MDHHS

Michigan Department of Health & Human Services

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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  - Step 2: Add Locations
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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)

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

Details to Step 2: Add Locations

Track Application – [PDF](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

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🏠 › 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 ▲▼
		No Records Found !		

- Click Add to enter Primary Location information

- 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

- Click Primary Practice Location to add Pay-To address

- 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)

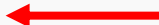- From the drop-down list, select Type of Address (*Correspondence address is required for all locations)*
- Complete all fields marked with an asterisk (*)
  - *(Please Note: If the address is the same you can click on the radio button that says, Copy This Location Address;)*
- Click Validate Address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

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

👤 _____ ▾   Last Login: 04 DEC, 2018 01:01 PM   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › 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**   ⌃
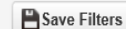
| Filter By ▾ | | | ⊙ Go | | 💾 Save Filters | ▼ My Filters ▾ |

☐	Doing Business As ▲▼	Location Type △▼	Location Details ▲▼	End Date ▲▼
☐		Primary Practice Location	320 S Walnut St, Lansing, MICHIGAN 48933	12/31/2999

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• **Click Close**

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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	12/04/2018	12/04/2018	Complete	←
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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- Step 2 is complete
- Click on Step 3: Add Specialties

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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

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