

Provider Enrollment

Facility/Agency/Organization
(FAO)

Step 13: Fee Payment



“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



Overview



Fee Payment Requirements



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

Step 3: Add Specialties

Step 13: Fee Payment

Step 14: Upload documents



Provider Enrollment Resources

Provider Enrollment Process Overview

- Step 1: Determine if provider needs to enroll with CHAMPS Michigan Medicaid
 - Policy Bulletin MSA: [13-17](#)
 - Policy Bulletin MSA: [18-47](#)
 - Policy Bulletin MSA: [19-20](#)
- Step 2: [Determine CHAMPS Enrollment Type](#)
- Step 3: [Enroll with SIGMA – Vendor Self-Service](#)
 - After completing SIGMA registration allow 3-5 business days to begin and complete the CHAMPS application. If you attempt to enroll in CHAMPS during this time you may get an error when validating your information.
- Step 4: [Register for a MiLogin Account for Access to CHAMPS](#)
- Providers wishing to elect another user to have Domain Administrator rights are required to submit:
 - Form: Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
 - Form: Electronic Signature Agreement ([DCH-1401](#))

Fee Payment Requirements

- Per MSA [12-55](#) and [13-17](#)
- Enrollment application fees are required from all institutional providers, as defined by the Centers for Medicare and Medicaid Services (CMS).
 - Any providers who are considered institutional in Medicare are also considered institutional in Medicaid. Medicare does not use a broader definition of institutional than Medicaid.
 - Institutional Providers, when enrolling within the State of Michigan's Community Health Automated Medicaid Processing System (CHAMPS) will be asked what institutional provider type they are considered in enrollment Step 3: Add Specialties (reference next slide for list of institutional provider types).

Fee Payment Requirements Institutional Provider Types:

- Ambulatory Surgical Centers (ASC)
- Ambulance service suppliers
- Community mental health centers (CMHCs)
- Comprehensive outpatient rehabilitation facilities (CORFs)
- Competitive Acquisition Program/Part B Vendors
- DMEPOS suppliers
- End-stage Renal Disease facilities (ESRD)
- Federally Qualified Health Centers (FQHC)
- Health programs operated by an Indian health program (as defined in section 4(12) of the Indian Health Care Improvement Act) or an urban Indian organization (as defined in section 4(29) of the Indian Health Care Improvement Act) that receives funding from the Indian health service pursuant to Title V of the Indian Health Care Improvement Act
- Histocompatibility laboratories
- Home Health Agencies (HHA) (including HHAs that must submit an initial enrollment application pursuant to § 424.550(b)(1))
- Hospices
- Hospitals
- Independent clinical laboratories
- Independent diagnostic testing facilities
- Mammography screening centers
- Mass immunization roster billers
- Nursing Facility (other)
- Outpatient physical therapy/outpatient speech pathology providers enrolling via the Form CMS-855A
- Organ procurement organization (OPO)
- Pharmacies that are newly enrolling or revalidating via the Form CMS-855B application
- Portable x-ray suppliers (PXRS)
- Radiation therapy centers
- Religious non-medical health care institutions (RNHCI)
- Rural Health Clinics (RHC)
- Skilled nursing facilities

Fee Payment Requirements

- An institutional provider should pay one fee, at an enrollment level, regardless of how many physicians reassign their benefits to that institution. An institutional provider pays a fee on a per-application basis.
 - For example, if a provider submits a single application containing multiple practice locations, the provider pays a single fee.
- Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are not required to pay an application fee to the Michigan Medicaid Program.
- Providers completing a new FAO enrollment or a CHAMPS revalidation may be required to either pay the fee or indicate that they have paid the fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP).

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

Prior to completing step 13, Fee Payment, the provider specialty selected will determine if step 13 is required or optional.

The next slides will provide details on Step 3: Add Specialties.

- To verify or add a specialty (i.e., provider type) reference [Step 3: Add Specialties](#).
- If a specialty has already been added in the enrollment, go to [Step 13: Fee Payment instructions](#).
- Track Application – [PDF](#)

FAO Step 3: Add Specialties

- Click on Step 3: Specialties
- The specialty selected in Step 3, will determine if Step 13: Fee Payment becomes required.

CHAMPS My Inbox Provider Claims Member PA

Last Login: 19 FEB, 2020 02:07 PM

Provider Portal > Facility Modification BPW

NPI: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

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

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

FAO

Step 3: Add Specialties

- Click Add

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section with a dropdown arrow, the text 'Last Login: 04 NOV, 2019 02:02 PM', and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The breadcrumb trail reads 'Provider Portal > New Enrollment > FAO Enrollment'. The main content area has two input fields: 'Application ID:' and 'Name:'. Below these are 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. A section titled 'Specialty/Subspecialty List' contains a 'Filter By' dropdown, two empty input fields, a 'Go' button, 'Save Filters', and 'My Filters' buttons. A table with three columns is shown: 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table is currently empty, with a red message 'No Records Found!' displayed below it.

FAO Step 3: Add Specialties

- Choose appropriate Location, Provider Type, and Specialty
 - (Note: There is no need to fill in an End Date)
- Dependent on the Specialty chosen, Available Subspecialties will populate

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below the navigation bar, the browser address bar shows the URL: https://milogintp.michigan.gov/ - Welcome to MMS - Internet Explorer. The main content area features a form titled 'Add Specialty/Subspecialty'. This form includes fields for 'Application ID:' and 'Name:'. Below these are three dropdown menus: 'Location:' (with '01-' selected), 'Provider Type:' (with '--SELECT--' selected), and 'Specialty:' (with a dropdown arrow). An 'End Date:' field with a calendar icon is also present. Three red arrows point to the Location, Provider Type, and Specialty dropdown menus. Below the 'Add Specialty/Subspecialty' section is the 'Add Subspecialty' section, which contains two vertical lists: 'Available Subspecialties' and 'Associated Subspecialties *'. Between these lists are two buttons: a right-pointing arrow (») and a left-pointing arrow («). At the bottom right of the form, there are 'OK' and 'Cancel' buttons. The footer of the page displays the text 'Page ID: dlgEnr1AddSpecialties(Provider)'.

FAO

Step 3: Add Specialties

- When Provider Type and Specialty have been chosen, the available subspecialties will be listed
- Select Available Subspecialties, click >> to add to Associated Subspecialties list
- When complete, click Ok

CHAMPS

My Inbox Provider Claims Member PA

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

Print Help

Application ID: _____ Name: _____

Add Specialty/Subspecialty

Location: 01- [v] *

Provider Type: PHARMACY [v] *

Specialty: Chain [v] *

End Date: []

Add Subspecialty

Available Subspecialties

Associated Subspecialties *

[] []

[>>] [<<]

[No Subspecialty]

[OK] [Cancel]

Page ID: dlgEnrAddSpecialties(Provider)

FAO

Step 3: Add Specialties

- Once all Specialties/Subspecialties have been added, click Close

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile bar showing the last login time as 05 NOV, 2019 09:19 AM, and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The breadcrumb trail indicates the current location: Provider Portal > New Enrollment > FAO Enrollment.

The main content area is titled 'Specialty/Subspecialty List'. It features a header with 'Application ID:' and 'Name:' fields. Below the header are 'Close' and 'Add' buttons, with the 'Close' button highlighted by a red box. The list itself has a filter section with 'Filter By' dropdowns and a 'Go' button. The table below contains one row with the following data:

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> Chain/No Subspecialty	PHARMACY	12/31/2999

At the bottom of the list, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

FAO

Step 3: Add Specialties

- Step 3 is complete
- Complete the remaining required steps, prior to moving onto Step 13: Fee Payment
- Step-by-step FAO enrollment instructions can be found on [www.Michigan.gov/Medicaid providers](http://www.Michigan.gov/Medicaidproviders) >> Provider Enrollment >> Step-by-step CHAMPS Enrollment Guides or directly at [CHAMPS Enrollment Application: FAO User Guide](#)

Application ID: 20181204526214 Name: Testing

Enroll Provider - FAO

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

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

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

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

Step 13: Fee Payment

Enrollment application fee requirement per CMS. Select the most appropriate choice from the options below:

- [Pay Fee](#): Select this option for instructions on paying fee to Michigan Medicaid.
- [Pay Fee - Paid to Other Program](#): Select this option if you have already paid the fee to other State Medicaid or Medicare programs.
- [Request Hardship Waiver](#): Select this option to request Hardship Waiver from Provider Enrollment Unit.

*Note: Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are **not** required to pay an application fee to the Michigan Medicaid Program.

FAO Step 13: Fee Payment

- Click Step 13: Fee Payment
- (Note: All prior required steps show a status of complete.)

CHAMPS

My Inbox Provider Claims Member PA

Last Login: 04 NOV, 2019 02:02 PM

Provider Portal > New Enrollment > FAO Enrollment

Application ID: Name:

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/05/2019	11/05/2019	Complete	
Step 2: Add Locations	Required	11/05/2019	11/05/2019	Complete	
Step 3: Add Specialties	Required	11/05/2019	11/05/2019	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required	11/05/2019	11/05/2019	Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	11/05/2019	11/05/2019	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	11/05/2019	11/05/2019	Complete	
Step 10: Add Taxonomy Details	Required	11/05/2019	11/05/2019	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 14: Upload Documents	Optional			Complete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

First Prev Next Last

FAO

Step 13: Fee Payment

- Click Add

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile bar showing the last login time as 04 NOV, 2019 02:02 PM, and utility links for Note Pad, External Links, My Favorites, Print, and Help. The breadcrumb trail indicates the current location: Provider Portal > New Enrollment > FAO Enrollment. The main content area features an 'Application ID' and 'Name' input field. Below these are 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. A 'Fee Payment List' section follows, containing a filter bar with a 'Filter By' dropdown, two input fields, a 'Go' button, and 'Save Filters' and 'My Filters' options. A table with the following columns is displayed: Payment Id, Payment Reason, Payment Amount, Fee Option, Payment Made To, Payment Status, Confirmation Number, and Payment Date. The table is currently empty, and a red message 'No Records Found!' is centered below it.

FAO Step 13: Fee Payment

- Select the 'Pay Fee' option in order to pay the fee to Michigan Medicaid.
- By Clicking the button 'Pay Fee' you will be redirected to an external Payment Gateway where the fee can be paid.

The screenshot shows the CHAMPS web application interface. The browser address bar displays "https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer". The navigation menu includes "My Inbox", "Provider", "Claims", "Member", and "PA". The main content area is titled "Fee Payment" and contains the following fields and options:

- Location:** 01-
- Payment Reason:** New Enrollment
- Options Table:**

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

At the bottom right, there are three buttons: "Click to Pay Fee", "OK", and "Cancel". The footer of the form displays "Page ID: dlgFeePayment(Provider)".

FAO

Step 13: Fee Payment

- The payment screen will pop up in a new internet window. For preferred payment method, select an option below:
 - [Pay by Electronic Check](#)
 - [Pay by Credit Card](#)

https://.thepayplace.com/ - MDHHS Provider Enroll - Payment Method - Internet Explorer

MICHIGAN.GOV
Michigan's Official Website

Michigan Department of Health & Human Services
Your internal source for keeping up with department news & opportunities

MDHHS

Payment Method

Welcome to the MDHHS Provider Enroll Payment Website!

Paying on-line is quick, easy, secure, and is available to you 24 hours a day, 7 days a week. This secure website allows you to pay your invoice using your MasterCard, Visa, or Discover credit card. Please allow 3-10 business days for your invoice to be recorded as paid in the invoice system.

This on-line service is a payment site only and will not display payment history. If you have questions regarding your payment history, please call 800-292-2550.

* Indicates required field

Choose method of payment

Pay by electronic check

* Account Type: Personal ▼

Pay by credit card

VISA MasterCard DISCOVER

Back Next Exit

All trademarks, service marks and trade names used in this material are the property of their respective owners.

Step 13: Fee Payment by Electronic Check

Instructions on how to select the electronic check fee payment option.

*Note: Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are not required to pay an application fee to the Michigan Medicaid Program.

Step 13: Fee Payment by Electronic Check

- If selecting the electronic check method of payment make the additional selection to determine if its a personal or business checking account type.
- Click Next



Michigan Department of Health & Human Services
Your internal source for keeping up with department news & opportunities



MICHIGAN.GOV
Michigan's Official Website

Payment Method

Welcome to the MDHHS Provider Enroll Payment Website!

Paying on-line is quick, easy, secure, and is available to you 24 hours a day, 7 days a week. This secure website allows you to pay your invoice using your MasterCard, Visa, or Discover credit card. Please allow 3-10 business days for your invoice to be recorded as paid in the invoice system.

This on-line service is a payment site only and will not display payment history. If you have questions regarding your payment history, please call 800-292-2550.

* Indicates required field

Choose method of payment

Pay by electronic check

* Account Type: Personal ▾

Pay by credit card

  

Back **Next** Exit

All trademarks, service marks and trade names used in this material are the property of their respective owners.

Step 13: Fee Payment by Electronic Check

- Enter all required information as indicated by an asterisk(*).
- The payment amount will default to the current application fee.
- Click Next
 - Warning: clicking 'x' to close the window will not allow the payment to post and will not be displayed in CHAMPS.

 Michigan Department of Health & Human Services
Your internal source for keeping up with department news & opportunities

 MICHIGAN.GOV
Michigan's Official Website

Payment Information

MDHHS Provider Enroll

Please complete the following to process your payment.

BUSINESS ACCOUNTS -If you are paying on behalf of a business, please enter your first name in the First Name field, and then enter the name of the business in the Last Name field under the Billing Address section.

When entering your personal or business name below please omit any special characters such as a period(.), comma(,), dash (-), apostrophe('), or ampersand(&) sign.

*NOTE - If using a credit card, the address you enter must match the address on your credit card billing statement.

* Indicates required field

Billing Address

Use Business Name

*First Name:

M.I.:

*Last Name:

*Street Line 1:

Street Line 2:

*City:

*State:

*Zip:

*Phone:

*E-Mail:

Payment Details

*Payment Amount: 586.00 USD

Payment Date:

Your account will be debited in 1 to 3 days from the date identified. If your payment date falls on a non-banking day your payment will be executed on the next available banking day. Current date payments received after 9:59 PM ET will be executed on the next valid banking day.

Payment Method

*Name On Account:

*Account Number: [What's This?](#)

*Re-Type Account Number:

*Routing Number: [What's This?](#)

*Account Type: Checking Savings

All trademarks, service marks and trade names used in this material are the property of their respective owners.

Step 13: Fee Payment by Electronic Check

- Once a payment has been submitted you will be taken back to the CHAMPS Fee Payment screen.
- The screen will show the payment date, payment status as completed and confirmation number.
- Click Ok

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a browser address bar showing the URL https://milogintp.michigan.gov/. The main content area displays a confirmation message: "Your Payment is successful and confirmation number is [redacted]". Below the message is a "Fee Payment" form. The form includes a "Location" dropdown set to "01-", a "Payment Reason" of "New Enrollment", and a table with three options: "Pay Fee" (selected), "Fee Paid To Other Program", and "Request Hardship Waiver". Below the table, there are fields for "Fee Paid To:" (dropdown), "Payment Date:" (calendar icon, showing 11/05/2019), and "Confirmation Number:" (text input). A "Payment Status:" field shows "Payment Completed". At the bottom right, there are three buttons: "Click to Pay Fee", "Ok" (highlighted with a red box), and "Cancel". A footer bar at the bottom left contains the text "Page ID: dlgFeePayment(Provider)".

Application ID: [redacted] Name: [redacted]

Your Payment is successful and confirmation number is [redacted] x

Fee Payment

Location: 01- [v]

Payment Reason: New Enrollment

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

Fee Paid To: [v] (Required if Fee Paid To Other Program)

Payment Date: 11/05/2019 [calendar icon] (Date Paid to Other Program)

Payment Status: Payment Completed

Confirmation Number: [redacted]

Click to Pay Fee **Ok** Cancel

Page ID: dlgFeePayment(Provider)

Step 13: Fee Payment by Electronic Check

- The Fee payment list screen will show the payment information
- Click Close to return to the enrollment application steps

The screenshot displays the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a user profile section with the text 'Last Login: 04 NOV, 2019 02:02 PM' and utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the current location: 'Provider Portal > New Enrollment > FAO Enrollment'. Below the breadcrumb, there are input fields for 'Application ID:' and 'Name:'. A red box highlights the 'Close' button, which is located next to an 'Add' button. The main content area is titled 'Fee Payment List' and features a filter section with 'Filter By' dropdowns and a 'Go' button. Below the filter is a table with the following data:

Payment Id	Payment Reason	Payment Amount	Fee Option	Payment Made To	Payment Status	Confirmation Number	Payment Date
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> 4H38AHFBVF	New Enrollment	\$586.00	Pay Fee		Payment Completed		11/05/2019

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

Step 13: Fee Payment by Credit Card

Instructions on how to select the credit card fee payment option.

*Note: Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are not required to pay an application fee to the Michigan Medicaid Program.

Step 13: Fee Payment by Credit Card

- Select pay by credit card payment method
- Click Next



Michigan Department of Health & Human Services
Your internal source for keeping up with department news & opportunities



MICHIGAN.GOV
Michigan's Official Website

Payment Method

Welcome to the MDHHS Provider Enroll Payment Website!

Paying on-line is quick, easy, secure, and is available to you 24 hours a day, 7 days a week. This secure website allows you to pay your invoice using your MasterCard, Visa, or Discover credit card. Please allow 3-10 business days for your invoice to be recorded as paid in the invoice system.

This on-line service is a payment site only and will not display payment history. If you have questions regarding your payment history, please call 800-292-2550.

* Indicates required field

Choose method of payment

Pay by electronic check

* Account Type: Personal ▾

Pay by credit card

VISA MasterCard DISCOVER

Back **Next** Exit

All trademarks, service marks and trade names used in this material are the property of their respective owners.

Step 13: Fee Payment by Credit Card

- Enter all required information as indicated by an asterisk(*).
- The payment amount defaults to the current application fee amount.
- Click Next

 Michigan Department of Health & Human Services
Your internal source for keeping up with department news & opportunities

 MICHIGAN.GOV
Michigan's Official Website

Payment Information

MDHHS Provider Enroll

Please complete the following to process your payment.

BUSINESS ACCOUNTS -If you are paying on behalf of a business, please enter your first name in the First Name field, and then enter the name of the business in the Last Name field under the Billing Address section.

When entering your personal or business name below please omit any special characters such as a period(.), comma(,), dash (-), apostrophe('), or ampersand(&) sign.

***NOTE** - If using a credit card, the address you enter must match the address on your credit card billing statement.

* Indicates required field

Billing Address

Use Business Name

*First Name:

M.I.:

*Last Name:

*Street Line 1:

Street Line 2:

*City:

*State:

*Zip:

*Phone:

*E-Mail:

Payment Details

*Payment Amount: 586.00 USD

Payment Method

*Name on Card:

*Card Number:

*Expiration Date: * Month * Year

*Card Verification Value(CVV2): [What's This?](#)

All trademarks, service marks and trade names used in this material are the property of their respective owners.

Step 13: Fee Payment by Credit Card

- Verify all the information shown is correct
- Click Pay Now
- After paying, click exit
 - Warning: clicking 'x' to close the window will not allow the payment to post and not be displayed in CHAMPS.



Michigan Department of Health & Human Services
Your internal source for keeping up with department news & opportunities



MICHIGAN.GOV
Michigan's Official Website

Payment Review

MDHHS Provider Enroll

Please verify that the information listed below is correct.

Address
Billing Address: Tester Test 100 n capital ave lansing, MI 48906 (517) 123-4567 abc@abc.com
Payment Method
Credit Card  Tester Test
Payment Amount
Amount: 586.00 USD
Total: 586.00 USD

[Back](#) [Pay Now](#) [Exit](#)

All trademarks, service marks and trade names used in this material are the property of their respective owners.

Step 13: Fee Payment by Credit Card

- Once a payment has been submitted you will be taken back to the CHAMPS Fee Payment screen.
- The screen will show the payment date, payment status as completed and confirmation number.
- Click Ok

The screenshot shows the CHAMPS web application interface. At the top, there are navigation tabs: My Inbox, Provider (selected), Claims, Member, and PA. The browser address bar shows the URL: https://milointp.michigan.gov/ - Welcome to MMIS - Internet Explorer. Below the navigation, there are fields for Application ID and Name. A red notification banner states: "Your Payment is successful and confirmation number is [redacted] x". The main section is titled "Fee Payment" and contains a form with the following elements:

- Location: 01- (dropdown menu)
- Payment Reason: New Enrollment
- A table with three rows:

Options	Description
<input checked="" type="radio"/> Pay Fee	Select this option in order to pay fee to Michigan Medicaid. By Clicking the button 'Pay Fee' you will be redirected to our external Payment Gateway, where the Fee can be paid. Once the payment is completed, you will receive an email with your confirmation number.
<input type="radio"/> Fee Paid To Other Program	Select this option if you have already paid the fee to Other State Medicaid or Medicare. Select the program name and date of payment in the section below. If you have a receipt of the payment upload the copy in 'Upload Documents' Step. This is subject to state and federal approval.
<input type="radio"/> Request Hardship Waiver	Select this option to request 'Hardship Waiver' from Provider Enrollment Unit. A 'Hardship Letter' must be written and uploaded in the 'Upload Documents' Step. You can continue submitting the enrolment application / modification request. This is subject to state and federal approval.
- Fee Paid To: (dropdown menu) (Required if Fee Paid To Other Program)
- Payment Date: 11/05/2019 (calendar icon) (Date Paid to Other Program)
- Payment Status: Payment Completed
- Confirmation Number: (text input field)

At the bottom right, there are three buttons: "Click to Pay Fee", "Ok" (highlighted with a red box), and "Cancel". The footer shows "Page ID: dlgFeePayment(Provider)".

Step 13: Fee Payment by Credit Card

- The Fee payment list screen will show the payment information
- Click Close
- To continue with the presentation click on, enrollment application steps

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section with the text 'Last Login: 04 NOV, 2019 02:02 PM' and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The breadcrumb trail indicates the current location: Provider Portal > New Enrollment > FAO Enrollment. The main content area features an 'Application ID' and 'Name' field. Below these fields are 'Close' and 'Add' buttons, with the 'Close' button highlighted by a red box. The 'Fee Payment List' section includes a filter bar with a 'Filter By' dropdown, input fields, and a 'Go' button. To the right of the filter bar are 'Save Filters' and 'My Filters' buttons. The table below has the following columns: Payment Id, Payment Reason, Payment Amount, Fee Option, Payment Made To, Payment Status, Confirmation Number, and Payment Date. A single row is visible with the following data: Payment Id: 4H38AHFBVF, Payment Reason: New Enrollment, Payment Amount: \$586.00, Fee Option: Pay Fee, Payment Made To: (blank), Payment Status: Payment Completed, Confirmation Number: (blank), and Payment Date: 11/05/2019. At the bottom of the table, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

Step 13: Fee Payment Paid to Other Program

Select this option if you have already paid the fee to other State Medicaid or Medicare programs.

*Note: Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are not required to pay an application fee to the Michigan Medicaid Program.

Step 13: Fee Payment Paid to Other Program

- Click Step 13: Fee Payment
 - (Note: All prior required steps show a status of complete.)

CHAMPS My Inbox Provider Claims Member PA

Last Login: 04 NOV, 2019 02:02 PM

Provider Portal > New Enrollment > FAO Enrollment

Application ID: Name:

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/05/2019	11/05/2019	Complete	
Step 2: Add Locations	Required	11/05/2019	11/05/2019	Complete	
Step 3: Add Specialties	Required	11/05/2019	11/05/2019	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required	11/05/2019	11/05/2019	Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	11/05/2019	11/05/2019	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	11/05/2019	11/05/2019	Complete	
Step 10: Add Taxonomy Details	Required	11/05/2019	11/05/2019	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 14: Upload Documents	Optional			Complete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

Step 13: Fee Payment Paid to Other Program

- Click add

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section with a dropdown arrow, the text 'Last Login: 04 NOV, 2019 02:02 PM', and utility links for Note Pad, External Links, My Favorites, Print, and Help. The main content area has a breadcrumb trail: Provider Portal > New Enrollment > FAO 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. The 'Fee Payment List' section features a table with columns: Payment Id, Payment Reason, Payment Amount, Fee Option, Payment Made To, Payment Status, Confirmation Number, and Payment Date. Each column has a small triangle icon for sorting. Below the table, the text 'No Records Found!' is displayed in red. Filter controls include a 'Filter By' dropdown, two input fields, a 'Go' button, 'Save Filters', and 'My Filters'.

Step 13: Fee Payment Paid to Other Program

- Select the Fee Paid To Other Program option if the application fee has been paid to another state Medicaid or Medicare program.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below the navigation bar, the browser address bar shows the URL: https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer. The main content area is titled 'Fee Payment' and contains the following fields and options:

- Application ID:** [Redacted]
- Name:** [Redacted]
- Location:** 01- [Dropdown]
- Payment Reason:** New Enrollment
- Options Table:**

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

At the bottom right of the form, there are three buttons: Click to Pay Fee, OK, and Cancel. At the bottom left, the page ID is displayed as: Page ID: dlgFeePayment(Provider).

Step 13: Fee Payment Paid to Other Program

- Select the program name and date of payment
 - If the provider is Medicare enrolled and has paid the fee to Medicare, choose 'CMS' in the Fee paid to dropdown.
- If you have a receipt of the payment, upload the copy in 'Upload Documents' Step.

CHAMPS

My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

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

Print Help

Application ID: [] Name: []

Fee Payment

Location: 01- ▾

Payment Reason: New Enrollment

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

Fee Paid To: CMS ▾ *
(Required if Fee Paid To Other Program)

Payment Date: 10/01/2009 []
(Date Paid to Other Program)

Payment Status: [] Confirmation Number: []

Click to Pay Fee [] **Ok** [] Cancel []

Page ID: dlgFeePayment(Provider)

Step 13: Fee Payment Paid to Other Program

- The Fee Payment List screen will show the payment information.
- To continue with the presentation click on, [enrollment application steps](#)

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile section showing the last login time as 04 NOV, 2019 02:02 PM, along with utility icons for Note Pad, External Links, My Favorites, Print, and Help. The breadcrumb trail indicates the current location: Provider Portal > New Enrollment > FAO Enrollment.

The main content area features a form with fields for Application ID and Name. Below the form are 'Close' and 'Add' buttons, with the 'Close' button highlighted by a red box. The 'Fee Payment List' section includes a filter bar with a 'Filter By' dropdown and a 'Go' button. Below the filter bar is a table with the following data:

Payment Id	Payment Reason	Payment Amount	Fee Option	Payment Made To	Payment Status	Confirmation Number	Payment Date
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> S1088JJVF	New Enrollment		Fee Paid To Other Program	CMS	NA		10/01/2009

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

Step 13: Fee Payment Request Hardship Waiver

Select this option to request a Hardship Waiver from Provider Enrollment Unit.

*Note: Providers who are enrolled in or have paid the application fee to Medicare or another State's Medicaid or Children's Health Insurance Program (CHIP) are not required to pay an application fee to the Michigan Medicaid Program.

Step 13: Fee Payment Request Hardship Waiver

- Click Step 13: Fee Payment
 - (Note: All prior required steps show a status of complete.)

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a header with 'Last Login: 04 NOV, 2019 02:02 PM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the user is in 'Provider Portal > New Enrollment > FAO Enrollment'. The main content area is titled 'Enroll Provider - FAO' and contains a 'Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.' table.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/05/2019	11/05/2019	Complete	
Step 2: Add Locations	Required	11/05/2019	11/05/2019	Complete	
Step 3: Add Specialties	Required	11/05/2019	11/05/2019	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required	11/05/2019	11/05/2019	Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	11/05/2019	11/05/2019	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	11/05/2019	11/05/2019	Complete	
Step 10: Add Taxonomy Details	Required	11/05/2019	11/05/2019	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Required			Incomplete	Please add Fee Payments.
Step 14: Upload Documents	Optional			Complete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

Step 13: Fee Payment Request Hardship Waiver

- Click add

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a user profile section with 'Last Login: 04 NOV, 2019 02:02 PM' and utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the current location: 'Provider Portal > New Enrollment > FAO Enrollment'. The main content area features an 'Application ID' and 'Name' input field. Below these are 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. A 'Fee Payment List' section follows, containing a filter bar with a 'Filter By' dropdown, two input fields, and a 'Go' button. To the right of the filter bar are 'Save Filters' and 'My Filters' buttons. Below the filter bar is a table with the following columns: 'Payment Id', 'Payment Reason', 'Payment Amount', 'Fee Option', 'Payment Made To', 'Payment Status', 'Confirmation Number', and 'Payment Date'. Each column has a small sort icon (up and down triangles). The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

Step 13: Fee Payment Request Hardship Waiver

- Select the Request Hardship Waiver to submit a letter to MDHHS indicating why you are unable to pay the fee.

The screenshot shows the CHAMPS web application interface. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, and PA. The browser address bar shows the URL: https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer. The main content area is titled "Fee Payment" and contains the following fields and options:

- Application ID: [text box] Name: [text box]
- Location: 01- [dropdown menu]
- Payment Reason: New Enrollment
- Options table:

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

Below the table, there are additional fields:

- Fee Paid To: [dropdown menu] (Required if Fee Paid To Other Program)
- Payment Date: [calendar icon] (Date Paid to Other Program)
- Payment Status: [text box]
- Confirmation Number: [text box]

At the bottom right, there are three buttons: "Click to Pay Fee", "Ok", and "Cancel". The "Request Hardship Waiver" option is highlighted with a red box.

Page ID: dlqFeePayment(Provider)

Step 13: Fee Payment Request Hardship Waiver

- The Fee Payment List screen will show the hardship waiver option has been selected.
- Click Close.

CHAMPS

My Inbox Provider Claims Member PA

Last Login: 05 NOV, 2019 06:57 AM

Note Pad External Links My Favorites Print Help

Provider Portal > New Enrollment > FAO Enrollment

Application ID: Name:

Close Add

Fee Payment List

Filter By [] [] Go Save Filters My Filters

Payment Id	Payment Reason	Payment Amount	Fee Option	Payment Made To	Payment Status	Confirmation Number	Payment Date
<input type="checkbox"/> MQGRT1OHHF	New Enrollment		Request Hardship Waiver	NA	NA		11/05/2019

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

Step 13: Fee Payment Request Hardship Waiver

- Step 13: Fee Payment will show complete
- Click Step 14: Upload Documents, if applicable, to upload your hardship letter or receipt of fee payment to another program.
- Otherwise: Complete the remaining required steps 15 & 16.
 - Step-by-step FAO enrollment instructions can be found on www.Michigan.gov/Medicaidproviders >> Provider Enrollment >> Step-by-Step CHAMPS Enrollment Guides or directly, [CHAMPS Enrollment Application: FAO User Guide](#)

Application ID: Name:

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/05/2019	11/05/2019	Complete	
Step 2: Add Locations	Required	11/05/2019	11/05/2019	Complete	
Step 3: Add Specialties	Required	11/05/2019	11/05/2019	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required	11/05/2019	11/05/2019	Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	11/05/2019	11/05/2019	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	11/05/2019	11/05/2019	Complete	
Step 10: Add Taxonomy Details	Required	11/05/2019	11/05/2019	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Required	11/05/2019	11/05/2019	Complete	
Step 14: Upload Documents	Required	11/05/2019	11/05/2019	Incomplete	Please upload your Hardship Letter.
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: Page Count Viewing Page: 1

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

Step 14: Upload Documents

Instructions for uploading a hardship letter or receipt of fee payment to another program. This step may be skipped if payment was submitted in Step 13: Fee Payment.

Note: This step will only show required if Hardship letter has been selected in Step 13: Fee Payment.

FAO Step 14: Upload Documents

- Click Step 14: Upload Documents to upload your hardship letter or receipt of fee payment to another program.
 - Note: This step will only show required if the Hardship letter has been selected in Step 13: Fee Payment.

CHAMPS

My Inbox Provider Claims Member PA

Last Login: 05 NOV, 2019 06:57 AM

Note Pad External Links My Favorites Print Help

Provider Portal > New Enrollment > FAO Enrollment

Application ID: Name:

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/05/2019	11/05/2019	Complete	
Step 2: Add Locations	Required	11/05/2019	11/05/2019	Complete	
Step 3: Add Specialties	Required	11/05/2019	11/05/2019	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required	11/05/2019	11/05/2019	Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	11/05/2019	11/05/2019	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	11/05/2019	11/05/2019	Complete	
Step 10: Add Taxonomy Details	Required	11/05/2019	11/05/2019	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Required	11/05/2019	11/05/2019	Complete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

FAO

Step 14: Upload Documents

- Click Add

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider (selected), Claims, Member, and PA. Below the tabs, the user's last login is shown as 05 NOV, 2019 06:57 AM. The breadcrumb trail indicates the current location: Provider Portal > New Enrollment > FAO Enrollment. The main content area has two input fields for 'Application ID' and 'Name', followed by a 'Close' button. Below this is the 'Document List' section, which contains an 'Add' button (highlighted with a red box), a 'Filter By' dropdown, and a 'Go' button. To the right of the filter are 'Save Filters' and 'My Filters' buttons. A table with the following columns is shown: Document ID, Document Type, Document Name, File Name, Start Date, End Date, Uploaded By, Uploaded Date, and Status. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

FAO Step 14: Upload Documents

- Click the document type drop-down
- Select the appropriate type of document
 - For Fee Payment, select Fee Verification/Hardship Waiver

The screenshot shows the CHAMPS web application interface. At the top, there are navigation tabs: "My Inbox", "Provider", "Claims", "Member", and "PA". The browser address bar shows "https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer". The main content area is titled "Upload Document".

Fields and options visible in the form:

- Application ID:** [Text input]
- Name:** [Text input]
- Document Type:** A dropdown menu is open, showing options: "--SELECT--", "Certification", "Contract", "Fee Verification/Hardship Waiver" (highlighted with a red box), "General", and "License".
- Associated MCO ID:** [Text input]
- File Name:** [Text input] with a "Browse..." button.
- Start Date:** [Date picker]
- End Date:** [Date picker]
- Remark:** [Text area]
- Document Name:** [Text input] with a dropdown arrow and an asterisk (*).
- Program Name:** [Dropdown menu]

At the bottom right, there are "OK" and "Cancel" buttons. At the bottom left, the page ID is "Page ID: dlgEnrlmntAttachment(Provider)".

FAO Step 14: Upload Documents

- Click the document name drop-down
- Click browse to find the saved file on your computer
- Enter any remarks
- Click Ok to return to the enrollment steps

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a browser address bar showing the URL: https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer. The main content area is titled 'Upload Document' and contains the following fields:

- Application ID: [Text Field]
- Name: [Text Field]
- Document Type: Fee Verification/Hards [Dropdown Menu] *
- Associated MCO ID: [Dropdown Menu]
- File Name: [Text Field] Browse... [Button]
- Start Date: [Text Field] [Calendar Icon]
- End Date: [Text Field] [Calendar Icon]
- Remark: [Text Area]
- Document Name: Fee Payment Receipt Hardship Letter [Dropdown Menu] *
- Program Name: [Dropdown Menu]

At the bottom right of the form, there are two buttons: OK and Cancel. The OK button is highlighted with a red box. At the bottom left of the page, there is a footer that reads: Page ID: dlgEnrlmntAttachment(Provider).

FAO Step 14: Upload Documents

- Step 14: Upload Documents will show as complete if documents were uploaded
- Complete the remaining required steps, 15 & 16.
 - Step-by-step FAO enrollment instructions can be found on www.Michigan.gov/Medicaidproviders >> Provider Enrollment >> Step-by-Step CHAMPS Enrollment Guides or directly, [CHAMPS Enrollment Application: FAO User Guide](#)

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a header with 'Last Login: 05 NOV, 2019 06:57 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the user is in 'Provider Portal > New Enrollment > FAO Enrollment'. The main content area is titled 'Enroll Provider - FAO' and contains a 'Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.' table.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/05/2019	11/05/2019	Complete	
Step 2: Add Locations	Required	11/05/2019	11/05/2019	Complete	
Step 3: Add Specialties	Required	11/05/2019	11/05/2019	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required	11/05/2019	11/05/2019	Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	11/05/2019	11/05/2019	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	11/05/2019	11/05/2019	Complete	
Step 10: Add Taxonomy Details	Required	11/05/2019	11/05/2019	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Required	11/05/2019	11/05/2019	Complete	
Step 14: Upload Documents	Optional	11/05/2019	11/05/2019	Complete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

At the bottom of the table, there are navigation controls: 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'. A red arrow points to the 'Complete' status of Step 14.

Provider Enrollment Resources



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



Trainings:

Domain Administrator Functions - [PDF](#)

Track Application – [PDF](#)



Forms:

Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))

Electronic Signature Agreement ([DCH-1401](#))



Provider Enrollment:

1-800-292-2550

ProviderSupport@Michigan.gov

ProviderEnrollment@Michigan.gov



Thank you for participating in the Michigan Medicaid Program