



Enrollment Requirement for Prescribers September 17, 2019

“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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Enrollment Requirement

[MSA 19-20](#) - Enrollment Requirement for Prescribers

Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) – the state’s online Medicaid enrollment system.

Enrollment Requirement

- [MSA 19-20](#)
- The purpose of this bulletin is to enforce federal Medicaid enrollment requirements that apply to providers who prescribe drugs to Medicaid beneficiaries. These requirements ensure the protection of Medicaid beneficiaries by strengthening program integrity and care quality.
- These requirements are outlined in Section 6401 of the Patient Protection and Affordable Care Act and Section 5005(b)(2) of the 21st Century Cures Act.

Enrollment Requirement

Effective October 1, 2019

Prescribers

Claims for drugs prescribed by a provider who is not enrolled in CHAMPS will be denied.

Pharmacies

Claims will be denied with edit NCPDP Code 889: *“Prescriber Not Enrolled in State Medicaid Program”*

Enrollment Requirement

- The intent of this webinar is to promote the federal requirement of provider enrollment with guidance for prescribers through our Medicaid system, CHAMPS.
- However, at the pharmacy point of sale there will be allowances for emergency overrides and emergency circumstances.
 - In instances when a beneficiary must receive their prescription medication the pharmacy may override the NCPDP Code 889 edit.
- [MSA 19-20](#)

Provider Enrollment Webpage

www.Michigan.gov/MedicaidProviders >> Provider Enrollment

Medicaid Provider Information - www.michigan.gov/medicaidproviders

This page provides information for healthcare providers who provide services to Medicaid beneficiaries or would like to enroll as a Medicaid provider.

It provides links to CHAMPS, billing and reimbursement resources, training, policy documents, and much more.



- Medicaid Providers Main webpage
- Click Provider Enrollment

Provider Enrollment

All providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the Community Health Automated Medicaid Processing System (CHAMPS). For assistance in enrolling please call 1-800-292-2550, option 4.

Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in CHAMPS. The Michigan Department of Health and Human Services (MDHHS) will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

All documents are provided in Acrobat format. To install Acrobat Reader, click on the icon.



Getting Started - Enrollment

- **Step 1: Determine if Provider needs to enroll**
- Step 2: Determine CHAMPS Enrollment Type
- Step 3: Register for SIGMA
- Step 4: Register for MILogin Account for access to CHAMPS

Step-by-Step CHAMPS Enrollment Guides

Medicaid Resources

- Provider Enrollment main webpage
 - Click Step 1: Determine if Provider needs to enroll

Step 1: Determine if Provider needs to enroll

An eligible provider who complies with all licensing laws and regulations applicable to the provider's practice or business in Michigan, who is not currently excluded from participating in Medicaid by state or federal sanction, and whose services are directly reimbursable per MDHHS policy may enroll as a provider. Out-of-state providers must be licensed and/or certified by the appropriate standard-setting authority in the state they are practicing.

Providers must have their enrollment approved through the on-line MDHHS Community Health Automated Medicaid Processing System (CHAMPS) Provider Enrollment (PE) subsystem to be reimbursed for covered services rendered to eligible Medicaid beneficiaries.[1].

Providers are divided into two broad categories, Typical and Atypical.

Typical: A health care provider means a provider of medical or health services (as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s)), and any other person or organization who furnishes, bills, or is paid for healthcare in the normal course of business. Medical Providers are enrolled within CHAMPS and have an NPI (e.g. Institutional (Hospital, Nursing Home, etc.), Professional (Practitioner, Prescriber, Pharmacy, Dental, etc.)).

Atypical: The Center for Medicare and Medicaid Services (CMS) defines atypical providers as providers that do not provide health care[2]. Providers who may be enrolled in CHAMPS or Bridges and do not perform medical services (e.g. Home Help, Non-Emergency Medical Transportation (NEMT), Adult Foster Care (AFC)). Atypical providers may submit HIPAA transactions, but they do not meet the HIPAA definition of a health care provider and would not receive an NPI number.

To better help a provider determine if they need to enroll please see the below documents for the MDHHS current allowed Typical and Atypical Enrollment types. Each document is stored by Provider Type, Specialty Name, Subspecialty Name, and License/Certification.

This document is searchable: Providers can go to the Edit tab at the top and click on Find or press [Ctrl] and [F] at the same time. Type in providers, Provider Type, Specialty Name or Subspecialty, click [Enter].

- [MDHHS Current Allowed Typical Enrollments](#) ←
- [MDHHS Current Allowed Atypical Enrollments](#)

Verify if a provider's NPI is already enrolled in CHAMPS: [CHAMPS Provider Verification Tool](#)  ←

Once it has been determined whether or not the provider should be enrolled continue to Step 2, Determine Enrollment Type, if the Provider needs to be enrolled.

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Getting Started - Enrollment

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Step-by-Step CHAMPS Enrollment Guides

Medicaid Resources

- [Provider Enrollment Main webpage](#)
 - [Click Step 2: Determine CHAMPS Enrollment Type](#)

Step 2: Determine CHAMPS Enrollment Type

MDHHS requires that NPI numbers be reported in any applicable provider loop or field (e.g., billing, rendering, referring, ordering, prescribing) on the claim. A provider's Taxpayer Identification Number (TIN) will also be used for claim adjudication. The TIN reported is either the provider's Employer Identification Number (EIN) or Social Security Number (SSN).

Definitions of Type 1 and Type 2 NPI's:

- A **Type 1** (Individual) NPI is the number associated with an individual healthcare professional (e.g., MD, DDS, CRNA, etc.). The individual may be a sole proprietor or be employed by a clinic, group practice, or other organization. If a sole proprietor, the Type 1 NPI must be reported in the billing provider loop or field of the claim for payment.
- A **Type 2** (Group) NPI is the number required for organizations such as clinics, group practices, and incorporated individuals who provide health care services and receive payment. For MDHHS, the Group NPI must be reported in the billing provider loop or field. [1]

There are five different CHAMPS Enrollment Types, read through the definitions below to determine the appropriate Enrollment Type.

- **Individual/Sole Proprietor:**
 - **Individual/Sole Proprietor:** A Individual/Sole Proprietor is a provider that owns his/her own practice. This provider will receive payments directly from MDHHS for services rendered at their practice. An Individual/Sole Proprietor may associate to other entities and Rendering/Serviceing providers may associate to an Individual/Sole Proprietor.
 - **Rendering/Serviceing:** A Rendering/Serviceing provider is one who provides services through a Group, Facility, Agency, Organization or an Individual/Sole Proprietor. A Rendering/Serviceing provider does not bill directly to Michigan Medicaid. The Billing Provider that is associated to this applicant type, submits claims and receives payments for the Rendering/Serviceing provider. This Billing Provider must be approved in CHAMPS prior to the submission of a new enrollment application for a Rendering/Serviceing provider.

Provider Enrollment

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Step-by-Step CHAMPS Enrollment Guides

Medicaid Resources

- Provider Enrollment Main webpage
 - Click Step 3: Register for SIGMA

Step 3: Register for SIGMA

The below Enrollment Types must have their Social Security Number (SSN) or Employer Identification Number (EIN)/Tax Identification Number (TIN) enrolled with SIGMA Vendor Self Service (VSS) prior to starting the enrollment process in CHAMPS. www.Michigan.gov/SIGMAVSS

- Individual/Sole Proprietor
- Group
- FAO

Rendering/Serviceing only Enrollment Type does not have to register with SIGMA.

- Individual/Sole Proprietor Enrollment Types - Enroll with SIGMA – Vendor Self Service:
 - www.Michigan.gov/SIGMAVSS
- Note: Rendering/Serviceing only Enrollment Type does not have to register with SIGMA.

Provider Enrollment

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Step-by-Step CHAMPS Enrollment Guides

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- [Provider Enrollment Main webpage](#)
 - [Click Step 4: Register for MILogin Account for access to CHAMPS](#)

Step 4: Register for MILogin Account for access to CHAMPS



Providers must register for a MILogin account to access the CHAMPS system. All users within a provider's organization who need access to information within CHAMPS (Provider Enrollment, Claims, Prior Authorization, etc.) must obtain a MILogin user ID and password. The CHAMPS Provider Enrollment online system allows providers to easily update their information at any time or submit a new provider enrollment application.

For instructions on how to obtain a MILogin user ID and password as well as subscribe to CHAMPS see [MILogin Instructions](#).

Domain Administrator

The MILogin user who submits the Provider Enrollment application becomes the Provider Domain Administrator for that application. The Provider Domain Administrator has the responsibility of assigning rights for all users within the organization to access the provider's file. Multiple Provider Domain Administrators may be established for a single organization, but a separate application must be completed and approved for each administrator.

Domain Administrator Functions

- [Quick Reference Guide](#)
- [Manage User List Page for Domain Administrators](#)
- Electronic Signature Agreement Cover Sheet [MDHHS-5405](#)
- Electronic Signature Agreement [DCH-1401](#)

Additional Resources

- [Internet Compatibility Settings for CHAMPS](#)
- [MILogin Forgot user ID and password Instructions](#)
- [Sign in to MILogin](#)

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Provider Enrollment

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Getting Started - Enrollment

Step-by-Step CHAMPS Enrollment Guides

- [Individual/Sole Proprietor](#)
- [Rendering/Servicing](#)
- [Group](#)
- [Billing Agent](#)
- [Facility/Agency/Organization \(FAO\)](#)
- [Atypical](#)

Medicaid Resources

- [Provider Enrollment Main webpage](#)
 - [Click Rendering/Servicing](#)

Rendering/Servicing

A Rendering/Servicing provider is one who provides services through a Group, Facility, Agency, Organization or an Individual/Sole Proprietor. A Rendering/Servicing provider does not bill directly to Michigan Medicaid. The Billing Provider that is associated to this applicant type, submits claims and receives payments for the Rendering/Servicing provider. This Billing Provider must be approved in CHAMPS prior to the submission of a new enrollment application for a Rendering/Servicing provider.

- [CHAMPS Enrollment Application: Rendering/Servicing User Guide](#)
 - [Step 1: Provider Basic Information - PDF, Recording](#)
 - [Step 2: Add Specialties -PDF, Recording](#)
- [Track Application- PDF, Recording](#)
- [Credentialing Checklist](#)
- [Quick Reference Guide](#)
- [Primary Specialty](#)

- [Domain Administrator Functions- PDF](#)
 - [Quick Reference Guide](#)
 - [Manage User List Page for Domain Administrators](#)
 - [Electronic Signature Agreement Cover Sheet MDHHS-5405](#)
 - [Electronic Signature Agreement DCH-1401](#)

Rendering/Servicing

Given the below steps are complete, download the [Rendering/Servicing Provider Enrollment Checklist](#), Log into MILogin and access CHAMPS

- 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](#)
 - **Note Rendering/Servicing only Enrollment Type does not have to register with SIGMA
- Step 4: [Register for a MILogin Account for Access to CHAMPS](#)

CHAMPS Provider

Quick Find Note Pad External Links My Favorites Print Help

Provider Enrollment

New Enrollment	Enroll As A New Provider
Track Application	Track Existing Provider Application

A red arrow points to the 'New Enrollment' link.

CHAMPS My Inbox Provider Claims Reference Member PA

Note Pad External Links My Favorites Print Help

Provider Portal

NPI: Name:

PROVIDER ENROLLMENT

- New Enrollment
- Track Application

MANAGE PROVIDER

- Manage Provider Information

Latest updates

SIGMA Notification

Medical Providers

Please be aware, there will be no payments and RAs generated on 10/5/2017; pay cycles 40 and 41 payments and RAs will be combined on pay date 10/12/2017. Additional SIGMA resources for Medical Providers can be found at Michigan.gov/MedicaidProviders.

Cont..

Calendar

07:25 1 December 2017 Friday

2017 December						
Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
Today						

My Reminders

Filter By [] [Go]

Save Filters My Filters

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found!				

- Click New Enrollment

- Note: Providers with an enrolled Type 2 NPI who need to enroll an additional provider; select the Provider tab and under Provider Enrollment click on New Enrollment

Enrollment Type

Select the Applicable Enrollment Type

- Individual/Sole Proprietor
 - Regular Individual/Sole Proprietor or Rendering/Serviceing 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.)

- Select Regular Individual/Sole Proprietor or Rendering/Serviceing Provider
- Click Submit

Rendering/Servicing

Step 1: Basic Information

Information needed:

- ❑ First Name
- ❑ Last Name
- ❑ Social Security Number (SSN)
- ❑ Date of Birth
- ❑ NPI
- ❑ Contact Email Address
- ❑ Home Address
- ❑ City/Town
- ❑ State/Province
- ❑ Country
- ❑ Zip Code

The screenshot shows a web browser window displaying the 'Basic Information' section of a form. The form is titled 'Basic Information' and contains several fields for personal and professional details. The 'Applicant Type' dropdown menu is highlighted with a red box and is set to 'Rendering/Servicing Only'. Below this, there is a 'Home Address' section with a warning message: 'Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.' The address fields include Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, Country, and Zip Code. There are also fields for Contact Email Address (Email-1 through Email-4) and an NPI field. The form is displayed in an Internet Explorer browser window with the URL 'https://mms.michigan.gov/'.

Application ID: 20171106241608

Name: Tester, Testing

Basic Information

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

Your Application ID is: **20171106241608** ←

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

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

Application ID: 20171106241608

Name: Tester, Testing

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	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required			Incomplete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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- Individual Provider Enrollment steps are listed (Please Note: some steps are required verses optional)
- Step 1 has a status of Complete
- Click on Step 2: Add Specialties

Rendering/Servicing

Step 2: Add Specialties

Information needed:

- ❑ Provider Type
 - ❑ Specialty
 - ❑ Board Certified, Board Eligible, Not Board Certified/Eligible (Pick One)
 - ❑ Subspecialties: range dependent on specialty chosen
- Select Primary Specialty

The screenshot shows the 'Add Specialty/Subspecialty' form in the CHAMPS system. The form is titled 'Add Specialty/Subspecialty' and is part of an application for 'Tester, Testing' with Application ID 20171100241000. It contains the following fields:

- Provider Type: A dropdown menu with a selection arrow.
- Specialty: A dropdown menu with a selection arrow.
- End Date: A date selection field.

Below these fields is a section titled 'Add Subspecialty' which includes two columns: 'Available Subspecialties' and 'Associated Subspecialties *'. Between these columns are two vertical list boxes and two arrows (one pointing right and one pointing left) to facilitate moving items between the lists. At the bottom right of the form are 'OK' and 'Cancel' buttons.

The screenshot shows the 'Specialty/Subspecialty List' table in the CHAMPS system. The table is titled 'Specialty/Subspecialty List' and is part of the same application as the previous screenshot. It includes a 'Filter By' dropdown and a 'Go' button. The table has the following columns:

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> AT	AT	AT
<input type="checkbox"/> Professional Counselor/No Subspecialty	NON-PHYSICIANS	12/31/2999

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

Application ID: 20171106241608

Name: Tester, Testing

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	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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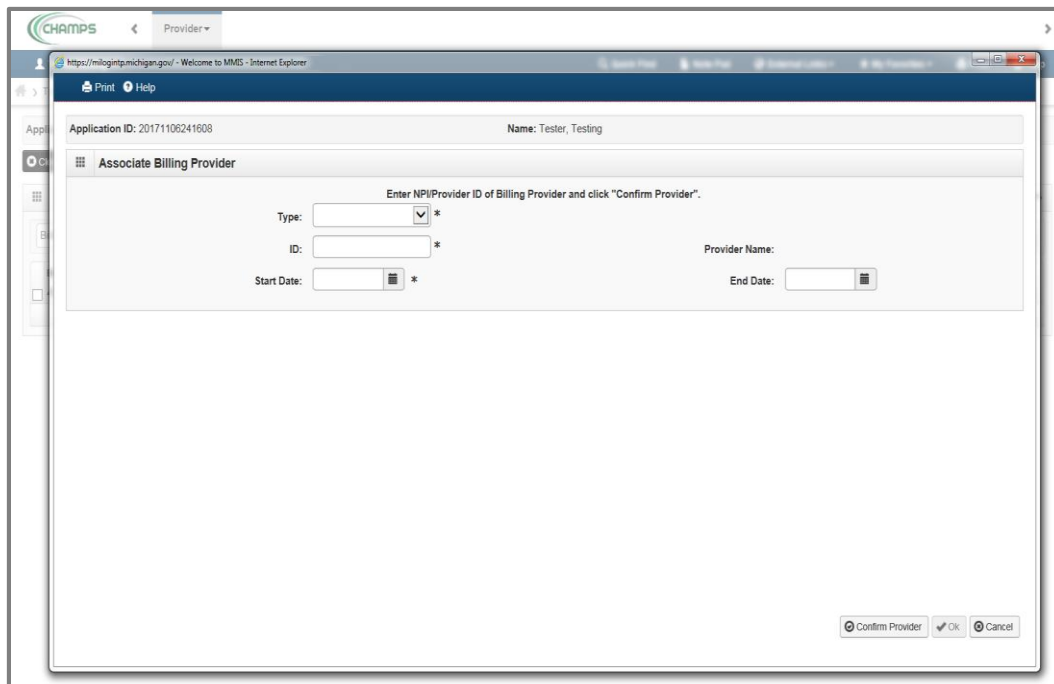
- Step 2 is complete
- Click on Step 3: Associate Billing Provider

Rendering/Servicing

Step 3: Associate Billing Provider

Information needed:

- ❑ NPI of Billing Provider
- ❑ Start Date



The screenshot shows a web browser window with the CHAMPS logo in the top left. The browser address bar shows "https://mloginp.michigan.gov/ - Welcome to MMS - Internet Explorer". The page title is "Provider". The main content area displays the "Associate Billing Provider" form. At the top of the form, it says "Application ID: 20171106241608" and "Name: Tester, Testing". Below this, there is a section titled "Associate Billing Provider" with a sub-header "Enter NPI/Provider ID of Billing Provider and click 'Confirm Provider'". The form contains several input fields: "Type:" with a dropdown menu and an asterisk; "ID:" with a text box and an asterisk; "Start Date:" with a date picker and an asterisk; "Provider Name:" with a text box; and "End Date:" with a date picker. At the bottom right of the form, there are three buttons: "Confirm Provider", "OK", and "Cancel".

Refer to [Enrollment Guide for Rendering/Servicing Providers](#) for complete step-by-step instructions

Application ID: 20171106241608

Name: Tester, Testing

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	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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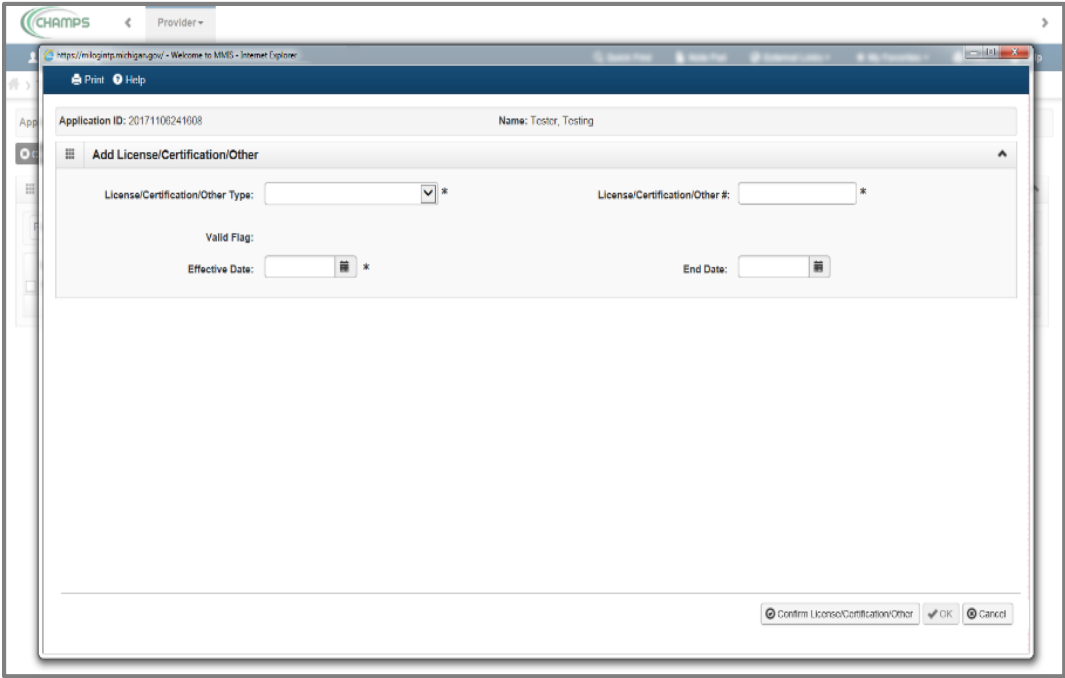
- Step 3 is complete
- Click on Step 4: Add License/Certification/Other

Rendering/Servicing

Step 4: Add License/Certification/Other

Information needed:

- ❑ License/Certification/Other Type (ex. State Professional License)
- ❑ License/Certification/Other #
- ❑ Effective Date



The screenshot displays a web browser window with the CHAMPS application. The browser address bar shows 'https://mi01gcp.michigan.gov'. The application header includes 'CHAMPS' and 'Provider'. The main content area shows a form titled 'Add License/Certification/Other' for 'Application ID: 20171106241008' and 'Name: Testor, Testing'. The form contains the following fields:

- License/Certification/Other Type: A dropdown menu with a downward arrow and an asterisk.
- License/Certification/Other #: A text input field with an asterisk.
- Valid Flag: A checkbox.
- Effective Date: A date picker with a calendar icon and an asterisk.
- End Date: A date picker with a calendar icon.

At the bottom right of the form, there are three buttons: 'Confirm License/Certification/Other', 'OK', and 'Cancel'.

Refer to [Enrollment Guide for Rendering/Servicing Providers](#) for complete step-by-step instructions

Application ID: 20171106241608

Name: Tester, Testing

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
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Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 4 is complete
- Click on Step 6: Add Taxonomy Details *(Please Note: Step 5 is not required)*

Rendering/Servicing

Step 6: Add Taxonomy Details

Information needed:

- ❑ Taxonomy Code
- ❑ Start Date

- For assistance determining the taxonomy code, visit the [National Uniform Claim Committee](http://www.nucc.org) link

The screenshot shows a web browser window with the URL 'http://mchgrg.michigan.gov/'. The page title is 'CHAMPS' and the user is logged in as 'Provider'. The application ID is '20171106241608' and the name is 'Tester, Testing'. The main content area is titled 'Add Taxonomy' and contains the following fields:

- Taxonomy Code: (with a link '(Click here for Taxonomy List)')
- Description:
- Start Date:
- End Date:

At the bottom right, there are three buttons: 'Confirm Taxonomy', 'OK', and 'Cancel'.

The screenshot shows the homepage of the National Uniform Claim Committee (NUCC). The URL is 'http://www.nucc.org/index.php'. The page features the NUCC logo and a search bar. Below the logo is a 'MENU' section. The main content area contains a list of taxonomy codes and their definitions, organized into groups:

- Individual or Groups (of Individuals)
 - Group
 - Multi-Specialty - **19320000X** [definition]
 - Single Specialty - **19340000X** [definition]
 - Allopathic & Osteopathic Physicians [definition]
 - Allergy & Immunology - **207K0000X** [definition]
 - Allergy - **207KA0200X** [definition]
 - Clinical & Laboratory Immunology - **207KI0005X** [definition]
 - Anesthesiology - **207L0000X** [definition]
 - Addiction Medicine - **207LA0401X** [definition]
 - Critical Care Medicine - **207LC0200X** [definition]
 - Hospice and Palliative Medicine - **207LH0002X** [definition]
 - Pain Medicine - **207LP2900X** [definition]
 - Pediatric Anesthesiology - **207LP3000X** [definition]
 - Clinical Pharmacology - **208U0000X** [definition]
 - Colon & Rectal Surgery - **208C0000X** [definition]
 - Dermatology - **207ND0000X** [definition]
 - Clinical & Laboratory Dermatological

On the right side of the page, there is a sidebar with the following text:

Clicking a [definition] link to the left displays code value definitions, when available, and additional information about the selected code in this space.

If you are unable to find a code to meet your need:

- [Submit a Question](#)
- [More Information](#)

Refer to [Enrollment Guide for Rendering/Servicing Providers](#) for complete step-by-step instructions

Application ID: 20171106241608

Name: Tester, Testing

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	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required	11/06/2017	11/06/2017	Complete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

View Page:

1

Go

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SaveToXLS

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- Step 6 is complete
- Click on Step 9: Complete Enrollment Checklist (Please Note: Steps 7 & 8 are not required)

Rendering/Servicing

Step 9: Complete Enrollment Checklist

- Answer the questions in the Provider Checklist as appropriate (i.e., yes or no)
- Add Comments if necessary

The screenshot shows the CHAMPS web application interface for a Provider Checklist. The page title is "Provider" and the user is logged in as "Tester, Testing". The application ID is 20171106241608 and the name is "Tester, Testing". The form is titled "Provider Checklist" and contains a table with three columns: "Question", "Answer", and "Comments". The "Answer" column contains a dropdown menu with "Not Completed" selected. The "Comments" column contains a text input field. The questions are as follows:

Question	Answer	Comments
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Not Completed	
Are you currently excluded from any State program?	Not Completed	
Are you currently excluded from any Federal program?	Not Completed	
Have you ever had a criminal or health-related conviction?	Not Completed	
Have you ever had a judgment under any false claims act?	Not Completed	
Have you ever had a program exclusion/debarment?	Not Completed	
Have you ever had a civil monetary penalty?	Not Completed	
Are you applying as a Private Duty Nurse (LPN/RN) for private duty services?	Not Completed	
Do you have ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	Not Completed	
Do you accept new patients?	Not Completed	
Have you had any malpractice settlement, judgment, or agreement? If Yes, enter dollar amount(s) and date(s).	Not Completed	
If you are a Nurse Practitioner or Nurse Midwife, a Collaborative Agreement is required. Please provide NPI of servicing physician. If you don't have an agreement, please answer yes and provide an explanation.	Not Completed	
Dental Hygienist-Do you have a collaborative agreement in place? If Yes, with what NPI?	Not Completed	
Are you affiliated with a PA 161 program? If yes, please provide the NPI of that program(s) in the comments.	Not Completed	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed	
Have you completed American Pharmacists Assoc's Delivering Medication Therapy Mgmt Services or program approved by Accreditation Council of Pharmacy Education? If yes, then enter what you have completed.	Not Completed	

At the bottom of the form, there are buttons for "View Page: 1", "Go", "Page Count", "SaveToXLS", and "Viewing Page: 1". There are also navigation buttons for "First", "Prev", "Next", and "Last".

Refer to [Enrollment Guide for Rendering/Servicing Providers](#) for complete step-by-step instructions

Application ID: 20171106241608

Name: Tester, Testing

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	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	11/06/2017	11/06/2017	Complete	
Step 6: Add Taxonomy Details	Required	11/06/2017	11/06/2017	Complete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required	11/06/2017	11/06/2017	Complete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

Go

Page Count

SaveToXLS

Viewing Page: 1

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Last

- Step 9 is complete
- Click on Step 10: Submit Enrollment Application for Approval

(Please Note: If you chose not to complete optional steps you can still submit your application)

You must complete this step to finalize your application submission

Rendering/Servicing

Step 10: Submit Enrollment Application for Approval

Final submission process:

- ❑ Attest the information submitted as a part of the application is correct
- ❑ Read through the Medical Assistance Provider Enrollment & Training Partner Agreement – Conditions
- ❑ Submit Application

CHAMPS Provider

Tester, Testing

Application ID: 20171106241608 Name: Tester, Testing

Final Submission

Application ID: 20171106241608 EnrollmentType: Individual/Sole Proprietor

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).

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
Δ Y	Δ Y	Δ Y	Δ Y

No Records Found!

CHAMPS Provider

Tester, Testing

Application ID: 20171106241608 Name: Tester, Testing

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

Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions

In applying for enrollment as a provider or trading partner in the Medical Assistance Program (and programs for which the Michigan Department Of Health and Human Services (MDHHS) is the fiscal intermediary), I represent and certify as follows:

1. The applicant, and the employer (if applicable), certify that the undersigned has the authority to execute this Agreement.
2. Enrollment in the Medical Assistance Program does not guarantee participation in MDHHS managed care programs nor does it replace or negate the contract process between a managed care entity and its providers or subcontractors.
3. All information furnished on this Medical Assistance Provider Enrollment & Trading Partner Agreement form is true and complete.
4. The providers and fiscal agents of ownership and control information agree to provide proper disclosure of provider's owners and other persons criminal related to Medicare, Medicaid or Title XX involvement. (42 CFR 455.100)
5. The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title XXIII), Medicaid (Title XX), and other State Health Care Programs (Title V, Title XX, and Title XX) involvement since the inception of Medicare, Medicaid, or Title XX programs. (42 CFR 455.106 and 42 U.S.C. § 1320a-7)
6. I agree to read the Medicaid Provider Manual from the Michigan Department of Health and Human Services (MDHHS). I also agree to comply with 1) the terms and conditions of participation noted in the manual, and 2) MDHHS's policies and procedures for the Medical Assistance Program contained in the manual, provider bulletins and other program notifications.
7. I agree to comply with the provisions of 42 CFR 455.104, 42 CFR 455.105, 42 CFR 431.107 and Act No. 200 of the Public Acts of 1939, as amended, which state the conditions and requirements under which participation in the Medical Assistance Program is allowed.
8. I agree to comply with the requirements of Section 6052 of the Deficit Reduction Act of 2005, codified at section 1902 (a)(6)(B) of the Social Security Act which relates to the conditions and requirements of "Employee Education About False Claims Recovery."
9. I agree that, upon request and at a reasonable time and place, I will allow authorized state or federal government agents to inspect, copy, and/or take any records I maintain pertaining to the delivery of goods and services to, or on behalf of, a Medical Assistance Program beneficiary. These records also include any service contracts I have with any billing agent/service or billing consultant, or other healthcare provider.
10. I agree to include a clause in any contract I enter into which allows authorized state or federal government agents access to the subcontractor's accounting records and other documents needed to verify the nature and extent of costs and services furnished under the contract.
11. I understand that the incentive payment requested using my National Provider Identifier (NPI) number will be made directly to the Tax ID Number (TIN) that was indicated during the registration process.
12. I am not currently suspended, terminated, or excluded from the Medical Assistance Program by any state or by the U.S. Department of Health and Human Services.

Refer to [Enrollment Guide for Rendering/Servicing Providers](#) for complete step-by-step instructions

Application ID: 20171106241608

Name: Tester, Testing

Your Application Number 20171106241608 has been successfully submitted for State review. Return with this application number to track the status of your application. ✕

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	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	11/06/2017	11/06/2017	Complete	
Step 6: Add Taxonomy Details	Required	11/06/2017	11/06/2017	Complete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required	11/06/2017	11/06/2017	Complete	
Step 10: Submit Enrollment Application for Approval	Required	11/06/2017	11/06/2017	Complete	

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Last

- Step 10 is now complete, and application has been submitted to the State for review
- Take note of your Application ID for further tracking – [Track Application Resource](#)
- Click Close

(Please Note: Optional steps may show as incomplete if you chose not to complete. This is ok.)

Provider Enrollment

All providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the Community Health Automated Medicaid Processing System (CHAMPS). For assistance in enrolling please call 1-800-292-2550  option 4.

Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in CHAMPS. The Michigan Department of Health and Human Services (MDHHS) will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

All documents are provided in Acrobat format. To install Acrobat Reader, click on the icon.



Getting Started - Enrollment

Step-by-Step CHAMPS Enrollment Guides

- **Individual/Sole Proprietor**
- Rendering/Serviceing
- Group
- Billing Agent
- Facility/Agency/Organization (FAO)
- Atypical

Medicaid Resources

- Provider Enrollment Main webpage
 - Click Individual/Sole Proprietor

Individual/Sole Proprietor

An Individual/Sole Proprietor is a provider that owns his/her own practice. This provider will receive payments directly from MDHHS for services rendered at their practice. An Individual/Sole Proprietor may associate to other entities and Rendering/Service providers may associate to an Individual/Sole Proprietor. Most resources are provided in both PDF and Adobe Recording formats.

- **CHAMPS Enrollment Application: Individual/Sole Proprietor User Guide**
 - Step 1: Provider Basic Information - [PDF](#), [Recording](#)
 - Step 2: Add Locations - [PDF](#), [Recording](#)
 - Step 8: Add Provider Controlling Interest/Ownership Details - [PDF](#), [Recording](#)
- Track Application - [PDF](#), [Recording](#)
- [Credentialing Checklist](#)
- [Quick Reference Guide](#)
- [Primary Specialty](#)
- [Ownership Step Tip](#)

- Domain Administrator Functions -[PDF](#)
 - [Quick Reference Guide](#)
 - [Manage User List Page for Domain Administrators](#)
 - Electronic Signature Agreement Cover Sheet [MDHHS-5405](#)
 - Electronic Signature Agreement [DCH-1401](#)

Individual/Sole Proprietor

Given the below steps are complete, download the [Individual/Sole Proprietor Provider Enrollment Checklist](#) , Log into MILogin and access CHAMPS

- 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](#)
- Step 4: [Register for a MILogin Account for Access to CHAMPS](#)

CHAMPS Provider

Quick Find Note Pad External Links My Favorites Print Help

Provider Enrollment

New Enrollment	Enroll As A New Provider
Track Application	Track Existing Provider Application

A red arrow points to the 'New Enrollment' link.

CHAMPS My Inbox Provider Claims Reference Member PA

Note Pad External Links My Favorites Print Help

Provider Portal

NPI: Name:

- PROVIDER ENROLLMENT
 - New Enrollment
 - Track Application
- MANAGE PROVIDER
 - Manage Provider Information

Latest updates

SIGMA Notification

Medical Providers

Please be aware, there will be no payments and RAs generated on 10/5/2017; pay cycles 40 and 41 payments and RAs will be combined on pay date 10/12/2017. Additional SIGMA resources for Medical Providers can be found at Michigan.gov/MedicaidProviders.

Cont..

My Reminders

Filter By [dropdown] [input] [Go]

Save Filters My Filters

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

Calendar

07:25 1 December 2017 Friday

2017 December						
Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
Today						

- Click New Enrollment

- Note: Providers with an enrolled Type 2 NPI who need to enroll an additional provider; select the Provider tab and under Provider Enrollment click on 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

Individual/Sole Proprietor

Step 1: Basic Information

Information needed:

- ❑ First Name
- ❑ Last Name
- ❑ Social Security Number (SSN)
- ❑ Date of Birth
- ❑ NPI
- ❑ SIGMA Vendor ID
- ❑ Contact Email Address
- ❑ Home Address
- ❑ City/Town
- ❑ State/Province
- ❑ Country
- ❑ Zip Code

The screenshot shows a web browser window displaying the 'Basic Information' form. The form is titled 'Basic Information: Enter required fields and click Confirm button.' and is divided into two main sections: 'Basic Information' and 'Home Address'. The 'Basic Information' section includes fields for EIN/TIN, First Name, Last Name, Suffix, SSN, Date of Birth, Middle Initial, Gender, Vendor ID, and NPI. The 'Applicant Type' dropdown menu is highlighted with a red box and is set to 'Individual/Sole Proprietor'. The 'Home Address' section includes fields for Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, Country, and Zip Code. The form also includes a 'Contact Email Address' section with fields for Email-1 through Email-6. At the bottom of the form, there are 'Confirm', 'Finish', and 'Cancel' buttons. The page ID is 'digAddBasicInformationStep1(Provider)'.

Refer to [Enrollment Guide for Individual/Sole Providers](#) for complete step-by-step instructions

The screenshot shows a web browser window with the CHAMPS logo in the top left. The address bar displays "https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer". The page content includes a header with "Application ID: 20171115618358" and "Name: Tester,Test". Below this is a section titled "Basic Information" with a confirmation message: "You have successfully completed the basic information on the Enrollment Application." The message then states: "Your Application ID is: 20171115618358" with a red arrow pointing to the ID number. It continues: "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." and "Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted." At the bottom right of the message box is a red-bordered "Ok" button. The footer of the page shows "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/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 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	

View Page: 1 Go Page Count SaveToXLS

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

Individual/Sole Proprietor

Step 2: Add Locations

Information needed:

- ❑ Doing Business As
- ❑ Address
- ❑ City/Town
- ❑ State/Province
- ❑ Zip Code
- ❑ Country
- ❑ Hours entity will be open and closed

The screenshot shows a web browser window displaying the 'Add Provider Location' form. The form includes fields for 'Location Type' (set to 'Primary Practice Location'), 'Doing Business As', 'End Date', and 'Address Line 1-3'. It also has dropdown menus for 'State/Province' (set to 'OTHER'), 'Country' (set to 'UNITED STATES'), 'City/Town', and 'County'. There are input fields for 'Phone Number', 'Email Address', 'Fax Number', and 'Web Page'. A section for 'Communication Preference' is also present. The 'Hours' section features a table for entering office hours for each day of the week, with columns for 'Day', 'Open At', 'AM/PM', 'Close At', and 'AM/PM'. Below the hours table are checkboxes for 'Accepting New Clients', 'Offers OB-Gyn Services', 'Handicap Accessible', and 'Accept 835(reported at EIN/TIN level)'. There are also fields for 'Maximum Clients', 'Pediatric Services', 'FGHC', and 'Language(s) Spoken'. The form is titled 'Add Provider Location' and includes an 'Application ID' and 'Name' field.

Individual/Sole Proprietor

Step 2: Add Locations

- Correspondence and Pay To address are required for all locations.
 - If these locations will be the same as the listed Primary or Other location utilize the “Copy This Location Address” radio button.
- Remittance Advice address to receive a paper Remittance Advice is optional.

Information needed:

- ❑ Correspondence Address, Pay To Address, and Remittance Advice (optional), City/Town, State/Province, Zip Code, Country

The screenshot shows the 'Add Provider Location Address' form in the CHRTIPS system. The form includes fields for 'Type of Address' (a dropdown menu), 'Location Address' (with a radio button for 'Copy This Location Address'), and 'End Date'. Below these are fields for 'Address Line 1', 'Address Line 2', 'City/Town', 'State/Province', 'Country', and 'Zip Code'. There are also dropdown menus for 'City/Town' and 'County'. A 'Valid Address' checkbox is present next to the Zip Code field. The form is titled 'Add Provider Location Address' and includes a 'Name: Tester, Test' field at the top right.

The screenshot shows the 'Location Details' form in the CHRTIPS system. The form includes fields for 'Doing Business As', 'Phone Number', 'Web Page', 'Location Code', 'Location Type', 'Email Address', and 'Communication Preference'. It also features a section for 'Please enter the hours your office is open for each day' with a grid for days of the week and time slots (AM/PM). Below this are fields for 'Accepting New Clients', 'Offers OB-Gyn Services', 'Maximum Clients', 'Pediatric Services', 'Language(s) Spoken', 'Handicap Accessible', and 'FGHC'. At the bottom, there is an 'Address List' table with columns for 'Address Type', 'Address', and 'End Date'. The form is titled 'Location Details' and includes a 'Name: Tester, Test' field at the top right.

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	11/15/2017	11/15/2017	Complete	
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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First Prev Next Last

- Step 2 is complete
- Click on Step 3: Add Specialties

Individual/Sole Proprietor

Step 3: Add Specialties

Information needed:

- ❑ Provider Type
- ❑ Specialty
- ❑ Board Certified, Board Eligible, Not Board Certified/Eligible (Pick One)
- ❑ Subspecialties: range dependent on specialty chosen

- Select Primary Specialty

The screenshot shows the 'Add Specialty/Subspecialty' form in the CHAMPS system. The form is for Application ID 20171115618358 and Name: Tester, Test. It includes fields for Location (01), Provider Type (dropdown), Specialty (dropdown), and End Date. Below these fields is a section for 'Add Subspecialty' with two columns: 'Available Subspecialties' and 'Associated Subspecialties', connected by arrows. The form has 'OK' and 'Cancel' buttons at the bottom right.

The screenshot shows the 'Specialty/Subspecialty List' table in the CHAMPS system. The table has columns for Specialty/Subspecialty, Provider Type, and End Date. The table is currently empty. Below the table is a filter section with a 'Filter By' dropdown and a 'Go' button. There are also 'Save Filters' and 'My Filters' buttons. The table has a 'View Page: 1' indicator and a 'Page Count' field. The table is currently displaying 1 page of results.

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	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
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

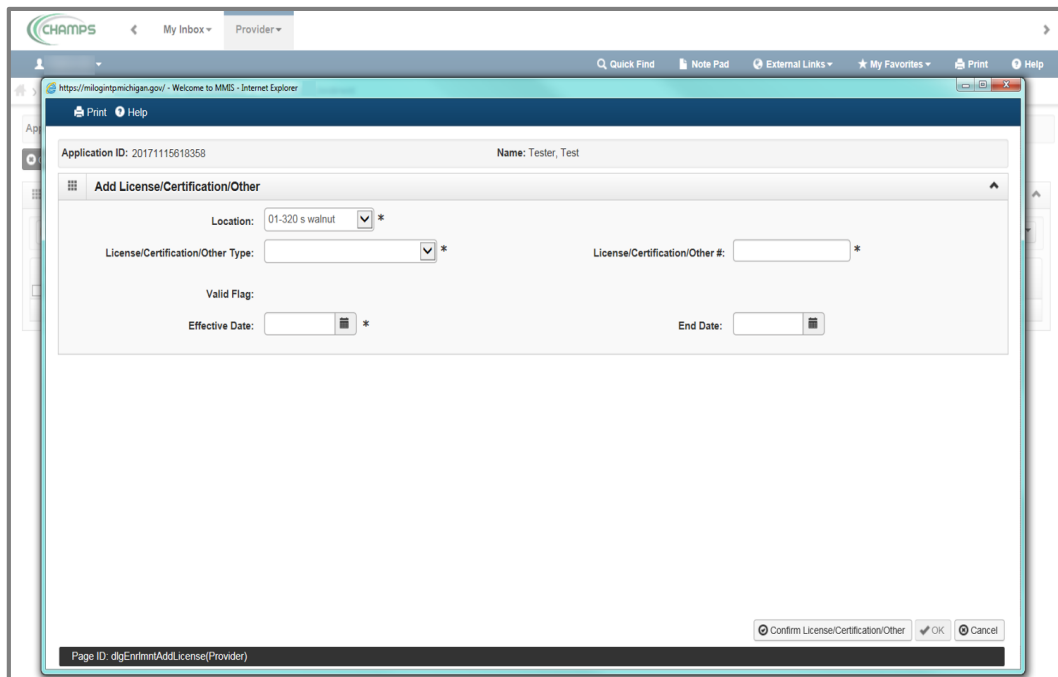
- Step 3 is complete (Please Note: Skipping Step 4 as this step is optional)
- Click on Step 5: Add License/Certification/Other

Individual/Sole Proprietor

Step 5: Add License/Certification/Other

Information needed:

- ❑ License/Certification/Other Type (ex. State Professional License)
- ❑ License/Certification/Other #
- ❑ Effective Date



The screenshot displays the CHAMPS web application interface. The browser address bar shows the URL <https://mlogintpmichigan.gov/>. The application header includes the CHAMPS logo and navigation options like 'My Inbox' and 'Provider'. The main content area shows a form titled 'Add License/Certification/Other' for Application ID: 20171115618358 and Name: Tester, Test. The form fields include:

- Location: 01-320 s walnut *
- License/Certification/Other Type: *
- License/Certification/Other #: *
- Valid Flag: *
- Effective Date: *
- End Date: *

At the bottom of the form, there are buttons for 'Confirm License/Certification/Other', 'OK', and 'Cancel'. The page ID is identified as 'digEnrmtAddLicense(Provider)'.

Refer to [Enrollment Guide for Individual/Sole Providers](#) for complete step-by-step instructions

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	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
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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- Step 5 is complete
- Click on Step 6: Add Mode of Claim Submission/EDI Exchange

Individual/Sole Proprietor

Step 6: Add Mode of Claim Submission/EDI Exchange

Information needed:

- Determine appropriate claim submission method(s)
 - Electronic Batch
 - CORE Batch
 - CORE Real Time
 - Billing Agent
 - Paper Claims
 - Direct Data Entry (DDE)

Application ID: 20171115618358 Name: Tester, Test

Mode of Claims Submission/EDI exchange

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

EDI exchange

Method	Description	Applicable Transactions
<input type="checkbox"/> Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)	837P- Professional (FFS), 837I -Institutional(FFS), 837D -Dental(FFS), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
<input type="checkbox"/> CORE Batch	To upload/download HIPAA transactions using CORE Batch Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 835 Health Care Claim Payment/Advice
<input type="checkbox"/> CORE Real Time	To upload/download HIPAA transactions using CORE Real Time Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
<input type="checkbox"/> Billing Agent	To submit/receive HIPAA transactions through billing agent	837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter), 837D -Dental(FFS/Encounter), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 278/278- Prior Authorization Request/Response, 835- Healthcare Claim payment Advice

Other Claims Submission

Method	Description
<input type="checkbox"/> Paper Claims	To submit FFS paper claims
<input type="checkbox"/> Direct Data Entry(DDE)	To submit FFS claims via online screens

Page ID: digBillingDetails(Provider)

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	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
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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- Step 6 is complete
- Click on Step 7: Associate Billing Agent

Individual/Sole Proprietor

Step 7: Associate Billing Agent

- Click confirm search billing agent to identify an enrolled billing agent

Information needed:

- CHAMPS Billing Agent ID
- Association Start Date
- Determine if authorization is needed for 835 (i.e., Electronic Remittance Advice) transaction response.

CHAMPS My Inbox Provider

Application ID: 20171115618358 Name: Tester_Test

Associate Billing Agent

Click on the 'Confirm/Search Billing Agent' button to search for a Billing Agent or confirm the Billing Agent entered.

Billing Agent ID: * Billing Agent Name:

Association Start Date: * Association End Date:

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Confirm/Search Billing Agent OK Cancel

Page ID: dgjEnrollAssocSubscriber/Provider

CHAMPS My Inbox Provider

Application ID: 20171115618358 Name: Tester_Test

Associate Billing Agent

Click on the 'Confirm/Search Billing Agent' button to search for a Billing Agent or confirm the Billing Agent entered.

Billing Agent ID: * Billing Agent Name:

Association Start Date: * Association End Date:

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>

Confirm/Search Billing Agent OK Cancel

Page ID: dgjEnrollAssocSubscriber/Provider

Refer to [Enrollment Guide for Individual/Sole Providers](#) for complete step-by-step instructions

Application ID: 20181204171383

Name: Test, Testing

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	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			Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 7: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
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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- Step 7 is complete
- Click on Step 8: Add Provider Controlling Interest/Ownership Details
 - *The screens for this step were updated 12/14/18

Individual/Sole Proprietor

Step 8: Add Provider Controlling Interest/Ownership Details

- Provider Ownership and Control Disclosure
 - Home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).
- Required Disclosure Information
 - Providers (including fiscal agents and managed care entities) are required to disclose information on ownership and control during enrollment, revalidation, and within 35 days after any change in ownership.
- [Additional Step 8 Resource](#)

Individual/Sole Proprietor

Step 8: Add Provider Controlling Interest/Ownership Details

Information needed for Add Owner:

- ❑ Type of Controlling Interest/Ownership (e.g., Managing Employee)
- ❑ First Name
- ❑ Last Name
- ❑ Social Security Number (SSN)
- ❑ Date of Birth
- ❑ Phone Number
- ❑ Start Date
- ❑ Address
- ❑ City/Town
- ❑ State/Province
- ❑ Country
- ❑ Zip Code
- ❑ Relationship to Controlling Interest/Ownership (e.g., Self, Spouse, None)

The screenshot shows the CHAMPS Provider interface. At the top, there is a navigation bar with 'Provider' and 'Last Login: 04 DEC, 2018 11:42 AM'. Below this, the application ID is 20181204171383 and the name is 'Test, Testing'. A dropdown menu is open, showing options: 'Add Owner', 'Import Owner', 'Owners Relationships', 'Owners Adverse Action', and 'Corporate - PUBLICLY Traded'. The 'Add Owner' option is selected, and a tooltip explains that ownership type is required for certain enrollment types. Below the menu is the 'Owners List' table with columns: Owner SSN/EIN/TIN, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains one entry for 'Test, Testing' with an individual ownership type and 100% ownership. Below the table is a section for 'Add Other Owned Entity' with a filter and a 'No Records Found' message.

The screenshot shows the 'Provider Controlling Interest/Ownership' form in the CHAMPS Provider interface. The form has several fields: 'Type' (a dropdown menu), 'SSN', 'Legal Entity Name' (with a note 'As shown on the Income Tax Return'), 'Owner NPI', 'First Name', 'Suffix', 'Phone Number' (with 'Ext:' field), 'Start Date', 'Address Line 1', 'Address Line 2', 'Address Line 3', 'State/Province', and 'Country'. On the right side, there are fields for 'Percentage Owned', 'EIN/TIN', 'Entity Business Name' (with a note 'Doing Business As'), 'Last Name', 'DOB', 'Email', and 'End Date'. At the bottom, there are fields for 'City/Town', 'State/Province', 'Country', and 'Zip Code'. The form is titled 'Provider Controlling Interest/Ownership' and has a 'Page ID: (ib)Enroll(AddOwner)(Provider)' at the bottom.

Refer to [Enrollment Guide for Individual/Sole Providers](#) for complete step-by-step instructions

Individual/Sole Proprietor

Step 8: Add Provider Controlling Interest/Ownership Details

- Tasks completed within Step 8: Add Provider Controlling Interest/Ownership Details

- Add Owner; or
- Import Owner
- Owners Relationship
- Owners Adverse Action

Application ID: 20181204171363 Name: Test, Testing

PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

Provider Enrollment Information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

REQUIRED DISCLOSURE INFORMATION

Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name, address, date of birth and Social Security Number of any managing employee.

REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee. Corporate - Charitable 501(c)(3)
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Ownership Type	Sub-contractor	Foreign, Nonresident Alien	Limited liability Company	Indirect Owner
Corporate - Charitable 501(c)(3)				
Corporate - Non Charitable	Sub-contractor			
Corporate - Publicly Traded	Holding Company			

Owners List

Owner SEIN/EIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> A/T	Example One	Managing Employee	100 N Capitol Ave	01/01/2015	12/31/2099	Completed	No	0
<input type="checkbox"/> 123456789	Test,Testing	Individual	320 S Waverl St	12/04/2018	12/31/2099	Completed	No	100

List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/> A/T		

No Records Found!

Application ID: 20181204171383

Name: Test, Testing

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	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			Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 7: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	12/04/2018	12/04/2018	Complete	
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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- Step 8 is complete
- Click on Step 9: Add Taxonomy Details

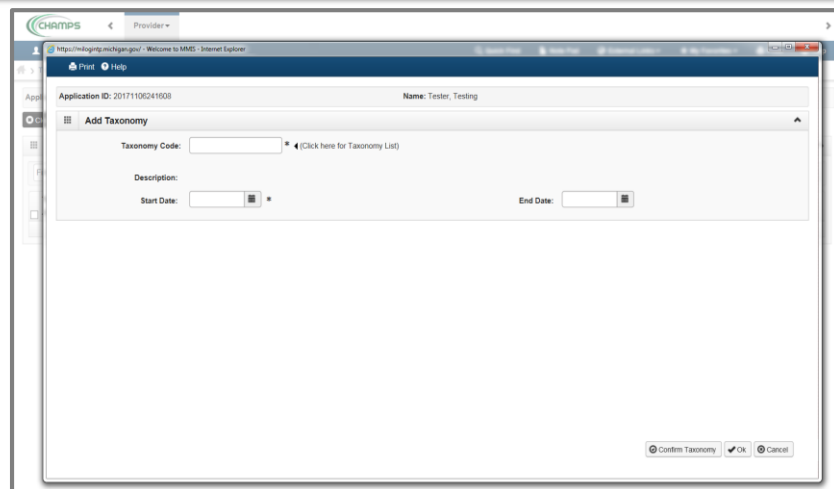
Individual/Sole Proprietor

Step 9: Add Taxonomy Details

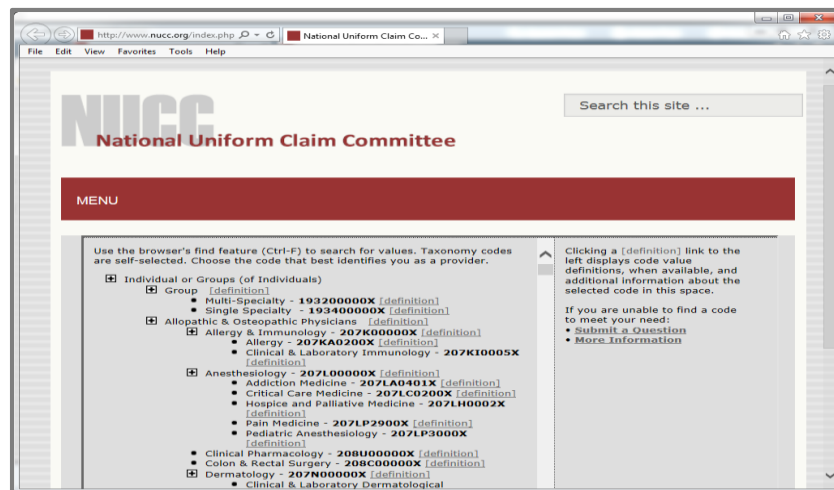
Information needed:

- ❑ Taxonomy Code
- ❑ Start Date

- For assistance determining the taxonomy code, visit the [National Uniform Claim Committee](http://www.nucc.org) link



The screenshot shows a web browser window with the URL <http://mchgrg.michigan.gov/>. The page title is "Welcome to MMS - Internet Explorer". The application ID is 20171106241608 and the user name is Tester, Testing. The "Add Taxonomy" form includes a "Taxonomy Code" field with a dropdown arrow and a link "(Click here for Taxonomy List)", a "Description" field, a "Start Date" field with a calendar icon, and an "End Date" field with a calendar icon. At the bottom right, there are buttons for "Confirm Taxonomy", "OK", and "Cancel".



The screenshot shows the homepage of the National Uniform Claim Committee (NUCC). The URL is <http://www.nucc.org/index.php>. The page features the NUCC logo, a search bar, and a menu. The main content area lists various medical specialties with their corresponding taxonomy codes and links to definitions. The list includes:

- Individual or Groups (of Individuals)
- Group
 - Multi-Specialty - **193200000X** [definition]
 - Single Specialty - **193400000X** [definition]
 - Allopathic & Osteopathic Physicians [definition]
 - Allergy & Immunology - **207K00000X** [definition]
 - Allergy - **207KA0200X** [definition]
 - Clinical & Laboratory Immunology - **207KI0005X** [definition]
 - Anesthesiology - **207L00000X** [definition]
 - Addiction Medicine - **207LA0401X** [definition]
 - Critical Care Medicine - **207LC0200X** [definition]
 - Hospice and Palliative Medicine - **207LH0002X** [definition]
 - Pain Medicine - **207LP2900X** [definition]
 - Pediatric Anesthesiology - **207LP3000X** [definition]
 - Clinical Pharmacology - **208U00000X** [definition]
 - Colon & Rectal Surgery - **208C00000X** [definition]
 - Dermatology - **207ND00000X** [definition]
 - Clinical & Laboratory Dermatological

On the right side, there is a note: "Clicking a [definition] link to the left displays code value definitions, when available, and additional information about the selected code in this space." Below this note are links for "Submit a Question" and "More Information".

Refer to [Enrollment Guide for Individual/Sole Providers](#) for complete step-by-step instructions

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	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional	11/15/2017	11/15/2017	Complete	
Step 12: Upload Documents	Optional	11/15/2017	11/15/2017	Complete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 9 is complete (Please Note: Skipping Steps 10 through 12 as these steps are optional)
- Click on Step 13: Complete Enrollment Checklist

Individual/Sole Proprietor

Step 13: Complete Enrollment checklist

- Answer the questions in the Provider Checklist as appropriate (i.e., yes or no)
- Add Comments if necessary

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'My Inbox' dropdown menu, and a 'Provider' dropdown menu. Below the navigation bar, there are utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the 'Individual Enrollment' section with the following details:

- Application ID: 20171115618358
- Name: Tester, Test
- Buttons: Close, Submit Application
- Instruction: After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

The main content area is titled 'Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions'. It contains the following text:

In applying for enrollment as a provider or trading partner in the Medical Assistance Program (and programs for which the Michigan Department Of Health and Human Services (MDHHS) is the fiscal intermediary), I represent and certify as follows:

1. The applicant, and the employer (if applicable), certify that the undersigned has/have the authority to execute this Agreement.
2. Enrollment in the Medical Assistance Program does not guarantee participation in MDHHS managed care programs nor does it replace or negate the contract process between a managed care entity and its providers or subcontractors.
3. All information furnished on this Medical Assistance Provider Enrollment & Trading Partner Agreement form is true and complete.
4. The providers and fiscal agents of ownership and control information agree to provide proper disclosure of provider's owners and other persons criminal related to Medicare, Medicaid or Title XX involvement. [42 CFR 455.100]
5. The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title XVIII), Medicaid (Title XIX), and other State Health Care Programs (Title V, Title XX, and Title XXI) involvement since the inception of Medicare, Medicaid, or Title XX programs. [42 CFR 455.106 and 42 U.S.C. § 1320a-7]
6. I agree to read the Medicaid Provider Manual from the Michigan Department Of Health and Human Services (MDHHS). I also agree to comply with 1) the terms and conditions of participation noted in the manual, and 2) MDHHS's policies and procedures for the Medical Assistance Program contained in the manual, provider bulletins and other program notifications
7. I agree to comply with the provisions of 42 CFR 455.104, 42 CFR 455.105, 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.
8. I agree to comply with the requirements of Section 6032 of the Deficit Reduction Act of 2005, codified at section 1902 (a)(68) of the Social Security Act which relates to the conditions and requirements of "Employee Education About False Claims Recovery."
9. I agree that, upon request and at a reasonable time and place, I will allow authorized state or federal government agents to inspect, copy, and/or take any records I maintain pertaining to the delivery of goods and services to, or on behalf of, a Medical Assistance Program beneficiary. These records also include any service contract(s) I have with any billing agent/service or service bureau, billing consultant, or other healthcare provider.
10. I agree to include a clause in any contract I enter into which allows authorized state or federal government agents access to the subcontractor's accounting records and other documents needed to verify the nature and extent of costs and services furnished under the contract.
11. I understand that the incentive payment requested using my National Provider Identifier (NPI) number will be made directly to the Tax ID Number (TIN) that was indicated during the registration process.
12. I am not currently suspended, terminated, or excluded from the Medical Assistance Program by any state or by the U.S. Department of Health and Human Services.

Refer to [Enrollment Guide for Individual/Sole Providers](#) for complete step-by-step instructions

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	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional	11/15/2017	11/15/2017	Complete	
Step 12: Upload Documents	Optional	11/15/2017	11/15/2017	Complete	
Step 13: Complete Enrollment Checklist	Required	11/15/2017	11/15/2017	Complete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 13 is complete
- Click on Step 14: Submit Enrollment Application for Approval

(Please Note: If you chose not to complete optional steps you can still submit your application)

You must complete step 14 to submit your application

Individual/Sole Proprietor

Step 14: Submit Enrollment Application for Approval

Final submission process:

- ❑ Attest the information submitted as a part of the application is correct
- ❑ Read through the Medical Assistance Provider Enrollment & Training Partner Agreement – Conditions
- ❑ Submit Application

CHAMPS < My Inbox > Provider >

MyInbox > New Enrollment > Individual Enrollment

Application ID: 20171115618358 Name: Tester, Test

Close > Next

Final Submission

Application ID: 20171115618358 EnrollmentType: Individual/Sole Proprietor

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).

Application Document Checklist

Forms/Documents	Special Instructions	Source	Request
Δ Y	Δ Y	Δ Y	Δ Y

No Records Found!

CHAMPS < My Inbox > Provider >

MyInbox > New Enrollment > Individual Enrollment

Application ID: 20171115618358 Name: Tester, Test

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

Medical Assistance Provider Enrollment & Training Partner Agreement - Conditions

In applying for enrollment as a provider or trading partner in the Medical Assistance Program (and programs for which the Michigan Department Of Health and Human Services (MDHHS) is the fiscal intermediary, I represent and certify as follows:

1. The applicant, and the employer (if applicable), certify that the undersigned has/have the authority to execute this Agreement.
2. Enrollment in the Medical Assistance Program does not guarantee participation in MDHHS managed care programs nor does it replace or negate the contract process between a managed care entity and its providers or subcontractors.
3. All information furnished on this Medical Assistance Provider Enrollment & Training Partner Agreement form is true and complete.
4. The providers and fiscal agents of ownership and control information agree to provide proper disclosure of provider's owners and other persons criminal related to Medicare, Medicaid or Title XX involvement. (42 CFR 455.102)
5. The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title XXVII), Medicaid (Title XIX), and other State Health Care Programs (Title V, Title XX, and Title XX) involvement since the inception of Medicare, Medicaid, or Title XX programs. (42 CFR 455.106 and 42 U.S.C. § 1320a-7)
6. I agree to read the Medicaid Provider Manual from the Michigan Department Of Health and Human Services (MDHHS). I also agree to comply with 1) the terms and conditions of participation noted in the manual, and 2) MDHHS's policies and procedures for the Medical Assistance Program contained in the manual, provider bulletins and other program notifications.
7. I agree to comply with the provisions of 42 CFR 455.104, 42 CFR 455.105, 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.
8. I agree to comply with the requirements of Section 6032 of the Deficit Reduction Act of 2005, codified at section 1802 (a)(6)(B) of the Social Security Act which relates to the conditions and requirements of "Employee Education About False Claims Recovery."
9. I agree that, upon request and at a reasonable time and place, I will allow authorized state or federal government agents to inspect, copy, and/or take any records I maintain pertaining to the delivery of goods and services to, or on behalf of, a Medical Assistance Program beneficiary. These records also include any service contracts I have with any billing agent/service or service bureau, billing consultant, or other healthcare provider.
10. I agree to include a clause in any contract I enter into which allows authorized state or federal government agents access to the subcontractor's accounting records and other documents needed to verify the nature and extent of costs and services furnished under the contract.
11. I understand that the incentive payment requested using my National Provider Identifier (NPI) number will be made directly to the Tax ID Number (TIN) that was indicated during the registration process.
12. I am not currently suspended, terminated, or excluded from the Medical Assistance Program by any state or by the U.S. Department of Health and Human Services.

Refer to [Enrollment Guide for Individual/Sole Providers](#) for complete step-by-step instructions

Application ID: 20171115618358

Name: Tester, Test

Your Application Number 20171115618358 has been successfully submitted for State review. Return with this application number to track the status of your application. ✕

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	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional	11/15/2017	11/15/2017	Complete	
Step 12: Upload Documents	Optional	11/15/2017	11/15/2017	Complete	
Step 13: Complete Enrollment Checklist	Required	11/15/2017	11/15/2017	Complete	
Step 14: Submit Enrollment Application for Approval	Required	11/15/2017	11/15/2017	Complete	

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- Step 14 is now complete, and the application has been submitted to the State for review
- Take note of your Application ID for further tracking – [Track Application Resource](#)
- Click Close

(Please Note: Optional steps may show as incomplete if you chose not to complete. This is ok.)

Provider Resources

- **MDHHS website:** 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](#)
 - [Update Other Insurance NOW!](#)
 - [Medicaid Provider Training Sessions](#)
 - [Provider Enrollment Website](#)
- **Provider Support:**
 - ProviderSupport@Michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program