

CHAMPS

Associate a Billing Agent and Authorize the 835



“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

Reminders

The following presentation walks through submitting a CHAMPS provider enrollment modification to associate a billing agent and authorize that associated billing agent to receive the 835.

- Before a provider can associate to a billing agent, the billing agent must be enrolled in CHAMPS.
- Multiple billing agents can be associated to one billing provider.
- A billing agent can be associated without also having to be authorized to receive the 835.
- Electronic files cannot be submitted through the newly added billing agent(s) until the Provider Enrollment modification has been submitted and approved.

835/ Electronic Remittance Advice (ERA)

- During the enrollment step of 'Associate a Billing Agent' adding the 835 authorization is **optional**.
- Only one billing agent or recipient can be authorized to receive the 835.
- The 835 is authorized and generated at the billing provider tax ID level.

For steps on how to associate a billing agent during a new enrollment application refer to instructions on the [Provider Enrollment website](#).

MiLogin and CHAMPS

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

The screenshot displays the MiLogin for Business website. The header includes the Michigan state logo and the text "MiLogin for Business" on the left, and "Help" and "Contact Us" on the right. The main content area is split into two sections. The left section has a dark blue background with the text "Michigan's one-stop login solution for business" and a teal arrow pointing right. Below this, it states: "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." The right section has a white background with the text "Welcome to MiLogin for Business". Below this is a login form with two input fields: "User ID" and "Password". Red arrows point to the right side of the User ID field, the right side of the Password field, and the "Log In" button. There are also links for "Lookup your user ID" and "Forgot your password?". At the bottom of the form is a "Create an Account" button. The footer contains "Copyright 2023 State of Michigan" on the left and "Policies" on the right.

MiLogin and CHAMPS

- You will be directed to your MiLogin Welcome Page.
- Click the arrow hyperlink.

MiLogin for Business

Home Discover Online Services Help Contact Us

Welcome

Access your requested online services and search for more.

Michigan Department of Health & Human Services (MDHHS)

MDHHS CHAMPS

Discover Online Services

MiLogin is used to secure many **online services at the State of Michigan**. We are here to ensure your identity is safe and protected.

[Find Services >](#)

Copyright 2023 State of Michigan Policies

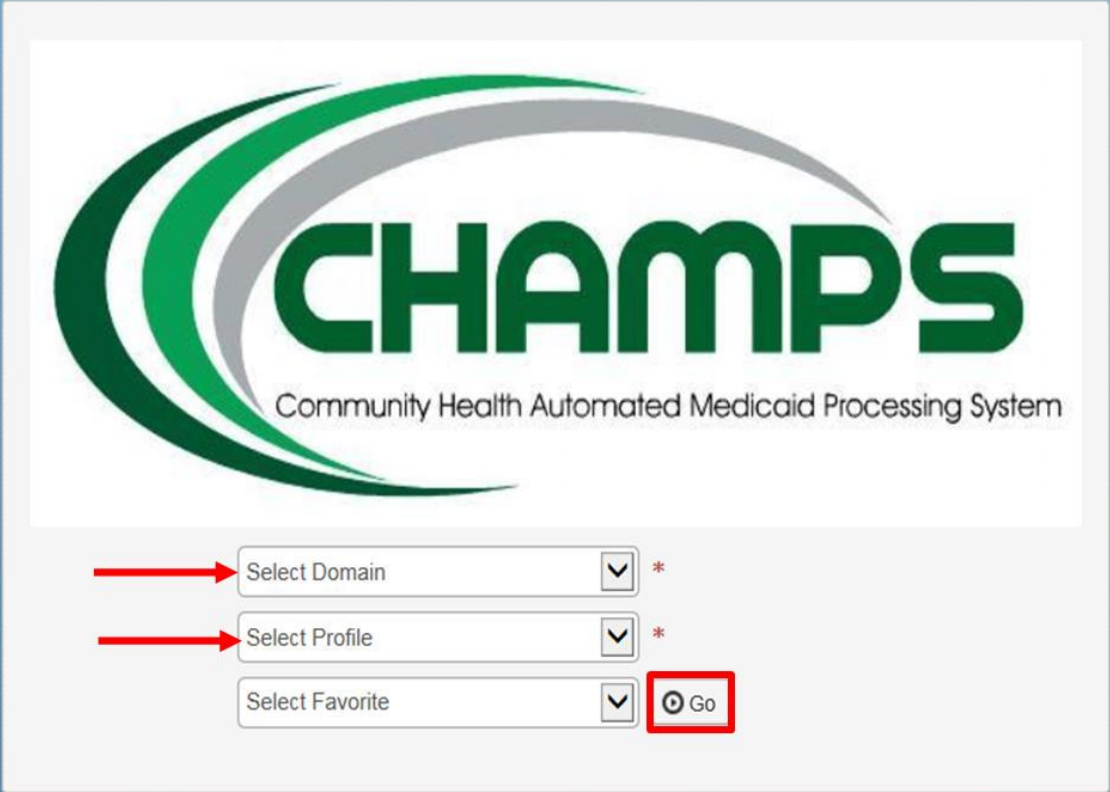
MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' website. At the top left is the Michigan state logo. The page title is 'MiLogin for Business'. Navigation links include 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. A 'Back to Home' button is visible on the left. The main content area features the MDHHS logo and the heading 'CHAMPS'. Below this, a paragraph describes CHAMPS as the Michigan Medicaid Management Information System (MMIS). A section titled 'Please accept the Terms and Conditions to continue:' contains a scrollable 'Terms & Conditions' box. Below the box is a checked checkbox for 'I agree to the Terms & Conditions' and a red-bordered 'Launch service' button. The footer contains 'Copyright 2023 State of Michigan' and a 'Policies' link.

MiLogin and CHAMPS

- Select the Billing NPI from the Domain dropdown.
- Select either Provider Enrollment Access or CHAMPS Full Access from the select profile dropdown.
- Click Go.
 - Note: If there are no Domain or Profile options to select from reference [Domain Administrator Functions](#) >> Adding Users/Assigning Profiles.



CHAMPS
Community Health Automated Medicaid Processing System

Select Domain *
Select Profile *
Select Favorite * Go

Associate a Billing Agent and Authorize the 835

- Once logged in you will be directed to the My Inbox landing page.
- Select the Provider tab.
- Select Manage Provider Information from the drop-down options.

Note: For associating a billing agent and/or authorizing the 835 during a new enrollment application refer to instructions on the [Provider Enrollment website](#).

The screenshot displays the CHAMPS Provider Portal interface. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', 'TPL', and 'PA'. The 'Provider' tab is highlighted with a red box. A dropdown menu is open, showing 'PROVIDER ENROLLMENT' and 'MANAGE PROVIDER' options. A red arrow points to 'Manage Provider Information' under 'MANAGE PROVIDER'. The main content area shows a table with columns for Alert Type, Alert Message, Alert Date, Due Date, Read, and Tickler Modified Date, and a message 'No Records Found!'. A calendar widget is visible on the right side of the screen.

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

Associate a Billing Agent and Authorize the 835

- Certain steps are required versus optional.
- Click the Mode of Claim Submission/EDI Exchange step to ensure the billing agent is listed as a mode.
 - Displayed are the Group enrollment steps. Based on the Provider Enrollment Type (FAO, Group, Individual, Atypical) the step number will vary.

Note: Multiple billing agents can be associated to one billing NPI, however only one billing agent or tax ID can be authorized to receive the 835/Electronic Remittance Advice.

CHAMPS

My Inbox Provider Claims Member TPL PA

Last Login: 03 JAN, 2024 09:15 AM

Note Pad External Links My Favorites Print Help

Provider Portal > Group 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 - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 5: Mode of Claim Submission/EDI Exchange	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 6: Associate Billing Agent	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 9: Associate MCO Plan	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	01/04/2023	01/04/2023	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/04/2023	01/04/2023	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/04/2023	01/04/2023	Complete		

View Page: 1 Go Page Count Save to Excel Viewing Page: 1

First Prev Next Last

Associate a Billing Agent and Authorize the 835

- If there are multiple rows of mode of claims submission methods, click the hyperlink with the operational status of 'Active' and end date of 12/31/2999.

The screenshot displays the CHAMPS Provider Portal interface for Group Modification. The top navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', 'TPL', and 'PA'. The user's last login is 03 JAN, 2024 09:15 AM. The page title is 'Provider Portal > Group Modification'. Below the title, there are input fields for 'NPI:' and 'Name:'. A 'Close' button and an 'Add' button are also present. The main content area is titled 'Mode of Claim Submission List'. It features a filter section with 'Filter By' dropdowns and an 'Operational Status' dropdown set to 'Active'. Below the filter section is a table with the following data:

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> Electronic Batch, Online Direct Data Entry (DDE), Paper	12/13/2022	12/31/2999	Approved	Active	

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

Associate a Billing Agent and Authorize the 835

- The current selected mode of claim submission/EDI exchange will be checked.
- Click the check box next to Billing Agent to add billing agent as a mode of claim submission.
- Additional methods can be checked or unchecked.

NPI: Name:

Mode of Claims Submission/EDI exchange

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

EDI exchange

Method	Description	Applicable Transactions
<input checked="" type="checkbox"/> Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)	837P- Professional (FFS), 837I -Institutional(FFS), 837D -Dental(FFS), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
<input type="checkbox"/> CORE Batch	To upload/download HIPAA transactions using CORE Batch Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 835 Health Care Claim Payment/Advice
<input type="checkbox"/> CORE Real Time	To upload/download HIPAA transactions using CORE Real Time Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
<input type="checkbox"/> Billing Agent	To submit/receive HIPAA transactions through billing agent	837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter), 837D -Dental(FFS/Encounter), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 278/278- Prior Authorization Request/Response, 835- Healthcare Claim payment Advice

Other Claims Submission

Method	Description
<input checked="" type="checkbox"/> Paper Claims	To submit FFS paper claims
<input checked="" type="checkbox"/> Direct Data Entry(DDE)	To submit FFS claims via online screens

Status: Approved

Note: MDHHS recommends that providers always select or leave [Direct Data Entry \(DDE\)](#) as a selected mode of claim submission.

Associate a Billing Agent and Authorize the 835

- Once all modes have been selected click Save.

CHAMPS My Inbox Provider Claims Member TPL PA

Last Login: 09 JAN, 2024 08:05 AM Note Pad External Links My Favorites Print Help

Provider Portal Group Modification

NPI: Name:

Close Save

Mode of Claims Submission/EDI exchange

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

EDI exchange

Method	Description	Applicable Transactions
<input checked="" type="checkbox"/> Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)	837P- Professional (FFS), 837I -Institutional(FFS), 837D -Dental(FFS), 270/271 -Eligibility,Inquiry/Response, 276/277-Claim Status Inquire/Response
<input type="checkbox"/> CORE Batch	To upload/download HIPAA transactions using CORE Batch Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 835 Health Care Claim Payment/Advice
<input type="checkbox"/> CORE Real Time	To upload/download HIPAA transactions using CORE Real Time Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
<input checked="" type="checkbox"/> Billing Agent	To submit/receive HIPAA transactions through billing agent	837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter), 837D -Dental(FFS/Encounter), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 278/278- Prior Authorization Request/Response, 835- Healthcare Claim payment Advice

Other Claims Submission

Method	Description
<input checked="" type="checkbox"/> Paper Claims	To submit FFS paper claims
<input checked="" type="checkbox"/> Direct Data Entry(DDE)	To submit FFS claims via online screens

Status: In Review

Associate a Billing Agent and Authorize the 835

- The newly added mode of claim submission will display with an 'In Review' status.
- Click close.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', 'TPL', and 'PA'. Below the navigation is a user profile section with a 'Last Login' timestamp of '09 JAN, 2024 08:05 AM'. The main content area is titled 'Provider Portal > Group Modification'. It features a search bar with 'NPI:' and 'Name:' fields, and a 'Close' button highlighted in red. Below this is a 'Mode of Claim Submission List' table with columns for 'Mode of Claim Sub. Method', 'Start Date', 'End Date', 'Status', 'Operational Status', and 'Inactivation Date'. The table contains two rows: one with 'In Review' status and another with 'Approved' status. The 'In Review' status is highlighted with a red background. At the bottom of the table, there are pagination controls showing 'View Page: 1' and 'Viewing Page: 1'.

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Electronic Batch, Billing Agent, Online Direct Data Entry (DDE), Paper	01/09/2024	12/31/2999	In Review	Active	
<input type="checkbox"/> Electronic Batch, Online Direct Data Entry (DDE), Paper	12/13/2022	12/31/2999	Approved	Active	

Associate a Billing Agent and Authorize the 835

- Step 5 will show a modification status of updated.
- Step 6: Associate Billing Agent will now be required to be completed.
- Before a provider can associate to a billing agent, the billing agent must be enrolled in CHAMPS.

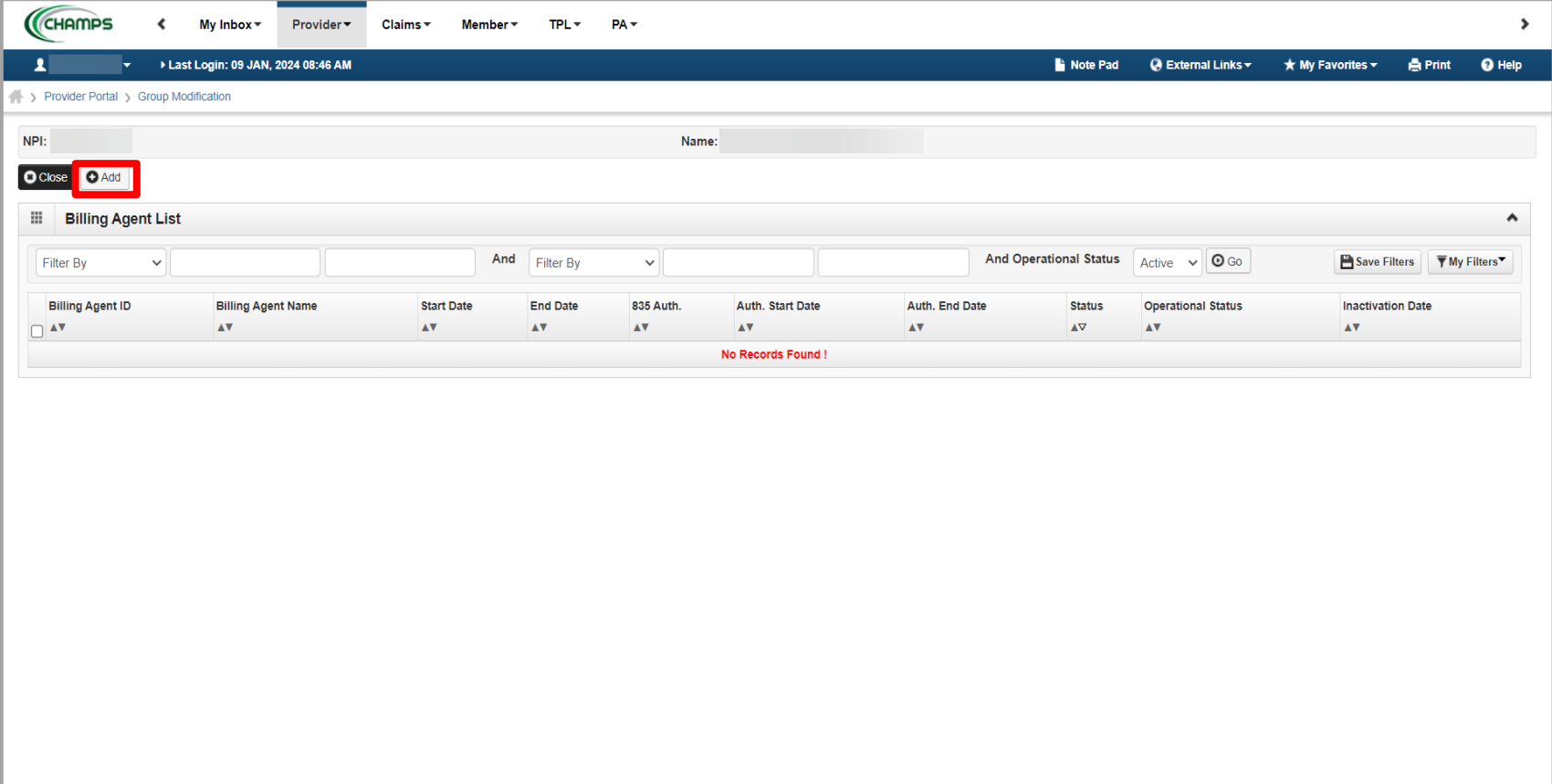
The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox', 'Provider', 'Claims', 'Member', 'TPL', and 'PA'. Below the navigation is a header with the user's name, last login time (09 JAN, 2024 08:46 AM), and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Group Modification'. It includes input fields for 'NPI:' and 'Name:', and buttons for 'Close' and 'Undo Update'. A green banner states: 'COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION'. Below this is a section titled 'View/Update Provider Data - Group Practice' with a sub-header 'Business Process Wizard - Provider Data Modification (Group Practice)'. A table lists 14 steps with columns for 'Step', 'Required', 'Last Modification Date', 'Last Review Date', 'Status', 'Modification Status', and 'Step Remark'. Step 6, 'Associate Billing Agent', is highlighted with a red box and has a red arrow pointing to its 'Updated' status. Other steps are marked as 'Complete' or 'Incomplete'. At the bottom, there are controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and 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	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 5: Mode of Claim Submission/EDI Exchange	Required	01/08/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 6: Associate Billing Agent	Required	01/04/2023	01/04/2023	Incomplete		Please associate required Billing Agent.
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 9: Associate MCO Plan	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	01/04/2023	01/04/2023	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/04/2023	01/04/2023	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/08/2024	01/04/2023	Incomplete		Modification Request has not been Submitted.

Associate a Billing Agent and Authorize the 835

- Click Add to associate a new billing agent.

Note: Before a provider can associate to a billing agent, the billing agent must be enrolled in CHAMPS.



The screenshot shows the CHAMPS Provider Portal interface. The top navigation bar includes the CHAMPS logo and menu items: My Inbox, Provider, Claims, Member, TPL, and PA. A user profile dropdown shows the last login time as 09 JAN, 2024 08:46 AM. The main content area is titled 'Provider Portal > Group Modification'. It features input fields for NPI and Name. Below these are 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. A 'Billing Agent List' section is visible, containing filter options and a table with columns: Billing Agent ID, Billing Agent Name, Start Date, End Date, 835 Auth., Auth. Start Date, Auth. End Date, Status, Operational Status, and Inactivation Date. The table currently displays 'No Records Found!'.

Associate a Billing Agent and Authorize the 835

- Click the Confirm/Search Billing Agent button to review a list of enrolled billing agents.
- If the seven-digit CHAMPS Billing Agent provider ID is known, enter the number into the Billing Agent ID field.

The screenshot shows the CHAMPS Provider Portal interface. The main navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', 'TPL', and 'PA'. The user is logged in as 'Last Login: 09 JAN, 2024 08:46 AM'. The current page is 'Group Modification'. A modal window titled 'Manage Billing Agent Association' is open, displaying the following fields:

- NPI:** [Text Field]
- Name:** [Text Field]
- Manage Billing Agent Association:**
 - Enter Billing Agent ID and click "Confirm/Search Billing Agent"**
 - Billing Agent ID:** [Text Field] * (indicated by a red arrow)
 - Billing Agent Name:** [Text Field]
 - Association Start Date:** [Date Picker] *
 - Association End Date:** [Date Picker]
- Authorized Transaction Responses:**

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	[Date Picker]	[Date Picker]

At the bottom right of the modal, there are three buttons: 'Confirm/Search Billing Agent' (highlighted with a red box), 'OK', and 'Cancel'.

Associate a Billing Agent and Authorize the 835

- Currently enrolled billing agents will be displayed.
- Select the billing agent(s) by checking the corresponding box.
- Click Select.

The screenshot displays the CHAMPS Provider Portal interface. The main window shows the 'Billing Agent Search List' with a table of billing agents. The table has columns for 'Billing Agent ID', 'Billing Agent Name', 'Start Date', and 'End Date'. A red box highlights the checkboxes in the 'Billing Agent ID' column. Another red box highlights the 'Select' button at the bottom right of the search list window.

Billing Agent ID	Billing Agent Name	Start Date	End Date
<input type="checkbox"/>		01/01/1984	12/31/2999
<input type="checkbox"/>		01/01/1984	12/31/2999
<input type="checkbox"/>		04/30/1998	12/31/2999
<input type="checkbox"/>		12/08/1999	12/31/2999
<input type="checkbox"/>		02/25/2000	12/31/2999
<input type="checkbox"/>		06/04/1999	12/31/2999

Associate a Billing Agent and Authorize the 835

- The billing agent name and CHAMPS Provider ID will be displayed.
- Enter the Association Start Date (system date).
- Enter the Association End Date (12/31/2999).

Note: The 835 authorization for the billing agent is **optional**. If the billing agent does NOT need to be authorized to receive the 835 continue to [slide 18](#).

To authorize the billing agent to receive the 835:

- Check the Authorized box
- Enter the End Date (12/31/2999).
- Click Ok

The screenshot shows the CHAMPS Provider Portal interface. The main navigation bar includes 'My Inbox', 'Provider', 'Claims', 'Member', 'TPL', and 'PA'. The user is logged in as 'Last Login: 11 JAN, 2024 08:13 AM'. The current page is 'Provider Portal > Group Modification'. A modal dialog box titled 'Manage Billing Agent Association' is open. It contains the following fields:

- NPI: [input field]
- Name: [input field]
- Billing Agent ID: [input field] *
- Billing Agent Name: [input field]
- Association Start Date: 01/10/2024 [calendar icon] *
- Association End Date: 12/31/2999 [calendar icon]

Below the fields is a table titled 'Authorized Transaction Responses':

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input checked="" type="checkbox"/>	01/11/2024 [calendar icon]	[input field] [calendar icon]

A red arrow points to the 'End Date' field in the table. At the bottom of the dialog box, there are three buttons: 'Confirm/Search Billing Agent', 'OK', and 'Cancel'. The 'OK' button is highlighted with a red box. The page ID is 'digAssocSubmitter(Provider)'.

Associate a Billing Agent and Authorize the 835

- The newly added billing agent will be listed with a status of In Review.
 - Click add to associate additional billing agent(s).
 - If the billing agent has been authorized to receive the 835 the '835 Auth' column will display a Yes with the start date.
- Click close to return to the modification steps.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, TPL, and PA. Below the navigation is a user profile section with the text 'Last Login: 09 JAN, 2024 12:07 PM'. The main content area is titled 'Provider Portal > Group Modification'. It features a form with 'NPI:' and 'Name:' fields. Below the form are 'Close' and 'Add' buttons. A 'Billing Agent List' table is displayed with the following columns: Billing Agent ID, Billing Agent Name, Start Date, End Date, 835 Auth., Auth. Start Date, Auth. End Date, Status, Operational Status, and Inactivation Date. The table contains one row with the following data: Billing Agent ID (blank), Billing Agent Name (blank), Start Date (01/10/2024), End Date (12/31/2999), 835 Auth. (Yes), Auth. Start Date (01/10/2024), Auth. End Date (12/31/2999), Status (In Review), Operational Status (Active), and Inactivation Date (blank). The '835 Auth.' and 'Status' columns are highlighted with red bars. At the bottom of the table, there are controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Associate a Billing Agent and Authorize the 835

- Step 6 will show a modification status of updated.
- Step 11: 835/ERA Enrollment Form will now be required to be completed.

CHAMPS My Inbox Provider Claims Member TPL PA

Last Login: 09 JAN, 2024 12:07 PM

Provider Portal > Group 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 - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 5: Mode of Claim Submission/EDI Exchange	Required	01/08/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 6: Associate Billing Agent	Required	01/10/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 9: Associate MCO Plan	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Required	01/04/2023	01/04/2023	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/04/2023	01/04/2023	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/10/2024	01/04/2023	Incomplete		Modification Request has not been Submitted.

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

Associate a Billing Agent and Authorize the 835

- Scroll on the page to complete the Electronic Remittance Advice and Submission Information sections.
- Electronic Remittance Advice section:
 - Select Tax ID.
 - Select FTS as the Method of Retrieval.
- Submission Information section:
 - Indicate the reason for the submission
 - Review the terms and check the box to authorize the change.
- Click Submit
- Click Close to return to the business process wizard steps.

The screenshot displays the CHATIPS Provider Portal Group Modification page. The page is divided into several sections, with three sections highlighted by red boxes:

- ELECTRONIC REMITTANCE ADVICE INFORMATION:** This section includes a preference for aggregation of remittance data (radio buttons for NPI and TAX ID, with TAX ID selected), a note that MI Medicaid enumerates by Tax ID only, and a dropdown menu for the Method of Retrieval set to FTS.
- ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION (Not applicable at this time):** This section contains input fields for ClearingHouse Name, ClearingHouse Contact Name, Email Address, and Telephone Number.
- SUBMISSION INFORMATION:** This section includes a Reason for Submission (radio buttons for Cancel Enrollment, Change Enrollment, and New Enrollment, with New Enrollment selected), an Authorized Signature field, and a checkbox for the Authorization Agreement, which is checked.

Below the highlighted sections, there is an Authorization Agreement text: "By signing this request, I am authorizing the Michigan Department Of Health and Human Services to establish an 835/ERA account for the Tax ID listed above and for 835/ERA files to be transmitted electronically to the designated entity."

Associate a Billing Agent and Authorize the 835

- Step 11 will show a modification status of Updated.
- Review any additional steps that may need to be updated or modified.
- Click Step 13: Complete Modification Checklist

CHAMPS My Inbox Provider Claims Member TPL PA

Last Login: 09 JAN, 2024 12:07 PM

Provider Portal > Group 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 - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 5: Mode of Claim Submission/EDI Exchange	Required	01/08/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 6: Associate Billing Agent	Required	01/10/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 9: Associate MCO Plan	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Required	01/04/2023	01/04/2023	Incomplete	Updated	
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/04/2023	01/04/2023	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/10/2024	01/04/2023	Incomplete		Modification Request has not been Submitted.

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

Associate a Billing Agent and Authorize the 835

- Answer the questions
- Add Comments when necessary.
- Click Save
- Click Close

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, TPL, and PA. Below this is a user profile bar showing the last login time as 09 JAN, 2024 12:07 PM, along with utility icons for Note Pad, External Links, My Favorites, Print, and Help. The breadcrumb trail indicates the current location: Provider Portal > Group Modification > Provider Check List. The form itself has input fields for NPI and Name. Below these are 'Close' and 'Save' buttons, both highlighted with a red box. The main section is titled 'Manage Provider Checklist' and contains a table with three columns: Question, Answer, and Comments. The 'Answer' column is highlighted with a red box, showing a dropdown menu with 'Not Completed' selected for all items. The 'Comments' column contains empty text input fields.

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	
Do you accept new patients?	Not Completed	
Do you have ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	Not Completed	
Have you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).	Not Completed	
Do you wish to end date your enrollment or association? If yes, what date and to which NPI association?	Not Completed	
Are you currently excluded from any State Program?	Not Completed	
Are you currently excluded from any Federal Program?	Not Completed	
Have you ever had a criminal or health-related conviction?	Not Completed	
Have you ever had a judgment under any false claims act?	Not Completed	
Have you ever had a program exclusion/debarment?	Not Completed	
Have you ever had a civil monetary penalty?	Not Completed	
Are you a PA 161 Program?	Not Completed	
Do you contract with PA 161 program? If you contract with one of these programs, please provide the NPI in the comments.	Not Completed	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed	

Associate a Billing Agent and Authorize the 835

- Step 13 is complete
- Click on Step 14: Submit Modification Request for Review
 - Note: If you chose not to complete the optional steps the modification can still be submitted.

Providers must complete all required enrollment steps marked with an 'Incomplete' status.

CHAMPS

My Inbox Provider Claims Member TPL PA

Last Login: 09 JAN, 2024 12:07 PM

Provider Portal > Group 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 - Group Practice

Business Process Wizard - Provider Data Modification (Group Practice).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 5: Mode of Claim Submission/EDI Exchange	Required	01/08/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 6: Associate Billing Agent	Required	01/10/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 9: Associate MCO Plan	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Required	01/08/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/10/2024	01/04/2023	Complete	Updated	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/10/2024	01/04/2023	Incomplete		Modification Request has not been Submitted.

View Page: 1 Page Count Save to Excel Viewing Page: 1

First Prev Next Last

Associate a Billing Agent and Authorize the 835

- Final Submission: 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, TPL, and PA. Below this is a user profile bar showing the user's name and last login time (09 JAN, 2024 12:07 PM). The main content area is titled 'Provider Portal > Group Modification'. It contains a form with fields for NPI and Name. Below the form are two buttons: 'Close' and 'Next', with the 'Next' button highlighted by a red box. The 'Final Submission' section contains a 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 below it.

Associate a Billing Agent and Authorize the 835

- Read through the entire list of Terms and Conditions, scroll to the bottom of the page.

CHAMPS My Inbox Provider Claims Member TPL PA

Last Login: 09 JAN, 2024 12:07 PM

Provider Portal > Group 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:

- The applicant, and the employer (if applicable), certify that the undersigned has/have the authority to execute this Agreement.
- 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.
- All information furnished on this Medical Assistance Provider Enrollment & Trading Partner Agreement form is true and complete.
- The providers and fiscal agents of ownership and control information agree to provide proper disclosure of provider's owners and other persons criminal related to Medicare, Medicaid or Title XX involvement. [42 CFR 455.100]
- The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title XVIII), Medicaid (Title XIX), and other State Health Care Programs (Title V, Title XX, and Title XXI) involvement since the inception of Medicare, Medicaid, or Title XX programs. [42 CFR 455.106 and 42 U.S.C. § 1320a-7]
- Before billing for any medical services I render, I will read the Medicaid Provider Manual from the Michigan Department Of Health and Human Services (MDHHS). I also agree to comply with 1) the terms and conditions of participation noted in the manual, and 2) MDHHS's policies and procedures for the Medical Assistance Program contained in the manual, provider bulletins and other program notifications.
- 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 1939, as amended, which state the conditions and requirements under which participation in the Medical Assistance Program is allowed.
- I agree to comply with the requirements of Section 6032 of the Deficit Reduction Act of 2005, codified at section 1902 (a)(68) of the Social Security Act which relates to the conditions and requirements of "Employee Education About False Claims Recovery."
- I agree that, upon request and at a reasonable time and place, I will allow authorized state or federal government agents to inspect, copy, and/or take any records I maintain pertaining to the delivery of goods and services to, or on behalf of, a Medical Assistance Program beneficiary. These records also include any service contract(s) I have with any billing agent/service or service bureau, billing consultant, or other healthcare provider.
- I agree to include a clause in any contract I enter into which allows authorized state or federal government agents access to the subcontractor's accounting records and other documents needed to verify the nature and extent of costs and services furnished under the contract.
- I understand that payment for services billed under my National Provider Identifier (NPI) number will be made directly to me, unless Item 20 (below) applies.
- 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.
- I agree to comply with all policies and procedures of the Medical Assistance Program when billing for services rendered. I also agree that disputed claims, including overpayments, may be adjudicated in administrative proceedings convened under Act No. 280 of the Public Acts of 1939, as amended, or in a court of competent jurisdiction. I further agree to reimburse the Medical Assistance Program for all overpayments, and I acknowledge that the Medicaid Audit System, which uses random sampling, is a reliable and acceptable method for determining such overpayments.
- I agree to comply with the privacy and confidentiality provisions of any applicable laws governing the use and disclosure of protected health information, including the privacy regulations adopted by the U.S. Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Public Acts 104-191 (45 CFR Parts 160 and 164, Subparts A and E). I also agree to comply with the HIPAA security regulations, as applicable, for electronic protected health information by the compliance date, which is currently April 21, 2005 (45 CFR Parts 160 and 164, Subparts A and C). If I am an electronic biller, I will abide by the Trading Partner Provision Section of this Agreement, and the HIPAA regulations regarding electronic transactions and code sets, as applicable (45 CFR Parts 160 and 162).
- This Agreement shall be governed by the laws of the State of Michigan and applicable federal law including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- The provisions of this Agreement are severable. If any provision is held or declared to be illegal, invalid or unenforceable, the remainder of the Agreement will continue in full force and effect as though the illegal, invalid or unenforceable provision had not been contained in this Agreement.
- Failure or delay on the part of either party to exercise any right, power, privilege, or remedy in this Agreement will not constitute a waiver. No provision of this Agreement may be waived by either party except in writing and signed by an authorized representative of the party requesting the waiver.

Associate a Billing Agent and Authorize the 835

- Check the box at the end to agree to the Terms and Conditions.
- Click Submit for Modification.

CHAMPS My Inbox Provider Claims Member TPL PA

Last Login: 09 JAN, 2024 12:07 PM

Provider Portal > Group Modification

NPI: _____ Name: _____

Final Submission

Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions

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.

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.

Associate a Billing Agent and Authorize the 835

- Step 14 is now complete, and the modification has been submitted to the State for review and approval.
- Click Close to return to My Inbox.

Refer to the [Provider Enrollment website](#) for complete enrollment instructions based on enrollment type.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider (selected), Claims, Member, TPL, and PA. Below the navigation is a header with the user's name, last login time (09 JAN, 2024 12:07 PM), and utility icons (Note Pad, External Links, My Favorites, Print, Help). The main content area is titled 'Provider Portal > Group Modification'. It features a form with fields for NPI and Name, and buttons for 'Close' (highlighted with a red box) and 'Undo Update'. A red notification message states: 'The Modification Request has been submitted for State review. Return to here to track the status of your request.' Below this is a table titled 'View/Update Provider Data - Group Practice' and 'Business Process Wizard - Provider Data Modification (Group Practice)'. The table lists 14 steps with columns for Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark. Step 14 is marked as 'Complete'.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 5: Mode of Claim Submission/EDI Exchange	Required	01/09/2024	01/04/2023	Complete	In Review	
<input type="checkbox"/> Step 6: Associate Billing Agent	Required	01/10/2024	01/04/2023	Complete	In Review	
<input type="checkbox"/> Step 7: Provider Controlling Interest/Ownership Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Required	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 9: Associate MCO Plan	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Required	01/10/2024	01/04/2023	Complete	In Review	
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/04/2023	01/04/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/10/2024	01/04/2023	Complete	In Review	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/10/2024	01/04/2023	Complete		

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

Billing Agent Resources



MDHHS Trading Partners website: www.michigan.gov/mdhhs/doing-business/providers/tradingpartners/howtobecome



We continue to update our Provider Resources:

[HIPAA Companion Guides](#)

[Listserv Instructions](#)

[Provider Alerts](#)

[Medicaid Provider Training Sessions](#)



Forms

Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))

Electronic Signature Agreement ([DCH-1401](#))

Email domain requests to: MDHHS-DomainRequests@michigan.gov.



Electronic File Help

Electronic file (5475,5414,4952) and 835/ERA inquiries: Automatedbilling@Michigan.gov

Encounter file inquiries (5476):

MDHSEncounterData@Michigan.gov