MI Health Plan Benefits

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

Providers can have a combination of any of the following roles:

- **User** – Allows the user to perform Individual and Multiple Eligibility lookups.
- **Domain Administrator** – Users with the Domain Administrator role manage the organization’s list of authorized users.

2 – Accessing MI Health Plan Benefits
The MI Health Plan Benefits application can be accessed at [https://hpb.mihealth.org](https://hpb.mihealth.org)

2.1 – 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 in to the application.

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

**Note:** If you fail 5 consecutive failed login attempts your account will be locked for a 10-minute period. Every failed attempt thereafter, while the account is already locked, will increase the total lockout time.
2.2 – 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.

2.3 – 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 – 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, or
2. Fill out an application to become a Domain Administrator.

3.1 – Adding a Domain Administrator to Your Provider ID

A user with Domain Administrator access may add another person to their Provider ID as a Domain Administrator by completing the following steps.

Step 1: Select the “Update User Profile and Provider IDs” link on the Home page to be taken to your User Profile page.

<table>
<thead>
<tr>
<th>User Profile</th>
<th>• Change Password</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Update User Profile and Provider IDs</strong></td>
</tr>
<tr>
<td></td>
<td>• Apply to use a Provider ID</td>
</tr>
</tbody>
</table>

Step 2: Scroll to the “Approved Provider IDs” section. Find the Provider ID that you would like to add the user to and select the View link to navigate to the Provider ID Management page.
Step 3: Scroll to the Manage Users Section and select “Add User.”

Step 4: Fill out the Add User form and check “Yes” to answer: “Is this user a Domain Administrator?”

Step 5: Select the “Add” button to save the new user.
Once the new user is saved, they will be sent one email with their username and a second email with a registration link.

### 3.2 – 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:** If you do not already have a MI Health Plan Benefits account, create an account as described in [4.2 – Create an Account](#).

**Step 2:** Log in to your account.

**Step 3:** Select the “Apply to use a Provider ID” link on the Home page to be taken to the application.

- Change Password
- Update User Profile and Provider IDs
- **Apply to use a Provider ID**

**Step 4:** Fill out the application to use a Provider ID. Remember, you must be a CHAMPS Domain Administrator for your application to be approved. If you do not answer “Yes” to this question, the application will not display.
The application is broken into 4 sections:

- **CHAMPS Administrator**
- **Organization Details**
- **X12 (270/271) and Batch Processing**
- **Terms and Conditions**
MI Health Plan Benefits

CHAMPS Administrator

Would you like to be a Domain Administrator in Health Plan Benefits? Note: You must be a Domain Administrator for the Provider ID in CHAMPS that you are applying for to be approved for this role.

As a Domain Administrator you will be responsible for maintaining the user accounts tied to the Provider ID and for ensuring that HIPAA privacy regulations are enforced. You must be set as the organization’s Domain Administrator in CHAMPS. The name and email tied to your account, listed below, must match what is in CHAMPS.

FIRST NAME

LAST NAME

EMAIL ADDRESS

* ARE YOU A CHAMPS DOMAIN ADMINISTRATOR FOR THE PROVIDER ID YOU ARE APPLYING TO USE?

* YES  ** NO

Organization Details

Information about the organization requesting access to the MI Health Plan Benefits site.

* ORGANIZATION NAME

* ORGANIZATION TYPE

Please Select One

* FEDERAL TAX ID

XX-XXXXXXX

* NATIONAL PROVIDER ID OR CHAMPS ID

X12 (270/271) and Batch Processing

* WILL YOUR ORGANIZATION NEED ACCESS TO MHPJ'S X12 (270/271) SYSTEM?

The MI Health Plan Benefits X12 (270/271) system allows providers' and clearinghouses' own applications to interface with MI Health Plan Benefits application to make eligibility requests. Your organization will need to create or obtain a software product capable of making X12 (270/271) requests to use this functionality.

* YES  ** NO

ADDITIONAL COMMENTS

Terms and Conditions

Health Plan Benefits Application Real-Time and Batch Transactions Users

Organizations requesting access to the Health Plan Benefits website must have an active Trading Partner Agreement with Michigan Medicaid. Organizations requesting access must be classified as one of the following: ADW County Health Plan, Medicaid Health Plan, Community Mental Health, School-Based Healthcare, Long-Term Care Provider, Pharmacy, or "Out-of-State" Provider.
1. CHAMPS Administrator

The First Name, Last Name, and Email Address fields in the CHAMPS Administrator section are prepopulated with values you entered when creating your account. You are also asked to confirm that you are a Domain Administrator for the Provider ID in CHAMPS.

2. Organization Details

The following fields are required in the Organization Details section of the application:

- **Organization Name** – The name of your organization. This value needs to match the name of the organization recorded in CHAMPS.
- **Organization Type** – The organization’s type. Possible values include:
  - ABW County Health Plan
  - Community Mental Health
  - Long-Term Care Provider
  - Medicaid Health Plan
  - Out-of-State Provider
  - Pharmacy
  - School-Based Healthcare
  - WIC
  - Clearinghouse/Billing Agent
  - Other Provider
  - Other
- **Federal Tax ID** – The organization’s federal tax ID.
- **The National Provider Identifier Or CHAMPS ID** – The organization’s Provider ID. This may be either a National Provider ID or a CHAMPS ID.
3. Organization Details, X12 (270/271) and Batch Processing

In the X12 (270/271) and Batch Processing section of the application for access, you must indicate whether your organization will need access to MPHI’s X12 (270/271) system. The X12 (270/271) system allows Providers’ and Clearinghouses’ own applications to interface with the MI Health Plan Benefits application to make eligibility requests. To make use of the X12 (270/271) functionality, your organization will need to create or obtain a software product capable of making X12 (270/271) requests.

To request access to MPHI’s X12 (270/271) system, select “Yes” in response to the “Will your organization need access to MPHI’s X12 (270/271) system?” question. You will be required to provide the Public IP Addresses that will be making the X12 (270/271) requests.
If you have indicated that your organization will need access to MPHI's X12 (270/271) system, you will also need to indicate whether your organization needs to submit inquiries on behalf of other Providers. When the “Yes” response is selected, you will be required to enter the following information for each of your organization’s clients:

- * The client’s Name/Organization
- * The client’s Federal Tax ID
- * The client’s National Provider ID (NPI) or the client’s CHAMPS ID

### 4. Terms and Conditions

Before you can submit the application, you must first agree to the terms and conditions shown in the Terms and Conditions section. Check the “I agree to the terms and conditions” checkbox to agree to the terms and conditions.

**Please Note:** The terms and conditions for use of the Real-Time and Batch Transactions are different than the terms and conditions for use of the X12 270/271 Real-time and Batch Transactions. Both sets of terms and conditions are included in the Terms and Conditions section.
**Application Submission**

Once you have finished filling in all the required fields, select the Submit button to submit your application for review. Upon submission, you will receive an email to confirm that your application has been successfully submitted.

**3.3 – Application Approval/Denial**

Your application to be the Domain Administrator of a Provider ID in MI Health Plan Benefits site will be reviewed within 10 days of your submission.

**3.3.1 – Application Approval**

When your application has been approved, you will be sent an email to inform you of the application’s approval. This email may also contain attached instructions for how to associate MPHI as a billing agent in CHAMPS if necessary.

**3.3.2 – Application Denial**

When your application has been denied, you will be sent an email to inform you of the denial. This email will also contain the reason for the denial.

**4 – Setting Up Your Account**

There are two different approaches to create a new account in MI Health Plan Benefits: a Domain Administrator can add you to a Provider ID (see **4.1 – Added by Domain Administrator**) or, if you intend to apply to be a Domain Administrator for a Provider ID in Health Plan Benefits, you can create a new account by selecting the “Create an Account” button on the Home page (see **4.2 – Create an Account**).

**4.1 – Added by Domain Administrator**

When a Domain Administrator has granted you access to a Provider ID, you will be sent an 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 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.

**Step 4:** Read through the Terms and Conditions and agree to them by selecting the “I have read and agree to the Terms and Conditions” checkbox.
Step 5: 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.

Step 6: Select the link in the email to be taken to the Setup Account page.

Step 7: On the Setup Account page, you must agree to the Terms and Conditions. Select the checkbox, enter the username that was emailed to you, then enter and confirm your password.
Step 8: Select the “Confirm” button to complete your account setup. You will be taken to the Login page where you may 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.

4.2 – Create an Account

You can create a new MI Health Plan Benefits account that is not linked to a Provider ID. This should only be done by someone who intends to apply to become the Domain Administrator for a Provider ID in MI Health Plan Benefits. To do so, follow the steps listed below.

Important: An account created this way will not have access to perform eligibility lookups until it has been linked with a Provider ID. See 3.2 – Applying to be a Domain Administrator for instructions on how to apply to become a Domain Administrator or see 4.1 – Added by Domain Administrator for instructions on how to link your account to a Provider ID once a Domain Administrator has added you.

Step 1: Select the Create an Account button on the Login page.
Step 2: Fill out the CHAMPS Administrator and User’s Information sections of the registration form.

**CHAMPS Administrator**

In order to register an account you need to be a Domain Administrator in CHAMPS for the Provider ID you are attempting to use. If you are not the Domain Administrator, please have the Domain Administrator register then create an account for you.

* ARE YOU A CHAMPS DOMAIN ADMINISTRATOR FOR THE PROVIDER ID YOU ARE APPLYING TO USE?
  - YES  ○ NO

**User’s Information**

- **FIRST NAME**
- **LAST NAME**
- **JOB TITLE**
- **EMAIL ADDRESS**
- **EMAIL CONFIRMATION**
- **PHONE NUMBER**
- **EXTENSION**
  - **XXX-XXX-XXXX**
  - **X to XXXXXXXXXXXX**

Step 3: Read through the Terms and Conditions and agree to them by selecting the “I have read and agree to the Terms and Conditions” checkbox.
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 your new account username and another with a link to set up your account password. The username is system generated.

Step 5: Select the link in the email to be taken to the Setup Account page.

Step 6: On the Setup Account page, you must agree to the Terms and Conditions. Select the checkbox, enter the username that was emailed to you, then enter your desired password in the Password and Confirm Password fields.
Step 6: Select the “Confirm” button to complete your account setup. You will be taken to the Login page where you may log in to your new account. (See 2.1 – Logging In)

5 – User Profile and Provider IDs

5.1 – 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.
- **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.
- **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.
At the bottom of your User Profile page are two lists: Provider IDs Pending Review and Approved Provider IDs.

**Provider IDs Pending Review**

The Provider IDs Pending Review list shows all of the Provider IDs that you have applied to become the HPB Domain Administrator for where the application is still pending review. The following fields are shown in the list:

- **Provider ID** – The Provider ID the application is for.
- **Type** – The type of Provider ID the application is for; either NPI or CHAMPS.
- **Organization Name** – The name of the organization the application is for.
- **Role** – Your role for the listed Provider ID.
- **Actions** – An application to become a HPB Domain Administrator for a Provider ID may be canceled by selecting the Cancel link in the Actions column.

**Approved Provider IDs**

June 26, 2020
The Approved Provider IDs list shows all of the Provider IDs that you have been given access to as either a Domain Administrator or a User. The following fields are shown in the list:

- **Provider ID** – The Provider ID.
- **Type** – The type of Provider ID; either NPI or CHAMPS.
- **Organization Name** – The name of the organization.
- **Role** – Your role for the listed Provider ID (either Domain Administrator or User).
- **Actions** – Selecting the View link will take you to the Provider ID Management page.

### 5.2 – Change Password

You can change your account password on the Change Password page. To access the Change Password page, select the Change Password link on the Home page.

<table>
<thead>
<tr>
<th>User Profile</th>
<th>Change Password</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Update User Profile and Provider IDs</td>
</tr>
<tr>
<td></td>
<td>Apply to use a Provider ID</td>
</tr>
</tbody>
</table>

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.
6 – **Provider ID Management**

Domain Administrators can view and manage the details and users for their organization on the Provider ID Management page. To access the Provider ID Management page, select the View link for the Provider ID in the Approved Provider IDs list on the User Profile page.

![Change Password Form]

The Provider ID Management page is broken into 4 sections: Provider ID Details, Domain Administrators, Pending Users, and Manage Users.
## Provider ID Details

<table>
<thead>
<tr>
<th>NATIONAL PROVIDER ID OR CHAMPS ID</th>
<th>PROVIDER ID TYPE</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHAMPS ID</td>
<td>Active</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ORGANIZATION NAME</th>
<th>ORGANIZATION TYPE</th>
<th>YOUR ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michigan Public Health Institute</td>
<td>Clearinghouse/Billing Agent</td>
<td>Domain Administrator</td>
</tr>
</tbody>
</table>

[Create an Edit Application]

## Domain Administrators

<table>
<thead>
<tr>
<th>SHOW 10 Entries</th>
<th>SEARCH:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>EMAIL</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Showing 1 to 8 of 8 entries

[Previous 1 Next]

## Pending Users Section

<table>
<thead>
<tr>
<th>SHOW 10 Entries</th>
<th>SEARCH:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>EMAIL</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No data available in table

Showing 0 to 0 of 0 entries

[Previous Next]

## Manage Users Section

[Add User]

<table>
<thead>
<tr>
<th>USERNAME</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>EMAIL</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>View Remove</td>
</tr>
<tr>
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<td></td>
<td>View Remove</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>View Remove</td>
</tr>
</tbody>
</table>

[View Remove]
Provider ID Details

The Provider ID Details section shows high level details about a Provider ID, including the fields listed below. It also includes a link to the Provider ID application (see 3.2 – Applying to be a Domain Administrator).

- **National Provider ID or CHAMPS ID** – The selected Provider ID.
- **Provider ID Type** – The selected Provider ID’s type, either NPI or CHAMPS ID.
- **Status** – The current status of the selected Provider ID.
- **Organization Name** – The name of the organization for the selected Provider ID.
- **Organization Type** – The organization’s type for the selected Provider ID.
- **Your Role** – The current user’s role with the selected Provider ID; either Domain Administrator or User.

Domain Administrators

The Domain Administrators section lists out the details of all of the selected Provider ID’s Domain Administrators. For each Domain Administrator, the following information is shown:

- **Name** – The listed Domain Administrator’s full name.
- **Email** – The listed Domain Administrator’s email address.
- **Phone Number** – The listed Domain Administrator’s phone number.
- **Extension** – The listed Domain Administrator’s phone number extension.

Pending Users Section

The Pending Users section lists the users who have been added to the Provider ID but have not yet linked the permission with their account. The following information is shown for each of the pending users:

- **First Name** – The first name of the listed pending user.
- **Last Name** – The last name of the listed pending user.
- **Email** – The email address of the listed pending user.
- **Actions** – Selecting the Remove action for a pending user will cancel the addition of the pending user to the selected Provider ID. The pending user will receive an email to inform them of the cancelation.

Manage Users Section

The Manage Users section lists the users who have access to the selected Provider ID. For each user, the following information is shown:
• **Username** – The listed user’s MI Health Plan Benefits account username.
• **First Name** – The listed user’s first name.
• **Last Name** – The listed user’s last name.
• **Email** – The listed user’s email address.
• **Phone Number** – The listed user’s phone number.
• **Extension** – The listed user’s phone number extension.
• **Actions** – When the View action is selected, the current user will be taken to the Update User page for the selected user (see 6.1 – Adding a New User/Editing an Existing User). When the Remove action is selected, the current user will be prompted to confirm their decision to remove the selected user’s access to the selected Provider ID.

### 6.1 – Adding a New User

As a Domain Administrator, you can add new users to a Provider ID from the Provider ID Management page. To add a new user, follow the steps listed below.

**Step 1:** Select the “Update User Profile and Provider IDs” link on the Home page to be taken to your User Profile page.

![User Profile](image1)

**Step 2:** Scroll to the “Approved Provider IDs” section. Find the Provider ID that you would like to add the user to and select View to navigate to the Provider ID Management page.

![Provider ID](image2)

**Step 3:** Scroll to the Manage Users Section and select “Add User.”
Add New

Manage Users Section

Add User

Step 4: Fill in the following. A red asterisk (*) indicates a required field:

➢ * First Name – The new user’s first name.
➢ * Last Name – The new user’s last name.
➢ * Email – The new user’s email address. Account setup emails will be sent to this address.
➢ * Confirm Email – Field to confirm the new user’s email address.
➢ * Is this user a Domain Administrator? – Indicates whether this new user will have Domain Administrator rights to the Provider ID in MI Health Plan Benefits.

Step 5: Select the “Add” button to create the new user account. Once the account has been successfully created, emails will be sent to the new user’s email address with instructions for gaining access to the Provider ID.

6.2 - Editing an Existing User

Step 1: Select the “Update User Profile and Provider IDs” link on the Home page to be taken to your User Profile page.

User Profile

- Change Password
- Update User Profile and Provider IDs
- Apply to use a Provider ID
Step 2: Scroll to the “Approved Provider IDs” section. Find the Provider ID that you would like to edit the user from and select View to navigate to the Provider ID Management page.

Step 3: Select View next to the user you would like to edit.

Step 4: When editing an existing user, the only information a Domain Administrator can edit from the Update User screen is the indicator identifying a user as a Domain Administrator. All other fields will be read-only.
Step 5: Select **Save** to save your changes.

6.3 - Removing a User

**Step 1:** Select the “**Update User Profile and Provider IDs**” link on the Home page to be taken to your User Profile page.

<table>
<thead>
<tr>
<th>User Profile</th>
<th>Change Password</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Update User Profile and Provider IDs</td>
</tr>
<tr>
<td></td>
<td>Apply to use a Provider ID</td>
</tr>
</tbody>
</table>

**Step 2:** Scroll to the “Approved Provider IDs” section. Find the Provider ID that you would like to edit the user from and select **View** to navigate to the Provider ID Management page.
Step 3: From the "Manage Users" section, select **Remove** next to the user you would like to Remove.

Step 4: You will see a confirmation Prompt. Select **Yes** to continue with removal. Select **No** to return.
6.4 – Editing Your Provider ID

Domain Administrators can make changes to their Provider ID’s details by submitting another application for the Provider ID (see 3.2 – Applying to be a Domain Administrator for instructions on how to complete an application).

In addition to the “Apply to use a Provider ID” link on the Home page, Domain Administrators may access the Provider ID Application by selecting the “Create an Edit Application” link on the Provider ID Management page. Once the new application is approved, the Provider ID’s details will be updated with the information that was entered on the application.

Note: The new Provider ID details must match the information in CHAMPS for the Provider ID.
7 – Confirming Users – Domain Administrator

The Confirm Users feature systematically prompts Domain Administrators to confirm access for users associated to their Provider IDs. Providers are expected to confirm access every six months to continue using the system. Domain Administrators will be prompted to confirm users every six months, but the system will allow them to confirm more frequently if so desired.

7.1 - Confirm Users Alert

This alert will be visible to Domain Administrators when they have users pending confirmation. The alert includes a link that will navigate the Domain Administrator to review their users.

7.2 - Confirm Users Page

The Confirm Users page is accessible at any time if the Domain Administrator chooses to confirm users outside of the scheduled window.

Navigation: Home ➔ Update User Profile and Provider IDs ➔ Approved Provider IDs (table) ➔ Confirm Users (link)

Home
Note: If a user is associated with more than one Provider ID, they will have to be removed from each Provider ID by the respective Domain Administrators.

7.3 – **Confirm Users Scheduled Emails**

Emails will be sent to Domain Administrators and users at set intervals as the confirmation due date approaches, ensuring adequate warning and advance notice prior to confirmation expiration.

- Email 1: Sent to Domain Administrators **two months** prior to the month of expiration
- Email 2: Sent to Domain Administrators **one month** prior to the month of expiration
- Email 3: Sent to Domain Administrators and Users **one week** prior to the month of expiration
- Email 4: Sent to Domain Administrators and Users on the **day of expiration**
**7.4 – Reactivating Users**

In the event a Domain Administrator fails to confirm their list of users within the established timeframe, the users will be disassociated from the Provider ID, and the Provider ID will be placed in a suspended state. A Domain Administrator can reactivate by going through the “Confirm Users” workflow (see 7.2 – Confirm Users Page) for the suspended Provider ID and confirming the users. This will reactivate the Provider ID and set a new expiration date six months from the date confirmed.

**8 – 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.
8.1 - 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:

**MSA-1038 Status**

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

If results are found, the results will display.
8.2 - MSA-1038 Results

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

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.

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 the following criteria (exact match):

- Medicaid ID OR
- Two or more of the following data elements:
  - Full Name (Last Name AND First Name)
  - Date of Birth
  - SSN
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 08/2019, then the Coverage End Date cannot be 09/01/2019

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
- 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.

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.

Demographic Information

Benefit Plans

<table>
<thead>
<tr>
<th>STATUS</th>
<th>BENEFIT PLAN</th>
<th>COMMENTS</th>
<th>DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>MA-MC-MHP-</td>
<td>CONTACT THE MHP FOR FURTHER DETAILS ON COVERED SERVICES INCLUDING PA, COPay AND OTHER REQUIREMENTS.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COM/MA</td>
<td></td>
<td>11/01/2019 To 11/30/2019</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PLAN ID</th>
<th>NAME</th>
<th>DESCRIPTION</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA</td>
<td>Full Fee-for-Service Medicaid</td>
<td>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.</td>
<td>Fee-for-Service</td>
</tr>
<tr>
<td>MA-F5S</td>
<td>MA F5S Dental</td>
<td>Fee-for-Service Dental associated with the MA Benefit Plan</td>
<td>Fee-for-Service</td>
</tr>
<tr>
<td>MA-MC</td>
<td>Medicaid Managed Care</td>
<td>Full Medicaid for Managed Care Organization enrollment. This capped 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</td>
<td>Managed Care Organization</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider</td>
<td>The beneficiary's Primary Care Provider (PCP) as designated by their Medicaid Health Plan (MHP).</td>
<td>Other</td>
</tr>
<tr>
<td>PHP</td>
<td>Prepaid Inpatient Health Plan</td>
<td>This benefit plan provides specialty behavioral health services for individuals enrolled in MA.</td>
<td>Managed Care Organization</td>
</tr>
</tbody>
</table>

All Benefit Plans

<table>
<thead>
<tr>
<th>PLAN ID</th>
<th>NAME</th>
<th>DESCRIPTION</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABW</td>
<td>Adult Benefits Waiver Program</td>
<td>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 infant covered). The ABW program covers individuals with income less than 135% of the Federal Poverty Level.</td>
<td>Fee-for-Service</td>
</tr>
</tbody>
</table>
If accessed via the FAQ page, the link to the Benefit Plans page is found under the response to “What are the Benefit Plans?”

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.

Navigation:
Home → Eligibility → Multiple Eligibility or
Menu → Eligibility Lookups → Multiple Eligibility
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 5.1).

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

- Medicaid ID 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**
  - 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.

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
- 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 successful 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.