



Provider Enrollment

Facility/Agency/Organization (FAO) Provider

Step 2: Add Locations

“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](#))

Starting a New Facility/Agency/Organization (FAO) Enrollment Application

Details to Step 2: Add Locations

Track Application – [PDF](#)

Application ID: 20181204526214

Name: Testing

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			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Additional Information	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Incomplete	
Step 14: Upload Documents	Optional			Incomplete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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- FAO 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 Locations

Application ID: 20181204526214

Name: Testing

To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink

Locations List

Filter By



Doing Business As

Location Type

Location Details

End Date

**No Records Found !**

- Click Add to enter Primary Location information

Application ID: 20181204526214

Name: Testing

For all locations, Correspondence address is required. For Primary Practice Location, Pay-To address is required. Enter Remittance Advice address only to receive a paper Remittance Advice.

Add Provider Location

Location Type: Primary Practice Location *

Doing Business As:

End Date:

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: OTHER *

State/Province: OTHER *

County: OTHER *

Country: UNITED STATES *

Zip Code: * - *

Phone Number: * Extn:

Fax Number:

Email Address:

Web Page:

Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	<input type="text"/> *	AM/PM *	<input type="text"/> *	AM/PM *	Thursday:	<input type="text"/> *	AM/PM *	<input type="text"/> *	AM/PM *
Monday:	<input type="text"/> *	AM/PM *	<input type="text"/> *	AM/PM *	Friday:	<input type="text"/> *	AM/PM *	<input type="text"/> *	AM/PM *
Tuesday:	<input type="text"/> *	AM/PM *	<input type="text"/> *	AM/PM *	Saturday:	<input type="text"/> *	AM/PM *	<input type="text"/> *	AM/PM *
Wednesday:	<input type="text"/> *	AM/PM *	<input type="text"/> *	AM/PM *					

Handicap Accessible: No

Language(s) Spoken: English, Arabic, Chinese

Accept 835 (reported at EIN/TIN level): No

Facility Details

State Facility ID:

Fiscal Year End Date: *
(mm/dd)

OK Cancel

- Complete Address Line 1 and Zip Code, click Validate Address
(Please Note: you should receive confirmation "Address Validation Successful")
- Complete all fields marked with an asterisk (*)
- Click Ok

Application ID: 20181204526214

Name: Testing

[Close](#) [Add](#) To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink

Locations List

Filter By ▾ [Go](#)[Save Filters](#) [My Filters ▾](#)

Doing Business As	Location Type	Location Details	End Date
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/>	Primary Practice Location	320 S Walnut St, Lansing, MICHIGAN 48933	12/31/2999

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- Click Primary Practice Location to add Pay-To address

Application ID: 20181204526214

Name: Testing

 To add additional addresses, click "Add Address" button.

Location Details

 Doing Business As:

Location Code: 1

Location Type: Primary Practice Location

 Phone Number: (333) 333-3333 * Extn:

 Fax Number:

 Email Address:

 Web Page:

 Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Close	AM PM		AM PM	Thursday:	Close	AM PM		AM PM
Monday:	07:00	AM PM	04:30	AM PM	Friday:	Close	AM PM		AM PM
Tuesday:	07:00	AM PM	04:30	AM PM	Saturday:	Close	AM PM		AM PM
Wednesday:	07:00	AM PM	04:30	AM PM					

 Handicap Accessible: No

 Accept 835 (reported at EIN/TIN level): No

End Date: 12/31/2999

 Language(s) Spoken: English
 Arabic
 Chinese

(For Multiple Selection, use Ctrl Key)

Facility Details

 State Facility ID:

Fiscal Year End Date: 12/31

(mm/dd)

Address List

Address Type	Address	End Date
<input type="checkbox"/> Location	320 S Walnut St, Lansing, MICHIGAN 48933	12/31/2999

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- Click Add Address to add the other address types

(Please Note: Correspondence address is required for all locations. Enter Remittance Advice address only to receive a paper Remittance Advice)

Application ID: 20171106185367

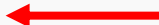
Name: Testing

Add Provider Location Address

Type of Address: --SELECT--



End Date:

 Location Address: Copy This Location Address


If a department or drawer number is required enter the information in line TWO.(For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1:

(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: OTHER



State/Province: OTHER



County: OTHER



Country: UNITED STATES



Zip Code:

 -

- From the drop-down list, select Type of Address (*Correspondence address is required for all locations*)
 - Complete all fields marked with an asterisk (*)
 - (*Please Note: If the address is the same you can click on the radio button that says, Copy This Location Address;*)
 - Click Validate Address
 - Click Ok
- (Please Note: you should receive confirmation "Address Validation Successful")*

Application ID: 20181204526214

Name: Testing

To add additional addresses, click "Add Address" button.

Location Details

Doing Business As:
Phone Number: (333) 333-3333 * Extn:
Web Page:

Location Code: 1
Fax Number:

Location Type: Primary Practice Location
Email Address:
Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day	Open At	AM/PM	Close At	AM/PM	Day	Open At	AM/PM	Close At	AM/PM
Sunday	Close	AM PM		AM PM	Thursday	Close	AM PM		AM PM
Monday	07:00	AM PM	04:30	AM PM	Friday	Close	AM PM		AM PM
Tuesday	07:00	AM PM	04:30	AM PM	Saturday	Close	AM PM		AM PM
Wednesday	07:00	AM PM	04:30	AM PM					

Handicap Accessible: No

Accept 835(reported at EIN/TIN level): No

End Date: 12/31/2999

Language(s) Spoken: English
Arabic
Chinese

Facility Details

State Facility ID:

Fiscal Year End Date: 12/31
(mm/dd)

Address List

Address Type	Address	End Date
<input type="checkbox"/> Correspondence		12/31/2999
<input type="checkbox"/> Location		12/31/2999
<input type="checkbox"/> Primary Pay To		12/31/2999
<input type="checkbox"/> Remittance Advice		12/31/2999

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- When all address locations are complete, click Save
- Click Close

[New Enrollment](#) > [FAO Enrollment](#)

Application ID: 20181204526214

Name: Testing



Close



Add

To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink

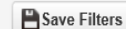


Locations List

Filter By



Go



Save Filters



My Filters ▾

Doing Business As	Location Type	Location Details	End Date
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/>	Primary Practice Location	320 S Walnut St, Lansing, MICHIGAN 48933	12/31/2999

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- Click Close

Application ID: 20181204526214

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Close

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- Step 2 is complete
- Click on [Step 3: 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
- **SIGMA:**
 - New Facility/Agency/Organization (FAO) Providers must register with SIGMA as Vendors
 - Please visit: Michigan.gov/SIGMAVSS
- **Trainings:**
 - [CHAMPS Enrollment Application: FAO User Guide](#)
 - [Domain Administrator Functions](#)
- **Forms:**
 - Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
 - Electronic Signature Agreement ([DCH-1401](#))
- **Provider Enrollment:**
 - 1-800-292-2550
 - ProviderEnrollment@Michigan.gov
 - ProviderSupport@Michigan.gov