

CHAMPS Instructions

Copy and paste this link to your browser:

<https://milogintp.michigan.gov/eai/tplogin/authenticate?URL=/>

Click on Create New Account

The screenshot shows the MILogin for Third Party login page. At the top right, there are links for Home, Help, and MI.gov. The MILogin logo is on the left. Below the logo, it says "Login to your account". A red asterisk indicates required fields. There are two input fields: "User ID" and "Password". Below these is a green "Login" button. Underneath the button are links for "Forgot your User ID?", "Forgot your password?", and "Need Help?". A red banner below the login form contains a message: "If you have accessed applications using Single Sign On (SSO) that have now migrated to the MILogin portal, please use your SSO user ID and password here rather than creating a new account." At the bottom, there is a "Don't have an account?" link and a green "Create New Account" button.

The screenshot shows the MILogin for Third Party account creation page, Step 1 of 3. At the top right, there are links for Home, Help, and MI.gov. The MILogin logo is on the left. Below the logo, it says "Create your account - Step 1 of 3". A red asterisk indicates required fields. There are four input fields for "First Name", "Middle Initial", "Last Name", and "Suffix". Below these are two input fields for "Email Address" and "Confirm Email Address". There are two input fields for "Work Phone Number" and "Mobile Number". Below these is a "Verification Question: What is the 2nd digit in 217903?" with an input field. At the bottom left, there is a checkbox for "I agree to the terms & conditions." Below the checkbox are two buttons: "Next" (green) and "Clear" (white). At the bottom of the page, there are links for "MILogin Home", "Michigan.gov Home", "Policies", and "Contact Us". At the very bottom, it says "Copyright 2015 State of Michigan".

Fill in the above information and click next. NOTE: Your verification question may be different than others.



Create your account - Step 2 of 3

* = Required Fields

*User ID

*Password

*Confirm Password

User ID guideline: Enter your last name, first initial, and any 4 numbers with no space between them. For Example: John Smith and using 9999 as an example for the four digit number, you would enter smithj9999.

Password guidelines:

- Must be at least 8 characters in length
- Must include characters from 3 of the following categories:
 - Upper case letters (A-Z)
 - Lower case letter (a-z)
 - Numbers (0-9)
 - Special characters (!\$#,%@~^&*_-+=><)
- Should not be based on your User ID

Complete the User Id and Password info

Select your personal security questions and answers (This is in case you forget your log on and password at a later date). Click create account.

Select four unique security questions. These questions will be used to restore access to your account in case you forget the password.

*Secret Question #1

*Secret Answer #1

*Secret Question #2

*Secret Answer #2

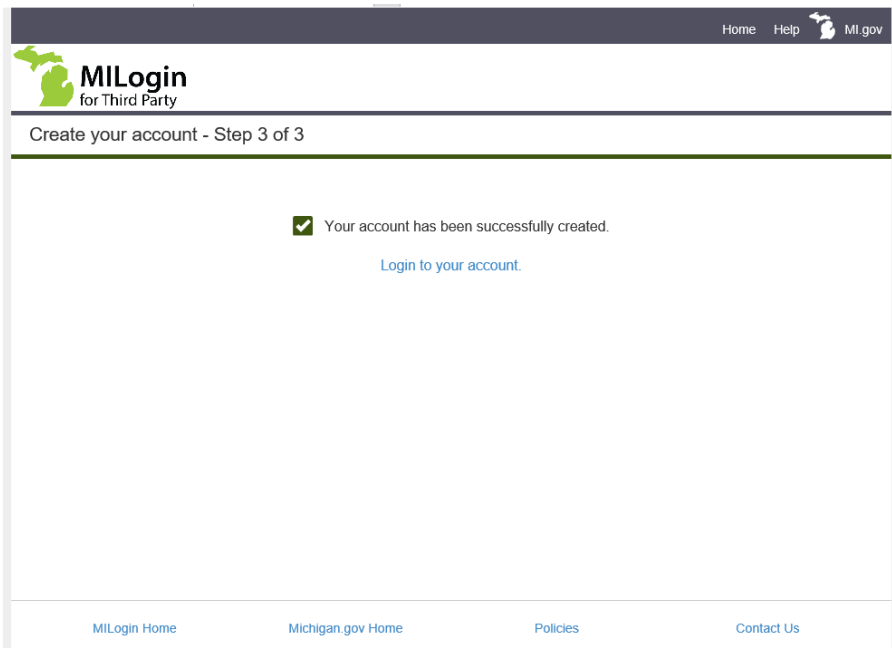
*Secret Question #3

*Secret Answer #3

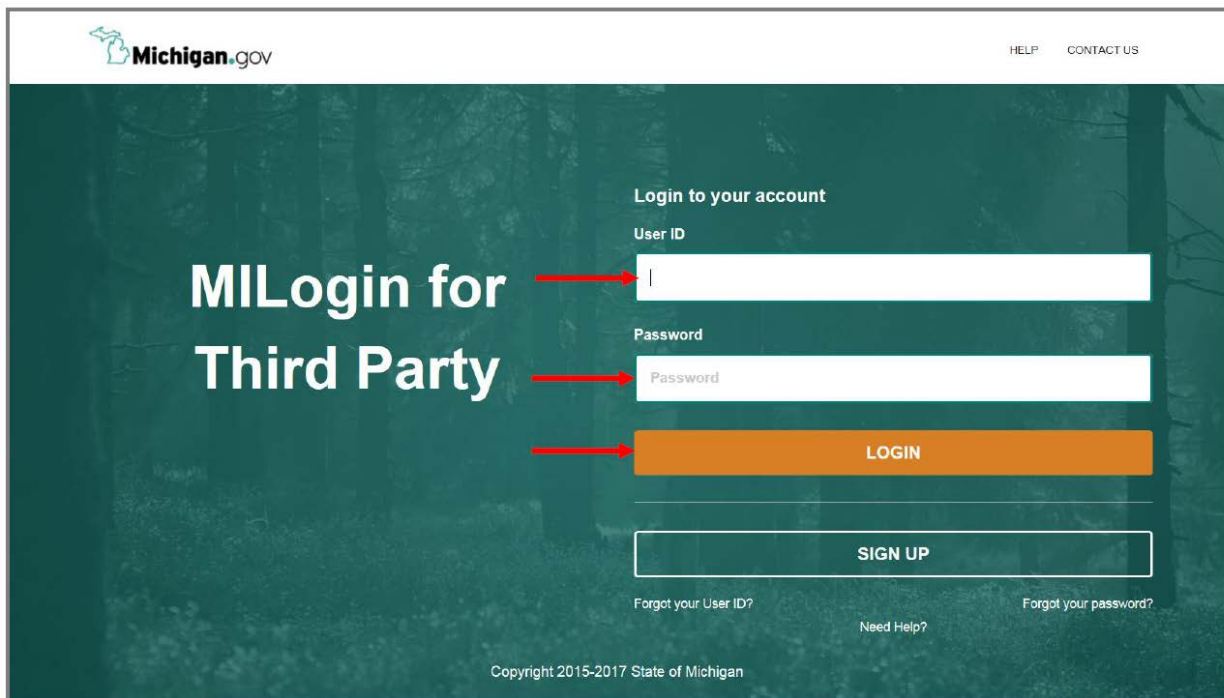
*Secret Question #4

*Secret Answer #4

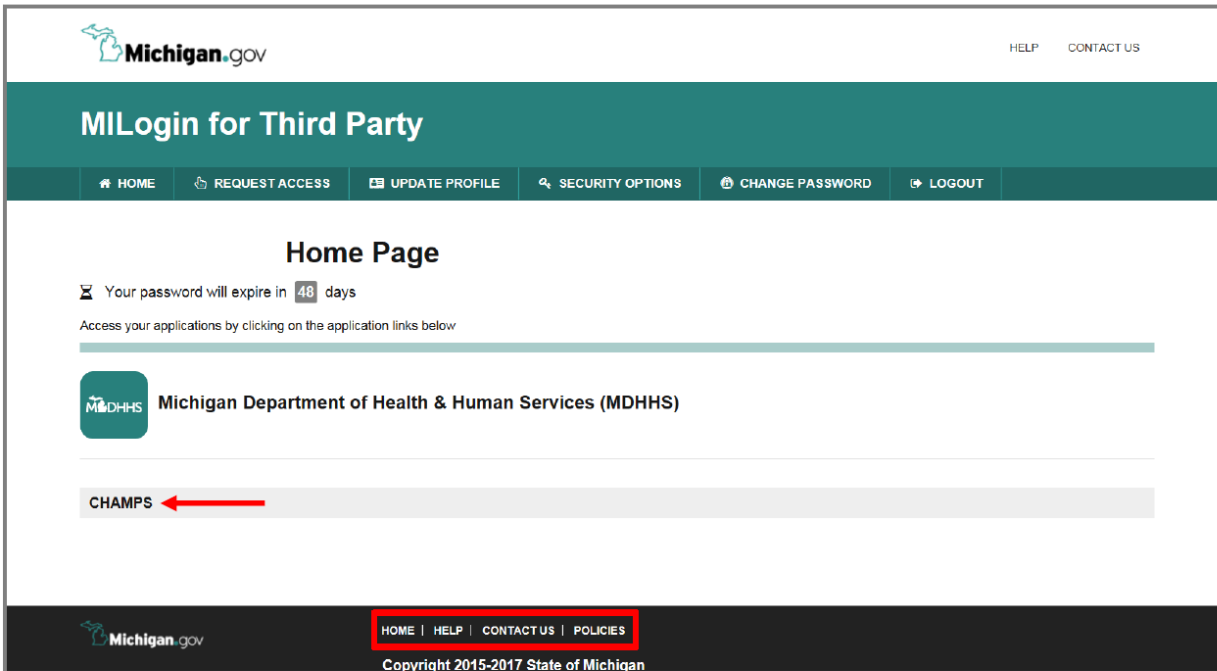
If you have been successful, you will see this screen



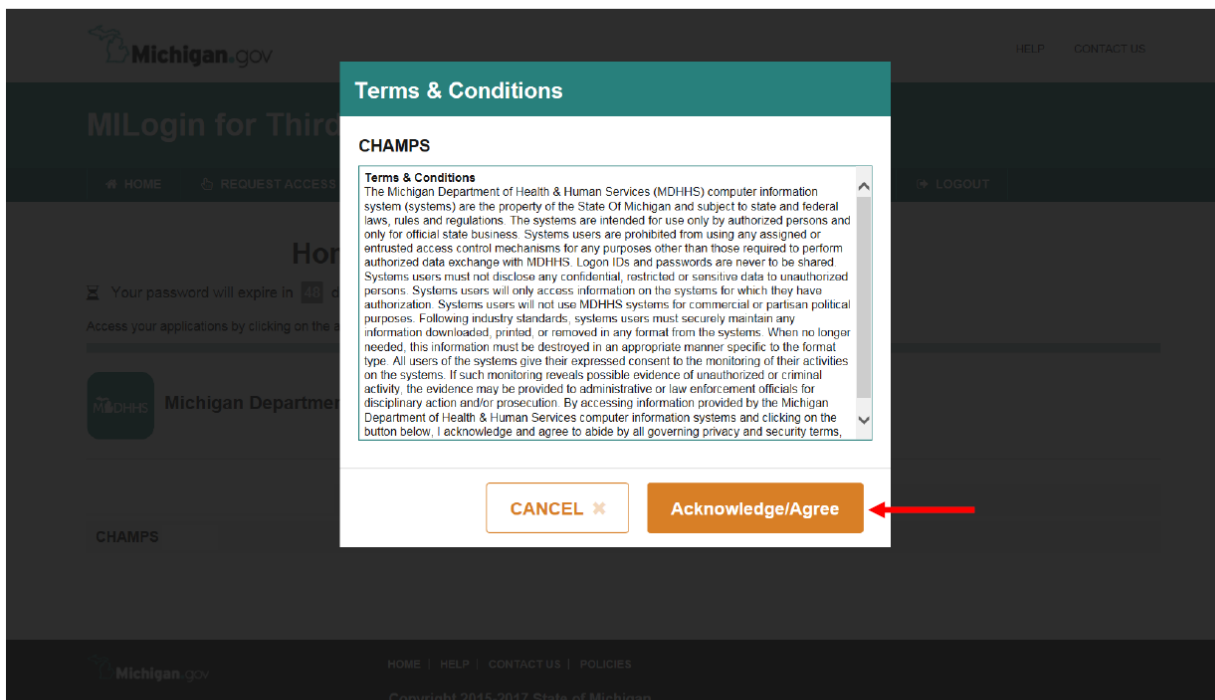
Log on to your account.



When you've log on you will see this page. Click on request access.



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



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

Once you acknowledge/Agree, this screen will appear. Select New Enrollment (if you are starting the application for the first time).

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

Once you've hit submit an Enrollment screen should appear. It will have several "Steps" and you will have to complete each step - unless it is listed as an "optional" step. These steps and/or the wording in the steps may have changed a bit but I think you'll be able to figure them out. If not, contact Provider Support at 1-800-292-2550, they will walk you through this entire process.

The screenshot shows the CHAMPS web interface for selecting an enrollment type. The page title is "Enrollment Type" and the instruction is "Select the Applicable Enrollment Type". The options are as follows:

- Individual/Sole Proprietor
 - Regular Individual/Sole Proprietor (Choose this option to be a Medicaid Individual/Sole Proprietor, you may participate in the EHR-MIPP.)
 - EHR-MIPP Only Provider (Choose this option to participate only in EHR-MIPP.)
 - Managed Care Network Provider Only
 - Managed Care Network Provider and EHR
- Group Practice (Corporation, Partnership, LLC, etc.)
- Billing Agent
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Contractor/MCO
- HIPAA-Exempt Individual/Sole Proprietor
 - Regular
 - Home Help
- HIPAA-Exempt Facility/Agency/Organization (FAO)
 - Regular
 - Home Help

A "Submit" button is located at the bottom left of the form area.

- Select the appropriate Provider/Enrollment Type

Choose: Individual/Sole Proprietor, then click submit.

Step 1: Provider Basic Information

Select Render/Service Only on Applicant Type

Enter your NPI

Enter Home address in Line 1 & Zip code and four digits, then click validate address.

Please include the following email addresses:

tkennedy@sccmha.org lsantino@sccmha.org and your own email address to help track the application.

The screenshot shows a web application interface with two main sections: 'Basic Information' and 'Home Address'. The 'Basic Information' section includes fields for EIN/TIN, First Name (Training), Last Name (Test), Suffix, SSN (100001200), Date of Birth (07/07/1956), Gender (Male), Middle Initial, Provider Class, and Applicant Type. The 'Applicant Type' dropdown menu is open, showing 'Individual/Sole Proprietor' and 'Rendering/Service Only'. The 'Home Address' section includes fields for Address Line 1, Address Line 2, Address Line 3, State/Province (OTHER), City/Town (OTHER), County (OTHER), Country (UNITED STATES), and Zip Code. A 'Validate Address' button is located next to the Zip Code field. At the bottom right, there are 'Confirm' and 'Cancel' buttons. Red arrows point to the 'Applicant Type' dropdown, the 'Validate Address' button, and the 'Confirm' button.

Click Confirm.

Copy down or Print Your Application ID is: 12345678901234. This will be needed later.

Application ID: 20140626600943 Name: Test, Training

Basic Information

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: 20140626600943

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.

OK

- After completing the basic information, select OK

Step 2: Specialties

Select add
(Do not select primary specialty).

Application ID: [redacted] Name: [redacted]

Close **Add** **Primary Specialty**

SELECT ADD, do not select primary specialty

Specialty/Subspecialty List

Filter By [dropdown] [input] [input] **Go**

Specialty/Subspecialty	Provider Type
[input] [dropdown]	[input] [dropdown]

No Records Found !

SPECIALTY:

Now click primary specialty, select your subspecialty. MSW and LMSW should be pre-populated. Do not worry about the start and end dates.

Primary Specialty For Enrollment

Primary Specialty/Subspecialty: NON-PHYSICIANS/Social Worker (Masters Level)/No Subspecialty *

Board Certified: Yes No

Board Eligible: Yes No

Start Date: 01/01/2015 *

SUBSPECIALTY:

If MSW or LMSW select Non-Physician in the drop down and specialty is Social Worker (Masters Level). Your end date is: 12-31-2999 (yes the year should be 2999; if you select any other date; it will be necessary to revalidate each time the expiration date ends.

Application ID: _____ Name: _____

Add Specialty/Subspecialty

Provider Type: NON-PHYSICIANS *

Specialty: Social Worker (Masters Level) *

End Date: | _____

Add Subspecialty

Available Subspecialties

Associated Subspecialties *

No Subspecialty

Please Note: No subspecialty needs to be in the right hand column. Click SAVE on the top of the page (left hand side). Then click close. Then close again.

Step 3: Associate Billing Provider

Select NPI, and enter the agency NPI number and confirm provider. 1689778953

Application ID: [redacted] Name: [redacted]

Associate Billing Provider

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

Type: NPI *
 ID: 1689778953 *
 Start Date: 12/22/2016 *

Provider Name: SAGINAW CO CMHSP
 End Date: [calendar icon] *

If you see children or adolescent under the SEDW & CHW; you will need to add more NPI numbers by clicking add button and confirming each time.

SEDW is: 1467778167

CHW is: 1093031791

Click close when finished.

Step 4: License/Certification Section

Click add, using the drop down select State Professional License and enter you license number to the right. Enter the state your license is from, Michigan. Enter your effective date of your license, click confirm (your end date will auto populate) and then ok and then click close.

Application ID: [redacted] Name: [redacted]

Add License/Certification/Other

License/Certification/Other Type: State Professional License *
 License/Certification/Other #: [text box] *
 State: [dropdown] *
 Valid Flag: [checkbox]
 Effective Date: [calendar icon] *
 End Date: [calendar icon] *

Step 5: Add Provider Controlling Interest/Ownership Details

Optional step, disregard this step.

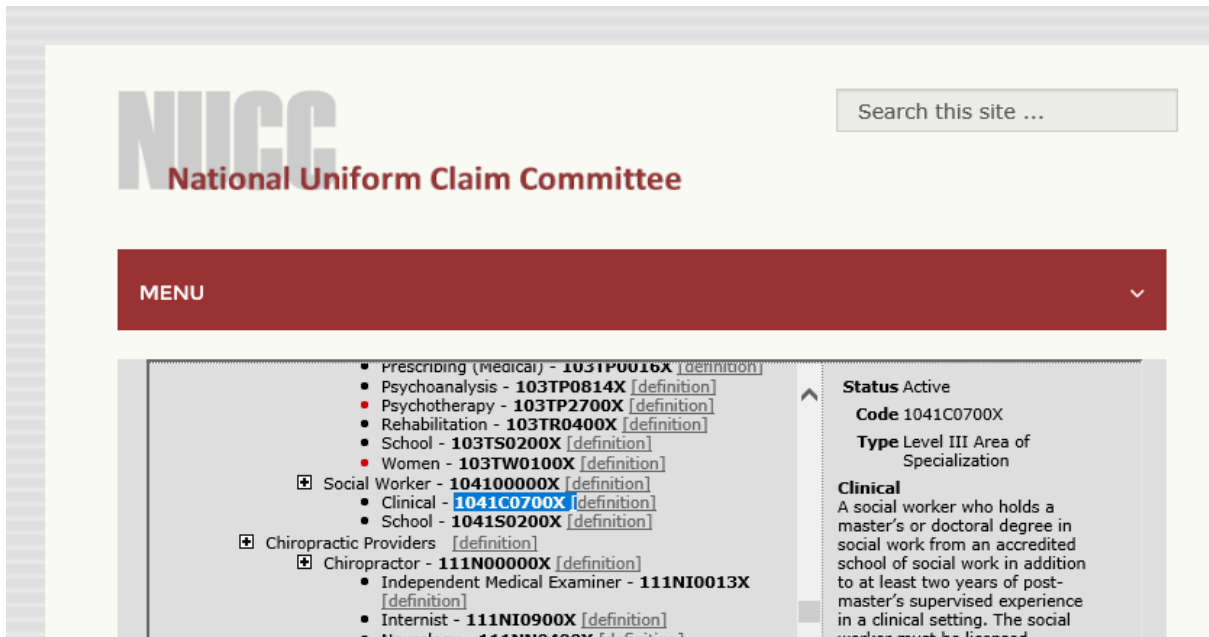
Step 6: Add Taxonomy

Click add, you can type in your Taxonomy code if you know it.

If you do not know it click on the triangle to the right of the taxonomy code box and that will take you out of the CHAMPS system and into the National Uniform Claim Committee page where you can look up the correct Taxonomy code.

Once you found the correct Taxonomy code you can just copy and paste it into the Taxonomy Code box in the CHAMPS system. Again, once you have finished this enter the “Start Date” and then click on “Confirm Taxonomy” button which populates the description of the taxonomy code you just entered and then click on Ok.

Again, if you have more than one taxonomy code click the “Add” button and repeat the same steps. Otherwise, click on “close” and this will take you back to the main menu.

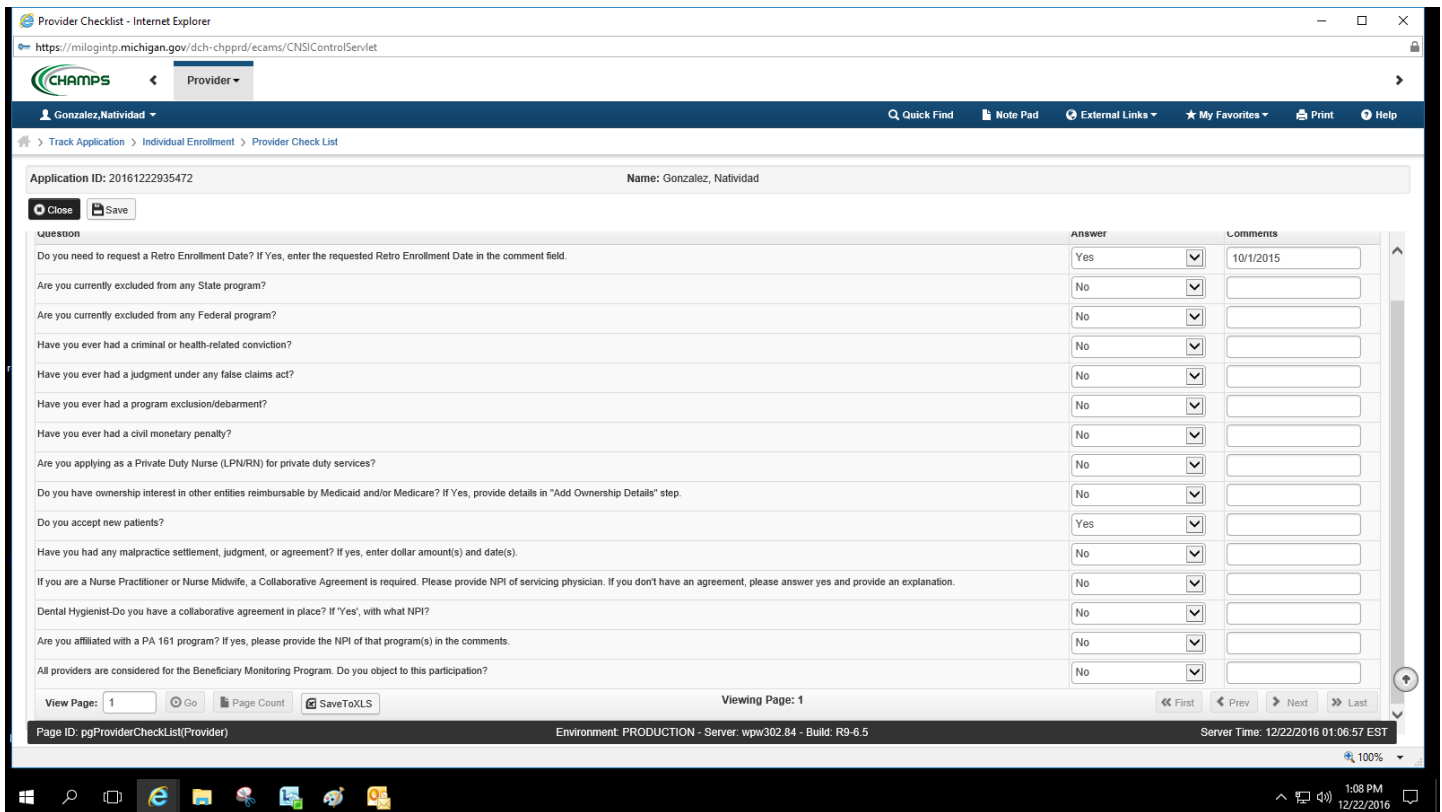


Step 7: Associate MCO Plan

Optional step, disregard this step.

Step 8: Complete Enrollment Checklist

Respond to all questions. NOTE: Please retroactive your application to 10/1/17. When completed, save and close. NOTE: Are you affiliated with PA 161? The answer should be no.



Step 9: Submitting your application for review.

If you've submitting all your information as accurately as possible, click Next.

Application ID: _____ Name: _____

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

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.

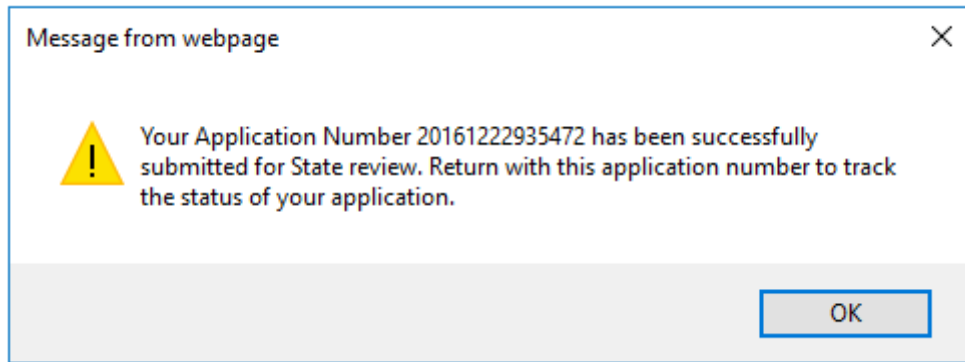
The Trading Partner will notify MDHHS of any changes in trading partner information supplied including, but not limited to, the name of the service bureau, billing service, recipient of remittance file, or provider code at least 30 calendar days prior to the effective date of such change.

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.

If you agree to the Terms and Conditions you need to click on the Electronic Signature box located at the bottom of the page

Once you have clicked on the "Submit Application" the application is now be sent to MDCH Provider Enrollment to go thru the approval process.

At any time you can check the status of your application by using the 14 digit application ID provided in the message back you receive.



Click ok and close. You have successfully submitted your CHAMPS application for the State of Michigan.

You will received a mailing to your home address, please copy and submit to HR.

In addition: Please send an email to TKennedy@sccmha.org and LSantino@sccmha.org so we may add you to the billing module as a rendering provider for SCCMHA.

Thanks in advance!