

Pregnant Woman Dental Tip

For Dates of Service 7/1/2018-03/31/2023

Checking Beneficiary Eligibility

Per [MSA 18-18](#) (Updated policy [HASA 22-08](#)) the Michigan Medicaid Health plans are responsible for services rendered to pregnant woman, for the entire pregnancy and twelve months postpartum.

Pregnancy Eligibility can be verified by following the steps below:

- Click the Member Tab, Select Eligibility Inquiry

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, and PA. The 'Member' tab is selected, and a sub-menu 'ELIGIBILITY INQUIRY' is highlighted with a red box. Below the navigation, there are fields for NPI and Name. A system notification banner is visible, stating: 'Due to R10c-1.6 Release, the CHAMPS system will be down between 7:00 PM EDT Friday, June 21st through 7:00 AM EDT Saturday, June 22nd, 2019. This outage will affect the CHAMPS system access for all functionality.' Below the notification is a 'My Reminders' section with a table that currently shows 'No Records Found!'. On the right side, there is a calendar for September 2019, showing the current date as Monday, September 9, 2019, at 14:19.

- Filter By Member ID, Inquiry Start and End Date, Click Submit

The screenshot shows the 'MEMBER ELIGIBILITY INQUIRY' form in the CHAMPS Provider Portal. At the top, there are 'Close' and 'Submit' buttons, with 'Submit' highlighted by a red box. Below the buttons, there is a list of criteria sets to complete for the inquiry:

- MEMBER ID/CIENT 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

 The form contains several input fields. The 'FILTER BY:' dropdown menu is set to 'Member ID' and is highlighted with a red box. Other fields include:

- SERVICING PROVIDER NPI/PROVIDER ID: *
- LAST NAME: *
- DATE OF BIRTH: *
- Gender: --SELECT--
- MICHLID Case Number: *
- INQUIRY START DATE: *
- SSN: *
- FIRST NAME: *
- Zip Code: *
- MA Case Number: *
- INQUIRY END DATE: *

 The 'INQUIRY START DATE' and 'INQUIRY END DATE' fields are also highlighted with red boxes.

- To identify that a woman is pregnant or within her postpartum phase of pregnancy, look at the MAGI Category with the Member Benefit Screen

Member ID: [REDACTED] Name: [REDACTED]

Info : Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual / HDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 11/05/2019 - 11/05/2019
 GENDER: FEMALE
 DATE OF BIRTH: [REDACTED]
 CASE NUMBER: 1
 CASE PHONE: [REDACTED] EXT: 0
 CASE EMAIL: [REDACTED]
 COUNTY OF RESIDENCE: 39-KALAMAZOO
MAGI CATEGORY: B - Pregnant Women
 MA PROGRAM CODE: N
 CITIZENSHIP: U.S. Citizen
 REDETERMINATION DATE: 11/30/2020

COMMERCIAL / OTHER: N
 CSHC'S RESTRICTIONS: N
 MHP PCP: N
 BMP PROVIDER RESTRICTION: N
INDICATORS: Y
 COST SHARE MET: Y
 CAP AMOUNT REMAINING(S): 0.00
 WORKER LOAD NUMBER: [REDACTED]
 MDHHS PHONE: [REDACTED]
 MDHHS COUNTY: 39-00-KALAMAZOO

[Print Member Summary](#)
[Non Covered Service Types](#)

Benefit Plan Id	PET	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
A*	A*	A*	A*	A*	A*	A*	A*	A*
BHMA-MHP		MANAGED CARE	2813562	Click To View Service Types	02/25/2020	02/25/2020	11/05/2019	11/05/2019
MA-MC	MHP-COMM	MANAGED CARE	3293049	Click To View Service Types	02/25/2020	02/25/2020	11/05/2019	11/05/2019
MA		FEE FOR SERVICE		Click To View Service Types	02/25/2020	02/25/2020	11/05/2019	11/05/2019

View Page: 1 | Page Count | Save To/LS | Viewing Page: 1

PATIENT PAY

Page ID: pgProvMedicaid(Member) Environment: MICLDAUT - Server: vta03.00 - Build: R9 1.9 Server Time: 04/06/2020 03:37:35 EDT

NOTE: When a beneficiary is pregnant the blue "Info" section at the top of the screen does not apply

- Once its identified that a beneficiary is pregnant or in their postpartum period, click on the CHAMPS Provider Id associated to the MA-MC.

Member ID: [REDACTED] Name: [REDACTED]

Info : Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual / HDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 11/05/2019 - 11/05/2019
 GENDER: FEMALE
 DATE OF BIRTH: [REDACTED]
 CASE NUMBER: 1
 CASE PHONE: [REDACTED] EXT: 0
 CASE EMAIL: [REDACTED]
 COUNTY OF RESIDENCE: 39-KALAMAZOO
MAGI CATEGORY: B - Pregnant Women
 MA PROGRAM CODE: N
 CITIZENSHIP: U.S. Citizen
 REDETERMINATION DATE: 11/30/2020

COMMERCIAL / OTHER: N
 CSHC'S RESTRICTIONS: N
 MHP PCP: N
 BMP PROVIDER RESTRICTION: N
INDICATORS: Y
 COST SHARE MET: Y
 CAP AMOUNT REMAINING(S): 0.00
 WORKER LOAD NUMBER: [REDACTED]
 MDHHS PHONE: [REDACTED]
 MDHHS COUNTY: 39-00-KALAMAZOO

[Print Member Summary](#)
[Non Covered Service Types](#)

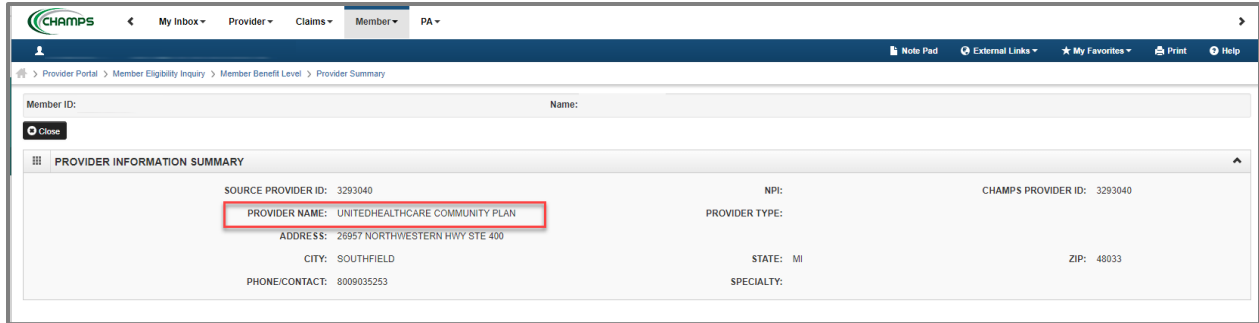
Benefit Plan Id	PET	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
A*	A*	A*	A*	A*	A*	A*	A*	A*
BHMA-MHP		MANAGED CARE	2813562	Click To View Service Types	02/25/2020	02/25/2020	11/05/2019	11/05/2019
MA-MC	MHP-COMM	MANAGED CARE	3293049	Click To View Service Types	02/25/2020	02/25/2020	11/05/2019	11/05/2019
MA		FEE FOR SERVICE		Click To View Service Types	02/25/2020	02/25/2020	11/05/2019	11/05/2019

View Page: 1 | Page Count | Save To/LS | Viewing Page: 1

PATIENT PAY

Page ID: pgProvMedicaid(Member) Environment: MICLDAUT - Server: vta03.00 - Build: R9 1.9 Server Time: 04/06/2020 03:37:35 EDT

- This will allow the MA-MC plan to be identified



The screenshot shows the CHAMPS Member Information Summary page. The page title is "PROVIDER INFORMATION SUMMARY". The "PROVIDER NAME" field is highlighted with a red box and contains the text "UNITEDHEALTHCARE COMMUNITY PLAN". Other fields include SOURCE PROVIDER ID: 3293040, ADDRESS: 26957 NORTHWESTERN HWY STE 400, CITY: SOUTHFIELD, PHONE/CONTACT: 8009035253, NPI, PROVIDER TYPE, STATE: MI, ZIP: 48033, and CHAMPS PROVIDER ID: 3293040.

SOURCE PROVIDER ID:	3293040	NPI:		CHAMPS PROVIDER ID:	3293040
PROVIDER NAME:	UNITEDHEALTHCARE COMMUNITY PLAN	PROVIDER TYPE:			
ADDRESS:	26957 NORTHWESTERN HWY STE 400				
CITY:	SOUTHFIELD	STATE:	MI	ZIP:	48033
PHONE/CONTACT:	8009035253	SPECIALTY:			

Per letter [L 19-05](#), once the managed care plan has been identified, the Medicaid Health Plan's (MHP) dental benefit manager should be utilized.