

CHAMPS Provider Enrollment Instructions

EVV Atypical Agency & Fiscal Intermediary Enrollment



“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

Table of Contents



Register for MiLogin and CHAMPS for New Providers ([slides 5-22](#))



New EVV Atypical Agency and Fiscal Intermediary Enrollment ([slides 23-85](#))



Track Existing Application ([slides 86-95](#))



Provider Resources

Checklist

*****The CHAMPS Provider Enrollment application must be completed within 30 days*****

For anyone who wants to become a newly enrolled EVV Agency or Fiscal Intermediary (FI):

- Have paper and a writing utensil nearby
- Register with SIGMA Financial (Slide 3)
- Create a MILogin user ID and password (Slides 4-17)
- Gain access to CHAMPS (Slides 17-22)
- Fill out the Provider Enrollment Application (Slides 23-91)
- Track your Application (Slides 92-99)
- Application Approved (Slide 100)

Call the Provider Support Helpline if you need additional help 1-800-979-4662

Prior to enrolling in CHAMPS

Agency providers and FIs will want to ensure they are enrolled in SIGMA Vendor Self-Service (VSS) prior to enrolling within CHAMPS.

- SIGMA VSS website: www.Michigan.gov/SIGMAVSS
- If you have questions regarding this current process, contact the Vendor Support Call Center at 1-888-734-9749 or email SIGMA-Vendor@Michigan.gov

After completing SIGMA registration allow 3-5 business days to begin and complete the CHAMPS application. If you attempt to enroll in CHAMPS during this time, you may get an error when validating your information.

Register for MiLogin and CHAMPS

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.

Register for 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 create an account.

The screenshot displays the 'MiLogin for Business' website. The header includes the Michigan state logo and the text 'MiLogin for Business', with 'Help' and 'Contact Us' links 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 is white and says 'Welcome to MiLogin for Business'. It contains a 'User ID' input field with a red arrow pointing to it and a 'Lookup your user ID' link below. Below that is a 'Password' input field with a red arrow pointing to it and a 'Forgot your password?' link below. At the bottom of the form are two buttons: a teal 'Log In' button and a white 'Create an Account' button with a red border. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- Enter an email address.
- Check the 'I'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: <https://www.google.com/gmail/about/#>
- Yahoo Mail: <https://login.yahoo.com/account/create>
- Microsoft Live Hotmail: <https://outlook.live.com/owa/>

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.

The screenshot displays the 'MiLogin for Business' registration interface. The top navigation bar includes the Michigan state logo, the text 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, is titled 'Email verification' and shows 'Step 1 of 10' with a progress indicator of 10 circles, the first of which is filled. A '< Back' link is at the top left, and a right-pointing arrow is at the bottom right. The right panel, with a white background, is titled 'Enter your email'. It contains a text box for the email address, a red arrow pointing to it, and a red-bordered box around the 'I'm not a robot' checkbox. To the right of the checkbox is the reCAPTCHA logo and a link to 'Privacy - Terms'. Below this is a light blue information box with an 'i' icon and the text: 'We will never send you spam or share your information with anyone outside of the State of Michigan services you choose to access.' At the bottom of this panel is a red-bordered 'Next Step' button. Below the button are the links 'Having Trouble?' and 'I don't have an email >'. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- Enter the Passcode that was sent to the email address.
- Click Next Step.
- If the passcode was not sent select the Resend Passcode link.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo, the text 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays a navigation arrow pointing left to 'Previous Step', 'Step 2 of 10', the title 'Passcode verification', and a progress indicator consisting of ten circles, with the second circle filled in teal. A teal arrow points right from the end of this panel. The right panel, with a white background, is titled 'Enter your passcode' and contains the text 'We have sent you a passcode to your email' above a greyed-out input field. Below this is a 'Passcode' label and an active input field. A red arrow points to the right side of this input field. Below the input field is a teal button labeled 'Next Step', which is highlighted with a red border. Underneath the button is a link for 'Resend Passcode'. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- Enter the Work Phone number.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo and the text 'MiLogin for Business', with 'Help' and 'Contact Us' links on the right. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 4 of 10' and 'Work phone verification' in large white text. Below this is a progress indicator consisting of ten circles, with the fourth circle filled in teal. A teal arrow points to the right. The right panel has a white background and is titled 'Enter your work phone number'. It contains a paragraph explaining that a work phone number is required for many State of Michigan services. Below the text is a text input field labeled 'Work Phone', with a red arrow pointing to it from the right. Underneath the input field is a light blue information box with an 'i' icon and the text: 'You will receive a passcode via a voice call to your phone to confirm your identity.' At the bottom of the right panel is a teal button with the text 'Next Step', which is highlighted with a red rectangular border. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' registration interface. The page is titled 'Step 3 of 10 Profile Information'. On the left, there is a dark blue sidebar with a 'Previous Step' link and a progress indicator showing 10 steps, with the 3rd step highlighted. A green arrow points from the sidebar to the main content area. The main content area is white and contains the 'Enter your information' form. The form has four input fields: 'First Name', 'Middle Initial (Optional)', 'Last Name', and 'Suffix (Optional)'. Red arrows point to the 'First Name' and 'Last Name' fields. Below the 'Last Name' field is a checkbox labeled 'I agree to the Terms & Conditions.' and a green 'Next Step' button. The footer of the page includes 'Copyright 2023 State of Michigan' and 'Policies'.

MiLogin for Business

Help Contact Us

< Previous Step

Step 3 of 10

Profile Information

Enter your information

First Name

Middle Initial (Optional)

Last Name Suffix (Optional)

I agree to the Terms & Conditions.

Next Step

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Register for MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' interface. The left sidebar is dark blue with the Michigan state logo and the text 'MiLogin for Business'. The main content area is split into two panels. The left panel is dark blue and contains a navigation link '< Previous Step', the text 'Step 5 of 10', the heading 'Passcode verification', and a progress indicator of ten circles with the fifth one filled. A teal arrow points from this panel to the right panel. The right panel is white and titled 'Enter your passcode'. It contains the text 'We have sent you a passcode via a voice call to your work phone ending with [redacted]'. Below this is a 'Passcode' label and a text input field containing '1230 -'. A red arrow points to the end of the input field. Below the input field is a teal button labeled 'Confirm Passcode' and a smaller teal button labeled 'Resend Passcode'. The footer of the page is black and contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

- 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.

The screenshot shows the 'MiLogin for Business' registration interface. The page title is 'MiLogin for Business' with a Michigan state icon. Navigation links for 'Help' and 'Contact Us' are in the top right. The main content area is split into a dark blue left sidebar and a white right panel. The sidebar contains a '< Previous Step' link, 'Step 6 of 10', the title 'Mobile phone verification', and a progress indicator with 10 circles, the 6th of which is filled. A green arrow points from the sidebar to the right panel. The right panel has the heading 'Enter your mobile phone number' and explanatory text. Below is a 'Mobile Phone' label and an empty input field with a red arrow pointing to it. An information box contains text about work phone verification. At the bottom of the right panel are 'Next Step' and 'Skip this for now' buttons, with the 'Next Step' button highlighted by a red border. The footer includes 'Copyright 2023 State of Michigan' and 'Policies'.

Register for MiLogin and CHAMPS

- Select either the Text Message or Voice Call verification method.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo and the text 'MiLogin for Business', with 'Help' and 'Contact Us' links on the right. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 7 of 10' and 'Verification method' in large white text. Below this is a progress indicator consisting of ten circles, with the seventh circle filled in teal. A teal arrow points to the right. A link for '< Previous Step' is visible at the top left of this panel. The right panel, with a white background, is titled 'Select a verification method' and contains the instruction: 'We need to make sure you're really you. Please select a verification method below to confirm your identity.' Two options are listed: 'Text Message' and 'Voice Call'. Each option includes a description of how the passcode will be delivered to a mobile phone. The 'Text Message' option is highlighted with a red rectangular border. At the bottom of the page, there is a footer with 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Help Contact Us

< Previous Step


Step 7 of 10


Verification method

○ ○ ○ ○ ○ ● ○ ○ ○ ○ →

Select a verification method

We need to make sure you're really you. Please select a verification method below to confirm your identity.

 **Text Message**
You will receive a passcode via a text message to your **mobile phone** ending with [redacted]

 **Voice Call**
You will receive a passcode via a voice call to your **mobile phone** ending with [redacted]

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Register for MiLogin and CHAMPS

- Enter the Passcode sent to the mobile phone number on file.
- Click Confirm Passcode.

MiLogin for Business

Help Contact Us

[← Previous Step](#)

Step 8 of 10

Passcode verification

→

○ ○ ○ ○ ○ ○ ● ○ ○

Enter your passcode

We have sent you a passcode via a text message to your mobile phone ending with [REDACTED]

Passcode

1087 -

Confirm Passcode

[Resend Passcode](#)

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Register for MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' registration interface. The page is titled 'Step 9 of 10' and 'Create your user ID'. On the left, a dark blue panel contains a progress indicator with 10 circles, the 9th of which is filled, and a 'Next Step' button. The right panel provides instructions and guidelines for the user ID. A red arrow points to the 'User ID' input field, and another red box highlights the 'Next Step' button.

MiLogin for Business Help Contact Us

[< Previous Step](#)

Step 9 of 10

User ID →

○ ○ ○ ○ ○ ○ ○ ○ ● ○

Create your user ID

The User ID is required to sign in, so choose something that you will remember and also follow our ID guidelines.

ID Guidelines

- ⚠ Must start with your last name and first initial
- ✓ Must end with 4 numbers
- ✓ Must not contain special characters or spaces

User ID

Next Step

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Register for MiLogin and CHAMPS

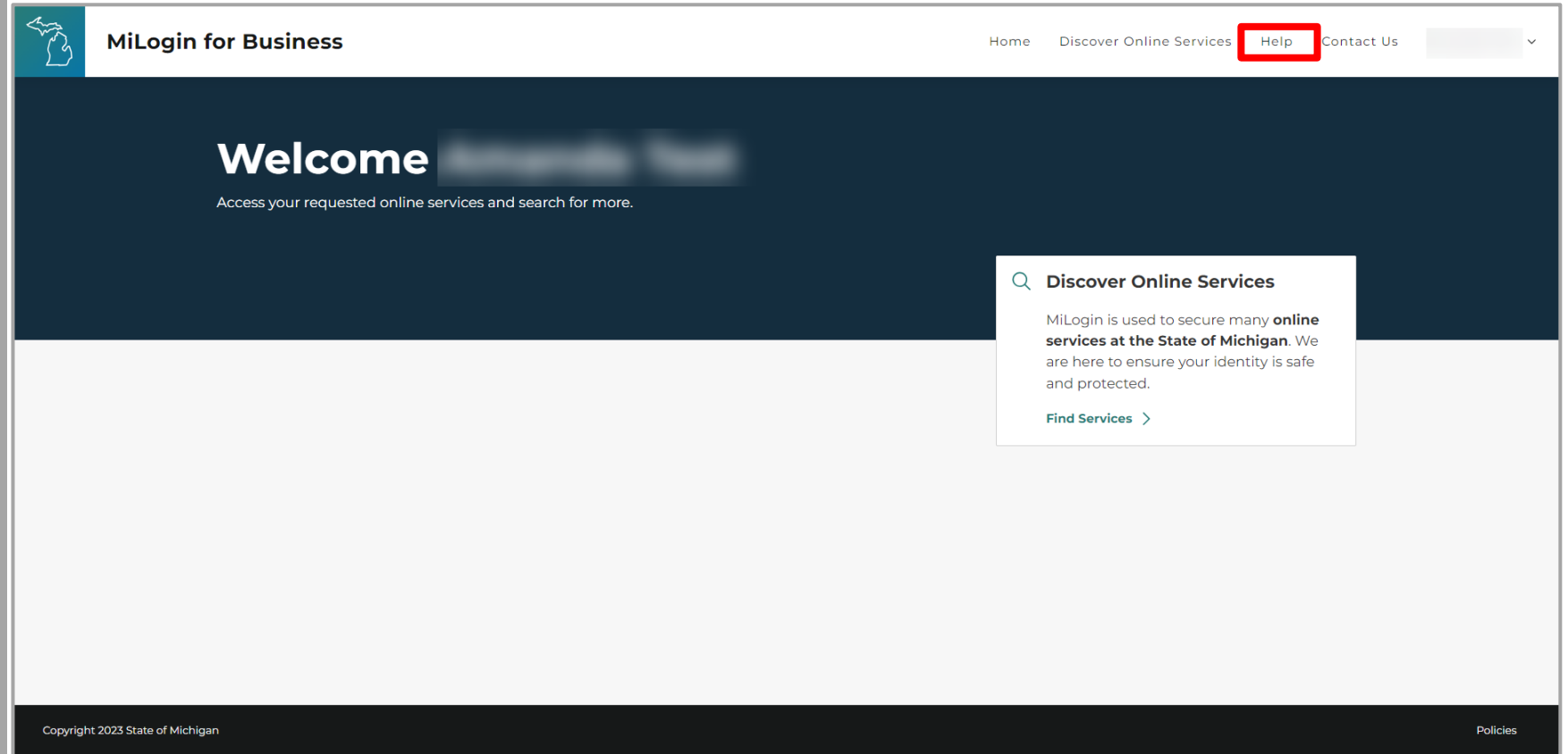
- Create a Password following the guidelines.
- Enter the same password in the Confirm Password field.
- Click Create Account.

The screenshot shows the 'MiLogin for Business' registration interface. The page is titled 'MiLogin for Business' and includes links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, shows a progress indicator with 10 circles, the 10th of which is filled with a teal dot. Above the indicator, it says '< Previous Step' and 'Step 10 of 10'. Below the indicator, the word 'Password' is displayed in large white font with a teal arrow pointing right. The right panel, with a white background, is titled 'Create your password'. It contains the instruction: 'Choose something secure, but also something you can remember.' Below this are 'Password Guidelines' listed with warning icons: 'Must be at least 8 characters in length', 'Should not be based on your User ID', 'Must contain at least one upper and lower case letters, a number, and a symbol (@#\$!~&)', and 'Confirm password must match new password'. There are two input fields: 'Password' and 'Confirm Password'. Red arrows point to the right side of both input fields. At the bottom of the right panel is a teal 'Create Account' button, which is highlighted with a red rectangular border. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for MiLogin and CHAMPS

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

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



Register for MiLogin and CHAMPS

- 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.

The screenshot shows the 'MiLogin for Business' website. At the top, there is a navigation bar with 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below this is a dark blue header with a '< Back to Home' button and the title 'Discover Online Services'. A sub-header reads: 'From renewing vehicle plates to getting food assistance, find and access the services you need.' Below the header is a search bar with the text 'Search for Services' and a search input field containing 'CHAMPS'. A red arrow points to the search input field. To the left of the search results is a 'Filter by Departments' section with a list of checkboxes. The checkbox for 'Michigan Department of Health & Human Services (MDHHS)' is highlighted with a red box. To the right of the filters is a search result card for 'CHAMPS' under the 'Michigan Department of Health & Human Services (MDHHS)' header. The card contains the text: '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.' A red box highlights the 'CHAMPS' title and the first sentence of the description. A right-pointing arrow is visible at the end of the description.

Register for MiLogin and CHAMPS

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

MiLogin for Business

Home Discover Online Services Help Contact Us

[← Back](#)

Request Service

→

Additional Information

In order to proceed with your request, please enter additional requested information below.

CHAMPS User Type

Provider/Other

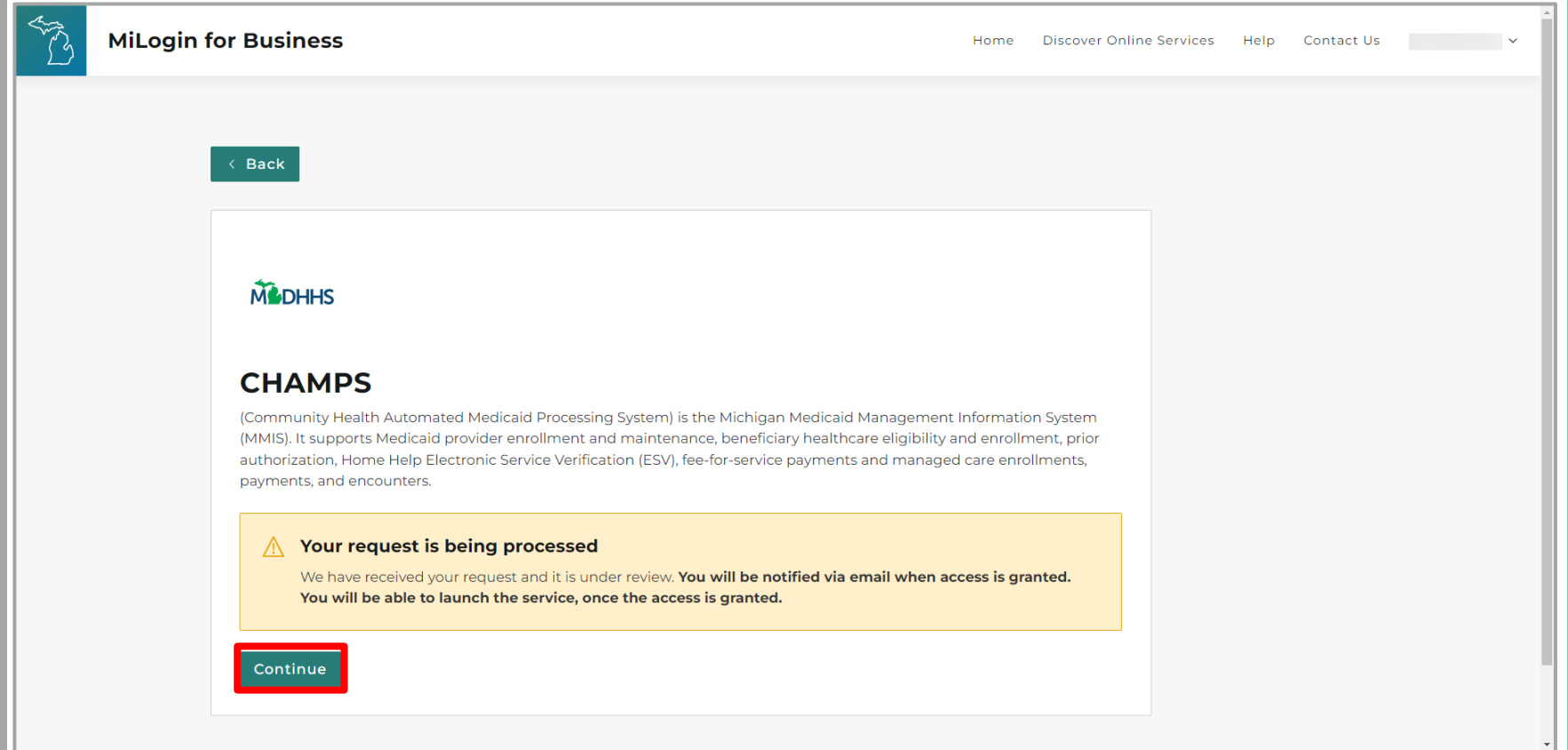
State User Only

Next Step

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Register for MiLogin and CHAMPS

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



The screenshot shows the 'MiLogin for Business' interface. At the top left is the Michigan state logo. The page title is 'MiLogin for Business'. In the top right corner, there are navigation links: 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below the navigation is a '< Back' button. The main content area features the 'MIDHHS' logo and the heading 'CHAMPS'. A paragraph of text describes CHAMPS as the Michigan Medicaid Management Information System (MMIS) and lists its functions. Below this is a yellow warning box with a triangle icon, containing the text: 'Your request is being processed. We have received your request and it is under review. You will be notified via email when access is granted. You will be able to launch the service, once the access is granted.' At the bottom of the content area is a 'Continue' button, which is highlighted with a red rectangular border.

Register for MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' website. The header includes the Michigan state logo, the title 'MiLogin for Business', and navigation links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. The main content area features a dark blue header with the text 'Welcome [blurred name]' and the subtext 'Access your requested online services and search for more.' Below this, there are two white boxes. The left box contains the MDHHS logo, the text 'Michigan Department of Health & Human Services (MDHHS)', and a 'CHAMPS' link with a right-pointing arrow icon. This arrow icon is highlighted with a red rectangular box. The right box is titled 'Discover Online Services' and contains text explaining that MiLogin is used to secure many online services at the State of Michigan, along with a 'Find Services >' link. The footer of the page includes 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

Register for 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' registration page for CHAMPS. At the top, there is a navigation bar with links for Home, Discover Online Services, Help, and Contact Us. A 'Back to Home' button is visible in the top left of the main content area. The MDHHS logo is displayed above the 'CHAMPS' heading. A paragraph describes CHAMPS as the Michigan Medicaid Management Information System (MMIS). Below this, a section titled 'Please accept the Terms and Conditions to continue:' contains a scrollable 'Terms & Conditions' box. A red arrow points to the checked checkbox 'I agree to the Terms & Conditions'. A red-bordered 'Launch service' button is located below the checkbox. The footer includes 'Copyright 2023 State of Michigan' and a 'Policies' link.

MiLogin for Business Home Discover Online Services Help Contact Us

[Back to Home](#)

MDHHS

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 will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any

I agree to the Terms & Conditions

Launch service

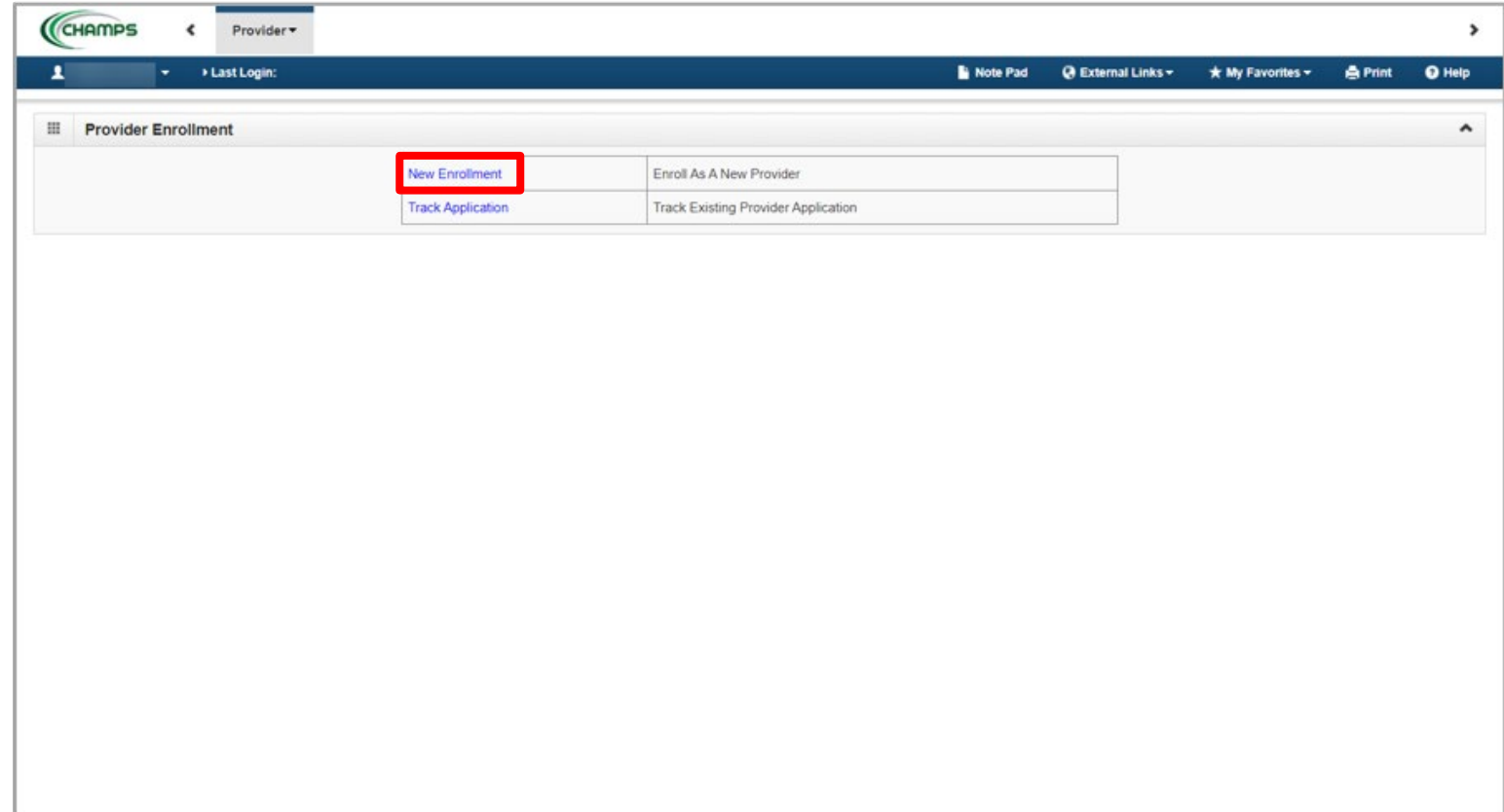
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New EVV Agency and FI Enrollment

Steps on how to
complete a new
CHAMPS enrollment for
an EVV Agency or FI
Provider type

EVV Agency & FI: New Provider Enrollment

- Select New Enrollment.



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

EVV Agency & FI: New Provider Enrollment

- Select Atypical Enrollment Type.
- Select Agency.
- Click Submit.

The screenshot shows the CHAMPS web application interface. The top navigation bar includes the CHAMPS logo, a 'Provider' dropdown menu, and user information: 'Last Login: 18 JAN, 2024 02:40 PM'. Utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help' are also present. The main content area is titled 'New Enrollment' and features a section for 'Enrollment Type' with the instruction 'Select the Applicable Enrollment Type'. The following options are listed:

- Individual Provider (Physician, Non Physician) with Type 1 NPI
 - Individual/Sole Proprietor or Rendering/Service 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.) Type 2 NPI if required by policy

The 'Submit' button is located at the bottom left of the form area.

EVV Agency & FI: New Provider Enrollment

- Enter the required information, indicated by an asterisk (*):
 - Entity Business Name (Agency Name)
 - EIN/TIN (Federal Tax ID Number)
 - Vendor ID (SIGMA)
 - NPI
 - Email address
- Note: Leave the Organization/Business Type default to EVV Agencies.
- Click Confirm.
- Click Finish.

CHAMPS

Provider

Last Login: 18 JAN, 2024 02:40 PM

Note Pad External Links My Favorites Print Help

New Enrollment

Enrollment Type

- Individual Provider (Physician)
- Individual/Sole Proprietor
- Group Practice (Corporate)
- Billing Agent
- Facility/Agency/Organization
- Atypical (non-medical)
 - Individual (Driver, etc.)
 - Agency (Home Health, etc.)
 - Education Agency, etc.

Basic Information 1 - Work - Microsoft Edge

Print Help

Basic Information: Enter required fields and click Confirm button.

Basic Information

Legal Entity Name: (As shown on the Income Tax Return)

Entity Business Name: * (Doing Business As)

EIN/TIN: *

Organization/Business Type: EVV Agencies *

Vendor ID: *

NPI: *

Contact Email Address:

Email-1: *

Email-2:

Email-3:

Email-4:

Email-5:

Email-6:

Please note that all providers are subject to a criminal background screening that could affect your ability to be paid through the Home Help program.

Confirm Finish Cancel

Page ID: dlgAddBasicInformationStep1(Provider)

Submit

EVV Agency & FI: New Provider Enrollment

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

The screenshot shows the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and a navigation bar contains a 'Provider' dropdown, a user profile icon, and the text 'Last Login: 22 JAN, 2024 11:41 AM'. On the right side of the navigation bar are links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'New Enrollment' and features a sidebar with a menu of options: 'Individual', 'Group Practice', 'Billing Agency', 'Facility/Agency', 'Atypical (n)', 'Individual', 'Agency', and 'Type 2 N'. The main content area displays a 'Basic Information' window with the following text: 'You have successfully completed the basic information on the Enrollment Application.' Below this, it states 'Your Application ID is:' followed by a blue highlighted box containing the ID number. A red arrow points to this box. Further text reads: '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.' A final instruction says: 'Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.' At the bottom right of the window is a red-bordered 'Ok' button. The footer of the page shows 'Page ID: dlgAddBasicInformationStep3(Provider)' and a 'Submit' button.

EVV Agency & FI: New Provider Enrollment

- Atypical Provider Enrollment steps are listed.
 - (Note: Some steps are required versus optional)
- Step 1 has a status of complete.
- Click Step 2: Add Locations.

Application ID: 20240216837249 Name: EVV Agency and FI

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/16/2024	02/16/2024	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Incomplete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

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

EVV Agency & FI: New Provider Enrollment

- Click Add, to enter Primary Location information.

CHAMPS Provider

Last Login: 30 AUG, 2018 10:08 AM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment

Application ID: Name:

Close Add To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink

Locations List

Filter By [] [] Go Save Filters My Filters

Doing Business As	Location Type	Location Details	End Date
▲▼	▲▼	▲▼	▲▼

No Records Found !

EVV Agency & FI: New Enrollment Step 2: Locations

- Enter the required information, indicated by an asterisk (*): Address, Zip Code, Phone Number, and Office Hours.
- Click Validate Address.
- For Office Hours use the drop-down arrow to choose the correct times. Make sure to select the hours you are open or choose "Closed".
- Enter your Agency Fiscal Year End Date and click OK.
 - Note: Location Type will always be the Primary Practice Location.
 - Use your Agency's Business Address for Primary Practice Location.
 - When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

Application ID: [redacted] Name: [redacted]

For all locations, Correspondence address is required. For Primary Practice Location, Pay-To address is required. Enter Remittance Advice address only to receive a paper Remittance Advice.

Add Provider Location

Location Type: Primary Practice Location *
 Doing Business As: [redacted] End Date: [redacted]

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address validation successful

Address Line 1: [redacted] *
 (Enter Street Address or PO Box Only)

Address Line 2: [redacted]

Address Line 3: [redacted]

State/Province: MICHIGAN *
 County: [redacted] *
 City/Town: [redacted] *
 Zip Code: [redacted] * - [redacted] - [redacted] * Validate Address

Phone Number: [redacted] * Ext: [redacted]
 Email Address: [redacted]

Fax Number: [redacted]
 Web Page: [redacted]
 Communication Preference: [redacted]

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day	Open At	AM/PM	Close At	AM/PM	Day	Open At	AM/PM	Close At	AM/PM
Sunday	Closed *	AM PM	[redacted] *	AM PM	Thursday	08:00 *	AM PM	05:00 *	AM PM
Monday	08:00 *	AM PM	05:00 *	AM PM	Friday	08:00 *	AM PM	05:00 *	AM PM
Tuesday	08:00 *	AM PM	05:00 *	AM PM	Saturday	Closed *	AM PM	[redacted] *	AM PM
Wednesday	08:00 *	AM PM	05:00 *	AM PM					

Handicap Accessible: No
 Accept 835 (reported at EIN/TIN level): No
 Language(s) Spoken: English, Arabic, Chinese

Facility Details

State Facility ID: [redacted] Fiscal Year End Date: 09/30 *
 (mm/dd)

OK Cancel

EVV Agency & FI: New Enrollment Step 2: Locations

- Click Primary Practice Location to add Pay-To address
- Note: You are still in Step 2: Add Locations. Correspondence address is required for all locations. Enter the Remittance Advice (RA) address only to receive a paper RA.

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and a user profile. Below this is a dark blue header with 'Last Login: 31 JUL, 2018 02:21 PM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the breadcrumb 'New Enrollment > Atypical Agency Enrollment'. Below this, there are fields for 'Application ID' and 'Name'. A 'Close' button and an 'Add' button are present, with a note: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. The 'Locations List' section features a table with columns: 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The 'Location Type' column contains a dropdown menu with 'Primary Practice Location' selected and highlighted by a red box. Below the table are controls for 'Filter By', 'Go', 'Save Filters', 'My Filters', 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

EVV Agency & FI: New Enrollment Step 2: Locations

- Click Add Address.

The screenshot shows the CHAMPS web application interface for 'Atypical Agency Modification'. The 'Location Details' section is expanded, showing various fields for location information. The 'Add Address' button is highlighted with a red box. Below the location details is the 'Facility Details' section, followed by the 'Address List' section which contains a table of existing addresses.

Location Details

Doing Business As: Location Code: 01 Location Type: Primary Practice Location
 Phone Number: * Extn: Fax Number: Email Address:
 Web Page: Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day	Open At	AM/PM	Close At	AM/PM	Day	Open At	AM/PM	Close At	AM/PM
Sunday	Close	AM/PM		AM/PM	Thursday	09:00	AM/PM	05:00	AM/PM
Monday	09:00	AM/PM	05:00	AM/PM	Friday	09:00	AM/PM	05:00	AM/PM
Tuesday	09:00	AM/PM	05:00	AM/PM	Saturday	09:00	AM/PM	05:00	AM/PM
Wednesday	09:00	AM/PM	05:00	AM/PM					

Handicap Accessible: No
 Accept 835(reported at EIN/TIN level): No
 Language(s) Spoken: English, Arabic, Chinese
 Start Date: 01/03/2023 End Date: 12/31/2999 Status: Approved

Facility Details

State Facility ID: Fiscal Year End Date: 12/31 (mm/dd)

Address List

Add Address

Filter By: Filter By: And Operational Status: Active Go Save Filters My Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Location	<input type="text"/>	01/03/2023	12/31/2999	Approved	Active	
<input type="checkbox"/> Primary Pay To	<input type="text"/>	01/03/2023	12/31/2999	Approved	Active	

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

EVV Agency & FI: New Enrollment Step 2: Locations

- In the Type of Address drop-down menu, select Correspondence.
 - Note: Fill in the address where you would like to receive your Agency or FI mail.
- If the address is the same as the one entered previously, select Copy This Location Address, next to, Location Address.
- Click Validate Address.
- Click OK.

Application ID: [] Name: []

Add Provider Location Address

Type of Address: --SELECT-- [v] End Date: [] []

Location Address: Copy This Location Address

If a department or drawer number is required enter the information in line TWO.(For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: [] *
(Enter Street Address or PO Box Only)

Address Line 2: []

Address Line 3: []

City/Town: OTHER [v] *

State/Province: OTHER [v] *

County: OTHER [v]

Country: UNITED STATES [v] *

Zip Code: [] * - [] [Validate Address]

[OK] [Cancel]

EVV Agency & FI: New Enrollment Step 2: Locations

- Notice the Correspondence, Location, and Primary Pay To address types are listed under Address Type.
- Click Save.
- Click Close on the next two screens to go back to the list of steps. (Not shown).

CHAMPS Provider

Last Login: 22 JAN, 2024 11:41 AM

New Enrollment > Atypical Agency Modification

Provider ID: [Redacted] Name: [Redacted]

Close Save To add additional addresses, click "Add Address" button.

Location Details

Doing Business As: [Redacted] Location Code: 01 Location Type: Primary Practice Location

Phone Number: [Redacted] * Extn: [Redacted] Fax Number: [Redacted] Email Address: [Redacted]

Web Page: [Redacted] Communication Preference: [Redacted]

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Closer *	AM PM *	[Redacted] *	AM PM *	Thursday:	09:00 *	AM PM *	05:00 *	AM PM *
Monday:	09:00 *	AM PM *	05:00 *	AM PM *	Friday:	09:00 *	AM PM *	05:00 *	AM PM *
Tuesday:	09:00 *	AM PM *	05:00 *	AM PM *	Saturday:	09:00 *	AM PM *	05:00 *	AM PM *
Wednesday:	09:00 *	AM PM *	05:00 *	AM PM *					

Handicap Accessible: No

Accept 835 (reported at EIN/TIN level): No

Language(s) Spoken: English Arabic Chinese

Start Date: 01/03/2023 End Date: 12/31/2999 Status: Approved

Facility Details

State Facility ID: [Redacted] Fiscal Year End Date: 12/31 (mm/dd)

Address List

Add Address

Filter By [Redacted] Filter By [Redacted] And Operational Status: Active Go Save Filters My Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Correspondence	[Redacted]	01/03/2023	12/31/2999	Approved	Active	
<input type="checkbox"/> Location	[Redacted]	01/03/2023	12/31/2999	Approved	Active	
<input type="checkbox"/> Primary Pay To	[Redacted]	01/03/2023	12/31/2999	Approved	Active	

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

EVV Agency & FI: New Enrollment Step 3: Add Specialties

- Step 2: Add Locations complete.
- Click Step 3: Add Specialties.

Application ID: 20240216837249 Name: EVV Agency and FI

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/16/2024	02/16/2024	Complete	
Step 2: Add Locations	Required	02/16/2024	02/16/2024	Complete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Incomplete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

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

EVV Agency & FI: New Enrollment Step 3: Add Specialties

- Click Add.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown menu. Below this is a dark blue header with user information, including 'Last Login: 30 AUG, 2018 10:08 AM', and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows a breadcrumb trail: 'New Enrollment > Atypical Agency Enrollment'. Below this, there are input fields for 'Application ID:' and 'Name:'. A toolbar contains 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. The main section is titled 'Specialty/Subspecialty List' and includes a 'Filter By' dropdown, a 'Go' button, and 'Save Filters' and 'My Filters' buttons. A table with columns 'Specialty/Subspecialty', 'Provider Type', and 'End Date' is shown, but it is empty, with a red message 'No Records Found!' displayed below it.

EVV Agency & FI: New Enrollment Step 3: Add Specialties

- In the Provider Type drop-down menu, select Atypical Agency.
- In the Specialty drop-down menu, select the appropriate specialty based on [MMP 23-76](#).
 - Community Transition Services
 - Home Help FAO
 - Home and Community Based Services Agencies
 - Fiscal Intermediary
- Click OK.

The screenshot displays the CHAMPS Provider Portal interface. The main window shows the 'Add Provider Specialties' dialog box for Application ID 20240116660113, titled 'EVV Agency and FI'. The dialog box has a 'Specialty/Subspecialty' section with the following fields:

- Location:** 01-MDHHS *
- Provider Type:** ATYPICAL AGENCY *
- Specialty:** ---SELECT--- *
- End Date:** ---SELECT---

A dropdown menu is open for the 'Specialty' field, listing the following options:

- Community Transition Services
- Fiscal Intermediary
- HOME HELP FAO
- Home and Community Based Services Agencies
- Local Education Agency (LEA)
- Non-Emergency Transportation Agency
- Transportation Network Company
- Tribal Health Center NEMT Agency

The 'OK' button is highlighted with a red box. The page ID is 'dlgEnrAddSpecialties(Provider)'.

EVV Agency & FI: New Enrollment Step 3: Add Specialties

- Depending on the specialty selected, Available Subspecialties will populate.
- Select the applicable Available Subspecialties, click >> to add to the Associated Subspecialties list.
- When complete, click Ok.

The screenshot displays the 'Add Provider Specialties' form in the CHAMPS Provider Portal. The form is titled 'Add Provider Specialties - review - Work - Microsoft Edge' and shows the following details:

- Application ID:** 20240116660113
- Name:** EVV Agency and FI
- Add Specialty/Subspecialty section:**
 - Location:** 01-MDHHS *
 - Provider Type:** ATYPICAL AGENCY *
 - Specialty:** Home and Community Based Services Agencies *
 - End Date:** (calendar icon)
- Add Subspecialty section:**
 - Available Subspecialties:** Community Living Supports, Expanded Community Living Supports, Personal Care Services, Respite.
 - Associated Subspecialties *:** (empty list)
 - Navigation:** >> and << buttons between the lists.
- Buttons:** OK (checked) and Cancel.

Red annotations highlight the 'Specialty' field, the '>>' button, and the 'OK' button.

Page ID: dlgEnr/AddSpecialties(Provider)

EVV Agency & FI: New Enrollment Step 3: Add Specialties

- The Specialty/Subspecialty will be displayed.
- If needed, add additional specialties following the previous steps.
- If complete, click Close.

The screenshot shows the CHAMPS Provider Portal interface. At the top, the CHAMPS logo is on the left, and a navigation breadcrumb reads "Provider Portal > New Enrollment > Atypical Agency Enrollment". The user's last login is "16 JAN, 2024 02:01 PM". Utility links for "Note Pad", "External Links", "My Favorites", "Print", and "Help" are on the right. The main content area displays "Application ID: 20240116660113" and "Name: EVV Agency and FI". Below this are "Close" and "Add" buttons. The "Specialty/Subspecialty List" section includes a "Filter By" dropdown, a "Go" button, and "Save Filters" and "My Filters" options. A table lists three specialties, all with a provider type of "ATYPICAL AGENCY" and an end date of "12/31/2999". At the bottom of the table are "Delete", "View Page: 1", "Go", "Page Count", "Save to Excel", and "Viewing Page: 1" with navigation buttons for "First", "Prev", "Next", and "Last".

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> Home and Community Based Services Agencies/Community Living Supports	ATYPICAL AGENCY	12/31/2999
<input type="checkbox"/> Home and Community Based Services Agencies/Expanded Community Living Supports	ATYPICAL AGENCY	12/31/2999
<input type="checkbox"/> Home and Community Based Services Agencies/Personal Care Services	ATYPICAL AGENCY	12/31/2999

EVV Agency & FI: New Enrollment Step 7: Add Mode of Claim Submission

- Step 3 is complete.
- Steps 4 – 8 are optional and not required.
- Click Step 9: Add Provider Controlling Interest/Ownership Details.

Application ID: 20240216837249 Name: EVV Agency and FI

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/16/2024	02/16/2024	Complete	
Step 2: Add Locations	Required	02/16/2024	02/16/2024	Complete	
Step 3: Add Specialties	Required	02/16/2024	02/16/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

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

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Click Actions.
- In the Actions drop-down menu, select Add Owner.

The screenshot displays the CHAMPS Provider Portal interface. At the top, the CHAMPS logo is visible on the left, and navigation options like 'Provider' and 'Last Login: 16 JAN, 2024 02:01 PM' are on the right. Below the header, the breadcrumb trail reads 'Provider Portal > New Enrollment > Atypical Agency Enrollment > General'. The main content area shows 'Application ID: 20240116860113' and 'Name: EVV Agency and FI'. A 'Close' button and an 'Actions' dropdown menu are located at the top left of the main content area. The 'Actions' dropdown is open, showing options: 'Add Owner', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. A red arrow points to the 'Add Owner' option. Below the dropdown, the page content includes sections for 'PROVIDER CONTROL DISCLOSURES', 'REQUIRED DISCLOSURE INFORMATION', and 'REQUIRED OWNERS'. The 'REQUIRED OWNERS' section lists various ownership types such as 'Managing Employee', 'Corporate - Charitable 501[c]3', 'Sub-contractor', 'Foreign, Nonresident Alien', 'Corporate - Non Charitable', 'Holding Company', 'Limited Liability Company', and 'Indirect Owner'. At the bottom of the page, there is a section titled 'Owners List'.

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

In the Type drop-down menu:

- If choosing; Agent, Government, Individual, Partnership, or Sub-Contractor [click here.](#)
- If choosing; Corporate-Charitable 501 (c) 3, Corporate-Non-Charitable, Holding Company, or Limited Liability Company [click here.](#)

The screenshot shows a web application interface for adding a provider's controlling interest. At the top, there are fields for 'Application ID' and 'Name'. Below this is a section titled 'Provider Controlling Interest/Ownership'. A red arrow points to the 'Type' dropdown menu, which currently shows '--SELECT--'. The form contains various input fields for personal and business information, including SSN, Legal Entity Name, First Name, Suffix, Phone Number, Start Date, Percentage Owned, EIN/TIN, Entity Business Name, Last Name, DOB, Email, End Date, Address Line 1, Address Line 2, Address Line 3, State/Province, City/Town, County, and Zip Code. There are also 'Validate Address', 'OK', and 'Cancel' buttons at the bottom right.

Step 9: Adding Provider Controlling Interest/Ownership Details

These steps are only if you are choosing Agent, Government, Individual, Partnership, or Sub-Contractor.

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Enter the required information, indicated by an asterisk (*): SSN, Percentage Owned, Name, Phone Number, DOB, Start Date, Address, and Zip Code.
- Click Validate Address.
- Click OK.
 - Note: When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

The screenshot shows a web form titled "Provider Controlling Interest/Ownership". At the top, there are fields for "Application ID:" and "Name:". Below this is a red banner with the text "Please remember to enter SSN." and a close button (X). The main form area is divided into two columns. The left column contains fields for "Type:" (set to "Agent"), "SSN:" (with an asterisk and a red box), "Legal Entity Name:" (with a sub-note "(As shown on the Income Tax Return)"), "First Name:" (with an asterisk and a red box), "Suffix:" (a dropdown menu), "Phone Number:" (with an asterisk and a red box), "Extn.:" (with a red box), and "Start Date:" (with a calendar icon and an asterisk and a red box). The right column contains fields for "Percentage Owned:" (with an asterisk and a red box), "EIN/TIN:", "Entity Business Name:" (with a sub-note "(Doing Business As)"), "Last Name:" (with an asterisk and a red box), "DOB:" (with a calendar icon and an asterisk), "Email:", and "End Date:" (with a calendar icon). Below these columns is a warning: "Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied." The "Address Type:" is set to "Home Address". The address fields include "Address Line 1:" (with an asterisk and a red box), "Address Line 2:", "Address Line 3:" (with a red box), "State/Province:" (dropdown menu, set to "OTHER"), "City/Town:" (dropdown menu, set to "OTHER"), "County:" (dropdown menu, set to "OTHER"), and "Zip Code:" (with an asterisk and a red box). A "Validate Address" button is located to the right of the Zip Code field. At the bottom right, there are "OK" and "Cancel" buttons, both with red boxes around them.

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Note: Agent (Agency Owner) will now be listed.
- In the Actions drop-down menu, select Add Owner.

The screenshot displays the CHAMPS web application interface for a Provider enrollment. The top navigation bar includes the CHAMPS logo, a 'Provider' dropdown, and user information: 'Last Login: 05 DEC, 2018 09:04 AM'. Utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help' are also present. The breadcrumb trail shows 'New Enrollment > Atypical Agency Enrollment > General'. The main content area features an 'Application ID' and 'Name' field. Below these, there is a 'Close' button and an 'Actions' dropdown menu. A red arrow points to the 'Actions' dropdown, which is open, showing options: 'Add Owner' (highlighted with a red box), 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. Below the menu is a search filter section with 'Filter By' and 'Go' buttons. A table lists the current owner information:

Owner	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/>	Agent, Agent	Agent	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	Not Completed	100

At the bottom of the table, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', and 'SaveToXLS'. The page status is 'Viewing Page: 1' with navigation buttons for 'First', 'Prev', 'Next', and 'Last'. Below the table is a section for 'Add Other Owned Entity' with the title 'List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.' It includes a 'Filter By' dropdown and a 'Go' button. A table below this section is currently empty, with the text 'No Records Found!' displayed in red.

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- In the Type drop-down menu, select Managing Employee. The Managing Employee can be the same as the Owner.
- Enter the required information, indicated by an asterisk (*): SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, Zip Code.
- Click Validate Address.
- Click OK.
- Note: Type the number zero (0) in the Percentage Owned box.
 - Start Date is the date the application is being completed.
 - When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

The screenshot shows a web form titled "Provider Controlling Interest/Ownership". At the top, there are fields for "Application ID" and "Name". The form is divided into several sections:

- Personal Information:** Includes "Type" (a dropdown menu with "--SELECT--" selected), "SSN", "Legal Entity Name" (with a sub-note "(As shown on the Income Tax Return)"), "First Name", "Suffix", "Phone Number", "Start Date", "Last Name", "DOB", "Email", and "End Date".
- Business Information:** Includes "Percentage Owned", "EIN/TIN", and "Entity Business Name" (with a sub-note "(Doing Business As)").
- Address Information:** Includes "Address Line 1", "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", and "Zip Code".

Red boxes highlight the following fields as required: Type, SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address Line 1, and Zip Code. A "Validate Address" button is also highlighted. At the bottom right, "OK" and "Cancel" buttons are visible.

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Note: Managing Employee is now listed.
- In the Actions drop-down menu, select Owners Relationships.

CHAMPS Provider

Last Login: 05 DEC, 2018 09:04 AM

New Enrollment > Atypical Agency Enrollment > General

Application ID: _____ Name: _____

Close Actions ?

Add Owner
Import Owner
Owners Relationships

Owner	Owners Adverse Action	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/>		Agent, Agent	Agent	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	100
<input type="checkbox"/>		Employee, Managing	Managing Employee	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	0

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

Add Other Owned Entity List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.

Filter By _____ Go

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/>		

No Records Found !

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

Answer the question (at the top)

- If no relationships exist select No, click Save, read the pop-up message, select Ok, and Close. [Click here.](#)
- If relationships exist, select Yes, and continue with the presentation.

CHAMPS Provider

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

Application ID: [] Name: []

Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)? Yes No (Click Save to update)

Owner List

Show Owners: All [v] [Go] Save Filters My Filters [v]

Selected Owner: Employee, Managing SSN/EIN/TIN: [] Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Agent, Agent	[]	Agent	[v]	[v]

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

Selected Owner: Agent, Agent SSN/EIN/TIN: [] Status: Not Completed

Save Close

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- If Yes, select the relationship between the Associated Owner to the Selected Owner (e.g., the relationship from the Agent to Employee, Managing) [Associated Owner -> Selected Owner].
- Click on the Relation to Employee, Managing drop-down.

CHAMPS Provider

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

Application ID: _____ Name: _____

Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ? Yes No (Click Save to update)

Owner List

Show Owners: All [v] [Go] Save Filters My Filters [v]

Selected Owner: Employee, Managing SSN/EIN/TIN: _____ Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Agent, Agent	_____	Agent	[v]	[v]

View Page: 1 [Go] Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

Selected Owner: Agent, Agent SSN/EIN/TIN: _____ Status: Not Completed

[Save] [Close]

Page ID: dlgAddModifyOwnerRelationship(Provider)

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

In this example, the Agent is the father of the Selected Owner (Employee, Managing).

- Select Father
- Click on the Relation to Assoc. Owner drop-down.

The screenshot shows the CHAMPS web application interface. The browser address bar displays <https://milogintpqa.michigan.gov/>. The page title is "Welcome to MMIS - Internet Explorer". The main content area is titled "Add Relationship".

At the top, there are fields for "Application ID:" and "Name:". Below this is a section titled "Add Relationship" with a question: "Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?" with radio buttons for "Yes" and "No".

The "Owner List" section contains a "Show Owners" dropdown set to "All" and a "Go" button. Below this is a table with columns: "Assoc. Owner", "SSN/EIN/TIN", "Type", "Relation to Employee, Managing", and "Relation to Assoc. Owner".

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Agent, Agent	[Redacted]	Agent	[Redacted]	[Redacted]

A dropdown menu is open for the "Relation to Assoc. Owner" field, showing options: None, Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Spouse, and Self. The "Father" option is highlighted with a red box.

At the bottom of the page, there are "Save" and "Close" buttons. The footer text reads "Page ID: dlgAddModifyOwnerRelationship(Provider)".

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Select the relationship between the Selected Owner (example: Managing Employee) to the Associated Owner (Agent, Agent or Agency Owner) [Selected Owner ->Associated Owner].

In this example, the Selected Owner (Employee, Managing) is the son of the Agent.

- Select Son.
- Click on > to select the relationship(s) for the next Selected Owner.

The screenshot shows the CHAMPS web application interface. At the top, there's a navigation bar with the CHAMPS logo and a 'Provider' dropdown. Below that, the browser address bar shows 'https://milogintpqa.michigan.gov/'. The main content area is titled 'Add Relationship'. It contains a question: 'Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?' with radio buttons for 'Yes' and 'No'. Below this is an 'Owner List' section with a 'Show Owners' dropdown set to 'All' and a 'Go' button. The list shows two entries: 'Selected Owner: Employee, Managing' and 'Selected Owner: Agent, Agent'. The first entry is expanded to show a table with columns: 'Assoc. Owner', 'SSN/EIN/TIN', 'Type', 'Relation to Employee, Managing', and 'Relation to Assoc. Owner'. The first row in the table shows 'Agent, Agent', a masked SSN/EIN/TIN, 'Agent', 'Father', and a dropdown menu. The dropdown menu is open, showing options: 'None', 'Daughter', 'Daughter-In Law', 'Father', 'Father-In Law', 'Mother', 'Mother-In Law', 'Sibling', 'Son', 'Son-In Law', 'Spouse', and 'Self'. The 'Son' option is highlighted with a red box. At the bottom of the page, there's a footer with 'Page ID: dlgAddModifyOwnerRelationship(Provider)' and 'Save' and 'Close' buttons.

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- For the next Selected Owner (Agent, Agent) the fields have prepopulated based on the relationship selection made under the previous Selected Owner (Employee, Managing).
- Once the relationship step for each Owner Type is completed, click Save.
- Click Close.

CHAMPS

Provider

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

Print Help

Application ID: _____ Name: _____

Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)? Yes No (Click Save to update)

Owner List

Show Owners: All [Go] Save Filters My Filters

Selected Owner: Employee, Managing SSN/EIN/TIN: _____ Status: Completed

Selected Owner: Agent, Agent SSN/EIN/TIN: _____ Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Agent, Agent	Relation to Assoc. Owner
Employee, Managing	_____	Managing Employee	Son	Father

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

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Note: The Relationship Status shows completed for each Owner.
- In the Actions drop-down menu, select Owners Adverse Action.

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown. Below this is a header with 'Last Login: 05 DEC, 2018 09:04 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'New Enrollment > Atypical Agency Enrollment > General'. It features an 'Application ID' and 'Name' input field. Below this is a 'Close' button and an 'Actions' dropdown menu, which is open and shows options: 'Add Owner', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. A red arrow points to the 'Owners Adverse Action' option. Below the menu is a table with columns: 'Owner', 'Owner Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. The table contains two rows of data. The first row has 'Agent.Agent' as the owner type and 'Completed' as the relationship status. The second row has 'Employee.Managing' as the owner type and 'Completed' as the relationship status. A red arrow points to the 'Completed' status in the first row. Below the table are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. At the bottom, there is a section for 'Add Other Owned Entity' with a title 'List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.' and a 'No Records Found!' message.

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Read the Final Adverse Legal Actions/Convictions statement.
- Answer the questions at the bottom by choosing yes or no and comment if necessary.
- Click OK.

CHAMPS Provider

Application ID: _____ Name: _____

FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

Convictions

1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries or recipients. Offenses include, but are not limited to: Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicaid program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any misdemeanor or felonies that may result in a mandatory or permissive exclusion under State or Federal law.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Exclusions, revocations, or Suspensions

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

Owner Name	Response	Comments
Employee,Managing	<input type="radio"/> Yes <input type="radio"/> No	
Agent,Agent	<input type="radio"/> Yes <input type="radio"/> No	

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

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close.
- [Click here](#) for the next step in the EVV Agency & FI Enrollment.

The screenshot displays the CHAMPS Provider Enrollment interface. At the top, the CHAMPS logo and navigation tabs are visible. The main content area shows the 'Owners List' section, which includes a table with columns for Owner SSN/EIN/TIN, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. A red arrow points to the 'Adverse Action' column, which contains the value 'No' for the first row. Below the table, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. The bottom section of the screenshot shows the 'Add Other Owned Entity' section, which is currently empty and displays the message 'No Records Found!'.

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
	Agent,Agent	Agent	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	No	100
	Employee,Managing	Managing Employee	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	No	0

Step 9: Adding Provider Controlling Interest/Ownership Details

These steps are only if you are choosing Corporate-Charitable 501(c)3, Corporate-Non-Charitable, Holding Company, or Limited Liability Company.

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Enter the required information, indicated by an asterisk (*): Percentage Owned, EIN/TIN, Legal Entity Name, Entity Business Name, Phone Number, Start Date, Address, and Zip Code.
- Click Validate Address.
- Click OK.
- Note: When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

Application ID: _____ Name: _____

Please remember to enter EIN/TIN.

Provider Controlling Interest/Ownership

Type: Corporate - Charitable 501(c)3 * ⓘ

SSN: _____

Percentage Owned: _____ *

EIN/TIN: _____ *

Please remember to enter EIN/TIN. x

Legal Entity Name: _____ *
(As shown on the income tax return)

Entity Business Name: _____ *
(Doing Business As)

First Name: _____

Last Name: _____

Suffix: _____

DOB: _____ ⓘ

Phone Number: _____ * Extn: _____

Email: _____

Start Date: _____ ⓘ *

End Date: _____ ⓘ

Address Type: Business Address

Address Line 1: _____ *
(Enter Street Address or PO Box Only)

Address Line 2: _____

Address Line 3: _____

City/Town: OTHER ▾ *

State/Province: OTHER ▾ *

County: OTHER ▾

Country: UNITED STATES ▾ *

Zip Code: _____ *

Validate Address

OK Cancel

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Note: The Corporate-Charitable will now be listed.
- In the Actions drop-down menu, select Add Owner.

The screenshot displays the CHAMPS Provider Enrollment interface. At the top, the CHAMPS logo and 'Provider' tab are visible. The user's last login is '05 DEC, 2018 09:04 AM'. The breadcrumb trail shows 'New Enrollment > Atypical Agency Enrollment > General'. The 'Application ID' and 'Name' fields are present. A red arrow points to the 'Actions' dropdown menu, which is open, showing the 'Add Owner' option highlighted with a red box. Below the menu, there is a table of existing owners with columns for 'Owner Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. The table contains one record for a 'Corporate - Charitable 501(c)3' entity at '100 N Capitol Ave' with a 'Completed' relationship status and '100%' ownership. Below the table, there is a section for 'Add Other Owned Entity' with a filter and a 'Go' button. The table below this section is empty, with a red message 'No Records Found!' at the bottom.

Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
Corporate	Corporate - Charitable 501(c)3	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	Not Completed	100

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- In the Type drop-down menu, select Managing Employee. The Managing Employee can be the same as the Owner.
- Enter the required information: SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, and Zip Code.
- Click Validate Address.
- Click OK.
 - Note: Type the number zero (0) in the Percentage Owned box.
 - Start Date is the date the application is being completed.
 - When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

The screenshot shows a web form titled "Provider Controlling Interest/Ownership" with a dark blue header containing "Print" and "Help" icons. Below the header, there are fields for "Application ID:" and "Name:". The main form area is divided into two columns of input fields. Red boxes highlight the following fields: "Type" (a dropdown menu with "--SELECT--"), "SSN", "Percentage Owned" (with an asterisk), "First Name", "Last Name", "DOB" (with a calendar icon), "Phone Number" (with an asterisk and an "extn:" field), "Start Date" (with a calendar icon and an asterisk), "Address Line 1" (with an asterisk and a note "(Enter Street Address or PO Box Only)"), "City/Town" (with a dropdown menu and an asterisk), "State/Province" (with a dropdown menu and an asterisk), "Country" (with a dropdown menu and an asterisk), "Zip Code" (with an asterisk), and a "Validate Address" checkbox. At the bottom right, there are "OK" and "Cancel" buttons, both highlighted with red boxes.

EVV Agency & FI: New Enrollment Step 9: Add Provider Controlling Interest

- Note: Managing Employee is now listed.
- In the Actions drop-down menu, select Owners Relationships.

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and a user profile with the text 'Last Login: 05 DEC, 2018 09:04 AM'. Below this is a breadcrumb trail: 'New Enrollment > Atypical Agency Enrollment > General'. The main content area has an 'Application ID' and 'Name' field. A 'Close' button and an 'Actions' dropdown menu are visible. The 'Actions' menu is open, showing options: 'Add Owner', 'Import Owner', and 'Owners Relationships' (which is highlighted with a red box). A red arrow points to the 'Actions' dropdown. Below the menu is a table with columns: 'Owner', 'Owners Adverse Action', 'Owner Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. The table contains two rows of data. At the bottom of the table, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. Below the table is a section titled 'Add Other Owned Entity' with a sub-header 'List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.' and a 'Filter By' dropdown. Below this is another table with columns: 'Other Owner EIN/TIN', 'Other Owner Information', and 'Address'. The table is empty, with the text 'No Records Found!' displayed below it.

EVV Agency & FI: Step 9: Add Provider Controlling Interest

- In the Type drop-down menu, select Board of Directors/Officers/Principles.
- Enter the required information: SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, and Zip Code.
- Click Validate Address.
- Click OK.
 - Note: Start Date is the date the application is being completed.
 - When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

The screenshot shows a web form titled "Provider Controlling Interest/Ownership". The form is divided into several sections. The top section contains "Type" (a dropdown menu with "---SELECT---" selected), "SSN", "Legal Entity Name" (with a sub-note "(As shown on the Income Tax Return)"), "First Name", "Suffix" (a dropdown), "Phone Number" (with an asterisk), "Start Date" (with a calendar icon and an asterisk), "Percentage Owned" (with an asterisk), "EIN/TIN", "Entity Business Name" (with a sub-note "(Doing Business As)"), "Last Name", "DOB" (with a calendar icon), "Email", and "End Date" (with a calendar icon). The bottom section contains "Address Line 1" (with a sub-note "(Enter Street Address or PO Box Only)"), "Address Line 2", "Address Line 3", "State/Province" (with a dropdown and "OTHER" selected), "City/Town" (with a dropdown and "OTHER" selected), "County" (with a dropdown and "OTHER" selected), "Country" (with a dropdown and "UNITED STATES" selected), and "Zip Code" (with an asterisk). A "Validate Address" button is located next to the Zip Code field. At the bottom right, there are "OK" and "Cancel" buttons. Red boxes highlight the following fields: Type, SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address Line 1, and Zip Code.

EVV Agency & FI: Step 9: Add Provider Controlling Interest

- After entering all required Owner Types; in the Actions drop-down menu, select Owners Relationships.

The screenshot displays the CHAMPS Provider Enrollment interface. At the top, the 'Provider' tab is active. The user's last login is 05 DEC, 2018 09:04 AM. The breadcrumb trail shows 'New Enrollment > Atypical Agency Enrollment > General'. The 'Application ID' and 'Name' fields are empty. The 'Actions' menu is open, with 'Owners Relationships' highlighted in red. Below the menu, a table lists existing owners with columns for Owner, Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains three rows of data. Below the table, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. At the bottom, there is a section for 'Add Other Owned Entity' with a filter and a 'Go' button. The table below this section is empty, with a red message 'No Records Found!'.

Owner	Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
	Corporate	Corporate - Charitable 501[c]3	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	100
	Employee, Managing	Managing Employee	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	0
	Directors, Board	Board of Directors/Officers/Principles	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	0

EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Answer the question (at the top).
- If no relationships exist select No, click Save, read the pop-up message, select Ok, and Close. [Click here](#)
- If relationships exist, select Yes and continue with the presentation.

CHAMPS Provider

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

Application ID: [] Name: []

Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)? Yes No (Click Save to update)

Owner List

Show Owners: All [v] [Go] Save Filters My Filters [v]

Selected Owner: Directors, Board SSN/EIN/TIN: [] Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Directors, Board	Relation to Assoc. Owner
Corporate	[]	Corporate - Charitable 501[c]3	[v]	[v]
Employee, Managing	[]	Managing Employee	[v]	[v]

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

Selected Owner: Employee, Managing SSN/EIN/TIN: [] Status: Not Completed

Selected Owner: Corporate SSN/EIN/TIN: [] Status: Not Completed

[Save] [Close]

EVV Agency & FI: Step 9: Add Provider Controlling Interest

- If Yes, select the relationship between the Associated Owner to the Selected Owner (e.g., the relationship to the Directors from the Associated Owner, Corporate or Employee, Managing) [Associated Owner -> Selected Owner].
- In this example there is no relationship between the Corporation and the Directors.
- Click on the Relation to Directors, Board drop-down.

CHAMPS Provider

Application ID: _____ Name: _____

Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)? Yes No (Click Save to update)

Owner List

Show Owners All Save Filters My Filters

Selected Owner: Directors, Board SSN/EIN/TIN: _____ Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Directors, Board	Relation to Assoc. Owner
Corporate	_____	Corporate - Charitable 501[c]3	None <input type="button" value="v"/>	None <input type="button" value="v"/>
Employee, Managing	_____	Managing Employee	<input type="button" value="v"/>	<input type="button" value="v"/>

View Page: 1 Page Count SaveToXLS Viewing Page: 1

Selected Owner: Employee, Managing SSN/EIN/TIN: _____ Status: Not Completed

Selected Owner: Corporate SSN/EIN/TIN: _____ Status: Not Completed

Page ID: dlgAddModifyOwnerRelationship(Provider)

EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Select the Associated Owner's (Employee, Managing) relationship to the Selected Owner (Directors, Board).
- In this example the Managing Employee is the daughter of the Directors.
- Click on the Relation to Assoc. Owner drop-down.

The screenshot shows the CHAMPS web application interface. The browser address bar indicates the URL is <https://milogintpqa.michigan.gov/>. The page title is "Welcome to MMIS - Internet Explorer".

The main content area is titled "Add Relationship". It contains the following elements:

- Application ID: [] Name: []
- Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)? Yes No (Click Save to update)
- Owner List: Show Owners: All [v] [Go] Save Filters My Filters [v]
- Selected Owner: Directors, Board SSN/EIN/TIN: [] Status: Not Completed
- Table of Associated Owners:

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Directors, Board	Relation to Assoc. Owner
Corporate	[]	Corporate - Charitable 501(c)3	None [v]	None [v]
Employee, Managing	[]	Managing Employee	[]	[]

The dropdown menu for "Relation to Assoc. Owner" is open, showing the following options: None, Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Spouse, Self. The "Daughter" option is highlighted.

At the bottom of the page, there are "Save" and "Close" buttons, and a footer with "Page ID: dlgAddModifyOwnerRelationship(Provider)".

EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Select the relationship from the Selected Owner (Directors, Board) back to the Associated Owner (Employee, Managing).
- In this example the Director is the mother of the Managing Employee.
- Click on > to select the relationship(s) for the next Selected Owner.

The screenshot shows the CHAMPS web application interface. The main heading is "Add Relationship". Below this, there is a question: "Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?" with radio buttons for "Yes" and "No".

The "Owner List" section contains a table with the following columns: "Assoc. Owner", "SSN/EIN/TIN", "Type", "Relation to Directors, Board", and "Relation to Assoc. Owner".

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Directors, Board	Relation to Assoc. Owner
Corporate		Corporate - Charitable 501(c)3	None	None
Employee,Managing		Managing Employee	Daughter	

Below the table, there is a "View Page: 1" and "Viewing Page: 1" section. A dropdown menu is open, showing a list of relationships: None, Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Spouse, and Self. The "Mother" option is highlighted with a red box.

At the bottom of the form, there are "Save" and "Close" buttons. The page ID is "dlgAddModifyOwnerRelationship(Provider)".

EVV Agency & FI: Step 9: Add Provider Controlling Interest

- For the next Selected Owner (Employee, Managing) some of the fields have been prepopulated based on the relationship selection made under the previously Selected Owner (Director, Board).
- Click on the Relation to Employee, Managing drop-down.

CHAMPS
Provider

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

Print Help

Application ID: [] Name: []

Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)? Yes No (Click Save to update)

Owner List

Show Owners All [] Go [] Save Filters My Filters []

Selected Owner: Directors, Board SSN/EIN/TIN: [] Status: Completed

Selected Owner: Employee, Managing SSN/EIN/TIN: [] Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Corporate	[]	Corporate - Charitable 501(c)3	[]	[]
Directors, Board	[]	Board of Directors/Officers/Principles	Mother []	Daughter []

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

Selected Owner: Corporate SSN/EIN/TIN [] Status: Not Completed

Save [] Close []

Page ID: dlgAddModifyOwnerRelationship(Provider)

EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Select the Associated Owner's (Corporate) relationship to the Selected Owner (Employee, Managing).
- Select the Selected Owner's (Employee, Managing) relationship back to the Associated Owner (Corporate).
 - In both examples, none is selected as there is no relationship between the Selected Owner and Associated Owner.
- Click on > to select the relationship(s) for the next Selected Owner.

The screenshot shows the CHAMPS web application interface. The browser address bar indicates the URL is <https://milogintpqa.michigan.gov/>. The page title is "Welcome to MMIS - Internet Explorer".

The main content area is titled "Add Relationship". It contains a question: "Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?" with radio buttons for "Yes" and "No".

Below the question is the "Owner List" section. It includes a "Show Owners" dropdown menu set to "All" and a "Go" button. There are also "Save Filters" and "My Filters" buttons.

The "Selected Owner" section is expanded to show "Selected Owner: Employee, Managing" with SSN/EIN/TIN and Status: Not Completed. Below this is a table with the following columns: "Assoc. Owner", "SSN/EIN/TIN", "Type", "Relation to Employee, Managing", and "Relation to Assoc. Owner".

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Corporate		Corporate - Charitable 501[c]3	None	None
Directors, Board		Board of Directors/Officers/Principles	Mother	Daughter

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

Below the table, there is a "Selected Owner: Corporate" entry with SSN/EIN/TIN and Status: Not Completed, which is highlighted with a red box. A red arrow points from the "None" dropdown in the "Relation to Employee, Managing" column to the "None" dropdown in the "Relation to Assoc. Owner" column.

At the bottom right of the form, there are "Save" and "Close" buttons. The footer of the page displays "Page ID: dlgAddModifyOwnerRelationship(Provider)".

EVV Agency & FI: Step 9: Add Provider Controlling Interest

- For the next Selected Owner (Corporate) the fields have prepopulated based on the previous relationships chosen.

CHAMPS
Provider

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

Application ID: [] Name: []

Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)? Yes No (Click Save to update)

Owner List

Show Owners: All [v] [Go] Save Filters My Filters

- Selected Owner: Directors, Board SSN/EIN/TIN: [] Status: Completed
- Selected Owner: Employee, Managing SSN/EIN/TIN: [] Status: Completed
- Selected Owner: Corporate SSN/EIN/TIN: [] Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Corporate	Relation to Assoc. Owner
Employee, Managing	[]	Managing Employee	None [v]	None [v]
Directors, Board	[]	Board of Directors/Officers/Principles	None [v]	None [v]

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

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Once the relationship step for each Owner Type is completed, click Save.
- Click Close.

The screenshot displays the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown menu. Below this is a browser window showing the URL 'https://milogintpqa.michigan.gov/' and the text 'Welcome to MMIS - Internet Explorer'. The main content area is titled 'Add Relationship' and contains the following elements:

- Fields for 'Application ID:' and 'Name:'.
- A question: 'Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?' with radio buttons for 'Yes' (selected) and 'No'.
- An 'Owner List' section with a 'Show Owners' dropdown set to 'All' and a 'Go' button.
- A table of owner types with their SSN/EIN/TIN and status:

Owner Type	SSN/EIN/TIN	Status
Selected Owner: Directors, Board	[Redacted]	Completed
Selected Owner: Employee, Managing	[Redacted]	Completed
Selected Owner: Corporate	[Redacted]	Completed

Red arrows point to the 'Status: Completed' text for each of the three owner types. At the bottom right of the form, there are 'Save' and 'Close' buttons, which are highlighted with a red box.

EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Note: The Relationship Status shows completed for each Owner.
- In the Actions drop-down menu, select Owners Adverse Action.

The screenshot displays the CHAMPS Provider Enrollment interface. At the top, the 'Provider' tab is active. The breadcrumb trail shows 'New Enrollment > Atypical Agency Enrollment > General'. The 'Application ID' and 'Name' fields are visible. A red arrow points to the 'Actions' dropdown menu, which is open, showing options: 'Add Owner', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. The 'Owners Adverse Action' option is highlighted with a red box. Below the menu is a table with columns: 'Owner', 'Owner Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. The table contains three rows of data. A red arrow points to the 'Completed' status in the 'Relationship Status' column of the first row. Below the table are navigation controls: 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. The bottom section of the screen is titled 'Add Other Owned Entity List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.' and shows a 'No Records Found!' message.

Owner	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
	Corporate	Corporate - Charitable 501(c)3		12/03/2018	12/31/2999	Completed	Not Completed	100
	Employee, Managing	Managing Employee		12/03/2018	12/31/2999	Completed	Not Completed	0
	Directors, Board	Board of Directors/Officers/Principles		12/03/2018	12/31/2999	Completed	Not Completed	0

EVV Agency & FI: Step 9: Add Provider Controlling Interest

- Read the Final Adverse Legal Actions/Convictions statement.
- Answer the questions at the bottom by choosing Yes or No and comment if necessary.
- Click OK.

Application ID: [redacted] Name: [redacted]

FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

Convictions

1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries or recipients. Offenses include, but are not limited to: Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicaid program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any misdemeanor or felonies that may result in a mandatory or permissive exclusion under State or Federal law.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Exclusions, revocations, or Suspensions

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

Owner Name	Response	Comments
Corporate	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Employee_Managing	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Directors_Board	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

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

OK Cancel

EVV Agency & FI: Step 9: Add Provider Controlling Interest

- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close to return to the remaining enrollment steps to be completed.

CHAMPS Provider

Last Login: 05 DEC, 2018 09:04 AM

New Enrollment > Atypical Agency Enrollment > General

Application ID: _____ Name: _____

Close Actions

Owners List

Filter By _____ And Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/>	Corporate	Corporate - Charitable 501(c)3		12/03/2018	12/31/2999	Completed	No	100
<input type="checkbox"/>	Employee, Managing	Managing Employee		12/03/2018	12/31/2999	Completed	No	0
<input type="checkbox"/>	Directors, Board	Board of Directors/Officers/Principles		12/03/2018	12/31/2999	Completed	No	0

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

Add Other Owned Entity List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.

Filter By _____ Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/>		

No Records Found !

EVV Agency & FI: Step 10: Add Taxonomy Details

- Step 9 is complete.
- Click Step 10: Add Taxonomy Details.

Application ID: 20240216837249 Name: EVV Agency and FI

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/16/2024	02/16/2024	Complete	
Step 2: Add Locations	Required	02/16/2024	02/16/2024	Complete	
Step 3: Add Specialties	Required	02/16/2024	02/16/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	02/16/2024	02/16/2024	Complete	
Step 10: Add Taxonomy Details	Required			Incomplete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	


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

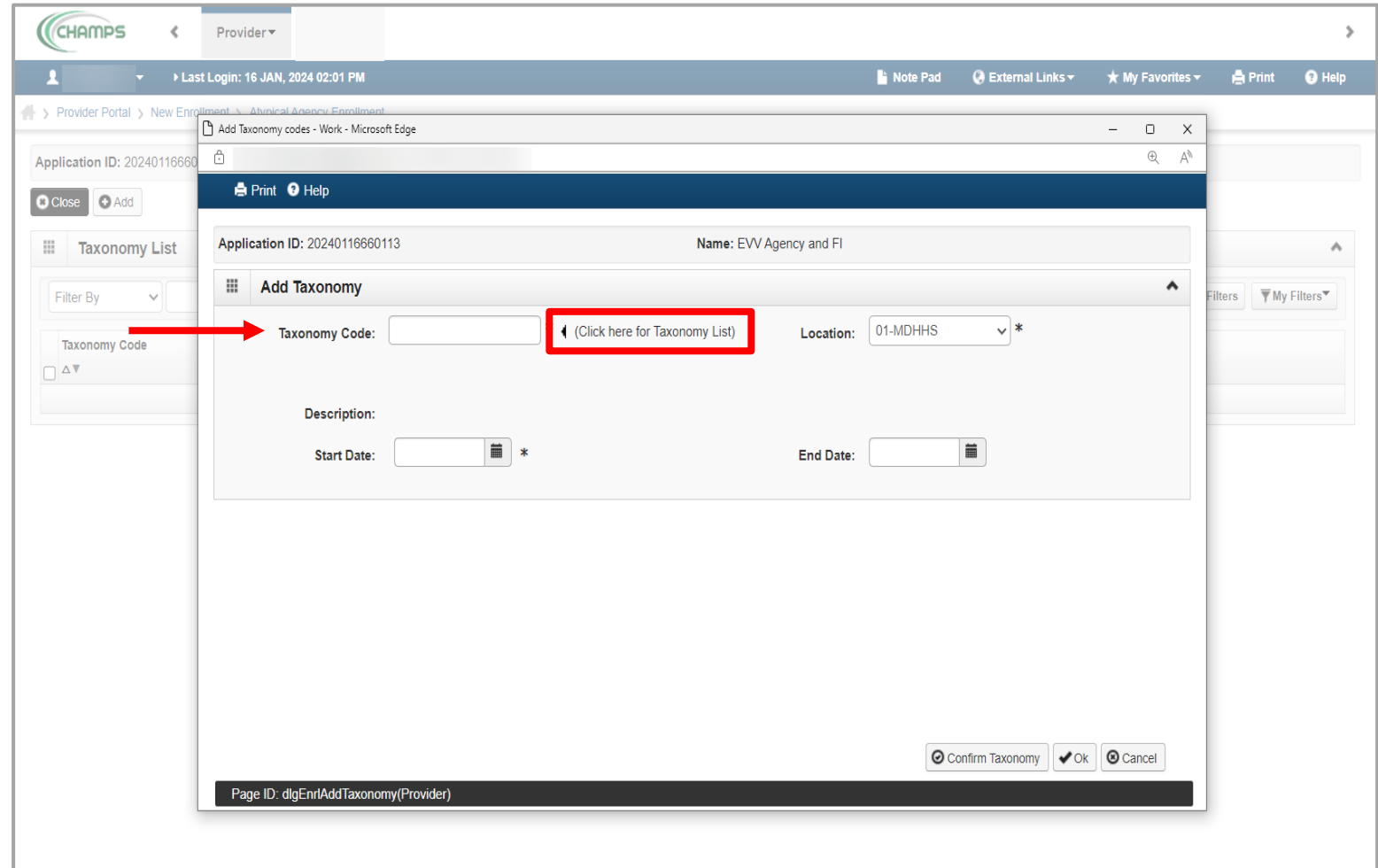
EVV Agency & FI: Step 10: Add Taxonomy Details

- Click Add.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile icon. Below this, a dark blue header contains the text 'Last Login: 16 JAN, 2024 02:01 PM' and several utility icons: 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area has a breadcrumb trail: 'Provider Portal > New Enrollment > Atypical Agency Enrollment'. Below the breadcrumb, there are two input fields: 'Application ID: 20240116660113' and 'Name: EVV Agency and FI'. Underneath these fields are two buttons: 'Close' and 'Add', with the 'Add' button highlighted by a red square. Below the buttons is a section titled 'Taxonomy List' with a grid icon and an upward arrow. This section contains a filter area with a 'Filter By' dropdown, two empty input fields, a 'Go' button, and 'Save Filters' and 'My Filters' buttons. Below the filter area is a table with the following columns: 'Taxonomy Code', 'Description', 'Start Date', and 'End Date'. Each column has a small upward and downward arrow icon. The table is currently empty, and a red message 'No Records Found!' is displayed in the center of the table area.

EVV Agency & FI: Step 10: Add Taxonomy Details

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



The screenshot displays the CHAMPS Provider Portal interface. A modal window titled "Add Taxonomy codes - Work - Microsoft Edge" is open, showing the "Add Taxonomy" form. The form includes the following fields:

- Application ID:** 20240116660113
- Name:** EVV Agency and FI
- Taxonomy Code:** (Click here for Taxonomy List)
- Location:** 01-MDHHS *
- Description:**
- Start Date:** *
- End Date:**

At the bottom of the dialog, there are three buttons: "Confirm Taxonomy", "Ok", and "Cancel". The page ID is "dlgEnrAddTaxonomy(Provider)".

EVV Agency & FI: Step 10: Add Taxonomy Details

- After clicking (📄) the [National Uniform Claim Committee](#) webpage will pop up.
- Press (Ctrl+F) to search for the appropriate taxonomy code.

The screenshot displays the 'Health Care Provider Taxonomy Code Set' website. On the left, a navigation menu titled 'Expand / Collapse All' lists various medical specialties, including 'Introduction - Version 24.0 - January 2024', 'Help', 'National Uniform Claim Committee Website', and a tree structure for 'Individual or Groups (of Individuals)' with sub-categories like 'Group', 'Allergy & Immunology', 'Anesthesiology', 'Dermatology', 'Emergency Medicine', and 'Family Medicine'. The main content area on the right is titled 'Introduction - Version 24.0 - January 2024' and contains a table with the following information:

Name	Introduction - Version 24.0 - January 2024
Definition	<p>The Health Care Provider Taxonomy code set is an external, nonmedical data code set designed for use in an electronic environment, specifically within the ASC X12N Health Care transactions. This includes the transactions mandated under HIPAA.</p> <p>The taxonomy code is a unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Grouping, Classification, and Area of Specialization.</p> <ul style="list-style-type: none">• Level I, Provider Grouping A major grouping of service(s) or occupation(s) of health care providers. For example: Allopathic & Osteopathic Physicians, Dental Providers, Hospitals, etc.• Level II, Classification A more specific service or occupation related to the Provider Grouping. For example, the Classification for Allopathic & Osteopathic Physicians is based upon the General Specialty Certificates as issued by the appropriate national boards. The following boards will however, have their general certificates appear as Level III areas of specialization strictly due to display limitations of the code set for Boards that have multiple general certificates: Medical Genetics, Preventive Medicine, Psychiatry & Neurology, Radiology, Surgery, Otolaryngology, Pathology.• Level III, Area of Specialization A more specialized area of the Classification in which a provider chooses to practice or make services available. For example, the Area of Specialization for provider grouping Allopathic & Osteopathic Physicians is based upon the Subspecialty Certificates as issued by the appropriate national boards. <p>The code set Levels are organized to allow for drilling down to the provider's most specific level of specialization. The ten digit codes for each provider category are unique and contain no embedded logic. The codes and categories are to be used exactly as they are assigned in the taxonomy list. At no time should codes be separated to form new codes, parsed apart, or edited on any one position within the code.</p> <p>The taxonomy codes are self-selected by the provider. The taxonomy codes are organized based on education and training and are used to define specialty, not specific services that are rendered. Selection of a taxonomy code does not replace any credentialing or validation process that the organization requesting the code should complete. Definitions for some of the codes reference specialty or certifying boards as a source, but this reference in no way implies that providers have met the requirements of that board if they choose the code to identify themselves.</p> <p>The code set is published (released) into a public environment. The taxonomy code set is effective from 01 April 2024.</p>

EVV Agency & FI: Step 10: Add Taxonomy Details

- Enter Start Date.
 - Note: Start Date is the date the application is being completed.
- Click Confirm Taxonomy.
- Click Ok.

The screenshot displays the CHAMPS web application interface. At the top, the navigation bar includes the CHAMPS logo, 'My Inbox', and 'Provider' tabs. The main content area shows the 'Add Taxonomy codes - Work - Microsoft Edge' window. The dialog box is titled 'Add Taxonomy' and contains the following fields:

- Application ID:** 20240116660113
- Name:** EW Agency and FI
- Taxonomy Code:** [Empty field with asterisk]
- Location:** 01-MDHHS [Dropdown menu with asterisk]
- Description:** Community/Behavioral Health
- Start Date:** [Empty date field with asterisk]
- End Date:** [Empty date field with asterisk]

A red arrow points to the Start Date field. At the bottom of the dialog box, three buttons are highlighted with a red box: 'Confirm Taxonomy', 'Ok', and 'Cancel'. The footer of the dialog box displays 'Page ID: dlgEnrAddTaxonomy(Provider)'.

EVV Agency & FI: Step 10: Add Taxonomy Details

- The Taxonomy Code information will now be displayed.
- Click Close.

The screenshot shows the CHAMPS Provider Portal interface. At the top, the CHAMPS logo is on the left, and navigation links for Note Pad, External Links, My Favorites, Print, and Help are on the right. The user's last login is 16 JAN, 2024 02:48 PM. The breadcrumb trail is Provider Portal > Atypical Agency Enrollment. The main content area shows Application ID: 20240116660113 and Name: EVV Agency and FI. Below this, there are 'Close' and 'Add' buttons. The 'Close' button is highlighted with a red box. A 'Taxonomy List' section is expanded, showing a table with columns: Taxonomy Code, Description, Start Date, and End Date. The table contains one entry: Taxonomy Code 251S00000X, Description Community/Behavioral Health, Start Date 01/16/2024, and End Date 12/31/2999. Below the table are controls for 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'. Navigation buttons for First, Prev, Next, and Last are also present.

EVV Agency & FI: Step 14: Complete Enrolment Checklist

- Step 10 is complete.
- Click Step 14: Complete Enrollment Checklist.
- Note: 11 – 13 are optional steps.

Application ID: 20240216837249 Name: EVV Agency and FI

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/16/2024	02/16/2024	Complete	
Step 2: Add Locations	Required	02/16/2024	02/16/2024	Complete	
Step 3: Add Specialties	Required	02/16/2024	02/16/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	02/16/2024	02/16/2024	Complete	
Step 10: Add Taxonomy Details	Required	02/16/2024	02/16/2024	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

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

EVV Agency & FI: Step 14: Complete Enrolment Checklist

- Answer all of the Provider Checklist questions by choosing Yes or No from each drop-down menu in the Answer column. If an answer is required, choose Yes and put the answer in Comments.

- Note
 - Questions 1 – 3, if you are a provider in a program other than Home Help, you should answer "No".
 - Questions 7 – 11, if you are a provider in a program other than Home Help, you should answer "No".

- Click Save.
- Click Close.

Application ID: 20240216837249 Name: EVV Agency and FI

Close Save

Provider Checklist

Question	Answer	Comments
1 Are you interested in working for other Home Help clients? (If you say no this will not affect your current work.)	No	
2 If you are interested in working for other clients do you authorize us to put your contact information on our Provider Registry List so that you can be contacted for additional work?	No	
3 Do you want your name removed from our Provider Registry?	No	
Have you ever been removed or told that you cannot participate in a State funded program? If yes, please tell us what program and why.	No	
Have you ever been removed or told that you cannot participate in a Federally funded program? If yes, please tell us what program and why.	No	
Have you ever had any criminal convictions? If yes, please tell us what for?	No	
7 Do you perform services as an agency with 2 or more employees?	Yes	Test
8 What county do you plan to work in?	No	
9 What is the name of the Adult Services Worker (Clients Caseworker) you are working with? Please include their first and last name.	No	
10 Are you a Medicare certified home health agency?	No	
I understand that my information will be used to conduct a review of my criminal history I may have and the results of that review could possibly make me ineligible to work as a provider in the Home Help program. I also understand that the results of my criminal history screening will be shared with necessary MDCH and MDHS staff, as well as any potential client.	Yes	
I also acknowledge that I am required to update any changes in the enrollment within 10 days of that change.	Yes	

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

EVV Agency & FI: Step 15: Submit Enrollment Application for Approval

- Step 14 is complete.
- Click Step 15: Submit Enrollment Application for Approval.

Application ID: 20240216837249 Name: EVV Agency and FI

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/16/2024	02/16/2024	Complete	
Step 2: Add Locations	Required	02/16/2024	02/16/2024	Complete	
Step 3: Add Specialties	Required	02/16/2024	02/16/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	02/16/2024	02/16/2024	Complete	
Step 10: Add Taxonomy Details	Required	02/16/2024	02/16/2024	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required	02/16/2024	02/16/2024	Complete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

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

EVV Agency & FI: Step 15: Submit Enrollment Application for Approval

- Click Next. By clicking the Next button, you “agree that the information submitted as part of the application is correct (Private and Confidential).”

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile icon. Below the navigation bar, the page title is 'New Enrollment > Atypical Agency Enrollment'. The main content area is divided into sections. The first section is 'Final Submission', which contains the following text: 'Application ID: [redacted] EnrollmentType: Atypical Agency Provider', 'The information submitted for enrollment shall be verified and reviewed by the State.', 'During this time, any changes to the information shall not be accepted.', and 'I agree that the information submitted as part of the application is correct (Private and Confidential)'. Below this section is the 'Application Document Checklist' section, which contains a table with the following columns: 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table. The 'Next' button is highlighted with a red box.

Application ID: [redacted] Name: [redacted]

Close Next

Final Submission

Application ID: [redacted] EnrollmentType: Atypical Agency Provider

The information submitted for enrollment 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 part of the application is correct (Private and Confidential).

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
No Records Found !			

EVV Agency & FI: Step 15: Submit Enrollment Application for Approval

- Read the Terms and Conditions Atypical Enrollment statement.
- Check the box at the bottom indicating you have read and agree to the terms.
- Click Submit Application.

Application ID: [redacted]

After reading the Terms and Conditions

Terms and Conditions Atypical Enrollment

1. As an individual provider of Home Help services, I agree that the Home Help program is funded by the Michigan Department of Health & Human Services (MDHHS).
2. As a Home Help provider agency, I agree that the Home Help program is funded by the Michigan Department of Health & Human Services (MDHHS).
3. I agree that personal care services will be provided to the rider.
4. Under Section 3504 of the Internal Revenue Code, issued by MDHHS as payment in full and not to see rider.
5. I agree to return any payments received for Home Help services to MDHHS.
6. I understand that the Home Help program is funded by the Michigan Department of Health & Human Services (MDHHS).
7. In order to receive payment, I agree to keep and submit accurate records of services provided to the rider.
8. Upon request, I agree to provide MDHHS, DHS or their designees with all records of services provided to the rider.
9. Upon request, I agree to provide MDHHS, DHS or their designees with all records of services provided to the rider.
10. I understand I will be subject to a criminal history search by MDHHS, DHS or their designees.
11. I agree to cooperate with MDHHS, DHS or their designees in any investigation.
12. I agree to report any changes relative to the beneficiary's information to MDHHS, DHS or their designees.
13. I agree to comply with the privacy, security and confidentiality requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Public Acts 104-191 (45 CFR 164.512) and 104-192 (45 CFR 164.514).
14. I agree to comply with the provisions of 42 CFR 431.101 through 431.104.
15. I agree to provide support and direction to passengers. Such assistance shall also apply to the movement of wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift/ramp, as applicable. Such assistance shall also include stowage by the driver of mobility aids and folding wheelchairs.
16. To act in a professional manner at all times while providing services.
17. To be clean and maintain a neat appearance at all times.
18. To be polite and courteous to riders; riders shall be treated with respect and in a culturally appropriate manner when receiving transportation services. The Manager should notify the volunteer driver of any known cultural issues significant to providing transportation services.
19. To limit review of any confidential rider information to the minimum information necessary to provide the service.
20. To only use or record confidential rider information as necessary to provide the Department information necessary for the administration of the program (i.e. mileage reimbursement, if applicable).
21. To not retain any original or copy of any document rider shares with you for purposes of transport.
22. To not retain any original or copy of any document that may be provided by a health care provider to driver. Driver agrees to ensure that such documentation leaves with rider.
23. To report any breach of the terms of this user agreement to the Department. This includes, but is not limited to, accidental retention of medical record or other confidential rider information.
24. To return to the Department, as soon as possible, but in no event later than 3 business days after discovery, any confidential rider information retained left with driver after completing transport of the rider.
25. To never discuss, write, or share in any other format any information specific to a rider, except as necessary to communicate with the Department or with a health care provider or other staff at a facility rider is being transported to.
26. Not input or include any confidential rider information in any computer system of any kind, except as approved by the Department. This includes personal email accounts, file transfer systems, note applications, and any other electronic system of recording data not expressly approved for use by the Department.
27. Comply with any other agreements driver has entered into with respect to this program.
28. Respect the rider's privacy by not asking for more information about the individual's condition, reason for visit, or other personal information, while providing transport services. If the rider chooses to voluntarily share this information, it is subject to the same protections described above regarding protecting rider information.

Definitions:

Confidential Rider Information: Includes, but is not limited to, the rider's name, address, phone number, date of birth, Social Security Number, medical history, and other information that is confidential under HIPAA.

Department: means the Michigan Department of Health & Human Services.

Driver: means an individual providing Non-Emergency Medical Transportation services to a rider.

Rider: means the individual being transported by driver.

Service: means the provision by driver of Non-Emergency Medical Transportation services to a rider.

By checking this, I acknowledge that I have read the terms and agreement and I agree to fully comply with all program requirements.

EVV Agency & FI: Step 15: Submit Enrollment Application for Approval

- If you have not taken note of your Application Number, please do so for tracking purposes.
- Click Close and close out of the application.

Application ID: 20240216837249 Name: EVV Agency and FI

Your Application Number 20240216837249 has been successfully submitted for State review. Return with this application number to track the status of your application. ✕

Close

Enroll Provider - Atypical Agency

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/16/2024	02/16/2024	Complete	
Step 2: Add Locations	Required	02/16/2024	02/16/2024	Complete	
Step 3: Add Specialties	Required	02/16/2024	02/16/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	02/16/2024	02/16/2024	Complete	
Step 10: Add Taxonomy Details	Required	02/16/2024	02/16/2024	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required	02/16/2024	02/16/2024	Complete	
Step 15: Submit Enrollment Application for Approval	Required	02/16/2024	02/16/2024	Complete	

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

Track Your Application

How to Track the Status of your CHAMPS Provider Enrollment Application

Track Your Application

- Open your web browser (e.g., Internet Explorer, Google Chrome, Mozilla Firefox, etc.).
- Enter <https://milogintp.Michigan.gov> into the search bar.
- Enter the User ID and Password and click Login
 - If you don't remember your User ID or Password, you can select "Lookup your User ID" or "Forgot your password?"

The screenshot displays the MiLogin for Business website. On the left, a dark blue banner features the Michigan state logo and the text "MiLogin for Business". The main content area has a dark blue background with the heading "Michigan's one-stop login solution for business" and a teal arrow pointing right. Below this, a paragraph explains that MiLogin connects users to all State of Michigan business services through a single user ID. On the right, the login form is shown with the heading "Welcome to MiLogin for Business". It includes fields for "User ID" and "Password", each with a red arrow pointing to the input field. Below the "User ID" field is a link for "Lookup your user ID", and below the "Password" field is a link for "Forgot your password?". A teal "Log In" button and a white "Create an Account" button are at the bottom of the form. The footer contains "Copyright 2023 State of Michigan" and "Policies".

Track Your Application

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

The screenshot displays the MiLogin for Business interface. At the top left, there is a Michigan state icon and the text "MiLogin for Business". To the right, navigation links for "Home", "Discover Online Services", "Help", and "Contact Us" are visible. The main content area features a dark blue header with the text "Welcome [blurred name]" and the instruction "Access your requested online services and search for more." Below this, two white boxes are present. The left box is titled "Michigan Department of Health & Human Services (MDHHS)" and contains the MDHHS logo and the text "CHAMPS". A red rectangular box highlights a right-pointing chevron icon next to "CHAMPS". The right box is titled "Discover Online Services" and contains a search icon, the text "MiLogin is used to secure many online services at the State of Michigan. We are here to ensure your identity is safe and protected.", and a "Find Services >" link. The footer includes "Copyright 2023 State of Michigan" on the left and "Policies" on the right.

Track Your Application

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

MiLogin for Business Home Discover Online Services Help Contact Us

[< Back to Home](#)

MDHHS

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 will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any

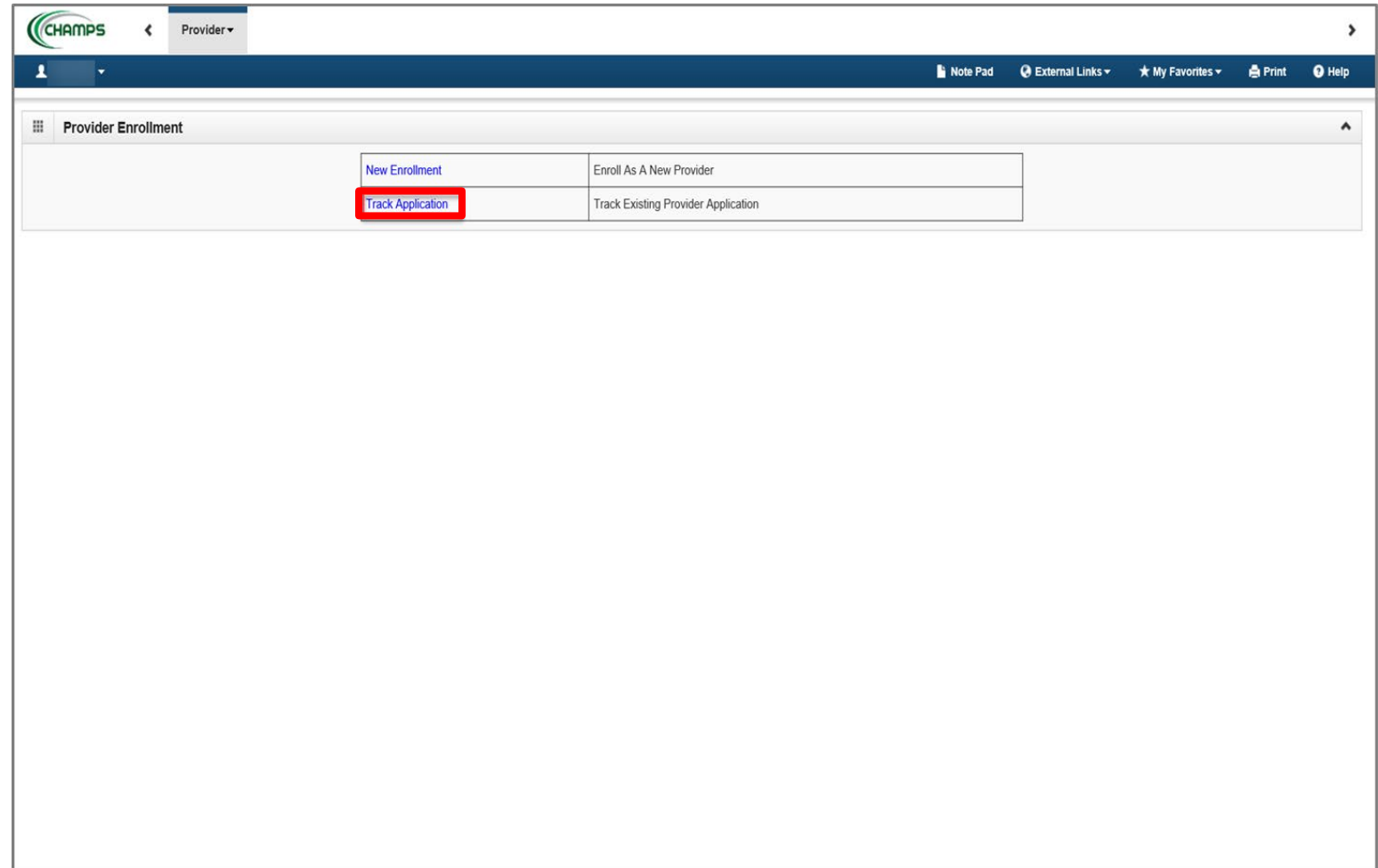
I agree to the Terms & Conditions

Launch service

Copyright 2023 State of Michigan Policies

Track Your Application

- If you would like to check the status of your application, you can do so from the CHAMPS homepage.
- On the homepage, click the Track Application hyperlink.

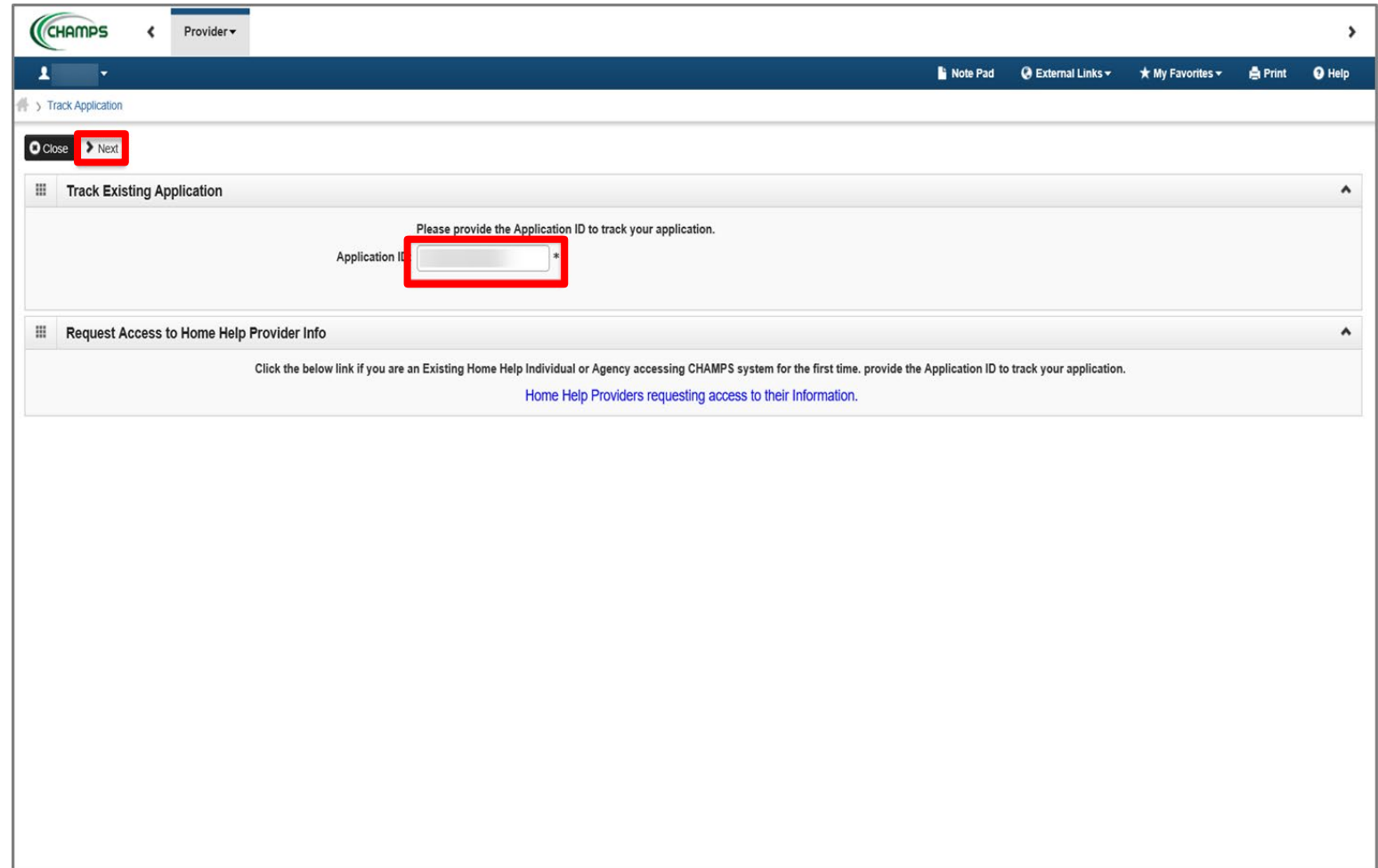


The screenshot shows the CHAMPS Provider Enrollment page. The page title is "Provider Enrollment". The main content area contains a table with two columns and two rows. The first row contains "New Enrollment" and "Enroll As A New Provider". The second row contains "Track Application" and "Track Existing Provider Application". The "Track Application" link is highlighted with a red rectangular box.

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

Track Your Application

- Enter your Application ID.
- Click Next.



The screenshot shows the CHAMPS web application interface. At the top left is the CHAMPS logo. A navigation bar contains a 'Provider' dropdown menu and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Track Application' and features a 'Close' button and a 'Next' button, both highlighted with red boxes. Below this is a section titled 'Track Existing Application' with the instruction 'Please provide the Application ID to track your application.' and a text input field for the 'Application ID', also highlighted with a red box. A second section, 'Request Access to Home Help Provider Info', contains a link: 'Home Help Providers requesting access to their Information.'

Track Your Application

- Enter your EIN/TIN from step 1, Phone Number from step 2, Social Security Number, and Date of Birth of any owner provided in step 9.
- Click Submit.

CHAMPS Provider

Last Login: 19 JAN, 2024 12:42 PM

Note Pad External Links My Favorites Print Help

Provider Portal Track Application

Close Submit

Verify Application Details

For Additional security, please enter following information:

EIN/TIN: *

Phone: *

Owner SSN: * ⓘ

Owner Date Of Birth: *

Track Your Application

- A text box at the top will confirm the status of your application. If you do not see this statement, you have not completed and submitted the application to the state for review. Please complete all required steps prior to submitting.

The screenshot displays the CHAMPS Provider Portal interface. At the top, the user is logged in as 'Provider' with a last login of '16 FEB, 2024 03:20 PM'. The breadcrumb trail indicates the path: 'Provider Portal > Track Application > Atypical Agency Enrollment'. The application ID is '20240216837249' and the name is 'EVV Agency and FI'. A red notification box states: 'Your application is currently In-Review by the Provider Enrollment Unit. You cannot make any modifications to your enrollment information at this time.' Below this is a 'Close' button. The main section is titled 'Enroll Provider - Atypical Agency' and contains a 'Business Process Wizard - Provider Enrollment (Atypical Agency). Click on the Step # under the Step Column.' table.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	02/16/2024	02/16/2024	Complete	
Step 2: Add Locations	Required	02/16/2024	02/16/2024	Complete	
Step 3: Add Specialties	Required	02/16/2024	02/16/2024	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Complete	
Step 6: Add License/Certification/Other	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	02/16/2024	02/16/2024	Complete	
Step 10: Add Taxonomy Details	Required	02/16/2024	02/16/2024	Complete	
Step 11: Associate MCO Plan	Optional			Complete	
Step 12: B35/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Complete	
Step 14: Complete Enrollment Checklist	Required	02/16/2024	02/16/2024	Complete	
Step 15: Submit Enrollment Application for Approval	Required	02/16/2024	02/16/2024	Complete	

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'.

Provider Enrollment Final Steps

- Allow the State time to review the Provider Enrollment Application.
- After the State has reviewed the Provider Enrollment Application Providers will receive a letter letting them know whether the application has been approved or denied.
 - The confirmation letter will be mailed to the Correspondence Address provided in the Provider Enrollment Application.
- For Provider Enrollment questions, visit the MDHHS Provider Enrollment website at www.Michigan.gov/MedicaidProviders >> select Provider Enrollment or contact 1-800-979-4662.
- For Michigan-specific Electronic Visit Verification (EVV) questions, visit the MDHHS EVV website at www.Michigan.gov/EVV
- For HHAeXchange system questions call 1-855-400-4429 or visit the project website at www.hhaexchange.com/info-hub/Michigan

Provider Resources



Electronic Visit Verification website:
www.Michigan.gov/EVV



**We continue to update our
Provider Resources:**

[CHAMPS Resources](#)

[EVV Listserv Instructions](#)

[Stakeholder and Partner Meetings](#)

[21st Century Cures Act](#)



**CHAMPS Enrollment
Questions:**

ProviderSupport@Michigan.gov

1-800-979-4662



**Thank you for participating in the Michigan Medicaid
Program**