CHAMPS 101: ProviderTab



"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





Overview: My Inbox Landing Page



Track Application



Manage Provider Information

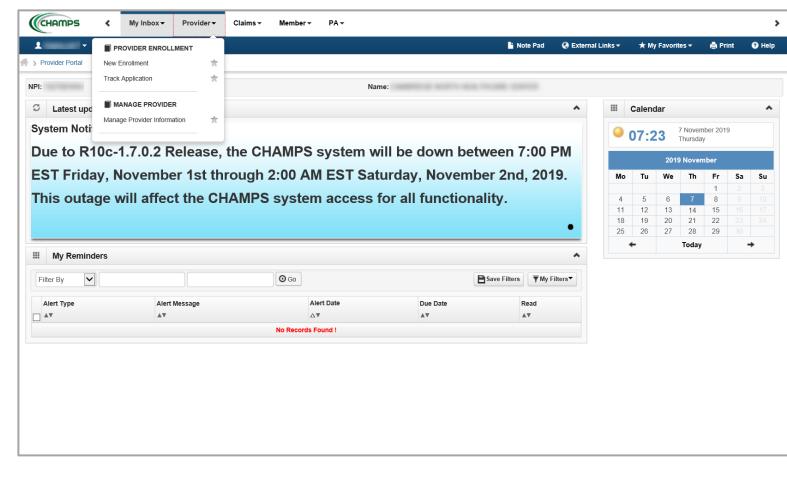


Provider Resources



Overview: My Inbox Landing Page

- Access MILogin: <u>https://milogintp.Michigan.gov</u>
- Access CHAMPS
 - Select Domain and Profile
- From the My Inbox Landing Page:
 - Click the Provider tab
- From the Provider tab dropdown select one of the following:
 - New Enrollment
 - Track Application
 - Manage Provider Information



This presentation, including the screen captures, are based on the CHAMPS Full Access Profile. Additional features and tabs will vary based on the profile selected.



New Enrollment

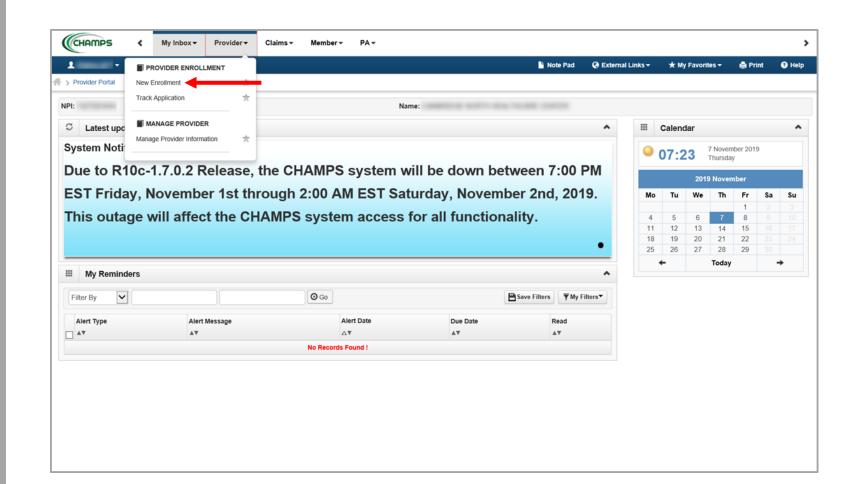
For new providers who are not enrolled within CHAMPS may enroll themselves by visiting www.Michigan.gov/MedicaidProviders and click on Provider Enrollment.

For enrolled providers who wish to do a new enrollment, they can enroll them from within CHAMPS.



New Enrollment

- Whenever a provider enrolls a new provider from within CHAMPS, that provider becomes the Domain Administrator.
 - Example, Provider A enrolls Provider B in CHAMPS. Provider A is Provider B's Domain Administrator
 - For further Domain Administrator abilities visit <u>Registering for MILogin</u> <u>Account for access to CHAMPS</u>
- If a provider needs to enroll another provider:
 - Click New Enrollment from the Provider dropdown





New Enrollment

- After clicking on New Enrollment the next step is to select the Enrollment Type of the provider that needs to be enrolled.
- For the definition of each enrollment type, visit <u>Step 2:</u> <u>Determine CHAMPS</u> <u>Enrollment Type</u> from the Provider Enrollment webpage
- After selecting the applicable enrollment type , click Submit

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A > Provider Portal > New Enrollment					
III Enrollment Type					^
Select the Applicable Enrollment Type					
Individual/Sole Proprietor					
Regular Individual/Sole Proprietor or Rendering/Servicing Provider					
○ Group Practice (Corporation, Partnership, LLC, etc.)					
O 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.)					



New Enrollment

- The Provider Enrollment process officially starts at Step 1 Provider Basic Information.
- From here providers will need to access the <u>Provider</u> <u>Enrollment webpage</u> for step-by-step instructions on how to complete a provider enrollment application. Once at the Provider Enrollment webpage:
 - Select Step-by-Step CHAMPS Enrollment Guides
 - Click on the Enrollment Type based on the previous step's selection
 - Utilize the resources provided to complete the rest of the application.

Basic Information					~
Busic mornation	EIN/TIN:]			
	First Name:	*	Middle Initial:		
	Last Name:	*	Gender:		
	Suffix:		Vendor ID:	*	
	SSN:	*			
	Date of Birth:	*	Applicant Type:	Individual/Sole Proprietor	
			Contact Email Address:		
	NPI:	*	Email-3:	Email-4:	
			Email-5:	Email-6:	
			Email-7:	Email-8:	
Home Address					-
Please ensure yo	ou are providing the hom	e address of this provider. Failure to de	o so may result in this application/modification being denied.		
	Address Line 1:	*	Address Line 2:		
		inter Street Address or PO Box Only)			
	Address Line 3:		City/Town:	OTHER 🖌 *	
	_				
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Step 1 Basic Information will display differently depending on the Enrollment Type selected.



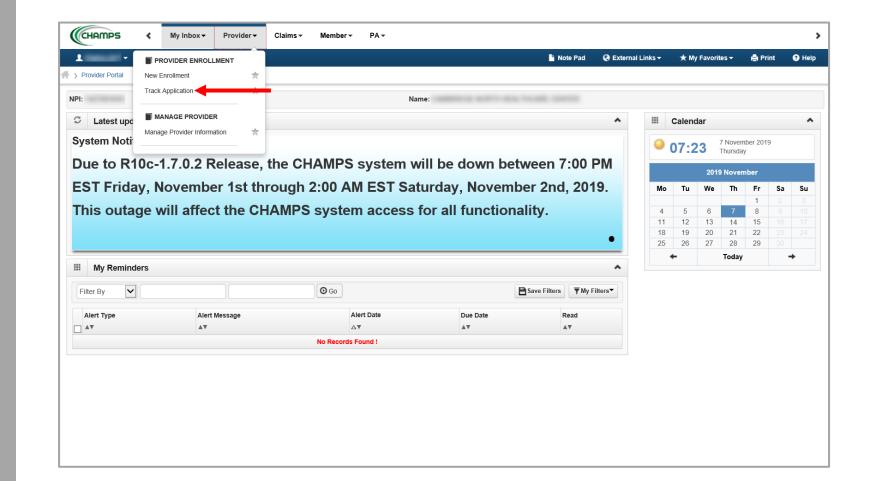
Track Application

After starting or submitting a Provider Enrollment application, Providers can use this feature to continue an incomplete application or track the status of a completed application.



Track Application

- In order to reference back to a started enrollment application or completed submitted enrollment application:
 - Click Track Application from the Provider dropdown





Track Application

- The instructions when filling out a Provider Enrollment Application advise providers to write down the Application ID given after completing Step 1 Basic Information. This is the number needed in order to track the application.
 - <u>Contact Provider Enrollment</u> if the application ID is forgotten
- After entering in the application ID there will be an additional step to verify application access.
 - For additional help reference the <u>Provider Enrollment</u> <u>webpage</u>, select the Enrollment type under Stepby-Step CHAMPS Enrollment Guides, then Track Application

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					Application ID		de the Ap	plication ID to track your application.					
	Request A	ccess t	b Home Help	Provider Info									^
				Click the below	/ link if you are	an Existing Ho		ndividual or Agency accessing CHAMPS system for the first time. provide th Home Help Providers requesting access to their Information.	e Application ID to	o track your application.			



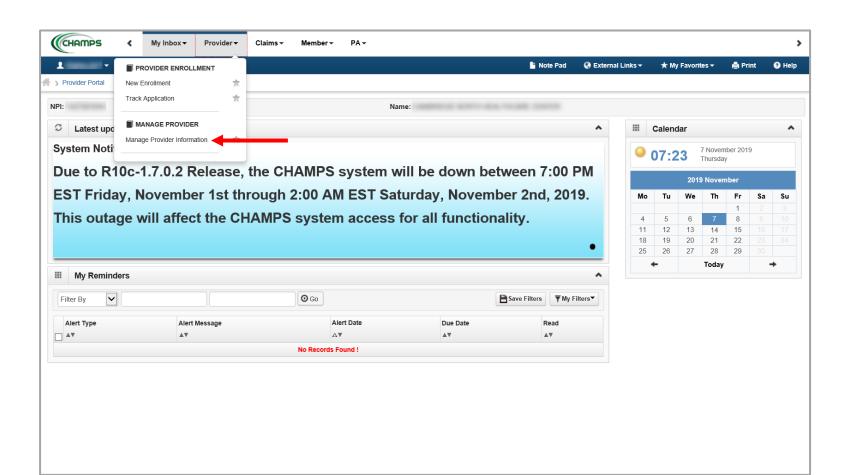
Manage Provider Information

Provides access to a providers approved Enrollment Application when their information needs to be updated.



Manage Provider Information

- Providers are able to complete revalidations and update provider enrollment information from within the manage provider information section of CHAMPS.
 - For a list of items that require an enrollment application update reference the <u>Michigan Medicaid</u> <u>Provider Manual</u>, Chapter General Information for Providers, Section 2 Provider Enrollment
- To do this select Manage Provider Information from the Provider dropdown





Manage Provider Information

- After selecting Manage Provider Information the list of steps will display given the Enrollment Type.
- Make any necessary changes to the enrollment information making sure to complete all steps needed.
- The checklist step of any enrollment application, Complete Modification Checklist, will always show as incomplete. This step must be reviewed and submitted for changes to be approved by MDHHS.
 - For required revalidations the checklist steps, Complete Modification Checklist and Submit Modification Request for Review will always show as incomplete. These steps will need to be reviewed and submitted for changes to be approved by MDHHS.
- For help filling out a step reference the <u>Provider Enrollment webpage</u>, Stepby-Step CHAMPS Enrollment Guides, and the applicable Enrollment Type

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			Name:						
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	View/Update Provider Data - Group Practice								
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1	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark		
1	Step 1: Provider Basic Information	Required	12/15/2014	11/01/2013	Complete				
1	Step 2: Locations	Required	10/23/2013	11/01/2013	Complete				
1	Step 3: Specialties	Required	04/15/2008	04/15/2008	Complete				
l	Step 4: Mode of Claim Submission	Required	04/15/2008	04/15/2008	Complete				
l	Step 5: Associate Billing Agent	Required	12/15/2014	11/01/2013	Complete				
1	Step 6: Provider Controlling Interest/Ownership Details	Required	10/21/2013	11/01/2013	Complete				
1	Step 7: Taxonomy Details	Required	04/15/2008	04/15/2008	Complete				
1	Step 8: View Servicing Provider Details	Optional	04/15/2008	04/15/2008	Complete				
3	Step 9: 835/ERA Enrollment Form	Optional			Complete				
3	Step 10: Complete Modification Checklist	Required	04/24/2014	05/20/2014	Incomplete		Please Answer all the	Questions.	
1	Step 11: Submit Modification Request for Review	Required	04/24/2014	05/20/2014	Complete				
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Provider Resources



MDHHS website: www.michigan.gov/medicaidproviders



We continue to update our Provider Resources: CHAMPS Resources Listserv Instructions Provider Alerts Medicaid Provider Training Sessions



Provider Support:

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



Thank you for participating in the Michigan Medicaid Program

