



CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)

DOCUMENT MANAGEMENT PORTAL (DMP)

USER GUIDE FOR LOCAL HEALTH DEPARTMENTS (LHD'S), MEDICAID HEALTH PLANS (MHP'S)



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Document Management Portal (DMP)

- **Document Management Portal (DMP) is a document based system.**
- **There is no longer a comprehensive client file.**
- **Providers view documents if their NPI or CHAMPS Provider ID is associated to the document.**
- **There is the capability to search for a client by name or ID, etc., and find documents associated to the client.**
- **Documents are stored in the permanent State of Michigan repository, FileNet.**
- **Messages are sent to specific users rather than a general intake queue.**
- **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 VIA CHAMPS

Log into CHAMPS

Uatsg1,Uatsg1

 * *

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 a user profile (Uatsg1, Uatsg1), a Note Pad icon, the External Links menu (highlighted with a red arrow), My Favorites, Print, and Help. The main content area is titled 'Provider Portal' and contains several sections: a search bar for NPI and Name, a 'Latest updates' section with a system notification about a CHAMPS outage on December 31st, and a 'My Reminders' section with a filter by dropdown and a 'Go' button. On the right side, there is a 'Calendar' widget showing the current date as 4 March 2016 (Friday) at 09:58 AM, and a calendar grid for the month of March 2016.

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.

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			

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 tabs for My Inbox, Provider, Claims, Member, and PA. Below this is a dark blue header with user information (Uatsg1, Uatsg1) and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled "Provider Portal" and contains several sections: "Latest updates" with a refresh icon and a red arrow pointing to the "Document Management Portal" option in the External Links dropdown; "System Notification" with a large blue banner about system maintenance; and "My Reminders" with a filter dropdown and a "Go" button. On the right side, there is a "Calendar" widget showing the date 4 March 2016 (Friday) at 09:58 AM and a calendar grid for March 2016.

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

System Notification:

Due to system maintenance, the CHAMPS system will be down 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.

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			



NPI:

Latest updates

System Notification

Due to maintenance Thursday, December 31st This outage will affect CHAMPS

My Reminders

Filter By

Click on this dropdown

FFS



Document Management Portal

Friday, March 4, 2016

uatgs1u9999

Return to CHAMPS

Search Documents Document Upload Messages FAX Cover Sheet

Documents Search

Document Type: Select Document Title: Document TCN: Status: Select Sender Name: Sender Phone: NPI: Beneficiary ID: Date of Service From: Date of Service To: Loaded On: Include History: Search Clear

Calendar

09:59 AM

4 March 2016 Friday

2016 March

Calendar grid for March 2016 with dates 1-31 and navigation arrows.

Today

A new Window Opens





System defaults to FFS. Must select CSHCS

Document Manag
FFS
CSHCS

Friday, March 4, 2016
uatsg1u9999
Return to CHAMPS

Search Documents | Document Upload | Messages | FAX Cover Sheet

Documents Search

Document Type :	Select ▼	Document Title :	▼
TCN :	<input type="text"/>	Status :	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 on the CSHCS Search Documents page.



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 :	Add Provider
Beneficiary First Name :	<input type="text"/>	Beneficiary Last Name :	Department Review
Beneficiary Date Of Birth :	<input type="text"/>	Document Name :	New Diagnosis
Sender Name :	<input type="text"/>	Sender Phone :	New Referral
NPI :	<input type="text"/>	CHAMPS Provider Id :	Other Medical
Loaded From :	<input type="text"/>	Loaded To :	Renewal
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

Documents Search

Document Type :	<input type="text" value="Medical"/>	Document Title :	<input type="text" value="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 :	1467789
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"/>

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

Search Results

Show 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		

- 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	NPI	CHAMPS Provider ID	Loaded On	Status	View Message 	Send Message 
<input type="checkbox"/> Add Provider 	Medical	5555555555	HOLLY	HOBBY	01/01/2012	1346333226	1467789	2016-06-02 11:02:09 AM	Review/Process		
<input type="checkbox"/> 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 : *	Add Users Clear
Subject : *	<input type="text"/>
Message : *	<div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>



ADD USERS WINDOW

- Select either State Staff or Providers.
- In the search box enter the last name of the person you want to send a document to.
- Click on the  button.
- Select the appropriate person by last name, first name, provider affiliation and NPI.
- Click on the green arrow  to add name to the Selected Users List.
- Click the red arrow to remove a person from the Selected Users List.
- You can search for additional Users if you want the message to go to more than one recipient
- When done adding Users, click the **Select** button to return to the send message screen.

Users List :

Enter Name Below 

State Staff Providers

Search Results	Selected Users List
bush	bush
bush ;WRIGHT and FILIPPIS INC I	WILLIAM BEAUMONT HOSPITAL 130
bush ;WRIGHT and FILIPPIS INC I	
bush	
bush MEMORIAL HOSPITAL 131	
bush OAKWOOD HEALTHCARE INC119	
bush ORTHOPAEDIC HOSPITAL AT PARKVIEW NORT	
bush OAKWOOD HEALTHCARE INC 4440	
bush OAKWOOD HEALTHCARE INC 130	
bush OAKWOOD HEALTHCARE INC 088...	

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 : *	<div style="border: 1px solid gray; height: 100px; width: 100%;"></div>

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 INSTRUCTIONS

- All fields marked with an asterisk (*) are required.
- Allowable file extension for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff.
- 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). (MHPs have CHAMPS Provider IDs.)
- (***) NPI number or CHAMPS Provider ID is required.
- **Always enter the Beneficiary County Code. County Code is very important for document processing.**

CSHCS DOCUMENT UPLOAD



CSHCS

Document Management Portal

Wednesday, March 9, 2016

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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="button" value="Browse..."/>



CSHCS ▾

Document Management Portal

Friday, March 4, 2016

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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"/>

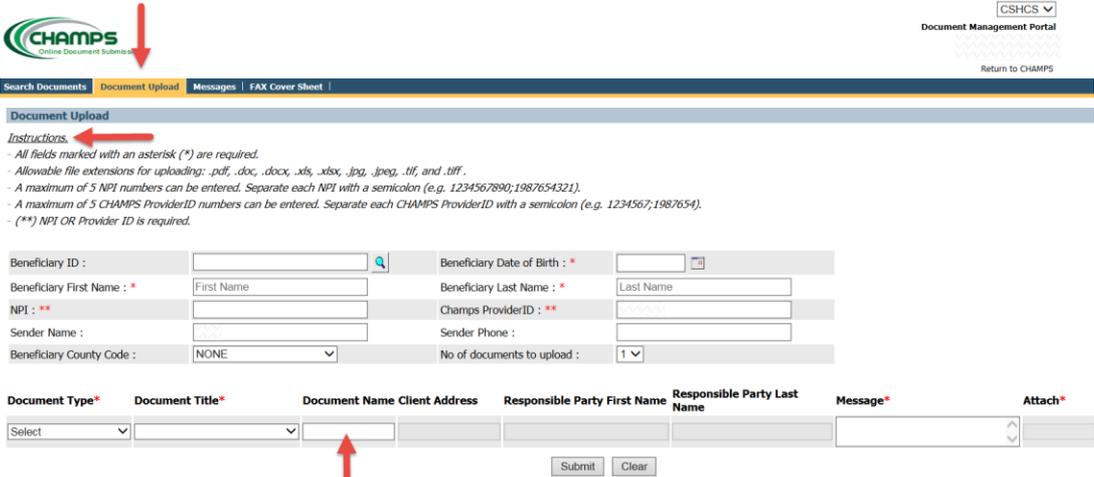
Document Type*	Document Name	Client Address	Responsible Party First Name	Responsible Party Last Name	Message*
<input type="text" value="Medical"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Document Type* dropdown menu:
Select
Add Provider
Department Review
New Diagnosis
New Referral
Other Medical
Renewal

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.



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 :	<input type="text"/>	Beneficiary Date of Birth : *	<input type="text"/>
Beneficiary First Name : *	<input type="text" value="First Name"/>	Beneficiary Last Name : *	<input type="text" value="Last Name"/>
NPI : **	<input type="text"/>	Champs ProviderID : **	<input type="text"/>
Sender Name :	<input type="text"/>	Sender Phone :	<input type="text"/>
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*
Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 <u>Dx</u> Blank, NPI xxxxxxxxxxxx, 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	Browse

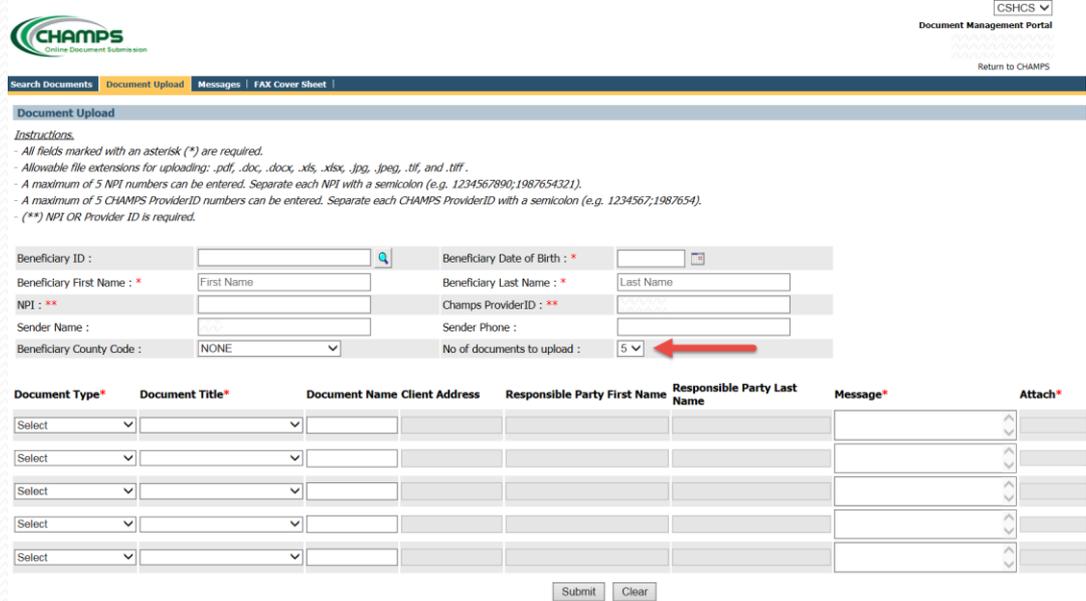
Submit Clear

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.



The screenshot shows the CHAMPS Online Document Submission portal. At the top right, there is a dropdown menu for 'CSHCS' and a link for 'Document Management Portal'. Below this is a navigation bar with 'Search Documents', 'Document Upload', 'Messages', and 'FAX Cover Sheet'. The main section is titled 'Document Upload' and contains the following instructions:

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.

The form fields include:

- 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 :
- No of documents to upload : (indicated by a red arrow)

Below the form is a table for document uploads:

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"/>

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



VIEW YOUR MESSAGES



VIEW YOUR MESSAGES

CSHCS

Document Management Portal

Friday, March 4, 2016

uatsg1u9999

[Return to CHAMPS](#)

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

User Messages

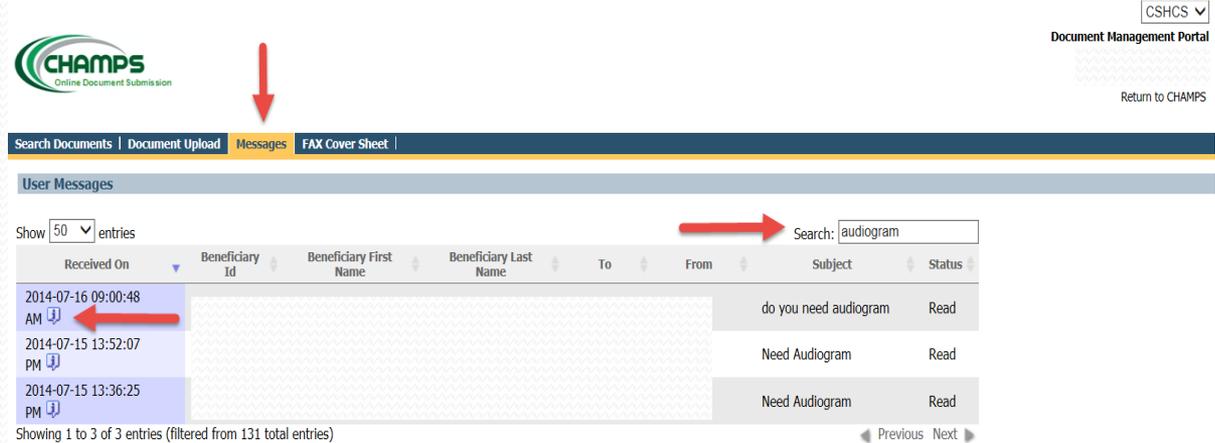
Show entries

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.

CSHCS
 Document Management Portal
 Return to CHAMPS

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

User Messages

Show 50 entries

Search: audiogram

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. 

Ok Archive View Document View Messages Reply



VIEW MESSAGE THREAD

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

Document Messages: Close

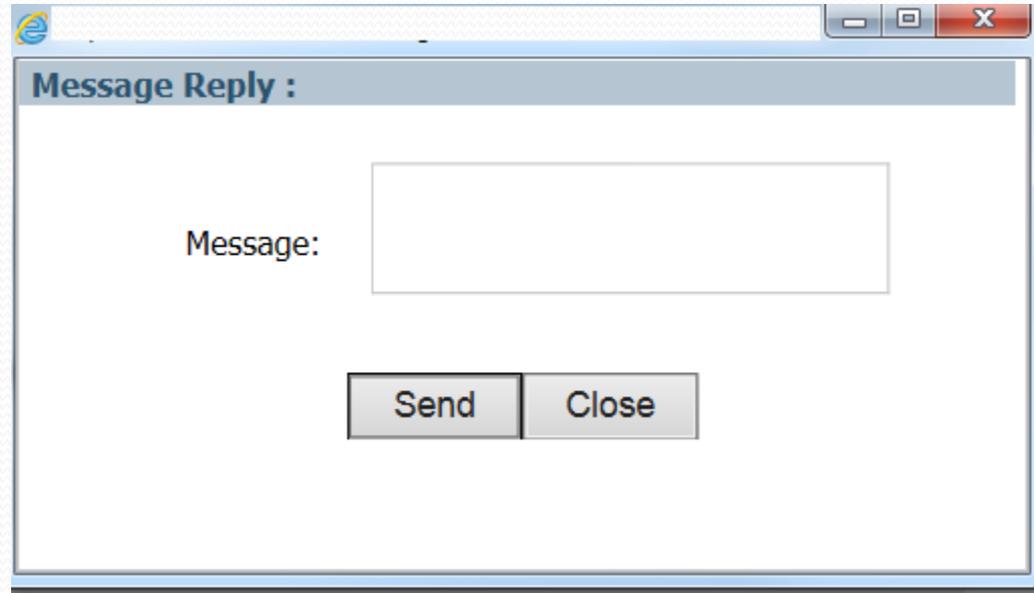
<i>Sent On:</i>	2014-07-16 09:00:48 AM	<i>From:</i>	[Redacted]	<i>To:</i>	[Redacted]	<i>Beneficiary ID:</i>	[Redacted]
<i>Subject:</i>	do you need audiogram						
<i>Message:</i>	Yes, please. I need an audiogram, a sonogram, and a pretty picture of a dog and pony with a rainbow at sunset. Thanks!						
<i>Sent On:</i>	2014-07-16 08:57:56 AM	<i>From:</i>	[Redacted]	<i>To:</i>	[Redacted]	<i>Beneficiary ID:</i>	[Redacted]
<i>Subject:</i>	do you need audiogram						
<i>Message:</i>	Do you need audiogram						
<i>Sent On:</i>	2014-07-15 01:34:19 PM	<i>From:</i>	[Redacted]	<i>To:</i>	[Redacted]	<i>Beneficiary ID:</i>	[Redacted]
<i>Subject:</i>	Message From Provider						
<i>Message:</i>	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: [REDACTED]
To: [REDACTED]
Subject: [REDACTED]

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.

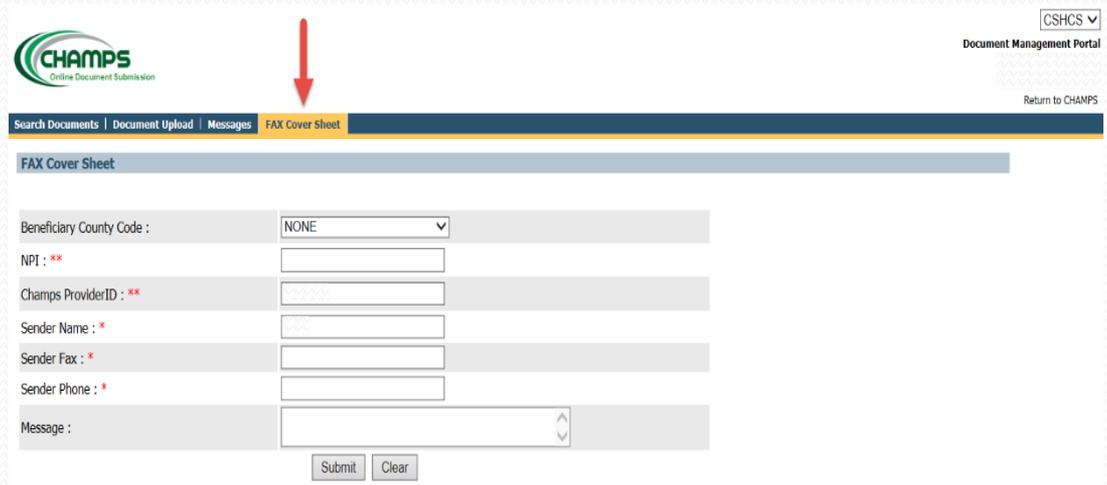
Confidentiality: The information contained in this electronic mail message and any attachments is intended only for the use of the individual or entity to which it is addressed and may contain legally privileged, confidential information or work product. If the reader of this message is not the intended 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 or Assistance 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 tagline "Online Document Submission". To the right, there is a "Document Management Portal" section with a "CSHCS" dropdown menu and a "Return to CHAMPS" link. A navigation bar contains links for "Search Documents", "Document Upload", "Messages", and "FAX Cover Sheet", with the latter being highlighted in yellow. A red arrow points to the "FAX Cover Sheet" link. Below the navigation bar, the "FAX Cover Sheet" form is visible, featuring several input fields: "Beneficiary County Code" (a dropdown menu currently set to "NONE"), "NPI : **", "Champs ProviderID : **", "Sender Name : *", "Sender Fax : *", and "Sender Phone : *". A "Message :" field is located at the bottom of the form, accompanied by "Submit" and "Clear" buttons.



CSHCS DOCUMENT TYPES AND DOCUMENT TITLES

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.
- **Many Document Types and Titles are for Local Health Department or State Staff use only**

Accreditation

- For Local Health Department (LHD) and State staff use only.

Document Type*	Document Title*
Accreditation ▼	Select Client Charts Pre-materials Reports State Notes

Application Financial

Document Type*	Document Title*
Application Financial ▼	Select Application Financial Citizenship Payment Agreement Changes

- **CSHCS Application**
- **Income Review Payment Agreement (IRPA)**
- **Re-submission of pended IRPA's**
- **Citizenship papers for CSHCS clients**
- **Green Cards, Visas etc. for CSHCS Clients**
- **IRPA Amendments**

CSN Fund

- For LHD and State staff use only.

Document Type*	Document Title*	Document
CSN Fund	Select	
	Application	
	CSN Fund Correspondence - Phone Logs	
	CSN Fund Photos	
	Financial Form	
	Invoices	
	Landlord Authorization	
	Letter from Family	
	Medical	
	Miscellaneous	
	Other Resources - Misc Letters	
	Tricycle Form	
	Vendor Bids	

Client/Provider Billing

- **For LHD and State staff only.**
- **Not for Claims submission.**
- **Call CSHCS and speak with appropriate staff.**

Document Type*	Document Title*
Client/Provider Billing ▾	Select
	Complex
	Diagnostic Referral Issues
	Miscellaneous

Department Review-Hearings

- For State staff use only.

Document Type*	Document Title*
Department Review-I ▼	Select
	Decision Package
	Dismissal/Withdrawn
	Miscellaneous
	Notice of Department Review
	Summary Report

Health Plan

- **For Medicaid Health Plan (MHP) use only.**
- **Documents go directly to FileNet.**

Document Type*	Document Title*
Health Plan <input type="button" value="v"/>	Select
	Assessment
	Case Management Plan
	Service Plan

Hospice

- Requests for CSHCS Hospice services for CSHCS client.
- Supporting CSHCS Hospice documentation, including medical reports and plans of care.

Document Type*	Document Title*
Hospice	Select
	Hospice Request
	Miscellaneous

Insurance

- For LHD and State staff use only
- Not for Claims submission
- Not to update TPL information
- Insurance Premium Payment Application form MSA-0725

Document Type*	Document Title*	Document
Insurance	Select	
	EOB	
	Insurance Premium Payment Application	
	Medicare Part B	
	Medicare Part D	
	Miscellaneous	

Local Health Department

- **For Local Health Department (LHD) use only.**
- **Annual Reports, Care Coordination Case Management and Performance Metrics go directly to Quality Queue.**
- **All others go directly to FileNet.**

Document Type*	Document Title*	Document I
Local Health Departm ▼	Select	
	Annual Reports	
	CMH Reports/Services	
	Care Coordination Case Management Logs	
	Educational Reports/Services	
	Medical Reports	
	Miscellaneous	
	Performance Metrics	
	Plan of Care	
	Private Insurance/Health Plan	
	Progress Notes	

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Medical

- **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 Coverage.**
- **OTHER MEDICAL – State staff use only**

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

Miscellaneous

- **State Staff use only.**

Document Type*	Document Title*
Miscellaneous	Select Miscellaneous



Notice of Action

- **ADDRESS** - Changes to demographic info, address, phone, county.
- **AUTHORIZATION TO DISCLOSE PHI** - Authorization to Disclose PHI form with no medical attached.
- **DEATH NOTIFICATION** - Notice that client has died.
- **LEGAL DOCUMENTS** – Letters of Guardianship, Adoption, Client Legal Name Changes.
- **MISCELLANEOUS** - Responsible Party Changes.
- **PROVIDER UPDATES** - Add/End Date providers associated to CSHCS qualifying DX.

Document Type*	Document Title*
Notice of Action	Select
	Address
	Authorization to Disclose PHI
	Death Notification
	Legal Documents
	Miscellaneous
	Provider Updates



Request for Special Services

- Care Coord./Case Mgmt – **LHD and State Staff use only.**
- Exception to Policy – **State Staff use only.**
- Miscellaneous – **State Staff use only.**
- Orthodontics/Specialty Dental – **Requests for Dental/Orthodontics related to the CSHCS qualifying DX.**
- Out of State (OOS) – **OOS form, In-State Referral Letter, supporting medical from OOS provider.**
- Transplant – **Request for medical transplant.**

Document Type*	Document Title*	Document Name
Request for Special S ▼	Select	
	Care Coordination Case Management Exception	
	Exception to Policy	
	Miscellaneous	
	Orthodontics/Specialty Dental	
	Out of State	
	Transplant	

Respite

- **Decision Package – State Staff use only.**
- **Miscellaneous - Supporting documentation, medical, correspondence for CSHCS client**
- **Respite Request – Request for CSHCS Respite for CSHCS client.**

Document Type*	Document Title*
Respite ▼	Select Decision Package Miscellaneous Respite Request

TEFRA

APPEALS – State Staff use only.

DECISION PACKAGE – State Staff use only.

MISCELLANEOUS – Supporting documentation.

TEFRA Renewal - Supporting documentation.

TEFRA Request – DHS-49 from, medical report, 24 hour plan of care, etc.

Document Type*	Document Title*
TEFRA	Select
	Appeals
	Decision
	Miscellaneous
	TEFRA Renewal
	TEFRA Request

Transportation

- For LHD and State Staff use only re CSHCS fee-for-service transportation assistance.

Document Type*	Document Title*	Document
Transportation ▼	Select In State Travel Authorization Lodging Reimbursements Out Of State Travel Authorization Transportation Company Reimbursements Travel Reimbursements	



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.
- Do not send in a request to add a provider as one document then send the associated medical report as another document (or have the provider send us the medical separately).
- Reminder that documents are routed to appropriate CSHCS staff by their Document Type and Document Title.
- When uploading medical or IRPA 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 or IRPA 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 CSHCS eligibility renewal purposes must be submitted under Document Type MEDICAL and Document Title RENEWAL

OUT OF STATE (OOS) PRIOR AUTHORIZATION

- **ALL Out-of-State (OOS) PRIOR AUTHORIZATION DOCUMENTATION MUST BE SUBMITTED IN ONE UPLOAD OR ONE FAX.** The Prior Authorization form and all corresponding medical reports and in-state referral should come in as one document or they may be routed incorrectly. Please no longer submit the OOS PA form and send the medical in later or have the provider send the medical directly to CSHCS. Use Document Type 'Request for Special Services' and Document Title 'Out of State.'