Michigan Department of Health & Human Services

# Provider Enrollment

## New Group Practice

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

-Provider Relations

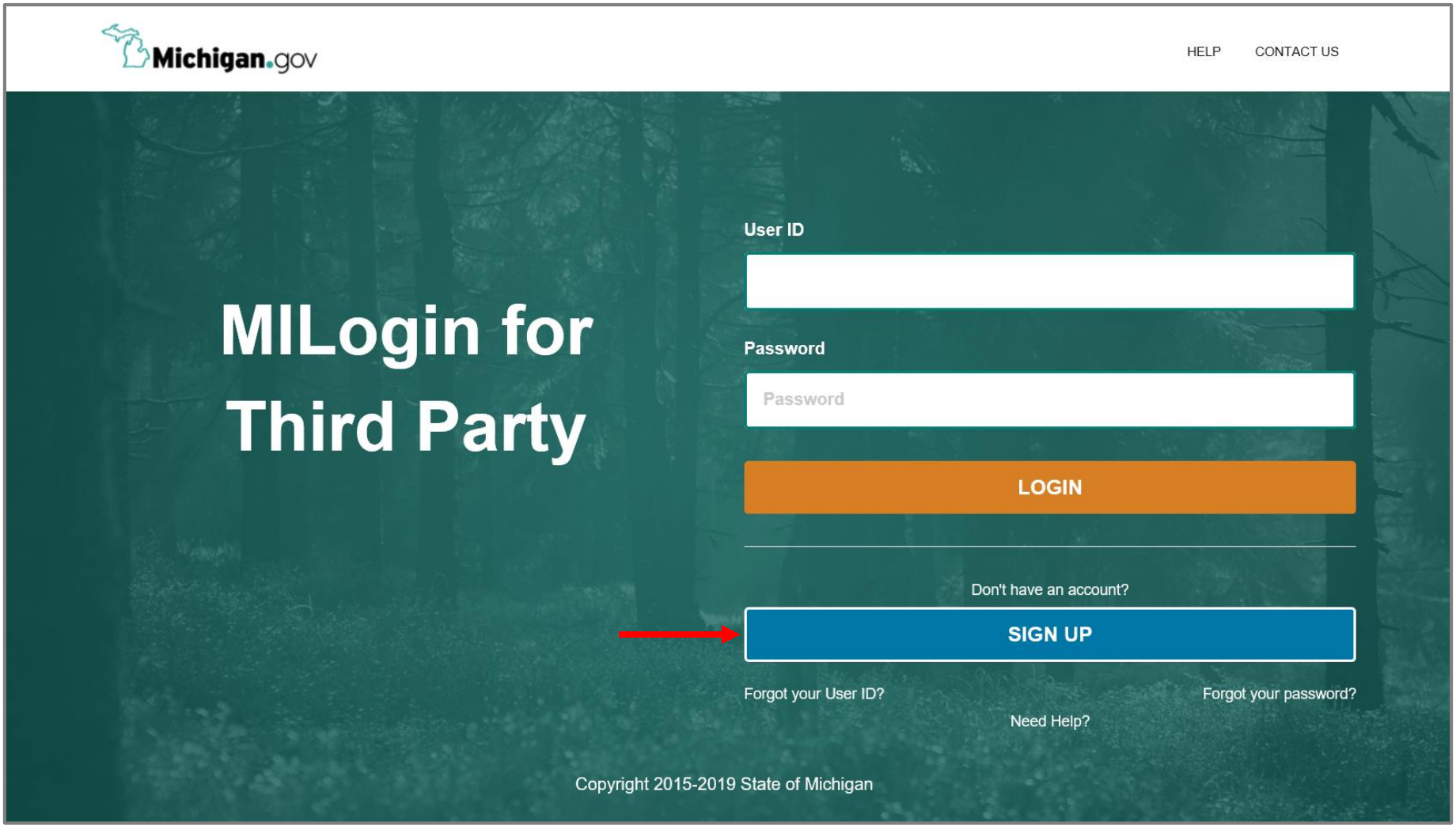
# Table of Contents


- Register for MILogin and CHAMPS Slides 3-16
- New Provider Enrollment Slides 17-82
- Track Existing Application Slides 83-87

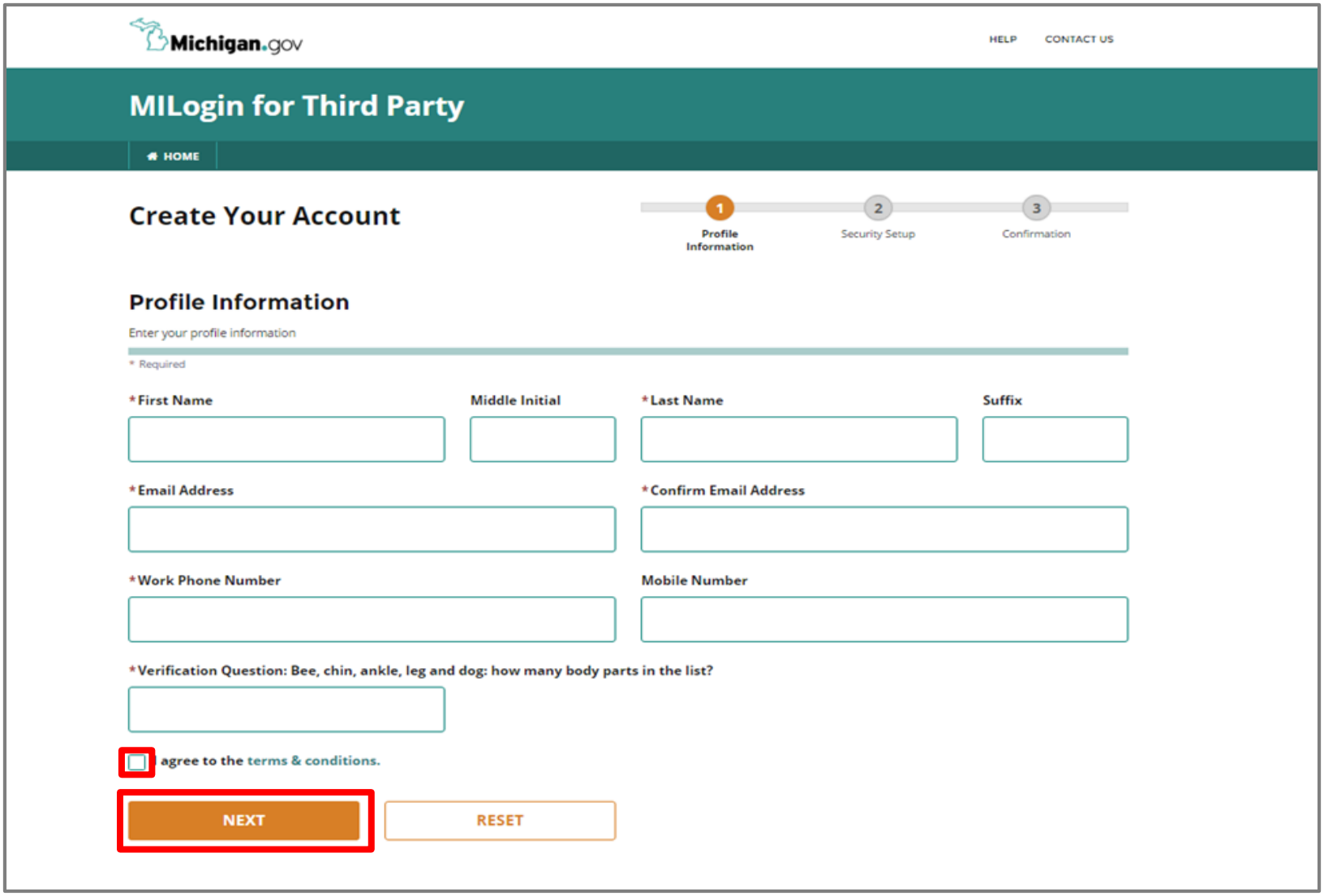
# Register for MILogin and CHAMPS

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

CHAMPS (Community Health Automated Medicaid Processing System) is the program where providers enroll, update enrollment information, and report services performed.

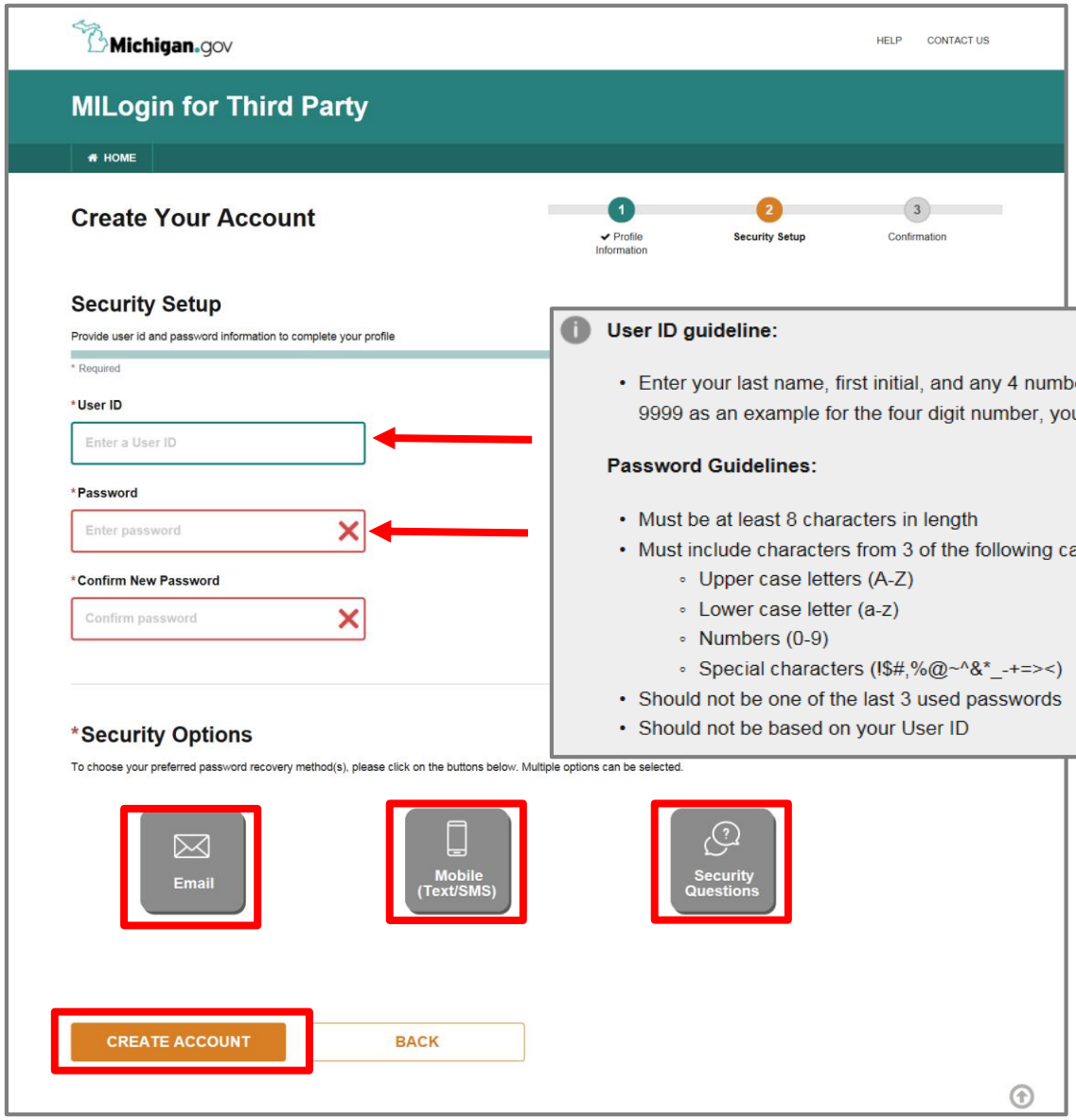



- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter https://milogintp.Michigan.gov into the search bar
- Click Sign Up

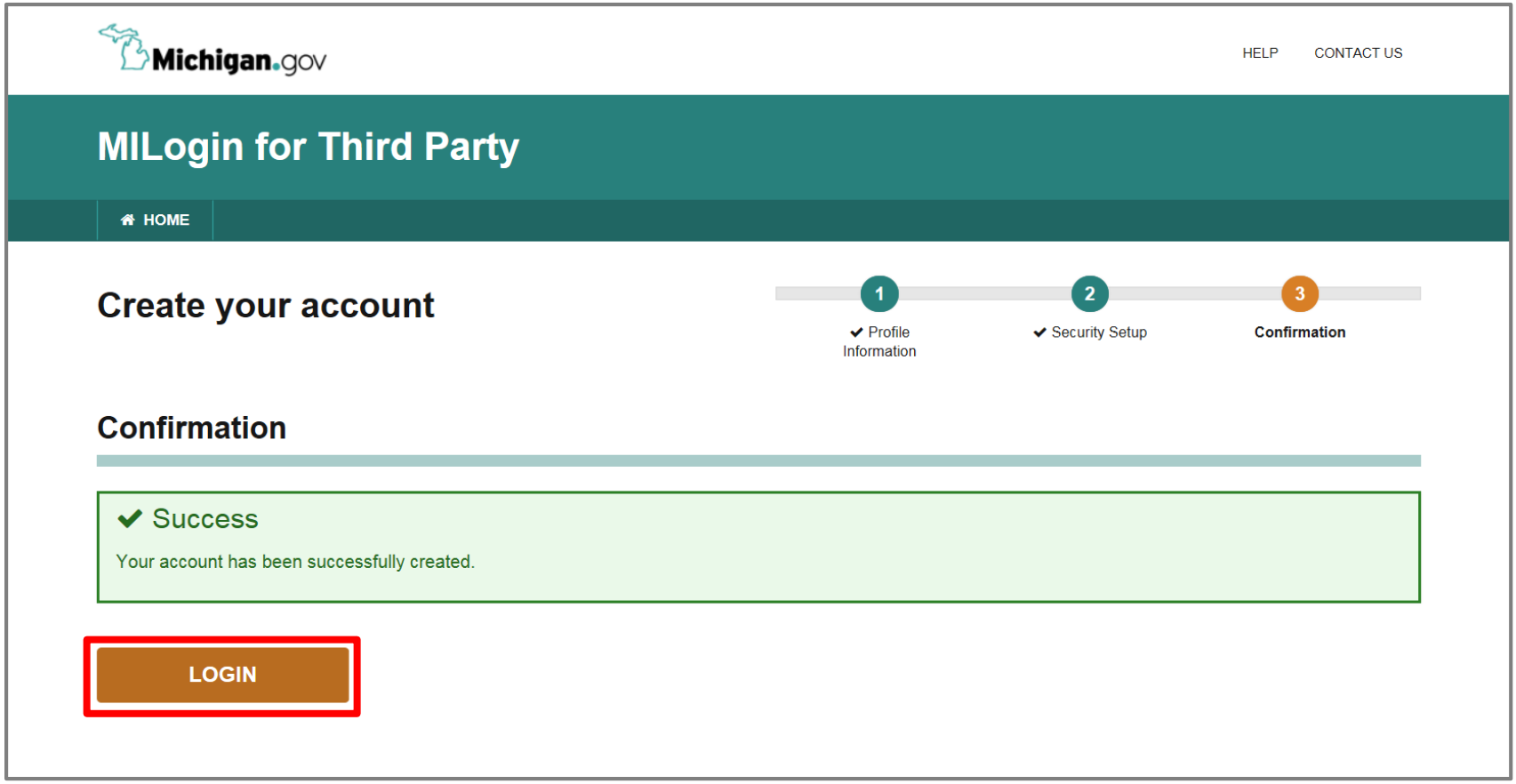



- Complete all required fields
- Check the ‘I agree’ box
- Click Next

MDHHS
Michigan Department of Health & Human Services

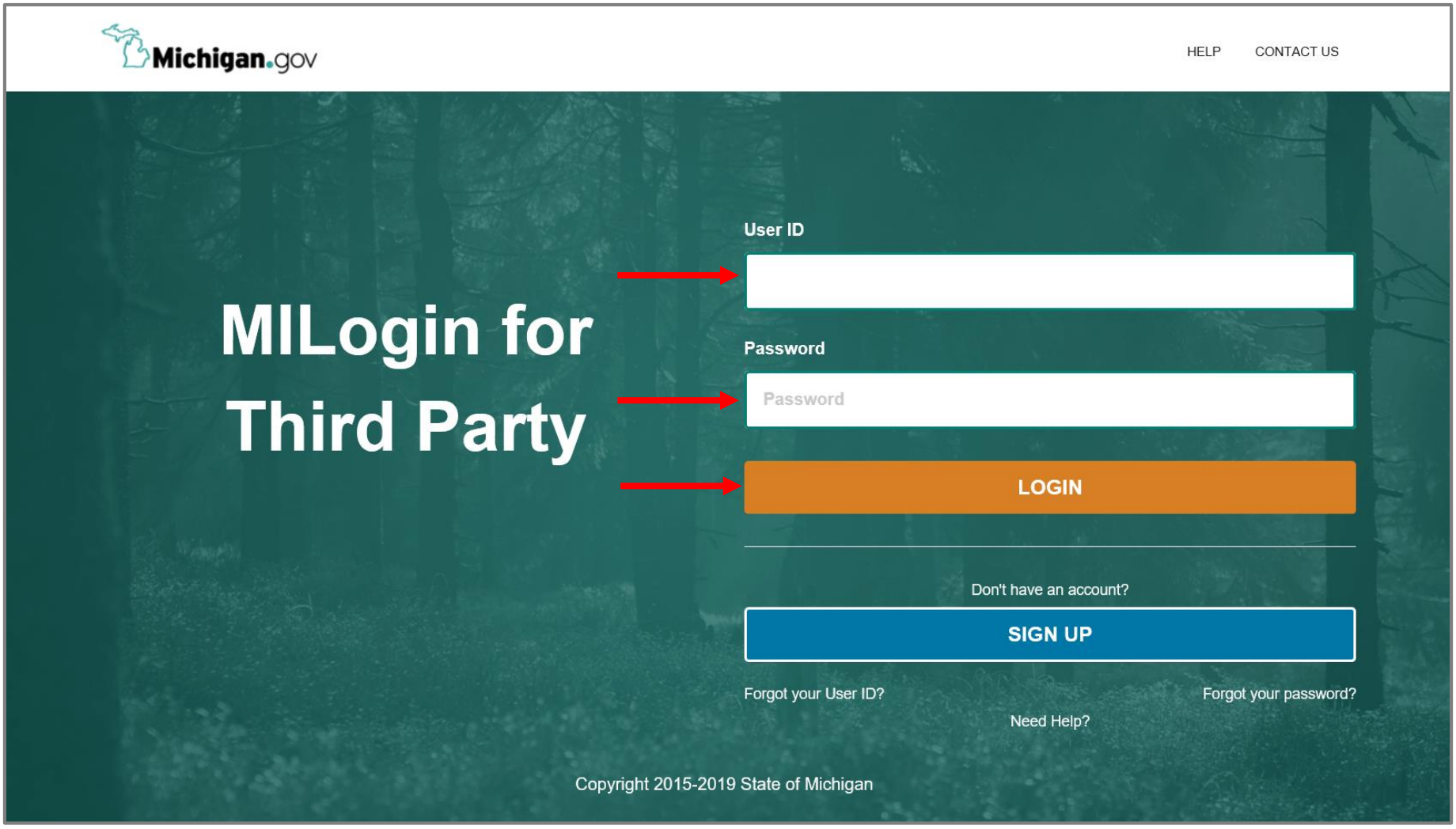



- Create the user ID and password following the listed guidelines
- Select the preferred password recovery method(s)
- Click Create Account



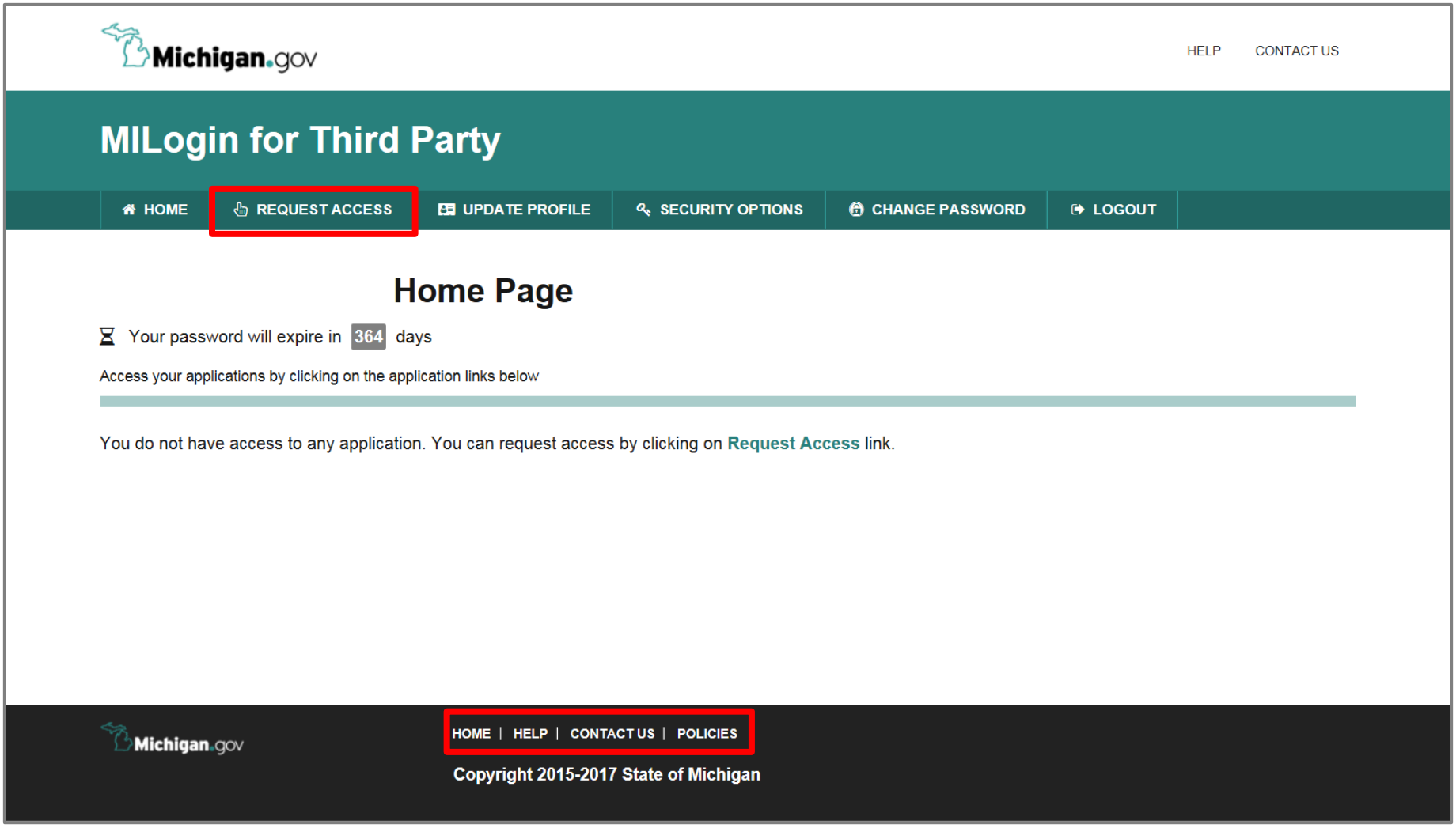

- Your MILogin account has now been created successfully
- Click the Login button to return to the login screen

MDHHS
Michigan Department of Health & Human Services




- Enter your User ID and Password you just created
- Click Login

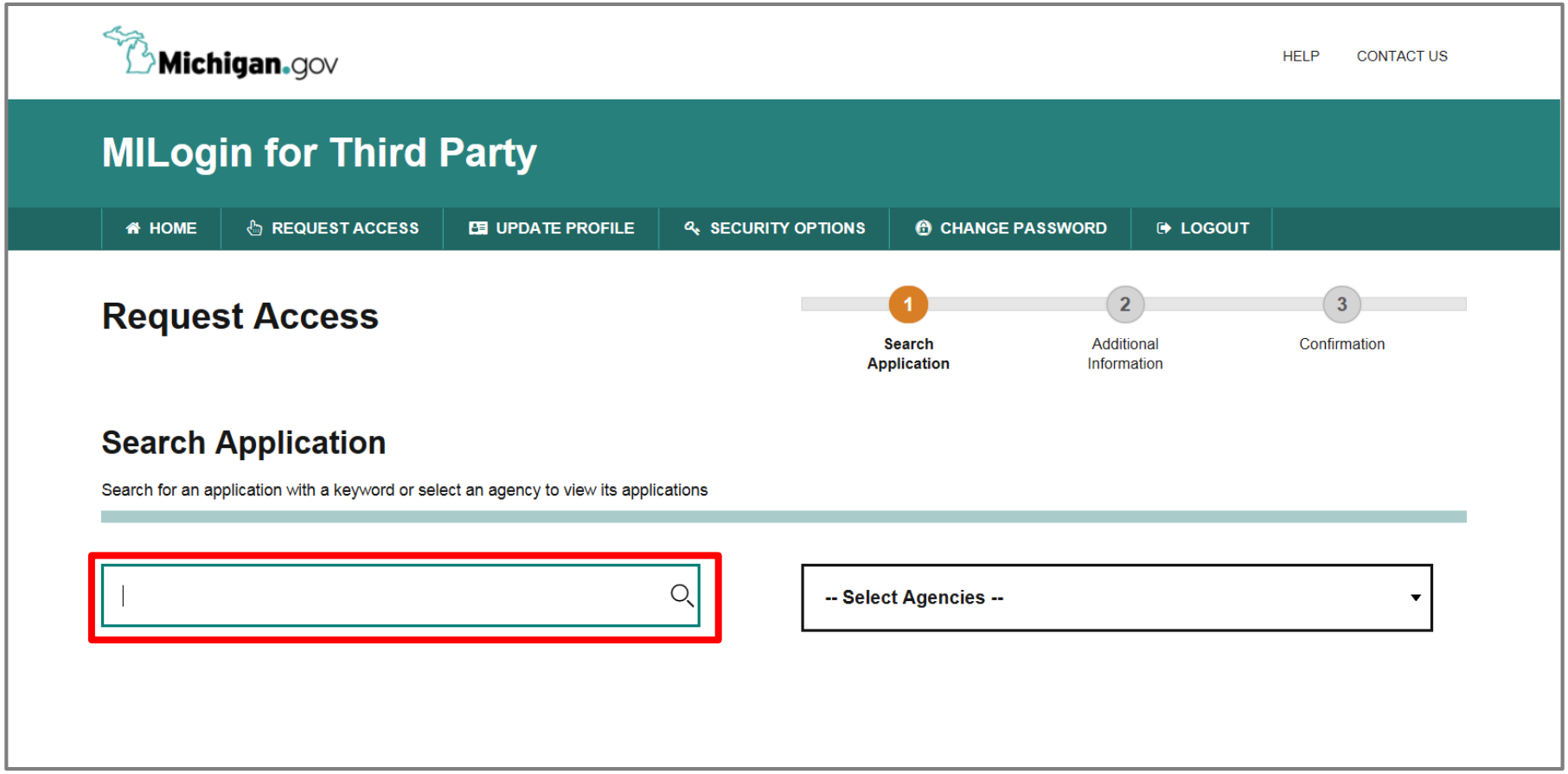
MDHHS
Michigan Department of Health & Human Services



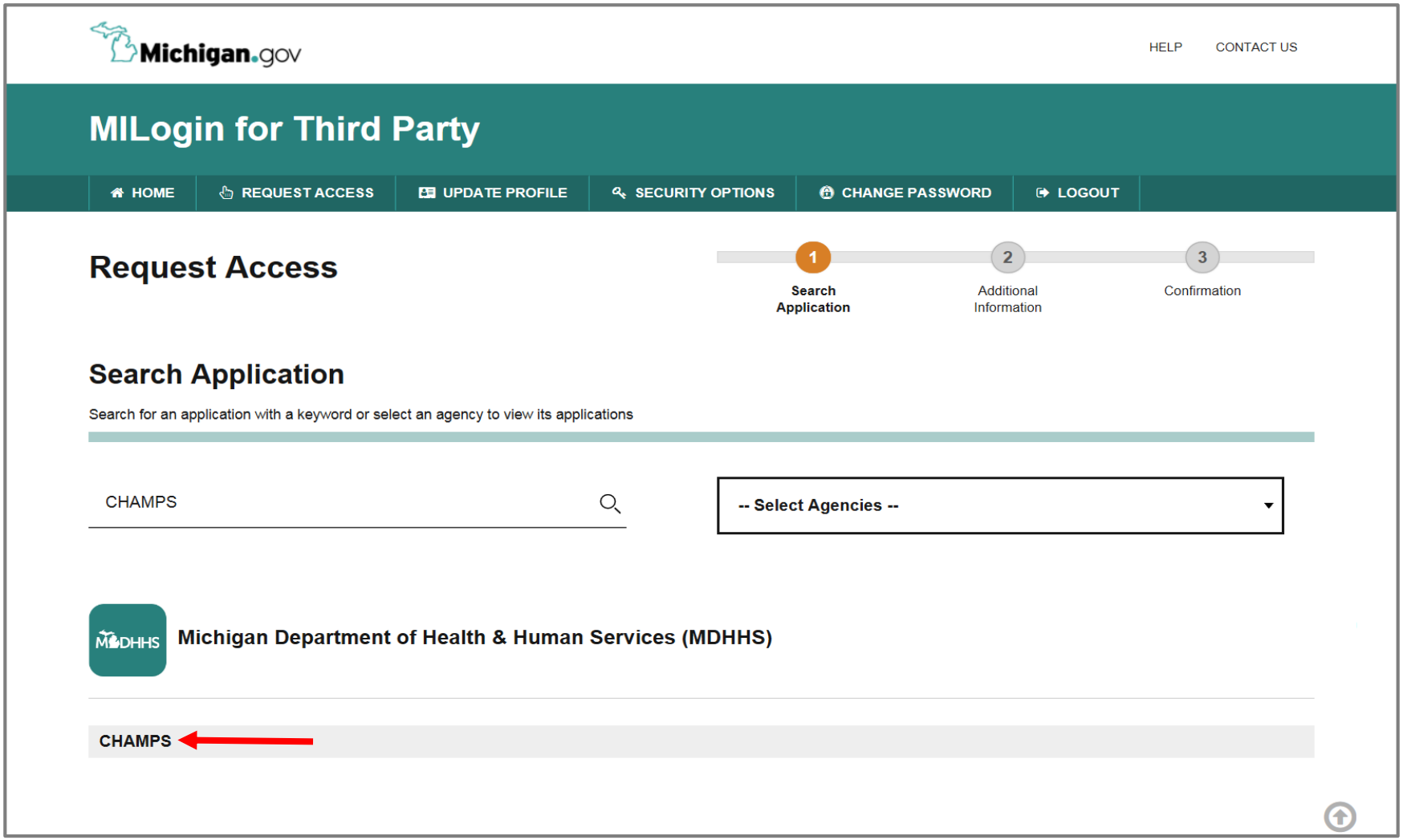

- Your Home Page will not show any applications
- Click Request Access

**MILogin resource links are listed at the bottom of the page*

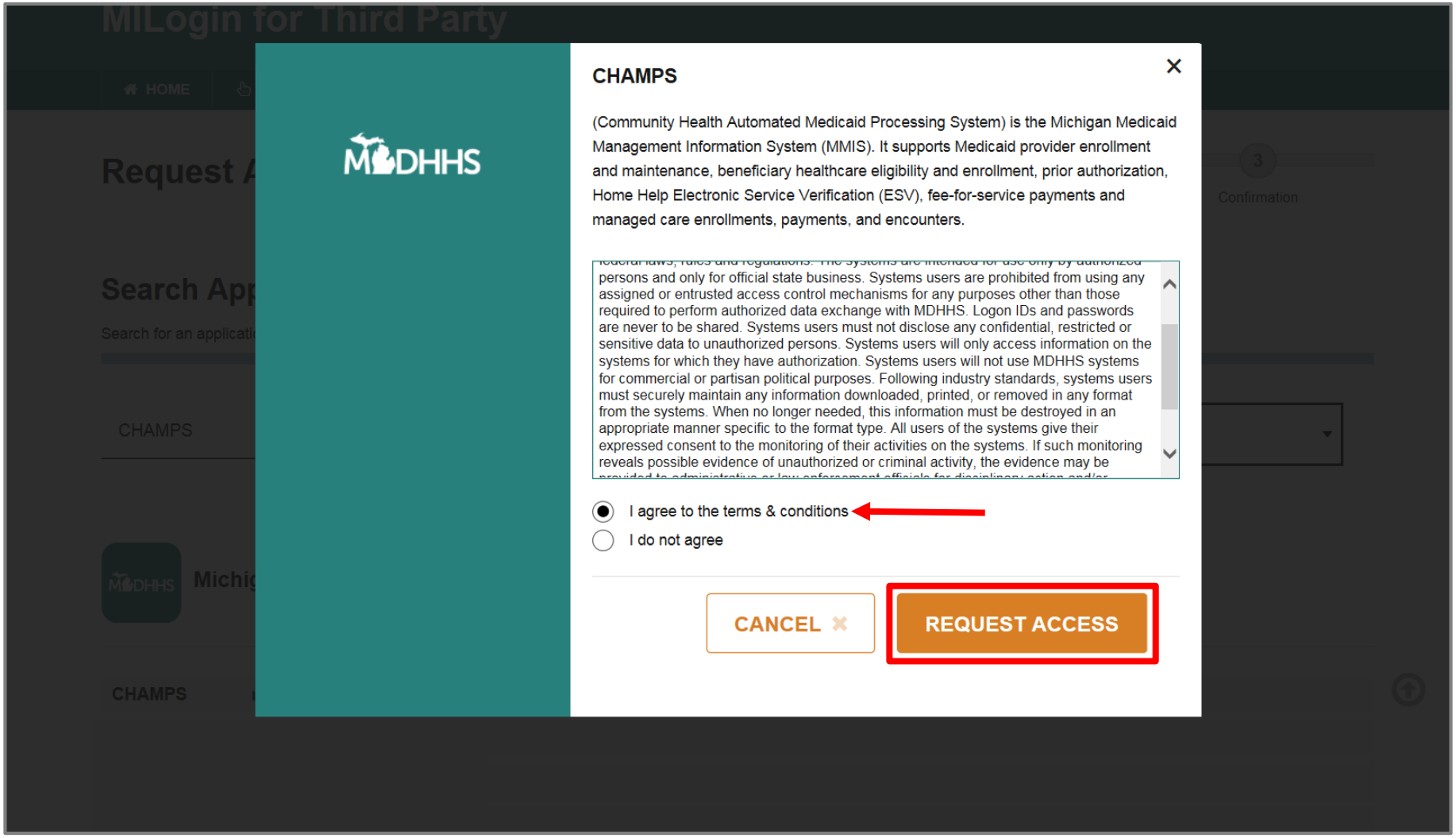
MDHHS
Michigan Department of Health & Human Services



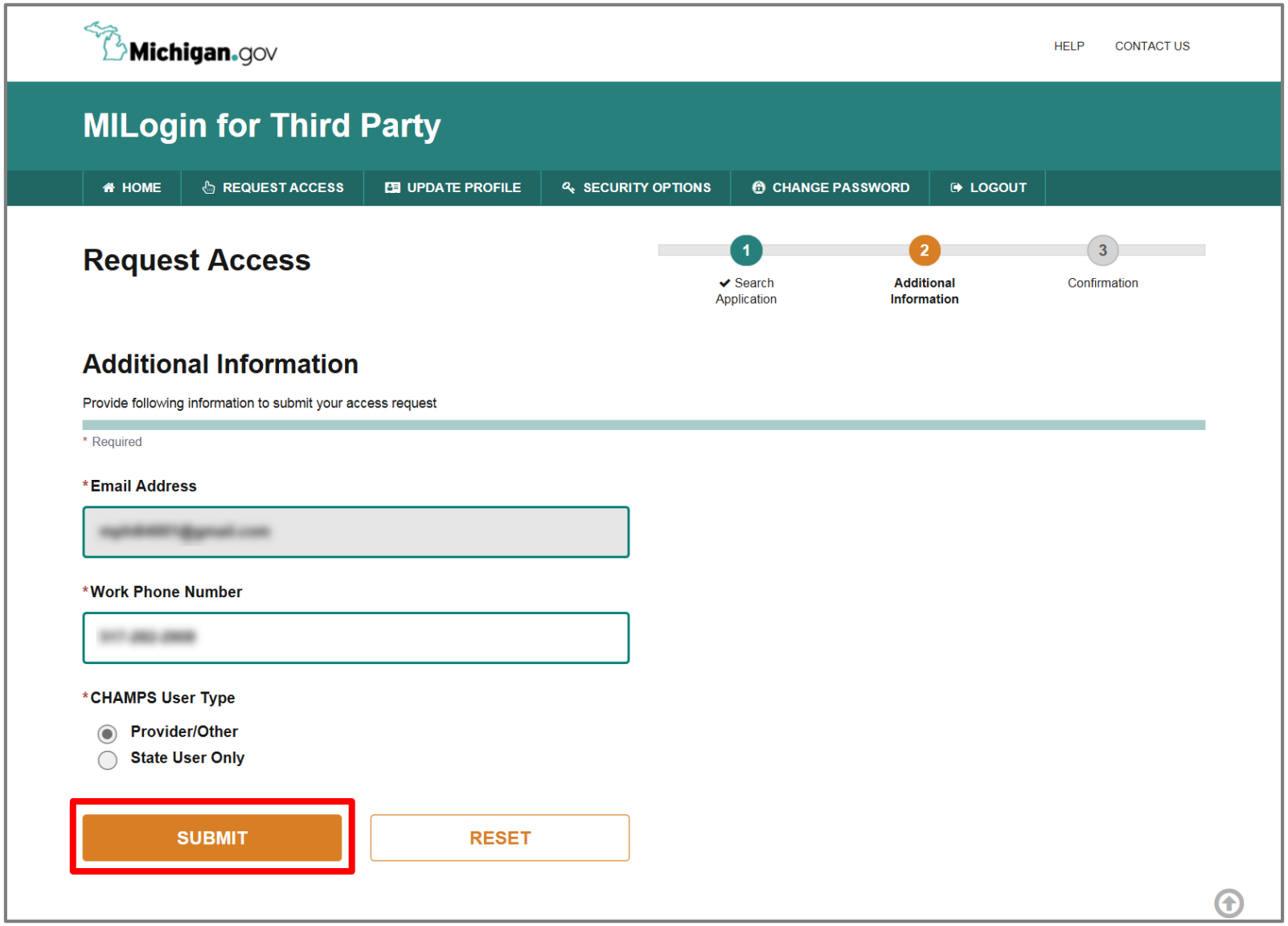

- Type CHAMPS in the search box
- Click the search/magnifying button



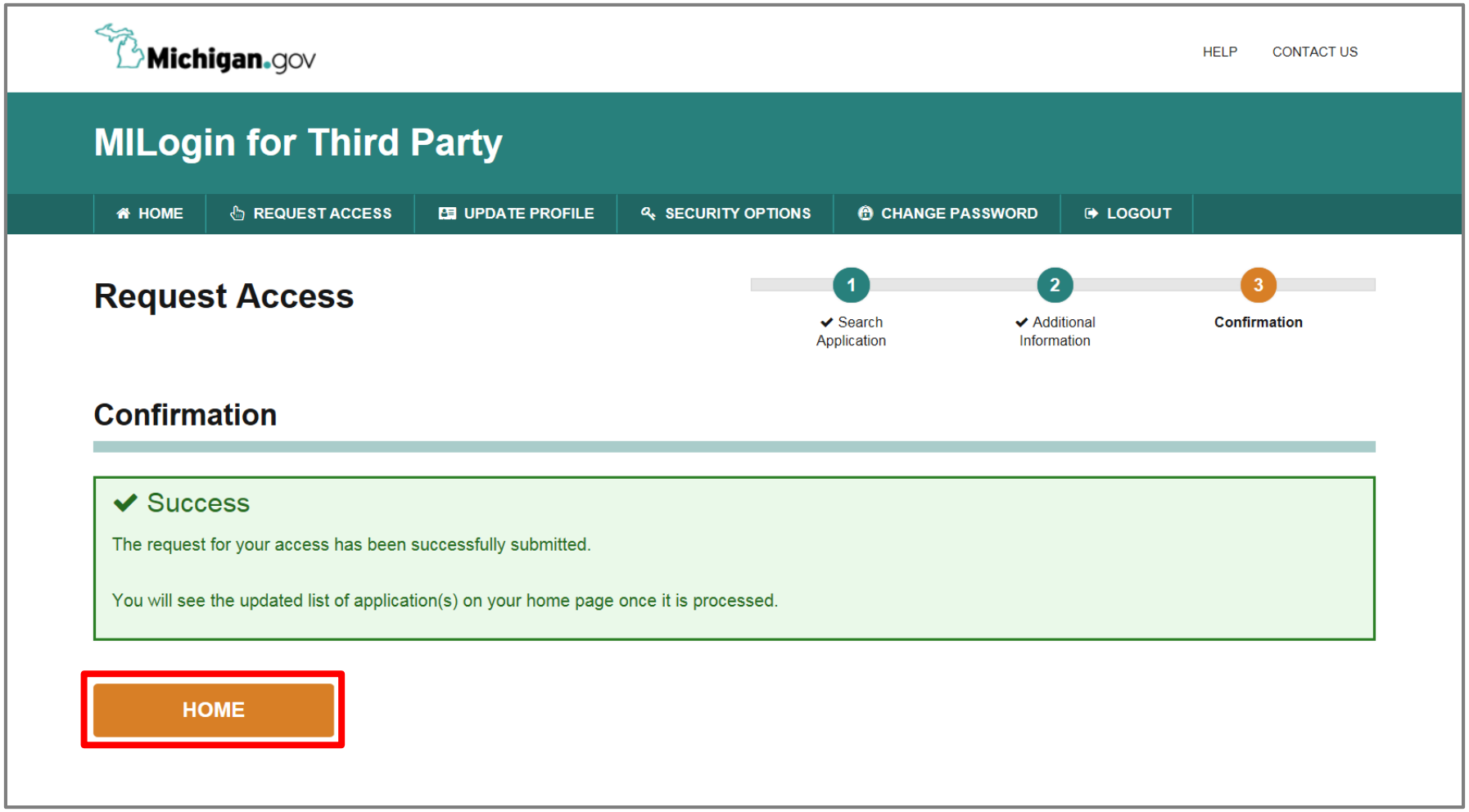

- Click on CHAMPS



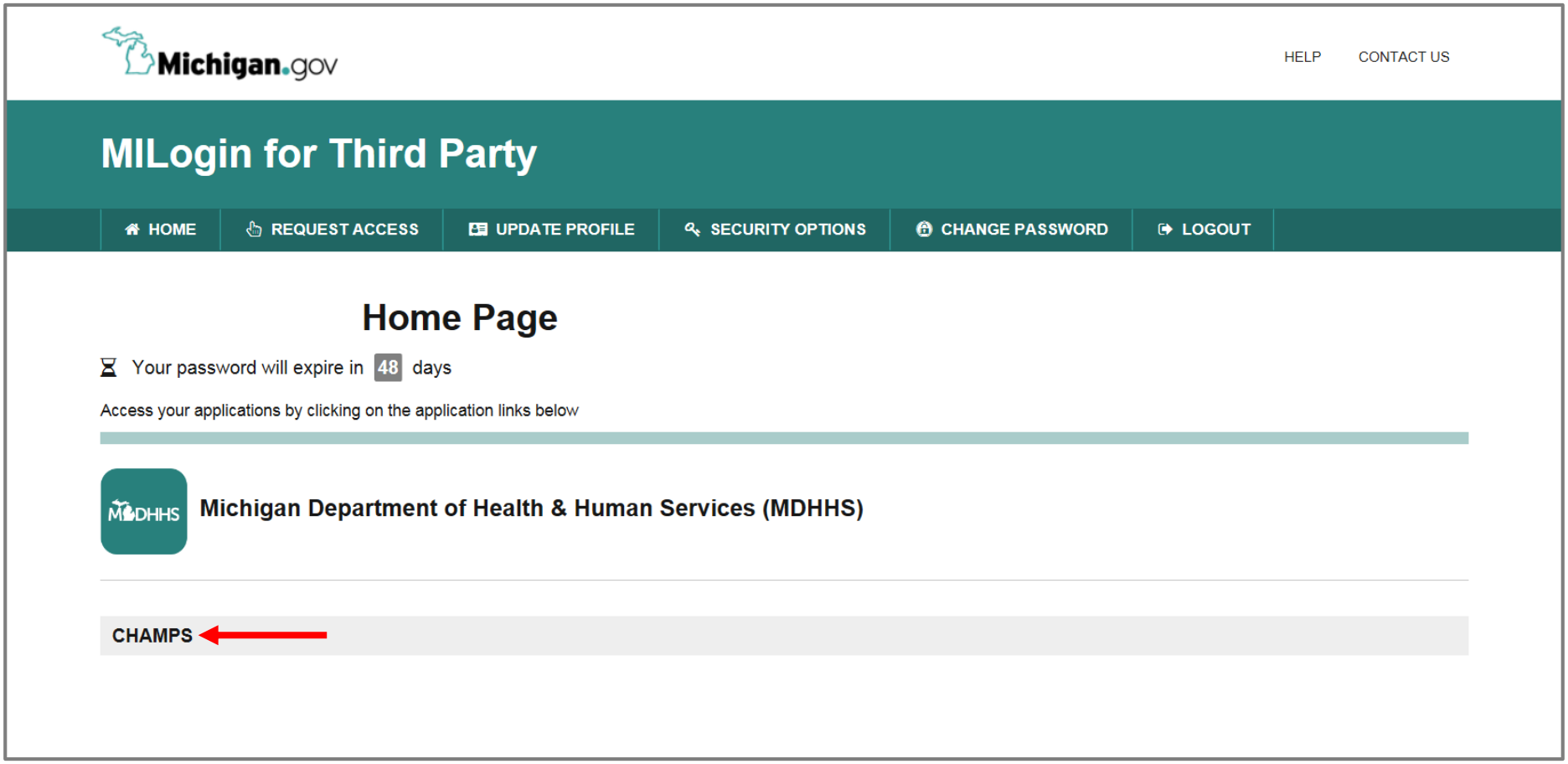

- Select the ‘I agree to the terms & conditions’ radio button
- Click Request Access



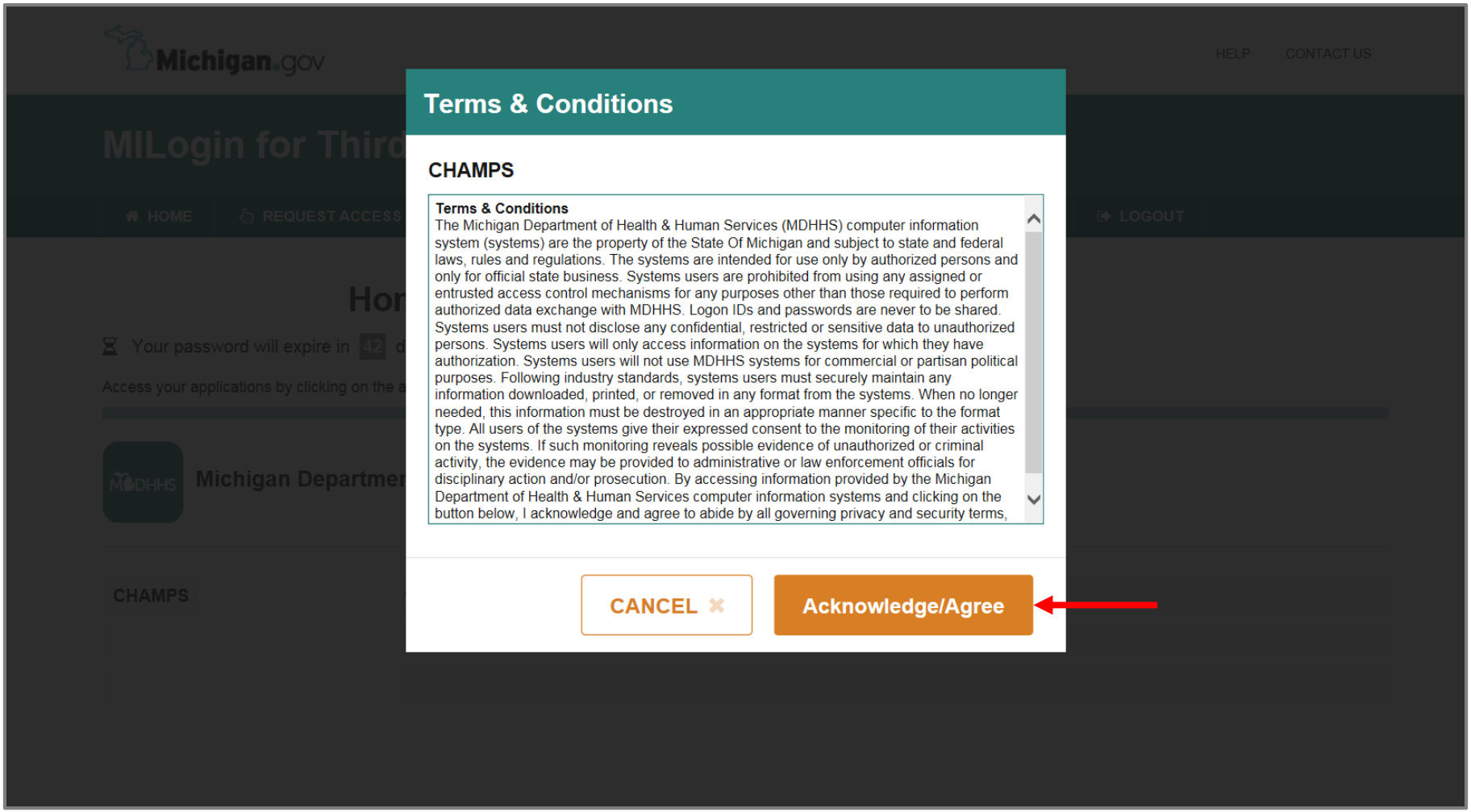

- Verify all information is correct
- Click Submit




- You will be given confirmation that your request has been submitted successfully
- Click the Home button to return to the MILogin Home Page




- You will be directed back to your MILogin Home Page
- Click the CHAMPS hyperlink




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

# New Provider Enrollment

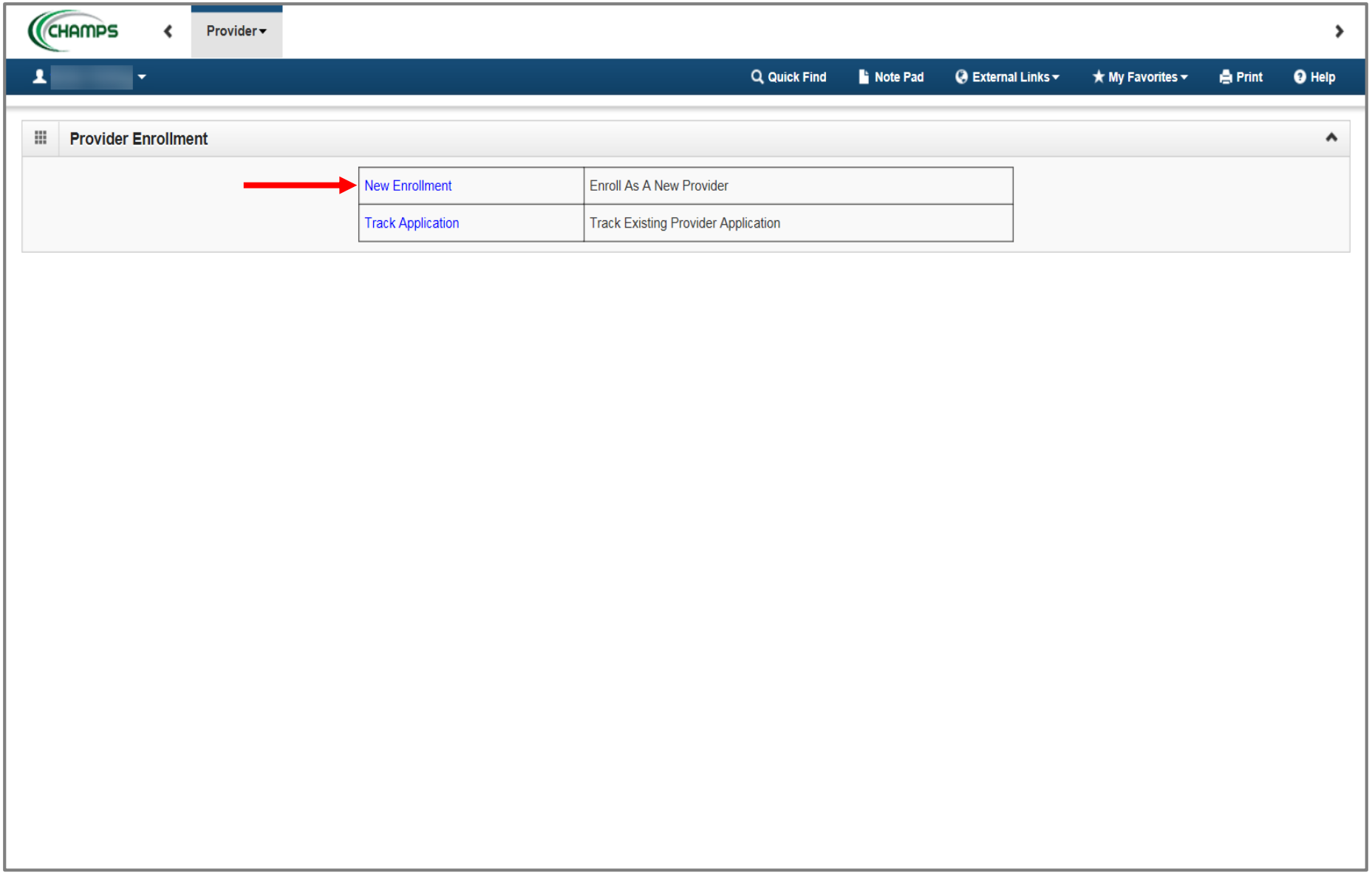
Steps on how to complete a new CHAMPS enrollment for a Group Practice (Corporation, Partnership, LLC etc.)Provider type

# Prior to enrolling in CHAMPS

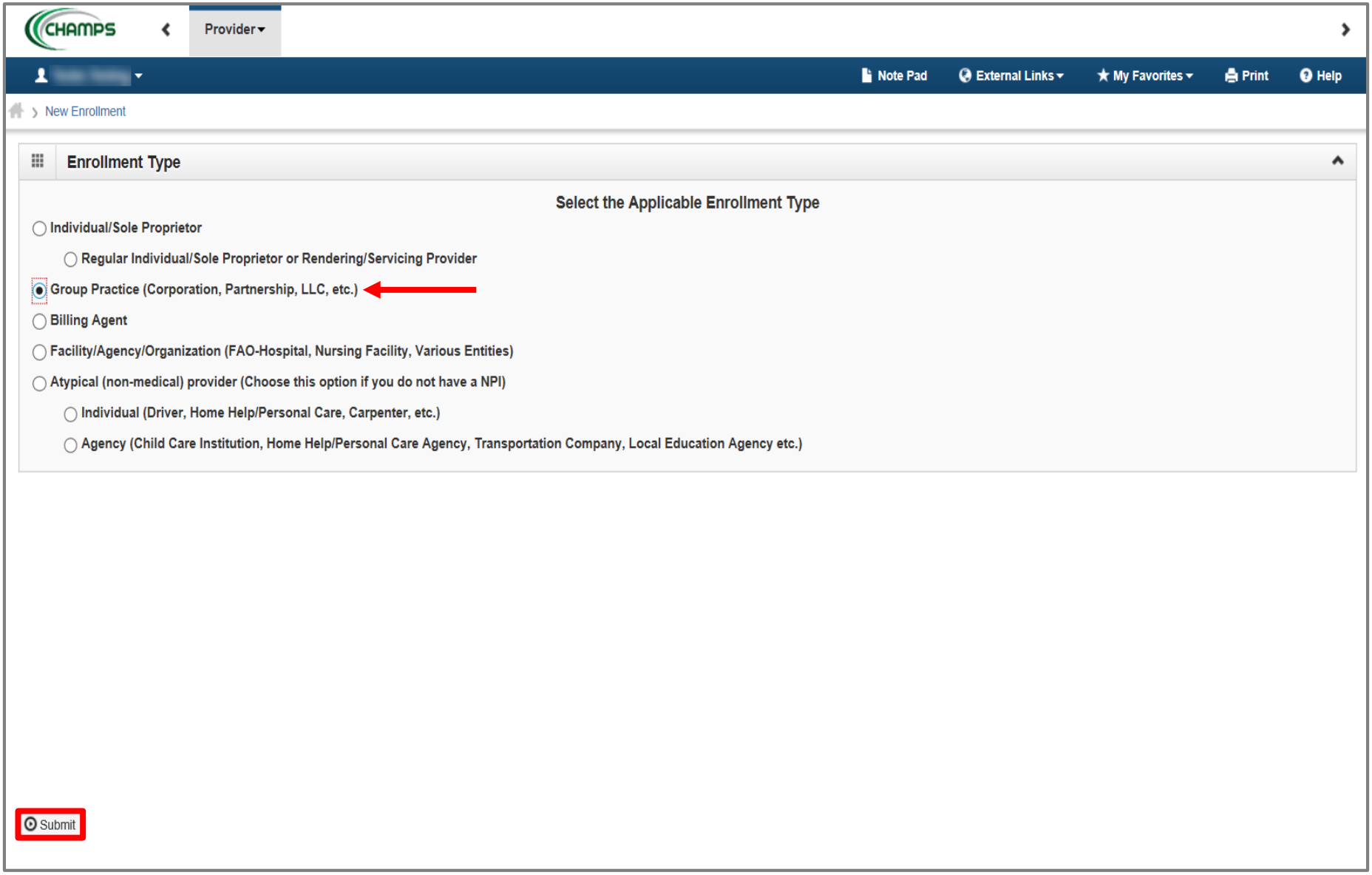
- Group providers will want to ensure they are enrolled in SIGMA VSS prior to enrolling within CHAMPS.
  - SIGMA VSS website: www.michigan.gov/SIGMAVSS
  - If you have questions regarding this current process, contact the Vendor Support Call Center at 1-888-734-9749 or email SIGMA-Vendor@Michigan.gov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

- Group providers must also be licensed prior to enrolling in CHAMPS
  - LARA: http://www.michigan.gov/lara/0,4601,7-154-72600---,00.html

MDHHS
Michigan Department of Health & Human Services

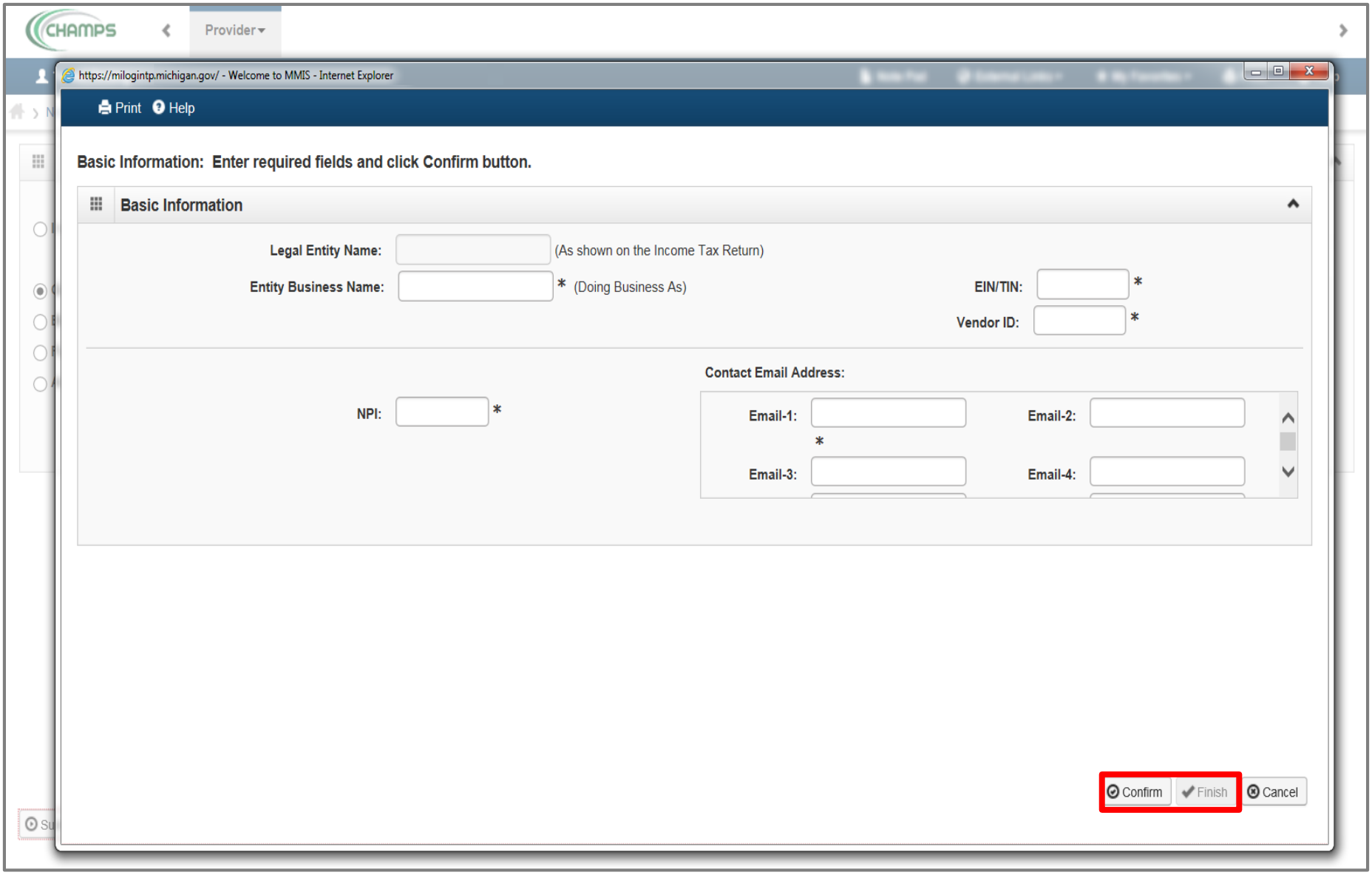



- Click New Enrollment

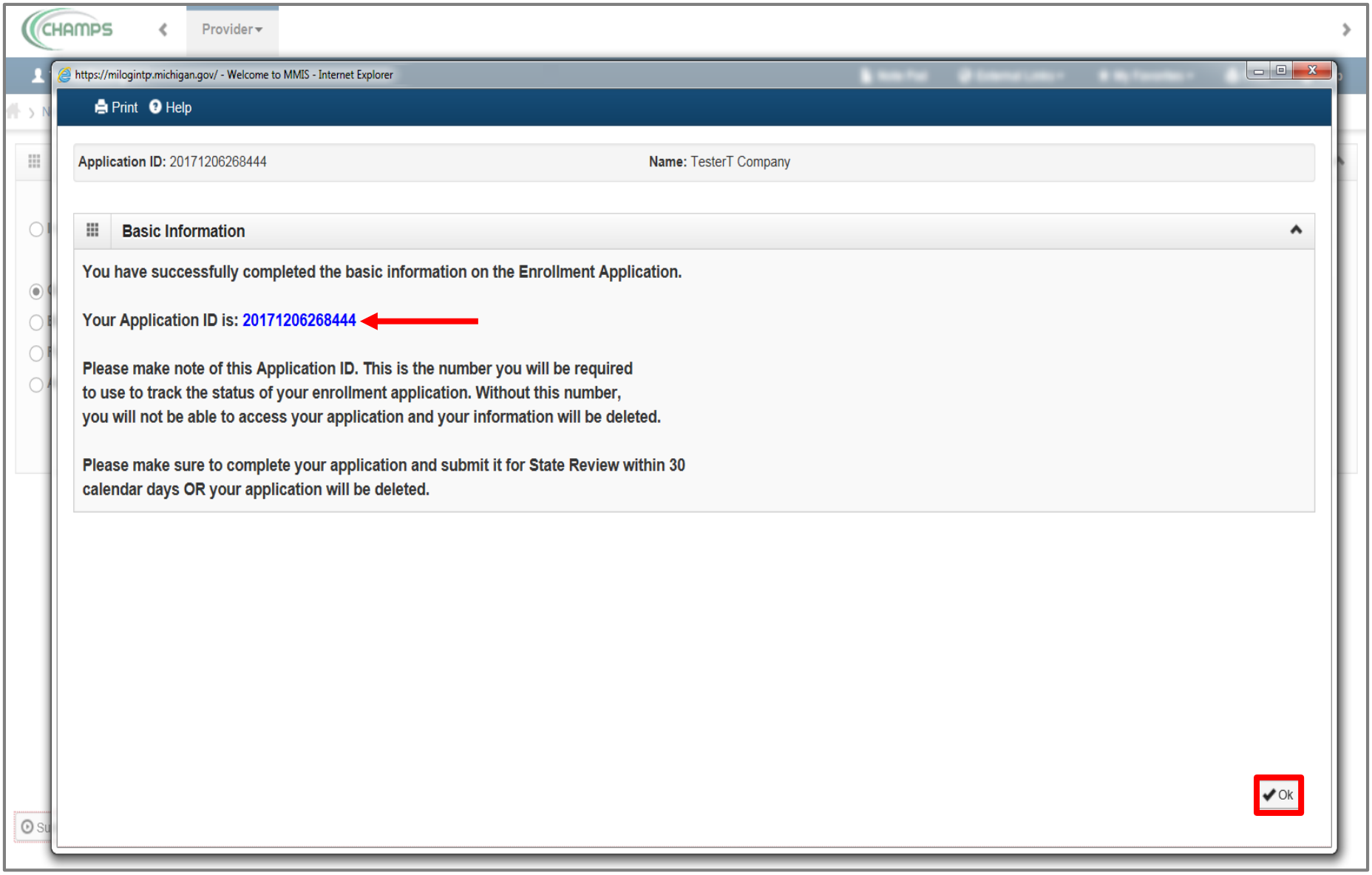



- Select Group Practice (Corporation, Partnership, LLC, etc.)
- Click Submit

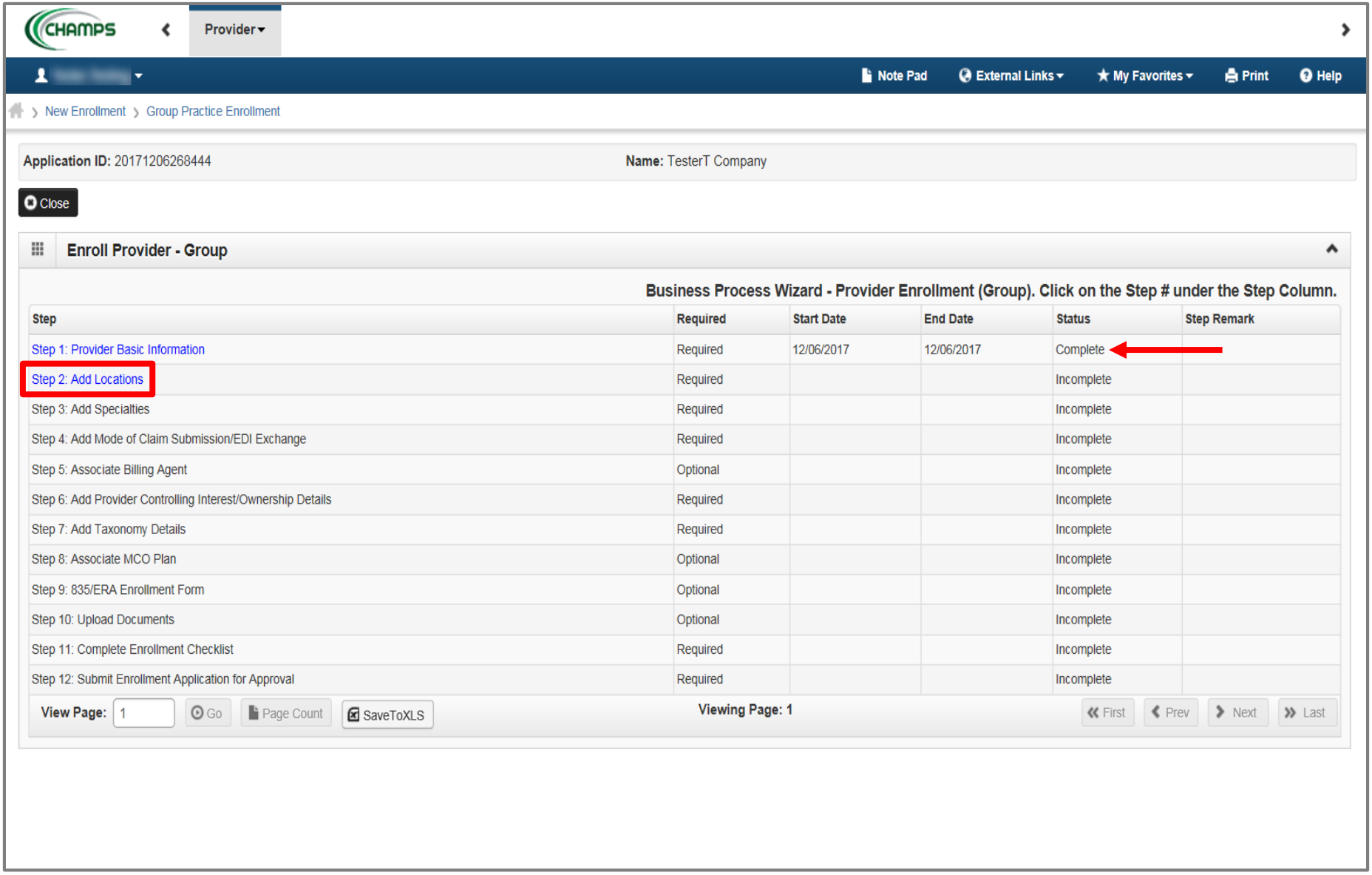
MDHHS
Michigan Department of Health & Human Services



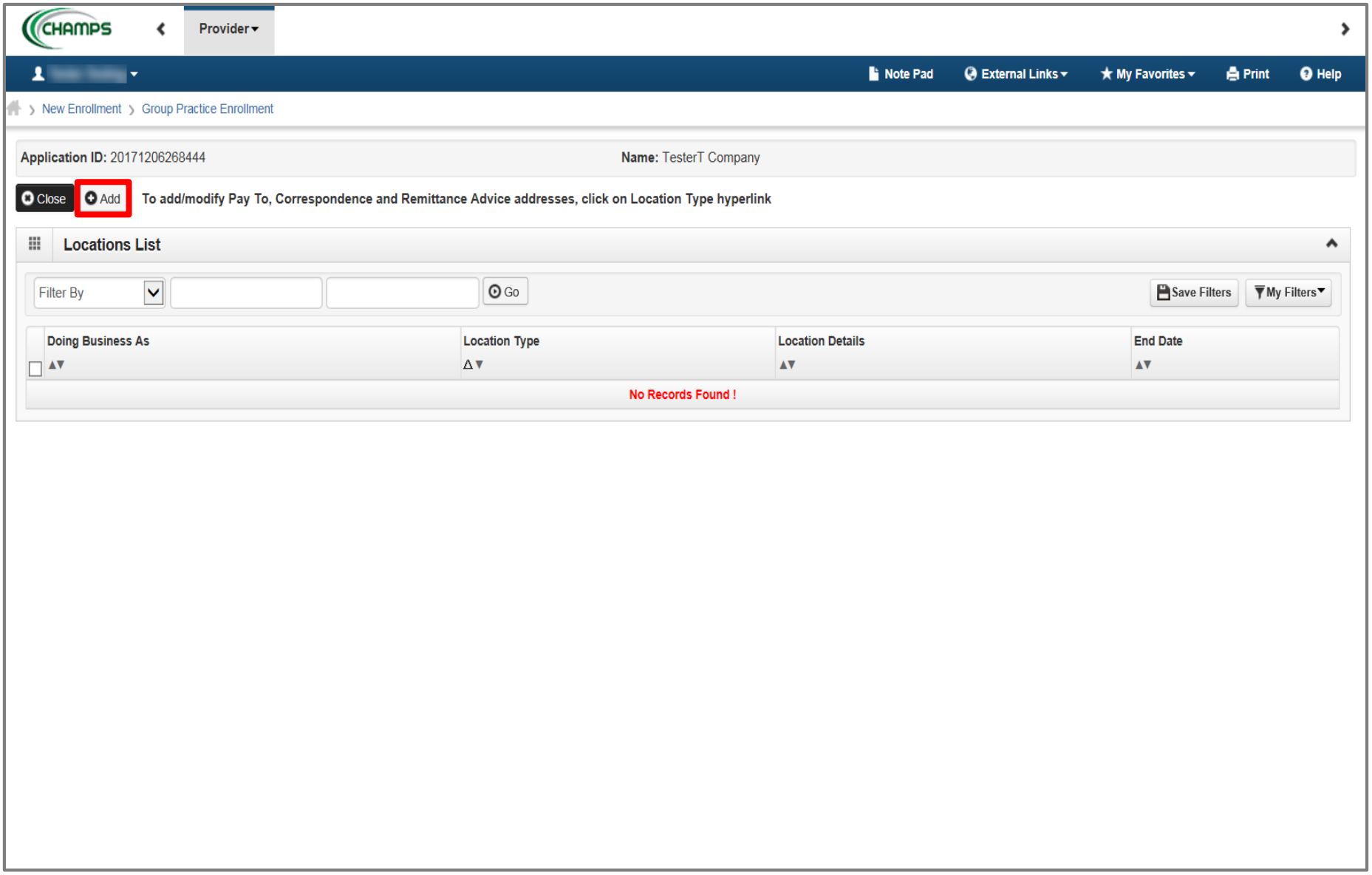

- Complete all fields marked with an asterisk (*)
- Click Confirm
- Click Finish



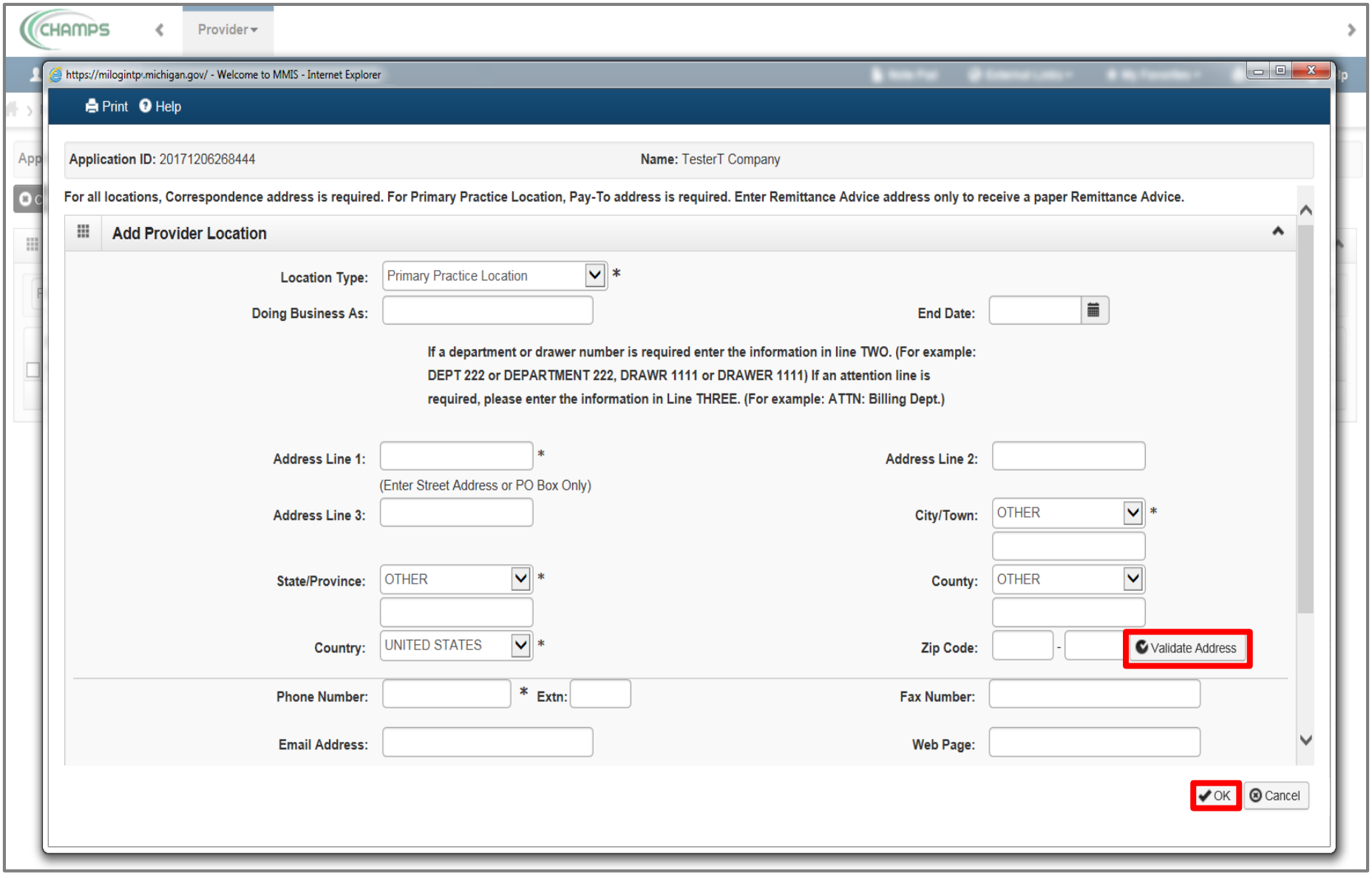

- Confirmation, Basic Information is complete
- Take note of the Application ID, as this is used to track your application status
- Click Ok



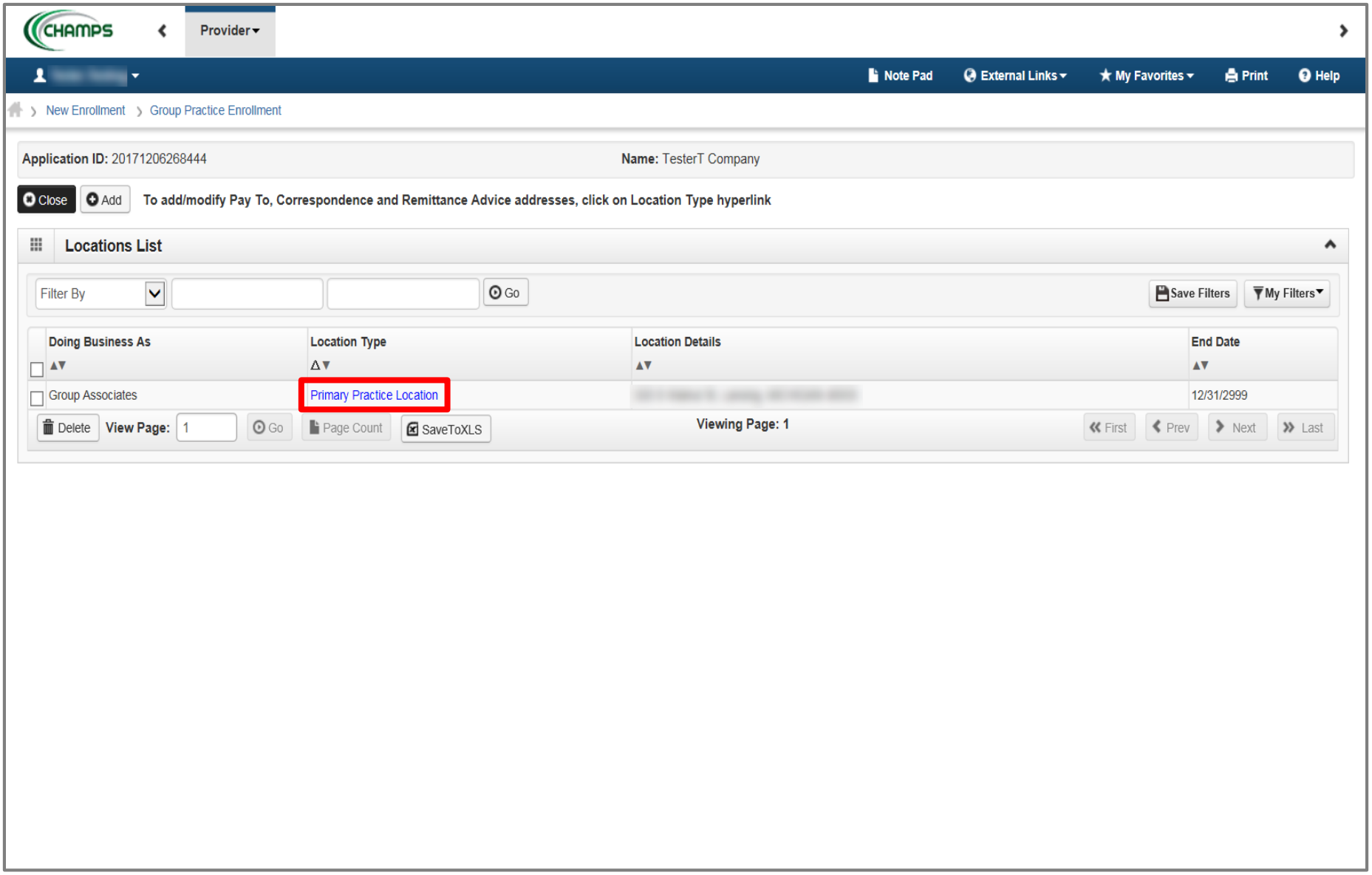

- Group Provider Enrollment steps are listed *(Please Note: some steps are required versus optional)*
- Step 1 has a status of Complete
- Click on Step 2: Add Locations




- Click Add, to enter Primary Location information

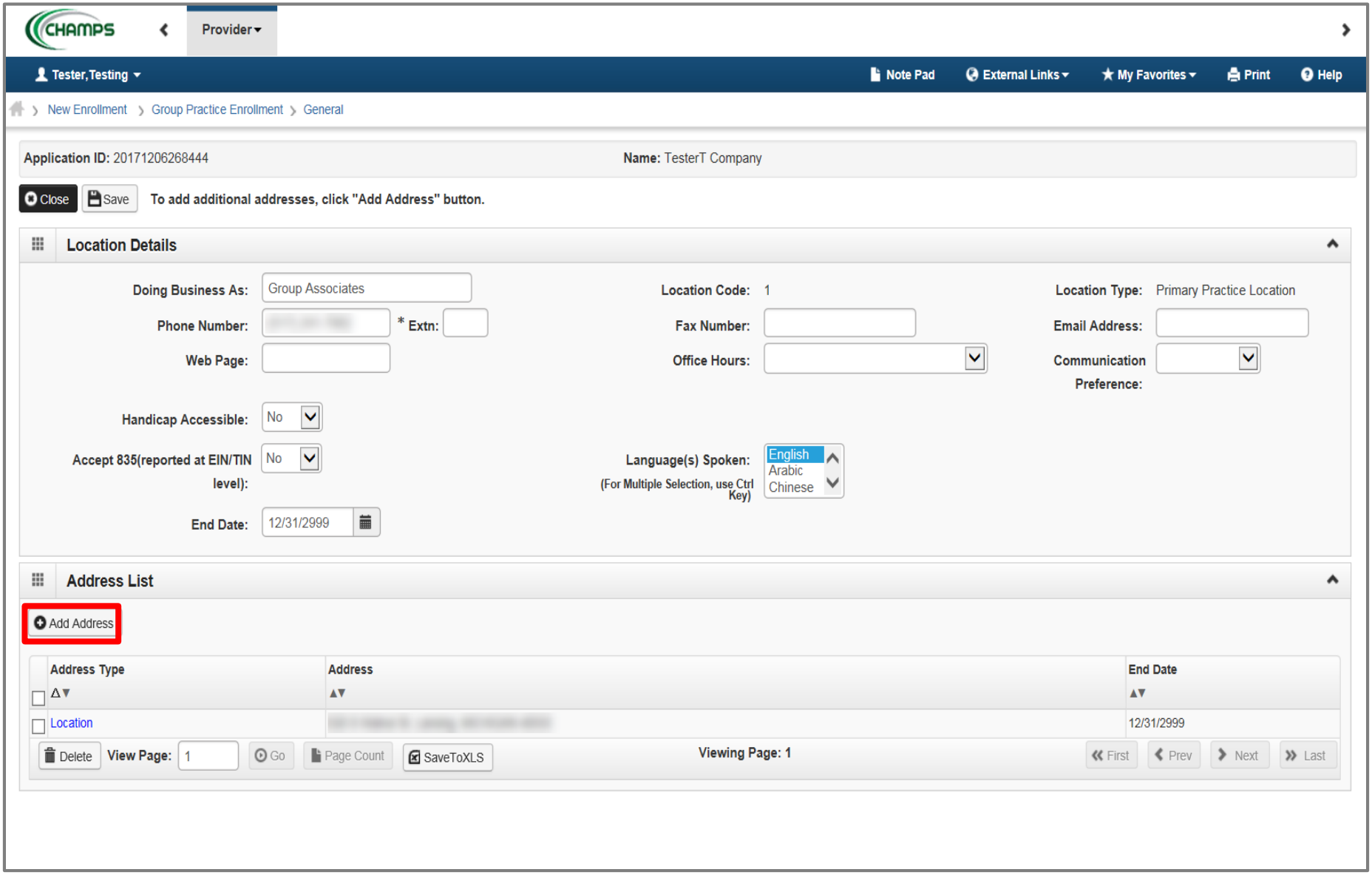



- Complete Address Line 1 and Zip Code, click Validate Address
  *(Please Note: you should receive confirmation "Address Validation Successful")*
- Complete all fields marked with an asterisk (*)
- Click Ok

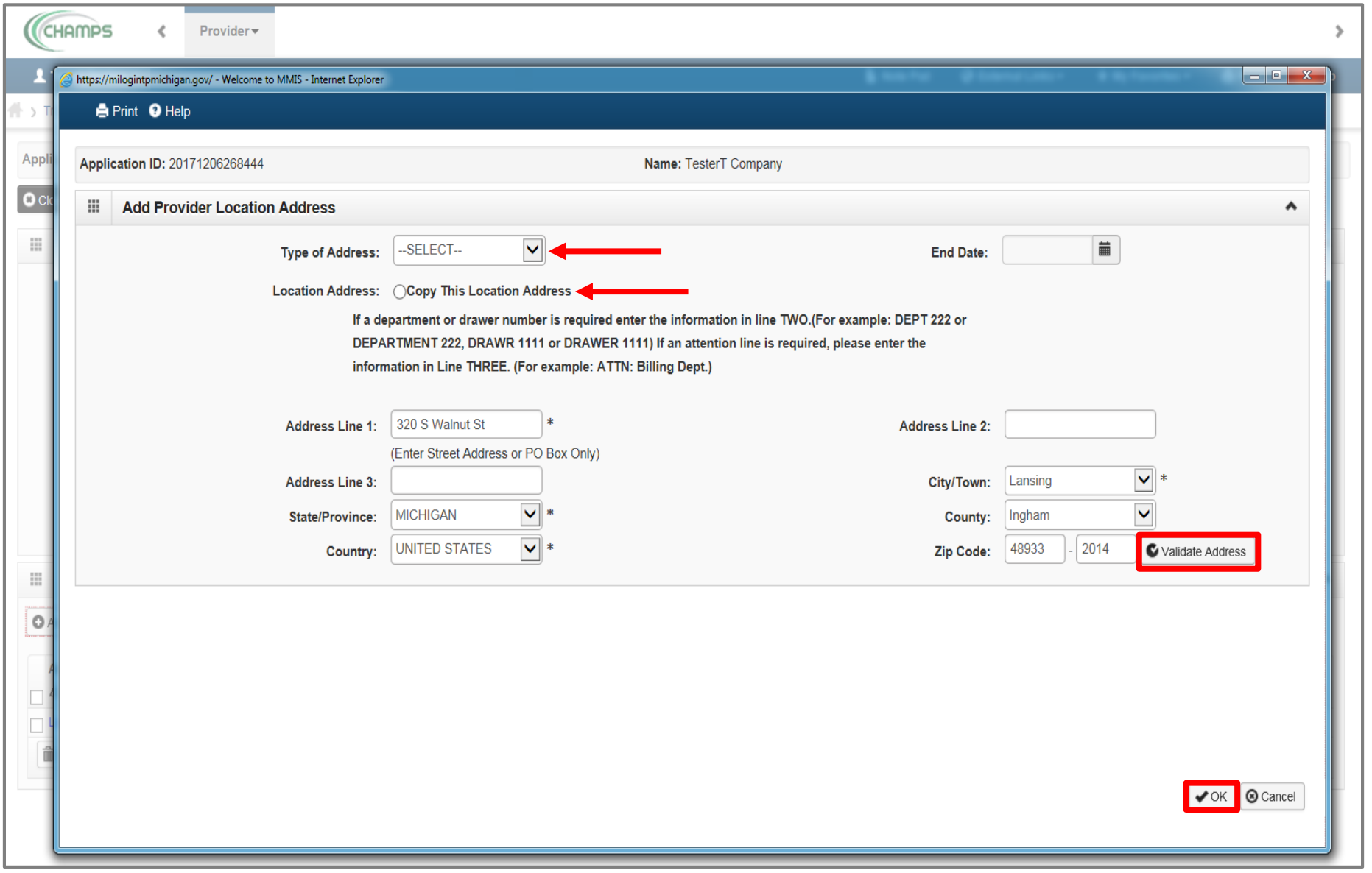



- Click Primary Practice Location to add Pay-To address

*(Please Note: Correspondence address is required for all locations. Enter Remittance Advise address only to receive a paper Remittance Advice)*



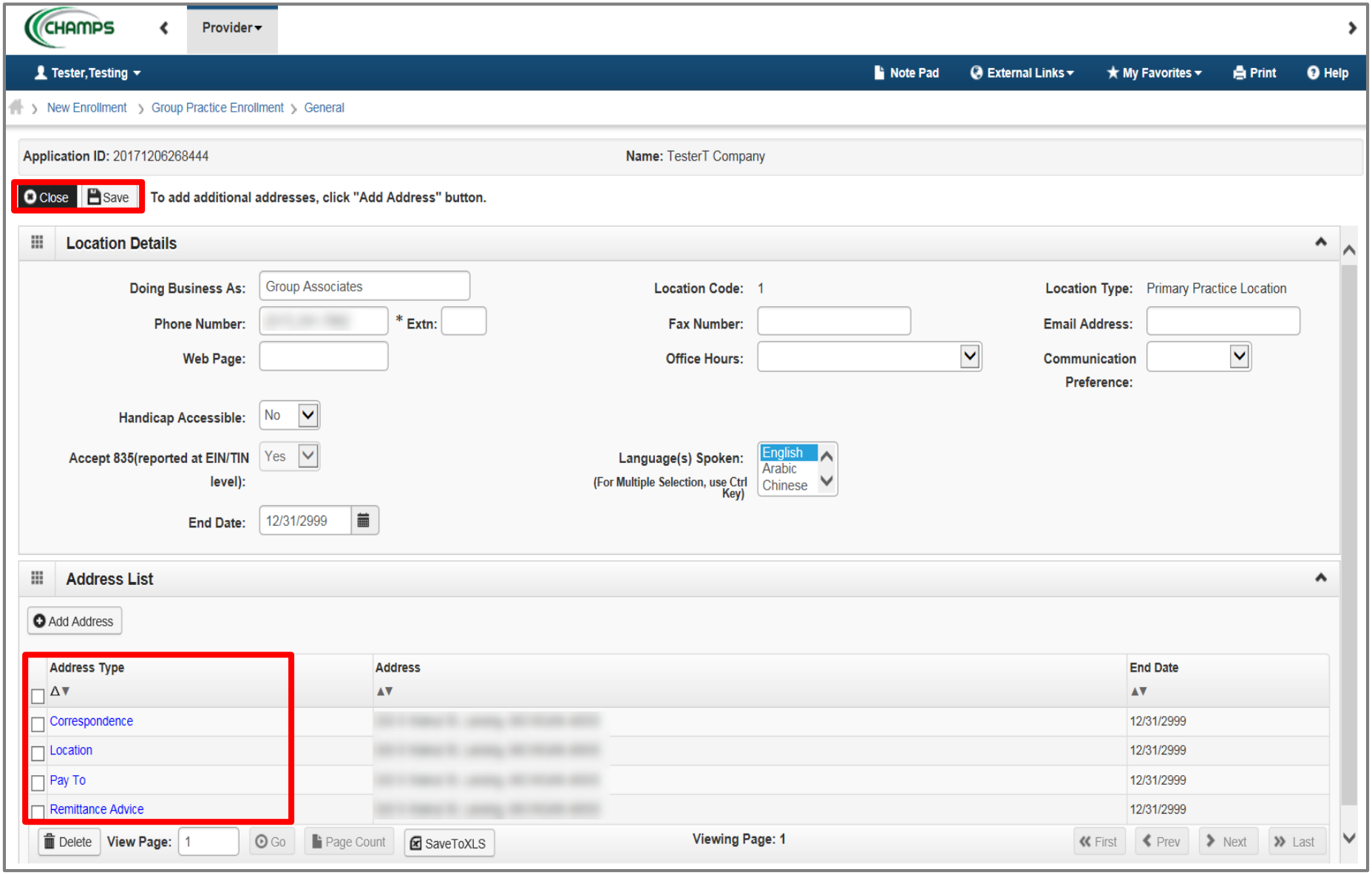

- Click Add Address




- From the drop-down list, select Type of Address
- Complete all fields marked with an asterisk (*)
- Click Validate Address

*(Please Note: you should receive confirmation "Address Validation Successful")*

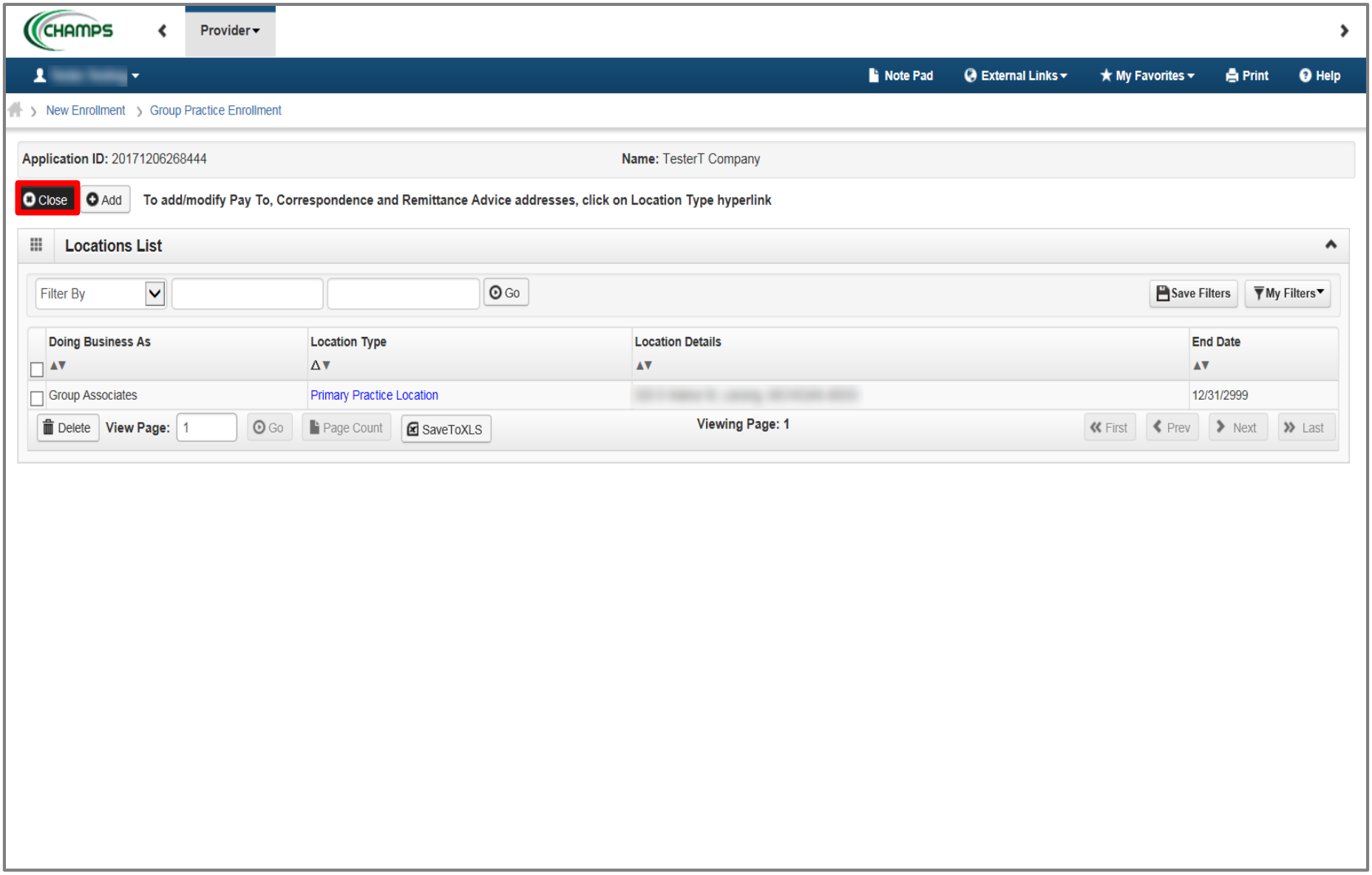
- Click Ok



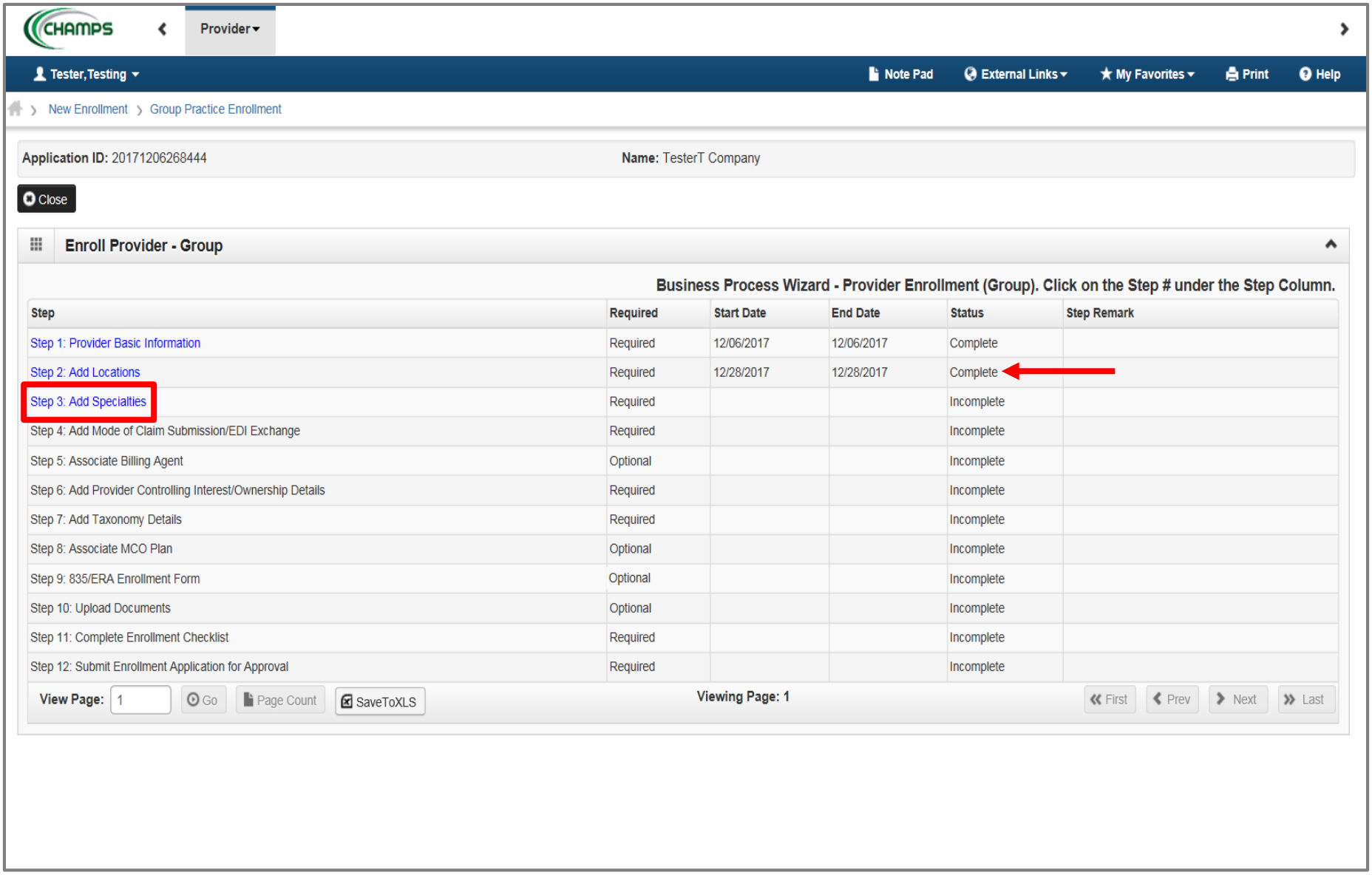

- When all address locations are complete, click Save

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

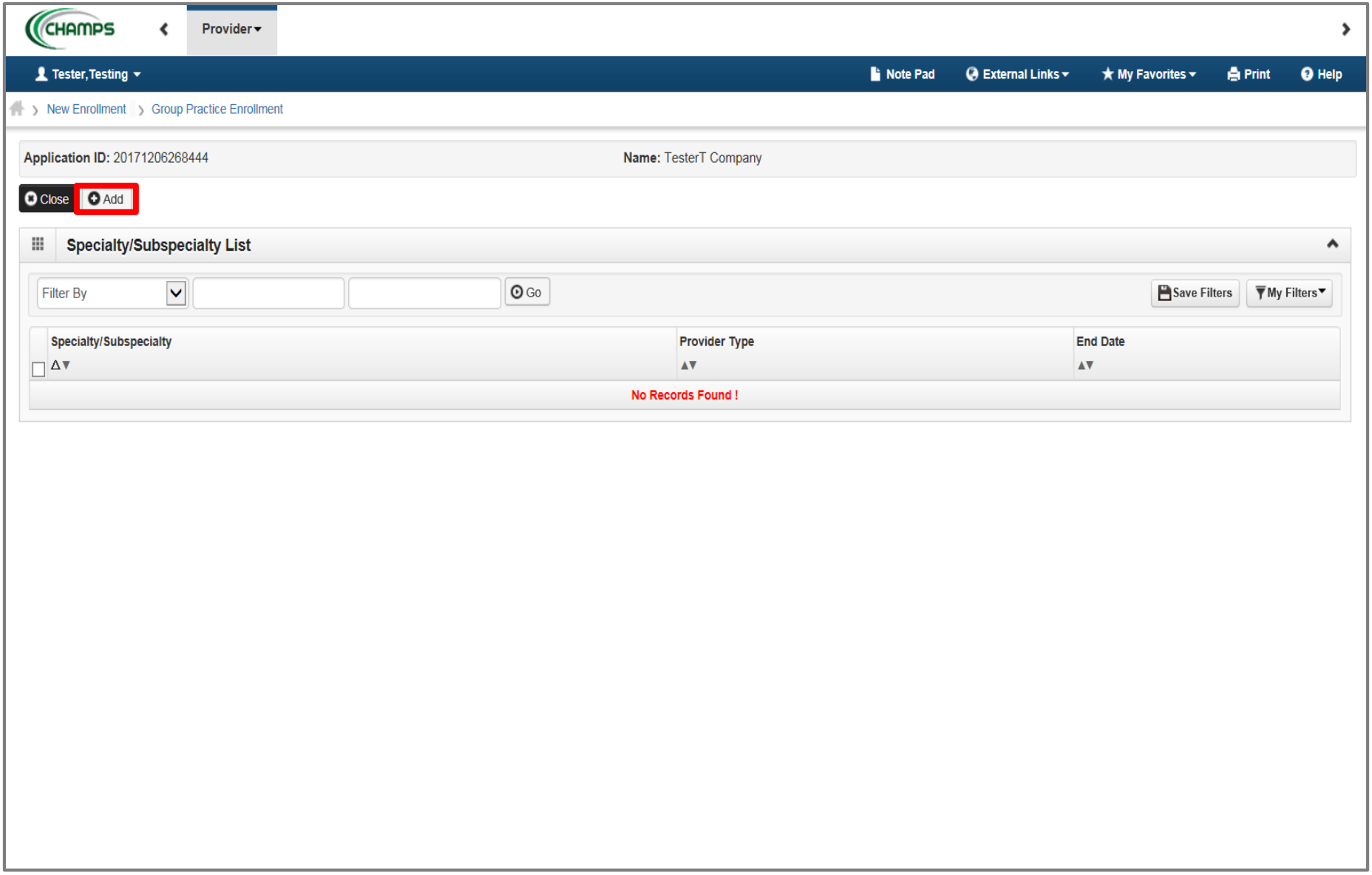
- Click Close



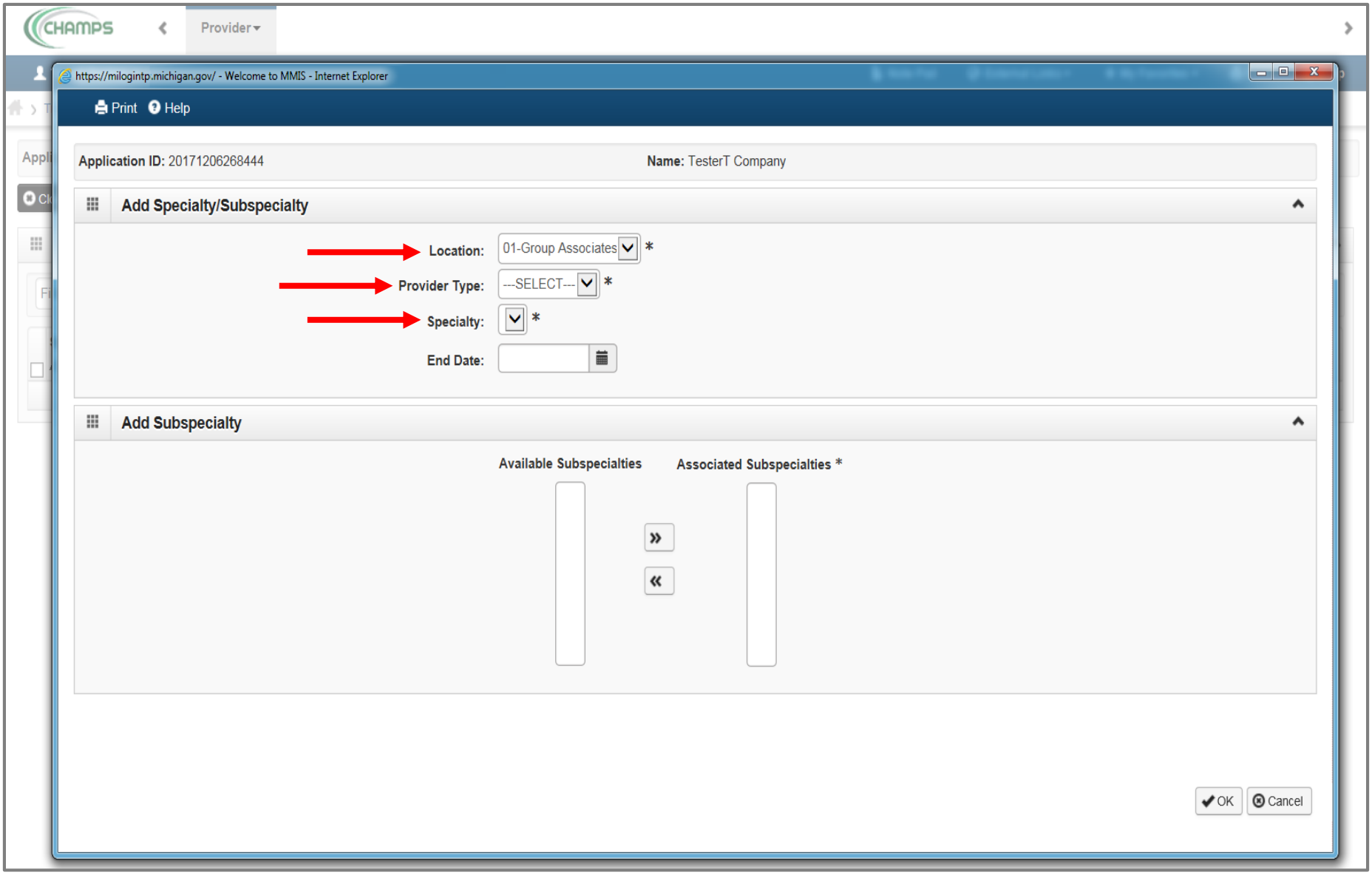

- Click Close




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

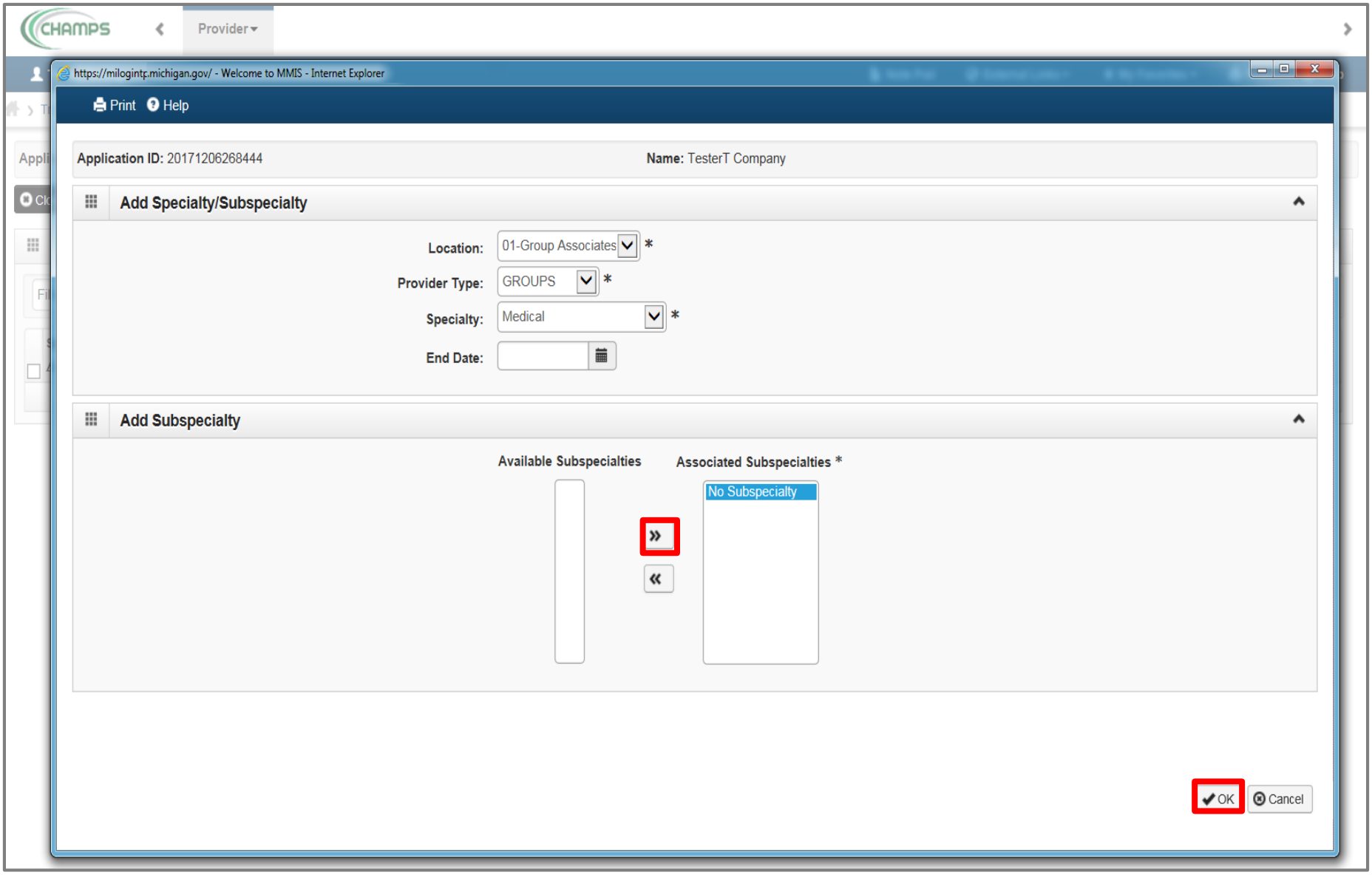



- Click Add



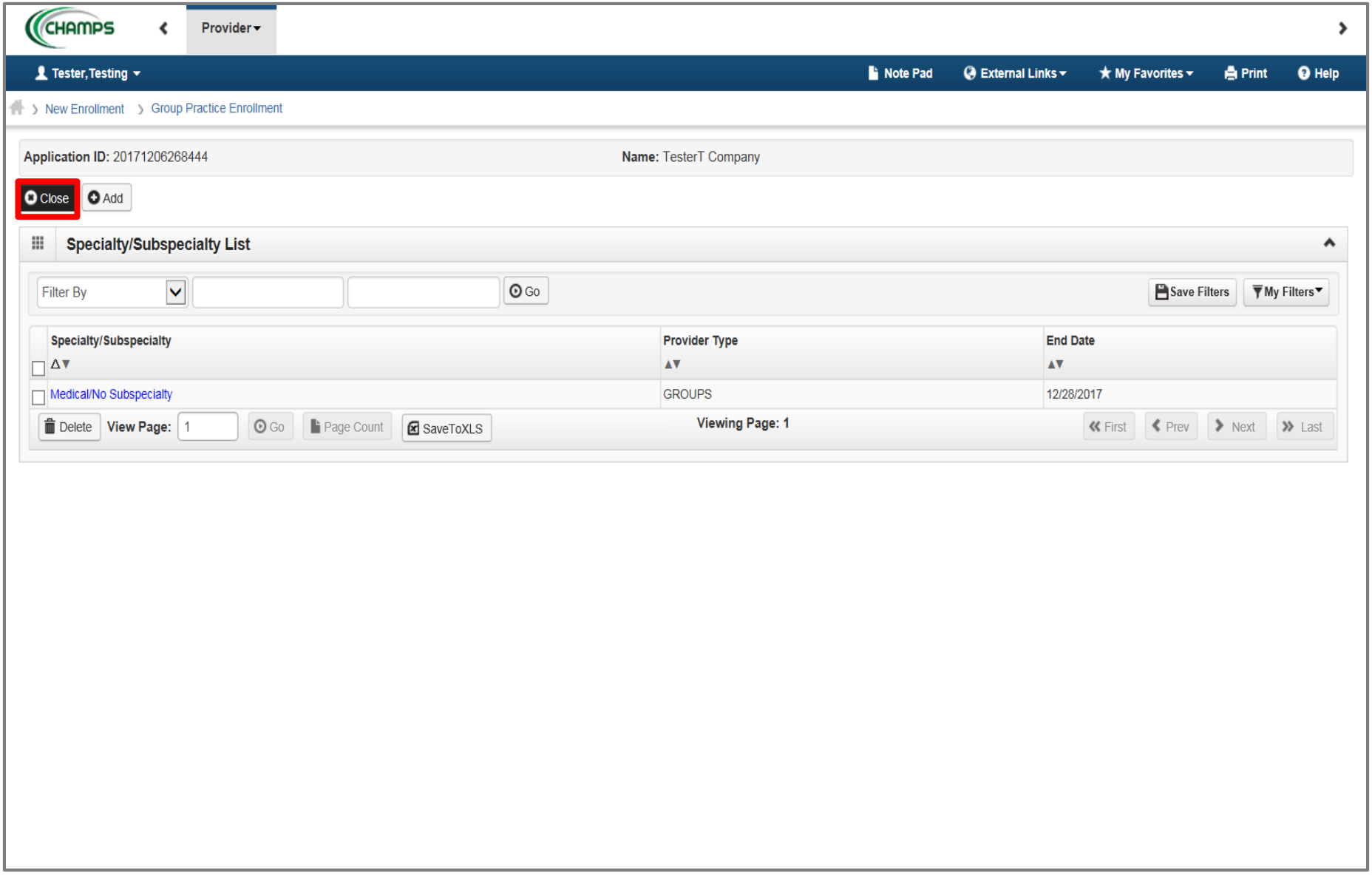

- Choose appropriate Location, Provider Type, and Specialty

  *(Please Note: There is no need to fill in an End Date)*
- Dependent on the Specialty chosen, Available Subspecialties will populate

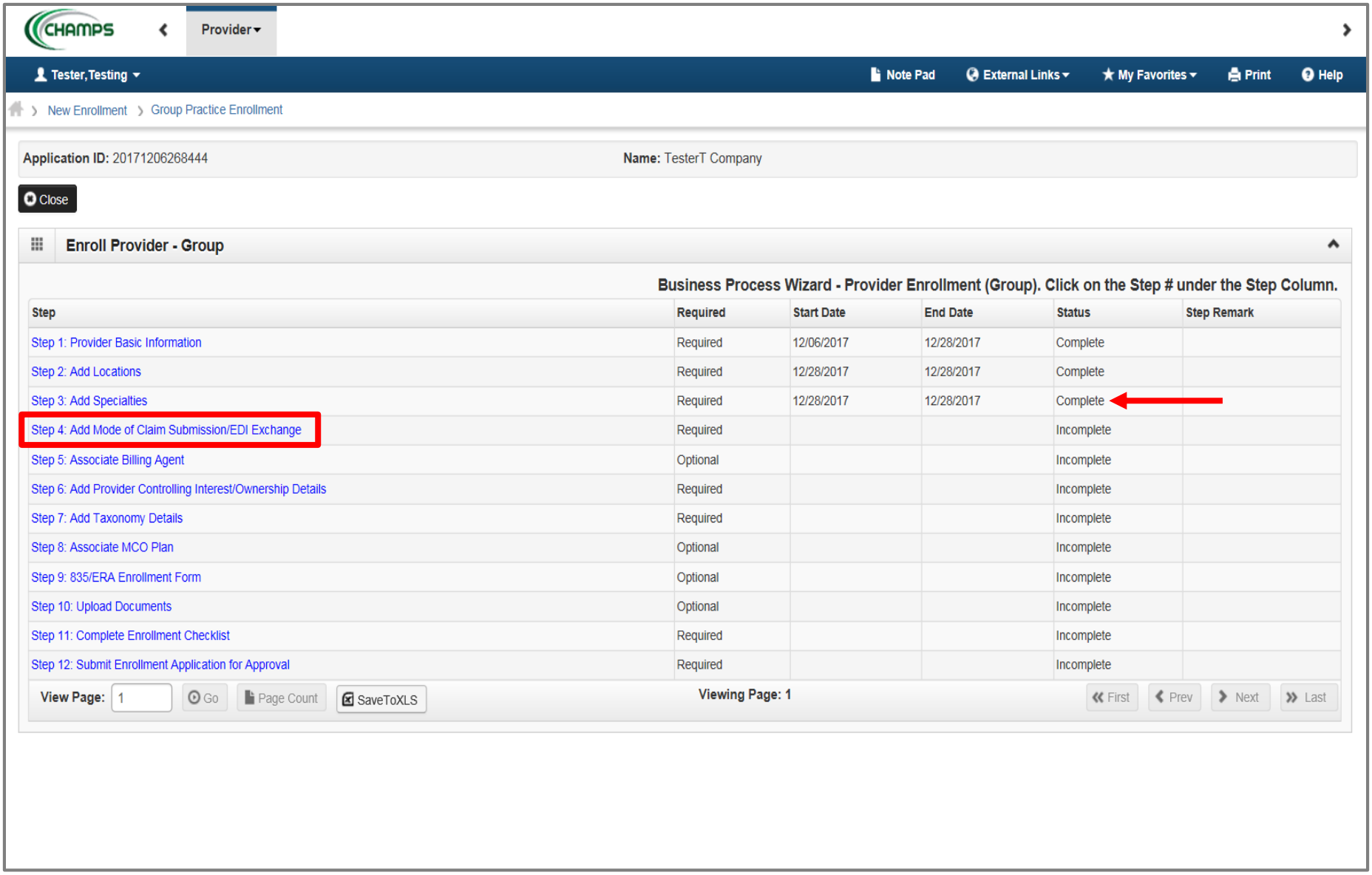



- When Provider Type and Specialty have been chosen, the available subspecialties will be listed
- Select Available Subspecialties, click >> to add to Associated Subspecialties list
- When complete, click Ok

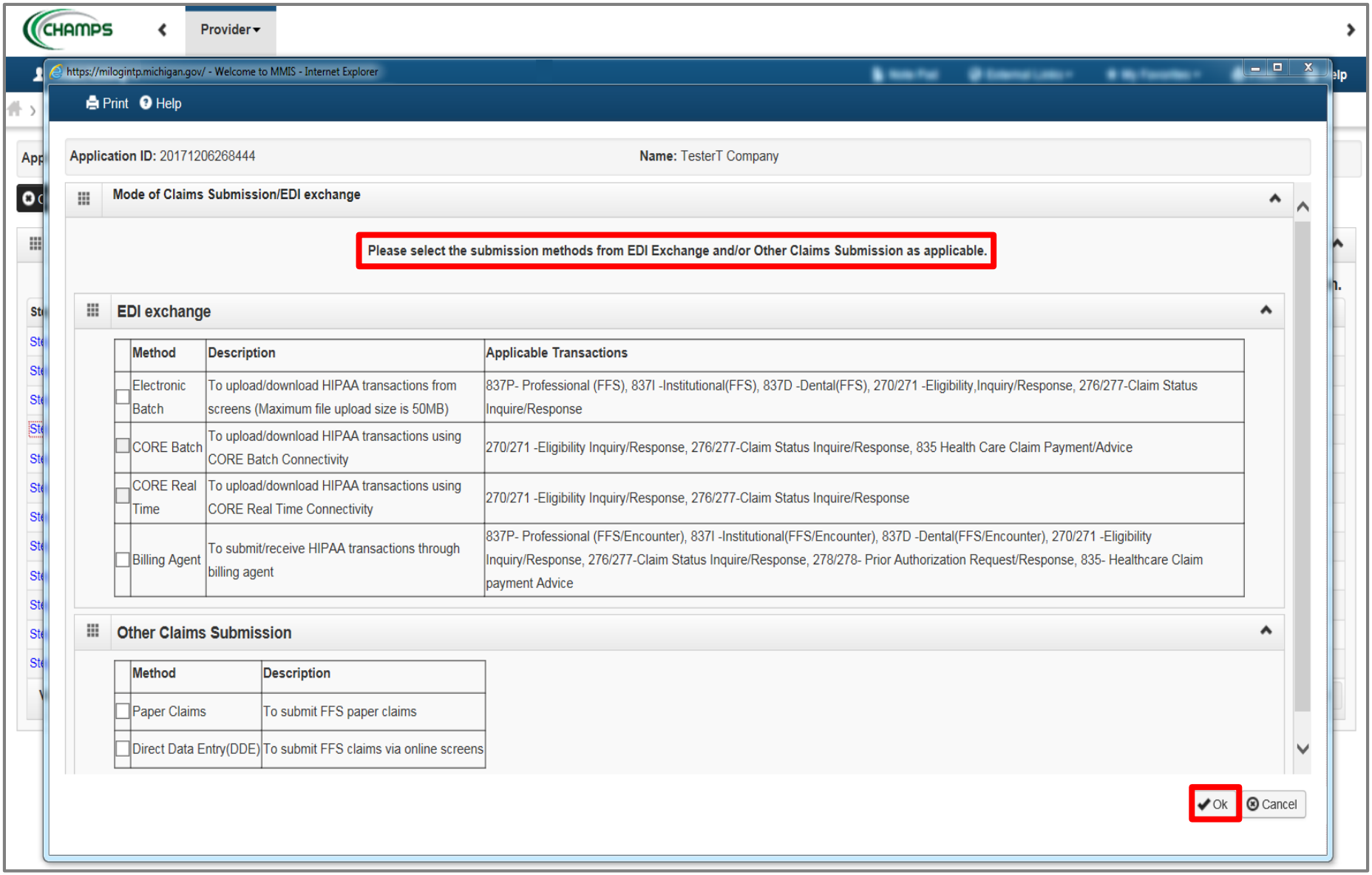
MDHHS
Michigan Department of Health & Human Services



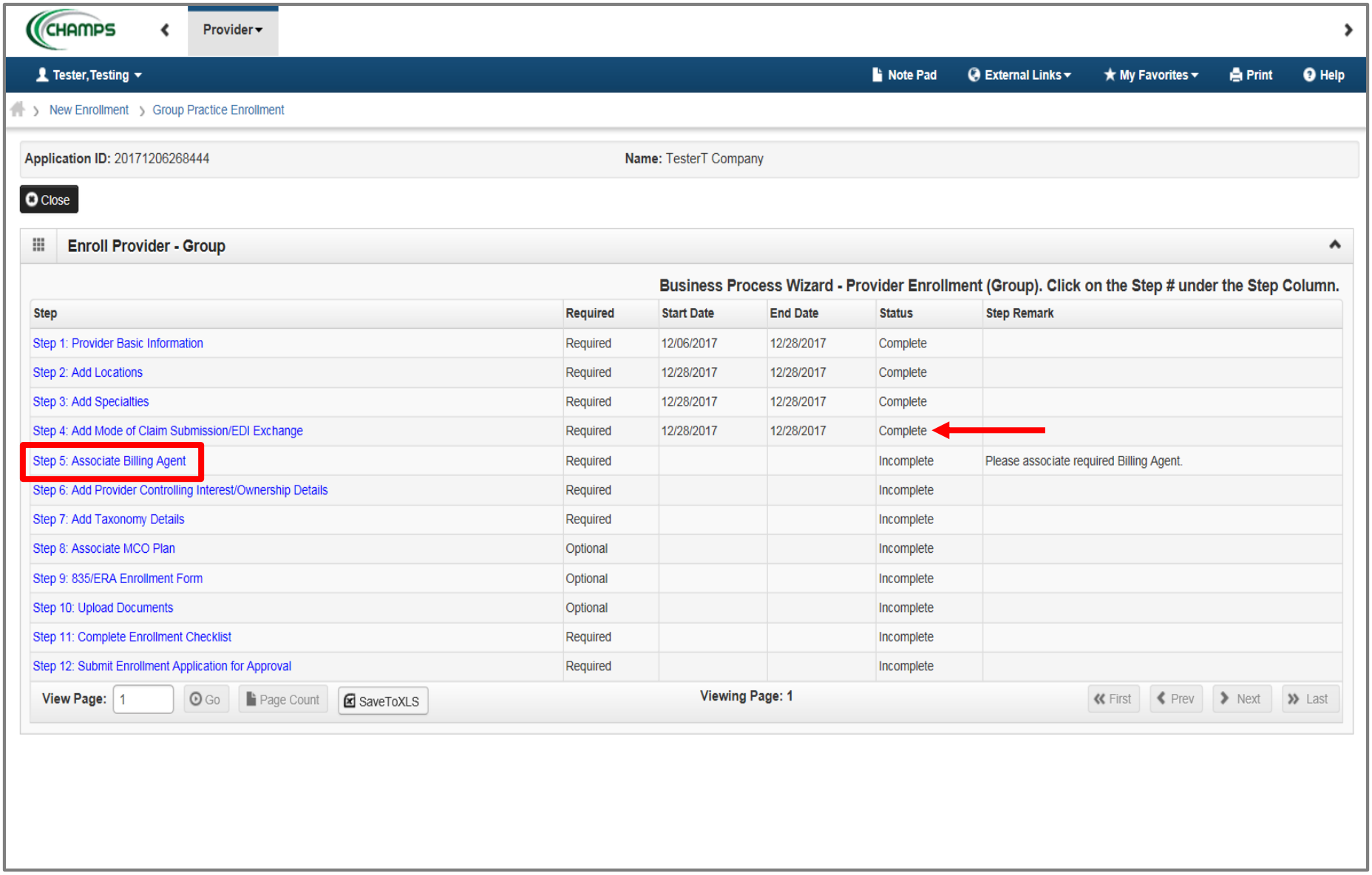

- Once all Specialties/Subspecialties have been added, click Close



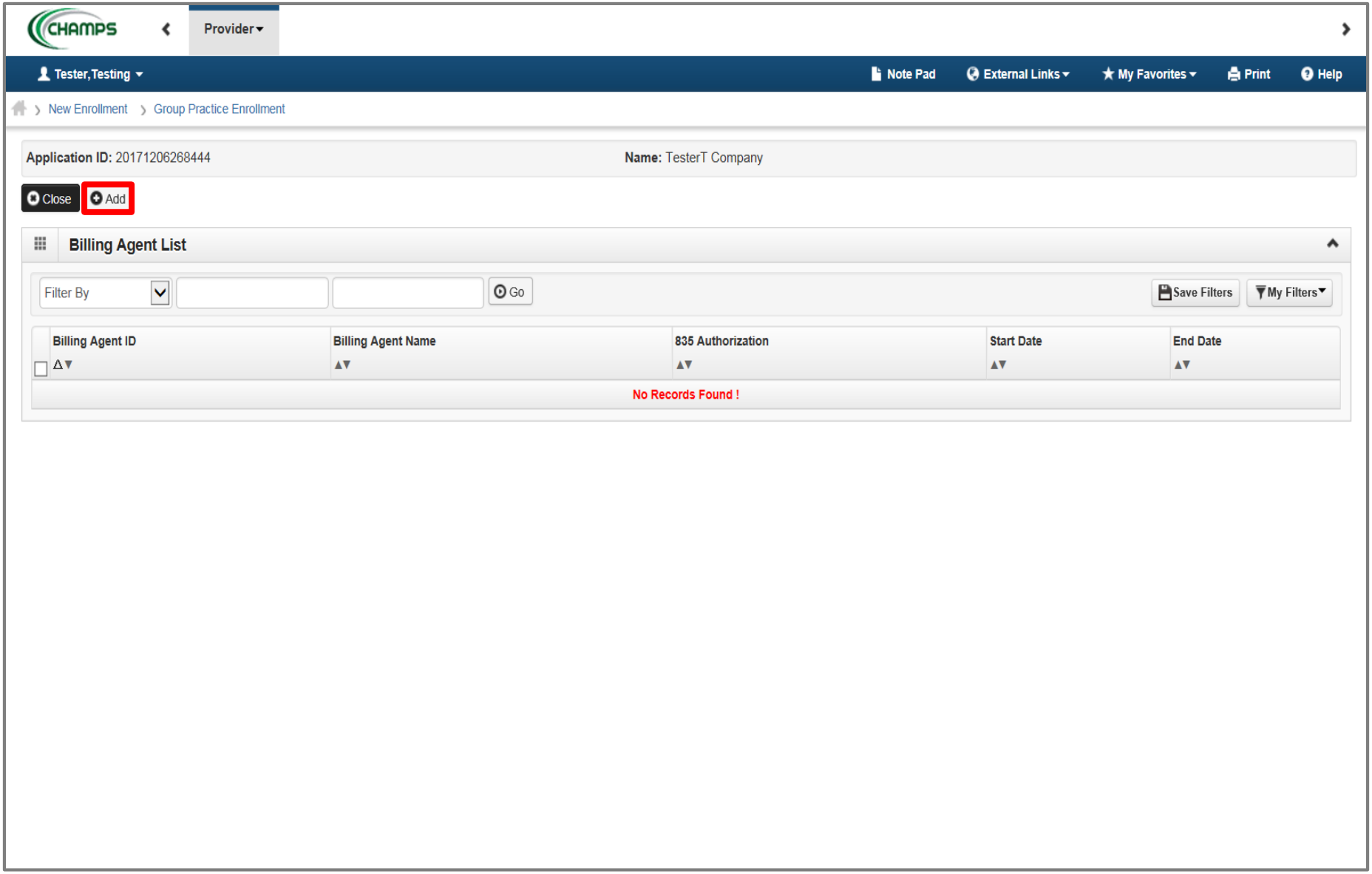

- Step 3 is complete
- Click on Step 4: Add Mode of Claim Submission/EDI Exchange



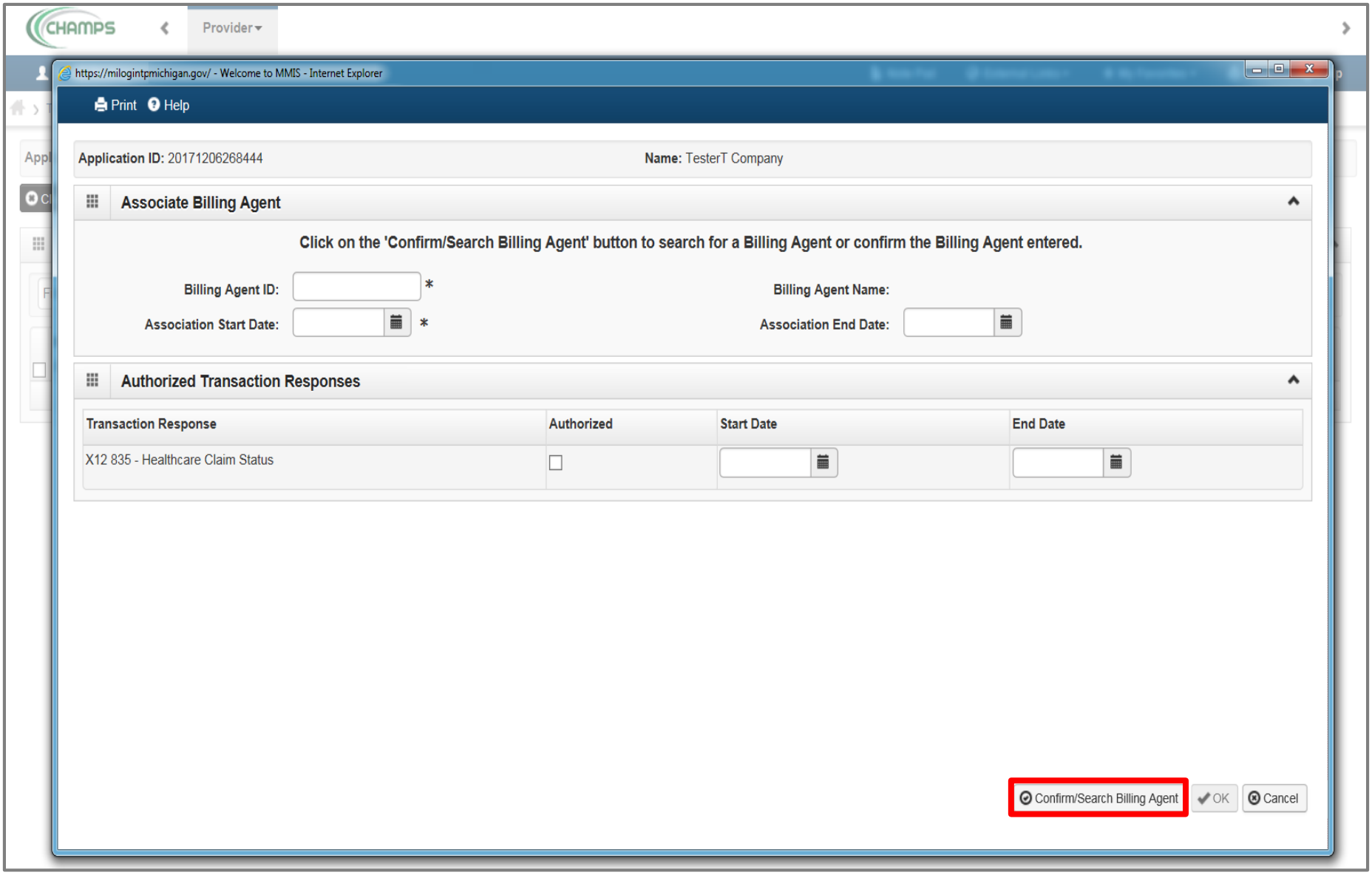

- Under EDI exchange select appropriate claim submission method(s)
- Under Other Claims Submission select appropriate claim submission method(s)
- Click Ok




- Step 4 is complete
- Click on Step 5:  Associate Billing Agent

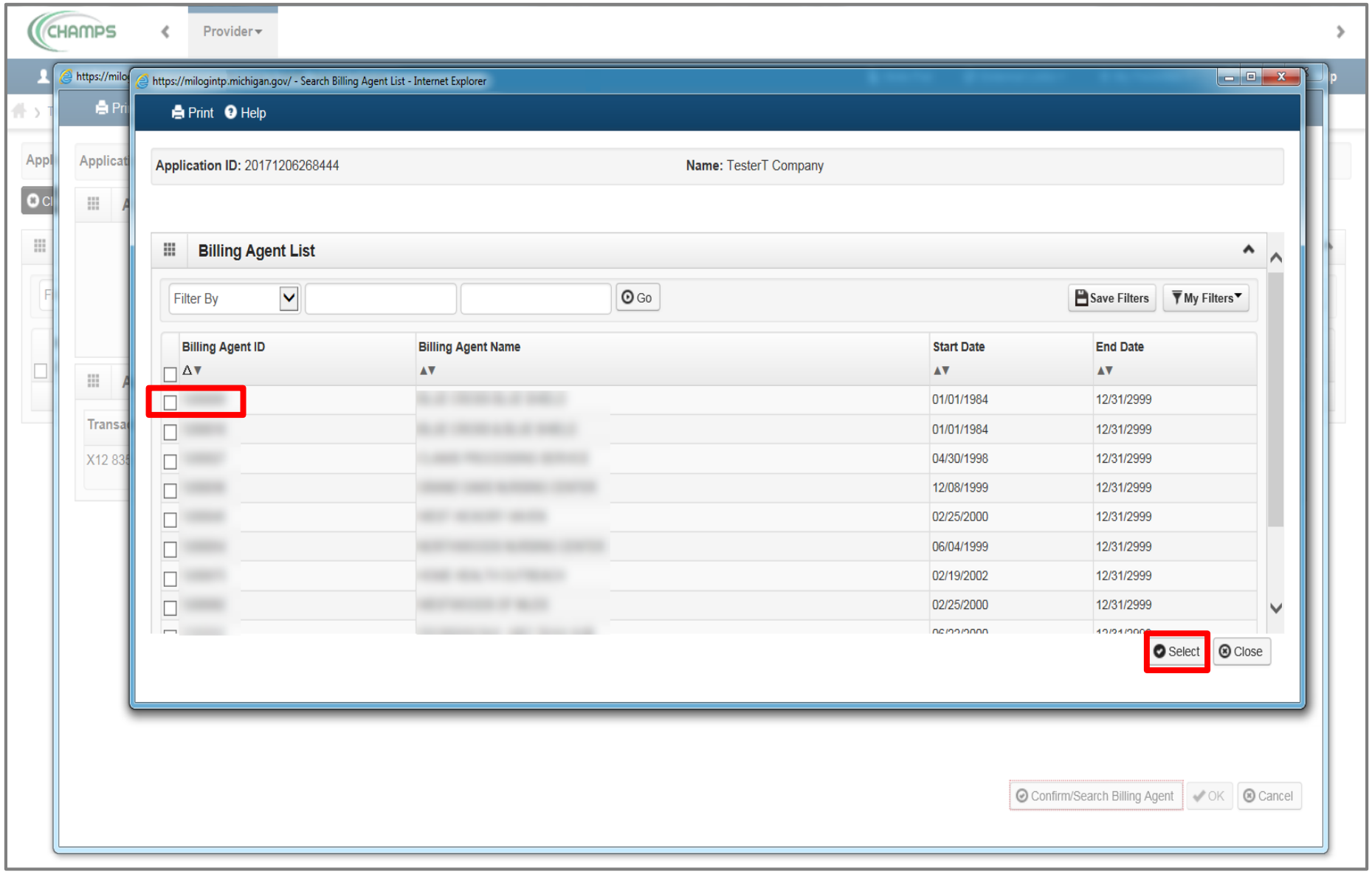



- Click Add



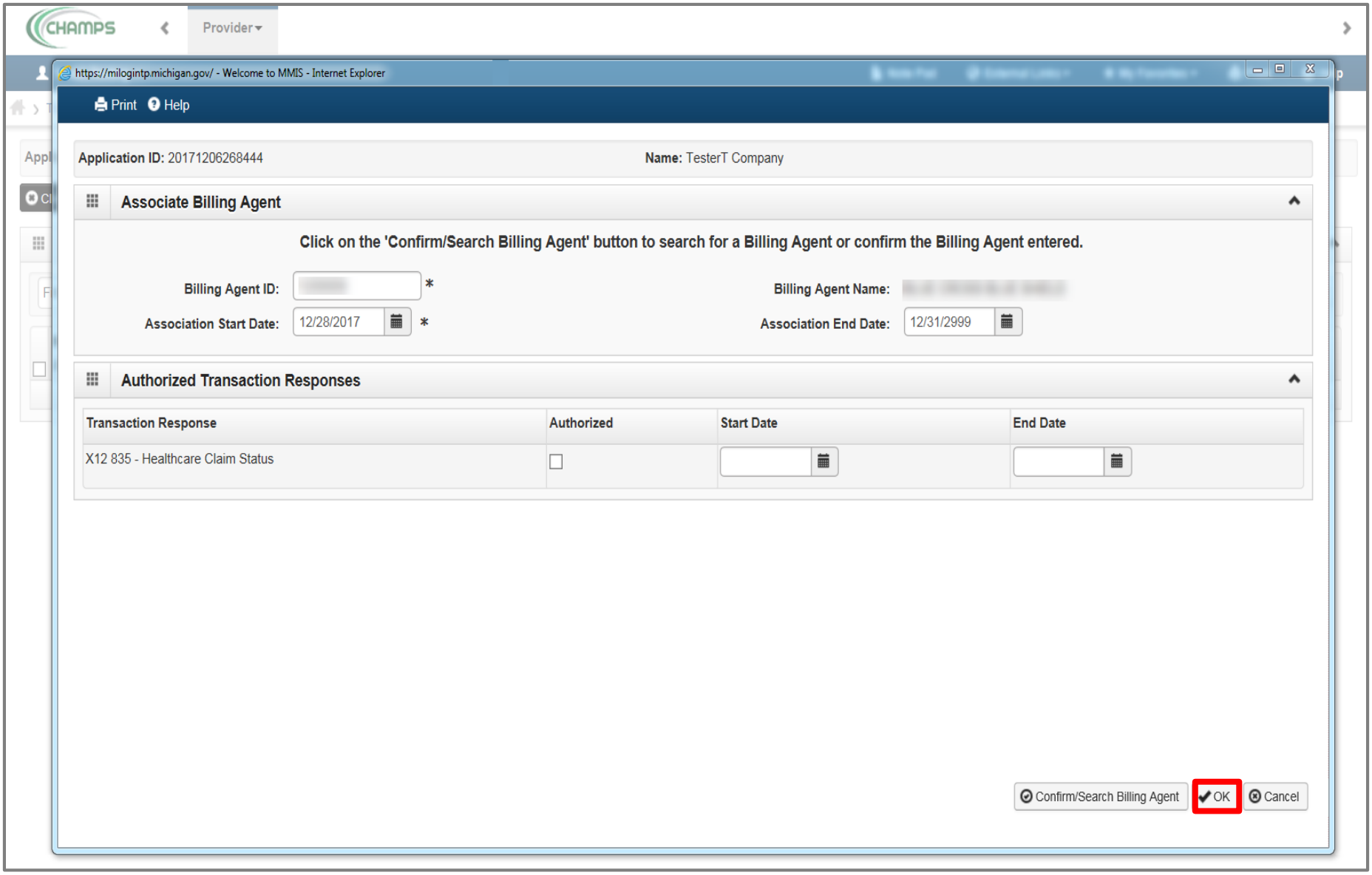

- To locate Billing Agent information, click Confirm/Search Billing Agent

MDHHS
Michigan Department of Health & Human Services

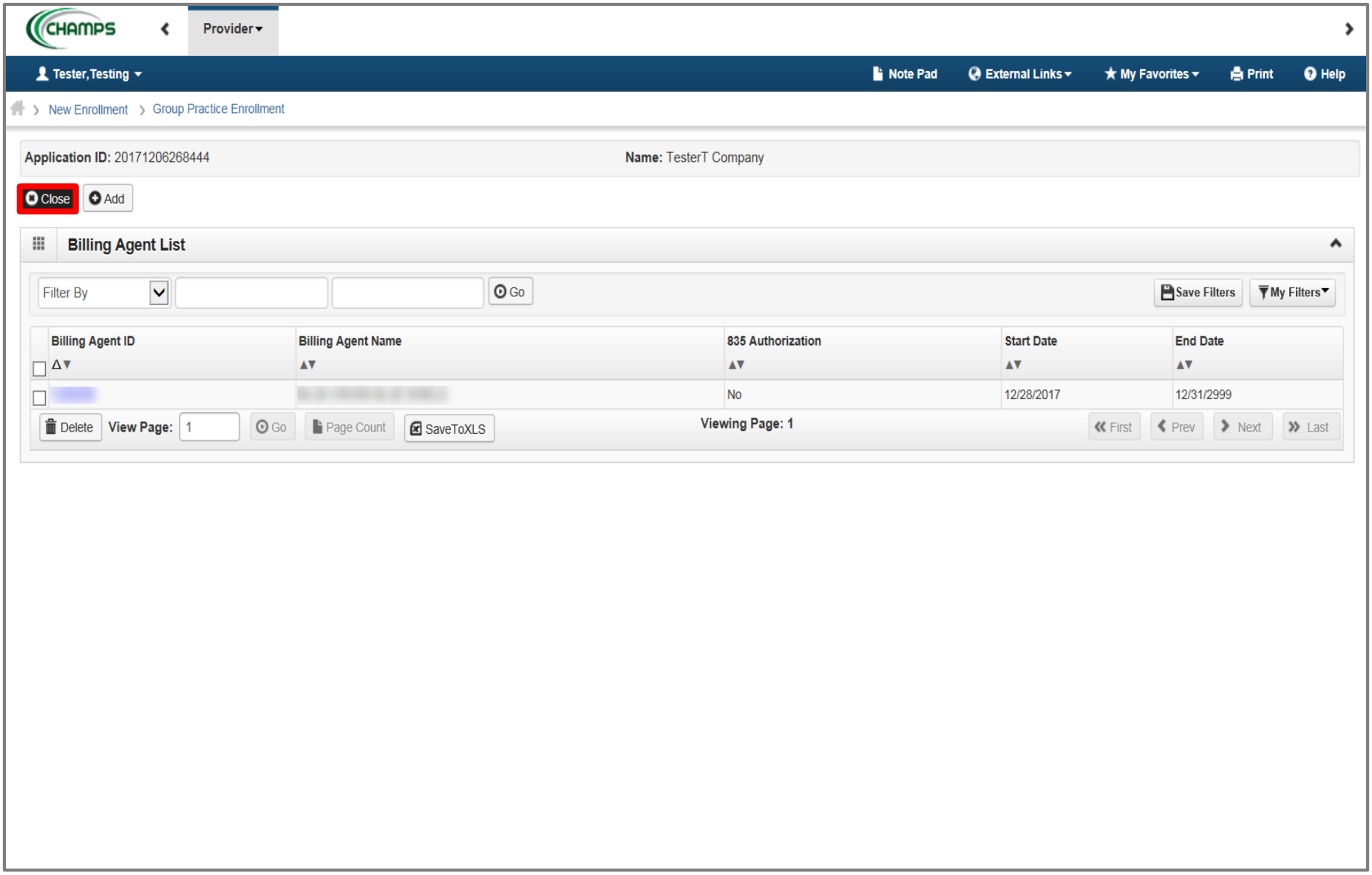



- Check the box next to the Billing Agent you want to select

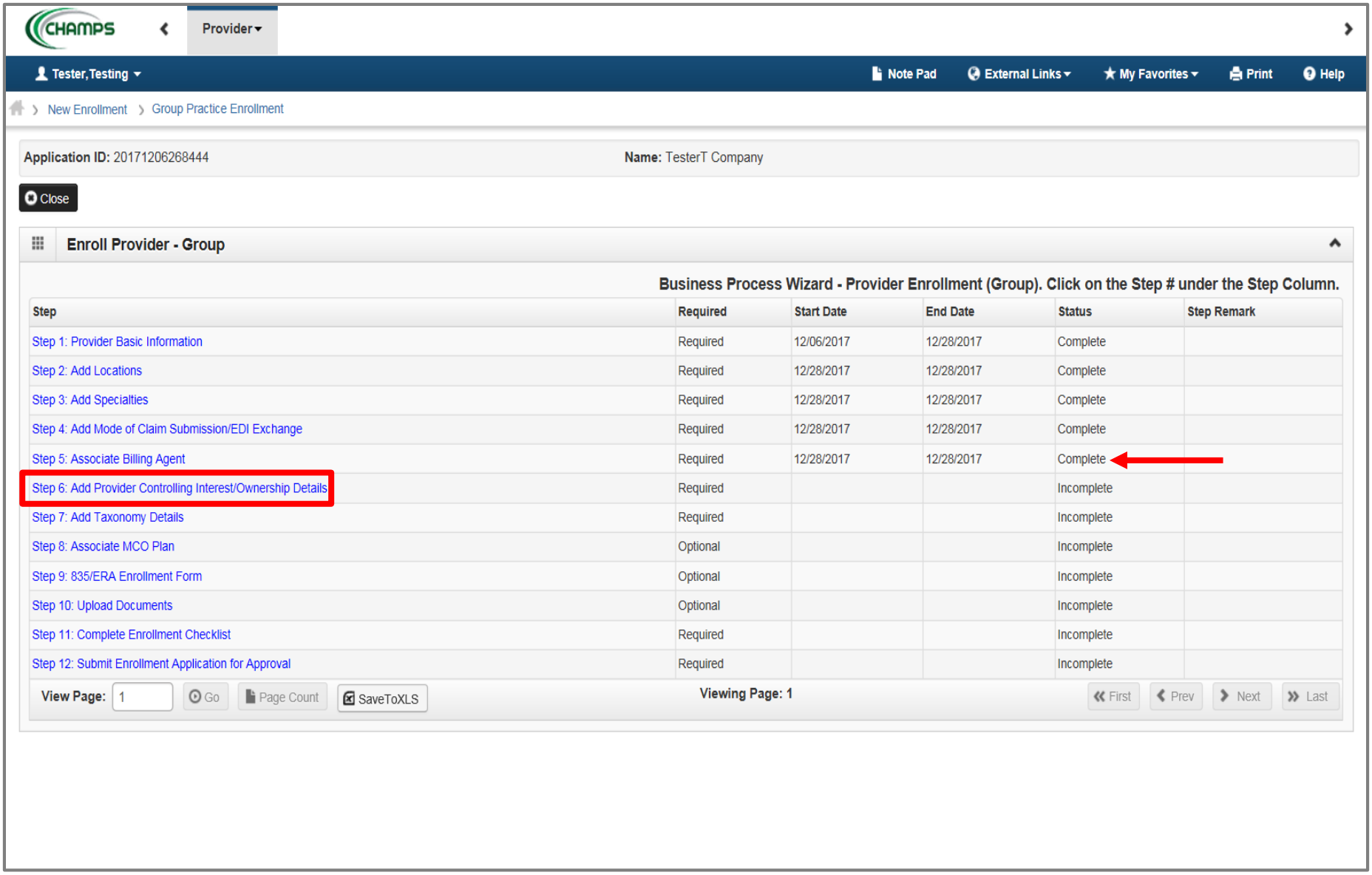
  *(Please Note: There is more than one page of Billing Agents; you may select more than one)*
- Click Select



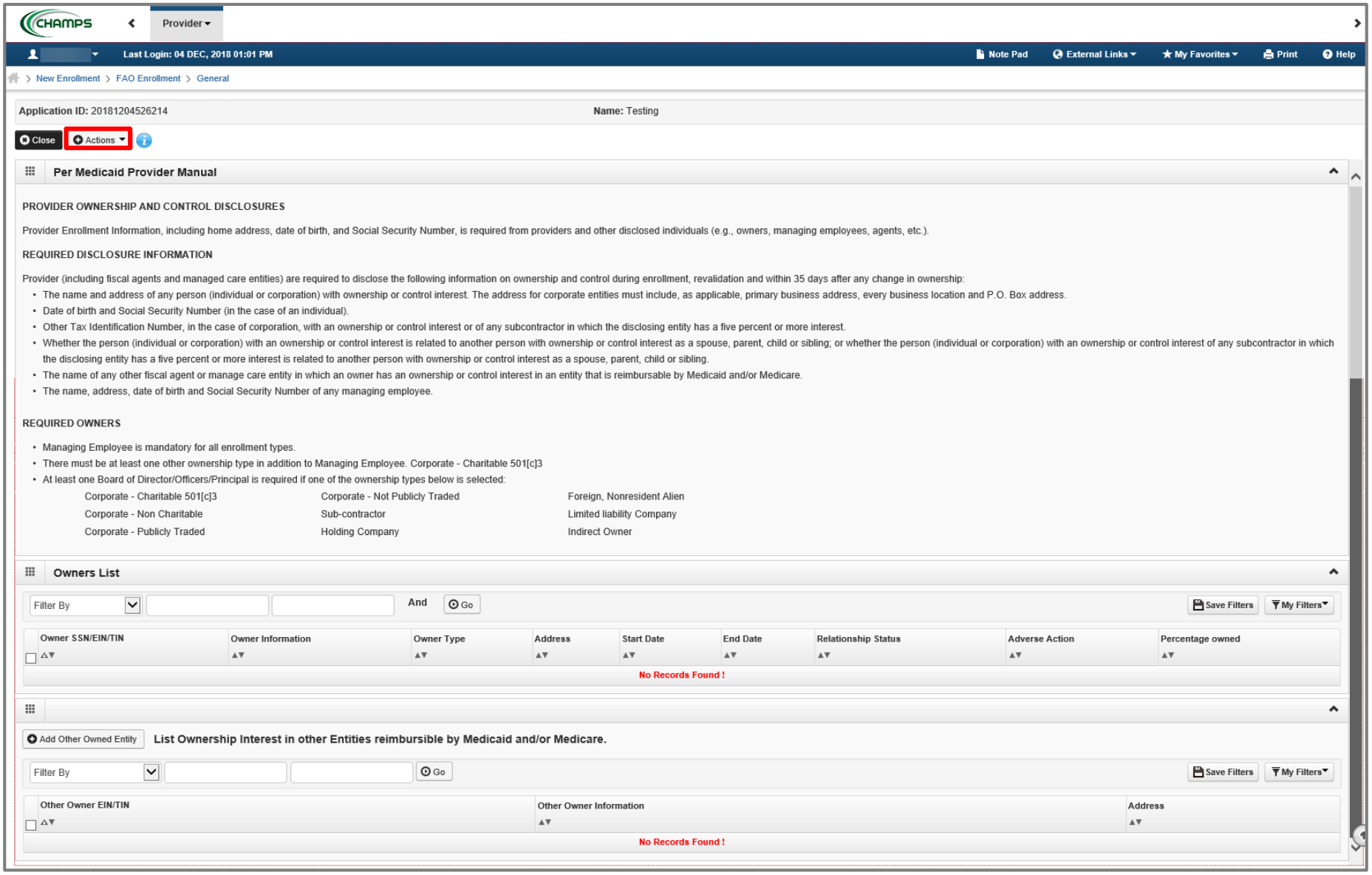

- Billing Agent information will populate
- Click Ok



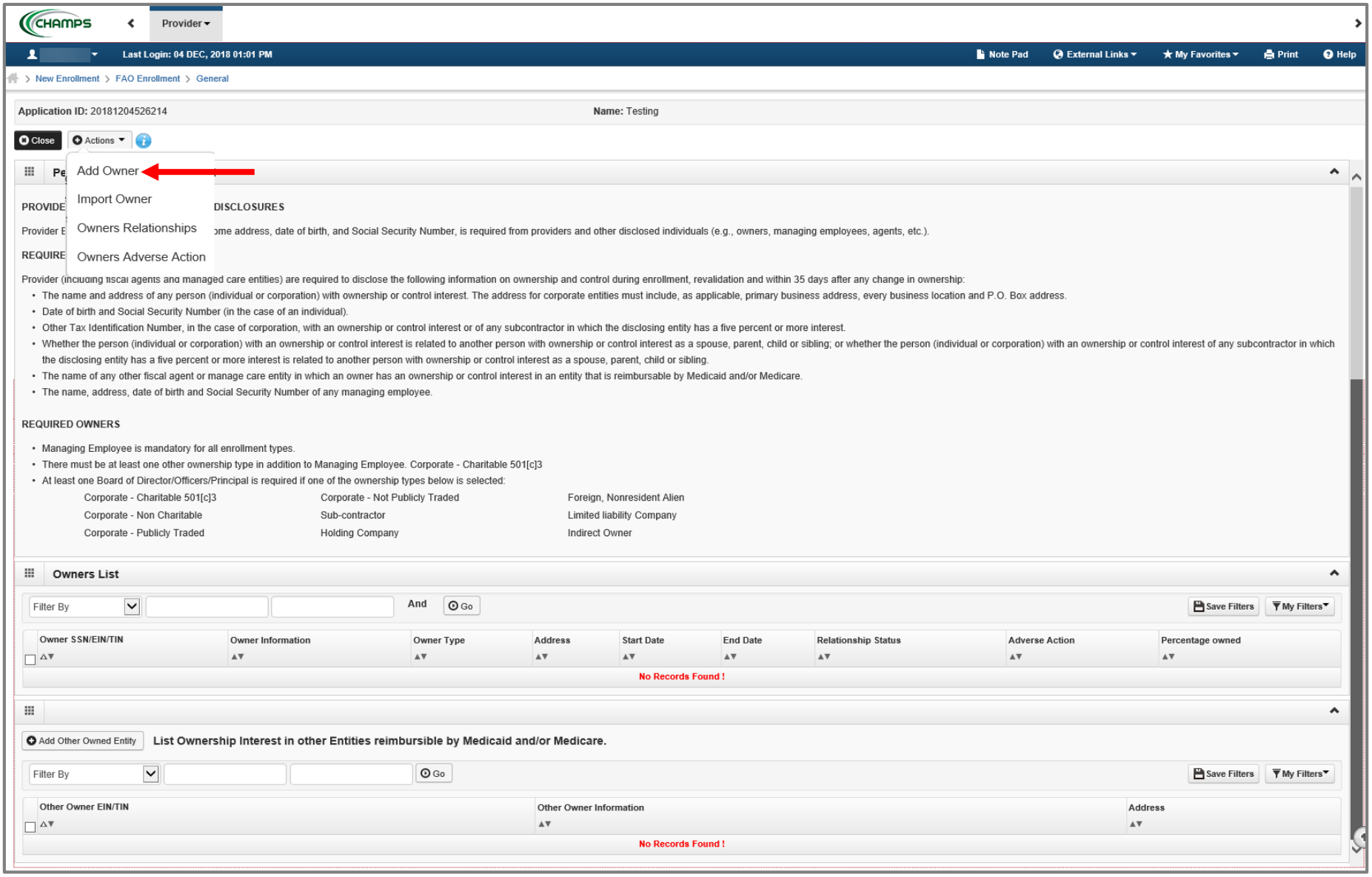

- Billing Agent information has been added
- Click Close



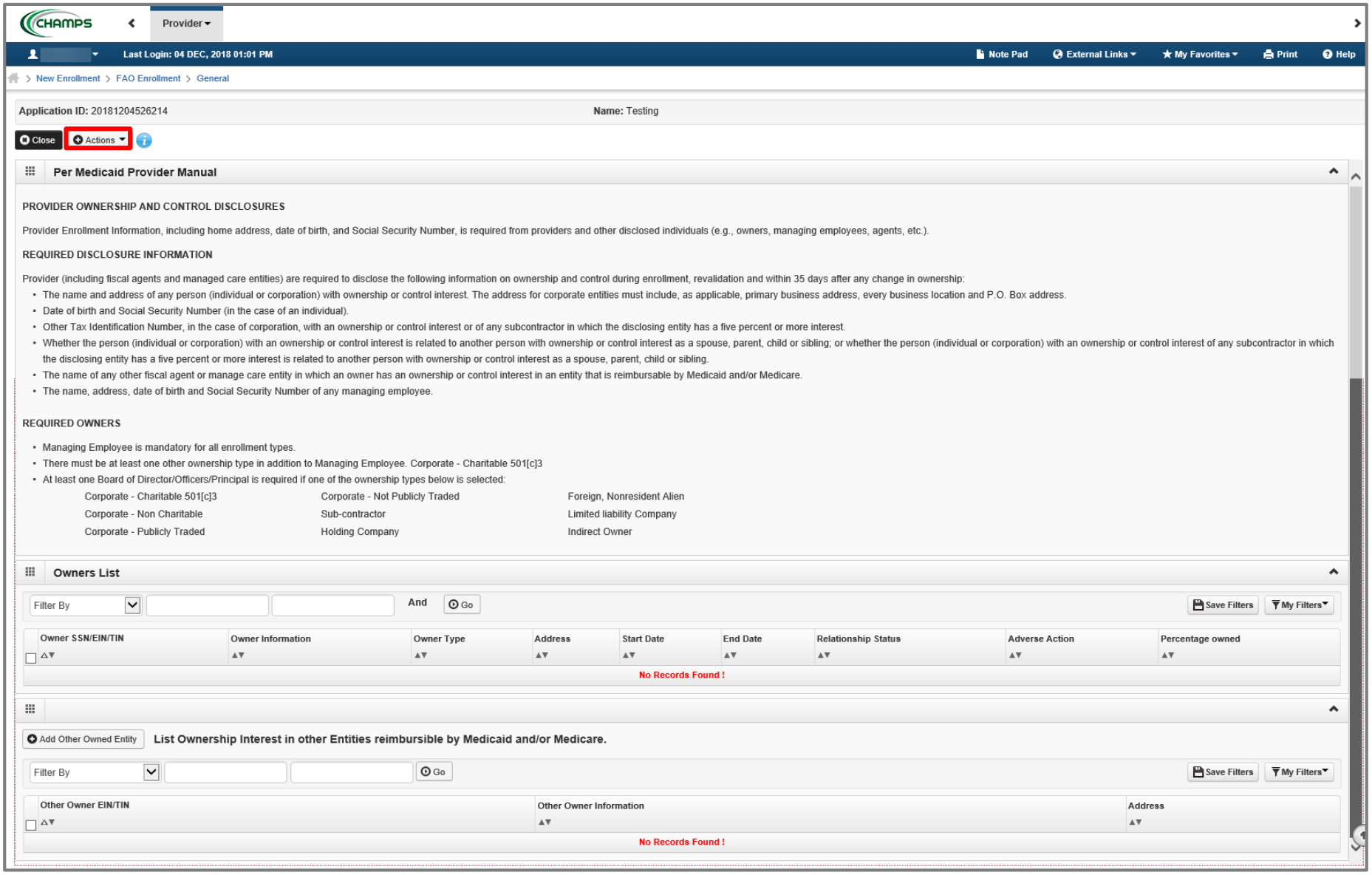

- Step 5 is complete
- Click on Step 6: Add Provider Controlling Interest/Ownership Details
  - **The screens for this step were updated 12/14/18*



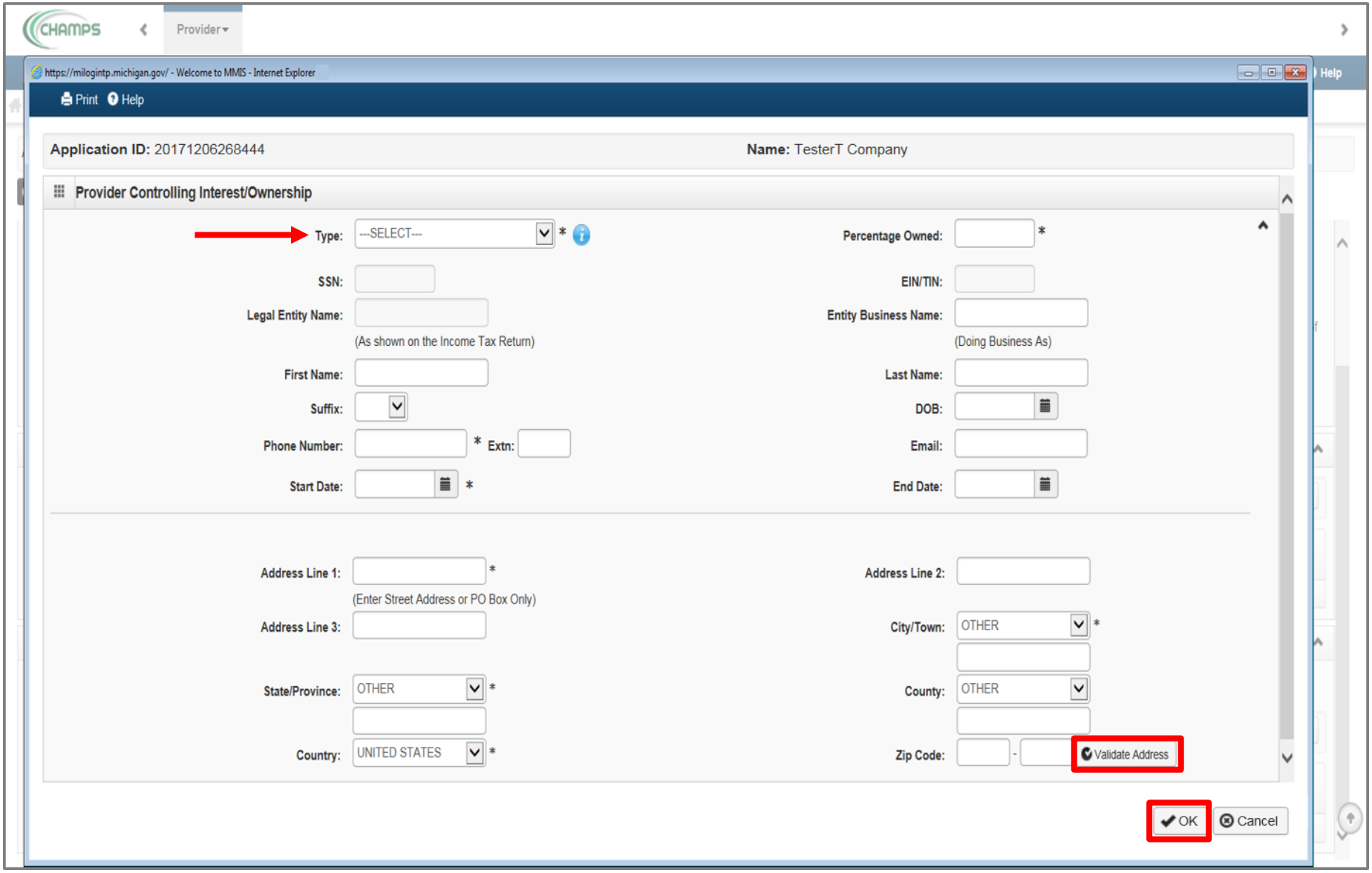

- To enter owner information, click Actions




- Select Add Owner

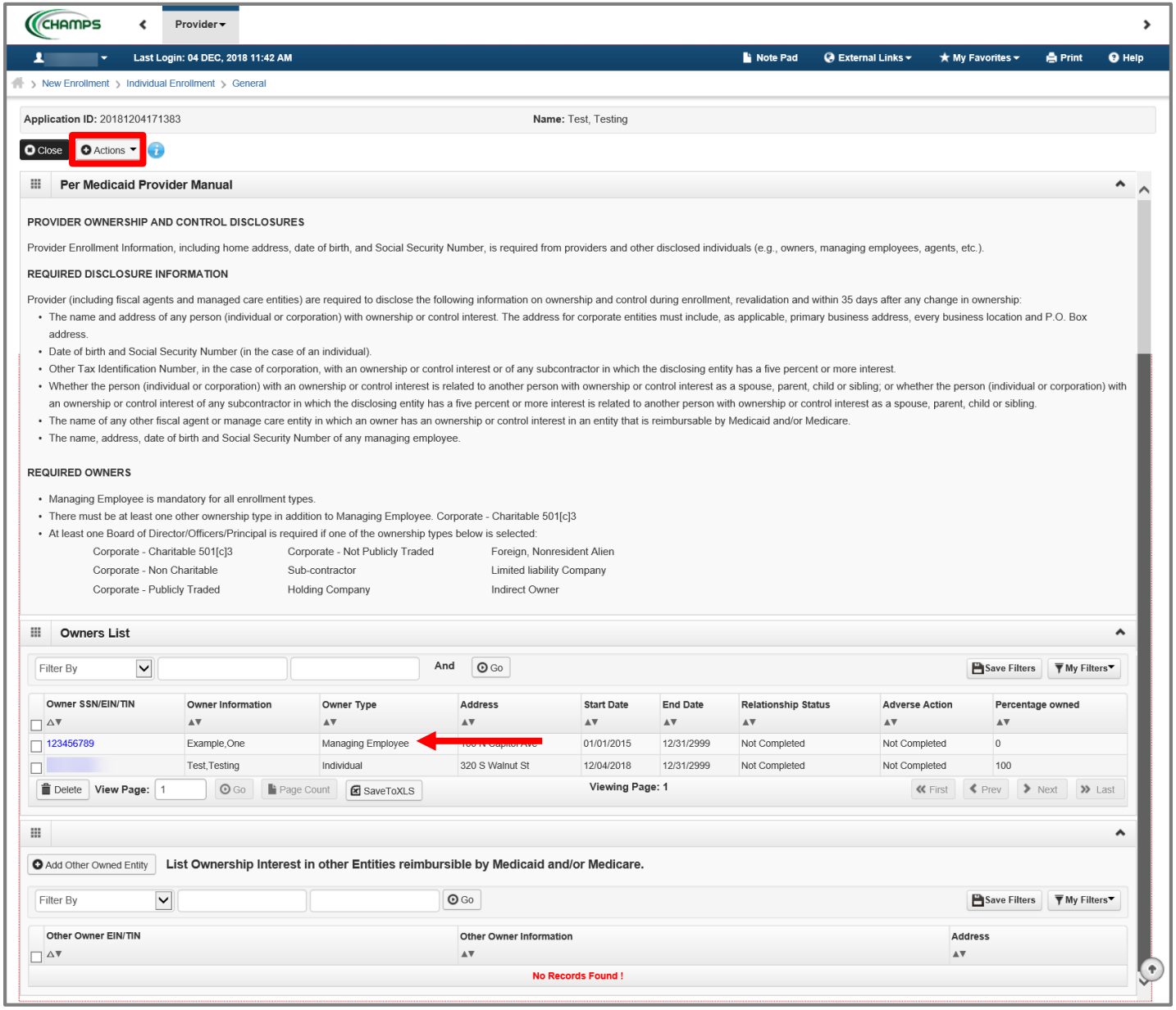



- To enter owner information, click Actions

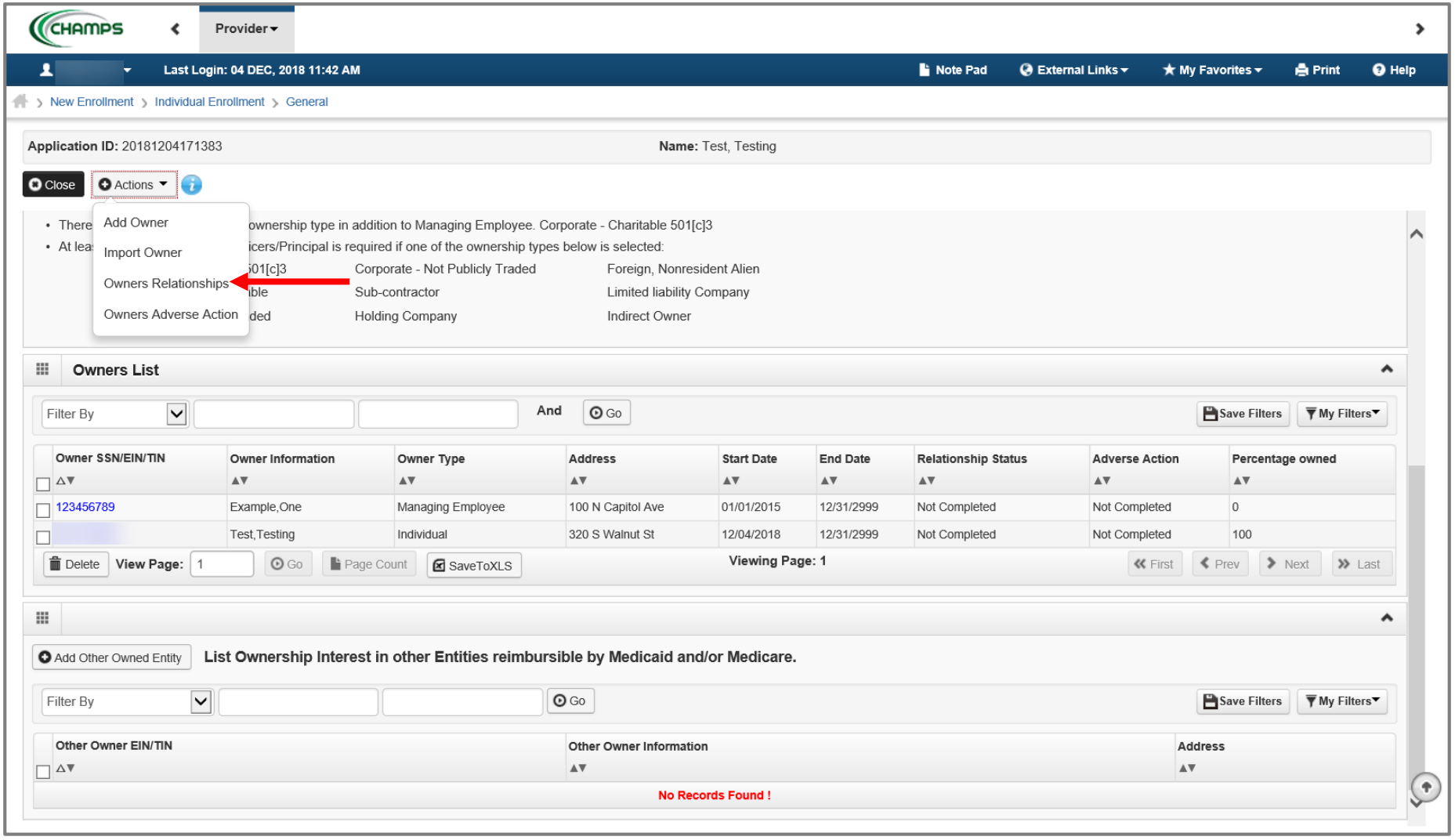



- Select an Owner Type from the drop-down menu
- Complete all fields marked with an asterisk (*)
- Complete Address Line 1 and Zip Code, click Validate Address

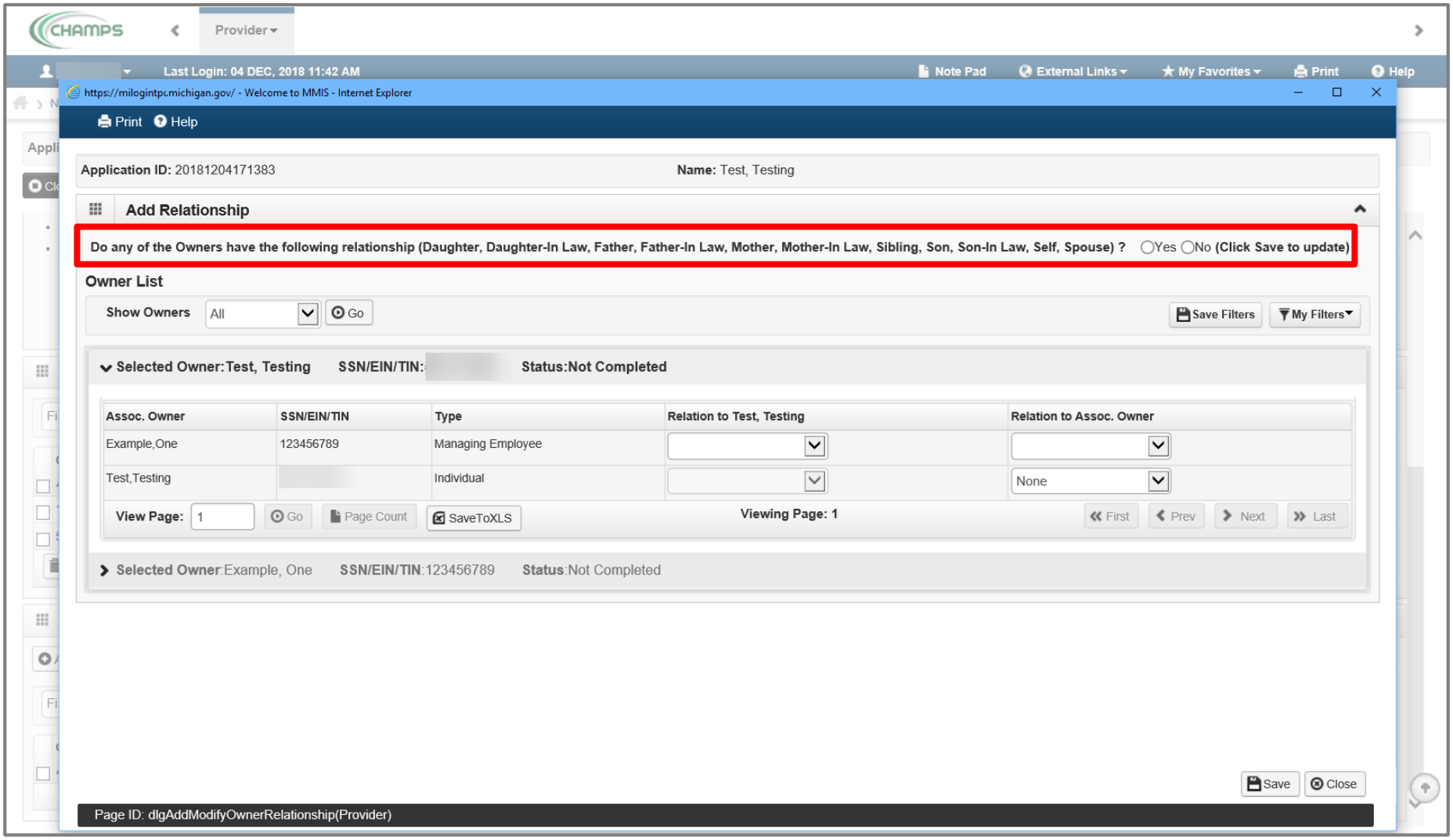
  *(Please Note: you should receive confirmation "Address Validation Successful")*
- Click Ok



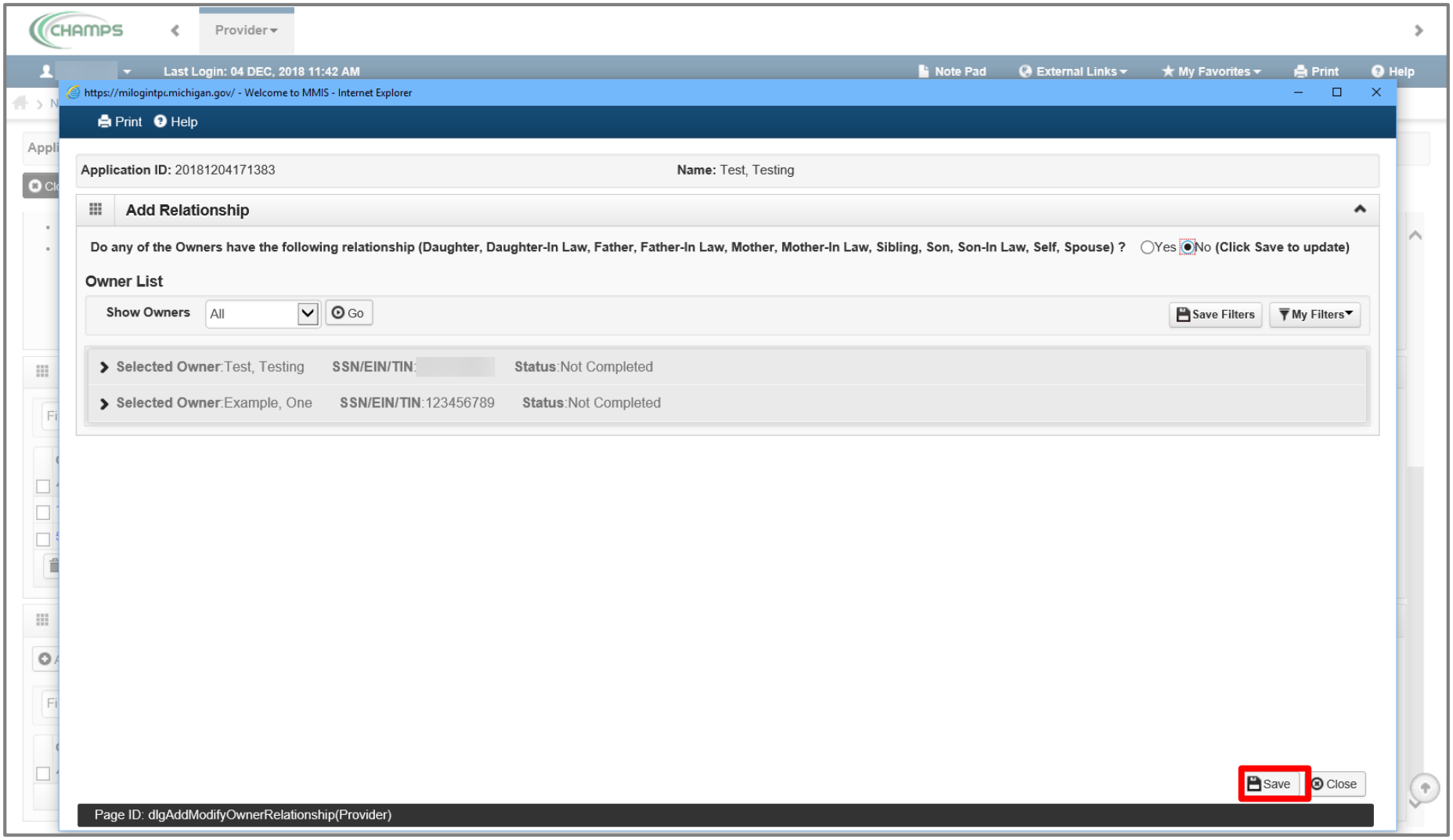

- To add the relationship click the Actions drop-down menu



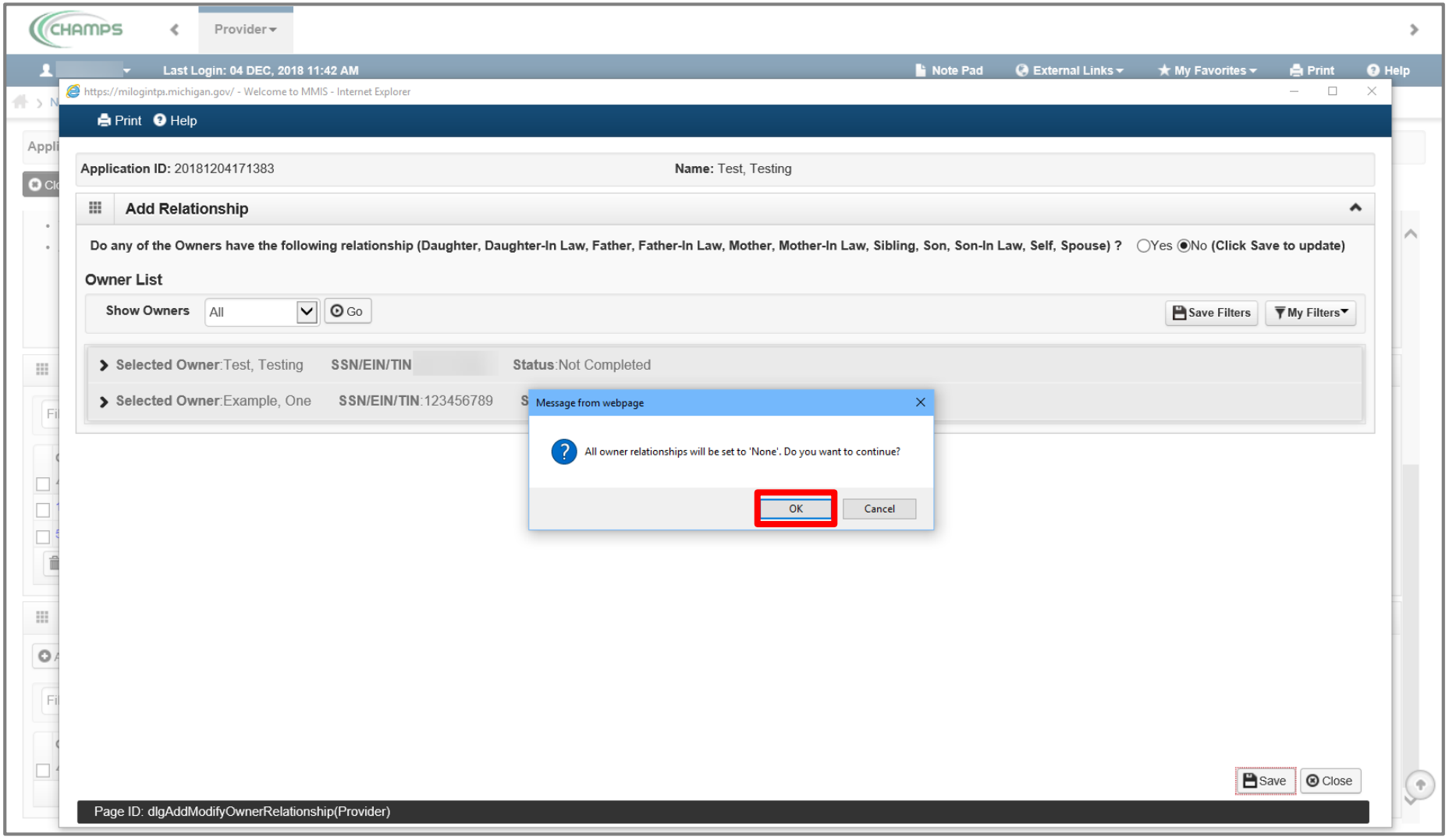

- Select Owners Relationships from the Actions drop-down menu



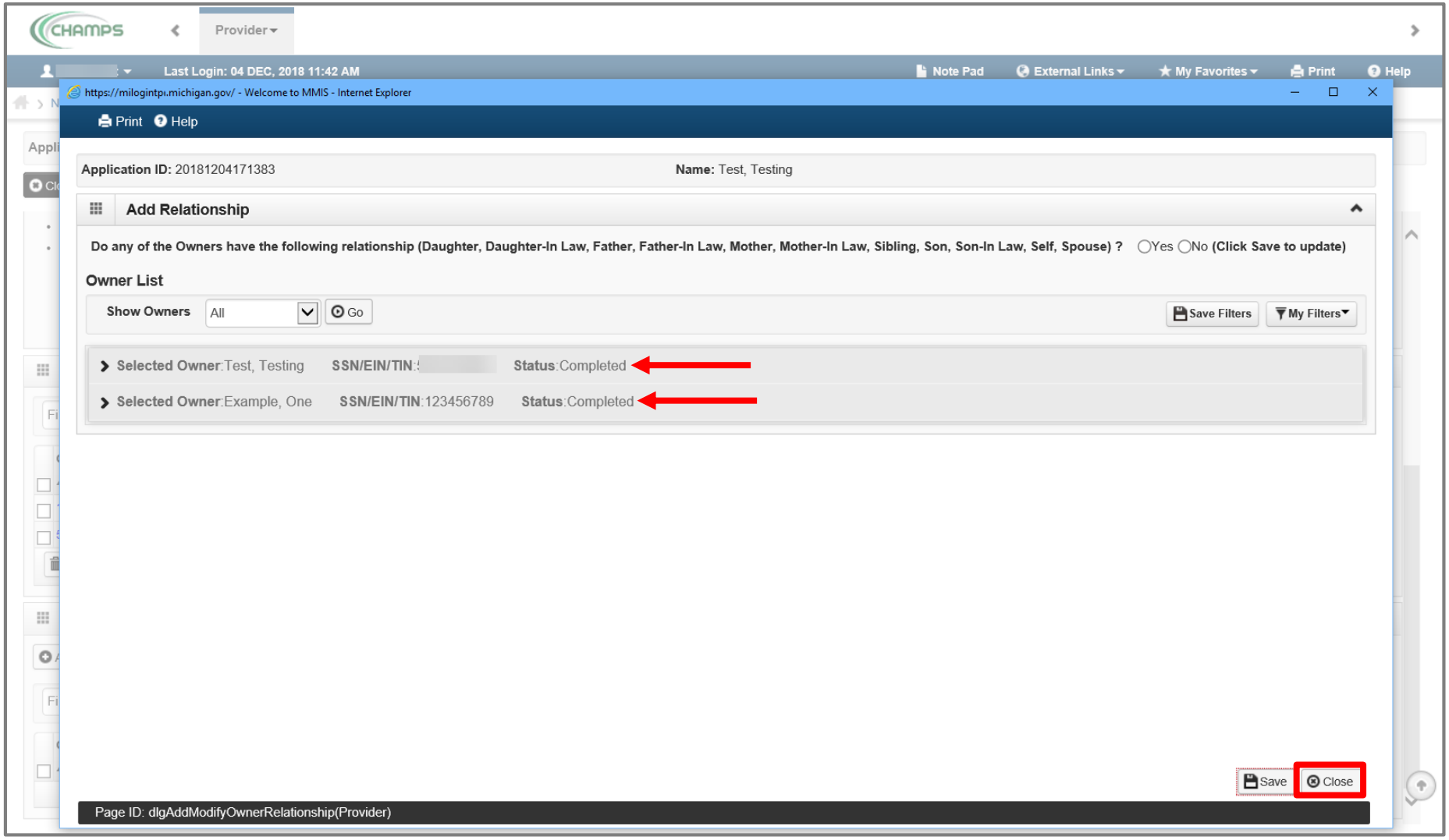

- Answer question (at the top)
- If no relationships exist select No.
  - If the owners have a relationship to one another, refer to the Step 8: Add Provider Controlling Interest/Ownership Details user guide.



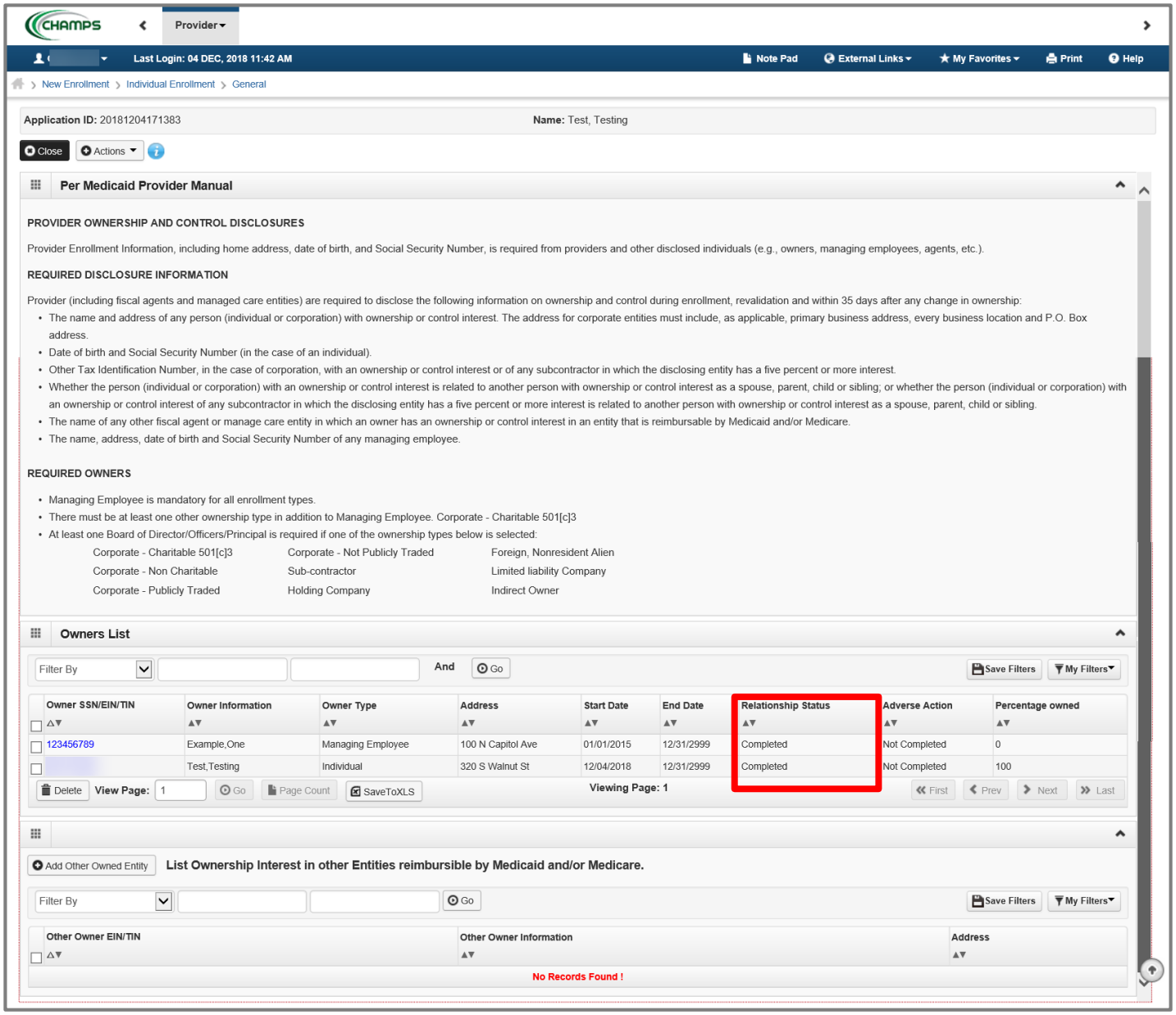

- The owner list boxes collapse
- Click Save



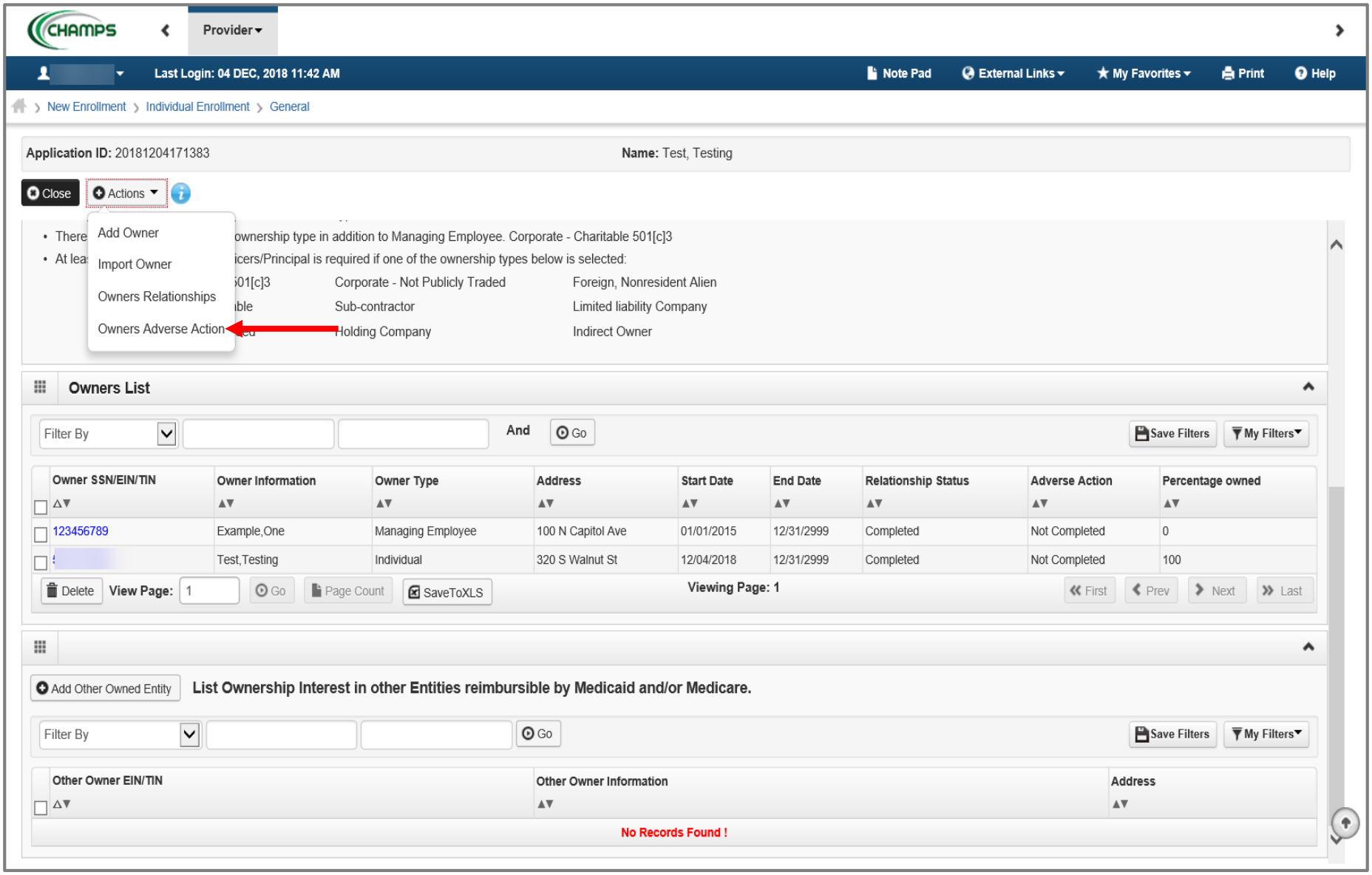

- After clicking save, click Ok.



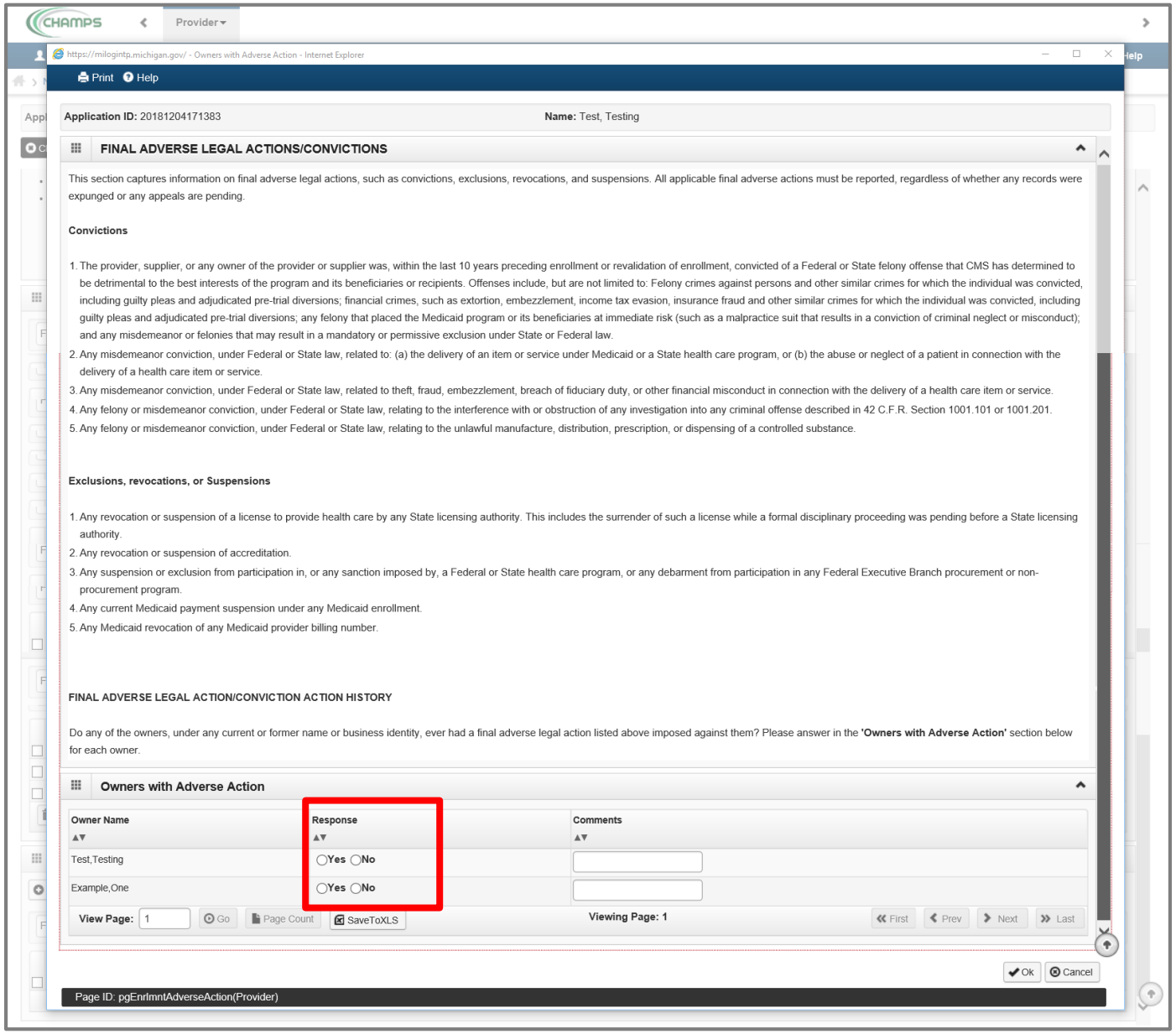

- The status for each owner will show Completed
- Click close to return to the owner list screen



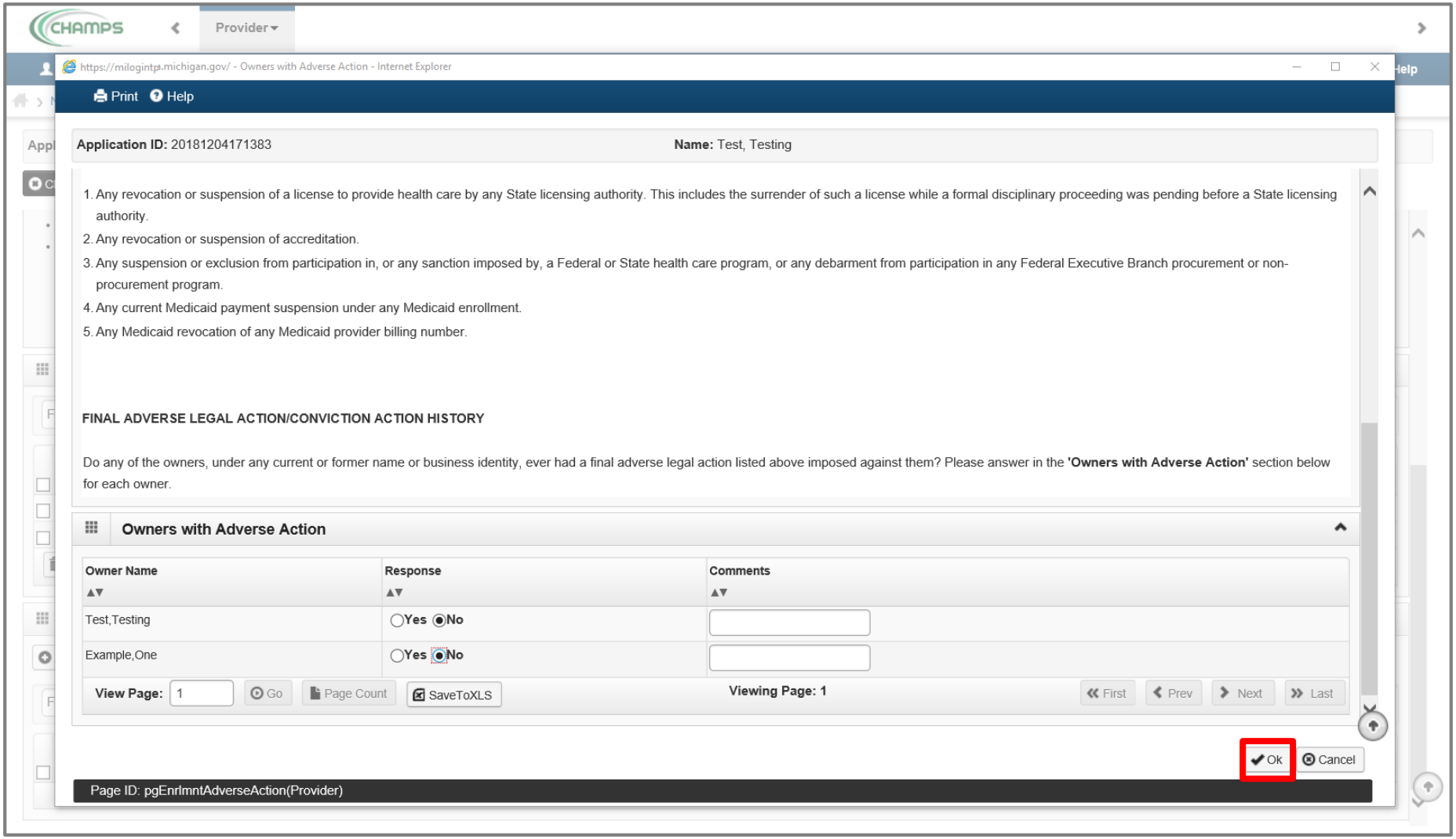

- The Relationship Status now shows Completed for both owners



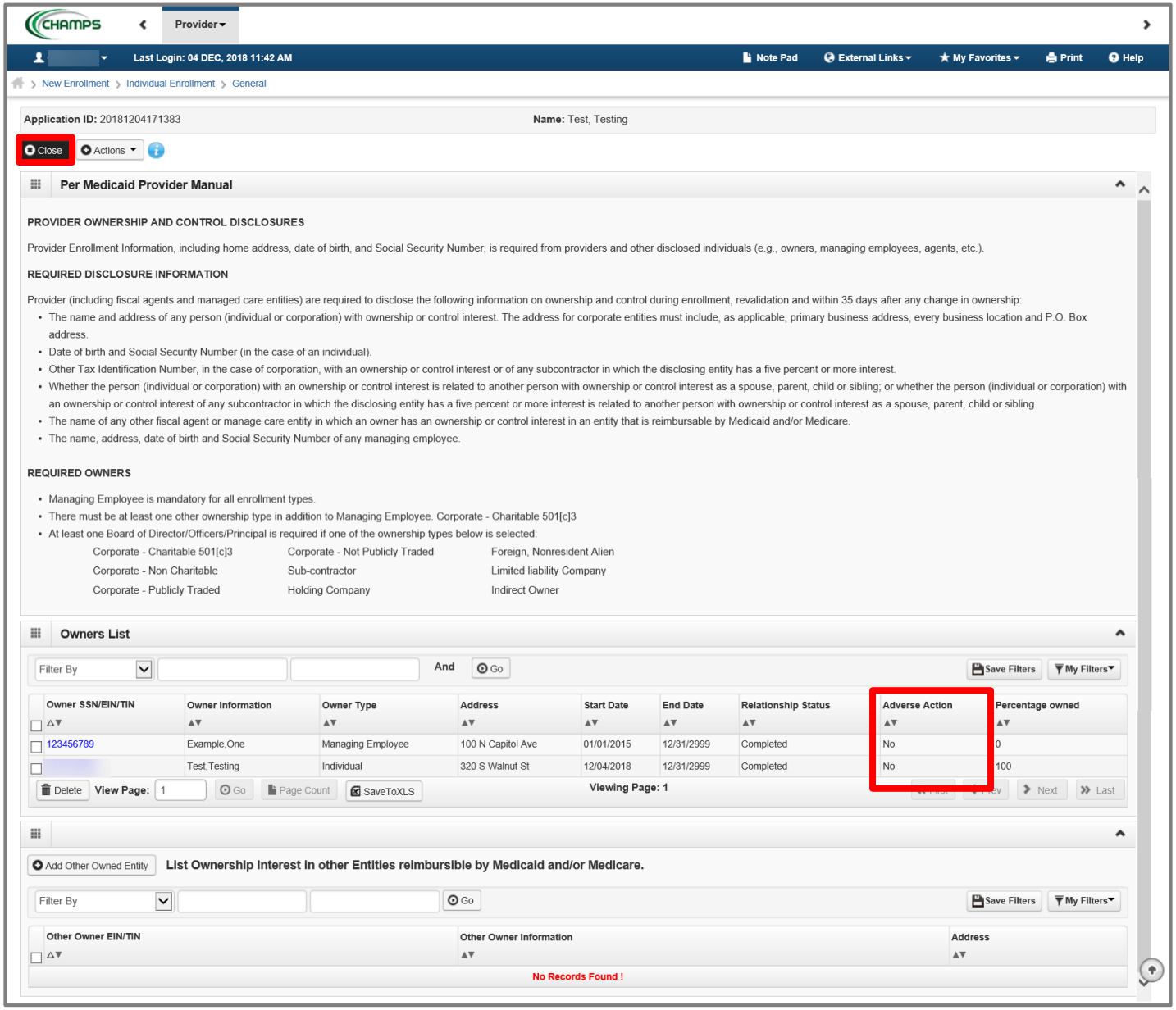

- Select Owners Adverse Action from the Actions drop-down menu to complete the Final Adverse Legal/Action/Convictions Disclosure



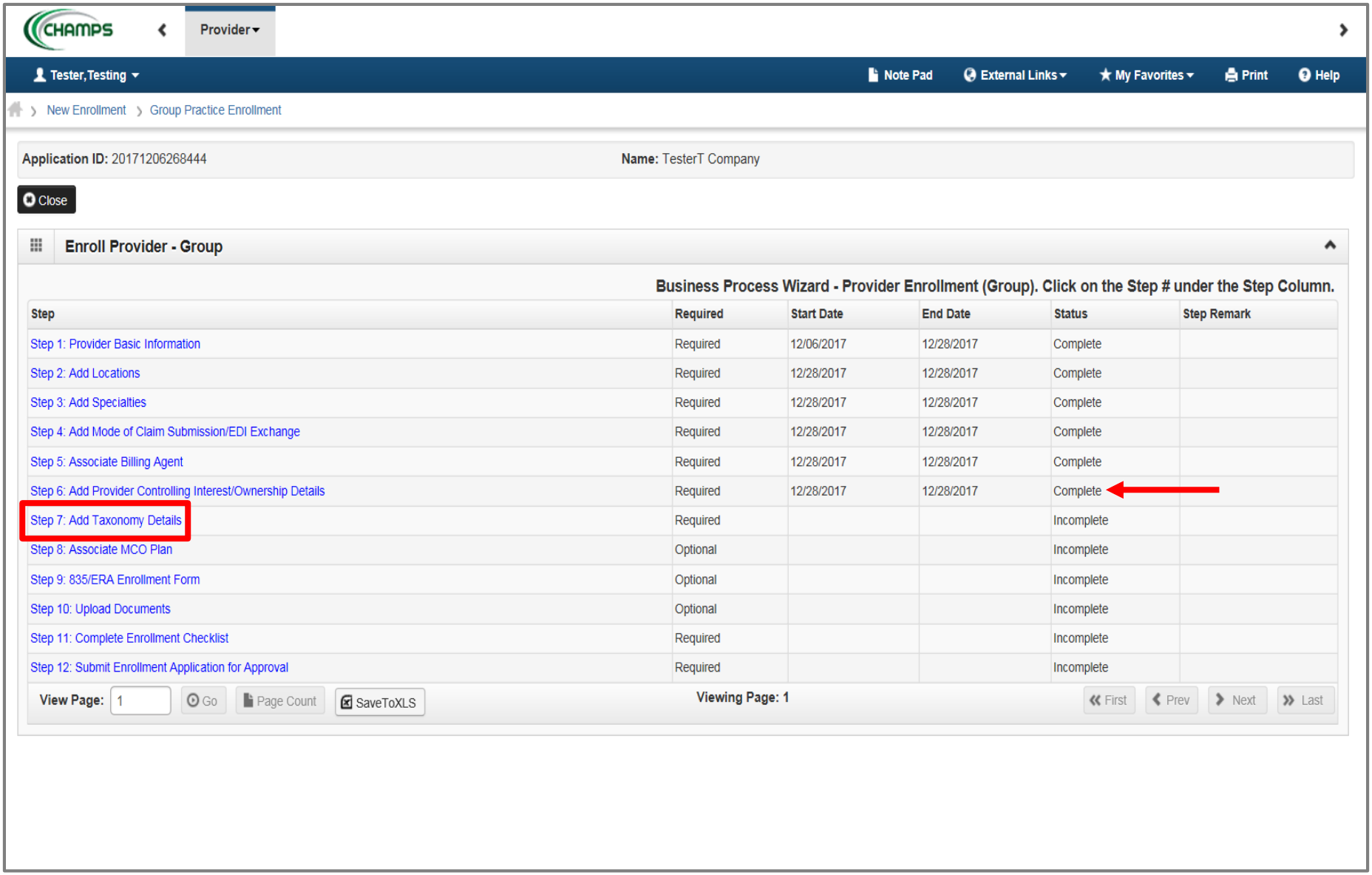

- Read through Final Adverse Legal Actions/Convictions statement for each owner listed, select Yes or No


CHAMPS
Provider
https://milogintp.michigan.gov/ - Owners with Adverse Action - Internet Explorer
Print
Help
Application ID: 20181204171383
Name: Test, Testing
1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.
FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY
Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.
Owners with Adverse Action
Owner Name
Response
Comments
Test,Testing
Yes
No
Example,One
Yes
No
View Page: 1
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last
Ok
Cancel
Page ID: pgEnrlmntAdverseAction(Provider)

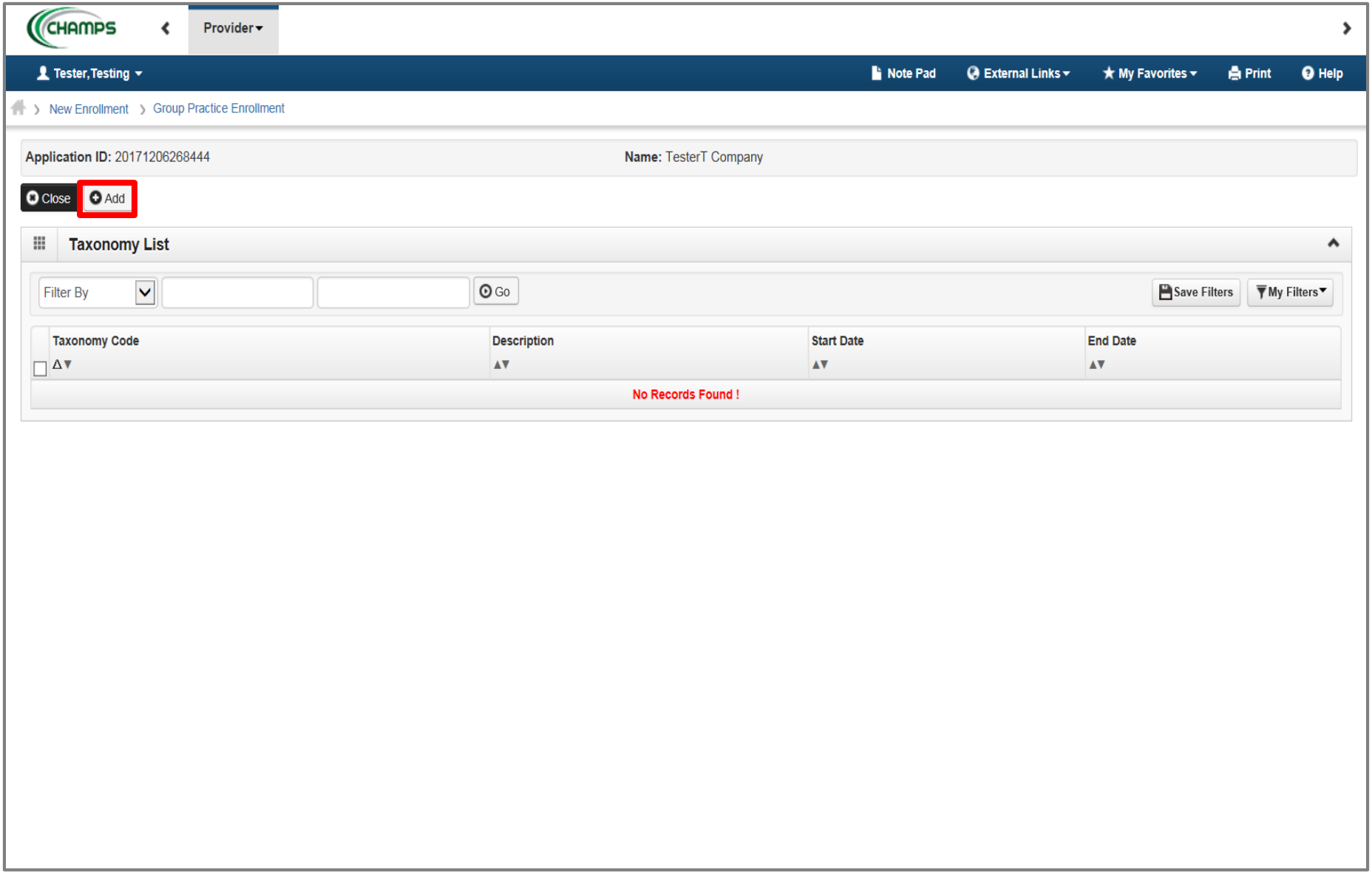
- Click Ok



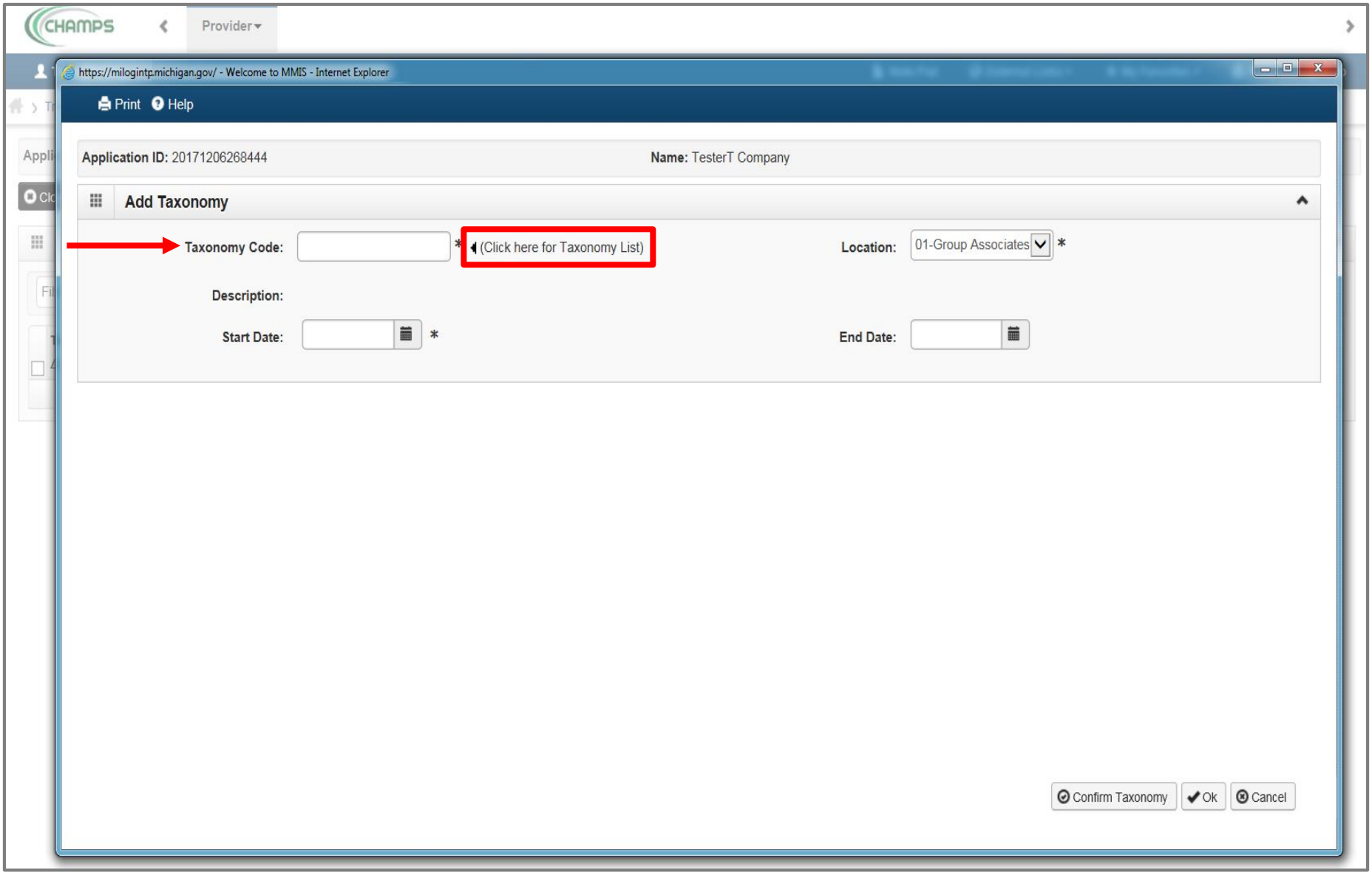

- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close



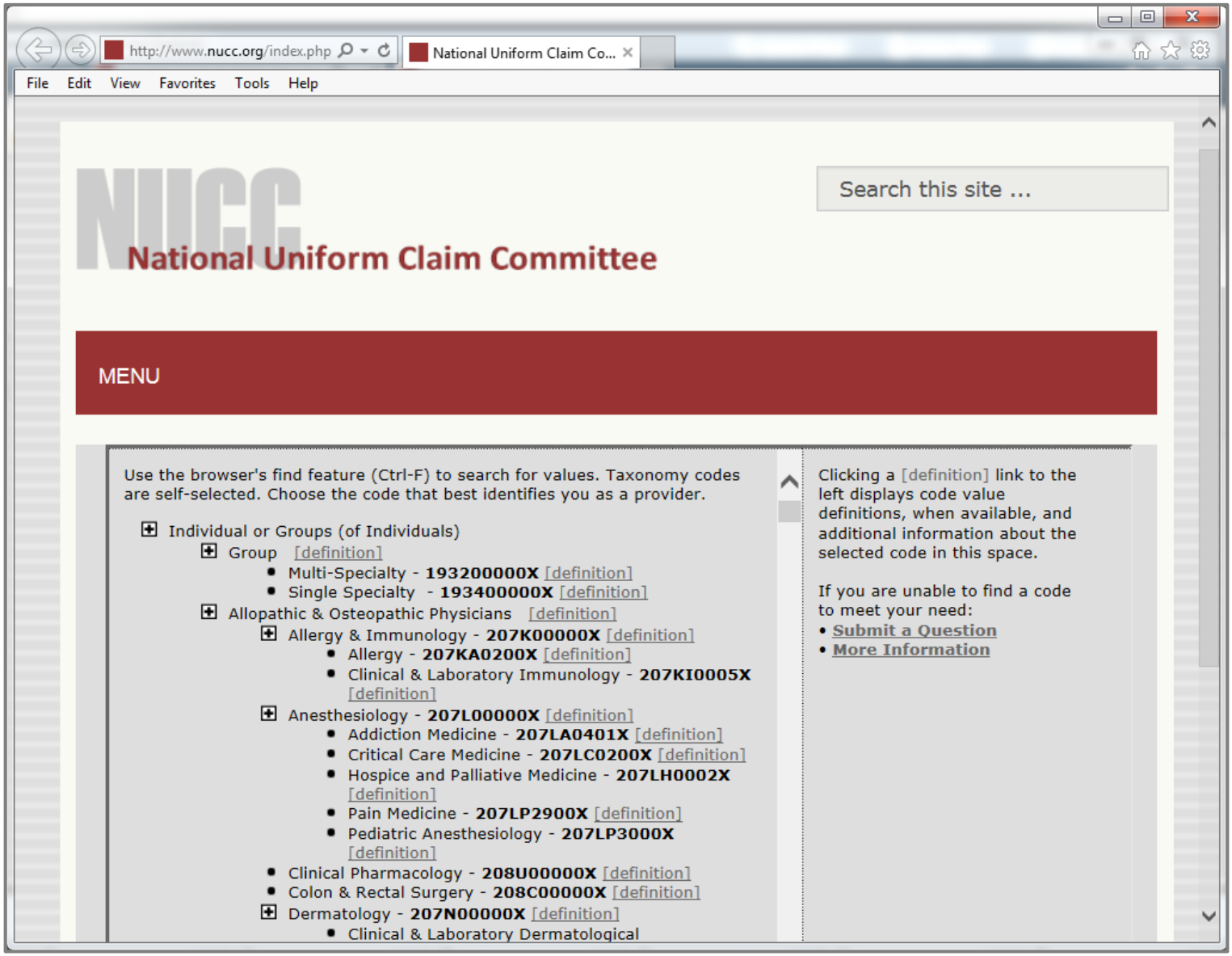

- Step 6 is complete
- Click on Step 7: Add Taxonomy Details



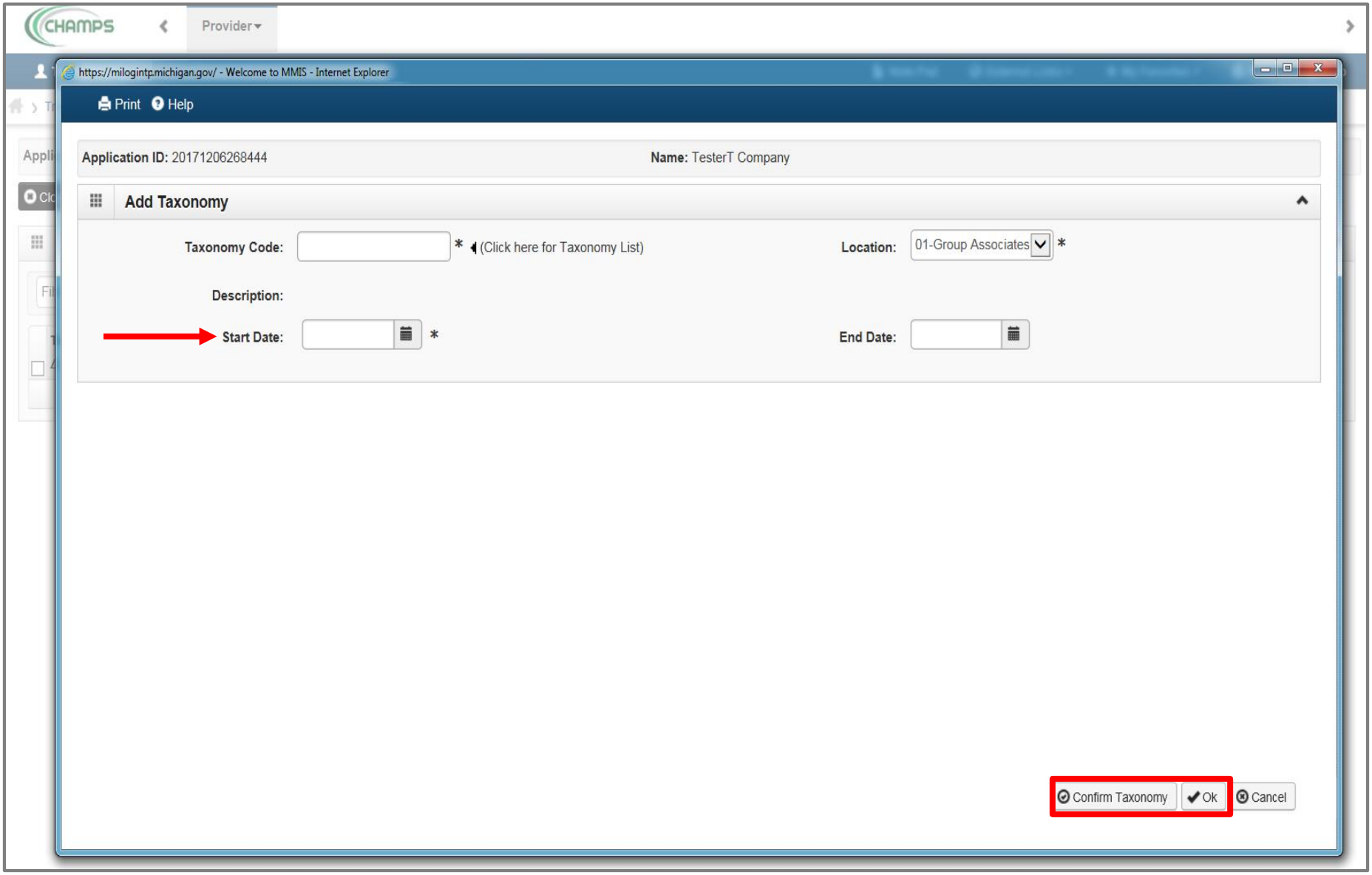

- Click Add



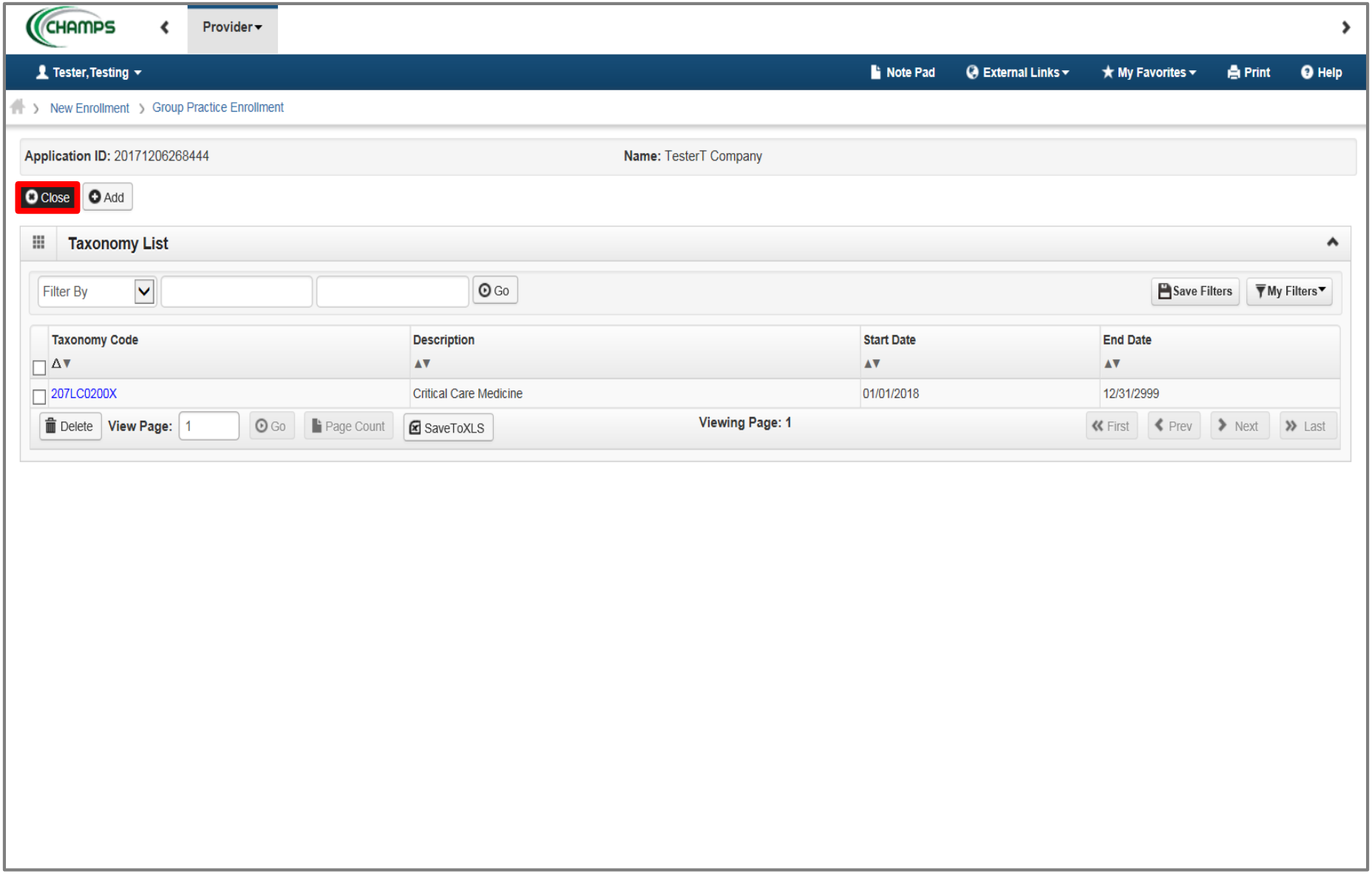

- Enter in Taxonomy Code or click on ( ◂ ) next to the words, Click here for Taxonomy List, to look up appropriate taxonomy code



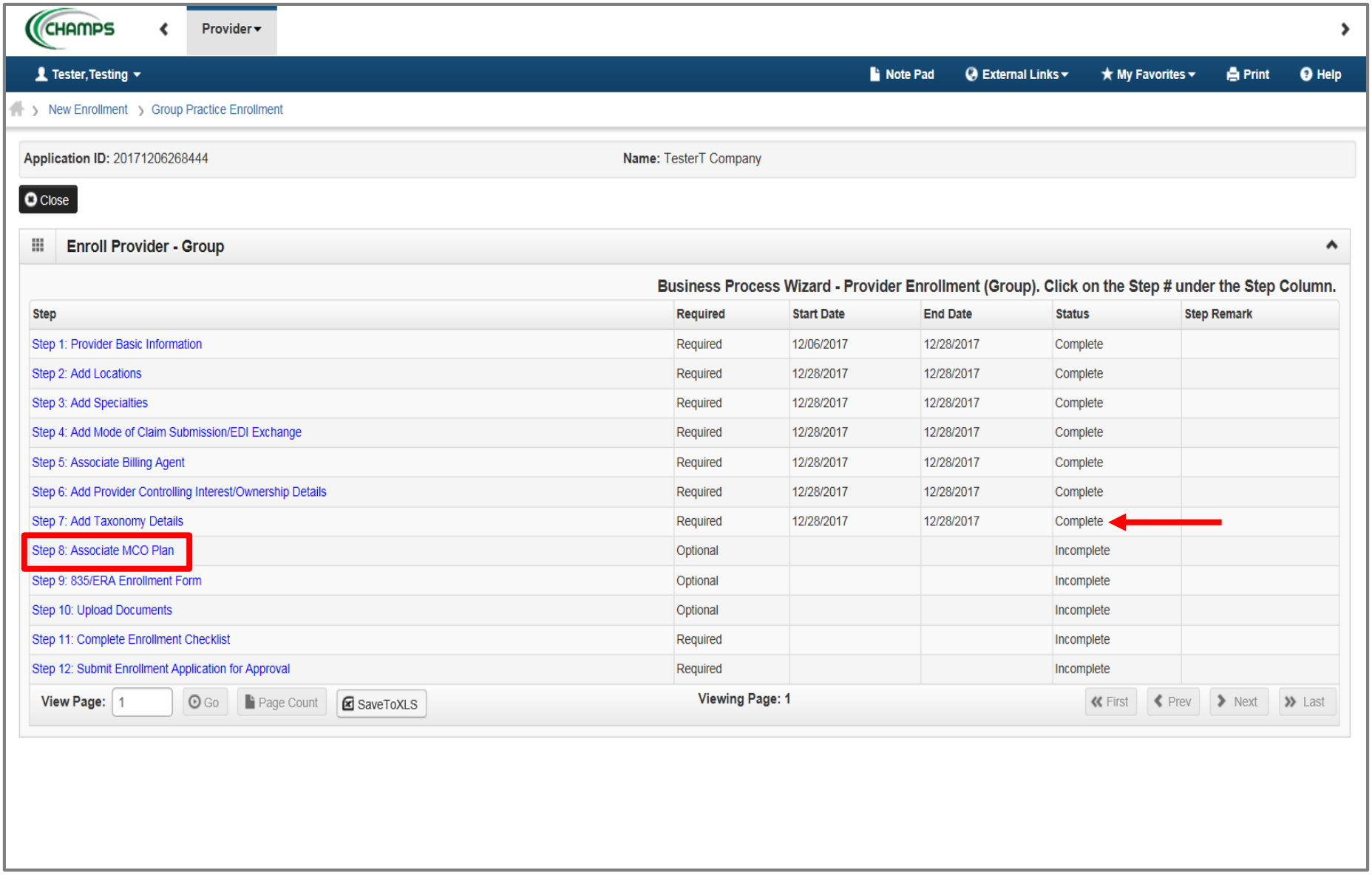

- After clicking (🔈) the National Uniform Claim Committee webpage will pop-up
- Press (CTRL+F) to search for appropriate taxonomy code



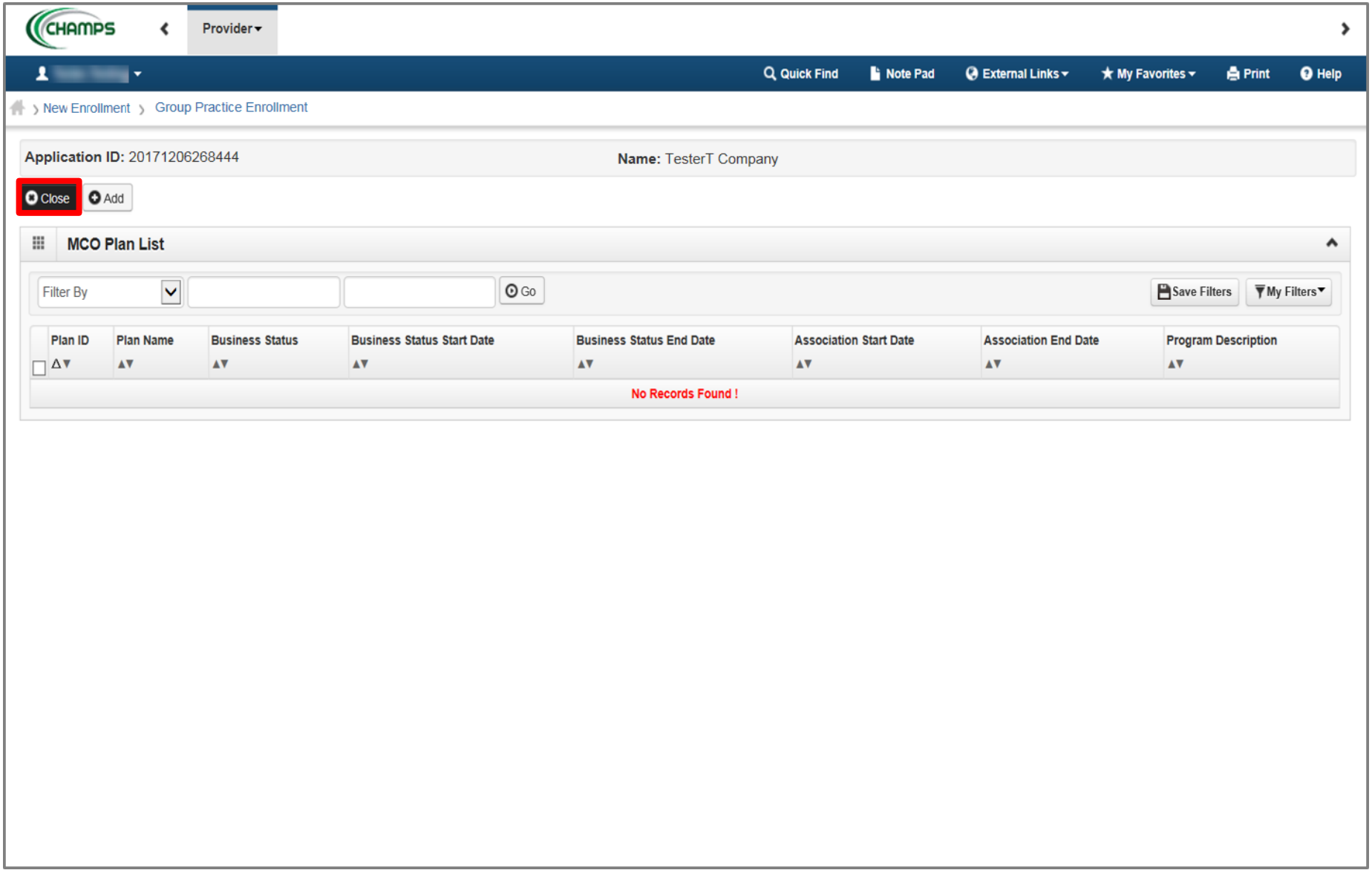

- Enter Start Date *(Please Note: Must be current date or date of application)*
- Click Confirm Taxonomy
- Click Ok



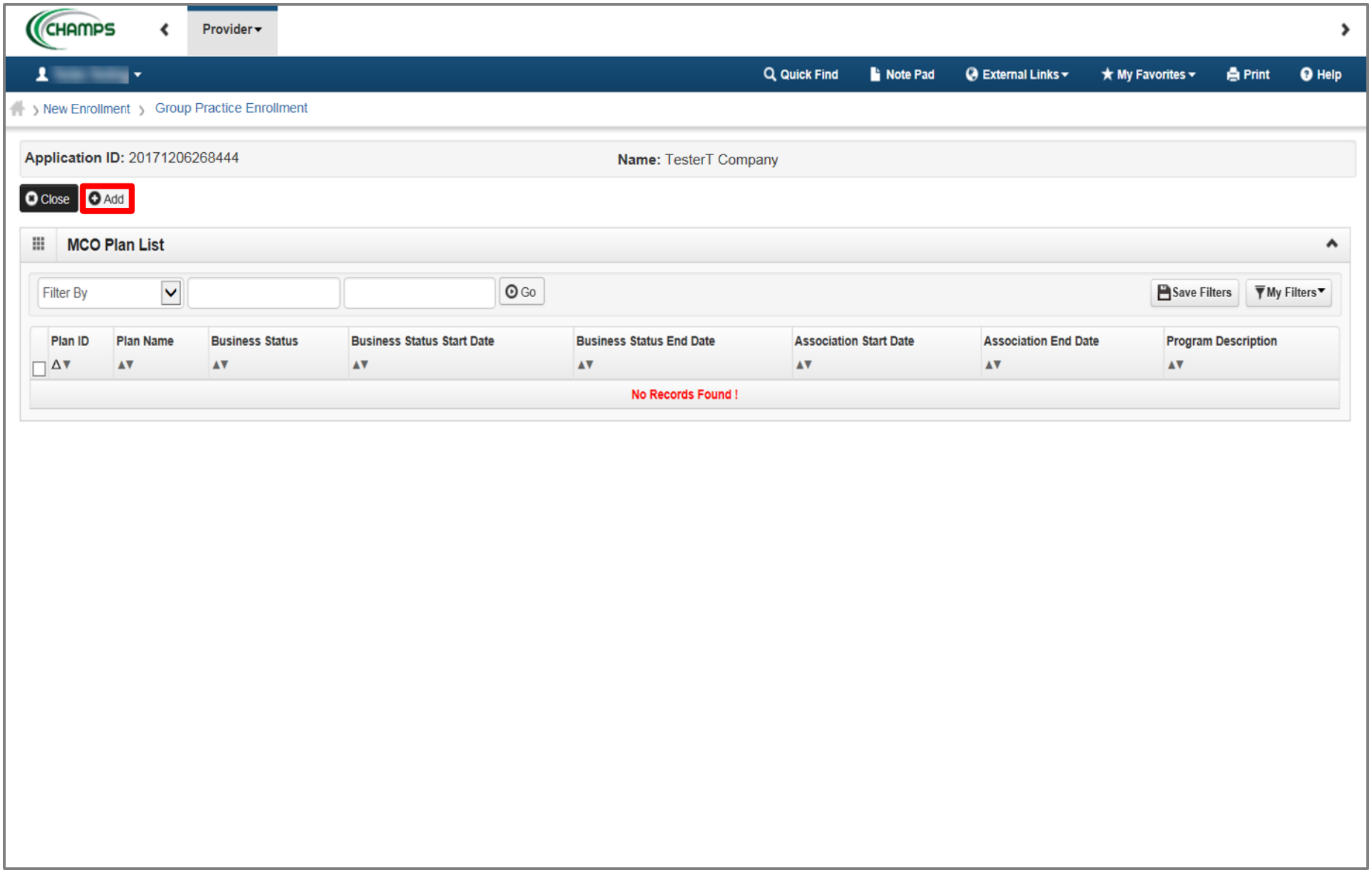

- The Taxonomy Code information will now be displayed
- Click Close



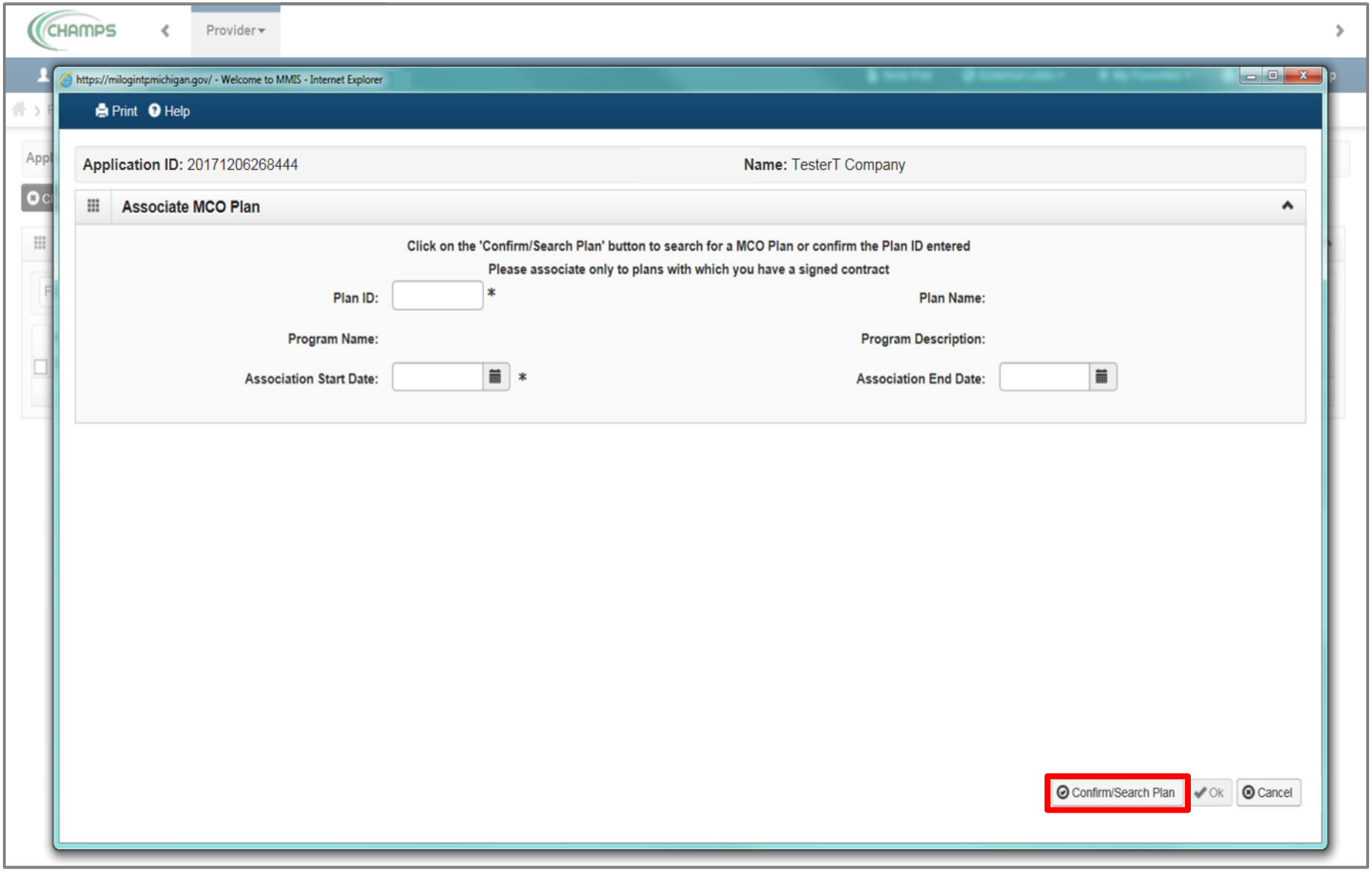

- Step 7 is complete
- Click on Step 8: Associate MCO Plan *(Please Note: This step is optional)*



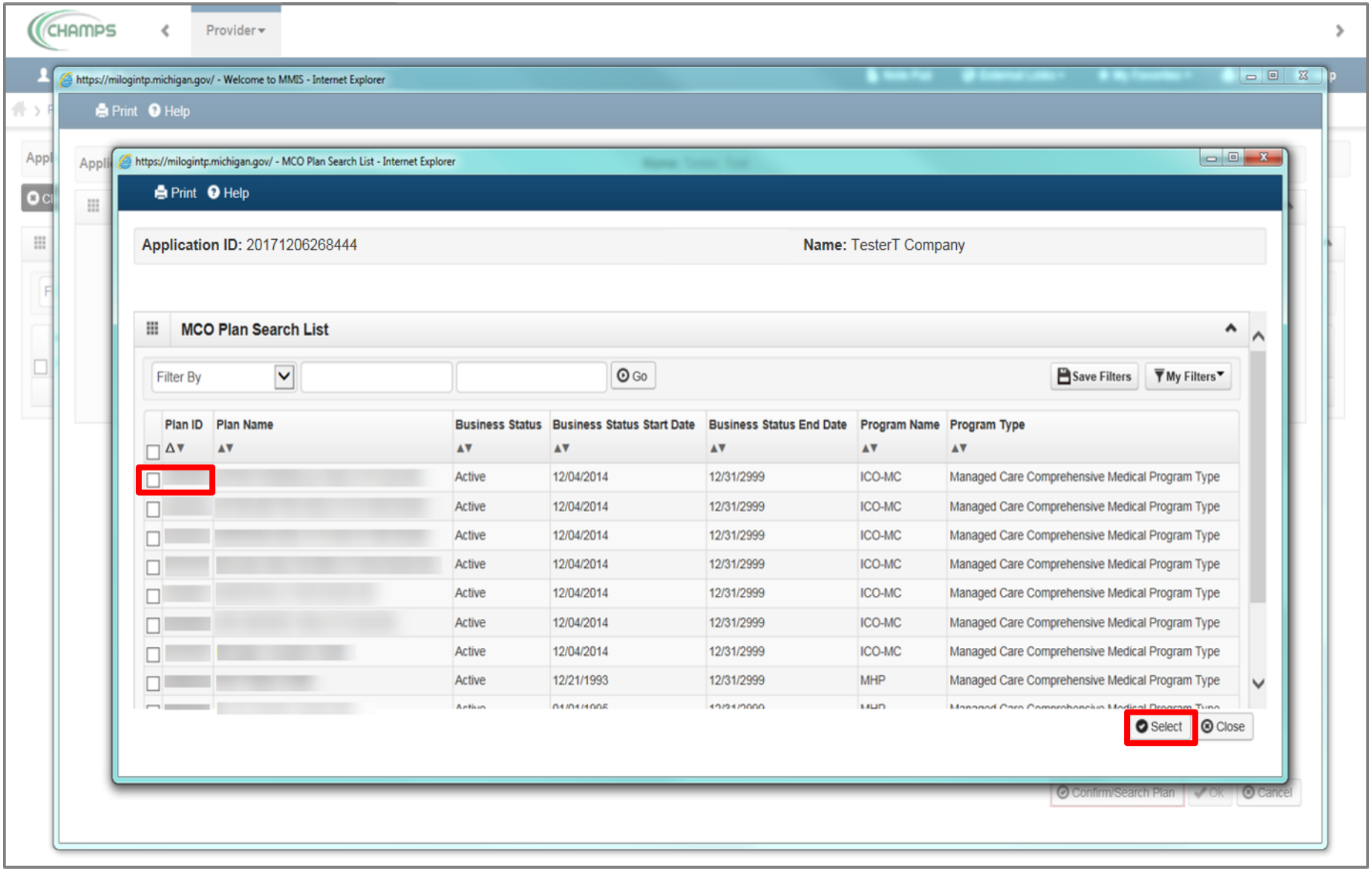

- Step is optional, if you do not work with a Managed Care Organization (MCO) plan, click Close



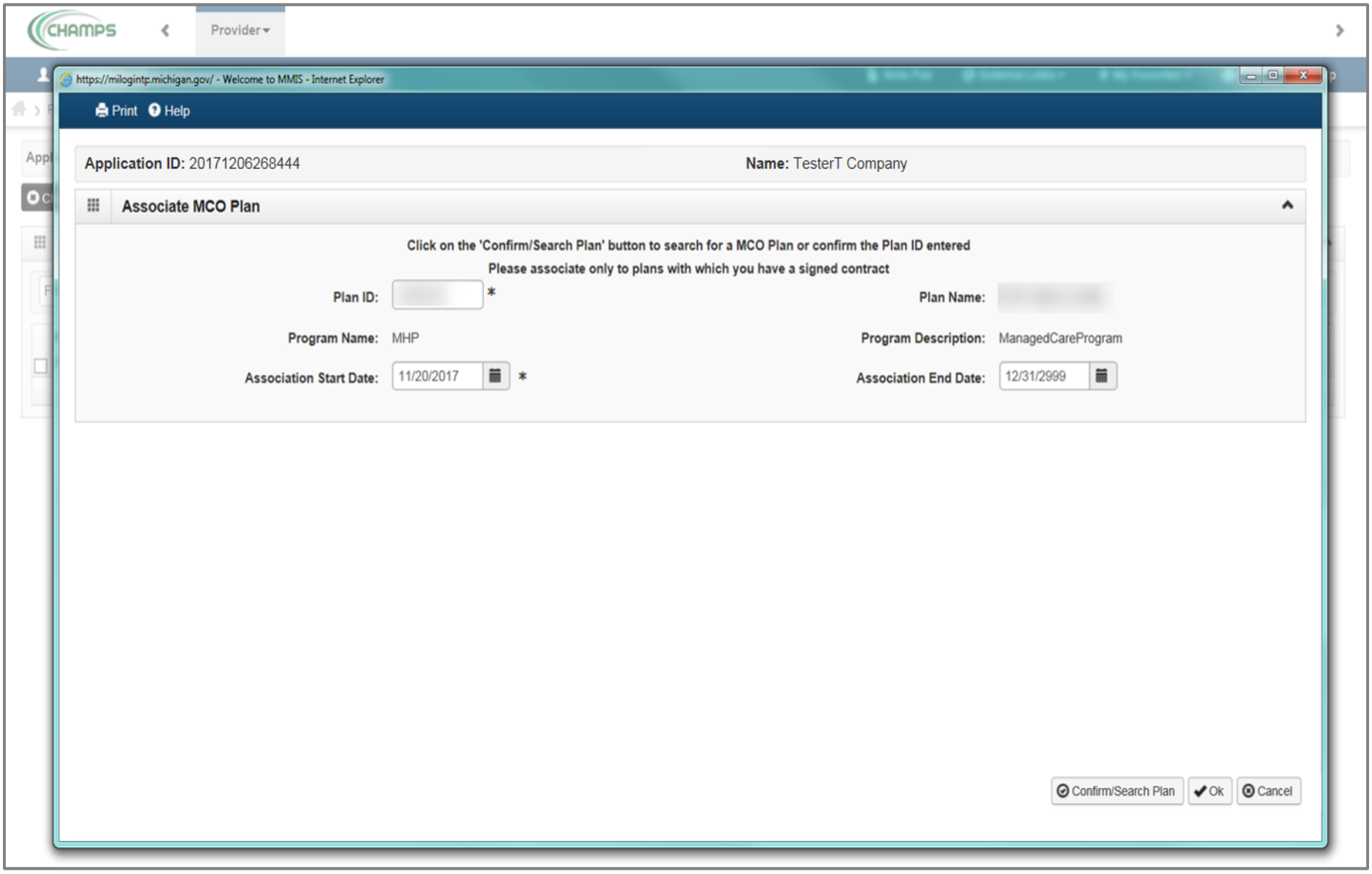

- If choosing to add an MCO Plan;
- Click Add to associate an MCO plan



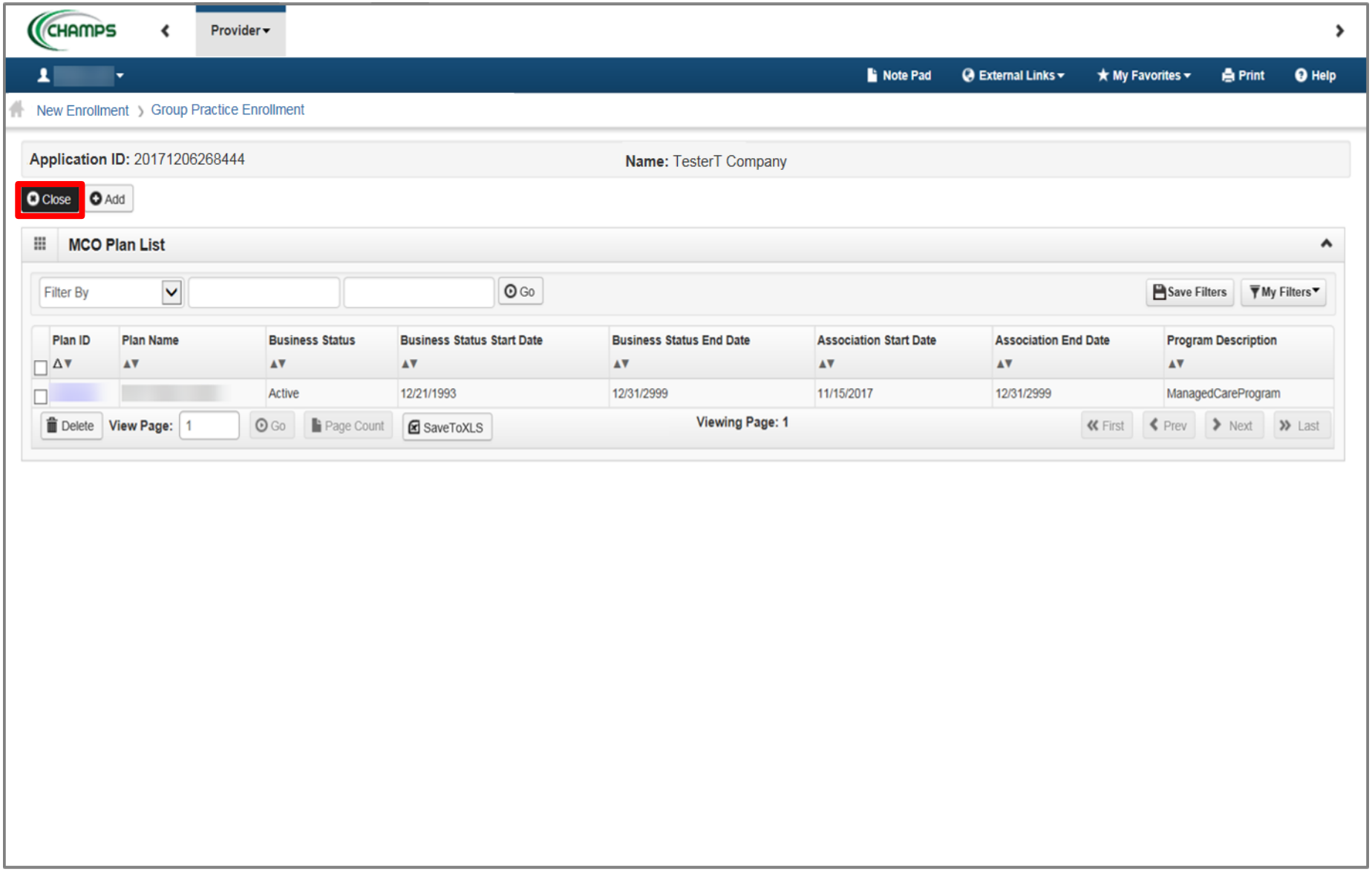

- To locate the MCO Plan ID , click Confirm/Search Plan



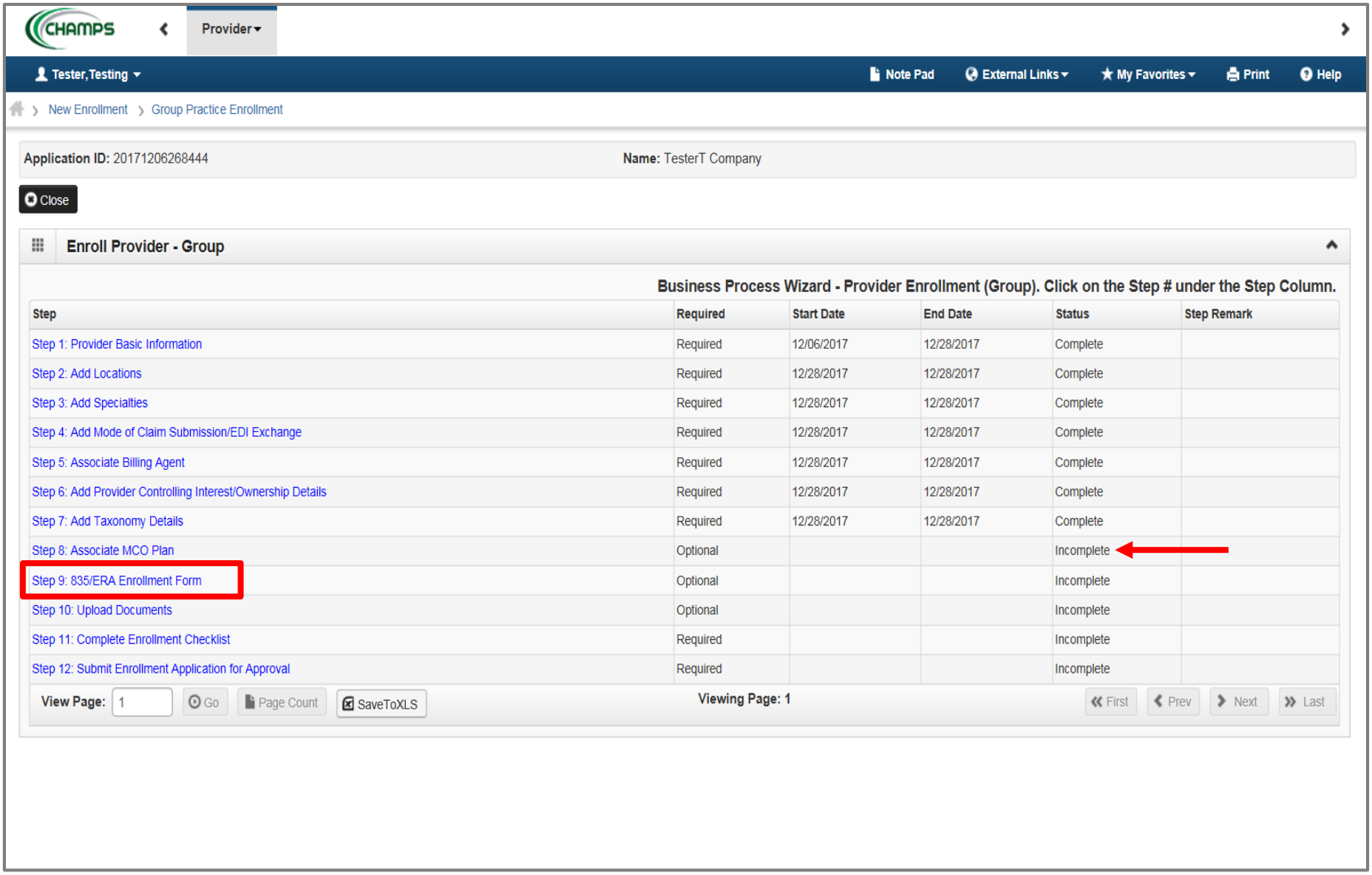

- Check the box next to the MCO Plan you want to select
  *(Please Note: There is more than one page of MCO plans; you may select more than one)*
- Click Select



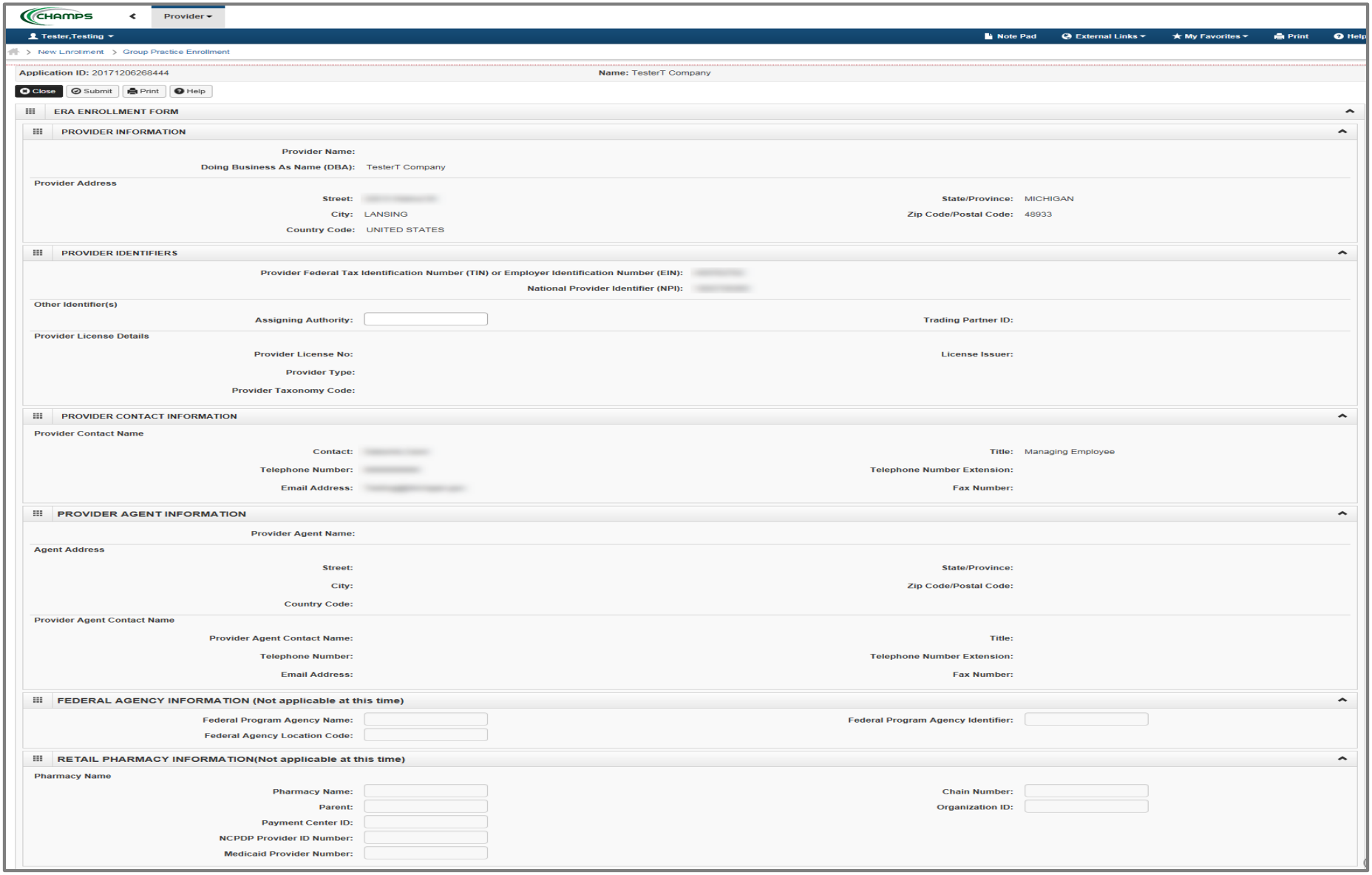

- MCO Plan information will populate
- Click Ok




- MCO Plan information has been associated
- Click Close



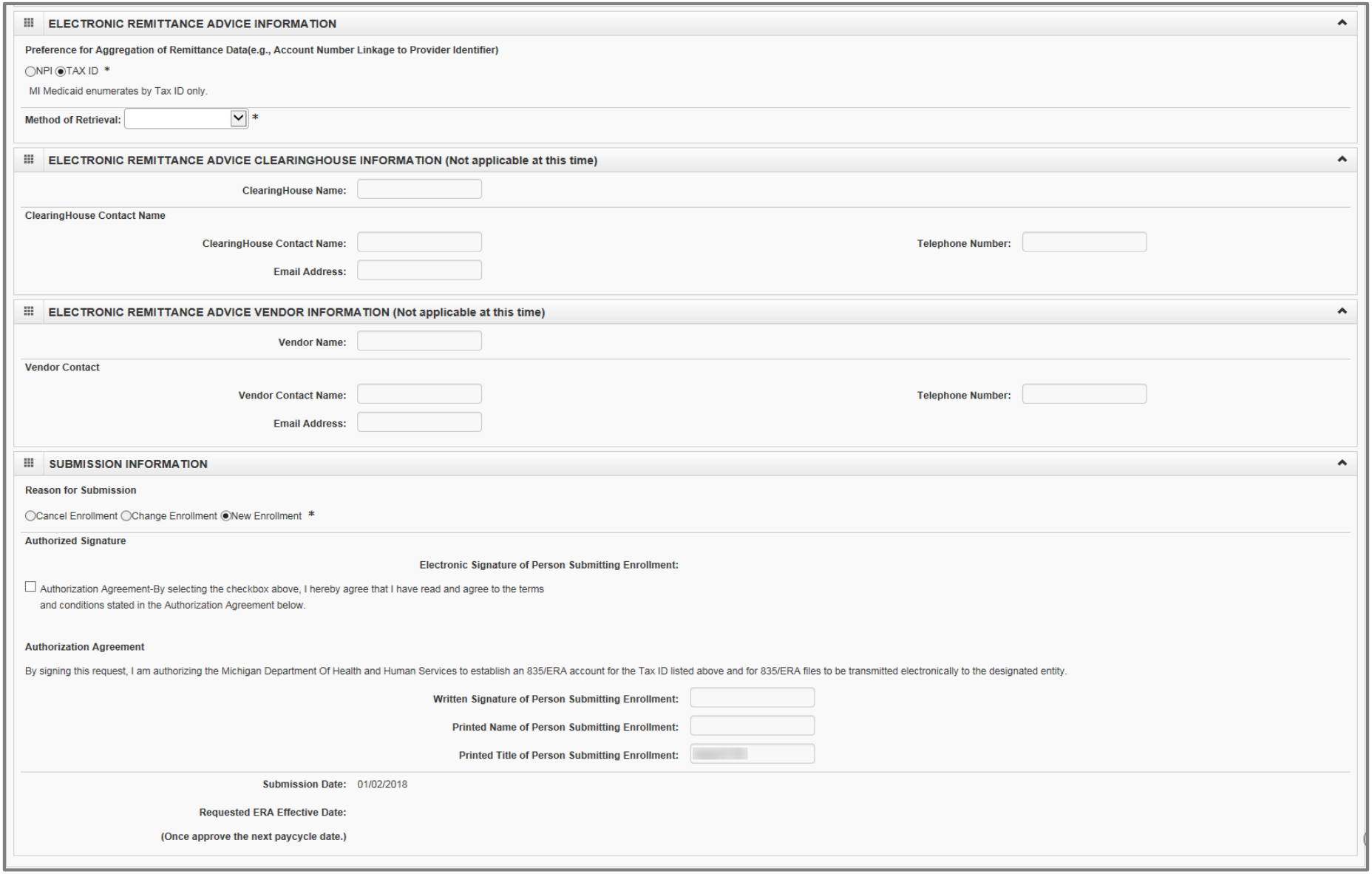

- Finished walking through optional Step 8
- Click on Step 9: 835/ERA Enrollment Form *(Please Note: This step is optional)*




- Step is optional, fill out if provider would like to directly receive their 835 (i.e., electronic remittance advice (ERA))

  *(Please Note: within step 2 providers would have needed to select Yes, to question "Accept 835?")*
- Complete all fields marked with an asterisk (*)

MDHHS
Michigan Department of Health & Human Services



## 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:**

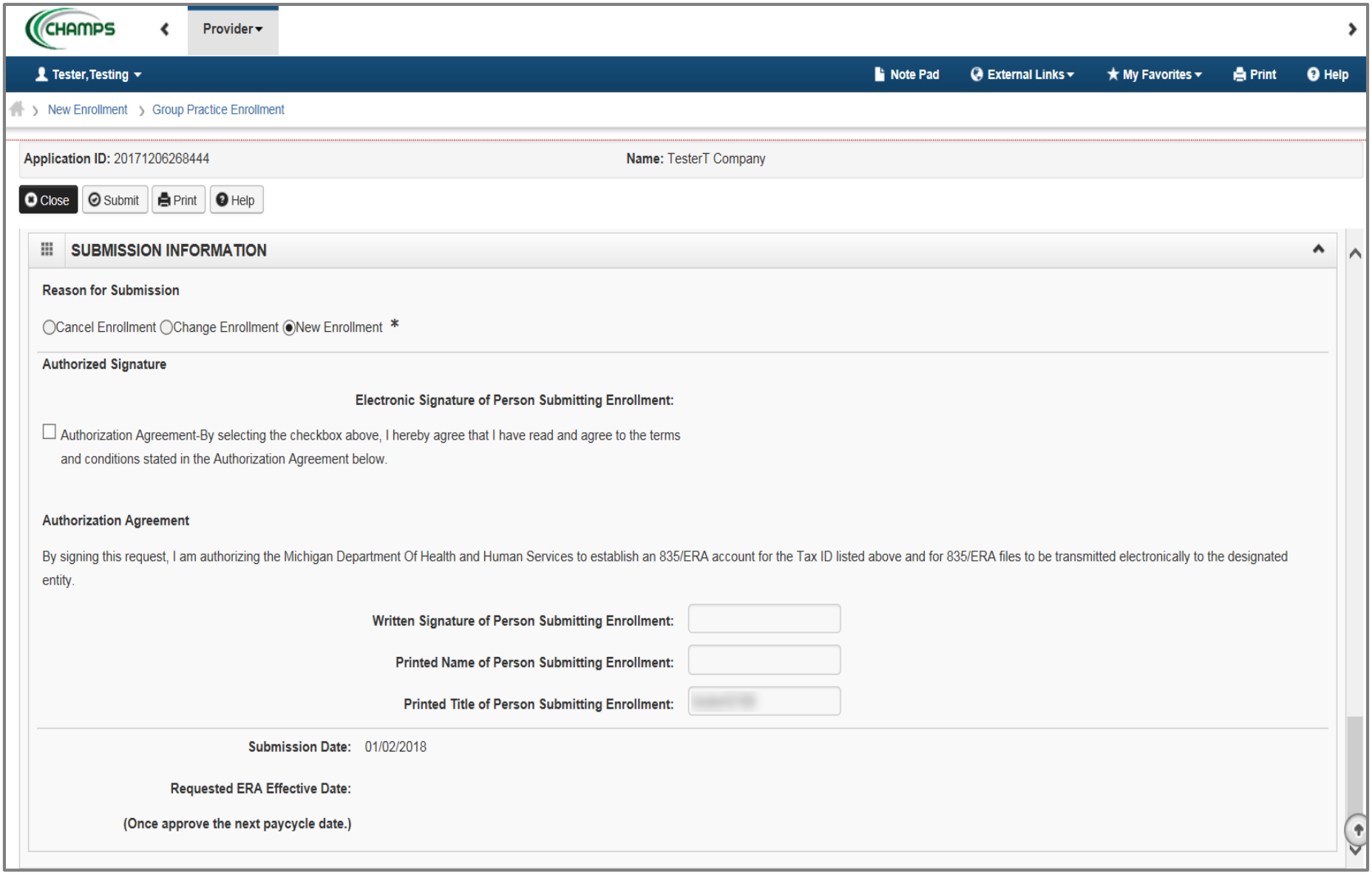
**Submission Date:** 01/02/2018

**Requested ERA Effective Date:**

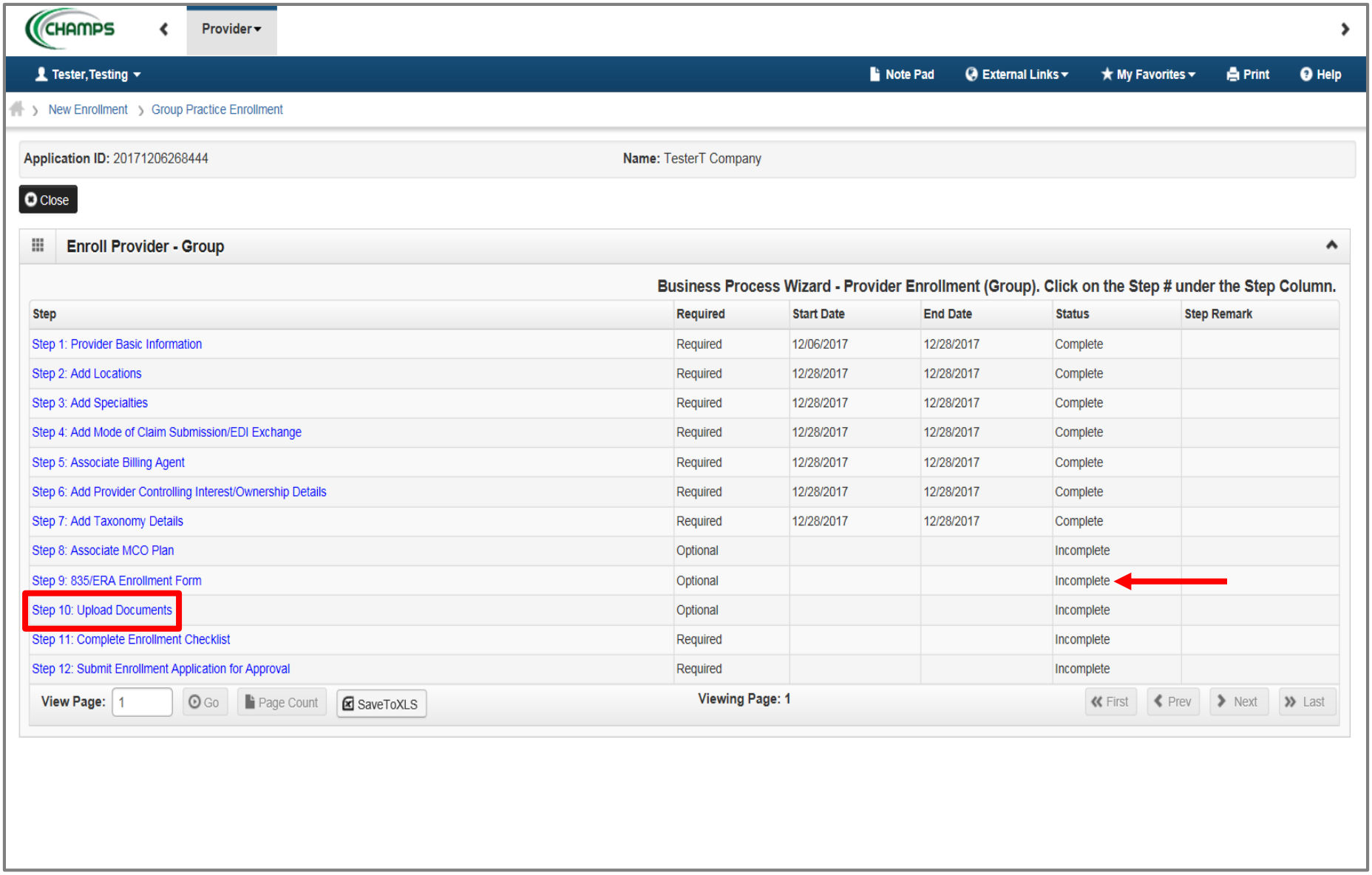
**(Once approve the next paycycle date.)**

- Complete all fields marked with an asterisk (*)

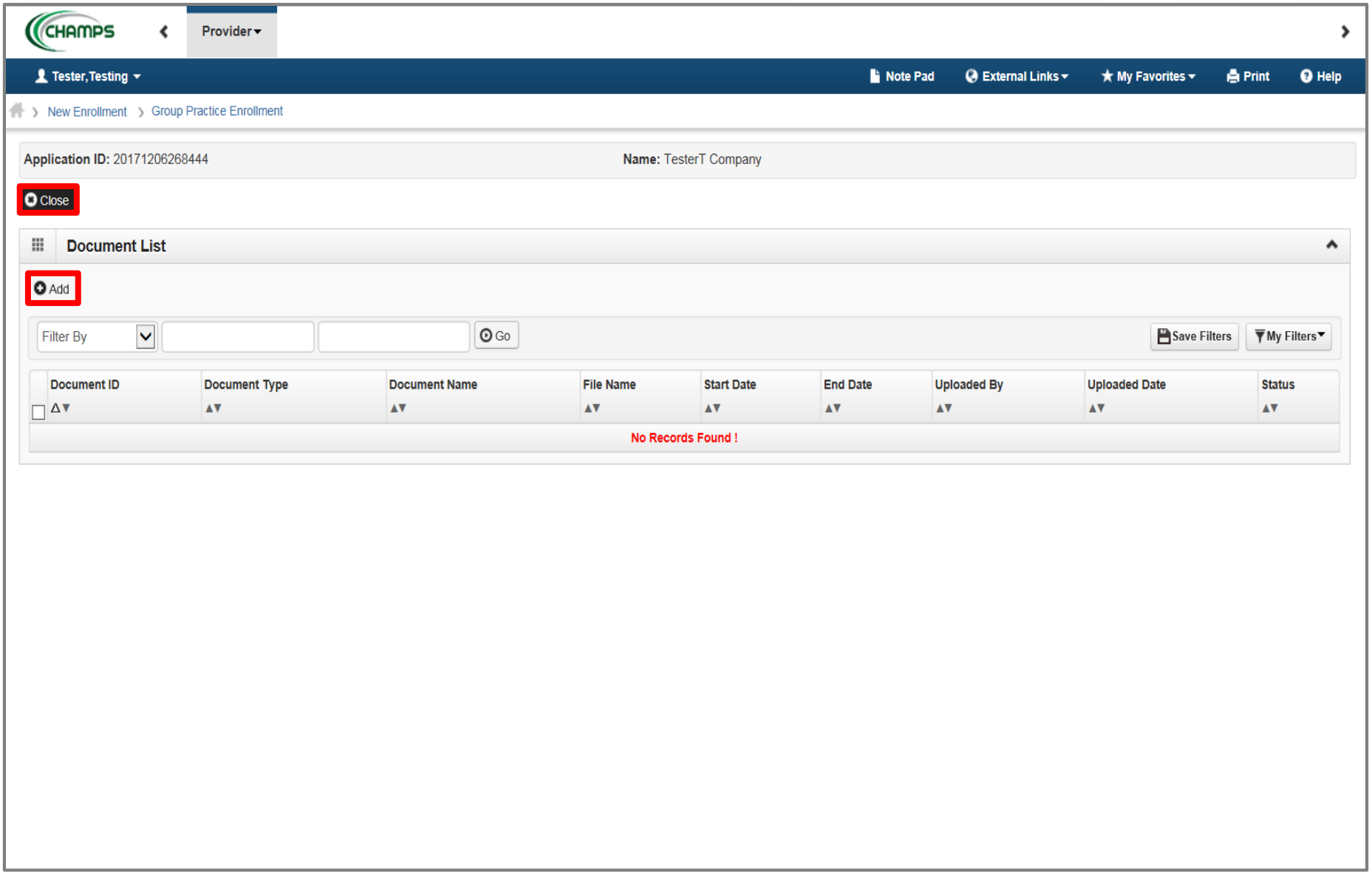
MDHHS
Michigan Department of Health & Human Services



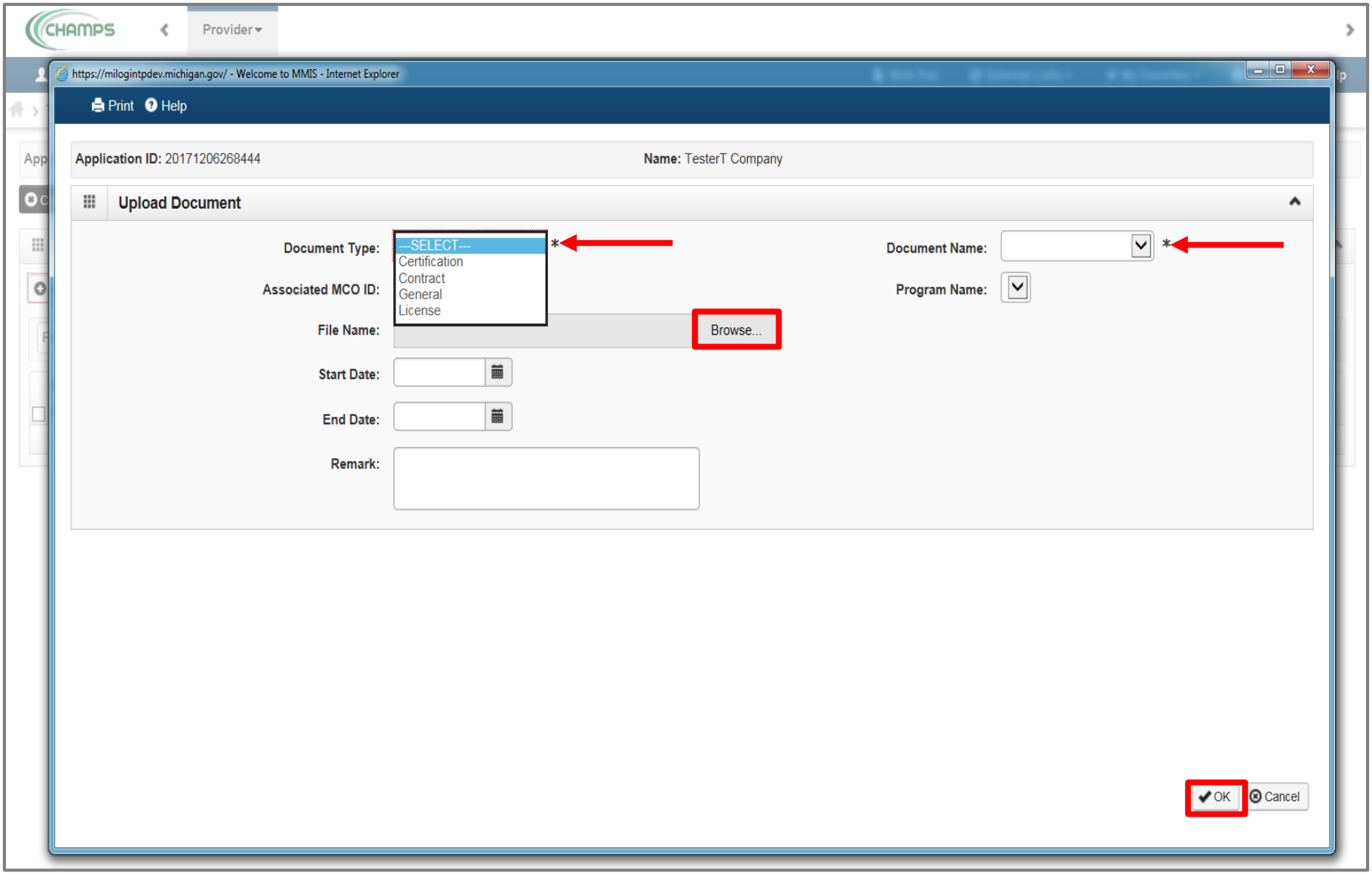

- Click Submit
- Click Close



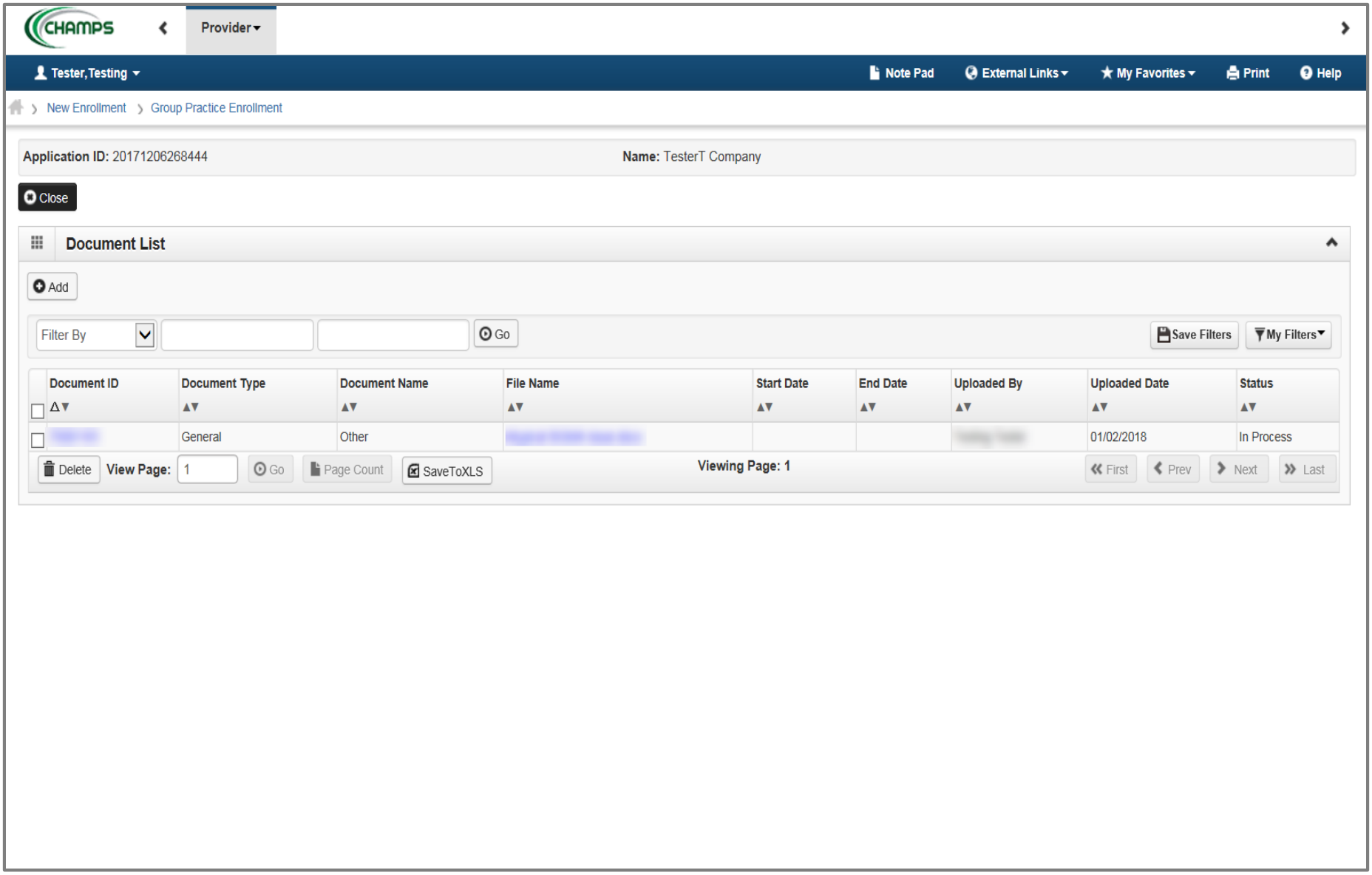

- Finished walking through optional Step 9
- Click on Step 10: Upload Documents *(Please Note: This step is optional)*



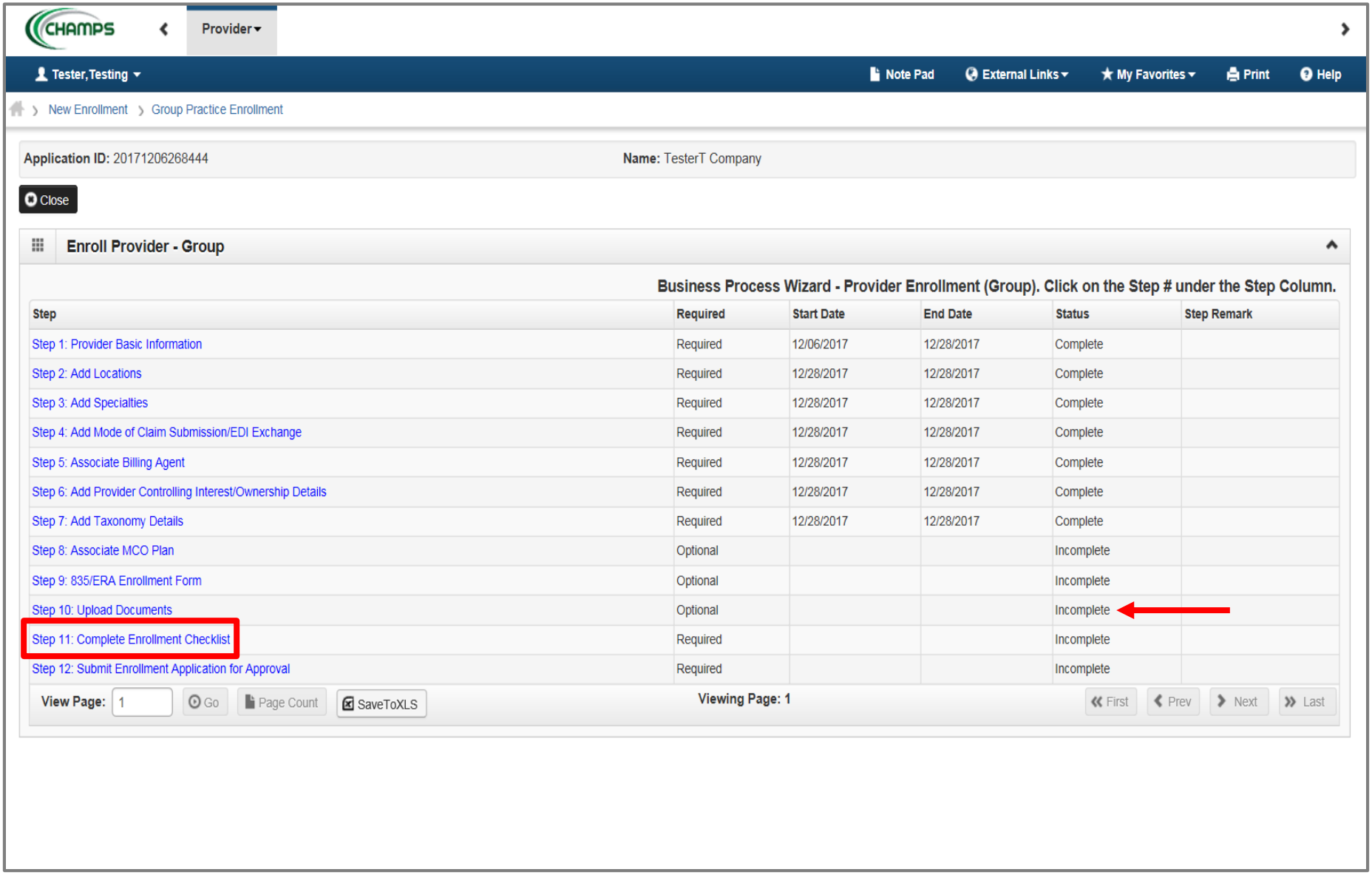

- This step is optional, if documentation needs to be uploaded, click Add
- If not, click Close



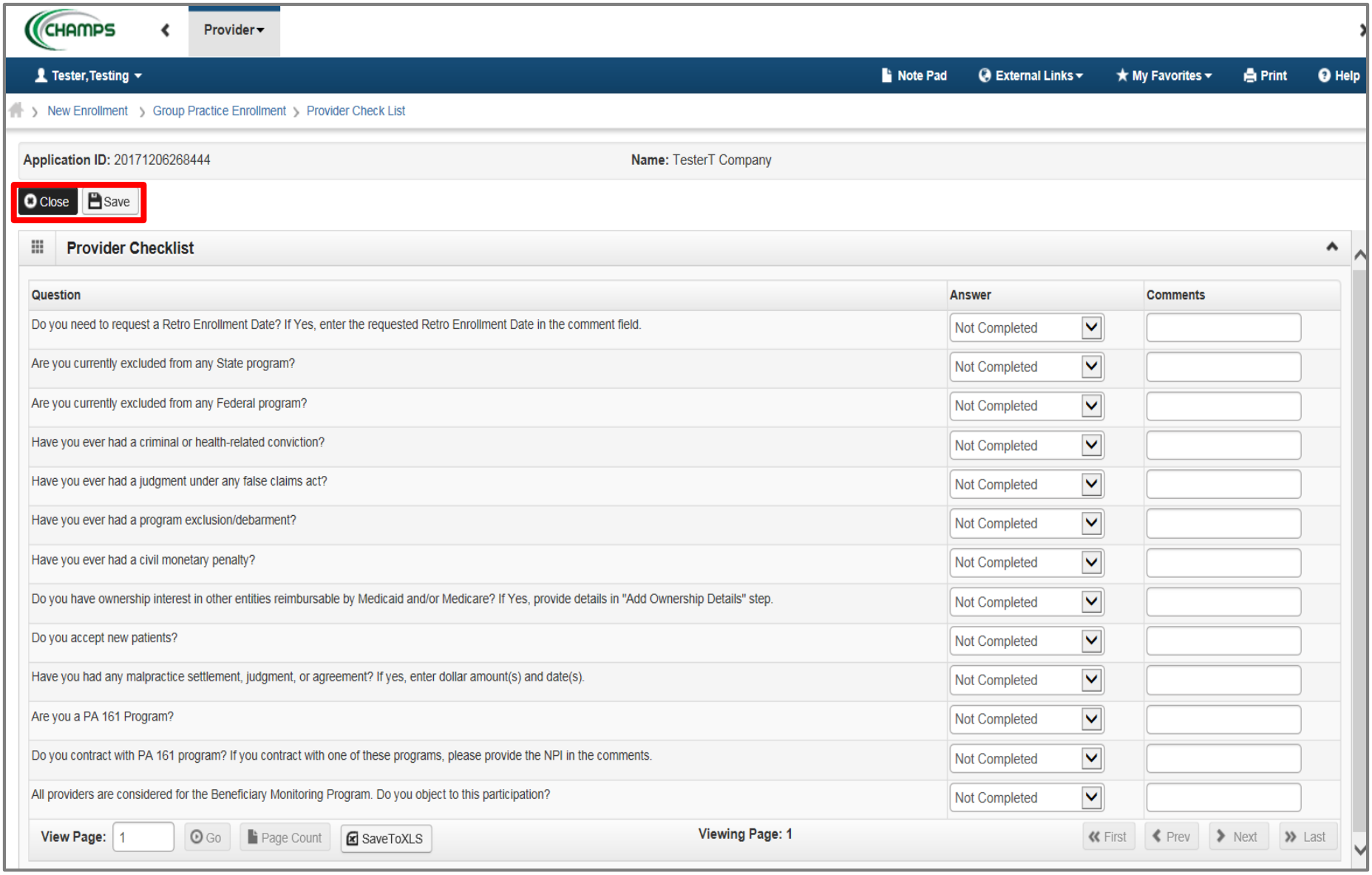

- If provider chooses to upload a document;
- Select the document type and document name
- Click Browse to find the saved document on your computer
- Enter any other additional information
- Click Ok



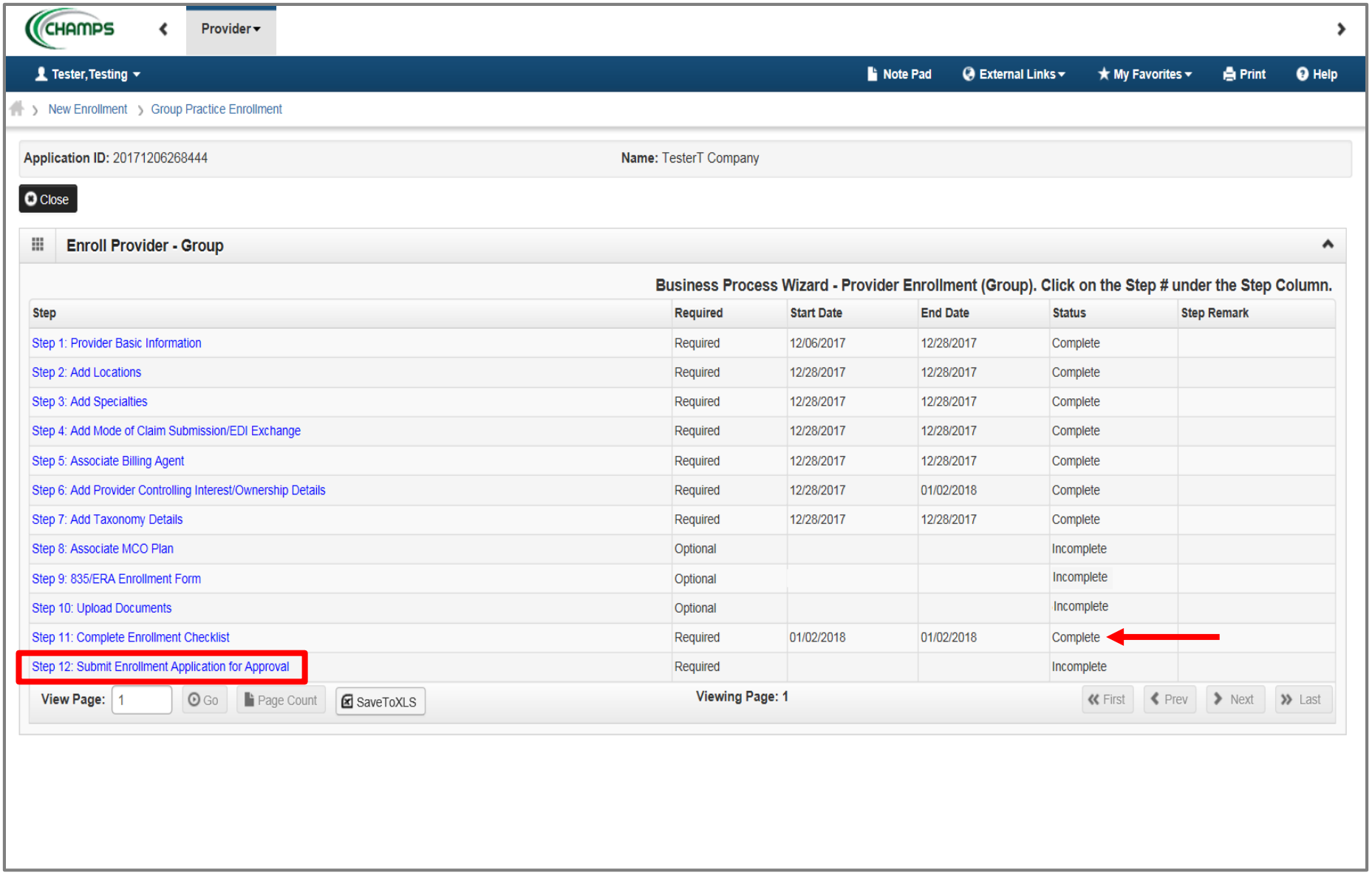

- The documentation has been added
- To return to the enrollment steps, click Close




- Finished walking through optional Step 10
- Click on Step 11: Complete Enrollment Checklist




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

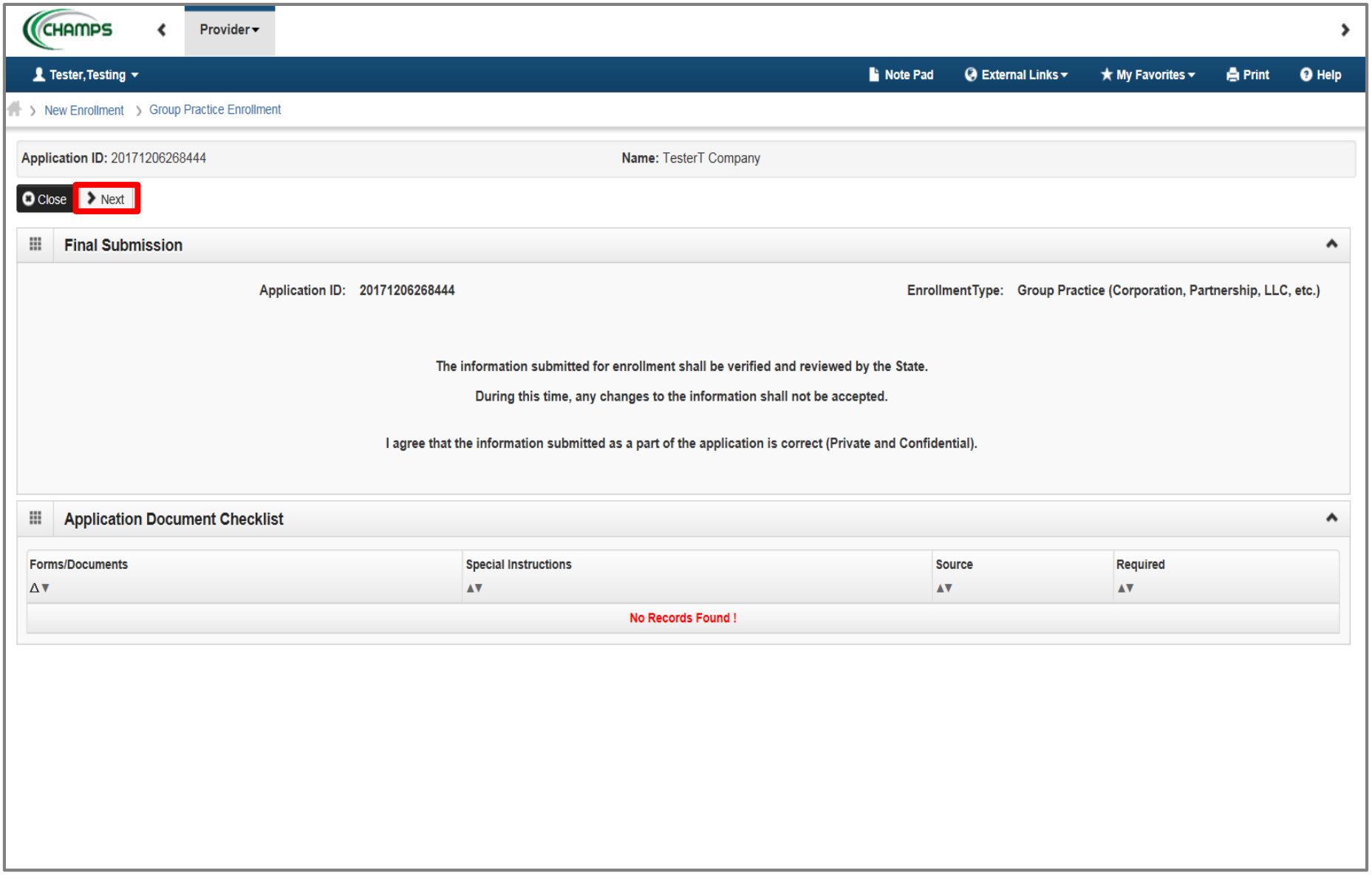



| Step | Required | Start Date | End Date | Status | Step Remark |
|---|---|---|---|---|---|
| Step 1: Provider Basic Information | Required | 12/06/2017 | 12/28/2017 | Complete | |
| Step 2: Add Locations | Required | 12/28/2017 | 12/28/2017 | Complete | |
| Step 3: Add Specialties | Required | 12/28/2017 | 12/28/2017 | Complete | |
| Step 4: Add Mode of Claim Submission/EDI Exchange | Required | 12/28/2017 | 12/28/2017 | Complete | |
| Step 5: Associate Billing Agent | Required | 12/28/2017 | 12/28/2017 | Complete | |
| Step 6: Add Provider Controlling Interest/Ownership Details | Required | 12/28/2017 | 01/02/2018 | Complete | |
| Step 7: Add Taxonomy Details | Required | 12/28/2017 | 12/28/2017 | Complete | |
| Step 8: Associate MCO Plan | Optional | | | Incomplete | |
| Step 9: 835/ERA Enrollment Form | Optional | | | Incomplete | |
| Step 10: Upload Documents | Optional | | | Incomplete | |
| Step 11: Complete Enrollment Checklist | Required | 01/02/2018 | 01/02/2018 | Complete | |
| Step 12: Submit Enrollment Application for Approval | Required | | | Incomplete | |

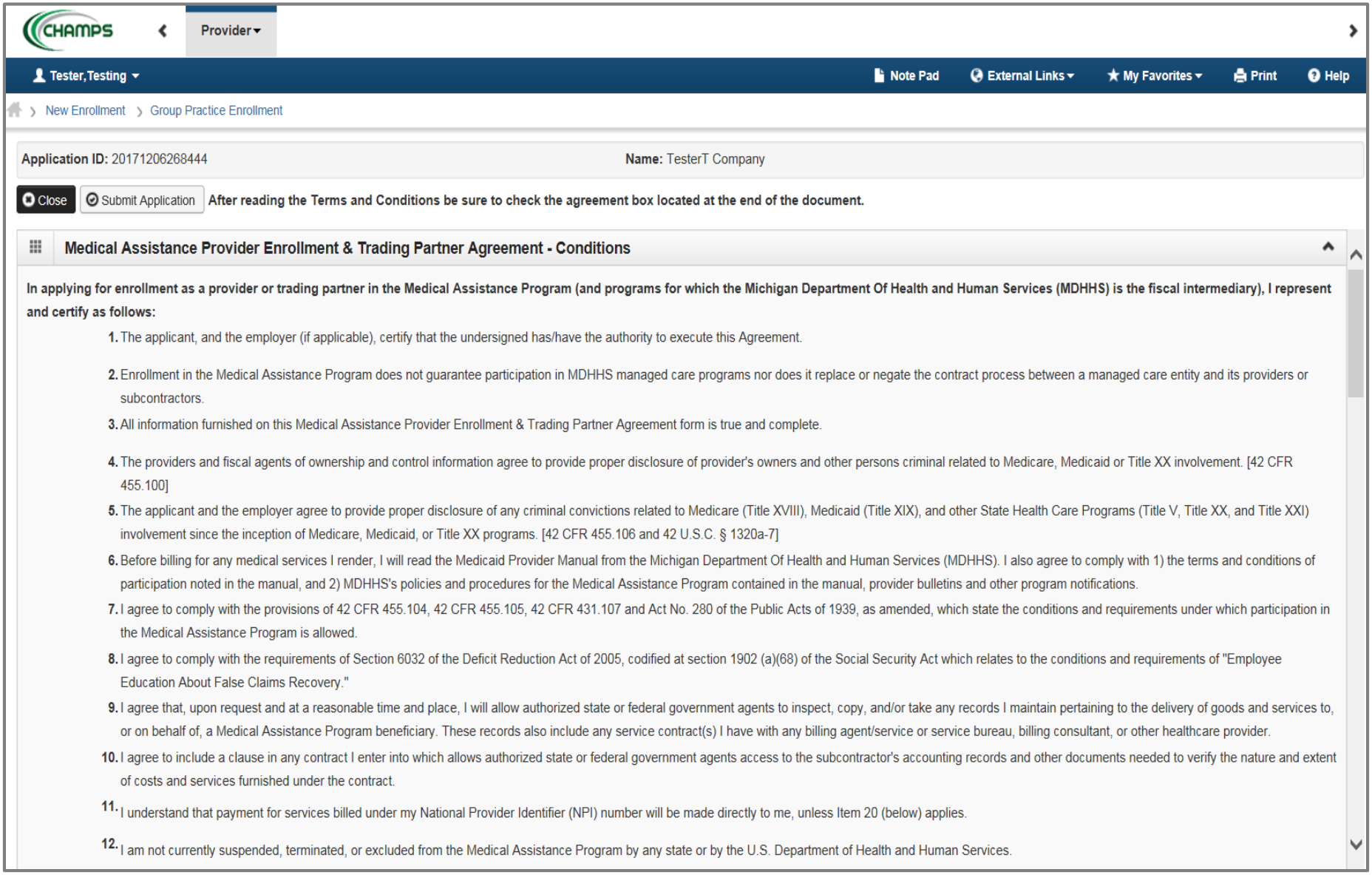
- Step 11 is complete
- Click on Step 12: Submit Enrollment Application for Approval

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

*You must complete step 12 to submit your application*

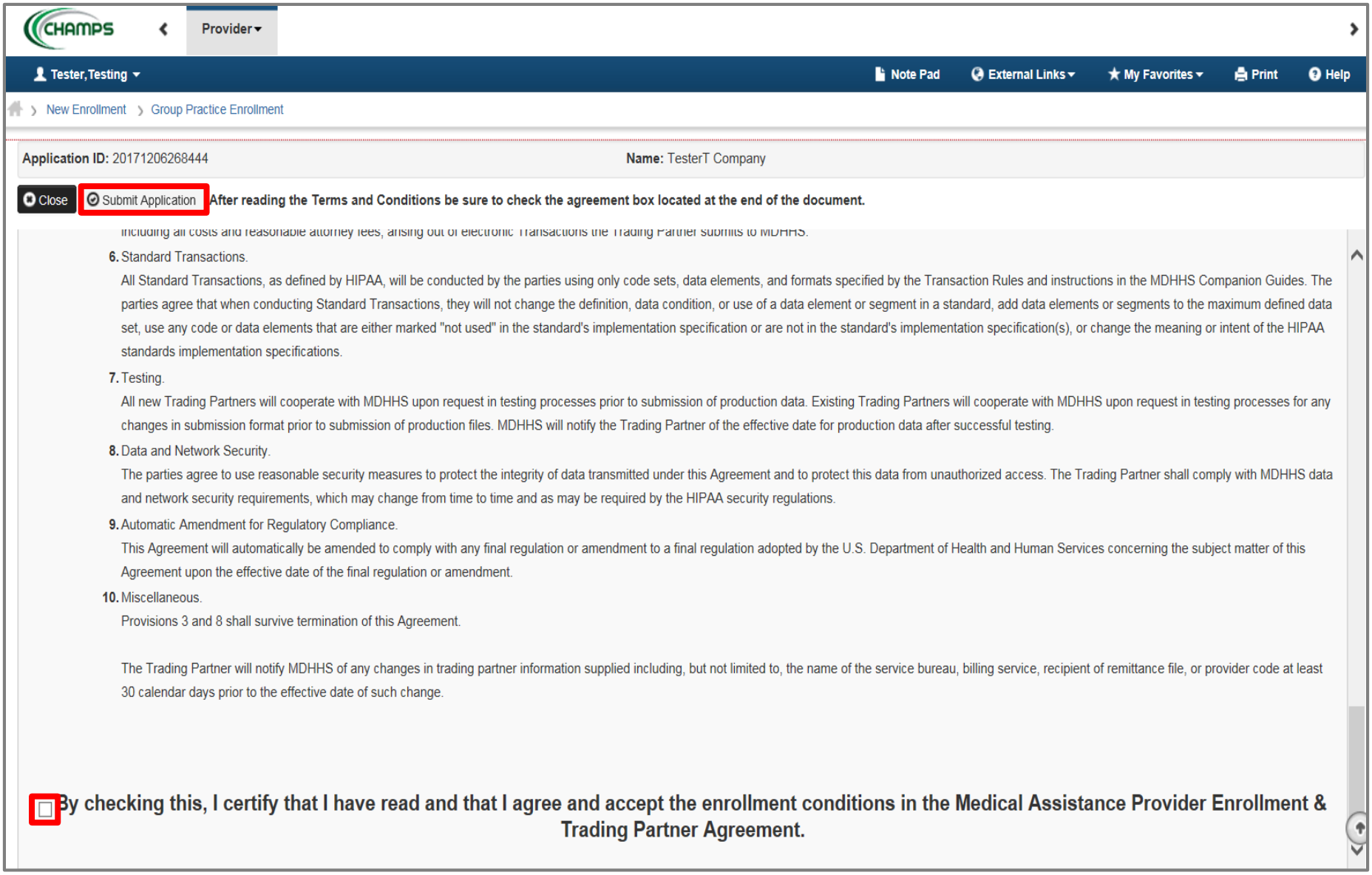



- Final Submission: Click Next

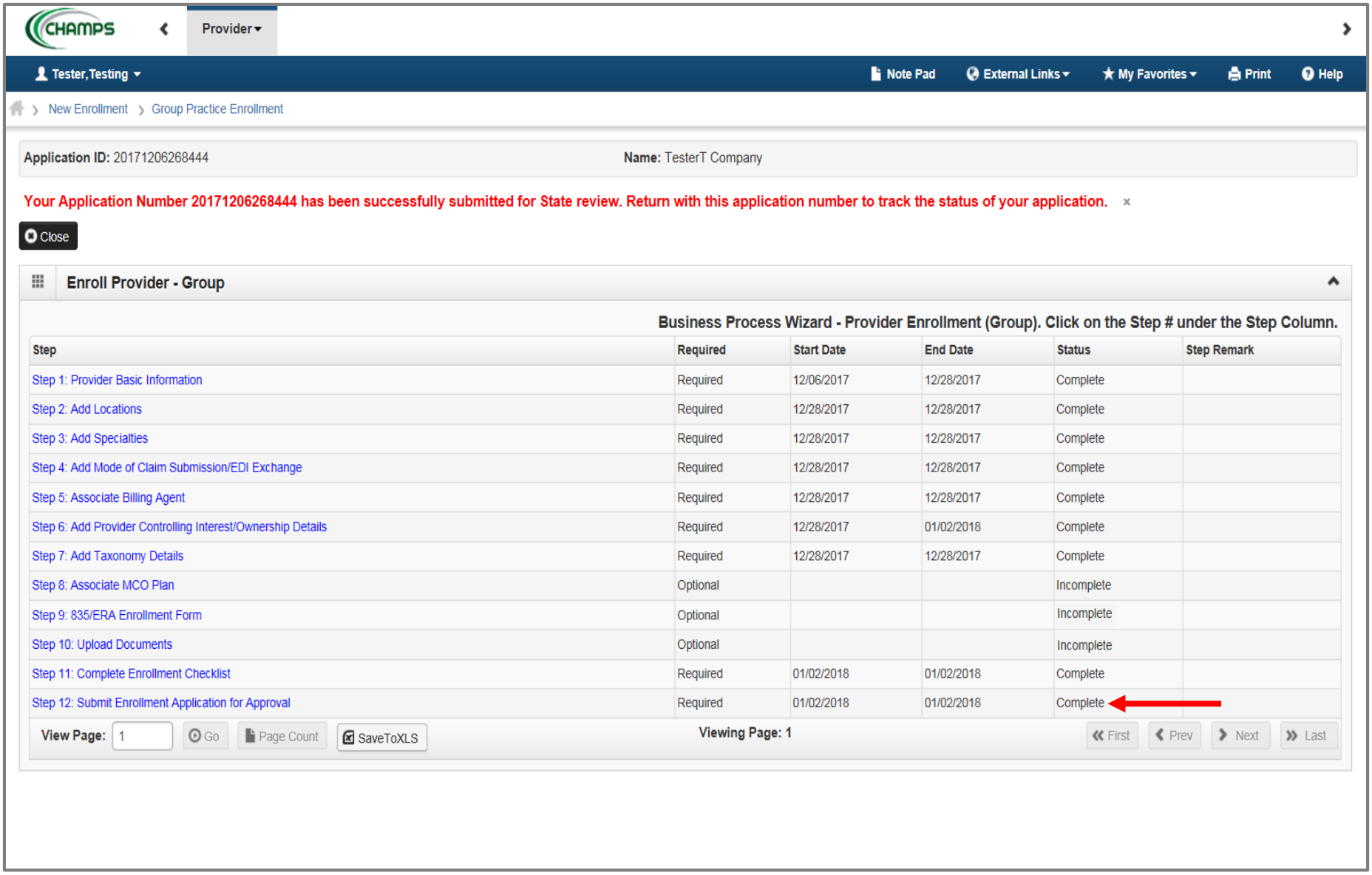



- Read through the entire list of Terms and Conditions

MDHHS
Michigan Department of Health & Human Services




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

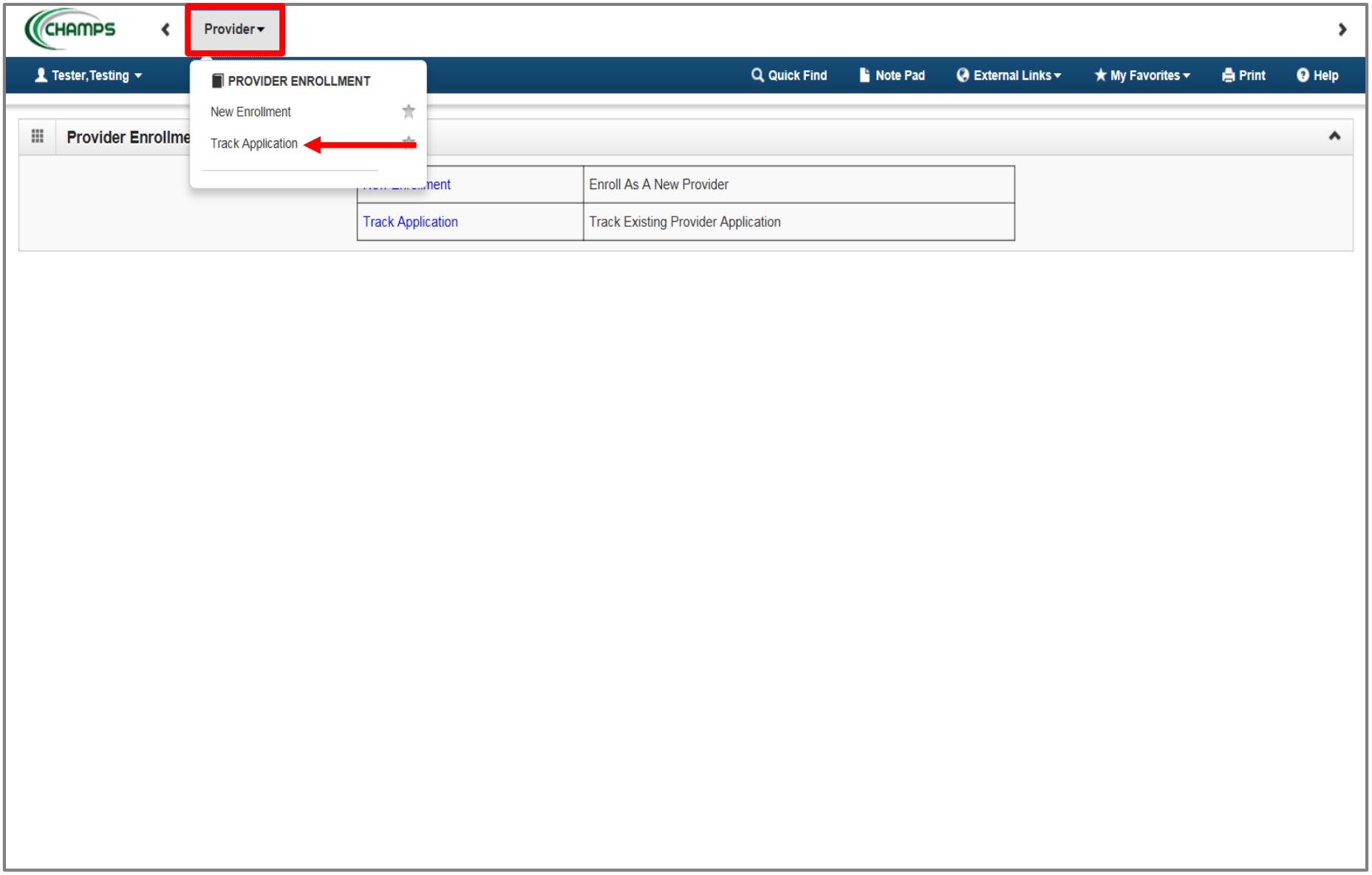



- Step 12 is now complete and the application has been submitted to the State for review
- Take note of your Application ID for further tracking
- Click Close

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

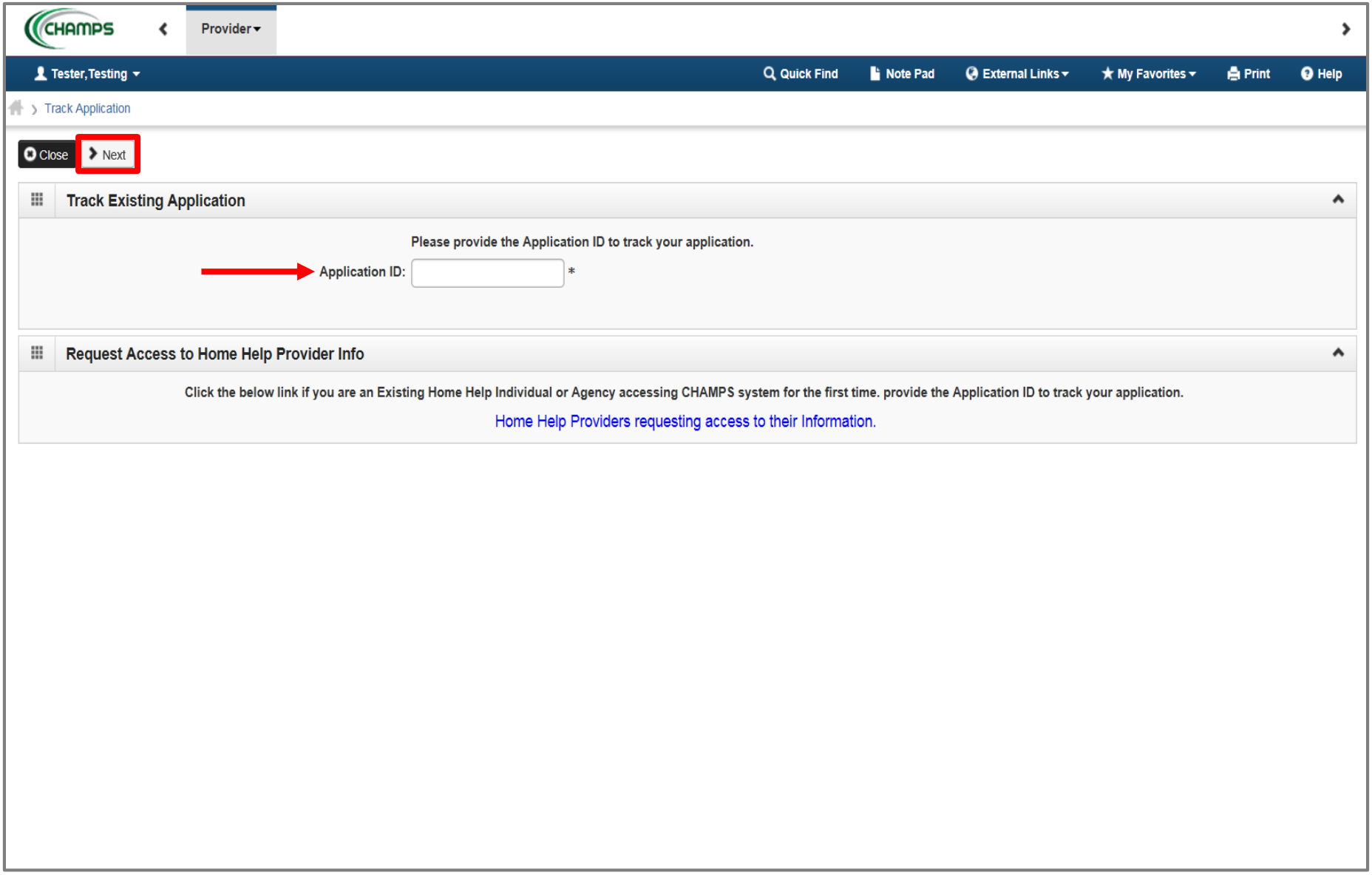
# Track Existing Application

How to track a submitted application within CHAMPS



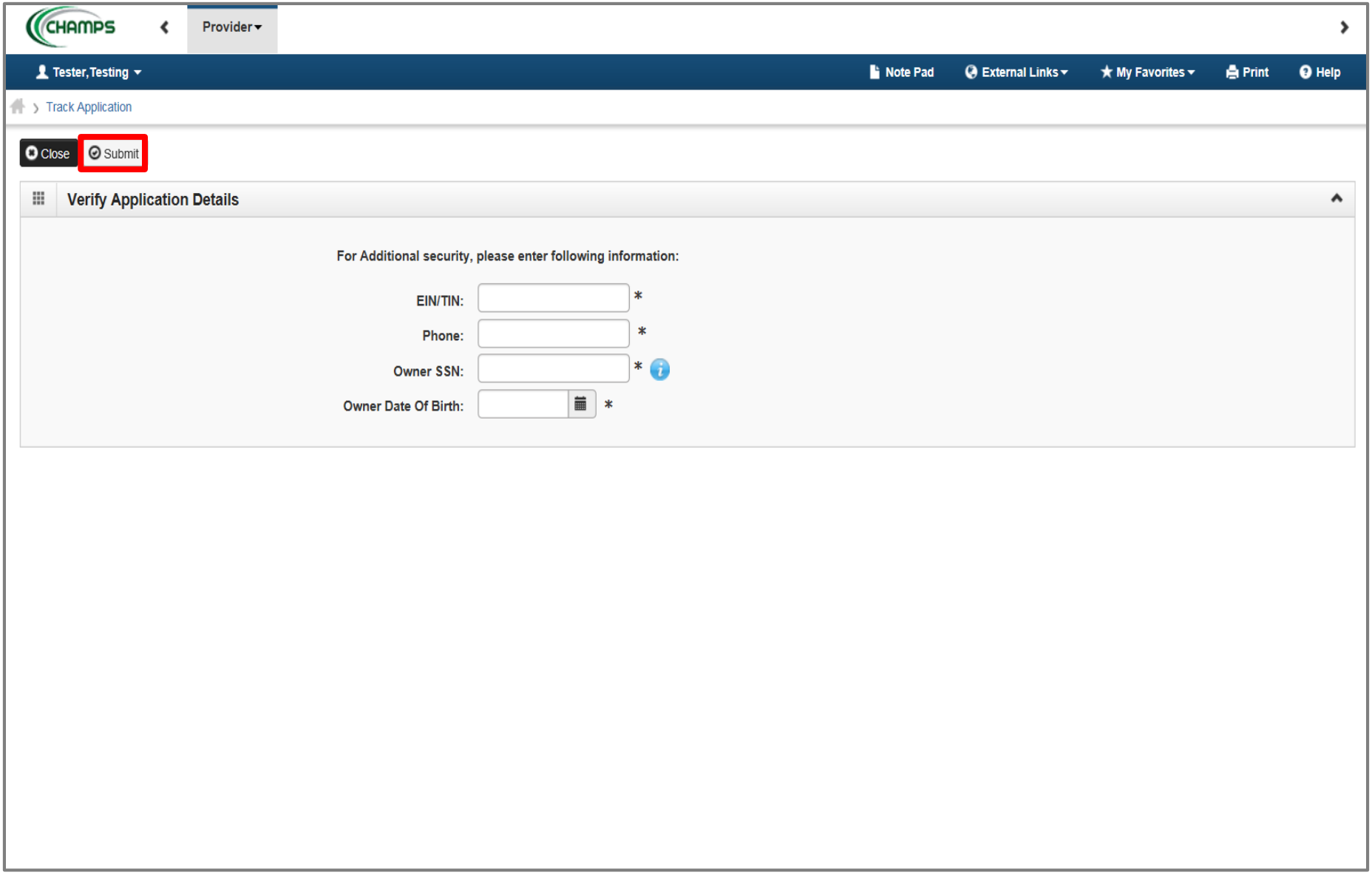

- Click Provider tab
- Select Track Application

MDHHS
Michigan Department of Health & Human Services



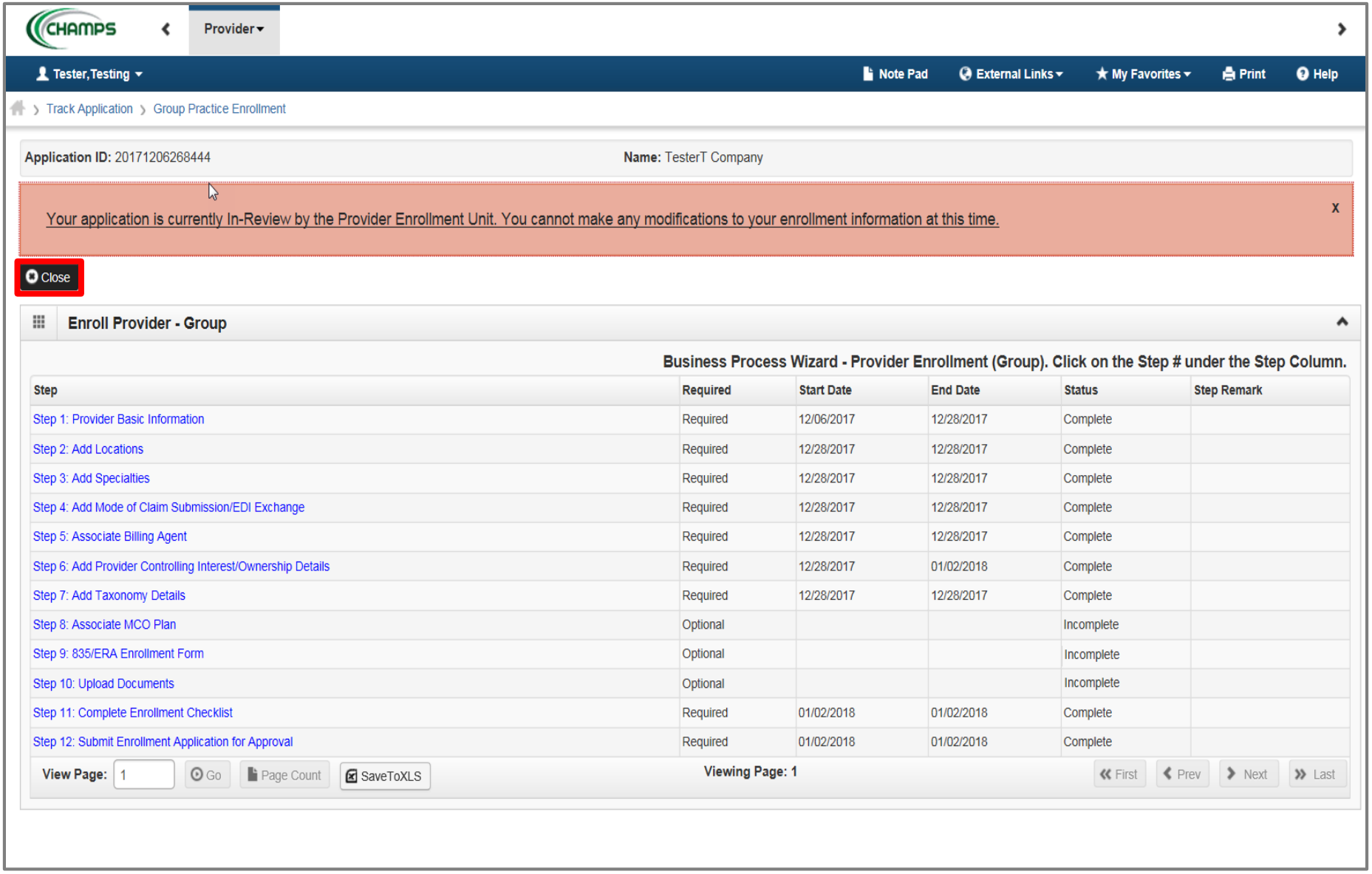

- Fill in Application ID
- Click Next

MDHHS
Michigan Department of Health & Human Services




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

MDHHS
Michigan Department of Health & Human Services




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

# Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders

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

- **Provider Support:**
  - ProviderSupport@michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program

MDHHS
Michigan Department of Health & Human Services