before it is finished, this can be done in the Current Queue section at the bottom of the page. Files that have completed cannot be cancelled.

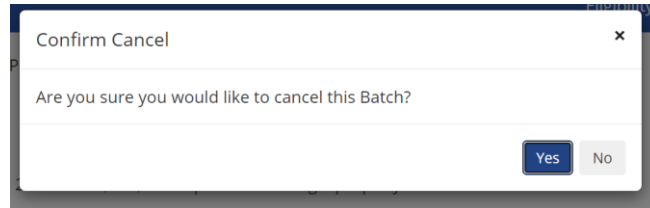
Click on the Cancel button.

Current Queue						
This table will refresh every 30 seconds for 30 minutes.						
SHOW	10	ENTRIES	SEARCH: <input type="text"/>			
ID	NAME	TRANSACTIONS	SUBMITTED	ORGANIZATION	STATUS	ACTIONS
2425	Cancel File	2	01/21/2021 09:37:28 AM	Tuesday Call Center Demo	(Loading)	Cancel

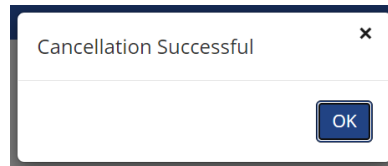
Showing 1 to 1 of 1 entries

Previous **1** Next

A popup will open asking “Are you sure you would like to cancel this Batch?”. Click Yes.



A second popup will open showing "Cancellation Successful".
Click Ok.



In the Eligibility Requests section at the top of the page the file will be displayed with

- File ID
- File name
- Number of transactions in the file
- Date/time submitted
- Date/time cancelled
- Status
- Actions

Eligibility Requests							
This table will refresh every 30 seconds for 30 minutes.							
SHOW	10	ENTRIES	SEARCH: <input type="text"/>				
ID	NAME	TRANSACTIONS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
2426	Cancel File	2	01/21/2021 09:38:56 AM		01/21/2021 09:39:07 AM	100 %	Details

If you selected Email Notification, when the file is cancelled you will receive an email that includes a link to see the results.

Your Medicaid Eligibility Request has completed processing:

ID	Name	Submitted	Completed
2425	Cancel File	1/21/2021 9:37:28 AM	

» View Results

Clicking on View Results will take you to the Batch EDI Details page for the file. (See Section 11.3 for Batch EDI Details)

11.4 – Batch EDI Details

From the Eligibility Requests queue, you may view the Details of the submitted file by clicking on "Details" under the Actions column.

Eligibility Requests

This table will refresh every 30 seconds for 30 minutes.

SHOW ENTRIES SEARCH:

ID	NAME	TRANSACTIONS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
2426	Cancel File	2	01/21/2021 09:38:56 AM		01/21/2021 09:39:07 AM	100 %	Details
2425	Cancel File	2	01/21/2021 09:37:28 AM	01/21/2021 09:37:52 AM		100 %	Details
2424	File Name	2	01/21/2021 09:18:31 AM	01/21/2021 09:18:50 AM		100 %	Details
2423	File Name	2	01/21/2021 09:17:29 AM	01/21/2021 09:17:50 AM		100 %	Details
2422	Take2 again test	2	01/20/2021 03:50:43 PM	01/20/2021 03:50:58 PM		100 %	Details

From the Batch EDI Details page, you will see the details of the processed file (Batch Details) and a data table of results. You will also be able to download the 270, 271, and 997/999 files by clicking on their respective download button.

Batch EDI Details

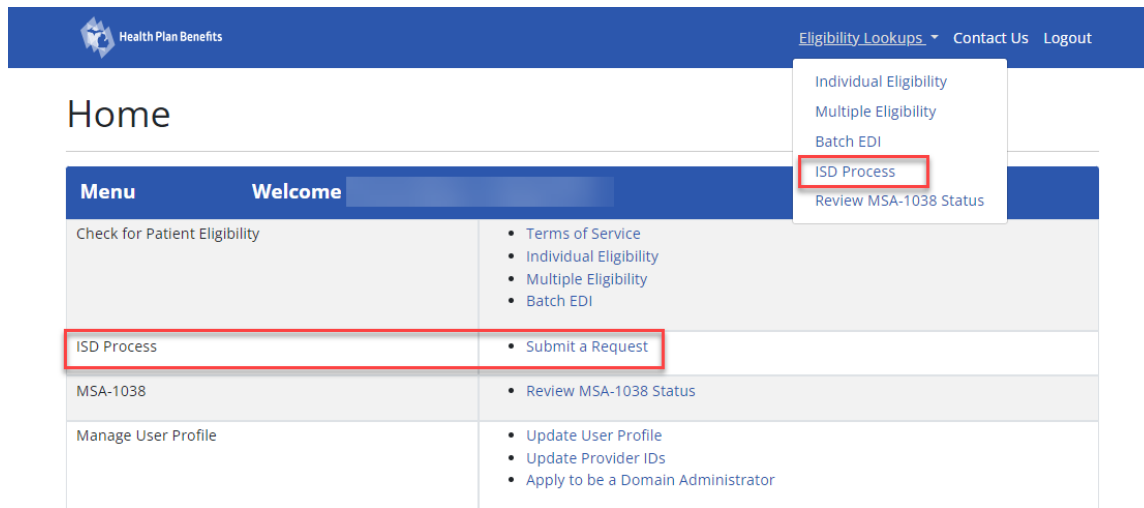
Batch Details

NAME	PROVIDER ID	CREATED BY
File Name	9999980	Edward York
COMPLETED TRANSACTIONS	TOTAL TRANSACTIONS	STATUS
2	2	100 %
SUBMITTED	STARTED	COMPLETED
01/21/2021 09:18:31 AM	01/21/2021 09:18:50 AM	01/21/2021 09:18:50 AM
CANCELED	270	271
N/A	Download	Download
997/999	TA1	
Download	N/A	

12 – ISD Batch Processor

Intermediate School District (ISD) Batch processor is part of the 270/271 batch processor. It is used by school districts to quickly look up the Medicaid status of students using a simplified version of a 270/271 and performing a batch Medicaid Eligibility lookup.

All requests that are processed through the ISD Processor must come into the system via the Health Plan Benefits website. The user must be logged in and have the ISD role. Then, follow the steps listed below.



Health Plan Benefits | Eligibility Lookups | Contact Us | Logout

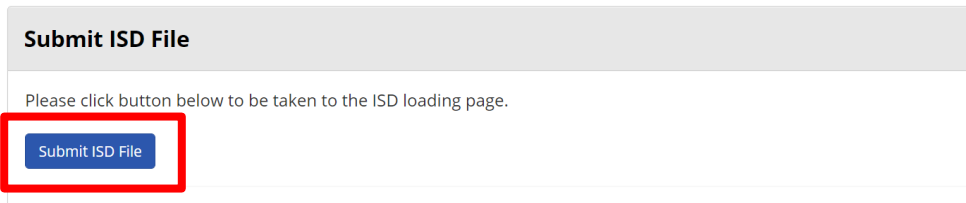
Home

Menu	Welcome
Check for Patient Eligibility	<ul style="list-style-type: none"> Terms of Service Individual Eligibility Multiple Eligibility Batch EDI
ISD Process	<ul style="list-style-type: none"> Submit a Request
MSA-1038	<ul style="list-style-type: none"> Review MSA-1038 Status
Manage User Profile	<ul style="list-style-type: none"> Update User Profile Update Provider IDs Apply to be a Domain Administrator

12.1 – Submit File for Processing

Click on the Submit ISD File button.

ISD Batch Process



Submit ISD File

Please click button below to be taken to the ISD loading page.

[Submit ISD File](#)

From the ISD Process page:

1. Check the Provider ID and Name. If you have access to more than 1 Provider ID you can choose the correct one from the dropdown.
2. Enter a name to identify your file. This name will display in the request and processing queues.
3. Browse and choose your file for processing. The file must be properly formatted with the expected header rows:
 - Date of Service
 - Student ID – internal ISD use only, not used by SOM for any purpose
 - UIC ID – numeric only
 - Subscriber ID (same as Medicaid ID) – numeric only
 - SSN – numeric only
 - Last Name
 - First Name
 - Middle Initial
 - Date of Birth – future dates are not allowed

**If you need an example of the file template, please contact the support team. It should look like this example .txt file:*



4. Check the “Email Notification (Upon Completion)” box if you prefer to receive a notification email upon successful completion of processing.
5. Upload – by selecting Upload, you are submitting your file for processing.
6. Reset – by selecting Reset, the file name and file upload fields will be cleared.
 - To clear the information, click the Reset button.

Upload a File

*** CURRENT PROVIDER ID**

9999980 - Michigan Public Health ▾

*** NAME**

ISD Test File

*** SELECT A FILE**

Browse... Choose a file...

EMAIL NOTIFICATION (UPON COMPLETION)

Upload
Reset

When you click Upload you will be taken back to the previous page and can see the file progress in the Current Queue.

12.2 – Current Queue

The Current Queue will display all files being processed. Once the completion status reaches 100%, the file will no longer display in the Current Queue.

Current Queue

This table will refresh every 30 seconds for 30 minutes.

SHOW 10 ENTRIES SEARCH:

ID	↕ NAME	↕ ROWS	↕ SUBMITTED	↕ ORGANIZATION	↕ STATUS	↕ ACTIONS
No data available in table						

Showing 0 to 0 of 0 entries
Previous
Next

Columns that will be displayed with relevant data in the Current Queue include:

- ID (system generated)
- Name (file name)
- Rows (count of rows in the file)

- Submitted Date
- Organization Name
- Status (% complete)
- Actions: A file upload may be canceled if the status has not reached 100%.

12.3 – Eligibility Requests

Once a file has completed processing, the file will display in the Eligibility Requests queue and include the Submitted date/time and the Completed date/time. If a file was cancelled, this will also include the date/time of cancellation.

Eligibility Requests											
This table will refresh every 30 seconds for 30 minutes.											
SHOW	10	ENTRIES								SEARCH:	<input type="text"/>
ID	NAME	ROWS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS				
1119	[REDACTED]	5	09/29/2020 01:11:37 PM	09/29/2020 01:11:52 PM		100 %	Details				
1118	[REDACTED]	5	09/29/2020 12:32:49 PM	09/29/2020 12:33:22 PM	09/29/2020 12:33:37 PM	100 %	Details				
1117	[REDACTED]	5	09/29/2020 10:19:15 AM	09/29/2020 10:19:45 AM		100 %	Details				
1116	[REDACTED]	5	09/29/2020 10:05:31 AM	09/29/2020 10:05:53 AM		100 %	Details				
1115	[REDACTED]	5	09/28/2020 03:42:59 PM	09/29/2020 10:00:02 AM		100 %	Details				

Showing 1 to 5 of 5 entries

Previous **1** Next

12.3.1 – View Details

From the Eligibility Requests queue, you may view the Details of the submitted file by clicking on “Details” under the Actions column.

Eligibility Requests											
This table will refresh every 30 seconds for 30 minutes.											
SHOW	10	ENTRIES								SEARCH:	<input type="text"/>
ID	NAME	ROWS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS				
1119	[REDACTED]	5	09/29/2020 01:11:37 PM	09/29/2020 01:11:52 PM		100 %	Details				
1118	[REDACTED]	5	09/29/2020 12:32:49 PM	09/29/2020 12:33:22 PM	09/29/2020 12:33:37 PM	100 %	Details				
1117	[REDACTED]	5	09/29/2020 10:19:15 AM	09/29/2020 10:19:45 AM		100 %	Details				
1116	[REDACTED]	5	09/29/2020 10:05:31 AM	09/29/2020 10:05:53 AM		100 %	Details				
1115	[REDACTED]	5	09/28/2020 03:42:59 PM	09/29/2020 10:00:02 AM		100 %	Details				

Showing 1 to 5 of 5 entries

Previous **1** Next

From the ISD Batch Details page, you will see the details of the processed file (Batch Details) and a data table of results, including a row for each subscriber/beneficiary submitted in the file (Batch Rows).

Batch Rows

SHOW 10 ENTRIES SEARCH:

DOS	STUDENT ID	UIC ID	SUBSCRIBER ID	LAST	FIRST	MIDDLE	MEDICAID	MEDICARE	TPL	COMMENTS
09/01/2022	0	0	1201774766	Test	Test					
09/01/2022	0	0		Sample2	Joe					

Each row corresponds to an identified individual from the original file. Within the data table view, you can see the eligibility response for each Subscriber/UIC ID (Medicaid Beneficiary). The results will display a Yes or No for “Medicaid”, “Medicare”, and “TPL” (Third Party Liability) based on the results of coverage within the provided Date of Service (DOS), and include any relevant comments.

Batch Rows

SHOW 10 ENTRIES SEARCH:

DOS	STUDENT ID	SUBSCRIBER / UIC ID	LAST	FIRST	MIDDLE	MEDICAID	MEDICARE	TPL	COMMENTS
07/02/2022									Entry identified in ISA08/GS03 is unable to process transaction at the current time.
11/05/2017									Entry identified in ISA08/GS03 is unable to process transaction at the current time.

Previous 1 Next

You may click the “Subscriber or UIC ID” and navigate directly to the Individual Eligibility page for the selected individual. From this screen, you may adjust the dates of coverage and perform an Individual Eligibility lookup.

Batch Rows

SHOW 10 ENTRIES

DOS	STUDENT ID	UIC ID	SUBSCRIBER ID
04/01/2023			
04/01/2023			
04/01/2023			

Individual Eligibility
Beneficiaries must be identified by their Medicaid ID, or two or more of the following data elements: Full Name (First and Last), Date of Birth, or SSN

Search

* CURRENT PROVIDER ID

MEMBER ID

LAST NAME

FIRST NAME


MIDDLE NAME

SSN

DATE OF BIRTH

Search Results

Please use the form on the left to submit an individual eligibility request. Your search results will appear in this window. You are only able to search for eligibility from the past 12 months.



Provider Information

RESIDENCE COUNTY: FIA OFFICE: CASE NUMBER:

Demographic Information

MEMBER/PATIENT NAME: GENDER: Male DATE OF BIRTH:

Benefit Plans

STATUS: Inactive	BENEFIT PLAN: PENDING ELIGIBILITY	COMMENTS: 00102977
------------------	-----------------------------------	--------------------

12.4 – Download

There are two places you can download a copy of the ISD file.

- From the Batch Details, click the Download link. This will return a copy of the file that was uploaded (modified to reflect the new columns for the returned information).

Batch Details

NAME	PROVIDER ID	CREATED BY
Dale Test5	9999980	dthompson
COMPLETED ROWS	TOTAL ROWS	STATUS
5	5	100 %
SUBMITTED	STARTED	COMPLETED
10/08/2020 09:08:32 AM	10/08/2020 09:08:41 AM	10/08/2020 09:08:49 AM
CANCELED	RESULTS	
N/A	Download	

- From the Eligibility Requests queue, click on the file name.

Eligibility Requests

This table will refresh every 30 seconds for 30 minutes.

SHOW ENTRIES

ID	NAME	ROWS	SUBMITTED	COMPLETED	CANCELED
1123	JeffTest2	5	10/02/2020 10:03:22 AM	10/02/2020 10:03:35 AM	

Here is an example of the downloaded file, inclusive of the additional information returned from the eligibility request:

Date of Service	StudentID	UIC	SubscriberID	SSN	Last Name	First Name	Middle Initial	Date of Birth	Gender	Medicaid Coverage	Medicare Coverage	TPL Coverage	Eligibility Code	Service Type	Insurance Type	Benefit Plan	Comments	Completed	
09/01/2022	0	0	1281774766		Test	Test		07/01/2005				10/25/2022 4:44:24 PM							
09/01/2022	0	0			Samuel	Joe		08/24/2024				10/25/2022 4:48:04 PM							