Provider Enrollment New Rendering/Servicing 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 for New Providers

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

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

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



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

MiLogin for Business

Michigan's one-stop login solution for business

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.

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Welcome to
Discrete Control Co

Create an Account

Policies

Help

Contact Us

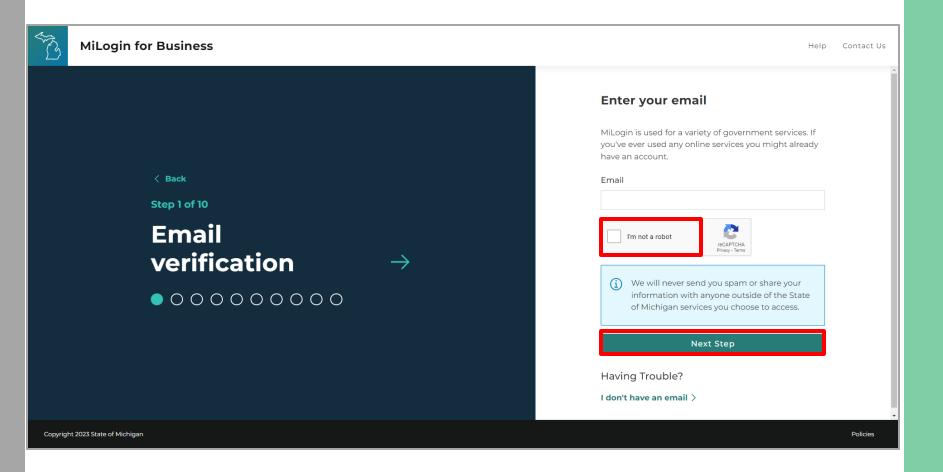


- Enter an email address.
- Check the `l'm not a robot' checkmark.
- Click Next Step.

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

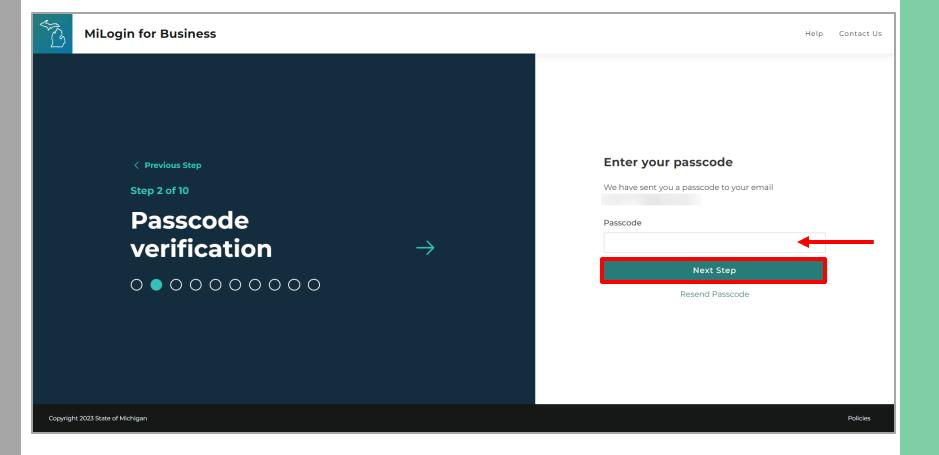
- Gmail: <u>https://www.google.com/gmail/about/#</u>
- Yahoo Mail: <u>https://login.yahoo.com/account/</u> <u>create</u>
- Microsoft Live Hotmail: <u>https://outlook.live.com/owa/</u>

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



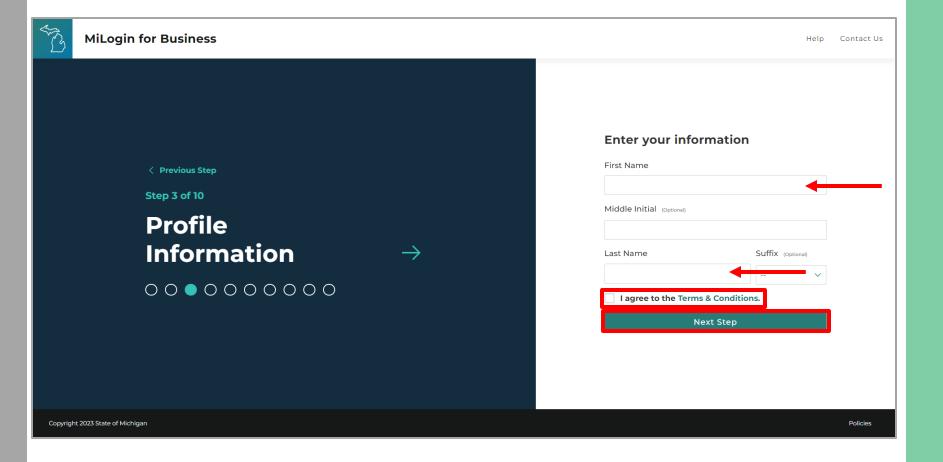


- An email will be sent to the email address provided with a passcode.
- Enter the Passcode.
- Click Next Step.
- If the passcode was not sent select the Resend Passcode link.



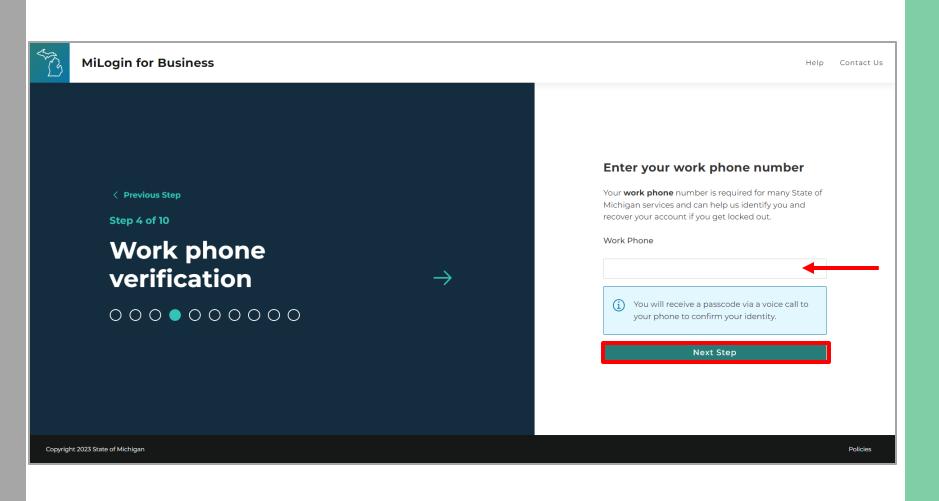


- Enter the User's First, Last, and optional Middle Initial.
- Review the terms and conditions and click the 'I agree' checkbox.
- Click Next Step.



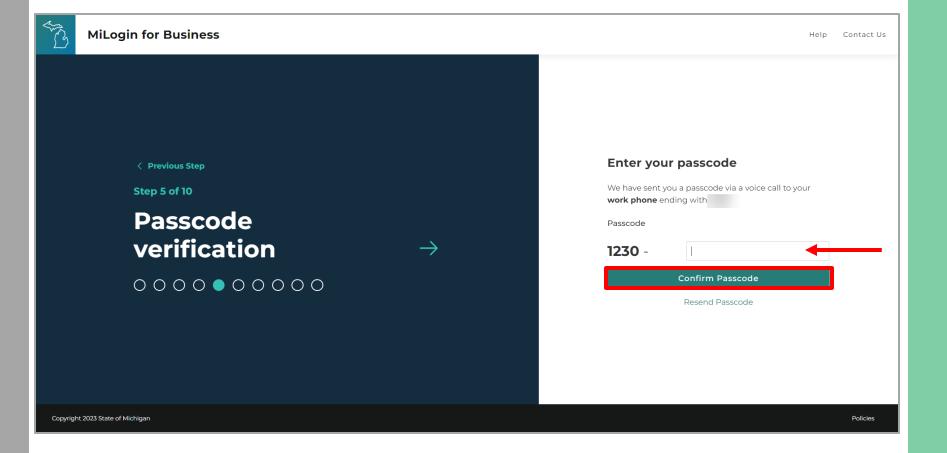


- Enter the work phone number.
- Click Next Step.



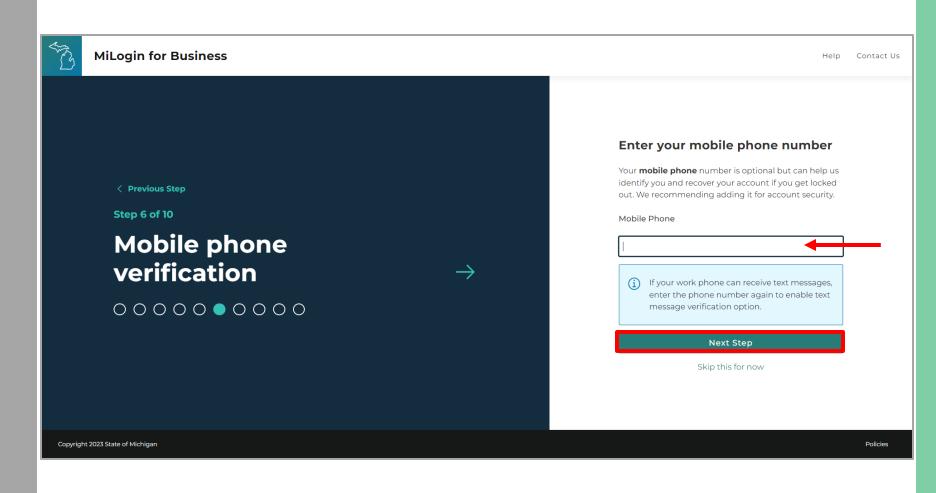


- A phone call will be made to the work phone number on file.
- Enter the passcode provided.
- Click Confirm Password.
- If the call was missed, click the Resend Passcode to receive another phone call.



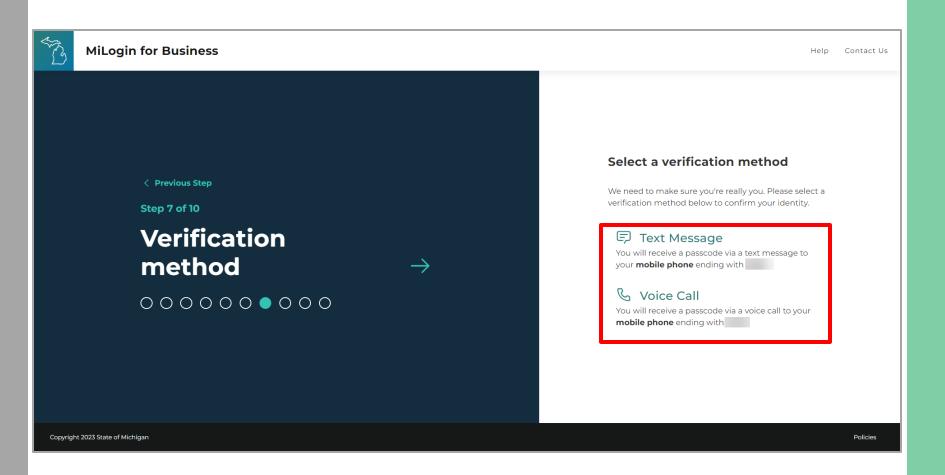


- Enter the mobile phone number.
 - This is an optional step and can be completed later by clicking the 'Skip this for now' link.
- Click Next Step.



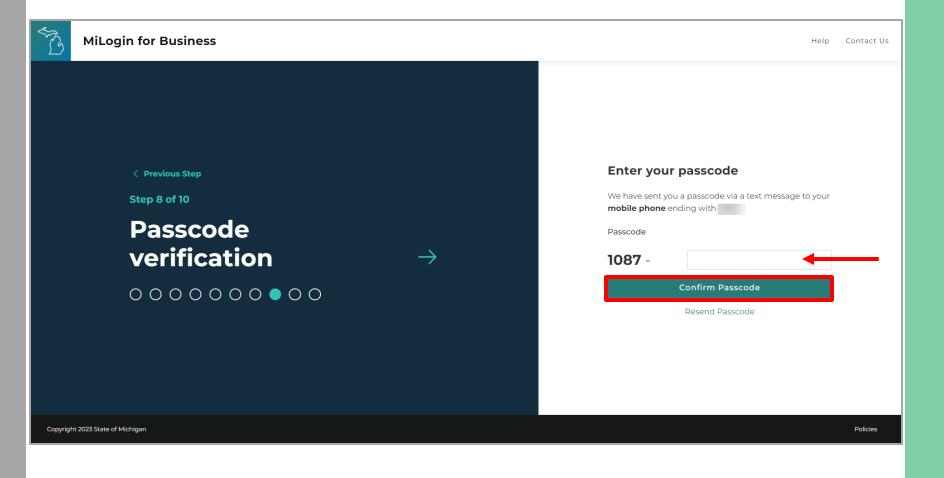


 Select either the text message or voice call verification method.



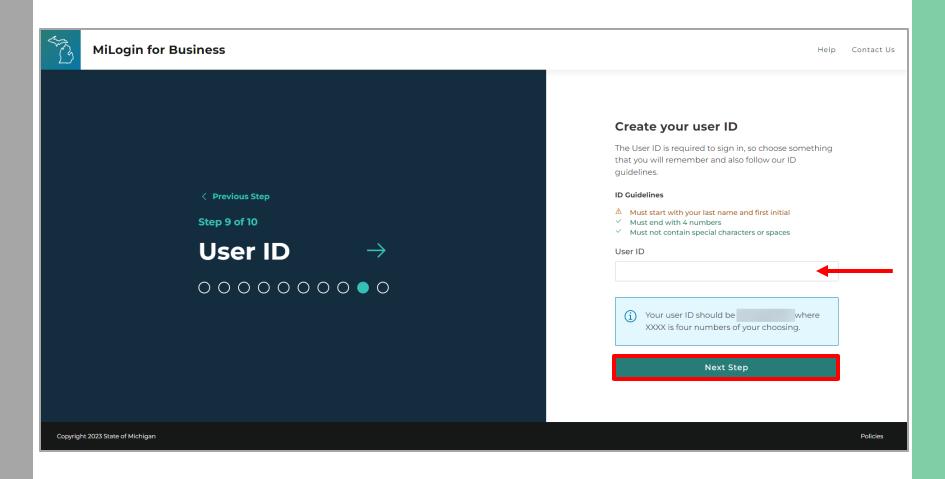


- Enter the Passcode.
- Click Confirm Passcode.



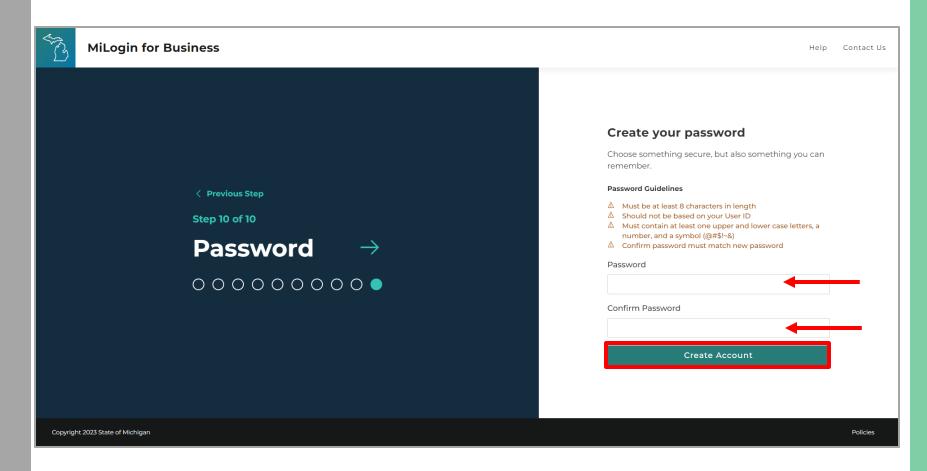


- Create the User ID following the guidelines provided.
- Click Next Step.





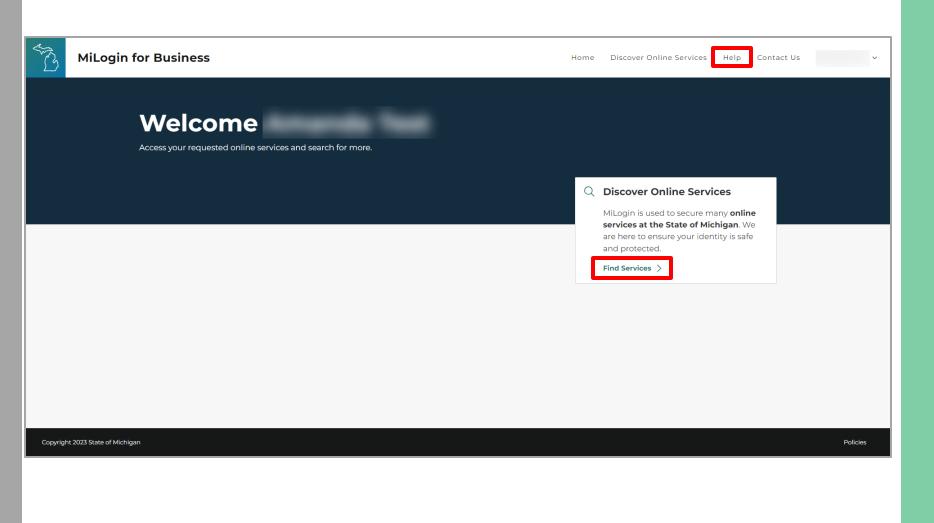
- Create a password following the guidelines.
- Enter the same password in the Confirm Password field.
- Click Create Account.





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

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





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

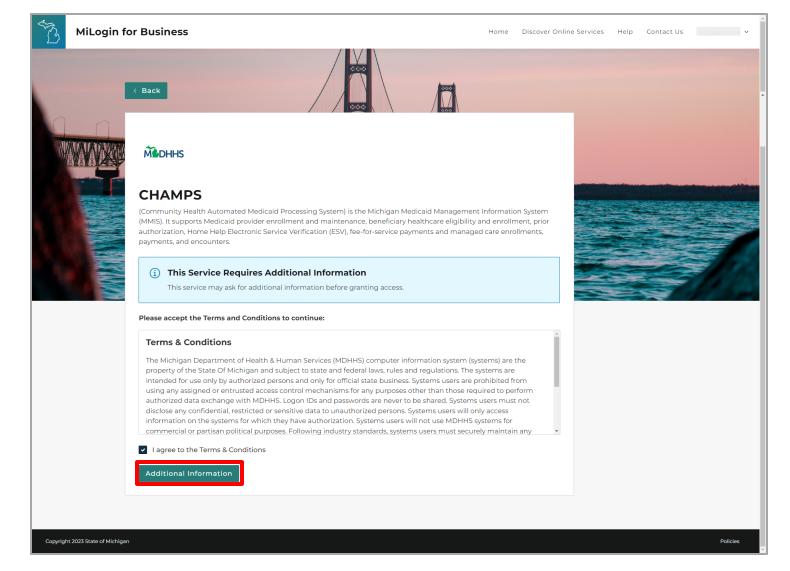
OR

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

රී MiLogin f	or Business	Home Discover Online Services Help Contact Us	
	< Back to Home		
	Discover Online Se	ervices	
	From renewing vehicle plates to getting food assistant	ce, find and access the services you need.	
	Search for Services		
	СНАМРБ	× Search	
	Filter by Departments		
	All Departments	Michigan Department of Health & Human Services (MDHHS) \ominus	
	Attorney General (AG)		
	Center for Educational Performance and Information (CEPI)	CHAMPS Community Health Automated Medicaid Processing System is the Michigan Medicaid Management	
	Department of Labor and Economic Opportunity (LEO)	Information System (MMIS). It supports Medicaid providerenrollment 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.	
	Department of Military and Veteran's Affairs (DMVA)		
	Department of Technology, Management and Budget (DTMB)		
	Licensing and Regulatory Affairs (LARA)		
	Michigan Civil Service Commission (MCSC)		
	Michigan Department of Agriculture & Rural Development (MDARD)		
	Michigan Department of Corrections (MDOC)		
	Michigan Department of Education (MDE)		
	Michigan Department of Environment, Great Lakes, and Energy (EGLE)		
	Michigan Department of Health & Human Services (MDHHS)		

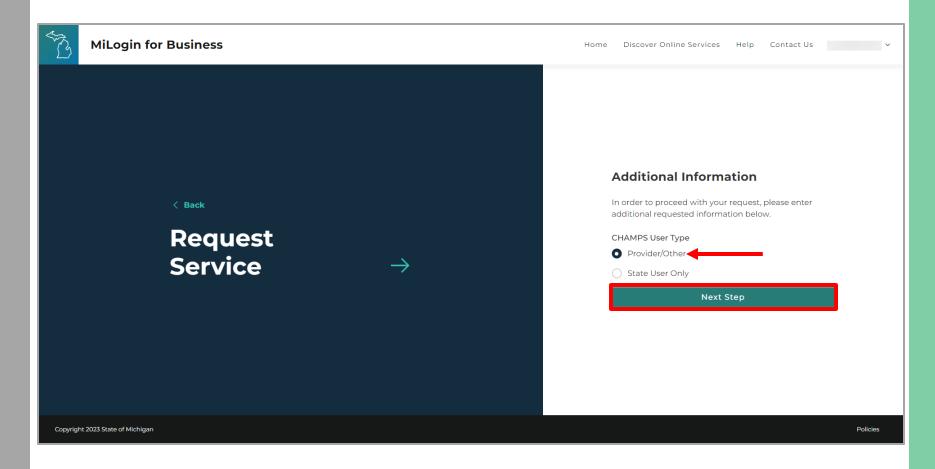


- Review the terms and conditions and select the 'I agree to the terms & conditions' checkbox.
- Click Additional Information.



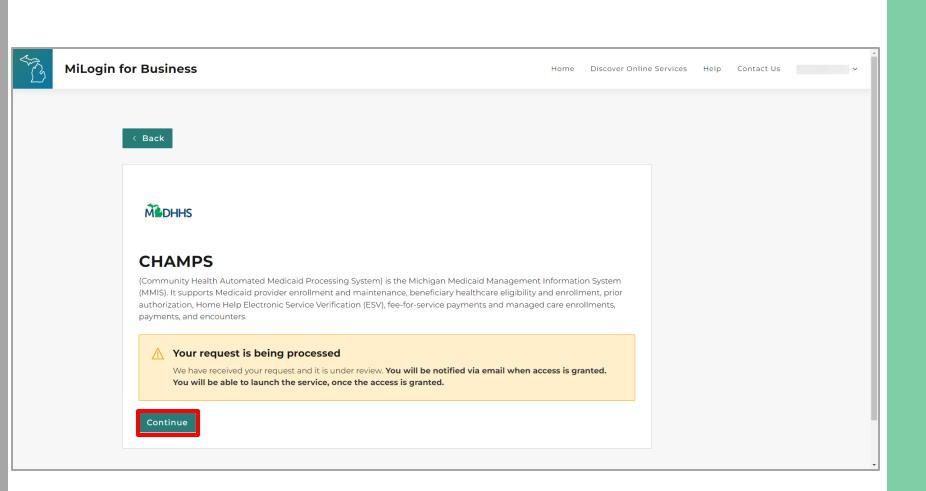


- Select the CHAMPS user type as 'Provider/Other' option.
- Click Next Step.



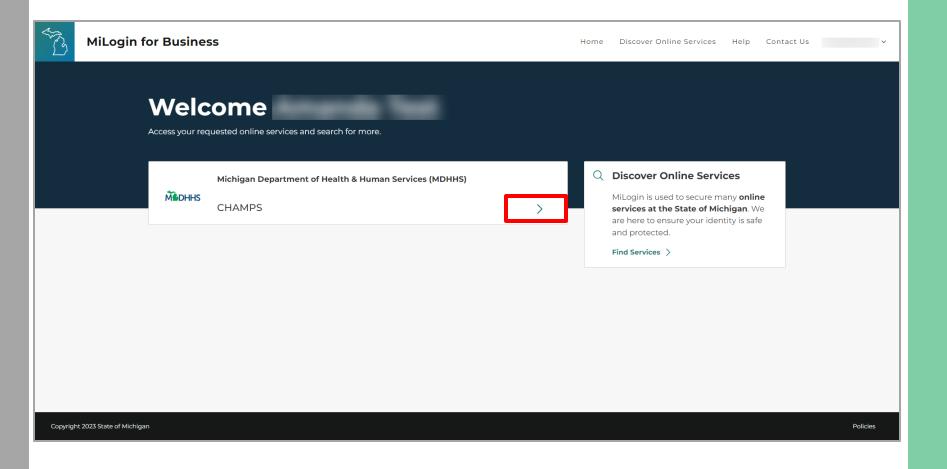


- You will be given confirmation that your request has been submitted successfully and is being processed.
- Click continue to return to the MiLogin Welcome Page.





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





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



Home Discover Online Services Help Contact Us 🗸

MOHHS

CHAMPS

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

Please accept the Terms and Conditions to continue:

Terms & Conditions

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

I agree to the Terms & Conditions



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New Provider Enrollment

Steps on how to complete a new CHAMPS enrollment for a Rendering/Servicing Provider type



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

CHAMPS < Provider -							>
Last Login:			💾 Note Pad	😧 External Links 🕶	★ My Favorites +	🚔 Print	Help
III Provider Enrollment							^
	New Enrollment	Enroll As A New Provider					
	Track Application	Track Existing Provider Application					



- Select Individual Provider
- Click Submit

	Last Login: 06 DEC, 2023 07:37 AM	🖺 Note Pad 🛛 🥥 External Links 🕶 🖈 My Favorites 🕶	🚔 Print	9
Select the Applicable Enrollment Type Individual Provider (Physician, Non Physician) with Type 1 NPI Individual/Sole Proprietor or Rendering/Servicing Provider Group Practice (Corporation, Partnership, LLC, etc.) Billing Agent Facility/Agency/Organization (Hospital, Nursing Facility, Special Programs, etc) with Type 2 NPI Atypical (non-medical) provider (Choose this option if you do not have an NPI. EVV Agencies are now required to have an NPI and should also choose this option.) Individual (Driver, Home Help/Personal Care, Carpenter, CTS, etc.) Agency (Home Help/Personal Care Agency, Fiscal Intermediary, Home and Community Based Services Agencies, Home Care Agency, Transportation Company, Local Education Agency etc.)	> New Enrollment			
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- Select Applicant Type: Rendering/Servicing Only
- Basic Information: Complete all fields marked with an asterisk (*)
- Home Address: Complete Address Line 1 and Zip Code, click Validate Address
 - (Note: you should receive confirmation "Address validation successful")
- Click Finish

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Basic Informati	on		
	First Name: *	Middle Initial:	
	Last Name: *	Gender:	
	Suffix:		
	\$\$N: *		
	Date of Birth:	Applicant Type:	Rendering/Servicing Only
		Contact Email Address:	
	NPI: *	Email-1:	Email-2:
		* Email-3:	Email-4:
Home Address			
		llure to do so may result in this application/modification being denied.	
	Address Line 1: *	Address Line 2:	
	(Enter Street Address or PO Box		
	Address Line 3:	City/Town:	OTHER *
	State/Province: OTHER 💙 *	County:	OTHER V
	Country: UNITED STATES *	Zip Code:	- Validate Address



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

Application ID: 20171106241608	Name: Tester, Testing	
Basic Information		
You have successfully completed the basic information	on the Enrollment Application.	
Your Application ID is: 20171106241608	_	
Please make note of this Application ID. This is the num		
to use to track the status of your enrollment application. you will not be able to access your application and your		
Please make sure to complete your application and sub		
calendar days OR your application will be deleted.		



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

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Enroll Provider -	Individual									
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Step 4: Add License/Certificat			Optional				complete			
	ng Interest/Ownership Details		Optional				complete			
Step 6: Add Taxonomy Details	5		Required				complete			
Step 7: Associate MCO Plan			Optional				complete			
Step 8: Upload Documents			Optional				complete			
Step 9: Complete Enrollment			Required				complete			
Step 10: Submit Enrollment A			Required			Inc	complete			
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Click Add

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Specialty/Subspecialty		Provider Type		1	End Date		
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- Choose the appropriate
 Provider Type and Specialty
 - (Note: There is no need to fill in an End Date)
- Depending on the Specialty chosen, Available
 Subspecialties will populate
- Select Available
 Subspecialties click >> to add to Associated Subspecialties list

Click Ok

https://milogintp.michigan.gov/ - Welcome to MMIS - Interne Print Help	Explorer		 		
Application ID: 20171106241608	Name: Te	ester, Testing			
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Add Subspecialty					^
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				∢ OK	Cancel



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

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- 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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# > New Enrollment > Individual Enrollment							
Application ID: 20171106241608	Name: Te	ester, Testing					
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Primary Specialty/Subspecialty: NON-PHYSICIANS/Professional Counselor/No Su	ibspecialty 🖌 *	Your designation and attest for the Primary Care Rate In		y specialty will be utiliz	zed to identify and eva	luate your eli	gibility
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 Click Close to return to the enrollment steps

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

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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 Li	cense/Certific	ation.		
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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- 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

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

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Appli	Application ID: 20171106241608 Name: Tester, Testing	
C Ck	III Associate Billing Provider	
	Enter NPI/Provider ID of Billing Provider and click "Confirm Provider". Type:	
Bi	ID: * Provider Name:	
	Start Date: End Date:	
	Confirm Provider Cancel	



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

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- Step 3 is complete
- Click on Step 4: Add License/Certification/Other

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> New Enrollment > Individual Enrollment									
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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 L	icense/Certifi	cation.		
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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- Complete all fields marked with an asterisk (*)
- Click Confirm
 License/Certification/Other
- Click Ok

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Application ID: 20171106241608	Name: Tester, Testing
III Add License/Certification/Other	· · · · · · · · · · · · · · · · · · ·
License/Certification/Other Type:	License/Certification/Other #: *
Valid Flag:	
Effective Date:	End Date:
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- The License/Certification/Other information will now be displayed
- To add additional License/Certification repeat the same process
- Click Close

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- Step 4 is complete
- Click on Step 6: Add Taxonomy Details
 - (Note: Step 5 is not required)

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Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incon	nplete			
Step 6: Add Taxonomy Details	Required			Incon	nplete			
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Step 7. Associate MCO Plan	Optional			Incon	nplete			
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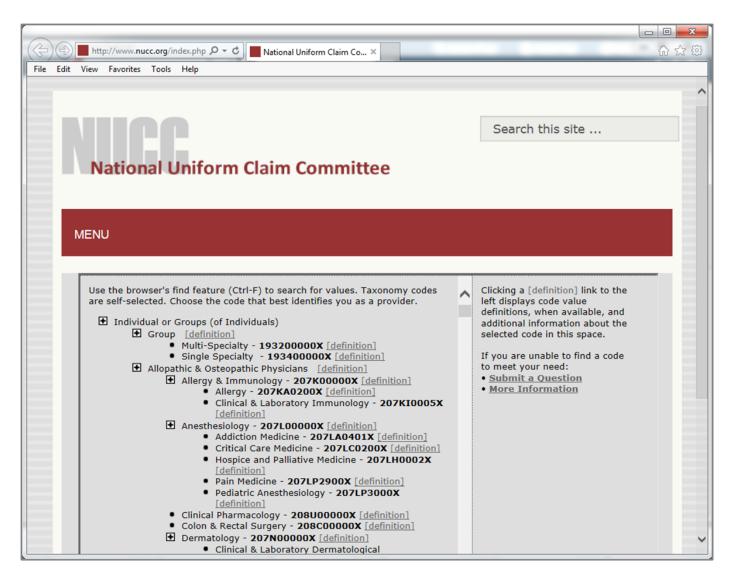


 Enter in Taxonomy Code or click on () next to the words, Click here for Taxonomy List, to look up appropriate taxonomy code

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- After clicking () the <u>National Uniform Claim</u> <u>Committee</u> webpage will pop up
- Press (CTRL+F) to search for the appropriate taxonomy code





- Enter Start Date
- Click Confirm Taxonomy
- Click Ok

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Description:					
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- The Taxonomy Code information will be displayed
- Click Close

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- Step 6 is complete
- Click on Step 9: Complete Enrollment Checklist
 - (Note: Steps 7 & 8 are not required)

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step 3: Associate Billing Provider	Required	11/06/2017	11/06	2017 Com	olete			
step 4: Add License/Certification/Other	Required	11/06/2017	11/06	2017 Com	olete			
step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incon	nplete			
step 6: Add Taxonomy Details	Required	11/06/2017	11/06	2017 Com	olete 🗲			
step 7: Associate MCO Plan	Optional			Incon	nplete			
Step 8: Upload Documents	Optional			Incon	nplete			
step 9: Complete Enrollment Checklist	Required			Incon	nplete			
Step 10: Submit Enrollment Application for Approval	Required			Incon	nplete			
step to. Submit Enrollment Application for Approval		age: 1			« First			>> Last



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

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New Enrollment > Individual Enrollment					
pplication ID: 20171106241608 Name: Tester, Testing					
Close Bave					
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	~		
ve you currently excluded from any State program?		Not Completed	\checkmark		
re you currently excluded from any Federal program?		Not Completed			
ave you ever had a criminal or health-related conviction?		Not Completed			
ave you ever had a judgment under any false claims act?		Not Completed			
ave you ever had a program exclusion/debarment?		Not Completed	\checkmark		
ave you ever had a civil monetary penalty?		Not Completed	\checkmark		
re you applying as a Private Duty Nurse (LPN/RN) for private duty services?		Not Completed	\checkmark		
o you have ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.		Not Completed	\checkmark		
o you accept new patients?		Not Completed	~		
ave you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).		Not Completed	\checkmark		
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 a september of the servicing physician of the serv	nt, please answer yes and	Not Completed	\checkmark		
ental Hygienist-Do you have a collaborative agreement in place? If 'Yes', with what NPI?		Not Completed			
e you affiliated with a PA 161 program? If yes, please provide the NPI of that program(s) in the comments.		Not Completed			
I providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?		Not Completed	\checkmark		
ave you completed American Pharmacists Assoc's Delivering Medication Therapy Mgmt Services or program approved by Accreditation Council of Pharmacy E	ducation? If yes, then enter	r what Not Completed	~		



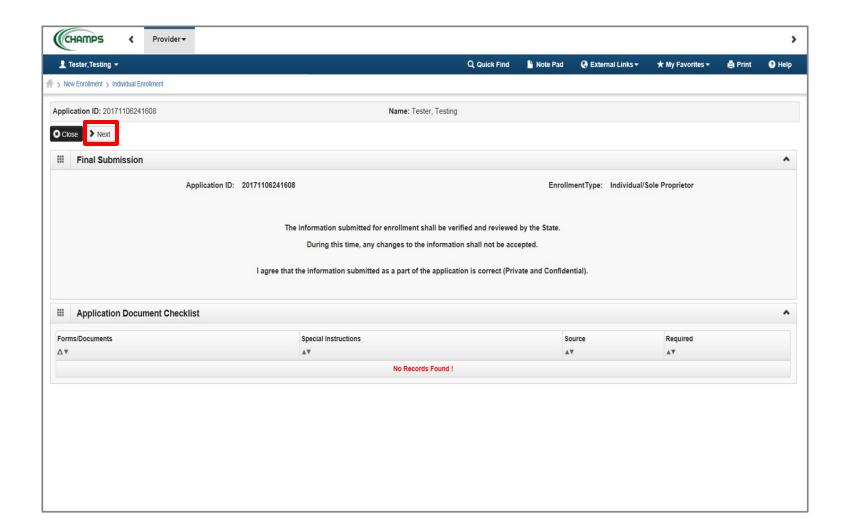
- Step 9 is complete
- Click on Step 10: Submit Enrollment Application for Approval
 - (Note: If you chose not to complete optional steps you can still submit your application)

You must complete this step to finalize your application submission

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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	11/06/2017	11/06/2017	Complete		
Step 6: Add Taxonomy Details	Required	11/06/2017	11/06/2017	Complete		
Step 7: Associate MCO Plan	Optional			Incomplete		
	Optional			Incomplete		
Step 8: Upload Documents	Required	11/06/2017	11/06/2017	Complete		
Step 8: Upload Documents Step 9: Complete Enrollment Checklist				Incomplete		
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• Final Submission: Click Next





 Read through the Terms and Conditions

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A > New Enrollment > Individual Enrollment						
Application ID: 20171106241608	Name: Tester, Testing					
Close Submit Application After reading the Terms and Conditions be sure to check the a	reement box located at the end of the documer	nt.				
Medical Assistance Provider Enrollment & Trading Partner Agreement - Co	nditions					^ ^
In applying for enrollment as a provider or trading partner in the Medical Assistance Program and certify as follows: 1. The applicant, and the employer (if applicable), certify that the undersigned has/ha		ent Of Health and	d Human Services (MDH	HHS) is the fiscal inter	mediary), I rep	resent
 Enrollment in the Medical Assistance Program does not guarantee participation in subcontractors. 	, ,	e or negate the cor	ntract process between a	managed care entity a	nd its providers	or
 All information furnished on this Medical Assistance Provider Enrollment & Trading The providers and fiscal agents of ownership and control information agree to prov 455.100] 		r persons criminal i	related to Medicare, Med	icaid or Title XX involve	ement. [42 CFR	
 The applicant and the employer agree to provide proper disclosure of any criminal involvement since the inception of Medicare, Medicaid, or Title XX programs. [42 C 		id (Title XIX), and	other State Health Care F	Programs (Title V, Title	XX, and Title X	XI)
6. I agree to read the Medicaid Provider Manual from the Michigan Department Of He MDHHS's policies and procedures for the Medical Assistance Program contained i	, , ,		e terms and conditions of	participation noted in th	he manual, and	2)
7. I agree to comply with the provisions of 42 CFR 455.104, 42 CFR 455.105, 42 CFF the Medical Assistance Program is allowed.			nich state the conditions a	and requirements under	r which participa	ation in
 agree to comply with the requirements of Section 6032 of the Deficit Reduction A Education About False Claims Recovery." 	of 2005, codified at section 1902 (a)(68) of the So	cial Security Act w	hich relates to the conditi	ions and requirements of	of "Employee	
9.1 agree that, upon request and at a reasonable time and place, I will allow authoriz or on behalf of, a Medical Assistance Program beneficiary. These records also incl					-	vices to,
 I agree to include a clause in any contract I enter into which allows authorized state of costs and services furnished under the contract. 	or federal government agents access to the subcor	ntractor's accounti	ng records and other doc	uments needed to verif	y the nature an	d extent
11. I understand that the incentive payment requested using my National Provider Ider	fier (NPI) number will be made directly to the Tax I	D Number (TIN) th	nat was indicated during t	the registration process.		
12. I am not currently suspended, terminated, or excluded from the Medical Assistance	^o rogram by any state or by the U.S. Department of	f Health and Huma	an Services.			~



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

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 6. Standard T All Standar parties agre set, use an standards ii 7. Testing. All new Tra changes in 8. Data and N The parties and networ 9. Automatic A This Agreen Agreement 10. Miscellaneo 	ansactions. I Transaction te that when or r code or data mplementation ding Partners submission for etwork Securi agree to use c security req wnendment for nent will auto upon the effe- us.	conducting Standa a elements that ar n specifications. will cooperate wi ormat prior to sub ity. reasonable secu uirements, which or Regulatory Cor	IIPAA, will be co and Transaction e either marked h MDHHS upon mission of produ- mission of produ- may change fro- mpliance. Nded to comply nal regulation of	conducted by ns, they will nc d "not used" in d uction files. N o protect the i om time to tim v with any final or amendmen	y the parties (not change the in the standard testing proced MDHHS will e integrity of d ime and as m nal regulation	s using only c the definition, dard's implem ccesses prior t ill notify the Tr f data transmi may be requi	code sets, data n, data condition mentation speci to submission Trading Partner nitted under this irred by the HIP.	a elements, in, or use of ification or of producti r of the effe s Agreemer 2AA securit	and formats spe- a data element of are not in the sta on data. Existing trive date for pro- tive date for pro- t and to protect t regulations.	or segment in a si ndard's implemer Trading Partners duction data after his data from una	tandard, add data elem ntation specification(s), will cooperate with MD successful testing. uthorized access. The	uctions in the MDHHS Co ents or segments to the r or change the meaning o HHS upon request in tes Trading Partner shall cor vices concerning the sub	naximum defin r intent of the H ting processes	ed data HIPAA for any HS data
		notify MDHHS of the effective date	, .		tner informati	ation supplied	d including, but	t not limited	to, the name of t	he service burea	u, billing service, recipie	ent of remittance file, or p	rovider code a	t least
y checking tr	is, I cert	ify that I ha	ve read a	and that			ccept the e g Partner /			ions in the	Medical Assis	tance Provider	Enrollme	nt &



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

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> New Enrollment > Individual Enrollment								
Application ID: 20171106241608	Name: Tester, Testing							
Your Application Number 20171106241608 has been successf	Ily submitted for State review. Return with this app	lication numbe	r to track the st	atus of your applicat	ion. ×			
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Step 2: Add Specialties	Required	11/06/2017	11/06	5/2017 Comp	olete			
Step 3: Associate Billing Provider	Required	11/06/2017	11/06	5/2017 Comp	olete			
Step 4: Add License/Certification/Other	Required	11/06/2017	11/06	6/2017 Comp	lete			
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	11/06/2017	11/06	5/2017 Comp	lete			
Step 6: Add Taxonomy Details	Required	11/06/2017	11/06	5/2017 Comp	olete			
Step 7: Associate MCO Plan	Optional			Incon	plete			
Step 8: Upload Documents	Optional			Incon	plete			
Step 9: Complete Enrollment Checklist	Required	11/06/2017	11/06	5/2017 Comp	lete			
Step 10: Submit Enrollment Application for Approval	Required	11/06/2017	11/06	6/2017 Comp	lete			
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How to track a submitted Rendering/Servicing provider application within CHAMPS



- Select Provider tab
- Click Track Application

CHAMPS «	Provider -								>
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Provider Enrollme	New Enrollment Track Application	*							^
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	Track	Application	Track Existing Provider Ap	plication					



- Fill in Application ID
- Click Next

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		-		Application IC		he Application ID *	to track your applica	ition.					
	Request Ac	cess t	o Home Help	Provider Info									^
			Click the below	link if you are an Exi						Application ID to track	your application.		
					н	ome Help Provid	ders requesting acc	ess to their Informat	ion.				



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

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A > Track Application	
Close Submit	
Urify Application Details	^
For Additional security, please enter following informat	ion:
SSN:*	
Date Of Birth:	
Home Zip Code: *	



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

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> Track Application > Individual Enrollment									
pplication ID: 20171106241608		Name: Tester, Testing							
Your application is currently In-Review by the	e Provider Enrollment Unit. Yo	u cannot make any modifications to yo	ur enrollment i	nformation at t	his time.				
Close									
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Step 1: Provider Basic Information Step 2: Add Specialties Step 3: Associate Billing Provider Step 4: Add License/Certification/Other	3	Required Required Required	11/06/2017 11/06/2017 11/06/2017	11. 11. 11. 11.	106/2017 CA 106/2017 CA 106/2017 CA 106/2017 CA	omplete omplete omplete	Step	Remark	
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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 for a Rendering/Servicing provider is sent to the Billing Provider's Correspondence address provided in the Provider Enrollment Application



Provider Enrollment Resources



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





Thank you for participating in the Michigan Medicaid Program

