

Home Help Individual Provider

Associating to an Agency



“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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MiLogin and CHAMPS

MiLogin is the State of Michigan Identity, Credential, and Access Management (MICAM) solution. All users needing access to CHAMPS's information must obtain a MiLogin User ID and Password.

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

As of October 28, 2023, MiLogin Third Party has been rebranded to MiLogin for Business.

MiLogin and CHAMPS

- Open your web browser (e.g., Internet Explorer, Google Chrome, Mozilla Firefox, etc.).
- Enter <https://milogintp.Michigan.gov> into the search bar.
- Enter the User ID and Password and click Login
 - If you don't remember your User ID or Password, you can select "Lookup your User ID" or "Forgot your password?"

The screenshot displays the MiLogin for Business website. On the left, a dark blue banner features the Michigan state logo and the text "MiLogin for Business". The main content area has a dark blue background with the heading "Michigan's one-stop login solution for business" and a teal arrow pointing right. Below this, a paragraph explains that MiLogin connects users to all State of Michigan business services through a single user ID. On the right, the login form is shown with the heading "Welcome to MiLogin for Business". It includes fields for "User ID" and "Password", both with red arrows pointing to them. Below the fields are links for "Lookup your user ID" and "Forgot your password?". A teal "Log In" button and a white "Create an Account" button are at the bottom of the form. The footer contains "Copyright 2023 State of Michigan" and "Policies".

MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' website. At the top left is the Michigan state logo. The header includes 'MiLogin for Business' and navigation links: 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. The main content area has a dark blue background with the text 'Welcome [blurred name]' and 'Access your requested online services and search for more.' Below this are two white boxes. The left box contains the MDHHS logo and the text 'Michigan Department of Health & Human Services (MDHHS)' and 'CHAMPS'. A red rectangle highlights a right-pointing arrow next to 'CHAMPS'. The right box is titled 'Discover Online Services' and contains text about MiLogin security and a 'Find Services >' link. The footer includes 'Copyright 2023 State of Michigan' and 'Policies'.



MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' website. At the top, there is a navigation bar with links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below the navigation bar 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 central focus is a white box containing the MDHHS logo and the heading 'CHAMPS'. Below the heading is a paragraph describing the system. Underneath, there is a section titled 'Terms & Conditions' with a scrollable text area. Below the text area, there is a checkbox labeled 'I agree to the Terms & Conditions' which is checked, and a red arrow points to it. Below the checkbox is a 'Launch service' button. At the bottom of the page, there is a footer with 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

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

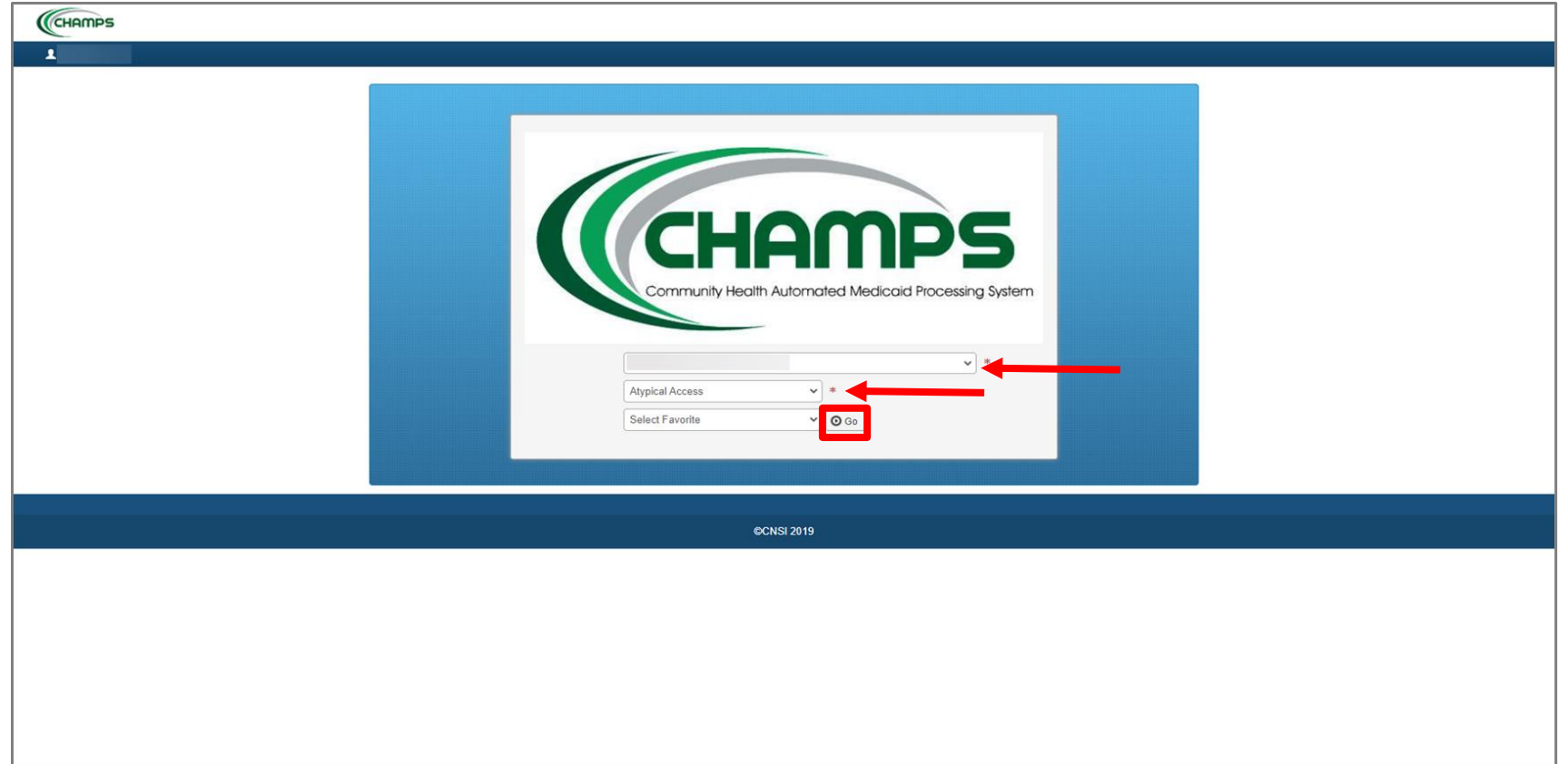
I agree to the Terms & Conditions

Launch service

Copyright 2023 State of Michigan Policies

MiLogin and CHAMPS

- The Provider ID and Name will show in the top drop-down menu
- In the Select Profile drop-down menu, select Atypical Access
- Click Go



The screenshot shows the CHAMPS login interface. At the top left is the CHAMPS logo. Below it is a user profile icon. The main content area features a large CHAMPS logo with the text "Community Health Automated Medicaid Processing System" underneath. Below the logo is a login form with three dropdown menus: a top dropdown for user selection, "Atypical Access" with an asterisk, and "Select Favorite". A red box highlights the "Go" button, and red arrows point to the top dropdown and the "Atypical Access" dropdown. The footer contains the copyright notice "©CNSI 2019".

Step 4: Associate Billing Provider/Other Associations

This step should be completed by Providers who are trying to associate to a new Agency.

Step 4: Associate Billing Provider / Other Associations

- Click the Provider drop-down menu
- Select Manage Provider Information

The screenshot displays the CHAMPS Provider Portal interface. At the top, the 'Provider' drop-down menu is highlighted with a red box and is open, showing three main sections: 'PROVIDER ENROLLMENT' (with sub-items 'New Enrollment' and 'Track Application'), 'MANAGE PROVIDER' (with sub-item 'Manage Provider Information'), and 'ELECTRONIC SERVICE VERIFICATION (ESV)' (with sub-item 'ESV Member List'). A red arrow points to the 'Manage Provider Information' option. The main content area features a search form with 'Provider ID' and 'Name' fields, and a table with columns 'Due Date', 'Read', and 'Tickler Modified Date'. Below the table, a red message states 'No Records Found!'. On the right side, there is a calendar for January 2023, showing the current date as 5 January 2023 (Thursday) at 14:14.

Step 4: Associate Billing Provider / Other Associations

- To review any current agency associations, click on Step 4: Associate Billing Provider/Other Associations.

CHAMPS < My Inbox > Provider >

Last Login: [User Name]

Provider Portal > Atypical Individual Modification

Provider ID: [Field] Name: [Field]

Close Undo Update

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 2: Locations	Required	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	09/10/2021	09/13/2021	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	07/09/2018	07/09/2018	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	09/10/2021	09/13/2021	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	09/10/2021	09/13/2021	Complete		

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

Step 4: Associate Billing Provider / Other Associations

- Click Add

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a breadcrumb trail showing 'Provider Portal > Atypical Individual Modification', and utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, there are input fields for 'Provider ID:' and 'Name:'. A red box highlights the 'Add' button next to the 'Close' button. The main content area is titled 'Billing Provider/Other Associations List' and features a table with the following columns: NPI/Provider ID, Provider Name, Enrollment Type, Start Date, End Date, Status, Operational Status, Inactivation Date, and Business Status End Date. A single row is visible in the table with the following data: NPI/Provider ID (empty), Provider Name (empty), Enrollment Type 'Atypical Agency Provider', Start Date '10/02/2019', End Date '12/31/2999', Status 'Approved', Operational Status 'Active', Inactivation Date (empty), and Business Status End Date '12/31/2999'. Below the table, there are controls for 'View Page: 1', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

Step 4: Associate Billing Provider / Other Associations

- In the Type drop-down menu, select Provider ID
- Enter the Provider ID of the Agency
- Enter today's date as the start date
- Click Confirm Provider
- Click OK

The screenshot shows a web application window titled "Associate Billing Provider/Other Associations". At the top, there are fields for "Provider ID:" and "Name:". Below this is a form area with the following elements:

- A "Type:" drop-down menu with "Provider ID" selected, highlighted by a red box and a red arrow pointing to it.
- An "ID:" text input field, also highlighted by a red arrow.
- A "Start Date:" field with a date picker set to "01/05/2023", highlighted by a red arrow.
- A "Business Status End Date:" field.
- On the right side, there are fields for "Provider Name:", "Enrollment Type:", "Applicant Type:", and "End Date:".
- At the bottom right, there are three buttons: "Confirm Provider" (highlighted with a red box), "Ok" (checked), and "Cancel".

Instructions at the top of the form area read: "Enter NPI/Provider ID of Billing Provider/Other Associations and click 'Confirm Provider.'"

Step 4: Associate Billing Provider / Other Associations

- The agency will appear under the Billing Provider/Other Associations list
- Click Close

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile icon, and menu items for 'My Inbox' and 'Provider'. Below this is a breadcrumb trail: 'Provider Portal > Atypical Individual Modification'. The main content area is titled 'Billing Provider/Other Associations List'. It features a search and filter section with 'Filter By' dropdowns, 'And' operators, and an 'Operational Status' dropdown set to 'Active'. Below the filters is a table with the following columns: NPI/Provider ID, Provider Name, Enrollment Type, Start Date, End Date, Status, Operational Status, Inactivation Date, and Business Status End Date. The table contains one entry: 'Atypical Agency Provider' with a Start Date of 12/31/2999, Status of 'Approved', and Operational Status of 'Active'. A red arrow points to this entry. At the bottom of the table, there are controls for 'View Page: 1', 'Page Count', 'Save to Excel', and 'Viewing Page: 1' with navigation buttons for 'First', 'Prev', 'Next', and 'Last'. A red box highlights the 'Close' button in the top left of the list area.

Step 4: Associate Billing Provider / Other Associations

- Please note: Step 4 Modification Status will now show Updated.
- Click Step 13: Complete Modification Checklist

CHAMPS My Inbox Provider

Last Login: 10 FEB, 2023 11:21 AM

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

View/Update Provider Data - Atypical Individual

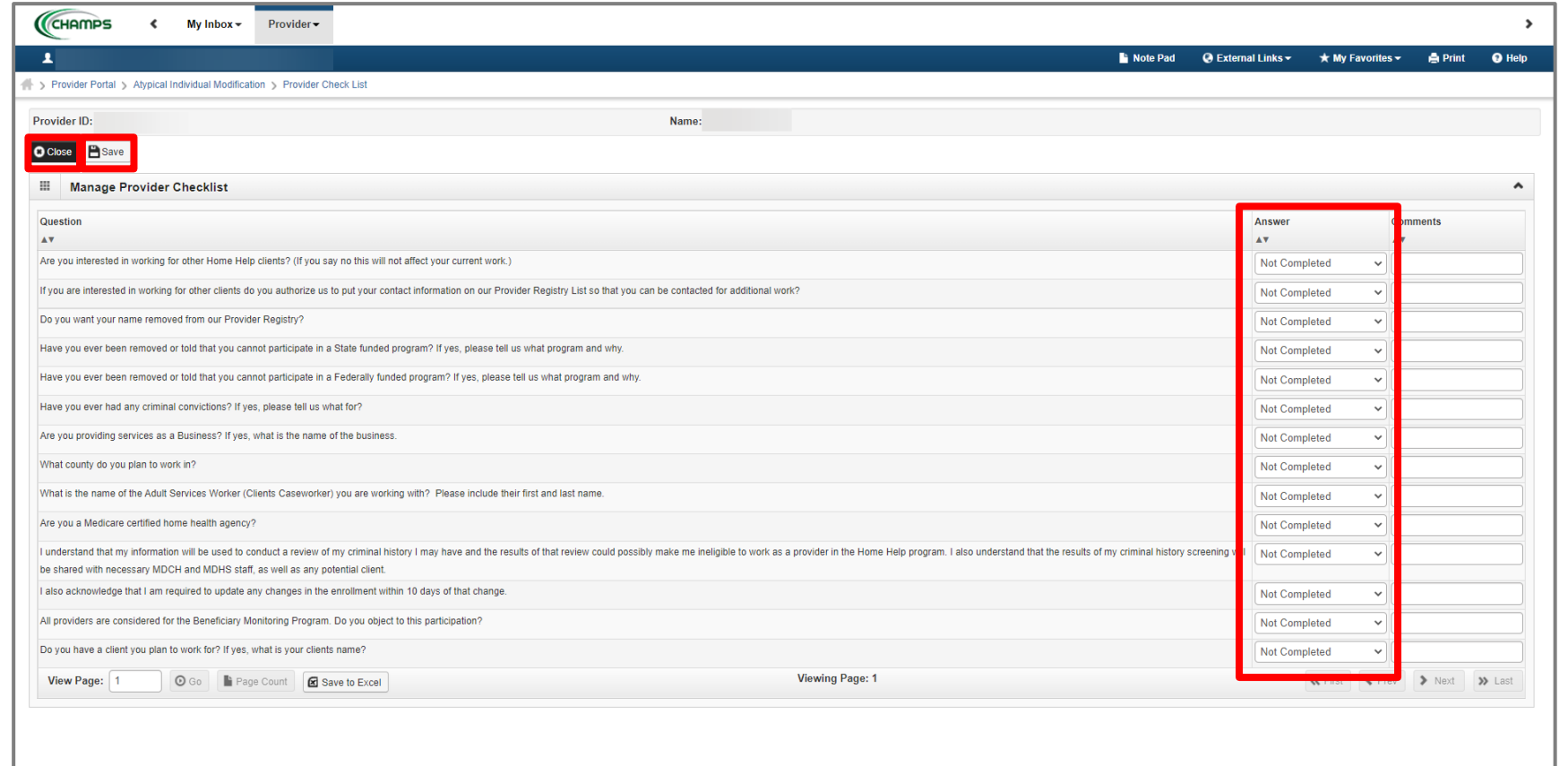
Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/10/2023	06/15/2020	Complete	Updated	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	06/15/2020	06/15/2020	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	06/15/2020	06/15/2020	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	02/10/2023	06/15/2020	Incomplete		Modification Request has not been Submitted.

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

Step 13: Complete Modification Checklist

- Answer all the Provider Checklist questions by choosing Yes or No from each drop-down menu in the Answer column. Enter comments in the Comments box as needed.
- Click Save
- Click Close



The screenshot shows the CHAMPS Provider Check List interface. At the top, there are navigation tabs for 'My Inbox' and 'Provider'. Below the navigation, there are fields for 'Provider ID:' and 'Name:'. A red box highlights the 'Close' and 'Save' buttons. The main content area is titled 'Manage Provider Checklist' and contains a table with columns for 'Question', 'Answer', and 'Comments'. The 'Answer' column is highlighted in red and contains a list of 'Not Completed' dropdown menus. The 'Comments' column contains empty text boxes. At the bottom, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'.

Step 13: Complete Modification Checklist

- Please note: Step 13 Modification Status has changed to Updated.
- Click Step 14: Submit Modification Request for Review

CHAMPS My Inbox Provider

Last Login: 10 FEB, 2023 11:21 AM

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/10/2023	06/15/2020	Complete	Updated	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	06/15/2020	06/15/2020	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	02/10/2023	06/15/2020	Complete	Updated	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	02/10/2023	06/15/2020	Incomplete		Modification Request has not been Submitted.

View Page: 1 Viewing Page: 1

Step 14: Submit Modification Request for Review

- Click Next

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a 'My Inbox' dropdown, and a 'Provider' dropdown. On the right side of the navigation bar, there are links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, the breadcrumb trail reads 'Provider Portal > Atypical Individual Modification'. The main content area is divided into several sections. At the top, there are input fields for 'Provider ID:' and 'Name:'. Below these fields, there are two buttons: 'Close' and 'Next'. The 'Next' button is highlighted with a red rectangular box. Below the buttons, there is a section titled 'Final Submission' which contains a 'Provider ID:' field and an 'EnrollmentType: Atypical Individual Provider' label. The text in this section reads: 'The Information submitted shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted. I agree that the information submitted as a part of the application is correct. (Private and Confidential)'. Below the 'Final Submission' section, there is an 'Application Document Checklist' section. This section contains a table with four columns: 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table.

Step 14: Submit Modification Request for Review

- Read the Terms and Conditions Atypical Enrollment statement.
- Click the box at the bottom of the page to acknowledge and agree to the Terms and Conditions.
- Click Submit for Modification agreeing that all the information in the application is correct.
 - Once submitted to the State for review, changes cannot be made to the information.

CHAMPS My Inbox Provider

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Submit for Modification

13. To commit, prior to allowing any vehicle to proceed, that all passengers are properly secured in their seat belts, car seats, and, when applicable, that wheelchairs and passengers who use wheelchairs are properly secured (Exception: Only a passenger who has a letter, carried on his/her person and signed by the passenger's physician, stating that the passenger's medical condition prevents the rider from using a seat belt, may be transported without a fastened seat belt and then only as allowed by state law).

14. To provide an appropriate level of assistance to passengers, when requested, or when necessitated by a passenger's condition.

15. To provide support and direction to passengers. Such assistance shall also apply to the movement of wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift/ramp, as applicable. Such assistance shall also include stowage by the driver of mobility aids and folding wheelchairs.

16. To act in a professional manner at all times while providing services.

17. To be clean and maintain a neat appearance at all times.

18. To be polite and courteous to riders; riders shall be treated with respect and in a culturally appropriate manner when receiving transportation services. The Manager should notify the volunteer driver of any known cultural issues significant to providing transportation services.

19. To limit review of any confidential rider information to the minimum information necessary to provide the service.

20. To only use or record confidential rider information as necessary to provide the Department information necessary for the administration of the program (i.e. mileage reimbursement, if applicable).

21. To not to retain any original or copy of any document rider shares with you for purposes of transport.

22. To not to retain any original or copy of any document that may be provided by a health care provider to driver. Driver agrees to ensure that such documentation leaves with rider.

23. To report any breach of the terms of this user agreement to the Department. This includes, but is not limited to, accidental retention of medical record or other confidential rider information.

24. To return to the Department, as soon as possible, but in no event later than 3 business days after discovery, any confidential rider information retained left with driver after completing transport of the rider.

25. To never discuss, write, or share in any other format any information specific to a rider, except as necessary to communicate with the Department or with a health care provider or other staff at a facility rider is being transported to.

26. Not input or include any confidential rider information in any computer system of any kind, except as approved by the Department. This includes personal email accounts, file transfer systems, note applications, and any other electronic system of recording data not expressly approved for use by the Department.

27. Comply with any other agreements driver has entered into with respect to this program.

28. Respect the rider's privacy by not asking for more information about the individual's condition, reason for visit, or other personal information, while providing transport services. If the rider chooses to voluntarily share this information, it is subject to the same protections described above regarding protecting rider information.

By checking this, I acknowledge that I have read the terms and agreement and I agree to fully comply with all program requirements.

Step 14: Submit Modification Request for Review

- Your request has been submitted. Notice the Modification Status has changed to “In Review”.
- Click Close and Logout.
- The modification is approved when the Modification Status column shows blank again.

CHAMPS My Inbox Provider

Last Login: 10 FEB, 2023 11:21 AM

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

The Modification Request has been submitted for State review. Return to here to track the status of your request.

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/10/2023	06/15/2020	Complete	In Review	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	06/15/2020	06/15/2020	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	06/15/2020	06/15/2020	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	02/10/2023	06/15/2020	Complete	In Review	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	02/10/2023	06/15/2020	Complete		

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

Please note:

- Associating to an Agency is considered a Modification.
- Last Review Date will be the date approved in steps that were showing “In Review” status.
- Optional steps may be displayed as Incomplete.

Provider Resources



MDHHS Home Help Provider website:
www.Michigan.gov/HomeHelp



Provider Support:

ProviderSupport@Michigan.gov

1-800-979-4662



Thank you for participating in the Michigan Medicaid Program