

# CHAMPS End Date the 835 Authorization



“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 end date the 835 authorization on file for a billing agent.

## 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 be allowed to submit files.
- The 835 is authorized and generated at the billing provider tax ID level.

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 features 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: a teal "Log In" button and a white "Create an Account" button. 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.

**MiLogin for Business**

Home Discover Online Services Help Contact Us

## Welcome

Access your requested online services and search for more.

Michigan Department of Health & Human Services (MDHHS)

**MDHHS** CHAMPS

[>](#)

### Discover Online Services

MiLogin is used to secure many **online services at the State of Michigan**. We are here to ensure your identity is safe and protected.

[Find Services >](#)

Copyright 2023 State of Michigan

Policies

# 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' website. At the top left is a Michigan state icon. The title 'MiLogin for Business' is centered at the top. On the right, there are navigation links: 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below the navigation is a large background image of a rocky coastline with waves. A 'Back to Home' button is visible on the left side of the image. The main content area is a white box containing the MDHHS logo, the heading 'CHAMPS', and a paragraph describing the system. Below this is a section titled 'Please accept the Terms and Conditions to continue:' which contains a scrollable 'Terms & Conditions' box. Underneath the terms is a checked checkbox for 'I agree to the Terms & Conditions' and a red-bordered 'Launch service' button. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

**MiLogin for Business**

Home Discover Online Services Help Contact Us

[Back to Home](#)

**MDHHS**

## CHAMPS

(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.

**Please accept the Terms and Conditions to continue:**

**Terms & Conditions**

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

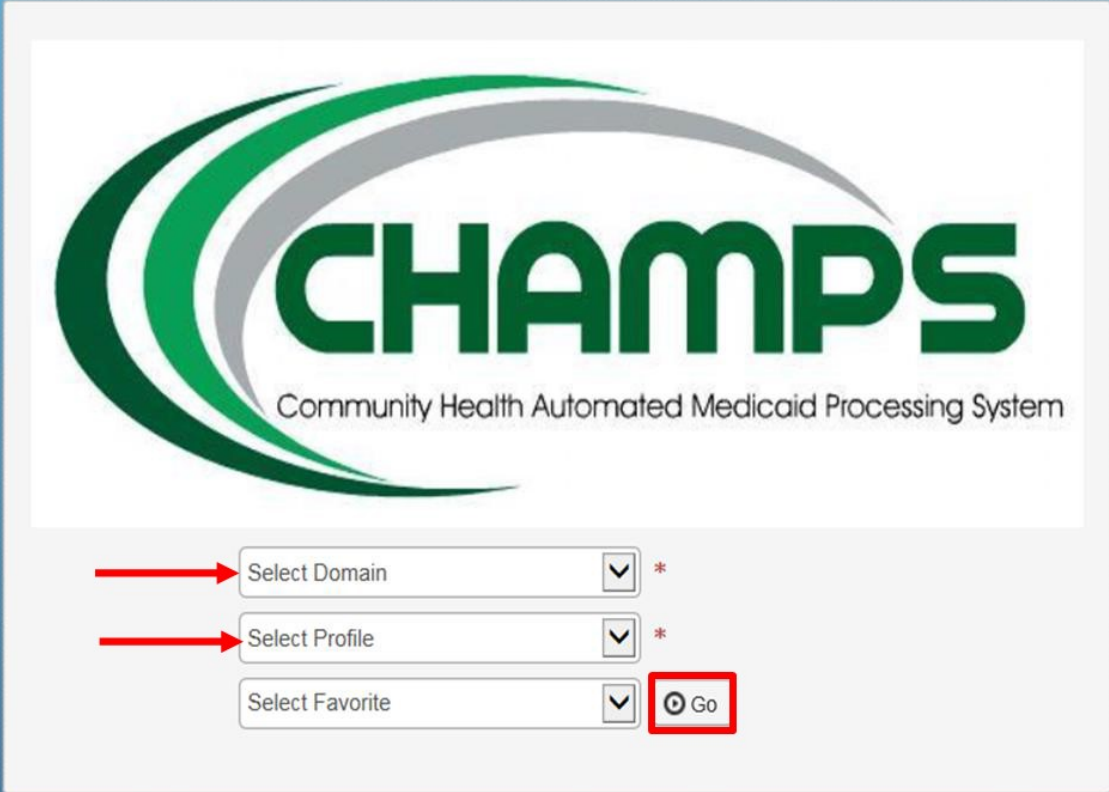
I agree to the Terms & Conditions

**Launch service**

Copyright 2023 State of Michigan Policies

## 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.



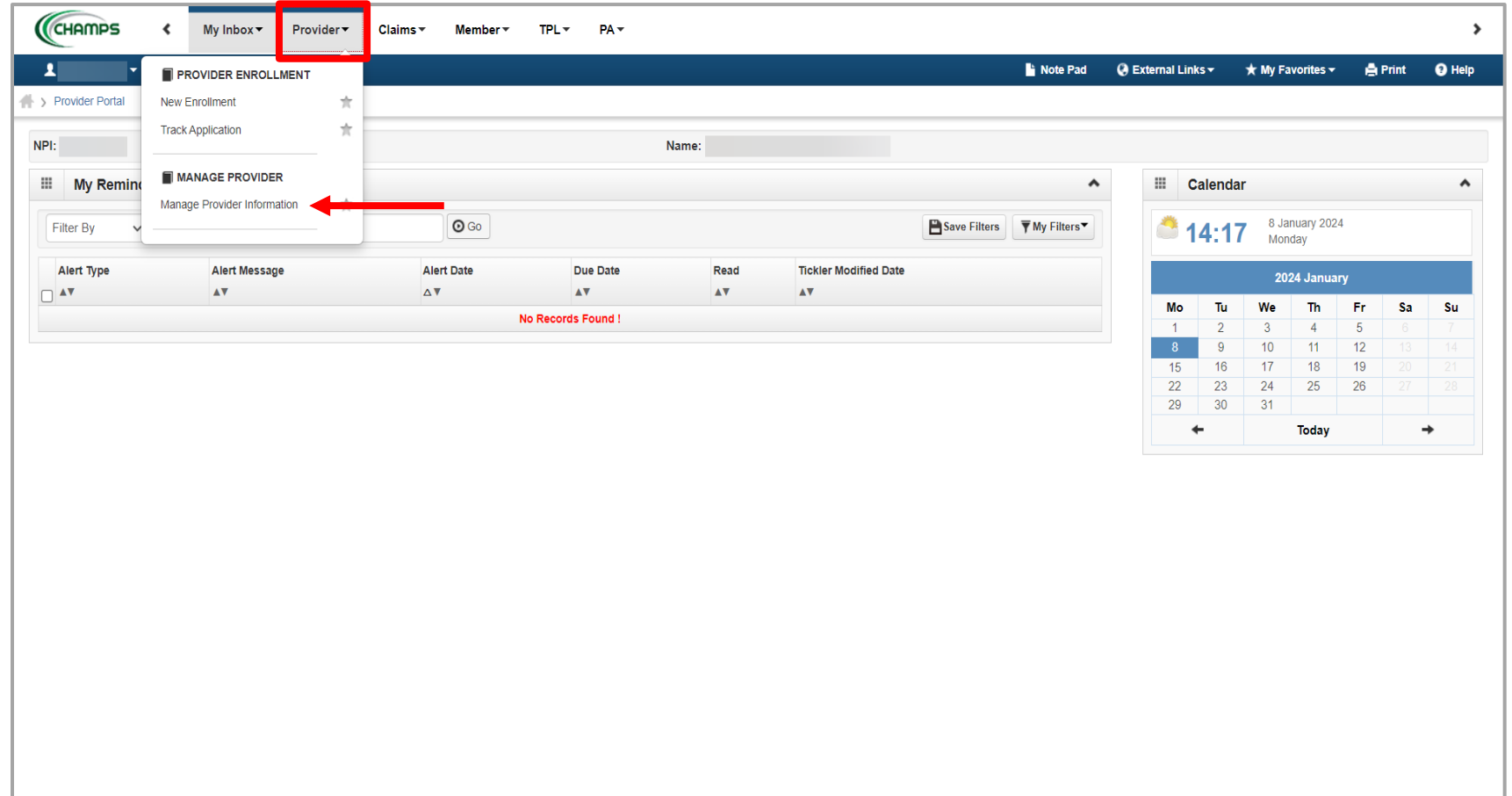
CHAMPS  
Community Health Automated Medicaid Processing System

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

# End Date the 835 Authorization

- 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](#).



*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.*

# End Date the 835 Authorization

- Certain steps are required versus optional.
- 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.

CHAMPS

My Inbox Provider Claims Member TPL PA

Last Login: 03 JAN, 2024 09:15 AM

Note Pad External Links My Favorites Print Help

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	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		

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Viewing Page: 1

First Prev Next Last



# End Date the 835 Authorization

- For a current 835 authorized billing agent, click the billing agent ID hyperlink.

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 bar with the text 'Last Login: 18 JAN, 2024 09:13 AM' 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 search fields for NPI and Name, and buttons for Close and Add. Below this is a 'Billing Agent List' section with filter options and a table of agents. 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 first row is highlighted with a red box around the Billing Agent ID field. At the bottom of the table, there are controls for 'View Page: 1', 'Page Count', 'Save to Excel', and 'Viewing Page: 1' with navigation arrows.

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]	01/10/2024	12/31/2999	Yes	01/17/2024	12/31/2999	Approved	Active	
<a href="#">[Redacted]</a>	[Redacted]	01/10/2024	01/10/2024	No			Approved	Active	
<a href="#">[Redacted]</a>	[Redacted]	01/16/2024	12/31/2999	No			Approved	Active	

# End Date the 835 Authorization

- By end-dating the 835 authorization, an 835/ERA will no longer be sent to the indicated billing agent.
- Update the End Date.
- Click Save.

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. The user is logged in as [redacted] with a last login of 18 JAN, 2024 10:15 AM. The page title is 'Provider Portal > Group Modification'. The main form area includes fields for NPI and Name. Below these are 'Close' and 'Save' buttons, with the 'Save' button highlighted in a red box. The 'Manage Billing Agent Association' section shows Billing Agent ID, Billing Agent Name, Association Start Date (01/02/2023), and Association End Date (12/31/2999). The status is 'Approved'. The 'Authorized Transaction Responses' section contains a table with the following data:

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input checked="" type="checkbox"/>	01/02/2023	01/18/2024

A red arrow points to the 'End Date' field (01/18/2024) in the table.

# End Date the 835 Authorization

- The 'Auth End Date' will be updated and no longer show the 12/31/2999.
- The status will show as 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 for 'My Inbox', 'Provider', 'Claims', 'Member', 'TPL', and 'PA'. Below this is a user profile section with 'Last Login: 18 JAN, 2024 10:15 AM' and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Group Modification'. It includes fields for 'NPI:' and 'Name:'. Below these are 'Close' and 'Add' buttons. The 'Billing Agent List' section features a table with columns: Billing Agent ID, Billing Agent Name, Start Date, End Date, 835 Auth., Auth. Start Date, Auth. End Date, Status, Operational Status, and Inactivation Date. A single agent is listed with an 'Auth. End Date' of 01/18/2024 and a status of 'In Review'. The 'Auth. End Date' cell is highlighted with a red underline. Navigation controls at the bottom include 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and pagination buttons (First, Prev, Next, Last).

# End Date the 835 Authorization

- Step 6 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		
<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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First Prev Next Last

# End Date the 835 Authorization

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

The screenshot displays the 'Manage Provider Checklist' interface. At the top, there is a navigation bar with 'CHAMPS' logo and menu items: My Inbox, Provider, Claims, Member, TPL, PA. Below this is a user profile bar showing 'Last Login: 09 JAN, 2024 12:07 PM' and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The breadcrumb trail indicates the path: Provider Portal > Group Modification > Provider Check List. The form includes input fields for NPI and Name. Below these are 'Close' and 'Save' buttons. The main section is a table with three columns: Question, Answer, and Comments. The 'Answer' column contains dropdown menus, all currently set to 'Not Completed'. The 'Comments' column contains text input boxes. A red box highlights the 'Answer' column, and another red box highlights the 'Close' and 'Save' buttons.

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	

# End Date the 835 Authorization

- 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

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		
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<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	Complete		
<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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First Prev Next Last

# End Date the 835 Authorization

- 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 form with NPI and EnrollmentType fields, followed by a disclaimer: 'The Information submitted shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted.' and an agreement statement: 'I agree that the information submitted as a part of the application is correct. (Private and Confidential)'. Below this is the 'Application Document Checklist' section, which is currently empty and displays the message 'No Records Found!'.

# End Date the 835 Authorization

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

CHAMPS

My Inbox Provider Claims Member TPL PA

Last Login: 09 JAN, 2024 12:07 PM

Note Pad External Links My Favorites Print Help

Provider Portal > Group Modification

NPI: Name

Close Submit 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 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.



# End Date the 835 Authorization

- 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.

# End Date the 835 Authorization

- 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.

CHAMPS

My Inbox Provider Claims Member TPL PA

Last Login: 09 JAN, 2024 12:07 PM

Note Pad External Links My Favorites Print Help

Provider Portal > Group 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.

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

View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

First Prev Next 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](#))



**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)



Thank you for participating in the Michigan Medicaid Program