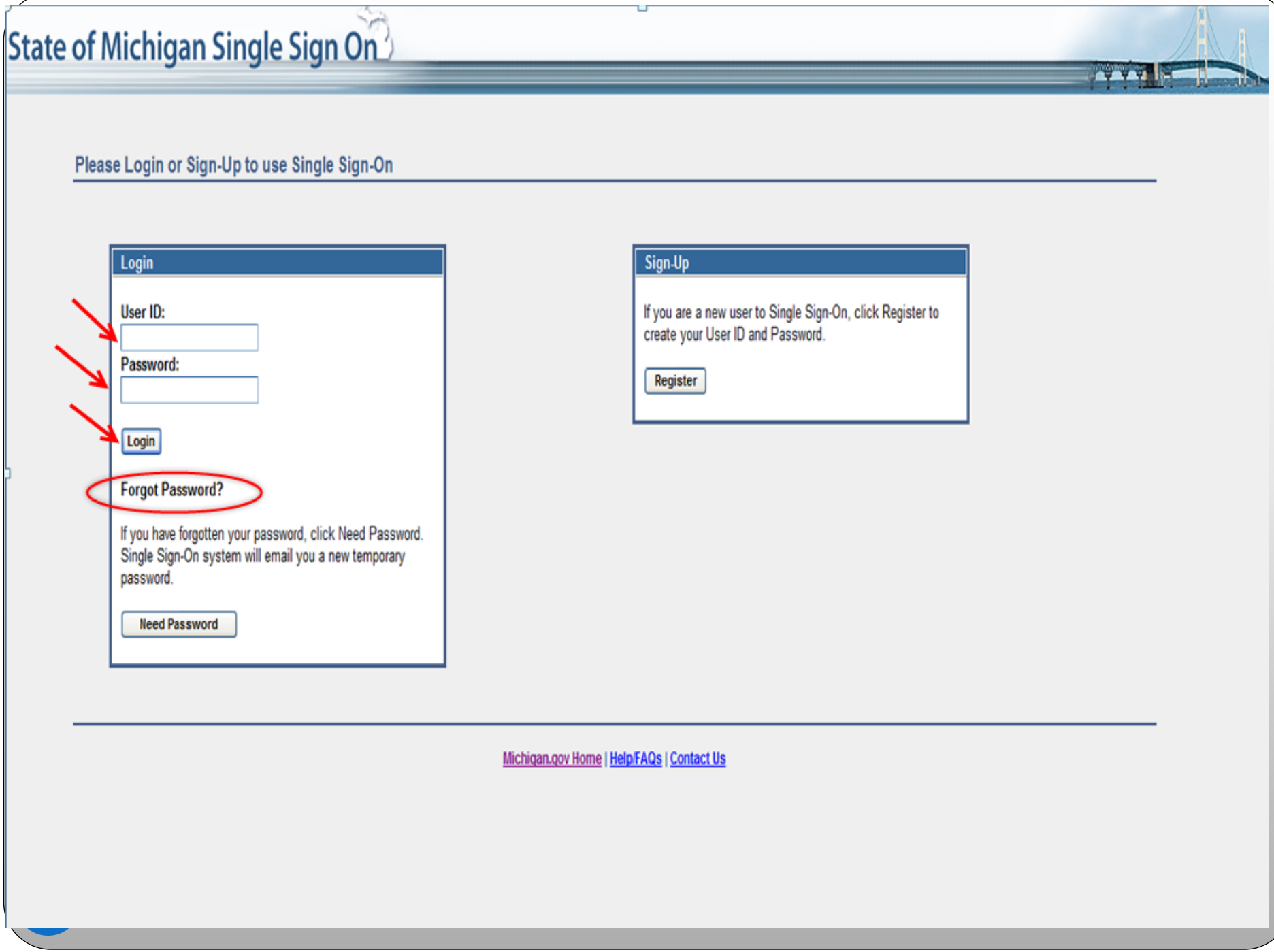
School Based Services CHAMPS Navigation

"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 establish customer trust and value by providing a quality experience the first time, every time."

-Provider Relations


State of Michigan Single Sign On
Please Login or Sign-Up to use Single Sign-On
Login
User ID:
Password:
Login
Forgot Password?
If you have forgotten your password, click Need Password. Single Sign-On system will email you a new temporary password.
Need Password
Sign-Up
If you are a new user to Single Sign-On, click Register to create your User ID and Password.
Register
Michigan.gov Home | Help/FAQs | Contact Us

Application Portal

WELCOME

Your password will expire in 99 days.

You are currently subscribed to the following applications:

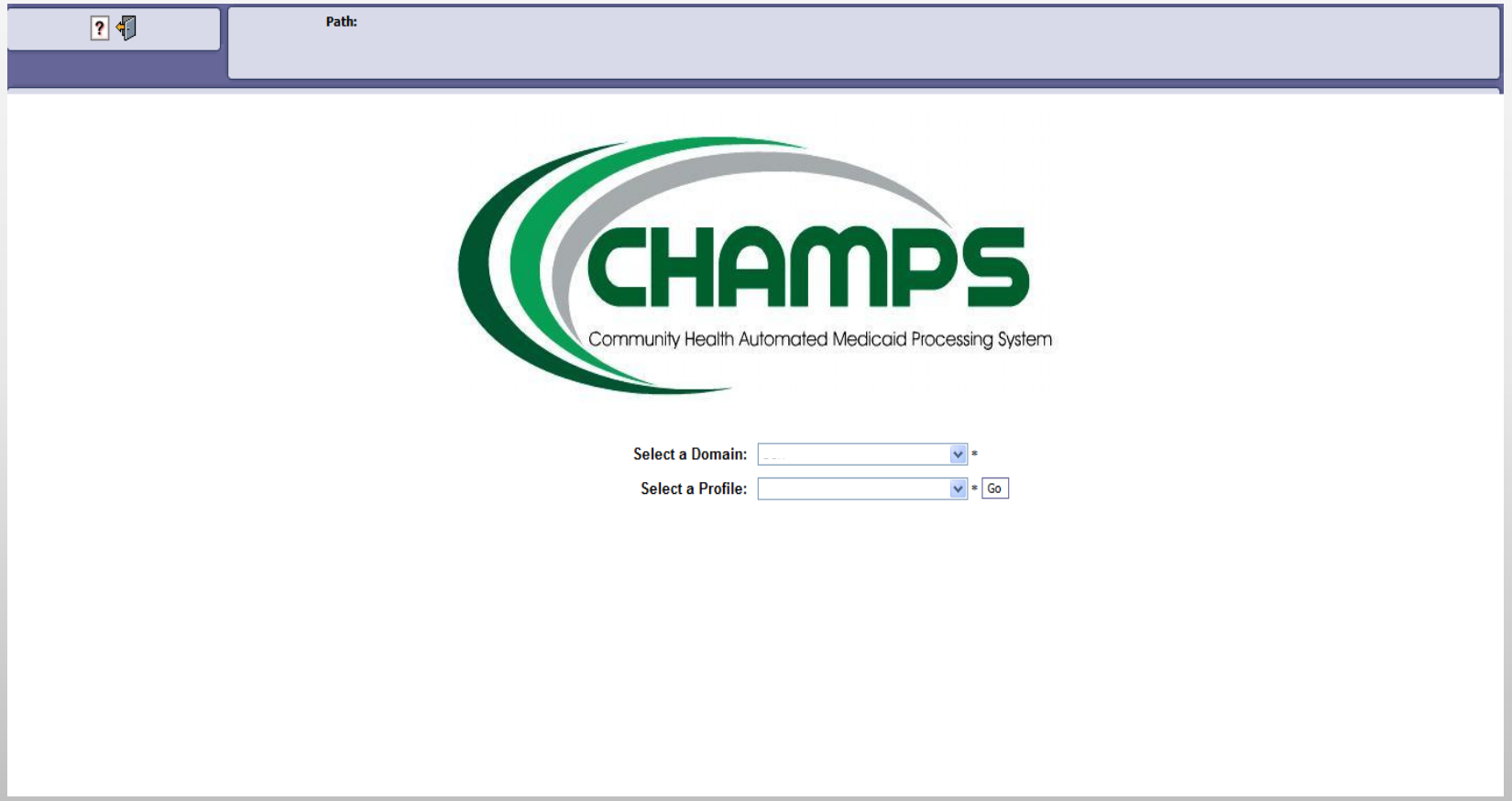
- **CHAMPS**

Subscribe to Applications | Add new Roles to Existing Subscription

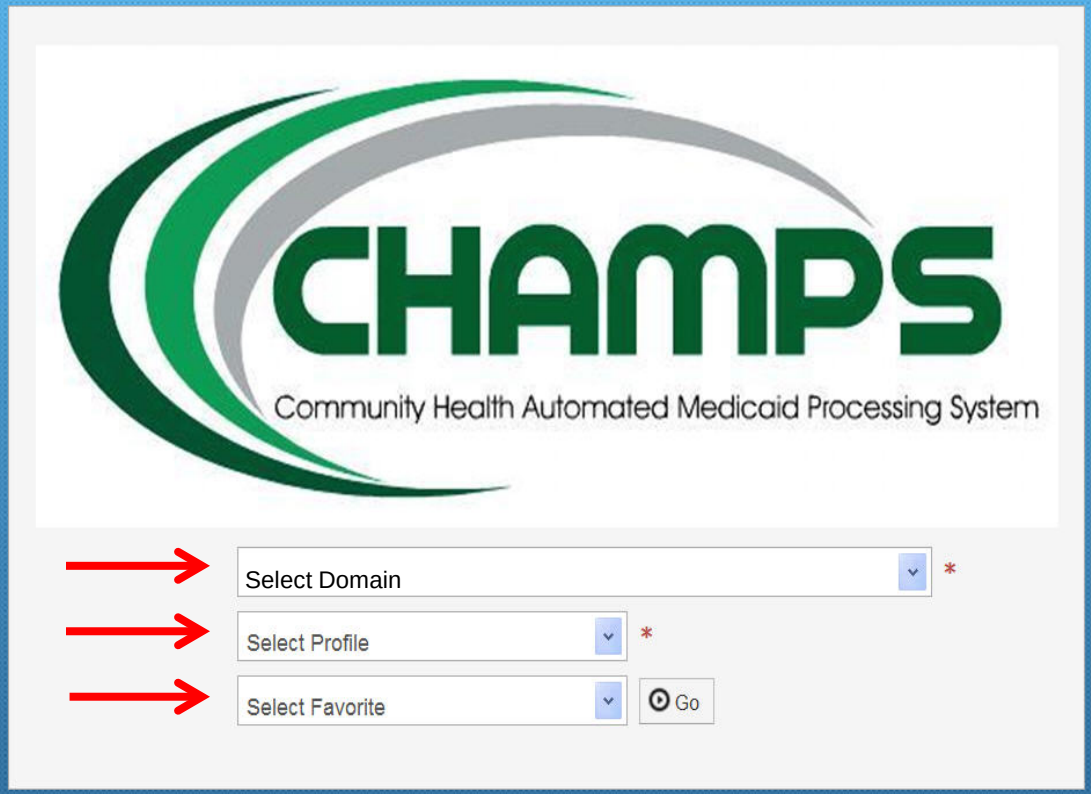
Account Maintenance | Sign Off


State of Michigan Single Sign On
User ID: boycec
Sign Off
MDCH Systems Use Notification
The Michigan Department of Community Health's (MDCH) computer information systems (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business.
Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDCH. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDCH systems for commercial or partisan political purposes.
Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type.
All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and /or prosecution.
By accessing information provided by the Michigan Department of Community Health computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms, conditions, policies and restrictions for each authorized application.
Acknowledge/Agree
Cancel

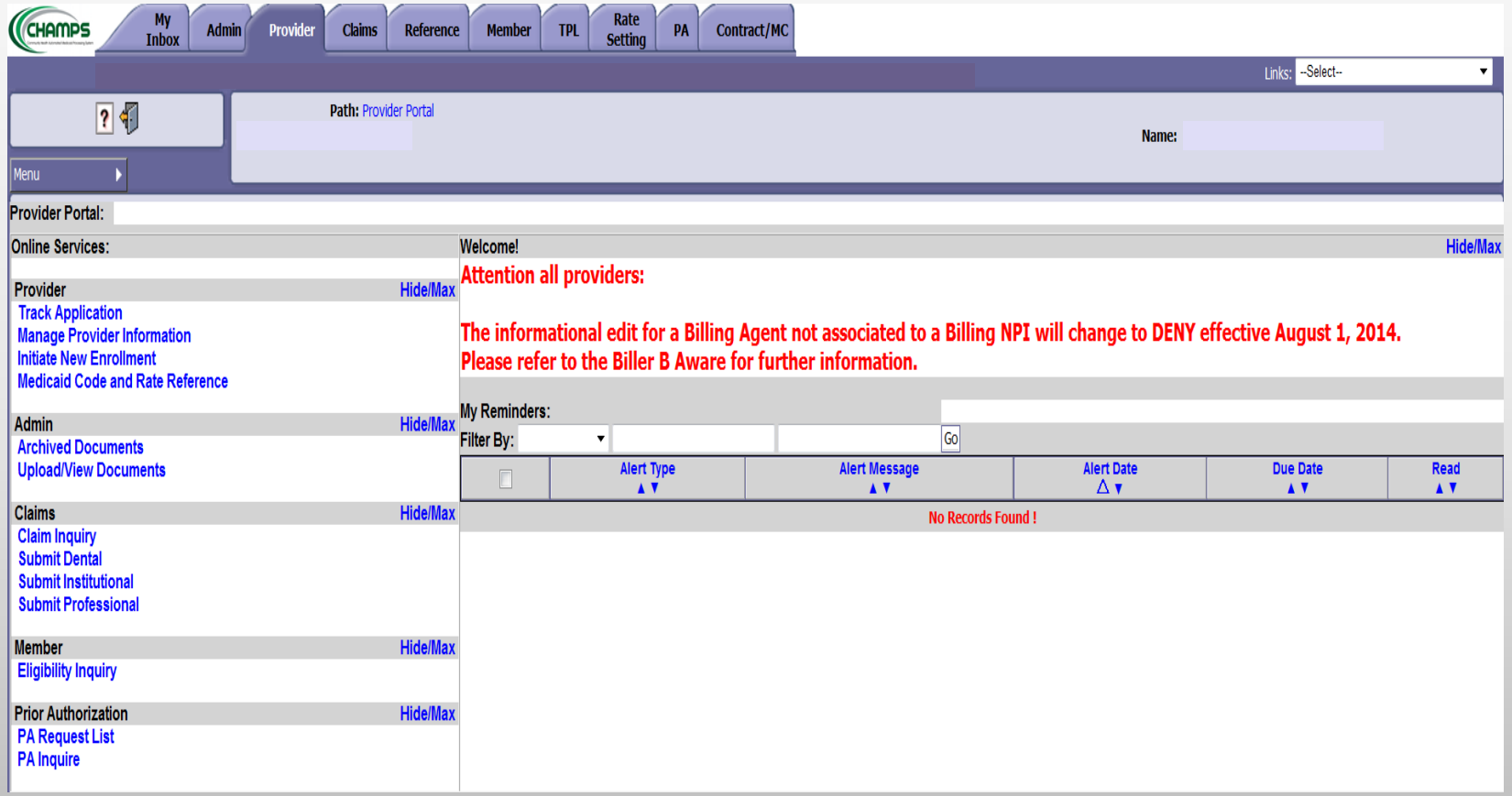
Old CHAMPS


Path:
CHAMPS
Community Health Automated Medicaid Processing System
Select a Domain:
Select a Profile:
Go

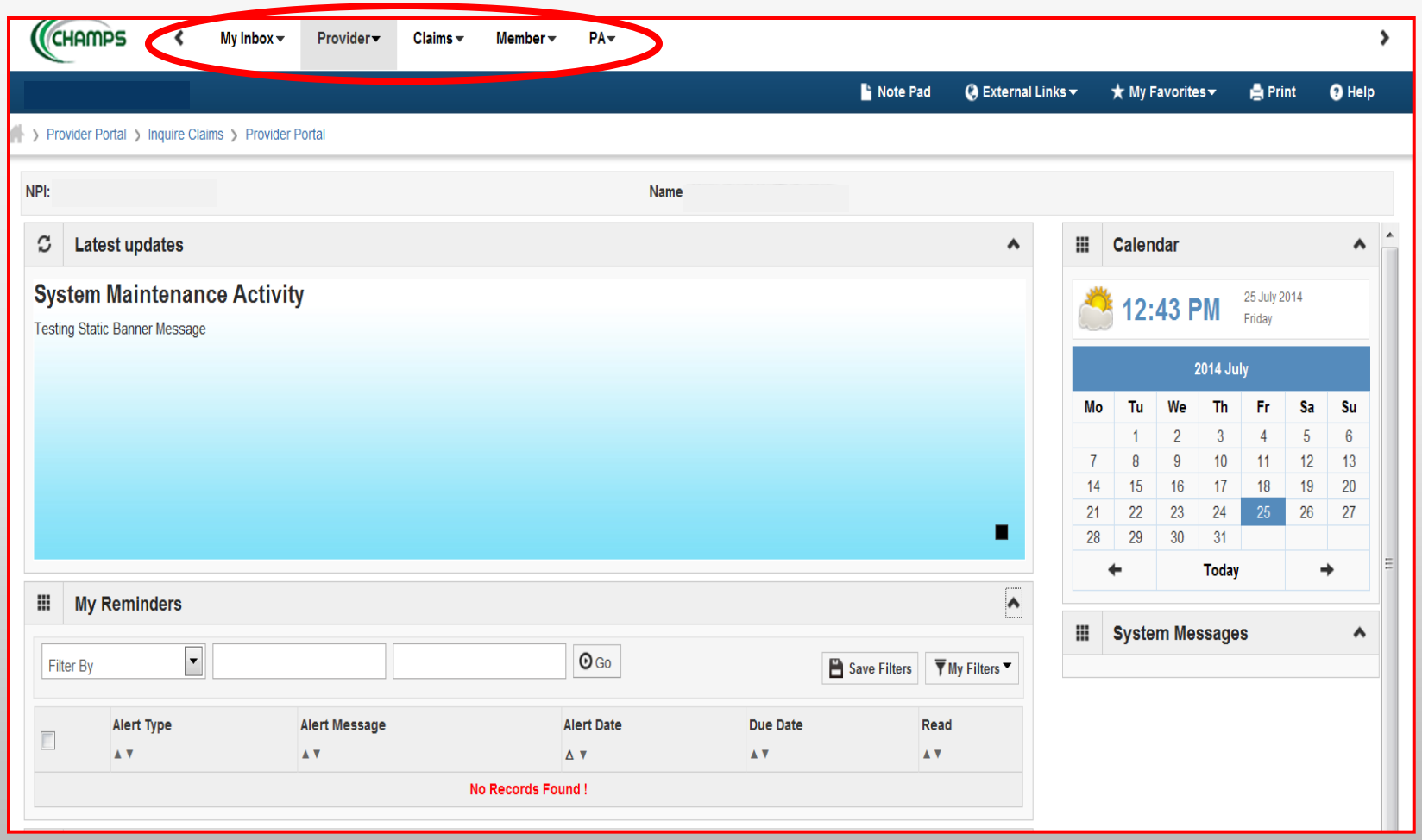
New CHAMPS


CHAMPS
Community Health Automated Medicaid Processing System
Select Domain
*
Select Profile
*
Select Favorite
Go

Old CHAMPS

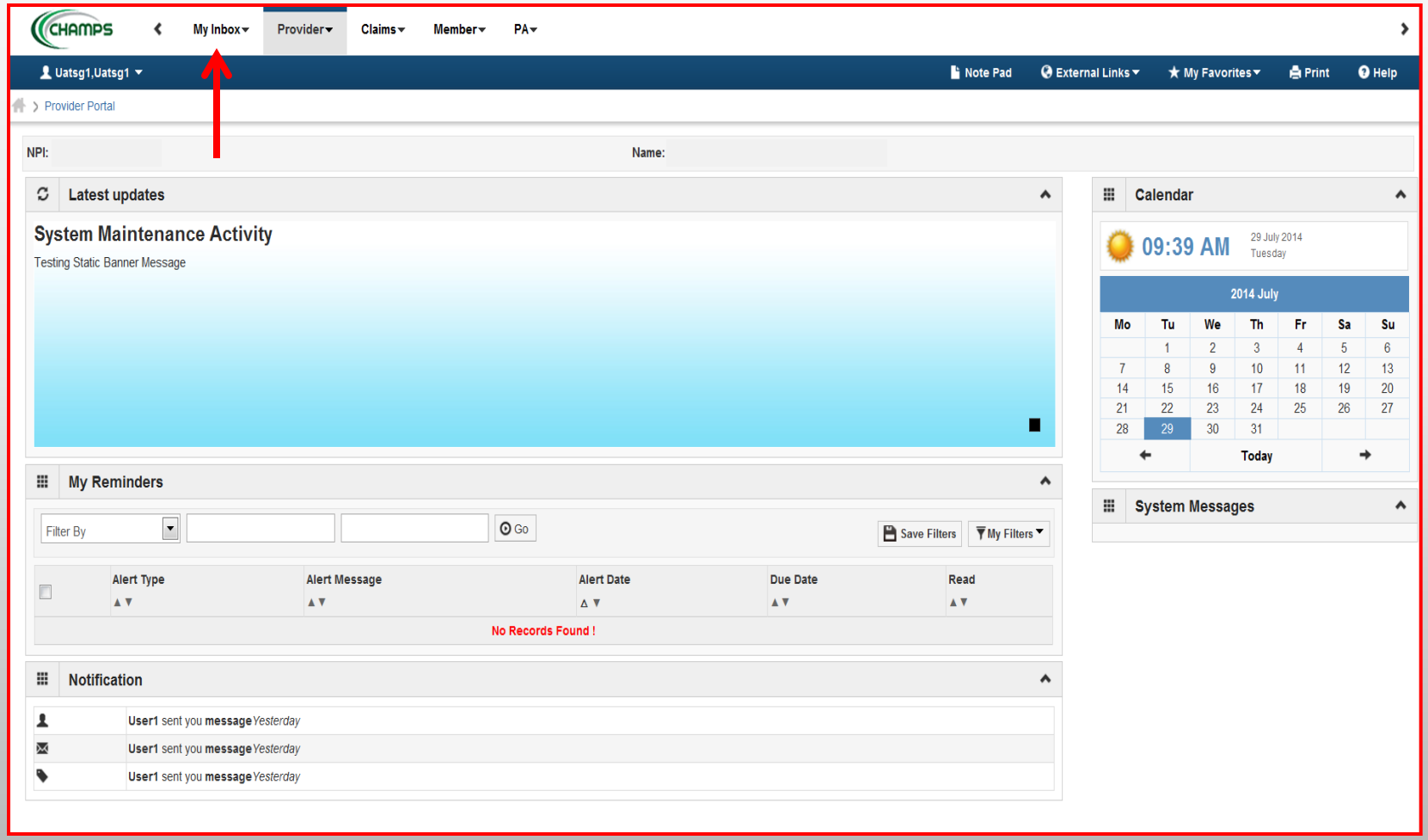

CHAMPS
My Inbox
Admin
Provider
Claims
Reference
Member
TPL
Rate Setting
PA
Contract/MC
Links: --Select--
Path: Provider Portal
Name:
Menu
Provider Portal:
Online Services:
Welcome!
Hide/Max
Attention all providers:
The informational edit for a Billing Agent not associated to a Billing NPI will change to DENY effective August 1, 2014.
Please refer to the Biller B Aware for further information.
Provider
Hide/Max
Track Application
Manage Provider Information
Initiate New Enrollment
Medicaid Code and Rate Reference
Admin
Hide/Max
Archived Documents
Upload/View Documents
Claims
Hide/Max
Claim Inquiry
Submit Dental
Submit Institutional
Submit Professional
Member
Hide/Max
Eligibility Inquiry
Prior Authorization
Hide/Max
PA Request List
PA Inquire
My Reminders:
Filter By:
Go
Alert Type
Alert Message
Alert Date
Due Date
Read
No Records Found !

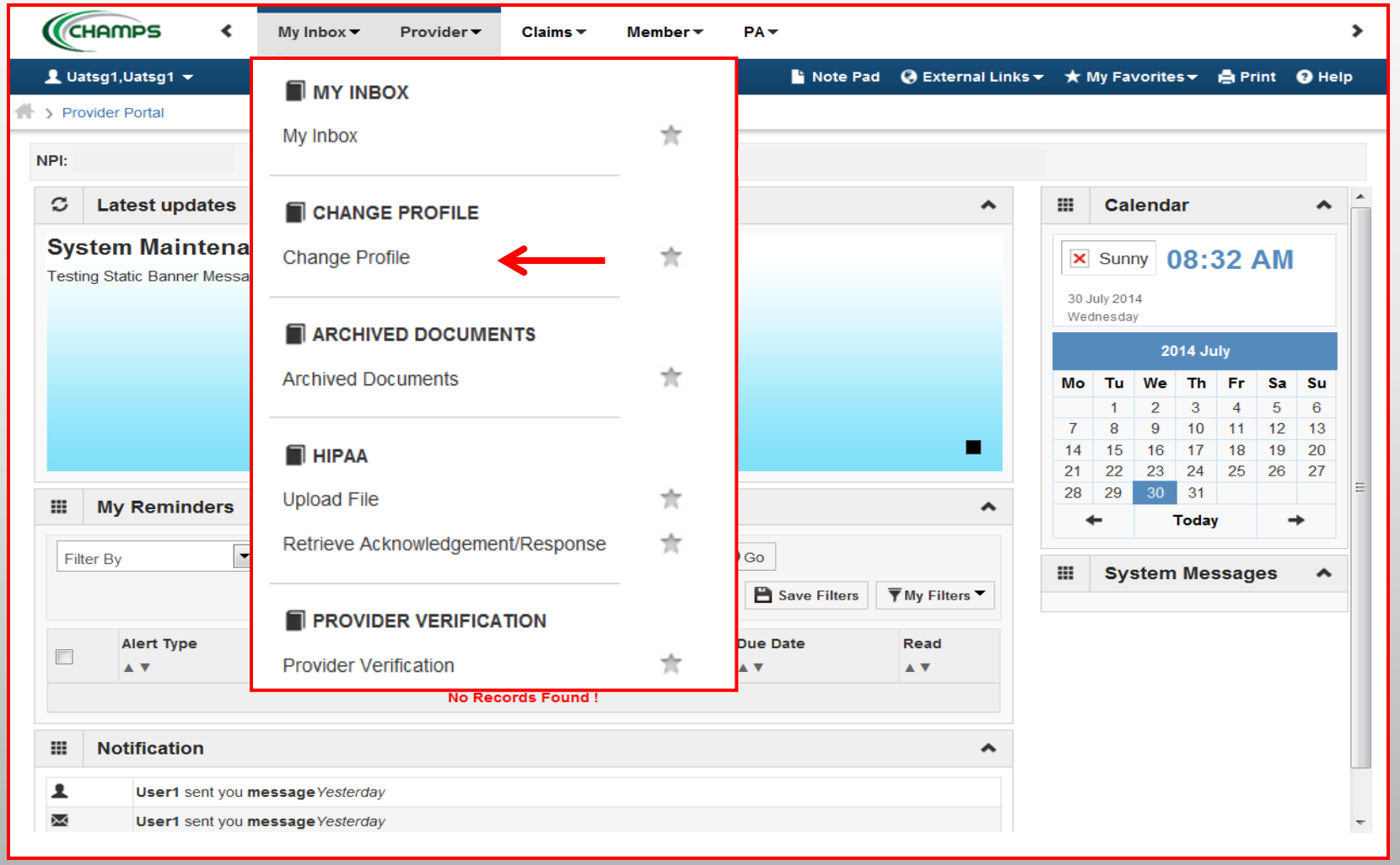
New CHAMPS

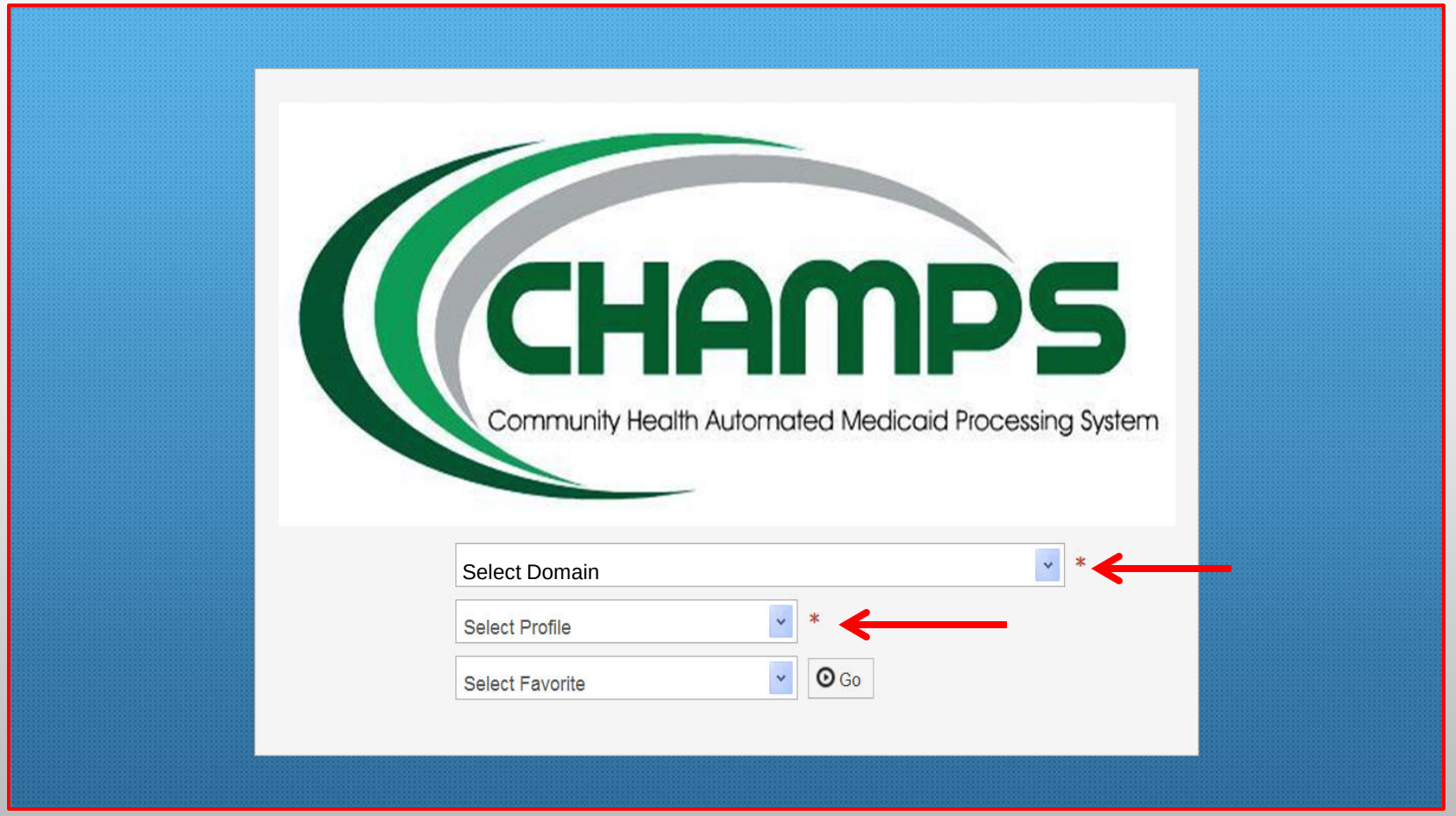

CHAMPS
My Inbox
Provider
Claims
Member
PA
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Inquire Claims
Provider Portal
NPI:
Name
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
12:43 PM
25 July 2014
Friday
2014 July
Mo Tu We Th Fr Sa Su
1 2 3 4 5 6
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 !
System Messages

My Inbox

Change Profile

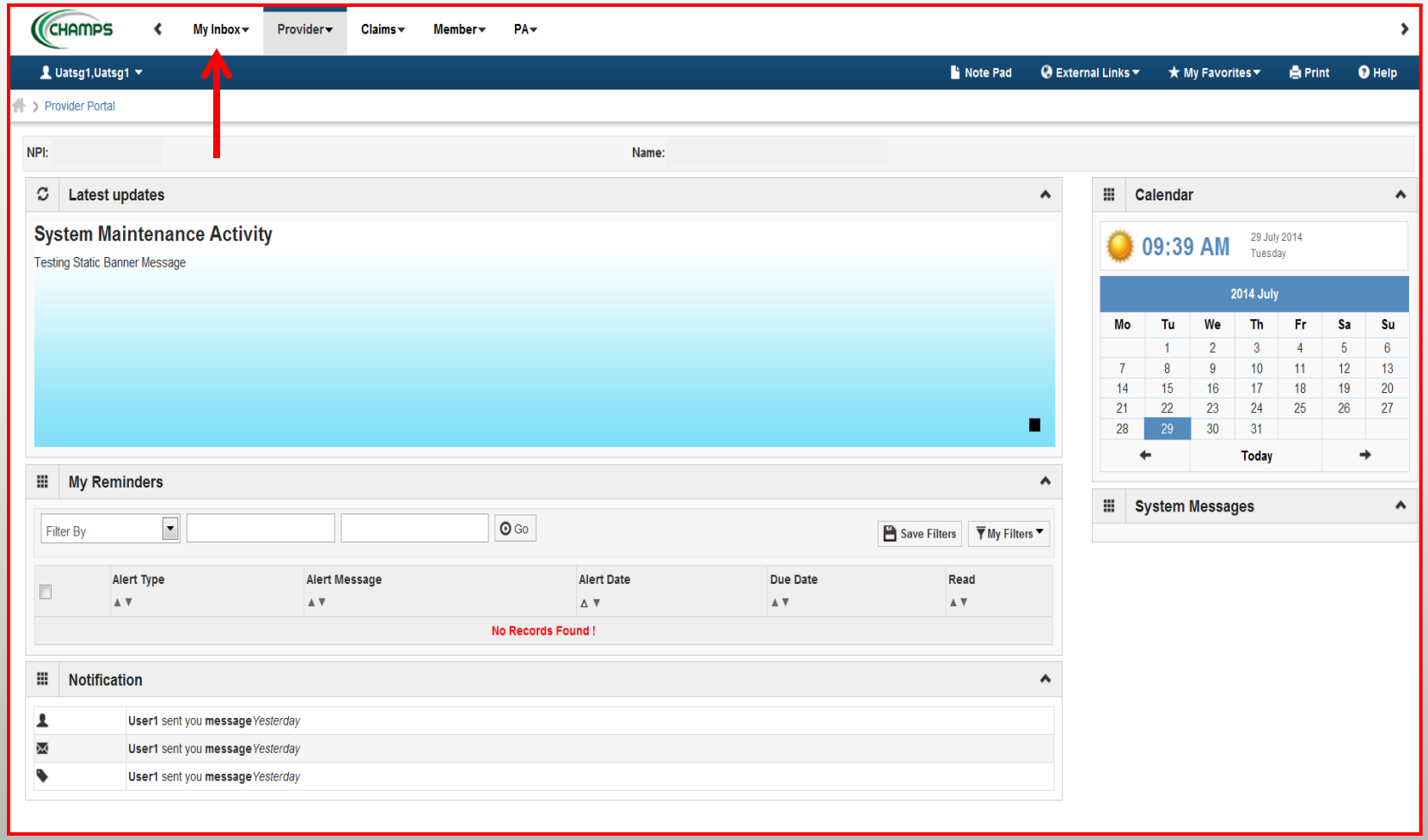

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
Name:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
09:39 AM
29 July 2014
Tuesday
2014 July
Mo Tu We Th Fr Sa Su
1 2 3 4 5 6
7 8 9 10 11 12 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 !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday

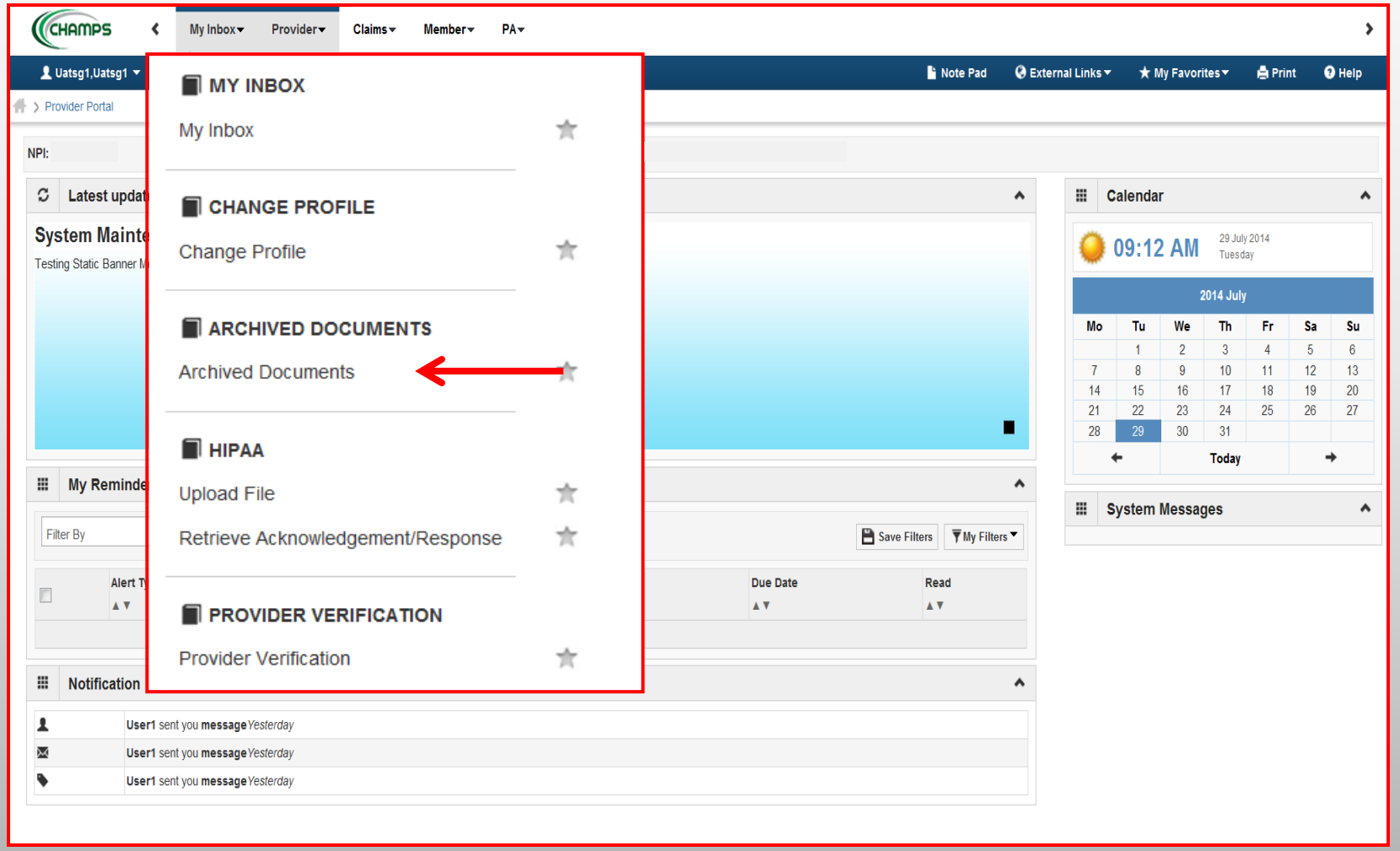

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
MY INBOX
My Inbox
CHANGE PROFILE
Change Profile
ARCHIVED DOCUMENTS
Archived Documents
HIPAA
Upload File
Retrieve Acknowledgement/Response
PROVIDER VERIFICATION
Provider Verification
Latest updates
System Maintena
Testing Static Banner Messa
Calendar
Sunny
08:32 AM
30 July 2014
Wednesday
2014 July
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
Due Date
Read
No Records Found !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday

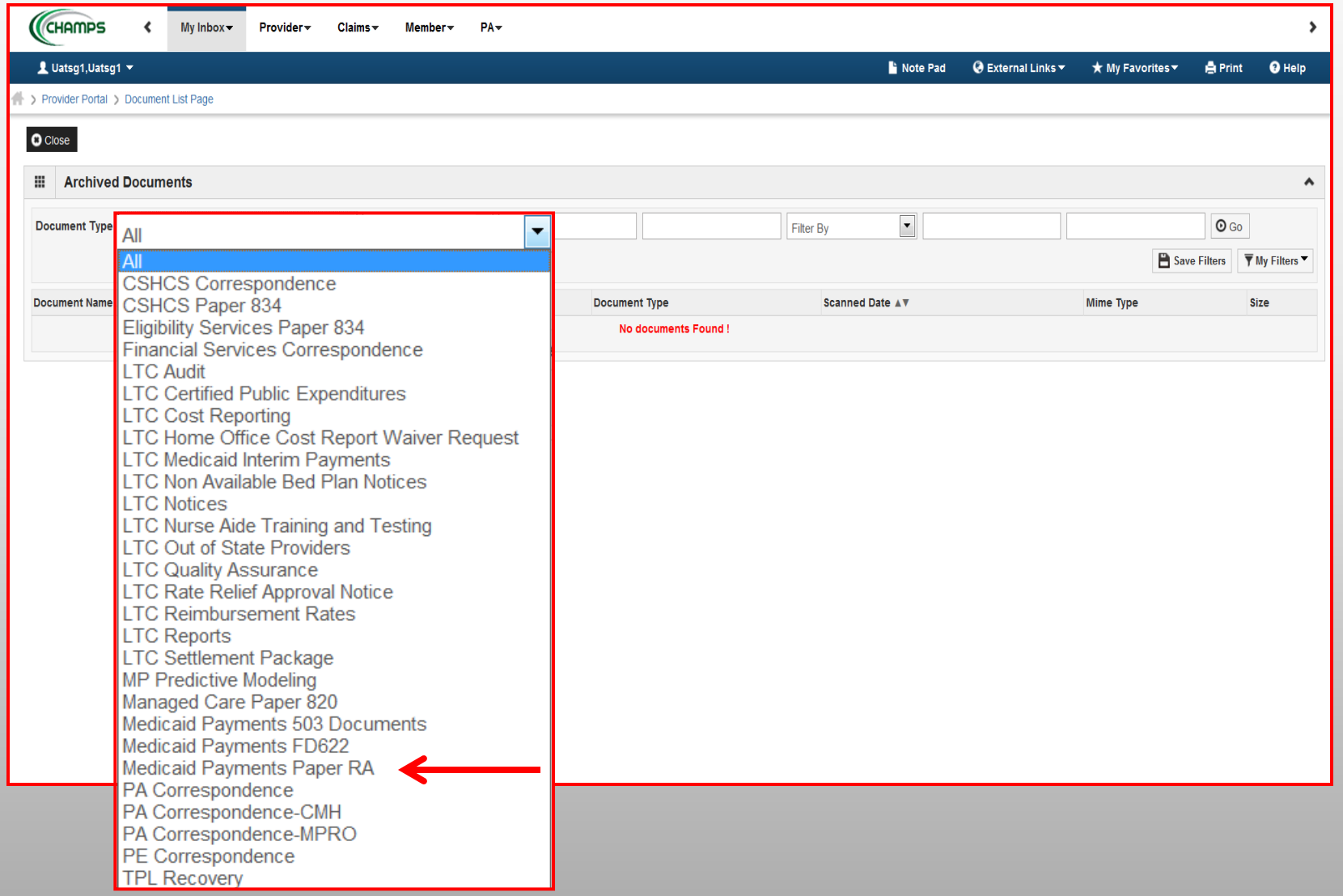

CHAMPS
Community Health Automated Medicaid Processing System
Select Domain
*
Select Profile
*
Select Favorite
Go

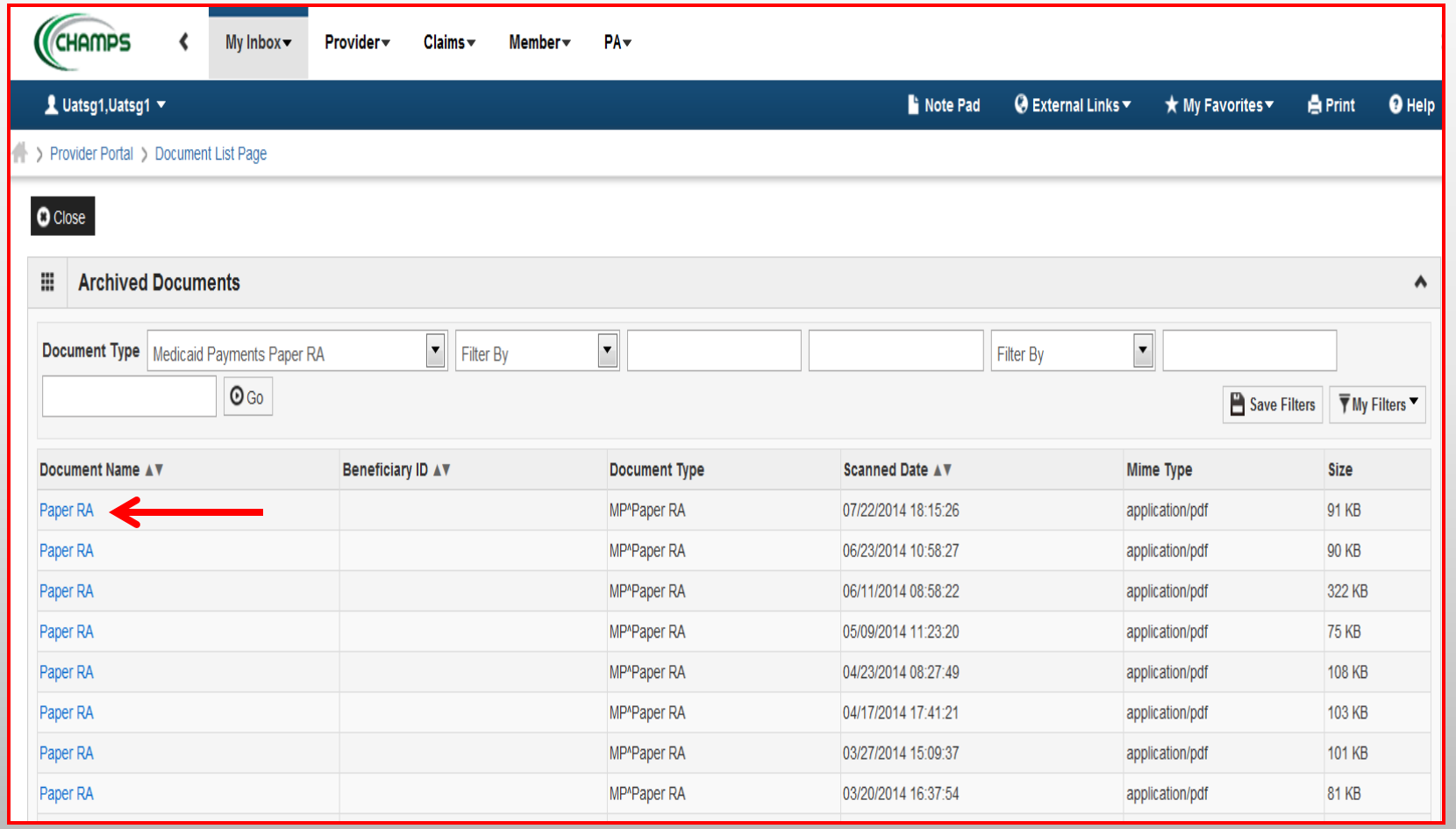
My Inbox

Archived Documents


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
Name:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
09:39 AM
29 July 2014
Tuesday
2014 July
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 !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
MY INBOX
My Inbox
CHANGE PROFILE
Change Profile
ARCHIVED DOCUMENTS
Archived Documents
HIPAA
Upload File
Retrieve Acknowledgement/Response
PROVIDER VERIFICATION
Provider Verification
Latest updat
System Mainte
Testing Static Banner M
My Reminde
Filter By
Save Filters
My Filters
Alert T
Due Date
Read
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday
Calendar
09:12 AM
29 July 2014
Tuesday
2014 July
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
System Messages


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Document List Page
Close
Archived Documents
Document Type
All
Filter By
Go
Save Filters
My Filters
Document Name
Document Type
Scanned Date
Mime Type
Size
No documents Found !
All
CSHCS Correspondence
CSHCS Paper 834
Eligibility Services Paper 834
Financial Services Correspondence
LTC Audit
LTC Certified Public Expenditures
LTC Cost Reporting
LTC Home Office Cost Report Waiver Request
LTC Medicaid Interim Payments
LTC Non Available Bed Plan Notices
LTC Notices
LTC Nurse Aide Training and Testing
LTC Out of State Providers
LTC Quality Assurance
LTC Rate Relief Approval Notice
LTC Reimbursement Rates
LTC Reports
LTC Settlement Package
MP Predictive Modeling
Managed Care Paper 820
Medicaid Payments 503 Documents
Medicaid Payments FD622
Medicaid Payments Paper RA
PA Correspondence
PA Correspondence-CMH
PA Correspondence-MPRO
PE Correspondence
TPL Recovery


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Document List Page
Close
Archived Documents
Document Type
Medicaid Payments Paper RA
Filter By
Filter By
Go
Save Filters
My Filters
Document Name
Beneficiary ID
Document Type
Scanned Date
Mime Type
Size
Paper RA
MP^Paper RA
07/22/2014 18:15:26
application/pdf
91 KB
Paper RA
MP^Paper RA
06/23/2014 10:58:27
application/pdf
90 KB
Paper RA
MP^Paper RA
06/11/2014 08:58:22
application/pdf
322 KB
Paper RA
MP^Paper RA
05/09/2014 11:23:20
application/pdf
75 KB
Paper RA
MP^Paper RA
04/23/2014 08:27:49
application/pdf
108 KB
Paper RA
MP^Paper RA
04/17/2014 17:41:21
application/pdf
103 KB
Paper RA
MP^Paper RA
03/27/2014 15:09:37
application/pdf
101 KB
Paper RA
MP^Paper RA
03/20/2014 16:37:54
application/pdf
81 KB

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MEDICAL SERVICES ADMINISTRATION - MEDICAID PAYMENTS
PO BOX 30238
LANSING MI 48909

Michigan Department of Community Health
Medical Services Administration - Medicaid Payments
PO Box 30238
Lansing MI 48909

1524681260000001

Billing Provider NP **Name:** **EIN/TIN:** **Pay Cycle:** 31 **RA Number:** 76932732 **RA Date:** 07/31/2014

FINANCIAL ADJUSTMENTS

Adjustment Type	Previous Balance	Adjustment Amount	Remaining Balance
AP/AR Netting		$598.01	
MIP/Warrant Suppression		$59,369.14	
Balance Owed by Tax ID	$0.00		$0.00

CLAIM SUMMARY

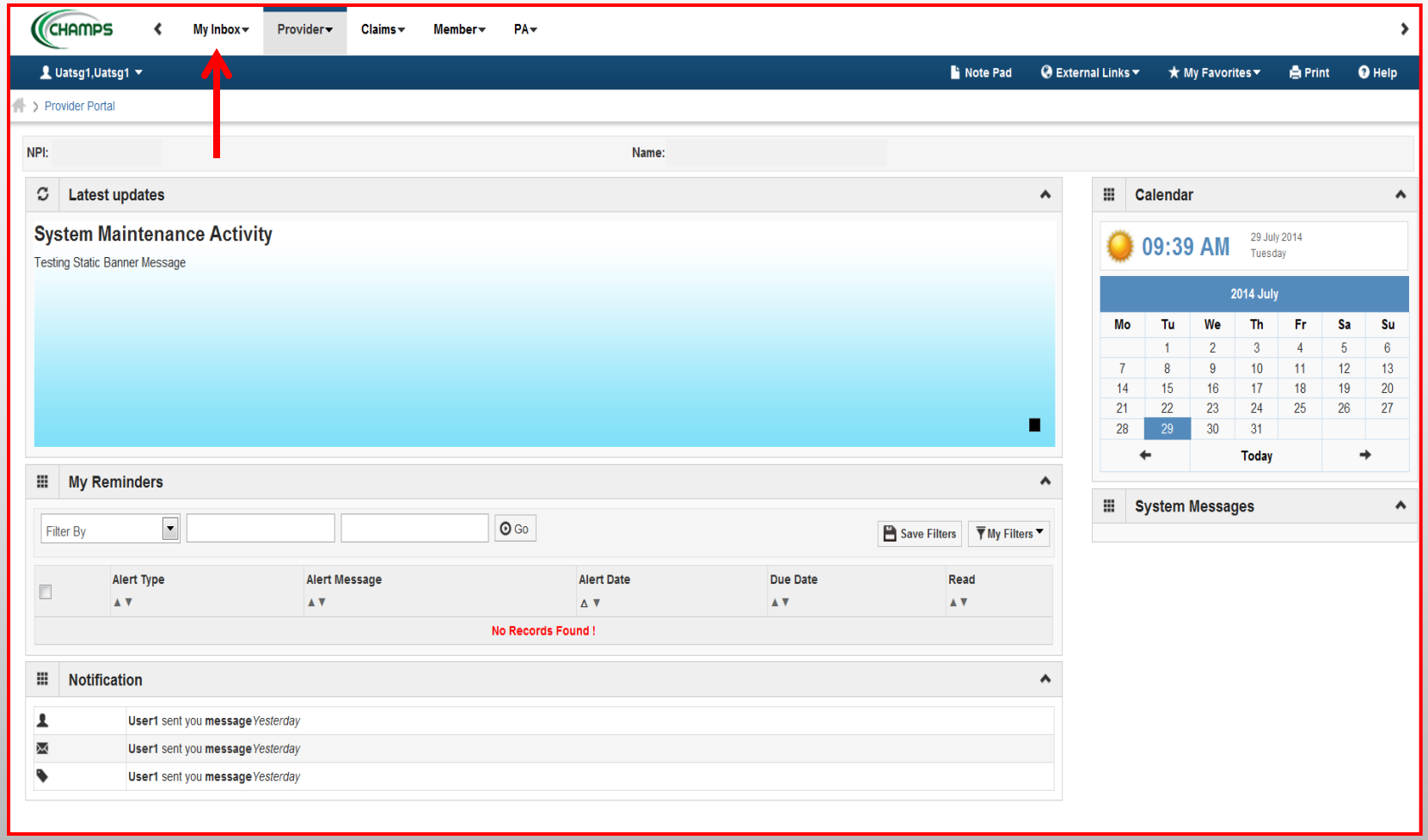
Category	Count
Paid	2384
Credited	125
Denied	73
GA	4

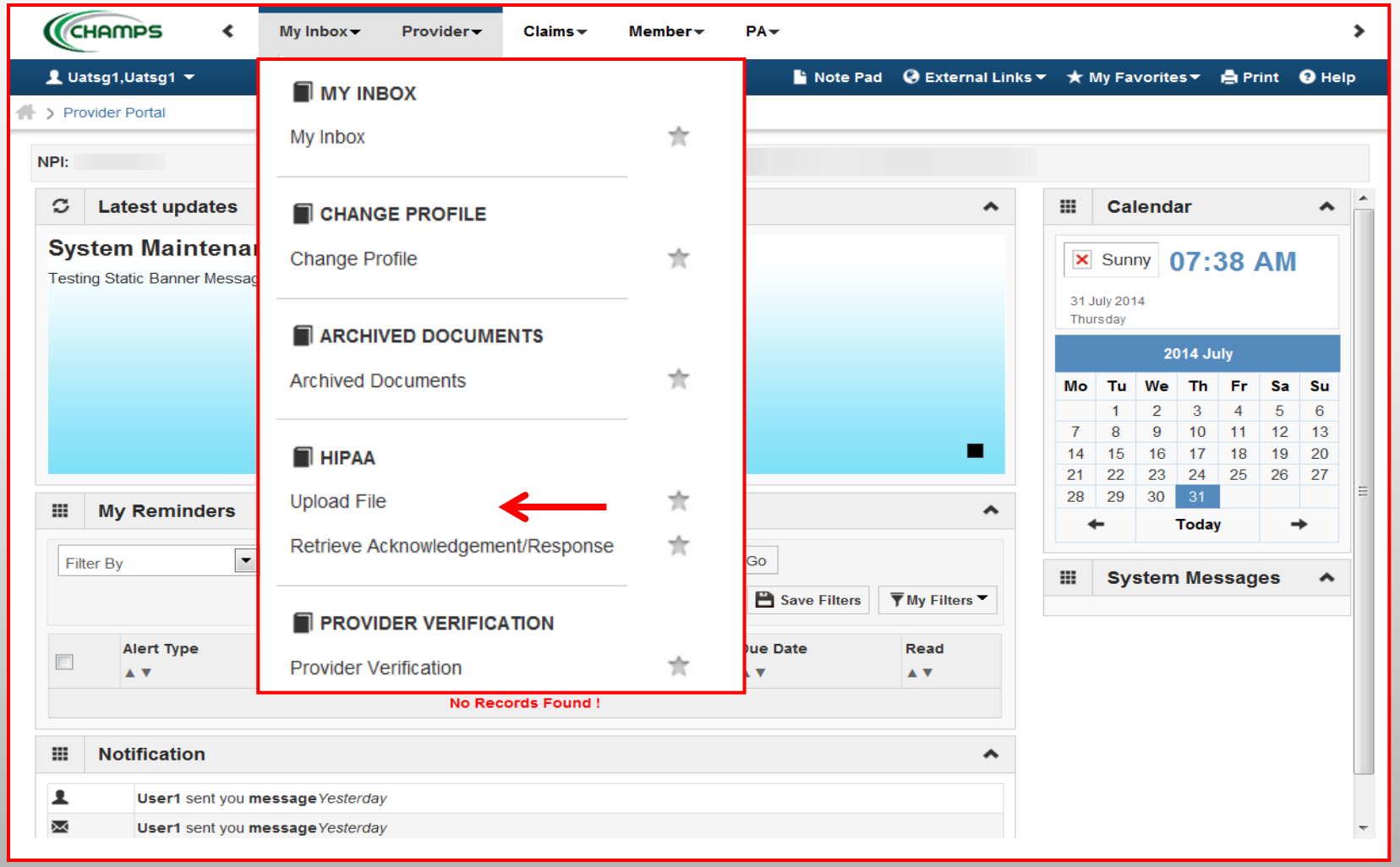
Total Approved	$361,552.56	Total Adjusted	$59,967.15	Total Paid	$301,585.41

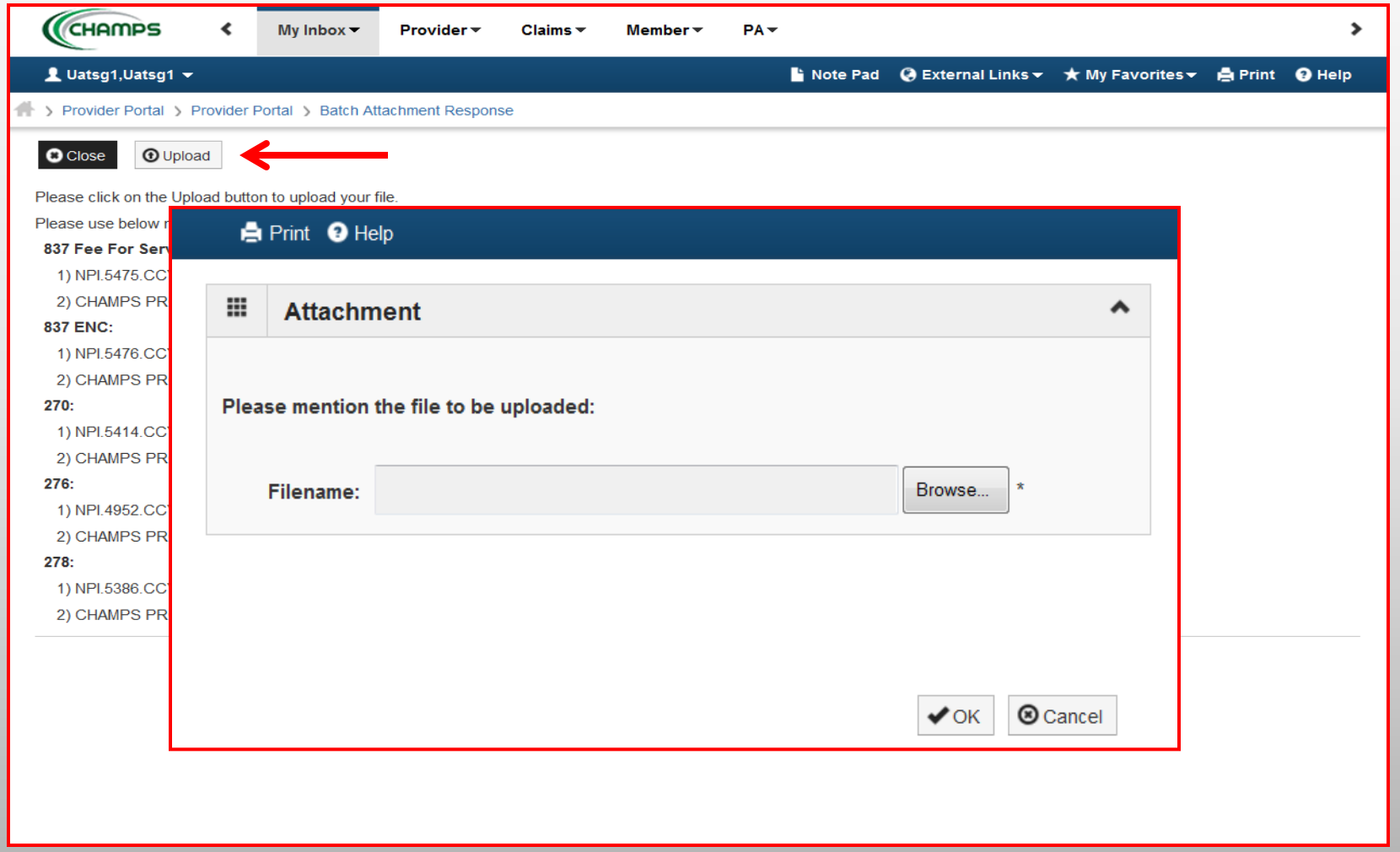
Warrant/EFT #: 000042721 Warrant/EFT Date: 07/25/2014

My Inbox

Upload File

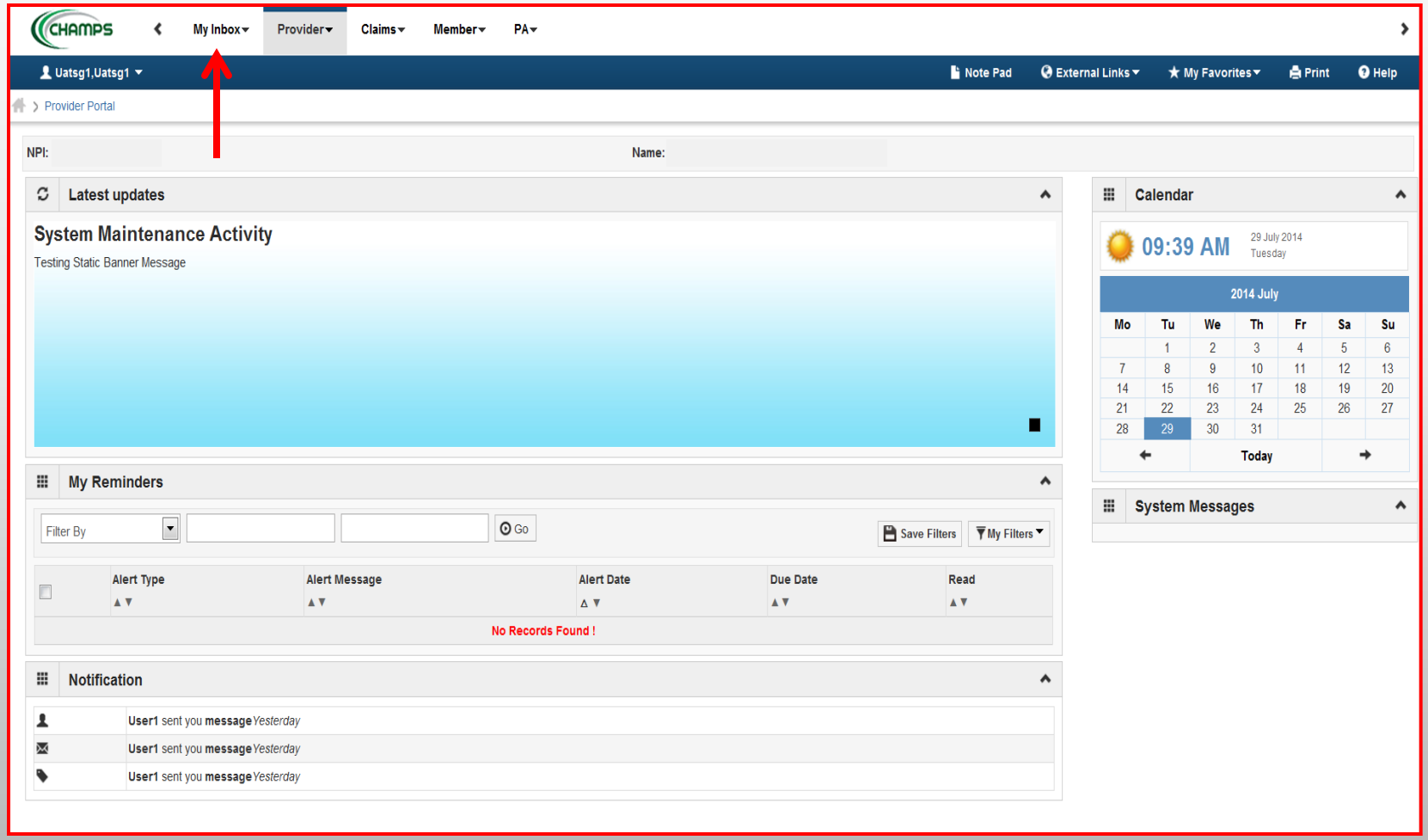

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
Name:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
09:39 AM
29 July 2014
Tuesday
2014 July
Mo Tu We Th Fr Sa Su
1 2 3 4 5 6
7 8 9 10 11 12 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 !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday

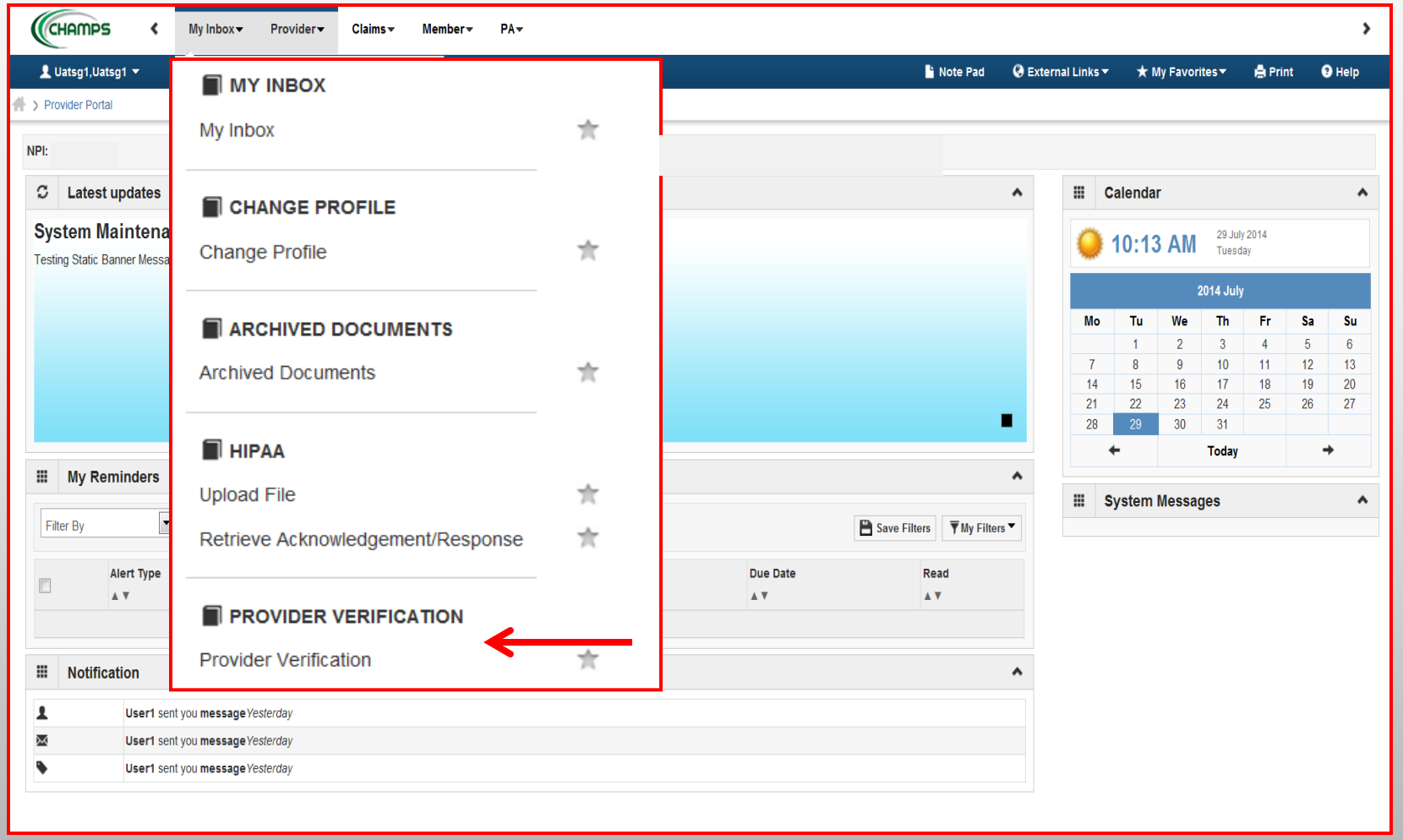

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
MY INBOX
My Inbox
CHANGE PROFILE
Change Profile
ARCHIVED DOCUMENTS
Archived Documents
HIPAA
Upload File
Retrieve Acknowledgement/Response
PROVIDER VERIFICATION
Provider Verification
Latest updates
System Maintena
Testing Static Banner Messag
Calendar
Sunny
07:38 AM
31 July 2014
Thursday
2014 July
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
Due Date
Read
No Records Found !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday

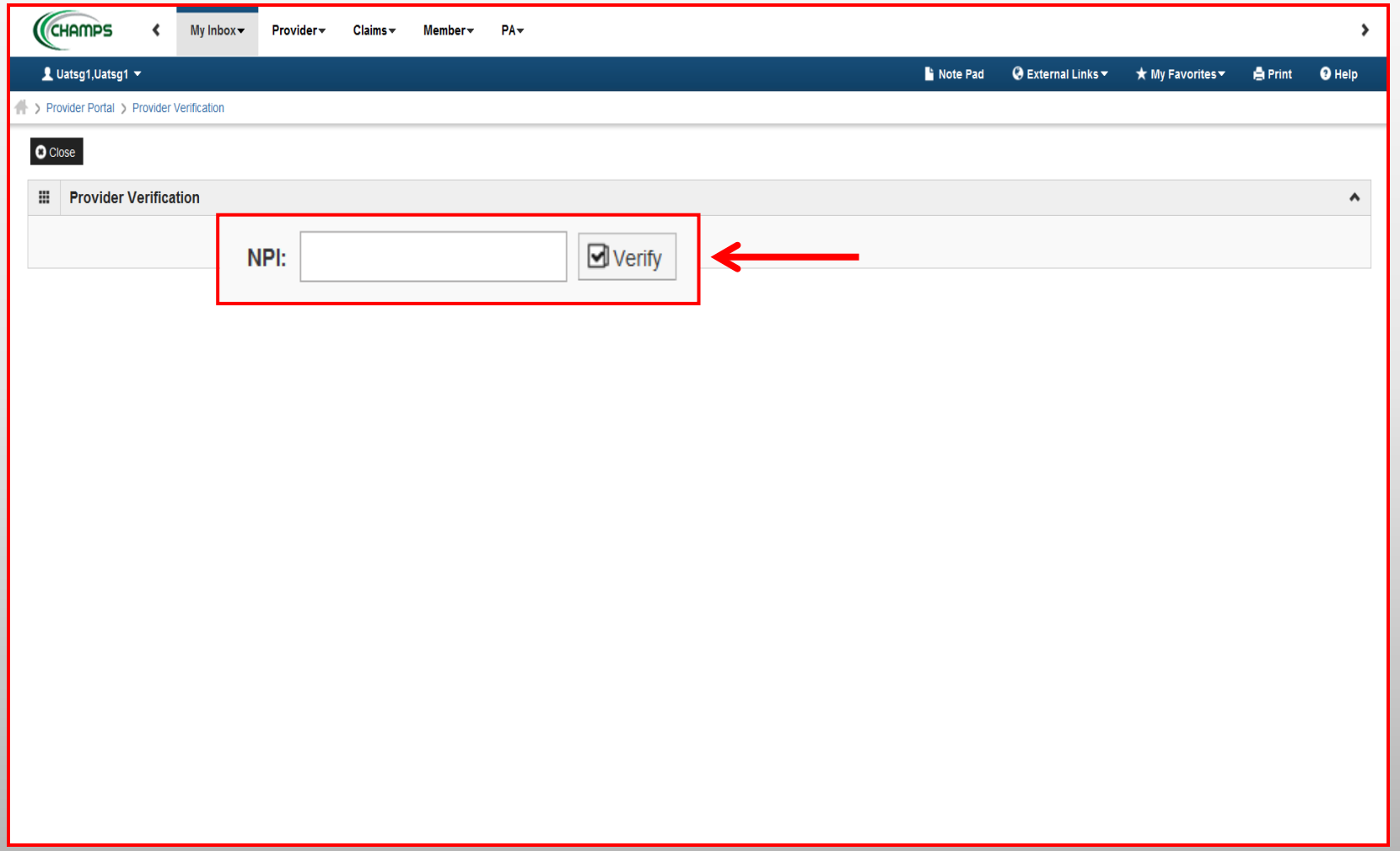

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Provider Portal
Batch Attachment Response
Close
Upload
Please click on the Upload button to upload your file.
Please use below
837 Fee For Ser
1) NPI.5475.CC
2) CHAMPS PR
837 ENC:
1) NPI.5476.CC
2) CHAMPS PR
270:
1) NPI.5414.CC
2) CHAMPS PR
276:
1) NPI.4952.CC
2) CHAMPS PR
278:
1) NPI.5386.CC
2) CHAMPS PR
Print
Help
Attachment
Please mention the file to be uploaded:
Filename:
Browse...
*
OK
Cancel

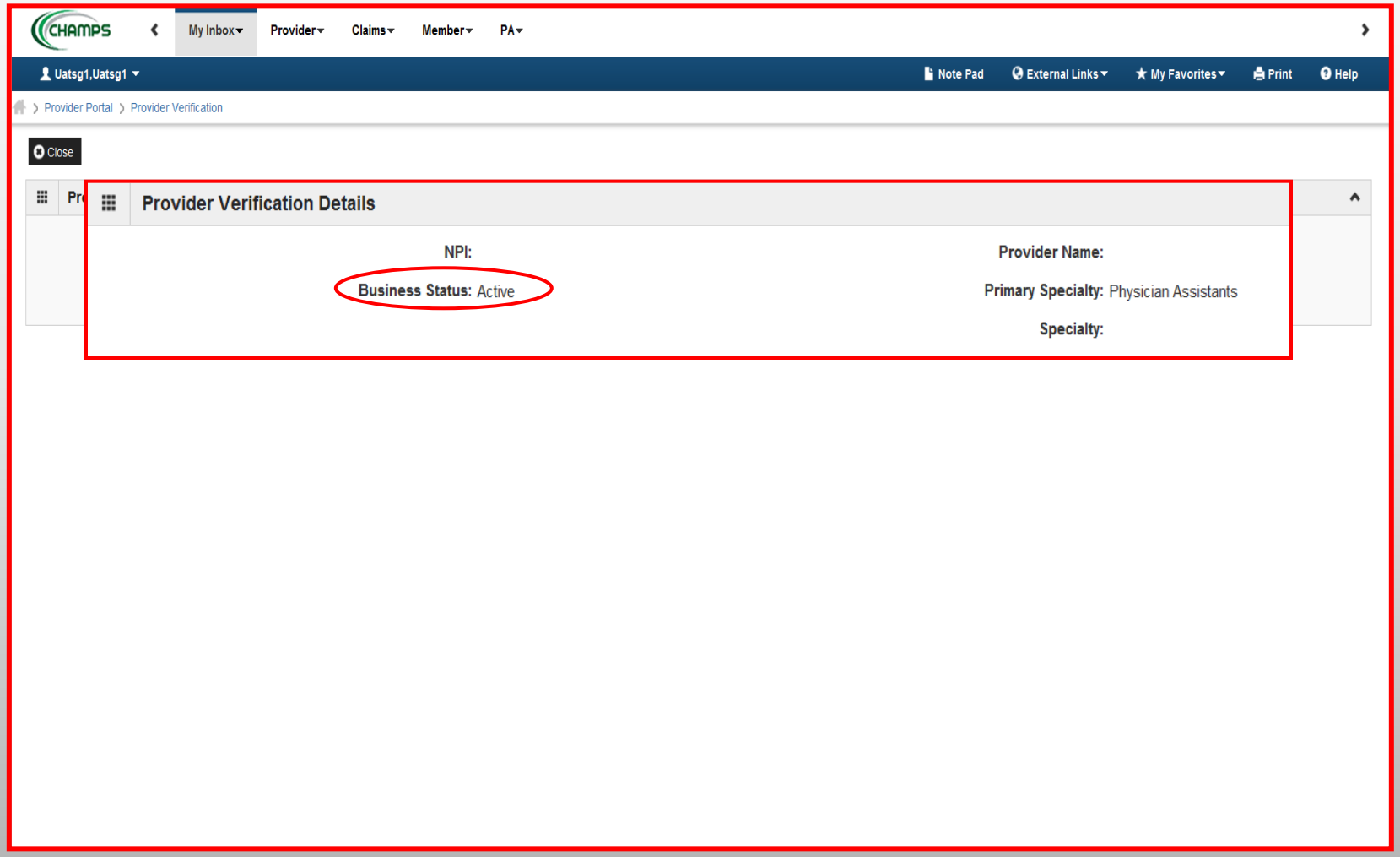
Provider Verification

Tool used to verify a provider is enrolled with Michigan Medicaid


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
Name:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
09:39 AM
29 July 2014
Tuesday
2014 July
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 !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday

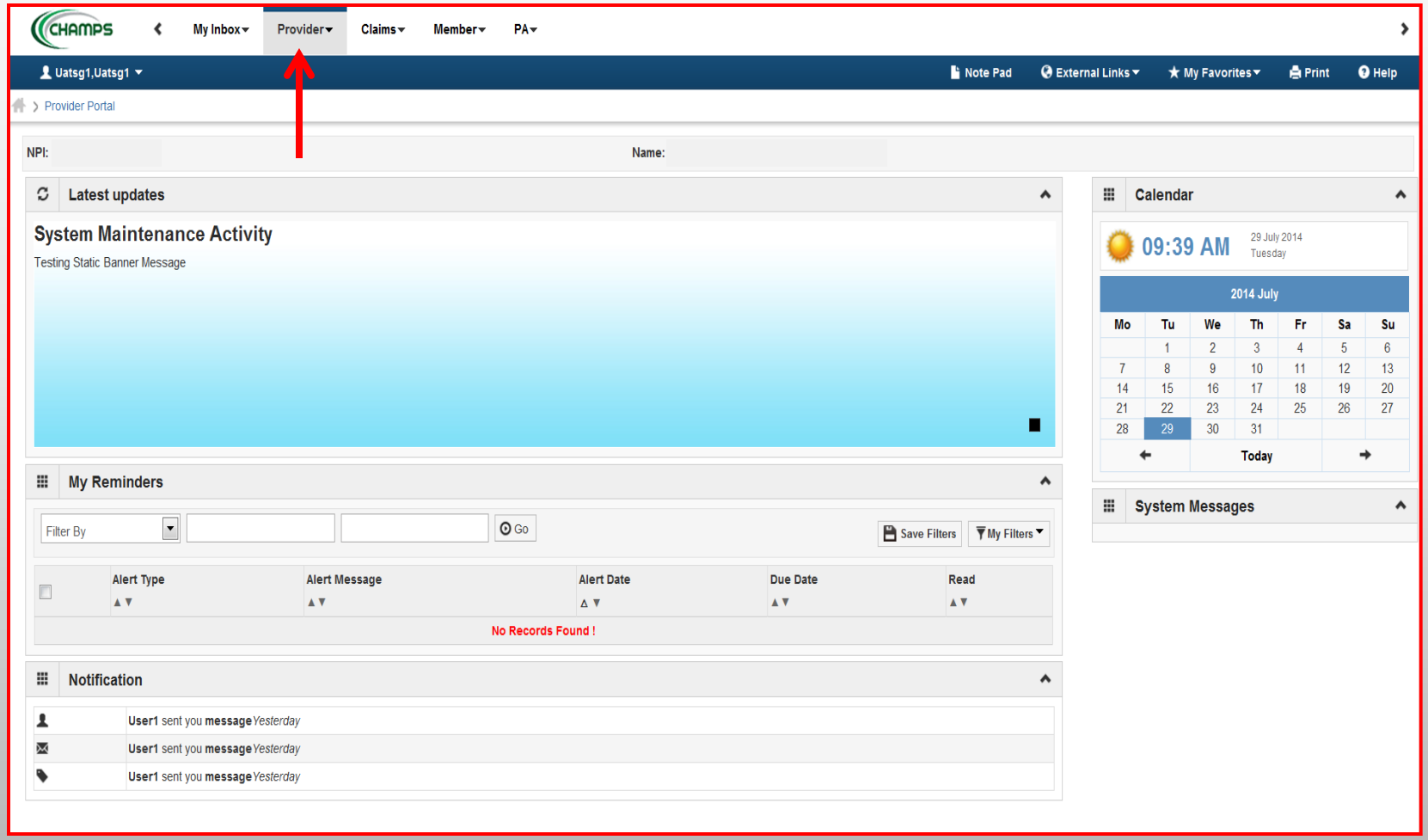

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
MY INBOX
My Inbox
CHANGE PROFILE
Change Profile
ARCHIVED DOCUMENTS
Archived Documents
HIPAA
Upload File
Retrieve Acknowledgement/Response
PROVIDER VERIFICATION
Provider Verification
Latest updates
System Maintena
Testing Static Banner Messa
Calendar
10:13 AM
29 July 2014
Tuesday
2014 July
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
Save Filters
My Filters
Alert Type
Due Date
Read
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday

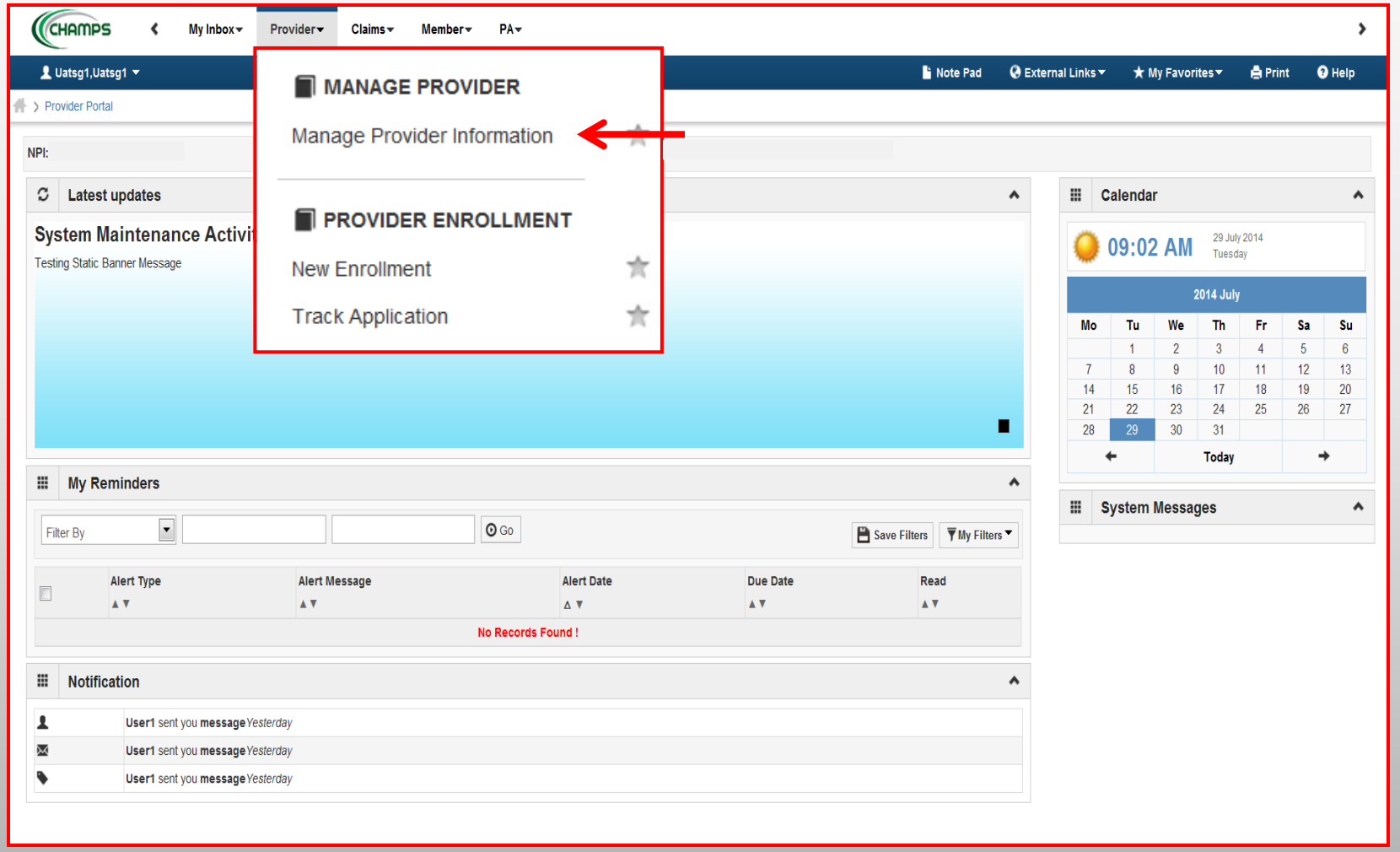

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Provider Verification
Close
Provider Verification
NPI:
Verify

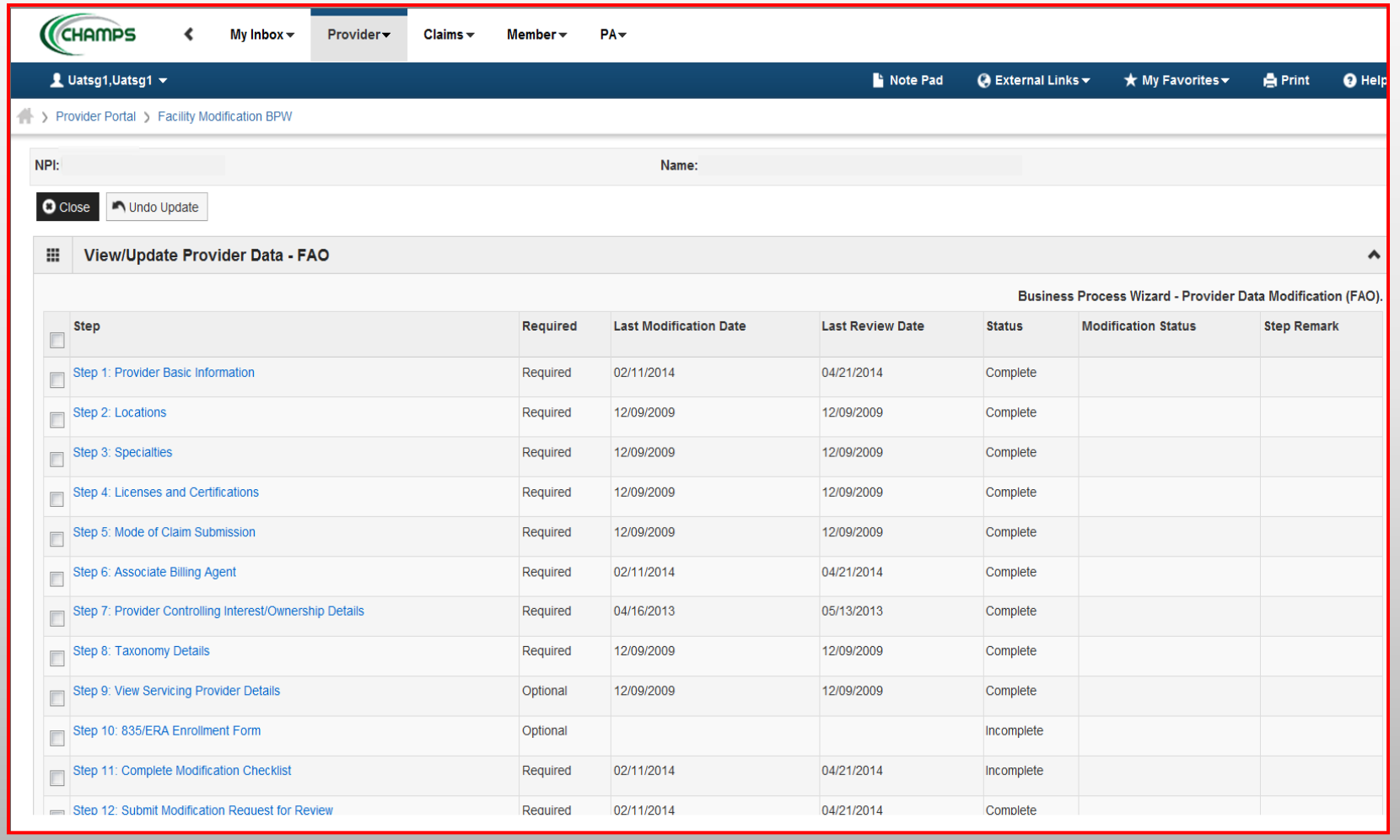

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Provider Verification
Close
Provider Verification Details
NPI:
Business Status: Active
Provider Name:
Primary Specialty: Physician Assistants
Specialty:

Provider

Manage Provider Information


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
Name:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
09:39 AM
29 July 2014
Tuesday
2014 July
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 !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday

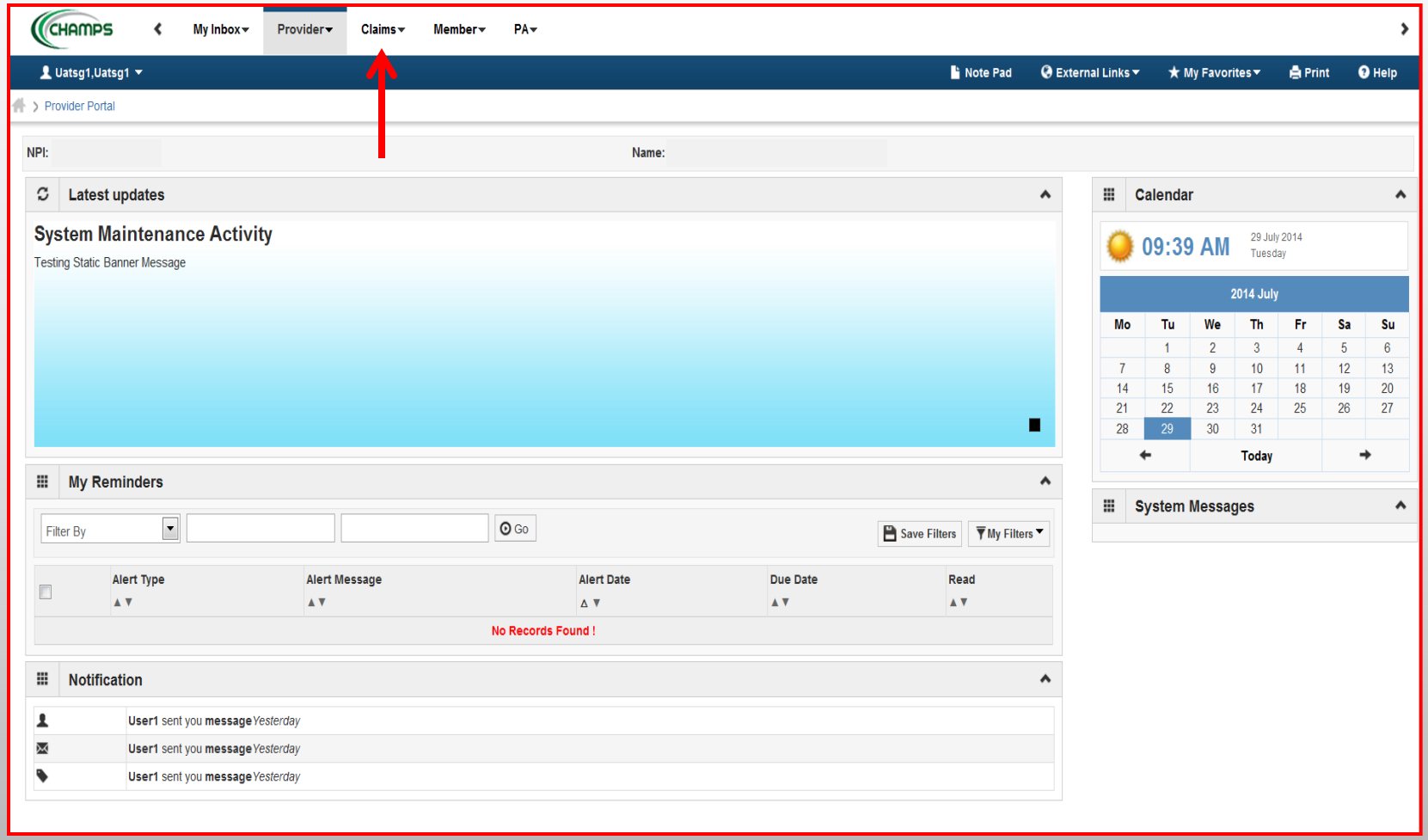

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
MANAGE PROVIDER
Manage Provider Information
PROVIDER ENROLLMENT
New Enrollment
Track Application
NPI:
Latest updates
System Maintenance Activi
Testing Static Banner Message
Calendar
09:02 AM
29 July 2014
Tuesday
2014 July
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 !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday

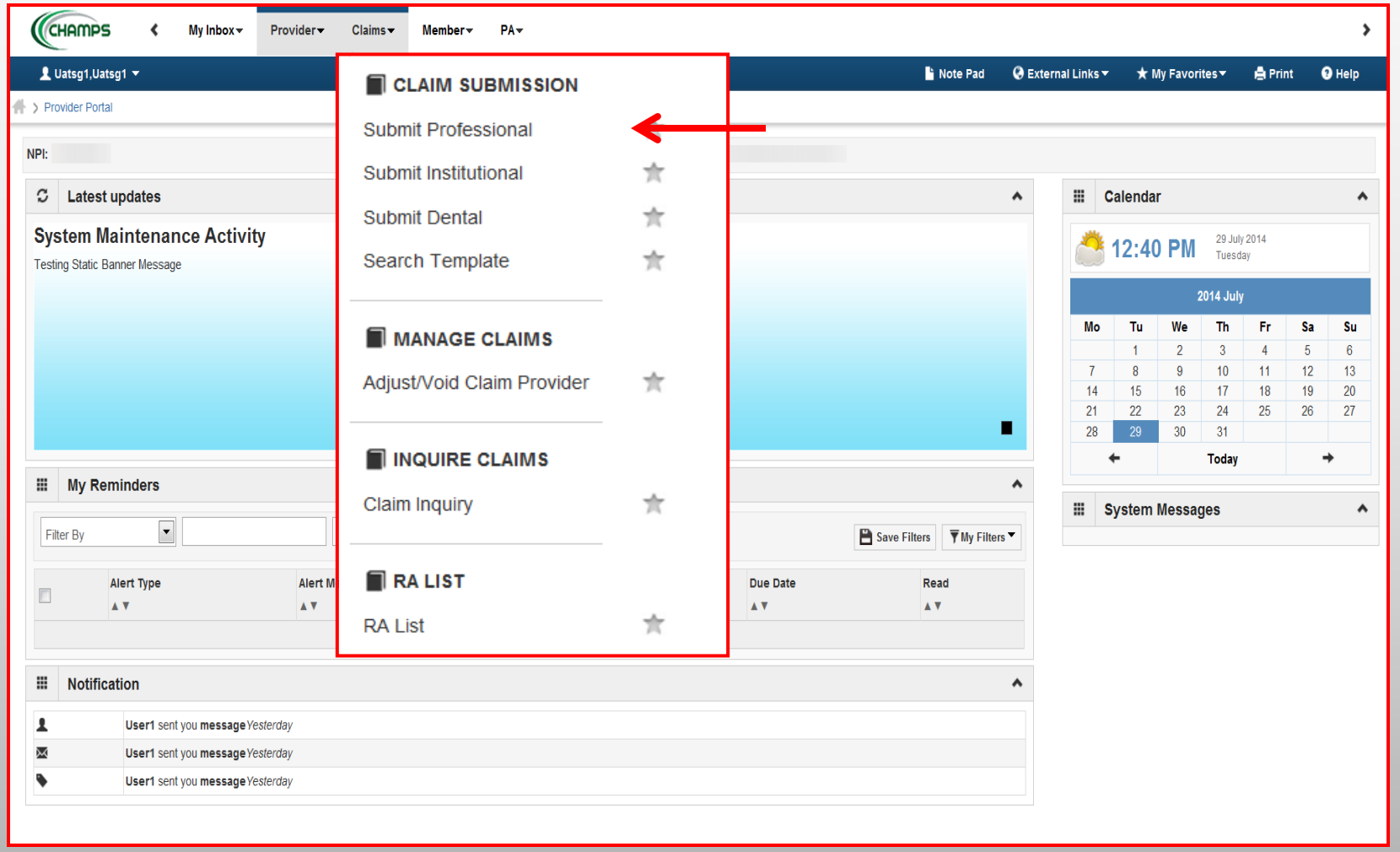


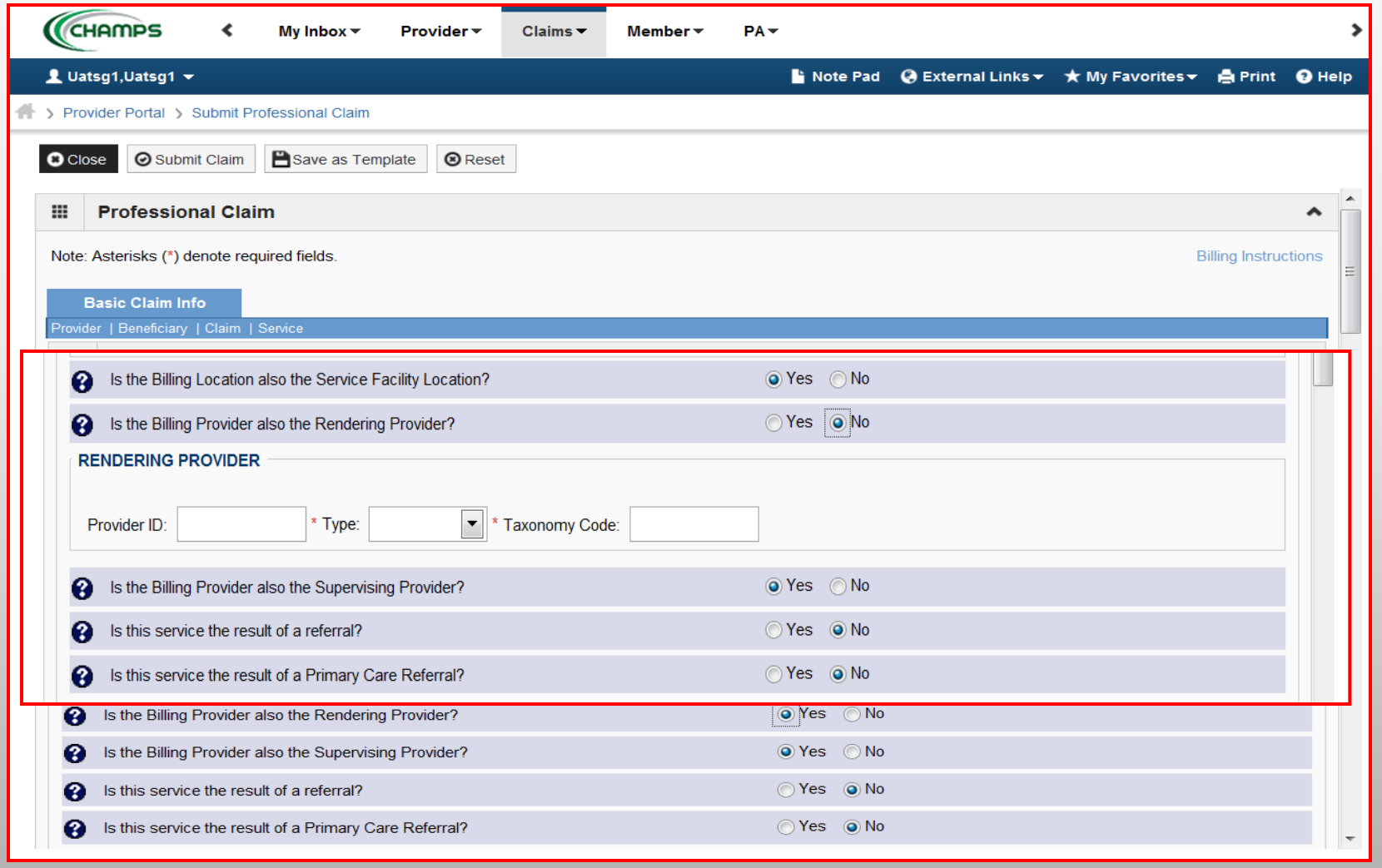
Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	02/11/2014	04/21/2014	Complete		
Step 2: Locations	Required	12/09/2009	12/09/2009	Complete		
Step 3: Specialties	Required	12/09/2009	12/09/2009	Complete		
Step 4: Licenses and Certifications	Required	12/09/2009	12/09/2009	Complete		
Step 5: Mode of Claim Submission	Required	12/09/2009	12/09/2009	Complete		
Step 6: Associate Billing Agent	Required	02/11/2014	04/21/2014	Complete		
Step 7: Provider Controlling Interest/Ownership Details	Required	04/16/2013	05/13/2013	Complete		
Step 8: Taxonomy Details	Required	12/09/2009	12/09/2009	Complete		
Step 9: View Servicing Provider Details	Optional	12/09/2009	12/09/2009	Complete		
Step 10: 835/ERA Enrollment Form	Optional			Incomplete		
Step 11: Complete Modification Checklist	Required	02/11/2014	04/21/2014	Incomplete		
Step 12: Submit Modification Request for Review	Required	02/11/2014	04/21/2014	Complete		

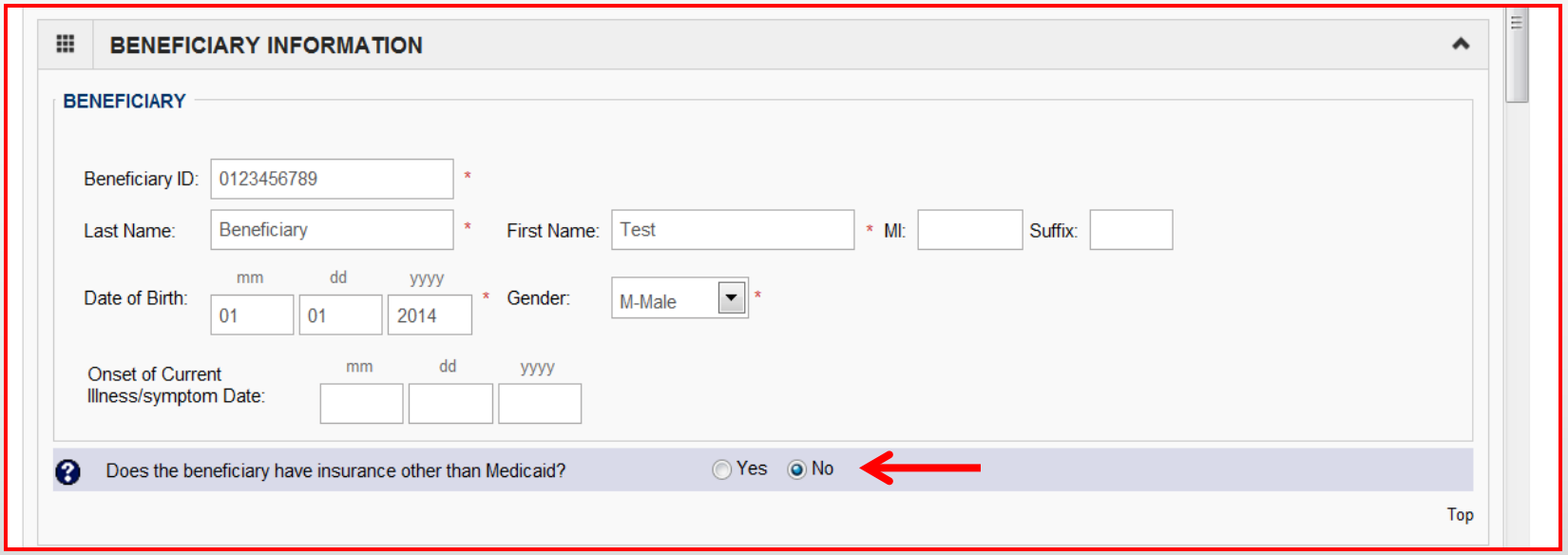
Claims

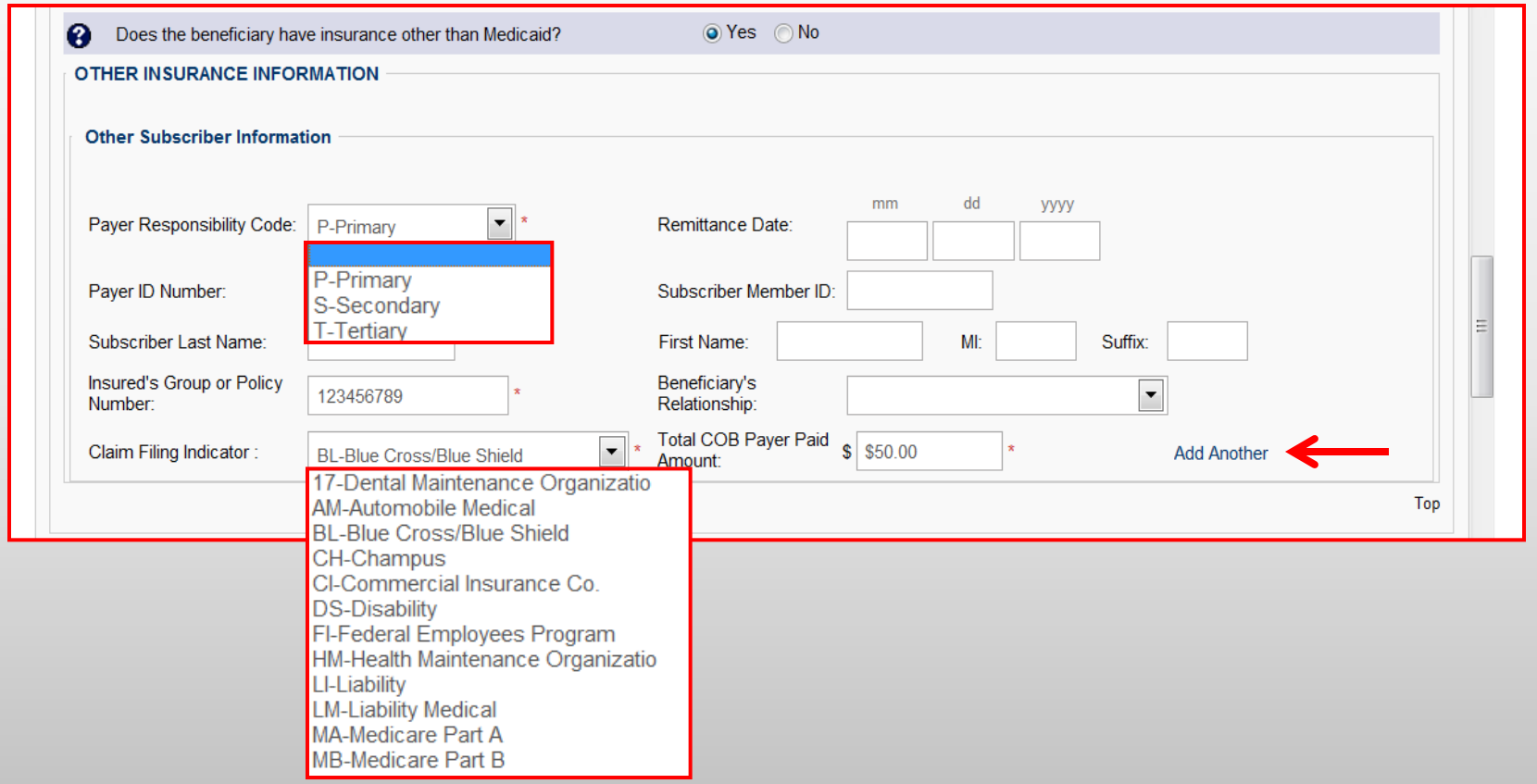
Submit Professional

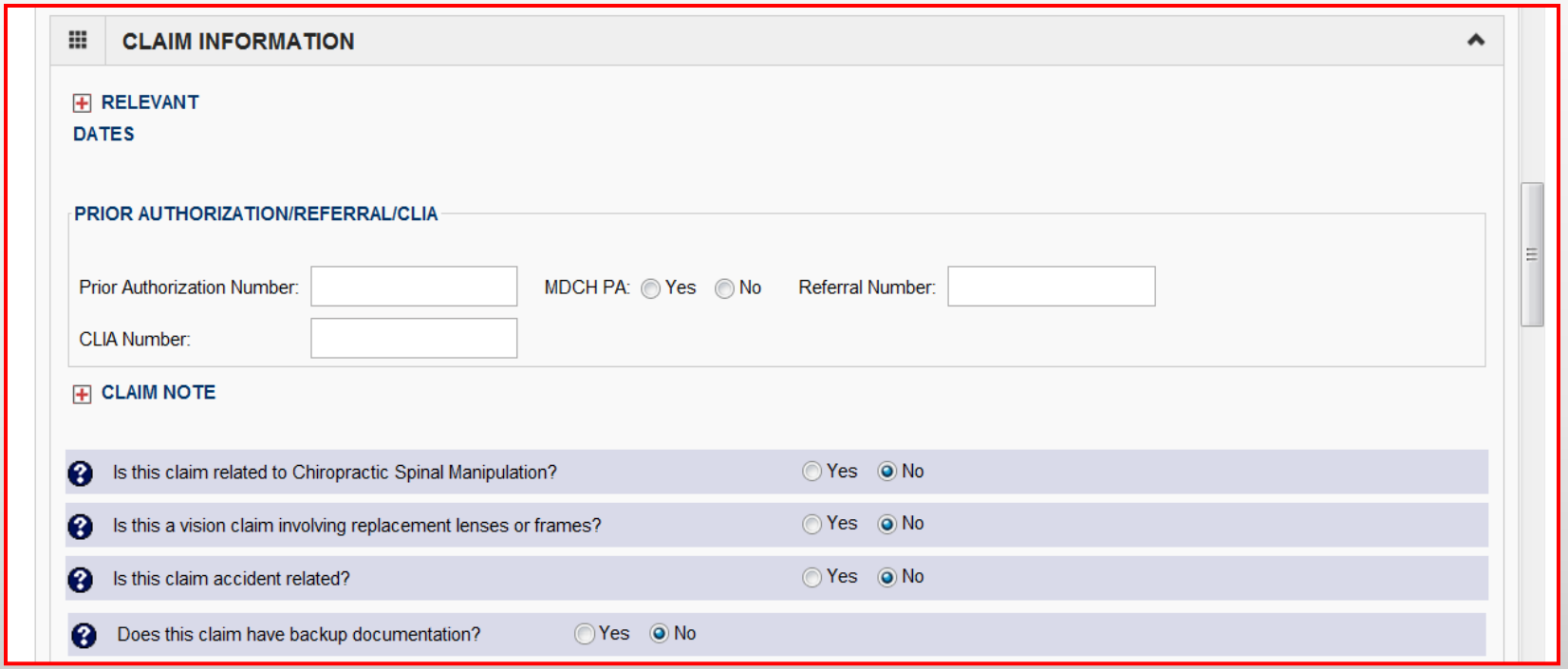

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
Name:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
09:39 AM
29 July 2014
Tuesday
2014 July
Mo Tu We Th Fr Sa Su
1 2 3 4 5 6
7 8 9 10 11 12 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 !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday

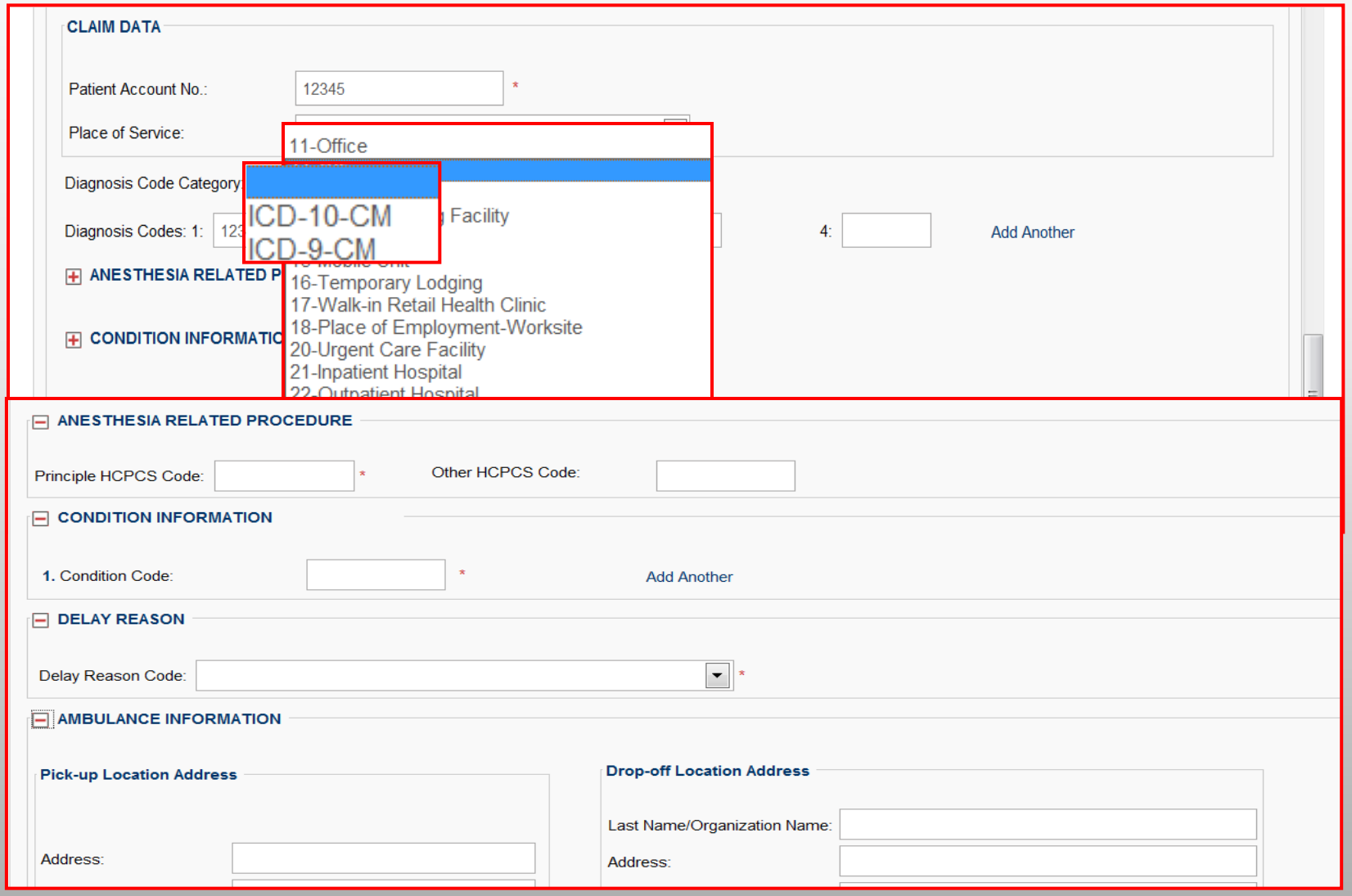

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
CLAIM SUBMISSION
Submit Professional
Submit Institutional
Submit Dental
Search Template
MANAGE CLAIMS
Adjust/Void Claim Provider
INQUIRE CLAIMS
Claim Inquiry
RA LIST
RA List
Latest updates
System Maintenance Activity
Testing Static Banner Message
My Reminders
Filter By
Save Filters
My Filters
Alert Type
Due Date
Read
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday
Calendar
12:40 PM
29 July 2014
Tuesday
2014 July
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
System Messages

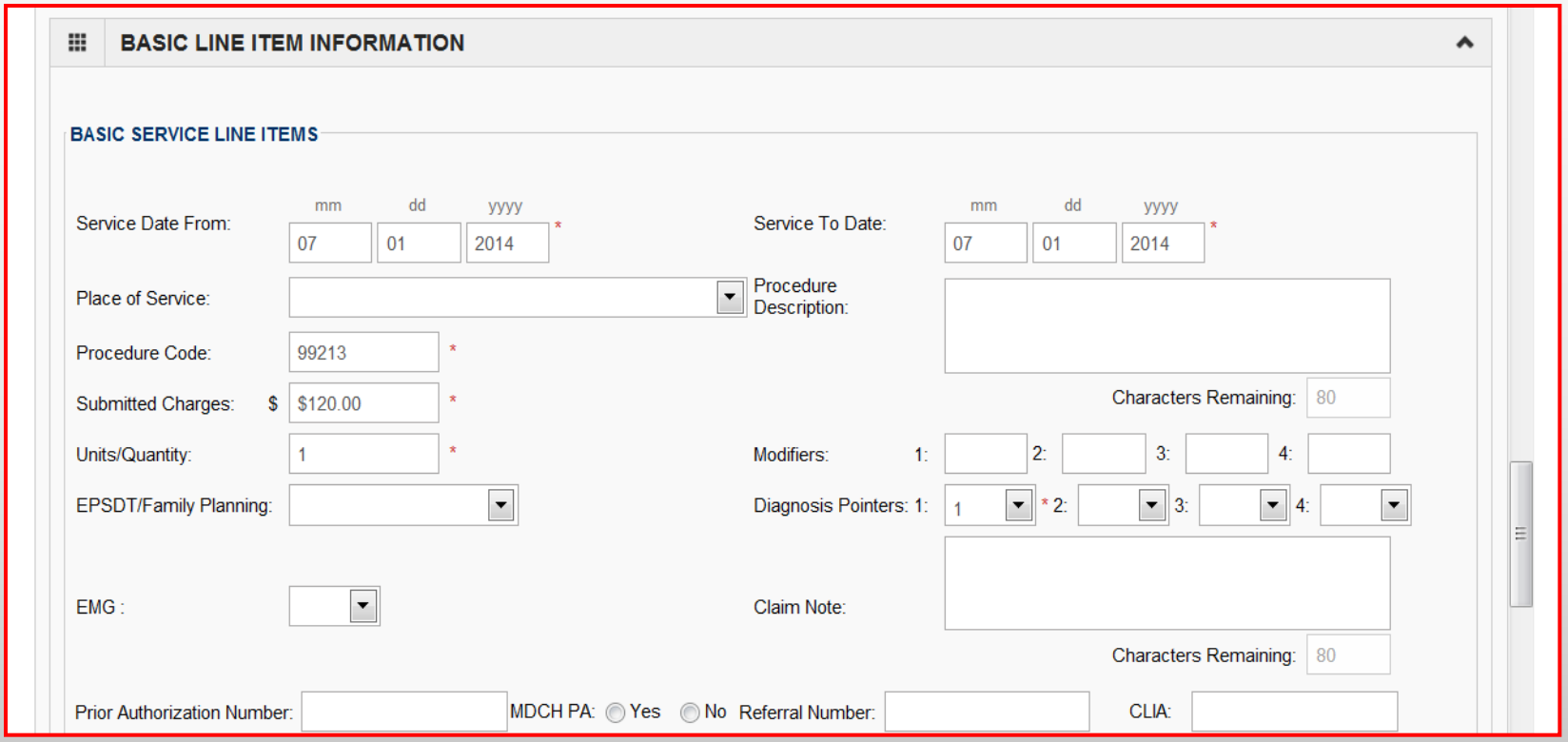

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Submit Professional Claim
Close
Submit Claim
Save as Template
Reset
Professional Claim
Note: Asterisks (*) denote required fields.
Billing Instructions
Basic Claim Info
Provider | Beneficiary | Claim | Service
Is the Billing Location also the Service Facility Location? Yes No
Is the Billing Provider also the Rendering Provider? Yes No
RENDERING PROVIDER
Provider ID:
* Type:
* Taxonomy Code:
Is the Billing Provider also the Supervising Provider? Yes No
Is this service the result of a referral? Yes No
Is this service the result of a Primary Care Referral? Yes No
Is the Billing Provider also the Rendering Provider? Yes No
Is the Billing Provider also the Supervising Provider? Yes No
Is this service the result of a referral? Yes No
Is this service the result of a Primary Care Referral? Yes No

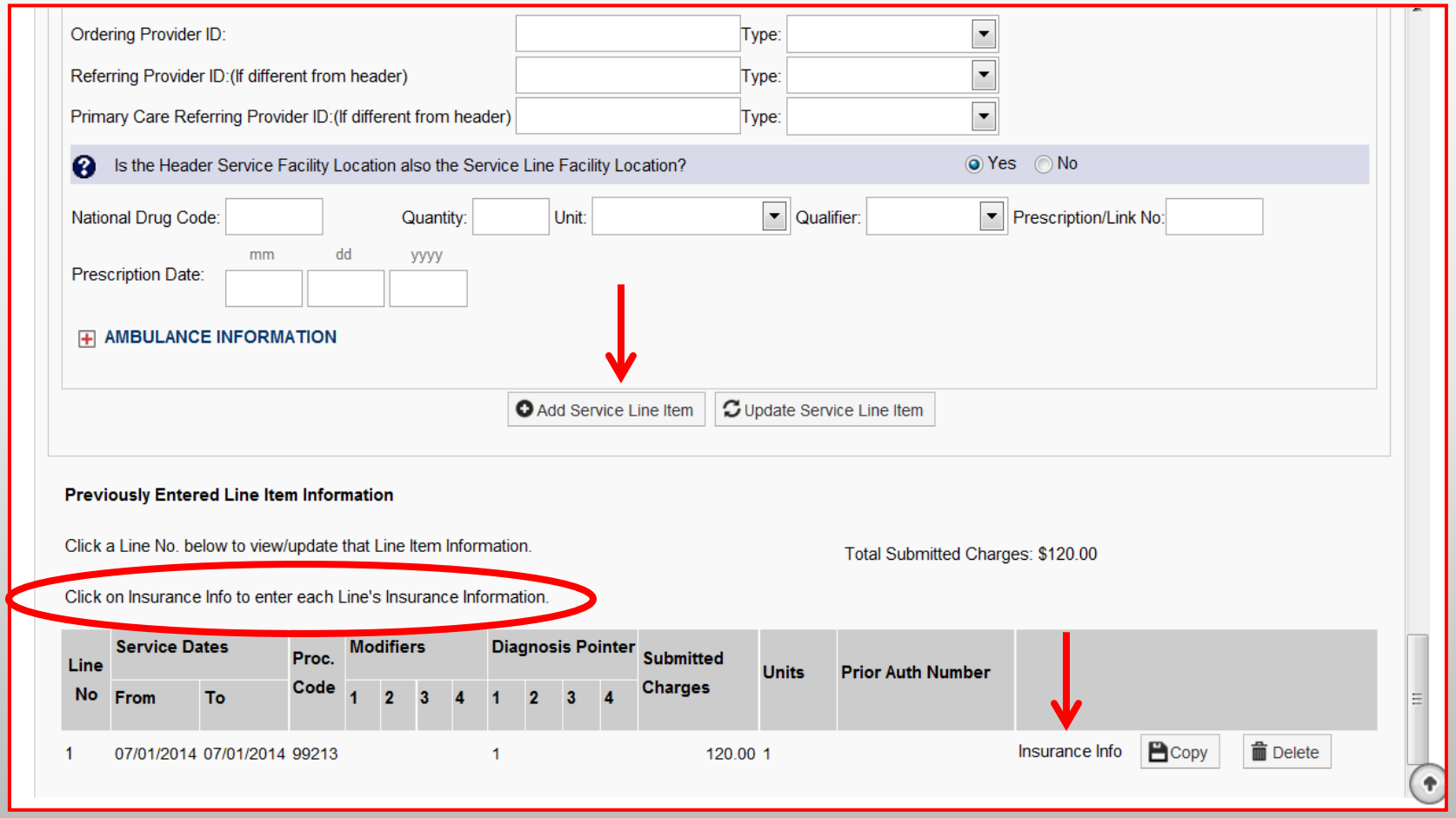

BENEFICIARY INFORMATION
BENEFICIARY
Beneficiary ID: 0123456789 *
Last Name: Beneficiary * First Name: Test * MI: Suffix:
Date of Birth: mm 01 dd 01 yyyy 2014 * Gender: M-Male *
Onset of Current Illness/symptom Date: mm dd yyyy
Does the beneficiary have insurance other than Medicaid? Yes No
Top

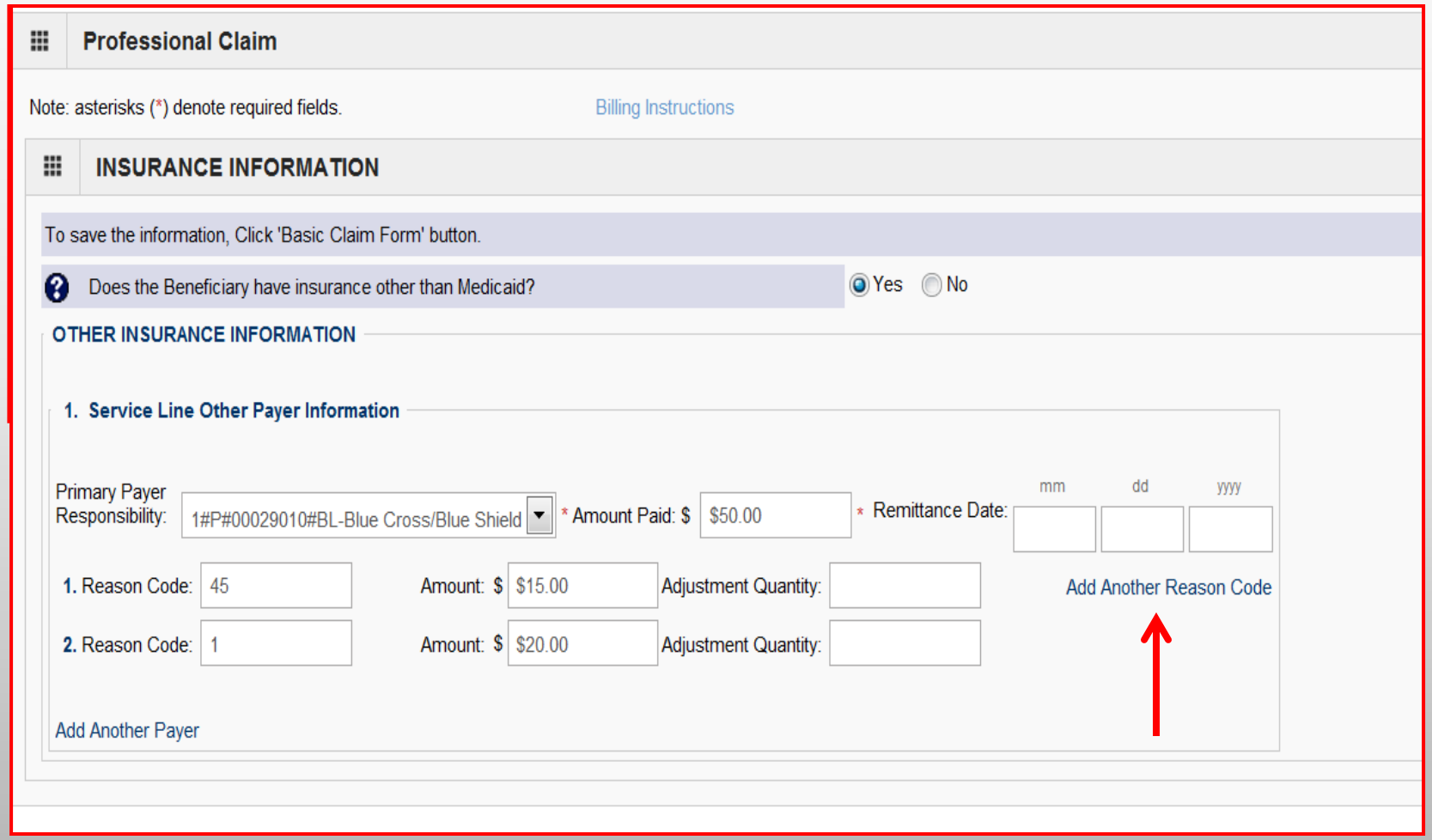

Does the beneficiary have insurance other than Medicaid?
Yes
No
OTHER INSURANCE INFORMATION
Other Subscriber Information
Payer Responsibility Code:
P-Primary
*
P-Primary
S-Secondary
T-Tertiary
Remittance Date:
mm
dd
yyyy
Payer ID Number:
Subscriber Member ID:
Subscriber Last Name:
First Name:
MI:
Suffix:
Insured's Group or Policy Number:
123456789
*
Beneficiary's Relationship:
Claim Filing Indicator :
BL-Blue Cross/Blue Shield
*
17-Dental Maintenance Organizatio
AM-Automobile Medical
BL-Blue Cross/Blue Shield
CH-Champus
CI-Commercial Insurance Co.
DS-Disability
FI-Federal Employees Program
HM-Health Maintenance Organizatio
LI-Liability
LM-Liability Medical
MA-Medicare Part A
MB-Medicare Part B
Total COB Payer Paid Amount:
$
$50.00
*
Add Another
Top

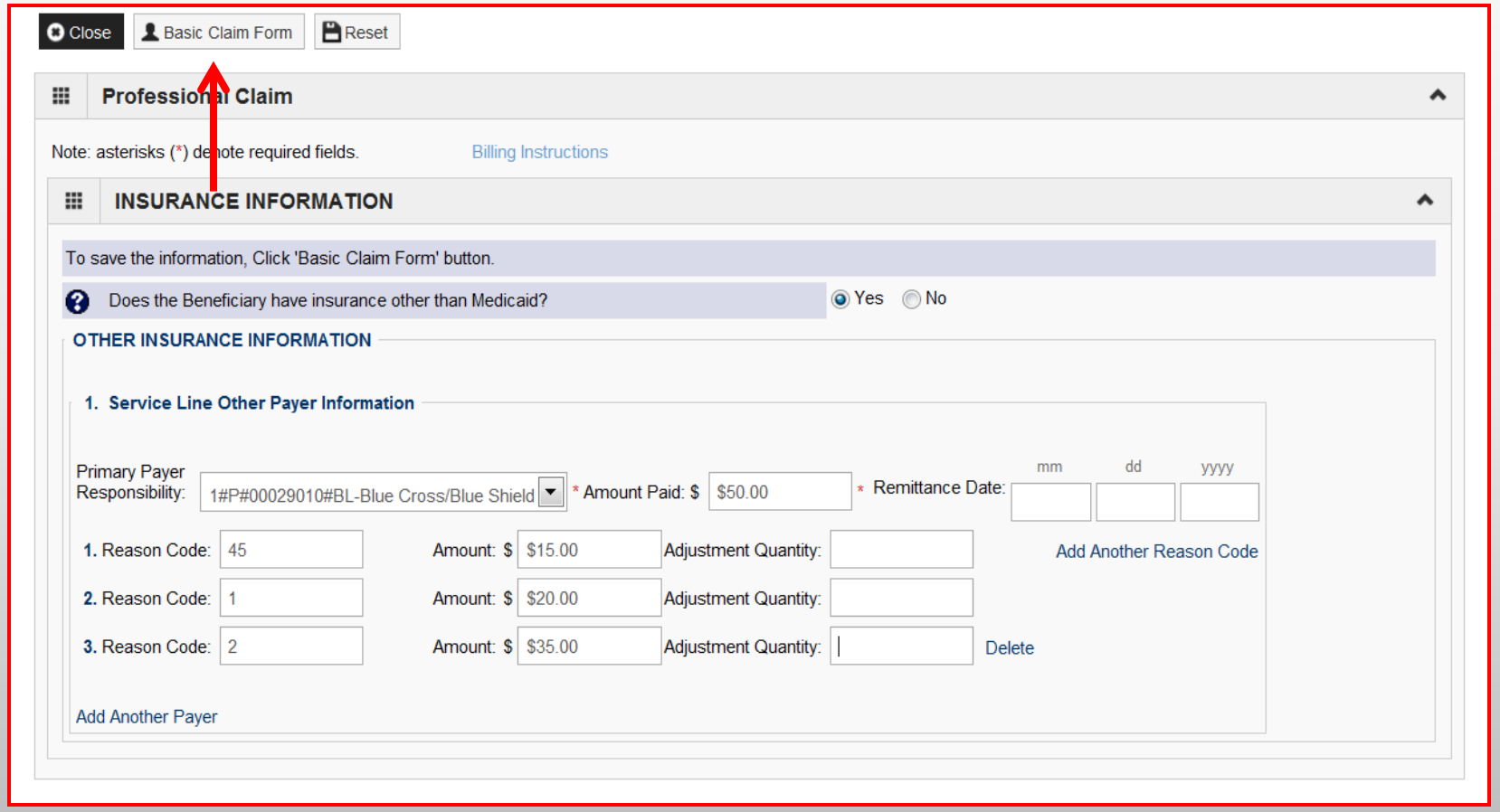

CLAIM INFORMATION
RELEVANT
DATES
PRIOR AUTHORIZATION/REFERRAL/CLIA
Prior Authorization Number:
MDCH PA: Yes No
Referral Number:
CLIA Number:
CLAIM NOTE
Is this claim related to Chiropractic Spinal Manipulation? Yes No
Is this a vision claim involving replacement lenses or frames? Yes No
Is this claim accident related? Yes No
Does this claim have backup documentation? Yes No

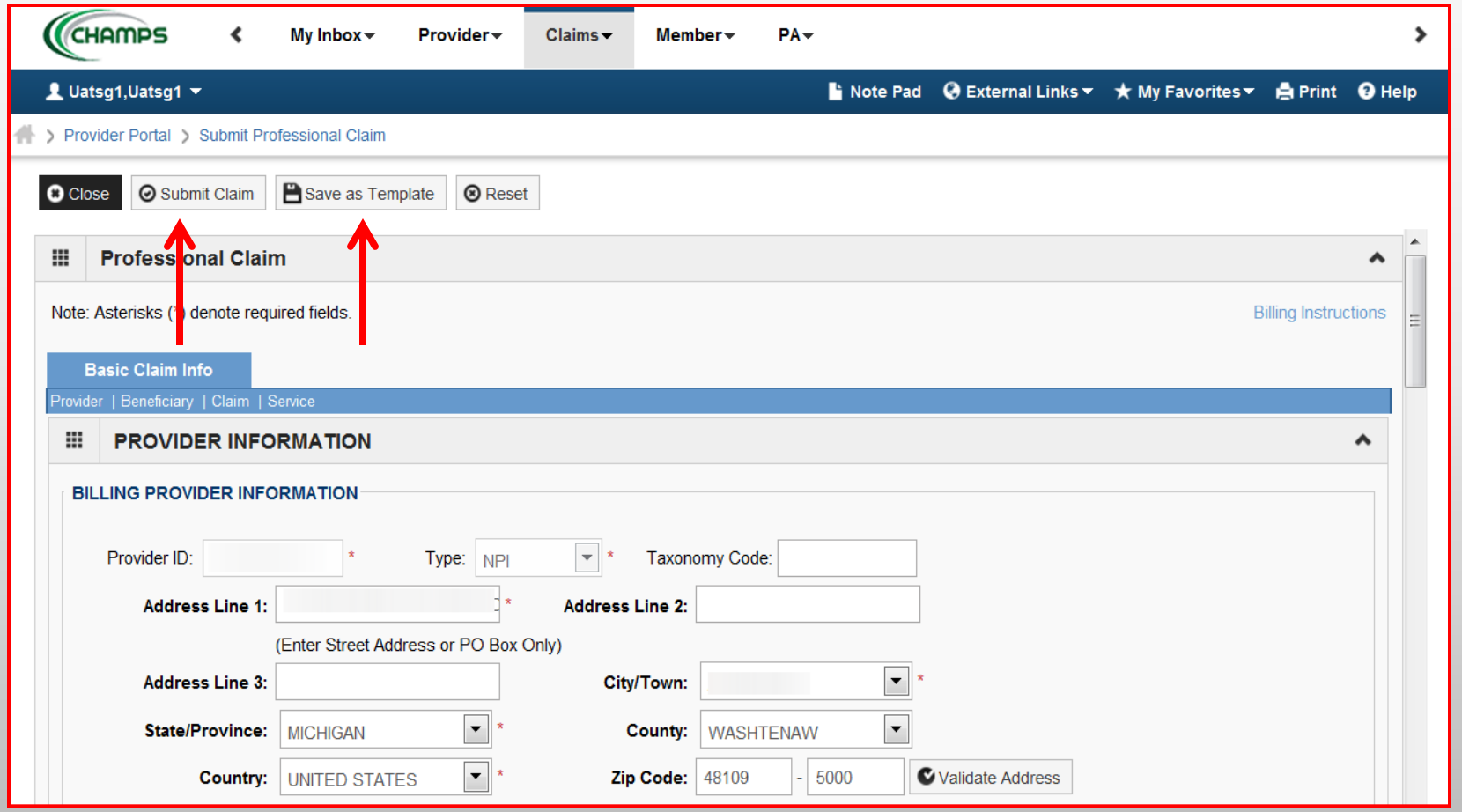

CLAIM DATA
Patient Account No.:
12345
Place of Service:
11-Office
Diagnosis Code Category:
ICD-10-CM
ICD-9-CM
Facility
Diagnosis Codes: 1:
4:
Add Another
ANESTHESIA RELATED P
CONDITION INFORMATIO
16-Temporary Lodging
17-Walk-in Retail Health Clinic
18-Place of Employment-Worksite
20-Urgent Care Facility
21-Inpatient Hospital
ANESTHESIA RELATED PROCEDURE
Principle HCPCS Code:
Other HCPCS Code:
CONDITION INFORMATION
1. Condition Code:
Add Another
DELAY REASON
Delay Reason Code:
AMBULANCE INFORMATION
Pick-up Location Address
Address:
Drop-off Location Address
Last Name/Organization Name:
Address:

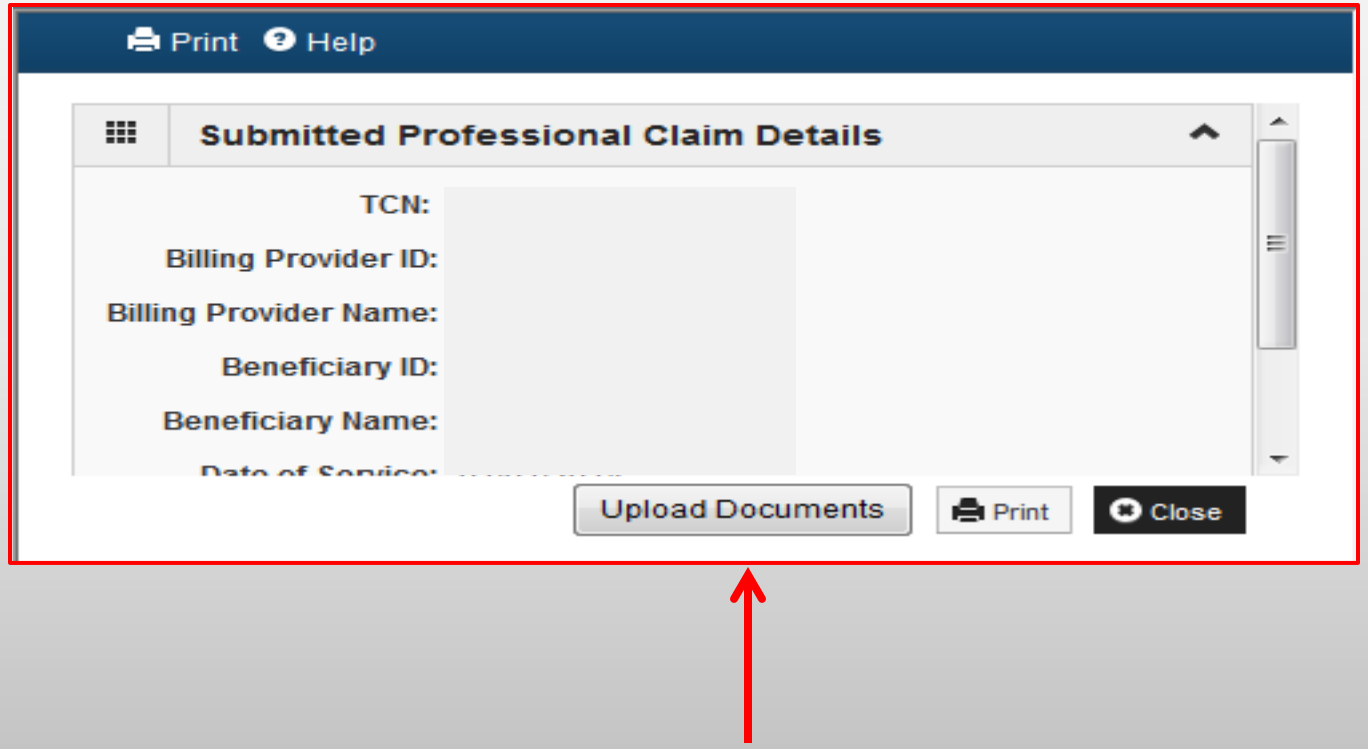

BASIC LINE ITEM INFORMATION
BASIC SERVICE LINE ITEMS
Service Date From:
mm
dd
yyyy
07
01
2014
Service To Date:
07
01
2014
Place of Service:
Procedure Description:
Procedure Code:
99213
Submitted Charges:
$
$120.00
Characters Remaining:
80
Units/Quantity:
1
Modifiers:
1:
2:
3:
4:
EPSDT/Family Planning:
Diagnosis Pointers:
1:
1
2:
3:
4:
EMG :
Claim Note:
Characters Remaining:
80
Prior Authorization Number:
MDCH PA:
Yes
No
Referral Number:
CLIA:

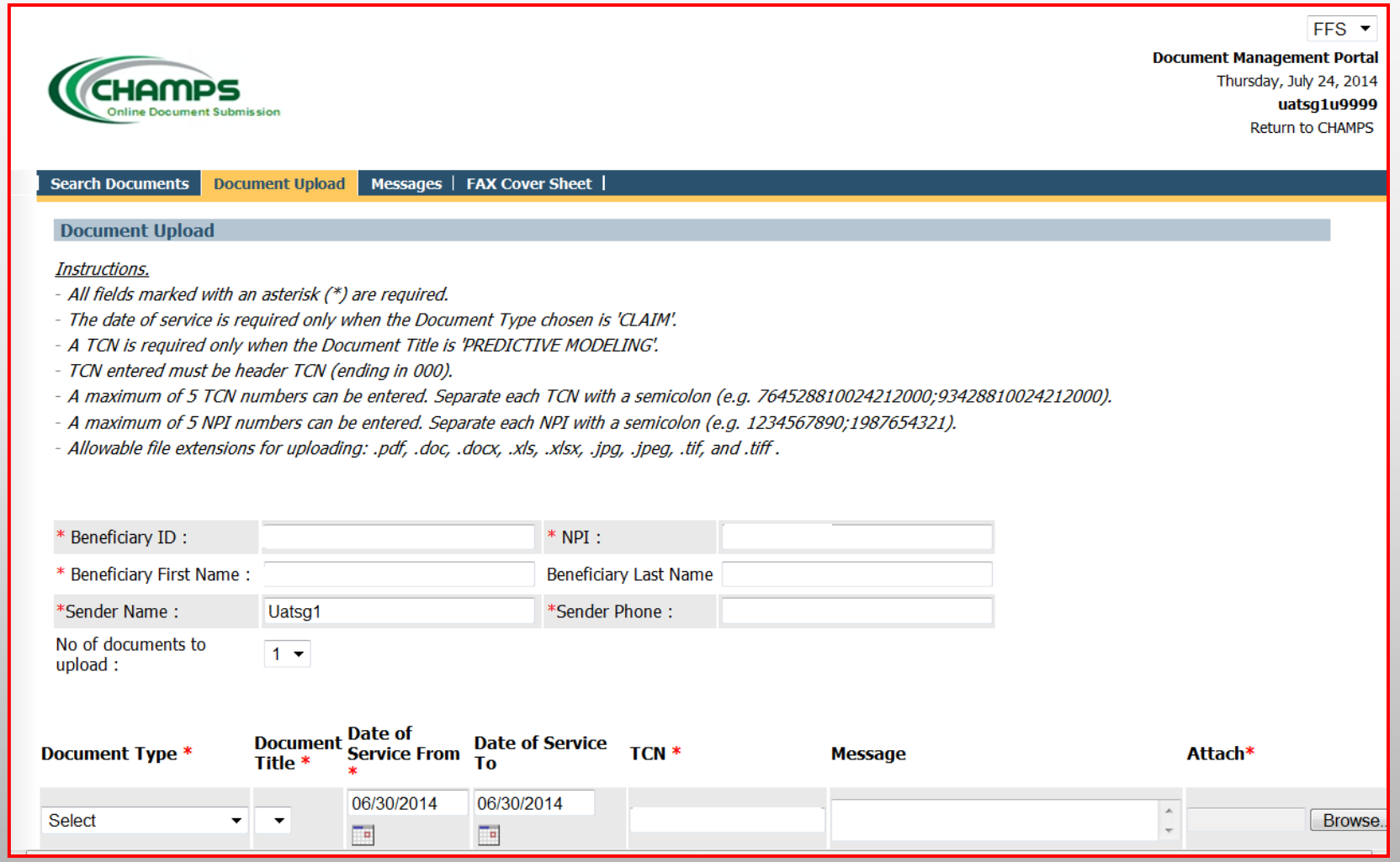

Ordering Provider ID:
Type:
Referring Provider ID:(If different from header)
Type:
Primary Care Referring Provider ID:(If different from header)
Type:
Is the Header Service Facility Location also the Service Line Facility Location?
Yes
No
National Drug Code:
Quantity:
Unit:
Qualifier:
Prescription/Link No:
Prescription Date:
mm
dd
yyyy
AMBULANCE INFORMATION
Add Service Line Item
Update Service Line Item
Previously Entered Line Item Information
Click a Line No. below to view/update that Line Item Information.
Total Submitted Charges: $120.00
Click on Insurance Info to enter each Line's Insurance Information.
Line No
Service Dates
From
To
Proc. Code
Modifiers
1 2 3 4
Diagnosis Pointer
1 2 3 4
Submitted Charges
Units
Prior Auth Number
1 07/01/2014 07/01/2014 99213 1 120.00 1
Insurance Info
Copy
Delete


Professional Claim
Note: asterisks (*) denote required fields.
Billing Instructions
INSURANCE INFORMATION
To save the information, Click 'Basic Claim Form' button.
Does the Beneficiary have insurance other than Medicaid?
Yes
No
OTHER INSURANCE INFORMATION
1. Service Line Other Payer Information
Primary Payer Responsibility:
1#P#00029010#BL-Blue Cross/Blue Shield
* Amount Paid: $
$50.00
* Remittance Date:
mm
dd
yyyy
1. Reason Code:
45
Amount: $
$15.00
Adjustment Quantity:
Add Another Reason Code
2. Reason Code:
1
Amount: $
$20.00
Adjustment Quantity:
Add Another Payer


Close
Basic Claim Form
Reset
Professional Claim
Note: asterisks (*) denote required fields.
Billing Instructions
INSURANCE INFORMATION
To save the information, Click 'Basic Claim Form' button.
Does the Beneficiary have insurance other than Medicaid?
Yes
No
OTHER INSURANCE INFORMATION
1. Service Line Other Payer Information
Primary Payer Responsibility:
1#P#00029010#BL-Blue Cross/Blue Shield
* Amount Paid: $
$50.00
* Remittance Date:
mm
dd
yyyy
1. Reason Code:
45
Amount: $
$15.00
Adjustment Quantity:
Add Another Reason Code
2. Reason Code:
1
Amount: $
$20.00
Adjustment Quantity:
3. Reason Code:
2
Amount: $
$35.00
Adjustment Quantity:
Delete
Add Another Payer

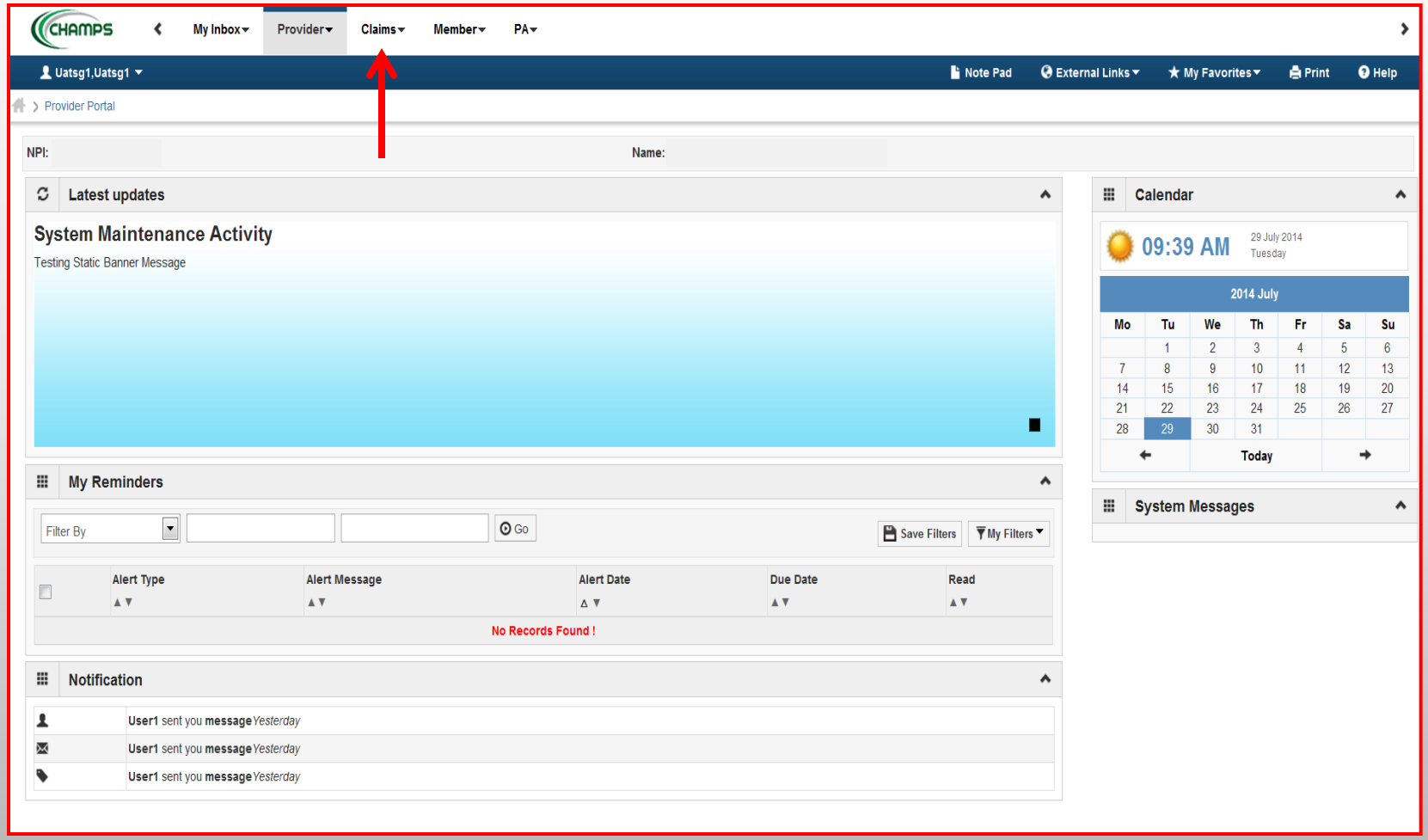

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Submit Professional Claim
Close
Submit Claim
Save as Template
Reset
Professional Claim
Note: Asterisks ( ) denote required fields.
Billing Instructions
Basic Claim Info
Provider | Beneficiary | Claim | Service
PROVIDER INFORMATION
BILLING PROVIDER INFORMATION
Provider ID:
Type:
NPI
Taxonomy Code:
Address Line 1:
Address Line 2:
(Enter Street Address or PO Box Only)
Address Line 3:
City/Town:
State/Province:
MICHIGAN
County:
WASHTENAW
Country:
UNITED STATES
Zip Code:
48109
5000
Validate Address

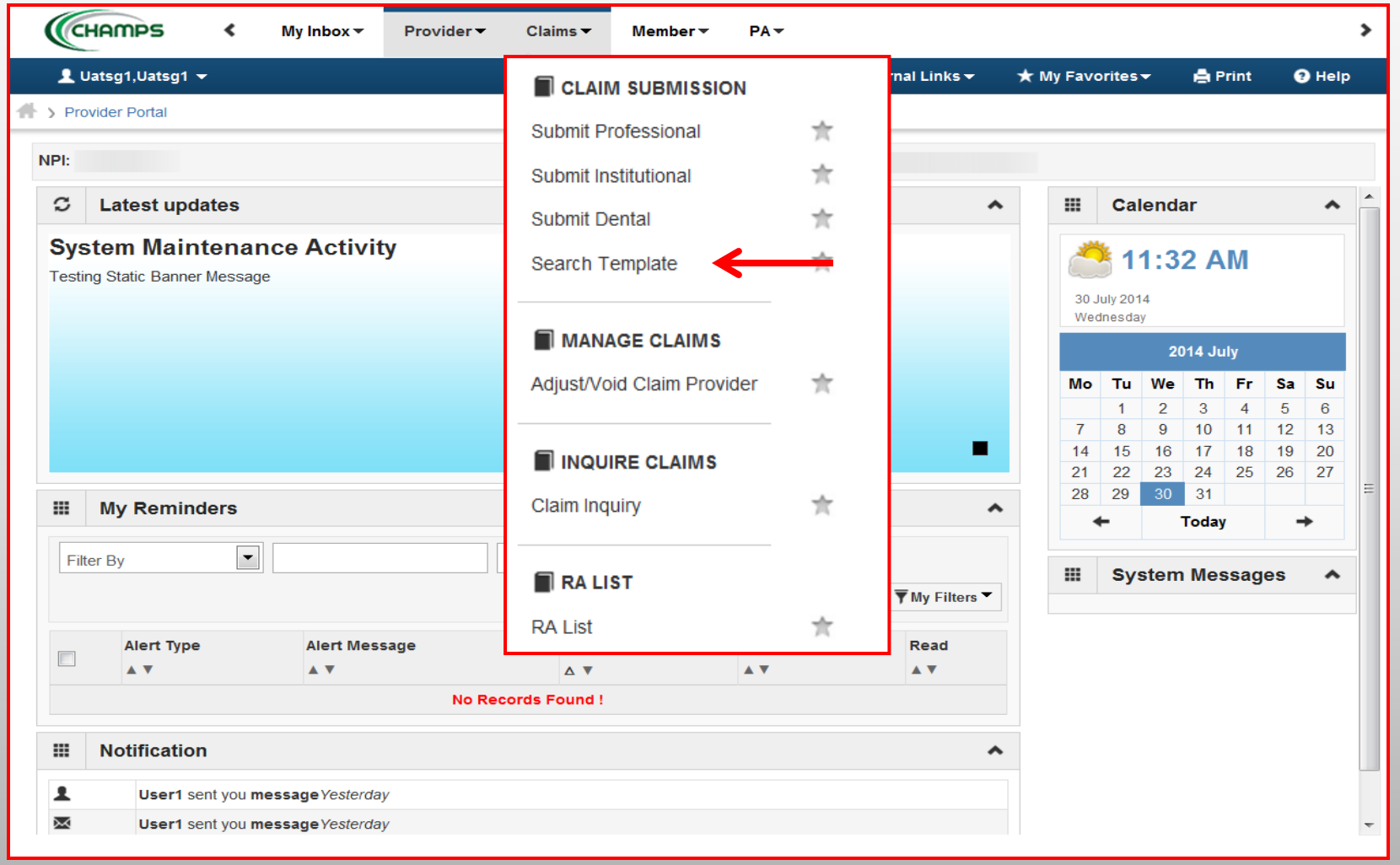

Print
Help
Submitted Professional Claim Details
TCN:
Billing Provider ID:
Billing Provider Name:
Beneficiary ID:
Beneficiary Name:
Upload Documents
Print
Close

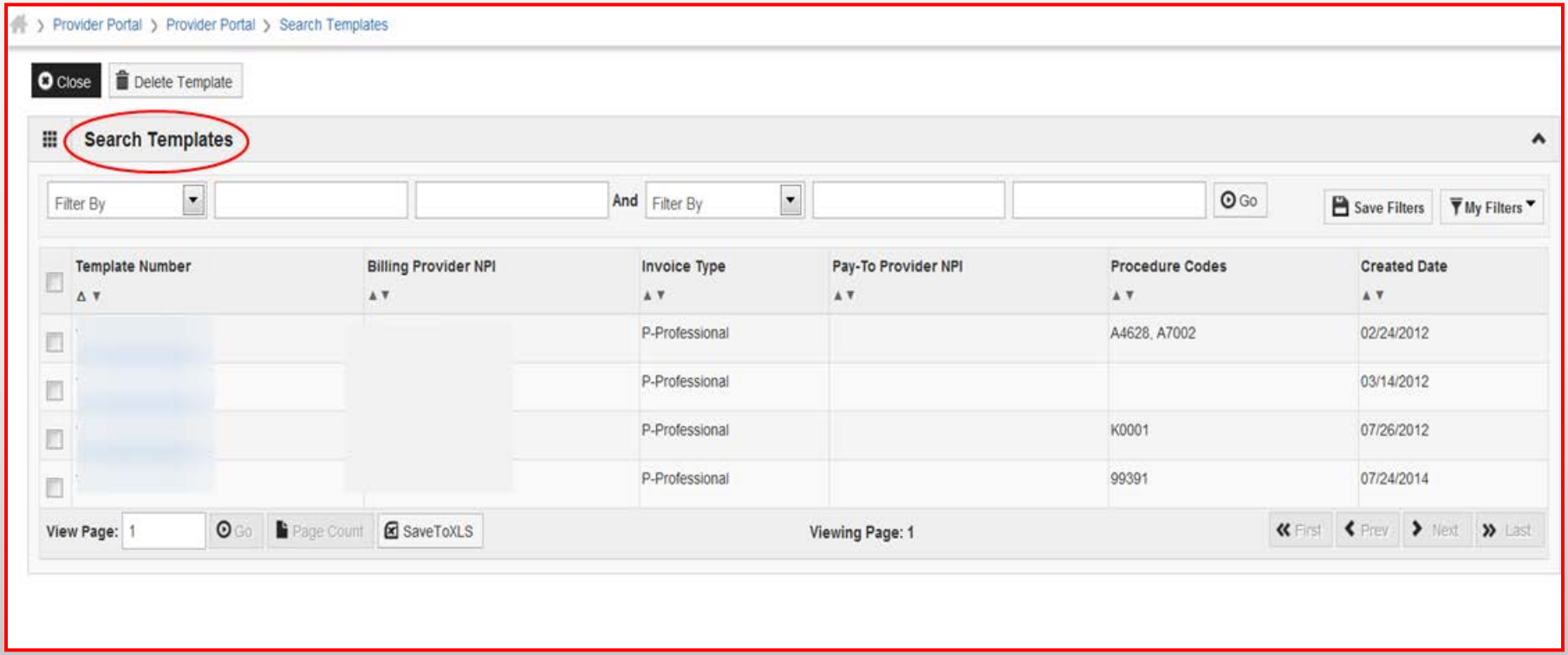

FFS
CHAMPS
Online Document Submission
Document Management Portal
Thursday, July 24, 2014
uatsg1u9999
Return to CHAMPS
Search Documents
Document Upload
Messages
FAX Cover Sheet
Document Upload
Instructions.
- All fields marked with an asterisk (*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- A TCN is required only when the Document Title is 'PREDICTIVE MODELING'.
- TCN entered must be header TCN (ending in 000).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff .
* Beneficiary ID :
* NPI :
* Beneficiary First Name :
Beneficiary Last Name
*Sender Name :
Uatsg1
*Sender Phone :
No of documents to upload :
1
Document Type *
Document Title *
Date of Service From *
Date of Service To
TCN *
Message
Attach*
Select
06/30/2014
06/30/2014
Browse...

Claims

Search Template

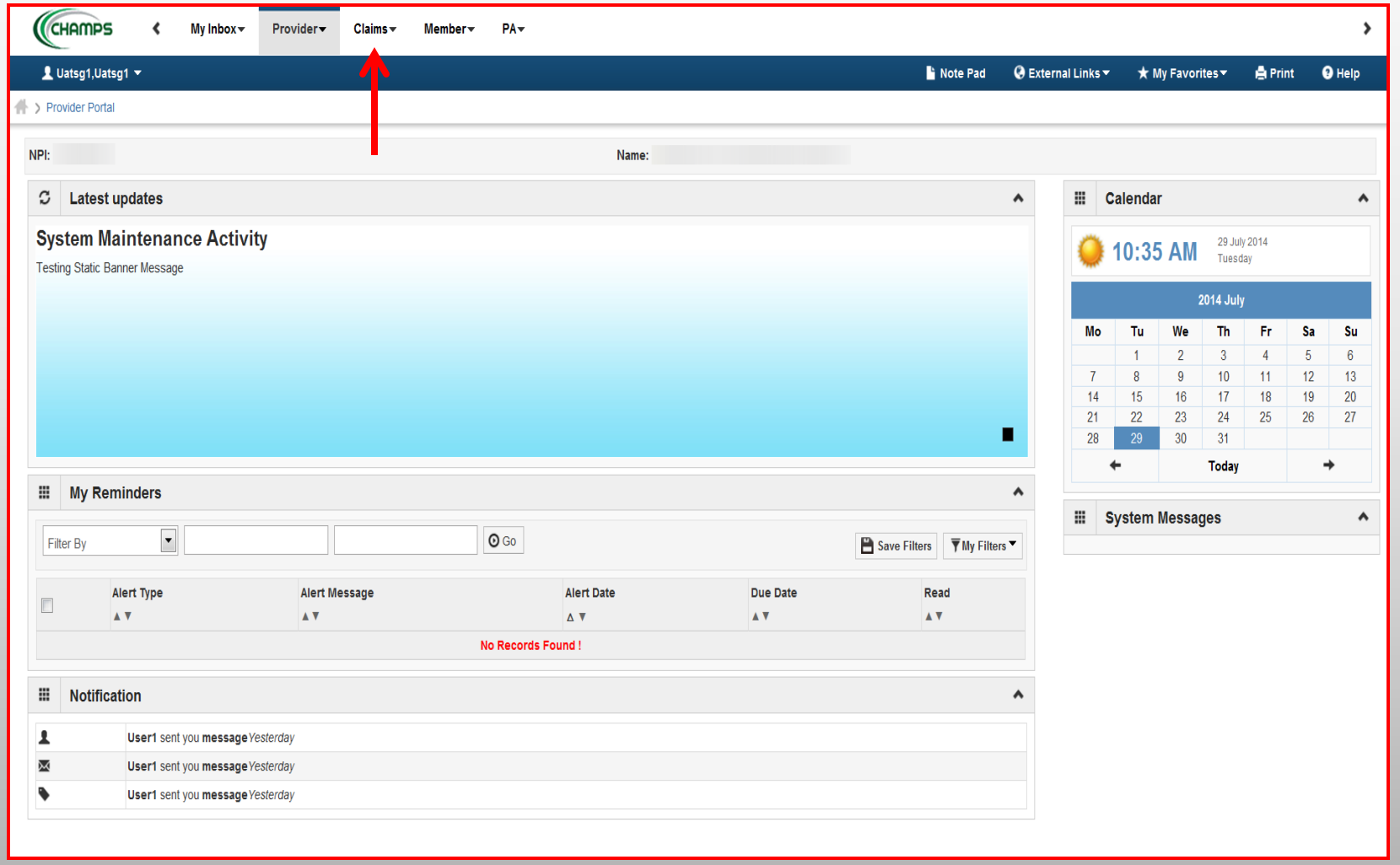

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
Name:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
09:39 AM
29 July 2014
Tuesday
2014 July
Mo Tu We Th Fr Sa Su
1 2 3 4 5 6
7 8 9 10 11 12 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 !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday

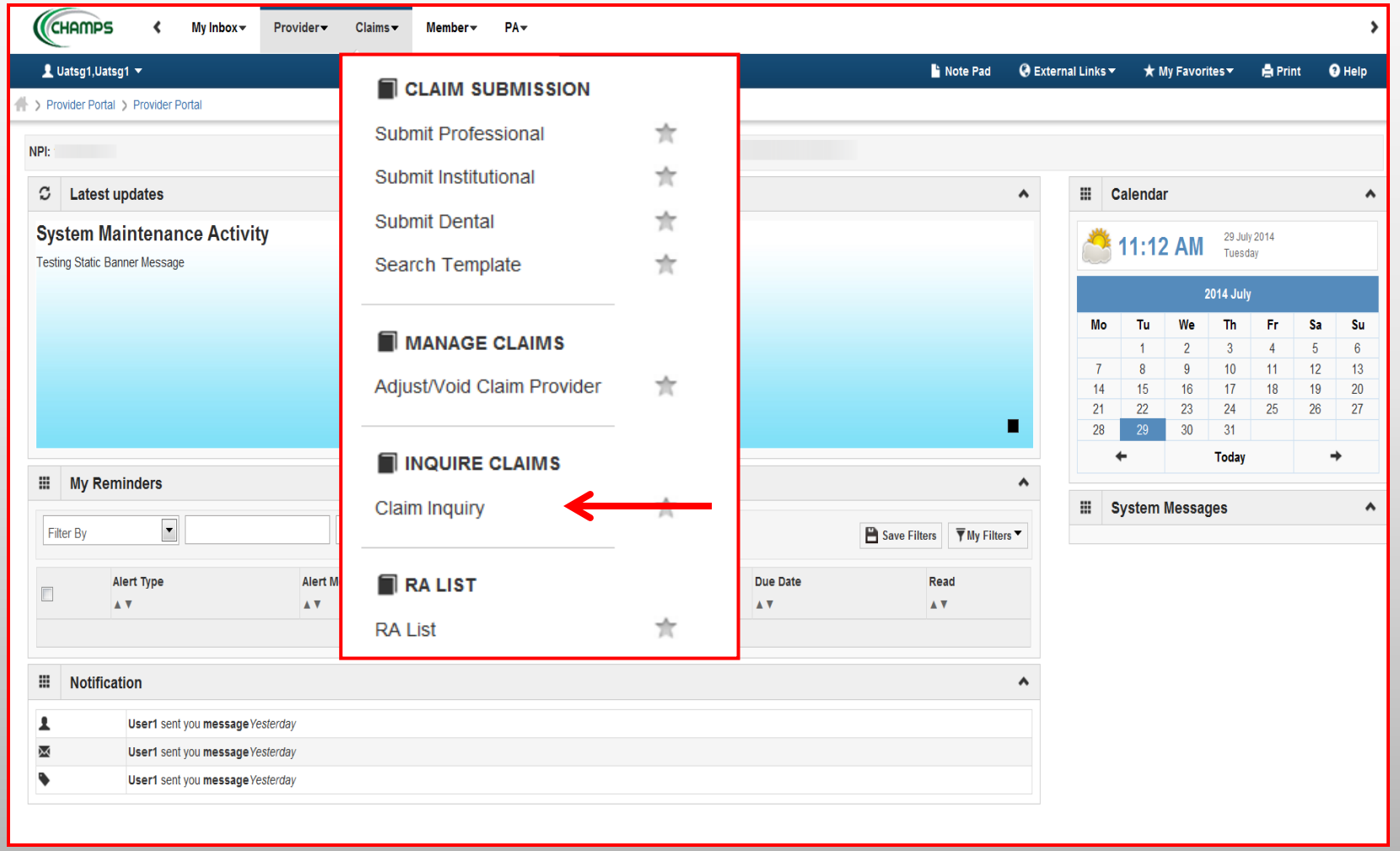

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
My Favorites
Print
Help
Provider Portal
NPI:
Latest updates
System Maintenance Activity
Testing Static Banner Message
CLAIM SUBMISSION
Submit Professional
Submit Institutional
Submit Dental
Search Template
MANAGE CLAIMS
Adjust/Void Claim Provider
INQUIRE CLAIMS
Claim Inquiry
RA LIST
RA List
Calendar
11:32 AM
30 July 2014
Wednesday
2014 July
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
System Messages
My Reminders
Filter By
My Filters
Alert Type
Alert Message
Read
No Records Found !
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday

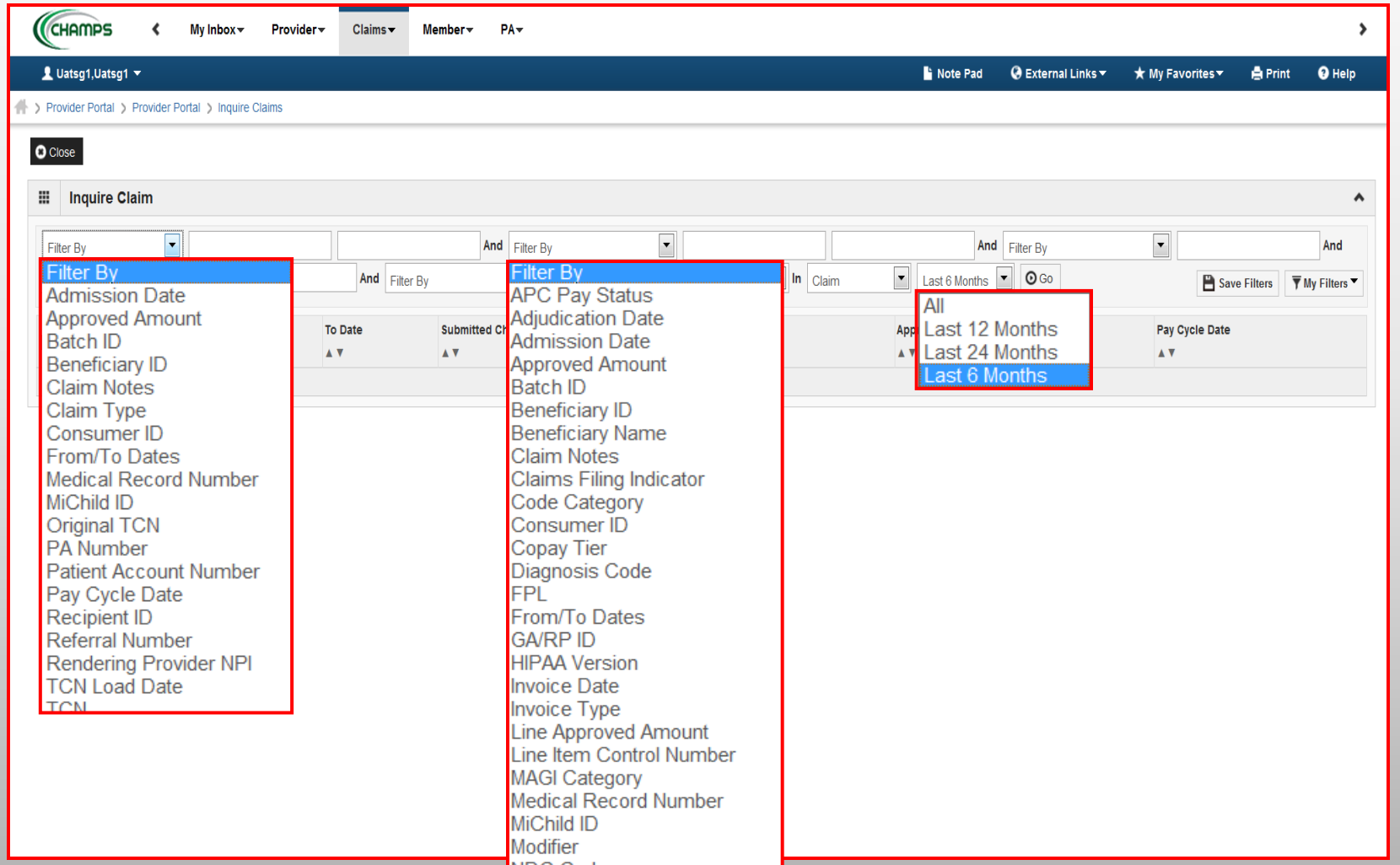

Provider Portal
Provider Portal
Search Templates
Close
Delete Template
Search Templates
Filter By
And
Filter By
Go
Save Filters
My Filters
Template Number
Billing Provider NPI
Invoice Type
Pay-To Provider NPI
Procedure Codes
Created Date
P-Professional
A4628, A7002
02/24/2012
P-Professional
03/14/2012
P-Professional
K0001
07/26/2012
P-Professional
99391
07/24/2014
View Page: 1
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

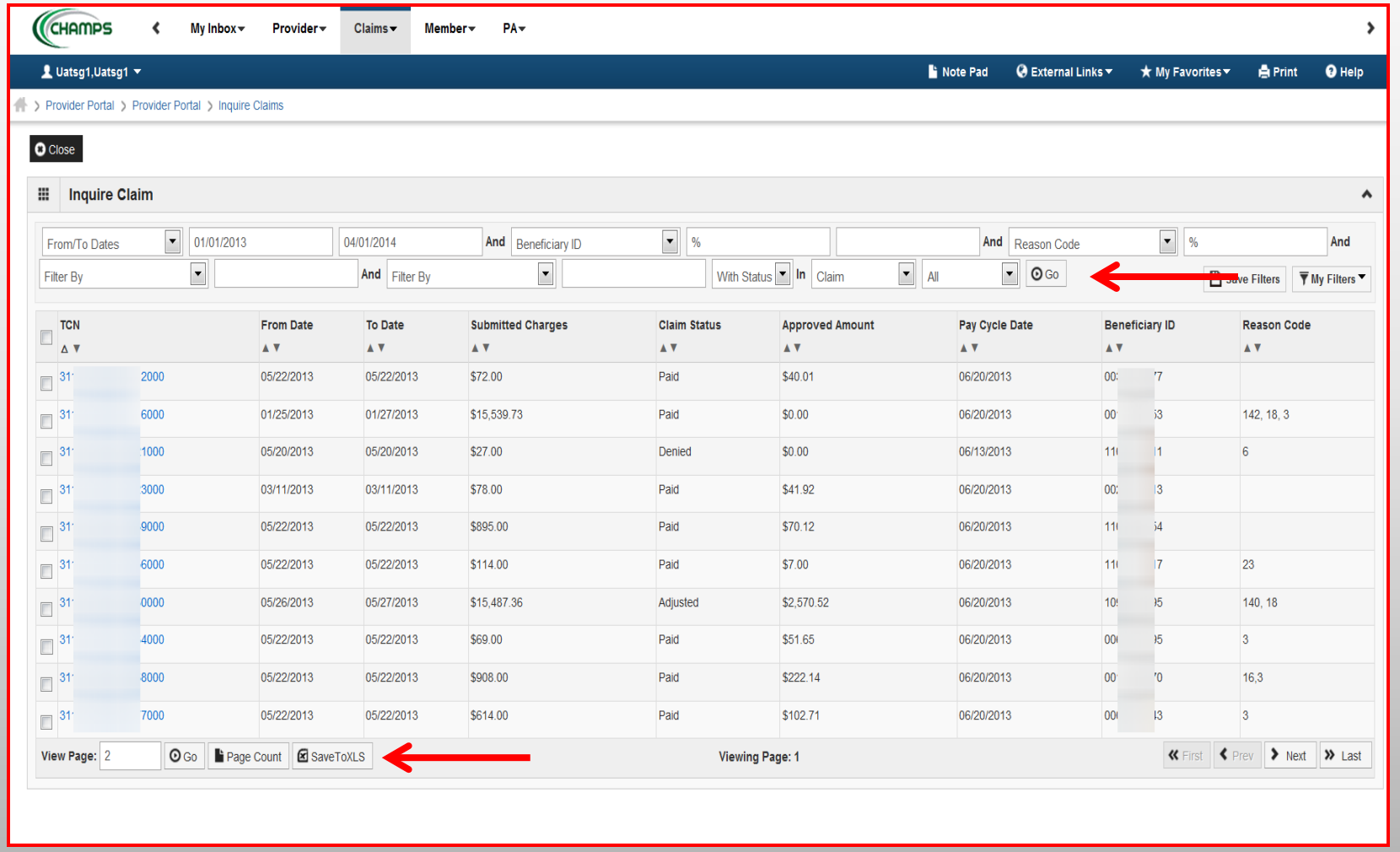
Claims

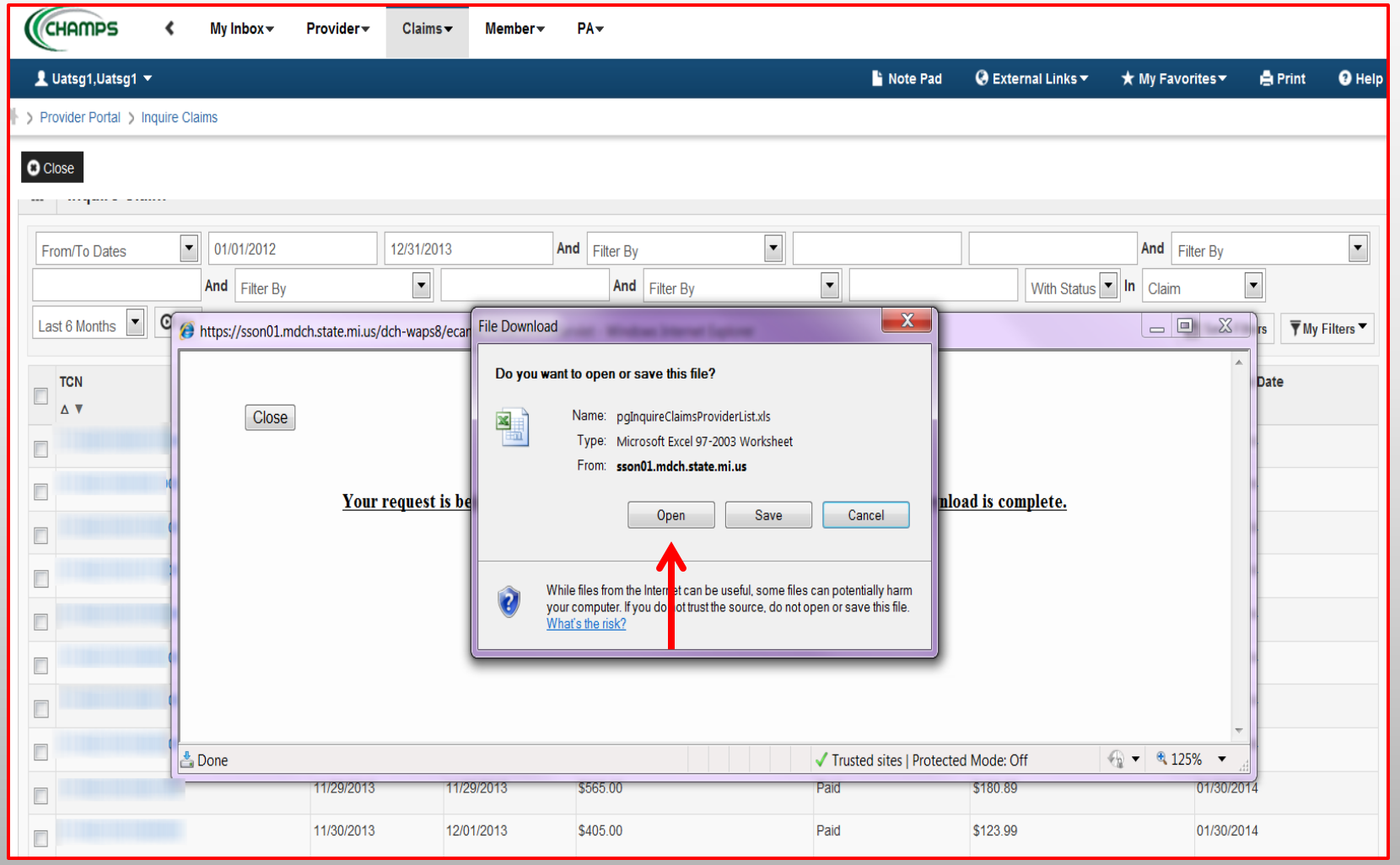
Inquiry

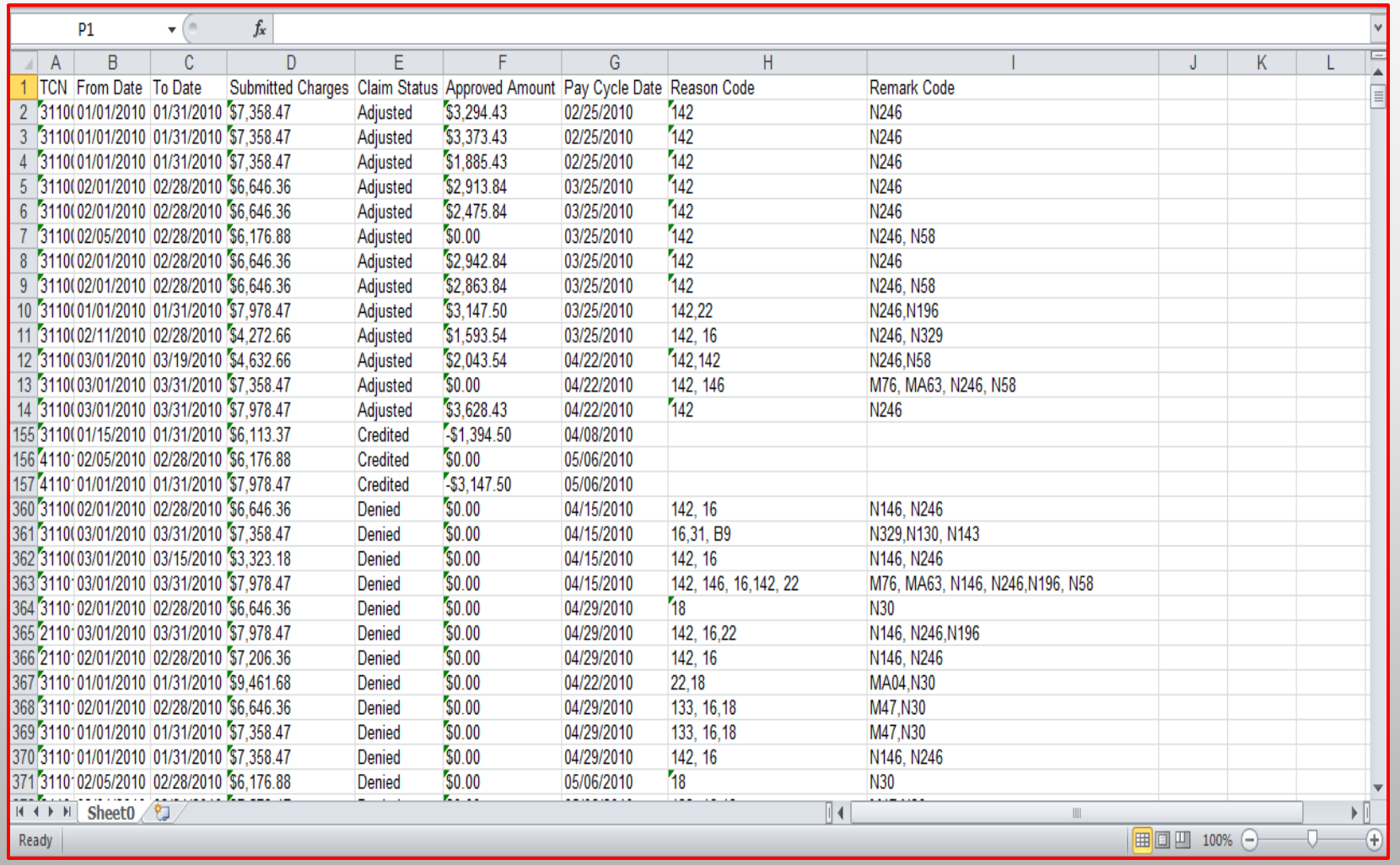

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
Name:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
10:35 AM
29 July 2014
Tuesday
2014 July
Mo Tu We Th Fr Sa Su
1 2 3 4 5 6
7 8 9 10 11 12 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 !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Provider Portal
NPI:
CLAIM SUBMISSION
Submit Professional
Submit Institutional
Submit Dental
Search Template
MANAGE CLAIMS
Adjust/Void Claim Provider
INQUIRE CLAIMS
Claim Inquiry
RA LIST
RA List
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
11:12 AM
29 July 2014
Tuesday
2014 July
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
Save Filters
My Filters
Alert Type
Due Date
Read
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Provider Portal
Inquire Claims
Close
Inquire Claim
Filter By
And
In
Claim
Last 6 Months
Go
Save Filters
My Filters
To Date
Pay Cycle Date
Filter By
Admission Date
Approved Amount
Batch ID
Beneficiary ID
Claim Notes
Claim Type
Consumer ID
From/To Dates
Medical Record Number
MiChild ID
Original TCN
PA Number
Patient Account Number
Pay Cycle Date
Recipient ID
Referral Number
Rendering Provider NPI
TCN Load Date
TCN
Filter By
APC Pay Status
Adjudication Date
Admission Date
Approved Amount
Batch ID
Beneficiary ID
Beneficiary Name
Claim Notes
Claims Filing Indicator
Code Category
Consumer ID
Copay Tier
Diagnosis Code
FPL
From/To Dates
GA/RP ID
HIPAA Version
Invoice Date
Invoice Type
Line Approved Amount
Line Item Control Number
MAGI Category
Medical Record Number
MiChild ID
Modifier
NDC Code
Oral Cavity
Original TCN
Originator ERN
All
Last 12 Months
Last 24 Months
Last 6 Months


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Provider Portal
Inquire Claims
Close
Inquire Claim
From/To Dates
01/01/2013
04/01/2014
And
Beneficiary ID
%
And
Reason Code
%
And
Filter By
And
Filter By
With Status
In
Claim
All
Go
Save Filters
My Filters
TCN
From Date
To Date
Submitted Charges
Claim Status
Approved Amount
Pay Cycle Date
Beneficiary ID
Reason Code
31 2000 05/22/2013 05/22/2013 $72.00 Paid $40.01 06/20/2013
31 6000 01/25/2013 01/27/2013 $15,539.73 Paid $0.00 06/20/2013 142, 18, 3
31 1000 05/20/2013 05/20/2013 $27.00 Denied $0.00 06/13/2013 6
31 3000 03/11/2013 03/11/2013 $78.00 Paid $41.92 06/20/2013
31 9000 05/22/2013 05/22/2013 $895.00 Paid $70.12 06/20/2013
31 6000 05/22/2013 05/22/2013 $114.00 Paid $7.00 06/20/2013 23
31 0000 05/26/2013 05/27/2013 $15,487.36 Adjusted $2,570.52 06/20/2013 140, 18
31 4000 05/22/2013 05/22/2013 $69.00 Paid $51.65 06/20/2013 3
31 8000 05/22/2013 05/22/2013 $908.00 Paid $222.14 06/20/2013 16,3
31 7000 05/22/2013 05/22/2013 $614.00 Paid $102.71 06/20/2013 3
View Page: 2
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

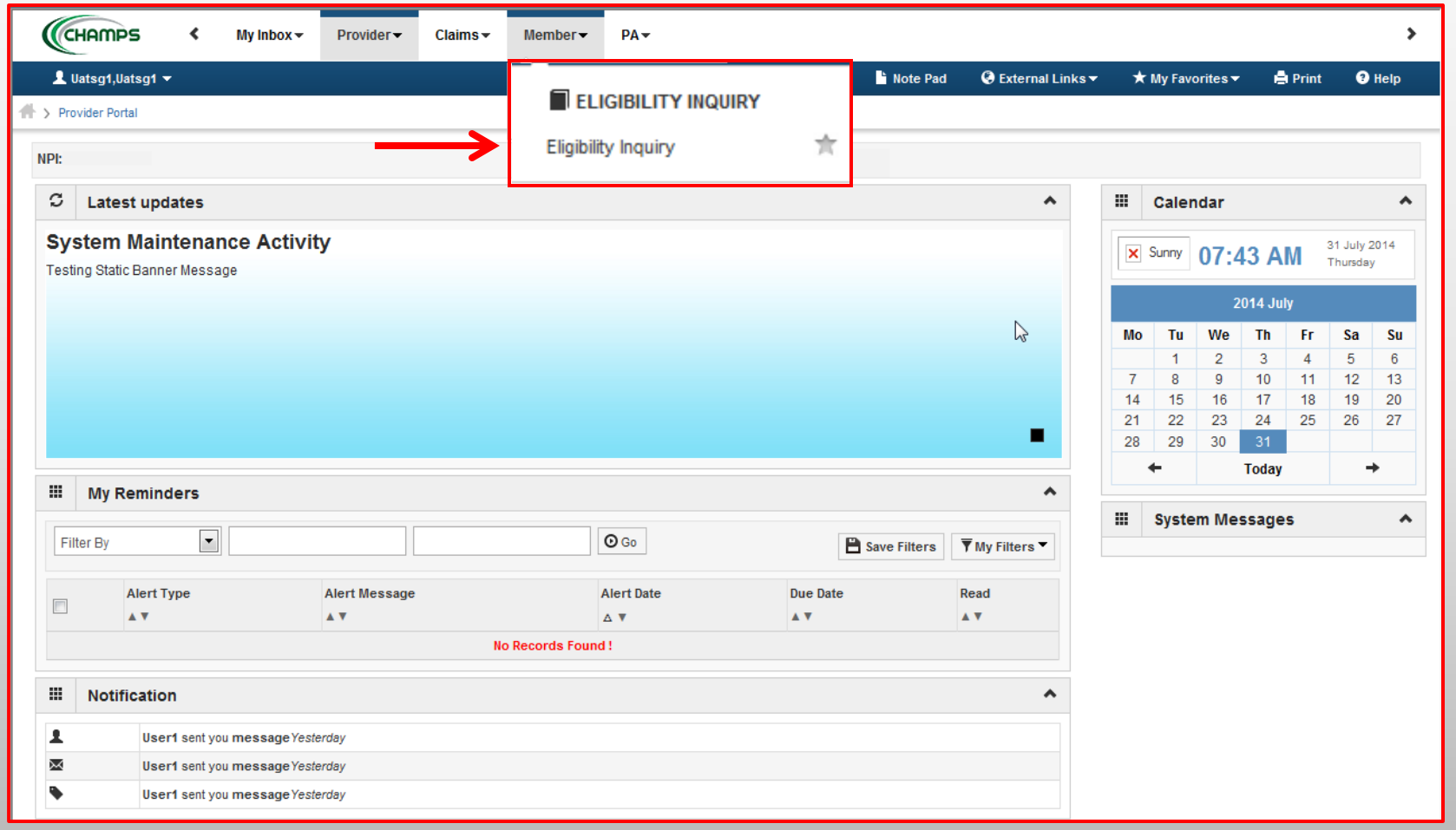

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Inquire Claims
Close
From/To Dates
01/01/2012
12/31/2013
And
Filter By
With Status
In
Claim
Last 6 Months
My Filters
TCN
Date
https://sson01.mdch.state.mi.us/dch-waps8/ecar
Close
Your request is be
nload is complete.
File Download
Do you want to open or save this file?
Name: pgInquireClaimsProviderList.xls
Type: Microsoft Excel 97-2003 Worksheet
From: sson01.mdch.state.mi.us
Open
Save
Cancel
While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file.
What's the risk?
Done
Trusted sites | Protected Mode: Off
125%
11/29/2013
11/29/2013
$565.00
Paid
$180.89
01/30/2014
11/30/2013
12/01/2013
$405.00
Paid
$123.99
01/30/2014

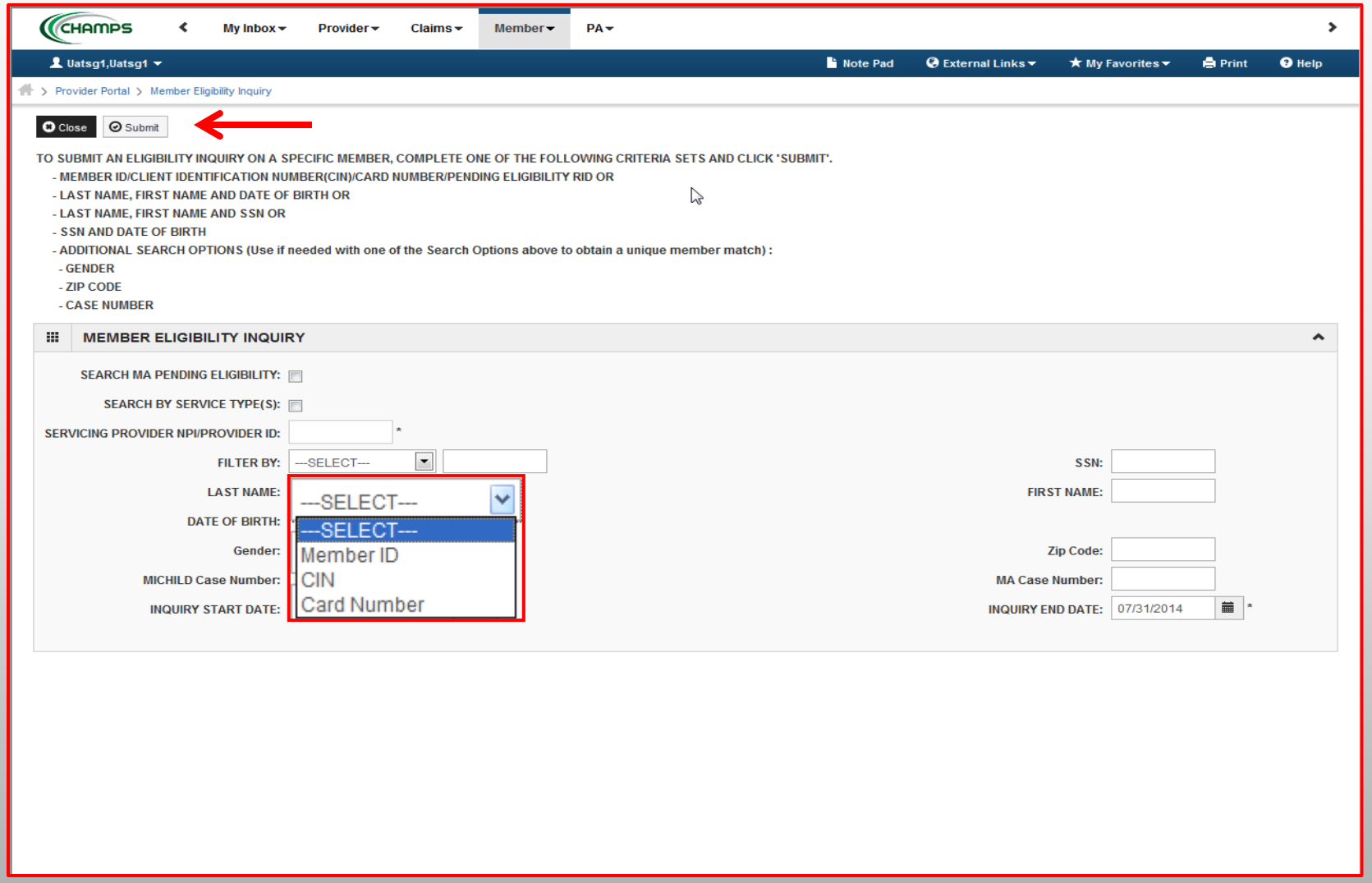


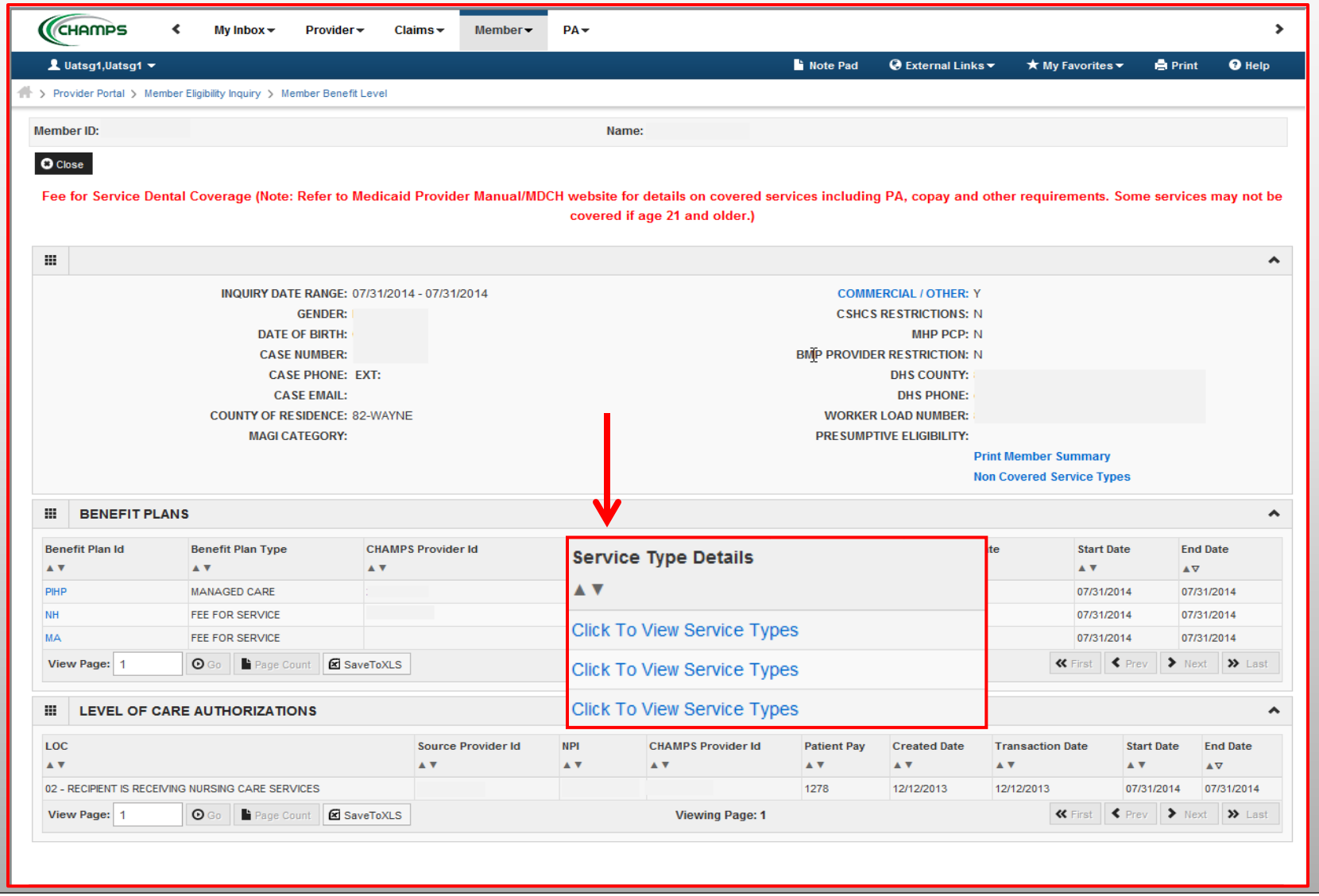
TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle Date	Reason Code	Remark Code
3110(	01/01/2010	01/31/2010	$7,358.47	Adjusted	$3,294.43	02/25/2010	142	N246
3110(	01/01/2010	01/31/2010	$7,358.47	Adjusted	$3,373.43	02/25/2010	142	N246
3110(	01/01/2010	01/31/2010	$7,358.47	Adjusted	$1,885.43	02/25/2010	142	N246
3110(	02/01/2010	02/28/2010	$6,646.36	Adjusted	$2,913.84	03/25/2010	142	N246
3110(	02/01/2010	02/28/2010	$6,646.36	Adjusted	$2,475.84	03/25/2010	142	N246
3110(	02/05/2010	02/28/2010	$6,176.88	Adjusted	$0.00	03/25/2010	142	N246, N58
3110(	02/01/2010	02/28/2010	$6,646.36	Adjusted	$2,942.84	03/25/2010	142	N246
3110(	02/01/2010	02/28/2010	$6,646.36	Adjusted	$2,863.84	03/25/2010	142	N246, N58
3110(	01/01/2010	01/31/2010	$7,978.47	Adjusted	$3,147.50	03/25/2010	142,22	N246,N196
3110(	02/11/2010	02/28/2010	$4,272.66	Adjusted	$1,593.54	03/25/2010	142, 16	N246, N329
3110(	03/01/2010	03/19/2010	$4,632.66	Adjusted	$2,043.54	04/22/2010	142,142	N246,N58
3110(	03/01/2010	03/31/2010	$7,358.47	Adjusted	$0.00	04/22/2010	142, 146	M76, MA63, N246, N58
3110(	03/01/2010	03/31/2010	$7,978.47	Adjusted	$3,628.43	04/22/2010	142	N246
3110(	01/15/2010	01/31/2010	$6,113.37	Credited	-$1,394.50	04/08/2010		
4110	02/05/2010	02/28/2010	$6,176.88	Credited	$0.00	05/06/2010		
4110	01/01/2010	01/31/2010	$7,978.47	Credited	-$3,147.50	05/06/2010		
3110(	02/01/2010	02/28/2010	$6,646.36	Denied	$0.00	04/15/2010	142, 16	N146, N246
3110(	03/01/2010	03/31/2010	$7,358.47	Denied	$0.00	04/15/2010	16,31, B9	N329,N130, N143
3110(	03/01/2010	03/15/2010	$3,323.18	Denied	$0.00	04/15/2010	142, 16	N146, N246
3110	03/01/2010	03/31/2010	$7,978.47	Denied	$0.00	04/15/2010	142, 146, 16,142, 22	M76, MA63, N146, N246,N196, N58
3110	02/01/2010	02/28/2010	$6,646.36	Denied	$0.00	04/29/2010	18	N30
2110	03/01/2010	03/31/2010	$7,978.47	Denied	$0.00	04/29/2010	142, 16,22	N146, N246,N196
2110	02/01/2010	02/28/2010	$7,206.36	Denied	$0.00	04/29/2010	142, 16	N146, N246
3110	01/01/2010	01/31/2010	$9,461.68	Denied	$0.00	04/22/2010	22,18	MA04,N30
3110	02/01/2010	02/28/2010	$6,646.36	Denied	$0.00	04/29/2010	133, 16,18	M47,N30
3110	01/01/2010	01/31/2010	$7,358.47	Denied	$0.00	04/29/2010	133, 16,18	M47,N30
3110	01/01/2010	01/31/2010	$7,358.47	Denied	$0.00	04/29/2010	142, 16	N146, N246
3110	02/05/2010	02/28/2010	$6,176.88	Denied	$0.00	05/06/2010	18	N30

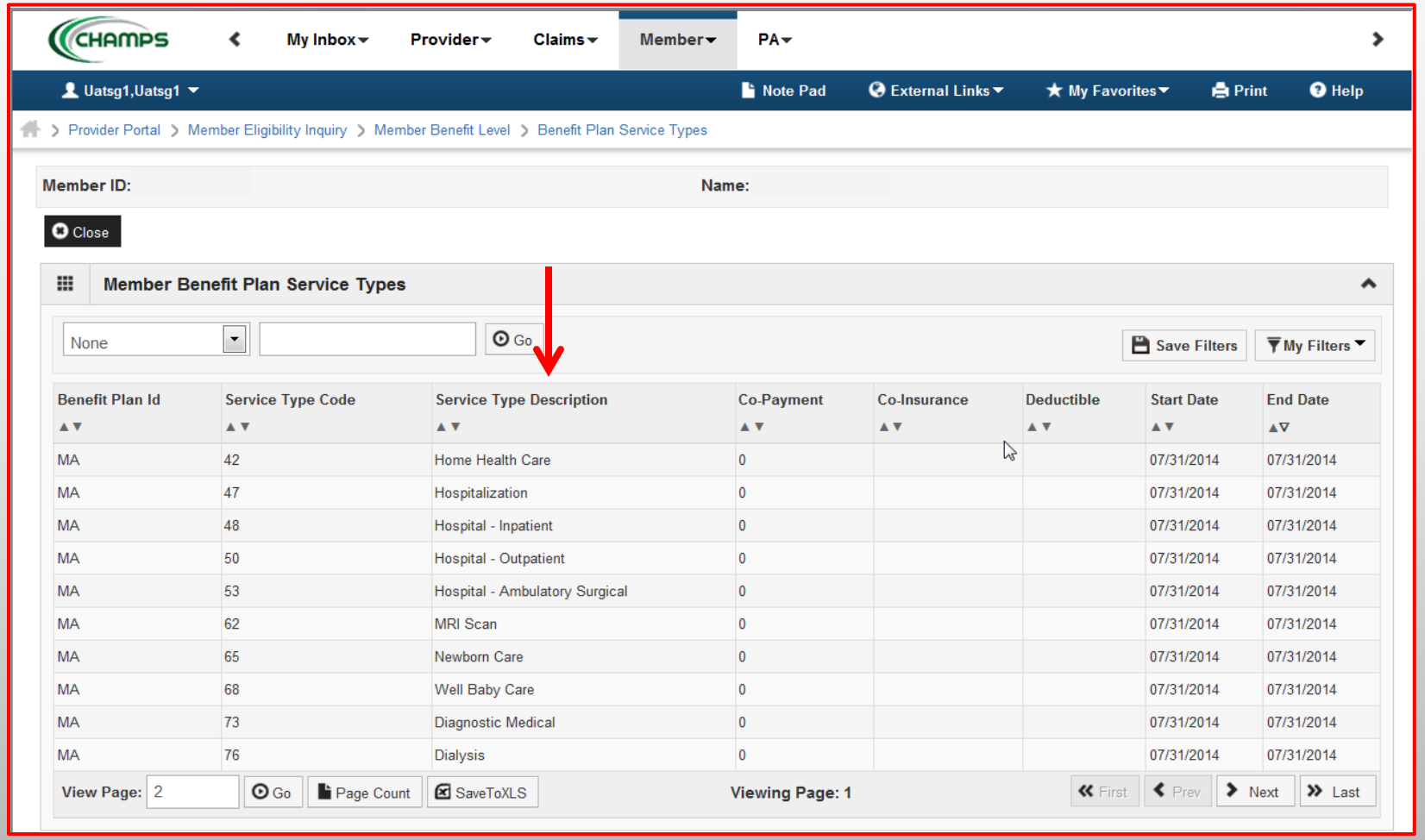
Member

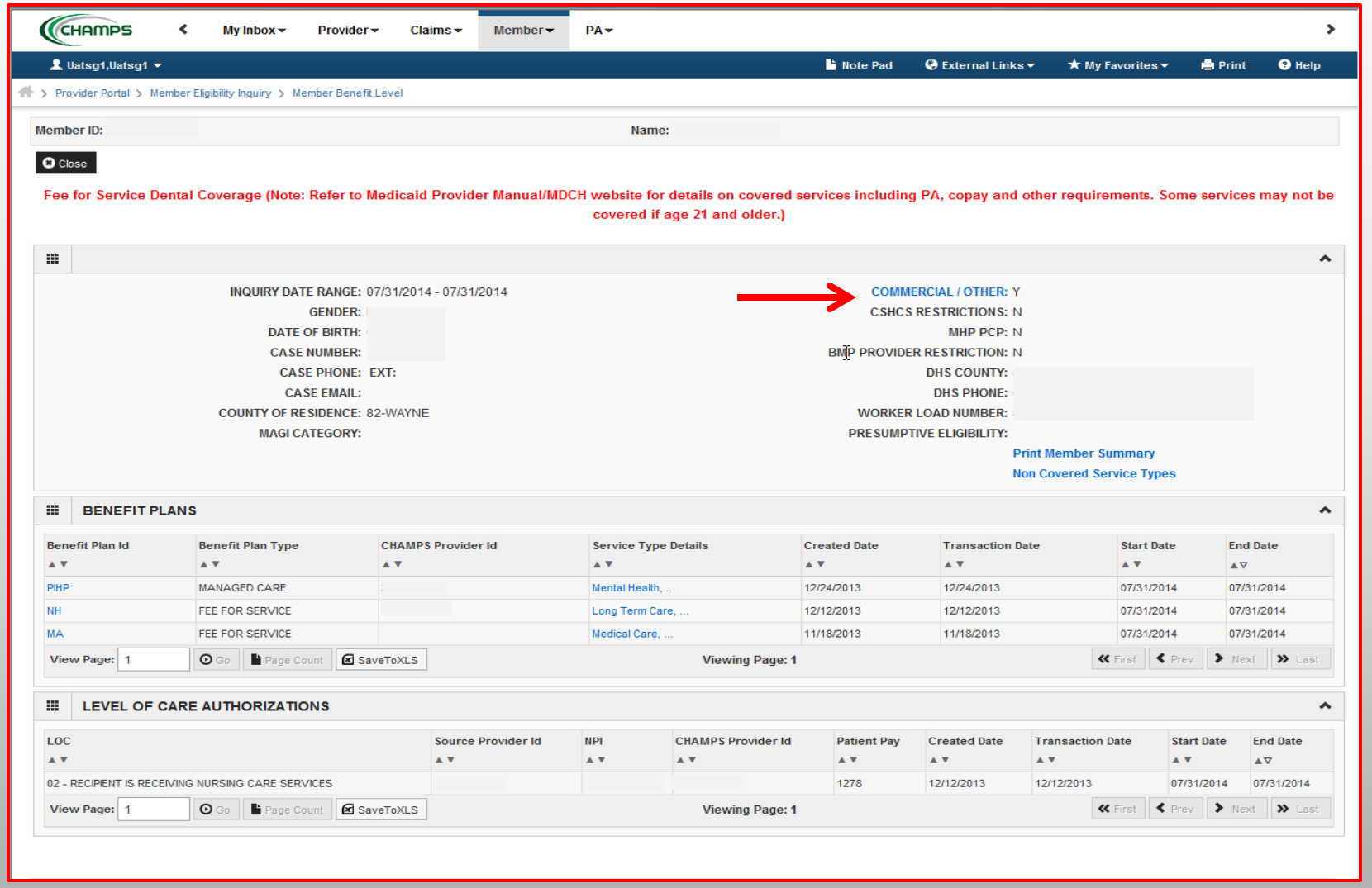
Eligibility Inquiry

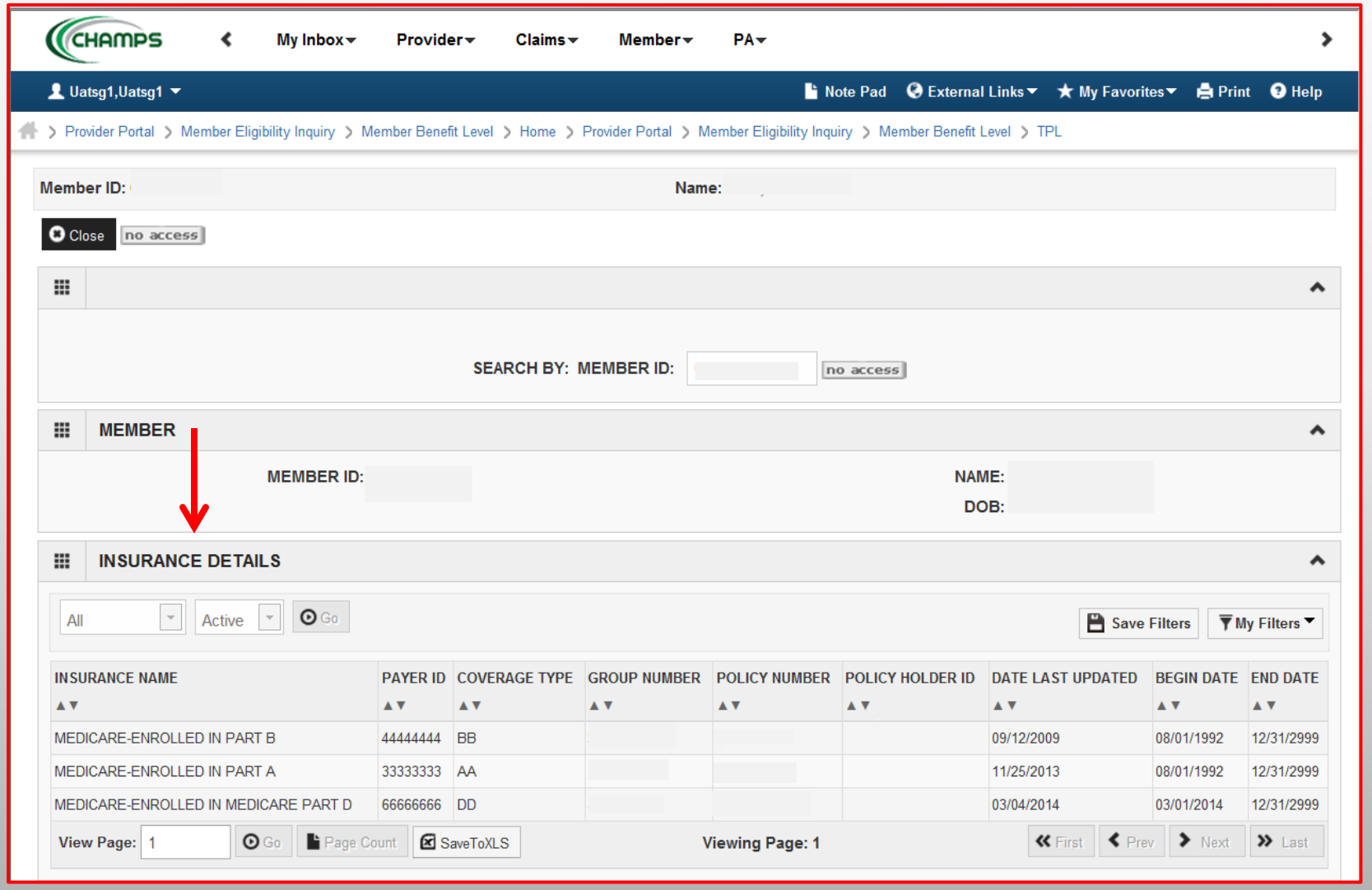

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
ELIGIBILITY INQUIRY
Eligibility Inquiry
NPI:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
Sunny
07:43 AM
31 July 2014
Thursday
2014 July
Mo Tu We 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 !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal > Member Eligibility Inquiry
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:
---SELECT---
LAST NAME:
---SELECT---
DATE OF BIRTH:
Gender:
MICHILD Case Number:
INQUIRY START DATE:
---SELECT---
Member ID
CIN
Card Number
SSN:
FIRST NAME:
Zip Code:
MA Case Number:
INQUIRY END DATE:
07/31/2014


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal > Member Eligibility Inquiry > Member Benefit Level
Member ID:
Name:
Close
Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MDCH 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: 07/31/2014 - 07/31/2014
GENDER:
DATE OF BIRTH:
CASE NUMBER:
CASE PHONE: EXT:
CASE EMAIL:
COUNTY OF RESIDENCE: 82-WAYNE
MAGI CATEGORY:
COMMERCIAL / OTHER: Y
CSHCS RESTRICTIONS: N
MHP PCP: N
BMP PROVIDER RESTRICTION: N
DHS COUNTY:
DHS PHONE:
WORKER LOAD NUMBER:
PRESUMPTIVE ELIGIBILITY:
Print Member Summary
Non Covered Service Types
BENEFIT PLANS
Benefit Plan Id
Benefit Plan Type
CHAMPS Provider Id
Service Type Details
Start Date
End Date
PIHP
MANAGED CARE
07/31/2014
07/31/2014
NH
FEE FOR SERVICE
07/31/2014
07/31/2014
MA
FEE FOR SERVICE
07/31/2014
07/31/2014
Click To View Service Types
Click To View Service Types
Click To View Service Types
View Page: 1
Go
Page Count
SaveToXLS
First
Prev
Next
Last
LEVEL OF CARE AUTHORIZATIONS
LOC
Source Provider Id
NPI
CHAMPS Provider Id
Patient Pay
Created Date
Transaction Date
Start Date
End Date
02 - RECIPIENT IS RECEIVING NURSING CARE SERVICES
1278
12/12/2013
12/12/2013
07/31/2014
07/31/2014
View Page: 1
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

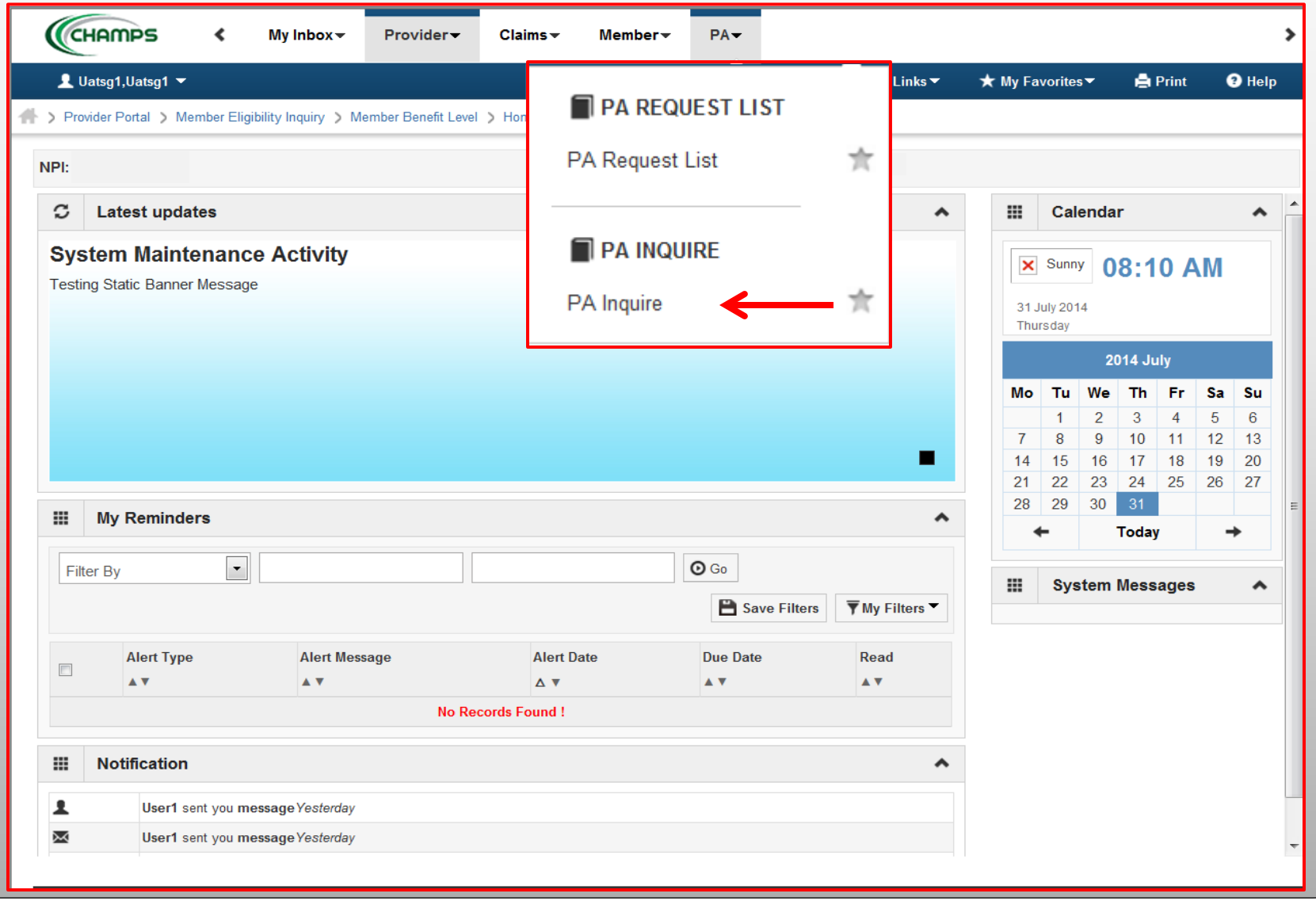

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Member Eligibility Inquiry
Member Benefit Level
Benefit Plan Service Types
Member ID:
Name:
Close
Member Benefit Plan Service Types
None
Go
Save Filters
My Filters
Benefit Plan Id
Service Type Code
Service Type Description
Co-Payment
Co-Insurance
Deductible
Start Date
End Date
MA 42 Home Health Care 0 07/31/2014 07/31/2014
MA 47 Hospitalization 0 07/31/2014 07/31/2014
MA 48 Hospital - Inpatient 0 07/31/2014 07/31/2014
MA 50 Hospital - Outpatient 0 07/31/2014 07/31/2014
MA 53 Hospital - Ambulatory Surgical 0 07/31/2014 07/31/2014
MA 62 MRI Scan 0 07/31/2014 07/31/2014
MA 65 Newborn Care 0 07/31/2014 07/31/2014
MA 68 Well Baby Care 0 07/31/2014 07/31/2014
MA 73 Diagnostic Medical 0 07/31/2014 07/31/2014
MA 76 Dialysis 0 07/31/2014 07/31/2014
View Page: 2
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

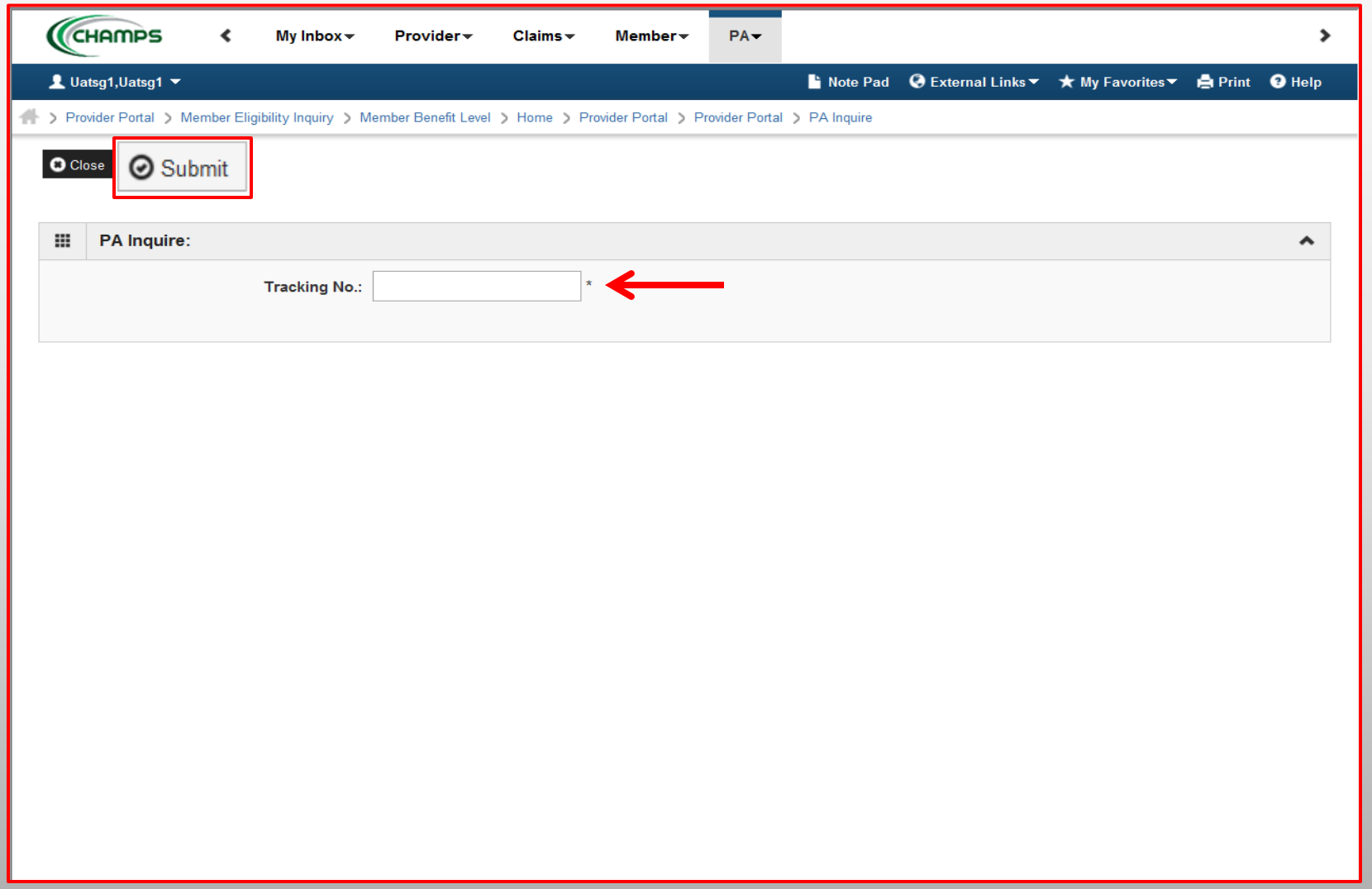

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal > Member Eligibility Inquiry > Member Benefit Level
Member ID:
Name:
Close
Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)
INQUIRY DATE RANGE: 07/31/2014 - 07/31/2014
GENDER:
DATE OF BIRTH:
CASE NUMBER:
CASE PHONE: EXT:
CASE EMAIL:
COUNTY OF RESIDENCE: 82-WAYNE
MAGI CATEGORY:
COMMERCIAL / OTHER: Y
CSHCS RESTRICTIONS: N
MHP PCP: N
BMP PROVIDER RESTRICTION: N
DHS COUNTY:
DHS PHONE:
WORKER LOAD NUMBER:
PRESUMPTIVE ELIGIBILITY:
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
PIHP | MANAGED CARE | Mental Health, ... | 12/24/2013 | 12/24/2013 | 07/31/2014 | 07/31/2014
NH | FEE FOR SERVICE | Long Term Care, ... | 12/12/2013 | 12/12/2013 | 07/31/2014 | 07/31/2014
MA | FEE FOR SERVICE | Medical Care, ... | 11/18/2013 | 11/18/2013 | 07/31/2014 | 07/31/2014
View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last
LEVEL OF CARE AUTHORIZATIONS
LOC | Source Provider Id | NPI | CHAMPS Provider Id | Patient Pay | Created Date | Transaction Date | Start Date | End Date
02 - RECIPIENT IS RECEIVING NURSING CARE SERVICES | 1278 | 12/12/2013 | 12/12/2013 | 07/31/2014 | 07/31/2014
View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

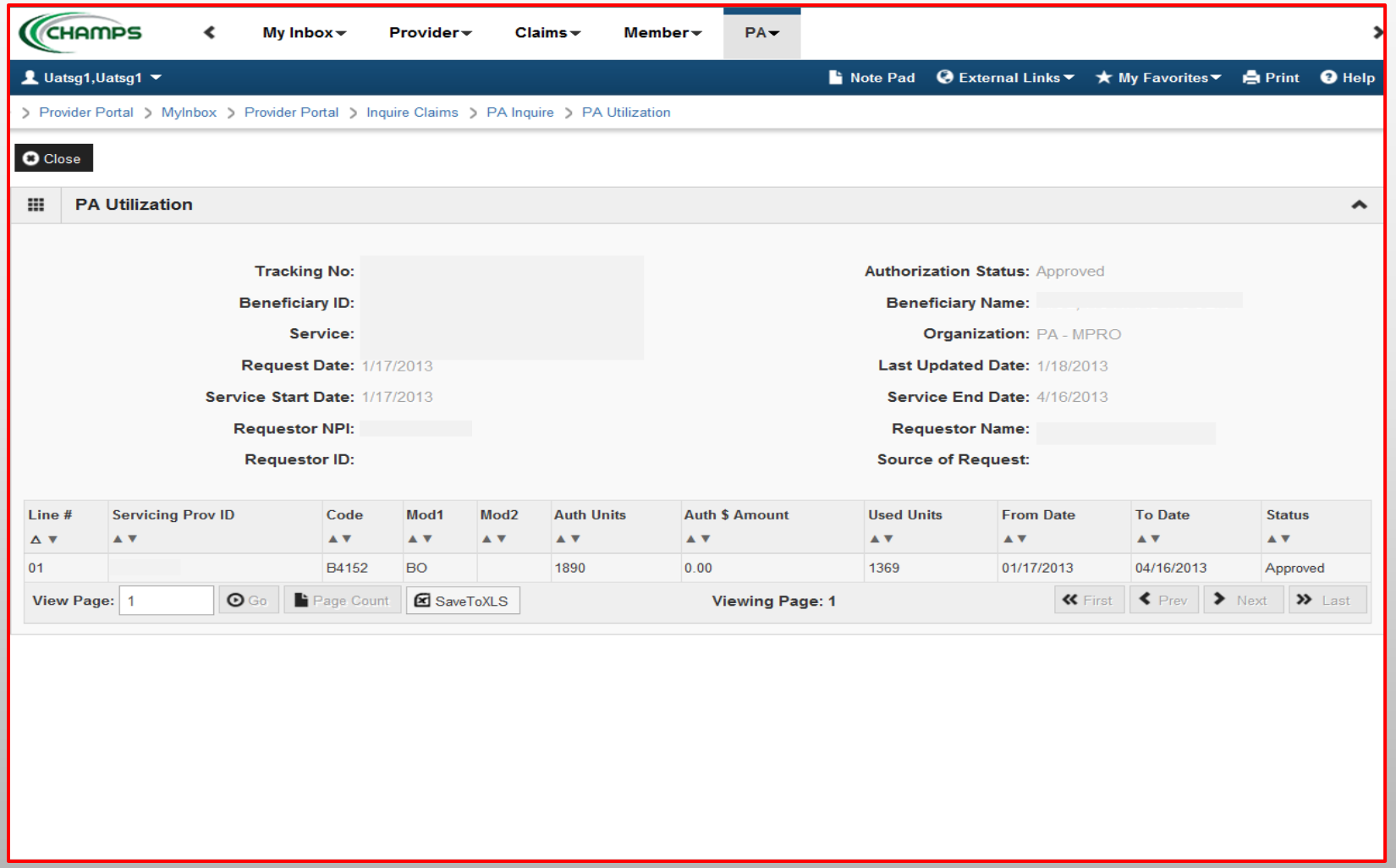

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal > Member Eligibility Inquiry > Member Benefit Level > Home > Provider Portal > Member Eligibility Inquiry > Member Benefit Level > TPL
Member ID:
Name:
Close
no access
SEARCH BY: MEMBER ID:
no access
MEMBER
MEMBER ID:
NAME:
DOB:
INSURANCE DETAILS
All
Active
Go
Save Filters
My Filters
INSURANCE NAME
PAYER ID
COVERAGE TYPE
GROUP NUMBER
POLICY NUMBER
POLICY HOLDER ID
DATE LAST UPDATED
BEGIN DATE
END DATE
MEDICARE-ENROLLED IN PART B 44444444 BB 09/12/2009 08/01/1992 12/31/2999
MEDICARE-ENROLLED IN PART A 33333333 AA 11/25/2013 08/01/1992 12/31/2999
MEDICARE-ENROLLED IN MEDICARE PART D 66666666 DD 03/04/2014 03/01/2014 12/31/2999
View Page: 1
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

Prior Authorization

PA Inquire

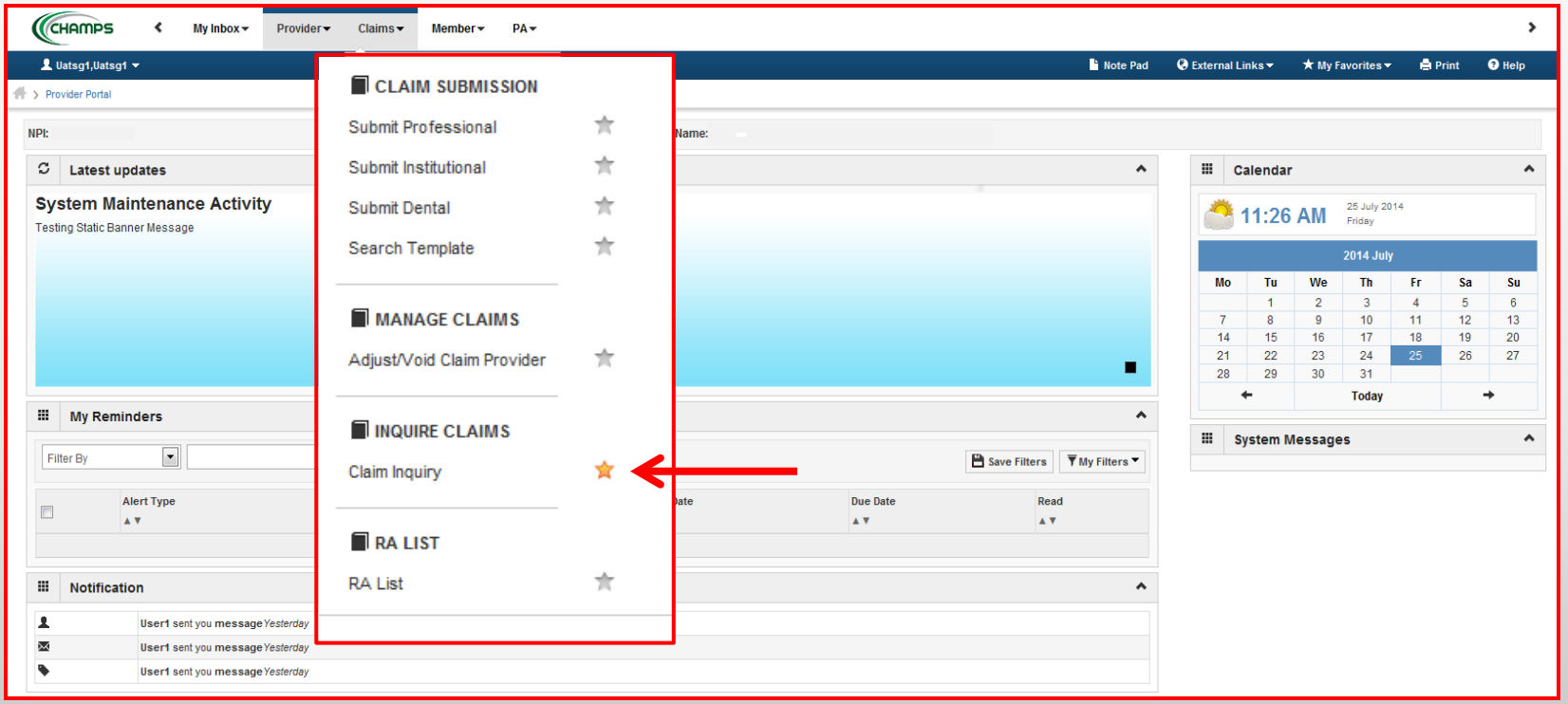

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Links
My Favorites
Print
Help
Provider Portal
Member Eligibility Inquiry
Member Benefit Level
PA REQUEST LIST
PA Request List
PA INQUIRE
PA Inquire
NPI:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
Sunny
08:10 AM
31 July 2014
Thursday
2014 July
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 !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday

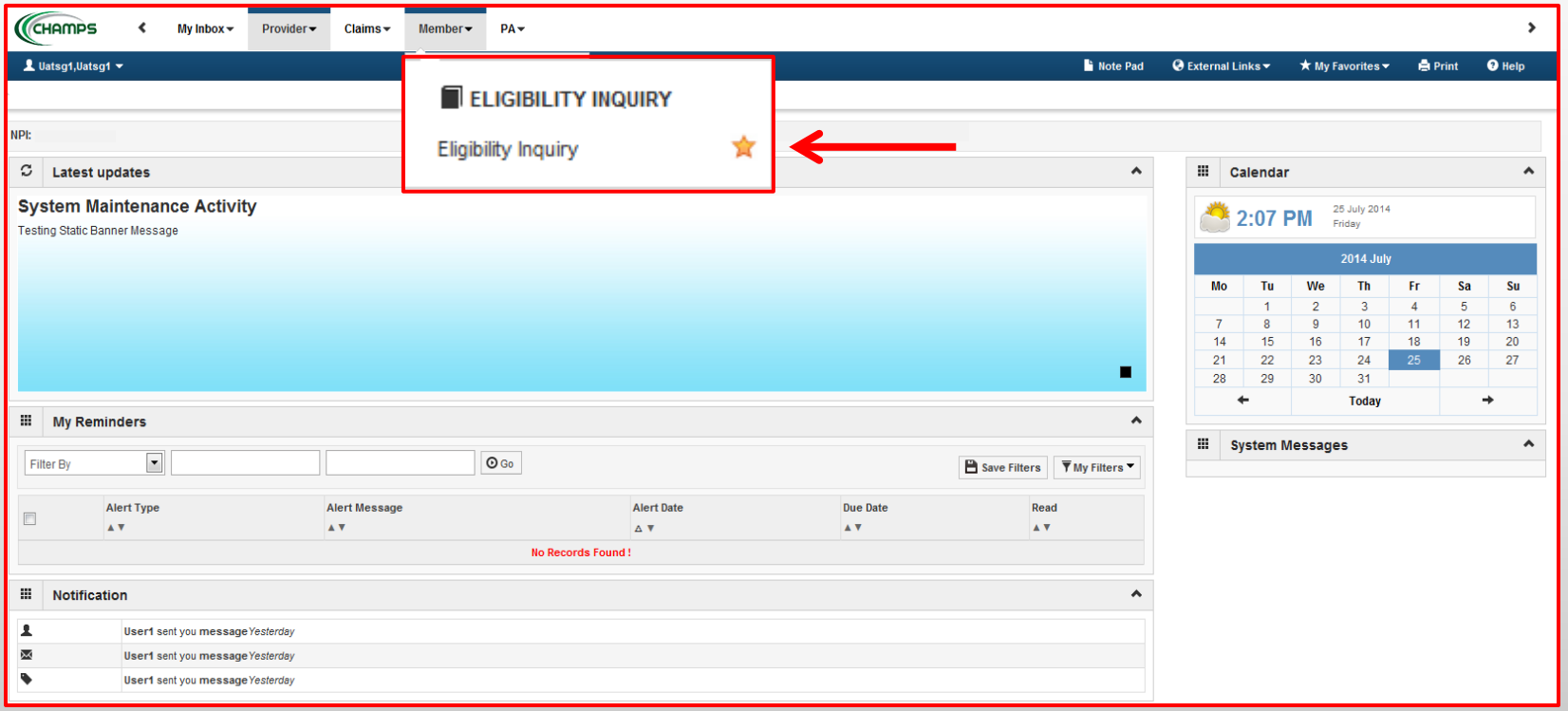

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal > Member Eligibility Inquiry > Member Benefit Level > Home > Provider Portal > Provider Portal > PA Inquire
Close
Submit
PA Inquire:
Tracking No.:
*

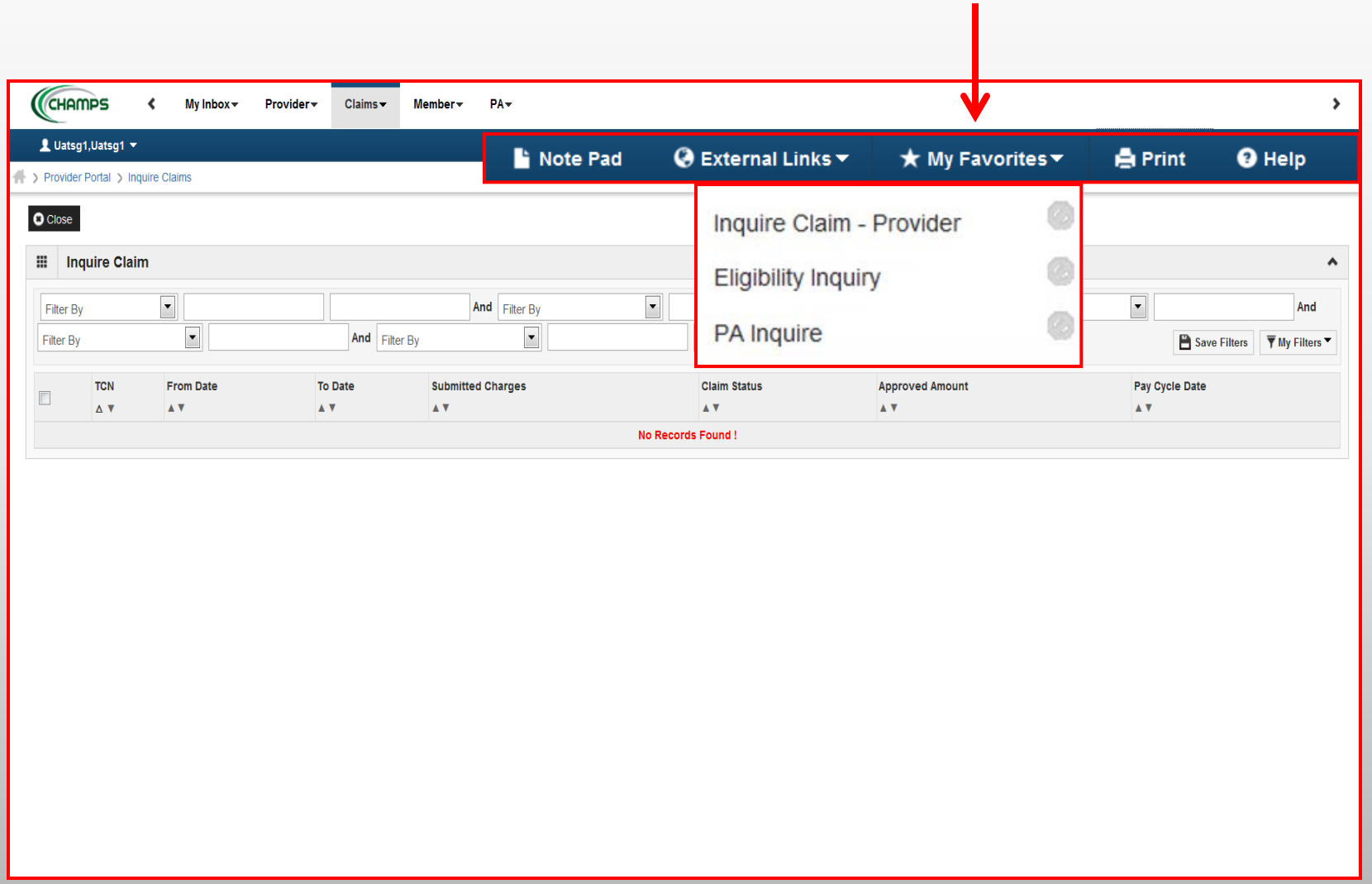

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal > MyInbox > Provider Portal > Inquire Claims > PA Inquire > PA Utilization
Close
PA Utilization
Tracking No:
Beneficiary ID:
Service:
Request Date: 1/17/2013
Service Start Date: 1/17/2013
Requestor NPI:
Requestor ID:
Authorization Status: Approved
Beneficiary Name:
Organization: PA - MPRO
Last Updated Date: 1/18/2013
Service End Date: 4/16/2013
Requestor Name:
Source of Request:
Line # | Servicing Prov ID | Code | Mod1 | Mod2 | Auth Units | Auth $ Amount | Used Units | From Date | To Date | Status
01 | B4152 | BO | 1890 | 0.00 | 1369 | 01/17/2013 | 04/16/2013 | Approved
View Page: 1
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

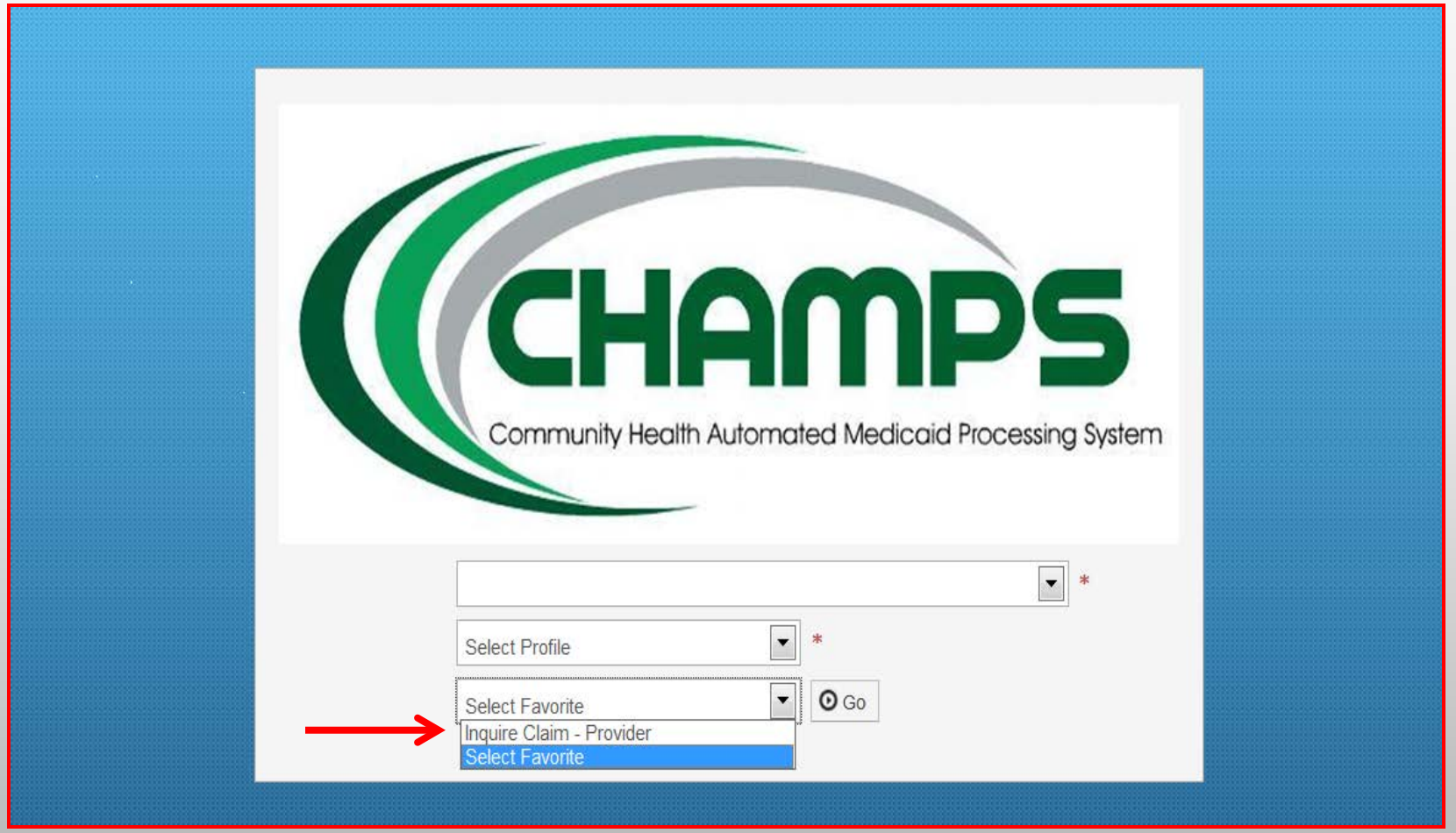
Favorites ~ Add and Delete

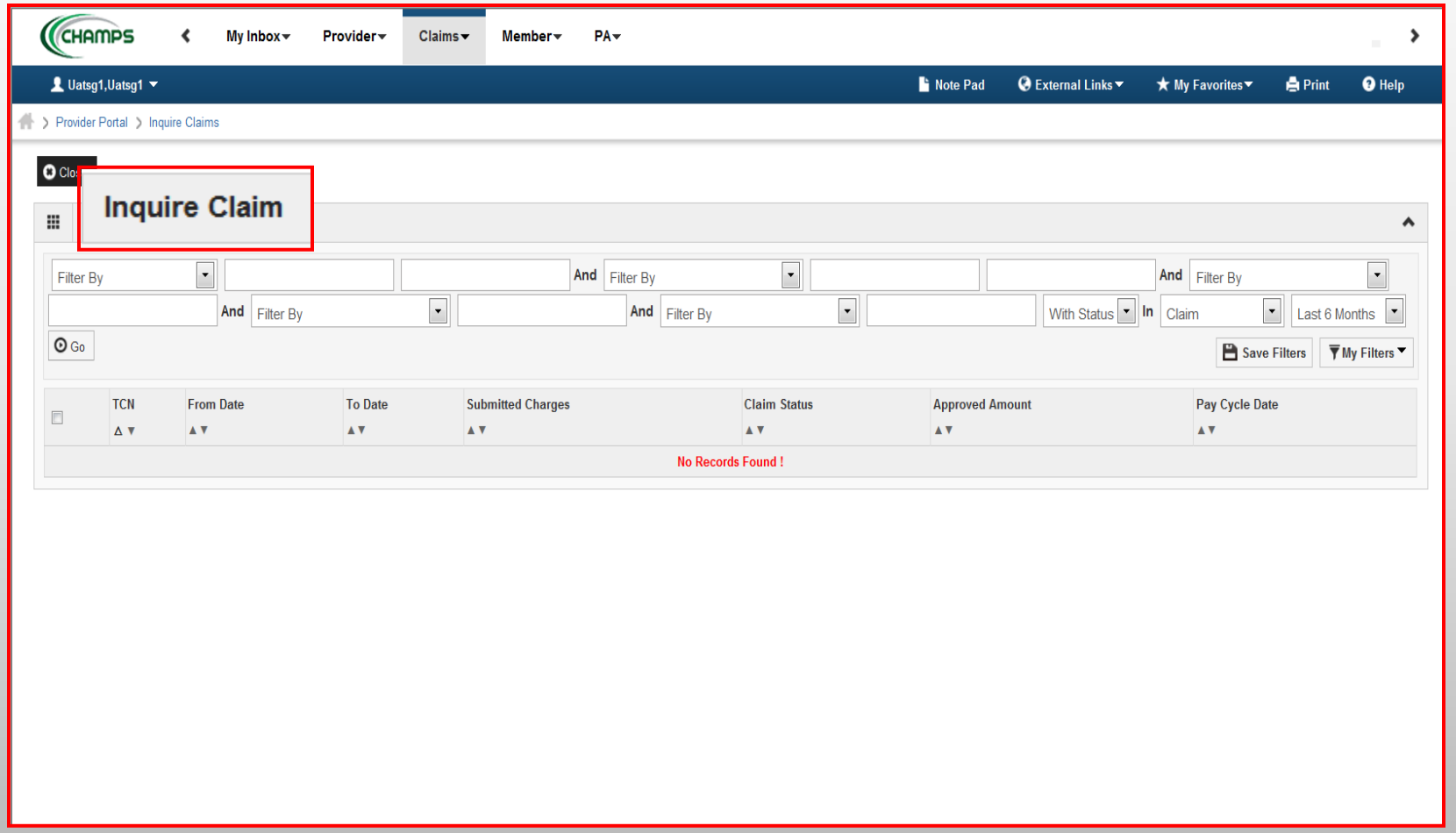
Add


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
Name:
CLAIM SUBMISSION
Submit Professional
Submit Institutional
Submit Dental
Search Template
MANAGE CLAIMS
Adjust/Void Claim Provider
INQUIRE CLAIMS
Claim Inquiry
RA LIST
RA List
Latest updates
System Maintenance Activity
Testing Static Banner Message
My Reminders
Filter By
Save Filters
My Filters
Alert Type
Due Date
Read
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday
Calendar
11:26 AM
25 July 2014
Friday
2014 July
Mo Tu We Th Fr Sa Su
Today
System Messages


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
ELIGIBILITY INQUIRY
Eligibility Inquiry
NPI:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
2:07 PM
25 July 2014
Friday
2014 July
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 !
System Messages
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday

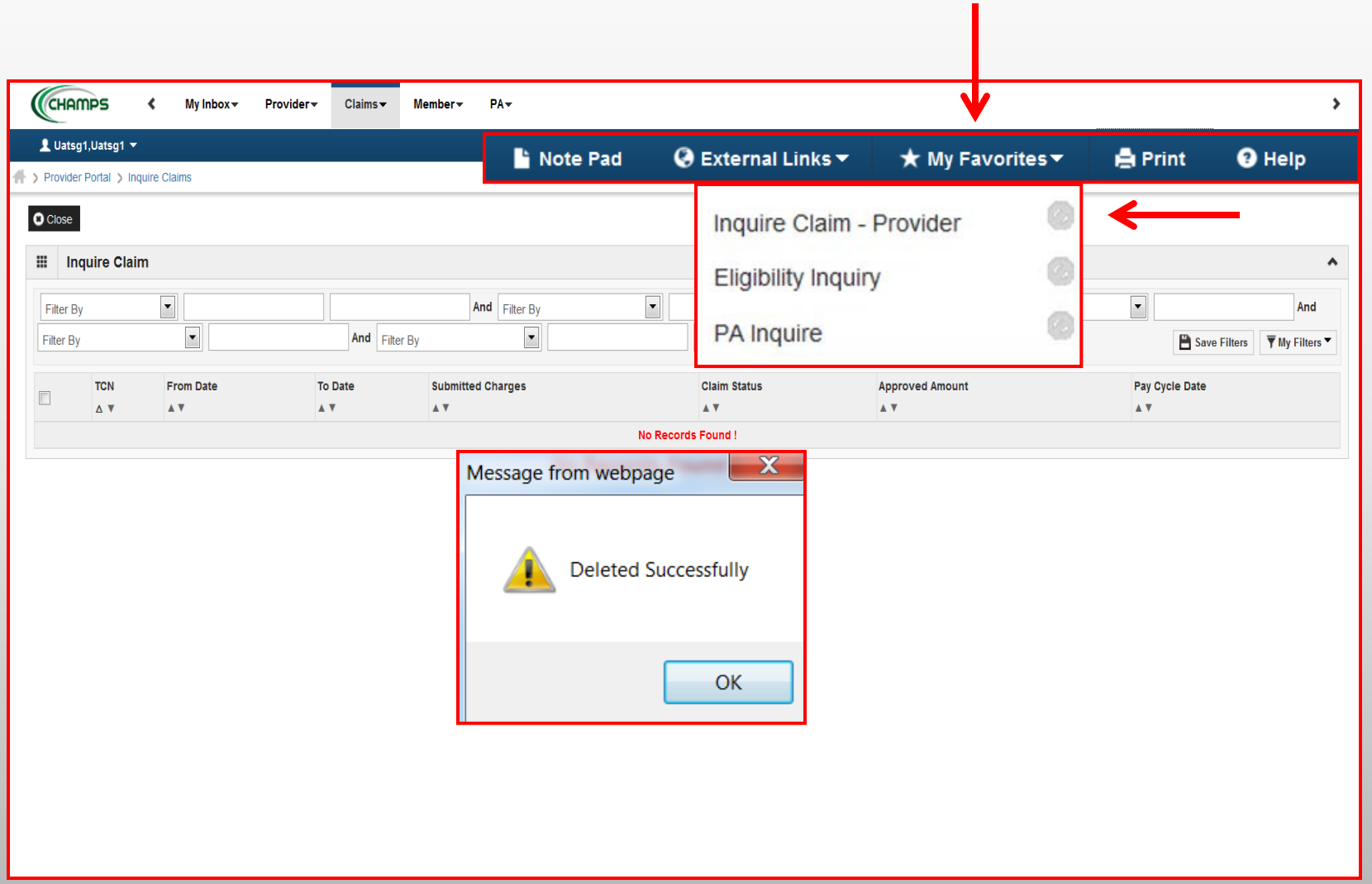

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Inquire Claims
Close
Inquire Claim - Provider
Eligibility Inquiry
PA Inquire
Inquire Claim
Filter By
And
Save Filters
My Filters
TCN
From Date
To Date
Submitted Charges
Claim Status
Approved Amount
Pay Cycle Date
No Records Found !


CHAMPS
Community Health Automated Medicaid Processing System
Select Profile
Select Favorite
Go
Inquire Claim - Provider
Select Favorite


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Inquire Claims
Inquire Claim
Filter By
And
With Status
In
Claim
Last 6 Months
Go
Save Filters
My Filters
TCN
From Date
To Date
Submitted Charges
Claim Status
Approved Amount
Pay Cycle Date
No Records Found !

Favorites ~ Add and Delete

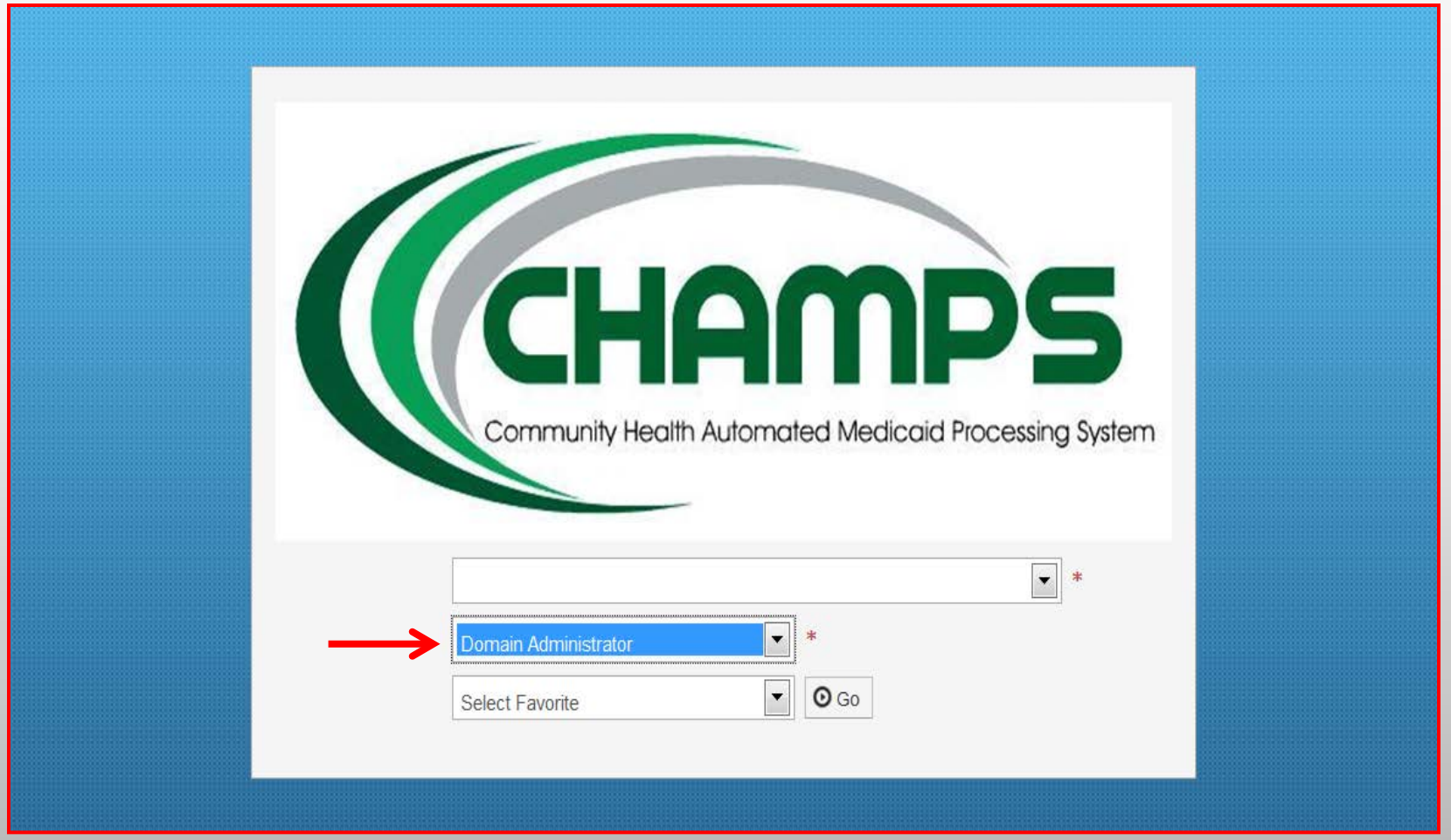
Delete

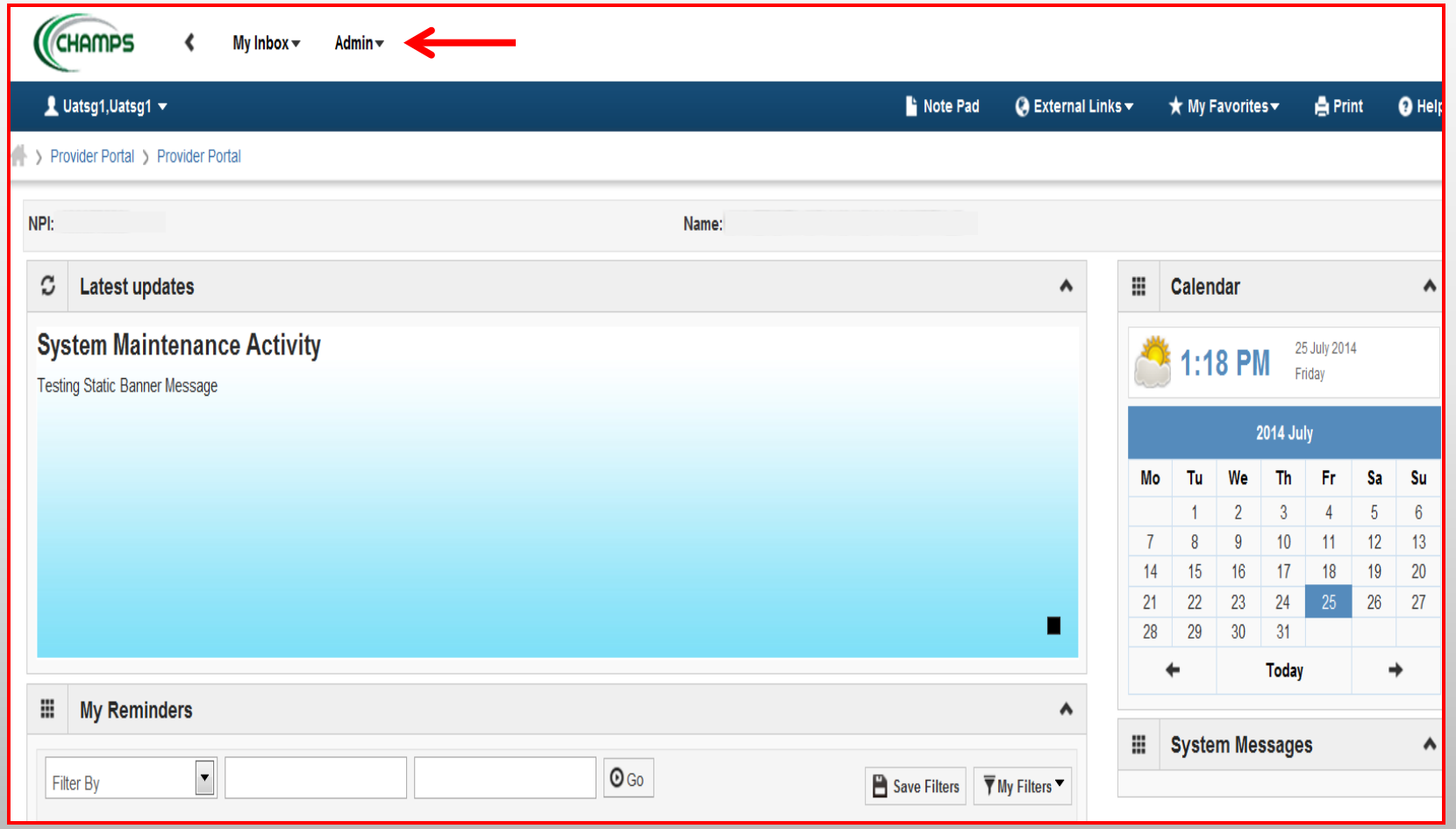

CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Inquire Claims
Close
Inquire Claim - Provider
Eligibility Inquiry
PA Inquire
Inquire Claim
Filter By
And
Save Filters
My Filters
TCN
From Date
To Date
Submitted Charges
Claim Status
Approved Amount
Pay Cycle Date
No Records Found !
Message from webpage
Deleted Successfully
OK

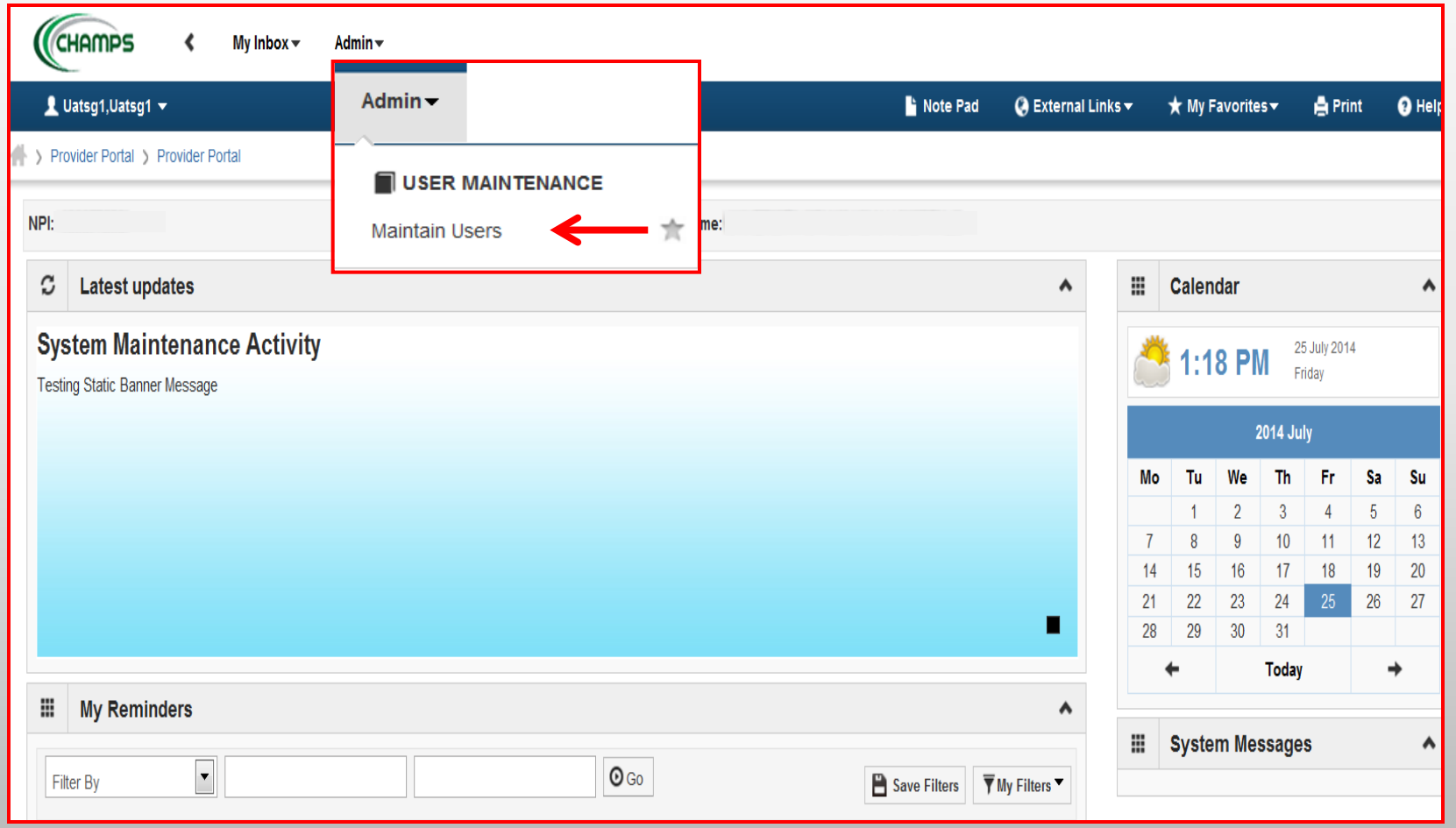
Domain Administrator

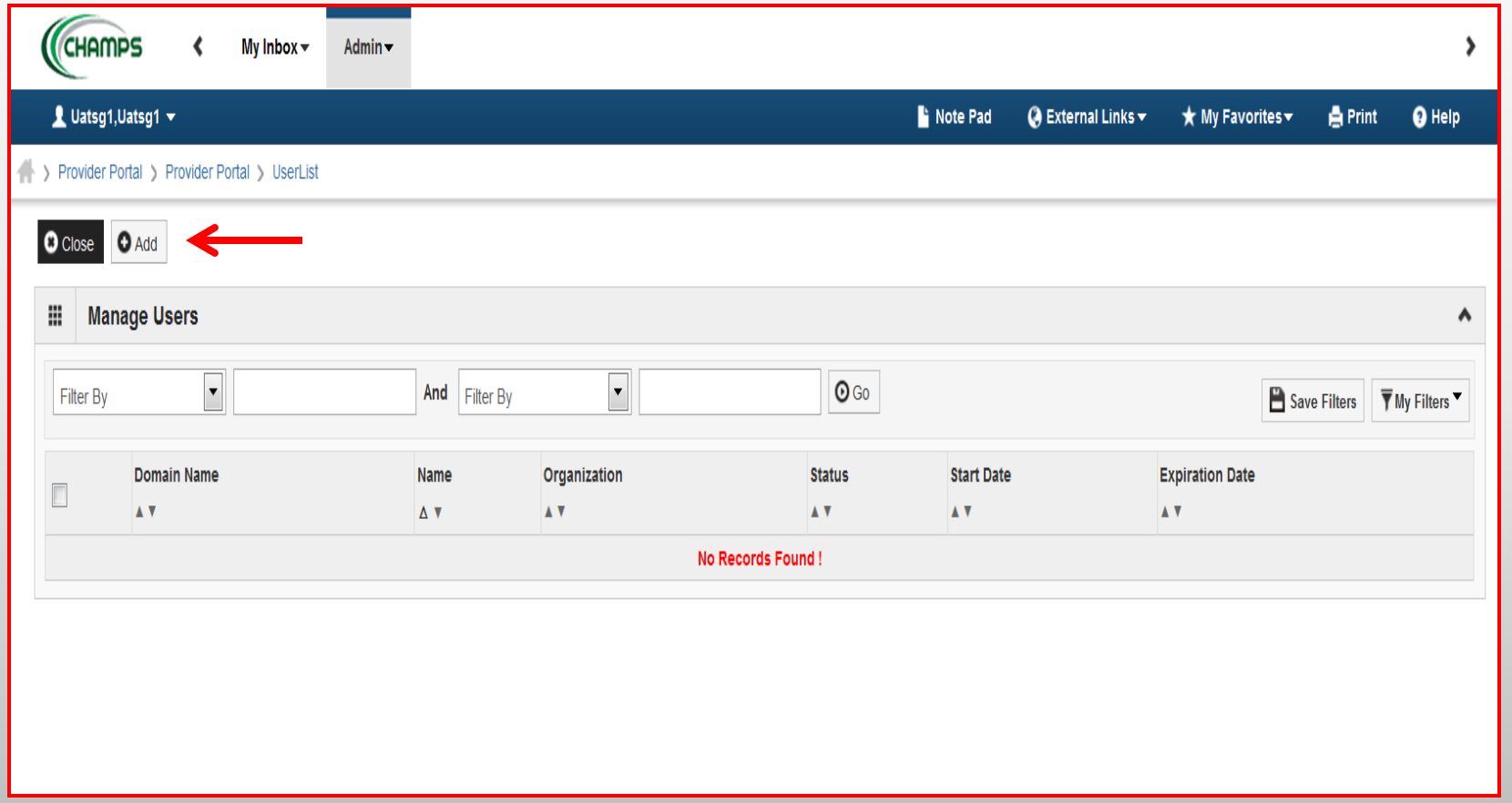
Adding Users

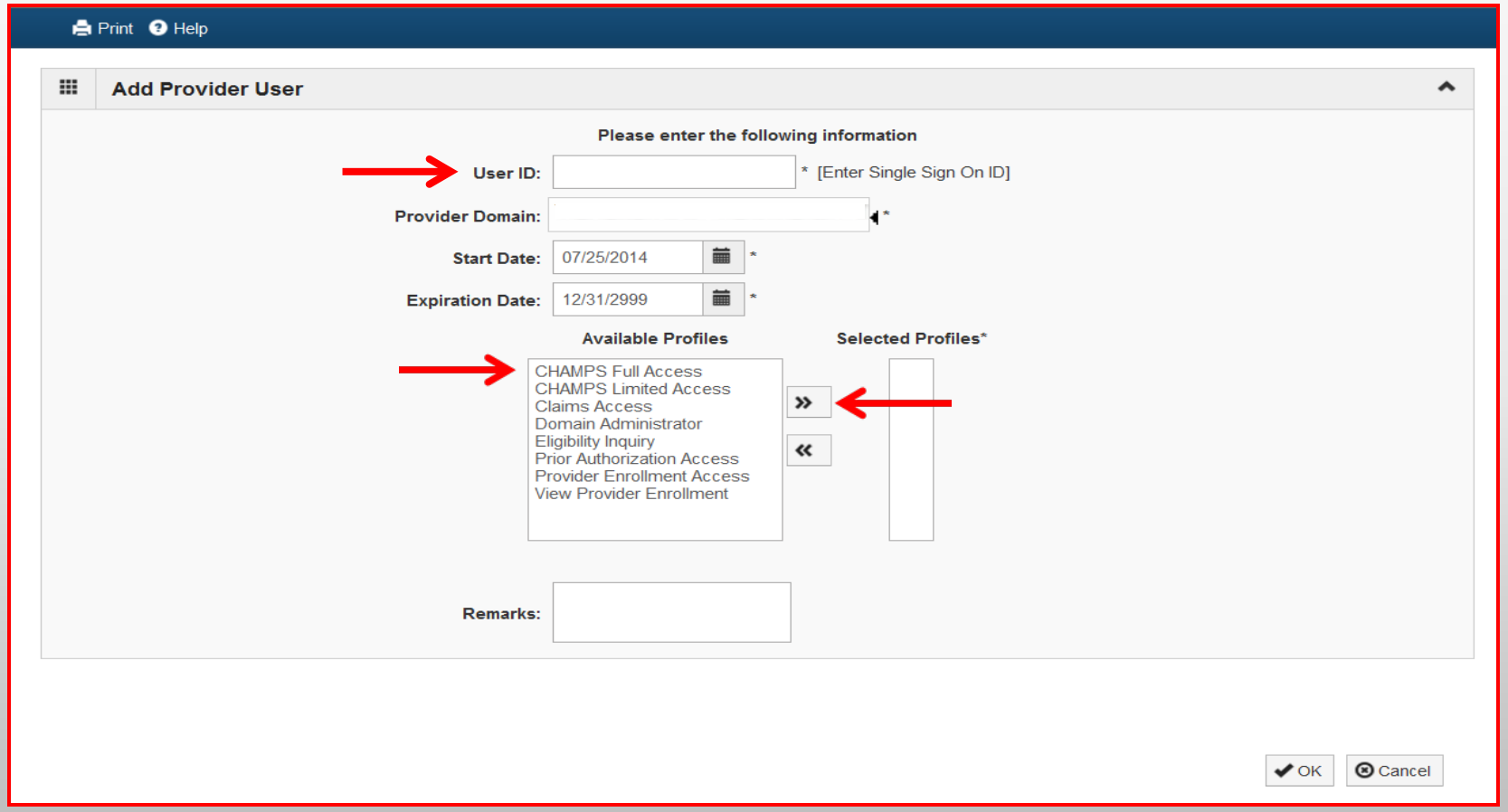
New CHAMPS

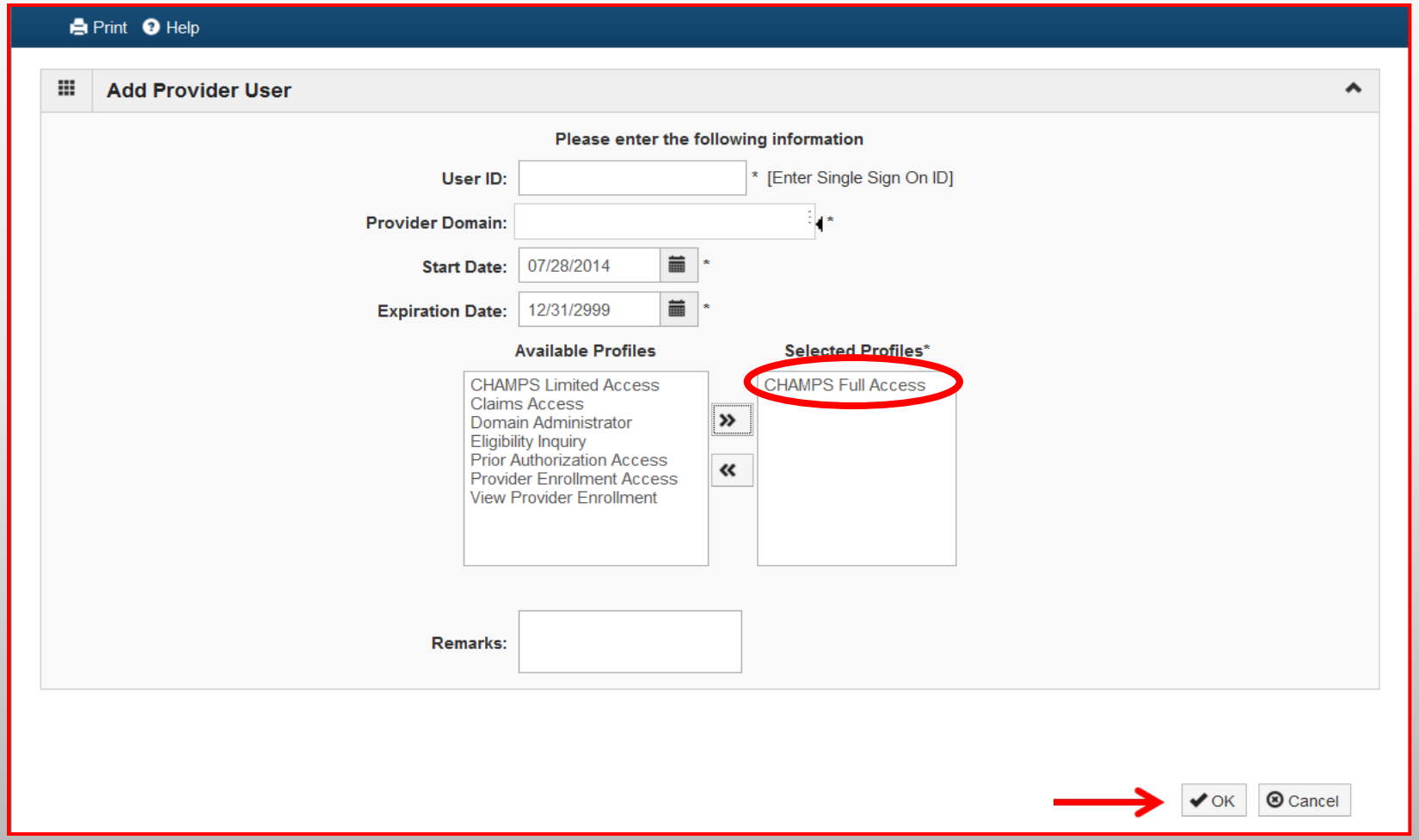

CHAMPS
Community Health Automated Medicaid Processing System
*
Domain Administrator
*
Select Favorite
Go


CHAMPS
My Inbox
Admin
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Provider Portal
Provider Portal
NPI:
Name:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
1:18 PM
25 July 2014
Friday
2014 July
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
System Messages


CHAMPS
My Inbox
Admin
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Provider Portal
Provider Portal
Admin
USER MAINTENANCE
Maintain Users
NPI:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
1:18 PM
25 July 2014
Friday
2014 July
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
System Messages

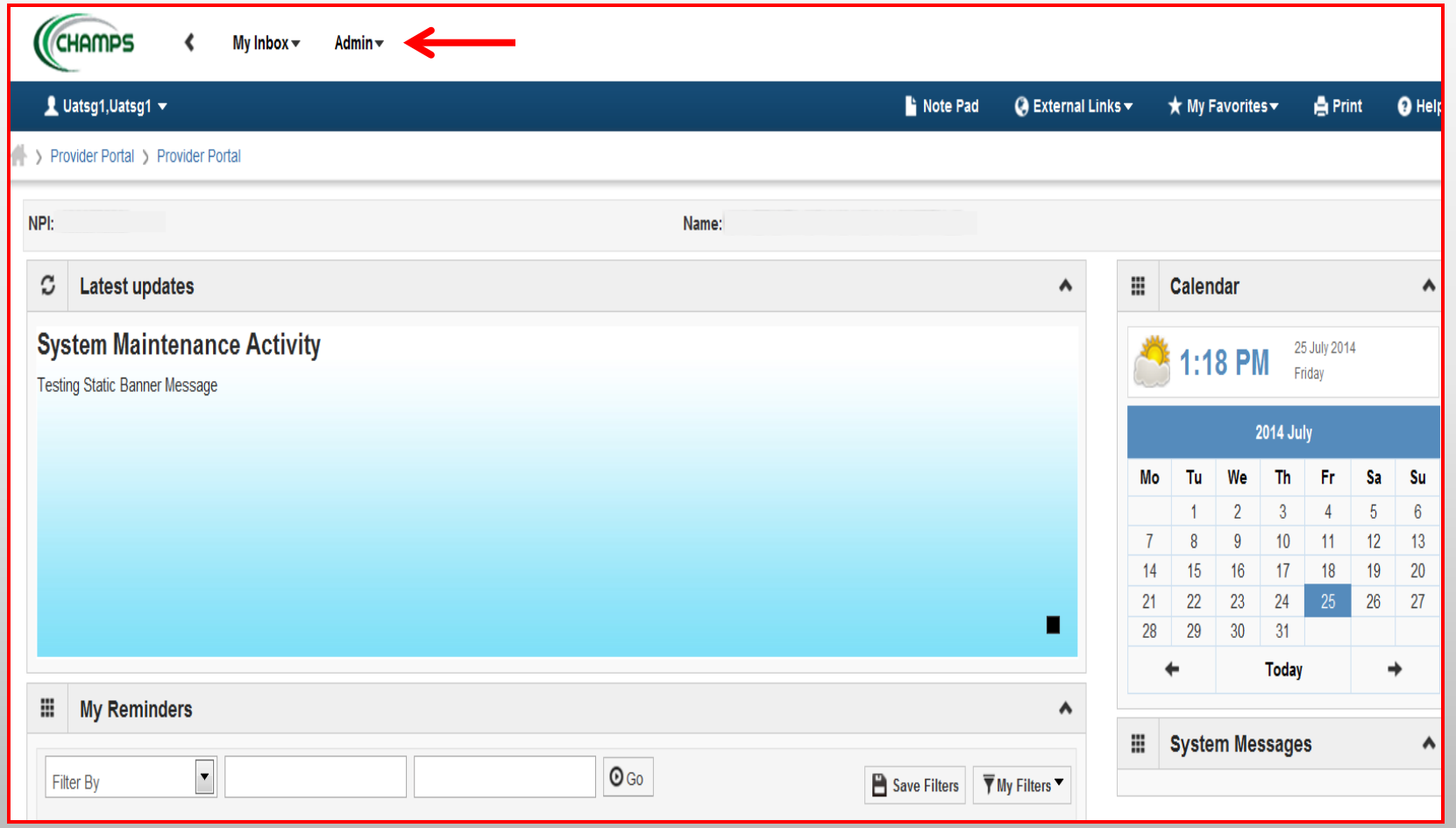

CHAMPS
My Inbox
Admin
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
Provider Portal
UserList
Close
Add
Manage Users
Filter By
And
Filter By
Go
Save Filters
My Filters
Domain Name
Name
Organization
Status
Start Date
Expiration Date
No Records Found !

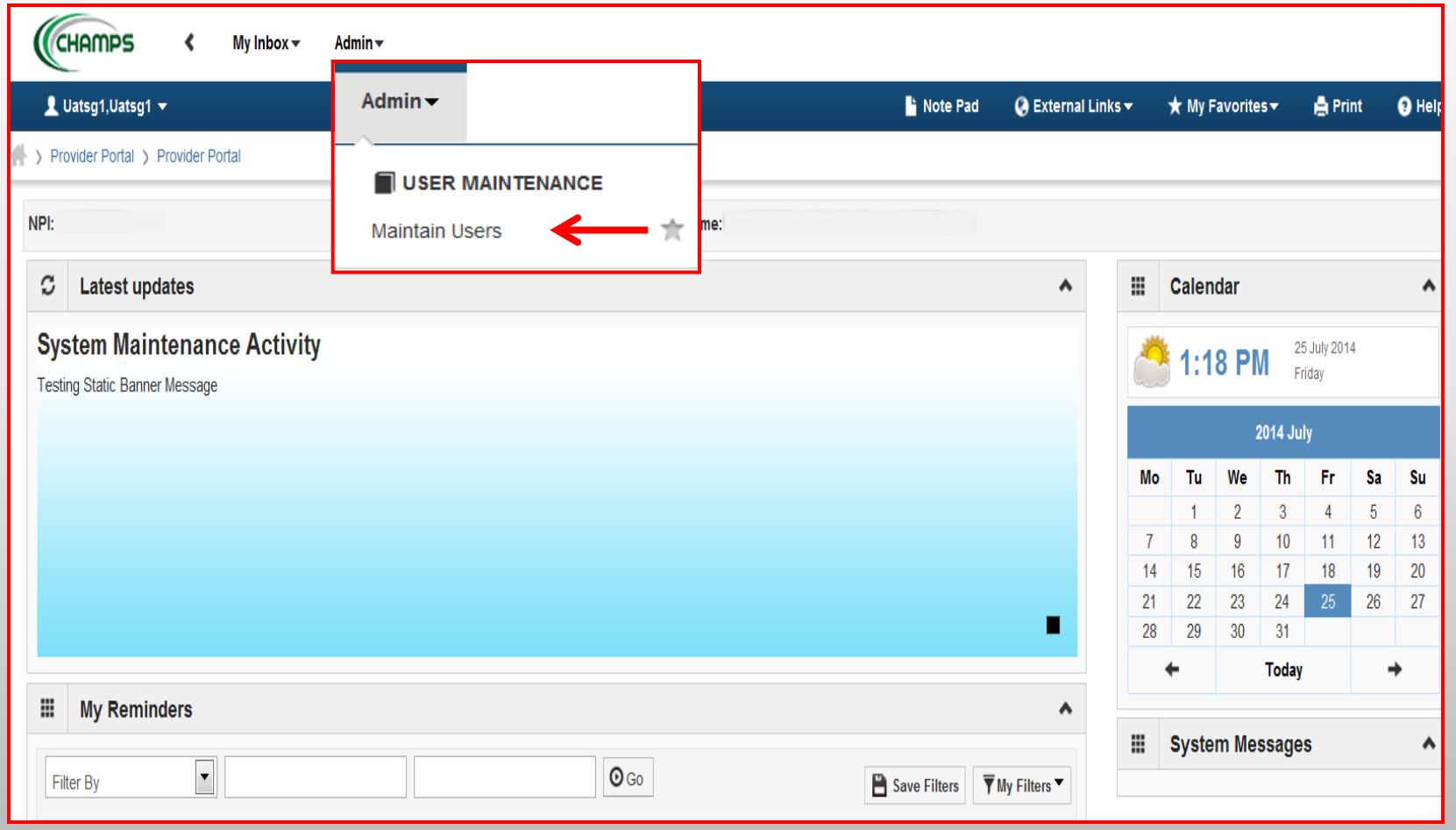

Print
Help
Add Provider User
Please enter the following information
User ID:
* [Enter Single Sign On ID]
Provider Domain:
*
Start Date:
07/25/2014
*
Expiration Date:
12/31/2999
*
Available Profiles
Selected Profiles*
CHAMPS Full Access
CHAMPS Limited Access
Claims Access
Domain Administrator
Eligibility Inquiry
Prior Authorization Access
Provider Enrollment Access
View Provider Enrollment
»
«
Remarks:
OK
Cancel

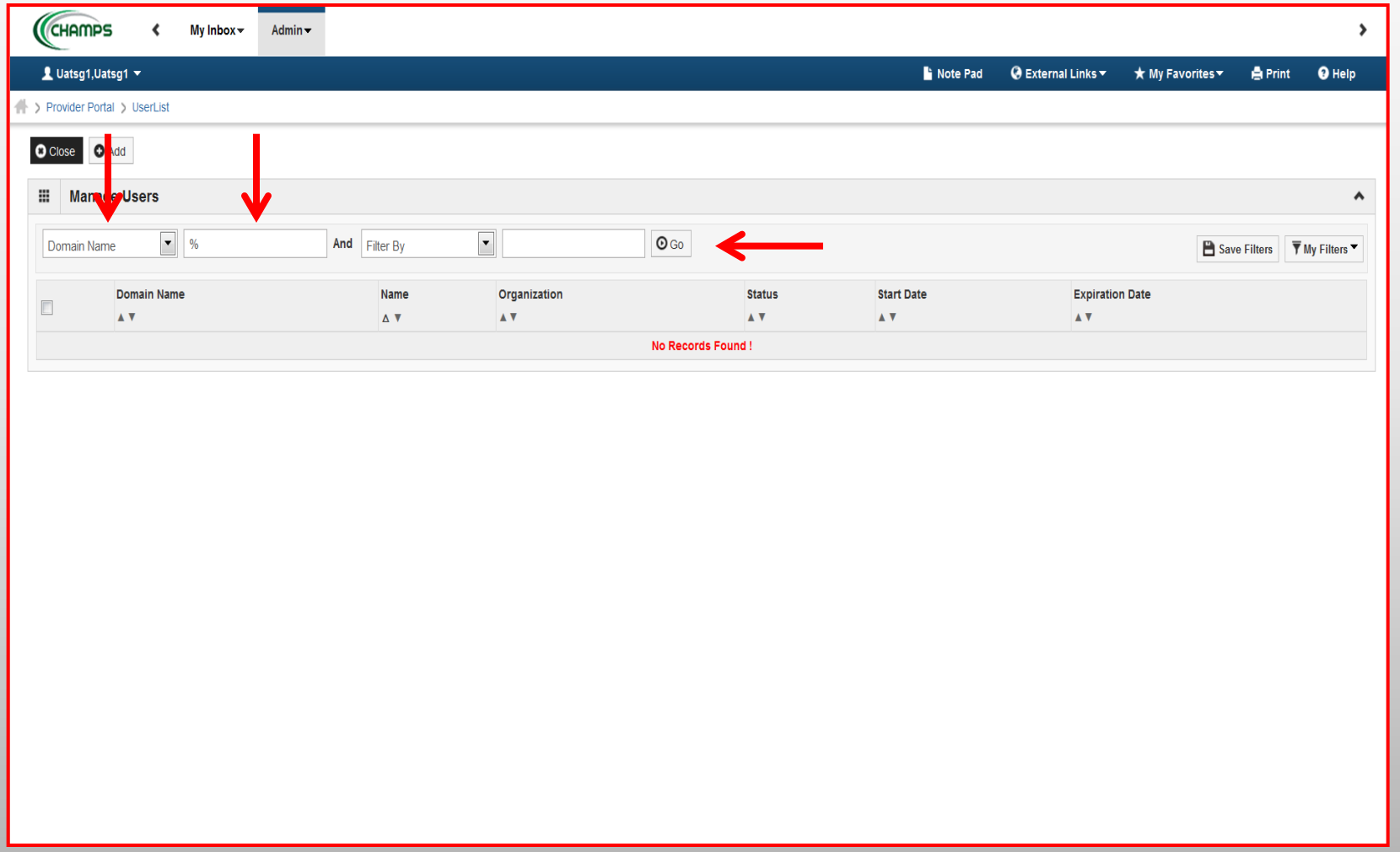

Print
Help
Add Provider User
Please enter the following information
User ID:
* [Enter Single Sign On ID]
Provider Domain:
*
Start Date:
07/28/2014
*
Expiration Date:
12/31/2999
*
Available Profiles
CHAMPS Limited Access
Claims Access
Domain Administrator
Eligibility Inquiry
Prior Authorization Access
Provider Enrollment Access
View Provider Enrollment
Selected Profiles*
CHAMPS Full Access
Remarks:
OK
Cancel

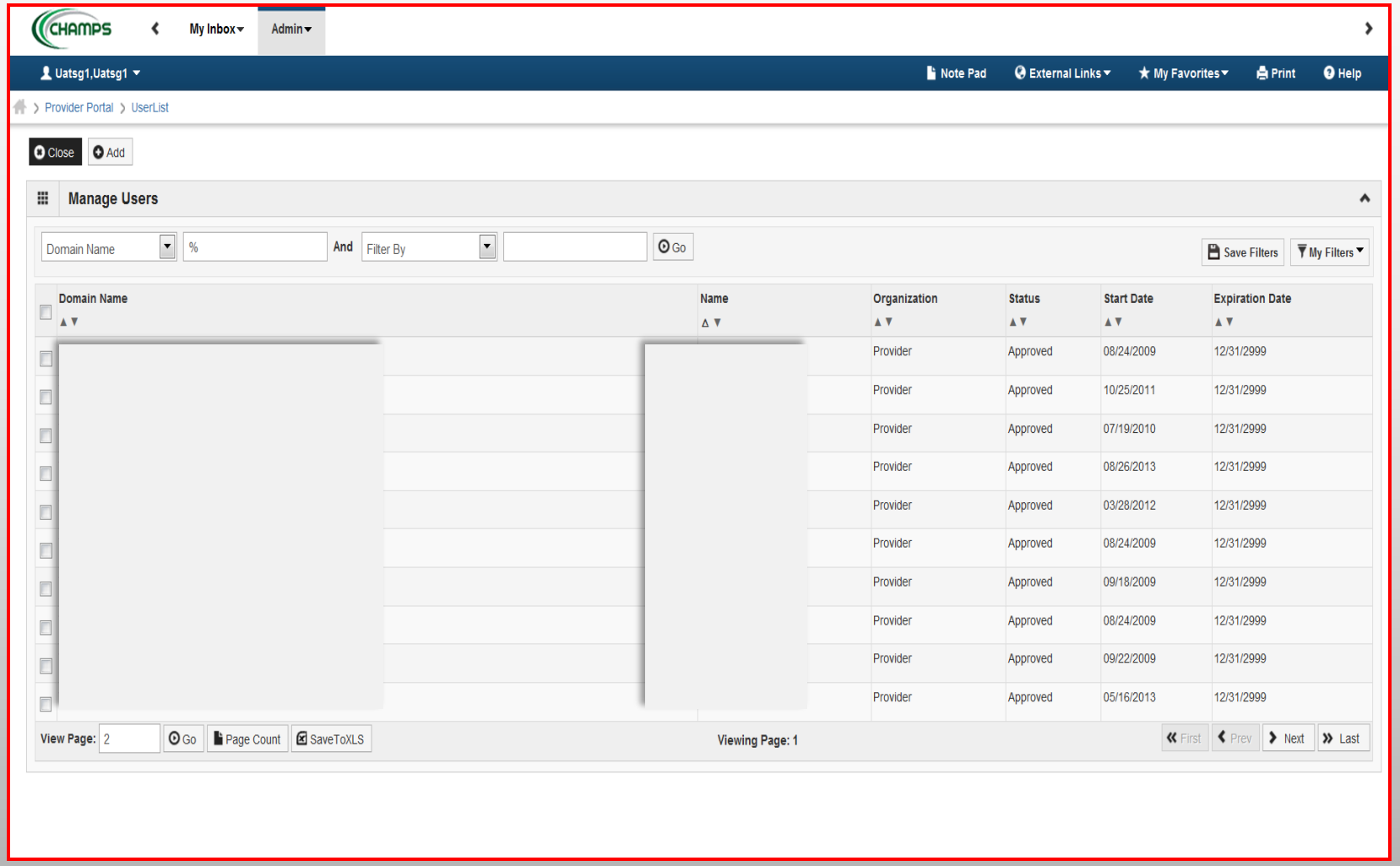
Domain Administrator

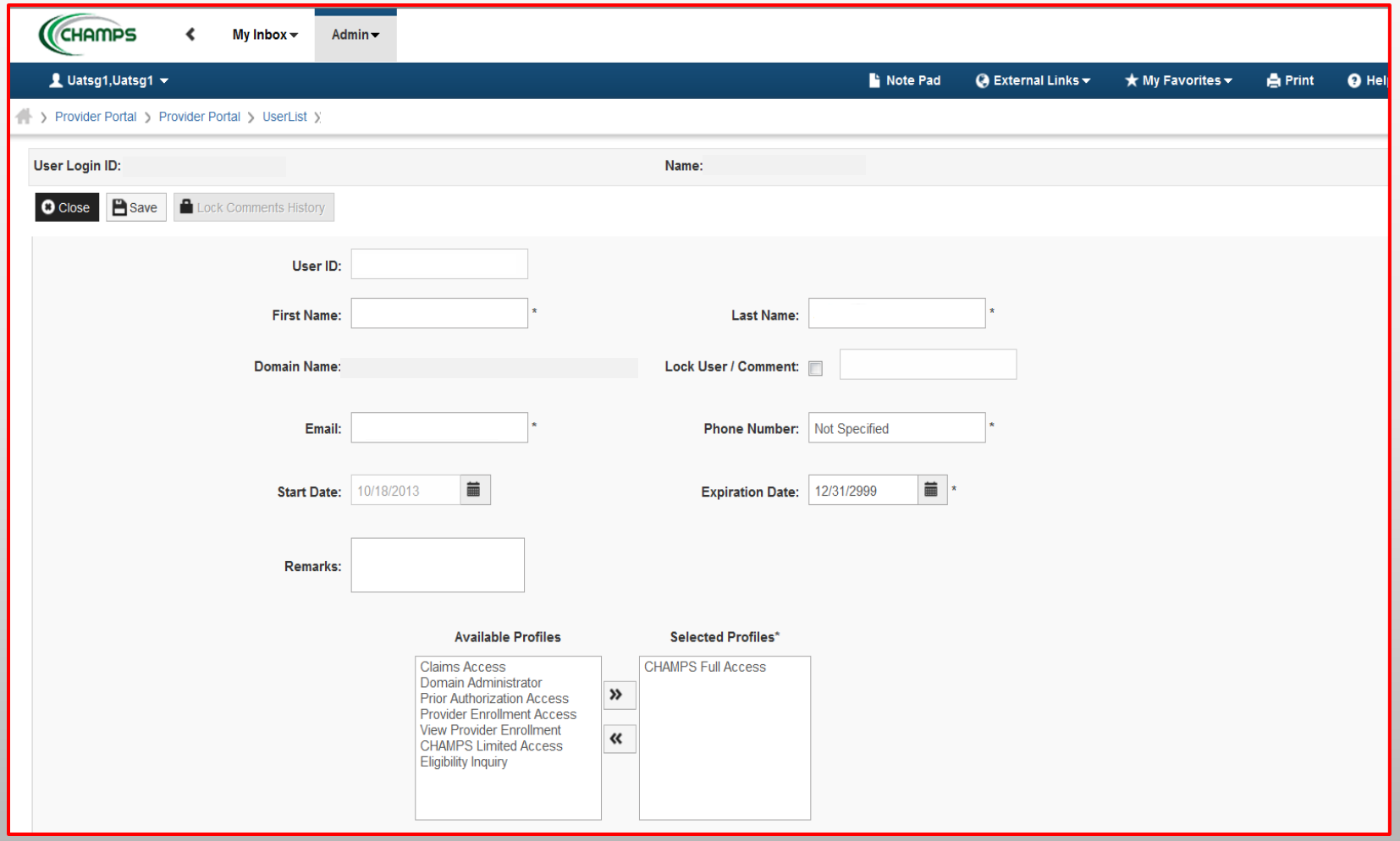
Updating Domains


CHAMPS
My Inbox
Admin
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Provider Portal
Provider Portal
NPI:
Name:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
1:18 PM
25 July 2014
Friday
2014 July
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
System Messages

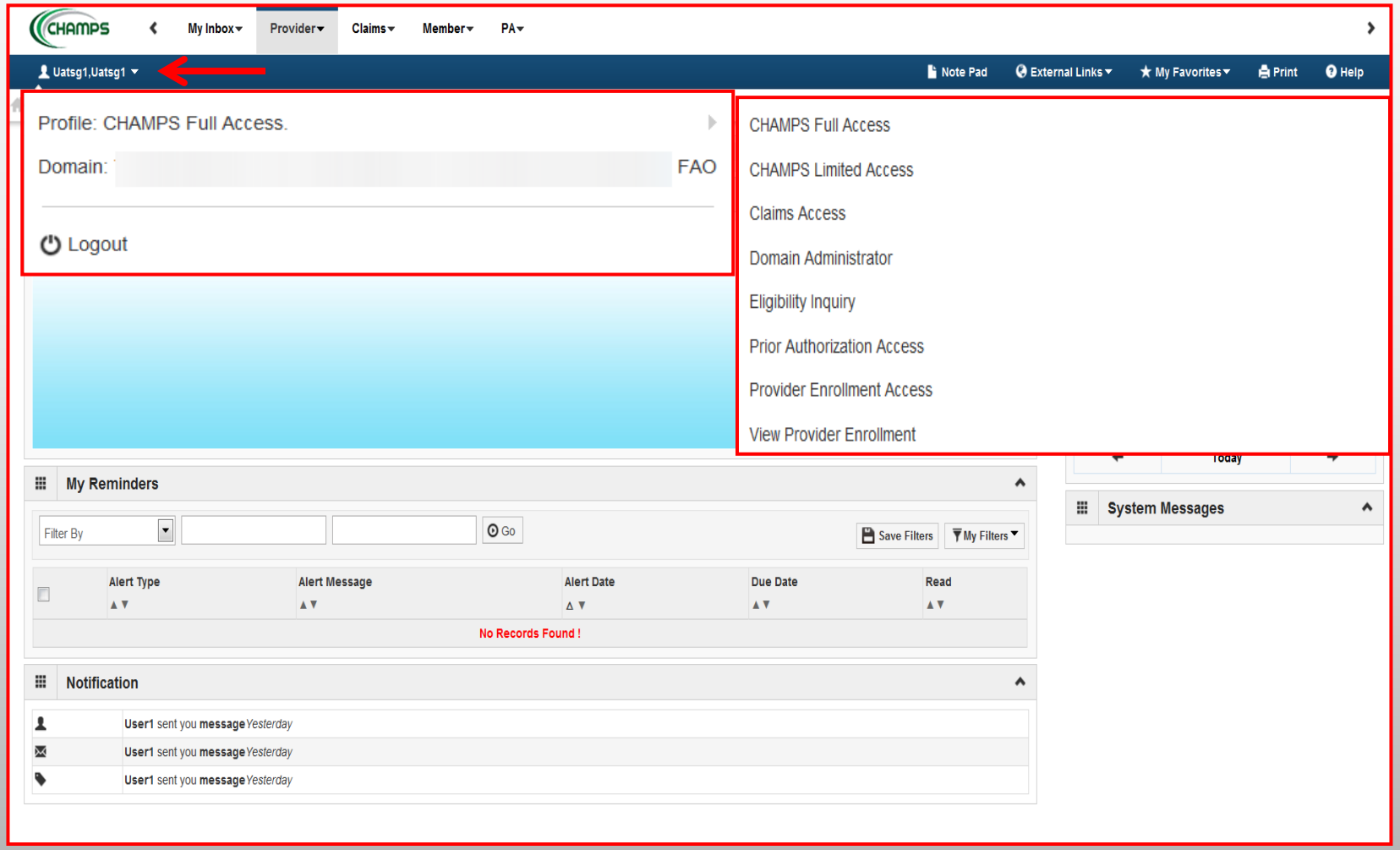

CHAMPS
My Inbox
Admin
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Provider Portal
Provider Portal
Admin
USER MAINTENANCE
Maintain Users
NPI:
Latest updates
System Maintenance Activity
Testing Static Banner Message
Calendar
1:18 PM
25 July 2014
Friday
2014 July
Mo Tu We Th Fr Sa Su
1 2 3 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
System Messages


CHAMPS
My Inbox
Admin
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
UserList
Close
Add
Manage Users
Domain Name
%
And
Filter By
Go
Save Filters
My Filters
Domain Name
Name
Organization
Status
Start Date
Expiration Date
No Records Found !


CHAMPS
My Inbox
Admin
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
UserList
Close
Add
Manage Users
Domain Name
%
And
Filter By
Go
Save Filters
My Filters
Domain Name
Name
Organization
Status
Start Date
Expiration Date
Provider Approved 08/24/2009 12/31/2999
Provider Approved 10/25/2011 12/31/2999
Provider Approved 07/19/2010 12/31/2999
Provider Approved 08/26/2013 12/31/2999
Provider Approved 03/28/2012 12/31/2999
Provider Approved 08/24/2009 12/31/2999
Provider Approved 09/18/2009 12/31/2999
Provider Approved 08/24/2009 12/31/2999
Provider Approved 09/22/2009 12/31/2999
Provider Approved 05/16/2013 12/31/2999
View Page: 2
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last


CHAMPS
My Inbox
Admin
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Provider Portal
Provider Portal
UserList
User Login ID:
Name:
Close
Save
Lock Comments History
User ID:
First Name:
Last Name:
Domain Name:
Lock User / Comment:
Email:
Phone Number:
Not Specified
Start Date:
10/18/2013
Expiration Date:
12/31/2999
Remarks:
Available Profiles
Selected Profiles*
Claims Access
Domain Administrator
Prior Authorization Access
Provider Enrollment Access
View Provider Enrollment
CHAMPS Limited Access
Eligibility Inquiry
CHAMPS Full Access

Changing Profile


CHAMPS
My Inbox
Provider
Claims
Member
PA
Uatsg1,Uatsg1
Note Pad
External Links
My Favorites
Print
Help
Profile: CHAMPS Full Access.
Domain:
FAO
Logout
CHAMPS Full Access
CHAMPS Limited Access
Claims Access
Domain Administrator
Eligibility Inquiry
Prior Authorization Access
Provider Enrollment Access
View Provider Enrollment
My Reminders
Filter By
Go
Save Filters
My Filters
Alert Type
Alert Message
Alert Date
Due Date
Read
No Records Found !
Notification
User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday
Today
System Messages

Resources

Provider Resources

- www.michigan.gov/medicaid providers

- Provider Support
  - 1-800-292-2550
  - ProviderSupport@michigan.gov

- Note - Evaluation Form – Important

Questions???