



Michigan Department of Health & Human Services

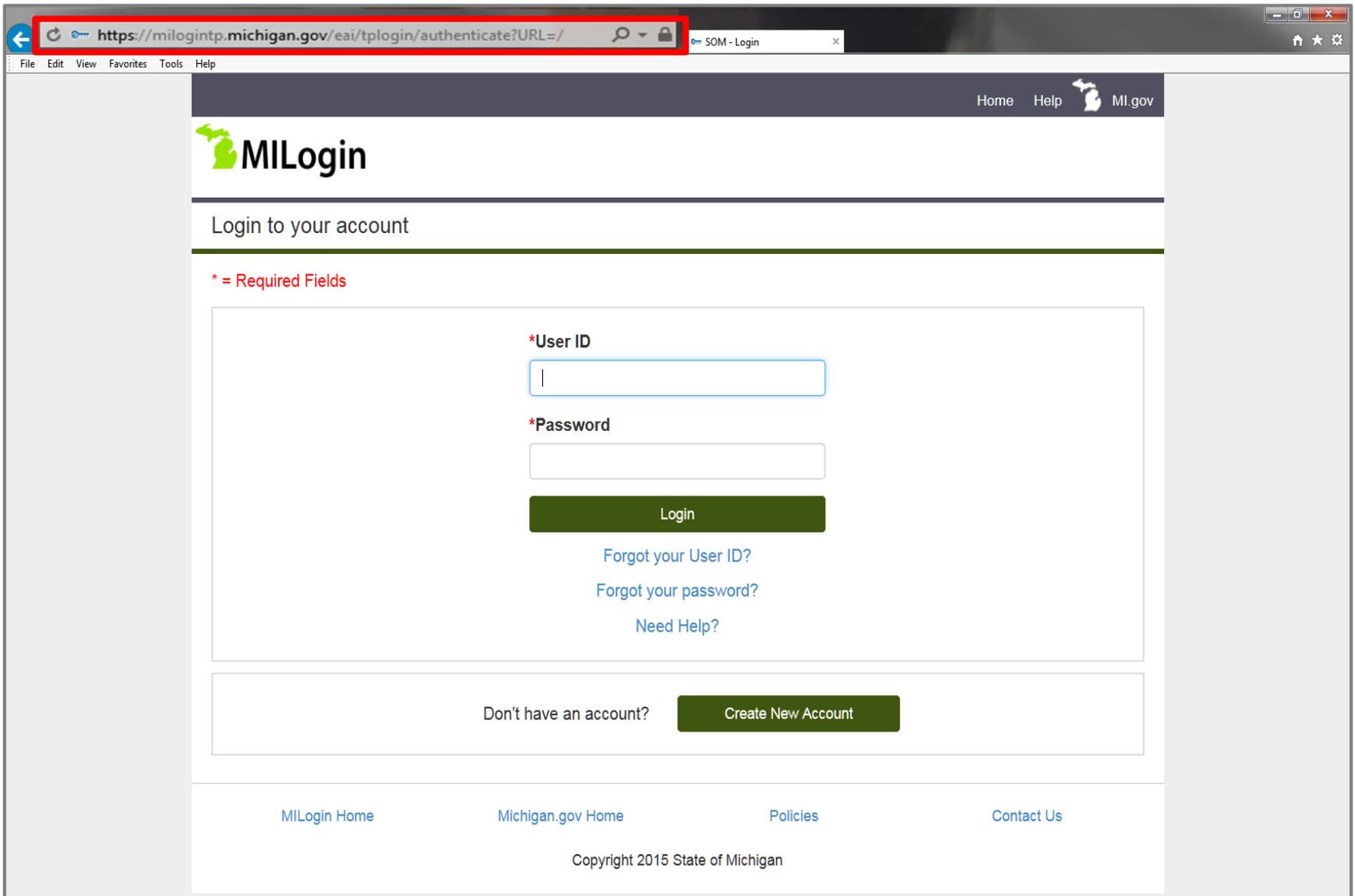
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

# CHAMPS

## Authorizing the 835/ERA file

**“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**



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



## Login to your account

\* = Required Fields

\*User ID



\*Password



Login



[Forgot your User ID?](#)

[Forgot your password?](#)

[Need Help?](#)

Don't have an account?

[Create New Account](#)

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- Enter your User ID and Password.
- Click Login.





## Home Page

[Need Help?](#)

Your password will expire in **365** days.

### Manage your account

 <a href="#">Request Access</a>	 <a href="#">Update Profile</a>
 <a href="#">Change Password</a>	 <a href="#">Update Security Q&amp;A</a>

### Access your applications

- [CHAMPS](#) ←

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- You will be directed back to your MILogin home page.
- Click the CHAMPS hyperlink



Home Help Logout MI.gov

MI Login

Need Help?

Manage your account

Access your applications

- CHAMPS

MI Login Home

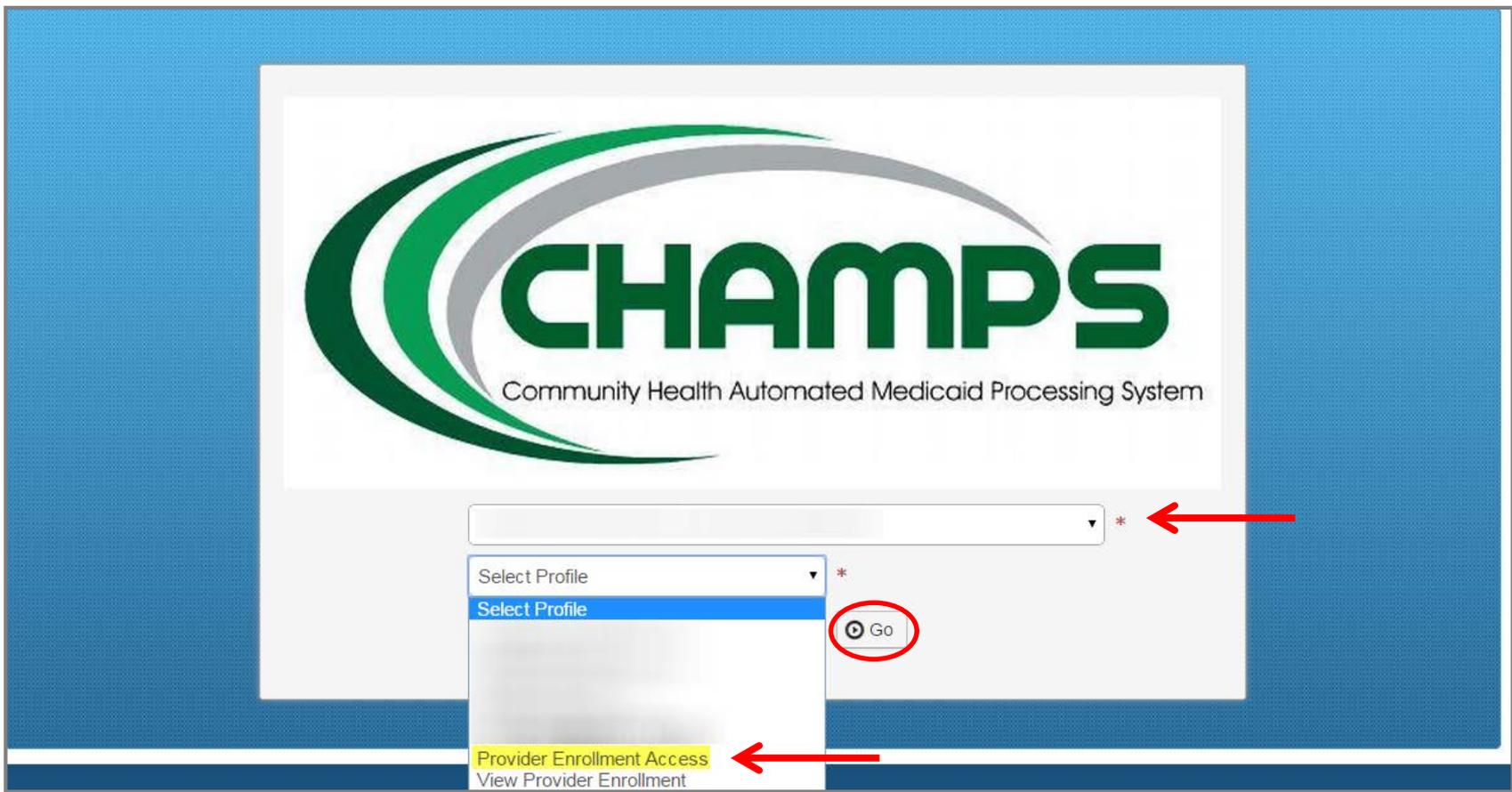
Contact Us

Terms & Conditions: CHAMPS

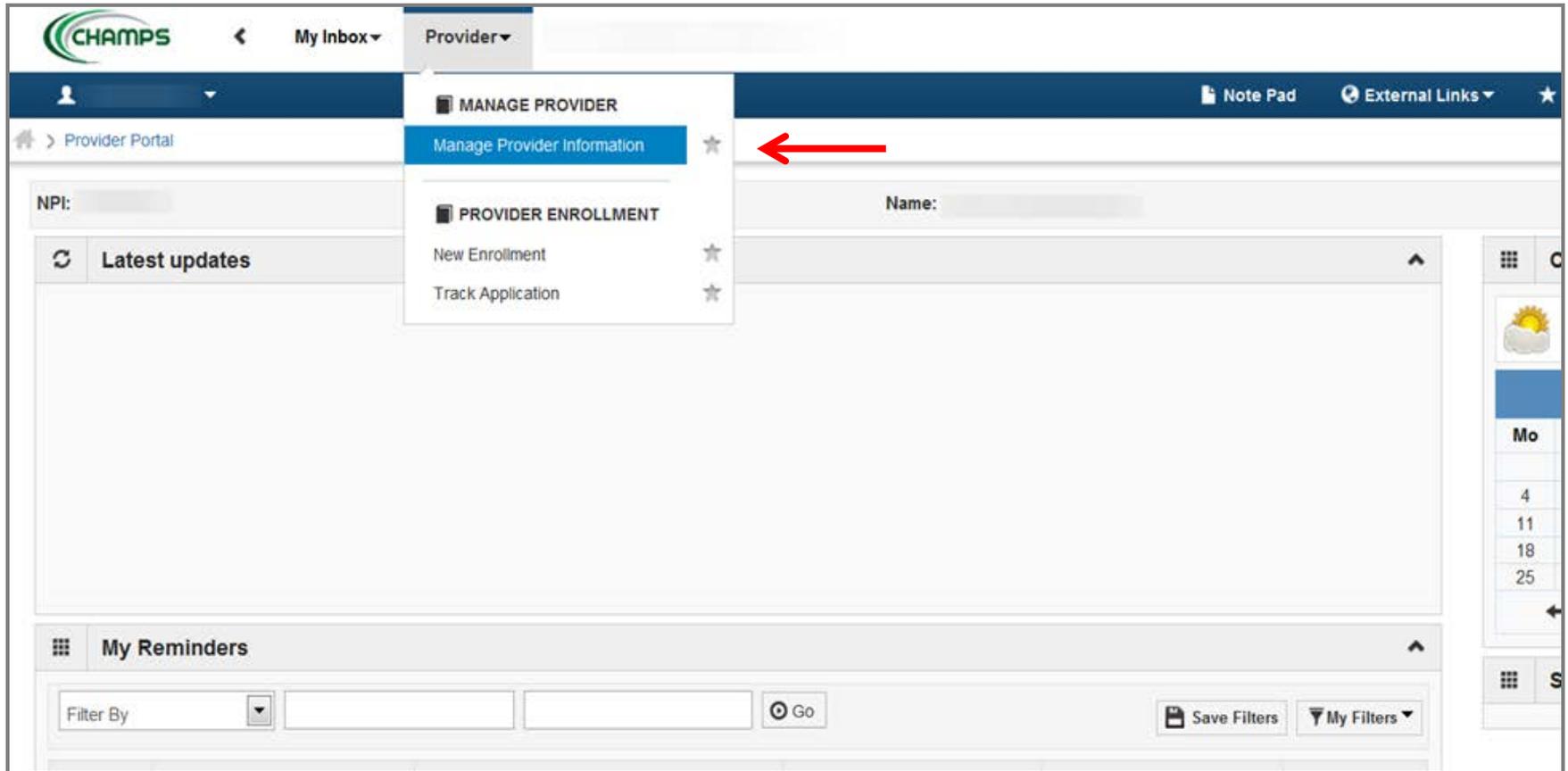
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Acknowledge/Agree Cancel

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



1. Select the NPI from the *Select Domain* drop-down menu  
*NOTE: If you have more than one billing NPI number under your tax ID number, select the NPI that controls your current 835/ERA authorization within the domain drop-down menu.*
2. Select the *Provider Enrollment Access* from the *Select Profile* drop-down menu
3. Select the Go button



1. Select the Provider tab
2. Select *Manage Provider Information* from the drop-down options

View/Update Provider Data - Group Practice	
<input type="checkbox"/>	Step
<input type="checkbox"/>	<a href="#">Step 1: Provider Basic Information</a>
<input type="checkbox"/>	<a href="#">Step 2: Locations</a>
<input type="checkbox"/>	<a href="#">Step 3: Specialties</a>
<input type="checkbox"/>	<a href="#">Step 4: Mode of Claim Submission</a>
<input type="checkbox"/>	<a href="#">Step 5: Associate Billing Agent</a>
<input type="checkbox"/>	<a href="#">Step 6: Provider Controlling Interest/Ownership Details</a>
<input type="checkbox"/>	<a href="#">Step 7: Taxonomy Details</a>
<input type="checkbox"/>	<a href="#">Step 8: View Servicing Provider Details</a>
<input type="checkbox"/>	<a href="#">Step 9: 835/ERA Enrollment Form</a> ←
<input type="checkbox"/>	<a href="#">Step 10: Complete Modification Checklist</a>
<input type="checkbox"/>	<a href="#">Step 11: Submit Modification Request for Review</a>

- Select *Step 9: 835/ERA Enrollment Form* by selecting the hyperlink

CHAMPS < My Inbox > Admin > Provider >

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

> Myinbox > Provider List > Facility Modification BPW >

NPI: \_\_\_\_\_ Name: \_\_\_\_\_

Close Submit Print Help

ERA ENROLLMENT FORM

PROVIDER INFORMATION

Provider Name: \_\_\_\_\_  
 Doing Business As Name (DBA): \_\_\_\_\_

Provider Address

Street: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code/Postal Code: \_\_\_\_\_  
 Country Code: \_\_\_\_\_

PROVIDER IDENTIFIERS

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): 381676320  
 National Provider Identifier (NPI): 1730186891

Other Identifier(s)

Assigning Authority:  Trading Partner ID: \_\_\_\_\_

Provider License Details

Provider License No: \_\_\_\_\_ License Issuer: \_\_\_\_\_

- Complete the ERA enrollment form – use the scroll bar to move down the page
- Complete all required fields marked with an asterisk “\*”
- Enter the billing agent ID number in the *Assigning Authority* field

 SUBMISSION INFORMATION

**Reason for Submission**

Cancel Enrollment  Change Enrollment  New Enrollment \*

**Authorized Signature**

**Electronic Signature of Person Submitting Enrollment:**

\* Authorization Agreement-By selecting the checkbox above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.

**Authorization Agreement**

By signing this request, I am authorizing the Michigan Department of Community Health to establish an 835/ERA account for the Tax ID listed above and for 835/ERA files to be transmitted electronically to the designated entity.

**Written Signature of Person Submitting Enrollment:**

**Printed Name of Person Submitting Enrollment:**

**Printed Title of Person Submitting Enrollment:**

**Submission Date:** 09/05/2014

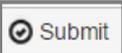
**Requested ERA Effective Date:**

(Once approve the next paycycle date.)

For step 9 (continued):

3. Select checkbox to authorized this change request

4. Complete the Signature fields

5. Click *Submit* at the top 

6. Click *Close*

CHAMPS My Inbox Provider

Note Pad External Links My Favorites Print Help

Provider Portal > Group Practice Modification

NPI: Name:

Close Undo Update

View/Update Provider Data - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	10/01/2014	10/14/2014	Complete		
Step 2: Locations	Required	09/05/2014	10/14/2014	Complete		
Step 3: Specialties	Required	09/17/2014	10/14/2014	Complete		
Step 4: Mode of Claim Submission	Required	08/20/2008	08/20/2008	Complete		
Step 5: Associate Billing Agent	Required	10/23/2014	08/20/2008	Complete		
Step 6: Provider Controlling Interest/Ownership Details	Required	10/01/2014	10/14/2014	Complete		
Step 7: Taxonomy Details	Required	08/20/2008	08/20/2008	Complete		
Step 8: View Servicing Provider Details	Optional	08/20/2008	08/20/2008	Complete		
Step 9: 835/ERA Enrollment Form	Required	09/05/2014	10/14/2014	Complete	Updated	
Step 10: Complete Modification Checklist	Required	02/17/2014	10/14/2014	Incomplete		
Step 11: Submit Modification Request for Review	Required	10/01/2014	10/14/2014	Incomplete		Modification Request has not been Submitted.

View Page: 1 GO Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Step 9 will show as *Updated*
- Complete *Step 10*
- Complete *Step 11*
- Click Close button