

Provider Enrollment New Individual/Sole Proprietor Provider



“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

Table of Contents



Register for MiLogin and CHAMPS for New Providers ([slides 3-21](#))



New Individual/Sole Proprietor Provider Enrollment ([slides 22-101](#))



Track Existing Application ([slides 102-106](#))



Provider Resources

Register for MiLogin and CHAMPS for New Providers

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

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

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

Register for MiLogin and CHAMPS

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

The screenshot displays the MiLogin for Business website. The header includes the Michigan state logo and the text "MiLogin for Business", with "Help" and "Contact Us" links on the right. The main content area is split into two sections. The left section, on a dark blue background, features the heading "Michigan's one-stop login solution for business" with a right-pointing arrow. Below this, a paragraph states: "MiLogin connects you to all State of Michigan business services through one single user ID. Whether you want to renew your business license or request an inspection, you can use your MiLogin for Business user ID to log in to Michigan government services." The right section, on a white background, says "Welcome to MiLogin for Business". It contains two input fields: "User ID" and "Password". Below the "User ID" field is a link "Lookup your user ID". Below the "Password" field is a link "Forgot your password?". There are two buttons: a teal "Log In" button and a white "Create an Account" button with a red border. The footer contains "Copyright 2023 State of Michigan" on the left and "Policies" on the right.

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 displays the 'MiLogin for Business' registration interface. The top navigation bar includes the Michigan state logo, the text '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, shows a progress indicator for 'Step 1 of 10' and the title 'Email verification'. Below the title is a row of ten circles, with the first one filled in teal. A teal arrow points to the right. The right panel, with a white background, is titled 'Enter your email'. It contains a text input field for the email address, a red-bordered box containing an unchecked 'I'm not a robot' checkbox and a reCAPTCHA icon, a light 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 of the right panel, there are links for 'Having Trouble?' and 'I don't have an email >'. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- An email will be sent to the email address provided with a passcode.
- Enter the Passcode.
- Click Next Step.
- If the passcode was not sent select the Resend Passcode link.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo, the text 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 2 of 10' and 'Passcode verification' in large white text. Below this is a progress indicator consisting of ten circles, with the second circle filled in teal. A teal arrow points to the right. A link for '< Previous Step' is at the top left. The right panel, with a white background, is titled 'Enter your passcode'. It contains the text 'We have sent you a passcode to your email' above a blurred email address. Below that is a 'Passcode' label and an empty input field. A red arrow points to the input field. Underneath the input field is a teal button labeled 'Next Step', which is also highlighted with a red border. Below the button is a link for 'Resend Passcode'. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

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

MiLogin for Business Help Contact Us

[< Previous Step](#)

Step 3 of 10

Profile Information

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Enter your information

First Name

Middle Initial (Optional)

Last Name Suffix (Optional)

I agree to the Terms & Conditions.

Next Step

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Register for MiLogin and CHAMPS

- Enter the work phone number.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The page is titled 'Work phone verification' and is Step 4 of 10. A progress indicator shows 10 circles, with the 4th circle filled. A red arrow points to the 'Next Step' button. The right side of the page contains a form for 'Enter your work phone number' with a text input field and an information box stating: 'You will receive a passcode via a voice call to your phone to confirm your identity.' The 'Next Step' button is highlighted with a red border.

MiLogin for Business Help Contact Us

[< Previous Step](#)

Step 4 of 10

Work phone verification

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Enter your work phone number

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

Work Phone

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

Next Step

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Register for MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo and the text 'MiLogin for Business', with 'Help' and 'Contact Us' links on the right. The main content area is split into two panels. The left panel, on a dark blue background, displays a navigation arrow pointing left to '< Previous Step', the current step 'Step 5 of 10', and the title 'Passcode verification'. Below the title is a progress indicator consisting of ten circles, with the fifth circle filled in teal. A teal arrow points right from the right side of this panel. The right panel, on a white background, is titled 'Enter your passcode'. It contains the text: 'We have sent you a passcode via a voice call to your work phone ending with [redacted]'. Below this is the label 'Passcode' and the number '1230 -' followed by a text input field. A red arrow points to the input field. Below the input field is a teal button labeled 'Confirm Passcode', which is highlighted with a red border. Below the button is a link for 'Resend Passcode'. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

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, the title 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 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 to the right. A link for '< Previous Step' is visible at the top left of this panel. The right panel, with a white background, is titled 'Enter your mobile phone number'. It contains explanatory text, a 'Mobile Phone' label, and an empty text input field. A red arrow points to the input field. Below the input field is an information box with a teal 'i' icon and text: 'If your work phone can receive text messages, enter the phone number again to enable text message verification option.' At the bottom of the right panel are two buttons: 'Next Step' (highlighted with a red border) and 'Skip this for now'. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- Select either the text message or voice call verification method.

MiLogin for Business Help Contact Us

[← Previous Step](#)

Step 7 of 10

Verification method

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Select a verification method

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

Text Message
You will receive a passcode via a text message to your **mobile phone** ending with [redacted]

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

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Register for MiLogin and CHAMPS

- Enter the Passcode.
- Click Confirm Passcode.

The screenshot shows the 'MiLogin for Business' registration interface. The top navigation bar includes the Michigan state logo, the text 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 8 of 10' and 'Passcode verification' in large white text. Below this is a progress indicator consisting of ten circles, with the eighth circle filled in teal. A teal arrow points to the right. The right panel, with a white background, is titled 'Enter your passcode'. It contains the text: 'We have sent you a passcode via a text message to your mobile phone ending with [redacted]'. Below this is a 'Passcode' label and a text input field containing '1087 -'. A red arrow points to the end of this input field. Below the input field is a teal button labeled 'Confirm Passcode', which is highlighted with a red border. Below the button is a smaller teal link labeled 'Resend Passcode'. At the bottom of the page, there is a dark footer bar with 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' registration interface. The page is titled 'MiLogin for Business' and includes links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, on a dark blue background, indicates 'Step 9 of 10' and 'User ID' with a progress indicator of 9 out of 10 steps. A 'Previous Step' link is visible. The right panel, on a white background, is titled 'Create your user ID' and explains that the User ID is required for sign-in. It lists 'ID Guidelines': must start with last name and first initial, must end with 4 numbers, and must not contain special characters or spaces. Below the guidelines is a text input field for the 'User ID', with a red arrow pointing to it. An information box below the input field states: 'Your user ID should be [] where XXXX is four numbers of your choosing.' A 'Next Step' button is highlighted with a red border. The footer contains 'Copyright 2023 State of Michigan' and 'Policies'.

Register for MiLogin and CHAMPS

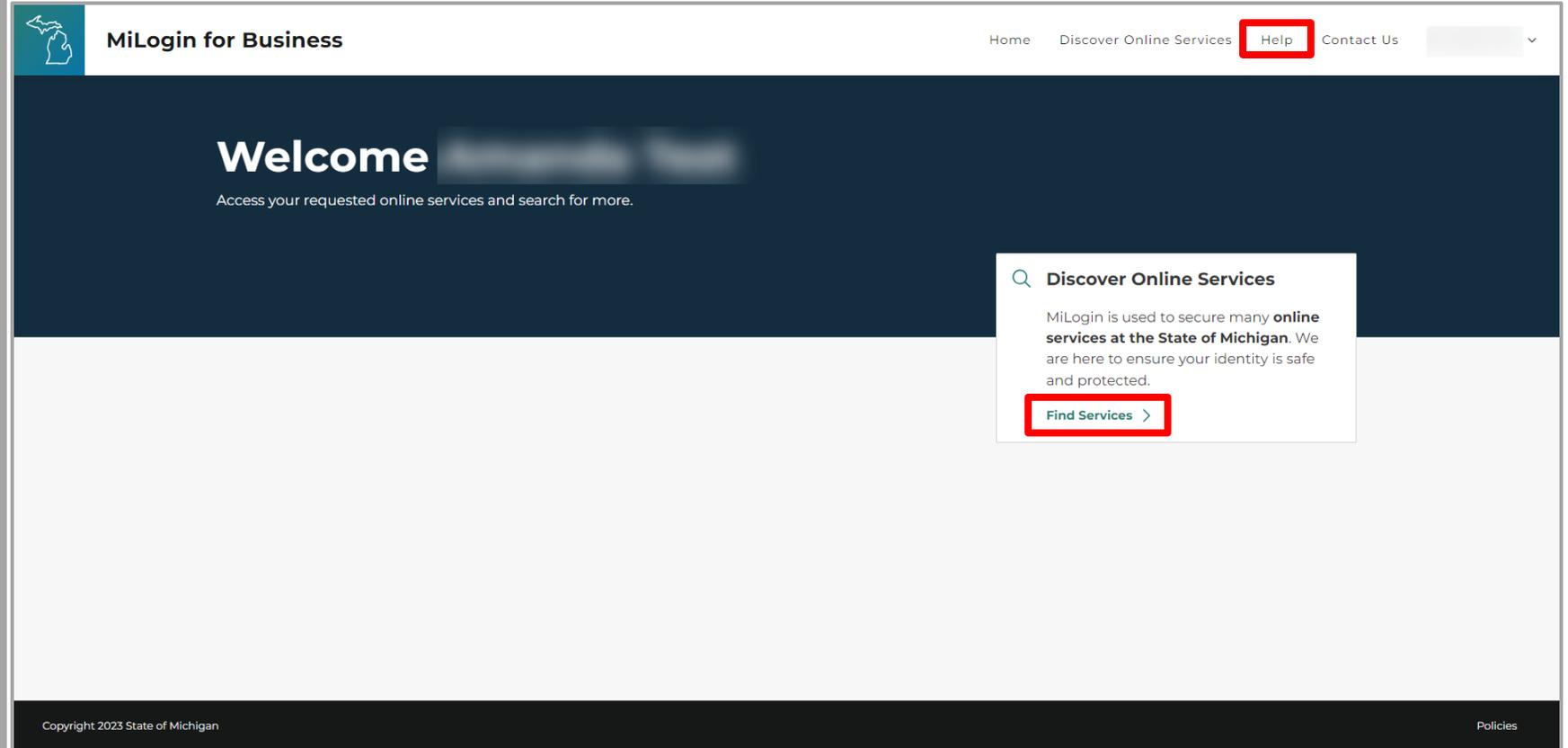
- Create a password following the guidelines.
- Enter the same password in the Confirm Password field.
- Click Create Account.

The screenshot shows the 'MiLogin for Business' registration interface. The page is titled 'MiLogin for Business' and includes links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, indicates 'Step 10 of 10' and features a 'Password' label, a right-pointing arrow, and a progress indicator consisting of 10 circles, with the 10th circle filled in teal. The right panel, with a white background, is titled 'Create your password' and contains the following elements: a sub-header 'Create your password', a prompt 'Choose something secure, but also something you can remember.', a section for 'Password Guidelines' with three warning icons and text: '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 right end of both input fields. At the bottom of the right panel is a teal 'Create Account' button, which is highlighted with a red rectangular border. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

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

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



The screenshot shows the 'MiLogin for Business' website. The header includes a Michigan state icon, the title 'MiLogin for Business', and navigation links for 'Home', 'Discover Online Services', 'Help' (highlighted with a red box), and 'Contact Us'. The main content area features a dark blue header with the text 'Welcome [blurred name]' and the subtitle 'Access your requested online services and search for more.' Below this is a white box titled 'Discover Online Services' with a magnifying glass icon. The text inside the box reads: 'MiLogin is used to secure many **online services at the State of Michigan**. We are here to ensure your identity is safe and protected.' At the bottom of this box is a red-bordered button labeled 'Find Services >'. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

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 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below this is a dark blue header with a '< Back to Home' button and the title 'Discover Online Services'. A sub-header reads: 'From renewing vehicle plates to getting food assistance, find and access the services you need.' Below the header is a search bar with the text 'Search for Services'. The search input field contains 'CHAMPS' and has a red arrow pointing to it. To the right of the input field is a 'Search' button. Below the search bar, there are two columns. The left column is titled 'Filter by Departments' and lists various Michigan departments with checkboxes. The 'Michigan Department of Health & Human Services (MDHHS)' checkbox is highlighted with a red box. The right column shows the search results for 'CHAMPS' under the 'MDHHS Michigan Department of Health & Human Services (MDHHS)' heading. The result is a card for 'CHAMPS' with a description: 'Community Health Automated Medicaid Processing System is the Michigan Medicaid Management Information System (MMIS). It supports Medicaid provider enrollment and maintenance, beneficiary healthcare eligibility and enrollment, prior authorization, Home Help Electronic Service Verification (ESV), fee-for-service payments and managed care enrollments, payments, and encounters.' This result card is also highlighted with a red box.

Register for MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' registration page for CHAMPS. At the top, there is a navigation bar with 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. The main content area features the MDHHS logo and the title 'CHAMPS'. Below the title, a paragraph describes CHAMPS as the Michigan Medicaid Management Information System (MMIS). A light blue box with an information icon contains the text: 'This Service Requires Additional Information. This service may ask for additional information before granting access.' Below this, a section titled 'Please accept the Terms and Conditions to continue:' contains a scrollable 'Terms & Conditions' box. The terms state that the systems are the property of the State of Michigan and are for official state business only. Below the terms, there is a checked checkbox for 'I agree to the Terms & Conditions'. A red rectangular box highlights the 'Additional Information' button. The footer includes 'Copyright 2023 State of Michigan' and a link to 'Policies'.

Register for MiLogin and CHAMPS

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

MiLogin for Business

Home Discover Online Services Help Contact Us

[← Back](#)

Request Service

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Additional Information

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

CHAMPS User Type

Provider/Other

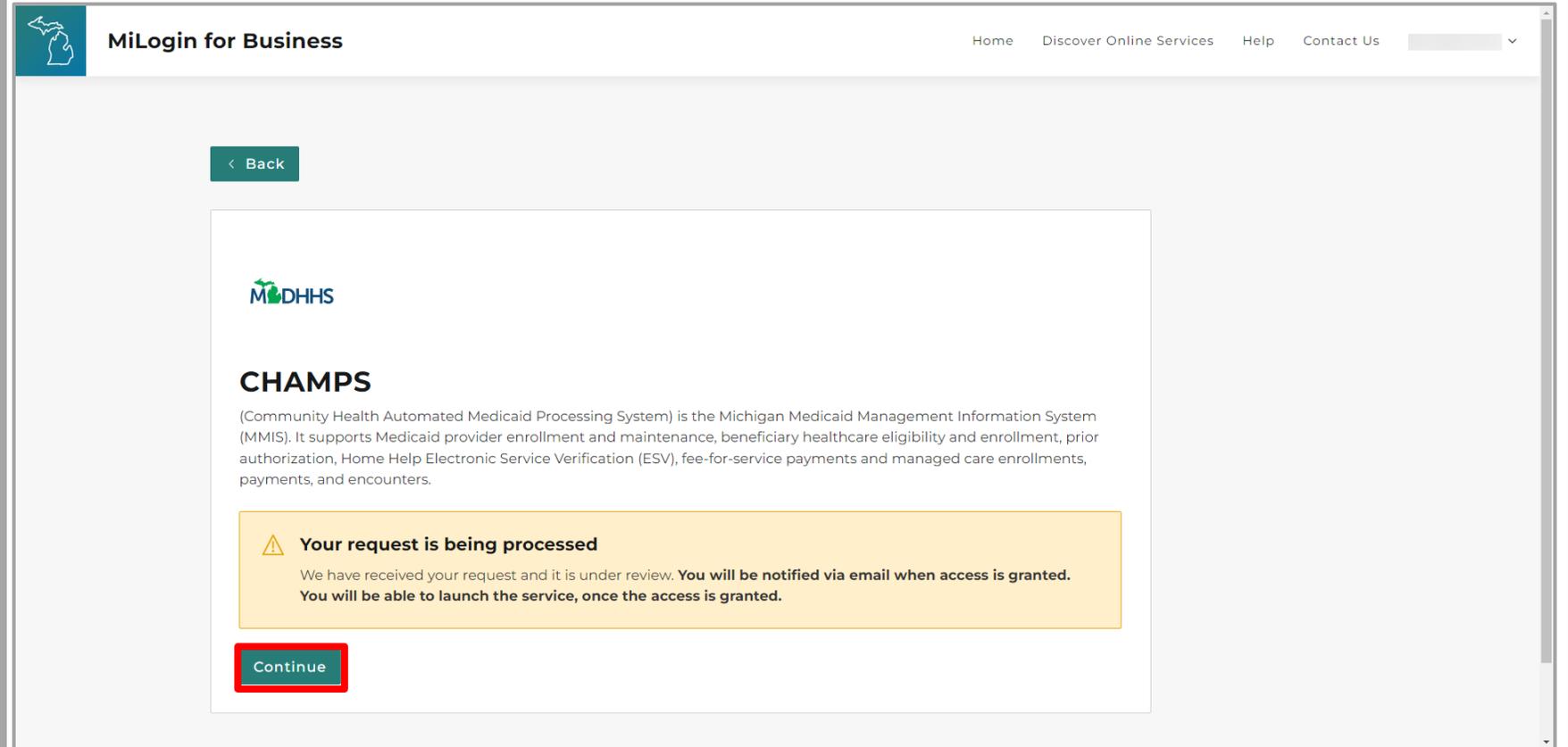
State User Only

Next Step

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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 continue to return to the MiLogin Welcome Page.



The screenshot shows the 'MiLogin for Business' website. The header includes a Michigan state icon, the title 'MiLogin for Business', and navigation links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. A '< Back' button is visible at the top left of the main content area. The main content area features the 'MIDHHS' logo and the heading 'CHAMPS'. Below the heading is a paragraph describing CHAMPS as the Michigan Medicaid Management Information System (MMIS). A yellow warning box contains the text: 'Your request is being processed. We have received your request and it is under review. You will be notified via email when access is granted. You will be able to launch the service, once the access is granted.' A red-bordered 'Continue' button is located at the bottom of the main content area.

Register for MiLogin and CHAMPS

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

MiLogin for Business

Home Discover Online Services Help Contact Us

Welcome

Access your requested online services and search for more.

Michigan Department of Health & Human Services (MDHHS)

CHAMPS [>](#)

Discover Online Services

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

[Find Services >](#)

Copyright 2023 State of Michigan [Policies](#)

Register for MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' registration page for CHAMPS. At the top left is the Michigan state logo and the text 'MiLogin for Business'. On the top right are navigation links: 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below the navigation is a large background image of a rocky coastline with waves. A 'Back to Home' button is visible in the top left of the main content area. The MDHHS logo is centered above the 'CHAMPS' heading. Below the heading is a paragraph describing CHAMPS as the Michigan Medicaid Management Information System (MMIS). A bolded instruction reads 'Please accept the Terms and Conditions to continue:'. Below this is a scrollable text box containing the 'Terms & Conditions'. At the bottom of the text box is a checked checkbox with the text 'I agree to the Terms & Conditions'. Below the checkbox is a red-bordered button labeled 'Launch service'. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

MiLogin for Business Home Discover Online Services Help Contact Us

[Back to Home](#)

MDHHS

CHAMPS

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

Please accept the Terms and Conditions to continue:

Terms & Conditions

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

I agree to the Terms & Conditions

Launch service

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New Provider Enrollment

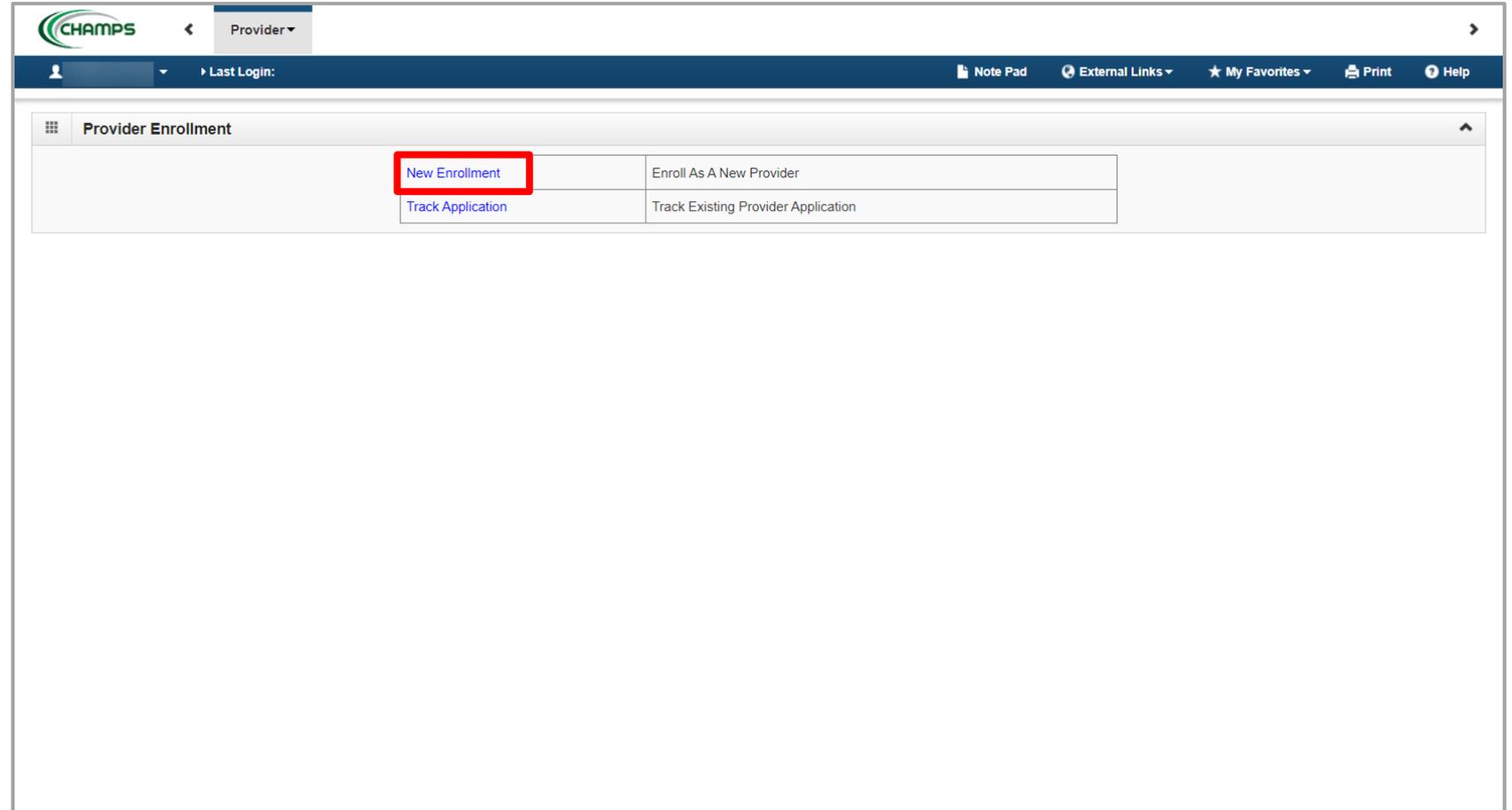
Steps on how to complete a new CHAMPS enrollment for an Individual/Sole Proprietor Provider type

Prior to Enrolling in CHAMPS

- Individual/Sole providers will want to ensure they are enrolled in SIGMA VSS prior to enrolling within CHAMPS.
 - SIGMA VSS website: www.michigan.gov/SIGMAVSS
 - If you have questions regarding this current process, contact the Vendor Support Call Center at 1-888-734-9749 or email SIGMA-Vendor@Michigan.gov
- After completing SIGMA registration allow 3-5 business days to begin and complete the CHAMPS application. If you attempt to enroll in CHAMPS during this time, you may get an error when validating your information.
- Individual/Sole providers must also be licensed prior to enrolling in CHAMPS
 - LARA: <http://www.michigan.gov/lara/0,4601,7-154-72600---,00.html>

New Individual/Sole Proprietor Enrollment

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



New Individual/Sole Proprietor Enrollment

- Select Regular Individual/Sole Proprietor
- Click Submit

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. Below this is a dark blue header with utility icons for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'MyInbox > New Enrollment' and contains a section for 'Enrollment Type'. The section is titled 'Select the Applicable Enrollment Type' and lists several radio button options. The first option, 'Individual/Sole Proprietor', is selected. Under this option, the sub-option 'Regular Individual/Sole Proprietor or Rendering/Service Provider' is also selected and highlighted with a red arrow. Other options include 'Group Practice (Corporation, Partnership, LLC, etc.)', 'Billing Agent', 'Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)', and 'Atypical (non-medical) provider (Choose this option if you do not have a NPI)'. Under the 'Atypical' option, there are further sub-options for 'Individual (Driver, Home Help/Personal Care, Carpenter, etc.)' and 'Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)'. At the bottom left of the form, there is a red-bordered 'Submit' button.

New Individual/Sole Proprietor Enrollment

- Confirm Applicant Type: Individual/Sole Proprietor
- Provider/Owner information needed to enroll:
 - Basic Information: Fill in all fields marked with an asterisk (*)
 - Home Address: Fill in Address Line 1 and Zip Code, Click Validate Address
 - (Note: you should receive "Address Validation Successful")
- Click Confirm, Click Finish

Basic Information: Enter required fields and click Confirm button.

Basic Information

EIN/TIN:

First Name: * Middle Initial:

Last Name: * Gender:

Suffix: Vendor ID: *

SSN: *

Date of Birth: * **Applicant Type: Individual/Sole Proprietor** *

Medicare Cost Share:

NPI: *

Contact Email Address:

Email-1: * Email-2:

Email-3: Email-4:

Email-5: Email-6:

Home Address

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

Address Line 1: * Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3:

City/Town: OTHER *

State/Province: OTHER *

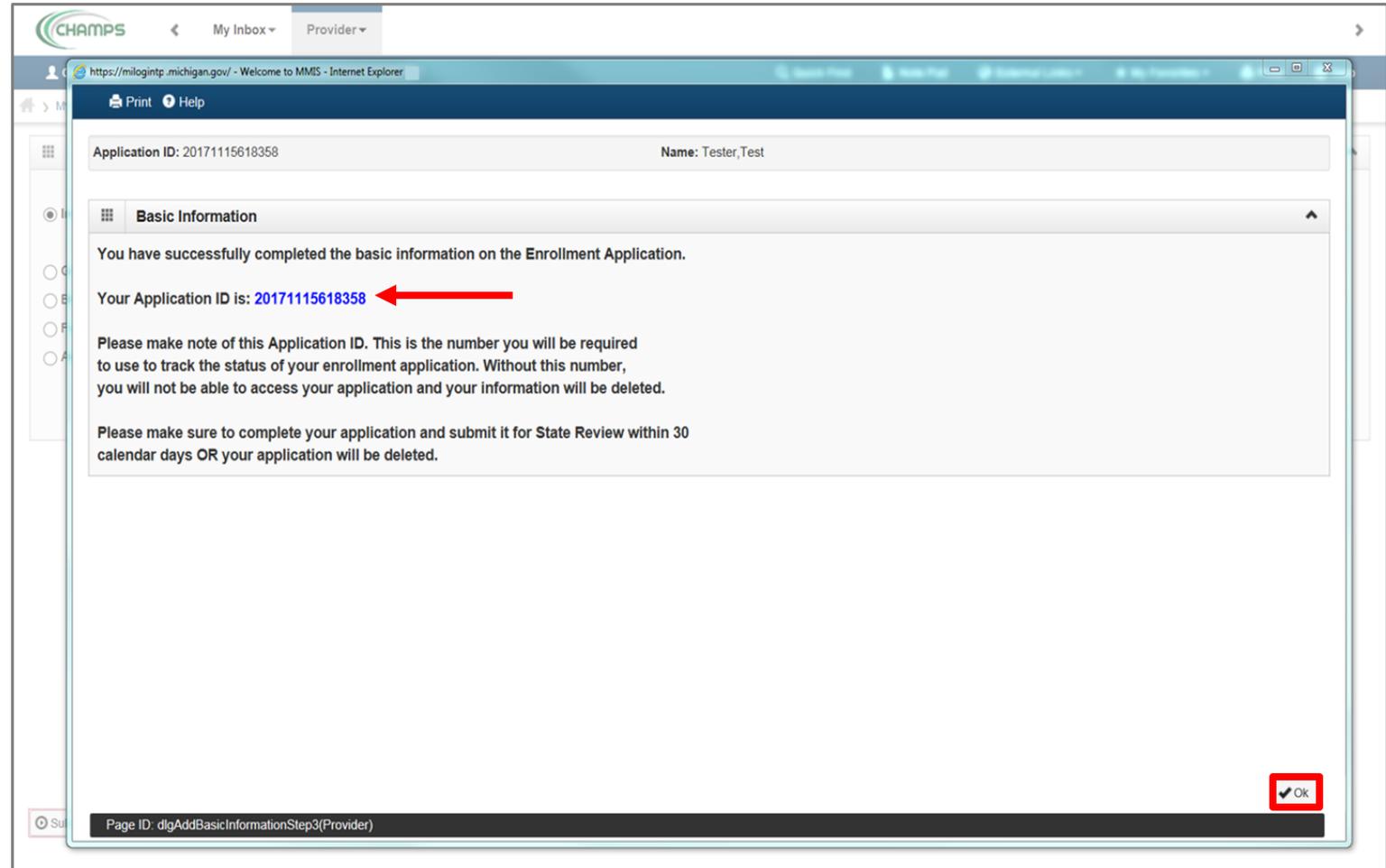
County: OTHER

Country: UNITED STATES *

Zip Code: * -

New Individual/Sole Proprietor Enrollment

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



New Individual/Sole Proprietor Enrollment

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

Application ID: 20171115618358 Name: Tester, Test

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

New Individual/Sole Proprietor Enrollment

- Click Add, to enter Primary Location information

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is on the left, and navigation tabs for 'My Inbox' and 'Provider' are in the center. A dark blue header bar contains utility links: 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the header, a breadcrumb trail reads 'MyInbox > New Enrollment > Individual Enrollment'. The main content area shows 'Application ID: 20171115618358' and 'Name: Tester, Test'. A message bar contains a 'Close' button, a red-bordered 'Add' button, and the text: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. Below this is a 'Locations List' section with a filter bar and a table. The table has columns for 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The table is currently empty, with the text 'No Records Found!' centered below it.

New Individual/Sole Proprietor Enrollment

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

Application ID: 20171115618358 Name: Tester, Test

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

Add Provider Location

Location Type: Primary Practice Location *

Doing Business As: _____ End Date: _____

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

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

Address Line 2: _____

Address Line 3: _____

City/Town: OTHER *
County: OTHER

State/Province: OTHER *
Country: UNITED STATES *

Zip Code: _____ * - _____ **Validate Address**

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:	▼ *	AM PM *	▼ *	AM PM *	Thursday:	▼ *	AM PM *	▼ *	AM PM *
Monday:	▼ *	AM PM *	▼ *	AM PM *	Friday:	▼ *	AM PM *	▼ *	AM PM *
Tuesday:	▼ *	AM PM *	▼ *	AM PM *	Saturday:	▼ *	AM PM *	▼ *	AM PM *
Wednesday:	▼ *	AM PM *	▼ *	AM PM *					

Accepting New Clients: ▼
Offers OB-Gyn Services: ▼
Handicap Accessible: No ▼
Accept 835(reported at EIN/TIN level): No ▼

Maximum Clients: _____
Pediatric Services: ▼
FQHC: ▼
Language(s) Spoken: English Arabic Chinese (For Multiple Selection, use Ctrl Key)

OK Cancel

Page ID: dlqEnrlAddLlocation(Provider)

New Individual/Sole Proprietor Enrollment

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

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, the breadcrumb trail reads 'MyInbox > New Enrollment > Individual Enrollment'. The main content area displays 'Application ID: 20171115618358' and 'Name: Tester, Test'. A message states: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. Below this is a 'Locations List' section with a filter bar and a table. The table has four columns: 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The 'Location Type' column contains a red-bordered box around the text 'Primary Practice Location'. The 'Location Details' column shows the address '320 S Walnut St, Lansing, MICHIGAN 48933' and the 'End Date' is '12/31/2999'. At the bottom of the table, there are navigation controls including 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

New Individual/Sole Proprietor Enrollment

- Click Add Address

The screenshot displays the CHAMPS Provider Enrollment System interface. The top navigation bar includes the CHAMPS logo, a 'Provider' dropdown, and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Individual Enrollment > General' and shows 'Application ID: 20171115618358' and 'Name: Tester, Test'. Below this, there are 'Close' and 'Save' buttons, and a note: 'To add additional addresses, click "Add Address" button.' The 'Location Details' section contains various input fields: 'Doing Business As:', 'Phone Number:', 'Web Page:', 'Location Code: 1', 'Fax Number:', 'Location Type: Primary Practice Location', 'Email Address:', and 'Communication Preference:'. A table for office hours is present, with instructions: '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.' The table lists days from Sunday to Saturday with 'Open At', 'AM/PM', and 'Close At' dropdowns. Below the table are fields for 'Accepting New Clients', 'Offers OB-Gyn Services', 'Accept 835', 'End Date', 'Maximum Clients', 'Pediatric Services', 'Language(s) Spoken', 'Handicap Accessible', and 'FQHC'. The 'Address List' section at the bottom features a table with columns for 'Address Type', 'Address', and 'End Date'. The 'Add Address' button is highlighted with a red box. At the bottom of the page, there are navigation controls for 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

New Individual/Sole Proprietor Enrollment

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

CHAMPS My Inbox Provider

Application ID: 20171115618358 Name: Tester, Test

Add Provider Location Address

Type of Address: --SELECT-- ← End Date:

Location Address: Copy This Location Address ←

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

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

Address Line 2:

Address Line 3:

City/Town: OTHER *

State/Province: OTHER *

County: OTHER

Country: UNITED STATES *

Zip Code: -

Page ID: dlgEnrILocationAddress(Provider)

New Individual/Sole Proprietor Enrollment

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

The screenshot displays the CHAMPS Provider Enrollment interface. At the top, the 'Close' and 'Save' buttons are highlighted with a red box. Below them, the 'Location Details' section contains various input fields for business information, including 'Doing Business As', 'Phone Number', 'Web Page', 'Location Code', 'Fax Number', 'Location Type', 'Email Address', and 'Communication Preference'. A central table allows for setting office hours by day, with columns for 'Day', 'Open At', 'AM/PM', and 'Close At'. Below the hours table, there are fields for 'Accepting New Clients', 'Offers OB-Gyn Services', 'Accept 835', 'Maximum Clients', 'Pediatric Services', 'Language(s) Spoken', 'Handicap Accessible', and 'FQHC'. The 'End Date' is set to 12/31/2999. The 'Address List' section at the bottom features an 'Add Address' button and a table with columns for 'Address Type', 'Address', and 'End Date'. The 'Correspondence' address type is highlighted with a red box. The interface also includes a navigation bar at the top with 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help' options.

New Individual/Sole Proprietor Enrollment

- Click Close

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this is a search bar and utility links like 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the user is in 'MyInbox > New Enrollment > Individual Enrollment'. The main content area displays 'Application ID: 20171115618358' and 'Name: Tester, Test'. A message box contains a 'Close' button (highlighted with a red box) and an 'Add' button, with the text: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. Below this is a 'Locations List' section with a filter bar and a table. The table has columns for 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. One row is visible with 'Primary Practice Location' as the location type and '320 S Walnut St, Lansing, MICHIGAN 48933' as the location details. At the bottom of the table, there are controls for 'Delete', 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

New Individual/Sole Proprietor Enrollment

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

Application ID: 20171115618358 Name: Tester, Test

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

New Individual/Sole Proprietor Enrollment

- Click Add

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. A secondary navigation bar contains links for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below this, a breadcrumb trail reads 'MyInbox > New Enrollment > Individual Enrollment'. The main content area displays 'Application ID: 20171115618358' and 'Name: Tester, Test'. A toolbar includes 'Close', 'Add' (highlighted with a red box), and 'Primary Speciality'. Below the toolbar is a section titled 'Specialty/Subspecialty List' with a filter bar containing 'Filter By', a dropdown menu, input fields, and a 'Go' button. To the right of the filter bar are 'Save Filters' and 'My Filters' buttons. A table header is visible with columns for 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table body is empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

New Individual/Sole Proprietor Enrollment

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

The screenshot shows a web browser window displaying the CHAMPS application. The browser address bar shows 'https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer'. The application header includes 'CHAMPS', 'My Inbox', and 'Provider'. The main content area is titled 'Add Specialty/Subspecialty' and contains the following fields:

- Application ID: 20171115618358
- Name: Tester, Test
- Location: 01- (dropdown menu) *
- Provider Type: --SELECT-- (dropdown menu) *
- Specialty: (dropdown menu) *
- End Date: (calendar icon)

Below these fields is a section titled 'Add Subspecialty' which contains two columns: 'Available Subspecialties' and 'Associated Subspecialties *'. Each column has a list box, and there are arrows between them to move items from one column to the other. At the bottom right of the form are 'OK' and 'Cancel' buttons. The page ID 'dlgEnrAddSpecialties(Provider)' is displayed at the bottom of the browser window.

New Individual/Sole Proprietor Enrollment

- Select the Specialty
- Dependent on the Specialty, select the appropriate board information

The screenshot shows the CHAMPS web application interface. The browser address bar displays "https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer". The application header includes "CHAMPS", "My Inbox", and "Provider". The main content area is titled "Add Specialty/Subspecialty" and contains the following fields:

- Application ID: 20171115618358
- Name: Tester, Test
- Location: 01- [dropdown] *
- Provider Type: PHYSICIANS [dropdown] *
- Specialty: ---SELECT--- [dropdown] * (highlighted with a red arrow)
- Board information options (highlighted with a red box):
 - Board Certified
 - Board Eligible
 - Not Board Certified / Eligible
- End Date: [calendar icon]

Below the main form is the "Add Subspecialty" section, which includes two columns: "Available Subspecialties" and "Associated Subspecialties *", with arrows indicating the flow between them.

Page ID: dlgEnrAddSpecialties(Provider)

New Individual/Sole Proprietor Enrollment

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

The screenshot shows the CHAMPS web application interface. At the top, there's a navigation bar with 'My Inbox' and 'Provider' tabs. Below that, a browser window displays the URL 'https://milogint.michigan.gov/ - Welcome to MMS - Internet Explorer'. The main content area is titled 'Application ID: 20171115618358' and 'Name: Tester, Test'. There are two main sections: 'Add Specialty/Subspecialty' and 'Add Subspecialty'. The 'Add Specialty/Subspecialty' section has dropdown menus for 'Location' (01-), 'Provider Type' (PHYSICIANS), and 'Specialty' (General Practice), along with an 'End Date' field. The 'Add Subspecialty' section has two columns: 'Available Subspecialties' and 'Associated Subspecialties *'. A red box highlights the '>>' button between these columns. At the bottom right, there are 'OK' and 'Cancel' buttons, with the 'OK' button also highlighted by a red box. The footer shows 'Page ID: dlgEnrAddSpecialties(Provider)'.

New Individual/Sole Proprietor Enrollment

- Once all Specialties/Subspecialties have been added, click Primary Specialty

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this is a dark blue header with 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help' options. The main content area shows the breadcrumb path 'MyInbox > New Enrollment > Individual Enrollment'. The application details include 'Application ID: 20171115618358' and 'Name: Tester, Test'. A toolbar contains 'Close', 'Add', and 'Primary Specialty' buttons, with the 'Primary Specialty' button highlighted in red. Below this is a 'Specialty/Subspecialty List' section with a filter bar and a table. The table has columns for 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The first row shows 'General Practice/No Subspecialty' under 'PHYSICIANS' with an 'End Date' of '12/31/2999'. At the bottom of the table, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

New Individual/Sole Proprietor Enrollment

- Choose Primary Specialty/Subspecialty from the drop-down list of already added specialties
- Select Yes if Board Certified or Board Eligible
- Enter Start Date
- Click Save
- Click Close

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. A secondary navigation bar contains links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below this, a breadcrumb trail shows 'MyInbox > New Enrollment > Individual Enrollment'. The main content area shows 'Application ID: 20171115618358' and 'Name: Tester, Test'. A red box highlights the 'Close' and 'Save' buttons. The 'Primary Specialty For Enrollment' section includes a dropdown menu for 'Primary Specialty/Subspecialty' (currently set to 'PHYSICIANS/General Practice/No Subspecialty'), radio buttons for 'Board Certified' (Yes selected) and 'Board Eligible' (No selected), and date pickers for 'Start Date' (01/01/2015) and 'End Date' (12/31/2999). A note on the right explains that the primary specialty designation is used for eligibility evaluation and provides instructions for providing board certification or eligibility information.

New Individual/Sole Proprietor Enrollment

- To return to the enrollment steps, click Close

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is on the left, and navigation links for 'My Inbox' and 'Provider' are in the center. A dark blue header bar contains utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the header, a breadcrumb trail shows 'MyInbox > New Enrollment > Individual Enrollment'. The main content area shows 'Application ID: 20171115618358' and 'Name: Tester, Test'. A toolbar includes a 'Close' button (highlighted with a red box), an 'Add' button, and a 'Primary Speciality' button. The 'Specialty/Subspecialty List' section features a filter bar with 'Filter By' dropdowns and a 'Go' button. Below this is a table with columns for 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table contains one entry: 'General Practice/No Subspecialty' with 'PHYSICIANS' as the provider type and '12/31/2999' as the end date. At the bottom of the table, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> General Practice/No Subspecialty	PHYSICIANS	12/31/2999

New Individual/Sole Proprietor Enrollment

- Step 3 is complete
- Click on Step 4: Associate Billing Provider

Application ID: 20171115618358 Name: Tester, Test

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

New Individual/Sole Proprietor Enrollment

- Click Add

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile icon, and menu items: My Inbox, Provider, Quick Find, Note Pad, External Links, My Favorites, Print, and Help. Below the navigation bar, the breadcrumb trail reads: MyInbox > New Enrollment > Individual Enrollment. The main content area displays the following information:

- Application ID: 20171115618358
- Name: Tester, Test
- Buttons: Close and Add (highlighted with a red box)
- Section: Billing Provider List
- Filter By: [Dropdown] [Input] [Go]
- Buttons: Save Filters and My Filters
- Table Headers: Billing Provider NPI/ID, Billing Provider Name, Start Date, End Date, Status
- Table Content: A single row with a checkbox and a dropdown arrow.
- Message: No Records Found!

New Individual/Sole Proprietor Enrollment

- Complete all fields marked with an asterisk (*)
- Click Confirm Provider; Provider Name will populate
- Click Ok

CHAMPS

My Inbox Provider

Quick Find Note Pad External Links My Favorites Print Help

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

Print Help

Application ID: 20171115618358 Name: Tester, Test

Associate Billing Provider

Enter NPI/Provider ID of Billing Provider and click "Confirm Provider".

Type: NPI *

ID: *

Start Date: 01/01/2017 *

End Date:

Provider Name:

Confirm Provider Ok Cancel

Page ID: dlgBillingProviderID(Provider)

New Individual/Sole Proprietor Enrollment

- The associated provider(s) information is now listed under the Billing Provider List
- Click Close

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile dropdown, and utility links like 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below this is a breadcrumb trail: 'MyInbox > New Enrollment > Individual Enrollment'. The main content area displays 'Application ID: 20171115618358' and 'Name: Tester, Test'. A 'Close' button is highlighted with a red box. Below this is the 'Billing Provider List' section, which includes a filter bar and a table with the following data:

Billing Provider NPI/ID	Billing Provider Name	Start Date	End Date	Status
<input type="checkbox"/>		01/01/2017	12/31/2999	Approved

At the bottom of the table, there are controls for 'View Page: 1', 'Page Count', 'SaveToXLS', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

New Individual/Sole Proprietor Enrollment

- Step 4 is complete
- Click on Step 5: Add License/Certification/Other

Application ID: 20171115618358 Name: Tester, Test

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

New Individual/Sole Proprietor Enrollment

- Click Add

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. A secondary navigation bar includes a search icon, 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below this, a breadcrumb trail shows 'MyInbox > New Enrollment > Individual Enrollment'. The main content area shows 'Application ID: 20171115618358' and 'Name: Tester, Test'. A toolbar contains 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red square. Below the toolbar is a section titled 'License/Certification/Other List' with a filter bar containing 'Filter By', two input fields, and a 'Go' button. To the right of the filter bar are 'Save Filters' and 'My Filters' buttons. A table with the following columns is visible: 'License/Cert/Other Type', 'License/Cert/Other #', 'Location', 'Valid Flag', 'Effective Date', and 'End Date'. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

New Individual/Sole Proprietor Enrollment

- Complete all fields marked with an asterisk (*)
- Click Confirm License/Certification/Other
- Click Ok

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, a browser window shows the URL 'https://milogintpmichigan.gov/ - Welcome to MMS - Internet Explorer'. The main content area features a form titled 'Add License/Certification/Other'. The form includes the following fields:

- Application ID: 20171115618358
- Name: Tester, Test
- Location: 01-320 s walnut *
- License/Certification/Other Type: *
- License/Certification/Other #: *
- Valid Flag: *
- Effective Date: *
- End Date: *

At the bottom right of the form, there are three buttons: 'Confirm License/Certification/Other', 'OK', and 'Cancel'. The 'Confirm License/Certification/Other' button is highlighted with a red box. The page ID 'dlgEnrlmntAddLicense(Provider)' is visible at the bottom left of the form area.

New Individual/Sole Proprietor Enrollment

- The License/Certification/Other information will now be displayed
- To add additional License/Certification repeat the same process
- Click Close

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider'. Below this is a dark blue header with 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the breadcrumb 'MyInbox > New Enrollment > Individual Enrollment'. The application ID is '20171115618358' and the name is 'Tester, Test'. A 'Close' button is highlighted with a red box. Below this is a 'License/Certification/Other List' section with a filter bar and a table. The table has columns for License/Cert/Other Type, License/Cert/Other #, Location, Valid Flag, Effective Date, and End Date. A single row is visible for 'State Professional License' with location '01-320 s walnut', valid flag 'No', effective date '01/01/2017', and end date '12/31/2999'. At the bottom of the table are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' with navigation arrows.

License/Cert/Other Type	License/Cert/Other #	Location	Valid Flag	Effective Date	End Date
State Professional License		01-320 s walnut	No	01/01/2017	12/31/2999

New Individual/Sole Proprietor Enrollment

- Step 5 is complete
- Click on Step 6: Add Mode of Claim Submission/EDI Exchange

Application ID: 20171115618358 Name: Tester, Test

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

New Individual/Sole Proprietor Enrollment

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

Application ID: 20171115618358 Name: Tester, Test

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

EDI exchange

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

Other Claims Submission

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

Page ID: dgBillingDetails(Provider)

New Individual/Sole Proprietor Enrollment

- Step 6 is complete
- Click on Step 7: Associate Billing Agent

Application ID: 20171115618358 Name: Tester, Test

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

New Individual/Sole Proprietor Enrollment

- Click Add

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile icon, and navigation links for 'My Inbox' and 'Provider'. A secondary navigation bar includes 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below this, a breadcrumb trail shows 'MyInbox > New Enrollment > Individual Enrollment'. The main content area shows 'Application ID: 20171115618358' and 'Name: Tester, Test'. A toolbar contains 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. Below the toolbar is a 'Billing Agent List' section with a filter bar and a table. The table has columns for 'Billing Agent ID', 'Billing Agent Name', '835 Authorization', 'Start Date', and 'End Date'. The table is currently empty, displaying the message 'No Records Found!' in red text.

New Individual/Sole Proprietor Enrollment

- To locate Billing Agent information, click Confirm/Search Billing Agent

CHAMPS My Inbox Provider

Quick Find Note Pad External Links My Favorites Print Help

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

Print Help

Application ID: 20171115618358 Name: Tester, Test

Associate Billing Agent

Click on the 'Confirm/Search Billing Agent' button to search for a Billing Agent or confirm the Billing Agent entered.

Billing Agent ID: * Billing Agent Name:

Association Start Date: * Association End Date:

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Page ID: digEnrImntAssocSubmitter(Provider)

New Individual/Sole Proprietor Enrollment

- Check the box next to the Billing Agent you want to select
 - (Note: There is more than one page of Billing Agents; you may select more than one)
- Click Select

CHAMPS

My Inbox Provider

Quick Find Note Pad External Links My Favorites Print Help

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

Print Help

https://milogintp.michigan.gov/ - Search Billing Agent List - Internet Explorer

Print Help

Application ID: 20171115618358 Name: Tester, Test

Billing Agent List

Filter By [] [] Go Save Filters My Filters

Billing Agent ID	Billing Agent Name	Start Date	End Date
<input type="checkbox"/>	[REDACTED]	01/01/1984	12/31/2999
<input type="checkbox"/>	[REDACTED]	01/01/1984	12/31/2999
<input type="checkbox"/>	[REDACTED]	04/30/1998	12/31/2999
<input type="checkbox"/>	[REDACTED]	12/08/1999	12/31/2999
<input type="checkbox"/>	[REDACTED]	02/25/2000	12/31/2999
<input type="checkbox"/>	[REDACTED]	06/04/1999	12/31/2999
<input type="checkbox"/>	[REDACTED]	02/19/2002	12/31/2999

Select Close

Page ID: pgBillingAgentSearchList(Provider)

Page ID: dlgEnrInntAssocSubmitter(Provider)

New Individual/Sole Proprietor Enrollment

- Billing Agent information will populate
- Click Ok

CHAMPS My Inbox Provider

Quick Find Note Pad External Links My Favorites Print Help

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

Print Help

Application ID: 20171115618358 Name: Tester, Test

Associate Billing Agent

Click on the 'Confirm/Search Billing Agent' button to search for a Billing Agent or confirm the Billing Agent entered.

Billing Agent ID: * Billing Agent Name:

Association Start Date: 11/15/2017 * Association End Date: 12/31/2999

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Confirm/Search Billing Agent **OK** Cancel

Page ID: dlqEnrlmntAssocSubmitter(Provider)

New Individual/Sole Proprietor Enrollment

- Billing Agent information has been added

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is on the left, and navigation links for 'My Inbox' and 'Provider' are in the center. A dark blue header bar contains utility links: 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the header, the breadcrumb trail reads 'MyInbox > New Enrollment > Individual Enrollment'. The main content area shows 'Application ID: 20171115618358' and 'Name: Tester, Test'. A 'Close' button is highlighted in red, and an 'Add' button is next to it. The 'Billing Agent List' section features a table with the following data:

Billing Agent ID	Billing Agent Name	835 Authorization	Start Date	End Date
<input type="checkbox"/>		No	11/15/2017	12/31/2999

Below the table, there are controls for 'View Page: 1', 'Page Count', 'SaveToXLS', and navigation buttons: '<< First', '< Prev', 'Next >', and '>> Last'.

New Individual/Sole Proprietor Enrollment

- Step 7 is complete
- Click on Step 8: Add Provider Controlling Interest/Ownership Details

Application ID: 20181204171383 Name: Test, Testing

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 7: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

New Individual/Sole Proprietor Enrollment

- To enter additional owner information, select Add Owner from the Actions drop-down menu
 - Note: The individual provider information prepopulates as a listed owner and the relationship status also prepopulates to completed.

The screenshot displays the CHAMPS web application interface. At the top, the 'Provider' dropdown is visible. The main header shows 'Application ID: 20181204171383' and 'Name: Test, Testing'. Below this, there is a 'Close' button and an 'Actions' dropdown menu. The 'Actions' menu is open, showing options: 'Add Owner', 'Import Owner', 'Owners Relationships', 'Owners Adverse Action', and 'Corporate - Publicly Traded'. A red arrow points to the 'Add Owner' option. Below the menu, there is a table titled 'Owners List' 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 one record for 'Test, Testing' with an 'Individual' owner type and a 'Completed' relationship status. Below the table, there are navigation buttons like 'Delete', 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. At the bottom, there is a section for 'List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare' with a 'No Records Found!' message.

New Individual/Sole Proprietor Enrollment

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

The screenshot shows a web browser window with the CHAMPS logo and the URL <https://milogintp.michigan.gov/>. The page title is "Welcome to MMIS - Internet Explorer". The application ID is 20181204171383 and the name is "Test, Testing".

The main form is titled "Provider Controlling Interest/Ownership". It contains the following fields:

- Type:** A drop-down menu with "--SELECT--" selected. A red arrow points to this field.
- Percentage Owned:** A text input field with an asterisk (*).
- SSN:** A text input field.
- EIN/TIN:** A text input field.
- Legal Entity Name:** A text input field with the note "(As shown on the Income Tax Return)".
- Entity Business Name:** A text input field with the note "(Doing Business As)".
- Owner NPI:** A text input field.
- First Name:** A text input field.
- Last Name:** A text input field.
- Suffix:** A drop-down menu.
- DOB:** A date input field with a calendar icon.
- Phone Number:** A text input field with an asterisk (*). **Extn:** A text input field.
- Email:** A text input field.
- Start Date:** A date input field with a calendar icon and an asterisk (*).
- End Date:** A date input field with a calendar icon.
- Address Line 1:** A text input field with an asterisk (*). **Address Line 2:** A text input field.
- Address Line 3:** A text input field with the note "(Enter Street Address or PO Box Only)".
- City/Town:** A drop-down menu with "OTHER" selected and an asterisk (*).
- State/Province:** A drop-down menu with "OTHER" selected and an asterisk (*).
- County:** A drop-down menu with "OTHER" selected.
- Country:** A drop-down menu with "UNITED STATES" selected and an asterisk (*).
- Zip Code:** A text input field with an asterisk (*). A red box highlights the "Validate Address" checkbox next to it.

At the bottom right, there are "OK" and "Cancel" buttons. A red box highlights the "OK" button.

Page ID: dlgEnrlmntAddOwner(Provider)

New Individual/Sole Proprietor Enrollment

- The managing employee is now added to the list of owners
- To add the relationship, click the Actions drop-down menu
 - Note: The Relationship status for the individual provider enrolling is now marked as Not Completed

The screenshot shows the CHAMPS Provider Manual page for Application ID: 20181204171383. The page is titled "Per Medicaid Provider Manual" and contains sections for "PROVIDER OWNERSHIP AND CONTROL DISCLOSURES" and "REQUIRED OWNERS". Below these sections is an "Owners List" table with the following data:

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
123456789	Example,One	Managing Employee		01/01/2015	12/31/2999	Not Completed	Not Completed	0
	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Not Completed	Not Completed	100

A red arrow points to the "Managing Employee" relationship status in the first row of the table. Below the table, there is a section for "List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare." which currently shows "No Records Found!".

New Individual/Sole Proprietor Enrollment

- Select Owners Relationships from the Actions drop-down menu

Application ID: 20181204171383 Name: Test, Testing

Close Actions ?

- Add Owner
- Import Owner
- Owners Relationships
- Owners Adverse Action

ownership type in addition to Managing Employee. Corporate - Charitable 501[c]3
Officers/Principal is required if one of the ownership types below is selected:

501[c]3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Individual	Sub-contractor	Limited liability Company
Other	Holding Company	Indirect Owner

Owners List

Filter By And Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 123456789	Example,One	Managing Employee	100 N Capitol Ave	01/01/2015	12/31/2999	Not Completed	Not Completed	0
<input checked="" type="checkbox"/>	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Not Completed	Not Completed	100

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 reimbursible by Medicaid and/or Medicare.

Filter By Go Save Filters My Filters

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

No Records Found !

New Individual/Sole Proprietor Enrollment

- Answer the question (at the top)
- If no relationships exist select No.
 - If the owners have a relationship to one another, refer to the [Step 8: Add Provider Controlling Interest/Ownership Details user guide](#).

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown. Below this, a browser window displays the URL 'https://milogintp.michigan.gov/'. The main content area shows the 'Add Relationship' form for Application ID 20181204171383 and Name 'Test, Testing'. A red box highlights the question: 'Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?' with radio buttons for 'Yes' and 'No'. Below the question is an 'Owner List' section with a 'Show Owners' dropdown set to 'All' and a 'Go' button. The list shows two owners: 'Test, Testing' (Selected Owner) and 'Example, One'. The 'Test, Testing' owner is expanded to show a table of relationships. The table has columns for 'Assoc. Owner', 'SSN/EIN/TIN', 'Type', 'Relation to Test, Testing', and 'Relation to Assoc. Owner'. The 'Test, Testing' owner is listed as an 'Individual' with a 'None' relationship to the 'Example, One' owner. At the bottom of the form, there are 'Save' and 'Close' buttons, and a page ID: 'dlgAddModifyOwnerRelationship(Provider)'.

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Test, Testing	Relation to Assoc. Owner
Example, One	123456789	Managing Employee		
Test, Testing		Individual		None

New Individual/Sole Proprietor Enrollment

- The owner list boxes collapse
- Click Save

CHAMPS Provider

Last Login: 04 DEC, 2018 11:42 AM

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

Application ID: 20181204171383 Name: Test, Testing

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

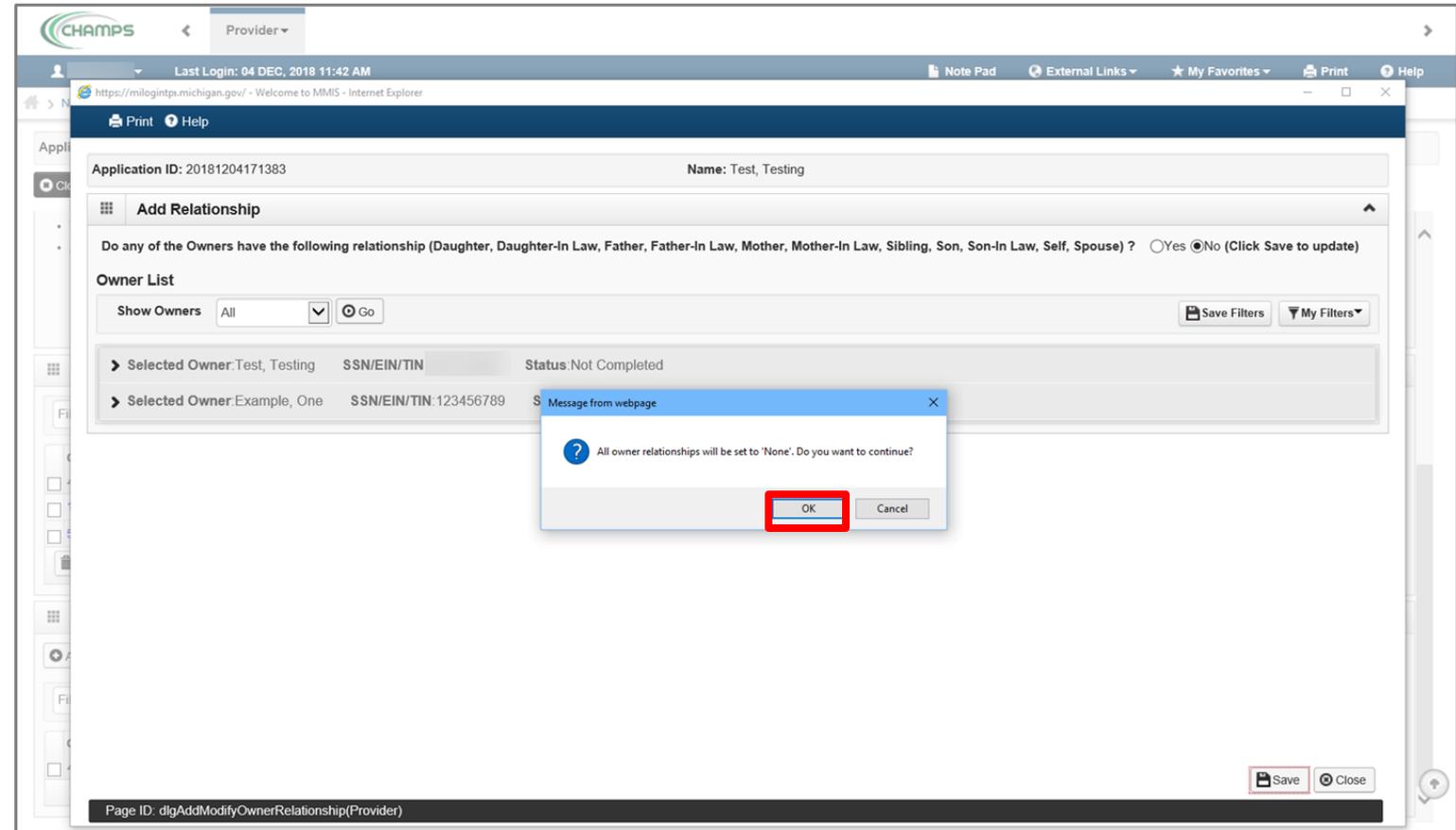
Show Owners All

Selected Owner: Test, Testing	SSN/EIN/TIN:	Status: Not Completed
Selected Owner: Example, One	SSN/EIN/TIN: 123456789	Status: Not Completed

Page ID: dlgAddModifyOwnerRelationship(Provider)

New Individual/Sole Proprietor Enrollment

- After clicking save, click Ok.



New Individual/Sole Proprietor Enrollment

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

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown. Below this is a browser window showing the URL 'https://milogintpi.michigan.gov/'. The main content area is titled 'Add Relationship' and includes the following elements:

- Application ID: 20181204171383
- Name: Test, Testing
- Relationship question: "Do any of the Owners have the following relationship (Daughter, Daughter-in Law, Father, Father-in Law, Mother, Mother-in Law, Sibling, Son, Son-in Law, Self, Spouse)?" with radio buttons for Yes and No.
- Owner List section with a 'Show Owners' dropdown set to 'All' and a 'Go' button.
- Two rows of owner information:
 - Selected Owner: Test, Testing | SSN/EIN/TIN: [redacted] | Status: Completed (indicated by a red arrow)
 - Selected Owner: Example, One | SSN/EIN/TIN: 123456789 | Status: Completed (indicated by a red arrow)
- Buttons for 'Save Filters' and 'My Filters'.
- At the bottom right, a 'Close' button is highlighted with a red box.

The footer of the page displays 'Page ID: dlgAddModifyOwnerRelationship(Provider)'.

New Individual/Sole Proprietor Enrollment

- The Relationship Status now shows Completed for both owners

The screenshot displays the CHAMPS Provider Manual page for Application ID: 20181204171383. The page is titled "Per Medicaid Provider Manual" and contains sections for "PROVIDER OWNERSHIP AND CONTROL DISCLOSURES" and "REQUIRED DISCLOSURE INFORMATION". Below these sections is a table of "REQUIRED OWNERS" with columns for Owner Type and Address. The "Owners List" section features a table with columns for Owner SSN/EIN/TIN, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The "Relationship Status" column is highlighted with a red box, showing "Completed" for both owners. Below the Owners List is a section for "List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare," which currently shows "No Records Found!".

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

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

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

REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee. Corporate - Charitable 501(c)3
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

Owners List

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
123456789	Example,One	Managing Employee	100 N Capitol Ave	01/01/2015	12/31/2999	Completed	Not Completed	0
	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Completed	Not Completed	100

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

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

New Individual/Sole Proprietor Enrollment

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

Application ID: 20181204171383 Name: Test, Testing

Close Actions i

- There
- At least

• Add Owner ownership type in addition to Managing Employee. Corporate - Charitable 501(c)3
• Import Owner icers/Principal is required if one of the ownership types below is selected:
501(c)3 Corporate - Not Publicly Traded Foreign, Nonresident Alien
able Sub-contractor Limited liability Company
Owners Relationships ble Indirect Owner
Owners Adverse Action (highlighted with red arrow)

Owners List

Filter By And Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/> 123456789	Example.One	Managing Employee	100 N Capitol Ave	01/01/2015	12/31/2999	Completed	Not Completed	0
<input type="checkbox"/> :	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Completed	Not Completed	100

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 reimbursible by Medicaid and/or Medicare.

Filter By Go Save Filters My Filters

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

No Records Found !

New Individual/Sole Proprietor Enrollment

- Read through Final Adverse Legal Actions/Convictions statement for each owner listed, select Yes or No

CHAMPS Provider

Application ID: 20181204171383 Name: Test, Testing

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
Test,Testing	<input type="radio"/> Yes <input type="radio"/> No	
Example_One	<input type="radio"/> Yes <input type="radio"/> No	

View Page: 1 Page Count SaveToXLS Viewing Page: 1

Page ID: pgEnrllmtAdverseAction(Provider)

New Individual/Sole Proprietor Enrollment

- Click Ok

CHAMPS Provider

Application ID: 20181204171383 Name: Test, Testing

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
Test, Testing	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Example, One	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>

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

Ok Cancel

Page ID: pgEnrImntAdverseAction(Provider)

New Individual/Sole Proprietor Enrollment

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

Application ID: 20181204171383 Name: Test, Testing

Close Actions

Per Medicaid Provider Manual

PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

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

REQUIRED DISCLOSURE INFORMATION

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

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

REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee. Corporate - Charitable 501(c)3
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

Owners List

Filter By [] And [] Go [] Save Filters [] My Filters []

Owner SSN/EIN/TIN	Owner information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
123456789	Example,One	Managing Employee	100 N Capitol Ave	01/01/2015	12/31/2999	Completed	No	0
	Test,Testing	Individual	320 S Walnut St	12/04/2018	12/31/2999	Completed	No	100

Delete View Page: 1 Page Count SaveToXLS Viewing Page: 1

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

No Records Found !

New Individual/Sole Proprietor Enrollment

- Step 8 is complete
- Click on Step 9: Add Taxonomy Details

Application ID: 20181204171383 Name: Test, Testing

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	12/04/2018	12/04/2018	Complete	
Step 2: Add Locations	Required	12/04/2018	12/04/2018	Complete	
Step 3: Add Specialties	Required	12/04/2018	12/04/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Complete	
Step 5: Add License/Certification/Other	Required	12/04/2018	12/04/2018	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	12/04/2018	12/04/2018	Complete	
Step 7: Associate Billing Agent	Required	12/04/2018	12/04/2018	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	12/04/2018	12/04/2018	Complete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

New Individual/Sole Proprietor Enrollment

- Click Add

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile icon, and menu items for 'My Inbox' and 'Provider'. A secondary navigation bar contains utility links: 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the current location: 'MyInbox > New Enrollment > Individual Enrollment'. Below this, a header section shows 'Application ID: 20171115618358' and 'Name: Tester, Test'. A toolbar below the header contains a 'Close' button and an 'Add' button, which is highlighted with a red rectangular box. The main content area is titled 'Taxonomy List' and includes a search filter section with a 'Filter By' dropdown, two input fields, and a 'Go' button. To the right of the search section are 'Save Filters' and 'My Filters' buttons. Below the search section is a table with the following columns: 'Taxonomy Code', 'Description', 'Start Date', and 'End Date'. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

New Individual/Sole Proprietor Enrollment

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

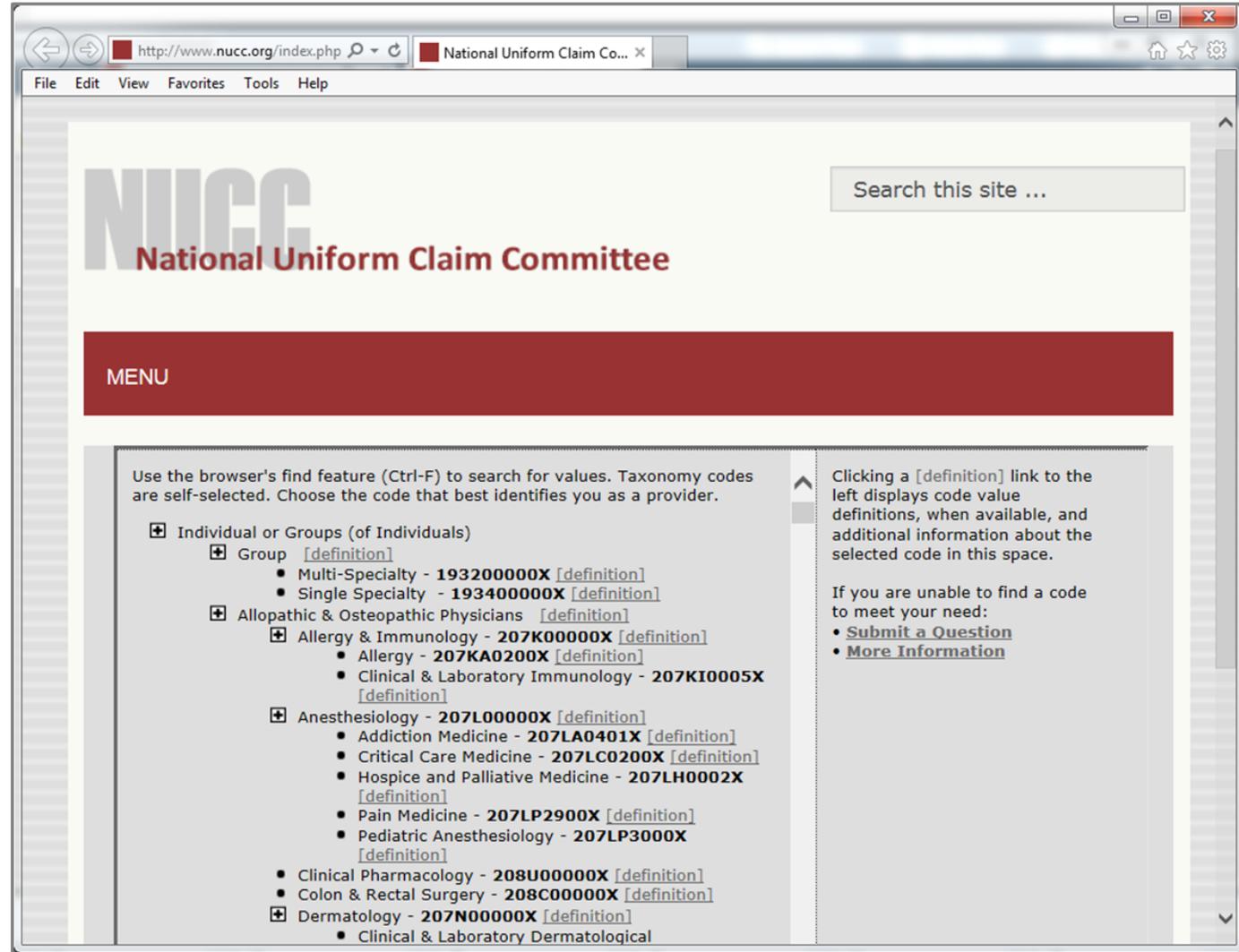
The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with 'My Inbox' and 'Provider' dropdowns. Below that, a browser window displays the URL 'https://milogintpmichigan.gov/ - Welcome to MMIS - Internet Explorer'. The main content area is titled 'Add Taxonomy' and contains the following fields:

- Application ID:** 20171115618358
- Name:** Tester, Test
- Taxonomy Code:** An input field with a red arrow pointing to it and a red box around the text '(Click here for Taxonomy List)' next to it.
- Description:** An input field.
- Start Date:** An input field with a calendar icon and an asterisk.
- Location:** A dropdown menu showing '01-320 s walnut' with an asterisk.
- End Date:** An input field with a calendar icon.

At the bottom right of the form, there are three buttons: 'Confirm Taxonomy', 'Ok', and 'Cancel'. At the bottom left, the page ID is displayed as 'Page ID: dlgEnrAddTaxonomy(Provider)'.

New Individual/Sole Proprietor Enrollment

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



New Individual/Sole Proprietor Enrollment

- Enter Start Date (Note: Must be the current date or date of application)
- Click Confirm Taxonomy
- Click Ok

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with 'CHAMPS' logo, 'My Inbox', and 'Provider' dropdown. Below this is a browser window showing the URL 'https://milogintpmichigan.gov/ - Welcome to MMIS - Internet Explorer'. The main content area is titled 'Add Taxonomy' and contains the following fields:

- Application ID:** 20171115618358
- Name:** Tester, Test
- Taxonomy Code:** [Text Input] * (Click here for Taxonomy List)
- Location:** 01-320 s walnut [Dropdown] *
- Description:** [Text Input]
- Start Date:** [Calendar Icon] *
- End Date:** [Calendar Icon]

At the bottom right of the form, there are three buttons: 'Confirm Taxonomy', 'Ok', and 'Cancel'. The 'Confirm Taxonomy' and 'Ok' buttons are highlighted with a red box. A red arrow points to the 'Start Date' field.

Page ID: dlgEnrAddTaxonomy(Provider)

New Individual/Sole Proprietor Enrollment

- The Taxonomy Code information will be displayed
- Click Close

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this is a dark blue header with 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help' options. The main content area shows the breadcrumb 'MyInbox > New Enrollment > Individual Enrollment'. The application ID is 20171115618358 and the name is 'Tester, Test'. A 'Close' button is highlighted with a red box, and an 'Add' button is next to it. Below this is a 'Taxonomy List' section with a filter bar and a table of taxonomy codes. The table has columns for 'Taxonomy Code', 'Description', 'Start Date', and 'End Date'. One row is visible with the code '207V00000X' and description 'Obstetrics & Gynecology'. At the bottom of the table, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

Taxonomy Code	Description	Start Date	End Date
<input type="checkbox"/> 207V00000X	Obstetrics & Gynecology	11/15/2017	12/31/2999

New Individual/Sole Proprietor Enrollment

- Step 9 is complete
- Click on Step 10: Associate MCO Plan (Note: This step is optional)

Application ID: 20171115618358 Name: Tester, Test

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

New Individual/Sole Proprietor Enrollment

- Step is optional, if you do not work for a Managed Care Organization (MCO) plan, click Close

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. Below this is a dark blue header with a user profile icon, a search bar, and utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows a breadcrumb trail: 'MyInbox > New Enrollment > Individual Enrollment'. Below the breadcrumb, there is a summary bar with 'Application ID: 20171115618358' and 'Name: Tester, Test'. A 'Close' button is highlighted with a red box, and an 'Add' button is next to it. Below this is a section titled 'MCO Plan List' with a filter bar containing 'Filter By', a dropdown menu, and a 'Go' button. To the right of the filter bar are 'Save Filters' and 'My Filters' buttons. Below the filter bar is a table with the following columns: Plan ID, Plan Name, Business Status, Business Status Start Date, Business Status End Date, Association Start Date, Association End Date, and Program Description. The table is currently empty, and a red message 'No Records Found!' is displayed below the table.

New Individual/Sole Proprietor Enrollment

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

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. Below this is a dark blue header with utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the current location: 'MyInbox > New Enrollment > Individual Enrollment'. The main content area displays 'Application ID: 20171115618358' and 'Name: Tester, Test'. Below this, there are 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. The 'MCO Plan List' section features a filter bar with a 'Filter By' dropdown, two input fields, and a 'Go' button. To the right of the filter bar are 'Save Filters' and 'My Filters' buttons. Below the filter bar is a table with the following columns: Plan ID, Plan Name, Business Status, Business Status Start Date, Business Status End Date, Association Start Date, Association End Date, and Program Description. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

New Individual/Sole Proprietor Enrollment

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

CHAMPS My Inbox Provider

Application ID: 20171115618358 Name: Tester, Test

Associate MCO Plan

Click on the 'Confirm/Search Plan' button to search for a MCO Plan or confirm the Plan ID entered
Please associate only to plans with which you have a signed contract

Plan ID: *

Plan Name:

Program Name:

Program Description:

Association Start Date: *

Association End Date:

Confirm/Search Plan OK Cancel

Page ID: dlgEnrImntAssocMCOPlanID(Provider)

New Individual/Sole Proprietor Enrollment

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

Application ID: 20171115618358 Name: Tester, Test

MCO Plan Search List

Filter By [] [Go] Save Filters My Filters

Plan ID	Plan Name	Business Status	Business Status Start Date	Business Status End Date	Program Name	Program Type
<input type="checkbox"/>		Active	12/04/2014	12/31/2999	ICO-MC	Managed Care Comprehensive Medical Program Type
<input type="checkbox"/>		Active	12/04/2014	12/31/2999	ICO-MC	Managed Care Comprehensive Medical Program Type
<input type="checkbox"/>		Active	12/04/2014	12/31/2999	ICO-MC	Managed Care Comprehensive Medical Program Type
<input type="checkbox"/>		Active	12/04/2014	12/31/2999	ICO-MC	Managed Care Comprehensive Medical Program Type
<input type="checkbox"/>		Active	12/04/2014	12/31/2999	ICO-MC	Managed Care Comprehensive Medical Program Type
<input type="checkbox"/>		Active	12/04/2014	12/31/2999	ICO-MC	Managed Care Comprehensive Medical Program Type
<input type="checkbox"/>		Active	12/21/1993	12/31/2999	MHP	Managed Care Comprehensive Medical Program Type
<input type="checkbox"/>		Active	01/01/1995	12/31/2999	MHP	Managed Care Comprehensive Medical Program Type

Page ID: pgMCOPlanSearchList(Provider)

Confirm/Search Plan Ok Cancel

Page ID: dlgEnrlmntAssocMCOPlanID(Provider)

New Individual/Sole Proprietor Enrollment

- MCO Plan information will populate
- Click Ok

CHAMPS My Inbox Provider

Application ID: 20171115618358 Name: Tester, Test

Associate MCO Plan

Click on the 'Confirm/Search Plan' button to search for a MCO Plan or confirm the Plan ID entered
Please associate only to plans with which you have a signed contract

Plan ID: * Plan Name:

Program Name: MHP Program Description: ManagedCareProgram

Association Start Date: 11/20/2017 * Association End Date: 12/31/2999

Confirm/Search Plan **Ok** Cancel

Page ID: dlgEnrImntAssocMCOPlanID(Provider)

New Individual/Sole Proprietor Enrollment

- MCO Plan information has been associated
- Click Close

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. Below this is a dark blue header with utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail reads 'MyInbox > New Enrollment > Individual Enrollment'. The main content area displays 'Application ID: 20171115618358' and 'Name: Tester, Test'. Below this, there are 'Close' and 'Add' buttons, with the 'Close' button highlighted by a red box. A section titled 'MCO Plan List' contains a filter bar with a 'Filter By' dropdown, two input fields, and a 'Go' button. Below the filter bar is a table with the following data:

Plan ID	Plan Name	Business Status	Business Status Start Date	Business Status End Date	Association Start Date	Association End Date	Program Description
<input type="checkbox"/>	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/>		Active	12/21/1993	12/31/2999	11/15/2017	12/31/2999	ManagedCareProgram

Below the table, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

New Individual/Sole Proprietor Enrollment

- Step 10 is complete
- Click on Step 11: 835/ERA Enrollment Form (Note: This step is optional and would only become required based on the options selected in Step 6.)

CHAMPS My Inbox Provider

Application ID: 20171115618358 Name: Tester, Test

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

New Individual/Sole Proprietor Enrollment

- Step is optional, fill out if the provider would like to directly receive their 835 (i.e., electronic remittance advice (ERA))
 - (Note: within step 2 providers would have needed to select Yes, to the question "Accept 835?")
- Complete all fields marked with an asterisk (*)

The screenshot shows the CHAMPS ERA Enrollment Form for a provider named Tester, Test. The form is divided into several sections:

- PROVIDER INFORMATION:** Provider Name: Tester, Test; Doing Business As Name (DBA):; Provider Address: Street: 320 S Walnut St, City: Lansing, Country Code: UNITED STATES; State/Province: MICHIGAN; Zip Code/Postal Code: 48933.
- PROVIDER IDENTIFIERS:** Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):; National Provider Identifier (NPI):; Other Identifier(s):; Assigning Authority:; Trading Partner ID:; Provider License Details: Provider License No.:; License Issuer: MI; Provider Type: PHYSICIANS.
- PROVIDER CONTACT INFORMATION:** Provider Contact Name:; Contact: Test,One; Telephone Number:; Email Address:; Title: Managing Employee; Telephone Number Extension:; Fax Number:.
- PROVIDER AGENT INFORMATION:** Provider Agent Name:; Agent Address: Street:; City:; Country Code:; State/Province:; Zip Code/Postal Code:; Provider Agent Contact Name:; Provider Agent Contact Name:; Telephone Number:; Email Address:; Title:; Telephone Number Extension:; Fax Number:.

New Individual/Sole Proprietor Enrollment

- Complete all fields marked with an asterisk (*)

FEDERAL AGENCY INFORMATION (Not applicable at this time)		
Federal Program Agency Name:	<input type="text"/>	Federal Program Agency Identifier: <input type="text"/>
Federal Agency Location Code:	<input type="text"/>	
RETAIL PHARMACY INFORMATION(Not applicable at this time)		
Pharmacy Name	Pharmacy Name: <input type="text"/>	Chain Number: <input type="text"/>
	Parent: <input type="text"/>	Organization ID: <input type="text"/>
	Payment Center ID: <input type="text"/>	
	NCPDP Provider ID Number: <input type="text"/>	
	Medicaid Provider Number: <input type="text"/>	
ELECTRONIC REMITTANCE ADVICE INFORMATION		
Preference for Aggregation of Remittance Data(e.g., Account Number Linkage to Provider Identifier)		
<input type="radio"/> NPI <input checked="" type="radio"/> TAX ID *		
MI Medicaid enumerates by Tax ID only.		
Method of Retrieval:	<input type="text"/>	*
ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION (Not applicable at this time)		
ClearingHouse Name:	<input type="text"/>	
ClearingHouse Contact Name	ClearingHouse Contact Name: <input type="text"/>	Telephone Number: <input type="text"/>
	Email Address: <input type="text"/>	
ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION (Not applicable at this time)		
Vendor Name:	<input type="text"/>	
Vendor Contact	Vendor Contact Name: <input type="text"/>	Telephone Number: <input type="text"/>
	Email Address: <input type="text"/>	
SUBMISSION INFORMATION		
Reason for Submission		
<input type="radio"/> Cancel Enrollment <input type="radio"/> Change Enrollment <input checked="" type="radio"/> New Enrollment *		
Authorized Signature		
Electronic Signature of Person Submitting Enrollment:		
<input type="checkbox"/> Authorization Agreement-By selecting the checkbox above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.		
Authorization Agreement		
By signing this request, I am authorizing the Michigan Department Of Health and Human Services to establish an 835/ERA account for the Tax ID listed above and for 835/ERA files to be transmitted electronically to the designated entity.		
Written Signature of Person Submitting Enrollment:	<input type="text"/>	
Printed Name of Person Submitting Enrollment:	<input type="text"/>	
Printed Title of Person Submitting Enrollment:	<input type="text"/>	
Submission Date:	11/15/2017	
Requested ERA Effective Date:		
(Once approve the next paycycle date.)		

New Individual/Sole Proprietor Enrollment

- Click Submit
- Click Close

The screenshot displays the CHAMPS web application interface for a new enrollment. The top navigation bar includes the CHAMPS logo, a user profile, and navigation options like 'My Inbox' and 'Provider'. The main content area shows the 'ERA ENROLLMENT FORM' for 'Tester, Test' with application ID 20171115618358. The form is divided into several sections: 'PROVIDER INFORMATION' (including name, DBA, address, and state), 'PROVIDER IDENTIFIERS' (including TIN/EIN, NPI, and license details), and 'PROVIDER CONTACT INFORMATION' (including contact name, title, and phone numbers). A toolbar at the top of the form contains 'Close', 'Submit', 'Print', and 'Help' buttons, with 'Close' and 'Submit' highlighted in red.

Section	Field	Value
PROVIDER INFORMATION	Provider Name	Tester, Test
	Doing Business As Name (DBA)	
	Provider Address	
	Street	320 S Walnut St
	State/Province	MICHIGAN
PROVIDER IDENTIFIERS	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
	National Provider Identifier (NPI)	
	Other Identifier(s)	
PROVIDER CONTACT INFORMATION	Provider Contact Name	
	Contact	Test, One
	Title	Managing Employee

New Individual/Sole Proprietor Enrollment

- Step 11 is complete
- Click on Step 12: Upload Documents
 - (Note: This step is optional)

Application ID: 20171115618358 Name: Tester, Test

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional	11/15/2017	11/15/2017	Complete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

New Individual/Sole Proprietor Enrollment

- This step is optional, if documentation needs to be uploaded, click Add
- If not, click Close

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and navigation tabs for 'My Inbox' and 'Provider' are in the center. A dark blue header bar contains utility links: 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the header, the breadcrumb trail reads 'MyInbox > New Enrollment > Individual Enrollment'. The main content area shows 'Application ID: 20171115618358' and 'Name: Tester, Test'. A 'Close' button is highlighted with a red box. Below this is a 'Document List' section with an 'Add' button also highlighted in red. A filter bar includes a 'Filter By' dropdown, two input fields, a 'Go' button, and 'Save Filters' and 'My Filters' buttons. A table with columns for 'Document ID', 'Document Type', 'Document Name', 'File Name', 'Start Date', 'End Date', 'Uploaded By', 'Uploaded Date', and 'Status' is shown. The table is currently empty, with the text 'No Records Found!' centered below it.

New Individual/Sole Proprietor Enrollment

- If provider chooses to upload a document;
- Select the document type and document name
- Click Browse to find the saved document on your computer
- Enter any other additional information
- Click Ok

CHAMPS My Inbox Provider

Application ID: 20171115618358 Name: Tester, Test

Upload Document

Document Type: **SELECT** *
Certification
Contract
General
License

Associated MCO ID:

Document Name: *
Program Name:

File Name: Browse...

Start Date:

End Date:

Remark:

OK Cancel

Page ID: dlgEnrImntAttachment(Provider)

New Individual/Sole Proprietor Enrollment

- The documentation has been added
- To return to the enrollment steps, click Close

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this, there is a user profile dropdown and utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area displays the application details for 'Application ID: 20171115618358' and 'Name: Tester, Test'. A 'Close' button is highlighted with a red box. Below this is a 'Document List' section with an 'Add' button and a filter section. The document list contains one entry:

Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Status
<input type="checkbox"/>	Certification	Board Certification					11/15/2017	In Process

At the bottom of the document list, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

New Individual/Sole Proprietor Enrollment

- Step 12 is complete
- Click on Step 13: Complete Enrollment Checklist

Application ID: 20171115618358 Name: Tester, Test

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional	11/15/2017	11/15/2017	Complete	
Step 12: Upload Documents	Optional	11/15/2017	11/15/2017	Complete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

New Individual/Sole Proprietor Enrollment

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

CHAMPS My Inbox Provider

Application ID: 20171115618358 Name: Tester, Test

Close Save

Provider Checklist

Question	Answer	Comments
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Not Completed	
Are you currently excluded from any State program?	Not Completed	
Are you currently excluded from any Federal program?	Not Completed	
Have you ever had a criminal or health-related conviction?	Not Completed	
Have you ever had a judgment under any false claims act?	Not Completed	
Have you ever had a program exclusion/debarment?	Not Completed	
Have you ever had a civil monetary penalty?	Not Completed	
Are you applying as a Private Duty Nurse (LPN/RN) for private duty services?	Not Completed	
Do you have ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	Not Completed	
Do you accept new patients?	Not Completed	
Have you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).	Not Completed	
If you are a Nurse Practitioner or Nurse Midwife, a Collaborative Agreement is required. Please provide NPI of servicing physician. If you don't have an agreement, please answer yes and provide an explanation.	Not Completed	
Dental Hygienist-Do you have a collaborative agreement in place? If 'Yes', with what NPI?	Not Completed	
Are you affiliated with a PA 161 program? If yes, please provide the NPI of that program(s) in the comments.	Not Completed	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed	
Have you completed American Pharmacists Assoc's Delivering Medication Therapy Mgmt Services or program approved by Accreditation Council of Pharmacy Education? If yes, then enter what you have completed.	Not Completed	

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

New Individual/Sole Proprietor Enrollment

- Step 13 is complete
- Click on Step 14: Submit Enrollment Application for Approval
 - (Note: If you chose not to complete optional steps you can still submit your application)

You must complete step 14 to submit your application

Application ID: 20171115618358 Name: Tester, Test

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
Step 2: Add Locations	Required	11/15/2017	11/15/2017	Complete	
Step 3: Add Specialties	Required	11/15/2017	11/15/2017	Complete	
Step 4: Associate Billing Provider	Optional	11/15/2017	11/15/2017	Complete	
Step 5: Add License/Certification/Other	Required	11/15/2017	11/15/2017	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	11/15/2017	11/15/2017	Complete	
Step 7: Associate Billing Agent	Optional	11/15/2017	11/15/2017	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional	11/15/2017	11/15/2017	Complete	
Step 12: Upload Documents	Optional	11/15/2017	11/15/2017	Complete	
Step 13: Complete Enrollment Checklist	Required	11/15/2017	11/15/2017	Complete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

New Individual/Sole Proprietor Enrollment

- Final Submission: Click Next

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. Below this is a dark blue header with a user profile icon and several utility icons: 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail reads 'MyInbox > New Enrollment > Individual Enrollment'. The main content area displays 'Application ID: 20171115618358' and 'Name: Tester, Test'. Below this, there are two buttons: 'Close' and 'Next', with the 'Next' button highlighted by a red rectangular box. The 'Final Submission' section contains the following text: 'Application ID: 20171115618358', 'EnrollmentType: Individual/Sole Proprietor', 'The information submitted for enrollment shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted.', and 'I agree that the information submitted as a part of the application is correct (Private and Confidential)'. At the bottom, there is an 'Application Document Checklist' section with a table that has four columns: 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

New Individual/Sole Proprietor Enrollment

- Read through the entire list of Terms and Conditions

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. Below this is a dark blue header with utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows a breadcrumb trail: 'MyInbox > New Enrollment > Individual Enrollment'. Below the breadcrumb, there is a header section with 'Application ID: 20171115618358' and 'Name: Tester, Test'. A toolbar contains 'Close' and 'Submit Application' buttons. A warning message states: 'After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.' The main document title is 'Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions'. The document text begins with: 'In applying for enrollment as a provider or trading partner in the Medical Assistance Program (and programs for which the Michigan Department Of Health and Human Services (MDHHS) is the fiscal intermediary), I represent and certify as follows:'. It then lists 12 numbered conditions for enrollment.

Application ID: 20171115618358 Name: Tester, Test

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

Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions

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

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

New Individual/Sole Proprietor Enrollment

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

CHAMPS < My Inbox > Provider >

Note Pad External Links > My Favorites > Print Help

MyInbox > New Enrollment > Individual Enrollment

Application ID: 20171115618358 Name: Tester, Test

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

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

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

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

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

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

10. Miscellaneous.
Provisions 3 and 8 shall survive termination of this Agreement.

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

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

New Individual/Sole Proprietor Enrollment

- Step 14 is now complete and the application has been submitted to the State for review
- Take note of your Application ID for further tracking
- Click Close
 - (Note: Optional steps may show as incomplete if you chose not to complete. This is ok.)

Application ID: 20171115618358 Name: Tester, Test

Your Application Number 20171115618358 has been successfully submitted for State review. Return with this application number to track the status of your application. ✕

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
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Step 8: Add Provider Controlling Interest/Ownership Details	Required	11/15/2017	11/15/2017	Complete	
Step 9: Add Taxonomy Details	Required	11/15/2017	11/15/2017	Complete	
Step 10: Associate MCO Plan	Optional	11/15/2017	11/15/2017	Complete	
Step 11: 835/ERA Enrollment Form	Optional	11/15/2017	11/15/2017	Complete	
Step 12: Upload Documents	Optional	11/15/2017	11/15/2017	Complete	
Step 13: Complete Enrollment Checklist	Required	11/15/2017	11/15/2017	Complete	
Step 14: Submit Enrollment Application for Approval	Required	11/15/2017	11/15/2017	Complete	

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

Track Existing Application

How to track a submitted application within CHAMPS

Track Existing Application

- Select Provider tab
- Click Track Application

The screenshot displays the CHAMPS web application interface. At the top left, the CHAMPS logo is visible. A dropdown menu labeled 'Provider' is open, showing two options: 'New Enrollment' and 'Track Application'. The 'Track Application' option is highlighted with a red box. Below the dropdown menu, there is a table with two columns. The first column contains links for 'New Enrollment' and 'Track Application'. The second column contains the corresponding actions: 'Enroll As A New Provider' and 'Track Existing Provider Application'. The 'Track Application' link in the first column is also highlighted with a red box. The top navigation bar includes links for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'.

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

Track Existing Application

- Fill in Application ID
- Click Next

CHAMPS < My Inbox ▾ Provider ▾

Provider Portal > Track Application

Close Next

Track Existing Application

Please provide the Application ID to track your application.

Application ID: *

Request Access to Home Help Provider Info

Click the below link if you are an Existing Home Help Individual or Agency accessing CHAMPS system for the first time. provide the Application ID to track your application.

[Home Help Providers requesting access to their Information.](#)

Track Existing Application

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

CHAMPS < My Inbox > Provider >

Note Pad External Links > My Favorites > Print Help

Provider Portal > Track Application

Close Submit

Verify Application Details

For Additional security, please enter following information:

SSN: *

Date Of Birth: *

Home Zip Code: *

Track Existing Application

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

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with 'CHAMPS' logo, 'My Inbox', and 'Provider' tabs. Below this is a dark blue header with 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help' icons. The breadcrumb trail reads 'Provider Portal > Track Application > Individual Enrollment'. The main content area shows 'Application ID: 20171115618358' and 'Name: Tester, Test'. A prominent orange message box states: 'Your application is currently In-Review by the Provider Enrollment Unit. You cannot make any modifications to your enrollment information at this time.' A 'Close' button is highlighted with a red box. Below the message is a section titled 'Enroll Provider - Individual' with a 'Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.' instruction. A table lists 14 steps, all with a status of 'Complete'. At the bottom, there are controls for 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/15/2017	11/15/2017	Complete	
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Step 13: Complete Enrollment Checklist	Required	11/15/2017	11/15/2017	Complete	
Step 14: Submit Enrollment Application for Approval	Required	11/15/2017	11/15/2017	Complete	

Provider Enrollment Final Steps

- Allow the State time to review the Provider Enrollment Application.
- After the State has looked over the Provider Enrollment Application Providers will receive a letter letting them know whether they have been approved or denied.
 - Approval or denial letter is sent to the Correspondence address provided in the Provider Enrollment Application.

Provider Enrollment Resources



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



SIGMA:

New Individual Providers must register with SIGMA as Vendors Visit: [Michigan.gov/SIGMAVSS](https://www.michigan.gov/SIGMAVSS)



Trainings:

CHAMPS Enrollment Application: [Individual/Sole Proprietor Domain Administrator Functions -PDF](#)
Track Application – [PDF](#)



Forms:

Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
Electronic Signature Agreement ([DCH-1401](#))



Provider Enrollment:

1-800-292-2550

ProviderSupport@Michigan.gov

ProviderEnrollment@Michigan.gov



Thank you for participating in the Michigan Medicaid Program