

Provider Enrollment Requirement: Doula Specialty

February 1, 2023



“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

Agenda



Enrollment Requirement



Introduction to the Provider Enrollment Webpage



New Doula Providers

Beginning the CHAMPS
Enrollment Process



Existing Providers

CHAMPS Modification:
Adding the Doula Specialty



Provider Resources

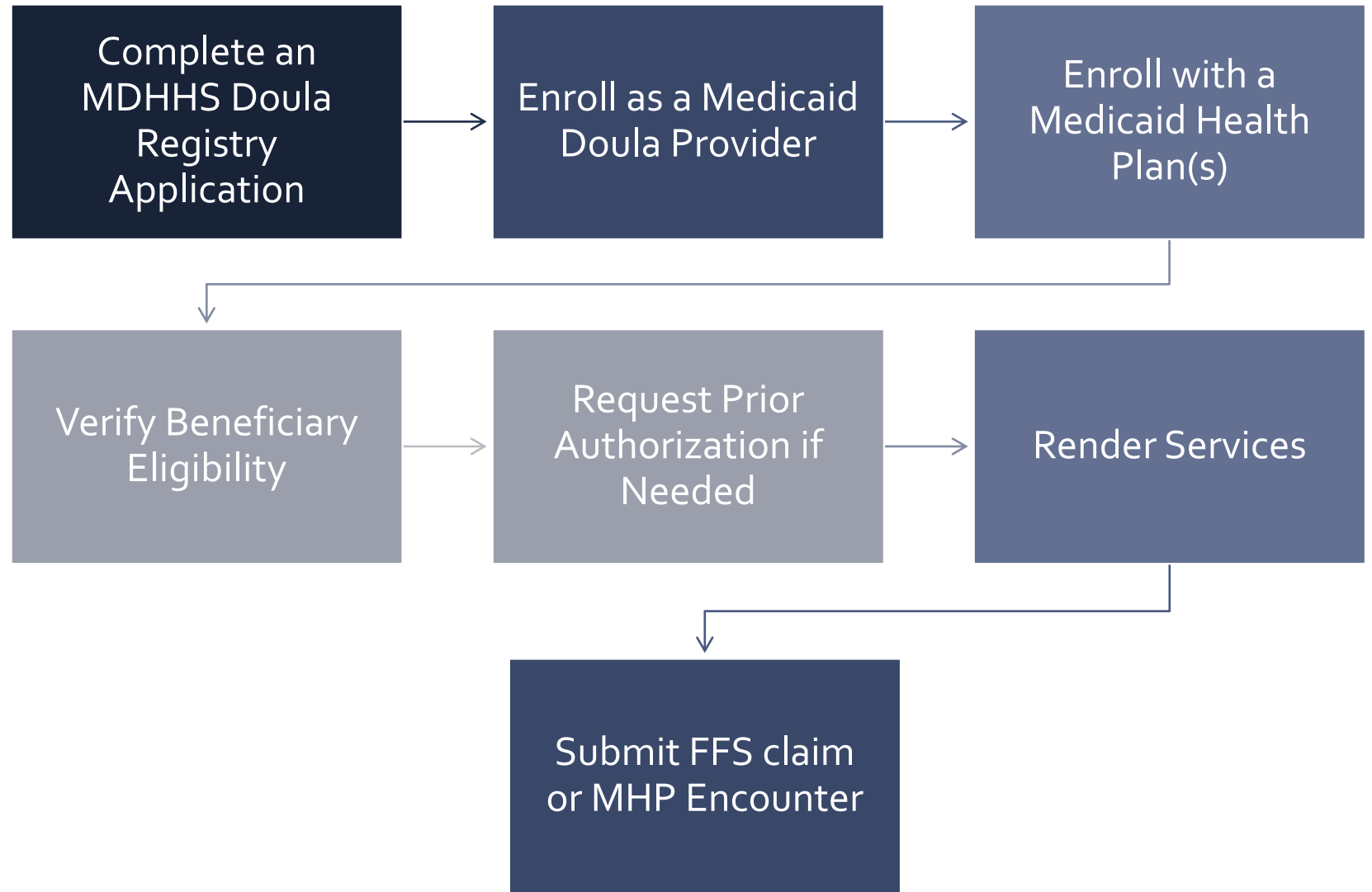
Glossary

The below terms or abbreviations will be used throughout this presentation.
This is not an all-inclusive list.

Abbreviation or Term	Definition
CHAMPS	Community Health Automated Medicaid Processing System
CMS	Center for Medicare and Medicaid Services
DDE	Direct Data Entry
FFS	Fee for Service
FQHCs, RHCs, THCs	Federally Qualified Health Center, Rural Health Center, Tribal Health Center
MDHHS	Michigan Department of Health and Human Services
MHP	Medicaid Health Plan
MMP	Michigan Medicaid Policy
PA	Prior Authorization
SSN/EIN/TIN	Social Security Number/Employer Identification Number/Tax Identification Number
An additional glossary of terms is found in the Medicaid Provider Manual	

Overview

Pathway to Providing
Medicaid Covered
Doula Services



Enrollment Requirement

MMP 22-47 Medicaid Coverage for Doula Services

- Prior to Medicaid CHAMPS enrollment, doula providers must register with the Michigan Department of Health and Human Services (MDHHS) Doula Initiative.
Website: [Doula Initiative \(michigan.gov\)](https://michigan.gov/doula)
- Doula providers seeking reimbursement for their professional services to Medicaid beneficiaries are required to be actively enrolled in the Community Health Automated Medicaid Processing System ([CHAMPS](#)) – the state’s online Medicaid enrollment system.

The intent of this resource is to promote the provider enrollment requirement for Doula providers through our Medicaid system, CHAMPS.

Enrollment Steps

- [Become a MDHHS Certified Doula \(michigan.gov\)](#)
- Contact MDHHS-MIDoula@michigan.gov regarding the doula registry application status or registry questions.

- [**Determine if the provider needs to enroll with Michigan Medicaid in CHAMPS**](#)
 - Policy Bulletin [MMP 22-47](#)
- [**Complete an MDHHS Doula Registry Application**](#)
 - Doulas providing services to Medicaid beneficiaries will be required to be registered with the MDHHS Doula Registry to enroll as a Medicaid provider.
- [**Apply for a Type 1 \(Individual\) National Provider Identifier \(NPI\)**](#)
 - [Learn more about how to apply for an NPI](#)
- [**Register 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.
- [**Complete the CHAMPS Provider Enrollment Application**](#)
 - [Register for a MILogin Account for Access to CHAMPS](#)
 - Doula providers - [Individual/Sole Proprietor](#)
- [**Enroll/Credential with a Medicaid Health Plan**](#)
 - Doulas wishing to provide services to Medicaid Health Plan members must first enroll in CHAMPS and then become credentialed with each Medicaid Health Plan in the doula's geographic service area.
 - To identify which Medicaid Health Plan is associated with a specific county, refer to [Medicaid Health Plans: List of Medicaid Health Plans Contact and Service Listing](#).

Introduction to the Provider Enrollment Webpage

www.Michigan.gov/MedicaidProviders >> Provider
Enrollment

Provider Enrollment Webpage

- [Medicaid Providers Main Webpage](#)
- Click Provider Enrollment

This page provides information for healthcare providers who provide services to Medicaid beneficiaries or would like to enroll as a Medicaid provider.

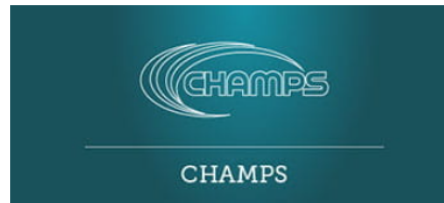
It provides links to CHAMPS, billing and reimbursement resources, training, policy documents, and much more.

URGENT:

Learn about our responses to Coronavirus and find the latest program guidance.

www.Michigan.gov/Coronavirus >> Resources >> For Health Professionals

- MDHHS advises review of "Actions for Caregivers of Older Adults During COVID-19" and supporting Frequently Asked Questions (FAQ) document.
- Michigan's stay at home order has been lifted, learn about each phase of the MI Safe Start Plan.
- Resuming Standard Operations for Case Management and Home and Community Based Services



Provider Enrollment Webpage

- [Provider Enrollment main webpage.](#)
- Doula providers are required to complete an [MDHHS Doula Registry Application](#), Register in [SIGMA Vendor Self Service\(VSS\)](#), and [Register for a MILogin account to access CHAMPS](#), before starting the CHAMPS provider enrollment application.

Provider Enrollment

MDHHS > Doing Business with MDHHS > Health Care Providers > Providers > Medicaid > Provider Enrollment

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[Resuming Standard Operations for Case Management and Home and Community Based Services](#)

Provider Enrollment

All providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the [Community Health Automated Medicaid Processing System \(CHAMPS\)](#). For assistance in enrolling please call 1-800-292-2550 option 4.

Effective October 1, 2019, providers who prescribe drugs to Medicaid beneficiaries must be actively enrolled in CHAMPS. The Michigan Department of Health and Human Services (MDHHS) will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS.

✕ **Getting Started - Enrollment**

- [Step 1: Determine if Provider needs to enroll](#)
- [Step 2: Determine CHAMPS Enrollment Type](#)
- [Step 3: Register for SIGMA](#)
- [Step 4: Register for MILogin Account for access to CHAMPS](#)

⊕ **Step-by-Step CHAMPS Enrollment Guides**

Provider Enrollment Webpage

- Once the provider has registered in both the MDHHS Doula Registry and with SIGMA VSS providers will select the Individual/Sole Proprietor hyperlink.

Provider Enrollment

MDHHS > Doing Business with MDHHS > Health Care Providers > Providers > Medicaid > Provider Enrollment

URGENT:

Learn about our responses to Coronavirus and find the latest program guidance. www.Michigan.gov/Coronavirus >> Resources >> For Health Professionals

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⊕ **Getting Started - Enrollment**

⊗ **Step-by-Step CHAMPS Enrollment Guides**

- [Individual/Sole Proprietor](#)
- [Rendering/Serviceing](#)
- [Group](#)
- [Billing Agent](#)
- [Facility/Agency/Organization \(FAO\)](#)
- [Atypical](#)

Individual/Sole provider Enrollment resources

- For complete instructions on enrolling as an Individual/Sole provider reference the [CHAMPS Enrollment Application: Individual/Sole Proprietor User Guide PDF](#) hyperlink.
- Additional Individual resources are listed and can be utilized to assist providers in completing the Individual/Sole enrollment.

An Individual/Sole Proprietor is a provider that owns his/her own practice. This provider will receive payments directly from MDHHS for services rendered at their practice. An Individual/Sole Proprietor may associate to other entities and Rendering/Servicing providers may associate to an Individual/Sole Proprietor. Most resources are provided in both PDF and Adobe Recording formats.

- Individual Enrollment Checklist - [PDF](#) (The intent of this resource is to provide a document that can be prefilled with the required information for completing a provider enrollment application to allow for ease of completion.)
- [CHAMPS Enrollment Application: Individual/Sole Proprietor User Guide](#)
 - Step 1: Provider Basic Information - [PDF](#), [Recording](#)
 - Step 2: Add Locations - [PDF](#), [Recording](#)
 - Step 8: Add Provider Controlling Interest/Ownership Details - [PDF](#), [Recording](#)
 - Additional Ownership Tip - [PDF](#)
- How to associate a billing agent and authorize the 835 - [PDF](#)
- Primary Specialty - [PDF](#)
- Quick Reference Guide - [PDF](#)
- Track Application - [PDF](#), [Recording](#)
- Brain Injury Specialty Information- [PDF](#)
- Prescriber Requirement Information - [PDF](#), [Recording](#)

Domain Administrator Resources

- Domain Administrator Functions -[PDF](#)
 - [Quick Reference Guide](#)
- Electronic Signature Agreement Cover Sheet [MDHHS-5405](#)
- Electronic Signature Agreement [DCH-1401](#)

New Doula Providers

Beginning the CHAMPS Enrollment Process

Medicaid Doula providers are required to enroll in CHAMPS as an Individual/Sole enrollment type.

The following slides will walk through the enrollment process, CHAMPS Individual/Sole enrollment resources, and the specific specialty steps needed as it pertains to a Doula enrollment.

All resources mentioned can be found on the Medicaid Provider Enrollment website:
www.Michigan.gov/MedicaidProviders >>
Provider Enrollment

Step 3: Register with SIGMA

- SIGMA VSS provides a one-stop for vendors to maintain their information, such as addresses, bank accounts, contracts awarded, and payment information. SIGMA VSS allows multiple users with different roles to review or update information, respond to business opportunities, see all payments made by the State (by check or direct deposit), and receive electronic communications.
- [SOM VSS User Guide for New Vendors](#)
- [SOM VSS User Guide for Existing Vendors](#)

Individual/Sole providers must have their Social Security Number (SSN), or Employer Identification Number (EIN)/Tax Identification Number (TIN) enrolled with SIGMA Vendor Self Service (VSS) prior to starting the enrollment process in CHAMPS.

SIGMA VSS website: www.michigan.gov/SIGMAVSS

- If you have questions regarding this current process, contact the Vendor Support Call Center at 1-888-734-9749 or email SIGMA-Vendor@Michigan.gov

After completing SIGMA registration allow 3-5 business days before beginning and completing the CHAMPS application. If you attempt to enroll in CHAMPS during this time, you may get an error when validating your information.

Step 5: MILogin

- A MILogin user ID and password are required to subscribe and access the CHAMPS application.
- How to access:
 - <https://MILogintp.Michigan.gov>
- For complete instructions on how to register for MILogin and access CHAMPS reference the below resources:
 - [Access CHAMPS](#)
 - [MILogin Instructions](#)
 - [MILogin Help Page](#)

Michigan.gov

HELP CONTACT US

MILogin for Third Party

User ID

Password

LOGIN

Don't have an account?

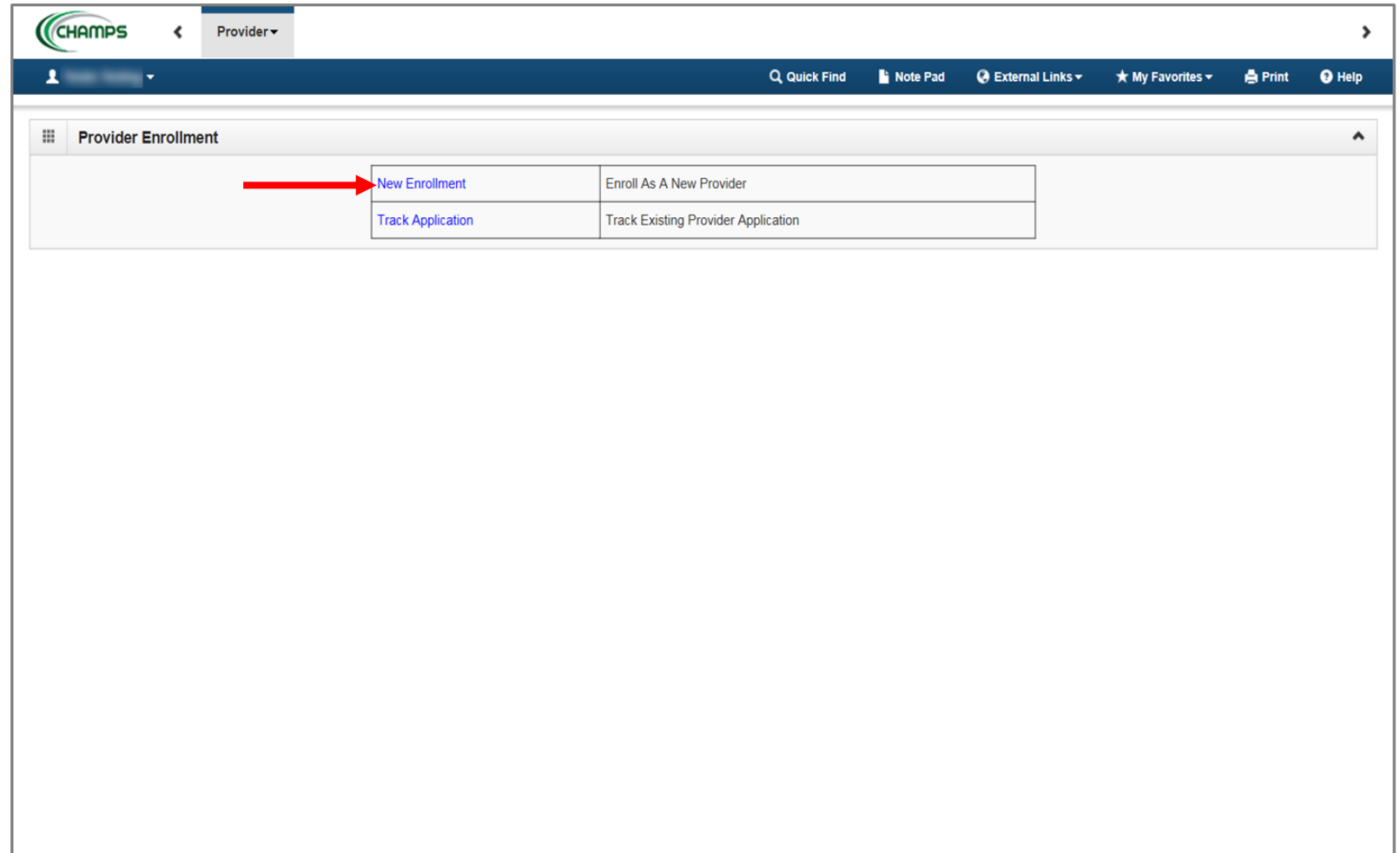
SIGN UP

Forgot your User ID? Need Help? Forgot your password?

Copyright 2015-2019 State of Michigan

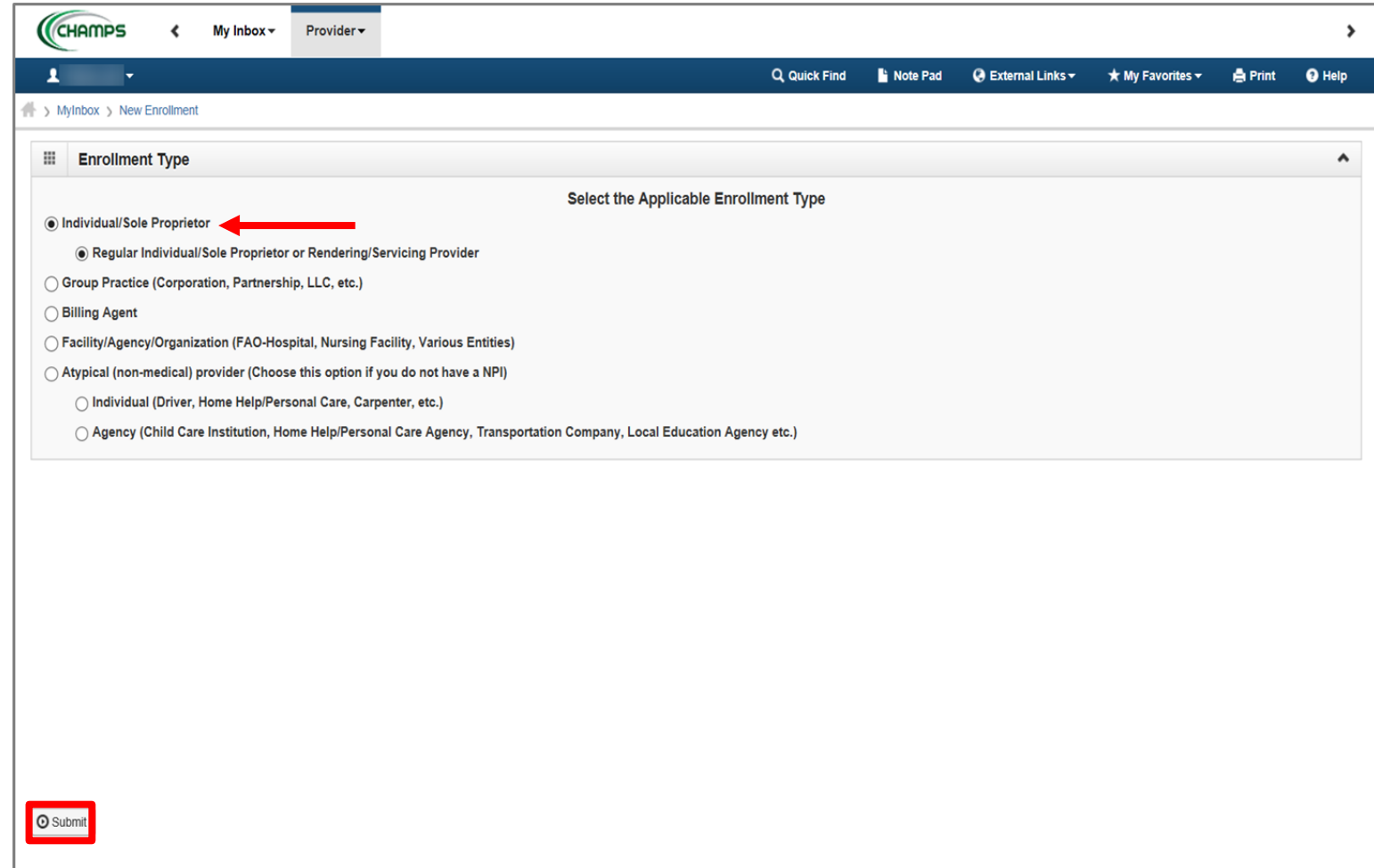
Begin the Enrollment Application Process: Individual/Sole

- After obtaining a MILogin account, requesting the CHAMPS application, and accessing CHAMPS, providers can begin the Enrollment Application.
- Click New Enrollment



Begin the Enrollment Application Process: Individual/Sole

- Select Individual/Sole Proprietor
- Click Submit



The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile icon, and tabs for 'My Inbox' and 'Provider'. Below this is a dark blue header with a search bar and links for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Enrollment Type' and contains a list of radio button options under the heading 'Select the Applicable Enrollment Type'. The first option, 'Individual/Sole Proprietor', is selected and highlighted with a red arrow. Below it are several sub-options, including '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)', and 'Atypical (non-medical) provider (Choose this option if you do not have a NPI)'. The 'Submit' button is located at the bottom left of the form and is highlighted with a red box.

CHAMPS

My Inbox Provider

Quick Find Note Pad External Links My Favorites Print Help

MyInbox > 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

Individual/Sole

Step 1: Basic Information

- Information needed:
 - ☐ First Name
 - ☐ Last Name
 - ☐ Social Security Number (SSN)
 - ☐ Date of Birth (DOB)
 - ☐ Vendor ID (SIGMA Vendor ID)
 - ☐ NPI
 - ☐ Contact Email Address
 - ☐ Home address
 - ☐ City/Town
 - ☐ State/Province
 - ☐ Country
 - ☐ Zip code
- Required items are marked with an asterisk.
- Refer to [Enrollment Guide for Individual/Sole providers](#) for complete step-by-step instructions.

Basic Information 1 - Google Chrome

tp-chp-uat.state.mi.us/ecams/CNSIControlServlet

Print Help

Basic Information: Enter required fields and click Confirm button.

Basic Information

EIN/TIN:

First Name: *

Last Name: *

Middle Initial:

Gender:

Suffix:

SSN: *

Date of Birth: *

Vendor ID: *

Applicant Type: Individual/Sole Proprietor *

Medicare Cost Share: ☐

NPI: *

Contact Email Address:

Email-1: *

Email-2:

Email-3:

Email-4:

Email-5:

Email-6:

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: OTHER *

State/Province: OTHER *

County: OTHER *

Country: UNITED STATES *

Zip Code: * -

Validate Address

Submit

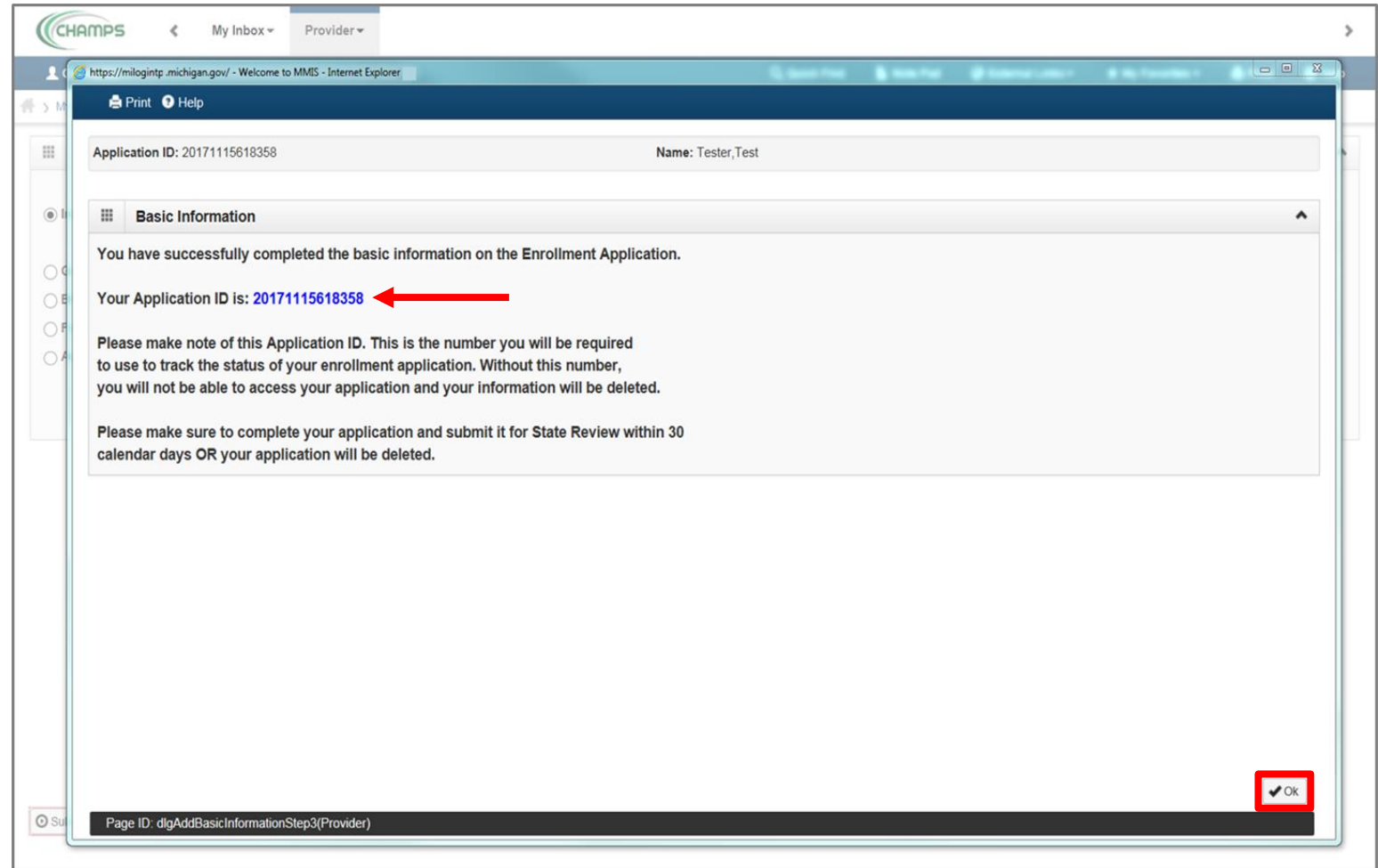
Confirm Finish Cancel

Page ID: dgAddBasicInformationStep1(Provider)

18:09

Individual/Sole

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



The screenshot shows a web browser window with the CHAMPS application. The address bar displays 'https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer'. The page title is 'CHAMPS'. The navigation bar includes 'My Inbox' and 'Provider'. The main content area is titled 'Basic Information' and contains the following text:

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.

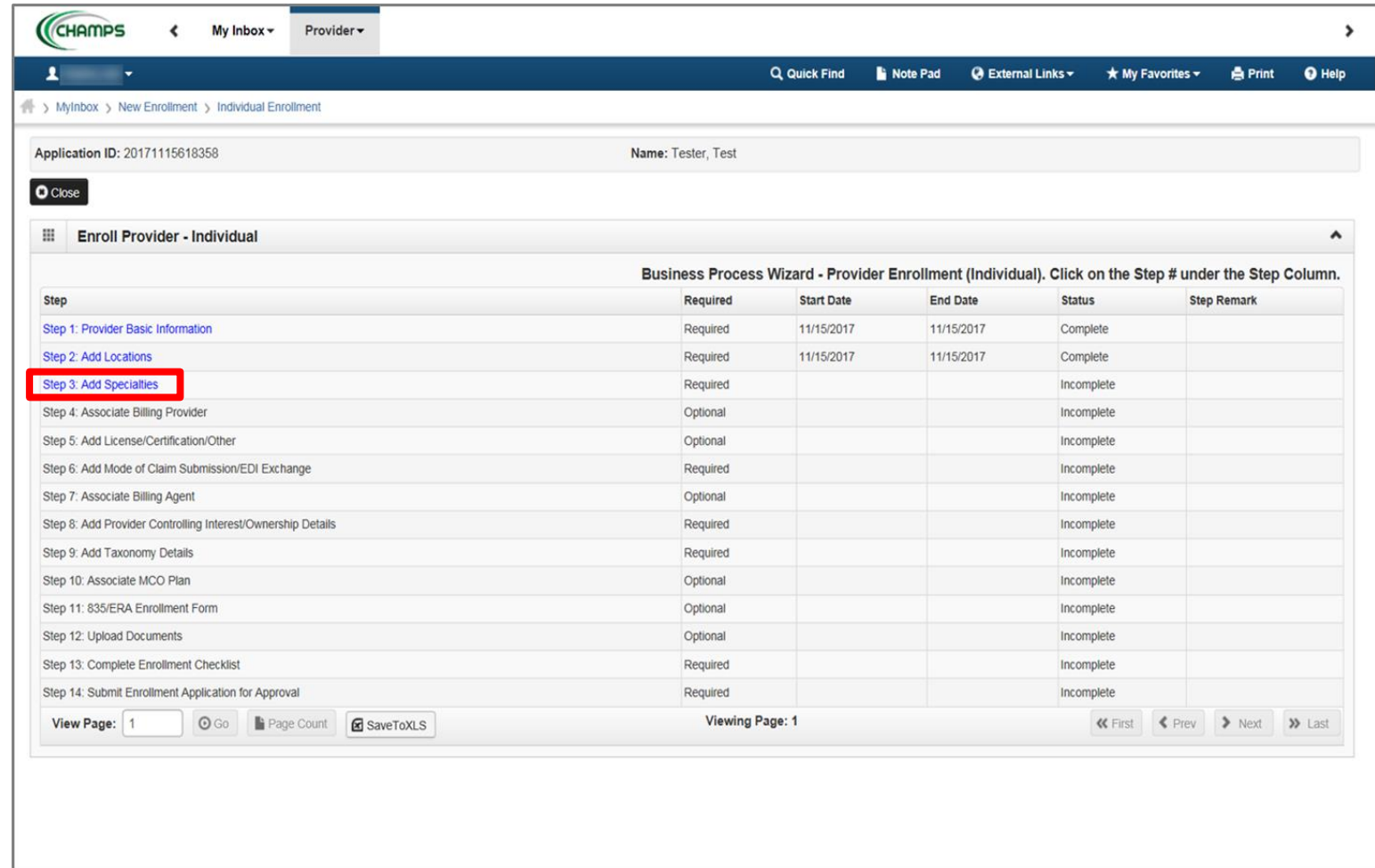
At the bottom right, there is a red-bordered button with a checkmark and the text 'Ok'.

Page ID: dlgAddBasicInformationStep3(Provider)

Individual/Sole Step 3: Add Specialties

- Utilize the [Enrollment Guide for Individual/Sole providers](#) for complete step-by-step instructions on completing step 2: Add Locations.
- Once step 2 is complete the next step is step 3: Add Specialties
- When completing Step 3: Add Specialties reference the following slides for help in selecting the correct specialty.

(Please Note: some steps are required verses optional)



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	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
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	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev Next > >> Last

Individual/Sole Step 3: Add Specialties

- Click Add

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is on the left, and navigation links for 'My Inbox' and 'Provider' are in the center. A dark blue header bar contains links for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the header, a breadcrumb trail shows 'MyInbox > New Enrollment > Individual Enrollment'. The main content area shows 'Application ID: 20171115618358' and 'Name: Tester, Test'. Below this, there are buttons for 'Close', 'Add' (highlighted with a red box), and 'Primary Speciality'. A section titled 'Specialty/Subspecialty List' contains a filter bar with a 'Filter By' dropdown, two input fields, and a 'Go' button. To the right of the filter bar are 'Save Filters' and 'My Filters' buttons. Below the filter bar is a table with three columns: 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table is currently empty, and a red message 'No Records Found !' is displayed at the bottom of the table area.

Individual/Sole Step 3: Add Specialties

- Select the appropriate Location.
 - The location will default to the primary practice location entered in step 2.
- From the Provider Type dropdown menu select Non-Physicians.
- From the Specialty dropdown select: Doula

(Please Note: There is no need to fill in an End Date)

- Click Ok

The screenshot displays the 'Add Provider Specialties' form within the CHAMPS Provider Portal. The form includes fields for 'Location' (set to '01-'), 'Provider Type' (set to 'NON-PHYSICIANS'), 'Specialty' (set to 'Doula'), and 'End Date'. The 'Specialty' dropdown menu is open, showing a list of medical specialties, with 'Doula' highlighted. Red arrows point to the 'Provider Type' and 'Specialty' dropdowns. The 'OK' button is highlighted with a red box. The page ID is 'dlgEntAddSpecialties(Provider)'.

Individual/Sole Step 3: Add Specialties

- After adding the specialty click the Primary Specialty button.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there's a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, a header bar displays 'Last Login: 27 DEC, 2022 01:21 PM' and links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Individual Enrollment'. It features a form with 'Application ID:' and 'Name: Testing, Doula'. Below the form, there are three buttons: 'Close', 'Add', and 'Primary Specialty' (which is highlighted with a red box). Underneath these buttons is a section titled 'Specialty/Subspecialty List'. This section includes a 'Filter By' dropdown, a 'Go' button, and 'Save Filters' and 'My Filters' buttons. A table lists the available specialties:

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> ▲▼	▲▼	▲▼
<input type="checkbox"/> Doula/No Subspecialty	NON-PHYSICIANS	12/31/2999

At the bottom of the table, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', and 'Save to Excel'. The page status 'Viewing Page: 1' is displayed, along with navigation links: '<< First', '< Prev', 'Next >', and '>> Last'.

Individual/Sole Step 3: Add Primary Specialty

- From the Primary Specialty/Subspecialty dropdown menu select: Non-Physicians Doula/No Subspecialty.
- Note the Board Certified and Board Eligible indicators pre-populate to No.
 - If the provider is Board Certified or Eligible update the buttons to Yes and additional information will be required in step 5.
- Once completed click Save then Close.

CHAMPS

My Inbox Provider

Last Login: 27 DEC, 2022 01:21 PM

Note Pad External Links My Favorites Print Help

Provider Portal Individual Enrollment

Application ID: Name: Testing, Doula

Close Save

Primary Specialty For Enrollment

Primary Specialty/Subspecialty: None

Board Certified: Yes No

Board Eligible: Yes No

Start Date: 01/01/2015 *

End Date:

Your designation and attestation of a primary specialty will be utilized to identify and evaluate your eligibility for the Primary Care Rate Increase.


(If Board Certified, please provide Board Certification No. in License/Certification/Other step.)

(If Board Eligible, please provide Board Eligibility Information. in License/Certification/Other step.)

Individual/Sole

Step 3: Add Primary Specialty

- Click Close to return to the business process wizard steps.



My Inbox

Provider

Last Login: 27 DEC, 2022 01:21 PM

Note Pad

External Links

My Favorites

Print

Help

Provider Portal > Individual Enrollment

Application ID:

Name: Testing, Doula

Close

Add

Primary Specialty

Specialty/Subspecialty List

Filter By

Go

Save Filters

My Filters

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> <div>▲▼</div>	<input type="checkbox"/> <div>▲▼</div>	<input type="checkbox"/> <div>▲▼</div>
<input type="checkbox"/> Doula/No Subspecialty	NON-PHYSICIANS	12/31/2999

Delete

View Page: 1

Go

Page Count

Save to Excel

Viewing Page: 1

First

Prev

Next

Last

Individual/Sole

Step 4: Associate Billing Provider

- Step 3 will show complete
- Click Step 4: Associate Billing Provider
 - The billing provider may be a healthcare system or physician group.
- For Individual/Sole proprietor enrollment types this step is optional.
 - Doula providers working with Doula groups or Medicaid-enrolled organizations will need to complete this step.
- Rendering/Servicing enrollment types are required to associate to a billing provider enrolled as a group, FAO, or Clinic billing provider.
- Refer to [Enrollment Guide for Individual/Sole providers](#) for complete step-by-step instructions.

CHAMPS < My Inbox Provider >

Last Login: 27 DEC, 2022 01:21 PM

Provider Portal > Individual Enrollment

Application ID: Name: Testing, Doula

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	12/28/2022	12/28/2022	Complete	
Step 2: Add Locations	Required	12/28/2022	12/28/2022	Complete	
Step 3: Add Specialties	Required	12/28/2022	12/28/2022	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Complete	
Step 5: Add License/Certification/Other	Optional			Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
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	

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

Individual/Sole

Step 4: Associate Billing Provider

- Click Add



My Inbox

Provider

Last Login: 27 DEC, 2022 01:21 PM

Note PadExternal LinksMy FavoritesPrintHelp

Provider Portal

Individual Enrollment

Application ID:

Name: Testing, Doula

Close

Add

Billing Provider/Other Associations List

Filter By

Go

Save Filters

My Filters

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Business Status End Date
No Records Found !						

Individual/Sole Step 4: Associate Billing Provider

- From the Type dropdown select NPI.
- Enter the 10-digit billing provider NPI in the ID field.
- Enter the start date.
 - The date the Individual Provider enrolling was or became associated with the billing provider. This is not the enrollment start date.
 - There is no need to fill in an End Date unless the enrolling provider is no longer associated to the billing provider.
- Click Confirm Provider

The screenshot displays the CHAMPS Provider Portal interface. A modal window titled "Associate Billing Provider/Other Associations" is open. The form contains the following fields and controls:

- Application ID:** A text field with the value "Testing, Doula".
- Type:** A dropdown menu set to "NPI". A red arrow points to this field.
- ID:** A text field for the 10-digit billing provider NPI. A red arrow points to this field.
- Start Date:** A date picker field. A red arrow points to this field.
- Business Status End Date:** A date picker field.
- Provider Name:** A text field.
- Enrollment Type:** A text field.
- Applicant Type:** A text field.
- End Date:** A date picker field.

At the bottom of the modal, there is a "Confirm Provider" button highlighted with a red box, along with "OK" and "Cancel" buttons. The page ID "dlgBillingProviderID(Provider)" is visible at the bottom of the screen.

Individual/Sole Step 4: Associate Billing Provider

- After clicking confirm provider the billing provider name, enrollment, and applicant type will populate.
 - If the billing NPI entered is not currently enrolled in CHAMPS providers will receive an error message and will need to enter a different billing NPI.
- Click Ok.

The screenshot displays the CHAMPS Provider Portal interface. The main window is titled 'Associate Billing Provider/Other Associations'. It contains the following fields and controls:

- Application ID:** [Text field]
- Name:** Testing, Doula
- Type:** NPI (dropdown menu)
- ID:** [Text field]
- Provider Name:** [Text field] (highlighted with a red arrow)
- Enrollment Type:** Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities) (highlighted with a red arrow)
- Applicant Type:** [Text field]
- Start Date:** 01/01/2015 (calendar icon)
- End Date:** [Text field]
- Business Status End Date:** 12/31/2999

At the bottom right, there are three buttons: 'Confirm Provider', 'Ok' (highlighted with a red box), and 'Cancel'.

Individual/Sole Step 4: Associate Billing Provider

- The billing provider information will be displayed with the association start and end dates.
 - The billing provider's Business Status End Date is the date the provider would need to complete revalidation.
- If additional billing providers or provider groups need to be associated, click Add. Providers can have multiple billing providers associated.
- Once all billing providers have been associated click Close to return to the business process wizard steps.

The screenshot displays the CHAMPS Provider Portal interface. At the top, the CHAMPS logo is on the left, and navigation links for 'My Inbox' and 'Provider' are in the center. A dark blue header bar contains a user profile icon, the text 'Last Login: 28 DEC, 2022 11:11 AM', and utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the header, the breadcrumb trail shows 'Provider Portal > Individual Enrollment'. The main content area features a form with 'Application ID:' and 'Name: Testing, Doula'. Below this, 'Close' and 'Add' buttons are highlighted with red boxes. A section titled 'Billing Provider/Other Associations List' contains a table with columns: NPI/Provider ID, Provider Name, Enrollment Type, Start Date, End Date, Status, and Business Status End Date. A single row is visible with the following data: NPI/Provider ID (blank), Provider Name (blank), Enrollment Type 'Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)', Start Date '01/01/2015', End Date '12/31/2999', Status 'Approved', and Business Status End Date '12/31/2999'. Below the table are controls for 'Filter By', 'Go', 'Save Filters', 'My Filters', 'Delete', 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and navigation buttons 'First', 'Prev', 'Next', 'Last'.

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Business Status End Date
		Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)	01/01/2015	12/31/2999	Approved	12/31/2999

Individual/Sole Step 4: Associate Billing Provider

- Step 4 will show complete
- Providers will need to complete the remaining required enrollment steps and submit the application for approval.
- Refer to [Enrollment Guide for Individual/Sole providers](#) for complete enrollment instructions.
- To track the status of the application it's important to take note of the Application ID—[Track Application Resource](#)

CHAMPS

My Inbox Provider

Last Login: 28 DEC, 2022 11:11 AM

Note Pad External Links My Favorites Print Help

Provider Portal Individual Enrollment

Application ID: Name: Testing, Doula

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	12/28/2022	12/28/2022	Complete	
Step 2: Add Locations	Required	12/28/2022	12/28/2022	Complete	
Step 3: Add Specialties	Required	12/28/2022	12/28/2022	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	12/28/2022	12/28/2022	Complete	
Step 5: Add License/Certification/Other	Optional			Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
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	

View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

First Prev Next Last

(Please Note: Optional steps may show as incomplete if you chose not to complete. This is ok.)

Existing Providers

CHAMPS Modification: Adding the Doula Specialty

Current CHAMPS enrolled providers who will provide Doula services must submit a CHAMPS provider enrollment modification to update their provider enrollment information to add the Doula specialty.

Slides 32-44 should be used by providers who have already completed an enrollment application in CHAMPS.

Provider Modification

- After logging into CHAMPS.
- Click the Provider Tab and select Manage Provider Information.

Please note: Slides 32-44 should be used by providers who are currently enrolled in CHAMPS. Existing enrolled providers will need to add the doula specialty to their existing or current enrollment file.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with tabs: 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. The 'Provider' tab is selected. Below the navigation bar, there is a sidebar with options: 'PROVIDER ENROLLMENT' (containing 'New Enrollment' and 'Track Application') and 'MANAGE PROVIDER' (containing 'Manage Provider Information', which is highlighted with a red box). The main content area shows a form for 'NPI:' and 'Name:', followed by a 'Filter By' dropdown and a 'Go' button. Below this is a table with columns: 'Alert Type', 'Alert Message', 'Alert Date', 'Due Date', 'Read', and 'Tickler Modified Date'. The table is currently empty, displaying 'No Records Found !'. On the right side of the interface, there is a 'Calendar' widget showing the date '23 January 2023 Monday' and a calendar grid for January 2023.

Provider Modification: Step 3: Specialties

- Click step 3: Specialties
- Utilize the [Enrollment Guide for Individual/Sole providers](#)

(Please Note: some steps are required versus optional)

CHAMPS

My Inbox Provider Claims Member PA

Last Login: 23 JAN, 2023 08:52 AM

Note Pad External Links My Favorites Print Help

Provider Portal Individual Modification

NPI: Name:

Close Undo Update

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	01/23/2023	01/23/2023	Complete		
Step 2: Locations	Required	01/23/2023	01/23/2023	Complete		
Step 3: Specialties	Required	01/23/2023	01/23/2023	Complete		
Step 4: Associate Billing Provider/Other Associations	Optional	01/23/2023	01/23/2023	Complete		
Step 5: License/Certification/Other	Optional	01/23/2023	01/23/2023	Complete		
Step 6: Mode of Claim Submission/EDI Exchange	Required	01/23/2023	01/23/2023	Complete		
Step 7: Associate Billing Agent	Required	01/23/2023	01/23/2023	Complete		
Step 8: Provider Controlling Interest/Ownership Details	Required	01/23/2023	01/23/2023	Complete		
Step 9: Taxonomy Details	Required	01/23/2023	01/23/2023	Complete		
Step 10: View Servicing Provider Details	Optional	01/23/2023	01/23/2023	Complete		
Step 11: Associate MCO Plan	Optional	01/23/2023	01/23/2023	Complete		
Step 12: 835/ERA Enrollment Form	Optional	01/23/2023	01/23/2023	Incomplete		
Step 13: Upload Documents	Optional	01/23/2023	01/23/2023	Complete		
Step 14: Complete Modification Checklist	Required	01/23/2023	01/23/2023	Incomplete		
Step 15: Submit Modification Request for Review	Required	01/23/2023	01/23/2023	Complete		

View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

First Prev Next Last

Provider Modification: Step 3: Specialties

- The provider's current specialties will be displayed.
- Click Add to enter the Doula Specialty to the provider's enrollment.

My Inbox

Provider

Claims

Member

PA

Last Login: 23 JAN, 2023 08:52 AM

Note Pad

External Links

My Favorites

Print

Help

Provider Portal

Individual Modification

NPI:

Name:

Close

Add

Primary Specialty

Specialty/Subspecialty List

Filter By

And

Filter By

And Operational Status

Active

Go

Save Filters

My Filters

Specialty/Subspecialty	Start Date	End Date	Status	Operational Status	Inactivation Date	Primary Specialty (Y/N)
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/>	01/23/2023	12/31/2999	Approved	Active		Yes

View Page: 1

Go

Page Count

Save to Excel

Viewing Page: 1

First

Prev

Next

Last

Provider Modification: Step 3: Specialties

- Select the appropriate Location.
 - The dropdown will default to the first location added in step 2. If more than one location was added select the appropriate location.
- From the Provider Type dropdown menu select Non-Physicians.
- From the Specialty dropdown menu select: Doula

(Please Note: There is no need to fill in an End Date)

- Click Ok

The screenshot displays the CHAMPS Provider Portal interface. The main window is titled 'Add Provider Specialties - review - Google Chrome'. The URL bar shows 'tp-chp-uat.state.mi.us/ecams/CNSControlServlet'. The page header includes 'CHAMPS', 'My Inbox', and 'Provider' tabs. The user's last login is '27 DEC, 2022 01:21 PM'. The page contains a sidebar with 'Application ID', 'Close', 'Add', 'Filter By', and 'Specialty/Subspecialty' options. The main content area has a form with the following fields: 'Application ID' (empty), 'Name' (Testing, Doula), 'Location' (01-), 'Provider Type' (NON-PHYSICIANS), 'Specialty' (---SELECT---), and 'End Date' (empty). A red arrow points to the 'Provider Type' dropdown, and another red arrow points to the 'Specialty' dropdown. The 'Specialty' dropdown is open, showing a list of specialties, with 'Doula' highlighted in blue. The 'OK' button is highlighted with a red box. The page ID is 'dlgEntAddSpecialties(Provider)'.

Provider Modification: Step 3: Specialties

- After adding the specialty click the Primary Specialty button.

My Inbox

Provider

Claims

Member

PA

Last Login: 23 JAN, 2023 08:56 AM

Note Pad

External Links

My Favorites

Print

Help

Provider Portal

Individual Modification

NPI:

Name:

Close

Add

Primary Specialty

Specialty/Subspecialty List

Filter By

And

Filter By

And Operational Status

Active

Go

Save Filters

My Filters

Specialty/Subspecialty	Start Date	End Date	Status	Operational Status	Inactivation Date	Primary Specialty (Y/N)
<input type="checkbox"/> <div></div>	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/>	01/23/2023	12/31/2999	Approved	Active		No
<input type="checkbox"/> Doula/No Subspecialty	01/23/2023	12/31/2999	In Review	Active		Yes

View Page: 1

Go

Page Count

Save to Excel

Viewing Page: 1

First

Prev

Next

Last

Provider Modification: Step 3: Add Primary Specialty

- From the Primary Specialty/Subspecialty dropdown menu select: Non-Physicians Doula/No Subspecialty.
- Note, the Board Certified and Board Eligible indicators pre-populate to No.
 - If the provider is Board Certified or Eligible, update the buttons to Yes, and additional information will be required in step 5.
- Once complete click Save, then Close.

CHAMPS

My Inbox Provider Claims Member PA

Last Login: 27 DEC, 2022 01:21 PM

Note Pad External Links My Favorites Print Help

Provider Portal Individual Modification

Application ID: Name:

Close Save

Primary Specialty For Enrollment

Primary Specialty/Subspecialty: None *
None
NON-PHYSICIANS/Doula/No Subspecialty

Board Certified: ☐ Yes ☒ No

Board Eligible: ☐ Yes ☒ No

Start Date: 01/01/2015 *

End Date:

Your designation and attestation of a primary specialty will be utilized to identify and evaluate your eligibility for the Primary Care Rate Increase.

(If Board Certified, please provide Board Certification No. in License/Certification/Other step.)

(If Board Eligible, please provide Board Eligibility Information. in License/Certification/Other step.)

Provider Modification: Step 3: Add Primary Specialty

- The newly added Doula specialty will be listed with an 'In Review' status.
- Click Close to return to the business process wizard steps.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there's a navigation bar with tabs: My Inbox, Provider (selected), Claims, Member, and PA. Below this is a header with the user's name, last login time (23 JAN, 2023 08:56 AM), and links for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal > Individual Modification'. It includes fields for NPI and Name. Below these are buttons for Close (highlighted with a red box), Add, and Primary Specialty. The 'Specialty/Subspecialty List' section features a table with columns: Specialty/Subspecialty, Start Date, End Date, Status, Operational Status, Inactivation Date, and Primary Specialty (Y/N). The table contains two rows: one for 'Approved' status and 'Active' operational status, and another for 'In Review' status and 'Active' operational status. A red arrow points to the 'In Review' status in the second row. Below the table are buttons for View Page, Go, Page Count, Save to Excel, and viewing page information (Viewing Page: 1). Navigation buttons (First, Prev, Next, Last) are at the bottom right.

Specialty/Subspecialty	Start Date	End Date	Status	Operational Status	Inactivation Date	Primary Specialty (Y/N)
<input type="checkbox"/> [Redacted]	01/23/2023	12/31/2999	Approved	Active		No
<input type="checkbox"/> Doula/No Subspecialty	01/23/2023	12/31/2999	In Review	Active		Yes

Provider Modification: Step 14: Complete Modification Checklist

- The specialty step will show updated.
- Complete any required steps or update any other steps as needed.
- Click step 14 to complete the modification.

CHAMPS

My Inbox Provider Claims Member PA

Last Login: 23 JAN, 2023 08:56 AM

Note Pad External Links My Favorites Print Help

Provider Portal Individual Modification

NPI: Name:

Close Undo Update

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/23/2023	01/23/2023	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Required	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Required	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 8: Provider Controlling Interest/Ownership Details	Required	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 9: Taxonomy Details	Required	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 12: 835/ERA Enrollment Form	Optional	01/23/2023	01/23/2023	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 14: Complete Modification Checklist	Required	01/23/2023	01/23/2023	Incomplete		
<input type="checkbox"/> Step 15: Submit Modification Request for Review	Required	01/23/2023	01/23/2023	Incomplete		Modification Request has not been Submitted.

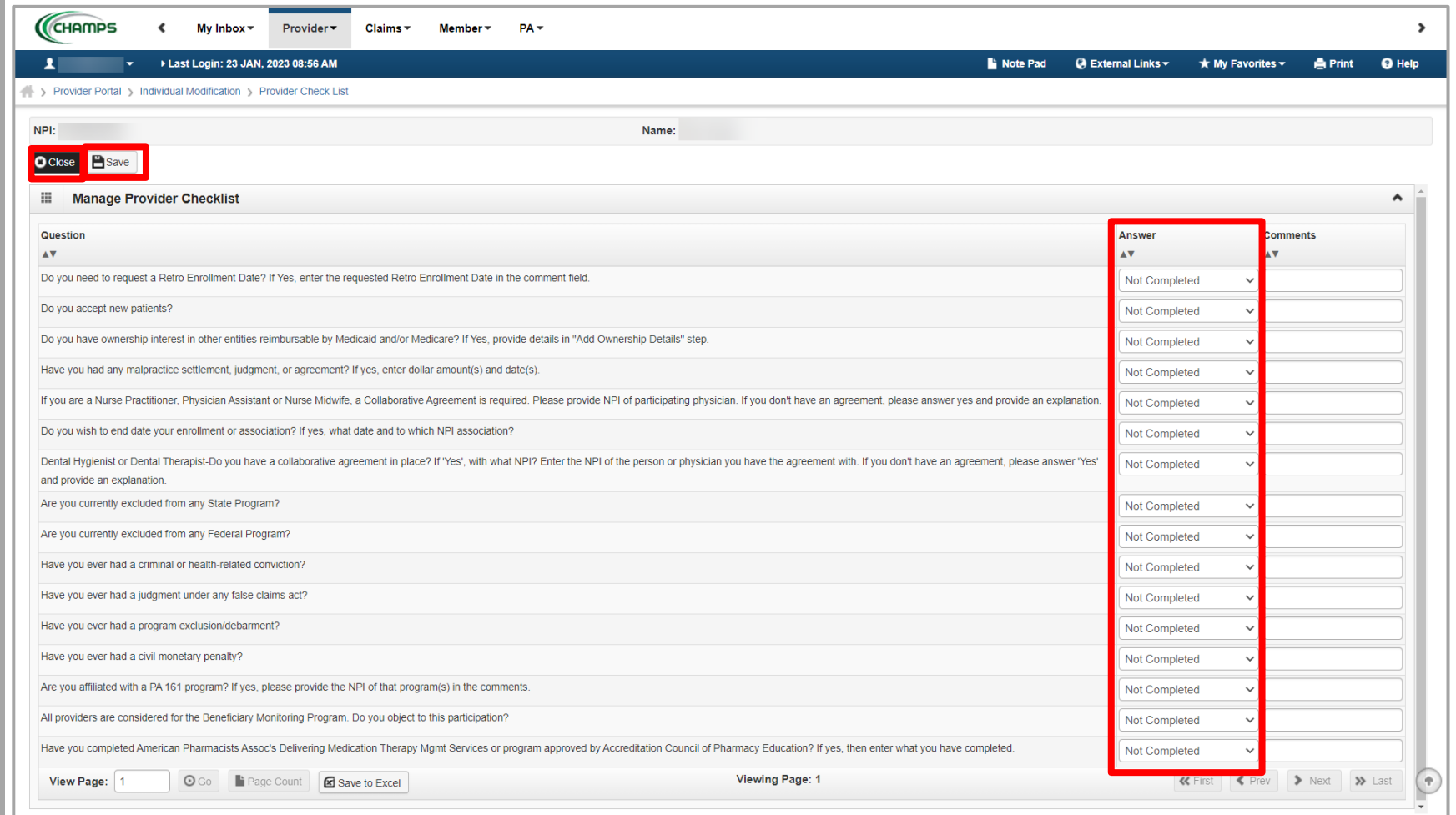
View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

First Prev Next Last

Provider Modification: Step 14: Complete Modification Checklist

- Review and select an answer for each required question.
 - Enter comments if necessary.
- Once all questions have been answered click save and close.



CHAMPS

My Inbox Provider Claims Member PA

Last Login: 23 JAN, 2023 08:56 AM

Note Pad External Links My Favorites Print Help

Provider Portal Individual Modification Provider Check List

NPI: Name:

Close Save

Manage Provider Checklist

Question	Answer	Comments
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Not Completed	
Do you accept new patients?	Not Completed	
Do you have ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	Not Completed	
Have you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).	Not Completed	
If you are a Nurse Practitioner, Physician Assistant or Nurse Midwife, a Collaborative Agreement is required. Please provide NPI of participating physician. If you don't have an agreement, please answer yes and provide an explanation.	Not Completed	
Do you wish to end date your enrollment or association? If yes, what date and to which NPI association?	Not Completed	
Dental Hygienist or Dental Therapist-Do you have a collaborative agreement in place? If 'Yes', with what NPI? Enter the NPI of the person or physician you have the agreement with. If you don't have an agreement, please answer 'Yes' and provide an explanation.	Not Completed	
Are you currently excluded from any State Program?	Not Completed	
Are you currently excluded from any Federal Program?	Not Completed	
Have you ever had a criminal or health-related conviction?	Not Completed	
Have you ever had a judgment under any false claims act?	Not Completed	
Have you ever had a program exclusion/debarment?	Not Completed	
Have you ever had a civil monetary penalty?	Not Completed	
Are you affiliated with a PA 161 program? If yes, please provide the NPI of that program(s) in the comments.	Not Completed	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed	
Have you completed American Pharmacists Assoc's Delivering Medication Therapy Mgmt Services or program approved by Accreditation Council of Pharmacy Education? If yes, then enter what you have completed.	Not Completed	

View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

First Prev Next Last

Provider Modification: Step 15: Submit Modification

- Step 14 will show updated.
- Click step 15 to submit the modification for approval.
- Step 15 must be completed in order to submit the modification for review and approval.

CHAMPS My Inbox Provider Claims Member PA

Last Login: 23 JAN, 2023 08:56 AM

Provider Portal Individual Modification

NPI: Name:

Close Undo Update

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/23/2023	01/23/2023	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Required	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Required	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 8: Provider Controlling Interest/Ownership Details	Required	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 9: Taxonomy Details	Required	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 12: 835/ERA Enrollment Form	Optional	01/23/2023	01/23/2023	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	01/23/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 14: Complete Modification Checklist	Required	01/23/2023	01/23/2023	Complete	Updated	
<input type="checkbox"/> Step 15: Submit Modification Request for Review	Required	01/23/2023	01/23/2023	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel Viewing Page: 1

First Prev Next Last

Provider Modification: Step 15: Submit Modification

- Click Next

My Inbox

Provider

Claims

Member

PA

Last Login: 23 JAN, 2023 08:56 AM

Note Pad

External Links

My Favorites

Print

Help

Provider Portal

Individual Modification

NPI:

Name:

Close

Next

Final Submission

NPI:

EnrollmentType: Individual/Sole Proprietor

The Information submitted shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.
I agree that the information submitted as a part of the application is correct. (Private and Confidential)

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
No Records Found !			

Provider Modification: Step 15: Submit Modification

- Read through the entire list of Terms and Conditions.
- Check the box at the end to agree to the Terms and Conditions
- Click 'Submit for Modification'
- Once submitted to the State for review, changes cannot be made to the information

CHAMPS

My InboxProviderClaimsMemberPA

Last Login: 23 JAN, 2023 08:56 AM

Note PadExternal LinksMy FavoritesPrintHelp

Provider PortalIndividual Modification

NPI:Name:

CloseSubmit for Modification

Final Submission

Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions

In applying for enrollment as a provider or trading partner in the Medical Assistance Program (and programs for which the Michigan Department Of Health and Human Services (MDHHS) is the fiscal intermediary), I represent and certify as follows:

1. The applicant, and the employer (if applicable), certify that the undersigned has/have the authority to execute this Agreement.

2. Enrollment in the Medical Assistance Program does not guarantee participation in MDHHS managed care programs nor does it replace or negate the contract process between a managed care entity and its providers or subcontractors.

3. All information furnished on this Medical Assistance Provider Enrollment & Trading Partner Agreement form is true and complete.

4. The providers and fiscal agents of ownership and control information agree to provide proper disclosure of provider's ownership information.

5. The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title Medicare, Medicaid, or Title XX programs. [42 CFR 455.106 and 42 U.S.C. § 1320a-7]

6. I agree to read the Medicaid Provider Manual from the Michigan Department Of Health and Human Services (MDHHS), the Medical Assistance Program contained in the manual, provider bulletins and other program notifications.

7. I agree to comply with the provisions of 42 CFR 455.104, 42 CFR 455.105, 42 CFR 431.107 and Act No. 280 of the Public Health Act of 1967, as amended.

8. I agree to comply with the requirements of Section 6032 of the Deficit Reduction Act of 2005, codified at section 1902(a)(18) of the Social Security Act, as amended.

9. I agree that, upon request and at a reasonable time and place, I will allow authorized state or federal government agents access to my records for the purpose of verifying my eligibility for the Medical Assistance Program. These records also include any service contract(s) I have with any billing agent/service provider.

10. I agree to include a clause in any contract I enter into which allows authorized state or federal government agents access to my records for the purpose of verifying my eligibility for the Medical Assistance Program.

11. I understand that the incentive payment requested using my National Provider Identifier (NPI) number will be made directly to the provider.

12. I am not currently suspended, terminated, or excluded from the Medical Assistance Program by any state or by the U.S. Department of Health and Human Services.

13. I agree to comply with all policies and procedures of the Medical Assistance Program. I also agree that all disputes, including those arising out of this Agreement, shall be resolved by arbitration in accordance with the rules of the American Arbitration Association, or in a court of competent jurisdiction. I further agree to reimburse the Medical Assistance Program for all costs and reasonable attorney fees, arising out of electronic Transactions the Trading Partner submits to MDHHS.

Trading Partner Provisions

The MDHHS and its Trading Partner desire to facilitate the exchange of healthcare transactions ("Transactions") by electronically transmitting and receiving data in agreed formats in substitution for conventional paper-based documents.

1. Companion Documents, Standards, Other Documentation: MDHHS makes available certain inbound and outbound Electronic Data Interchange (EDI) transaction sets/formats and associated version. From time to time during the term of this Agreement, MDHHS may modify supported transaction sets/formats. In submitting Transactions to MDHHS, the Trading Partner agrees to conform to MDHHS-issued provider publications and MDHHS Companion Guides as amended from time to time. The MDHHS Companion Guides, incorporated by reference herein, contain specific instructions for conducting each Transaction and as such supplement Implementation Guides issued under the Standards for Electronic Transactions mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended. The MDHHS Companion Guides are not intended to be complete billing instructions and do not alter or replace applicable physician guides or other healthcare provider billing publications issued by MDHHS or by other third party payers. The Trading Partner agrees to comply with the requirements set forth in the applicable MDHHS Companion Guides. The Trading Partner, or its vendor, or other authorized technical representative responsible for EDI software will document Trading Partner Information, data formats and related versions, trading partner identifiers, and other information MDHHS requires to receive and transmit specific Transactions supported by MDHHS.

2. Support.

As to software, equipment, and services associated with each party's performance under this Agreement, the parties agree to provide support services sufficient for Transactions to be exchanged. Each party will assist the other in establishing and/or maintaining support procedures, and will complete appropriate problem determination procedures prior to contacting the other with a support related matter. The parties agree to use all commercially reasonable efforts to avoid and resolve performance and unavailability issues. Each party will perform remedial action, as requested by the other, to assist in problem resolution. Each party, at its own expense, shall provide and maintain the equipment, software, services, and testing necessary to effectively and reliably transmit and receive transactions.

3. Data Retention.

MDHHS will log all Transactions for the purpose of problem investigation, resolution, and servicing. The Trading Partner is responsible for maintaining and retaining its own records of data submitted to MDHHS. Trading Partners who are healthcare providers will ensure that electronic healthcare claims submitted to MDHHS can be readily associated and identified with the correct patient medical and business office records, and that these records are maintained in a manner that permits review, and for the time period as may be required by MDHHS or other third party payer responsible for claim payment.

4. Proper Receipt and Verification for Transactions.

Upon proper receipt of any ANSI ASC X12N Standard Transaction, the receiving party shall promptly and properly transmit a functional acknowledgement in return, unless otherwise specified. The functional and interchange acknowledgements must be accepted and reviewed, when applicable, to confirm the receipt of a Transaction. The ability to send or receive functional acknowledgements is applicable only to ANSI ASC X12N Standard Transactions. Transactions must be accepted and reviewed, when appropriate, to obtain MDHHS's response to specific inbound Transactions. The acknowledging party does not attest to the accuracy of the data contained in the transmission, rather, it only confirms receipt of the transmission.

5. Liability.

MDHHS shall not be responsible to the Trading Partner nor anyone else for any damages caused by loss, delay, rejection, or any misadventure affecting such electronic information. In addition, MDHHS shall be excused from performing any EDI service or function, in whole or in part, as a result of an act of God, war, civil disturbance, court order, labor dispute, or other cause beyond its reasonable control, including shortages or fluctuations in electrical power, heat, light, or air conditioning. MDHHS's sole liability to the Trading Partner or to any other person or entity in connection with MDHHS's responsibilities under this Agreement shall be to reprocess information supplied by the Trading Partner or duplicate information from a backup supplied by the Trading Partner upon MDHHS's request which shall be the sole remedy against MDHHS for claimed damage or injury of any nature. MDHHS shall not be liable for any indirect, special, or consequential damages arising out of any access, use, or any reliance upon, the EDI services MDHHS provides to the Trading Partner. MDHHS assumes no responsibility for claims preparation, review, information accuracy, pricing, adjudication, payment, adjustment, accounting, reconciliation or any other matter related to the claims transmitted for delivery to other third party payers. The Trading Partner agrees to defend, indemnify, and hold harmless MDHHS, its Trading Partners, officers, agents, employees, assigns and successors from and against any and all claims, losses, and actions, including all costs and reasonable attorney fees, arising out of electronic Transactions the Trading Partner submits to MDHHS.

6. Standard Transactions.

All Standard Transactions, as defined by HIPAA, will be conducted by the parties using only code sets, data elements, and formats specified by the Transaction Rules and instructions in the MDHHS Companion Guides. The parties agree that when conducting Standard Transactions, they will not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked "not used" in the standard's implementation specification or are not in the standard's implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specifications.

7. Testing.

All new Trading Partners will cooperate with MDHHS upon request in testing processes prior to submission of production data. Existing Trading Partners will cooperate with MDHHS upon request in testing processes for any changes in submission format prior to submission of production files. MDHHS will notify the Trading Partner of the effective date for production data after successful testing.

8. Data and Network Security.

The parties agree to use reasonable security measures to protect the integrity of data transmitted under this Agreement and to protect this data from unauthorized access. The Trading Partner shall comply with MDHHS data and network security requirements, which may change from time to time and as may be required by the HIPAA security regulations.

9. Automatic Amendment for Regulatory Compliance.

This Agreement will automatically be amended to comply with any final regulation or amendment to a final regulation adopted by the U.S. Department of Health and Human Services concerning the subject matter of this Agreement upon the effective date of the final regulation or amendment.


10. Miscellaneous.

Provisions 3 and 8 shall survive termination of this Agreement.

The Trading Partner will notify MDHHS of any changes in trading partner information supplied including, but not limited to, the name of the service bureau, billing service, recipient of remittance file, or provider code at least 30 calendar days prior to the effective date of such change.

By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Medical Assistance Provider Enrollment & Trading Partner Agreement.

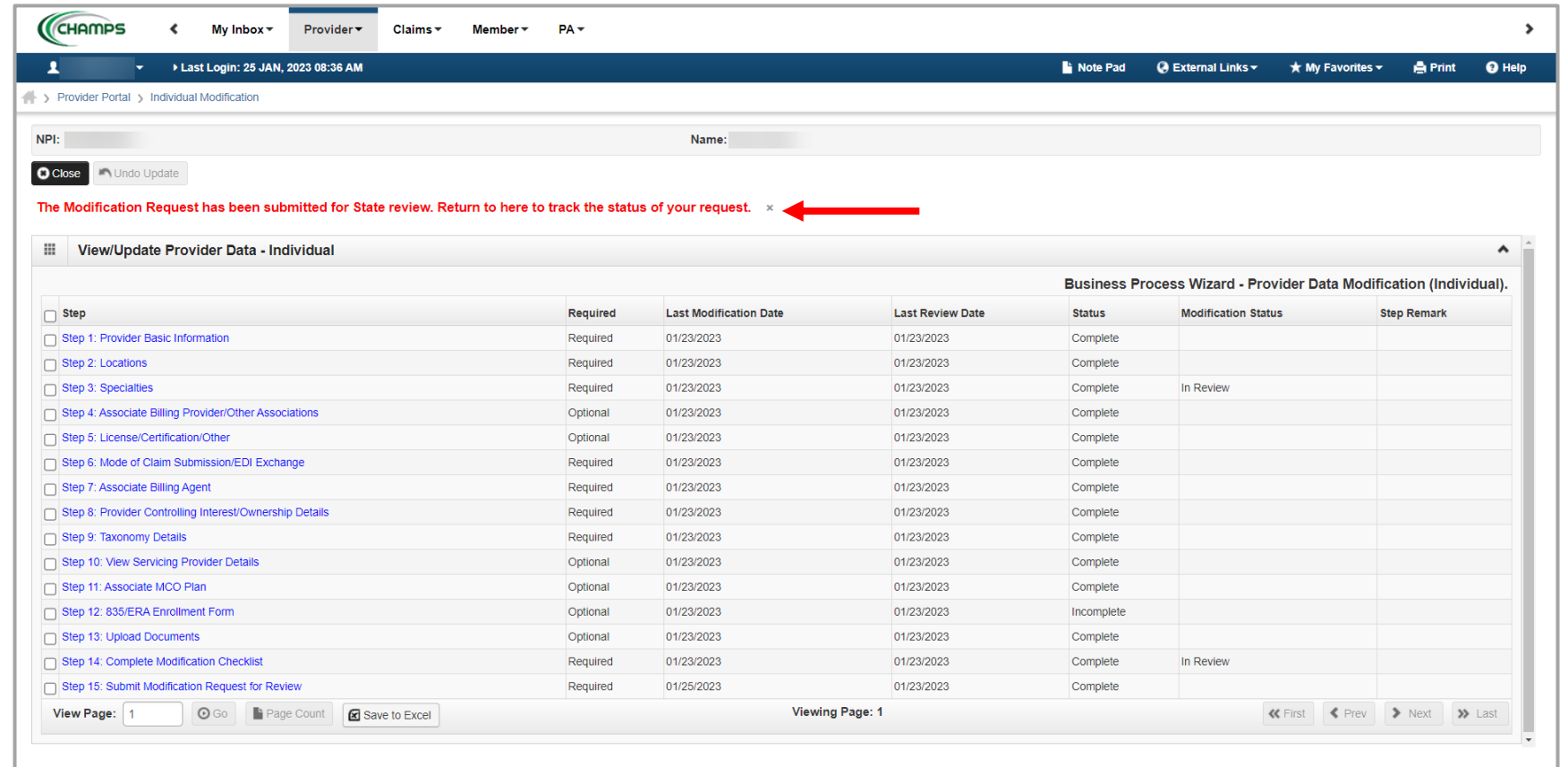
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MDHHS
Michigan Department of Health & Human Services

Provider Modification: Step 15: Submit Modification

- Step 15 is now complete
- The modification will show it's been submitted.
- The steps that were updated will show an 'In Review' status.

(Please Note: Optional steps may show as incomplete if you chose not to complete them. This is ok.)



CHAMPS My Inbox Provider Claims Member PA

Last Login: 25 JAN, 2023 08:36 AM

Provider Portal > Individual Modification

NPI: Name:

Close Undo Update

The Modification Request has been submitted for State review. Return to here to track the status of your request. x

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	01/23/2023	01/23/2023	Complete		
Step 2: Locations	Required	01/23/2023	01/23/2023	Complete		
Step 3: Specialties	Required	01/23/2023	01/23/2023	Complete	In Review	
Step 4: Associate Billing Provider/Other Associations	Optional	01/23/2023	01/23/2023	Complete		
Step 5: License/Certification/Other	Optional	01/23/2023	01/23/2023	Complete		
Step 6: Mode of Claim Submission/EDI Exchange	Required	01/23/2023	01/23/2023	Complete		
Step 7: Associate Billing Agent	Required	01/23/2023	01/23/2023	Complete		
Step 8: Provider Controlling Interest/Ownership Details	Required	01/23/2023	01/23/2023	Complete		
Step 9: Taxonomy Details	Required	01/23/2023	01/23/2023	Complete		
Step 10: View Servicing Provider Details	Optional	01/23/2023	01/23/2023	Complete		
Step 11: Associate MCO Plan	Optional	01/23/2023	01/23/2023	Complete		
Step 12: 835/ERA Enrollment Form	Optional	01/23/2023	01/23/2023	Incomplete		
Step 13: Upload Documents	Optional	01/23/2023	01/23/2023	Complete		
Step 14: Complete Modification Checklist	Required	01/23/2023	01/23/2023	Complete	In Review	
Step 15: Submit Modification Request for Review	Required	01/25/2023	01/23/2023	Complete		

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First Prev Next Last

Next Steps

Pathway to Providing Medicaid Covered Doula Services

As of January 1, 2023, Doula providers may begin to enroll in CHAMPS as an Individual/Sole enrollment type.

Enroll as a Provider

Once the doula application is approved providers may complete the CHAMPS application.

[MDHHS Doula Registry website](#)

Enroll in a Medicaid Health Plan if you wish to be reimbursed for services provided to individuals enrolled in Medicaid Health Plans. [Enroll/Credential with a Medicaid Health Plan](#)

Provider Enrollment Instructions and User Guides: www.Michigan.gov/MedicaidProviders >> [Provider Enrollment](#)

Check Eligibility

Prior to rendering services providers will need to verify Medicaid eligibility. Policy: [Medicaid Provider Manual](#), Beneficiary Eligibility Chapter.

Once eligibility is established, data from MDHHS is available via the [CHAMPS Eligibility Inquiry](#).

If the beneficiary is enrolled in a Medicaid Health Plan (MHP) providers must ensure they are enrolled with the MHP.

CHAMPS Eligibility Instructions and User Guides: www.Michigan.gov/MedicaidProviders >> CHAMPS>> [Eligibility and Enrollment](#)

Prior Authorization (if needed)

Additional visits, beyond the limits in policy, may be requested through the prior authorization (PA) process.

PA requirements for Medicaid Health Plan (MHP) enrollees may differ from those required for Fee-for-Service (FFS) beneficiaries. Providers should contact the individual MHPs regarding their authorization requirements.

CHAMPS Prior Authorization Resources and User Guides: www.Michigan.gov/MedicaidProviders >> CHAMPS>> [Prior Authorization](#)

Next Steps

Pathway to Providing Medicaid Covered Doula Services

Render Services

It is the expectation that doula services be provided face-to-face with the beneficiary. Prenatal and postpartum services may be delivered via telehealth. Doula providers will be expected to adhere to the current MDHHS telemedicine policy. (refer to [MMP 22-47](#))

Doula services may include a maximum of six total visits during the prenatal and postpartum periods and one visit for attendance at labor and delivery. All prenatal and postpartum visits must be at least a minimum of 20 minutes in duration with a beneficiary to be considered eligible for reimbursement.



Submit the FFS Claim or MHP Encounter

All FFS claims submitted and accepted are processed through CHAMPS. Providers billing to MHP will need to submit an encounter to the appropriate plan.

Billing Requirements for Services Provided Within the Clinic Setting

FQHCs, RHCs, THC, and Tribal FQHCs must use the ASC X12N 837I institutional format when submitting electronic claims for services performed by doulas within the clinic's scope of services.

Clinic Billing Requirements for Services Provided Outside the Clinic Setting

FQHCs, RHCs, THC, and Tribal FQHCs may bill for covered doula services in settings other than the clinic office, such as in the beneficiary's home or hospital setting. Services must be billed separately using their non-clinic Type 2 specialty enrolled NPI on a professional claim format (CMS 1500/837P).

CHAMPS Direct Data Entry (DDE) Claim Resources and User Guides: www.Michigan.gov/MedicaidProviders >> CHAMPS>>[Claims and Encounters](#)

Provider Resources



MDHHS website: www.michigan.gov/medicaidproviders



Doula Initiative website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/maternal-and-infant-health/mdhhs-doula-initiative>



We continue to update our Provider Resources:

[CHAMPS Resources](#)

[Listserv Instructions](#)

[Provider Alerts](#)



Provider Support:

ProviderSupport@Michigan.gov

1-800-292-2550



Thank you for participating in the Michigan Medicaid Program