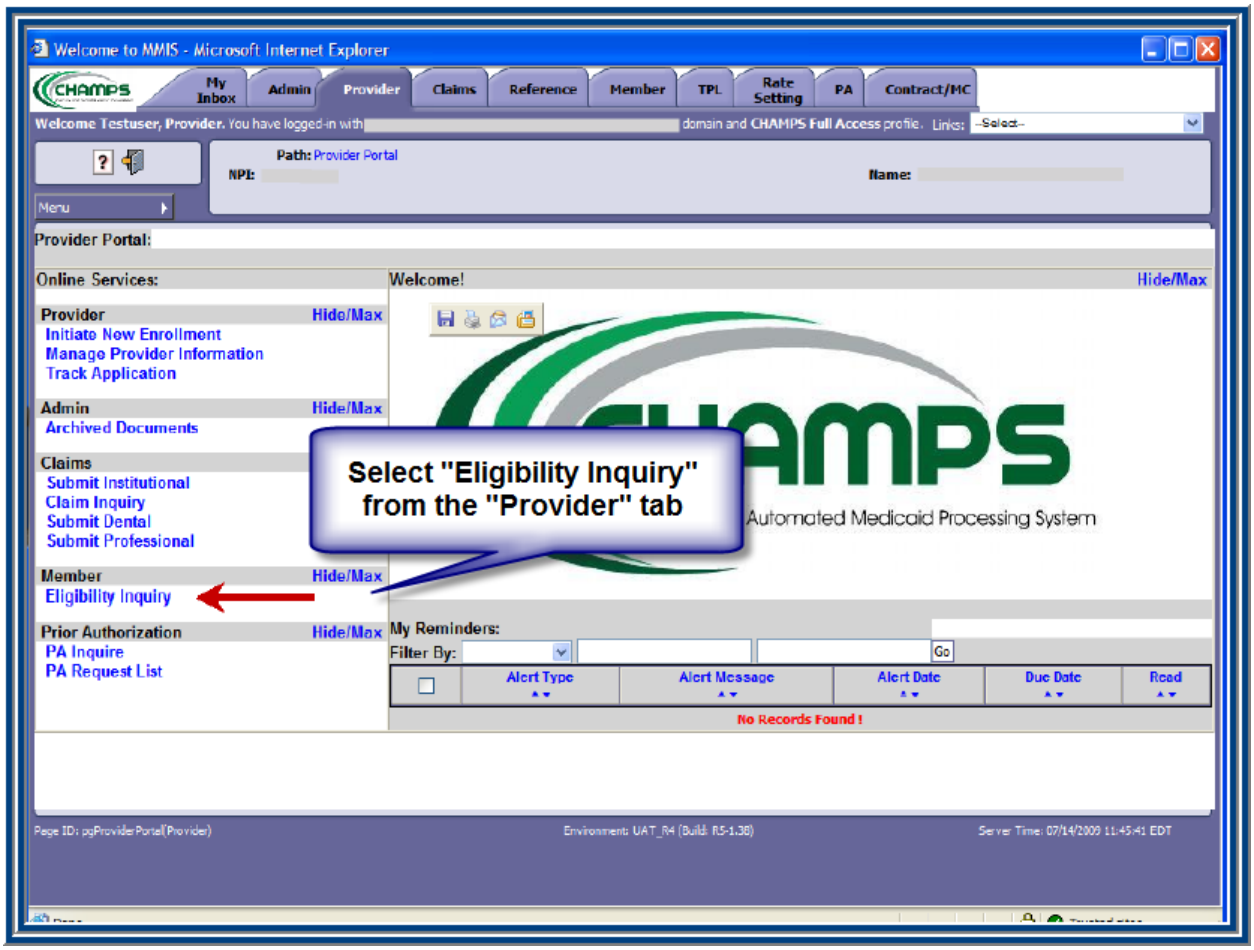
How to Locate Payer ID and Other Insurance Information

Updated:

February 2013



Welcome to MMIS - Windows Internet Explorer

CHAMPS | My Inbox | Admin | Provider | Claims | Reference | Member | TPL | Rate Setting | PA | Contract/MC

Welcome Uatsg1, Uatsg1. You have logged-in with VISITING CARE 1245283993 domain and CHAMPS Full Access profile. Links: --Select--

Path: Provider Portal/ Member Eligibility Inquiry

Menu

Close | Submit

TO SUBMIT AN ELIGIBILITY INQUIRY ON A SPECIFIC MEMBER, COMPLETE ONE OF THE FOLLOWING CRITERIA SETS AND CLICK 'SUBMIT'.
- MEMBER ID/CLIENT IDENTIFICATION NUMBER(CIN)/CARD NUMBER/PENDING ELIGIBILITY RID OR
- LAST NAME, FIRST NAME AND DATE OF BIRTH OR
- LAST NAME, FIRST NAME AND SSN OR
- SSN AND DATE OF BIRTH
- ADDITIONAL SEARCH OPTIONS (Use if needed with one of the Search Options above to obtain a unique member match) :
  - GENDER
  - ZIP CODE
  - CASE NUMBER

Enter Required Information and Select "Submit"

MEMBER ELIGIBILITY INQUIRY:

SEARCH MA PENDING ELIGIBILITY: ☐

SERVICING PROVIDER NPI/PROVIDER ID: 1431366 *

FILTER BY: --SELECT-- | SSN:

LAST NAME: | FIRST NAME:

DATE OF BIRTH:

Gender: --SELECT-- | Zip Code:

MICHILD Case Number: | MA Case Number:

INQUIRY START DATE: 02/01/2013 * | INQUIRY END DATE: 02/01/2013 *

CHAMPS | My Inbox | Admin | Provider | Claims | Reference | Member | TPL | Rate Setting | PA | Contract/MC

Welcome Testuser, Provider. You have logged-in with GRP domain and Provider profile. Links: --Select--

Path: Provider Portal/ Member Eligibility Inquiry/ Member Benefit Level

Member ID: Name:

Menu

Close

Select the blue hyperlink for more information

Inquiry Date Range: 01/29/2009 - 01/29/2009
Gender: Male
Provider Lock-In: N
Case Number: A1111111A
Worker Load Number: 111111
CSHCS Restrictions: Y
MHP PCP: Y

Date of Birth: 10/11/1948
Commercial / Other: Y
DHS Phone: (313) 937-4200
County of Residence: 82-WAYNE
DHS County: 82-82-Adult Medical/Services

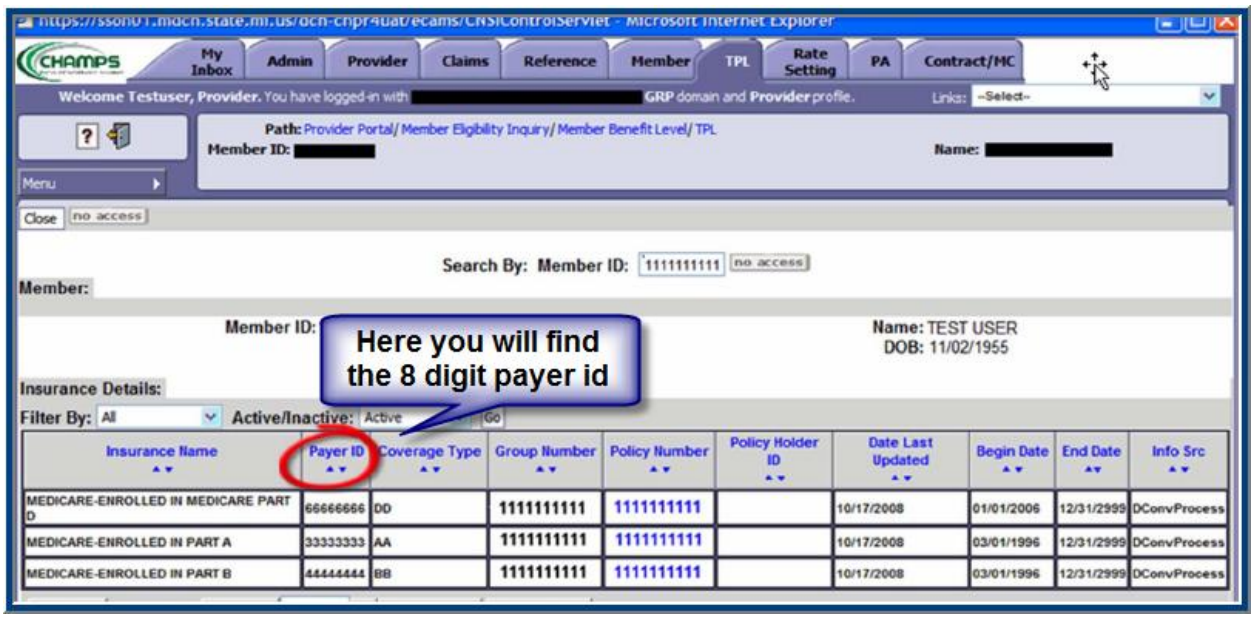
Benefit Plans:

Benefit Plan ID	Benefit Plan Type	Transaction Date	Start Date	End Date
MA	Fee For Service	10/20/2008	01/29/2009	01/29/2009
NH	Fee For Service	10/20/2008	01/29/2009	01/29/2009

<< Prev | Viewing Page 1 | Next >> | 1 | Go | Page Count | SaveToXLS

Level of Care Authorizations:

LOC	Source Provider ID	NPI	CHAMPS Provider ID	Patient Pay	Transaction Date	Start Date	End Date
02 - Recipient is receiving Nursing Care services	1111111	1111111111	1111111	0	10/17/2008	01/29/2009	01/29/2009


https://ssoh01.mdch.state.mi.us/dch-chpr4uat/ecams/CNSIControlServlet - Microsoft Internet Explorer
CHAMPS
My Inbox
Admin
Provider
Claims
Reference
Member
TPL
Rate Setting
PA
Contract/MC
Welcome Testuser, Provider. You have logged-in with [redacted] GRP domain and Provider profile.
Links: --Select--
Path: Provider Portal/ Member Eligibility Inquiry/ Member Benefit Level/ TPL
Member ID: [redacted]
Name: [redacted]
Menu
Close
no access
Search By: Member ID: 1111111111
no access
Member:
Member ID:
Name: TEST USER
DOB: 11/02/1955
Here you will find the 8 digit payer id
Insurance Details:
Filter By: All
Active/Inactive: Active
Go
Insurance Name
Payer ID
Coverage Type
Group Number
Policy Number
Policy Holder ID
Date Last Updated
Begin Date
End Date
Info Src
MEDICARE-ENROLLED IN MEDICARE PART D
66666666
DD
1111111111
1111111111
10/17/2008
01/01/2006
12/31/2999
DConvProcess
MEDICARE-ENROLLED IN PART A
33333333
AA
1111111111
1111111111
10/17/2008
03/01/1996
12/31/2999
DConvProcess
MEDICARE-ENROLLED IN PART B
44444444
BB
1111111111
1111111111
10/17/2008
03/01/1996
12/31/2999
DConvProcess