



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Provider Enrollment New Rendering/Service Provider

“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

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Register for MILogin and CHAMPS

MILogin is a website that allows a user to enter one ID and password in order to access multiple applications.

CHAMPS (Community Health Automated Medicaid Processing System) is the program where providers enroll, update enrollment information, and report services provided.

MILogin for Third Party

Login to your account

User ID

Password

LOGIN

SIGN UP

[Forgot your User ID?](#)

[Forgot your password?](#)

[Need Help?](#)

Copyright 2015-2017 State of Michigan

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

MILogin for Third Party

[HOME](#)

Create Your Account



Profile Information

Enter your profile information

* Required

* First Name

Middle Initial

* Last Name

Suffix

* Email Address

* Confirm Email Address

* Work Phone Number

Mobile Number

* Verification Question: Bee, chin, ankle, leg and dog: how many body parts in the list?

agree to the terms & conditions.

NEXT

RESET

- Complete all required fields
- Check the 'I agree' box
- Click Next

MI Login for Third Party

HOME

Create Your Account



Security Setup

Provide user id and password information to complete your profile

* Required

* User ID

* Password

* Confirm New Password

* Security Options

To choose your preferred password recovery method(s), please click on the buttons below. Multiple options can be selected.



i User ID guideline:

- Enter your last name, first initial, and any 4 numbers with no space between them. For Example: John Smith and using 9999 as an example for the four digit number, you would enter smithj9999.

Password Guidelines:

- Must be at least 8 characters in length
- Must include characters from 3 of the following categories:
 - Upper case letters (A-Z)
 - Lower case letter (a-z)
 - Numbers (0-9)
 - Special characters (I\$#,%@~^&* _-+=><)
- Should not be one of the last 3 used passwords
- Should not be based on your User ID

- Create the user ID and password following the listed guidelines
- Select the preferred password recovery method(s)
- Click Create Account

MILogin for Third Party

[HOME](#)

Create your account



Confirmation

✓ Success

Your account has been successfully created.

LOGIN

- Your MILogin account has now been created successfully
- Click the Login button to return to the login screen

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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- Enter your User ID and Password you just created
- Click Login

MILogin for Third Party

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

Home Page

 Your password will expire in **364** days

Access your applications by clicking on the application links below

You do not have access to any application. You can request access by clicking on [Request Access](#) link.

- Your Home Page will not show any applications
- Click Request Access

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

MIlogin for Third Party

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

Request Access



Search Application

Search for an application with a keyword or select an agency to view its applications

- Type CHAMPS in the search box
- Click the search/magnifying button

MILogin for Third Party

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

Request Access



Search Application

Search for an application with a keyword or select an agency to view its applications



-- Select Agencies --



Michigan Department of Health & Human Services (MDHHS)

CHAMPS



- Click on CHAMPS

CHAMPS ✕

(Community Health Automated Medicaid Processing System) is the Michigan Medicaid Management Information System (MMIS). It supports Medicaid provider enrollment and maintenance, beneficiary healthcare eligibility and enrollment, prior authorization, Home Help Electronic Service Verification (ESV), fee-for-service payments and managed care enrollments, payments, and encounters.

General 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

I agree to the terms & conditions ←

I do not agree

CANCEL ✕ **REQUEST ACCESS**

- Select the 'I agree to the terms & conditions' radio button
- Click Request Access

MILogin for Third Party

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

Request Access



Additional Information

Provide following information to submit your access request

* Required

*Email Address

*Work Phone Number

*CHAMPS User Type

- Provider/Other
- State User Only

SUBMIT

RESET



- Verify all information is correct
- Click Submit

MILogin for Third Party

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

Request Access

1

✓ Search
Application

2

✓ Additional
Information

3

Confirmation

Confirmation

✓ Success

The request for your access has been successfully submitted.

You will see the updated list of application(s) on your home page once it is processed.

[HOME](#)

- You will be given confirmation that your request has been submitted successfully
- Click the Home button to return to the MILogin Home Page

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 back to your MILogin Home Page
- Click the CHAMPS hyperlink

Michigan.gov HELP CONTACT US

MI Login for Third Parties

HOME REQUEST ACCESS

Your password will expire in 42 days

Access your applications by clicking on the application icon

MDHHS Michigan Department of Health & Human Services

CHAMPS

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 ✕ **Acknowledge/Agree**

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

New Provider Enrollment

Steps on how to complete a new CHAMPS enrollment for a Rendering/Servicing Provider type

Provider Enrollment

 [New Enrollment](#)

Enroll As A New Provider

[Track Application](#)

Track Existing Provider Application

- Click New Enrollment

Enrollment Type

Select the Applicable Enrollment Type

- Individual/Sole Proprietor
 - Regular Individual/Sole Proprietor or Rendering/Serviceing Provider ←
 - Group Practice (Corporation, Partnership, LLC, etc.)
- Billing Agent
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Atypical (non-medical) provider (Choose this option if you do not have a NPI)
 - Individual (Driver, Home Help/Personal Care, Carpenter, etc.)
 - Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)

- Select Regular Individual/Sole Proprietor or Rendering/Serviceing Provider
- Click Submit

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Basic Information

First Name: * Middle Initial:

Last Name: * Gender:

Suffix:

SSN: *

Date of Birth: * **Applicant Type:** *

NPI: *

Contact Email Address:

Email-1: * Email-2:

Email-3: Email-4:

Home Address

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address Line 1: * (Enter Street Address or PO Box Only) Address Line 2:

Address Line 3:

City/Town: * State/Province: *

County: * Country: *

Zip Code: -

- Select Applicant Type: Rendering/Serviceing Only
- Basic Information: Complete all fields marked with an asterisk (*)
- Home Address: Complete Address Line 1 and Zip Code, click Validate Address
(Please Note: you should receive confirmation "Address Validation Successful")
- Click Finish

Application ID: 20171106241608

Name: Tester, Testing

Basic Information

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: [20171106241608](#) ←

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.

✓ Ok

- Confirmation, Basic Information is complete
- Take note of the Application ID, as this is used to track your application status
- Click Ok

Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required			Incomplete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

View Page:

1



Page Count

SaveToXLS

Viewing Page: 1



- Individual Provider Enrollment steps are listed (Please Note: some steps are required verses optional)
- Step 1 has a status of Complete
- Click on Step 2: Add Specialties

Application ID: 20171106241608

Name: Tester, Testing

Close

Add

Primary Speciality

Specialty/Subspecialty List

Filter By



Go

Save Filters

My Filters ▾

Specialty/Subspecialty



Provider Type



End Date



No Records Found !

- Click Add

Application ID: 20171106241608

Name: Tester, Testing

Add Specialty/Subspecialty

 Provider Type: *

 Specialty: *

 End Date:

Add Subspecialty

Available Subspecialties Associated Subspecialties *



- Choose appropriate Provider Type and Specialty (*Please Note: There is no need to fill in an End Date*)
- Dependent on the Specialty chosen, Available Subspecialties will populate
- Select Available Subspecialties, click >> to add to Associated Subspecialties list
- Click Ok

Application ID: 20171106241608

Name: Tester, Testing

Close

Add

Primary Speciality

Specialty/Subspecialty List

Filter By



Go

Save Filters

My Filters ▾

Specialty/Subspecialty



Provider Type



End Date

 Professional Counselor/No Subspecialty

NON-PHYSICIANS

12/31/2999



Delete

View Page:

1



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Last

- Once all Specialties/Subspecialties have been added, click Primary Speciality

Application ID: 20171106241608

Name: Tester, Testing

Close Save

Primary Specialty For Enrollment

Primary Specialty/Subspecialty: NON-PHYSICIANS/Professional Counselor/No Subspecialty ▾ *

 Board Certified: Yes No

 Board Eligible: Yes No

 Start Date: 01/01/2015 *

Your designation and attestation of a primary specialty will be utilized to identify and evaluate your eligibility for the Primary Care Rate Increase.

(If Board Certified, please provide Board Certification No. in License/Certification/Other step.)

(If Board Eligible, please provide Board Eligibility Information. in License/Certification/Other step.)

 End Date: 12/31/2999

- Choose Primary Specialty/Subspecialty from the drop-down list of already added specialties
- Select Yes if Board Certified or Board Eligible
- Enter Start Date
- Click Save
- Click Close

Application ID: 20171106241608

Name: Tester, Testing

Close

Add

Primary Speciality

Specialty/Subspecialty List

Filter By



Go

Save Filters

My Filters ▾

Specialty/Subspecialty



▲▼

Provider Type



▲▼

End Date



▲▼

 Professional Counselor/No Subspecialty

NON-PHYSICIANS

12/31/2999



Delete

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Next

Last

- Click Close to return to the enrollment steps

Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

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Next

Last

- Step 2 is complete
- Click on Step 3: Associate Billing Provider

Application ID: 20171106241608

Name: Tester, Testing

Close

Add

Billing Provider List

Filter By ▾

Go

Save Filters

My Filters ▾

Billing Provider NPI/ID

Billing Provider Name

Start Date

End Date

Status

☐ ▲▼

▲▼

▲▼

▲▼

▲▼

No Records Found !

- Click Add

Application ID: 20171106241608

Name: Tester, Testing

Associate Billing Provider

Enter NPI/Provider ID of Billing Provider and click "Confirm Provider".

 Type: *

 ID: *

 Start Date: *

Provider Name:

 End Date:

- Complete all fields marked with an asterisk (*)
- Click Confirm Provider; Provider Name will populate
- Click Ok

Application ID: 20171106241608

Name: Tester, Testing

Close Add

Billing Provider List

Filter By ▾

Go

Save Filters

My Filters ▾

Billing Provider NPI/ID	Billing Provider Name	Start Date	End Date	Status
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> [Redacted]	[Redacted]	11/06/2017	12/31/2999	Approved

Delete

View Page: 1

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Last

- The associated providers information is now listed under the Billing Provider List
- Click Close

Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 3 is complete
- Click on Step 4: Add License/Certification/Other

Application ID: 20171106241608

Name: Tester, Testing

Close

Add

License/Certification/Other List

Filter By



Go

Save Filters

My Filters ▾

License/Cert./Other Type

License/Cert./Other #

Valid Flag

Effective Date

End Date



No Records Found !

- Click Add

Application ID: 20171106241608

Name: Tester, Testing

Add License/Certification/Other

 License/Certification/Other Type: ▾ *

 License/Certification/Other #: *

Valid Flag:

 Effective Date: *

 End Date:

- Complete all fields marked with an asterisk (*)
- Click Confirm License/Certification/Other
- Click Ok

Application ID: 20171106241608

Name: Tester, Testing

Close

Add

License/Certification/Other List

Filter By



Go

Save Filters

My Filters ▾

License/Cert./Other Type	License/Cert./Other #	Valid Flag	Effective Date	End Date
<input type="checkbox"/> ▲▼ State Professional License	1234567	No	01/01/2010	12/31/2999

Delete

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- The License/Certification/Other information will now be displayed
- To add additional License/Certification repeat the same process
- Click Close

Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 4 is complete
- Click on Step 6: Add Taxonomy Details (Please Note: Step 5 is not required)

Application ID: 20171106241608

Name: Tester, Testing

Taxonomy List

Filter By ▾

Go

Save Filters

My Filters ▾

Taxonomy Code

Description

Start Date

End Date

 ▲▼

▲▼

▲▼

▲▼

No Records Found !

- Click Add

Application ID: 20171106241608

Name: Tester, Testing

Add Taxonomy

Taxonomy Code:

[\(Click here for Taxonomy List\)](#)

Description:

Start Date:

  *

End Date:

 

- Enter in Taxonomy Code or click on () next to the words, Click here for Taxonomy List, to look up appropriate taxonomy code

http://www.nucc.org/index.php National Uniform Claim Co... x

File Edit View Favorites Tools Help

NUCC

National Uniform Claim Committee

Search this site ...

MENU

Use the browser's find feature (Ctrl-F) to search for values. Taxonomy codes are self-selected. Choose the code that best identifies you as a provider.

- ⊕ Individual or Groups (of Individuals)
 - ⊕ Group [\[definition\]](#)
 - Multi-Specialty - **193200000X** [\[definition\]](#)
 - Single Specialty - **193400000X** [\[definition\]](#)
 - ⊕ Allopathic & Osteopathic Physicians [\[definition\]](#)
 - ⊕ Allergy & Immunology - **207K00000X** [\[definition\]](#)
 - Allergy - **207KA0200X** [\[definition\]](#)
 - Clinical & Laboratory Immunology - **207KI0005X** [\[definition\]](#)
 - ⊕ Anesthesiology - **207L00000X** [\[definition\]](#)
 - Addiction Medicine - **207LA0401X** [\[definition\]](#)
 - Critical Care Medicine - **207LC0200X** [\[definition\]](#)
 - Hospice and Palliative Medicine - **207LH0002X** [\[definition\]](#)
 - Pain Medicine - **207LP2900X** [\[definition\]](#)
 - Pediatric Anesthesiology - **207LP3000X** [\[definition\]](#)
 - Clinical Pharmacology - **208U00000X** [\[definition\]](#)
 - Colon & Rectal Surgery - **208C00000X** [\[definition\]](#)
 - ⊕ Dermatology - **207N00000X** [\[definition\]](#)
 - Clinical & Laboratory Dermatological

Clicking a [\[definition\]](#) link to the left displays code value definitions, when available, and additional information about the selected code in this space.

If you are unable to find a code to meet your need:

- [Submit a Question](#)
- [More Information](#)

- After clicking (⬅) the [National Uniform Claim Committee](http://www.nucc.org) webpage will pop-up
- Press (CTRL+F) to search for appropriate taxonomy code

Application ID: 20171106241608

Name: Tester, Testing

Add Taxonomy

Taxonomy Code: * (Click here for Taxonomy List)

Description:

Start Date: *End Date:

- Enter Start Date
- Click Confirm Taxonomy
- Click Ok

Application ID: 20171106241608

Name: Tester, Testing

Taxonomy List

Filter By

Taxonomy Code	Description	Start Date	End Date
<input type="checkbox"/> <input type="button" value="Δ"/> <input type="button" value="▽"/>	<input type="button" value="Δ"/> <input type="button" value="▽"/>	<input type="button" value="Δ"/> <input type="button" value="▽"/>	<input type="button" value="Δ"/> <input type="button" value="▽"/>
<input type="checkbox"/> 101YP2500X	Professional	11/02/2017	12/31/2999

 View Page:

Viewing Page: 1

- The Taxonomy Code information will be displayed
- Click Close

Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required	11/06/2017	11/06/2017	Complete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 6 is complete
- Click on Step 9: Complete Enrollment Checklist (Please Note: Steps 7 & 8 are not required)

Application ID: 20171106241608

Name: Tester, Testing

Provider Checklist

Question	Answer	Comments
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Not Completed <input type="button" value="v"/>	<input type="text"/>
Are you currently excluded from any State program?	Not Completed <input type="button" value="v"/>	<input type="text"/>
Are you currently excluded from any Federal program?	Not Completed <input type="button" value="v"/>	<input type="text"/>
Have you ever had a criminal or health-related conviction?	Not Completed <input type="button" value="v"/>	<input type="text"/>
Have you ever had a judgment under any false claims act?	Not Completed <input type="button" value="v"/>	<input type="text"/>
Have you ever had a program exclusion/debarment?	Not Completed <input type="button" value="v"/>	<input type="text"/>
Have you ever had a civil monetary penalty?	Not Completed <input type="button" value="v"/>	<input type="text"/>
Are you applying as a Private Duty Nurse (LPN/RN) for private duty services?	Not Completed <input type="button" value="v"/>	<input type="text"/>
Do you have ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	Not Completed <input type="button" value="v"/>	<input type="text"/>
Do you accept new patients?	Not Completed <input type="button" value="v"/>	<input type="text"/>
Have you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).	Not Completed <input type="button" value="v"/>	<input type="text"/>
If you are a Nurse Practitioner or Nurse Midwife, a Collaborative Agreement is required. Please provide NPI of servicing physician. If you don't have an agreement, please answer yes and provide an explanation.	Not Completed <input type="button" value="v"/>	<input type="text"/>
Dental Hygienist-Do you have a collaborative agreement in place? If 'Yes', with what NPI?	Not Completed <input type="button" value="v"/>	<input type="text"/>
Are you affiliated with a PA 161 program? If yes, please provide the NPI of that program(s) in the comments.	Not Completed <input type="button" value="v"/>	<input type="text"/>
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed <input type="button" value="v"/>	<input type="text"/>
Have you completed American Pharmacists Assoc's Delivering Medication Therapy Mgmt Services or program approved by Accreditation Council of Pharmacy Education? If yes, then enter what you have completed.	Not Completed <input type="button" value="v"/>	<input type="text"/>

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- Answer the questions in the Provider Checklist as appropriate
- Add Comments if necessary
- Click Save
- Click Close

Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	11/06/2017	11/06/2017	Complete	
Step 6: Add Taxonomy Details	Required	11/06/2017	11/06/2017	Complete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required	11/06/2017	11/06/2017	Complete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 9 is complete
- Click on Step 10: Submit Enrollment Application for Approval

(Please Note: If you chose not to complete optional steps you can still submit your application)

You must complete step 10 to submit your application

Application ID: 20171106241608

Name: Tester, Testing

Close

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Final Submission

Application ID: 20171106241608

EnrollmentType: Individual/Sole Proprietor

The information submitted for enrollment shall be verified and reviewed by the State.

During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Private and Confidential).

Application Document Checklist

Forms/Documents

Special Instructions

Source

Required

△ ▾

▲ ▾

▲ ▾

▲ ▾

No Records Found !

- Final Submission: Click Next



Application ID: 20171106241608

Name: Tester, Testing

After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions

In applying for enrollment as a provider or trading partner in the Medical Assistance Program (and programs for which the Michigan Department Of Health and Human Services (MDHHS) is the fiscal intermediary), I represent and certify as follows:

1. The applicant, and the employer (if applicable), certify that the undersigned has/have the authority to execute this Agreement.
2. Enrollment in the Medical Assistance Program does not guarantee participation in MDHHS managed care programs nor does it replace or negate the contract process between a managed care entity and its providers or subcontractors.
3. All information furnished on this Medical Assistance Provider Enrollment & Trading Partner Agreement form is true and complete.
4. The providers and fiscal agents of ownership and control information agree to provide proper disclosure of provider's owners and other persons criminal related to Medicare, Medicaid or Title XX involvement. [42 CFR 455.100]
5. The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title XVIII), Medicaid (Title XIX), and other State Health Care Programs (Title V, Title XX, and Title XXI) involvement since the inception of Medicare, Medicaid, or Title XX programs. [42 CFR 455.106 and 42 U.S.C. § 1320a-7]
6. I agree to read the Medicaid Provider Manual from the Michigan Department Of Health and Human Services (MDHHS). I also agree to comply with 1) the terms and conditions of participation noted in the manual, and 2) MDHHS's policies and procedures for the Medical Assistance Program contained in the manual, provider bulletins and other program notifications.
7. I agree to comply with the provisions of 42 CFR 455.104, 42 CFR 455.105, 42 CFR 431.107 and Act No. 280 of the Public Acts of 1939, as amended, which state the conditions and requirements under which participation in the Medical Assistance Program is allowed.
8. I agree to comply with the requirements of Section 6032 of the Deficit Reduction Act of 2005, codified at section 1902 (a)(68) of the Social Security Act which relates to the conditions and requirements of "Employee Education About False Claims Recovery."
9. I agree that, upon request and at a reasonable time and place, I will allow authorized state or federal government agents to inspect, copy, and/or take any records I maintain pertaining to the delivery of goods and services to, or on behalf of, a Medical Assistance Program beneficiary. These records also include any service contract(s) I have with any billing agent/service or service bureau, billing consultant, or other healthcare provider.
10. I agree to include a clause in any contract I enter into which allows authorized state or federal government agents access to the subcontractor's accounting records and other documents needed to verify the nature and extent of costs and services furnished under the contract.
11. I understand that the incentive payment requested using my National Provider Identifier (NPI) number will be made directly to the Tax ID Number (TIN) that was indicated during the registration process.
12. I am not currently suspended, terminated, or excluded from the Medical Assistance Program by any state or by the U.S. Department of Health and Human Services.

- Read through the entire list of Terms and Conditions

Application ID: 20171106241608

Name: Tester, Testing

 After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

including all costs and reasonable attorney fees, arising out of electronic transactions the Trading Partner submits to MDHHS.

6. Standard Transactions.

All Standard Transactions, as defined by HIPAA, will be conducted by the parties using only code sets, data elements, and formats specified by the Transaction Rules and instructions in the MDHHS Companion Guides. The parties agree that when conducting Standard Transactions, they will not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked "not used" in the standard's implementation specification or are not in the standard's implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specifications.

7. Testing.

All new Trading Partners will cooperate with MDHHS upon request in testing processes prior to submission of production data. Existing Trading Partners will cooperate with MDHHS upon request in testing processes for any changes in submission format prior to submission of production files. MDHHS will notify the Trading Partner of the effective date for production data after successful testing.

8. Data and Network Security.

The parties agree to use reasonable security measures to protect the integrity of data transmitted under this Agreement and to protect this data from unauthorized access. The Trading Partner shall comply with MDHHS data and network security requirements, which may change from time to time and as may be required by the HIPAA security regulations.

9. Automatic Amendment for Regulatory Compliance.

This Agreement will automatically be amended to comply with any final regulation or amendment to a final regulation adopted by the U.S. Department of Health and Human Services concerning the subject matter of this Agreement upon the effective date of the final regulation or amendment.

10. Miscellaneous.

Provisions 3 and 8 shall survive termination of this Agreement.

The Trading Partner will notify MDHHS of any changes in trading partner information supplied including, but not limited to, the name of the service bureau, billing service, recipient of remittance file, or provider code at least 30 calendar days prior to the effective date of such change.

By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Medical Assistance Provider Enrollment & Trading Partner Agreement.

- Check the box at the end to agree to the Terms and Conditions
- Click Submit Application

Application ID: 20171106241608

Name: Tester, Testing

Your Application Number 20171106241608 has been successfully submitted for State review. Return with this application number to track the status of your application. ✕

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	11/06/2017	11/06/2017	Complete	
Step 6: Add Taxonomy Details	Required	11/06/2017	11/06/2017	Complete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required	11/06/2017	11/06/2017	Complete	
Step 10: Submit Enrollment Application for Approval	Required	11/06/2017	11/06/2017	Complete	

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- Step 10 is now complete and the application has been submitted to the State for review
- Take note of your Application ID for further tracking
- Click Close

(Please Note: Optional steps may show as incomplete if you chose not to complete. This is ok.)

Track Existing Application

How to track a submitted application within CHAMPS

PROVIDER ENROLLMENT

New Enrollment ★

Track Application ★

New Enrollment

Enroll As A New Provider

Track Application

Track Existing Provider Application

- Select Provider tab
- Click Track Application

Close > Next

Track Existing Application

Please provide the Application ID to track your application.

Application ID: *

Request Access to Home Help Provider Info

Click the below link if you are an Existing Home Help Individual or Agency accessing CHAMPS system for the first time. provide the Application ID to track your application.

[Home Help Providers requesting access to their information.](#)

- Fill in Application ID
- Click Next

Close

Submit

Verify Application Details

For Additional security, please enter following information:

SSN: *Date Of Birth:  *Home Zip Code: *

- Complete all fields marked with an asterisk (*)
- Click Submit

Application ID: 20171106241608

Name: Tester, Testing

Your application is currently In-Review by the Provider Enrollment Unit. You cannot make any modifications to your enrollment information at this time.

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
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- Confirmation your Provider Enrollment Application has been submitted and is being reviewed by the state
- Click Close

Provider Enrollment Final Steps

- Please allow the State time to review the Provider Enrollment Application.
- After the State has looked over the Provider Enrollment Application Providers will receive a letter letting them know whether they have been approved or denied.
 - Letter for a Rendering/Servicing provider is sent to the Billing Provider's Correspondence address provided in the Provider Enrollment Application.

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 Enrollment:**
 - ProviderEnrollment@Michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program