



Michigan Department of Health & Human Services

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## New Billing Agent Applicant Instructions

**“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”**

**-Provider Relations**

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- New Billing Agent Overview
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# New Billing Agent Overview

The purpose of this presentation is to provide guidance to entities seeking to complete a new billing agent application.

An authorized billing agent **MUST** be able to complete HIPAA-compliant transactions through the use of v5010 software, review the Electronic Submissions Manual, Companion Guides and successfully complete file testing.

All new Billing Agent applications must be completed utilizing the CHAMPS system.

# MI Login

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Access to the CHAMPS system



## 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](#)

[MILogin Home](#)

[Michigan.gov Home](#)

[Policies](#)

[Contact Us](#)

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- Enter <https://milogintp.Michigan.gov> into the search bar.
- 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](#) ←

[MILogin Home](#)

[Michigan.gov Home](#)

[Policies](#)

[Contact Us](#)

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



Home Help Logout MI.gov

MI Login

Need Help?

Your password will e

Manage your acco

Require

Change

Access your applica

• CHAMPS

MI Login Home

Contact Us

Terms & Conditions:CHAMPS

The Michigan Department of Health and Human Services (MDHHS) computer information systems (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health and Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms, conditions, policies and restrictions for each authorized application.

Acknowledge/Agree Cancel

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



Select Domain ▼

Select Profile ▼ \*

Select Favorite ▼

- Select Domain - Click on your organization name
- Select Profile - Click Billing Agent
- Click - Go

# Billing Agent Application

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CHAMPS Application

The screenshot displays the CHAMPS Provider Portal. At the top left is the CHAMPS logo. The navigation bar includes 'My Inbox' and 'Provider', with 'Provider' circled in red. A dropdown menu is open from 'Provider', showing three main sections: 'MANAGE PROVIDER' (with 'Manage Provider Information'), 'EXTERNAL LINKS' (with 'Medicaid Code and Rate Reference'), and 'PROVIDER ENROLLMENT' (with 'New Enrollment' highlighted in blue and a red arrow pointing to it, and 'Track Application'). The main content area has a 'Provider ID' field, a 'Name' field, and a 'Latest updates' section. Below this is a 'My Reminders' section with a filter bar and a table with columns: Alert Type, Alert Message, Alert Date, Due Date, and Read.

- Select the Provider tab
- Under Provider Enrollment, Click New Enrollment

CHAMPS < My Inbox ▾ Provider ▾

Provider Portal > New Enrollment

### Enrollment Type

Select the Applicable Enrollment Type

- Individual/Sole Proprietor
  - Regular Individual/Sole Proprietor (Choose this option to be a Medicaid Individual/Sole Proprietor, you may participate in the EHR-MIPP.)
  - EHR-MIPP Only Provider (Choose this option to participate only in EHR-MIPP.)
  - Managed Care Network Provider Only
  - Managed Care Network Provider and EHR
- Billing Agent ←
- Group Practice (Corporation, Partnership, LLC, etc.)
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)

←

- Select Billing Agent
- Click Submit

Print Help

### Basic Information

Entity Business Name:  \* (Doing Business As)

Indicate Claim Submission Type:  Dental  Institutional  Professional \* (Must select at least one claim type)

### Support Contact

First Name:  \* Middle Initial:

Last Name:  \*

Phone Number:  \* Extn:

Fax Number:

Contact Email Address:

Email-1  \*

Email-2

Email-3

### Technical Contact

Same as Support Contact

First Name:  \* Middle Initial:

Last Name:  \*

Phone Number:  \* Extn:

Fax Number:

Contact Email Address:

Email-1  \*

Email-2

Email-3



- Fill in all required fields – denoted with an (\*)
- Click Next

### Billing Agent Address Details

End Date:  

If a department or drawer number is required enter the information in line TWO.  
(For example: DEPT 222 or DEPARTMENT 222, DRAWER 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:  \*

State/Province:  \*

County:

Country:  \*

Zip Code:  -

Entity Fax Number:

Entity Phone Number:  \*

Entity Email Address:  \*



- Fill in all required fields – denoted with an (\*)
- Click Validate Address

Print Help

### Billing Agent Address Details

End Date:  

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

**Address validation successful**

Address Line 1:  \* Address Line 2:   
(Enter Street Address or PO Box Only)

Address Line 3:  City/Town:  ▼ \*

State/Province:  ▼ \* County:  ▼

Country:  ▼ \* Zip Code:  -

Entity Fax Number:  Entity Phone Number:  \*

Entity Email Address:  \*

- The address validation confirmation screen will appear
- Click Finish

Application ID 432953 Name:

**Basic Information**

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

Your Application ID is 432953

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.

- Your Application ID number is displayed
- Record your Application ID number for future reference
- Click OK

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Provider Portal > Track Application > Billing Agency Enrollment

Application ID: 432953 Name: \_\_\_\_\_

### Enroll Billing Agent

Step

- [Step 1: Provider Basic Information](#)
- [Step 2: Add Mode of Claim Submission](#)
- [Step 3: Complete Enrollment Checklist](#)
- [Step 4: Submit Enrollment Application for Approval](#)

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

Required	Start Date	End Date	Status	Step Remark
Required	09/23/2014	09/23/2014	Complete	
Required			Incomplete	
Required			Incomplete	
Required			Incomplete	

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

- Step 1 - This information populates upon submitting your application
- Complete steps 2-4 of the enrollment process by clicking the blue hyperlinks
- Once each step is complete, the status column will show as Complete

Note: You will see your application ID number on each screen

# Step 2

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Add Mode of Claim Submission



Application ID: 432953

Name:

Close

### Enroll Billing Agent

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

#### Enroll Billing Agent

**Step**

- [Step 1: Provider Basic Information](#)
- [Step 2: Add Mode of Claim Submission](#) ←
- [Step 3: Complete Enrollment Checklist](#)
- [Step 4: Submit Enrollment Application for Approval](#)

Required	Start Date	End Date	Status	Step Remark
Required	09/23/2014	09/23/2014	Complete	
Required			Incomplete	
Required			Incomplete	
Required			Incomplete	

Viewing Page: 1

First Prev Next Last

- Select Step 2 - Add Mode of Claim Submission

Application ID: 153 Name: \_\_\_\_\_

### Mode of Claim Submission Details

You may check multiple Modes of Claim Submission.  
Identify Claim Submission Details.

Mode of Claim Submission:  Data Exchange Gateway (DEG)  Electronic Batch  CORE  
 Not Applicable



- Select all options listed – even if you will not be using each mode of submission. If listed, DO NOT select the not applicable option
- Click OK

# Step 3

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Complete Enrollment Checklist



Application ID: 432953

Name:

Close

### Enroll Billing Agent

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

#### Enroll Billing Agent

**Step**

- [Step 1: Provider Basic Information](#)
- [Step 2: Add Mode of Claim Submission](#)
- [Step 3: Complete Enrollment Checklist](#) ←
- [Step 4: Submit Enrollment Application for Approval](#)

Required	Start Date	End Date	Status	Step Remark
Required	09/23/2014	09/23/2014	Complete	
Required			Complete	
Required			Incomplete	
Required			Incomplete	

Viewing Page: 1

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- Select Step 3 Complete Enrollment Checklist

CHAMPS < My Inbox ▾ Provider ▾

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > New Enrollment > Billing Agency Enrollment > Provider Check List

Application ID: \_\_\_\_\_ Name: \_\_\_\_\_

Close Save ←

### Provider Checklist

Question	Answer	Comments
Are you able to produce HIPAA-Compliant v 5010A1 or 5010A2 transactions?	Not Completed ▾	<input type="text"/>
Will you be submitting claims directly to Michigan Medicaid?	Not Completed ▾	<input type="text"/>
Have you viewed the Electronic Submissions Manual, Companion Documents and Implementation Guides?	Not Completed ▾	<input type="text"/>
Would you be willing to submit HIPAA-Compliant transactions for new providers?	Not Completed ▾	<input type="text"/>
Will you be submitting HIPAA 270/271 Eligibility (Inquiry/Response) transactions?	Not Completed ▾	<input type="text"/>

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- Complete each question on the Provider Checklist
- Click Save
- Click Close

# Step 4

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Submit Enrollment Application for Approval



Application ID: 353

Name:

Close

### Enroll Billing Agent

#### Enroll Billing Agent

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

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	09/23/2014	09/23/2014	Complete	
<a href="#">Step 2: Add Mode of Claim Submission</a>	Required			Complete	
<a href="#">Step 3: Complete Enrollment Checklist</a>	Required			Incomplete	
<a href="#">Step 4: Submit Enrollment Application for Approval</a>	Required			Incomplete	

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- Select Step 4 Submit Enrollment Application for Approval



Application ID 2953

Name:

Close Next



### Final Submission

Application ID: 20140923432953

Enrollment Type: Billing Agent

The information submitted for enrollment shall be verified and reviewed by the State.  
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Private and Confidential).

### Application Document Checklist

Forms/Documents

Special Instructions

Source

Required

▲▼

▲▼

▲▼

▲▼

- Click Next

CHAMPS

My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Track Application > Billing Agency Enrollment > Submit Enrollment

Application ID: 953 Name: [Redacted]

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

### Billing Agent 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 Community Health (MDCH) 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 MDCH 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]

By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Trading Partner Agreement.

- Read all items listed
- Scroll to the bottom of the page, select the checkbox at the bottom if you agree with the Trading Partner Agreement
- Click Submit Application button at the top

The page at <https://sson01.mdch.state.mi.us> says: <sup>x</sup>

Your Application Number 32953 has been successfully submitted for State review. Return to CHAMPS with this application number to track the status of your application.



**OK**

- After submitting application for agreement, you will receive a confirmation message confirming your application has been successfully submitted
- Click OK

CHAMPS < My Inbox ▾ Provider ▾

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Track Application > Billing Agency Enrollment

Application ID: 953 Name:

Close

### Enroll Billing Agent

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

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	09/23/2014	09/23/2014	Complete	
<a href="#">Step 2: Add Mode of Claim Submission</a>	Required	09/23/2014	09/23/2014	Complete	
<a href="#">Step 3: Complete Enrollment Checklist</a>	Required	09/23/2014	09/23/2014	Complete	
<a href="#">Step 4: Submit Enrollment Application for Approval</a>	Required	09/23/2014	09/23/2014	Complete	

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- The status of each step will show Complete
- Click Close

The screenshot shows the CHAMPS web application interface. At the top left is the CHAMPS logo. The navigation bar includes "My Inbox" and "Provider" tabs. A dark blue header contains "Note Pad", "External Links", "My Favorites", "Print", and "Help" icons. A user profile dropdown menu is open, showing a "Domain:" field and a "Logout" button, both highlighted with red arrows. The main content area is titled "Enrollment type" and contains a form titled "Select the Applicable Enrollment Type". The form lists several options with radio buttons: "Individual/Sole Proprietor" (with sub-options: "Regular Individual/Sole Proprietor", "EHR-MIPP Only Provider", "Managed Care Network Provider Only", "Managed Care Network Provider and EHR"), "Group Practice (Corporation, Partnership, LLC, etc.)", "Billing Agent" (which is selected), and "Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)". A "Submit" button is located at the bottom left of the form.

- Your application is complete, you will return to this page
- Select the drop-down menu next to your user name
- Select Logout

# Track Application

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Use your application number to check the status

The screenshot displays the CHAMPS Provider Portal interface. At the top, the CHAMPS logo is on the left, and navigation tabs for 'My Inbox' and 'Provider' are visible. The 'Provider' dropdown menu is open, showing three main categories: 'MANAGE PROVIDER' (with 'Manage Provider Information'), 'EXTERNAL LINKS' (with 'Medicaid Code and Rate Reference'), and 'PROVIDER ENROLLMENT' (with 'New Enrollment' and 'Track Application'). The 'Track Application' option is highlighted in blue and indicated by a red arrow. The background shows the 'Latest updates' section and the 'My Reminders' section with a filter and table headers.

- Select the Provider tab
- Under the Provider Enrollment option, select Track Application

The screenshot shows the CHAMPS web application interface. At the top left is the CHAMPS logo. A navigation bar contains a 'Provider' dropdown menu, a user profile icon, a 'Quick Find' search bar, and a 'Note Pad' icon. Below this is a breadcrumb trail: 'Home > Track Application'. The main content area features two buttons: 'Close' and 'Submit', with a red arrow pointing to the 'Submit' button. Below the buttons is a section titled 'Track Existing Application' with a grid icon. The text 'Please provide the Application ID to track your application.' is displayed. Below this text is a text input field containing '2015' followed by a redacted area and an asterisk (\*). A red arrow points to the asterisk.

- Enter your application ID number that was assigned
- Click Submit

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with 'CHAMPS' logo, 'My Inbox', and 'Provider' tabs. A status message pop-up is displayed in the center, stating: 'The page at https://sson01.mdch.state.mi.us says: Your application is currently In-Review by the MDCH Provider Enrollment Unit. You cannot make any modifications to your enrollment information at this time.' The pop-up has an 'OK' button. Below the pop-up, there is a 'Close' button. The main content area is titled 'Enroll Billing Agent' and contains a 'Business Process Wizard - Provider Enrollment (Billing Agent). Click on the Step # under the Step Column.' 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, Step 2: Add Mode of Claim Submission, Step 3: Complete Enrollment Checklist, and Step 4: Submit Enrollment Application for Approval. All steps are marked as 'Complete'. At the bottom, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

Application ID 12953

Close

Enroll Billing Agent

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

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	09/23/2014	09/23/2014	Complete	
<a href="#">Step 2: Add Mode of Claim Submission</a>	Required	09/23/2014	09/23/2014	Complete	
<a href="#">Step 3: Complete Enrollment Checklist</a>	Required	09/23/2014	09/23/2014	Complete	
<a href="#">Step 4: Submit Enrollment Application for Approval</a>	Required	09/23/2014	09/23/2014	Complete	

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

- A pop-up box will appear with a status message
- Click OK
- Click Close when finished

# Resources

- Trading Partner Resources

  - [Michigan Department of Health & Human Services- Trading Partners](#)

  - [HIPAA Companion Guides](#)

  - [Electronic Submission Manual](#)

- For electronic file submission and 835/ERA inquiries

  - [automatedbilling@michigan.gov](mailto:automatedbilling@michigan.gov)

- Provider Support (claim adjudication/reimbursement questions)

  - [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)

  - [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov) or 1-800-292-2550

- Medicaid Training Requests

  - [Training Requests](#)