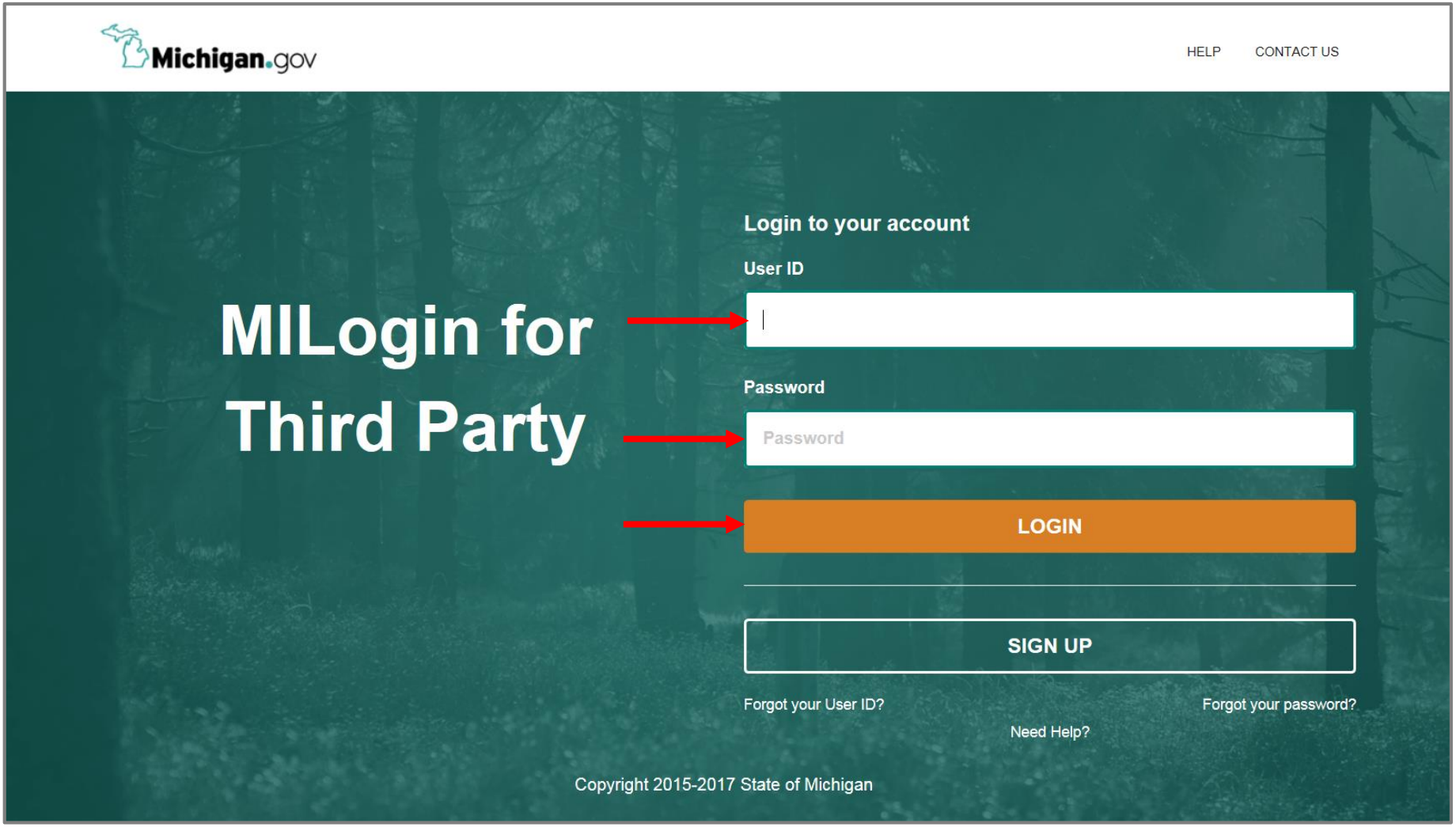
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Provider Enrollment Group Practice

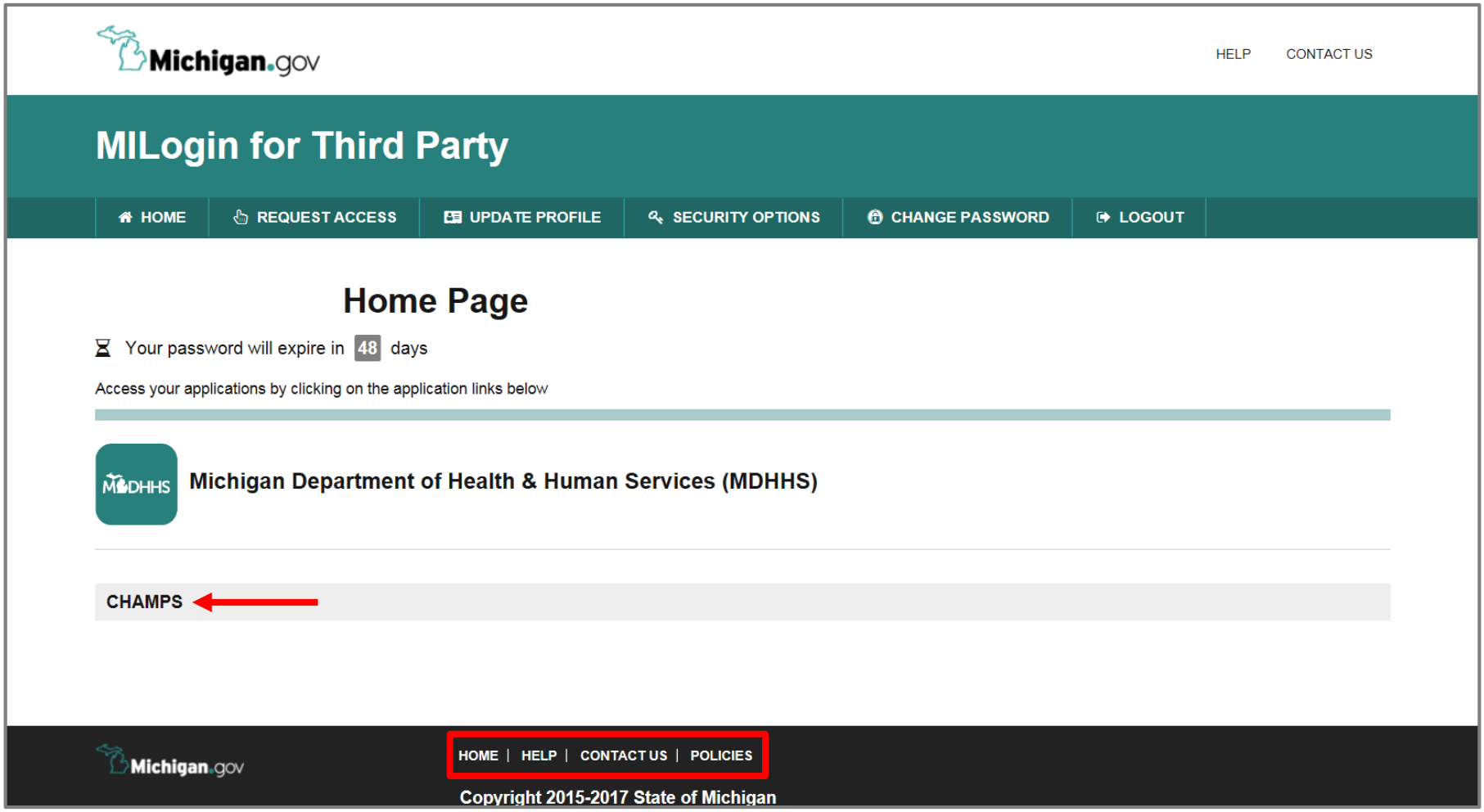
"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value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

-Provider Relations

New Group Practice Enrollment

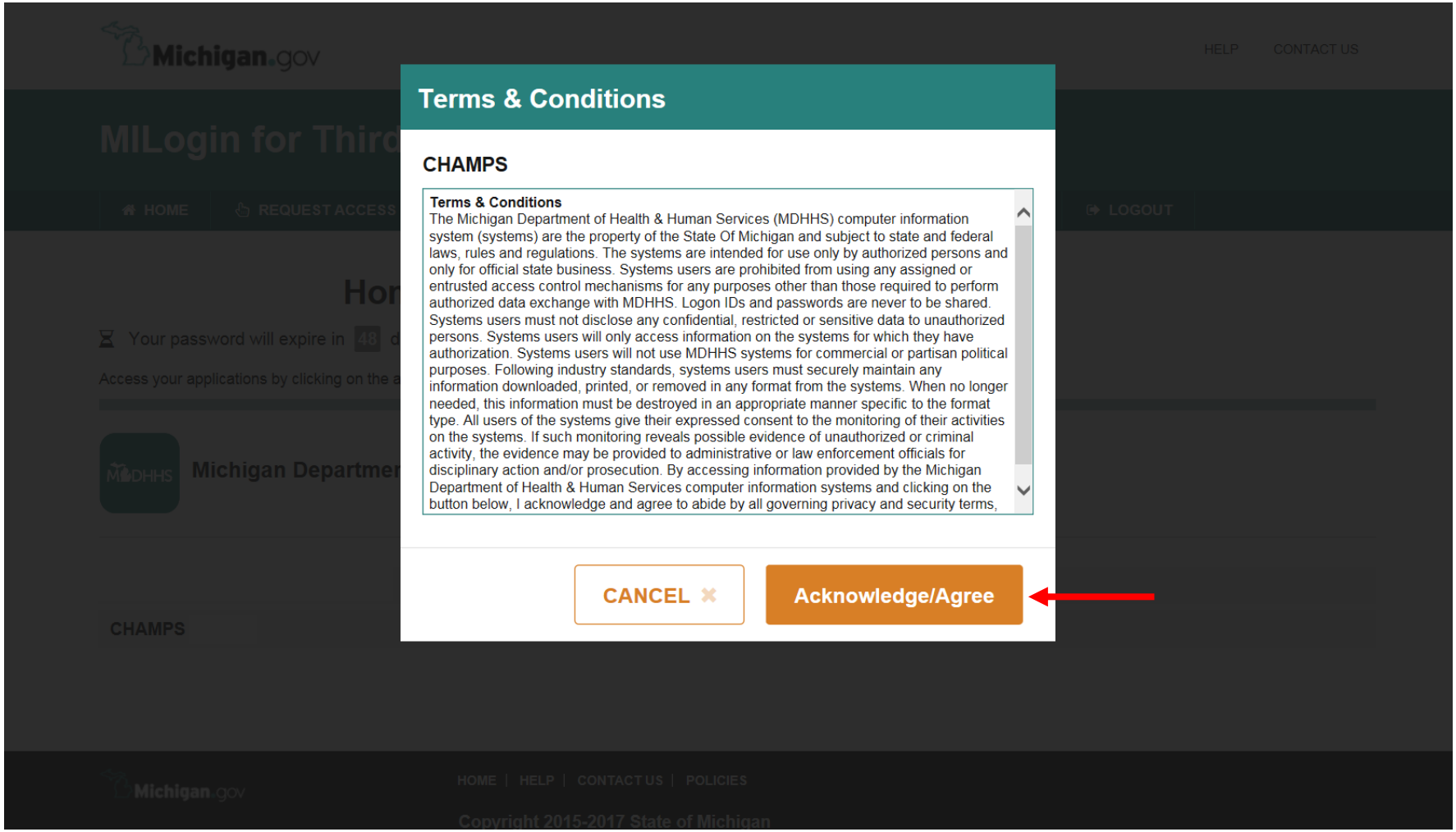


- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter https://milogintp.Michigan.gov into the search bar
- Enter your User ID and Password
- Click Login

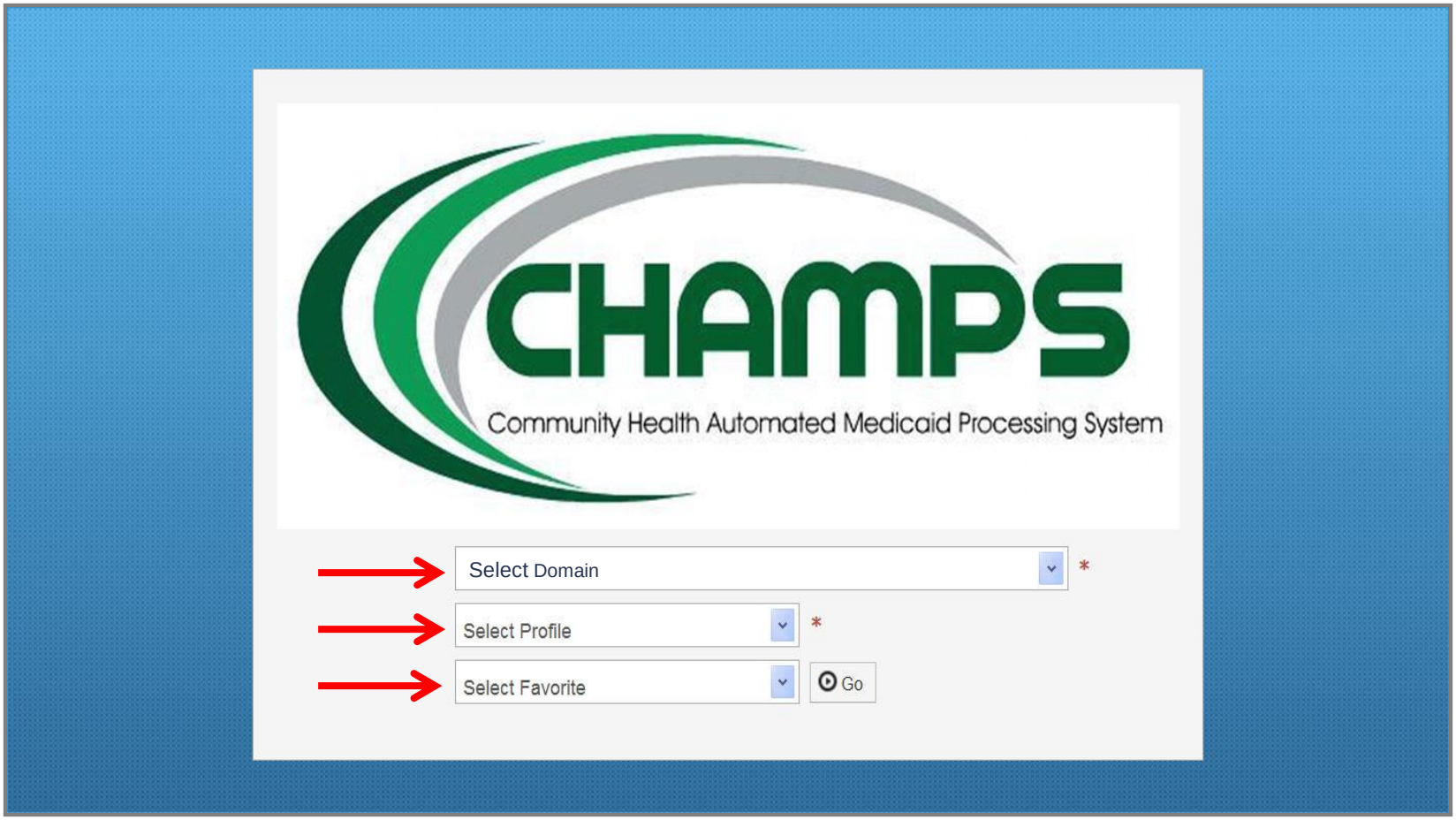


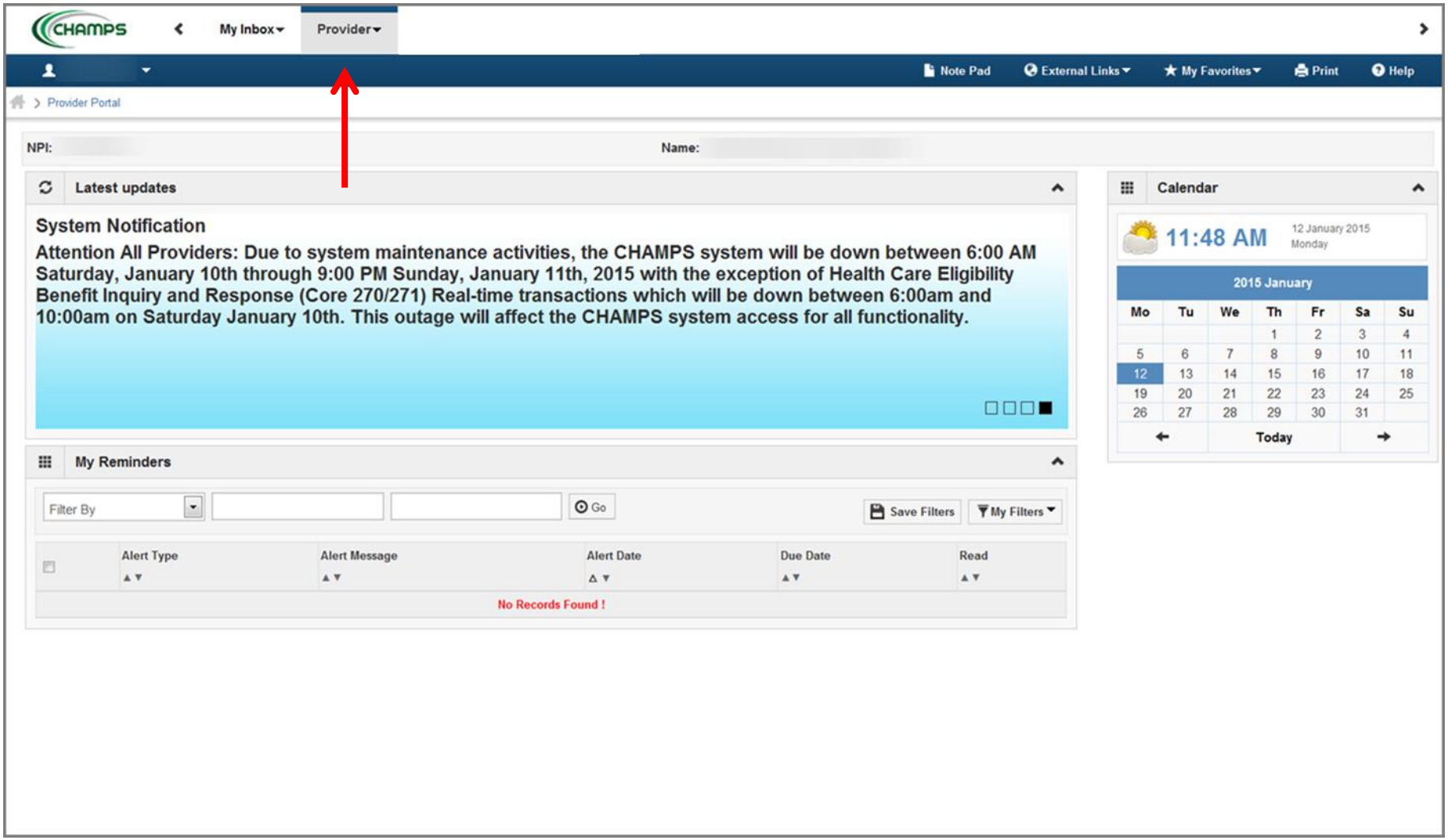
- You will be directed to your MILogin Home Page
- Click the CHAMPS hyperlink

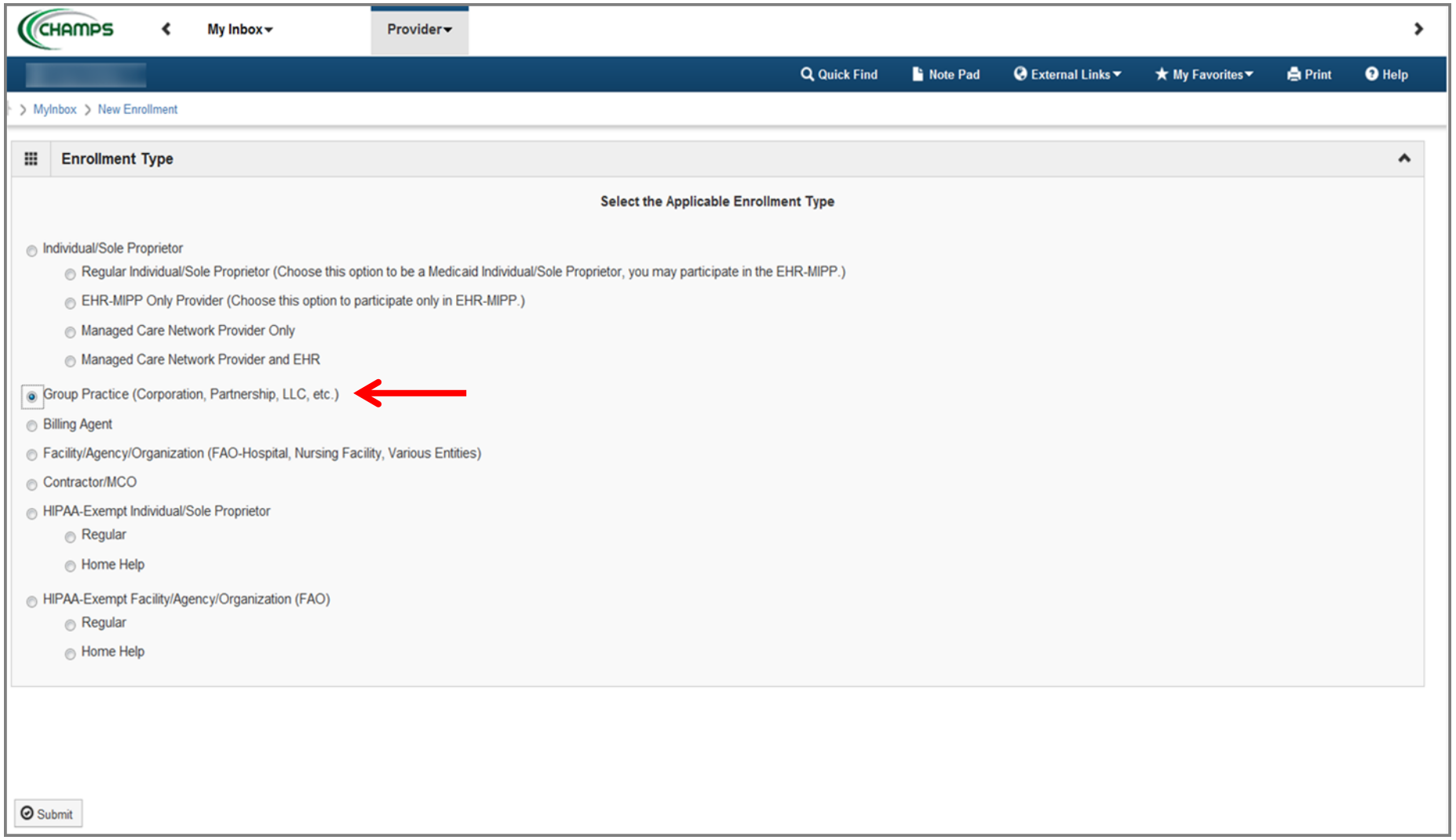
**MILogin resource links are listed at the bottom of the page*



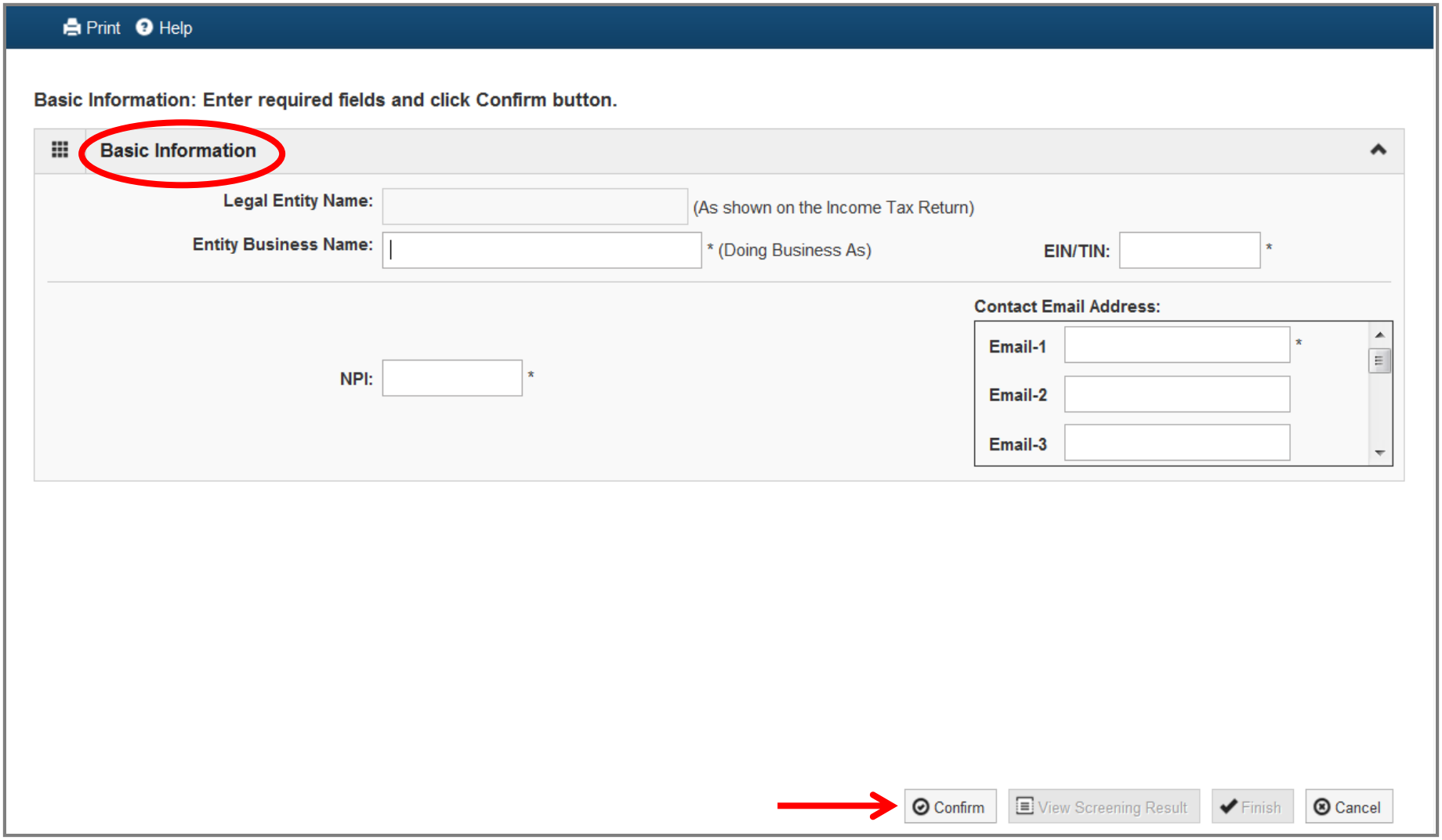
- Click Acknowledge/Agree to accept the Terms & Conditions to get into CHAMPS


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

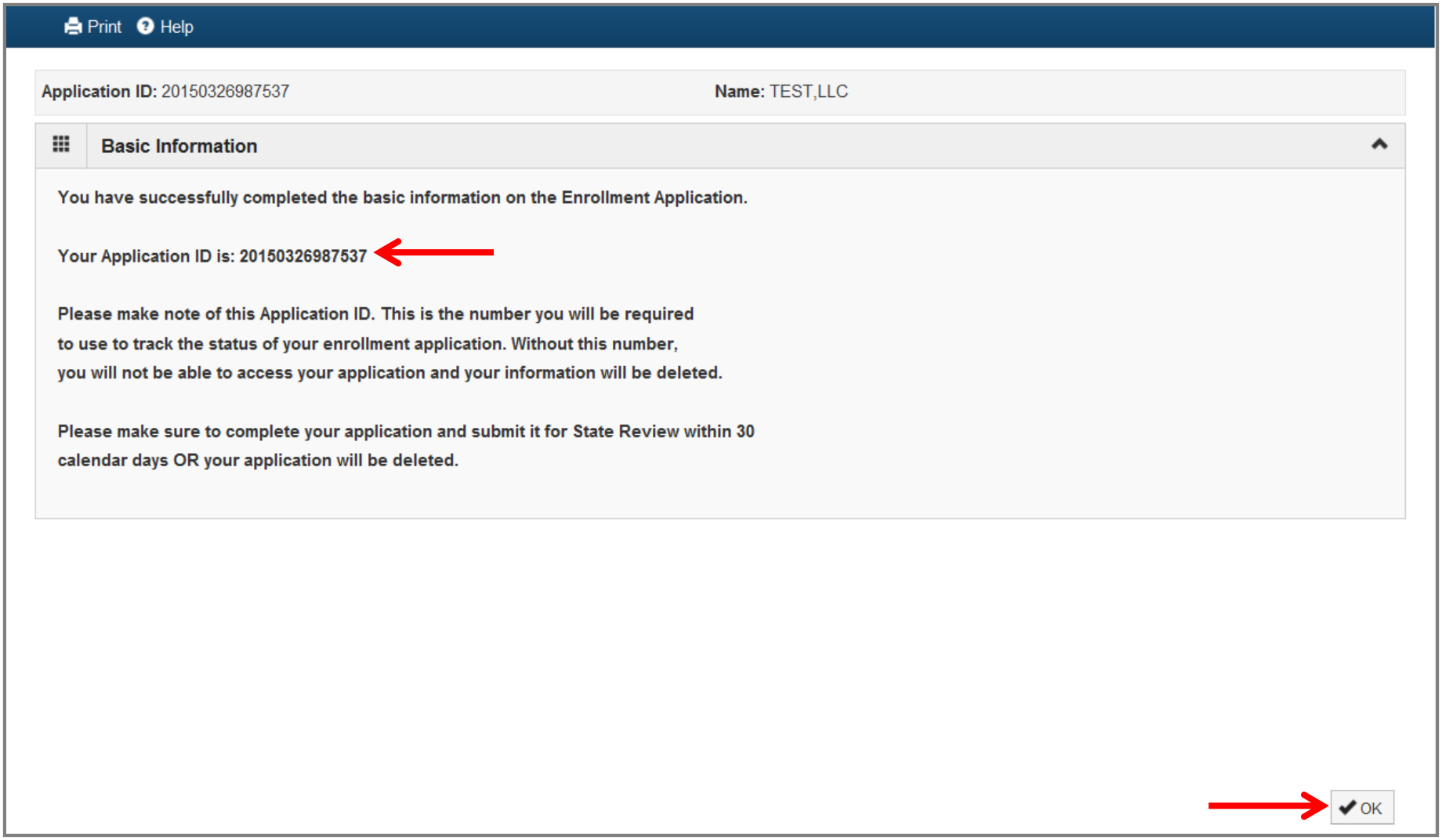

CHAMPS
My Inbox
Provider
Note Pad
External Links
My Favorites
Print
Help
Provider Portal
NPI:
Name:
Latest updates
System Notification
Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 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 !



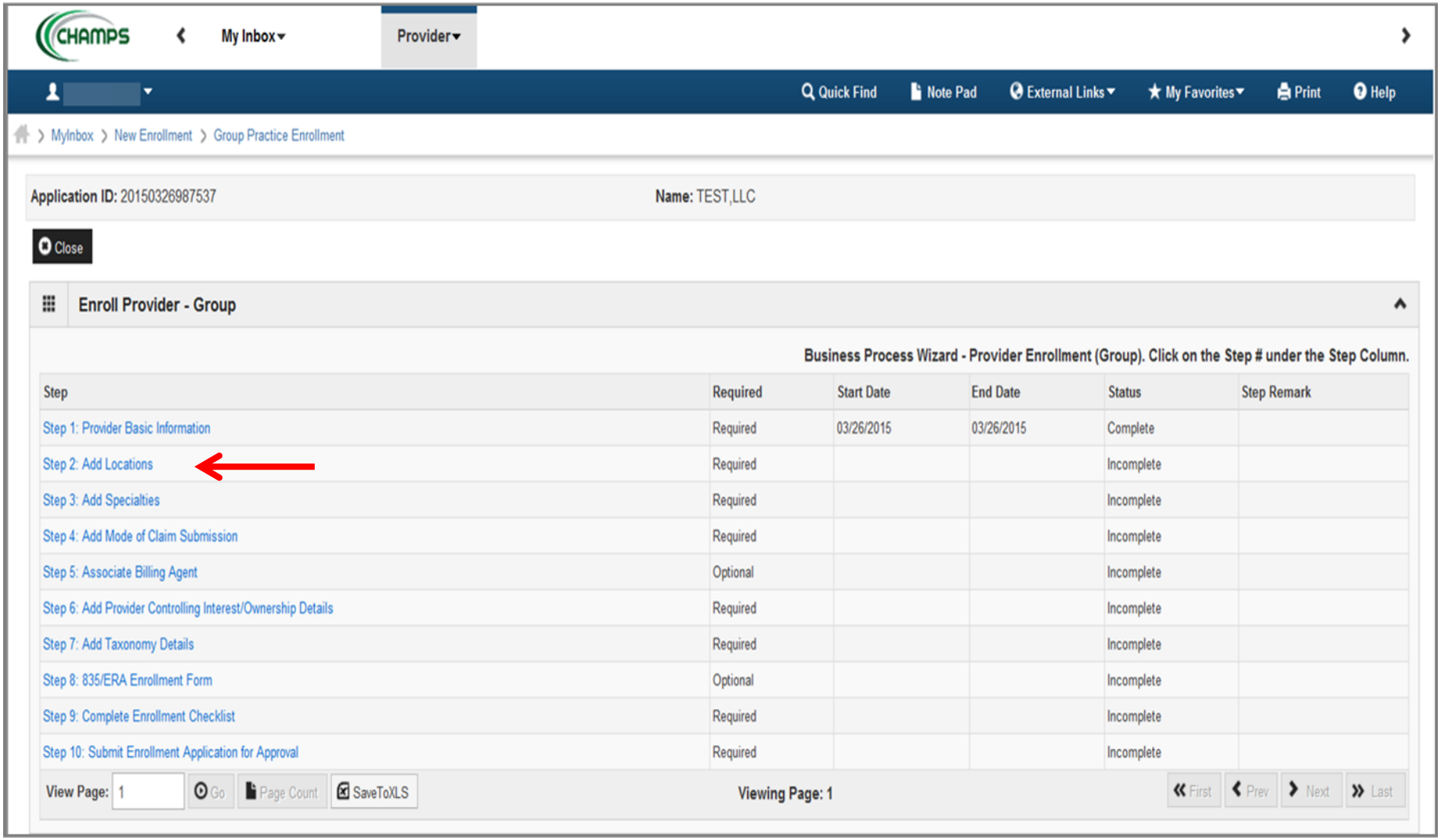
- Select appropriate Provider/Enrollment type



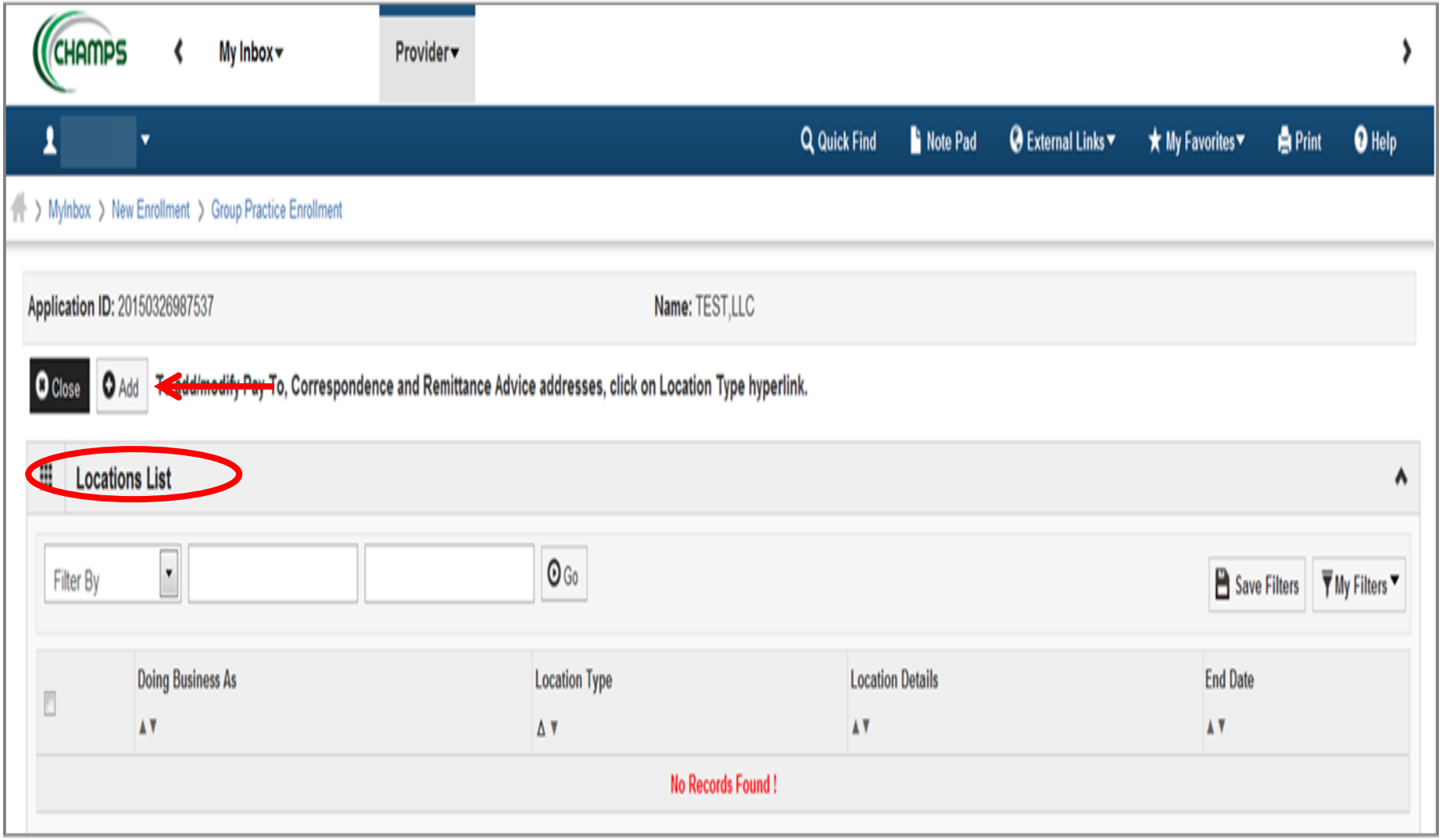
- Complete all required asterisk * fields
- Select “Confirm”, then select “Finish”



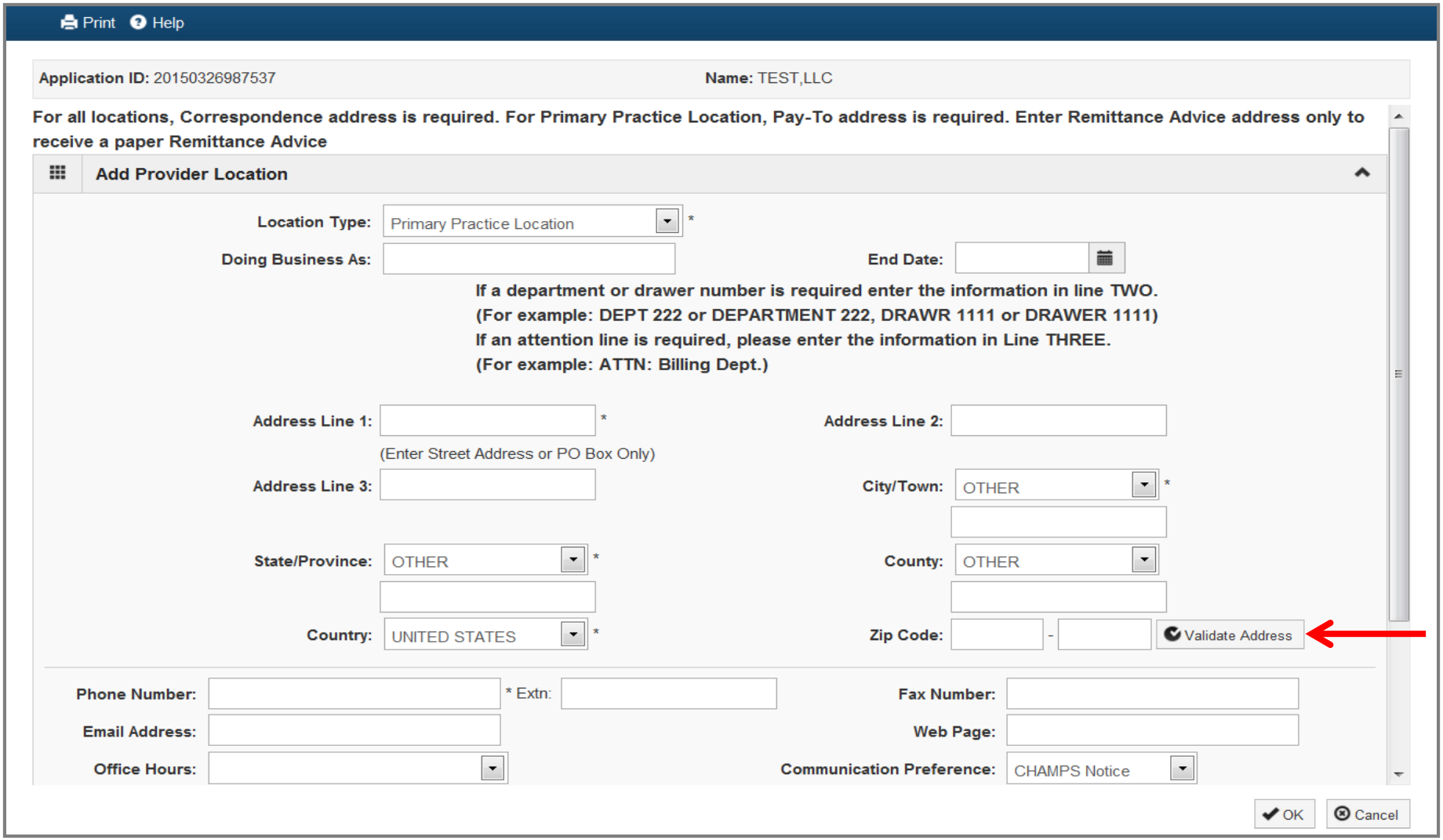
- Make note of the application ID number
- Select “Ok” to proceed



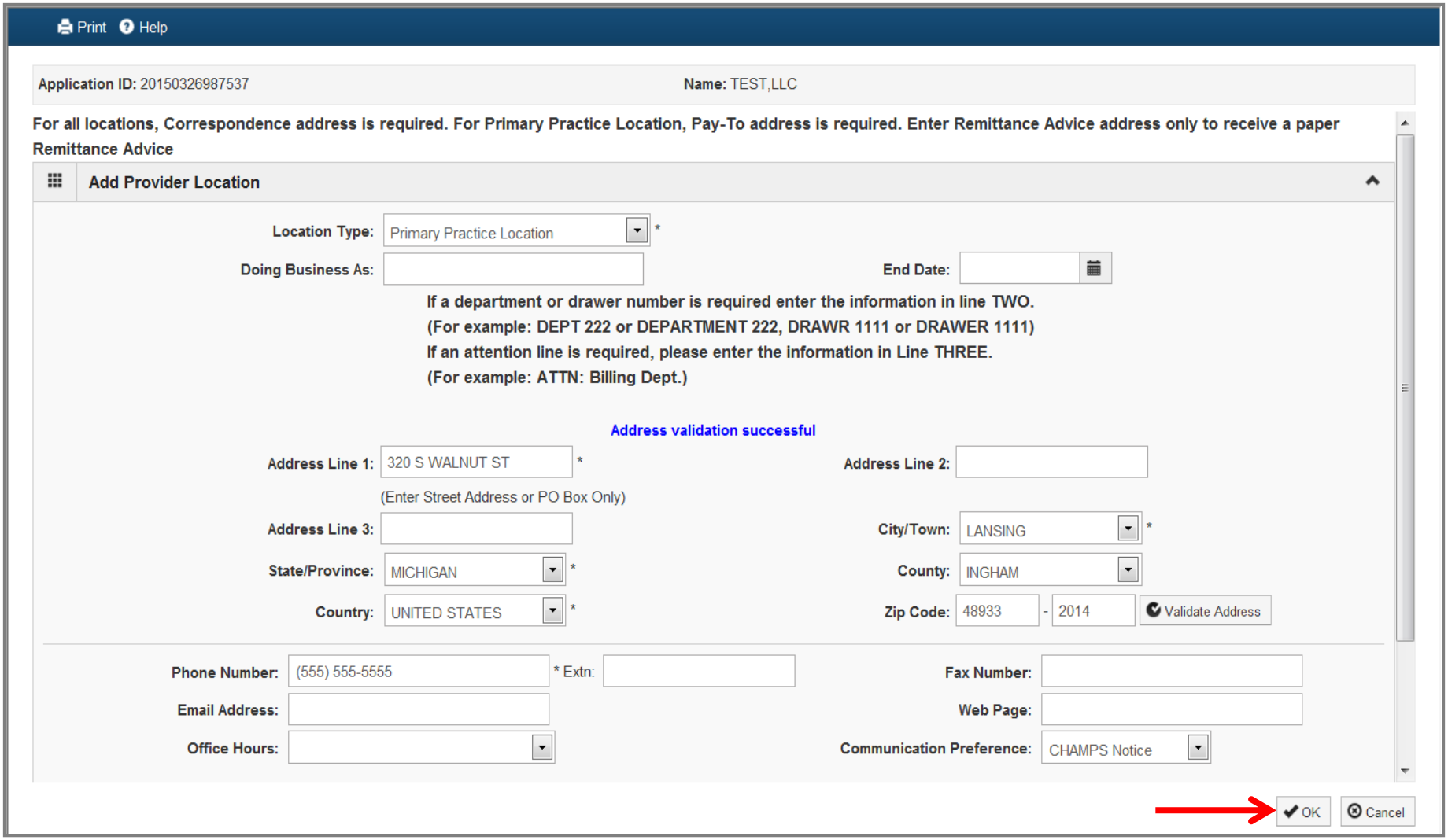
- All required steps will need to be completed in numerical order when submitting a new enrollment
- Continue with Step 2: Add Locations



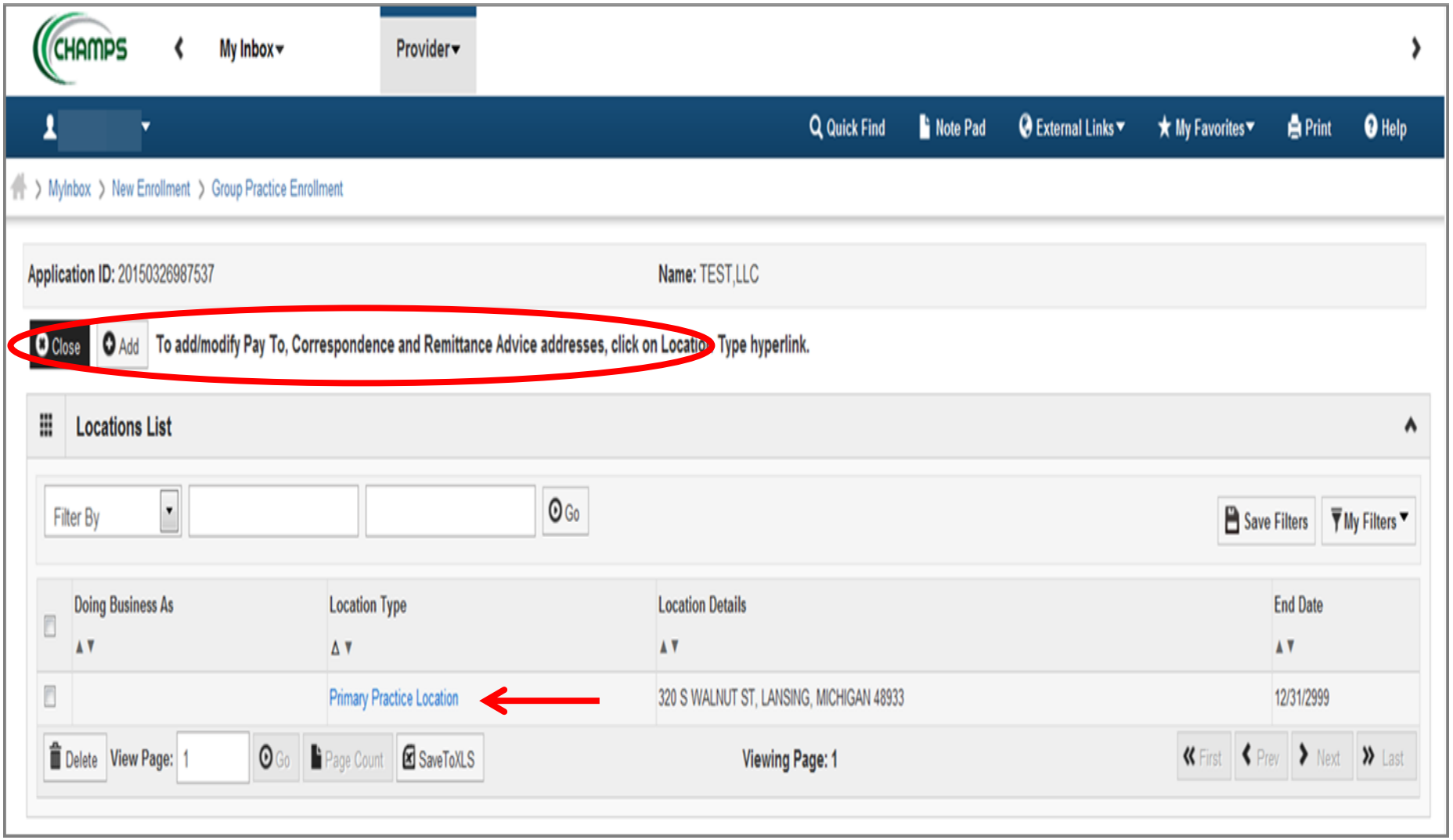
- Select “ADD” to enter Primary Location Information



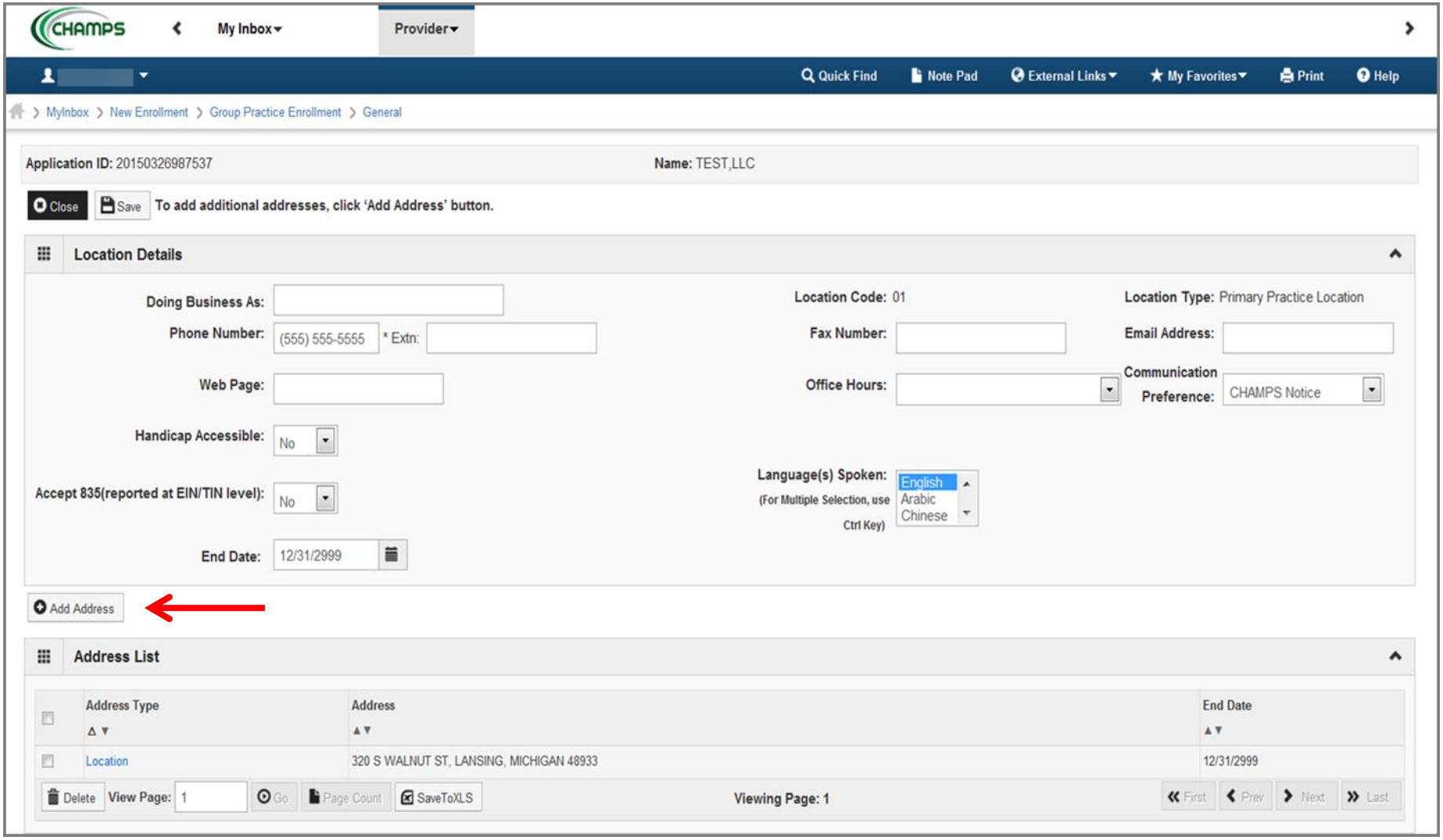
- Complete address line 1 and zip code fields
- Select “Validate Address” and the remaining information will populate after validating
- Phone number is a required field

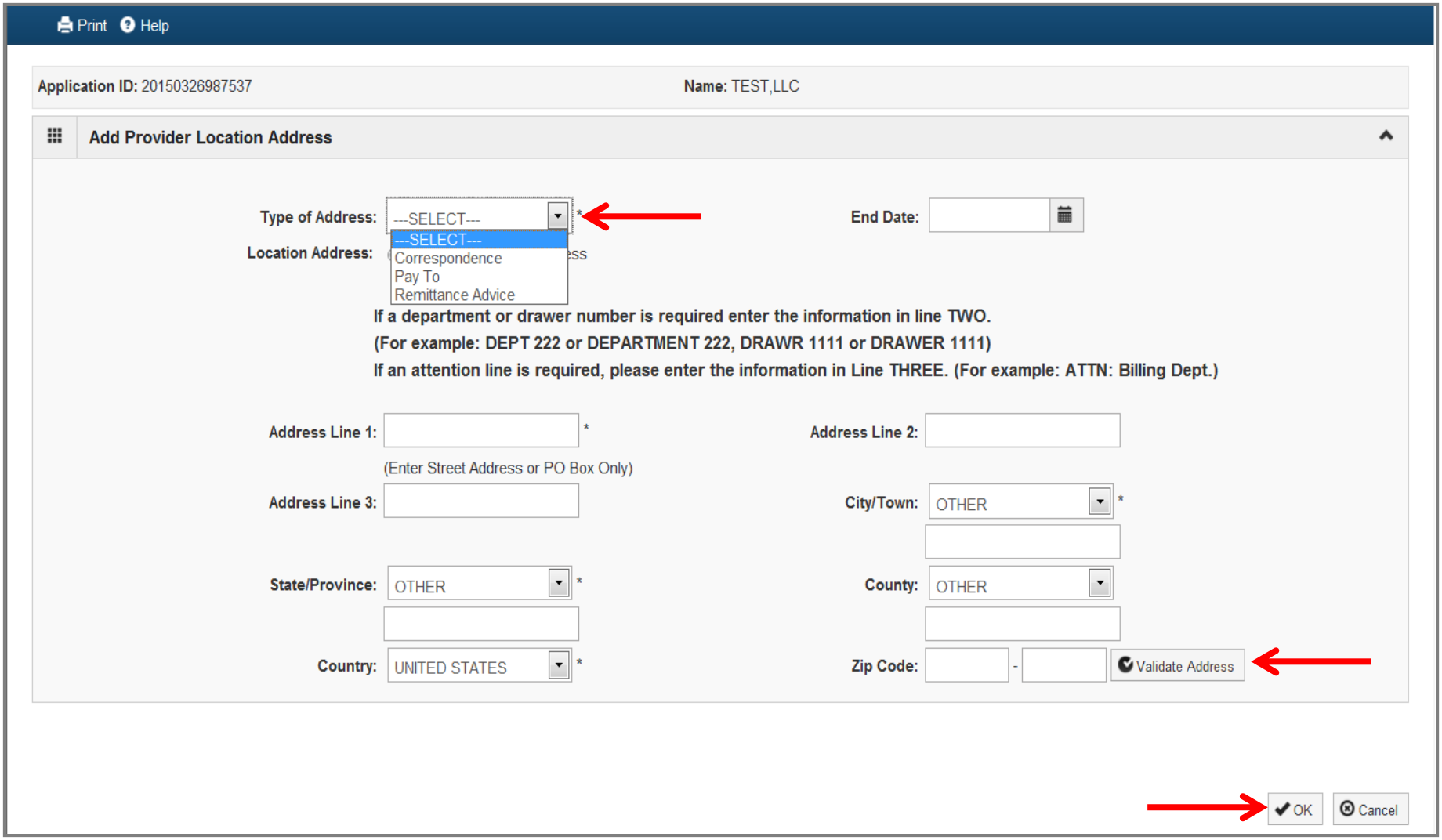


- Continue to complete all required Asterisk * fields
- When Primary Practice Location information is complete, select “OK” to proceed

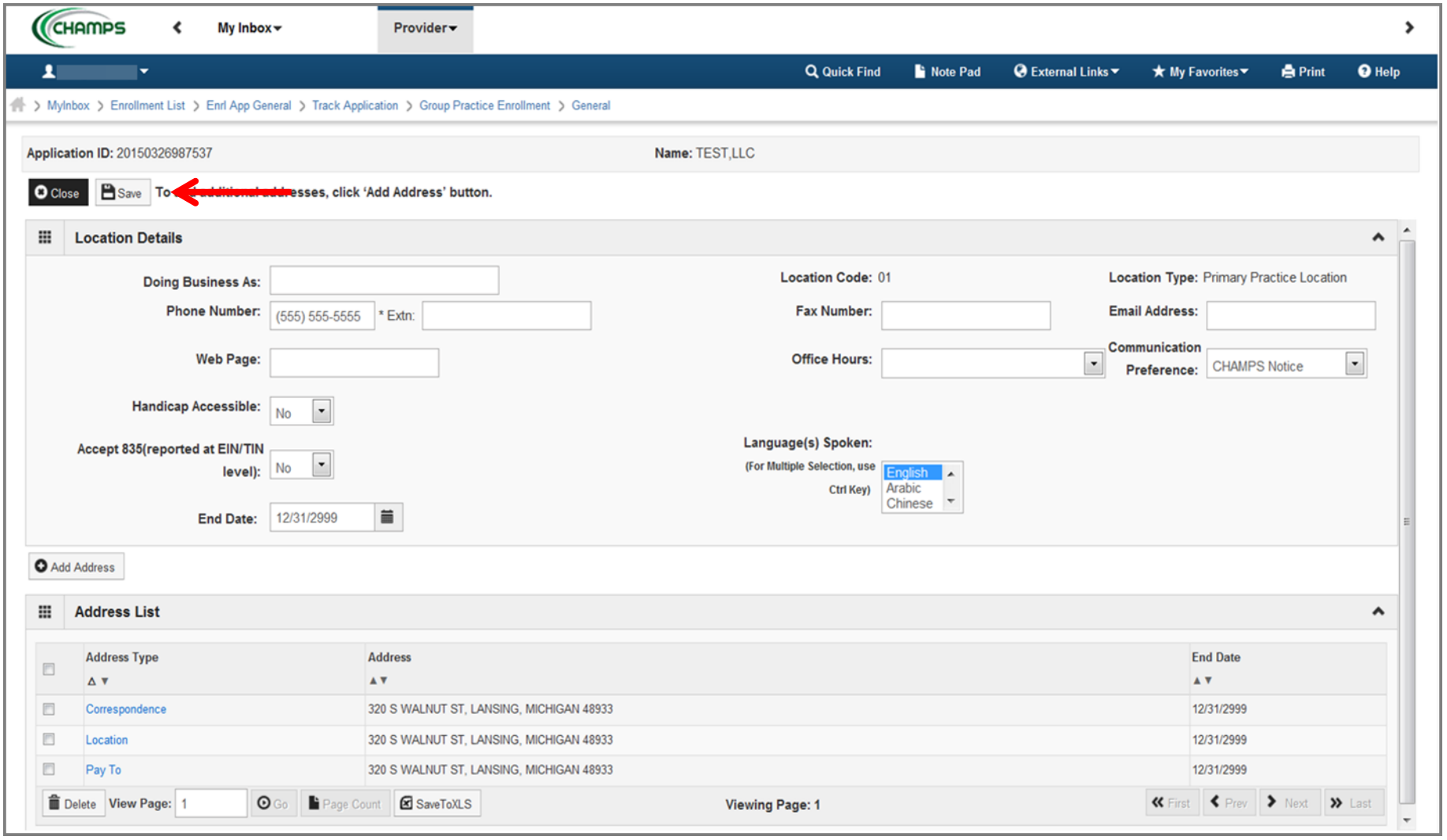


- Select the “Primary Practice Location” hyperlink to add Pay To, Correspondence, and Remittance Advice Address (add only if a Paper RA is needed by mail)

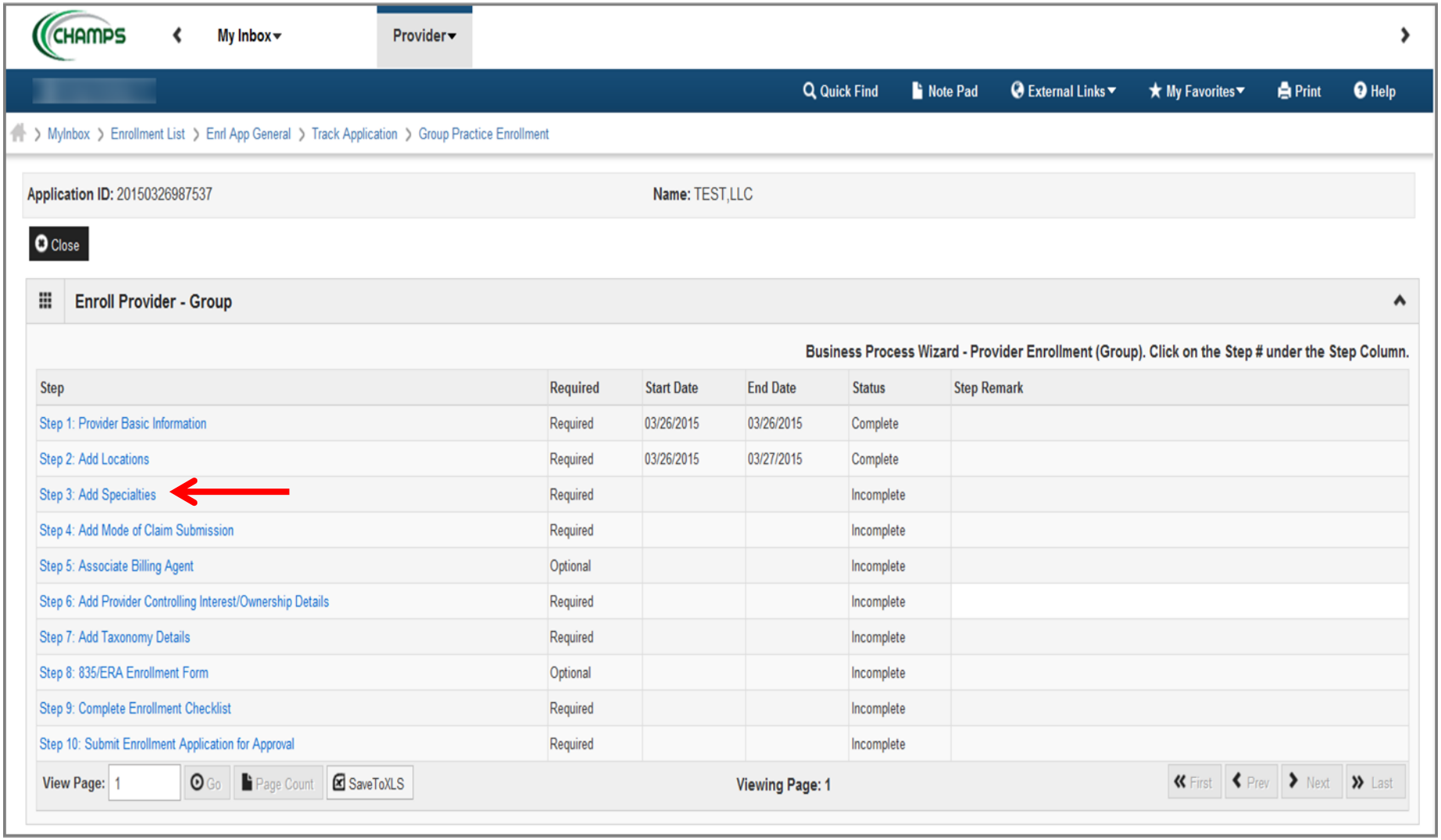

CHAMPS
My Inbox
Provider
Quick Find
Note Pad
External Links
My Favorites
Print
Help
MyInbox > New Enrollment > Group Practice Enrollment > General
Application ID: 20150326987537
Name: TEST,LLC
Close
Save
To add additional addresses, click 'Add Address' button.
Location Details
Doing Business As:
Location Code: 01
Location Type: Primary Practice Location
Phone Number: (555) 555-5555
* Extn:
Fax Number:
Email Address:
Web Page:
Office Hours:
Communication Preference: CHAMPS Notice
Handicap Accessible: No
Accept 835(reported at EIN/TIN level): No
Language(s) Spoken: English Arabic Chinese
(For Multiple Selection, use Ctrl Key)
End Date: 12/31/2999
Add Address
Address List
Address Type
Address
End Date
Location
320 S WALNUT ST, LANSING, MICHIGAN 48933
12/31/2999
Delete
View Page: 1
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last



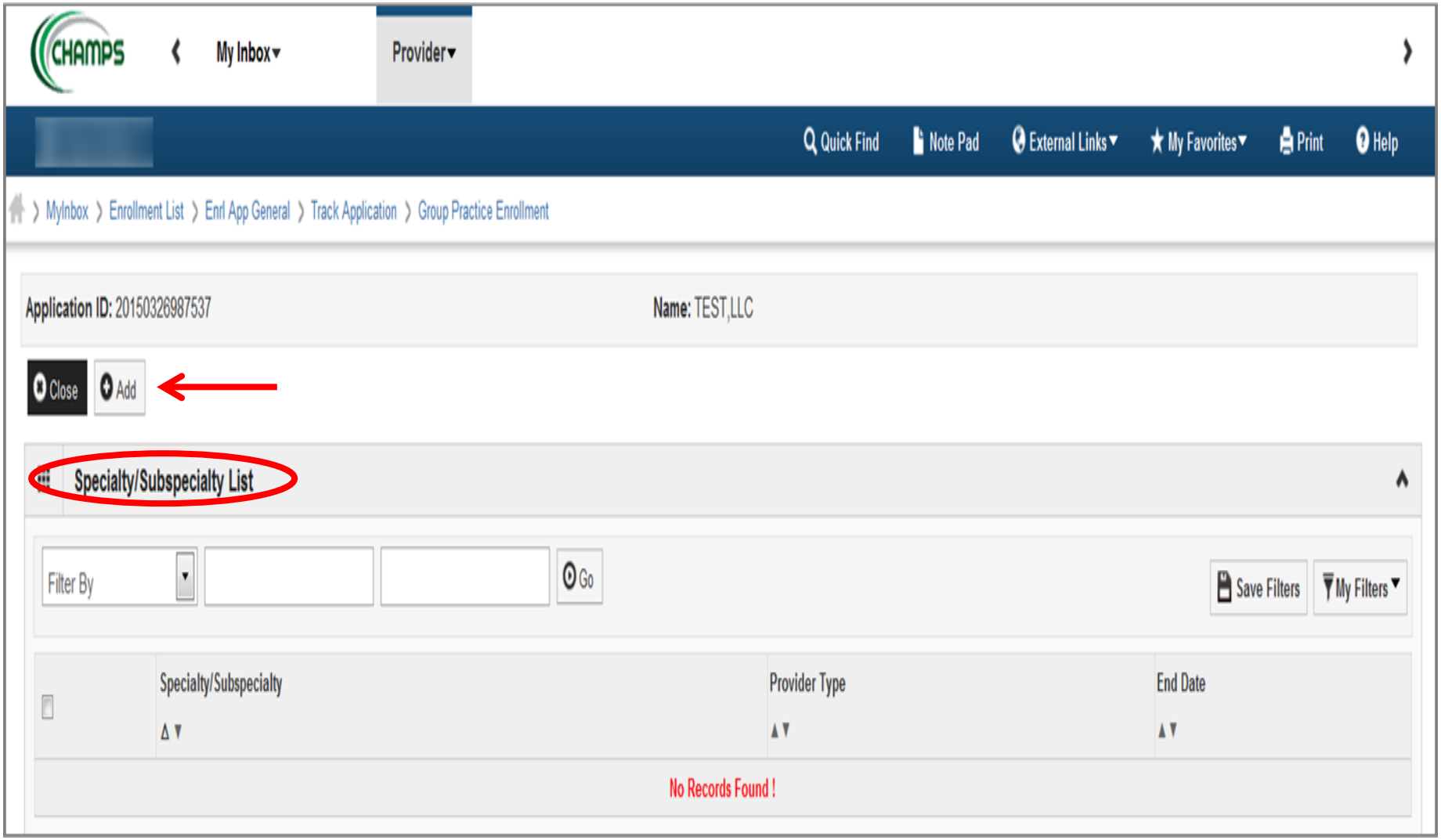
- From the drop-down menu, select Type of Address and enter all required fields
- Select “Validate Address”
- Select “OK” to proceed



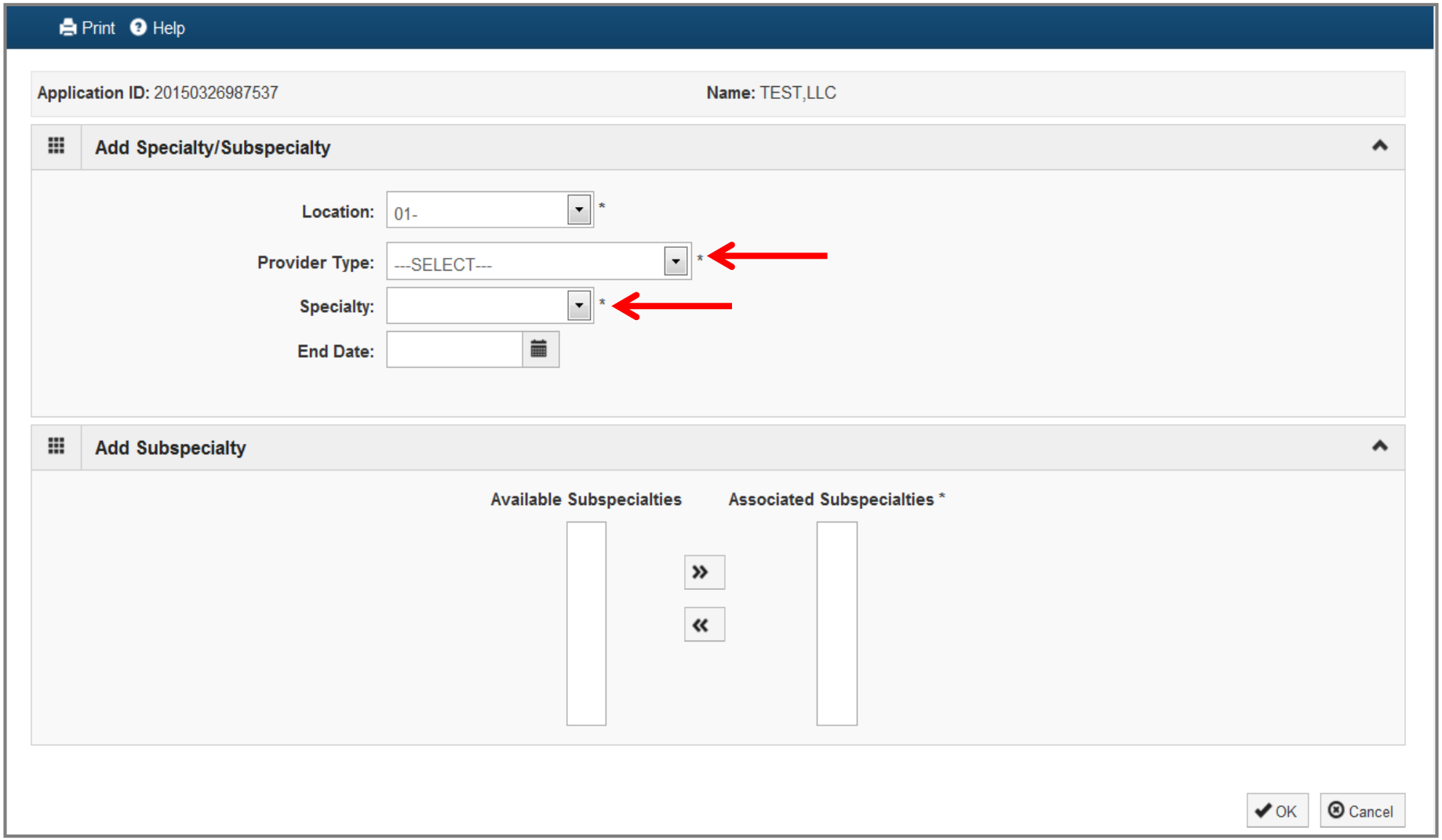
- When all location addresses have been added, select “Save” then “Close” to continue



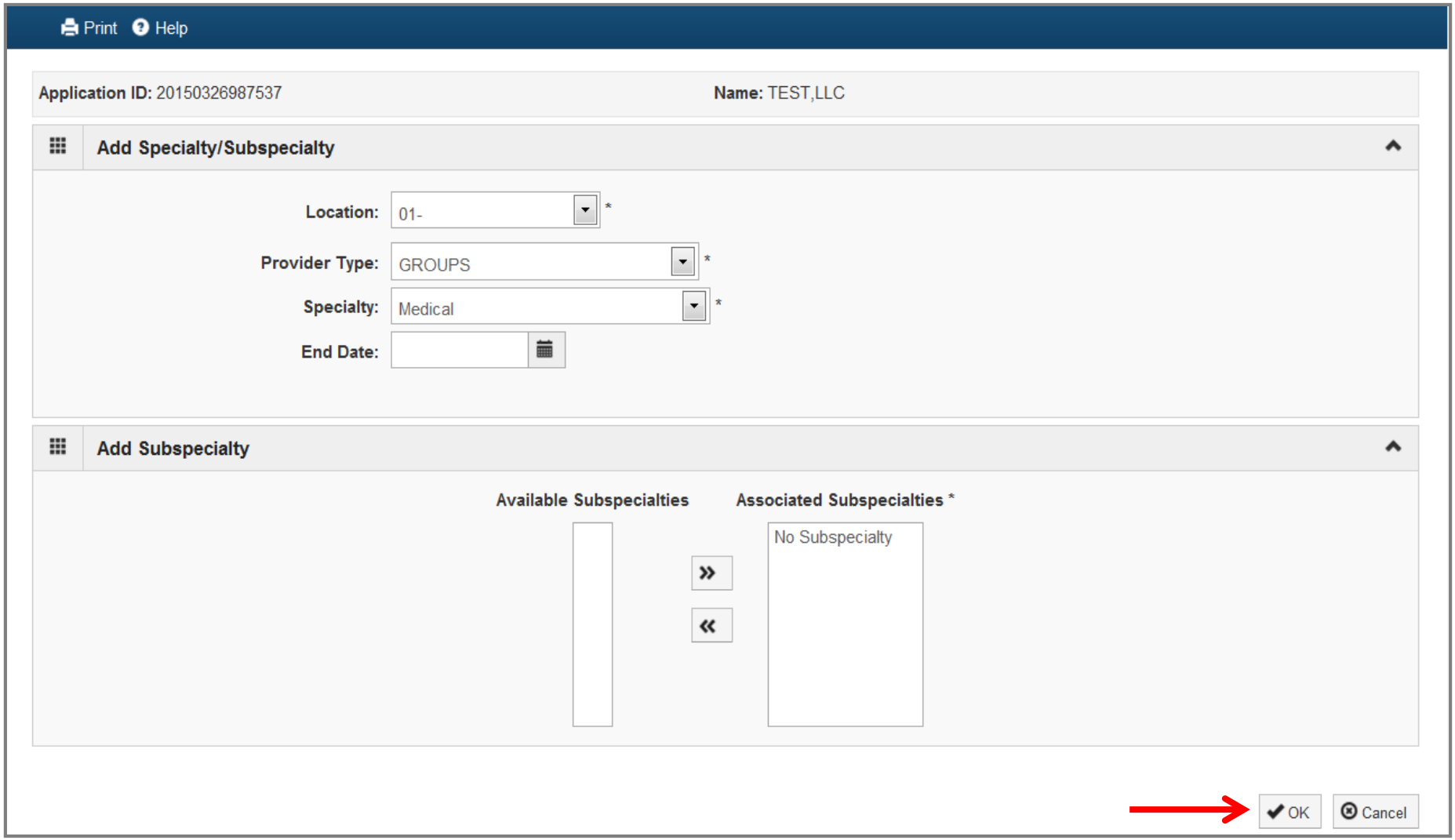
- Continue to Step 3 to add Specialties for a provider



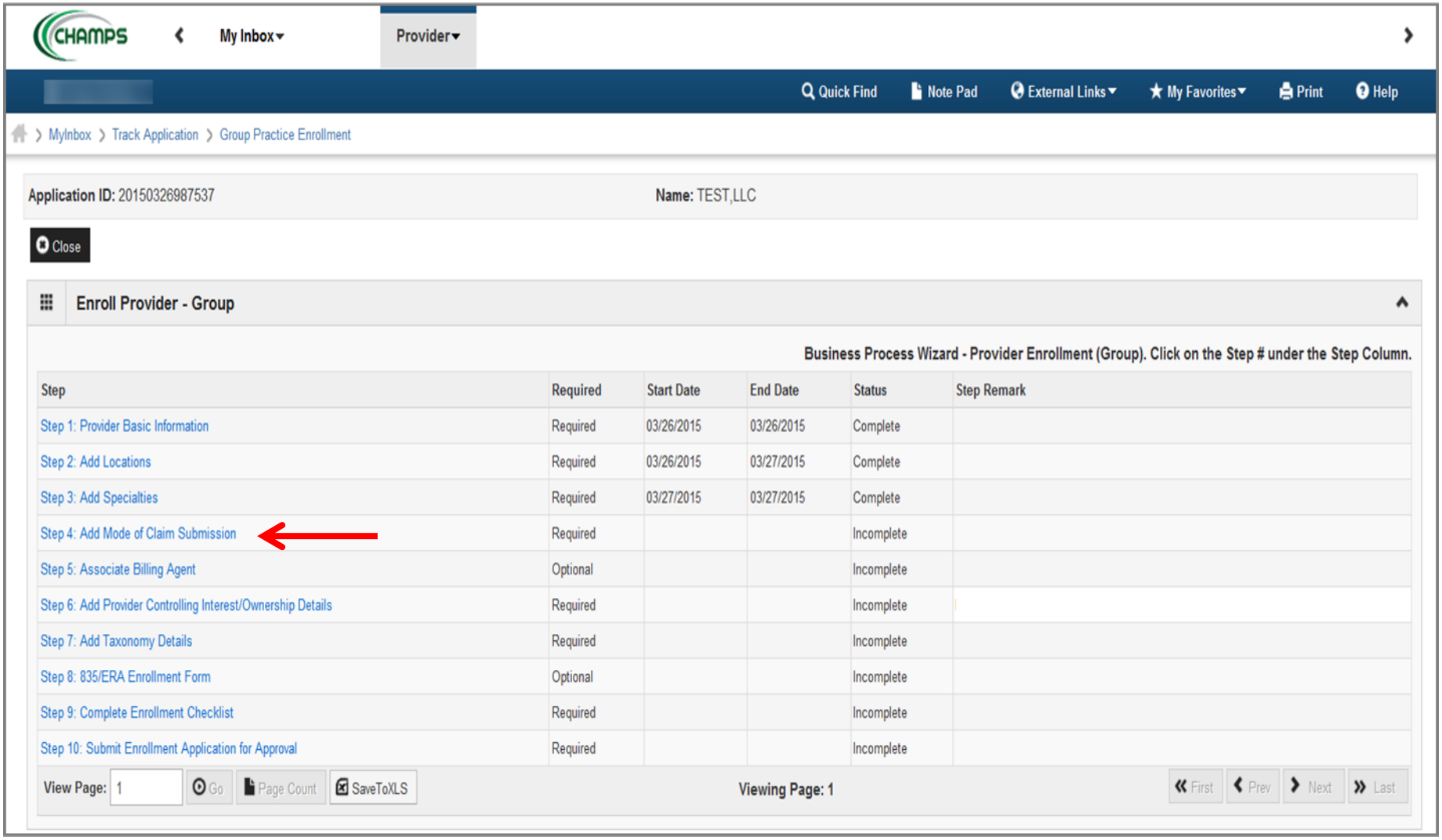
- Select “Add” to enter Specialty Information



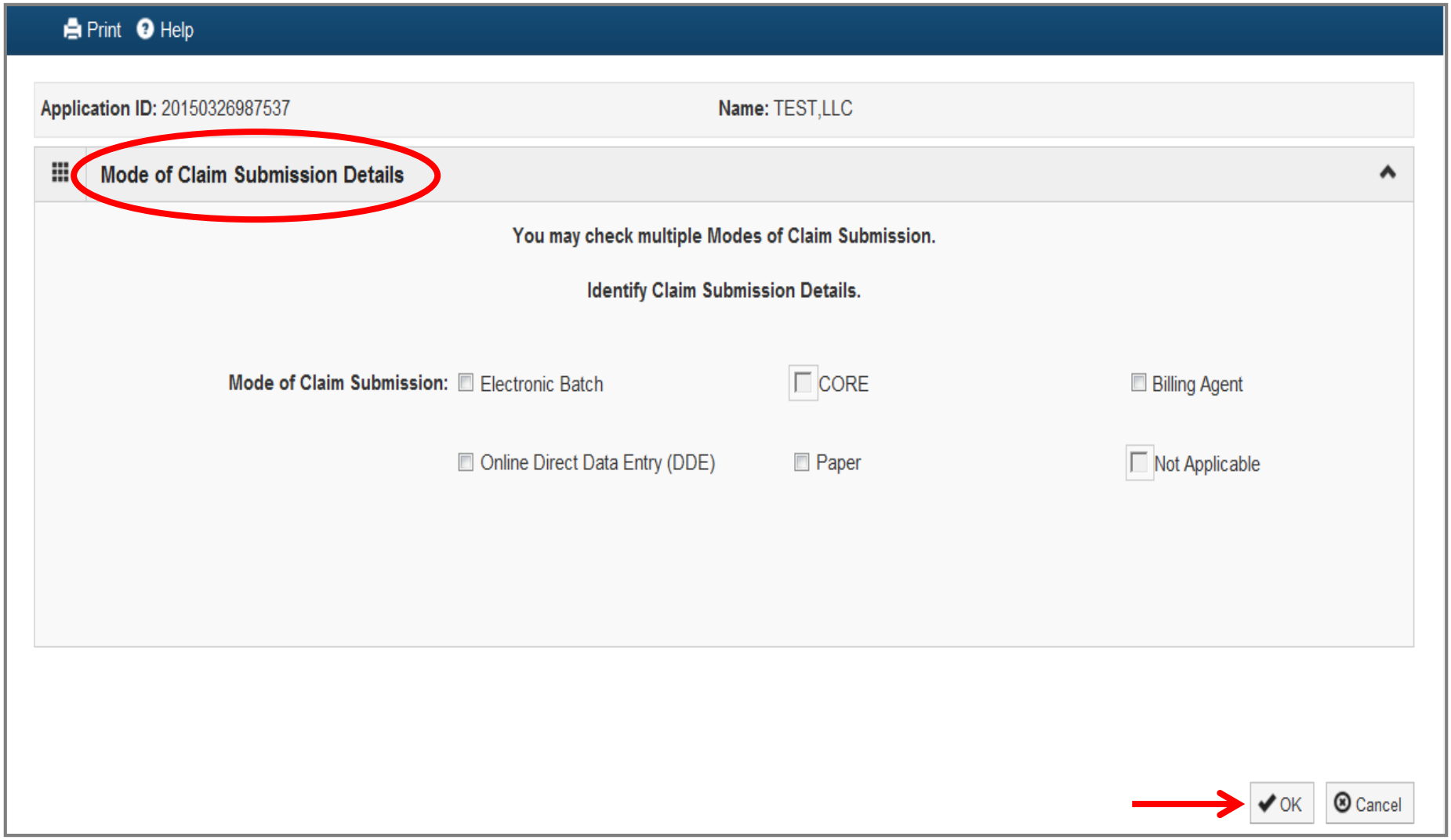
- From the drop-down menu, select both Provider Type and Specialty.



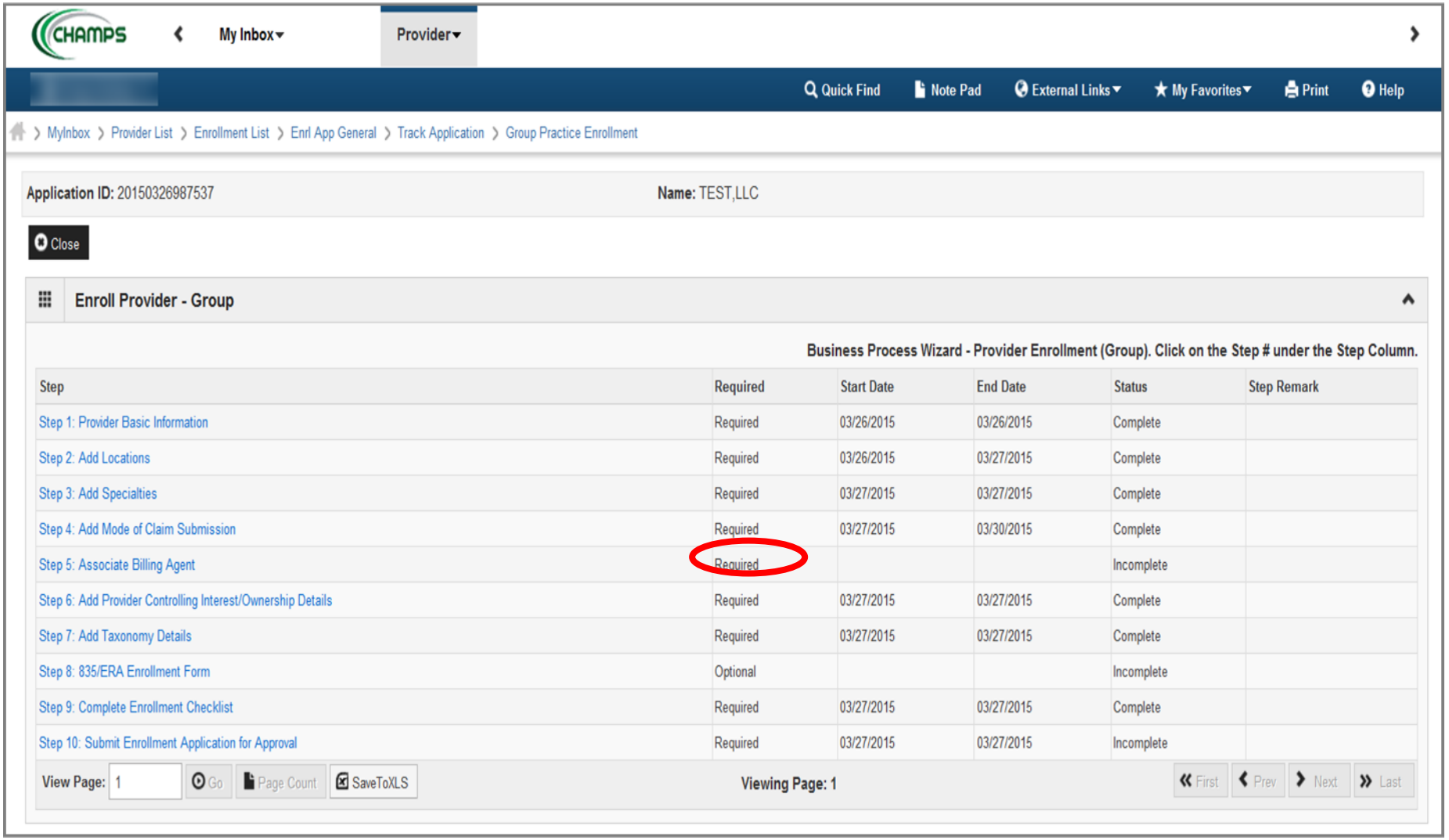
- Select “OK” to proceed



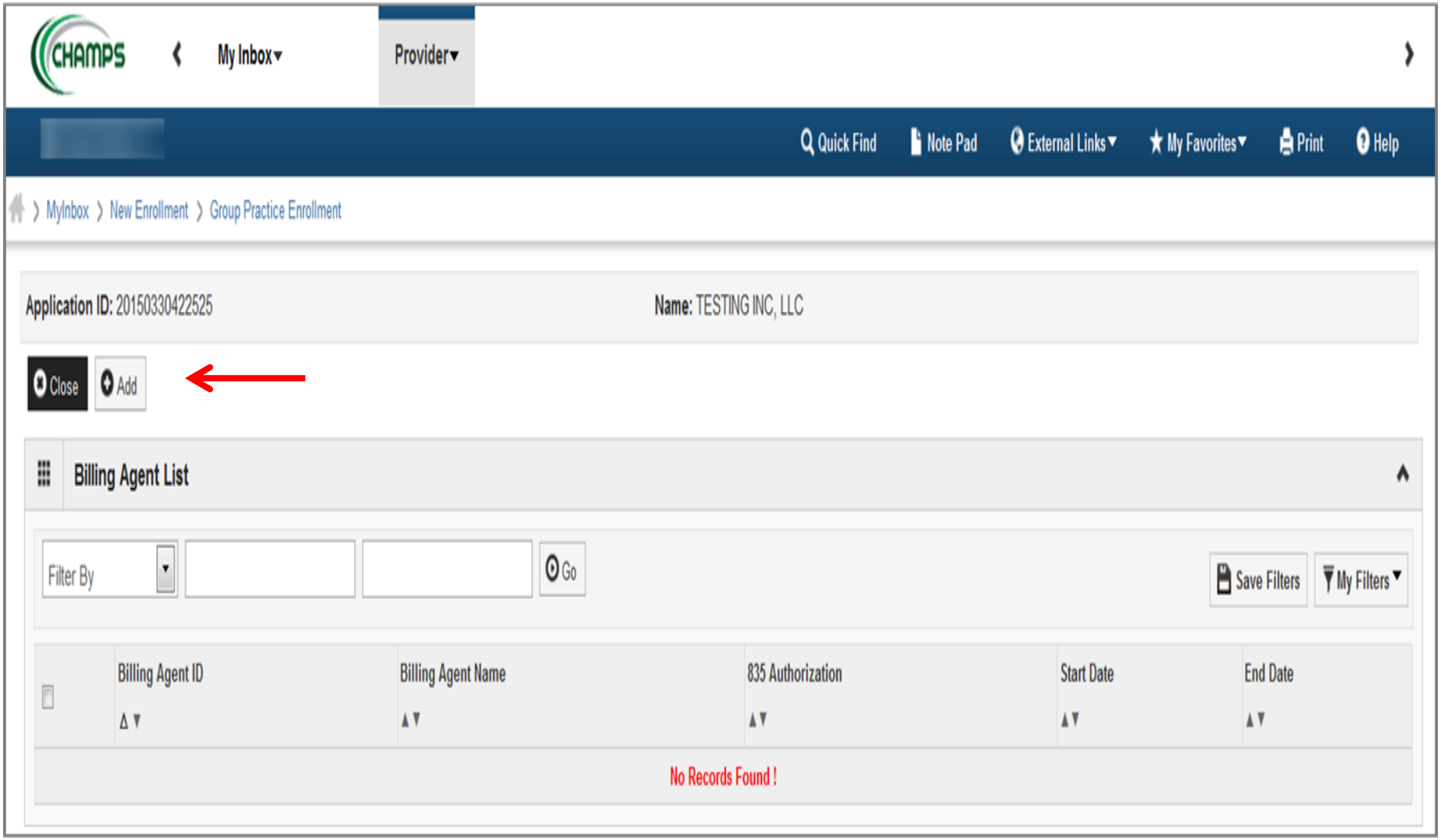
- Continue to Step 4 - Add Mode of Claim Submission



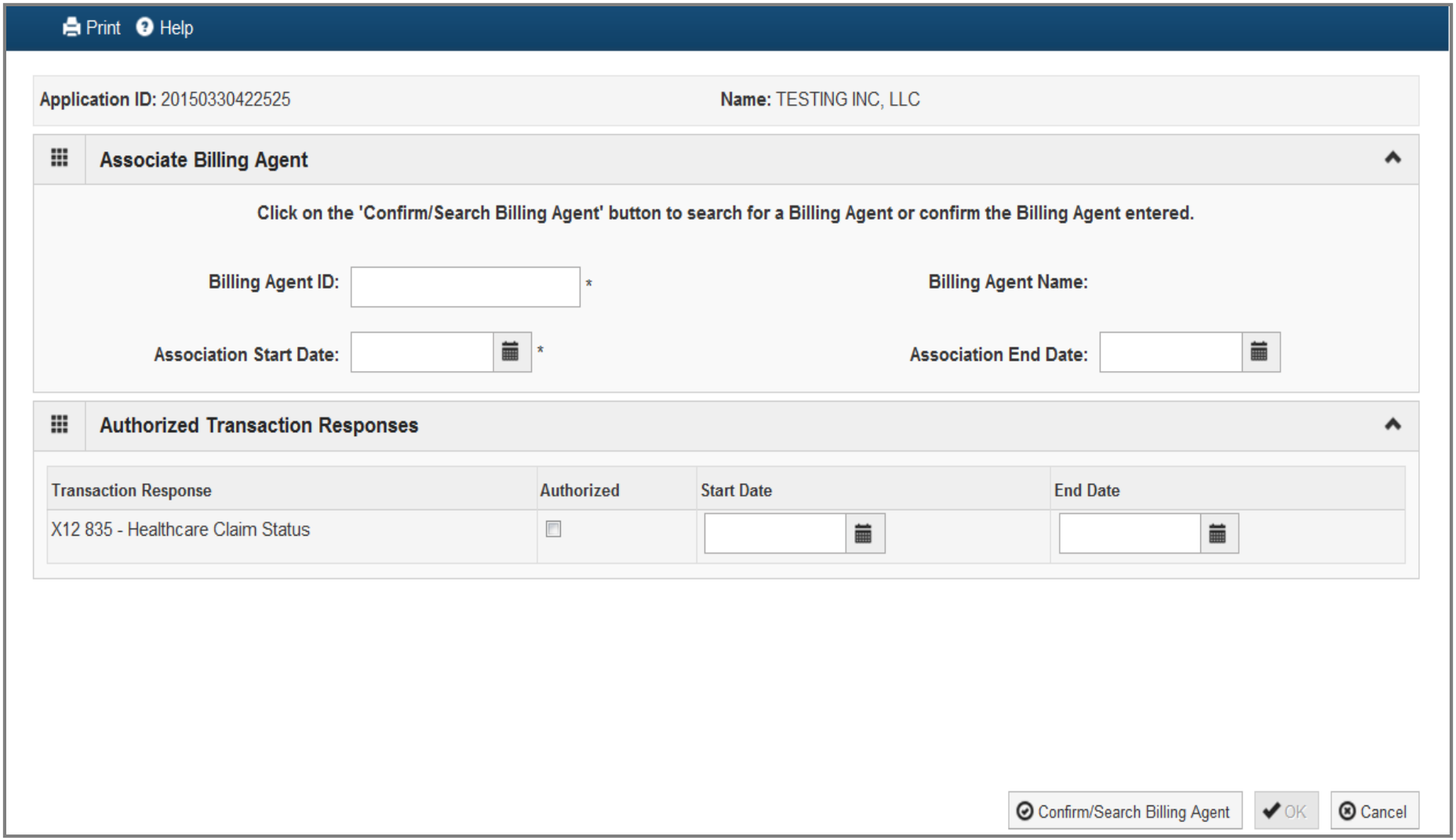
- Select all Modes of Claim Submission for your practice and select “OK” to proceed



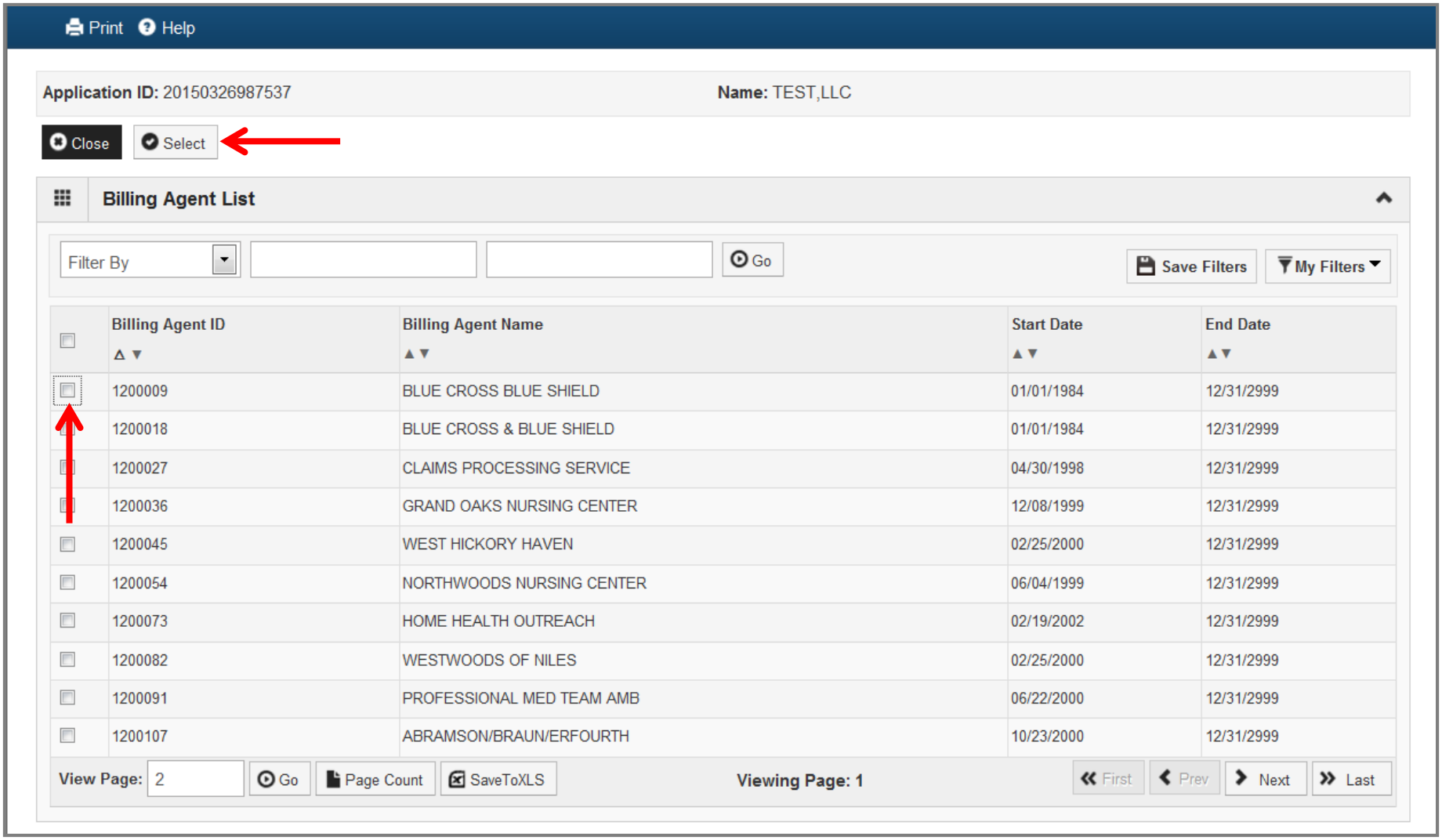
- If you select “Billing Agent” within Step 4, both Add Mode of Claim Submission and Step 5 - Associate Billing Agent are required



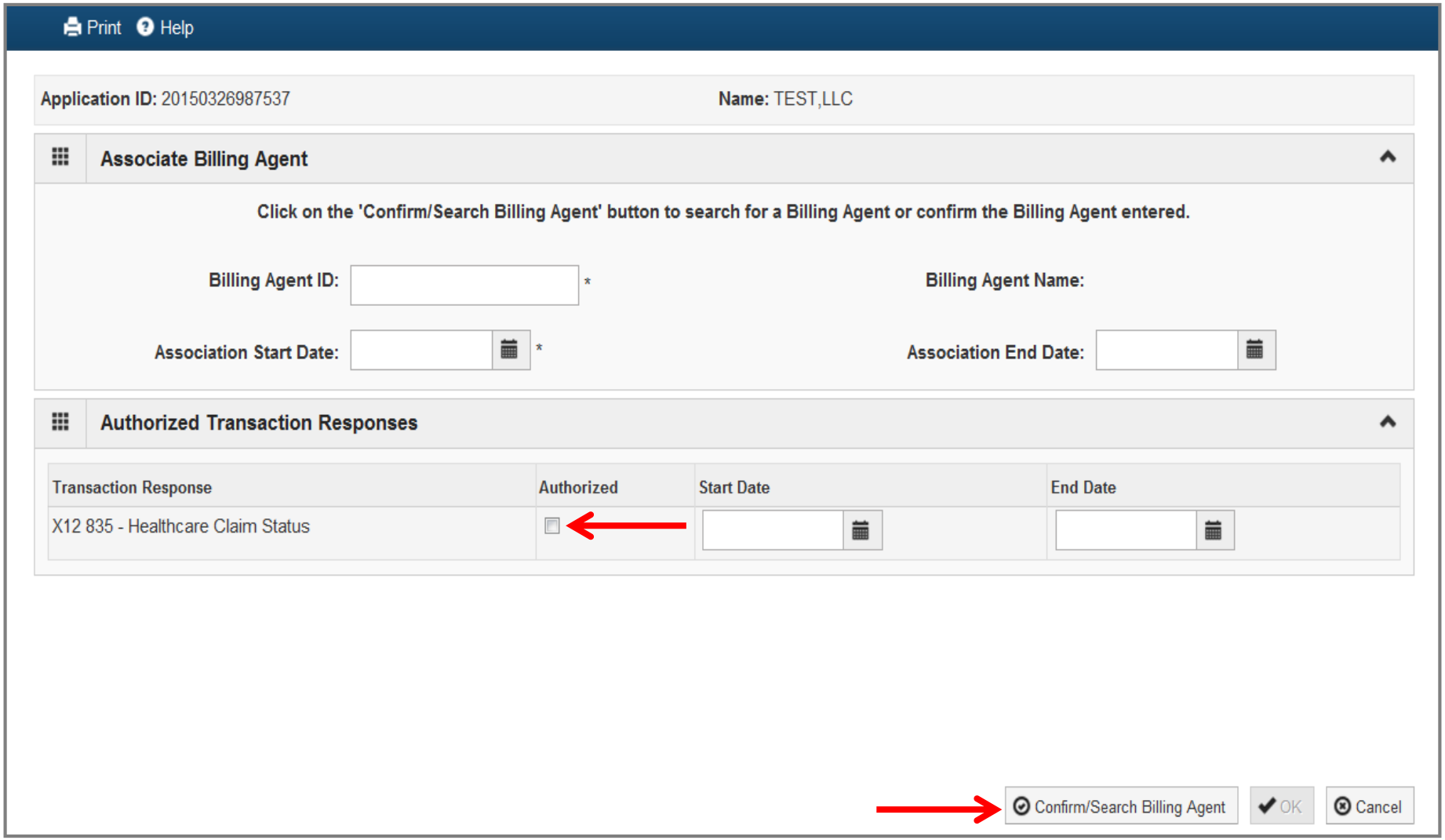
- Select “Add” to enter your Billing Agent



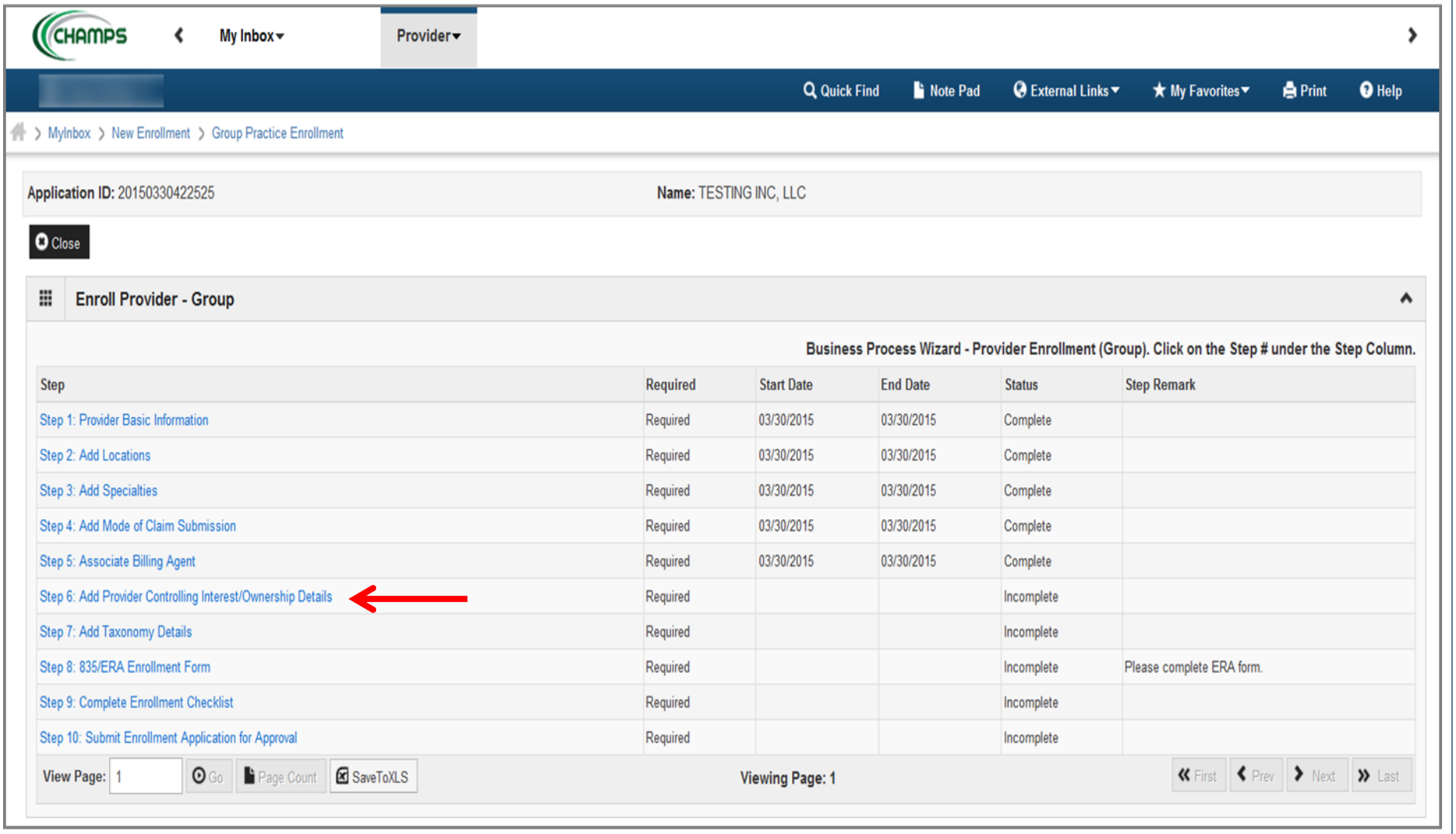
- Select “Confirm/Search Billing Agent” to choose your Billing Agent



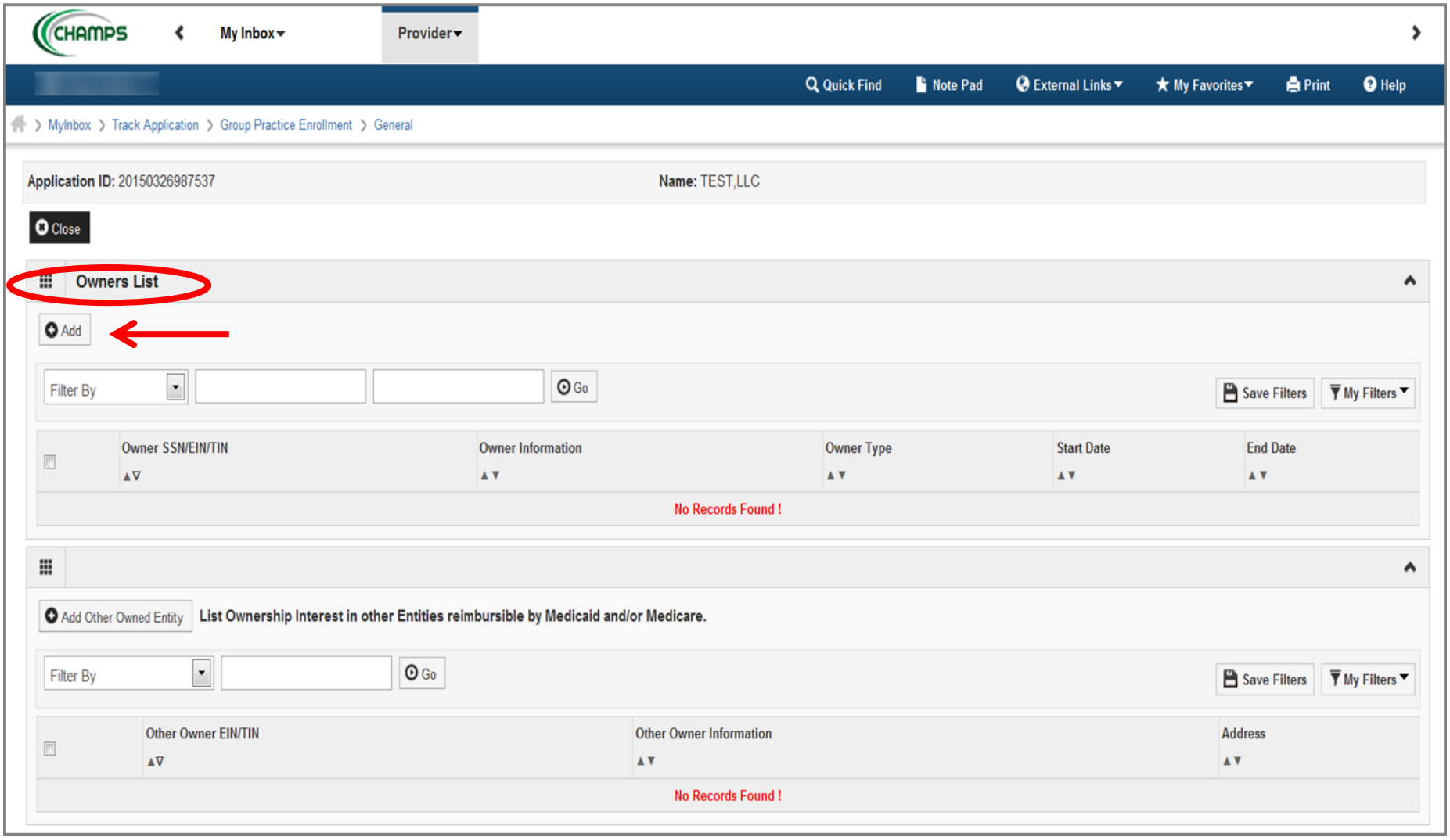
- Choose your Billing Agent by clicking the box next to your choice, then “Select”



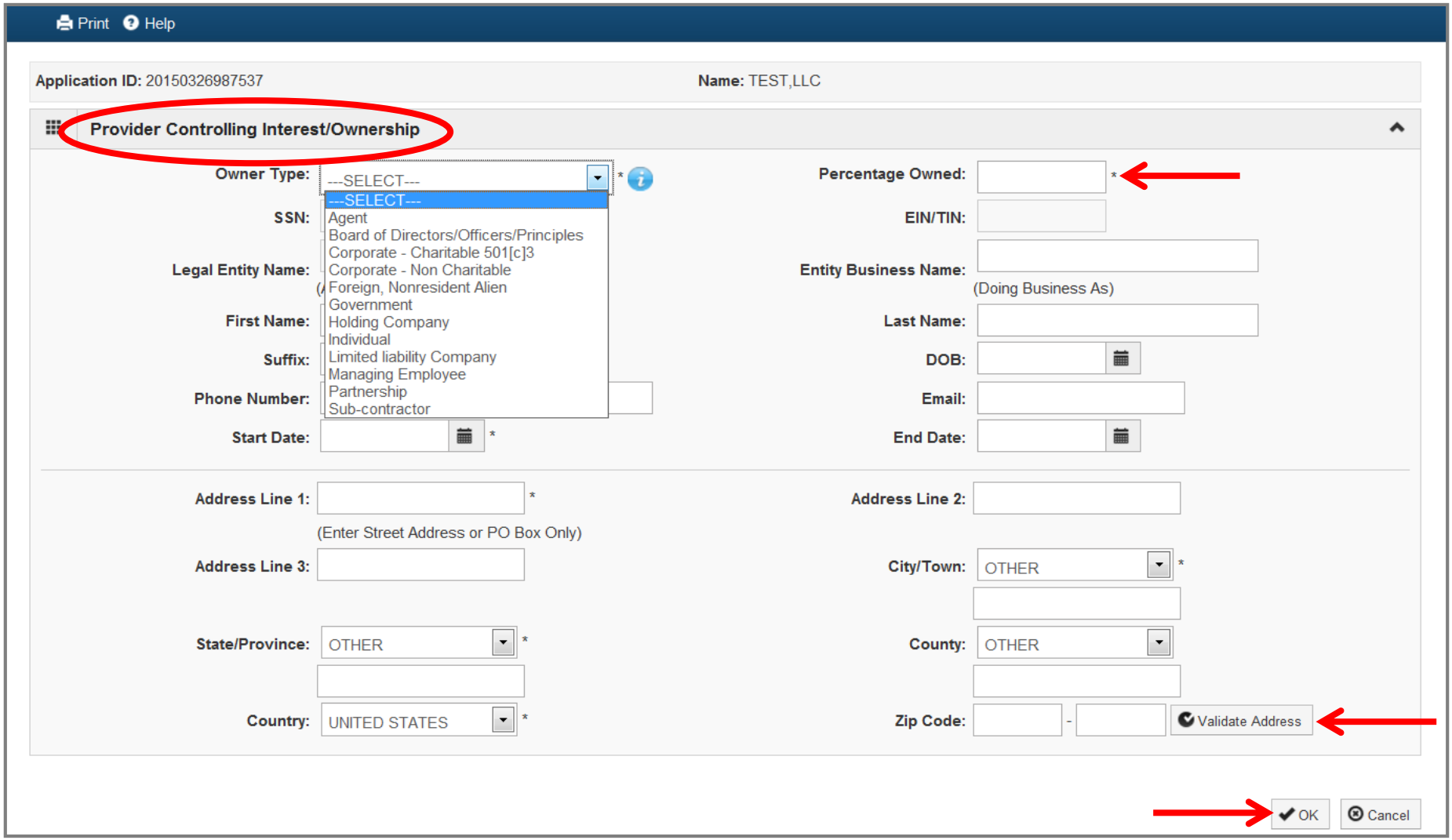
- Select the authorize box for the 835 Healthcare Claim Status and ensure a start and end date and has been entered
- Select “Ok” to proceed



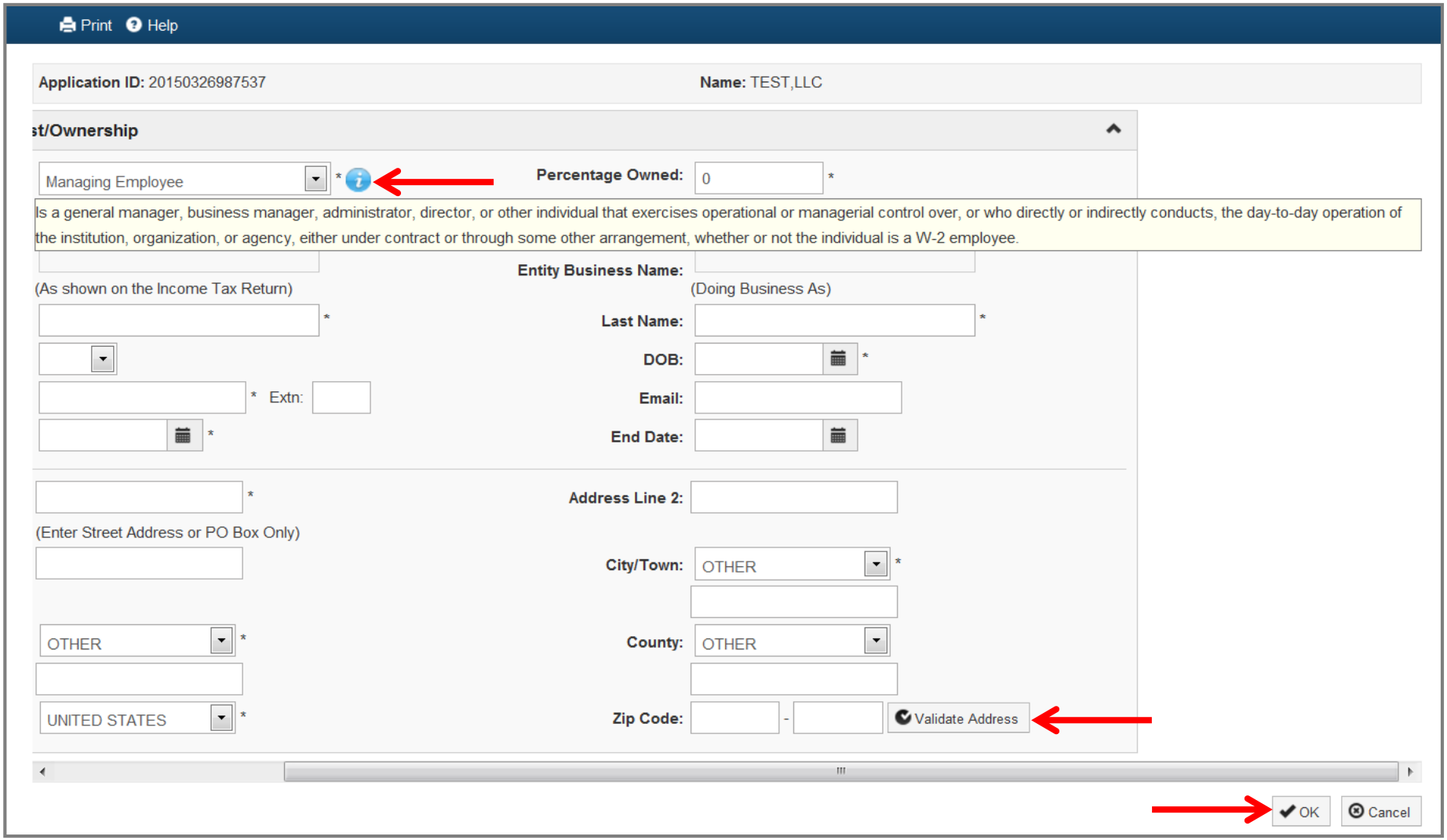
- Continue to Step 6 - Add Provider Controlling Interest/Ownership Details



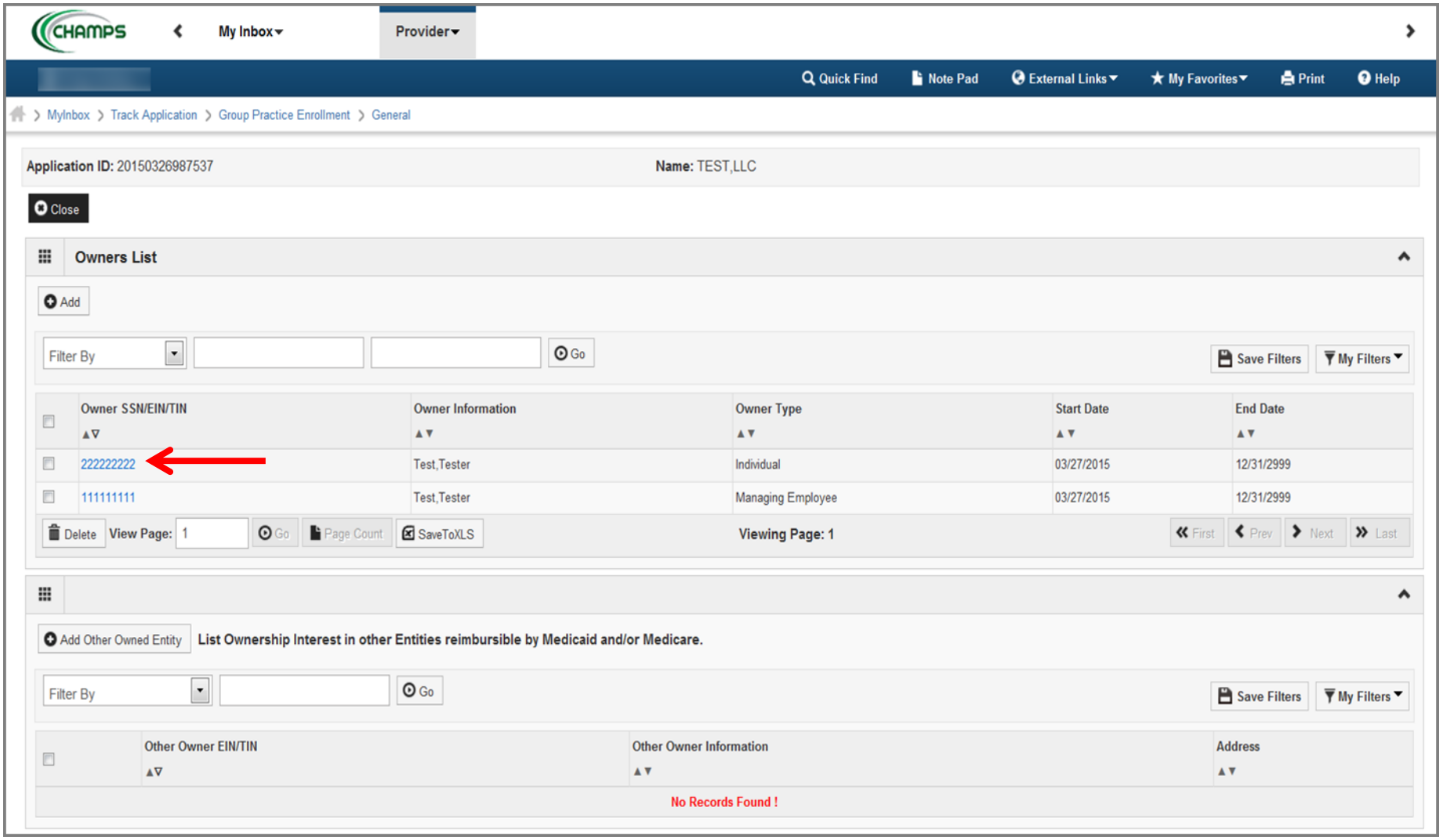
- Select “Add” to enter owners



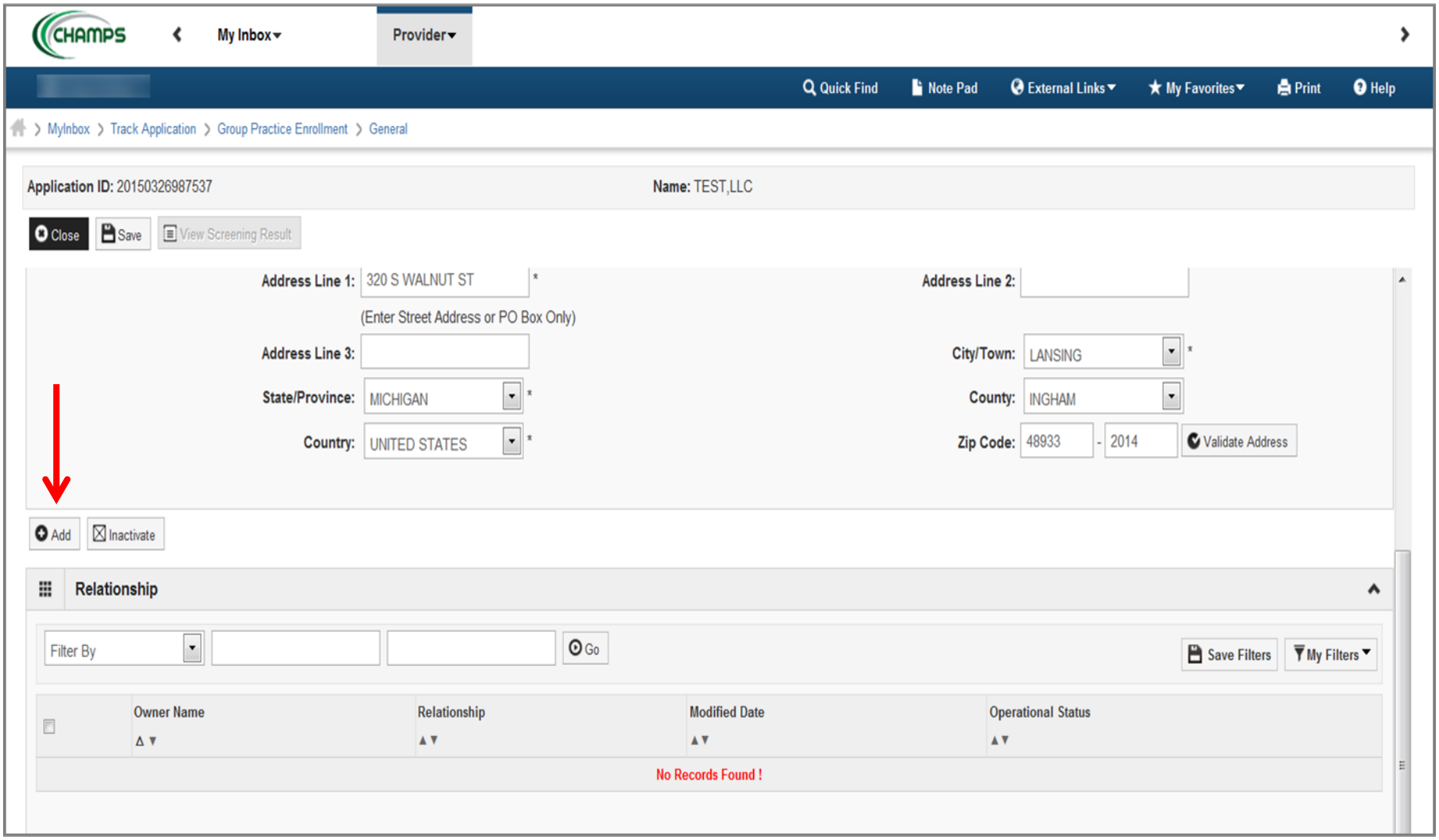
- Select the Owner Type and input Percentage Owned by selected Owner
- Complete all required asterisk * fields
- Select “Validate Address”
- Select “Ok” to proceed



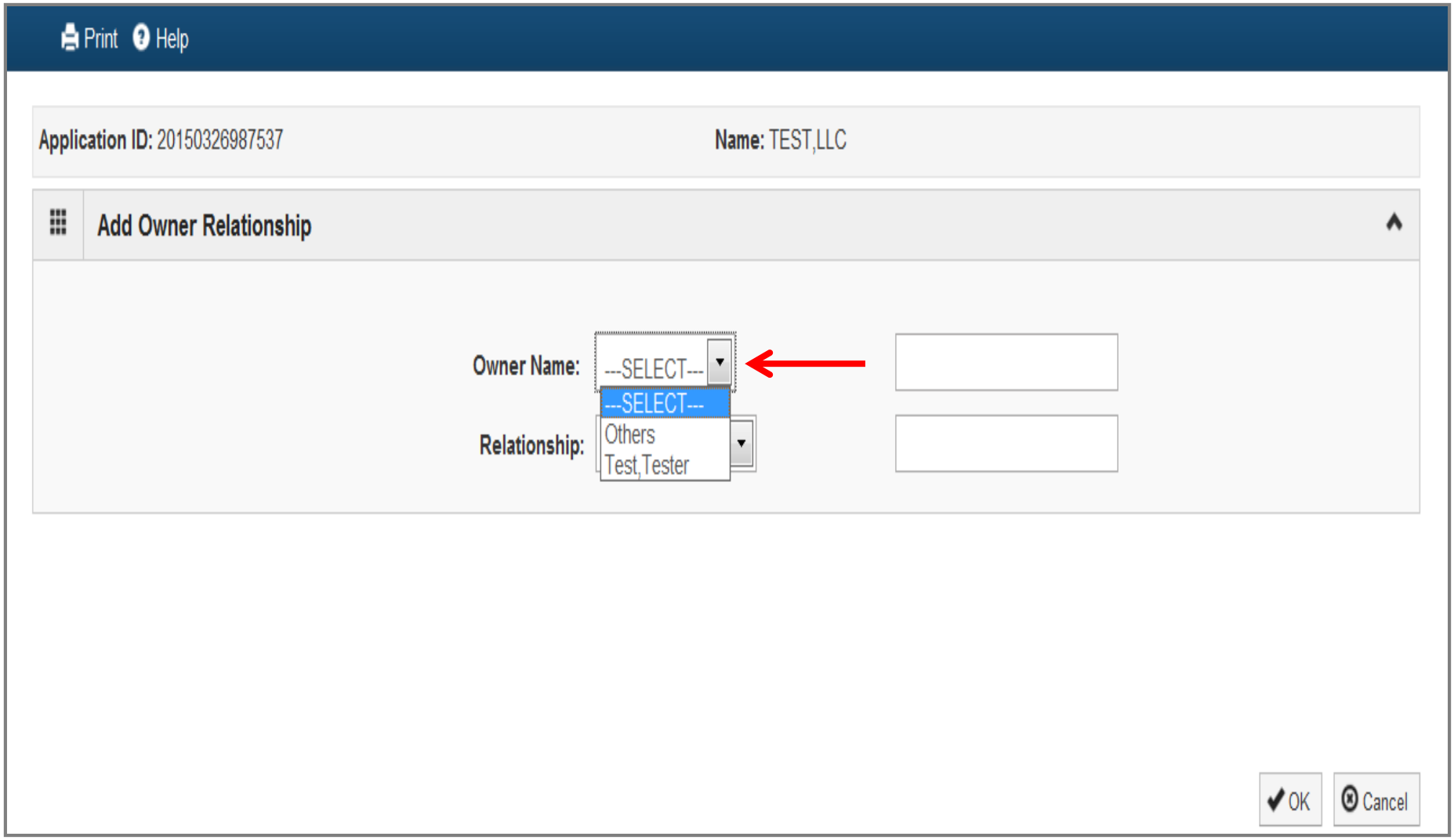
- Managing Employee information **must** be completed
- Select “Validate Address”
- Select “OK” to proceed



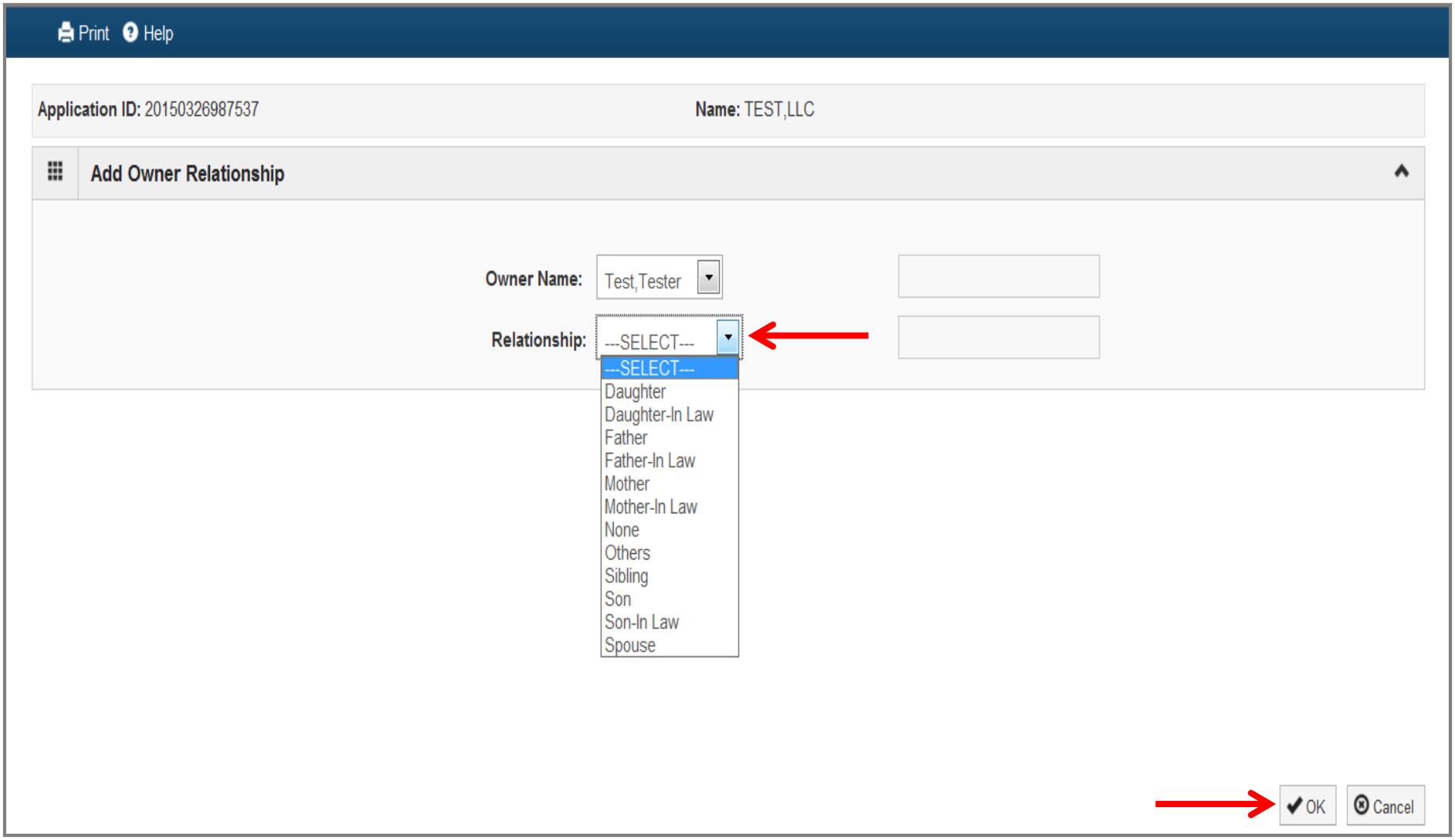
- Select the Owner ID hyperlink to continue the Ownership Details
- This process must be completed for all Owners listed



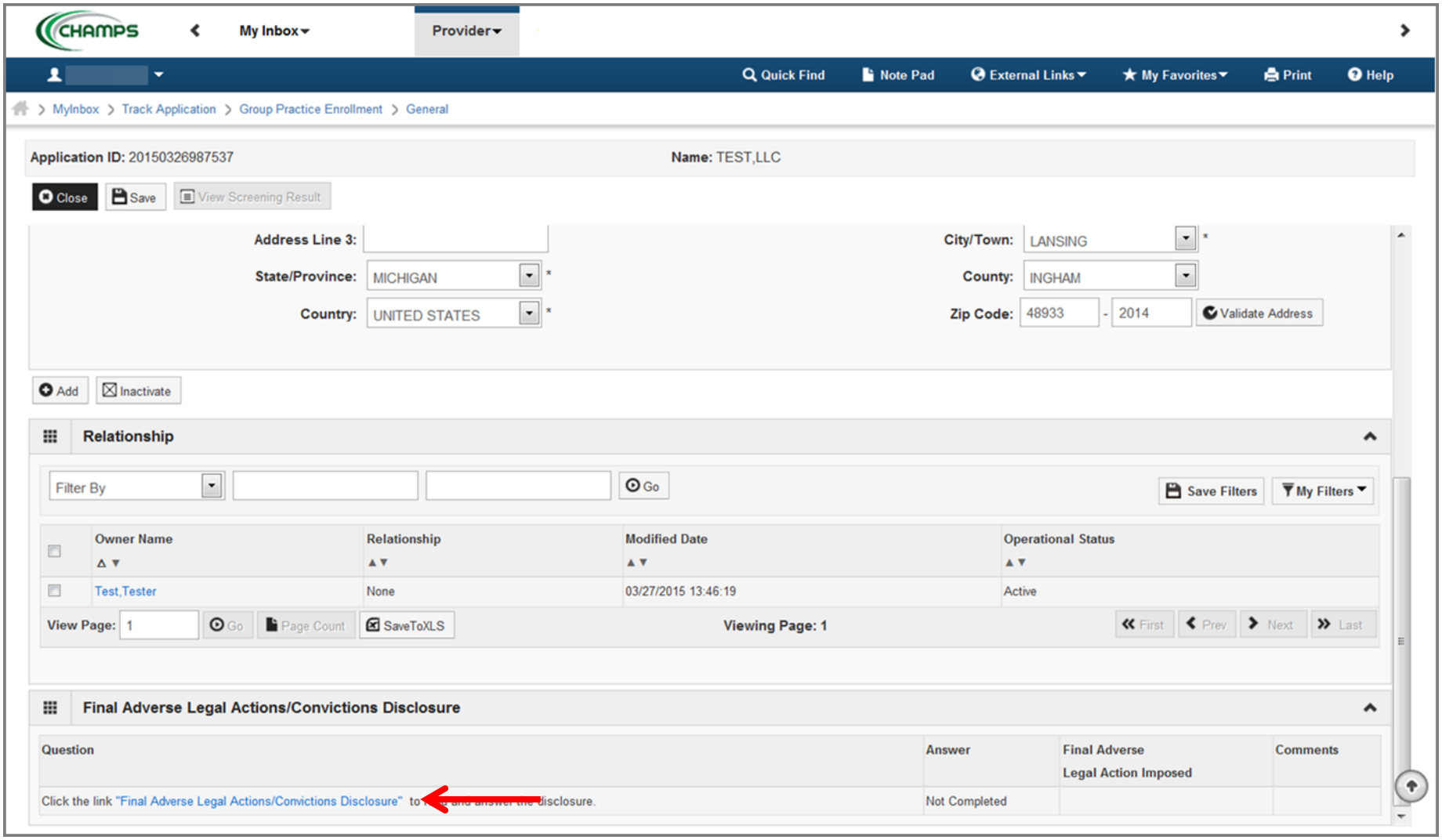
- Select “Add” to proceed



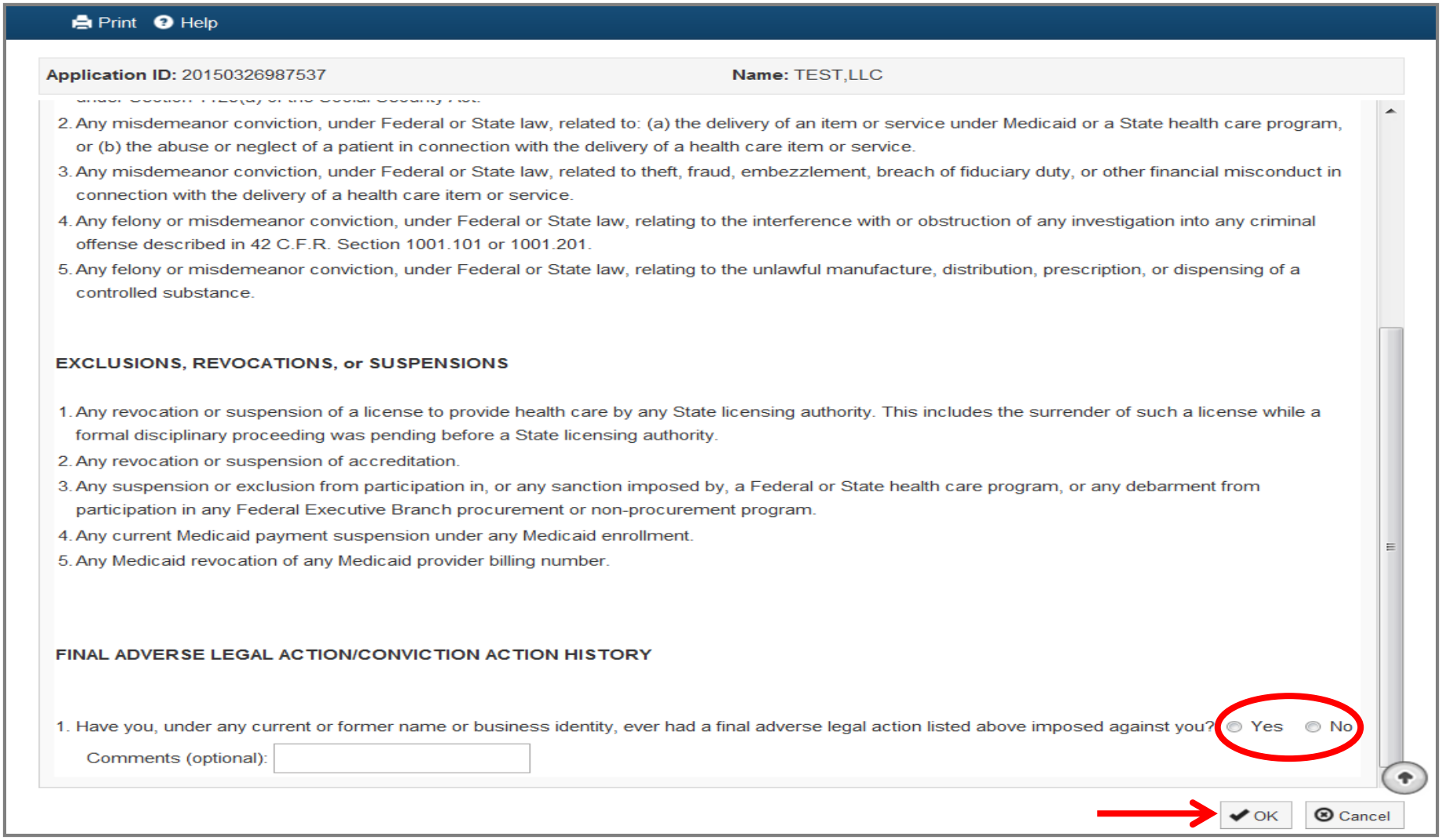
- Select the Owner Name from the Drop-down Menu



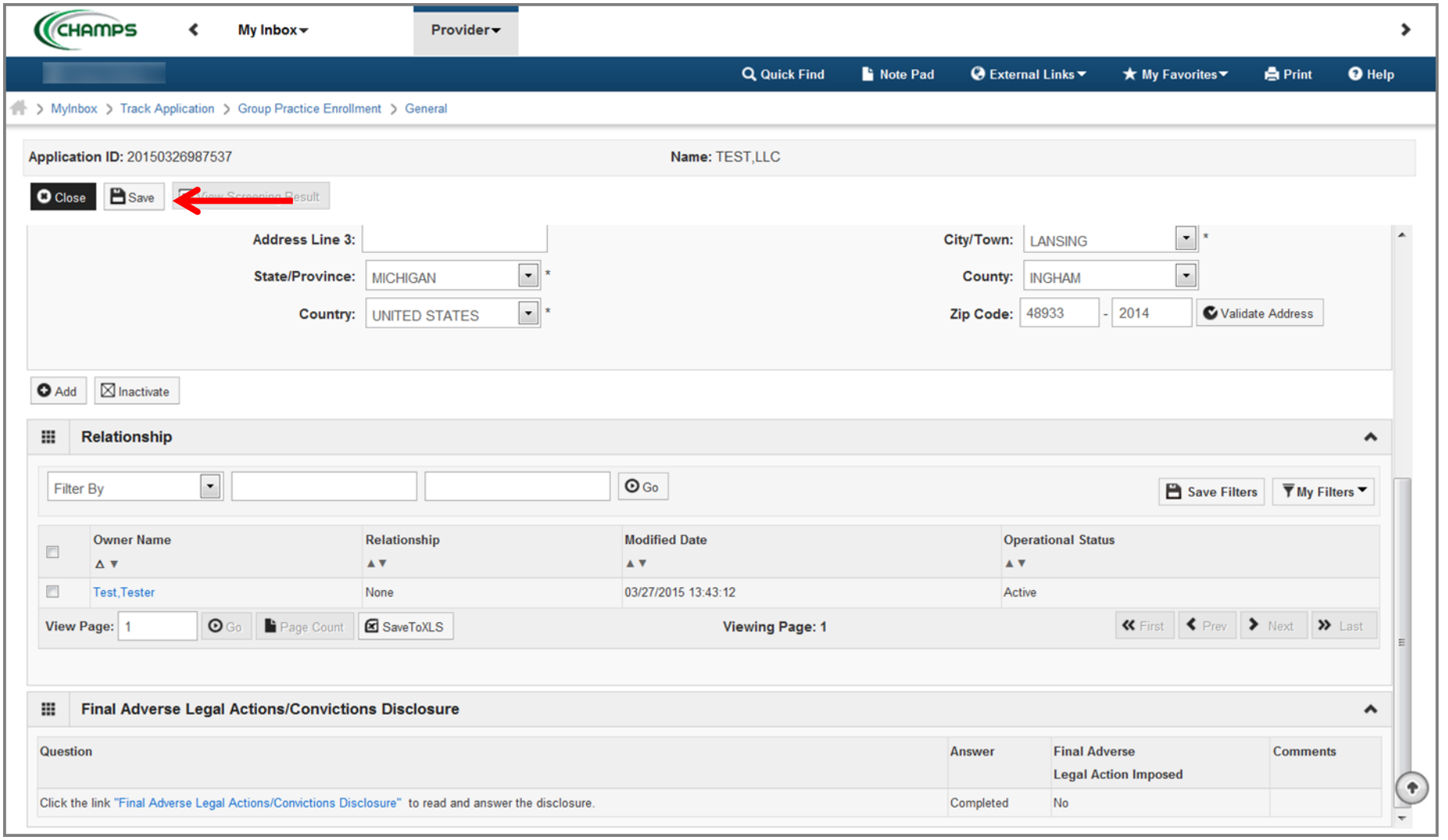
- Select the Relationship from the Drop-down Menu and click “Ok” to proceed



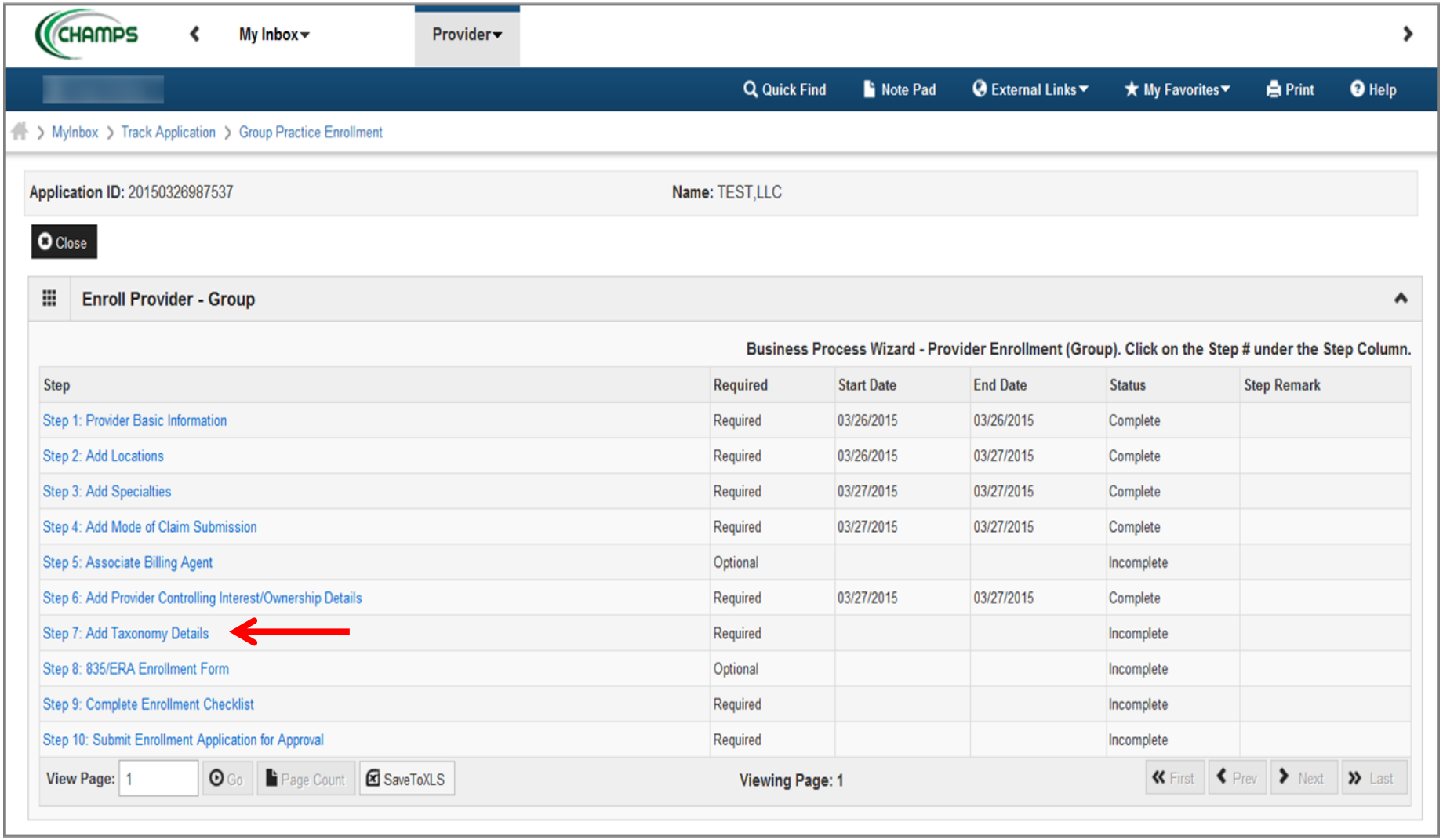
- Select the “Final Adverse Legal/Action/Convictions Disclosure” hyperlink



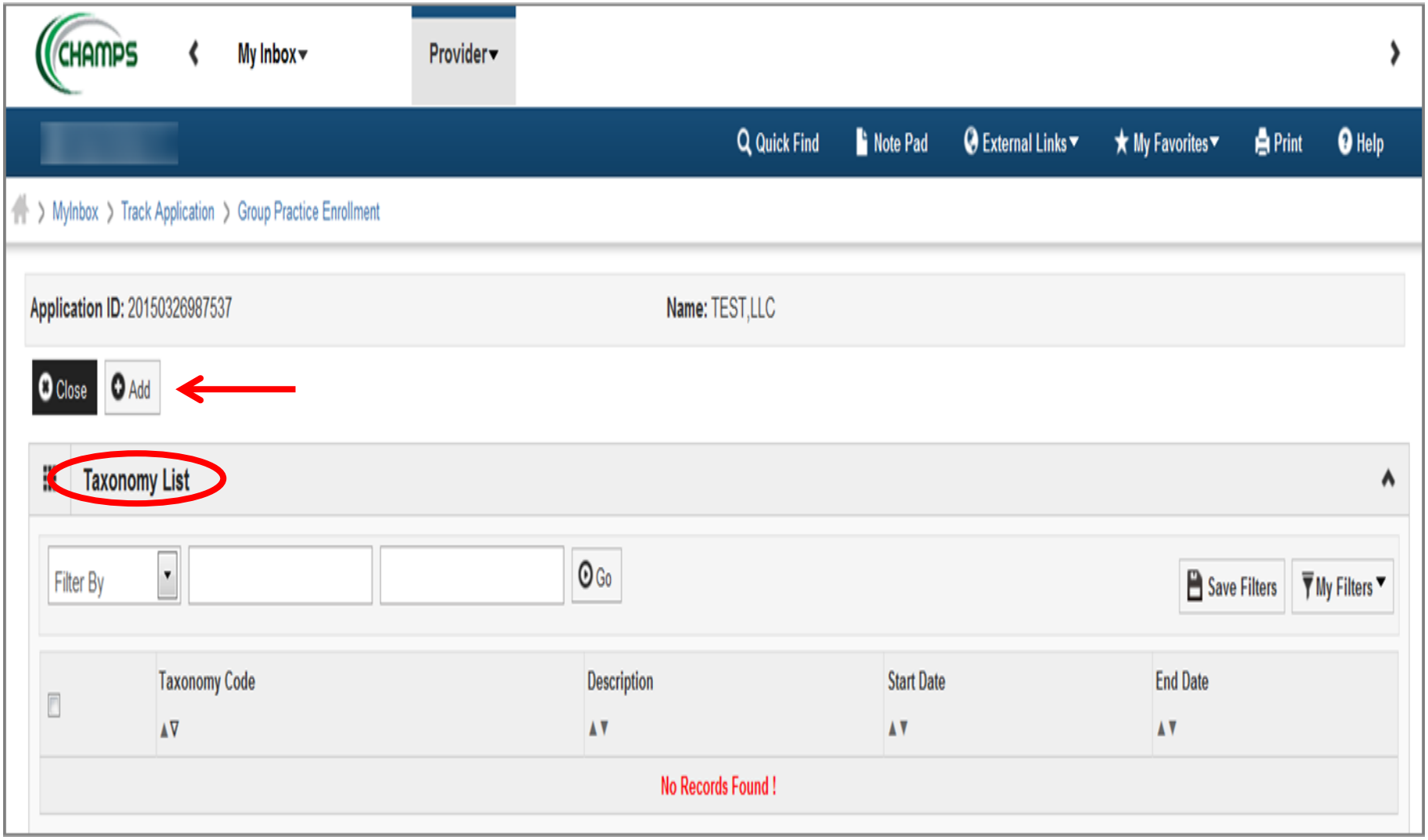
- Select either “Yes” or “No”
- Select “Ok” to proceed



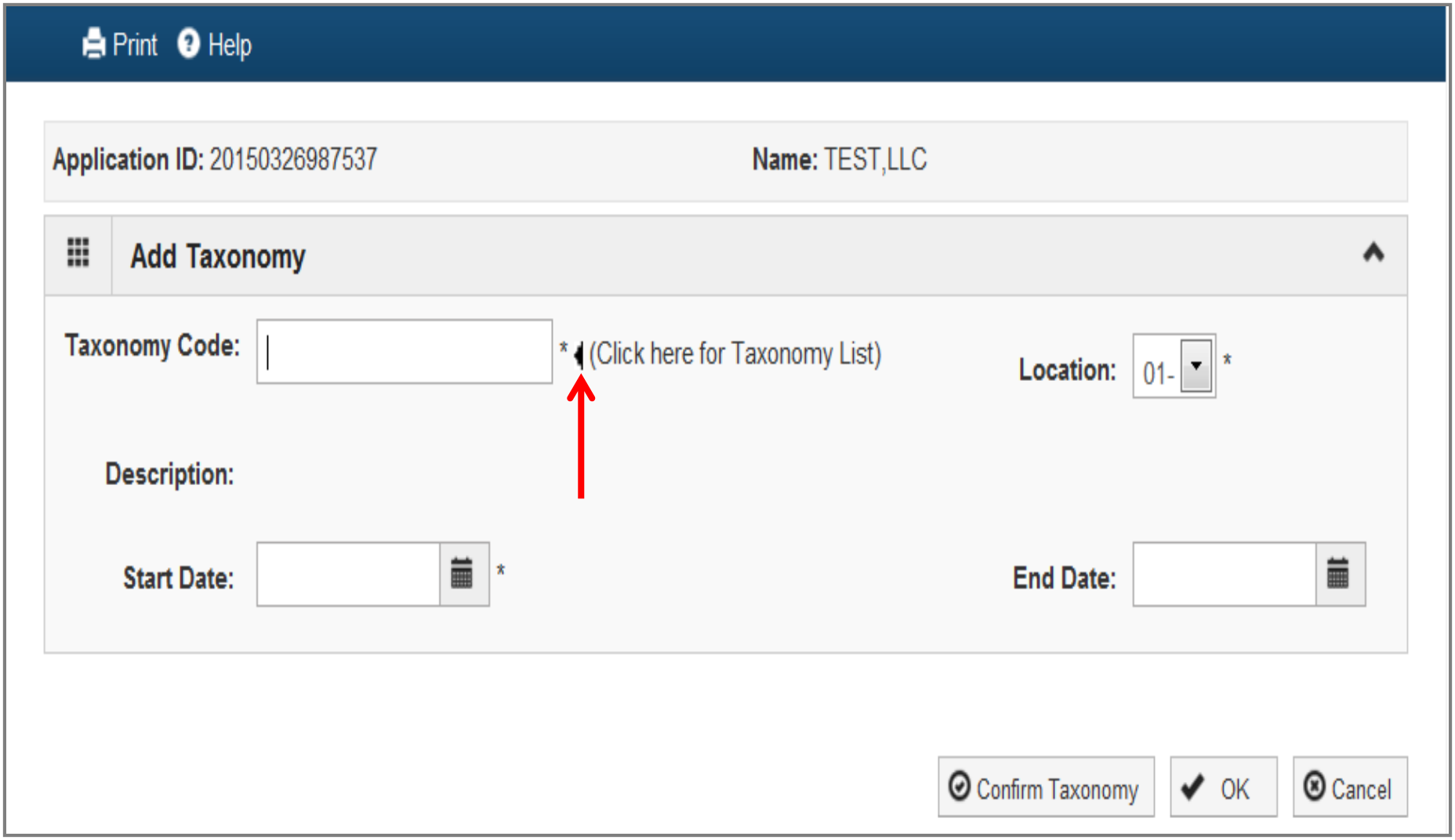
- After you have completed the relationship and adverse action question, select “Save”
- Select “Close” to proceed



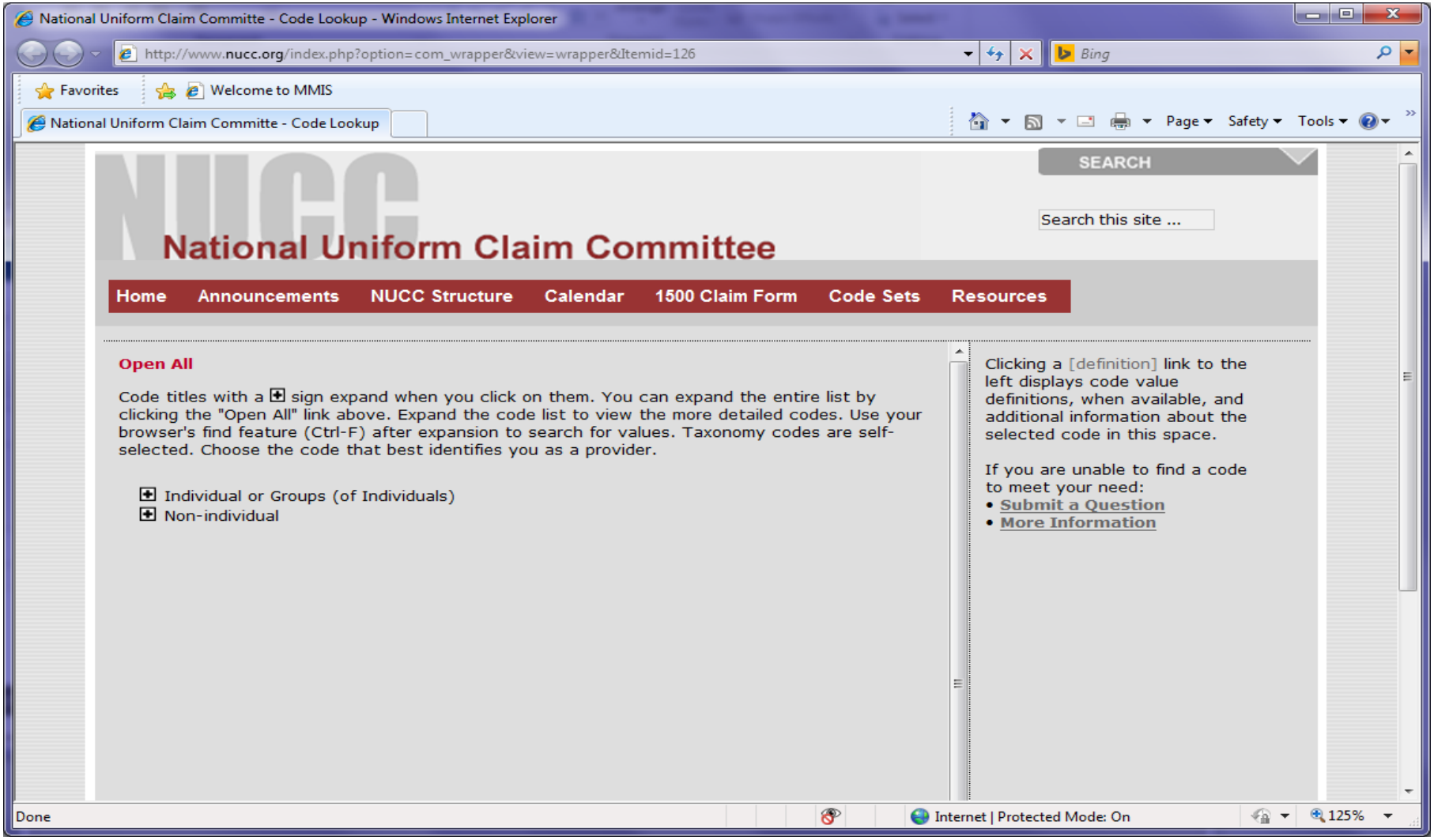
- Continue to Step 7 - Add Taxonomy Details



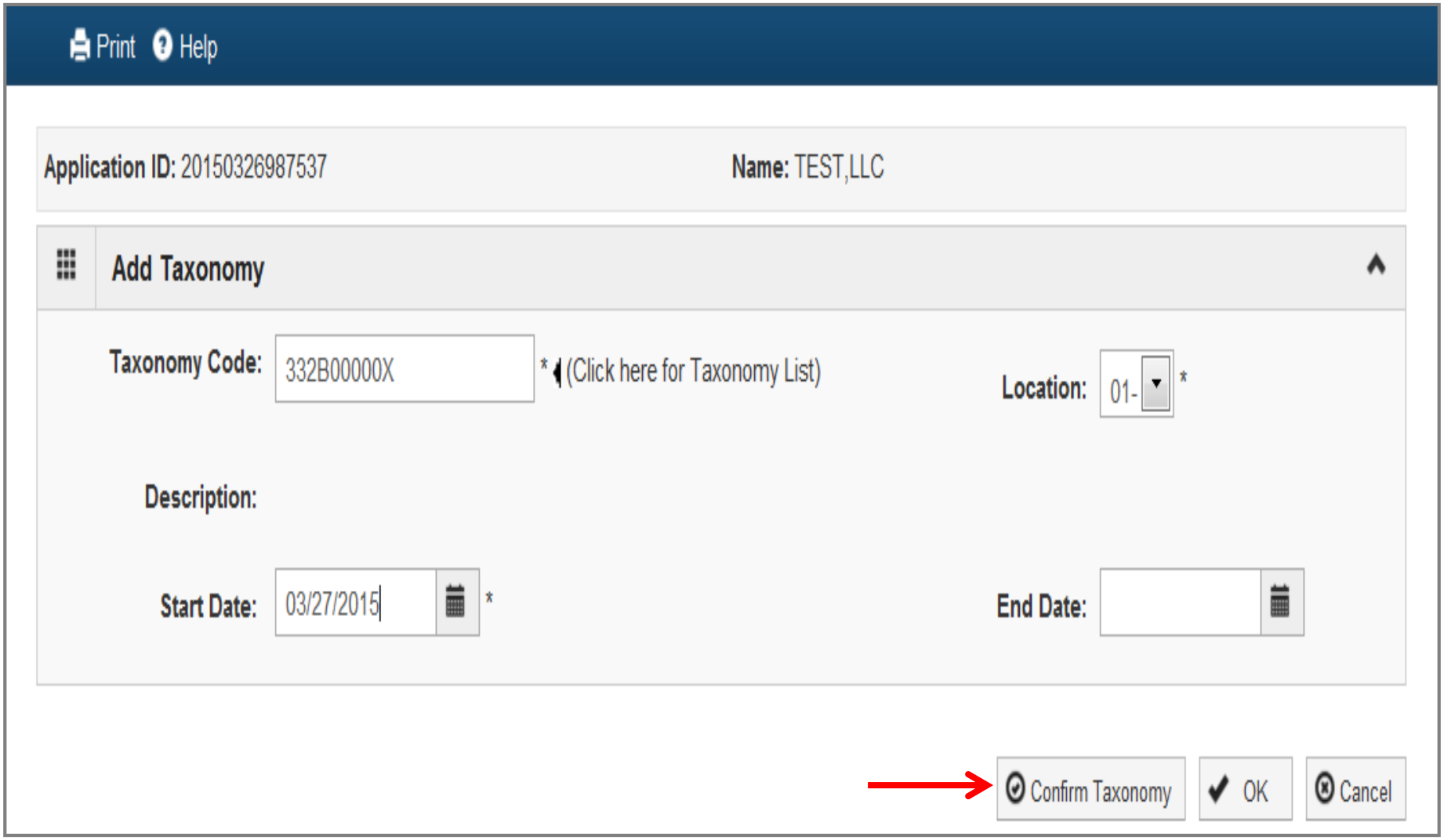
- Select “Add” to enter a taxonomy



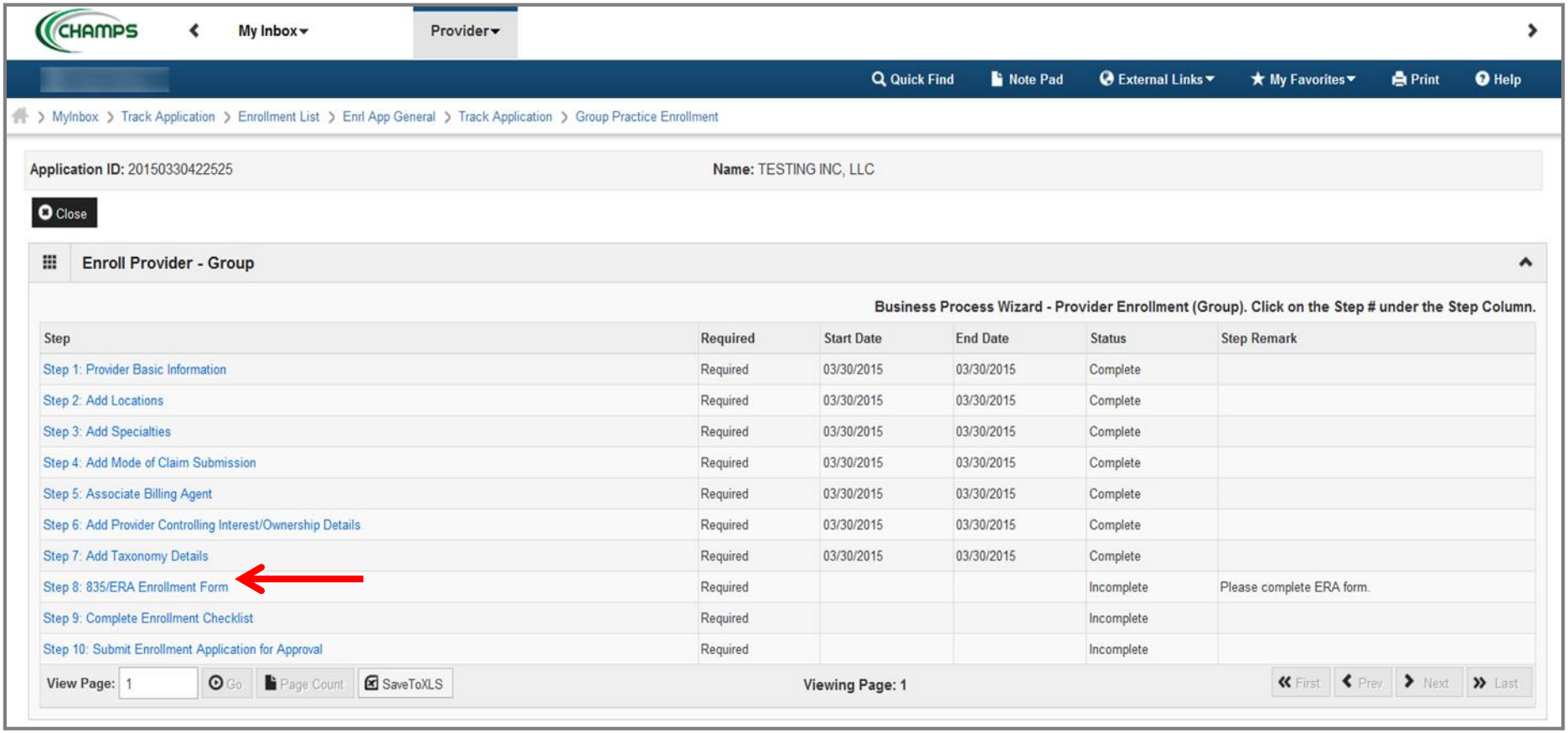
- Select arrow < for a listing of Taxonomy Codes



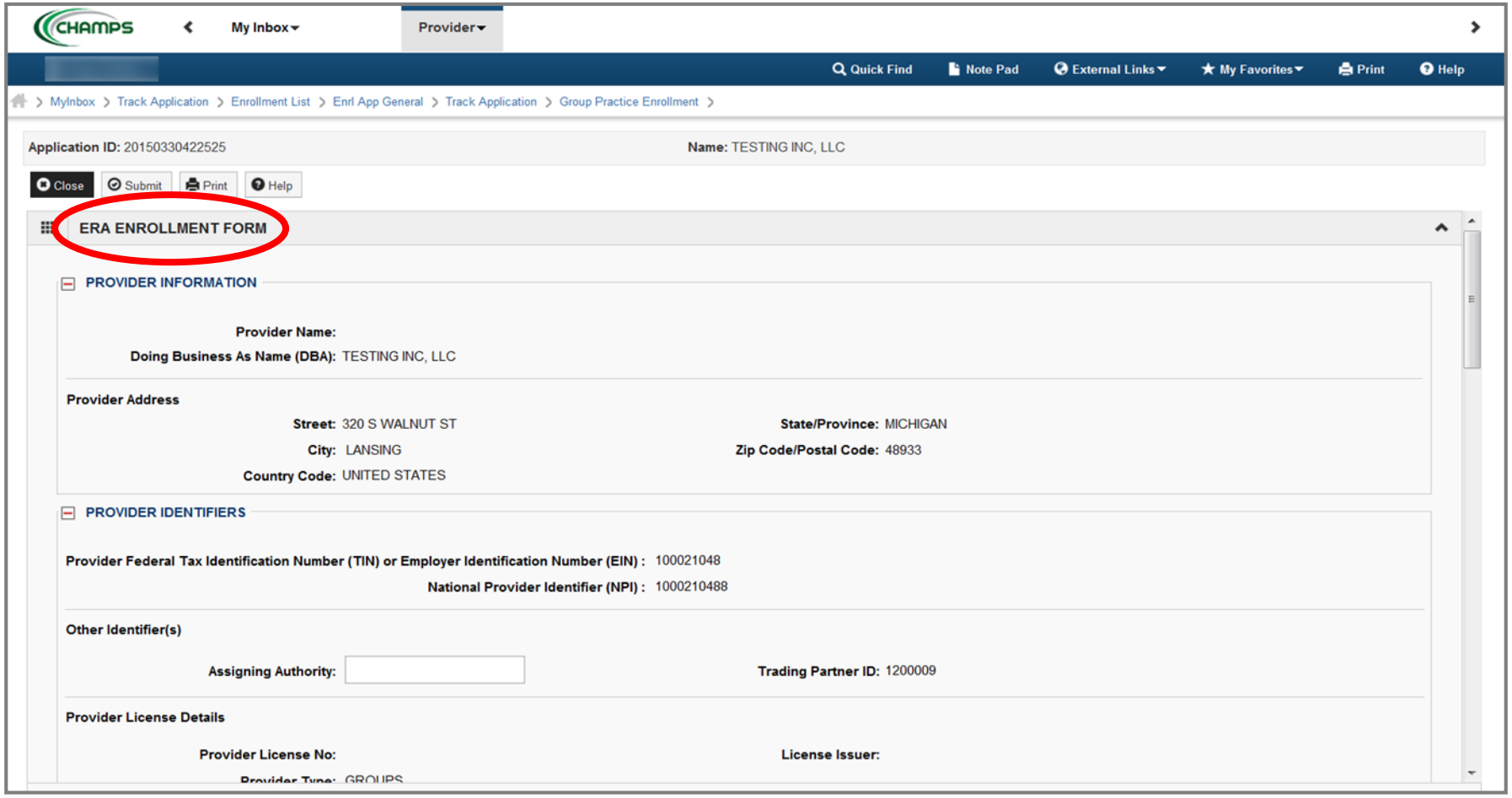
- User will be directed to the National Uniform Claim Committee (NUCC) webpage to view all taxonomy codes

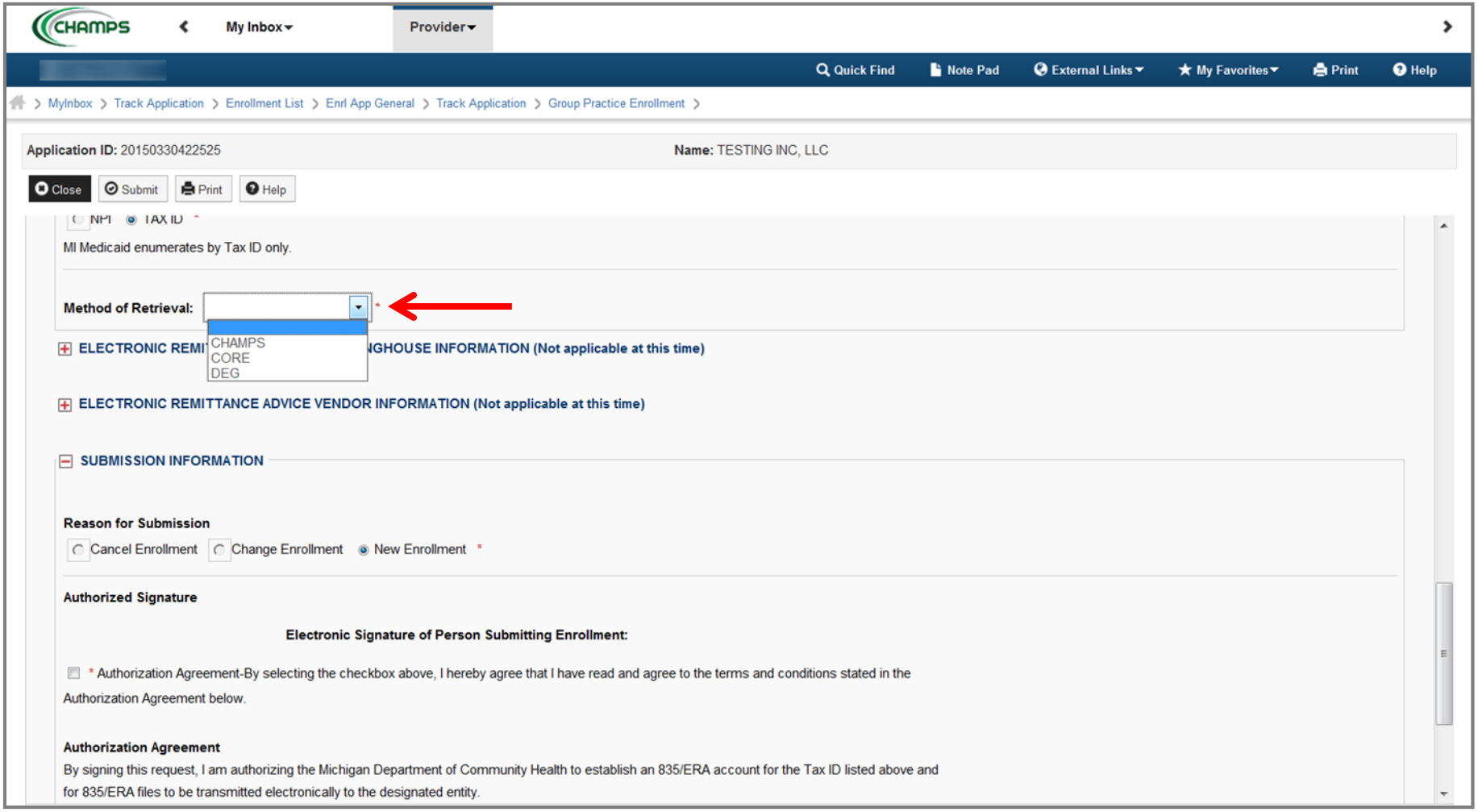


- Select Taxonomy Code, enter Start Date
- Select “Confirm Taxonomy”
- Select “OK” to proceed

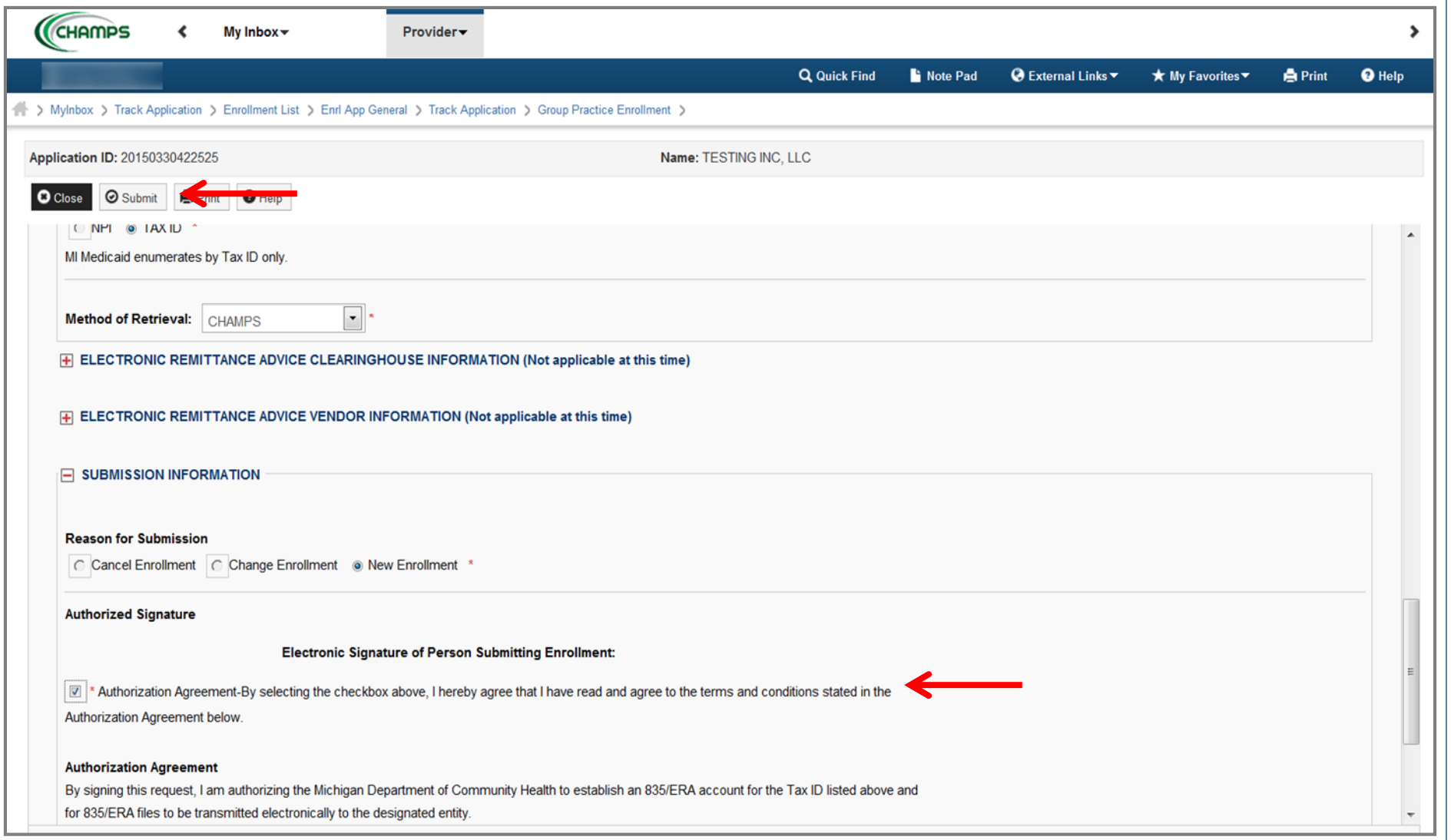


- Continue to Step 8 – 835/ERA Enrollment Form

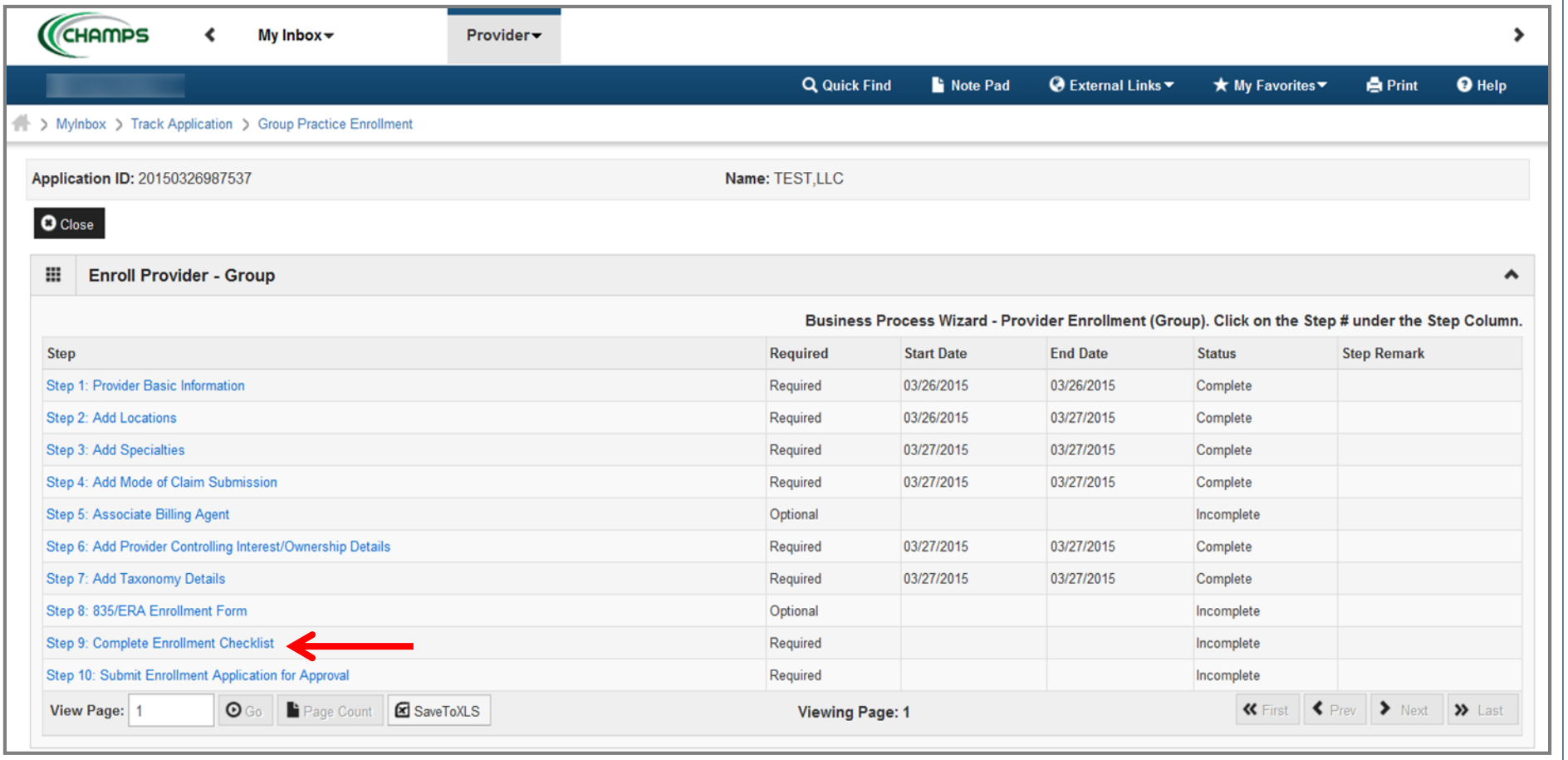

CHAMPS
My Inbox
Provider
Quick Find
Note Pad
External Links
My Favorites
Print
Help
MyInbox > Track Application > Enrollment List > Enrl App General > Track Application > Group Practice Enrollment >
Application ID: 20150330422525
Name: TESTING INC, LLC
Close
Submit
Print
Help
ERA ENROLLMENT FORM
PROVIDER INFORMATION
Provider Name:
Doing Business As Name (DBA): TESTING INC, LLC
Provider Address
Street: 320 S WALNUT ST
State/Province: MICHIGAN
City: LANSING
Zip Code/Postal Code: 48933
Country Code: UNITED STATES
PROVIDER IDENTIFIERS
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) : 100021048
National Provider Identifier (NPI) : 1000210488
Other Identifier(s)
Assigning Authority:
Trading Partner ID: 1200009
Provider License Details
Provider License No:
License Issuer:
Provider Type: GROUPS



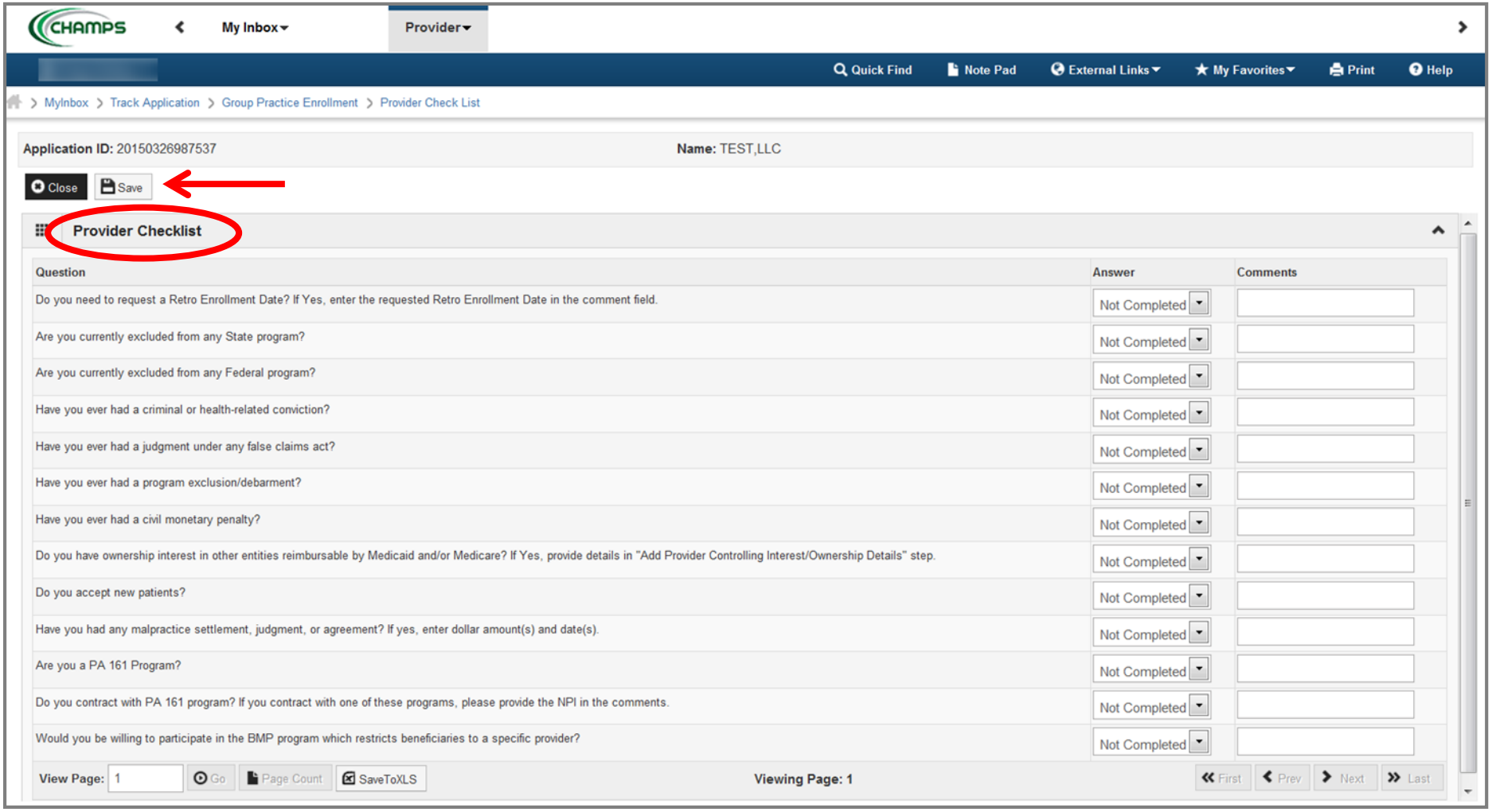
- Select Method of Retrieval from Drop-down Menu (DEG most common selection)



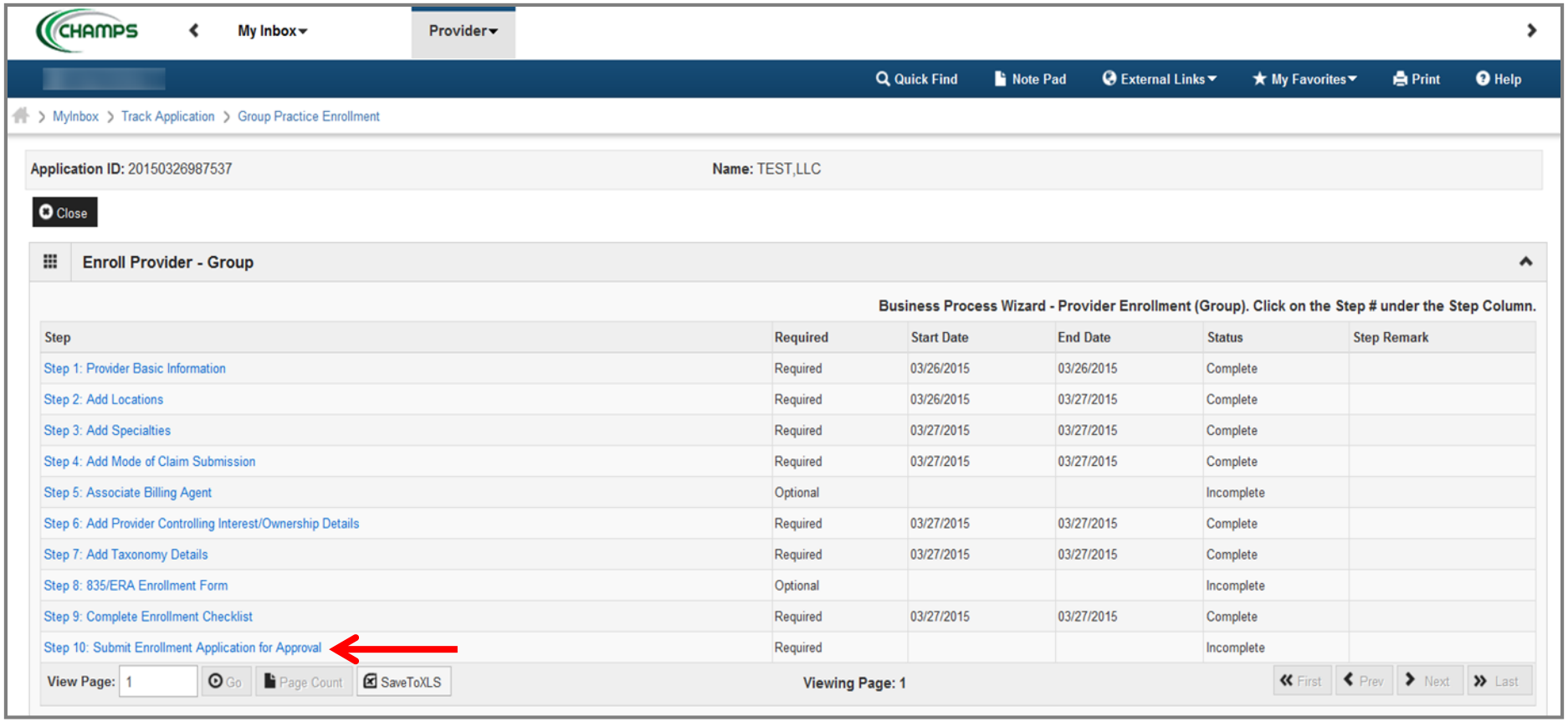
- Complete the Electronic Signature of Person Submitting Enrollment
- Select “Submit” to proceed



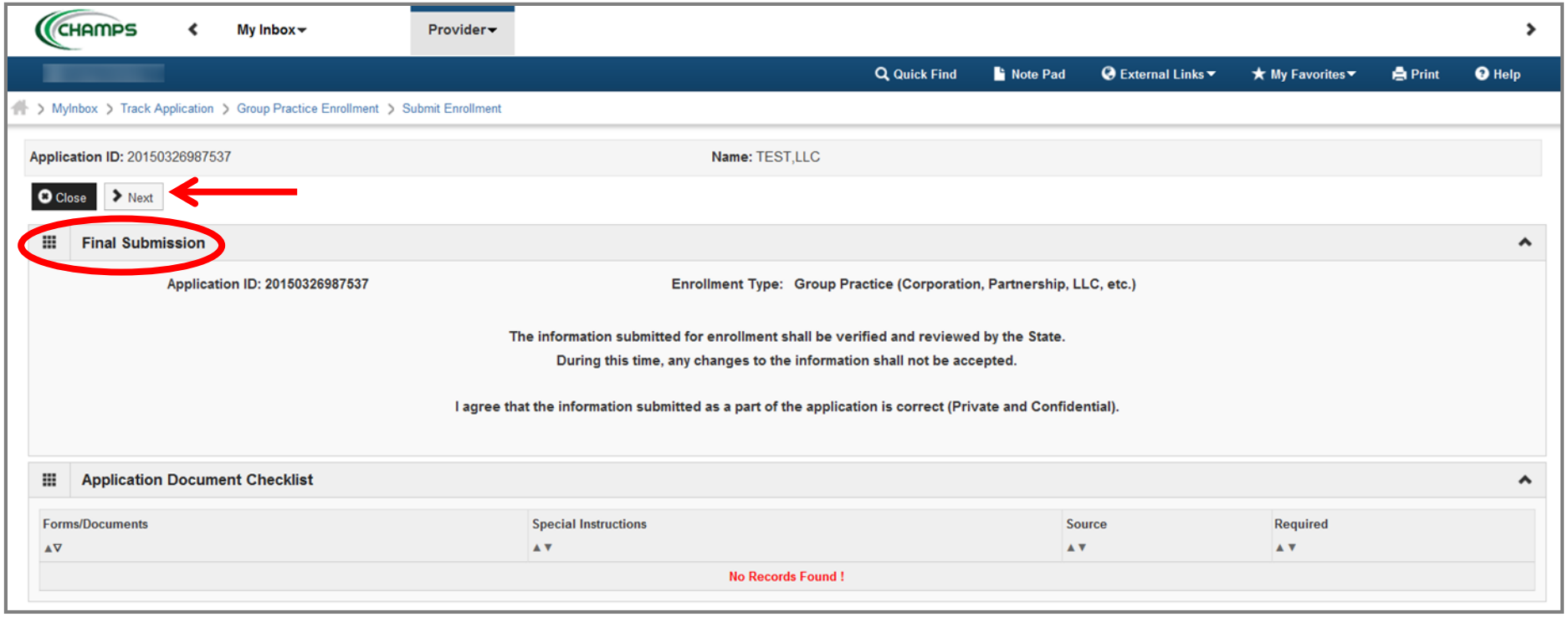
- Continue to Step 9 – Complete Enrollment Checklist Question



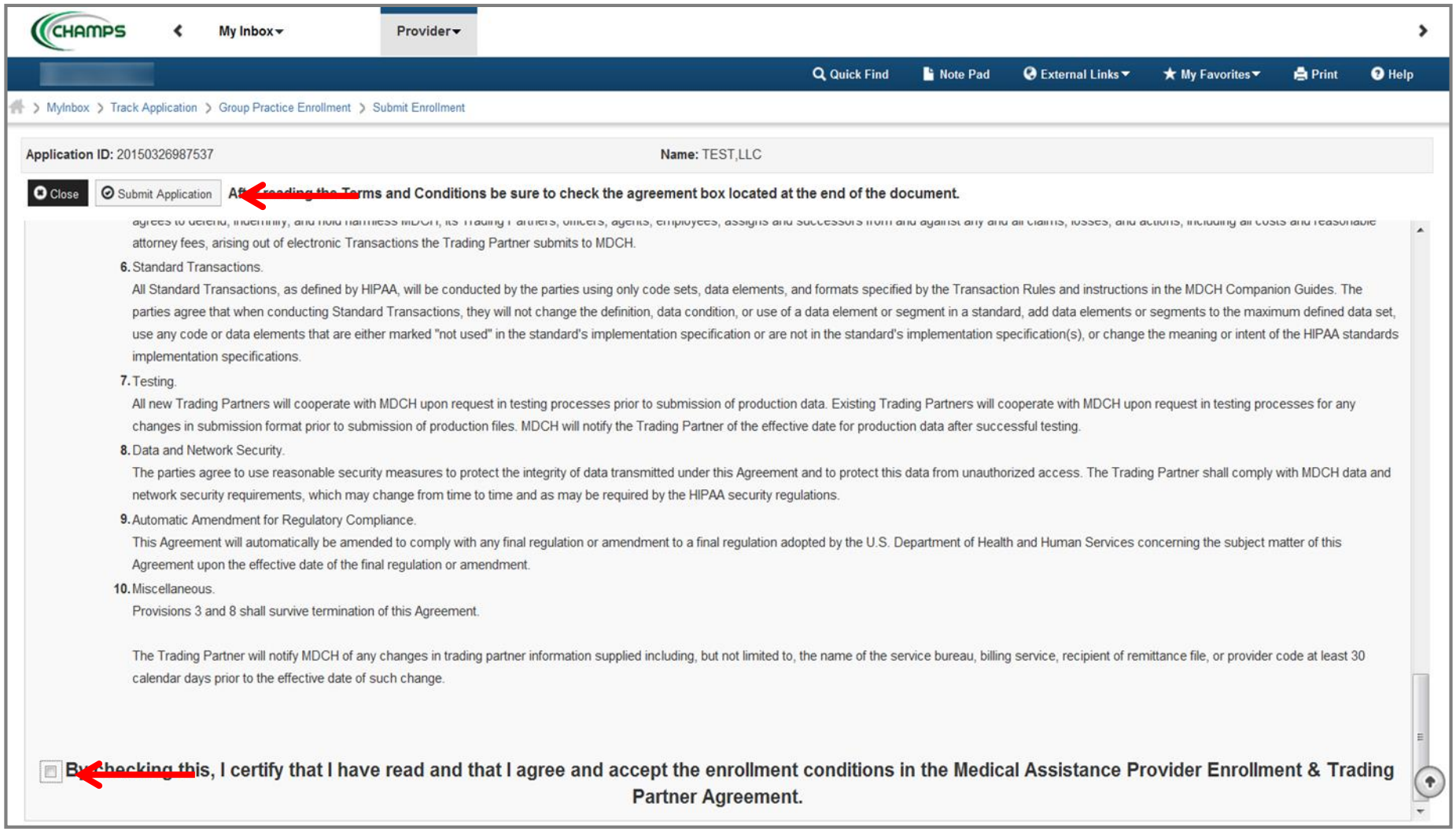
- Complete all questions on Provider Checklist and select “Save” once completed
- Select “Close” to proceed



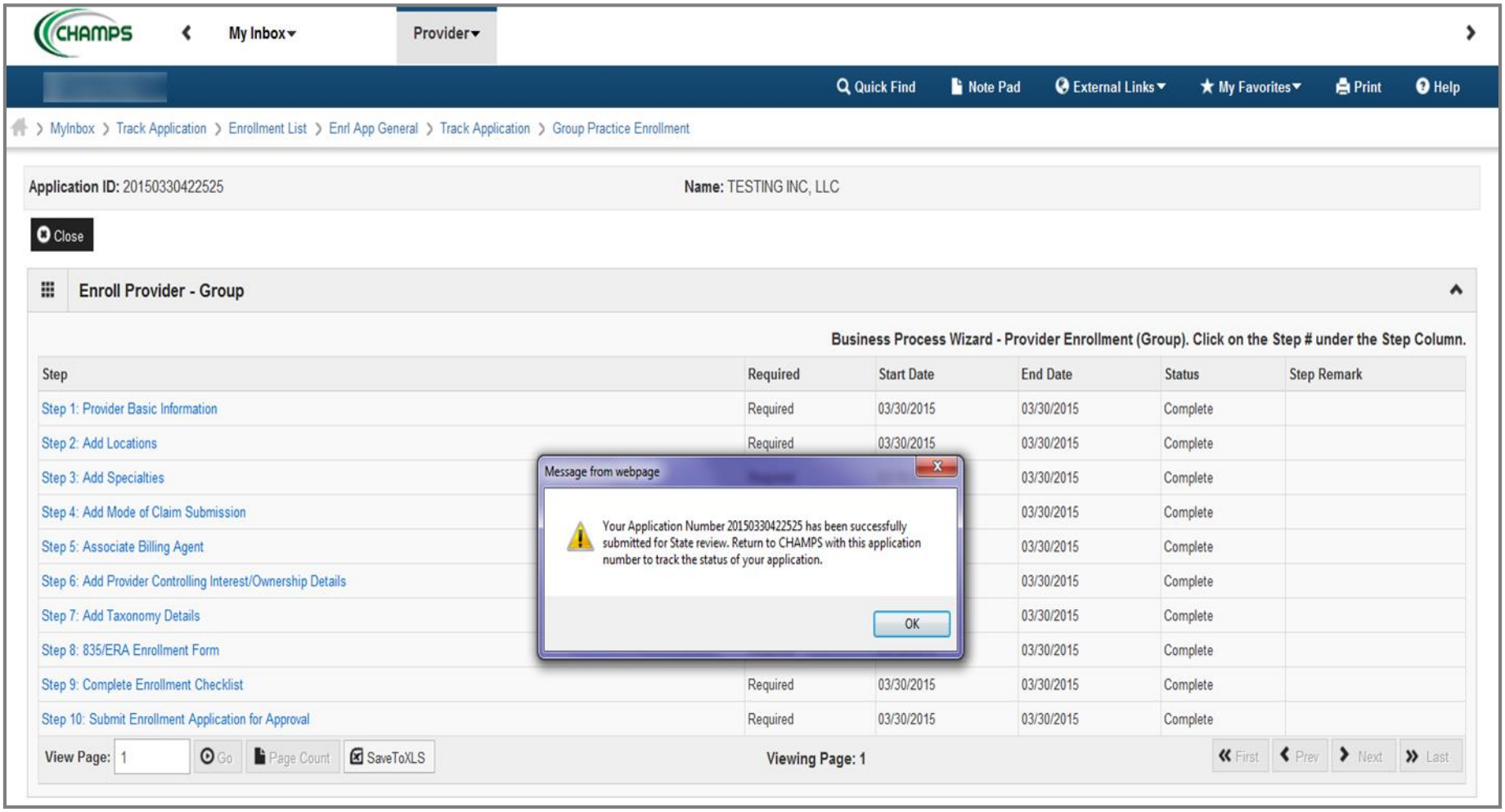
- Step 10 - Submit Enrollment Application for Approval. **You must complete this step or your application will not be submitted**



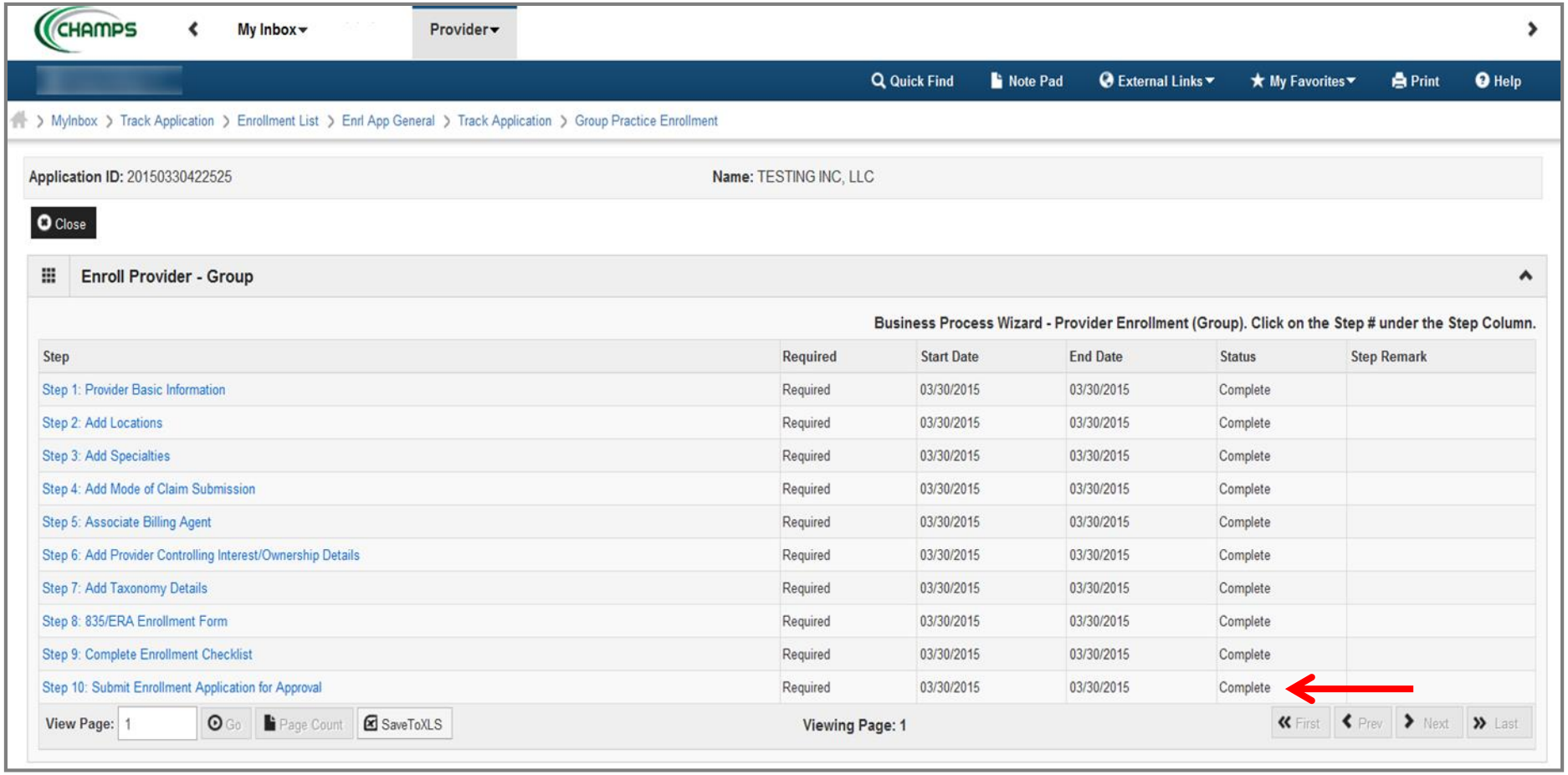
- Select “Next” to read the Terms and Conditions



- Read through the Terms and Conditions and check the box at the bottom of the screen
- Select “Submit” at the top of the screen



- You have now submitted your application
- Select “OK’ to return to the BPW page



- The status states that all steps have been completed

Provider Resources

- Medicaid Provider Training
  - One on One trainings requests
  - Association requests
  - Current trainings available
- Michigan Medicaid List Serve

  E-mail notification alerts relative to the Michigan Medicaid Program, Medicaid policy, billing issues, training opportunities, etc.
- Provider Enrollment
  - ProviderEnrollment@michigan.gov
  - 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program