



Provider Enrollment

New Rendering/Serviceing Provider

Step 1: Provider Basic Information

“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](#)
- 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 Provider Enrollment Application

Details to Step 1: Provider Basic Information

MILogin for Third Party

User ID

Password

LOGIN

[Don't have an account?](#)

SIGN UP

[Forgot your User ID?](#)

[Forgot your password?](#)

[Need Help?](#)


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- Enter your User ID and Password
- Click Login

MILogin for Third Party

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

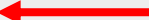
Home Page

 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	Enroll As A New Provider
Track Application	Track Existing Provider Application

- Click New Enrollment

Enrollment Type

Select the Applicable Enrollment Type

- Individual/Sole Proprietor
 - Regular Individual/Sole Proprietor or Rendering/Servicing Provider ←
 - Group Practice (Corporation, Partnership, LLC, etc.)
- Billing Agent
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Atypical (non-medical) provider (Choose this option if you do not have a NPI)
 - Individual (Driver, Home Help/Personal Care, Carpenter, etc.)
 - Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)

Submit

- Select Regular Individual/Sole Proprietor or Rendering/Servicing Provider
- Click Submit

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Basic Information

First Name: * Middle Initial:
 Last Name: * Gender: ▼
 Suffix: ▼
 SSN: *
 Date of Birth: * **Applicant Type:** ▼ *

NPI: *

Contact Email Address:
 Email-1: * Email-2:
 Email-3: Email-4:

Home Address

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address Line 1: * (Enter Street Address or PO Box Only)
 Address Line 2:
 Address Line 3:
 City/Town: ▼ *
 State/Province: ▼ *
 County: ▼ *
 Country: ▼ *
 Zip Code: - **Validate Address**

Finish **Cancel**

- Confirm Applicant Type: Rendering/Serviceing Only
- Provider information needed to enroll:
 - Basic Information: Fill in all fields marked with an asterisk (*)
 - Home Address: Fill in Address Line 1 and Zip Code, Click Validate Address
(Please Note: you should receive "Address Validation Successful")
- Click Finish

CHAMPS My Inbox Provider

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: 20171115618358 Name: Tester,Test

Basic Information

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: **20171115618358**

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.

Ok

Page ID: dlgAddBasicInformationStep3(Provider)

- Confirmation, Basic Information is complete
- Take note of the Application ID, as this is used to track your application status
- Click Ok

Application ID: 20171106241608

Name: Tester, Testing

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	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required			Incomplete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

Go

Page Count

SaveToXLS

Viewing Page: 1

First

Prev

Next

Last

- Individual Rendering/Servicing Provider Enrollment steps are listed
(Please Note: some steps are required versus optional)
- Step 1 has a status of Complete
- Click on Step 2: Add Specialties

Provider Enrollment Resources

- **Provider Enrollment website:** http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_85441---,00.html
- **Trainings:**
 - [MILogin](#)
 - [CHAMPS Enrollment Application: Individual/Sole Proprietor User Guide](#)
 - [Domain Administrator Functions](#)
- **Forms:**
 - Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
 - Electronic Signature Agreement ([DCH-1401](#))
- **Provider Enrollment:**
 - (800) 292-2550
 - ProviderEnrollment@Michigan.gov
 - ProviderSupport@Michigan.gov