

## Member Tab

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### Navigating the Member tab within CHAMPS

Disclaimer: The following guideline was developed with the intent of the user having access to CHAMPS with a Full Access profile. Users may not be able to view all screens or functions of CHAMPS if they do not have a Full Access profile. Users would need to work with their Organization's Domain Administrator if they should have access to a CHAMPS Full Access profile or would like to change their Profile.

It is up to the Organization to determine the appropriate access a user should be granted. The Domain Administrator can assign the applicable profile to the User.

CHAMPS available profiles:

- CHAMPS Full Access
- CHAMPS Limited Access
- Claims Access
- Eligibility Inquiry
- FS LPHD
- FS Clinic
- FS LEA
- FS ISD
- FS THC Clinic
- Hospice Admission
- Hospital Admission
- MI Choice Enrollment
- NF Admission
- PACE Enrollment
- Prior Authorization Access
- Provider Enrollment Access
- SPF Admin

Click on the **Member Tab**:

The screenshot shows the CHAMPS Provider Portal interface. The navigation menu at the top includes 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. A red arrow points to the 'Member' tab, which is currently selected. Below the navigation, there are sections for 'Latest updates', 'My Reminders', and a calendar for December 2017. The 'My Reminders' section shows a table with columns for Alert Type, Alert Message, Alert Date, Due Date, and Read, but it displays 'No Records Found!'.

Select **Eligibility Inquiry**:

This screenshot shows the same CHAMPS Provider Portal interface. The 'Member' dropdown menu is open, and a red arrow points to the 'Eligibility Inquiry' option. The rest of the page content remains the same as in the previous screenshot.

Complete one of the following criteria sets to obtain the beneficiaries eligibility:

The screenshot displays the 'Member Eligibility Inquiry' form. At the top, there are 'Close' and 'Submit' buttons. A red box highlights the following instructions: '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'. Below this, the form is divided into sections: 'SEARCH MA PENDING ELIGIBILITY:' with a checkbox, 'SEARCH BY SERVICE TYPE(S):' with a checkbox, and 'SERVICING PROVIDER NPI/PROVIDER ID:' with a dropdown menu. There are also fields for 'FILTER BY:', 'LAST NAME:', 'DATE OF BIRTH:', 'Gender:', 'MICHILD Case Number:', 'INQUIRY START DATE:', 'SSN:', 'FIRST NAME:', 'Zip Code:', 'MA Case Number:', and 'INQUIRY END DATE:'.

Click **Submit**

The Members Eligibility Screen will display:

**Member ID:** [REDACTED] **Name:** [REDACTED]

**Info:** Fees 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:** 12/04/2017 - 12/04/2017

**COMMERCIAL / OTHER:** Y

**CSCHS RESTRICTIONS:** N

**MHP PCP:** N

**BMP PROVIDER RESTRICTION:** N

**INDICATORS:** Y

**COST SHARE MET:** Y

**CAP AMOUNT REMAINING(\$):** 0.00

**WORKER LOAD NUMBER:** [REDACTED]

**MDHHS PHONE:** [REDACTED]

**MDHHS COUNTY:** [REDACTED]

[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
MA		FEE FOR SERVICE		<a href="#">Click To View Service Types</a>	03/06/2016	03/06/2016	12/04/2017	12/04/2017
PH/P		MANAGED CARE	2813563	<a href="#">Click To View Service Types</a>	10/12/2017	10/12/2017	12/04/2017	12/04/2017

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Services Applicable	Patient Pay Amount	PPA Start Date	PPA End Date
LTCInpatient	0	12/04/2017	12/04/2017

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Review the Benefit Plan Id, Benefit Plan Type, Created date, Transaction date, Start date & End date:

**Member Information:**

Member ID: [REDACTED] Name: [REDACTED]

**INQUIRY DATE RANGE:** 12/04/2017 - 12/04/2017

**COMMERCIAL / OTHER:** Y

**Benefit Plans Table:**

Benefit Plan Id	PET	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
MA		FEE FOR SERVICE	2813563	<a href="#">Click To View Service Types</a>	03/06/2016	03/06/2016	12/04/2017	12/04/2017
PHIP		MANAGED CARE		<a href="#">Click To View Service Types</a>	10/12/2017	10/12/2017	12/04/2017	12/04/2017

**PATIENT PAY Table:**

Services Applicable	Patient Pay Amount	PPA Start Date	PPA End Date
LTCInpatient	0	12/04/2017	12/04/2017

- **Benefit Plan Id:** The type of benefit plan the beneficiary is enrolled in. (click hyperlink for Benefit Plan Description)
- **PET:** A seven digit alpha character code that will indicate the beneficiary enrollment type. Previously Level of Care code. (Click hyperlink for PET description)
- **Benefit Plan Type:** Describes the Benefit Plan ID whether it is Fee for Service, Managed Care, etc.,
- **Created Date:** The date the eligibility was created
- **Transaction Date:** The date the eligibility was updated
- **State Date:** The effective date for the benefit plan
- **End Date:** The end-date for the benefit plan

Click on, **Click to view Service Types**, under **Service Type Details**:

**Member ID:** [REDACTED] **Name:** [REDACTED]

**Info:** 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:** 12/04/2017 - 12/04/2017

**COMMERCIAL / OTHER:** Y

**CSHS RESTRICTIONS:** N

**MHP PCP:** N

**BMP PROVIDER RESTRICTION:** N

**INDICATORS:** Y

**COST SHARE MET:** Y

**CAP AMOUNT REMAINING(\$):** 0.00

**WORKER LOAD NUMBER:** [REDACTED]

**MDHHS PHONE:** [REDACTED]

**MDHHS COUNTY:** [REDACTED]

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Benefit Plan Id	PET	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
MA		FEE FOR SERVICE		<a href="#">Click to View Service Types</a>	03/06/2016	03/06/2016	12/04/2017	12/04/2017
PHIP		MANAGED CARE	2813563	<a href="#">Click to View Service Types</a>	10/12/2017	10/12/2017	12/04/2017	12/04/2017

The **Service Type Details** page displays a list of services that are covered under that benefit plan.

Click **Next** to view the next page

**Member ID:** [REDACTED] **Name:** [REDACTED]

**Member Benefit Plan Service Types**

None [Go] [Save Filters] [My Filters]

Benefit Plan Id	Service Type Code	Service Type Description	Co-Payment	Co-Insurance	Deductible	Start Date	End Date
MA	1	Medical Care	0			12/05/2017	12/05/2017
MA	2	Surgical	0			12/05/2017	12/05/2017
MA	4	Diagnostic X-Ray	0			12/05/2017	12/05/2017
MA	5	Diagnostic Lab	0			12/05/2017	12/05/2017
MA	6	Radiation Therapy	0			12/05/2017	12/05/2017
MA	7	Anesthesia	0			12/05/2017	12/05/2017
MA	8	Surgical Assistance	0			12/05/2017	12/05/2017
MA	12	Durable Medical Equipment Purchased	0			12/05/2017	12/05/2017
MA	13	Ambulatory Service Center Facility	0			12/05/2017	12/05/2017
MA	18	Durable Medical Equipment Rental	0			12/05/2017	12/05/2017

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Once the service type details are reviewed, click **Close**

Member ID: [REDACTED] Name: [REDACTED]

**Close**

### Member Benefit Plan Service Types

None [Go] Save Filters My Filters

Benefit Plan Id	Service Type Code	Service Type Description	Co-Payment	Co-Insurance	Deductible	Start Date	End Date
MA	1	Medical Care	0			12/05/2017	12/05/2017
MA	2	Surgical	0			12/05/2017	12/05/2017
MA	4	Diagnostic X-Ray	0			12/05/2017	12/05/2017
MA	5	Diagnostic Lab	0			12/05/2017	12/05/2017
MA	6	Radiation Therapy	0			12/05/2017	12/05/2017
MA	7	Anesthesia	0			12/05/2017	12/05/2017
MA	8	Surgical Assistance	0			12/05/2017	12/05/2017
MA	12	Durable Medical Equipment Purchased	0			12/05/2017	12/05/2017
MA	13	Ambulatory Service Center Facility	0			12/05/2017	12/05/2017
MA	18	Durable Medical Equipment Rental	0			12/05/2017	12/05/2017

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Back to the **Members Eligibility Screen**, underneath the **Benefit Plans** list, the **Patient Pay** section displays: This section provides the patient pay amount for nursing facility, hospice or inpatient care

Member ID: [REDACTED] Name: [REDACTED]

**Close**

**Info : Fees 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: 12/04/2017 - 12/04/2017

GENDER: [REDACTED] COMMERCIAL / OTHER: Y  
 CSHCS RESTRICTIONS: N  
 DATE OF BIRTH: [REDACTED] MHP PCP: N  
 CASE NUMBER: [REDACTED] BMP PROVIDER RESTRICTION: N  
 CASE PHONE: [REDACTED] EXT: [REDACTED] INDICATORS: Y  
 CASE EMAIL: [REDACTED] COST SHARE MET: Y  
 COUNTY OF RESIDENCE: [REDACTED] CAP AMOUNT REMAINING(\$): 0.00  
 MAGI CATEGORY: [REDACTED] WORKER LOAD NUMBER: [REDACTED]  
 MA PROGRAM CODE: [REDACTED] MDHHS PHONE: [REDACTED]  
 CITIZENSHIP: [REDACTED] MDHHS COUNTY: [REDACTED]  
 REDETERMINATION DATE: [REDACTED]

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

### BENEFIT PLANS

Benefit Plan Id	PET	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
MA		FEE FOR SERVICE		<a href="#">Click To View Service Types</a>	03/06/2016	03/06/2016	12/04/2017	12/04/2017
PHHP		MANAGED CARE	2813563	<a href="#">Click To View Service Types</a>	10/12/2017	10/12/2017	12/04/2017	12/04/2017

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### PATIENT PAY

Services Applicable	Patient Pay Amount	PPA Start Date	PPA End Date
LTCInpatient	0	12/04/2017	12/04/2017

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Also, displayed on the **Members Eligibility Screen** is the **Commercial/Other** indicator. If the beneficiary has other insurance users will see a “Y” and the commercial/other indicator will be a blue hyperlink. Once Commercial/Other has been selected the beneficiary’s Third Party Liability (TPL) information will be displayed. If the beneficiary has no other insurance the user will see an “N”


The screenshot shows the CHAMPS Member Eligibility screen. At the top, there are navigation tabs: My Inbox, Provider, Claims, Reference, Member, and PA. Below the navigation, there are fields for Member ID and Name. A section titled "Info: Fee for Service Dental Coverage" contains a note. The main area displays member details such as Inquiry Date Range, Gender, Date of Birth, Case Number, Case Phone, Case Email, County of Residence, MAGI Category, MA Program Code, Citizenship, and Redetermination Date. On the right side, there are indicators for CSHCs Restrictions, MHP PCP, BMP Provider Restriction, Indicators, Cost Share Met, CAP Amount Remaining, Worker Load Number, MDHHS Phone, and MDHHS County. A red box highlights the "COMMERCIAL / OTHER: Y" indicator. Below this, there are sections for "BENEFIT PLANS" and "PATIENT PAY".

After clicking on **Commercial/Other** the **TPL Information** will display:

The screenshot shows the CHAMPS TPL Information screen. It features a search bar for Member ID and a "MEMBER" section with fields for Member ID, Name, and DOB. The main section is titled "INSURANCE DETAILS" and contains a table with the following columns: PAYER NAME, PAYER ID, COVERAGE TYPE, BIN, PCN, RX GROUP, GROUP NUMBER, POLICY NUMBER, POLICY HOLDER ID, DATE LAST UPDATED, BEGIN DATE, and END DATE. Red boxes highlight the Payer Name, Payer ID, Coverage Type, Group Number, Policy Number, Date Last Updated, Begin Date, and End Date columns. The table lists three payers: EXPRESS SCRIPTS, DELTA DENTAL PLAN OF MI, and BCBSM.

- **Payer Name:** The name of the payer
- **Payer ID:** This is the CHAMPS Payer ID that is need to complete DDE
- **Coverage Type:** Click the hyperlink to review the coverage type
- **Group Number:** The group number for the policy
- **Policy Number:** The policy number for the policy
- **Date Last Updated:** The date the information was last updated
- **Begin Date:** The date the coverage become effective / **End Date:** The date the coverage ended.

Click **Close**

 My Inbox ▾ Provider ▾ Claims ▾ Reference ▾ Member ▾ PA ▾
Note Pad External Links ▾ My Favorites ▾ Print Help

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

Member ID: [REDACTED] Name: [REDACTED]

Close Add New Policy

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SEARCH BY: MEMBER ID: [REDACTED] Go

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**MEMBER**

MEMBER ID: [REDACTED] NAME: [REDACTED]  
DOB: [REDACTED]

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**INSURANCE DETAILS**

All ▾ Active ▾ Go Save Filters My Filters ▾

PAYER NAME	PAYER ID	COVERAGE TYPE	BIN	PCN	RX GROUP	GROUP NUMBER	POLICY NUMBER	POLICY HOLDER ID	DATE LAST UPDATED	BEGIN DATE	END DATE
▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
EXPRESS SCRIPTS	30592020	RX	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	01/11/2016	01/01/2013	12/31/2999
DELTA DENTAL PLAN OF MI	03085010	DO	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	10/04/2017	01/01/2012	12/31/2999
BCBSM	00029010	IO	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	02/04/2016	03/01/2016	12/31/2999

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