



Provider Enrollment 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: [17-48](#)
 - Policy Bulletin MSA: [18-07](#)
- Step 2: [Determine CHAMPS Enrollment Type](#)
- Step 3: [Enroll with SIGMA – Vendor Self Service](#)
- 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 Provider Enrollment Application

Details on tracking an already started application

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

Home Page

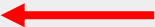
⌚ Your password will expire in **48** days

Access your applications by clicking on the application links below



Michigan Department of Health & Human Services (MDHHS)

CHAMPS



- Click on the CHAMPS hyperlink

- Click Acknowledge/Agree button to accept the Terms & Conditions to get into 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:

SSN: *

Date Of Birth: *

Home Zip Code: *

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

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	03/06/2018	03/21/2018	Complete	
Step 2: Add Locations	Required	03/06/2018	03/06/2018	Complete	
Step 3: Add Specialties	Required	03/06/2018	03/06/2018	Complete	
Step 4: Associate Billing Provider	Optional	03/06/2018	03/06/2018	Complete	
Step 5: Add License/Certification/Other	Required	03/06/2018	03/08/2018	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	03/06/2018	03/06/2018	Complete	
Step 7: Associate Billing Agent	Optional	03/21/2018	03/21/2018	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	03/06/2018	03/08/2018	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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First

Prev

Next

Last

- Locate the next step
- Click on the applicable Step hyperlink in order to continue completing the 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: Individual/Sole Proprietor User Guide](#)
 - [Domain Administrator Functions](#)
- **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: Michigan.gov/SIGMAVSS
- **Contact:**
 - (800) 292-2550
 - ProviderEnrollment@Michigan.gov
 - ProviderSupport@Michigan.gov