Provider Enrollment
New Individual/Sole Proprietor
Step 2: Add Locations

"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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- Provider Enrollment Process Overview
- Starting a New Provider Enrollment Application
  - Step 2: Add Locations
- Provider Enrollment Resources

Provider Enrollment Process Overview

- Step 1: Determine if provider needs to enroll with CHAMPS Michigan Medicaid
  - Policy Bulletin MSA: 17-48
  - Policy Bulletin MSA: 18-07
- Step 2: Determine CHAMPS Enrollment Type
- Step 3: Enroll with SIGMA – Vendor Self Service
- Step 4: Register for a MILogin Account for Access to CHAMPS
- Providers wishing to elect another person to have Domain Administrator rights are required to submit:
  - Form: Electronic Signature Agreement Cover Sheet (MDHHS-5405)
  - Form: Electronic Signature Agreement (DCH-1401)

MDHHS
Michigan Department of Health & Human Services

Starting a New Provider Enrollment Application

Details to Step 2: Add Locations

Track Application - PDF, Recording

CHAMPS | My Inbox | Provider

Quick Find | Note Pad | External Links | My Favorites | Print | Help

MyInbox › New Enrollment › Individual Enrollment

Application ID: 20171115618358 **Name:** Tester, Test

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	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

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MyInbox › New Enrollment › Individual Enrollment

Application ID: 20171115618358 **Name:** Tester, Test

Close | Add | To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink

Locations List

Filter By | Go | Save Filters | My Filters

Doing Business As	Location Type	Location Details	End Date
No Records Found !			

- Click Add, to enter Primary Location information

MDHHS

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

Print Help

Application ID: 20171115618358 **Name:** Tester, Test

For all locations, Correspondence address is required. For Primary Practice Location, Pay-To address is required. Enter Remittance Advice address only to receive a paper Remittance Advice.

Add Provider Location

Location Type: Primary Practice Location *

Doing Business As:

End Date:

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

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

Address Line 2:

Address Line 3:

City/Town: OTHER *

State/Province: OTHER *

County: OTHER

Country: UNITED STATES *

Zip Code: * - Validate Address

Phone Number: * Extn:

Fax Number:

Email Address:

Web Page:

Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	*	AM PM *	*	AM PM *	Thursday:	*	AM PM *	*	AM PM *
Monday:	*	AM PM *	*	AM PM *	Friday:	*	AM PM *	*	AM PM *
Tuesday:	*	AM PM *	*	AM PM *	Saturday:	*	AM PM *	*	AM PM *
Wednesday:	*	AM PM *	*	AM PM *					

Accepting New Clients:

Maximum Clients:

Offers OB-Gyn Services:

Pediatric Services:

Handicap Accessible: No

FQHC:

Accept 835(reported at EIN/TIN level): No

Language(s) Spoken: English, Arabic, Chinese (For Multiple Selection, use Ctrl Key)

OK Cancel

Page ID: dlgEnrlAddLocation(Provider)

- Complete Address Line 1 and Zip Code, click Validate Address

  (Please Note: you should receive confirmation "Address Validation Successful")
- Complete all other fields marked with an asterisk (*)
- Click Ok

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MyInbox > New Enrollment > Individual Enrollment

Application ID: 20171115618358 **Name:** Tester, Test

Close | Add | **To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink**

Locations List

Filter By | Go | Save Filters | My Filters

Doing Business As	Location Type	Location Details	End Date
	Primary Practice Location	320 S Walnut St, Lansing, MICHIGAN 48933	12/31/2999

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- Click Primary Practice Location to add Correspondence and Pay-To address

(Please Note: Correspondence and Pay To address are required for all locations. Optionally enter a Remittance Advice address to receive a paper Remittance Advice)

CHAMPS | Provider | Note Pad | External Links | My Favorites | Print | Help

Individual Enrollment > General

Application ID: 20171115618358 **Name:** Tester, Test

Close | Save | To add additional addresses, click "Add Address" button.

Location Details

Doing Business As:
Location Code: 1
Location Type: Primary Practice Location
Phone Number: * Extn:
Fax Number:
Email Address:
Web Page:
Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Close *	AM PM *	*	AM PM *	Thursday:	07:00 *	AM PM *	06:00 *	AM PM *
Monday:	07:00 *	AM PM *	06:00 *	AM PM *	Friday:	07:00 *	AM PM *	06:00 *	AM PM *
Tuesday:	07:00 *	AM PM *	06:00 *	AM PM *	Saturday:	09:00 *	AM PM *	03:00 *	AM PM *
Wednesday:	07:00 *	AM PM *	06:00 *	AM PM *					

Accepting New Clients: No
Maximum Clients:
Handicap Accessible: No
Offers OB-Gyn Services:
Pediatric Services:
FQHC:
Accept 835(reported at EIN/TIN level): No
Language(s) Spoken: (For Multiple Selection, use Ctrl Key) English, Arabic, Chinese
End Date: 12/31/2999

Address List

Add Address

Address Type	Address	End Date
Location	[illegible]	12/31/2999

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- Click Add Address

MDHHS Michigan Department of Health & Human Services

CHAMPS My Inbox Provider

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

Print Help

Application ID: 20171115618358 **Name:** Tester, Test

Add Provider Location Address

Type of Address: --SELECT-- **End Date:**

Location Address: Copy This Location Address

If a department or drawer number is required enter the information in line TWO.(For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: * **Address Line 2:**

(Enter Street Address or PO Box Only)

Address Line 3: **City/Town:** OTHER *

State/Province: OTHER * **County:** OTHER

Country: UNITED STATES * **Zip Code:** - Validate Address

OK Cancel

Page ID: dlgEnrlLocationAddress(Provider)

- From the drop-down list, select Type of Address
- Complete all fields marked with an asterisk (*)
- Click Validate Address

(Please Note: you should receive confirmation "Address Validation Successful")

- Click Ok

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CHAMPS | Provider | Note Pad | External Links | My Favorites | Print | Help

Individual Enrollment > General

Application ID: 20171115618358 Name: Tester, Test

Close | Save | To add additional addresses, click "Add Address" button.

Location Details

Doing Business As:
Location Code: 1
Location Type: Primary Practice Location
Phone Number: * Extn:
Fax Number:
Email Address:
Web Page:
Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

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Accepting New Clients: No
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Offers OB-Gyn Services:
Pediatric Services:
FQHC:
Accept 835(reported at EIN/TIN level): No
Language(s) Spoken: (For Multiple Selection, use Ctrl Key) English, Arabic, Chinese
End Date: 12/31/2999

Address List

Add Address

Address Type	Address	End Date
Correspondence	[illegible]	12/31/2999
Location	[illegible]	12/31/2999
Pay To	[illegible]	12/31/2999
Remittance Advice	[illegible]	12/31/2999

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- When all address locations are complete, click Save

(Please Note: If the address is the same you can click on the radio button that says, Copy This Location Address; example on previous slide.)

- Click Close

CHAMPS | My Inbox | Provider

Quick Find | Note Pad | External Links | My Favorites | Print | Help

MyInbox › New Enrollment › Individual Enrollment

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- Click Close

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MyInbox > New Enrollment > Individual Enrollment

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Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
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Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 2 is complete
- Click on Step 3: Add Specialties

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Provider Enrollment Resources

- **Provider Enrollment website:** http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_85441---,00.html

- **Trainings:**
  - MILogin
  - CHAMPS Enrollment Application: Individual/Sole Proprietor User Guide
  - Domain Administrator Functions
  - Track Application – PDF, Recording
  - Step 1: Provider Basic Information – PDF, Recording

- **Forms:**
  - Electronic Signature Agreement Cover Sheet (MDHHS-5405)
  - Electronic Signature Agreement (DCH-1401)

- **SIGMA:**
  - New Individual/Sole Proprietor Providers must register with SIGMA as Vendors
  - Please visit: Michigan.gov/SIGMAVSS

- **Provider Enrollment:**
  - (800) 292-2550
  - ProviderEnrollment@Michigan.gov
  - ProviderSupport@Michigan.gov