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Michigan Department of Health & Human Services

Provider Enrollment
New Local Education Agency (LEA)

Atypical Agency 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

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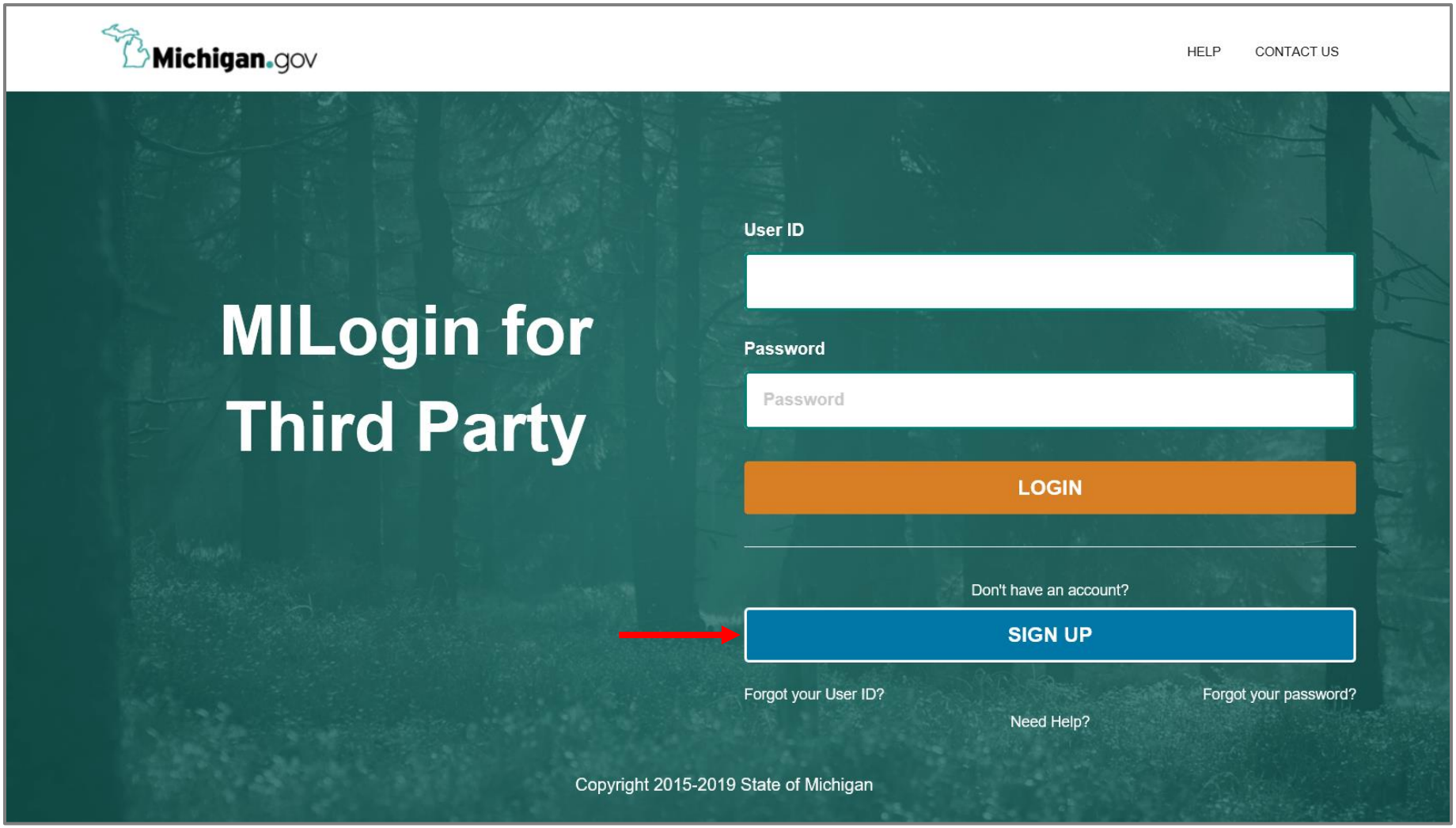
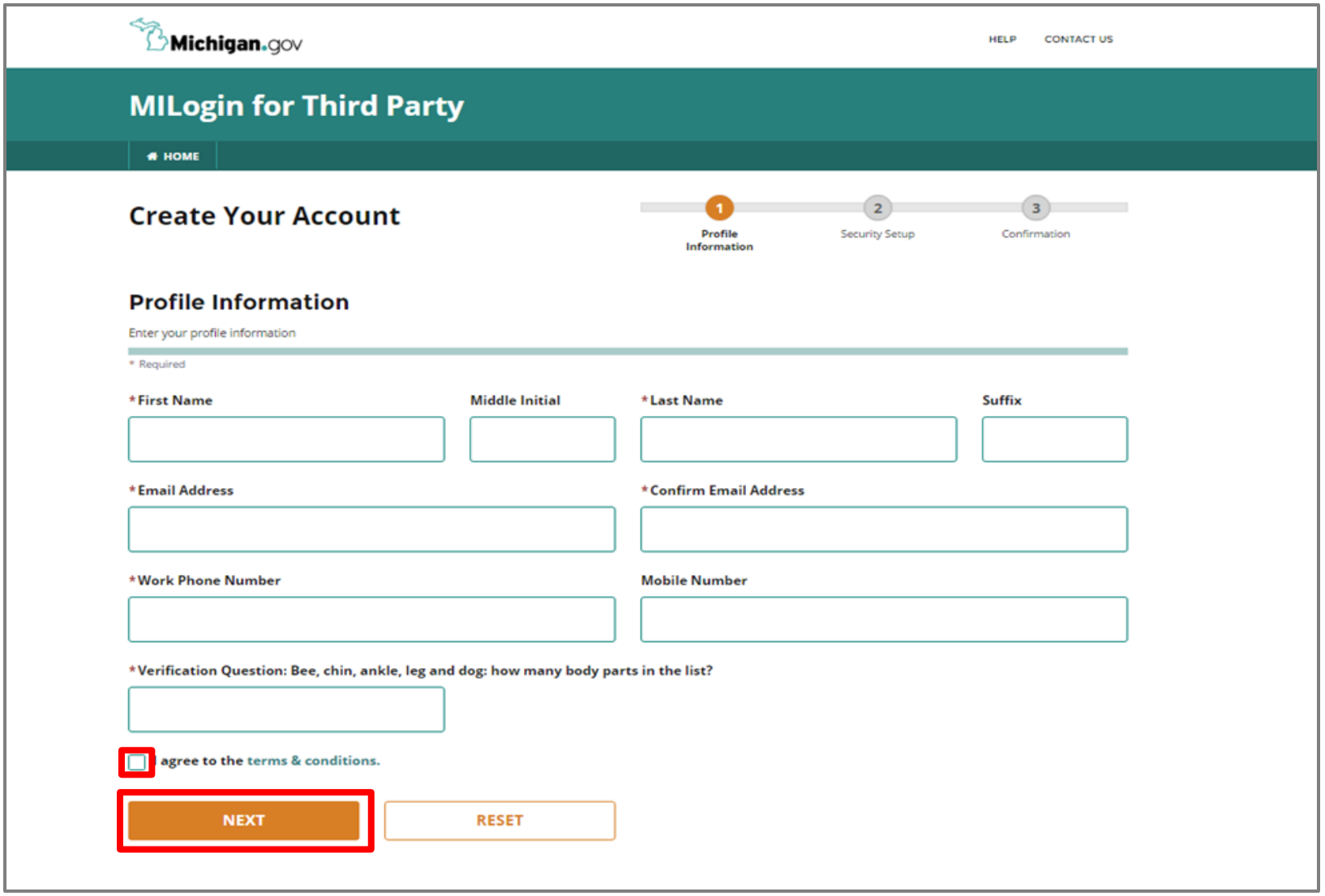
Register for MILogin and CHAMPS

MILogin is a website that allows a user to enter one ID and password in order to access multiple applications.

CHAMPS (Community Health Automated Medicaid Processing System) is the program where providers enroll, update enrollment information, and report services performed.



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



- Complete all required fields
- Check the ‘I agree’ box
- Click Next

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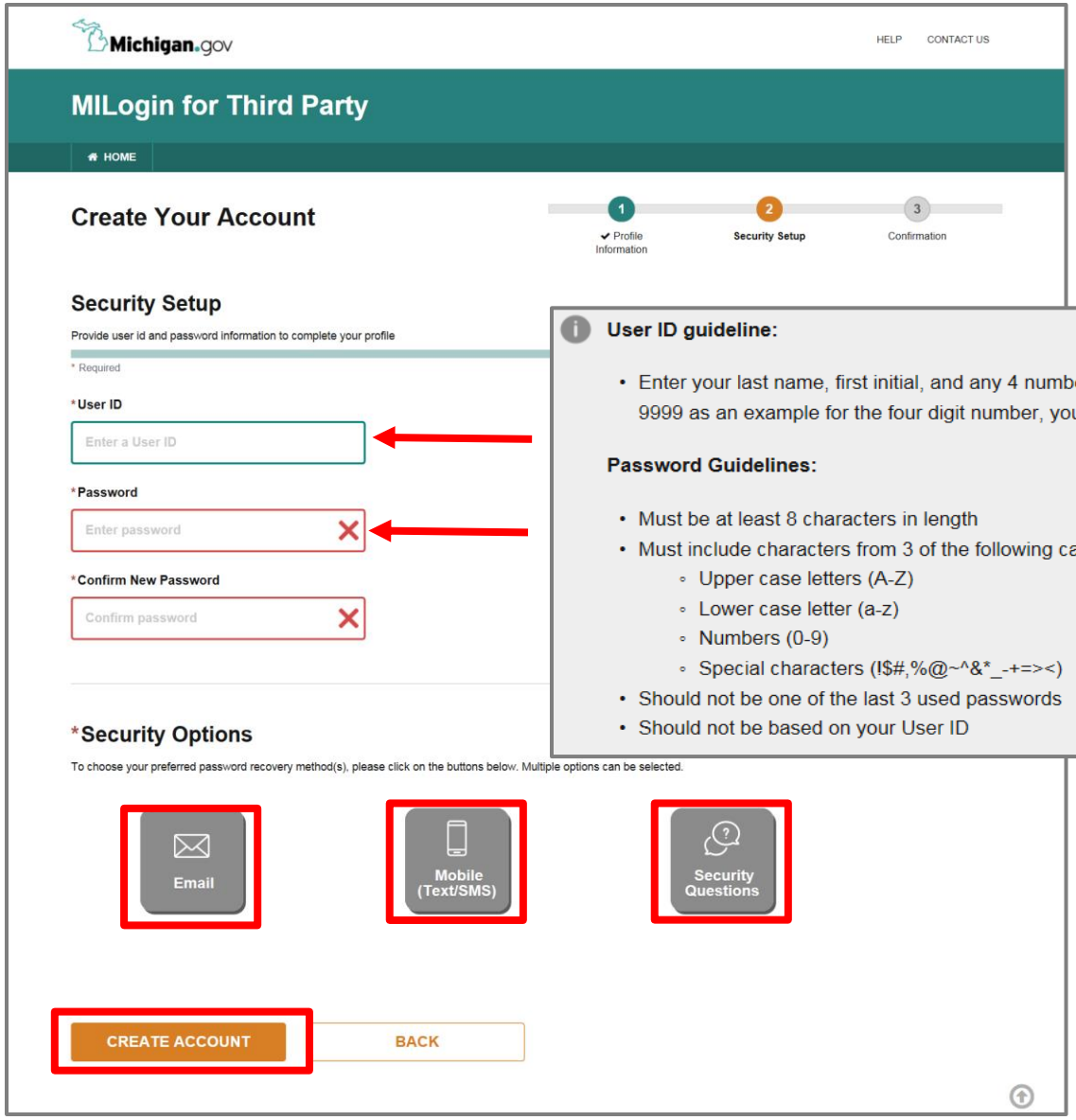
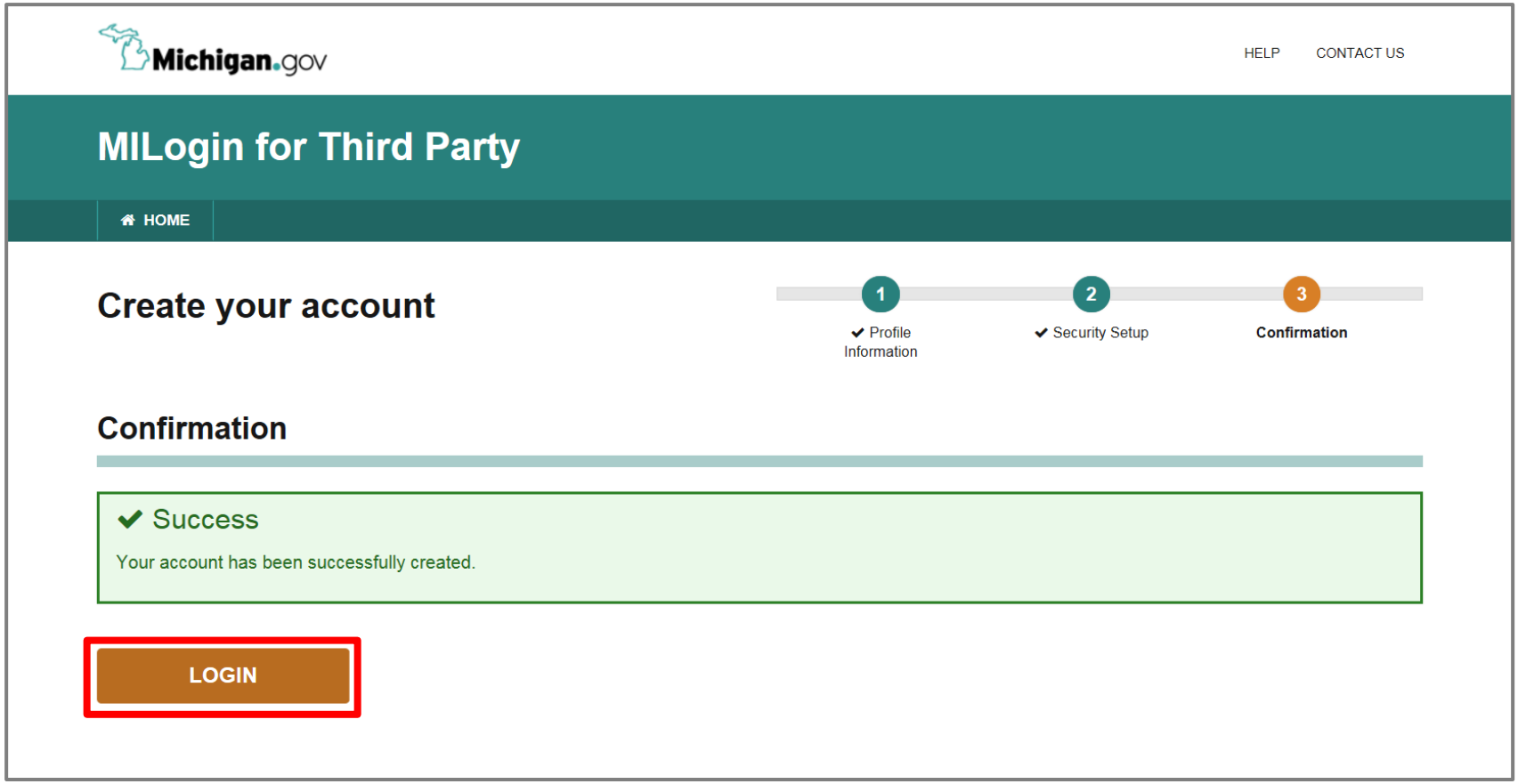


- Create the user ID and password following the listed guidelines
- Select the preferred password recovery method(s)
- Click Create Account



- Your MILogin account has now been created successfully
- Click the Login button to return to the login screen

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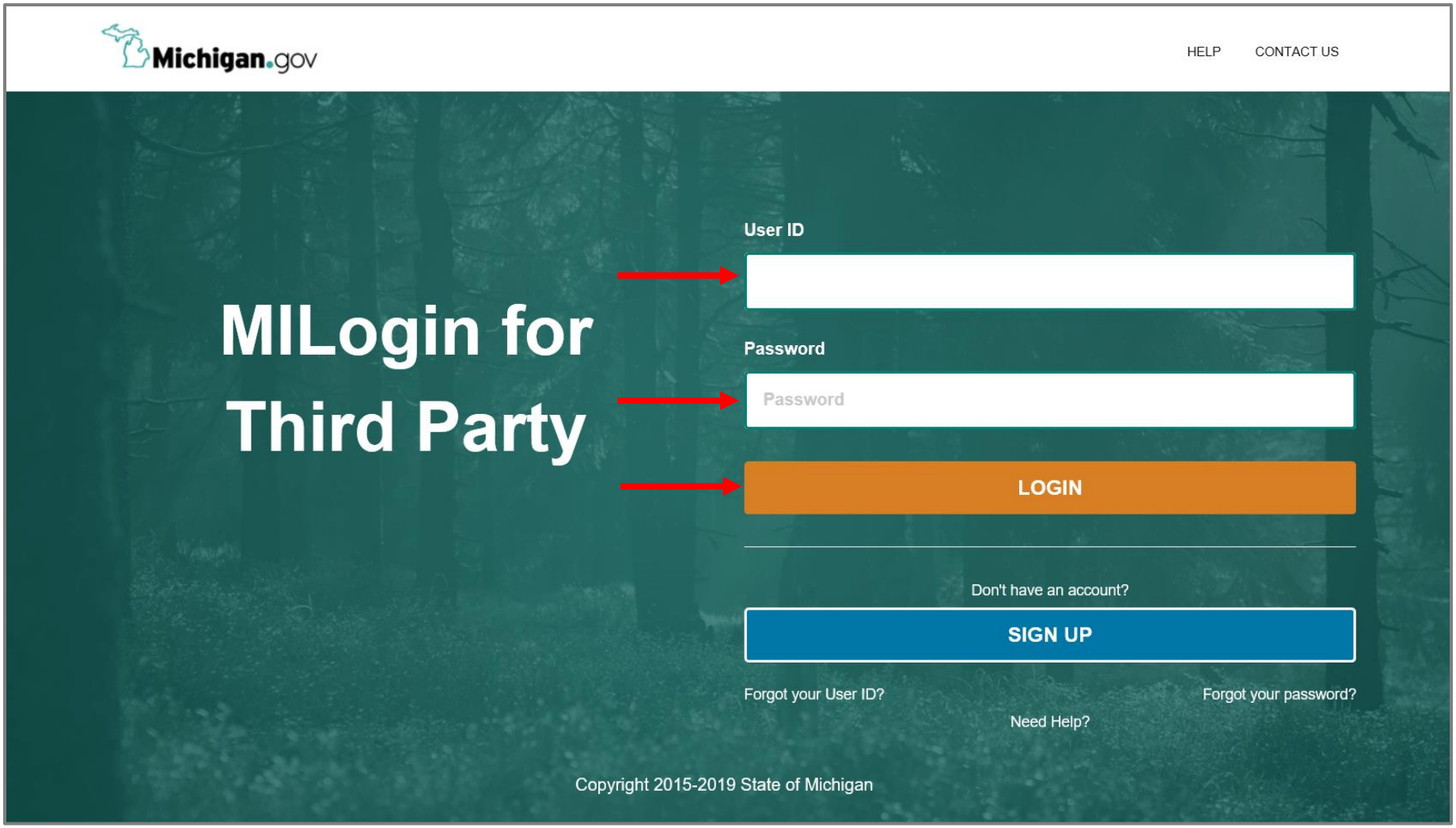

- Enter your User ID and Password you just created
- Click Login

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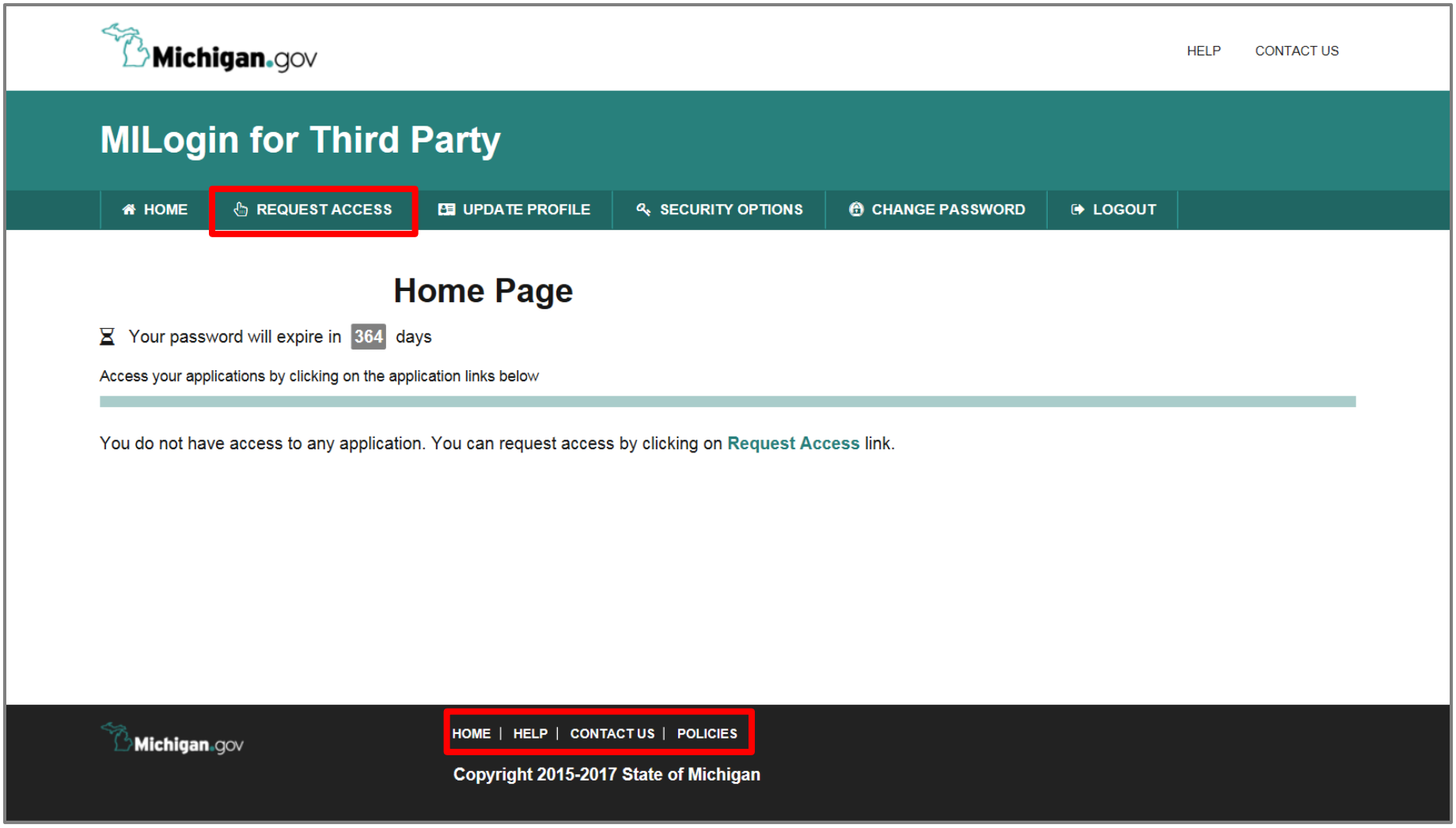

- Your Home Page will not show any applications
- Click Request Access

**MILogin resource links are listed at the bottom of the page*

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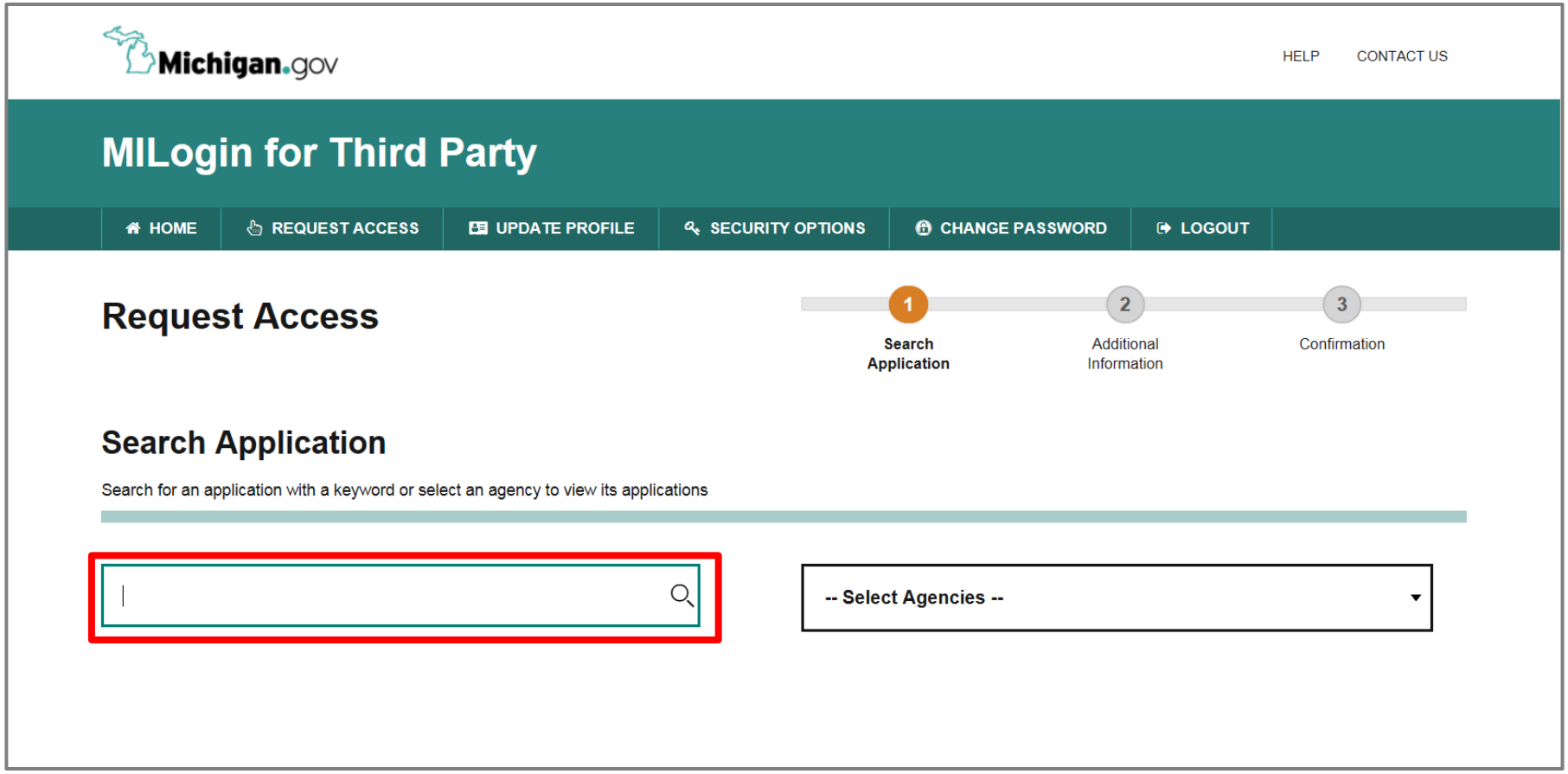
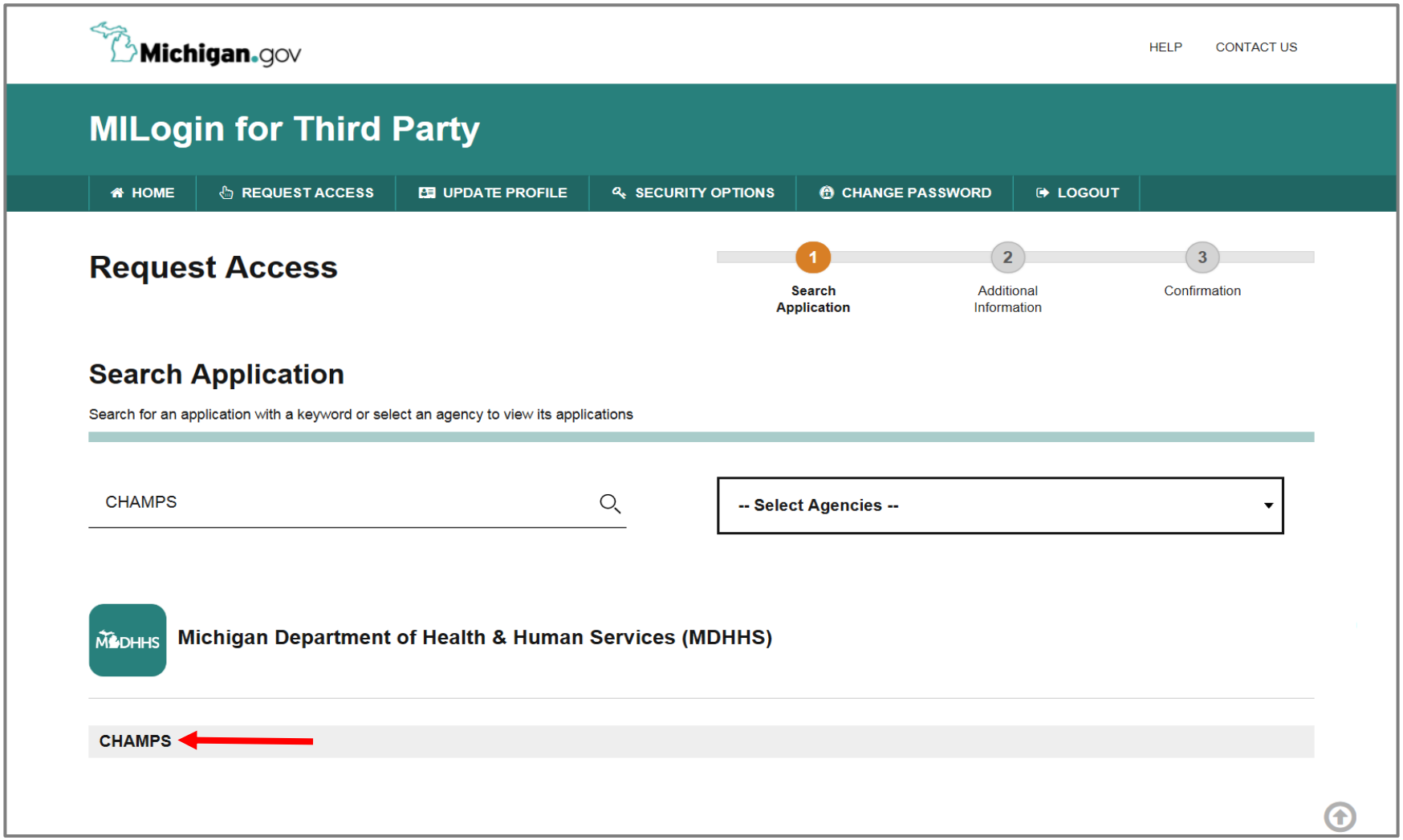
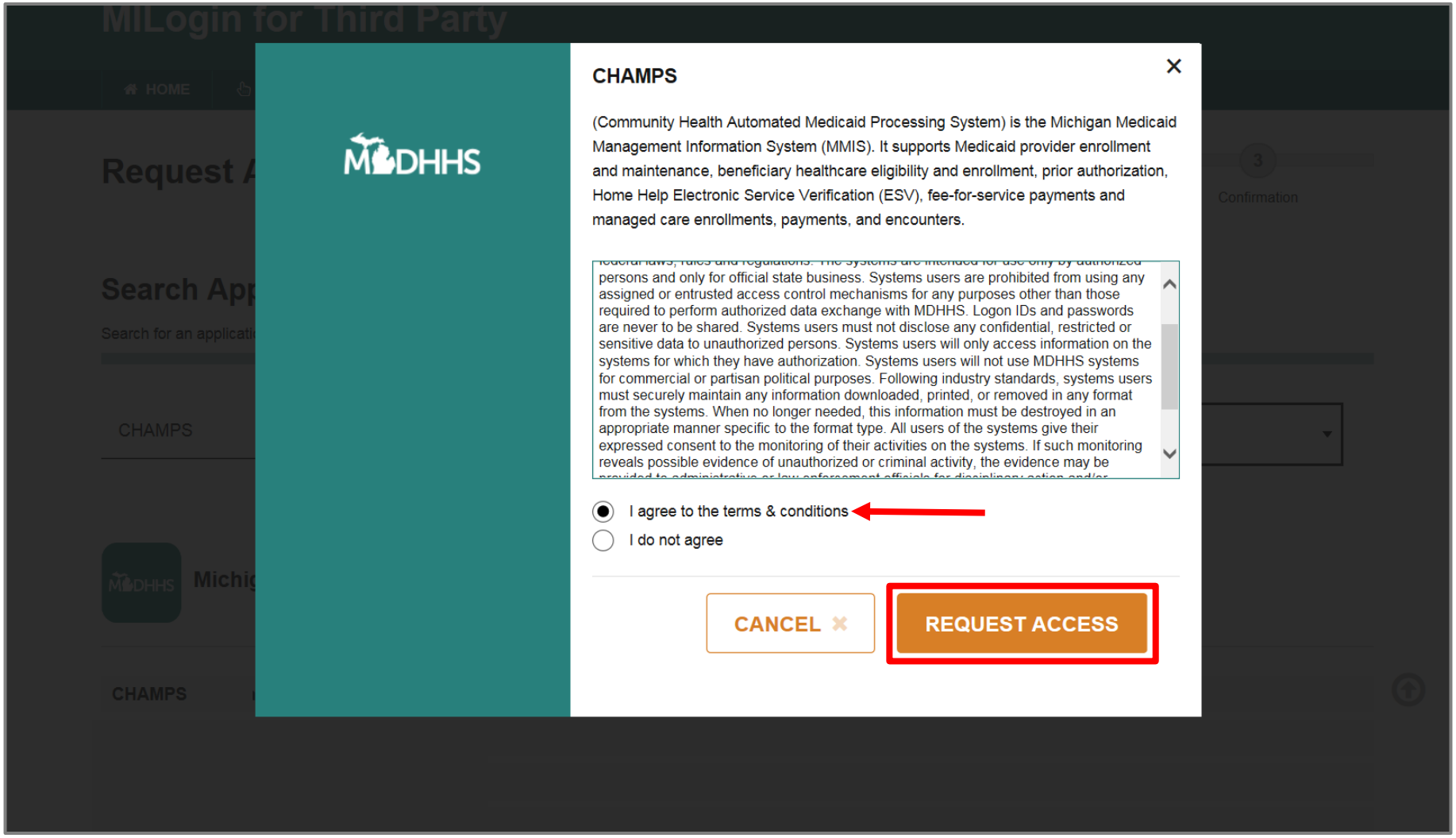


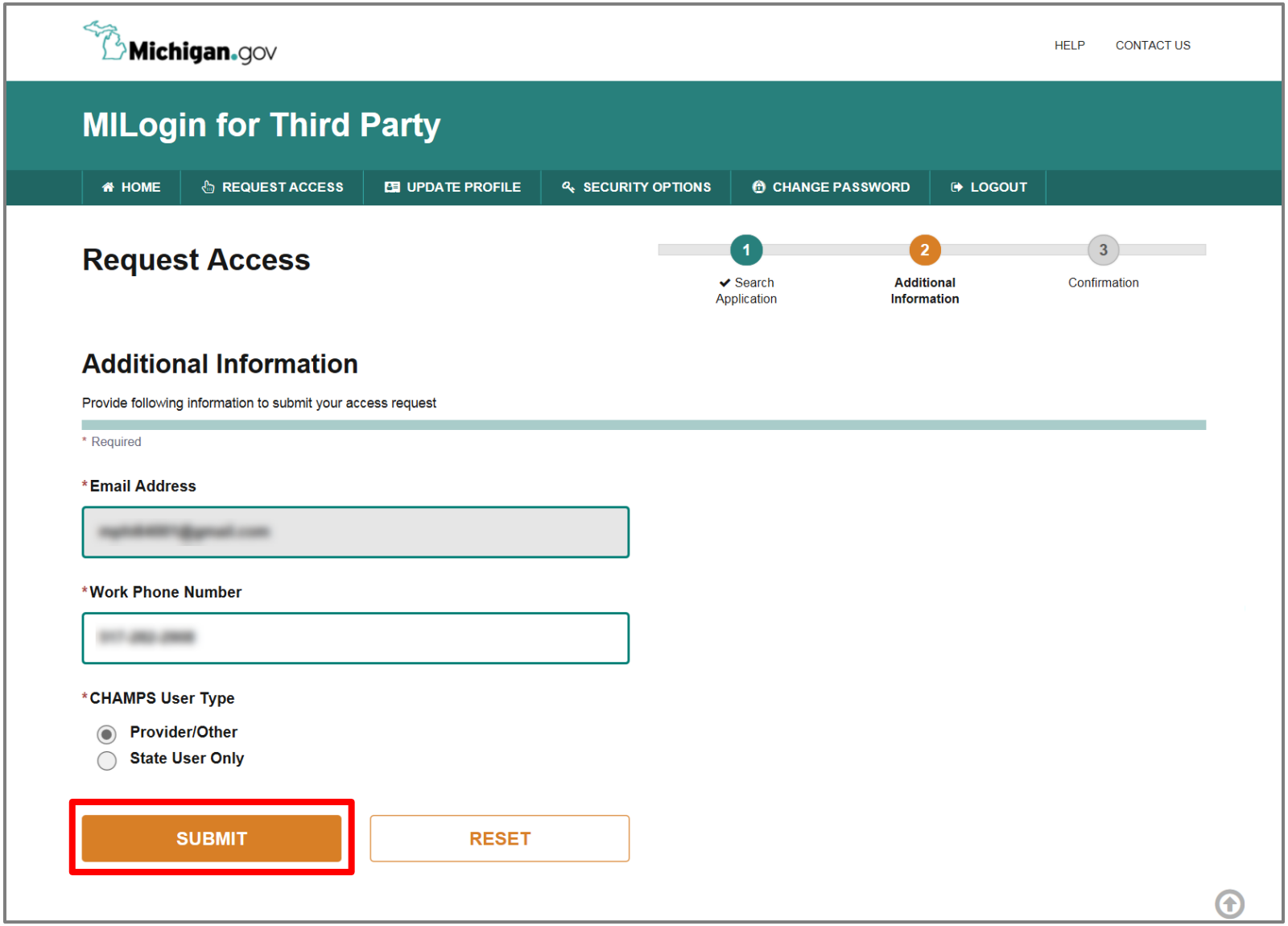
- Type CHAMPS in the search box
- Click the search/magnifying button



- Click on CHAMPS



- Select the ‘I agree to the terms & conditions’ radio button
- Click Request Access



- Verify all information is correct
- Click Submit

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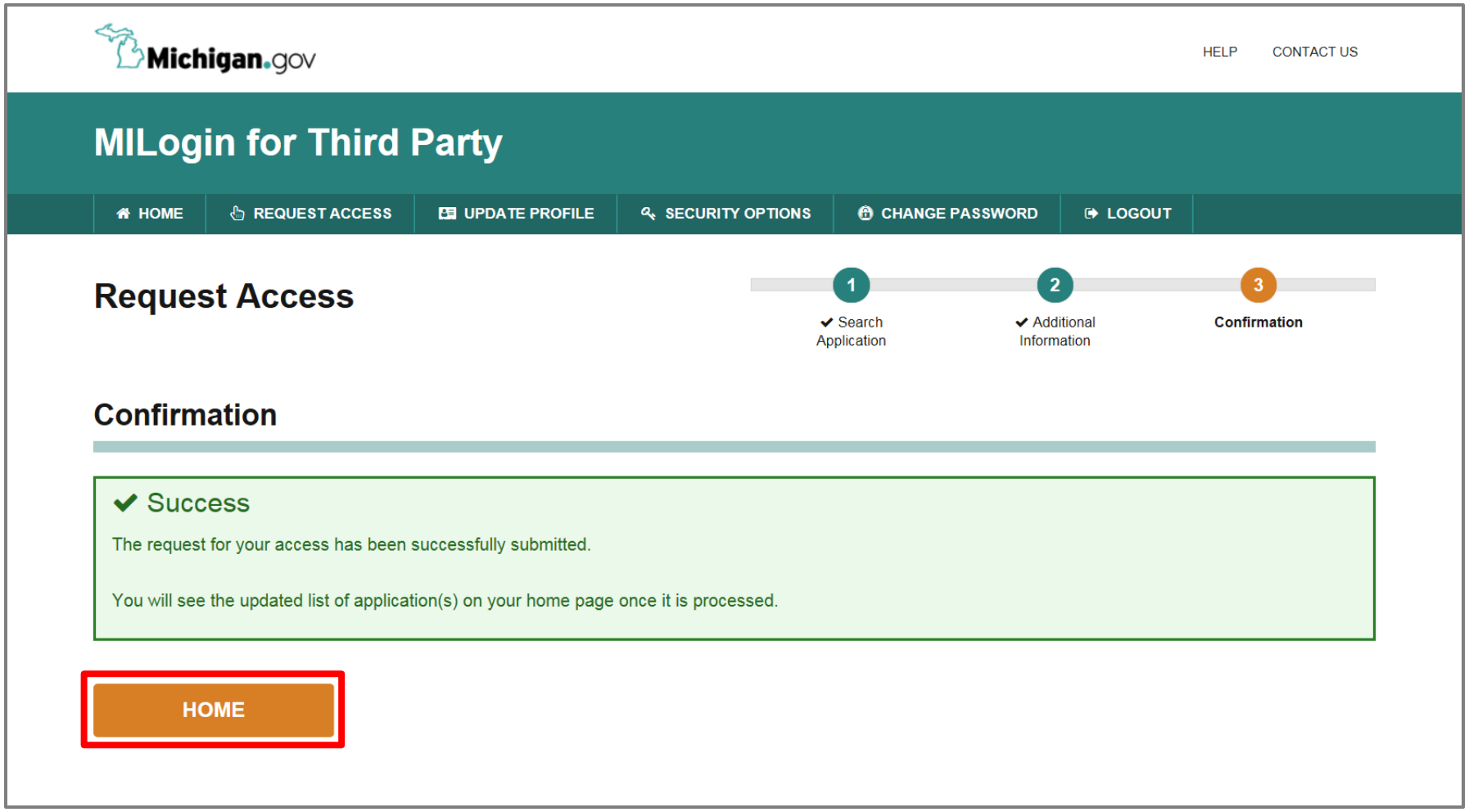
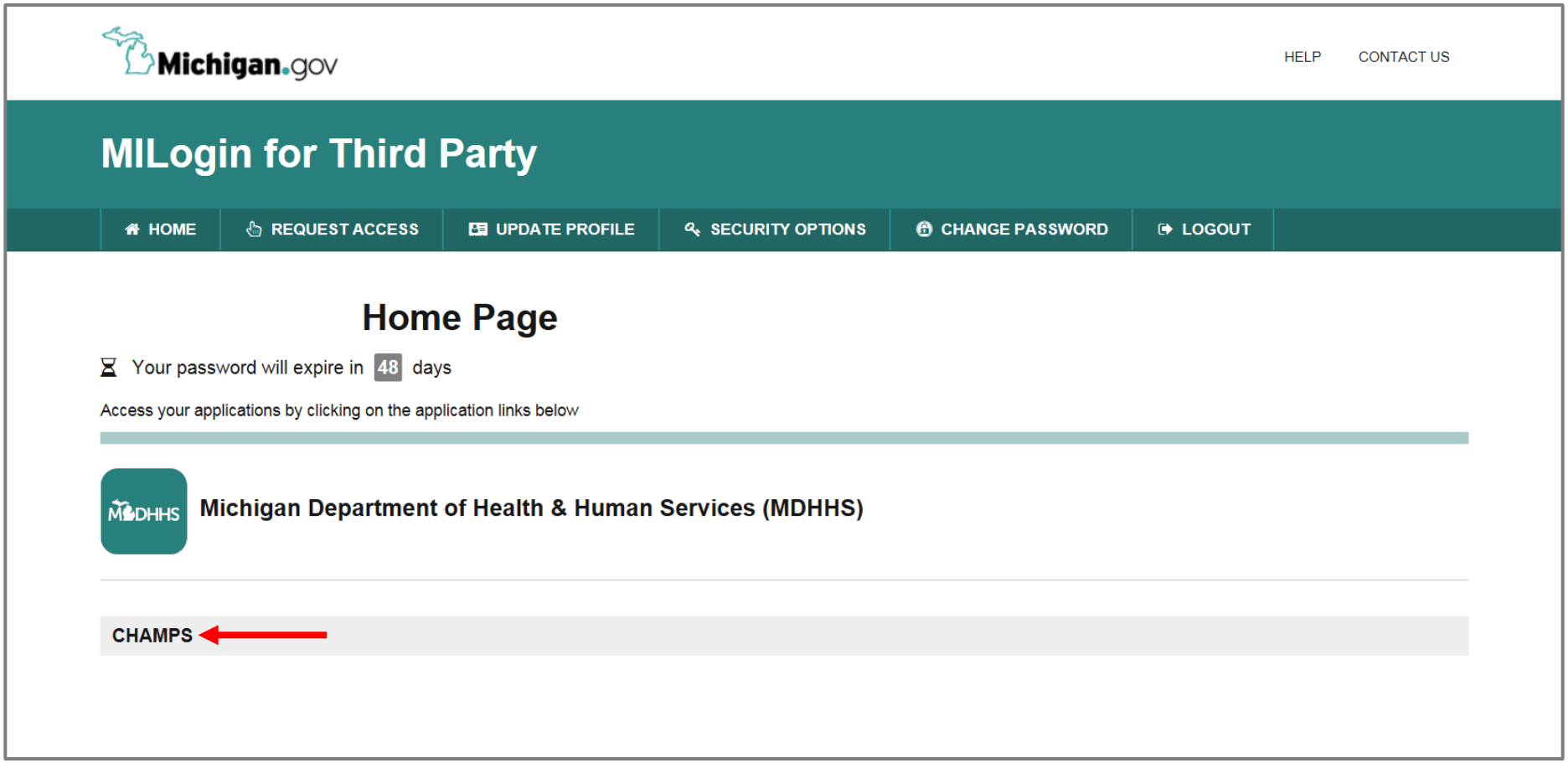
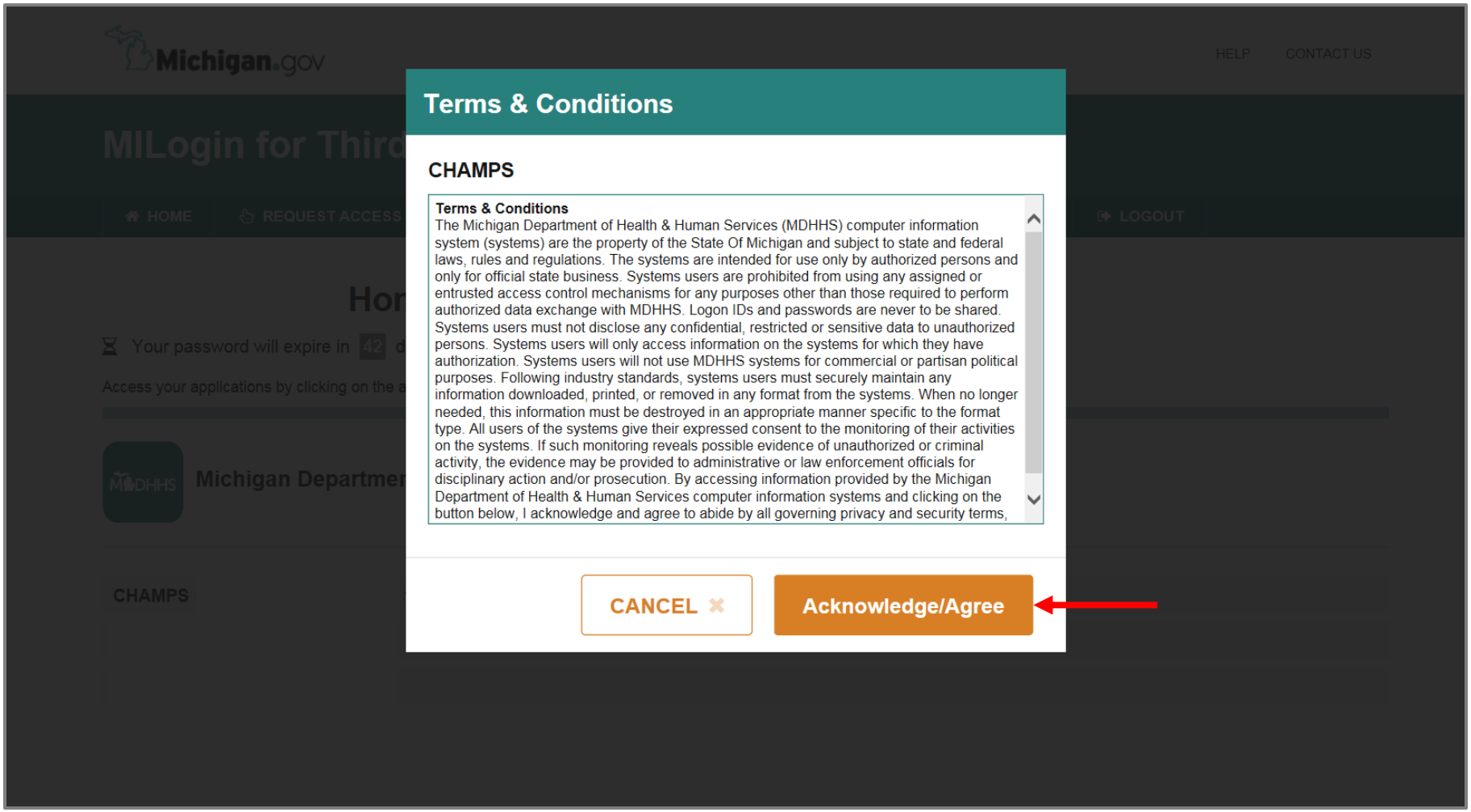


- You will be given confirmation that your request has been submitted successfully
- Click the Home button to return to the MILogin Home Page



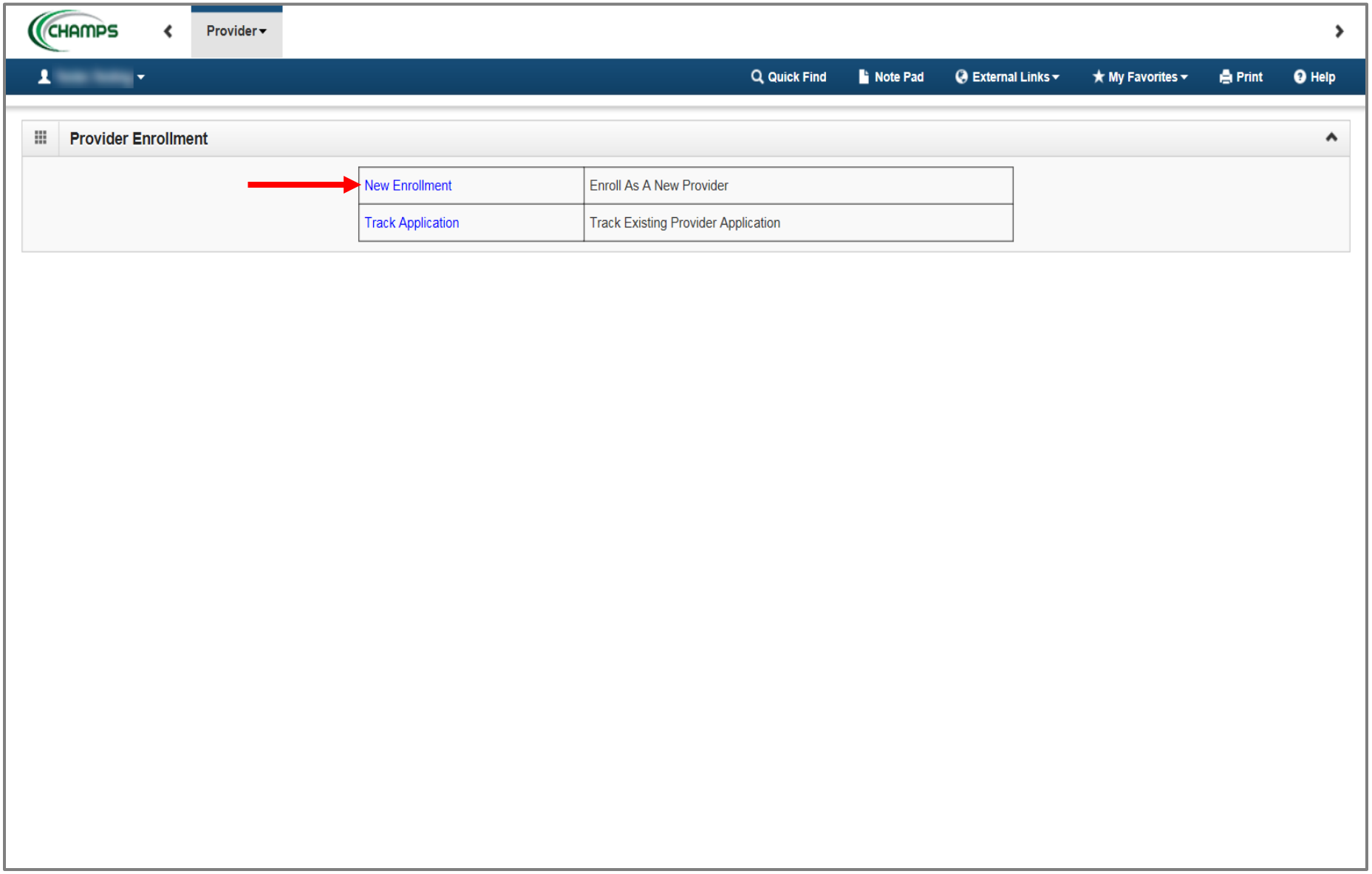
- You will be directed back to your MILogin Home Page
- Click the CHAMPS hyperlink



- Click Acknowledge/Agree button to accept the Terms & Conditions to get into CHAMPS

New Local Education Agency (LEA) Provider Enrollment

Steps on how to complete a new CHAMPS enrollment for an Atypical Agency Provider type



- Click New Enrollment

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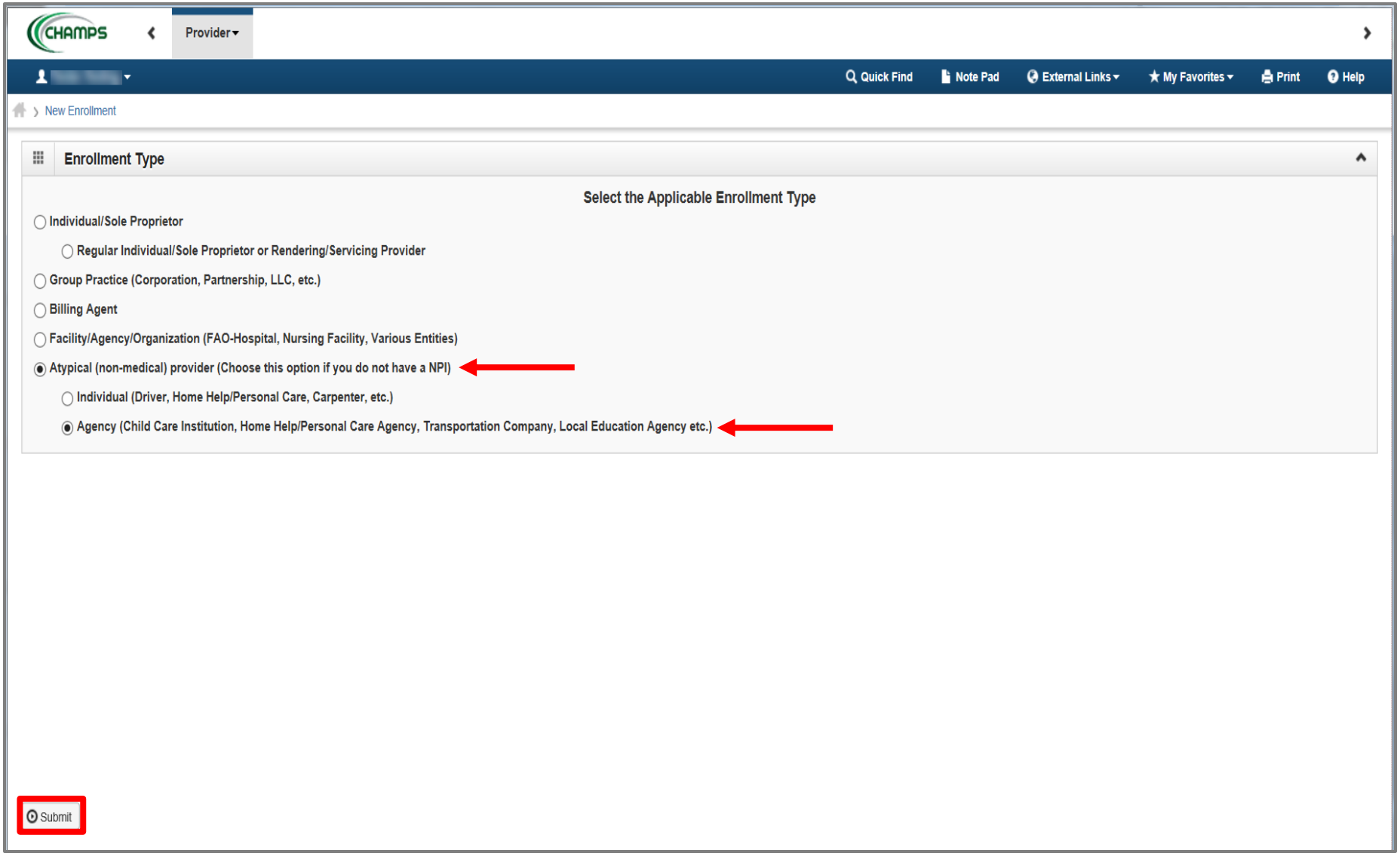
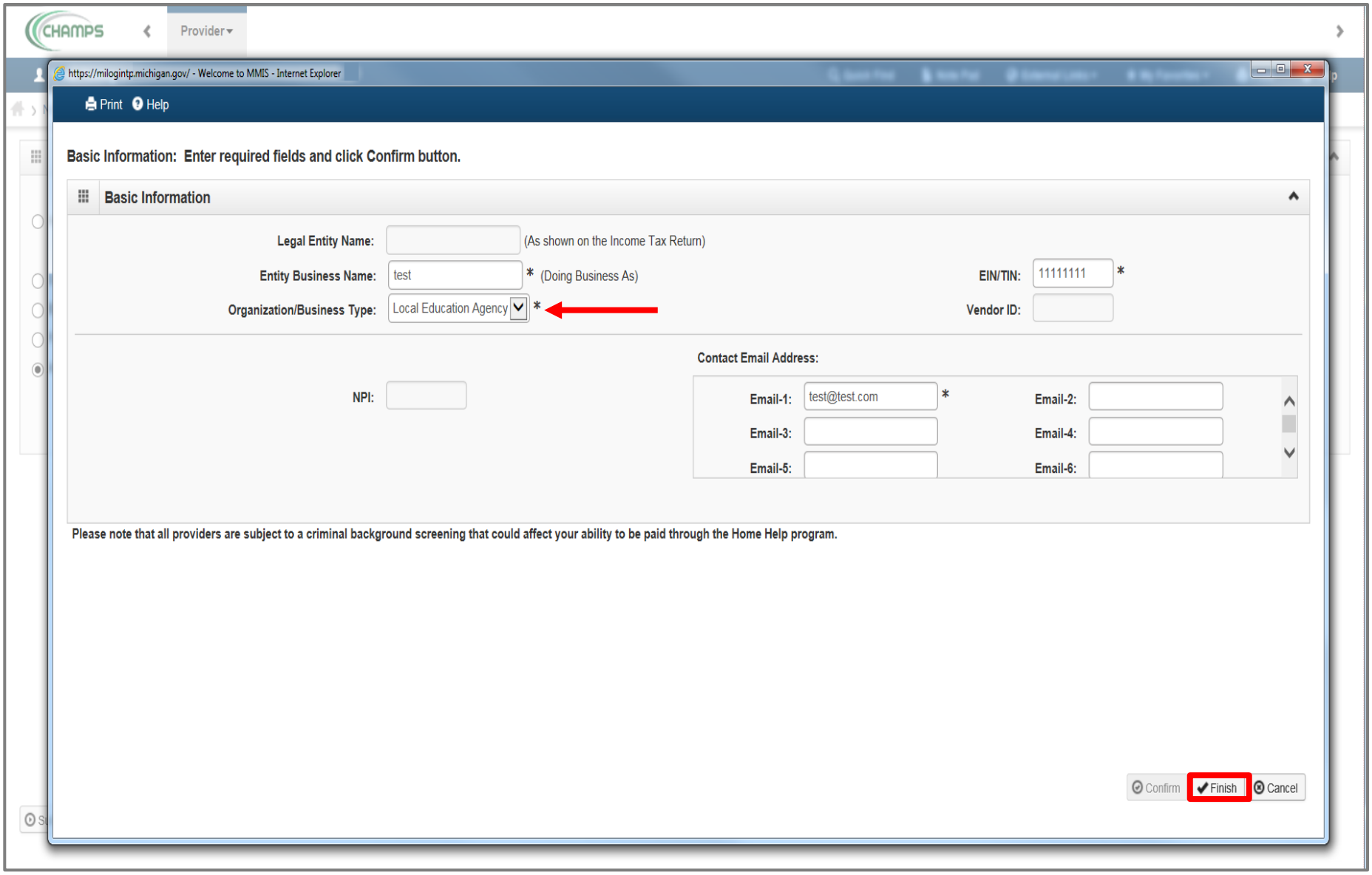
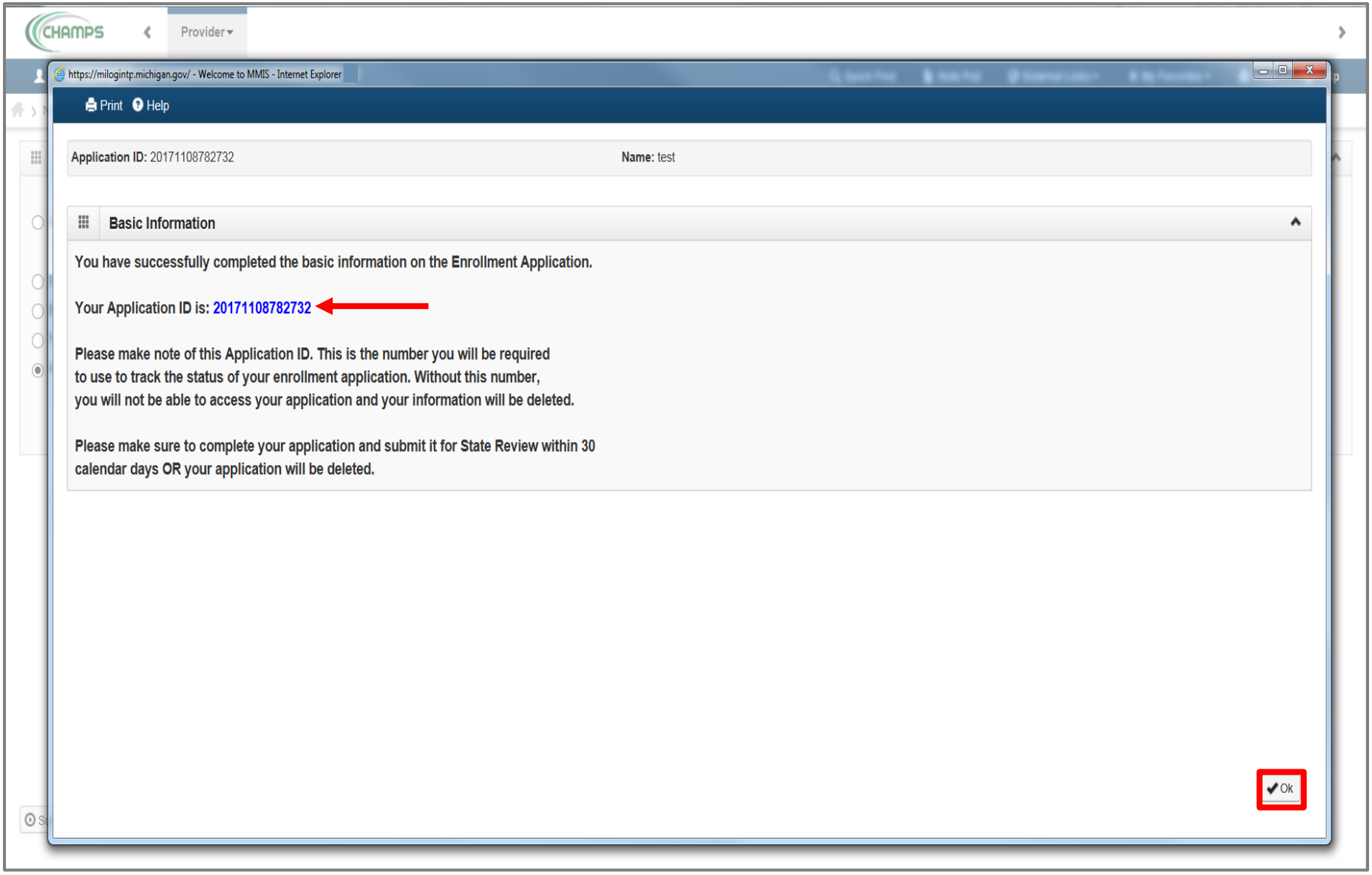


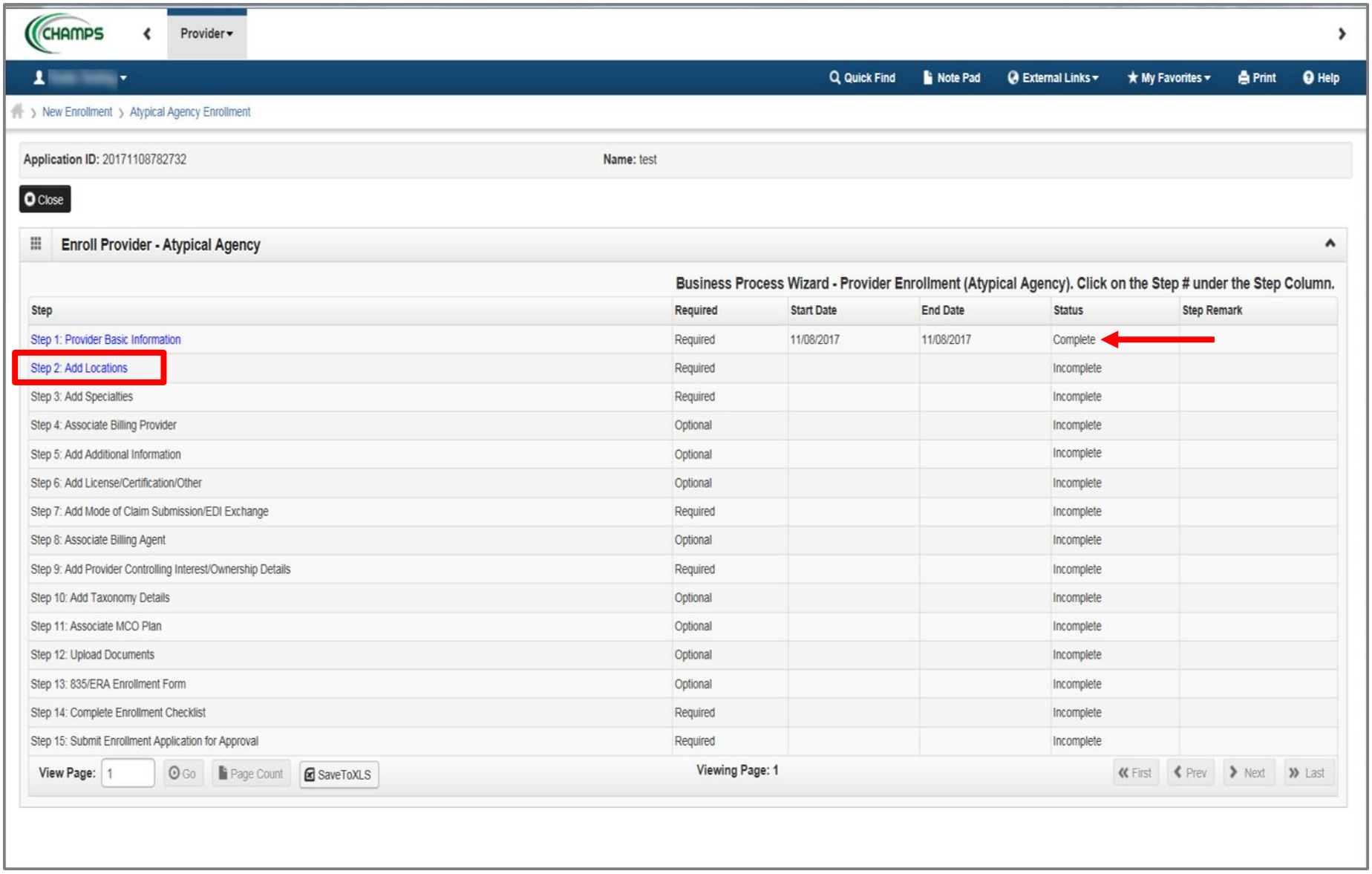
- Select Atypical (non-medical) provider
- Select Agency
- Click Submit



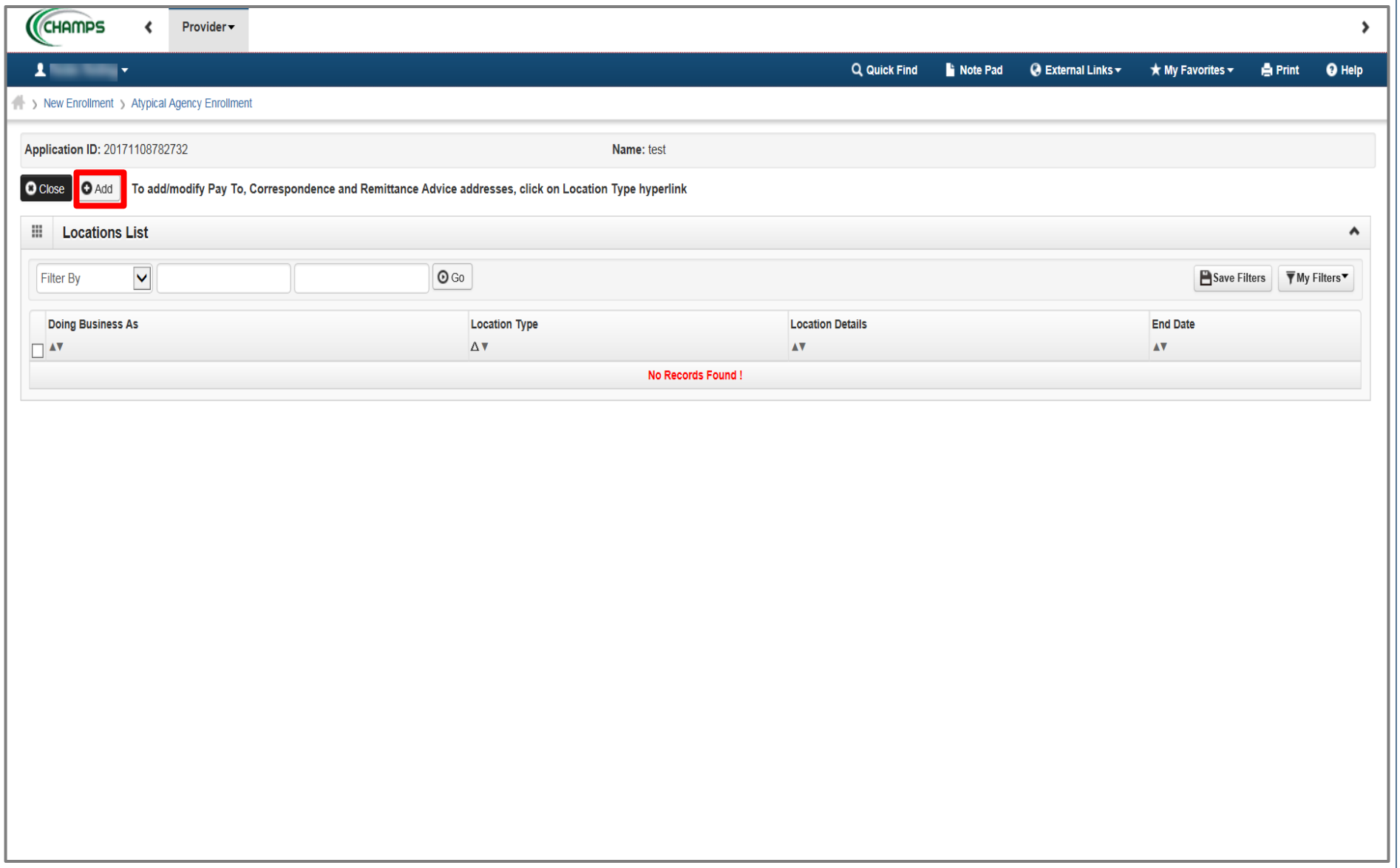
- From the Organization/Business Type, Select Local Education Agency
- Complete all fields marked with an asterisk (*)
- Click Finish



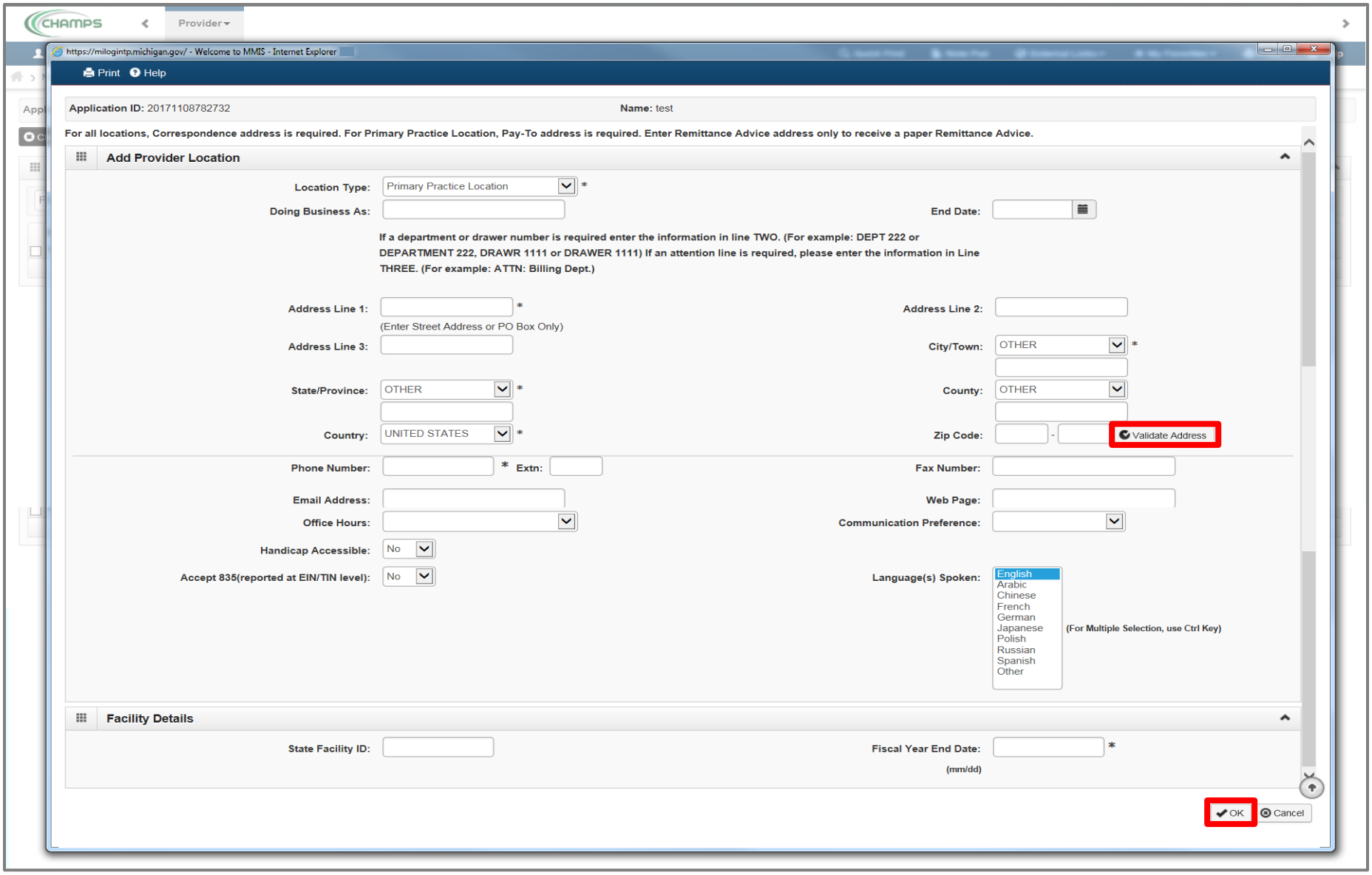
- Confirmation, Basic Information is complete
- Take note of the Application ID, as this is used to track your application status
- Click Ok



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



- Click Add, to enter Primary Location information



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

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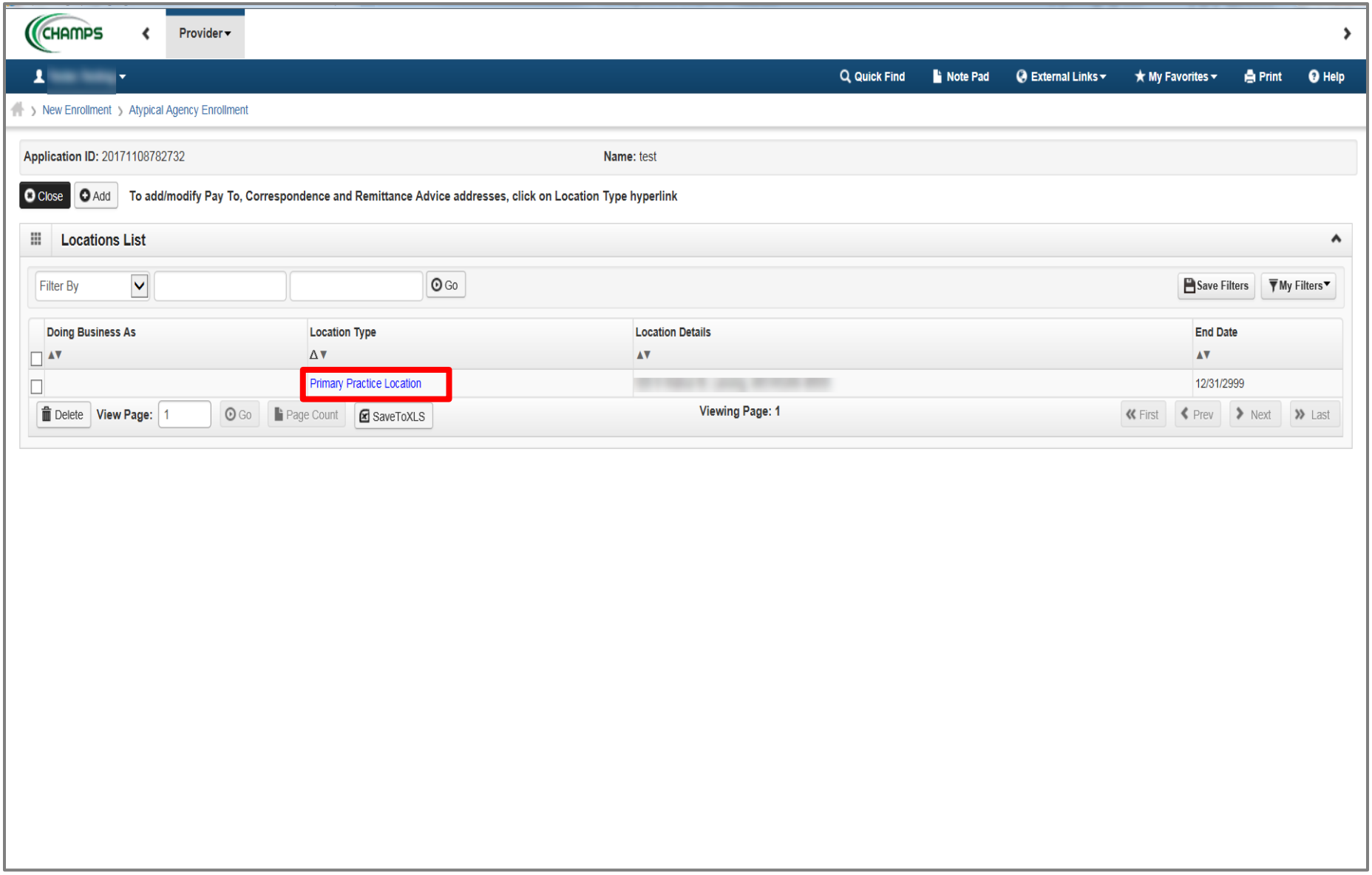
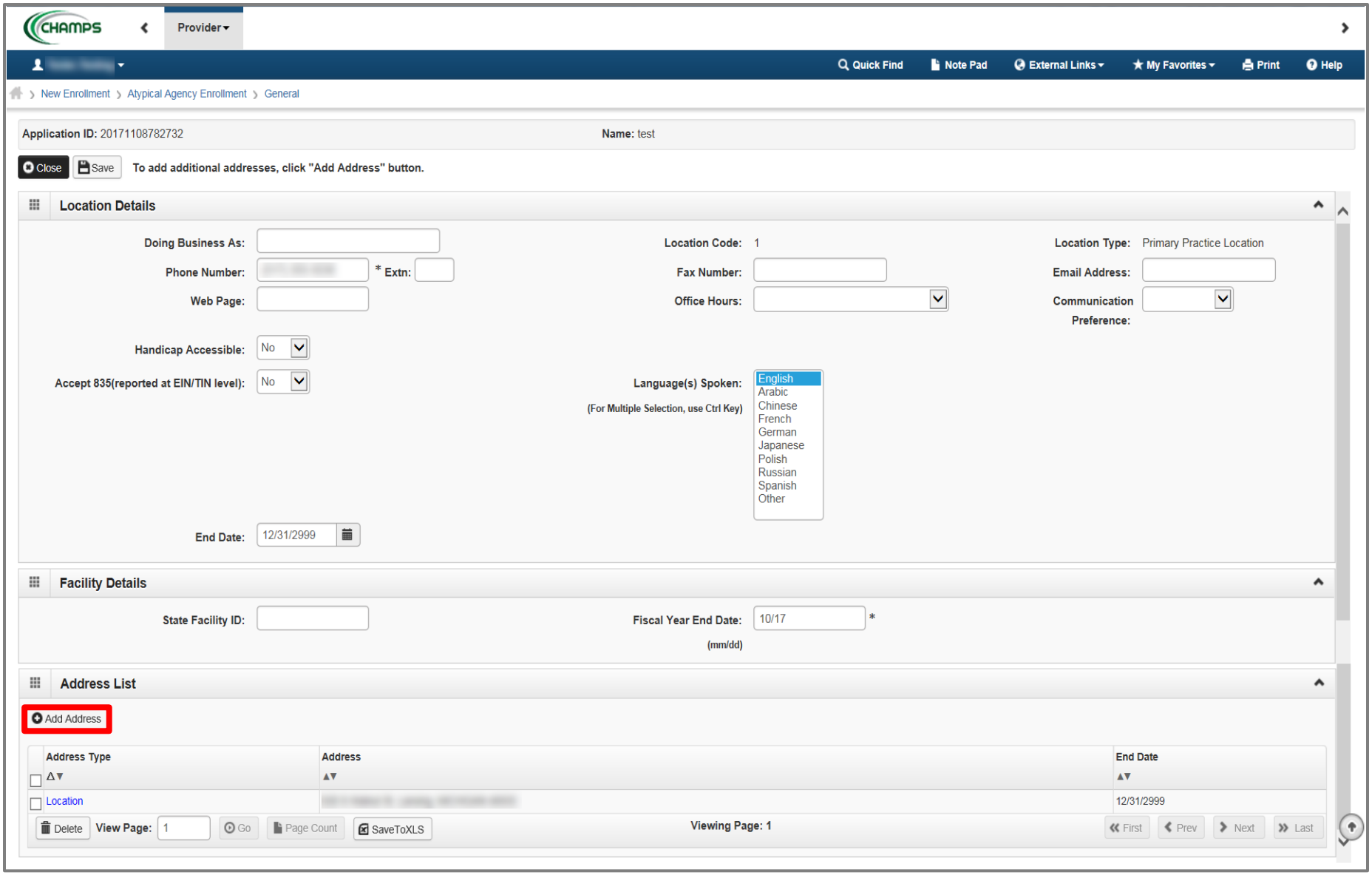
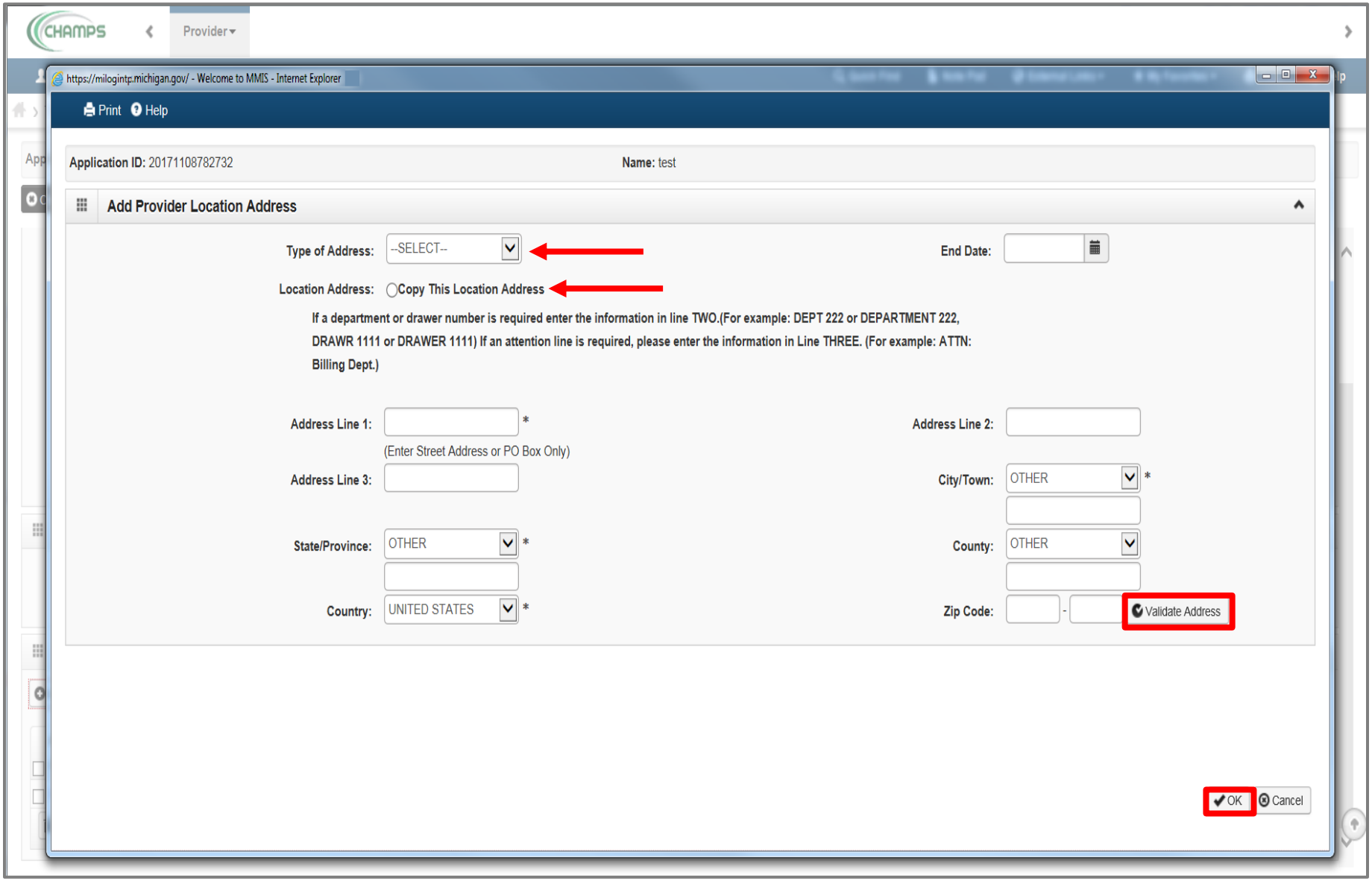


- Click Primary Practice Location to add Pay-To address

(Please Note: Correspondence address is required for all locations. Enter Remittance Advise address only to receive a paper Remittance Advice)

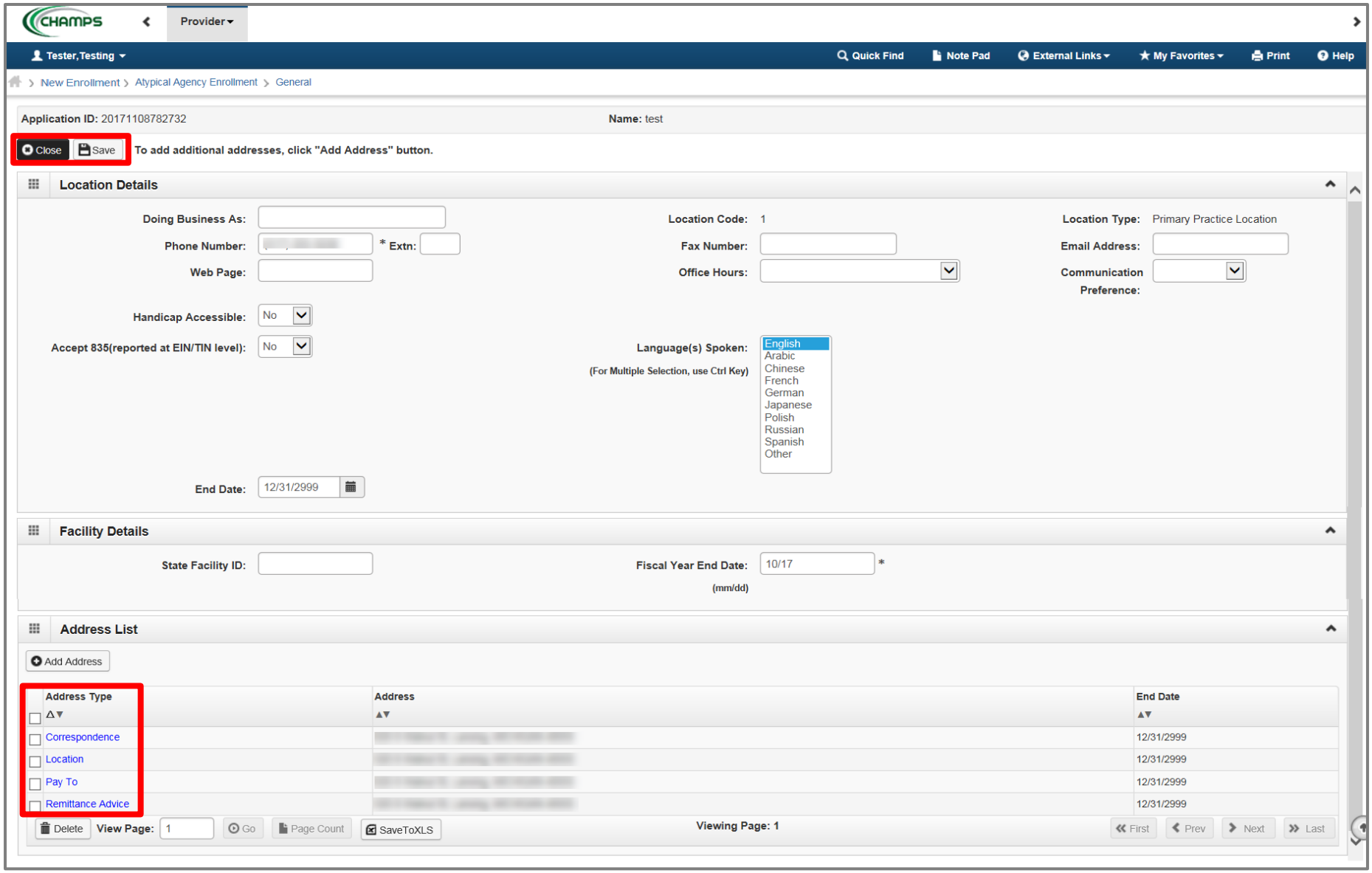


- Click Add Address



- From the drop-down list, select Type of Address
- Complete all fields marked with an asterisk (*)
- Click Validate Address

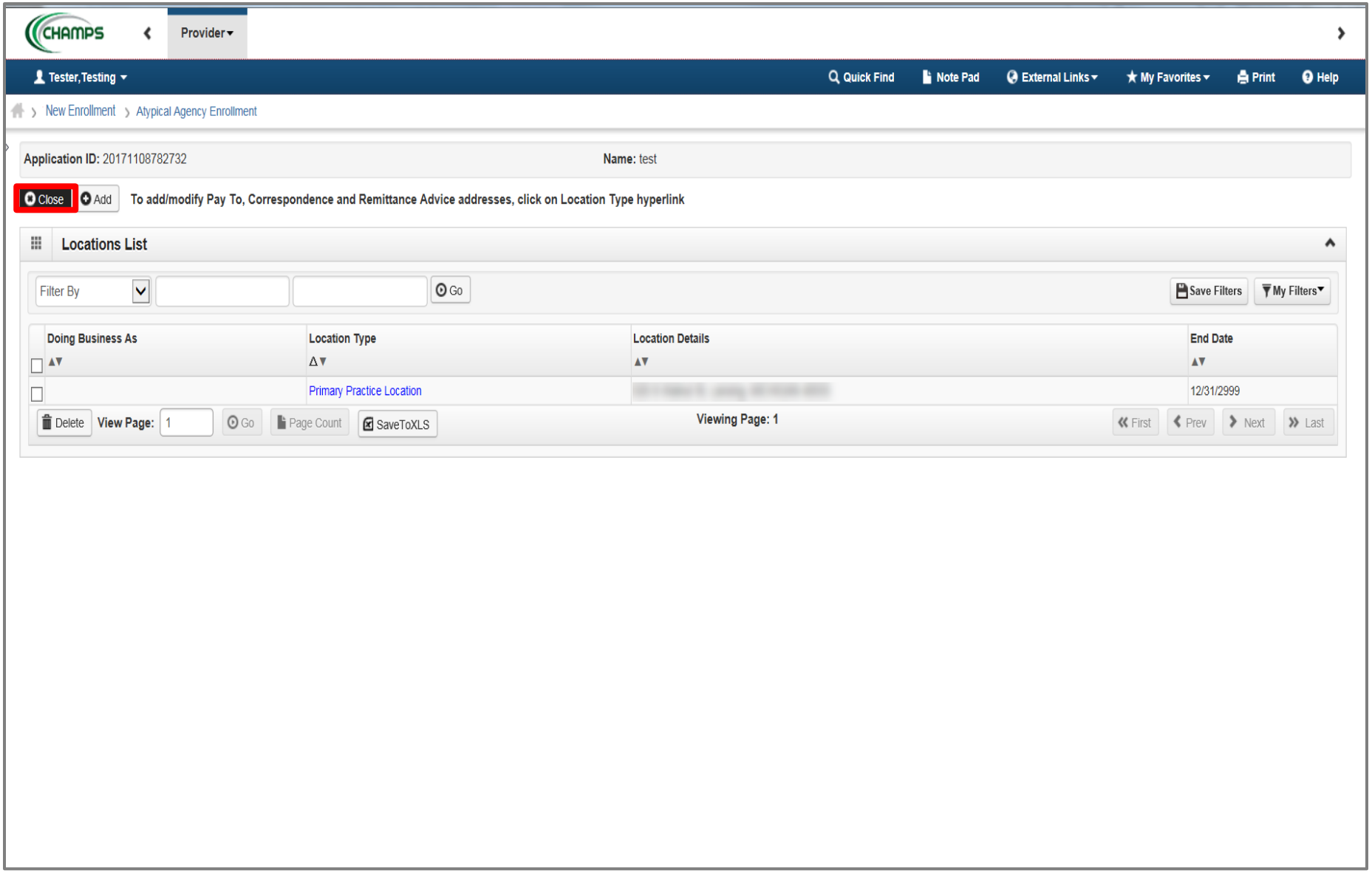
  (Please Note: you should receive confirmation "Address Validation Successful")
- Click Ok



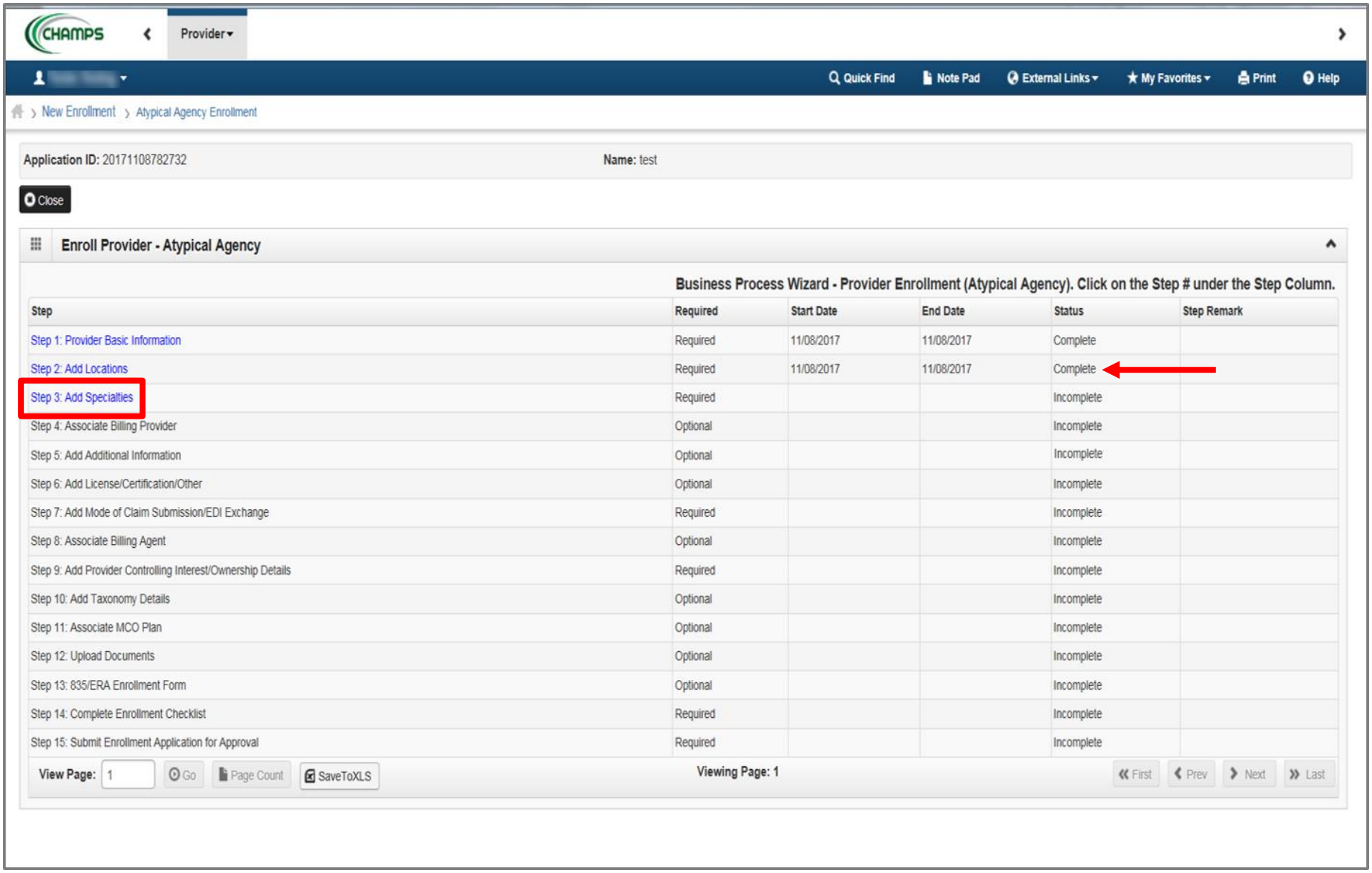
- When all address locations are complete, click Save

(Please Note: If the address is the same you can click on the radio button that says, Copy This Location Address; example on previous slide.)

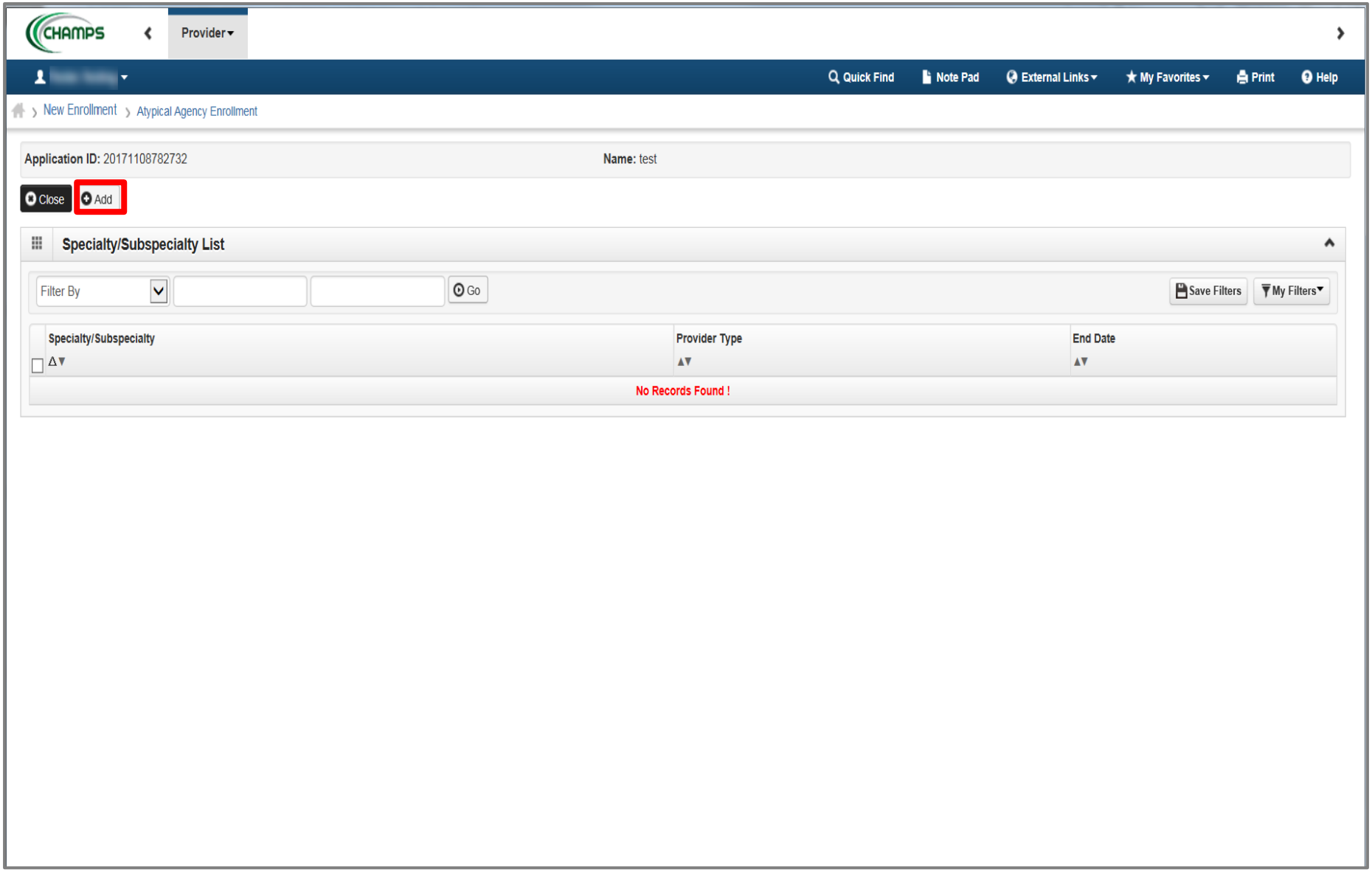
- Click Close



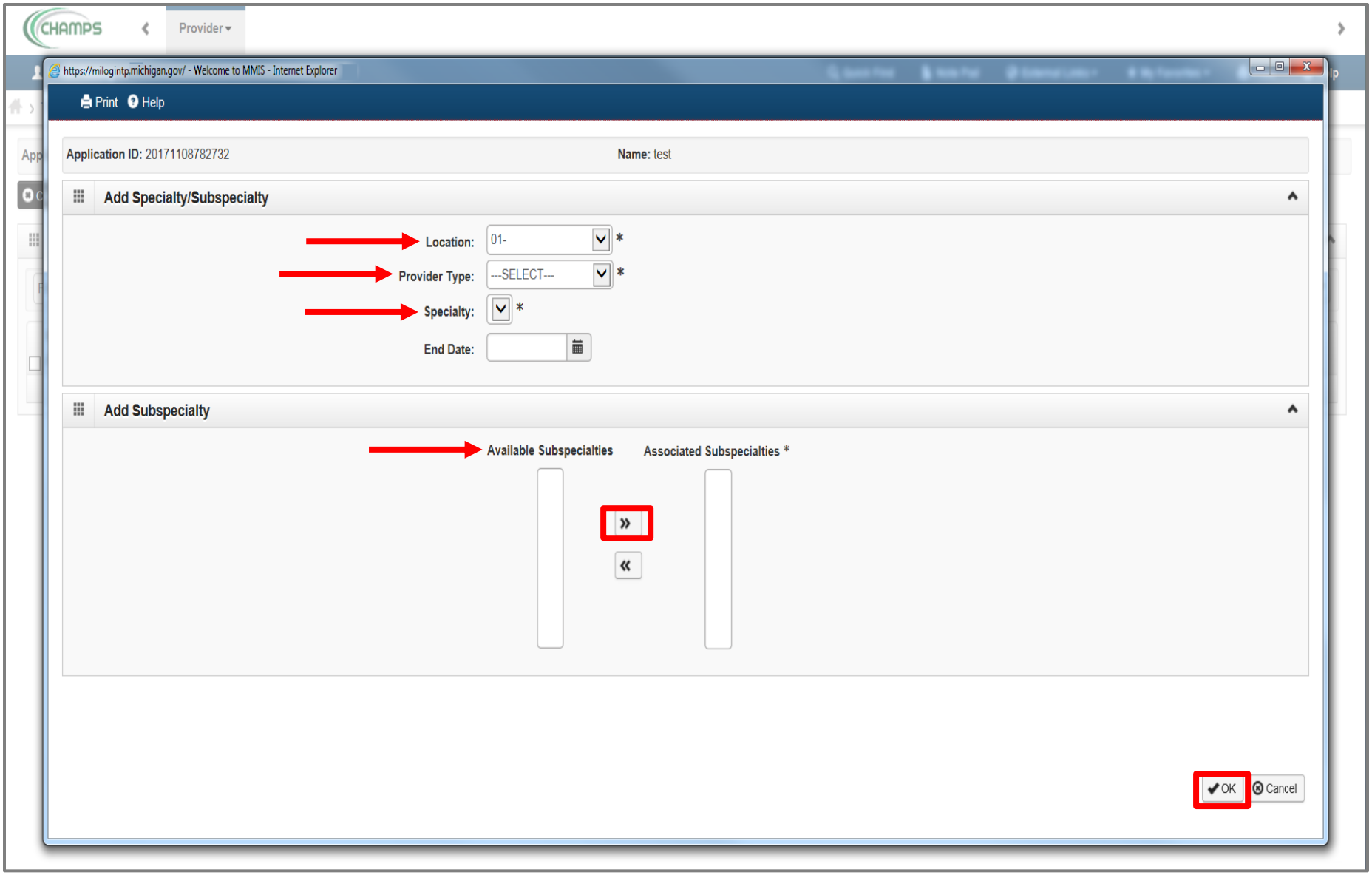
- Click Close



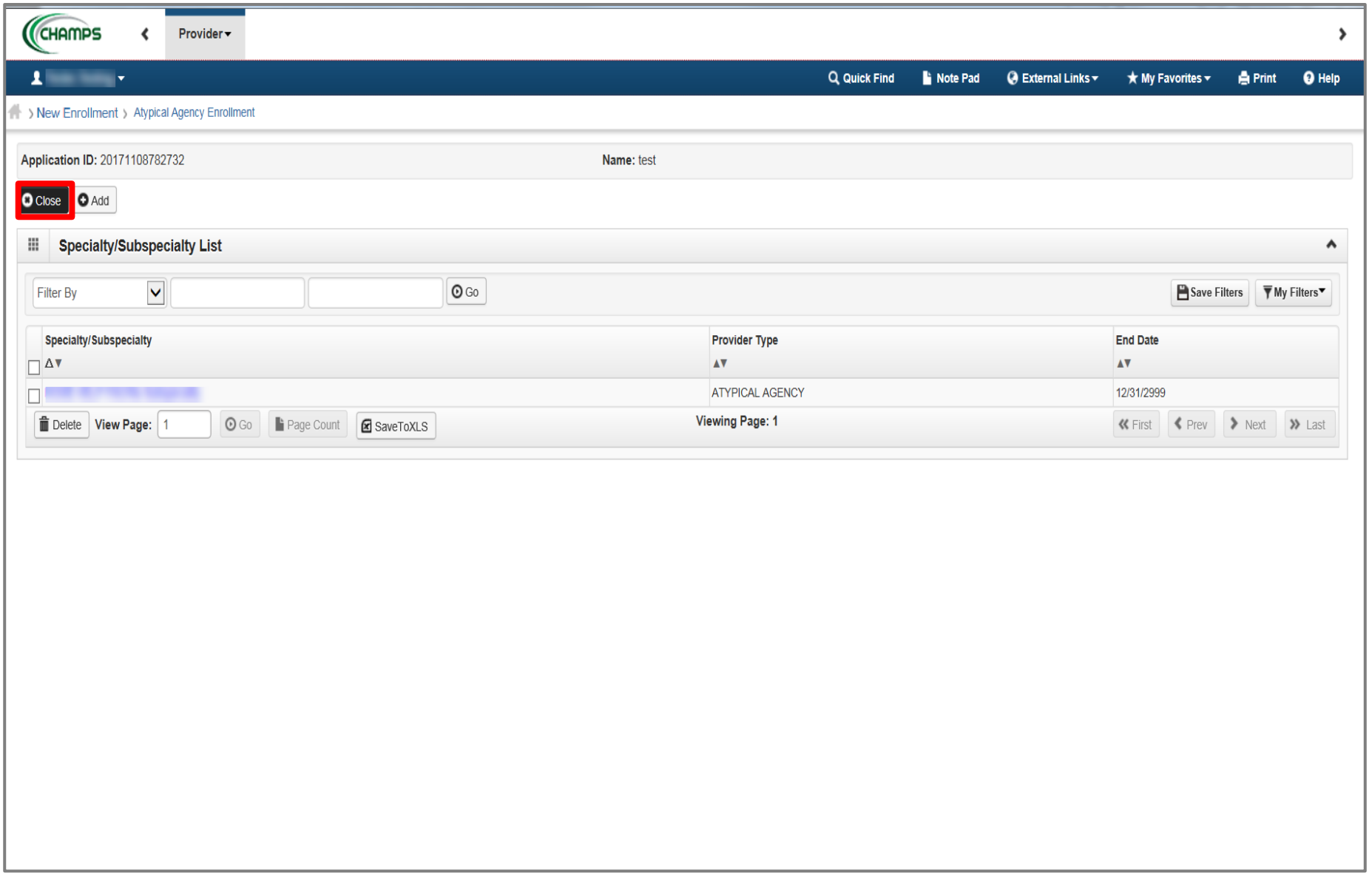
- Step 2 is complete
- Click on Step 3: Add Specialties


CHAMPS
Provider
Quick Find
Note Pad
External Links
My Favorites
Print
Help
New Enrollment
Atypical Agency Enrollment
Application ID: 20171108782732
Name: test
Close
Add
Specialty/Subspecialty List
Filter By
Go
Save Filters
My Filters
Specialty/Subspecialty
Provider Type
End Date
No Records Found !

- Click Add



- Choose appropriate Location, Provider Type, and Specialty *(Please Note: There is no need to fill in an End Date)*
- Dependent on the Specialty chosen, Available Subspecialties will populate
- Select Available Subspecialties, click >> to add to Associated Subspecialties list
- Click Ok



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

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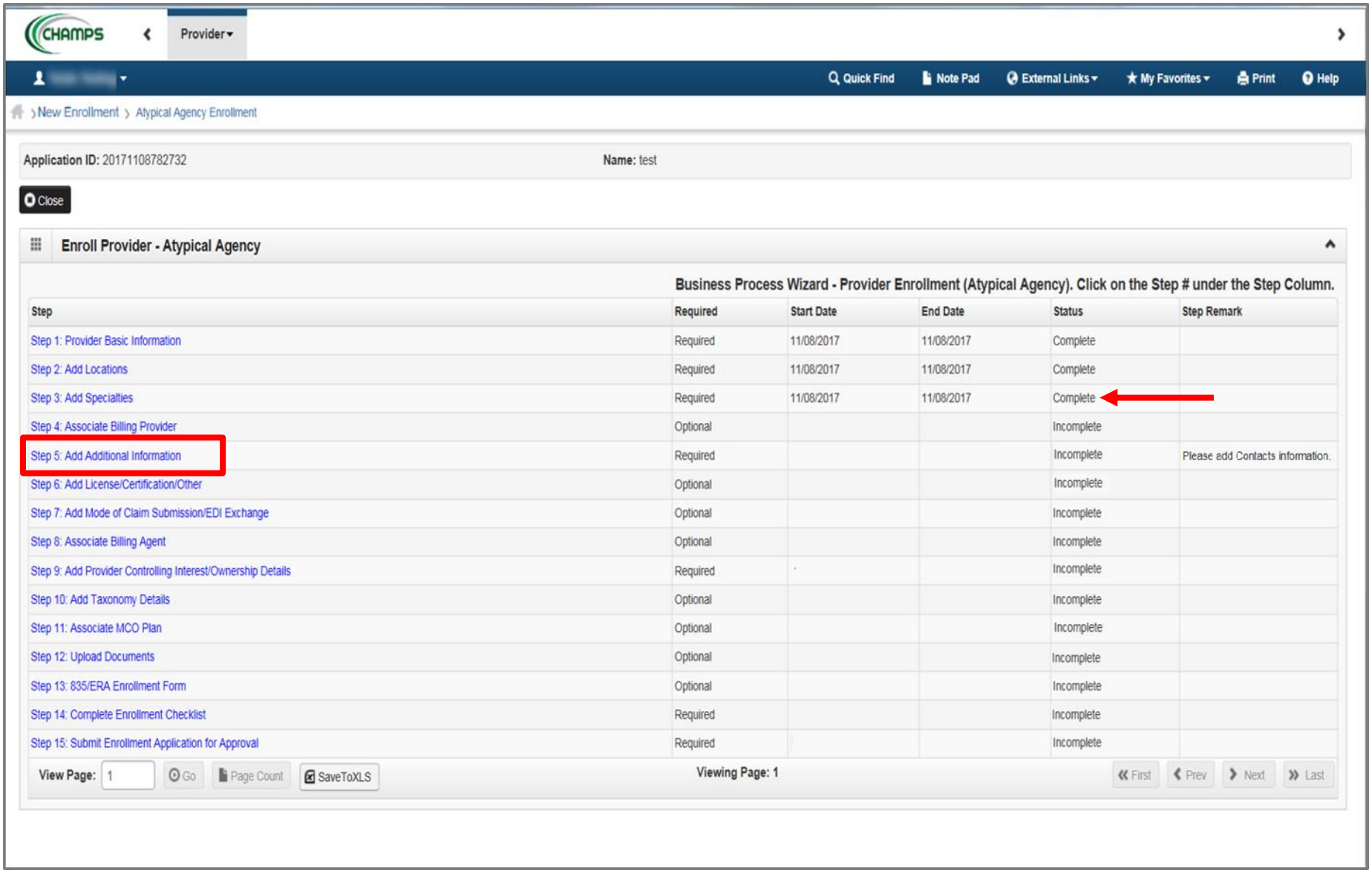
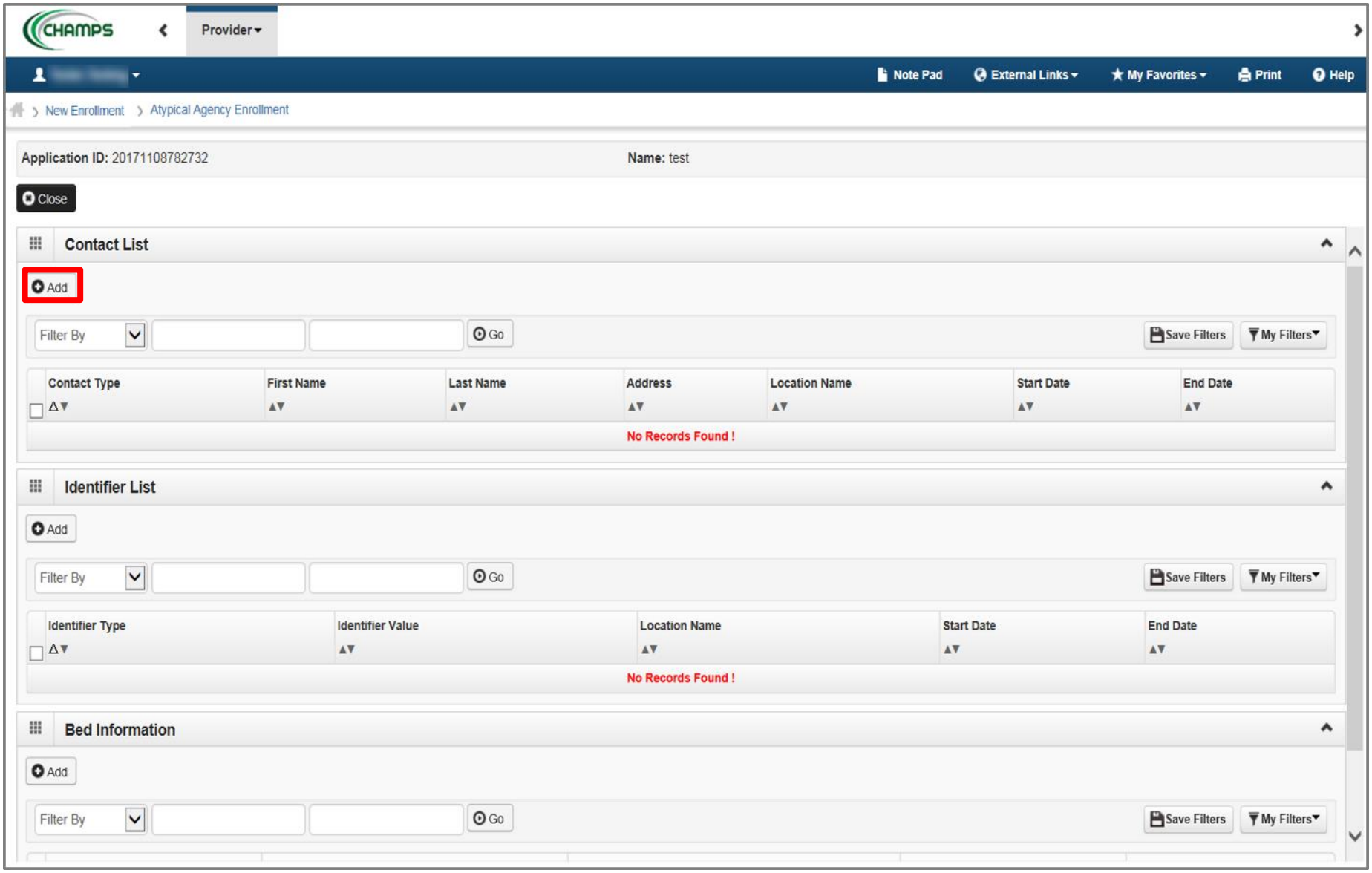
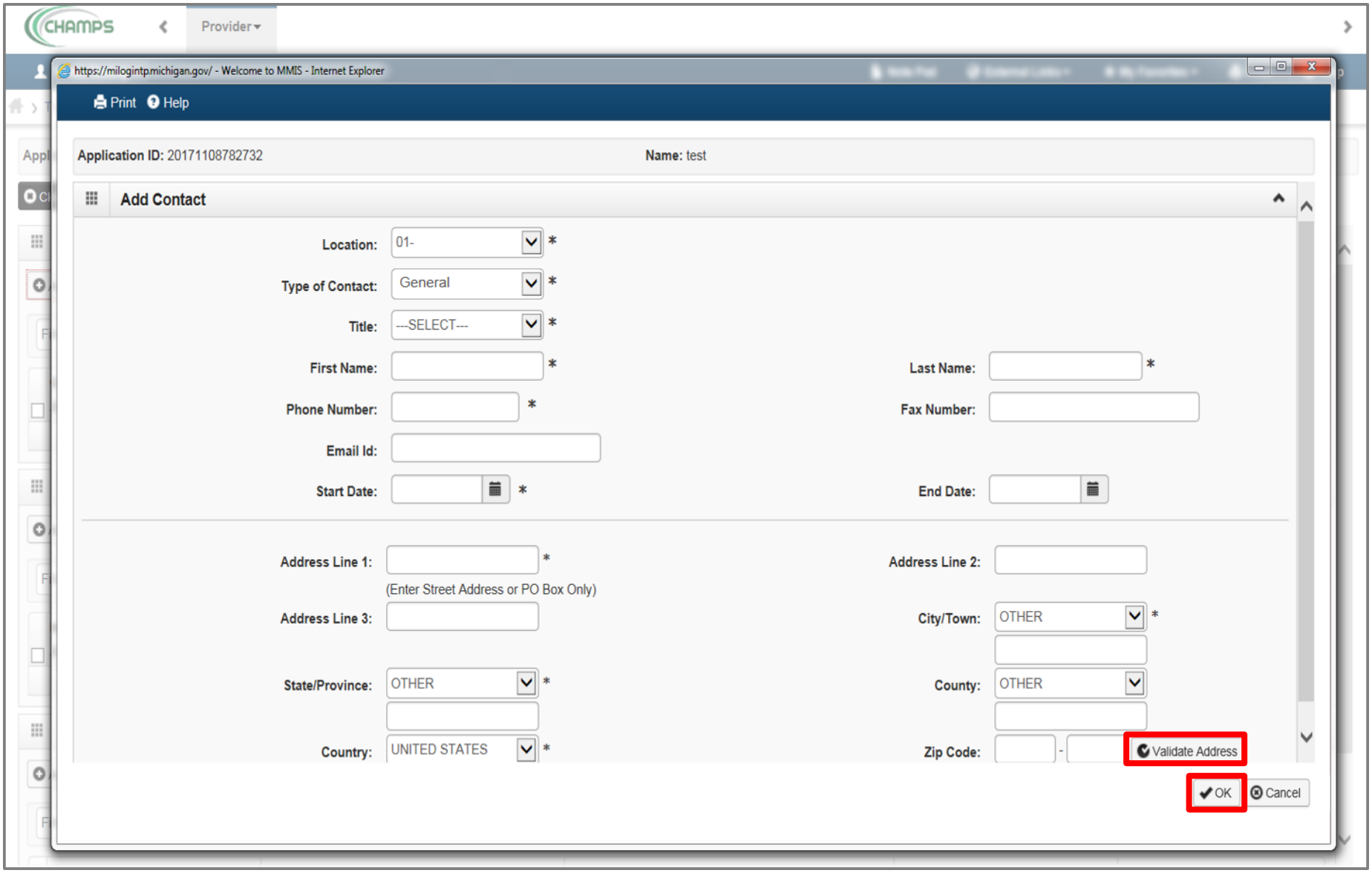


- Step 3 is complete *(Please Note: Steps 4 is optional)*
- Click on Step 5: Add Additional Information

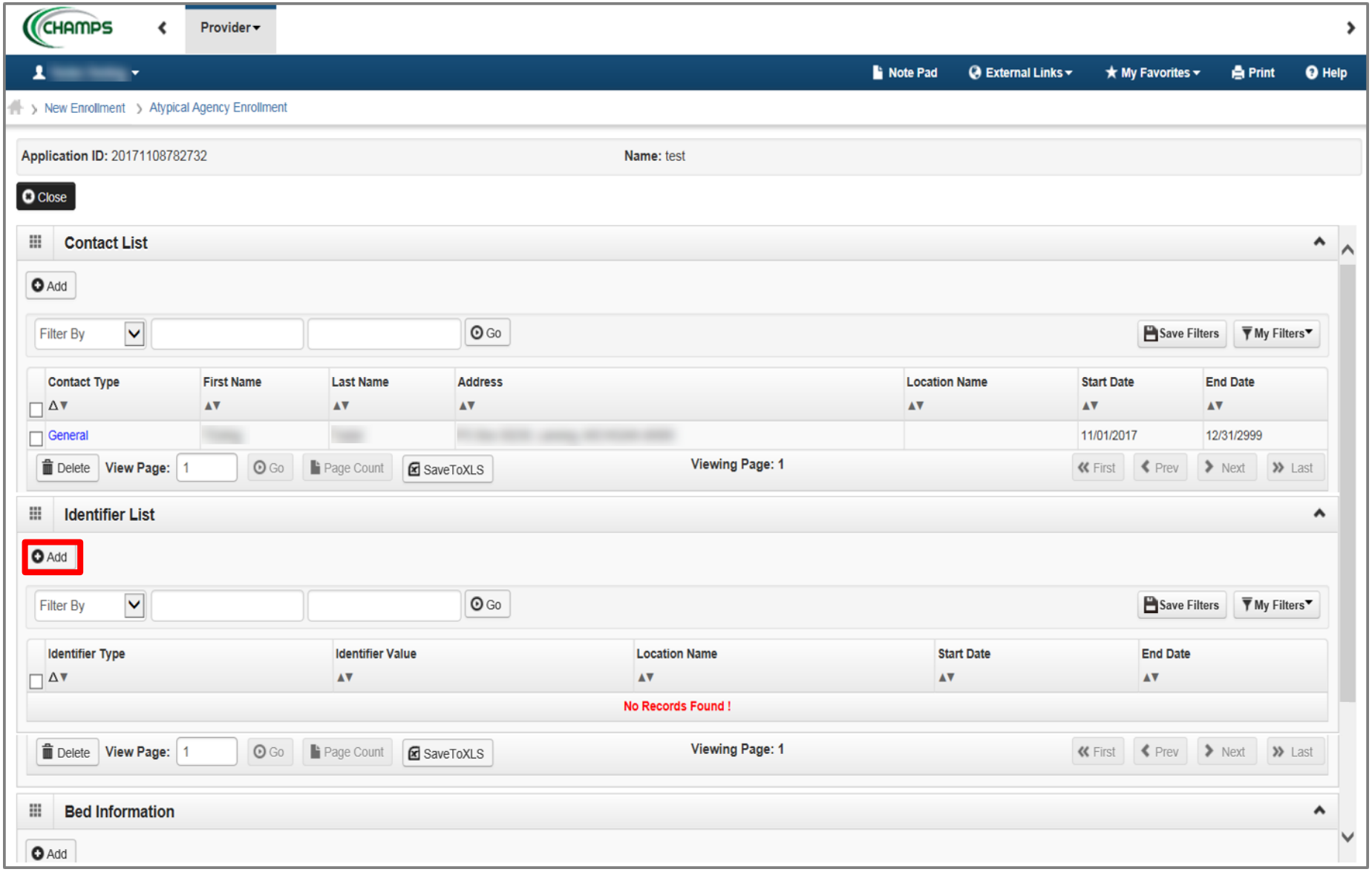


- Under Contact List, click Add

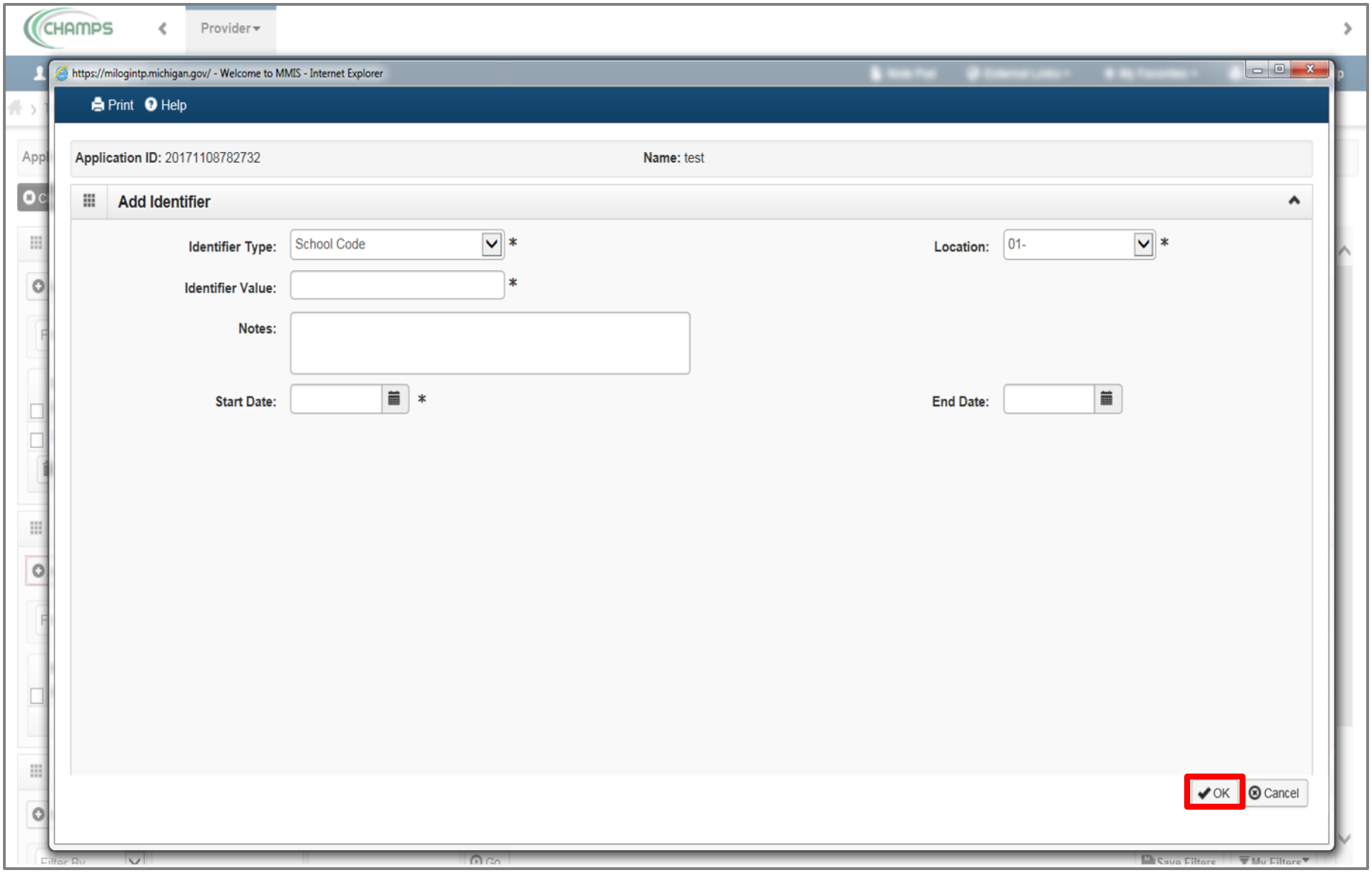
(Please Note: Providers have to at least fill in the General contact for Type of Contact. It is highly recommended providers fill in Facility Settlement contact as well. These contacts can be the same as the Owners.)



- Complete all fields marked with an asterisk (*)
- Click Validate Address *(Please Note: you should receive confirmation "Address Validation Successful")*
- Click Ok



- Under Identifier List, click Add



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

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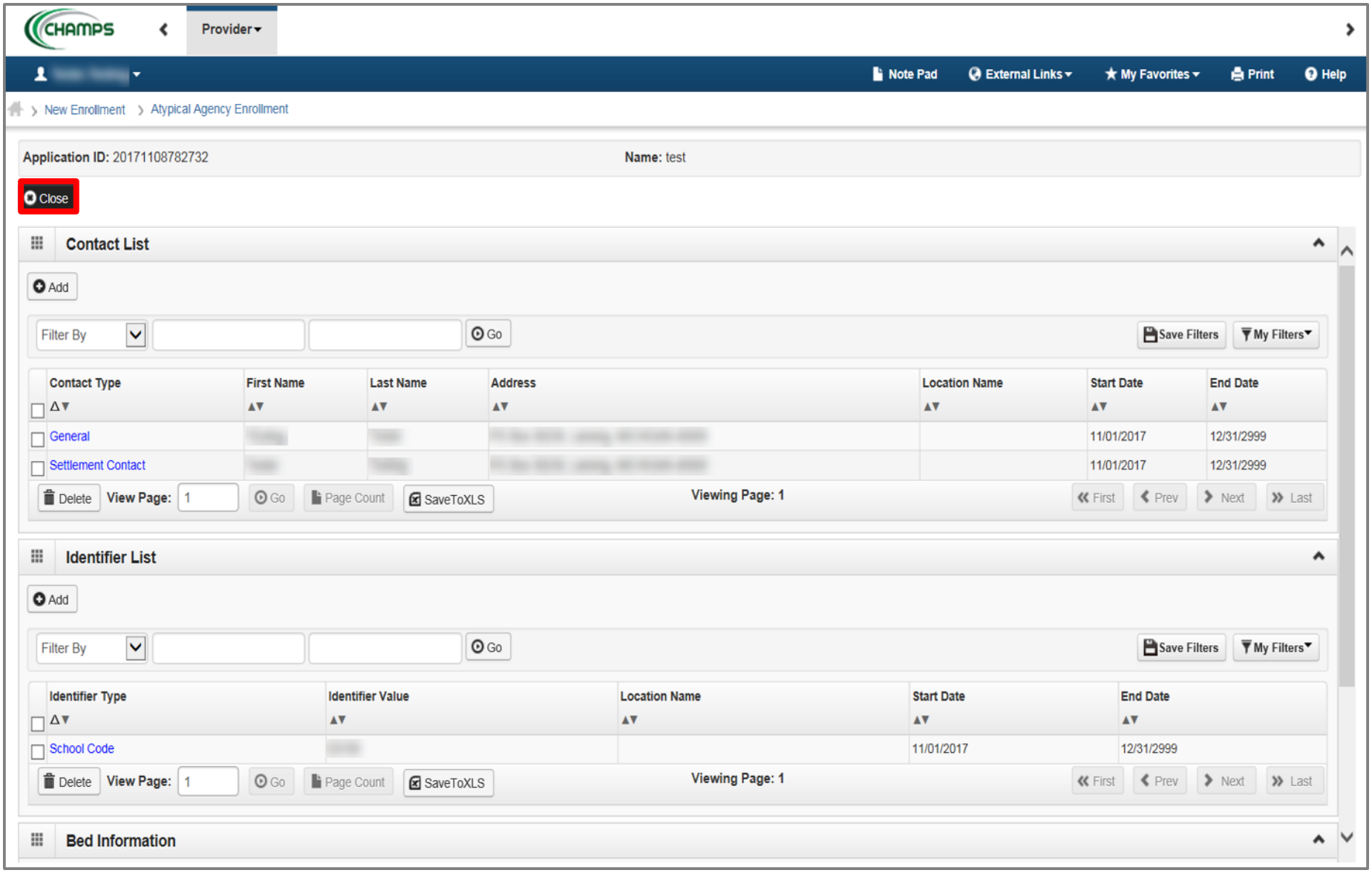
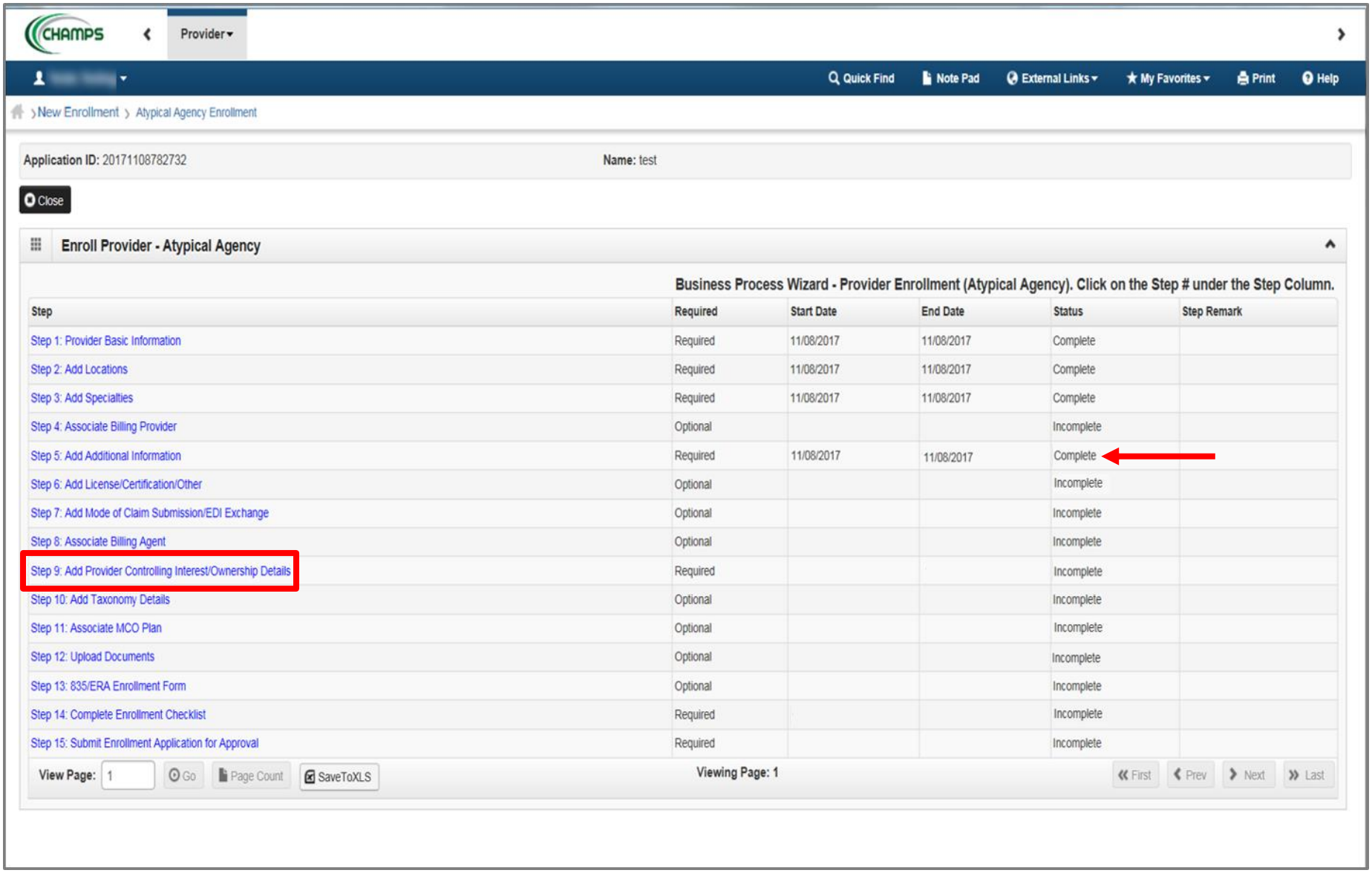
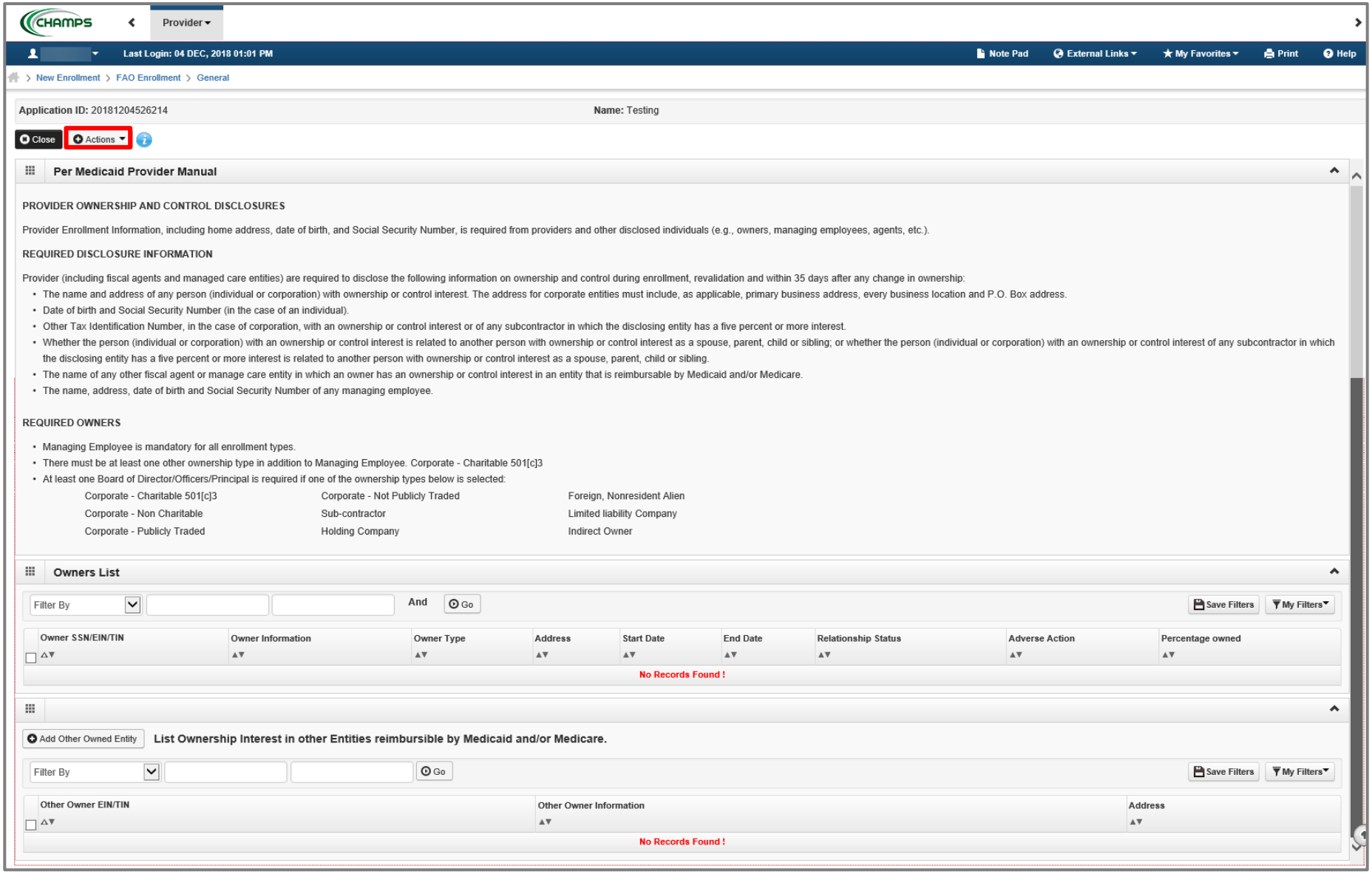


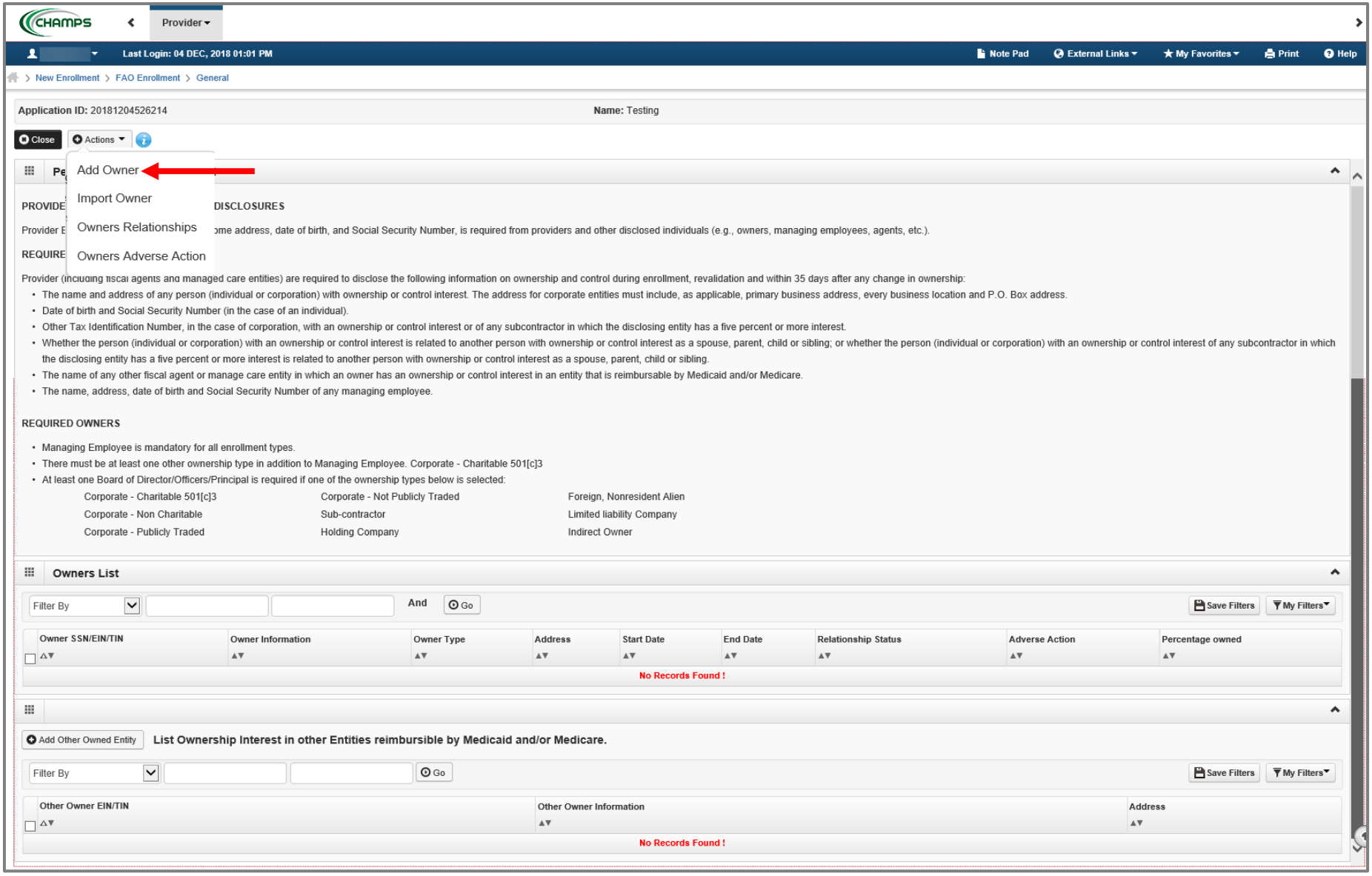
- After all Contact and Identifier information is complete, click Close



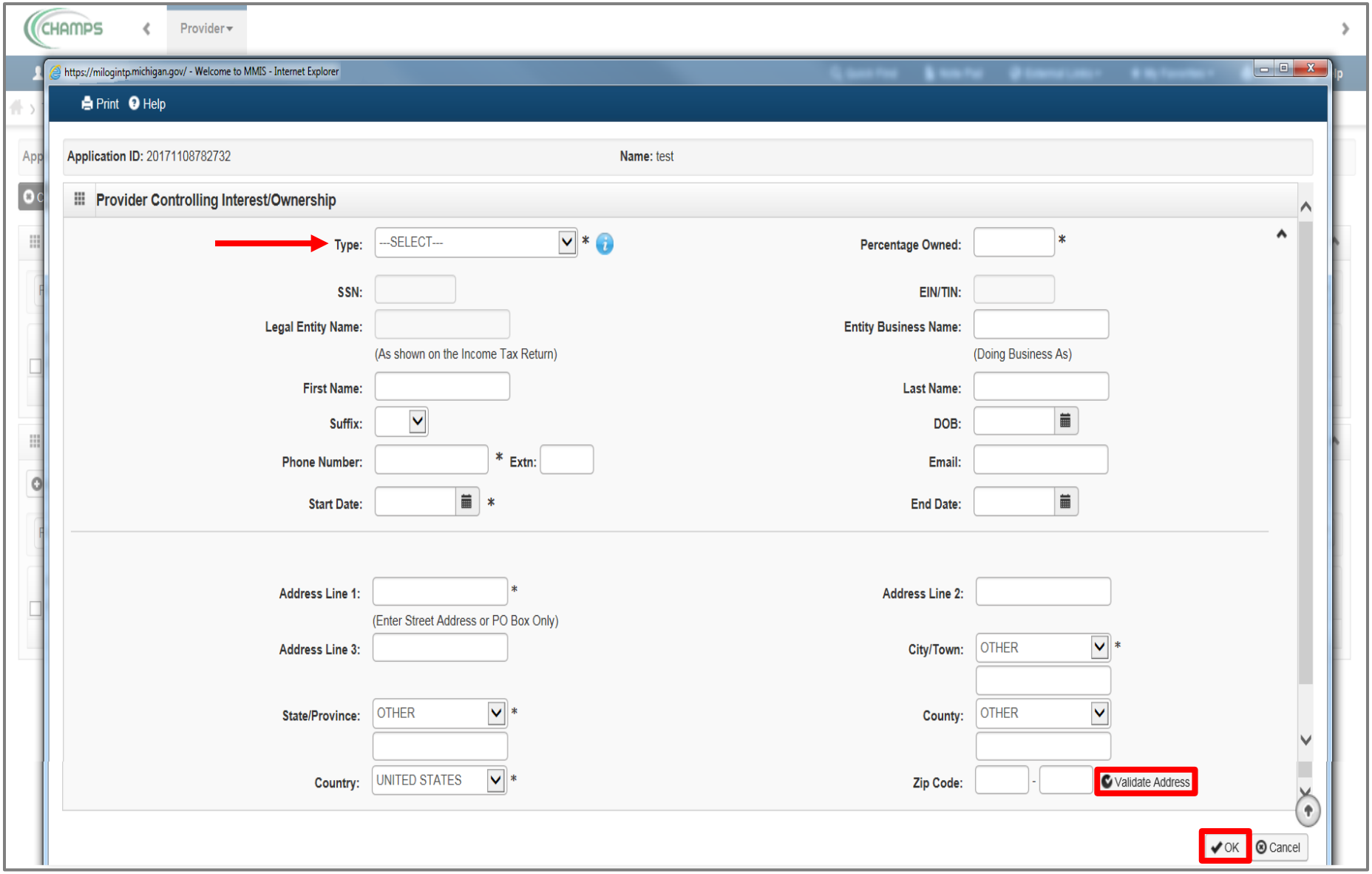
- Step 5 is complete *(Please Note: Steps 6 through 8 are optional)*
- Click on Step 9: Add Provider Controlling Interest/Ownership Details
  - **The screens for this step were updated 12/14/18*



- To enter owner information, click Actions

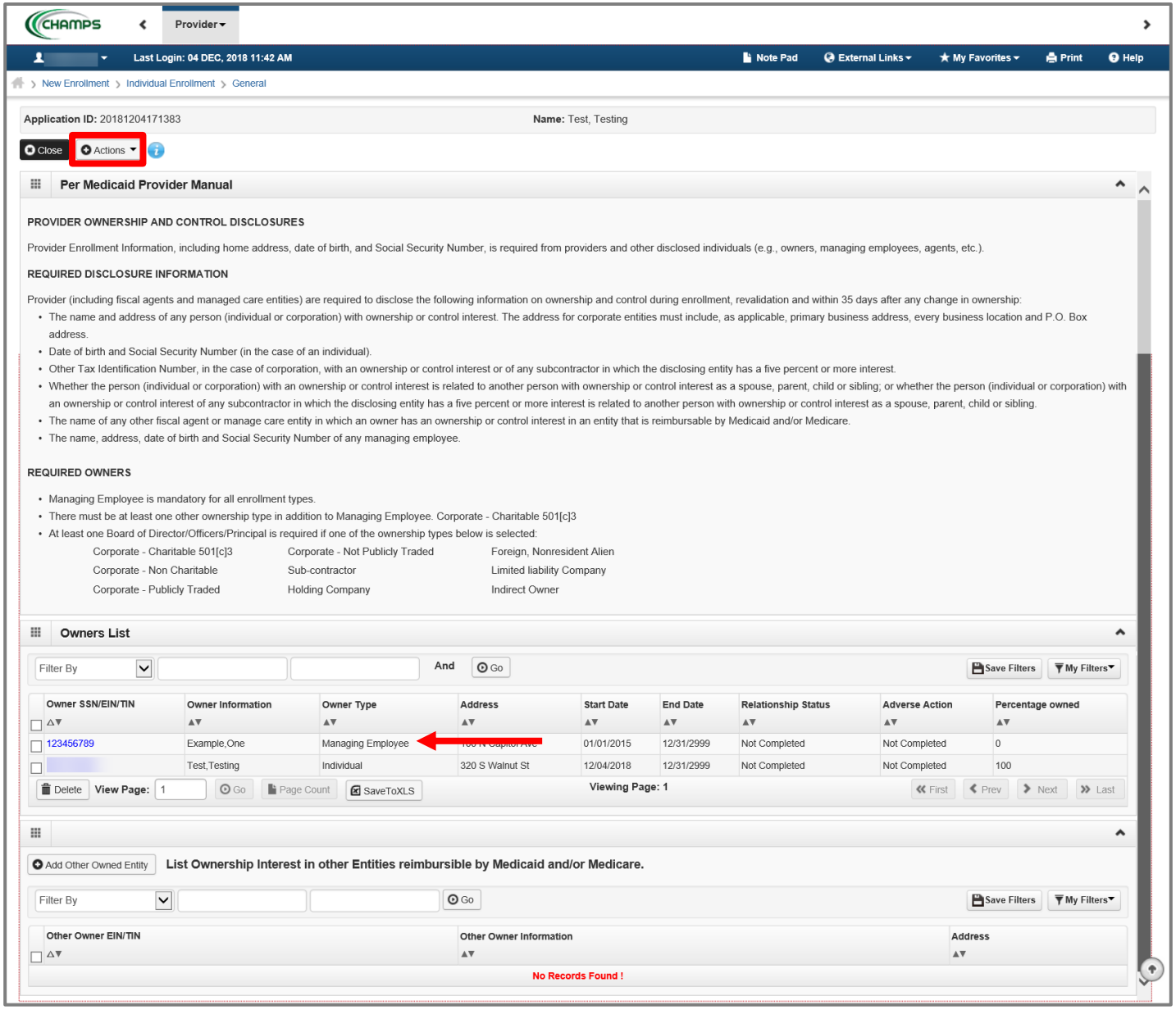


- Select Add Owner

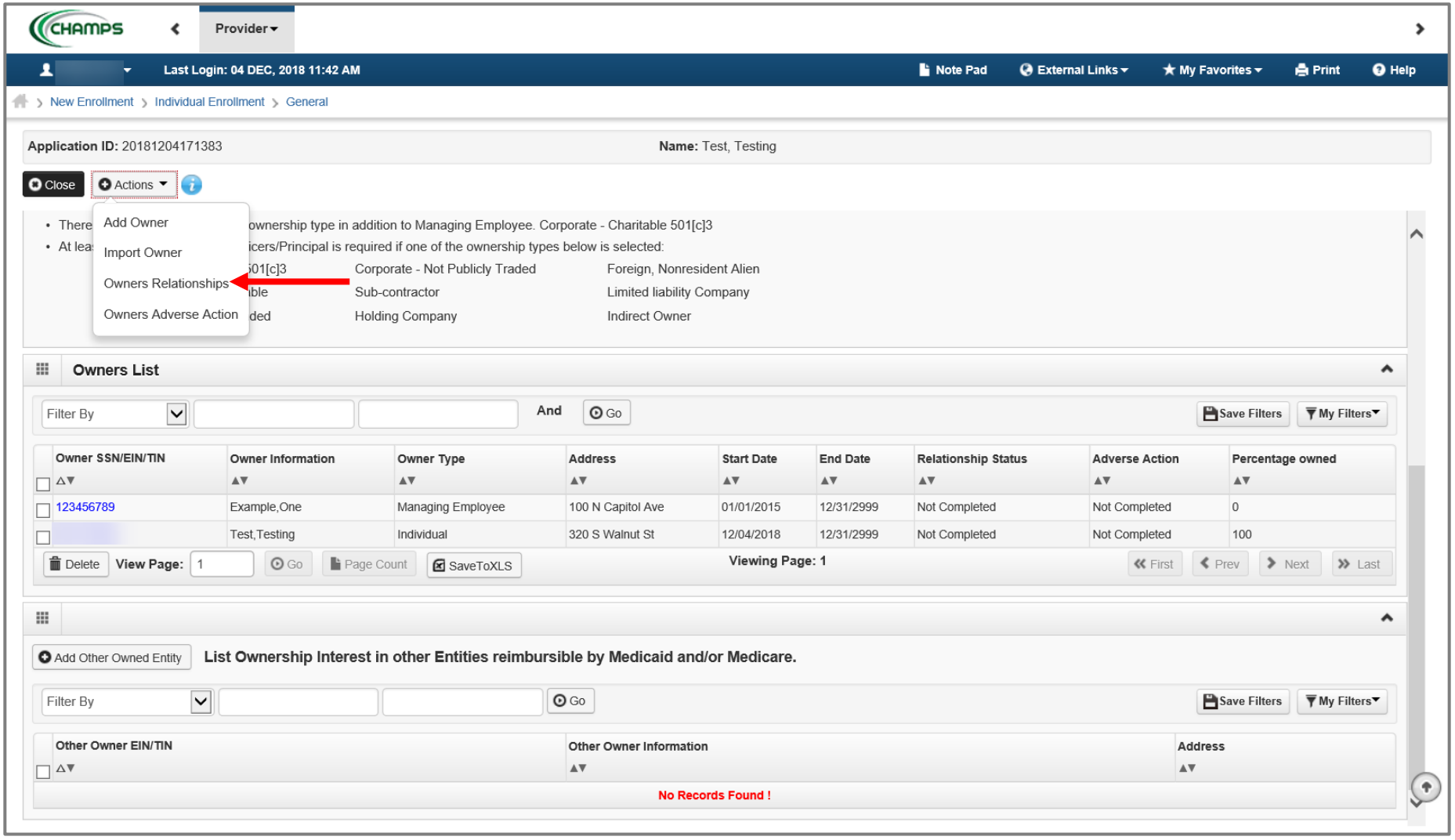


- Select an Owner Type from the drop-down menu
- Complete all fields marked with an asterisk (*)
- Complete Address Line 1 and Zip Code, click Validate Address

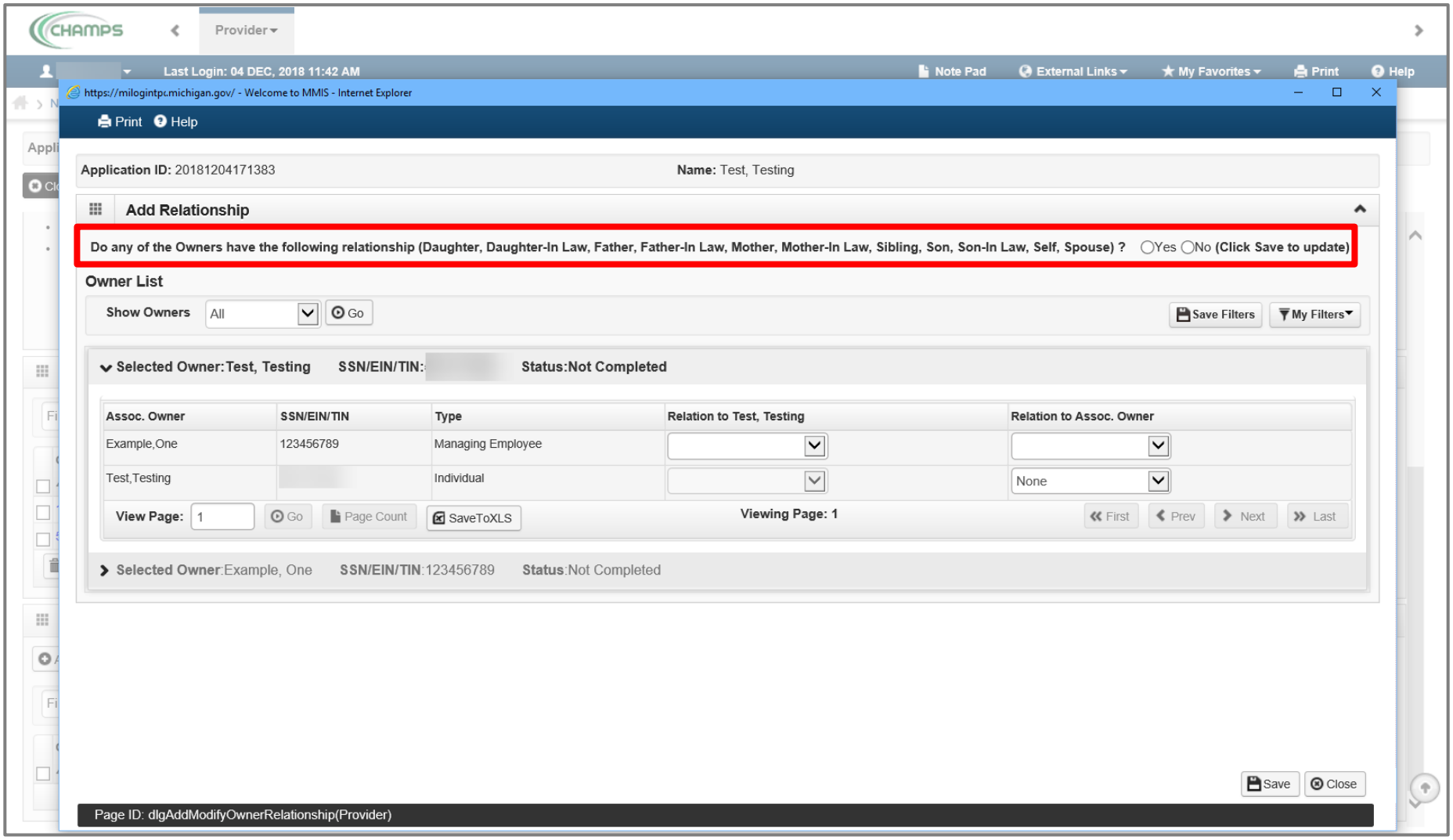
  (Please Note: you should receive confirmation "Address Validation Successful")
- Click Ok



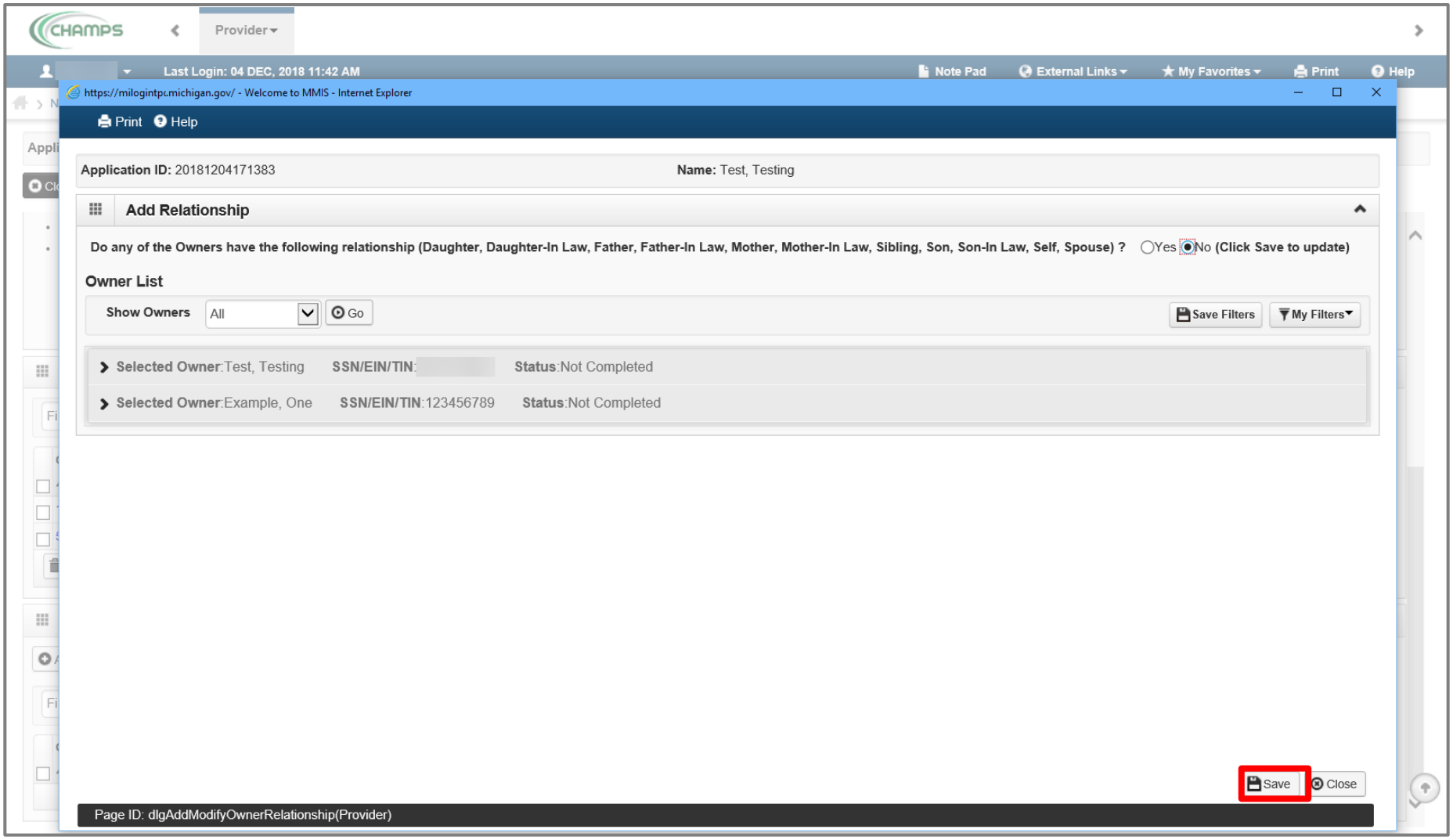
- The managing employee is now added to the list of owners
- To add the relationship click the Actions drop-down menu
  - Note: The Relationship status for the individual provider enrolling is now marked as Not Completed



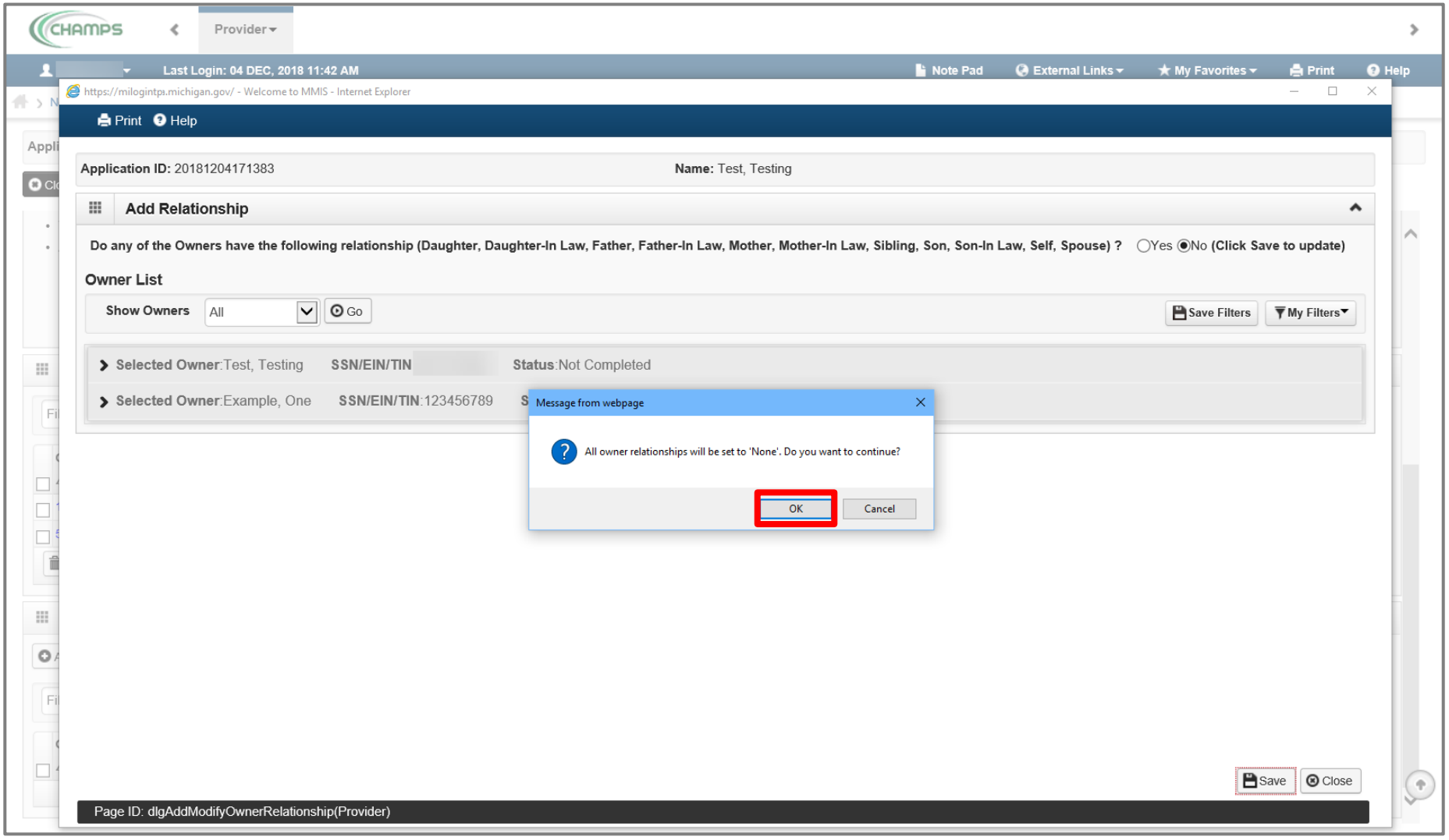
- Select Owners Relationships from the Actions drop-down menu



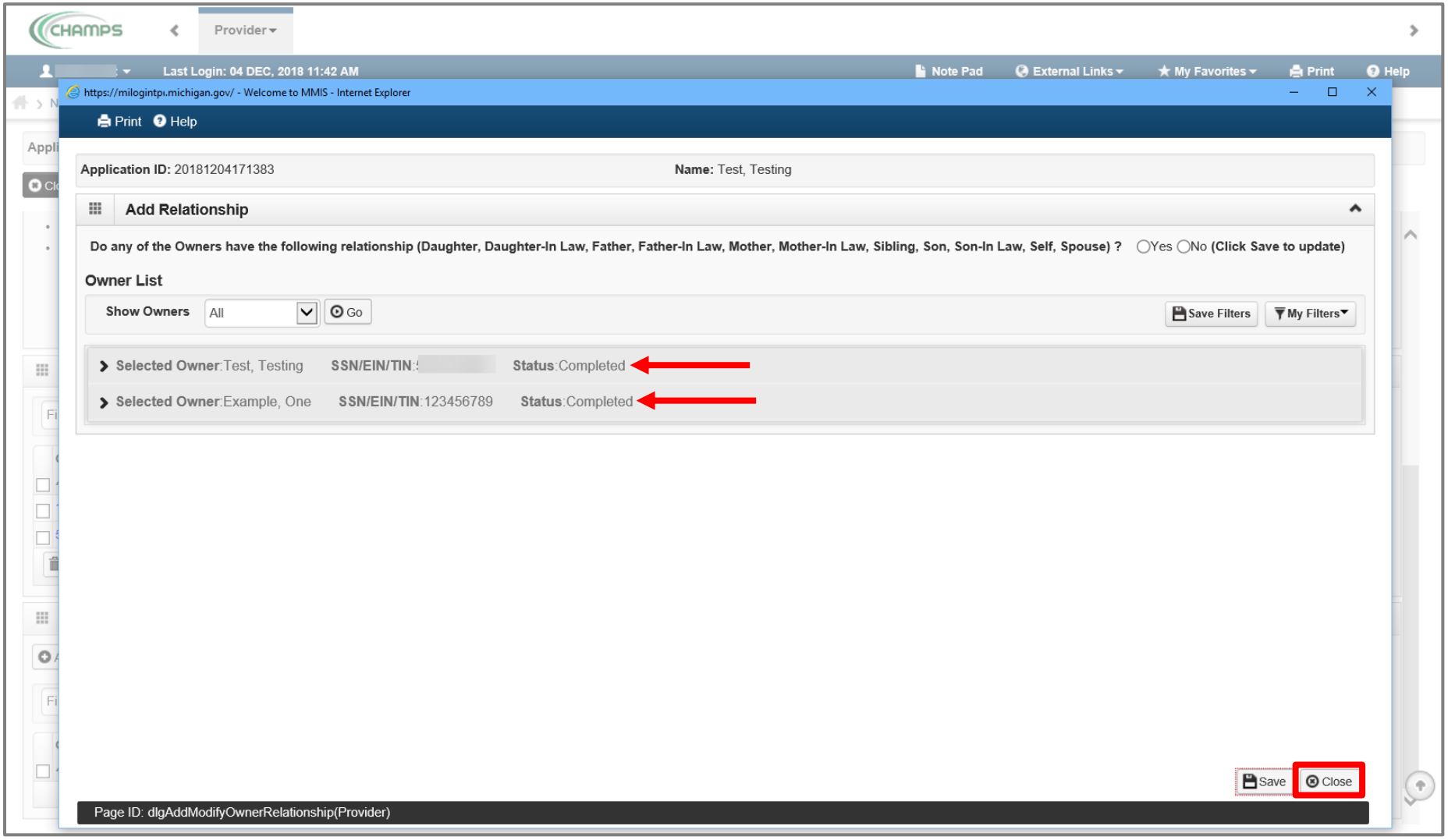
- Answer question (at the top)
- If no relationships exist select No.
  - If the owners have a relationship to one another, refer to the Step 8: Add Provider Controlling Interest/Ownership Details user guide.



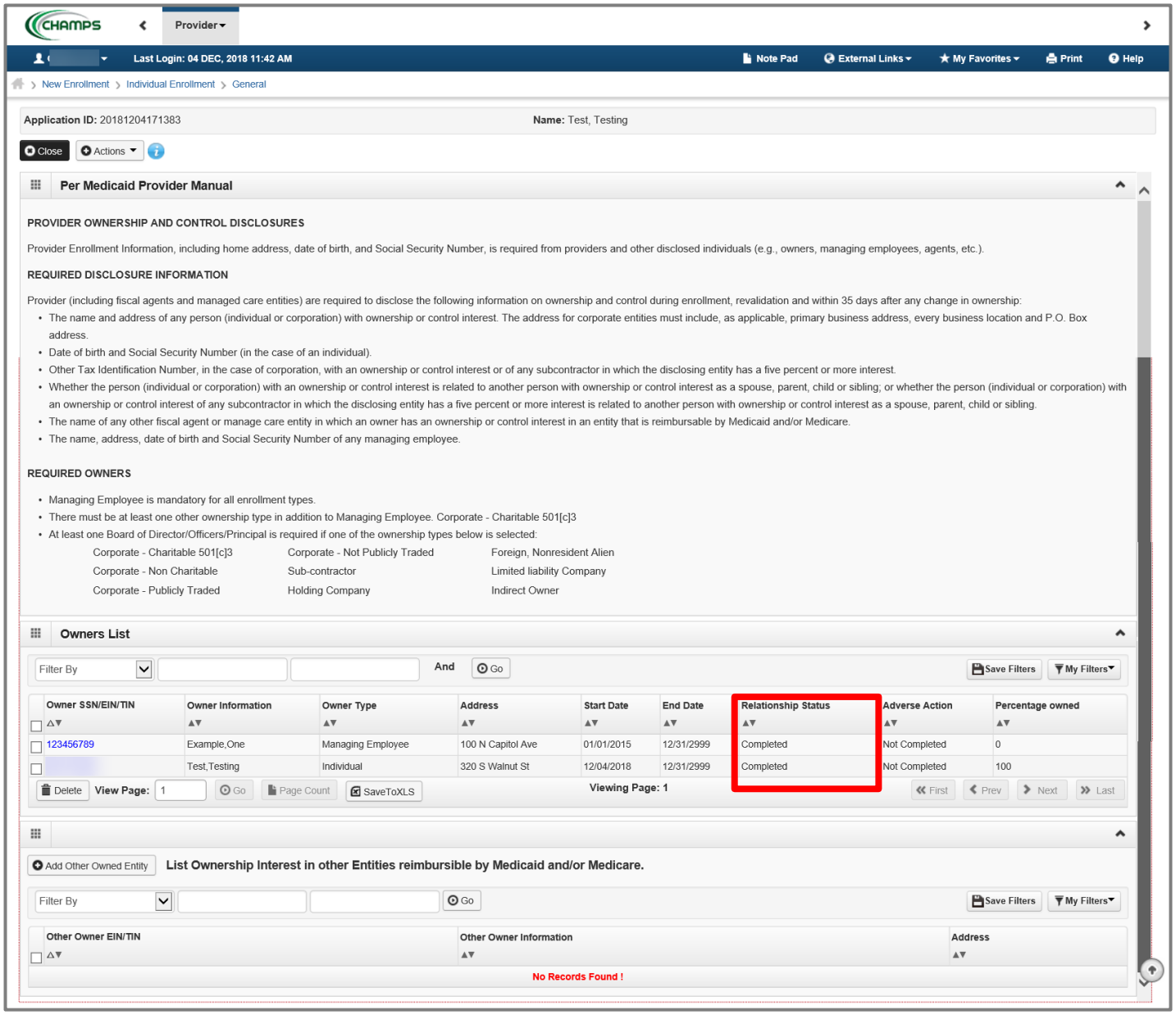
- The owner list boxes collapse
- Click Save



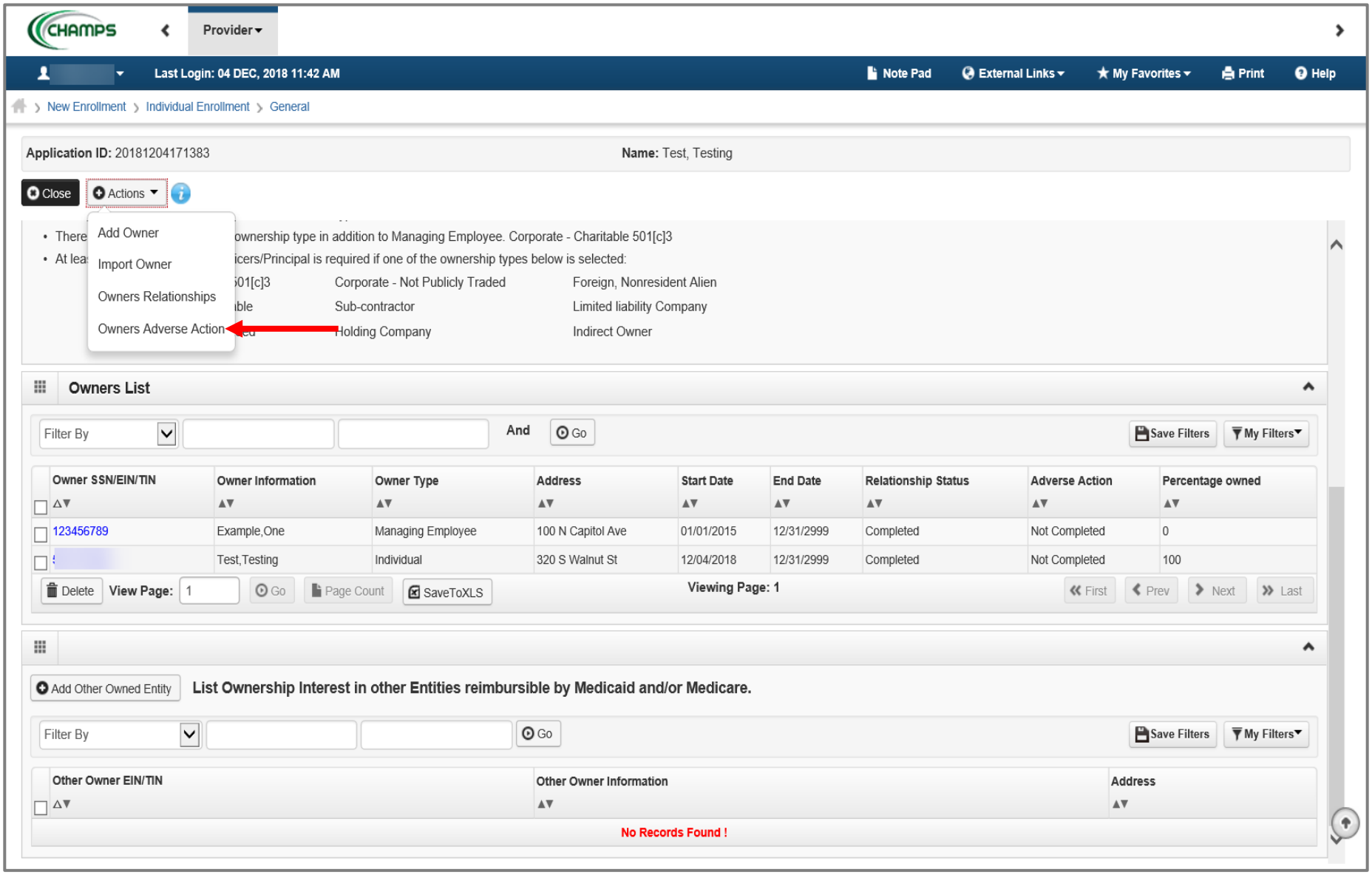
- After clicking save, click Ok.



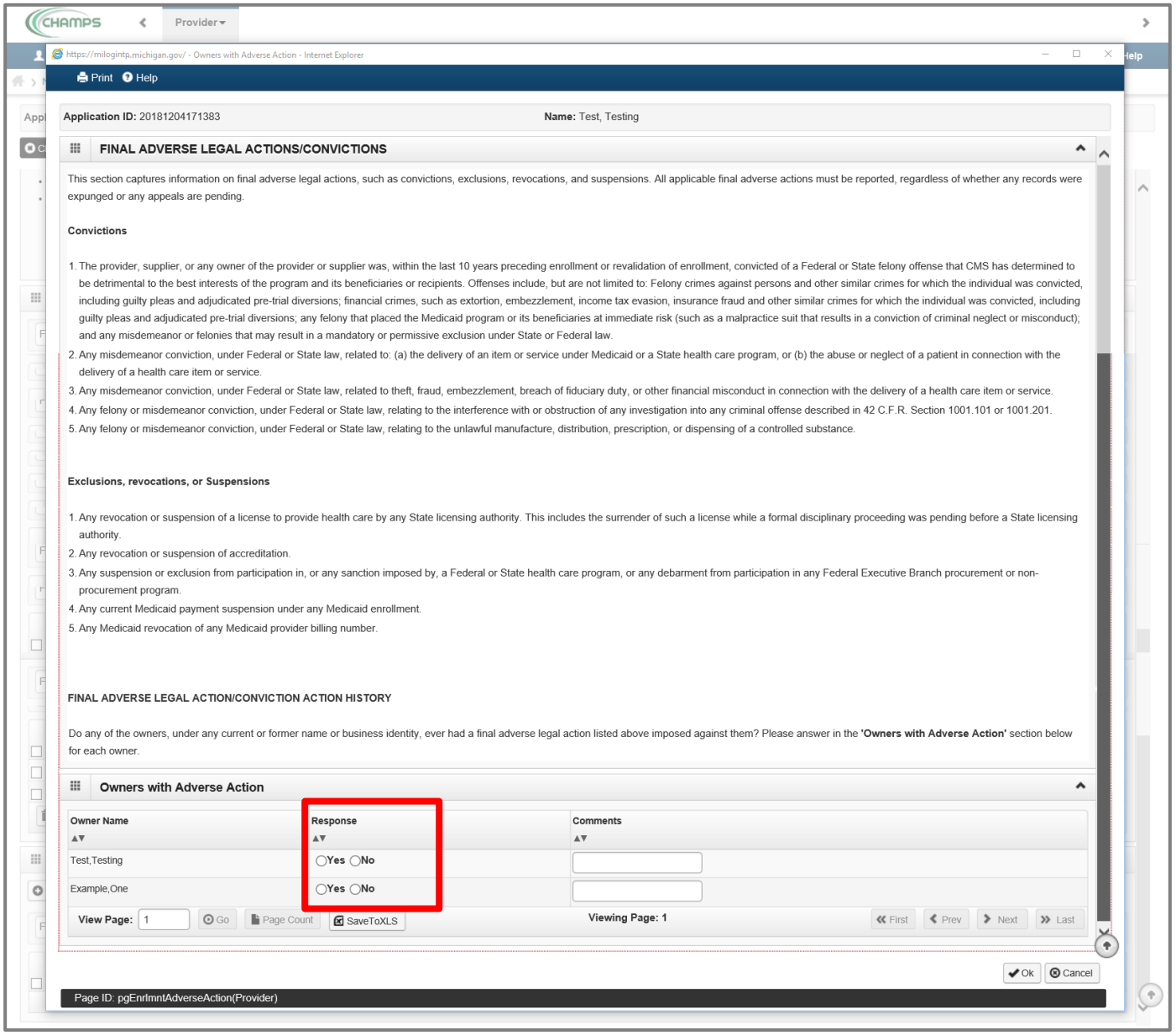
- The status for each owner will show Completed
- Click close to return to the owner list screen



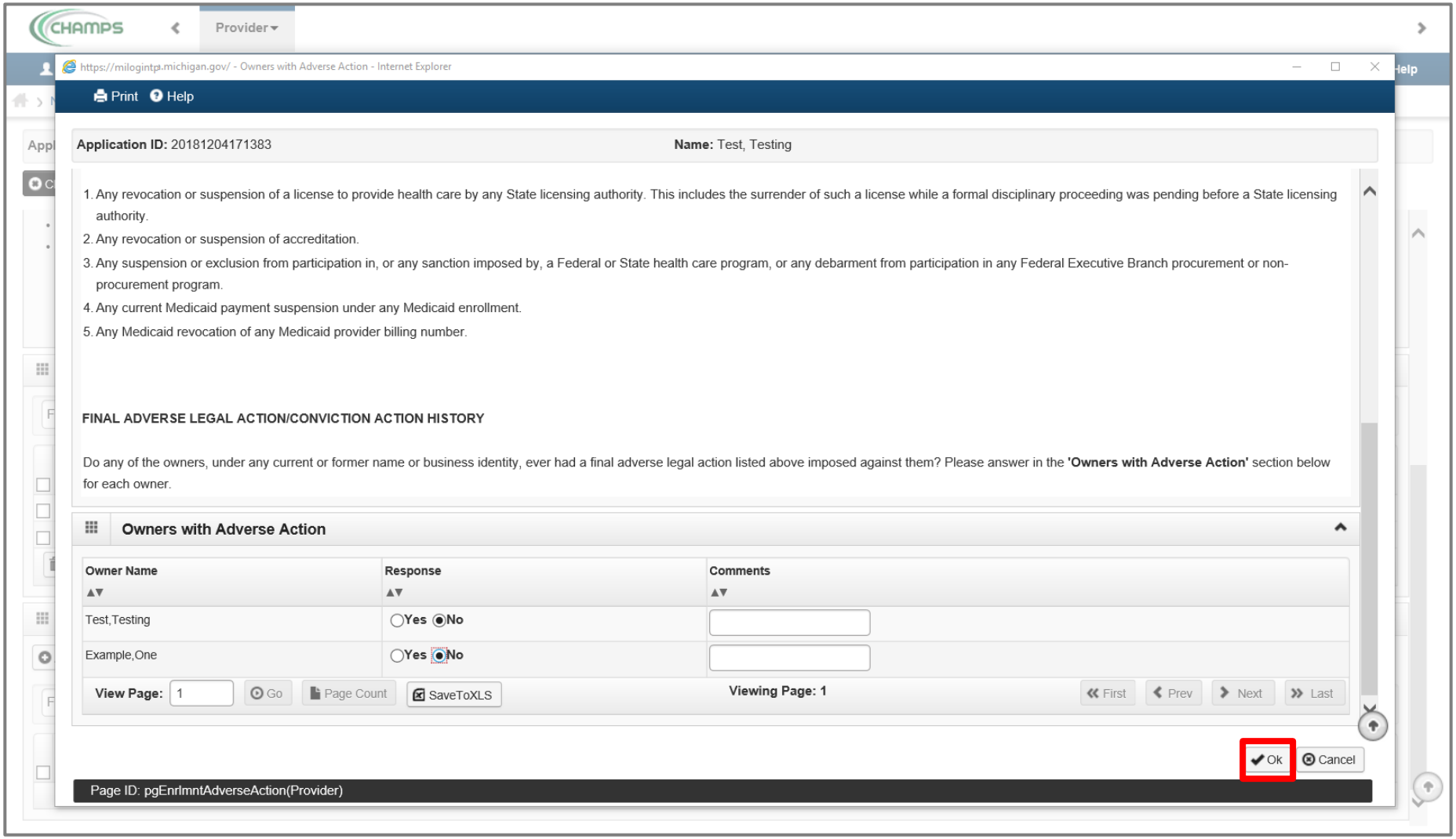
- The Relationship Status now shows Completed for both owners



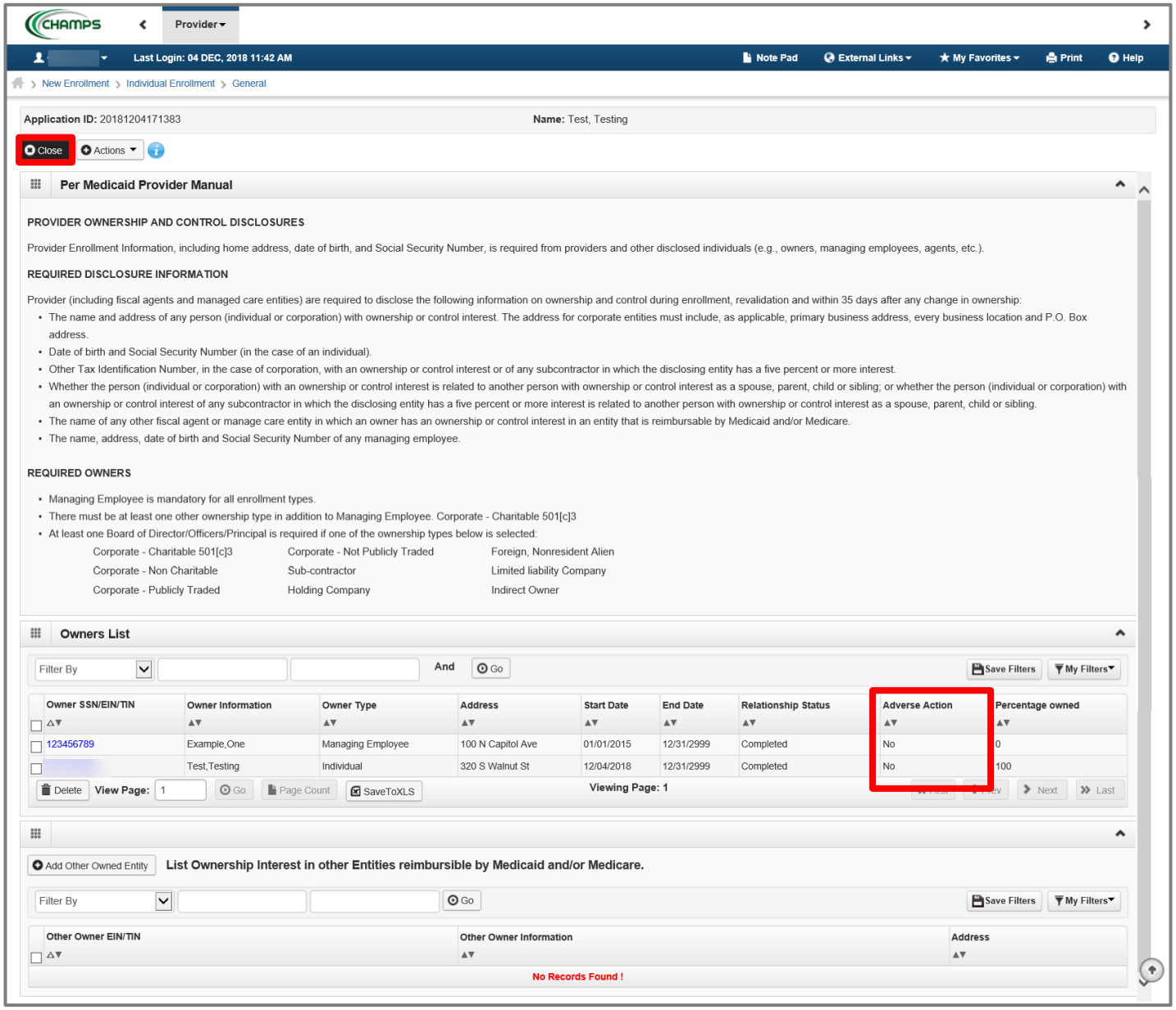
- Select Owners Adverse Action from the Actions drop-down menu to complete the Final Adverse Legal/Action/Convictions Disclosure



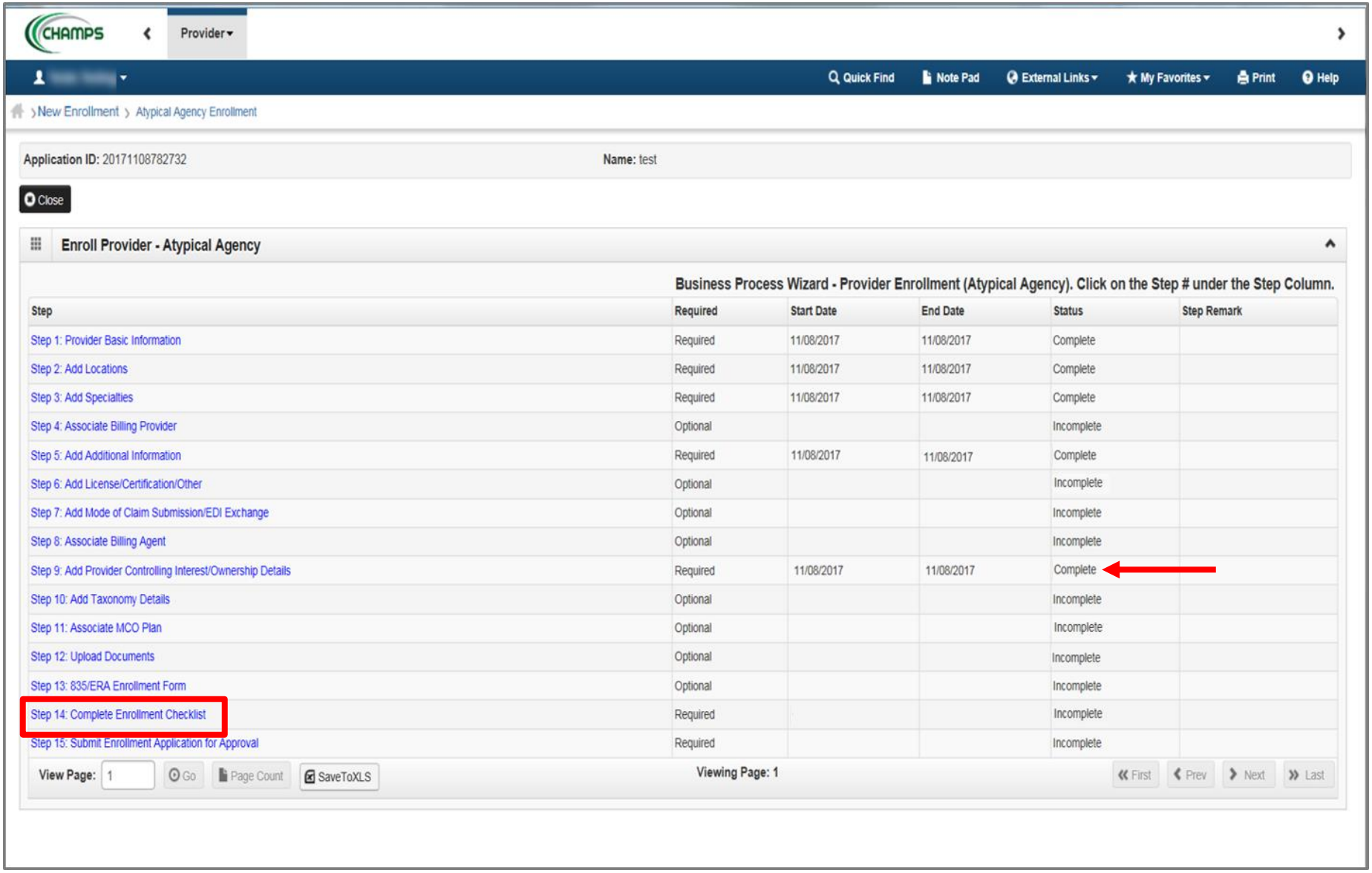
- Read through Final Adverse Legal Actions/Convictions statement for each owner listed, select Yes or No


CHAMPS
Provider
https://milogintp.michigan.gov/ - Owners with Adverse Action - Internet Explorer
Print
Help
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.
Owners with Adverse Action
Owner Name
Response
Comments
Test,Testing
Yes
No
Example,One
Yes
No
View Page: 1
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last
Ok
Cancel
Page ID: pgEnrlmntAdverseAction(Provider)

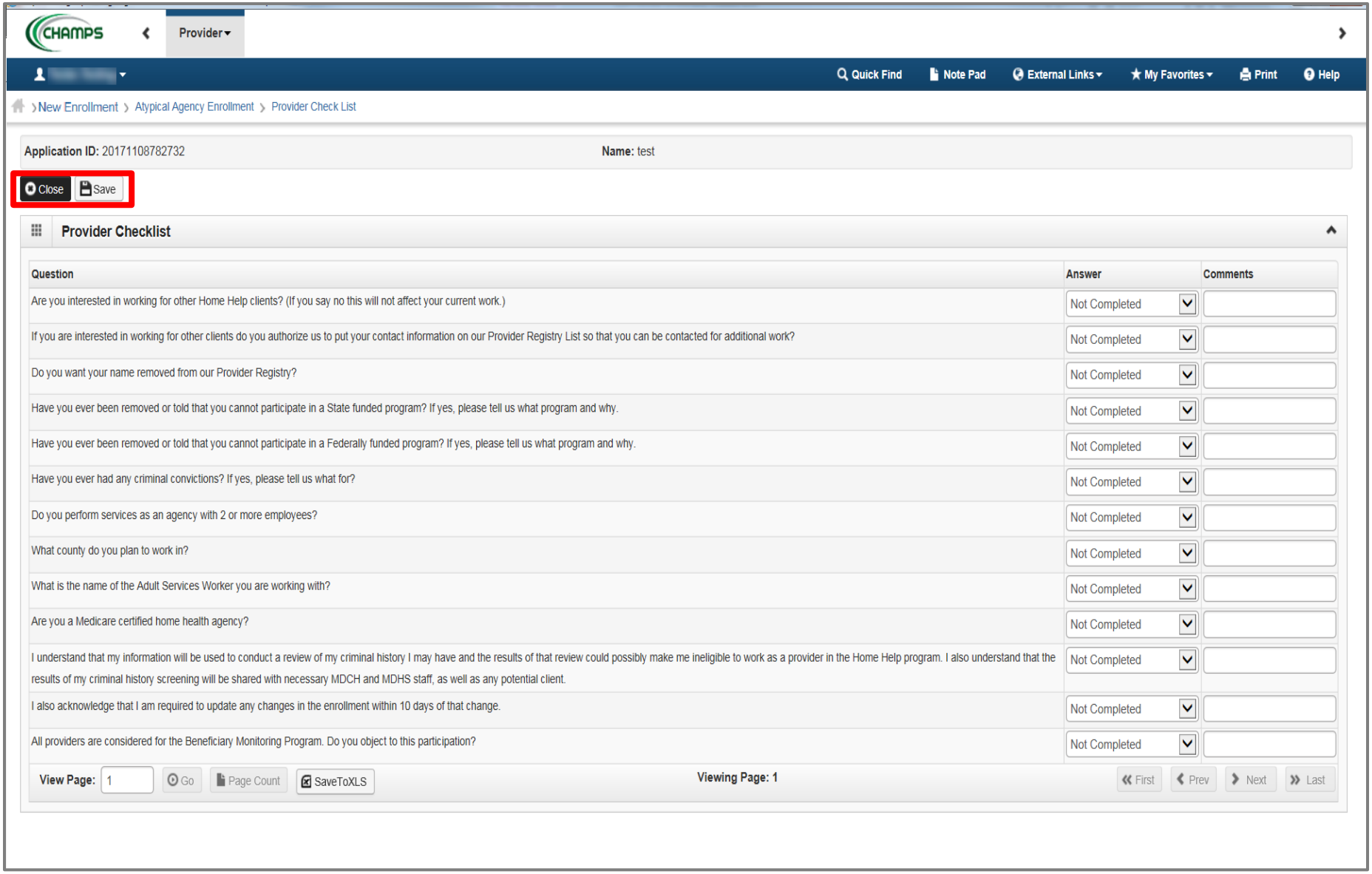
- Click Ok



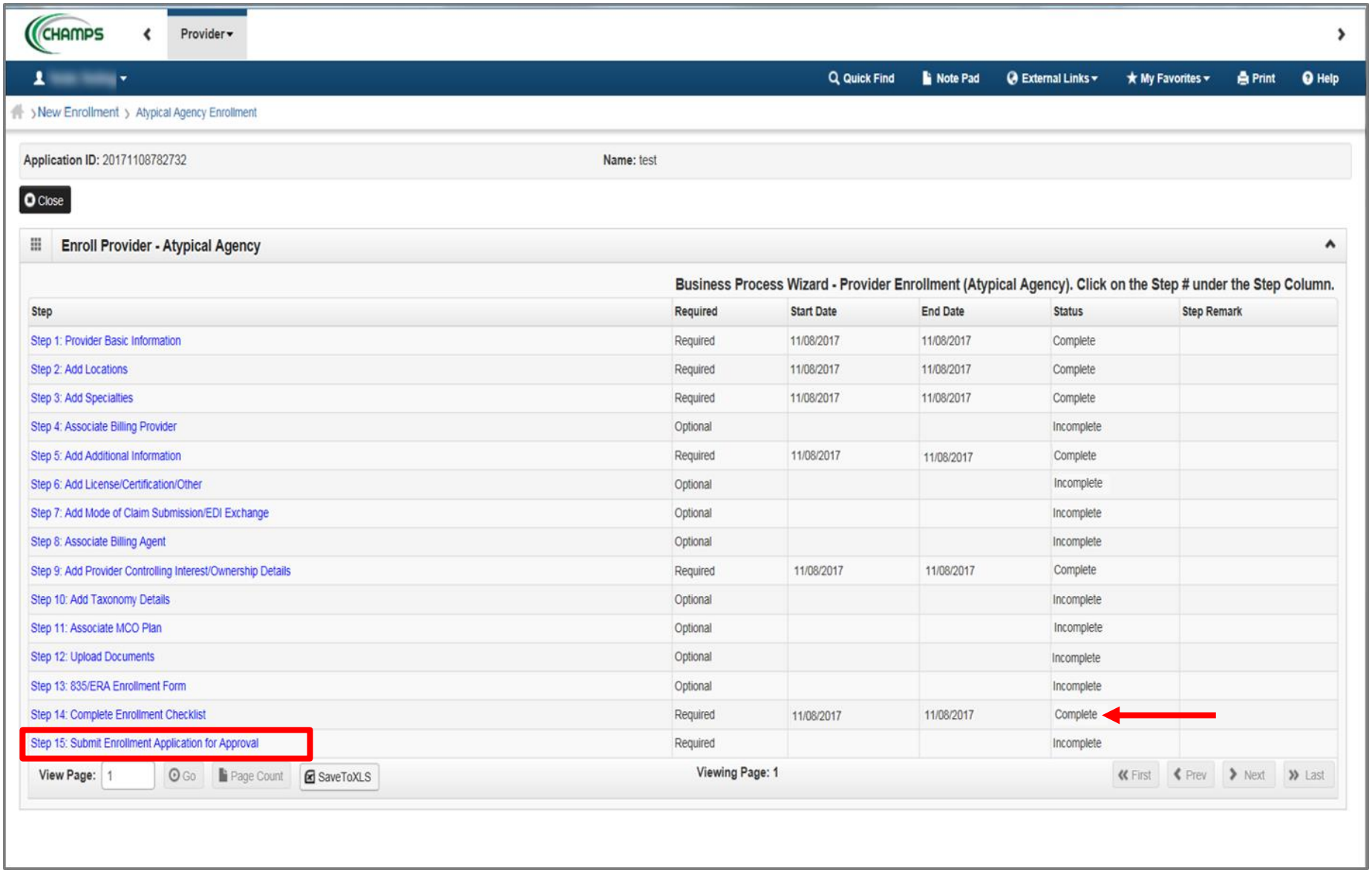
- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close



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



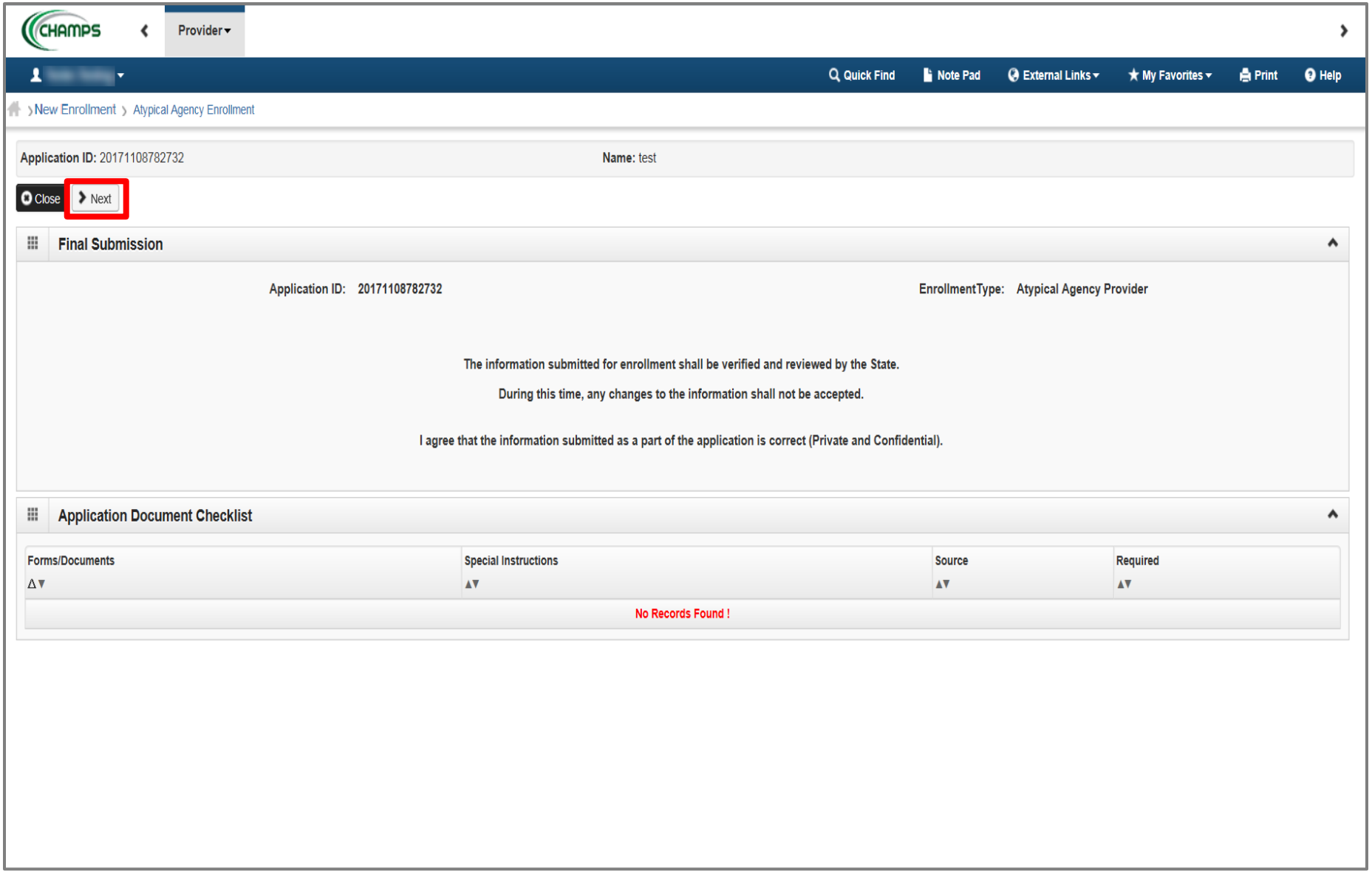
- Answer each question in the Provider Checklist as appropriate
- Add Comments when necessary
- Click Save
- Click Close



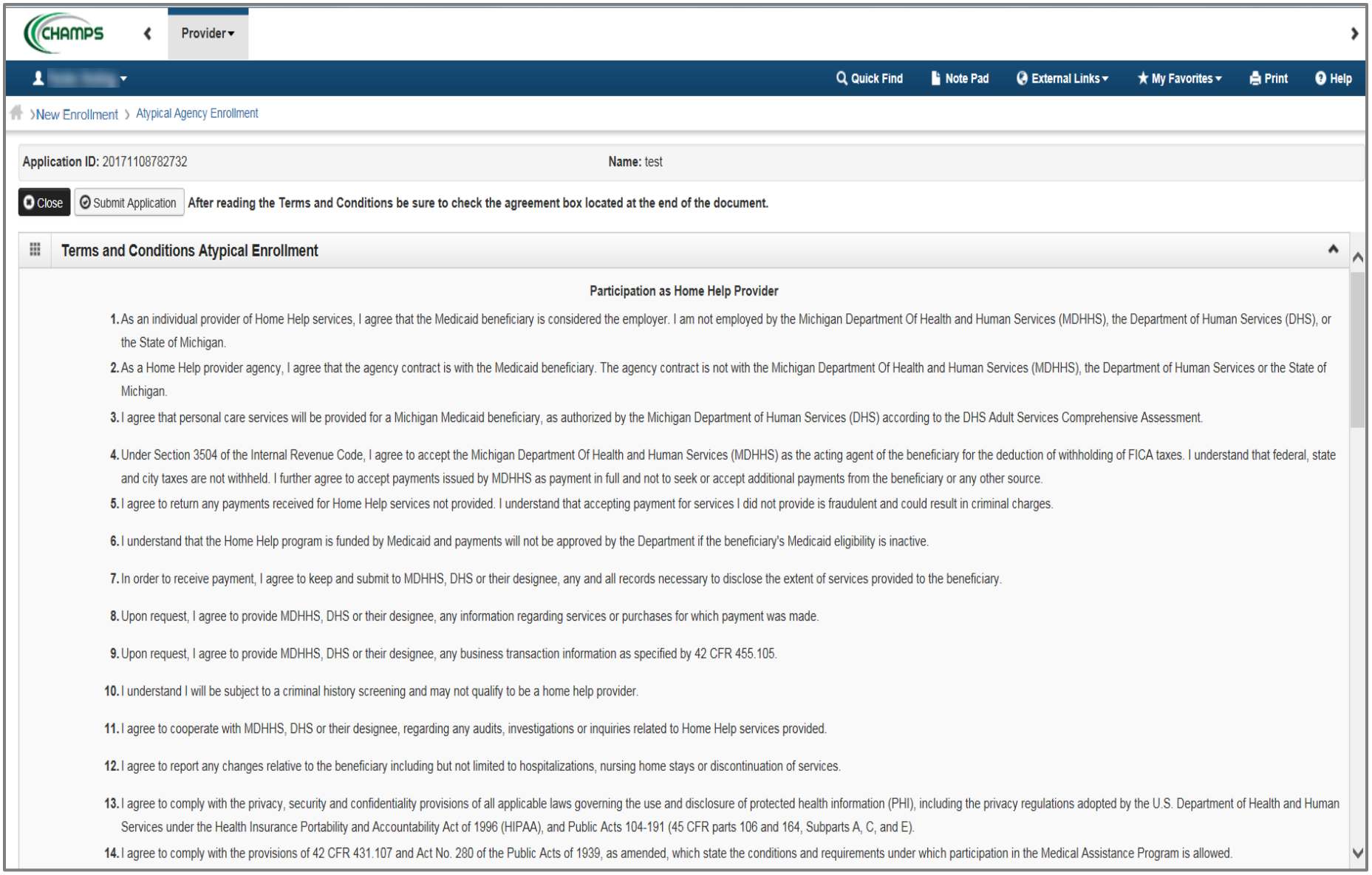
- Step 14 is complete
- Click on Step 15: Submit Enrollment Application for Approval

(Please Note: If you chose not to complete optional steps you can still submit your application)

You must complete step 15 to submit your application



- Final Submission: Click Next



- Read through the entire list of Terms and Conditions

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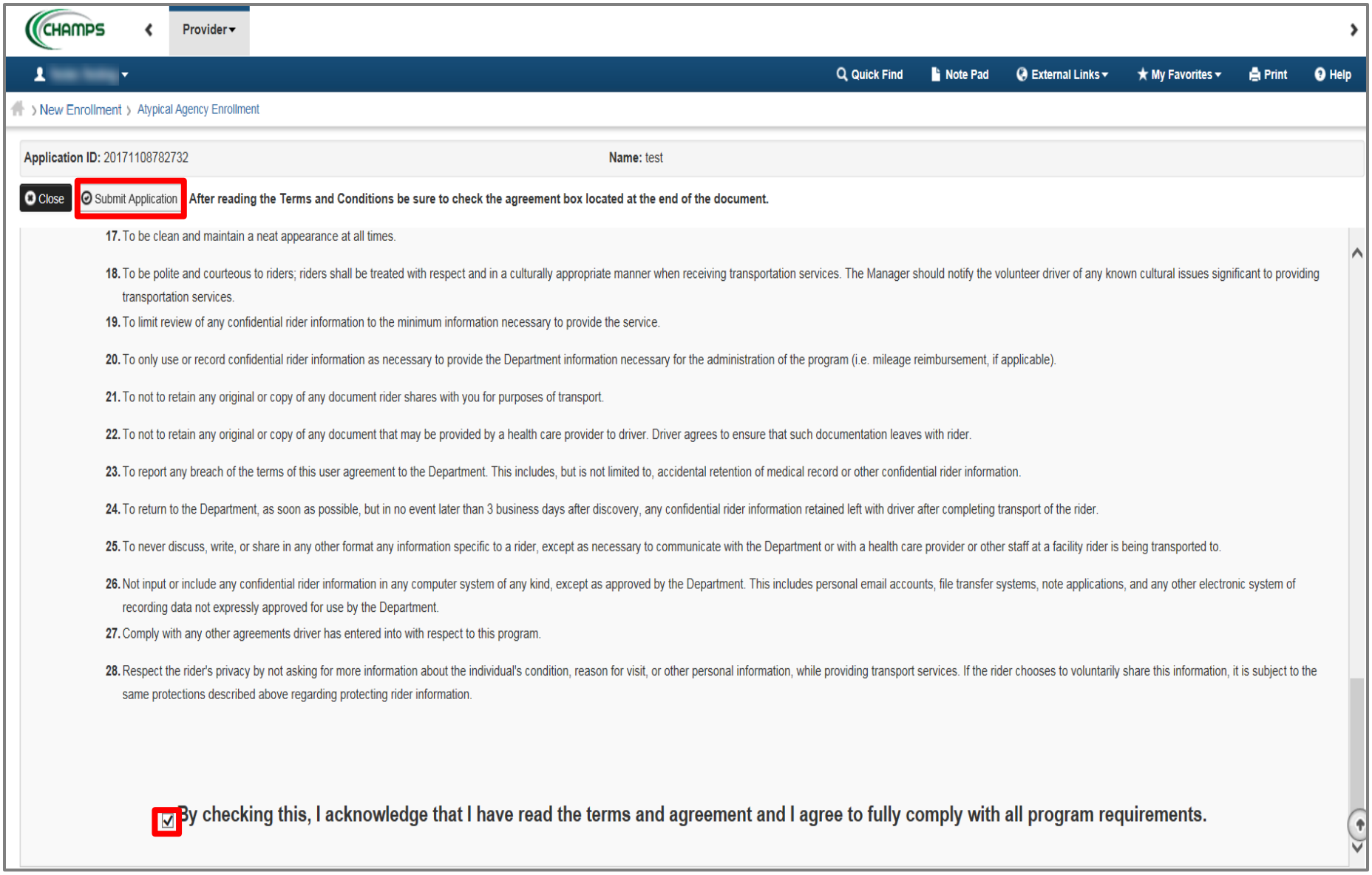
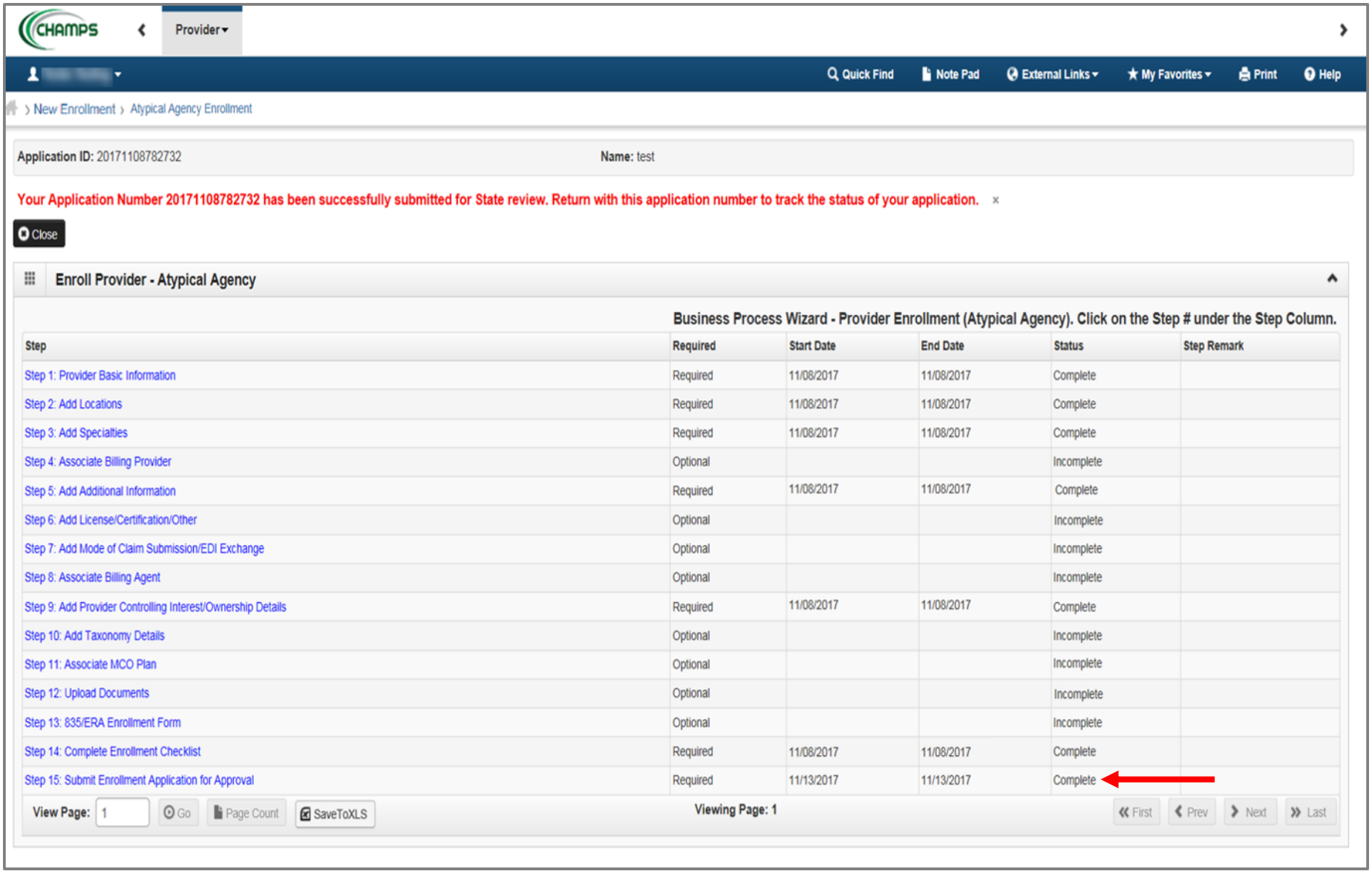


- Check the box at the end to agree to the Terms and Conditions
- Click Submit Application

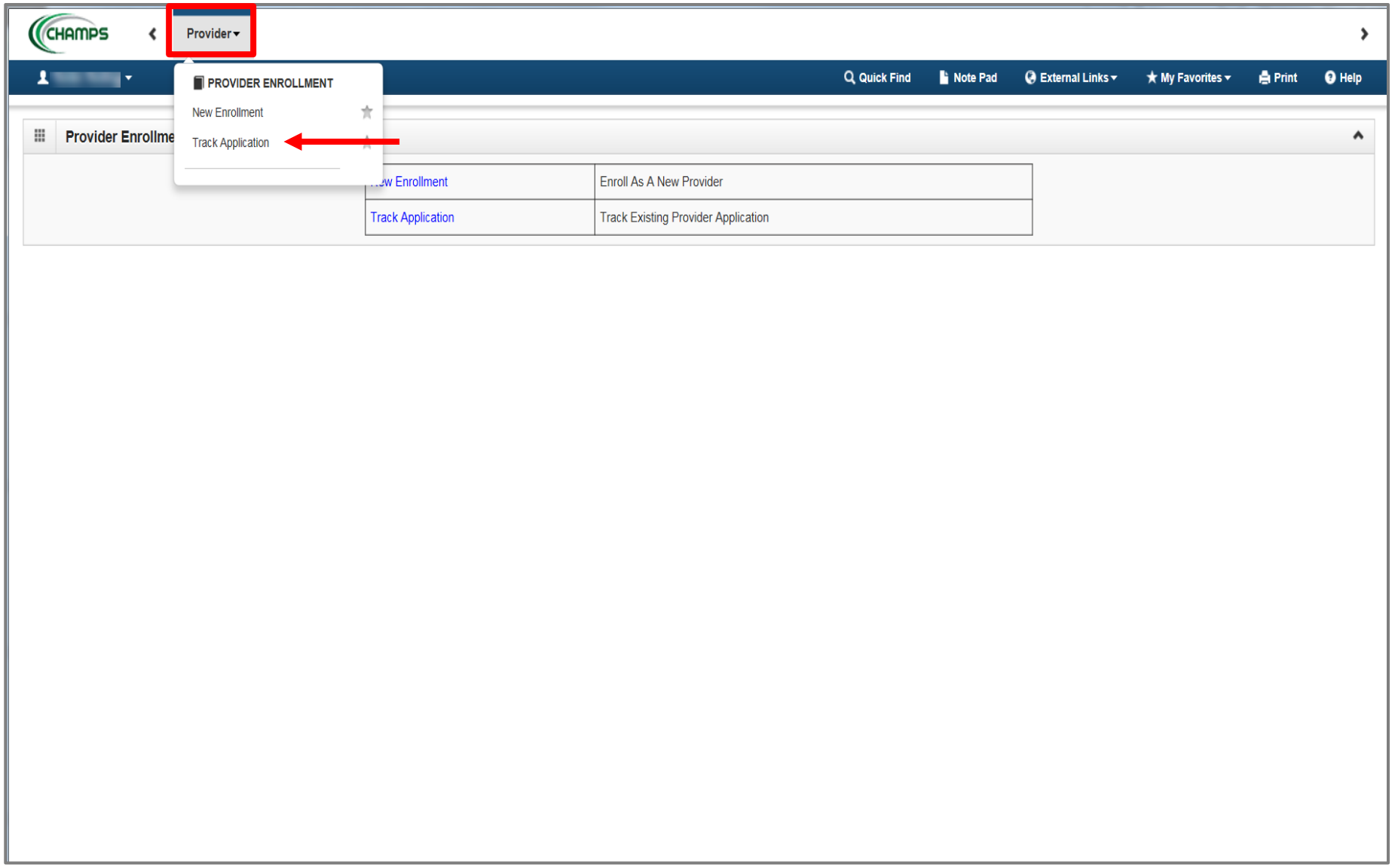


- Step 15 is now complete and the application has been submitted to the State for review
- Take note of your Application ID for further tracking
- Click Close

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

Track Application

How to track a submitted application within CHAMPS



- Select Provider tab
- Click Track Application

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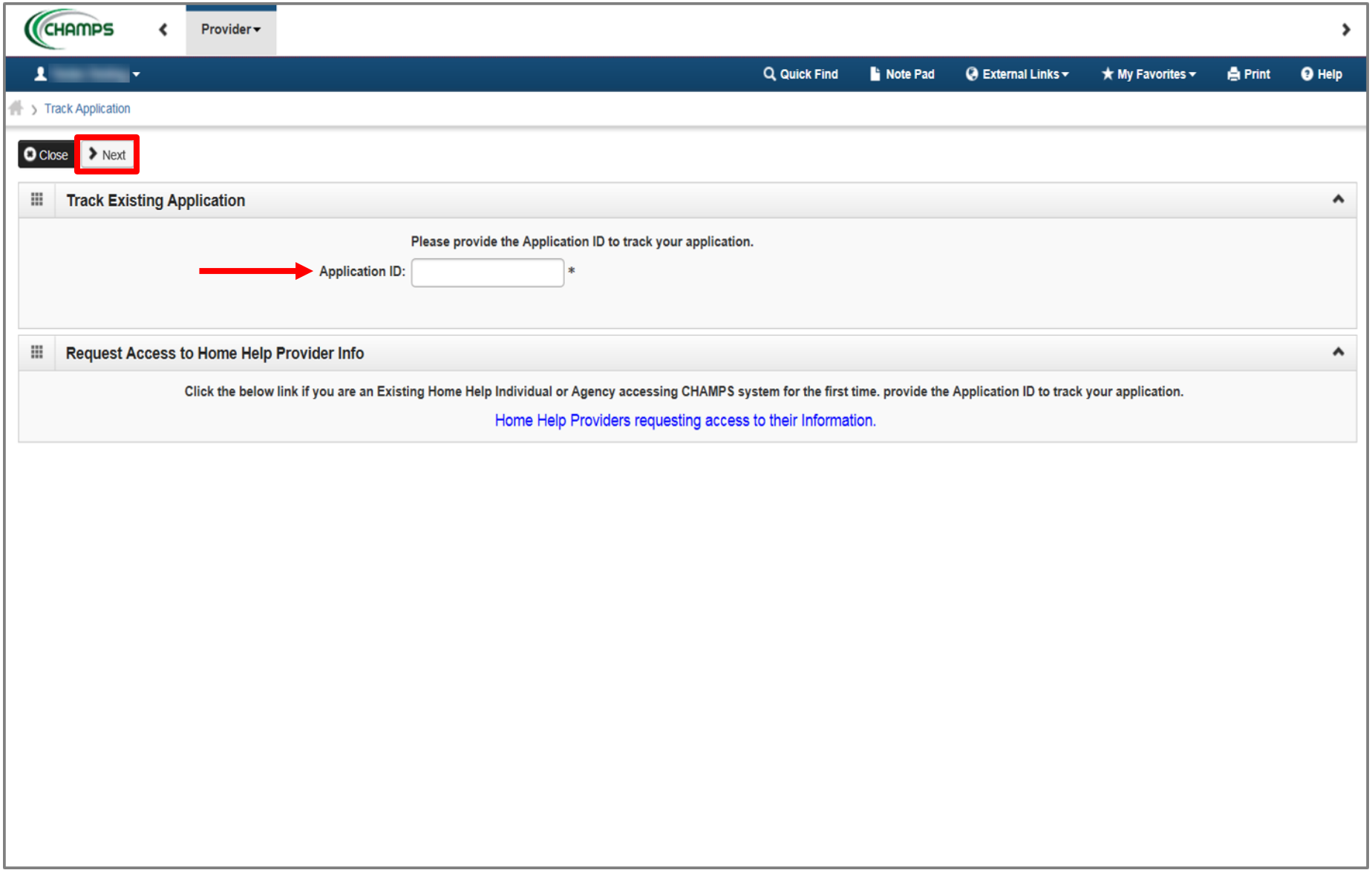

- Fill in Application ID
- Click Next

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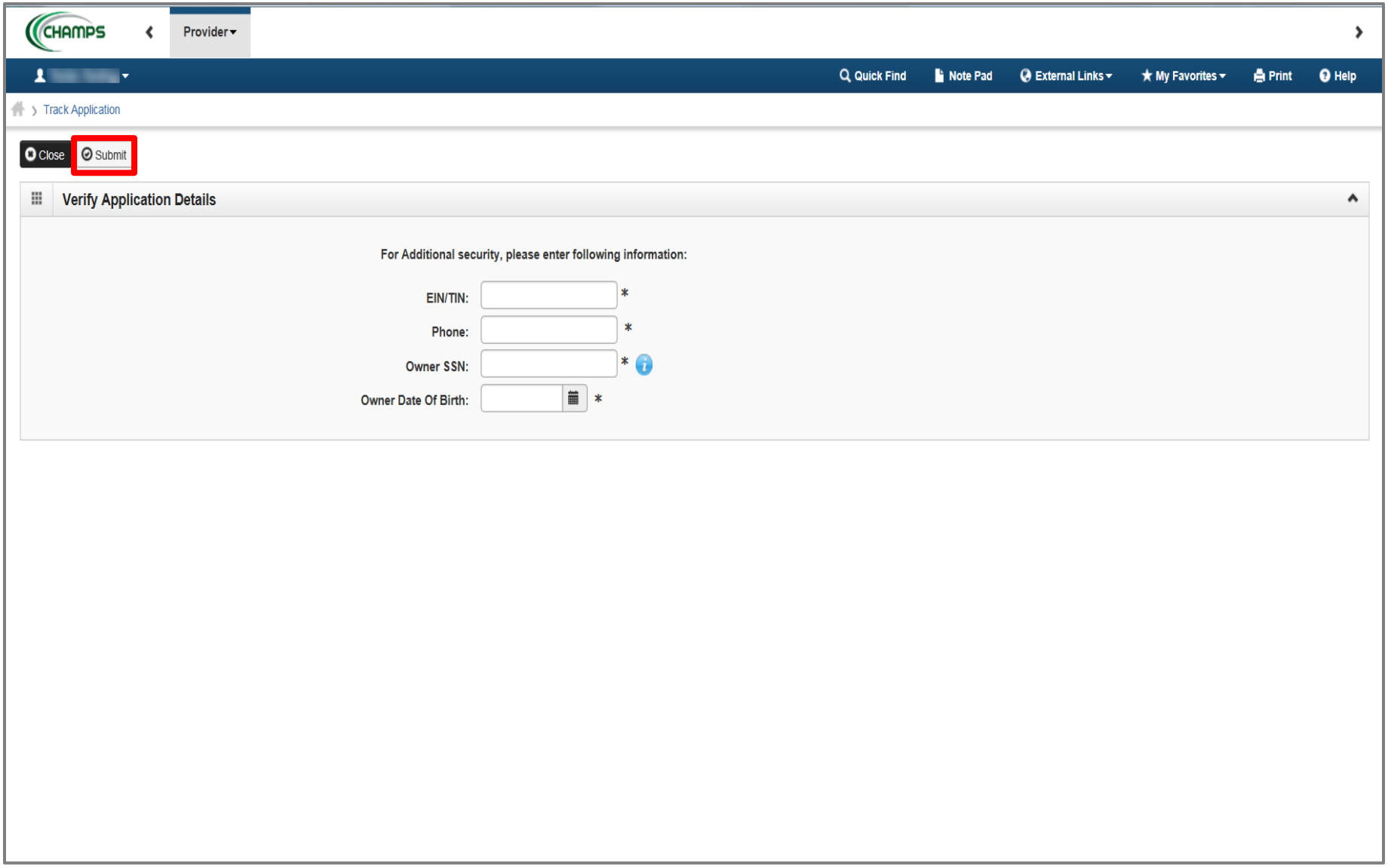

- Complete all fields marked with an asterisk (*)
- Click Submit

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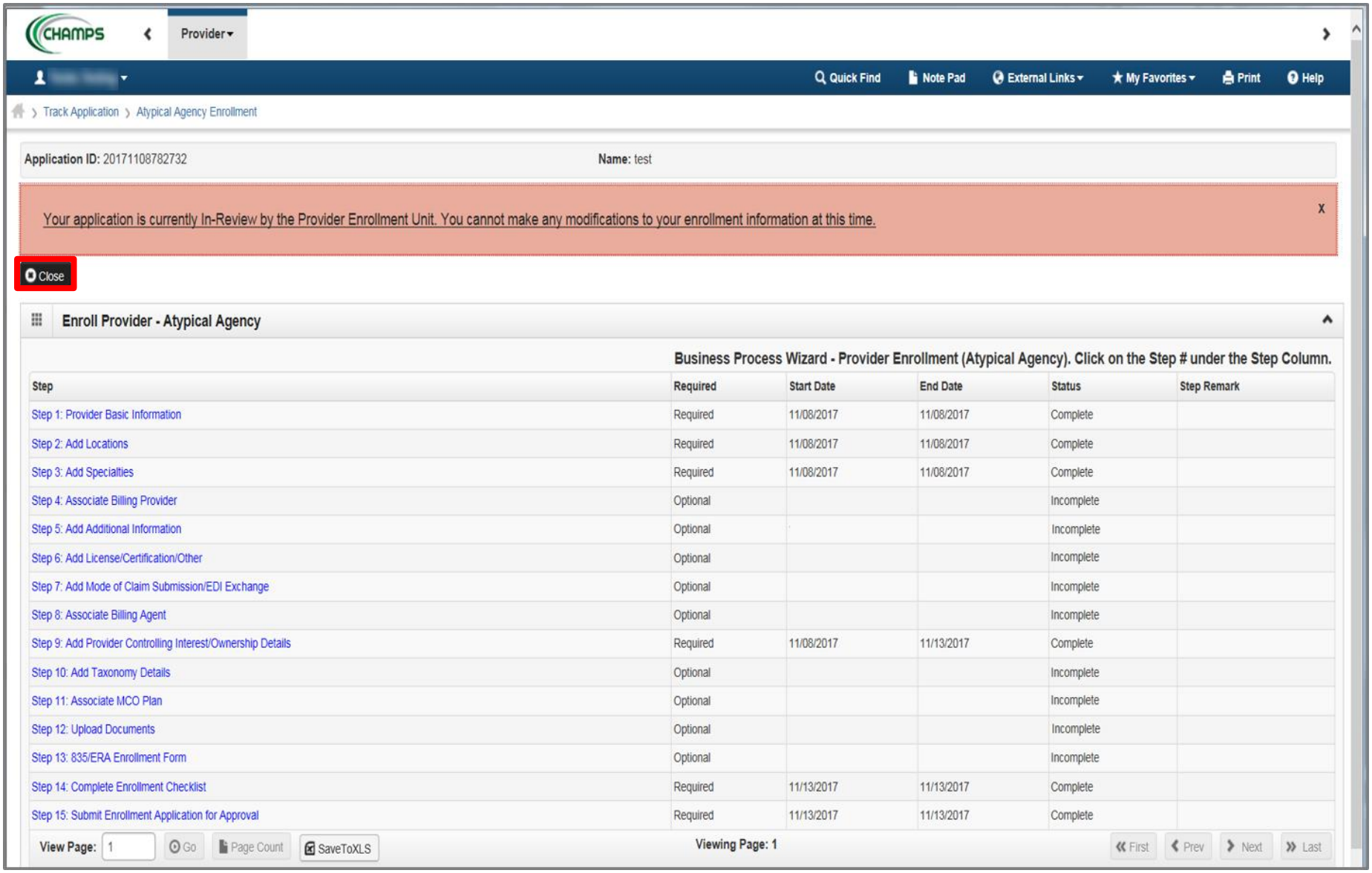

- Confirmation your Provider Enrollment Application has been submitted and is being reviewed by the state
- Click Close

Provider Enrollment Final Steps

- Please 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.
  - Letter is sent to the Correspondence address provided in the Provider Enrollment Application.

Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders
- **We continue to update our Provider Resources, just click on the links below:**
  - Listserv Instructions
  - Medicaid Alerts and Biller “B” Aware
  - Quick Reference Guides
  - Update Other Insurance NOW!
  - Medicaid Provider Training Sessions
- **Provider Enrollment:**
  - MSA-AtypicalProviders@michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program

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