

# CHAMPS

Provider  
Enrollment:  
Billing Agent  
Modification



“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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## Resources

# Modification Overview

- A modification is submitted in CHAMPS when enrollment information needs to be updated or changed.
- Before submitting a modification, all steps with a status of required must show as complete. A modification will not be able to be submitted with incomplete steps.
- Billing Agents wishing to elect another person to have Domain Administrator rights are required to submit:
  - Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
    - Include the CHAMPS 7-digit Provider ID (instead of NPI)
    - Other field: Indicate you need Domain Admin access for the billing agent enrollment
  - Electronic Signature Agreement ([DCH-1401](#))
    - Include the CHAMPS 7-digit Provider ID (instead of NPI)

# Billing Agent Modification Instructions

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Checklist

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# 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.
- Enter the User ID and Password.
- Click Log In.

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 features a dark blue background with the heading 'Michigan's one-stop login solution for business' and a teal arrow pointing right. Below this, a paragraph explains that MiLogin connects users to all State of Michigan business services through a single user ID. The right side of the page shows a white login form with the following elements: 'Welcome to MiLogin for Business', 'User ID' label and input field (with a red arrow pointing to the field), a 'Lookup your user ID' link, 'Password' label and input field (with a red arrow pointing to the field), a 'Forgot your password?' link, a teal 'Log In' button (with a red border), and a white 'Create an Account' button. The footer contains 'Copyright 2023 State of Michigan' and a 'Policies' link.

# Register for MiLogin and CHAMPS

- Users will be directed to the MiLogin Welcome Page.
- Click the CHAMPS hyperlink.

The screenshot shows the 'MiLogin for Business' website. The header includes a Michigan state icon, the title 'MiLogin for Business', and navigation links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. The main content area features a dark blue header with the text 'Welcome [blurred name]' and the instruction 'Access your requested online services and search for more.' Below this, there are two white boxes. The left box contains the MDHHS logo, the text 'Michigan Department of Health & Human Services (MDHHS)', and a 'CHAMPS' link with a right-pointing arrow icon. This arrow icon is highlighted with a red rectangular box. The right box is titled 'Discover Online Services' and contains text explaining that MiLogin is used to secure many online services at the State of Michigan, along with a 'Find Services >' link. The footer of the page includes 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

# 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 is a paragraph describing CHAMPS as the Michigan Medicaid Management Information System (MMIS). A section titled 'Please accept the Terms and Conditions to continue:' contains a scrollable box with the full text of the terms and conditions. Below this box is a checked checkbox labeled 'I agree to the Terms & Conditions'. A red box highlights the 'Launch service' button. The footer contains 'Copyright 2023 State of Michigan' and a link to 'Policies'.

**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

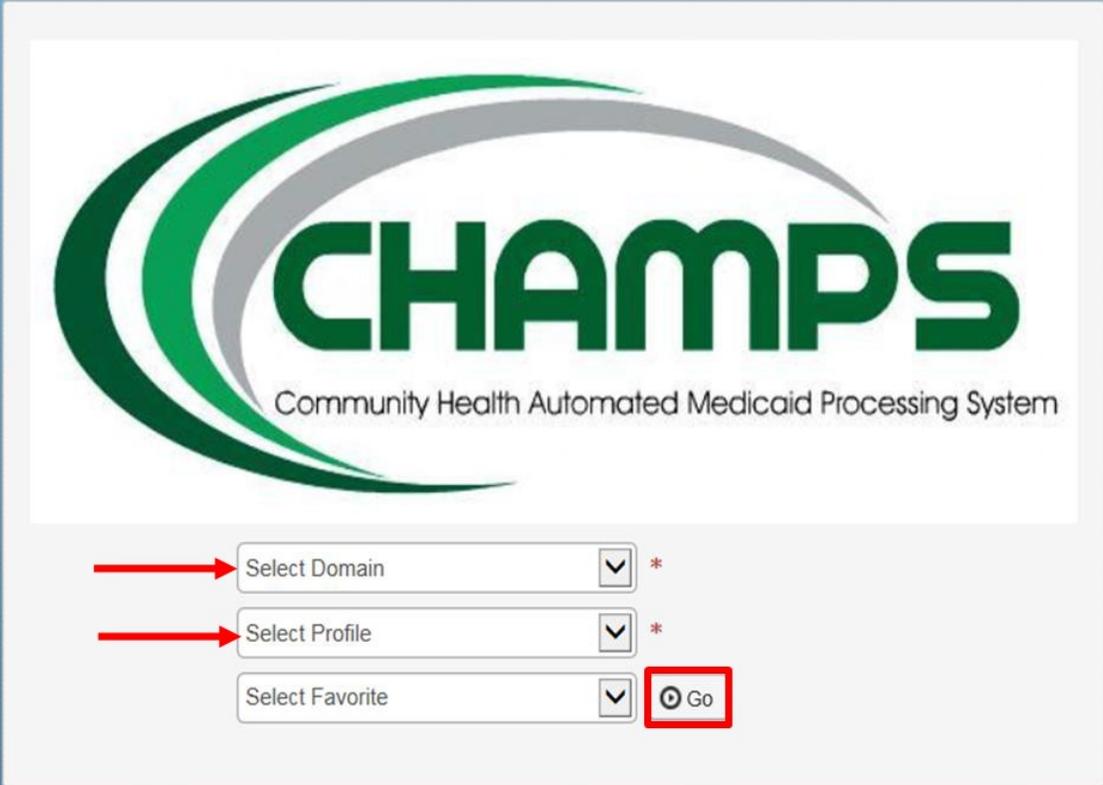
I agree to the Terms & Conditions

**Launch service**

Copyright 2023 State of Michigan Policies

## Register for MiLogin and CHAMPS

- Select the Billing Agent Provider ID from the Domain dropdown.
- Select the Billing Agent Access from the Select Profile dropdown.
- Click Go.
  - Please Note: If there are no Domain or Profile options to select from reference [Domain Administrator Functions](#) >> Adding Users/Assigning Profiles.



CHAMPS  
Community Health Automated Medicaid Processing System

Select Domain \*  
Select Profile \*  
Select Favorite \* Go

# Billing Agent Modification

- Click the Provider Tab.
- Select the Manage Provider Information.

The screenshot displays the CHAMPS Provider Portal interface. At the top, the 'Provider' tab is highlighted with a red box. A dropdown menu is open, showing two main sections: 'PROVIDER ENROLLMENT' with options 'New Enrollment' and 'Track Application', and 'MANAGE PROVIDER' with the option 'Manage Provider Information'. A red arrow points to 'Manage Provider Information'. Below the menu, there are input fields for 'Provider ID' and 'Name'. A table with columns 'Alert Type', 'Alert Message', 'Alert Date', 'Due Date', 'Read', and 'Tickler Modified Date' is visible, with a red message 'No Records Found!' below it. On the right, a calendar for February 2024 shows the current date as 27 February 2024, Tuesday, at 13:30.

# Billing Agent Modification

- Billing Agent enrollment steps are listed, this page is also referred to as the Business Process Wizard.
  - Note: some steps are required versus optional.
- Click any of the step hyperlinks to make updates to the information within the step.
- Before submitting the modification for State review all required steps with a status of Incomplete will need to be completed.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile dropdown, and a 'Last Login' timestamp of 27 FEB, 2024 11:09 AM. Below the navigation bar, the breadcrumb trail shows 'Provider Portal > Submitter Modification BPW'. The main content area features a 'Provider ID' and 'Name' input field, with 'Close' and 'Undo Update' buttons. A green notification banner states: 'COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION'. Below this is a section titled 'View/Update Provider Data - Billing Agent' with a sub-header 'Business Process Wizard - Provider Data Modification (Billing Agent)'. A table lists the modification steps with columns for Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark. The table shows seven steps, with Step 5 (Complete Modification Checklist) marked as 'Incomplete'. At the bottom of the table, there are controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1' with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> <a href="#">Step 1: Provider Basic Information</a>	Required	05/11/2021	05/12/2021	Complete		
<input type="checkbox"/> <a href="#">Step 2: Mode of Claim Submission/EDI Exchange</a>	Required	04/21/2021	05/12/2021	Complete		
<input type="checkbox"/> <a href="#">Step 3: Provider Controlling Interest/Ownership Details</a>	Required	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> <a href="#">Step 4: Upload Documents</a>	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> <a href="#">Step 5: Complete Modification Checklist</a>	Required	05/11/2021	05/12/2021	Incomplete		
<input type="checkbox"/> <a href="#">Step 6: View Associated Providers Details</a>	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> <a href="#">Step 7: Submit Modification Request for Review</a>	Required	05/11/2021	05/12/2021	Complete		

# Step 1

# Provider Basic Information

Make updates to Claim Submission Type, Contact Information, and Billing Agent Address details

After completing this step, if no other updates are needed continue to [Step 5: Complete Modification Checklist](#) and [Step 7: Submit Modification Request for Review](#).

# Step 1: Provider Basic Information

- Click on Step 1: Provider Basic Information to update the Claim Submission Type, Contact Information, and Address details.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this, a breadcrumb trail shows 'Provider Portal > Submitter Modification BPW'. The main content area is titled 'View/Update Provider Data - Billing Agent' and contains a table with the following data:

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	05/11/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 2: Mode of Claim Submission/EDI Exchange	Required	04/21/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 3: Provider Controlling Interest/Ownership Details	Required	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 4: Upload Documents	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 5: Complete Modification Checklist	Required	05/11/2021	05/12/2021	Incomplete		
<input type="checkbox"/> Step 6: View Associated Providers Details	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 7: Submit Modification Request for Review	Required	05/11/2021	05/12/2021	Complete		

At the bottom of the table, there are navigation controls: 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

## Step 1: Provider Basic Information

- Make updates to information as needed. Required information is indicated with an asterisk (\*).
  - Note: If the billing agent address needs to be updated, do not change the end date of the current listed address. Make updates to the address that is currently listed, and click validate address.
- Once changes have been made, click Ok.

The screenshot shows the CHAMPS web application interface. The browser address bar displays 'https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer'. The page title is 'Provider'. The form is divided into several sections:

- Provider Details:** Includes fields for 'Entity Business Name' (required), 'Business Status' (Active), 'Status' (Approved), 'Business Elig. Date Range' (06/04/2014-12/31/2999), and 'Indicate Claim Submission Type' (Dental, Institutional, Professional - checked).
- Support Contact:** Includes fields for 'First Name' (required), 'Last Name' (required), 'Phone Number' (required), 'Fax Number', 'Middle Initial', and six 'Email' fields (Email-1 to Email-6).
- Technical Contact:** Includes a checked checkbox for 'Same as Support Contact' and corresponding fields for 'First Name' (required), 'Last Name' (required), 'Phone Number' (required), 'Fax Number', 'Middle Initial', and six 'Email' fields.
- Billing Agent Address Details:** Includes an 'End Date' field (12/31/2999), instructions for entering department/drawer numbers in line two and attention lines in line three, and fields for 'Address Line 1' (required), 'Address Line 2', 'Address Line 3', 'State/Province' (required), 'Country' (UNITED STATES - required), 'Entity Fax Number', 'Entity Email Address' (required), 'City/Town' (required), 'County', 'Zip Code' (required), and 'Entity Phone Number' (required). A 'Validate Address' button is also present.

At the bottom right of the form, the 'Ok' button is highlighted with a red box, and the 'Cancel' button is also visible.

# Step 1: Provider Basic Information

- Step 1 will show a modification status of Updated as changes were made within the step.
- After completing Step 1, if no other updates are needed continue to [Step 5: Complete Modification Checklist](#) and [Step 7: Submit Modification Request for Review](#).

CHAMPS

My Inbox Provider

Last Login: 27 FEB, 2024 11:09 AM

Note Pad External Links My Favorites Print Help

Provider Portal Submitter Modification BPW

Provider ID: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

View/Update Provider Data - Billing Agent

Business Process Wizard - Provider Data Modification (Billing Agent)

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	02/27/2024	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 2: Mode of Claim Submission/EDI Exchange	Required	04/21/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 3: Provider Controlling Interest/Ownership Details	Required	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 4: Upload Documents	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 5: Complete Modification Checklist	Required	05/11/2021	05/12/2021	Incomplete		
<input type="checkbox"/> Step 6: View Associated Providers Details	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 7: Submit Modification Request for Review	Required	02/27/2024	05/12/2021	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

First Prev Next Last

# Step 2: Mode of Claim Submission/ EDI Exchange

Make updates to the method or connection in how files are submitted to CHAMPS.

After completing this step, if no other updates are needed continue to [Step 5: Complete Modification Checklist](#) and [Step 7: Submit Modification Request for Review.](#)

## Step 2: Mode of Claim Submission/EDI Exchange

- Click on Step 2: Mode of Claim Submission/EDI Exchange
  - Allows billing agents to add or end date modes or methods of submitting electronic files to Michigan Medicaid.

CHAMPS < My Inbox > Provider >

Last Login: 27 FEB, 2024 11:09 AM

Provider Portal > Submitter Modification BPW

Provider ID: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

View/Update Provider Data - Billing Agent

Business Process Wizard - Provider Data Modification (Billing Agent).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	02/27/2024	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 2: Mode of Claim Submission/EDI Exchange	Required	04/21/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 3: Provider Controlling Interest/Ownership Details	Required	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 4: Upload Documents	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 5: Complete Modification Checklist	Required	05/11/2021	05/12/2021	Incomplete		
<input type="checkbox"/> Step 6: View Associated Providers Details	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 7: Submit Modification Request for Review	Required	02/27/2024	05/12/2021	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

## Step 2: Mode of Claim Submission/EDI Exchange

- The mode(s) of claim submission will be displayed. Previous modes are also listed but have an end date as they are no longer applicable.
- To add or remove a mode of claim submission click on the mode of submissions hyperlink.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, there is a search bar for 'Provider ID' and 'Name'. The main content area is titled 'Mode of Claim Submission List'. It features a filter section with 'Filter By' dropdowns and 'And Operational Status' set to 'Active'. Below the filter section is a table with the following columns: 'Mode of Claim Sub. Method', 'Start Date', 'End Date', 'Status', 'Operational Status', and 'Inactivation Date'. The table contains two rows of data. The second row, 'Electronic Batch, CORE Real Time, CORE Batch, Data Exchange Gateway (DEG)', is highlighted with a red box. At the bottom of the table, there are controls for 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> <a href="#">Electronic Batch, Data Exchange Gateway (DEG)</a>	06/04/2014	09/26/2019	Approved	Active	
<input type="checkbox"/> <a href="#">Electronic Batch, CORE Real Time, CORE Batch, Data Exchange Gateway (DEG)</a>	09/27/2019	12/31/2999	Approved	Active	

## Step 2: Mode of Claim Submission/EDI Exchange

- To remove a mode(s) of claim submission click the check box next to the method of submission.
  - Multiple methods can be updated at once, check or uncheck applicable methods.
- To add a mode(s) of submission click the check box next to the currently unchecked method of submission.
- Click Save.
- Click Close.

CHAMPS My Inbox Provider

Last Login: 03 MAR, 2020 08:15 AM

Provider Portal > Submitter Modification BPW

Provider ID: Name:

Close Save

Mode of Claims Submission/EDI exchange

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

Method	Description	Applicable Transactions
<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Data Exchange Gateway (DEG)	To submit/receive HIPAA Transactions via Data Exchange Gateway (DEG) using SFTP/SSLFTP/HTTPS	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 NCPDP Post Adjudication

Status: Approved

## Step 2: Mode of Claim Submission/EDI Exchange

- Notice there are now two rows for Mode of Claim Submission, one that is approved and one that is in review.
- Click Close to return to the Business Process Wizard steps.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this, a user profile section shows 'Last Login: 03 MAR, 2020 08:15 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Submitter Modification BPW'. It features a form with 'Provider ID:' and 'Name:' fields, and a 'Close' button highlighted with a red box. Below the form is a 'Mode of Claim Submission List' table with columns for 'Mode of Claim Sub. Method', 'Start Date', 'End Date', 'Status', 'Operational Status', and 'Inactivation Date'. The table contains three rows of data, with the 'In Review' status highlighted in red. At the bottom of the table, there are navigation controls for 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> <a href="#">Electronic Batch, CORE Batch, Data Exchange Gateway (DEG)</a>	03/03/2020	12/31/2999	In Review	Active	
<input type="checkbox"/> <a href="#">Electronic Batch, Data Exchange Gateway (DEG)</a>	06/04/2014	09/26/2019	Approved	Active	
<input type="checkbox"/> <a href="#">Electronic Batch, CORE Real Time, CORE Batch, Data Exchange Gateway (DEG)</a>	09/27/2019	12/31/2999	Approved	Active	

## Step 2: Mode of Claim Submission/EDI Exchange

- Step 2 will show a modification status of Updated as changes were made within the step.
- Once updates are complete continue to [Step 5: Complete Modification Checklist](#) and [Step 7: Submit Modification Request for Review](#).

CHAMPS My Inbox Provider

Last Login: 05 MAR, 2024 09:10 AM

Provider Portal Submitter Modification BPW

Provider ID: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

View/Update Provider Data - Billing Agent

Business Process Wizard - Provider Data Modification (Billing Agent).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	02/27/2024	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 2: Mode of Claim Submission/EDI Exchange	Required	03/05/2024	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 3: Provider Controlling Interest/Ownership Details	Required	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 4: Upload Documents	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 5: Complete Modification Checklist	Required	05/11/2021	05/12/2021	Incomplete		
<input type="checkbox"/> Step 6: View Associated Providers Details	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 7: Submit Modification Request for Review	Required	03/05/2024	05/12/2021	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

# Step 3: Provider Controlling Interest/ Ownership Details

Make updates to ownership information, click on Step 3: Provider Controlling Interest/Ownership Details.

For complete instructions on the Ownership step [click here](#).

After completing this step, if no other updates are needed continue to [Step 5: Complete Modification Checklist](#) and [Step 7: Submit Modification Request for Review](#).

## Step 3: Provider Controlling Interest/Ownership Details

- Click on Step 3: Provider Controlling Interest/Ownership Details
  - Within this step updates can be made to the current owner(s) information, adding or end dating existing owner(s), or adding or end dating relationships between existing owner(s).

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a 'My Inbox' dropdown, and a 'Provider' dropdown. Below this, a user profile section shows the last login as '05 MAR, 2024 09:10 AM'. The main content area is titled 'Provider Portal > Submitter Modification BPW'. It includes fields for 'Provider ID' and 'Name', along with 'Close' and 'Undo Update' buttons. A green banner states: 'COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION'. Below this is a section titled 'View/Update Provider Data - Billing Agent' with a 'Business Process Wizard - Provider Data Modification (Billing Agent)' sub-header. A table lists the steps of the process:

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	02/27/2024	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 2: Mode of Claim Submission/EDI Exchange	Required	03/05/2024	05/12/2021	Complete	Updated	
<input type="checkbox"/> <b>Step 3: Provider Controlling Interest/Ownership Details</b>	Required	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 4: Upload Documents	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 5: Complete Modification Checklist	Required	05/11/2021	05/12/2021	Incomplete		
<input type="checkbox"/> Step 6: View Associated Providers Details	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 7: Submit Modification Request for Review	Required	03/05/2024	05/12/2021	Incomplete		Modification Request has not been Submitted.

At the bottom of the table, there are navigation controls: 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

## Step 3: Provider Controlling Interest/Ownership Details

- The current Owner(s) will be displayed. For complete instructions on the Ownership step [click here](#).
  - Review all owners, if no updates need to be made, click Close to be returned to the [Business Process Wizard steps](#).
- To edit owner information, select the owner SSN hyperlink.
- To add a new owner, edit relationship information, or complete the Adverse Action, select the option from the Actions dropdown.
  - Note: if any owner information is updated the Adverse Action will need to be completed.
- Continue to the next slide for further instructions on how to edit current owner information.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there's a navigation bar with 'My inbox' and 'Provider' tabs. Below that, the 'Provider ID' and 'Name' fields are visible. The 'Actions' dropdown menu is open, showing options like 'Add Owner', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. A red arrow points to the 'Actions' dropdown. Below this, there's a section for 'REQUIRED DISCLOSURE INFORMATION' and 'REQUIRED OWNERS'. The 'Owners List' table is the main focus, with a red box highlighting the 'Owner SSN/EIN/TIN' column. The table has columns for Owner SSN/EIN/TIN, Owner Information, Owner Type, Address, Start Date, End Date, Status, Operational Status, Inactivation Date, Adverse Action, Percentage owned, and Relationship Status. The table contains four rows of data. Below the table, there's a section for 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare' with a filter and a 'No Records Found!' message.

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date	Adverse Action	Percentage owned	Relationship Status
		Corporate - Non Charitable		10/01/2019	10/02/2999	Approved	Active		No	25	Completed
		Individual		10/01/2019	10/01/2999	Approved	Active		No	25	Completed
		Managing Employee		10/01/2019	10/01/2999	Approved	Active		No	25	Completed
		Board of Directors/Officers/Principles		10/03/2019	10/03/2999	Approved	Active		No	25	Completed

# Step 3: Provider Controlling Interest/Ownership Details

- Make any necessary updates. Ensure all fields marked with an asterisk (\*) are complete.
  - If the address information is updated the Validate Address will need to be clicked before Save.
- Click Save.
- Click Close.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this is a user profile section with 'Last Login: 03 MAR, 2020 01:09 PM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Submitter Modification BPW'. It features a header with 'Provider ID:' and 'Name:' fields. Below this is a red-bordered box containing 'Close' and 'Save' buttons. The main form is titled 'Manage Provider Controlling Interest/Ownership' and contains the following fields and sections:

- Type:** Non Charitable
- SSN:** [Text Field]
- Legal Entity Name:** [Text Field] \* (As shown on the Income Tax Return)
- Owner NPI:** [Text Field]
- First Name:** [Text Field]
- Last Name:** [Text Field]
- Suffix:** [Dropdown Menu]
- Phone Number:** [Text Field] \* **Extn:** [Text Field]
- Start Date:** 10/01/2019 [Calendar Icon] \*
- Percentage Owned:** 25 [Text Field] \*
- EIN/TIN:** [Text Field] \*
- Entity Business Name:** [Text Field] \* (Doing Business As)
- Middle Initial:** [Text Field]
- DOB:** [Text Field] [Calendar Icon]
- Email:** [Text Field]
- End Date:** 10/02/2999 [Calendar Icon]
- Address Type:** Business Address
- Address Line 1:** [Text Field] \* (Enter Street Address or PO Box Only)
- Address Line 2:** [Text Field]
- Address Line 3:** [Text Field]
- State/Province:** [Dropdown Menu] \*
- City/Town:** [Dropdown Menu] \*
- County:** [Dropdown Menu]
- Country:** UNITED STATES [Dropdown Menu] \*
- Zip Code:** [Text Field] \* - [Text Field] [Validate Address Button]
- Status:** Approved

## Step 3: Provider Controlling Interest/Ownership Details

- Notice there are now two rows for the selected owner, one that is approved and one that is in review.
- The Adverse Action for that owner(s) will need to be completed.
  - For complete instructions on the Ownership step [click here](#).
- Click Close to return to the Business Process Wizard steps.

**CHAMPS** My Inbox Provider

Last Login: 03 MAR, 2020 01:09 PM

Provider Portal > Submitter Modification BPW

Provider ID: \_\_\_\_\_ Name: \_\_\_\_\_

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.
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Sub-contractor	Foreign, Nonresident Alien
Corporate - Non Charitable	Holding Company	Limited Liability Company
Indirect Owner		

**Owners List**

Filter By [ ] And Filter By [ ] And Operational Status Active [ ] Go

Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date	Adverse Action	Percentage owned	Relationship Status
<input type="checkbox"/>		Corporate - Non Charitable		10/01/2019	10/02/2999	In Review	Active		Not Completed	25	Completed
<input type="checkbox"/>		Corporate - Non Charitable		10/01/2019	10/02/2999	Approved	Active		No	25	Completed
<input type="checkbox"/>		Individual		10/01/2019	10/01/2999	Approved	Active		No	25	Completed
<input type="checkbox"/>		Managing Employee		10/01/2019	10/01/2999	Approved	Active		No	25	Completed
<input type="checkbox"/>		Board of Directors/Officers/Principles		10/03/2019	10/03/2999	Approved	Active		No	25	Completed

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 [ ] And Filter By [ ] And Operational Status Active [ ] Go

Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address	Status	Operational Status	Inactivation Date

No Records Found!

## Step 3: Provider Controlling Interest/Ownership Details

- Step 3 will show a modification status of Updated as changes were made within the step.
- Once updates are complete continue to [Step 5: Complete Modification Checklist](#) and [Step 7: Submit Modification Request for Review](#).

CHAMPS My Inbox Provider

Last Login: 05 MAR, 2024 09:10 AM

Provider ID: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

View/Update Provider Data - Billing Agent

Business Process Wizard - Provider Data Modification (Billing Agent).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	02/27/2024	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 2: Mode of Claim Submission/EDI Exchange	Required	03/05/2024	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 3: Provider Controlling Interest/Ownership Details	Required	03/05/2024	01/17/2018	Complete	Updated	
<input type="checkbox"/> Step 4: Upload Documents	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 5: Complete Modification Checklist	Required	05/11/2021	05/12/2021	Incomplete		
<input type="checkbox"/> Step 6: View Associated Providers Details	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 7: Submit Modification Request for Review	Required	03/05/2024	05/12/2021	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

# Step 5: Complete Modification Checklist & Step 7: Submit Modification Request for Review

Required steps to complete a modification and submit to the State for review.

## Click on Step 5: Complete Modification Checklist

- Click Step 5: Complete Modification Checklist

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this, a user profile section shows 'Last Login: 05 MAR, 2024 09:10 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Submitter Modification BPW' and contains a form for 'Provider ID' and 'Name'. A green message states: 'COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION'. Below this is a table titled 'View/Update Provider Data - Billing Agent' and 'Business Process Wizard - Provider Data Modification (Billing Agent)'. The table has columns for Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark. The row for 'Step 5: Complete Modification Checklist' is highlighted with a red box. At the bottom of the table, there are navigation controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	02/27/2024	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 2: Mode of Claim Submission/EDI Exchange	Required	03/05/2024	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 3: Provider Controlling Interest/Ownership Details	Required	03/05/2024	01/17/2018	Complete	Updated	
<input type="checkbox"/> Step 4: Upload Documents	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 5: Complete Modification Checklist	Required	05/11/2021	05/12/2021	Incomplete		
<input type="checkbox"/> Step 6: View Associated Providers Details	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 7: Submit Modification Request for Review	Required	03/05/2024	05/12/2021	Incomplete		Modification Request has not been Submitted.

## Click on Step 5: Complete Modification Checklist

- Review each question and select Yes or No from the dropdown.
- Enter comments if necessary or required.
- Click Save.
- Click Close.

The screenshot displays the CHAMPS web application interface for a Provider Check List. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this is a header with 'Last Login: 03 MAR, 2020 01:09 PM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the breadcrumb 'Provider Portal > Submitter Modification BPW > Provider Check List'. Below the breadcrumb, there are input fields for 'Provider ID:' and 'Name:'. A red box highlights the 'Close' and 'Save' buttons. The main section is titled 'Manage Provider Checklist' and contains a table with three columns: 'Question', 'Answer', and 'Comments'. The table has three rows of data. The first row's 'Answer' dropdown is highlighted with a red arrow. At the bottom of the table, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

Question	Answer	Comments
Would you be willing to submit HIPAA-compliant transactions for new providers?	Not Completed	
Do you wish to end date your enrollment or association? If yes, what date and to which NPI association?	Not Completed	
Will you be submitting HIPAA 270/271 Eligibility (Inquiry/Response) transactions?	Not Completed	

## Step 7: Submit Modification Request for Review

- Step 5 will show a Modification Status of Updated as changes were made within this step.
  - Ensure all information has been reviewed for each of the required steps and make sure any updates have been completed. If you choose not to complete the optional steps you can still submit your modification.
- Click on Step 7: Submit Modification Request for Review

You must complete step 7 to submit your modification.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there's a navigation bar with 'My Inbox' and 'Provider' tabs. Below that, a header indicates 'Last Login: 05 MAR, 2024 09:10 AM'. The main content area is titled 'View/Update Provider Data - Billing Agent' and contains a table with the following data:

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	02/27/2024	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 2: Mode of Claim Submission/EDI Exchange	Required	03/05/2024	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 3: Provider Controlling Interest/Ownership Details	Required	03/05/2024	01/17/2018	Complete	Updated	
<input type="checkbox"/> Step 4: Upload Documents	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 5: Complete Modification Checklist	Required	03/05/2024	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 6: View Associated Providers Details	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 7: Submit Modification Request for Review	Required	03/05/2024	05/12/2021	Incomplete		Modification Request has not been Submitted.

At the bottom of the table, there are navigation controls: 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'. A red arrow points to the 'Updated' status in the 'Modification Status' column for Step 5.

## Step 7: Submit Modification Request for Review

- Final Submission: Click Next.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile icon, and the text 'My Inbox' and 'Provider'. Below this is a secondary navigation bar with 'Last Login: 03 MAR, 2020 01:09 PM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area has a breadcrumb trail: 'Provider Portal > Submitter Modification BPW'. Below the breadcrumb, there are input fields for 'Provider ID:' and 'Name:'. A 'Close' button and a 'Next' button (highlighted with a red box) are located below these fields. The 'Final Submission' section contains a 'Provider ID:' field, an 'EnrollmentType: Billing Agent' label, and a disclaimer: 'The Information submitted shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted. I agree that the information submitted as a part of the application is correct. (Private and Confidential)'. Below this is an 'Application Document Checklist' section with a table. The table has four columns: 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The 'Forms/Documents' column has a dropdown arrow pointing down. The 'Special Instructions' column has a dropdown arrow pointing up. The 'Source' column has a dropdown arrow pointing down. The 'Required' column has a dropdown arrow pointing down. A red message 'No Records Found!' is displayed at the bottom of the table.

Forms/Documents	Special Instructions	Source	Required
▼	▲	▼	▼
No Records Found !			

## Step 7: Submit Modification Request for Review

- Scroll down the page to review the Billing Agent Enrollment & Trading Partner Agreement-Conditions.

**CHAMPS** < My Inbox > Provider >

Last Login: 03 MAR, 2020 01:09 PM

Note Pad External Links My Favorites Print Help

Provider Portal > Submitter Modification BPW

Provider ID: Name:

Close Submit for Modification

**Final Submission**

**Billing Agent Enrollment & Trading Partner Agreement - Conditions**

In applying for enrollment as a provider or trading partner in the Medical Assistance Program (and programs for which the Michigan Department Of 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 ownership 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 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.
9. 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.
10. 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.
11. 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.
12. 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, Public Law 104-191) and Health Information Technology for Economic and Clinical Health (HITECH Act, Public Law 111-5), and 45 CFR Parts 160 and 164, Subparts A, D, 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 also 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).
13. 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).

## Step 7: Submit Modification Request for Review

- Read through the entire list of Billing Agent Enrollment & Trading Partner Agreement-Conditions.
- Check the box at the end to agree to the Terms and Conditions.
- Click 'Submit for Modification'
  - Once submitted to the State for review, changes cannot be made to the information.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a 'My Inbox' dropdown, and a 'Provider' dropdown. Below this, a user profile section shows 'Last Login: 05 MAR, 2024 12:29 PM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Submitter Modification BPW'. It features input fields for 'Provider ID:' and 'Name:'. Below these fields are two buttons: 'Close' and 'Submit for Modification', with the latter highlighted by a red box. The main section is titled 'Billing Agent Enrollment & Trading Partner Agreement - Conditions' and contains several numbered clauses (5-10) detailing liability, standard transactions, testing, data and network security, automatic amendment for regulatory compliance, and miscellaneous provisions. At the bottom of the page, there is a checkbox and the text: 'By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Trading Partner Agreement.' The checkbox is highlighted with a red box.

## Step 7: Submit Modification Request for Review

- Step 7 is now complete, and the modification has been submitted to the State for review.
- Click Close.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile, and a last login timestamp of 05 MAR, 2024 12:29 PM. Below the navigation bar, there are tabs for 'My Inbox' and 'Provider'. A message box displays: 'The Modification Request has been submitted for State review. Return to here to track the status of your request.' A red arrow points to the close button (X) on the right of this message. Below the message is a section titled 'View/Update Provider Data - Billing Agent' which contains a table with the following data:

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	02/27/2024	05/12/2021	Complete	In Review	
<input type="checkbox"/> Step 2: Mode of Claim Submission/EDI Exchange	Required	03/05/2024	05/12/2021	Complete	In Review	
<input type="checkbox"/> Step 3: Provider Controlling Interest/Ownership Details	Required	03/05/2024	01/17/2018	Complete	In Review	
<input type="checkbox"/> Step 4: Upload Documents	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 5: Complete Modification Checklist	Required	03/05/2024	05/12/2021	Complete	In Review	
<input type="checkbox"/> Step 6: View Associated Providers Details	Optional	01/17/2018	01/17/2018	Complete		
<input type="checkbox"/> Step 7: Submit Modification Request for Review	Required	03/05/2024	05/12/2021	Complete		

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

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

# Billing Agent Resources



**MDHHS Trading Partners website:** [www.michigan.gov/mdhhs/doing-business/providers/tradingpartners/howtobecome](http://www.michigan.gov/mdhhs/doing-business/providers/tradingpartners/howtobecome)



**We continue to update our Provider Resources:**

[HIPAA Companion Guides](#)

[Listserv Instructions](#)

[Provider Alerts](#)

[Medicaid Provider Training Sessions](#)



**Forms**

Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))

Electronic Signature Agreement ([DCH-1401](#))



**Electronic File Help**

Electronic file (5475,5414,4952) and 835/ERA inquiries: [Automatedbilling@Michigan.gov](mailto:Automatedbilling@Michigan.gov)

Encounter file inquiries (5476):

[MDHSEncounterData@Michigan.gov](mailto:MDHSEncounterData@Michigan.gov)



Thank you for participating in the Michigan Medicaid Program