

# CHAMPS Provider Enrollment Instructions

## EVV Atypical Agency & Fiscal Intermediary Enrollment



“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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New EVV Atypical Agency and Fiscal Intermediary Enrollment ([slides 23-85](#))



Track Existing Application ([slides 86-95](#))



Provider Resources

# Checklist

**\*\*\*The CHAMPS Provider Enrollment application must be completed within 30 days\*\*\***

For anyone who wants to become a newly enrolled EVV Agency or Fiscal Intermediary (FI):

- ☐ Have paper and a writing utensil nearby
- ☐ Register with SIGMA Financial (Slide 3)
- ☐ Create a MILogin user ID and password (Slides 4-17)
- ☐ Gain access to CHAMPS (Slides 17-22 )
- ☐ Fill out the Provider Enrollment Application (Slides 23-91)
- ☐ Track your Application (Slides 92-99)
- ☐ Application Approved (Slide 100)

Call the Provider Support Helpline if you need additional help 1-800-979-4662

## Prior to enrolling in CHAMPS

Agency providers and FIs will want to ensure they are enrolled in SIGMA Vendor Self-Service (VSS) prior to enrolling within CHAMPS.

- SIGMA VSS website: [www.Michigan.gov/SIGMAVSS](http://www.Michigan.gov/SIGMAVSS)
- If you have questions regarding this current process, contact the Vendor Support Call Center at 1-888-734-9749 or email [SIGMA-Vendor@Michigan.gov](mailto:SIGMA-Vendor@Michigan.gov)

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

# Register for MiLogin and CHAMPS

MiLogin is the State of Michigan Identity, Credential, and Access Management (MICAM) solution. All users who need access to the information within CHAMPS must obtain a MiLogin User ID and Password.

The Community Health Automated Medicaid Processing System (CHAMPS) is the MDHHS web-based, rules-driven, real-time adjudication Medicaid Management System. CHAMPS is comprised of the following subsystems: Provider Enrollment, Eligibility and Enrollment, Prior Authorization, Claims and Encounters, and Contracts Management.

# Register for 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 create an account.

The screenshot displays the 'MiLogin for Business' website. The header includes the Michigan state logo and the text 'MiLogin for Business', with links for 'Help' and 'Contact Us'. The main content area is split: the left side has a dark blue background with the text 'Michigan's one-stop login solution for business' and a teal arrow pointing right; the right side is white and says 'Welcome to MiLogin for Business'. Below this, there are input fields for 'User ID' and 'Password', each with a red arrow pointing to it. Next to the 'User ID' field is a link 'Lookup your user ID', and next to the 'Password' field is a link 'Forgot your password?'. At the bottom of the form area are two buttons: 'Log In' (teal) and 'Create an Account' (white with a red border). The footer contains 'Copyright 2023 State of Michigan' and a link to 'Policies'.

**MiLogin for Business**

Help Contact Us

Welcome to  
**MiLogin**  
for Business

User ID

Lookup your user ID

Password

Forgot your password?

Log In

Create an Account

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# Register for MiLogin and CHAMPS

- Enter an email address.
- Check the 'I'm not a robot' checkmark.
- Click Next Step.

**Don't have an email address?** There are several email providers who offer an email address and services at no cost. A few popular email providers are listed below.

- Gmail: <https://www.google.com/gmail/about/#>
- Yahoo Mail: <https://login.yahoo.com/account/create>
- Microsoft Live Hotmail: <https://outlook.live.com/owa/>

These commercial provider organizations are **not affiliated with the State of Michigan**. Your email messages will not be stored on the State of Michigan systems.

The screenshot shows the 'MiLogin for Business' registration interface. The left sidebar is dark blue with the Michigan state logo and the text 'MiLogin for Business'. It indicates 'Step 1 of 10' and 'Email verification' with a progress bar of 10 circles, the first of which is filled. A green arrow points from the sidebar to the main content area. The main content area is white and titled 'Enter your email'. It includes a text input field for the email address, a red arrow pointing to it, a red-bordered box around the 'I'm not a robot' checkbox, a reCAPTCHA logo, a blue information box stating 'We will never send you spam or share your information with anyone outside of the State of Michigan services you choose to access.', a red-bordered box around the 'Next Step' button, and links for 'Having Trouble?' and 'I don't have an email >'. The footer contains 'Copyright 2023 State of Michigan' and 'Policies'.

**MiLogin for Business**

Help Contact Us

### Enter your email

MiLogin is used for a variety of government services. If you've ever used any online services you might already have an account.

Email

☐ I'm not a robot

reCAPTCHA Privacy Terms

*We will never send you spam or share your information with anyone outside of the State of Michigan services you choose to access.*

**Next Step**

Having Trouble?

[I don't have an email >](#)

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## Register for MiLogin and CHAMPS

- Enter the Passcode that was sent to the email address.
- Click Next Step.
- If the passcode was not sent select the Resend Passcode link.

**MiLogin for Business**

Help Contact Us

[← Previous Step](#)

Step 2 of 10

### Passcode verification

○ ● ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

→

#### Enter your passcode

We have sent you a passcode to your email

Passcode

**Next Step**

[Resend Passcode](#)

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# Register for MiLogin and CHAMPS

- Enter the Work Phone number.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' interface. On the left, a dark blue panel displays 'Step 4 of 10' and 'Work phone verification' with a progress indicator of 10 circles, the 4th of which is filled. A teal arrow points right. On the right, the 'Enter your work phone number' section includes an explanatory paragraph, a text input field (highlighted with a red arrow), an information box stating a passcode will be sent via voice call, and a 'Next Step' button (highlighted with a red rectangle). The footer contains 'Copyright 2023 State of Michigan' and a 'Policies' link.

MiLogin for Business

Help Contact Us

< Previous Step

Step 4 of 10

Work phone verification

→

Enter your work phone number

Your **work phone** number is required for many State of Michigan services and can help us identify you and recover your account if you get locked out.

Work Phone

*i* You will receive a passcode via a voice call to your phone to confirm your identity.

Next Step

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# Register for MiLogin and CHAMPS

- Enter the User's First, optional Middle Initial, and Last name.
- Review the terms and conditions and click the 'I agree' checkbox.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo, the title 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays '< Previous Step', 'Step 3 of 10', 'Profile Information', and a progress indicator with 10 circles, the 3rd of which is filled. A green arrow points right. The right panel, white, is titled 'Enter your information' and contains input fields for 'First Name', 'Middle Initial (Optional)', 'Last Name', and 'Suffix (Optional)'. Red arrows point to the 'First Name' and 'Last Name' fields. Below these is a checkbox labeled 'I agree to the Terms & Conditions.' and a green 'Next Step' button, both highlighted with red boxes. The footer shows 'Copyright 2023 State of Michigan' and a 'Policies' link.

MiLogin for Business

Help Contact Us

< Previous Step

Step 3 of 10

Profile Information

Enter your information

First Name

Middle Initial (Optional)

Last Name Suffix (Optional)


☐ I agree to the Terms & Conditions.

Next Step

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# Register for MiLogin and CHAMPS

- A phone call will be made to the work phone number.
- Enter the Passcode.
- Click Confirm Passcode.
- If the call was missed, click the Resend Passcode to receive another phone call.

 **MiLogin for Business** Help Contact Us

[< Previous Step](#)

Step 5 of 10

## Passcode verification

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→

### Enter your passcode

We have sent you a passcode via a voice call to your **work phone** ending with  

Passcode

1230 -

**Confirm Passcode**

[Resend Passcode](#)

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# Register for MiLogin and CHAMPS

- Enter the mobile phone number.
  - This is an optional step and can be completed later by clicking the 'Skip this for now' link.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo and the text 'MiLogin for Business', with links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 6 of 10' and 'Mobile phone verification' in large white text. Below this is a progress indicator consisting of ten circles, with the sixth circle filled in teal. A teal arrow points from this panel to the right panel. The right panel has a white background and is titled 'Enter your mobile phone number'. It contains explanatory text about the optional nature of the phone number, a text input field, and a light blue information box stating: 'If your work phone can receive text messages, enter the phone number again to enable text message verification option.' Below the input field and information box are two buttons: a teal 'Next Step' button and a smaller 'Skip this for now' link. A red arrow points to the input field, and a red box highlights the 'Next Step' button. The footer contains 'Copyright 2023 State of Michigan' and a 'Policies' link.

Help Contact Us

Michigan

MiLogin for Business

< Previous Step

Step 6 of 10

Mobile phone verification

Next Step

Skip this for now

Enter your mobile phone number

Your **mobile phone** number is optional but can help us identify you and recover your account if you get locked out. We recommending adding it for account security.

Mobile Phone

If your work phone can receive text messages, enter the phone number again to enable text message verification option.

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# Register for MiLogin and CHAMPS

- Select either the Text Message or Voice Call verification method.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo and the text 'MiLogin for Business', with links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 7 of 10' and 'Verification method' in large white text. Below this is a progress indicator consisting of ten circles, with the seventh circle highlighted in teal. A teal arrow points to the right. The right panel, with a white background, is titled 'Select a verification method' and contains the instruction: 'We need to make sure you're really you. Please select a verification method below to confirm your identity.' Two options are listed: 'Text Message' and 'Voice Call'. The 'Text Message' option is highlighted with a red rectangular border. Both options describe receiving a passcode via the selected method to a mobile phone ending with a masked number. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Help Contact Us

← Previous Step


Step 7 of 10


## Verification method


→


**Select a verification method**

We need to make sure you're really you. Please select a verification method below to confirm your identity.

 **Text Message**

You will receive a passcode via a text message to your **mobile phone** ending with 


 **Voice Call**

You will receive a passcode via a voice call to your **mobile phone** ending with 

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# Register for MiLogin and CHAMPS

- Enter the Passcode sent to the mobile phone number on file.
- Click Confirm Passcode.

 **MiLogin for Business** Help Contact Us

[< Previous Step](#)

Step 8 of 10

## Passcode verification

Progress: 8 out of 10 circles, the 8th is filled.

→

### Enter your passcode

We have sent you a passcode via a text message to your **mobile phone** ending with [masked]

Passcode

1087 -

**Confirm Passcode**

[Resend Passcode](#)

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# Register for MiLogin and CHAMPS

- Enter the User ID following the guidelines provided.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The left sidebar is dark blue with the Michigan state logo and the text 'MiLogin for Business'. The main content area is white. At the top right, there are links for 'Help' and 'Contact Us'. The main heading is 'Create your user ID'. Below this, a paragraph explains that the User ID is required for sign-in and should be memorable and follow guidelines. The 'ID Guidelines' section lists three rules: must start with last name and first initial, must end with 4 numbers, and must not contain special characters or spaces. A 'User ID' input field is shown with a red arrow pointing to it. Below the input field is an information box stating: 'Your user ID should be [ ] where XXXX is four numbers of your choosing.' At the bottom of the form is a green 'Next Step' button with a red border. The footer contains 'Copyright 2023 State of Michigan' and 'Policies'.

**MiLogin for Business**

Help Contact Us

## Create your user ID

The User ID is required to sign in, so choose something that you will remember and also follow our ID guidelines.

**ID Guidelines**

- ⚠ Must start with your last name and first initial
- ✓ Must end with 4 numbers
- ✓ Must not contain special characters or spaces

User ID

**Next Step**

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# Register for MiLogin and CHAMPS

- Create a Password following the guidelines.
- Enter the same password in the Confirm Password field.
- Click Create Account.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo and the text 'MiLogin for Business', with links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays '< Previous Step' and 'Step 10 of 10' in teal. Below this, the word 'Password' is shown in large white font with a teal arrow pointing right. A progress indicator consists of ten circles, with the last one filled in teal. The right panel has a white background and is titled 'Create your password'. It instructs the user to 'Choose something secure, but also something you can remember.' and lists 'Password Guidelines' with four warning icons: 'Must be at least 8 characters in length', 'Should not be based on your User ID', 'Must contain at least one upper and lower case letters, a number, and a symbol (@#\$!~&)', and 'Confirm password must match new password'. Below these are two input fields: 'Password' and 'Confirm Password'. Red arrows point to the right side of each input field. At the bottom of the right panel is a teal 'Create Account' button, which is also highlighted with a red rectangular border. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

**MiLogin for Business** Help Contact Us

< Previous Step  
Step 10 of 10

**Password** →

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ●

**Create your password**

Choose something secure, but also something you can remember.

**Password Guidelines**

- ⚠ Must be at least 8 characters in length
- ⚠ Should not be based on your User ID
- ⚠ Must contain at least one upper and lower case letters, a number, and a symbol (@#\$!~&)
- ⚠ Confirm password must match new password

Password

Confirm Password

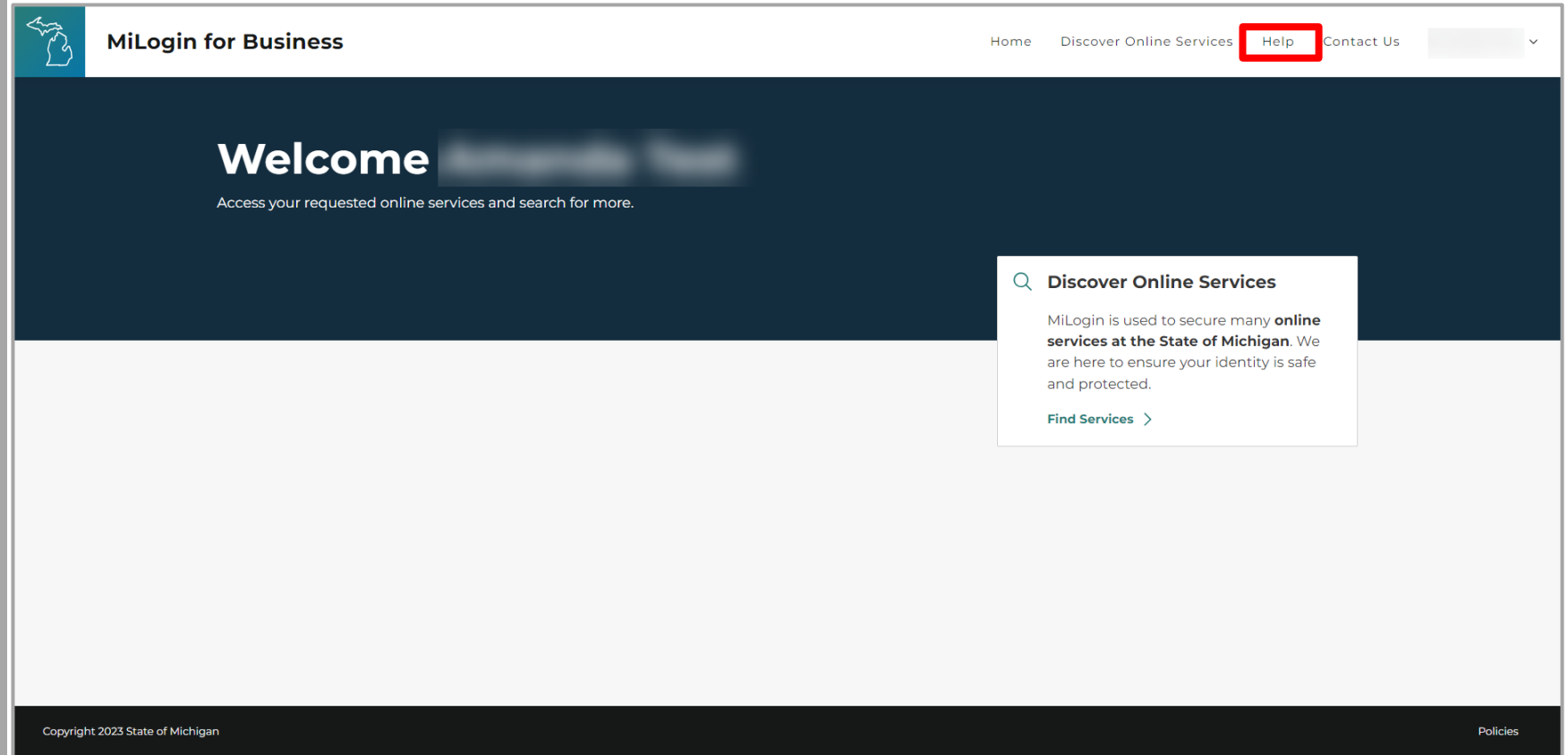
**Create Account**

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# Register for MiLogin and CHAMPS

- Your MiLogin account has now been created successfully.
- Your MiLogin Welcome Page will not display any online services.
- Click Request Access.

*\*Additional MiLogin resources are available by clicking the Help link at the top of the page.*



## Register for MiLogin and CHAMPS

- Filter by Departments and select for Michigan Department of Health and Human Services

OR

- Enter CHAMPS in the search for services box and click Search.
- Click on CHAMPS.

The screenshot shows the 'MiLogin for Business' website. At the top, there is a navigation bar with links: Home, Discover Online Services, Help, and Contact Us. Below the navigation bar, there is a dark blue header with a 'Back to Home' button and the title 'Discover Online Services'. A sub-header reads: 'From renewing vehicle plates to getting food assistance, find and access the services you need.' Below this is a search bar labeled 'Search for Services'. The word 'CHAMPS' is entered in the search bar, and a red arrow points to the 'Search' button. On the left side, under 'Filter by Departments', a list of Michigan departments is shown. The 'Michigan Department of Health & Human Services (MDHHS)' is selected and highlighted with a red box. On the right side, the search results for 'CHAMPS' are displayed, showing a description of the Community Health Automated Medicaid Processing System (CHAMPS) and a red box around the title and description.

**MiLogin for Business**

Home Discover Online Services Help Contact Us

< Back to Home

## Discover Online Services

From renewing vehicle plates to getting food assistance, find and access the services you need.

Search for Services

CHAMPS Search

**Filter by Departments**

- ☐ All Departments
- ☐ Attorney General (AG)
- ☐ Center for Educational Performance and Information (CEPI)
- ☐ Department of Labor and Economic Opportunity (LEO)
- ☐ Department of Military and Veteran's Affairs (DMVA)
- ☐ Department of Technology, Management and Budget (DTMB)
- ☐ Licensing and Regulatory Affairs (LARA)
- ☐ Michigan Civil Service Commission (MCSC)
- ☐ Michigan Department of Agriculture & Rural Development (MDARD)
- ☐ Michigan Department of Corrections (MDOC)
- ☐ Michigan Department of Education (MDE)
- ☐ Michigan Department of Environment, Great Lakes, and Energy (EGLE)
- ☒ Michigan Department of Health & Human Services (MDHHS)


**MDHHS Michigan Department of Health & Human Services (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.

# Register for MiLogin and CHAMPS

- Select the CHAMPS user type as 'Provider/Other' option.
- Click Next Step.

 **MiLogin for Business**

[Home](#) [Discover Online Services](#) [Help](#) [Contact Us](#)

[< Back](#)

## Request Service

[→](#)

### Additional Information

In order to proceed with your request, please enter additional requested information below.

CHAMPS User Type

☒ Provider/Other

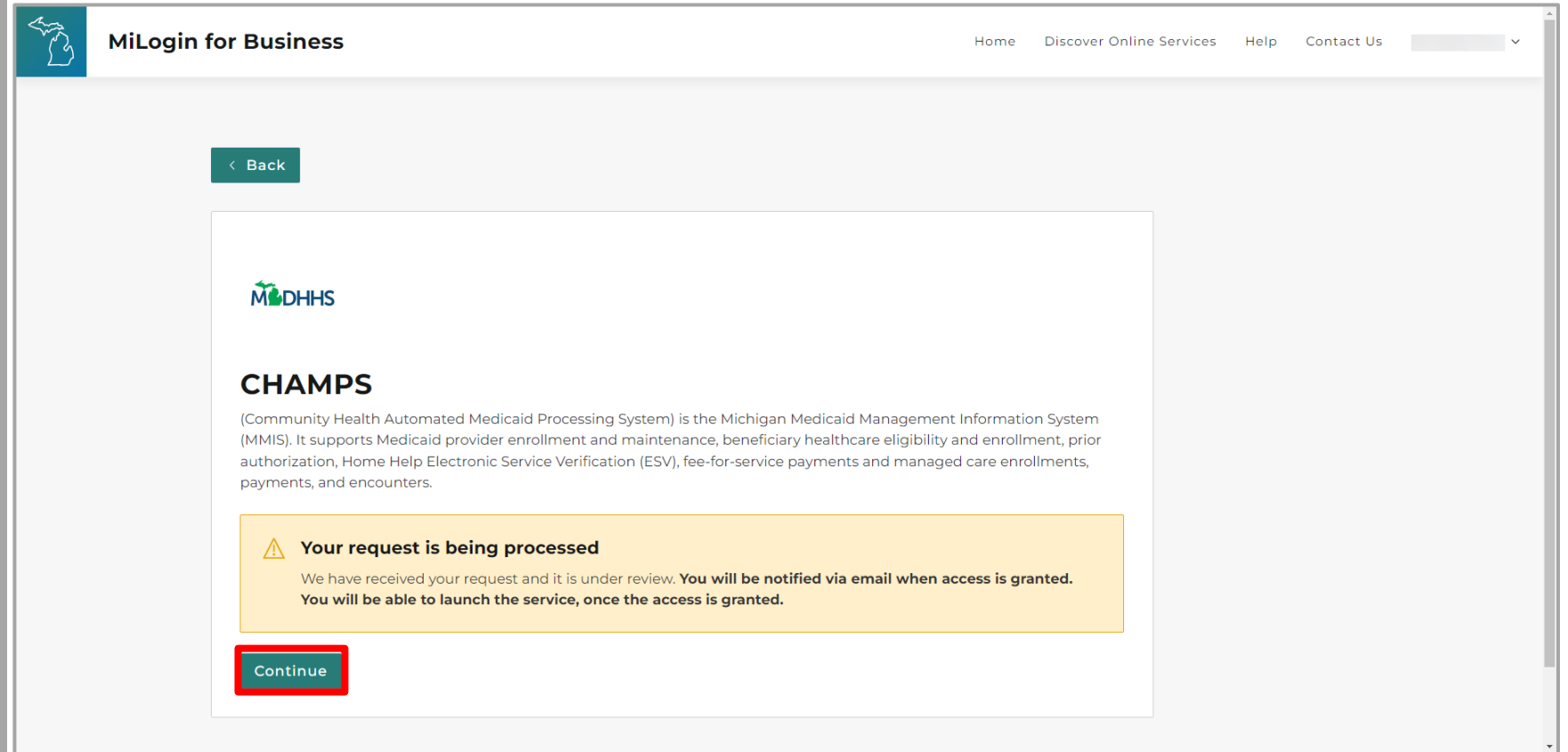
☐ State User Only

[Next Step](#)

Copyright 2023 State of Michigan [Policies](#)

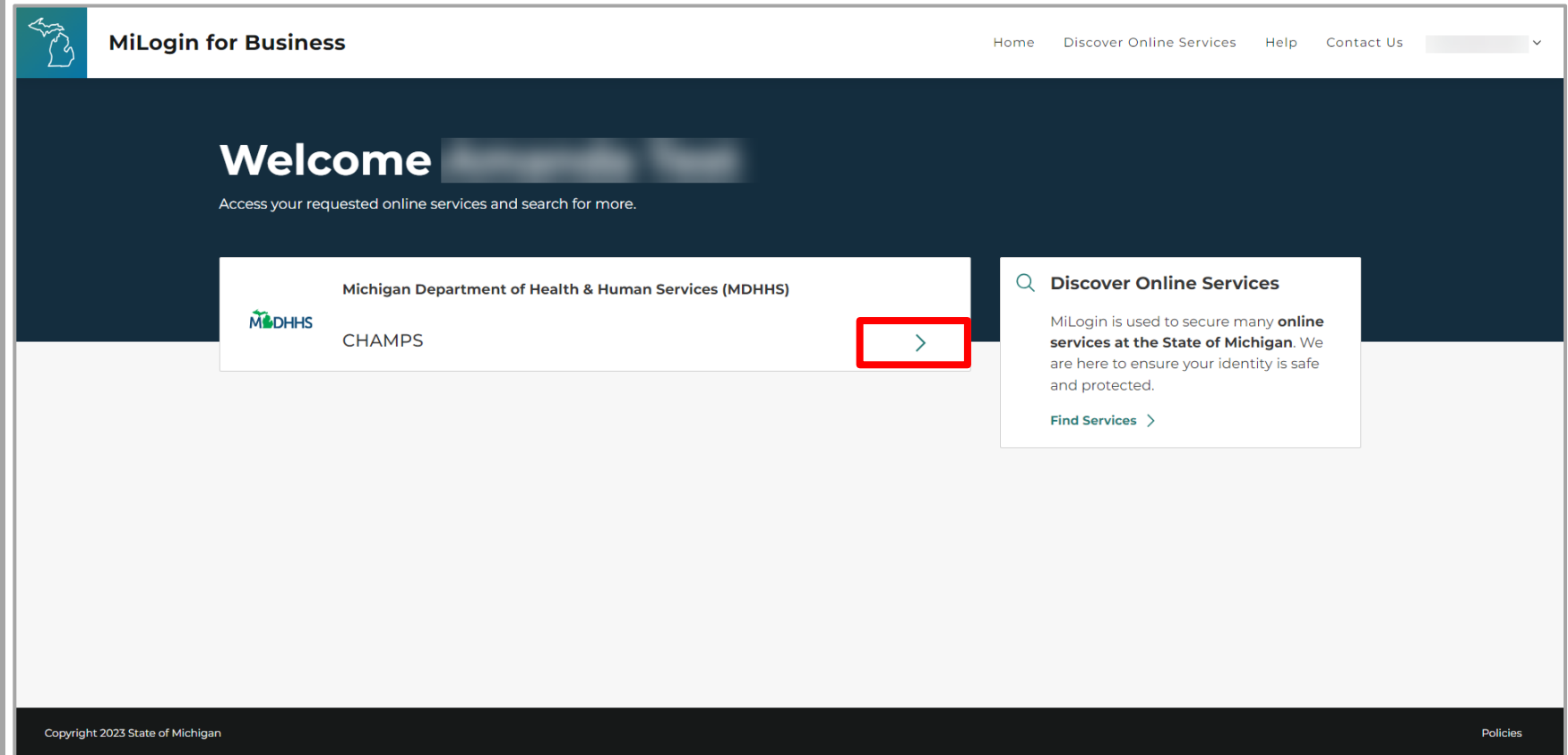
## Register for MiLogin and CHAMPS

- You will be given confirmation that your request has been submitted successfully and is being processed.
- Click the continue to return to the MiLogin Welcome Page.



# Register for MiLogin and CHAMPS

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



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

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

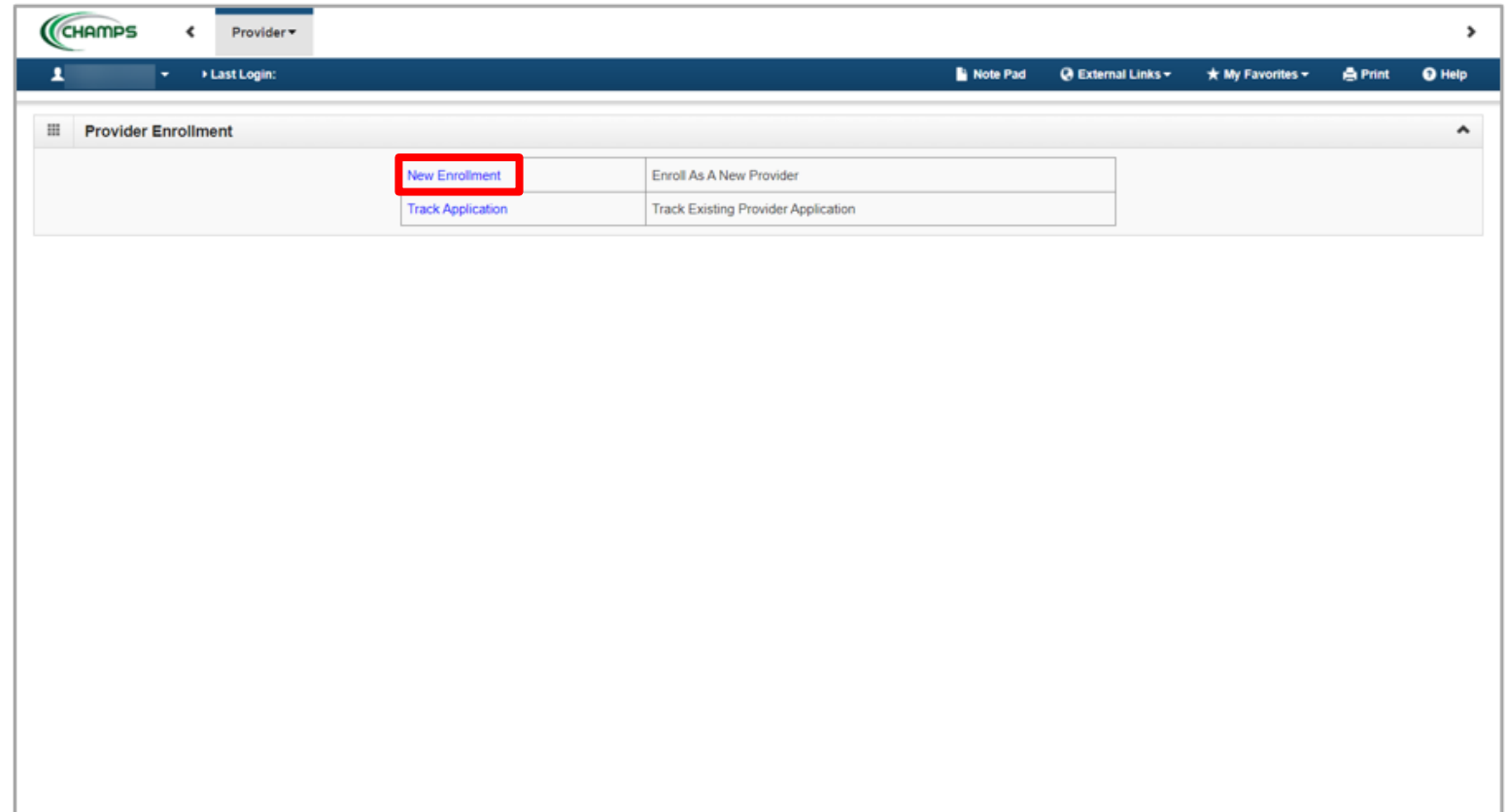


# New EVV Agency and FI Enrollment

Steps on how to  
complete a new  
CHAMPS enrollment for  
an EVV Agency or FI  
Provider type

## EVV Agency & FI: New Provider Enrollment

- Select New Enrollment.



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

## EVV Agency & FI: New Provider Enrollment

- Select Atypical Enrollment Type.
- Select Agency.
- Click Submit.

The screenshot shows the CHAMPS Provider interface for a new enrollment. The page title is "New Enrollment". The "Enrollment Type" section is active, displaying a list of options under the heading "Select the Applicable Enrollment Type". The options are:

- ☐ 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

The "Agency" option is highlighted with a red box. At the bottom left, the "Submit" button is also highlighted with a red box.

## EVV Agency & FI: New Provider Enrollment

- Enter the required information, indicated by an asterisk (\*):
  - Entity Business Name (Agency Name)
  - EIN/TIN (Federal Tax ID Number)
  - Vendor ID (SIGMA)
  - NPI
  - Email address
- Note: Leave the Organization/Business Type default to EVV Agencies.
- Click Confirm.
- Click Finish.

The screenshot shows the CHAMPS web application interface. The main window displays the 'Basic Information' form for a new provider enrollment. The form is titled 'Basic Information: Enter required fields and click Confirm button.' and includes a 'Print' and 'Help' button. The form fields are as follows:

- Legal Entity Name:** (Text field, with a note '(As shown on the Income Tax Return)')
- Entity Business Name:** (Text field, marked with an asterisk, highlighted with a red box)
- EIN/TIN:** (Text field, marked with an asterisk, highlighted with a red box)
- Organization/Business Type:** (Dropdown menu, currently set to 'EVV Agencies', marked with an asterisk)
- Vendor ID:** (Text field, marked with an asterisk, highlighted with a red box)
- NPI:** (Text field, marked with an asterisk, highlighted with a red box)
- Contact Email Address:** (Section with six email input fields: Email-1 through Email-6. Email-1 is marked with an asterisk and highlighted with a red box)

Below the form, a note states: 'Please note that all providers are subject to a criminal background screening that could affect your ability to be paid through the Home Help program.'

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

The page ID is displayed at the bottom: 'Page ID: dlgAddBasicInformationStep1(Provider)'.

## EVV Agency & FI: New Provider Enrollment

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

CHAMPS

Provider

Last Login: 22 JAN, 2024 11:41 AM

Note Pad External Links My Favorites Print Help

New Enrollment

Enroll

Individual  
Group Practice  
Billing Agency  
Facility/Agency  
Atypical (n  
Individual  
Agency  
Type 2 N

Application ID: Name:

Basic Information

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

Your Application ID is:

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.

Ok

Page ID: dlgAddBasicInformationStep3(Provider)

## EVV Agency & FI: New Provider Enrollment

- Atypical Provider Enrollment steps are listed.
  - (Note: Some steps are required versus optional)
- Step 1 has a status of complete.
- Click Step 2: Add Locations.

Application ID: 20240216837249      Name: EVV Agency and FI

[Close](#)

### Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	02/16/2024	02/16/2024	Complete	
<a href="#">Step 2: Add Locations</a>	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			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: Upload Documents	Optional			Incomplete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

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

# EVV Agency & FI: New Provider Enrollment

- Click Add, to enter Primary Location information.

Provider

Last Login: 30 AUG, 2018 10:08 AM

Note PadExternal LinksMy FavoritesPrintHelp

New EnrollmentAtypical Agency Enrollment

Application ID:

Name:

CloseAdd

To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink

Locations List

Filter By

Go

Save FiltersMy Filters

Doing Business As	Location Type	Location Details	End Date

No Records Found !

## EVV Agency & FI: New Enrollment Step 2: Locations

- Enter the required information, indicated by an asterisk (\*): Address, Zip Code, Phone Number, and Office Hours.
- Click Validate Address.
- For Office Hours use the drop-down arrow to choose the correct times. Make sure to select the hours you are open or choose "Closed".
- Enter your Agency Fiscal Year End Date and click OK.
  - Note: Location Type will always be the Primary Practice Location.
  - Use your Agency's Business Address for Primary Practice Location.
  - When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

Print Help

Application ID: [redacted] Name: [redacted]

For all locations, Correspondence address is required. For Primary Practice Location, Pay-To address is required. Enter Remittance Advice address only to receive a paper Remittance Advice.

### Add Provider Location

Location Type: Primary Practice Location \*

Doing Business As: [redacted] End Date: [redacted]

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWNR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address validation successful

Address Line 1: [redacted] \*  
(Enter Street Address or PO Box Only)

Address Line 2: [redacted]

State/Province: MICHIGAN \*

Country: UNITED STATES \*

City/Town: [redacted] \*

County: [redacted]

Zip Code: [redacted] \* Validate Address

Phone Number: [redacted] \* Ext: [redacted]

Fax Number: [redacted]

Email Address: [redacted]

Web Page: [redacted]

Communication Preference: [redacted]

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	Close	AM		PM	Thursday	08:00	AM	05:00	PM
Monday	08:00	AM	05:00	PM	Friday	08:00	AM	05:00	PM
Tuesday	08:00	AM	05:00	PM	Saturday	Close	AM		PM
Wednesday	08:00	AM	05:00	PM					

Handicap Accessible: No

Accept 835(reported at EIN/TIN level): No

Language(s) Spoken: English Arabic Chinese (For Multiple Selection, use Ctrl Key)

### Facility Details

State Facility ID: [redacted]

Fiscal Year End Date: 09/30 \*  
(mm/dd)

OK Cancel

## EVV Agency & FI: New Enrollment Step 2: Locations

- Click Primary Practice Location to add Pay-To address
- Note: You are still in Step 2: Add Locations. Correspondence address is required for all locations. Enter the Remittance Advice (RA) address only to receive a paper RA.

The screenshot displays the CHAMPS Provider portal interface. At the top, the 'Provider' tab is selected. The breadcrumb trail shows 'New Enrollment' > 'Atypical Agency Enrollment'. The page includes fields for 'Application ID' and 'Name'. Below these, there are 'Close' and 'Add' buttons, followed by a note: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. The main section is titled 'Locations List' and contains a table with the following columns: 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The 'Location Type' column has a dropdown menu with 'Primary Practice Location' selected and highlighted with a red box. The 'End Date' column shows '12/31/2999'. At the bottom of the table, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', and 'SaveToXLS'. The page also includes a 'Filter By' section with a dropdown and a 'Go' button, and a 'Save Filters' button. The bottom right corner shows 'Viewing Page: 1' and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

# EVV Agency & FI: New Enrollment Step 2: Locations

- Click Add Address.

CHAMPS

Provider

Last Login: 22 JAN, 2024 11:41 AM

Note Pad

External Links

My Favorites

Print

Help

New Enrollment > Atypical Agency Modification

Provider ID: Name:

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

Location Details

Doing Business As: Location Code: 01 Location Type: Primary Practice Location

Phone Number: \* Extn: Fax Number: Email Address:

Web Page: Communication Preference:

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:	Closed *	AM PM *	*	AM PM *	Thursday:	09:00 *	AM PM *	05:00 *	AM PM *
Monday:	09:00 *	AM PM *	05:00 *	AM PM *	Friday:	09:00 *	AM PM *	05:00 *	AM PM *
Tuesday:	09:00 *	AM PM *	05:00 *	AM PM *	Saturday:	09:00 *	AM PM *	05:00 *	AM PM *
Wednesday:	09:00 *	AM PM *	05:00 *	AM PM *					

Handicap Accessible: No Accept 835(reported at EIN/TIN level): No

Language(s) Spoken: English Arabic Chinese (For Multiple Selection, use Ctrl Key)

Start Date: 01/03/2023 End Date: 12/31/2999 Status: Approved

Facility Details

State Facility ID: Fiscal Year End Date: 12/31 (mm/dd)

Address List

Add Address

Filter By Filter By And Operational Status Active Go Save Filters My Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Location		01/03/2023	12/31/2999	Approved	Active	
<input type="checkbox"/> Primary Pay To		01/03/2023	12/31/2999	Approved	Active	

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

## EVV Agency & FI: New Enrollment Step 2: Locations

- In the Type of Address drop-down menu, select Correspondence.
  - Note: Fill in the address where you would like to receive your Agency or FI mail.
- If the address is the same as the one entered previously, select Copy This Location Address, next to, Location Address.
- Click Validate Address.
- Click OK.

The screenshot shows a web application window titled "Add Provider Location Address". At the top, there are fields for "Application ID" and "Name". Below the title bar, there are two red arrows pointing to the "Type of Address" dropdown menu and the "Location Address" radio button. The "Type of Address" dropdown is currently set to "--SELECT--". The "Location Address" radio button is labeled "Copy This Location Address". Below these, there is a text instruction: "If a department or drawer number is required enter the information in line TWO.(For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)". The form contains several input fields: "Address Line 1" (with a note "(Enter Street Address or PO Box Only)"), "Address Line 2", "Address Line 3", "State/Province" (dropdown), "City/Town" (dropdown), "County" (dropdown), "Country" (dropdown), and "Zip Code". A red box highlights the "Validate Address" button next to the "Zip Code" field. At the bottom right, there are "OK" and "Cancel" buttons, with the "OK" button also highlighted by a red box.

## EVV Agency & FI: New Enrollment Step 2: Locations

- Notice the Correspondence, Location, and Primary Pay To address types are listed under Address Type.
- Click Save.
- Click Close on the next two screens to go back to the list of steps. (Not shown).

CHAMPS

Provider

Last Login: 22 JAN, 2024 11:41 AM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Modification

Provider ID: Name:

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

**Location Details**

Doing Business As: Location Code: 01 Location Type: Primary Practice Location

Phone Number: \* Extn: Fax Number: Email Address:

Web Page: Communication Preference:

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:	Closed	AM PM		AM PM	Thursday:	09:00	AM PM	05:00	AM PM
Monday:	09:00	AM PM	05:00	AM PM	Friday:	09:00	AM PM	05:00	AM PM
Tuesday:	09:00	AM PM	05:00	AM PM	Saturday:	09:00	AM PM	05:00	AM PM
Wednesday:	09:00	AM PM	05:00	AM PM					

Handicap Accessible: No

Accept 835(reported at EIN/TIN level): No

Language(s) Spoken: English Arabic Chinese

Start Date: 01/03/2023 End Date: 12/31/2999 Status: Approved

**Facility Details**

State Facility ID: Fiscal Year End Date: 12/31 (mm/dd)

**Address List**

Add Address

Filter By Filter By And Operational Status Active Go Save Filters My Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
Correspondence		01/03/2023	12/31/2999	Approved	Active	
Location		01/03/2023	12/31/2999	Approved	Active	
Primary Pay To		01/03/2023	12/31/2999	Approved	Active	

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

## EVV Agency & FI: New Enrollment Step 3: Add Specialties

- Step 2: Add Locations complete.
- Click Step 3: Add Specialties.

**CHAMPS** Provider

Last Login: 13 FEB, 2024 12:10 PM

Provider Portal > New Enrollment > Atypical Agency Enrollment

Application ID: 20240216837249 Name: EVV Agency and FI

Close

**Enroll Provider - Atypical Agency**

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

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	02/16/2024	02/16/2024	Complete	
<a href="#">Step 2: Add Locations</a>	Required	02/16/2024	02/16/2024	Complete	
<a href="#">Step 3: Add Specialties</a>	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			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: Upload Documents	Optional			Incomplete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

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

First Prev Next Last

# EVV Agency & FI: New Enrollment Step 3: Add Specialties

- Click Add.

Provider

Last Login: 30 AUG, 2018 10:08 AM

Note Pad

External Links

My Favorites

Print

Help

New Enrollment

Atypical Agency Enrollment

Application ID:

Name:

Close

Add

Specialty/Subspecialty List

Filter By

Go

Save Filters

My Filters

Specialty/Subspecialty	Provider Type	End Date
<div></div>	<div></div>	<div></div>
No Records Found !		

## EVV Agency & FI: New Enrollment Step 3: Add Specialties

- In the Provider Type drop-down menu, select Atypical Agency.
- In the Specialty drop-down menu, select the appropriate specialty based on [MMP 23-76](#).
  - Community Transition Services
  - Home Help FAO
  - Home and Community Based Services Agencies
  - Fiscal Intermediary
- Click OK.

CHAMPS Provider Portal

Last Login: 16 JAN, 2024 02:01 PM

Provider Portal > New Enrollment > Atypical Agency Enrollment

Application ID: 20240116660113 Name: EVV Agency and FI

**Add Specialty/Subspecialty**

Location: 01-MDHHS \*

Provider Type: ATYPICAL AGENCY \*

Specialty: ---SELECT--- \*

End Date: ---SELECT---

**Add Subspecialty**

Community Transition Services

Fiscal Intermediary

HOME HELP FAO

Home and Community Based Services Agencies

Local Education Agency (LEA)

Non-Emergency Transportation Agency

Transportation Network Company

Tribal Health Center NEMT Agency

OK Cancel

Page ID: dlgEnrAddSpecialties(Provider)

## EVV Agency & FI: New Enrollment Step 3: Add Specialties

- Depending on the specialty selected, Available Subspecialties will populate.
- Select the applicable Available Subspecialties, click >> to add to the Associated Subspecialties list.
- When complete, click Ok.

The screenshot displays the 'Add Provider Specialties' window in the CHAMPS Provider Portal. The window title is 'Add Provider Specialties - review - Work - Microsoft Edge'. The application ID is 2024011660113, and the name is 'EVV Agency and FI'. The 'Add Specialty/Subspecialty' section contains the following fields:

- Location: 01-MDHHS \*
- Provider Type: ATYPICAL AGENCY \*
- Specialty: Home and Community Based Services Agencies \*
- End Date: (empty)

A red arrow points to the 'Specialty' field. Below this is the 'Add Subspecialty' section, which includes two lists:

- Available Subspecialties:** Community Living Supports, Expanded Community Living Supports, Personal Care Services, Respite.
- Associated Subspecialties \*:** (empty)

A red arrow points to the '>>' button between the two lists. The 'OK' button is highlighted with a red box at the bottom right. The page ID is 'dlgEnrAddSpecialties(Provider)'.

## EVV Agency & FI: New Enrollment Step 3: Add Specialties

- The Specialty/Subspecialty will be displayed.
- If needed, add additional specialties following the previous steps.
- If complete, click Close.

The screenshot shows the CHAMPS Provider Portal interface. At the top, the CHAMPS logo is on the left, and a 'Provider' dropdown menu is on the right. Below the logo, a user profile icon and the text 'Last Login: 16 JAN, 2024 02:01 PM' are visible. A navigation bar contains links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail reads: 'Provider Portal > New Enrollment > Atypical Agency Enrollment'.

The main content area displays 'Application ID: 20240116660113' and 'Name: EVV Agency and FI'. Below this, there are 'Close' and 'Add' buttons. The 'Close' button is highlighted with a red box.

The 'Specialty/Subspecialty List' section features a table with three columns: 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table contains three rows of data, all with 'ATYPICAL AGENCY' as the provider type and '12/31/2999' as the end date. The first two rows are for 'Home and Community Based Services Agencies/Community Living Supports' and 'Home and Community Based Services Agencies/Expanded Community Living Supports'. The third row is for 'Home and Community Based Services Agencies/Personal Care Services'. Each row has a checkbox on the left.

Below the table, there are controls for 'Filter By', 'Go', 'Save Filters', and 'My Filters'. At the bottom, there are buttons 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.

## EVV Agency & FI: New Enrollment Step 7: Add Mode of Claim Submission

- Step 3 is complete.
- Steps 4 – 8 are optional and not required.
- Click Step 9: Add Provider Controlling Interest/Ownership Details.

**CHAMPS** Provider

Last Login: 13 FEB, 2024 12:10 PM

Provider Portal > New Enrollment > Atypical Agency Enrollment

Application ID: 20240216837249 Name: EVV Agency and FI

Close

**Enroll Provider - Atypical Agency**

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/16/2024	02/16/2024	Complete	
Step 2: Add Locations	Required	02/16/2024	02/16/2024	Complete	
Step 3: Add Specialties	Required	02/16/2024	02/16/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			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: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

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

First Prev Next Last

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Click Actions.
- In the Actions drop-down menu, select Add Owner.

The screenshot displays the CHAMPS Provider Portal interface. At the top, the header includes the CHAMPS logo, a 'Provider' dropdown, and a 'Last Login: 16 JAN, 2024 02:01 PM' timestamp. Below the header, a breadcrumb trail shows the path: 'Provider Portal > New Enrollment > Atypical Agency Enrollment > General'. The main content area shows an 'Application ID: 20240116660113' and a 'Name: EVV Agency and FI'. A red box highlights the 'Actions' dropdown menu, which is open, showing options: 'Add Owner', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. A red arrow points to the 'Add Owner' option. Below the dropdown, the 'PROVIDER CONTROL DISCLOSURES' section is visible, followed by 'REQUIRED DISCLOSURE INFORMATION' and 'REQUIRED OWNERS' sections. The 'REQUIRED OWNERS' section lists various ownership types and their requirements.

Application ID: 20240116660113 Name: EVV Agency and FI

Close Actions

Add Owner

Import Owner

Owners Relationships

Owners Adverse Action

PROVIDER CONTROL DISCLOSURES

Provider Enrollment Information: Provider Enrollment Information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

REQUIRED DISCLOSURE INFORMATION

Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee.
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Sub-contractor	Foreign, Nonresident Alien
Corporate - Non Charitable	Holding Company	Limited Liability Company
Indirect Owner		

Owners List

# EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

In the Type drop-down menu:

- If choosing; Agent, Government, Individual, Partnership, or Sub-Contractor [click here.](#)
- If choosing; Corporate-Charitable 501 (c) 3, Corporate-Non-Charitable, Holding Company, or Limited Liability Company [click here.](#)

The screenshot shows a web application window titled "Provider Controlling Interest/Ownership". At the top, there are fields for "Application ID" and "Name". Below this, the form is divided into two main sections. The top section contains fields for "Type" (with a red arrow pointing to it), "SSN", "Legal Entity Name" (with a subtext "(As shown on the Income Tax Return)"), "First Name", "Suffix", "Phone Number", "Start Date", "Percentage Owned", "EIN/TIN", "Entity Business Name" (with a subtext "(Doing Business As)"), "Last Name", "DOB", "Email", and "End Date". The bottom section contains fields for "Address Line 1", "Address Line 2", "Address Line 3", "State/Province", "Country", "City/Town", "County", and "Zip Code". There are also "Validate Address", "OK", and "Cancel" buttons at the bottom right.

# Step 9: Adding Provider Controlling Interest/Ownership Details

These steps are only if you are choosing Agent, Government, Individual, Partnership, or Sub-Contractor.

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Enter the required information, indicated by an asterisk (\*): SSN, Percentage Owned, Name, Phone Number, DOB, Start Date, Address, and Zip Code.
- Click Validate Address.
- Click OK.
  - Note: When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

Print Help

Application ID: Name:

Please remember to enter SSN.

Provider Controlling Interest/Ownership

Type: Agent \*

SSN: \*

Please remember to enter SSN. x

Legal Entity Name: (As shown on the Income Tax Return)

First Name: \*

Suffix:

Phone Number: \* Extn: \*

Start Date: \*

Percentage Owned: \*

EIN/TIN:

Entity Business Name: (Doing Business As)

Last Name: \*

DOB: \*

Email:

End Date:

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address Type: Home Address

Address Line 1: \* (Enter Street Address or PO Box Only)

Address Line 3: \*

State/Province: OTHER \*

Country: UNITED STATES \*

Address Line 2:

City/Town: OTHER \*

County: OTHER

Zip Code: \*

OK Cancel

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Note: Agent (Agency Owner) will now be listed.
- In the Actions drop-down menu, select Add Owner.

The screenshot displays the CHAMPS Provider Enrollment System interface. At the top, the 'Provider' tab is selected. The breadcrumb trail indicates the path: 'New Enrollment > Atypical Agency Enrollment > General'. The 'Application ID' and 'Name' fields are visible. The 'Actions' dropdown menu is open, with 'Add Owner' highlighted by a red box and a red arrow. Below the menu, a table lists the current owner information. The table has columns for 'Owner Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. The current owner is 'Agent, Agent' at '100 N Capitol Ave', with a 'Completed' relationship status and '100' percentage owned. Below the table, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', and 'SaveToXLS'. The bottom section of the screen is titled 'Add Other Owned Entity' and contains a filter section and a table for 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare'. The table has columns for 'Other Owner EIN/TIN', 'Other Owner Information', and 'Address'. A red message 'No Records Found!' is displayed at the bottom of this section.

Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
Agent, Agent	Agent	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	Not Completed	100

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found!		

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- In the Type drop-down menu, select Managing Employee. The Managing Employee can be the same as the Owner.
- Enter the required information, indicated by an asterisk (\*): SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, Zip Code.
- Click Validate Address.
- Click OK.
- Note: Type the number zero (0) in the Percentage Owned box.
  - Start Date is the date the application is being completed.
  - When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

The screenshot shows a web application interface for adding a provider's controlling interest. The form is titled "Provider Controlling Interest/Ownership" and includes a header with "Application ID:" and "Name:". The form is divided into two main sections: personal information and address information. Red boxes highlight the following fields: Type (drop-down menu), SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address Line 1, Address Line 3, State/Province, Country, City/Town, County, Zip Code, and the Validate Address button. The form also includes a "Print" button in the top left and "OK" and "Cancel" buttons in the bottom right.

Application ID: [ ] Name: [ ]

**Provider Controlling Interest/Ownership**

Type: [---SELECT---] \* E

Percentage Owned: [ ] \*

SSN: [ ] \*

EIN/TIN: [ ]

Legal Entity Name: [ ]

Entity Business Name: [ ]

(As shown on the Income Tax Return)

(Doing Business As)

First Name: [ ] \*

Last Name: [ ] \*

Suffix: [ ]

DOB: [ ] \*

Phone Number: [ ] \* E

Email: [ ]

Start Date: [ ] \*

End Date: [ ]

Address Line 1: [ ] \*

Address Line 2: [ ]

(Enter Street Address or PO Box Only)

City/Town: [OTHER] \*

Address Line 3: [ ]

County: [OTHER]

State/Province: [OTHER] \*

Country: [UNITED STATES] \*

Zip Code: [ ] \*

Validate Address

OK Cancel

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Note: Managing Employee is now listed.
- In the Actions drop-down menu, select Owners Relationships.

The screenshot shows the CHAMPS Provider Enrollment system interface. At the top, there's a header with the CHAMPS logo and a 'Provider' dropdown. Below this is a navigation bar with 'New Enrollment', 'Atypical Agency Enrollment', and 'General'. The main area has fields for 'Application ID' and 'Name'. A red arrow points to the 'Actions' dropdown menu, which is open, showing options: 'Add Owner', 'Import Owner', and 'Owners Relationships' (highlighted with a red box). Below the dropdown is a table with columns: Owner, Owners Adverse Action, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains two rows of data. At the bottom, there's a section for 'Add Other Owned Entity' with a title 'List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.' and a table with columns: Other Owner EIN/TIN, Other Owner Information, and Address. The table is empty, and a red message 'No Records Found !' is displayed.

Owner	Owners Adverse Action	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/>		Agent, Agent	Agent	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	100
<input type="checkbox"/>		Employee, Managing	Managing Employee	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	0

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found !		

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

Answer the question (at the top)

- If no relationships exist select No, click Save, read the pop-up message, select Ok, and Close. [Click here](#).
- If relationships exist, select Yes, and continue with the presentation.

CHAMPS

Provider

https://millogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: Name:

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ? ☐ Yes ☐ No (Click Save to update)

**Owner List**

Show Owners All Go Save Filters My Filters

Selected Owner: Employee, Managing SSN/EIN/TIN: Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Agent, Agent		Agent		

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

Selected Owner: Agent, Agent SSN/EIN/TIN: Status: Not Completed

Save Close

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- If Yes, select the relationship between the Associated Owner to the Selected Owner (e.g., the relationship from the Agent to Employee, Managing) [Associated Owner -> Selected Owner].
- Click on the Relation to Employee, Managing drop-down.

CHAMPS

Provider

https://millogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: Name:

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ? ☒ Yes ☐ No (Click Save to update)

**Owner List**

Show Owners All Go Save Filters My Filters

**Selected Owner: Employee, Managing** SSN/EIN/TIN: Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Agent, Agent		Agent	<input checked="" type="checkbox"/>	

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

**Selected Owner: Agent, Agent** SSN/EIN/TIN: Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

In this example, the Agent is the father of the Selected Owner (Employee, Managing).

- Select Father
- Click on the Relation to Assoc. Owner drop-down.

The screenshot shows the CHAMPS web application interface for adding a provider relationship. The page title is "Add Relationship". Below the title, there is a question: "Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?" with radio buttons for "Yes" and "No".

The "Owner List" section shows a table with columns: "Assoc. Owner", "SSN/EIN/TIN", "Type", "Relation to Employee, Managing", and "Relation to Assoc. Owner". The table has one row with the following data:

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Agent, Agent	[Redacted]	Agent	[Redacted]	[Redacted]

The "Relation to Assoc. Owner" dropdown is open, showing a list of options: None, Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Spouse, and Self. The "Father" option is highlighted with a red box. The "Relation to Employee, Managing" dropdown is also open, showing a list of options: None, Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Spouse, and Self. The "None" option is highlighted with a red box.

At the bottom of the page, there is a "Page ID: dlgAddModifyOwnerRelationship(Provider)" and buttons for "Save" and "Close".

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Select the relationship between the Selected Owner (example: Managing Employee) to the Associated Owner (Agent, Agent or Agency Owner) [Selected Owner -> Associated Owner].

In this example, the Selected Owner (Employee, Managing) is the son of the Agent.

- Select Son.
- Click on > to select the relationship(s) for the next Selected Owner.

CHAMPS

Provider

https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: Name:

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)? ☒ Yes ☐ No (Click Save to update)

**Owner List**

Show Owners All Go Save Filters My Filters

**Selected Owner:** Employee, Managing SSN/EIN/TIN: Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Agent, Agent		Agent	Father	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

**Selected Owner:** Agent, Agent SSN/EIN/TIN: Status: Not Completed

None  
Daughter  
Daughter-In Law  
Father  
Father-In Law  
Mother  
Mother-In Law  
Sibling  
**Son**  
Son-In Law  
Spouse  
Self

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- For the next Selected Owner (Agent, Agent) the fields have prepopulated based on the relationship selection made under the previous Selected Owner (Employee, Managing).
- Once the relationship step for each Owner Type is completed, click Save.
- Click Close.

CHAMPS

Provider

https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: Name:

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ? ☒ Yes ☐ No (Click Save to update)

**Owner List**

Show Owners All Go Save Filters My Filters

Selected Owner: Employee, Managing SSN/EIN/TIN: Status: Completed

Selected Owner: Agent, Agent SSN/EIN/TIN: Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Agent, Agent	Relation to Assoc. Owner
Employee, Managing		Managing Employee	Son	Father

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

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Note: The Relationship Status shows completed for each Owner.
- In the Actions drop-down menu, select Owners Adverse Action.

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, there's a navigation bar with 'CHAMPS' logo, a 'Provider' dropdown, and user information (Last Login: 05 DEC, 2018 09:04 AM). Below this is a breadcrumb trail: 'New Enrollment > Atypical Agency Enrollment > General'. The main form area has fields for 'Application ID' and 'Name'. A 'Close' button and an 'Actions' dropdown menu are visible. The 'Actions' menu is open, showing options: 'Add Owner', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action' (which is highlighted with a red box). A red arrow points to the 'Actions' dropdown. Below the menu is a table with columns: 'Owner', 'Owner Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. The table contains two rows of data. The first row shows an 'Agent, Agent' with a 'Completed' relationship status. The second row shows an 'Employee, Managing' with a 'Completed' relationship status. A red arrow points to the 'Completed' status in the first row. Below the table are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', and 'SaveToXLS'. At the bottom, there's a section for 'Add Other Owned Entity' with a title 'List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.' and a 'Filter By' dropdown. Below this is a table with columns: 'Other Owner EIN/TIN', 'Other Owner Information', and 'Address'. The table is empty, and a red message 'No Records Found !' is displayed at the bottom.

Owner	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
Agent, Agent		Agent	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	Not Completed	100
Employee, Managing		Managing Employee	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	Not Completed	0

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Read the Final Adverse Legal Actions/Convictions statement.
- Answer the questions at the bottom by choosing yes or no and comment if necessary.
- Click OK.

**CHAMPS** Provider

Application ID: Name:

### FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

#### Convictions

1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries or recipients. Offenses include, but are not limited to: Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicaid program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any misdemeanor or felonies that may result in a mandatory or permissive exclusion under State or Federal law.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

#### Exclusions, revocations, or Suspensions

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

#### FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

Owner Name	Response	Comments
Employee.Managing	<input type="radio"/> Yes <input type="radio"/> No	
Agent.Agent	<input type="radio"/> Yes <input type="radio"/> No	

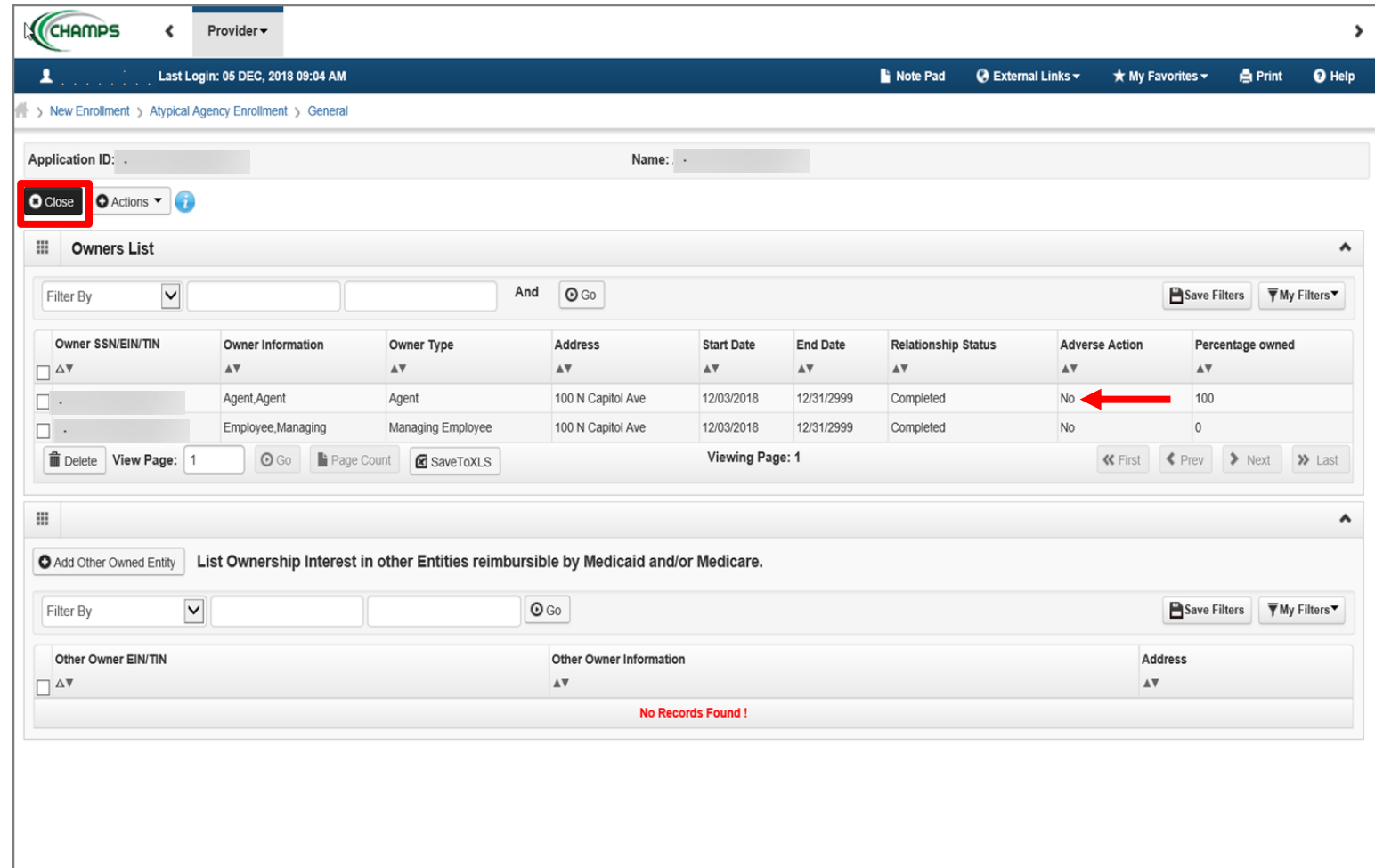
View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

First Prev Next Last

OK Cancel

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close.
- [Click here](#) for the next step in the EVV Agency & FI Enrollment.



CHAMPS Provider

Last Login: 05 DEC, 2018 09:04 AM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment > General

Application ID: Name:

Close Actions

### Owners List

Filter By And Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> .	Agent, Agent	Agent	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	No	100
<input type="checkbox"/> .	Employee, Managing	Managing Employee	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	No	0

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

### Add Other Owned Entity List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/> ▲▼	▲▼	▲▼

No Records Found !

# Step 9: Adding Provider Controlling Interest/Ownership Details

These steps are only if you are choosing Corporate-Charitable 501(c)3, Corporate-Non-Charitable, Holding Company, or Limited Liability Company.

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Enter the required information, indicated by an asterisk (\*): Percentage Owned, EIN/TIN, Legal Entity Name, Entity Business Name, Phone Number, Start Date, Address, and Zip Code.
- Click Validate Address.
- Click OK.
- Note: When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

Application ID: \_\_\_\_\_ Name: \_\_\_\_\_

Please remember to enter EIN/TIN.

### Provider Controlling Interest/Ownership

Type: Corporate - Charitable 501(c)3 *	Percentage Owned: *
SSN: _____	EIN/TIN: *
Legal Entity Name: *	Entity Business Name: *
(As shown on the income tax return)	(Doing Business As)
First Name: _____	Last Name: _____
Suffix: _____	DOB: _____
Phone Number: * Extn: *	Email: _____
Start Date: _____ *	End Date: _____

Address Type: Business Address

Address Line 1: *	Address Line 2: _____
(Enter Street Address or PO Box Only)	
Address Line 3: _____	City/Town: OTHER *
State/Province: OTHER *	County: OTHER *
Country: UNITED STATES *	Zip Code: *

Validate Address

OK Cancel

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Note: The Corporate-Charitable will now be listed.
- In the Actions drop-down menu, select Add Owner.

The screenshot displays the CHAMPS Provider Enrollment System interface. At the top, the 'Provider' tab is selected. The breadcrumb trail indicates the path: 'New Enrollment > Atypical Agency Enrollment > General'. The 'Application ID' and 'Name' fields are visible. The 'Actions' dropdown menu is open, with 'Add Owner' highlighted by a red box and a red arrow. Other options in the menu include 'Close', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. Below the menu, a table lists the current owner information:

Owner	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
Corporate	Corporate - Charitable 501(c)3		100 N Capitol Ave	12/03/2018	12/31/2999	Completed	Not Completed	100

Below the table, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', and 'SaveToXLS'. The 'Viewing Page: 1' status is also shown. At the bottom, there is a section for 'Add Other Owned Entity' with a filter dropdown and a 'Go' button. The text 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.' is displayed. Below this, there are fields for 'Other Owner EIN/TIN', 'Other Owner Information', and 'Address'. A red message 'No Records Found!' is shown at the bottom of this section.

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- In the Type drop-down menu, select Managing Employee. The Managing Employee can be the same as the Owner.
- Enter the required information: SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, and Zip Code.
- Click Validate Address.
- Click OK.
  - Note: Type the number zero (0) in the Percentage Owned box.
  - Start Date is the date the application is being completed.
  - When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

The screenshot shows a web application interface for adding a provider's controlling interest. The form is titled "Provider Controlling Interest/Ownership" and includes fields for personal and business information. Red boxes highlight the following fields and buttons:

- Type: ---SELECT---
- SSN: [ ]
- Percentage Owned: [ ] \*
- First Name: [ ]
- Last Name: [ ]
- DOB: [ ]
- Phone Number: [ ] \*
- Start Date: [ ] \*
- Address Line 1: [ ] \*
- Zip Code: [ ] \*
- Validate Address button
- OK button

Other fields include Legal Entity Name, EIN/TIN, Entity Business Name, Suffix, Extn, Email, End Date, Address Line 2, City/Town, County, State/Province, and Country. The form also includes a "Print" button and a "Help" link in the top right corner.

## EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Note: Managing Employee is now listed.
- In the Actions drop-down menu, select Owners Relationships.

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, the 'Provider' tab is selected. The breadcrumb trail indicates the path: New Enrollment > Atypical Agency Enrollment > General. The 'Application ID' and 'Name' fields are visible. The 'Actions' dropdown menu is open, and the 'Owners Relationships' option is highlighted with a red box. A red arrow points to the 'Owners Relationships' option. Below the dropdown, there is a table with columns: Owner, Owners Adverse Action, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains two rows of data. Below the table, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. At the bottom, there is a section for 'Add Other Owned Entity' with a filter dropdown and a 'Go' button. The text 'List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.' is displayed. Below this, there is a table with columns: Other Owner EIN/TIN, Other Owner Information, and Address. The table is empty, and the text 'No Records Found !' is displayed in red.

Owner	Owners Adverse Action	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
Corporate		Corporate - Charitable 501(c)3		100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	100
Employee, Managing		Managing Employee		100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	0

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found !		

## EVV Agency & FI: Step 9: Add Provider Controlling Interest

- In the Type drop-down menu, select Board of Directors/Officers/Principles.
- Enter the required information: SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, and Zip Code.
- Click Validate Address.
- Click OK.
  - Note: Start Date is the date the application is being completed.
  - When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

The screenshot shows a web application interface for adding a provider's controlling interest. The form is titled "Provider Controlling Interest/Ownership" and includes a "Print" button and a "Help" icon. At the top, there are fields for "Application ID" and "Name". The form is divided into two main sections: "Personal Information" and "Address Information".

**Personal Information:**

- Type:** A drop-down menu with "---SELECT---" selected. (Red box)
- SSN:** A text input field. (Red box)
- Legal Entity Name:** A text input field with a subtext "(As shown on the Income Tax Return)".
- First Name:** A text input field. (Red box)
- Suffix:** A drop-down menu.
- Phone Number:** A text input field with an asterisk. (Red box)
- Start Date:** A date picker field with an asterisk. (Red box)
- Percentage Owned:** A text input field with an asterisk. (Red box)
- EIN/TIN:** A text input field.
- Entity Business Name:** A text input field with a subtext "(Doing Business As)".
- Last Name:** A text input field. (Red box)
- DOB:** A date picker field. (Red box)
- Email:** A text input field.
- End Date:** A date picker field.

**Address Information:**

- Address Line 1:** A text input field. (Red box)
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- State/Province:** A drop-down menu with "OTHER" selected. (Red box)
- City/Town:** A drop-down menu with "OTHER" selected. (Red box)
- County:** A drop-down menu with "OTHER" selected. (Red box)
- Country:** A drop-down menu with "UNITED STATES" selected. (Red box)
- Zip Code:** A text input field with an asterisk. (Red box)

At the bottom right of the form, there is a "Validate Address" button (Red box) and a "Cancel" button. At the bottom center, there is an "OK" button with a checkmark icon. (Red box)

## EVV Agency & FI: Step 9: Add Provider Controlling Interest

- After entering all required Owner Types; in the Actions drop-down menu, select Owners Relationships.

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, the 'Provider' tab is selected. The breadcrumb trail indicates the path: New Enrollment > Atypical Agency Enrollment > General. The 'Application ID' and 'Name' fields are visible. The 'Actions' dropdown menu is open, and the 'Owners Relationships' option is highlighted with a red box and a red arrow. Below the menu, a table lists existing owners with columns for Owner, Owner Adverse Action, Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains three rows of data. At the bottom, there is a section for 'Add Other Owned Entity' with a filter dropdown and a 'Go' button. Below this, a table for 'Other Owner EIN/TIN' is shown, which currently displays 'No Records Found!'.

Owner	Owner Adverse Action	Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/>		Corporate	Corporate - Charitable 501[c]3	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	100
<input type="checkbox"/>		Employee, Managing	Managing Employee	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	0
<input type="checkbox"/>		Directors, Board	Board of Directors/Officers/Principles	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	0

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found !		

## EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Answer the question (at the top).
- If no relationships exist select No, click Save, read the pop-up message, select Ok, and Close. [Click here](#)
- If relationships exist, select Yes and continue with the presentation.

CHAMPS

Provider

https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: Name:

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)? ☐ Yes ☐ No (Click Save to update)

**Owner List**

Show Owners All Go Save Filters My Filters

Selected Owner: Directors, Board SSN/EIN/TIN: Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Directors, Board	Relation to Assoc. Owner
Corporate		Corporate - Charitable 501[c]3		
Employee, Managing		Managing Employee		

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

Selected Owner: Employee, Managing SSN/EIN/TIN: Status: Not Completed

Selected Owner: Corporate SSN/EIN/TIN: Status: Not Completed

Save Close

## EVV Agency & FI: Step 9: Add Provider Controlling Interest

- If Yes, select the relationship between the Associated Owner to the Selected Owner (e.g., the relationship to the Directors from the Associated Owner, Corporate or Employee, Managing) [Associated Owner -> Selected Owner].
- In this example there is no relationship between the Corporation and the Directors.
- Click on the Relation to Directors, Board drop-down.

CHAMPS

Provider

https://milointpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: Name:

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ? ☒ Yes ☐ No (Click Save to update)

**Owner List**

Show Owners All Go Save Filters My Filters

**Selected Owner: Directors, Board** SSN/EIN/TIN: Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Directors, Board	Relation to Assoc. Owner
Corporate		Corporate - Charitable 501(c)3	None	None
Employee, Managing		Managing Employee		

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

**Selected Owner: Employee, Managing** SSN/EIN/TIN: Status: Not Completed

**Selected Owner: Corporate** SSN/EIN/TIN: Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

## EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Select the Associated Owner's (Employee, Managing) relationship to the Selected Owner (Directors, Board).
- In this example the Managing Employee is the daughter of the Directors.
- Click on the Relation to Assoc. Owner drop-down.

The screenshot shows the CHAMPS web application interface. The browser address bar indicates the URL is <https://milogintpqa.michigan.gov/>. The page title is "Welcome to MMIS - Internet Explorer". The main content area is titled "Add Relationship". It contains a question: "Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?" with radio buttons for "Yes" and "No". Below this is the "Owner List" section. It shows a table with columns: "Assoc. Owner", "SSN/EIN/TIN", "Type", "Relation to Directors, Board", and "Relation to Assoc. Owner". The table has two rows: "Corporate" and "Employee, Managing". The "Employee, Managing" row is selected. A dropdown menu is open for the "Relation to Assoc. Owner" column, showing options: "None", "Daughter", "Daughter-In Law", "Father", "Father-In Law", "Mother", "Mother-In Law", "Sibling", "Son", "Son-In Law", "Spouse", and "Self". The "Daughter" option is highlighted. At the bottom of the page, there is a "Page ID: dlgAddModifyOwnerRelationship(Provider)" and buttons for "Save" and "Close".

## EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Select the relationship from the Selected Owner (Directors, Board) back to the Associated Owner (Employee, Managing).
- In this example the Director is the mother of the Managing Employee.
- Click on > to select the relationship(s) for the next Selected Owner.

CHAMPS

Provider

https://milogintqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: Name:

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)? ☒ Yes ☐ No (Click Save to update)

**Owner List**

Show Owners All Go Save Filters My Filters

**Selected Owner: Directors, Board** SSN/EIN/TIN: Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Directors, Board	Relation to Assoc. Owner
Corporate		Corporate - Charitable 501(c)3	None	None
Employee, Managing		Managing Employee	Daughter	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

**Selected Owner: Employee, Managing** SSN/EIN/TIN: Status: Not Completed

**Selected Owner: Corporate** SSN/EIN/TIN: Status: Not Completed

None  
Daughter  
Daughter-In Law  
Father  
Father-In Law  
**Mother**  
Mother-In Law  
Sibling  
Son  
Son-In Law  
Spouse  
Self

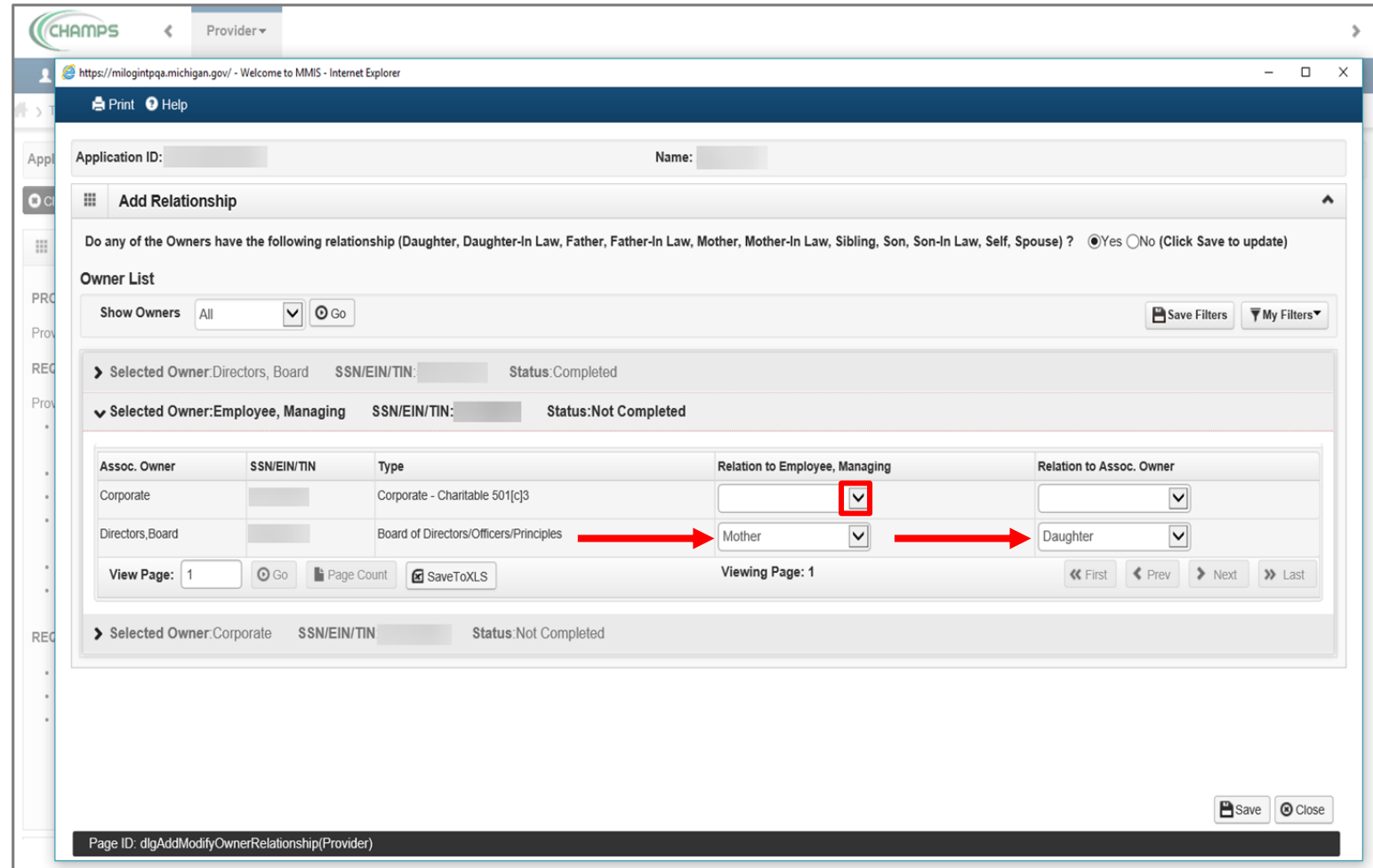
Next Last

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

## EVV Agency & FI: Step 9: Add Provider Controlling Interest

- For the next Selected Owner (Employee, Managing) some of the fields have been prepopulated based on the relationship selection made under the previously Selected Owner (Director, Board).
- Click on the Relation to Employee, Managing drop-down.



CHAMPS

Provider

https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: Name:

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ? ☒ Yes ☐ No (Click Save to update)

**Owner List**

Show Owners All Go Save Filters My Filters

**Selected Owner: Directors, Board** SSN/EIN/TIN: Status: Completed

**Selected Owner: Employee, Managing** SSN/EIN/TIN: Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Corporate		Corporate - Charitable 501[c]3		
Directors, Board		Board of Directors/Officers/Principles	Mother	Daughter

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

**Selected Owner: Corporate** SSN/EIN/TIN: Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

## EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Select the Associated Owner's (Corporate) relationship to the Selected Owner (Employee, Managing).
- Select the Selected Owner's (Employee, Managing) relationship back to the Associated Owner (Corporate).
  - In both examples, none is selected as there is no relationship between the Selected Owner and Associated Owner.
- Click on > to select the relationship(s) for the next Selected Owner.

CHAMPS

Provider

https://milointpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: Name:

### Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)? ☒ Yes ☐ No (Click Save to update)

#### Owner List

Show Owners All Go Save Filters My Filters

> Selected Owner: Directors, Board SSN/EIN/TIN: Status: Completed

> Selected Owner: Employee, Managing SSN/EIN/TIN: Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Corporate		Corporate - Charitable 501(c)3	None	None
Directors, Board		Board of Directors/Officers/Principles	Mother	Daughter

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

> Selected Owner: Corporate SSN/EIN/TIN: Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

## EVV Agency & FI: Step 9: Add Provider Controlling Interest

- For the next Selected Owner (Corporate) the fields have prepopulated based on the previous relationships chosen.

CHAMPS

Provider

https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: Name:

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ? ☒ Yes ☐ No (Click Save to update)

**Owner List**

Show Owners All Go Save Filters My Filters

Selected Owner: Directors, Board SSN/EIN/TIN: Status: Completed

Selected Owner: Employee, Managing SSN/EIN/TIN: Status: Completed

Selected Owner: Corporate SSN/EIN/TIN: Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Corporate	Relation to Assoc. Owner
Employee, Managing		Managing Employee	None	None
Directors, Board		Board of Directors/Officers/Principles	None	None

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

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

## EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Once the relationship step for each Owner Type is completed, click Save.
- Click Close.

The screenshot shows the CHAMPS web application interface. At the top, there's a navigation bar with the CHAMPS logo and a 'Provider' dropdown. Below this is a header bar with 'Print' and 'Help' icons. The main content area is titled 'Add Relationship'. It contains a form with fields for 'Application ID' and 'Name'. Below these is a section titled 'Add Relationship' with a question: 'Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?' with radio buttons for 'Yes' (selected) and 'No'. Below this is an 'Owner List' section with a 'Show Owners' dropdown set to 'All' and a 'Go' button. The list contains three entries, each with a 'Selected Owner' type, an 'SSN/EIN/TIN' field, and a 'Status' field. Red arrows point to the 'Status: Completed' text for each entry. At the bottom right, there are 'Save' and 'Close' buttons, which are highlighted with a red box.

Selected Owner	SSN/EIN/TIN	Status
Selected Owner: Directors, Board		Completed
Selected Owner: Employee, Managing		Completed
Selected Owner: Corporate		Completed

## EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Note: The Relationship Status shows completed for each Owner.
- In the Actions drop-down menu, select Owners Adverse Action.

The screenshot shows the CHAMPS Provider Enrollment system interface. At the top, there's a navigation bar with the CHAMPS logo and a 'Provider' tab. Below this, a breadcrumb trail reads: 'New Enrollment > Atypical Agency Enrollment > General'. The main area displays the 'Owners' section. A red arrow points to the 'Actions' dropdown menu, which is open, showing options: 'Add Owner', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. The 'Owners Adverse Action' option is highlighted with a red box. Below the dropdown is a table with columns: 'Owner', 'Owner Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. The table contains three rows of data. A red arrow points to the 'Completed' status in the 'Relationship Status' column of the first row. Below the table, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', and 'SaveToXLS'. At the bottom, there's a section for 'Add Other Owned Entity' with a filter dropdown and a 'Go' button. Below this, there's a table for 'Other Owner EIN/TIN' with columns for 'Other Owner Information' and 'Address'. A red message 'No Records Found!' is displayed at the bottom of this section.

Owner	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/>	Corporate	Corporate - Charitable 501(c)3		12/03/2018	12/31/2999	Completed	Not Completed	100
<input type="checkbox"/>	Employee, Managing	Managing Employee		12/03/2018	12/31/2999	Completed	Not Completed	0
<input type="checkbox"/>	Directors, Board	Board of Directors/Officers/Principles		12/03/2018	12/31/2999	Completed	Not Completed	0

## EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Read the Final Adverse Legal Actions/Convictions statement.
- Answer the questions at the bottom by choosing Yes or No and comment if necessary.
- Click OK.

CHAMPS

Provider

Application ID: Name:

### FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

#### Convictions

1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries or recipients. Offenses include, but are not limited to: Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicaid program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any misdemeanor or felonies that may result in a mandatory or permissive exclusion under State or Federal law.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

#### Exclusions, revocations, or Suspensions

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

#### FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

Owner Name	Response	Comments
Corporate	<input type="radio"/> Yes <input type="radio"/> No	
Employee, Managing	<input type="radio"/> Yes <input type="radio"/> No	
Directors, Board	<input type="radio"/> Yes <input type="radio"/> No	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

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OK Cancel

## EVV Agency & FI: Step 9: Add Provider Controlling Interest

- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close to return to the remaining enrollment steps to be completed.

**CHAMPS** < Provider >

Last Login: 05 DEC, 2018 09:04 AM

Note Pad External Links My Favorites Print Help

> New Enrollment > Atypical Agency Enrollment > General

Application ID: Name:

Close Actions

### Owners List

Filter By And Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> ▲▼	Corporate	Corporate - Charitable 501(c)3		12/03/2018	12/31/2999	Completed	No	100
<input type="checkbox"/>	Employee, Managing	Managing Employee		12/03/2018	12/31/2999	Completed	No	0
<input type="checkbox"/>	Directors, Board	Board of Directors/Officers/Principles		12/03/2018	12/31/2999	Completed	No	0

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

### Add Other Owned Entity

List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

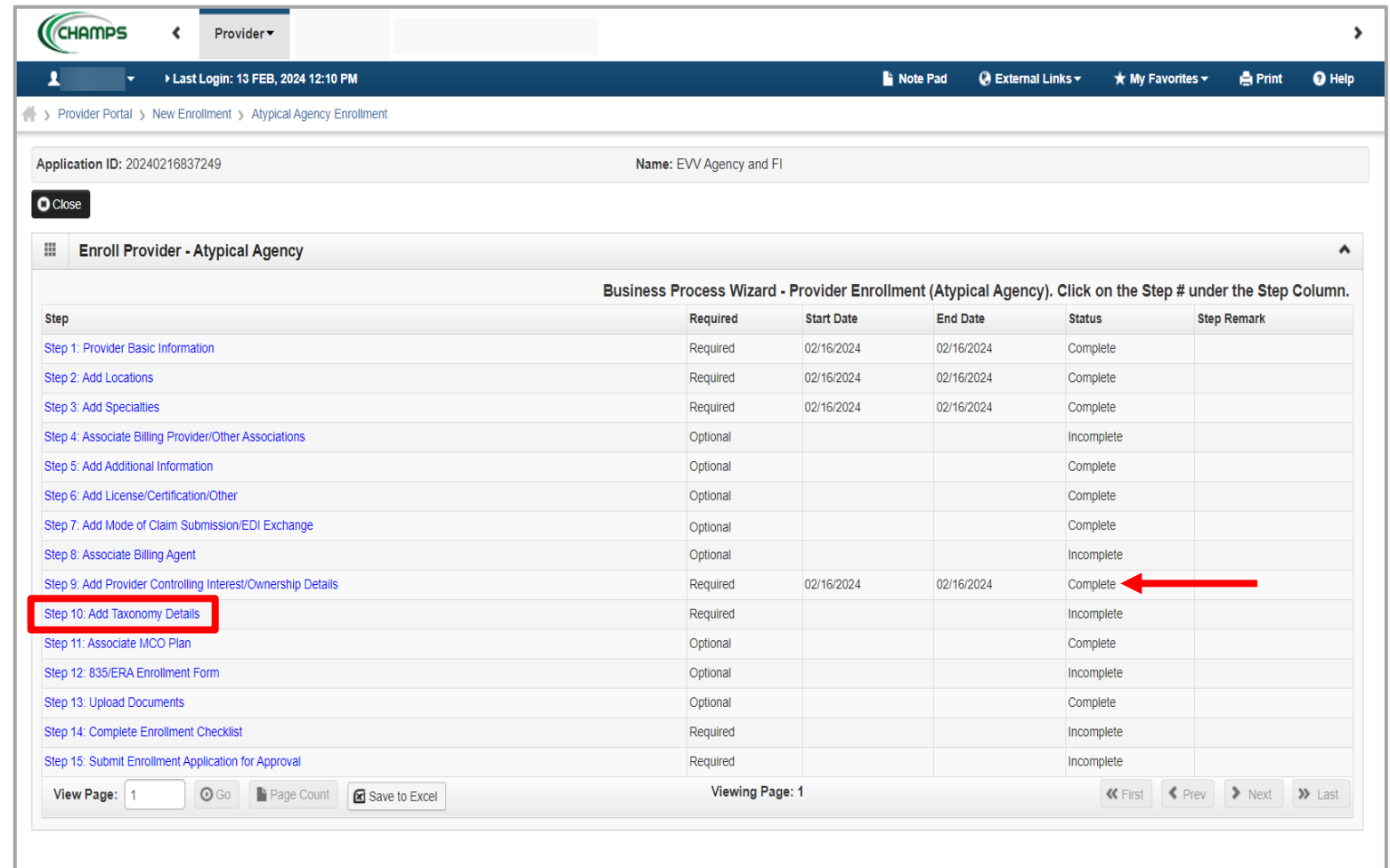
Filter By Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/> ▲▼		

No Records Found !

## EVV Agency & FI: Step 10: Add Taxonomy Details

- Step 9 is complete.
- Click Step 10: Add Taxonomy Details.



CHAMPS

Provider

Last Login: 13 FEB, 2024 12:10 PM

Note Pad External Links My Favorites Print Help

Provider Portal > New Enrollment > Atypical Agency Enrollment

Application ID: 20240216837249 Name: EVV Agency and FI

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	02/16/2024	02/16/2024	Complete	
<a href="#">Step 2: Add Locations</a>	Required	02/16/2024	02/16/2024	Complete	
<a href="#">Step 3: Add Specialties</a>	Required	02/16/2024	02/16/2024	Complete	
<a href="#">Step 4: Associate Billing Provider/Other Associations</a>	Optional			Incomplete	
<a href="#">Step 5: Add Additional Information</a>	Optional			Complete	
<a href="#">Step 6: Add License/Certification/Other</a>	Optional			Complete	
<a href="#">Step 7: Add Mode of Claim Submission/EDI Exchange</a>	Optional			Complete	
<a href="#">Step 8: Associate Billing Agent</a>	Optional			Incomplete	
<a href="#">Step 9: Add Provider Controlling Interest/Ownership Details</a>	Required	02/16/2024	02/16/2024	Complete	
<b><a href="#">Step 10: Add Taxonomy Details</a></b>	Required			Incomplete	
<a href="#">Step 11: Associate MCO Plan</a>	Optional			Complete	
<a href="#">Step 12: 835/ERA Enrollment Form</a>	Optional			Incomplete	
<a href="#">Step 13: Upload Documents</a>	Optional			Complete	
<a href="#">Step 14: Complete Enrollment Checklist</a>	Required			Incomplete	
<a href="#">Step 15: Submit Enrollment Application for Approval</a>	Required			Incomplete	


View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

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# EVV Agency & FI: Step 10: Add Taxonomy Details

- Click Add.



Provider

Last Login: 16 JAN, 2024 02:01 PM

Note PadExternal LinksMy FavoritesPrintHelp

Provider Portal > New Enrollment > Atypical Agency Enrollment

Application ID: 20240116660113

Name: EVV Agency and FI

Close


Add

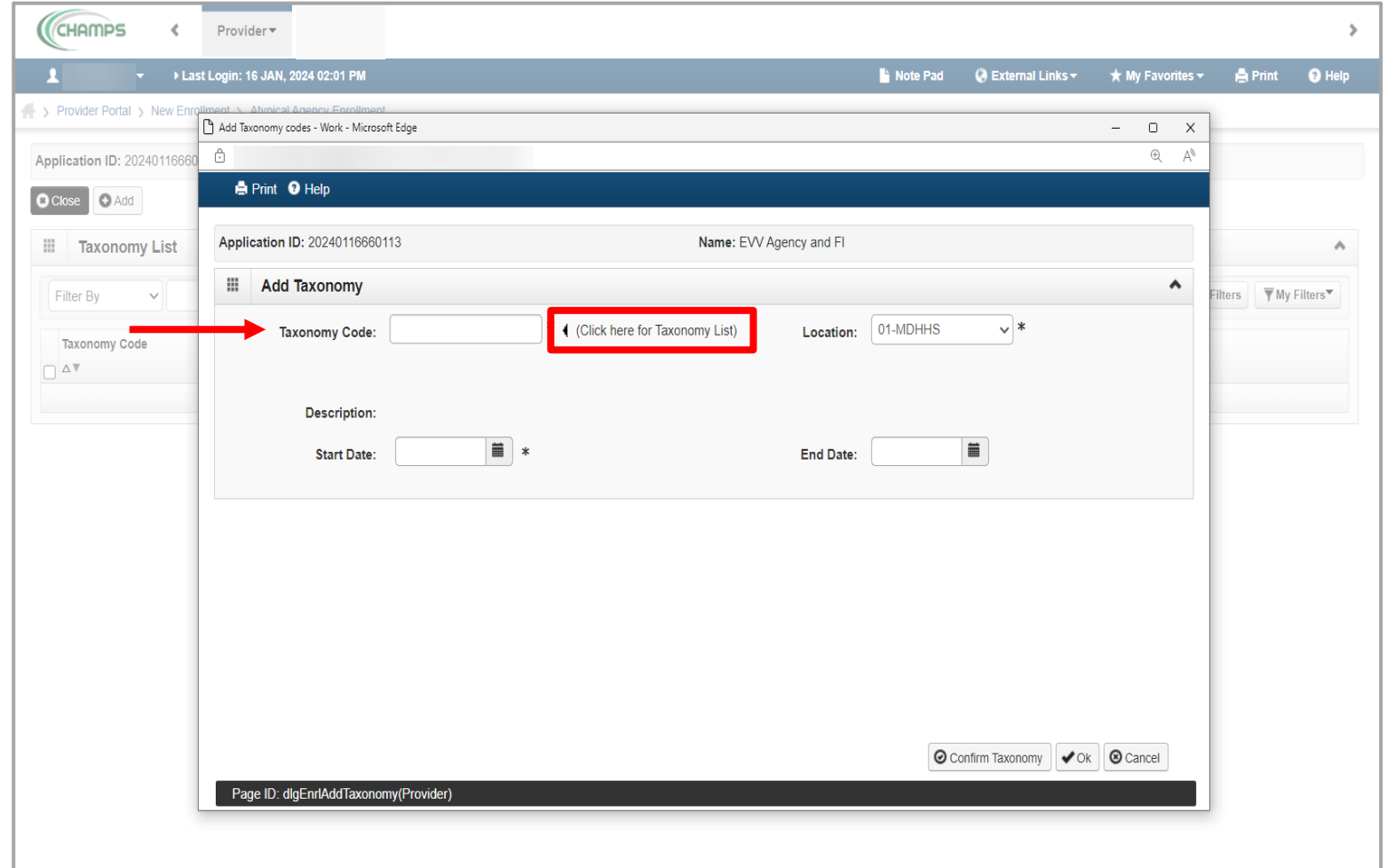
Taxonomy List

Filter ByGoSave FiltersMy Filters

Taxonomy Code	Description	Start Date	End Date
No Records Found !			

## EVV Agency & FI: Step 10: Add Taxonomy Details

- Enter in Taxonomy Code or click on  next to the words, Click here for Taxonomy List, to look up the appropriate taxonomy code.



The screenshot displays the CHAMPS Provider Portal interface. A modal window titled "Add Taxonomy codes - Work - Microsoft Edge" is open, showing the "Add Taxonomy" form. The form includes the following fields:

- Taxonomy Code:** A text input field with a magnifying glass icon and a link that says "(Click here for Taxonomy List)". A red box highlights this link, and a red arrow points to it from the left.
- Location:** A dropdown menu currently showing "01-MDHHS".
- Description:** A text input field.
- Start Date:** A date picker field.
- End Date:** A date picker field.

At the bottom of the modal, there are three buttons: "Confirm Taxonomy", "Ok", and "Cancel". The background shows the "Provider Portal" with "Application ID: 20240116660113" and "Name: EVV Agency and FI".

## EVV Agency & FI: Step 10: Add Taxonomy Details

- After clicking (📄) the [National Uniform Claim Committee](#) webpage will pop up.
- Press (Ctrl+F) to search for the appropriate taxonomy code.

The screenshot displays the 'Health Care Provider Taxonomy Code Set' website. On the left, a sidebar titled 'Expand / Collapse All' lists various medical specialties under the heading 'Introduction - Version 24.0 - January 2024'. The main content area on the right is titled 'Introduction - Version 24.0 - January 2024' and contains a table with two columns: 'Name' and 'Definition'. The 'Name' column lists 'Introduction - Version 24.0 - January 2024'. The 'Definition' column provides a detailed explanation of the taxonomy code set, including its purpose, structure, and levels of specialization.

Name	Definition
Introduction - Version 24.0 - January 2024	<p>The Health Care Provider Taxonomy code set is an external, nonmedical data code set designed for use in an electronic environment, specifically within the ASC X12N Health Care transactions. This includes the transactions mandated under HIPAA.</p> <p>The taxonomy code is a unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Grouping, Classification, and Area of Specialization.</p> <ul style="list-style-type: none"><li>• <b>Level I, Provider Grouping</b> A major grouping of service(s) or occupation(s) of health care providers. For example: Allopathic &amp; Osteopathic Physicians, Dental Providers, Hospitals, etc.</li><li>• <b>Level II, Classification</b> A more specific service or occupation related to the Provider Grouping. For example, the Classification for Allopathic &amp; Osteopathic Physicians is based upon the General Specialty Certificates as issued by the appropriate national boards. The following boards will however, have their general certificates appear as Level III areas of specialization strictly due to display limitations of the code set for Boards that have multiple general certificates: Medical Genetics, Preventive Medicine, Psychiatry &amp; Neurology, Radiology, Surgery, Otolaryngology, Pathology.</li><li>• <b>Level III, Area of Specialization</b> A more specialized area of the Classification in which a provider chooses to practice or make services available. For example, the Area of Specialization for provider grouping Allopathic &amp; Osteopathic Physicians is based upon the Subspecialty Certificates as issued by the appropriate national boards.</li></ul> <p>The code set Levels are organized to allow for drilling down to the provider's most specific level of specialization. The ten digit codes for each provider category are unique and contain no embedded logic. The codes and categories are to be used exactly as they are assigned in the taxonomy list. At no time should codes be separated to form new codes, parsed apart, or edited on any one position within the code.</p> <p>The taxonomy codes are self-selected by the provider. The taxonomy codes are organized based on education and training and are used to define specialty, not specific services that are rendered. Selection of a taxonomy code does not replace any credentialing or validation process that the organization requesting the code should complete. Definitions for some of the codes reference specialty or certifying boards as a source, but this reference in no way implies that providers have met the requirements of that board if they choose the code to identify themselves.</p> <p>The code set is published (released) under a Creative Commons License. The license publication is effective from April 2024.</p>

## EVV Agency & FI: Step 10: Add Taxonomy Details

- Enter Start Date.
  - Note: Start Date is the date the application is being completed.
- Click Confirm Taxonomy.
- Click Ok.

The screenshot displays the CHAMPS Provider Portal interface. A modal window titled 'Add Taxonomy codes - Work - Microsoft Edge' is open, showing details for Application ID 20240116660113 and Name: EW Agency and FI. The modal contains the following fields:

- Taxonomy Code:** A text input field with a required asterisk and a link '(Click here for Taxonomy List)' below it.
- Location:** A dropdown menu set to '01-MDHHS' with a required asterisk.
- Description:** A text field containing 'Community/Behavioral Health'.
- Start Date:** A date picker field with a required asterisk. A red arrow points to this field.
- End Date:** A date picker field.

At the bottom of the modal, three buttons are visible: 'Confirm Taxonomy' (highlighted with a red box), 'Ok' (highlighted with a red box), and 'Cancel' (highlighted with a red box). The page ID 'dlgEnrAddTaxonomy(Provider)' is shown at the bottom of the modal.

# EVV Agency & FI: Step 10: Add Taxonomy Details

- The Taxonomy Code information will now be displayed.
- Click Close.

Provider

Last Login: 16 JAN, 2024 02:48 PM

Note Pad

External Links

My Favorites

Print

Help

Provider Portal > Atypical Agency Enrollment

Application ID: 20240116660113

Name: EVV Agency and FI

Close

Add

Taxonomy List

Filter By

Go

Save Filters

My Filters

Taxonomy Code	Description	Start Date	End Date
<input type="checkbox"/> 251S00000X	Community/Behavioral Health	01/16/2024	12/31/2999

Delete

View Page: 1

Go

Page Count

Save to Excel

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## EVV Agency & FI: Step 14: Complete Enrolment Checklist

- Step 10 is complete.
- Click Step 14: Complete Enrollment Checklist.
- Note: 11 – 13 are optional steps.

**CHAMPS** Provider

Last Login: 13 FEB, 2024 12:10 PM

Provider Portal > New Enrollment > Atypical Agency Enrollment

Application ID: 20240216837249 Name: EVV Agency and FI

Close

**Enroll Provider - Atypical Agency**

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/16/2024	02/16/2024	Complete	
Step 2: Add Locations	Required	02/16/2024	02/16/2024	Complete	
Step 3: Add Specialties	Required	02/16/2024	02/16/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	02/16/2024	02/16/2024	Complete	
Step 10: Add Taxonomy Details	Required	02/16/2024	02/16/2024	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

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## EVV Agency & FI: Step 14: Complete Enrolment Checklist

- Answer all of the Provider Checklist questions by choosing Yes or No from each drop-down menu in the Answer column. If an answer is required, choose Yes and put the answer in Comments.

- Note
  - Questions 1 – 3, if you are a provider in a program other than Home Help, you should answer "No".
  - Questions 7 – 11, if you are a provider in a program other than Home Help, you should answer "No".

- Click Save.
- Click Close.

CHAMPS

My Inbox Provider Claims Member PA

Last Login: 13 FEB, 2024 12:10 PM

Note Pad External Links My Favorites Print Help

Provider Portal New Enrollment Atypical Agency Enrollment Provider Check List

Application ID: 20240216837249 Name: EVV Agency and FI

Close Save

**Provider Checklist**

Question	Answer	Comments
1 Are you interested in working for other Home Help clients? (If you say no this will not affect your current work.)	No	
2 If you are interested in working for other clients do you authorize us to put your contact information on our Provider Registry List so that you can be contacted for additional work?	No	
3 Do you want your name removed from our Provider Registry?	No	
Have you ever been removed or told that you cannot participate in a State funded program? If yes, please tell us what program and why.	No	
Have you ever been removed or told that you cannot participate in a Federally funded program? If yes, please tell us what program and why.	No	
Have you ever had any criminal convictions? If yes, please tell us what for?	No	
7 Do you perform services as an agency with 2 or more employees?	Yes	Test
8 What county do you plan to work in?	No	
9 What is the name of the Adult Services Worker (Clients Caseworker) you are working with? Please include their first and last name.	No	
10 Are you a Medicare certified home health agency?	No	
11 I understand that my information will be used to conduct a review of my criminal history I may have and the results of that review could possibly make me ineligible to work as a provider in the Home Help program. I also understand that the results of my criminal history screening will be shared with necessary MDCH and MDHS staff, as well as any potential client.	Yes	
I also acknowledge that I am required to update any changes in the enrollment within 10 days of that change.	Yes	

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## EVV Agency & FI: Step 15: Submit Enrollment Application for Approval

- Step 14 is complete.
- Click Step 15: Submit Enrollment Application for Approval.

CHAMPS

Provider

Last Login: 13 FEB, 2024 12:10 PM

Note Pad External Links My Favorites Print Help

Provider Portal > New Enrollment > Atypical Agency Enrollment

Application ID: 20240216837249 Name: EVV Agency and FI

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/16/2024	02/16/2024	Complete	
Step 2: Add Locations	Required	02/16/2024	02/16/2024	Complete	
Step 3: Add Specialties	Required	02/16/2024	02/16/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	02/16/2024	02/16/2024	Complete	
Step 10: Add Taxonomy Details	Required	02/16/2024	02/16/2024	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required	02/16/2024	02/16/2024	Complete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

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## EVV Agency & FI: Step 15: Submit Enrollment Application for Approval

- Click Next. By clicking the Next button, you “agree that the information submitted as part of the application is correct (Private and Confidential).”

The screenshot shows the CHAMPS Provider portal interface. At the top, there's a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and a 'Last Login: 08 AUG, 2018 09:37 AM' timestamp. Below this is a secondary navigation bar with links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the breadcrumb 'New Enrollment > Atypical Agency Enrollment'. Below this, there's a form with fields for 'Application ID' and 'Name'. A 'Close' button and a 'Next' button (highlighted with a red box) are visible. The 'Final Submission' section contains the following text: 'Application ID: [redacted]', 'EnrollmentType: Atypical Agency Provider', 'The information submitted for enrollment shall be verified and reviewed by the State.', 'During this time, any changes to the information shall not be accepted.', and 'I agree that the information submitted as a part of the application is correct (Private and Confidential)'. Below this is an 'Application Document Checklist' section with a table showing columns for 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, with a red message 'No Records Found!' at the bottom.

Forms/Documents	Special Instructions	Source	Required
No Records Found !			

## EVV Agency & FI: Step 15: Submit Enrollment Application for Approval

- Read the Terms and Conditions Atypical Enrollment statement.
- Check the box at the bottom indicating you have read and agree to the terms.
- Click Submit Application.

CHAMPS

Provider

Last Login:

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Individual Enrollment

Application ID:

Close Submit Application After reading the Terms and Conditions

### Terms and Conditions Atypical Enrollment

1. As an individual provider of Home Help services, I agree that the Home Help program is funded by MDHHS as payment in full and not to seek reimbursement from any other source.
2. As a Home Help provider agency, I agree that the Home Help program is funded by MDHHS as payment in full and not to seek reimbursement from any other source.
3. I agree that personal care services will be provided to the rider in accordance with the rider's care plan.
4. Under Section 3504 of the Internal Revenue Code, issued by MDHHS as payment in full and not to seek reimbursement from any other source.
5. I agree to return any payments received for Home Help services to MDHHS.
6. I understand that the Home Help program is funded by MDHHS as payment in full and not to seek reimbursement from any other source.
7. In order to receive payment, I agree to keep and submit accurate time logs for all services provided.
8. Upon request, I agree to provide MDHHS, DHS or their designees with all information necessary to verify the accuracy of my time logs.
9. Upon request, I agree to provide MDHHS, DHS or their designees with all information necessary to verify the accuracy of my time logs.
10. I understand I will be subject to a criminal history search.
11. I agree to cooperate with MDHHS, DHS or their designees in any investigation.
12. I agree to report any changes relative to the beneficiary's condition or location to MDHHS, DHS or their designees.
13. I agree to comply with the privacy, security and confidentiality requirements of 1996 (HIPAA), and Public Acts 104-191 (45 CFR 162.104).
14. I agree to comply with the provisions of 42 CFR 431.104.
15. I agree to never solicit or accept controlled substances, alcohol, or medication from riders.
16. I agree to never solicit or accept money from riders.
17. I agree to never use alcohol, narcotics, or controlled substances, or be under their influence, while providing services to riders. Prescribed medications can be used by a driver as long as his or her duties can still be performed in a safe manner and driver has written documentation from a treating physician that the medication does not impact the ability to drive.
18. I agree to never eat or consume any beverage while operating the vehicle or while involved in rider assistance.
19. I agree to never smoke in the vehicle when rider is present. For purposes of this agreement, "smoke" includes electronic cigarettes and any other product or device which emits vapor, smoke, or any similar gaseous matter of any kind.
20. I agree to never wear any type of headphone while providing the service.
21. I agree to be responsible for rider's personal items.
22. I agree to provide, as appropriate to the needs of the rider, assistance with exiting the vehicle, to open and close vehicle doors when passengers enter or exit the vehicle, and to provide assistance as necessary to or from the main door of the place of destination.
23. I agree to properly identify and announce their presence at the entrance of the building at the specified pick-up location if a outside pick-up is not apparent, or with attending facility staff.
24. I agree to assist the passengers in the process of being seated, including the fastening of the seat belt, when necessitated by the rider's condition.
25. I agree to confirm, prior to allowing any vehicle to proceed, that all passengers are properly secured in their seat belts, car seats, and, when applicable, that wheelchairs and passengers who use wheelchairs are properly secured (Exception: Only a passenger who has a letter, carried on his/her person and signed by the passenger's physician, stating that the passenger's medical condition prevents the rider from using a seat belt, may be transported without a fastened seat belt and then only as allowed by state law).
26. I agree to provide an appropriate level of assistance to passengers, when requested, or when necessitated by a passenger's condition.
27. I agree to provide support and direction to passengers. Such assistance shall also apply to the movement of wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift/ramp, as applicable. Such assistance shall also include storage by the driver of mobility aids and folding wheelchairs.
28. I agree to act in a professional manner at all times while providing services.
29. I agree to be clean and maintain a neat appearance at all times.
30. I agree to be polite and courteous to riders; riders shall be treated with respect and in a culturally appropriate manner when receiving transportation services. The Manager should notify the volunteer driver of any known cultural issues significant to providing transportation services.
31. I agree to limit review of any confidential rider information to the minimum information necessary to provide the service.
32. I agree to only use or record confidential rider information as necessary to provide the Department information necessary for the administration of the program (i.e. mileage reimbursement, if applicable).
33. I agree to not retain any original or copy of any document rider shares with you for purposes of transport.
34. I agree to not retain any original or copy of any document that may be provided by a health care provider to driver. Driver agrees to ensure that such documentation leaves with rider.
35. I agree to report any breach of the terms of this user agreement to the Department. This includes, but is not limited to, accidental retention of medical record or other confidential rider information.
36. I agree to return to the Department, as soon as possible, but in no event later than 3 business days after discovery, any confidential rider information retained left with driver after completing transport of the rider.
37. I agree to never discuss, write, or share in any other format any information specific to a rider, except as necessary to communicate with the Department or with a health care provider or other staff at a facility rider is being transported to.
38. I agree to not input or include any confidential rider information in any computer system of any kind, except as approved by the Department. This includes personal email accounts, file transfer systems, note applications, and any other electronic system of recording data not expressly approved for use by the Department.
39. I agree to comply with any other agreements driver has entered into with respect to this program.
40. I agree to respect the rider's privacy by not asking for more information about the individual's condition, reason for visit, or other personal information, while providing transport services. If the rider chooses to voluntarily share this information, it is subject to the same protections described above regarding protecting rider information.

**Definitions:**

**Confidential Rider Information:** Includes, but is not limited to, the rider's name, address, phone number, date of birth, medical history, and any other information that is confidential under the Health Information Privacy Act of 1996 (HIPAA).

**Department:** means the Michigan Department of Health and Human Services.

**Driver:** means an individual providing Non-Emergency Medical Transportation services.

**Rider:** means the individual being transported by driver.

**Service:** means the provision by driver of Non-Emergency Medical Transportation services.

☐ By checking this, I acknowledge that I have read the terms and agreement and I agree to fully comply with all program requirements.

## EVV Agency & FI: Step 15: Submit Enrollment Application for Approval

- If you have not taken note of your Application Number, please do so for tracking purposes.
- Click Close and close out of the application.

**CHAMPS** Provider

Last Login: 13 FEB, 2024 12:10 PM

Provider Portal > New Enrollment > Atypical Agency Enrollment

Application ID: 20240216837249 Name: EVV Agency and FI

Your Application Number 20240216837249 has been successfully submitted for State review. Return with this application number to track the status of your application. ✕

Close

**Enroll Provider - Atypical Agency**

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/16/2024	02/16/2024	Complete	
Step 2: Add Locations	Required	02/16/2024	02/16/2024	Complete	
Step 3: Add Specialties	Required	02/16/2024	02/16/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	02/16/2024	02/16/2024	Complete	
Step 10: Add Taxonomy Details	Required	02/16/2024	02/16/2024	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required	02/16/2024	02/16/2024	Complete	
Step 15: Submit Enrollment Application for Approval	Required	02/16/2024	02/16/2024	Complete	

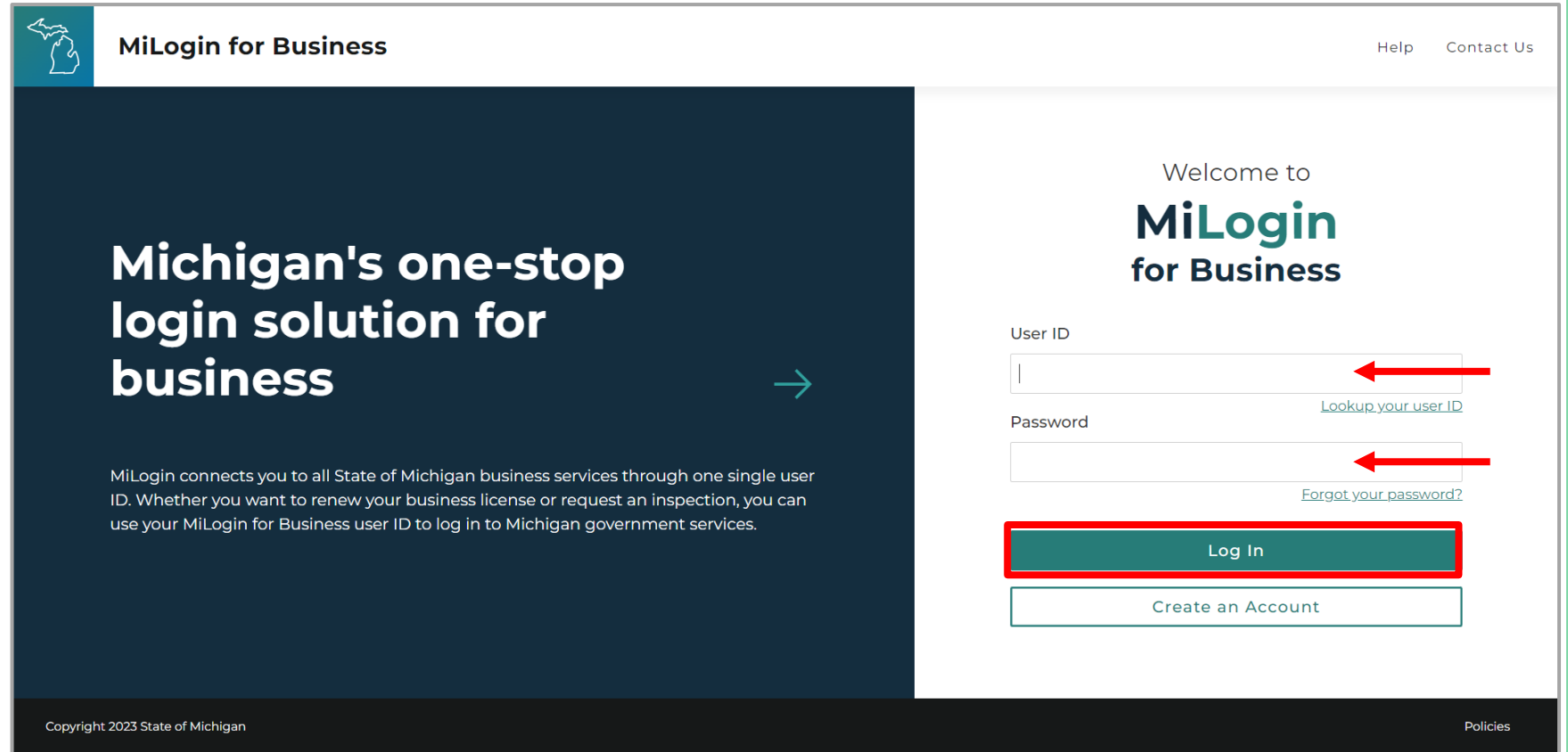
View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

# Track Your Application

How to Track the Status  
of your CHAMPS  
Provider Enrollment  
Application

## Track Your Application

- Open your web browser (e.g., Internet Explorer, Google Chrome, Mozilla Firefox, etc.).
- Enter <https://milogintp.Michigan.gov> into the search bar.
- Enter the User ID and Password and click Login
  - If you don't remember your User ID or Password, you can select "Lookup your User ID" or "Forgot your password?"



The screenshot displays the 'MiLogin for Business' website. The header includes the Michigan state logo and the text 'MiLogin for Business', with links for 'Help' and 'Contact Us'. The main content area is split: the left side has a dark blue background with the text 'Michigan's one-stop login solution for business' and a teal arrow pointing right; the right side is white and contains the login form. The form includes a 'User ID' field with a red arrow pointing to it and a link 'Lookup your user ID'; a 'Password' field with a red arrow pointing to it and a link 'Forgot your password?'; a teal 'Log In' button with a red border; and a 'Create an Account' button. The footer shows 'Copyright 2023 State of Michigan' and a 'Policies' link.

**MiLogin for Business**

Help Contact Us

Welcome to  
**MiLogin**  
for Business

User ID

[Lookup your user ID](#)

Password

[Forgot your password?](#)

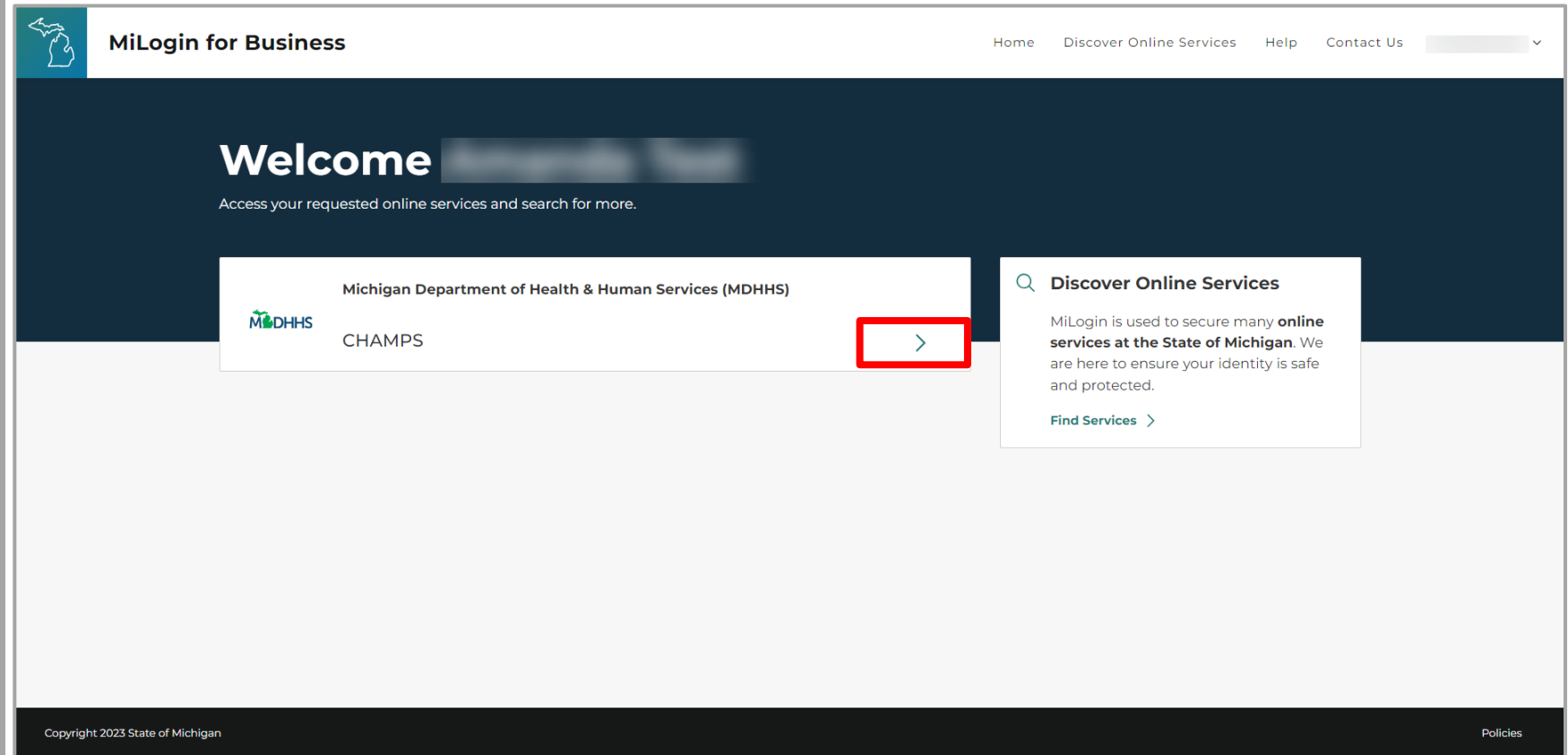
**Log In**

Create an Account

Copyright 2023 State of Michigan Policies


## Track Your Application

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




## Track Your Application

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

**MiLogin for Business**

HomeDiscover Online ServicesHelpContact Us

[Back to Home](#)



### 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

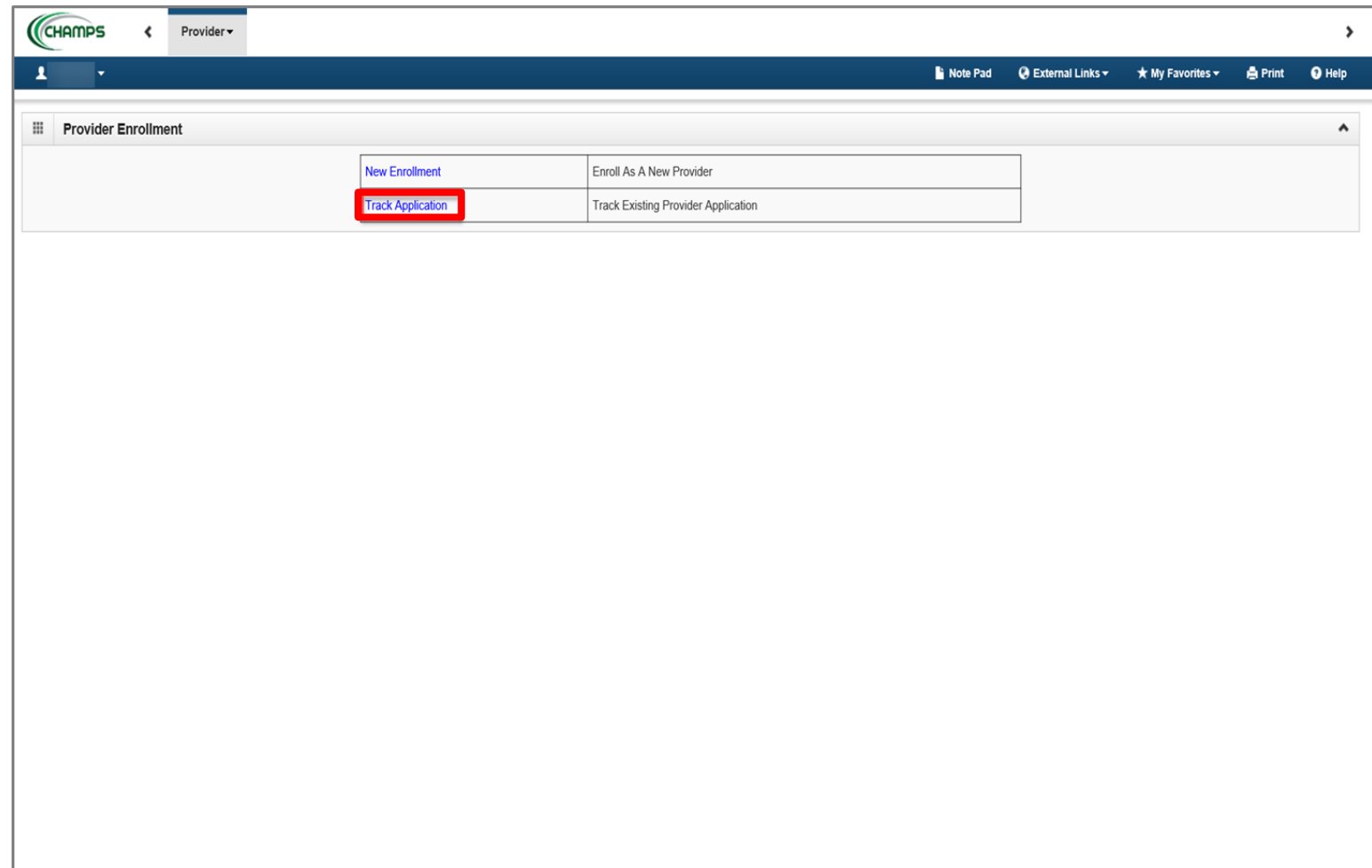
☒ I agree to the Terms & Conditions

Launch service

Copyright 2023 State of MichiganPolicies

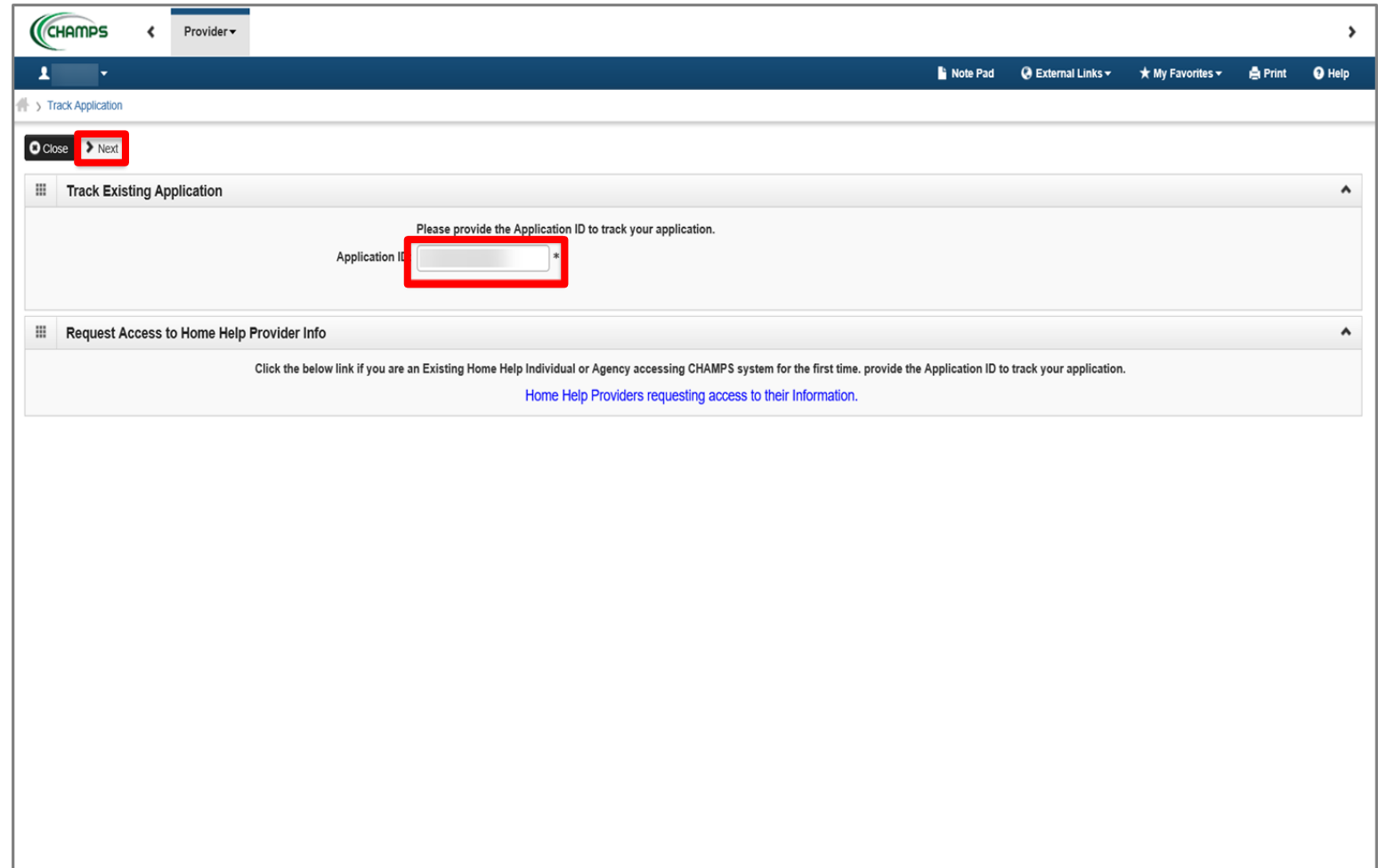
## Track Your Application

- If you would like to check the status of your application, you can do so from the CHAMPS homepage.
- On the homepage, click the Track Application hyperlink.



## Track Your Application

- Enter your Application ID.
- Click Next.



The screenshot displays the CHAMPS Provider portal interface. At the top, the CHAMPS logo is on the left, and a 'Provider' dropdown menu is on the right. Below the header, a navigation bar includes links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Track Application' and contains two sections. The first section, 'Track Existing Application', prompts the user to 'Please provide the Application ID to track your application.' and features an input field for the 'Application ID' which is highlighted with a red box. The second section, 'Request Access to Home Help Provider Info', provides instructions for existing users and includes a blue hyperlink: 'Home Help Providers requesting access to their Information.'.

## Track Your Application

- Enter your EIN/TIN from step 1, Phone Number from step 2, Social Security Number, and Date of Birth of any owner provided in step 9.
- Click Submit.

CHAMPS

Provider

Last Login: 19 JAN, 2024 12:42 PM

Note Pad External Links My Favorites Print Help

Provider Portal Track Application

Close Submit


Verify Application Details

For Additional security, please enter following information:

EIN/TIN: \*  
Phone: \*  
Owner SSN: \*  
Owner Date Of Birth: \*

## Track Your Application

- A text box at the top will confirm the status of your application.
- If you do not see this statement, you have not completed and submitted the application to the state for review. Please complete all required steps prior to submitting.


My Inbox ▾
Provider ▾

Last Login: 16 FEB, 2024 03:20 PM
Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal
Track Application
Atypical Agency Enrollment

Application ID: 20240216837249
Name: EVV Agency and FI

Your application is currently In-Review by the Provider Enrollment Unit. You cannot make any modifications to your enrollment information at this time.

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	02/16/2024	02/16/2024	Complete	
<a href="#">Step 2: Add Locations</a>	Required	02/16/2024	02/16/2024	Complete	
<a href="#">Step 3: Add Specialties</a>	Required	02/16/2024	02/16/2024	Complete	
<a href="#">Step 4: Associate Billing Provider/Other Associations</a>	Optional			Incomplete	
<a href="#">Step 5: Add Additional Information</a>	Optional			Complete	
<a href="#">Step 6: Add License/Certification/Other</a>	Optional			Complete	
<a href="#">Step 7: Add Mode of Claim Submission/EDI Exchange</a>	Required			Complete	
<a href="#">Step 8: Associate Billing Agent</a>	Optional			Incomplete	
<a href="#">Step 9: Add Provider Controlling Interest/Ownership Details</a>	Required	02/16/2024	02/16/2024	Complete	
<a href="#">Step 10: Add Taxonomy Details</a>	Required	02/16/2024	02/16/2024	Complete	
<a href="#">Step 11: Associate MCO Plan</a>	Optional			Complete	
<a href="#">Step 12: 835/ERA Enrollment Form</a>	Optional			Incomplete	
<a href="#">Step 13: Upload Documents</a>	Optional			Complete	
<a href="#">Step 14: Complete Enrollment Checklist</a>	Required	02/16/2024	02/16/2024	Complete	
<a href="#">Step 15: Submit Enrollment Application for Approval</a>	Required	02/16/2024	02/16/2024	Complete	

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

# Provider Enrollment Final Steps

- Allow the State time to review the Provider Enrollment Application.
  - After the State has reviewed the Provider Enrollment Application Providers will receive a letter notifying them whether the application has been approved or denied.
    - The confirmation letter will be mailed to the Correspondence Address provided in the Provider Enrollment Application.
  - Complete the [HHAeXchange provider onboarding form](#) to create an Electronic Visit Verification (EVV) provider portal and start the EVV process.
- 
- For Provider Enrollment questions, visit the MDHHS Provider Enrollment website at [www.Michigan.gov/MedicaidProviders](http://www.Michigan.gov/MedicaidProviders) >> select Provider Enrollment or contact 1-800-979-4662.
  - For Michigan-specific Electronic Visit Verification (EVV) questions, visit the MDHHS EVV website at [www.Michigan.gov/EVV](http://www.Michigan.gov/EVV)
  - For HHAeXchange system questions call 1-866-576-1179 or visit the Michigan Information Center website at [www.hhaexchange.com/info-hub/Michigan](http://www.hhaexchange.com/info-hub/Michigan)

# Provider Resources



**Electronic Visit Verification website:**  
[www.Michigan.gov/EVV](http://www.Michigan.gov/EVV)



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

[CHAMPS Resources](#)

[EVV Listserv Instructions](#)

[HHAeXchange Michigan Information Center](#)



**CHAMPS Enrollment  
Questions:**

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

1-800-979-4662



**Thank you for participating in the Michigan Medicaid  
Program**