

# Provider Enrollment

Facility/Agency/Organization  
(FAO)

Revalidation of Enrollment  
Information



“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

# Overview

- All providers are required to revalidate their Medicaid enrollment information a minimum of once every five years, or more often if requested by MDHHS.
- This presentation will cover the provider enrollment steps that are required during revalidation; additional provider enrollment steps may need to be updated or reviewed by providers but are listed as optional and are not covered in this presentation.
  - For complete FAO enrollment instruction:  
[www.Michigan.gov/MedicaidProviders](http://www.Michigan.gov/MedicaidProviders) >> Provider Enrollment >> Step-by-Step CHAMPS Enrollment Guides >> Facility/Agency/Organization (FAO)>> [CHAMPS Enrollment Application: FAO User Guide](#)
- Providers should review information within each enrollment step to ensure it's up to date and accurate.
- When providers update their enrollment information a new record is created for Provider Enrollment to review. Providers can change the updated information through the new record until the enrollment is submitted to the State for review.

# Provider Enrollment Revalidation Process

Providers have a 90-day period to complete their revalidation in CHAMPS.

- 90 days prior to the beginning of the revalidation period, providers receive a letter mailed to their CHAMPS correspondence address located within the Provider Enrollment information.
- 30 days prior to the revalidation period end date, a second letter is mailed if the revalidation has not been completed.
- If the revalidation has not been completed by the end of the last day of the revalidation period, a termination letter will be generated.
  - For example: 2/24/20 is the revalidation cycle end date, the termination letter will be generated the night of 2/24/20.

**If revalidation is not completed during the revalidation period, the provider will have their enrollment closed.**

After an enrollment is closed due to not completing revalidation, providers must [contact MDHHS Provider Enrollment](#) to have the enrollment re-opened.

(Note that when MDHHS opens the enrollment manually, the changes cannot be made by the provider until the following day.)

# FAO Revalidation Steps

Details on the CHAMPS  
Provider Enrollment  
FAO revalidation steps

# FAO Revalidation Steps

- 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 Login.

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 panels. The left panel, with a dark blue background, features the heading "Michigan's one-stop login solution for business" and a sub-heading "Michigan's one-stop login solution for business" with a right-pointing arrow. 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 panel, with a white background, says "Welcome to MiLogin for Business". It contains two input fields: "User ID" and "Password". Red arrows point to the right side of each input field, with the text "Lookup your user ID" and "Forgot your password?" respectively. Below the input fields are two buttons: "Log In" (highlighted with a red border) and "Create an Account". The footer contains "Copyright 2023 State of Michigan" on the left and "Policies" on the right.

# FAO Revalidation Steps

- You will be directed back to your MiLogin Welcome Page.
- Click the CHAMPS hyperlink.

The screenshot shows the MiLogin for Business website. The header includes the Michigan state logo, the text "MiLogin for Business", and navigation links for "Home", "Discover Online Services", "Help", and "Contact Us". The main content area features a "Welcome" message with a 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 the "CHAMPS" hyperlink, which is highlighted with a red rectangular box. The right box is titled "Discover Online Services" and contains text about MiLogin security and a "Find Services" link with a right-pointing arrow.

# FAO Revalidation Steps

- Review the terms and conditions and check the 'I agree to the Terms & Conditions'.
- Click Launch service.

The screenshot shows the 'MiLogin for Business' portal. At the top left is a Michigan state icon. The title 'MiLogin for Business' is centered. On the right, there are navigation links: 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below the navigation is a large background image of a rocky coastline with waves. A 'Back to Home' button is visible in the top left of the main content area. The MDHHS logo is at the top of the white content box. The heading 'CHAMPS' is followed by a paragraph describing the system. Below that is a 'Please accept the Terms and Conditions to continue:' prompt. A scrollable box contains the 'Terms & Conditions' text. A checkbox labeled 'I agree to the Terms & Conditions' is checked. A red-bordered 'Launch service' button is at the bottom of the content box. The footer contains 'Copyright 2023 State of Michigan' and a 'Policies' link.

Michigan

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

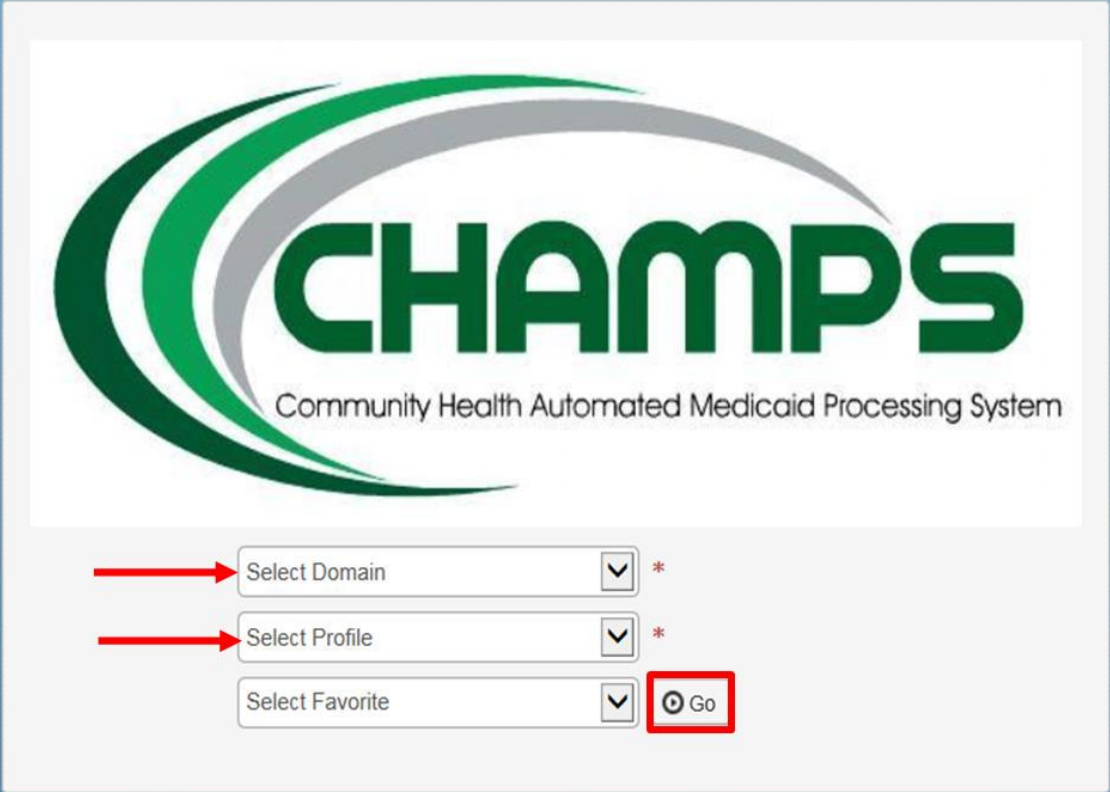
Launch service

Copyright 2023 State of Michigan Policies



## FAO Revalidation Steps

- Select the Billing NPI from the Domain dropdown.
- Select the appropriate profile (for example full access, limited access, provider enrollment, etc.).
- Click Go.
  - 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

# FAO Revalidation Steps

- Once logged in you will be directed to the Provider Portal page.
- Click the Provider Tab
- Select Manage Provider Information

The screenshot displays the CHAMPS Provider Portal interface. The top navigation bar includes tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. The 'Provider' tab is selected and highlighted with a red box. A dropdown menu is open under 'Provider', showing two main sections: 'PROVIDER ENROLLMENT' and 'MANAGE PROVIDER'. Under 'MANAGE PROVIDER', the option 'Manage Provider Information' is highlighted with a red arrow. The main content area shows a table with columns for 'Alert Type', 'Alert Message', 'Alert Date', 'Due Date', 'Read', and 'Tickler Modified Date'. Below the table, it says 'No Records Found!'. On the right, there is a calendar for March 2025 showing the date 31.

# FAO Revalidation Steps

- The required column displays which steps are Required versus Optional for the completion of revalidation.
  - During revalidation, each step should be reviewed to ensure the accuracy of the information.
- Each required step must be clicked into, even if the step information doesn't need to be updated, to allow the step status to change from Incomplete to Complete.
- Click Step 1: Provider Basic Information

**View/Update Provider Data - FAO**

**Business Process Wizard - Provider Data Modification (FAO).**

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input checked="" type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 2: Locations	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 3: Specialties	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 6: Additional Information	Required	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Optional			Incomplete		
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	12/02/2015	12/02/2015	Incomplete		

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

# FAO Revalidation Steps

- Review all required information, as indicated with an asterisk (\*), to ensure accuracy.
- Make any necessary updates
- Click Ok

The screenshot shows a web application interface for 'Provider Details'. At the top, there are 'Print' and 'Help' icons. Below that, the 'NPI' and 'Name' fields are visible. The main section is titled 'Provider Details' and contains several fields:

- Legal Entity Name:** [Redacted] \* (As shown on the Income Tax Return)
- Entity Business Name:** [Redacted] \* (Doing Business As)
- Organization/Business Type:** Medicaid \*
- EIN/TIN:** [Redacted]
- Vendor ID:** [Redacted]
- Medicare Cost Share:**
- NPI:** [Redacted]
- Business Status:** Active
- Status:** Approved
- Business Elig.Date Range:** 09/01/1982-12/31/2999
- Revalidation Period:** 04/01/2024-06/30/2024
- Contact Email Address:** A list of six email fields (Email-1 to Email-6). Email-1 is marked with an asterisk (\*).

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.

# FAO Revalidation Steps

- Step 1 is Complete
  - If changes were made, an additional status of Updated would be listed in the Modification Status column.
- Click on Step 2: Locations

**CHAMPS** My Inbox Provider Claims Member PA

Last Login: 19 FEB, 2020 01:30 PM

Provider Portal > Facility Modification BPW

NPI: Name:

Close Undo Update

Please update all steps to complete your revalidation process

**View/Update Provider Data - FAO**

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input checked="" type="checkbox"/> Step 2: Locations	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 3: Specialties	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 6: Additional Information	Required	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Optional			Incomplete		
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	12/02/2015	12/02/2015	Incomplete		

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# FAO Revalidation Steps

- Click the Primary Practice Location hyperlink

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section with the text 'Last Login: 19 FEB, 2020 01:30 PM' and utility links for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal > Facility Modification BPW'. It includes input fields for NPI and Name, and a message: 'Close Add To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. Below this is a 'Locations List' section with filter options and a table. The table has columns: Doing Business As, Location Type, Location Details, Start Date, End Date, Status, Operational Status, and Inactivation Date. A single row is visible with 'Primary Practice Location' highlighted in a red box. The table also shows '04/10/2015' for Start Date, '12/31/2999' for End Date, 'Approved' for Status, and 'Active' for Operational Status. At the bottom of the table are 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' with navigation buttons for First, Prev, Next, and Last.

# FAO Revalidation Steps

- If office hours are blank;
  - Update the hours section based on the hours your facility is open and closed each day.
  - If there is a day your facility is completely closed, select closed from the Open At dropdown selection and you will not be required to enter AM or PM.

CHAMPS My Index Provider

Last Login: 24 MAR, 2025 09:53 AM

Provider Portal Facility Modification SPN

Name: [REDACTED]

Close Save To add additional addresses, click "Add Address" button.

### Location Details

Doing Business As: [REDACTED] Location Code: 01 Location Type: Primary Practice Location

Phone Number: [REDACTED] \* Ext: [REDACTED] Fax Number: [REDACTED] Email Address: [REDACTED]

Web Page: [REDACTED] Communication Preference: Email

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	12:00	AM	12:00	PM	Thursday	12:00	AM	12:00	PM
Monday	12:00	AM	12:00	PM	Friday	12:00	AM	12:00	PM
Tuesday	12:00	AM	12:00	PM	Saturday	12:00	AM	12:00	PM
Wednesday	12:00	AM	12:00	PM					

Handicap Accessible: Yes \* Accept B3/Reported at EIN/TIN level: No \* Start Date: [REDACTED]

Provides Services Via Telehealth: [REDACTED] Language(s) Spoken: English \* American Sign Language \* Arabic \* End Date: [REDACTED]

Accepting New Patients: [REDACTED] Status: Approved

### Facility Details

State Facility ID: [REDACTED] Fiscal Year End Date: [REDACTED]

### Address List

Add Address

Filter By: [REDACTED] Filter By: [REDACTED] And Operational Status: Active \* Save Filters \* My Filters \*

Address Type	Address	End Date
<input type="checkbox"/> Correspondence	[REDACTED]	12/31/2999
<input type="checkbox"/> Location	[REDACTED]	12/31/2999
<input type="checkbox"/> Primary Pay To	[REDACTED]	12/31/2999

View Page: 2 Page Count Save to Email Viewing Page: 1

# FAO Revalidation Steps

- Update office hours and any other required information.
- Click Save
- Scroll down to review address information

The screenshot shows the CHAMPS Provider Portal interface for a Facility Modification. The 'Save' button is highlighted with a red box. The form is divided into several sections:

- Location Details:** Includes 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 present, with columns for Day, Open AM, AM/PM, Close AM, and AM/PM. The table shows hours for Sunday through Saturday, with 'Open AM' set to 12:00 and 'Close AM' set to 12:00. Below the table are fields for 'Handicap Accessible', 'Accept ES(Supported at EIN/TIN level)', 'Start Date', 'Provides Services Via Telehealth', 'Language(s) Spoken', 'End Date', and 'Accepting New Patients'.
- Facility Details:** Includes fields for 'State Facility ID' and 'Fiscal Year End Date'.
- Address List:** Includes an 'Add Address' button, filter options, and a table with columns for 'Address Type', 'Address', and 'End Date'. The table shows three rows of address information.



# FAO Revalidation Steps

- Review all required information, as indicated with an asterisk (\*), to ensure accuracy.
  - If the listed address information and office hours are accurate, click Close to return to the [Locations List page](#).
- To update any address, click the address type hyperlink from the address type column.
- The following screens will walk through the process of updating address information.

# FAO Revalidation Steps

- Complete all fields marked with an asterisk (\*).
- Click validate address

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section showing 'Last Login: 19 FEB, 2020 01:30 PM' and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Manage Provider Location Address' and contains the following fields and controls:

- NPI:** [Text Input]
- Name:** [Text Input]
- Close** and **Save** buttons.
- Type of Address:** Correspondence
- Status:** Approved
- End Date:** 12/31/2999
- Instructions:** If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)
- Address Line 1:** [Text Input] \*
- Address Line 2:** [Text Input]
- Address Line 3:** [Text Input]
- City/Town:** [Dropdown] \*
- State/Province:** [Dropdown] \*
- County:** [Dropdown]
- Country:** UNITED STATES [Dropdown] \*
- Zip Code:** [Text Input] \* - [Text Input]
- Validate Address** button (highlighted with a red box).

# FAO Revalidation Steps

- The 'Address Validation Successful' message will appear, indicating the address has been validated.
- Click Save
- Click Close to return to the Location Details screen to review the next address.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section with a dropdown arrow, the text 'Last Login: 19 FEB, 2020 01:30 PM', and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Manage Provider Location Address' and contains the following information:

- NPI:** [Text Field] **Name:** [Text Field]
- Close** and **Save** buttons (highlighted with a red box).
- Type of Address:** Correspondence **Status:** Approved
- End Date:** 12/31/2999 [Calendar Icon]
- Instructional text: "If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)"
- Address validation successful** (blue text)
- Address Line 1:** [Text Field] \* (Enter Street Address or PO Box Only)
- Address Line 2:** [Text Field]
- Address Line 3:** [Text Field]
- City/Town:** [Dropdown] \*
- State/Province:** [Dropdown] \*
- County:** [Dropdown]
- Country:** UNITED STATES [Dropdown] \*
- Zip Code:** [Text Field] \* - [Text Field] [Validate Address] button (highlighted with a red box)

# FAO Revalidation Steps

- Notice there are now two rows for Location address, one that is approved and one that is in review.
  - If no other addresses need to be updated, click save and close to return to the [Location List page](#).
- Notice there are now two pages of address types listed
- Click Close to return to the Location List page.

Note: Providers needing to update their Primary Pay To address will need to submit a letter on company letterhead to Provider Enrollment requesting the update. The letter needs to include the NPI, EIN/SSN, Vendor ID, Old pay to address and new pay to address. The letter needs to be signed by someone with signing rights such as President, Owner, CEO, etc.

The screenshot displays the CHAMPS Provider Portal interface for a Facility Modification BPW. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. The main content area is divided into three sections:

- Location Details:** Contains fields for 'Doing Business As', 'Phone Number', 'Web Page', 'Location Code', 'Fax Number', 'Location Type', 'Email Address', and 'Communication Preference'. It also features a table for office hours with columns for Day, Open At, AM/PM, and Close At. Below this are fields for 'Handicap Accessible', 'Accept 835', '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:** A table with columns for Address Type, Address, Start Date, End Date, Status, Operational Status, and Inactivation Date. The table shows two rows for 'Location' addresses. The first row has a status of 'In Review' (highlighted in red), and the second row has a status of 'Approved'. Below the table are 'View Page' and 'Save to Excel' buttons.

At the bottom right of the Address List section, a red box highlights the 'Next' button in the pagination controls.

# FAO Revalidation Steps

- Notice there are now two rows for Primary Practice Location, one that is approved and one 'In Review'.
- Click Close to return to the Business Process Wizard steps.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below the navigation is a header with 'Last Login: 19 FEB, 2020 01:30 PM' and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features a form with 'NPI:' and 'Name:' fields. Below the form is a 'Close' button (highlighted with a red box) and an 'Add' button, with a note: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. The 'Locations List' section contains a table with columns: 'Doing Business As', 'Location Type', 'Location Details', 'Start Date', 'End Date', 'Status', 'Operational Status', and 'Inactivation Date'. The table has two rows for 'Primary Practice Location'. The first row has a status of 'In Review' (highlighted in red), and the second row has a status of 'Approved'. Below the table are 'View Page: 1' and 'Viewing Page: 1' indicators, along with navigation buttons like 'First', 'Prev', 'Next', and 'Last'.

Doing Business As	Location Type	Location Details	Start Date	End Date	Status	Operational Status	Inactivation Date
	Primary Practice Location		04/10/2015	12/31/2999	In Review	Active	
	Primary Practice Location		04/10/2015	12/31/2999	Approved	Active	

# FAO Revalidation Steps

- Step 2 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 3: Specialties

**CHAMPS** My Inbox Provider Claims Member PA

Last Login: 19 FEB, 2020 02:07 PM

Provider Portal > Facility Modification BPW

NPI: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 6: Additional Information	Required	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Optional			Incomplete		
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/19/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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

# FAO Revalidation Steps

- Each Specialty should be reviewed for accuracy
  - If the information is accurate and there are no updates or additions, click Close to return to the [Business Process Wizard steps](#).
- To enter a new specialty that is not listed, click Add
- To change an end date of a current Specialty listed, click the Specialty/Subspecialty hyperlink.
  - Continue to the next slide for further information on how to end-date a Specialty.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below the navigation, there is a user profile section with 'Last Login: 19 FEB, 2020 02:07 PM' and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Specialty/Subspecialty List' and includes a search filter section with 'Filter By' and 'And Operational Status' dropdowns. A table below lists specialties with columns for 'Specialty/Subspecialty', 'Start Date', 'End Date', 'Status', 'Operational Status', 'Inactivation Date', and 'Primary Specialty (Y/N)'. The first row, 'Hospital -- Inpatient/Critical Access', is highlighted with a red box. Below the table, there are controls for 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Specialty/Subspecialty	Start Date	End Date	Status	Operational Status	Inactivation Date	Primary Specialty (Y/N)
<input type="checkbox"/> Hospital -- Inpatient/Critical Access	04/10/2015	12/31/2999	Approved	Active		No
<input type="checkbox"/> Hospital -- Outpatient/Laboratory	04/10/2015	12/31/2999	Approved	Active		No
<input type="checkbox"/> Hospital -- Outpatient/Critical Access	04/10/2015	12/31/2999	Approved	Active		No

# FAO Revalidation Steps

- Enter the end date to indicate the date the Specialty is no longer applicable
- Click Save
- Click Close to return to the Specialty/Subspecialties list screen

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section with a dropdown arrow, the text 'Last Login: 19 FEB, 2020 02:07 PM', and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal > Facility Modification BPW'. It contains a form with fields for NPI and Name, and buttons for Close and Save. Below this is a section titled 'Manage Specialty/Subspecialty' which contains the following information: Location: 01- [redacted], Provider Type: ENTITIES, Specialty: Hospital -- Inpatient, Subspecialty: Critical Access, Status: Approved, Start Date: 04/10/2015 [calendar icon] \*, and End Date: 12/31/2999 [calendar icon]. The End Date field is highlighted with a red rectangular box.



# FAO Revalidation Steps

- Notice there are now two rows for Specialty/Subspecialty, one that is approved and one that is in review.
- If end dates are needed for any other Specialty/Subspecialty listed, click into those hyperlinks to enter end dates.
- Click Close to return to the Business Process Wizard steps.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a user profile section with 'Last Login: 19 FEB, 2020 02:07 PM' and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features search fields for 'NPI:' and 'Name:'. Below these are 'Close' and 'Add' buttons, with 'Close' highlighted in red. The 'Specialty/Subspecialty List' section includes filter options and a table with the following data:

Specialty/Subspecialty	Start Date	End Date	Status	Operational Status	Inactivation Date	Primary Specialty (Y/N)
<input type="checkbox"/> <a href="#">Hospital - Inpatient/Critical Access</a>	04/10/2015	12/31/2999	In Review	Active		No
<input type="checkbox"/> <a href="#">Hospital - Inpatient/Critical Access</a>	04/10/2015	12/31/2999	Approved	Active		No
<input type="checkbox"/> <a href="#">Hospital - Outpatient/Laboratory</a>	04/10/2015	12/31/2999	Approved	Active		No
<input type="checkbox"/> <a href="#">Hospital - Outpatient/Critical Access</a>	04/10/2015	12/31/2999	Approved	Active		No

At the bottom of the table, there are controls for 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' with navigation arrows for 'First', 'Prev', 'Next', and 'Last'.

# FAO Revalidation Steps

- Step 3 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 5: License/Certification/Other
  - Note: Step 4 is optional and can be reviewed or updated if needed but is not required.

CHAMPS My Inbox Provider Claims Member PA

Last Login: 19 FEB, 2020 02:07 PM

Provider Portal > Facility Modification BPW

NPI: \_\_\_\_\_ Name: \_\_\_\_\_

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete		
<input type="checkbox"/> Step 6: Additional Information	Required	12/23/2017	12/23/2017	Incomplete		Please add Contacts information.
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/20/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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

# FAO Revalidation Steps

- Each License/Certification should be reviewed for accuracy.
  - If the information listed is accurate and there are no updates or additions, click Close to return to the [Business Process Wizard steps](#).
- To enter a new License/Certification/Other, click Add
- To edit any current License/Certification/Other click the License/Certification/Other hyperlink.
  - Continue to next slide for further information on how to end date the License/Certification/Other.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a header with 'Last Login: 19 FEB, 2020 02:07 PM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features input fields for 'NPI:' and 'Name:'. Below these are 'Close' and 'Add' buttons. A section titled 'License/Certification/Other List' contains a table with columns: License/Cert./Other Type, License/Cert./Other #, Location, Valid Flag, Effective Date, End Date, Status, Operational Status, and Inactivation Date. The first row in the table, 'CLINICAL LAB IMPROVEMENT AMEND. CERT.', is highlighted with a red box. Below the table are 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' controls.

License/Cert./Other Type	License/Cert./Other #	Location	Valid Flag	Effective Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> CLINICAL LAB IMPROVEMENT AMEND. CERT.		01-	Yes	01/03/2015	01/02/2021	APPROVED	Active	
<input type="checkbox"/> MEDICARE CERTIFICATION		01-	Yes	04/01/2002	12/31/2999	APPROVED	Active	
<input type="checkbox"/> STATE LICENSE		01-	Yes	01/01/2004	12/31/2299	APPROVED	Active	

# FAO Revalidation Steps

- Click Confirm License/Certification/Other
- Enter the end date to indicate when the License/Certification/Other is no longer applicable.
- Depending on the License/Certification/Other type selected additional information can be changed or updated.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider (selected), Claims, Member, and PA. Below the navigation is a user profile section with the text 'Last Login: 19 FEB, 2020 02:07 PM' and utility links for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal > Facility Modification BPW'. It contains a form with fields for NPI and Name. Below these fields are buttons for Close, Save, and Confirm License/Certification/Other. The Confirm button is highlighted with a red box. Below the buttons is a section titled 'Manage License/Certification/Other' which contains the following information: Location: 01, License/Certification/Other Type: Clinical Lab Improvement Amend. Cert., License/Certification/Other #: [redacted], Valid Flag: Yes, Effective Date: 01/03/2015, End Date: 01/02/2021, and Status: Approved.

# FAO Revalidation Steps

- Click Save
  - Depending on the type of License/Certification selected, there may be additional required information to update. Any required information will be indicated with an asterisk (\*).
- Click Close to return to the License/Certification/Other list page.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section with a dropdown arrow, the text 'Last Login: 19 FEB, 2020 02:07 PM', and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal > Facility Modification BPW'. It contains a form with fields for NPI and Name. Below these fields are three buttons: 'Close', 'Save', and 'Confirm License/Certification/Other'. The 'Save' button is highlighted with a red box. Below the buttons is a section titled 'Manage License/Certification/Other' which contains the following information: Location: 01-; License/Certification/Other Type: Clinical Lab Improvement Amend. Cert.; License/Certification/Other #: ; Valid Flag: No; Effective Date: 01/03/2015 \* (with a calendar icon); End Date: (with a calendar icon); and Status: Approved.

# FAO Revalidation Steps

- Notice there are now two rows for License/Certification/Other, one that is approved and one that is in review.
- Review each License/Certification listed and make any necessary changes if needed.
- If no other License/Certification/Other needs to be edited, click Close.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section showing the last login time as 19 FEB, 2020 02:07 PM. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features a search bar with NPI and Name fields, and a 'Close' button highlighted with a red box. Below the search bar is a 'License/Certification/Other List' section with filter options and a table of entries.

License/Cert./Other Type	License/Cert./Other #	Location	Valid Flag	Effective Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> CLINICAL LAB IMPROVEMENT AMEND. CERT.		01-	No	01/03/2015	12/31/2999	<b>IN REVIEW</b>	Active	
<input type="checkbox"/> CLINICAL LAB IMPROVEMENT AMEND. CERT.		01-	Yes	01/03/2015	01/02/2021	APPROVED	Active	
<input type="checkbox"/> MEDICARE CERTIFICATION		01-	Yes	04/01/2002	12/31/2999	APPROVED	Active	
<input type="checkbox"/> STATE LICENSE		01-	Yes	01/01/2004	12/31/2299	APPROVED	Active	

# FAO Revalidation Steps

- Step 5 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 6: Additional Information
  - Based on the specialty selected in Step 3, Step 6 would be required. If Step 6 is not required, move onto the next required step, Step 7.

CHAMPS | My Inbox | Provider | Claims | Member | PA

Last Login: 19 FEB, 2020 02:07 PM

Provider Portal > Facility Modification BPW

NPI: [ ] Name: [ ]

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	12/23/2017	12/23/2017	Incomplete		Please add Contacts information.
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/20/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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

# FAO Revalidation Steps

- Click Add to enter contact information

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile bar showing the last login time as 19 FEB, 2020 02:07 PM. The main content area is titled 'Provider Portal > Facility Modification BPW' and contains three data entry sections:

- Provider Contact List:** Features a 'Close' button (highlighted in red), an 'Add' button, and a table with columns: Contact Type, First Name, Last Name, Start Date, End Date, Address, Status, Operational Status, Inactivation Date, Location Code, and Location Name. The table currently shows 'No Records Found!'.
- Identifier List:** Features an 'Add' button and a table with columns: Identifier Type, Identifier Value, Start Date, End Date, Status, Operational Status, Inactivation Date, Location Code, and Location Name. The table currently shows 'No Records Found!'.
- Provider Bed Information List:** Features an 'Add' button and a table with columns: Bed Type, Bed(s)/Unit(s), Start Date, End Date, Status, Operational Status, Inactivation Date, Location Code, and Location Name. The table currently shows 'No Records Found!'.



# FAO Revalidation Steps

- Select the Type of Contact and indicate their Title from the dropdowns.
  - FAO providers must have both a Settlement and General contact listed.
- Enter all required information as indicated by an asterisk (\*).
- Click Validate Address

The screenshot shows the 'Add Contact' form in the CHAMPS Provider Portal. The form is titled 'Add Contact' and is located within the 'Facility Modification BPW' section. The form includes the following fields:

- 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]
- State/Province:** OTHER [dropdown] \*
- City/Town:** OTHER [dropdown] \*
- County:** OTHER [dropdown]
- Country:** UNITED STATES [dropdown] \*
- Zip Code:** [text] \* - [text]

Red arrows point to the 'Type of Contact' and 'Title' dropdown menus. A red box highlights the 'Validate Address' button. The form also includes 'OK' and 'Cancel' buttons at the bottom right. The page ID is 'dlgManageAddContact(Provider)'.

# FAO Revalidation Steps

- The 'Address Validation Successful' message will appear indicating the address has been validated.
- Click Ok

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, and PA. Below this is a header with the user's last login time: 21 FEB, 2020 09:02 AM. The main content area is titled 'Add Contact' and contains several input fields: Location (dropdown), Type of Contact (dropdown), Title (dropdown), First Name, Last Name, Phone Number, Fax Number, Email Id, Start Date, and End Date. A blue message 'Address validation successful' is displayed in the center. Below the message are fields for Address Line 1, Address Line 2, Address Line 3, State/Province, City/Town, County, and Zip Code. A 'Validate Address' button is located next to the Zip Code field. At the bottom right, there are 'OK' and 'Cancel' buttons, with the 'OK' button highlighted by a red box. The page ID 'dlgManageAddContact(Provider)' is visible at the bottom.

# FAO Revalidation Steps

- The newly added contact(s) will show with an In Review status.
- Additional information can be entered in this screen, such as Identifier List and Provider Bed Information List.
  - Provider Bed information is required for Inpatient Hospital Specialties with a subspecialty of Acute Care, General, Critical Access, Children's Hospital, Short Term, Psychiatric, or Rehabilitation. Private Mental Hospital Providers with no subspecialty and State Psychiatric Hospital Providers with no subspecialty.
- When finished, click Close to return to the Business Process Wizard Steps.

The screenshot shows the CHAMPS Provider Portal interface for Facility Modification BPW. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. The user's last login is 20 FEB, 2020 08:40 AM. The 'Provider Contact List' section has a 'Close' button highlighted in red. It contains a table with the following data:

Contact Type	First Name	Last Name	Start Date	End Date	Address	Status	Operational Status	Inactivation Date	Location Code	Location Name
Settlement Contact			01/01/2015	12/31/2999		IN REVIEW	Active		01	
General			01/02/2015	12/31/2999		IN REVIEW	Active		01	

The 'Identifier List' section shows 'No Records Found!'. The 'Provider Bed Information List' section is currently empty.

# FAO Revalidation Steps

- Step 6 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 7: Mode of Claim Submission/EDI Exchange

CHAMPS My Inbox Provider Claims Member PA

Last Login: 20 FEB, 2020 08:40 AM

Provider Portal > Facility Modification BPW

NPI: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/20/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/20/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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

# FAO Revalidation Steps

- The current mode(s) of claim submission will be displayed.
  - If the information listed is accurate and no edits need to be made, click Close to return to the Business Process Wizard steps.
- To add or remove a mode of claim submission click the mode of submissions hyperlink.
  - Continue to the next slide for further instructions on how to remove a mode of claim submission.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below the navigation is a header with 'Last Login: 20 FEB, 2020 09:57 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features input fields for 'NPI:' and 'Name:'. Below these are 'Close' and 'Add' buttons. The 'Mode of Claim Submission List' section includes filter options and a table with the following data:

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Billing Agent, Online Direct Data Entry (DDE), Paper	11/21/2015	12/31/2999	Approved	Active	

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

# FAO Revalidation Steps

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

NPI: \_\_\_\_\_ Name: \_\_\_\_\_

**Mode of Claims Submission/EDI exchange**

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 checked="" 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 checked="" type="checkbox"/> Paper Claims	To submit FFS paper claims
<input checked="" type="checkbox"/> Direct Data Entry(DDE)	To submit FFS claims via online screens

Status: Approved

# FAO Revalidation Steps

- 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 are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a header with 'Last Login: 21 FEB, 2020 10:20 AM' and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features a search bar with 'NPI:' and 'Name:' fields, and buttons for 'Close' (highlighted in red) and 'Add'. Below the search bar is a section titled 'Mode of Claim Submission List' with filter options and a table of submission methods.

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Billing Agent, Online Direct Data Entry (DDE)	02/21/2020	12/31/2999	In Review	Active	
<input type="checkbox"/> Billing Agent, Online Direct Data Entry (DDE), Paper	11/21/2015	12/31/2999	Approved	Active	

# FAO Revalidation Steps

- Step 7 is Complete and a Modification Status of Updated as changes were made within this step.
  - Step 8 is optional and becomes required based on the selections made within step 7. If a billing agent is listed as a mode of claim submission, then step 8 will become required.
- Click on Step 8: Associate Billing Agent
- If step 8 is not required, continue to [Step 9: Provider Controlling Interest/Ownership Details](#)

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this, there's a header with 'Last Login: 20 FEB, 2020 09:57 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Facility Modification BPW'. It includes input fields for 'NPI:' and 'Name:', and buttons for 'Close' and 'Undo Update'. A red message states: 'Please update all steps to complete your revalidation process'. Below this is a table titled 'View/Update Provider Data - FAO' and 'Business Process Wizard - Provider Data Modification (FAO)'. The table has columns for Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark. Step 8, 'Associate Billing Agent', is highlighted with a red box, and a red arrow points to its 'Updated' status. Other steps include 'Provider Basic Information', 'Locations', 'Specialties', 'Associate Billing Provider/Other Associations', 'License/Certification/Other', 'Additional Information', 'Mode of Claim Submission/EDI Exchange', 'Provider Controlling Interest/Ownership Details', 'Taxonomy Details', 'Associate MCO Plan', 'View Servicing Provider Details', '835/ERA Enrollment Form', 'Fee Payment', 'Upload Documents', 'Complete Modification Checklist', and 'Submit Modification Request for Review'. At the bottom, there are controls for 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/20/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/20/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.



# FAO Revalidation Steps

- The current billing agent(s) will be displayed.
  - If the information is accurate and no edits need to be made, click Close to return to the [Business Process Wizard steps](#).
- To add a billing agent, click Add
- To end date an association to a billing agent or remove/add the 835 authorization click the Billing Agent ID hyperlink.
  - Continue to the next slide for further instructions on how to end-date a billing agent association

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a user profile section with 'Last Login: 20 FEB, 2020 09:57 AM' and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features a search bar with 'NPI:' and 'Name:' fields, and buttons for 'Close' (highlighted in red) and 'Add'. Below this is the 'Billing Agent List' section, which includes filter options and a table of billing agents. The table has columns for Billing Agent ID, Billing Agent Name, Start Date, End Date, 835 Auth., Auth. Start Date, Auth. End Date, Status, Operational Status, and Inactivation Date. The 'Billing Agent ID' column header is highlighted in red. The table shows one entry with a 'View Page: 1' link and a 'SaveToXLS' button. Navigation controls like 'Go', 'Page Count', and 'Viewing Page: 1' are also visible.

# FAO Revalidation Steps

- To end date the association, enter an end date.
  - Note that if there is only one billing agent associated and an end date is entered a new billing agent will need to be associated, based on the information in Step 7 at least one billing agent would need to be associated.
- To add the 835 authorization, check the box under Authorized and enter a Start and End date.
  - For further details about Associating to a billing agent or adding the 835 authorization [click here](#)
- Click Save
- Click Close

The screenshot shows the CHAMPS Provider Portal interface for Facility Modification BPW. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. The user's last login is 20 FEB, 2020 09:57 AM. The page contains the following elements:

- NPI:** [Field]
- Name:** [Field]
- Buttons:** Close and Save (highlighted with a red box).
- Manage Billing Agent Association:**
  - Billing Agent ID:** [Field]
  - Billing Agent Name:** [Field]
  - Association Start Date:** 04/10/2015 [Calendar icon] \*
  - Association End Date:** 12/31/2999 [Calendar icon] (highlighted with a red box)
  - Status:** Approved
- Authorized Transaction Responses:**

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/> (highlighted with a red box)	[Field] [Calendar icon]	[Field] [Calendar icon]

# FAO Revalidation Steps

- There will be an In Review record as edits were made to the existing information.
  - In this example the 835 authorization was added.
- Click Close to be returned to the Business Process Wizard steps.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a header with the user's name, last login time (21 FEB, 2020 10:20 AM), and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features a search bar with 'NPI:' and 'Name:' fields, and buttons for 'Close' (highlighted with a red box) and 'Add'. Below the search bar is a 'Billing Agent List' section with filter options and a table of agents. The table has columns for Billing Agent ID, Billing Agent Name, Start Date, End Date, 835 Auth., Auth. Start Date, Auth. End Date, Status, Operational Status, and Inactivation Date. One record is highlighted in blue and has 'In Review' in the Status column, which is underlined in red. Another record below it has 'Approved' in the Status column. At the bottom of the table, there are controls for 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

Billing Agent ID	Billing Agent Name	Start Date	End Date	835 Auth.	Auth. Start Date	Auth. End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>		04/10/2015	12/31/2999	Yes	02/21/2020	12/31/2999	In Review	Active	
<input type="checkbox"/>		04/10/2015	12/31/2999	No			Approved	Active	

# FAO Revalidation Steps

- Step 8 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 9: Provider Controlling Interest/Ownership Details

**View/Update Provider Data - FAO**

**Business Process Wizard - Provider Data Modification (FAO).**

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/20/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/20/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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

# FAO Revalidation Steps

- 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.

**CHAMPS** My Inbox Provider Claims Member PA

Last Login: 20 FEB, 2020 09:57 AM

Provider Portal > Facility Modification BPW

NPI: \_\_\_\_\_ Name: \_\_\_\_\_

**Close** **Actions**

Add Owner Annual  
Import Owner  
PROVIDER OWNERSHIP CONTROL DISCLOSURES  
Owners Relationships  
Provider E...  
Owners Adverse Action

**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 managed 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**

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date	Adverse Action	Percentage owned	Relationship Status
<a href="#">[Red Box]</a>		Managing Employee		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Corporate - Charitable 501(c)3		04/10/2015	12/31/2999	Approved	Active		No	100	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed

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 \_\_\_\_\_ And Filter By \_\_\_\_\_ And Operational Status Active **Go**

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

**No Records Found!**

# FAO Revalidation Steps

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

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile bar showing the last login time as 21 FEB, 2020 10:20 AM, and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features a header with 'NPI:' and 'Name:' fields. Below this, a red box highlights the 'Close' and 'Save' buttons. The main form is titled 'Manage Provider Controlling Interest/Ownership' and contains the following fields:

- Type: Managing Employee
- Percentage Owned: 0 \*
- SSN: \* (with asterisk)
- EIN/TIN: (with asterisk)
- Legal Entity Name: (with asterisk)
- Entity Business Name: (with asterisk)
- Owner NPI: (with asterisk)
- First Name: \* (with asterisk)
- Middle Initial: (with asterisk)
- Last Name: \* (with asterisk)
- Suffix: (with asterisk)
- DOB: \* (with asterisk)
- Phone Number: \* Extn: (with asterisk)
- Email: (with asterisk)
- Start Date: 04/10/2015 \* (with asterisk)
- End Date: 12/31/2999 \* (with asterisk)

Below the form, there is a warning message: 'Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.' This is followed by an 'Address Type' dropdown set to 'Home Address' and a series of address fields:

- Address Line 1: \* (with asterisk)
- Address Line 2: (with asterisk)
- Address Line 3: (with asterisk)
- City/Town: \* (with asterisk)
- State/Province: \* (with asterisk)
- County: \* (with asterisk)
- Country: UNITED STATES \* (with asterisk)
- Zip Code: \* - \* (with asterisk)

A 'Validate Address' button is located next to the Zip Code field. At the bottom of the form, the 'Status' is listed as 'Approved'.

# FAO Revalidation Steps

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

**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**

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date	Adverse Action	Percentage owned	Relationship Status
		Managing Employee		04/10/2015	02/01/2020	In Review	Active		Not Completed	0	Completed
		Managing Employee		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Corporate - Charitable 501(c)3		04/10/2015	12/31/2999	Approved	Active		No	100	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed

**List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.**

No Records Found!

# FAO Revalidation Steps

- Step 9 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 10: Taxonomy Details

CHAMPS My Inbox Provider Claims Member PA

Last Login: 21 FEB, 2020 10:36 AM

Provider Portal > Facility Modification BPW

NPI: \_\_\_\_\_ Name: \_\_\_\_\_

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/21/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/21/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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

« First « Prev » Next » Last



# FAO Revalidation Steps

- The current Taxonomy(s) will be displayed.
  - If there are no edits that need to be made, click Close to be returned to the [Business Process Wizard steps](#).
- To add a Taxonomy click Add
- To end date the current Taxonomy click the Taxonomy Code hyperlink.
  - Note that if there is only one taxonomy listed and an end date is entered a new Taxonomy will need to be added.
  - Continue to the next slide for further instructions on how to end date a Taxonomy.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a header with 'Last Login: 20 FEB, 2020 10:07 AM' and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features input fields for 'NPI:' and 'Name:'. Below these are 'Close' and 'Add' buttons. The 'Taxonomy List' section includes filter options and a table with columns: Taxonomy Code, Description, Start Date, End Date, Status, Operational Status, and Inactivation Date. A single row is visible with 'Critical Access' as the description and 'APPROVED' as the status. The 'Taxonomy Code' header and the 'Close' button are highlighted with red boxes. At the bottom, there are 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' indicators, along with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

# FAO Revalidation Steps

- Enter an end date
- Click Save
- Click Close

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section showing the last login time as 21 FEB, 2020 10:36 AM. The main content area is titled 'Provider Portal > Facility Modification BPW'. It contains a form with fields for NPI and Name. Below these fields are 'Close' and 'Save' buttons, both highlighted with red boxes. The 'Manage Taxonomy Details' section is expanded, showing fields for Taxonomy Code, Location (01-), Description (Critical Access), Status (Approved), Start Date (04/10/2015), and End Date (12/31/2999). The 'End Date' field is highlighted with a red box.

# FAO Revalidation Steps

- Notice there are now two rows for the selected taxonomy, one in review and one that is approved .
- Click Close to be returned to the Business Process Wizard steps.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a user profile section with 'Last Login: 21 FEB, 2020 10:36 AM' and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features input fields for 'NPI:' and 'Name:'. Below these are 'Close' and 'Add' buttons, with 'Close' highlighted by a red box. The 'Taxonomy List' section includes filter options and a table with the following data:

Taxonomy Code	Description	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	Critical Access	04/10/2015	02/21/2020	IN REVIEW	Active	
<input type="checkbox"/>	Critical Access	04/10/2015	12/31/2999	APPROVED	Active	

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

# FAO Revalidation Steps

- Step 10 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 13: 835/ERA Enrollment Form
  - Step 13 is optional and becomes required based on the selections made within step 8. If a billing agent is authorized to receive the 835, then step 13 will become required.

**CHAMPS** My Inbox Provider Claims Member PA

Last Login: 21 FEB, 2020 10:36 AM

Provider Portal > Facility Modification BPW

NPI: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/21/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 10: Taxonomy Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/21/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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

First Prev Next Last

# FAO Revalidation Steps

- Review the information and scroll down to make changes or updates.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section showing the last login time as 21 FEB, 2020 11:55 AM, and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal > Facility Modification BPW'. It contains a form for 'ERA ENROLLMENT FORM' with several sections: 'PROVIDER INFORMATION' (including fields for Provider Name, DBA, Address, and Country Code), 'PROVIDER IDENTIFIERS' (including TIN/EIN, NPI, and Assigning Authority), and 'Provider License Details' (including License No., Provider Type, Taxonomy Code, and License Issuer). A red arrow on the right side of the form indicates the scroll direction.

# FAO Revalidation Steps

- Select the method of Retrieval from the dropdown
- And check the box next to Authorization Agreement
- Click Submit
- Click Close when complete

**CHAMPS** My Inbox Provider Claims Member PA

Last Login: 21 FEB, 2020 11:55 AM

Provider Portal > Facility Modification BPW

NPI: \_\_\_\_\_ Name: \_\_\_\_\_

**ELECTRONIC REMITTANCE ADVISE 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 ADVISE CLEARINGHOUSE INFORMATION (Not applicable at this time)**

ClearingHouse Name: \_\_\_\_\_

ClearingHouse Contact Name

ClearingHouse Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ELECTRONIC REMITTANCE ADVISE 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: 02/21/2020

Requested ERA Effective Date: \_\_\_\_\_

(Once approve the next paycycle date.)

# FAO Revalidation Steps

- Step 13 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 14: Fee Payment

CHAMPS | My Inbox | Provider | Claims | Member | PA | Last Login: 21 FEB, 2020 11:55 AM | Note Pad | External Links | My Favorites | Print | Help

Provider Portal > Facility Modification BPW

NPI: [ ] Name: [ ]

Close Undo Update

Please update all steps to complete your revalidation process

### View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/21/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 10: Taxonomy Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/21/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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

# FAO Revalidation Steps

- Click Add to enter the Fee Payment information

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section showing the last login time as 21 FEB, 2020 11:55 AM, and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features input fields for NPI and Name, and a toolbar with 'Close' and 'Add' buttons. The 'Add' button is highlighted with a red box. Below the toolbar is a 'Manage Fee Payment List' section with a filter bar and a table. The filter bar includes a 'Filter By' dropdown, two input fields, an 'And Operational Status' dropdown set to 'Active', and a 'Go' button. There are also 'Save Filters' and 'My Filters' buttons. The table has columns for Payment Id, Payment Reason, Payment Amount, Fee Option, Payment Made To, Payment Status, Confirmation Number, Payment Date, Status, and Operational Status. The table is currently empty, with a red message 'No Records Found!' displayed below it.



# FAO Revalidation Steps

- Once the Fee Payment method has been selected click 'Click to Pay Fee' or Ok
- For complete instructions on entering the Fee Payment information, [click here](#).

The screenshot shows a web browser window displaying the CHAMPS Fee Payment form. The browser address bar shows the URL <https://milogintp.michigan.gov>. The form includes the following elements:

- Navigation:** My Inbox, Provider, Claims, Member, PA
- User Info:** Last Login: 21 FEB, 2020 11:55 AM
- Form Fields:** NPI, Name, Location (dropdown), Payment Reason (Modification)
- Options Table:**

Options	Description
<input type="radio"/> Pay Fee	Select this option in order to pay fee to Michigan Medicaid. By Clicking the button 'Pay Fee' you will be redirected to our external Payment Gateway, where the Fee can be paid. Once the payment is completed, you will receive an email with your confirmation number.
<input type="radio"/> Fee Paid To Other Program	Select this option if you have already paid the fee to Other State Medicaid or Medicare. Select the program name and date of payment in the section below. If you have a receipt of the payment upload the copy in 'Upload Documents' Step. This is subject to state and federal approval.
<input type="radio"/> Request Hardship Waiver	Select this option to request 'Hardship Waiver' from Provider Enrollment Unit. A 'Hardship Letter' must be written and uploaded in the 'Upload Documents' Step. You can continue submitting the enrolment application / modification request. This is subject to state and federal approval.

**Fee Paid To:** (Required if Fee Paid To Other Program)  
**Payment Date:** (Date Paid to Other Program)  
**Confirmation Number:**

**Payment Status:**

**Buttons:** Click to Pay Fee (highlighted), Ok, Cancel

Page ID: dlqManageFeePayment(Provider)

# FAO Revalidation Steps

- Once complete click Close

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section with the text 'Last Login: 21 FEB, 2020 11:55 AM' and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features a search bar with 'NPI:' and 'Name:' labels. Below the search bar are 'Close' and 'Add' buttons, with the 'Close' button highlighted in red. The main section is titled 'Manage Fee Payment List' and includes a filter section with 'Filter By' dropdowns, 'And Operational Status' set to 'Active', and a 'Go' button. There are also 'Save Filters' and 'My Filters' options. A table displays the payment list with columns: Payment Id, Payment Reason, Payment Amount, Fee Option, Payment Made To, Payment Status, Confirmation Number, Payment Date, Status, and Operational Status. The table contains one row with the following data: Payment Id (checkbox), Payment Reason (Modification), Payment Amount, Fee Option, Payment Made To, Payment Status (NA), Confirmation Number, Payment Date (02/05/2020), Status (In Review), and Operational Status (Active). At the bottom of the table, there are controls for 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1', along with navigation buttons for First, Prev, Next, and Last.

# FAO Revalidation Steps

- Step 14 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 16: Complete Modification Checklist

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

Last Login: 21 FEB, 2020 11:55 AM

Provider Portal > Facility Modification BPW

NPI: [Redacted] Name: [Redacted]

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/21/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 10: Taxonomy Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 14: Fee Payment	Required	02/21/2020		Complete	Updated	
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/21/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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

# FAO Revalidation Steps

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

NPI: \_\_\_\_\_ Name: \_\_\_\_\_

### Manage 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	
Do you accept new patients?	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	
Have you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).	Not Completed	
Do you wish to end date your enrollment or association? If yes, what date and to which NPI association?	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	
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	
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	
Are you the Primary Facility who will be reporting on a cost report for facility settlement?	Not Completed	

View Page:     Viewing Page: 1

# FAO Revalidation Steps

- Step 16 is Complete and 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.
- Click on Step 17: Submit Modification Request for Review
  - (Note: If you chose not to complete optional steps you can still submit your revalidation)

You must complete step 17 to submit your revalidation

**CHAMPS** My Inbox Provider Claims Member PA

Last Login: 21 FEB, 2020 11:55 AM

Provider Portal > Facility Modification BPW

NPI: [ ] Name: [ ]

Close Undo Update

Please update all steps to complete your revalidation process

**View/Update Provider Data - FAO**

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/21/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 10: Taxonomy Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 14: Fee Payment	Required	02/21/2020		Complete	Updated	
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/21/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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

# FAO Revalidation Steps

- Final Submission: Click Next

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section showing the last login time as 21 FEB, 2020 11:55 AM, and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features a form with fields for NPI and Name. Below these fields are 'Close' and 'Next' buttons, with the 'Next' button highlighted by a red box. The 'Final Submission' section contains a warning message: 'The information submitted shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted.' Below this is a confirmation statement: 'I agree that the information submitted as a part of the application is correct. (Private and Confidential)'. The 'Application Document Checklist' section is currently empty, displaying 'No Records Found!' in red text. The checklist table has columns for Forms/Documents, Special Instructions, Source, and Required.

# FAO Revalidation Steps

- Scroll down the page to review the Provider Enrollment & Trading Partner Agreement-Conditions

**CHAMPS** My Inbox Provider Claims Member PA

Last Login: 21 FEB, 2020 11:55 AM

Provider Portal > Facility Modification BPW

NPI: [Redacted] Name: [Redacted]

Close Submit for Modification

### Final Submission

#### 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.

# FAO Revalidation Steps

- Read through the entire list of Provider 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 shows the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. The user's last login is '21 FEB, 2020 11:55 AM'. The breadcrumb trail is 'Provider Portal > Facility Modification BPW'. The form contains fields for 'NPI:' and 'Name:'. Below these fields are two buttons: 'Close' and 'Submit for Modification', with the latter highlighted by a red box. The main content area contains the following text:

EDI SERVICE OF FURNISH, IN WHOLE OR IN PART, AS A RESULT OF AN ACT OF GOD, WAR, CIVIL UNREST, COURT ORDER, LABOR DISPUTE, OR OTHER CAUSE BEYOND ITS REASONABLE CONTROL, INCLUDING SHORTAGES OR FLUCTUATIONS IN ELECTRICAL POWER, FUEL, 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.



# FAO Revalidation Steps

- Step 17 is now complete, and the revalidation has been submitted to the State for review.
- Click Close
  - (Note: Optional steps may show as incomplete if you chose not to complete. This is ok.)

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below the navigation is a header with 'Last Login: 21 FEB, 2020 11:55 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Facility Modification BPW'. It features input fields for 'NPI:' and 'Name:', a 'Close' button, and an 'Undo Update' button. A red notification message states: 'The Modification Request has been submitted for State review. Return to here to track the status of your request.' A red arrow points to this message. Below the notification, a red text prompt says: 'Please update all steps to complete your revalidation process'. The main section is titled 'View/Update Provider Data - FAO' and contains a table titled 'Business Process Wizard - Provider Data Modification (FAO)'. The table has the following columns: Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark. The table lists 17 steps, with Step 17 marked as 'Complete'. At the bottom, there are navigation controls for 'View Page: 1' and 'Viewing Page: 1'.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	In Review	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	In Review	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	In Review	
<input type="checkbox"/> Step 6: Additional Information	Required	02/21/2020	12/23/2017	Complete	In Review	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/21/2020	12/02/2015	Complete	In Review	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/21/2020	12/02/2015	Complete	In Review	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	02/21/2020	12/02/2015	Complete	In Review	
<input type="checkbox"/> Step 10: Taxonomy Details	Required	02/21/2020	12/02/2015	Complete	In Review	
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Required	02/21/2020	12/02/2015	Complete	In Review	
<input type="checkbox"/> Step 14: Fee Payment	Required	02/21/2020		Complete	In Review	
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	02/21/2020	12/02/2015	Complete	In Review	
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/21/2020	12/02/2015	Complete		

# 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](mailto:ProviderSupport@Michigan.gov)

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



Thank you for participating in the Michigan Medicaid Program