



Submit Eligibility Inquiry Online Quick Reference

Business Rules

- Fields marked with an asterisk (*) are required and must be completed for the Eligibility Inquiry to be submitted successfully
- Eligibility Inquiry may be checked back one year from the date of the Inquiry
- Eligibility Date range must be a single date of service or a date of service span (up to a 90 day span is allowed)
- Future dates of service will be allowed only up to the end of the current month
- Scope and Coverage Codes will not be available
- **Spend down amount (deductible) will not be available but patient pay-amount will be provided**
- Complete list of Benefit Plan IDs and Benefit Plan Types see Bulletin MSA 09-46

Action	Submit Member Eligibility Inquiry Online – Submit Inquiry	Notes
Submit Eligibility Inquiry	<ol style="list-style-type: none"> 1. After you have logged into CHAMPS with your SSO, click the Member tab at the top of the page 2. Click on the Eligibility Inquiry hyperlink 3. Enter in the search criteria by which you wish to inquire. Criteria set options: <ul style="list-style-type: none"> • Member ID/Client Identification Number (CIN)/Pending Eligibility RID or • Last Name, First Name & Date of Birth or • Last Name, First Name & SSN or • SSN & Date of Birth 4. Enter an Inquiry Start Date INQUIRY START DATE: <input type="text" value="08/24/2009"/> * 5. Enter an Inquiry End Date INQUIRY END DATE: <input type="text" value="08/24/2009"/> * 6. Click <input type="button" value="Submit"/> button 	<ul style="list-style-type: none"> • The Eligibility Inquiry page appears. • System displays the Member Eligibility Inquiry page • The system automatically displays the NPI of the Servicing Provider • Inquiry Start and End date is not required when searching for a Pending Eligibility • System defaults to today's date • System displays Member Benefit Level page

Action	Submit Member Eligibility Inquiry Online – View Inquiry	Notes
View Eligibility Inquiry	<ol style="list-style-type: none"> 1. View the Member (Beneficiary) Inquiry information: <ol style="list-style-type: none"> a. Inquiry Date Range b. Gender c. Provider Lock-In d. Case Number e. Worker Load Number f. CSHCS Restrictions g. MHP PCP h. Date of Birth i. Commercial/Other j. DHS Phone k. County of Residence l. DHS County 2. View the Member's (Beneficiary) Benefit Plan information: <ol style="list-style-type: none"> a. Benefit Plan ID b. Benefit Plan Type c. Provider ID d. Transaction Date e. Start Date f. End Date 3. View the Member's (Beneficiary) Level of Care Authorizations: <ol style="list-style-type: none"> a. LOC b. Source Provider ID c. NPI d. CHAMPS Provider ID e. Patient Pay f. Transaction Date g. Start Date h. End Date 4. Click <input type="button" value="Close"/> button 	<ul style="list-style-type: none"> • Provider Lock-In - Indicates whether a Member (Beneficiary) is enrolled in recipient monitoring or the pharmacy lock-in program. • CSHCS Restrictions – If Member (Beneficiary) is a Children's Special Healthcare Services enrollee, and the Provider is authorized, this will be a hyperlink. Optionally, click the hyperlink to view further details • MHP PCP – If Member (Beneficiary) is enrolled in a Medicaid Health Plan with a Primary Care Physician, this will be a hyperlink. Optionally, click the hyperlink to view further details • Commercial/Other – If Member (Beneficiary) has Commercial or Other Insurance, this will be a hyperlink. Optionally, click the hyperlink to view further details • Benefit Plan ID and Benefit Plan Type replaces Scope and Coverage Codes • Transaction Date is the date in which the information was applied to CHAMPS • Start Date is equal to the Inquiry Start Date entered in step 4 of Submit Inquiry or the date in which the coverage began • End Date is equal to the Inquiry End Date entered in step 5 of Submit Inquiry or the date in which the coverage expired • Source Provider ID and CHAMPS Provider ID are internal identification numbers and should not be reported on the claim