



CHAMPS

Third Party Liability

How to locate Payer ID and Other
Insurance information



My Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate Setting

PA

Contract/MC

Welcome Testuser, Provider. You have logged-in with [redacted] domain and CHAMPS Full Access profile. Links: --Select--



Path: Provider Portal

NPI: [redacted]

Name: [redacted]

Menu

Provider Portal:

Online Services:

Provider

Hide/Max

- Initiate New Enrollment
- Manage Provider Information
- Track Application

Admin

Hide/Max

- Archived Documents

Claims

Hide/Max

- Submit Institutional Claim Inquiry
- Submit Dental
- Submit Professional

Member

Hide/Max

- Eligibility Inquiry



Prior Authorization

Hide/Max

- PA Inquire
- PA Request List

Welcome!

Hide/Max



Community Health Automated Medicaid Processing System

My Reminders:

Filter By: [dropdown] [input] [input] Go

<input type="checkbox"/>	Alert Type	Alert Message	Alert Date	Due Date	Read
	▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !



My
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate
Setting

PA

Contract/MC

Welcome Testuser, Provider. You have logged-in with WILLIAM BEAUMONT HOSPITAL 1811044878 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)/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

MEMBER ELIGIBILITY INQUIRY:



SEARCH MA PENDING ELIGIBILITY:

SERVICING PROVIDER NPI/PROVIDER ID: *

FILTER BY: --SELECT--

SSN:

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

INQUIRY START DATE: *

INQUIRY END DATE: *



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

Member ID: [redacted]

Name: [redacted]

Menu

Close

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: 10/13/1948

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

<< Prev

Viewing Page 1

Next >>

1

Go

Page Count

SaveToXLS





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:



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

Member ID: [redacted]

Name: [redacted]

Menu

Close

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: 10/13/1948

Commercial / Other: Y

DHS Phone: (313) 937-4200

County of Residence: 82-WAYNE

DHS County: 82-82-Adult Medical/Services

Click blue hyperlink
for more information

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

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



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: 1111111111

Name: TEST USER
DOB: 11/02/1955

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

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

Here you will find the 8 digit payer id.