

CHAMPS Provider Enrollment Instructions

In Lieu of Services (ILOS) Enrollment



“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

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Register for MiLogin and CHAMPS for New Providers ([slides 5-22](#))



New ILOS Agency Enrollment ([slides 23-79](#))



Track Existing Application ([slides 80-87](#))



Provider Resources

Checklist

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

For anyone who wants to become a newly enrolled ILOS Agency:

- ☐ Have paper and a writing utensil nearby
- ☐ Register with SIGMA Financial (Slide 4)
- ☐ Create a MiLogin user ID and password (Slides 5-17)
- ☐ Gain access to CHAMPS (Slides 18-22)
- ☐ Fill out the Provider Enrollment Application (Slides 23-79)
- ☐ Track your Application (Slides 80-87)
- ☐ Application Approved (Slide 88)

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

Prior to enrolling in CHAMPS

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

- SIGMA VSS website: www.Michigan.gov/SIGMAVSS
- 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.

Register for MiLogin and CHAMPS

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

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

Register for MiLogin and CHAMPS

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

The screenshot displays the 'MiLogin for Business' website. On the left, a dark blue banner features the Michigan state logo and the text 'MiLogin for Business'. The main heading reads 'Michigan's one-stop login solution for business', followed by a teal arrow pointing right. Below this, a paragraph explains that MiLogin connects users to all State of Michigan business services through a single user ID. On the right, the login interface includes a 'Welcome to MiLogin for Business' message, input fields for 'User ID' and 'Password', and buttons for 'Log In' and 'Create an Account'. Red arrows point to the input fields, and a red box highlights the 'Create an Account' button. Links for 'Lookup your user ID' and 'Forgot your password?' are also visible. The footer contains copyright information and a link to 'Policies'.

MiLogin for Business

Help Contact Us

Welcome to
MiLogin
for Business

User ID

Password

[Lookup your user ID](#)

[Forgot your password?](#)

Log In

Create an Account

Copyright 2023 State of Michigan

Policies

Register for MiLogin and CHAMPS

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

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

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

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

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

MiLogin for Business

Help Contact Us

Enter your email

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

Email

☐ I'm not a robot

reCAPTCHA
Privacy · Terms

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

Next Step

Having Trouble?

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

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Register for MiLogin and CHAMPS

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

The screenshot displays the 'MiLogin for Business' registration process. The left sidebar is dark blue with the Michigan state logo and the text 'MiLogin for Business'. It shows a progress indicator for 'Step 2 of 10' titled 'Passcode verification', with a teal arrow pointing right. The main content area is white and contains the heading 'Enter your passcode'. Below this, it states 'We have sent you a passcode to your email' with a progress bar. A 'Passcode' input field is present, with a red arrow pointing to it. Below the input field is a teal button labeled 'Next Step', which is highlighted with a red border. A 'Resend Passcode' link is located below the button. The footer includes 'Copyright 2023 State of Michigan' and a 'Policies' link.

Help Contact Us

< Previous Step

Step 2 of 10

Passcode verification

→

Enter your passcode

We have sent you a passcode to your email

Passcode


Next Step

Resend Passcode

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Register for MiLogin and CHAMPS

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

**MiLogin for Business**


HelpContact 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

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

Next Step

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Register for MiLogin and CHAMPS

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

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

MiLogin for Business

Help Contact Us

< Previous Step

Step 3 of 10

Profile Information

Enter your information

First Name

Middle Initial (Optional)

Last Name Suffix (Optional)

☐ I agree to the Terms & Conditions.

Next Step

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Register for MiLogin and CHAMPS

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

MiLogin for Business Help Contact Us

[Previous Step](#)

Step 5 of 10

Passcode verification

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→

Enter your passcode

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

Passcode

1230 -

Confirm Passcode

[Resend Passcode](#)

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Register for MiLogin and CHAMPS

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

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

Help Contact Us

Michigan

MiLogin for Business

< Previous Step

Step 6 of 10

Mobile phone verification

Next Step

Skip this for now

Enter your mobile phone number

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

Mobile Phone

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

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Register for MiLogin and CHAMPS

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

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

Help Contact Us

< Previous Step


Step 7 of 10


Verification method


→


Select a verification method

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

 **Text Message**

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


 **Voice Call**

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

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Register for MiLogin and CHAMPS

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

 **MiLogin for Business** Help Contact Us

[< Previous Step](#)

Step 8 of 10

Passcode verification

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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

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

The screenshot shows the 'MiLogin for Business' registration interface. The left sidebar is dark blue with the Michigan state logo and the text 'MiLogin for Business'. The main content area is split into two panels. The left panel, titled 'User ID', shows a progress bar with 10 circles, the 9th of which is filled teal, and a teal arrow pointing right. The right panel, titled 'Create your user ID', explains that the User ID is required for sign-in and lists three guidelines: must start with last name and first initial, must end with 4 numbers, and must not contain special characters or spaces. Below these guidelines is a text input field for the 'User ID', which is highlighted with a red arrow. Underneath 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 right panel is a teal 'Next Step' button, also highlighted with a red border. The footer contains 'Copyright 2023 State of Michigan' and a 'Policies' link.

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

ⓘ Your user ID should be [] where XXXX is four numbers of your choosing.

Next Step

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Register for MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo and the text 'MiLogin for Business', with links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 10 of 10' and 'Password' with a teal arrow pointing right. Below this is a progress indicator consisting of ten circles, with the last 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: 'Must be at least 8 characters in length', 'Should not be based on your User ID', 'Must contain at least one upper and lower case letters, a number, and a symbol (@#\$!~&)', and 'Confirm password must match new password'. Below the guidelines 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 also highlighted with a red border. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

MiLogin for Business [Help](#) [Contact Us](#)

[< Previous Step](#)

Step 10 of 10

Password →

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ●

Create your password

Choose something secure, but also something you can remember.

Password Guidelines

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

Password

Confirm Password

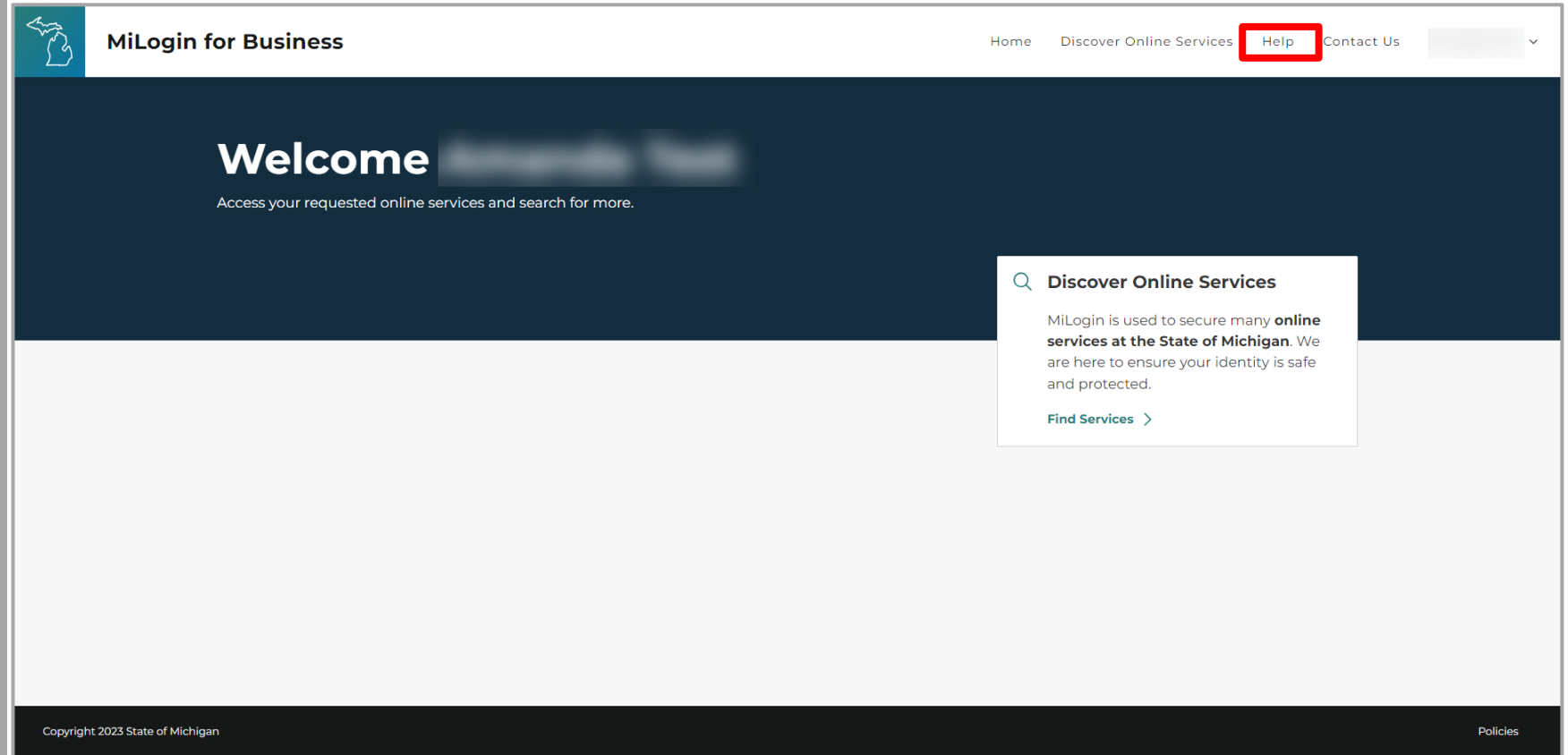
Create Account

Copyright 2023 State of Michigan [Policies](#)

Register for MiLogin and CHAMPS

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

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



Register for MiLogin and CHAMPS

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

OR

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

The screenshot shows the 'MiLogin for Business' website. At the top, there is a navigation bar with links: Home, Discover Online Services, Help, and Contact Us. Below the navigation bar, there is a dark blue header with a '< Back to Home' button and the title 'Discover Online Services'. 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)

MDHHS Michigan Department of Health & Human Services (MDHHS)

CHAMPS

Community Health Automated Medicaid Processing System is the Michigan Medicaid Management Information System (MMIS). It supports Medicaid provider enrollment and maintenance, beneficiary healthcare eligibility and enrollment, prior authorization, Home Help Electronic Service Verification (ESV), fee-for-service payments and managed care enrollments, payments, and encounters.

Register for MiLogin and CHAMPS

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

MiLogin for Business

Home Discover Online Services Help Contact Us

[< Back](#)

Request Service

→

Additional Information

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

CHAMPS User Type

☒ Provider/Other

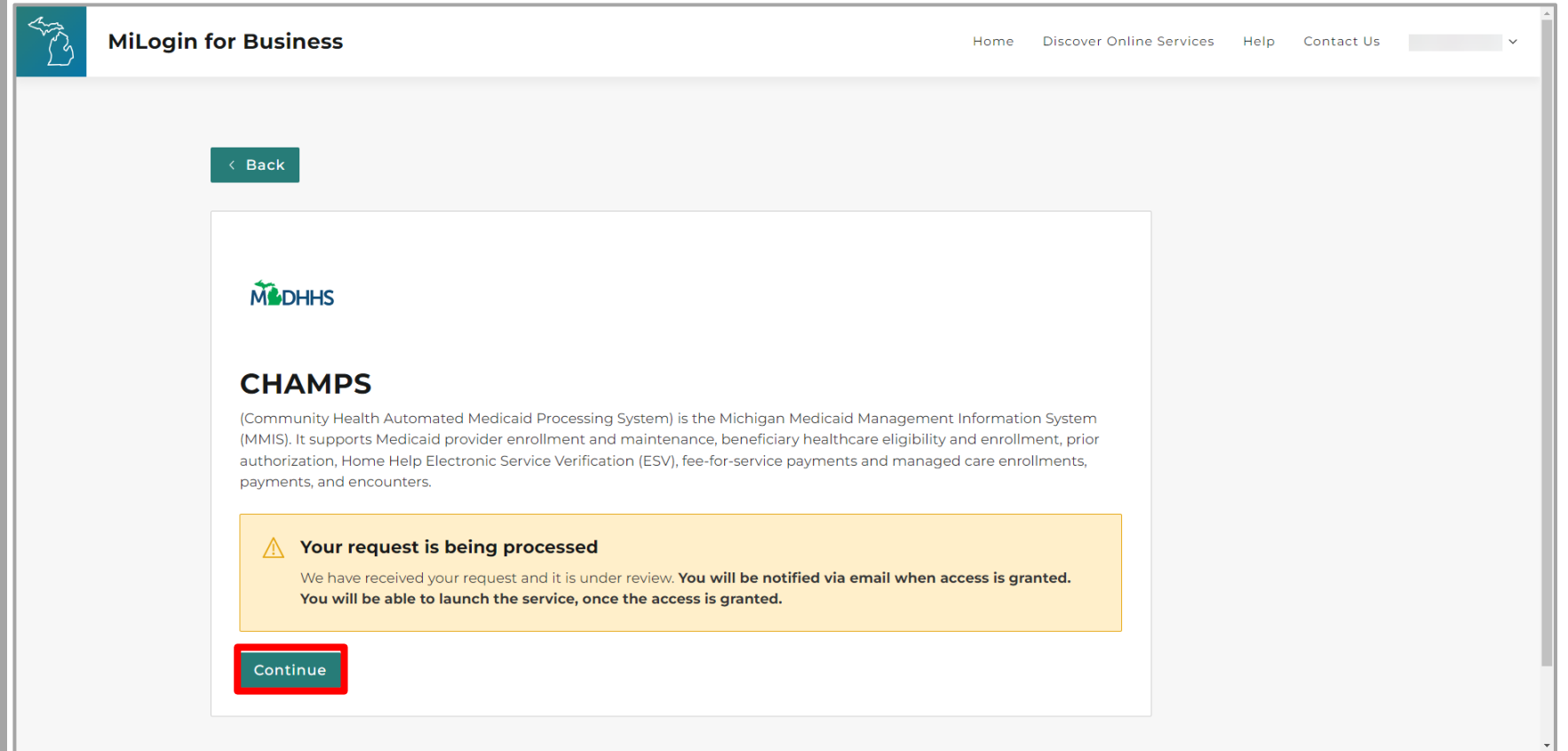
☐ State User Only

Next Step

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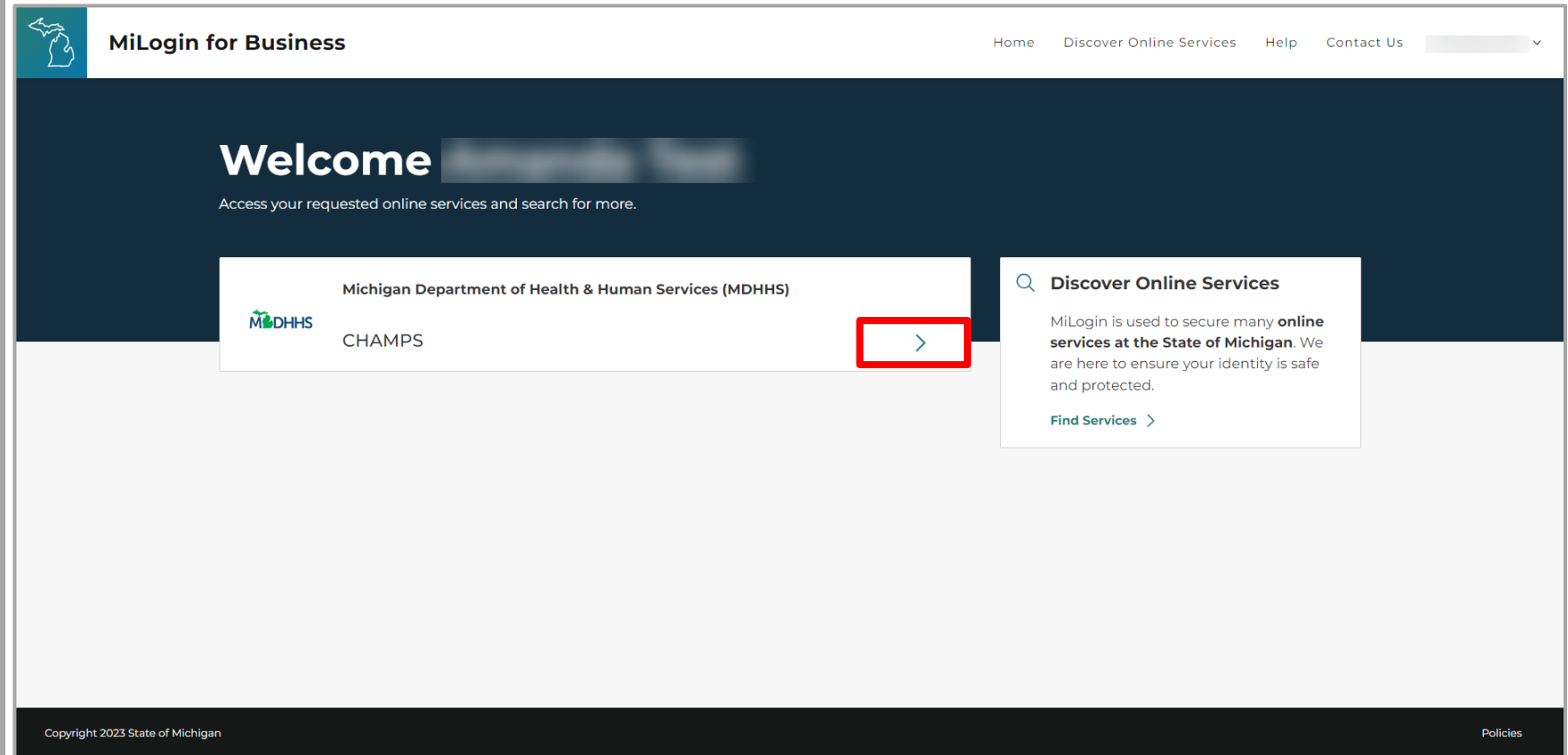
Register for MiLogin and CHAMPS

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




Register for MiLogin and CHAMPS

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




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:

Terms & Conditions

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any

☒ I agree to the Terms & Conditions

Launch service

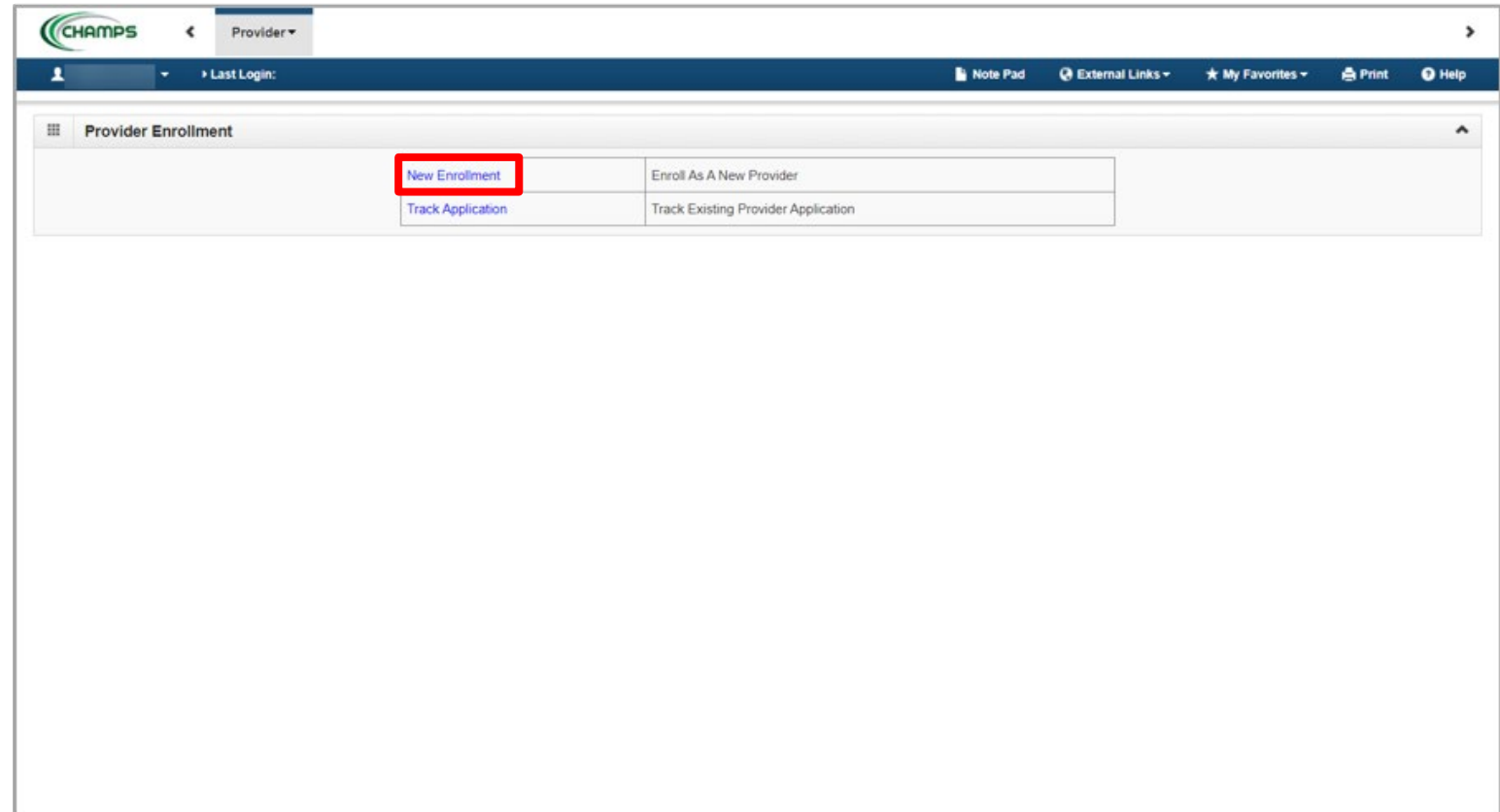
Copyright 2023 State of MichiganPolicies

New ILOS Agency Enrollment

Steps on how to
complete a new
CHAMPS enrollment for
an ILOS Agency

ILOS Agency: New Provider Enrollment

- Select New Enrollment.



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

ILOS Agency: New Provider Enrollment

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

The screenshot shows the CHAMPS web application interface for a new provider enrollment. The top navigation bar includes the CHAMPS logo, a 'Provider' dropdown menu, and a 'Last Login' timestamp of 18 JAN, 2024 02:40 PM. The main content area is titled 'New Enrollment' and features a section for 'Enrollment Type'. The instruction 'Select the Applicable Enrollment Type' is displayed. The following options are listed with radio buttons:

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

The 'Agency' option is highlighted with a red rectangular box. At the bottom left of the form, there is a 'Submit' button, also highlighted with a red rectangular box.

ILOS Agency: New Provider Enrollment

- The Organization/Business Type populates to EVV Agencies, click the drop-down and select Other Agencies.
- Enter the required information, indicated by an asterisk (*):
 - Entity Business Name (Agency Name)
 - EIN/TIN (Federal Tax ID Number)
 - Vendor ID (SIGMA)
 - Email address
- Click Confirm.
- Click Finish.

CHAMPS

Provider

Last Login: 18 JAN, 2024 02:40 PM

Note Pad External Links My Favorites Print Help

New Enrollment

Enrollment

Print Help

Basic Information: Enter required fields and click Confirm button.

Basic Information

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

Entity Business Name: * (Doing Business As)

EIN/TIN: *

Vendor ID: *

Organization/Business Type: EVV Agencies *

NPI: EVV Agencies Local Education Agency Other Agencies

Contact Email Address:

Email-1: *

Email-2:

Email-3:

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

Submit

Confirm Finish Cancel

ILOS Agency: New Provider Enrollment

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

CHAMPS

Provider

Last Login: 22 JAN, 2024 11:41 AM

Note Pad External Links My Favorites Print Help

New Enrollment

Enroll

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

Application ID: Name:

Basic Information

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

Your Application ID is:

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

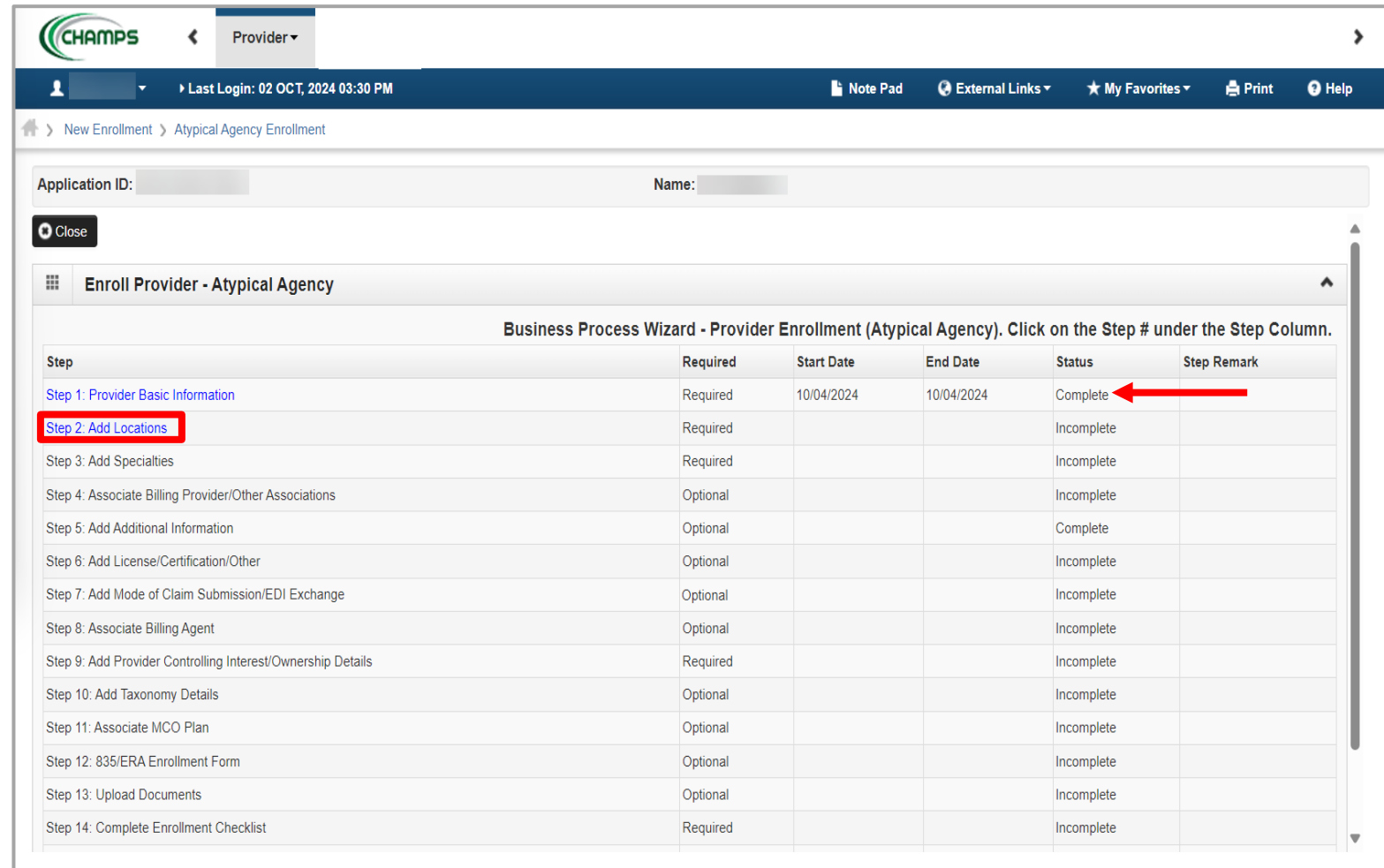
Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.

Ok

Page ID: dlgAddBasicInformationStep3(Provider)

ILOS Agency: New Provider Enrollment

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



CHAMPS

Provider

Last Login: 02 OCT, 2024 03:30 PM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment

Application ID: Name:

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	10/04/2024	10/04/2024	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 Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Optional			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Incomplete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	

ILOS Agency: New Provider Enrollment

- Click Add, to enter Primary Location information.

Provider

Last Login: 30 AUG, 2018 10:08 AM

Note PadExternal LinksMy FavoritesPrintHelp

New Enrollment > Atypical Agency Enrollment

Application ID:Name:

CloseAdd

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 !			

ILOS Agency: New Enrollment Step 2: Locations

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

Print Help

Application ID: [redacted] Name: [redacted]

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

Add Provider Location

Location Type: Primary Practice Location *

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

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

Address validation successful

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

Address Line 2: [redacted]

State/Province: MICHIGAN *

Country: UNITED STATES *

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

Email Address: [redacted]

Address Line 2: [redacted]

City/Town: [redacted] *

County: [redacted]

Zip Code: [redacted] * Validate Address

Fax Number: [redacted]

Web Page: [redacted]

Communication Preference: [redacted]

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day	Open At	AM/PM	Close At	AM/PM	Day	Open At	AM/PM	Close At	AM/PM
Sunday	Closed *	AM PM *		AM PM *	Thursday	08:00 *	AM PM *	05:00 *	AM PM *
Monday	08:00 *	AM PM *	05:00 *	AM PM *	Friday	08:00 *	AM PM *	05:00 *	AM PM *
Tuesday	08:00 *	AM PM *	05:00 *	AM PM *	Saturday	Closed *	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)

Facility Details

State Facility ID: [redacted]

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

OK Cancel

ILOS Agency: New Enrollment Step 2: Locations

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

The screenshot shows the CHAMPS Provider portal interface. At the top, there's a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and a 'Last Login: 31 JUL, 2018 02:21 PM' timestamp. Below this is a breadcrumb trail: 'New Enrollment > Atypical Agency Enrollment'. The main content area is titled 'Locations List'. It includes a 'Filter By' dropdown, a 'Go' button, and 'Save Filters' and 'My Filters' buttons. The table below has columns: 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The 'Location Type' column contains a dropdown menu with 'Primary Practice Location' selected and highlighted with a red box. The 'End Date' column shows '12/31/2999'. At the bottom, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

ILOS Agency: New Enrollment Step 2: Locations

- Click Add Address.

CHAMPS

Provider

Last Login: 22 JAN, 2024 11:41 AM

Note Pad

External Links

My Favorites

Print

Help

New Enrollment > Atypical Agency Modification

Provider ID: Name:

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

Location Details

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

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

Web Page: Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Closed *	AM PM *	*	AM PM *	Thursday:	09:00 *	AM PM *	05:00 *	AM PM *
Monday:	09:00 *	AM PM *	05:00 *	AM PM *	Friday:	09:00 *	AM PM *	05:00 *	AM PM *
Tuesday:	09:00 *	AM PM *	05:00 *	AM PM *	Saturday:	09:00 *	AM PM *	05:00 *	AM PM *
Wednesday:	09:00 *	AM PM *	05:00 *	AM PM *					

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

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

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

Facility Details

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

Address List

Add Address

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

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

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

ILOS Agency: New Enrollment Step 2: Locations

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

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

ILOS Agency: New Enrollment Step 2: Locations

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

CHAMPS

Provider

Last Login: 22 JAN, 2024 11:41 AM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Modification

Provider ID: Name:

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

Location Details

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

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

Web Page: Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Closed	AM PM		AM PM	Thursday:	09:00	AM PM	05:00	AM PM
Monday:	09:00	AM PM	05:00	AM PM	Friday:	09:00	AM PM	05:00	AM PM
Tuesday:	09:00	AM PM	05:00	AM PM	Saturday:	09:00	AM PM	05:00	AM PM
Wednesday:	09:00	AM PM	05:00	AM PM					

Handicap Accessible: No

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

Language(s) Spoken: English Arabic Chinese

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

Facility Details

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

Address List

Add Address

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

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

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

ILOS Agency: New Enrollment Step 3: Add Specialties

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

Provider

Last Login: 02 OCT, 2024 03:30 PM

Note Pad
External Links
My Favorites
Print
Help

New Enrollment
Atypical Agency Enrollment

Application ID:
Name:

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	10/04/2024	10/04/2024	Complete	
Step 2: Add Locations	Required	10/04/2024	10/04/2024	Complete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Optional			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Incomplete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1
Go
Page Count
Save to Excel

Viewing Page: 1
First
Prev
Next
Last

ILOS Agency: New Enrollment Step 3: Add Specialties

- Click Add.

The screenshot displays the CHAMPS Provider portal interface. At the top, the CHAMPS logo is on the left, and a 'Provider' dropdown menu is on the right. Below the logo, a user profile icon and the text 'Last Login: 30 AUG, 2018 10:08 AM' are visible. The top navigation bar includes links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the breadcrumb path 'New Enrollment > Atypical Agency Enrollment'. Below this, there are input fields for 'Application ID:' and 'Name:'. A red rectangle highlights the 'Add' button, which is located next to a 'Close' button. Below the input fields is a section titled 'Specialty/Subspecialty List'. This section includes a 'Filter By' dropdown menu, a 'Go' button, and 'Save Filters' and 'My Filters' buttons. A table with three columns is shown: 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table is currently empty, and a red message 'No Records Found !' is displayed at the bottom of the table area.

ILOS Agency: New Enrollment Step 3: Add Specialties

- In the Provider Type drop-down menu, select Atypical Agency.
- In the Specialty drop-down menu, select In Lieu of Services – Managed Care Only
- From the Available Subspecialties, click on Nutrition Focused Services and click >> to add the subspecialty to the Associated Subspecialties list.

Application ID: Name:

Add Specialty/Subspecialty

Location: 01-ILOS Agency *

Provider Type: ATYPICAL AGENCY *

Specialty: In Lieu of Services - Managed Care Only *

End Date:

Add Subspecialty

Available Subspecialties: Nutrition Focused Services

Associated Subspecialties *

>> <<

OK Cancel

Page ID: dlgEnr/AddSpecialties(Provider)

ILOS Agency: New Enrollment Step 3: Add Specialties

- When complete, click Ok.

Application ID: Name:

Add Specialty/Subspecialty

Location: 01-ILOS Agency *

Provider Type: ATYPICAL AGENCY *

Specialty: In Lieu of Services - Managed Care Only *

End Date:

Add Subspecialty

Available Subspecialties

Associated Subspecialties *

Nutrition Focused Services

OK Cancel

Page ID: dlgEnrAddSpecialties(Provider)

ILOS Agency: New Enrollment Step 3: Add Specialties

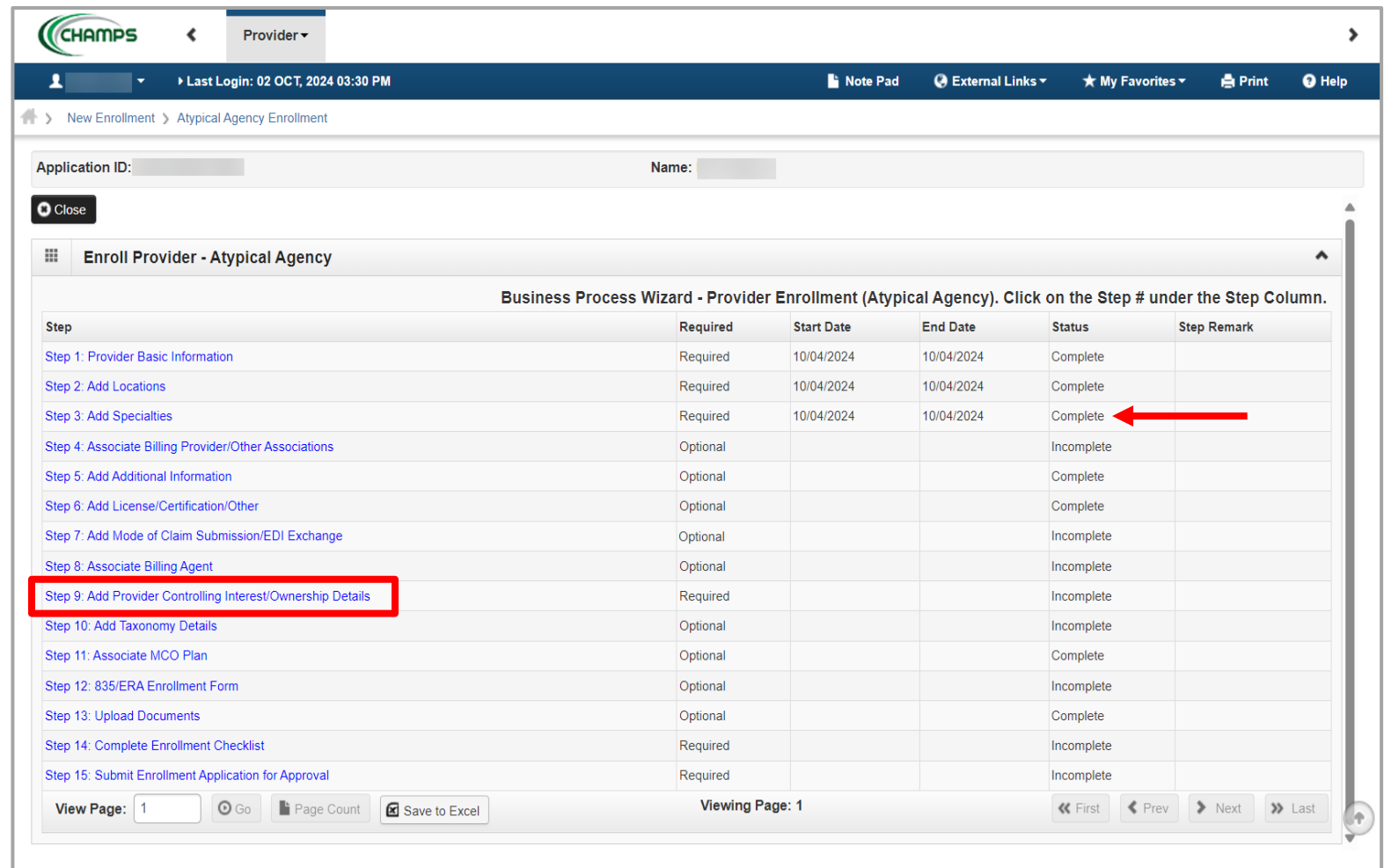
- The Specialty/Subspecialty will be displayed.
- If needed, add additional specialties following the previous steps.
- If complete, click Close.

The screenshot shows the CHAMPS web application interface. At the top, there's a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and a 'Last Login: 02 OCT, 2024 03:30 PM' timestamp. Below this is a breadcrumb trail: 'New Enrollment > Atypical Agency Enrollment'. The main form area has two input fields: 'Application ID:' and 'Name:'. Below these are 'Close' and 'Add' buttons. The 'Close' button is highlighted with a red box. The 'Specialty/Subspecialty List' section features a table with columns for 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table contains one row with the following data: 'In Lieu of Services - Managed Care Only/Nutrition Focused Services' (with a checkbox and a dropdown arrow), 'ATYPICAL AGENCY', and '12/31/2999'. Below the table are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> ▲▼ In Lieu of Services - Managed Care Only/Nutrition Focused Services	ATYPICAL AGENCY	12/31/2999

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest/ Ownership Details

- Step 3 is complete.
- Click Step 9: Add Provider Controlling Interest/Ownership Details.



CHAMPS

Provider

Last Login: 02 OCT, 2024 03:30 PM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment

Application ID: Name:

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	10/04/2024	10/04/2024	Complete	
Step 2: Add Locations	Required	10/04/2024	10/04/2024	Complete	
Step 3: Add Specialties	Required	10/04/2024	10/04/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Optional			Incomplete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count Save to Excel

Viewing Page: 1

First Prev Next Last

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

The screenshot displays the CHAMPS Provider Enrollment interface. At the top, the 'CHAMPS' logo is visible, followed by a 'Provider' dropdown menu and a 'Last Login: 16 JAN, 2024 02:01 PM' timestamp. A navigation bar includes links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'New Enrollment > Atypical Agency Enrollment > General'. It features input fields for 'Application ID' and 'Name'. Below these, a 'Close' button and an 'Actions' dropdown menu are present. A red box highlights the 'Actions' dropdown, and a red arrow points to the 'Add Owner' option within the menu. The 'Add Owner' option is the first item in the dropdown. Below the dropdown, the 'PROVIDER' section is visible, including 'Owners Relationships' and 'Owners Adverse Action'. The 'REQUIRED DISCLOSURE INFORMATION' section follows, detailing the information required from providers and other disclosed individuals. The 'REQUIRED OWNERS' section is also visible, listing various ownership types and their requirements.

Application ID: _____ Name: _____

Close Actions

Add Owner

Import Owner

PROVIDER

Owners Relationships

Owners Adverse Action

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 managed 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

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

In the Type drop-down menu:

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

The screenshot shows a web application interface for adding a provider's controlling interest. At the top, there are fields for 'Application ID' and 'Name'. Below this is a tabbed interface with the 'Provider Controlling Interest/Ownership' tab selected. A red arrow points to the 'Type' dropdown menu, which currently shows '--SELECT--'. The form is divided into two main sections. The top section contains personal and identification information: 'SSN', 'Legal Entity Name' (with a note '(As shown on the Income Tax Return)'), 'First Name', 'Suffix', 'Phone Number' (with an asterisk and an 'Extn.' field), 'Start Date', 'Percentage Owned' (with an asterisk), 'EIN/TIN', 'Entity Business Name' (with a note '(Doing Business As)'), 'Last Name', 'DOB', 'Email', and 'End Date'. The bottom section contains address information: 'Address Line 1' (with an asterisk and a note '(Enter Street Address or PO Box Only)'), 'Address Line 3', 'State/Province' (with a dropdown menu showing 'OTHER' and an asterisk), 'Country' (with a dropdown menu showing 'UNITED STATES' and an asterisk), 'Address Line 2', 'City/Town' (with a dropdown menu showing 'OTHER' and an asterisk), 'County' (with a dropdown menu showing 'OTHER'), and 'Zip Code' (with an asterisk and a 'Validate Address' button). At the bottom right, there are 'OK' and 'Cancel' buttons.

Step 9: Adding Provider Controlling Interest/Ownership Details

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

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

The screenshot shows a web application window titled "Provider Controlling Interest/Ownership". At the top, there are fields for "Application ID:" and "Name:". Below this is a red banner with the text "Please remember to enter SSN." and a close button (X). The main form area is divided into two columns. The left column contains fields for "Type:" (dropdown menu set to "Agent"), "SSN:" (text field with an asterisk), "Legal Entity Name:" (text field with a note "(As shown on the Income Tax Return)"), "First Name:" (text field with an asterisk), "Suffix:" (dropdown menu), "Phone Number:" (text field with an asterisk), "Extn:" (text field), and "Start Date:" (calendar icon with an asterisk). The right column contains fields for "Percentage Owned:" (text field with an asterisk), "EIN/TIN:" (text field), "Entity Business Name:" (text field with a note "(Doing Business As)"), "Last Name:" (text field with an asterisk), "DOB:" (calendar icon with an asterisk), "Email:" (text field), and "End Date:" (calendar icon). Below these fields is a section titled "Address Type: Home Address" with a note "Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied." This section contains fields for "Address Line 1:" (text field with an asterisk, note "(Enter Street Address or PO Box Only)"), "Address Line 2:" (text field), "Address Line 3:" (text field), "State/Province:" (dropdown menu set to "OTHER" with an asterisk), "City/Town:" (dropdown menu set to "OTHER" with an asterisk), "County:" (dropdown menu set to "OTHER"), "Country:" (dropdown menu set to "UNITED STATES" with an asterisk), and "Zip Code:" (text field with an asterisk). 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.

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

The screenshot displays the CHAMPS Provider Enrollment interface. At the top, the 'Provider' tab is selected. The header bar includes a user profile, the last login time (05 DEC, 2018 09:04 AM), and navigation links for Note Pad, External Links, My Favorites, Print, and Help. The breadcrumb trail shows the path: New Enrollment > Atypical Agency Enrollment > General.

The main form area contains fields for Application ID and Name. Below these, there is a 'Close' button and an 'Actions' dropdown menu. A red arrow points to the 'Actions' menu, which is open, showing the 'Add Owner' option highlighted with a red box. Other options in the menu include 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'.

Below the menu, there is a table with columns: Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains one record for an Agent with the address 100 N Capitol Ave, start date 12/03/2018, end date 12/31/2999, and 100% ownership.

At the bottom, there is a section for 'Add Other Owned Entity' with a filter dropdown and a 'Go' button. Below this, there is a table with columns: Other Owner EIN/TIN, Other Owner Information, and Address. The table is empty, and a red message 'No Records Found!' is displayed.

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

Print
Help

Application ID:
Name:

Provider Controlling Interest/Ownership

Type:
---SELECT---
*

SSN:

Legal Entity Name:

(As shown on the Income Tax Return)

First Name:

Suffix:

Phone Number:
*
Extn:

Start Date:
*

Percentage Owned:
*

EIN/TIN:

Entity Business Name:

(Doing Business As)

Last Name:

DOB:

Email:

End Date:

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

OK
Cancel

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

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

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

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

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

Answer the question (at the top)

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

CHAMPS

Provider

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

Print Help

Application ID: Name:

Add Relationship

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

Owner List

Show Owners All Go Save Filters My Filters

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

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

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

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

Save Close

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

CHAMPS

Provider

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

Print Help

Application ID: Name:

Add Relationship

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

Owner List

Show Owners All Go Save Filters My Filters

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

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Agent, Agent		Agent	<div>▼</div>	<div>▼</div>

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

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

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

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

CHAMPS

Provider

Application ID: [redacted] Name: [redacted]

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

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

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Agent, Agent	[redacted]	Agent	<div><div>None</div><div>Daughter</div><div>Daughter-In Law</div><div>Father</div><div>Father-In Law</div><div>Mother</div><div>Mother-In Law</div><div>Sibling</div><div>Son</div><div>Son-In Law</div><div>Spouse</div><div>Self</div></div>	<div><div></div><div></div></div>

View Page: 1 Viewing Page: 1

Selected Owner: Agent, Agent SSN/EIN/TIN: [redacted] Status: [redacted]

Page ID: dlgAddModifyOwnerRelationship(Provider)

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

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

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

The screenshot shows the CHAMPS web application interface. The main heading is "Add Relationship". Below it, a question asks: "Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?" with radio buttons for "Yes" and "No". The "Owner List" section shows a table with columns: "Assoc. Owner", "SSN/EIN/TIN", "Type", "Relation to Employee, Managing", and "Relation to Assoc. Owner". The first row shows "Agent, Agent" as the Associated Owner, "Agent" as the type, and "Father" as the relation to the Selected Owner. The "Selected Owner" is "Employee, Managing". The "Status" is "Not Completed". A dropdown menu for "Relation to Assoc. Owner" is open, showing a list of relationship options. The "Son" option is highlighted with a red box. The "Selected Owner" is also highlighted with a red box. The "Assoc. Owner" is highlighted with a red box. The "Status" is "Not Completed". The "Page ID" at the bottom is "dlgAddModifyOwnerRelationship(Provider)".

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

CHAMPS

Provider

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

Print Help

Application ID: Name:

Add Relationship

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

Owner List

Show Owners All Go Save Filters My Filters

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

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

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

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

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, the 'Provider' tab is selected. The 'Actions' dropdown menu is open, showing options: 'Add Owner', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. The 'Owners Adverse Action' option is highlighted with a red box. A red arrow points to the 'Actions' button. Below the menu, a table lists owners with columns: Owner, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The first row shows an 'Agent, Agent' with a 'Completed' relationship status. A red arrow points to the 'Completed' status. The second row shows an 'Employee, Managing' with a 'Completed' relationship status. At the bottom, a section titled 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.' shows 'No Records Found!'.

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

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

CHAMPS Provider

Application ID: _____ Name: _____

FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

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

Convictions

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

Exclusions, revocations, or Suspensions

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

FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

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

Owners with Adverse Action

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

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

OK Cancel

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

The screenshot shows the CHAMPS Provider Enrollment system interface. At the top, there's a navigation bar with the CHAMPS logo and a 'Provider' dropdown. Below this is a header area with 'Last Login: 05 DEC, 2018 09:04 AM' and links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'New Enrollment > Atypical Agency Enrollment > General'. It includes fields for 'Application ID' and 'Name'. Below these is a 'Close' button (highlighted with a red box) and an 'Actions' dropdown. The 'Owners List' section features a table with columns: Owner SSN/EIN/TIN, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains two rows of data. A red arrow points to the 'Adverse Action' column, which shows 'No' for both entries. Below the table are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. The bottom section is titled 'Add Other Owned Entity' and 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.' It has a similar filter and table structure, but displays 'No Records Found!'.

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
[Redacted]	Agent, Agent	Agent	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	No	100
[Redacted]	Employee, Managing	Managing Employee	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	No	0

Step 9: Adding Provider Controlling Interest/Ownership Details

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

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

Application ID: _____ Name: _____

Please remember to enter EIN/TIN.

Provider Controlling Interest/Ownership

Type: Corporate - Charitable 501[c]3 * ⓘ

SSN: _____

Percentage Owned: _____ *

EIN/TIN: _____ *

Please remember to enter EIN/TIN. ✕

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

Entity Business Name: _____ *
(Doing Business As)

First Name: _____

Last Name: _____

Suffix: _____

DOB: _____

Phone Number: _____ * Extn: _____

Email: _____

Start Date: _____ *

End Date: _____

Address Type: Business Address

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

OK Cancel

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

The screenshot displays the CHAMPS Provider Enrollment interface. At the top, the 'Provider' tab is selected. The breadcrumb trail shows 'New Enrollment > Atypical Agency Enrollment > General'. The 'Application ID' and 'Name' fields are visible. Below these, the 'Actions' dropdown menu is open, with 'Add Owner' highlighted by a red box and a red arrow. Other options in the menu include 'Close', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. The main table lists ownership information for a 'Corporate - Charitable 501(c)3' entity, showing details like address, dates, and status. The bottom section, 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare', is currently empty, displaying 'No Records Found!'.

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

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

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

Application ID: [] Name: []

Provider Controlling Interest/Ownership

Type: ---SELECT--- * ⓘ

SSN: []

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

First Name: []

Suffix: []

Phone Number: [] * Ext: []

Start Date: [] * ⓘ

Percentage Owned: [] *

EIN/TIN: []

Entity Business Name: []
(Doing Business As)

Last Name: []

DOB: [] ⓘ

Email: []

End Date: [] ⓘ

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**

OK Cancel

ILOS Agency: New Enrollment Step 9: Add Provider Controlling Interest

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

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, the 'Provider' tab is selected. The breadcrumb trail indicates the path: New Enrollment > Atypical Agency Enrollment > General. The 'Application ID' and 'Name' fields are visible. The 'Actions' dropdown menu is open, and the 'Owners Relationships' option is highlighted with a red box. A red arrow points to the 'Owners Relationships' option. Below the dropdown, there is a table with columns: Owner, Owners Adverse Action, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains two rows of data. The first row shows a 'Corporate' owner with a 'Corporate - Charitable 501(c)3' type, located at '100 N Capitol Ave', with a start date of '12/03/2018' and an end date of '12/31/2999'. The second row shows an 'Employee, Managing' owner with a 'Managing Employee' type, also located at '100 N Capitol Ave', with a start date of '12/03/2018' and an end date of '12/31/2999'. The 'Relationship Status' for both is 'Not Completed', and the 'Adverse Action' is 'Not Completed'. The 'Percentage owned' is '100' for the first row and '0' for the second row. The 'View Page: 1' and 'Page Count' buttons are visible. Below the table, there is a section for 'Add Other Owned Entity' with a filter by dropdown and a 'Go' button. The 'Other Owner EIN/TIN' and 'Other Owner Information' fields are visible, and the 'Address' field is also present. The 'No Records Found !' message is displayed at the bottom of the section.

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

ILOS Agency: Step 9: Add Provider Controlling Interest

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

Application ID: [] Name: []

Provider Controlling Interest/Ownership

Type: [---SELECT---] * ⓘ

SSN: []

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

First Name: []

Suffix: []

Phone Number: [] * Extn: []

Start Date: [] *

Percentage Owned: [] *

EIN/TIN: []

Entity Business Name: []
(Doing Business As)

Last Name: []

DOB: [] ⓘ

Email: []

End Date: [] ⓘ

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

OK Cancel

ILOS Agency: Step 9: Add Provider Controlling Interest

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

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

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

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

ILOS Agency: Step 9: Add Provider Controlling Interest

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

CHAMPS

Provider

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

Print Help

Application ID: Name:

Add Relationship

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

Owner List

Show Owners All Go Save Filters My Filters

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

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

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

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

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

Save Close

ILOS Agency: Step 9: Add Provider Controlling Interest

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

CHAMPS

Provider

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

Print Help

Application ID: Name:

Add Relationship

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

Owner List

Show Owners All Go Save Filters My Filters

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

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

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

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

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

Save Close

Page ID: dlqAddModifyOwnerRelationship(Provider)

ILOS Agency: Step 9: Add Provider Controlling Interest

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

CHAMPS

Provider

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

Print Help

Application ID: Name:

Add Relationship

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

Owner List

Show Owners All Go Save Filters My Filters

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

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

View Page: 1 Go Page Count SaveToXLS

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

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

Daughter

Daughter-In Law

Father

Father-In Law

Mother

Mother-In Law

Sibling

Son

Son-In Law

Spouse

Self

First Prev Next Last

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

ILOS Agency: Step 9: Add Provider Controlling Interest

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

CHAMPS

Provider

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

Print Help

Application ID: Name:

Add Relationship

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

Owner List

Show Owners All Go Save Filters My Filters

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

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

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

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

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

Next Last

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

ILOS Agency: Step 9: Add Provider Controlling Interest

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

CHAMPS

Provider

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

Print Help

Application ID: Name:

Add Relationship

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

Owner List

Show Owners All Go Save Filters My Filters

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

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

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

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

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

Save Close

Page ID: digAddModifyOwnerRelationship(Provider)

ILOS Agency: Step 9: Add Provider Controlling Interest

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

CHAMPS

Provider

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

Print Help

Application ID: Name:

Add Relationship

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

Owner List

Show Owners All Go Save Filters My Filters

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

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

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

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

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

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

ILOS Agency: Step 9: Add Provider Controlling Interest

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

CHAMPS

Provider

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

Print Help

Application ID: Name:

Add Relationship

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

Owner List

Show Owners All Go Save Filters My Filters

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

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

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

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

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

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

ILOS Agency: Step 9: Add Provider Controlling Interest

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

The screenshot shows the CHAMPS web application interface. At the top, there's a navigation bar with the CHAMPS logo and a 'Provider' dropdown menu. Below this is a header bar with 'Print' and 'Help' icons. The main content area is titled 'Add Relationship'. It contains a form with the following elements:

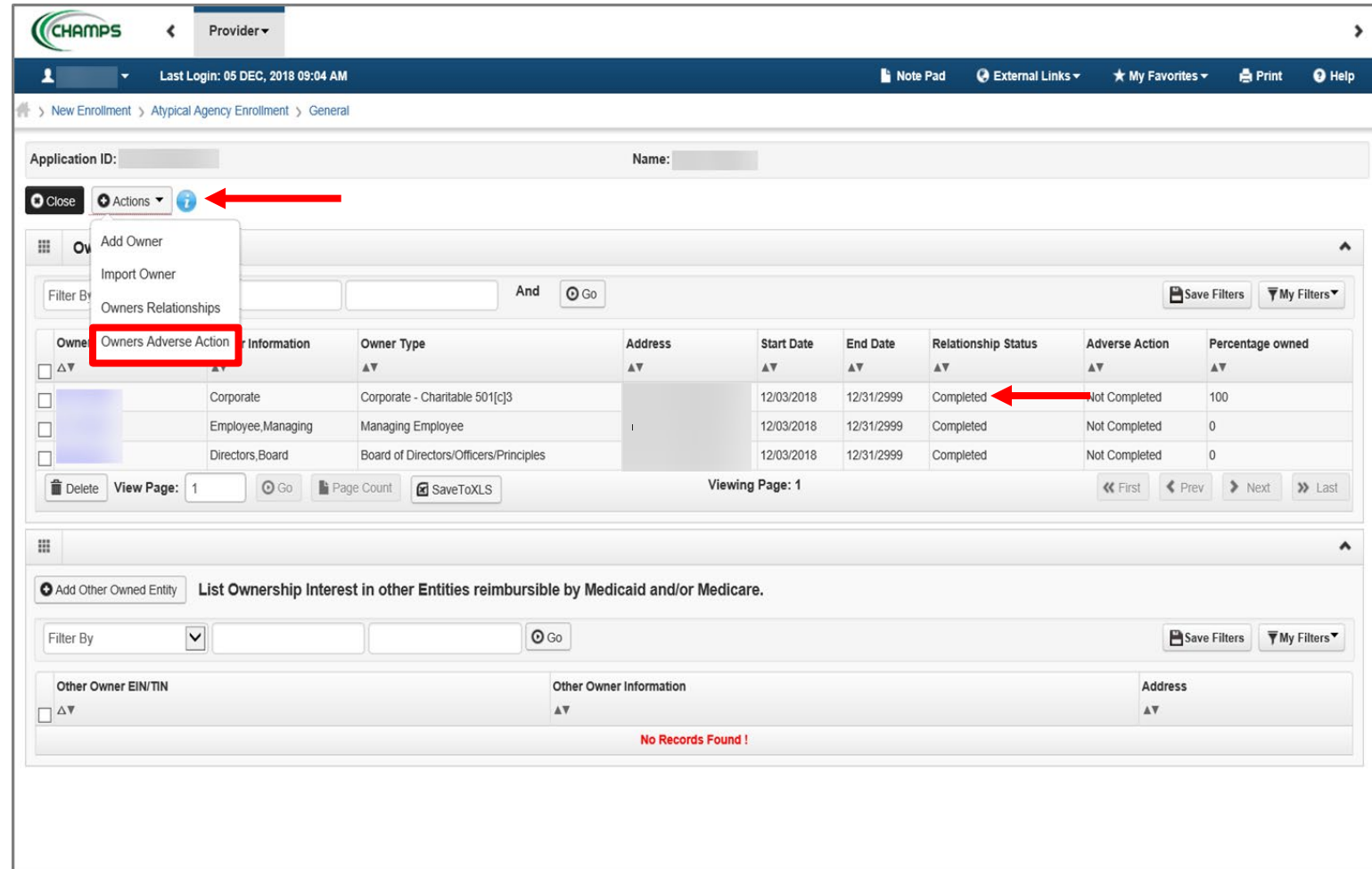
- Application ID:** A text input field.
- Name:** A text input field.
- Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?** Radio buttons for 'Yes' (selected) and 'No' (Click Save to update).
- Owner List:** A section with a 'Show Owners' dropdown set to 'All' and a 'Go' button. To the right are 'Save Filters' and 'My Filters' buttons.
- Owner List Table:** A table with three rows, each representing a different owner type. Each row has a 'Selected Owner' column, an 'SSN/EIN/TIN' input field, and a 'Status' column. Red arrows point to the 'Status' column for each row, indicating that the status should be set to 'Completed'.

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

At the bottom right of the form, there are 'Save' and 'Close' buttons, which are highlighted with a red box.

ILOS Agency: Step 9: Add Provider Controlling Interest

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



CHAMPS Provider

Last Login: 05 DEC, 2018 09:04 AM

Application ID: Name:

Close Actions

Filter By: And Go

Save Filters My Filters

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

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

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

Filter By: Go

Save Filters My Filters

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

No Records Found !

ILOS Agency: Step 9: Add Provider Controlling Interest

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

The screenshot shows the CHAMPS application interface. At the top, there's a header with the CHAMPS logo and a 'Provider' dropdown. Below that, a navigation bar includes 'Print' and 'Help' buttons. The main content area is titled 'FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS'. It contains a section for 'Convictions' with five numbered questions about legal actions. Below this is a section for 'Exclusions, revocations, or Suspensions' with five numbered questions. At the bottom, there's a table titled 'Owners with Adverse Action' with columns for 'Owner Name', 'Response', and 'Comments'. The 'Response' column has radio buttons for 'Yes' and 'No'. A red box highlights the 'Response' column. At the bottom right, there are 'OK' and 'Cancel' buttons, with the 'OK' button also highlighted by a red box.

Application ID: [] Name: []

FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

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

Convictions

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

Exclusions, revocations, or Suspensions

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

FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

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

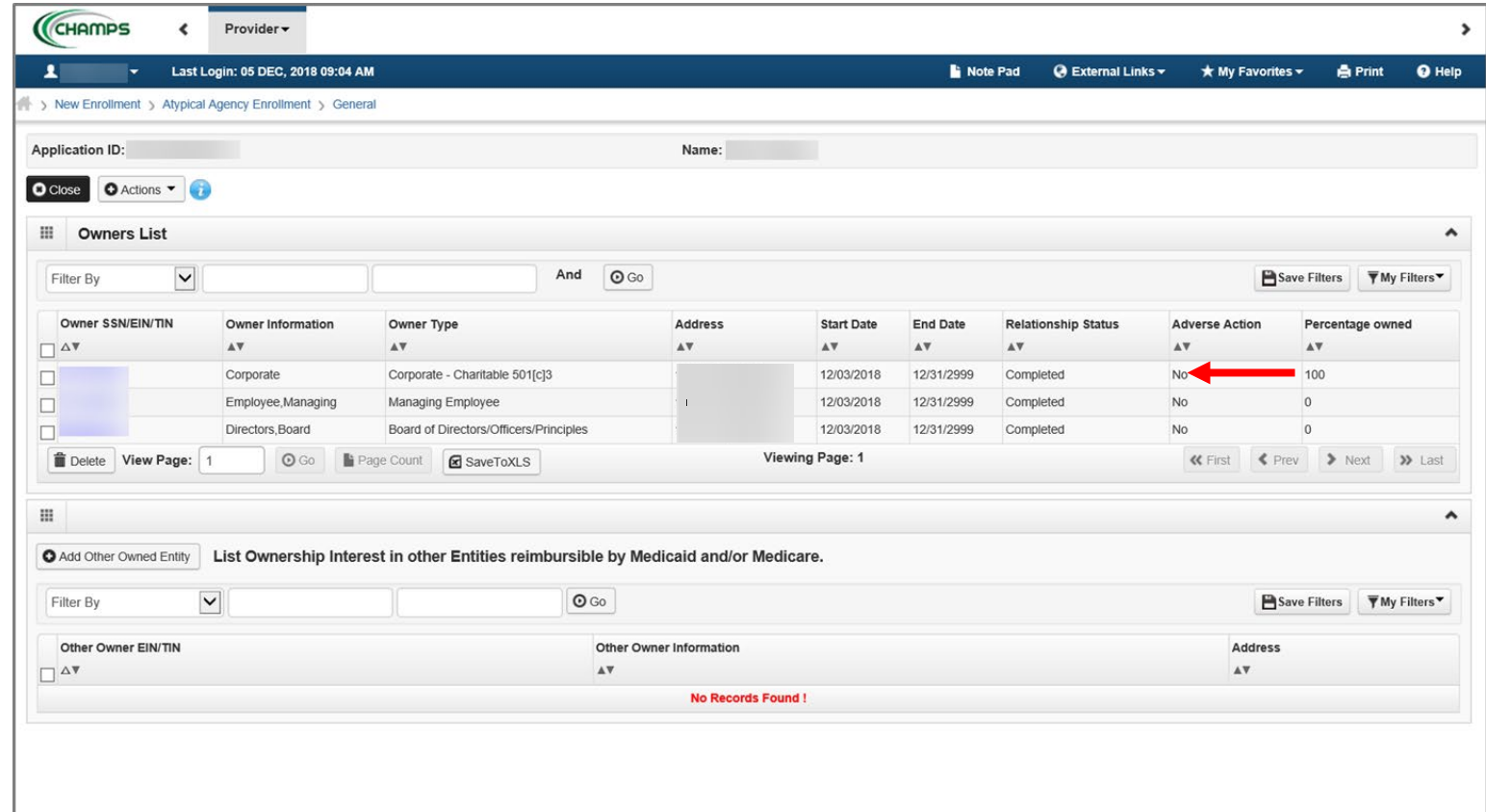
Owner Name	Response	Comments
Corporate	<input type="radio"/> Yes <input type="radio"/> No	[]
Employee, Managing	<input type="radio"/> Yes <input type="radio"/> No	[]
Directors, Board	<input type="radio"/> Yes <input type="radio"/> No	[]

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

[OK] [Cancel]

ILOS Agency: Step 9: Add Provider Controlling Interest

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



The screenshot displays the CHAMPS Provider Enrollment System interface. At the top, the 'Provider' tab is selected. The 'Owners List' section is active, showing a table of owners with columns for Owner SSN/EIN/TIN, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. A red arrow points to the 'Adverse Action' column, which contains 'No' for all listed owners. Below the table, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', and 'SaveToXLS'. The 'Add Other Owned Entity' section is also visible, showing a table for 'Other Owner EIN/TIN', 'Other Owner Information', and 'Address', with a message 'No Records Found!'.

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

ILOS Agency: Step 14: Complete Enrollment Checklist

- Step 9 is complete.
- Click Step 14: Complete Enrollment Checklist.

CHAMPS Provider

Last Login: 02 OCT, 2024 03:30 PM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment

Application ID: Name:

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	10/04/2024	10/04/2024	Complete	
Step 2: Add Locations	Required	10/04/2024	10/04/2024	Complete	
Step 3: Add Specialties	Required	10/04/2024	10/04/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Complete	
Step 8: Associate Billing Agent	Optional			Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	10/04/2024	10/04/2024	Complete	
Step 10: Add Taxonomy Details	Optional			Incomplete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

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

First Prev Next Last

ILOS Agency: Step 14: Complete Enrolment Checklist

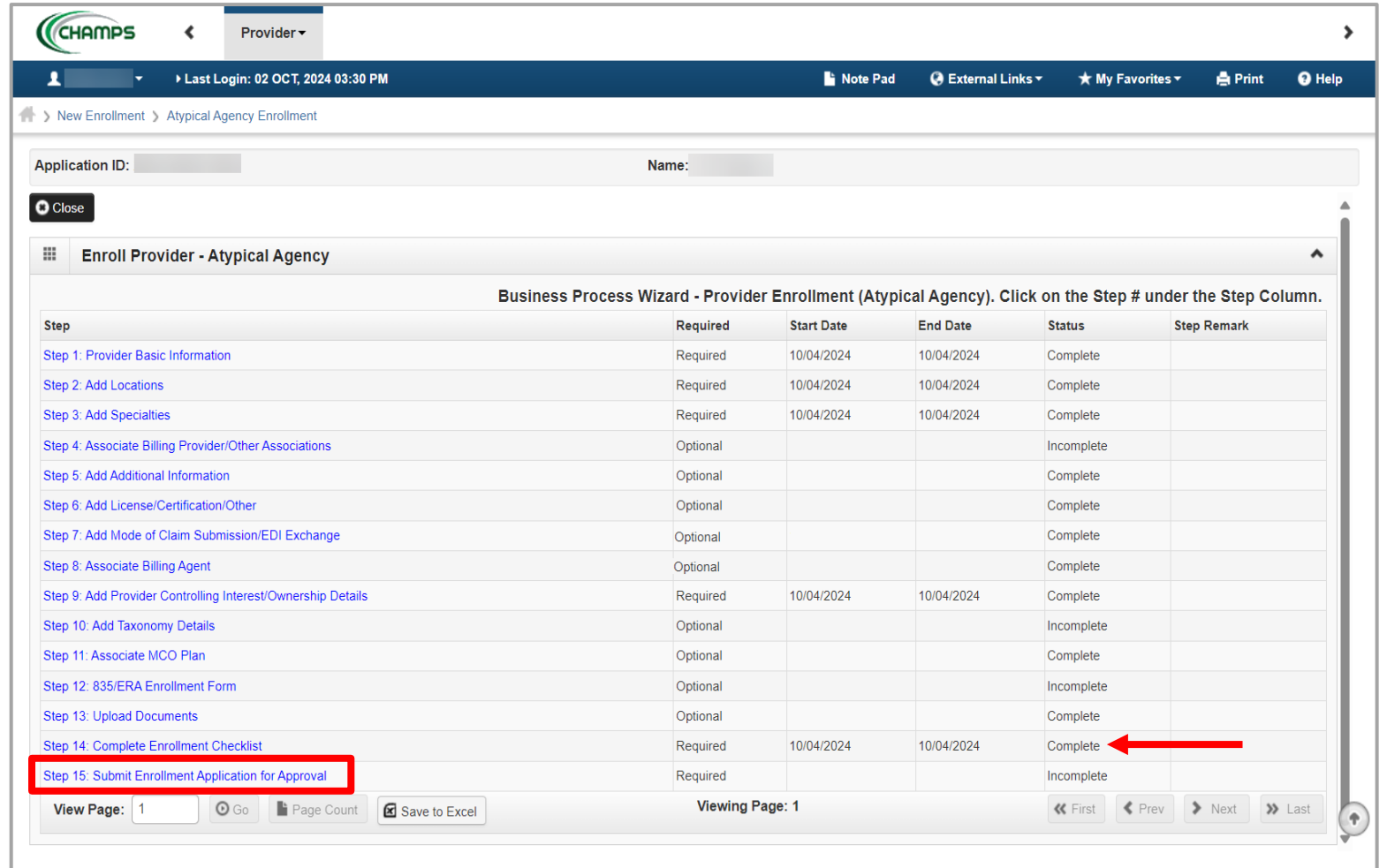
- Answer all of the Provider Checklist questions by choosing Yes or No from each drop-down menu in the Answer column. If Yes is selected then a comment is required.
- Note
 - Questions 1 – 3, if you are a provider in a program other than Home Help, you should answer “No”.
 - Questions 7 – 11, if you are a provider in a program other than Home Help, you should answer “No”.
- Click Save.
- Click Close.

The screenshot displays the CHAMPS Provider Checklist form. The form is titled 'Provider Checklist' and contains 11 numbered questions. A red box highlights the 'Answer' column, which contains a dropdown menu for each question, all currently set to 'Not Completed'. The 'Comments' column is empty. The form includes a 'Close' button and a 'Save' button at the top left. The top navigation bar shows 'Last Login: 02 OCT, 2024 03:30 PM' and various utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'.

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

ILOS Agency: Step 15: Submit Enrollment Application for Approval

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



CHAMPS

Provider

Last Login: 02 OCT, 2024 03:30 PM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment

Application ID: Name:

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	10/04/2024	10/04/2024	Complete	
Step 2: Add Locations	Required	10/04/2024	10/04/2024	Complete	
Step 3: Add Specialties	Required	10/04/2024	10/04/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Complete	
Step 8: Associate Billing Agent	Optional			Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	10/04/2024	10/04/2024	Complete	
Step 10: Add Taxonomy Details	Optional			Incomplete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required	10/04/2024	10/04/2024	Complete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

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

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

ILOS Agency: Step 15: Submit Enrollment Application for Approval

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

The screenshot shows the CHAMPS web application interface. At the top, there's a header with the CHAMPS logo, a 'Provider' dropdown, and a 'Last Login' timestamp of '08 AUG, 2018 09:37 AM'. Below the header, there's a navigation bar with links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the 'New Enrollment' path leading to 'Atypical Agency Enrollment'. Below this, there's a form with fields for 'Application ID' and 'Name'. A 'Close' button and a 'Next' button (highlighted with a red box) are visible. The 'Final Submission' section contains a message: '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).' Below this is an 'Application Document Checklist' table with columns for 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, with a red message 'No Records Found!' at the bottom.

Forms/Documents	Special Instructions	Source	Required
No Records Found !			

ILOS Agency: Step 15: Submit Enrollment Application for Approval

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

CHAMPS

Provider

Last Login:

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Individual Enrollment

Application ID: [redacted]

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

Terms and Conditions Atypical Enrollment

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

Definitions:

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

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

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

Rider: means the individual being transported by driver.

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

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

ILOS Agency: Step 15: Submit Enrollment Application for Approval

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

CHAMPS Provider

Last Login: 02 OCT, 2024 03:30 PM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment

Application ID: Name:

Your Application Number [redacted] has been successfully submitted for State review. Return with this application number to track the status of your application. ×

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	10/04/2024	10/04/2024	Complete	
Step 2: Add Locations	Required	10/04/2024	10/04/2024	Complete	
Step 3: Add Specialties	Required	10/04/2024	10/04/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Complete	
Step 8: Associate Billing Agent	Optional			Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	10/04/2024	10/04/2024	Complete	
Step 10: Add Taxonomy Details	Optional			Incomplete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required	10/04/2024	10/04/2024	Complete	
Step 15: Submit Enrollment Application for Approval	Required	10/04/2024	10/04/2024	Complete	

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

Track Your Application

How to Track the Status
of your CHAMPS
Provider Enrollment
Application

Track Your Application

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

The screenshot displays the MiLogin for Business website. On the left, a dark blue banner contains the text "Michigan's one-stop login solution for business" with a teal arrow pointing right. Below this, a paragraph explains that MiLogin connects users to all State of Michigan business services through a single user ID. On the right, the login form is titled "Welcome to MiLogin for Business". It includes input fields for "User ID" and "Password", each with a red arrow pointing to it. Below the "User ID" field is a link "Lookup your user ID". Below the "Password" field is a link "Forgot your password?". At the bottom of the form are two buttons: "Log In" (highlighted with a red border) and "Create an Account". The footer of the page includes "Copyright 2023 State of Michigan" and a "Policies" link.

MiLogin for Business

Help Contact Us

Welcome to
MiLogin
for Business

User ID

Password

[Lookup your user ID](#)

[Forgot your password?](#)

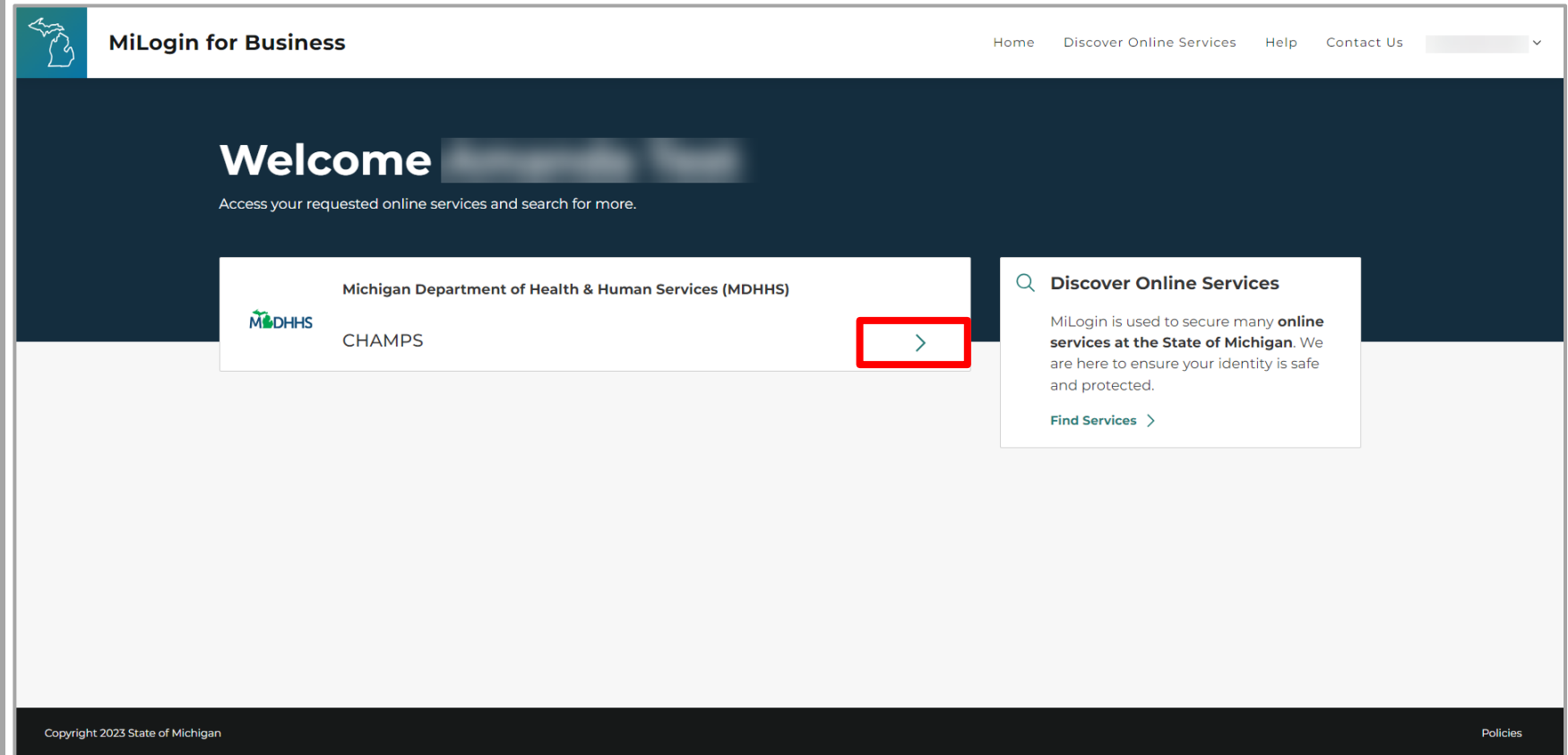
Log In

Create an Account

Copyright 2023 State of Michigan Policies

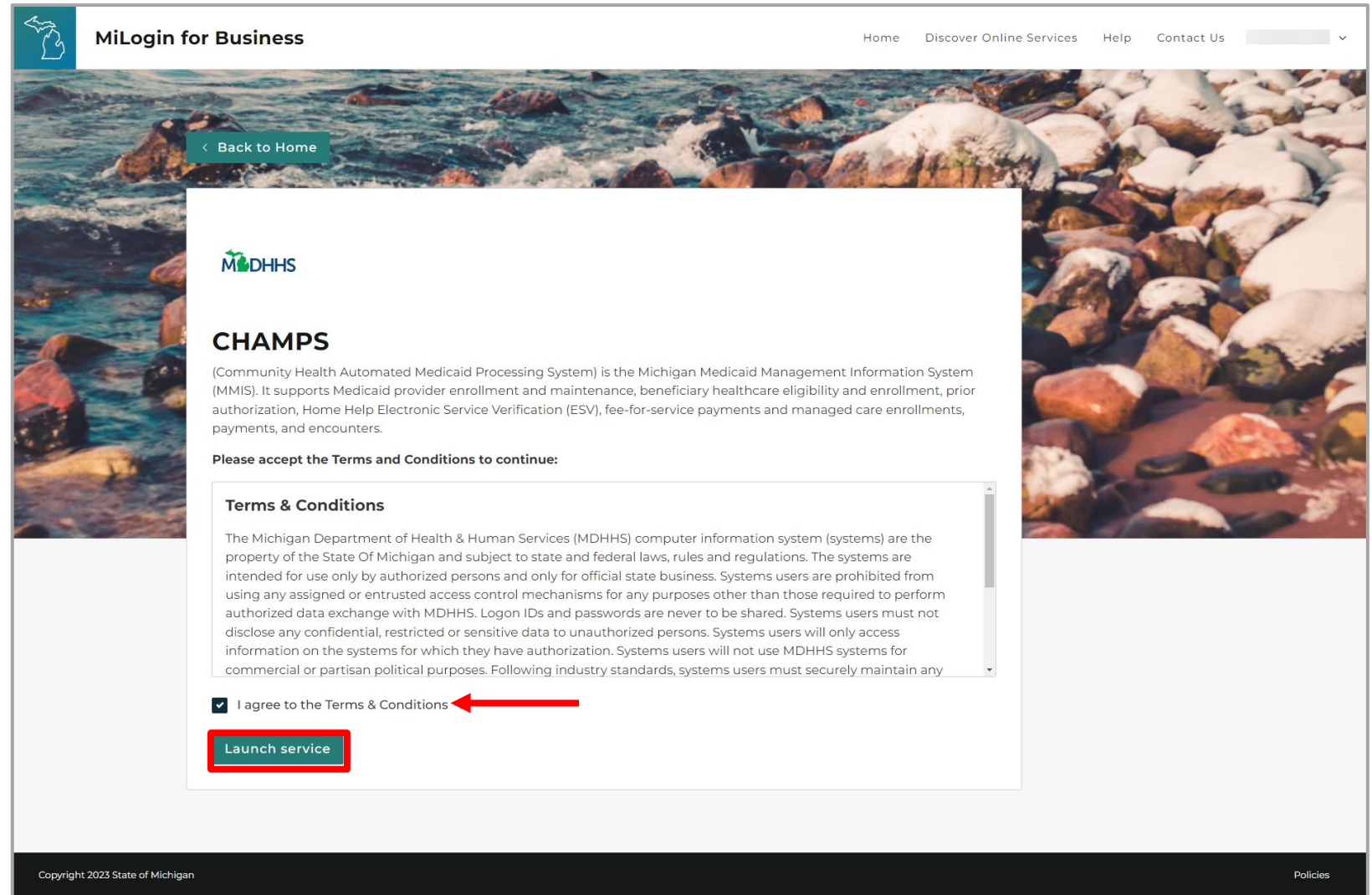
Track Your Application

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



Track Your Application

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



The screenshot shows the 'MiLogin for Business' portal. At the top, there is a navigation bar with links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below the navigation bar is a large banner image of a rocky shoreline with waves. A 'Back to Home' button is visible in the top left of the banner. The main content area features the MDHHS logo and the title 'CHAMPS'. Below the title, a paragraph describes the CHAMPS system as the Michigan Medicaid Management Information System (MMIS). A section titled 'Please accept the Terms and Conditions to continue:' contains a 'Terms & Conditions' box with a scrollable text area. Below the text area, there is a checkbox labeled 'I agree to the Terms & Conditions' which is checked, and a red arrow points to it. Below the checkbox is a 'Launch service' button, which is highlighted with a red rectangle. At the bottom of the page, there is a footer with 'Copyright 2023 State of Michigan' and a 'Policies' link.

MiLogin for Business

Home Discover Online Services Help Contact Us

[Back to Home](#)

MDHHS

CHAMPS

(Community Health Automated Medicaid Processing System) is the Michigan Medicaid Management Information System (MMIS). It supports Medicaid provider enrollment and maintenance, beneficiary healthcare eligibility and enrollment, prior authorization, Home Help Electronic Service Verification (ESV), fee-for-service payments and managed care enrollments, payments, and encounters.

Please accept the Terms and Conditions to continue:

Terms & Conditions

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any

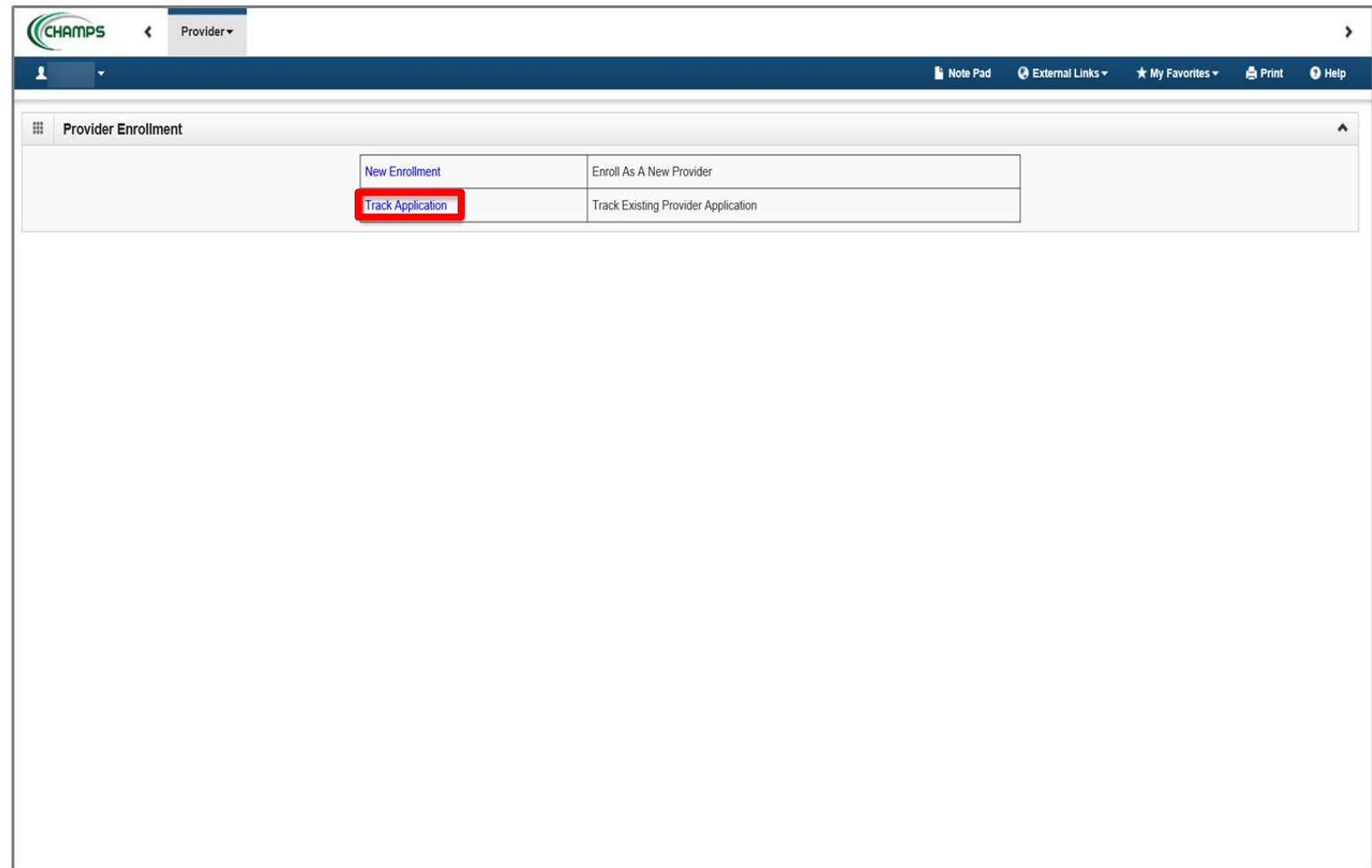
☒ I agree to the Terms & Conditions

Launch service

Copyright 2023 State of Michigan Policies

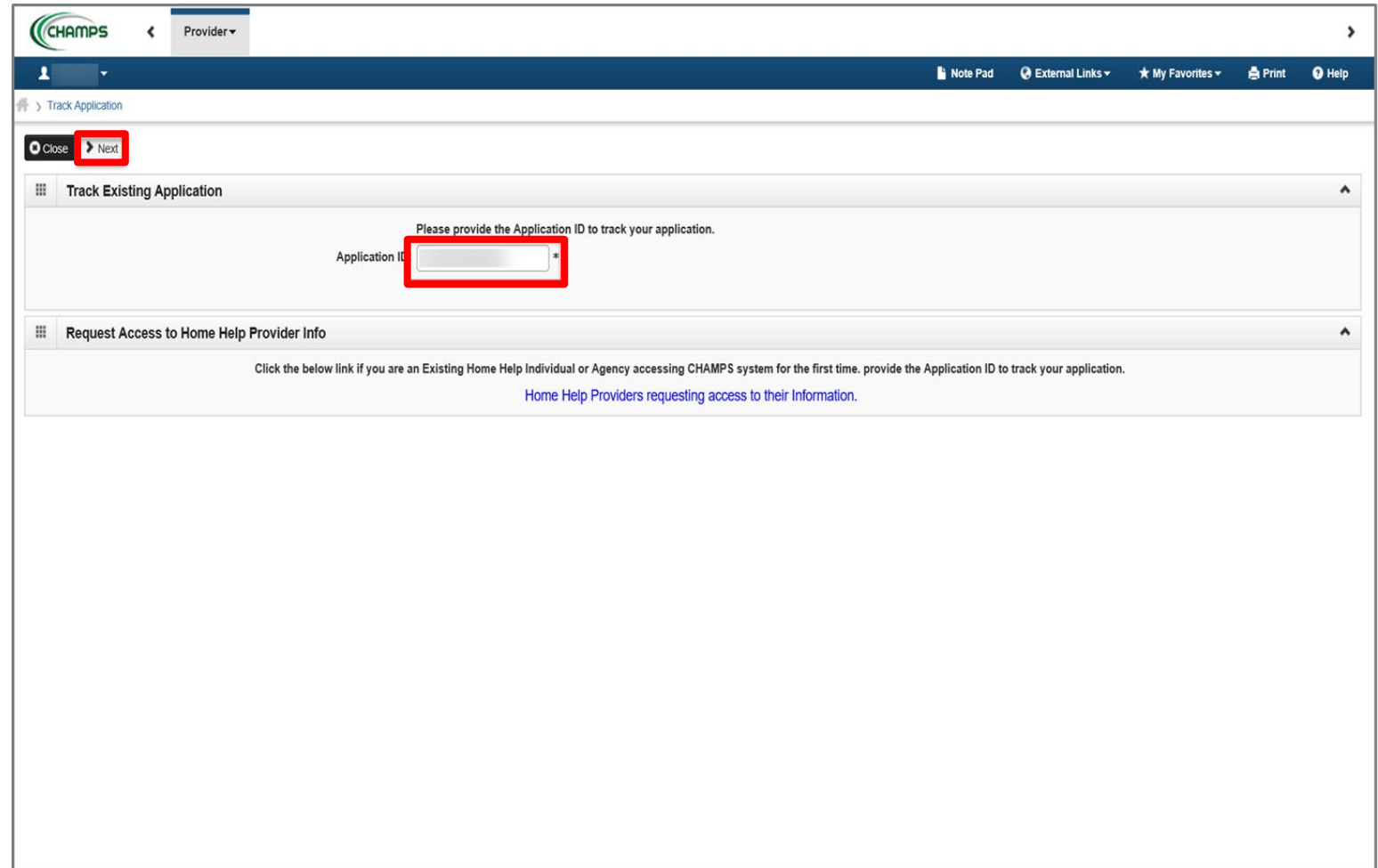
Track Your Application

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



Track Your Application

- Enter your Application ID.
- Click Next.



The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile icon. Below the navigation bar, there is a 'Track Application' section. This section contains two main panels. The first panel, titled 'Track Existing Application', prompts the user to 'Please provide the Application ID to track your application.' and features a text input field for the 'Application ID' which is highlighted with a red rectangle. To the left of this panel, there are buttons for 'Close' and 'Next', with the 'Next' button also highlighted by a red rectangle. The second panel, titled 'Request Access to Home Help Provider Info', contains a message about providing the Application ID for first-time users and a blue hyperlink labeled 'Home Help Providers requesting access to their Information.'

Track Your Application

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

CHAMPS

Provider

Last Login: 19 JAN, 2024 12:42 PM

Note Pad External Links My Favorites Print Help

Provider Portal Track Application

Close Submit

Verify Application Details

For Additional security, please enter following information:

EIN/TIN: *

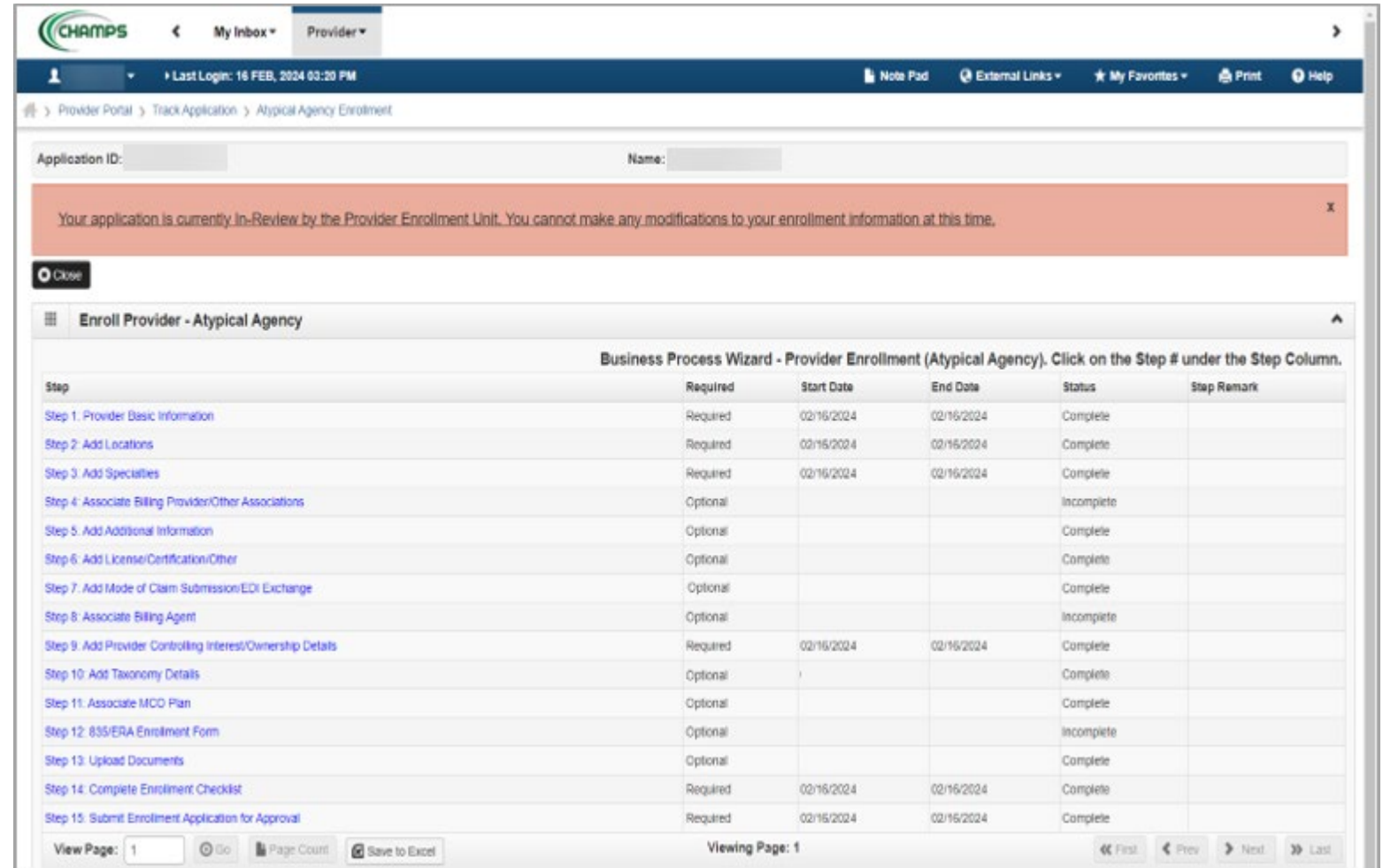
Phone: *

Owner SSN: * i

Owner Date Of Birth: *

Track Your Application

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



CHAMPS

My Inbox Provider

Last Login: 16 FEB, 2024 03:20 PM

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Provider Portal Track Application Atypical Agency Enrollment

Application ID: Name:

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

Close

Enroll Provider - Atypical Agency

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

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

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Viewing Page: 1

First Prev Next Last

Provider Enrollment Final Steps

- Allow the State time to review the Provider Enrollment Application.
 - After the State has reviewed the Provider Enrollment Application Providers will receive a letter notifying them whether the application has been approved or denied.
 - The confirmation letter will be mailed to the Correspondence Address provided in the Provider Enrollment Application.
-
- For Provider Enrollment questions, visit the MDHHS Provider Enrollment website at www.Michigan.gov/MedicaidProviders >> select Provider Enrollment or contact 1-800-979-4662.
 - For ILOS specific questions email MDHHS-EngageMedicaid@Michigan.gov. In the subject line write "ILOS".

Provider Resources



In Lieu of Services website:

<https://www.michigan.gov/mdhhs/mihealthylife/michigan-in-lieu-of-services>



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

[CHAMPS Resources](#)

[ILOS Policy Guide](#)

[ILOS Standard Agreement Terms](#)



CHAMPS Enrollment Questions:

ProviderSupport@Michigan.gov

1-800-979-4662



Thank you for participating in the Michigan Medicaid Program