

October 2012

<First Name> <Last Name>
<Title>
<Facility Name>
<Street 1>
<City> <state> <zipcode5-zip4>

Dear <Prefix> <Last Name>:

RE: Maintenance of Provider Information

The purpose of this letter is to remind providers that they must notify the Michigan Department of Community Health (MDCH) immediately of changes affecting their Medicaid enrollment information.

Examples of changes affecting provider enrollment information include a change in ownership, a name change, moving to a new office, retiring from practice, etc.

Providers can update their information at any time through the Community Health Automated Medicaid Processing System (CHAMPS) Provider Enrollment (PE) subsystem which is available at: <https://sso.state.mi.us/>.

For additional instruction regarding maintenance of provider information and establishing provider access in CHAMPS, please refer to Sections 3 and 4 of the General Information for Providers Chapter of the Medicaid Provider Manual, available at: www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual.

Your cooperation is very much appreciated.

Sincerely,



Stephen Fitton, Director
Medical Services Administration