



# Submit Eligibility Inquiry Online Quick Reference

**Business Rules**

- Fields marked with an asterisk (\*) are required and must be completed for the Eligibility Inquiry to be submitted successfully
- Eligibility Inquiry may be checked back one year from the date of the Inquiry
- Eligibility Date range must be a single date of service or a date of service span (up to a 90 day span is allowed)
- Future dates of service will be allowed only up to the end of the current month
- Scope and Coverage Codes will not be available
- **Spend down amount (deductible) will not be available but patient pay-amount will be provided**
- Complete list of Benefit Plan IDs and Benefit Plan Types see Bulletin MSA 09-46

Action	Submit Member Eligibility Inquiry Online – Submit Inquiry	Notes
<b>Submit Eligibility Inquiry</b>	<ol style="list-style-type: none"> <li>1. After you have logged into CHAMPS with your SSO, click the <b>Member</b> tab at the top of the page</li> <li>2. Click on the <b>Eligibility Inquiry</b> hyperlink</li> <li>3. Enter in the search criteria by which you wish to inquire. Criteria set options:               <ul style="list-style-type: none"> <li>• Member ID/Client Identification Number (CIN)/Pending Eligibility RID or</li> <li>• Last Name, First Name &amp; Date of Birth or</li> <li>• Last Name, First Name &amp; SSN or</li> <li>• SSN &amp; Date of Birth</li> </ul> </li> <li>4. Enter an Inquiry Start Date  <b>INQUIRY START DATE:</b> <input type="text" value="08/24/2009"/> *</li> <li>5. Enter an Inquiry End Date <b>INQUIRY END DATE:</b> <input type="text" value="08/24/2009"/> *</li> <li>6. Click <input type="button" value="Submit"/> button</li> </ol>	<ul style="list-style-type: none"> <li>• The <b>Eligibility Inquiry</b> page appears.</li> <li>• System displays the <b>Member Eligibility Inquiry</b> page</li> <li>• The system automatically displays the NPI of the Servicing Provider</li> <li>• Inquiry Start and End date is not required when searching for a Pending Eligibility</li> <li>• System defaults to today's date</li> <li>• System displays <b>Member Benefit Level</b> page</li> </ul>

Action	Submit Member Eligibility Inquiry Online – View Inquiry	Notes
<b>View Eligibility Inquiry</b>	<ol style="list-style-type: none"> <li>1. View the Member (Beneficiary) Inquiry information:               <ol style="list-style-type: none"> <li>a. Inquiry Date Range</li> <li>b. Gender</li> <li>c. Provider Lock-In</li> <li>d. Case Number</li> <li>e. Worker Load Number</li> <li>f. CSHCS Restrictions</li> <li>g. MHP PCP</li> <li>h. Date of Birth</li> <li>i. Commercial/Other</li> <li>j. DHS Phone</li> <li>k. County of Residence</li> <li>l. DHS County</li> </ol> </li> <li>2. View the Member's (Beneficiary) Benefit Plan information:               <ol style="list-style-type: none"> <li>a. Benefit Plan ID</li> <li>b. Benefit Plan Type</li> <li>c. Provider ID</li> <li>d. Transaction Date</li> <li>e. Start Date</li> <li>f. End Date</li> </ol> </li> <li>3. View the Member's (Beneficiary) Level of Care Authorizations:               <ol style="list-style-type: none"> <li>a. LOC</li> <li>b. Source Provider ID</li> <li>c. NPI</li> <li>d. CHAMPS Provider ID</li> <li>e. Patient Pay</li> <li>f. Transaction Date</li> <li>g. Start Date</li> <li>h. End Date</li> </ol> </li> <li>4. Click <input type="button" value="Close"/> button</li> </ol>	<ul style="list-style-type: none"> <li>• <b>Provider Lock-In</b> - Indicates whether a Member (Beneficiary) is enrolled in recipient monitoring or the pharmacy lock-in program.</li> <li>• <b>CSHCS Restrictions</b> – If Member (Beneficiary) is a Children's Special Healthcare Services enrollee, and the Provider is authorized, this will be a hyperlink. Optionally, click the hyperlink to view further details</li> <li>• <b>MHP PCP</b> – If Member (Beneficiary) is enrolled in a Medicaid Health Plan with a Primary Care Physician, this will be a hyperlink. Optionally, click the hyperlink to view further details</li> <li>• <b>Commercial/Other</b> – If Member (Beneficiary) has Commercial or Other Insurance, this will be a hyperlink. Optionally, click the hyperlink to view further details</li> <li>• <b>Benefit Plan ID and Benefit Plan Type</b> replaces Scope and Coverage Codes</li> <li>• <b>Transaction Date</b> is the date in which the information was applied to CHAMPS</li> <li>• <b>Start Date</b> is equal to the Inquiry Start Date entered in step 4 of Submit Inquiry or the date in which the coverage began</li> <li>• <b>End Date</b> is equal to the Inquiry End Date entered in step 5 of Submit Inquiry or the date in which the coverage expired</li> <li>• <b>Source Provider ID and CHAMPS Provider ID</b> are internal identification numbers and should not be reported on the claim</li> </ul>