



Provider Enrollment New Individual/Sole Proprietor Step 1: Provider Basic Information

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

-Provider Relations

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Provider Enrollment 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: [Register 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 person to have Domain Administrator rights are required to submit:
 - Form: Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
 - Form: Electronic Signature Agreement ([DCH-1401](#))


Starting a New Provider Enrollment Application

Details to Step 1: Provider Basic Information

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

Home Page

 Your password will expire in **48** days

Access your applications by clicking on the application links below



Michigan Department of Health & Human Services (MDHHS)

CHAMPS

- Click on the CHAMPS hyperlink

Michigan.gov

HELP CONTACT US

Terms & Conditions

CHAMPS

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 information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms,

CANCEL ✕ **Acknowledge/Agree**

- Click Acknowledge/Agree button to accept the Terms & Conditions to get into CHAMPS

Provider Enrollment

[New Enrollment](#)

Enroll As A New Provider

[Track Application](#)

Track Existing Provider Application

- Click New Enrollment

Enrollment Type

Select the Applicable Enrollment Type

- 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, etc.)
 - Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)

Submit

- Select Regular Individual/Sole Proprietor
- Click Submit

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

Print Help

Basic Information: Enter required fields and click Confirm button.

Basic Information

EIN/TIN:

First Name: *

Last Name: *

Suffix: ▼

SSN: *

Date of Birth: *

Middle Initial:

Gender: ▼

Vendor ID: *

Applicant Type: Individual/Sole Proprietor ▼ *

NPI: *

Contact Email Address:

Email-3: Email-4:

Email-5: Email-6:

Email-7: Email-8:

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: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: OTHER ▼ *

State/Province: OTHER ▼ *

County: OTHER ▼

Country: UNITED STATES ▼ *

Zip Code: -

Page ID: dlgAddBasicInformationStep1(Provider)

- Confirm Applicant Type: Individual/Sole Proprietor
- Provider information needing to enroll:
 - Basic Information: Fill in all fields marked with an asterisk (*)
 - Home Address: Fill in Address Line 1 and Zip Code, Click Validate Address
(Please Note: you should receive "Address Validation Successful")
- Click Confirm, Click Finish

CHAMPS

My Inbox ▾ Provider ▾

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

Print Help

Application ID: 20171115618358 Name: Tester,Test

Basic Information

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

Your Application ID is: **20171115618358**

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.

Ok

Page ID: dlgAddBasicInformationStep3(Provider)

- Confirmation, Basic Information is complete
- Take note of the Application ID, as this is used to track your application status
- Click Ok

Application ID: 20171115618358

Name: Tester, Test

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider	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 Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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Viewing Page: 1

First Prev Next Last

- Individual Provider 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

Provider Enrollment Resources

- **Provider Enrollment website:** http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_85441---,00.html
- **Trainings:**
 - [MILogin](#)
 - [CHAMPS Enrollment Application: Individual/Sole Proprietor User Guide](#)
 - [Domain Administrator Functions](#)
- **Forms:**
 - Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
 - Electronic Signature Agreement ([DCH-1401](#))
- **SIGMA:**
 - New Individual/Sole Proprietor Providers must register with SIGMA as Vendors
 - Please visit: Michigan.gov/SIGMAVSS
- **Provider Enrollment:**
 - (800) 292-2550
 - ProviderEnrollment@Michigan.gov
 - ProviderSupport@Michigan.gov