

Provider  
Enrollment  
Non-Emergency  
Medical Transportation  
(NEMT)  
Individual Instructions



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

-Provider Relations

# Table of Contents



Register for MILogin and CHAMPS Slides



New Provider Enrollment Slides



Associating to your Agency Slides



Track Existing Application Slides



Provider Resources

# Register for MILogin and CHAMPS

MILogin is the State of Michigan Identity, Credential, and Access Management (MICAM) solution. All users who need access to the information within CHAMPS must obtain a MILogin user ID and password.

The Community Health Automated Medicaid Processing System (CHAMPS) is the MDHHS web-based, rules-driven, real-time adjudication Medicaid Management System. CHAMPS is comprised of the following subsystems: Provider Enrollment, Eligibility and Enrollment, Prior Authorization, Claims and Encounters, and Contracts Management.

# Register for MiLogin and CHAMPS

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

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 sections. The left section has a dark blue background with the text "Michigan's one-stop login solution for business" and 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 section is white and titled "Welcome to MiLogin for Business". It contains two input fields: "User ID" and "Password". Below the "User ID" field is a link for "Lookup your user ID". Below the "Password" field is a link for "Forgot your password?". There are two buttons: a teal "Log In" button and a white "Create an Account" button with a red border. The footer contains "Copyright 2023 State of Michigan" on the left and "Policies" on the right.

# Register for MiLogin and CHAMPS

- Enter the email address
- Click the 'I'm not a robot'
- Click Next Step

## Don't have an email address?

There are several email providers who offer an email address and services at no cost. A few popular email providers are listed below.

- Gmail: <https://www.google.com/gmail/about/#>
- Yahoo  
Mail: <https://login.yahoo.com/account/create>
- Microsoft Live  
Hotmail: <https://outlook.live.com/owa/>

These commercial provider organizations are **not affiliated with the State of Michigan**. Your email messages will not be stored on the State of Michigan systems.

The screenshot displays the 'MiLogin for Business' registration interface. The page is titled 'Email verification' and is 'Step 1 of 10'. A progress indicator shows 10 circles, with the first one filled. A red box highlights the 'I'm not a robot' checkbox, which is currently unchecked. To its right is the reCAPTCHA logo with links for 'Privacy' and 'Terms'. Below this is an information box stating: 'We will never send you spam or share your information with anyone outside of the State of Michigan services you choose to access.' A 'Next Step' button is located below the information box. At the bottom of the page, there is a 'Having Trouble?' section with a link for 'I don't have an email >'. The footer contains 'Copyright 2023 State of Michigan' and 'Policies'.

# Register for MiLogin and CHAMPS

- Enter the passcode that was sent to the email address.
- Click Next Step.
- If the passcode was not sent select the Resend Passcode link.

The screenshot shows the 'MiLogin for Business' registration interface. The top navigation bar includes the Michigan state logo, the text 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays a progress indicator with 10 circles, the second of which is filled with teal. Above the indicator, it says '< Previous Step' and 'Step 2 of 10'. The main heading is 'Passcode verification' in large white font, followed by a teal arrow pointing right. The right panel, with a white background, is titled 'Enter your passcode'. It contains the text 'We have sent you a passcode to your email' followed by a masked email address '@gmail.com'. Below this is a 'Passcode' label and an empty input field. A teal button labeled 'Next Step' is positioned below the input field, and a link for 'Resend Passcode' is located below the button. The footer of the page shows 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

# Register for MiLogin and CHAMPS

- Enter the user's first, last, and optional middle initial.
- After reviewing the terms and conditions click the 'I agree' checkbox.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo, the text 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, on a dark blue background, displays 'Step 3 of 10' and 'Profile Information' in large white text. Below this is a progress indicator consisting of ten circles, with the third circle filled in teal. A teal arrow points to the right. The right panel, on a white background, is titled 'Enter your information' and contains several input fields: 'First Name', 'Middle Initial (Optional)', 'Last Name', and 'Suffix (Optional)'. The 'Last Name' and 'Suffix' fields are grouped together. Below the input fields is a checkbox labeled 'I agree to the Terms & Conditions.' and a teal 'Next Step' button. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

# Register for MiLogin and CHAMPS

- Enter the work phone number.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo, the title 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 4 of 10' and 'Work phone verification' in large white text. Below this is a progress indicator consisting of ten circles, with the fourth circle filled in teal. A teal arrow points to the right. The right panel has a white background and is titled 'Enter your work phone number'. It contains explanatory text: 'Your work phone number is required for many State of Michigan services and can help us identify you and recover your account if you get locked out.' Below this is a text input field labeled 'Work Phone'. A light blue information box contains an 'i' icon and the text: 'You will receive a passcode via a voice call to your phone to confirm your identity.' At the bottom of the right panel is a dark teal button labeled 'Next Step'. The footer of the page shows 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.



# Register for MiLogin and CHAMPS

- A phone call will be made to the work phone number.
- Enter the password provided.
- Click Confirm Password.
- If the call was missed, click the Resend Passcode to receive another call.

The screenshot shows the 'MiLogin for Business' interface. The top navigation bar includes the Michigan state logo, the text 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays a progress indicator for 'Step 5 of 10' and the heading 'Passcode verification'. Below the heading is a row of ten circles, with the fifth circle filled in teal. A teal arrow points to the right. The right panel, with a white background, is titled 'Enter your passcode'. It contains the text: 'We have sent you a passcode via a voice call to your work phone ending with [redacted]'. Below this is a 'Passcode' label and a text input field. To the left of the input field is the text '1230 -'. Below the input field is a teal button labeled 'Confirm Passcode' and a smaller teal link labeled 'Resend Passcode'. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

# Register for MiLogin and CHAMPS

- Enter the mobile phone number.
  - This is an optional step and can be completed later by clicking the 'Skip this for now' link.
- If this step is skipped move ahead to slide 13.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo, the text 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 6 of 10' and 'Mobile phone verification' in large white text. Below this is a progress indicator consisting of ten circles, with the sixth circle filled in teal. A teal arrow points to the right. The right panel, with a white background, is titled 'Enter your mobile phone number'. It contains a paragraph explaining that the mobile phone number is optional but recommended for account security. Below the text is a text input field labeled 'Mobile Phone'. A teal information box contains the text: 'If your work phone can receive text messages, enter the phone number again to enable text message verification option.' At the bottom of the right panel are two buttons: a teal 'Next Step' button and a white 'Skip this for now' button. The footer of the page shows 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

# Register for MiLogin and CHAMPS

- Select either the text message or voice call verification method.

The screenshot shows the 'MiLogin for Business' registration interface. 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, on a dark blue background, displays a progress indicator with 10 circles, the 7th of which is filled, and the text 'Verification method' with a right-pointing arrow. The right panel, on a white background, is titled 'Select a verification method' and contains two options: 'Text Message' and 'Voice Call'. Both options are enclosed in a red rectangular box. The 'Text Message' option states: 'You will receive a passcode via a text message to your mobile phone ending with [redacted]'. The 'Voice Call' option states: 'You will receive a passcode via a voice call to your mobile phone ending with [redacted]'. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

# Register for MiLogin and CHAMPS

- Enter the passcode.
- Click Confirm Passcode.

The screenshot shows the 'MiLogin for Business' interface. The top navigation bar includes the Michigan state logo, the text 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel has a dark blue background and contains a '< Previous Step' link, 'Step 8 of 10', the title 'Passcode verification', a progress indicator with 10 circles (the 8th is filled), and a right-pointing arrow. The right panel has a white background and is titled 'Enter your passcode'. It contains the text 'We have sent you a passcode via a text message to your mobile phone ending with [redacted]', a 'Passcode' label, the number '1087 -', an input field, a 'Confirm Passcode' button, and a 'Resend Passcode' link. The footer shows 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

# Register for MiLogin and CHAMPS

- Enter the User ID following the guidelines provided.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo, the text 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, on a dark blue background, indicates 'Step 9 of 10' and 'User ID' with a right-pointing arrow. Below this is a progress indicator consisting of ten circles, with the ninth circle highlighted in teal. The right panel, on a white background, is titled 'Create your user ID' and explains that the User ID is required for sign-in. It lists 'ID Guidelines': a warning icon for 'Must start with your last name and first initial', a checkmark for 'Must end with 4 numbers', and a checkmark for 'Must not contain special characters or spaces'. Below the guidelines is a text input field for the 'User ID'. A light blue information box contains the text: 'Your user ID should be [ ] where XXXX is four numbers of your choosing.' At the bottom of the right panel is a teal 'Next Step' button. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

# Register for MiLogin and CHAMPS

- Create a password following the guidelines.
- Enter the same password in the confirm password field.
- Click create account.

The screenshot shows the 'MiLogin for Business' registration interface. 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, on a dark blue background, shows a progress indicator with 10 circles, the 10th of which is filled, and the text 'Step 10 of 10' and 'Password' with a right-pointing arrow. The right panel, on a white background, is titled 'Create your password' and contains instructions: 'Choose something secure, but also something you can remember.' Below this are 'Password Guidelines' listed with warning icons: 'Must be at least 8 characters in length', 'Should not be based on your User ID', 'Must contain at least one upper and lower case letters, a number, and a symbol (@#\$!~&)', and 'Confirm password must match new password'. There are two input fields: 'Password' and 'Confirm Password'. A teal 'Create Account' button is at the bottom of the right panel. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

# Register for MiLogin and CHAMPS

- Your MiLogin account has now been created successfully.
- Your Home Page will not show any applications.
- Click Find Services.
- *\*MiLogin resource links are listed at the top of the screen by clicking Help.*

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 dark blue banner with the text "Welcome" and "Access your requested online services and search for more." Below this, a white box titled "Discover Online Services" contains the text: "MiLogin is used to secure many online services at the State of Michigan. We are here to ensure your identity is safe and protected." A red rectangular box highlights the "Find Services >" link at the bottom of this box. The footer contains "Copyright 2023 State of Michigan" on the left and "Policies" on the right.

# Register for MiLogin and CHAMPS

- Filter by Departments and search for Michigan Department of Health and Human Services OR
- Enter CHAMPS in the search for services box and click Search
- Click on CHAMPS.

**MiLogin for Business** Home Discover Online Services Help Contact Us

[Back to Home](#)

## Discover Online Services

From renewing vehicle plates to getting food assistance, find and access the services you need.

**Search for Services**

CHAMPS - HCI - Health Beat 2.0 UAT

**Filter by Departments**

- All Departments
- Attorney General (AG)
- Center for Educational Performance and Information (CEPI)
- Department of Labor and Economic Opportunity (LEO)
- Department of Military and Veteran's Affairs (DMVA)
- Department of Technology, Management and Budget (DTMB)
- Licensing and Regulatory Affairs (LARA)
- Michigan Civil Service Commission (MCSC)
- Michigan Department of Agriculture & Rural Development (MDARD)
- Michigan Department of Corrections (MDOC)
- Michigan Department of Education (MDE)
- Michigan Department of Environment, Great Lakes, and Energy (EGLE)
- Michigan Department of Health & Human Services (MDHHS)

**MDHHS** Michigan Department of Health & Human Services (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.



# Register for MiLogin and CHAMPS

- Review the terms and conditions and select the 'I agree to the terms & conditions' radio button.
- Click Additional Information.

The screenshot shows the 'MiLogin for Business' registration page for CHAMPS. At the top, there is a navigation bar with 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. The main content area features the MDHHS logo and the title 'CHAMPS'. Below the title, a paragraph describes CHAMPS as the Michigan Medicaid Management Information System (MMIS). A light blue box with an information icon contains the text: 'This Service Requires Additional Information. This service may ask for additional information before granting access.' Below this, a section titled 'Please accept the Terms and Conditions to continue:' contains a scrollable area for 'Terms & Conditions'. The terms state that the systems are the property of the State of Michigan and are for official state business use only. Below the terms, there is a checked checkbox for 'I agree to the Terms & Conditions'. A red rectangular box highlights the 'Additional Information' button. The footer includes 'Copyright 2023 State of Michigan' and a link to 'Policies'.

# Register for MiLogin and CHAMPS

- Select the 'Provider/Other' radio button.
- Click Next Step.

**MiLogin for Business**

Home Discover Online Services Help Contact Us

[← Back](#)


## Request Service

→

### Additional Information

In order to proceed with your request, please enter additional requested information below.

CHAMPS User Type

Provider/Other 

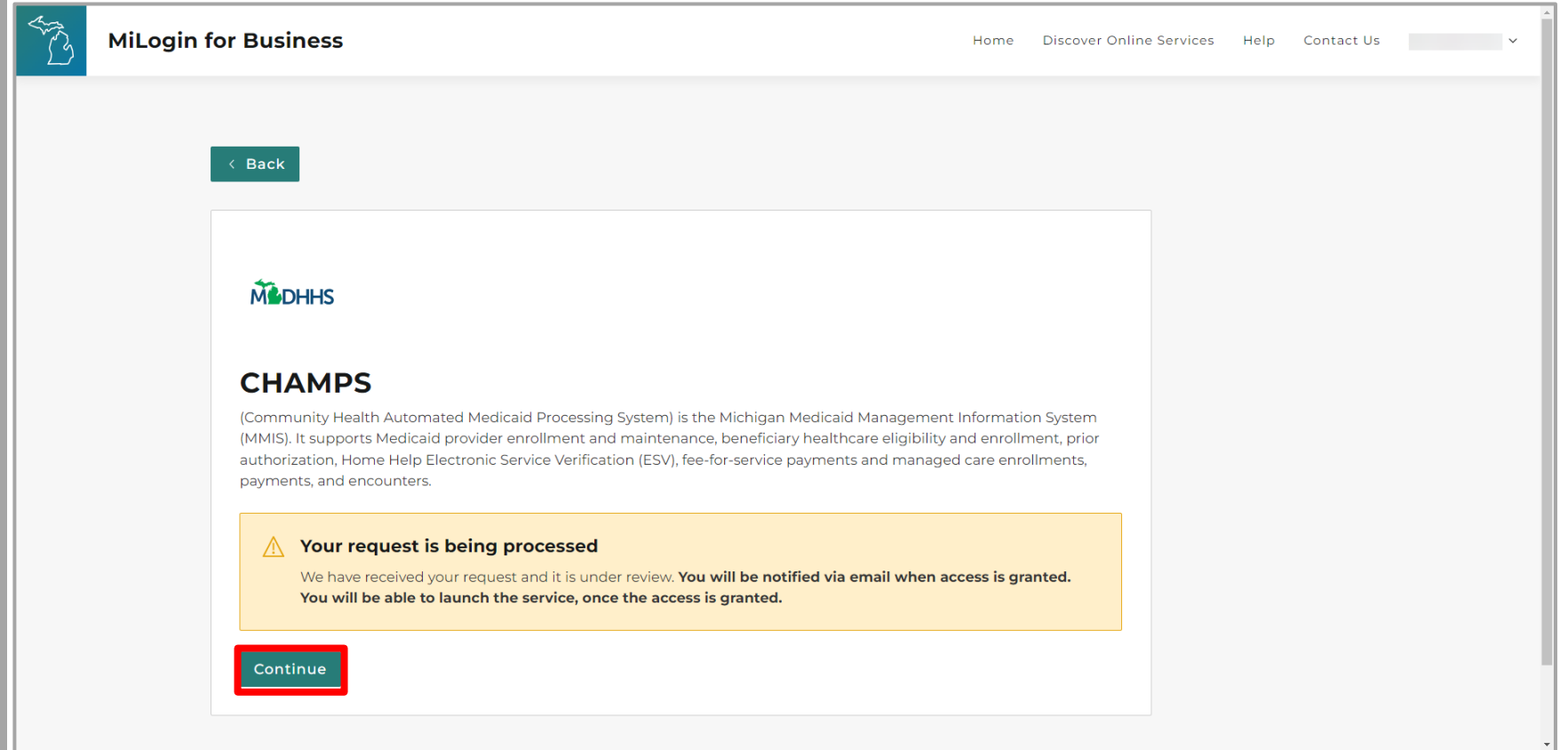
State User Only

[Next Step](#)

Copyright 2023 State of Michigan Policies

# Register for MiLogin and CHAMPS

- You will be given confirmation that your request has been submitted successfully.
- Click the continue to return to the MiLogin home page.



The screenshot shows the 'MiLogin for Business' website. At the top left is the Michigan state logo. The page title is 'MiLogin for Business'. In the top right corner, there are navigation links: 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below the navigation is a '< Back' button. The main content area features the 'MIDHHS' logo and the heading 'CHAMPS'. Below the heading is a paragraph of text: '(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.' Below this text is a yellow warning box with a triangle icon and the text: 'Your request is being processed. We have received your request and it is under review. You will be notified via email when access is granted. You will be able to launch the service, once the access is granted.' At the bottom of the page is a 'Continue' button, which is highlighted with a red border.

# Register for MiLogin and CHAMPS

- You will be directed back to your MiLogin Home 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 the text "MiLogin for Business" and navigation links for "Home", "Discover Online Services", "Help", and "Contact Us". The main content area features a dark blue header with the text "Welcome [blurred name]" and the subtext "Access your requested online services and search for more." Below this, there are two white boxes. The left box contains the MDHHS logo, the text "Michigan Department of Health & Human Services (MDHHS)", and a "CHAMPS" link with a right-pointing arrow icon highlighted by a red rectangle. The right box is titled "Discover Online Services" and contains text explaining MiLogin's security and a "Find Services" link with a right-pointing arrow icon. The footer includes "Copyright 2023 State of Michigan" on the left and "Policies" on the right.

# Register for MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' registration page for CHAMPS. The page features a header with the Michigan state logo and navigation links for Home, Discover Online Services, Help, and Contact Us. A 'Back to Home' button is visible in the top left. The main content area includes the MDHHS logo, the title 'CHAMPS', and a description of the system. Below this, there is a section for 'Terms & Conditions' with a scrollable text area. A checkbox labeled 'I agree to the Terms & Conditions' is checked. A 'Launch service' button is highlighted with a red border. The footer contains copyright information for the State of Michigan and a link to Policies.

**MiLogin for Business** Home Discover Online Services Help Contact Us

[Back to Home](#)

**MDHHS**

## CHAMPS

(Community Health Automated Medicaid Processing System) is the Michigan Medicaid Management Information System (MMIS). It supports Medicaid provider enrollment and maintenance, beneficiary healthcare eligibility and enrollment, prior authorization, Home Help Electronic Service Verification (ESV), fee-for-service payments and managed care enrollments, payments, and encounters.

**Please accept the Terms and Conditions to continue:**

**Terms & Conditions**

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any

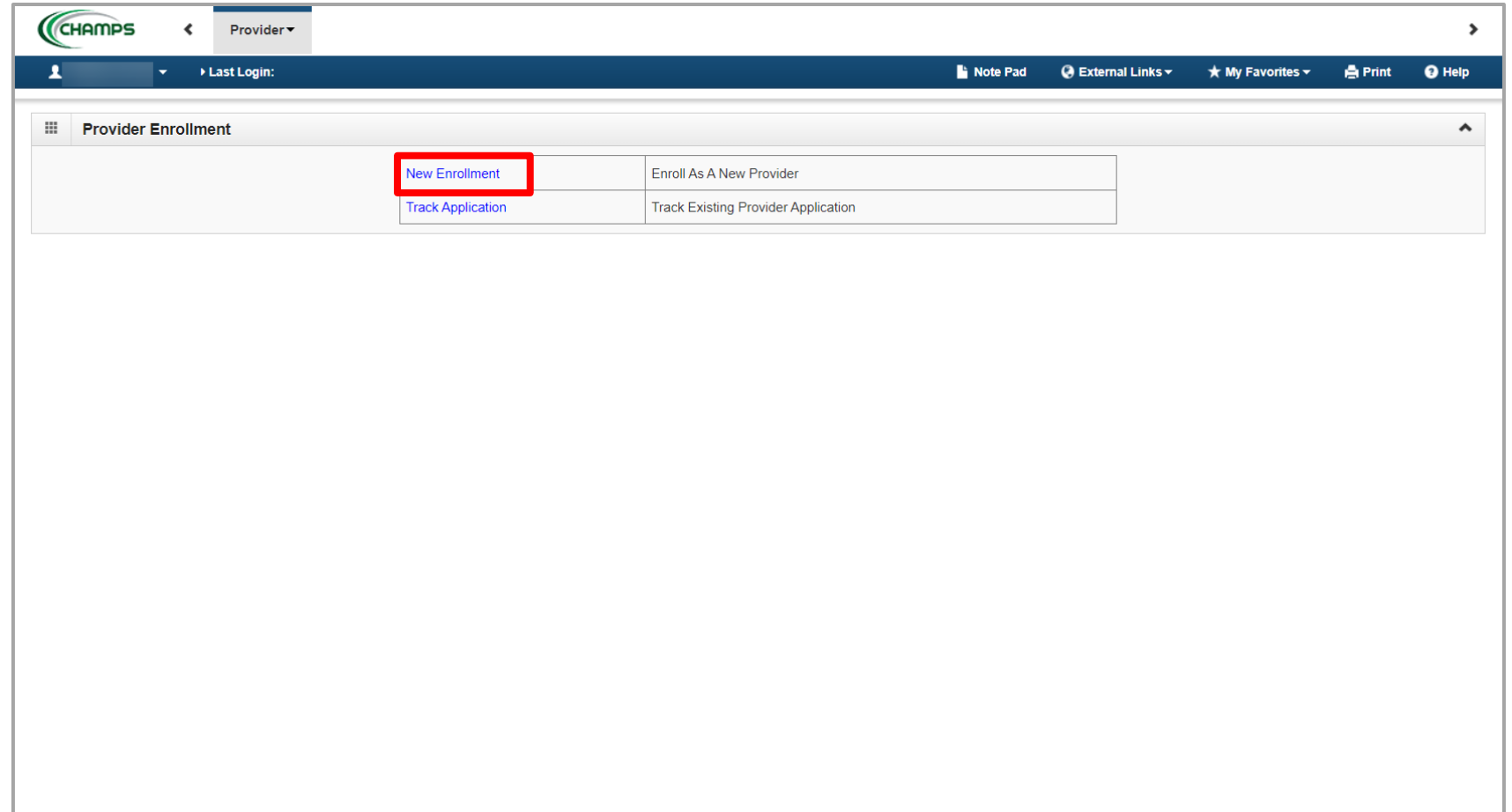
I agree to the Terms & Conditions

**Launch service**

Copyright 2023 State of Michigan Policies

# Register for MILogin and CHAMPS

- For a new provider, the CHAMPS New Enrollment screen will display.
- The MILogin user who completes the provider enrollment application will become the [domain administrator](#) for the provider.



# New Provider Enrollment

Steps on how to complete a new CHAMPS enrollment for a Non-Emergency Medical Transportation (NEMT) Individual Instructions.

# Prior to enrolling in CHAMPS

Non-Emergency Medical Transportation (NEMT) providers will want to ensure they are enrolled in SIGMA Vendor Self-Service (VSS) prior to enrolling within CHAMPS.

- SIGMA VSS website: [www.Michigan.gov/SIGMAVSS](http://www.Michigan.gov/SIGMAVSS)
- If you have questions regarding this current process, contact the Vendor Support Call Center at 1-888-734-9749 or email [SIGMA-Vendor@Michigan.gov](mailto:SIGMA-Vendor@Michigan.gov)
- After completing SIGMA registration allow 3-5 business days to begin and complete the CHAMPS application. If you attempt to enroll in CHAMPS during this time, you may get an error when validating your information.

Policy Bulletins regarding NEMT providers:

- [MSA 16-05](#) Medicaid Non-Emergency Medical Transportation (NEMT) Provider Enrollment Requirements
- [MSA 17-49](#) Medicaid and Maternal Infant Health Program Medical Transportation Provider Enrollment Updates and Requirements



# New Enrollment

- Click on New Enrollment

The screenshot shows the CHAMPS web application interface. At the top left is the CHAMPS logo. A navigation bar contains a 'Provider' dropdown menu. The top right of the page features utility links: 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below this is a 'Provider Enrollment' section header. The main content area contains a table with two rows of links:

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| <a href="#">New Enrollment</a>    | Enroll As A New Provider            |
| <a href="#">Track Application</a> | Track Existing Provider Application |

The 'New Enrollment' link in the first row is highlighted with a red rectangular box.

## New Enrollment

- Click Atypical (non-medical) provider.
- Individual will automatically be selected.
- Click Submit.

The screenshot shows the CHAMPS web application interface. At the top left is the CHAMPS logo. A navigation bar contains a back arrow, a 'Provider' dropdown menu, and a right arrow. Below this is a dark blue header with utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'New Enrollment' and features a section for 'Enrollment Type' with the instruction 'Select the Applicable Enrollment Type'. The following options are listed with radio buttons:

- Individual/Sole Proprietor
  - Regular Individual/Sole Proprietor or Rendering/Service Provider
- Group Practice (Corporation, Partnership, LLC, etc.)
- Billing Agent
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Atypical (non-medical) provider (Choose this option if you do not have a NPI)
  - Individual (Driver, Home Help/Personal Care, Carpenter, CTS, etc.)
  - Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)

At the bottom left of the form, there is a 'Submit' button with a circular arrow icon, which is highlighted with a red box.

# New Enrollment

- Basic Information: Complete all fields marked with an asterisk (\*).
- Applicant Type: select Vendor Registered Ind and enter the SIGMA Vendor ID.
- If you are your own business, check the Business box and fill out the required information.
- Home Address: Complete Address Line 1 and Zip Code, click Validate Address.
  - Note: You should receive confirmation "Address Validation Successful."
- Click Confirm, then click Finish.

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Basic Information: Enter required fields and click Confirm button.

**Basic Information**

First Name:  \* Middle Initial:

Last Name:  \* Gender:  ▼

Suffix:  ▼ Vendor ID:  \*

SSN:  \* Applicant Type:  ▼ \*

Date of Birth:  \*

Please check this box if you are an individual  Business ←

business:

EIN/TIN:  Legal Entity Name:

NPI:  Contact Email Address:

Email-1:  \* Email-2:

Email-3:  Email-4:

Email-5:  Email-6:

**Home Address**

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address Line 1:  \* Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3:

City/Town: OTHER ▼ \*

State/Province: OTHER ▼ \* County: OTHER ▼ \*

Country: UNITED STATES ▼ \* Zip Code:  \* -

Validate Address

Page ID: dlqAddBasicInformationStep1(Provider)

## New Enrollment

- A Confirmation screen will display when the Basic Information is complete.
- Take note of the Application ID, as this is used to track the provider enrollment application status.
- Click Ok.

CHAMPS Provider

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Application ID: \_\_\_\_\_ Name: \_\_\_\_\_

**Basic Information**

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: \_\_\_\_\_ ←

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.

Sub Page ID: dlgAddBasicInformationStep3(Provider) Ok

## Step 2: Add Locations

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

| Step  | Required | Start Date | End Date   | Status     | Step Remark |
|---|----------|------------|------------|------------|-------------|
| <a href="#">Step 1: Provider Basic Information</a>    | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <b><a href="#">Step 2: Add Locations</a></b>          | 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 Mode of Claim Submission/EDI Exchange     | Required |            |            | Incomplete |             |
| Step 7: Associate Billing Agent                       | Optional |            |            | Incomplete |             |
| Step 8: Add Taxonomy Details                          | Optional |            |            | Incomplete |             |
| Step 9: Associate MCO Plan                            | Optional |            |            | Incomplete |             |
| Step 10: 835/ERA Enrollment Form                      | Optional |            |            | Incomplete |             |
| Step 11: Upload Documents                             | Optional |            |            | Incomplete |             |
| Step 12: Complete Enrollment Checklist                | Required |            |            | Incomplete |             |
| Step 13: Submit Enrollment Application for Approval   | Required |            |            | Incomplete |             |

## Step 2: Add Locations

- Click Add.

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a 'Last Login: 25 MAR, 2019 06:57 AM' timestamp. Below this, there are utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows a breadcrumb trail: 'New Enrollment > Atypical Individual Enrollment'. Below the breadcrumb, there are input fields for 'Application ID:' and 'Name:'. A toolbar contains a 'Close' button and an 'Add' button, which is highlighted with a red square. To the right of the 'Add' button is a text instruction: 'add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. Below this is a 'Locations List' section with a filter bar containing 'Filter By' dropdowns, a 'Go' button, and 'Save Filters' and 'My Filters' buttons. The list table has columns for 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The table is currently empty, with a red message 'No Records Found!' centered below the header.

## Step 2: Add Locations

- Enter the required information, indicated by an asterisk (\*): Address Line 1, Zip Code, Phone Number, and Office Hours.
- Click Validate Address.
- For Office Hours - use the drop-down arrow to choose the correct times. Make sure to select the hours you are open or choose "Closed".
- Click OK.
- Please Note:
  - Location Type will always be Primary Practice Location.
  - Use the personal residential address for Primary Practice Location.
  - When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

Application ID: \_\_\_\_\_ 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: \_\_\_\_\_ \*  
 (Enter Street Address or PO Box Only)

Address Line 2: \_\_\_\_\_  
 Address Line 3: \_\_\_\_\_

City/Town: OTHER \*  
 County: OTHER \*  
 Zip Code: \_\_\_\_\_ - \_\_\_\_\_ \* Validate Address

State/Province: OTHER \*  
 Country: UNITED STATES \*

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<br>PM | ▼ *       | AM<br>PM | Thursday: | ▼ *      | AM<br>PM | ▼ *       | AM<br>PM |
| Monday:    | ▼ *      | AM<br>PM | ▼ *       | AM<br>PM | Friday:   | ▼ *      | AM<br>PM | ▼ *       | AM<br>PM |
| Tuesday:   | ▼ *      | AM<br>PM | ▼ *       | AM<br>PM | Saturday: | ▼ *      | AM<br>PM | ▼ *       | AM<br>PM |
| Wednesday: | ▼ *      | AM<br>PM | ▼ *       | AM<br>PM |           |          |          |           |          |

Handicap Accessible: No \*  
 Accept 835 (reported at EIN/TIN level): No \*  
 Language(s) Spoken: English \*  
 Arabic \*  
 Chinese \* (For Multiple Selection, use Ctrl Key)

OK Cancel

## Step 2: Add Locations

- Click Primary Practice Location.
  - Please Note: This is still in Step 2: Add Locations.

The screenshot shows the CHAMPS Provider interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and a 'Last Login: 25 MAR, 2019 06:57 AM' timestamp. Below this is a breadcrumb trail: 'New Enrollment > Atypical Individual Enrollment'. The main content area is titled 'Locations List' and contains a table with the following columns: 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The 'Location Type' column contains a link labeled 'Primary Practice Location', which is highlighted with a red rectangular box. Below the table, there are navigation controls including 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. The interface also includes a 'Filter By' section and a 'Go' button.



## Step 2: Add Locations

- Click Add 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 a 'Last Login: 25 MAR, 2019 06:57 AM' timestamp. Below the navigation bar, there are utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is divided into two sections: 'Location Details' and 'Address List'.

**Location Details:**

- Application ID:** [Blank]
- Name:** [Blank]
- Doing Business As:** [Blank]
- Phone Number:** (517) 999-9999 \* **Extn:** [Blank]
- Web Page:** [Blank]
- Location Code:** 1
- Fax Number:** [Blank]
- Location Type:** Primary Practice Location
- Email Address:** [Blank]
- Communication Preference:** [Blank]

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    | Close   | AM/PM |          | AM/PM | Thursday | Close   | AM/PM |          | AM/PM |
| Monday    | Close   | AM/PM |          | AM/PM | Friday   | 08:00   | AM/PM | 05:00    | AM/PM |
| Tuesday   | Close   | AM/PM |          | AM/PM | Saturday | Close   | AM/PM |          | AM/PM |
| Wednesday | Close   | AM/PM |          | AM/PM |          |         |       |          |       |

**Handicap Accessible:** No

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

**End Date:** 12/31/2999

**Language(s) Spoken:** English, Arabic, Chinese

**Address List:**

- Add Address** (highlighted with a red box)
- Address Type:** Location
- Address:** 100 N Capitol Ave, Lansing, MICHIGAN 48933
- End Date:** 12/31/2999

Viewing Page: 1

## Step 2: Add Locations

- In the Type of Address drop-down menu, select Correspondence.
  - Note: Fill in the address where the provider would like to receive their NEMT mail.
- If that address is the same as the one entered previously, select 'Copy This Location Address' next to the Location Address.
- If that address is different, enter Address Line 1, Zip Code, and click Validate Address.
- Click OK.

The screenshot shows the CHAMPS web application interface. The browser address bar displays 'https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer'. The application title is 'CHAMPS' and the page title is 'Provider'. The main content area is titled 'Add Provider Location Address'. It contains the following fields and controls:

- Application ID:** [Empty field]
- Name:** [Empty field]
- Type of Address:** Correspondence (dropdown menu)
- Location Address:**  Copy This Location Address
- End Date:** [Calendar icon]
- Address Line 1:** 100 N Capitol Ave \* (Enter Street Address or PO Box Only)
- Address Line 2:** [Empty field]
- Address Line 3:** [Empty field]
- State/Province:** MICHIGAN \*
- Country:** UNITED STATES \*
- City/Town:** Lansing \*
- County:** Ingham
- Zip Code:** 48933 \* - 1363 [Validate Address button]

At the bottom right, there are two buttons:  and . The OK button is highlighted with a red box. The page ID at the bottom is 'Page ID: dlgEnrlLocationAddress(Provider)'.

## Step 2: Add Locations

- A Correspondence and Location address will be displayed on the Address List.
- Click Add Address again.

The screenshot shows the CHAMPS Provider interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and a 'Last Login: 25 MAR, 2019 06:57 AM' timestamp. Below the navigation bar, there are links for 'New Enrollment', 'Atypical Individual Enrollment', and 'General'. The main content area is divided into two sections: 'Location Details' and 'Address List'.

**Location Details:**

- Application ID: [ ] Name: [ ]
- Close Save To add additional addresses, click "Add Address" button.
- Doing Business As: [ ] Location Code: 1 Location Type: Primary Practice Location
- Phone Number: (517) 999-9999 \* 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    | Close   | AM    | [ ]      | AM    | Thursday | Close   | AM    | [ ]      | AM    |
| Monday    | Close   | AM    | [ ]      | AM    | Friday   | 08:00   | AM    | 05:00    | AM    |
| Tuesday   | Close   | AM    | [ ]      | AM    | Saturday | Close   | AM    | [ ]      | AM    |
| Wednesday | Close   | AM    | [ ]      | AM    |          |         |       |          |       |

- Handicap Accessible: No
- Accept 835(reported at EIN/TIN level): No
- End Date: 12/31/2999
- Language(s) Spoken: English, Arabic, Chinese

**Address List:**

- Add Address (highlighted with a red box)

| Address Type   | Address                                    | End Date   |
|----------------|--|------------|
| Correspondence | 100 N Capitol Ave, Lansing, MICHIGAN 48933 | 12/31/2999 |
| Location       | 100 N Capitol Ave, Lansing, MICHIGAN 48933 | 12/31/2999 |

- Delete View Page: 1 Page Count SaveToXLS Viewing Page: 1

## Step 2: Add Locations

- In the Type of Address drop-down menu, select Pay To.
  - Note: Fill in the address where the provider would like to receive payment. Providers must complete this step even if payment will be electronic via EFT/Direct Deposit.
- If that address is the same as the one entered previously, select "Copy This Location Address" next to the Location Address.
- If not enter Address Line 1, Zip Code, and click Validate Address.
- Click OK.

CHAMPS Provider

https://milogintj.michigan.gov/ - Welcome to MMIS - Internet Explorer

Application ID: \_\_\_\_\_ Name: \_\_\_\_\_

**Add Provider Location Address**

Type of Address: Pay To (dropdown) End Date: \_\_\_\_\_

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: 100 N Capitol Ave \* (Enter Street Address or PO Box Only)

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City/Town: Lansing (dropdown) \*

State/Province: MICHIGAN (dropdown) \*

County: Ingham (dropdown)

Country: UNITED STATES (dropdown) \*

Zip Code: 48933 \* - 1363 Validate Address

Page ID: dlgEnrLocationAddress(Provider)

OK Cancel

## Step 2: Add Locations

- The Correspondence, Location, and Pay To address will now be listed under Address List.
- Click Save, then click Close.

Application ID: \_\_\_\_\_ Name: \_\_\_\_\_

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

### Location Details

Doing Business As: \_\_\_\_\_ Location Code: 1 Location Type: Primary Practice Location

Phone Number: (517) 999-9999 \* 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    | Close   | AM/PM |          | AM/PM | Thursday | Close   | AM/PM |          | AM/PM |
| Monday    | Close   | AM/PM |          | AM/PM | Friday   | 08:00   | AM/PM | 05:00    | AM/PM |
| Tuesday   | Close   | AM/PM |          | AM/PM | Saturday | Close   | AM/PM |          | AM/PM |
| Wednesday | Close   | AM/PM |          | AM/PM |          |         |       |          |       |

Handicap Accessible: No

Accept 835(reported at EIN/TIN level): No

Language(s) Spoken: English, Arabic, Chinese

End Date: 12/31/2999

### Address List

| Address Type                            | Address                                    | End Date   |
|---|--|------------|
| <input type="checkbox"/> Correspondence | 100 N Capitol Ave, Lansing, MICHIGAN 48933 | 12/31/2999 |
| <input type="checkbox"/> Location       | 100 N Capitol Ave, Lansing, MICHIGAN 48933 | 12/31/2999 |
| <input type="checkbox"/> Pay To         | 100 N Capitol Ave, Lansing, MICHIGAN 48933 | 12/31/2999 |

Viewing Page: 1

## Step 2: Add Locations

- Users will be returned to the Locations List screen.
- Click Close.

CHAMPS

Provider

Last Login: 25 MAR, 2019 08:00 AM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Individual Enrollment

Application ID: Name:

Close Add To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink

### Locations List

Filter By Go Save Filters My Filters

| Doing Business As           | Location Type                             | Location Details                           | End Date   |
|-----------------------------|---|--|------------|
| <input type="checkbox"/> ▲▼ | ▲▼  | ▲▼   | ▲▼         |
| <input type="checkbox"/>    | <a href="#">Primary Practice Location</a> | 100 N Capitol Ave, Lansing, MICHIGAN 48933 | 12/31/2999 |

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

# Step 3: Add Specialties

- Click Step 3: Add Specialties.

Application ID: \_\_\_\_\_ Name: \_\_\_\_\_

Close

### Enroll Provider - Atypical Individual

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

| Step  | Required | Start Date | End Date   | Status     | Step Remark |
|---|----------|------------|------------|------------|-------------|
| <a href="#">Step 1: Provider Basic Information</a>    | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 2: Add Locations</a>                 | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 3: Add Specialties</a>               | Required |            |            | Incomplete |             |
| Step 4: Associate Billing Provider/Other Associations | Optional |            |            | Incomplete |             |
| Step 5: Add License/Certification/Other               | Optional |            |            | Incomplete |             |
| Step 6: Add Mode of Claim Submission/EDI Exchange     | Required |            |            | Incomplete |             |
| Step 7: Associate Billing Agent                       | Optional |            |            | Incomplete |             |
| Step 8: Add Taxonomy Details                          | Optional |            |            | Incomplete |             |
| Step 9: Associate MCO Plan                            | Optional |            |            | Incomplete |             |
| Step 10: 835/ERA Enrollment Form                      | Optional |            |            | Incomplete |             |
| Step 11: Upload Documents                             | Optional |            |            | Incomplete |             |
| Step 12: Complete Enrollment Checklist                | Required |            |            | Incomplete |             |
| Step 13: Submit Enrollment Application for Approval   | Required |            |            | Incomplete |             |

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

## Step 3: Add Specialties

- Click Add.

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile section showing 'Last Login: 25 MAR, 2019 08:00 AM'. To the right of the navigation bar are links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, the breadcrumb trail reads 'New Enrollment > Atypical Individual Enrollment'. The main content area features a form with 'Application ID:' and 'Name:' fields. Below these fields are 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. Underneath is a section titled 'Specialty/Subspecialty List' which includes a 'Filter By' dropdown, two input fields, and a 'Go' button. To the right of the filter section are 'Save Filters' and 'My Filters' buttons. Below the filter section is a table with the following headers: 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.



## Step 3: Add Specialties

- For Provider Type, select 'Transportation – AI'.
- For Specialty Type, select 'Non-Emergency Transportation Individual'.
- Select the appropriate Subspecialty from the Available Subspecialties.
- Click the Subspecialty and then click the >> to add the selection to the Associated Subspecialties list.
- Click Ok.
  - Definitions of the Available Subspecialties are listed on the next slide.

The screenshot shows the CHAMPS Provider application interface. The browser address bar displays "https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer". The application title is "Provider". The form includes the following fields:

- Application ID: [ ] Name: [ ]
- Location: 01- [ ] \*
- Provider Type: Transportation - AI [ ] \*
- Specialty: Non-Emergency Transportation Individual [ ] \*
- End Date: [ ]

The "Add Subspecialty" section contains two columns:

- Available Subspecialties:** A list of subspecialties including Attendant, Beneficiary/Relative/Friend, Broker Network, Commercial Driver, Foster Parent, Local DHHS Office, Non Profit Driver, and Volunteer Drive. A red arrow points to this list.
- Associated Subspecialties \*:** An empty list.

Navigation buttons between the lists are >> and <<. The >> button is highlighted with a red box. The OK button at the bottom right is also highlighted with a red box.

Page ID: dlgEnrlAddSpecialties(Provider)

# Available Subspecialties

- **Attendant** – An individual who is not the driver of the vehicle, or a beneficiary/relative/friend, who assists a beneficiary due to their physical, mental, or developmental status, on trips to and from services that Medicaid covers.
- **Beneficiary/Friend/Relative** – An individual who has a personal stake or interest in the livelihood of, and who utilizes their personal motor vehicle to provide transportation services to an individual enrolled in Medicaid.
- **Broker Network** – An individual or entity employed through a contractual relationship with a transportation broker formally contracted by the Michigan Department of Health and Human Services via procurement processes initiated by the Michigan Department of Technology, Management & Budget.
- **Commercial Driver** – An individual who uses a motor vehicle that belongs to a company or corporation to provide transportation services to an individual enrolled in Medicaid.
- **Foster Parent** – An individual who acts as a parent or guardian for a child in place of the child's natural parents but without legally adopting the child.
- **Non-Profit Driver** – An individual who utilizes a motor vehicle that belongs to an entity that has been organized to carry out a charitable, educational, religious, or scientific purpose, and meets specific tax-exempt purposes to provide transportation to an individual enrolled in Medicaid.
- **Volunteer Driver** – An individual who utilizes their personal motor vehicle to provide transportation services to an individual enrolled in Medicaid. A volunteer driver does not have a personal stake or interest in the livelihood of the individual enrolled in Medicaid.

## Step 3: Add Specialties

- Click Close.

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and a navigation menu includes 'Provider'. A dark blue header bar contains a user profile icon, the text 'Last Login: 25 MAR, 2019 08:00 AM', and utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the header, a breadcrumb trail shows 'New Enrollment > Atypical Individual Enrollment'. The main content area features an 'Application ID:' field and a 'Name:' field. Below these fields are 'Close' and 'Add' buttons, with the 'Close' button highlighted by a red box. A section titled 'Specialty/Subspecialty List' contains a 'Filter By' dropdown, two input fields, and a 'Go' button. To the right of the filter section are 'Save Filters' and 'My Filters' buttons. The list itself is a table with three columns: 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The first row is a header with expandable dropdowns for each column. The second row contains the text 'Non-Emergency Transportation Individual/Beneficiary/Relative/Friend', 'Transportation - AI', and '12/31/2999'. Below the table are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' controls. At the bottom right of the table are navigation buttons: 'First', 'Prev', 'Next', and 'Last'.

## Step 5: Add License/Certification Other

- Step 4 is optional.
  - Skip to slide 56 if you are working for a transportation company.
- Click Step 5: License/Certification/Other.

The screenshot shows the CHAMPS Provider Portal interface. The breadcrumb trail is: Provider Portal > New Enrollment > Atypical Individual Enrollment. The page title is "Enroll Provider - Atypical Individual". Below the title is a "Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column." table.

| Step  | Required | Start Date | End Date   | Status     | Step Remark                                |
|---|----------|------------|------------|------------|--|
| <a href="#">Step 1: Provider Basic Information</a>                    | Required | 09/19/2023 | 09/19/2023 | Complete   |  |
| <a href="#">Step 2: Add Locations</a>                                 | Required | 09/19/2023 | 09/19/2023 | Complete   |  |
| <a href="#">Step 3: Add Specialties</a>                               | Required | 09/19/2023 | 09/19/2023 | Complete   |  |
| <a href="#">Step 4: Associate Billing Provider/Other Associations</a> | Optional |            |            | Incomplete |  |
| <b><a href="#">Step 5: Add License/Certification/Other</a></b>        | Required |            |            | Incomplete | Please add required License/Certification. |
| <a href="#">Step 6: Add Mode of Claim Submission/EDI Exchange</a>     | Optional |            |            | Incomplete |  |
| <a href="#">Step 7: Associate Billing Agent</a>                       | Optional |            |            | Incomplete |  |
| <a href="#">Step 8: Add Taxonomy Details</a>                          | Optional |            |            | Incomplete |  |
| <a href="#">Step 9: Associate MCO Plan</a>                            | Optional |            |            | Incomplete |  |
| <a href="#">Step 10: 835/ERA Enrollment Form</a>                      | Optional |            |            | Incomplete |  |
| <a href="#">Step 11: Upload Documents</a>                             | Optional |            |            | Incomplete |  |
| <a href="#">Step 12: Complete Enrollment Checklist</a>                | Required |            |            | Incomplete |  |
| <a href="#">Step 13: Submit Enrollment Application for Approval</a>   | Required |            |            | Incomplete |  |

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

## Step 5: Add License/Certification Other

- Click Add.

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile icon. Below this, a status bar shows 'Last Login: 29 OCT, 2019 12:24 PM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows a breadcrumb trail: 'Track Application > Atypical Individual Enrollment'. Below the breadcrumb, there are input fields for 'Application ID:' and 'Name:'. A toolbar contains 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. Below the toolbar is a section titled 'License/Certification/Other List' with a filter bar and a table. The table has columns for 'License/Cert./Other Type', 'License/Cert./Other #', 'Location', 'Valid Flag', 'Effective Date', and 'End Date'. The table is currently empty, with a red message 'No Records Found!' displayed below it.

## Step 5: Add License/Certification Other

- Enter the required information, indicated by an asterisk (\*).
  - Effective Date will be the date that the Auto Insurance policy began.
  - End Date is the date the Auto Insurance will end (if it is not renewed). These dates are listed on the proof of insurance certificate .
- Click Confirm License/Certification/Other.
- Click OK.

The screenshot shows the CHAMPS Provider Portal interface. The main window displays the 'Add License/Certification/Other' form. The form includes the following fields:

- Location: 01- \*
- License/Certification/Other Type: Auto Insurance \*
- Policy Number: 1234567890000000000 \*
- Insurance Company Name: Test Insurance \*
- Valid Flag: Yes
- Effective Date: 01/02/2023 \*
- End Date: 01/02/2024 \*

At the bottom of the form, there are three buttons: 'Confirm License/Certification/Other', 'OK', and 'Cancel'. The 'Confirm License/Certification/Other' button is highlighted with a red box. The page ID is 'dlgEnrImntAddLicense(Provider)'.

## Step 5: Add License/Certification/Other

- The Auto Insurance entered has been added to the License/Certification/Other list page.
- Click Add.

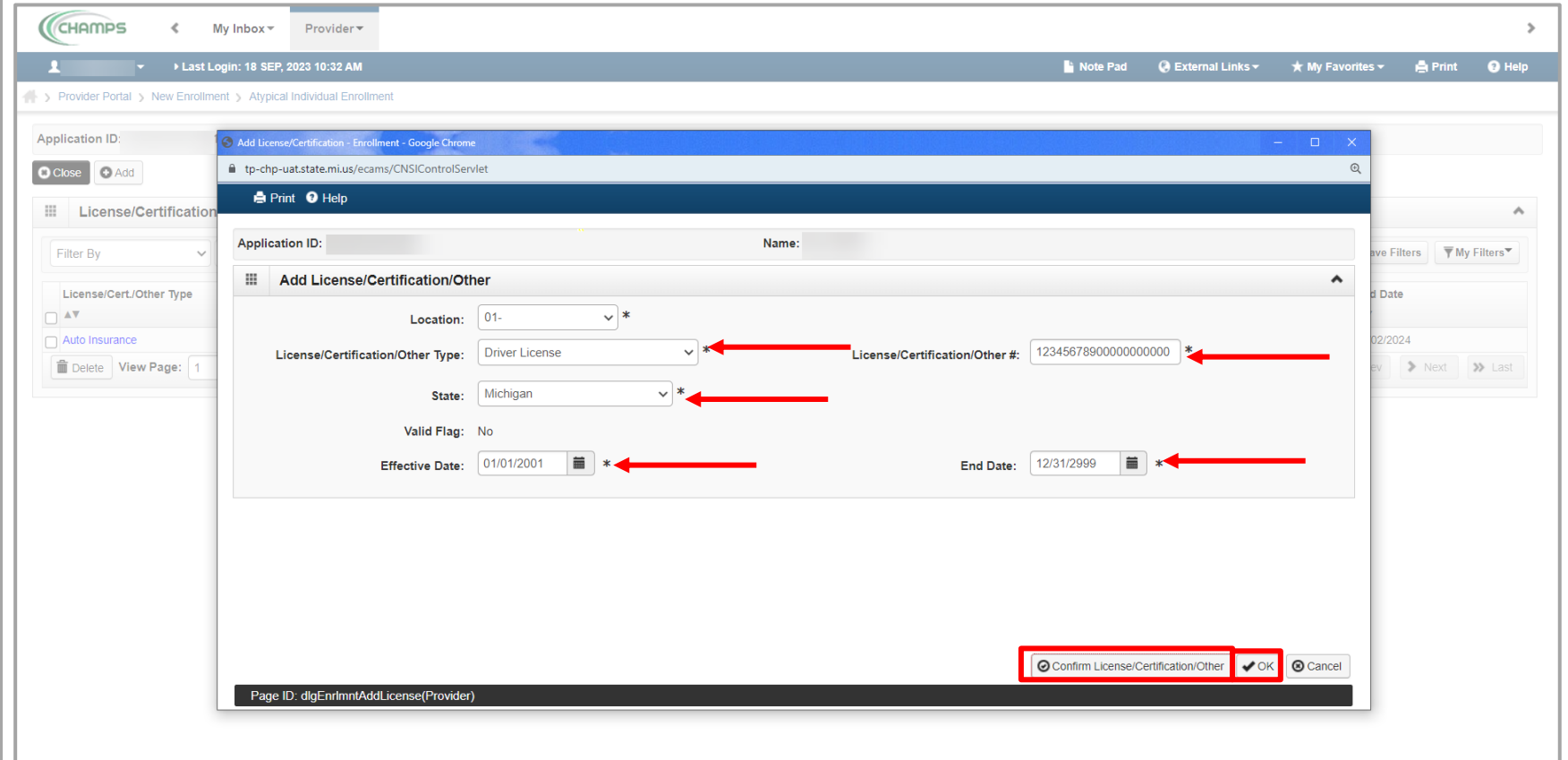
The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this is a user profile section with 'Last Login: 18 SEP, 2023 10:32 AM' and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > New Enrollment > Atypical Individual Enrollment'. It features an 'Application ID' and 'Name' field, with 'Close' and 'Add' buttons below. The 'Add' button is highlighted with a red box. Below this is a 'License/Certification/Other List' section with a 'Filter By' dropdown and a 'Go' button. A table displays the following data:

| License/Cert/Other Type                 | License/Cert/Other # | Location | Valid Flag | Effective Date | End Date   |
|---|----------------------|----------|------------|----------------|------------|
| <input type="checkbox"/> Auto Insurance | 12345678900000000000 | 01-      | Yes        | 01/02/2023     | 01/02/2024 |

At the bottom of the table, there are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1' options. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present. A red arrow points to the 'Auto Insurance' entry in the table.

## Step 5: Add License/Certification/Other

- Enter the required information, indicated by an asterisk (\*).
- Enter the Effective Date and End Date.
  - The Effective Date is the issued date of the License.
  - The End Date is the License's expiration date.
- Click Confirm License/Certification/Other.
- Click OK.



The screenshot shows the CHAMPS web application interface. The main window displays the 'Add License/Certification/Other' form. The form fields are as follows:

- Location: 01- \*
- License/Certification/Other Type: Driver License \*
- License/Certification/Other #: 12345678900000000000 \*
- State: Michigan \*
- Valid Flag: No
- Effective Date: 01/01/2001 \*
- End Date: 12/31/2999 \*

Red arrows point to the asterisks on the Location, License/Certification/Other #, State, Effective Date, and End Date fields. The 'Confirm License/Certification/Other' button is highlighted with a red box. The page ID is dlgEnrImntAddLicense(Provider).



## Step 5: Add License/Certification Other

- Ensure this page now shows both, the Auto Insurance and Driver License information just entered.
- 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 the text "My Inbox" and "Provider". Below this is a dark blue header with "Last Login: 18 SEP, 2023 10:32 AM" and utility icons for "Note Pad", "External Links", "My Favorites", "Print", and "Help". The main content area has a breadcrumb trail: "Provider Portal > New Enrollment > Atypical Individual Enrollment".

Below the breadcrumb trail, there are input fields for "Application ID:" and "Name:". Below these are two buttons: "Close" (highlighted with a red box) and "Add".

The main section is titled "License/Certification/Other List". It features a "Filter By" dropdown and a "Go" button. Below the filter is a table with the following columns: "License/Cert/Other Type", "License/Cert/Other #", "Location", "Valid Flag", "Effective Date", and "End Date".

| License/Cert/Other Type                 | License/Cert/Other # | Location | Valid Flag | Effective Date | End Date   |
|---|----------------------|----------|------------|----------------|------------|
| <input type="checkbox"/> Auto Insurance | 12345678900000000000 | 01-      | Yes        | 01/02/2023     | 01/02/2024 |
| <input type="checkbox"/> Driver License | 12345678900000000000 | 01-      | No         | 01/01/2001     | 12/31/2999 |

At the bottom of the table, there are buttons for "Delete", "View Page: 1", "Go", "Page Count", and "Save to Excel". On the right side, it says "Viewing Page: 1" and has navigation buttons: "First", "Prev", "Next", and "Last".

## Step 12: Complete Enrollment Checklist

- Steps 6-11 are optional and not required.
- Click Step 12: Complete Enrollment Checklist.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, a breadcrumb trail reads 'Provider Portal > New Enrollment > Atypical Individual Enrollment'. The main content area is titled 'Enroll Provider - Atypical Individual' and contains a 'Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.' table.

| Step  | Required | Start Date | End Date   | Status     | Step Remark |
|---|----------|------------|------------|------------|-------------|
| <a href="#">Step 1: Provider Basic Information</a>                    | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 2: Add Locations</a>                                 | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 3: Add Specialties</a>                               | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 4: Associate Billing Provider/Other Associations</a> | Optional |            |            | Incomplete |             |
| <a href="#">Step 5: Add License/Certification/Other</a>               | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 6: Add Mode of Claim Submission/EDI Exchange</a>     | Optional |            |            | Incomplete |             |
| <a href="#">Step 7: Associate Billing Agent</a>                       | Optional |            |            | Incomplete |             |
| <a href="#">Step 8: Add Taxonomy Details</a>                          | Optional |            |            | Incomplete |             |
| <a href="#">Step 9: Associate MCO Plan</a>                            | Optional |            |            | Incomplete |             |
| <a href="#">Step 10: 835/ERA Enrollment Form</a>                      | Optional |            |            | Incomplete |             |
| <a href="#">Step 11: Upload Documents</a>                             | Optional |            |            | Incomplete |             |
| <b>Step 12: Complete Enrollment Checklist</b>                         | Required |            |            | Incomplete |             |
| <a href="#">Step 13: Submit Enrollment Application for Approval</a>   | Required |            |            | Incomplete |             |

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

## Step 12: Complete Enrollment Checklist

- Answer all the Provider Checklist questions by choosing Yes or No from each drop-down menu in the Answer column.
- If an answer is required, choose Yes and put the answer in Comments.
  - Note: The County Name, Worker Name, and client name will need to be included in the comments box on the appropriate question.
- Click Save.
- Click Close.

The screenshot shows the CHAMPS Provider Checklist interface. At the top, there is a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, there is a header with 'Application ID:' and 'Name:'. A red box highlights the 'Close' and 'Save' buttons. The main content area is titled 'Provider Checklist' and contains a table with three columns: 'Question', 'Answer', and 'Comments'. The 'Answer' column is highlighted with a red box, and all entries are 'Not Completed'. The 'Comments' column is empty. At the bottom, there are navigation controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'.

| Question   | Answer        | Comments |
|--|---------------|----------|
| Are you interested in working for other Home Help clients? (If you say no this will not affect your current work.)   | Not Completed |          |
| If you are interested in working for other clients do you authorize us to put your contact information on our Provider Registry List so that you can be contacted for additional work?   | Not Completed |          |
| Do you want your name removed from our Provider Registry?  | Not Completed |          |
| Have you ever been removed or told that you cannot participate in a State funded program? If yes, please tell us what program and why.   | Not Completed |          |
| Have you ever been removed or told that you cannot participate in a Federally funded program? If yes, please tell us what program and why.   | Not Completed |          |
| Have you ever had any criminal convictions? If yes, please tell us what for?   | Not Completed |          |
| Are you providing services as a Business? If yes, what is the name of the business.  | Not Completed |          |
| What county do you plan to work in?  | Not Completed |          |
| What is the name of the Adult Services Worker (Clients Caseworker) you are working with? Please include their first and last name.   | Not Completed |          |
| Are you a Medicare certified home health agency?   | Not Completed |          |
| I understand that my information will be used to conduct a review of my criminal history I may have and the results of that review could possibly make me ineligible to work as a provider in the Home Help program. I also understand that the results of my criminal history screening will be shared with necessary MDCH and MDHS staff, as well as any potential client. | Not Completed |          |
| I also acknowledge that I am required to update any changes in the enrollment within 10 days of that change.   | Not Completed |          |
| Do you have a client you plan to work for? If yes, what is your clients name?  | Not Completed |          |

## Step 13: Submit Enrollment Application for Approval

- Click Step 13: Submit Enrollment Application for Approval.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile dropdown, and a 'Last Login' timestamp of 18 SEP, 2023 10:32 AM. Below this is a breadcrumb trail: Provider Portal > New Enrollment > Atypical Individual Enrollment. The main content area shows an 'Enroll Provider - Atypical Individual' wizard. A table lists the steps of the process, with Step 13 highlighted in red. The table includes columns for Step, Required status, Start Date, End Date, Status, and Step Remark. At the bottom of the wizard, there are navigation controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'.

| Step  | Required | Start Date | End Date   | Status     | Step Remark |
|---|----------|------------|------------|------------|-------------|
| <a href="#">Step 1: Provider Basic Information</a>                    | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 2: Add Locations</a>                                 | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 3: Add Specialties</a>                               | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 4: Associate Billing Provider/Other Associations</a> | Optional |            |            | Incomplete |             |
| <a href="#">Step 5: Add License/Certification/Other</a>               | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 6: Add Mode of Claim Submission/EDI Exchange</a>     | Optional |            |            | Incomplete |             |
| <a href="#">Step 7: Associate Billing Agent</a>                       | Optional |            |            | Incomplete |             |
| <a href="#">Step 8: Add Taxonomy Details</a>                          | Optional |            |            | Incomplete |             |
| <a href="#">Step 9: Associate MCO Plan</a>                            | Optional |            |            | Incomplete |             |
| <a href="#">Step 10: 835/ERA Enrollment Form</a>                      | Optional |            |            | Incomplete |             |
| <a href="#">Step 11: Upload Documents</a>                             | Optional |            |            | Incomplete |             |
| <a href="#">Step 12: Complete Enrollment Checklist</a>                | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 13: Submit Enrollment Application for Approval</a>   | Required |            |            | Incomplete |             |

## Step 13: Submit Enrollment Application for Approval

- Click Next.
- By clicking the Next button, you are agreeing that 'the information submitted as a part of the application is correct (Private and Confidential).'

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile dropdown, and a 'Last Login' timestamp of '18 SEP, 2023 10:32 AM'. The main content area shows the 'Provider Portal > New Enrollment > Atypical Individual Enrollment' path. Below this, there are input fields for 'Application ID' and 'Name'. A 'Close' button and a 'Next' button (highlighted with a red box) are visible. The 'Final Submission' section contains a confirmation message: 'The information submitted for enrollment shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted. I agree that the information submitted as a part of the application is correct (Private and Confidential)'. Below this is an 'Application Document Checklist' table with columns for 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table currently shows 'No Records Found!'.

| Forms/Documents    | Special Instructions | Source | Required |
|--------------------|----------------------|--------|----------|
| No Records Found ! |                      |        |          |

# Step 13: Submit Enrollment Application for Approval

- Read the Terms and Conditions (Enrollment Process) statement.
- Check the box at the bottom indicating the provider agrees to the terms and conditions.
- Click Submit Application.

**Terms:**  
Driver agrees to abide by the following terms:

1. To act in a professional manner at all times.
2. To never make comments that are sexual in nature.
3. To never solicit or accept controlled substances.
4. To never solicit or accept money from riders.
5. To never use alcohol, narcotics, or controlled substances while providing services.
6. To never eat or consume any beverage while providing services.
7. To never smoke in the vehicle when providing services.
8. To never wear any type of headphones while providing services.
9. To be responsible for rider's personal items.
10. To provide, as appropriate to the needs of the rider, assistance with mobility aids.
11. To properly identify and announce their presence to the rider.
12. To assist the passengers in the process of boarding and exiting the vehicle.
13. To confirm, prior to allowing any vehicle to be used, that the vehicle has a letter, carried on his/her person.
14. To provide an appropriate level of assistance to the rider.
15. To provide support and direction to passengers.
16. To provide support and direction to passengers when using mobility aids and storage by the driver of mobility aids and storage.
17. To be clean and maintain a neat appearance.
18. To be polite and courteous to riders; rider transportation services.
19. To limit review of any confidential rider information.
20. To only use or record confidential rider information.
21. To not to retain any original or copy of any confidential rider information.
22. To not to retain any original or copy of any confidential rider information.
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. 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.
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.

CHAMPS My Inbox Provider

Last Login: 18 SEP, 2023 10:32 AM

Provider Portal > New Enrollment > Atypical Individual Enrollment

Application ID: \_\_\_\_\_ Name: \_\_\_\_\_

After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

### Terms and Conditions Atypical Enrollment

#### Participation as Home Help Provider

1. As an individual provider of Home Help services, I agree that the Medicaid beneficiary is considered the employer. I am not employed by the Michigan Department Of Health and Human Services (MDHHS), the Department of Human Services (DHS), or the State of Michigan.
2. As a Home Help provider agency, I agree that the agency contract is with the Medicaid beneficiary. The agency contract is not with the Michigan Department Of Health and Human Services (MDHHS), the Department of Human Services or the State of Michigan.
3. I agree that personal care services will be provided for a Michigan Medicaid beneficiary, as authorized by the Michigan Department of Human Services (DHS) according to the DHS Adult Services Comprehensive Assessment.
4. Under Section 3504 of the Internal Revenue Code, I agree to accept the Michigan Department Of Health and Human Services (MDHHS) as the acting agent of the beneficiary for the deduction of withholding of FICA taxes. I understand that federal, state and city taxes are not withheld. I further agree to accept payments issued by MDHHS as payment in full and not to seek or accept additional payments from the beneficiary or any other source.
5. I agree to return any payments received for Home Help services not provided. I understand that accepting payment for services I did not provide is fraudulent and could result in criminal charges.
6. I understand that the Home Help program is funded by Medicaid and payments will not be approved by the Department if the beneficiary's Medicaid eligibility is inactive.
7. In order to receive payment, I agree to keep and submit to MDHHS, DHS or their designee, any and all records necessary to disclose the extent of services provided to the beneficiary.
8. Upon request, I agree to provide MDHHS, DHS or their designee, any information regarding services or purchases for which payment was made.
9. Upon request, I agree to provide MDHHS, DHS or their designee, any business transaction information as specified by 42 CFR 455.105.
10. I understand I will be subject to a criminal history screening and may not qualify to be a home help provider.
11. I agree to cooperate with MDHHS, DHS or their designee, regarding any audits, investigations or inquiries related to Home Help services provided.
12. I agree to report any changes relative to the beneficiary including but not limited to hospitalizations, nursing home stays or discontinuation of services.
13. I agree to comply with the privacy, security and confidentiality provisions of all applicable laws governing the use and disclosure of protected health information (PHI), including the privacy regulations adopted by the U.S. Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Public Acts 104-191 (45 CFR parts 106 and 164, Subparts A, C, and E).
14. I agree to comply with the provisions of 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.

#### Participation as Non-Emergency Transportation Provider

**Definitions:**

**Confidential Rider Information:** Includes, but is not limited to, the rider's medical record, any information provided by a health care provider, any other personally identifying information, and any information about the time of travel, destination, or pick up location.

**Department** means the Michigan Department of Health and Human Services.

**Driver** means an individual providing Non-Emergency Medical Transportation.

**Rider** means the individual being transported by driver.

**Service** means the provision by driver of Non-Emergency Medical Transportation for rider.

## Step 13: Submit Enrollment Application for Approval

- Take note of the application number for future tracking purposes.
- Click Close and close out of the application.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile dropdown, and a 'Last Login: 18 SEP, 2023 10:32 AM' timestamp. Below this is a breadcrumb trail: 'Provider Portal > New Enrollment > Atypical Individual Enrollment'. A red-bordered notification box contains the message: 'Your Application Number [redacted] has been successfully submitted for State review. Return with this application number to track the status of your application.' Below the notification is a 'Close' button. The main content area is titled 'Enroll Provider - Atypical Individual' and features a 'Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.' table.

| Step  | Required | Start Date | End Date   | Status     | Step Remark |
|---|----------|------------|------------|------------|-------------|
| <a href="#">Step 1: Provider Basic Information</a>                    | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 2: Add Locations</a>                                 | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 3: Add Specialties</a>                               | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 4: Associate Billing Provider/Other Associations</a> | Optional |            |            | Incomplete |             |
| <a href="#">Step 5: Add License/Certification/Other</a>               | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 6: Add Mode of Claim Submission/EDI Exchange</a>     | Optional |            |            | Incomplete |             |
| <a href="#">Step 7: Associate Billing Agent</a>                       | Optional |            |            | Incomplete |             |
| <a href="#">Step 8: Add Taxonomy Details</a>                          | Optional |            |            | Incomplete |             |
| <a href="#">Step 9: Associate MCO Plan</a>                            | Optional |            |            | Incomplete |             |
| <a href="#">Step 10: 835/ERA Enrollment Form</a>                      | Optional |            |            | Incomplete |             |
| <a href="#">Step 11: Upload Documents</a>                             | Optional |            |            | Incomplete |             |
| <a href="#">Step 12: Complete Enrollment Checklist</a>                | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 13: Submit Enrollment Application for Approval</a>   | Required | 09/19/2023 | 09/19/2023 | Complete   |             |

At the bottom of the wizard, there is a 'View Page: 1' input field, a 'Go' button, a 'Page Count' button, and a 'Save to Excel' button. On the right side, there are navigation buttons: 'First', 'Prev', 'Next', and 'Last'. The text 'Viewing Page: 1' is displayed in the center.

# Associating to an Agency

Follow these steps to  
associate yourself with  
an agency employer.



## Step 4: Associate Billing Provider/Other Associations

- Click Step 4: Associate Billing Provider/Other Associations

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a 'My Inbox' dropdown, and a 'Provider' dropdown. Below this, a user profile section shows the last login time as '18 SEP, 2023 10:32 AM'. The main content area is titled 'Enroll Provider - Atypical Individual' and contains a 'Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.' table.

| Step  | Required | Start Date | End Date   | Status     | Step Remark |
|---|----------|------------|------------|------------|-------------|
| <a href="#">Step 1: Provider Basic Information</a>                    | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 2: Add Locations</a>                                 | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 3: Add Specialties</a>                               | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 4: Associate Billing Provider/Other Associations</a> | Optional |            |            | Incomplete |             |
| <a href="#">Step 5: Add License/Certification/Other</a>               | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 6: Add Mode of Claim Submission/EDI Exchange</a>     | Optional |            |            | Incomplete |             |
| <a href="#">Step 7: Associate Billing Agent</a>                       | Optional |            |            | Incomplete |             |
| <a href="#">Step 8: Add Taxonomy Details</a>                          | Optional |            |            | Incomplete |             |
| <a href="#">Step 9: Associate MCO Plan</a>                            | Optional |            |            | Incomplete |             |
| <a href="#">Step 10: 835/ERA Enrollment Form</a>                      | Optional |            |            | Incomplete |             |
| <a href="#">Step 11: Upload Documents</a>                             | Optional |            |            | Incomplete |             |
| <a href="#">Step 12: Complete Enrollment Checklist</a>                | Required |            |            | Incomplete |             |
| <a href="#">Step 13: Submit Enrollment Application for Approval</a>   | Required |            |            | Incomplete |             |

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

## Step 4: Associate Billing Provider/Other Associations

- Click Add.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. Below this is a dark blue header with a user profile icon, the text 'Last Login: 22 JUN, 2018 11:40 AM', and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area has a breadcrumb trail: 'Provider Portal > Atypical Individual Modification'. Below the breadcrumb, there are input fields for 'Provider ID:' and 'Name:'. Underneath these fields are two buttons: 'Close' and 'Add', with the 'Add' button highlighted by a red box. The main section is titled 'Billing Provider/Other Associations List'. It features a filter section with two 'Filter By' dropdown menus, an 'And' connector, and an 'Operational Status' dropdown set to 'Active'. There are also 'Save Filters' and 'My Filters' buttons. Below the filter section is a table with the following columns: 'NPI/Provider ID', 'Provider Name', 'Start Date', 'End Date', 'Status', 'Operational Status', and 'Inactivation Date'. The table is currently empty, and a red message 'No Records Found!' is displayed below the table headers.

## Step 4: Associate Billing Provider/Other Associations

- Enter the required information, indicated by an asterisk (\*).
- Select Provider ID or NPI from the Type drop-down. The Provider Name will automatically populate once the Confirm Provider button has been clicked.
- Enter the Agency's Provider ID and the Start Date of your employment.
- Click Confirm Provider.
- Click OK.

The screenshot displays the CHAMPS Provider Portal interface. A dialog box titled "Associate Billing Provider/Other Associations" is open, prompting the user to "Enter NPI/Provider ID of Billing Provider/Other Associations and click 'Confirm Provider.'" The dialog box contains the following fields:

- Type: [Dropdown menu] \*
- ID: [Text input] \*
- Start Date: [Text input with calendar icon] \*
- Provider Name: [Text input]
- Enrollment Type: [Text input]
- Applicant Type: [Text input]
- Specialty: [Text input]
- End Date: [Text input with calendar icon]
- Business Status End Date: [Text input]

At the bottom of the dialog box, there are three buttons: "Confirm Provider" (highlighted with a red box), "OK" (highlighted with a red box), and "Cancel".

## Step 4: Associate Billing Provider/Other Associations

- The Agency Name of the Billing Provider list will be displayed.
- Click Close and continue to Step 5: Add License/Certification/Other

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and navigation links for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help' are on the right. The main content area shows the 'Billing Provider List' for an application with ID 20170308182313. The list includes columns for 'Billing Provider NPID', 'Billing Provider Name', 'Start Date', 'End Date', and 'Status'. A single provider is listed with a start date of 03/02/2017 and an end date of 12/31/2999, with a status of 'Approved'. The interface also features a 'Filter By' section, a 'Close' button (highlighted with a red box), an 'Add' button, and a 'Save Filters' option. At the bottom of the list, there are controls for 'Delete', 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

# Track Existing Application

How to track a submitted application within CHAMPS

## Track Application

- To check the status of a submitted application click Track Application.

The screenshot shows the CHAMPS web application interface. At the top left is the CHAMPS logo. Below it is a navigation bar with a 'Provider' dropdown menu. To the right of the navigation bar are utility links: 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Enrollment'. It contains a table with two rows of links:

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| <a href="#">New Enrollment</a>    | Enroll As A New Provider            |
| <a href="#">Track Application</a> | Track Existing Provider Application |

The 'Track Application' link in the second row is highlighted with a red rectangular border.

## Track Application

- Enter the application ID.
- Click Next.

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and a navigation bar includes a 'Provider' dropdown menu, a user profile icon, and utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Track Application' and features two primary sections:

- Track Existing Application:** This section contains the instruction 'Please provide the Application ID to track your application.' Below this is a text input field labeled 'Application ID:' with an asterisk indicating a required field. A red box highlights the 'Next' button located at the top left of this section.
- Request Access to Home Help Provider Info:** This section contains the instruction 'Click the below link if you are an Existing Home Help Individual or Agency accessing CHAMPS system for the first time. provide the Application ID to track your application.' Below this is a blue hyperlink: 'Home Help Providers requesting access to their Information.'

## Track Application

- Enter the Social Security Number, Date of Birth, and Home Zip Code.
- Click Submit.

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and utility icons for Note Pad, External Links, My Favorites, Print, and Help. Below the navigation bar, the page title is 'Track Application'. A secondary navigation bar contains 'Close' and 'Submit' buttons, with the 'Submit' button highlighted by a red box. The main content area is titled 'Verify Application Details' and contains the following text: 'For Additional security, please enter following information:'. Below this text are three input fields, each with a red box around it: 'SSN: [redacted] \*', 'Date Of Birth: [redacted] \*', and 'Home Zip Code: [redacted] \*'. The 'Submit' button is located at the top left of the form area.



# Track Application

- A text box at the top will confirm the status of the application.
- If the statement does not appear, the application has not been completed or submitted to the state for review. Complete all required steps to submit.
- Once the application is reviewed by the state:
  - Providers will receive a letter indicating if the application was approved or denied.
  - The letter will go to the Correspondence Address on file.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with 'CHAMPS' logo, 'My Inbox', and 'Provider' tabs. Below this is a dark blue header with user information and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the breadcrumb 'Track Application > Atypical Individual Enrollment'. There are input fields for 'Application ID:' and 'Name:'. A prominent orange message box states: 'Your application is currently In-Review by the Provider Enrollment Unit. You cannot make any modifications to your enrollment information at this time.' A red arrow points to this message. Below the message is a 'Close' button. The main section is titled 'Enroll Provider - Atypical Individual' and contains a 'Business Process Wizard' table. The table has columns for Step, Required, Start Date, End Date, Status, and Step Remark. The wizard title is 'Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.' The table lists 13 steps, with 'Step 13: Submit Enrollment Application for Approval' highlighted in blue. At the bottom of the table, there are controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1' with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

| Step  | Required | Start Date | End Date   | Status     | Step Remark |
|---|----------|------------|------------|------------|-------------|
| <a href="#">Step 1: Provider Basic Information</a>                    | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 2: Add Locations</a>                                 | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 3: Add Specialties</a>                               | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 4: Associate Billing Provider/Other Associations</a> | Optional | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 5: Add License/Certification/Other</a>               | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 6: Add Mode of Claim Submission/EDI Exchange</a>     | Optional |            |            | Incomplete |             |
| <a href="#">Step 7: Associate Billing Agent</a>                       | Optional |            |            | Incomplete |             |
| <a href="#">Step 8: Add Taxonomy Details</a>                          | Optional |            |            | Incomplete |             |
| <a href="#">Step 9: Associate MCO Plan</a>                            | Optional |            |            | Incomplete |             |
| <a href="#">Step 10: 835/ERA Enrollment Form</a>                      | Optional |            |            | Incomplete |             |
| <a href="#">Step 11: Upload Documents</a>                             | Optional |            |            | Incomplete |             |
| <a href="#">Step 12: Complete Enrollment Checklist</a>                | Required | 09/19/2023 | 09/19/2023 | Complete   |             |
| <a href="#">Step 13: Submit Enrollment Application for Approval</a>   | Required | 09/19/2023 | 09/19/2023 | Complete   |             |

# Provider Resources



Learn more about the benefit changes and how you could be impacted by visiting [www.Michigan.gov/2023BenefitChanges](http://www.Michigan.gov/2023BenefitChanges)



MDHHS Home Help website: [www.Michigan.gov/HomeHelp](http://www.Michigan.gov/HomeHelp)



**Contact Us**

Email:  
[ProviderSupport@Michigan.gov](mailto:ProviderSupport@Michigan.gov)

Phone: 1-800-979-4662



Thank you for participating in the Michigan Medicaid Program