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

-Provider Relations
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Register for MILogin and CHAMPS

MILogin is a website that allows a user to enter one ID and password in order to access multiple applications.

CHAMPS (Community Health Automated Medicaid Processing System) is the program where providers enroll, update enrollment information, and report services performed.
Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.).
Click Sign Up.
- Complete all required fields.
- Check the ‘I agree’ box.
- Click Next.
• Create the user ID and password following the listed guidelines.
• Select your preferred password recovery method(s).
• Click Create Account.
Your MILogin account has now been created successfully.

Click the Login button to return to the login screen.
Enter your User ID and Password you just created.
Click Login.
- Your Home Page will not show any applications.
- Click Request Access.

*MILogin resource links are listed at the bottom of the page.*
Type CHAMPS in the search box.
Click the search/magnifying glass button.
- Click on CHAMPS.
Select the ‘I agree to the terms & conditions’ radio button.
Click Request Access.
Verify all information is correct.
Click Submit.
You will be given confirmation that your request has been submitted successfully.

Click the Home button to return to the MILogin Home Page.
You will be directed back to the MILogin Home Page
Click the CHAMPS hyperlink
Click ‘Acknowledge/Agree’ button to accept the Terms & Conditions to get into CHAMPS.
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.

- 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
- 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
• Click New Enrollment.
- Select Individual (Driver, Home Help/Personal Care, Carpenter, etc.).
Basic Information: Complete all fields marked with an asterisk (*).

Applicant Type: select Vendor Registered Ind and enter your SIGMA Vendor ID.
If you are your own business, check the Business box and fill out required information.

Home Address: Complete Address Line 1 and Zip Code, click Validate Address.
  Please Note: You should receive confirmation “Address Validation Successful.”
Click Confirm, then click Finish.
You will see a Confirmation screen that the Basic Information is complete.
Take note of the Application ID, as this is used to track your application status.
Click Ok.
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.
• Click Add.
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 your 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.
Click Primary Practice Location.

- Please Note: You are still in Step 2: Add Locations.
• Click Add Address.
In the Type of Address drop-down menu, select Correspondence.
  
  Please Note: Fill in the address where you would like to receive your 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.
You will now see a Correspondence and Location address on your Address List.

Click Add Address again.
In the Type of Address drop-down menu, select Pay To.
   - Please note: Fill in the address where you would like to receive your payment. You must complete this step even if you intend to receive payment electronically 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.
The Correspondence, Location, and Pay To address will now be listed under Address List.

Click Save, then click Close.
You will be returned to the Locations List screen. Click Close.
Click Step 3: Add Specialties.
• Click Add.
For Provider Type, choose “Transportation – AI”.
For Specialty Type, choose “Non-Emergency Transportation Individual”.
Select the appropriate Subspecialty from the Available Subspecialties.
Click the Subspecialty and then click the >> to add your selection to the Associated Subspecialties list.
Click Ok.

Definitions of the Available Subspecialties are listed on the next 2 slides.
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.
Available Subspecialties cont.

- **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.
- Click Close.
- Step 4 is optional.
  - Unless you are working for a transportation company (see slide 60).
- Click Step 5: License/Certification/Other.
Click Add.
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 should be listed on the proof of insurance certificate you carry in your vehicle.

- Click Confirm License/Certification/Other.

- Click OK.
You will notice that the Auto Insurance you just entered has been added to this page.

Click Add.
Enter the required information, indicated by an asterisk (*).

Enter the Effective Date and End Date.
  - The Effective Date should be the issuance date for your License. The End Date should be your License’s expiration date.

Click Confirm License/Certification/Other.

Click OK.
- Ensure this page now shows both, the Auto Insurance and Driver License information you just completed.
- Click Close.
- Steps 6 and 7 are optional and not required.
- Click Step 8: Add Provider Controlling Interest/Ownership Details.
• In the Actions drop-down menu, select Add Owner.
In the Type drop-down menu, select Managing Employee. The Managing Employee can be the same as the Owner.

Enter the required information:
- SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, Zip Code.

Click Validate Address.

Click OK.

Please Note: Start Date is always the date you are filling out the application. When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.
- Please Note: Both Individual and Managing Employee will now be listed.
- In the Actions drop-down menu, select Owners Relationships.
Answer the relationship question (at the top) by selecting the Yes or No button.
- “No” will only be selected when there is an additional unrelated employee.
- If any of the relationships listed exist select Yes.
If Yes was selected to the relationship question on top of the screen, select the relationship between the Assoc. Owner to the Selected Owner in each drop-down menu.

- If both employees listed are your name, select Self.
- Select Save, then Close.
Please Note: The Relationship Status shows completed for each Owner.

- In the Actions drop-down menu, select Owners Adverse Action.
- Read the Final Adverse Legal Actions/Convictions statement.
- Answer the questions at the bottom by choosing Yes or No and comment if necessary.
- Click OK.
- The Adverse Action column will show Yes or No indicating it’s complete.
- Click Close.
- Steps 9-12 are optional and not required.
- Click Step 13: 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.

Please Note: The County Name, Worker Name and Clients Name will need to be included in the comments box on the appropriate question.

Click Save.
Click Close.
- Click Step 14: 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).”
Read the Terms and Conditions (Enrollment Process) statement.
Check the box at the bottom indicating you have read and agree to the terms.
Click Submit Application.
If you have not taken note of your Application Number, please do so for tracking purposes.

Click Close and close out of the application.
Associating to your Agency

Follow these steps to associate yourself to an agency employer.
Click Step 4: Associate Billing Provider/Other Associations
- Click Add.
- Enter the required information, indicated by an asterisk (*)
- Select Provider ID from the Type drop-down. The Provider Name will automatically populate.
- Enter the Agency’s Provider ID and the Start Date of your employment.
- Click Confirm Provider in the bottom right corner (not pictured above).
- Click OK.
You will now see the Agency Name on your Billing Provider list.
Click Close and continue to Step 5: Add License/Certification/Other (slide 39).
Track Existing Application

How to track a submitted application within CHAMPS
Enter your User ID and Password you just created
Click Login
You will be directed back to your MILogin Home Page
Click the CHAMPS hyperlink
Click Acknowledge/Agree button to accept the Terms & Conditions to get into CHAMPS
If you would like to check the status of your application, you can do so from the CHAMPS homepage:

- On the homepage, click the Track Application hyperlink.
- Fill in Application ID
- Click Next
Enter your Social Security Number, Date of Birth and Home Zip Code.
Click Submit.
A text box at the top will confirm the status of your application. If you do not see this statement, you have not completed and submitted the application to the state for review. Please complete all required steps to submit.
Provider Resources

- **MDHHS website:** [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)

- **We continue to update our Provider Resources, just click on the links below:**
  - Listserv Instructions
  - Medicaid Provider Alerts and Resources
  - CHAMPS Website
  - Medicaid Provider Training Sessions
  - Provider Enrollment Website

- **Provider Support:**
  - MSA-ATYPICALPROVIDERS@Michigan.gov or 1-800-979-4662

Thank you for participating in the Michigan Medicaid Program.