



# Provider Enrollment Facility/Agency/Organization (FAO) Provider Step 3: Add Specialties

**“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 Facility/Agency/Organization (FAO) Enrollment Application

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Details to Step 3: Add Specialties

Track Application – [PDF](#)

Application ID: 20181204526214

Name: Testing

Close

## Enroll Provider - FAO

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

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

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

(Please Note: the specialty selected will determine if Step 13: Fee Payment becomes required)

Application ID: 20181204526214

Name: Testing

Close **Add**

## Specialty/Subspecialty List

Filter By ▾

Go

Save Filters

My Filters ▾

Specialty/Subspecialty

Provider Type

End Date

 ▲▼

▲▼

▲▼

**No Records Found !**

- Click Add

Application ID: 20171106185367

Name: Testing

## Add Specialty/Subspecialty

 Location: 01-  \*

 Provider Type: ---SELECT---  \*

 Specialty:  \*

 End Date: 

## Add Subspecialty

Available Subspecialties

Associated Subspecialties \*




OK Cancel

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

Application ID: 20171106185367

Name: Testing

**Add Specialty/Subspecialty**

Location: 01- ▾ \*

Provider Type: SUPPLIERS ▾ \*

Specialty: Medical Supply Company ▾ \*

 End Date: 
**Add Subspecialty**
**Available Subspecialties**

 DIS Contract  
 With Licensed Pharmacy  
 With Orthotics Personnel  
 With Registered Pharmacist  
 With Respiratory Therapist

**Associated Subspecialties \***

No Subspecialty

 OK  Cancel

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



Application ID: 20171106185367

Name: Testing

 

## Specialty/Subspecialty List

Filter By ▾

Specialty/Subspecialty

 ▲▼ Medical Supply Company/No Subspecialty

Provider Type

▲▼

SUPPLIERS

End Date

▲▼

12/31/2999

View Page: 

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

Application ID: 20181204526214

Name: Testing

Close

## Enroll Provider - FAO

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

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

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- Step 3 is complete
- Click on Step 4: Associate Billing Provider/Other Associations

# Provider Enrollment Resources

- **Provider Enrollment website:** [http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_42542\\_42543\\_42546\\_85441---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_85441---,00.html)
- **SIGMA:**
  - New Facility/Agency/Organization (FAO) Providers must register with SIGMA as Vendors
  - Please visit: [Michigan.gov/SIGMAVSS](http://Michigan.gov/SIGMAVSS)
- **Trainings:**
  - [CHAMPS Enrollment Application: FAO User Guide](#)
  - [Domain Administrator Functions](#)
- **Forms:**
  - Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
  - Electronic Signature Agreement ([DCH-1401](#))
- **Provider Enrollment:**
  - 1-800-292-2550
  - [ProviderEnrollment@Michigan.gov](mailto:ProviderEnrollment@Michigan.gov)
  - [ProviderSupport@Michigan.gov](mailto:ProviderSupport@Michigan.gov)