



Michigan Department of Health & Human Services

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Pharmacist Medication Therapy Management (MTM) Training May 15, 2017

“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

Agenda

- MTM Overview
- MILogin ([slides 4-15](#))
- CHAMPS Enrollment ([slides 16-47](#))
- Billing ([slides 48-64](#))

MTM Overview

- [MSA 17-09](#)
- MTM services are face-to-face consultations provided by pharmacists to optimize drug therapy and improve therapeutic outcomes for beneficiaries.
- Coverage of MTM will be effective for dates of service on and after April 1, 2017.
- These services will be paid through the Fee-for-Service program for beneficiaries enrolled either in FFS or in a Medicaid Health Plan.
 - There is no cost-sharing responsibility to the beneficiary for the MTM service.

MILogin

Steps for creating a MILogin Account

MILogin for Third Party

Login to your account

User ID

Password

LOGIN

SIGN UP

[Forgot your User ID?](#)

[Forgot your password?](#)

[Need Help?](#)

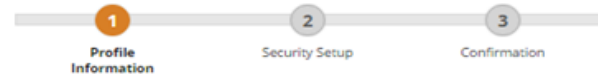
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- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar
- Click Sign Up
- If MILogin is already used for another application skip to slide 9

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?

I agree to the terms & conditions.

NEXT

RESET

- Complete all required fields indicated with an asterisk
- Check the 'I agree' box
- Click Next

MILogin 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.

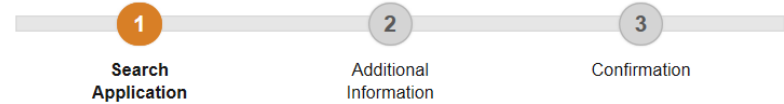
- Your Home Page will not show any applications
- Click Request Access

**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

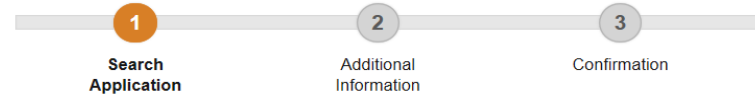
Search for an application with a keyword or select an agency to view its applications

- 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

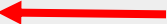


-- Select Agencies --



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.

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

I agree to the terms & conditions

I do not agree

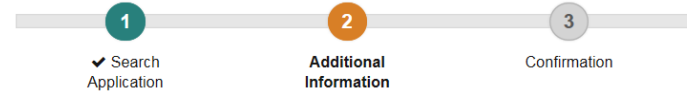
CANCEL **REQUEST ACCESS**

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

MI Login 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

CHAMPS Enrollment

How to enroll as an MTM Provider within CHAMPS


Eligible Providers

- A pharmacist must be licensed and have successfully completed either the American Pharmacists Association's "Delivering Medication Therapy Management Services" certificate training program or other MTM program(s) approved by the Accreditation Council of Pharmacy Education.
- Pharmacists who meet these requirements must enroll in the Community Health Automated Medicaid Processing System (CHAMPS) with an Individual (Type 1) National Provider Identifier (NPI) Number as a Rendering/Servicing-Only provider.
 - Pharmacists are then required to associate themselves to the billing NPI of a pharmacy, Federally Qualified Health Center (FQHC), Tribal Health Center (THC), or Rural Health Clinic (RHC).

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 

- Log into MiLogin
- Click on CHAMPS within your applications list

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

CHAMPS < Provider ▾

⏪ ⏩

👤 ▾ Note Pad External Links ▾ ★ My Favorites ▾ 🖨 Print 🆘 Help

🏠 > Track Application > New Enrollment > New Enrollment

☰ Provider Enrollment ⏪

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

- Click New Enrollment
- MTM providers can only enroll on or after April 1, 2017

Enrollment Type

Select the Applicable Enrollment Type

- Individual/Sole Proprietor
 - Regular Individual/Sole Proprietor (Choose this option to be a Medicaid Individual/Sole Proprietor, you may participate in the EHR-MIPP.)
 - EHR-MIPP Only Provider (Choose this option to participate only in EHR-MIPP.)
 - Managed Care Network Provider Only
 - Managed Care Network Provider and EHR
- 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, etc.)

- Select Regular Individual/Sole Proprietor
- Click Submit

Basic Information

First Name: *

Middle Initial:

Last Name: *

Suffix: *

Gender: *

SSN: *

Date of Birth: *

Applicant Type: *

NPI: *

Contact Email Address:

Email-1: *

Email-2:

Email-3:

Email-4:

Email-5:

Email-6:

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: -

- Fill out all required information as indicated with an asterisk
- In the Applicant Type dropdown select - Rendering/Serviceing Only
- Enter Address Line 1 and Zip Code
- Click Validate Address
- Click Finish

Application ID: [blurred]

Name: Training_Test

Basic Information

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

Your Application ID is: [blurred]

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

- Copy down the Application ID, for further tracking purposes
- Click Ok

Application ID: [REDACTED]

Name: Training, 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	02/27/2017	02/27/2017	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: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: [Go](#) [Page Count](#) [SaveToXLS](#)

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- Click Step 2: Add Specialties

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. A dark blue header contains utility links: 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the header, a breadcrumb trail reads 'Provider Portal > New Enrollment > Individual Enrollment'. The main content area displays 'Application ID: [redacted]' and 'Name: Training, Test'. A toolbar includes 'Close', 'Add' (highlighted with a red box), and 'Primary Speciality' buttons. Below this is a 'Specialty/Subspecialty List' section with a search filter and 'Go' button. The table below has columns for 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. A red message 'No Records Found!' is displayed at the bottom of the table.

- Click Add to enter Specialty Information

Application ID: [redacted] Name: Training, Test

Add Specialty/Subspecialty

Provider Type: NON-PHYSICIANS *
Specialty: Pharmacist *
End Date: [calendar icon]

Add Subspecialty

Available Subspecialties	Associated Subspecialties *
Medication Therapy Management	
>>	
<<	

OK Cancel

- Provider Type: Select Non-Physicians
- Specialty: Select Pharmacist
- Available Subspecialties will auto populate to: Medication Therapy Management
 - Click the >> to move to Associated Specialties
- Click Ok

Application ID: [REDACTED]

Name: Training, Test

[Close](#)[Add](#)[Primary Specialty](#)**Specialty/Subspecialty List**

Filter By

[Go](#)[Save Filters](#)[My Filters](#) Specialty/Subspecialty

Provider Type

End Date

**No Records Found !**

- Click Primary Specialty

Application ID: [REDACTED]

Name: Training, Test

Close

Save

Primary Specialty For Enrollment

Primary Specialty/Subspecialty:

None
NON-PHYSICIANS/Pharmacist/Medication Therapy Management *Board Certified: Yes NoBoard Eligible: Yes No

Start Date: 01/01/2015 [Calendar] *

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: [Calendar]

- Primary Specialty/Subspecialty: Select Non-Physician/Pharmacist/MTM
- Click Save
 - Note: If you are Board Certified or Board Eligible Pharmacist select "Yes"

Application ID:

Name: Training, 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	02/27/2017	02/27/2017	Complete	
Step 2: Add Specialties	Required	02/27/2017	02/28/2017	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: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

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- Click Step 3: Associate Billing Provider
 - Note: This will be the Pharmacy Information

Application ID: [REDACTED]

Name: Training, Test

Associate Billing Provider

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


Type: *  * 

ID: * 

Start Date:  * 

Provider Name:

End Date: 



- Type: Select NPI from the dropdown
- ID: Input NPI
- Start Date: Input the system date or the date the application is being filled out
- Click Confirm Provider
 - The billing provider information will populate
- Click Ok

Application ID: [redacted] Name: Test, Training

Close Add

Billing Provider List

Filter By [dropdown] [input] [input] Go Save Filters My Filters

Billing Provider NPI/ID	Billing Provider Name	Start Date	End Date	Status
<input type="checkbox"/> [redacted]	[redacted]	03/01/2017	12/31/2999	Approved

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- Click Close

Application ID: [REDACTED]

Name: Training, 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	02/27/2017	02/27/2017	Complete	
Step 2: Add Specialties	Required	02/27/2017	02/28/2017	Complete	
Step 3: Associate Billing Provider	Required	02/28/2017	02/28/2017	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: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

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- Click Step 4: Add License/Certification/Other

Application ID: [Redacted]

Name: Test, Training

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: [redacted]

Name: Test, Training

Add License/Certification/Other

License/Certification/Other Type: *

License/Certification/Other #:

Valid Flag:

Effective Date: [calendar icon] *

End Date: [calendar icon]

Confirm License/Certification/Other

- License/Certification/Other Type: Choose the appropriate type
 - Depending on the selected type will determine the necessary fields to be completed
- Click Confirm License/Certification/Other to validate information
- Click Ok

Application ID: [Redacted]

Name: Test, Training

Close | Add

License/Certification/Other List

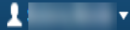
Filter By [Dropdown] [Input] [Go]

Save Filters | My Filters

License/Cert./Other Type	License/Cert./Other #	Valid Flag	Effective Date	End Date
<input type="checkbox"/> State Professional License	1111111111	No	03/01/2016	12/31/2999

Delete | View Page: 1 | Go | Page Count | SaveToXLS | Viewing Page: 1 | First | Prev | Next | Last

- For additional Licenses/Certifications/Other click Add again
- Click Close when complete



Name: Test, Training

Close Undo Update

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	03/01/2017	03/01/2017	Complete		
<input type="checkbox"/> Step 2: Specialties	Required	03/01/2017	03/01/2017	Complete		
<input type="checkbox"/> Step 3: Associate Billing Provider	Required	03/01/2017	03/01/2017	Complete		
<input type="checkbox"/> Step 4: License/Certification/Other	Required	03/01/2017	03/01/2017	Complete		
<input type="checkbox"/> Step 5: Provider Controlling Interest/Ownership Details	Optional			Complete		
<input type="checkbox"/> Step 6: Taxonomy Details	Required			Complete		
<input type="checkbox"/> Step 7: View Servicing Provider Details	Optional			Complete		
<input type="checkbox"/> Step 8: Associate MCO Plan	Optional			Complete		
<input type="checkbox"/> Step 9: Complete Modification Checklist	Required			Incomplete		
<input type="checkbox"/> Step 10: Submit Modification Request for Review	Required			Complete		

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- Step 5: Provider Controlling Interest/Ownership Details is optional and can be skipped
- Click Step 6: Taxonomy Details



Application ID: [Redacted]

Name: Test, Training

Close

Add ←

Taxonomy List

Filter By



Go

Save Filters

My Filters ▾

Taxonomy Code ▲▼	Description ▲▼	Start Date ▲▼	End Date ▲▼
---------------------	-------------------	------------------	----------------

No Records Found !

- Click Add

Application ID:

Name: Test, Training

Add Taxonomy

Taxonomy Code: * (Click here for Taxonomy List)

Description:

Start Date:  *

End Date: 



- Enter the Taxonomy code
- If the Taxonomy code is unknown click the arrow for a list of taxonomy codes

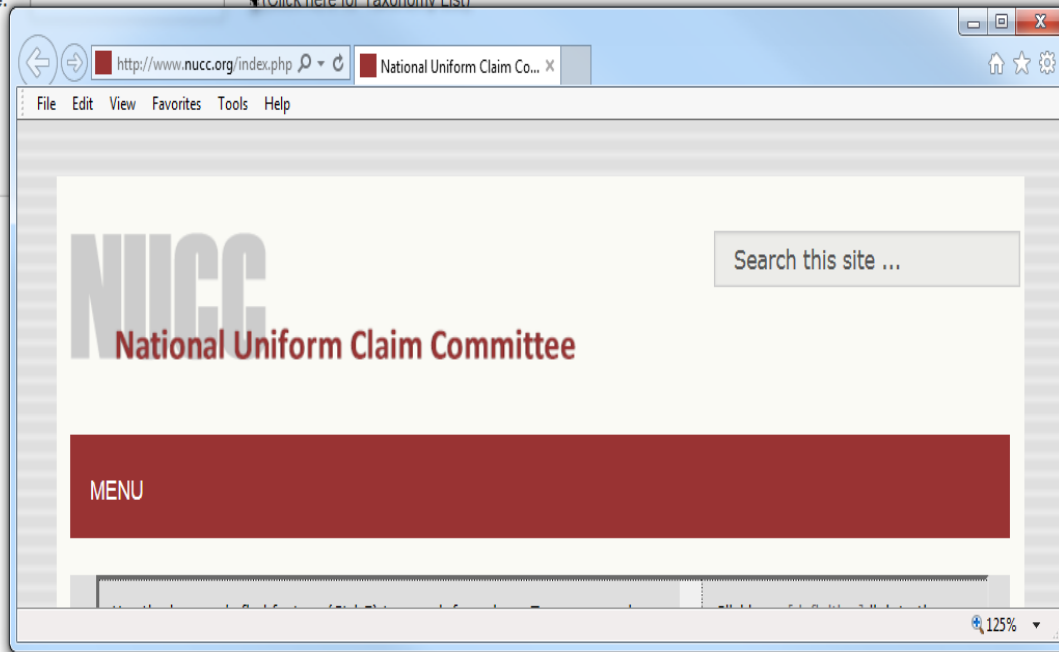
Application ID: [redacted] Name: Test, Training

Add Taxonomy

Taxonomy Code: [input] * (Click here for Taxonomy List)

Description:

Start Date:



Confirm Taxonomy Ok Cancel

- Maximize the NUCC webpage and select the Taxonomy associated to Pharmacist

Application ID: [blurred]

Name: Test, Training

Add Taxonomy

Taxonomy Code: [blurred] * (Click here for Taxonomy List)

Description: Pharmacist

Start Date: 03/01/2017 * ←

End Date: [blurred]

Confirm Taxonomy **Ok** Cancel

- The Taxonomy Code will now automatically populate
- Start Date: must reflect the date you are completing the application
- Click Confirm Taxonomy
- Click Ok

Application ID: [redacted]

Name: Test, Training

Close

Add

Taxonomy List

Filter By



Go

Save Filters

My Filters ▾

<input type="checkbox"/> Taxonomy Code ▲▼	Description ▲▼	Start Date ▲▼	End Date ▲▼
<input type="checkbox"/> [redacted]	Pharmacist	03/01/2017	12/31/2999

Delete

View Page:

1

Go

Page Count

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Prev

Next

Last

- If an additional Taxonomy Code is needed click Add; otherwise click Close

Application ID: [redacted] Name: Test, Training

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	03/01/2017	03/01/2017	Complete	
Step 2: Add Specialties	Required	03/01/2017	03/01/2017	Complete	
Step 3: Associate Billing Provider	Required	03/01/2017	03/01/2017	Complete	
Step 4: Add License/Certification/Other	Required	03/01/2017		Incomplete	Please add/validate required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	03/01/2017	03/01/2017	Complete	
Step 6: Add Taxonomy Details	Required	03/01/2017	03/01/2017	Complete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 7: Associate MCO Plan is optional and shouldn't be completed until/if the pharmacist is associated to a Managed Care Plan
- Click Step 8: Complete Enrollment Checklist

NPI: Name:

←

Manage 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="text"/>
Do you accept new patients?	Not Completed ▾	<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="text"/>
Have you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).	Not Completed ▾	<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="text"/>
Do you wish to end date your enrollment or association? If yes, what date and to which NPI association?	Not Completed ▾	<input type="text"/>
Dental Hygienist-Do you have a collaborative agreement in place? If 'Yes', with what NPI?	Not Completed ▾	<input type="text"/>
Are you currently excluded from any State Program?	Not Completed ▾	<input type="text"/>
Are you currently excluded from any Federal Program?	Not Completed ▾	<input type="text"/>
Have you ever had a criminal or health-related conviction?	Not Completed ▾	<input type="text"/>
Have you ever had a judgment under any false claims act?	Not Completed ▾	<input type="text"/>
Have you ever had a program exclusion/debarment?	Not Completed ▾	<input type="text"/>
Have you ever had a civil monetary penalty?	Not Completed ▾	<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="text"/>
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed ▾	<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="text"/>

- Complete all questions with Yes or No
- If Yes is selected and requires a comment, do so in the comment section
- Click Save

Application ID: [redacted] Name: Test, Training

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	03/01/2017	03/01/2017	Complete	
Step 2: Add Specialties	Required	03/01/2017	03/01/2017	Complete	
Step 3: Associate Billing Provider	Required	03/01/2017	03/01/2017	Complete	
Step 4: Add License/Certification/Other	Required	03/01/2017		Incomplete	Please add/validate required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	03/01/2017	03/01/2017	Complete	
Step 6: Add Taxonomy Details	Required	03/01/2017	03/01/2017	Complete	
Step 7: Associate MCO Plan	Optional	03/01/2017	03/01/2017	Complete	
Step 8: Complete Enrollment Checklist	Required	03/01/2017	03/01/2017	Complete	
Step 9: Submit Enrollment Application for Approval ←	Required			Incomplete	

View Page: 1 [Go] [Page Count] [SaveToXLS]

Viewing Page: 1

<< First | < Prev | Next > | >> Last

- Once all Required Steps have been completed
- Click Step 9: Submit Enrollment Application for Approval

Application ID: [REDACTED]

Name: Test, Training

Close

Next ←

Final Submission

Application ID: [REDACTED]

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 !

- Click Next to complete the application

New Enrollment

Application ID: [REDACTED] Name: Provider, Test

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

determination procedures prior to contacting the other with a support related matter. The parties agree to use all commercially reasonable efforts to avoid and resolve performance and availability issues. Each party will perform remedial action, as requested by the other, to assist in problem resolution. Each party, at its own expense, shall provide and maintain the equipment, software, services, and testing necessary to effectively and reliably transmit and receive transactions.

3. Data Retention.

MDHHS will log all Transactions for the purpose of problem investigation, resolution, and servicing. The Trading Partner is responsible for maintaining and retaining its own records of data submitted to MDHHS. Trading Partners who are healthcare providers will ensure that electronic healthcare claims submitted to MDHHS can be readily associated and identified with the correct patient medical and business office records, and that these records are maintained in a manner that permits review, and for the time period as may be required by MDHHS or other third party payer responsible for claim payment.

4. Proper Receipt and Verification for Transactions.

Upon proper receipt of any ANSI ASC X12N Standard Transaction, the receiving party shall promptly and properly transmit a functional acknowledgement in return, unless otherwise specified. The functional and interchange acknowledgements must be accepted and reviewed, when applicable, to confirm the receipt of a Transaction. The ability to send or receive functional acknowledgements is applicable only to ANSI ASC X12N Standard Transactions. Additionally, MDHHS originated outbound Transactions must be accepted and reviewed, when appropriate, to obtain MDHHS's response to specific inbound Transactions. The acknowledging party does not attest to the accuracy of the data contained in the transmission; rather, it only confirms receipt of the transmission.

5. Liability.

MDHHS shall not be responsible to the Trading Partner nor anyone else for any damages caused by loss, delay, rejection, or any misadventure affecting such electronic information. In addition, MDHHS shall be excused from performing any EDI service or function, in whole or in part, as a result of an act of God, war, civil disturbance, court order, labor dispute, or other cause beyond its reasonable control, including shortages or fluctuations in electrical power, heat, light, or air conditioning. MDHHS's sole liability to the Trading Partner or to any other person or entity in connection with MDHHS's responsibilities under this Agreement shall be to reprocess information supplied by the Trading Partner or duplicate information from a backup supplied by the Trading Partner upon MDHHS's request which shall be the sole remedy against MDHHS for claimed damage or injury of any nature. MDHHS shall not be liable for any indirect, special, or consequential damages arising out of any access, use, or any reliance upon, the EDI services MDHHS provides to the Trading Partner. MDHHS assumes no responsibility for claims preparation, review, information accuracy, pricing, adjudication, payment, adjustment, accounting, reconciliation or any other matter related to the claims transmitted for delivery to other third party payers. The Trading Partner agrees to defend, indemnify, and hold harmless MDHHS, its Trading Partners, officers, agents, employees, assigns and successors from and against any and all claims, losses, and actions, 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.

- Agree and accept the enrollment conditions
- Click Submit Application

New Enrollment

Application ID: [redacted] Name: Provider, Test


Close

Enroll Provider - Atypical Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	03/02/2017	03/02/2017	Complete	
Step 2: Add Locations	Required	03/02/2017	03/02/2017	Complete	
Step 3: Add Specialties	Required	03/02/2017	03/02/2017	Complete	
Step 4: Associate Billing Provider	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional	03/02/2017	03/02/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Optional			Incomplete	
Step 7: Associate Billing Agent				Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details			03/02/2017	Complete	
Step 9: Add Taxonomy Details				Incomplete	
Step 10: Associate MCO Plan				Complete	
Step 11: 835/ERA Enrollment Form				Incomplete	
Step 12: Complete Enrollment Checklist			03/02/2017	Complete	
Step 13: Submit Enrollment Application for Approval			03/02/2017	Complete	

Message from webpage

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

OK

View Page: 1 Go Page Count SaveToXLS

First Prev Next Last

- Click Ok within the dialog box

Billing

How to bill for MTM Providers

Billing

- Pharmacy-based MTM claims must be submitted on the professional claim format (HIPAA 837P)
- Diagnosis codes reported on the claim must be from the [Chronic Conditions list](#)
- MTM CPT codes:
 - 99605 - Initial assessment performed face-to-face with a beneficiary in a time increment of up to 15 minutes
 - 99606 - Follow-up assessment of the same beneficiary in a time increment of up to 15 minutes
 - 99607 - Additional increments of 15 minutes of time for 99605 or 99606

Billing cont.

- Appropriate places of service:
 - Ambulatory care outpatient setting
 - Clinic
 - Pharmacy
 - Beneficiary's home if the beneficiary does not reside in a non-covered services setting
- Limits for CPT codes
 - 99605 - one per provider, per beneficiary in a 365 day period
 - 99606- up to seven per provider, per beneficiary in a 365 day period
 - 99607- up to four per provider, per beneficiary per date of service
- Providers can submit electronic claims to CHAMPS through the use of a billing agent, via batch upload or Direct Data Entry (DDE) in CHAMPS

Submitting a CHAMPS DDE claim

- Log into CHAMPS and select the billing NPI domain (the pharmacy or clinic NPI)
 - Select either Full Access Profile, Limited Access Profile or Claims Profile
- Within the DDE screens required information is marked with a red asterisk (*). This information is required for every claim submitted on that claim type
 - Keep in mind that there might be information needed for your specific services being billed but it might not be asterisked as it's not required for all providers/services

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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- 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

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 to your MILogin home page
- Click the CHAMPS hyperlink

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

Michigan.gov HELP CONTACT US

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 x **Acknowledge/Agree**

Michigan.gov HOME | HELP | CONTACT US | POLICIES
Copyright 2015-2017 State of Michigan

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



→ Select Domain ▼ *

→ Select Profile ▼ *

Select Favorite ▼ Go

- Select the Billing NPI from the Domain dropdown
- Select the appropriate profile (for example full access, limited access, etc.)



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.



My Reminders

Filter By

<input type="checkbox"/>	Alert Type ▲▼	Alert Message ▲▼	Alert Date ▲▼	Due Date ▲▼	Read ▲▼
No Records Found !					

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			→	

- Once logged in you will be directed to the Provider Portal page



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
<input type="checkbox"/>	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼

No Records Found !

- Click the Claims tab





Provider Portal

NPI:

Latest updates

System Notification

Attention All Providers: Due to system maintenance on Saturday, January 10th through 9:00 PM, the Health Care Eligibility Benefit Inquiry and Response (Core 270/271) will be down between 6:00am and 10:00am on Saturday January 10th. This


My Reminders


Filter By

Alert Type	Alert Message
▲▼	▲▼


No Records Found !

CLAIM SUBMISSION

Submit Professional 

Submit Institutional 

Submit Dental 

Search Template 

MANAGE CLAIMS

Adjust/Void Claim Provider 

INQUIRE CLAIMS

Claim Inquiry 

RA LIST

RA List 

System will be down between 6:00 AM and 10:00 AM on Saturday, January 10th. The Health Care Eligibility Benefit Inquiry and Response (Core 270/271) will be down between 6:00am and 10:00am on Saturday January 10th. This will affect access for all functionality.

Calendar

1:24 PM 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	

- Click the Submit Professional option





Close Submit Claim Save as Template Reset

Professional Claim

Note: Asterisks (*) denote required fields.

[Billing Instructions](#)

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type: * Taxonomy Code:

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: -

Is the Billing Location also the Service Facility Location? Yes No

Is the Billing Provider also the Rendering Provider? Yes No

RENDERING PROVIDER

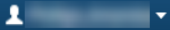
Provider ID: * Type: * Taxonomy Code:

Is the Billing Provider also the Supervising Provider? Yes No

Is this service the result of a referral? Yes No

Is this service the result of a Primary Care Referral? Yes No

- Once in the claim screen the Billing NPI that you are logged into CHAMPS with will be pre-populated
- The rendering NPI will be the MTM Pharmacist NPI



Close Submit Claim Save as Template Reset

Professional Claim

Note: Asterisks (*) denote required fields.

[Billing Instructions](#)

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * MI: Suffix:

Date of Birth: mm dd yyyy * Gender: ▾ *

Onset of Current Illness/symptom Date: mm dd yyyy

Does the beneficiary have insurance other than Medicaid? Yes No

Top

- Enter the Medicaid beneficiary information

CLAIM INFORMATION

RELEVANT DATES

PRIOR AUTHORIZATION/REFERRAL/CLIA

Prior Authorization Number: MDHHS PA: Yes No Referral Number:
CLIA Number:

CLAIM NOTE

Is this claim related to Chiropractic Spinal Manipulation? Yes No
Is this a vision claim involving replacement lenses or frames? Yes No
Is this claim accident related? Yes No
Does this claim have backup documentation? Yes No

CLAIM DATA

Patient Account No.: *
Place of Service: * 
Diagnosis Code Category: * 
Diagnosis Codes: 1: *  2: 3: 4: Add Another

ANESTHESIA RELATED PROCEDURE

CONDITION INFORMATION

DELAY REASON

AMBULANCE INFORMATION

- Enter the place of service as outlined in the policy bulletin
- Enter the diagnosis code information, one diagnosis code has to be from the chronic condition list

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: mm dd yyyy * ← Service To Date: mm dd yyyy * ←

Place of Service: [dropdown]

Procedure Code: [text] * ←

Submitted Charges: \$ [text] * ←

Units/Quantity: [text] * ←

EPSDT/Family Planning: [dropdown]

Procedure Description: [text area]

Characters Remaining: 80

Modifiers: 1: [text] 2: [text] 3: [text] 4: [text]

Diagnosis Pointers: 1: [dropdown] * 2: [dropdown] 3: [dropdown] 4: [dropdown]

EMG: [dropdown]

Claim Note: [text area]

Characters Remaining: 80

Prior Authorization Number: [text] MDHHS PA: Yes No Referral Number: [text] CLIA: [text]

Rendering Provider ID:(If different from header) [text] Type: [dropdown] Taxonomy Code: [text]

Ordering Provider ID: [text] Type: [dropdown]

Referring Provider ID:(If different from header) [text] Type: [dropdown]

Primary Care Referring Provider ID:(If different from header) [text] Type: [dropdown]

Is the Header Service Facility Location also the Service Line Facility Location? Yes No

National Drug Code: [text] Quantity: [text] Unit: [dropdown] Qualifier: [dropdown] Prescription/Link No: [text]

Prescription Date: mm dd yyyy

AMBULANCE INFORMATION

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$0.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pointer				Submitted Charges	Units	Prior Auth Number
	From	To		1	2	3	4	1	2	3	4			

- Enter the date of service
- Enter the procedure code
- Select the diagnosis pointer based on the diagnosis information reported at the header level
- Once all information has been entered click 'Add Service Line Item' to add the service line to the claim



☰ BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: mm dd yyyy * Service To Date: mm dd yyyy *

Place of Service: Procedure Description:

Procedure Code: *

Submitted Charges: \$ * Characters Remaining:

Units/Quantity: *

EPSTD/Family Planning:

EMG:

Modifiers: 1: 2: 3: 4:

Diagnosis Pointers: 1: * 2: 3: 4:

Claim Note: Characters Remaining:

Prior Authorization Number: MDHHS PA: Yes No Referral Number: CLIA:

Rendering Provider ID:(If different from header) Type: Taxonomy Code:

Ordering Provider ID: Type:

Referring Provider ID:(If different from header) Type:

Primary Care Referring Provider ID:(If different from header) Type:

Is the Header Service Facility Location also the Service Line Facility Location? Yes No

National Drug Code: Quantity: Unit: Qualifier: Prescription/Link No:

Prescription Date: mm dd yyyy

⊕ AMBULANCE INFORMATION

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$200.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pointer				Submitted Charges	Units	Prior Auth Number	Insurance Info
	From	To		1	2	3	4	1	2	3	4				
1	04/01/2017	04/01/2017	99605					1				200.00	1		<input type="button" value="Copy"/> <input type="button" value="Delete"/>

- Once the service line is added to the claim it will be displayed at the bottom of the screen

The screenshot shows the CHAMPS web portal interface. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, and PA. The 'Claims' tab is selected. Below the navigation, there are buttons for 'Close', 'Submit Claim', and 'Reset'. A red arrow points to the 'Submit Claim' button. The main content area is titled 'Professional Claim' and includes a note: 'Note: Asterisks (*) denote required fields.' Below this, there are sections for 'Basic Claim Information', 'PROVIDER INFORMATION', and 'BENEFICIARY INFORMATION'. A modal window titled 'Submitted Professional Claim Details' is open, displaying the following information:

- TCN: [Redacted]
- Billing Provider ID: [Redacted]
- Billing Provider Name: [Redacted]
- Beneficiary ID: [Redacted]
- Beneficiary Name: [Redacted]
- Date of Service: 04/01/2017
- Total Claim Charge: \$200.00
- Total Number of Lines: 1

At the bottom of the modal, there are buttons for 'Upload Documents', 'Print', and 'Close'. A red arrow points to the 'Upload Documents' button. The modal also shows a page ID: 'dlgSubmitProfessionalClaimsFinal(Claims)'.

- Once the claim is complete, click Submit Claim
- The TCN box will pop-up which displays the TCN number, take note further tracking. To attach documentation to the claim click the Upload Documents button

Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders
- **Pharmacy/MTM website:** http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-151019--,00.html
- **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 Support:**
 - ProviderEnrollment@michigan.gov
 - ProviderSupport@michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program