

CHAMPS Provider Enrollment New Group Practice



“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 for New Providers ([slides 3-21](#))



New Group Enrollment ([slides 22-73](#))



Track Existing Application ([slides 74-79](#))



Provider Resources

Register for MiLogin and CHAMPS for New Providers

MiLogin is the State of Michigan Identity, Credential, and Access Management (MICAM) solution. All users who need access to the information within CHAMPS must obtain a MiLogin User ID and Password.

The Community Health Automated Medicaid Processing System (CHAMPS) is the MDHHS web-based, rules-driven, real-time adjudication Medicaid Management System. CHAMPS is comprised of the following subsystems: Provider Enrollment, Eligibility and Enrollment, Prior Authorization, Claims and Encounters, and Contracts Management.

As of October 28, 2023, MiLogin Third Party has been rebranded to MiLogin for Business.

Register for MiLogin and CHAMPS

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

The screenshot displays the MiLogin for Business website. The header includes the Michigan state logo and the text "MiLogin for Business", with "Help" and "Contact Us" links on the right. The main content area is split into two sections. The left section has a dark blue background with the text "Michigan's one-stop login solution for business" and a teal arrow pointing right. Below this, it states: "MiLogin connects you to all State of Michigan business services through one single user ID. Whether you want to renew your business license or request an inspection, you can use your MiLogin for Business user ID to log in to Michigan government services." The right section has a white background with the heading "Welcome to MiLogin for Business". It contains two input fields: "User ID" and "Password". Below the "User ID" field is a link "Lookup your user ID". Below the "Password" field is a link "Forgot your password?". There are two buttons: a teal "Log In" button and a white "Create an Account" button with a red border. The footer contains "Copyright 2023 State of Michigan" on the left and "Policies" on the right.

Register for MiLogin and CHAMPS

- Enter an email address.
- Check the 'I'm not a robot' checkmark.
- Click Next Step.

Don't have an email address? There are several email providers who offer an email address and services at no cost. A few popular email providers are listed below.

- Gmail: <https://www.google.com/gmail/about/#>
- Yahoo Mail: <https://login.yahoo.com/account/create>
- Microsoft Live Hotmail: <https://outlook.live.com/owa/>

These commercial provider organizations are **not affiliated with the State of Michigan**. Your email messages will not be stored on the State of Michigan systems.

The screenshot displays the 'MiLogin for Business' registration interface. The header includes the Michigan state logo and the text 'MiLogin for Business', with 'Help' and 'Contact Us' links on the right. The main content area is split into two panels. The left panel, with a dark blue background, shows a progress indicator for 'Step 1 of 10' and the title 'Email verification'. Below the title is a row of ten circles, with the first one filled in teal. A teal arrow points to the right. The right panel, with a white background, is titled 'Enter your email'. It contains a text input field for the email address, followed by a red-bordered box containing an unchecked 'I'm not a robot' checkbox and a reCAPTCHA logo. Below this is a light blue information box with an 'i' icon and the text: 'We will never send you spam or share your information with anyone outside of the State of Michigan services you choose to access.' At the bottom of the right panel is a teal 'Next Step' button, also highlighted with a red border. Below the button are links for 'Having Trouble?' and 'I don't have an email >'. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- An email will be sent to the email address provided with a passcode.
- Enter the Passcode.
- Click Next Step.
- If the passcode was not sent select the Resend Passcode link.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo, the text 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 2 of 10' and 'Passcode verification' in large white text. Below this is a progress indicator consisting of ten circles, with the second circle filled in teal. A teal arrow points to the right. The right panel, with a white background, is titled 'Enter your passcode'. It contains the text 'We have sent you a passcode to your email' above a blurred email address. Below that is a 'Passcode' label and an empty input field. A red arrow points to the right side of this input field. Underneath the input field is a teal button labeled 'Next Step', which is highlighted with a red rectangular border. Below the button is a link labeled 'Resend Passcode'. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- Enter the User's First, Last, and optional Middle Initial.
- Review the terms and conditions and click the 'I agree' checkbox.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo, the text 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, on a dark blue background, displays a progress indicator with 10 circles, the 3rd of which is filled, and the text 'Profile Information' with a right-pointing arrow. The right panel, on a white background, is titled 'Enter your information' and contains several input fields: 'First Name', 'Middle Initial (Optional)', 'Last Name', and 'Suffix (Optional)'. Below these fields is a checkbox labeled 'I agree to the Terms & Conditions.' and a teal 'Next Step' button. Red arrows point to the First Name, Last Name, and the checkbox. A red box highlights the checkbox and the Next Step button. The footer contains 'Copyright 2023 State of Michigan' and a 'Policies' link.

Register for MiLogin and CHAMPS

- Enter the work phone number.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo, the title 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 4 of 10' and 'Work phone verification' in large white text. Below this is a progress indicator consisting of ten circles, with the fourth circle filled in teal. A teal arrow points to the right. The right panel has a white background and is titled 'Enter your work phone number'. It contains a paragraph explaining that a work phone number is required for many State of Michigan services. Below the text is a text input field labeled 'Work Phone', with a red arrow pointing to it from the right. Underneath the input field is a light blue information box with an 'i' icon and the text: 'You will receive a passcode via a voice call to your phone to confirm your identity.' At the bottom of the right panel is a teal button with the text 'Next Step', which is highlighted with a red border. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- A phone call will be made to the work phone number on file.
- Enter the passcode provided.
- Click Confirm Password.
- If the call was missed, click the Resend Passcode to receive another phone call.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo and the text 'MiLogin for Business', with 'Help' and 'Contact Us' links on the right. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 5 of 10' and 'Passcode verification' in large white text. Below this is a progress indicator consisting of ten circles, with the fifth circle filled in teal. A teal arrow points to the right. A link for '< Previous Step' is visible at the top left of this panel. The right panel, with a white background, is titled 'Enter your passcode'. It contains the text: 'We have sent you a passcode via a voice call to your work phone ending with [redacted]'. Below this is a 'Passcode' label and a text input field containing '1230 -'. A red arrow points to the end of the input field. Below the input field is a teal button labeled 'Confirm Password', which is also highlighted with a red border. Below the button is a link for 'Resend Passcode'. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- Enter the mobile phone number.
 - This is an optional step and can be completed later by clicking the 'Skip this for now' link.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo and the text 'MiLogin for Business', with 'Help' and 'Contact Us' links on the right. The main content area is split into two panels. The left panel has a dark background and contains a '< Previous Step' link, 'Step 6 of 10', the title 'Mobile phone verification', a progress indicator with 10 circles (the 6th is filled), and a right-pointing arrow. The right panel has a white background and is titled 'Enter your mobile phone number'. It includes explanatory text, a 'Mobile Phone' label, an empty input field with a red arrow pointing to it, an information box with text about work phone verification, a 'Next Step' button with a red border, and a 'Skip this for now' link. The footer contains 'Copyright 2023 State of Michigan' and 'Policies'.

Register for MiLogin and CHAMPS

- Select either the text message or voice call verification method.

MiLogin for Business Help Contact Us

[← Previous Step](#)

Step 7 of 10

Verification method

→

○ ○ ○ ○ ○ ● ○ ○ ○ ○

Select a verification method

We need to make sure you're really you. Please select a verification method below to confirm your identity.

Text Message
You will receive a passcode via a text message to your **mobile phone** ending with [redacted]

Voice Call
You will receive a passcode via a voice call to your **mobile phone** ending with [redacted]

Copyright 2023 State of Michigan Policies

Register for MiLogin and CHAMPS

- Enter the Passcode.
- Click Confirm Passcode.

MiLogin for Business Help Contact Us

[← Previous Step](#)

Step 8 of 10

Passcode verification

○ ○ ○ ○ ○ ○ ● ○ ○

→

Enter your passcode

We have sent you a passcode via a text message to your **mobile phone** ending with [REDACTED]

Passcode

1087 -

Confirm Passcode

[Resend Passcode](#)

Copyright 2023 State of Michigan Policies

Register for MiLogin and CHAMPS

- Create the User ID following the guidelines provided.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The page is titled 'MiLogin for Business' and includes a Michigan state icon. The current step is 'Step 9 of 10: User ID'. The left sidebar shows a progress indicator with 10 circles, the 9th being filled. The main content area is split into two panels. The right panel, titled 'Create your user ID', contains instructions, ID guidelines, a text input field for the user ID, an information box, and a 'Next Step' button. A red arrow points to the input field, and a red box highlights the 'Next Step' button. The footer contains 'Copyright 2023 State of Michigan' and 'Policies'.

MiLogin for Business Help Contact Us

[< Previous Step](#)

Step 9 of 10

User ID [→](#)

○ ○ ○ ○ ○ ○ ○ ○ ● ○

Create your user ID

The User ID is required to sign in, so choose something that you will remember and also follow our ID guidelines.

ID Guidelines

- ⚠ Must start with your last name and first initial
- ✓ Must end with 4 numbers
- ✓ Must not contain special characters or spaces

User ID

i Your user ID should be [] where XXXX is four numbers of your choosing.

Next Step

Copyright 2023 State of Michigan Policies

Register for MiLogin and CHAMPS

- Create a password following the guidelines.
- Enter the same password in the Confirm Password field.
- Click Create Account.

The screenshot shows the 'MiLogin for Business' registration interface. The page is titled 'MiLogin for Business' and includes links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, shows a progress indicator with 10 circles, the 10th of which is filled with a teal dot. Above the progress indicator, it says '< Previous Step' and 'Step 10 of 10'. Below the progress indicator, the word 'Password' is displayed in large white font with a teal arrow pointing right. The right panel, with a white background, is titled 'Create your password'. It contains the instruction: 'Choose something secure, but also something you can remember.' Below this are 'Password Guidelines' listed with warning icons: 'Must be at least 8 characters in length', 'Should not be based on your User ID', 'Must contain at least one upper and lower case letters, a number, and a symbol (@#\$!~&)', and 'Confirm password must match new password'. There are two input fields: 'Password' and 'Confirm Password'. Red arrows point to the right side of both input fields. At the bottom of the right panel is a teal 'Create Account' button, which is highlighted with a red rectangular border. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- Your MiLogin account has now been created successfully.
- Your MiLogin Welcome Page will not display any online services.
- Click Find Services.

**Additional MiLogin resources are available by clicking the Help link at the top of the page.*

The screenshot shows the 'MiLogin for Business' website. The header includes a Michigan state icon, the title 'MiLogin for Business', and navigation links for 'Home', 'Discover Online Services', 'Help' (highlighted with a red box), and 'Contact Us'. The main content area features a dark blue header with the text 'Welcome [blurred name]' and the subtitle 'Access your requested online services and search for more.' Below this is a white box titled 'Discover Online Services' with a magnifying glass icon. The text inside the box reads: 'MiLogin is used to secure many **online services at the State of Michigan**. We are here to ensure your identity is safe and protected.' At the bottom of this box is a red-bordered button labeled 'Find Services >'. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- Filter by Departments and select for Michigan Department of Health and Human Services

OR

- Enter CHAMPS in the search for services box and click Search.
- Click on CHAMPS.

The screenshot shows the 'MiLogin for Business' website. At the top, there is a navigation bar with 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below this is a dark blue header with a '< Back to Home' button and the title 'Discover Online Services'. A sub-header reads: 'From renewing vehicle plates to getting food assistance, find and access the services you need.' Below the header is a search bar with the text 'Search for Services' and a search input field containing 'CHAMPS'. A red arrow points to the search input field. To the right of the search bar is a 'Search' button. Below the search bar is a 'Filter by Departments' section with a list of checkboxes for various Michigan departments. The 'Michigan Department of Health & Human Services (MDHHS)' checkbox is highlighted with a red box. To the right of the filter list is a search results panel for 'Michigan Department of Health & Human Services (MDHHS)'. The 'CHAMPS' result is highlighted with a red box. The description for CHAMPS is: '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.'

Register for MiLogin and CHAMPS

- Review the terms and conditions and select the 'I agree to the terms & conditions' checkbox.
- Click Additional Information.

The screenshot shows the 'MiLogin for Business' registration page for CHAMPS. At the top, there is a navigation bar with 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. A 'Back' button is visible in the top left of the content area. The MDHHS logo is prominently displayed. The main heading is 'CHAMPS', followed by a descriptive paragraph: '(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.'

A light blue information box contains the text: 'This Service Requires Additional Information. This service may ask for additional information before granting access.'

Below this is a section titled 'Please accept the Terms and Conditions to continue:'. It includes a scrollable 'Terms & Conditions' box with the following text: '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...'

Below the terms is a checked checkbox labeled 'I agree to the Terms & Conditions'. A red rectangular box highlights the 'Additional Information' button.

At the bottom of the page, there is a footer with 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- Select the CHAMPS user type as 'Provider/Other' option.
- Click Next Step.

MiLogin for Business

Home Discover Online Services Help Contact Us

[← Back](#)

Request Service

→

Additional Information

In order to proceed with your request, please enter additional requested information below.

CHAMPS User Type

Provider/Other

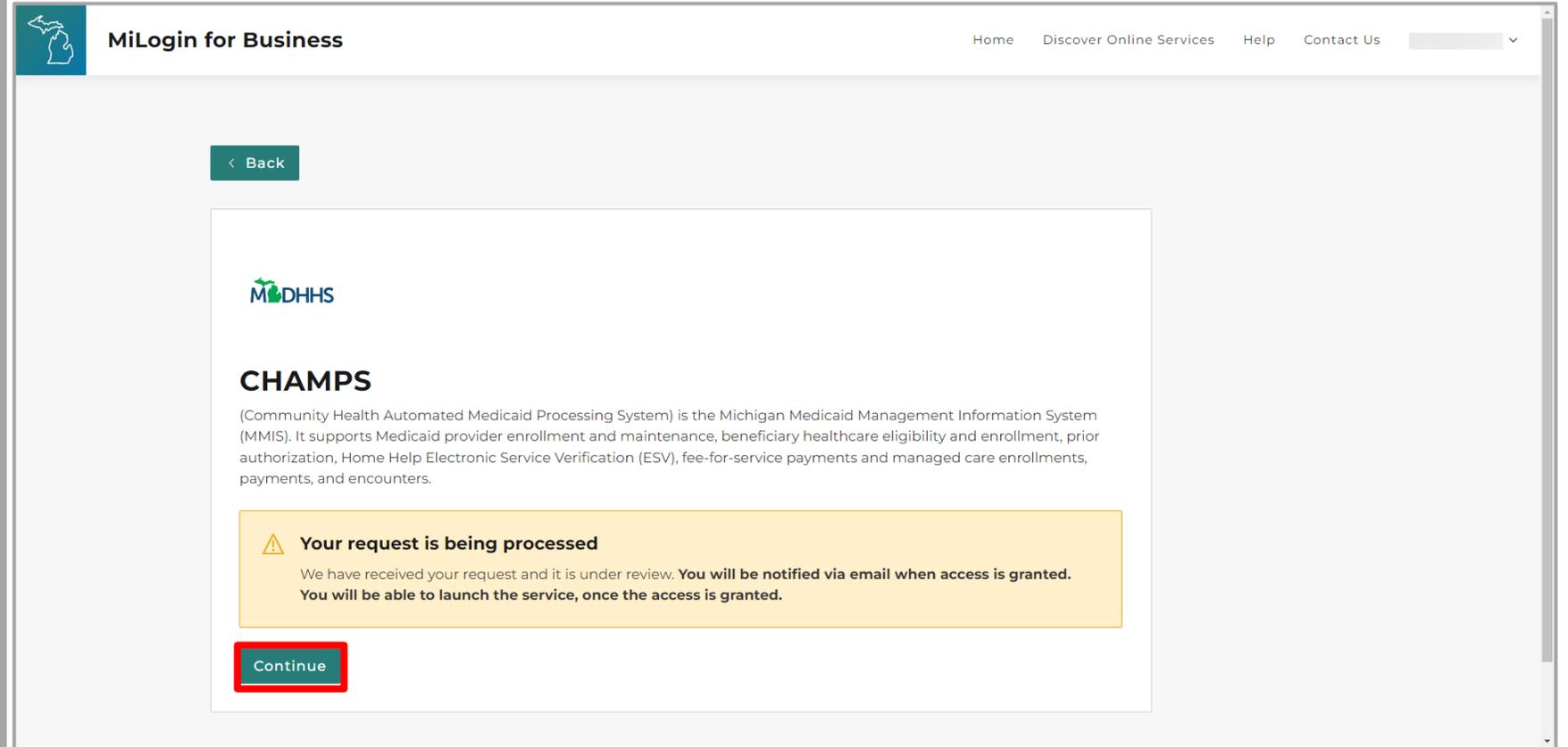
State User Only

Next Step

Copyright 2023 State of Michigan Policies

Register for MiLogin and CHAMPS

- You will be given confirmation that your request has been submitted successfully and is being processed.
- Click continue to return to the MiLogin Welcome Page.



The screenshot shows the 'MiLogin for Business' website. At the top left is the Michigan state logo. The page title is 'MiLogin for Business'. In the top right corner, there are navigation links: 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below the navigation is a '< Back' button. The main content area features the 'MIDHHS' logo and the heading 'CHAMPS'. Below the heading is a paragraph of text: '(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.' Below this text is a yellow warning box with a triangle icon and the text: 'Your request is being processed. We have received your request and it is under review. You will be notified via email when access is granted. You will be able to launch the service, once the access is granted.' At the bottom of the page is a 'Continue' button, which is highlighted with a red border.

Register for MiLogin and CHAMPS

- You will be directed back to your MiLogin Welcome Page.
 - The user's list of online services approved will be displayed, in this example CHAMPS is listed.
- Click the CHAMPS hyperlink.

MiLogin for Business

Home Discover Online Services Help Contact Us

Welcome

Access your requested online services and search for more.

Michigan Department of Health & Human Services (MDHHS)

CHAMPS [>](#)

Discover Online Services

MiLogin is used to secure many **online services at the State of Michigan**. We are here to ensure your identity is safe and protected.

[Find Services >](#)

Copyright 2023 State of Michigan Policies

Register for MiLogin and CHAMPS

- Review the terms and conditions and check the 'I agree to the Terms & Conditions'.
- Click Launch service.

The screenshot shows the 'MiLogin for Business' registration page for CHAMPS. The page features a header with the Michigan state logo and navigation links: Home, Discover Online Services, Help, and Contact Us. A 'Back to Home' button is visible in the top left. The main content area includes the MDHHS logo, the title 'CHAMPS', and a description of the system. Below this, there is a section for 'Terms & Conditions' with a scrollable text area. A checkbox labeled 'I agree to the Terms & Conditions' is checked. A red box highlights the 'Launch service' button. The footer contains copyright information for the State of Michigan and a link to 'Policies'.

MiLogin for Business Home Discover Online Services Help Contact Us

[Back to Home](#)

MDHHS

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.

Please accept the Terms and Conditions to continue:

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

I agree to the Terms & Conditions

Launch service

Copyright 2023 State of Michigan [Policies](#)

New Group Enrollment

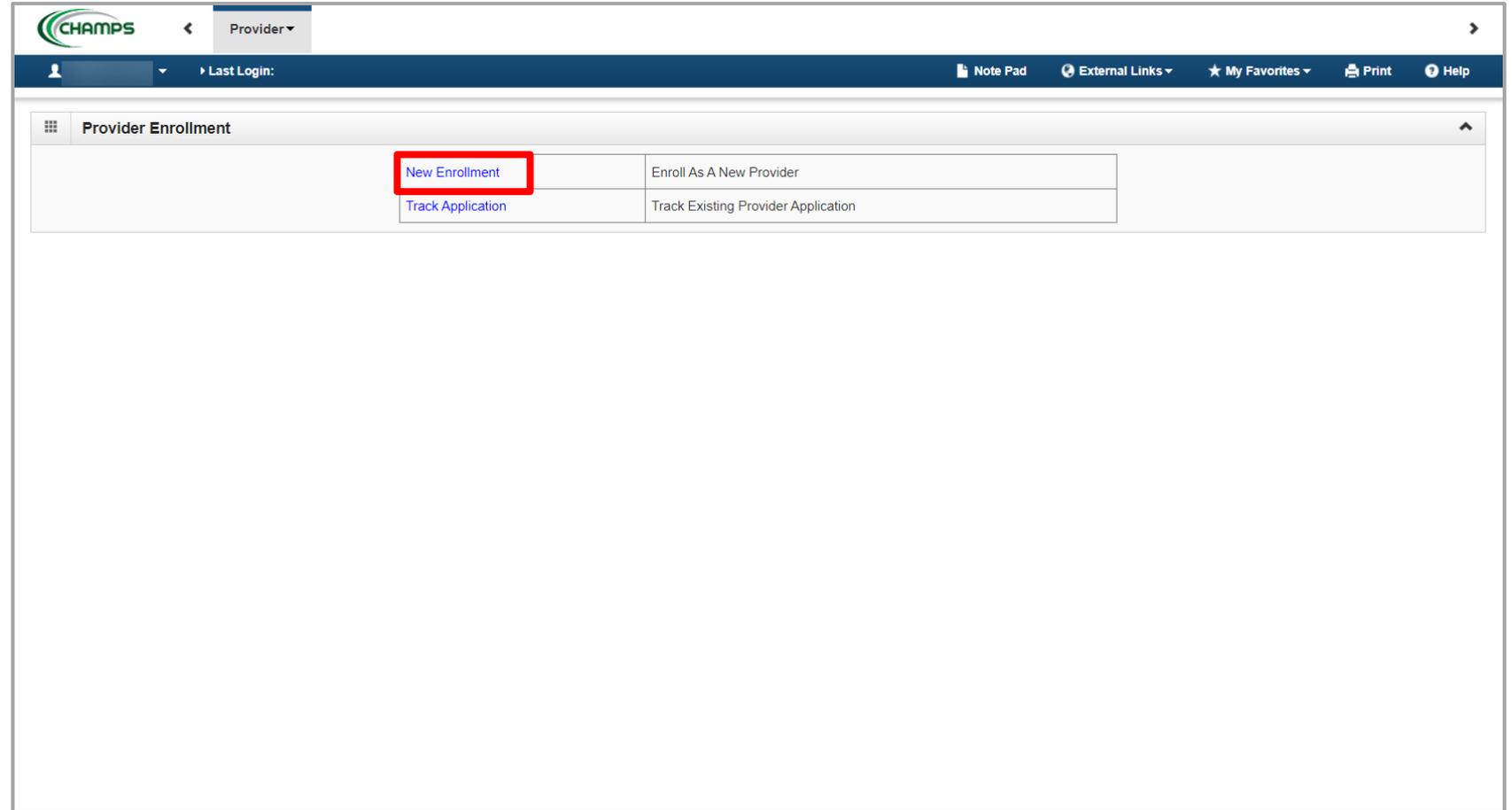
Steps on how to complete a new CHAMPS enrollment for a Group Provider type

Prior to Enrolling in CHAMPS

- Group providers will want to ensure they are enrolled in SIGMA VSS prior to enrolling within CHAMPS.
 - SIGMA VSS website: www.Michigan.gov/SIGMAVSS
 - If you have questions regarding this current process, contact the Vendor Support Call Center at 1-888-734-9749 or email SIGMA-Vendor@Michigan.gov
 - After completing SIGMA registration allow 3-5 business days to begin and complete the CHAMPS application. If you attempt to enroll in CHAMPS during this time, you may get an error when validating your information.
- Group providers must also be licensed prior to enrolling in CHAMPS
 - LARA: www.michigan.gov/lara/bureau-list/bpl

Register for MiLogin and CHAMPS

- For a new provider, the CHAMPS New Enrollment screen will display.
- The MiLogin user that completes the provider enrollment application will become the domain administrator for the provider.



New Group Provider

- Select Group Practice.
- Click Submit.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a breadcrumb trail 'Provider', and a user profile dropdown. Below this is a dark blue header with 'Last Login: 19 DEC, 2023 08:43 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'New Enrollment' and contains a form titled 'Enrollment Type'. The form has a sub-header 'Select the Applicable Enrollment Type' and a list of radio button options: 'Individual Provider (Physician, Non Physician) with Type 1 NPI' (with a sub-option 'Individual/Sole Proprietor or Rendering/Service Provider'), 'Group Practice (Corporation, Partnership, LLC, etc.)' (which is selected and has a red arrow pointing to it), 'Billing Agent', 'Facility/Agency/Organization (Hospital, Nursing Facility, Special Programs, etc) with Type 2 NPI', and 'Atypical (non-medical) provider (Choose this option if you do not have an NPI. EVV Agencies are now required to have an NPI and should also choose this option.)' (with sub-options 'Individual (Driver, Home Help/Personal Care, Carpenter, CTS, etc.)' and 'Agency (Home Help/Personal Care Agency, Fiscal Intermediary, Home and Community Based Services Agencies, Home Care Agency, Transportation Company, Local Education Agency etc.)'). At the bottom left of the form, there is a 'Submit' button highlighted with a red box.

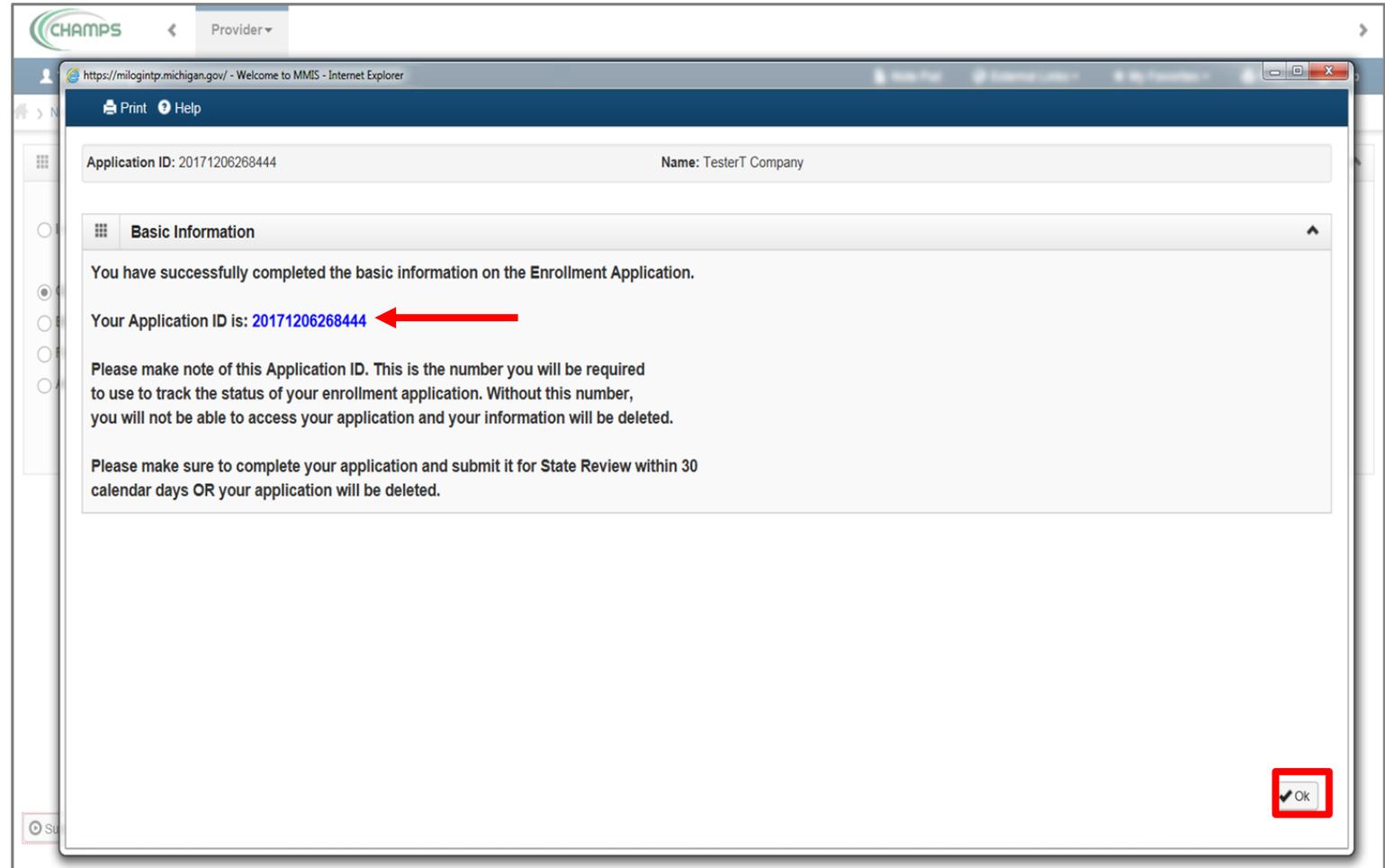
New Group Provider

- Complete all fields marked with an asterisk (*).
- Click Confirm.
- Click Finish.

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and a navigation bar contains a user profile icon, the text 'Last Login: 19 DEC, 2023 08:43 AM', and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'New Enrollment' and features a sidebar with enrollment options: Individual Provider, Individual Agency, Group Practice (selected), Billing Agent, Facility/Agency, Atypical (non-traditional), Individual Agency (Type 2 NPI if...), and Agency (Type 2 NPI if...). The central focus is a 'Basic Information' form with the instruction: 'Basic Information: Enter required fields and click Confirm button.' The form fields include: 'Legal Entity Name' (with a note '(As shown on the Income Tax Return)'), 'Entity Business Name' (marked with an asterisk and a note '(Doing Business As)'), 'EIN/TIN' (marked with an asterisk), 'Vendor ID' (marked with an asterisk), 'Medicare Cost Share' (checkbox), 'NPI' (marked with an asterisk), and a 'Contact Email Address' section with six input fields (Email-1 through Email-6, with Email-1 marked with an asterisk). At the bottom right of the form, the 'Confirm' and 'Finish' buttons are highlighted with a red rectangular box. A 'Submit' button is located in the bottom left corner of the form area. The footer of the page contains the text 'Page ID: dlqAddBasicInformationStep1(Provider)'.

New Group Provider

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



New Group Provider

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

Application ID: 20231220450665 Name: Tester T Company

Close

Enroll Provider - Group

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

| Step | Required | Start Date | End Date | Status | Step Remark |
|---|----------|------------|------------|------------|-------------|
| Step 1: Provider Basic Information | Required | 12/20/2023 | 12/20/2023 | Complete | |
| Step 2: Add Locations | Required | | | Incomplete | |
| Step 3: Add Specialties | Required | | | Incomplete | |
| Step 4: Associate Billing Provider/Other Associations | Optional | | | Incomplete | |
| Step 5: Add Mode of Claim Submission/EDI Exchange | Required | | | Incomplete | |
| Step 6: Associate Billing Agent | Optional | | | Incomplete | |
| Step 7: Add Provider Controlling Interest/Ownership Details | Required | | | Incomplete | |
| Step 8: Add Taxonomy Details | Required | | | Incomplete | |
| Step 9: Associate MCO Plan | Optional | | | Incomplete | |
| Step 10: 835/ERA Enrollment Form | Optional | | | Incomplete | |
| Step 11: Upload Documents | Optional | | | Incomplete | |
| Step 12: Complete Enrollment Checklist | Required | | | Incomplete | |
| Step 13: Submit Enrollment Application for Approval | Required | | | Incomplete | |

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev Next > >> Last

New Group Provider

- Click Add, to enter Primary Location information.

CHAMPS Provider

Application ID: 20171206268444 Name: TesterT Company

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 ! | | | |

New Group Provider

- Complete Address Line 1 and Zip Code, click Validate Address.
 - (Note: you should receive confirmation "Address Validation Successful")
- Complete all fields marked with an asterisk (*).
- Click Ok.

CHAMPS Provider

Application ID: 20171206268444 Name: TesterT Company

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:

OK Cancel

New Group Provider

- Click Primary Practice Location to add Pay-To address.
 - (Note: Correspondence address is required for all locations. Enter the Remittance Advise address only to receive a paper Remittance Advice)

The screenshot shows the CHAMPS Provider interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown menu. Below this, there is a breadcrumb trail: 'New Enrollment > Group Practice Enrollment'. The main content area displays the 'Locations List' for Application ID: 20171206268444 and Name: TesterT Company. A message indicates: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. The 'Locations List' table has columns for 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The 'Location Type' column contains a red box around the text 'Primary Practice Location'. Below the table, there are controls for 'View Page: 1', 'Page Count', 'SaveToXLS', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

New Group Provider

- Click Add Address.

CHAMPS Provider

Last Login: 20 DEC, 2023 07:46 AM

New Enrollment > Group Practice Enrollment > General

Application ID: 20231221101192 Name: Tester A Company

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 | <input type="text"/> * | AM PM | Thursday: | 08:00 * | AM PM | 05:00 * | AM PM |
| Monday: | 08:00 * | AM PM | 05:00 * | AM PM | Friday: | Close: * | AM PM | <input type="text"/> * | AM PM |
| Tuesday: | 08:00 * | AM PM | 05:00 * | AM PM | Saturday: | Close: * | AM PM | <input type="text"/> * | AM PM |
| Wednesday: | 08:00 * | AM PM | 05:00 * | AM PM | | | | | |

Handicap Accessible: No

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

Language(s) Spoken: English
Arabic
Chinese

End Date: 12/31/2999

Address List

Add Address

| Address Type | Address | End Date |
|---|----------------------|------------|
| <input type="checkbox"/> Location | <input type="text"/> | 12/31/2999 |
| <input type="checkbox"/> Primary Pay To | <input type="text"/> | 12/31/2999 |

Delete View Page: 1 Go Page Count Save to Excel Viewing Page: 1

New Group Provider

- From the drop-down list, select Type of Address.
- Complete all fields marked with an asterisk (*).
- Click Validate Address.
 - (Note: you should receive confirmation "Address Validation Successful")
- Click Ok.

CHAMPS Provider

Application ID: 20171206268444 Name: TesterT Company

Add Provider Location Address

Type of Address: ←

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: *

State/Province: *

County:

Country: *

Zip Code: -

New Group Provider

- When all address locations are complete, click Save.
 - (Note: If the address is the same you can click on the radio button that says, Copy This Location Address; example on the previous slide.)
- Click Close.

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, the 'Provider' tab is active, and the user's last login is 21 DEC, 2023 12:07 PM. The breadcrumb trail is 'New Enrollment > Group Practice Enrollment > General'. The application ID is 20231221101192 and the name is 'Tester A Company'. In the 'Location Details' section, there are fields for 'Doing Business As', 'Phone Number', 'Web Page', 'Location Code' (1), 'Fax Number', 'Location Type' (Primary Practice Location), 'Email Address', and 'Communication Preference'. A table for office hours is present, with columns for Day, Open At, AM/PM, and Close At. Below this are fields for 'Handicap Accessible', 'Accept 835', and 'Language(s) Spoken'. The 'Address List' section at the bottom has an 'Add Address' button and a table with columns for 'Address Type', 'Address', and 'End Date'. The 'Address Type' dropdown is highlighted with a red box, showing options: Correspondence, Location, Primary Pay To, and Remittance Advice. The 'Address' column has a dropdown menu also highlighted with a red box. The 'End Date' column shows 12/31/2999 for all entries. At the bottom, there are navigation buttons like 'Delete', 'View Page', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'.

New Group Provider

- Click Close.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile section showing 'Last Login: 21 DEC, 2023 12:07 PM'. To the right of the navigation bar are utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar is a breadcrumb trail: 'New Enrollment > Group Practice Enrollment > General'. The main content area displays 'Application ID: 20231221101192' and 'Name: Tester A Company'. A red box highlights a 'Close' button next to an 'Add' button. Below this is a section titled 'Locations List' with a filter bar and a table. The table has four columns: 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The first row shows a checkbox, a dropdown arrow, 'Primary Practice Location' (a hyperlink), and the date '12/31/2999'. Below the table are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'.

New Group Provider

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

Application ID: 20231221101192 Name: Tester A Company

Close

Enroll Provider - Group

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

| Step | Required | Start Date | End Date | Status | Step Remark |
|---|----------|------------|------------|------------|-------------|
| Step 1: Provider Basic Information | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 2: Add Locations | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 3: Add Specialties | Required | | | Incomplete | |
| Step 4: Associate Billing Provider/Other Associations | Optional | | | Incomplete | |
| Step 5: Add Mode of Claim Submission/EDI Exchange | Required | | | Incomplete | |
| Step 6: Associate Billing Agent | Optional | | | Incomplete | |
| Step 7: Add Provider Controlling Interest/Ownership Details | Required | | | Incomplete | |
| Step 8: Add Taxonomy Details | Required | | | Incomplete | |
| Step 9: Associate MCO Plan | Optional | | | Incomplete | |
| Step 10: 835/ERA Enrollment Form | Optional | | | Incomplete | |
| Step 11: Upload Documents | Optional | | | Incomplete | |
| Step 12: Complete Enrollment Checklist | Required | | | Incomplete | |
| Step 13: Submit Enrollment Application for Approval | Required | | | Incomplete | |

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

New Group Provider

- Click Add.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile icon. Below the navigation bar, there is a breadcrumb trail: 'New Enrollment > Group Practice Enrollment'. The main content area displays 'Application ID: 20231221101192' and 'Name: Tester A Company'. Below this, there are two buttons: 'Close' and 'Add', with the 'Add' button highlighted by a red box. Underneath the buttons is a section titled 'Specialty/Subspecialty List'. This section includes a filter bar with 'Filter By' dropdowns, a 'Go' button, and 'Save Filters' and 'My Filters' buttons. Below the filter bar is a table with the following columns: 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

New Group Provider

- Choose the appropriate Location, Provider Type, and Specialty.
 - (Note: There is no need to fill in an End Date)
- Depending on the Specialty chosen, Available Subspecialties will populate.

CHAMPS Provider

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

Print Help

Application ID: 20171206268444 Name: TesterT Company

Add Specialty/Subspecialty

Location: 01-Group Associates *
Provider Type: ---SELECT--- *
Specialty: [checked] *
End Date: [empty]

Add Subspecialty

Available Subspecialties Associated Subspecialties *

[empty list] [empty list]

[>>] [<<]

OK Cancel

New Group Provider

- When Provider Type and Specialty have been chosen, the available subspecialties will be listed.
- Select Available Subspecialties, click >> to add to Associated Subspecialties list.
- When complete, click Ok.

The screenshot shows the CHAMPS web application interface for adding specialties to a provider. The page title is "Add Provider Specialties - review" and the URL is "https://tp-chp-uat.state.mi.us/ecams/CNSIControlServlet". The application ID is 20231221101192 and the provider name is "Tester A Company".

The "Add Specialty/Subspecialty" section contains the following fields:

- Location: 01- *
- Provider Type: GROUPS *
- Specialty: Medical *
- End Date: [Calendar icon]

The "Add Subspecialty" section contains two lists:

- Available Subspecialties: [Empty list]
- Associated Subspecialties *: No Subspecialty

A red box highlights the right arrow button (>>) between the two lists, indicating the action to move selected specialties from the available list to the associated list. Another red box highlights the "OK" button at the bottom right of the form.

Page ID: dlgEnrAddSpecialties(Provider)

New Group Provider

- Once all Specialties/Subspecialties have been added, click Close.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile section showing 'Last Login: 21 DEC, 2023 12:07 PM'. To the right of the navigation bar are links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, the breadcrumb trail reads 'New Enrollment > Group Practice Enrollment'. The main content area displays 'Application ID: 20231221101192' and 'Name: Tester A Company'. Below this, there are 'Close' and 'Add' buttons. The 'Close' button is highlighted with a red box. Underneath is a 'Specialty/Subspecialty List' section with a search filter and 'Go' button. The list contains one entry: 'Medical/No Subspecialty' with 'Provider Type' as 'GROUPS' and 'End Date' as '12/31/2999'. At the bottom of the list, there are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1' options, along with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

New Group Provider

- Step 3 is complete.
- Click on Step 5: Add Mode of Claim Submission/EDI Exchange.

Application ID: 20231221101192 Name: Tester A Company

Close

Enroll Provider - Group

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

| Step | Required | Start Date | End Date | Status | Step Remark |
|---|----------|------------|------------|------------|-------------|
| Step 1: Provider Basic Information | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 2: Add Locations | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 3: Add Specialties | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 4: Associate Billing Provider/Other Associations | Optional | | | Incomplete | |
| Step 5: Add Mode of Claim Submission/EDI Exchange | Required | | | Incomplete | |
| Step 6: Associate Billing Agent | Optional | | | Incomplete | |
| Step 7: Add Provider Controlling Interest/Ownership Details | Required | | | Incomplete | |
| Step 8: Add Taxonomy Details | Required | | | Incomplete | |
| Step 9: Associate MCO Plan | Optional | | | Incomplete | |
| Step 10: 835/ERA Enrollment Form | Optional | | | Incomplete | |
| Step 11: Upload Documents | Optional | | | Incomplete | |
| Step 12: Complete Enrollment Checklist | Required | | | Incomplete | |
| Step 13: Submit Enrollment Application for Approval | Required | | | Incomplete | |

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

New Group Provider

- Under EDI exchange select the appropriate claim submission method(s).
- Under Other Claims Submission select the appropriate claim submission method(s).
- Click Ok .

Application ID: 20231221101192 Name: Tester A Company

Mode of Claims Submission/EDI exchange

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

EDI exchange

| Method | Description | Applicable Transactions |
|---|---|--|
| <input type="checkbox"/> Electronic Batch | To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB) | 837P- Professional (FFS), 837I -Institutional(FFS), 837D -Dental(FFS), 270/271 -Eligibility,Inquiry/Response, 276/277-Claim Status Inquire/Response |
| <input type="checkbox"/> CORE Batch | To upload/download HIPAA transactions using CORE Batch Connectivity | 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 835 Health Care Claim Payment/Advice |
| <input type="checkbox"/> CORE Real Time | To upload/download HIPAA transactions using CORE Real Time Connectivity | 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response |
| <input type="checkbox"/> Billing Agent | To submit/receive HIPAA transactions through billing agent | 837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter), 837D -Dental(FFS/Encounter), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 278/278- Prior Authorization Request/Response, 835- Healthcare Claim payment Advice |

Other Claims Submission

| Method | Description |
|---|---|
| <input type="checkbox"/> Paper Claims | To submit FFS paper claims |
| <input type="checkbox"/> Direct Data Entry(DDE) | To submit FFS claims via online screens |

View Page: 1

OK Cancel

Page ID: dIlgBillingDetails(Provider)

New Group Provider

- Step 5 is complete.
 - Note: if a billing agent was selected as a mode of claim submission, then step 6 and Step 10 would become required.
- Click step 7: Add Provider Controlling Interest/Ownership Details

Application ID: 20231221101192 Name: Tester T Company

Close

Enroll Provider - Group

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

| Step | Required | Start Date | End Date | Status | Step Remark |
|---|----------|------------|------------|------------|-------------|
| Step 1: Provider Basic Information | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 2: Add Locations | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 3: Add Specialties | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 4: Associate Billing Provider/Other Associations | Optional | | | Incomplete | |
| Step 5: Add Mode of Claim Submission/EDI Exchange | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 6: Associate Billing Agent | Optional | | | Incomplete | |
| Step 7: Add Provider Controlling Interest/Ownership Details | Required | | | Incomplete | |
| Step 8: Add Taxonomy Details | Required | | | Incomplete | |
| Step 9: Associate MCO Plan | Optional | | | Incomplete | |
| Step 10: 835/ERA Enrollment Form | Optional | | | Incomplete | |
| Step 11: Upload Documents | Optional | | | Incomplete | |
| Step 12: Complete Enrollment Checklist | Required | | | Incomplete | |
| Step 13: Submit Enrollment Application for Approval | Required | | | Incomplete | |

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev Next > >> Last

New Group Provider

- To enter owner information, click Actions.

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, the user is logged in as 'Tester T Company' on '18 JAN, 2024 03:53 PM'. The breadcrumb trail is 'New Enrollment > Group Practice Enrollment > General'. The application ID is '20231221101192'. A red box highlights the 'Actions' dropdown menu in the top left of the main content area.

Per Medicaid Provider Manual

PROVIDER OWNERSHIP AND CONTROL DISCLOSURES
Provider Enrollment Information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

REQUIRED DISCLOSURE INFORMATION

Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee.
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

| | | |
|--------------------------------|-----------------|----------------------------|
| Corporate - Charitable 501[c]3 | Sub-contractor | Foreign, Nonresident Alien |
| Corporate - Non Charitable | Holding Company | Limited Liability Company |
| Indirect Owner | | |

Owners List

Filter By [] [] And [Go] Save Filters My Filters

| Owner SSN/EIN/TIN | Owner Information | Owner Type | Address | Start Date | End Date | Relationship Status | Adverse Action | Percentage owned |
|--------------------|-------------------|------------|---------|------------|----------|---------------------|----------------|------------------|
| No Records Found ! | | | | | | | | |

List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By [] [] Go Save Filters My Filters

| Other Owner EIN/TIN | Other Owner Information | Address |
|---------------------|-------------------------|---------|
| No Records Found ! | | |

New Group Provider

- Select Add Owner

The screenshot displays the CHAMPS Provider Enrollment interface. At the top, the user is logged in as 'Tester T Company' with the application ID '20231221101192'. The breadcrumb trail shows 'New Enrollment > Group Practice Enrollment > General'. A dropdown menu is open over the 'Actions' button, with 'Add Owner' highlighted by a red arrow. Other options in the menu include 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. Below the menu, the 'PROVIDER CONTROL DISCLOSURES' section contains text about required disclosure information and a list of ownership types. The 'REQUIRED OWNERS' section lists various ownership types such as 'Managing Employee', 'Corporate - Charitable 501[c]3', 'Sub-contractor', 'Foreign, Nonresident Alien', 'Corporate - Non Charitable', 'Holding Company', and 'Limited Liability Company'. At the bottom, there are two tables: 'Owners List' and 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare'. Both tables are currently empty, displaying 'No Records Found!'.

New Group Provider

- Select an Owner Type from the drop-down menu.
- Complete all fields marked with an asterisk (*).
- Complete Address Line 1 and Zip Code, click Validate Address.
 - (Note: you should receive confirmation 'Address Validation Successful')
- Click Ok.

Application ID: 20171206268444 Name: TesterT Company

Provider Controlling Interest/Ownership

Type: --SELECT-- * ⓘ

Percentage Owned: *

SSN:

EIN/TIN:

Legal Entity Name:

Entity Business Name:

(As shown on the Income Tax Return) (Doing Business As)

First Name:

Last Name:

Suffix:

DOB:

Phone Number: * Extn:

Email:

Start Date: * End Date:

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: -

New Group Provider

- To add the relationship, click the Actions drop-down menu.
- Select Owners Relationships.

Application ID: 20231221101192 Name: Tester T Company

Close **Actions** ?

- Add Owner
- Import Owner
- Owners Relationships**
- Owners Adverse Action

Ownership type in addition to managing Employee:
Officers/Principal is required if one of the ownership types below is selected:

| | | |
|---|-----------------|----------------------------|
| Individual | Sub-contractor | Foreign, Nonresident Alien |
| At least one of the following ownership types must be selected: | Holding Company | Limited Liability Company |

Owners List

Filter By And Go Save Filters My Filters

| Owner SSN/EIN/TIN | Owner Information | Owner Type | Address | Start Date | End Date | Relationship Status | Adverse Action | Percentage owned |
|------------------------------------|-------------------|-------------------|---------|------------|------------|---------------------|----------------|------------------|
| <input type="checkbox"/> 123456789 | Employee, Managin | Managing Employee | | 12/01/2023 | 12/31/2999 | Not Completed | Not Completed | 0 |
| <input type="checkbox"/> | Owner, Example | Individual | | 12/01/2023 | 12/31/2999 | Not Completed | Not Completed | 100 |

Delete View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

Add Other Owned Entity List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By Go Save Filters My Filters

| Other Owner EIN/TIN | Other Owner Information | Address |
|--------------------------|-------------------------|---------|
| <input type="checkbox"/> | | |

No Records Found!

New Group Provider

- Answer the question at the top.
 - If no relationship exists, click No.

If the owners have a relationship to one another, refer to the [Step 8: Add Provider Controlling Interest/Ownership Details user guide](#).

The screenshot shows the CHAMPS web application interface. A modal window titled "Add Relationship" is open, displaying the following content:

Application ID: 20231221101192 Name: Tester T Company

Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?

Yes No (Click Save to update)

Owner List

Show Owners: All Go

Save Filters My Filters

Selected Owner: SSN/EIN/TIN: Status: Completed

| Assoc. Owner | SSN/EIN/TIN | Type | Relation to | Relation to Assoc. Owner |
|--------------------|-------------|------|-------------|--------------------------|
| No Records Found ! | | | | |

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

New Group Provider

- The owner list boxes will collapse.
- Click Save.
- The pop-up will display to confirm that all relationships will be set to None.
- Click OK.
- Click Close.

CHAMPS

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad External Links My Favorites Print Help

New Enrollment > Group Practice Enrollment > General

Application ID: 20231221101192

tp-chp-uat.state.mi.us says
All owner relationships will be set to 'None'. Do you want to continue?

OK Cancel

Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?
 Yes No (Click Save to update)

Owner List

Show Owners All Go Save Filters My Filters

| | | |
|------------------------------------|-------------------------|----------------------|
| > Selected Owner:Owner, Example | SSN/EIN/TIN: [REDACTED] | Status:Not Completed |
| > Selected Owner:Employee, Managin | SSN/EIN/TIN: [REDACTED] | Status:Not Completed |

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

No Records Found !

New Group Provider

- The status for each owner will show Completed.
- Click close to return to the owner list screen.

Application ID: 20231221101192 Name: Tester T Company

Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?
 Yes No (Click Save to update)

Owner List

| Show Owners | All | Go | Save Filters | My Filters |
|-------------|-----------------------------------|--------------|-------------------|------------|
| > | Selected Owner: Owner, Example | SSN/EIN/TIN: | Status: Completed | ← |
| > | Selected Owner: Employee, Managin | SSN/EIN/TIN: | Status: Completed | ← |

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

New Group Provider

- The Relationship Status will show Completed for both owners.

The screenshot shows the CHAMPS web application interface. At the top, the navigation bar includes the CHAMPS logo, a 'Provider' dropdown, and user information: 'Last Login: 18 JAN, 2024 03:53 PM'. The main content area is titled 'Per Medicaid Provider Manual' and contains the 'PROVIDER OWNERSHIP AND CONTROL DISCLOSURES' section. Below this, there is a 'REQUIRED DISCLOSURE INFORMATION' section with a list of requirements. The 'REQUIRED OWNERS' section includes a list of ownership types: Corporate - Charitable 501(c)3, Corporate - Non Charitable, Indirect Owner, Sub-contractor, Holding Company, Foreign, Nonresident Alien, and Limited Liability Company. The 'OWNERS LIST' section features a table with columns for Owner SSN/EIN/TIN, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The 'Relationship Status' column is highlighted with a red box, showing 'Completed' for both listed owners. Below the table are navigation controls like 'View Page: 1', 'Page Count', and 'Save to Excel'. At the bottom, there is a section for 'List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare', which currently shows 'No Records Found!'.

| Owner SSN/EIN/TIN | Owner Information | Owner Type | Address | Start Date | End Date | Relationship Status | Adverse Action | Percentage owned |
|------------------------------------|-------------------|-------------------|---------|------------|------------|---------------------|----------------|------------------|
| <input type="checkbox"/> 123456789 | Employee, Managin | Managing Employee | | 12/01/2023 | 12/31/2999 | Completed | Not Completed | 0 |
| <input type="checkbox"/> | Owner, Example | Individual | | 12/01/2023 | 12/31/2999 | Completed | Not Completed | 100 |

New Group Provider

- Select Owners Adverse Action from the Actions drop-down menu to complete the Final Adverse Legal/Action/Convictions Disclosure.

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, the application ID is 20231221101192 and the name is Tester T Company. The 'Actions' menu is open, with 'Owners Adverse Action' highlighted by a red arrow. Below this is the 'Owners List' section, which contains a table of owner information.

| Owner SSN/EIN/TIN | Owner Information | Owner Type | Address | Start Date | End Date | Relationship Status | Adverse Action | Percentage owned |
|------------------------------------|-------------------|-------------------|---------|------------|------------|---------------------|----------------|------------------|
| <input type="checkbox"/> | | | | | | | | |
| <input type="checkbox"/> 123456789 | Employee, Managin | Managing Employee | | 12/01/2023 | 12/31/2999 | Completed | Not Completed | 0 |
| <input type="checkbox"/> | Owner, Example | Individual | | 12/01/2023 | 12/31/2999 | Completed | Not Completed | 100 |

Below the table, there are navigation controls: 'Delete', 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and navigation arrows (First, Prev, Next, Last). Below the table is a section for 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare', which currently shows 'No Records Found!'.

New Group Provider

- Read through the Final Adverse Legal Actions/Convictions statement for each owner listed, and select Yes or No.
- Click Ok.

CHAMPS Provider

Owners with Adverse Action - Google Chrome
tp-chp-uat.state.mi.us/ecams/CNSIControlServlet

Application ID: 20231221101192 Name: Tester T Company

FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

Convictions

1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries or recipients. Offenses include, but are not limited to: Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicaid program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any misdemeanor or felonies that may result in a mandatory or permissive exclusion under State or Federal law.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Exclusions, revocations, or Suspensions

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

Owners with Adverse Action

Filter By [] All [] [Go]

| Owner Name | SSN/EIN/TIN | Response | Comments |
|-------------------|-------------|--|----------|
| Owner, Example | [] | <input type="radio"/> Yes <input type="radio"/> No | [] |
| Employee, Managin | [] | <input type="radio"/> Yes <input type="radio"/> No | [] |

View Page: 1 [Go] Page Count [] Save to Excel [] Page: 1 [First] [Prev] [Next] [Last]

[Ok] [Cancel]

Page ID: pgEnrmtAdverseAction(Provider)

New Group Provider

- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close

The screenshot shows the CHAMPS Provider Enrollment system interface. At the top, the application ID is 20231221101192 and the name is Tester T Company. A 'Close' button is highlighted in red. Below this is the 'Per Medicaid Provider Manual' section, which includes 'PROVIDER OWNERSHIP AND CONTROL DISCLOSURES' and 'REQUIRED DISCLOSURE INFORMATION'. The 'REQUIRED OWNERS' section lists various ownership types. Below this is the 'Owners List' table, which has columns for Owner SSN/EIN/TIN, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The 'Adverse Action' column is highlighted with a red box, showing 'No' for two entries. Below the table is a section for 'Add Other Owned Entity' with a filter and a 'Go' button. The bottom of the page shows 'No Records Found!'.

| Owner SSN/EIN/TIN | Owner Information | Owner Type | Address | Start Date | End Date | Relationship Status | Adverse Action | Percentage owned |
|------------------------------------|-------------------|-------------------|---------|------------|------------|---------------------|----------------|------------------|
| <input type="checkbox"/> 123456789 | Employee, Managin | Managing Employee | | 12/01/2023 | 12/31/2999 | Completed | No | 0 |
| <input type="checkbox"/> | Owner, Example | Individual | | 12/01/2023 | 12/31/2999 | Completed | No | 100 |

New Group Provider

- Step 7 will show complete.
- Click Step 8: Add Taxonomy Details.

Application ID: 20231221101192 Name: Tester T Company

Close

Enroll Provider - Group

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

| Step | Required | Start Date | End Date | Status | Step Remark |
|---|----------|------------|------------|------------|-------------|
| Step 1: Provider Basic Information | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 2: Add Locations | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 3: Add Specialties | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 4: Associate Billing Provider/Other Associations | Optional | | | Incomplete | |
| Step 5: Add Mode of Claim Submission/EDI Exchange | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 6: Associate Billing Agent | Optional | | | Incomplete | |
| Step 7: Add Provider Controlling Interest/Ownership Details | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 8: Add Taxonomy Details | Required | | | Incomplete | |
| Step 9: Associate MCO Plan | Optional | | | Incomplete | |
| Step 10: 835/ERA Enrollment Form | Optional | | | Incomplete | |
| Step 11: Upload Documents | Optional | | | Incomplete | |
| Step 12: Complete Enrollment Checklist | Required | | | Incomplete | |
| Step 13: Submit Enrollment Application for Approval | Required | | | Incomplete | |

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

New Group Provider

- Click Add.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile section showing 'Last Login: 18 JAN, 2024 03:53 PM'. To the right of the navigation bar are utility links: 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, the breadcrumb trail reads 'New Enrollment > Group Practice Enrollment'. The main content area displays 'Application ID: 20231221101192' and 'Name: Tester T Company'. Below this, there are 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. The 'Taxonomy List' section is visible, featuring a 'Filter By' dropdown, two input fields, and a 'Go' button. To the right of the filter fields are 'Save Filters' and 'My Filters' buttons. Below the filter fields is a table with the following columns: 'Taxonomy Code', 'Description', 'Start Date', and 'End Date'. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

New Group Provider

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

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and a 'Provider' dropdown menu is on the right. Below the logo, the text 'Last Login: 18 JAN, 2024 03:53 PM' is shown. The main navigation bar includes 'New Enrollment' and 'Group Practice Enrollment'. A modal window titled 'Add Taxonomy codes - Google Chrome' is open, showing the 'Add Taxonomy' dialog box. The dialog box has the following fields and controls:

- Application ID:** 20231221101192
- Name:** Tester T Company
- Taxonomy Code:** A text input field with an asterisk (*) and a document icon (📄) next to it. A red box highlights the text '(Click here for Taxonomy List)' next to the icon.
- Location:** A dropdown menu with '01-' selected and an asterisk (*) next to it.
- Description:** A text input field.
- Start Date:** A date picker field with an asterisk (*) next to it.
- End Date:** A date picker field with an asterisk (*) next to it.

At the bottom of the dialog box, there are three buttons: 'Confirm Taxonomy', 'Ok', and 'Cancel'. The footer of the dialog box shows 'Page ID: dlgEnrAddTaxonomy(Provider)'.

New Group Provider

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

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

File Edit View Favorites Tools Help

NUCC
National Uniform Claim Committee

Search this site ...

MENU

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

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

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

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

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

New Group Provider

- Enter Start Date.
 - Note: Start date must be current date or date of application.
- Click the Confirm Taxonomy button.
- Click Ok.

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo and navigation tabs are visible. The main content area shows a 'New Enrollment' section with a 'Group Practice Enrollment' sub-section. A modal dialog box titled 'Add Taxonomy' is open, displaying the following information:

- Application ID: 20231221101192
- Name: Tester T Company
- Taxonomy Code: 208D00000X * (Click here for Taxonomy List)
- Location: 01- *
- Description: General Practice
- Start Date: 12/01/2023 *
- End Date: *

At the bottom of the dialog box, there are three buttons: 'Confirm Taxonomy', 'Ok', and 'Cancel'. The 'Confirm Taxonomy' button is highlighted with a red rectangular box. The page ID 'dlgEnrAddTaxonomy(Provider)' is visible at the bottom of the dialog.

New Group Provider

- The Taxonomy Code information will now be displayed.
- Click Close.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile section showing 'Last Login: 18 JAN, 2024 03:53 PM'. Below the navigation bar, there are utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area displays 'Application ID: 20231221101192' and 'Name: Tester T Company'. Below this, there are 'Close' and 'Add' buttons. The 'Taxonomy List' section is expanded, showing a table with columns for 'Taxonomy Code', 'Description', 'Start Date', and 'End Date'. The table contains one entry with the code '208D00000X' and description 'General Practice'. Below the table, there are controls for 'Filter By', 'Go', 'Save Filters', 'My Filters', 'Delete', 'View Page: 1', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'.

| Taxonomy Code | Description | Start Date | End Date |
|-------------------------------------|------------------|------------|------------|
| <input type="checkbox"/> 208D00000X | General Practice | 12/21/2023 | 12/31/2999 |

New Group Provider

- Step 8 is complete.
- Click Step 9: Associate MCO Plan.
 - Note: This step is optional.

Application ID: 20231221101192 Name: Tester T Company

Close

Enroll Provider - Group

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

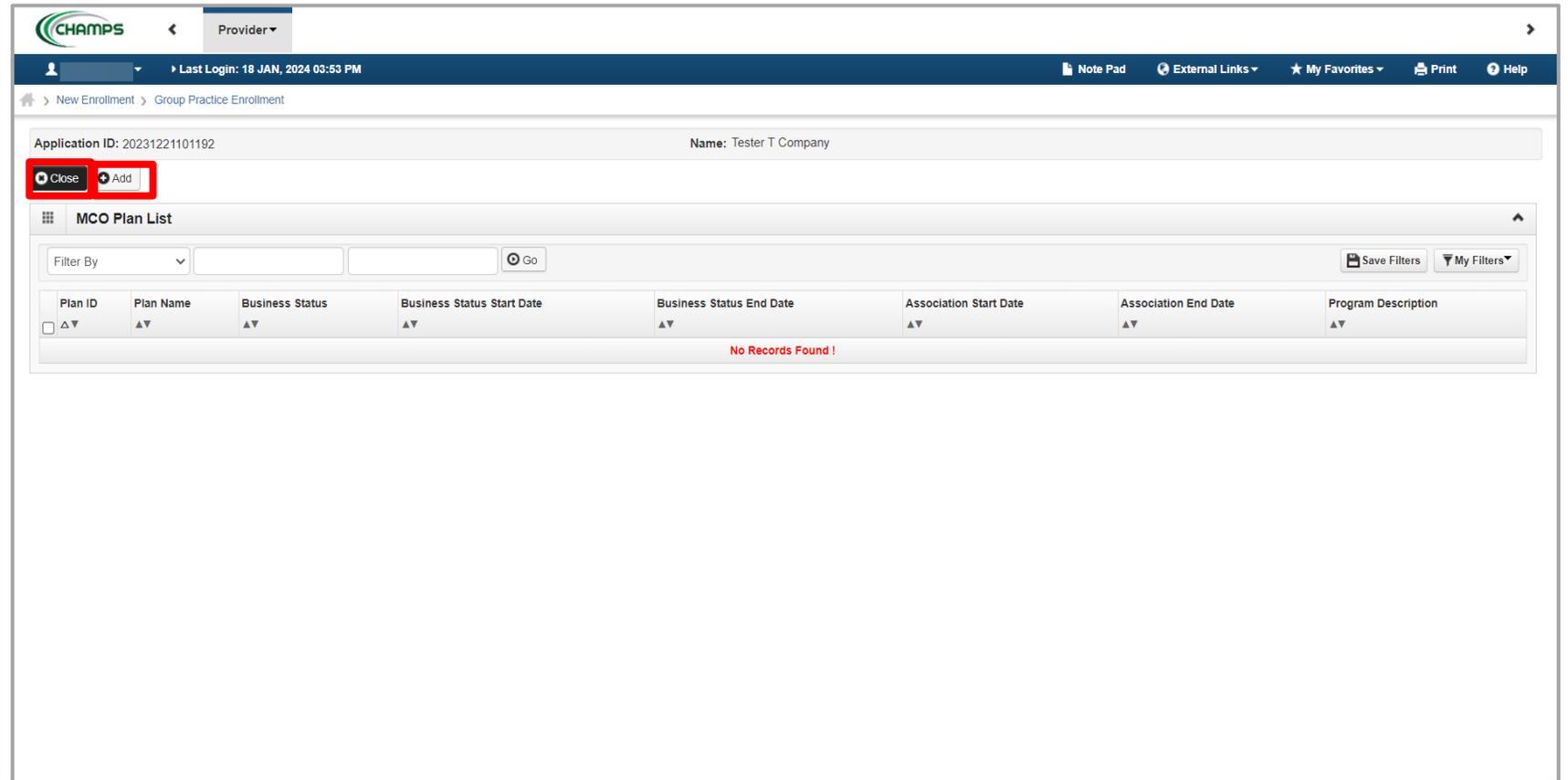
| Step | Required | Start Date | End Date | Status | Step Remark |
|---|----------|------------|------------|------------|-------------|
| Step 1: Provider Basic Information | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 2: Add Locations | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 3: Add Specialties | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 4: Associate Billing Provider/Other Associations | Optional | | | Incomplete | |
| Step 5: Add Mode of Claim Submission/EDI Exchange | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 6: Associate Billing Agent | Optional | | | Incomplete | |
| Step 7: Add Provider Controlling Interest/Ownership Details | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 8: Add Taxonomy Details | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 9: Associate MCO Plan | Optional | | | Incomplete | |
| Step 10: 835/ERA Enrollment Form | Optional | | | Incomplete | |
| Step 11: Upload Documents | Optional | | | Incomplete | |
| Step 12: Complete Enrollment Checklist | Required | | | Incomplete | |
| Step 13: Submit Enrollment Application for Approval | Required | | | Incomplete | |

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev Next > >> Last

New Group Provider

Step is optional, if you do not work with a Managed Care Organization (MCO) or Medicaid Health Plan (MHP) click Close.

- If choosing to add an MCO Plan;
- Click Add to associate an MCO plan



The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and a navigation menu includes 'Provider', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The user's last login is shown as '18 JAN, 2024 03:53 PM'. The main content area shows the 'New Enrollment > Group Practice Enrollment' path. Below this, the 'Application ID: 20231221101192' and 'Name: Tester T Company' are displayed. A red box highlights the 'Close' and 'Add' buttons. The 'MCO Plan List' section features a 'Filter By' dropdown, a 'Go' button, and 'Save Filters' and 'My Filters' options. A table with the following columns is shown: Plan ID, Plan Name, Business Status, Business Status Start Date, Business Status End Date, Association Start Date, Association End Date, and Program Description. The table is currently empty, with the message 'No Records Found!' displayed in red text at the bottom.

| Plan ID | Plan Name | Business Status | Business Status Start Date | Business Status End Date | Association Start Date | Association End Date | Program Description |
|--------------------|-----------|-----------------|----------------------------|--------------------------|------------------------|----------------------|---------------------|
| No Records Found ! | | | | | | | |

New Group Provider

- To locate the MCO Plan ID , click Confirm/Search Plan

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and navigation options like 'Provider' and 'Last Login: 18 JAN, 2024 03:53 PM' are on the right. The main content area shows a breadcrumb trail: 'New Enrollment > Group Practice Enrollment'. A modal dialog box titled 'Associate MCO Plan' is open, with 'Application ID: 20231221101192' and 'Name: Tester T Company' at the top. The dialog contains the following text: 'Click on the 'Confirm/Search Plan' button to search for a MCO Plan or confirm the Plan ID entered. Please associate only to plans with which you have a signed contract'. Below this are several input fields: 'Plan ID: [] *', 'Program Name:', 'Association Start Date: [] *', 'Plan Name:', 'Program Description:', and 'Association End Date: [] *'. At the bottom right of the dialog, the 'Confirm/Search Plan' button is highlighted with a red rectangle, along with 'Ok' and 'Cancel' buttons. The footer of the dialog shows 'Page ID: dlgEnrlmntAssocMCOPlanID(Provider)'.

New Group Provider

- Check the box next to the MCO Plan you want to select.
 - (Note: There is more than one page of plans.)
- Click Select.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown menu. Below this, there is a breadcrumb trail: 'New Enrollment > Group Practice Enrollment'. The main content area displays the 'MCO Plan Search List' for Application ID 20231221101192, belonging to 'Tester T Company'. The table lists several MCO plans with columns for Plan ID, Plan Name, Business Status, Business Status Start Date, Business Status End Date, Program Name, and Program Type. The first row is highlighted with a red box. At the bottom right of the table, there is a 'Select' button, also highlighted with a red box. The page ID is 'pgMCOPlanSearchList(Provider)'.

| Plan ID | Plan Name | Business Status | Business Status Start Date | Business Status End Date | Program Name | Program Type |
|-------------------------------------|-----------|-----------------|----------------------------|--------------------------|--------------|---|
| <input checked="" type="checkbox"/> | | Active | 03/12/2012 | 12/31/2999 | PACE | Managed Care Comprehensive Medical Program Type |
| <input type="checkbox"/> | | Active | 01/23/2014 | 12/31/2999 | PACE | Managed Care Comprehensive Medical Program Type |
| <input type="checkbox"/> | | Active | 12/04/2014 | 12/31/2999 | ICO-MC | Managed Care Comprehensive Medical Program Type |
| <input type="checkbox"/> | | Active | 12/04/2014 | 12/31/2999 | ICO-MC | Managed Care Comprehensive Medical Program Type |
| <input type="checkbox"/> | | Active | 12/04/2014 | 12/31/2999 | ICO-MC | Managed Care Comprehensive Medical Program Type |
| <input type="checkbox"/> | | Active | 12/04/2014 | 12/31/2999 | ICO-MC | Managed Care Comprehensive Medical Program Type |

New Group Provider

- MCO Plan information will populate.
- Click Ok.

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and a navigation menu includes 'Provider'. The user's last login is shown as '18 JAN, 2024 03:53 PM'. The main content area shows a 'New Enrollment' section for 'Group Practice Enrollment'. A modal dialog box titled 'Associate MCO Plan' is open, displaying the following information:

- Application ID: 20231221101192
- Name: Tester T Company
- Plan ID: *
- Plan Name:
- Program Name: MHP
- Program Description: ManagedCareProgram
- Association Start Date: 01/19/2024 *
- Association End Date: 12/31/2999

Instructions within the dialog box state: 'Click on the 'Confirm/Search Plan' button to search for a MCO Plan or confirm the Plan ID entered. Please associate only to plans with which you have a signed contract'. At the bottom right of the dialog, the 'Ok' button is highlighted with a red box. Other buttons include 'Confirm/Search Plan' and 'Cancel'. The page ID at the bottom is 'dlgEnrImntAssocMCOPlanID(Provider)'.

New Group Provider

- MCO Plan information has been associated.
- If additional plans need to be added, click Add.
- Click Close.

The screenshot shows the CHAMPS web application interface. At the top, there is a header with the CHAMPS logo and a navigation bar. Below the navigation bar, there is a breadcrumb trail: "New Enrollment > Group Practice Enrollment". The main content area displays the "MCO Plan List" for a provider. The application ID is 20231221101192 and the name is Tester T Company. There are "Close" and "Add" buttons at the top of the list. The table below shows the following data:

| Plan ID | Plan Name | Business Status | Business Status Start Date | Business Status End Date | Association Start Date | Association End Date | Program Description |
|--------------------------|-----------|-----------------|----------------------------|--------------------------|------------------------|----------------------|---------------------|
| <input type="checkbox"/> | | Active | 01/01/1995 | 12/31/2999 | 01/19/2024 | 12/31/2999 | ManagedCareProgram |

At the bottom of the table, there are controls for "View Page: 1", "Go", "Page Count", "Save to Excel", and "Viewing Page: 1". There are also navigation buttons for "First", "Prev", "Next", and "Last".

New Group Provider

- Step 9 is complete.
- Click Step 12: Complete Enrollment Checklist.

Application ID: 20231221101192 Name: Tester T Company

Close

Enroll Provider - Group

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

| Step | Required | Start Date | End Date | Status | Step Remark |
|---|----------|------------|------------|------------|-------------|
| Step 1: Provider Basic Information | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 2: Add Locations | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 3: Add Specialties | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 4: Associate Billing Provider/Other Associations | Optional | | | Incomplete | |
| Step 5: Add Mode of Claim Submission/EDI Exchange | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 6: Associate Billing Agent | Optional | | | Incomplete | |
| Step 7: Add Provider Controlling Interest/Ownership Details | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 8: Add Taxonomy Details | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 9: Associate MCO Plan | Optional | 12/21/2023 | 12/21/2023 | Complete | |
| Step 10: 835/ERA Enrollment Form | Optional | | | Incomplete | |
| Step 11: Upload Documents | Optional | | | Incomplete | |
| Step 12: Complete Enrollment Checklist | Required | | | Incomplete | |
| Step 13: Submit Enrollment Application for Approval | Required | | | Incomplete | |

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

New Group Provider

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

CHAMPS

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad External Links My Favorites Print Help

New Enrollment > Group Practice Enrollment > Provider Check List

Application ID: 20231221101192 Name: Tester T Company

Close Save

| 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 | |
| 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 | |
| Are you a PA 161 Program? | Not Completed | |
| Do you contract with PA 161 program? If you contract with one of these programs, please provide the NPI in the comments. | Not Completed | |
| All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation? | Not Completed | |

View Page: 1 Go Page Count Save to Excel Viewing Page: 1

First Prev Next Last

New Group Provider

- Step 12 is complete.
- Click Step 13: Submit Enrollment Application for Approval.

Note: If you chose not to complete the optional steps the application can still be submitted.

Application ID: 20231221101192 Name: Tester T Company

Close

Enroll Provider - Group

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

| Step | Required | Start Date | End Date | Status | Step Remark |
|---|----------|------------|------------|------------|-------------|
| Step 1: Provider Basic Information | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 2: Add Locations | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 3: Add Specialties | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 4: Associate Billing Provider/Other Associations | Optional | | | Incomplete | |
| Step 5: Add Mode of Claim Submission/EDI Exchange | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 6: Associate Billing Agent | Optional | | | Incomplete | |
| Step 7: Add Provider Controlling Interest/Ownership Details | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 8: Add Taxonomy Details | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 9: Associate MCO Plan | Optional | 12/21/2023 | 12/21/2023 | Complete | |
| Step 10: 835/ERA Enrollment Form | Optional | | | Incomplete | |
| Step 11: Upload Documents | Optional | | | Incomplete | |
| Step 12: Complete Enrollment Checklist | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 13: Submit Enrollment Application for Approval | Required | | | Incomplete | |

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev Next > >> Last

New Group Provider

- Final Submission: Click Next

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile icon. Below the navigation bar, a dark blue header contains the text 'Last Login: 18 JAN, 2024 03:53 PM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the breadcrumb 'New Enrollment > Group Practice Enrollment'. Below this, there is a summary bar with 'Application ID: 20231221101192' and 'Name: Tester T Company'. Two buttons, 'Close' and 'Next', are visible, with 'Next' highlighted in red. The 'Final Submission' section contains the following text: 'Application ID: [redacted]', 'EnrollmentType: Group Practice (Corporation, Partnership, LLC, etc.)', '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.', and 'I agree that the information submitted as a part of the application is correct (Private and Confidential)'. Below this is an 'Application Document Checklist' table with columns for 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, with a red message 'No Records Found!' displayed below it.

New Group Provider

- Read through the entire list of Terms and Conditions and scroll to the bottom of the page.

CHAMPS Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad External Links My Favorites Print Help

New Enrollment > Group Practice Enrollment

Application ID: 20231221101192 Name: Tester T Company

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. Before billing for any medical services I render, I will 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 payment for services billed under my National Provider Identifier (NPI) number will be made directly to me, unless Item 20 (below) applies.
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.
13. I agree to comply with all policies and procedures of the Medical Assistance Program when billing for services rendered. I also agree that disputed claims, including overpayments, may be adjudicated in administrative proceedings convened under Act No. 280 of the Public Acts of 1939, as amended, or in a court of competent jurisdiction. I further agree to reimburse the Medical Assistance Program for all overpayments, and I acknowledge that the Medicaid Audit System, which uses random sampling, is a reliable and acceptable method for determining such overpayments.

New Group Provider

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

CHAMPS Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad External Links My Favorites Print Help

New Enrollment > Group Practice Enrollment

Application ID: 20231221101192 Name: Tester T Company

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

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.

New Group Provider

- Step 13 is complete, and the application has been submitted to the State for review.
 - Take note of your Application ID Number for further tracking.
- Click Close.

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

Application ID: 20231221101192 Name: Tester T Company

Your Application Number 20231221101192 has been successfully submitted for State review. Return with this application number to track the status of your application. x

Close

Enroll Provider - Group

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

| Step | Required | Start Date | End Date | Status | Step Remark |
|---|----------|------------|------------|------------|-------------|
| Step 1: Provider Basic Information | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 2: Add Locations | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 3: Add Specialties | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 4: Associate Billing Provider/Other Associations | Optional | | | Incomplete | |
| Step 5: Add Mode of Claim Submission/EDI Exchange | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 6: Associate Billing Agent | Optional | | | Incomplete | |
| Step 7: Add Provider Controlling Interest/Ownership Details | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 8: Add Taxonomy Details | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 9: Associate MCO Plan | Optional | 12/21/2023 | 12/21/2023 | Complete | |
| Step 10: 835/ERA Enrollment Form | Optional | | | Incomplete | |
| Step 11: Upload Documents | Optional | | | Incomplete | |
| Step 12: Complete Enrollment Checklist | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 13: Submit Enrollment Application for Approval | Required | 12/21/2023 | 12/21/2023 | Complete | |

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

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

Track Existing Application

How to track a submitted Rendering/Service provider application within CHAMPS

Track Existing Application

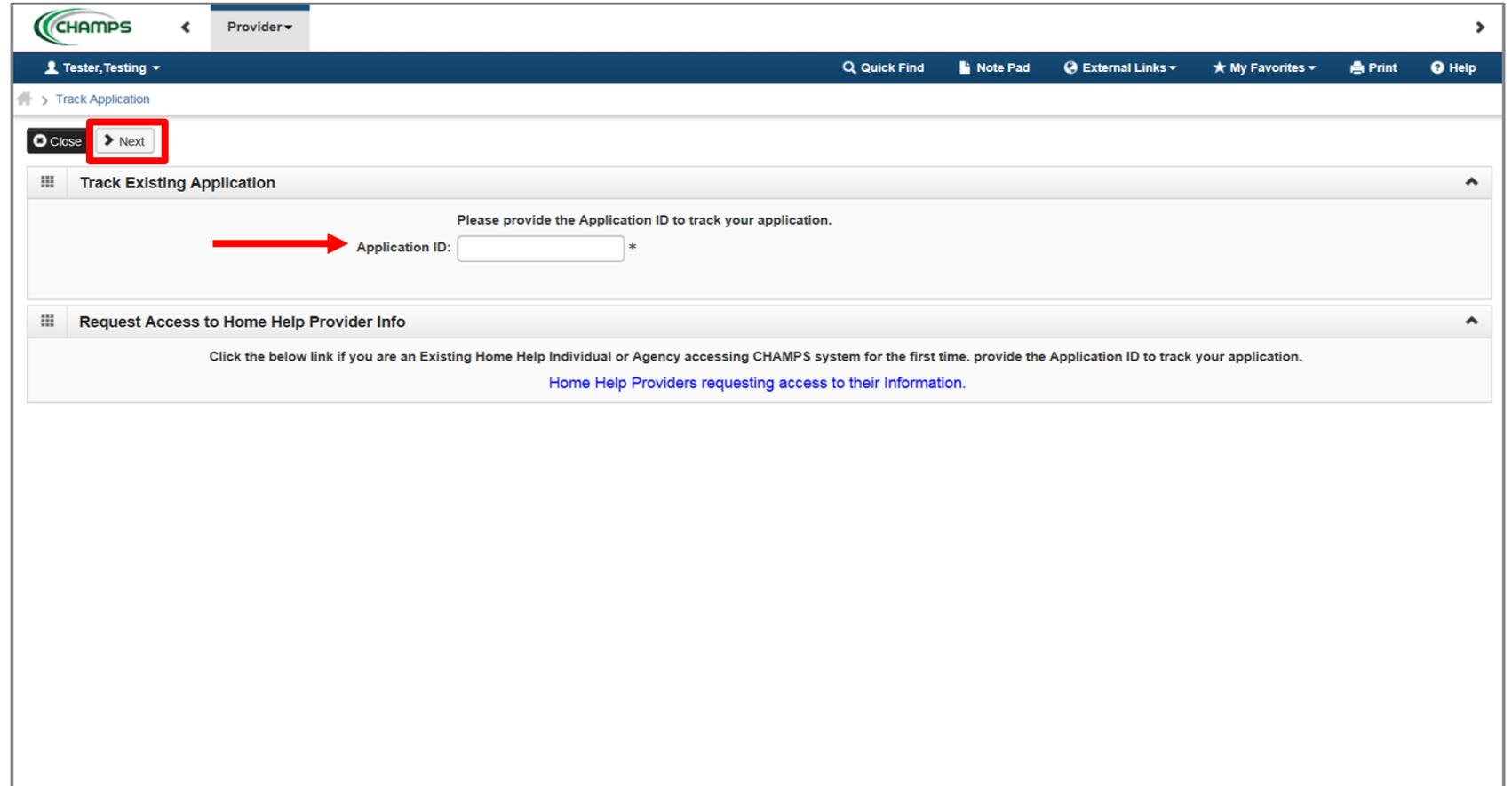
- Select the Provider tab.
- Click Track Application.

The screenshot displays the CHAMPS web application interface. At the top left, the CHAMPS logo is visible. A navigation bar contains a 'Provider' dropdown menu, which is highlighted with a red box. Below this, a user profile 'Tester, Testing' is shown. The main content area features a 'Provider Enrollment' tab. A dropdown menu is open under 'Provider Enrollment', listing 'New Enrollment' and 'Track Application'. A red arrow points to the 'Track Application' option. Below the dropdown, a table is visible with two rows: 'Enroll As A New Provider' and 'Track Existing Provider Application'. The 'Track Application' link is highlighted in blue.

| |
|-------------------------------------|
| Enroll As A New Provider |
| Track Existing Provider Application |

Track Existing Application

- Enter the Application ID.
- Click Next.



The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a "Provider" dropdown menu, and a user profile for "Tester, Testing". The main navigation menu includes "Quick Find", "Note Pad", "External Links", "My Favorites", "Print", and "Help". The current page is titled "Track Application".

Below the navigation bar, there are two tabs: "Close" and "Next". The "Next" tab is highlighted with a red box. Below the tabs, there is a section titled "Track Existing Application". This section contains the text "Please provide the Application ID to track your application." and a text input field labeled "Application ID:" with an asterisk. A red arrow points to the input field. Below this section, there is another section titled "Request Access to Home Help Provider Info". This section contains the text "Click the below link if you are an Existing Home Help Individual or Agency accessing CHAMPS system for the first time. provide the Application ID to track your application." and a blue hyperlink: "Home Help Providers requesting access to their Information."

Track Existing Application

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

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile section showing 'Last Login: 19 JAN, 2024 12:42 PM'. To the right of the navigation bar are utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, the breadcrumb trail reads 'Provider Portal > Track Application'. A toolbar contains 'Close' and 'Submit' buttons, with the 'Submit' button highlighted by a red rectangle. The main content area is titled 'Verify Application Details' and contains the following text: 'For Additional security, please enter following information:'. Below this text are four input fields, each followed by an asterisk (*) indicating it is required: 'EIN/TIN:', 'Phone:', 'Owner SSN:', and 'Owner Date Of Birth:'. The 'Owner SSN' field includes a small blue information icon to its right. The 'Owner Date Of Birth' field includes a calendar icon to its right.

Track Existing Application

- Confirmation your Provider Enrollment Application has been submitted and is being reviewed by the state.
- Click Close.

The screenshot shows the CHAMPS Provider Portal interface. At the top, the CHAMPS logo is on the left, and navigation options like 'Provider' and 'Last Login: 19 JAN, 2024 12:42 PM' are on the right. Below the header, the breadcrumb trail reads 'Provider Portal > Track Application > Group Practice Enrollment'. The main content area displays 'Application ID: :20231221101192' and 'Name: Tester T Company'. A red notification bar states: 'Your application is currently In-Review by the Provider Enrollment Unit. You cannot make any modifications to your enrollment information at this time.' A 'Close' button is highlighted in red below the notification. Below this is a section titled 'Enroll Provider - Group' containing a 'Business Process Wizard - Provider Enrollment (Group)' table. The table has columns for Step, Required, Start Date, End Date, Status, and Step Remark. The steps listed are: Step 1: Provider Basic Information (Required, Complete), Step 2: Add Locations (Required, Complete), Step 3: Add Specialties (Required, Complete), Step 4: Associate Billing Provider/Other Associations (Optional, Incomplete), Step 5: Add Mode of Claim Submission/EDI Exchange (Required, Complete), Step 6: Associate Billing Agent (Optional, Incomplete), Step 7: Add Provider Controlling Interest/Ownership Details (Required, Complete), Step 8: Add Taxonomy Details (Required, Complete), Step 9: Associate MCO Plan (Optional, Complete), Step 10: 835/ERA Enrollment Form (Optional, Incomplete), Step 11: Upload Documents (Optional, Incomplete), Step 12: Complete Enrollment Checklist (Required, Complete), and Step 13: Submit Enrollment Application for Approval (Required, Complete). At the bottom of the wizard, there are controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1' with navigation buttons for First, Prev, Next, and Last.

| Step | Required | Start Date | End Date | Status | Step Remark |
|---|----------|------------|------------|------------|-------------|
| Step 1: Provider Basic Information | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 2: Add Locations | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 3: Add Specialties | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 4: Associate Billing Provider/Other Associations | Optional | | | Incomplete | |
| Step 5: Add Mode of Claim Submission/EDI Exchange | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 6: Associate Billing Agent | Optional | | | Incomplete | |
| Step 7: Add Provider Controlling Interest/Ownership Details | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 8: Add Taxonomy Details | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 9: Associate MCO Plan | Optional | 12/21/2023 | 12/21/2023 | Complete | |
| Step 10: 835/ERA Enrollment Form | Optional | | | Incomplete | |
| Step 11: Upload Documents | Optional | | | Incomplete | |
| Step 12: Complete Enrollment Checklist | Required | 12/21/2023 | 12/21/2023 | Complete | |
| Step 13: Submit Enrollment Application for Approval | Required | 12/21/2023 | 12/21/2023 | Complete | |

Provider Enrollment Final Steps

- Allow the State time to review the Provider Enrollment Application.
- After the State has reviewed the Provider Enrollment Application Providers will receive a letter. The letter notifies the provider if the application was approved or denied.
 - The letter is mailed to the correspondence address on file for the provider.
 - For a Rendering/Servicing only provider the letter is mailed to the associated Billing Provider's Correspondence address provided in the Provider Enrollment Application.

Provider Enrollment Resources



Provider Enrollment website:

<https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/provider-enrollment>



Resources:

Domain Administrator Functions - [PDF](#)

Track Application – [PDF](#)

Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))

Electronic Signature Agreement ([DCH-1401](#))



Provider Enrollment:

1-800-292-2550

ProviderSupport@Michigan.gov

ProviderEnrollment@Michigan.gov



Thank you for participating in the Michigan Medicaid Program