



Provider Enrollment Group- 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

Table of Contents

- Provider Enrollment Process Overview
- Track Provider Enrollment Application
- Provider Enrollment Resources

Provider Enrollment Process Overview

- Step 1: Determine if provider needs to enroll with CHAMPS Michigan Medicaid
 - Policy Bulletin MSA: [13-17](#)
 - Policy Bulletin MSA: [18-47](#)
 - Policy Bulletin MSA: [19-20](#)
- Step 2: [Determine CHAMPS Enrollment Type](#)
- Step 3: [Enroll with SIGMA – Vendor Self Service](#)
 - After completing SIGMA registration allow 3-5 business days to begin and complete the CHAMPS application. If you attempt to enroll in CHAMPS during this time you may get an error when validating your information.
- Step 4: [Register for a MILogin Account for Access to CHAMPS](#)
- Providers wishing to elect another 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 |

- Click Provider tab
- Select 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: 20171206268444

Name: TesterT Company

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

Close

Enroll Provider - Group

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

| Step | Required | Start Date | End Date | Status | Step Remark |
|---|----------|------------|------------|------------|-------------|
| Step 1: Provider Basic Information | Required | 12/06/2017 | 12/28/2017 | Complete | |
| Step 2: Add Locations | Required | 12/28/2017 | 12/28/2017 | Complete | |
| Step 3: Add Specialties | Required | 12/28/2017 | 12/28/2017 | Complete | |
| Step 4: Add Mode of Claim Submission/EDI Exchange | Required | 12/28/2017 | 12/28/2017 | Complete | |
| Step 5: Associate Billing Agent | Required | 12/28/2017 | 12/28/2017 | Complete | |
| Step 6: Add Provider Controlling Interest/Ownership Details | Required | 12/28/2017 | 01/02/2018 | Complete | |
| Step 7: Add Taxonomy Details | Required | 12/28/2017 | 12/28/2017 | Complete | |
| Step 8: Associate MCO Plan | Optional | | | Incomplete | |
| Step 9: 835/ERA Enrollment Form | Optional | | | Incomplete | |
| Step 10: Upload Documents | Optional | | | Incomplete | |
| Step 11: Complete Enrollment Checklist | Required | 01/02/2018 | 01/02/2018 | Complete | |
| Step 12: Submit Enrollment Application for Approval | Required | 01/02/2018 | 01/02/2018 | Complete | |

View Page:

1



Page Count

SaveToXLS

Viewing Page: 1



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

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: Group](#)
 - [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