“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations
What Is CSHCS?

- Children’s Special Health Care Services (CSHCS) works to provide access and guidance to families of children and some adults with special needs to obtain health care and support services related to specific medical conditions that require specialty care.

- CSHCS helps strengthen and support children and youth with special health care needs and their families. The program helps families pay for medical care and treatment related to the child’s CSHCS-qualifying condition. We also guide families through the systems of care and connect them with other community-based programs and services.

- To be eligible for CSHCS, children must have a qualifying medical condition, live in Michigan and be 20 years old or under. There is no age restriction for Cystic Fibrosis and Hemophilia. Families of all incomes can enroll their child, including those with other health insurance.
• **Document Management Portal (DMP)** provides a browser-based interface to submit medical reports to Children’s Special Health Care Services (CSHCS) for program eligibility, renewal and provider authorization.

• DMP has replaced EZ Link for submitting documentation to CSHCS.

• Users accessing the DMP can:
  • send and receive messages pertaining to submitted documents
  • view documents and associated correspondence history.

• Every message must be associated to a document.
Using CSHCS Document Types and Document Titles is the solution for transferring documents into the permanent State of Michigan repository, FileNet. Every document received will be indexed with a Document Type and Document Title.

- Documents uploaded in the DMP with the CSHCS Document Type and Document Title assigned by the provider go directly to the appropriate CSHCS queue for processing.

- Documents that are faxed or mailed to CSHCS will take longer to process since the Document Type and Document Title must be manually assigned.
ACCESSING THE DMP

Log into CHAMPS
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.
From the EXTERNAL LINKS drop down menu, select Document Management Portal.
A new Window Opens

Click on this dropdown
System defaults to FFS. **Must** select CSHCS
Your NPI and/or CHAMPS Provider ID will automatically populate.
CSHCS SEARCH DOCUMENTS

- SEARCH for DOCUMENTS by any of the parameters (metadata) or a combination
- Your NPI/CHAMPS Provider ID will always be included in the search criteria
- Loaded From date = date the document was originally loaded into the DMP
- Include History checkbox is not functional at this time
Example: Search for medical reports using criteria Document Type Medical along with your NPI or CHAMPS Provider ID
Search returns all documents that were uploaded with Document Type Medical and your NPI/CHAMPS Provider ID associated to the document.
- 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
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.
Your name will auto-populate in the TO field. Click CLEAR to remove your name.

To add a recipient, click Add Users.
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 search 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.
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.
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.
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
CSHCS DOCUMENT UPLOAD
Tip: Enter the Beneficiary ID, click to auto populate beneficiary name and dob.

Please be sure to select the Beneficiary County Code to expedite processing.
SHARING DOCUMENTS WITH OTHER PROVIDERS

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

### Document Upload

**Instructions:**
- All fields marked with an asterisk (*) are required.
- A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1234567891).
- A maximum of 5 CHAMPS ProviderID numbers can be entered. Separate each CHAMPS ProviderID with a semicolon (e.g. 1234567;1234567).
- (***) NPI OR Provider ID is required.

<table>
<thead>
<tr>
<th>Select</th>
<th>Accreditation</th>
<th>Application Financial</th>
<th>CSN Fund</th>
<th>Client/Provider Billing Issues</th>
<th>Department Review-Hearings</th>
<th>Health Plan</th>
<th>Hospice</th>
<th>Insurance</th>
<th>Local Health Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Miscellaneous</td>
<td>Notice of Action</td>
<td>Request for Special Service</td>
<td>Respite</td>
<td>TEFRA</td>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NPI</th>
<th>Test</th>
<th>Beneficiary Date of Birth : 01/01/2000</th>
<th>Beneficiary Last Name :</th>
<th>Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234567890</td>
<td>Test</td>
<td>Beneficiary Last Name :</td>
<td>Beneficiary</td>
<td></td>
</tr>
<tr>
<td>01234567890</td>
<td>Champs ProviderID : 111111</td>
<td>Sender Phone :</td>
<td>NONE</td>
<td>No of documents to upload : 1</td>
</tr>
<tr>
<td>Uatsg1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Name</th>
<th>Client Address</th>
<th>Responsible Party First Name</th>
<th>Responsible Party Last Name</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Select Document Title

Document Upload

Instructions:
- All fields marked with an asterisk (*) are required.
- 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 : * 1234567890
Beneficiary First Name : * Test
NPI : ** 0123456789
Sender Name : Uatsg1
Beneficiary County Code : NONE
Beneficiary Date of Birth : * 01/01/2000
Beneficiary Last Name : * Beneficiary
Chams ProviderID : ** 111111
Sender Phone :
No of documents to upload : 1

Document Type *
Medical

Document Name Client Address Responsible Party First Name Responsible Party Last Name Message
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 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.
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.
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.
# VIEW YOUR MESSAGES

**User Messages**

<table>
<thead>
<tr>
<th>Received On</th>
<th>Beneficiary Id</th>
<th>Beneficiary First Name</th>
<th>Beneficiary Last Name</th>
<th>To</th>
<th>From</th>
<th>Subject</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-03-04 09:59:56 AM</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>uatsg1u9999</td>
<td></td>
<td>test4</td>
<td>UnRead</td>
</tr>
<tr>
<td>2016-03-04 09:50:02 AM</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>uatsg1u9999</td>
<td></td>
<td>test3</td>
<td>Read</td>
</tr>
<tr>
<td>2016-03-04 08:43:31 AM</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>uatsg1u9999</td>
<td></td>
<td>test2</td>
<td>Read</td>
</tr>
<tr>
<td>2016-03-03 15:54:18 PM</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>uatsg1u9999</td>
<td></td>
<td>test</td>
<td>Read</td>
</tr>
<tr>
<td>2016-02-29 11:32:23 AM</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>uatsg1u9999</td>
<td></td>
<td>Message From Provider</td>
<td>Read</td>
</tr>
<tr>
<td>2015-06-17 07:28:44 AM</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>uatsg1u9999</td>
<td></td>
<td>Requisition Status</td>
<td>Read</td>
</tr>
<tr>
<td>2015-06-15 08:49:12 AM</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>uatsg1u9999</td>
<td></td>
<td>IE 8 test message</td>
<td>Read</td>
</tr>
<tr>
<td>2015-06-10 16:29:17 PM</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>uatsg1u9999</td>
<td></td>
<td>test</td>
<td>Read</td>
</tr>
</tbody>
</table>
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.
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.
The `VIEW MESSAGES` button shows you the message thread (previous messages associated to this document).

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>From</th>
<th>To</th>
<th>Subject</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-07-16</td>
<td>09:00:48 AM</td>
<td></td>
<td></td>
<td></td>
<td>Yes, please. I need an audiogram, a sonogram, and a pretty picture of a dog and pony with a rainbow at sunset. Thanks!</td>
</tr>
<tr>
<td>2014-07-16</td>
<td>08:57:56 AM</td>
<td></td>
<td></td>
<td></td>
<td>Do you need audiogram</td>
</tr>
<tr>
<td>2014-07-15</td>
<td>01:34:19 PM</td>
<td></td>
<td></td>
<td>Message From Provider</td>
<td>Can we get this child on for this new diagnosis?</td>
</tr>
</tbody>
</table>
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]

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Greetings,

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

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

Thank you,
State Staff.

---

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

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

Faxes go to a CSHCS incoming fax folder and staff will route appropriately.

A new CSHCS Fax Cover Sheet is required for each fax transmission (you can’t re-use the fax cover sheets).
CSHCS DOCUMENT TYPES and DOCUMENT TITLES

• Using Document Types and Document Titles is the solution for transferring documents into the permanent State of Michigan repository, FileNet. Every document received will be indexed with a Document Type and Document Title.

• Each document received will be routed to the appropriate Document Management Portal (DMP) queue within CSHCS, depending on the Document Type and Document Title associated to the document.

• Please use only Document Type **MEDICAL**. The other Document Types are reserved for Local Health Department, MHP and/or State Staff use only.
**Medical**  (Discharge summary, office or clinic report, Letter from Specialist, ED report, etc.)

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

- When sending in a medical report to add a provider, use the Message portion of the document upload or fax cover sheet to give the details of provider you want added. Please include the provider name, NPI, date of service, and client’s CSHCS-qualifying diagnosis code related to the service provided.

- Reminder that documents are routed to appropriate CSHCS staff by their Document Type and Document Title.

- When uploading medical for renewal, in the Document Name field, enter ONLY the month the CSHCS coverage is ending 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12. If coverage has lapsed, include the coverage ended month/year and the word LAPSED, example: 10/2015 LAPSED, 04/2016 LAPSED.

- If faxing medical for renewal, include the month coverage is ending 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, at the beginning of your message. Fax page limit is 60 pages.

- Medical reports from OOS providers that will be used for renewal purposes must be submitted under Document Type MEDICAL and Document Title RENEWAL.