



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 ([slides 8-29](#))
- Provider tab functions ([slides 30-34](#))
- Claims tab functions
 - Submit Professional ([slides 35-47](#))
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 - Search Template ([slides 71-74](#))
 - Claim Adjust ([slides 75-80](#))
 - Claim Void ([slides 81-86](#))
 - Claim inquire ([slides 87-93](#))
- Member tab functions ([slides 94-101](#))
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- Additional features within CHAMPS ([slides 110-140](#))
- Domain Administrator functions ([slides 141-153](#))

MILogin for Third Party

Login to your account

User ID

Password

LOGIN

SIGN UP

[Forgot your User ID?](#)

[Forgot your password?](#)

[Need Help?](#)


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

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

Home Page

 Your password will expire in **48** days

Access your applications by clicking on the application links below



Michigan Department of Health & Human Services (MDHHS)

CHAMPS 

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

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

Michigan.gov

HELP CONTACT US

Terms & Conditions

CHAMPS

Terms & Conditions
The Michigan Department of Health & Human Services (MDHHS) computer information system (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 MDHHS. 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 MDHHS 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 Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms,

CANCEL x **Acknowledge/Agree**

Michigan.gov HOME | HELP | CONTACT US | POLICIES
Copyright 2015-2017 State of Michigan

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



→ Select Domain ▼ *

→ Select Profile ▼ *

→ Select Favorite ▼

- 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

NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.



My Reminders

Filter By

<input type="checkbox"/>	Alert Type ▲▼	Alert Message ▲▼	Alert Date ▲▼	Due Date ▲▼	Read ▲▼
--------------------------	------------------	---------------------	------------------	----------------	------------

No Records Found !

Calendar



11:48 AM

12 January 2015
Monday

2015 January

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



- Once logged in you will be directed to the Provider Portal page

My Inbox

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



NPI: _____ Name: _____

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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 !					

- Click the My Inbox tab

CHAMPS

My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Provider Portal

NPI: _____

Latest updates

System Notification
 Attention All Providers
 Saturday, January 10, 2015
 Benefit Inquiry and
 10:00am on Saturday

MY INBOX

- My Inbox ★
- CHANGE PROFILE**
- Change Profile ★ ←
- ARCHIVED DOCUMENTS**
- Archived Documents ★
- HIPAA**
- Upload File ★
- Retrieve Acknowledgement/Response ★
- PROVIDER VERIFICATION**
- Provider Verification ★

Name: _____

CHAMPS system will be down between 6:00 AM with the exception of Health Care Eligibility which will be down between 6:00am and 10:00am on Saturday. All other CHAMPS system access for all functionality.

Save Filters My Filters ▾

Due Date Read

Calendar

12:01 PM 12 January 2015 Monday

2015 January

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 →

No Records Found !

- Click the Change Profile option



Select Domain *

Select Profile ←

Select Favorite ←

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

My Inbox

Archived Documents-Stored documents for provider view



NPI: _____ Name: _____

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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
<input type="checkbox"/>	▲ ▾	▲ ▾	▲ ▾	▲ ▾	▲ ▾
No Records Found !					

- Click the My Inbox tab

The screenshot displays the CHAMPS Provider Portal. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, and PA. A dropdown menu is open under 'My Inbox', listing several options: MY INBOX, My Inbox, CHANGE PROFILE, Change Profile, ARCHIVED DOCUMENTS (with a red arrow pointing to it), Archived Documents, HIPAA, Upload File, Retrieve Acknowledgement/Response, and PROVIDER VERIFICATION. The main content area features a system notification: 'PS system will be down between 6:00 AM with the exception of Health Care Eligibility which will be down between 6:00am and system access for all functionality.' To the right, a calendar widget shows the current date as 12 January 2015, Monday, at 12:01 PM. Below the notification, there are filter options for 'Save Filters' and 'My Filters', and a table with columns for 'Due Date' and 'Read'.

- Click the Archived Documents option

Close

Archived Documents

Document Type

- All
- 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



Filter By

Save Filters My Filters

Document Type	Scanned Date ▲▼	Mime Type	Size
No documents Found !			

- Select a document type from the dropdown box (this example choose Medicaid Payments Paper RA to access the paper remittance advice)
- Click GO



My Inbox

Provider

Claims

Member

PA

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	12/11/2014 12:00:50	application/pdf	76 KB
Paper RA		MP^Paper RA	12/04/2014 12:25:34	application/pdf	77 KB
Paper RA		MP^Paper RA	11/27/2014 10:30:15	application/pdf	77 KB
Paper RA		MP^Paper RA	11/20/2014 14:58:18	application/pdf	84 KB
Paper RA		MP^Paper RA	11/14/2014 09:23:30	application/pdf	417 KB
Paper RA		MP^Paper RA	11/14/2014 09:19:33	application/pdf	420 KB
Paper RA		MP^Paper RA	11/05/2014 15:09:22	application/pdf	76 KB
Paper RA		MP^Paper RA	11/04/2014 10:30:31	application/pdf	768 KB
Paper RA		MP^Paper RA	10/23/2014 13:48:04	application/pdf	2 MB
Paper RA		MP^Paper RA	09/26/2014 08:36:07	application/pdf	199 KB
Paper RA		MP^Paper RA	09/18/2014 12:34:43	application/pdf	79 KB
Paper RA		MP^Paper RA	09/17/2014 16:27:41	application/pdf	199 KB
Paper RA		MP^Paper RA	09/11/2014 14:03:04	application/pdf	81 KB
Paper RA		MP^Paper RA	09/05/2014 16:55:28	application/pdf	1018 KB
Paper RA		MP^Paper RA	09/03/2014 17:04:31	application/pdf	406 KB
Paper RA		MP^Paper RA	08/22/2014 13:22:31	application/pdf	77 KB
Paper RA		MP^Paper RA	08/14/2014 23:01:23	application/pdf	139 KB
Paper RA		MP^Paper RA	08/13/2014 21:16:54	application/pdf	3 MB

- 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

Billing Provider NPI: [REDACTED] Name: [REDACTED] EIN/TIN: [REDACTED] Pay Cycle: 50 RA Number: [REDACTED] RA Date: 12/11/2014

FINANCIAL ADJUSTMENTS

Adjustment Type	Previous Balance	Adjustment Amount	Remaining Balance
Balance Owed by Tax ID	\$2,902,534.20		\$2,892,219.71

CLAIM SUMMARY

Category	Count
Paid	1
Credited	0
Denied	2
GA	0

Total Approved	\$0.00	Total Adjusted	\$0.00	Total Paid	\$0.00
----------------	--------	----------------	--------	------------	--------

Warrant/EFT #: [REDACTED] Warrant/EFT Date: 12/11/2014



1529639890000002

My Inbox

Upload File-Uploading an electronic file to MDHHS



NPI: _____ Name: _____

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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5	6	7	8	9	10	11
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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 !					

- Click the My Inbox tab

The screenshot displays the CHAMPS Provider Portal. At the top, navigation tabs include 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. A user profile icon is visible in the top left. The main content area features a 'System Notification' about a 6:00 AM downtime, a 'Calendar' for January 2015, and a table with columns for 'Due Date' and 'Read'. A 'No Records Found!' message is displayed at the bottom of the inbox area.

The 'MY INBOX' dropdown menu is open, listing the following options:

- MY INBOX
- My Inbox
- CHANGE PROFILE
- Change Profile
- ARCHIVED DOCUMENTS
- Archived Documents
- HIPAA
- Upload File
- Retrieve Acknowledgement/Response
- PROVIDER VERIFICATION
- Provider Verification

A red arrow points to the 'Upload File' option.

- Click the Upload File option



My Inbox ▾

Provider ▾

Claims ▾

Member ▾

PA ▾



Note Pad

External Links ▾

My Favorites ▾

Print

Help

Provider Portal > Batch Attachment Response

Close

Upload



Please click on the Upload button to upload your file.

Please use below naming conventions for web upload files.

837 Fee For Service:

- 1) NPI.5475.CCYMMDDhhmm
- 2) CHAMPS PROVIDERID.5475.CCYMMDDhhmm

837 ENC:

- 1) NPI.5476.CCYMMDDhhmm
- 2) CHAMPS PROVIDERID.5476.CCYMMDDhhmm

270:

- 1) NPI.5414.CCYMMDDhhmm
- 2) CHAMPS PROVIDERID.5414.CCYMMDDhhmm

276:

- 1) NPI.4952.CCYMMDDhhmm
- 2) CHAMPS PROVIDERID.4952.CCYMMDDhhmm

278:

- 1) NPI.5386.CCYMMDDhhmm
- 2) CHAMPS PROVIDERID.5386.CCYMMDDhhmm

- Click Upload to select the file

CHAMPS

My Inbox Provider Claims Member PA

Note Pad External Links My Favorites Print Help

Provider Portal Batch Attachment Response

Close Upload

Please click on the Upload button to upload files.
Please use below naming conventions for files:

837 Fee For Service:

- 1) NPI.5475.CCYYMMDDhhmm
- 2) CHAMPS PROVIDERID.5475.CCYYMMDDhhmm

837 ENC:

- 1) NPI.5476.CCYYMMDDhhmm
- 2) CHAMPS PROVIDERID.5476.CCYYMMDDhhmm

270:

- 1) NPI.5414.CCYYMMDDhhmm
- 2) CHAMPS PROVIDERID.5414.CCYYMMDDhhmm

276:

- 1) NPI.4952.CCYYMMDDhhmm
- 2) CHAMPS PROVIDERID.4952.CCYYMMDDhhmm

278:

- 1) NPI.5386.CCYYMMDDhhmm
- 2) CHAMPS PROVIDERID.5386.CCYYMMDDhhmm

Print Help

Attachment

Please mention the file to be uploaded:

Filename: Browse...

OK Cancel

- Click Browse to find the saved file on your computer
- Click Ok



My Inbox ▾

Provider ▾

Claims ▾

Member ▾

PA ▾



Quick Find

Note Pad

External Links ▾

My Favorites ▾

Print

Help

Provider Portal > Batch Attachment Response

Close Upload

Please click on the Upload button to upload your file.

Please use below naming conventions for web upload files.

837 Fee For Service:

- 1) NPI.5475.CCYYMMDDhhmm
- 2) CHAMPS PROVIDERID.5475.CCYYMMDDhhmm

837 ENC:

- 1) NPI.5476.CCYYMMDDhhmm
- 2) CHAMPS PROVIDERID.5476.CCYYMMDDhhmm

270:

- 1) NPI.5414.CCYYMMDDhhmm
- 2) CHAMPS PROVIDERID.5414.CCYYMMDDhhmm

276:

- 1) NPI.4952.CCYYMMDDhhmm
- 2) CHAMPS PROVIDERID.4952.CCYYMMDDhhmm

278:

- 1) NPI.5386.CCYYMMDDhhmm
- 2) CHAMPS PROVIDERID.5386.CCYYMMDDhhmm

Upload File Response

Thank You

The following File has been successfully uploaded:

File Name :HIPAA. [redacted].20170426113714. [redacted].5475.201704261137.dat

Submitter ID : [redacted]

Date/Time :04-26-2017 11:38:20

Your file has been submitted for processing. You can retrieve the response(s) for this file by clicking on this link after 24-hours.

Please print this page for your reference.

- If the file is successfully uploaded the message will appear

Provider Verification

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



NPI: _____ Name: _____

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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 !				

- Click the My Inbox tab

The screenshot displays the CHAMPS Provider Portal. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, and PA. A secondary navigation bar includes links for Note Pad, External Links, My Favorites, Print, and Help. The main content area is partially obscured by a dropdown menu for 'MY INBOX'. This menu lists several options, each with a star icon: My Inbox, CHANGE PROFILE, ARCHIVED DOCUMENTS, HIPAA, and PROVIDER VERIFICATION. A red arrow points to the 'Provider Verification' option. Below the menu, a system notification states: 'CHAMPS system will be down between 6:00 AM with the exception of Health Care Eligibility which will be down between 6:00am and 10:00am on Saturday, January 10, 2015.' To the right, a calendar widget shows the date as 12 January 2015, Monday, at 12:01 PM. The calendar grid for January 2015 is visible, with the 12th highlighted. At the bottom of the page, a red message reads 'No Records Found!'.

- Click the Provider Verification option



My Inbox ▾

Provider ▾

Claims ▾

Member ▾

PA ▾



Note Pad

External Links ▾

My Favorites ▾

Print

Help

Provider Portal > Provider Verification

Close



Provider Verification



NPI:

Verify



- Enter the NPI and click Verify to verify if a provider is enrolled with Michigan Medicaid



My Inbox ▾

Provider ▾

Claims ▾

Member ▾

PA ▾



Note Pad

External Links ▾

My Favorites ▾

Print

Help

Provider Portal > Provider Verification

Close

Provider Verification Details

NPI: [REDACTED]

Business Status: Active

Provider Name: [REDACTED]

Primary Specialty: Family Medicine

Specialty:

- The screen will then display the provider information, take note of the business status
- A result of no information found will be displayed if the provider is not enrolled

Provider

Manage Provider Information



NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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			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
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No Records Found !

- Click the Provider tab



Provider Portal

NPI:

Latest updates

System Notification

Attention All Providers: Due to Saturday, January 10th through Benefit Inquiry and Response 10:00am on Saturday January

PROVIDER ENROLLMENT

New Enrollment ★

Track Application ★

EXTERNAL LINKS

Medicaid Code and Rate Reference ★

MANAGE PROVIDER

Manage Provider Information ★

will be down between 6:00 AM of Health Care Eligibility down between 6:00am and cess for all functionality.

Calendar

1:18 PM 12 January 2015 Monday

2015 January

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 →

Filter By

Go

Save Filters

My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
▲▼	▲▼	▲▼	▲▼	▲▼
No Records Found !				

- Click the Manage Provider Information option



NPI: Name:

Close Undo Update

View/Update Provider Data - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/15/2014	11/01/2013	Complete		
<input type="checkbox"/> Step 2: Locations	Required	10/23/2013	11/01/2013	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	04/15/2008	04/15/2008	Complete		
<input type="checkbox"/> Step 4: Mode of Claim Submission	Required	04/15/2008	04/15/2008	Complete		
<input type="checkbox"/> Step 5: Associate Billing Agent	Required	12/15/2014	11/01/2013	Complete		
<input type="checkbox"/> Step 6: Provider Controlling Interest/Ownership Details	Required	10/21/2013	11/01/2013	Complete		
<input type="checkbox"/> Step 7: Taxonomy Details	Required	04/15/2008	04/15/2008	Complete		
<input type="checkbox"/> Step 8: View Servicing Provider Details	Optional	04/15/2008	04/15/2008	Complete		
<input type="checkbox"/> Step 9: 835/ERA Enrollment Form	Optional			Complete		
<input type="checkbox"/> Step 10: Complete Modification Checklist	Required	04/24/2014	05/20/2014	Incomplete		Please Answer all the Questions.
<input type="checkbox"/> Step 11: Submit Modification Request for Review	Required	04/24/2014	05/20/2014	Complete		

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- Make any necessary changes to enrollment information making sure to complete all steps needed
- Step 11 must be submitted in order for changes to be reviewed by MDHHS

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



NPI: Name:

Latest updates

System Notification

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Calendar

11:48 AM 12 January 2015 Monday

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19	20	21	22	23	24	25
26	27	28	29	30	31	

My Reminders

Filter By Go Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
No Records Found !				

- Click Claims tab



Provider Portal


NPI:


Latest updates

System Notification

Attention All Providers: Due to system maintenance, the system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Saturday, January 10th through 10:00am on Saturday January 10th. This

CLAIM SUBMISSION

Submit Professional 

Submit Institutional 


Submit Dental 

Search Template 

MANAGE CLAIMS

Adjust/Void Claim Provider 

INQUIRE CLAIMS

Claim Inquiry 

RA LIST

RA List 

System will be down between 6:00 AM Saturday, January 10th through 9:00 PM Saturday, January 10th through 10:00am on Saturday January 10th. This

Calendar

1:24 PM 12 January 2015 Monday

2015 January						
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		→	

No Records Found !

- Click the Submit Professional option



Close Submit Claim Save as Template Reset

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: * County:

Country: * Zip Code: - Validate Address

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

- 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 being billed





BENEFICIARY INFORMATION




BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * MI: Suffix:

Date of Birth: * Gender: *

Onset of Current Illness/symptom Date:

? Does the beneficiary have insurance other than Medicaid? Yes No 

OTHER INSURANCE INFORMATION

Other Subscriber Information

Payer Responsibility Code: * Remittance Date:
Payer ID Number: * Subscriber Member ID:
Subscriber Last Name: First Name: MI: Suffix:
Insured's Group or Policy Number: * Beneficiary's Relationship: *
Claim Filing Indicator: * Total COB Payer Paid Amount: \$ * [Add Another](#)

- 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

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.: *

Place of Service: *

Diagnosis Code Category: *

Diagnosis Codes: 1: * 2: 3: 4: [Add Another](#)

+ ANESTHESIA RELATED PROCEDURE

+ CONDITION INFORMATION

+ DELAY REASON

+ AMBULANCE INFORMATION

- 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 *

Place of Service: Procedure Description:

Procedure Code: * Submitted Charges: \$ * Characters Remaining: 80

Units/Quantity: * Modifiers: 1: 2: 3: 4:

EPSDT/Family Planning: Diagnosis Pointers: 1: * 2: 3: 4:

EMG: Claim Note: Characters Remaining: 80

Prior Authorization Number: MDCH PA: Yes No Referral Number: CLIA:

Rendering Provider ID:(If different from header) Type: Taxonomy Code:

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

Previously Entered Line Item Information

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.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pointer				Submitted Charges	Units	Prior Auth Number
	From	To		1	2	3	4	1	2	3	4			

Top

- Enter the service line information, all **asterisked** fields are required for all providers
- Once all information has been entered click Add Service Line Item to add it to the claim

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: mm dd yyyy * Service To Date: mm dd yyyy *

Place of Service: Procedure Description:

Procedure Code: *

Submitted Charges: \$ * Characters Remaining:

Units/Quantity: *

EPSTD/Family Planning:

EMG:

Modifiers: 1: 2: 3: 4:

Diagnosis Pointers: 1: * 2: 3: 4:

Claim Note:

Characters Remaining:

Prior Authorization Number: MDCH PA: Yes No Referral Number: CLIA:

Rendering Provider ID: (if different from header) Type: Taxonomy Code:

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: \$150.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pointer				Submitted Charges	Units	Prior Auth Number	Insurance Info	
	From	To		1	2	3	4	1	2	3	4					
1	01/01/2015	01/01/2015	99213					1					150.00	1		<input type="button" value="Insurance Info"/> <input type="button" value="Copy"/> <input type="button" value="Delete"/>

- 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.



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: * Amount Paid: \$ * Remittance Date: mm dd yyyy

1. Reason Code: Amount: \$ Adjustment Quantity: [Add Another Reason Code](#)

2. Reason Code: Amount: \$ Adjustment Quantity:

[Add Another Payer](#)

- Click Yes to the question
- Choose the Primary Payer Responsibility from the dropdown which will coincide with what was entered in the Beneficiary Information section
- Enter amount paid for the service line and applicable reason codes (CARC) and amounts based on the explanation of benefits (EOB) from the 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: #CI-Commercial Insurance Co. * Amount Paid: \$ * Remittance Date:

1. Reason Code: Amount: \$ Adjustment Quantity: [Add Another Reason Code](#)

2. Reason Code: Amount: \$ Adjustment Quantity:

[Add Another Payer](#)

- After completing information click Basic Claim Form to return to the claim information



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: *

Country: UNITED STATES * Zip Code: -

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

- 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

Close Submit Claim Save as Template Reset

Professional Claim

Note: Asterisks (*) denote required fields.

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: *

Address Line 1:
(Enter Street Address)

Address Line 3:

State/Province: MICHIGAN

Country: UNITED STATES

Is the Billing Location also the Service 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

Print Help

Billing Instructions

Submitted Professional Claim Details

TCN: 2 [redacted] 0

Billing Provider ID: [redacted]

Billing Provider Name: [redacted]

Beneficiary ID: [redacted]

Beneficiary Name: [redacted]

Date of Service: [redacted]

Upload Documents

Print

Close

- 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



FFS

Document Management Portal

Friday, August 15, 2014

[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 :	<input type="text"/>	* NPI :	<input type="text"/>
* Beneficiary First Name :	<input type="text"/>	Beneficiary Last Name	<input type="text"/>
* Sender Name :	<input type="text"/>	* Sender Phone :	<input type="text"/>

No of documents to upload :

Document Type *	Document Title *	Date of Service From *	Date of Service To *	TCN *	Message	Attach*
Select		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>

- Document Management Portal (DMP) will then launch in a separate window and will allow documentation to be uploaded and attached to the TCN number

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



NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January						
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	

My Reminders

Filter By Go Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
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No Records Found !

- Click Claims tab



Provider Portal

NPI:

Latest updates

System Notification

Attention All Providers: Due to system maintenance, the system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Saturday, January 10th through 10:00am on Saturday January 10th. This

CLAIM SUBMISSION

Submit Professional ★

Submit Institutional ← ★

Submit Dental ★

Search Template ★

MANAGE CLAIMS

Adjust/Void Claim Provider ★

INQUIRE CLAIMS

Claim Inquiry ★

RA LIST

RA List ★

will be down between 6:00 AM
ption of Health Care Eligibility
down between 6:00am and
cess for all functionality.

Calendar

1:24 PM 12 January 2015
Monday

2015 January

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

Alert Type	Alert Message
▲▼	▲▼

No Records Found !

Save Filters My Filters ▾

Due Date	Read
▲▼	▲▼

- Click the Submit Institutional option



Close Submit Claim Save as Template Reset

Institutional Claim

Note: Asterisks (*) denote required fields.

[Billing Instructions](#)

Basic Claim Info

Provider | Beneficiary | Claim | Service Line

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type: NPI * Taxonomy Code:

ATTENDING PROVIDER INFORMATION

Provider ID: * Type: * Taxonomy Code:

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *
Last Name: * First Name: * MI: Suffix:
Date of Birth: mm dd yyyy * Gender: *

- Once in the claim screen the Billing NPI that you are logged into CHAMPS with will be pre-populated
- Enter the Beneficiary information

CLAIM INFORMATION

CLAIM DATA

Patient Control No.: *

Medical Record No.:

Type of Bill: * (Enter 4 digits with leading zero.)

Statement Dates: From: mm dd yyyy * To: mm dd yyyy *

Admission Date/Hour: mm dd yyyy - hh : mm

Admission Type:

Admission Source: *

Discharge Hour: hh : mm

Patient Status: *

Principal Diagnosis Code: * POA: Auto Accident State/Province:

Diagnosis Code Category: *

- Continue to enter claim information as necessary for services being billed
- Any **asterisked** field is required for all providers


+ CONDITION INFORMATION

+ OCCURRENCE INFORMATION

+ OCCURRENCE SPAN INFORMATION

+ VALUE INFORMATION

+ DELAY REASON

+ OTHER INSURANCE INFORMATION 

PRIOR AUTHORIZATION/PRO/REFERRAL NUMBER

Prior Authorization Number: MDCH PA: Yes No PRO Number:

Referral Number:

+ DIAGNOSIS INFORMATION (Do not use decimals or spaces)

+ PROCEDURE INFORMATION


+ OPERATING PHYSICIAN INFORMATION

+ OTHER OPERATING PHYSICIAN INFORMATION

+ RENDERING PHYSICIAN INFORMATION

+ REFERRING PHYSICIAN INFORMATION

+ CLAIM NOTE

 Does this claim have backup documentation? Yes No

- 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:

Service Date: mm dd yyyy

Last Date of Service: mm dd yyyy

Service Units: *

Total Line Charges: \$ *

Operating Physician ID: (If different from header)

Other Operating Physician ID: (If different from header)

Rendering Physician ID: (If different from header)

Referring Physician ID: (If different from header)

National Drug Code: Quantity: Unit: ▼ Qualifier: ▼ Prescription/Link No:

Modifiers: 1: 2: 3: 4:

HCPCS Description:

Characters Remaining:

Non-covered Line Charges: \$

Type: ▼

Type: ▼

Type: ▼

Type: ▼



Previously Entered Line Item Information

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.

Line No	Revenue Code	HCPCS Code	Modifiers				Dates		Units	Charges	Non covered Charges
			1	2	3	4	Service Date	Last DOS			

- 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

Service Line Items

Revenue Code: *

HCPCS Code:

Service Date: mm dd yyyy

Last Date of Service: mm dd yyyy

Service Units: *

Total Line Charges: \$ *

Operating Physician ID: (If different from header)

Other Operating Physician ID: (If different from header)

Rendering Physician ID: (If different from header)

Referring Physician ID: (If different from header)

National Drug Code: Quantity: Unit: Qualifier: Prescription/Link No:

Modifiers: 1: 2: 3: 4:

HCPCS Description:

Characters Remaining: 80

Non-covered Line Charges: \$

Type:

Type:

Type:

Type:

+ 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: \$400.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Revenue Code	HCPCS Code	Modifiers				Dates		Units	Charges	Non covered Charges	Insurance Info
			1	2	3	4	Service Date	Last DOS				
1	0250							5	400.00		Insurance Info	



Copy Delete

- The service line will then show at the bottom of the screen with its corresponding line number
- If there is a primary payer that was reported in the Other Insurance Information section click on Insurance Info to optionally enter the other payer information at the service line level.



Close Submit Claim Save as Template Reset

Institutional Claim

Note: Asterisks (*) denote required fields

[Billing Instructions](#)

Basic Claim Info

Provider | Beneficiary | Claim | Service Line

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type: * Taxonomy Code:

ATTENDING PROVIDER INFORMATION

Provider ID: * Type: * Taxonomy Code:

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *
Last Name: * First Name: * MI: Suffix:
Date of Birth: * Gender:

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

Close Submit Claim Save as Template Reset

Institutional Claim

Note: Asterisks (*) denote required fields.

Basic Claim Info

Provider | Beneficiary | Claim | Service Line

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type:

ATTENDING PROVIDER INFORMATION

Provider ID: * Type:

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * MI: Suffix:

Date of Birth: mm dd yyyy * Gender: *

CLAIM INFORMATION

Print Help

Submitted Institutional Claim Details

TCN: 2 00

Billing Provider ID:

Billing Provider Name:

Beneficiary ID:

Beneficiary Name:

Date of Service:

Upload Documents

Print

Close

- 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



FFS ▾

Document Management Portal

Friday, August 15, 2014

[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 :	<input type="text"/>	* NPI :	<input type="text"/>
* Beneficiary First Name :	<input type="text"/>	Beneficiary Last Name	<input type="text"/>
* Sender Name :	<input type="text"/>	* Sender Phone :	<input type="text"/>

No of documents to upload :

Document Type *	Document Title *	Date of Service From *	Date of Service To *	TCN *	Message	Attach *
Select ▾	▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>
		<input type="button" value="Submit"/>		<input type="button" value="Clear"/>		

- Document Management Portal (DMP) will then launch in a separate window and will allow documentation to be uploaded and attached to the TCN number

Claims

Submit Dental



NPI: _____ Name: _____

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January						
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 !				

- Click Claims tab



Provider Portal

NPI:

Latest updates

System Notification

Attention All Providers: Due to system maintenance, the system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Saturday, January 10th through 10:00am on Saturday January 10th. This

CLAIM SUBMISSION

Submit Professional ★

Submit Institutional ★

Submit Dental ← ★

Search Template ★

MANAGE CLAIMS

Adjust/Void Claim Provider ★

INQUIRE CLAIMS

Claim Inquiry ★

RA LIST

RA List ★

System will be down between 6:00 AM Saturday, January 10th through 9:00 PM Saturday, January 10th through 10:00am on Saturday January 10th. This

Calendar

1:24 PM 12 January 2015 Monday

2015 January

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 →

No Records Found !

- Click the Submit Dental option



Close Submit Claim Save as Template Reset

Dental 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:

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

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * MI: Suffix:

Date of Birth: / / * Gender: *

Does the beneficiary have insurance other than Medicaid? Yes No

Top

- 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 being billed
- Enter the beneficiary information and if the beneficiary has primary coverage answer Yes to the question



CLAIM INFORMATION

CLAIM DATA

Patient Account No.: *

Place of Service: *

Appliance Placement Date: mm dd yyyy

Service Start Date: mm dd yyyy *

Service End Date: mm dd yyyy *

PRIOR AUTHORIZATION/REFERRAL NUMBER

Prior Authorization Number: MDCH PA: Yes No Referral Number:

+ DELAY REASON

+ CLAIM NOTE

- Yes No
- Yes No
- Yes No

DIAGNOSIS

Diagnosis Code Category: *

Diagnosis Codes: 1: * 2: 3: 4:

- Click Yes to expand the diagnosis information if necessary for the services being billed
- Diagnosis information is required for Anesthesia and Extractions

BASIC LINE ITEM INFORMATION

Click on Insurance Info to enter each Line's Insurance Information.

BASIC SERVICE LINE ITEMS

Service Date: mm dd yyyy *

Appliance Placement Date: mm dd yyyy

Treatment Start Date: mm dd yyyy

Treatment Completion Date: mm dd yyyy

Place of Service:

Area Of Oral Cavity:

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: Yes No

Referral Number:

Rendering Provider ID: (If different from header)

Type:

Taxonomy Code:

Supervising Provider ID: (If different from header)

Type:

Fees: \$ *

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Fee: \$0.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Date	Area of Oral Cavity	Tooth Number/Letter	Surface					Procedure Code	Diagnosis Pointer				Quantity	Fees	Prior Auth Number
				1	2	3	4	5		1	2	3	4			

- 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

BASIC LINE ITEM INFORMATION

Click on Insurance Info to enter each Line's Insurance Information.

BASIC SERVICE LINE ITEMS

Service Date: mm dd yyyy *

Appliance Placement Date: mm dd yyyy

Treatment Start Date: mm dd yyyy

Treatment Completion Date: mm dd yyyy

Place of Service:

Area Of Oral Cavity:

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: Yes No

Referral Number:

Rendering Provider ID: (If different from header)

Type:

Taxonomy Code:

Supervising Provider ID: (If different from header)

Type:

Fees: \$ *

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Fee: \$200.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Date	Area of Oral Cavity	Tooth Number/Letter	Surface					Procedure Code	Diagnosis Pointer				Quantity	Fees	Prior Auth Number	Insurance Info
				1	2	3	4	5		1	2	3	4				
1	01/01/2015								D0120					200.00		Insurance Info	



Top

- 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.



Close Basic Claim Form Reset

Dental 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: * Amount Paid: \$ * Remittance Date: mm dd yyyy

1. Reason Code: Amount: \$ Adjustment Quantity: [Add Another Reason Code](#)

2. Reason Code: Amount: \$ Adjustment Quantity:

[Add Another Payer](#)

- Click Yes to the question
- Choose the Primary Payer Responsibility from the dropdown which will coincide with what was entered in the Beneficiary Information section
- Enter amount paid for the service line and applicable reason codes (CARC) and amounts based on the explanation of benefits (EOB) from the payer



Close Basic Claim Form Reset



Dental 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: #CI-Commercial Insurance Co. * Amount Paid: \$ * Remittance Date:

1. Reason Code: Amount: \$ Adjustment Quantity: [Add Another Reason Code](#)

2. Reason Code: Amount: \$ Adjustment Quantity:

[Add Another Payer](#)

- After completing information click Basic Claim Form to return to the claim information



Close Submit Claim **Save as Template** Reset

Dental Claim

Note: Asterisks (*) denote required fields.

[Billing Instructions](#)

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type: * Taxonomy Code:

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

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * MI: Suffix:

- 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 ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Provider Portal > Submit Dental Claim

Close Submit Claim Save as Template Reset

Dental Claim

Note: Asterisks (*) denote required fields.

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type:

Is the Billing Provider also the Rendering Provider?

RENDERING PROVIDER

Provider ID: * Type:

Is the Billing Provider also the Supervising Provider?

Is this service the result of a referral?

Is this service the result of a Primary Care Referral? Yes No

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * MI: Suffix:

Submitted Dental Claim Details

TCN: 2 00

Billing Provider ID:

Billing Provider Name:

Beneficiary ID:

Beneficiary Name:

Date of Service:

Upload Documents Print Close

- 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



FFS ▾

Document Management Portal

Friday, August 15, 2014

[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 :	<input type="text"/>	* NPI :	<input type="text"/>
* Beneficiary First Name :	<input type="text"/>	Beneficiary Last Name	<input type="text"/>
* Sender Name :	<input type="text"/>	* Sender Phone :	<input type="text"/>

No of documents to upload :

Document Type *	Document Title *	Date of Service From *	Date of Service To *	TCN *	Message	Attach *
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>
		<input type="button" value="Submit"/>		<input type="button" value="Clear"/>		

- Document Management Portal (DMP) will then launch in a separate window and will allow documentation to be uploaded and will be attached to the TCN number

Claims

Search Template-Search previously saved templates for use



NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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 !

- Click Claims tab

Provider Portal

NPI:

Latest updates

System Notification

Attention All Providers: Due to system maintenance on Saturday, January 10th through 9:00 PM, the Benefit Inquiry and Response (Core 270/271) will be down between 6:00 AM and 10:00am on Saturday January 10th. This

My Reminders

Filter By

Alert Type	Alert 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 ★

System will be down between 6:00 AM and 10:00 AM on Saturday, January 10th. This is due to the suspension of Health Care Eligibility and Enrollment services between 6:00am and 10:00am on Saturday January 10th. Access for all functionality.

Calendar

1:24 PM 12 January 2015 Monday

2015 January						
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 →						

No Records Found !

- Select Search Template option



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
10000001		I-Institutional			05/29/2014
10000002		I-Institutional			05/29/2014
10000003		I-Institutional		72069, 73520	02/05/2015

- A list of previously saved templates will be displayed
- To use the saved template click the template number hyperlink

Claims

Adjust- How to make changes or corrections to a paid status claim



NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
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19	20	21	22	23	24	25
26	27	28	29	30	31	

← Today →

My Reminders

Filter By

	Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/>	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼

No Records Found !

- Click Claims tab



Provider Portal

NPI:

Latest updates

System Notification

Attention All Providers: Due to system maintenance on Saturday, January 10th through 9:00 PM \$ Benefit Inquiry and Response (Core 270/2 10:00am on Saturday January 10th. This

CLAIM SUBMISSION

- Submit Professional ★
- Submit Institutional ★
- Submit Dental ★
- Search Template ★

MANAGE CLAIMS

- Adjust/Void Claim Provider ★

INQUIRE CLAIMS

- Claim Inquiry ★

RA LIST

- RA List ★

will be down between 6:00 AM option of Health Care Eligibility down between 6:00am and cess for all functionality.

Calendar

1:24 PM 12 January 2015 Monday

2015 January

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

Alert Type	Alert Message
▲▼	▲▼

Due Date	Read
▲▼	▲▼

No Records Found !

- Select Adjust/Void Claim option



Close

Adjust Claims

TCN: 3 00

Go



- Enter the most current paid status TCN and click GO
- The TCN must be the header TCN ending in 00

Header TCN: 4 [redacted] 00

Beneficiary ID: [redacted]

Name: [redacted]

Show

TCN	Error Description	Erroneous Data
No Records Found !		

Header Details

Upload/View Documents 0 0

TCN: 4 [redacted] 00

Claim Type:

Source: Web

Original TCN: 3 [redacted] 00

Adjustment Source:

Claim Status: In Process

No Of Lines: 2

Medicare: N

Commercial: N

Related Cause: NO

Beneficiary ID: [redacted] *

Last Name: [redacted]

First Name: [redacted]

Gender: [redacted] *

DOB: [redacted] *

Age: 0

Patient Account Number: [redacted]

Admit Date: [redacted]

Place of Service: 22-Outpatient Hospital

Billing Provider ID: [redacted] * Type: NPI

Pay To Provider ID: [redacted] Type: NPI

Billing Provider Taxonomy: [redacted]

Rendering Provider ID: [redacted] Type: NPI

Referring Provider ID: [redacted] Type: [redacted]

Rendering Provider Taxonomy: [redacted]

Referring Provider Taxonomy: [redacted]

Step 2

Step 1

Adjust Void Save Cancel

- Make any changes or updates to the claim that are needed
- Click save
- Click adjust

Header TCN: 4 [redacted] 00
Beneficiary ID: [redacted] Name: [redacted]

TCN [redacted] Error D [redacted]

Header Details

TCN: [redacted]
Original TCN: [redacted]
No Of Lines: [redacted]
Related Cause: [redacted]
Beneficiary ID: [redacted]
Gender: [redacted]
Patient Account Number: [redacted]
Place of Service: [redacted]
Billing Provider ID: [redacted]
Billing Provider Taxonomy: [redacted]
Rendering Provider ID: [redacted]
Rendering Provider Taxonomy: [redacted]

Welcome to MMIS - Windows Internet Explorer

Print Help

Header TCN: 4 [redacted] 00
Beneficiary ID: [redacted] Name: [redacted]

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ * ← Step 1

Comment: Enter a note as to why the claim is being adjusted
adjusted ← Step 2

Step 3

OK Cancel

Page ID: dlgAdjustClaimDoc(Claims)

Done Trusted sites | Protected Mode: Off 125%

Adjust Void Save Cancel

- Select PIA-Provider Initiated Adj from the Adjustment Source dropdown box
- Enter a note as to why the claim is being adjusted
- Click OK and your adjustment is complete, you will be taken back to the screen where you first entered your paid TCN number

Claims

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



NPI: _____ Name: _____

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

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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 !

- Click Claims tab



Provider Portal

NPI:

Latest updates

System Notification

Attention All Providers: Due to system maintenance on Saturday, January 10th through 9:00 PM \$ Benefit Inquiry and Response (Core 270/2 10:00am on Saturday January 10th. This

CLAIM SUBMISSION

- Submit Professional ★
- Submit Institutional ★
- Submit Dental ★
- Search Template ★

MANAGE CLAIMS

- Adjust/Void Claim Provider ★

INQUIRE CLAIMS

- Claim Inquiry ★

RA LIST

- RA List ★

will be down between 6:00 AM
ption of Health Care Eligibility
down between 6:00am and
cess for all functionality.

Calendar

1:24 PM 12 January 2015
Monday

2015 January						
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19	20	21	22	23	24	25
26	27	28	29	30	31	
← Today →						

My Reminders

Filter By

Alert Type	Alert Message
▲▼	▲▼

Due Date	Read
▲▼	▲▼

No Records Found !

- Select the Adjust/Void Claim option



Close

Adjust Claims

TCN: 3 00

Go



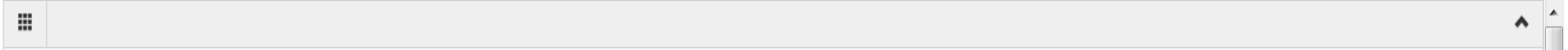
- Enter the most current paid status TCN and click GO
- The TCN must be the header TCN ending in 00

Header TCN: 3 [redacted] 00

Beneficiary ID: [redacted]

Name: [redacted]

Show ▾



Header Details Upload/View Documents 0 0 [grid icon] [up/down arrows]

TCN: 3 [redacted] 00

Claim Type: J - Professional

Source: HIPAA

Original TCN: [redacted]

Adjustment Source:

Claim Status: Paid

No Of Lines: 1

Medicare: Y

Commercial: N

Related Cause: NO ▾

Beneficiary ID: [redacted] *

Last Name: [redacted]

First Name: [redacted]

Gender: [redacted] *

DOB: [redacted] [calendar icon] *

Age: 50

Patient Account Number: [redacted]

Admit Date: [redacted] [calendar icon]

Place of Service: 21-Inpatient Hospital ▾

Billing Provider ID: [redacted] * Type: NPI ▾ *

Pay To Provider ID: [redacted] Type: NPI ▾

Billing Provider Taxonomy: [redacted]

Rendering Provider ID: [redacted] Type: NPI ▾

Referring Provider ID: [redacted] Type: [redacted] ▾

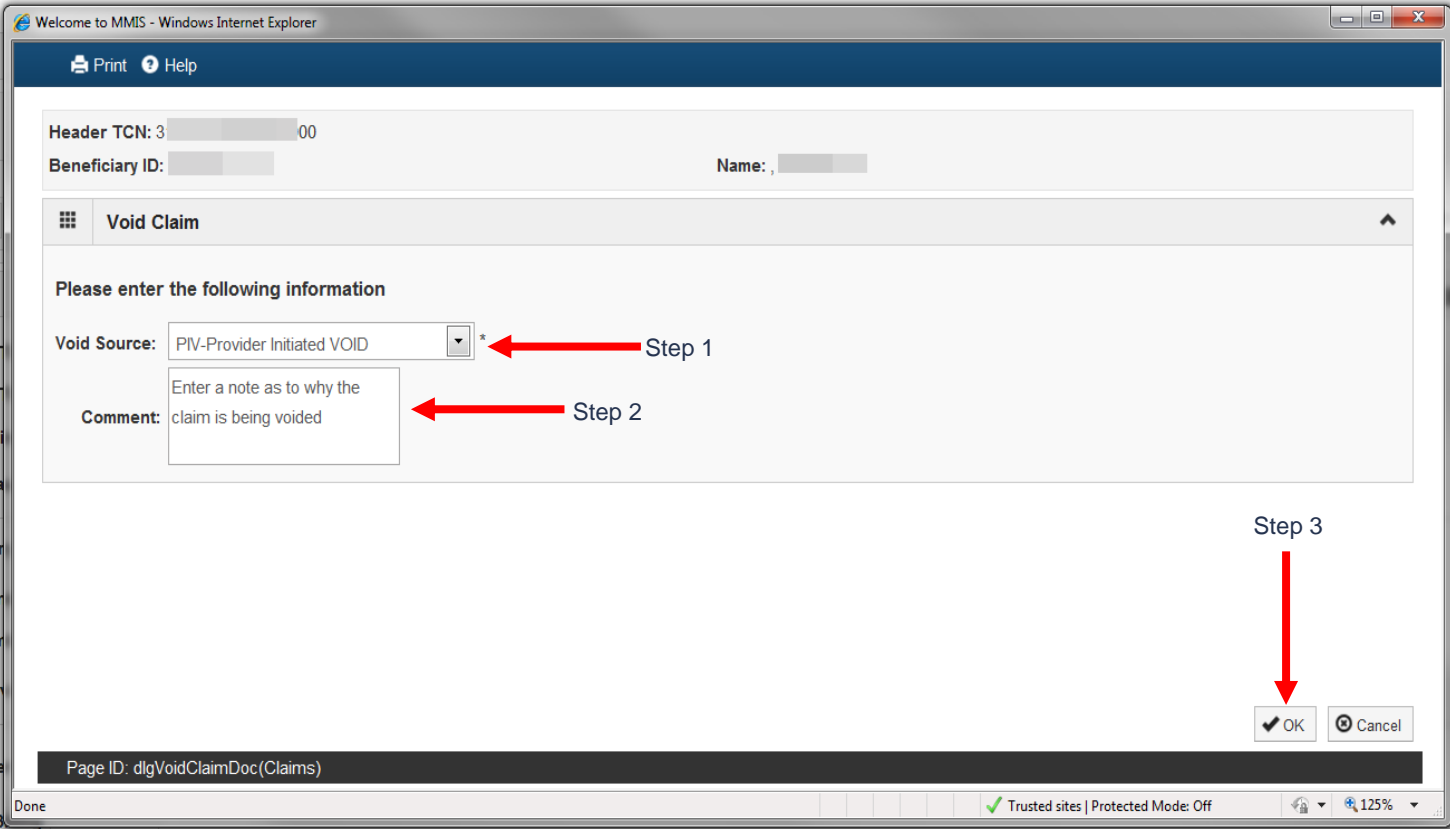
Rendering [redacted]

Referring [redacted]

Adjust Void Save Cancel



- Click Void



- Select PIA-Provider Initiated VOID from the Adjustment Source dropdown box
- Enter a note as to why the claim is being voided
- Click OK and your void is complete, you will be taken back to the screen where you first entered your paid TCN number

Claims

Inquiry-How to review paid/denied/suspended claims



NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

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2015 January						
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

My Reminders

Filter By Go Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

- Click Claims tab



Provider Portal

NPI:

Latest updates

System Notification

Attention All Providers: Due to system maintenance, the Health Care Eligibility Benefit Inquiry and Response (Core 270/271) will be down between 6:00 AM and 9:00 PM on Saturday, January 10th through 6:00 AM and 10:00am on Saturday January 10th. This

CLAIM SUBMISSION

- Submit Professional ★
- Submit Institutional ★
- Submit Dental ★
- Search Template ★

MANAGE CLAIMS

- Adjust/Void Claim Provider ★

INQUIRE CLAIMS

- Claim Inquiry ★

RA LIST

- RA List ★

will be down between 6:00 AM and 9:00 PM on Saturday, January 10th through 6:00 AM and 10:00am on Saturday January 10th. This

Calendar

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2015 January

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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

Alert Type	Alert Message
▲▼	▲▼

No Records Found !

Due Date	Read
▲▼	▲▼

- Select Claim Inquiry option



Close

Inquire Claim

Filter By ▾		And	Filter By ▾		And	Filter By ▾	
Filter By		And	Filter By		With Status ▾	In	Claim ▾
Admission Date			APC Pay Status				Last 6 Months ▾
Approved Amount			Adjudication Date				
Batch ID			Admission Date				
Beneficiary ID			Approved Amount				
Claim Notes			Batch ID				
Claim Type			Beneficiary ID				
Consumer ID			Beneficiary Name				
From/To Dates			Claim Notes				
Medical Record Number			Claims Filing Indicator				
MiChild ID			Code Category				
Original TCN			Consumer ID				
PA Number			Copay Tier				
Patient Account Number			Diagnosis Code				
Pay Cycle Date			FPL				
Recipient ID			From/To Dates				
Referral Number			GA/RP ID				
Rendering Provider NPI			HIPAA Version				
TCN Load Date			ICO Indicator				
TCN			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				

- Select filter by criteria
- If filtering by the TCN number, choose TCN from the first dropdown selection enter the header TCN in the corresponding box
- Click Go



Close

Inquire Claim

From/To Dates: 01/01/2013 - 04/01/2014 And Beneficiary ID: % And Reason Code: %
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	00-7	
31-6000	01/25/2013	01/27/2013	\$15,539.73	Paid	\$0.00	06/20/2013	00-3	142, 18, 3
31-1000	05/20/2013	05/20/2013	\$27.00	Denied	\$0.00	06/13/2013	11-1	6
31-3000	03/11/2013	03/11/2013	\$78.00	Paid	\$41.92	06/20/2013	00-3	
31-9000	05/22/2013	05/22/2013	\$895.00	Paid	\$70.12	06/20/2013	11-4	
31-6000	05/22/2013	05/22/2013	\$114.00	Paid	\$7.00	06/20/2013	11-7	23
31-0000	05/26/2013	05/27/2013	\$15,487.36	Adjusted	\$2,570.52	06/20/2013	10-5	140, 18
31-4000	05/22/2013	05/22/2013	\$69.00	Paid	\$51.65	06/20/2013	00-5	3
31-8000	05/22/2013	05/22/2013	\$908.00	Paid	\$222.14	06/20/2013	00-0	16, 3
31-7000	05/22/2013	05/22/2013	\$614.00	Paid	\$102.71	06/20/2013	00-3	3

- After the query has ran and returned results click the Save TOXLS button to allow the query to open within a Microsoft Excel worksheet

Close

Inquire Claim

From/To Dates: 01/01/2013 04/01/2014 And Beneficiary ID: % Reason Code: %
% And Filter By: And Filter By: With Status: In Claim: All Go

TCN	
31	000
31	000
31	000
31	000
31	000
31	000
31	000
31	000
31	000
31	000
31	000

https://sson01.mdch.state.mi.us/champs-5010uat/ecams/CNSIControlServlet - Windows Internet Explorer

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?](#)

Close

Your request is being processed. Please wait until the download is complete.

View Page: 2 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- Once the Microsoft Excel window pops up select either open or save

pgInquireClaimsProviderList[1] [Protected View] - Microsoft Excel

Protected View This file originated from an Internet location and might be unsafe. Click for more details. Enable Editing

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	TCN	From Date	To Date	Submitted	Claim Stat	Approved /	Pay Cycle	Beneficiary	Reason Code											
2	21	000	06/04/2013	06/04/2013	\$1,400.00	Denied	\$0.00	08/07/2013												
3	21	000	06/04/2013	06/04/2013	\$1,400.00	Paid	\$218.56	10/22/2013												
4	31	000	01/03/2013	01/03/2013	\$93.00	Paid	\$0.00	01/31/2013												
5	31	000	01/14/2013	01/14/2013	\$120.00	Paid	\$34.07	01/31/2013												
6	31	000	01/16/2013	01/16/2013	\$185.00	Denied	\$0.00	02/28/2013												
7	31	000	01/07/2013	01/07/2013	\$290.00	Paid	\$20.00	02/07/2013												
8	31	000	01/22/2013	01/22/2013	\$335.00	Denied	\$0.00	01/31/2013												
9	31	000	01/16/2013	01/16/2013	\$185.00	Paid	\$70.31	02/21/2013												
10	31	000	01/17/2013	01/17/2013	\$300.00	Paid	\$74.26	03/07/2013												
11	31	000	01/22/2013	01/22/2013	\$165.00	Paid	\$50.31	02/21/2013												
12	31	000	01/29/2013	01/29/2013	\$185.00	Paid	\$0.00	04/04/2013												
13	31	000	02/05/2013	02/05/2013	\$300.00	Paid	\$25.95	03/07/2013												
14	31	000	01/08/2013	01/08/2013	\$208.00	Paid	\$20.00	04/04/2013												
15	31	000	02/20/2013	02/20/2013	\$185.00	Void	\$70.31	03/07/2013												
16	31	000	02/12/2013	02/12/2013	\$120.00	Paid	\$0.00	03/07/2013												
17	31	000	02/13/2013	02/13/2013	\$165.00	Paid	\$0.00	04/04/2013												
18	31	000	03/04/2013	03/04/2013	\$185.00	Denied	\$0.00	04/11/2013												
19	31	000	02/14/2013	02/14/2013	\$185.00	Paid	\$20.00	03/21/2013												
20	31	000	01/17/2013	01/17/2013	\$20.00	Paid	\$20.00	04/18/2013												
21	31	000	01/14/2013	01/14/2013	\$185.00	Paid	\$70.31	05/09/2013												
22	31	000	01/10/2013	01/10/2013	\$1,400.00	Paid	\$218.80	03/28/2013												
23	31	000	02/26/2013	02/26/2013	\$93.00	Paid	\$0.00	03/28/2013												
24	31	000	03/07/2013	03/07/2013	\$165.00	Paid	\$0.00	04/18/2013												
25	31	000	03/26/2013	03/26/2013	\$185.00	Denied	\$0.00	04/04/2013												
26	31	000	03/27/2013	03/27/2013	\$253.00	Paid	\$64.81	04/11/2013												
27	31	000	03/21/2013	03/21/2013	\$165.00	Denied	\$0.00	06/27/2013												
28	31	000	04/01/2013	04/01/2013	\$188.00	Denied	\$0.00	04/18/2013												
29	31	000	04/01/2013	04/01/2013	\$188.00	Denied	\$0.00	04/18/2013												
30	31	000	03/26/2013	03/26/2013	\$300.00	Paid	\$62.67	06/20/2013												
31	31	000	04/10/2013	04/10/2013	\$208.00	Paid	\$87.54	06/27/2013												
32	31	000	04/16/2013	04/16/2013	\$185.00	Paid	\$68.31	05/02/2013												
33	31	000	04/08/2013	04/08/2013	\$185.00	Paid	\$20.00	07/03/2013												
34	31	000	04/08/2013	04/08/2013	\$185.00	Paid	\$70.31	07/03/2013												
35	31	000	02/18/2013	02/18/2013	\$120.00	Paid	\$0.00	05/09/2013												
36	31	000	02/21/2013	02/21/2013	\$93.00	Paid	\$0.00	05/09/2013												
37	31	000	04/16/2013	04/16/2013	\$165.00	Paid	\$0.00	07/03/2013												
38	31	000	01/17/2013	01/17/2013	\$280.00	Paid	\$38.62	05/16/2013												
39	31	000	04/15/2013	04/15/2013	\$165.00	Paid	\$0.00	05/23/2013												
40	31	000	04/10/2013	04/10/2013	\$93.00	Paid	\$28.10	06/23/2013												

Sheet0

Ready 100%

- The query information will then be opened and displayed within Microsoft Excel

Member

Eligibility Inquiry-How to verify eligibility for a beneficiary



NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January						
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	

My Reminders

Filter By Go Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼

No Records Found !

- Click the Member tab



ELIGIBILITY INQUIRY

Eligibility Inquiry ←

Provider Portal

NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼
No Records Found !				

- Select the Eligibility Inquiry option



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: Member ID ▾

LAST NAME:

DATE OF BIRTH:

Gender: ---SELECT--- ▾

MICHILD Case Number:

INQUIRY START DATE: 08/01/2018 *

SSN:

FIRST NAME:

Zip Code:

MA Case Number:

INQUIRY END DATE: 09/01/2018 *

- Select the Filter By criteria from the dropdown selection
- Change the inquire start and end date if looking for different dates then the system date (current date)
- Click Submit

Member ID: [REDACTED] Name: / [REDACTED]

Close

Info : Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual / MDHHS 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: 08/01/2018 - 09/01/2018

COMMERCIAL / OTHER: Y

GENDER: [REDACTED]

CSHCS RESTRICTIONS: N

DATE OF BIRTH: [REDACTED]

MHP PCP: N

CASE NUMBER: [REDACTED]

BMP PROVIDER RESTRICTION: N

CASE PHONE: [REDACTED]

EXT: [REDACTED]

INDICATORS: N

CASE EMAIL: [REDACTED]

COUNTY OF RESIDENCE: [REDACTED]

MAGI CATEGORY: Unavailable

WORKER LOAD NUMBER: [REDACTED]

MA PROGRAM CODE: [REDACTED]

MDHHS PHONE: [REDACTED]

CITIZENSHIP: [REDACTED]

MDHHS COUNTY: 69-00-OTSEGO-UP AND NORTHERN MICHIGAN

REDETERMINATION DATE: 08/31/2019

[Print Member Summary](#)
[Non Covered Service Types](#)

BENEFIT PLANS

Benefit Plan Id	PET	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
PIHP-HMP		MANAGED CARE	2813567	Click To View Service Types	09/19/2018	09/19/2018	09/01/2018	09/01/2018
NH	LTC-NFAC	FEE FOR SERVICE	8501659	Click To View Service Types	09/19/2018	09/19/2018	09/01/2018	09/01/2018
MA-HMP		FEE FOR SERVICE		Click To View Service Types	09/19/2018	09/19/2018	09/01/2018	09/01/2018
PIHP		MANAGED CARE	2813567	Click To View Service Types	09/19/2018	09/19/2018	08/01/2018	08/31/2018
MA		FEE FOR SERVICE		Click To View Service Types	09/19/2018	09/19/2018	08/01/2018	08/31/2018
NH	LTC-NFAC	FEE FOR SERVICE	8501659	Click To View Service Types	09/19/2018	09/19/2018	08/01/2018	08/31/2018

View Page: 1 [Go] Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

PATIENT PAY

Services Applicable	Patient Pay Amount	PPA Start Date	PPA End Date
LTC/Inpatient	699	08/01/2018	08/31/2018
LTC/Inpatient	0	09/01/2018	09/01/2018

View Page: 1 [Go] Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

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



Member ID: Name:

Close

Member Benefit Plan Service Types

None [dropdown] [input] Go Save Filters My Filters

Benefit Plan Id	Service Type Code	Service Type Description	Co-Payment	Co-Insurance	Deductible	Start Date	End Date
MA	1	Medical Care	0			08/01/2018	08/31/2018
MA	2	Surgical	0			08/01/2018	08/31/2018
MA	4	Diagnostic X-Ray	0			08/01/2018	08/31/2018
MA	5	Diagnostic Lab	0			08/01/2018	08/31/2018
MA	6	Radiation Therapy	0			08/01/2018	08/31/2018
MA	7	Anesthesia	0			08/01/2018	08/31/2018
MA	8	Surgical Assistance	0			08/01/2018	08/31/2018
MA	12	Durable Medical Equipment Purchased	0			08/01/2018	08/31/2018
MA	13	Ambulatory Service Center Facility	0			08/01/2018	08/31/2018
MA	18	Durable Medical Equipment Rental	0			08/01/2018	08/31/2018

View Page: 2 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- The available benefits will then be displayed

Member ID: [REDACTED] Name: / [REDACTED]

Close

Info : Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual / MDHHS 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: 08/01/2018 - 09/01/2018

COMMERCIAL / OTHER: Y

GENDER: [REDACTED]

CSHCS RESTRICTIONS: N

DATE OF BIRTH: [REDACTED]

MHP PCP: N

CASE NUMBER: [REDACTED]

BMP PROVIDER RESTRICTION: N

CASE PHONE: [REDACTED] EXT: [REDACTED]

INDICATORS: N

CASE EMAIL: [REDACTED]

COUNTY OF RESIDENCE: [REDACTED]

WORKER LOAD NUMBER: [REDACTED]

MAGI CATEGORY: Unavailable

MDHHS PHONE: [REDACTED]

MA PROGRAM CODE: [REDACTED]

MDHHS COUNTY: 69-00-OTSEGO-UP AND NORTHERN MICHIGAN

CITIZENSHIP: [REDACTED]

REDETERMINATION DATE: 08/31/2019

[Print Member Summary](#)
[Non Covered Service Types](#)

BENEFIT PLANS

Benefit Plan Id	PET	Benefit Plan Type	CHAMPS Provider Id	Service Type Details	Created Date	Transaction Date	Start Date	End Date
PIHP-HMP		MANAGED CARE	2813567	Click To View Service Types	09/19/2018	09/19/2018	09/01/2018	09/01/2018
NH	LTC-NFAC	FEE FOR SERVICE	8501659	Click To View Service Types	09/19/2018	09/19/2018	09/01/2018	09/01/2018
MA-HMP		FEE FOR SERVICE		Click To View Service Types	09/19/2018	09/19/2018	09/01/2018	09/01/2018
PIHP		MANAGED CARE	2813567	Click To View Service Types	09/19/2018	09/19/2018	08/01/2018	08/31/2018
MA		FEE FOR SERVICE		Click To View Service Types	09/19/2018	09/19/2018	08/01/2018	08/31/2018
NH	LTC-NFAC	FEE FOR SERVICE	8501659	Click To View Service Types	09/19/2018	09/19/2018	08/01/2018	08/31/2018

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

PATIENT PAY

Services Applicable	Patient Pay Amount	PPA Start Date	PPA End Date
LTC/Inpatient	699	08/01/2018	08/31/2018
LTC/Inpatient	0	09/01/2018	09/01/2018

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- 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



Member ID: [REDACTED] Name: [REDACTED]

Close Add New Policy

SEARCH BY: MEMBER ID: [REDACTED] Go

MEMBER

MEMBER ID: [REDACTED] NAME: [REDACTED]
DOB: [REDACTED]

INSURANCE DETAILS

All ▾ Active ▾ Go

Save Filters My Filters ▾

PAYER NAME ▲▼	PAYER ID ▲▼	COVERAGE TYPE ▲▼	BIN ▲▼	PCN ▲▼	RX GROUP ▲▼	GROUP NUMBER ▲▼	POLICY NUMBER ▲▼	POLICY HOLDER ID ▲▼	DATE LAST UPDATED ▲▼	BEGIN DATE ▲▼	END DATE ▲▼
MEDICARE-ENROLLED IN PART B	44444444	BB				[REDACTED]	[REDACTED]		07/27/2015	02/01/2005	12/31/2999
MEDICARE-ENROLLED IN PART A	33333333	AA				[REDACTED]	[REDACTED]		07/27/2015	12/01/2004	12/31/2999
MEDICARE-ENROLLED IN MEDICARE PART D	66666666	DD				[REDACTED]	[REDACTED]		11/07/2016	01/01/2017	12/31/2999
OPTUM RX - CATAMARAN	40427355	RX				[REDACTED]	[REDACTED]	[REDACTED]	12/01/2015	01/01/2009	12/31/2999

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- The primary payer information will then be displayed
- Including the coverage type, group number, policy number, date updated and begin and end dates

Prior Authorization

PA Request list-Review prior authorizations by multiple filter criteria



NPI: Name:

Latest updates

System Notification

All, Due to state network maintenance activities, Core 270/271 Real-time transactions will experience periodic outages and providers may not be able to retrieve HIPAA files from the CHAMPS screens between 5:00 pm and 9:00pm, Saturday, March 28th 2015 and also between 6:00 am, Sunday March 29th and 2:00am, Monday March 30th. Providers may also experience a delay on receiving batch 271 response files for 270 files submitted after Friday March 27th 7:00 pm.



Calendar

12:05 PM 27 March 2015 Friday

2015 March

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

← Today →

My Reminders

Filter By Go Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/>				

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Click the PA tab

The screenshot shows the CHAMPS Provider Portal. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. The 'PA' dropdown menu is open, displaying 'PA REQUEST LIST' and 'PA INQUIRE' options. A red arrow points to 'PA Request List'. Below the dropdown, a system notification banner is visible, stating: 'All, Due to state network maintenance activities, Core 270/271 Real-time transactions will experience periodic outages and providers may not be able to retrieve HIPAA files from the CHAMPS screens between 5:00 pm and 9:00pm, Saturday, March 28th 2015 and also between 6:00 am, Sunday March 29th and 2:00am, Monday March 30th. Providers may also experience a delay on receiving batch 271 response files for 270 files submitted after Friday March 27th 7:00 pm.' To the right, a calendar widget shows the date 27 March 2015, Friday. Below the notification, the 'My Reminders' section is visible, showing a table of alerts.

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> BROADCAST_MESSAGE	All, Due to state network maintenance activities, Core 270/271 Real-time transactions will experience periodic outages and providers may not be able to retrieve HIPAA files from the CHAMPS screens between 5:00 pm and 9:00pm, Saturday, March	03/25/2015	03/31/2015	

- Select the PA request list option



Close Add New Request

PA Request List

Hide Filter

Filter By [dropdown] [input] And Filter By [dropdown] [input] And Filter By [dropdown] [input]
[input] Go Save Filters My Filters

Page View	Org	Beneficiary ID	Beneficiary Name	Tracking No.	Request Date	Status	NPI/ID	Upload
[icon]		[blurred]	[blurred]	[blurred]	02/06/2012	Entering	[blurred]	[blurred]
[icon]		[blurred]	[blurred]	[blurred]	02/08/2012	Entering	[blurred]	[blurred]
[icon]	PA - MPRO	[blurred]	[blurred]	[blurred]	05/23/2014	Requested	[blurred]	[blurred]
[icon]	PA - MPRO	[blurred]	[blurred]	[blurred]	05/23/2014	Requested	[blurred]	[blurred]
[icon]	PA - MPRO	[blurred]	[blurred]	[blurred]	05/23/2014	Requested	[blurred]	[blurred]
[icon]	PA - MPRO	[blurred]	[blurred]	[blurred]	05/23/2014	Requested	[blurred]	[blurred]
[icon]	PA - MPRO	[blurred]	[blurred]	[blurred]	05/23/2014	Requested	[blurred]	[blurred]
[icon]	PA - MPRO	[blurred]	[blurred]	[blurred]	05/27/2014	Requested	[blurred]	[blurred]

- A list of prior authorizations will then be displayed
- The filter By dropdown can be used to add additional filter criteria



Prior Authorization

PA Inquire-Look up a specific PA tracking number



Provider Portal

NPI:

Name:

Latest updates

System Notification

Attention All Providers: Due Saturday, January 10th through Sunday, January 11th, the CHAMPS system will be down between 6:00 AM with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

- PA REQUEST LIST
- PA Request List

- PA INQUIRE
- PA Inquire ←

Calendar

12 January 2015
Monday

3:42 PM

2015 January

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

	Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !					

- Select the PA Inquire Option



Close Submit

← Step 2

PA Inquire:

Tracking No.:

* ← Step 1

- Enter the PA Tracking number
- Click Submit



Close

PA Utilization

Tracking No: [Redacted] Authorization Status: Approved
 Beneficiary ID: [Redacted] Beneficiary Name: [Redacted]
 Service: [Redacted] Organization: PA - MDCH
 Request Date: 10/2/2012 Last Updated Date: 10/16/2012
 Service Start Date: 10/15/2012 Service End Date: 10/31/2012
 Requestor NPI: [Redacted] Requestor Name: [Redacted]
 Requestor ID: [Redacted] Source of Request: [Redacted]

Line #	Servicing Prov NPI	Servicing Prov ID	Service TRN	Code	Mod1	Mod2	ToothNum	Auth Units	Auth \$ Amount	Used Units	From Date	To Date	Status
▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
01	[Redacted]	[Redacted]		E2366				0	0.00	0	10/15/2012	10/31/2012	No Action
02	[Redacted]	[Redacted]		E2361				2	0.00	2	10/15/2012	10/31/2012	Approved
03	[Redacted]	[Redacted]		K0739				0	0.00	0	10/15/2012	10/31/2012	Included

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- The prior authorization information will then be displayed

Filter

Saving and deleting personal filters

New CHAMPS feature

CHAMPS

My Inbox ▾ Provider ▾ **Claims ▾** Member ▾ PA ▾

Provider Portal

NPI: _____ Name: _____

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By [] [] [Go] [Save Filters] [My Filters ▾]

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

Calendar

11:48 AM 12 January 2015 Monday

2015 January

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	

- Select any tab where there is an option to add a My Filter
- In this example we have selected the Claims tab

The screenshot displays the CHAMPS Provider Portal. At the top, navigation tabs include 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. A dropdown menu for 'CLAIMS' is open, listing several options: 'Submit Professional', 'Submit Institutional', 'Submit Dental', 'Search Template', 'MANAGE CLAIMS' (with sub-option 'Adjust/Void Claim Provider'), 'INQUIRE CLAIMS' (with sub-option 'Claim Inquiry' highlighted by a red arrow), and 'RA LIST' (with sub-option 'RA List').

In the background, a system notification states: "Attention All Providers: Due to system maintenance, the system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Saturday, January 10th for the Benefit Inquiry and Response (Core 270/271) and the system will be down between 6:00 AM and 10:00am on Saturday January 10th. This is in anticipation of Health Care Eligibility determination and the system will be down between 6:00am and 10:00am on Saturday January 10th. This is in anticipation of Health Care Eligibility determination and access for all functionality." Below this is a 'My Reminders' section with a table that shows 'No Records Found!'.

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



Close

Inquire Claim

Filter By [] And Filter By [] And Filter By []
Filter By [] And Filter By [] With Status [] In Claim [] Last 6 Months []
Save Filters My Filters ▾

Date	To Date	Submitted Charges	Status	Approved Amount	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
- ICO Indicator
- 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

- Select the criteria needed for your filter



Close

Inquire Claim

TCN Load Date ▾ 05/01/2014 08/15/2014 And Beneficiary ID ▾ % And Reason Code ▾
252 And Filter By ▾ And Filter By ▾ In Process ▾ 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 !						



- Once you have selected the criteria click the Save Filters button
- In this example we have choose TCN load date, beneficiary ID % and reason code 252 which is for [Predictive Modeling](#)

CHAMPS My Inbox Provider Claims Member PA

Note Pad External Links My Favorites Print Help

Provider Portal Inquire Claims

Close

Inquire Claim

TCN Load Date 05/01/2014

252 And Filter By

Go

TCN	From Date	To D
▲ ▼	▲ ▼	▲ ▼

Reason Code

Claim Last 6 Months

Save Filters My Filters

Pay Cycle Date

Save Filter ✕

Filter name : → Suspended PM claims

Filter Description (100 Characters): → Predictive modeling suspended claims

→ Save Close

- Enter a name for the Filter and a description
- Click Save



Close

Inquire Claim

Filter By [] And Filter By [] And Filter By []
[] And Filter By [] And Filter By [] 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	Suspended PM claims
▲ ▾	▲ ▾	▲ ▾	▲ ▾	▲ ▾	▲ ▾	▲ ▾	⌘

No Records Found !

- The filter will now be saved under the My Filters button
- Changes cannot be made to a saved Filter the Filter would need to be deleted and re-created if changes are needed



Close

Inquire Claim

TCN Load Date: 05/01/2014 - 08/15/2014 And Beneficiary ID: % And Reason Code: %
 252 And Filter By: In Process In Claim: Last 6 Months
 Go Save Filters My Filters

TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle Date	Beneficiary ID	Reason Code	TCN Load Date
			\$3,705.05	Suspended	\$0.00			133, 140, 252,50	05/01/2014
			\$387.00	Suspended	\$0.00			133, 22, 252	05/01/2014
			\$1,152.00	Suspended	\$0.00			133, 22, 252, 96,11	05/01/2014
			\$115.00	Suspended	\$0.00			133, 22, 252	05/01/2014
			\$1,189.00	Suspended	\$0.00			133, 22, 252, 96,11	05/01/2014
			\$178.00	Suspended	\$0.00			133, 252,4	05/01/2014
			\$244.00	Suspended	\$0.00			133, 22, 252	05/01/2014
			\$813.00	Suspended	\$0.00			133, 140, 22, 252,11	05/01/2014
			\$1,156.00	Suspended	\$0.00			133, 140, 22, 252, 96,11	05/01/2014
			\$857.00	Suspended	\$0.00			133, 22, 252,11	05/01/2014

- Select the saved filter to run the query



Close

Inquire Claim

Filter By [] And Filter By [] And Filter By []
[] And Filter By [] And Filter By [] 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 !



- To delete a previously saved filter select the filter that needs to be deleted from the My Filters dropdown



Close

Inquire Claim

Filter By [] And Filter By [] And Filter By []
[] And Filter By [] And Filter By [] With Status [] In Claim [] Last 6 Months []
Go Save Filters My Filters ▾

TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cyc	Suspended PM claims
▲ ▾	▲ ▾	▲ ▾	▲ ▾	▲ ▾	▲ ▾	▲ ▾	⊙

No Records Found !

Suspended PM claims ⊙



- Click the icon next to the saved filter



Close

Inquire Claim

Filter By [] [] And Filter By [] [] And Filter By [] []
[] And Filter By [] [] And Filter By [] [] 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 !						

- The filter will then be deleted and no longer display under My Filters

Notepad

Feature that allows an electronic sticky note



Provider Portal

NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:48 AM 12 January 2015 Monday

2015 January						
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 !				

- Click Note Pad to add an electronic sticky note



NPI: [input] Name: [input]

Latest updates

System Notification

Due to system maintenance on State of Michigan Single Sign C and CHAMPS will be unavailable between 9:00 PM Saturday, A AM Sunday, April 26, 2015. This outage will affect CHAMPS system access for all functionality.

Notepad

This can be used as a sticky note

bene ID 0012345678

www.michigan.gov/medicaidproviders

Close Clear

Calendar

1:17 PM 29 April 2015 Wednesday

2016 April

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			

← Today →

My Reminders

Filter By [input] [input] Go Save Filters My Filters ▾

	Alert Type	Alert Message	Alert Date	Due Date	Read
	▲ ▾	▲ ▾	▲ ▾	▲ ▾	▲ ▾

No Records Found !

- Once open, any information can be added. Close when finished or information will not save in the Notepad
- The information will be visible in the Note Pad feature from screen to screen until the MI Login session times out then it will be cleared

External Links

Links to other applications or websites accessible to providers



NPI: Name:

Latest updates

System Notification

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.

My Reminders

Filter By

	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

Calendar

11:54 AM 22 August 2014 Friday

2014 August

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

- Click on the External Links



NPI: [input] Name: [input]

Latest updates

System Notification

Due to system maintenance on State of Michigan Single Sign On (SSO), the and CHAMPS will be unavailable between 9:00 PM Saturday, April 25, 2015 and 12:00 AM Sunday, April 26, 2015. This outage will affect CHAMPS system access and functionality.

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

My Reminders

Filter By [dropdown] [input] [input] Go Save Filter

Alert Type	Alert Message	Alert Date	Due Date	Read
▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !

Calendar

12:04 PM 29 April 2015 Wednesday

2015 April						
Tu	We	Th	Fr	Sa	Su	
	1	2	3	4	5	
7	8	9	10	11	12	
14	15	16	17	18	19	
21	22	23	24	25	26	
28	29	30				
Today						

- A list of available links will be displayed
- Select one of the available links to open within a separate window from CHAMPS

Favorites ~ Add and Delete

Add

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, and PA. Below this is a dark blue header with icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is divided into several sections:

- Provider Portal:** Includes an NPI field and a 'Latest updates' section with a 'System Notification' about system maintenance on Saturday, January 10th.
- My Reminders:** A section with a 'Filter By' dropdown and a table for reminders.
- Navigation Menu (Center):** A vertical list of functions:
 - CLAIM SUBMISSION:** Submit Professional, Submit Institutional, Submit Dental, Search Template.
 - MANAGE CLAIMS:** Adjust/Void Claim Provider.
 - INQUIRE CLAIMS:** Claim Inquiry (highlighted with a red arrow).
 - RA LIST:** RA List.
- Calendar:** Shows the current date as 12 January 2015, Monday, 4:11 PM, and a calendar grid for January 2015.

- Click the star next to the function that is frequently used and needs to be added as a favorite
- In this example Claim Inquiry has been selected

The screenshot displays the CHAMPS Provider Portal. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, and PA. A user profile icon is visible on the left. On the right, there are utility links: Note Pad, External Links, My Favorites, Print, and Help. The main content area shows a search bar for NPI, a 'Latest updates' section with a system notification, and a 'My Reminders' section with a table and filter options. A calendar widget is on the right side. A modal window titled 'ELIGIBILITY INQUIRY' is overlaid on the page, featuring a star icon that has been highlighted with a red arrow, indicating it has been saved as a favorite.

System Notification
Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

Calendar
 4:13 PM 12 January 2015 Monday
 2015 January

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	

- In this example Eligibility Inquiry has been selected to be saved as another Favorite
- There is no limit to the number of Favorites that can be saved or added to a user's login



*

CHAMPS Full Access *

Select Favorite
Select Favorite
Eligibility Inquiry
Inquire Claim - Provider

Go

- The next time you log into CHAMPS you will have the option to select a previously saved favorite
- Select the Favorite option you want to use and click GO



NPI:

Name:

Latest updates

System Notification

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.

Calendar

11:54 AM 22 August 2014 Friday

2014 August

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 !					

Notification

Person icon	User1 sent you message Yesterday
Envelope icon	User1 sent you message Yesterday
Envelope icon	User1 sent you message Yesterday

- To view previously saved Favorites click the My Favorites dropdown



Provider Portal

NPI: [input] Name: [input]

- Eligibility Inquiry
- Inquire Claim - Provider

Latest updates

System Notification

Due to system maintenance on State of Michigan Single Sign On (SSO), the SSO and CHAMPS will be unavailable between 9:00 PM Saturday, April 25, 2015 thru 9:00 AM Sunday, April 26, 2015. This outage will affect CHAMPS system access for all functionality.



Calendar

12:17 PM 29 April 2015 Wednesday

2015 April

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			
		Today				

My Reminders

Filter By [input] [input] Go Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

- The saved Favorites will then be displayed

Favorites ~ Add and Delete

Delete



NPI: Name:

Latest updates

System Notification

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.

Calendar

11:54 AM 22 August 2014 Friday

2014 August

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 !				

Notification

	User1 sent you message Yesterday
	User1 sent you message Yesterday
	User1 sent you message Yesterday

- To delete a previously saved Favorite click My Favorites



NPI: [input] Name: [input]

- Eligibility Inquiry 
- Inquire Claim - Provider 




Latest updates

System Notification

Due to system maintenance on State of Michigan Single Sign On (SSO), the SSO and CHAMPS will be unavailable between 9:00 PM Saturday, April 25, 2015 thru 9:00 AM Sunday, April 26, 2015. This outage will affect CHAMPS system access for all functionality.



Calendar

 **12:17 PM** 29 April 2015 Wednesday

2015 April

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			
		Today				

My Reminders

Filter By [input] [input]

<input type="checkbox"/>	Alert Type ▲ ▾	Alert Message ▲ ▾	Alert Date ▲ ▾	Due Date ▲ ▾	Read ▲ ▾
--------------------------	-------------------	----------------------	-------------------	-----------------	-------------

No Records Found !

- Select the Favorite to be deleted and click the icon next to the Favorite



NPI:

Name:

- Eligibility Inquiry
- Inquire Claim - Provider

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Message from webpage

 Deleted Successfully

OK

Calendar

1:08 PM 29 April 2015 Wednesday

2015 April

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			
		Today				

My Reminders

Filter By Go Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

- A message will display to acknowledge the Favorite was deleted



Inquire Claim - Provider

NPI: [input] Name: [input]

Latest updates

System Notification

Due to system maintenance on State of Michigan Single Sign On (SSO), the SSO and CHAMPS will be unavailable between 9:00 PM Saturday, April 25, 2015 thru 9:00 AM Sunday, April 26, 2015. This outage will affect CHAMPS system access for all functionality.

Calendar

1:09 PM 29 April 2015 Wednesday

2015 April

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			

← Today →

My Reminders

Filter By [input] [input] Go Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !

- Once deleted will no longer be displayed under My Favorites, in this example Eligibility Inquiry was deleted
- A deleted Favorite can be re-added as a Favorite again at any time

Changing Profile

Profile: CHAMPS Full Access. ▶

Domain: FAO

Logout

Testing Static Banner Message

- CHAMPS Full Access
- CHAMPS Limited Access
- Claims Access
- Domain Administrator
- Eligibility Inquiry
- Prior Authorization Access
- Provider Enrollment Access
- View Provider Enrollment

July 2014
sday

Fr	Sa	Su
4	5	6
11	12	13
18	19	20
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 !				

Notification

👤	User1 sent you message Yesterday
✉	User1 sent you message Yesterday
📧	User1 sent you message Yesterday

- Click the dropdown next to the User ID icon in the blue ribbon
- Current profile that the user is logged in with will be displayed as well as all available profiles

Domain Administrator

Adding Users



Form fields for login:

- Empty text input field with a dropdown arrow and an asterisk (*).
- Dropdown menu with "Domain Administrator" selected, a dropdown arrow, and an asterisk (*). A red arrow points to this asterisk.
- Text input field with "Select Favorite" and a dropdown arrow.
- "Go" button with a circular arrow icon.

- Login to CHAMPS with the Domain Administrator Profile



NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, October 11, 2014 thru 6:00 AM Sunday, October 12, 2014. This outage will affect CHAMPS system access for all functionality.

My Reminders

Filter By

	Alert Type	Alert Message	Alert Date	Due Date	Read
	▲ ▾	▲ ▾	▲ ▾	▲ ▾	▲ ▾
No Records Found !					

Calendar

2:25 PM 23 March 2015 Monday

2015 March

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

← Today →

- Click the Admin tab



USER MAINTENANCE

Maintain Users

NPI:

me:

Latest updates

System Notification

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.

Calendar

12:18 PM 26 August 2014
Tuesday

2014 August

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

	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

- Select the Maintain Users option



Close Add



Manage Users

Filter By [dropdown] [input] And Filter By [dropdown] [input] Go

Save Filters My Filters

	Domain Name	Name	Organization	Status	Start Date	Expiration Date
No Records Found !						

- Click Add

The screenshot displays the CHAMPS Admin interface with a modal window titled "Add Provider User". The modal contains the following fields and sections:

- Please enter the following information**
- User ID:** A text input field with a red arrow pointing to it. A tooltip indicates "[Enter Single Sign On ID]".
- Provider Domain:** A dropdown menu with an asterisk.
- Start Date:** A date picker set to 03/23/2015 with an asterisk.
- Expiration Date:** A date picker set to 12/31/2999 with an asterisk.
- Available Profiles:** A list of roles including "CHAMPS Full Access", "CHAMPS Limited Access", "Claims Access", "Domain Administrator", "Eligibility Inquiry", "Prior Authorization Access", "Provider Enrollment Access", and "View Provider Enrollment". A red arrow points to "CHAMPS Limited Access".
- Selected Profiles*:** An empty list box with a red arrow pointing to it.
- Remarks:** A text area at the bottom.
- Buttons:** "OK" and "Cancel" buttons at the bottom right.

The background interface shows the "Manage Users" section with a "Filter By" dropdown and a "Domain Name" dropdown. The browser window title is "Welcome to MMIS - Windows Internet Explorer".

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

The screenshot displays the CHAMPS Admin interface with a modal dialog titled "Add Provider User". The dialog prompts the user to enter the following information:

- User ID: * [Enter Single Sign On ID]
- Provider Domain: *
- Start Date: 03/23/2015 *
- Expiration Date: 12/31/2999 *

Below the input fields, there are two columns of profiles:

- 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 (highlighted with a red underline).

At the bottom of the dialog, there is a "Remarks:" text area and two buttons: "OK" and "Cancel". A red arrow points to the "OK" button.

The background interface shows the "Manage Users" section with a "Filter By" dropdown and a "Domain Name" dropdown. The top navigation bar includes "My Inbox", "Admin", and "Provider". The bottom status bar shows "Page ID: dlgAddProviderUser(Admin)", "Trusted sites | Protected Mode: Off", and "125%".

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

Domain Administrator

Updating Domains



NPI: Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, October 11, 2014 thru 6:00 AM Sunday, October 12, 2014. This outage will affect CHAMPS system access for all functionality.

My Reminders

Filter By

	Alert Type	Alert Message	Alert Date	Due Date	Read
	▲ ▾	▲ ▾	▲ ▾	▲ ▾	▲ ▾
No Records Found !					

Calendar

2:25 PM 23 March 2015 Monday

2015 March



Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

← Today →

- Click the Admin tab



USER MAINTENANCE

Maintain Users  

Provider Portal

NPI:


me:

Latest updates

System Notification

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.

Calendar

 **12:18 PM** 26 August 2014
Tuesday

2014 August

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

	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

- Select the Maintain Users option



Close Add

Manage Users

Domain Name % And Filter By

Domain Name	Name	Organization	Status	Start Date	Expiration Date
No Records Found !					

Step 1 Step 2

Step 3

- Select Domain Name from the dropdown
- Enter the wildcard % and click Go



Close Add

Manage Users

Domain Name % And Filter By Go

Save Filters My Filters

Domain Name	Name	Organization	Status	Start Date	Expiration Date
[Redacted]	[Redacted]	Provider	Approved	10/01/2010	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	02/20/2014	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	02/20/2014	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	10/15/2013	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	01/06/2012	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	04/18/2011	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	06/29/2010	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	08/28/2013	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	01/24/2014	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	09/08/2011	12/31/2999

View Page: 2 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- Click the domain name hyperlink that needs to be updated



User Login ID: [redacted] Name: [redacted]

Close Save Lock Comments History

User ID: [redacted]

First Name: [redacted] *

Last Name: [redacted] *

Domain Name: [redacted]

Lock User / Comment: [redacted]

Email: [redacted] *

Phone Number: Not Specified *

Start Date: 10/18/2013

Expiration Date: 12/31/2999 *

Remarks: [redacted]

Available Profiles

- Claims Access
- Domain Administrator
- Prior Authorization Access
- Provider Enrollment Access
- View Provider Enrollment
- CHAMPS Limited Access
- Eligibility Inquiry



Selected Profiles*

- CHAMPS Full Access

- 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](#)
 - [Update Other Insurance NOW!](#)
 - [Medicaid Provider Training Sessions](#)
- **Provider Support:**
 - ProviderSupport@michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program