

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.

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 User Guide.

2 – Setting Up Your Account

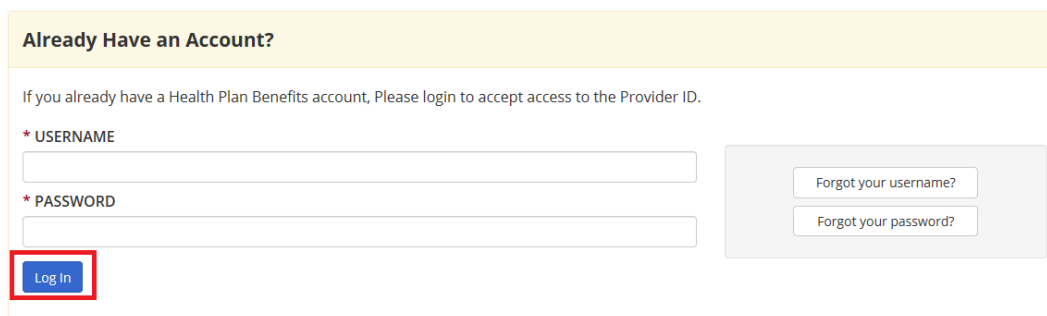
For a User to have an account, a Domain Administrator must add you to a Provider ID (see [2.1 – Added by Domain Administrator](#)).

2.1 – 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.

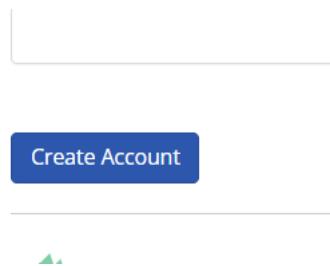
- *** Email Address** – Your email address. This address is where you will be sent emails necessary to finalize account setup.
- *** Email Confirmation** – Re-enter your email address in this field to confirm that it was entered correctly.
- *** Phone Number** – Your phone number.
- **Extension** – Your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

Register New Account

Your Name and Email must **EXACTLY** match the Name and Email shown in your [CHAMPS User Account page](#).

* FIRST NAME	* LAST NAME
<input type="text"/>	<input type="text"/>
* JOB TITLE	
<input type="text"/>	
* EMAIL ADDRESS	* EMAIL CONFIRMATION
<input type="text"/>	<input type="text"/>
PHONE NUMBER	PHONE NUMBER EXTENSION
<input type="text"/>	<input type="text"/>
XXX-XXX-XXXX	X to XXXXXXXXXXXX
CELL PHONE NUMBER	
<input type="text"/>	
XXX-XXX-XXXX	

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.



Step 5: Two emails will be sent to you.

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 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>.

MI Health Plan Benefits uses 2 factor authentication. After a 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.

3.1 – 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.

A user is required to log in at least once every 120 days or their account will be deactivated.

If a user has not logged in for 180 days their account will be expired.

A user is required to perform a search using an authorized Provider ID at least once every 120 days or their 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.

A 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.

Login

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

* USERNAME

* PASSWORD

Log In

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

If a user has no active 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 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.

3.1.1 - 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:

Hello Billy Bob,

Please select one of the following options to proceed with receiving a verification code to finish logging into the system.

There is no phone number on file for this user. Please request a verification code by email below.

Email You will receive a verification code via an email sent to *****@mphi.org

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

Your verification code has been sent.

Hello Billy Bob,

Please enter the verification code that was sent.

If your verification code has expired or require a new code, please click one of the options below to request a new code.

There is no phone number on file for this user. Please request a verification code by email below.

Email You will receive a verification code via an email sent to *****@mphi.org

Your verification code is: **41853788**

This code is active for 5 minutes.

Please enter the code above to finish logging in.

Enter the code into the box and click Submit.

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

3.1.2 – 2 Factor Authentication by Email or 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:

Hello Billy Bob,

Please select one of the following options to proceed with receiving a verification code to finish logging into the system.

Text Message You will receive a verification code via a text message on your mobile ***-***-5555

Email You will receive a verification code via an email sent to *****@mph.org

To get an email with a code click on Email.

To get a text with a code click on Text Message.

The following screen will appear:

Your verification code has been sent.

Hello Billy Bob,

Please enter the verification code that was sent.

If your verification code has expired or require a new code, please click one of the options below to request a new code.

Text Message You will receive a verification code via a text message on your mobile ***-***-5555

Email You will receive a verification code via an email sent to *****@mph.org

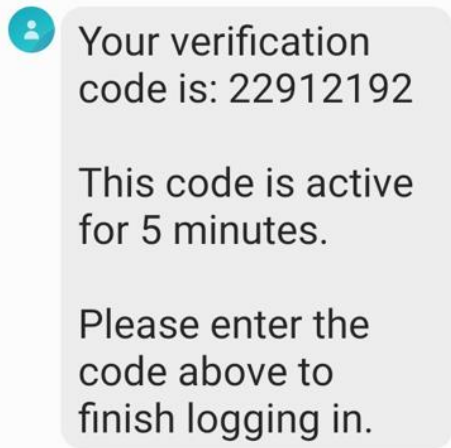
If you selected Email, you will receive an email sent to the email address saved in your user profile:

Your verification code is: **41853788**

This code is active for 5 minutes.

Please enter the code above to finish logging in.

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



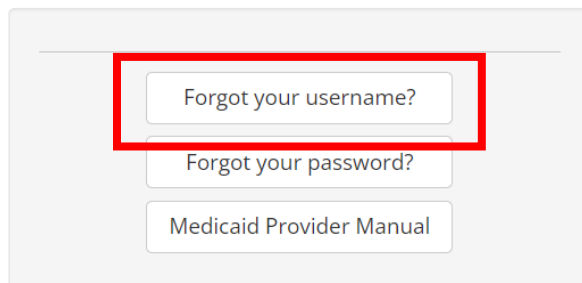
Enter the code into the box and click Submit.

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

3.2 – *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.

Forgot your username?

Enter your email address to be sent an email with the usernames associated with your email address.

* EMAIL ADDRESS

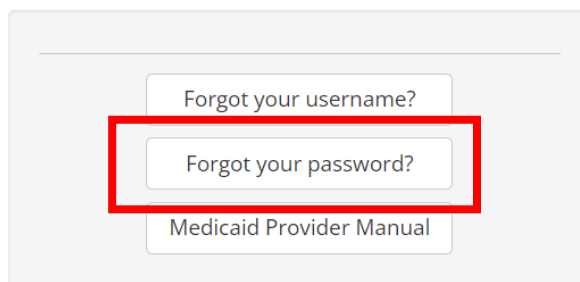
Send Email

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.

3.3 – 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.

Forgot your password?

Enter your username to be sent an email with a link to create a new password.

* USERNAME

Send Email

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.

Reset Password

Password Requirements:

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

* USERNAME

* PASSWORD

* CONFIRM PASSWORD

Reset

3.4 – Login Flow

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

1. Does the user have an activate 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.

3.4.1 Terms of Service Agreement

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

If you have not done it 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, Pharmacy, or "Out-of-State" Provider.

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

Authorized Uses

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

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

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

All 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 Responsibilities

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

Domain Administrators will adhere to all policies stated in the Health Plan Benefits Application User Guide and all policies stated in the Health Plan Benefits Domain Admin User Guide.

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

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

Sign with the name associated with your User Account:

3.4.2 Update User Maintenance

When the Terms of Service have been agreed to a page will load with the user information we have on file for you. 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
etest1567

* FIRST NAME * LAST NAME

* JOB TITLE

* PHONE NUMBER EXTENSION

XXX-XXX-XXXX X to XXXXXXXXXX

EMAIL ADDRESS
eyork@mph.org

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.

4 – 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.

4.1 – 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 use a Provider ID” link on the Home page to be taken to the application.

User Profile	<ul style="list-style-type: none"> • Change Password • Update User Profile • Update Provider IDs • Apply to use a Provider ID
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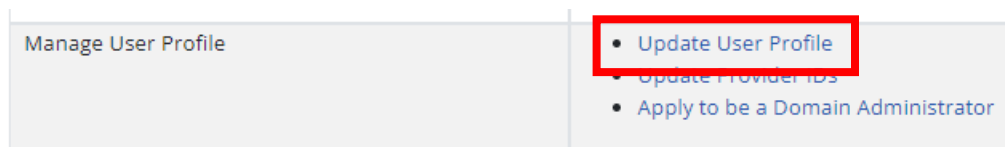
Step 3: Fill out the application to use a Provider ID. **Remember, you must be a CHAMPS Domain Administrator for your application to be approved.** If you do not answer “Yes” to this question, the application will not display.

For directions on how to apply to be a Domain Administrator for a Provider ID in Health Plan Benefits, please review the Health Plan Benefits Application Domain Administrator User Guide.

5 – User Profile

5.1 – 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 Edward	* LAST NAME York	USERNAME eyork463
EMAIL ADDRESS eyork@mphi.org	* JOB TITLE Admin	Change Password
<input checked="" type="checkbox"/> EMAIL CONFIRMED		
Change Email		
* PHONE NUMBER 616-555-5555 XXX-XXX-XXXX	EXTENSION X to XXXXXXXXXXXX	
CELL PHONE XXX-XXX-XXXX		
* CURRENT PROVIDER ID 9999980 - Dales Test		
Save Cancel		

5.2 – Change Email

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

My User Profile

* FIRST NAME * LAST NAME USERNAME

* JOB TITLE

EMAIL ADDRESS EMAIL CONFIRMED

NEW EMAIL ADDRESS
 A confirmation email will be sent to this email address.

* PHONE NUMBER EXTENSION
 XXX-XXX-XXXX X to XXXXXXXXXXXX

* CURRENT PROVIDER ID

[Home](#) / [User Profile](#)

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.

EMAIL ADDRESS EMAIL CONFIRMED

NEW EMAIL ADDRESS

Pending Confirmation.

5.3 – Change Password

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

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

Change Password

Password Requirements:

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

* CURRENT PASSWORD

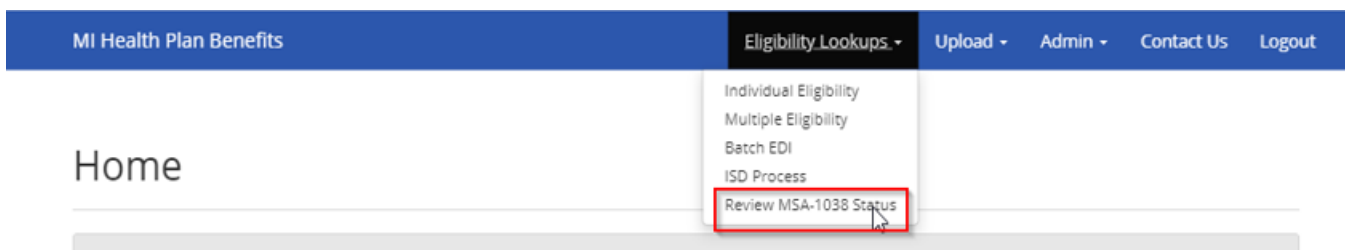
* NEW PASSWORD

* CONFIRM NEW PASSWORD

[Change password](#)

6 – 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.



Menu	
Eligibility	<ul style="list-style-type: none"> Individual Eligibility Multiple Eligibility Batch EDI
ISD Process	<ul style="list-style-type: none"> Submit a Request
MSA-1038	<ul style="list-style-type: none"> Review MSA-1038 Status
User Profile	<ul style="list-style-type: none"> Change Password Update User Profile Update Provider IDs Apply to use a Provider ID
Applications	<ul style="list-style-type: none"> Review Applications
Administration	<ul style="list-style-type: none"> Manage Provider IDs Manage Users View Provider Export Assessments Expiring Provider IDs Hangfire Health Batch Provider ID Upload
Upload Data	<ul style="list-style-type: none"> MSA-1038 Spend-Down

6.1 – MSA-1038 Search

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

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

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

Search

MEDICAID ID

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

LAST NAME

FIRST NAME

DATE OF BIRTH

Error Summary:

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

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

MSA-1038 Status

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

Search

MEDICAID ID

LAST NAME

FIRST NAME

DATE OF BIRTH

No MSA-1038 forms match the provided search criteria.

If results are found, the results will display.

6.2 – MSA-1038 Results

MSA-1038 Status

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

Search	Search Results		
MEDICAID ID <input type="text" value="0008100008"/> LAST NAME <input type="text"/> FIRST NAME <input type="text"/> DATE OF BIRTH <input type="text"/> <input type="button" value="Search"/> <input type="button" value="Reset"/>	Status: CLOSED Last Name: LastName9 Medicaid ID: 8100008 Description: 10/1/10 - 3/31/11 Resolution: Approved AE, DE Received: 8/16/2012	Disposition Final: APPROVED First Name: FirstName9 Origin: DHS Created: 8/16/2012	Disposition Rationale: N/A Date of Birth: 7/9/1979 Area: EQA Closed: 8/20/2012

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.

7 – 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.

Health Plan Benefits Eligibility Lookups ▾ Upload ▾ Admin

Home

Menu	Welcome [Redacted]
Check for Patient Eligibility	<ul style="list-style-type: none"> Terms of Service Individual Eligibility Multiple Eligibility

- Individual Eligibility
- Multiple Eligibility
- Batch EDI
- ISD Process
- Review MSA-1038 Status
- Individual Tribal Lookup**
- Batch Tribal Lookup**

Home

Menu	Welcome [Redacted]
Check for Patient Eligibility	<ul style="list-style-type: none"> Terms of Service Individual Eligibility Multiple Eligibility Batch EDI
ISD Process	<ul style="list-style-type: none"> Submit a Request
MSA-1038	<ul style="list-style-type: none"> Review MSA-1038 Status
Tribal Provider Service	<ul style="list-style-type: none"> Individual Tribal Provider Service Search Batch Tribal Provider Service Search
Manage User Profile	<ul style="list-style-type: none"> Change Password

7.1 – Individual Tribal Provider Service Search

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

Search

MEMBER ID

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.

Search Results (Last Updated 12/27/2022)		
<p>MEMBER ID</p> <p>[Redacted]</p>	<p>Is this person eligible to get services from the Indian Health Service, a tribal health program or urban Indian health program, or through a referral from one of these programs?</p> <p>No</p>	<p>Have you ever received a service from or been referred to the Indian Health Service, a tribal health program or urban Indian health program?</p> <p>No</p>

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

7.2 – 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.

Batch Search

Upload a File

SELECT A FILE

Choose

Upload

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

Batch Search Files						
SHOW <input type="text" value="10"/> ENTRIES		SEARCH: <input style="width: 100px;" type="text"/>				
NAME	ROWS	CREATED	COMPLETED	PROVIDERID	ACTIONS	
Tribal Race Demo Mini (1).xlsx	9	09/07/2022 02:09:14 PM	09/07/2022 02:09:14 PM	9999980	Details	
Showing 1 to 1 of 1 entries					Previous 1 Next	

Click on the Details button to view the file details.

7.2.1 – 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

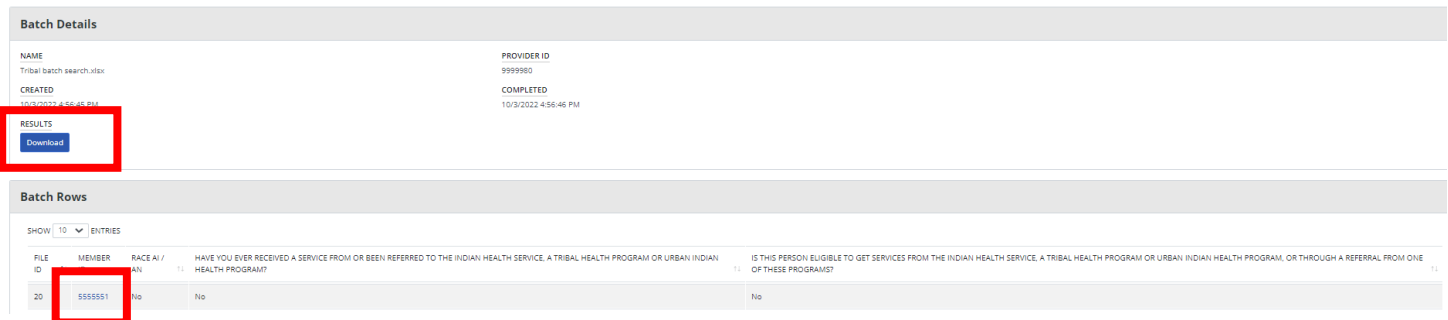
The Batch Rows displays an individual’s information and section has the following fields:

- 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.

Tribal Batch Search Details



The screenshot shows the 'Batch Details' section with the following information:

NAME	PROVIDER ID
Tribal batch search.xlsx	9999980
CREATED	COMPLETED
10/3/2022 4:56:46 PM	10/3/2022 4:56:46 PM

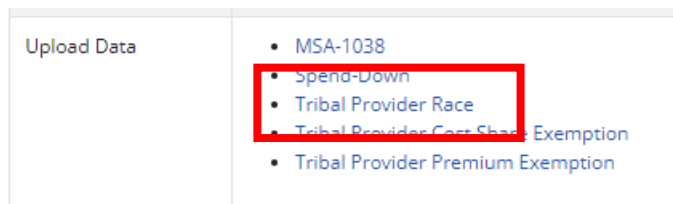
Below the details is a 'RESULTS' section with a 'Download' button highlighted by a red box.

The 'Batch Rows' section shows a table with the following data:

FILE ID	MEMBER	RACE AI/AN	HAVE YOU EVER RECEIVED A SERVICE FROM OR BEEN REFERRED TO THE INDIAN HEALTH SERVICE, A TRIBAL HEALTH PROGRAM OR URBAN INDIAN HEALTH PROGRAM?	IS THIS PERSON ELIGIBLE TO GET SERVICES FROM THE INDIAN HEALTH SERVICE, A TRIBAL HEALTH PROGRAM OR URBAN INDIAN HEALTH PROGRAM, OR THROUGH A REFERRAL FROM ONE OF THESE PROGRAMS?
20	5555551	No	No	No

7.3 – Tribal Provider Race Upload

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



The screenshot shows the 'Upload Data' section with a list of links. The 'Tribal Provider Race' link is highlighted by a red box.

- MSA-1038
- Spend-Down
- Tribal Provider Race
- Tribal Provider Cost Share Exemption
- Tribal Provider Premium Exemption

The Upload Member Race File page will open.

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

Click Upload.

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

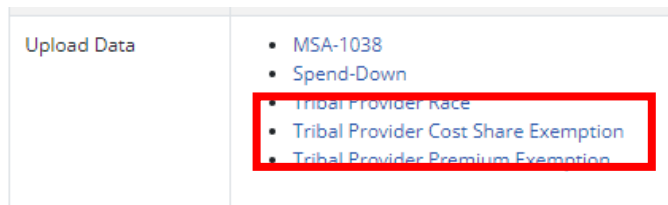
The table contains the following fields:

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

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

7.4 – 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.

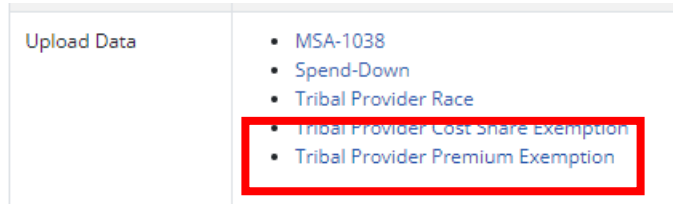
The table contains the following fields:

- 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.

7.5 – 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.



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.

8 – Individual Eligibility Lookup

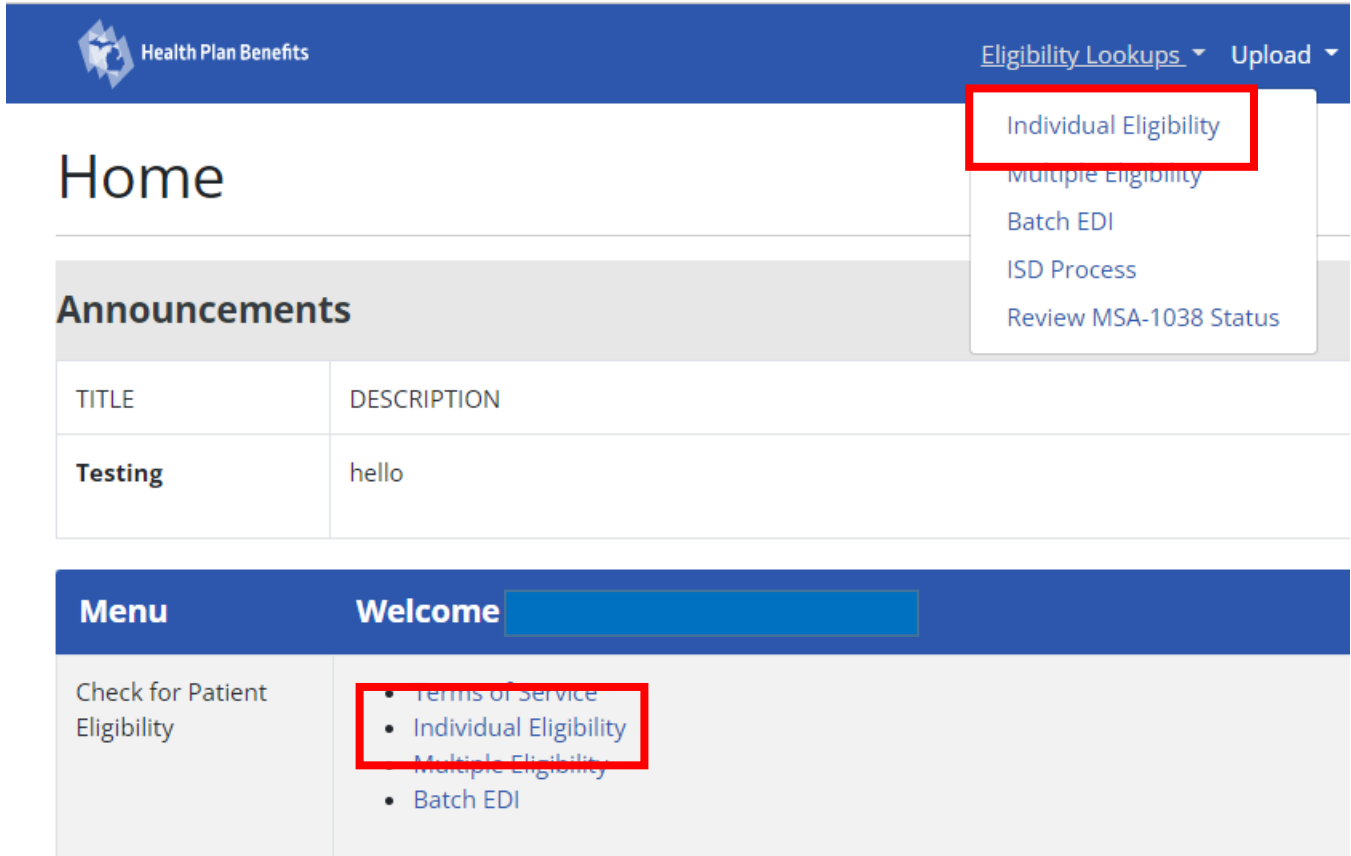
8.1 – Individual Eligibility Search

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.

Navigation:

Home → Check for Patient Eligibility → Individual Eligibility or

Menu → Eligibility Lookups → Individual Eligibility



Health Plan Benefits

Eligibility Lookups ▾ Upload ▾

Individual Eligibility

Multiple Eligibility

Batch EDI

ISD Process

Review MSA-1038 Status

Home

Announcements

TITLE	DESCRIPTION
Testing	hello

Menu

Welcome

- Terms of Service
- Individual Eligibility
- Multiple Eligibility
- Batch EDI

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

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

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

Search

*** CURRENT PROVIDER ID**

1111111114 - Test ▼

*** ID TYPE**

Medicaid ▼

Medicaid

UIC

Then enter the number into the ID field.

<div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;">Search</div> <div style="margin-top: 10px;"> <input type="button" value="Search"/> <input type="button" value="Reset"/> </div> <div style="margin-top: 10px;"> <p>* CURRENT PROVIDER ID</p> <div style="border: 1px solid #ccc; padding: 2px;">1111111114 - Test ▼</div> </div> <div style="margin-top: 10px;"> <p>* ID TYPE</p> <div style="border: 1px solid #ccc; padding: 2px;">Medicaid ▼</div> </div> <div style="margin-top: 10px;"> <p>ID#</p> <input style="width: 100%;" type="text"/> </div> <div style="margin-top: 10px;"> <p>LAST NAME</p> <input style="width: 100%;" type="text"/> </div> <div style="margin-top: 10px;"> <p>FIRST NAME</p> <input style="width: 100%;" type="text"/> </div> <div style="margin-top: 10px;"> <p>MIDDLE NAME</p> <input style="width: 100%;" type="text"/> </div> <div style="margin-top: 10px;"> <p>SSN</p> <input style="width: 100%;" type="text"/> </div> <div style="margin-top: 10px;"> <p>DATE OF BIRTH</p> <input style="width: 100%;" type="text"/> </div> <div style="margin-top: 10px;"> <p>* COVERAGE START DATE</p> <div style="border: 1px solid #ccc; padding: 2px;">01/01/2023</div> </div> <div style="margin-top: 10px;"> <p>* COVERAGE END DATE</p> <div style="border: 1px solid #ccc; padding: 2px;">01/31/2023</div> </div> <div style="margin-top: 10px;"> <input type="button" value="Search"/> <input type="button" value="Reset"/> </div>	<div style="background-color: #f0f0f0; padding: 5px; border: 1px solid #ccc;"> <p>Search Results</p> <p>Please use the form on the left to submit an individual eligibility request. Your search results will appear in this window.</p> <p>You are only able to search for eligibility from the past 12 months.</p> </div>
---	--

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.


8.2 – Individual Eligibility Results

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

Search Results

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

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



Print

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

Provider Information

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

Demographic Information

SUBSCRIBER ID	UIC
[REDACTED]	[REDACTED]

Beneficiary IDs

STATUS	BENEFIT PLAN	COMMENTS	DATES
Active	MA FFS DENTAL	REFER TO MEDICAID PROVIDER MANUAL/MDHHS WEBSITE FOR DETAILS ON COVERED SERVICES INCLUDING PA, COPAY AND OTHER REQUIREMENTS. SOME SERVICES MAY NOT BE COVERED IF AGE 21 AND OLDER.	03/01/2023 To 03/31/2023
Active	MA	N/A	03/01/2023 To 03/31/2023

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.

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.

There was an error with your request.

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

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

8.3 – 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.

Search Results

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



Print

Provider Information

RESIDENCE COUNTY	FIA OFFICE	CASE NUMBER
ALLEN COUNTY	ALLEN COUNTY	123456789

Demographic Information

MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS
JOHN DOE	M	01/01/1980	12345 Main St, Anytown, MI 48106

Example print out:

Individual Eligibility

Search Results



RESIDENCE COUNTY	FIA OFFICE	CASE NUMBER	WORKER LOAD	REDETERMINATION

Demographic Information

MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS	COVERAGE PERIOD

Benefit Plans

STATUS	BENEFIT PLAN	COMMENTS	DATES
Active	MA-MC-MHP-COMM		11/01/2019 To 11/30/2019

STATUS	BENEFIT PLAN	COMMENTS	DATES
Co-Insurance	MA-MC (Health Benefit Plan Coverage)		11/01/2019 To 11/30/2019
Co-Payment	MA-MC (Health Benefit Plan Coverage)		11/01/2019 To 11/30/2019
Deductible	MA-MC (Health Benefit Plan Coverage)		11/01/2019 To 11/30/2019
Primary Care Provider	PCP		11/18/2019 To 11/18/2019

8.4 – 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.



Print

Provider Information

RESIDENCE COUNTY	FIA OFFICE	CASE NUMBER	WORKER LOAD	REDETERMINATION
Alcona	147000881	18340446	14028	04/18/2019

Demographic Information

MEMBER FIRST NAME	GENDER	DATE OF BIRTH	ADDRESS	COVERAGE PERIOD
ANGELIA TAYLOR - (1044)	Female	03/15/1965	11000 Indian(00) ST DETROIT MI 48221	

Benefit Plans

STATUS	BENEFIT PLAN	COMMENTS	DATES
Active	MA-MC-MHP-COMM	MEDICAID HEALTHCARE BY BACHMAN 10000 INDIAN(00) ST DETROIT MI 48221 03/15/1965 03/15/1965 Service Provider Number: 4018107 CONTACT THE MHP FOR FURTHER DETAILS ON COVERED SERVICES INCLUDING PA, COPAY AND OTHER REQUIREMENTS.	11/01/2019 To 11/30/2019

Benefit Plans

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

Current Selection

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

All Benefit Plans

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

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



9 – Multiple Eligibility Lookup

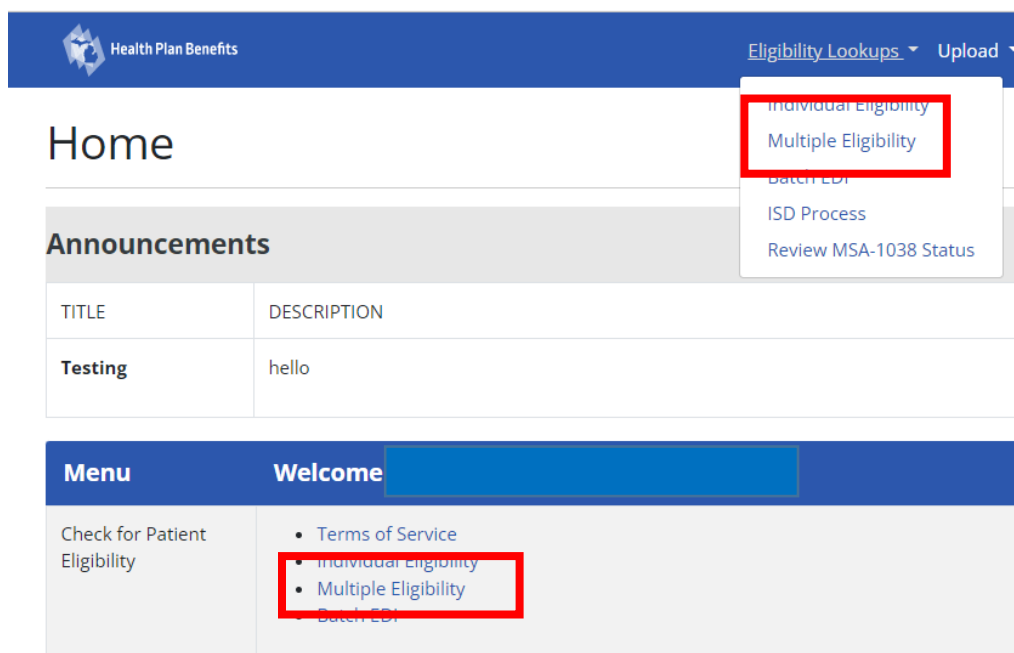
9.1 – Multiple Eligibility Search

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 → Check for Patient 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](#)).

ROW	CURRENT PROVIDER ID	ID TYPE	ID#
1	1111111114 - 270 Te	UIC	
2	9999980 - Dales Test	Medicaid	

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

ID Type and ID number – Medicaid or UIC
OR

Two or more of the following data elements:

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

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

Search



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

ROW	CURRENT PROVIDER ID	ID TYPE	ID#	LAST NAME	FIRST NAME	MIDDLE NAME	SSN	DATE OF BIRTH	COVERAGE START DATE	COVERAGE END DATE
1	1111111114 - 270 Test	UIC							07/01/2022	07/31/2022
2	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
3	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
4	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
5	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
6	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
7	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
8	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
9	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
10	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
11	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
12	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
13	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
14	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022
15	9999980 - Dales Test	Medicaid							07/01/2022	07/31/2022

Search Form

Search Reset

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

 COVERAGE START DATE	 COVERAGE END DATE
<input type="text" value="06/02/2020"/>	<input type="text" value="06/30/2020"/>
<input type="text" value="06/02/2020"/>	<input type="text" value="06/30/2020"/>

Notes on coverage dates:

You are only able to search eligibility from the past 12 months.
 You are limited to searching a range of coverage dates over a 3-month period. For example:

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

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

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

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

Click “**Reset**” to clear search criteria.

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

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

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

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

9.2 – Multiple Eligibility Results

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

Multiple Eligibility

Submitted Requests

Modify Search
New Search

Medicaid ID:
View

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

Medicaid ID:
View

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

Medicaid ID:
View

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

Last Name:
View

First Name:

Date of Birth:

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

From this list, you may perform the following actions:

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

- **View**

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

Multiple Eligibility

Submitted Requests

Modify Search New Search

ID# [redacted] [View](#)


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

ID# [redacted] [View](#)

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

Search Results [View All](#)

Next »



[Print](#)

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

Provider Information

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

Demographic Information

SUBSCRIBER ID	UIC
[redacted]	[redacted]

Beneficiary IDs

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

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

Coverage Information / Benefit Plans:

- Status
- Benefit Plan
- Comments
- Coverage Dates

Beneficiary Demographic Information / Provider Information:

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

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

Multiple Eligibility

Submitted Requests

Modify Search New Search

ID# [redacted] [View](#)


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

ID# [redacted] [View](#)

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

Search Results [View All](#)

[Next >](#)



[Print](#)

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

Provider Information

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

Demographic Information

SUBSCRIBER ID	UIC
[redacted]	[redacted]

Beneficiary IDs

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

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

Multiple Eligibility

Submitted Requests

Modify Search New Search

ID# [redacted] [View](#)


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

ID# [redacted] [View](#)

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

Search Results [View All](#)

[Next >](#)



[Print](#)

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

Provider Information

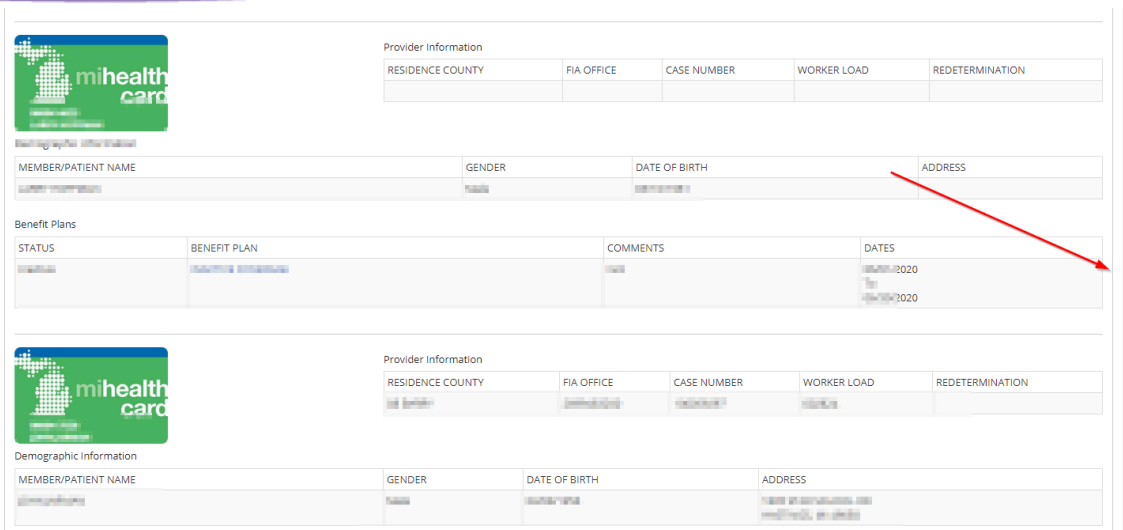
MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS
[redacted]	[redacted]	[redacted]	[redacted]

Demographic Information

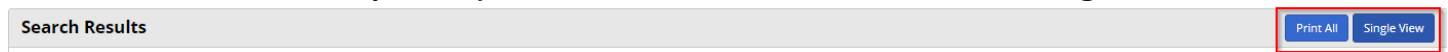
SUBSCRIBER ID	UIC
[redacted]	[redacted]

Beneficiary IDs

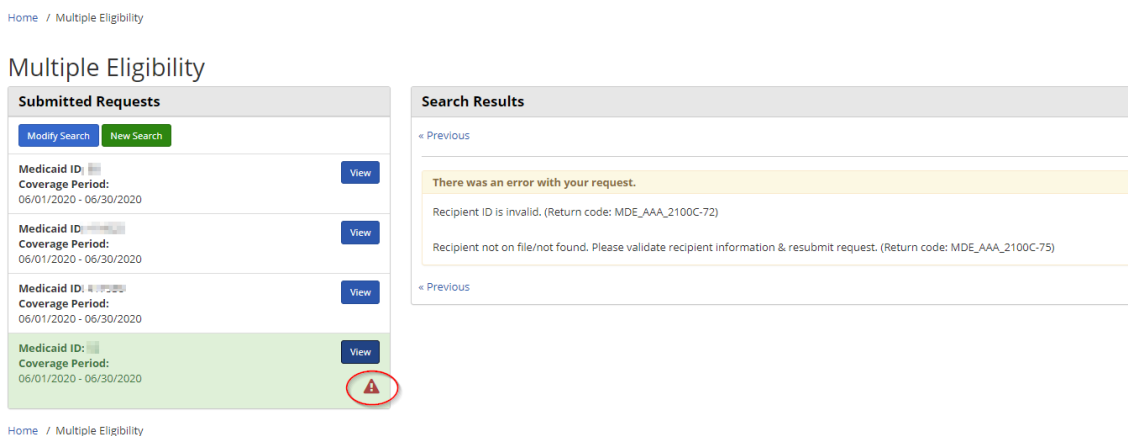
STATUS	BENEFIT PLAN	COMMENTS	DATES
Active	NEMT	Modivcare Solutions 26877 NORTHWESTERN HWY SOUTHFIELD, MI 48033	03/01/2023 To 03/31/2023



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:




9.3 – Printing Results

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

Print Single View

Search Results

« Previous | Next »



Print

Provider Information

RESIDENCE COUNTY	PIA OFFICE

Demographic Information

MEMBERSHIP NAME	SEX	DATE OF BIRTH	ADDRESS

Search Results

« Previous | Next »



Provider Information

RESIDENCE COUNTY	PIA OFFICE	PIA OFFICE	PIA OFFICE	PIA OFFICE

Demographic Information

MEMBERSHIP NAME	SEX	DATE OF BIRTH	ADDRESS

Benefit Plans

STATUS	BENEFIT PLAN	COMMENTS	DATES
Active	MA-MC-MHP-COM1	<p>Service Provider Number: 4318627</p> <p>CONTACT THE MHP FOR FURTHER DETAILS ON COVERED SERVICES INCLUDING PA, COPAY AND OTHER REQUIREMENTS.</p>	06/01/2020 To 06/30/2020
Co-Insurance	MA-MC (Health Benefit Plan Coverage)	N/A	06/01/2020 To 06/30/2020
Co-Payment	MA-MC (Health Benefit Plan Coverage)	Patient Pay: \$.00	06/01/2020 To 06/30/2020

STATUS	BENEFIT PLAN	COMMENTS	DATES
Deductible	MA-MC (Health Benefit Plan Coverage)	Patient Pay: \$.00	06/01/2020 To 06/30/2020

Print All


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

Search Results Print All Large View

There was an error with your request.

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

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



Provider Information

RESIDENCE COUNTY	FIA OFFICE	CASE NUMBER	WORKER LOAD	REDETERMINATION

Demographic Information

MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS

Search Results

There was an error with your request.

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

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

Submitted Request

Medicaid ID: [REDACTED]
Coverage PA: [REDACTED]
06/01/2020 - [REDACTED]



Provider Information

RESIDENCE COUNTY	FIA OFFICE	CASE NUMBER	WORKER LOAD	REDETERMINATION

Demographic Information

MEMBER/PATIENT NAME	GENDER	DATE OF BIRTH	ADDRESS

Benefits Plans

PLAN NAME	RENEWAL DATE

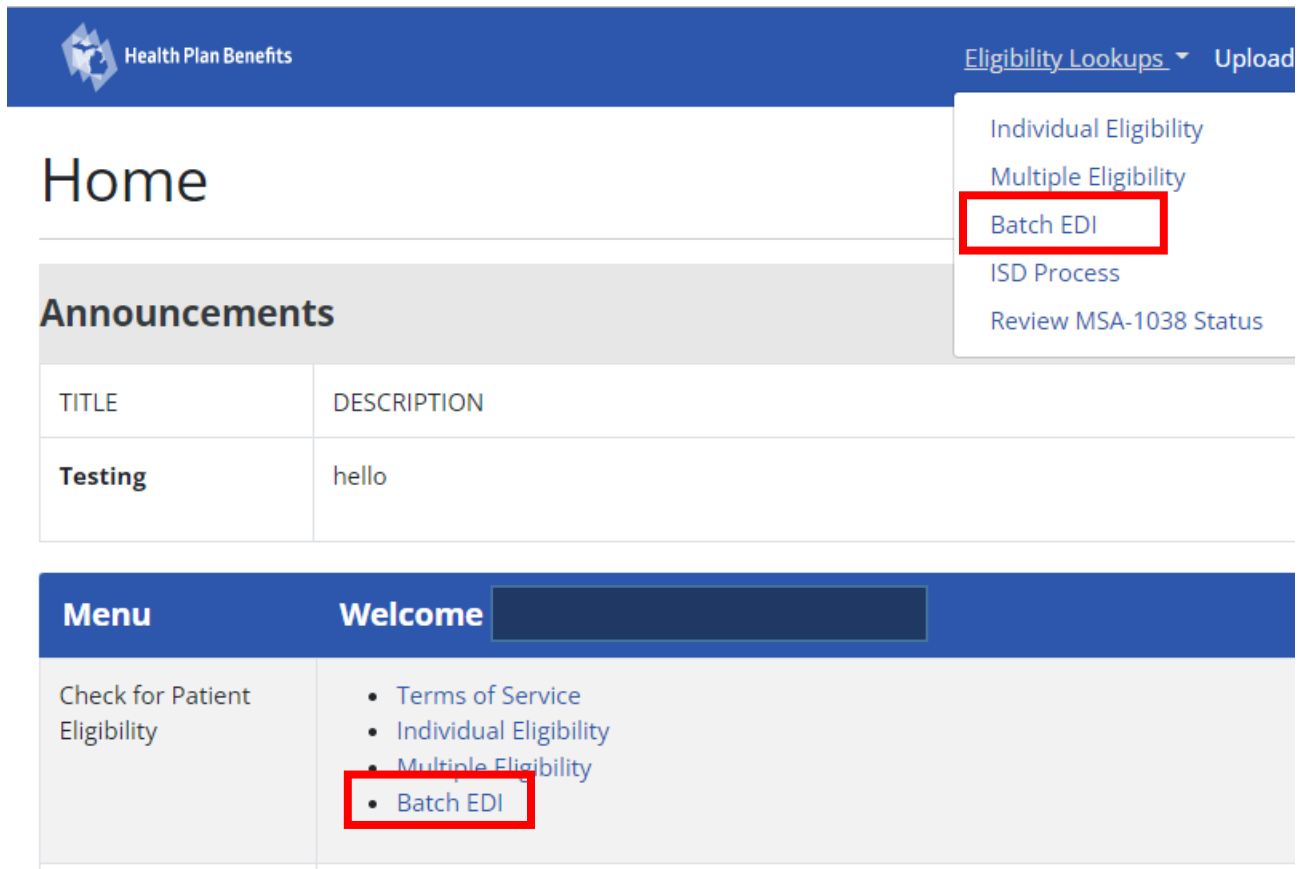
10 – Batch EDI Processor

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.

Navigation:

Home → Check for Patient Eligibility → Batch EDI

OR Menu → Eligibility Lookups → Batch EDI



Health Plan Benefits

Eligibility Lookups ▾ Upload

Individual Eligibility

Multiple Eligibility

Batch EDI

ISD Process

Review MSA-1038 Status

Home

Announcements

TITLE	DESCRIPTION
Testing	hello

Menu

Welcome [Redacted]

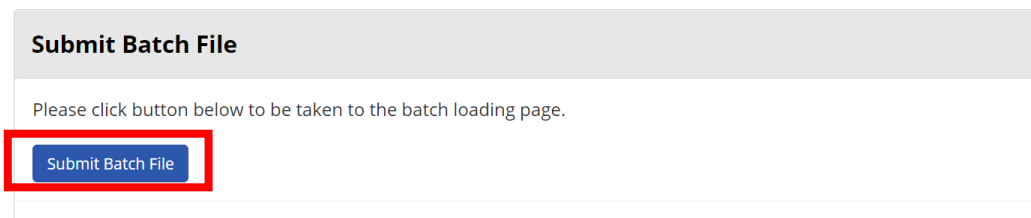
Check for Patient Eligibility

- Terms of Service
- Individual Eligibility
- Multiple Eligibility
- Batch EDI**

10.1 – Batch EDI submission

Click on the Submit Batch File button.

Batch EDI



Submit Batch File

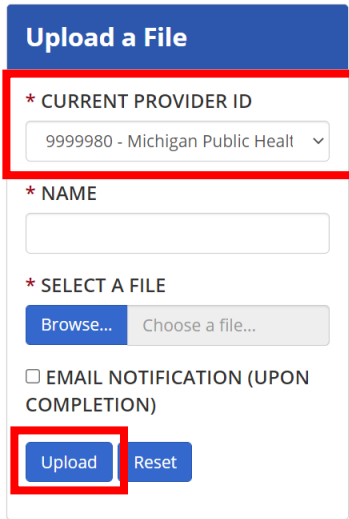
Please click button below to be taken to the batch loading page.

Submit Batch File

From the Batch EDI Process page:

1. Check the Provider ID and Name. If you have access to more than 1 Provider ID you can choose the correct one from the dropdown.

2. Enter a name to identify your file, this is a required field. This name will display in the request and processing queues.
3. Browse and choose your file for processing. The uploaded file must be a Batch 270 .edi, .txt, or a Zip file containing a properly formatted file.
4. Check the “Email Notification (Upon Completion)” box if you prefer to receive a notification upon successful completion of processing.
5. Upload – by selecting Upload, you are submitting your file for processing.
6. Reset - by selecting Reset, the file name and the file upload fields will be cleared.



Upload a File

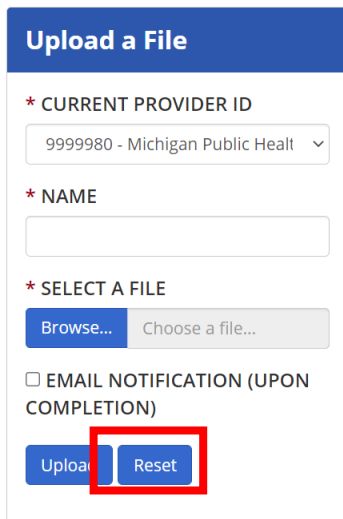
* CURRENT PROVIDER ID
9999980 - Michigan Public Health ▾

* NAME

* SELECT A FILE

EMAIL NOTIFICATION (UPON COMPLETION)

To clear the information, click the Reset button.



Upload a File

* CURRENT PROVIDER ID
9999980 - Michigan Public Health ▾

* NAME

* SELECT A FILE

EMAIL NOTIFICATION (UPON COMPLETION)

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

10.2 – Current Queue

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

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

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

Current Queue

This table will refresh every 30 seconds for 30 minutes.

SHOW ENTRIES SEARCH:

ID	NAME	TRANSACTIONS	SUBMITTED	ORGANIZATION	STATUS	ACTIONS
2423	File Name	2	01/21/2021 09:17:29 AM	Tuesday Call Center Demo	(Loading)	Cancel

Showing 1 to 1 of 1 entries Previous **1** Next

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

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

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

Eligibility Requests

This table will refresh every 30 seconds for 30 minutes.

SHOW ENTRIES SEARCH:

ID	NAME	TRANSACTIONS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
2424	File Name	2	01/21/2021 09:18:31 AM			(Loading)	Details

When the file is completed, this section shows:

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

Eligibility Requests

This table will refresh every 30 seconds for 30 minutes.

SHOW ENTRIES SEARCH:

ID	NAME	TRANSACTIONS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
2424	File Name	2	01/21/2021 09:18:31 AM	01/21/2021 09:18:50 AM		100 %	Details

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

Your Medicaid Eligibility Request has completed processing:

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

» [View Results](#)

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

10.3 – Cancelling a Batch EDI submission

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

Click on the Cancel button.

Current Queue

This table will refresh every 30 seconds for 30 minutes.

SHOW ENTRIES SEARCH:

ID	NAME	TRANSACTIONS	SUBMITTED	ORGANIZATION	STATUS	ACTIONS
2425	Cancel File	2	01/21/2021 09:37:28 AM	Tuesday Call Center Demo	(Loading)	Cancel

Showing 1 to 1 of 1 entries Previous **1** Next

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

Click Yes.

Confirm Cancel ✕

Are you sure you would like to cancel this Batch?

Yes No

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 ENTRIES

SEARCH:

ID	NAME	TRANSACTIONS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
2426	Cancel File	2	01/21/2021 09:38:56 AM		01/21/2021 09:39:07 AM	100 %	Details

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

Your Medicaid Eligibility Request has completed processing:

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

» [View Results](#)

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

10.4 – Batch EDI Details

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

Eligibility Requests

This table will refresh every 30 seconds for 30 minutes.

SHOW ENTRIES SEARCH:

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

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

Batch EDI Details

Batch Details

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

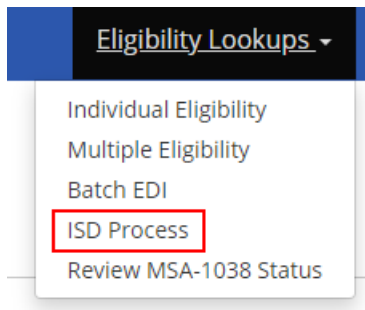
11 – ISD Batch Processor

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.

Navigation:

Eligibility Lookups→ISD Process



OR

Home→ISD Process→Submit a Request

Home

Announcements

TITLE	DESCRIPTION	DATE	EDIT
Provider ID / Navigation Changes	Starting 05/11/2022, Provider ID management will now be managed on the page at "Update Provider ID". The new page link is located below under the "User Profile" section.	05/11/2022	Edit

Menu Welcome: Miranda Schriener (mschriener@mi)

Eligibility	<ul style="list-style-type: none"> Individual Eligibility Multiple Eligibility Batch EDI
ISD Process	<ul style="list-style-type: none"> Submit a Request
MSA-1038	<ul style="list-style-type: none"> Review MSA-1038 Status

11.1 – Submit File for Processing

Click on the Submit ISD File button.

ISD Batch Process

Submit ISD File

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

[Submit ISD File](#)

From the ISD Process page:

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

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



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

Upload a File

*** CURRENT PROVIDER ID**

9999980 - Michigan Public Healt ▾

*** NAME**

ISD Test File

*** SELECT A FILE**

Browse... Choose a file...

EMAIL NOTIFICATION (UPON COMPLETION)

Upload

Reset

To clear the information, click the Reset button.

Upload a File

*** CURRENT PROVIDER ID**

*** NAME**

*** SELECT A FILE**
 Choose a file...

EMAIL NOTIFICATION (UPON COMPLETION)

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

Current Queue

This table will refresh every 30 seconds for 30 minutes.

SHOW ENTRIES SEARCH:

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

Showing 0 to 0 of 0 entries

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%.

11.3 – 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 ENTRIES SEARCH:

ID	NAME	ROWS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
1119	[REDACTED]	5	09/29/2020 01:11:37 PM	09/29/2020 01:11:52 PM		100 %	Details
1118	[REDACTED]	5	09/29/2020 12:32:49 PM	09/29/2020 12:33:22 PM	09/29/2020 12:33:37 PM	100 %	Details
1117	[REDACTED]	5	09/29/2020 10:19:15 AM	09/29/2020 10:19:45 AM		100 %	Details
1116	[REDACTED]	5	09/29/2020 10:05:31 AM	09/29/2020 10:05:53 AM		100 %	Details
1115	[REDACTED]	5	09/28/2020 03:42:59 PM	09/29/2020 10:00:02 AM		100 %	Details

Showing 1 to 5 of 5 entries Previous **1** Next

11.3.1 – View Details

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

Eligibility Requests

This table will refresh every 30 seconds for 30 minutes.

SHOW ENTRIES SEARCH:

ID	NAME	ROWS	SUBMITTED	COMPLETED	CANCELED	STATUS	ACTIONS
1119	[REDACTED]	5	09/29/2020 01:11:37 PM	09/29/2020 01:11:52 PM		100 %	Details
1118	[REDACTED]	5	09/29/2020 12:32:49 PM	09/29/2020 12:33:22 PM	09/29/2020 12:33:37 PM	100 %	Details
1117	[REDACTED]	5	09/29/2020 10:19:15 AM	09/29/2020 10:19:45 AM		100 %	Details
1116	[REDACTED]	5	09/29/2020 10:05:31 AM	09/29/2020 10:05:53 AM		100 %	Details
1115	[REDACTED]	5	09/28/2020 03:42:59 PM	09/29/2020 10:00:02 AM		100 %	Details

Showing 1 to 5 of 5 entries Previous **1** Next

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

Batch Rows

SHOW 10 ENTRIES SEARCH:

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

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

Batch Rows

SHOW 10 ENTRIES SEARCH:

DOS	STUDENT ID	SUBSCRIBER / UIC ID	LAST	FIRST	MIDDLE	MEDICAID	MEDICARE	TPL	COMMENTS
07/22/2022									Entry identified in ISA08/GS03 is unable to process transaction at the current time.
11/05/2017									Entry identified in ISA08/GS03 is unable to process transaction at the current time.

Previous 1 Next

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

Batch Rows

SHOW 10 ENTRIES

DOS	STUDENT ID	UIC ID	SUBSCRIBER ID
09/01/2022	0	0	1201774766
09/01/2022	0	0	

Individual Eligibility

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

Search

* CURRENT PROVIDER ID

MEMBER ID

LAST NAME

FIRST NAME


MIDDLE NAME

SSN

DATE OF BIRTH

Search Results

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



Provider Information

RESIDENCE COUNTY: FIA OFFICE: CASE NUMBER:

Demographic Information

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

INSURANCE IS AVAILABLE:

Benefit Plans

STATUS	BENEFIT PLAN	COMMENTS
Inactive	PENDING ELIGIBILITY	00102977

11.4 – 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).

Batch Details

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

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

Eligibility Requests

This table will refresh every 30 seconds for 30 minutes.

SHOW ENTRIES

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

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

Date of Service	StudentID	UIC	SubscriberID	SSN	Last Name	First Name	Middle Initial	Date of Birth	Gender	Medicaid Coverage	Medicare Coverage	TPL Coverage	Eligibility Code	Service Type	Insurance Type	Benefit Plan	Comments	Completed
09/01/2022	0	0	120174766		Test	Test		07/01/2005				10/25/2022 4:44:24 PM						
09/01/2022	0	0			Samuel	Joe		08/24/2014				10/25/2022 4:48:44 PM						