



Provider Enrollment FAO-Track Application

“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: [Enroll with SIGMA – Vendor Self Service](#)
 - After completing SIGMA registration allow 3-5 business days to begin and complete the CHAMPS application. If you attempt to enroll in CHAMPS during this time you may get an error when validating your information.
- Step 4: [Register for a MILogin Account for Access to CHAMPS](#)
- Providers wishing to elect another person to have Domain Administrator rights are required to submit:
 - Form: Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
 - Form: Electronic Signature Agreement ([DCH-1401](#))

Track Existing Application

How to track a submitted application within CHAMPS

PROVIDER ENROLLMENT

New Enrollment

Track Application

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

- Select Provider tab
- Click Track Application

Close

Next

Track Existing Application

Please provide the Application ID to track your application.

Application ID: *

Request Access to Home Help Provider Info

Click the below link if you are an Existing Home Help Individual or Agency accessing CHAMPS system for the first time. provide the Application ID to track your application.

[Home Help Providers requesting access to their information.](#)

- Fill in Application ID
- Click Next

Close Submit

Verify Application Details

For Additional security, please enter following information:

EIN/TIN: *Phone: *Owner SSN: * Owner Date Of Birth: *

- Complete all fields marked with an asterisk (*)
- Click Submit

Application ID: 20181204526214

Name: Testing

Your application is currently In-Review by the Provider Enrollment Unit. You cannot make any modifications to your enrollment information at this time.

X

Close

Enroll Provider - FAO

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

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

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- Confirmation your Provider Enrollment Application has been submitted and is being reviewed by the state
- Click Close

Provider Enrollment Final Steps

- Please allow the State time to review the Provider Enrollment Application.
- After the State has looked over the Provider Enrollment Application Providers will receive a letter letting them know whether they have been approved or denied.
 - Letter is sent to the Correspondence address provided in the Provider Enrollment Application.

Provider Enrollment Resources

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