

CHAMPS Provider Enrollment New Group Practice



“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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Provider Resources

Register for MiLogin and CHAMPS for New Providers

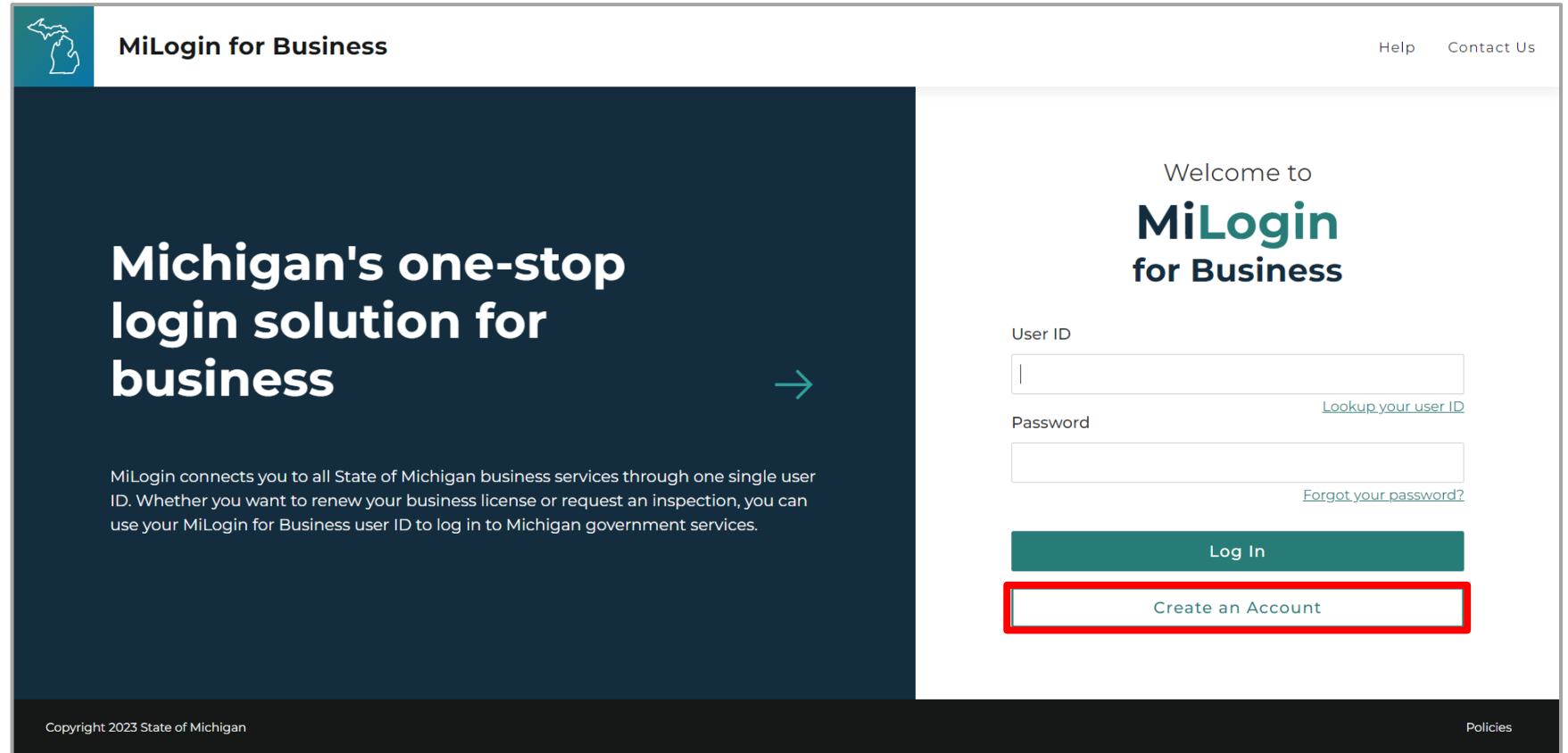
MiLogin is the State of Michigan Identity, Credential, and Access Management (MICAM) solution. All users who need access to the information within CHAMPS must obtain a MiLogin User ID and Password.

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.

As of October 28, 2023, MiLogin Third Party has been rebranded to MiLogin for Business.

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 contains the login form. The form includes fields for 'User ID' and 'Password', with links for 'Lookup your user ID' and 'Forgot your password?'. Below these fields are two buttons: 'Log In' (teal) and 'Create an Account' (white with a red border). 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

Michigan's one-stop login solution for business

MiLogin connects you to all State of Michigan business services through one single user ID. Whether you want to renew your business license or request an inspection, you can use your MiLogin for Business user ID to log in to Michigan government services.

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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 contains the following elements:

- Enter your email** header.
- Text: 'MiLogin is used for a variety of government services. If you've ever used any online services you might already have an account.'
- An 'Email' input field.
- A red-bordered box containing an unchecked checkbox and the text 'I'm not a robot'.
- A reCAPTCHA logo with links for 'Privacy' and 'Terms'.
- A light blue information box with an 'i' icon: 'We will never send you spam or share your information with anyone outside of the State of Michigan services you choose to access.'
- A green 'Next Step' button, also highlighted with a red border.
- Links for 'Having Trouble?' and 'I don't have an email >'.

The footer is black and contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- An email will be sent to the email address provided with a passcode.
- Enter the Passcode.
- 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

○ ● ○ ○ ○ ○ ○ ○ ○ ○

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Enter your passcode

We have sent you a passcode to your email

Passcode

Next Step

[Resend Passcode](#)

Copyright 2023 State of Michigan [Policies](#)

Register for MiLogin and CHAMPS

- Enter the User's First, Last, and optional Middle Initial.
- 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 'Step 3 of 10' and 'Profile Information' in large white text. Below this is a progress indicator consisting of ten circles, with the third circle highlighted in teal. A teal arrow points from this panel to the right panel. The right panel, with a white background, is titled 'Enter your information' and contains three text input fields: 'First Name', 'Middle Initial (Optional)', and 'Last Name'. A 'Suffix (Optional)' dropdown menu is positioned to the right of the 'Last Name' field. Below these fields is a checkbox labeled 'I agree to the Terms & Conditions.' and a teal 'Next Step' button. Red arrows and boxes highlight the 'First Name' field, the 'Last Name' field, the 'I agree to the Terms & Conditions.' checkbox, and the 'Next Step' button. The footer of the page shows 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

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

- Enter the work phone number.
- 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 4 of 10' and 'Work phone verification' in large white text. Below this is a progress indicator consisting of ten circles, with the fourth circle filled in teal. A teal arrow points to the right. The right panel has a white background and is titled 'Enter your work phone number'. It contains explanatory text about the requirement for a work phone number, a text input field labeled 'Work Phone', and an information box stating that a passcode will be sent via voice call. A red arrow points to the input field. At the bottom of the right panel is a teal button labeled 'Next Step', which is highlighted with a red rectangular border. The footer of the page shows 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

MiLogin for Business

Help Contact Us

< Previous Step

Step 4 of 10

Work phone verification

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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

- A phone call will be made to the work phone number on file.
- Enter the passcode provided.
- Click Confirm Password.
- 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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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'. It features a progress indicator with ten circles, the sixth of which is filled, and a green arrow pointing right. A link for '< Previous Step' is at the top. The right panel, with a white background, is titled 'Enter your mobile phone number'. It contains explanatory text, a 'Mobile Phone' label, and an empty input field. A red arrow points to this input field. Below the input field is an information box stating: 'If your work phone can receive text messages, enter the phone number again to enable text message verification option.' At the bottom of the right panel are two buttons: 'Next Step' (highlighted with a red border) and 'Skip this for now'. The footer shows 'Copyright 2023 State of Michigan' and a 'Policies' link.

MiLogin for Business

Help Contact Us

< Previous Step

Step 6 of 10

Mobile phone verification

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.

Next Step

Skip this for now

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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 '< Previous Step' and 'Step 7 of 10' in teal. Below this, the title 'Verification method' is shown in large white font, followed by a teal arrow pointing right and a progress indicator consisting of ten circles, with the seventh circle filled in teal. The right panel has a white background and is titled 'Select a verification method'. It contains the instruction: 'We need to make sure you're really you. Please select a verification method below to confirm your identity.' Below this, two options are listed: 'Text Message' and 'Voice Call'. Each option includes an icon (a speech bubble for text and a telephone handset for voice) and a description: 'You will receive a passcode via a text message to your mobile phone ending with [redacted]' and 'You will receive a passcode via a voice call to your mobile phone ending with [redacted]'. The 'Text Message' option is highlighted with a red rectangular border. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

MiLogin for Business

Help Contact Us

< Previous Step


Step 7 of 10

Verification method


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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 [redacted]

 Voice Call

You will receive a passcode via a voice call to your mobile phone ending with [redacted]

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Register for MiLogin and CHAMPS

- Enter the Passcode.
- Click Confirm Passcode.

MiLogin for Business

Help Contact Us

[Previous Step](#)

Step 8 of 10

Passcode verification

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Enter your passcode

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

Passcode

1087 -

[Confirm Passcode](#)

[Resend Passcode](#)

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Register for MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' registration interface. The left sidebar indicates 'Step 9 of 10' for 'User ID' creation, with a progress bar showing 9 out of 10 steps completed. The main content area is titled 'Create your user ID' and explains that the User ID is required for sign-in. It lists three guidelines: must start with last name and first initial, must end with 4 numbers, and must not contain special characters or spaces. A text input field for the 'User ID' is present, 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 'Next Step' button, which is highlighted 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, indicates 'Step 10 of 10' and features a 'Password' label, a right-pointing arrow, and a progress bar consisting of 10 circles, with the final one filled in teal. The right panel, with a white background, is titled 'Create your password' and instructs the user to 'Choose something secure, but also something you can remember.' It lists 'Password Guidelines' with four warning icons: 1) Must be at least 8 characters in length; 2) Should not be based on your User ID; 3) Must contain at least one upper and lower case letters, a number, and a symbol (@#\$!~&); 4) Confirm password must match new password. Below these are two input fields: 'Password' and 'Confirm Password'. Red arrows point to the end of each input field. At the bottom of the right panel is a teal 'Create Account' button, which is highlighted with a red rectangular border. The footer contains 'Copyright 2023 State of Michigan' on the left and a 'Policies' link 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

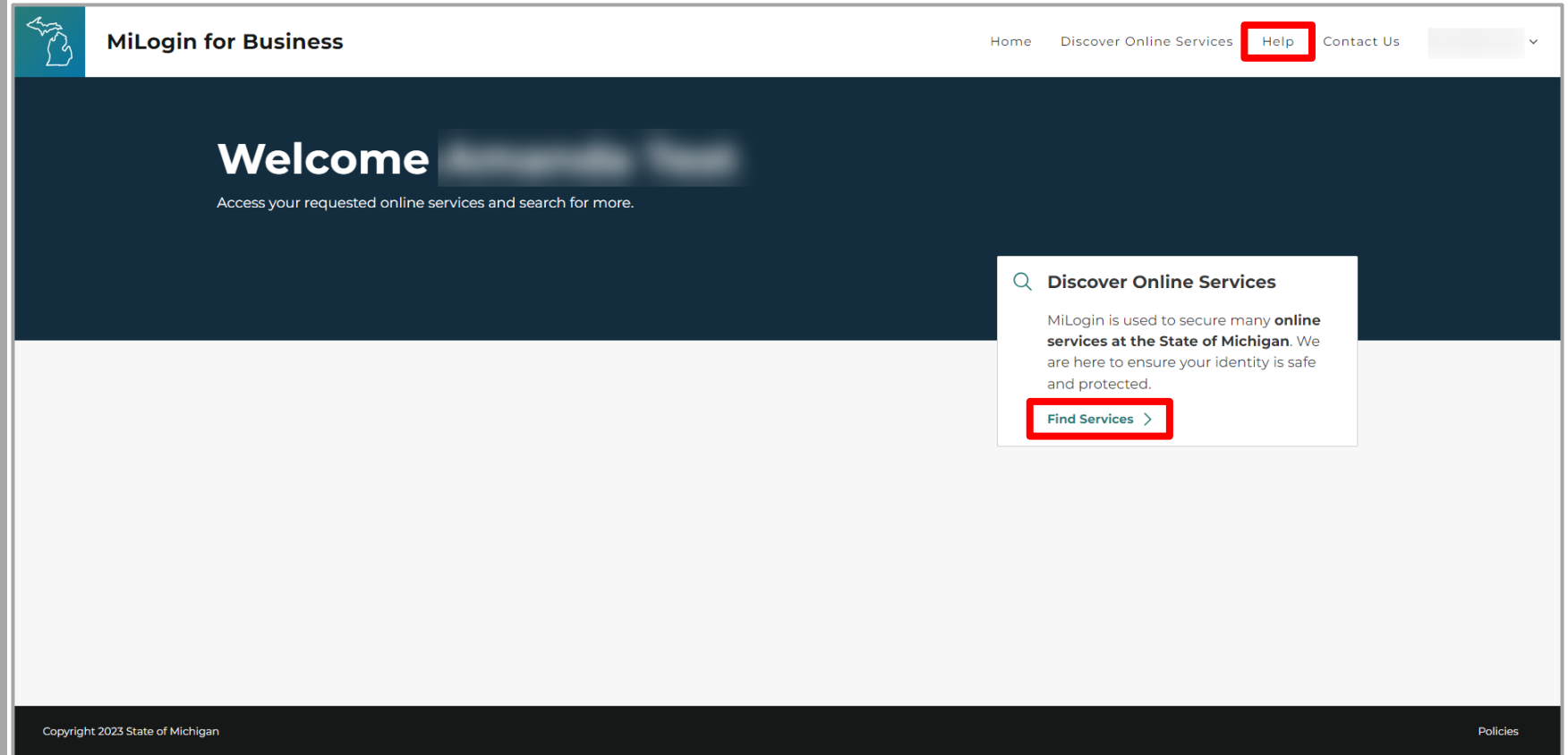
Create Account

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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 Find Services.

**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'. Underneath the title, a subtitle reads: 'From renewing vehicle plates to getting food assistance, find and access the services you need.' A search bar is present with the text 'Search for Services' and a search button. The search bar contains the text 'CHAMPS', and a red arrow points to it. Below the search bar, there is a section titled 'Filter by Departments' with a list of checkboxes for various Michigan departments. The checkbox for 'Michigan Department of Health & Human Services (MDHHS)' is highlighted with a red box. To the right of the filter list, there is a section for 'Michigan Department of Health & Human Services (MDHHS)' with a sub-section for 'CHAMPS'. The 'CHAMPS' section is also highlighted with a red box and contains a description of the system and a right-pointing arrow.

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)

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

- Review the terms and conditions and select the 'I agree to the terms & conditions' checkbox.
- Click Additional Information.

The screenshot shows the 'MiLogin for Business' registration interface. At the top, there is a navigation bar with links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below this is a large banner image of a bridge over water. A 'Back' button is visible in the top left of the main content area. The central focus is the 'CHAMPS' registration section, which includes the MDHHS logo and a description of the system. A light blue box with an information icon states: 'This Service Requires Additional Information. This service may ask for additional information before granting access.' Below this, a section titled 'Please accept the Terms and Conditions to continue:' contains a scrollable 'Terms & Conditions' text block. Underneath the terms, there is a checked checkbox labeled 'I agree to the Terms & Conditions'. At the bottom of this section, a red rectangular box highlights the 'Additional Information' button. The footer of the page includes 'Copyright 2023 State of Michigan' and a link to 'Policies'.

MiLogin for Business

Home Discover Online Services Help Contact Us

< Back

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.

This Service Requires Additional Information
This service may ask for additional information before granting access.

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

Additional Information

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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

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Additional Information

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

CHAMPS User Type

☒ Provider/Other

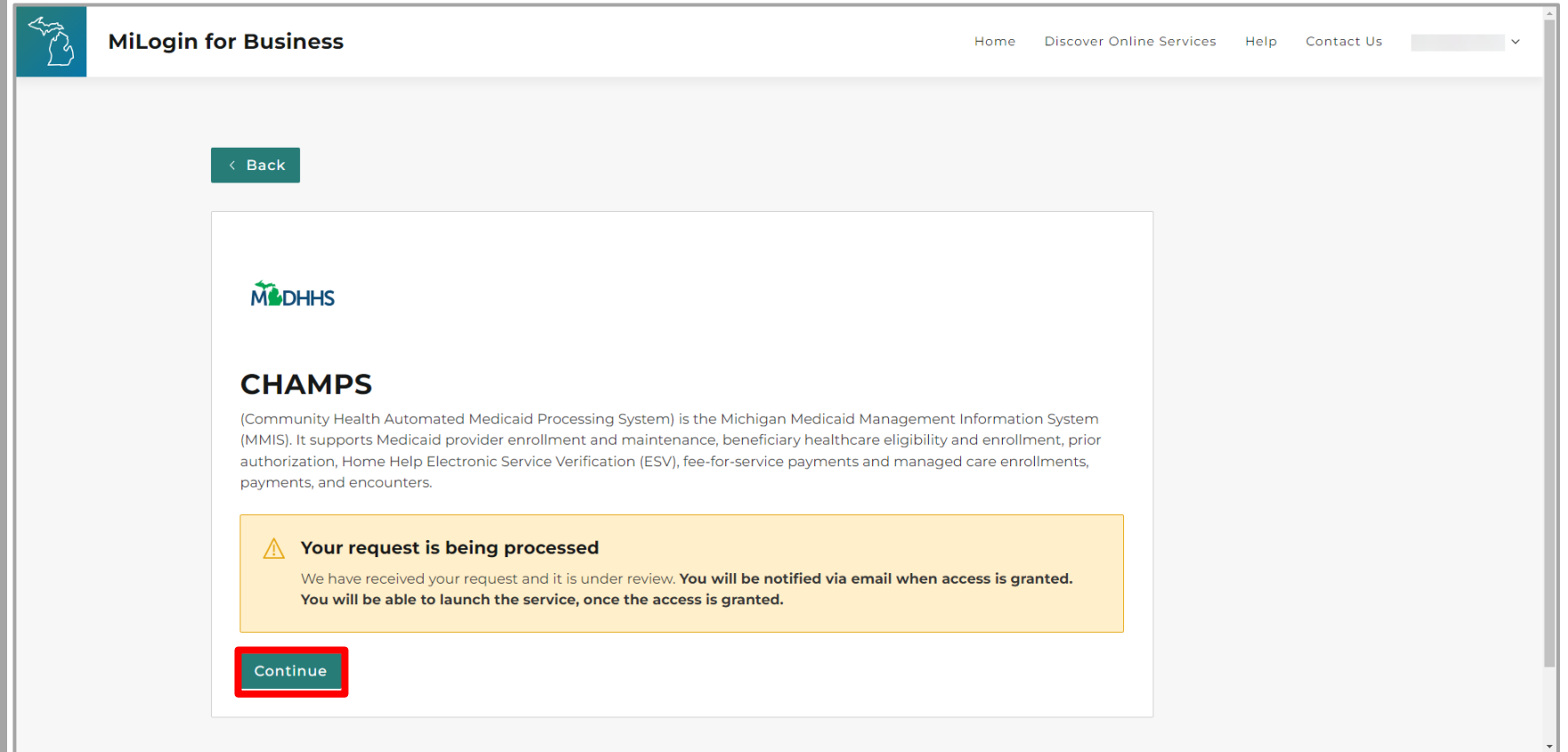
☐ State User Only

Next Step

Copyright 2023 State of Michigan Policies

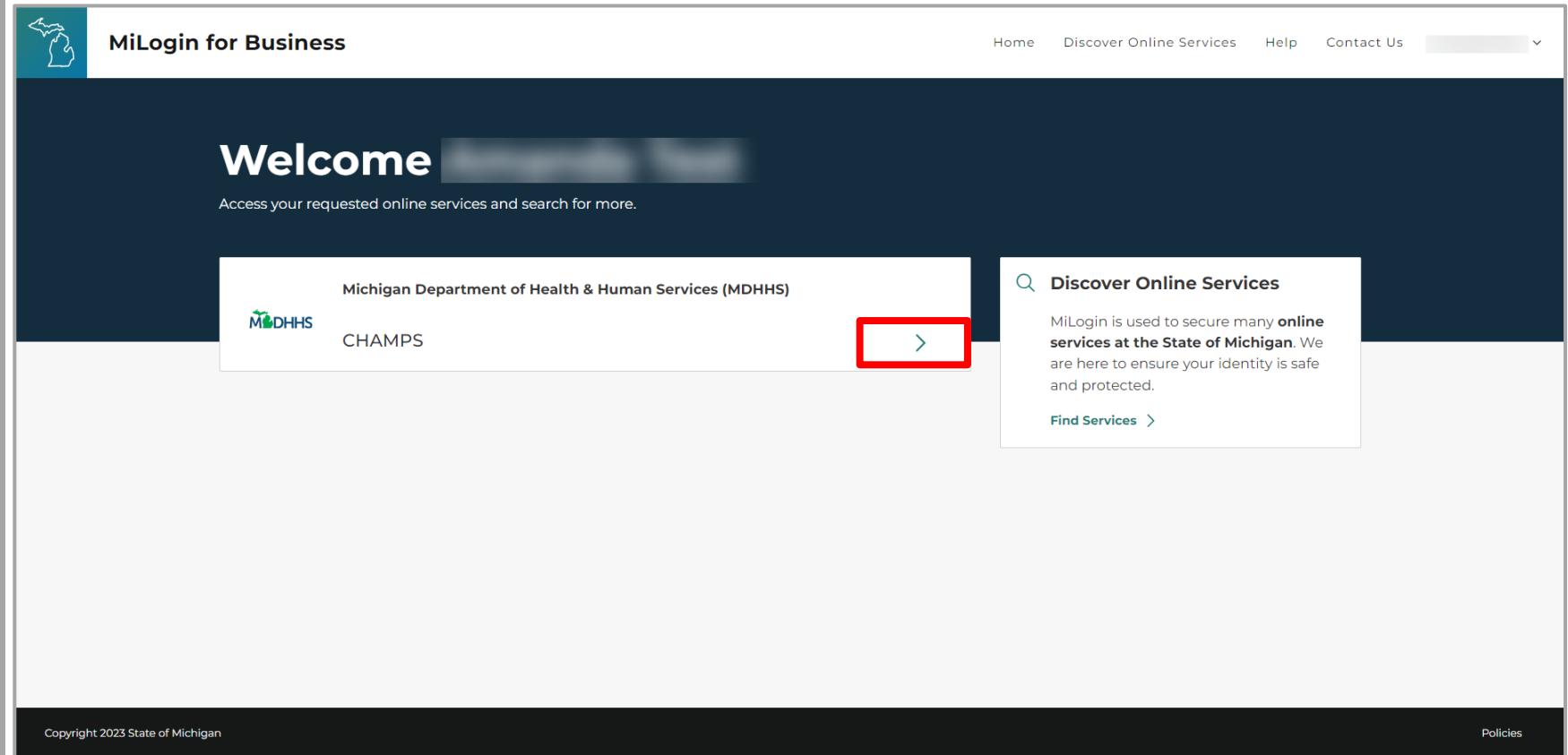
Register for MiLogin and CHAMPS

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




Register for MiLogin and CHAMPS

- You will be directed back to your MiLogin Welcome Page.
 - The user's list of online services approved will be displayed, in this example CHAMPS is listed.
- Click the CHAMPS hyperlink.




Register for MiLogin and CHAMPS

- 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:

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☒ I agree to the Terms & Conditions

[Launch service](#)

Copyright 2023 State of MichiganPolicies

New Group Enrollment

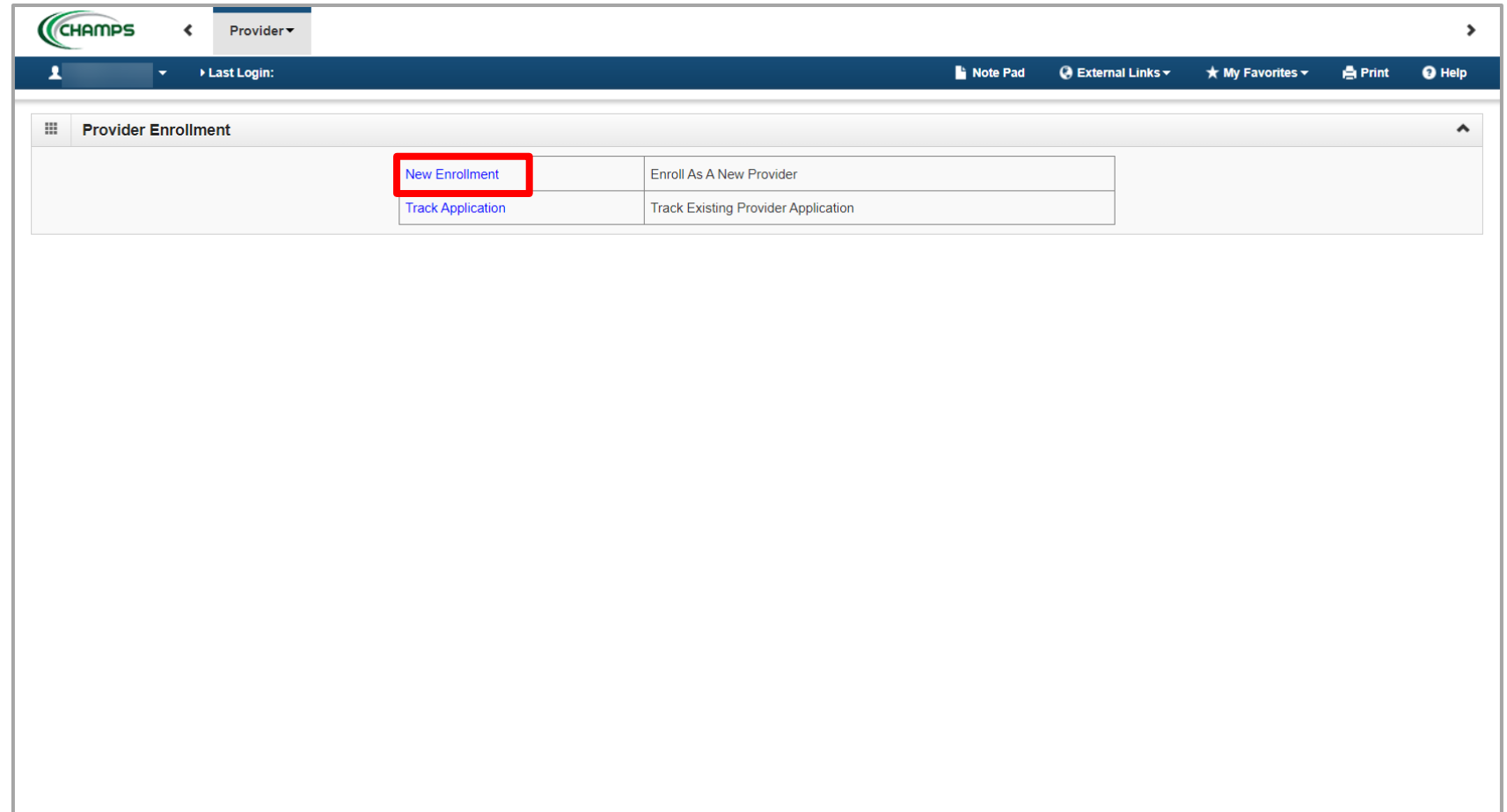
Steps on how to complete a new CHAMPS enrollment for a Group Provider type

Prior to Enrolling in CHAMPS

- Group providers will want to ensure they are enrolled in SIGMA VSS prior to enrolling within CHAMPS.
 - SIGMA VSS website: www.Michigan.gov/SIGMAVSS
 - If you have questions regarding this current process, contact the Vendor Support Call Center at 1-888-734-9749 or email SIGMA-Vendor@Michigan.gov
 - After completing SIGMA registration allow 3-5 business days 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.
- Group providers must also be licensed prior to enrolling in CHAMPS
 - LARA: www.michigan.gov/lara/bureau-list/bpl

Register for MiLogin and CHAMPS

- For a new provider, the CHAMPS New Enrollment screen will display.
- The MiLogin user that completes the provider enrollment application will become the domain administrator for the provider.



The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a 'Last Login:' section. Below the navigation bar, there is a 'Provider Enrollment' section. This section contains a table with two rows. The first row has a link 'New Enrollment' (highlighted with a red box) and the text 'Enroll As A New Provider'. The second row has a link 'Track Application' and the text 'Track Existing Provider Application'.

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

New Group Provider

- Select Group Practice.
- Click Submit.

The screenshot shows the CHAMPS web application interface for a 'New Enrollment'. The top navigation bar includes the CHAMPS logo, a 'Provider' dropdown, a user profile icon, and the text 'Last Login: 19 DEC, 2023 08:43 AM'. On the right side of the navigation bar are links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar is a breadcrumb trail showing 'New Enrollment'. The main content area is titled 'Enrollment Type' and contains the instruction 'Select the Applicable Enrollment Type'. There are several radio button options: 'Individual Provider (Physician, Non Physician) with Type 1 NPI' (with a sub-option 'Individual/Sole Proprietor or Rendering/Servicing Provider'), 'Group Practice (Corporation, Partnership, LLC, etc.)' (which is selected and has a red arrow pointing to it), 'Billing Agent', 'Facility/Agency/Organization (Hospital, Nursing Facility, Special Programs, etc) with Type 2 NPI', and '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.)' (with sub-options for 'Individual' and 'Agency'). At the bottom left of the form, the 'Submit' button is highlighted with a red box.

New Group Provider

- Complete all fields marked with an asterisk (*).
- Click Confirm.
- Click Finish.

The screenshot displays the CHAMPS Provider Enrollment interface. The main window is titled 'Basic Information 1 - Google Chrome' and shows the URL 'tp-chp-uat.state.mi.us/ecams/CNSiControlServlet'. The page header includes the CHAMPS logo, a 'Provider' dropdown, and a 'Last Login: 19 DEC, 2023 08:43 AM' timestamp. The left sidebar lists enrollment options: Individual Provider, Group Practice, Billing Agent, Facility/Agency, Atypical (non-traditional), and Agency (Type 2 NPI if...).

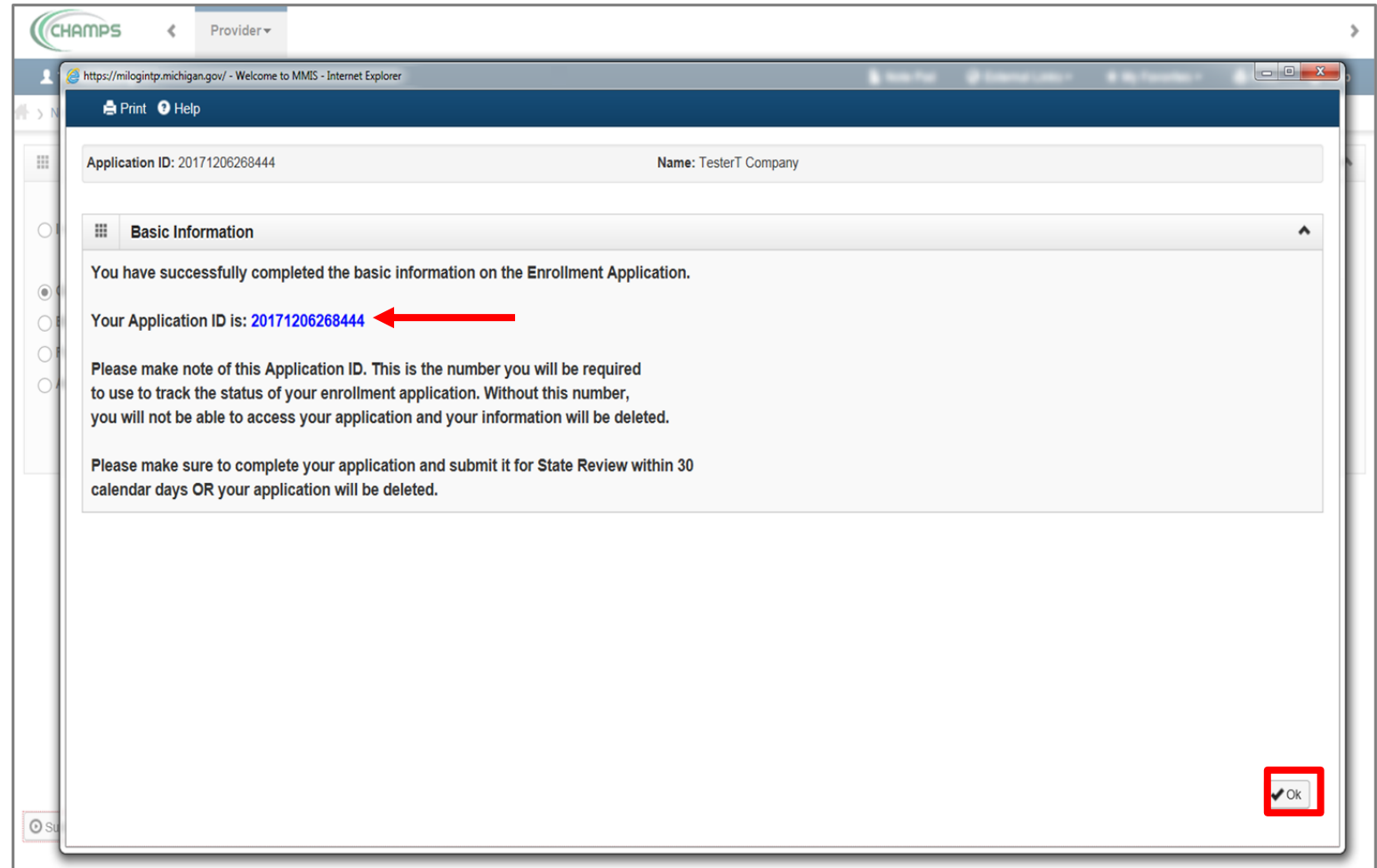
The 'Basic Information' form is the central focus, with the instruction: 'Basic Information: Enter required fields and click Confirm button.' The form contains the following fields:

- Legal Entity Name:** A text input field with a note '(As shown on the Income Tax Return)'.
- Entity Business Name:** A text input field with an asterisk (*) and a note '(Doing Business As)'.
- EIN/TIN:** A text input field with an asterisk (*).
- Vendor ID:** A text input field with an asterisk (*).
- Medicare Cost Share:** A checkbox.
- NPI:** A text input field with an asterisk (*).
- Contact Email Address:** A section containing six email input fields labeled Email-1 through Email-6. Email-1 has an asterisk (*).

At the bottom right of the form, there are three buttons: 'Confirm', 'Finish', and 'Cancel'. The 'Confirm' button is highlighted with a red rectangle. The footer of the page shows 'Page ID: dlgAddBasicInformationStep1(Provider)'.

New Group Provider

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



The screenshot shows a web browser window with the URL <https://mielogintp.michigan.gov/>. The page title is "Welcome to MMIS - Internet Explorer". The CHAMPS logo is in the top left corner. The page displays the following information:

- Application ID: 20171206268444
- Name: TesterT Company

The "Basic Information" section contains the following text:

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

Your Application ID is: **20171206268444** (highlighted with a red arrow)

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.

An "Ok" button is located in the bottom right corner of the window.

New Group Provider

- Group Provider Enrollment steps are listed.
 - (Note: some steps are required versus optional)
- Step 1 has a status of Complete.
- Click on Step 2: Add Locations.

CHAMPS < Provider ▾

Last Login: 19 DEC, 2023 11:15 AM

Note Pad External Links My Favorites Print Help

New Enrollment > Group Practice Enrollment

Application ID: 20231220450665 Name: Tester T Company

Close

Enroll Provider - Group

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/20/2023	12/20/2023	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Associate MCO Plan	Optional			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

First Prev Next Last

New Group Provider

- Click Add, to enter Primary Location information.

Provider

Note Pad External Links My Favorites Print Help

New Enrollment > Group Practice Enrollment

Application ID: 20171206268444Name: TesterT Company

Close

Add

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

Locations List

Filter ByGoSave FiltersMy Filters

Doing Business As	Location Type	Location Details	End Date
No Records Found !			

New Group Provider

- Complete Address Line 1 and Zip Code, click Validate Address.
 - (Note: you should receive confirmation "Address Validation Successful")
- Complete all fields marked with an asterisk (*).
- Click Ok.

CHAMPS Provider

Application ID: 20171206268444 Name: TesterT Company

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: End Date:

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

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

Address Line 2:

Address Line 3:

City/Town: OTHER *

State/Province: OTHER *

County: OTHER

Country: UNITED STATES *

Zip Code: - Validate Address

Phone Number: * Extn:

Fax Number:

Email Address: Web Page:

OK Cancel

New Group Provider

- Click Primary Practice Location to add Pay-To address.
 - (Note: Correspondence address is required for all locations. Enter the Remittance Advise address only to receive a paper Remittance Advice)

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, the 'Provider' tab is selected. The header bar includes navigation links like 'New Enrollment' and 'Group Practice Enrollment', and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area displays the 'Locations List' for 'TesterT Company' with Application ID 20171206268444. A message states: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. The 'Locations List' table has columns: 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The 'Location Type' column contains a red-bordered link labeled 'Primary Practice Location'. Below the table, there are controls for 'View Page: 1', 'Page Count', 'SaveToXLS', and pagination buttons (First, Prev, Next, Last).

New Group Provider

- Click Add Address.

CHAMPS

Provider

Last Login: 20 DEC, 2023 07:46 AM

Note Pad

External Links

My Favorites

Print

Help

New Enrollment > Group Practice Enrollment > General

Application ID: 20231221101192

Name: Tester A Company

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

Location Details

Doing Business As:

Location Code: 1

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

End Date: 12/31/2999

Address List

Add Address

Address Type

Address

End Date

Location

12/31/2999

Primary Pay To

12/31/2999

Delete View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

First Prev Next Last

New Group Provider

- From the drop-down list, select Type of Address.
- Complete all fields marked with an asterisk (*).
- Click Validate Address.
 - (Note: you should receive confirmation "Address Validation Successful")
- Click Ok.

CHAMPS

Provider

https://milogintpmichigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

Application ID: 20171206268444 Name: TesterT Company

Add Provider Location Address

Type of Address: --SELECT--

End Date:

Location Address: ☐ Copy This Location Address

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

Address Line 1: 320 S Walnut St *

(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: Lansing *

State/Province: MICHIGAN *

County: Ingham

Country: UNITED STATES *

Zip Code: 48933 - 2014

Validate Address

OK Cancel

New Group Provider

- When all address locations are complete, click Save.
 - (Note: If the address is the same you can click on the radio button that says, Copy This Location Address; example on the previous slide.)
- Click Close.

CHAMPS Provider

Last Login: 21 DEC, 2023 12:07 PM

Note Pad External Links My Favorites Print Help

New Enrollment Group Practice Enrollment General

Application ID: 20231221101192 Name: Tester A Company

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

Location Details

Doing Business As: Location Code: 1 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	Closer	AM PM		AM PM	Thursday	08:00	AM PM	05:00	AM PM
Monday	08:00	AM PM	05:00	AM PM	Friday	Closer	AM PM		AM PM
Tuesday	08:00	AM PM	05:00	AM PM	Saturday	Closer	AM PM		AM PM
Wednesday	08:00	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)

End Date: 12/31/2999

Address List

Add Address

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

Delete View Page: 1 Page Count Save to Excel

Viewing Page: 1

First Prev Next Last

New Group Provider

- Click Close.

Provider

Last Login: 21 DEC, 2023 12:07 PM

Note PadExternal LinksMy FavoritesPrintHelp

New EnrollmentGroup Practice EnrollmentGeneral

Application ID: 20231221101192

Name: Tester A Company

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Primary Practice Location		12/31/2999

Delete

View Page: 1

Go

Page Count

Save to Excel

Viewing Page: 1

FirstPrevNextLast

New Group Provider

- Step 2 is complete.
- Click on Step 3: Add Specialties.

Provider

Last Login: 21 DEC, 2023 12:07 PM

Note Pad

External Links

My Favorites

Print

Help

New Enrollment

Group Practice Enrollment

Application ID: 20231221101192

Name: Tester A Company

Close

Enroll Provider - Group

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/21/2023	12/21/2023	Complete	
Step 2: Add Locations	Required	12/21/2023	12/21/2023	Complete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Associate MCO Plan	Optional			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

Go

Page Count

Save to Excel

Viewing Page: 1

First

Prev

Next

Last

New Group Provider

- Click Add.

Provider

Last Login: 21 DEC, 2023 12:07 PM

Note Pad

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Help

New Enrollment

Group Practice Enrollment

Application ID: 20231221101192

Name: Tester A Company

Close

Add

Specialty/Subspecialty List

Filter By

Go

Save Filters

My Filters

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> ▲▼	▲▼	▲▼
No Records Found !		

New Group Provider

- Choose the appropriate Location, Provider Type, and Specialty.
 - (Note: There is no need to fill in an End Date)
- Depending on the Specialty chosen, Available Subspecialties will populate.

The screenshot displays the CHAMPS Provider application interface. At the top, the CHAMPS logo is visible on the left, and a 'Provider' dropdown menu is on the right. Below the header, the browser address bar shows 'https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer'. The main content area features a form with the following fields:

- Application ID:** 20171206268444
- Name:** TesterT Company
- Add Specialty/Subspecialty** section:
 - Location:** 01-Group Associates (dropdown menu) *
 - Provider Type:** ---SELECT--- (dropdown menu) *
 - Specialty:** (dropdown menu) *
 - End Date:** (text input field with a calendar icon)
- Add Subspecialty** section:
 - Available Subspecialties:** (empty list box)
 - Associated Subspecialties *:** (empty list box)
 - Navigation buttons: >> and <<

At the bottom right of the form, there are 'OK' and 'Cancel' buttons.

New Group Provider

- When Provider Type and Specialty have been chosen, the available subspecialties will be listed.
- Select Available Subspecialties, click >> to add to Associated Subspecialties list.
- When complete, click Ok.

The screenshot shows a web application window titled "CHAMPS" with a "Provider" dropdown menu. The browser address bar shows "https://tp-chp-uat.state.mi.us/ecams/CNSIControlServlet". The form displays "Application ID: 20231221101192" and "Name: Tester A Company".

Add Specialty/Subspecialty

Location: 01- *
Provider Type: GROUPS *
Specialty: Medical *
End Date: [Calendar Icon]

Add Subspecialty

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

Navigation buttons: >> (highlighted with a red box) and <<

Buttons: OK (checked, highlighted with a red box) and Cancel

Page ID: dlgEnrAddSpecialties(Provider)

New Group Provider

- Once all Specialties/Subspecialties have been added, click Close.

Provider

Last Login: 21 DEC, 2023 12:07 PM

Note PadExternal LinksMy FavoritesPrintHelp

New EnrollmentGroup Practice Enrollment

Application ID: 20231221101192

Name: Tester A Company

CloseAdd

Specialty/Subspecialty List

Filter By

Go

Save FiltersMy Filters

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> Medical/No Subspecialty	GROUPS	12/31/2999


DeleteView Page: 1GoPage CountSave to Excel

Viewing Page: 1

FirstPrevNextLast

New Group Provider

- Step 3 is complete.
- Click on Step 5: Add Mode of Claim Submission/EDI Exchange.



Provider

Last Login: 21 DEC, 2023 12:07 PM

Note PadExternal LinksMy FavoritesPrintHelp

New Enrollment > Group Practice Enrollment

Application ID: 20231221101192Name: Tester A Company

Close

Enroll Provider - Group

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/21/2023	12/21/2023	Complete	
Step 2: Add Locations	Required	12/21/2023	12/21/2023	Complete	
Step 3: Add Specialties	Required	12/21/2023	12/21/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Associate MCO Plan	Optional			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1GoPage CountSave to Excel

Viewing Page: 1FirstPrevNextLast

New Group Provider

- Under EDI exchange select the appropriate claim submission method(s).
- Under Other Claims Submission select the appropriate claim submission method(s).
- Click Ok .

CHAMPS

Provider

Application ID: 20231221101192 Name: Tester A Company

Mode of Claims Submission/EDI exchange

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

EDI exchange

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

Other Claims Submission

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

View Page: 1

Ok Cancel

Page ID: dlgBillingDetails(Provider)

New Group Provider

- Step 5 is complete.
 - Note: if a billing agent was selected as a mode of claim submission, then step 6 and Step 10 would become required.
- Click step 7: Add Provider Controlling/Interest/Ownership Details

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note PadExternal LinksMy FavoritesPrintHelp

New Enrollment > Group Practice Enrollment

Application ID: 20231221101192Name: Tester T Company

Close

Enroll Provider - Group

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/21/2023	12/21/2023	Complete	
Step 2: Add Locations	Required	12/21/2023	12/21/2023	Complete	
Step 3: Add Specialties	Required	12/21/2023	12/21/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	12/21/2023	12/21/2023	Complete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Associate MCO Plan	Optional			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1GoPage CountSave to ExcelViewing Page: 1FirstPrevNextLast

New Group Provider

- To enter owner information, click Actions.

CHAMPS

Provider

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Help

New Enrollment > Group Practice Enrollment > General

Application ID: 20231221101192

Name: Tester T Company

Close

Actions

Per Medicaid Provider Manual

PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

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
 - Corporate - Non Charitable
 - Indirect Owner
 - Sub-contractor
 - Holding Company
 - Foreign, Nonresident Alien
 - Limited Liability Company

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"/>								
No Records Found !								

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 !		

- Select Add Owner



New Group Provider

- Select an Owner Type from the drop-down menu.
- Complete all fields marked with an asterisk (*).
- Complete Address Line 1 and Zip Code, click Validate Address.
 - (Note: you should receive confirmation 'Address Validation Successful')
- Click Ok.

The screenshot shows the CHAMPS web application interface. At the top, the 'Provider' tab is selected. The browser address bar shows 'https://milogintp.michigan.gov/'. The form header displays 'Application ID: 20171206268444' and 'Name: TesterT Company'. The main section is titled 'Provider Controlling Interest/Ownership'. A red arrow points to the 'Type' dropdown menu, which is currently set to '--SELECT--'. The form contains various input fields, some marked with an asterisk (*) to indicate they are required. These include: SSN, Legal Entity Name (with a note '(As shown on the Income Tax Return)'), First Name, Suffix, Phone Number, Extn, Start Date, Percentage Owned, EIN/TIN, Entity Business Name (with a note '(Doing Business As)'), Last Name, DOB, Email, End Date, Address Line 1 (with a note '(Enter Street Address or PO Box Only)'), Address Line 3, State/Province, Country, City/Town, County, 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.

New Group Provider

- To add the relationship, click the Actions drop-down menu.
- Select Owners Relationships.

CHAMPS

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad

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Help

New Enrollment

Group Practice Enrollment

General

Application ID: 20231221101192

Name: Tester T Company

Close

Actions

Add Owner

Import Owner

Owners Relationships

Owners Adverse Action

Ownership type in addition to managing Employee.

Officers/Principal is required if one of the ownership types below is selected:

01[c]3

Sub-contractor

Foreign, Nonresident Alien

Individual

Holding Company

Limited Liability Company

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 123456789	Employee, Managin	Managing Employee		12/01/2023	12/31/2999	Not Completed	Not Completed	0
<input type="checkbox"/>	Owner, Example	Individual		12/01/2023	12/31/2999	Not Completed	Not Completed	100

Delete

View Page: 1

Go

Page Count

Save to Excel

Viewing Page: 1

First

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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"/>	<input type="checkbox"/>	<input type="checkbox"/>

No Records Found !

New Group Provider

- Answer the question at the top.
 - If no relationship exists, click No.

If the owners have a relationship to one another, refer to the [Step 8: Add Provider Controlling Interest/Ownership Details user guide](#).

The screenshot displays the CHAMPS Provider Enrollment system interface. A modal window titled 'Add Relationship' is open, showing a question about owner relationships. The question is: '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) ?'. Below the question are radio buttons for 'Yes' and 'No (Click Save to update)'. The 'No' option is selected. The modal also shows an 'Owner List' section with a table that currently displays 'No Records Found!'. The background shows the main application page with fields for Application ID, Name, and various owner details.

Application ID: 20240119293730

Provider

Last Login: 18 JAN, 2024 03:53 PM

Per Medicaid Provider

PROVIDER OWNERSHIP AND CONTROL

Provider Enrollment Information, REQUIRED DISCLOSURE INFORMATION

Provider (including fiscal agents)

- The name and address of all owners
- Date of birth and Social Security Number of all owners
- Other Tax Identification Number of all owners
- Whether the person (individual or entity) is a subcontractor in which the provider has a controlling interest
- The name of any other fiscal agent
- The name, address, date of birth, and Social Security Number of the provider

REQUIRED OWNERS

- Managing Employee is mandatory
- There must be at least one owner
- At least one Board of Directors member must be a resident of Michigan

Corporate - Charitable

Corporate - Non Charitable

Indirect Owner

Owners List

Filter By

And

Go

Save Filters

My Filters

Page ID: dlgAddModifyOwnerRelationship(Provider)

New Group Provider

- The owner list boxes will collapse.
- Click Save.
- The pop-up will display to confirm that all relationships will be set to None.
- Click OK.
- Click Close.

CHAMPS

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad External Links My Favorites Print Help

New Enrollment > Group Practice Enrollment > General

Application ID: 20331221101192

Close Add

tp-chp-uat.state.mi.us says
All owner relationships will be set to 'None'. Do you want to continue?

OK Cancel

Application ID: 20331221101192

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

Save Close

Page ID: dlqAddModifyOwnerRelationship(Provider)

No Records Found !

New Group Provider

- The status for each owner will show Completed.
- Click close to return to the owner list screen.

CHAMPS

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad External Links My Favorites Print Help

New Enrollment Group Practice Enrollment General

Application ID: 20231221101192 Name: Tester T Company

Close Add

Per Me

PROVIDER OW

Provider Enrollm

REQUIRED DIS

Provider (includ

- The name s
- Date of birt
- Other Tax I
- Whether th
- any subcon
- The name c
- The name,

REQUIRED OW

- Managing B
- There must
- At least one

Owner List

Show Owners All Go Save Filters My Filters

Selected Owner: Owner, Example	SSN/EIN/TIN:	Status: Completed
Selected Owner: Employee, Managin	SSN/EIN/TIN:	Status: Completed

Save Close

Page ID: digAddModifyOwnerRelationship(Provider)

Owners List

Filter By And Go Save Filters My Filters

New Group Provider

- The Relationship Status will show Completed for both owners.

CHAMPS

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad

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Help

New Enrollment

Group Practice Enrollment

General

Application ID: 20231221101192

Name: Tester T Company

Close

Actions

Per Medicaid Provider Manual

PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

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

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"/> 123456789	Employee, Managin	Managing Employee		12/01/2023	12/31/2999	Completed	Not Completed	0
<input type="checkbox"/>	Owner, Example	Individual		12/01/2023	12/31/2999	Completed	Not Completed	100

Delete

View Page: 1

Go

Page Count

Save to Excel

Viewing Page: 1

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Last

Add Other Owned Entity

List Ownership Interest in other Entities reimbursible 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 !

New Group Provider

- Select Owners Adverse Action from the Actions drop-down menu to complete the Final Adverse Legal/Action/Convictions Disclosure.

CHAMPS

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note PadExternal LinksMy FavoritesPrintHelp

New Enrollment > Group Practice Enrollment > General

Application ID: 20231221101192Name: Tester T Company

CloseActions

Add Owner

Import Owner

Owners Relationships

Owners Adverse Action

Ownership type in addition to managing Employee.
Officers/Principal is required if one of the ownership types below is selected:
501[c]3Sub-contractorForeign, Nonresident Alien
ableHolding CompanyLimited Liability Company

Owners List

Filter ByAndGo

Save FiltersMy Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 123456789	Employee, Managin	Managing Employee		12/01/2023	12/31/2999	Completed	Not Completed	0
<input type="checkbox"/>	Owner, Example	Individual		12/01/2023	12/31/2999	Completed	Not Completed	100

DeleteView Page: 1GoPage CountSave to Excel

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

Filter ByAndGo

Save FiltersMy Filters

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

No Records Found!

New Group Provider

- Read through the Final Adverse Legal Actions/Convictions statement for each owner listed, and select Yes or No.
- Click Ok.

CHAMPS

Provider

Owners with Adverse Action - Google Chrome

tp-chp-uat.state.mi.us/ecs/CNS/ControlServlet

Print Help

Application ID: 20231221101192

Name: Tester T Company

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.

Owners with Adverse Action

Filter By

All

Go

Save Filters

My Filters

Owner Name	SSN/EIN/TIN	Response	Comments
Owner,Example		<div><div>Yes</div><div>No</div></div>	
Employee,Managin		<div><div>Yes</div><div>No</div></div>	

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Page Count

Save to Excel

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Next

Last

Ok

Cancel

Page ID: pgEnfrmntAdverseAction(Provider)

53

MDHHS

Michigan Department of Health & Human Services

New Group Provider

- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close

CHAMPS

Provider

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Note Pad

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Help

New Enrollment

Group Practice Enrollment

General

Application ID: 20231221101192

Name: Tester T Company

Close

Actions

Per Medicaid Provider Manual

PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

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
 - Corporate - Non Charitable
 - Indirect Owner
 - Sub-contractor
 - Holding Company
 - Foreign, Nonresident Alien
 - Limited Liability Company

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"/> 123456789	Employee, Managin	Managing Employee		12/01/2023	12/31/2999	Completed	No	0
<input type="checkbox"/>	Owner, Example	Individual		12/01/2023	12/31/2999	Completed	No	100

Delete

View Page: 1

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Page Count

Save to Excel

Viewing Page: 1

Filter

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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!

New Group Provider

- Step 7 will show complete.
- Click Step 8: Add Taxonomy Details.

CHAMPS

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad

External Links

My Favorites

Print

Help

New Enrollment > Group Practice Enrollment

Application ID: 20231221101192

Name: Tester T Company

Close

Enroll Provider - Group

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/21/2023	12/21/2023	Complete	
Step 2: Add Locations	Required	12/21/2023	12/21/2023	Complete	
Step 3: Add Specialties	Required	12/21/2023	12/21/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	12/21/2023	12/21/2023	Complete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	12/21/2023	12/21/2023	Complete	
Step 8: Add Taxonomy Details	Required			Incomplete	
Step 9: Associate MCO Plan	Optional			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

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New Group Provider

- Click Add.

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note PadExternal LinksMy FavoritesPrintHelp

New EnrollmentGroup Practice Enrollment

Application ID: 20231221101192

Name: Tester T Company

CloseAdd

Taxonomy List

Filter By

Go

Save FiltersMy Filters

Taxonomy Code	Description	Start Date	End Date
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼
No Records Found !			

New Group Provider

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

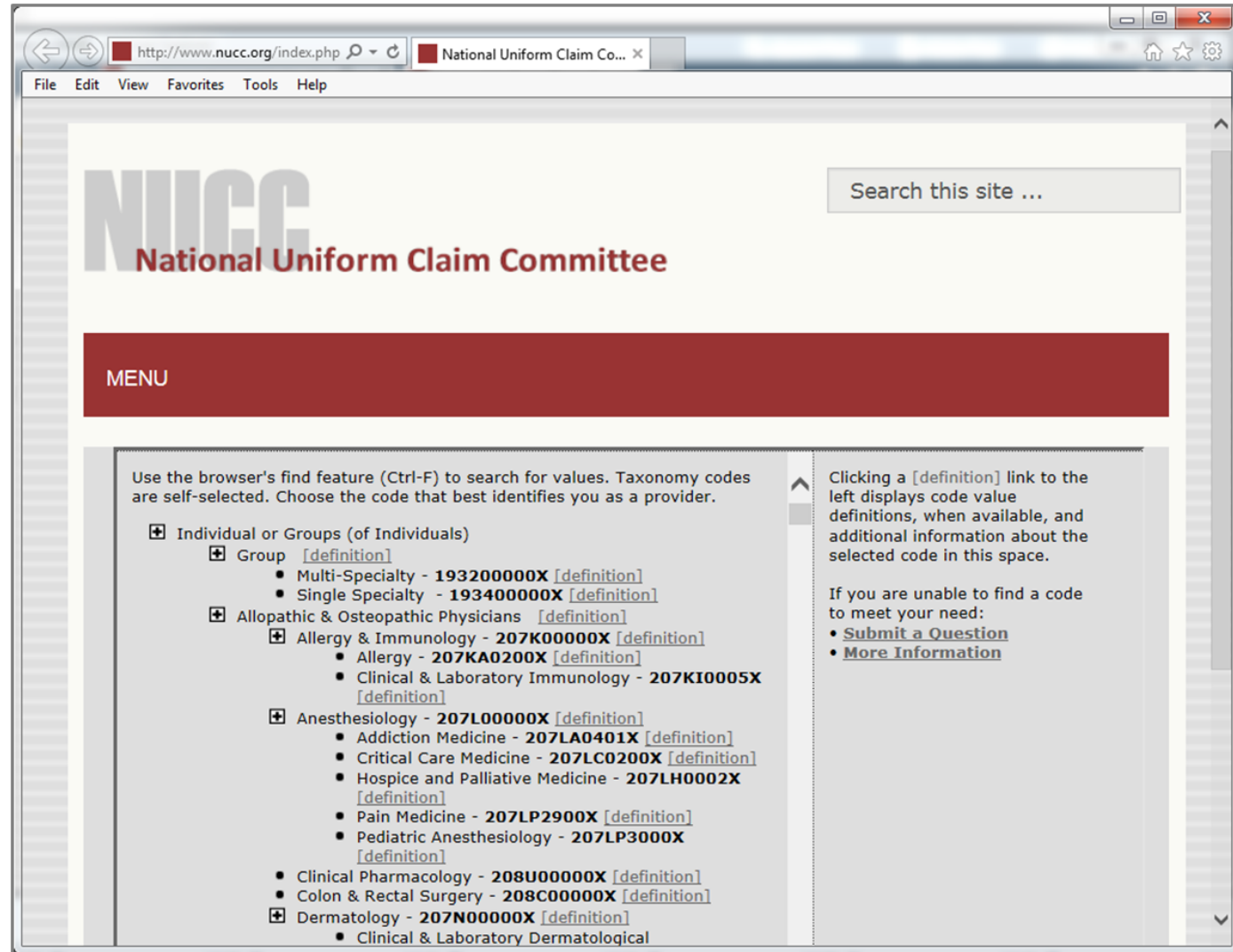
The screenshot displays the CHAMPS Provider portal interface. A modal window titled 'Add Taxonomy' is open, showing the 'Add Taxonomy codes' dialog. The dialog includes the following fields and controls:

- Application ID:** 20231221101192
- Name:** Tester T Company
- Taxonomy Code:** A text input field followed by an asterisk (*) and a red-bordered button labeled '(Click here for Taxonomy List)'.
- Description:** A text input field.
- Location:** A dropdown menu showing '01-' followed by an asterisk (*).
- Start Date:** A date picker field followed by an asterisk (*).
- End Date:** A date picker field.
- Buttons:** 'Confirm Taxonomy', 'Ok', and 'Cancel' at the bottom right.
- Page ID:** dlgEnrAddTaxonomy(Provider) at the bottom left.

The background shows the CHAMPS Provider portal with a navigation bar, a user profile, and a sidebar with options like 'New Enrollment' and 'Group Practice Enrollment'.

New Group Provider

- After clicking (📄) the [National Uniform Claim Committee](http://www.nucc.org) webpage will pop up.
- Press (CTRL+F) to search for the appropriate taxonomy code.



New Group Provider

- Enter Start Date.
 - Note: Start date must be current date or date of application.
- Click the Confirm Taxonomy button.
- Click Ok.

The screenshot displays the CHAMPS Provider portal interface. A modal window titled 'Add Taxonomy' is open, showing the following details:

- Application ID:** 20231221101192
- Name:** Tester T Company
- Taxonomy Code:** 208D00000X * (Click here for Taxonomy List)
- Location:** 01- *
- Description:** General Practice
- Start Date:** 12/01/2023 *
- End Date:** (empty)

At the bottom of the modal, there are three buttons: 'Confirm Taxonomy' (highlighted with a red box), 'Ok', and 'Cancel'. The footer of the modal shows the page ID: `dlgEnrAddTaxonomy(Provider)`.

New Group Provider

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

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note PadExternal LinksMy FavoritesPrintHelp

New EnrollmentGroup Practice Enrollment

Application ID: 20231221101192Name: Tester T Company

CloseAdd

Taxonomy List

Filter ByGoSave FiltersMy Filters

Taxonomy Code	Description	Start Date	End Date
<input type="checkbox"/> 208D00000X	General Practice	12/21/2023	12/31/2999

DeleteView Page: 1GoPage CountSave to Excel

Viewing Page: 1FirstPrevNextLast

New Group Provider

- Step 8 is complete.
- Click Step 9: Associate MCO Plan.
 - Note: This step is optional.

CHAMPS

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad External Links My Favorites Print Help

New Enrollment Group Practice Enrollment

Application ID: 20231221101192 Name: Tester T Company

Close

Enroll Provider - Group

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/21/2023	12/21/2023	Complete	
Step 2: Add Locations	Required	12/21/2023	12/21/2023	Complete	
Step 3: Add Specialties	Required	12/21/2023	12/21/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	12/21/2023	12/21/2023	Complete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	12/21/2023	12/21/2023	Complete	
Step 8: Add Taxonomy Details	Required	12/21/2023	12/21/2023	Complete	
Step 9: Associate MCO Plan	Optional			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

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

First Prev Next Last

New Group Provider

Step is optional, if you do not work with a Managed Care Organization (MCO) or Medicaid Health Plan (MHP) click Close.

- If choosing to add an MCO Plan;
- Click Add to associate an MCO plan

The screenshot shows the CHAMPS Provider Enrollment 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 'Last Login: 18 JAN, 2024 03:53 PM' are displayed. The top navigation bar includes links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail shows 'New Enrollment' > 'Group Practice Enrollment'. The main content area displays 'Application ID: 20231221101192' and 'Name: Tester T Company'. Below this, there are two buttons: 'Close' and 'Add', both highlighted with red boxes. The 'MCO Plan List' section features a 'Filter By' dropdown, a 'Go' button, and 'Save Filters' and 'My Filters' buttons. A table with columns for Plan ID, Plan Name, Business Status, Business Status Start Date, Business Status End Date, Association Start Date, Association End Date, and Program Description is shown. The table is currently empty, with a red message 'No Records Found!' at the bottom.

Plan ID	Plan Name	Business Status	Business Status Start Date	Business Status End Date	Association Start Date	Association End Date	Program Description
No Records Found !							

New Group Provider

- To locate the MCO Plan ID , click Confirm/Search Plan

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and navigation links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help' are on the right. The user's last login is noted as '18 JAN, 2024 03:53 PM'. The main navigation bar shows 'New Enrollment' and 'Group Practice Enrollment'. A sidebar on the left contains a search bar and a list of filters including 'MCO Plan', 'Plan ID', and 'Program Description'. The central area is dominated by a modal window titled 'Associate MCO Plan'. This window contains the following text and fields:

- Application ID: 20231221101192
- Name: Tester T Company
- Header: Associate MCO Plan
- Instructions: Click on the 'Confirm/Search Plan' button to search for a MCO Plan or confirm the Plan ID entered. Please associate only to plans with which you have a signed contract.
- Fields: Plan ID (with asterisk), Plan Name, Program Name, Program Description, Association Start Date (with calendar icon and asterisk), and Association End Date (with calendar icon).
- Buttons: A red box highlights the 'Confirm/Search Plan' button at the bottom right, next to 'Ok' and 'Cancel' buttons.
- Footer: Page ID: dlgEnrlmntAssocMCOPlanID(Provider)

New Group Provider

- Check the box next to the MCO Plan you want to select.
 - (Note: There is more than one page of plans.)
- Click Select.

CHAMPS

Provider

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Note Pad External Links My Favorites Print Help

New Enrollment Group Practice Enrollment

Enrollment Associate MCO Plan ID-Provider - Google Chrome

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

Close Print Help

MCO Plan Search List - Google Chrome

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

Print Help

Application ID: 20231221101192 Name: Tester T Company

MCO Plan Search List

Filter By Go Save Filters My Filters

Plan ID	Plan Name	Business Status	Business Status Start Date	Business Status End Date	Program Name	Program Type
<input type="checkbox"/>		Active	03/12/2012	12/31/2999	PACE	Managed Care Comprehensive Medical Program Type
<input type="checkbox"/>		Active	01/23/2014	12/31/2999	PACE	Managed Care Comprehensive Medical Program Type
<input type="checkbox"/>		Active	12/04/2014	12/31/2999	ICO-MC	Managed Care Comprehensive Medical Program Type
<input type="checkbox"/>		Active	12/04/2014	12/31/2999	ICO-MC	Managed Care Comprehensive Medical Program Type
<input type="checkbox"/>		Active	12/04/2014	12/31/2999	ICO-MC	Managed Care Comprehensive Medical Program Type
<input type="checkbox"/>		Active	12/04/2014	12/31/2999	ICO-MC	Managed Care Comprehensive Medical Program Type

Select Close

Page ID: pgMCOPlanSearchList(Provider)

New Group Provider

- MCO Plan information will populate.
- Click Ok.

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and navigation links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help' are on the right. The user's last login is noted as '18 JAN, 2024 03:53 PM'. The main navigation bar shows 'New Enrollment' and 'Group Practice Enrollment'. A sidebar on the left contains 'Application ID: 20231221101192', 'Close', 'Add', 'MCO Plan', 'Filter By', 'Plan ID', and a dropdown menu. The central area features a dialog box titled 'Associate MCO Plan' for 'Tester T Company'. The dialog includes instructions to click 'Confirm/Search Plan' or enter a Plan ID. It contains fields for 'Plan ID' (with an asterisk), 'Plan Name', 'Program Name' (set to 'MHP'), 'Program Description' (set to 'ManagedCareProgram'), 'Association Start Date' (set to '01/19/2024'), and 'Association End Date' (set to '12/31/2999'). At the bottom right of the dialog, there are three buttons: 'Confirm/Search Plan', 'Ok' (highlighted with a red box), and 'Cancel'. The footer of the dialog shows the page ID: 'dlgEnrImntAssocMCOPlanID(Provider)'.

New Group Provider


- MCO Plan information has been associated.
- If additional plans need to be added, click Add.
- Click Close.

The screenshot displays the CHAMPS web application interface for Provider Enrollment. The top navigation bar includes the CHAMPS logo, a 'Provider' dropdown menu, and a user profile section showing 'Last Login: 18 JAN, 2024 03:53 PM'. On the right, there are links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'New Enrollment > Group Practice Enrollment'. It shows 'Application ID: 20231221101192' and 'Name: Tester T Company'. Below this, there are 'Close' and 'Add' buttons. The 'MCO Plan List' section features a table with columns: Plan ID, Plan Name, Business Status, Business Status Start Date, Business Status End Date, Association Start Date, Association End Date, and Program Description. A single row is visible with the following data: Plan ID (with expand/collapse icons), Plan Name (with expand/collapse icons), Business Status: Active, Business Status Start Date: 01/01/1995, Business Status End Date: 12/31/2999, Association Start Date: 01/19/2024, Association End Date: 12/31/2999, and Program Description: ManagedCareProgram. Below the table, there are controls for 'Filter By', 'Go', 'Save Filters', 'My Filters', 'Delete', 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Plan ID	Plan Name	Business Status	Business Status Start Date	Business Status End Date	Association Start Date	Association End Date	Program Description
<input type="checkbox"/> ▲▼	<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
		Active	01/01/1995	12/31/2999	01/19/2024	12/31/2999	ManagedCareProgram

New Group Provider

- Step 9 is complete.
- Click Step 12: Complete Enrollment Checklist.



Provider

Last Login: 18 JAN, 2024 03:53 PM

Note PadExternal LinksMy FavoritesPrintHelp

New Enrollment > Group Practice Enrollment

Application ID: 20231221101192Name: Tester T Company

Close

Enroll Provider - Group

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/21/2023	12/21/2023	Complete	
Step 2: Add Locations	Required	12/21/2023	12/21/2023	Complete	
Step 3: Add Specialties	Required	12/21/2023	12/21/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	12/21/2023	12/21/2023	Complete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	12/21/2023	12/21/2023	Complete	
Step 8: Add Taxonomy Details	Required	12/21/2023	12/21/2023	Complete	
Step 9: Associate MCO Plan	Optional	12/21/2023	12/21/2023	Complete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

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Viewing Page: 1

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New Group Provider

- Answer the questions in the Provider Checklist as appropriate.
- Add Comments when necessary.
- Click Save.
- Click Close.

CHAMPS < Provider ▾

Last Login: 18 JAN, 2024 03:53 PM

Note Pad External Links ▾ My Favorites ▾ Print Help

> New Enrollment > Group Practice Enrollment > Provider Check List

Application ID: 20231221101192 Name: Tester T Company

Close Save

Provider Checklist

Question	Answer	Comments
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Not Completed ▾	
Are you currently excluded from any State program?	Not Completed ▾	
Are you currently excluded from any Federal program?	Not Completed ▾	
Have you ever had a criminal or health-related conviction?	Not Completed ▾	
Have you ever had a judgment under any false claims act?	Not Completed ▾	
Have you ever had a program exclusion/debarment?	Not Completed ▾	
Have you ever had a civil monetary penalty?	Not Completed ▾	
Do you have ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	Not Completed ▾	
Do you accept new patients?	Not Completed ▾	
Have you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).	Not Completed ▾	
Are you a PA 161 Program?	Not Completed ▾	
Do you contract with PA 161 program? If you contract with one of these programs, please provide the NPI in the comments.	Not Completed ▾	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed ▾	

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

New Group Provider

- Step 12 is complete.
- Click Step 13: Submit Enrollment Application for Approval.

Note: If you chose not to complete the optional steps the application can still be submitted.

CHAMPS

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad External Links My Favorites Print Help

New Enrollment Group Practice Enrollment

Application ID: 20231221101192 Name: Tester T Company

Close

Enroll Provider - Group

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/21/2023	12/21/2023	Complete	
Step 2: Add Locations	Required	12/21/2023	12/21/2023	Complete	
Step 3: Add Specialties	Required	12/21/2023	12/21/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	12/21/2023	12/21/2023	Complete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	12/21/2023	12/21/2023	Complete	
Step 8: Add Taxonomy Details	Required	12/21/2023	12/21/2023	Complete	
Step 9: Associate MCO Plan	Optional	12/21/2023	12/21/2023	Complete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required	12/21/2023	12/21/2023	Complete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

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New Group Provider

- Final Submission: Click Next

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad

External Links

My Favorites

Print

Help

New Enrollment > Group Practice Enrollment

Application ID: 20231221101192Name: Tester T Company

CloseNext

Final Submission

Application ID: EnrollmentType: Group Practice (Corporation, Partnership, LLC, etc.)


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.
I agree that the information submitted as a part of the application is correct (Private and Confidential).

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
No Records Found !			

New Group Provider

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

 Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad External Links My Favorites Print Help

New Enrollment Group Practice Enrollment

Application ID: 20231221101192 Name: Tester T Company

Close Submit Application After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions

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

1. The applicant, and the employer (if applicable), certify that the undersigned has/have the authority to execute this Agreement.
2. Enrollment in the Medical Assistance Program does not guarantee participation in MDHHS managed care programs nor does it replace or negate the contract process between a managed care entity and its providers or subcontractors.
3. All information furnished on this Medical Assistance Provider Enrollment & Trading Partner Agreement form is true and complete.
4. The providers and fiscal agents of ownership and control information agree to provide proper disclosure of provider's owners and other persons criminal related to Medicare, Medicaid or Title XX involvement. [42 CFR 455.100]
5. The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title XVIII), Medicaid (Title XIX), and other State Health Care Programs (Title V, Title XX, and Title XXI) involvement since the inception of Medicare, Medicaid, or Title XX programs. [42 CFR 455.106 and 42 U.S.C. § 1320a-7]
6. Before billing for any medical services I render, I will read the Medicaid Provider Manual from the Michigan Department Of Health and Human Services (MDHHS). I also agree to comply with 1) the terms and conditions of participation noted in the manual, and 2) MDHHS's policies and procedures for the Medical Assistance Program contained in the manual, provider bulletins and other program notifications.
7. I agree to comply with the provisions of 42 CFR 455.104, 42 CFR 455.105, 42 CFR 431.107 and Act No. 280 of the Public Acts of 1939, as amended, which state the conditions and requirements under which participation in the Medical Assistance Program is allowed.
8. I agree to comply with the requirements of Section 6032 of the Deficit Reduction Act of 2005, codified at section 1902 (a)(68) of the Social Security Act which relates to the conditions and requirements of "Employee Education About False Claims Recovery."
9. I agree that, upon request and at a reasonable time and place, I will allow authorized state or federal government agents to inspect, copy, and/or take any records I maintain pertaining to the delivery of goods and services to, or on behalf of, a Medical Assistance Program beneficiary. These records also include any service contract(s) I have with any billing agent/service or service bureau, billing consultant, or other healthcare provider.
10. I agree to include a clause in any contract I enter into which allows authorized state or federal government agents access to the subcontractor's accounting records and other documents needed to verify the nature and extent of costs and services furnished under the contract.
11. I understand that payment for services billed under my National Provider Identifier (NPI) number will be made directly to me, unless Item 20 (below) applies.
12. I am not currently suspended, terminated, or excluded from the Medical Assistance Program by any state or by the U.S. Department of Health and Human Services.
13. I agree to comply with all policies and procedures of the Medical Assistance Program when billing for services rendered. I also agree that disputed claims, including overpayments, may be adjudicated in administrative proceedings convened under Act No. 280 of the Public Acts of 1939, as amended, or in a court of competent jurisdiction. I further agree to reimburse the Medical Assistance Program for all overpayments, and I acknowledge that the Medicaid Audit System, which uses random sampling, is a reliable and acceptable method for determining such overpayments.

New Group Provider

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

The screenshot shows the CHAMPS web application interface. At the top, there's a header with the CHAMPS logo, a 'Provider' dropdown, and a 'Last Login' timestamp. Below the header, there's a navigation bar with links like 'New Enrollment' and 'Group Practice Enrollment'. The main content area displays the 'Application ID: 20231221101192' and the 'Name: Tester T Company'. A red box highlights the 'Submit Application' button. Below the button, there's a large text area containing the 'Terms and Conditions' of the agreement. At the bottom of the form, there's a checkbox and a statement: 'By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Medical Assistance Provider Enrollment & Trading Partner Agreement.'

CHAMPS

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad External Links My Favorites Print Help

New Enrollment Group Practice Enrollment

Application ID: 20231221101192 Name: Tester T Company

Close Submit Application After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

transmitted for delivery to other third party payers. The Trading Partner agrees to defend, indemnify, and hold harmless MDHHS, its Trading Partners, officers, agents, employees, assigns and successors from and against any and all claims, losses, and actions, including all costs and reasonable attorney fees, arising out of electronic Transactions the Trading Partner submits to MDHHS.

6. Standard Transactions.

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

7. Testing.

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

8. Data and Network Security.

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

9. Automatic Amendment for Regulatory Compliance.

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

10. Miscellaneous.

Provisions 3 and 8 shall survive termination of this Agreement.

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

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

New Group Provider

- Step 13 is complete, and the application has been submitted to the State for review.
 - Take note of your Application ID Number for further tracking.
- Click Close.

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

CHAMPS

Provider

Last Login: 18 JAN, 2024 03:53 PM

Note Pad External Links My Favorites Print Help

New Enrollment Group Practice Enrollment

Application ID: 20231221101192 Name: Tester T Company

Your Application Number 20231221101192 has been successfully submitted for State review. Return with this application number to track the status of your application. x

Close

Enroll Provider - Group

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/21/2023	12/21/2023	Complete	
Step 2: Add Locations	Required	12/21/2023	12/21/2023	Complete	
Step 3: Add Specialties	Required	12/21/2023	12/21/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	12/21/2023	12/21/2023	Complete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	12/21/2023	12/21/2023	Complete	
Step 8: Add Taxonomy Details	Required	12/21/2023	12/21/2023	Complete	
Step 9: Associate MCO Plan	Optional	12/21/2023	12/21/2023	Complete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required	12/21/2023	12/21/2023	Complete	
Step 13: Submit Enrollment Application for Approval	Required	12/21/2023	12/21/2023	Complete	

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

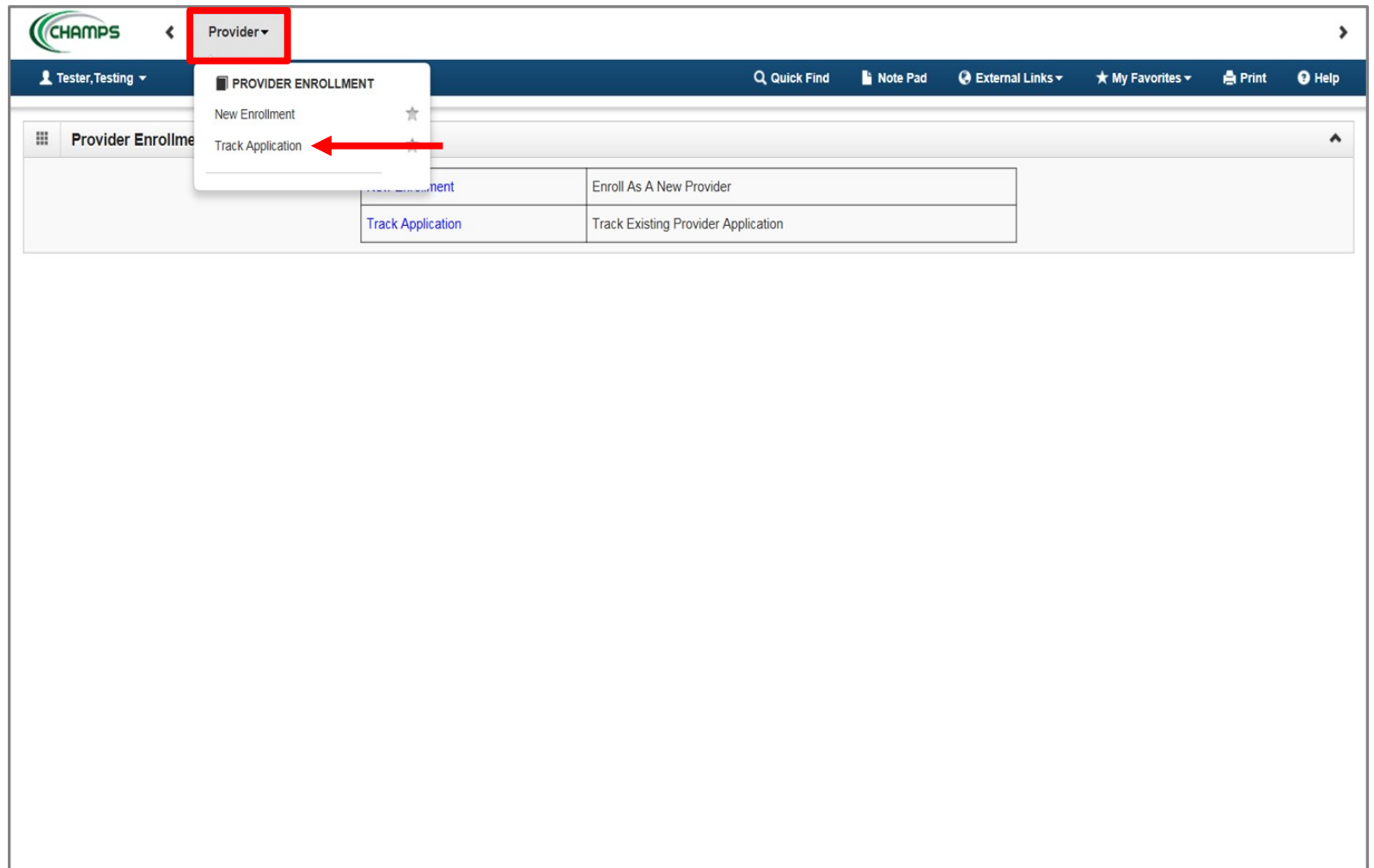
(Note: Optional steps may show as incomplete if you chose not to complete them. This is ok.)

Track Existing Application

How to track a submitted Rendering/Service provider application within CHAMPS

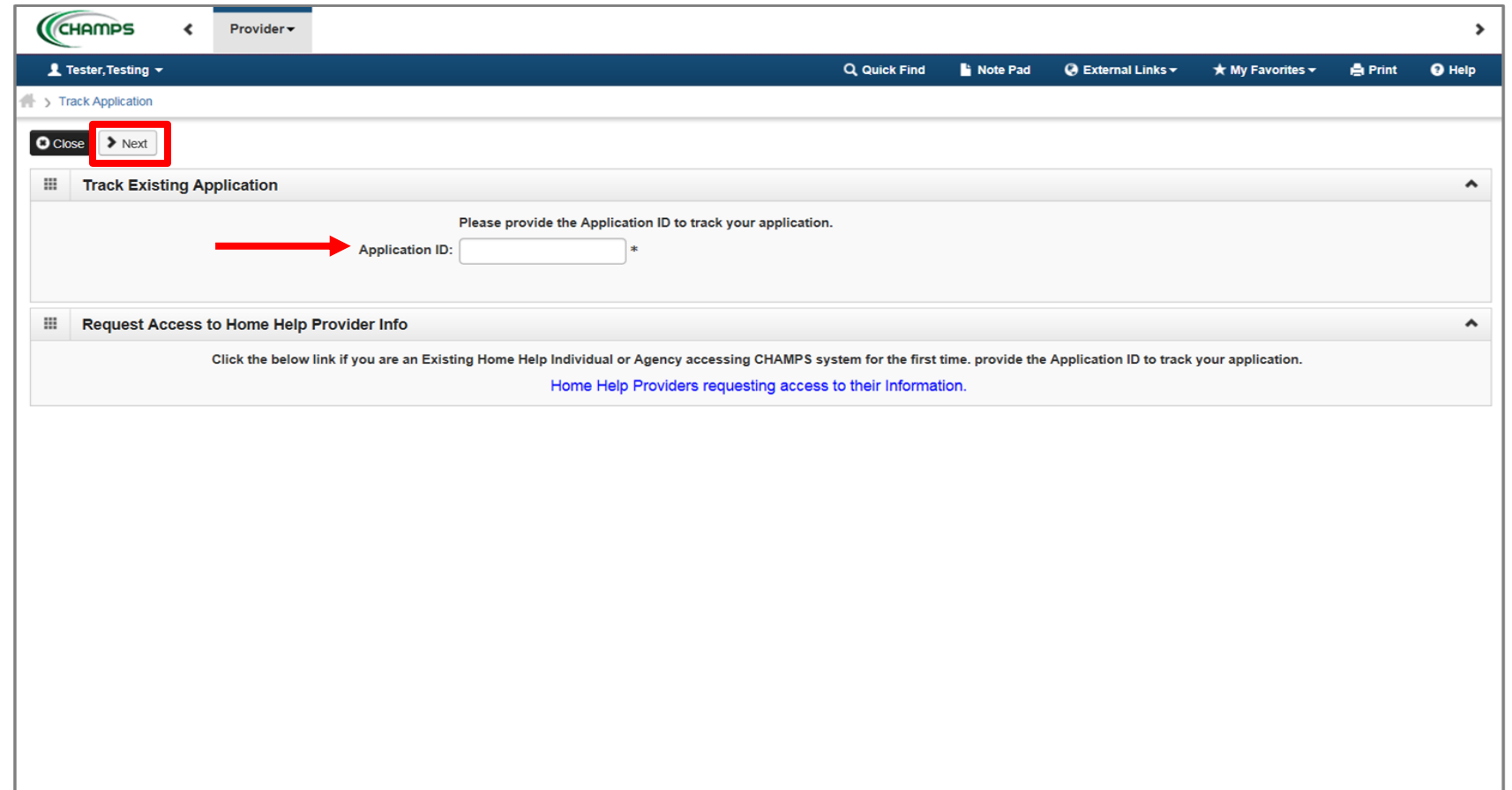
Track Existing Application

- Select the Provider tab.
- Click Track Application.



Track Existing Application

- Enter the Application ID.
- Click Next.



The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and a navigation bar contains links for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, the user is logged in as 'Tester, Testing'. The main content area is titled 'Track Application' and features two sections. The first section, 'Track Existing Application', contains a text prompt 'Please provide the Application ID to track your application.' and a text input field labeled 'Application ID:'. A red arrow points to this input field. To the left of the input field, there are 'Close' and 'Next' buttons; the 'Next' button is highlighted with a red rectangle. The second section, 'Request Access to Home Help Provider Info', contains a text prompt 'Click the below link if you are an Existing Home Help Individual or Agency accessing CHAMPS system for the first time. provide the Application ID to track your application.' and a blue hyperlink labeled 'Home Help Providers requesting access to their Information.'

Track Existing Application

- Complete all fields marked with an asterisk (*).
- Click Submit.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a 'Last Login: 19 JAN, 2024 12:42 PM' timestamp. To the right of the navigation bar are links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, the breadcrumb trail reads 'Provider Portal > Track Application'. The main content area features a 'Verify Application Details' section with a 'Close' button and a 'Submit' button (highlighted with a red box). The 'Verify Application Details' section contains the following text: 'For Additional security, please enter following information:'. Below this text are four input fields, each followed by an asterisk (*): 'EIN/TIN:', 'Phone:', 'Owner SSN:', and 'Owner Date Of Birth:'. The 'Owner SSN:' field has a blue information icon to its right. The 'Owner Date Of Birth:' field has a calendar icon to its right.

Track Existing Application

- Confirmation your Provider Enrollment Application has been submitted and is being reviewed by the state.
- Click Close.

Provider

Last Login: 19 JAN, 2024 12:42 PM

Note PadExternal LinksMy FavoritesPrintHelp

Provider PortalTrack ApplicationGroup Practice Enrollment

Application ID: 20231221101192

Name: Tester T Company

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 - Group

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/21/2023	12/21/2023	Complete	
Step 2: Add Locations	Required	12/21/2023	12/21/2023	Complete	
Step 3: Add Specialties	Required	12/21/2023	12/21/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Mode of Claim Submission/EDI Exchange	Required	12/21/2023	12/21/2023	Complete	
Step 6: Associate Billing Agent	Optional			Incomplete	
Step 7: Add Provider Controlling Interest/Ownership Details	Required	12/21/2023	12/21/2023	Complete	
Step 8: Add Taxonomy Details	Required	12/21/2023	12/21/2023	Complete	
Step 9: Associate MCO Plan	Optional	12/21/2023	12/21/2023	Complete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Upload Documents	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required	12/21/2023	12/21/2023	Complete	
Step 13: Submit Enrollment Application for Approval	Required	12/21/2023	12/21/2023	Complete	

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FirstPrevNextLast

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. The letter notifies the provider if the application was approved or denied.
 - The letter is mailed to the correspondence address on file for the provider.
 - For a Rendering/Service only provider the letter is mailed to the associated Billing Provider's Correspondence address provided in the Provider Enrollment Application.

Provider Enrollment Resources



Provider Enrollment website:

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



Resources:

Domain Administrator Functions - [PDF](#)

Track Application – [PDF](#)

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

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



Provider Enrollment:

1-800-292-2550

ProviderSupport@Michigan.gov

ProviderEnrollment@Michigan.gov



Thank you for participating in the Michigan Medicaid Program