



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Determining Eligibility

March 2, 2017

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

Agenda

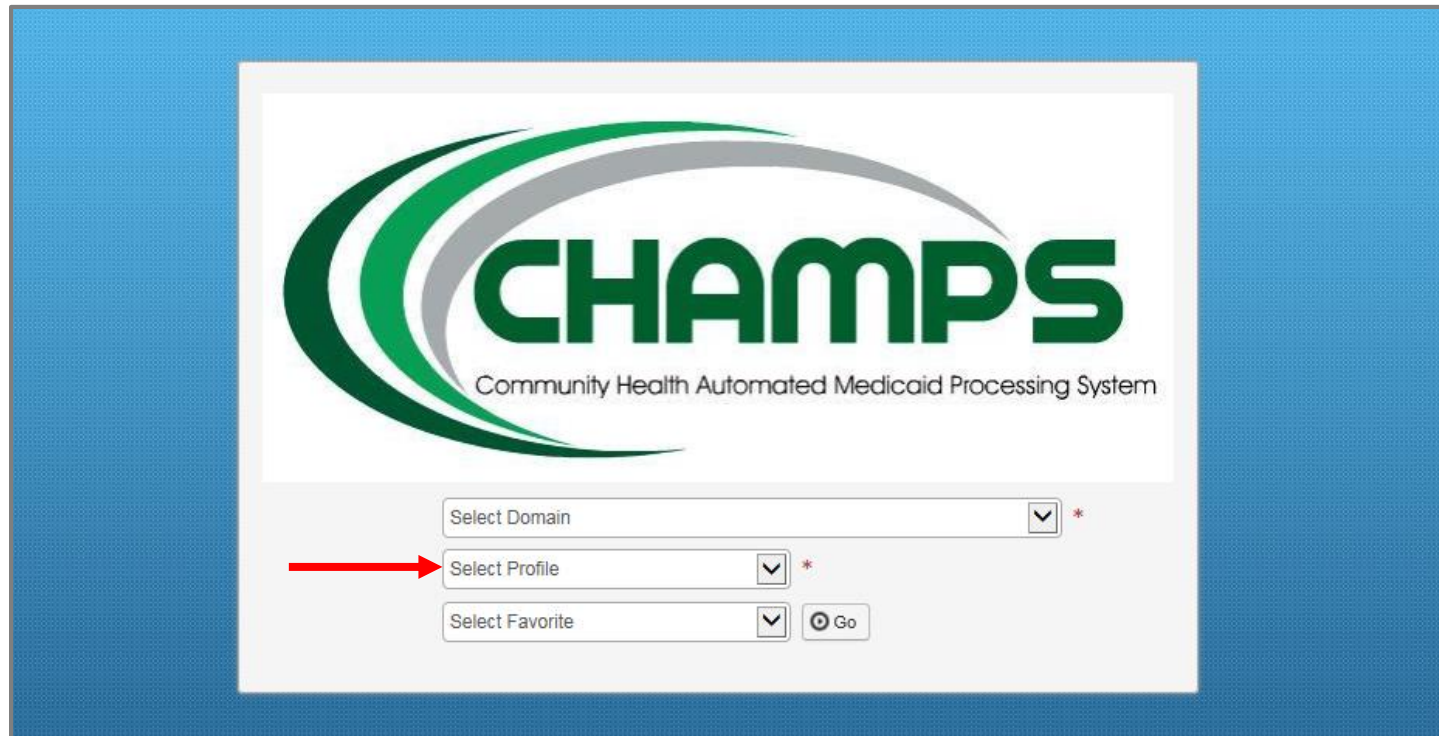
- Requirement for Verifying Beneficiary Eligibility
- How to Verify Beneficiary Eligibility
- Verifying Third Party Liability (TPL) Information
- Specific Benefit Plan Assignments
 - Children's Special Health Care Services (CSHCS)
 - Dental
 - Emergency Services Only (ESO)
 - Prepaid Inpatient Health Plan (PIHP)
 - Spend-down
- Medicaid Provider Trainings

Requirement for Verifying Beneficiary Eligibility

- Per the [Medicaid Provider Manual](#), Chapter Beneficiary Eligibility, coverage determination is the responsibility in most cases by the local county office of Michigan Department of Health and Human Services (MDHHS). Once eligibility is established CHAMPS will issue a mihealth card for new beneficiaries.
- Because of the nature of Medicaid eligibility, coverages/benefit plan assignments may change from month to month and it is necessary for providers to always verify coverage prior to rendering any services.

Requirement for Verifying Beneficiary Eligibility


- Eligibility check within a year: Provider Support will allow for a one time courtesy verification.
 - Providers need to verify eligibility within CHAMPS, MPHI, or other vendor services prior to rendering services.
 - It's the providers responsibility to grant access to their billing agent/companies in order to verify eligibility.
- Eligibility beyond a year: Please contact Provider Support.



- CHAMPS profiles that can verify beneficiary eligibility:
 - CHAMPS Full Access
 - CHAMPS Limited Access
 - Eligibility Inquiry
- How to add profiles: [CHAMPS Navigation](#), slides 140-146

How to Verify Beneficiary Eligibility

Steps within CHAMPS


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal

NPI: Name:

Latest updates

System Notification


Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By Go Save Filters My Filters ▾

Alert Type ▲ ▼	Alert Message ▲ ▼	Alert Date ▲ ▼	Due Date ▲ ▼	Read ▲ ▼
No Records Found !				


Calendar


11:48 AM
12 January 2015
Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
←		Today		→		

- Click the Member tab


My Inbox
Provider
Claims
Member
PA

External Links
My Favorites
Print
Help


Provider Portal

NPI:


Latest updates

System Notification

Attention All Providers: Due to system maintenance on Saturday, January 10th through 9:00 PM Sunday, January 11th, the CHAMPS system will be unavailable for the Benefit Inquiry and Response (Core 270/271) Real-time functionality starting at 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.



ELIGIBILITY INQUIRY

Eligibility Inquiry


NFLOC DETERMINATION

Nursing Facility Level Of Care Determination

Calendar


3:07 PM

12 January 2015
Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

←
Today
→

My Reminders

Filter By
Go
Save Filters
My Filters

	Alert Type	Alert Message	Alert Date	Due Date	Read
	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
No Records Found !					

- Select the Eligibility Inquiry option



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

MEMBER ELIGIBILITY INQUIRY

SEARCH MA PENDING ELIGIBILITY: ☐

SEARCH BY SERVICE TYPE(S): ☐

SERVICING PROVIDER NPI/PROVIDER ID:

→ FILTER BY:

LAST NAME:

DATE OF BIRTH:

Gender:

MICHILD Case Number:

→ INQUIRY START DATE:

SSN:

FIRST NAME:

Zip Code:

MA Case Number:

→ INQUIRY END DATE:

- Select the Filter By criteria from the drop-down selection
- Inquiry start date and end date default to the system date/current date. If you want another date click on the calendar option to change.
- Click Submit

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[Provider Portal](#)
[Member Eligibility Inquiry](#)
[Member Benefit Level](#)

Member ID:
Name:
Close

INQUIRY DATE RANGE: 02/15/2017 - 02/15/2017
GENDER:
DATE OF BIRTH:
CASE NUMBER:
CASE PHONE: EXT:
CASE EMAIL:
COUNTY OF RESIDENCE: 25-GENESEE
MAGI CATEGORY: I - Adult New
MA PROGRAM CODE: H
CITIZENSHIP: U.S. Citizen
REDETERMINATION DATE:

COMMERCIAL / OTHER: N
CSHCS RESTRICTIONS: N
MHP PCP: Y
BMP PROVIDER RESTRICTION: N
INDICATORS: N
COST SHARE MET: Y
CAP AMOUNT REMAINING(\$): 0.00
WORKER LOAD NUMBER:
MDHHS PHONE: (810) 760-7300
MDHHS COUNTY: 25-02-MCCREE DISTRICT
[Print Member Summary](#)
[Non Covered Service Types](#)

BENEFIT PLANS

Benefit Plan Id	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
PHIP-HMP	MANAGED CARE	2841979	Click To View Service Types	02/13/2016	02/13/2016	02/15/2017	02/15/2017
MA-HMP	FEE FOR SERVICE		Click To View Service Types	02/13/2016	02/13/2016	02/15/2017	02/15/2017
MA-HMP-MC	MANAGED CARE	2796694	Click To View Service Types	02/17/2016	02/17/2016	02/15/2017	02/15/2017

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LEVEL OF CARE AUTHORIZATIONS

LOC	Source Provider Id	NPI	CHAMPS Provider Id	Patient Pay	Created Date	Transaction Date	Start Date	End Date
11 - RECIPIENT ENROLLED IN A HEALTH PLAN	2796694		2796694	0	02/17/2016	02/17/2016	02/15/2017	02/15/2017

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- Click the hyperlink PHIP-HMP within the Benefit Plan ID

CHAMPS My Inbox Provider Claims Member PA

Note Pad External Links My Favorites Print Help

Provider Portal Member Eligibility Inquiry Member Benefit Level

Member ID: Name:

Close

INQUIRY DATE RANGE: 02/15/2017 - 02/15/2017

GENDER: DATE OF BIRTH: CASE NUMBER: CASE PHONE: EXT: CASE EMAIL:

COMMERCIAL / OTHER: N
CSHCS RESTRICTIONS: N
MHP PCP: Y
BMP PROVIDER RESTRICTION: N
INDICATORS: N
COST SHARE MET: Y

Welcome to MMIS - Internet Explorer

File Edit View Favorites Tools Help

Print Help

Close

Benefit Plan ID: PIHP-HMP

Benefit Plan Description: This benefit plan provides managed care speciality behavioral health services for individuals enrolled in the Healthy Michigan Plan.

Page ID: dlgBenefitDetail(Member)

Viewing Page: 1

BENEFIT PLANS

Benefit Plan Id

PIHP-HMP
MA-HMP
MA-HMP-MC

View Page: 1

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LEVEL OF CARE AUTHORIZATIONS

LOC	Source Provider Id	NPI	CHAMPS Provider Id	Patient Pay	Created Date	Transaction Date	Start Date	End Date
11 - RECIPIENT ENROLLED IN A HEALTH PLAN	2796694		2796694	0	02/17/2016	02/17/2016	02/15/2017	02/15/2017

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- Benefit Plan ID and Description are provided
- Click close to return back to the Benefit Plans List

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[Member Benefit Level](#)

Member ID:
Name:

Close

INQUIRY DATE RANGE: 02/15/2017 - 02/15/2017
GENDER:
DATE OF BIRTH:
CASE NUMBER:
CASE PHONE: EXT:
CASE EMAIL:
COUNTY OF RESIDENCE: 25-GENESEE
MAGI CATEGORY: I - Adult New
MA PROGRAM CODE: H
CITIZENSHIP: U.S. Citizen
REDETERMINATION DATE:

COMMERCIAL / OTHER: N
CSHCS RESTRICTIONS: N
MHP PCP: Y
BMP PROVIDER RESTRICTION: N
INDICATORS: N
COST SHARE MET: Y
CAP AMOUNT REMAINING(\$): 0.00
WORKER LOAD NUMBER:
MDHHS PHONE: (810) 760-7300
MDHHS COUNTY: 25-02-MCCREE DISTRICT

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[Non Covered Service Types](#)

BENEFIT PLANS

Benefit Plan Id	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
PIHP-HMP	MANAGED CARE	2841979	Click To View Service Types	02/13/2016	02/13/2016	02/15/2017	02/15/2017
MA-HMP	FEE FOR SERVICE		Click To View Service Types	02/13/2016	02/13/2016	02/15/2017	02/15/2017
MA-HMP-MC	MANAGED CARE	2796694	Click To View Service Types	02/17/2016	02/17/2016	02/15/2017	02/15/2017

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LEVEL OF CARE AUTHORIZATIONS

LOC	Source Provider Id	NPI	CHAMPS Provider Id	Patient Pay	Created Date	Transaction Date	Start Date	End Date
11 - RECIPIENT ENROLLED IN A HEALTH PLAN	2796694		2796694	0	02/17/2016	02/17/2016	02/15/2017	02/15/2017

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- Click on the CHAMPS Provider ID hyperlink 2841979 to determine what managed care plan the beneficiary is enrolled in



 < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾ >

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Member Eligibility Inquiry > Member Benefit Level > Provider Summary

Member ID: Name:

 Close

 PROVIDER INFORMATION SUMMARY 

SOURCE PROVIDER ID: 2841979	NPI:	CHAMPS PROVIDER ID: 2841979
PROVIDER NAME: REGION 10	PROVIDER TYPE:	
ADDRESS: 3111 ELECTRIC AVE		
CITY: PORT HURON	STATE: MI	ZIP: 48060
PHONE/CONTACT: 8109667803	SPECIALTY:	

- Provider Information Summary is provided for the managed care
- Click close to return back to Benefit Plans List

CHAMPS

My Inbox Provider Claims Member PA

Note Pad External Links My Favorites Print Help

Provider Portal Member Eligibility Inquiry Member Benefit Level Provider Summary

Member ID: [REDACTED] Name: [REDACTED]

Close

PROVIDER INFORMATION SUMMARY

SOURCE PROVIDER ID: 2796694	NPI:	CHAMPS PROVIDER ID: 2796694
PROVIDER NAME: MOLINA HEALTHCARE OF MICHIGAN	PROVIDER TYPE:	
ADDRESS: 100 W BIG BEAVER RD STE 600		
CITY: TROY	STATE: MI	ZIP: 48084
PHONE/CONTACT: 8888987969	SPECIALTY:	

- Provider Information Summary is provided for a different managed care
- Click close to return back to Benefit Plans List

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[Member Eligibility Inquiry](#)
[Member Benefit Level](#)

Member ID:
Name:

Close

INQUIRY DATE RANGE: 02/15/2017 - 02/15/2017
GENDER:
DATE OF BIRTH:
CASE NUMBER:
CASE PHONE: EXT:
CASE EMAIL:
COUNTY OF RESIDENCE: 25-GENESEE
MAGI CATEGORY: I - Adult New
MA PROGRAM CODE: H
CITIZENSHIP: U.S. Citizen
REDETERMINATION DATE:

COMMERCIAL / OTHER: N
CSHCS RESTRICTIONS: N
MHP PCP: Y
BMP PROVIDER RESTRICTION: N
INDICATORS: N
COST SHARE MET: Y
CAP AMOUNT REMAINING(\$): 0.00
WORKER LOAD NUMBER:
MDHHS PHONE: (810) 760-7300
MDHHS COUNTY: 25-02-MCCREE DISTRICT

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BENEFIT PLANS

Benefit Plan Id	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
PIHP-HMP	MANAGED CARE	2841979	Click To View Service Types	02/13/2016	02/13/2016	02/15/2017	02/15/2017
MA-HMP	FEE FOR SERVICE		Click To View Service Types	02/13/2016	02/13/2016	02/15/2017	02/15/2017
MA-HMP-MC	MANAGED CARE	2796694	Click To View Service Types	02/17/2016	02/17/2016	02/15/2017	02/15/2017

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LEVEL OF CARE AUTHORIZATIONS

LOC	Source Provider Id	NPI	CHAMPS Provider Id	Patient Pay	Created Date	Transaction Date	Start Date	End Date
11 - RECIPIENT ENROLLED IN A HEALTH PLAN	2796694		2796694	0	02/17/2016	02/17/2016	02/15/2017	02/15/2017

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- Click the hyperlink, Click to View Service Types, this will show available benefits within the benefit plan

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Provider Portal > Member Eligibility Inquiry > Member Benefit Level > Benefit Plan Service Types

Member ID: [REDACTED] Name: [REDACTED]

Close

Member Benefit Plan Service Types

None ▾ [REDACTED] Go Save Filters My Filters ▾

Benefit Plan Id ▲▼	Service Type Code ▲▼	Service Type Description ▲▼	Co-Payment ▲▼	Co-Insurance ▲▼	Deductible ▲▼	Start Date ▲▼	End Date ▲▼
PIHP-HMP	AI	Substance Abuse	0			02/15/2017	02/15/2017
PIHP-HMP	MH	Mental Health	0			02/15/2017	02/15/2017

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- The available benefits will display
- Please read Policy Bulletin [MSA 15-49](#) for further Cost-Sharing Limits information
- Further [Co-Pay Requirements](#) consistent with Policy Bulletin [MSA 17-02](#)

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[Member Benefit Level](#)

Member ID:

Name:

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INQUIRY DATE RANGE: 02/15/2017 - 02/15/2017

GENDER:

DATE OF BIRTH:

CASE NUMBER:

CASE PHONE: EXT:

CASE EMAIL:

COUNTY OF RESIDENCE: 25-GENESEE

MAGI CATEGORY: I - Adult New

MA PROGRAM CODE: H

CITIZENSHIP: U.S. Citizen

REDETERMINATION DATE:

COMMERCIAL / OTHER: N

CSHCS RESTRICTIONS: N

MHP PCP: Y

BMP PROVIDER RESTRICTION: N

INDICATORS: N

COST SHARE MET: Y

CAP AMOUNT REMAINING(\$): 0.00

WORKER LOAD NUMBER:

MDHHS PHONE: (810) 760-7300

MDHHS COUNTY: 25-02-MCCREE DISTRICT

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[Non Covered Service Types](#)

BENEFIT PLANS

Benefit Plan Id	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
PIHP-HMP	MANAGED CARE	2841979	Click To View Service Types	02/13/2016	02/13/2016	02/15/2017	02/15/2017
MA-HMP	FEE FOR SERVICE		Click To View Service Types	02/13/2016	02/13/2016	02/15/2017	02/15/2017
MA-HMP-MC	MANAGED CARE	2796694	Click To View Service Types	02/17/2016	02/17/2016	02/15/2017	02/15/2017

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LEVEL OF CARE AUTHORIZATIONS

LOC	Source Provider Id	NPI	CHAMPS Provider Id	Patient Pay	Created Date	Transaction Date	Start Date	End Date
11 - RECIPIENT ENROLLED IN A HEALTH PLAN	2796694		2796694	0	02/17/2016	02/17/2016	02/15/2017	02/15/2017

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- The Healthy Michigan Plan beneficiaries enrolled in a health plan are not responsible for co-pays at the point of service as long as the service is covered by the health plan. [Policy Bulletin MSA 15-49](#)

Verifying Third Party Liability Information

Steps within CHAMPS



Member ID: [REDACTED] Name: [REDACTED]

Close

Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MDHHS 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: 02/21/2017 - 02/21/2017

GENDER: [REDACTED]

DATE OF BIRTH: [REDACTED]

CASE NUMBER: [REDACTED]

CASE PHONE: [REDACTED] EXT: [REDACTED]

CASE EMAIL: [REDACTED]

COUNTY OF RESIDENCE: 09-BAY

MAGI CATEGORY: [REDACTED]

MA PROGRAM CODE: [REDACTED]

CITIZENSHIP: [REDACTED]

REDETERMINATION DATE: [REDACTED]

COMMERCIAL / OTHER: Y

CSHCS RESTRICTIONS: N

MHP PCP: N

BMP PROVIDER RESTRICTION: N

INDICATORS: N

COST SHARE MET: N

CAP AMOUNT REMAINING(\$): [REDACTED]

WORKER LOAD NUMBER: [REDACTED]

MDHHS PHONE: (989) 895-2100

MDHHS COUNTY: 09-00-BAY

[Print Member Summary](#)

[Non Covered Service Types](#)

BENEFIT PLANS

Benefit Plan Id ▲ ▼	Benefit Plan Type ▲ ▼	CHAMPS Provider Id ▲ ▼	Service Type Details ▲ ▼	Created Date ▲ ▼	Transaction Date ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼
MICHOICEMC	MANAGED CARE	7059413	Click To View Service Types	09/30/2013	09/30/2013	02/21/2017	02/21/2017
MA	FEE FOR SERVICE		Click To View Service Types	09/05/2009	09/05/2009	02/21/2017	02/21/2017

- If a beneficiary has a primary payer on file for the date of service being checked, the Commercial/Other will be Y
- Click the Commercial/Other Hyperlink to view the primary payer on file



Member ID:

Name:

Close

SEARCH BY: MEMBER ID:

no access

MEMBER

MEMBER ID:

NAME:

DOB:

INSURANCE DETAILS

All ▾

Active ▾

Go

Save Filters

My Filters ▾

PAYER NAME ▲ ▼	PAYER ID ▲ ▼	COVERAGE TYPE ▲ ▼	GROUP NUMBER ▲ ▼	POLICY NUMBER ▲ ▼	POLICY HOLDER ID ▲ ▼	DATE LAST UPDATED ▲ ▼	BEGIN DATE ▲ ▼	END DATE ▲ ▼
BCN	28214005	X2				11/14/2014	06/01/2014	12/31/2999

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- The primary payer information will display, including the coverage type, group number, policy number, date updated and begin and end dates

Specific Benefit Plan Assignments

Medical Assistance (MA)

Children's Special Health Care Services (CSHCS)

Dental

Emergency Services Only (ESO)

Prepaid Inpatient Health Plan (PIHP)

Spend-down

Specific Benefit Plan Assignments - MA

- For a full list of Benefit Plans please locate the [MI Medicaid Provider Manual](#), Chapter Beneficiary Eligibility, Section 2.1 Benefit Plans.
- Medicaid Medical Assistance can be seen as:
 - MA
 - MA-HMP
 - MA-MC
 - MA-HMP-MC
- Members are generally assigned to this benefit plan upon approval of their eligibility information and remain active even if eventually assigned to MA Managed Care [MA-MC]. Once assigned to a Managed Care Organization, the health plan is the primary payer.
- If a beneficiary has MA-MC coverage will also show MA.
- If beneficiary has MA-HMP-MC coverage will also show MA-HMP.

Specific Benefit Plan Assignments - CSHCS

- MI Medicaid Provider Manual, Chapter Children's Special Health Care Services, Section 1 – General Information.
- CSHCS: This benefit plan is designed to find, diagnose, and treat children under age 21 with chronic illness or disabling conditions. Persons over age 21 with chronic cystic fibrosis or certain blood coagulation blood disorders may also qualify. Covers services related to the client's CSHCS-qualifying diagnoses. Certain providers must be authorized on a client file.
- CSHCS identifies children with special health care needs when the child appears to have a condition that CSHCS may cover.


Specific Benefit Plan Assignments – CSHCS (cont.)


- CSHCS does not cover behavioral, developmental or mental health conditions.
- The child's pediatric subspecialist submits medical reports to CSHCS for determination of medical eligibility.
- When the child does not have a pediatric subspecialist and there is no other option to obtain a medical report (i.e., private insurance, Medicaid, etc.), CSHCS pays for a diagnostic evaluation of medical conditions that are likely to be covered by CSHCS.
- Eligibility is determined based upon medical circumstances and not on financial circumstances.

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ **Member ▾** PA ▾

Home > Provider Portal > Member Eligibility Inquiry > Member Benefit Level

Member ID: [REDACTED] Name: [REDACTED]
CIN: [REDACTED]

 Close

 **THIS NPI IS NOT LISTED. SEE CSHCS GUIDELINES.**








INQUIRY DATE RANGE: 02/15/2017 - 02/15/2017

GENDER: [REDACTED] COMMERCIAL / OTHER: Y
DATE OF BIRTH: [REDACTED] CSHCS RESTRICTIONS: Y
CASE NUMBER: [REDACTED] MHP PCP: N
CASE PHONE: EXT: [REDACTED] BMP PROVIDER RESTRICTION: N
CASE EMAIL: [REDACTED] INDICATORS: N
COUNTY OF RESIDENCE: 25-GENESEE
MAGI CATEGORY: [REDACTED] WORKER LOAD NUMBER: [REDACTED]
MA PROGRAM CODE: [REDACTED] MDHHS PHONE: (810) 760-7300
CITIZENSHIP: [REDACTED] MDHHS COUNTY: 25-02-MCCREE DISTRICT
REDETERMINATION DATE: [REDACTED]

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

BENEFIT PLANS

Benefit Plan Id ▲▼	Benefit Plan Type ▲▼	CHAMPS Provider Id ▲▼	Service Type Details ▲▼	Created Date ▲▼	Transaction Date ▲▼	Start Date ▲▼	End Date ▲▼
CSHCS	FEE FOR SERVICE		Click To View Service Types	09/01/2016	09/01/2016	02/15/2017	02/15/2017

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- When a provider's NPI is not authorized as a servicing provider for the beneficiary, the above error message will show. Please contact the county analyst for approval.

Specific Benefit Plan Assignments - Dental

- HK-Dental: The Healthy Kids Dental program is a selective contract between the Michigan Department of Health and Human Services (MDHHS) and Delta Dental Plan of Michigan to administer the Medicaid dental benefit in selected counties to beneficiaries under the age of 21.
- Dental services for Fee-For-Service beneficiaries with a MA benefit plan are billed to Medicaid.
- Dental services may be provided to all Medicaid beneficiaries include emergency, diagnostic, preventive, and therapeutic services for dental disease which, if left untreated, would become acute dental problems or cause irreversible damage to teeth or supportive structures.
- Providers with a beneficiary in a Manage Care need to check with the health plan to determine the appropriate plan to bill.

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Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Member Eligibility Inquiry > Member Benefit Level > Benefit Plan Service Types

Member ID: [REDACTED] Name: [REDACTED]

Close

Member Benefit Plan Service Types

None ▾ [REDACTED] Go Save Filters My Filters ▾

Benefit Plan Id ▲ ▾	Service Type Code ▲ ▾	Service Type Description ▲ ▾	Co-Payment ▲ ▾	Co-Insurance ▲ ▾	Deductible ▲ ▾	Start Date ▲ ▾	End Date ▲ ▾
HK-DENTAL	35	Dental Care	0			02/15/2017	02/15/2017

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CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ **Member ▾** PA ▾ >

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Member Eligibility Inquiry > Member Benefit Level > Provider Summary

Member ID: [REDACTED] Name: [REDACTED]

Close

PROVIDER INFORMATION SUMMARY

SOURCE PROVIDER ID: 4181610	NPI:	CHAMPS PROVIDER ID: 4181610
PROVIDER NAME: DELTA DENTAL PLAN OF MICHIGAN	PROVIDER TYPE:	
ADDRESS: 4100 OKEMOS RD		
CITY: OKEMOS	STATE: MI	ZIP: 48864
PHONE/CONTACT: 8004828915	SPECIALTY:	

- Example of HK-Dental plan for a beneficiary under the age of 21

Specific Benefit Plan Assignments - ESO

- Benefit Plans include:
 - HK-EXP-ESO: Benefits mirror Medical Assistance Emergency Services Only (MA-ESO). Children who do not meet the Medicaid citizenship requirements to be eligible for full Medicaid may be eligible for Emergency Services Only (ESO). This benefit plan is funded by CHIP.
 - MA-ESO: Individuals who do not meet the Medicaid citizenship requirements to be eligible for full Medicaid may be eligible for Emergency Services Only (ESO).
 - MA-HMP-ESO: Individuals who do not meet the Healthy Michigan Plan citizenship requirements to be eligible for full coverage may be eligible for Emergency Services Only (ESO).

Specific Benefit Plan Assignments – ESO (cont.)

- For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to:
 - Place the person's health in serious jeopardy, or
 - Cause serious impairment to bodily functions, or
 - Cause serious dysfunction of any bodily organ or part.

Specific Benefit Plan Assignments - PIHP

- PIHP: This benefit plan provides specialty behavioral health services for individuals enrolled in MA.
- PIHP-HMP: This benefit plan provides managed care specialty behavioral health services for individuals enrolled in the Healthy Michigan Plan.
- Pursuant to Michigan's Medicaid State Plan and federally approved 1915(b) waiver and 1915(c) Habilitation Supports Waiver (HSW), community-based mental health, substance abuse and developmental disability specialty services and supports are covered by Medicaid when delivered under the auspices of an approved Prepaid Inpatient Health Plan (PIHP).
 - A PIHP may be either a single community mental health services program (CMHSP), or the lead agency in an affiliation of CMHSPs approved by the Specialty Services Selection Panel.
- The PIHP must offer, either directly or under contract, a comprehensive array of services, as specified in Section 206 of the Michigan Mental Health Code, being Public Act 258 of 1974, as amended, and all of those specialty services/supports included in the manual.

Specific Benefit Plan Assignments – PIHP (cont.)

- Medicaid beneficiaries who are not enrolled in a MHP, and whose needs do not render them eligible for specialty services and supports, receive their outpatient mental health services through the fee-for-service (FFS) Medicaid Program.
 - The FFS benefit allows 20 combined outpatient behavioral health visits in a 12-month period by all FFS providers.
- All admissions and transfers to distinct-part psychiatric units or freestanding psychiatric hospitals and all continued stays in a psychiatric unit/hospital. (Authorization must be obtained through the local Prepaid Inpatient Health Plan (PIHP)/Community Mental Health Services Program (CMHSP).)
- Services provided to persons with developmental disabilities and billed through the Prepaid Inpatient Health Plan (PIHP)/Community Mental Health Services Program (CMHSP).
- Please reference the Practitioner Chapter, Section 14 and Behavioral Health and Intellectual and Development Disability Supports and Services Chapter of the [Medicaid Provider Manual](#) for further PIHP information.

Specific Benefit Plan Assignments – Spend-down

- Spend-down: If the individual's net income is over the Medicaid limit, the amount in excess is established as a "spend-down amount." In order for the person to qualify for Medicaid during the months, he/she must incur medical bills equal to the spend-down amount. Medicaid will pay expenses incurred above this amount. If a group member is liable for bills incurred before the spend-down period began, these bills can be used to meet the spend-down.
- MA (Benefit Plan will be on file once the spend-down is met.)

Medicaid Provider Trainings

Upcoming Trainings

Upcoming Trainings

- March 7, 2017 – Practitioner 101 Virtual Training (10:00-11:00am)
- March 21, 2017 – SNF Billing Virtual Training (10:00-11:00am)
- March 28, 2017 – Document Management Portal (DMP) Virtual Training (10:00-11:00am)
- April 6, 2017 – Level of Care Determination (LOCD) Virtual Training (10:00-11:00am)
- To see more trainings please visit the [Medicaid Provider Trainings](#) site.
- Recordings of past presented trainings are also available and updated frequently on the Medicaid Provider Training site.
- If you have suggestions for trainings please email: ProviderOutreach@Michigan.gov

Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders
- **We continue to update our Provider Resources, just click on the links below:**
 - [Listserv Instructions](#)
 - [Medicaid Alerts and Biller “B” Aware](#)
 - [Quick Reference Guides](#)
 - [Update Other Insurance NOW!](#)
 - [Medicaid Provider Training Sessions](#)
- **Provider Support:**
 - ProviderSupport@michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program