

# CHAMPS Authorize a Billing Agent to Receive the 835/ERA



“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

# Reminders

The following presentation walks through submitting a CHAMPS provider enrollment modification to authorize a billing agent to receive the 835.

Before the 835 authorization can be added, the billing agent will need to be associated to the provider.

## 835/ Electronic Remittance Advice (ERA)

- During the enrollment step of 'Associate a Billing Agent' adding the 835 authorization is **optional**.
- Only one billing agent or recipient can be authorized to receive the 835.
  - Multiple billing agents can be associated to submit electronic files.
- The 835 is authorized and generated at the billing provider tax ID level.
- The 835 will not be issued to the authorized billing agent until the provider enrollment modification has been submitted and approved.

For steps on how to associate a billing agent or how to complete a new enrollment application refer to instructions on the [Provider Enrollment website](#).

# MiLogin and CHAMPS

- Open your web browser (e.g., Internet Explorer, Google Chrome, Mozilla Firefox, etc.).
- Enter <https://milogintp.Michigan.gov> into the search bar.
- Click Log In.

The screenshot displays the MiLogin for Business website. The header includes the Michigan state logo and the text "MiLogin for Business", with "Help" and "Contact Us" links on the right. The main content area is split into two sections. The left section has a dark blue background with the text "Michigan's one-stop login solution for business" and a teal arrow pointing right. Below this, it states: "MiLogin connects you to all State of Michigan business services through one single user ID. Whether you want to renew your business license or request an inspection, you can use your MiLogin for Business user ID to log in to Michigan government services." The right section is white and titled "Welcome to MiLogin for Business". It contains two input fields: "User ID" and "Password". Red arrows point to the right side of each input field, with links "Lookup your user ID" and "Forgot your password?" respectively. Below the input fields 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.

# MiLogin and CHAMPS

- You will be directed to your MiLogin Welcome Page.
- Click the arrow hyperlink.

The screenshot shows the 'MiLogin for Business' website. At the top left is the Michigan state logo. The header includes 'MiLogin for Business' and navigation links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. The main content area features a dark blue header with the text 'Welcome [blurred name]' and the instruction 'Access your requested online services and search for more.' Below this, there are two white boxes. The left box contains the MDHHS logo, the text 'Michigan Department of Health & Human Services (MDHHS)', and a link for 'CHAMPS' with a right-pointing arrow icon highlighted by a red box. The right box is titled 'Discover Online Services' and contains text about MiLogin security and a 'Find Services >' link. The footer includes 'Copyright 2023 State of Michigan' and a 'Policies' link.

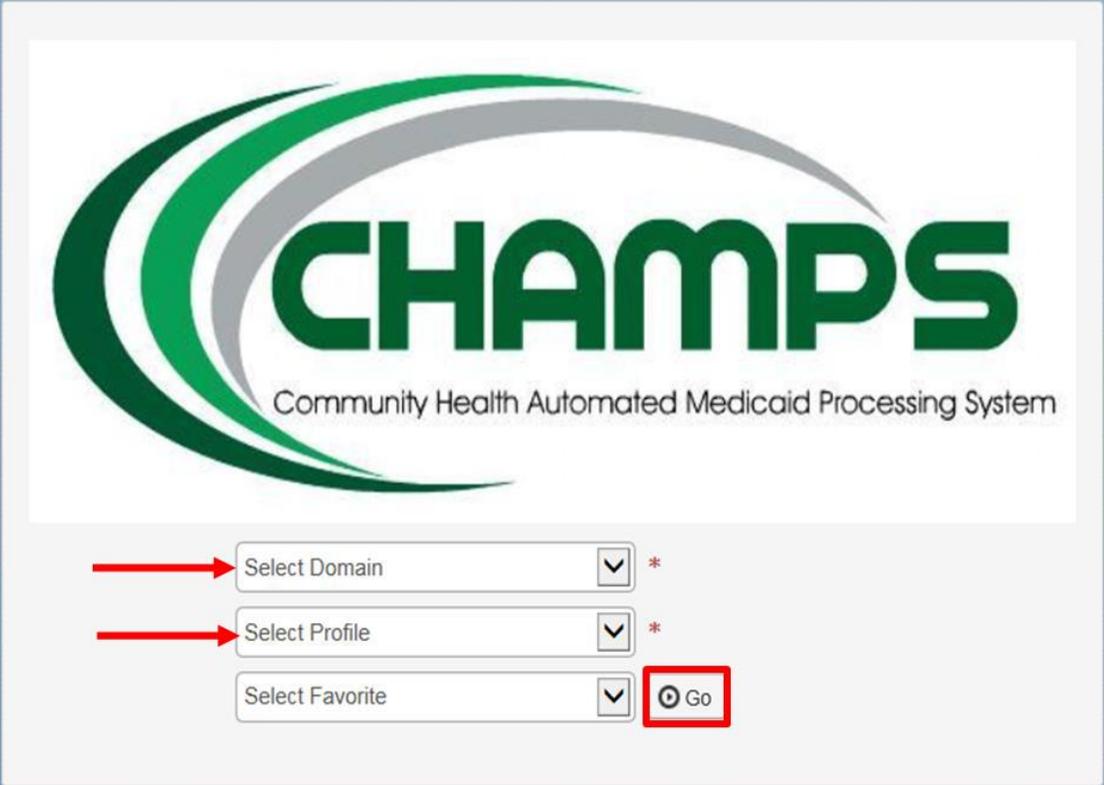
# MiLogin and CHAMPS

- Review the terms and conditions and check the 'I agree to the Terms & Conditions'.
- Click Launch service.

The screenshot shows the 'MiLogin for Business' web portal. At the top left is the Michigan state logo. The main header contains 'MiLogin for Business' and navigation links: 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. A 'Back to Home' button is visible on the left side of the main content area. The central content features the MDHHS logo and the title 'CHAMPS'. Below the title is a paragraph describing the system: '(Community Health Automated Medicaid Processing System) is the Michigan Medicaid Management Information System (MMIS). It supports Medicaid provider enrollment and maintenance, beneficiary healthcare eligibility and enrollment, prior authorization, Home Help Electronic Service Verification (ESV), fee-for-service payments and managed care enrollments, payments, and encounters.' This is followed by the instruction 'Please accept the Terms and Conditions to continue:'. A scrollable box titled 'Terms & Conditions' contains the following text: 'The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any'. Below the scroll box is a checked checkbox with the text 'I agree to the Terms & Conditions'. A red rectangular box highlights the 'Launch service' button. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

## MiLogin and CHAMPS

- Select the Billing NPI from the Domain dropdown.
- Select either Provider Enrollment Access or CHAMPS Full Access from the select profile dropdown.
- Click Go.
  - Note: If there are no Domain or Profile options to select from reference [Domain Administrator Functions](#) >> Adding Users/Assigning Profiles.



CHAMPS  
Community Health Automated Medicaid Processing System

Select Domain \*  
Select Profile \*  
Select Favorite \* Go

## Authorize a Billing Agent to receive the 835

- Once logged in you will be directed to the My Inbox landing page.
- Select the Provider tab.
- Select Manage Provider Information from the drop-down options.

Note: For associating a billing agent and/or authorizing the 835 during a new enrollment application refer to instructions on the [Provider Enrollment website](#).

The screenshot displays the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', 'TPL', and 'PA'. The 'Provider' tab is highlighted with a red box. A dropdown menu is open, showing 'PROVIDER ENROLLMENT' and 'MANAGE PROVIDER' options. A red arrow points to 'Manage Provider Information' under 'MANAGE PROVIDER'. The main content area shows a table with columns for Alert Type, Alert Message, Alert Date, Due Date, Read, and Tickler Modified Date, and a message 'No Records Found!'. A calendar widget is visible on the right side of the screen.

*This presentation, including the screen captures, is based on the CHAMPS Full Access Profile. Additional features and tabs will vary based on the profile selected.*

## Authorize a Billing Agent to receive the 835

- Certain steps are required versus optional.
- Before an 835 authorization can be added to a billing agent
- Click the Associate Billing Agent.
  - Displayed are the Group enrollment steps. Based on the Provider Enrollment Type (FAO, Group, Individual, Atypical) the step number will vary.

Note: Multiple billing agents can be associated to one billing NPI, however only one billing agent or tax ID can be authorized to receive the 835/Electronic Remittance Advice.

The screenshot shows the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', 'TPL', and 'PA'. The user's last login is '03 JAN, 2024 09:15 AM'. The current page is 'Provider Portal > Group Modification'. Below the navigation, there are input fields for 'NPI:' and 'Name:'. A 'Close' button and an 'Undo Update' button are visible. A green message states: 'COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION'. The main content area is titled 'View/Update Provider Data - Group Practice' and contains a table for the 'Business Process Wizard - Provider Data Modification (Group Practice)'. The table has columns for Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark. The row for 'Step 6: Associate Billing Agent' is highlighted with a red box. Below the table, there are controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 5: Mode of Claim Submission/EDI Exchange	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 6: Associate Billing Agent	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 9: Associate MCO Plan	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	01/04/2023	01/04/2023	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/04/2023	01/04/2023	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/04/2023	01/04/2023	Complete		

## Authorize a Billing Agent to receive the 835

- For a currently associated billing agent, click the billing agent ID hyperlink.
- If a billing agent is not currently associated, click Add.

Note: For associating a billing agent during a new enrollment application refer to instructions on the [Provider Enrollment website](#).

The screenshot displays the CHAMPS Provider Portal interface for Group Modification. At the top, there are navigation tabs for My Inbox, Provider, Claims, Member, TPL, and PA. A user profile dropdown shows the last login as 17 JAN, 2024 01:20 PM. Utility icons for Note Pad, External Links, My Favorites, Print, and Help are visible. The breadcrumb trail indicates the current location is Provider Portal > Group Modification. Below this, there are input fields for NPI and Name, and buttons for Close and Add. The main section is titled 'Billing Agent List' and includes a filter section with 'Filter By' dropdowns, 'And' operators, and an 'And Operational Status' dropdown set to 'Active'. A table lists billing agents with 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. One agent is listed with a Start Date of 01/16/2024 and an End Date of 12/31/2999. Below the table are controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1' with navigation buttons for First, Prev, Next, and Last.

Billing Agent ID	Billing Agent Name	Start Date	End Date	835 Auth.	Auth. Start Date	Auth. End Date	Status	Operational Status	Inactivation Date
<a href="#">[Redacted]</a>	[Redacted]	01/16/2024	12/31/2999	No			Approved	Active	

## Authorize a Billing Agent to receive the 835

- To authorize the selected billing agent to receive the 835, check the Authorized box.
- The start date will prepopulate with the system date, the 835 authorization cannot be back-dated.
- Enter the End Date (12/31/2999).
- Click Ok.

The screenshot shows the CHAMPS Provider Portal interface. The main window is titled "Group Modification" and contains a "Manage Billing Agent Association" form. The form has the following fields:

- NPI: [input field]
- Name: [input field]
- Billing Agent ID: [input field] \*
- Billing Agent Name: [input field]
- Association Start Date: 01/10/2024 [calendar icon] \*
- Association End Date: 12/31/2999 [calendar icon]

Below the form is a table titled "Authorized Transaction Responses":

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

At the bottom right of the form, there are three buttons: "Confirm/Search Billing Agent", "OK", and "Cancel". The "OK" button is highlighted with a red box. A red arrow points to the "End Date" field in the table.

Page ID: dlgAssocSubmitter(Provider)

## Authorize a Billing Agent to receive the 835

- The '835 Auth' column will display a Yes with the start date.
- The billing agent will display with the status of In Review.
  - To associate additional billing agent(s) click add.
- Click close to return to the modification steps.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, TPL, and PA. Below the navigation is a user profile section with the text 'Last Login: 09 JAN, 2024 12:07 PM' and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal > Group Modification'. It features a form with 'NPI:' and 'Name:' fields, and 'Close' and 'Add' buttons. Below this is a 'Billing Agent List' section with a filter bar and a 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. One row is visible with the following data: Billing Agent ID (checkbox), Billing Agent Name (dropdown), Start Date (01/10/2024), End Date (12/31/2999), 835 Auth. (Yes), Auth. Start Date (01/10/2024), Auth. End Date (12/31/2999), Status (In Review), Operational Status (Active), and Inactivation Date (dropdown). At the bottom of the table, there are controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and navigation buttons (First, Prev, Next, Last).

# Authorize a Billing Agent to receive the 835

- Step 6 will show a modification status of updated.
- Step 11: 835/ERA Enrollment Form will now be required to be completed.

CHAMPS My Inbox Provider Claims Member TPL PA

Last Login: 09 JAN, 2024 12:07 PM

Provider Portal > Group Modification

NPI: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

View/Update Provider Data - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 5: Mode of Claim Submission/EDI Exchange	Required	01/08/2024	01/04/2023	Complete		
<input type="checkbox"/> Step 6: Associate Billing Agent	Required	01/10/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 9: Associate MCO Plan	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Required	01/04/2023	01/04/2023	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/04/2023	01/04/2023	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/10/2024	01/04/2023	Incomplete		Modification Request has not been Submitted.

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# Authorize a Billing Agent to receive the 835

- Scroll on the page to complete the Electronic Remittance Advice and Submission Information sections.
- Electronic Remittance Advice section:
  - Select Tax ID.
  - Select FTS as the Method of Retrieval.
- Submission Information section:
  - Indicate the reason for the submission
  - Review the terms and check the box to authorize the change.
- Click Submit
- Click Close to return to the business process wizard steps.

The screenshot displays the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', 'TPL', and 'PA'. The main content area is titled 'Provider Portal > Group Modification'. The form is organized into several sections:

- ERA ENROLLMENT FORM**: Includes fields for NPI, Name, and buttons for Close, Submit, Print, and Help.
- PROVIDER INFORMATION**: Includes fields for Provider Name, Doing Business As Name (DBA), Provider Address (Street, City, State/Province: MICHIGAN, Zip Code/Postal Code, Country Code: UNITED STATES).
- PROVIDER IDENTIFIERS**: Includes fields for Provider Federal Tax Identification Number (TIN) and Employee Identification Number (EIN). The **ELECTRONIC REMITTANCE ADVICE INFORMATION** section is highlighted with a red box, containing:
  - 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: FTS \*
- ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION (Not applicable at this time)**: Includes fields for ClearingHouse Name, ClearingHouse Contact Name, ClearingHouse Contact Name, Email Address, and Telephone Number.
- ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION (Not applicable at this time)**: Includes fields for Vendor Name, Vendor Contact Name, Email Address, and Telephone Number.
- SUBMISSION INFORMATION**: This section is also highlighted with a red box and contains:
  - 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.

- PROVIDER CONTACT INFORMATION**: Includes fields for Provider Contact Name, Telephone Number, and Email Address.
- PROVIDER AGENT INFORMATION**: Includes fields for Provider Agent Name, Telephone Number, and Email Address.

A blue dashed arrow points from the top right of the form towards the right side of the page.

# Authorize a Billing Agent to receive the 835

- Step 11 will show a modification status of Updated.
- Review any additional steps that may need to be updated or modified.
- Click Step 13: Complete Modification Checklist

CHAMPS My Inbox Provider Claims Member TPL PA

Last Login: 09 JAN, 2024 12:07 PM

Provider Portal > Group Modification

NPI: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

View/Update Provider Data - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 5: Mode of Claim Submission/EDI Exchange	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 6: Associate Billing Agent	Required	01/10/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 9: Associate MCO Plan	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Required	01/08/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/04/2023	01/04/2023	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/10/2024	01/04/2023	Incomplete		Modification Request has not been Submitted.

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# Authorize a Billing Agent to receive the 835

- Answer the questions
- Add Comments when necessary.
- Click Save
- Click Close

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, TPL, and PA. Below this is a user profile section with a last login time of 09 JAN, 2024 12:07 PM. The main content area is titled 'Manage Provider Checklist' and contains a table with the following columns: Question, Answer, and Comments. The Answer column is highlighted with a red box, and each row contains a dropdown menu with 'Not Completed' selected. The Close and Save buttons at the top left of the form are also highlighted with a red box.

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	
Do you wish to end date your enrollment or association? If yes, what date and to which NPI association?	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 a PA 161 Program?	Not Completed	
Do you contract with PA 161 program? If you contract with one of these programs, please provide the NPI in the comments.	Not Completed	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed	

## Authorize a Billing Agent to receive the 835

- Step 13 is complete
- Click on Step 14: Submit Modification Request for Review
  - Note: If you chose not to complete the optional steps the modification can still be submitted.

Providers must complete all required enrollment steps marked with an 'Incomplete' status.

CHAMPS

My Inbox Provider Claims Member TPL PA

Last Login: 09 JAN, 2024 12:07 PM

Provider Portal > Group Modification

NPI: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

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<input type="checkbox"/> Step 2: Locations	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/04/2023	01/04/2023	Complete		
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<input type="checkbox"/> Step 6: Associate Billing Agent	Required	01/10/2024	01/04/2023	Complete	Updated	
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<input type="checkbox"/> Step 8: Taxonomy Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 9: Associate MCO Plan	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Required	01/10/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/10/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/10/2024	01/04/2023	Incomplete		Modification Request has not been Submitted.

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# Authorize a Billing Agent to receive the 835

- Final Submission: Click Next

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, TPL, and PA. Below this is a dark blue header with a user profile icon, the text 'Last Login: 09 JAN, 2024 12:07 PM', and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area has a breadcrumb trail: Provider Portal > Group Modification. Below the breadcrumb, there are input fields for NPI and Name. A 'Close' button and a 'Next' button (highlighted with a red box) are located below these fields. The 'Final Submission' section contains a confirmation message: '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)'. Below this is an 'Application Document Checklist' table with columns for Forms/Documents, Special Instructions, Source, and Required. The table is currently empty, with a red message 'No Records Found!' displayed at the bottom.

# Authorize a Billing Agent to receive the 835

- Read through the entire list of Terms and Conditions, scroll to the bottom of the page.

The screenshot shows the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', 'TPL', and 'PA'. The user is logged in as 'Last Login: 09 JAN, 2024 12:07 PM'. The main content area is titled 'Group Modification' and displays a table with columns for 'NPI' and 'Name'. Below the table, there are buttons for 'Close' and 'Submit for Modification'. The main content area is titled 'Final Submission' and contains the 'Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions'. The conditions are listed 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 owners and other persons criminal related to Medicare, Medicaid or Title XX involvement. [42 CFR 455.100]
5. The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title XVIII), Medicaid (Title XIX), and other State Health Care Programs (Title V, Title XX, and Title XXI) involvement since the inception of Medicare, Medicaid, or Title XX programs. [42 CFR 455.106 and 42 U.S.C. § 1320a-7]
6. Before billing for any medical services I render, I will read the Medicaid Provider Manual from the Michigan Department Of Health and Human Services (MDHHS). I also agree to comply with 1) the terms and conditions of participation noted in the manual, and 2) MDHHS's policies and procedures for 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 Acts of 1939, as amended, which state the conditions and requirements under which participation in the Medical Assistance Program is allowed.
8. I agree to comply with the requirements of Section 6032 of the Deficit Reduction Act of 2005, codified at section 1902 (a)(68) of the Social Security Act which relates to the conditions and requirements of "Employee Education About False Claims Recovery."
9. I agree that, upon request and at a reasonable time and place, I will allow authorized state or federal government agents to inspect, copy, and/or take any records I maintain pertaining to the delivery of goods and services to, or on behalf of, a Medical Assistance Program beneficiary. These records also include any service contract(s) I have with any billing agent/service or service bureau, billing consultant, or other healthcare provider.
10. I agree to include a clause in any contract I enter into which allows authorized state or federal government agents access to the subcontractor's accounting records and other documents needed to verify the nature and extent of costs and services furnished under the contract.
11. I understand that payment for services billed under my National Provider Identifier (NPI) number will be made directly to me, unless Item 20 (below) applies.
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 when billing for services rendered. I also agree that disputed claims, including overpayments, may be adjudicated in administrative proceedings convened under Act No. 280 of the Public Acts of 1939, as amended, or in a court of competent jurisdiction. I further agree to reimburse the Medical Assistance Program for all overpayments, and I acknowledge that the Medicaid Audit System, which uses random sampling, is a reliable and acceptable method for determining such overpayments.
14. I agree to comply with the privacy and confidentiality provisions of any applicable laws governing the use and disclosure of protected health information, including the privacy regulations adopted by the U.S. Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Public Acts 104-191 (45 CFR Parts 160 and 164, Subparts A and E). I also agree to comply with the HIPAA security regulations, as applicable, for electronic protected health information by the compliance date, which is currently April 21, 2005 (45 CFR Parts 160 and 164, Subparts A and C). If I am an electronic biller, I will abide by the Trading Partner Provision Section of this Agreement, and the HIPAA regulations regarding electronic transactions and code sets, as applicable (45 CFR Parts 160 and 162).
15. This Agreement shall be governed by the laws of the State of Michigan and applicable federal law including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
16. The provisions of this Agreement are severable. If any provision is held or declared to be illegal, invalid or unenforceable, the remainder of the Agreement will continue in full force and effect as though the illegal, invalid or unenforceable provision had not been contained in this Agreement.
17. Failure or delay on the part of either party to exercise any right, power, privilege, or remedy in this Agreement will not constitute a waiver. No provision of this Agreement may be waived by either party except in writing and signed by an authorized representative of the party requesting the waiver.

## Authorize a Billing Agent to receive the 835

- Check the box at the end to agree to the Terms and Conditions.
- Click Submit for Modification.

**CHAMPS** My Inbox Provider Claims Member TPL PA

Last Login: 09 JAN, 2024 12:07 PM

Provider Portal > Group Modification

NPI: \_\_\_\_\_ Name: \_\_\_\_\_

Close Submit for Modification

**Final Submission**

**Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions**

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.

- 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. Additionally, MDHHS originated outbound 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.

## Authorize a Billing Agent to receive the 835

- Step 14 is now complete, and the modification has been submitted to the State for review and approval.
- Click Close to return to My Inbox.

Refer to the [Provider Enrollment website](#) for complete enrollment instructions based on enrollment type.

The screenshot shows the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', 'TPL', and 'PA'. The user's last login is '09 JAN, 2024 12:07 PM'. The current page is 'Provider Portal > Group Modification'. A notification message states: 'The Modification Request has been submitted for State review. Return to here to track the status of your request.' A red box highlights the 'Close' button, and a red arrow points to the notification. Below the notification is a table titled 'View/Update Provider Data - Group Practice' with the following data:

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 5: Mode of Claim Submission/EDI Exchange	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 6: Associate Billing Agent	Required	01/10/2024	01/04/2023	Complete	In Review	
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 9: Associate MCO Plan	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Required	01/10/2024	01/04/2023	Complete	In Review	
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/10/2024	01/04/2023	Complete	In Review	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/10/2024	01/04/2023	Complete		

The table also includes a 'View Page: 1' field, a 'Go' button, a 'Page Count' field, a 'Save to Excel' button, and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

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

# Billing Agent Resources



**MDHHS Trading Partners website:** [www.michigan.gov/mdhhs/doing-business/providers/tradingpartners/howtobecome](http://www.michigan.gov/mdhhs/doing-business/providers/tradingpartners/howtobecome)



**We continue to update our Provider Resources:**

[HIPAA Companion Guides](#)

[Listserv Instructions](#)

[Provider Alerts](#)

[Medicaid Provider Training Sessions](#)



**Forms**

Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))

Electronic Signature Agreement ([DCH-1401](#))

Email domain requests to: [MDHHS-DomainRequests@michigan.gov](mailto:MDHHS-DomainRequests@michigan.gov).



**Electronic File Help**

Electronic file (5475,5414,4952) and 835/ERA inquiries: [Automatedbilling@Michigan.gov](mailto:Automatedbilling@Michigan.gov)

Encounter file inquiries (5476):

[MDHSEncounterData@Michigan.gov](mailto:MDHSEncounterData@Michigan.gov)