

# MEDICAID MICHIGAN (00111) PRE-ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- Medicaid Michigan's enrollment process is completed online.
  - Prior to enrolling you must first create a CHAMPS account within their Single Sign-On system
    - Go to <https://milogintp.michigan.gov/>
    - Click the "Sign Up" button
    - Follow the registration process by completing all required fields
  - Once you have created the CHAMPS account, log into your account to start the enrollment process
    - For Individual providers, follow the instructions outlined [here](#)
      - When you get to Step 7: Associate Billing Agent, enter Office Ally's Billing Agent ID **7053205**.
    - For Group providers, follow the instructions outlined [here](#)
      - When you get to Step 5: Associate Billing Agent, enter Office Ally's Billing Agent ID **7053205**.
  - To activate ERA's, complete Step 9: 835/ERA Enrollment Form

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 1 week.

## HOW DO I CHECK STATUS?

- Log into your CHAMPS account to view the enrollment status.
- Once you receive confirmation that you've been linked to Office Ally, to complete your enrollment follow instructions on the "Note to My Clients Plus Users" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

## **Note to My Clients Plus Users:**

Once you have confirmed with the Insurance Payer your Billing NPI/ Provider Number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including state if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For EDISS or Noridian Pre-Enrollments Please Also Include:  
Providers Submitter Number**

**REVISED 9/29/16**