



Michigan Department of Health & Human Services

Provider Enrollment

Adding a primary specialty within CHAMPS

“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

- How to add a Primary Specialty within CHAMPS provider enrollment

Provider Enrollment Process Overview

- Step 1: Determine if provider needs to enroll with CHAMPS Michigan Medicaid
 - Policy Bulletin MSA: [13-17](#)
 - Policy Bulletin MSA: [18-47](#)
 - Policy Bulletin MSA: [19-20](#)
- Step 2: [Determine CHAMPS Enrollment Type](#)
- Step 3: [Enroll with SIGMA – Vendor Self Service](#)
- Step 4: [Register for a MILogin Account for Access to CHAMPS](#)
- Providers wishing to elect another person to have Domain Administrator rights are required to submit:
 - Form: Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
 - Form: Electronic Signature Agreement ([DCH-1401](#))

MILogin for Third Party

User ID

Password

Password

LOGIN

Don't have an account?

SIGN UP

Forgot your User ID?

Forgot your password?

Need Help?


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

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

Home Page

 Your password will expire in **48** days

Access your applications by clicking on the application links below



Michigan Department of Health & Human Services (MDHHS)

CHAMPS 

- You will be directed to your MILogin home page
- Click the CHAMPS hyperlink

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

The screenshot shows a web browser window with the Michigan.gov website. A modal titled "Terms & Conditions" is displayed over the main content. The modal has a teal header with the title "Terms & Conditions". Below the header, the word "CHAMPS" is displayed. The main body of the modal contains the following text:

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 information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms,

At the bottom of the modal, there are two buttons: "CANCEL" and "Acknowledge/Agree". A red arrow points to the "Acknowledge/Agree" button.

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



→ Select Domain ▼ *

→ Select Profile ▼ *

Select Favorite ▼ **Go**

- Select the Domain (Provider NPI)
- Select either Full Access or Provider Enrollment Profile
- Click Go

CHAMPS My Inbox ▾ **Provider ▾**

PROVIDER ENROLLMENT

- New Enrollment ☆
- Track Application ☆

MANAGE PROVIDER

- Manage Provider Information ← ☆

NPI: Name:

Latest updates

System Notice

Due to R10c-1.6 Release, the CHAMPS system will be down between 7:00 PM EDT Friday, June 21st through 7:00 AM EDT Saturday, June 22nd, 2019. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By ▾ Go Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼
No Records Found !				

Calendar

10:27 20 September 2019 Friday

2019 September

Mo	Tu	We	Th	Fr	Sa	Su
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

← Today →

- Select Provider tab
- Click Manage Provider Information

Application ID: 20171106241608

Name: Tester, 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	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required			Incomplete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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- 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 Specialties


Provider ▾

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> New Enrollment
> Individual Enrollment

Application ID: 20171106241608
Name: Tester, Testing

Close
Add
Primary Specialty

Specialty/Subspecialty List

Filter By ▾
Go
Save Filters
My Filters ▾

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> ▲▼	<input type="checkbox"/> ▲▼	<input type="checkbox"/> ▲▼
<input type="checkbox"/> Professional Counselor/No Subspecialty	NON-PHYSICIANS	12/31/2999

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

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Name: Tester, Testing

Primary Specialty For Enrollment



Primary Specialty/Subspecialty: NON-PHYSICIANS/Professional Counselor/No Subspecialty ▾ *

Board Certified: ☐ Yes ☒ NoBoard Eligible: ☐ Yes ☒ No

Start Date: 01/01/2015 *

Your designation and attestation of a primary specialty will be utilized to identify and evaluate your eligibility for the Primary Care Rate Increase.

(If Board Certified, please provide Board Certification No. in License/Certification/Other step.)

(If Board Eligible, please provide Board Eligibility Information. in License/Certification/Other step.)

End Date: 12/31/2999

- 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

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Individual Enrollment

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Name: Tester, Testing

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Add
Primary Speciality

Specialty/Subspecialty List

Filter By
Go
Save Filters
My Filters

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> Professional Counselor/No Subspecialty	NON-PHYSICIANS	12/31/2999

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- Click Close to return to the enrollment steps

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Name: Tester, 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	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required	11/06/2017	11/06/2017	Complete	
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required	11/06/2017	11/06/2017	Complete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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- Click on Step 9: Complete Enrollment Checklist

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Name: Tester, Testing

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	

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

Application ID: 20171106241608

Name: Tester, Testing

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

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.

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



Provider ▾

Tester, Testing ▾

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New Enrollment > Individual Enrollment

Application ID: 20171106241608

Name: Tester, Testing

Your Application Number 20171106241608 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
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Step 4: Add License/Certification/Other	Required	11/06/2017	11/06/2017	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	11/06/2017	11/06/2017	Complete	
Step 6: Add Taxonomy Details	Required	11/06/2017	11/06/2017	Complete	
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Step 8: Upload Documents	Optional			Incomplete	
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Step 10: Submit Enrollment Application for Approval	Required	11/06/2017	11/06/2017	Complete	

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- Step 10 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.)

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:**
 - ProviderEnrollment@Michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program