



Michigan Medicaid Professional Claims and Remits

FOR ENROLLMENT WITH THIS PAYER:

1) Register for a SSO User ID.

To access the CHAMPS system you must log onto <https://sso.state.mi.us> to register for your Single Sign On (SSO) user ID and password. For instructions on how to obtain a user ID/password and to subscribe to CHAMPS please click here ([SSO Instructions](#)). Make sure all users within your organization that will need to access the information in CHAMPS (Provider Enrollment, Claims, Prior Authorization, etc.) receive a Single Sign-On (SSO) user ID and password.

MDCH recommends that all organizations keep a list of each user ID. The SSO user that submits the application as is approved will become the Provider Domain Administrator for that application. That user will have to assign rights for all other users within the organization to access the Provider's file.

In order to register for access to CHAMPS you must have your 14-digit application ID.

- If you have registered your NPI number(s) with MI Medicaid on/before 3/31/08 you should have received a green letter with your assigned application ID.
 - If you have this application ID proceed to step B.
 - If you do not have the application ID you MUST first send an e-mail request to CHAMPS@michigan.gov with the Billing name and Billing NPI (group name/NPI number if assigned or individual name/NPI number if no group exists). Once you receive your Application ID proceed to step B.
- If you have NOT previously registered your NPI number(s) with MI Medicaid, proceed to step B.
 - B. Go to <https://sso.state.mi.us> and login with assigned user ID/password that you received in Step 1.
 - C. Click on "Subscribe to Applications" link. Select DCH-CHAMPS/CHAMPS from the drop-down lists.

2) Once you've completed the above instructions follow these steps.

- A. Access CHAMPS by logging into <https://sso.state.mi.us> and clicking on the CHAMPS subscription link.
- B. Click on the Provider Enrollment link.
- C. Click on the Track Applications link and enter your 14-digit Application ID. Click the Submit button.
- D. Follow all steps to complete the Provider Enrollment with CHAMPS.
- E. Associate your Provider ID with Payerpath by selecting "PAYERPATH INC 1208929" from the Billing Agent List for Enrollment page.

For access to webinars and quick guides please visit the CHAMPS website at http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-145006--,00.html.

3) Once all actions are completed in the Provider Enrollment process, you will need to log back into CHAMPS periodically to track the approval status of your application. Approval may take up to 4 days.

Electronic Remittance Enrollment

- **There is a monthly fee for the Electronic Remittance Advice option. You must notify your Payerpath sales person in order to be set up properly for remit delivery.**
- If you are NOT currently enrolled with another vendor for 835 Electronic Remittance Advice, you may select Payerpath as the Billing Agent linked to this transaction type by following the Provider Enrollment steps above & selecting the 835 remittance transaction type.
- If you ARE currently enrolled with another vendor for MI Medicaid 835 ERA, you must complete an 835/277U Electronic Remittance Advice Request form & fax to payer at (517) 335-5570 to change vendors.

If you have any questions regarding these instructions or how to complete the online enrollment, please contact the CHAMPS Hotline at (888) 643-2408.

- Registration approval with this payer takes between 2 and 5 days.
- Notify the Payerpath Help Desk at (877) 623-5706 option 2 to inform them of your authorization.
- **You will not be able to send claims electronically until your authorization is in the Payerpath database.**



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

LANSING

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835/277U - Electronic Remittance Advice Request

As of March 31, 2008 the 835 HIPAA compliant Electronic Remittance Advice (ERA) file, which shows all paid and rejected claims that appear per pay cycle, and the 277U, the HIPAA compliant ERA file, which shows all pended claims that appear per pay cycle will need to be designated to the appropriate Billing Agent via the secure Community Health Automated Medicaid Processing System (CHAMPS) Provider Enrollment subsystem.

To request a change to a billing agent already designated to receive the 835/277U through CHAMPS, please fill out the information below. When this form is completed, please fax the request to (517) 335-5570, Attention: 835 Request. Within 7-14 days the billing agent can expect to receive your 835 files through the DEG. Confirmation will not be submitted.

Provider Tax ID Number: _____ -- _____

Data Exchange Gateway (DEG) ID: **D C H 0 0** _____

CHAMPS billing agent ID: _____

Individual requesting change/Title: _____

Current billing agent receiving 835: _____

Reason for change: _____

Contact Email: _____

Contact Fax Number: (_____) _____ -- _____

Contact Signature: _____

By signing this request, I am authorizing MDCH to change the 835 account for the tax ID listed above. I authorize the 835 files for the tax ID, to be electronically submitted to the Billing Agent indicated.

If you have any questions of what information is required, please email AutomatedBilling@michigan.gov.