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Strengthen your revenue health
EDI Insight

Payer ID: MCDMI/D00111

# Michigan Medicaid
# 837/835

## EDI Enrollment Instructions:

- The billing provider must have an EDIinisght customer account.
- To authorize Michigan Medicaid for claims and ERA enrollment with our clearinghouse, the provider must log onto the payer's website and complete an online request. See steps outlined below.
- Once completed and submitted to payer, record the enrollment activity within EDIinsight.
  Within EDIinsight Enrollment Manager-
  --LOCATE or [ADD Payer Enrollment] to create payer enrollment record.
  --SELECT the record, CLICK [ADD Action Taken] , SELECT "Enrolled on payer website", ENTER note, SAVE.
- EDI enrollment processing timeframe is approximately 7-14 business days.
- For assistance, contact the CHAMPS Hotline at 1-800-292-2550 or send email to ProviderSupport@michigan.gov .

## 837 Claim and 835 Electronic Remittance Advice Transactions:

**GO TO** CHAMPS (MIL) Provider
**SIGN ON** using Provider's CHAMPS Credentials/ SSO User ID and Password
–Or- Create an account if you do not already have one.

**SEE STEPS BELOW** for adding Practice Insight as a Billing Agent for Claims and ERA enrollment.
**FOR FURTHER ASSISTANCE in completing the online request...**
CALL Provider Support at 1.800.292.2550 Opt 4 and/or REFER to guide, **CHAMPS Associate a New Billing Agent.**

**STEP 4**- Mode of Claim Submission
PUT ✓ for * Billing Agent and any other options you would like, then CLICK [OK]

**STEP 5-** Associate Billing Agent
CLICK [+ Add] , ENTER **1217534** (Billing Agent # for Practice Insight) ENTER **Start Date**
CLICK [Confirm/Search Billing Agent], then locate Practice Insight, put ✓ in box to select it.
UNDER "Authorized Transaction Responses"
SEE " X12 835 HealthCare Claim Status"
PUT ✓ for "Authorized", ENTER Start Date CLICK [OK] to proceed.

**CONTINUE** with **STEPS 6, 7, 8**.

**STEP 9**- 835/ERA Enrollment Form
SEE "Provider Identifiers", **"**Assigning Authority**"** ENTER **1217534** for CHAMPS Billing Agent ID #
SEE **"**Method of Retrieval**"** (drop-down menu), SELECT [DEG] or [CHAMPS]
SEE "Preference for Aggregation of Remittance Data" SELECT ONE: ___ NPI -Or ___TAX ID
SEE "Reason for Submission" SELECT "Change Enrollment" or "New Enrollment"
SEE "Authorized Signature" PUT ✓ "Authorization Agreement"
COMPLETE Electronic Signature of Person Submitting Enrollment, then CLICK [Submit], then [Close]

**CONTINUE** with **STEPS 13,14**

**SEE VIEW/UPDATE PROVIDER DATA – GROUP PRACTICE (to view data for all the Steps)**
Steps with requested changes will have status of Updated.
Complete all remaining steps (select hyperlink) –answer all questions and then CLICK [Save], then [Close].
**Note:** Within Step 5, you will see Practice Insight Billing Agent #**1217534** listed with status of IN REVIEW.
Do NOT submit claims until the status is indicated as APPROVED.