MDHHS

Michigan Department OF Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Provider Enrollment
New Rendering/Servicing 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

Table of Contents

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.

- 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

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

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

Michigan.gov

MILogin for Third Party

🏠 HOME

Create your account

①
✔ Profile
Information

②
✔ Security Setup

③
Confirmation

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

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

- 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

① Search Application — **②** Additional Information — **③** Confirmation

Search Application

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

[search box]   🔍   -- Select Agencies --   ▼

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

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MILogin for Third Party

⌂ HOME   **👍 REQUEST ACCESS**   **📇 UPDATE PROFILE**   **🔑 SECURITY OPTIONS**   **🔒 CHANGE PASSWORD**   **➡ LOGOUT**

Request Access

1	2	3
Search Application	Additional Information	Confirmation

Search Application

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

CHAMPS 🔍   -- Select Agencies -- ▾

MDHHS   **Michigan Department of Health & Human Services (MDHHS)**

CHAMPS ⬅

⬆

- ## Click on CHAMPS

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

MILogin for Third Party

Request Access

1 ✔ Search Application   **2** Additional Information   **3** Confirmation

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

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

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

- 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

👤 [____] ▾   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ⭐ My Favorites ▾   🖨 Print   ❓ Help

⊞ Provider Enrollment   ⌃

New Enrollment	Enroll As A New Provider
Track Application	Track Existing Provider Application

• **Click New Enrollment**

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

- Select Applicant Type: Rendering/Servicing 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

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

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- 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

👤 Tester,Testing ▾   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › New Enrollment › Individual Enrollment

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**

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- 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

Provider ▾

Tester, Testing ▾   Q Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › New Enrollment › Individual Enrollment

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]   ⊙ Go   📄 Page Count   📄 SaveToXLS   Viewing Page: 1   « First   ‹ Prev   › Next   » Last

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

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- 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

👤 Tester, Testing ▾   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › New Enrollment › Individual Enrollment

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   ⊙ Go   📄 Page Count   📊 SaveToXLS   **Viewing Page:** 1   « First   ‹ Prev   › Next   » Last

- Click Close to return to the enrollment steps

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👤 Tester,Testing ▾   🔍 Quick Find   📝 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › New Enrollment › Individual Enrollment

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	

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

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👤 Tester, Testing ▾   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › New Enrollment › Individual Enrollment

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

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

- 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

MDHHS

Tester, Testing ▾

Q Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖶 Print   ❓ Help

🏠 › New Enrollment › Individual Enrollment

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

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

👤 Tester, Testing ▾   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › New Enrollment › Individual Enrollment

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 ▲▼
☐	State Professional License	1234567	No	01/01/2010	12/31/2999

| 🗑 Delete | View Page: 1 | ⊙ Go | 📄 Page Count | 📊 SaveToXLS | **Viewing Page: 1** | « First | ‹ Prev | › Next | » Last |

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

MDHHS

🏠 › New Enrollment › Individual Enrollment

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

⊗ Close   ⊕ Add

Taxonomy List

Filter By [▾] [   ] [   ] ⊙ Go   💾 Save Filters   ▼ My Filters ▾

☐	Taxonomy Code △▽	Description ▲▽	Start Date ▲▽	End Date ▲▽
	No Records Found !			

• Click Add

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

- After clicking (◄) the National Uniform Claim Committee webpage will pop-up
- Press (CTRL+F) to search for appropriate taxonomy code

- Enter Start Date
- Click Confirm Taxonomy
- Click Ok

🏠 › New Enrollment › Individual Enrollment

Application ID: 20171106241608   **Name:** Tester, Testing

⊗ Close   **⊕ Add**

▦ Taxonomy List   ⌃

Filter By ⌄			⊙ Go		💾 Save Filters	▼ My Filters ▾

☐	Taxonomy Code ▲▼	Description ▲▼	Start Date ▲▼	End Date ▲▼
☐	101YP2500X	Professional	11/02/2017	12/31/2999

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- The Taxonomy Code information will be displayed
- Click Close

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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

⊗ Close 💾 Save

▦ 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 ▼	
Are you currently excluded from any State program?	Not Completed ▼	
Are you currently excluded from any Federal program?	Not Completed ▼	
Have you ever had a criminal or health-related conviction?	Not Completed ▼	
Have you ever had a judgment under any false claims act?	Not Completed ▼	
Have you ever had a program exclusion/debarment?	Not Completed ▼	
Have you ever had a civil monetary penalty?	Not Completed ▼	
Are you applying as a Private Duty Nurse (LPN/RN) for private duty services?	Not Completed ▼	
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 ▼	
Do you accept new patients?	Not Completed ▼	
Have you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).	Not Completed ▼	
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 ▼	
Dental Hygienist-Do you have a collaborative agreement in place? If 'Yes', with what NPI?	Not Completed ▼	
Are you affiliated with a PA 161 program? If yes, please provide the NPI of that program(s) in the comments.	Not Completed ▼	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed ▼	
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 ▼	

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

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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

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👤 Tester, Testing ▾   🔍 Quick Find   📝 Note Pad   🌐 External Links ▾   ⭐ My Favorites ▾   🖨 Print   ❓ Help

🏠 › New Enrollment › Individual Enrollment

Application ID: 20171106241608   **Name:** Tester, Testing

⊘ Close   ❯ Next

⠿ **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

MDHHS

👤 Tester, Testing ▾   🔍 Quick Find   🗒 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › New Enrollment › Individual Enrollment

Application ID: 20171106241608	Name: Tester, Testing

⊗ Close   ⊘ Submit Application   **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

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

👤 Tester, Testing ▾   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › New Enrollment › Individual Enrollment

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.)

MDHHS

Track Existing Application

How to track a submitted application within CHAMPS

- Select Provider tab
- Click Track Application

- Fill in Application ID
- Click Next

👤 Tester,Testing ▾   🔍 Quick Find   📄 Note Pad   🌐 External Links ▾   ⭐ My Favorites ▾   🖨 Print   ❓ Help

🏠 › Track Application

⊘ 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

👤 Tester,Testing ▾   Q Quick Find   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › Track Application › Individual Enrollment

| 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.   x

⬤ 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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- 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

MDHHS