MI Health Plan Benefits

User Guide

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.
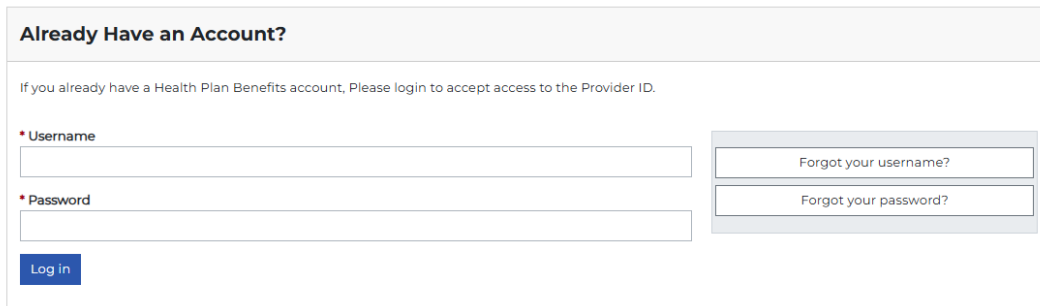
2.1 - Added by Domain Administrator

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. **The link will expire 24 hours after it is emailed to you.**

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.

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

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

[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.
      i. When a Domain Administrator is associated with the Provider ID and only 1 week remains until their relationship is deactivated, an email will be sent to everyone associated with the Provider ID.
      ii. When there are no longer any Domain Administrators associated with the Provider ID an email is sent out to all users warning them the Provider ID will expire in 48 hours.
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.

Login

Welcome to MI Health Plan Benefits. Please log in below.

* Username

eyork463

* Password

••••••••••

Log in

Forgot your username?

Forgot your password?

Medicaid Provider Manual

CHAMPS Domain Admins Only

Apply for an Account

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:

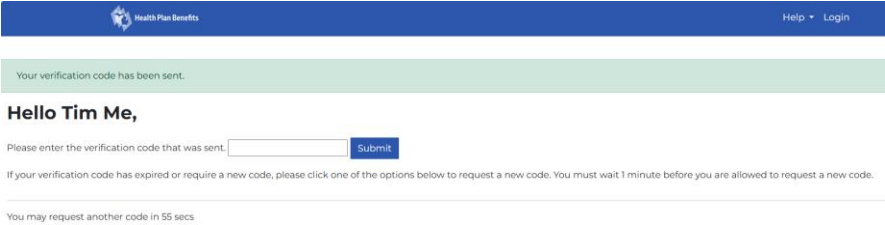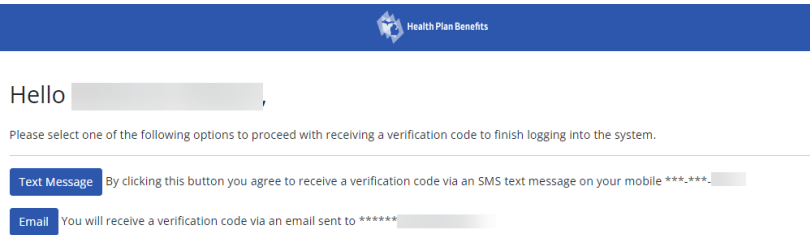After selecting Email, the following screen will appear and you will receive an email sent to the email address saved in your user profile.
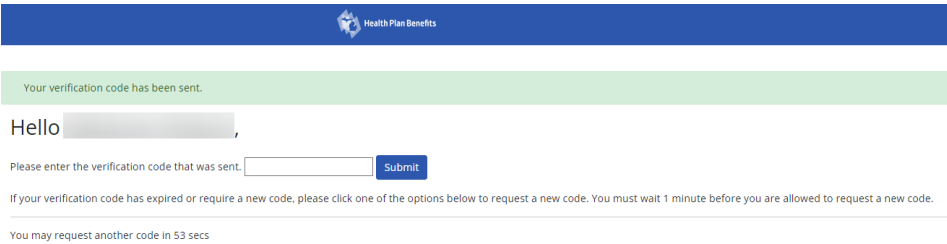

Enter the code into the box and click Submit.
If your code has expired, you can request a new one by clicking on Email.

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:

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

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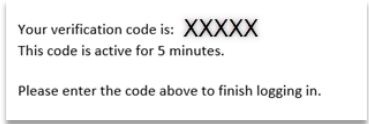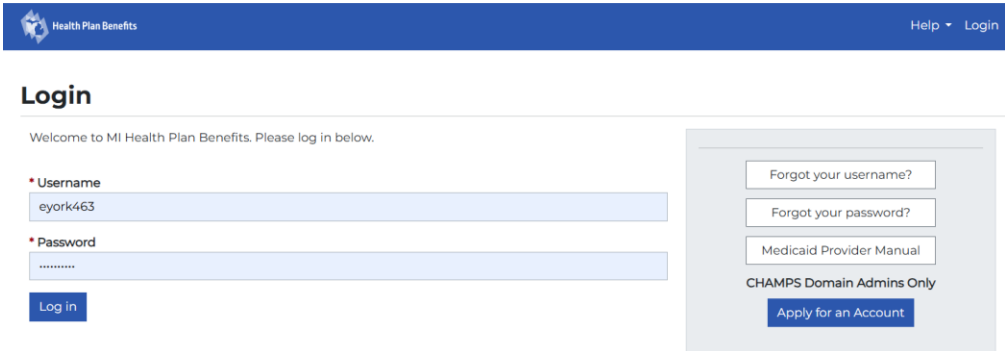If your code has expired, you can request a new one by clicking on Email or Text Message.

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.

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.
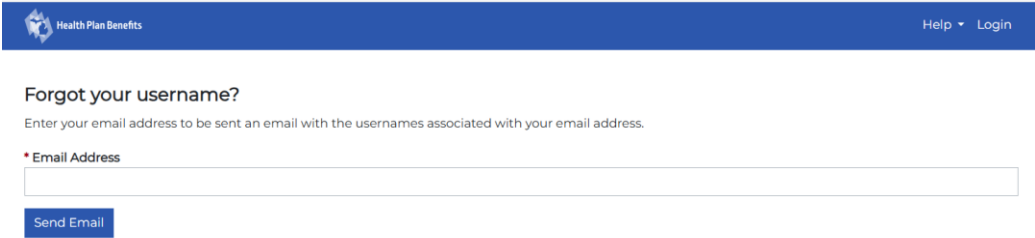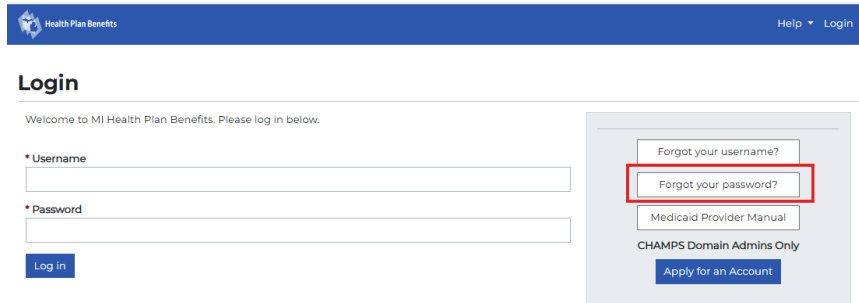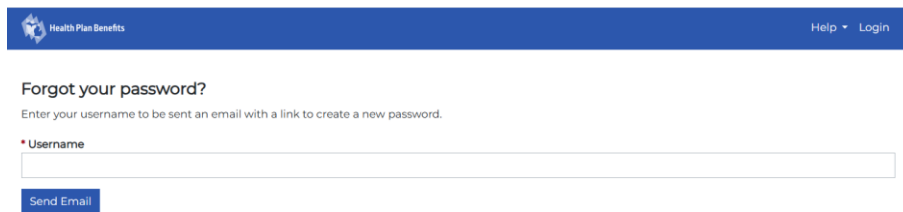
3.6 – Forgotten Password

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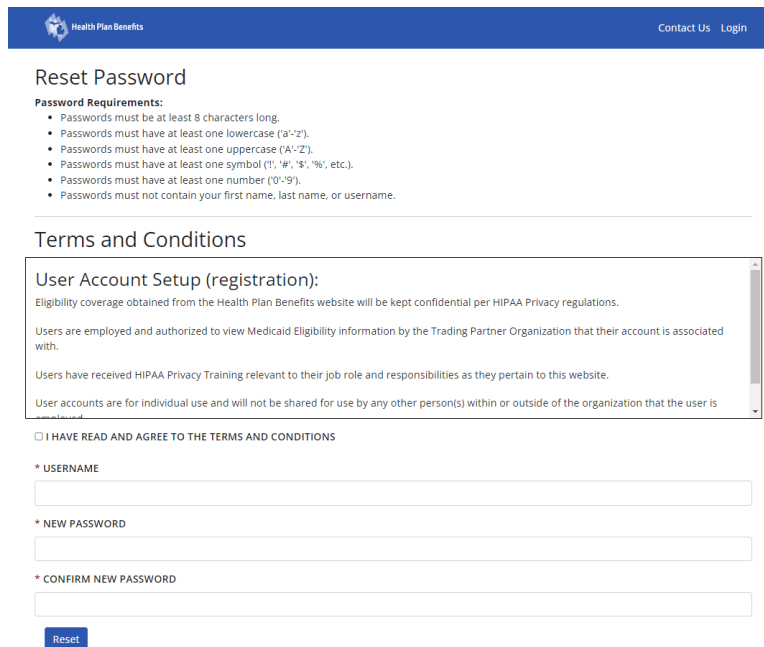
Step 2: Enter the username associated with your MI Health Plan Benefits account.

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.

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 of 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.

Signature

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:

[   ]

[Submit]

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

Update User Maintenance

Contact Information	

If the information below does not match what your current contact information, please update the corresponding fields.

USERNAME
eyork463

* First Name	* Last Name
Edward	York

Email Address	* Job Title
eyork@mphi.org	Admin

* Phone Number	Extension
616-555-5555	
XXX-XXX-XXXX	X to XXXXXXXXXX

Cell Phone	
616-802-0826	*Cell Phone is required in order to use the text option for 2 Factor Authentication
XXX-XXX-XXXX	

Confirm / Update

To update any information, just type the new information in the textbox.

Click Confirm/Update to save current information or any updates done.

3.10 – System Documentation (User Guides, Glossary)

Help is available using the Help dropdown on the Navigation Bar. It has links for the following topics:

- User Guide – user guide for Health Plan Benefits
- Domain Administrator User Guide – additional guide for the Domain Administrator role
- FAQ – Frequently Asked Questions
- Glossary – explanation of terms used in the guide and on the website
- About Us – The Health Plan Benefits public page with links to other guides
- Contact Us – The page to contact Health Plan Benefits if a question cannot be answered using the guides or the FAQ.

Eligibility Lookups ▾   Admin ▾   Help ▾   Logout

User Guide
Domain Admin User Guide
FAQ
Glossary
About Us
Contact Us

4 – System Outages

If the Health Plan Benefits web page experiences an **<u>unexpected outage,</u>** 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.

The MPHI Eligibility systems go down for maintenance during the CHAMPS maintenance windows.
- CHAMPS has a monthly maintenance window that occurs on the third Saturday of the month from 6PM on Saturday to 6AM on Sunday.
- CHAMPS has a weekly maintenance window that occurs every Sunday from 8AM to 10AM.
- MPHI Eligibility services have a monthly maintenance window that occurs on the Saturday after the second Tuesday of the month from 6PM on Saturday to 6AM on Sunday.

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.

Home

Menu	
Check for Patient Eligibility	• Terms of Service • Individual Eligibility • Multiple Eligibility • Batch EDI
MSA-1038	• Review MSA-1038 Status
Manage User Profile	• Update User Profile • Update Provider IDs • Provider ID Relationship Maintenance • Apply to be a Domain Administrator
X12 Application	• Apply for X12 (270/271)

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

My User Profile

* First Name

* Last Name

USERNAME

EMAIL ADDRESS

* Job Title

Change Password

☑ Email Confirmed

Change Email

* Phone Number

616-555-5555

XXX-XXX-XXXX

Extension

X to XXXXXXXXXX

Cell Phone

XXX-XXX-XXXX

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

* Current Provider ID

3333333332 - New Org Test

Save **Cancel**

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.

Home / User Profile

My User Profile

* First Name

EMAIL ADDRESS

☑ Email Confirmed

Change Email

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.

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.

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.

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.
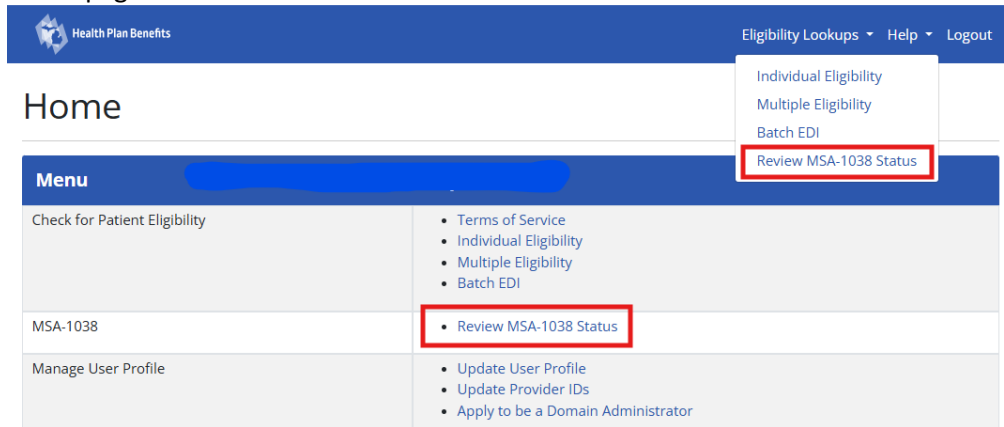
7.1 – MSA-1038 Search

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:

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

If results are found, the results will display.

7.2 – MSA-1038 Results

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.
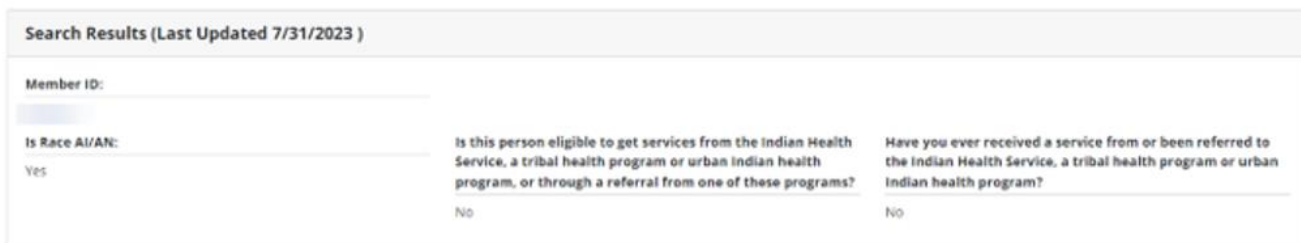

8.1 – Individual Tribal Provider Service Search

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.
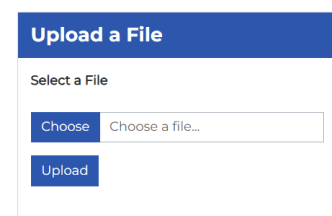If results are found, the results will display with the date the file was last updated.

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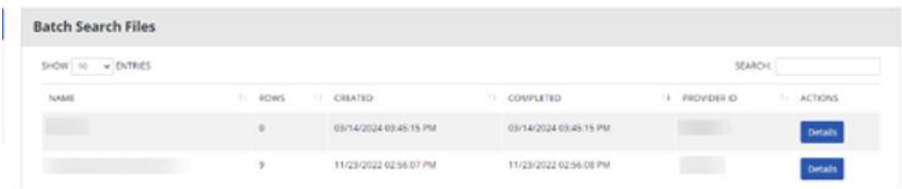Upload an excel or csv file with a column containing Medicaid IDs.

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.

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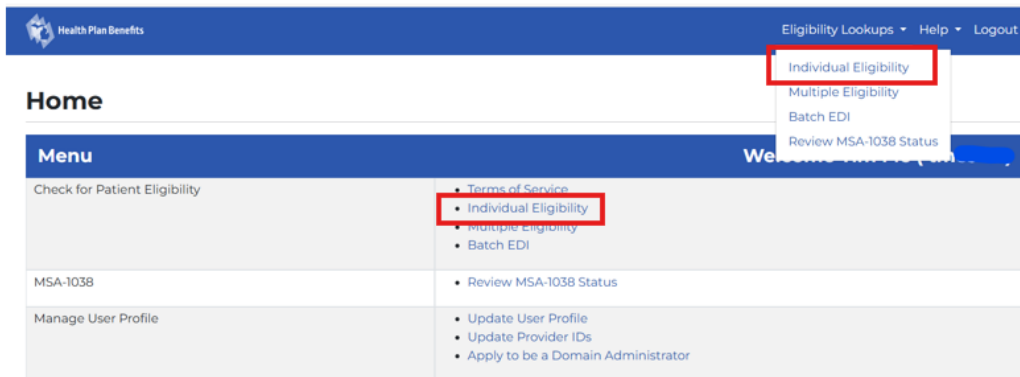
To perform a valid search, you must enter one the following criteria (exact match):

- Select a Provider ID – all Provider IDs you are a user for will show in numeric order in the list
- 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.

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:

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.

9.3 – Printing Results

Users can print the results from a successful Individual Eligibility search. The print button is located above the provider information table on the results page.

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.

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
BHMA-MHP	Medicaid Behavioral Health Enrolled in an MHP	This plan covers Medicaid mental health and substance abuse services managed by the PIHP for MA recipients who have a specialty level of need and are enrolled in a Medicaid Health Plan for Managed Care (MC).	Managed Care Organization
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-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

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 Level. Because this is a state program, the State provides the funding and defines the eligibility requirements and benefit structure. The state (Department of Human Services) also determines eligibility.	Fee-for-Service
ABW-ESO	Adult Benefits Waiver (Emergency Services)	Benefits mirror Medical Assistance Emergency Services Only (MA ESO). Children who do not meet the Medicaid citizenship requirements to be eligible for full Medicaid may be eligible for Emergency Services Only (ESO). This benefit plan is funded by SCHIP. For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to: • Place the person's health in serious jeopardy, or • Cause serious impairment to bodily functions, or • Cause serious dysfunction of any bodily organ or part.	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?"

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?

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).

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

Select a Provider ID – all Provider IDs you are a user for will show in numeric order in the list

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:

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.

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.
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:

If you enter valid search criteria, the results will display.
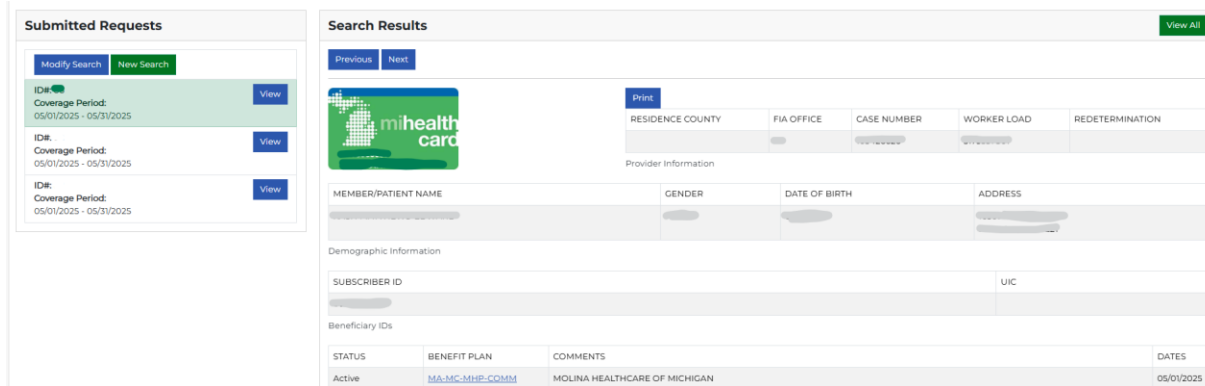
10.2 – Multiple Eligibility Results

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

From this list, you may perform the following actions:

- **Modify Search**
  - o 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**
  - o This returns a user to the Multiple Eligibility search page with values cleared. This is a complete refresh of the page.
- **View**
  - o This shows the detailed Search Results for the selected record. This is the same view that would result from an Individual Eligibility lookup.

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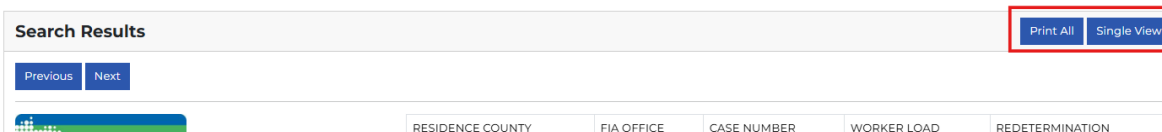
If you choose to **View All**, all Search Results will display in a single viewing pane and you can scroll to review each record.

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

10.3 – Printing Results

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

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.
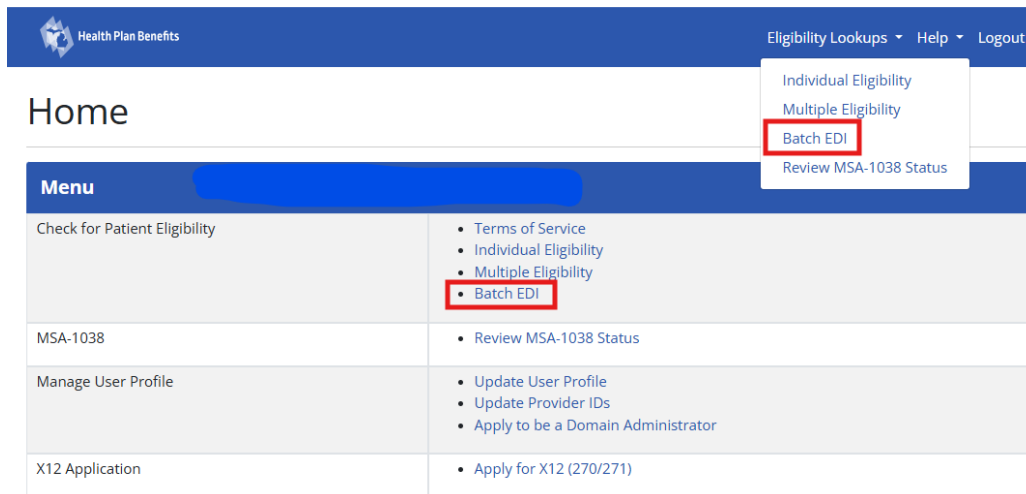
11.1 – Batch EDI submission
Click on the Submit Batch File button.

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.

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 being processed by all Provider IDs. Only the high level details can be seen, and only users with permissions to that Provider ID can access the file information.
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

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: [____]

ID	NAME	TRANSACTIONS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
5589	Test file	2	05/14/2025 10:10:11 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: [____]

ID	NAME	TRANSACTIONS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
5591	Test File 1	2	05/16/2025 02:25:09 PM	05/16/2025 02:25:24 PM		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

The queue shows all files being processed by all Provider IDs. Only the high-level file details can be seen, and only users with permissions to that Provider ID can access the file information.

This table will refresh every 30 seconds for 30 minutes.

Show [10 ▾] entries   Search: [   ]

ID	NAME	TRANSACTIONS	SUBMITTED	ORGANIZATION	STATUS	ACTIONS
5589	Test file	2	05/14/2025 10:10:11 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.

Confirm Cancel ✕

Are you sure you would like to cancel this Batch?

No   Yes

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

✕

Cancellation Successful

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: [   ]

ID	NAME	TRANSACTIONS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
5589	Test file	2	05/14/2025 10:10:11 AM		05/14/2025 10:13:05 AM	0 %	Details

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

» 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 10 ⌄ entries   Search:

ID	NAME	TRANSACTIONS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
5591	Test File 1	2	05/16/2025 02:25:09 PM	05/16/2025 02:25:24 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
Batch2TransTest	9999980 - USA Corp	Angie Pearson
COMPLETED TRANSACTIONS	**TOTAL TRANSACTIONS**	**STATUS**
2	2	100 %
SUBMITTED	**STARTED**	**COMPLETED**
03/26/2025 02:41:50 PM	03/26/2025 02:43:05 PM	03/26/2025 02:42:59 PM
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.
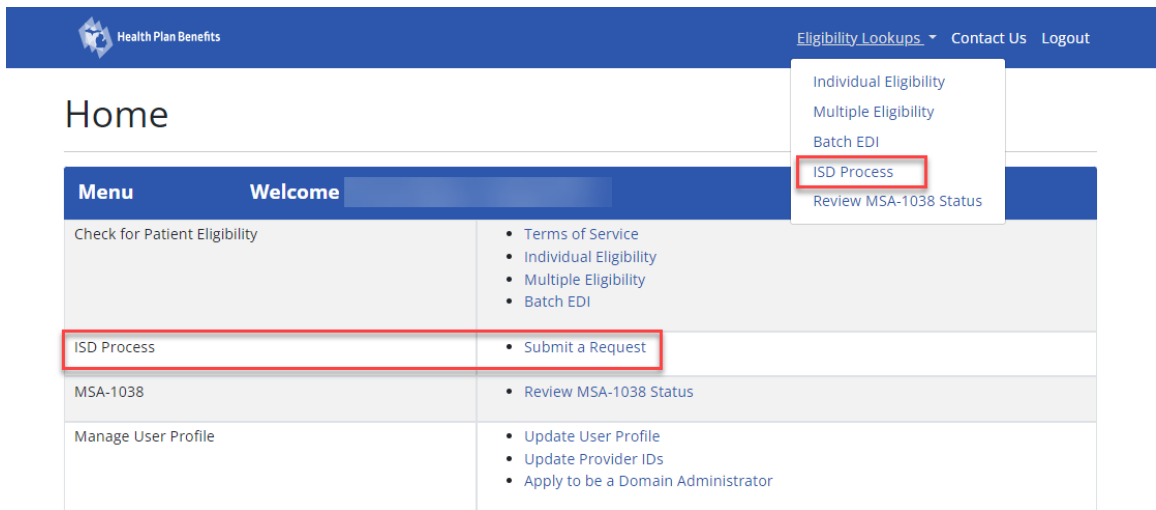
12.1 – Submit File for Processing

Click on the Submit ISD File button.
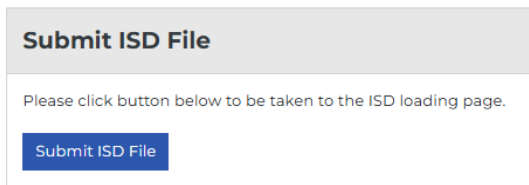
From the ISD Process page:

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:

MPHI-ISD-EXAMPLE_Blank - Notepad
File Edit Format View Help
Date of Service StudentID   UIC   SubscriberID   SSN   Last Name   First Name   Middle Initial Date of Birth

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 - USA Corp

* Name

* Select a File

Browse...   Choose a file...

☐ Email Notification (upon completion)

Upload   Reset

When you click Upload the system will validate the file that was uploaded.
You will be taken back to the previous page and can see the file progress in the Current Queue.

If the file has any errors, it will not process it.
The page will show an error message:
The uploaded file has X rows with errors, click the Download Validation Results link to download the result file.
After downloading the file:

- If a row has an error(s) the last column will describe the error(s).
- When the error(s) have been corrected, please resubmit the file.

ISD Batch Process - Invalid Data

ISD File Validation Errors

The uploaded file has 3 rows with errors. Click the "Download Validation Results" link to download the result file.

After downloading the file:

- If a row has an error(s) the last column will describe the error(s).
- When the error(s) have been corrected, please resubmit the file.

Download Validation Results   Return to ISD Upload

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

The queue shows all files being processed by all Provider IDs. Only the high-level file details can be seen, and only users with permissions to that Provider ID can access the file information.

This table will refresh every 30 seconds for 30 minutes.

Show 10 entries   Search:

ID	NAME	ROWS	SUBMITTED	ORGANIZATION	STATUS	ACTIONS
1406	test file 1	8	05/14/2025 02:31:28 PM	Tuesday Call Center Demo	(Loading)	Cancel

Showing 1 to 1 of 1 entries   Previous 1 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:

ID	NAME	ROWS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
1409	Test File 2	8	05/16/2025 02:29:10 PM	05/16/2025 02:29:26 PM		100 %	Details

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.

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										Invalid/Missing Subscriber/Insured ID
09/01/2022							No	No	No	
09/01/2022							No	No	No	

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.

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.

12.4 – Download

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

1. 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).

ISD Batch Details

Batch Details		
NAME	PROVIDER ID	CREATED BY
uic	9999980 - USA Corp	apearson112
COMPLETED ROWS	TOTAL ROWS	STATUS
12	12	100 %
SUBMITTED	STARTED	COMPLETED
04/10/2025 12:26:31 PM	04/10/2025 01:12:46 PM	N/A
CANCELED	RESULTS	ORIGINAL FILE
03/26/2025 03:03:30 PM	Download	Download

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

Eligibility Requests					
This table will refresh every 30 seconds for 30 minutes.					
SHOW 10 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:

File Edit Format View Help																		
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	1201774766		Test	Test		07/01/2005				10/25/2022 4:44:24 PM						
09/01/2022	0	0			Sample2	Joe		08/24/2014			10/25/2022 4:48:44 PM							