Michigan Department of Health & Human Services

New Individual Home Help Provider Associating to an Agency Enrollment Instructions

"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

Checklist

*****You must complete the application within 30 days of starting it*****

- For anyone who wants to become a *new* Home Help provider associated with an Agency:
  - ❑ Have paper and a writing utensil nearby
  - ❑ Create a MILogin user ID and password
  - ❑ Gain access to CHAMPS
  - ❑ Fill out the Provider Enrollment Application
  - ❑ Track your Application
  - ❑ Application Approved

An approved direct care worker that provides personal care services to an MDHHS Home Help Client is called an Agency Caregiver.

Call the Provider Support Helpline if you need assistance:

1-800-979-4662

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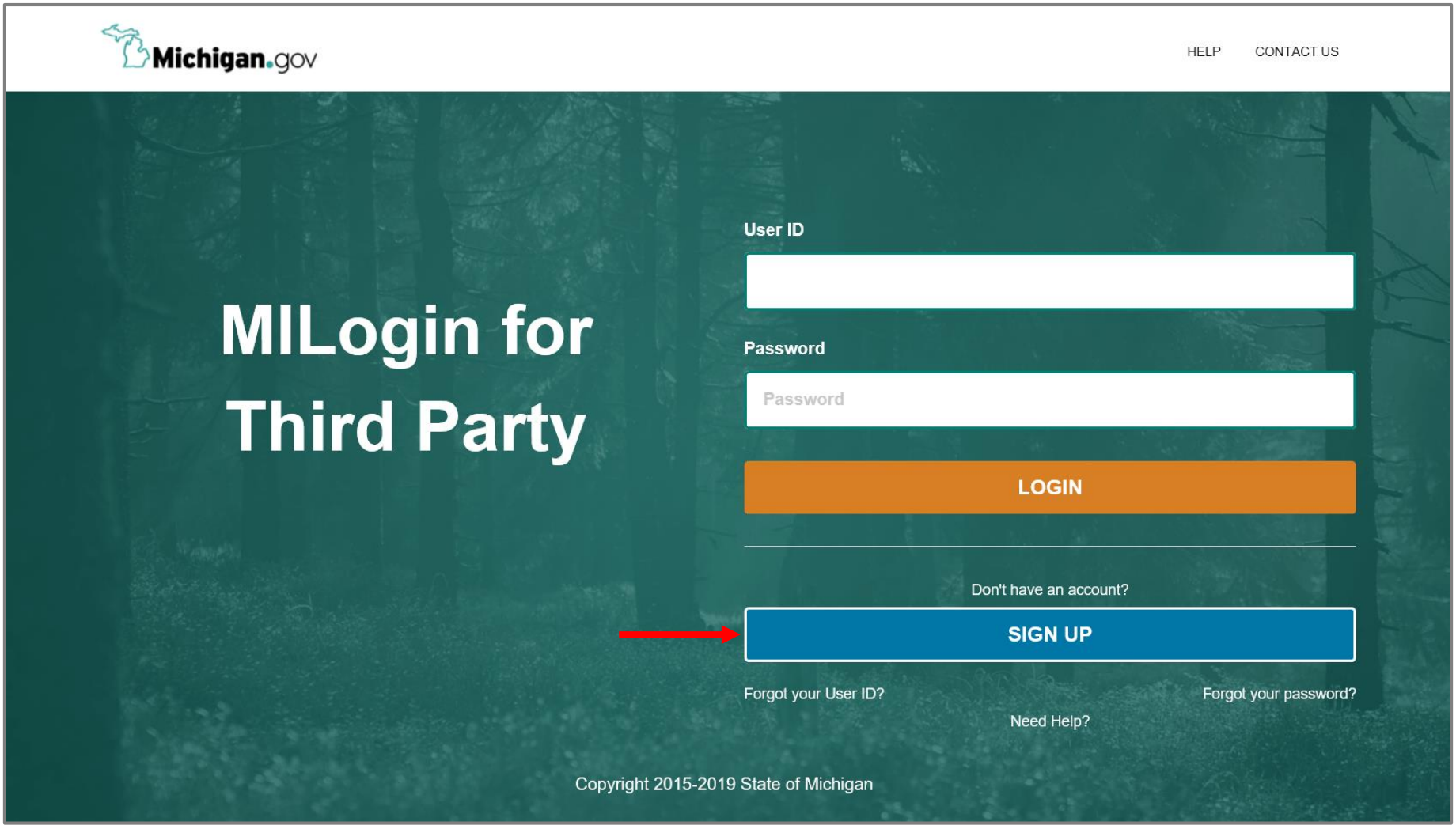
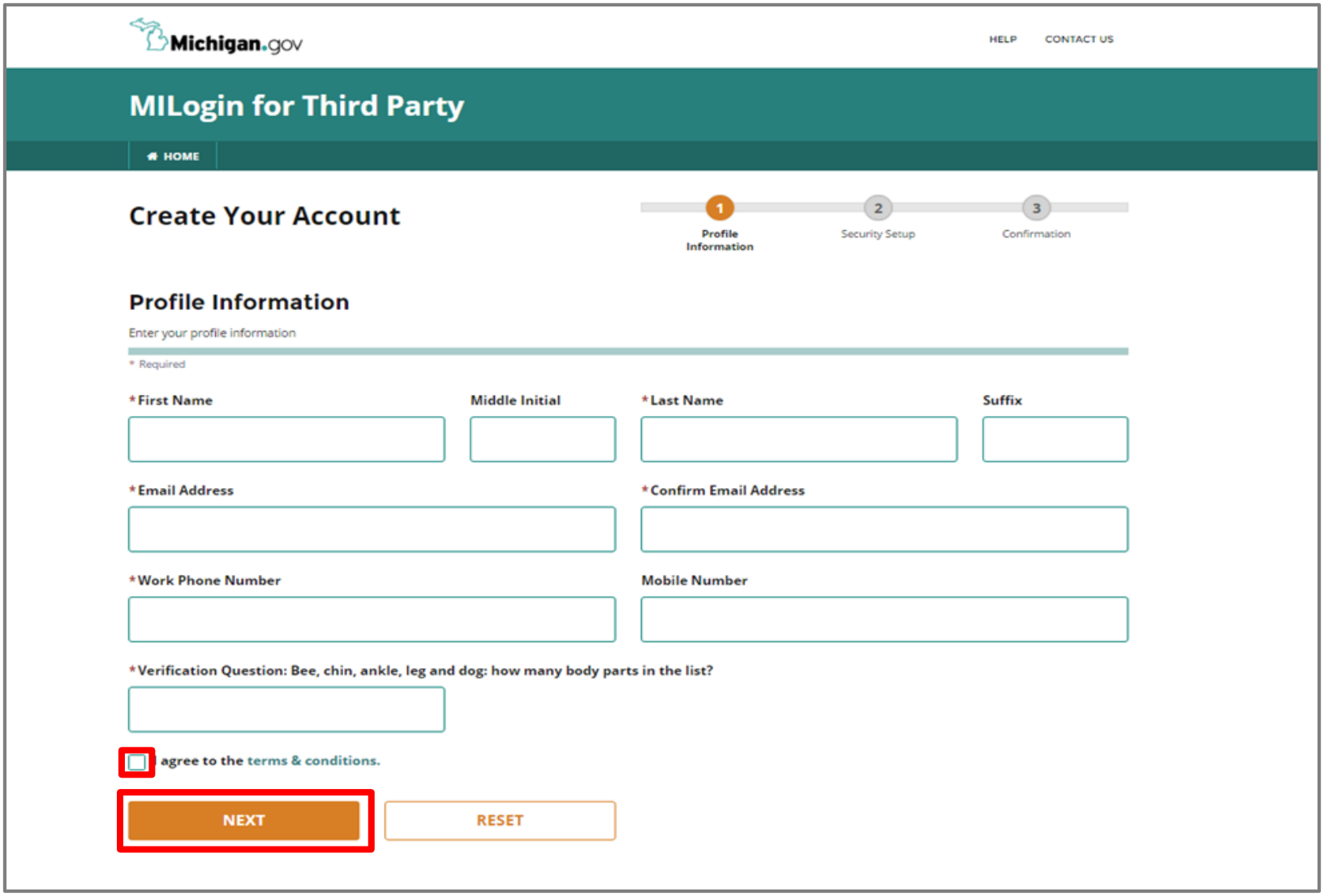
Register for MILogin and CHAMPS

MILogin is a website that allows a user to enter one ID and password in order to access multiple applications.

CHAMPS (Community Health Automated Medicaid Processing System) is the program where providers enroll, update enrollment information, and report services performed.



- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter https://milogintp.Michigan.gov into the search bar
- Click **Sign Up**



- Complete all required fields
- Check the ‘I agree’ box
- Click **Next**

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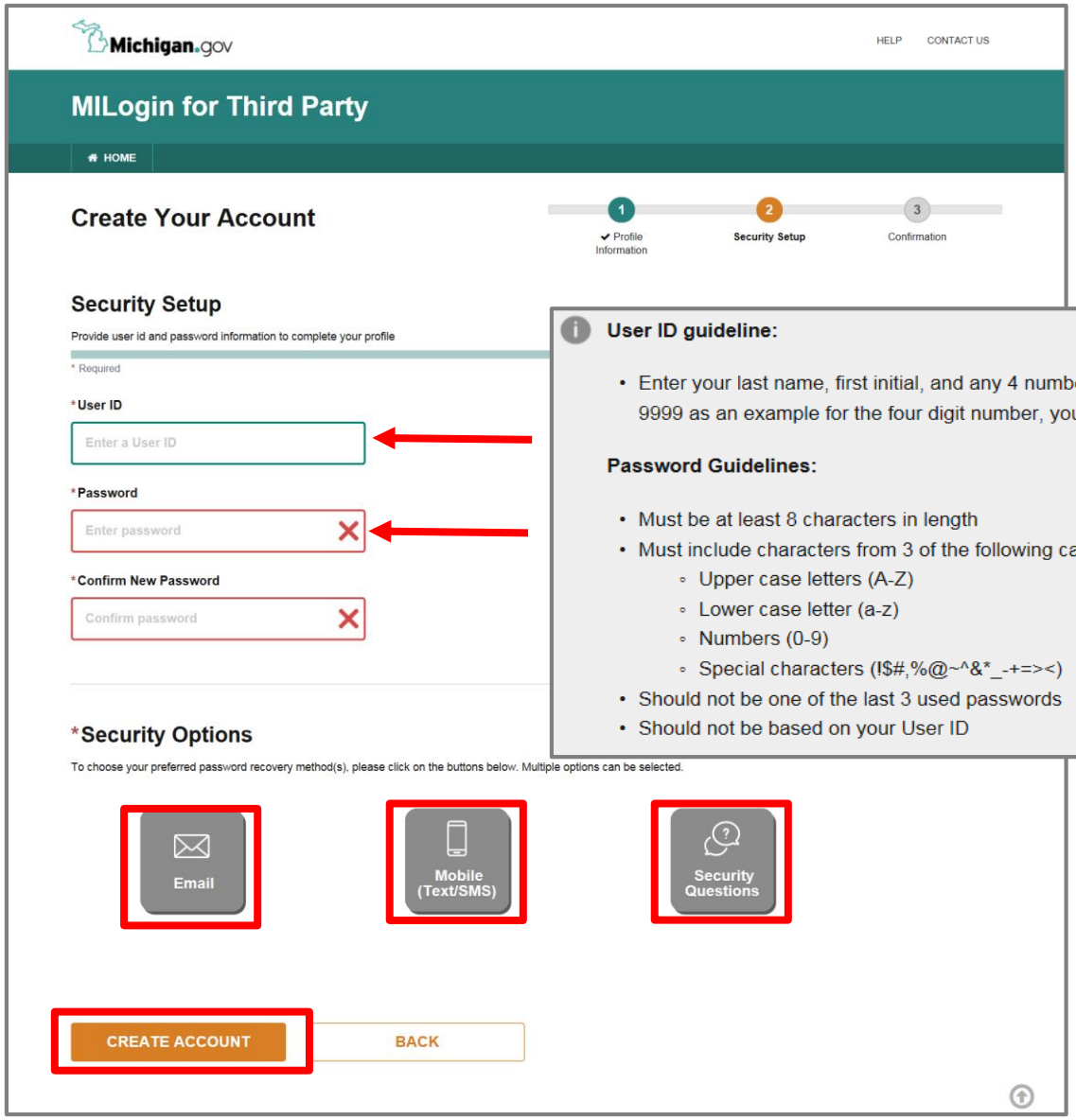
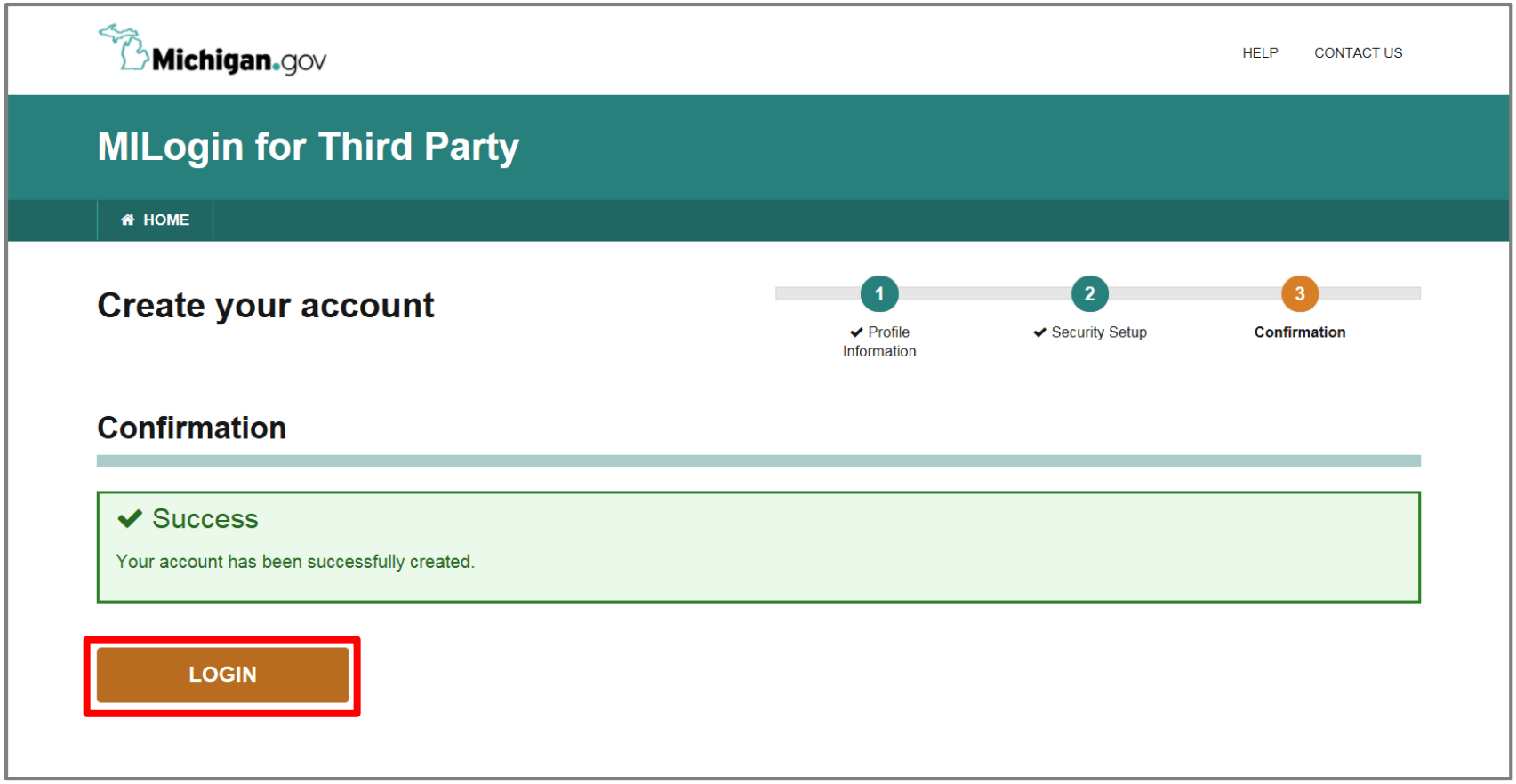


- Create the user ID and password following the listed guidelines
- Select the preferred password recovery method(s)
- Click **Create Account**



- Your MILogin account has now been created successfully
- Click the **Login** button to return to the login screen

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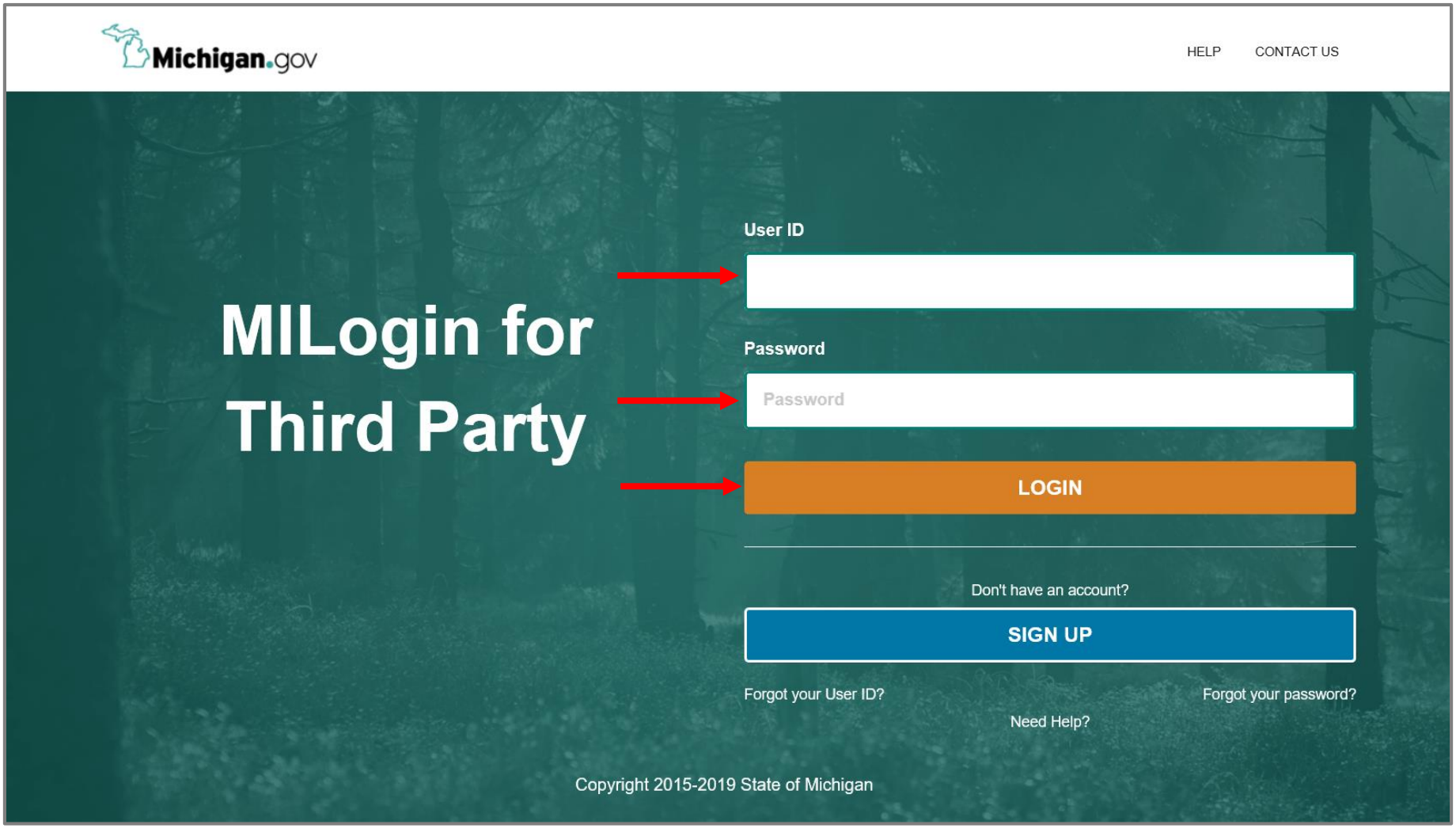
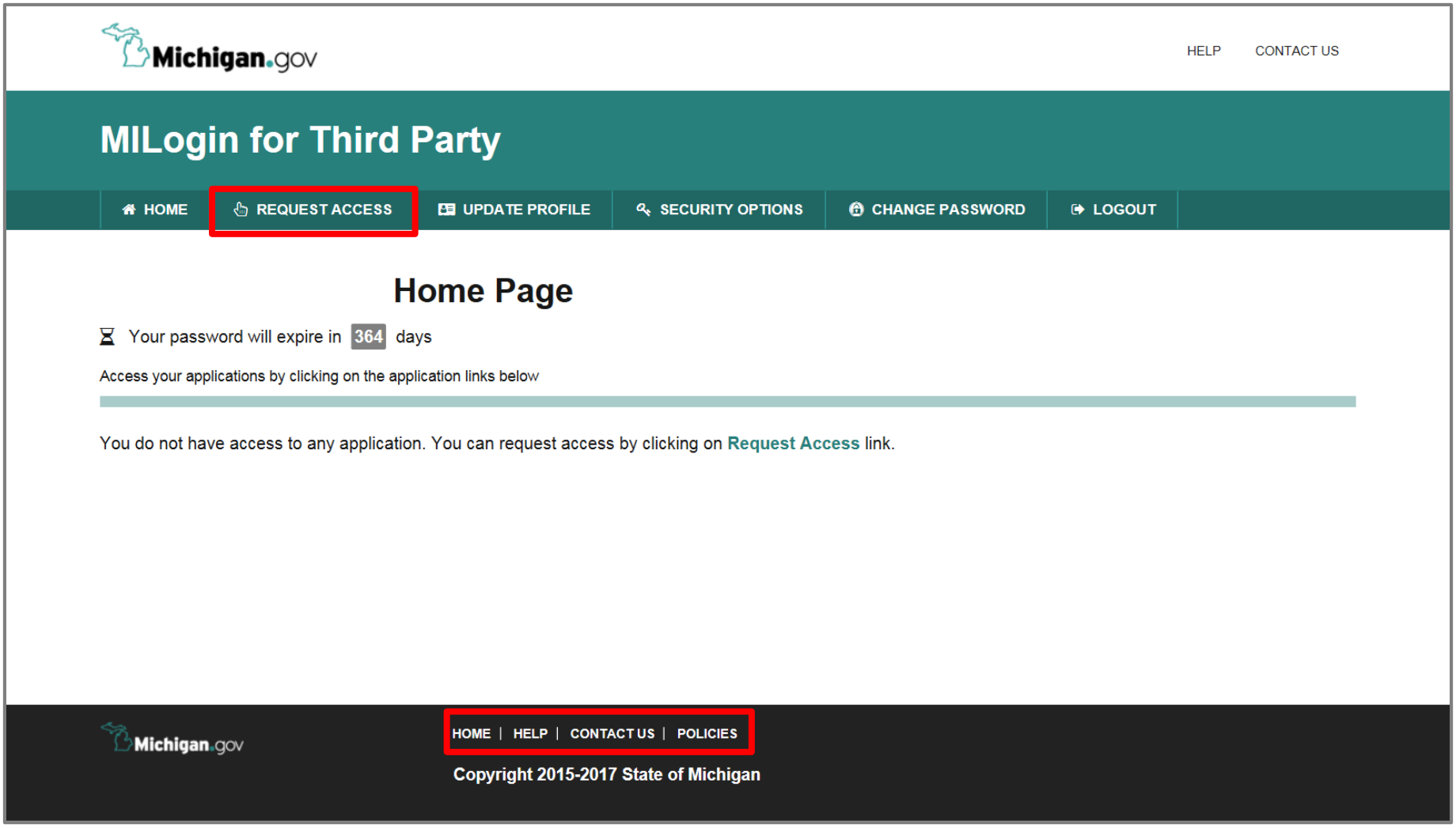
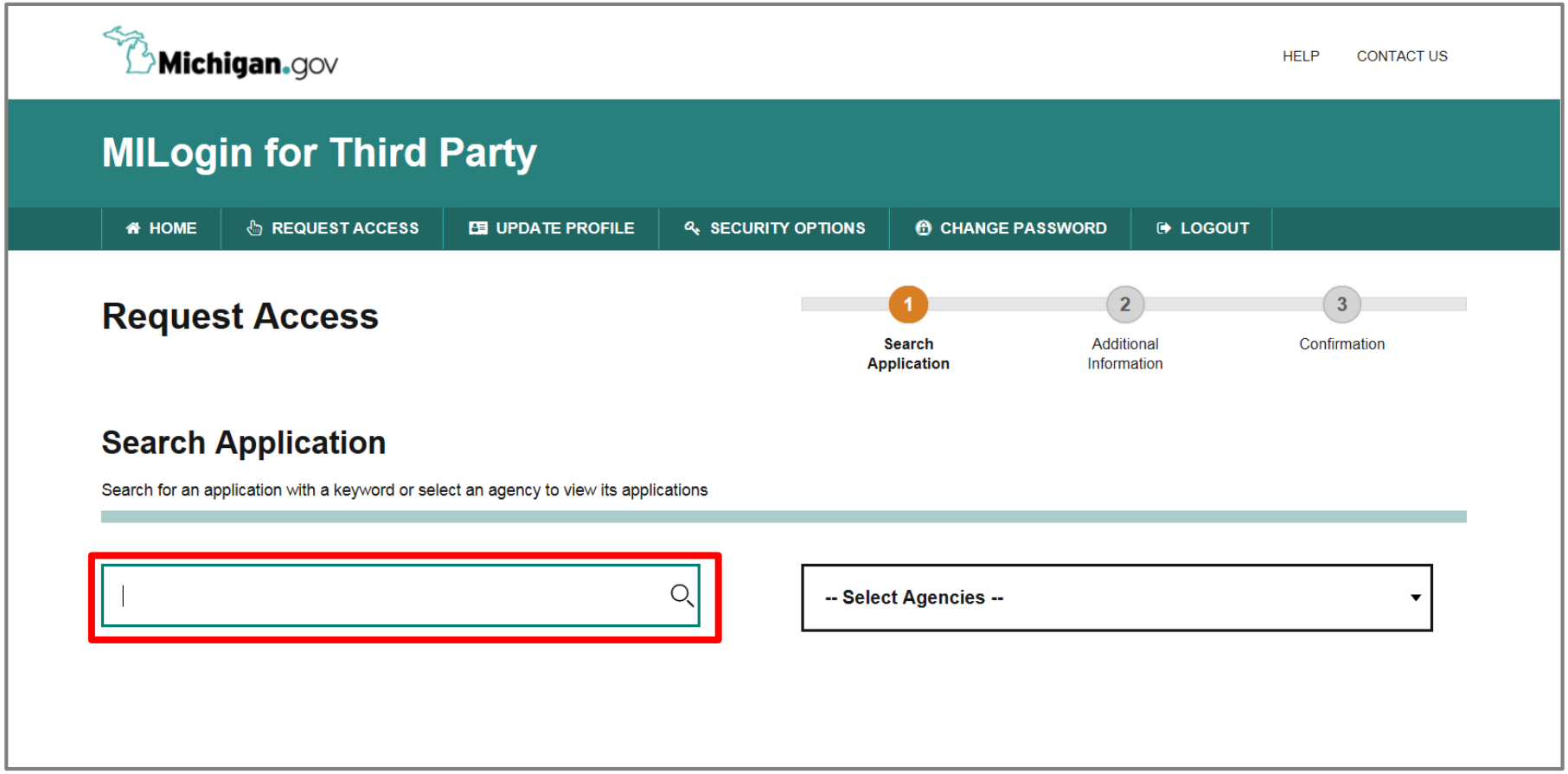


- Enter your User ID and Password you just created
- Click **Login**

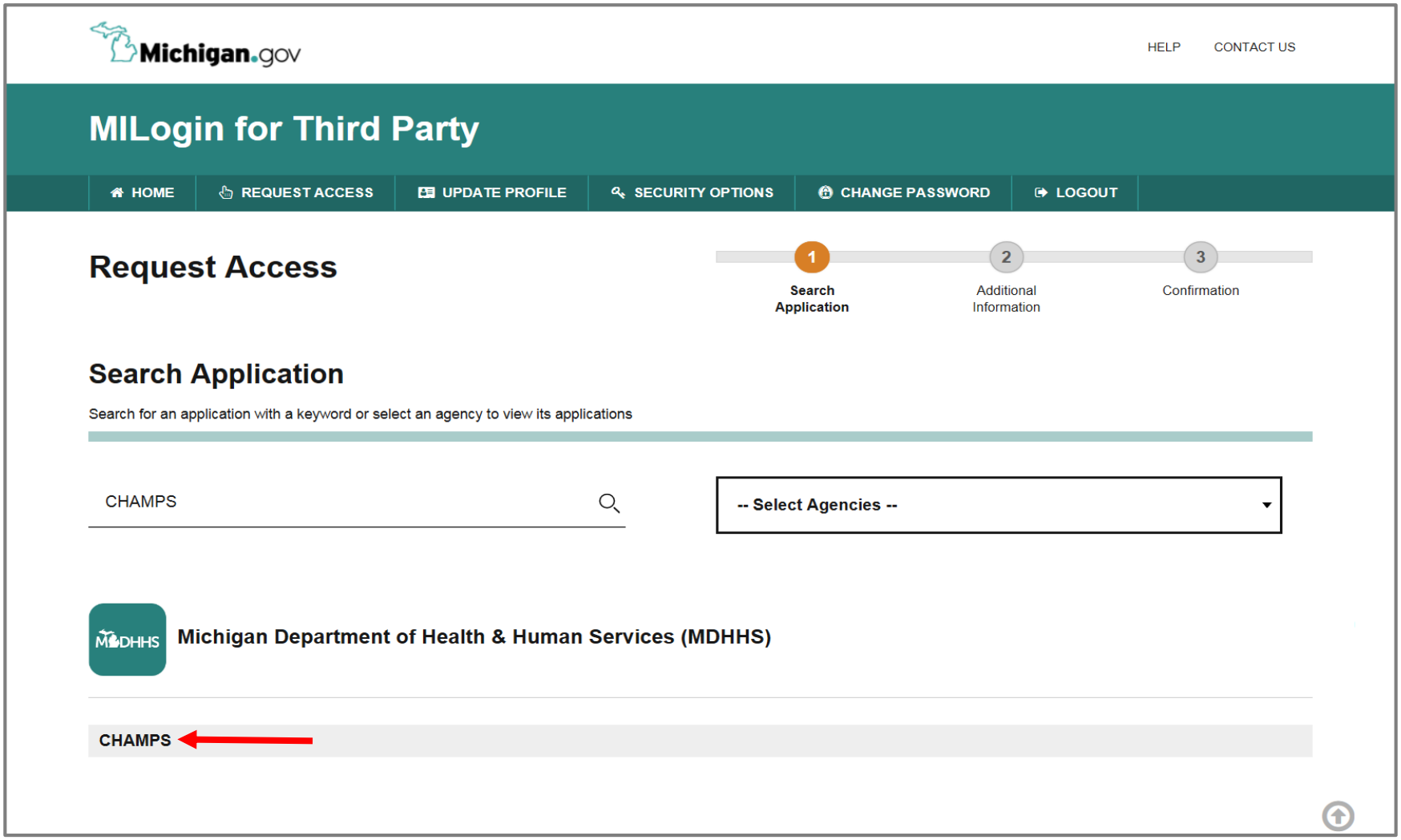


- Your Home Page will not show any applications
- Click **Request Access**

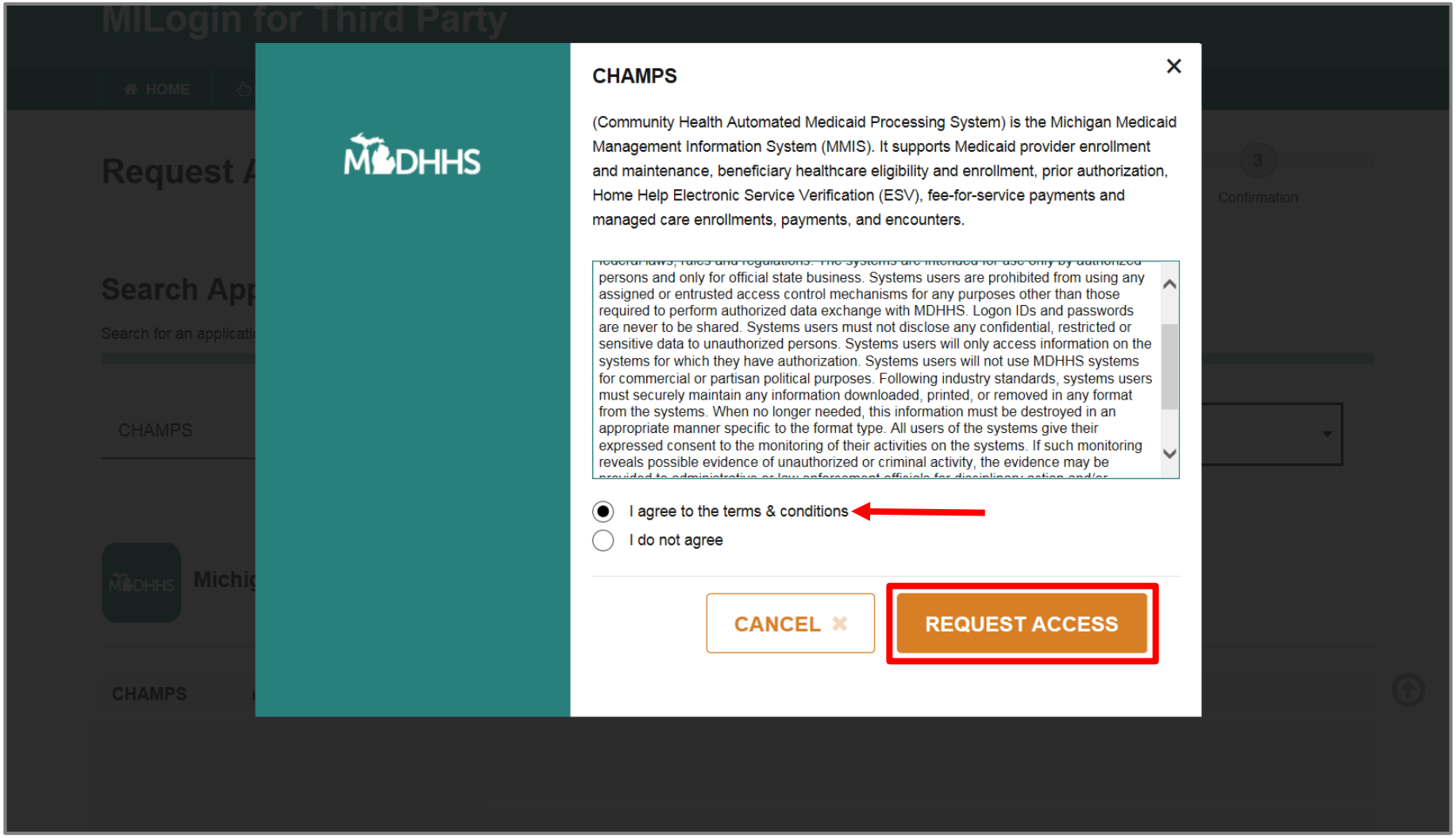
**MILogin resource links are listed at the bottom of the page*



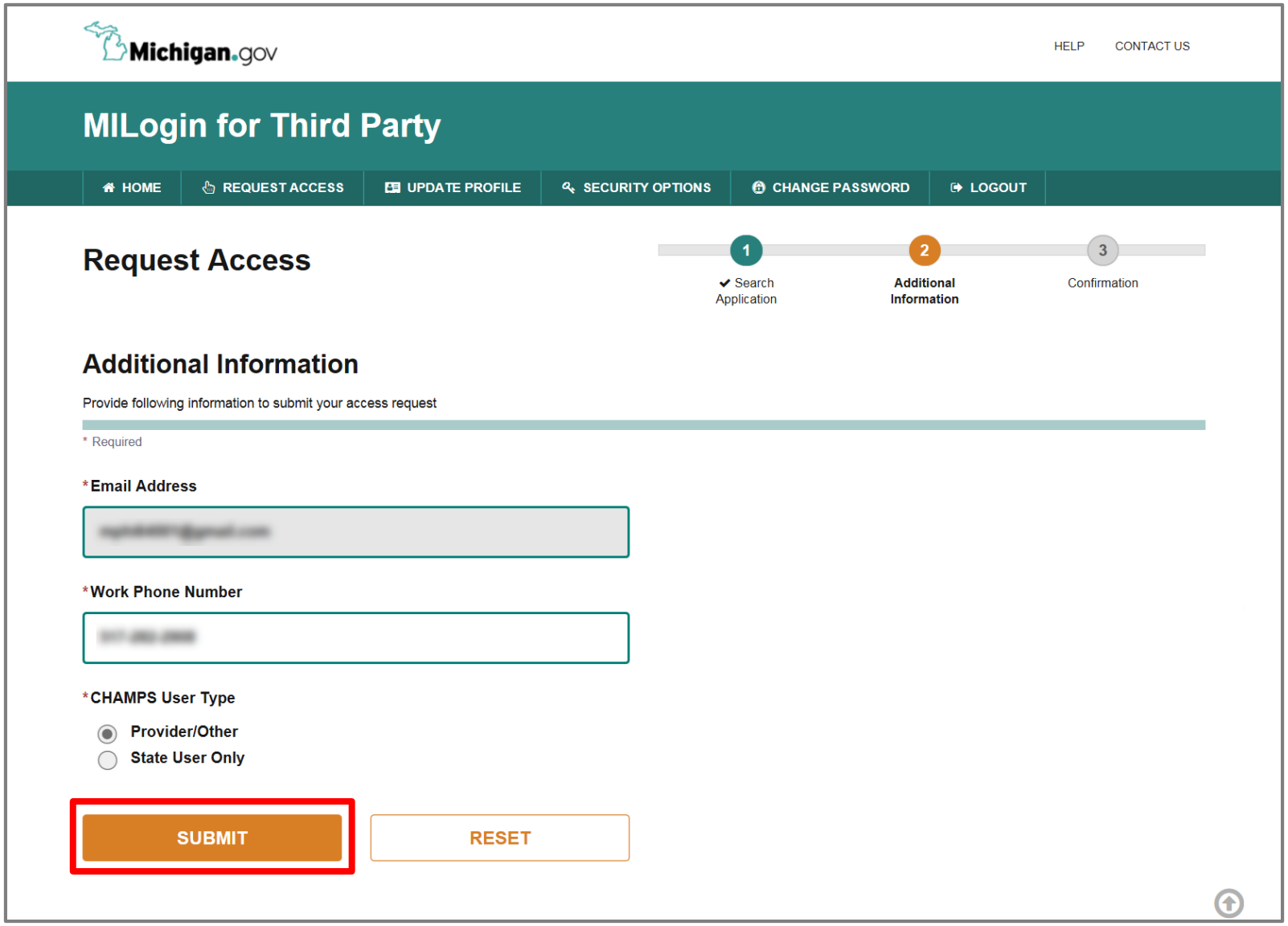
- Type CHAMPS in the search box
- Click the search/magnifying button



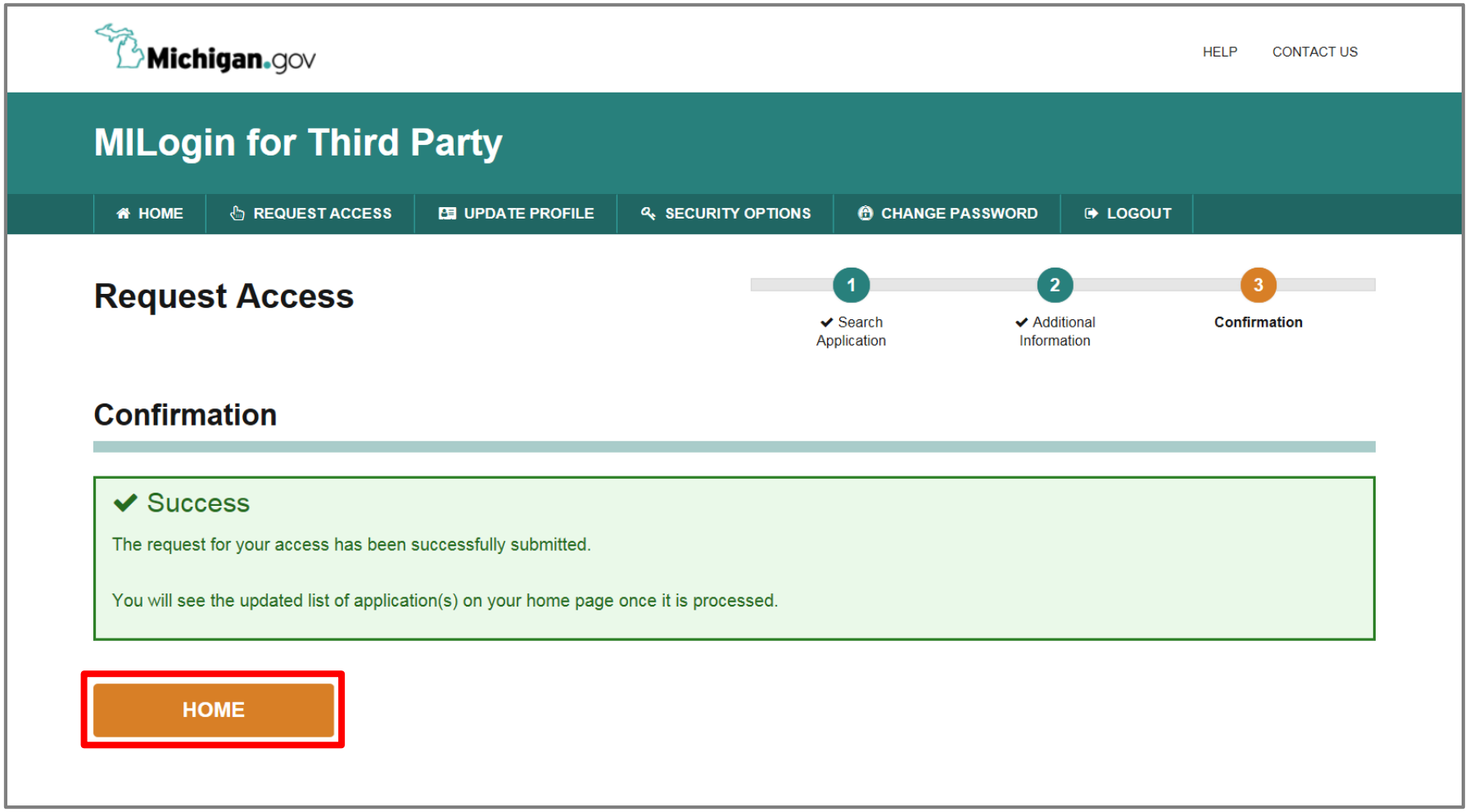
- Click on **CHAMPS**



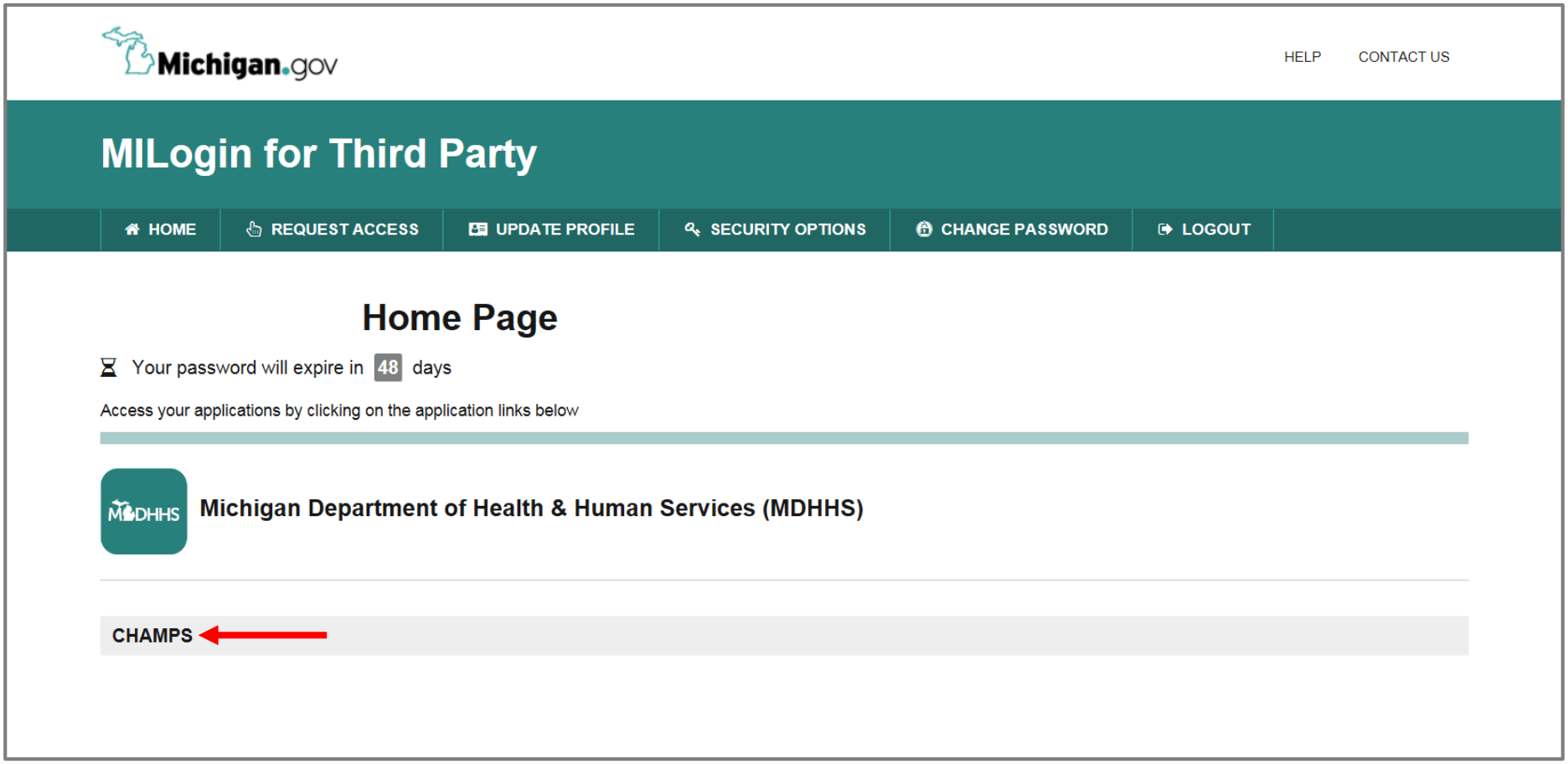
- Select the ‘I agree to the terms & conditions’ radio button
- Click **Request Access**



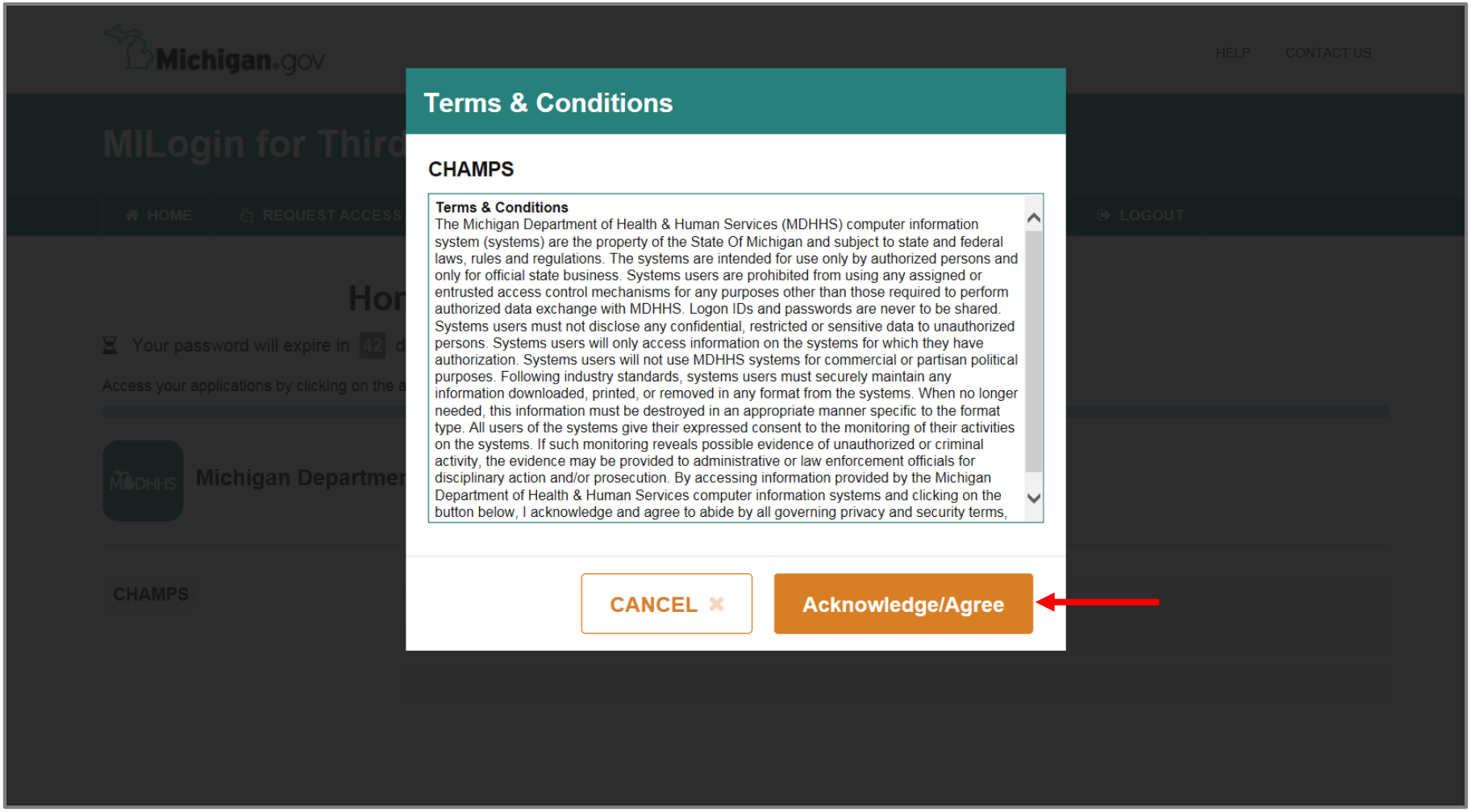
- Verify all information is correct
- Click **Submit**



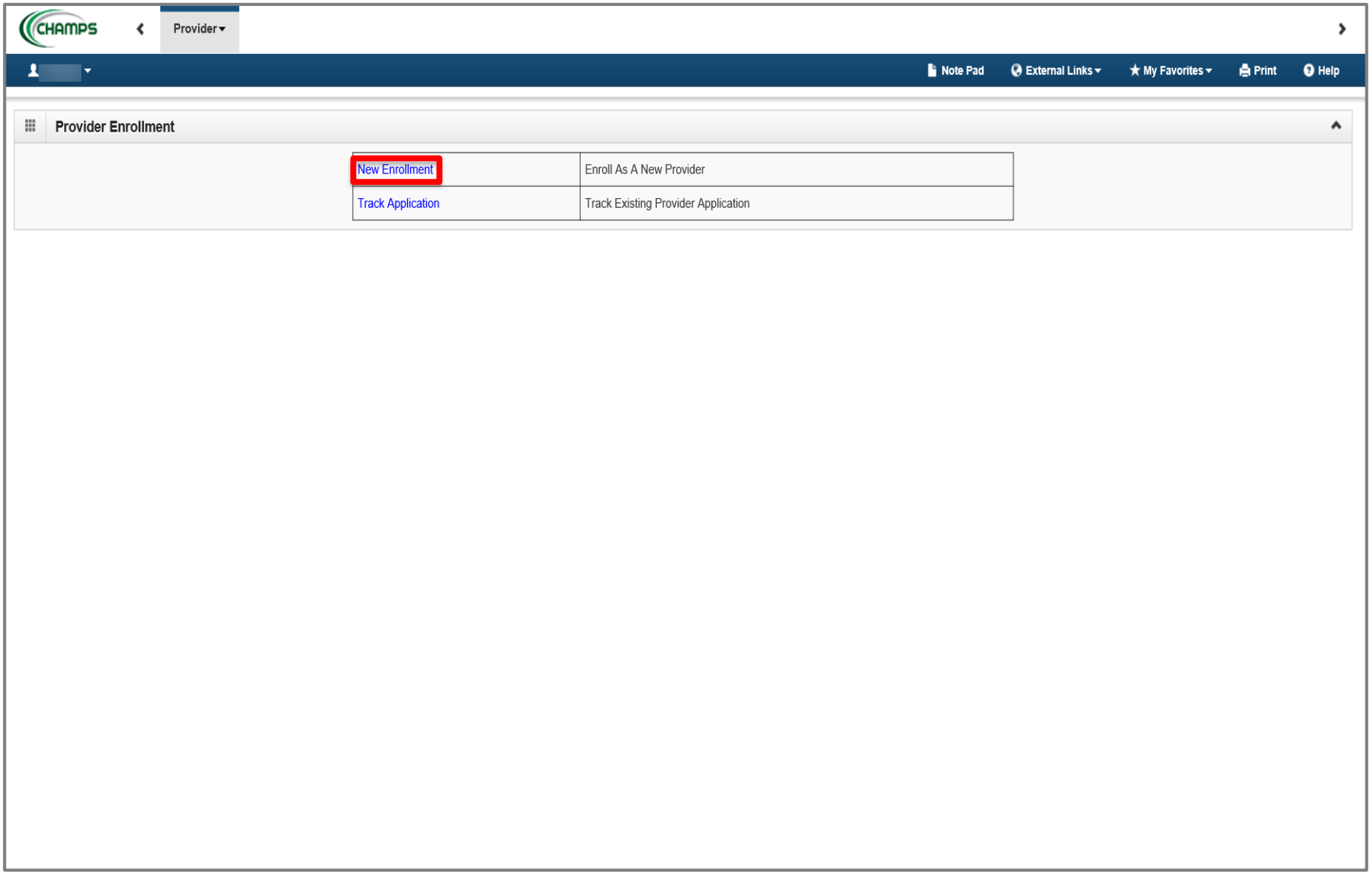
- You will be given confirmation that your request has been submitted successfully
- Click the **Home** button to return to the MILogin Home Page



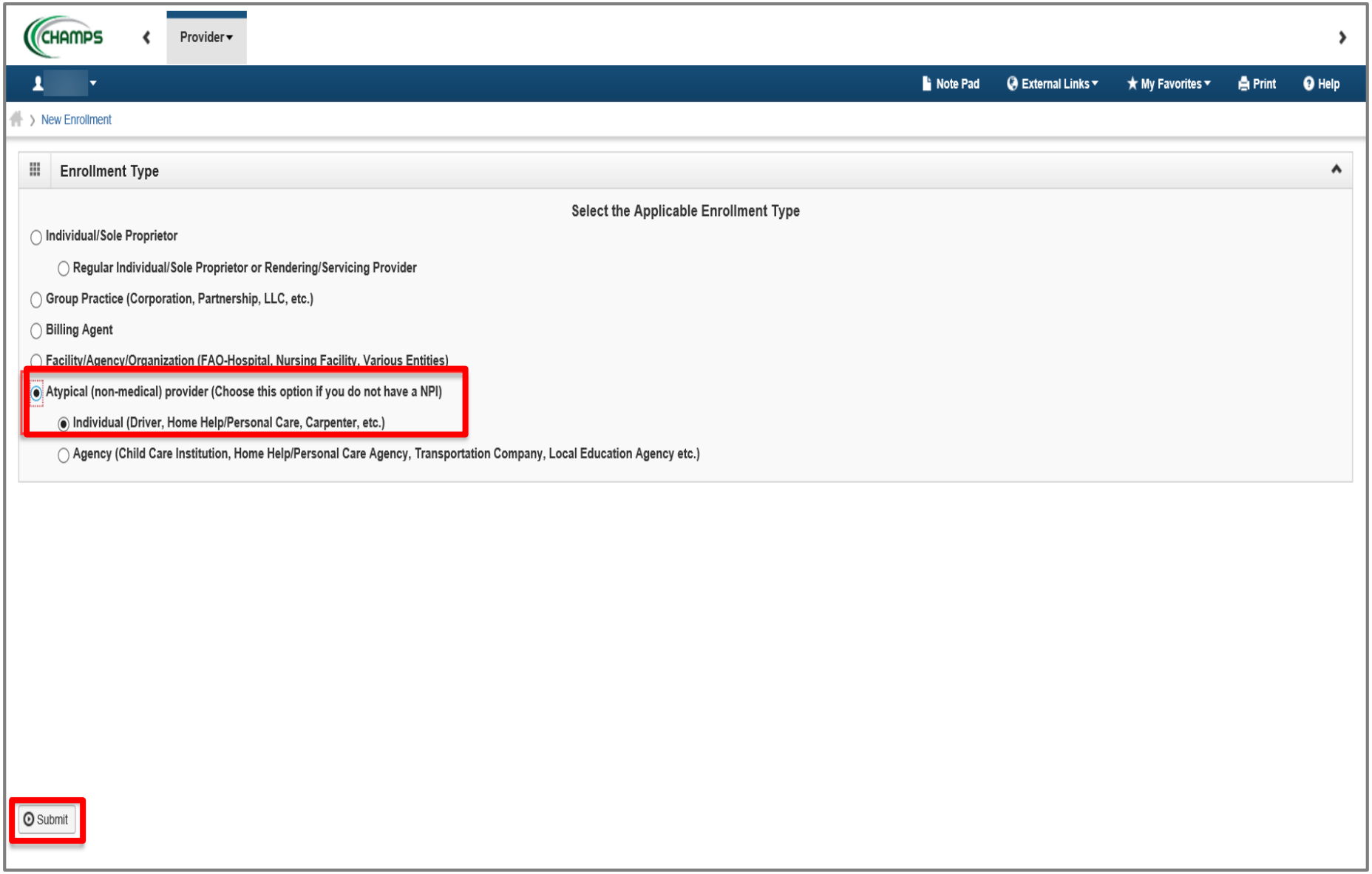
- You will be directed back to your MILogin Home Page. You will need to log out completely and log back in for CHAMPS to appear.
- Click the **CHAMPS** hyperlink.



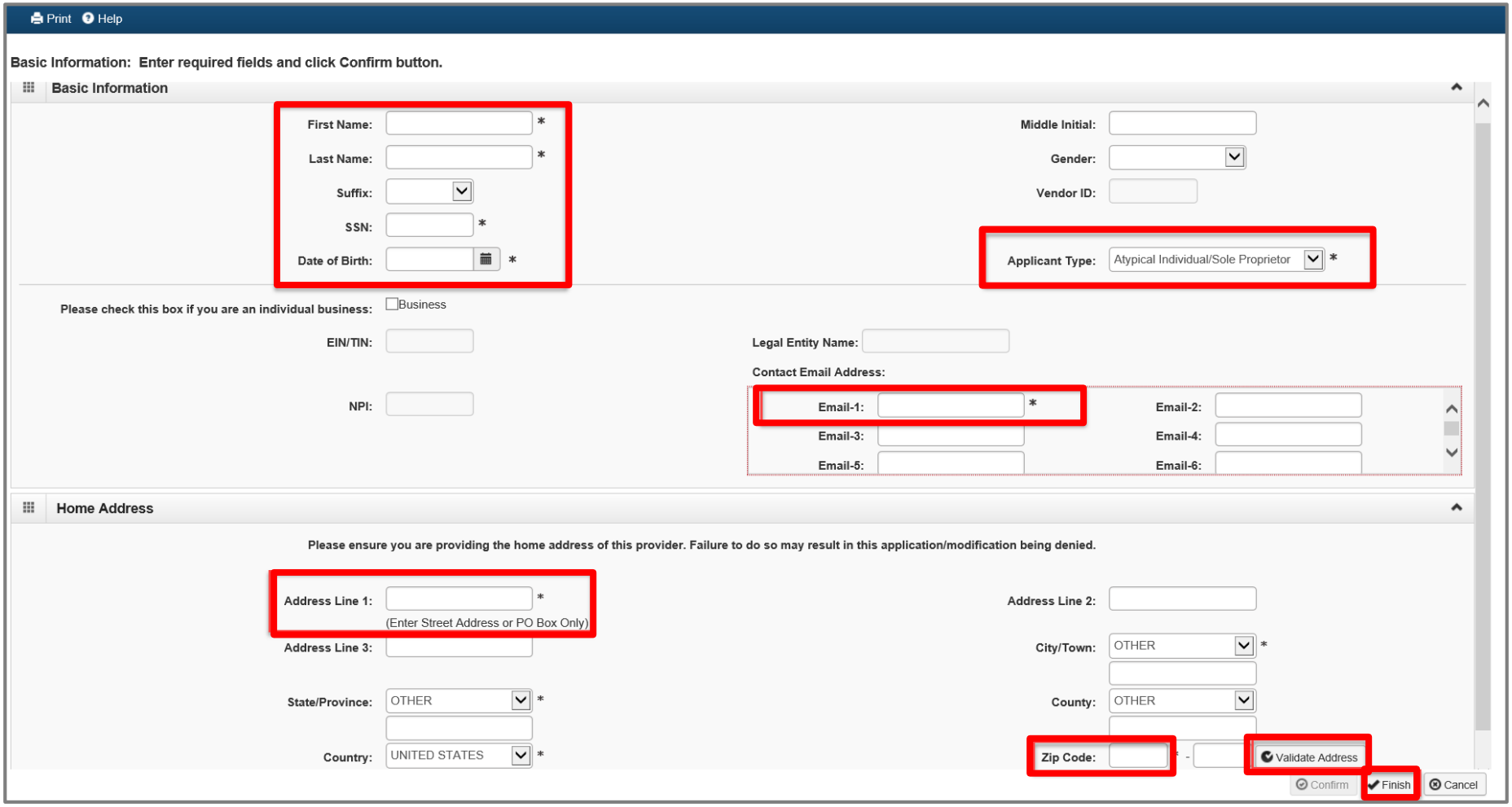
- Click '**Acknowledge/Agree'** button to accept the Terms & Conditions to get into CHAMPS



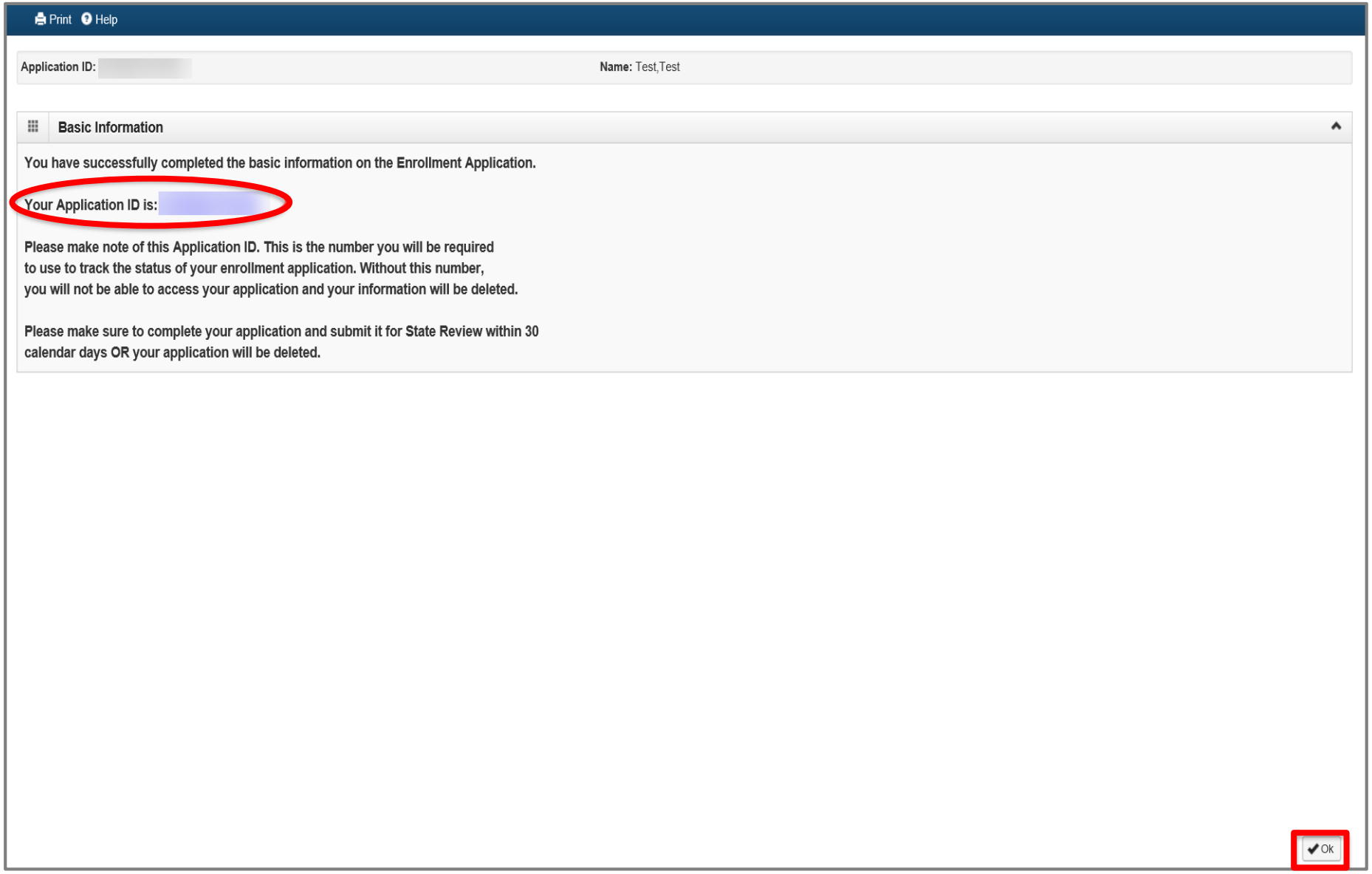
- Click on **New Enrollment**.



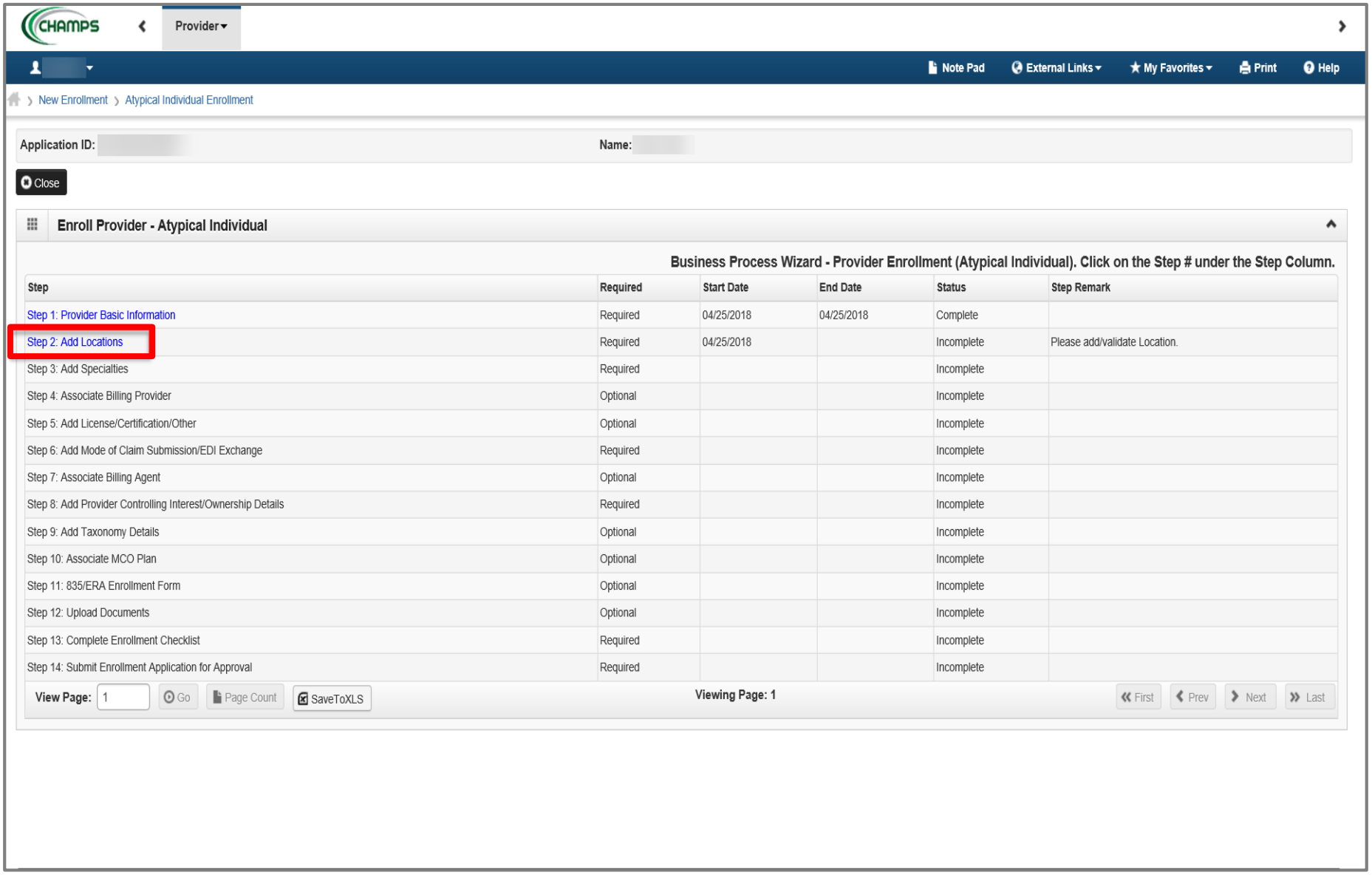
- Click **Atypical (non-medical) provider**.
- Individual will automatically be chosen.
- Click **Submit**.



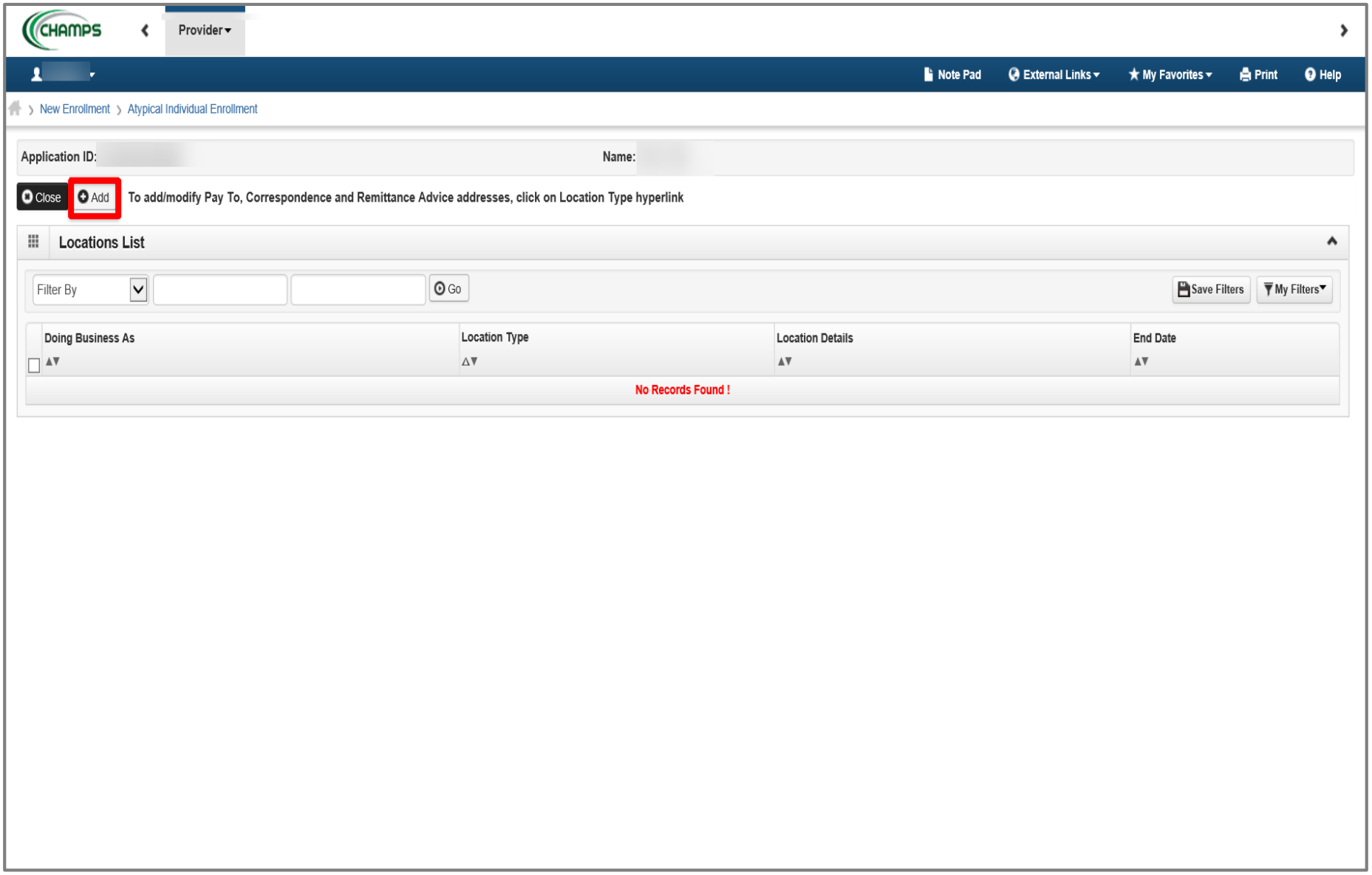
- Enter the required information: *First Name, Last Name, SSN, Date of Birth, Email, Address, and Zip Code.*
- Click **Validate Address**.
- Confirm Atypical Individual/Sole Proprietor is listed for Applicant Type.
- Click **Finish.**



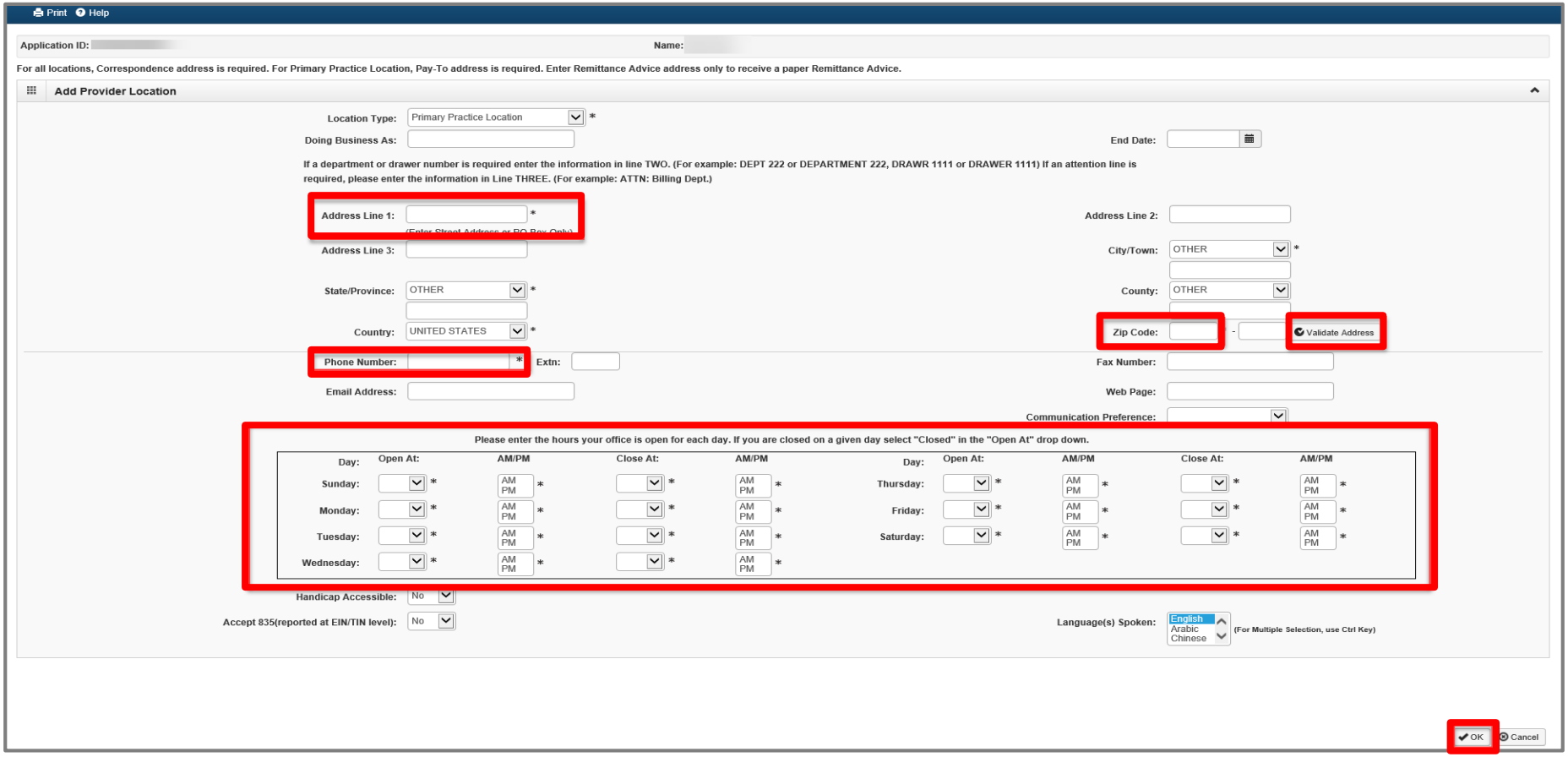
- Write down the Application ID number for future reference.
- Click **OK**.



- Click **Step 2: Add Locations**.


CHAMPS
Provider
Note Pad
External Links
My Favorites
Print
Help
New Enrollment
Atypical Individual 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 !

- Click **Add**.



- Enter the required information, indicated by an asterik (*): Address, Zip Code, Phone Number and Office Hours.
- Click **Validate Address**.
- For **Office Hours**-use the drop-down arrow to chose the correct times. Make sure to select the hours you are open or choose “Closed”.
- Click **OK**.

Please Note: **Location Type** will always be *Primary Practice Location.*
Use your ***personal residential 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**.**

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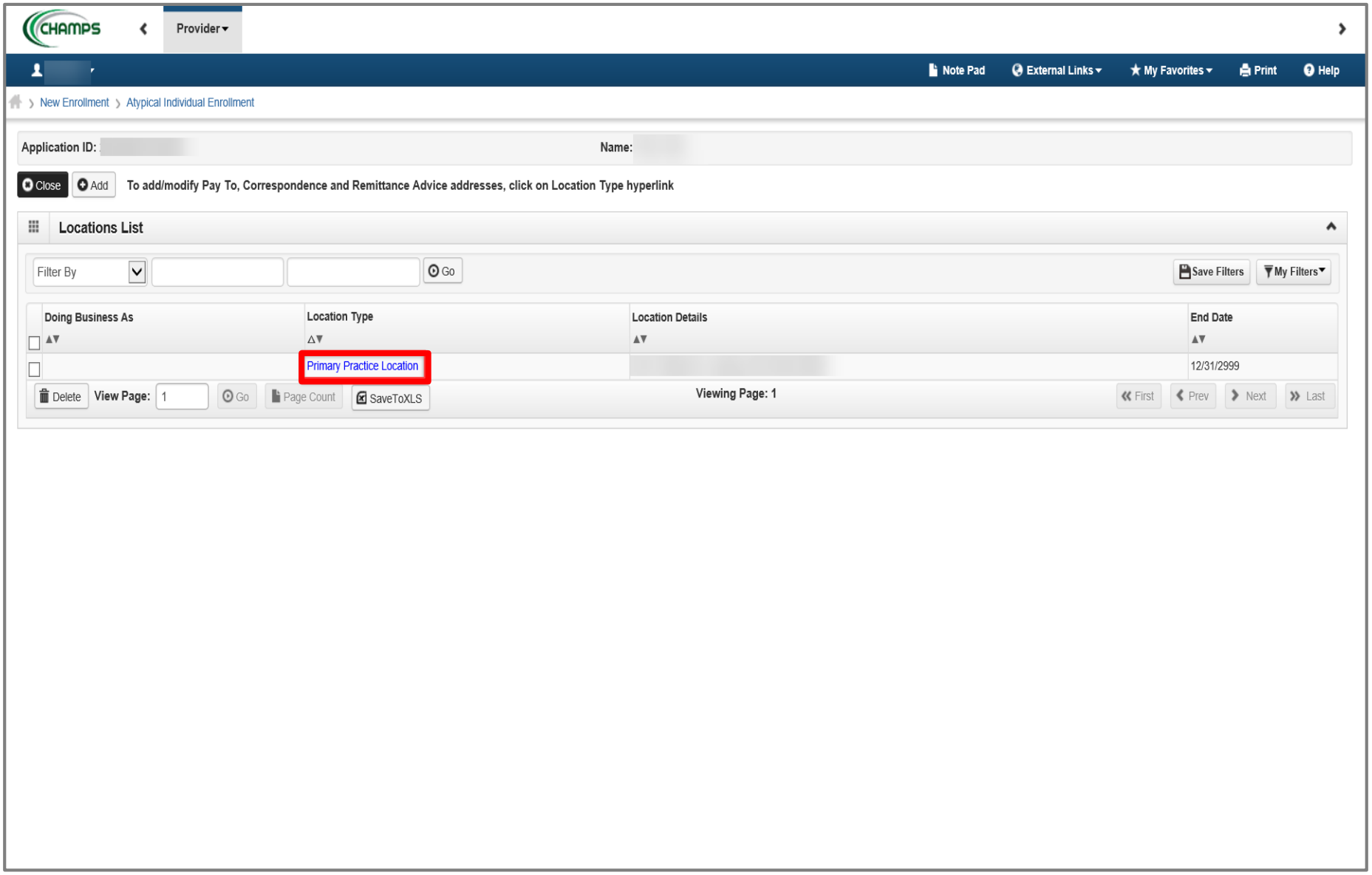
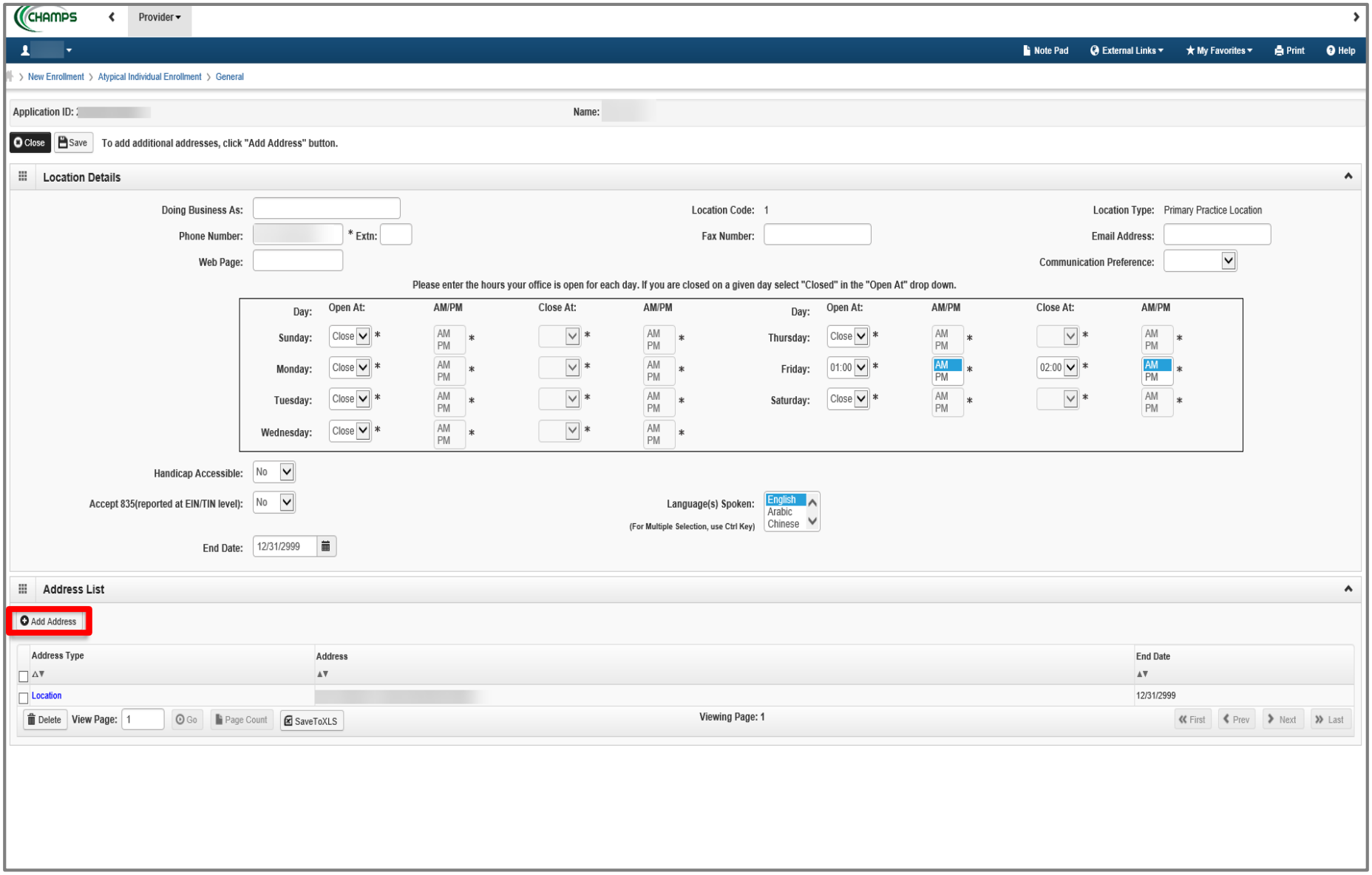
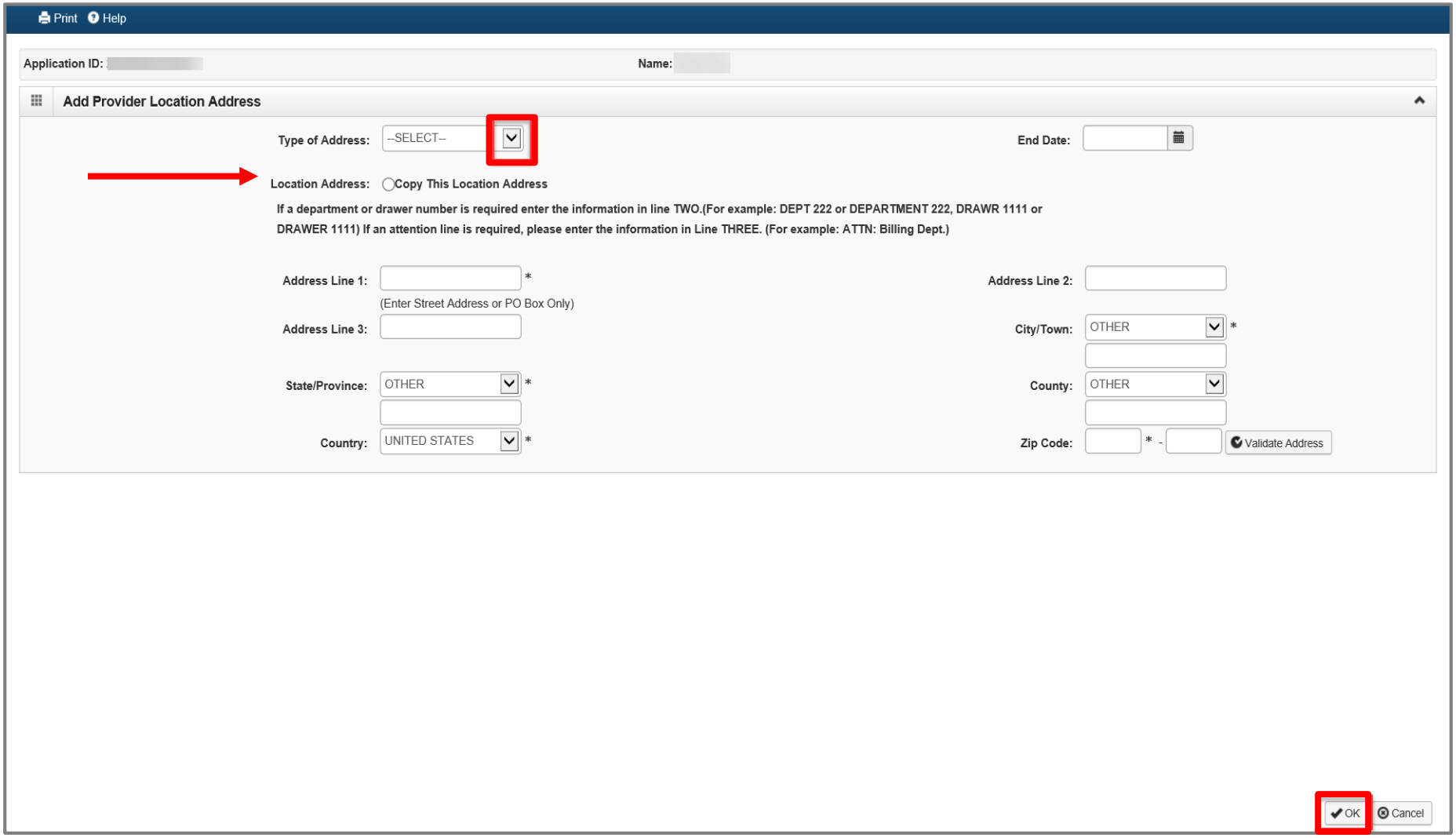


- Click **Primary Practice Location**.

  Please Note: You are still in Step 2: Add Locations.

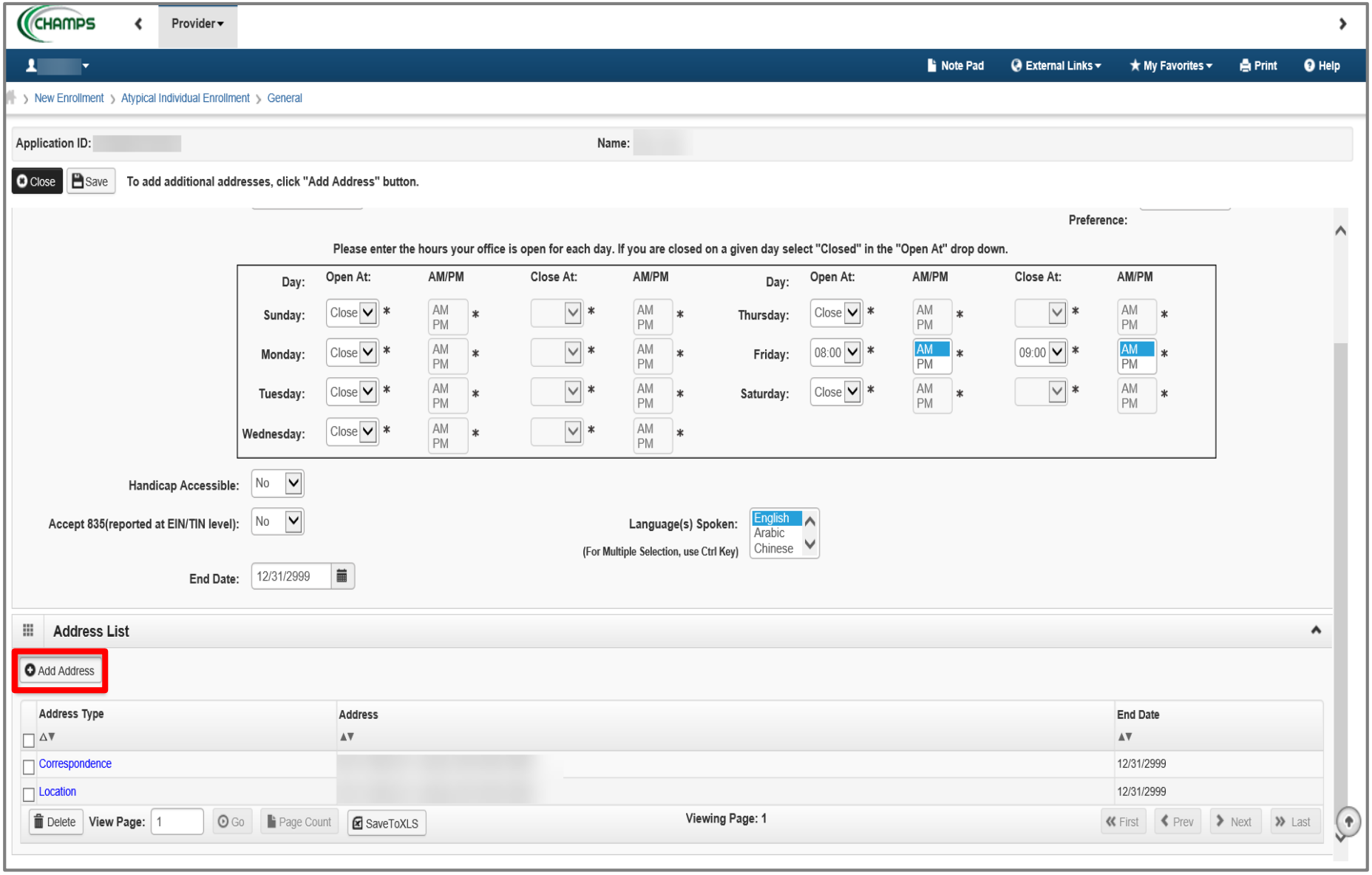


- Click **Add Address.**

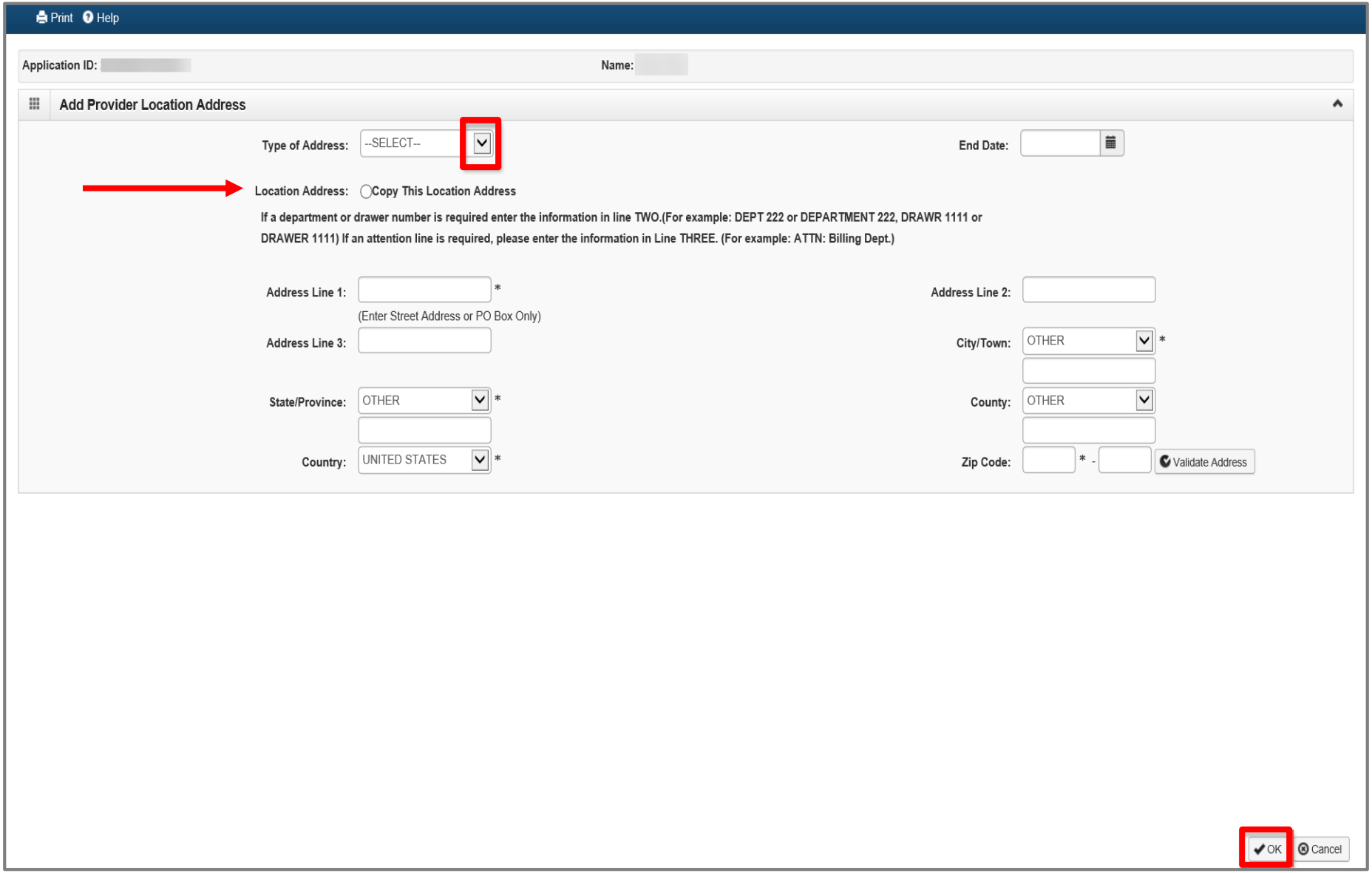


- In the **Type of Address** drop-down menu, select **Correspondence.**

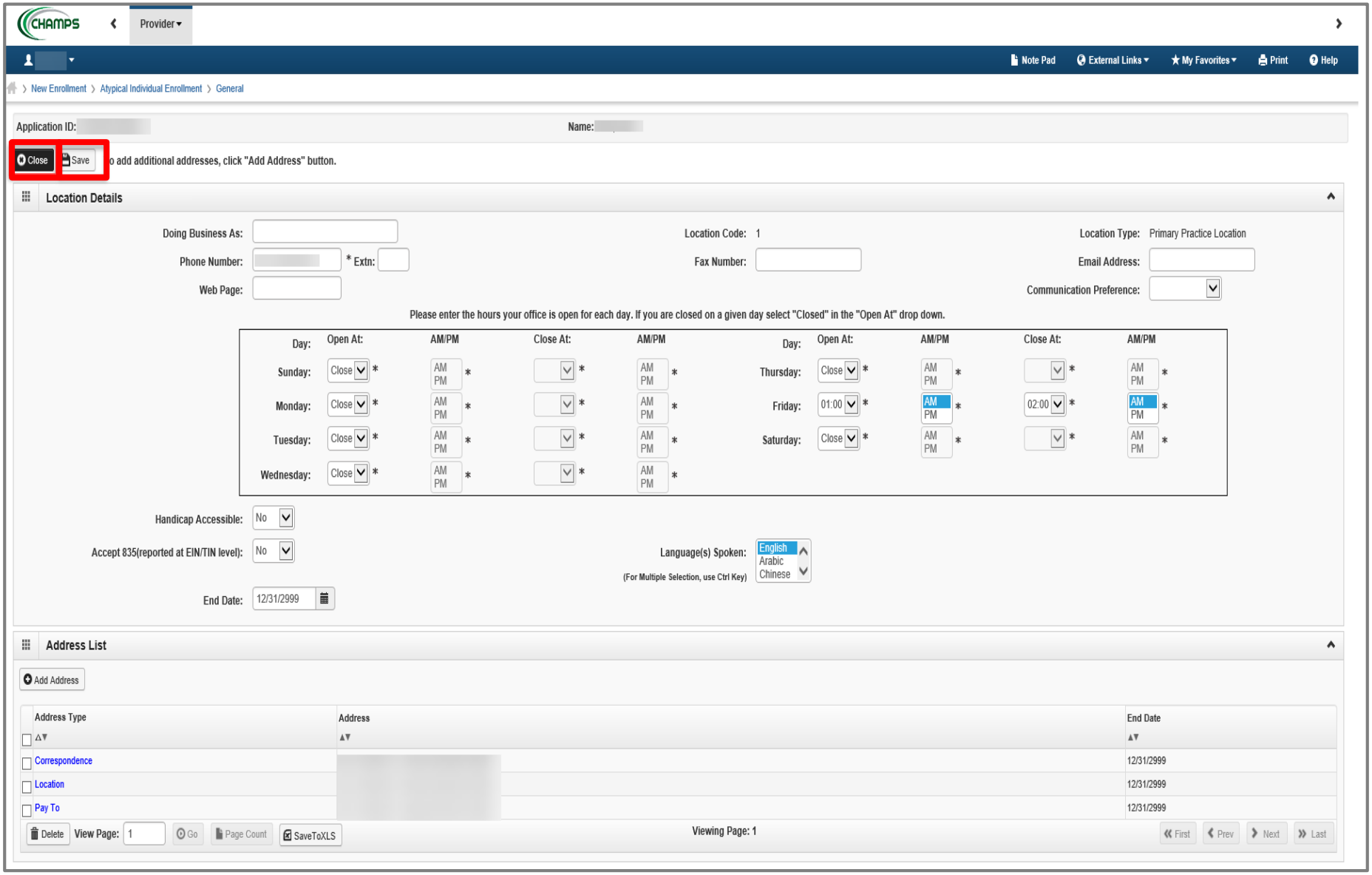
  Please note: Fill in the address where you would like to receive your Home Help mail.
- If the address is the same as the one entered previously, select **Copy This Location Address** next to **Location Address.**
- Click **OK**.



- Notice the Correspondence and Location now have addresses.
- Click **Add Address** one more time to add a **Pay To** address.



- From the **Type of Address** drop-down menu, select **Pay To**.
- If the address is the same as the one entered previously, select **Copy This Location Address** next to the **Location Address.**
- Click **OK**.



- Notice the Correspondence, Location, and Pay To address types all have addresses.
- Click **Save**.
- Click **Close** on the next <u>two</u> screens to go back to the list of steps. (Not shown).

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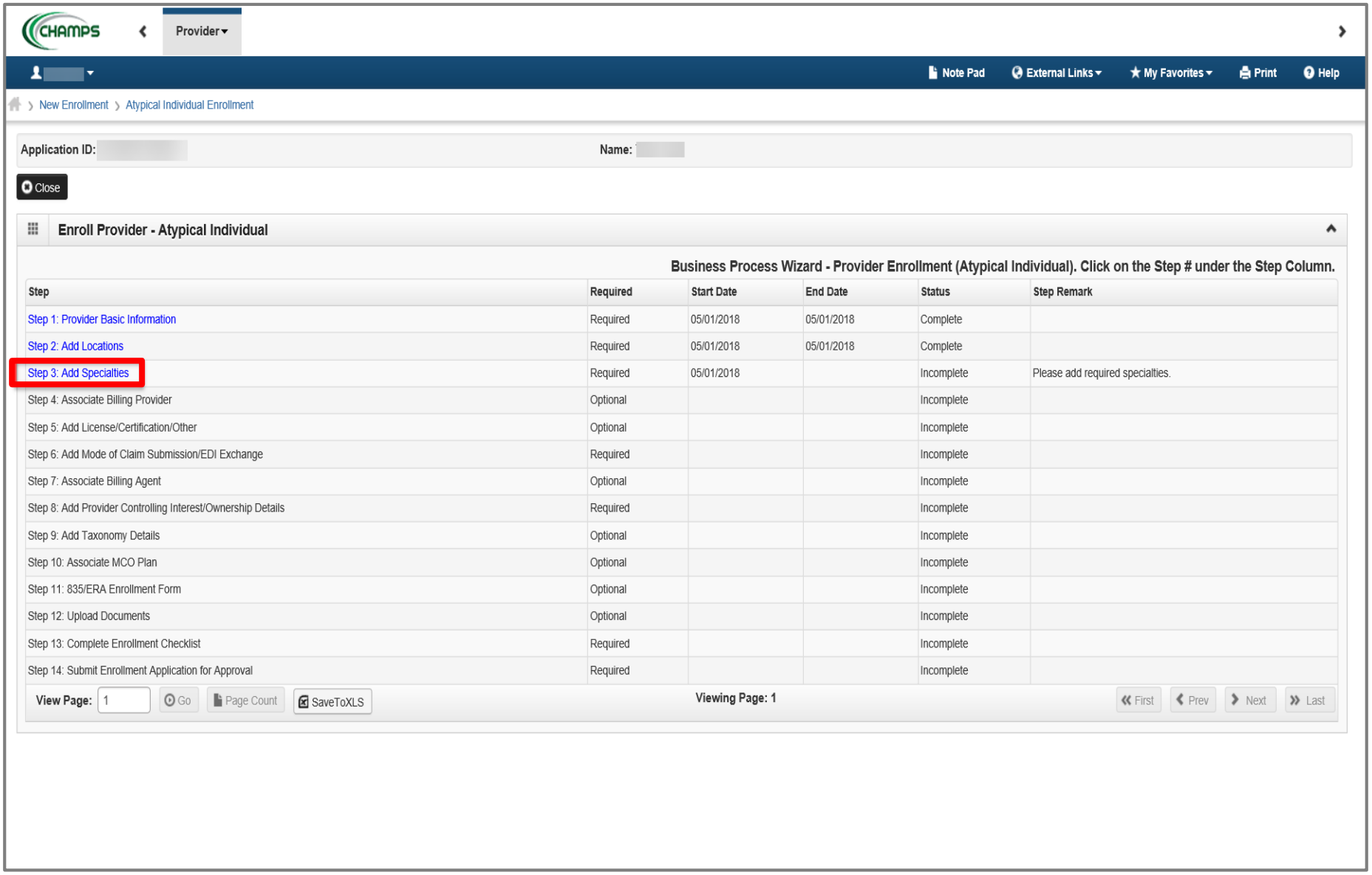

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/01/2018	05/01/2018	Complete	
Step 2: Add Locations	Required	05/01/2018	05/01/2018	Complete	
Step 3: Add Specialties	Required	05/01/2018		Incomplete	Please add required specialties.
Step 4: Associate Billing Provider	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Optional			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

- Click **Step 3: Add Specialties.**

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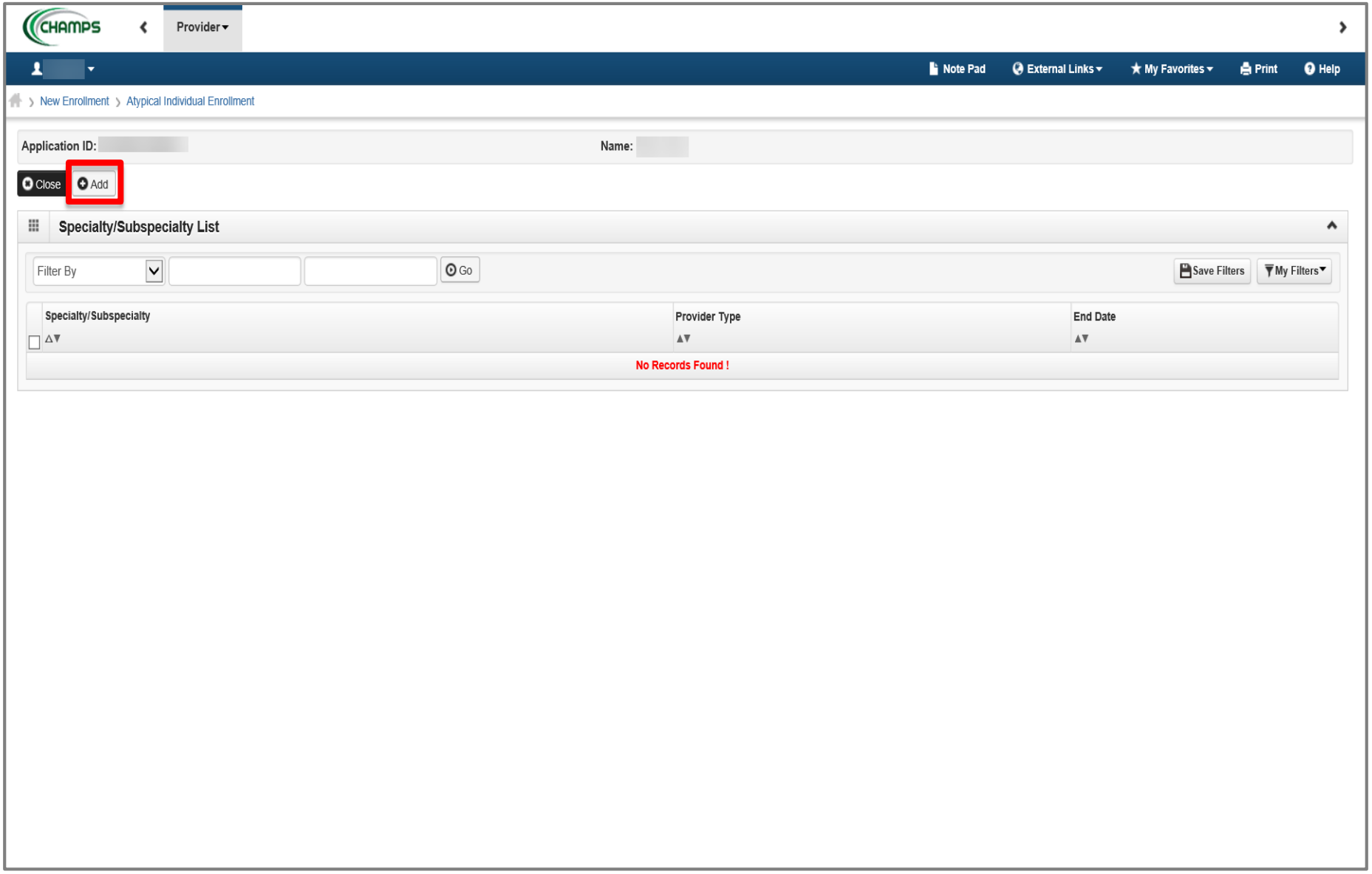
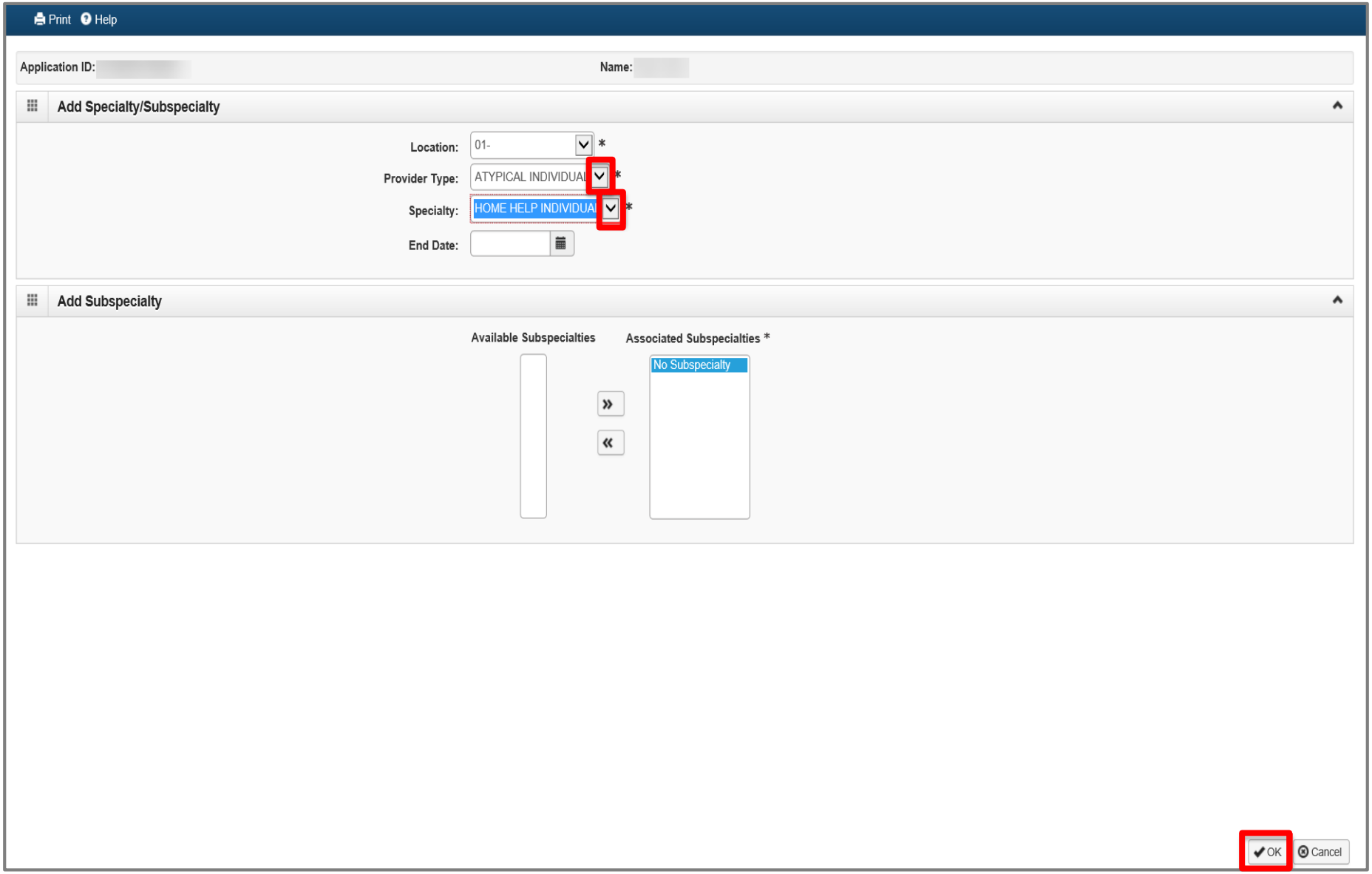
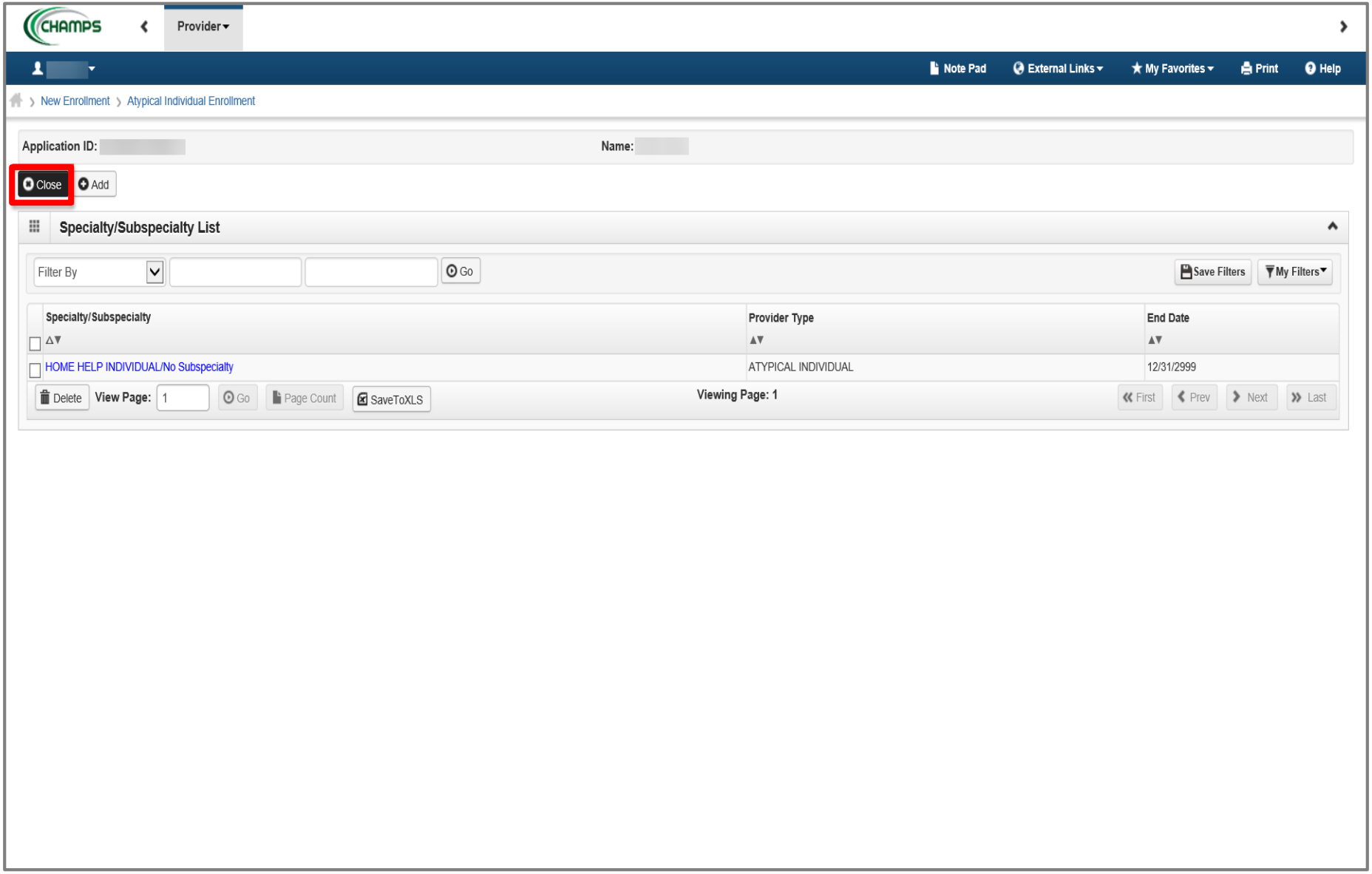


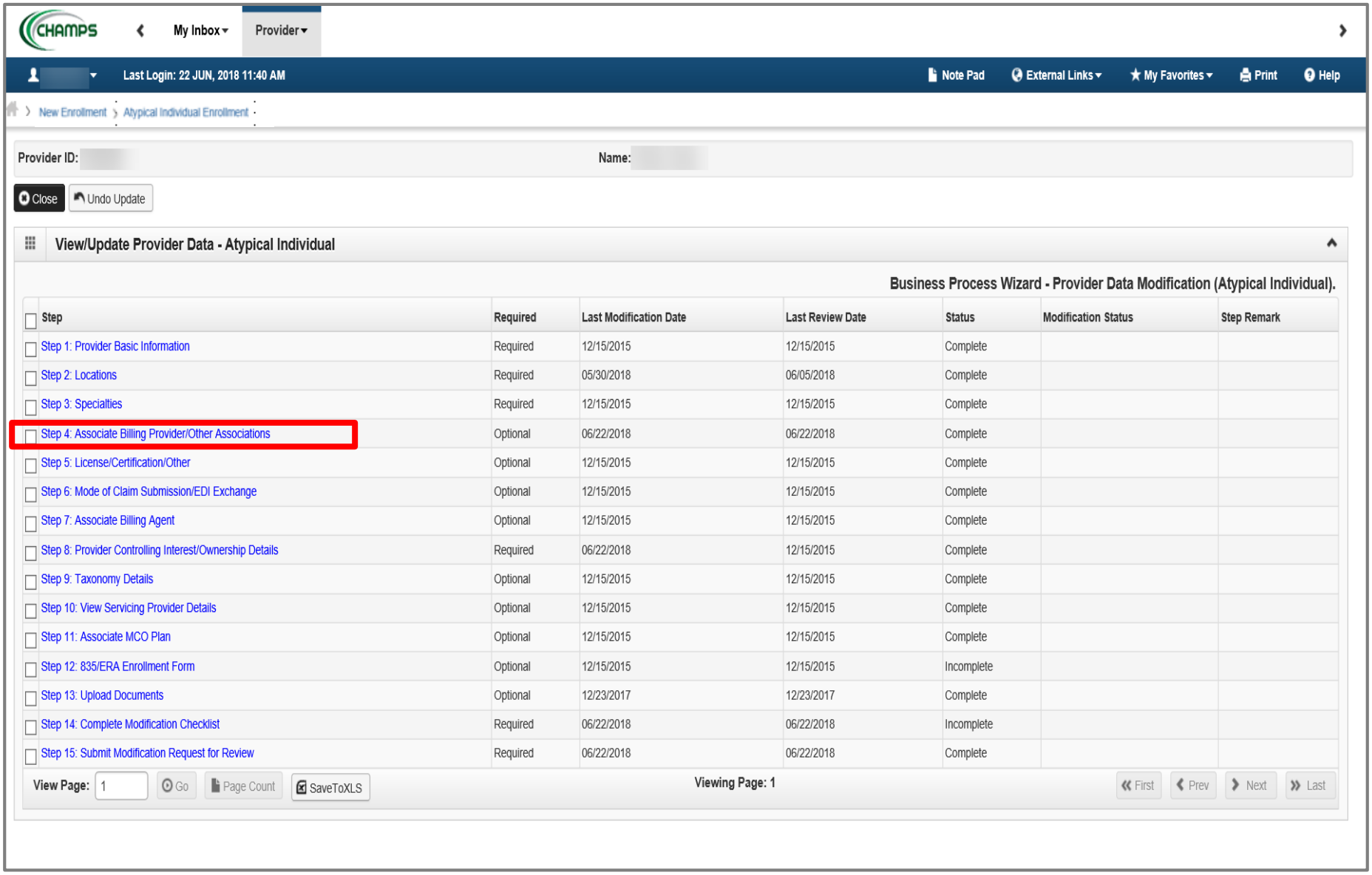
- Click **Add.**



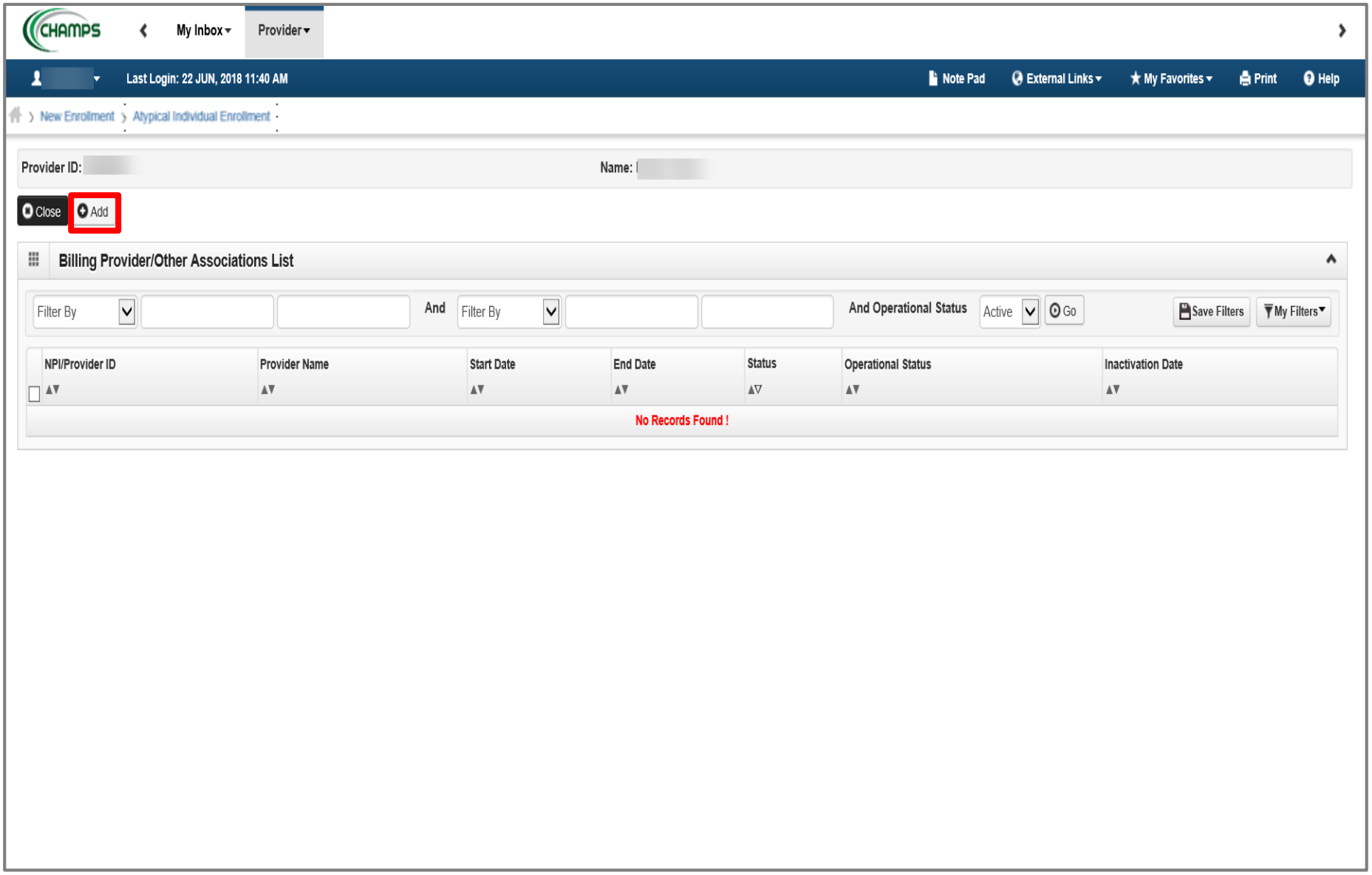
- In the **Provider Type** drop-down menu, select **Atypical Individual.**
- In the **Specialty** drop-down menu, select **Home Help Individual.**
- Click **OK.**


CHAMPS
Provider
Note Pad
External Links
My Favorites
Print
Help
New Enrollment
Atypical Individual Enrollment
Application ID:
Name:
Close
Add
Specialty/Subspecialty List
Filter By
Go
Save Filters
My Filters
Specialty/Subspecialty
Provider Type
End Date
HOME HELP INDIVIDUAL/No Subspecialty
ATYPICAL INDIVIDUAL
12/31/2999
Delete
View Page:
1
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

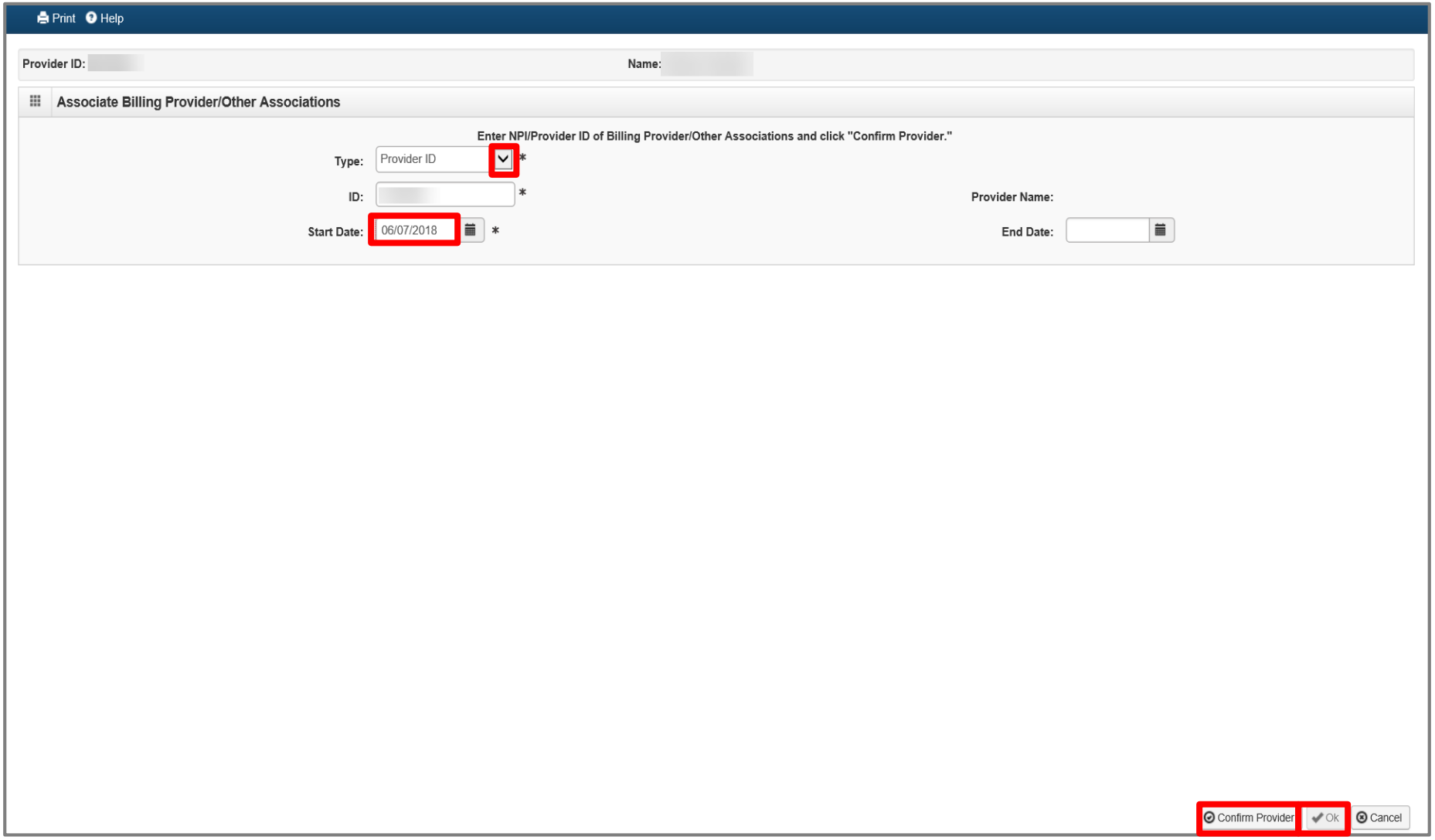
- Click **Close.**



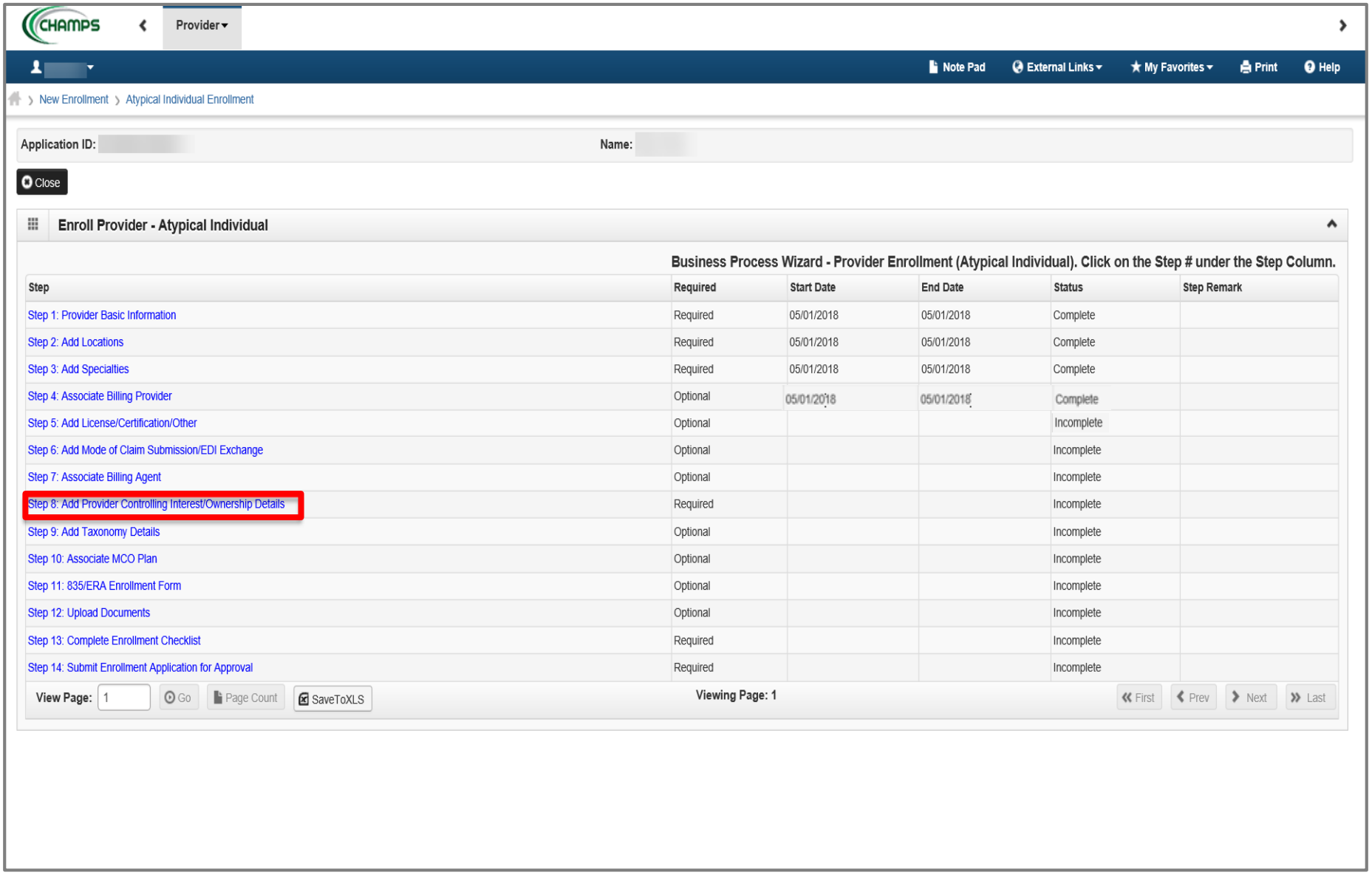
- Click **Step 4: Associate Billing Provider/Other Associations.**


CHAMPS
My Inbox
Provider
Last Login: 22 JUN, 2018 11:40 AM
Note Pad
External Links
My Favorites
Print
Help
New Enrollment
Atypical Individual Enrollment
Provider ID:
Name:
Close
Add
Billing Provider/Other Associations List
Filter By
And
Filter By
And Operational Status
Active
Go
Save Filters
My Filters
NPI/Provider ID
Provider Name
Start Date
End Date
Status
Operational Status
Inactivation Date
No Records Found !

- Click **Add**.

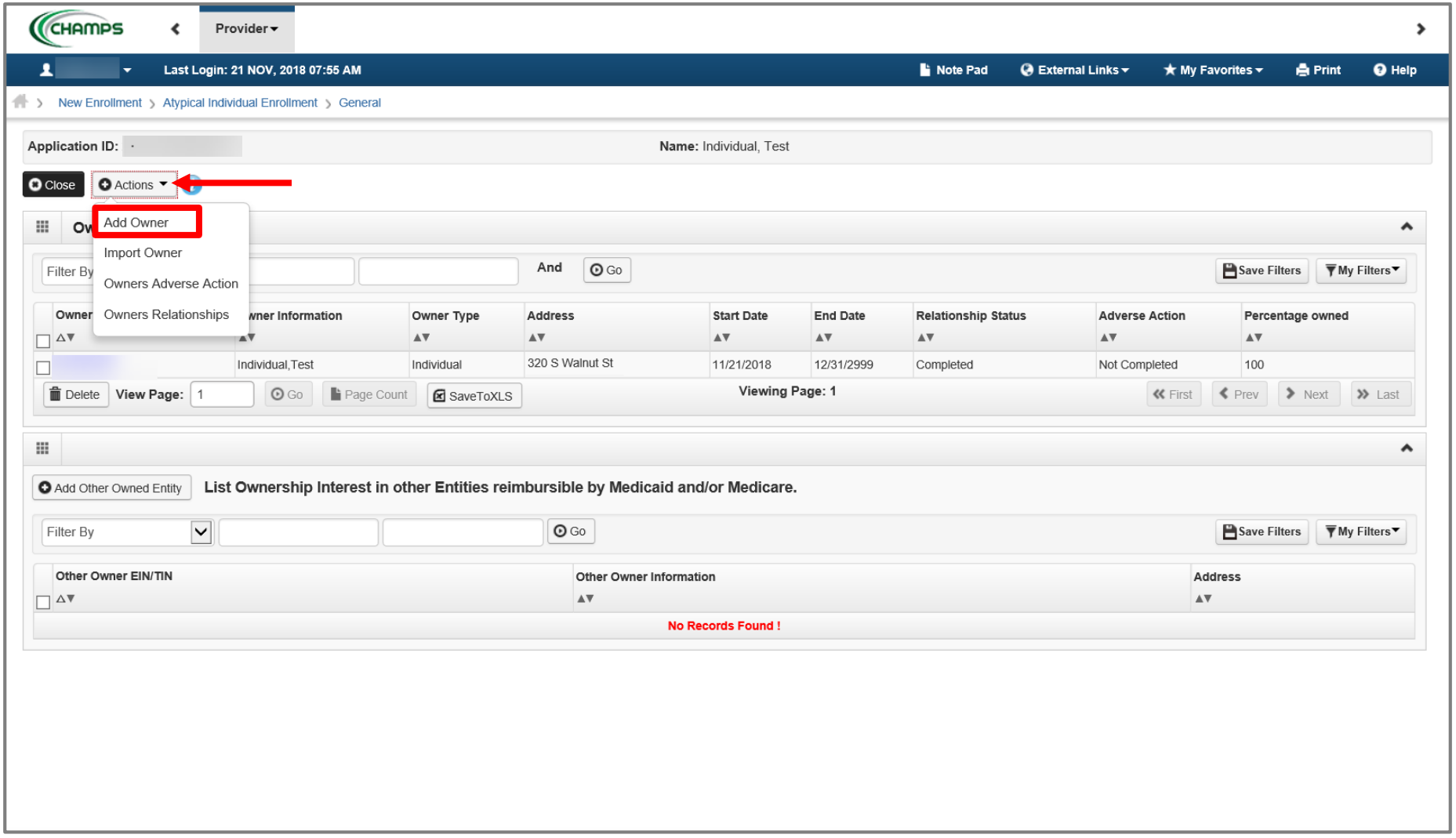


- In the **Type** drop-down menu, click **Provider ID**.
- Enter **Provider ID of Agency**.
- **Start date** would be the current date.
- Click **Confirm Provider**.
- Click **OK**.
- Click **Close** (not shown).

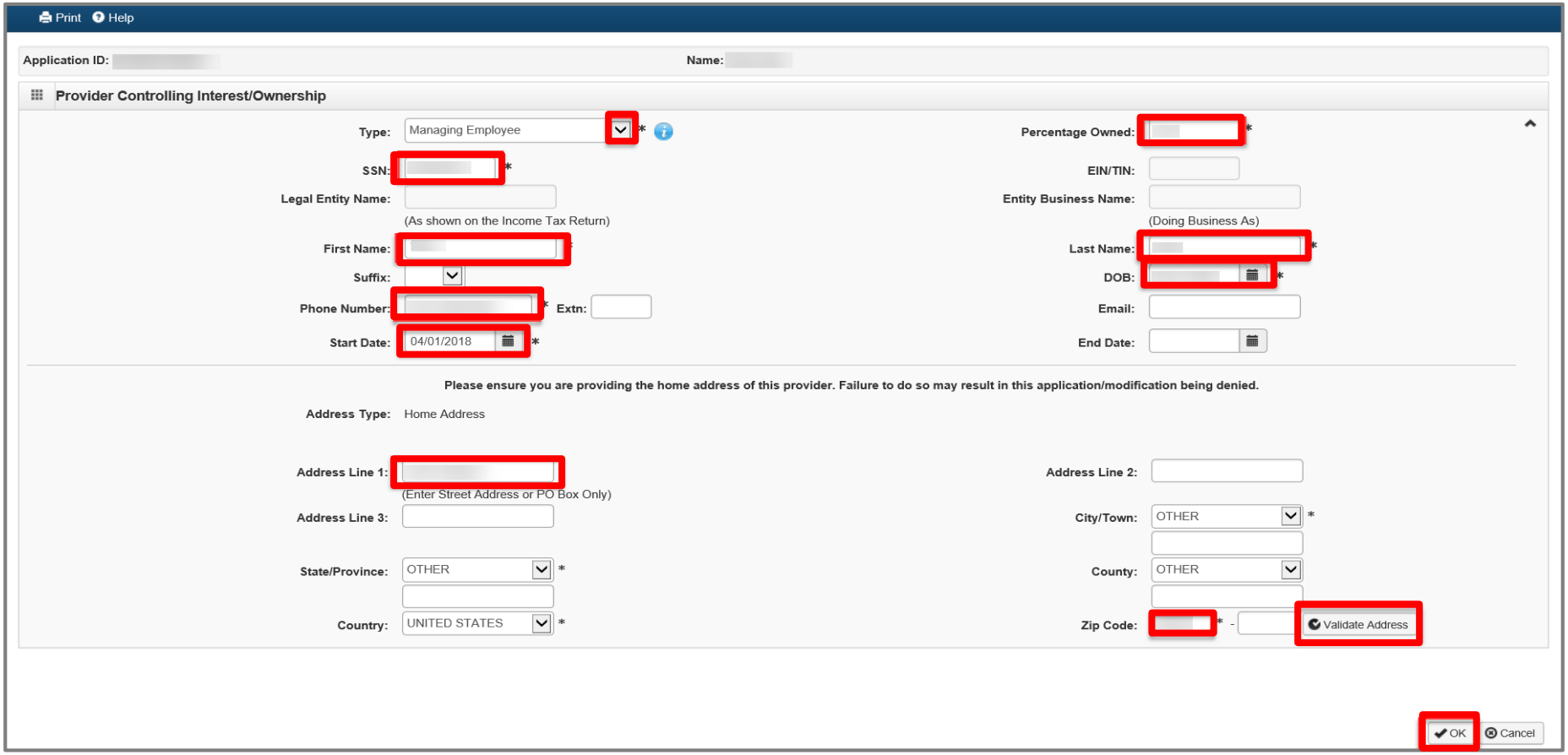


- Click **Step 8: Add Provider Controlling Interest/Ownership Details.**

  Please Note: Step 5-7 are optional and are not required for Home Help Providers.

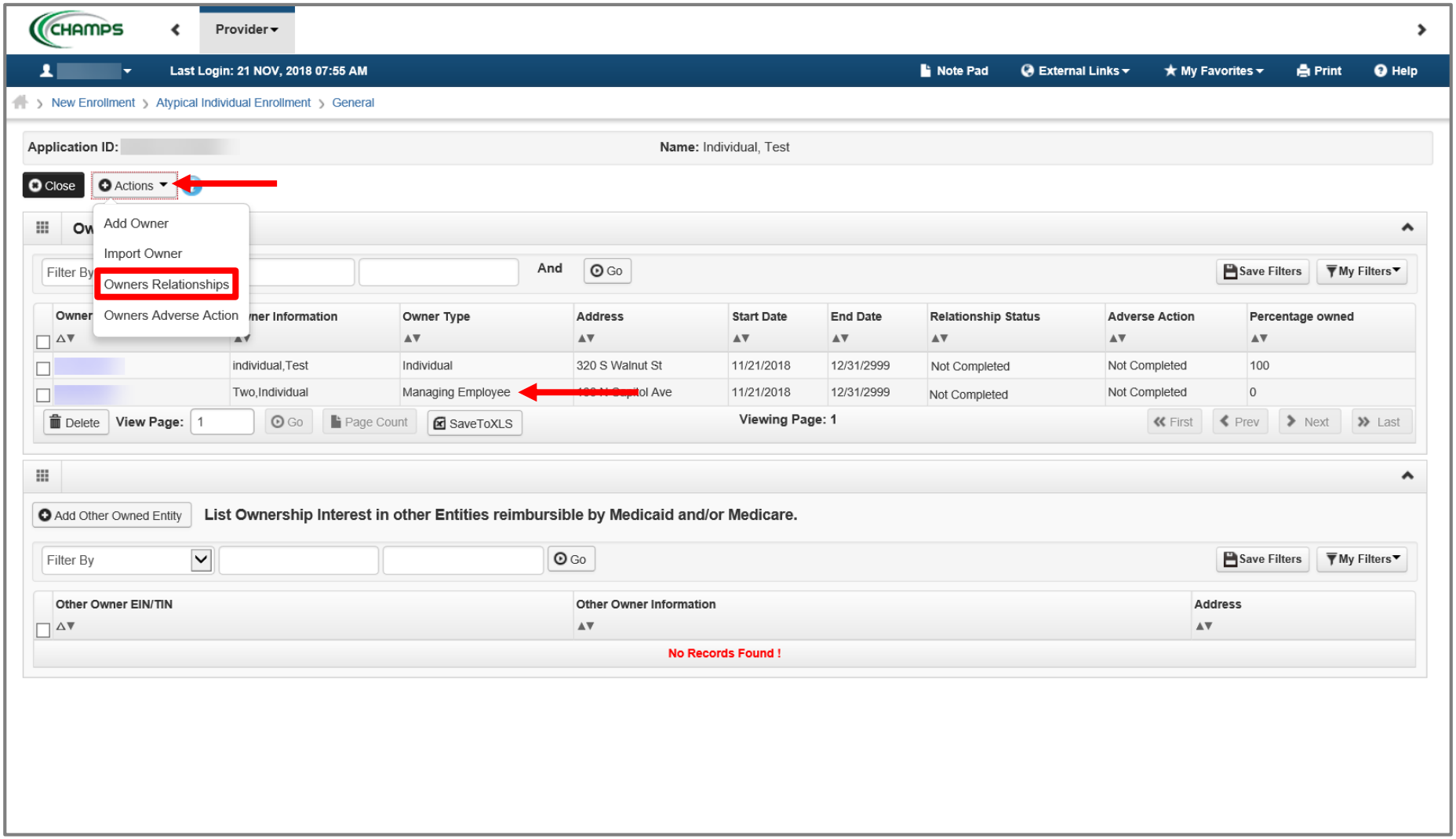


- In the **Actions** drop-down menu, select **Add Owner.**



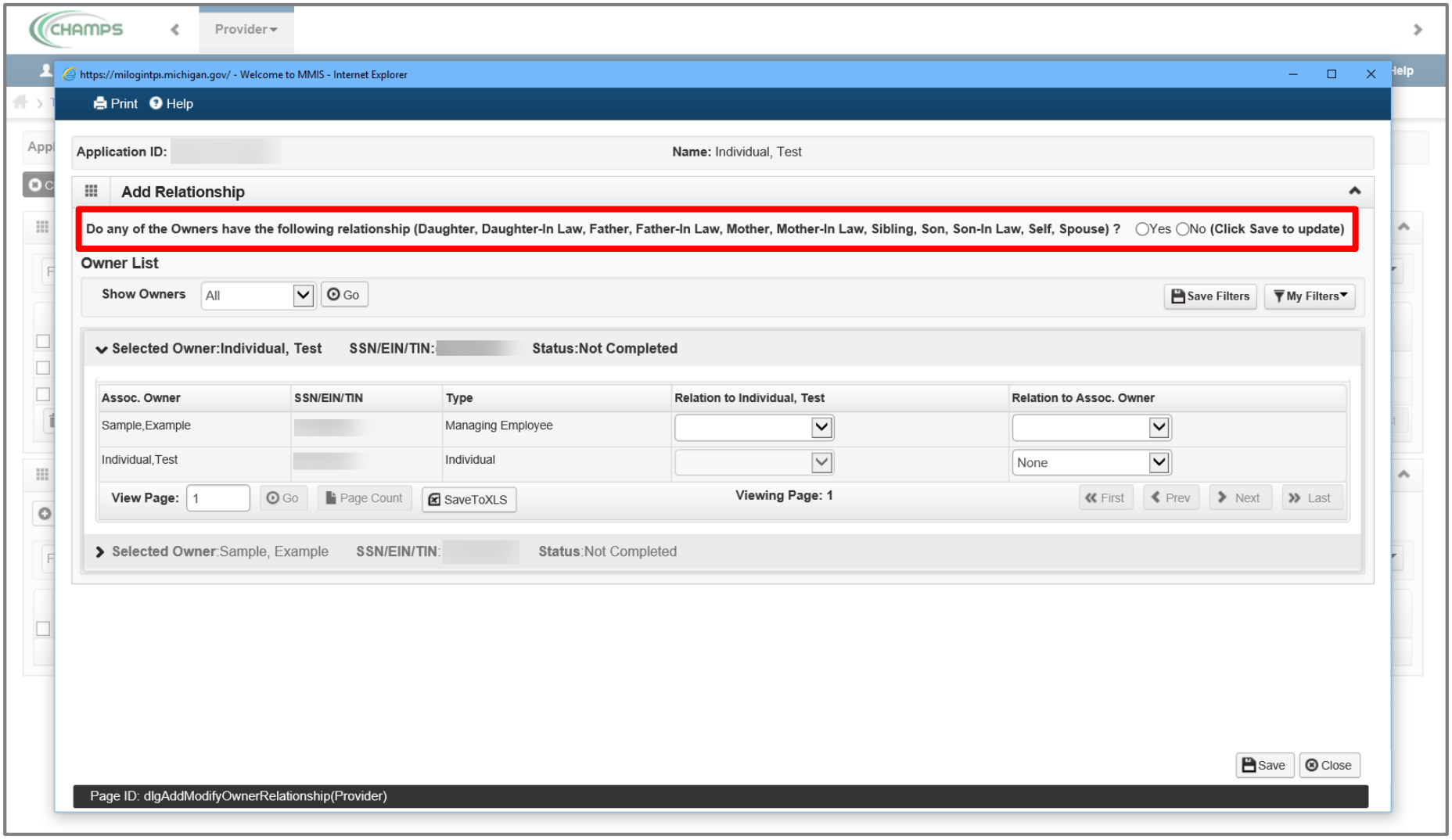
- In the **Type** drop-down menu, select **Managing Employee.** The **Managing Employee** can be the same as the **Owner.**
- Enter the required information: *SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, Zip Code.*
- Click **Validate Address**.
- Click **OK.**

Please Note: Type the number zero (0) in the **Percentage Owned** box.
Start Date is always the date you are filling out the application.
When the **Zip Code** is added, and **Validate Address** is selected, the **State, City/Town,** and **County** will automatically fill in.

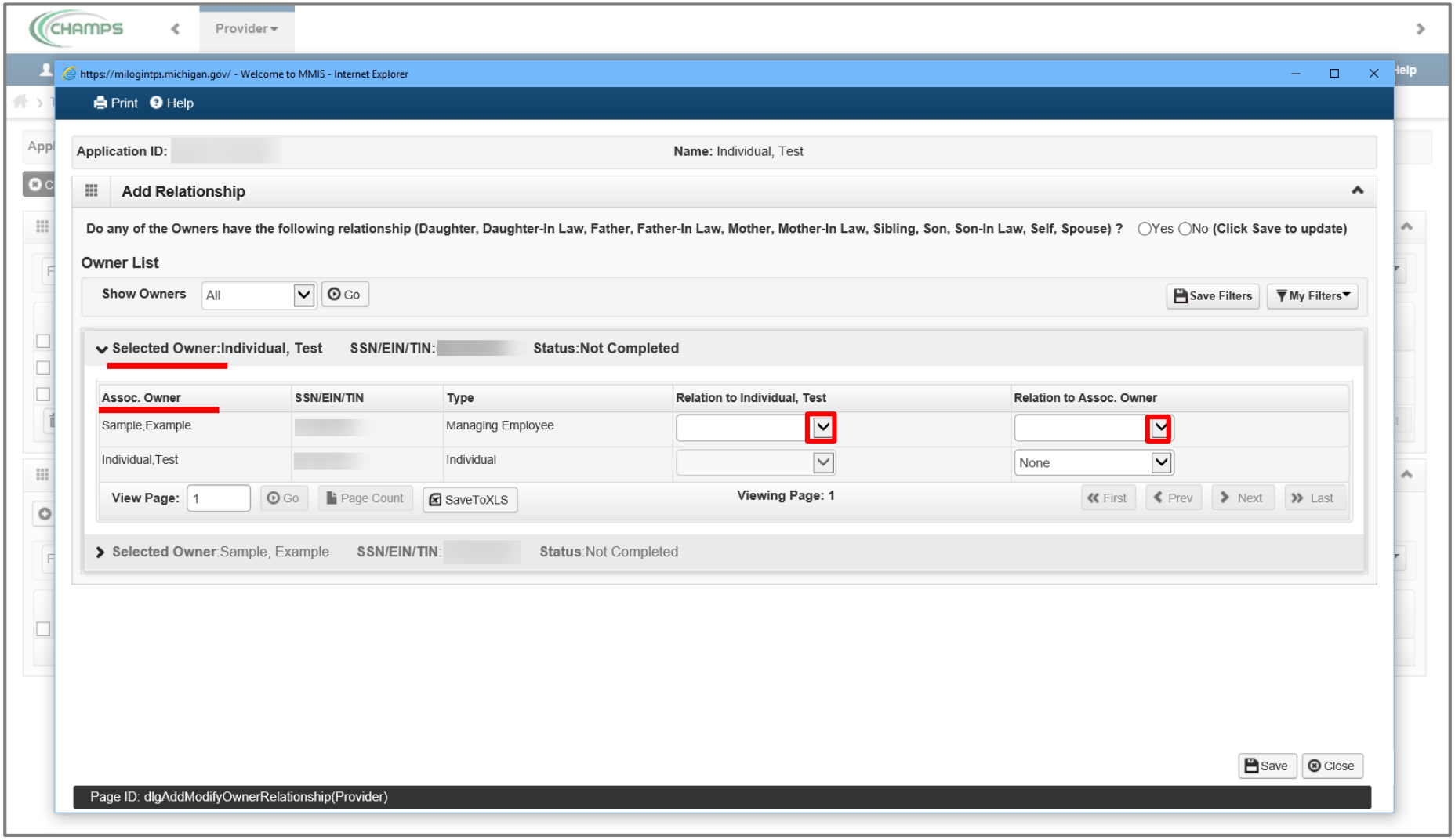


Please Note: Managing Employee will now be listed

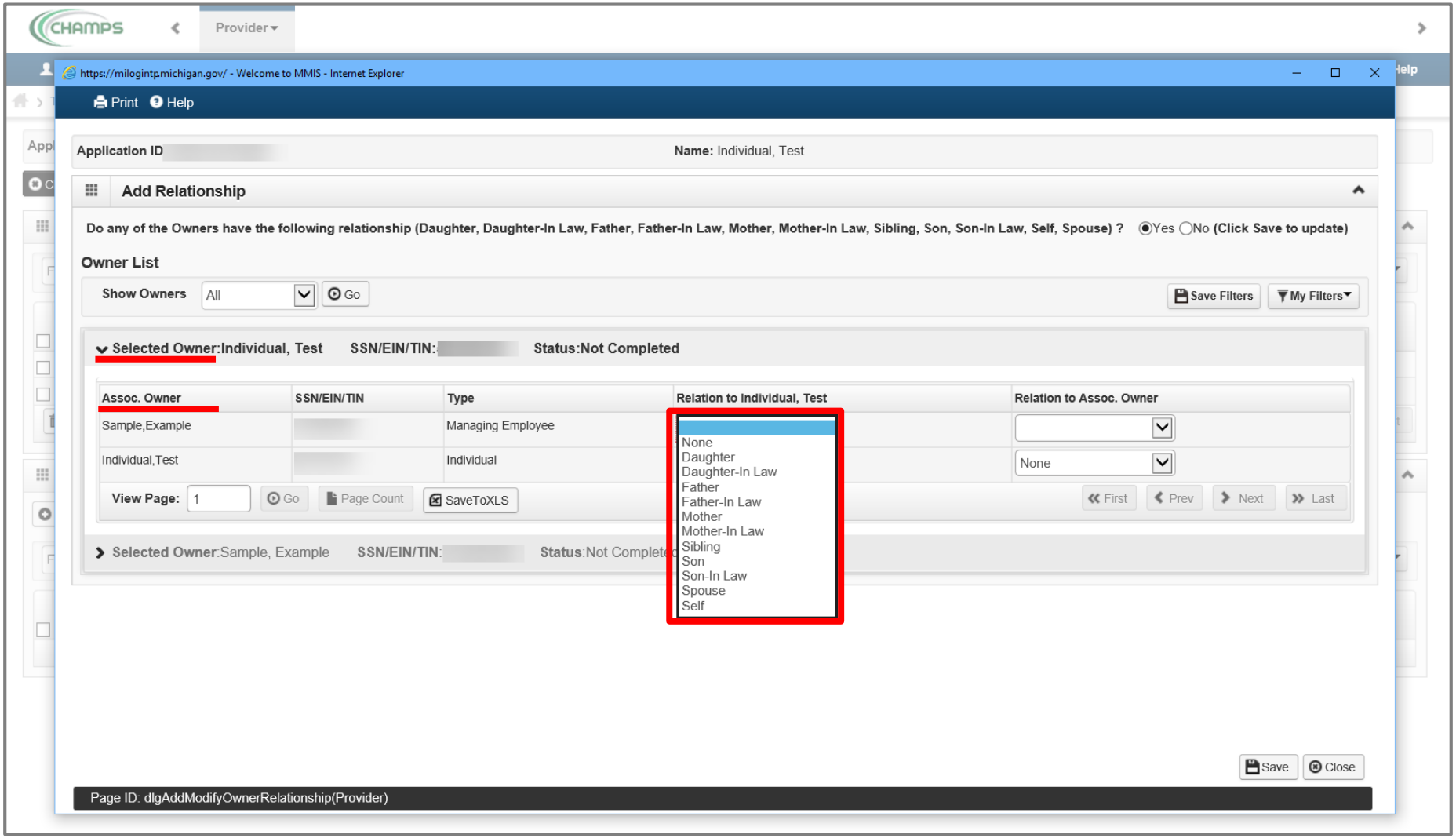
- In the **Actions** drop-down menu, select **Owners Relationships**.



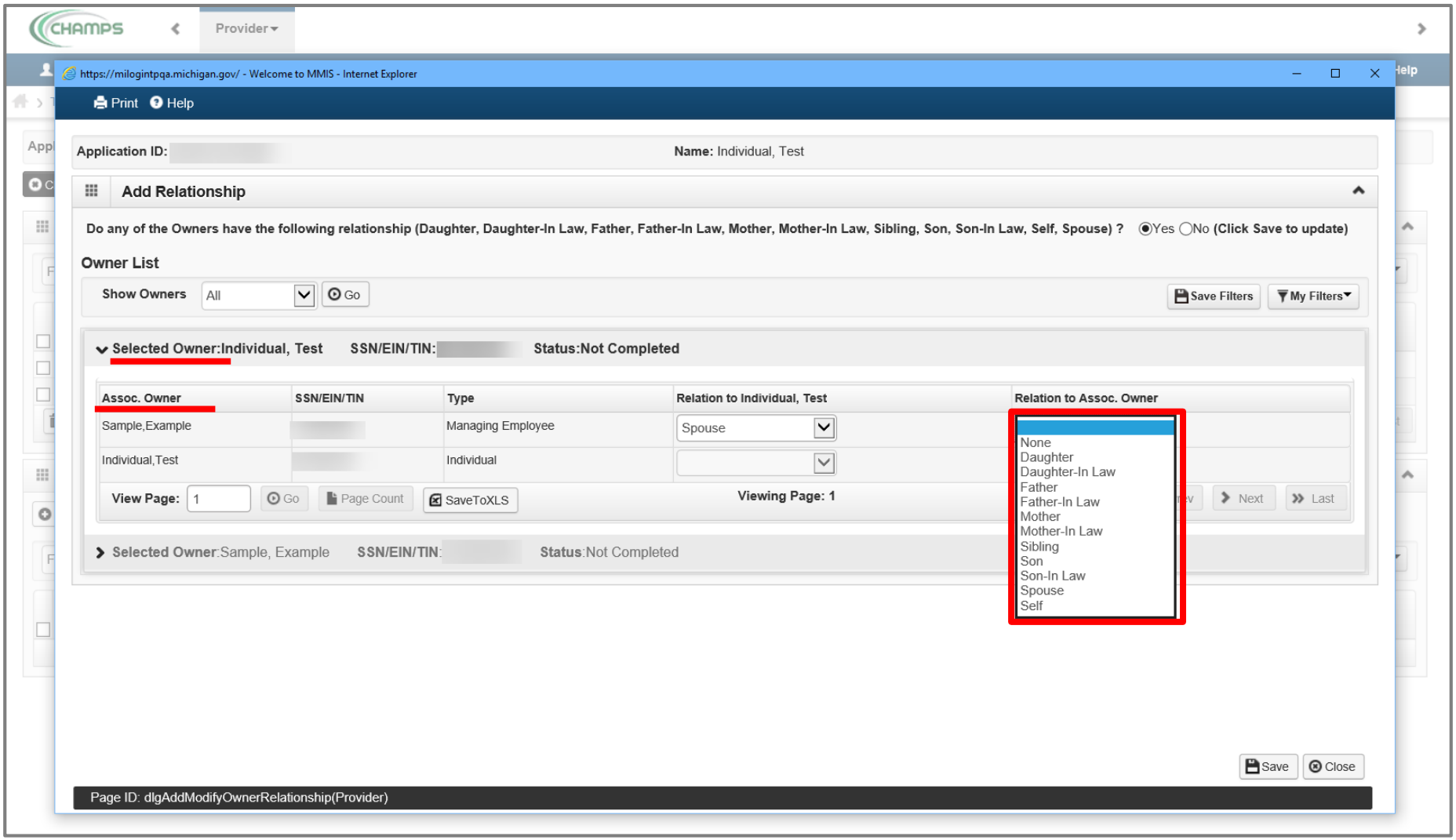
- Answer question (at the top)
- If no relationships exist select **No**, click Save, read the pop-up message, click Ok, and Close.
  - Skip to slide 47
- If relationships exist select **Yes**, and continue



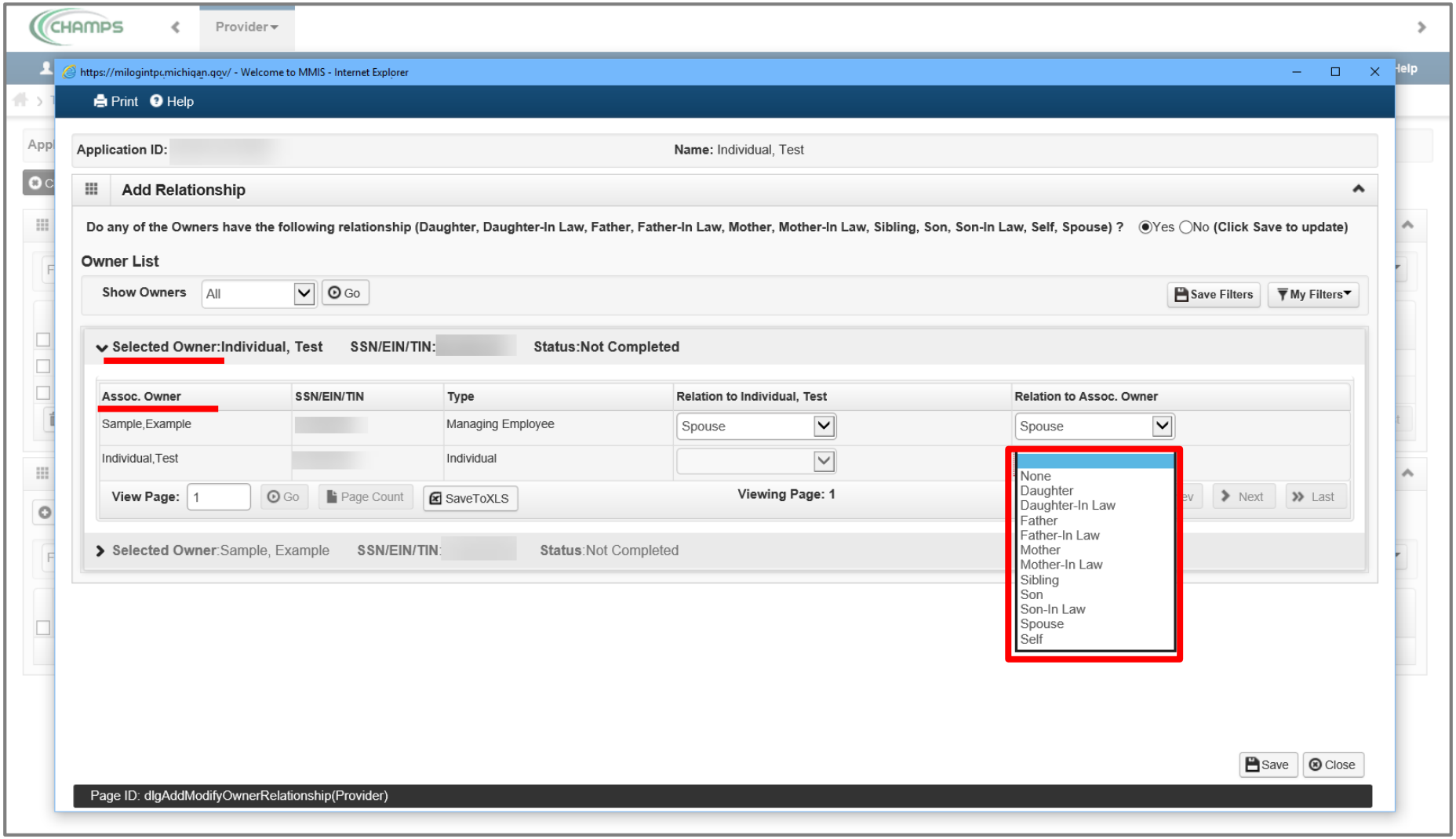
- If Yes, select the relationship between the Assoc. Owner to the Selected Owner (e.g., the relationship to the individual enrolling, Test Individual, from the Assoc. Owner, Sample, Example or Individual Test) [Assoc. Owner → Selected Owner]
- To add the relationship click the dropdown menu



- Step 1: Select the relationship between the **Assoc. Owner** (example: Sample, Example) to the **Selected Owner** (example: Individual, Test) [Assoc. Owner → Selected Owner]



- Step 2: Select the relationship between the **Selected Owner** (example: Individual, Test) to the **Assoc. Owner** (example: Sample, Example) [Selected Owner → Assoc. Owner]
  - In this example the relationship of Selected Owner and Assoc. Owner are spouses



- Select the relationship between the **Selected Owner** (example: Individual, Test) to the **Assoc. Owner** (example: Individual, Test) [Selected Owner → Assoc. Owner]
  - In this example the relationship of Selected Owner to Assoc. Owner is self

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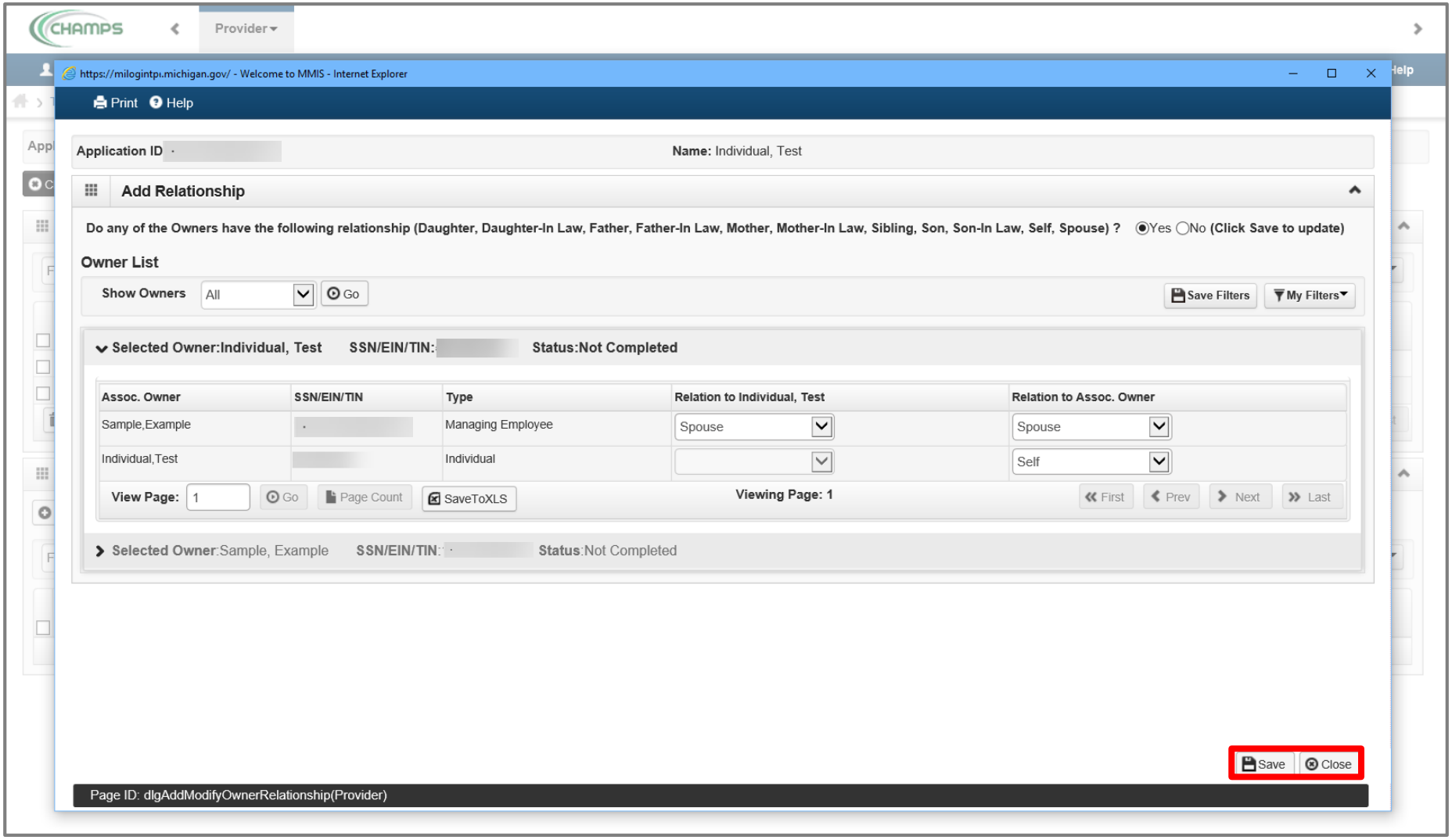
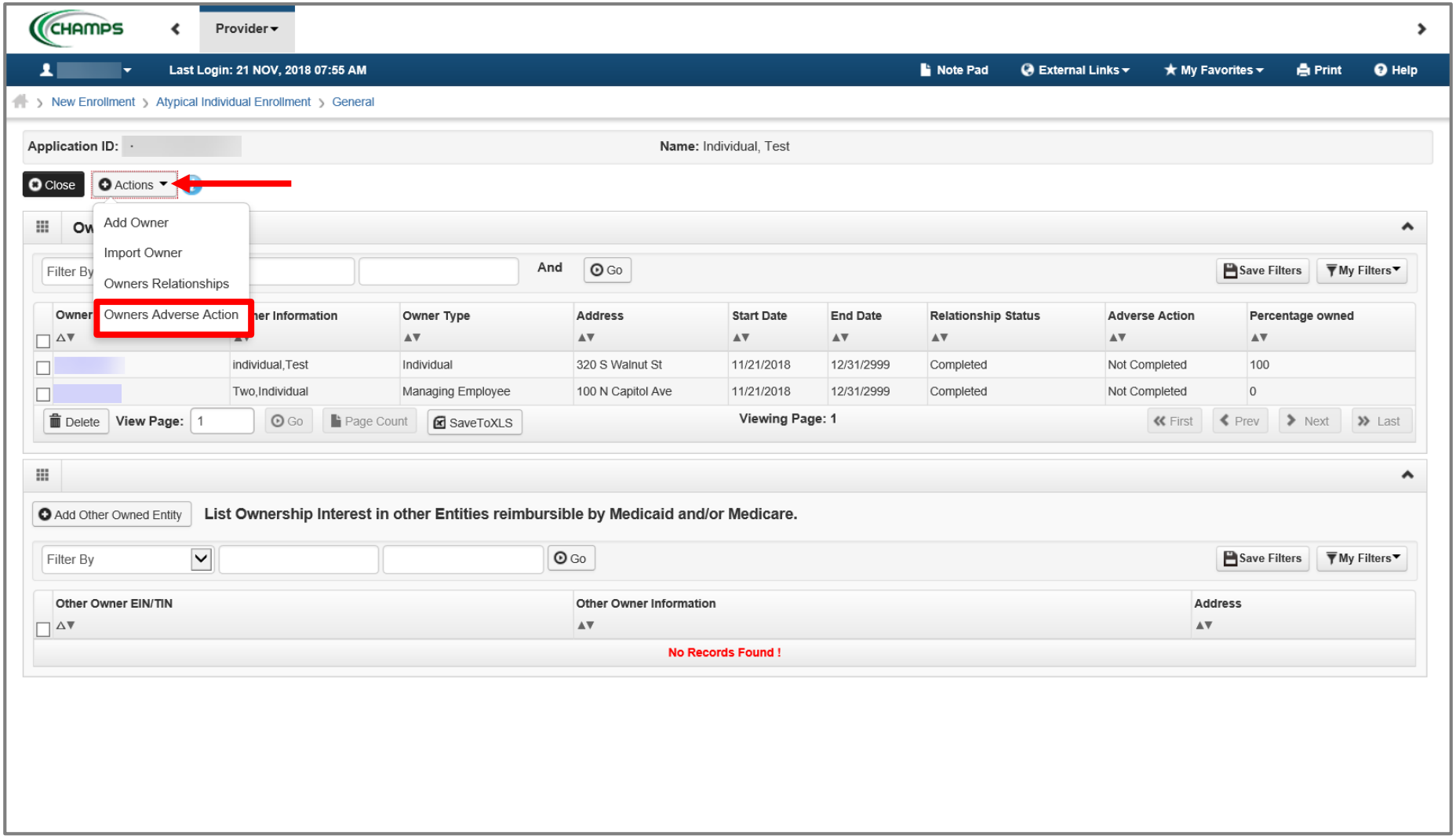
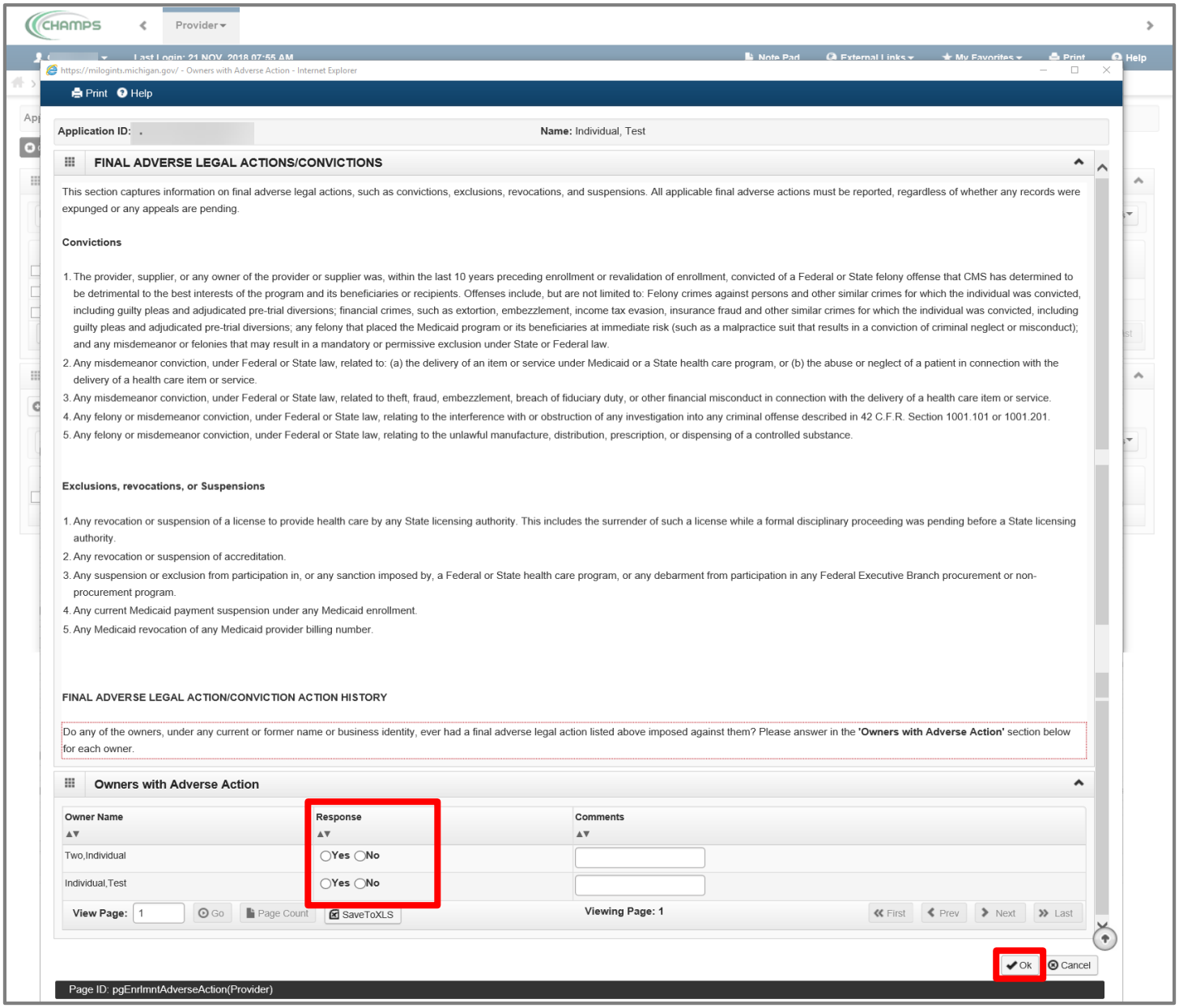


- Click **Save.**
- Click **Close.**

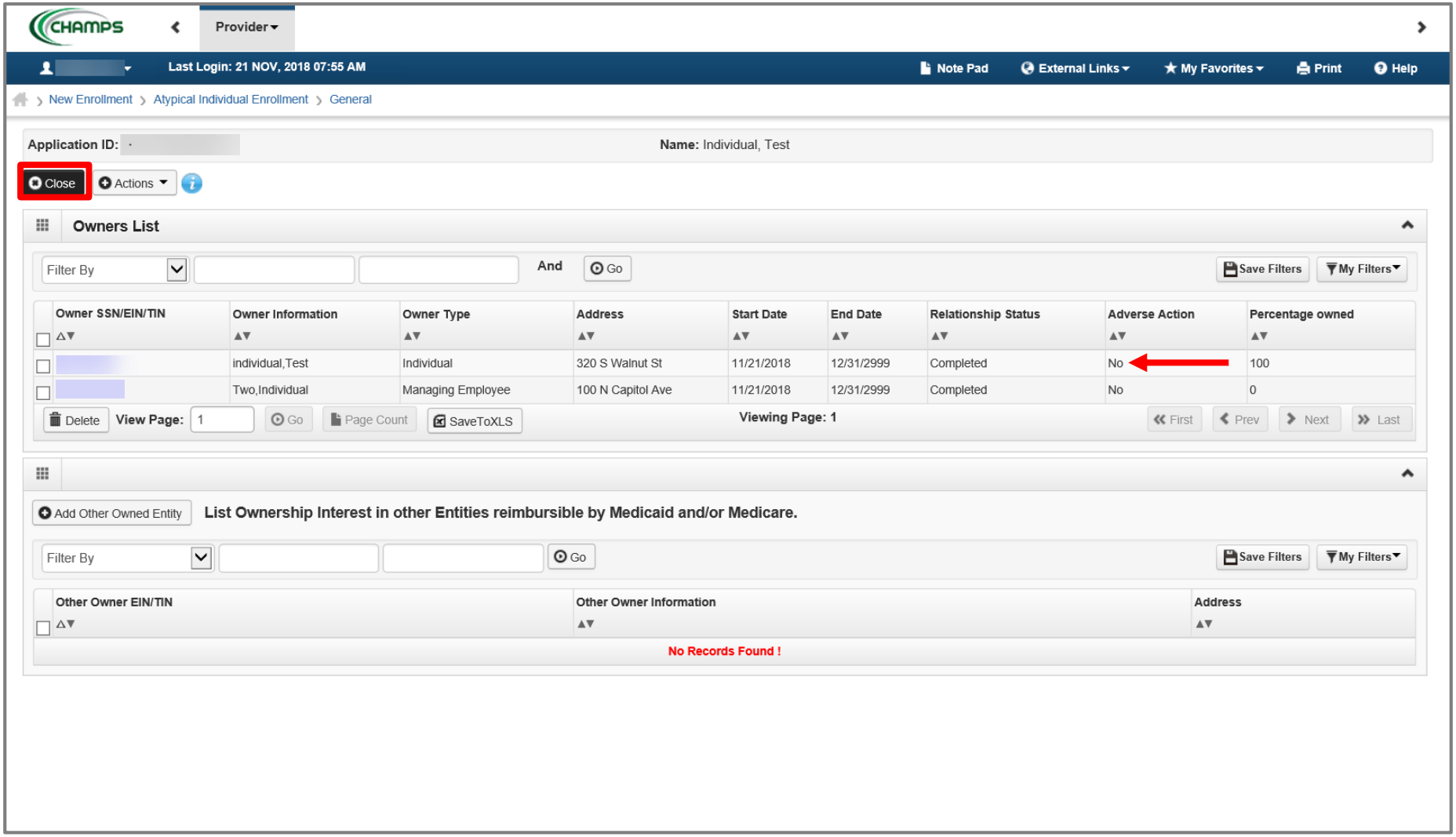


Please Note: The **Relationship Status** shows completed for each Owner.

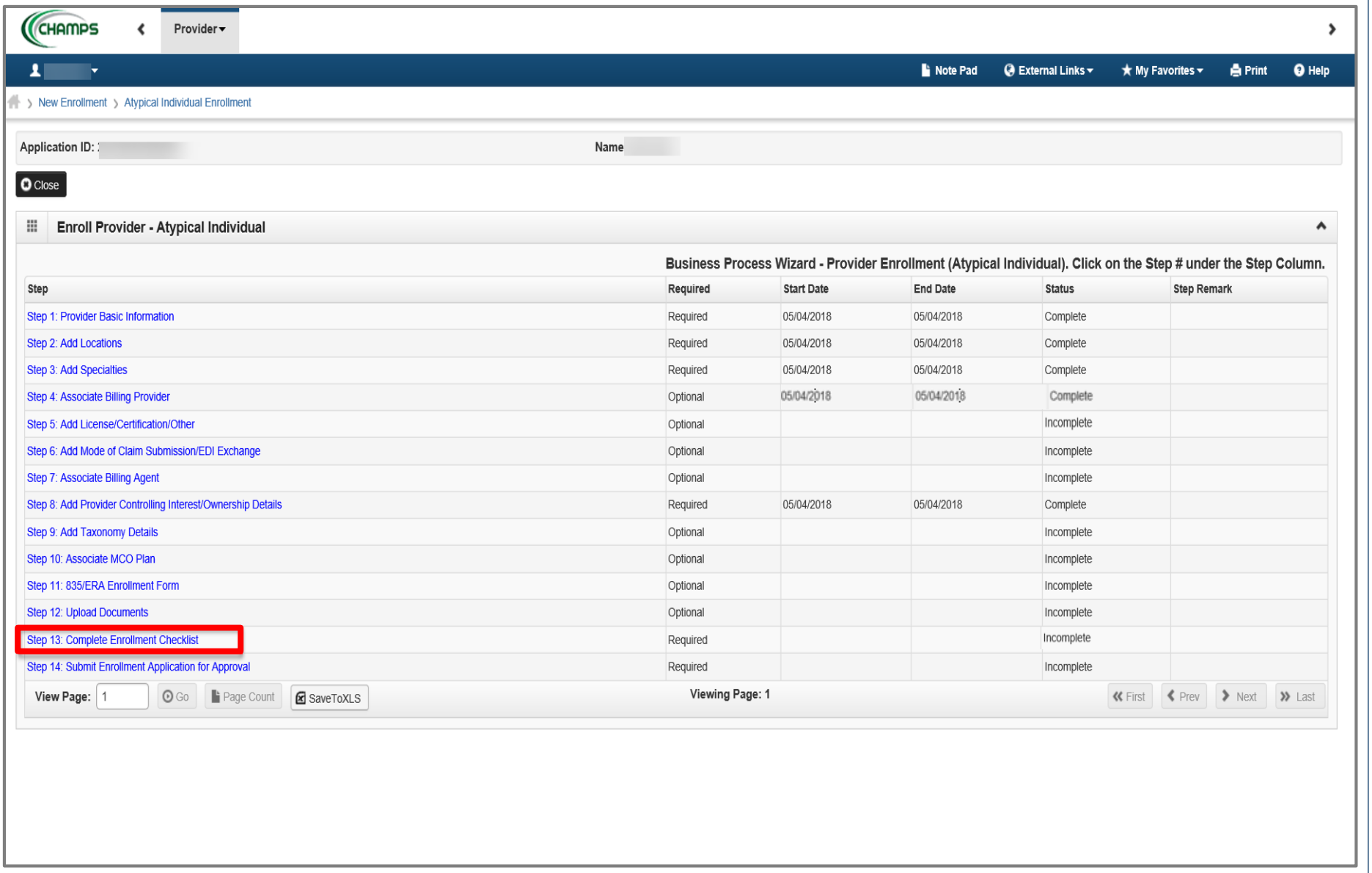
- In the **Actions** drop-down menu, select **Owners Adverse Action.**



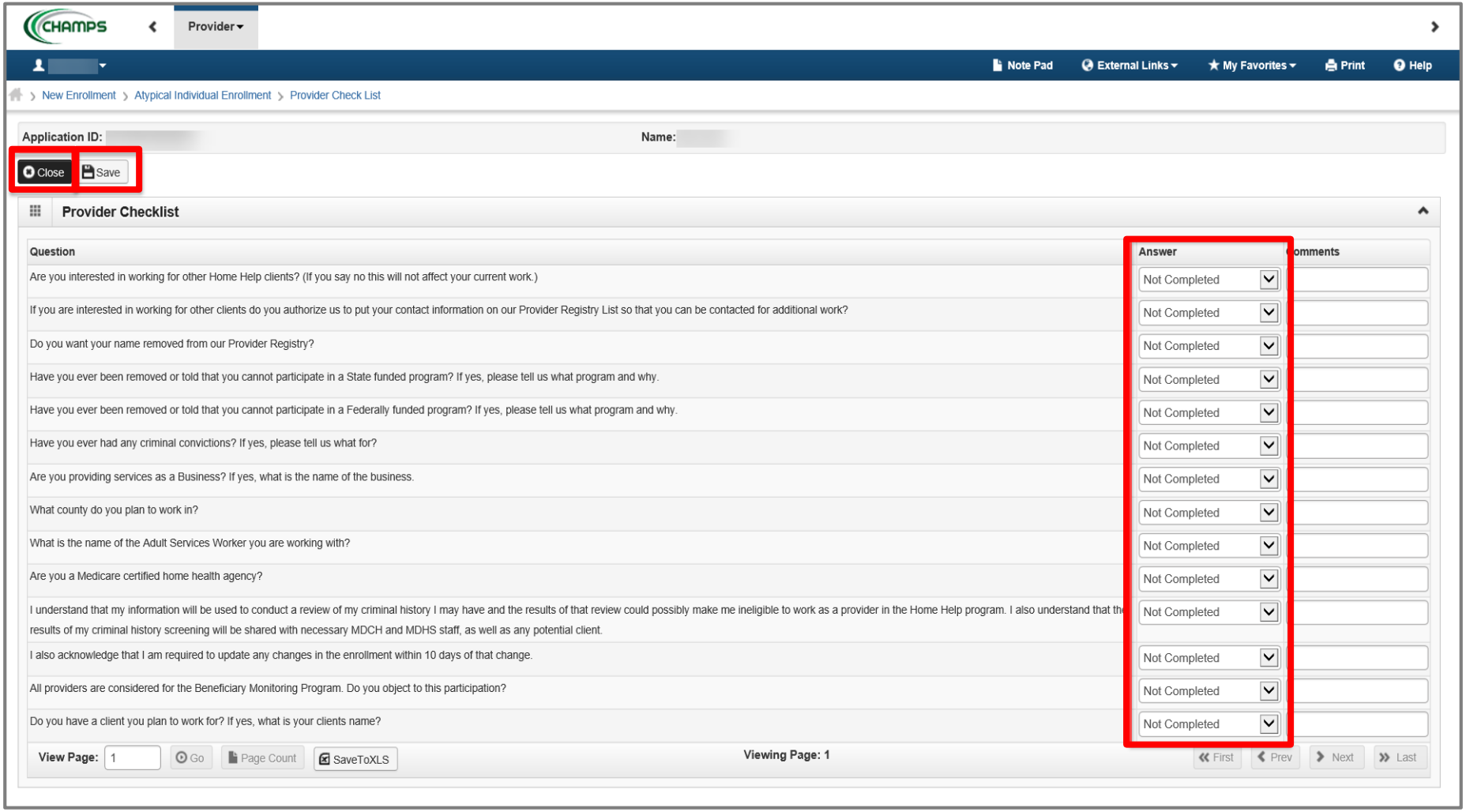
- Read the **Final Adverse Legal Actions/Convictions** statement.
- Answer the questions at the bottom by choosing **Yes** or **No** and comment if necessary.
- Click **OK**.



- The Adverse Action column will show Yes or No indicating it's complete.
- Click **Close**.

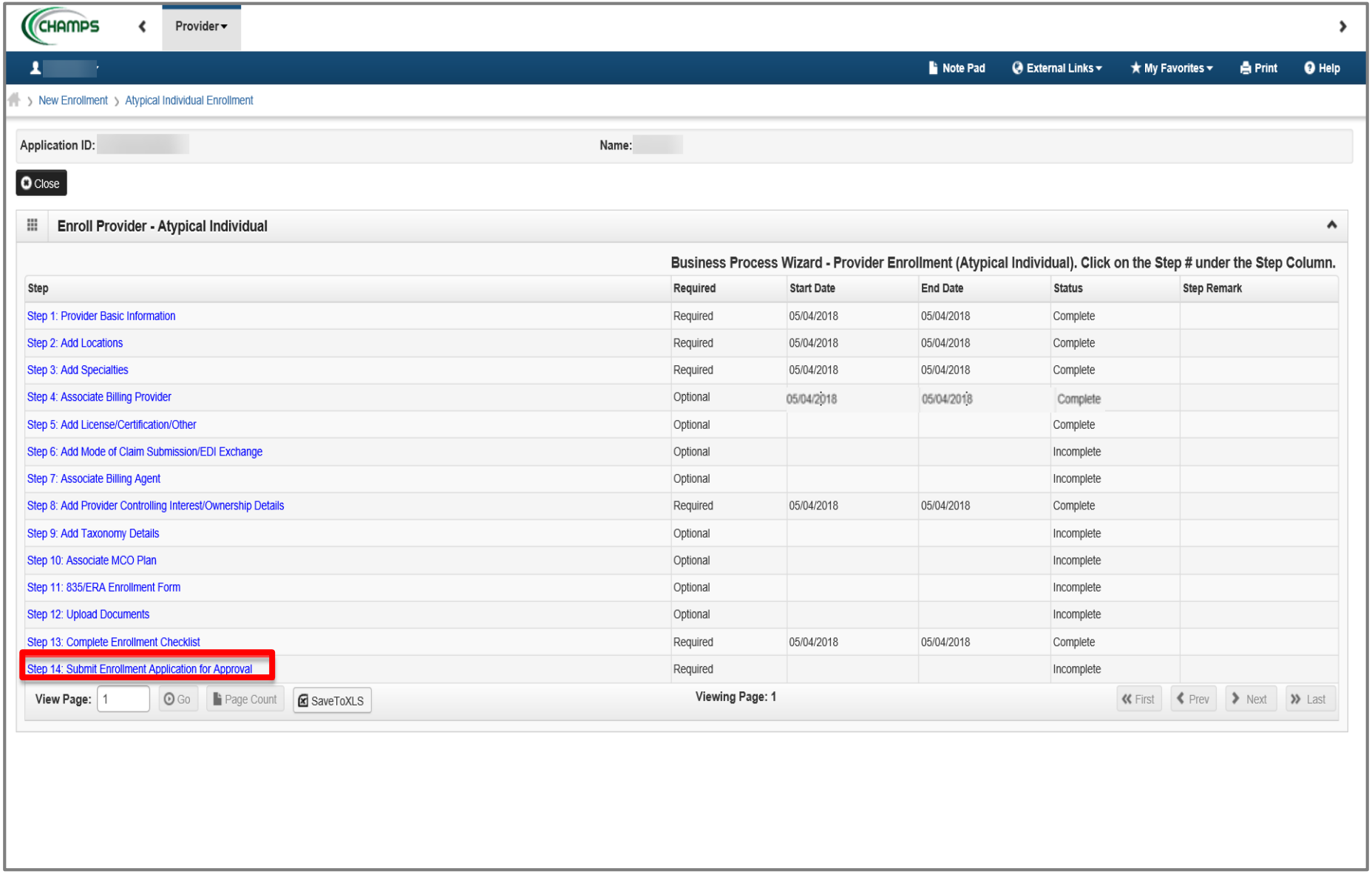


- Click **Step 13: Complete Enrollment Checklist.**



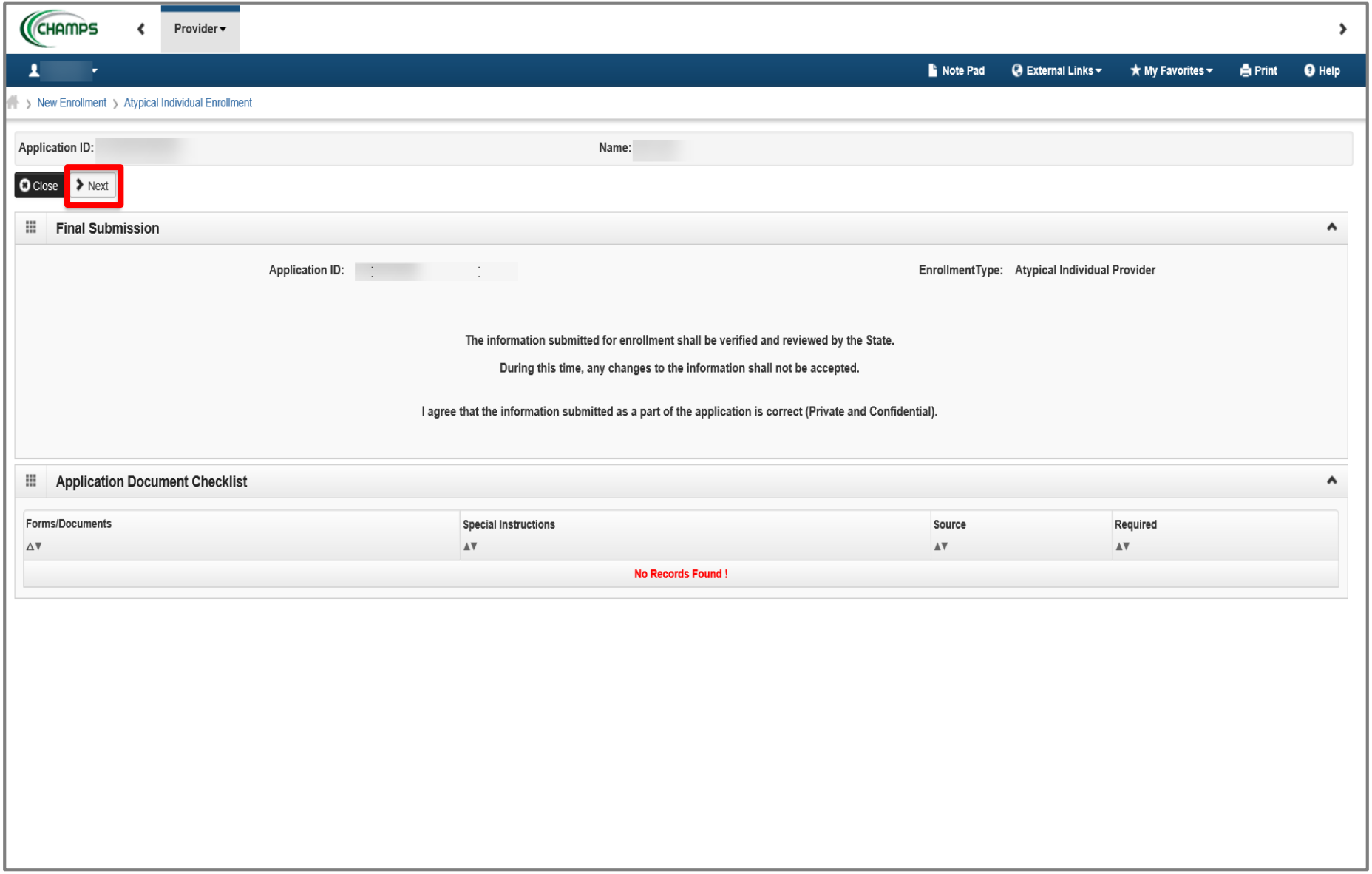
- Answer all of the **Provider Checklist** questions by choosing **Yes** or **No** from each drop-down menu in the **Answer** column. If an answer is required, choose **Yes** and put the answer in **Comments**.
- Click **Save**.
- Click **Close**.

Please Note: The *County Name*, *Worker Name* and *Clients Name will need to be included* in *the comments box when appropriate.*

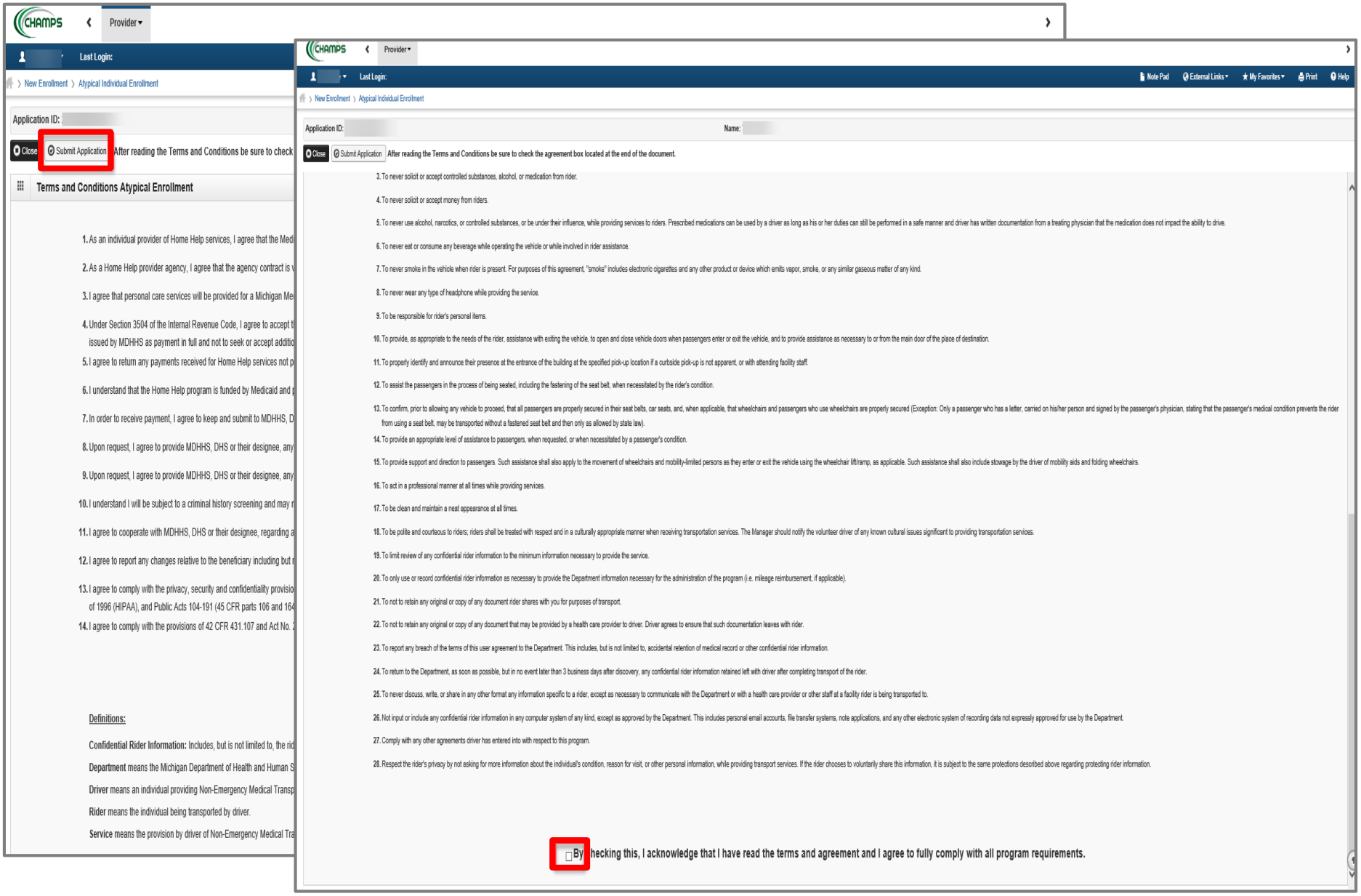


Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/04/2018	05/04/2018	Complete	
Step 2: Add Locations	Required	05/04/2018	05/04/2018	Complete	
Step 3: Add Specialties	Required	05/04/2018	05/04/2018	Complete	
Step 4: Associate Billing Provider	Optional	05/04/2018	05/04/2018	Complete	
Step 5: Add License/Certification/Other	Optional			Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Optional			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	05/04/2018	05/04/2018	Complete	
Step 9: Add Taxonomy Details	Optional			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: 835/ERA Enrollment Form	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required	05/04/2018	05/04/2018	Complete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

- Click **Step 14: 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)".



- 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**.

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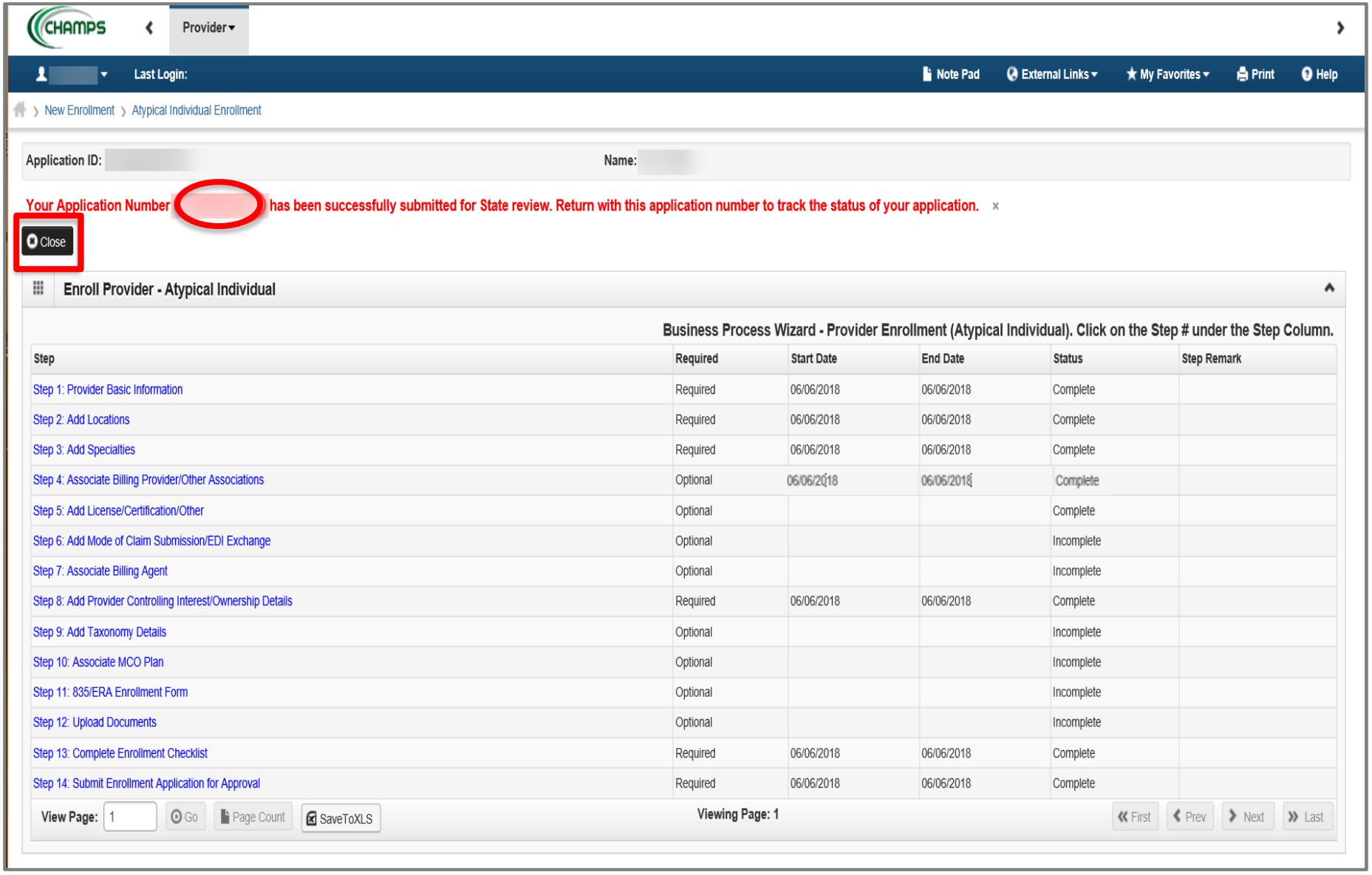
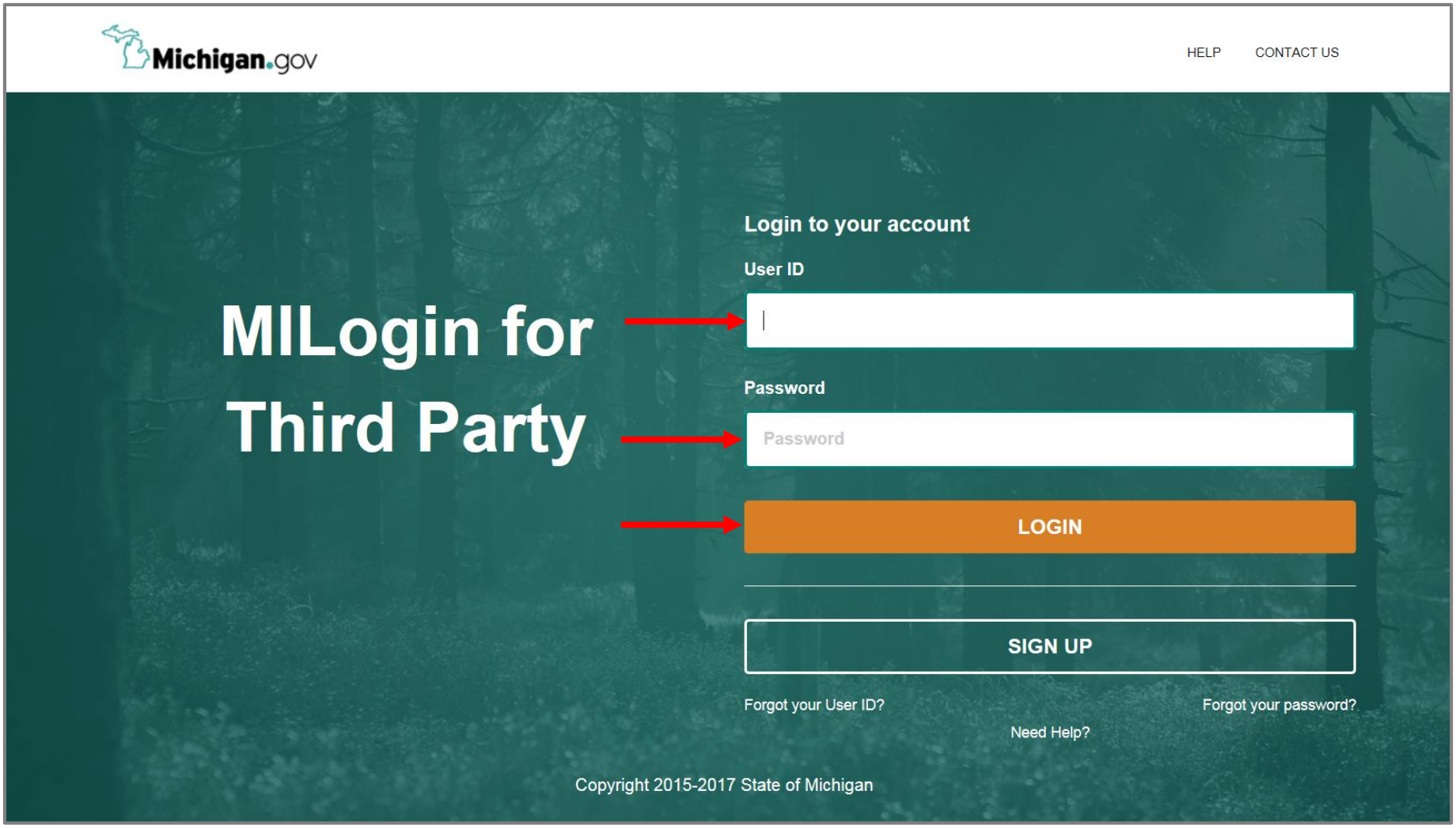


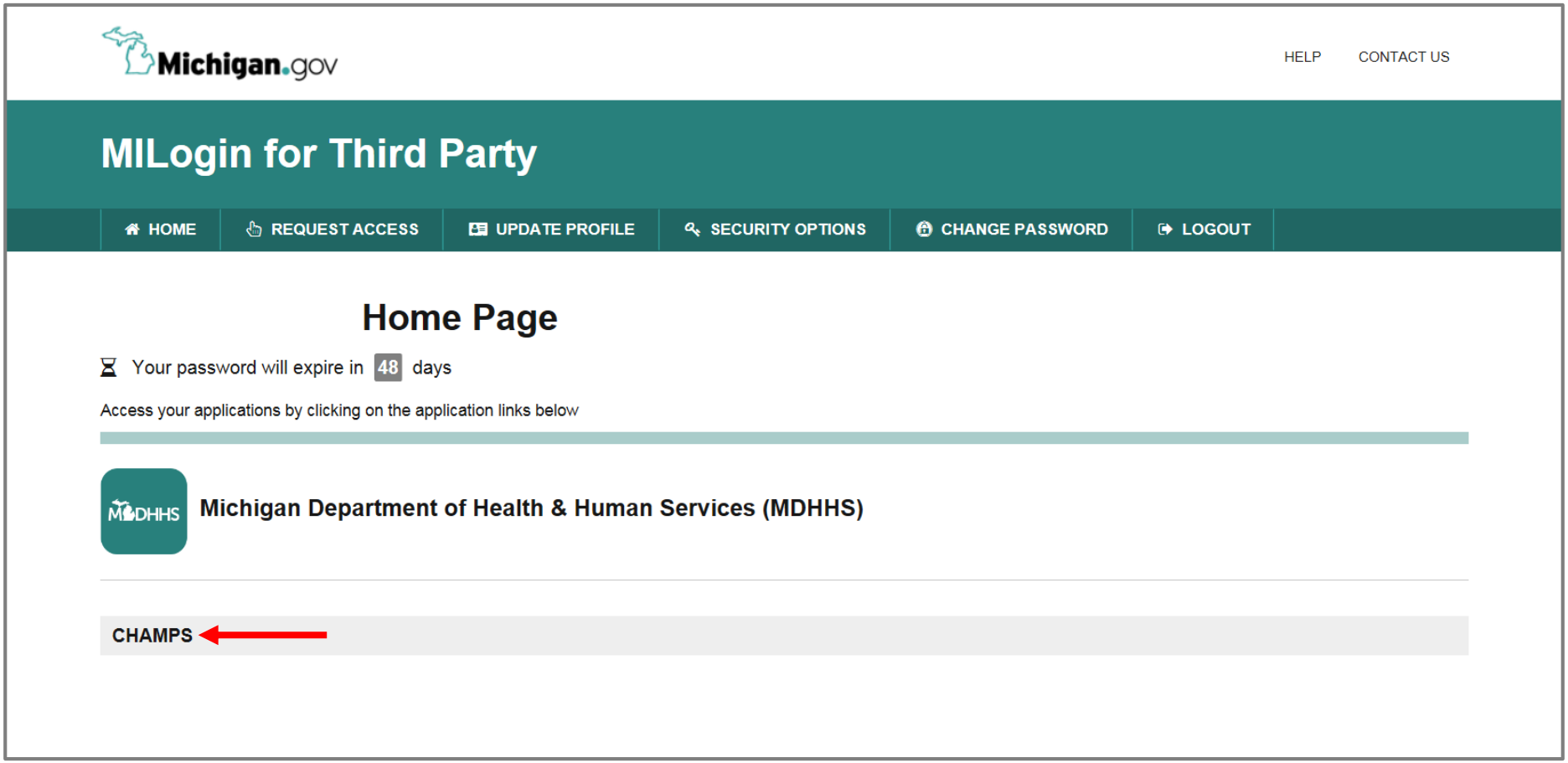
- If you have not taken note of your **Application Number,** please do so for tracking purposes.
- Click **Close** and close out of the application**.**

Tracking Your Application

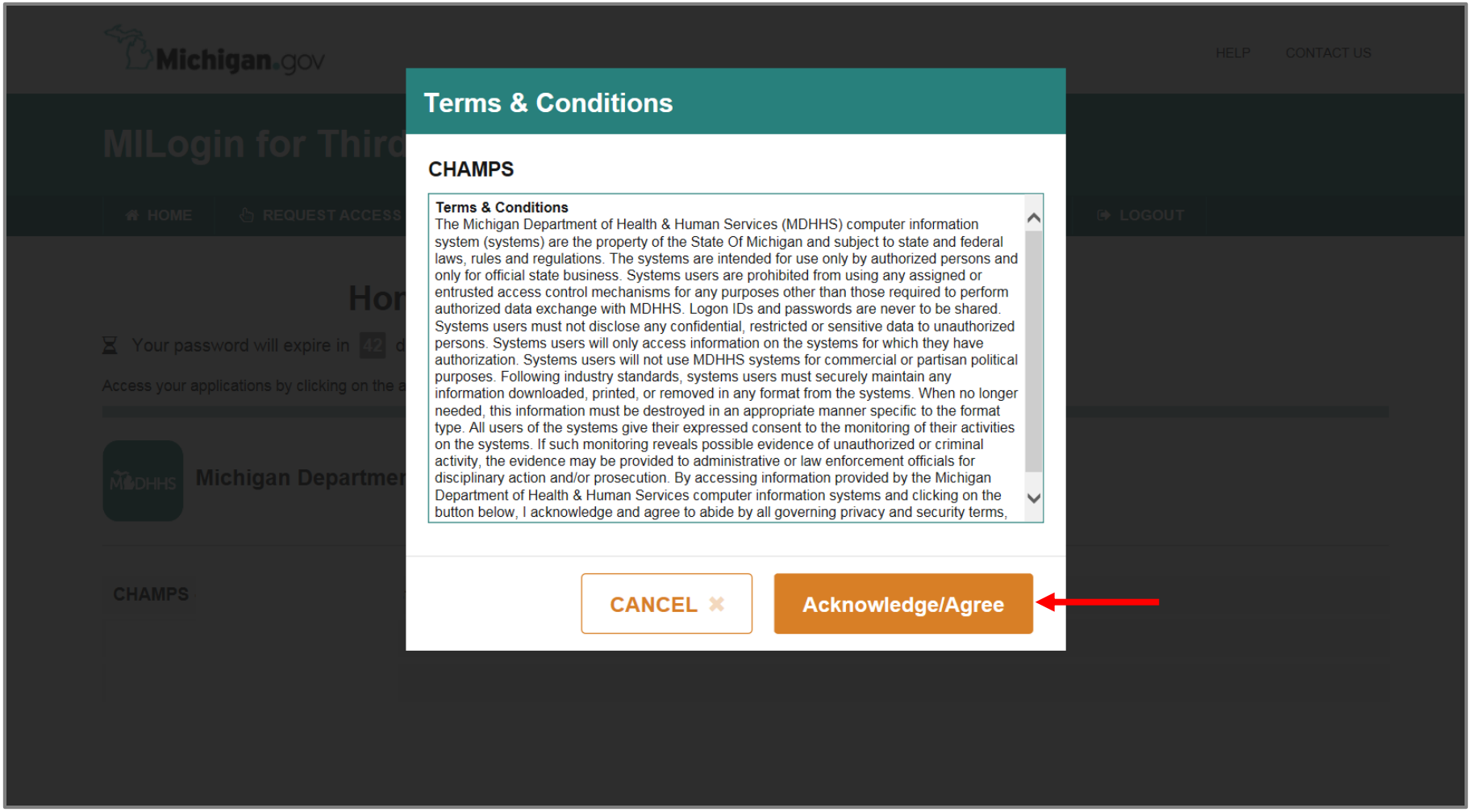
How to Track the Status of Your Application



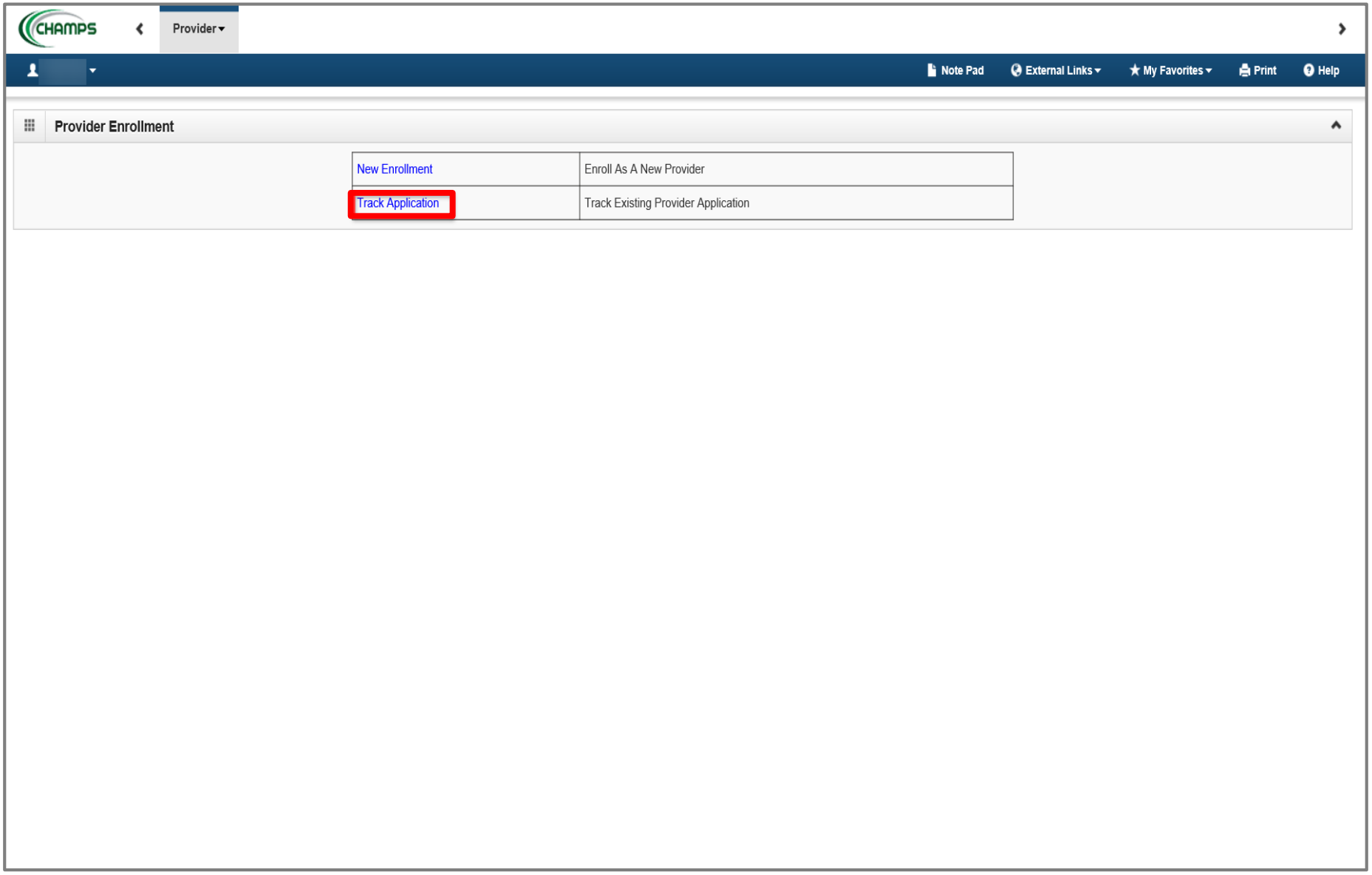
- Enter your User ID and Password you just created
- Click **Login**



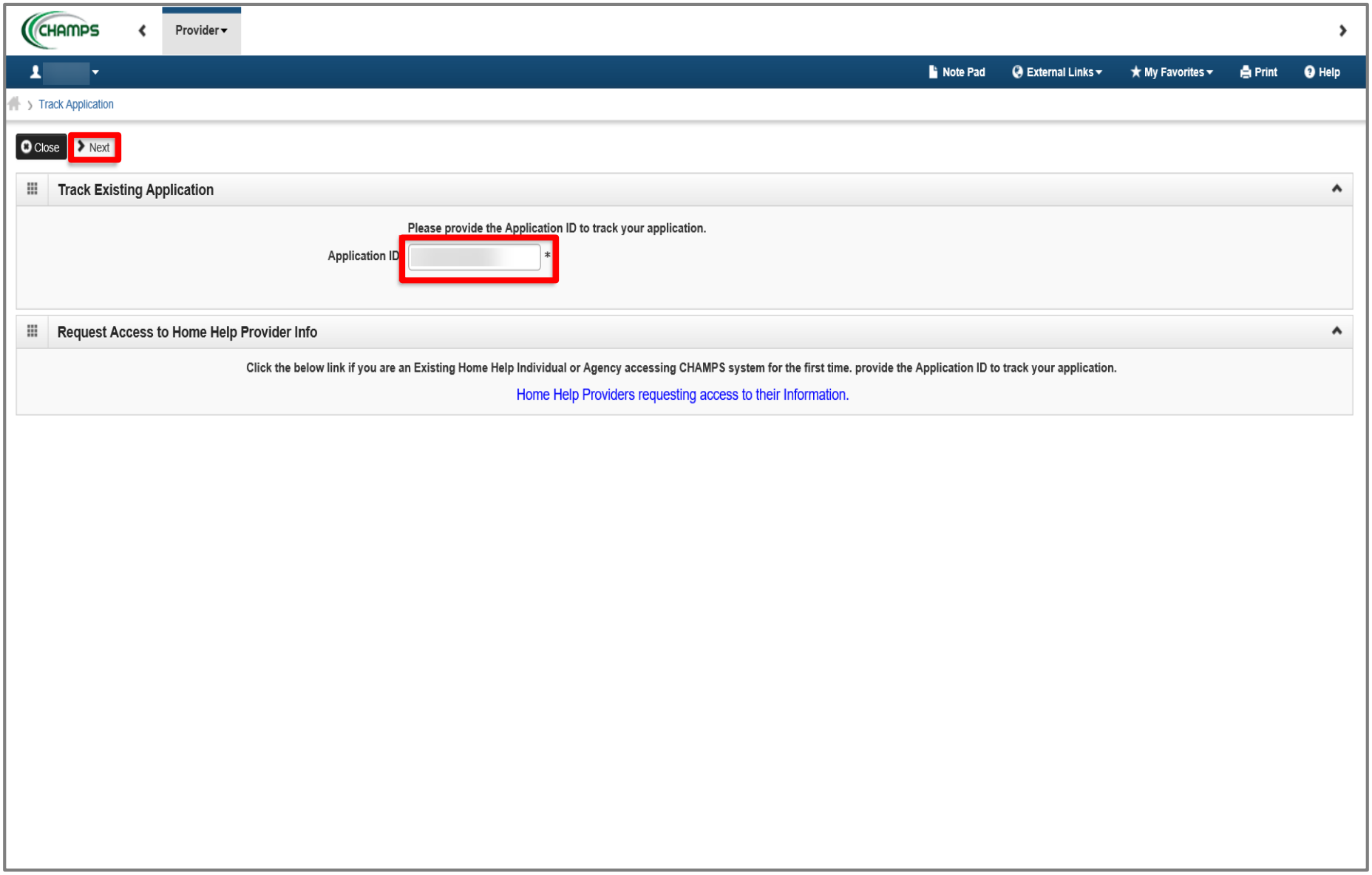
- You will be directed back to your MILogin Home Page
- Click the **CHAMPS** hyperlink



- Click **Acknowledge/Agree** button to accept the Terms & Conditions to get into CHAMPS



- 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**.**



- Enter your **Application ID**.
- Click **Next.**

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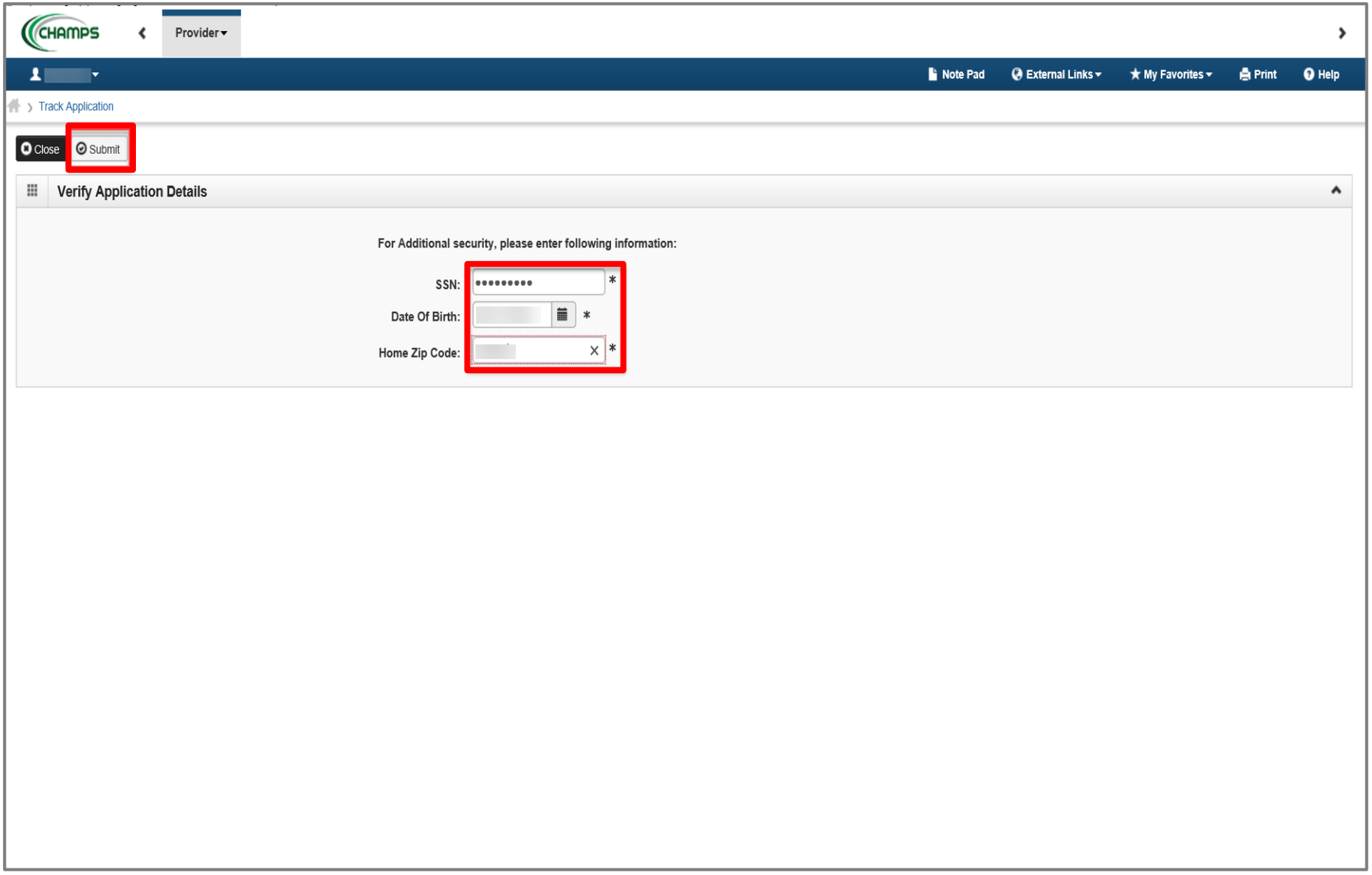

- Enter your **Social Security Number, Date of Birth** and **Home Zip Code**.
- Click **Submit.**

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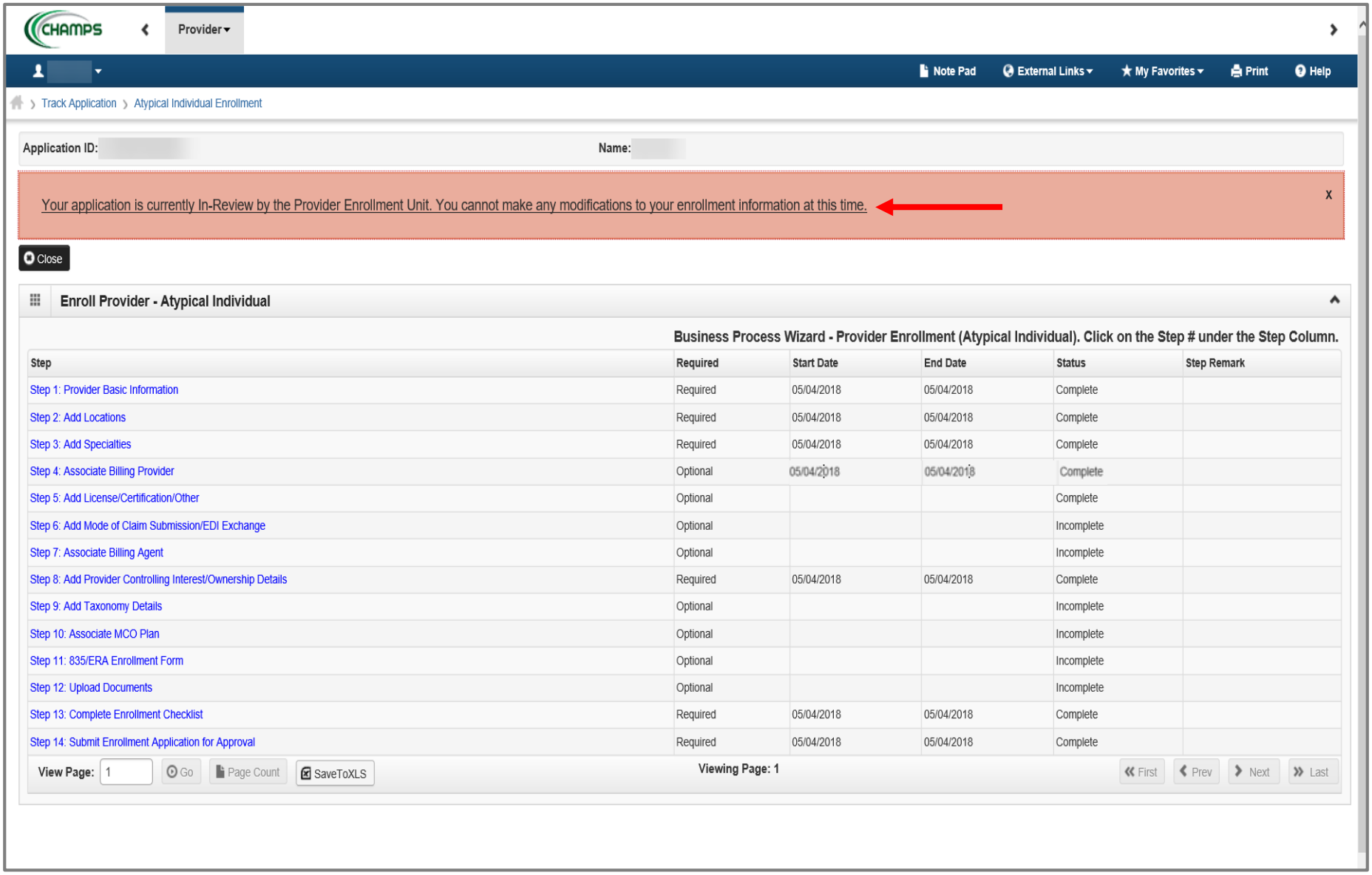

- A text box at the top will confirm the status of your application. If you do not see this statement, you have not completed and submitted the application to the state for review. Please complete all required steps to submit.

Application Approved

- Once the Application is Approved:
  - Providers will receive an approval letter. The approval letter will go to the Correspondence Address you provided.

Provider Resources

- Home Help Provider Support Hotline
  1-800-979-4662

- Home Help Provider Support Email:
  ProviderSupport@Michigan.gov

- Home Help Website
  www.Michigan.gov/HomeHelp