

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

-Provider Relations

Contents

- My Inbox functions (<u>slides 8-29</u>)
- Provider tab functions (<u>slides 30-34</u>)
- Claims tab functions
 - Submit Professional (slides 35-47)
 - Submit Institutional (<u>slides 48-58</u>)
 - Submit Dental (<u>slides 59-70</u>)
 - Search Template (slides 71-74)
 - Claim Adjust (<u>slides 75-80</u>)
 - Claim Void (<u>slides 81-86</u>)
 - Claim inquire (slides 87-93)
- Member tab functions (<u>slides 94-101</u>)
- Prior Authorization tab functions (<u>slides 102-109</u>)
- Additional features within CHAMPS (slides 110-140)
- Domain Administrator functions (slides 141-153)





HELP CONTACT US



- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <u>https://milogintp.Michigan.gov</u> into the search bar
- Enter your User ID and Password
- Click Login





- You will be directed to your MILogin home page
- Click the CHAMPS hyperlink

*MILogin resource links are listed at the bottom of the page





Click Acknowledge/Agree to accept the Terms & Conditions to get into CHAMPS



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Community Health Automated Medicaid Process	ssing System
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- Select the Billing NPI from the Domain dropdown
- Select the appropriate profile (for example full access, limited access, etc.)
- Select a Favorite if one has previously been saved



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My Inbox

Change Profile-How to change from being logged in with one NPI to another NPI

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Click the Change Profile option

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• Change to a different Billing NPI by selecting the appropriate NPI from the Domain dropdown



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Archived Documents-Stored documents for provider view

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• Click the Paper RA hyperlink to access the paper RA



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





• The paper RA will then be displayed in PDF format

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Paid	1							
Credited	0							
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Provider Verification

Tool used to verify a provider NPI is enrolled with Michigan Medicaid

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	Step 3: Specialties	Required	04/15/2008	04/15/2008	Complete				
	Step 4: Mode of Claim Submission	Required	04/15/2008	04/15/2008	Complete				
	Step 5: Associate Billing Agent	Required	12/15/2014	11/01/2013	Complete				
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• Make any necessary changes to enrollment information making sure to complete all steps needed





Claims

Submit Professional-How to use CHAMPS Direct Data Entry (DDE) option to submit a professional claim. Providers who bill using the CMS-1500 claim form

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Is the Billing Location also the Service Facility Location?						
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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					
Is this service the result of a Primary Care Referral?	○ Yes					

• Enter all other necessary information for your claim and services being billed



BENEFICIARY INFORMATION ~ BENEFICIARY Beneficiary ID: 0123456789 Beneficairy First Name: Test Suffix: Last Name: * MI: dd mm уууу * Date of Birth: Gender: M-Male 01 2014 01 mm dd уууу Onset of Current Illness/symptom Date: Does the beneficiary have insurance other than Medicaid? Yes No 0 OTHER INSURANCE INFORMATION Other Subscriber Information mm dd уууу * Payer Responsibility Code: Remittance Date: Payer ID Number: Subscriber Member ID: Subscriber Last Name: First Name: Suffix: MI: Insured's Group or Policy Beneficiary's ¥ Relationship: Number: Total COB Payer Paid \$ * Claim Filing Indicator : Add Another Amount: Enter the Beneficiary information •

• If the beneficiary has a primary insurance answer Yes to the question then enter all required information as indicated by *



	CLAIM INFORMATION
+	RELEVANT DATES
PRI Pric	IOR AUTHORIZATION/REFERRAL/CLIA or Authorization Number: MDCH PA: Yes No Referral Number: ANumber:
+	CLAIM NOTE
0	Is this claim related to Chiropractic Spinal Manipulation? Or Yes ONO
0	Is this a vision claim involving replacement lenses or frames?
0	Is this claim accident related? O Yes No
0	Does this claim have backup documentation? O Yes No
CL/ Pat Pla Diag	AIM DATA ient Account No.: * ce of Service: * gnosis Code Category: * gnosis Codes: 1: * 2: * 3: 4: Add Another ANESTHESIA RELATED PROCEDURE
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•	Continue to enter claim information as necessary for services being billed
•	Any red plus sign can be expanded by clicking the red plus sign, once the field is expanded it will require information to be entered. If expanded in error click the red plus sign to close

BASIC LINE ITEM INFORMATION	^
BASIC SERVICE LINE ITEMS	
Service Date From: mm dd yyyy * Service To Date: mm dd yyyy *	
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Procedure Code:	
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Click on Insurance Info to enter each Line's Insurance Information.	
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Enter the service line information, all asterisked fields are required for all providers	<u> </u>
Once all information has been entered click Add Service Line Item to add it to the claim	M

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Click a Line No. below to view/update that Line Item Information.			Total Submitted Charges: \$150 00
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• Enter amount paid for the service line and applicable reason codes (CARC) and amounts based on the explanation of benefits (EOB) from the payer

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Address Line 3: State/Province:	(Enter Street Address or PC	Box Only) City * (y/Town:		* *	ta Address						
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Address Line 3: State/Province: Country: Is the Billing Location al	(Enter Street Address or PC	Box Only) City T City T City T City T City T City T City City City City City City City City	y/Town: County: p Code:	• Yes	v *	te Address						
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• To save the claim as a template click Save as Template

• This will allow you to save the claim to either submit later or to re-use this same template for other beneficiaries



CHAMPS & My Inbox - Prov	rider▼ Claims▼ Member▼ PA▼					;
1		hote Pad	🔇 External Links 🔻	★ My Favorites▼	🖨 Print	🔋 Help
> Provider Portal > Submit Professional Claim						
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PROVIDER INFORMATION	TCN: 2					^
BILLING PROVIDER INFORMATION	Billing Provider ID:		=			
Provider ID:	Billing Provider ID.					
Address Line 1:						
Address Line 3:	Beneficiary ID:					
State/Province: MICHIGAN	Beneficiary Name:		-			
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Is the Billing Location also the Service Fa	Upload Documents	Print	Close			
Is the Billing Provider also the Rendering Provid	ler? O Yes No					
Provider ID: * Type:	Taxonomy Code:					
Is the Billing Provider also the Supervising Prov	ider? Yes No 					
Is this service the result of a referral?	⊘ Yes					

Once claim is completed, click Submit Claim

• The TCN box will pop-up which displays the TCN number for further tracking, to attach documentation to the claim click Upload Documents



CHAMPS Online Document Submission				Doct	ment Management Portal Friday, August 15, 2014 Return to CHAMPS
Search Documents Document Uplo	oad Messages FAX Cover Sheet				
Document Upload					
<u>Instructions.</u> - All fields marked with an asterisk - The date of service is required on - A TCN is required only when the - TCN entered must be header TCN - A maximum of 5 TCN numbers ca - A maximum of 5 NPI numbers ca - Allowable file extensions for uploa	(*) are required. ly when the Document Type chosen is 'CL Document Title is 'PREDICTIVE MODELIN ! (ending in 000). an be entered. Separate each TCN with a se n be entered. Separate each NPI with a se ading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .	AIM'. G'. semicolon (e.g. 7645288100242120 micolon (e.g. 1234567890;198765 ipeg, .tif, and .tiff .	000;93428810024212000). 54321).		
* Beneficiary ID :		* NPI :			
* Beneficiary First Name :		Beneficiary Last Name			
*Sender Name :		*Sender Phone :			
No of documents to upload :	1 •				
Document Type * Document Select •	It Title * Date of Service From * Dat	e of Service To TCN *	Message	Attach* Browse	
 Document Manageme number 	ent Portal (DMP) will then la	unch in a separate wind	ow and will allow documer	tation to be uploaded and attack	ned to the TCN



Claims

Submit Institutional-How to use CHAMPS Direct Data Entry (DDE) option to submit an Institutional claim. Providers who bill using the UB-04 claim form

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CHAMPS & My Inbox - Provider -	Claims → Member •	PA▼						
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Institutional Claim								*
Note: Asterisks (*) denote required fields.							Billing Instr	uctions
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Provider ID: * Type: NPI	 * Taxonomy Code: 							
ATTENDING PROVIDER INFORMATION								
Provider ID: * Type: •	* Taxonomy Code:							
BENEFICIARY INFORMATION								^
BENEFICIARY								
Beneficiary ID: *								
Last Name: First	t Name:	* MI:	Suffix:					
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Once in the claim screen the Billing	g NPI that you are log	ged into CHAMF	PS with will be pre-pop	oulated		4		

• Enter the Beneficiary information



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ement Dates:	mm dd	уууу 			mm To:	dd yyyy	_*
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cipal Diagnosis Code:	*	POA:	•	Auto Accident State/Province:		•	·
gnosis Code Category:	*						

• VALUE INFORMATION
T DELAY REASON
PRIOR AUTHORIZATION/PRO/REFERRAL NUMBER
Prior Authorization Number: MDCH PA: O Yes No PRO Number:
IDIAGNOSIS INFORMATION (Do not use decimals or spaces)
CLAIM NOTE
O Does this claim have backup documentation?
• If the beneficiary has a primary payer, expand the Other Insurance Information field and enter all required information as indicated by the asterisk
Any red plus sign can be expanded by clicking the red plus sign, once the field is expanded it will required information to be entered. If expanded in error click the red plus sign to close.

SERVICE LINE ITEM INFORMATION	^							
Service Line Items								
Revenue Code:	×							
HCPCS Code:	Modifiers: 1: 2: 3: 4:							
Service Date:	mm dd yyyy HCPCS							
Last Date of Service:	mm dd yyyy Characters Remaining: 80							
Service Units:	×							
Total Line Charges: \$	* Non-covered Line Charges: \$							
Operating Physician ID: (If different from header)	Туре:							
Other Operating Physician ID: (If different from header)	Туре:							
Rendering Physician ID: (If different from header)	Туре:							
Referring Physician ID: (If different from header)	Type:							
National Drug Code: Quantity:								
Draviously Entered Line Item Information								
Previously Entered Line item mormation								
Click a Line No. below to view/update that Line Item Information.	Total Submitted Charges: \$0.00							
Click on Insurance Info to enter each Line's Insurance Information.								
HCPCS Modifiers Dates	Non covered							
No Code Code 1 2 3 4 Service Date Last DO	Units Charges Charges							
• Enter the service line information, all as	Enter the service line information, all asterisked fields are required							

• Once all information has been entered click Add Service Line Item to add it to the claim



	SERVICE LINE ITEM INFORMATION										^
Ser	vice Line Items										
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Nati	onal Drug Code: Quantity		Unit:			Qualifier:	▼ Pr	escription/Li	nk No [.]		
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Click	a Line No. below to view/undate that Line Item Information							-			
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1	0250		5		400.00	l	nsurance Info	Сору	💼 Delete		
•	The service line will then show at the	bott	om of	the	screen wit	h its corresp	onding lin	ie numb	er		10
•	If there is a primary payer that was re	epor	ted in	the (Other Insu	rance Inforr	nation sec	tion clic	k on Insu	arance Info to optionally enter the other payer	-12

information at the service line level.

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Institutional Claim			•
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Provider ID: Type: Taxonomy Code:			
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CLAIM INFORMATION			^
 To save the claim as a template click Save as Template This will allow you to save the claim to either submit later or to re-use this same template for other beneficiaries 	Ŕ	DH	IHS

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Beneficiary ID : Beneficiary First Name :	uploading: .pdf, .doc, .docx, .x	ds, .xlsx, .jpg, .jpeg, .tif, and .tiff . * NPI : Beneficiary Last Name			
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Claims

Submit Dental

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11-> I	rovider Portal 🗦 Submit Dental Claim							
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	PROVIDER INFORMATION						^	
ſ	BILLING PROVIDER INFORMATION							
	Provider ID: * Type: NPI * Taxonomy Code:							
	Is the Billing Provider also the Rendering Provider?	○ Yes						
ſ	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						
	BENEFICIARY INFORMATION						*	
ſ	BENEFICIARY							
	Beneficiary ID:							=
	Last Name: * First Name:	* MI: Suffix:						
	Date of Birth:							
	Does the beneficiary have insurance other than Medicaid? O Yes No							
							Тор	
•	Once in the claim screen the Billing NPI that you are logged into	CHAMPS with will be pre-populated						
•	Enter all other necessary information for your claim and services	s being billed			N		ЦЦ	C
	Enter the beneficiary information and if the beneficiary has prime	ary coverage answer Ves to the question	מר		Michig	an Department of He	alth & Human Se	ervice
	Enter the contendary mornation and it the contendary has prime		211					

CLAIM INFORMATION		^
LAIM DATA		
Patient Account No.: *		
Place of Service:	Appliance Placement Date: mm dd yyyy	
Service Start Date: mm dd yyyy *	Service End Date:	
RIOR AUTHORIZATION/REFERRAL NUMBER		
Prior Authorization Number: MDCH PA		
] DELAY REASON		
CLAIM NOTE		
Is this claim accident related?	○ Yes No 	
Does this claim have backup documentation?	○ Yes	
Does this claim require a diagnosis code?	Yes No	
DIAGNOSIS		
Diagnosis Code Category:		
* 2:	3: 4:	

BASIC LINE ITEM INFORMA	TION		^
Click on Insurance Info to enter each Lin	ne's Insurance Information.		
BASIC SERVICE LINE ITEMS			
Service Date:	mm dd yyyy	Appliance mm dd yyyy Placement Date:	
	mm dd www	Tractment mm dd www	
Treatment Start Date:		Completion Date:	
Place of Service:			
Area Of Oral Cavity:	•		Fees: \$
Tooth Number/Letter:	Surface: 1: 2: •	3: • 4: • 5: •	
Procedure Code:	*	Quantity:	
Procedure Description:			
	Characters Remaining: 80		
Diagnosis Pointers:	1: • 2: • 3: • 4: •		
Prior Authorization Number:		MDCH PA: O Yes No	Referral Number:
from header)		Туре:	Taxonomy Code:
Supervising Provider ID: (If different from header)		Туре:	
	Add Service Line Item	Update Service Line Item	
Previously Entered Line Item Informa	ation		
Click a Line No. below to view/update th	at Line Item Information.	Total Fee: \$0.00	
Click on Insurance Info to enter each Lin	ne's Insurance Information.		
Line Service Area of Oral Too	oth Surface Procedure Diagnosis Point	Prior Auth Quantity Fees	E
No Date Cavity Nu	mber/Letter 1 2 3 4 5 Code 1 2 3	4 Number	
			Тор
Enter the service line	information all asterisked fields are required		
	as been entered click Add Service Line Item to ad	d it to the claim	MADULIC
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	BASIC LINE ITEM INFORMATION	
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Click on Insurance Info to enter each Line's Insurance Information.

Service Date:	mm dd	уууу хуууу *			Appliance Placement Date	mm .	dd yyyy		
Treatment Start Date:	mm dd	УУУУУ			Treatment Completion Date	e:	dd yyyy		
Place of Service:				-					
Area Of Oral Cavity:			•					Fees: \$	*
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Procedure Description:									
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Diagnosis Pointers:	1:	2: 3:	▼ 4:	-					
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Rendering Provider ID: (If different from header)					Type:	•	•	Taxonomy Code:	
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			Add Se	rvice Line Item	Update Service Line Ite	em			
Previously Entered Line Item Inform	ation								
Click a Line No. below to view/update th	nat Line Item Informa	ation.		т	otal Fee: \$200.00				
Click on Insurance Info to enter each Li	ne's Insurance Infor	mation.							
Line Service Area of Oral	Footh Number/Letter	Surface	Procedure Code	Diagnosis Point	er Quantity	Fees Numb	Auth er		
No Date Gavity	umber/Letter	1 2 3 4 5	Code	1 2 3	4		- · · · · · · · · · · · · · · · · · · ·		
1 01/01/2015			D0120			200.00	Insurance In	fo 🖹 Copy 📋 Delete	
									Тор

- The service line will then show at the bottom of the screen with it's corresponding line number
- If other payer information was entered in the Beneficiary Information section then click on Insurance Info to enter the other payer information at the service line level.

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Ooes the Benef	ciary have insurance	other than Medicaid	?		💿 Yes 💿 No 🚄		-					
OTHER INSURANC	E INFORMATION -											
Primary Payer Responsibility: 1. Reason Code:		Amount: \$	▼ * Amou	int Paid: \$	* Remittanc	e Date:Ad	dd d Another Reaso	yyyy n Code				
2. Reason Code:		Amount: \$		Adjustment C	Quantity:							
Add Another Payer												
Click Yes to	the question										6 de la	
Choose the	Primary Payer	Responsibilit	y from the	dropdown	which will coincide	with what	was entered	l in the Ben	eficiary Informati	on section	1 D	HH

• Enter amount paid for the service line and applicable reason codes (CARC) and amounts based on the explanation of benefits (EOB) from the payer

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Does the Ben	eficiary ha	ave insurance o	ther than Medicai	1?		Yes	No								
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Claims

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Claims

Void-How to void a paid status claim to return money to MDHHS

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Claims

Inquiry-How to review paid/denied/suspended claims

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Member

Eligibility Inquiry-How to verify eligibility for a beneficiary

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• Click the hyperlink for Click to View Service Types to review available benefits under the benefit plan



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5	Diagnostic Lab	0			08/01/2018	08/31/2018
6	Radiation Therapy	0			08/01/2018	08/31/2018
7	Anesthesia	0			08/01/2018	08/31/2018
8	Surgical Assistance	0			08/01/2018	08/31/2018
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• The available benefits will then be displayed



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- If a beneficiary has a primary payer on file for the date of service being checked the Commercial/Other will be Y
- Click the Commercial/Other Hyperlink to review the primary payer on file



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- The primary payer information will then be displayed
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Prior Authorization

PA Request list-Review prior authorizations by multiple filter criteria

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Prior Authorization

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Saving and deleting personal filters New CHAMPS feature

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- Select the option where you want to create and save the Filter
- In this example we have chosen Claim Inquiry



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Changes cannot be made to a saved Filter the Filter would need to be deleted and re-created if changes are needed



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• There is no limit to the number of Favorites that can be saved or added to a user's login



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• Current profile that the user is logged in with will be displayed as well as all available profiles



Domain Administrator

Adding Users



Login to CHAMPS with the Domain Administrator Profile



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- Enter the User ID
- Choose any of the available profiles listed and click the arrows to add it to the Selected Profiles



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• Once all desired profiles have been selected for the User ID click Ok



Domain Administrator

Updating Domains

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• Click the domain name hyperlink that needs to be updated

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• An expiration date can be entered if the user no longer needs access to that Billing NPI domain



• Profiles can also be added to the user or removed

Provider Resources

- MDHHS website: www.michigan.gov/medicaidproviders
- We continue to update our Provider Resources, just click on the links below:
 - Listserv Instructions
 - Medicaid Alerts and Biller "B" Aware
 - Quick Reference Guides
 - <u>Update Other Insurance NOW!</u>
 - Medicaid Provider Training Sessions
- Provider Support:
 - ProviderSupport@michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program

