

Provider Enrollment New Individual/Sole Proprietor Step 8: Add Provider Controlling Interest/Ownership Details

"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: <u>13-17</u>
 - Policy Bulletin MSA: <u>18-47</u>
 - Policy Bulletin MSA: <u>19-20</u>
- Step 2: <u>Determine CHAMPS Enrollment Type</u>
- 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: <u>Register for a MILogin Account for Access to CHAMPS</u>
- 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 (<u>DCH-1401</u>)



Starting a New Provider Enrollment Application

Details to Step 8: Add Provider Controlling Interest/Ownership Details

Track Application - PDF, Recording

CHAMPS <

Provider 🕶

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Application ID: 20181204171383

Name: Test, Testing

Close

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Enroll Provider - Individual

	Business Process Wi	zard - Provider E	Enrollment (Individu	al). Click on f	the Step #	under the Ste	p Columi
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	9		
Step 9: Add Taxonomy Details	Required			Incomplete	e		
Step 10: Associate MCO Plan	Optional			Incomplete	e		
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	9		
Step 12: Upload Documents	Optional			Incomplete	9		
Step 13: Complete Enrollment Checklist	Required			Incomplete	e		
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	e		
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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



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Adding an owner who is not related

Steps on how to add an owner who has no relationship to the individual provider enrolling.

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- To enter additional owner information, select Add Owner from the Actions drop-down menu
 - Note: The individual provider information prepopulates as a listed owner and the relationship status also prepopulates to completed.



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Provider Controlling Interest/Own	ership			^
	ype:	Percentage Owned:	*	^
:	SSN:	EIN/TIN:		
Legal Entity Na	ame:	Entity Business Name:		
	(As shown on the Income Tax Return)		(Doing Business As)	
Owner	NPI:			
First Na	ame:	Last Name:		
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Phone Num	ber: Extn:	Email:		
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Cour	ntry: UNITED STATES Y	Zip Code:	* - Validate Adv	dress

- Select an Owner Type from the drop-down menu
- Complete all fields marked with an asterisk (*)
- Complete Address Line 1 and Zip Code, click Validate Address

(Please Note: you should receive confirmation "Address Validation Successful")

Michigan Department & Health & Human Services

Click Ok

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rovider Enrollment Information	n, including home addres	s, date of birth, and Social Secu	rity Number, is required from	m providers and othe	er disclosed indiv	duals (e.g., owners, m	naging employees, a	gents, etc.).		
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- The managing employee is now added to the list of owners
- To add the relationship click the Actions drop-down menu
 - Note: The Relationship status for the individual provider enrolling is now marked as Not Completed

CHAMPS Provider -> л Last Login: 04 DEC, 2018 11:42 AM Note Pad 🚱 External Links 🗸 ★ My Favorites -🚔 Print Help Application ID: 20181204171383 Name: Test, Testing Close 🖸 Actions 👻 👩 · There Add Owner ownership type in addition to Managing Employee. Corporate - Charitable 501[c]3 At leas Import Owner icers/Principal is required if one of the ownership types below is selected: i01[c]3 Corporate - Not Publicly Traded Foreign, Nonresident Alien Owners Relationships ble Sub-contractor Limited liability Company Owners Adverse Action ded Holding Company Indirect Owner Owners List ~ \checkmark And O Go Save Filters ▼ My Filters▼ Filter By Owner SSN/EIN/TIN **Owner Information** Owner Type Address Start Date End Date **Relationship Status** Adverse Action Percentage owned AV. AV. ▲▼ ▲▼ ▲▼ **AV** AV. **AV** Managing Employee Not Completed 0 123456789 Example,One 100 N Capitol Ave 01/01/2015 12/31/2999 Not Completed Test, Testing Individual 320 S Walnut St 12/04/2018 12/31/2999 Not Completed Not Completed 100 Viewing Page: 1 Delete View Page: 1 🕑 Go **«** First >> Last Page Count SaveToXLS Prev Next ۸ List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare. Add Other Owned Entity \checkmark 🖸 Go Save Filters ▼ My Filters▼ Filter By Other Owner EIN/TIN Other Owner Information Address AV AV. ٠ No Records Found !

Select Owners Relationships from the Actions drop-down menu



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- Answer question (at the top)
- If no relationships exist select No.



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- The owner list boxes collapse
- Click Save



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• After clicking save, click Ok.



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- The status for each owner will show Completed
- Click close to return to the owner list screen



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EQUIRED DISCLOSURE IN	FORMATION											
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• The Relationship Status now shows Completed for both owners



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Select Owners Adverse Action from the Actions drop-down menu to complete the Final Adverse Legal/Action/Convictions Disclosure

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🕑 Help

🚔 Print

★ My Favorites -

Application ID: 20181204171383		Name: Test, Testing	
III FINAL ADVERSE LEGA	L ACTIONS/CONVICTIONS	^	~
This section captures information on expunged or any appeals are pendir	final adverse legal actions, such as convictions, excl Ig.	usions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were	
Convictions			
 The provider, supplier, or any own be detrimental to the best interest including guilty pleas and adjudica guilty pleas and adjudicated pre-tu- and any misdemeanor conviction, und delivery of a health care item or si 	er of the provider or supplier was, within the last 10 y s of the program and its beneficiaries or recipients. O ted pre-trial diversions; financial crimes, such as exto ial diversions; any felony that placed the Medicaid pr that may result in a mandatory or permissive exclusio der Federal or State law, related to: (a) the delivery of arvice.	rears preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to ffenses include, but are not limited to: Felony crimes against persons and other similar crimes for which the individual was convicted, ortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including ogram or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); on under State or Federal law. an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the	ļ
 Any misdemeanor conviction, und Any felony or misdemeanor convi Any felony or misdemeanor convi 	ter Federal or State law, related to theft, fraud, embez ction, under Federal or State law, relating to the interf ction, under Federal or State law, relating to the unlav	zlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service. erence with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201. vful manufacture, distribution, prescription, or dispensing of a controlled substance.	I
Exclusions, revocations, or Suspe	ensions		
 Any revocation or suspension of a authority. Any revocation or suspension of a 	license to provide health care by any State licensing ccreditation.	authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing	I
 Any suspension or exclusion from procurement program. 	participation in, or any sanction imposed by, a Feder	al or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-	
 Any current Medicaid payment su Any Medicaid revocation of any M 	spension under any Medicaid enrollment. ledicaid provider billing number.		I
FINAL ADVERSE LEGAL ACTION	CONVICTION ACTION HISTORY		
Do any of the owners, under any cur for each owner.	rrent or former name or business identity, ever had a	final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below	
Owners with Adverse A	ction	^	
Owner Name	Response	Comments	
Test, Testing	Yes ⊖No		
Example,One	⊖Yes ⊖No		
		Viewing Page: 1	

 Read through Final Adverse Legal Actions/Convictions statement for each owner listed, select Yes or No

Application ID: 2018120417138	3	Name: Test, Testing	
1. Any revocation or suspensior authority.	of a license to provide health care by any State licensing	authority. This includes the surrender of such a license while a for	formal disciplinary proceeding was pending before a State licensing
2. Any revocation or suspension	of accreditation.		
 Any suspension or exclusion procurement program. 	from participation in, or any sanction imposed by, a Feder	al or State health care program, or any debarment from participat	ation in any Federal Executive Branch procurement or non-
4. Any current Medicaid paymer	it suspension under any Medicaid enrollment.		
FINAL ADVERSE LEGAL ACT	ION/CONVICTION ACTION HISTORY		
FINAL ADVERSE LEGAL ACT Do any of the owners, under an for each owner.	TON/CONVICTION ACTION HISTORY y current or former name or business identity, ever had a t e Action	final adverse legal action listed above imposed against them? Ple	lease answer in the 'Owners with Adverse Action' section below
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• Click Ok



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- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close
- You will return to the enrollment steps shown on slide 35



Adding an owner who is related

Steps on how to add an owner relationship to the individual provider being enrolled

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- To enter additional owner information, select Add Owner from the Actions drop-down menu
 - Note: The individual provider information prepopulates as a listed owner and the relationship status also prepopulates to completed.



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- Select an Owner Type from the drop-down menu
- Complete all fields marked with an asterisk (*)
- Complete Address Line 1 and Zip Code, click Validate Address

(Please Note: you should receive confirmation "Address Validation Successful")

Michigan Department - e Health & Human Services

Click Ok

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- The managing employee is now added to the list of owners
- To add the relationship click the Actions drop-down menu
 - Note: the Relationship status for the individual provider enrolling is now marked as Not Completed

CHAMPS Provider -۲ > Last Login: 04 DEC, 2018 11:42 AM 🚱 External Links 🕶 🚔 Print Help Note Pad ★ My Favorites 🕶 Mew Enrollment > Individual Enrollment > General Application ID: 20181204171383 Name: Test, Testing Close 🖸 Actions 👻 👩 REQUIRE Add Owner ~ for all enrollment types. Manage Import Owner There ownership type in addition to Managing Employee. Corporate - Charitable 501[c]3 Owners Relationships At least cers/Principal is required if one of the ownership types below is selected: Owners Adverse Action j01[c]3 Corporate - Not Publicly Traded Foreign, Nonresident Alien Corporate - Non Chantable Sub-contractor Limited liability Company Corporate - Publicly Traded Holding Company Indirect Owner **Owners List** ~ \checkmark And 🖸 Go Save Filters ▼ My Filters▼ Filter By Owner SSN/EIN/TIN **Owner Information** Owner Type Address Start Date End Date Relationship Status Adverse Action Percentage owned **AV** ▲▼ ▲▼ ▲▼ ▲▼ ▲▼ ▲▼ **AV** 234567890 Two,Example Managing Employee 100 N Capitol Ave 12/01/2018 12/31/2999 Not Completed Not Completed 0 Individual 12/01/2018 Not Completed Test, Testing 320 S Walnut St 12/31/2999 Not Completed 100 Viewing Page: 1 Delete View Page: 1 🖸 Go Page Count SaveToXLS **«** First Prev > Next >> Last ~ List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare. Add Other Owned Entity \mathbf{v} 🖸 Go Save Filters ▼ My Filters▼ Filter By + Other Owner EIN/TIN Address Other Owner Information AV. AV.

Select Owners Relationships from the Action drop-down menu



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- Answer question (at the top)
- Click yes to indicate the owners have a relationship to one another.
- Click Save



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Add Relationship)				^
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- The question will show as Yes.
- To select the relationship between the selected owner, in this example managing employee, select the Relation To drop-down menu

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- Select the appropriate relationship between the Selected Owner and the Assoc. Owner
- In this example the Selected Owner is the Individual provider enrolling, (Test, Testing) and Assoc. Owner is the Managing Employee (Two, Example).

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- Select the appropriate relationship from the drop-down menu
- The column Relation to Assoc. Owner is the relationship between the selected Assoc. Owner to the Selected Owner.
 - Note: In this example the Managing Employee (Two, Example) is the selected Assoc. Owner and the Relationship To
 the selected owner, (Test, Testing) the individual provider enrolling, is Daughter. The relationship of the Selected
 Owner, the individual provider enrolling, (Test, Testing) to the selected Assoc. Owner, managing employee (Two,
 Example), is Father.

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- Click Save the close
 - Note: The relationship to the individual provider enrolling pre-populates to Self-

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• The relationship status now shows Completed for both owners.



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 Select Owners Adverse Action from the Actions drop-down menu to complete the Final Adverse Legal/Action/Convictions Disclosure



Appl	Application ID: 20181204171383		Name: Test, Testing
8 CI	III FINAL ADVERSE LEGAL	ACTIONS/CONVICTIONS	^ ^
•	This section captures information on f expunged or any appeals are pending	inal adverse legal actions, such as convictions, exe J.	clusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were
	Convictions		
III F	 The provider, supplier, or any owned be detrimental to the best interests including guilty pleas and adjudicate guilty pleas and adjudicated pre-triat and any misdemeanor or felonies the 	er of the provider or supplier was, within the last 10 of the program and its beneficiaries or recipients. 0 ed pre-trial diversions; financial crimes, such as ex al diversions; any felony that placed the Medicaid p hat may result in a mandatory or permissive exclus	I years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to Offenses include, but are not limited to: Felony crimes against persons and other similar crimes for which the individual was convicted, dortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); sion under State or Federal law.
	2. Any misdemeanor conviction, unde	r Federal or State law, related to: (a) the delivery o	of an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the
Ľ	delivery of a health care item or ser 3. Any misdemeanor conviction, unde	vice. r Federal or State law, related to theft, fraud, embe	ezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
1	4. Any felony or misdemeanor convict 5. Any felony or misdemeanor convict	ion, under Federal or State law, relating to the inte ion, under Federal or State law, relating to the unla	erference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201. awful manufacture, distribution, prescription, or dispensing of a controlled substance.
F	Exclusions, revocations, or Susper	isions	
F	 Any revocation or suspension of a l authority. Any revocation or suspension of ac 	icense to provide health care by any State licensin creditation.	ing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing
	3. Any suspension or exclusion from p	participation in, or any sanction imposed by, a Fede	eral or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-
F	4. Any current Medicaid payment susp	pension under any Medicaid enrollment.	
	5. Any Medicaid revocation of any Me	dicaid provider billing number.	
	FINAL ADVERSE LEGAL ACTION/C	CONVICTION ACTION HISTORY	
	Do any of the owners, under any current for each owner.	ent or former name or business identity, ever had a	a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below
	Owners with Adverse Adver	tion	^
,	Owner Name	Response	Comments
	▲▼ Test Testing		AV
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 Read through Final Adverse Legal Actions/Convictions statement for each owner, select Yes or No

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Application ID: 2018120417138	3	Name: Test, Testing	
1. Any revocation or suspension	of a license to provide health care by any State licensing	authority. This includes the surrender of such a license while a for	rmal disciplinary proceeding was pending before a State licensing
authority.			
2. Any revocation or suspension	of accreditation.		
 Any suspension or exclusion procurement program. 	rom participation in, or any sanction imposed by, a Feder	al or State health care program, or any debarment from participation	ion in any Federal Executive Branch procurement or non-
4. Any current Medicaid paymer	t suspension under any Medicaid enrollment.		
5. Any Medicaid revocation of a	y Medicaid provider billing number.		
FINAL ADVERSE LEGAL ACT	ON/CONVICTION ACTION HISTORY		
FINAL ADVERSE LEGAL ACT	ON/CONVICTION ACTION HISTORY		
FINAL ADVERSE LEGAL ACT	ON/CONVICTION ACTION HISTORY	final adverse legal action listed above imposed against them? Plea	ase answer in the 'Owners with Adverse Action' section below
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FINAL ADVERSE LEGAL ACT Do any of the owners, under an for each owner.	e Action Response OYes No	final adverse legal action listed above imposed against them? Plea	ase answer in the 'Owners with Adverse Action' section below
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FINAL ADVERSE LEGAL ACT Do any of the owners, under an for each owner.	e Action Response Ves No Yes No So Page Count SaveToXLS	final adverse legal action listed above imposed against them? Plea	ase answer in the 'Owners with Adverse Action' section below

• Click ok



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EQUIRED DISCLOSURE IN	FORMATION										
address. Date of birth and Social S Other Tax Identification N Whether the person (indi an ownership or control ir The name of any other fis The name of any other fis	Security Number (in th Number, in the case of vidual or corporation) nterest of any subcont scal agent or manage	e case of an ind f corporation, wi with an ownersi tractor in which care entity in w ecurity Number	dividual). th an ownership or hip or control intere: the disclosing entity hich an owner has a of any managing er	control interest or of any subc st is related to another person / has a five percent or more ir an ownership or control intere mployee.	contractor in which with ownership or nterest is related to est in an entity that i	the disclosing ent control interest as another person w s reimbursable by	ity has a five percent s a spouse, parent, cr ith ownership or cont v Medicaid and/or Me	or more interest. nild or sibling; or wheth rol interest as a spous dicare.	ner the person (individu e, parent, child or siblir	al or corporatio 1g.	on) with
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- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close to return to the remaining enrollment steps to be completed



CHAMPS

Provider -

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Application ID: 20181204171383

Name: Test, Testing

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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

(Please Note: If status has not updated to complete additional owner types or relationships may be required. See <u>Ownership Step Tip</u> for further details.)



Provider Enrollment Resources

- **Provider Enrollment website:** <u>http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_85441---,00.html</u>
- Trainings:
 - <u>CHAMPS Enrollment Application: Individual/Sole Proprietor User Guide</u>
 - Domain Administrator Functions
 - Track Application PDF, Recording
 - Step 1: Provider Basic Information <u>PDF</u>, <u>Recording</u>
 - Step 2: Add Locations <u>PDF</u>, <u>Recording</u>

• Forms:

- Electronic Signature Agreement Cover Sheet (MDHHS-5405)
- Electronic Signature Agreement (DCH-1401)

• SIGMA:

- New Individual/Sole Proprietor Providers must register with SIGMA as Vendors
- Please visit: <u>Michigan.gov/SIGMAVSS</u>

• Provider Enrollment:

- 1-800-292-2550
- <u>ProviderEnrollment@Michigan.gov</u>
- <u>ProviderSupport@Michigan.gov</u>

