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
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
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.
• 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.**
- 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.
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 two screens to go back to the list of steps. (Not shown).
Click **Step 3: Add Specialties.**
- Click **Add**.
In the **Provider Type** drop-down menu, select **Atypical Individual**.
In the **Specialty** drop-down menu, select **Home Help Individual**.
Click **OK**.
Click **Close.**
Click **Step 4: Associate Billing Provider/Other Associations.**
• 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) \[Selected Owner \rightarrow Assoc. Owner\]

- In this example the relationship of Selected Owner to Assoc. Owner is self
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.
### Step 13: Complete Enrollment Checklist

- **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.
<table>
<thead>
<tr>
<th>Step</th>
<th>Required</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
<th>Step Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Provider Basic Information</td>
<td>Required</td>
<td>05/04/2018</td>
<td>05/04/2018</td>
<td>Complete</td>
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<tr>
<td>Step 2: Add Locations</td>
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<td></td>
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<tr>
<td>Step 3: Add Specialties</td>
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<td>Complete</td>
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<tr>
<td>Step 4: Associate Billing Provider</td>
<td>Optional</td>
<td>05/04/2018</td>
<td>05/04/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 5: Add License/Certification/Offer</td>
<td>Optional</td>
<td>05/04/2018</td>
<td>05/04/2018</td>
<td>Complete</td>
<td></td>
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<tr>
<td>Step 6: Add Mode of Claim Submission/EDI Exchange</td>
<td>Optional</td>
<td>05/04/2018</td>
<td>05/04/2018</td>
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<tr>
<td>Step 7: Associate Billing Agent</td>
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<tr>
<td>Step 8: Add Provider Controlling Interest/Ownership Details</td>
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<td></td>
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<tr>
<td>Step 9: Add Taxonomy Details</td>
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<tr>
<td>Step 10: Associate MCO Plan</td>
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<tr>
<td>Step 11: 837/ERA Enrollment Form</td>
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<tr>
<td>Step 12: Upload Documents</td>
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<tr>
<td>Step 13: Complete Enrollment Checklist</td>
<td>Required</td>
<td>05/04/2018</td>
<td>05/04/2018</td>
<td>Complete</td>
<td></td>
</tr>
</tbody>
</table>

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

Click **Submit**.
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