

Provider Enrollment

New
Facility/Agency/Organizati
on (FAO)



“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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Provider Enrollment Resources

Register for MiLogin and CHAMPS

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.

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 text "Welcome to MiLogin for Business". It features 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 top navigation bar 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, shows a progress indicator for 'Step 1 of 10' and the title 'Email verification'. A teal arrow points from this panel to the right panel. The right panel, with a white background, is titled 'Enter your email'. It contains a text input field for the email address, a reCAPTCHA 'I'm not a robot' checkbox (highlighted with a red box), and a reCAPTCHA logo with 'Privacy - Terms' links. Below the input field is a light blue information box stating: '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 form is a teal 'Next Step' button (also highlighted with a red box). 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' followed by a blurred email address. Below this is a 'Passcode' label and an empty input field. A red arrow points to the input field. Below the input field is a teal button labeled 'Next Step', which is highlighted with a red 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 and boxes highlight the 'First Name' field, the 'Last Name' field, the 'I agree to the Terms & Conditions.' 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 from this panel to the right panel. The right panel has a white background and 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 this 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 smaller teal 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 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', and a progress indicator with 10 circles, the 6th of which is filled. A green arrow points from this panel to the right panel. The right panel has a white background and is titled 'Enter your mobile phone number'. It contains 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 shows 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

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]

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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](#)

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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: 'The User ID is required to sign in, so choose something that you will remember and also follow our ID guidelines.' Below this are 'ID Guidelines' with three items: 'Must start with your last name and first initial' (marked with a warning triangle), 'Must end with 4 numbers' (marked with a checkmark), and 'Must not contain special characters or spaces' (marked with a checkmark). A text input field for the 'User ID' is present, with a red arrow pointing to it from the right. Below the input field is an information box stating: 'Your user ID should be [] where XXXX is four numbers of your choosing.' At the bottom of the right panel is a 'Next Step' button, which is highlighted with a red border. The footer contains 'Copyright 2023 State of Michigan' and '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, indicates 'Step 10 of 10' and 'Password' with a progress indicator of 10 circles, the last of which is filled. A 'Previous Step' link and a right-pointing arrow are also visible. The right panel, with a white background, is titled 'Create your password' and instructs the user to 'Choose something secure, but also something you can remember.' It lists 'Password Guidelines' with three warning icons: 'Must be at least 8 characters in length', 'Should not be based on your User ID', and 'Must contain at least one upper and lower case letters, a number, and a symbol (@#\$!~&)'. A fourth guideline states 'Confirm password must match new password'. Below these are two input fields: 'Password' and 'Confirm Password'. Red arrows point to the end 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 contains 'Copyright 2023 State of Michigan' and a 'Policies' link.

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.*

MiLogin for Business

Home Discover Online Services **Help** Contact Us

Welcome [blurred name]

Access your requested online services and search for more.

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 >

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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'. The search input field contains 'CHAMPS' and has a red arrow pointing to it. To the right of the input field is a 'Search' button. Below the search bar, there is a 'Filter by Departments' section with a list of checkboxes. The checkbox for 'Michigan Department of Health & Human Services (MDHHS)' is highlighted with a red box. To the right of the filter list, there is a search result for 'CHAMPS' from the 'Michigan Department of Health & Human Services (MDHHS)'. The result is also highlighted with a red box and includes a description: '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:'. Underneath, a scrollable box contains the 'Terms & Conditions' 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 and conditions 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.

Michigan 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

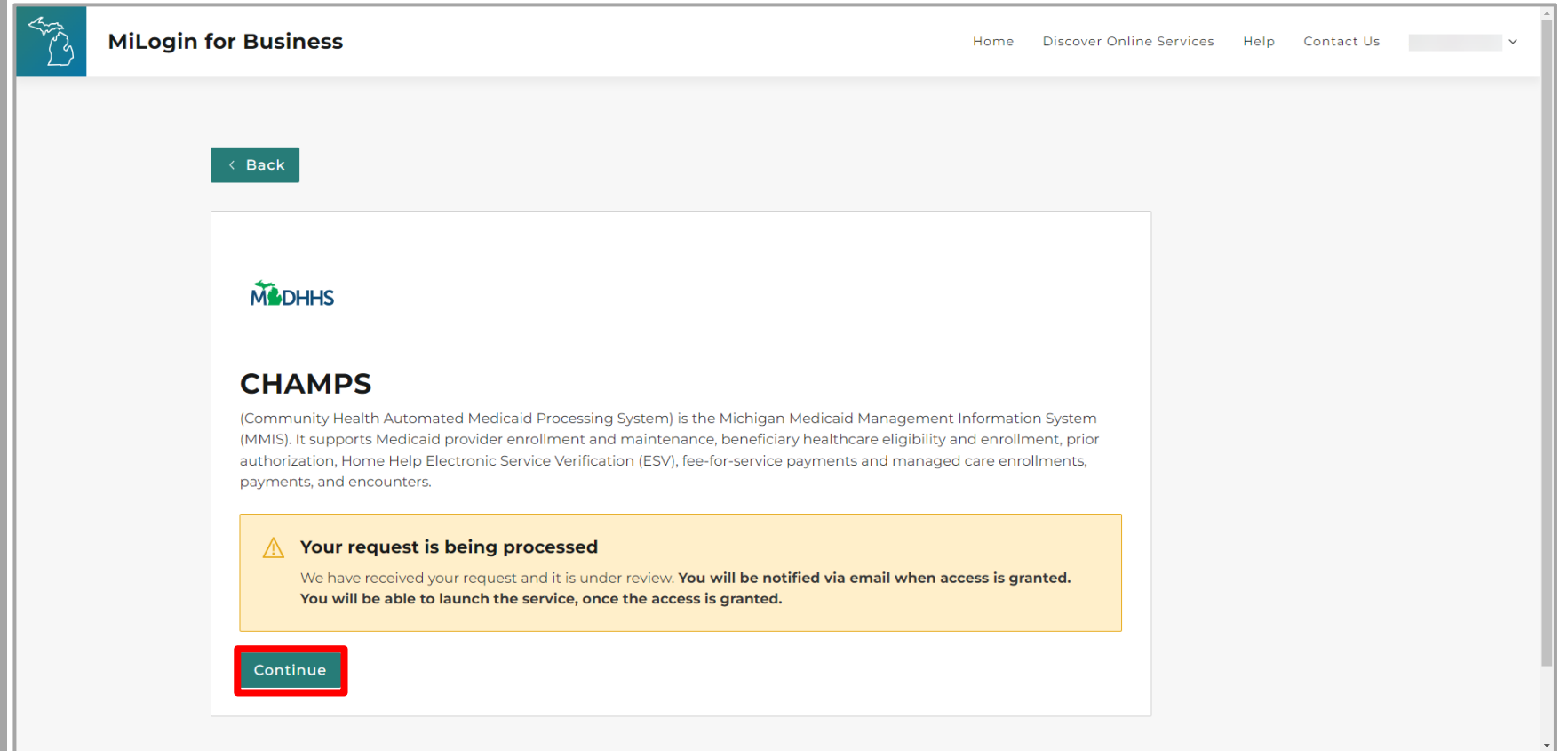
State User Only

Next Step

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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'. A paragraph of text describes CHAMPS as the Michigan Medicaid Management Information System (MMIS) and lists its functions. Below this is a yellow warning box with a triangle icon, containing 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 content area is a 'Continue' button, which is highlighted with a red rectangular 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 >](#)

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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. At the top, there is a navigation bar with 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. A 'Back to Home' button is visible in the top left of the main content area. The MDHHS logo is displayed above the 'CHAMPS' heading. Below the heading, a paragraph describes CHAMPS as the Michigan Medicaid Management Information System (MMIS). A section titled 'Please accept the Terms and Conditions to continue:' contains a scrollable 'Terms & Conditions' box. Below this box is a checked checkbox for 'I agree to the Terms & Conditions' and a red-bordered 'Launch service' button. The footer includes 'Copyright 2023 State of Michigan' and a 'Policies' link.

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

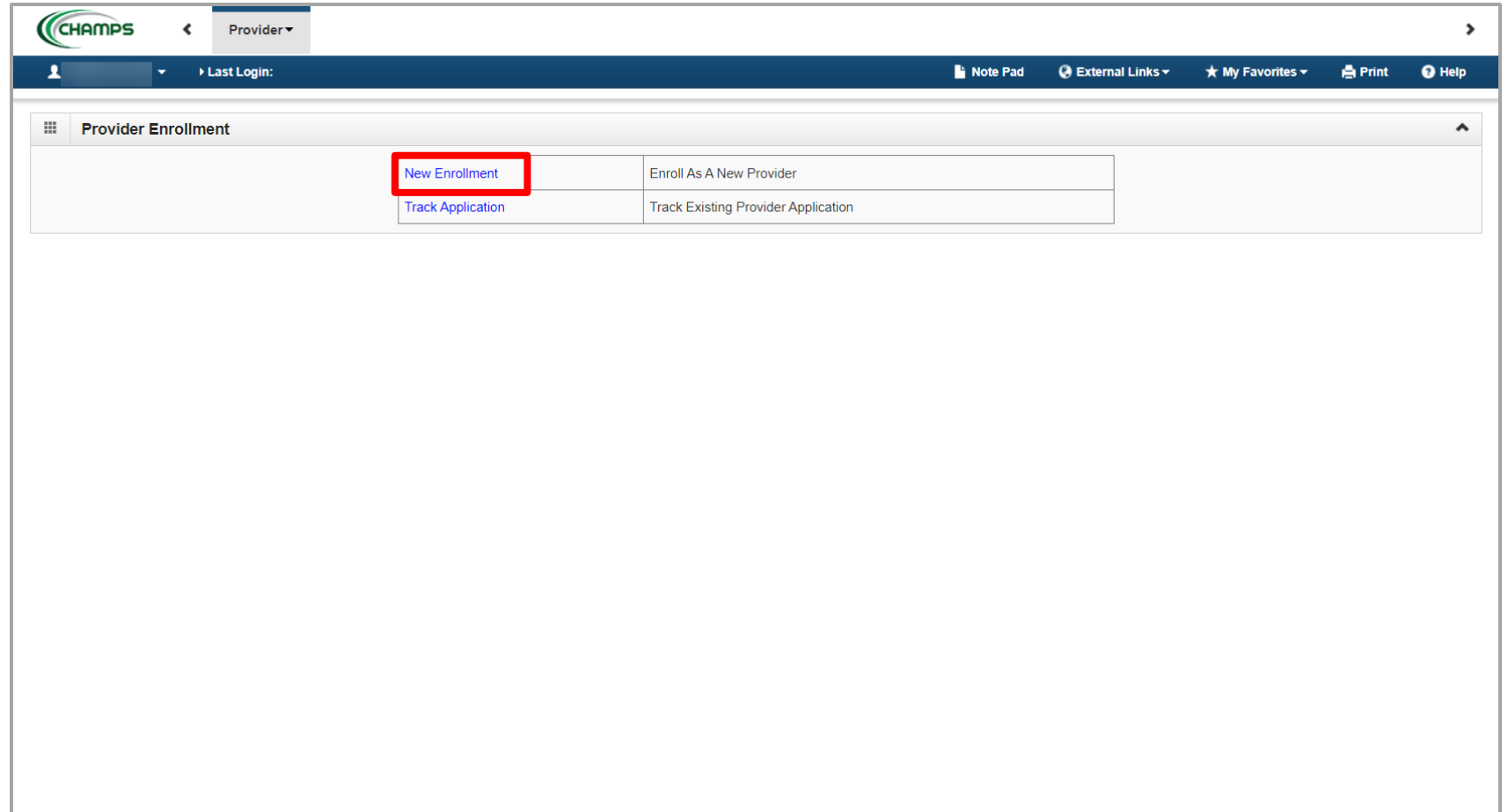
I agree to the Terms & Conditions

Launch service

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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 FAO Provider Enrollment

Steps on how to complete
a new CHAMPS
enrollment for a
Facility/Agency/Organizat
ion (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
 - 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>

New FAO Enrollment

- Click New Enrollment

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 utility icons for Quick Find, Note Pad, External Links, My Favorites, Print, and Help. Below the navigation bar, the main content area is titled 'Provider Enrollment'. A table is displayed with two rows of options:

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

A red arrow points to the 'New Enrollment' link in the first row of the table.

New FAO Enrollment

- Select Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Click Submit

The screenshot shows the CHAMPS Provider enrollment interface. The browser address bar displays 'Provider'. The top navigation bar includes 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail shows 'New Enrollment'. The main content area is titled 'Enrollment Type' and contains the instruction 'Select the Applicable Enrollment Type'. The following options are listed:

- Individual/Sole Proprietor
 - Regular Individual/Sole Proprietor or Rendering/Service Provider
- Group Practice (Corporation, Partnership, LLC, etc.)
- Billing Agent
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Atypical (non-medical) provider (Choose this option if you do not have a NPI)
 - Individual (Driver, Home Help/Personal Care, Carpenter, etc.)
 - Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)

A red arrow points to the selected option, and a red box highlights the 'Submit' button at the bottom left.

New FAO Enrollment

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

The screenshot shows a web browser window with the CHAMPS logo in the top left. The browser address bar shows the URL: tp-chp-uat.state.mi.us/ecams/CNSIControlServlet. The page title is "Basic Information 1 - Google Chrome". The main content area is titled "Basic Information: Enter required fields and click Confirm button." and contains a form with the following fields:

- Legal Entity Name: (As shown on the Income Tax Return)
- Entity Business Name: * (Doing Business As)
- Organization/Business Type: *
- EIN/TIN: *
- Vendor ID: *
- Medicare Cost Share:
- NPI: *
- Contact Email Address: A section containing six email input fields labeled Email-1 through Email-6. Email-1 is marked with an asterisk (*).

At the bottom right of the form, there are three buttons: "Confirm" (highlighted with a red box), "Finish" (checked), and "Cancel". At the bottom left, there is a "Submit" button. The footer of the page contains the text "Page ID: dlgAddBasicInformationStep1(Provider)".

New FAO Enrollment

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

CHAMPS

Provider

https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: 20181204526214 Name: Testing

Basic Information

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

Your Application ID is: **20181204526214**

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

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

Ok

Page ID: dlgAddBasicInformationStep3(Provider)

New FAO Enrollment

- FAO 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

CHAMPS Provider

Last Login: 04 DEC, 2018 01:01 PM

Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	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 License/Certification/Other	Optional			Incomplete	
Step 6: Add Additional Information	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Incomplete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

New FAO Enrollment

- Click Add, to enter Primary Location information

CHAMPS < Provider

Last Login: 04 DEC, 2018 01:01 PM Note Pad External Links My Favorites Print Help

> New Enrollment > FAO Enrollment

Application ID: 20181204526214 Name: Testing

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 FAO Enrollment

- 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

Last Login: 24 MAR, 2025 12:39 PM

Add Provider Locations - Google Chrome

https://tp-chp-uat.state.mi.us/ecams/CNSIControlServlet

Print Help

NPI: _____ Name: _____

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: Other Office/Servicing 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: _____ * 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: _____

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:	_____ *	AM ▲ PM ▼ *	_____ *	AM ▲ PM ▼ *	Thursday:	_____ *	AM ▲ PM ▼ *	_____ *	AM ▲ PM ▼ *
Monday:	_____ *	AM ▲ PM ▼ *	_____ *	AM ▲ PM ▼ *	Friday:	_____ *	AM ▲ PM ▼ *	_____ *	AM ▲ PM ▼ *
Tuesday:	_____ *	AM ▲ PM ▼ *	_____ *	AM ▲ PM ▼ *	Saturday:	_____ *	AM ▲ PM ▼ *	_____ *	AM ▲ PM ▼ *
Wednesday:	_____ *	AM ▲ PM ▼ *	_____ *	AM ▲ PM ▼ *					

Handicap Accessible: _____ * Provides Services Via Telehealth: _____ *

Accept 835(reported at EIN/TIN level): No Language(s) Spoken: English
American Sign Language
Arabic (For Multiple Selection, use Ctrl Key)

Accepting New Patients: _____ *

Facility Details

State Facility ID: _____ Fiscal Year End Date: _____ *
(mm/dd)

OK **Cancel**

New FAO Enrollment

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

The screenshot shows the CHAMPS Provider portal interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and a 'Last Login: 04 DEC, 2018 01:01 PM' timestamp. Below this is a breadcrumb trail: 'New Enrollment > FAO Enrollment'. The main content area displays 'Application ID: 20181204526214' and 'Name: Testing'. A message states: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. Below this is a 'Locations List' section with a filter bar and a table. The table has columns for 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The 'Location Type' column contains a red-bordered box with the text 'Primary Practice Location'. The 'Location Details' column shows '320 S Walnut St, Lansing, MICHIGAN 48933' and the 'End Date' is '12/31/2999'. At the bottom of the table, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

New FAO Enrollment

- Click Add Address

The screenshot displays the CHAMPS web application interface for a new FAO enrollment. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', and 'FA'. The main content area is divided into several sections:

- Location Details:** Contains fields for 'Doing Business As', 'Phone Number', 'Web Page', 'Location Code', 'Fax Number', 'Location Type', 'Email Address', and 'Communication Preference'. A table for office hours is also present, with columns for 'Day', 'Open At', 'AM/PM', and 'Close At'. Below this are fields for 'Handicap Accessible', 'Accepts B35', 'Start Date', 'Provides Services Via Telehealth', 'Language(s) Spoken', 'End Date', and 'Accepting New Patients'.
- Facility Details:** Includes 'State Facility ID' and 'Fiscal Year End Date'.
- Address List:** Features an 'Add Address' button (highlighted with a red box), a filter section, and a table with columns for 'Address Type', 'Address', and 'End Date'. The table currently shows one entry with 'Address Type' as 'AT' and 'End Date' as '12/31/2009'.

At the bottom of the page, there are controls for 'View Page', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'.

New FAO Enrollment

- 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

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

Application ID: 20171106185367 Name: Testing

Add Provider Location Address

Type of Address: --SELECT-- 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: [] * (Enter Street Address or PO Box Only)

Address Line 2: []

Address Line 3: []

City/Town: OTHER [] *

State/Province: OTHER [] *

Country: UNITED STATES [] *

County: OTHER []

Zip Code: [] - []

Page ID: dlgEnrlLocationAddress(Provider)

New FAO Enrollment

- 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 Portal interface for Facility Modification. At the top, there are navigation links for 'My Inbox' and 'Provider'. The main content area is titled 'Facility Modification' and includes a 'Close' button highlighted in red. Below this, there are several sections:

- Location Details:** Includes fields for 'Doing Business At', 'Phone Number', 'Web Page', 'Location Code', 'Fax Number', 'Location Type', 'Email Address', and 'Communication Preference'. A table for office hours is also present, with columns for Day, Open At, AM/PM, Close At, and AM/PM. The table is currently empty.
- Facility Details:** Includes fields for 'State Facility ID' and 'Fiscal Year End Date'.
- Address List:** Includes an 'Add Address' button and a table with columns for 'Address Type', 'Address', and 'End Date'. The 'Address Type' dropdown is highlighted in red, showing options: 'Primary Pay To', 'Location', 'Correspondence', and 'Other'.

New FAO Enrollment

- Click Close

Application ID: 20181204526214 Name: Testing

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
<input type="checkbox"/> ▲▼	▲▼ Primary Practice Location	▲▼ 320 S Walnut St, Lansing, MICHIGAN 48933	▲▼ 12/31/2999

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

New FAO Enrollment

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

CHAMPS Provider

Last Login: 04 DEC, 2018 01:01 PM

Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Additional Information	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Incomplete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

New FAO Enrollment

- 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, the page title is 'New Enrollment > FAO Enrollment'. The main content area displays application details: 'Application ID: 20181204526214' and 'Name: Testing'. Below this, there are two buttons: 'Close' and 'Add'. The 'Add' button is highlighted with a red box. Below the buttons is a section titled 'Specialty/Subspecialty List'. This section includes a filter bar with a 'Filter By' dropdown, two input fields, and a 'Go' button. To the right of the filter bar are '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 below the table.

New FAO Enrollment

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

CHAMPS Provider

Application ID: 20171106185367 Name: Testing

Add Specialty/Subspecialty

Location: 01- *
Provider Type: --SELECT-- *
Specialty: *
End Date:

Add Subspecialty

Available Subspecialties Associated Subspecialties *

»
«

OK Cancel

Page ID: dlgEnrAddSpecialties(Provider)

New FAO Enrollment

- 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 Provider Enrollment interface. At the top, the application ID is 20171106185367 and the name is Testing. The 'Add Specialty/Subspecialty' section contains dropdown menus for Location (01-), Provider Type (SUPPLIERS), and Specialty (Medical Supply Company), along with an End Date field. The 'Add Subspecialty' section features two lists: 'Available Subspecialties' and 'Associated Subspecialties *'. The 'Available Subspecialties' list includes 'DIS Contract', 'With Licensed Pharmacy', 'With Orthotics Personnel', 'With Registered Pharmacist', and 'With Respiratory Therapist'. The 'Associated Subspecialties *' list is currently empty and contains the text 'No Subspecialty'. A red box highlights the right arrow button (>>) between the two lists. At the bottom right, another red box highlights the 'OK' button. The page ID is displayed as 'Page ID: dlgEntAddSpecialties(Provider)'.

New FAO Enrollment

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

The screenshot shows the CHAMPS web application interface for Provider Enrollment. At the top, the CHAMPS logo is on the left, and a 'Provider' dropdown menu is in the center. A dark blue navigation bar contains links for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below this, the breadcrumb path is 'New Enrollment > FAO Enrollment'. The main content area displays 'Application ID: 20171106185367' and 'Name: Testing'. A 'Close' button is highlighted with a red box, next to an 'Add' button. Below is the 'Specialty/Subspecialty List' section, which includes a 'Filter By' dropdown, a 'Go' button, and 'Save Filters' and 'My Filters' options. The table below has three columns: 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. One row is visible with 'Medical Supply Company/No Subspecialty', 'SUPPLIERS', and '12/31/2999'. At the bottom of the table are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> Medical Supply Company/No Subspecialty	SUPPLIERS	12/31/2999

New FAO Enrollment

- Step 3 is complete
- Click on Step 4: Associate Billing Provider/Other Associations

CHAMPS Provider

Last Login: 04 DEC, 2018 01:01 PM

Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 6: Add Additional Information	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Incomplete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

New FAO Enrollment

- Click Add

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a breadcrumb trail for 'Provider', and a user profile section showing 'Last Login: 04 DEC, 2018 01:01 PM'. Below this is a secondary navigation bar with links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area displays 'New Enrollment > FAO Enrollment' with 'Application ID: 20181204526214' and 'Name: Testing'. A toolbar contains 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. Below the toolbar is a section titled 'Billing Provider/Other Associations List' with a filter bar and a table. The table has columns for 'NPI/Provider ID', 'Provider Name', 'Enrollment Type', 'Start Date', 'End Date', and 'Status'. The table is currently empty, displaying the message 'No Records Found!'.

New FAO Enrollment

- Complete all fields marked with an asterisk (*)
- Click Confirm Provider
 - Provider Name and Enrollment Type will populate
- Click Ok

CHAMPS Provider

https://milogintpa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: 20181204526214 Name: Testing

Associate Billing Provider/Other Associations

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

Type: *
ID: *
Start Date: *
End Date: *

Provider Name:
Enrollment Type:
Applicant Type:

Page ID: dlgBillingProviderID(Provider)

New FAO Enrollment

- Once all Billing Provider/Other Associations have been added, click Close

CHAMPS Provider

Last Login: 05 DEC, 2018 09:50 AM

Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20181204526214 Name: Testing

Close Add

Billing Provider/Other Associations List

Filter By [] [] Go Save Filters My Filters

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status
[]	[]	Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)	12/03/2018	12/31/2999	Approved

Delete View Page: 1 Go Page Count Save To XLS Viewing Page: 1

First Prev Next Last

New FAO Enrollment

- Step 4 is complete
- Click on Step 5: Add License/Certification/Other

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 6: Add Additional Information	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Incomplete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

New FAO Enrollment

- Click Add

CHAMPS < Provider

Quick Find Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20171106185367 Name: Testing

Close Add

License/Certification/Other List

Filter By [] [] Go Save Filters My Filters

License/Cert./Other Type	License/Cert./Other #	Valid Flag	Effective Date	End Date
No Records Found!				

New FAO Enrollment

- Complete all fields marked with an asterisk (*)
- Click Confirm License/Certification/Other
- Click Ok

The screenshot shows a web browser window displaying the CHAMPS application. The browser address bar shows "https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer". The application header includes the CHAMPS logo and a "Provider" dropdown menu. The main content area displays the "Add License/Certification/Other" form. The form includes the following fields:

- Application ID: 20171106185367
- Name: Testing
- Location: 01- (dropdown menu) *
- License/Certification/Other Type: (dropdown menu) *
- License/Certification/Other #: (text input) *
- Valid Flag: (checkbox)
- Effective Date: (calendar icon) *
- End Date: (calendar icon)

At the bottom right of the form, there are three buttons: "Confirm License/Certification/Other", "OK", and "Cancel". The "Confirm License/Certification/Other" button is highlighted with a red box. The footer of the page displays "Page ID: digEnrfmtAddLicense(Provider)".

New FAO Enrollment

- The License/Certification/Other information will now be displayed
- To add another License/Certification repeat the same process
- Click Close

CHAMPS Provider

Quick Find Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20171106185367 Name: Testing

Close Add

License/Certification/Other List

Filter By [] [] Go Save Filters My Filters

License/Cert./Other Type	License/Cert./Other #	Location	Valid Flag	Effective Date	End Date
<input type="checkbox"/> Medicare Certification	111111111	01-	Yes	12/01/2012	12/31/2999

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

New FAO Enrollment

- Step 5 is complete
- Click on Step 6: Add Additional Information
 - (Note: Depending on the specialty chosen in step 3, this step may be required)

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Additional Information	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Incomplete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

New FAO Enrollment

- Under Contact List, click Add
 - (Note: Providers have to at least fill in the General contact for Type of Contact. These contacts can be the same as the Owners.)

CHAMPS Provider

Quick Find Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20171106185367 Name: Testing

Close

Contact List

Add

Filter By [] [] Go Save Filters My Filters

Contact Type	First Name	Last Name	Address	Location Name	Start Date	End Date
[] ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !

Identifier List

Add

Filter By [] [] Go Save Filters My Filters

Identifier Type	Identifier Value	Location Name	Start Date	End Date
[] ▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !

Bed Information

Add

Filter By [] [] Go Save Filters My Filters

Bed Type	Bed(s)/Unit(s)	Location Name	Start Date	End Date
[] ▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !

New FAO Enrollment

- Complete all fields marked with an asterisk (*)
- Click Validate Address (Note: you should receive a confirmation "Address Validation Successful")
- Click Ok

The screenshot shows a web browser window displaying the CHAMPS application. The browser address bar shows "https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer". The application header includes the CHAMPS logo and a "Provider" dropdown menu. The main content area displays the "Add Contact" form for an application with ID 20171106185367 and Name "Testing".

The form fields are as follows:

- Location: 01- [dropdown] *
- Type of Contact: --SELECT-- [dropdown] *
- Title: --SELECT-- [dropdown] *
- First Name: [text] *
- Last Name: [text] *
- Phone Number: [text] *
- Fax Number: [text]
- Email Id: [text]
- Start Date: [calendar] *
- End Date: [calendar]
- Address Line 1: [text] *
(Enter Street Address or PO Box Only)
- Address Line 2: [text]
- Address Line 3: [text]
- City/Town: OTHER [dropdown] *
- State/Province: OTHER [dropdown] *
- County: OTHER [dropdown]

At the bottom right of the form, there are two buttons: "OK" (checked) and "Cancel". The "OK" button is highlighted with a red box.

New FAO Enrollment

- Under Identifier List, click Add

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown. Below this is a breadcrumb trail: 'New Enrollment > FAO Enrollment'. The main content area displays application details: 'Application ID: 20171106185367' and 'Name: Testing'. There are three main sections, each with a grid icon and a title:

- Contact List:** Contains an 'Add' button, a 'Filter By' dropdown, and a table with columns: Contact Type, First Name, Last Name, Address, Location Name, Start Date, and End Date. A single record is visible with Start Date 11/01/2017 and End Date 12/31/2999.
- Identifier List:** Contains an 'Add' button (highlighted with a red box), a 'Filter By' dropdown, and a table with columns: Identifier Type, Identifier Value, Location Name, Start Date, and End Date. The table is empty with the text 'No Records Found!' below it.
- Bed Information:** Contains an 'Add' button, a 'Filter By' dropdown, and a table with columns: Bed Type, Bed(s)/Unit(s), Location Name, Start Date, and End Date. The table is empty with the text 'No Records Found!' below it.

New FAO Enrollment

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

The screenshot shows a web browser window displaying the CHAMPS application. The browser address bar shows the URL <https://milogintp.michigan.gov/>. The application header includes the CHAMPS logo and a 'Provider' dropdown menu. The main content area displays the 'Add Identifier' form for an application with ID 20171106185367 and Name 'Testing'. The form contains the following fields:

- Identifier Type:** A dropdown menu with 'School Code' selected, followed by an asterisk (*).
- Identifier Value:** A text input field followed by an asterisk (*).
- Notes:** A large text area for entering notes.
- Start Date:** A date picker field followed by an asterisk (*).
- Location:** A dropdown menu with '01-' selected, followed by an asterisk (*).
- End Date:** A date picker field.

At the bottom right of the form, there are two buttons: 'OK' (with a checkmark icon) and 'Cancel' (with a close icon). The 'OK' button is highlighted with a red rectangular box.

New FAO Enrollment

- Bed Information may also be required depending on the specialty
- Under Bed Information, click Add

The screenshot shows the CHAMPS web application interface for a new FAO Enrollment. The top navigation bar includes the CHAMPS logo, a 'Provider' dropdown, and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the path: 'New Enrollment > FAO Enrollment'. The main form area is titled 'Application ID: 20171106185367' and 'Name: Testing'. Below this, there are three main sections:

- Contact List:** Features an 'Add' button, a 'Filter By' dropdown, and a 'Go' button. The table below has columns for Contact Type, First Name, Last Name, Address, Location Name, Start Date, and End Date. A single record is visible with 'General' as the contact type and dates from 11/01/2017 to 12/31/2999. Navigation controls include 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.
- Identifier List:** Features an 'Add' button, a 'Filter By' dropdown, and a 'Go' button. The table below has columns for Identifier Type, Identifier Value, Location Name, Start Date, and End Date. A single record is visible with 'School Code' as the identifier type and dates from 11/01/2017 to 12/31/2999. Navigation controls are similar to the Contact List section.
- Bed Information:** Features an 'Add' button (highlighted with a red box), a 'Filter By' dropdown, and a 'Go' button. The table below has columns for Bed Type, Bed(s)/Unit(s), Location Name, Start Date, and End Date. The message 'No Records Found!' is displayed in red text below the table.

New FAO Enrollment

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

The screenshot shows a web browser window displaying the CHAMPS application. The browser address bar shows "https://milogintp.michigan.gov/ - Welcome to MMS - Internet Explorer". The application header includes the CHAMPS logo and a "Provider" dropdown menu. The main content area displays the following information:

Application ID: 20171106185367 Name: Testing

Add Bed Information

Location: 01- [dropdown] *

Bed Type: ---SELECT--- [dropdown] *

Start Date: [calendar icon] *

Bed(s)/Unit(s): [input] *

End Date: [calendar icon]

At the bottom right of the form, there are two buttons: "OK" (with a checkmark icon) and "Cancel" (with a close icon). The "OK" button is highlighted with a red rectangular box.

New FAO Enrollment

- After required information is complete, click Close

The screenshot shows the CHAMPS web application interface for a new FAO enrollment. The top navigation bar includes the CHAMPS logo, a 'Provider' dropdown, and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the current path: 'New Enrollment > FAO Enrollment'. The main content area displays the following information:

- Application ID:** 20171106185367
- Name:** Testing
- Close:** A red-bordered button is located at the top left of the main content area.

Below this information are three data tables, each with an 'Add' button and a 'Filter By' search bar:

- Contact List:** Columns include Contact Type, First Name, Last Name, Address, Location Name, Start Date, and End Date. A table row shows 'General' contact type with a start date of 11/01/2017 and an end date of 12/31/2999.
- Identifier List:** Columns include Identifier Type, Identifier Value, Location Name, Start Date, and End Date. A table row shows 'School Code' identifier type with a start date of 11/01/2017 and an end date of 12/31/2999.
- Bed Information:** Columns include Bed Type, Bed(s)/Unit(s), Location Name, Start Date, and End Date. A table row shows 'Skilled Nursing Bed(s)' with a start date of 11/01/2017 and an end date of 12/31/2999.

Each table includes a 'View Page: 1' indicator and navigation controls (First, Prev, Next, Last).

New FAO Enrollment

- Step 6 is complete
- Click on Step 7: Add Mode of Claim Submission/EDI Exchange

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Additional Information	Optional	12/04/2018	12/04/2018	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Incomplete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

New FAO Enrollment

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

Application ID: 20171106185367 Name: Testing

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

Ok Cancel

Page ID: dgBillingDetails(Provider)

New FAO Enrollment

- Step 7 is complete
- Click on Step 8: Associate Billing Agent

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Additional Information	Optional	12/04/2018	12/04/2018	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 8: Associate Billing Agent	Required			Incomplete	Please associate required Billing Agent.
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Incomplete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

New FAO Enrollment

- Click Add

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 is a dark blue header with a user profile icon and several utility links: 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area has a breadcrumb trail: 'New Enrollment > FAO Enrollment'. Below the breadcrumb, there is a summary bar with 'Application ID: 20171106185367' and 'Name: Testing'. Underneath the summary bar are two buttons: 'Close' and 'Add', with the 'Add' button highlighted by a red rectangular box. Below the buttons is a section titled 'Billing Agent List' with a filter bar containing a 'Filter By' dropdown, two input fields, and a 'Go' button. To the right of the filter bar are 'Save Filters' and 'My Filters' buttons. Below the filter bar is a table with the following columns: 'Billing Agent ID', 'Billing Agent Name', '835 Authorization', 'Start Date', and 'End Date'. Each column has a small dropdown arrow icon. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

New FAO Enrollment

- To locate Billing Agent information, click Confirm/Search Billing Agent

CHAMPS Provider

Application ID: 20171106185367 Name: Testing

Print Help

Associate Billing Agent

Click on the 'Confirm/Search Billing Agent' button to search for a Billing Agent or confirm the Billing Agent entered.

Billing Agent ID: * Billing Agent Name:

Association Start Date: * Association End Date:

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Confirm/Search Billing Agent OK Cancel

New FAO Enrollment

- Check the box next to the Billing Agent you want to select
 - (Note: There is more than one page of Billing Agents; you may select more than one)
- Click Select

The screenshot shows a web application interface for CHAMPS. The main window displays the 'Billing Agent List' for Application ID: 20171106185367 and Name: Testing. The table lists several billing agents with their IDs, names, and start/end dates. A red box highlights the first row's checkbox, and another red box highlights the 'Select' button at the bottom right of the table.

Billing Agent ID	Billing Agent Name	Start Date	End Date
<input type="checkbox"/>		01/01/1984	12/31/2999
<input type="checkbox"/>		01/01/1984	12/31/2999
<input type="checkbox"/>		04/30/1998	12/31/2999
<input type="checkbox"/>		12/08/1999	12/31/2999
<input type="checkbox"/>		02/25/2000	12/31/2999
<input type="checkbox"/>		06/04/1999	12/31/2999
<input type="checkbox"/>		02/19/2002	12/31/2999

New FAO Enrollment

- Billing Agent information will populate
- Click Ok

CHAMPS Provider

Application ID: 20171106185367 Name: Testing

Associate Billing Agent

Click on the 'Confirm/Search Billing Agent' button to search for a Billing Agent or confirm the Billing Agent entered.

Billing Agent ID: * Billing Agent Name:

Association Start Date: 11/07/2017 * Association End Date: 12/31/2999

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Confirm/Search Billing Agent **OK** Cancel

New FAO Enrollment

- Step 8 is complete
- Click on Step 9: Add Provider Controlling Interest/Ownership Details

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and a user profile. Below this is a breadcrumb trail: 'New Enrollment > FAO Enrollment'. The main content area displays 'Application ID: 20181204526214' and 'Name: Testing'. A 'Close' button is visible. The primary section is titled 'Enroll Provider - FAO' and contains a 'Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.' table.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Additional Information	Optional	12/04/2018	12/04/2018	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 8: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Incomplete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

At the bottom of the wizard, there are controls for 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

New FAO Enrollment

- To enter owner information, click Actions

The screenshot shows the CHAMPS Provider portal interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and user information including 'Last Login: 04 DEC, 2018 01:01 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: 20181204526214' and 'Name: Testing'. A 'Close' button and an 'Actions' dropdown menu are visible, with the 'Actions' menu highlighted by a red box. Below this, the 'Per Medicaid Provider Manual' section is expanded, showing 'PROVIDER OWNERSHIP AND CONTROL DISCLOSURES'. This section includes a general requirement for provider enrollment information and a 'REQUIRED DISCLOSURE INFORMATION' list with seven bullet points. Below the list is a 'REQUIRED OWNERS' section with two bullet points and a grid of ownership types: Corporate - Charitable 501(c)3, Corporate - Non Charitable, Corporate - Publicly Traded, Corporate - Not Publicly Traded, Sub-contractor, Holding Company, Foreign, Nonresident Alien, Limited liability Company, and Indirect Owner. The 'Owners List' section follows, featuring a filter bar and a table with columns: Owner SSN/EIN/TIN, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table is currently empty, displaying 'No Records Found!'. Below the 'Owners List' is another section for 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare', which also includes a filter bar and a table with columns: Other Owner EIN/TIN, Other Owner Information, and Address. This table is also empty, displaying 'No Records Found!'.

New FAO Enrollment

- Select Add Owner

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and user information including 'Last Login: 04 DEC, 2018 01:01 PM'. Below the navigation bar, there are tabs for 'New Enrollment', 'FAO Enrollment', and 'General'. The main content area displays 'Application ID: 20181204526214' and 'Name: Testing'. A dropdown menu is open, showing options: 'Add Owner' (highlighted with a red arrow), 'Import Owner', 'OWNERS RELATIONSHIPS', and 'OWNERS ADVERSE ACTION'. Below the menu, there is a section titled 'REQUIRED OWNERS' with a list of requirements. At the bottom, there are two tables: 'Owners List' and 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare'. Both tables show 'No Records Found!'.

New FAO Enrollment

- 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

The screenshot shows a web browser window with the URL <https://milogintpqa.michigan.gov/>. The page title is "Welcome to MMIS - Internet Explorer". The application ID is 20181204526214 and the name is Testing. The form is titled "Provider Controlling Interest/Ownership".

The form contains the following fields:

- Type: ---SELECT--- * (indicated by a red arrow)
- Percentage Owned: *
- SSN: *
- EIN/TIN: *
- Legal Entity Name: (As shown on the Income Tax Return)
- Entity Business Name: (Doing Business As)
- Owner NPI: *
- First Name: *
- Last Name: *
- Suffix: *
- DOB: *
- Phone Number: * Extn: *
- Email: *
- Start Date: *
- End Date: *
- Address Line 1: * (Enter Street Address or PO Box Only)
- Address Line 2: *
- Address Line 3: *
- City/Town: OTHER * (dropdown)
- State/Province: OTHER * (dropdown)
- County: OTHER * (dropdown)
- Country: UNITED STATES * (dropdown)
- Zip Code: * - *

Buttons: "Validate Address" (highlighted with a red box), "OK" (highlighted with a red box), and "Cancel".

Page ID: dlgEnrImntAddOwner(Provider)

New FAO Enrollment

- 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

Application ID: 20181204526214 Name: Testing

Close Actions

Pe Add Owner

PROVIDE Import Owner DISCLOSURES

Provider E Owners Relationships and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

REQUIRE Owners Adverse Action

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. Corporate - Charitable 501(c)3
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

Owners List

Filter By [] And [] Go

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
	Employee, Managing	Managing Employee	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	0
	CEO, CEO	Board of Directors/Officers/Principles	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	0
	Testing CO	Corporate - Charitable 501(c)3	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	100

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

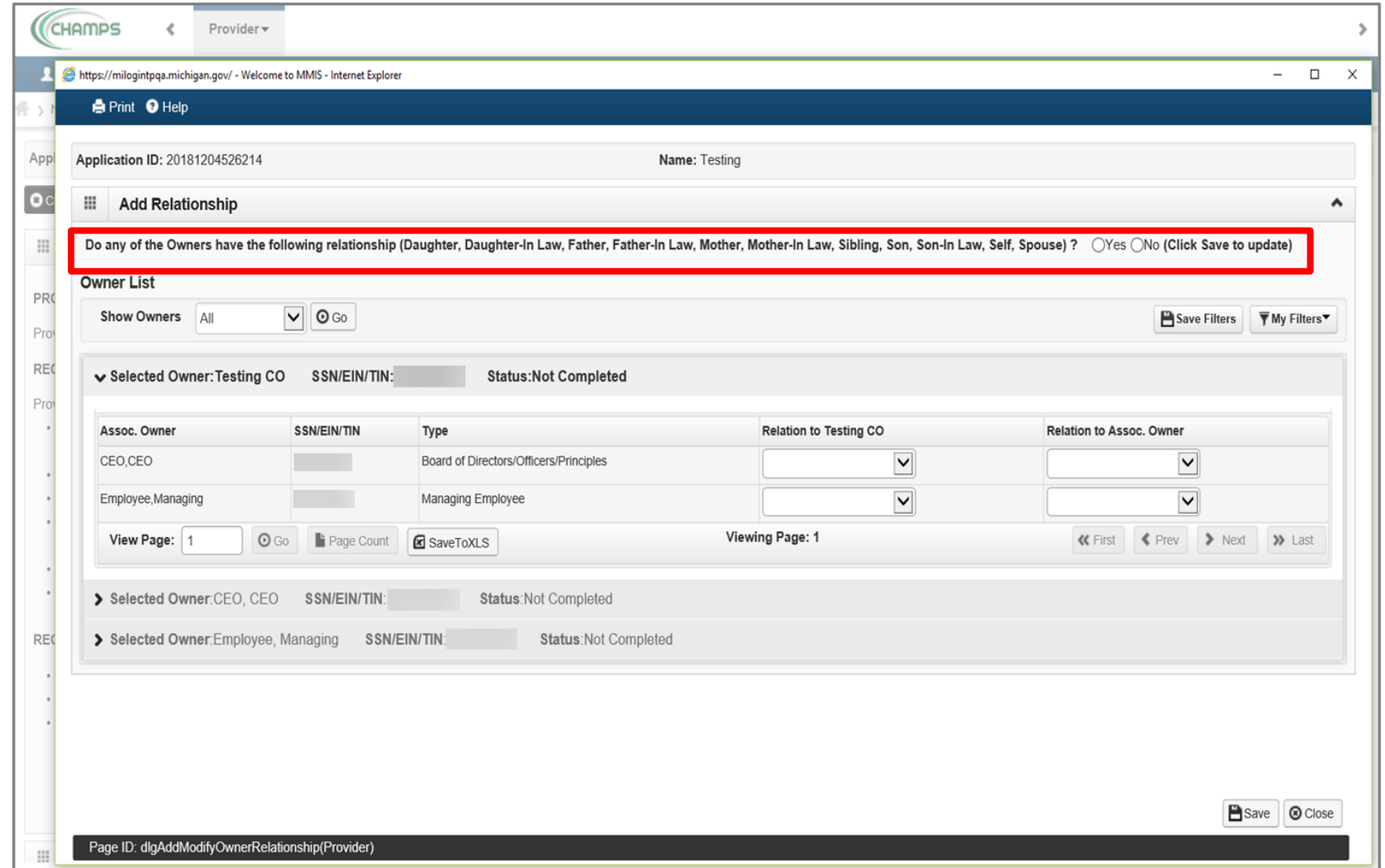
Add Other Owned Entity List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By [] Go

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

New FAO Enrollment

- 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 77](#)
- If relationships exist, select Yes and continue



CHAMPS Provider

Application ID: 20181204526214 Name: Testing

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 Save Filters My Filters

Selected Owner: Testing CO SSN/EIN/TIN: Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Testing CO	Relation to Assoc. Owner
CEO,CEO		Board of Directors/Officers/Principles		
Employee,Managing		Managing Employee		

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

Selected Owner: CEO, CEO SSN/EIN/TIN: Status: Not Completed

Selected Owner: Employee, Managing SSN/EIN/TIN: Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

New FAO Enrollment

- 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

Application ID: 20181204526214 Name: Testing

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

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Testing CO	Relation to Assoc. Owner
Employee, Managing	[Redacted]	Managing Employee	None	None
CEO, CEO	[Redacted]	Board of Directors/Officers/Principles	None	None

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

Selected Owner: Testing CO SSN/EIN/TIN: [Redacted] Status: Completed

Selected Owner: CEO, CEO SSN/EIN/TIN: [Redacted] Status: Not Completed

Selected Owner: Employee, Managing SSN/EIN/TIN: [Redacted] Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

New FAO Enrollment

- 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

Application ID: 20181204526214 Name: Testing

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: Testing CO SSN/EIN/TIN: [Redacted] Status: Completed

Selected Owner: CEO, CEO SSN/EIN/TIN: [Redacted] Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to CEO, CEO	Relation to Assoc. Owner
Employee, Managing	[Redacted]	Managing Employee	[Redacted]	[Redacted]
Testing CO	[Redacted]	Corporate - Charitable 501[c]3	None	None

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

Selected Owner: Employee, Managing SSN/EIN/TIN: [Redacted] Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

New FAO Enrollment

- 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

Application ID: 20181204526214 Name: Testing

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

Selected Owner: Testing CO SSN/EIN/TIN: [REDACTED] Status: Completed

Selected Owner: CEO, CEO SSN/EIN/TIN: [REDACTED] Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to CEO, CEO	Relation to Assoc. Owner
Employee, Managing	[REDACTED]	Managing Employee	None	<input type="button" value="v"/>
Testing CO	[REDACTED]	Corporate - Charitable 501[c]3	Daughter	None <input type="button" value="v"/>

View Page: 1

Selected Owner: Employee, Managing SSN/EIN/TIN: [REDACTED] Status: Not Completed

Page ID: dlgAddModifyOwnerRelationship(Provider)

New FAO Enrollment

- 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

CHAMPS Provider

Application ID: 20181204526214 Name: Testing

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 Save Filters My Filters

- > Selected Owner: Testing CO SSN/EIN/TIN: Status: Completed
- Selected Owner: CEO, CEO SSN/EIN/TIN: Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to CEO, CEO	Relation to Assoc. Owner
Employee, Managing		Managing Employee	Daughter	
Testing CO		Corporate - Charitable 501[c]3	None	

View Page: 1 Page Count SaveToXLS Viewing Page: 1

- > Selected Owner: Employee, Managing SSN/EIN/TIN: Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

New FAO Enrollment

- For the next Selected Owner, Employee, Managing, the fields have been 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

Application ID: 20181204526214 Name: Testing

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 Save Filters My Filters

- Selected Owner: Testing CO SSN/EIN/TIN: [redacted] Status: Completed
- Selected Owner: CEO, CEO SSN/EIN/TIN: [redacted] Status: Completed
- Selected Owner: Employee, Managing SSN/EIN/TIN: 231231524 Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
CEO, CEO	[redacted]	Board of Directors/Officers/Principles	Mother	Daughter
Testing CO	[redacted]	Corporate - Charitable 501(c)3	None	None

View Page: 1 Page Count SaveToXLS Viewing Page: 1

Page ID: dlgAddModifyOwnerRelationship(Provider)

New FAO Enrollment

- When both relationship steps are complete for each Owner Type, click Save
- Click Close

CHAMPS

Provider

https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: 20181204526214 Name: Testing

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: Testing CO	SSN/EIN/TIN: [REDACTED]	Status: Completed
Selected Owner: CEO, CEO	SSN/EIN/TIN: [REDACTED]	Status: Completed
Selected Owner: Employee, Managing	SSN/EIN/TIN: [REDACTED]	Status: Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

New FAO Enrollment

- The Relationship Status now shows completed for each owner
- Click Actions
- Select Owners Adverse Action

CHAMPS Provider

Last Login: 04 DEC, 2018 01:01 PM

New Enrollment > FAO Enrollment > General

Application ID: 20181204526214 Name: Testing

Close Actions

Pe Add Owner

PROVIDE Import Owner DISCLOSURES

Provider E Owners Relationships Some address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

REQUIRED Owners Adverse Action

Provider (including health agencies 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. Corporate - Charitable 501(c)3
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

Owners List

Filter By [] And [] Go

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/>	Employee,Managing	Managing Employee	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	Not Completed	0
<input type="checkbox"/>	CEO,CEO	Board of Directors/Officers/Principles	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	Not Completed	0
<input type="checkbox"/>	Testing CO	Corporate - Charitable 501(c)3	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	Not Completed	100

Delete View Page: 1 Go Page Count SaveToXLS 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

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

No Records Found!

New FAO Enrollment

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

Application ID: 20181204526214 Name: Testing

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.

Owner Name	Response	Comments
CEO,CEO	<input type="radio"/> Yes <input type="radio"/> No	
Employee,Managing	<input type="radio"/> Yes <input type="radio"/> No	
Testing CO	<input type="radio"/> Yes <input type="radio"/> No	

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

Ok Cancel

Page ID: pgEnrImntAdverseAction(Provider)

New FAO Enrollment

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

Application ID: 20181204526214 Name: Testing

Close Actions

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. Corporate - Charitable 501(c)3
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited liability Company
Corporate - Publicly Traded	Holding 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
[]	Employee,Managing	Managing Employee	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	No	0
[]	CEO,CEO	Board of Directors/Officers/Principles	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	No	0
[]	Testing CO	Corporate - Charitable 501(c)3	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	No	100

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

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 FAO Enrollment

- Step 9 is complete
- Click on Step 10: Add Taxonomy Details

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Additional Information	Optional	12/04/2018	12/04/2018	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 8: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	12/04/2018	12/04/2018	Complete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Incomplete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

New FAO Enrollment

- Click Add

CHAMPS

Provider

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

New Enrollment > FAO Enrollment

Application ID: 20171106185367 Name: Testing

Close **Add**

Taxonomy List

Filter By [] [] Go Save Filters My Filters

Taxonomy Code	Description	Start Date	End Date
No Records Found !			

New FAO Enrollment

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

The screenshot shows a web browser window displaying the CHAMPS application. The page title is "Provider" and the URL is "https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer". The application interface includes a "Print" and "Help" menu. The main content area shows "Application ID: 20171106185367" and "Name: Testing". Below this is a section titled "Add Taxonomy" with a grid icon. The form contains the following fields:

- Taxonomy Code:** A text input field with an asterisk (*) and a document icon (📄). A red arrow points to this field, and a red box highlights the text "(Click here for Taxonomy List)" next to it.
- Description:** A text input field.
- Start Date:** A date input field with an asterisk (*) and a calendar icon (📅).
- End Date:** A date input field with a calendar icon (📅).

At the bottom right of the form, there are three buttons: "Confirm Taxonomy", "OK", and "Cancel".

New FAO Enrollment

- After clicking (📄) the [National Uniform Claim Committee](#) webpage will pop-up
- Press (CTRL+F) to search for the appropriate taxonomy code

The screenshot shows a web browser window with the URL <https://taxonomy.nucc.org>. The page title is "Health Care Provider Taxonomy Code Set". On the left, there is a navigation menu with "Expand / Collapse All" and a list of categories including "Introduction - Version 25.0 - January 2025", "Help", "National Uniform Claim Committee Website", "Individual or Groups (of Individuals)", "Group", "Multi-Specialty", "Single Specialty", "Allopathic & Osteopathic Physicians", "Allergy & Immunology", "Anesthesiology", "Addiction Medicine", "Critical Care Medicine", "Hospice and Palliative Medicine", "Pain Medicine", "Pediatric Anesthesiology", "Physician Nutrition Specialist", "Clinical Pharmacology", "Colon & Rectal Surgery", "Dermatology", "Clinical & Laboratory Dermatological Immunology", "Dermatopathology", "MOHS-Micrographic Surgery", "Pediatric Dermatology", "Procedural Dermatology", "Electrodiagnostic Medicine", "Emergency Medicine", "Emergency Medical Services", "Hospice and Palliative Medicine", "Medical Toxicology", "Pediatric Emergency Medicine", "Sports Medicine", "Undersea and Hyperbaric Medicine", and "Family Medicine".

Introduction - Version 25.0 - January 2025

Name	Introduction - Version 25.0 - January 2025
Definition	<p>The Health Care Provider Taxonomy code set is an external, nonmedical data code set designed for use in an electronic environment, specifically within the ASC X12N Health Care transactions. This includes the transactions mandated under HIPAA.</p> <p>The taxonomy code is a unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Grouping, Classification, and Area of Specialization.</p> <ul style="list-style-type: none">• Level I, Provider Grouping A major grouping of service(s) or occupation(s) of health care providers. For example: Allopathic & Osteopathic Physicians, Dental Providers, Hospitals, etc.• Level II, Classification A more specific service or occupation related to the Provider Grouping. For example, the Classification for Allopathic & Osteopathic Physicians is based upon the General Specialty Certificates as issued by the appropriate national boards. The following boards will however, have their general certificates appear as Level III areas of specialization strictly due to display limitations of the code set for Boards that have multiple general certificates: Medical Genetics, Preventive Medicine, Psychiatry & Neurology, Radiology, Surgery, Otolaryngology, Pathology.• Level III, Area of Specialization A more specialized area of the Classification in which a provider chooses to practice or make services available. For example, the Area of Specialization for provider grouping Allopathic & Osteopathic Physicians is based upon the Subspecialty Certificates as issued by the appropriate national boards. <p>The code set Levels are organized to allow for drilling down to the provider's most specific level of specialization. The ten digit codes for each provider category are unique and contain no embedded logic. The codes and categories are to be used exactly as they are assigned in the taxonomy list. At no time should codes be separated to form new codes, parsed apart, or edited on any one position within the code.</p> <p>The taxonomy codes are self-selected by the provider. The taxonomy codes are organized based on education and training and are used to define specialty, not specific services that are rendered. Selection of a taxonomy code does not replace any credentialing or validation process that the organization requesting the code should complete. Definitions for some of the codes reference specialty or certifying boards as a source, but this reference in no way implies that providers have met the requirements of that board if they choose the code to identify themselves.</p> <p>The code set is published (released) twice a year in January and July. The January publication is effective for use on April 1st and the July publication is effective for use on October 1st. The time between the publication release and the effective date is considered an implementation period to allow providers, payers, and vendors an opportunity to incorporate any changes into their systems.</p> <p>Historical Background In the absence of an all-encompassing Provider Classification System, both ASC X12N and the National Provider System Workgroup from the Centers for Medicare & Medicaid Services (CMS) began work on identifying and coding an external provider code set that would be able to codify provider grouping and provider area of specialization for all health care related</p>

New FAO Enrollment

- Enter Start Date (Note: Must be current date or date of application)
- Click Confirm Taxonomy
- Click Ok

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, a header bar displays 'Application ID: 20171106185367' and 'Name: Testing'. The main content area is titled 'Add Taxonomy' and contains the following fields:

- Taxonomy Code:** A text input field with an asterisk and a link '(Click here for Taxonomy List)'. A red box highlights this field.
- Location:** A dropdown menu with '01-' selected and an asterisk.
- Description:** A text input field.
- Start Date:** A date picker field with an asterisk.
- End Date:** A date picker field with an asterisk.

At the bottom right of the form, there are three buttons: 'Confirm Taxonomy', 'Ok', and 'Cancel'. The 'Confirm Taxonomy' and 'Ok' buttons are highlighted with a red box. The footer of the page displays 'Page ID: dlgEnrAddTaxonomy(Provider)'.

New FAO Enrollment

- 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 and a 'Provider' dropdown menu. Below this is a user profile area and a utility bar containing 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the breadcrumb 'New Enrollment > FAO Enrollment'. Below the breadcrumb, there is a header section with 'Application ID: 20171106185367' and 'Name: Testing'. A 'Close' button is highlighted with a red box, and an 'Add' button is next to it. Below this is a 'Taxonomy List' section with a search filter and 'Go' button. The table below has columns for 'Taxonomy Code', 'Description', 'Start Date', and 'End Date'. One row is visible with the code '332B00000X' and description 'Durable Medical Equipment & Medical Supplies'. At the bottom of the table, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

Taxonomy Code	Description	Start Date	End Date
332B00000X	Durable Medical Equipment & Medical Supplies	11/07/2017	12/31/2999

New FAO Enrollment

- Step 10 is complete
- Click on Step 11: Associate MCO Plan (Note: This step is optional)

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Additional Information	Optional	12/04/2018	12/04/2018	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 8: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	12/04/2018	12/04/2018	Complete	
Step 10: Add Taxonomy Details	Required	12/04/2018	12/04/2018	Complete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Incomplete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

New FAO Enrollment

- Step is optional, if you do not work with a Managed Care Organization (MCO) plan, 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 icon. Below the navigation bar, there are utility links: 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area displays the 'New Enrollment' > 'FAO Enrollment' path. It shows 'Application ID: 20171106185367' and 'Name: Testing'. Below this, there are 'Close' and 'Add' buttons. The 'Close' button is highlighted with a red box. Underneath is the 'MCO Plan List' section, which includes a 'Filter By' dropdown, two input fields, and a 'Go' button. There are also 'Save Filters' and 'My Filters' buttons. 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 below it.

New FAO Enrollment

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

CHAMPS

Provider

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

New Enrollment > FAO Enrollment

Application ID: 20171106185367 Name: Testing

Close **Add**

MCO Plan List

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

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 FAO Enrollment

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

CHAMPS Provider

https://milogintpmichigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: 20171106185367 Name: Testing

Associate MCO Plan

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

Plan ID: *

Plan Name:

Program Name:

Program Description:

Association Start Date: *

Association End Date:

New FAO Enrollment

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

The screenshot displays the CHAMPS MCO Plan Search List interface. The top navigation bar includes the CHAMPS logo and a 'Provider' dropdown menu. The browser address bar shows the URL 'https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer'. The main content area features a search form with 'Application ID: 20171106185367' and 'Name: Testing'. Below the search form is the 'MCO Plan Search List' table. The table has the following columns: Plan ID, Plan Name, Business Status, Business Status Start Date, Business Status End Date, Program Name, and Program Type. The first row of the table is highlighted, and a red box is drawn around the checkbox in the Plan ID column. At the bottom right of the table, a red box highlights the 'Select' button. The 'Select' button is a circular icon with a checkmark inside, followed by the text 'Select'. A 'Close' button is also visible next to it.

Plan ID	Plan Name	Business Status	Business Status Start Date	Business Status End Date	Program Name	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
<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	12/21/1993	12/31/2999	MHP	Managed Care Comprehensive Medical Program Type
<input type="checkbox"/>		Active	04/04/2005	12/31/2999	MHP	Managed Care Comprehensive Medical Program Type

New FAO Enrollment

- MCO Plan information will populate
- Click Ok

The screenshot shows a web browser window with the CHAMPS logo and a 'Provider' dropdown menu. The browser address bar shows 'https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer'. The main content area displays a dialog box titled 'Associate MCO Plan'. At the top of the dialog, it shows 'Application ID: 20171106185367' and 'Name: Testing'. Below this, there is a header 'Associate MCO Plan' and a sub-header 'Click on the 'Confirm/Search Plan' button to search for a MCO Plan or confirm the Plan ID entered'. A note below reads 'Please associate only to plans with which you have a signed contract'. The form contains the following fields:

Plan ID:	<input type="text"/>	*	Plan Name:	<input type="text"/>		
Program Name:	MHP		Program Description:	ManagedCareProgram		
Association Start Date:	<input type="text" value="11/20/2017"/>	<input type="text" value=""/>	*	Association End Date:	<input type="text" value="12/31/2999"/>	<input type="text" value=""/>

At the bottom right of the dialog, there are three buttons: 'Confirm/Search Plan', 'Ok', and 'Cancel'. The 'Ok' button is highlighted with a red box.

New FAO Enrollment

- MCO Plan information has been associated
- 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, and utility icons for Note Pad, External Links, My Favorites, Print, and Help. Below the navigation bar, the breadcrumb trail indicates 'New Enrollment > FAO Enrollment'. The main content area displays 'Application ID: 20171106185367' and 'Name: Testing'. A 'Close' button is highlighted with a red box, and an 'Add' button is also visible. Below this, there is a section titled 'MCO Plan List' with a filter bar and a table of MCO plans. The table has columns for Plan ID, Plan Name, Business Status, Business Status Start Date, Business Status End Date, Association Start Date, Association End Date, and Program Description. A single row is visible with the following data: Plan ID (blank), Plan Name (blank), Business Status: Active, Business Status Start Date: 12/21/1993, Business Status End Date: 12/31/2999, Association Start Date: 11/15/2017, Association End Date: 12/31/2999, and Program Description: ManagedCareProgram. At the bottom of the table, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

New FAO Enrollment

- Step 11 is complete
- Click on Step 12: 835/ERA Enrollment Form (Please Note: This step is optional)

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

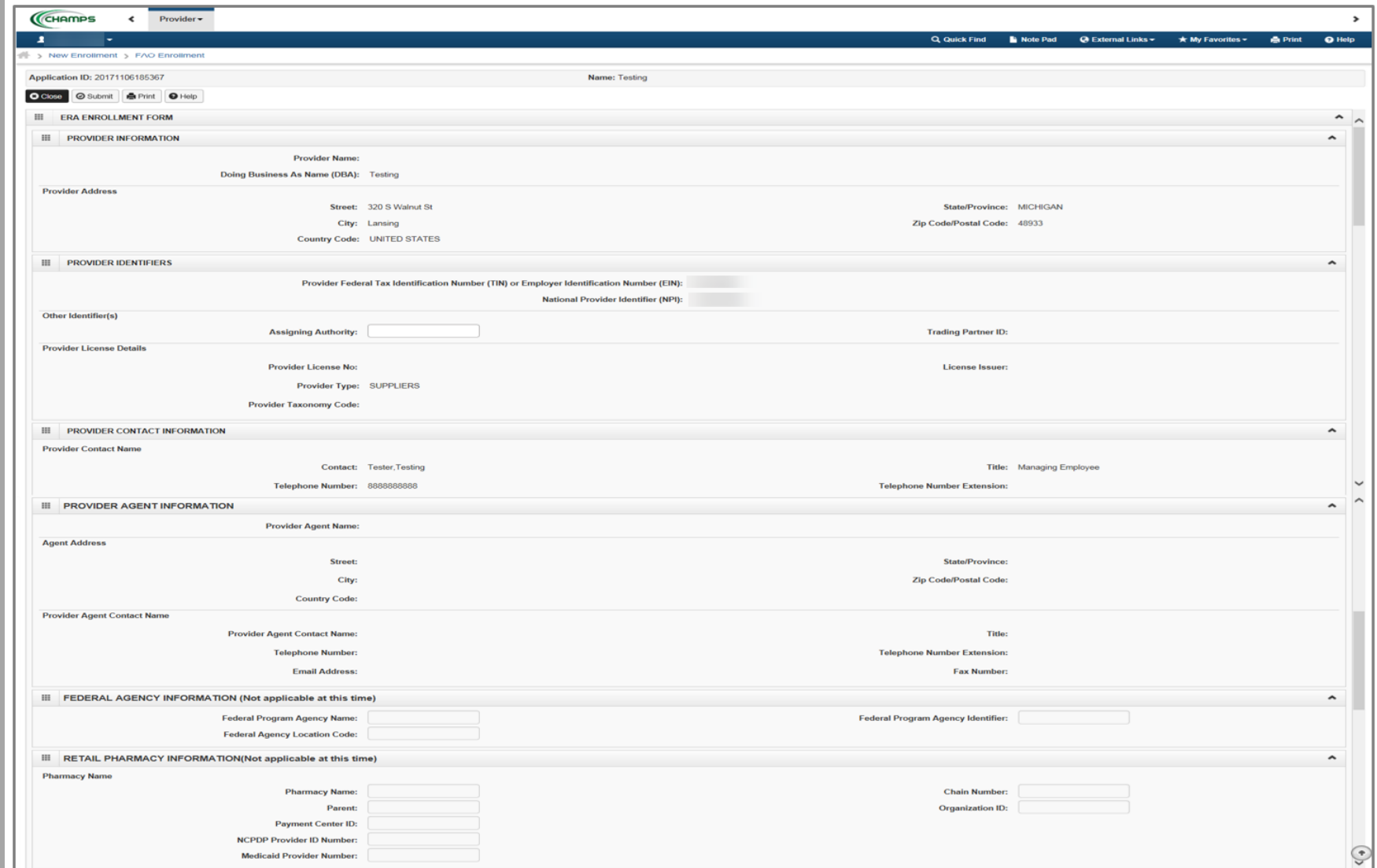
Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Additional Information	Optional	12/04/2018	12/04/2018	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 8: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	12/04/2018	12/04/2018	Complete	
Step 10: Add Taxonomy Details	Required	12/04/2018	12/04/2018	Complete	
Step 11: Associate MCO Plan	Optional	12/04/2018	12/04/2018	Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Incomplete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

New FAO Enrollment

- Step is optional; fill out if the provider would like to directly receive their 835 (i.e., electronic remittance advice (ERA))
 - *(Note: within step 2, providers would have needed to select Yes, to question "Accept 835?")*
- Complete all fields marked with an asterisk (*)



The screenshot displays the CHAMPS Provider Enrollment Form for Application ID: 20171106185367, Name: Testing. The form is organized into several sections:

- ERA ENROLLMENT FORM**
 - PROVIDER INFORMATION**
 - Provider Name: [Blank]
 - Doing Business As Name (DBA): Testing
 - Provider Address:
 - Street: 320 S Walnut St
 - City: Lansing
 - Country Code: UNITED STATES
 - State/Province: MICHIGAN
 - Zip Code/Postal Code: 48933
 - PROVIDER IDENTIFIERS**
 - Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): [Blank]
 - National Provider Identifier (NPI): [Blank]
 - Other Identifier(s): [Blank]
 - Assigning Authority: [Blank]
 - Trading Partner ID: [Blank]
 - Provider License Details:
 - Provider License No: [Blank]
 - Provider Type: SUPPLIERS
 - Provider Taxonomy Code: [Blank]
 - License Issuer: [Blank]
 - PROVIDER CONTACT INFORMATION**
 - Provider Contact Name:
 - Contact: Tester,Testing
 - Telephone Number: 8888888888
 - Title: Managing Employee
 - Telephone Number Extension: [Blank]
 - PROVIDER AGENT INFORMATION**
 - Provider Agent Name: [Blank]
 - Agent Address:
 - Street: [Blank]
 - City: [Blank]
 - Country Code: [Blank]
 - State/Province: [Blank]
 - Zip Code/Postal Code: [Blank]
 - Provider Agent Contact Name:
 - Provider Agent Contact Name: [Blank]
 - Telephone Number: [Blank]
 - Email Address: [Blank]
 - Title: [Blank]
 - Telephone Number Extension: [Blank]
 - Fax Number: [Blank]
 - FEDERAL AGENCY INFORMATION (Not applicable at this time)**
 - Federal Program Agency Name: [Blank]
 - Federal Agency Location Code: [Blank]
 - Federal Program Agency Identifier: [Blank]
 - RETAIL PHARMACY INFORMATION(Not applicable at this time)**
 - Pharmacy Name:
 - Pharmacy Name: [Blank]
 - Parent: [Blank]
 - Payment Center ID: [Blank]
 - NCPDP Provider ID Number: [Blank]
 - Medicaid Provider Number: [Blank]
 - Chain Number: [Blank]
 - Organization ID: [Blank]

New FAO Enrollment

- Complete all required fields marked with an asterisk (*)

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for Aggregation of Remittance Data(e.g., Account Number Linkage to Provider Identifier)

NPI TAX ID *

MI Medicaid enumerates by Tax ID only.

Method of Retrieval: *

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION (Not applicable at this time)

ClearingHouse Name:

ClearingHouse Contact Name

ClearingHouse Contact Name: Telephone Number:

Email Address:

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION (Not applicable at this time)

Vendor Name:

Vendor Contact

Vendor Contact Name: Telephone Number:

Email Address:

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 Health and Human Services 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: 11/07/2017

Requested ERA Effective Date:

(Once approve the next paycycle date.)

New FAO Enrollment

- Click Submit
- 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, and a user profile for 'tester, Testing'. Below the navigation bar, there are utility icons for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area displays the 'New Enrollment' process for 'FAO Enrollment'. The application ID is 20171106185367 and the name is 'Testing'. A toolbar contains 'Close', 'Submit', 'Print', and 'Help' buttons, with the 'Close' button highlighted by a red box. Below this, there are sections for 'ELECTRONIC REMITTANCE ADVISE VENDOR INFORMATION (Not applicable at this time)' and 'SUBMISSION INFORMATION'. The 'SUBMISSION INFORMATION' section includes radio buttons for 'Reason for Submission' (Cancel Enrollment, Change Enrollment, New Enrollment *), an 'Authorized Signature' section with an electronic signature field and a checkbox for 'Authorization Agreement', and a section for 'Authorization Agreement' with a text block and signature fields for 'Written Signature of Person Submitting Enrollment' and 'Printed Name of Person Submitting Enrollment'.

New FAO Enrollment

- Step 12 is complete
- Click on Step 13: Fee Payment

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Additional Information	Optional	12/04/2018	12/04/2018	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 8: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	12/04/2018	12/04/2018	Complete	
Step 10: Add Taxonomy Details	Required	12/04/2018	12/04/2018	Complete	
Step 11: Associate MCO Plan	Optional	12/04/2018	12/04/2018	Complete	
Step 12: 835/ERA Enrollment Form	Optional	12/04/2018	12/04/2018	Complete	
Step 13: Fee Payment	Optional			Incomplete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

New FAO Enrollment

- 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.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and a user profile with the text 'Last Login: 04 DEC, 2018 01:01 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 > FAO Enrollment'. The main content area displays 'Application ID: 20181204526214' and 'Name: Testing'. There are 'Close' and 'Add' buttons. Below this is a section titled 'Fee Payment List' with a filter bar containing 'Filter By', two input fields, and a 'Go' button. To the right of the filter bar are 'Save Filters' and 'My Filters' buttons. A table with the following columns is shown: 'Payment Id', 'Payment Reason', 'Payment Amount', 'Fee Option', 'Payment Made To', 'Payment Status', 'Confirmation Number', and 'Payment Date'. The table is currently empty, and a red message 'No Records Found!' is displayed below the table. At the bottom of the page, there is a footer with the following information: 'Page ID: pgEnrInnFeePaymentList(Provider)', 'Environment: MICLDUAT - Server: wtac03.00 - Build: R10c-1.4', and 'Server Time: 12/04/2018 04:25:34 EST'.

New FAO Enrollment

- Step 13 is complete
- Click on Step 14: Upload Documents (Note: This step is optional)

CHAMPS Provider

Last Login: 04 DEC, 2018 01:01 PM

Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Additional Information	Optional	12/04/2018	12/04/2018	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 8: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	12/04/2018	12/04/2018	Complete	
Step 10: Add Taxonomy Details	Required	12/04/2018	12/04/2018	Complete	
Step 11: Associate MCO Plan	Optional	12/04/2018	12/04/2018	Complete	
Step 12: 835/ERA Enrollment Form	Optional	12/04/2018	12/04/2018	Complete	
Step 13: Fee Payment	Optional	12/04/2018	12/04/2018	Complete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

New FAO Enrollment

- This step is optional, if documentation needs to be uploaded, click Add
- If not, click Close

CHAMPS < Provider

Quick Find Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20171106185367 Name: Testing

Close

Document List

Add

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

Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Status
No Records Found !								

New FAO Enrollment

- 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

CHAMPS Provider

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

Print Help

Application ID: 20171106185367 Name: Testing

Upload Document

Document Type: * ←

Associated MCO ID:

File Name:

Start Date:

End Date:

Remark:

Document Name: * ←

Program Name:

New FAO Enrollment

- The documentation has been added
- Click Close to return to the enrollment steps

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and utility icons for Note Pad, External Links, My Favorites, Print, and Help. Below the navigation bar, the breadcrumb trail indicates 'New Enrollment > FAO Enrollment'. The main content area displays 'Application ID: 20171106185367' and 'Name: Testing'. A 'Close' button is visible. Below this is a 'Document List' section with an 'Add' button and a 'Filter By' dropdown. The document list contains one entry:

Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Status
<input type="checkbox"/>	Certification	Board Certification					11/15/2017	In Process

At the bottom of the document list, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

New FAO Enrollment

- Step 14 is complete
- Click on Step 15: Complete Enrollment Checklist

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Additional Information	Optional	12/04/2018	12/04/2018	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 8: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	12/04/2018	12/04/2018	Complete	
Step 10: Add Taxonomy Details	Required	12/04/2018	12/04/2018	Complete	
Step 11: Associate MCO Plan	Optional	12/04/2018	12/04/2018	Complete	
Step 12: 835/ERA Enrollment Form	Optional	12/04/2018	12/04/2018	Complete	
Step 13: Fee Payment	Optional	12/04/2018	12/04/2018	Complete	
Step 14: Upload Documents	Optional	12/04/2018	12/04/2018	Complete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

New FAO Enrollment

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

CHAMPS Provider

Last Login: 04 DEC, 2018 01:01 PM

Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment > Provider Check List

Application ID: 20181204526214 Name: Testing

Close Save

Provider Checklist

Question	Answer	Comments
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Not Completed	
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	
Do you need eligibility data (via HIPAA 270/271 Batch transaction) for DOS older than 1 year to complete a Medicare DSH audit? Selecting Yes acknowledges that any 270 - eligibility inquiry you submit with a DOS older than 1 year will only be used Medicare DSH validation and for services related to Inpatient Hospital.	Not Completed	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed	
If this enrollment is for change of ownership (CHOW) with a new NPI, please enter the old NPI in the comment box	Not Completed	

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

New FAO Enrollment

- Step 15 is complete
- Click on Step 16: Submit Enrollment Application for Approval

You must complete step 16 to submit your application

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Additional Information	Optional	12/04/2018	12/04/2018	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 8: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	12/04/2018	12/04/2018	Complete	
Step 10: Add Taxonomy Details	Required	12/04/2018	12/04/2018	Complete	
Step 11: Associate MCO Plan	Optional	12/04/2018	12/04/2018	Complete	
Step 12: 835/ERA Enrollment Form	Optional	12/04/2018	12/04/2018	Complete	
Step 13: Fee Payment	Optional	12/04/2018	12/04/2018	Complete	
Step 14: Upload Documents	Optional	12/04/2018	12/04/2018	Complete	
Step 15: Complete Enrollment Checklist	Required	12/04/2018	12/04/2018	Complete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

Note: The application can be submitted even if optional steps are incomplete.

New FAO Enrollment

- 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, and a user profile icon. Below this, a dark blue header contains the text 'Last Login: 04 DEC, 2018 01:01 PM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the current location: 'New Enrollment > FAO Enrollment'. The main content area displays 'Application ID: 20181204526214' and 'Name: Testing'. Below this, there are two buttons: 'Close' and 'Next', with the 'Next' button highlighted by a red rectangular box. The 'Final Submission' section contains the following text: 'Application ID: 20181204526214', 'EnrollmentType: Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)', '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' section with a table that is currently empty, displaying the message 'No Records Found!' in red text. The table has four columns: 'Forms/Documents', 'Special Instructions', 'Source', and 'Required', each with a dropdown arrow icon.

New FAO Enrollment

- Read through the entire list of Terms and Conditions

CHAMPS < Provider >

Last Login: 04 DEC, 2018 01:01 PM

Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20181204526214 Name: Testing

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.
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 biller, 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 the Agreement will 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(f) will be retrospectively satisfied at that time. Any exception must be approved in writing by MDHHS. The new owner/provider must receive Medicare 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 reopening a previously closed nursing facility.

New FAO Enrollment

- Continue to read through the entire list of Terms and Conditions

CHAMPS < Provider >

Last Login: 04 DEC, 2018 01:01 PM

Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20181204526214 Name: Testing

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

Medicare 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 reopening a previously closed nursing facility.

Medical Assistance Provider - Employer/Employee Conditions

- The applicant is employed by the business listed, now referred to as the "employer", to provide Medical Assistance Program services to eligible beneficiaries at the service address listed.
- The employer shall use the applicant's NPI when billing for Medical Assistance Program services provided by the applicant to eligible beneficiaries.
- The applicant, as a condition of employment, agrees that the employer shall directly receive the payments made in his/her name by the Medical Assistance Program for services billed and paid for eligible beneficiaries.
- The employer and the applicant shall advise MDHHS within thirty (30) days after any change(s) in the employment relationship.
- The employer and the applicant agree to be jointly and severally liable for any overpayments billed and paid under Act No. 280 of the Public Acts of 1939, as amended, for services provided by the applicant to eligible beneficiaries.

Trading Partner Provisions

The MDHHS and its Trading Partner desire to facilitate the exchange of healthcare transactions ("Transactions") by electronically transmitting and receiving data in agreed formats in substitution for conventional paper-based documents.

- Companion Documents; Standards; Other Documentation.**

MDHHS makes available certain inbound and outbound Electronic Data Interchange (EDI) transaction sets/formats and associated version. From time to time during the term of this Agreement, MDHHS may modify supported transaction sets/formats. In submitting Transactions to MDHHS, the Trading Partner agrees to conform to MDHHS-issued provider publications and MDHHS Companion Guides as amended from time to time. The MDHHS Companion Guides, incorporated by reference herein, contain specific instructions for conducting each Transaction and as such supplement Implementation Guides issued under the Standards for Electronic Transactions mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended. The MDHHS Companion Guides are not intended to be complete billing instructions and do not alter or replace applicable physician guides or other healthcare provider billing publications issued by MDHHS or by other third party payers. The Trading Partner agrees to comply with the requirements set forth in the applicable MDHHS Companion Guides. The Trading Partner, or its vendor, or other authorized technical representative responsible for EDI software will document Trading Partner Information, data formats and related versions, trading partner identifiers, and other information MDHHS requires to receive and transmit specific Transactions supported by MDHHS.
- Support.**

As to software, equipment, and services associated with each party's performance under this Agreement, the parties agree to provide support services sufficient for Transactions to be exchanged. Each party will assist the other in establishing and/or maintaining support procedures, and will complete appropriate problem determination procedures prior to contacting the other with a support related matter. The parties agree to use all commercially reasonable efforts to avoid and resolve performance and unavailability issues. Each party will perform remedial action, as requested by the other, to assist in problem resolution. Each party, at its own expense, shall provide and maintain the equipment, software, services, and testing necessary to effectively and reliably transmit and receive transactions.
- Data Retention.**

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

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

New FAO Enrollment

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

CHAMPS Provider

Last Login: 04 DEC, 2018 01:01 PM

Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20181204526214 Name: Testing

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

other third party payer responsible for claim payment.

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

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

6. Standard Transactions.
All Standard Transactions, as defined by HIPAA, will be conducted by the parties using only code sets, data elements, and formats specified by the Transaction Rules and instructions in the MDHHS Companion Guides. The parties agree that when conducting Standard Transactions, they will not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked "not used" in the standard's implementation specification or are not in the standard's implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specifications.

7. Testing.
All new Trading Partners will cooperate with MDHHS upon request in testing processes prior to submission of production data. Existing Trading Partners will cooperate with MDHHS upon request in testing processes for any changes in submission format prior to submission of production files. MDHHS will notify the Trading Partner of the effective date for production data after successful testing.

8. Data and Network Security.
The parties agree to use reasonable security measures to protect the integrity of data transmitted under this Agreement and to protect this data from unauthorized access. The Trading Partner shall comply with MDHHS data and network security requirements, which may change from time to time and as may be required by the HIPAA security regulations.

9. Automatic Amendment for Regulatory Compliance.
This Agreement will automatically be amended to comply with any final regulation or amendment to a final regulation adopted by the U.S. Department of Health and Human Services concerning the subject matter of this Agreement upon the effective date of the final regulation or amendment.

10. Miscellaneous.
Provisions 3 and 8 shall survive termination of this Agreement.

The Trading Partner will notify MDHHS of any changes in trading partner information supplied including, but not limited to, the name of the service bureau, billing service, recipient of remittance file, or provider code at least 30 calendar days prior to the effective date of such change.

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

New FAO Enrollment

- 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

CHAMPS Provider

Last Login: 04 DEC, 2018 01:01 PM

Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20181204526214 Name: Testing

Your Application Number 20181204526214 has been successfully submitted for State review. Return with this application number to track the status of your application. x

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Additional Information	Optional	12/04/2018	12/04/2018	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 8: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	12/04/2018	12/04/2018	Complete	
Step 10: Add Taxonomy Details	Required	12/04/2018	12/04/2018	Complete	
Step 11: Associate MCO Plan	Optional	12/04/2018	12/04/2018	Complete	
Step 12: 835/ERA Enrollment Form	Optional	12/04/2018	12/04/2018	Complete	
Step 13: Fee Payment	Optional	12/04/2018	12/04/2018	Complete	
Step 14: Upload Documents	Optional	12/04/2018	12/04/2018	Complete	
Step 15: Complete Enrollment Checklist	Required	12/04/2018	12/04/2018	Complete	
Step 16: Submit Enrollment Application for Approval	Required	12/04/2018	12/04/2018	Complete	

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

Track Existing Application

How to track a submitted Provider Enrollment application within CHAMPS

Track Application

- Select the Provider Tab
- Select Track Application

The screenshot shows the CHAMPS web application interface. At the top left, the CHAMPS logo is visible. To its right is a navigation bar with a 'Provider' dropdown menu highlighted by a red box. Below the navigation bar, the user's name 'Tester, Testing' is displayed. The main content area features a 'Provider Enrollment' tab, which is also highlighted by a red box. A dropdown menu is open under this tab, showing two options: 'New Enrollment' and 'Track Application'. A red arrow points to the 'Track Application' option. Below the dropdown menu, there is a table with two rows and two columns. The first row contains 'Enroll As A New Provider' and 'Track Existing Provider Application'. The second row contains 'Track Application' and 'Track Existing Provider Application'.

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

Track Application

- Fill in Application ID
- Click Next

CHAMPS

Provider

Tester, Testing

Quick Find Note Pad External Links My Favorites Print Help

Track Application

Close Next

Track Existing Application

Please provide the Application ID to track your application.

Application ID: *

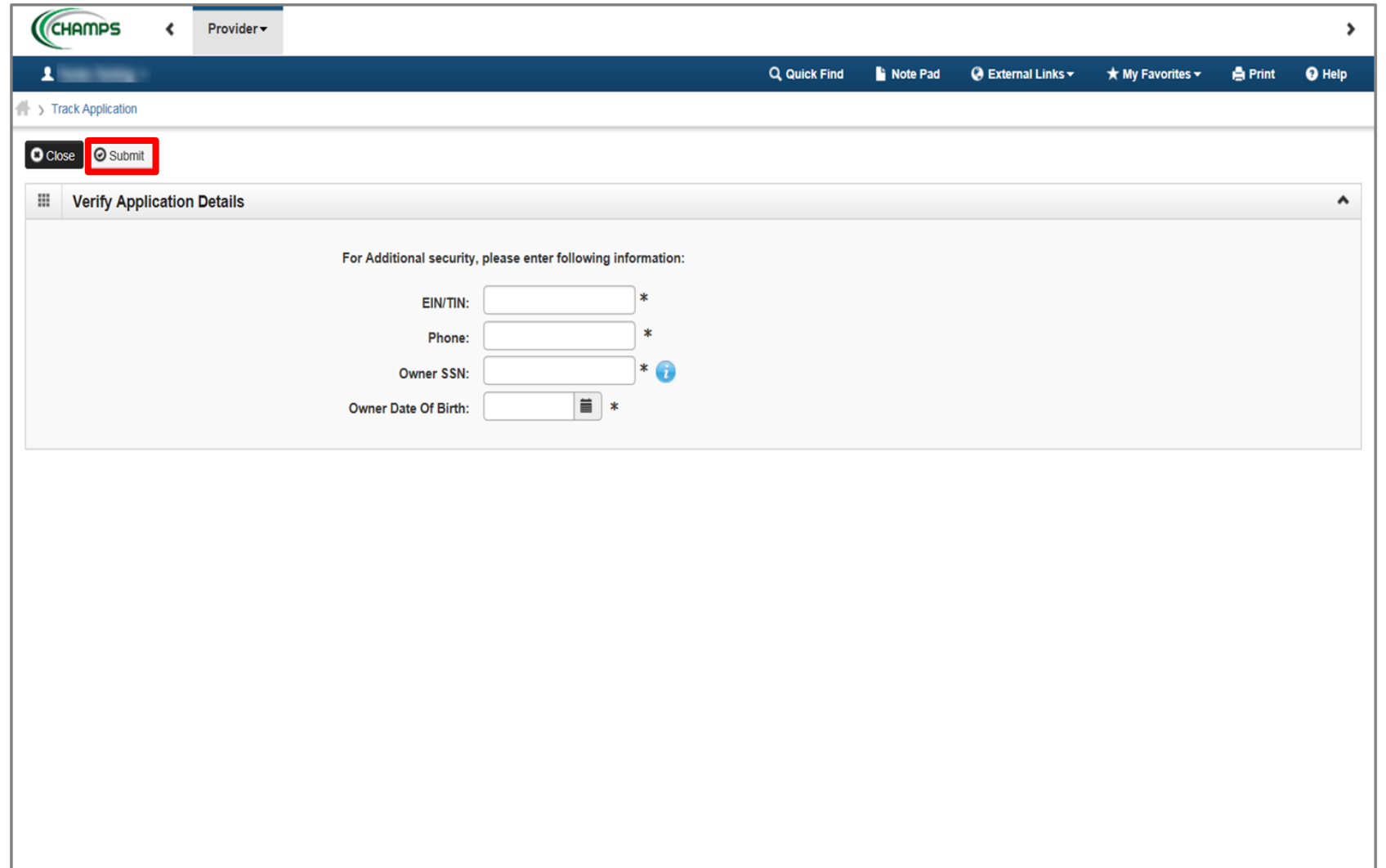
Request Access to Home Help Provider Info

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.

[Home Help Providers requesting access to their Information.](#)

Track Application

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



The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a search bar. Below the navigation bar, there is a 'Track Application' breadcrumb. The main content area features a 'Verify Application Details' form. The form includes a 'Close' button and a 'Submit' button, which is highlighted with a red box. The form contains the following fields:

- EIN/TIN: *
- Phone: *
- Owner SSN: * ⓘ
- Owner Date Of Birth: ⓘ *

Track Application

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

Application ID: 20181204526214 Name: Testing

Your application is currently In-Review by the Provider Enrollment Unit. You cannot make any modifications to your enrollment information at this time.

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/04/2018	12/04/2018	Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Additional Information	Optional	12/04/2018	12/04/2018	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 8: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	12/04/2018	12/04/2018	Complete	
Step 10: Add Taxonomy Details	Required	12/04/2018	12/04/2018	Complete	
Step 11: Associate MCO Plan	Optional	12/04/2018	12/04/2018	Complete	
Step 12: 835/ERA Enrollment Form	Optional	12/04/2018	12/04/2018	Complete	
Step 13: Fee Payment	Optional	12/04/2018	12/04/2018	Complete	
Step 14: Upload Documents	Optional	12/04/2018	12/04/2018	Complete	
Step 15: Complete Enrollment Checklist	Required	12/04/2018	12/04/2018	Complete	
Step 16: Submit Enrollment Application for Approval	Required	12/04/2018	12/04/2018	Complete	

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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.
 - The letter is sent to the 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>



Trainings:

Domain Administrator Functions - [PDF](#)

Track Application – [PDF](#)



Forms:

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