“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 Slides 3-16
- New Provider Enrollment Slides 17-94
- Track Existing Application Slides 95-99
Register for MILogin and CHAMPS

MILogin is a website that allows a user to enter one ID and password in order to access multiple applications.

CHAMPS (Community Health Automated Medicaid Processing System) is the program where providers enroll, update enrollment information, and report services performed.
Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
Click Sign Up
- Complete all required fields
- Check the ‘I agree’ box
- Click Next
Create the user ID and password following the listed guidelines
Select the preferred password recovery method(s)
Click Create Account
Your MILogin account has now been created successfully
Click the Login button to return to the login screen
Enter your User ID and Password you just created
Click Login
Your Home Page will not show any applications.

Click Request Access.

*MILogin resource links are listed at the bottom of the page*
- Type CHAMPS in the search box
- Click the search/magnifying button
Click on CHAMPS
Select the ‘I agree to the terms & conditions’ radio button

Click Request Access
Verify all information is correct
Click Submit
You will be given confirmation that your request has been submitted successfully.
Click the Home button to return to the MIlogin Home Page.
• You will be directed back to your MILogin Home Page
• Click the CHAMPS hyperlink
Click Acknowledge/Agree button to accept the Terms & Conditions to get into CHAMPS
New Provider Enrollment

Steps on how to complete a new CHAMPS enrollment for a Facility/Agency/Organization (FAO) Provider type
Prior to enrolling in CHAMPS

- FAO providers will want to ensure they are enrolled in SIGMA VSS prior to enrolling within CHAMPS.
  - SIGMA VSS website: [www.michigan.gov/SIGMAVSS](http://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.

- FAO providers must also be licensed prior to enrolling in CHAMPS
  - LARA: [http://www.michigan.gov/lara/0,4601,7-154-72600---.00.html](http://www.michigan.gov/lara/0,4601,7-154-72600---.00.html)
- Click New Enrollment
Select Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
Click Submit
- Complete all fields marked with an asterisk (*)
- Click Confirm
- Click Finish
Confirmation, Basic Information is complete

Take note of the Application ID, as this is used to track your application status

Click Ok
**FAO Provider Enrollment steps are listed (Please Note: some steps are required versus optional)**

- Step 1 has a status of Complete
- Click on Step 2: Add Locations
Click Add, to enter Primary Location information

<table>
<thead>
<tr>
<th>Doing Business As</th>
<th>Location Type</th>
<th>Location Details</th>
<th>End Date</th>
</tr>
</thead>
</table>

No Records Found!
• Complete Address Line 1 and Zip Code, click Validate Address
  (Please Note: you should receive confirmation “Address Validation Successful”)
• Complete all fields marked with an asterisk (*)
• Click Ok
- Click Primary Practice Location to add Pay-To address

(Please Note: Correspondence address is required for all locations. Enter Remittance Advice address only to receive a paper Remittance Advice)
Click Add Address
- From the drop-down list, select Type of Address
- Complete all fields marked with an asterisk (*)
- Click Validate Address

(Please Note: you should receive confirmation “Address Validation Successful”)
- Click Ok
When all address locations are complete, click Save.

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

- Click Close
- Click Close
Step 2 is complete
Click on Step 3: Add Specialties
- Click Add
Choose appropriate Location, Provider Type, and Specialty

(Please Note: There is no need to fill in an End Date)

Dependent on the Specialty chosen, Available Subspecialties will populate
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.
Once all Specialties/Subspecialties have been added, click Close.
- Step 3 is complete
- Click on Step 4: Associate Billing Provider/Other Associations
<table>
<thead>
<tr>
<th>Billing Provider/Other Associations List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filter By:</td>
</tr>
<tr>
<td>NP/Provider ID</td>
</tr>
<tr>
<td>No Records Found</td>
</tr>
</tbody>
</table>
Complete all fields marked with an asterisks (*)
Click Confirm Provider
  • Provider Name and Enrollment Type will populate
Click Ok
Once all Billing Provider/Other Associations have been added, click Close
### Enroll Provider - FAO

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

<table>
<thead>
<tr>
<th>Step</th>
<th>Required</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
<th>Step Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Provider Basic Information</td>
<td>Required</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 2: Add Locations</td>
<td>Required</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 3: Add Specialties</td>
<td>Required</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 4: Associate Billing Provider/Other Associations</td>
<td>Optional</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Complete</td>
<td>Please add required License/Certification.</td>
</tr>
<tr>
<td><strong>Step 5: Add License/Certification/Other</strong></td>
<td>Required</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 6: Add Additional Information</td>
<td>Optional</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 7: Associate Billing Agent</td>
<td>Required</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 8: Associate Additional Information</td>
<td>Optional</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 9: Add Additional Information</td>
<td>Optional</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 10: Add Additions</td>
<td>Required</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 11: Associate MCO Plan</td>
<td>Optional</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 12: Add Additions</td>
<td>Optional</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 13: Add Additions</td>
<td>Optional</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 14: Add Additions</td>
<td>Optional</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 15: Complete Enrollment Checklist</td>
<td>Required</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
</tbody>
</table>

- Step 4 is complete
- Click on Step 5: Add License/Certification/Other
- Complete all fields marked with an asterisk (*)
- Click Confirm License/Certification/Other
- Click Ok
The License/Certification/Other information will now be displayed.
To add another License/Certification repeat the same process.
Click Close.
Step 5 is complete
Click on Step 6: Add Additional Information

(Please Note: Depending on the specialty chosen in step 3, this step may be required)
Under Contact List, click Add

(Please Note: Providers have to at least fill in the General contact for Type of Contact. These contacts can be the same as the Owners.)
- Complete all fields marked with an asterisk (*)
- Click Validate Address (*Please Note: you should receive confirmation “Address Validation Successful”)*
- Click Ok
- Under Identifier List, click Add
- Complete all fields marked with an asterisk (*)
- Click Ok
- Bed Information may also be required depending on the specialty
- Under Bed Information, click Add
Complete all fields marked with an asterisk (*)
Click Ok
• After required information is complete, click Close
- Step 6 is complete
- Click on Step 7: Add Mode of Claim Submission/EDI Exchange
Under EDI exchange select appropriate claim submission method(s)
Under Other Claims Submission select appropriate claim submission method(s)
Click Ok
- Step 7 is complete
- Click on Step 8: Associate Billing Agent
- Click Add
To locate Billing Agent information, click Confirm/Search Billing Agent.
- Check the box next to the Billing Agent you want to select
  
  *(Please Note: There is more than one page of Billing Agents; you may select more than one)*

- Click Select
- Billing Agent information will populate
- Click Ok
- Billing Agent information has been added
- Click Close
### Enroll Provider - FAO

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

<table>
<thead>
<tr>
<th>Step</th>
<th>Required</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
<th>Step Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Provider Basic Information</td>
<td>Required</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 2: Add Locations</td>
<td>Required</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 3: Add Specialties</td>
<td>Required</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 4: Associate Billing Provider/Other Associations</td>
<td>Optional</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 5: Add License/Certification/Other</td>
<td>Required</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 6: Add Additional Information</td>
<td>Optional</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 7: Add Mode of Claim Submission/EDI Exchange</td>
<td>Required</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 8: Associate Billing Agent</td>
<td>Required</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td><strong>Step 9: Add Provider Controlling Interest/Ownership Details</strong></td>
<td>Required</td>
<td>12/04/2018</td>
<td>12/04/2018</td>
<td>Complete</td>
<td><strong>Complete</strong></td>
</tr>
<tr>
<td>Step 10: Add Taxonomy Details</td>
<td>Required</td>
<td></td>
<td></td>
<td></td>
<td>Incomplete</td>
</tr>
<tr>
<td>Step 11: Associate MCO Plan</td>
<td>Optional</td>
<td></td>
<td></td>
<td></td>
<td>Incomplete</td>
</tr>
<tr>
<td>Step 12: 837/ERA Enrollment Form</td>
<td>Optional</td>
<td></td>
<td></td>
<td></td>
<td>Incomplete</td>
</tr>
<tr>
<td>Step 13: Fee Payment</td>
<td>Optional</td>
<td></td>
<td></td>
<td></td>
<td>Incomplete</td>
</tr>
<tr>
<td>Step 14: Upload Documents</td>
<td>Optional</td>
<td></td>
<td></td>
<td></td>
<td>Incomplete</td>
</tr>
<tr>
<td>Step 15: Complete Enrollment Checklist</td>
<td>Required</td>
<td></td>
<td></td>
<td></td>
<td>Incomplete</td>
</tr>
<tr>
<td>Step 16: Submit Enrollment Application for Approval</td>
<td>Required</td>
<td></td>
<td></td>
<td></td>
<td>Incomplete</td>
</tr>
</tbody>
</table>

- Step 8 is complete
- Click on Step 9: Add Provider Controlling Interest/Ownership Details
  - *The screens for this step were updated 12/14/18*
To enter owner information, click Actions
• Select Add Owner
- 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 *(Please Note: you should receive confirmation “Address Validation Successful”)*
- Click Ok
Added Owner(s) will be listed. Click on Add Owner until all required Owner Types are added.

For further clarification on required owner types click [here](#).

Once complete, click Actions
Select Owners Relationships
Answer question (at the top)
- If no relationships exist select No, click Save, read the pop-up message, select Ok, and Close.
  - Skip to slide 72
- If relationships exist select Yes, and continue
If Yes, select the relationship between the Associated Owner to the Selected Owner (e.g., the relationship to the facility enrolling, Testing CO, from the Associated Owner, Employee, Managing or CEO) [Associated Owner → Selected Owner]

In this example no one is related to the Selected Owner, Testing CO

Click on > to select the relationship(s) for the next Selected Owner
For the next Selected Owner, CEO, some of the fields have prepopulated to None based on the relationship selection made under the previous Selected Owner, Testing CO.

Click on the drop-down arrow under Relation to CEO to select the Associated Owner’s relationship to the Selected Owner.
In this example the Associated Owner (i.e., Employee, Managing) is the daughter of the Selected Owner, CEO.

Click on the drop-down arrow under Relation to Associated Owner to select the relationship from Selected Owner back to the Associated Owner.
In this example the Selected Owner, CEO is the Mother of the Associated Owner (i.e., Employee, Managing)
Click on > to select the relationship(s) for the next Selected Owner
• For the next Selected Owner, Employee, Managing, the fields have prepopulated based on the previous relationships chosen
  • Note: The Associated Owner is showing as the mother of the Selected Owner, Employee, Managing and now the Selected Owner is showing as the daughter of the Associated Owner, CEO
- When both relationship steps are complete for each Owner Type, click Save
- Click Close
The Relationship Status now shows completed for each owner
Click Actions
Select Owners Adverse Action
Read through Final Adverse Legal Actions/Convictions statement,

For each owner listed select Yes or No

Click Ok
The Adverse Action column will show Yes or No indicating it’s complete
Click Close
Step 9 is complete.
- Click on Step 10: Add Taxonomy Details.
- Click Add
- Enter in Taxonomy Code or click on ( subpoce ) next to the words, Click here for Taxonomy List, to look up appropriate taxonomy code
After clicking (↩) the National Uniform Claim Committee webpage will pop-up
Press (CTRL+F) to search for appropriate taxonomy code
- Enter Start Date (Please Note: Must be current date or date of application)
- Click Confirm Taxonomy
- Click Ok
- The Taxonomy Code information will now be displayed
- Click Close
- Step 10 is complete
- Click on Step 11: Associate MCO Plan *(Please Note: This step is optional)*
Step is optional, if you do not work with a Managed Care Organization (MCO) plan, click Close.
If choosing to add an MCO Plan;
Click Add to associate an MCO plan
To locate the MCO Plan, click Confirm/Search Plan.
Check the box next to the MCO Plan you want to select

(Please Note: There is more than one page of MCO plans; you may select more than one)

Click Select
MCO Plan information will populate
Click Ok
- MCO Plan information has been associated
- Click Close
### Step 11 is complete

Click on Step 12: 835/ERA Enrollment Form  *(Please Note: This step is optional)*
- Step is optional, fill out if provider would like to directly receive their 835 (i.e., electronic remittance advice (ERA))
  *(Please Note: within step 2 providers would have needed to select Yes, to question “Accept 835?”)*
- Complete all fields marked with an asterisk (*)
- Complete all fields marked with an asterisk (*)
- Click Submit
- Click Close
Step 12 is complete
Click on Step 13: Fee Payment
This step will house institutional providers application fee. Only certain specialties are required to pay this fee. Providers will have the ability to pay the fee from within CHAMPS or attest they have already paid another State fee or Medicare.
- Step 13 is complete
- Click on Step 14: Upload Documents (Please Note: This step is optional)
- This step is optional, if documentation needs to be uploaded, click Add
- If not, click Close
If provider chooses to upload a document:
- Select the document type and document name
- Click Browse to find the saved document on your computer
- Enter any other additional information
- Click Ok
- The documentation has been added
- To return to the enrollment steps, click Close
**Step 14** is complete

**Click on Step 15: Complete Enrollment Checklist**
• Answer the questions in the Provider Checklist as appropriate
• Add Comments when necessary
• Click Save
• Click Close
- Step 15 is complete
- Click on Step 16: Submit Enrollment Application for Approval

(Please Note: If you chose not to complete optional steps you can still submit your application)

You must complete step 16 to submit your application
Final Submission: Click Next
In applying for enrollment as a provider of medical assistance 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 or entities related to Medicare, Medicaid, or Title XXI.

5. The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title XVIII), Medicaid (Title XXI), 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 455.196 and 42 U.S.C. § 1320a-7]

6. Before billing for any medical services rendered, 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 431.167 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 8032 of the Deficit Reduction Act of 2005, codified at section 902(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/services 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 necessary to verify the accuracy and cost of services furnished under the contract.

11. I understand that payment for services billed under the 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.

14. I agree to comply with the privacy and confidentiality provisions of any applicable laws governing the use and disclosure of protected health information, including the privacy regulations adopted by the U.S. Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Public Acts 104-191 (45 CFR Parts 160 and 164, Subparts A and E). I also agree to comply with the HIPAA security regulations, as applicable, for electronic protected health information by the compliance date, which is currently April 21, 2005 (45 CFR Parts 160 and 164, Subparts A and C). If I am an electronic billing, I will abide by the Trading Partner Provision Section of this Agreement, and the HIPAA regulations regarding electronic transactions and code sets, as applicable (45 CFR Parts 160 and 162).

15. This Agreement shall be governed by the laws of the State of Michigan and applicable federal law including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

16. The provisions of this Agreement are severable. If any provision is held or declared to be illegal, invalid or unenforceable, the remainder of this Agreement shall continue in full force and effect as though the illegal, invalid or unenforceable provision had not been contained in this Agreement.

17. Failure or delay on the part of either party to exercise any right, power, privilege, or remedy in this Agreement will not constitute a waiver. No provision of this Agreement may be waived by either party except in writing and signed by an authorized representative of the party requesting the waiver.

Condition 18 applies to nursing facilities only:

18. If the nursing facility named on the Medical Assistance Provider Enrollment & Trading Partner Agreement is sold, the seller will notify MDHHS of the sale at least ninety (90) days prior to the expected sale date. Further, it is understood that the sale will not be recognized for reimbursement purposes under the Medical Assistance Program until ninety (90) days after such notification. Provisions of 42 CFR 413.135(k) will be retrospectively satisfied at that time. Any exception must be approved in writing by MDHHS. The new entity/individual must receive Medicaid certification for all Medicaid-only beds in the facility within one year from the date of purchase of an operating nursing facility or from the date of reacquiring a previously closed nursing facility.

• Read through the entire list of Terms and Conditions
Continue to read through the entire list of Terms and Conditions
After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

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

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.
Step 16 is now complete and the application has been submitted to the State for review.

Take note of your Application ID for further tracking.

Click Close.

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

How to track a submitted application within CHAMPS
- Select Provider tab
- Click Track Application
- Fill in Application ID
- Click Next
- Complete all fields marked with an asterisk (*)
- Click Submit
Confirmation your Provider Enrollment Application has been submitted and is being reviewed by the state

Click Close
Provider Enrollment Final Steps

- Please allow the State time to review the Provider Enrollment Application.
- After the State has looked over the Provider Enrollment Application Providers will receive a letter letting them know whether they have been approved or denied.
  - Letter is sent to the Correspondence address provided in the Provider Enrollment Application.
Provider Resources

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

- **We continue to update our Provider Resources, just click on the links below:**
  - Listserv Instructions
  - Medicaid Alerts and Biller “B” Aware
  - Quick Reference Guides
  - Update Other Insurance NOW!
  - Medicaid Provider Training Sessions

- **SIGMA:**
  - New Providers must register with SIGMA
  - Please visit: [Michigan.gov/SIGMAVSS](http://Michigan.gov/SIGMAVSS)

- **Provider Enrollment:**
  - [ProviderEnrollment@Michigan.gov](mailto:ProviderEnrollment@Michigan.gov) or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program