

CHAMPS Provider Enrollment : Community Health Worker (CHW)

February 14, 2024



“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

Agenda



Enrollment Requirement



Introduction to the Provider Enrollment Webpage



New CHW Providers

Beginning the CHAMPS Enrollment Process



Existing Providers

CHAMPS Modification:
Adding the CHW Specialty



Provider Resources

Glossary

The below terms or abbreviations will be used throughout this presentation.
This is not an all-inclusive list.

Abbreviation or Term	Definition
CHAMPS	Community Health Automated Medicaid Processing System
CMS	Center for Medicare and Medicaid Services
DDE	Direct Data Entry
FFS	Fee for Service
FQHCs, RHCs, THC	Federally Qualified Health Center, Rural Health Center, Tribal Health Center
MDHHS	Michigan Department of Health and Human Services
MHP	Medicaid Health Plan
MMP	Michigan Medicaid Policy
MICHWA	Michigan Medicaid Community Health Worker Association
PA	Prior Authorization
SSN/EIN/TIN	Social Security Number/Employer Identification Number/Tax Identification Number
An additional glossary of terms is found in the Medicaid Provider Manual	

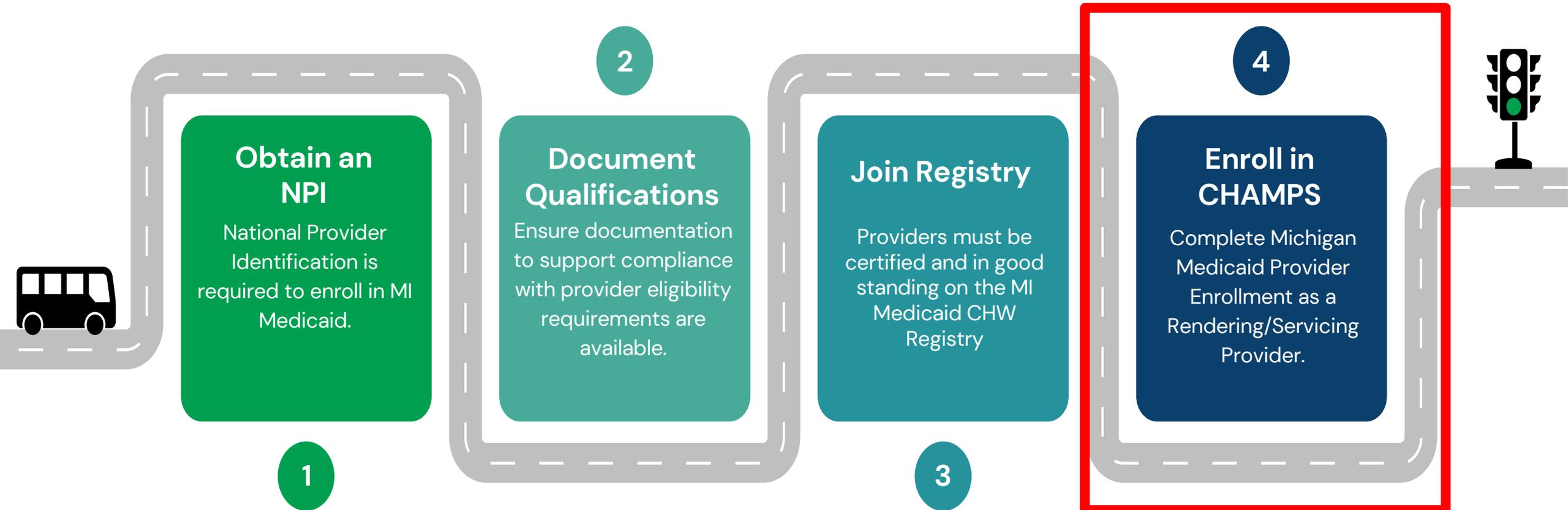
Enrollment Requirement

- Michigan Medicaid Policy Bulletin MMP 23-74: [Medicaid Coverage of CHW Services](#)
- CHW providers seeking reimbursement for their professional services to Medicaid beneficiaries are required to be actively enrolled in the Community Health Automated Medicaid Processing System ([CHAMPS](#)) – the state’s online Medicaid enrollment system.
- Before starting the CHAMPS Provider Enrollment application, the CHW provider should have gone through the following processes:
 - Obtain a (Type 1) National Provider Identifier ([NPI](#)) as a Rendering/Serviceing-Only
 - Complete the [MI Medicaid CHW Registry online application](#) process.
 - A CHW must be verified and added to the MI Medicaid CHW Registry. MiCHWA, in partnership with the Michigan Primary Care Association, is the designated vendor to provide verification and credentialing services.

This resource intends to promote the provider enrollment requirement for CHW providers through our Medicaid system, CHAMPS.

Overview: Pathway to Providing Medicaid Reimbursable CHW Services

This webinar will focus on the CHAMPS Provider Enrollment process



Introduction to the Medicaid Provider Enrollment Webpage

www.Michigan.gov/MedicaidProviders
>> Provider Enrollment

Provider Enrollment Webpage

- [Medicaid Providers Main Webpage](#)
- Click Provider Enrollment

This page provides information for healthcare providers who provide services to Medicaid beneficiaries or would like to enroll as a Medicaid provider.

It provides links to CHAMPS, billing and reimbursement resources, training, policy documents, and much more.

URGENT:

Learn about our responses to Coronavirus and find the latest program guidance.

www.Michigan.gov/Coronavirus >> Resources >> For Health Professionals

- MDHHS advises review of "Actions for Caregivers of Older Adults During COVID-19" and supporting Frequently Asked Questions (FAQ) document.
- Michigan's stay at home order has been lifted, learn about each phase of the MI Safe Start Plan.
- Resuming Standard Operations for Case Management and Home and Community Based Services



Provider Enrollment Webpage

- [Provider Enrollment main webpage.](#)
- CHW providers are required to complete an MI Medicaid [CHW Registry Application](#), and [Register for a MiLogin account to access CHAMPS](#), before starting the CHAMPS provider enrollment application.

Health & Human Services

Assistance Programs | Adult & Children's Services | Safety & Injury Prevention | Keeping Michigan Healthy | Doing Business with MDHHS | Inside MDHHS

Provider Enrollment

Home > Doing Business with MDHHS > Health Care Providers > Providers > Medicaid > Provider Enrollment

Provider Enrollment

All providers who serve Michigan Medicaid beneficiaries are required to be screened and enrolled in the [Community Health Automated Medicaid Processing System \(CHAMPS\)](#). For assistance in enrolling please call 1-800-292-2550 option 4.

MDHHS utilizes provider email address information entered in the CHAMPS provider enrollment application to communicate with providers. Providers are responsible for maintaining accurate and valid email address information within their CHAMPS provider enrollment information. If the email address information is out of date or incorrect, enrolled providers will want to modify their enrollment information and submit it for approval.

Getting Started - Enrollment

- [Step 1: Determine if the Provider needs to enroll](#)
- [Step 2: Determine CHAMPS Enrollment Type](#)
- [Step 3: Register for SIGMA](#)
- [Step 4: Register for MiLogin Account for access to CHAMPS](#)

Step-by-Step CHAMPS Enrollment Guides

Provider Enrollment Webpage

- Once the provider has registered in both the MI Medicaid CHW Registry and MiLogin with access to CHAMPS providers will select the Rendering/Servicing hyperlink.

Health & Human Services

Assistance Programs | Adult & Children's Services | Safety & Injury Prevention | Keeping Michigan Healthy | Doing Business with MDHHS | Inside MDHHS

Provider Enrollment

Home > Doing Business with MDHHS > Health Care Providers > Providers > Medicaid > Provider Enrollment

Provider Enrollment

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Getting Started - Enrollment

Step-by-Step CHAMPS Enrollment Guides

- Individual/Sole Proprietor
- Rendering/Servicing**
- Group
- Billing Agent
- Facility/Agency/Organization (FAO)
- Atypical

Rendering/Serviceing Provider Enrollment resources

- For complete instructions on enrolling as a Rendering/Serviceing provider reference the [CHAMPS Enrollment Application: Rendering/Serviceing User Guide PDF](#) hyperlink.

Note: Rendering/Serviceing providers will complete an Individual/Sole Proprietor Enrollment application and will select the Rendering/Serviceing Only applicant type from within the application.

Rendering/Serviceing

Home > Doing Business with MDHHS > Health Care Providers > Providers > Medicaid > Provider Enrollment > Rendering/Serviceing

A Rendering/Serviceing provider is one who provides services through a Group, Facility, Agency, Organization or an Individual/Sole Proprietor. A Rendering/Serviceing provider does not bill directly to Michigan Medicaid. The Billing Provider that is associated to this applicant type, submits claims and receives payments for the Rendering/Serviceing provider. This Billing Provider must be approved in CHAMPS prior to the submission of a new enrollment application for a Rendering/Serviceing provider.

- Rendering Enrollment Checklist - [PDF](#) (The intent of this resource is to provide a document that can be prefilled with the required information for completing a provider enrollment application to allow for ease of completion.)
 - [CHAMPS Enrollment Application: Rendering/Serviceing User Guide](#)
 - Step 1: Provider Basic Information - [PDF](#), [Recording](#)
 - Step 2: Add Specialties - [PDF](#), [Recording](#)
 - Step 3: Associate Billing Provider- [PDF](#)
 - Primary Specialty - [PDF](#)
 - Quick Reference Guide - [PDF](#)
 - Track Application- [PDF](#), [Recording](#)
- Brain Injury Specialty Information- [PDF](#)
- Prescriber Requirement Information - [PDF](#), [Recording](#)

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Domain Administrator Resources

- Domain Administrator Functions- [PDF](#)
 - [Quick Reference Guide](#)
- Electronic Signature Agreement Cover Sheet [MDHHS-5405](#)
- Electronic Signature Agreement [DCH-1401](#)

[Return to Provider Enrollment Home Page](#)

CHW Providers

Beginning the CHAMPS Enrollment Process

Medicaid CHW providers are required to enroll in CHAMPS as an Individual/Sole enrollment type with a Rendering/Service Only applicant type.

The following slides will walk providers through the CHAMPS provider enrollment process, Rendering/Service Only enrollment resources, and the specific specialty steps needed as they pertain to a CHW enrollment.

All resources mentioned can be found on the Medicaid Provider Enrollment website:
www.Michigan.gov/MedicaidProviders >> Provider Enrollment

Step 4: Register for a MiLogin and Request CHAMPS Access

- A MiLogin user ID and password are required to subscribe and access the CHAMPS application.
- How to access:
 - <https://MiLogintp.Michigan.gov>
- For complete instructions on how to register for MiLogin and access CHAMPS reference the below resources:
 - [Access CHAMPS](#)
 - [MiLogin Instructions](#)
 - [MiLogin Help Page](#)

The screenshot displays the MiLogin for Business website. At the top left is the Michigan state logo and the text "MiLogin for Business". At the top right are links for "Help" and "Contact Us". The main content area is split into two sections. On the left is a dark blue banner with the text "Michigan's one-stop login solution for business" and a green arrow pointing right. Below this banner is a paragraph: "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." At the bottom of the banner is the text "Copyright 2023 State of Michigan". On the right is a white login form titled "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 green "Log In" button and a white "Create an Account" button with a green border. At the bottom right of the page is a link for "Policies".

Step 4: Register for a MiLogin and Request CHAMPS Access

- Once registration for MiLogin is complete and access to the CHAMPS application has been approved:
 - Select CHAMPS
 - Review the Terms & Conditions
 - Check the box if you agree to the Terms & Conditions
 - Click on Launch Service

The screenshot displays the 'MiLogin for Business' interface. At the top, there is a navigation bar with links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. The main heading reads 'Welcome' followed by a blurred name. Below this, a card for the 'Michigan Department of Health & Human Services' (MDHHS) is shown, with a red box highlighting the 'CHAMPS' button. A red arrow points from this button to a detailed view of the 'CHAMPS' service page. This page includes the MDHHS logo, the title 'CHAMPS', and 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.' Below the description, it states 'Please accept the Terms and Conditions to continue:'. A 'Terms & Conditions' section follows, containing a paragraph of legal text. At the bottom of this section, there is a checkbox labeled 'I agree to the Terms & Conditions' which is checked, and a red box highlights the 'Launch service' button.

Step 4: Enroll in CHAMPS

- Providers can now begin the Enrollment Application.
- Click New Enrollment.

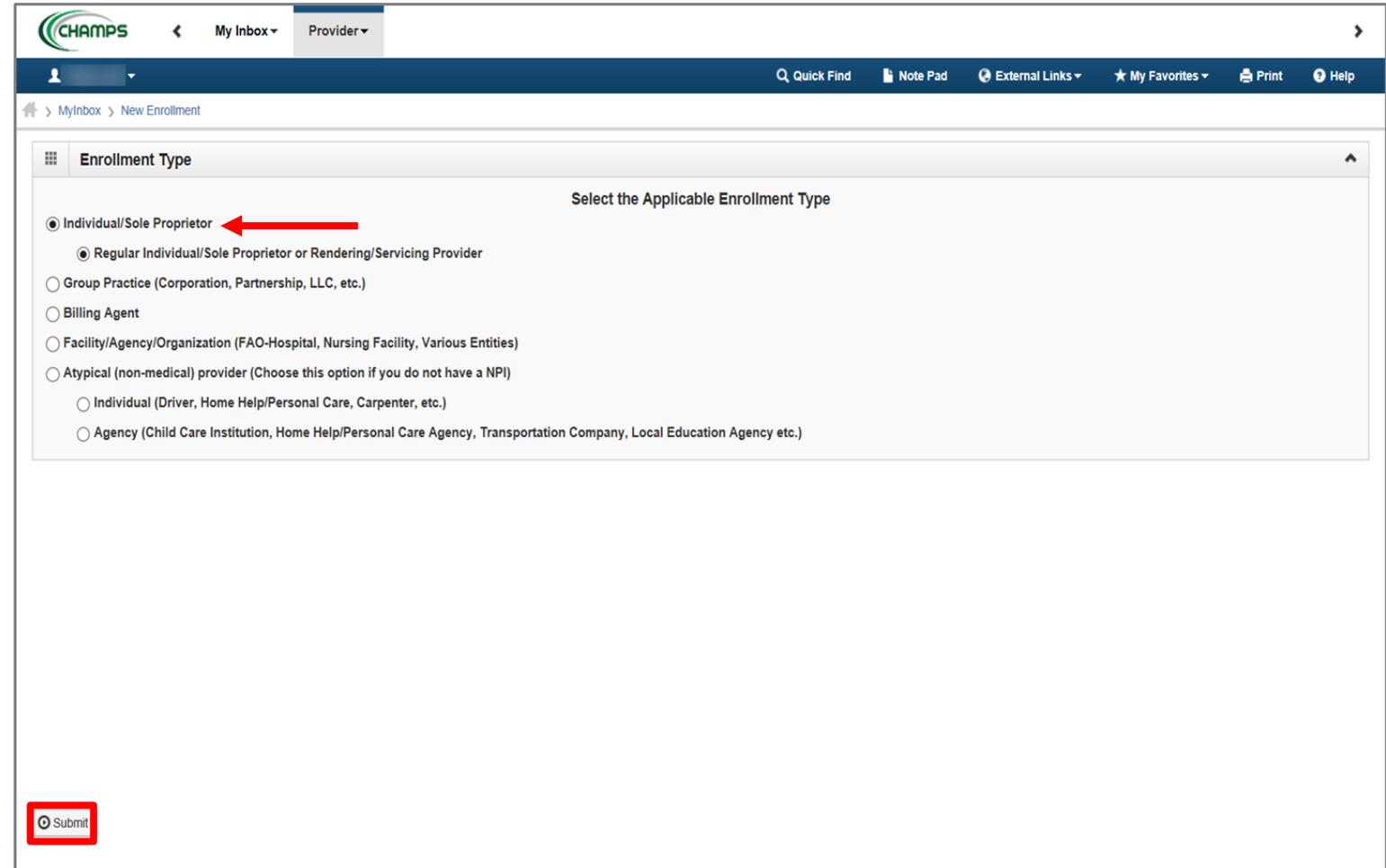
The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and utility links: Quick Find, Note Pad, External Links, My Favorites, Print, and Help. Below the navigation bar, the main content area is titled 'Provider Enrollment'. A table is displayed with two rows of options:

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

A red arrow points to the 'New Enrollment' link in the first row of the table.

Begin the Enrollment Application Process: Rendering/Serviceing

- Select Individual/Sole Proprietor.
- Click Submit.
- Reminder: Rendering/Serviceing Only application type will be selected in the next step.



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'. Below this is a secondary navigation bar with utility links: 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows a breadcrumb trail 'MyInbox > New Enrollment' and a section titled 'Enrollment Type' with the instruction 'Select the Applicable Enrollment Type'. The following options are listed with radio buttons:

- Individual/Sole Proprietor (highlighted with a red arrow)
 - Regular Individual/Sole Proprietor or Rendering/Serviceing Provider
- Group Practice (Corporation, Partnership, LLC, etc.)
- Billing Agent
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Atypical (non-medical) provider (Choose this option if you do not have a NPI)
 - Individual (Driver, Home Help/Personal Care, Carpenter, etc.)
 - Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)

A red box highlights the 'Submit' button at the bottom left of the form area.

Rendering/Servicing Step 1: Basic Information

- Basic Information: Complete all fields marked with an asterisk (*).
- Select Applicant Type: Rendering/Servicing Only.
- Home Address: Complete Address Line 1 and Zip Code, click Validate Address
 - (Note: you should receive confirmation "Address validation successful")
- Click Finish.

Refer to the [Enrollment Guide for Rendering/Servicing Providers](#) for complete step-by-step instructions.

The screenshot displays the MMS - Internet Explorer application interface. The browser address bar shows "https://milogintp.michigan.gov/ - Welcome to MMS - Internet Explorer". The application has a "Print" and "Help" menu at the top. The main content area is divided into two sections: "Basic Information" and "Home Address".

Basic Information Section:

- First Name: *
- Middle Initial:
- Last Name: *
- Gender:
- Suffix:
- SSN: *
- Date of Birth: *
- Applicant Type: *
- NPI: *
- Contact Email Address:
 - Email-1: *
 - Email-2:
 - Email-3:
 - Email-4:

Home Address Section:

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

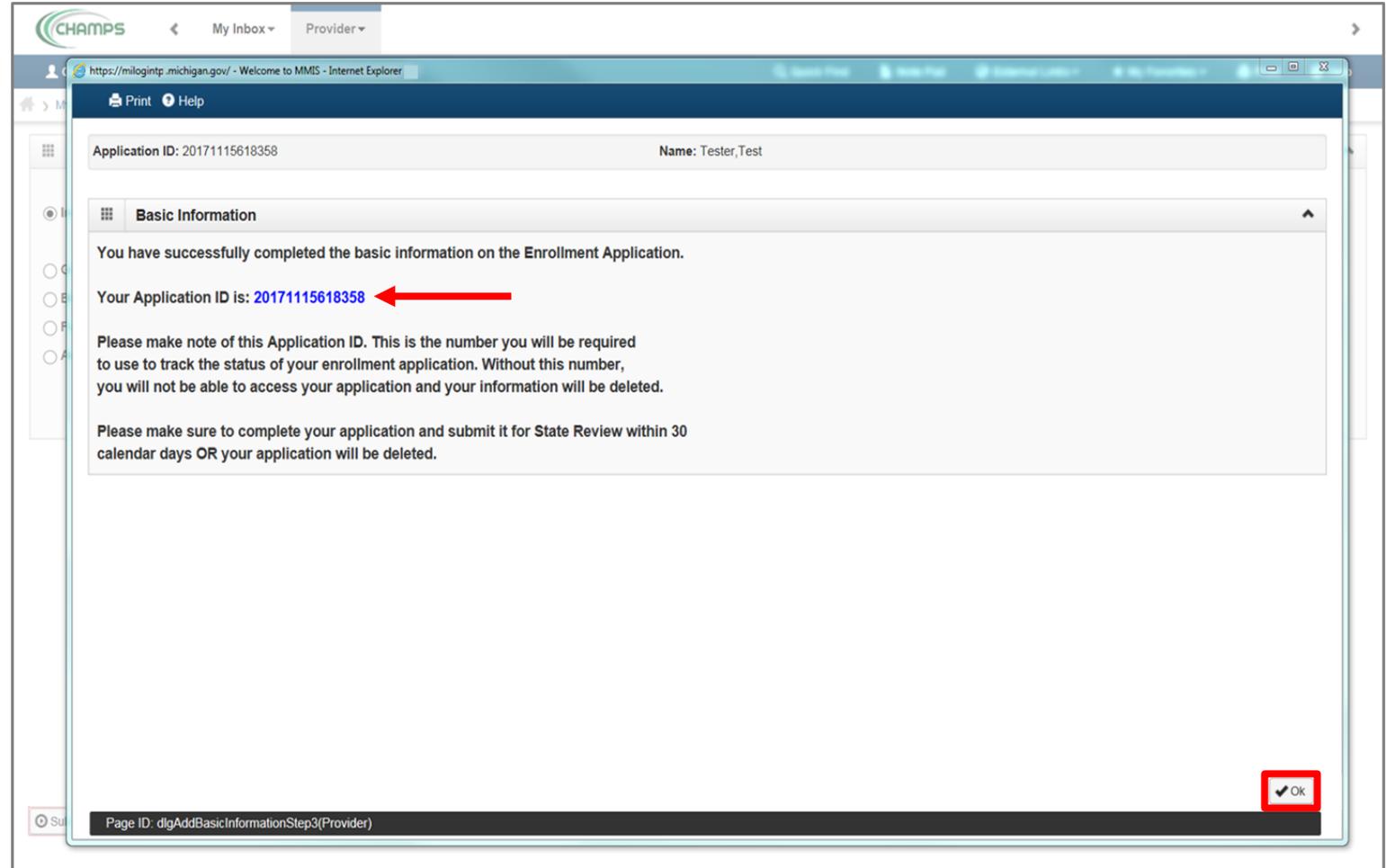
- Address Line 1: *
(Enter Street Address or PO Box Only)
- Address Line 2:
- Address Line 3:
- City/Town: *
- State/Province: *
- County:
- Country: *
- Zip Code: -

Buttons: (highlighted with a red box), (highlighted with a red box),

Rendering/Servicing Provider

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

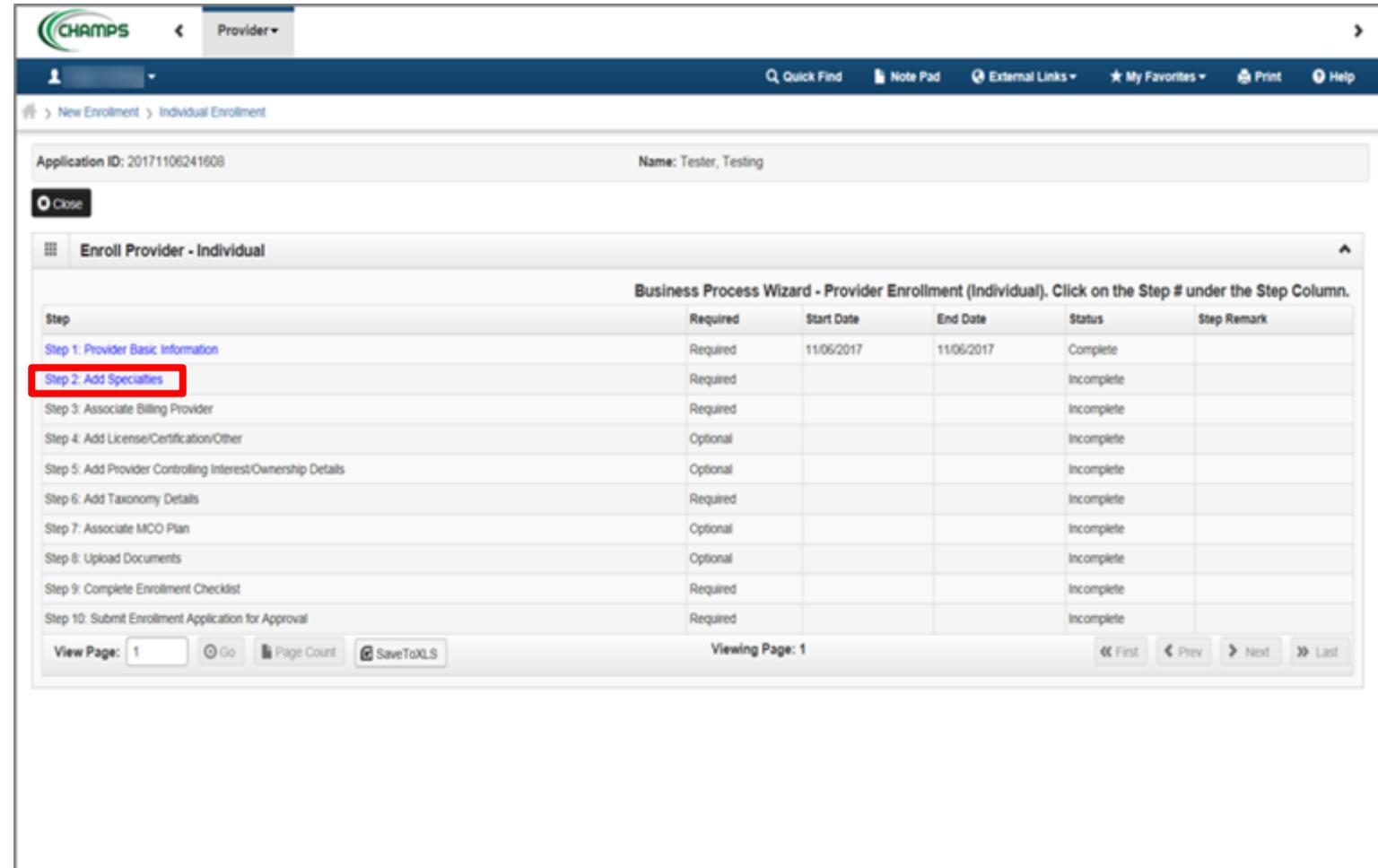
To track the status of the application it's important to take note of the Application ID—[Track Application Resource](#)



Rendering/Servicing Provider Step 2: Add Specialties

- Once step 1 is complete the next step is step 2: Add Specialties.
- When completing Step 2: Add Specialties reference the following slides for help in selecting the correct specialty.

(Note: some steps are required versus optional)



Application ID: 20171106241608 Name: Tester, Testing

Close

Enroll Provider - Individual

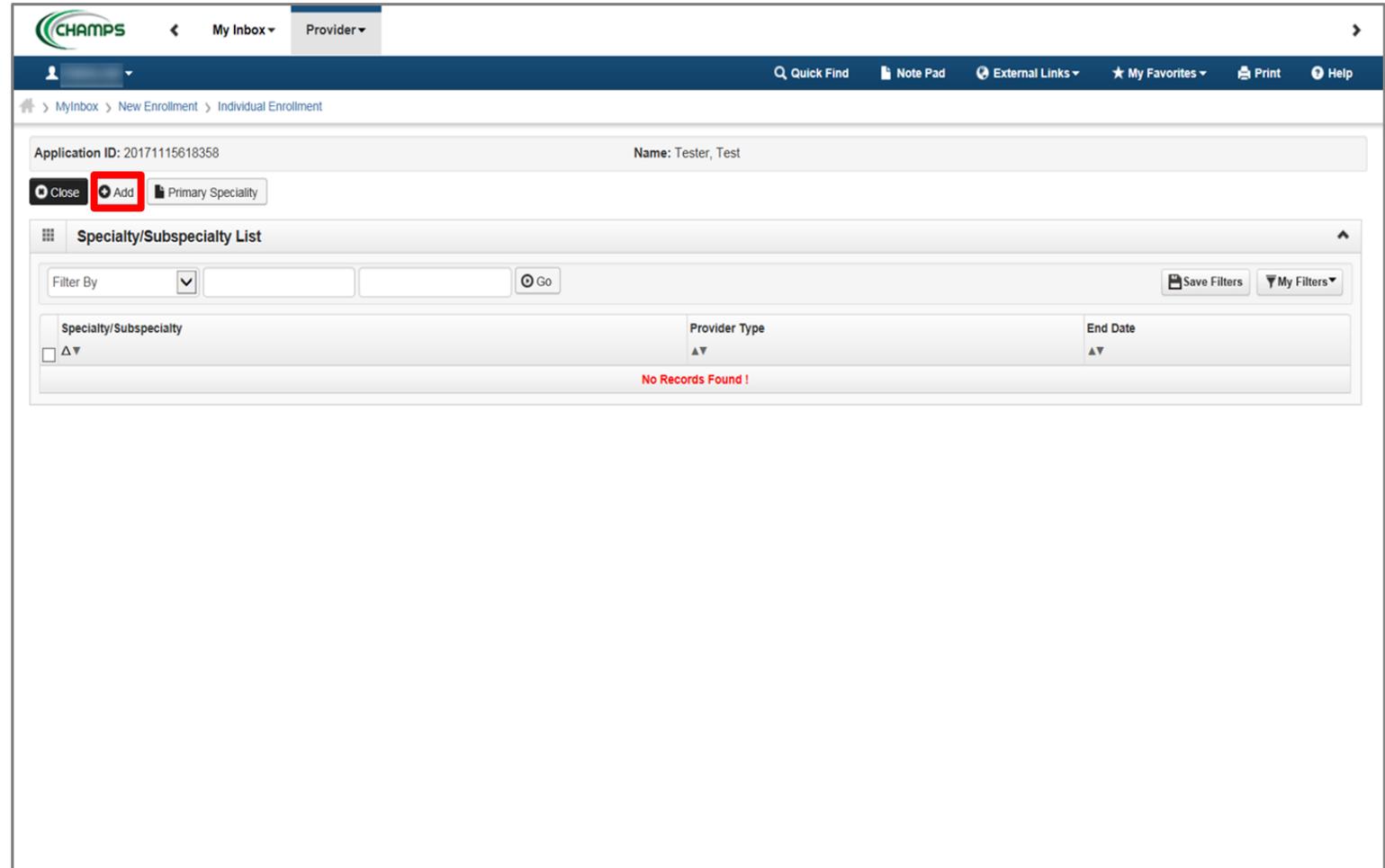
Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

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	

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

Rendering/Servicing Step 2: Add Specialties

- Click Add.



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, a breadcrumb trail reads 'MyInbox > New Enrollment > Individual Enrollment'. The main content area shows 'Application ID: 20171115618358' and 'Name: Tester, Test'. A toolbar includes 'Close', 'Add' (highlighted with a red box), and 'Primary Speciality'. Below this is a 'Specialty/Subspecialty List' section with a filter bar containing 'Filter By', a dropdown, two input fields, and a 'Go' button. To the right of the filter bar are 'Save Filters' and 'My Filters' buttons. The list table has columns for 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table is currently empty, with a red message 'No Records Found!' centered below the header row.

Rendering/Servicing Step 2: Add Specialties

- From the Provider Type dropdown menu select Non-Physicians.
- From the Specialty dropdown menu select Community Health Worker (CHW).

(Note: There is no need to fill in an End Date)

- Depending on the Specialty chosen, Available Subspecialties will populate.
- Select Available Subspecialties and click >> to add to the Associated Subspecialties list.
- Click OK.

The screenshot shows the 'Add Provider Specialties' form in the CHAMPS system. The form is titled 'Add Specialty/Subspecialty' and is overlaid on a browser window. It contains the following fields and options:

- NPI:** [Text input field]
- Name:** [Text input field]
- Provider Type:** [Dropdown menu] set to 'NON-PHYSICIANS' *
- Specialty:** [Dropdown menu] set to 'Community Health Worker (CHW)' *
- End Date:** [Calendar icon]

Below the main form, there are two lists:

- Available Subspecialties:** [Empty list box]
- Associated Subspecialties *:** [List box] containing 'No Subspecialty'

Navigation buttons '>>' and '<<' are located between the two lists. At the bottom right of the form, there are 'OK' and 'Cancel' buttons. The page ID 'dlgSpecialties(Provider)' is visible at the bottom of the form. Red arrows in the image point to the 'NON-PHYSICIANS' and 'Community Health Worker (CHW)' dropdown menus.

New Rendering/Service Provider

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

The screenshot shows the CHAMPS web application interface for provider enrollment. The top navigation bar includes the CHAMPS logo, a 'Provider' dropdown menu, and utility links for Quick Find, Note Pad, External Links, My Favorites, Print, and Help. The breadcrumb trail indicates the user is in 'New Enrollment > Individual Enrollment'. The main content area displays 'Application ID: 20171106241608' and 'Name: Tester, Testing'. Below this, there are buttons for 'Close', 'Add', and 'Primary Specialty', with the 'Primary Specialty' button highlighted in red. A 'Specialty/Subspecialty List' section follows, featuring a filter box and a table with columns for 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table contains one entry: 'Community Health Worker (CHW)' with 'NON-PHYSICIANS' as the provider type and '12/31/2999' as the end date. At the bottom of the list, there are controls for 'Delete', 'View Page: 1', 'Page Count', 'SaveToXLS', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

New Rendering/Serviceing Provider

- 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, the CHAMPS logo is on the left, and a navigation bar contains 'Provider', 'Tester, Testing', 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, the breadcrumb trail shows 'New Enrollment > Individual Enrollment'. The main content area displays 'Application ID: 20171106241608' and 'Name: Tester, Testing'. A red box highlights the 'Close' and 'Save' buttons. The primary form section is titled 'Primary Specialty For Enrollment' and contains the following fields:

- Primary Specialty/Subspecialty:** A dropdown menu with the selected value 'NON-PHYSICIANS/Community Health Worker (CHW)/No Subspec' and an asterisk indicating it is required.
- Board Certified:** Radio buttons for 'Yes' and 'No', with 'No' selected.
- Board Eligible:** Radio buttons for 'Yes' and 'No', with 'No' selected.
- Start Date:** A date input field containing '01/01/2015' and a calendar icon, followed by an asterisk.
- End Date:** A date input field containing '12/31/2999' and a calendar icon.

Instructions for the specialty selection: '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.)'

New Rendering/Serviceing Provider

- Click Close to return to the enrollment steps.

The screenshot shows the CHAMPS web application interface for provider enrollment. At the top, the CHAMPS logo is on the left, and navigation links for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help' are on the right. Below the navigation bar, the breadcrumb trail reads '> New Enrollment > Individual Enrollment'. The main content area displays 'Application ID: 20171106241608' and 'Name: Tester, Testing'. Below this, there are three buttons: 'Close' (highlighted with a red box), 'Add', and 'Primary Specialty'. A section titled 'Specialty/Subspecialty List' contains a table with the following data:

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> ΔΥ	ΔΥ	ΔΥ
<input type="checkbox"/> Community Health Worker (CHW)	NON-PHYSICIANS	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'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

New Rendering/Serviceing Provider

- Step 2 is complete.
- Click on Step 3: Associate Billing Provider.

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	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
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	

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

New Rendering/Service Provider

- Note: This step requires the NPI of the Provider/Facility you are rendering services for.

For example, Provider A works for Facility B; therefore, Facility B will be the Billing Provider and Provider A will be the Rendering Provider. Do not put your NPI.

- Click Add.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a breadcrumb trail for 'Provider', and a user profile for 'Tester, Testing'. Below this is a secondary navigation bar with options like 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the 'Individual Enrollment' page for 'Application ID: 20171106241608' and 'Name: Tester, Testing'. There are 'Close' and 'Add' buttons, with the 'Add' button highlighted in red. Below this is a 'Billing Provider List' section with a search filter and a 'Go' button. The table below has columns for 'Billing Provider NPI/ID', 'Billing Provider Name', 'Start Date', 'End Date', and 'Status'. The table is currently empty, displaying the message 'No Records Found!' in red text.

New Rendering/Serviceing Provider

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

CHAMPS Provider

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

Print Help

Application ID: 20171106241608 Name: Tester, Testing

Associate Billing Provider

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

Type: *

ID: *

Start Date: *

End Date: *

Provider Name:

Confirm Provider Ok Cancel

New Rendering/Serviceing Provider

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

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and a breadcrumb trail shows 'New Enrollment > Individual Enrollment'. The user is logged in as 'Tester, Testing'. The main content area shows 'Application ID: 20171106241608' and 'Name: Tester, Testing'. Below this, there are 'Close' and 'Add' buttons. The 'Billing Provider List' section features a table with the following data:

Billing Provider NPI/ID	Billing Provider Name	Start Date	End Date	Status
<input type="checkbox"/>		11/06/2017	12/31/2999	Approved

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

New Rendering/Servicing Provider

- Step 3 is complete
- Click on Step 4: Add License/Certification/Other
- Note: This step is where CHW providers will enter their CHW Registry ID number. This is a seven-digit number that will start with a 20.

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	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			Incomplete	Please add required License/Certification.
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	

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

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

New Rendering/Service Provider

- Click Add

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown menu. Below this, a user profile for 'Tester, Testing' is visible, along with utility icons for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area displays 'Application ID: 20171106241608' and 'Name: Tester, Testing'. Below this, there are 'Close' and 'Add' buttons; the 'Add' button is highlighted with a red square. Underneath is a section titled 'License/Certification/Other List' with a filter bar containing 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: 'License/Cert/Other Type', 'License/Cert/Other #', '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 Rendering/Service Provider

- Complete all fields marked with an asterisk (*).
 - License/Certification/Other Type: select CHW Registry Certification
 - License/Certification/Other #: input the seven-digit MICHWA registry number that starts with 20.
 - Enter the Effective Date
- Click Confirm License/Certification/Other.
- Click Ok.

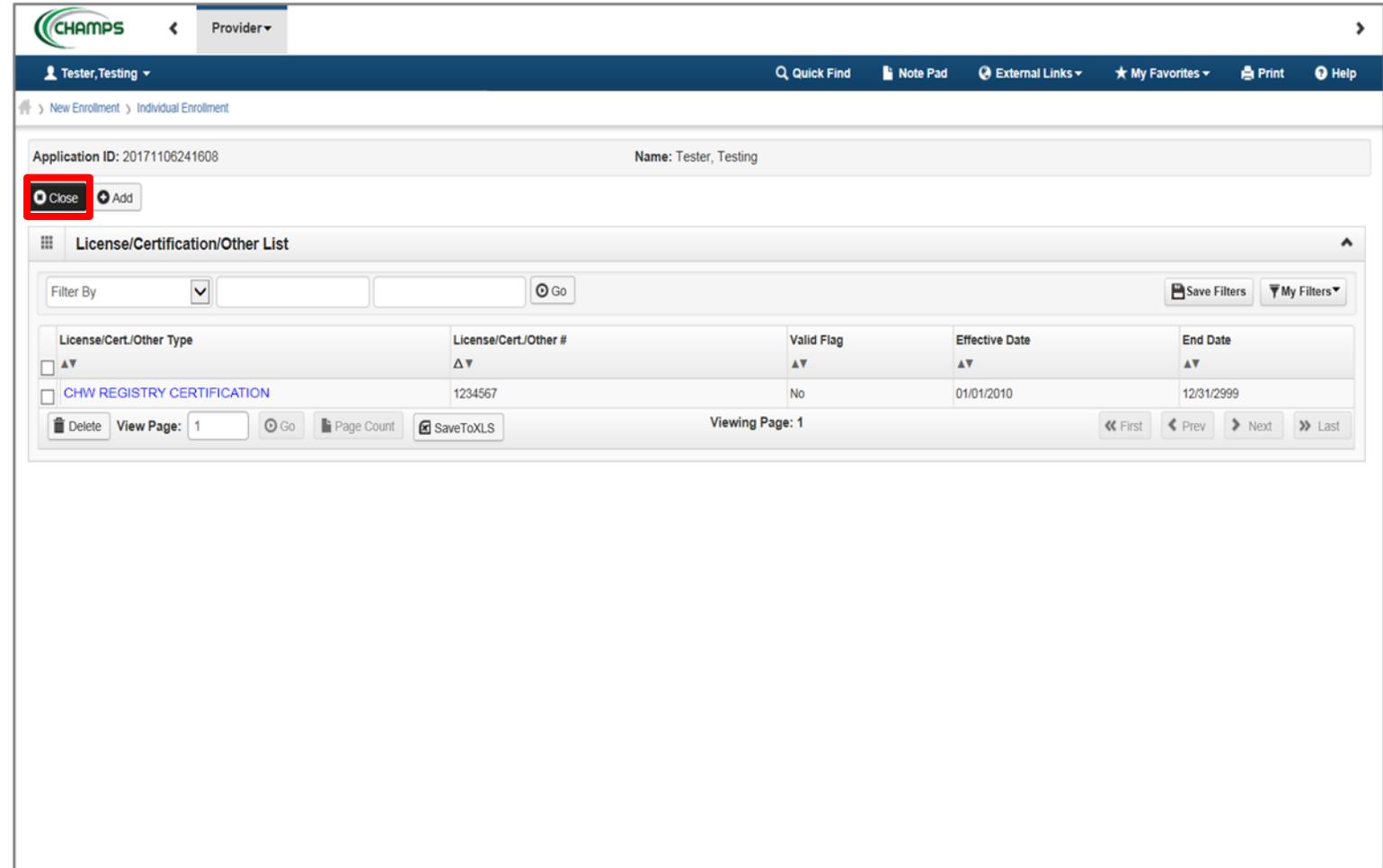
The screenshot shows a web browser window displaying the CHAMPS application. The browser address bar shows "https://miologintp.michigan.gov/ - Welcome to MMS - Internet Explorer". The application header includes "CHAMPS" and "Provider". The main content area shows a form for "Add License/Certification/Other". The form includes the following fields:

- Application ID: 20171106241608
- Name: Tester, Testing
- 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.

New Rendering/Serviceing Provider

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



The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and a navigation bar contains a user profile for 'Tester, Testing' and several utility icons: Quick Find, Note Pad, External Links, My Favorites, Print, and Help. Below the navigation bar, the breadcrumb trail shows 'New Enrollment > Individual Enrollment'. The main content area displays 'Application ID: 20171106241608' and 'Name: Tester, Testing'. A red box highlights a 'Close' button next to an 'Add' button. Below this is a section titled 'License/Certification/Other List' with a filter bar and a table of data. The table has five columns: License/Cert./Other Type, License/Cert./Other #, Valid Flag, Effective Date, and End Date. One row is visible with the following data: CHW REGISTRY CERTIFICATION, 1234567, No, 01/01/2010, and 12/31/2999. 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'.

License/Cert./Other Type	License/Cert./Other #	Valid Flag	Effective Date	End Date
CHW REGISTRY CERTIFICATION	1234567	No	01/01/2010	12/31/2999

New Rendering/Servicing Provider

- Step 4 is complete.
- Providers will need to complete the remaining required enrollment steps and submit the application for approval.
- Refer to the [Enrollment Guide for Rendering/Servicing Providers](#) for complete enrollment instructions.
- To track the status of the application it's important to take note of the Application ID– [Track Application Resource](#)
- Medicaid Coverage of CHW Services - [MMP 23-74](#)

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	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			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	

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

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

Existing Providers

CHAMPS Modification: Adding the CHW
Specialty

Current CHAMPS enrolled providers who will provide CHW services must submit a CHAMPS provider enrollment modification to update their provider enrollment information to add the CHW specialty.

Slides 34-50 should be used by providers who have already completed an enrollment application in CHAMPS.

Provider Modification

- After logging into CHAMPS.
- Click the Provider Tab and select Manage Provider Information.

Note: Slides 34-50 should be used by providers currently enrolled in CHAMPS. Currently enrolled providers must add the CHW specialty to their existing or current enrollment file.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. A dropdown menu is open under the 'Provider' tab, showing options for 'PROVIDER ENROLLMENT' (New Enrollment, Track Application) and 'MANAGE PROVIDER' (Manage Provider Information, which is highlighted with a red box). Below the menu, there are input fields for 'NPI:' and 'Name:'. A 'Filter By' dropdown and a 'Go' button are also visible. A table with columns for 'Alert Type', 'Alert Message', 'Alert Date', 'Due Date', 'Read', and 'Tickler Modified Date' is shown, with a red message 'No Records Found!' below it. On the right side, there is a 'Calendar' widget showing the date '23 January 2023 Monday' and a calendar grid for January 2023.

Provider Modification: Step 2: Specialties

- Click step 2: Specialties

CHAMPS My Inbox Provider Claims Member PA

Last Login: 13 FEB, 2024 09:47 AM

Provider Portal > Individual Modification

NPI: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 2: Specialties	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 3: Associate Billing Provider/Other Associations	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 5: Provider Controlling Interest/Ownership Details	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 6: Taxonomy Details	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 7: View Servicing Provider Details	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 8: Associate MCO Plan	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 9: Upload Documents	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 10: Complete Modification Checklist	Required	06/27/2023	06/27/2023	Incomplete		
<input type="checkbox"/> Step 11: Submit Modification Request for Review	Required	06/27/2023	06/27/2023	Complete		

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

*Note: some steps are required
versus optional*

Provider Modification: Step 2: Specialties

- The provider's current specialties will be displayed.
- Click Add to enter the CHW Specialty to the provider's enrollment.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile bar showing the last login time as 23 JAN, 2023 08:52 AM. The main content area is titled "Provider Portal > Individual Modification".

Below the title, there are input fields for "NPI:" and "Name:". Below these fields are three buttons: "Close", "Add" (highlighted with a red box), and "Primary Specialty".

The main section is titled "Specialty/Subspecialty List". It features a filter section with "Filter By" dropdowns, "And" operators, and "Operational Status" dropdowns. Below the filter section is a table with the following columns: Specialty/Subspecialty, Start Date, End Date, Status, Operational Status, Inactivation Date, and Primary Specialty (Y/N). The table contains one row with the following data: Start Date: 01/23/2023, End Date: 12/31/2999, Status: Approved, Operational Status: Active, Primary Specialty (Y/N): Yes.

At the bottom of the table, there are navigation controls: "View Page: 1", "Go", "Page Count", "Save to Excel", "Viewing Page: 1", and "First", "Prev", "Next", "Last" buttons.

Provider Modification: Step 2: Specialties

- From the Provider Type dropdown menu select Non-Physicians.
- From the Specialty dropdown menu select Community Health Worker (CHW).

(Note: There is no need to fill in an End Date)

- Depending on the Specialty chosen, Available Subspecialties will populate.
- Select Available Subspecialties and click >> to add to the Associated Subspecialties list.
- Click OK.

The screenshot displays the 'Add Provider Specialties' dialog box in a web browser. The dialog is titled 'Add Specialty/Subspecialty' and contains the following fields and options:

- Provider Type:** A dropdown menu set to 'NON-PHYSICIANS'.
- Specialty:** A dropdown menu set to 'Community Health Worker (CHW)'.
- End Date:** A date selection field.
- Add Subspecialty:** A section with two columns: 'Available Subspecialties' and 'Associated Subspecialties *'. The 'Available Subspecialties' column is empty, and the 'Associated Subspecialties *' column contains 'No Subspecialty'. A red arrow points to the '>>' button between the columns.
- Buttons:** 'OK' and 'Cancel' buttons are located at the bottom right. The 'OK' button is highlighted with a red box.

The background shows a browser window with the URL 'tp-chp-uat.state.mi.us/ecams/CNS/ControlServlet' and a 'Provider Portal' sidebar.

Provider Modification: Step 2: Specialties

- After adding the specialty click the Primary Specialty button.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider (selected), Claims, Member, and PA. Below the navigation is a header with a user profile, last login time (13 FEB, 2024 09:47 AM), and utility icons (Note Pad, External Links, My Favorites, Print, Help). The main content area is titled "Provider Portal > Individual Modification". It features input fields for NPI and Name. Below these are buttons for Close, Add, and Primary Specialty (highlighted with a red box). A "Specialty/Subspecialty List" section follows, containing filter fields and a table of specialties.

Specialty/Subspecialty	Start Date	End Date	Status	Operational Status	Inactivation Date	Primary Specialty (Y/N)
<input type="checkbox"/> Community Health Worker (CHW)/No Subspecialty	02/12/2024	12/31/2999	In Review	Active		No
<input type="checkbox"/> [Redacted]	06/21/2023	12/31/2999	Approved	Active		Yes

At the bottom of the table, there are controls for "View Page: 1", "Page Count", "Save to Excel", and "Viewing Page: 1" with navigation arrows (First, Prev, Next, Last).

Provider Modification: Step 2: Add Primary Specialty

- From the Primary Specialty/Subspecialty dropdown menu select: Non-Physicians/Community Healthy Worker/No Subspecialty.
- Note, the Board Certified and Board Eligible indicators pre-populate to No.
 - If the provider is Board Certified or Eligible, update the buttons to Yes, and additional information will be required in step 5.
- Once complete click Save, then Close.

The screenshot displays the CHAMPS web application interface for provider modification. The top navigation bar includes the CHAMPS logo, a 'Provider' dropdown menu, and user information for 'Tester, Testing'. A secondary navigation bar contains links for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the 'New Enrollment > Individual Enrollment' path. The application ID is 20171106241608 and the name is Tester, Testing. Below this, there are 'Close' and 'Save' buttons. The primary section is titled 'Primary Specialty For Enrollment'. It features a dropdown menu for 'Primary Specialty/Subspecialty' currently set to 'NON-PHYSICIANS/Community Health Worker (CHW)/No Subspec'. A red arrow points to this dropdown with the text: 'Your designation and attestation of a primary specialty will be utilized to identify and evaluate your eligibility for the Primary Care Rate Increase.' Below the dropdown are radio button options for 'Board Certified' (Yes/No) and 'Board Eligible' (Yes/No), both currently set to 'No'. There are also date pickers for 'Start Date' (01/01/2015) and 'End Date' (12/31/2999).

Provider Modification: Step 2: Add Primary Specialty

- The newly added CHW specialty will be listed with an 'In Review' status.
- Click Close to return to the business process wizard steps.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider (selected), Claims, Member, and PA. Below the navigation is a user profile section with a dropdown arrow, a last login timestamp of 13 FEB, 2024 09:47 AM, and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal > Individual Modification'. It features input fields for NPI and Name, and buttons for Close (highlighted with a red box), Add, and Primary Specialty. Below this is a 'Specialty/Subspecialty List' section with filter options and a table of specialties. The table has columns for Specialty/Subspecialty, Start Date, End Date, Status, Operational Status, Inactivation Date, and Primary Specialty (Y/N). A red arrow points to the 'In Review' status in the Status column of the first row. At the bottom of the table, there are controls for View Page (1), Page Count, Save to Excel, and Viewing Page (1), along with navigation buttons for First, Prev, Next, and Last.

Specialty/Subspecialty	Start Date	End Date	Status	Operational Status	Inactivation Date	Primary Specialty (Y/N)
<input type="checkbox"/> Community Health Worker (CHW)/No Subspecialty	02/12/2024	12/31/2999	In Review	In Review		No
<input type="checkbox"/> [Redacted]	06/21/2023	12/31/2999	Approved	Active		Yes

Provider Modification: Step 4: License/Certification/Other

- Step 2: Specialties will show a modification status of Updated.
- Click Step 4: License/Certification/Other.
- Refer to the [Enrollment Guide for Rendering/Serviceing Providers](#) for complete enrollment instructions.

CHAMPS My Inbox Provider Claims Member PA

Last Login: 13 FEB, 2024 09:47 AM

Provider Portal > Individual Modification

NPI: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 2: Specialties	Required	06/27/2023	06/27/2023	Complete	Updated	
<input type="checkbox"/> Step 3: Associate Billing Provider/Other Associations	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 5: Provider Controlling Interest/Ownership Details	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 6: Taxonomy Details	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 7: View Servicing Provider Details	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 8: Associate MCO Plan	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 9: Upload Documents	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 10: Complete Modification Checklist	Required	06/27/2023	06/27/2023	Incomplete		
<input type="checkbox"/> Step 11: Submit Modification Request for Review	Required	06/27/2023	06/27/2023	Complete		

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

Provider Modification: Step 4: License/Certification/Other

- Click Add.

The screenshot shows the CHAMPS web application interface for provider modification. At the top, the CHAMPS logo is on the left, and a breadcrumb trail reads 'Provider'. Below this, a user profile for 'Tester, Testing' is shown, along with navigation links for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area displays 'Application ID: 20171106241608' and 'Name: Tester, Testing'. Below this, there are 'Close' and 'Add' buttons; the 'Add' button is highlighted with a red square. Underneath is a section titled 'License/Certification/Other List' with a filter bar containing 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: 'License/Cert/Other Type', 'License/Cert/Other #', '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.

Provider Modification: Step 4: License/Certification/Other

- Complete all fields marked with an asterisk (*).
 - License/Certification/Other Type: select CHW Registry Certification
 - License/Certification/Other #: input the seven-digit registry number that starts with 20
 - Enter the Effective Date
- Click Confirm License/Certification/Other.
- Click OK.

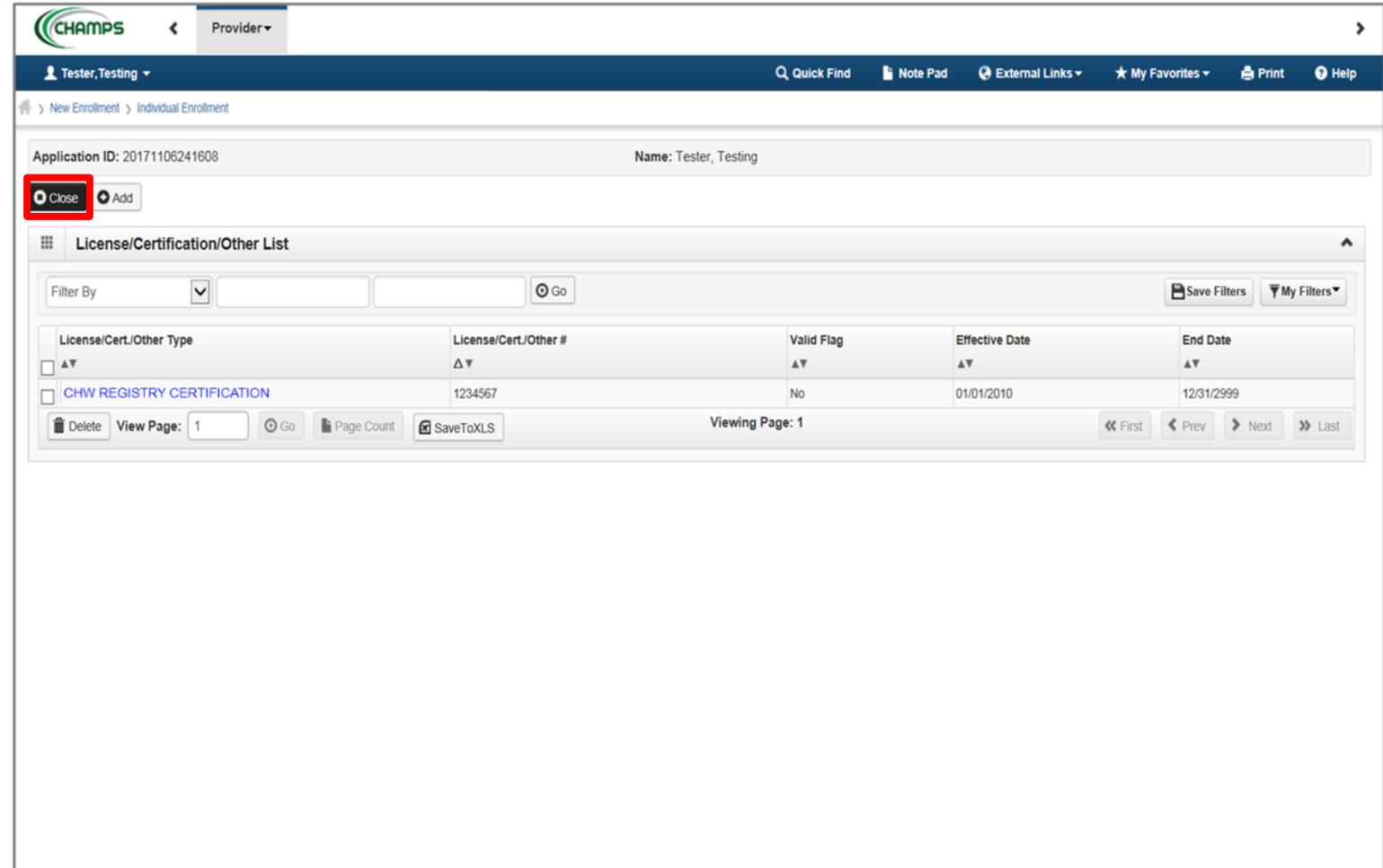
The screenshot shows a web browser window displaying the CHAMPS application. The browser address bar shows "https://milogintp.michigan.gov/ - Welcome to MMS - Internet Explorer". The application header includes "CHAMPS" and "Provider". The main content area shows "Application ID: 20171106241608" and "Name: Tester, Testing". Below this is a form titled "Add License/Certification/Other". The form contains the following fields:

- 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.

Provider Modification: Step 4: License/Certification/Other

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



The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and a navigation bar contains a 'Provider' dropdown menu, a user profile for 'Tester, Testing', and utility icons for 'Quick Find', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, the breadcrumb trail shows 'New Enrollment > Individual Enrollment'. The main content area displays 'Application ID: 20171106241608' and 'Name: Tester, Testing'. A 'Close' button is highlighted with a red box. Below this is the 'License/Certification/Other List' section, which includes a filter bar with 'Filter By' dropdowns and a 'Go' button. The list table has the following columns: 'License/Cert./Other Type', 'License/Cert./Other #', 'Valid Flag', 'Effective Date', and 'End Date'. A single entry is shown: 'CHW REGISTRY CERTIFICATION' with license number '1234567', 'Valid Flag' 'No', 'Effective Date' '01/01/2010', and 'End Date' '12/31/2999'. At the bottom of the 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'.

Provider Modification: Step 10: Complete Modification Checklist

- The License step will show updated.
- Complete any required steps or update any other steps as needed.
- Click step 10 to complete the modification checklist.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a user profile section with 'Last Login: 13 FEB, 2024 09:47 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Individual Modification' and contains a form with 'NPI:' and 'Name:' fields, along with 'Close' and 'Undo Update' buttons. A green message states: 'COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION'. Below this is a table titled 'View/Update Provider Data - Individual' and 'Business Process Wizard - Provider Data Modification (Individual)'. The table has columns for Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark. The data is as follows:

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 2: Specialties	Required	06/27/2023	06/27/2023	Complete	Updated	
<input type="checkbox"/> Step 3: Associate Billing Provider/Other Associations	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	06/27/2023	06/27/2023	Complete	Updated	
<input type="checkbox"/> Step 5: Provider Controlling Interest/Ownership Details	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 6: Taxonomy Details	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 7: View Servicing Provider Details	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 8: Associate MCO Plan	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 9: Upload Documents	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 10: Complete Modification Checklist	Required	06/27/2023	06/27/2023	Incomplete		
<input type="checkbox"/> Step 11: Submit Modification Request for Review	Required	06/27/2023	06/27/2023	Complete		

At the bottom of the table, there are controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

Provider Modification: Step 10: Complete Modification Checklist

- Review and select an answer for each required question.
 - Enter comments if necessary.
- Once all questions have been answered click save and close.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile area with a dropdown arrow, a last login timestamp of 23 JAN, 2023 08:56 AM, and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The breadcrumb trail indicates the current location: Provider Portal > Individual Modification > Provider Check List.

The main form area contains fields for NPI and Name. Below these are 'Close' and 'Save' buttons, both highlighted with a red box. The primary section is the 'Manage Provider Checklist' table, which has three columns: Question, Answer, and Comments. The 'Answer' column is highlighted with a red box and contains a dropdown menu for each row, all currently set to 'Not Completed'. The 'Comments' column contains text input fields for each question.

At the bottom of the form, there is a 'View Page: 1' field, a 'Go' button, a 'Page Count' button, and a 'Save to Excel' button. On the right side, there are navigation buttons: '<< First', '< Prev', 'Next >>', and 'Last >'. A 'Viewing Page: 1' indicator is also present.

Provider Modification: Step 11: Submit Modification

- Step 10 will show updated.
- Click step 11 to submit the modification for approval.
- Step 11 must be completed in order to submit the modification for review and approval.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a user profile section with 'Last Login: 13 FEB, 2024 09:47 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Individual Modification' and contains a 'View/Update Provider Data - Individual' window. This window displays a table titled 'Business Process Wizard - Provider Data Modification (Individual)'. The table has columns for 'Step', 'Required', 'Last Modification Date', 'Last Review Date', 'Status', 'Modification Status', and 'Step Remark'. The rows represent various steps in the modification process. Step 11, 'Submit Modification Request for Review', is highlighted with a red box. A red arrow points to the 'Updated' status in the 'Modification Status' column for Step 10, 'Complete Modification Checklist'. At the bottom of the table, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 2: Specialties	Required	06/27/2023	06/27/2023	Complete	Updated	
<input type="checkbox"/> Step 3: Associate Billing Provider/Other Associations	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	06/27/2023	06/27/2023	Complete	Updated	
<input type="checkbox"/> Step 5: Provider Controlling Interest/Ownership Details	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 6: Taxonomy Details	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 7: View Servicing Provider Details	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 8: Associate MCO Plan	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 9: Upload Documents	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 10: Complete Modification Checklist	Required	06/27/2023	06/27/2023	Complete	Updated	
<input type="checkbox"/> Step 11: Submit Modification Request for Review	Required	06/27/2023	06/27/2023	Incomplete		

Provider Modification: Step 11: Submit Modification

- Click Next.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, and PA. Below this is a user profile bar showing the last login time as 23 JAN, 2023 08:56 AM, and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled 'Provider Portal > Individual Modification'. It features two input fields for 'NPI:' and 'Name:'. Below these fields are two buttons: 'Close' and 'Next', with the 'Next' button highlighted by a red rectangular box. The 'Final Submission' section contains a confirmation message: 'The Information submitted shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted. I agree that the information submitted as a part of the application is correct. (Private and Confidential)'. Below this is an 'Application Document Checklist' table with columns for 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, with a red message 'No Records Found!' displayed at the bottom.

Provider Modification: Step 11: Submit Modification

- Read through the entire list of Terms and Conditions.
- Check the box at the end to agree to the Terms and Conditions.
- Click 'Submit for Modification'.
- Once submitted to the State for review, changes cannot be made to the information.

CHAMPS My Inbox Provider Claims Member PA

Last Login: 23 JAN, 2023 08:56 AM

Provider Portal > Individual Modification

NPI: _____ Name: _____

Close Submit for Modification

Final Submission

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 ownership information.
5. The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title 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), 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 2002.
8. I agree to comply with the requirements of Section 6032 of the Deficit Reduction Act of 2005, codified at section 1902 (a)(18)(B) of the Social Security Act.
9. I agree that, upon request and at a reasonable time and place, I will allow authorized state or federal government agents to review my records. These records also include any service contract(s) I have with any billing agent/service provider.
10. I agree to include a clause in any contract I enter into which allows authorized state or federal government agents access under the contract.
11. I understand that the incentive payment requested using my National Provider Identifier (NPI) number will be made direct to the provider.
12. I am not currently suspended, terminated, or excluded from the Medical Assistance Program by any state or by the U.S. Department of Health and Human Services.
13. I agree to comply with all policies and procedures of the Medical Assistance Program. I also agree that all disputes, including those arising from this Agreement, shall be resolved by arbitration in accordance with the rules of the American Arbitration Association, or in a court of competent jurisdiction. I further agree to reimburse the Medical Assistance Program for all costs incurred by the State in connection with the arbitration process.

Trading Partner Provisions

The MDHHS and its Trading Partner desire to facilitate the exchange of healthcare transactions ("Transactions") by electronically transmitting and receiving data in agreed formats in substitution for conventional paper-based documents.

1. Companion Documents, Standards, Other Documentation. MDHHS makes available certain inbound and outbound Electronic Data Interchange (EDI) transaction sets/formats and associated version. From time to time during the term of this Agreement, MDHHS may modify supported transaction sets/formats. In submitting Transactions to MDHHS, the Trading Partner agrees to conform to MDHHS-issued provider publications and MDHHS Companion Guides as amended from time to time. The MDHHS Companion Guides, incorporated by reference herein, contain specific instructions for conducting each Transaction and as such supplement Implementation Guides issued under the Standards for Electronic Transactions mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended. The MDHHS Companion Guides are not intended to be complete billing instructions and do not alter or replace applicable physician guides or other authorized provider billing publications issued by MDHHS or by other third party payers. The Trading Partner agrees to comply with the requirements set forth in the applicable MDHHS Companion Guides. The Trading Partner, or its vendor, or other healthcare technical representative responsible for EDI software will document Trading Partner Information, data formats and related versions, trading partner identifiers, and other information MDHHS requires to receive and transmit specific Transactions supported by MDHHS.
2. Support. As to software, equipment, and services associated with each party's performance under this Agreement, the parties agree to provide support services sufficient for Transactions to be exchanged. Each party will assist the other in establishing and/or maintaining support procedures, and will complete appropriate problem determination procedures prior to contacting the other with a support related matter. The parties agree to use all commercially reasonable efforts to avoid and resolve performance and unavailability issues. Each party will perform remedial action, as requested by the other, to assist in problem resolution. Each party, at its own expense, shall provide and maintain the equipment, software, services, and testing necessary to effectively and reliably transmit and receive transactions.
3. Data Retention. MDHHS will log all Transactions for the purpose of problem investigation, resolution, and servicing. The Trading Partner is responsible for maintaining and retaining its own records of data submitted to MDHHS. Trading Partners who are healthcare providers will ensure that electronic healthcare claims submitted to MDHHS can be readily associated and identified with the correct patient medical and business office records, and that these records are maintained in a manner that permits review, and for the time period as may be required by MDHHS or other third party payer responsible for claim payment.
4. Proper Receipt and Verification for Transactions. Upon proper receipt of any ANSI ASC X12N Standard Transaction, the receiving party shall promptly and properly transmit a functional acknowledgement in return, unless otherwise specified. The functional and interchange acknowledgements must be accepted and reviewed, when applicable, to confirm the receipt of a Transaction. The ability to send or receive functional acknowledgements is applicable only to ANSI ASC X12N Standard Transactions. Additionally, MDHHS originated outbound Transactions must be accepted and reviewed, when appropriate, to obtain MDHHS's response to specific inbound Transactions. The acknowledging party does not attest to the accuracy of the data contained in the transmission, rather, it only confirms receipt of the transmission.
5. Liability. MDHHS shall not be responsible to the Trading Partner nor anyone else for any damages caused by loss, delay, rejection, or any misadventure affecting such electronic information. In addition, MDHHS shall be excused from performing any EDI service or function, in whole or in part, as a result of an act of God, war, civil disturbance, court order, labor dispute, or other cause beyond its reasonable control, including shortages or fluctuations in electrical power, heat, light, or air conditioning. MDHHS's sole liability to the Trading Partner or to any other person or entity in connection with MDHHS's responsibilities under this Agreement shall be to reprocess information supplied by the Trading Partner or duplicate information from a backup supplied by the Trading Partner upon MDHHS's request which shall be the sole remedy against MDHHS for claimed damage or injury of any nature. MDHHS shall not be liable for any indirect, special, or consequential damages arising out of any access, use, or any reliance upon, the EDI services MDHHS provides to the Trading Partner. MDHHS assumes no responsibility for claims preparation, review, information accuracy, pricing, adjudication, payment, adjustment, accounting, reconciliation or any other matter related to the claims transmitted for delivery to other third party payers. The Trading Partner agrees to defend, indemnify, and hold harmless MDHHS, its Trading Partners, officers, agents, employees, assigns and successors from and against any and all claims, losses, and actions, including all costs and reasonable attorney fees, arising out of electronic Transactions the Trading Partner submits to MDHHS.
6. Standard Transactions. All Standard Transactions, as defined by HIPAA, will be conducted by the parties using only code sets, data elements, and formats specified by the Transaction Rules and instructions in the MDHHS Companion Guides. The parties agree that when conducting Standard Transactions, they will not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked "not used" in the standard's implementation specification or are not in the standard's implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specifications.
7. Testing. All new Trading Partners will cooperate with MDHHS upon request in testing processes prior to submission of production data. Existing Trading Partners will cooperate with MDHHS upon request in testing processes for any changes in submission format prior to submission of production files. MDHHS will notify the Trading Partner of the effective date for production data after successful testing.
8. Data and Network Security. The parties agree to use reasonable security measures to protect the integrity of data transmitted under this Agreement and to protect this data from unauthorized access. The Trading Partner shall comply with MDHHS data and network security requirements, which may change from time to time and as may be required by the HIPAA security regulations.
9. Automatic Amendment for Regulatory Compliance. This Agreement will automatically be amended to comply with any final regulation or amendment to a final regulation adopted by the U.S. Department of Health and Human Services concerning the subject matter of this Agreement upon the effective date of the final regulation or amendment.
10. Miscellaneous. Provisions 3 and 8 shall survive termination of this Agreement.

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

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

Provider Modification: Step 11: Submit Modification

- Step 11 is now complete.
- The modification will show it's been submitted.
- The steps that were updated will show an 'In Review' status.
- To track the status of the application it's important to take note of the Application ID— [Track Application Resource](#)
- Medicaid Coverage of CHW Services - [MMP 23-74](#)

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

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. Below this is a header with 'Last Login: 13 FEB, 2024 09:47 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Individual Modification'. It includes input fields for 'NPI:' and 'Name:', along with 'Close' and 'Undo Update' buttons. A red message states: 'The Modification Request has been submitted for State review. Return to here to track the status of your request.' A red arrow points to this message. Below the message is a table titled 'Business Process Wizard - Provider Data Modification (Individual)'. The table has the following columns: Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark. The table lists 11 steps, with 'Step 11: Submit Modification Request for Review' marked as 'Complete'. Other steps like 'Step 2: Specialties' and 'Step 10: Complete Modification Checklist' are marked as 'In Review'. At the bottom of the table, there are controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1' with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 2: Specialties	Required	06/27/2023	06/27/2023	Complete	In Review	
<input type="checkbox"/> Step 3: Associate Billing Provider/Other Associations	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 4: License/Certification/Other	Optional	06/27/2023	06/27/2023	Complete	In Review	
<input type="checkbox"/> Step 5: Provider Controlling Interest/Ownership Details	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 6: Taxonomy Details	Required	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 7: View Servicing Provider Details	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 8: Associate MCO Plan	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 9: Upload Documents	Optional	06/27/2023	06/27/2023	Complete		
<input type="checkbox"/> Step 10: Complete Modification Checklist	Required	06/27/2023	06/27/2023	Complete	In Review	
<input type="checkbox"/> Step 11: Submit Modification Request for Review	Required	06/27/2023	06/27/2023	Complete		

Provider Resources



Community Health Worker Resources

[Community Health Workers \(michigan.gov\)](https://michigan.gov)
[MI CHW Registry Process](#)



We continue to update our Provider Resources:

[CHAMPS Resources](#)
[Listserv Instructions](#)
[Provider Alerts](#)



Provider Support:

ProviderSupport@Michigan.gov
1-800-292-2550



Thank you for participating in the Michigan Medicaid Program