

Eligibility

Is scope of coverage going away on all other Eligibility systems (834 will still include the Scope and Coverage Codes for MCOs) once CHAMPS is live?

Yes. The CHAMPS system will provide 'Benefit Plan' data in the eligibility response to providers. However, they will continue to receive the Level of Care data on the 'Member Benefit' response. All other Eligibility systems, for example: Emdeon and web-DENIS will receive their data directly from CHAMPS via the 270/271 transaction which will also contain 'Benefit Plan' data. They will continue to receive this batch once a day.

How long does it take for the change to a beneficiary's health plan information to show in the CHAMPS Member (eligibility) system?

MDCH receives nightly updates from Department of Human Services (DHS). Once the file is processed, and the Benefit Plan assignments are made, the data will be available.

Will the system show the patient pay amount for nursing home beneficiaries?

If this information is on file, providers will have access to view it on the Member Benefit Level screen under the Level of Care Authorization section, 'Patient Pay' field.

If the patient changes their primary care physician (PCP) will the system give a history of all PCP's for that patient?

Only current PCP information is provided if date of service (DOS) is equal to the current date. The Member subsystem will restrict the information to the inquiry start and end dates searched upon.

Will CHAMPS show the beneficiary spend down amount?

A beneficiary's Medicaid deductible (formerly known as spend down) amount is not available in CHAMPS. DHS does not communicate this data to MDCH.

What is the Date of Service (DOS) criteria for an Eligibility search?

Future DOS can be up to the end of the current month and prior DOS must be within 1 year prior to the current date. Due to Federal regulations, MDCH cannot go back past 365 days from current date and this also follows our billing limitation policy.

Providers can submit a range of service dates anywhere between one and ninety days in length (i.e. 01/01/2009 through 01/01/2009 or 01/01/2009 through 03/31/2009).

Will the date that the eligibility information was added be displayed on the Member Benefit Level Response screen?

This information will be displayed under the 'Transaction date' field. The Transaction date indicates the date the segment was added or updated in the Member Subsystem.

If a provider is not authorized for a CSHCS beneficiary, will there still be a blue hyperlink on the CSHCS restrictions?

The CSHCS Restrictions page displays the provider or providers and the diagnosis or diagnoses to which the CSHCS beneficiary's services are restricted. If a user has entered CHAMPS under the domain of a provider who is not a CSHCS-authorized provider for the CSHCS beneficiary, when checking the CSHCS beneficiary's eligibility in CHAMPS the user will see the message, "**This NPI is not listed. See CSHCS guidelines**" at the top of the beneficiary's eligibility page. According to Michigan Medicaid policy, CSHCS beneficiaries are not restricted to specific medical suppliers; therefore medical suppliers will continue to receive the message that their NPI is not listed, as has occurred in the past. **All other providers must be authorized by the beneficiary's CSHCS caseworker to provide non-emergency CSHCS services** (This must be verified by CSHCS as other ancillary services do not require to be completed by an authorized provider, only ordered by an authorized provider.

What is Provider Lock-In?

Provider Lock-In indicates whether a Member (Beneficiary) is enrolled in recipient monitoring or the pharmacy lock-in program.

Will CHAMPS display pending eligibility?

Yes. Pending eligibility can be viewed by entering either the members last name, first name and date of birth or last name, first name and social security number or social security number and date of birth. Once a set of criteria has been entered check the "Search MA Pending Eligibility" box and click "Submit."

What is the disposition date within the pending eligibility?

The disposition date is the last time the application was updated by Department of Human Services (DHS).

How do Providers know what benefit plan the member has and whether this will cover the services that need to be supplied?

The Benefit plans are defined in the department's bulletin MSA 09-46, this is also available on the CHAMPS website under "Additional Resources." Upon determination of the member/provider relationship, additional details regarding coverage and limitations are supplied to the provider.