

Certified Community Behavioral Health Clinics (CCBHC)

CHAMPS Provider Enrollment Requirement

Updated September 30, 2025



“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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Policy Background



CHAMPS Enrollment Type:
Facility/Agency/Organization (FAO)



Provider Resources

Policy Background

[MMP 23-56](#)

The CMS CCBHC Demonstration requires states and their certified sites to provide a robust set of coordinated, integrated, and comprehensive services to all persons with any mental illness or substance use disorder (SUD) diagnosis.

Per CMS directive, states have the flexibility to determine which behavioral health providers can participate in the CCBHC Demonstration.

Sites must meet all requirements as outlined in the CCBHC Demonstration Handbook and be certified by MDHHS to be designated as a CCBHC demonstration site.

Before being able to bill for services providers will need to enroll in the state's online Medicaid enrollment system, Community Health Automated Medicaid Processing System (CHAMPS) starting October 2025.

CHAMPS

Enrollment Type: Facility/Agency/Organization (FAO)

Beginning October 2025 CCBHC may begin to enroll in CHAMPS as an FAO enrollment type.

The following slides walk through the CHAMPS FAO enrollment resources and the specific specialty needed for CCHBC providers. Note this presentation does not walk through all required enrollment steps.

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

Provider Enrollment Process Overview

New users NOT enrolled in CHAMPS

Obtain a new NPI [NPPES \(hhs.gov\)](https://www.hhs.gov/npi).

Register in SIGMA
www.Michigan.gov/SIGMAVSS

*Providers already registered with SIGMA can use the same vendor ID when completing the CCBHC provider enrollment application. Multiple SIGMA Vendor IDs are not required.

[Register for a MiLogin Account for Access to CHAMPS.](#)

Starting 10/01/2025 complete a new FAO provider enrollment application within CHAMPS. [Facility/Agency/Organization instructions](#)

Existing users already enrolled in CHAMPS

Obtain a new NPI [NPPES \(hhs.gov\)](https://www.hhs.gov/npi).

Starting 10/01/2025 complete a new FAO provider enrollment application within CHAMPS. [Facility/Agency/Organization section](#)

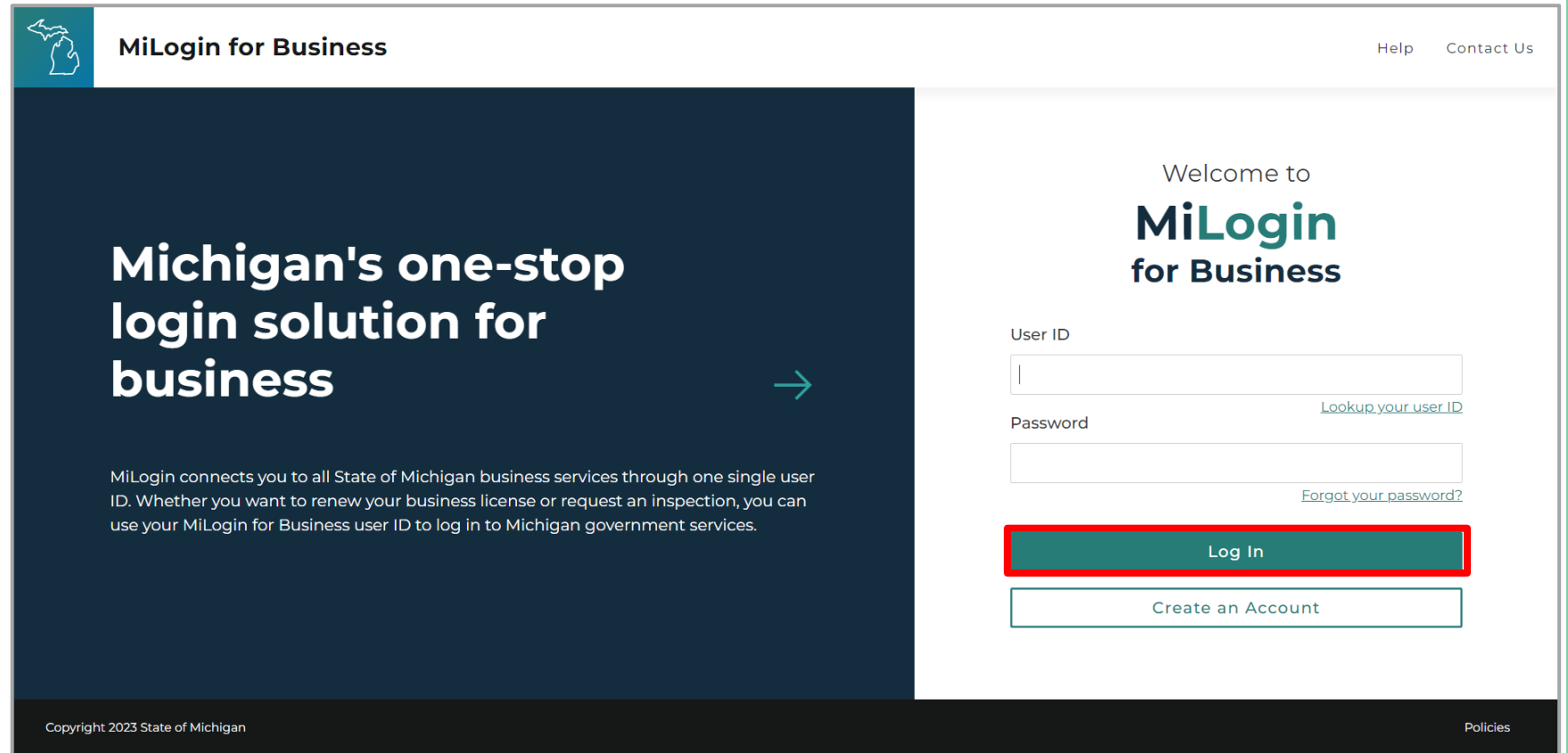
Note that current provider enrollment files are not required to be closed. Providers can have multiple provider enrollment files in CHAMPS based on specialties.

MiLogin

- A MiLogin user ID and password is required to subscribe and access the Community Health Automated Medicaid Processing System (CHAMPS) application.
- Current CHAMPS users with access to a provider's domain do not need to create another MiLogin account. The CCBHC provider enrollment application can be completed under their existing account.
- How to access:
 - <https://MILogintp.Michigan.gov>

For complete instructions on how to register for MiLogin and access CHAMPS reference the below resources:

- [MiLogin Instructions](#)
- [MiLogin Help Page](#)
- [Access CHAMPS](#)



The screenshot displays the MiLogin for Business website. At the top left is the Michigan state logo, followed by the text "MiLogin for Business". On the top right, there are links for "Help" and "Contact Us". The main content area is split into two columns. The left column has a dark blue background with the text "Michigan's one-stop login solution for business" in white, accompanied by a right-pointing arrow. Below this, a paragraph explains that MiLogin connects users to all State of Michigan business services through a single user ID. The right column has a white background with the heading "Welcome to MiLogin for Business". Below the heading are two input fields: "User ID" and "Password". The "User ID" field has a "Lookup your user ID" link below it. The "Password" field has a "Forgot your password?" link below it. At the bottom of the form are two buttons: "Log In" (highlighted with a red border) and "Create an Account". The footer contains "Copyright 2023 State of Michigan" on the left and "Policies" on the right.

New FAO Enrollment

- Click New Enrollment

Note: Existing CHAMPS users with access to a provider's domain can complete the CCBHC provider enrollment application by selecting the provider tab and selecting the 'New Enrollment' option.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and utility icons for Quick Find, Note Pad, External Links, My Favorites, Print, and Help. Below the navigation bar, the main content area is titled 'Provider Enrollment'. A table is displayed with two rows of options. A red arrow points to the 'New Enrollment' link in the first row.

New Enrollment	Enroll As A New Provider
Track Application	Track Existing Provider Application

New FAO Enrollment

- Select Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Click Submit

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile icon. Below the navigation bar, there is a dark blue header with the text 'Last Login: 12 JUN, 2025 10:28 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'New Enrollment' and contains a form section titled 'Enrollment Type'. The form section has a sub-header 'Select the Applicable Enrollment Type' and a list of radio button options:

- Individual Provider (Physician, Non Physician) with Type 1 NPI
 - Individual/Sole Proprietor or Rendering/Service Provider
- Group Practice (Corporation, Partnership, LLC, etc.)
- Billing Agent
- Facility/Agency/Organization (Hospital, Nursing Facility, Special Programs, etc) with Type 2 NPI
- Atypical (non-medical) provider (Choose this option if you do not have an NPI. EVV Agencies are now required to have an NPI and should also choose this option.)
 - Individual (Driver, Home Help/Personal Care, Carpenter, CTS, etc.)
 - Agency (Home Help/Personal Care Agency, Fiscal Intermediary, Home and Community Based Services Agencies, Home Care Agency, Transportation Company, Local Education Agency etc.)
Type 2 NPI if required by policy

A red arrow points to the selected option, and a red box highlights the 'Submit' button at the bottom left of the form.

New FAO Enrollment

- Complete all fields marked with an asterisk (*)

Information needed:

- Entity Business Name
 - EIN/TIN
 - Organization Business Type
 - Select Medicaid
 - Vendor ID
 - NPI
 - Contact Email Address
- Click Confirm
 - Click Finish

Refer to [Enrollment Guide for FAO Providers](#) for complete step-by-step instructions.

The screenshot displays the CHAMPS web application interface for a 'New Enrollment' process. The browser window shows the URL 'https://tp-chp-uat.state.mi.us/ecams/CNSControlServlet'. The main form is titled 'Basic Information: Enter required fields and click Confirm button.' and contains the following fields:

- Legal Entity Name:** Text input field with a note '(As shown on the Income Tax Return)'
- Entity Business Name:** Text input field with an asterisk (*) and a note '(Doing Business As)'
- Organization/Business Type:** Dropdown menu with an asterisk (*)
- EIN/TIN:** Text input field with an asterisk (*)
- Vendor ID:** Text input field with an asterisk (*)
- Medicare Cost Share:** Checkmark box
- NPI:** Text input field with an asterisk (*)
- Contact Email Address:** A section containing six text input fields labeled 'Email-1' through 'Email-6', with 'Email-1' having an asterisk (*)

At the bottom right of the form, three buttons are visible: 'Confirm', 'Finish', and 'Cancel'. The 'Confirm' and 'Finish' buttons are highlighted with a red rectangular box. A 'Submit' button is also visible at the bottom left of the browser window.

FAO

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

The screenshot displays the CHAMPS Provider Portal interface. The main content area shows a confirmation message for an enrollment application. The message includes the following text:

Application ID: 20250703457161 **Name:** CCBHC Test

Basic Information

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

Your Application ID is: **20250703457161** ←

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 of the message box, there is a red-bordered button with a checkmark and the text "Ok".

The background of the portal shows the "Enrollment Type" section with several radio button options, including "Facility/Agency/Organizational" which is selected.

CCBHC

Step 2: Add Locations

- Step 1 has a status of Complete.
- Click on Step 2: Add Locations.
- The following slides will walk through

Application ID: 20250930808871 Name: CCBHC Test

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	09/30/2025	09/30/2025	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			Complete	
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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(Note: some steps are required verses optional)

CCBHC

Step 2: Add Locations

- Click Add to enter Primary Location information .

The screenshot shows the CHAMPS Provider Portal interface. At the top, the CHAMPS logo is on the left, and navigation links for Note Pad, External Links, My Favorites, Print, and Help are on the right. The user's last login is 29 SEP, 2025 01:14 PM. The breadcrumb trail is Provider Portal > New Enrollment > FAO Enrollment.

Application ID: 20250930808871 Name: CCBHC Test

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
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼

No Records Found !

CCBHC

Step 2: Add Locations

- Complete Address Line 1 and Zip Code, click Validate Address .
 - Note the confirmation message of "Address Validation Successful" should display.
- Complete all fields marked with an asterisk (*).
- For CCBHC's to receive their own 835/ERA file the 'Accept 835/ERA reported at EIN/TIN level' will need to be changed to Yes.
 - If yes, Step 12: 835/ERA Enrollment Form will need to be completed.
- Click Ok.

Utilize the [Enrollment Guide for FAO Providers](#) for complete step-by-step instructions.

The screenshot shows the 'Add Provider Location' form in the CHAMPS system. The form is titled 'Add Provider Location' and includes the following sections:

- Location Information:** Location Type (Primary Practice Location), Doing Business As, End Date.
- Address Information:** Address Line 1, Address Line 2, Address Line 3, City/Town, County, Zip Code, Fax Number, Web Page.
- Hours of Operation:** A table for entering office hours for each day of the week (Sunday through Saturday), including Open AM/PM, Close AM/PM, and Day dropdowns.
- Additional Information:** Handicap Accessible, Accept 835 reported at EIN/TIN level (highlighted with a red box), Provides Services Via Telehealth, Language(s) Spoken.
- Facility Details:** State Facility ID, Fiscal Year End Date.

Key elements highlighted with red boxes in the image:

- The 'Validate Address' button next to the Zip Code field.
- The 'Accept 835 reported at EIN/TIN level' dropdown menu, currently set to 'No'.
- The 'Ok' button at the bottom right of the form.

CCBHC

Step 2: Add Locations

- Click Primary Practice Location to add Pay-To address.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and user information including 'Last Login: 04 DEC, 2018 01:01 PM'. Below the navigation bar, there are links for 'New Enrollment' and 'FAO Enrollment'. The main content area displays 'Application ID: 20181204526214' and 'Name: Testing'. A message indicates that to add or modify Pay To, Correspondence and Remittance Advice addresses, the user should click on the 'Location Type' hyperlink. Below this is a 'Locations List' section with a filter bar and a table. The table has four columns: 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The 'Location Type' column contains a link labeled 'Primary Practice Location', which is highlighted with a red box. The 'Location Details' column shows the address '320 S Walnut St, Lansing, MICHIGAN 48933' and the 'End Date' is '12/31/2999'. At the bottom of the table, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

CCBHC

Step 2: Add Locations

- Click Add Address to add the other address types.
 - (Note: Correspondence address is required for all locations. Enter Remittance Advice address only to receive a paper Remittance Advice)

The screenshot shows the CHAMPS Provider portal interface. At the top, there is a navigation bar with 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA' tabs. Below this is a header with 'Last Login: 21 MAR, 2025 09:20 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'NPI' and includes a 'Name' field. Below this is a 'Close' and 'Save' button, with a note: 'To add additional addresses, click "Add Address" button.' The 'Location Details' section contains fields for 'Doing Business As', 'Phone Number', 'Web Page', 'Location Code' (01), 'Fax Number', 'Location Type' (Primary Practice Location), 'Email Address', and 'Communication Preference'. A table for office hours is present, with columns for Day, Open At, AM/PM, and Close At. Below the table are fields for 'Handicap Accessible', 'Accept 835', 'Start Date', 'Provides Services Via Telehealth', 'Language(s) Spoken', 'End Date', and 'Accepting New Patients'. The 'Facility Details' section includes 'State Facility ID' and 'Fiscal Year End Date'. The 'Address List' section features an 'Add Address' button (highlighted with a red box), filter options, and a table with columns for 'Address Type', 'Address', and 'End Date'. The bottom of the page shows 'View Page' and 'Page Count' options, and a 'Viewing Page: 1' indicator.

CCBHC

Step 2: Add Locations

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

CHAMPS Provider

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, 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: -

Page ID: dlgEnrLLocationAddress(Provider)

CCBHC

Step 2: Add Locations

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

NPI: [redacted] Name: [redacted]

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

Location Details

Doing Business As: [text box] Location Code: 01 Location Type: Primary Practice Location
Phone Number: [text box] * Extn: [text box] Fax Number: [text box] Email Address: [text box]
Web Page: [text box] Communication Preference: Email

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:	12:00 *	AM PM	12:00 *	AM PM	Thursday:	12:00 *	AM PM	12:00 *	AM PM
Monday:	12:00 *	AM PM	12:00 *	AM PM	Friday:	12:00 *	AM PM	12:00 *	AM PM
Tuesday:	12:00 *	AM PM	12:00 *	AM PM	Saturday:	12:00 *	AM PM	12:00 *	AM PM
Wednesday:	12:00 *	AM PM	12:00 *	AM PM					

Handicap Accessible: Yes *
Accept 835(reported at EIN/TIN level): No
Start Date: [text box] Provides Services Via Telehealth: *
Language(s) Spoken: English, American Sign Language, Arabic
End Date: [text box] Accepting New Patients: *

Status: Approved

Facility Details

State Facility ID: [text box] Fiscal Year End Date: [text box] *
(mm/dd)

Address List

Filter By [text box] Filter By [text box] And Operational Status Active

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

Viewing Page: 1

CCBHC Step 2: Add Locations

- Click close.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and a user profile icon. Below this is a dark blue header with 'Last Login: 04 DEC, 2018 01:01 PM' and utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the application ID '20181204526214' and name 'Testing'. A message box contains a 'Close' button (highlighted in red), an 'Add' button, and a note: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. Below this is the 'Locations List' section, which includes a filter bar with a 'Filter By' dropdown, input fields, and a 'Go' button. The list table has columns for 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The first row shows a checkbox, a dropdown arrow, a 'Primary Practice Location' hyperlink, the address '320 S Walnut St, Lansing, MICHIGAN 48933', and the date '12/31/2999'. At the bottom of the list are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' with navigation arrows for 'First', 'Prev', 'Next', and 'Last'.

CCBHC

Step 3: Add Specialties

- Utilize the [Enrollment Guide for FAO Providers](#) for complete step-by-step instructions on completing step 2: Add Locations.
- The following slides will walk through Step 3: Add Specialties.

Application ID: 20250703457161 Name: CCBHC Test

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	07/03/2025	07/03/2025	Complete	
Step 2: Add Locations	Required	07/03/2025	07/03/2025	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			Complete	
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	

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

CCBHC

Step 3: Add Specialties

- Click Add
- Refer to [Step 3: Add Specialties](#) for FAO providers for complete instructions.

The screenshot displays the CHAMPS Provider Portal interface. At the top, the CHAMPS logo is visible on the left, and a navigation breadcrumb trail reads "Provider Portal > New Enrollment > FAO Enrollment". The user's last login is shown as "02 JUL, 2025 12:10 PM". Utility icons for "Note Pad", "External Links", "My Favorites", "Print", and "Help" are on the right. The main content area shows "Application ID: 20250703457161" and "Name: CCBHC Test". Below this, there are "Close" and "Add" buttons, with the "Add" button highlighted by a red box. A section titled "Specialty/Subspecialty List" contains a filter bar with "Filter By" dropdowns, a "Go" button, and "Save Filters" and "My Filters" options. A table header is visible with columns for "Specialty/Subspecialty", "Provider Type", and "End Date". The table body is empty, and a red message "No Records Found !" is displayed at the bottom of the table area.

CCBHC

Step 3: Add Specialties

- The location will default to 01 the primary practice location. If the specialty applies to a different location, select the appropriate Location from the dropdown.
- From the Provider Type dropdown menu select Special Programs.
- After 10/01/25 from the Specialty dropdown menu select: CCBHC - Fee for Service.
- Click Ok

Note: The End Date and Associated Subspecialties will prepopulate and are not required to be entered.

CHAMPS Provider Portal

Application ID: 20250703457161 Name: CCBHC Test

Add Specialty/Subspecialty

Location: 01- *
Provider Type: SPECIAL PROGRAMS *
Specialty: CCBHC - Fee for Service *
End Date: [Calendar Icon]

Add Subspecialty

Available Subspecialties: [Empty List]
Associated Subspecialties *: No Subspecialty

OK Cancel

Page ID: dlgEnr/AddSpecialties(Provider)

CCBHC

Step 3: Add Specialties

- Once all Specialties/Subspecialties have been added, click Close return to the business process wizard steps.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and a user profile icon. Below this, a dark blue header contains the text 'Last Login: 02 JUL, 2025 12:10 PM' and several utility icons: Note Pad, External Links, My Favorites, Print, and Help. The main content area shows the breadcrumb 'Provider Portal > New Enrollment > FAO Enrollment'. Below this, the application details are displayed: 'Application ID: 20250703457161' and 'Name: CCBHC Test'. A 'Close' button (highlighted in red) and an 'Add' button are visible. The 'Specialty/Subspecialty List' section features a filter bar with 'Filter By' dropdowns and a 'Go' button. Below the filter bar is a table with the following data:

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> CCBHC - Fee for Service/No Subspecialty	SPECIAL PROGRAMS	12/31/2999

At the bottom of the table, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

CCBHC

Step 7: Add Mode of Claim Submission

- Step 3 will show complete.
- Click on Step 7: Add Mode of Claim Submission/EDI Exchange
- Mode of claim submission is required to indicate how the provider will be submitting claims.

Application ID: 20250703457161 Name: CCBHC Test

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	07/03/2025	07/03/2025	Complete	
Step 2: Add Locations	Required	07/03/2025	07/03/2025	Complete	
Step 3: Add Specialties	Required	07/03/2025	07/03/2025	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Complete	
Step 6: Add Additional Information	Optional			Complete	
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			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Complete	
Step 14: Upload Documents	Optional			Complete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 | Page Count | Save to Excel | Viewing Page: 1 | First | Prev | Next | Last

CCBHC

Step 7: Add Mode of Claim Submission

- For providers using a billing agent to submit an electronic claim file(s) on their behalf:
 - Select Billing Agent and Direct Data Entry (DDE)
- For providers that will be uploading an electronic batch (837) directly within CHAMPS using the batch upload function:
 - Select Electronic Batch and Direct Data Entry (DDE)
- MDHHS recommends that providers always select [Direct Data Entry \(DDE\)](#) in addition to any other modes.
- After selecting all needed methods click save and close.

CHAMPS Provider Portal

Application ID: 20250703457161 Name: CCBHC Test

Close Save View History

Mode of Claims Submission/EDI exchange

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

EDI exchange

Method	Description	Applicable Transactions
<input checked="" type="checkbox"/> Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)	837P- Professional (FFS), 837I -Institutional(FFS), 837D -Dental(FFS), 270/271 -Eligibility,Inquiry/Response, 276/277-Claim Status Inquire/Response
<input type="checkbox"/> CORE Batch	To upload/download HIPAA transactions using CORE Batch Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 835 Health Care Claim Payment/Advice
<input type="checkbox"/> CORE Real Time	To upload/download HIPAA transactions using CORE Real Time Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
<input checked="" type="checkbox"/> Billing Agent	To submit/receive HIPAA transactions through billing agent	837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter), 837D -Dental(FFS/Encounter), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 278/278- Prior Authorization Request/Response, 835- Healthcare Claim payment Advice

Other Claims Submission

Method	Description
<input checked="" type="checkbox"/> Paper Claims	To submit FFS paper claims
<input checked="" type="checkbox"/> Direct Data Entry(DDE)	To submit FFS claims via online screens

CCBHC

Step 7: Add Mode of Claim Submission

- The newly added mode of claim submission will display with an 'In Review' status.
- Click close.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' dropdown. Below this is a user profile section with a last login timestamp of '09 JAN, 2024 08:05 AM'. The main content area is titled 'Provider Portal > Group Modification'. It features input fields for 'NPI:' and 'Name:'. Below these are 'Close' and 'Add' buttons, with the 'Close' button highlighted in red. The main section is titled 'Mode of Claim Submission List' and includes a filter section with 'Filter By' dropdowns and an 'Operational Status' dropdown set to 'Active'. Below the filters is a table with the following data:

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Electronic Batch, Billing Agent, Online Direct Data Entry (DCE), Paper	01/09/2024	12/31/2999	In Review	Active	

At the bottom of the table, there are controls for 'View Page: 1', 'Page Count', 'Save to Excel', and 'Viewing Page: 1' with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

CCBHC Step 8: Associate Billing Agent

- Step 7 will show complete.
- As Billing Agent was selected in step 7, step 8 is now showing as required.
 - If a billing agent was not selected within step 7 continue to the next required step.
- Click on Step 8: Associate Billing Agent.
- Before a provider can associate to a billing agent, the billing agent must be enrolled in CHAMPS.

Application ID: 20250703457161 Name: CCBHC Test

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	07/03/2025	07/03/2025	Complete	
Step 2: Add Locations	Required	07/03/2025	07/03/2025	Complete	
Step 3: Add Specialties	Required	07/03/2025	07/03/2025	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	07/03/2025	07/03/2025	Complete	
Step 8: Associate Billing Agent	Required			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Fee Payment	Optional			Complete	
Step 14: Upload Documents	Optional			Complete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

CCBHC

Step 8: Associate Billing Agent

- Click Add to associate a new billing agent.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile icon, and the text "My Inbox" and "Provider". Below this, a dark blue header contains the text "Last Login: 09 JAN, 2024 08:46 AM" and several utility icons: "Note Pad", "External Links", "My Favorites", "Print", and "Help".

The main content area is titled "Provider Portal" and contains a form with fields for "NPI:" and "Name:". Below these fields are two buttons: "Close" and "Add". The "Add" button is highlighted with a red rectangular box.

Below the buttons is a section titled "Billing Agent List". This section includes a filter bar with "Filter By" dropdowns, an "And" connector, and an "And Operational Status" dropdown set to "Active". There are also "Go", "Save Filters", and "My Filters" buttons. Below the filter bar is a table with the following columns: "Billing Agent ID", "Billing Agent Name", "Start Date", "End Date", "305 Auth.", "Auth. Start Date", "Auth. End Date", "Status", "Operational Status", and "Inactivation Date". Each column has a small upward-pointing triangle icon below it. The table is currently empty, and a red message "No Records Found!" is displayed at the bottom of the table area.

CCBHC Step 8: Associate Billing Agent

- Click the Confirm/Search Billing Agent button to review a list of enrolled billing agents.
- If the seven-digit CHAMPS Billing Agent provider ID is known, enter the number into the Billing Agent ID field.

The screenshot displays the CHAMPS web application interface. The main content area is titled 'Manage Billing Agent Association' and contains the following fields and sections:

- Manage Billing Agent Association**
 - Instruction: Enter Billing Agent ID and click "Confirm/Search Billing Agent"
 - Billing Agent ID: (highlighted with a red arrow)
 - Billing Agent Name:
 - Association Start Date:
 - Association End Date:
- Authorized Transaction Responses**

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

At the bottom right of the form, there is a button labeled 'Confirm/Search Billing Agent' which is highlighted with a red box, and a 'Cancel' button next to it.

CCBHC Step 8: Associate Billing Agent

- Currently enrolled billing agents will be displayed.
- Select the billing agent(s) by checking the corresponding box.
- Click Select.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a header with the CHAMPS logo, navigation tabs for 'My Inbox' and 'Provider', and a user profile section showing 'Last Login: 09 JAN, 2024 08:46 AM'. Below the header, there is a 'Billing Agent Search List' table. The table has columns for 'Billing Agent ID', 'Billing Agent Name', 'Start Date', and 'End Date'. A red box highlights the checkboxes in the 'Billing Agent ID' column, and another red box highlights the 'Select' button at the bottom right of the table.

Billing Agent ID	Billing Agent Name	Start Date	End Date
<input type="checkbox"/>		01/01/1984	12/31/2999
<input type="checkbox"/>		01/01/1984	12/31/2999
<input type="checkbox"/>		04/30/1998	12/31/2999
<input type="checkbox"/>		12/08/1999	12/31/2999
<input type="checkbox"/>		02/25/2000	12/31/2999
<input type="checkbox"/>		06/04/1999	12/31/2999

CCBHC

Step 8: Associate Billing Agent

- The billing agent name and CHAMPS Provider ID will be displayed.
- Enter the Association Start Date (system date).
- Enter the Association End Date (12/31/2999).

The 835 authorization for the billing agent is optional.

If the billing agent does **NOT** need to be authorized to receive the 835 continue click ok to return to the steps.

If the billing agent needs to receive the 835:

- Check the Authorized box
- Enter the Start Date (12/31/2999).

- Click Ok

CHAMPS

My Inbox Provider

Last Login: 11 JAN, 2024 08:13 AM

Note Pad External Links My Favorites Print Help

Provider Portal

NPI: [] Name: []

Manage Billing Agent Association

Enter Billing Agent ID and click "Confirm/Search Billing Agent"

Billing Agent ID: [] Billing Agent Name: []

Association Start Date: 01/10/2024 Association End Date: 12/31/2999

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input checked="" type="checkbox"/>	01/11/2024	[]

Confirm/Search Billing Agent OK Cancel

Page ID: dgAssocSubmitter(Provider)

CCBHC Step 8: Associate Billing Agent

- The newly added billing agent will be listed with a status of In Review.
 - Click add to associate additional billing agent(s).
- If the billing agent has been authorized to receive the 835 the '835 Auth' column will display a Yes with the start date.
- Click close.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile icon, and a 'Last Login' timestamp of 09 JAN, 2024 12:07 PM. Below the navigation bar, there are tabs for 'My Inbox' and 'Provider'. The main content area is titled 'Provider Portal' and contains a form for adding a billing agent. The form has fields for 'NPI:' and 'Name:'. Below the form, there are 'Close' and 'Add' buttons, with the 'Add' button highlighted in red. Below the form is a 'Billing Agent List' table. The table has columns for 'Billing Agent ID', 'Billing Agent Name', 'Start Date', 'End Date', '835 Auth.', 'Auth. Start Date', 'Auth. End Date', 'Status', 'Operational Status', and 'Inactivation Date'. The table contains one row with the following data: Billing Agent ID (blank), Billing Agent Name (blank), Start Date (01/10/2024), End Date (12/31/2999), 835 Auth. (blank), Auth. Start Date (blank), Auth. End Date (blank), Status (In Review), Operational Status (Active), and Inactivation Date (blank). The 'In Review' status is highlighted in red. Below the table, there are 'View Page: 1' and 'Viewing Page: 1' indicators, along with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

CCBHC Step 12: 835/ERA Enrollment Form

- Step 7 will show complete
 - Note: If a billing agent was selected within step 7 then step 8 will be required and need to be completed.

Providers who plan to use a billing agent will need to authorize the billing agent to receive the 835 within step 8.

- Click on Step 12: 835/ERA Enrollment Form.
- Claims submitted through CHAMPS DDE function will not receive an 835/ERA.

Application ID: 20250930808871 Name: CCBHC Test

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	09/30/2025	09/30/2025	Complete	
Step 2: Add Locations	Required	09/30/2025	09/30/2025	Complete	
Step 3: Add Specialties	Required	09/30/2025	09/30/2025	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	09/30/2025	09/30/2025	Complete	
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			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Complete	
Step 13: Fee Payment	Optional			Complete	
Step 14: Upload Documents	Optional			Complete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

CCBHC

Step 12: 835/ERA Enrollment Form

- Scroll down on the screen to the Electronic Remittance Advice Information section.
- Select Tax ID.
- Select CHAMPS from the Method of Retrieval dropdown.
- Click Submit then Close.

CHAMPS My Inbox Provider

Last Login: 29 SEP, 2025 01:14 PM

Provider Portal > New Enrollment > FAO Enrollment

Application ID: 20250930808871 Name: CCBHC Test

ERA ENROLLMENT FORM

PROVIDER INFORMATION

Provider Name: _____

Doing Business As Name (DBA): CCBHC Test

Provider Address: _____

Street: _____ State/Province: MICHIGAN

City: _____ Zip Code/Postal Code: _____

Country Code: _____

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for Aggregation of Remittance Data(e.g., Account Number Linkage to Provider Identifier)

NPI TAX ID *

MI Medicaid enumerates by Tax ID only.

Method of Retrieval: CHAMPS *

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION (Not applicable at this time)

ClearingHouse Name: _____

ClearingHouse Contact Name: _____ Telephone Number: _____

ClearingHouse Contact Name: _____

Email Address: _____

SUBMISSION INFORMATION

Reason for Submission

Cancel Enrollment Change Enrollment New Enrollment *

Authorized Signature

Electronic Signature of Person Submitting Enrollment:

Authorization Agreement-By selecting the checkbox above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.

Authorization Agreement

By signing this request, I am authorizing the Michigan Department Of Health and Human Services to establish an 835/ERA account for the Tax ID listed above and for 835/ERA files to be transmitted electronically to the designated entity.

Printed Name of Person Submitting Enrollment: _____

Printed Title of Person Submitting Enrollment: _____

Submission Date: 09/30/2025

Requested ERA Effective Date: _____

(Once approve the next paycycle date.)

CCBHC

- Step 12 will show complete.
- Continue to the next required step.
- All required enrollment steps need to be complete, and the application submitted for approval.
 - For complete instructions review [Enrollment Guide for FAO Providers](#).
- For retro enrollment start dates, list the date within step 15. Note CCBHC can only be retro enrolled back to 10/01/2025.
- To track the status of the application it's important to take note of the Application ID— [Track Application Resource](#).

Application ID: 20250930808871 Name: CCBHC Test

Close

Enroll Provider - FAO

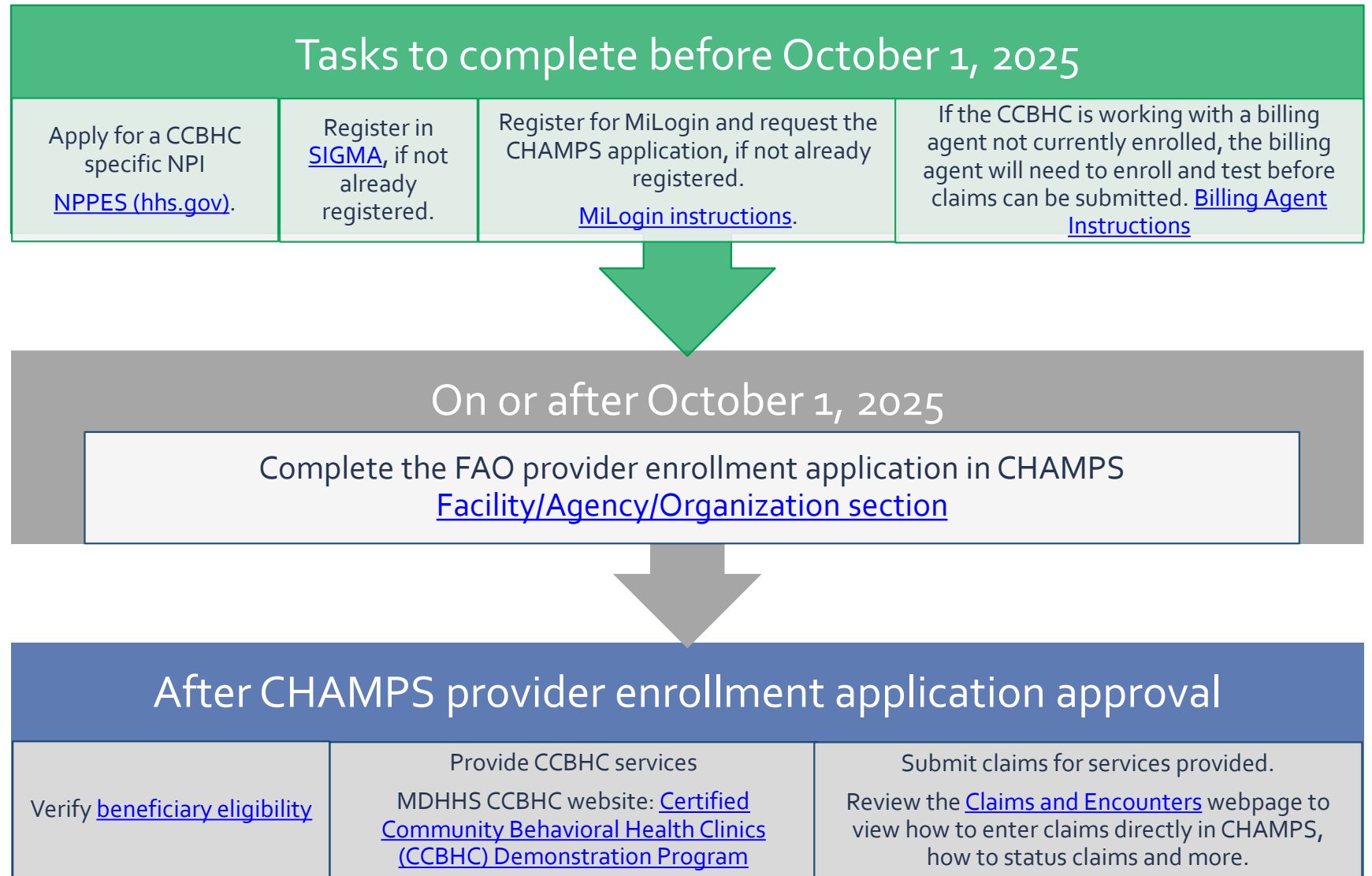
Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	09/30/2025	09/30/2025	Complete	
Step 2: Add Locations	Required	09/30/2025	09/30/2025	Complete	
Step 3: Add Specialties	Required	09/30/2025	09/30/2025	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Complete	
Step 6: Add Additional Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	09/30/2025	09/30/2025	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	09/30/2025	09/30/2025	Complete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional	09/30/2025	09/30/2025	Complete	
Step 13: Fee Payment	Optional			Complete	
Step 14: Upload Documents	Optional			Complete	
Step 15: Complete Enrollment Checklist	Required			Incomplete	
Step 16: Submit Enrollment Application for Approval	Required			Incomplete	

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

Next Steps



Provider Enrollment Resources



Provider Enrollment website: <https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/provider-enrollment>



CCBHC website: www.michigan.gov/medicaidproviders



We continue to update our Provider Resources:

[CHAMPS Resources](#)

[Listserv Instructions](#)

[Provider Alerts](#)

[Medicaid Provider Training Sessions](#)



Need help?

1-800-292-2550

ProviderSupport@Michigan.gov

ProviderEnrollment@Michigan.gov



Thank you for participating in the Michigan Medicaid Program