

Required Credentialing Elements	Physician	Advanced Practice Practitioner (NP/PA)	Chiropractor	Audiology	Doula	CHW
Provider Enrollment Form	X	X	X	X	X	X
W-9	X	X	X	X	X	X
Active location in the State the provider practices in	X	X	X	X		
Active unrestricted license to practice in the state in which the provider is providing services in	X	X	X	X		
Professional/General Liability Insurance Certificate					X	X
Collaborating/Supervision Physician Agreement		X				
					Auto Insurance Certificate or verification that a vehicle is not owned	
Registration with MDHHS CHAMPS	X	X	X	X	X	X
Roster Template (if more than five practitioners)	X	X	X	X		
Cultural Competency Attestation	X	X	X	X	X	X
CSHCS Attestation (if applicable)	X	X				
W9 OR Internal Revenue Service document	X	X	X	X	X	X
Auto Insurance Certificate or verification that a vehicle is not owned					X	X
*Must enroll with at least one billing provider enrolled in CHAMPS					October 2026	X

Required Credentialing Elements	Optometrist/ Ophthalmologist	Acupuncture**	Dietician**	Genetics Counselor
Provider Enrollment Form	X	X	X	X
W-9	X	X	X	X
Active location in the State the provider practices in	X	X	X	X
Active unrestricted license to practice in the state in which the provider is providing services in	X	X		X
Professional/General Liability Insurance Certificate				
Collaborating/Supervision Physician Agreement				
				Accredited by the American Board of Genetic Counseling (ABGC) Commission or the American Board of Medical Genetics and Genomics (ABMGG)
Registration with MDHHS CHAMPS	X	X	X	X
Roster Template (if more than five practitioners)	X		X	X
Cultural Competency Attestation	X	X	X	X
CSHCS Attestation (if applicable)				
W9 OR Internal Revenue Service document	X	X	X	X
Auto Insurance Certificate or verification that a vehicle is not owned				
*Must enroll with at least one billing provider enrolled in CHAMPS				
October 2026				

Required Credentialing Elements	Dentists (oral and maxillofacial surgeons providing care under medical benefit)	Podiatrist	Fully Licensed Psychologist	Master Level Psychologist	Mater Level Social Worker
Provider Enrollment Form	X	X	X	X	X
W-9	X	X	X	X	X
Active location in the State the provider practices in	X	X	X	X	X
Active unrestricted license to practice in the state in which the provider is providing services in	X	X	X	X	X
Professional/General Liability Insurance Certificate					
Collaborating/Supervision Physician Agreement					
Registration with MDHHS CHAMPS	X	X	X	X	X
Roster Template (if more than five practitioners)	X	X	X	X	X
Cultural Competency Attestation	X	X	X	X	X
CSHCS Attestation (if applicable)					
W9 OR Internal Revenue Service document	X	X	X	X	X
Auto Insurance Certificate or verification that a vehicle is not owned					October 2026
*Must enroll with at least one billing provider enrolled in CHAMPS					

Required Credentialing Elements	Licensed Professional Counselor	Marriage and Family Therapist	Board Certified Behavior Analysts - BCC does not currently enroll due to they are unable to enroll in CHAMPS	PT/OT/ST
Provider Enrollment Form	X	X	X	X
W-9	X	X	X	X
Active location in the State the provider practices in	X	X	X	X
Active unrestricted license to practice in the state in which the provider is providing services in	X	X	Behavior Analyst state of Michigan License	X
Professional/General Liability Insurance Certificate				
Collaborating/Supervision Physician Agreement				
				Medicare Approval Letter
Registration with MDHHS CHAMPS	X	X	X	X
Roster Template (if more than five practitioners)	X	X	X	X
Cultural Competency Attestation	X	X	X	X
CSHCS Attestation (if applicable)				
W9 OR Internal Revenue Service document	X	X	X	X
Auto Insurance Certificate or verification that a vehicle is not owned				October 2026
*Must enroll with at least one billing provider enrolled in CHAMPS				

Required Credentialing Elements	CNM	CRNA	Limited License Psychologist
Provider Enrollment Form	X	X	X
W-9	X	X	X
Active location in the State the provider practices in	X	X	X
Active unrestricted license to practice in the state in which the provider is providing services in	X	X	X
Professional/General Liability Insurance Certificate	Certification from the American College of Certified Nurse Midwives (ACCNM) with effective an expiration dates		
Collaborating/Supervision Physician Agreement			
Registration with MDHHS CHAMPS	X	X	X
Roster Template (if more than five practitioners)	X	X	X
Cultural Competency Attestation	X	X	X
CSHCS Attestation (if applicable)			
W9 OR Internal Revenue Service document	X	X	X
Auto Insurance Certificate or verification that a vehicle is not owned			
*Must enroll with at least one billing provider enrolled in CHAMPS			October 2026