

Provider Enrollment

Facility/Agency/Organization
(FAO) Provider

Step 2: Add Locations



“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 (do not change this icon)

Provider Enrollment Process Overview

- Step 1: Determine if provider needs to enroll with CHAMPS Michigan Medicaid
 - Policy Bulletin MSA: [13-17](#)
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 - Policy Bulletin MSA: [19-20](#)
- Step 2: [Determine CHAMPS Enrollment Type](#)
- Step 3: [Enroll with SIGMA – Vendor Self-Service](#)
 - After completing SIGMA registration allow 3-5 business days to begin and complete the CHAMPS application. If you attempt to enroll in CHAMPS during this time you may get an error when validating your information.
- Step 4: [Register for a MiLogin Account for Access to CHAMPS](#)
- Providers wishing to elect another user to have Domain Administrator rights are required to submit:
 - Form: Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
 - Form: Electronic Signature Agreement ([DCH-1401](#))

Starting a New Facility/Agency/ Organization (FAO) Enrollment Application

Details to Step 2: Add Locations

Track Application – [PDF](#)

FAO Enrollment Application

Step 2: Add Locations

- FAO Provider Enrollment steps are listed
- Step 1 has a status of Complete
- Click on Step 2: Add Locations

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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

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

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

FAO Enrollment Application

Step 2: Add Locations

- Click Add to enter Primary Location information

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and user information including 'Last Login: 04 DEC, 2018 01:01 PM'. Below the navigation bar, there are utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the application ID '20181204526214' and the name 'Testing'. A message indicates that the 'Add' button (highlighted with a red box) is used to add or modify pay-to, correspondence, and remittance advice addresses. Below this is a 'Locations List' section with a filter bar and a table. The table has columns for 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The table is currently empty, displaying the message 'No Records Found!'.

FAO Enrollment Application

Step 2: Add Locations

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

CHAMPS My Inbox Provider

Add Provider Locations - Google Chrome

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

NPI: _____ Name: _____

For all locations, Correspondence address is required. For Primary Practice Location, Pay-To address is required. Enter Remittance Advice address only to receive a paper Remittance Advice.

Add Provider Location

Location Type: Primary Practice Location *

Doing Business As: _____ End Date: _____

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: _____ * Address Line 2: _____

Address Line 3: _____ City/Town: OTHER * *

State/Province: OTHER * County: OTHER

Country: UNITED STATES * Zip Code: _____ * - _____ **Validate Address**

Phone Number: _____ * Extn: _____ Fax Number: _____

Email Address: _____ Web Page: _____

Communication Preference: _____

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	_____ *	AM PM *	_____ *	AM PM *	Thursday:	_____ *	AM PM *	_____ *	AM PM *
Monday:	_____ *	AM PM *	_____ *	AM PM *	Friday:	_____ *	AM PM *	_____ *	AM PM *
Tuesday:	_____ *	AM PM *	_____ *	AM PM *	Saturday:	_____ *	AM PM *	_____ *	AM PM *
Wednesday:	_____ *	AM PM *	_____ *	AM PM *					

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

Accept 835(reported at EIN/TIN level): No Accepting New Patients: _____ *

Language(s) Spoken: English American Sign Language Arabic (For Multiple Selection, use Ctrl Key)

Facility Details

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

OK Cancel

FAO Enrollment Application

Step 2: Add Locations

- Click Primary Practice Location to add Pay-To address

The screenshot shows the CHAMPS Provider portal interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and user information including 'Last Login: 04 DEC, 2018 01:01 PM'. Below this, there are utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area displays 'Application ID: 20181204526214' and 'Name: Testing'. A message indicates that to add or modify Pay To, Correspondence and Remittance Advice addresses, the user should click on the 'Location Type' hyperlink. Below this is a 'Locations List' section with a filter bar and a table. The table has four columns: 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The first row in the table shows a checkbox, a dropdown arrow, a link labeled 'Primary Practice Location' (highlighted with a red box), the address '320 S Walnut St, Lansing, MICHIGAN 48933', and the date '12/31/2999'. At the bottom of the table, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

FAO Enrollment Application

Step 2: Add Locations

- Click Add Address to add the other address types
 - (Note: Correspondence address is required for all locations. Enter Remittance Advice address only to receive a paper Remittance Advice)

The screenshot displays the CHAMPS web application interface for adding a location. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. The user's last login is noted as 21 MAR, 2025 09:20 AM. The main content area is titled 'NPI' and includes a 'Name' field. Below this, there are 'Close' and 'Save' buttons, with a note: 'To add additional addresses, click "Add Address" button.'

The 'Location Details' section contains the following fields:

- Doing Business As: [Text Field]
- Phone Number: [Text Field] * Extn: [Text Field]
- Web Page: [Text Field]
- Location Code: 01
- Fax Number: [Text Field]
- Location Type: Primary Practice Location
- Email Address: [Text Field]
- Communication Preference: [Dropdown Menu]

A section for office hours is titled '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.' It features a table with columns for Day, Open At, AM/PM, and Close At, with AM/PM dropdowns for each time slot.

Additional fields include:

- Handicap Accessible: Yes * (dropdown)
- Accept 835 (reported at EIN/TIN level): No (dropdown)
- Start Date: [Text Field]
- Provides Services Via Telehealth: [Dropdown Menu]
- Language(s) Spoken: English, American Sign Language, Arabic (dropdown)
- End Date: [Text Field]
- Accepting New Patients: [Dropdown Menu]
- Status: Approved

The 'Facility Details' section includes:

- State Facility ID: [Text Field]
- Fiscal Year End Date: [Text Field] * (mm/dd)

The 'Address List' section features an 'Add Address' button highlighted with a red box. Below it are filter fields, a dropdown for 'Filter By', and a status filter set to 'Active'. A table with columns for 'Address Type', 'Address', and 'End Date' is visible, with a 'Location' checkbox selected. The bottom of the page shows 'View Page: [Text Field] Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1' with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

FAO Enrollment Application

Step 2: Add Locations

- From the drop-down list, select Type of Address
(Correspondence address is required for all locations)
- Complete all fields marked with an asterisk (*)
 - (Note: If the address is the same you can click on the radio button that says, Copy This Location Address;)
- Click Validate Address
 - (Note: you should receive confirmation "Address Validation Successful")
- Click Ok

CHAMPS Provider

Application ID: 20171106185367 Name: Testing

Add Provider Location Address

Type of Address: --SELECT-- ←

Location Address: Copy This Location Address ←

If a department or drawer number is required enter the information in line TWO.(For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: OTHER *

State/Province: OTHER *

County: OTHER

Country: UNITED STATES *

Zip Code: -

End Date:

Page ID: dlgEnrLLocationAddress(Provider)

FAO Enrollment Application

Step 2: Add Locations

- When all address locations are complete, click Save
- Click Close

NPI: [redacted] Name: [redacted]

to add additional addresses, click "Add Address" button.

Location Details

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

Phone Number: [text box] * Extn: [text box] Fax Number: [text box] Email Address: [text box]

Web Page: [text box] 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 PM	12:00 *	AM PM	Thursday	12:00 *	AM PM	12:00 *	AM PM
Monday	12:00 *	AM PM	12:00 *	AM PM	Friday	12:00 *	AM PM	12:00 *	AM PM
Tuesday	12:00 *	AM PM	12:00 *	AM PM	Saturday	12:00 *	AM PM	12:00 *	AM PM
Wednesday	12:00 *	AM PM	12:00 *	AM PM					

Handicap Accessible: Yes * Accept 835 (reported at EIN/TIN level): No

Provides Services Via Telehealth: [dropdown] * Accepting New Patients: [dropdown] *

Language(s) Spoken: English, American Sign Language, Arabic (For Multiple Selection, use Ctrl Key)

Start Date: [calendar icon] End Date: [calendar icon] Status: Approved

Facility Details

State Facility ID: [text box] Fiscal Year End Date: [text box] * (mm/dd)

Address List

Filter By [dropdown] [text box] Filter By [dropdown] [text box] And Operational Status Active [dropdown] [Go]

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

Viewing Page: 1

FAO Enrollment Application

Step 2: Add Locations

- Click close

The screenshot shows the CHAMPS Provider interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and a user profile icon. Below this is a dark blue header with 'Last Login: 04 DEC, 2018 01:01 PM' and utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the 'New Enrollment > FAO Enrollment' path. Below this, there are fields for 'Application ID: 20181204526214' and 'Name: Testing'. A message box contains a 'Close' button (highlighted with a red box) and an 'Add' button, with the text: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. Below the message is the 'Locations List' section, which includes a filter bar with 'Filter By' dropdown, input fields, and a 'Go' button. The list table has columns for 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The first row shows a checkbox, a dropdown arrow, a 'Primary Practice Location' hyperlink, the address '320 S Walnut St, Lansing, MICHIGAN 48933', and the date '12/31/2999'. At the bottom of the list are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' with navigation arrows for 'First', 'Prev', 'Next', and 'Last'.

FAO Enrollment Application

Step 2: Add Locations

- Step 2 is complete
- Click on Step 3: [Add Specialties](#)

CHAMPS Provider

Last Login: 04 DEC, 2018 01:01 PM

Note Pad External Links My Favorites Print Help

New Enrollment > FAO Enrollment

Application ID: 20181204526214 Name: Testing

Close

Enroll Provider - FAO

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Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
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View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

Provider Resources



Provider Enrollment website:

<https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/provider-enrollment>



We continue to update our Provider Resources:

[CHAMPS Resources](#)

[Listserv Instructions](#)

[Provider Alerts](#)

[Medicaid Provider Training Sessions](#)



Provider Enrollment:

ProviderSupport@Michigan.gov

ProviderEnrollment@Michigan.gov

1-800-292-2550



Thank you for participating in the Michigan Medicaid Program