



CSHCS - Document Management Portal (DMP)

“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

Children's Special



Health Care Services

DOCUMENT MANAGEMENT PORTAL (DMP)
CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)
USER GUIDE FOR PROVIDERS

What Is CSHCS?

- Children's Special Health Care Services (CSHCS) works to provide access and guidance to families of children and some adults with special needs to obtain health care and support services related to specific medical conditions that require specialty care.
- CSHCS helps strengthen and support children and youth with special health care needs and their families. The program helps families pay for medical care and treatment related to the child's CSHCS-qualifying condition. We also guide families through the systems of care and connect them with other community-based programs and services.
- To be eligible for CSHCS, children must have a qualifying medical condition, live in Michigan and be 20 years old or under. There is no age restriction for Cystic Fibrosis and Hemophilia. Families of all incomes can enroll their child, including those with other health insurance.

Document Management Portal (DMP)

- **Document Management Portal (DMP)** provides a browser-based interface to submit medical reports to Children's Special Health Care Services (CSHCS) for program eligibility, renewal and provider authorization.
- DMP has replaced EZ Link for submitting documentation to CSHCS.
- Users accessing the DMP can:
 - send and receive messages pertaining to submitted documents
 - view documents and associated correspondence history.
- Every message must be associated to a document.

Document Management Portal (DMP)

- Using CSHCS Document Types and Document Titles is the solution for transferring documents into the permanent State of Michigan repository, FileNet. Every document received will be indexed with a Document Type and Document Title.
- Documents uploaded in the DMP with the CSHCS Document Type and Document Title assigned by the provider go directly to the appropriate CSHCS queue for processing.
- Documents that are faxed or mailed to CSHCS will take longer to process since the Document Type and Document Title must be manually assigned.

ACCESSING THE DMP

Log into CHAMPS

Uatg1,Uatg1

 * *

Select EXTERNAL LINKS

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and several menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a dark blue header bar containing the user name 'Uatg1,Uatg1' and utility icons for Note Pad, External Links, My Favorites, Print, and Help. A red arrow points to the 'External Links' icon. Below the header, there is a search area with 'NPI:' and 'Name:' labels. The main content area is divided into several sections: 'Latest updates' with a system notification about a CHAMPS outage on December 31st, 'My Reminders' with a filter section, and a 'Calendar' widget showing the date 4 March 2016 (Friday) and a calendar grid for 2016 March.

System Notification

Due to system maintenance, the CHAMPS system will be down Thursday, December 31st between 8:00 PM EST and 11:59 PM EST. This outage will affect CHAMPS system access for all functionality.

Calendar

09:58 AM 4 March 2016 Friday

2016 March						
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			→	

From the EXTERNAL LINKS drop down menu, select Document Management Portal

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and several menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a dark blue header bar containing a user profile (Uatsg1, Uatsg1), a Note Pad icon, an External Links dropdown menu, My Favorites, Print, and Help. The main content area is titled "Provider Portal" and contains a search bar with NPI and Name fields, a "Latest updates" section with a refresh icon, and a "System Notification" section. A red arrow points to the "Document Management Portal" option in the External Links dropdown menu. To the right, there is a "Calendar" section showing the date 4 March 2016 (Friday) at 09:58 AM and a calendar grid for March 2016.

System Notification

Due to system maintenance, the CHAMPS system will be unavailable on Thursday, December 31st between 8:00 PM EST and 11:59 PM EST. This outage will affect CHAMPS system access for all full-time providers.

External Links Dropdown Menu:

- Adult Foster Care
- CRNA
- DocFinder License Verification
- Document Management Portal
- EPLS Federal Sanctions
- Home Help Provider Resources
- MAIN
- MDHHS web site
- Medicaid Code and Rate Reference
- Michigan Provider License
- NPPES
- National Practitioner Data Base
- OIG Federal Sanctions
- Taxonomy Codes
- USPS
- Washington Publishing Company

Calendar:

4 March 2016 Friday 09:58 AM

2016 March						
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			

A new
Window
Opens

The screenshot shows a web browser window displaying the CHAMPS Document Management Portal. The main page has a navigation bar with 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a 'Provider Portal' section with a search bar and a 'Latest updates' section. A system notification is visible, stating 'Due to maintenance Thursday, December 31st This outage will affect CHAMPS'. A 'My Reminders' section is also present. A search window is overlaid on top, titled 'Document Management Portal' and 'uatsg1u9999'. The search window has a search bar and a 'Documents Search' section with various filters. A red arrow points to a dropdown menu in the search window, and another red arrow points to the system notification. A calendar widget is visible on the right side of the page, showing the date '4 March 2016 Friday' and a calendar grid for March 2016.

CHAMPS
Online Document Submission

Document Management Portal
Friday, March 4, 2016
uatsg1u9999
Return to CHAMPS

Search Documents | Document Upload | Messages | FAX Cover Sheet

Documents Search

Document Type : Document Title :

TCN : Status :

Sender Name : Sender Phone :

NPI : Beneficiary ID :

Date of Service From : Date of Service To :

Loaded On : Include History :

Calendar
09:59 AM 4 March 2016 Friday
2016 March
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 →

Page ID: pgProviderPortal(Provider) Server Time: 03/04/2016 09:57:58 EST 115%



System defaults to FFS. Must select CSHCS

Document Manag

FFS
CSHCS

Friday, March 4, 2016

uatg1u9999

Return to CHAMPS

[Search Documents](#) | [Document Upload](#) | [Messages](#) | [FAX Cover Sheet](#)

Documents Search

Document Type :	<input type="text" value="Select"/>	Document Title :	<input type="text" value=""/>
TCN :	<input type="text"/>	Status :	<input type="text" value="Select"/>
Sender Name :	<input type="text"/>	Sender Phone :	<input type="text"/>
NPI :	<input type="text"/>	Beneficiary ID :	<input type="text"/>
Date of Service From :	<input type="text"/>	Date of Service To :	<input type="text"/>
Loaded On :	<input type="text"/>	Include History :	<input type="checkbox"/>
<input type="button" value="Search"/>		<input type="button" value="Clear"/>	



CSHCS ▾

Document Management Portal

Friday, March 4, 2016

uatsg1u9999

Return to CHAMPS

Search Documents | Document Upload | Messages | FAX Cover Sheet

Documents Search

Document Type :	Select ▾	Document Title :	▾
Beneficiary ID :	<input type="text"/>	Beneficiary County Code :	<input type="text"/>
Beneficiary First Name :	<input type="text"/>	Beneficiary Last Name :	<input type="text"/>
Beneficiary Date Of Birth :	<input type="text"/>	Document Name :	<input type="text"/>
Sender Name :	<input type="text"/>	Sender Phone :	<input type="text"/>
NPI :	<input type="text"/>	CHAMPS Provider Id :	1467789
Loaded From :	<input type="text"/>	Loaded To :	<input type="text"/>
Status :	Select ▾	Include History :	<input type="checkbox"/>
		<input type="button" value="Search"/>	<input type="button" value="Clear"/>

Your NPI and/or CHAMPS Provider ID will automatically populate.



CSHCS SEARCH DOCUMENTS

- SEARCH for DOCUMENTS by any of the parameters (metadata) or a combination
- Your NPI/CHAMPS Provider ID will always be included in the search criteria
- Loaded From date = date the document was originally loaded into the DMP
- Include History checkbox is not functional at this time



Search Documents | Document Upload | Messages | FAX Cover Sheet |

Documents Search

Document Type :	<input type="text" value="Select"/>	Document Title :	<input type="text" value=""/>
Beneficiary ID :	<input type="text"/>	Beneficiary County Code :	<input type="text"/>
Beneficiary First Name :	<input type="text"/>	Beneficiary Last Name :	<input type="text"/>
Beneficiary Date Of Birth :	<input type="text"/>	Document Name :	<input type="text"/>
Sender Name :	<input type="text"/>	Sender Phone :	<input type="text"/>
NPI :	<input type="text"/>	CHAMPS Provider Id :	<input type="text"/>
Loaded From :	<input type="text"/>	Loaded To :	<input type="text"/>
Status :	<input type="text" value="Select"/>	Include History :	<input type="checkbox"/>
<input type="button" value="Search"/>		<input type="button" value="Clear"/>	



CSHCS SEARCH DOCUMENTS

CSHCS ▾

Document Management Portal

Friday, March 4, 2016

uatsg1u9999

Return to CHAMPS

Search Documents | Document Upload | Messages | FAX Cover Sheet

Documents Search

Document Type :	Medical ▾	Document Title :	Select
Beneficiary ID :	<input type="text"/>	Beneficiary County Code :	<input type="text"/>
Beneficiary First Name :	<input type="text"/>	Beneficiary Last Name :	<input type="text"/>
Beneficiary Date Of Birth :	<input type="text"/>	Document Name :	<input type="text"/>
Sender Name :	<input type="text"/>	Sender Phone :	<input type="text"/>
NPI :	<input type="text"/>	CHAMPS Provider Id :	<input type="text"/>
Loaded From :	<input type="text"/>	Loaded To :	<input type="text"/>
Status :	Select ▾	Include History :	<input type="checkbox"/>
<input type="button" value="Search"/> <input type="button" value="Clear"/>			



Example: Search for medical reports using criteria Document Type **Medical** along with your NPI or CHAMPS Provider ID

Search Documents

Document Upload

Messages

FAX Cover Sheet

Documents Search

Document Type :	Medical	Document Title :	Select
Beneficiary ID :	<input type="text"/>	Beneficiary County Code :	<input type="text"/>
Beneficiary First Name :	<input type="text"/>	Beneficiary Last Name :	<input type="text"/>
Beneficiary Date Of Birth :	<input type="text"/>	Document Name :	<input type="text"/>
Sender Name :	<input type="text"/>	Sender Phone :	<input type="text"/>
NPI :	<input type="text"/>	CHAMPS Provider Id :	1467709
Loaded From :	<input type="text"/>	Loaded To :	<input type="text"/>
Status :	Select	Include History :	<input type="checkbox"/>

Search returns all documents that were uploaded with Document Type Medical and your NPI/CHAMPS Provider ID associated to the document

Search Results

Send Documents

Show 10 entries

Document Title	Document type	Beneficiary ID	Beneficiary First Name	Beneficiary Last Name	Beneficiary DOB	NPI	CHAMPS Provider ID	Loaded On	Status	View Message	Send Message
<input type="checkbox"/> Provider Updates	Notice of Action	-	-	-	09/15/1991	-	1467789	2016-02-29 11:09:17 AM	Review/Process		
<input type="checkbox"/> Miscellaneous	Insurance	-	-	-	06/01/2000	-	-	2015-04-13 10:14:22 AM	Review/Process		
<input type="checkbox"/> Demographics	-	-	-	-	-	-	-	2015-04-13 10:11:52 AM	-	-	-
<input type="checkbox"/> Performance Metrics	Local Health Department	-	-	-	04/07/2015	-	-	2015-04-07 10:47:34 AM	Review/Process		
<input type="checkbox"/> Annual Reports	Local Health Department	-	-	-	04/07/2015	-	-	2015-04-07 10:46:31 AM	Review/Process		
<input type="checkbox"/> Performance Metrics	Local Health Department	-	-	-	04/07/2015	-	-	2015-04-07 10:45:47 AM	Review/Process		

- Sort on any column by clicking on column name
- Status column displays document status on State side
 - Review/Process – State still working on the document
 - Hold – see the message for hold reason
 - Archive – State has completed work on the document

Search Results



Send Documents

Show 10 entries


Search:

	Document Title	Document Type	Beneficiary ID	Beneficiary First Name	Beneficiary Last Name	Beneficiary DOB	NPI	CHAMPS Provider ID	Loaded On	Status	View Message	Send Message
<input type="checkbox"/>	Provider Updates	Notice of Action	-	-	-	09/15/1991	-	1467789	2016-02-29 11:09:17 AM	Review/Process		
<input type="checkbox"/>	Miscellaneous	Insurance	-	-	-	06/01/2000	-	-	2015-04-13 10:14:22 AM	Review/Process		
<input type="checkbox"/>	Demographics		-	-	-	-	-	-	2015-04-13 10:11:52 AM	-	-	-
<input type="checkbox"/>	Performance Metrics	Local Health Department	-	-	-	04/07/2015	-	-	2015-04-07 10:47:34 AM	Review/Process		
<input type="checkbox"/>	Annual Reports	Local Health Department	-	-	-	04/07/2015	-	-	2015-04-07 10:46:31 AM	Review/Process		
<input type="checkbox"/>	Performance Metrics	Local Health Department	-	-	-	04/07/2015	-	-	2015-04-07 10:45:47 AM	Review/Process		




VIEW CSHCS DOCUMENTS

- Click the hyperlink under the column Document Title to view the document
- View Message click on the  icon to see the message associated with this document.
- Send Message click on the  icon to send a message.

Search Results

Send Documents 

Show 10 entries Search:  

Document Title	Document Type	Beneficiary ID	Beneficiary First Name	Beneficiary Last Name	Beneficiary DOB	NP1	CHAMPS Provider ID	Loaded On	Status	View Message	Send Message
Add Provider 	Medical	555555555	HOLLY	HOBBY	01/01/2012	1346333226	1467789	2016-06-02 11:02:09 AM	Review/Process		
New Referral	Medical	-	RAINBOW	BRITE	01/01/2000	1346333226	1467789	2016-06-02 11:00:41 AM	Review/Process		

Showing 1 to 2 of 2 entries ◀ Previous Next ▶



Send Message Screen

- Your name will auto-populate in the TO field. Click **CLEAR** to remove your name.
- To add a recipient, click **Add Users**.

Search Documents | Document Upload | Messages | FAX Cover Sheet

Send Message :

Beneficiary ID :	0048521358
Beneficiary First Name:	KERMIT
Beneficiary Last Name:	FROG
NPI :	1346333226
CHAMPS Provider Id :	-
Document Type :	Notice of Action
Document Title :	Address
From :	documentu9999
To : *	<input type="text"/> Add Users Clear
Subject : *	<input type="text"/>
Message : *	<div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>

SEND MESSAGE

- User name(s) will display in the **To:** field.
- Complete the **Subject** and **Message** (REQUIRED FIELDS)
- Click **Send** to send the document and message.

Search Documents | Document Upload | Messages | FAX Cover Sheet |

Send Message :


Beneficiary ID :	0048521358
Beneficiary First Name:	KERMIT
Beneficiary Last Name:	FROG
NPI :	1346333226
CHAMPS Provider Id :	-
Document Type :	Notice of Action
Document Title :	Address
From :	documentu9999
To : *	bush Add Users Clear
Subject : *	<input type="text"/>


Message : *

SEND MULTIPLE CSHCS DOCUMENTS


- To send multiple documents in one message, from the Search Documents screen
- Put a check in the boxes by the documents you want to send
- Click on Send Documents button.

Search Results

Send Documents 

Show 10  entries

	Document Title	Document Type
	Demographics	
<input type="checkbox"/>	Renewal	Medical
<input checked="" type="checkbox"/>	Other Medical	Medical
<input checked="" type="checkbox"/>	Application Financial	Application Financial
<input type="checkbox"/>	Address	Notice of Action
<input checked="" type="checkbox"/>	Vendor Bids	CSN Fund



SEND MULTIPLE CSHCS DOCUMENTS

- The documents you select will be displayed under **Document Link**.
- Click **Add Users** to search for recipients
- Complete the **Subject** and **Message** (required fields)
- Click **Send**

Send Documents :

Document Link :

- [New Referral,RAINBOW,BRITE](#) ✕
- [Add Provider,HOLLY,HOBBY](#) ✕

From :

To : * [Add Users](#) [Clear](#)

Subject : *

Message : *



CSHCS DOCUMENT UPLOAD

CSHCS DOCUMENT UPLOAD



CSHCS ▾

Document Management Portal

Wednesday, March 9, 2016

uatsg1u9999

Return to CHAMPS







Search Documents | **Document Upload** | Messages | FAX Cover Sheet

Document Upload

Instructions.

- All fields marked with an asterisk (*) are required.
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff.
- A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).
- A maximum of 5 CHAMPS ProviderID numbers can be entered. Separate each CHAMPS ProviderID with a semicolon (e.g. 1234567;1987654).
- (***) NPI OR Provider ID is required.

Tip: Enter the Beneficiary ID, click  to auto populate beneficiary name and dob.

Beneficiary ID :	<input type="text" value="1234567890"/>		Beneficiary Date of Birth : *	<input type="text" value="01/01/2000"/>	
Beneficiary First Name : *	<input type="text" value="Test"/>		Beneficiary Last Name : *	<input type="text" value="Beneficiary"/>	
NPI : **	<input type="text" value="0123456789"/>		Champs ProviderID : **	<input type="text" value="1467789"/>	
Sender Name :	<input type="text" value="Uatsg1"/>		Sender Phone :	<input type="text"/>	
Beneficiary County Code :	 <input type="text" value="NONE"/>		No of documents to upload :	<input type="text" value="1"/>	

Please be sure to select the Beneficiary County Code to expedite processing.

Document Type*	Document Title*	Document Name	Client Address	Responsible Party First Name	Responsible Party Last Name	Message*	Attach*
Select ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>

Submit Clear

SHARING DOCUMENTS WITH OTHER PROVIDERS

- Document can be shared with up to 5 providers by adding their NPI and/or CHAMPS Provider ID.
- Maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1111111111;2222222222).
- Maximum of 5 CHAMPS Provider ID numbers can be entered. Separate each CHAMPS Provider ID with a semicolon (e.g. 3333333;4444444).



CSHCS ▾

Document Management Portal

Friday, March 4, 2016

uatsg1u9999

Return to CHAMPS

Select Document Title

Search Document | **Document Upload** | Messages | FAX Cover Sheet

Document Upload

Instructions.

- All fields marked with an asterisk (*) are required.
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff.
- A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).
- A maximum of 5 CHAMPS ProviderID numbers can be entered. Separate each CHAMPS ProviderID with a semicolon (e.g. 1234567;1987654).
- (**) NPI OR Provider ID is required.

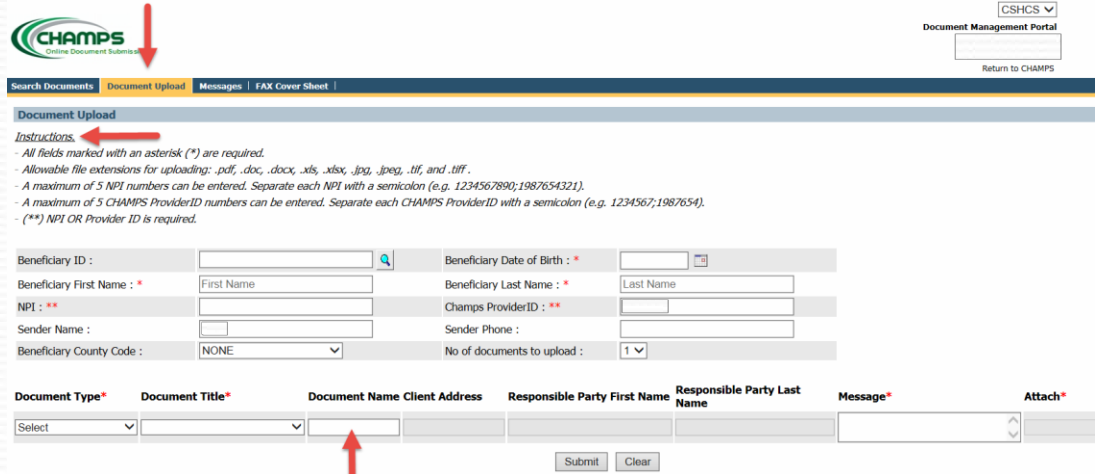
Beneficiary ID : *	<input type="text" value="1234567890"/>	Beneficiary Date of Birth : *	<input type="text" value="01/01/2000"/>
Beneficiary First Name : *	<input type="text" value="Test"/>	Beneficiary Last Name : *	<input type="text" value="Beneficiary"/>
NPI : **	<input type="text" value="0123456789"/>	Champs ProviderID : **	<input type="text" value="1111111"/>
Sender Name :	<input type="text" value="Uatsg1"/>	Sender Phone :	<input type="text"/>
Beneficiary County Code :	<input type="text" value="NONE"/>	No of documents to upload :	<input type="text" value="1"/>

Document Type*	Document Name	Client Address	Responsible Party First Name	Responsible Party Last Name	Message*
<input type="text" value="Medical"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CSHCS DOCUMENT UPLOAD

Document Name

- For **Renewal** medical, enter the month coverage is ending, using 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12 as the document name.
- If coverage has lapsed, include the coverage ended year and the word **LAPSED**, example: 10/2015 LAPSED, 04/2016 LAPSED.
- For other Medical Document Titles, enter the provider specialty or sub-specialty
- **LHDs**, for renewal IRPA, use Document Type Application Financial. Enter the month coverage is ending as the document name.



CHAMPS Online Document Submission

Document Management Portal
Return to CHAMPS

Search Documents | **Document Upload** | Messages | FAX Cover Sheet

Document Upload

Instructions

- All fields marked with an asterisk (*) are required.
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff.
- A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).
- A maximum of 5 CHAMPS ProviderID numbers can be entered. Separate each CHAMPS ProviderID with a semicolon (e.g. 1234567;1987654).
- (**) NPI OR Provider ID is required.

Beneficiary ID : Beneficiary Date of Birth : *

Beneficiary First Name : * First Name Beneficiary Last Name : * Last Name

NPI : ** Champs ProviderID : **

Sender Name : Sender Phone :

Beneficiary County Code : NONE No of documents to upload : 1

Document Type* Document Title* Document Name Client Address Responsible Party First Name Responsible Party Last Name Message* Attach*

Submit Clear

CSHCS DOCUMENT UPLOAD DYNAMIC FIELDS

- Client Address, Responsible Party First Name and Responsible Party Last Name will become available fields for Type/Title combination Medical/New Referral.
- When **Medical** reports are submitted for a **New Referral**, please enter the complete client address and responsible party names.

Document Type*	Document Title*	Document Name	Client Address	Responsible Party First Name	Responsible Party Last Name	Message*	Attach*
Medical	New Referral						

CSHCS DOCUMENT UPLOAD CSHCS MESSAGE REQUIRED

- A **Message** is always required for CSHCS.
- When submitting a medical report to add a provider, enter the provider name, NPI, DOS, etc. in the message.

Document Type*	Document Title*	Document Name	Client Address	Responsible Party First Name	Responsible Party Last Name	Message*	Attach*
Medical	Add Provider					Add Dr. Blank, NPI XXXXXXXXXX, DOS 1-1-16	

CSHCS DOCUMENT UPLOAD





Attach the Document




are required.

1: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff.

entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).

numbers can be entered. Separate each CHAMPS ProviderID with a semicolon (e.g. 1234567;1987654).

1234567890		Beneficiary Date of Birth : *	01/01/2000 
Test		Beneficiary Last Name : *	Beneficiary
123456789		Champs ProviderID : **	1467789
Jatg1		Sender Phone :	
NONE		No of documents to upload :	1 

Title*	Document Name	Client Address	Responsible Party First Name	Responsible Party Last Name	Message*	Attach*
er 					test 	

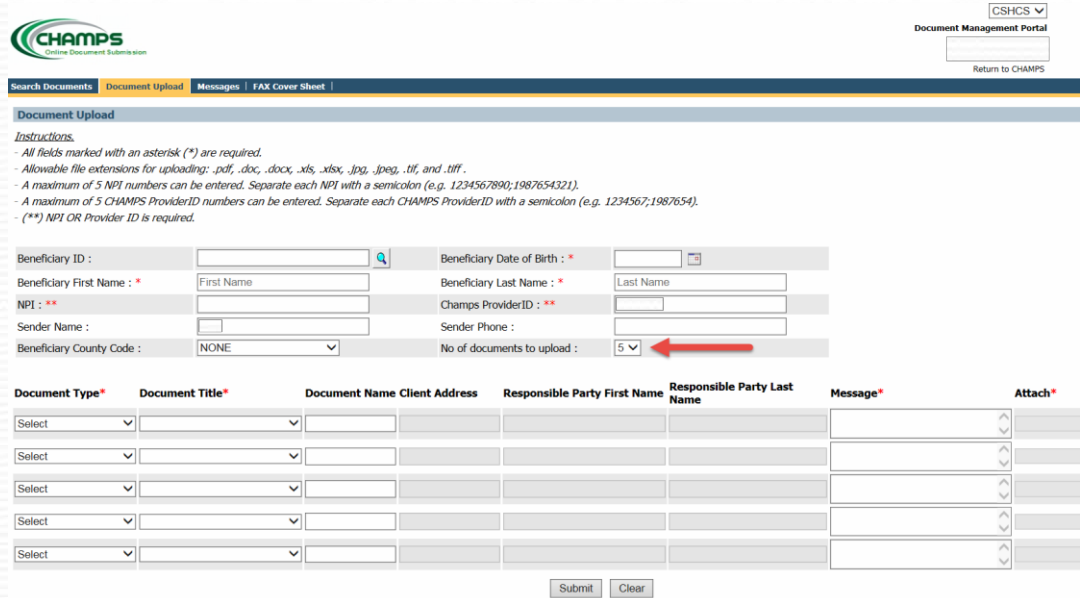
Click 'Browse' to search and attach the document you want to upload.

When you click 'Submit,' the document is loaded into the DMP and routed to the appropriate CSHCS queue, per the Document Type and Title you selected.



UPLOAD MULTIPLE CSHCS DOCUMENTS FOR SAME CLIENT

- You can upload up to 5 documents at one time – **THEY MUST BE FOR THE SAME CLIENT.**
- File size is limited to 10 mb.



CHAMPS
 Online Document Submission

CSHCS
 Document Management Portal
 Return to CHAMPS

Search Documents | Document Upload | Messages | FAX Cover Sheet

Document Upload

Instructions.
 - All fields marked with an asterisk (*) are required.
 - Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff.
 - A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).
 - A maximum of 5 CHAMPS ProviderID numbers can be entered. Separate each CHAMPS ProviderID with a semicolon (e.g. 1234567;1987654).
 - (***) NPI OR Provider ID is required.

Beneficiary ID : Beneficiary Date of Birth : *

Beneficiary First Name : * First Name Beneficiary Last Name : * Last Name

NPI : ** Champs ProviderID : **

Sender Name : Sender Phone :

Beneficiary County Code : NONE No of documents to upload : 5

Document Type*	Document Title*	Document Name	Client Address	Responsible Party First Name	Responsible Party Last Name	Message*	Attach*
Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit Clear



VIEW YOUR MESSAGES



VIEW YOUR MESSAGES

CSHCS ▾

Document Management Portal

Friday, March 4, 2016

uatsg1u9999

[Return to CHAMPS](#)

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User Messages

Show entries

Search:

Received On	Beneficiary Id	Beneficiary First Name	Beneficiary Last Name	To	From	Subject	Status
2016-03-04 09:59:56 AM	-	-	-	uatsg1u9999		test4	UnRead
2016-03-04 09:50:02 AM	-			uatsg1u9999		test 3	Read
2016-03-04 08:43:31 AM	-	-	-	uatsg1u9999		test 2	Read
2016-03-03 15:54:18 PM	-	-	-	uatsg1u9999		test	Read
2016-02-29 11:32:23 AM				uatsg1u9999		Message From Provider	Read
2015-06-17 07:28:44 AM				uatsg1u9999		Requisition Status	Read
2015-06-15 08:49:12 AM				uatsg1u9999		IE 8 test message	Read
2015-06-10 16:29:17 PM	-			uatsg1u9999		test	Read

VIEW YOUR MESSAGES

- Messages are sent to individual Users. One cannot view another person's messages.
- Most recent messages appear at the top of the list.
- Messages can be sorted by any of the listed columns.
- Filter messages by entering a word or name in the Search box.
- Status column indicates if you have read the message
- View the message associated to a document by clicking on the icon.



Search Documents | Document Upload | **Messages** | FAX Cover Sheet

User Messages

Show 50 entries

Search:


Received On	Beneficiary Id	Beneficiary First Name	Beneficiary Last Name	To	From	Subject	Status
2014-07-16 09:00:48 AM						do you need audiogram	Read
2014-07-15 13:52:07 PM						Need Audiogram	Read
2014-07-15 13:36:25 PM						Need Audiogram	Read

Showing 1 to 3 of 3 entries (filtered from 131 total entries)

◀ Previous Next ▶

View the Message

- Actual **Message** is on the last line.
- **OK** button takes you back to your list of messages.
- **ARCHIVE** button archives this message so it is no longer on your list of messages.
- **VIEW DOCUMENT** button opens the document in another window.
- **VIEW MESSAGES** button shows you the message thread (previous messages associated to this document).
- **REPLY** button opens another window to type a reply to the sender. Each reply is associated to the original document.

Search Documents Document Upload Messages FAX Cover Sheet				
User Message :				
Beneficiary Id :	1234567890			
Beneficiary First Name :	Beau			
Beneficiary Last Name :	Peep			
NPI :	1346333226			
Document Title :	Provider Updates			
Document Type :	Notice of Action			
From :	Ferrisk1			
To :	documentu9999			
Subject :	Need Provider NPI			
Message :	Please send NPI for this provider to be added for DOS. 			
<input type="button" value="Ok"/>	<input type="button" value="Archive"/>	<input type="button" value="View Document"/>	<input type="button" value="View Messages"/>	<input type="button" value="Reply"/>



VIEW MESSAGE THREAD

- **VIEW MESSAGES** button shows you the message thread (previous messages associated to this document).

Document Messages: Close

Sent On: 2014-07-16 09:00:48 AM *From:* *To:* *Beneficiary ID:*

Subject: do you need audiogram

Message: Yes, please. I need an audiogram, a sonogram, and a pretty picture of a dog and pony with a rainbow at sunset. Thanks!

Sent On: 2014-07-16 08:57:56 AM *From:* *To:* *Beneficiary ID:*

Subject: do you need audiogram

Message: Do you need audiogram

Sent On: 2014-07-15 01:34:19 PM *From:* *To:* *Beneficiary ID:*

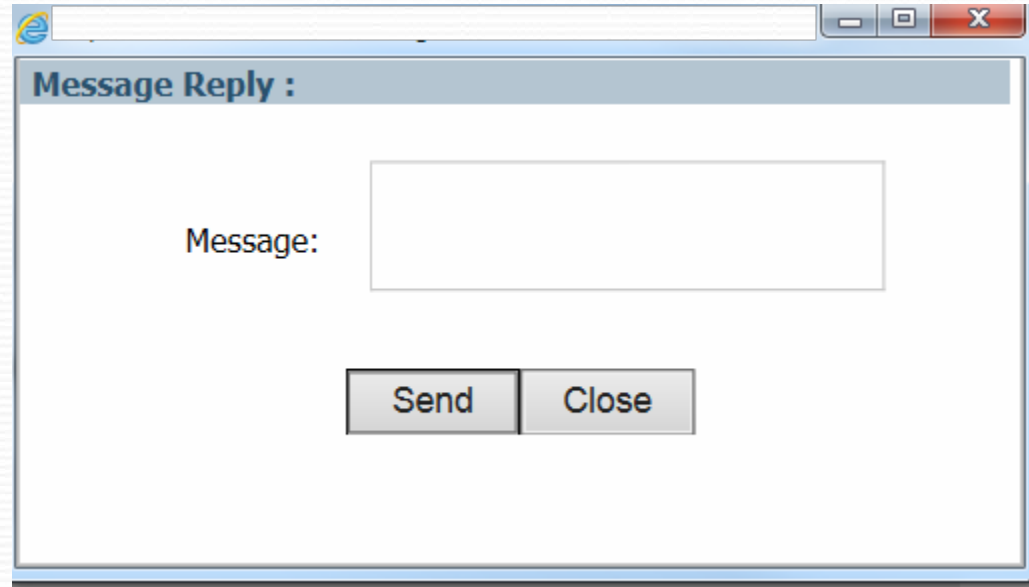
Subject: Message From Provider

Message: Can we get this child on for this new diagnosis?

Close

REPLY TO A MESSAGE

- **REPLY** button opens another window to type a reply to the sender. Each reply is associated to the original document.



e-Mail Notification

- **When state staff send you a message via the DMP you will receive an e-mail notification.**

From: mdhhs-medicaidpayments@michigan.gov [<mailto:mdhhs-medicaidpayments@michigan.gov>]
Sent:
To:
Subject:

Greetings,

You have received a Message in Document Management Portal (DMP) regarding your documentation sent to Michigan Medicaid.

For more information, please login to DMP application and check the Messages tab.

Thank you,
State Staff.

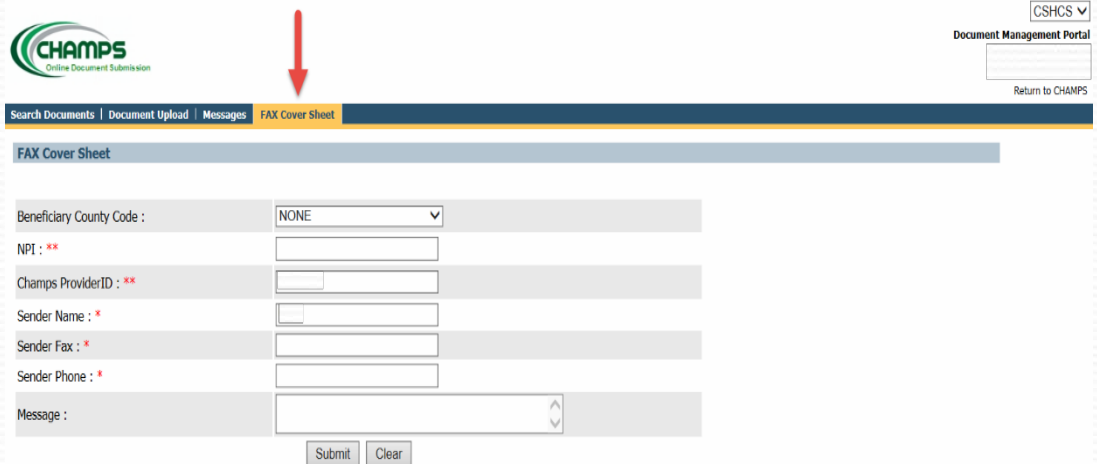
Confidentiality: The information contained in this electronic mail message and any attachments is intended only for the use of the individual or entity to which it is addressed and may contain legally privileged, confidential information or work product. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution, or forwarding of the E-mail message is strictly prohibited. If you have received this message in error, please notify me by E-mail reply, and delete the original message from your system.



FAX COVER SHEET

CSHCS FAX COVER SHEET

- **FAX COVER SHEET** – allows you to create a cover sheet with a unique bar code.
- Fax limit is 60 pages.
- *Enter the Beneficiary County of Residence/Assistance Code to expedite processing.*
- **Please include a message explaining why you are submitting the document. Example: if you want a provider added, please include the provider Name, NPI, date of service (DOS) and DX Code related to the DOS in the message.**



The screenshot displays the CHAMPS Online Document Submission interface. At the top left is the CHAMPS logo with the text "Online Document Submission". A red arrow points to the "FAX Cover Sheet" tab in the navigation bar, which also includes "Search Documents", "Document Upload", and "Messages". In the top right corner, there is a "CSHCS" dropdown menu, the text "Document Management Portal", a search box, and a "Return to CHAMPS" link. The main form area is titled "FAX Cover Sheet" and contains the following fields:



- Beneficiary County Code :
- NPI : **
- Champs ProviderID : **
- Sender Name : *
- Sender Fax : *
- Sender Phone : *
- Message :

At the bottom of the form are "Submit" and "Clear" buttons.

CSHCS FAX COVER SHEET

- With the cover sheet on top, Fax the document to the fax number on the cover sheet
- Faxes go to a CSHCS incoming fax folder and staff will route appropriately.
- A new CSHCS Fax Cover Sheet is required for each fax transmission (you can't re-use the fax cover sheets).



 Michigan Department of Health & Human Services RICK WARREN, GOVERNOR NICK LYNCH, DIRECTOR	Children's Special Health Care Services ONLINE FAX COVER SHEET
CSHCS Documentation Submission Fax Number :	<input type="text"/>
FAX Control Number :	 OF20 <input type="text"/> 01
County Code :	<input type="text"/>
NPI :	<input type="text"/>
CHAMP Provider ID :	<input type="text"/>
Sender Name :	<input type="text"/>
Sender Fax :	<input type="text"/>
Sender Phone :	<input type="text"/>
Message :	Add Dr Blank, NPI xxxxxxxxxx, for DOS 1-1-16
Any Questions, call MDHHS Provider Inquiry: 1-800-292-2550	
<small>CONFIDENTIALITY NOTICE: The transmitted documents are intended only for the use of the individual or entity named under "TO:" above. This may contain information that is privileged, confidential or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, distribution or copying, or the taking of any action in regard to the contents of this information is strictly prohibited. If you have received this fax in error, please telephone us immediately so that we can correct the error and arrange for destruction or return of the faxed document.</small>	
<small>MSA-0003 DHP (08-13)</small>	

CSHCS DOCUMENT TYPES and DOCUMENT TITLES

- Using Document Types and Document Titles is the solution for transferring documents into the permanent State of Michigan repository, FileNet. Every document received will be indexed with a Document Type and Document Title.
- Each document received will be routed to the appropriate Document Management Portal (DMP) queue within CSHCS, depending on the Document Type and Document Title associated to the document.
- **Please use only Document Type MEDICAL. The other Document Types are reserved for Local Health Department, MHP and/or State Staff use only.**

Medical (Discharge summary, office or clinic report, Letter from Specialist, ED report, etc.)

- **ADD PROVIDER - Emergency Dept. reports, medical reports to add a provider including requests to add non- typical provider to client record.**
- **DEPT. REVIEW - Medical specifically for Appeal/Department Review.**
- **NEW DIAGNOSIS - Medical for a possible new diagnosis.**
- **NEW REFERRAL - Medical to Determine Initial Eligibility for CSHCS.**
- **RENEWAL - Medical to Renew CSHCS Eligibility.**
- **OTHER MEDICAL – State staff use only**

Document Type*	Document Title*
Medical	Select
	Add Provider
	Department Review
	New Diagnosis
	New Referral
	Other Medical
	Renewal

Additional Tips and Notes

- When sending in a medical report to add a provider, use the Message portion of the document upload or fax cover sheet to give the details of provider you want added. Please include the provider name, NPI, date of service, and client's CSHCS-qualifying diagnosis code related to the service provided.
- Reminder that documents are routed to appropriate CSHCS staff by their Document Type and Document Title.
- When uploading medical for renewal, in the Document Name field, enter ONLY the month the CSHCS coverage is ending 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12. If coverage has lapsed, include the coverage ended month/year and the word LAPSED, example: 10/2015 LAPSED, 04/2016 LAPSED.
- If faxing medical for renewal, include the month coverage is ending 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, at the beginning of your message. Fax page limit is 60 pages.
- Medical reports from OOS providers that will be used for renewal purposes must be submitted under Document Type MEDICAL and Document Title RENEWAL