

# Home Help Agency

## CHAMPS Provider 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

**\*\*\*The CHAMPS Provider Enrollment application must be completed within 30 days\*\*\***

For anyone who wants to become a new Home Help Agency provider:

- Have paper and a writing utensil nearby
- Register with SIGMA Financial (Slide 3)
- Create a MILogin user ID and password (Slides 4-8)
- Gain access to CHAMPS (Slides 9-17)
- Fill out the Provider Enrollment Application (Slides 18-67)
- Track your Application (Slides 68-75)
- Application Approved (Slide 76)

Call the Provider Support Helpline if you need additional help 1-800-979-4662

## Prior to enrolling in CHAMPS

Agency providers will want to ensure they are enrolled in SIGMA Vendor Self-Service (VSS) prior to enrolling within CHAMPS.

- SIGMAVSS website: [www.Michigan.gov/SIGMAVSS](http://www.Michigan.gov/SIGMAVSS)
- If you have questions regarding this current process, contact the Vendor Support Call Center at 1-888-734-9749 or email [SIGMA-Vendor@Michigan.gov](mailto:SIGMA-Vendor@Michigan.gov)

After completing SIGMA registration allow 3-5 business days to begin and complete the CHAMPS application. If you attempt to enroll in CHAMPS during this time, you may get an error when validating your information.

# Register for MiLogin and CHAMPS

MiLogin is the State of Michigan Identity, Credential, and Access Management (MICAM) solution. All users who need access to the information within CHAMPS must obtain a MiLogin User ID and Password.

The Community Health Automated Medicaid Processing System (CHAMPS) is the MDHHS web-based, rules-driven, real-time adjudication Medicaid Management System. CHAMPS is comprised of the following subsystems: Provider Enrollment, Eligibility and Enrollment, Prior Authorization, Claims and Encounters, and Contracts Management.

As of October 28, 2023, MiLogin Third Party has been rebranded to MiLogin for Business.

# Register for MiLogin and CHAMPS

- Open your web browser (e.g., Internet Explorer, Google Chrome, Mozilla Firefox, etc.).
- Enter <https://milogintp.Michigan.gov> into the search bar.
- Click create an account.

The screenshot displays the MiLogin for Business website. On the left, a dark blue banner features the Michigan state logo and the text "MiLogin for Business". The main heading reads "Michigan's one-stop login solution for business" with a teal arrow pointing to the right. Below this, a paragraph explains that MiLogin connects users to all State of Michigan business services through a single user ID. On the right, the login interface includes a "Welcome to MiLogin for Business" message, a "User ID" input field with a red arrow pointing to it and a "Lookup your user ID" link, a "Password" input field with a red arrow pointing to it and a "Forgot your password?" link, a teal "Log In" button, and a red-bordered "Create an Account" button. The footer contains "Copyright 2023 State of Michigan" and "Policies".

# Register for MiLogin and CHAMPS

- Enter an email address.
- Check the 'I'm not a robot' checkmark.
- Click Next Step.

**Don't have an email address?** There are several email providers who offer an email address and services at no cost. A few popular email providers are listed below.

- Gmail: <https://www.google.com/gmail/about/#>
- Yahoo Mail: <https://login.yahoo.com/account/create>
- Microsoft Live Hotmail: <https://outlook.live.com/owa/>

These commercial provider organizations are **not affiliated with the State of Michigan**. Your email messages will not be stored on the State of Michigan systems.

The screenshot displays the 'MiLogin for Business' registration interface. The top navigation bar includes the Michigan state logo, the text 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, shows a progress indicator for 'Step 1 of 10' and the title 'Email verification'. Below the title is a row of ten circles, with the first one filled in teal. A teal arrow points from this panel to the right panel. The right panel, with a white background, is titled 'Enter your email'. It contains a text input field for the email address, a red arrow pointing to it from the right, and a red box around the 'I'm not a robot' checkbox. To the right of the checkbox is the reCAPTCHA logo and a link for 'Privacy - Terms'. Below these is a light blue information box with an 'i' icon and the text: 'We will never send you spam or share your information with anyone outside of the State of Michigan services you choose to access.' At the bottom of the form is a teal 'Next Step' button, also highlighted with a red box. Below the form are links for 'Having Trouble?' and 'I don't have an email >'. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

# Register for MiLogin and CHAMPS

- Enter the Passcode that was sent to the email address.
- Click Next Step.
- If the passcode was not sent select the Resend Passcode link.

The screenshot displays the 'MiLogin for Business' registration process. The header includes the Michigan state logo and the text 'MiLogin for Business', with 'Help' and 'Contact Us' links on the right. The main content area is split into two panels. The left panel, with a dark blue background, shows a progress indicator for 'Step 2 of 10' titled 'Passcode verification'. It includes a '< Previous Step' link, a teal arrow pointing right, and a row of ten circles, with the second circle from the left filled with teal. The right panel, with a white background, is titled 'Enter your passcode'. It contains the text 'We have sent you a passcode to your email' above a greyed-out input field. Below that is a 'Passcode' label and an active input field. A red arrow points to the right side of this input field. Underneath the input field is a teal button labeled 'Next Step', which is highlighted with a red rectangular border. Below the button is a link for 'Resend Passcode'. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

# Register for MiLogin and CHAMPS

- Enter the Work Phone number.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo, the title 'MiLogin for Business', and links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, displays 'Step 4 of 10' and 'Work phone verification' in large white text. Below this is a progress indicator consisting of ten circles, with the fourth circle filled in teal. A teal arrow points to the right. The right panel has a white background and is titled 'Enter your work phone number'. It contains a text box with a red arrow pointing to it, an information box stating 'You will receive a passcode via a voice call to your phone to confirm your identity.', and a teal 'Next Step' button with a red border. The footer shows 'Copyright 2023 State of Michigan' and a 'Policies' link.



# Register for MiLogin and CHAMPS

- Enter the User's First, optional Middle Initial, and Last name.
- Review the terms and conditions and click the 'I agree' checkbox.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The page is titled 'Step 3 of 10 Profile Information'. On the left, there is a dark blue sidebar with a 'Previous Step' link and a progress indicator showing 10 steps, with the 3rd step highlighted. A green arrow points from the sidebar to the main content area. The main content area is white and contains the 'Enter your information' form. The form has four input fields: 'First Name', 'Middle Initial (Optional)', 'Last Name', and 'Suffix (Optional)'. Red arrows point to the 'First Name' and 'Last Name' fields. Below the 'Last Name' field is a checkbox labeled 'I agree to the Terms & Conditions.' and a green 'Next Step' button. The footer of the page includes 'Copyright 2023 State of Michigan' and 'Policies'.

# Register for MiLogin and CHAMPS

- A phone call will be made to the work phone number.
- Enter the Passcode.
- Click Confirm Passcode.
- If the call was missed, click the Resend Passcode to receive another phone call.

**MiLogin for Business** Help Contact Us

[← Previous Step](#)

Step 5 of 10

## Passcode verification

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### Enter your passcode

We have sent you a passcode via a voice call to your **work phone** ending with [REDACTED]

Passcode

1230 -

**Confirm Passcode**

Resend Passcode

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# Register for MiLogin and CHAMPS

- Enter the mobile phone number.
  - This is an optional step and can be completed later by clicking the 'Skip this for now' link.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The header includes the Michigan state logo and 'MiLogin for Business' text, with 'Help' and 'Contact Us' links on the right. The main content area is split into two panels. The left panel, on a dark blue background, displays 'Step 6 of 10' and 'Mobile phone verification' in large white text. Below this is a progress indicator with ten circles, the sixth of which is filled. A teal arrow points to the right. A teal link for 'Previous Step' is at the top left of this panel. The right panel, on a white background, is titled 'Enter your mobile phone number'. It contains explanatory text, a 'Mobile Phone' label, and an empty input field with a red arrow pointing to it. Below the input field is an information box with a teal 'i' icon and text: 'If your work phone can receive text messages, enter the phone number again to enable text message verification option.' At the bottom of this panel are two buttons: a teal 'Next Step' button with a red border, and a light teal 'Skip this for now' link. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

# Register for MiLogin and CHAMPS

- Select either the Text Message or Voice Call verification method.

**MiLogin for Business** Help Contact Us

[← Previous Step](#)

Step 7 of 10

## Verification method

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### Select a verification method

We need to make sure you're really you. Please select a verification method below to confirm your identity.

**Text Message**  
You will receive a passcode via a text message to your **mobile phone** ending with [redacted]

**Voice Call**  
You will receive a passcode via a voice call to your **mobile phone** ending with [redacted]

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# Register for MiLogin and CHAMPS

- Enter the Passcode sent to the mobile phone number on file.
- Click Confirm Passcode.

**MiLogin for Business** Help Contact Us

[← Previous Step](#)

Step 8 of 10

## Passcode verification

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[→](#)

### Enter your passcode

We have sent you a passcode via a text message to your **mobile phone** ending with [REDACTED]

Passcode

1087 -

**Confirm Passcode**

[Resend Passcode](#)

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# Register for MiLogin and CHAMPS

- Enter the User ID following the guidelines provided.
- Click Next Step.

The screenshot shows the 'MiLogin for Business' registration interface. The page is titled 'MiLogin for Business' and includes links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, with a dark blue background, indicates 'Step 9 of 10' and 'User ID' with a progress indicator showing 9 out of 10 steps completed. A 'Previous Step' link is visible. The right panel, with a white background, is titled 'Create your user ID' and explains that the User ID is required for sign-in. It lists 'ID Guidelines': must start with last name and first initial, must end with 4 numbers, and must not contain special characters or spaces. Below the guidelines is a text input field for the 'User ID', with a red arrow pointing to it. An information box below the input field states: 'Your user ID should be [ ] where XXXX is four numbers of your choosing.' A 'Next Step' button is highlighted with a red border. The footer contains 'Copyright 2023 State of Michigan' and 'Policies'.

# Register for MiLogin and CHAMPS

- Create a Password following the guidelines.
- Enter the same password in the Confirm Password field.
- Click Create Account.

The screenshot shows the 'MiLogin for Business' registration interface. The page is titled 'MiLogin for Business' and includes links for 'Help' and 'Contact Us'. The main content area is split into two panels. The left panel, on a dark blue background, shows a progress indicator with 10 circles, the 10th of which is filled with a teal color. Above the circles, it says 'Step 10 of 10' and 'Password' with a teal arrow pointing right. A '< Previous Step' link is visible. The right panel, on a white background, is titled 'Create your password'. It instructs the user to 'Choose something secure, but also something you can remember.' Below this are 'Password Guidelines' listed with warning icons: 'Must be at least 8 characters in length', 'Should not be based on your User ID', 'Must contain at least one upper and lower case letters, a number, and a symbol (@#\$!~&)', and 'Confirm password must match new password'. There are two input fields: 'Password' and 'Confirm Password'. Red arrows point to the right side of both input fields. At the bottom of the right panel is a teal 'Create Account' button, which is also highlighted with a red border. The footer contains 'Copyright 2023 State of Michigan' and 'Policies'.

# Register for MiLogin and CHAMPS

- Your MiLogin account has now been created successfully.
- Your MiLogin Welcome Page will not display any online services.
- Click Request Access.

*\*Additional MiLogin resources are available by clicking the Help link at the top of the page.*

**MiLogin for Business**

Home Discover Online Services **Help** Contact Us

## Welcome [blurred name]

Access your requested online services and search for more.

### Discover Online Services

MiLogin is used to secure many **online services at the State of Michigan**. We are here to ensure your identity is safe and protected.

[Find Services >](#)

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# Register for MiLogin and CHAMPS

- Filter by Departments and select for Michigan Department of Health and Human Services

OR

- Enter CHAMPS in the search for services box and click Search.
- Click on CHAMPS.

The screenshot shows the 'MiLogin for Business' website. At the top, there is a navigation bar with 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below this is a dark blue header with a '< Back to Home' button and the title 'Discover Online Services'. A sub-header reads: 'From renewing vehicle plates to getting food assistance, find and access the services you need.' Below the header is a search bar with the text 'Search for Services'. The search input field contains 'CHAMPS' and has a red arrow pointing to it. A 'Search' button is to the right of the input field. Below the search bar, there are two columns. The left column is titled 'Filter by Departments' and lists various Michigan departments with checkboxes. The 'Michigan Department of Health & Human Services (MDHHS)' checkbox is highlighted with a red box. The right column shows the search results for 'CHAMPS' under the 'MDHHS Michigan Department of Health & Human Services (MDHHS)' heading. The result is a card for 'CHAMPS' with a description: 'Community Health Automated Medicaid Processing System is the Michigan Medicaid Management Information System (MMIS). It supports Medicaid provider enrollment and maintenance, beneficiary healthcare eligibility and enrollment, prior authorization, Home Help Electronic Service Verification (ESV), fee-for-service payments and managed care enrollments, payments, and encounters.' This card is also highlighted with a red box.

# Register for MiLogin and CHAMPS

- Select the CHAMPS user type as 'Provider/Other' option.
- Click Next Step.

**MiLogin for Business**

Home Discover Online Services Help Contact Us

[← Back](#)

## Request Service

→

### Additional Information

In order to proceed with your request, please enter additional requested information below.

CHAMPS User Type

Provider/Other ←

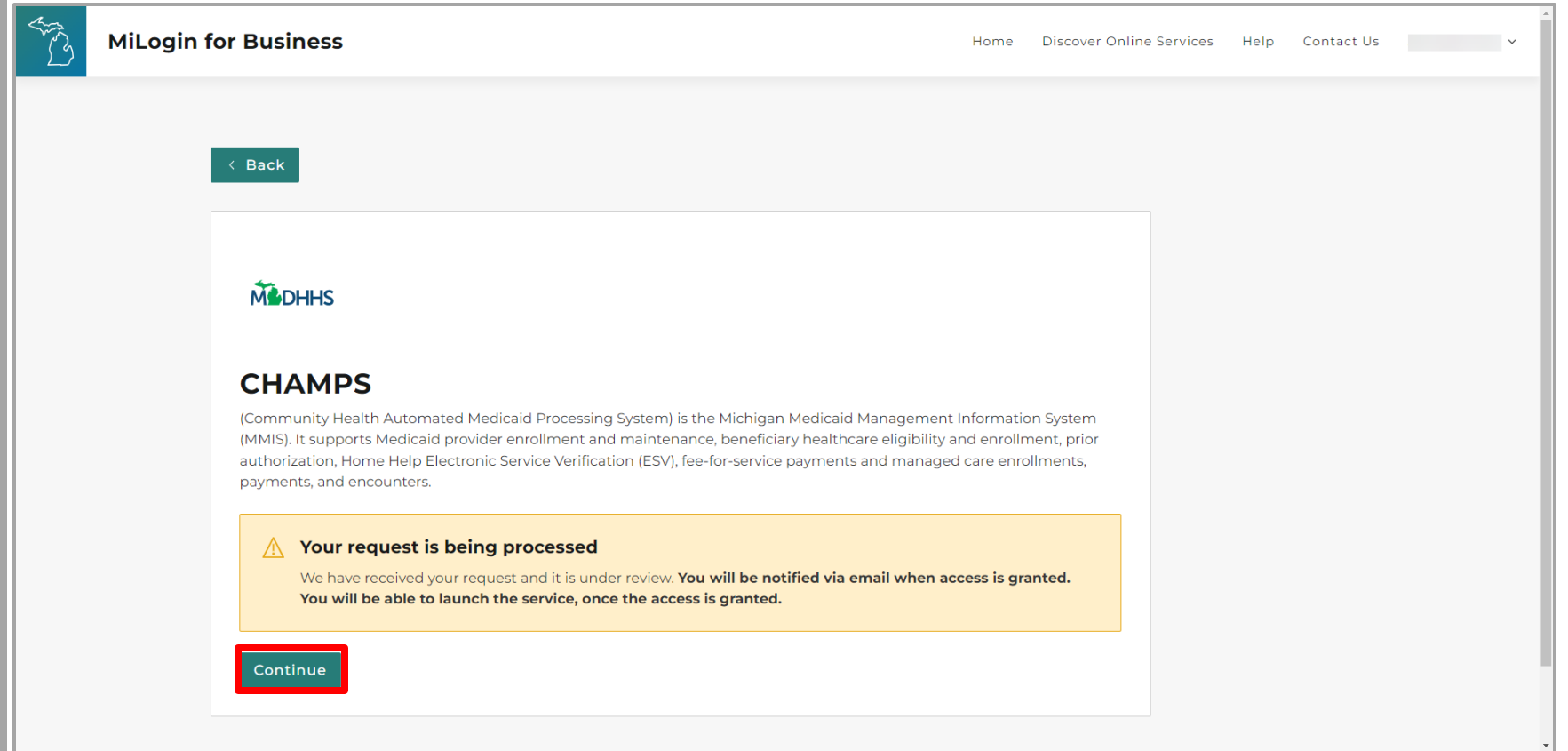
State User Only

**Next Step**

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# Register for MiLogin and CHAMPS

- You will be given confirmation that your request has been submitted successfully and is being processed.
- Click the continue to return to the MiLogin Welcome Page.



The screenshot shows the 'MiLogin for Business' website. The header includes a Michigan state icon, the title 'MiLogin for Business', and navigation links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. A '< Back' button is visible. The main content area features the 'MIDHHS' logo and the heading 'CHAMPS'. Below the heading is a paragraph describing CHAMPS as the Michigan Medicaid Management Information System (MMIS). A yellow warning box contains the text: 'Your request is being processed. We have received your request and it is under review. You will be notified via email when access is granted. You will be able to launch the service, once the access is granted.' A 'Continue' button is highlighted with a red border.

# Register for MiLogin and CHAMPS

- You will be directed back to your MiLogin Welcome Page.
- Click the CHAMPS hyperlink.

The screenshot shows the 'MiLogin for Business' website. At the top left is the Michigan state logo. The header includes 'MiLogin for Business' and navigation links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. The main content area features a dark blue header with the text 'Welcome [blurred name]' and the instruction 'Access your requested online services and search for more.' Below this, there are two white boxes. The left box contains the MDHHS logo and the text 'Michigan Department of Health & Human Services (MDHHS)' and 'CHAMPS'. A red rectangular box highlights a right-pointing chevron icon next to the 'CHAMPS' text. The right box is titled 'Discover Online Services' and contains text about MiLogin security and a 'Find Services >' link. The footer includes 'Copyright 2023 State of Michigan' and a 'Policies' link.

# Register for MiLogin and CHAMPS

- Review the terms and conditions and check the 'I agree to the Terms & Conditions'.
- Click Launch service.

**MiLogin for Business** Home Discover Online Services Help Contact Us

[Back to Home](#)

**MDHHS**

## CHAMPS

(Community Health Automated Medicaid Processing System) is the Michigan Medicaid Management Information System (MMIS). It supports Medicaid provider enrollment and maintenance, beneficiary healthcare eligibility and enrollment, prior authorization, Home Help Electronic Service Verification (ESV), fee-for-service payments and managed care enrollments, payments, and encounters.

**Please accept the Terms and Conditions to continue:**

**Terms & Conditions**

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any

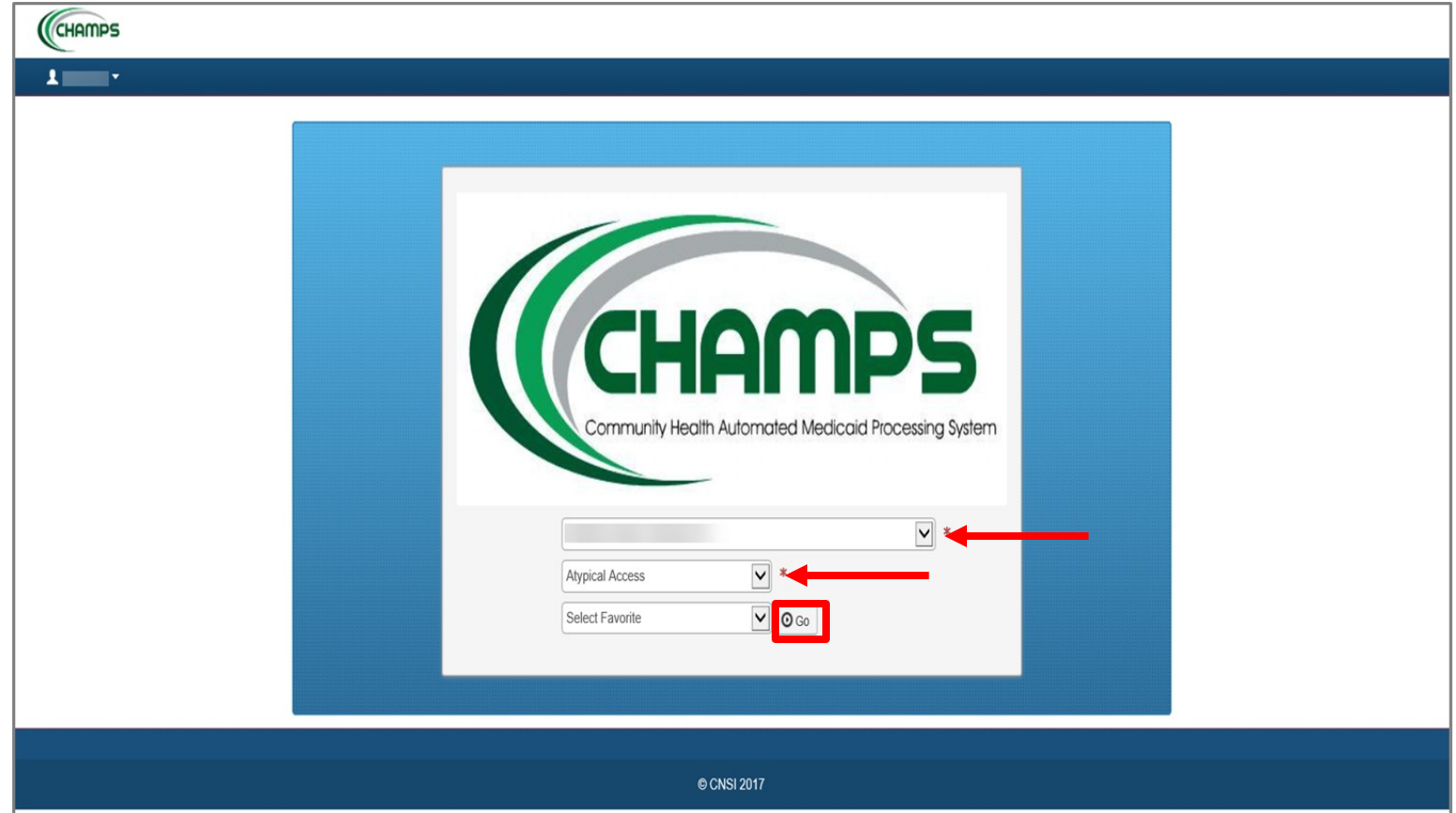
I agree to the Terms & Conditions

**Launch service**

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## Register for MiLogin and CHAMPS

- Your Name and Provider ID number will show in the top section
- In the 'Select Profile' drop-down menu, select Atypical Access
- Click go



The screenshot shows the CHAMPS login page. At the top left is the CHAMPS logo. Below it is a user profile dropdown menu. The main content area features the CHAMPS logo and the text "Community Health Automated Medicaid Processing System". Below the logo is a form with three dropdown menus: "Atypical Access", "Select Favorite", and "Go". Red arrows point to the "Atypical Access" dropdown and the "Go" button. The "Go" button is highlighted with a red box.

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## Home Help Agency: New Provider Enrollment

- Select New Enrollment.

The screenshot shows the CHAMPS web application interface. At the top left is the CHAMPS logo. The breadcrumb trail shows 'Provider'. The user's last login is '31 JUL, 2018 02:21 PM'. The top navigation bar includes links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Enrollment' and contains a table with two rows of links:

<a href="#">New Enrollment</a>	Enroll As A New Provider
<a href="#">Track Application</a>	Track Existing Provider Application

## Home Help Agency: New Provider Enrollment

- Select Atypical (non-medical) provider.
- Select Agency.
- Click Submit.

The screenshot shows the CHAMPS Provider Portal interface. The top navigation bar includes the CHAMPS logo, a back arrow, 'My Inbox', and a 'Provider' dropdown menu. A dark blue header bar displays the user's profile, the last login time '29 NOV, 2023 10:17 AM', and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the user is in the 'Provider Portal' and is performing a 'New Enrollment'. The main content area is titled 'Enrollment Type' and contains the instruction 'Select the Applicable Enrollment Type'. A list of radio button options is provided, with the 'Atypical (non-medical) provider' option selected and highlighted by a red rectangular box. Below this option, the text 'Type 2 NPI if required by policy' is visible. At the bottom left of the form, a 'Submit' button is also highlighted with a red rectangular box.

CHAMPS < My Inbox Provider >

Last Login: 29 NOV, 2023 10:17 AM Note Pad External Links My Favorites Print Help

Provider Portal > New Enrollment

Enrollment Type

Select the Applicable Enrollment Type

- Individual Provider (Physician, Non Physician) with Type 1 NPI
  - Individual/Sole Proprietor or Rendering/Service Provider
- Group Practice (Corporation, Partnership, LLC, etc.)
- Billing Agent
- Facility/Agency/Organization (Hospital, Nursing Facility, Special Programs, etc) with Type 2 NPI
- Atypical (non-medical) provider (Choose this option if you do not have an NPI. EVV Agencies are now required to have an NPI and should also choose this option.)
  - Individual (Driver, Home Help/Personal Care, Carpenter, CTS, etc.)
  - Agency (Home Help/Personal Care Agency, Fiscal Intermediary, Home and Community Based Services Agencies, Home Care Agency, Transportation Company, Local Education Agency etc.)  
Type 2 NPI if required by policy

Submit



# Home Help Agency: New Provider Enrollment

- Enter the required information, indicated by an asterisk (\*):
  - Entity Business Name (Agency Name)
  - EIN/TIN (Federal Tax ID Number)
  - Vendor ID (SIGMA)
  - NPI
  - Email address.
- Note: Leave the Organization/Business Type default to EVV Agencies
- Click Confirm.

The screenshot displays the CHAMPS web portal interface. The main content area is titled "Basic Information: Enter required fields and click Confirm button." Below this, there is a form with the following fields and options:

- Legal Entity Name:** (Text input field) (As shown on the Income Tax Return)
- Entity Business Name:** (Text input field) \* (Doing Business As)
- EIN/TIN:** (Text input field) \*
- Vendor ID:** (Text input field) \*
- Organization/Business Type:** (Dropdown menu) EVV Agencies \*
- NPI:** (Text input field) \*
- Contact Email Address:** (Section with six email input fields: Email-1, Email-2, Email-3, Email-4, Email-5, Email-6). Email-1 is marked with an asterisk (\*).

At the bottom of the form, there are three buttons: "Confirm" (highlighted with a red box), "Finish", and "Cancel". A note below the form states: "Please note that all providers are subject to a criminal background screening that could affect your ability to be paid through the Home Help program." The page ID is "dlgAddBasicInformationStep1(Provider)".

## Home Help Agency: New Provider Enrollment

- Click Finish.
- Note: Legal Entity Name has populated.

Print Help

**Basic Information: Enter required fields and click Confirm button.**

**Basic Information**

Legal Entity Name:  (As shown on the Income Tax Return)

Entity Business Name:  \* (Doing Business As)

Organization/Business Type: EVV Agencies \*

EIN/TIN:  \*

Vendor ID:  \*

NPI:  \*

**Contact Email Address:**

Email-1:  \*      Email-2:

Email-3:       Email-4:

Email-5:       Email-6:

Please note that all providers are subject to a criminal background screening that could affect your ability to be paid through the Home Help program.

Confirm **Finish** Cancel

## Home Help Agency: New Provider Enrollment

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

Print Help

Application ID: [REDACTED] Name: [REDACTED]

Basic Information

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: [REDACTED]

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.

OK

# Home Help Agency New Enrollment

## Step 2: Locations

- Click Step 2: Add Locations.

CHAMPS Provider

Last Login: 10 AUG, 2018 09:52 AM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment

Application ID: Name:

Close

### Enroll Provider - Atypical Agency

Business Process Wizard - Provider Enrollment (Atypical Agency). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	08/23/2018	08/23/2018	Complete	
<b><a href="#">Step 2: Add Locations</a></b>	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Optional			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Incomplete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

# Home Help Agency New Enrollment

## Step 2: Locations

- Click Add.

CHAMPS Provider

Last Login: 30 AUG, 2018 10:08 AM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency 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 !			

# Home Help Agency New Enrollment

## Step 2: Locations

- Enter the required information, indicated by an asterisk (\*): Address, Zip Code, Phone Number, and Office Hours.
- Click Validate Address.
- For Office Hours use the drop-down arrow to choose the correct times. Make sure to select the hours you are open or choose "Closed".
- Enter your Agency Fiscal Year End Date and click OK.
  - Note: Location Type will always be the Primary Practice Location.
  - Use your Agencies Business 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.

Application ID: [redacted] Name: [redacted]

For all locations, Correspondence address is required. For Primary Practice Location, Pay-To address is required. Enter Remittance Advice address only to receive a paper Remittance Advice.

### Add Provider Location

Location Type: Primary Practice Location \*

Doing Business As: [redacted] End Date: [redacted]

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address validation successful

Address Line 1: [redacted] \*  
(Enter Street Address or PO Box Only)

Address Line 2: [redacted]

State/Province: MICHIGAN \*  
Country: UNITED STATES \*

City/Town: [redacted] \*  
County: [redacted]

Zip Code: [redacted] \* Validate Address

Phone Number: [redacted] \* Ext: [redacted]

Fax Number: [redacted]

Email Address: [redacted]

Web Page: [redacted]

Communication Preference: [redacted]

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day	Open At:	AM/PM	Close At:	AM/PM	Day	Open At:	AM/PM	Close At:	AM/PM
Sunday	Close	AM/PM *		AM/PM *	Thursday	08:00	AM/PM *	05:00	AM/PM *
Monday	08:00	AM/PM *	05:00	AM/PM *	Friday	08:00	AM/PM *	05:00	AM/PM *
Tuesday	08:00	AM/PM *	05:00	AM/PM *	Saturday	Close	AM/PM *		AM/PM *
Wednesday	08:00	AM/PM *	05:00	AM/PM *					

Handicap Accessible: No

Accept 835 (reported at EIN/TIN level): No

Language(s) Spoken: English, Arabic, Chinese

### Facility Details

State Facility ID: [redacted]

Fiscal Year End Date: 09/30 \*  
(mm/dd)

OK Cancel

# Home Help Agency New Enrollment

## Step 2: Locations

- Click Primary Practice Location.
- Note: You are still in Step 2: Add Locations.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown, and user information including 'Last Login: 31 JUL, 2018 02:21 PM'. Below the navigation bar, there are utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'New Enrollment > Atypical Agency Enrollment'. It contains an 'Application ID' and 'Name' field. Below this, there is a 'Close' button and an 'Add' button with a note: 'To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. The 'Locations List' section is expanded, showing a table with columns: 'Doing Business As', 'Location Type', 'Location Details', and 'End Date'. The 'Location Type' column contains a dropdown menu with 'Primary Practice Location' selected and highlighted by a red box. The 'End Date' column shows '12/31/2999'. At the bottom of the table, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

# Home Help Agency New Enrollment Step 2: Locations

- Click Add Address.

The screenshot displays the CHAMPS Provider portal interface for a 'New Enrollment' under 'Atypical Agency Enrollment' > 'General'. The page is divided into several sections:

- Location Details:** Includes fields for 'Doing Business As', 'Phone Number', 'Web Page', 'Location Code' (set to 1), 'Fax Number', 'Location Type' (Primary Practice Location), 'Email Address', and 'Communication Preference'. A table for office hours is present, with instructions: 'Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.' The table shows hours for Sunday through Saturday.
- Facility Details:** Includes 'State Facility ID' and 'Fiscal Year End Date' (09/30).
- Address List:** Contains an 'Add Address' button, which is highlighted with a red box. Below it is a table with columns for 'Address Type', 'Address', and 'End Date'. The table currently has one entry with an empty address and an end date of 12/31/2999.

At the bottom of the page, there are navigation controls including 'Delete', 'View Page: 1', 'Go', 'Page Count', 'Save To XLS', 'Viewing Page: 1', and navigation arrows for 'First', 'Prev', 'Next', and 'Last'.



# Home Help Agency New Enrollment

## Step 2: Locations

- In the Type of Address drop-down menu, select Correspondence.
  - Note: Fill in the address where you would like to receive your Home Help Agency mail.
- If the address is the same as the one entered previously, select Copy This Location Address, next to, Location Address.
- Click Validate Address.
- Click OK.

The screenshot shows a web form titled "Add Provider Location Address". At the top, there are fields for "Application ID" and "Name". The form contains several input fields and dropdown menus. A red arrow points to the "Type of Address" dropdown menu, which is currently set to "--SELECT--" and has a red box around it. Below this, there is a "Location Address" section with a radio button for "Copy This Location Address". A note below this section reads: "If a department or drawer number is required enter the information in line TWO.(For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)". There are three "Address Line" input fields (Address Line 1, 2, and 3). Address Line 1 has a note: "(Enter Street Address or PO Box Only)". There are also dropdown menus for "State/Province", "City/Town", "County", and "Country". The "Country" dropdown is currently set to "UNITED STATES". A "Zip Code" field is located at the bottom right, with a "Validate Address" button next to it. At the bottom right of the form, there are "OK" and "Cancel" buttons. The "Validate Address" button and the "OK" button are both highlighted with red boxes.

# Home Help Agency New Enrollment

## Step 2: Locations

- Notice the Correspondence, Location, and Primary Pay To address types now have addresses.
- Click Save.
- Click Close on the next two screens to go back to the list of steps. (Not shown).

CHAMPS Provider

Last Login: 01 AUG, 2018 01:12 PM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment > General

Application ID: Name:

Close Save To add additional addresses, click "Add Address" button.

### Location Details

Doing Business As: Location Code: 1 Location Type: Primary Practice Location

Phone Number: \* Extn: Fax Number: Email Address:

Web Page: Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Close	AM/PM		AM/PM	Thursday:	08:00	AM/PM	05:00	AM/PM
Monday:	08:00	AM/PM	05:00	AM/PM	Friday:	08:00	AM/PM	05:00	AM/PM
Tuesday:	08:00	AM/PM	05:00	AM/PM	Saturday:	Close	AM/PM		AM/PM
Wednesday:	08:00	AM/PM	05:00	AM/PM					

Handicap Accessible: No

Accept 835(reported at EIN/TIN level): No

Language(s) Spoken: English Arabic Chinese

End Date: 12/31/2999

### Facility Details

State Facility ID: Fiscal Year End Date: 09/30

### Address List

Add Address

Address Type	Address	End Date
Correspondence		12/31/2999
Location		12/31/2999
Primary Pay To		12/31/2999

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

# Home Help Agency New Enrollment

## Step 3: Add Specialties

- Click Step 3: Add Specialties
- Note: Step 2 status has now changed from Incomplete to Complete.

CHAMPS Provider

Last Login: 10 AUG, 2018 09:52 AM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment

Application ID: Name:

Close

### Enroll Provider - Atypical Agency

Business Process Wizard - Provider Enrollment (Atypical Agency). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	08/23/2018	08/23/2018	Complete	
<a href="#">Step 2: Add Locations</a>	Required	08/23/2018	08/23/2018	Complete	
<b><a href="#">Step 3: Add Specialties</a></b>	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: Add Taxonomy Details	Optional			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Incomplete	
Step 14: Complete Enrollment Checklist	Required			Incomplete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

# Home Help Agency New Enrollment

## Step 3: Add Specialties

- Click Add.

The screenshot shows the CHAMPS Provider interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile icon. Below this is a dark blue header with 'Last Login: 30 AUG, 2018 10:08 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area has a breadcrumb trail: 'New Enrollment > Atypical Agency Enrollment'. Below the breadcrumb, there are input fields for 'Application ID:' and 'Name:'. A toolbar contains 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. The main section is titled 'Specialty/Subspecialty List' and includes a 'Filter By' dropdown, two empty input fields, and a 'Go' button. To the right are 'Save Filters' and 'My Filters' buttons. Below the filter bar is a table with three columns: 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

## Home Help Agency New Enrollment Step 3: Add Specialties

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

Print Help

Application ID: [redacted] Name: [redacted]

### Add Specialty/Subspecialty

Location: 01- \*  
Provider Type: ---SELECT--- \*  
Specialty: \*  
End Date: [calendar icon]

### Add Subspecialty

Available Subspecialties      Associated Subspecialties \*

»  
«

OK Cancel

# Home Help Agency New Enrollment Step 3: Add Specialties

- Click Close.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile icon. Below the navigation bar, there is a breadcrumb trail: 'New Enrollment > Atypical Agency Enrollment'. The main content area is titled 'Specialty/Subspecialty List'. It features a search bar with 'Application ID:' and 'Name:' labels. Below the search bar, there are two buttons: 'Close' (highlighted with a red box) and 'Add'. The 'Specialty/Subspecialty List' section includes a 'Filter By' dropdown menu, a 'Go' button, and 'Save Filters' and 'My Filters' buttons. The list contains one entry: 'HOME HELP FAO/No Subspecialty' with a 'Provider Type' of 'ATYPICAL AGENCY' and an 'End Date' of '12/31/2999'. At the bottom of the list, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Click Step 9: Add Provider Controlling Interest/Ownership Details.
- Note: Steps 4-8 are optional and are not required.

CHAMPS Provider

Last Login: 10 AUG, 2018 09:52 AM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment

Application ID: Name:

Close

### Enroll Provider - Atypical Agency

Business Process Wizard - Provider Enrollment (Atypical Agency). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	08/23/2018	08/23/2018	Complete	
<a href="#">Step 2: Add Locations</a>	Required	08/23/2018	08/23/2018	Complete	
<a href="#">Step 3: Add Specialties</a>	Required	08/23/2018	08/23/2018	Complete	
<a href="#">Step 4: Associate Billing Provider/Other Associations</a>	Optional			Incomplete	
<a href="#">Step 5: Add Additional Information</a>	Optional			Incomplete	
<a href="#">Step 6: Add License/Certification/Other</a>	Optional			Incomplete	
<a href="#">Step 7: Add Mode of Claim Submission/EDI Exchange</a>	Optional			Incomplete	
<a href="#">Step 8: Associate Billing Agent</a>	Optional			Incomplete	
<a href="#">Step 9: Add Provider Controlling Interest/Ownership Details</a>	Required			Incomplete	
<a href="#">Step 10: Add Taxonomy Details</a>	Optional			Incomplete	
<a href="#">Step 11: Associate MCO Plan</a>	Optional			Incomplete	
<a href="#">Step 12: 835/ERA Enrollment Form</a>	Optional			Incomplete	
<a href="#">Step 13: Upload Documents</a>	Optional			Incomplete	
<a href="#">Step 14: Complete Enrollment Checklist</a>	Required			Incomplete	
<a href="#">Step 15: Submit Enrollment Application for Approval</a>	Required			Incomplete	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

First Prev Next Last

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Click Actions.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and a user profile section showing 'Last Login: 05 DEC, 2018 09:04 AM'. To the right of the user profile are links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar is a breadcrumb trail: 'New Enrollment > Atypical Agency Enrollment > General'. The main content area has two input fields: 'Application ID:' and 'Name:'. Below these fields are two buttons: 'Close' and 'Actions', with the 'Actions' button highlighted by a red rectangle. To the right of the 'Actions' button is a help icon. Below the buttons is a section titled 'Owners List' with a filter bar containing 'Filter By', two input fields, 'And', and a 'Go' button. To the right of the filter bar are 'Save Filters' and 'My Filters' buttons. Below the filter bar is a table with the following columns: 'Owner SSN/EIN/TIN', 'Owner Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. The table is currently empty, and the text 'No Records Found!' is displayed in red. Below the 'Owners List' section is another section titled 'Add Other Owned Entity' with the subtitle 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.' This section also has a filter bar and a table with columns: 'Other Owner EIN/TIN', 'Other Owner Information', and 'Address'. This table is also empty, with 'No Records Found!' displayed in red.



# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

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

The screenshot displays the CHAMPS Provider enrollment interface. At the top, the CHAMPS logo and 'Provider' tab are visible. The user's last login is '05 DEC, 2018 09:04 AM'. The navigation path is 'New Enrollment > Atypical Agency Enrollment > General'. The main area shows 'Application ID:' and 'Name:' fields. Below these is an 'Actions' dropdown menu with 'Add Owner' highlighted in a red box. Other options in the menu include 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. A table below the menu has columns for 'Owner Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. The table is currently empty, displaying 'No Records Found!'. Below this is a section for 'Add Other Owned Entity' with a title 'List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.' and a table with columns for 'Other Owner EIN/TIN', 'Other Owner Information', and 'Address'. This table is also empty, displaying 'No Records Found!'.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- In the Type drop-down menu:
  - If choosing; Agent, Government, Individual, Partnership or Sub-Contractor [click here.](#)
  - If choosing; Corporate-Charitable 501 (c) 3, Corporate-Non-Charitable, Holding Company, or Limited Liability Company [click here.](#)

Application ID: [redacted] Name: [redacted]

### Provider Controlling Interest/Ownership

Type: **---SELECT---** \* ⓘ

Percentage Owned: [ ] \*

SSN: [ ]

EIN/TIN: [ ]

Legal Entity Name: [ ]  
(As shown on the Income Tax Return)

Entity Business Name: [ ]  
(Doing Business As)

First Name: [ ]

Last Name: [ ]

Suffix: [ ]

DOB: [ ] ⓘ

Phone Number: [ ] \* Extn: [ ]

Email: [ ]

Start Date: [ ] ⓘ \*

End Date: [ ] ⓘ

Address Line 1: [ ] \*  
(Enter Street Address or PO Box Only)

Address Line 2: [ ]

Address Line 3: [ ]

City/Town: OTHER [ ] \*

State/Province: OTHER [ ] \*

County: OTHER [ ]

Country: UNITED STATES [ ] \*

Zip Code: [ ] \* - [ ] ⓘ Validate Address

OK Cancel

# Step 9: Adding Provider Controlling Interest/Ownership Details

These steps are only if you are choosing Agent, Government, Individual, Partnership or Sub-Contractor.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Enter the required information, indicated by an asterisk (\*): SSN, Percentage Owned, Name, Phone Number, DOB, Start Date, Address, and Zip Code.
- Click Validate Address.
- Click OK.
  - Note: When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

The screenshot shows a web form titled "Provider Controlling Interest/Ownership". At the top, there are fields for "Application ID:" and "Name:". Below this is a red banner with the text "Please remember to enter SSN." and a close button (X). The form is divided into two main sections. The first section contains fields for "Type:" (set to "Agent"), "SSN:" (with an asterisk and a red box), "Percentage Owned:" (with an asterisk and a red box), "EIN/TIN:", "Legal Entity Name:" (with a sub-note "(As shown on the Income Tax Return)"), "Entity Business Name:" (with a sub-note "(Doing Business As)"), "First Name:" (with an asterisk and a red box), "Last Name:" (with an asterisk and a red box), "Suffix:", "DOB:" (with an asterisk and a red box), "Phone Number:" (with an asterisk and a red box), "Extn:", "Email:", "Start Date:" (with an asterisk and a red box), and "End Date:". A warning message states: "Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied." The second section is for the address, with "Address Type:" set to "Home Address". It includes fields for "Address Line 1:" (with an asterisk and a red box), "Address Line 2:", "Address Line 3:" (with a red box), "City/Town:" (with a dropdown menu set to "OTHER" and an asterisk), "County:" (with a dropdown menu set to "OTHER"), "State/Province:" (with a dropdown menu set to "OTHER" and an asterisk), and "Zip Code:" (with an asterisk and a red box). A "Validate Address" button is located next to the Zip Code field. At the bottom right, there are "OK" and "Cancel" buttons, with the "OK" button highlighted by a red box.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Note: Agent (Agency Owner) will now be listed
- In the Actions drop-down menu, select Add Owner.

The screenshot displays the CHAMPS web application interface for a Provider. The top navigation bar includes the CHAMPS logo, a 'Provider' dropdown, and user information: 'Last Login: 05 DEC, 2018 09:04 AM'. Utility links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help' are also present. The breadcrumb trail shows 'New Enrollment > Atypical Agency Enrollment > General'. The main content area features an 'Application ID' and 'Name' field. Below this is an 'Actions' dropdown menu with a red arrow pointing to it. The dropdown menu is open, showing 'Add Owner' (highlighted with a red box), 'Import Owner', and 'Owners Relationships'. A table below the menu lists owner information with columns: Owner, Owners Adverse Action, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains one record for 'Agent\_Agent' with a 100% ownership percentage. At the bottom, there is a section for 'Add Other Owned Entity' with a filter and a 'No Records Found!' message.

Owner	Owners Adverse Action	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/>	Δ∇	Agent_Agent	Agent	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	Not Completed	100

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

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

The screenshot shows a web form titled "Provider Controlling Interest/Ownership". At the top, there are fields for "Application ID" and "Name". The form is divided into several sections:

- Personal Information:** Includes "Type" (a dropdown menu with "--SELECT--" selected), "SSN", "Legal Entity Name" (with a sub-note "(As shown on the Income Tax Return)"), "First Name", "Suffix" (a dropdown), "Phone Number" (with an asterisk), "Start Date" (with a calendar icon and an asterisk), "EIN/TIN", "Entity Business Name" (with a sub-note "(Doing Business As)"), "Last Name", "DOB" (with a calendar icon), "Email", and "End Date" (with a calendar icon).
- Address Information:** Includes "Address Line 1" (with an asterisk and sub-note "(Enter Street Address or PO Box Only)"), "Address Line 2", "Address Line 3", "State/Province" (a dropdown with "OTHER" selected), "City/Town" (a dropdown with "OTHER" selected), "County" (a dropdown with "OTHER" selected), and "Zip Code" (with an asterisk).
- Buttons:** A "Validate Address" button is located next to the Zip Code field. At the bottom right, there are "OK" and "Cancel" buttons.

Red boxes in the image highlight the following fields: Type, SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address Line 1, and Zip Code.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Note: Managing Employee is now listed.
- In the Actions drop-down menu, select Owners Relationships.

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown menu. Below this, there is a breadcrumb trail: 'New Enrollment > Atypical Agency Enrollment > General'. The main content area is divided into two sections. The top section is for 'Application ID' and 'Name'. Below this, there is a 'Close' button and an 'Actions' dropdown menu. A red arrow points to the 'Actions' dropdown, which is open, showing options: 'Add Owner', 'Import Owner', and 'Owners Relationships'. The 'Owners Relationships' option is highlighted with a red box. Below the dropdown, there is a table with columns: 'Owner', 'Owners Adverse Action', 'Owner Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. The table contains two rows of data. The bottom section of the screenshot is for 'Add Other Owned Entity' and 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare'. It has a 'Filter By' dropdown and a 'Go' button. Below this, there is a table with columns: 'Other Owner EIN/TIN', 'Other Owner Information', and 'Address'. The table is empty, and a red message 'No Records Found!' is displayed at the bottom.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Answer the question (at the top)
- If no relationships exist select No, click Save, read the pop-up message, select Ok, and Close. [Click here.](#)
- If relationships exist, select Yes, and continue with the presentation.

CHAMPS Provider

https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Application ID: [ ] Name: [ ]

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?  Yes  No (Click Save to update)

**Owner List**

Show Owners: All [v] [Go] Save Filters My Filters

Selected Owner: Employee, Managing SSN/EIN/TIN: [ ] Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Agent, Agent	[ ]	Agent	[v]	[v]

View Page: 1 [Go] Page Count SaveToXLS Viewing Page: 1 [First] [Prev] [Next] [Last]

Selected Owner: Agent, Agent SSN/EIN/TIN: [ ] Status: Not Completed

[Save] [Close]



# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- If Yes, select the relationship between the Associated Owner to the Selected Owner (e.g., the relationship from the Agent to Employee, Managing) [Associated Owner -> Selected Owner]
- Click on the Relation to Employee, Managing drop-down

CHAMPS Provider

https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Application ID: [ ] Name: [ ]

### Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?  Yes  No (Click Save to update)

#### Owner List

Show Owners: All [v] [Go] Save Filters My Filters [v]

Selected Owner: Employee, Managing SSN/EIN/TIN: [ ] Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Agent, Agent	[ ]	Agent	[v]	[v]

View Page: 1 [Go] Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

Selected Owner: Agent, Agent SSN/EIN/TIN: [ ] Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Select Father
- In this example, the Agent is the father of the Selected Owner (Employee, Managing)
- Click on the Relation to Assoc. Owner drop-down

CHAMPS Provider

https://milointpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Application ID: [redacted] Name: [redacted]

### Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?  Yes  No (Click Save to update)

#### Owner List

Show Owners: All [Go] Save Filters My Filters

Selected Owner: Employee, Managing SSN/EIN/TIN: [redacted] Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Agent, Agent	[redacted]	Agent		[dropdown]

View Page: 1 [Go] Page Count SaveToXLS Viewing Page: 1 [First] [Prev] [Next] [Last]

Selected Owner: Agent, Agent SSN/EIN/TIN: [redacted] Status: [redacted]

Relation to Assoc. Owner dropdown options: None, Daughter, Daughter-In Law, **Father**, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Spouse, Self

Save Close

Page ID: dlqAddModifyOwnerRelationship(Provider)

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Select the relationship between the Selected Owner (example: Managing Employee) to the Associated Owner (Agent, Agent or Agency Owner) [Selected Owner ->Associated Owner]
- Select Son; In this example, the Selected Owner (Employee, Managing) is the son of the Agent.
- Click on > to select the relationship(s) for the next Selected Owner

The screenshot shows the CHAMPS web application interface. At the top, there's a navigation bar with the CHAMPS logo and a 'Provider' dropdown. Below that, the browser address bar shows 'https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer'. The main content area is titled 'Add Relationship' and contains the following elements:

- Application ID: [text box] Name: [text box]
- Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?  Yes  No (Click Save to update)
- Owner List section with a 'Show Owners' dropdown set to 'All' and a 'Go' button.
- A table with columns: Assoc. Owner, SSN/EIN/TIN, Type, Relation to Employee, Managing, and Relation to Assoc. Owner.
- A dropdown menu for 'Relation to Assoc. Owner' is open, showing options: None, Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son (highlighted with a red box), Son-In Law, Spouse, and Self.
- Buttons for 'View Page: 1', 'Go', 'Page Count', and 'SaveToXLS' are visible.
- Navigation buttons 'Prev', 'Next', and 'Last' are at the bottom right of the table area.
- 'Save' and 'Close' buttons are at the bottom right of the form.
- Page ID: dlgAddModifyOwnerRelationship(Provider) is shown at the very bottom.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- For the next Selected Owner (Agent, Agent) the fields have prepopulated based on the relationship selection made under the previous Selected Owner (Employee, Managing).
- Once the relationship step for each Owner Type is completed, click Save.
- Click Close.

CHAMPS Provider

Application ID: \_\_\_\_\_ Name: \_\_\_\_\_

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?  Yes  No (Click Save to update)

**Owner List**

Show Owners: All [Go] Save Filters My Filters

Selected Owner: Employee, Managing SSN/EIN/TIN: \_\_\_\_\_ Status: Completed

Selected Owner: Agent, Agent SSN/EIN/TIN: \_\_\_\_\_ Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Agent, Agent	Relation to Assoc. Owner
Employee, Managing	_____	Managing Employee	Son	Father

View Page: 1 [Go] Page Count SaveToXLS Viewing Page: 1 [First] [Prev] [Next] [Last]

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Note: The Relationship Status shows completed for each Owner.
- In the Actions drop-down menu, select Owners Adverse Action.

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown. Below this is a header with 'Last Login: 05 DEC, 2018 09:04 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'New Enrollment > Atypical Agency Enrollment > General'. It features an 'Application ID' and 'Name' field. Below these fields is an 'Actions' dropdown menu with a red arrow pointing to it. The 'Actions' menu is open, showing options: 'Add Owner', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action', with the last option highlighted by a red box. Below the menu is a table with columns: 'Owner', 'Owner Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. The table contains two rows of data. A red arrow points to the 'Completed' status in the 'Relationship Status' column of the first row. Below the table are 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' controls. At the bottom, there is a section titled 'Add Other Owned Entity' with a sub-header 'List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.' and a 'No Records Found!' message.

Owner	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
	Agent,Agent	Agent	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	Not Completed	100
	Employee,Managing	Managing Employee	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	Not Completed	0

# Home Help Agency New Enrollment Step 9: Add Provider Controlling Interest

- 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.

**CHAMPS** Provider

Application ID: \_\_\_\_\_ Name: \_\_\_\_\_

### FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

#### Convictions

1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries or recipients. Offenses include, but are not limited to: Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicaid program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any misdemeanor or felonies that may result in a mandatory or permissive exclusion under State or Federal law.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

#### Exclusions, revocations, or Suspensions

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

#### FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

Owner Name	Response	Comments
Employee.Managing	<input type="radio"/> Yes <input type="radio"/> No	
Agent.Agent	<input type="radio"/> Yes <input type="radio"/> No	

View Page: 1 | Page Count | SaveToXLS | Viewing Page: 1 | First | Prev | Next | Last

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close.
- [Click here](#) for the next step in the Home Help Agency Enrollment.

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, there's a navigation bar with the CHAMPS logo and a 'Provider' dropdown. Below that, a user profile bar shows 'Last Login: 05 DEC, 2018 09:04 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area has a breadcrumb trail: 'New Enrollment > Atypical Agency Enrollment > General'. Below this, there are input fields for 'Application ID' and 'Name'. A 'Close' button is highlighted with a red box. Below the 'Close' button is an 'Owners List' section with a filter bar and a table. The table has columns for 'Owner SSN/EIN/TIN', 'Owner Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. Two rows of data are visible. The first row has 'Agent,Agent' as Owner Information, 'Agent' as Owner Type, '100 N Capitol Ave' as Address, '12/03/2018' as Start Date, '12/31/2999' as End Date, 'Completed' as Relationship Status, 'No' as Adverse Action (highlighted with a red arrow), and '100' as Percentage owned. The second row has 'Employee,Managing' as Owner Information, 'Managing Employee' as Owner Type, '100 N Capitol Ave' as Address, '12/03/2018' as Start Date, '12/31/2999' as End Date, 'Completed' as Relationship Status, 'No' as Adverse Action, and '0' as Percentage owned. Below the table are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. Below the 'Owners List' is an 'Add Other Owned Entity' section with a filter bar and a table. The table has columns for 'Other Owner EIN/TIN', 'Other Owner Information', and 'Address'. The table is empty, and a red message 'No Records Found!' is displayed at the bottom.

# Step 9: Adding Provider Controlling Interest/Ownership Details

These steps are only if you are choosing Corporate-Charitable 501(c)3, Corporate-Non Charitable, Holding Company, or Limited Liability Company.



# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Enter the required information, indicated by an asterisk (\*): Percentage Owned, EIN/TIN, Legal Entity Name, Entity Business Name, Phone Number, Start Date, Address, and Zip Code.
- Click Validate Address.
- Click OK.
- Note: When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

The screenshot shows a web form titled "Provider Controlling Interest/Ownership". At the top, there are fields for "Application ID:" and "Name:". Below this is a red banner with the text "Please remember to enter EIN/TIN." and a close button. The main form area contains several sections:

- Type:** A dropdown menu set to "Corporate - Charitable 501(c)3" with an asterisk and an information icon.
- SSN:** A text input field.
- Legal Entity Name:** A text input field with an asterisk and a note "(AS shown on the income Tax Return)".
- First Name:** A text input field.
- Suffix:** A dropdown menu.
- Phone Number:** A text input field with an asterisk and an "Extn:" field.
- Start Date:** A date picker with an asterisk.
- Percentage Owned:** A text input field with an asterisk.
- EIN/TIN:** A text input field with an asterisk and a note "Please remember to enter EIN/TIN." with a close button.
- Entity Business Name:** A text input field with an asterisk and a note "(Doing Business As)".
- Last Name:** A text input field.
- DOB:** A date picker.
- Email:** A text input field.
- End Date:** A date picker.

Below these fields is the "Address" section:

- Address Type:** A dropdown menu set to "Business Address".
- Address Line 1:** A text input field with an asterisk and a note "(Enter Street Address or PO Box Only)".
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu set to "OTHER" with an asterisk.
- County:** A dropdown menu set to "OTHER".
- State/Province:** A dropdown menu set to "OTHER" with an asterisk.
- Country:** A dropdown menu set to "UNITED STATES" with an asterisk.
- Zip Code:** A text input field with an asterisk.
- Buttons:** "Validate Address" (with a refresh icon), "OK" (with a checkmark icon), and "Cancel" (with a close icon).

Red boxes in the original image highlight the following fields: Percentage Owned, EIN/TIN, Legal Entity Name, Entity Business Name, Phone Number, Start Date, Address Line 1, Zip Code, and the OK button.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Note: The Corporate-Charitable will now be listed
- In the Actions drop-down menu, select Add Owner.

The screenshot displays the CHAMPS Provider Enrollment interface. At the top, the 'Provider' tab is active. The breadcrumb trail shows 'New Enrollment > Atypical Agency Enrollment > General'. The 'Application ID' and 'Name' fields are visible. A red arrow points to the 'Actions' dropdown menu, which is open, showing the 'Add Owner' option highlighted with a red box. Below the menu, a table lists ownership information for a 'Corporate - Charitable 501(c)3' entity. The table has columns for 'Owner Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. The current record shows '100 N Capitol Ave', '12/03/2018', '12/31/2999', 'Completed', 'Not Completed', and '100'.

Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
Corporate	Corporate - Charitable 501(c)3	100 N Capitol Ave	12/03/2018	12/31/2999	Completed	Not Completed	100

Below the table, there is a section for 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.' This section includes a filter dropdown and a 'Go' button. The table below this section is currently empty, with the message 'No Records Found!' displayed in red.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- 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.
  - 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.

The screenshot shows a web application interface for adding a provider's controlling interest. The form is titled "Provider Controlling Interest/Ownership" and is part of an application process. At the top, there are fields for "Application ID" and "Name". The form is divided into several sections:

- Legal Entity Information:** Includes a "Type" drop-down menu (highlighted with a red box), "SSN" (highlighted), "Legal Entity Name" (with a note "(As shown on the Income Tax Return)"), "First Name" (highlighted), "Suffix" (drop-down), "Phone Number" (with an asterisk and "Extn:" field), and "Start Date" (with a calendar icon and asterisk, highlighted).
- Ownership and Identification:** Includes "Percentage Owned" (with an asterisk and highlighted), "EIN/TIN", "Entity Business Name" (with a note "(Doing Business As)"), "Last Name" (highlighted), "DOB" (with a calendar icon and highlighted), "Email", and "End Date" (with a calendar icon).
- Address Information:** Includes "Address Line 1" (with an asterisk and highlighted), "Address Line 2", "Address Line 3", "State/Province" (with a note "OTHER" and asterisk), "City/Town" (with a note "OTHER" and asterisk), "County" (with a note "OTHER" and asterisk), and "Country" (with a note "UNITED STATES" and asterisk).
- Validation and Submission:** Includes a "Zip Code" field (with an asterisk and highlighted), a "Validate Address" button (with a checkmark icon and highlighted), and "OK" and "Cancel" buttons at the bottom right (with "OK" highlighted).

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Note: Managing Employee is now listed.
- In the Actions drop-down menu, select Owners Relationships.

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown menu. Below this is a header area with 'Application ID:' and 'Name:' fields. A 'Close' button and an 'Actions' dropdown menu are visible. A red arrow points to the 'Actions' dropdown, which is open, showing options: 'Add Owner', 'Import Owner', and 'Owners Relationships' (highlighted with a red box). Below the dropdown is a table with columns: Owner, Owners Adverse Action, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains two rows of data. Below the table are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', and 'SaveToXLS'. At the bottom, there is a section for 'Add Other Owned Entity' with a title 'List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.' and a table with columns: Other Owner EIN/TIN, Other Owner Information, and Address. The table is currently empty, with the text 'No Records Found!' displayed below it.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- In the Type drop-down menu, select Board of Directors/Officers/Principles.
- Enter the required information: SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, Zip Code.
- Click Validate Address.
- Click OK.
  - Note: 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.

The screenshot shows a web form titled "Provider Controlling Interest/Ownership". At the top, there are fields for "Application ID:" and "Name:". Below this, the form is divided into several sections. The first section contains fields for "Type:" (a drop-down menu with "--SELECT--"), "SSN:", "Legal Entity Name:" (with a sub-note "(As shown on the Income Tax Return)"), "First Name:", "Suffix:" (a drop-down menu), "Phone Number:" (with a "\*" and "xtn:" field), and "Start Date:" (with a calendar icon and a "\*" and "xtn:" field). The second section contains "Percentage Owned:" (with a "\*" and "xtn:" field), "EIN/TIN:", "Entity Business Name:" (with a sub-note "(Doing Business As)"), "Last Name:" (with a "\*" and "xtn:" field), "DOB:" (with a calendar icon and a "\*" and "xtn:" field), "Email:", and "End Date:" (with a calendar icon and a "\*" and "xtn:" field). The third section contains "Address Line 1:" (with a "\*" and "xtn:" field and a sub-note "(Enter Street Address or PO Box Only)"), "Address Line 2:", "Address Line 3:", "City/Town:" (with a drop-down menu set to "OTHER" and a "\*" and "xtn:" field), "County:" (with a drop-down menu set to "OTHER" and a "\*" and "xtn:" field), "State/Province:" (with a drop-down menu set to "OTHER" and a "\*" and "xtn:" field), "Country:" (with a drop-down menu set to "UNITED STATES" and a "\*" and "xtn:" field), and "Zip Code:" (with a "\*" and "xtn:" field). A "Validate Address" button is located next to the Zip Code field. At the bottom right, there are "OK" and "Cancel" buttons. Red boxes highlight the following fields: Type, SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address Line 1, and Zip Code.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- After entering all required Owner Types; in the Actions drop-down menu, select Owners Relationships.

The screenshot shows the CHAMPS Provider Enrollment interface. At the top, there's a navigation bar with 'CHAMPS' logo, a 'Provider' dropdown, and user information including 'Last Login: 05 DEC, 2018 09:04 AM'. Below this is a breadcrumb trail: 'New Enrollment > Atypical Agency Enrollment > General'. The main area contains an 'Application ID' and 'Name' field. A 'Close' button and an 'Actions' dropdown menu are visible. A red arrow points to the 'Actions' dropdown, which is open, showing options: 'Add Owner', 'Import Owner', and 'Owners Relationships' (highlighted with a red box). Below the menu is a table with columns: Owner, Owners Adverse Action, Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. The table contains three rows of data. At the bottom, there's a section for 'Add Other Owned Entity' with a title 'List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.' and a 'No Records Found!' message.

Owner	Owners Adverse Action	Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
		Corporate	Corporate - Charitable 501[c]3	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	100
		Employee,Managing	Managing Employee	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	0
		Directors,Board	Board of Directors/Officers/Principles	100 N Capitol Ave	12/03/2018	12/31/2999	Not Completed	Not Completed	0

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Answer the question (at the top)
- If no relationships exist select No, click Save, read the pop-up message, select Ok, and Close. [Click here.](#)
- If relationships exist, select Yes and continue with the presentation.

CHAMPS Provider

https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Application ID: [ ] Name: [ ]

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?  Yes  No (Click Save to update)

**Owner List**

Show Owners: All [Go] Save Filters My Filters

Selected Owner: Directors, Board SSN/EIN/TIN: [ ] Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Directors, Board	Relation to Assoc. Owner
Corporate	[ ]	Corporate - Charitable 501[c]3	[ ]	[ ]
Employee, Managing	[ ]	Managing Employee	[ ]	[ ]

View Page: 1 [Go] Page Count SaveToXLS Viewing Page: 1 [First] [Prev] [Next] [Last]

Selected Owner: Employee, Managing SSN/EIN/TIN: [ ] Status: Not Completed

Selected Owner: Corporate SSN/EIN/TIN: [ ] Status: Not Completed

[Save] [Close]

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- If Yes, select the relationship between the Associated Owner to the Selected Owner (e.g., the relationship to the Directors from the Associated Owner, Corporate or Employee, Managing) [Associated Owner -> Selected Owner]
- In this example there is no relationship between the Corporation and the Directors
- Click on the Relation to Directors, Board drop-down

The screenshot shows the CHAMPS web application interface. At the top, there's a navigation bar with the CHAMPS logo and a 'Provider' dropdown. Below that, the browser address bar shows 'https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer'. The main content area is titled 'Add Relationship' and contains the following elements:

- Application ID:** [Text Field] **Name:** [Text Field]
- Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?**  Yes  No (Click Save to update)
- Owner List**
  - Show Owners: All [Dropdown] [Go]
  - Save Filters [Button] My Filters [Dropdown]
  - Selected Owner: Directors, Board SSN/EIN/TIN: [Text Field] Status: Not Completed
  - Table with columns: Assoc. Owner, SSN/EIN/TIN, Type, Relation to Directors, Board, Relation to Assoc. Owner
  - Table rows:
    - Corporate - Charitable 501[c]3 (Type) | None (Relation to Directors, Board) | None (Relation to Assoc. Owner)
    - Employee, Managing (Type) | [Dropdown] (Relation to Directors, Board) | [Dropdown] (Relation to Assoc. Owner)
  - View Page: 1 [Go] Page Count [Button] SaveToXLS [Button] Viewing Page: 1 [First] [Prev] [Next] [Last]
  - Selected Owner: Employee, Managing SSN/EIN/TIN: [Text Field] Status: Not Completed
  - Selected Owner: Corporate SSN/EIN/TIN: [Text Field] Status: Not Completed
- Save [Button] Close [Button]
- Page ID: dlgAddModifyOwnerRelationship(Provider)



# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Select the Associated Owner's (Employee, Managing) relationship to the Selected Owner (Directors, Board)
- In this example the Managing Employee is the daughter of the Directors
- Click on the Relation to Assoc. Owner drop-down

The screenshot shows the CHAMPS web application interface. At the top, there's a navigation bar with the CHAMPS logo and a 'Provider' dropdown. Below that, the browser address bar shows 'https://milointpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer'. The main content area is titled 'Add Relationship' and contains the following elements:

- Application ID: [text input] Name: [text input]
- Section: **Add Relationship**
- Question: Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?  Yes  No (Click Save to update)
- Section: **Owner List**
- Buttons: Show Owners [All] [Go] [Save Filters] [My Filters]
- Table with columns: Assoc. Owner, SSN/EIN/TIN, Type, Relation to Directors, Board, Relation to Assoc. Owner
- Table Row 1: Corporate, [SSN/EIN/TIN], Corporate - Charitable 501(c)3, None, None
- Table Row 2: Employee, Managing, [SSN/EIN/TIN], Managing Employee, [dropdown menu]
- Table Row 3: Selected Owner: Directors, Board, [SSN/EIN/TIN], Status: Not Completed
- Table Row 4: Selected Owner: Employee, Managing, [SSN/EIN/TIN], Status: Not Completed
- Table Row 5: Selected Owner: Corporate, [SSN/EIN/TIN], Status: Not Completed
- Buttons: View Page: [1] [Go] [Page Count] [SaveToXLS]
- Buttons: << First, < Prev, Next, >> Last
- Buttons: Save, Close
- Page ID: dlgAddModifyOwnerRelationship(Provider)

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Select the relationship from the Selected Owner (Directors, Board) back to the Associated Owner (Employee, Managing).
- In this example the Director is the mother of the Managing Employee
- Click on > to select the relationship(s) for the next Selected Owner

The screenshot shows the CHAMPS web application interface. At the top, there's a navigation bar with the CHAMPS logo and a 'Provider' dropdown. Below that, the browser address bar shows 'https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer'. The main content area is titled 'Add Relationship' and contains a form with the following elements:

- Application ID:** [text input] **Name:** [text input]
- Add Relationship** section with a question: "Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?" with radio buttons for Yes and No.
- Owner List** section with a 'Show Owners' dropdown set to 'All' and a 'Go' button.
- A table with the following columns: 'Assoc. Owner', 'SSN/EIN/TIN', 'Type', 'Relation to Directors, Board', and 'Relation to Assoc. Owner'. The first row is highlighted with a red box and has a dropdown menu open for the 'Relation to Assoc. Owner' field. The dropdown menu lists various relationship types, with 'Mother' highlighted by a red box.
- Buttons for 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.
- Buttons for 'Save' and 'Close' at the bottom right.
- A footer bar with 'Page ID: dlqAddModifyOwnerRelationship(Provider)'.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- For the next Selected Owner (Employee, Managing) some of the fields have prepopulated based on the relationship selection made under the previous Selected Owner (Director, Board)
- Click on the Relation to Employee, Managing drop-down

CHAMPS Provider

https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer

Application ID: [ ] Name: [ ]

### Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?  Yes  No (Click Save to update)

#### Owner List

Show Owners: All [v] [Go] Save Filters My Filters [v]

Selected Owner: Directors, Board SSN/EIN/TIN: [ ] Status: Completed

Selected Owner: Employee, Managing SSN/EIN/TIN: [ ] Status: Not Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Corporate	[ ]	Corporate - Charitable 501[c]3	[v]	[v]
Directors, Board	[ ]	Board of Directors/Officers/Principles	Mother [v]	Daughter [v]

View Page: 1 [Go] Page Count SaveToXLS Viewing Page: 1 [First] [Prev] [Next] [Last]

Selected Owner: Corporate SSN/EIN/TIN [ ] Status: Not Completed

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Select the Associated Owner's (Corporate) relationship to the Selected Owner (Employee, Managing)
- Select the Selected Owner's (Employee, Managing) relationship back to the Associated Owner (Corporate)
  - In both examples, none is selected as there is no relationship between the Selected Owner and Associated Owner.
- Click on > to select the relationship(s) for the next Selected Owner

The screenshot shows the 'Add Relationship' form in the CHAMPS application. At the top, there are fields for 'Application ID' and 'Name'. Below this is a section titled 'Add Relationship' with a question: 'Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?' with radio buttons for 'Yes' and 'No'. Below the question is an 'Owner List' section with a 'Show Owners' dropdown set to 'All' and a 'Go' button. The list shows two selected owners: 'Selected Owner: Directors, Board' (Status: Completed) and 'Selected Owner: Employee, Managing' (Status: Not Completed). The 'Employee, Managing' owner is expanded to show a table of relationships:

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Employee, Managing	Relation to Assoc. Owner
Corporate		Corporate - Charitable 501(c)3	None	None
Directors, Board		Board of Directors/Officers/Principles	Mother	Daughter

Red arrows point from the 'None' dropdown in the 'Relation to Employee, Managing' column to the 'None' dropdown in the 'Relation to Assoc. Owner' column for the 'Corporate' row. A red box highlights the '>' button next to the 'Selected Owner: Corporate' entry at the bottom of the list. At the bottom of the form, there are 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' controls, along with 'First', 'Prev', 'Next', and 'Last' navigation buttons. A 'Save' button and a 'Close' button are at the bottom right. The footer shows 'Page ID: dlgAddModifyOwnerRelationship(Provider)'.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- For the next Selected Owner (Corporate) the fields have prepopulated based on the previous relationships chosen

Application ID: [ ] Name: [ ]

**Add Relationship**

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ?  Yes  No (Click Save to update)

**Owner List**

Show Owners: All [v] [Go] Save Filters My Filters [v]

Selected Owner: Directors, Board SSN/EIN/TIN: [ ] Status: Completed

Selected Owner: Employee, Managing SSN/EIN/TIN: [ ] Status: Completed

Selected Owner: Corporate SSN/EIN/TIN: [ ] Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Corporate	Relation to Assoc. Owner
Employee, Managing	[ ]	Managing Employee	None [v]	None [v]
Directors, Board	[ ]	Board of Directors/Officers/Principles	None [v]	None [v]

View Page: 1 [Go] Page Count SaveToXLS Viewing Page: 1 [First] [Prev] [Next] [Last]

Save Close

Page ID: dlgAddModifyOwnerRelationship(Provider)

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Once the relationship step for each Owner Type is completed, click Save.
- Click Close.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo and a 'Provider' dropdown menu. Below this is a browser window showing the URL 'https://milogintpqa.michigan.gov/ - Welcome to MMIS - Internet Explorer'. The main content area is titled 'Add Relationship' and contains the following elements:

- Fields for 'Application ID:' and 'Name:'.
- A question: 'Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?' with radio buttons for 'Yes' (selected) and 'No'.
- An 'Owner List' section with a 'Show Owners' dropdown set to 'All' and a 'Go' button.
- A table of owner relationships:

Owner Type	SSN/EIN/TIN	Status
Selected Owner: Directors, Board	[Redacted]	Completed
Selected Owner: Employee, Managing	[Redacted]	Completed
Selected Owner: Corporate	[Redacted]	Completed

Red arrows point to the 'Status: Completed' text in each row of the Owner List. At the bottom right of the form, there are 'Save' and 'Close' buttons, which are highlighted with a red box.

# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- Note: The Relationship Status shows completed for each Owner.
- In the Actions drop-down menu, select Owners Adverse Action.

The screenshot displays the CHAMPS Provider Enrollment interface. At the top, the navigation bar includes 'CHAMPS', 'Provider', and 'Last Login: 05 DEC, 2018 09:04 AM'. The breadcrumb trail shows 'New Enrollment > Atypical Agency Enrollment > General'. The main content area features an 'Application ID' and 'Name' field. Below this, there is a 'Close' button and an 'Actions' dropdown menu. A red arrow points to the 'Actions' dropdown, which is open, showing options: 'Add Owner', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. The 'Owners Adverse Action' option is highlighted with a red box. Below the menu is a table with columns: 'Owner', 'Information', 'Owner Type', 'Address', 'Start Date', 'End Date', 'Relationship Status', 'Adverse Action', and 'Percentage owned'. The table contains three rows of data. A red arrow points to the 'Completed' status in the 'Relationship Status' column of the first row. Below the table, there are buttons for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. At the bottom, there is a section for 'Add Other Owned Entity' with a title 'List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.' and a 'No Records Found!' message.

Owner	Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
	Corporate	Corporate - Charitable 501[c]3		12/03/2018	12/31/2999	Completed	Not Completed	100
	Employee, Managing	Managing Employee		12/03/2018	12/31/2999	Completed	Not Completed	0
	Directors, Board	Board of Directors/Officers/Principles		12/03/2018	12/31/2999	Completed	Not Completed	0

# Home Help Agency New Enrollment Step 9: Add Provider Controlling Interest

- 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.

**CHAMPS** Provider

Application ID: [redacted] Name: [redacted]

### FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

#### Convictions

1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries or recipients. Offenses include, but are not limited to: Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicaid program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any misdemeanor or felonies that may result in a mandatory or permissive exclusion under State or Federal law.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

#### Exclusions, revocations, or Suspensions

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

#### FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

Owner Name	Response	Comments
Corporate	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Employee_Managing	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Directors_Board	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

View Page: 1 Page Count SaveToXLS Viewing Page: 1

OK Cancel



# Home Help Agency New Enrollment

## Step 9: Add Provider Controlling Interest

- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close to return to the remaining enrollment steps to be completed

CHAMPS Provider

Last Login: 05 DEC, 2018 09:04 AM

New Enrollment > Atypical Agency Enrollment > General

Application ID: \_\_\_\_\_ Name: \_\_\_\_\_

Close Actions

### Owners List

Filter By \_\_\_\_\_ And Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
<input type="checkbox"/>	Corporate	Corporate - Charitable 501(c)3		12/03/2018	12/31/2999	Completed	No	100
<input type="checkbox"/>	Employee, Managing	Managing Employee		12/03/2018	12/31/2999	Completed	No	0
<input type="checkbox"/>	Directors, Board	Board of Directors/Officers/Principles		12/03/2018	12/31/2999	Completed	No	0

Delete View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Add Other Owned Entity List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.

Filter By \_\_\_\_\_ Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address
<input type="checkbox"/>		

No Records Found !

# Home Help Agency New Enrollment

## Step 14: Complete Enrollment Checklist

- Click Step 14: Complete Enrollment Checklist.

CHAMPS Provider

Last Login: 10 AUG, 2018 09:52 AM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment

Application ID: Name:

Close

### Enroll Provider - Atypical Agency

Business Process Wizard - Provider Enrollment (Atypical Agency). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	08/23/2018	08/23/2018	Complete	
<a href="#">Step 2: Add Locations</a>	Required	08/23/2018	08/23/2018	Complete	
<a href="#">Step 3: Add Specialties</a>	Required	08/23/2018	08/23/2018	Complete	
<a href="#">Step 4: Associate Billing Provider/Other Associations</a>	Optional			Incomplete	
<a href="#">Step 5: Add Additional Information</a>	Optional			Incomplete	
<a href="#">Step 6: Add License/Certification/Other</a>	Optional			Incomplete	
<a href="#">Step 7: Add Mode of Claim Submission/EDI Exchange</a>	Optional			Incomplete	
<a href="#">Step 8: Associate Billing Agent</a>	Optional			Incomplete	
<a href="#">Step 9: Add Provider Controlling Interest/Ownership Details</a>	Required	08/23/2018	08/23/2018	Complete	
<a href="#">Step 10: Add Taxonomy Details</a>	Optional			Incomplete	
<a href="#">Step 11: Associate MCO Plan</a>	Optional			Incomplete	
<a href="#">Step 12: 835/ERA Enrollment Form</a>	Optional			Incomplete	
<a href="#">Step 13: Upload Documents</a>	Optional			Incomplete	
<b>Step 14: Complete Enrollment Checklist</b>	Required			Incomplete	
<a href="#">Step 15: Submit Enrollment Application for Approval</a>	Required			Incomplete	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

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# Home Help Agency New Enrollment

## Step 14: Complete Enrolment 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.
  - Note: The County Name, Worker Name and Clients Name will need to be included in the comments box on the appropriate question

CHAMPS Provider

Last Login: 08 AUG, 2018 09:37 AM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment > Provider Check List

Application ID: [redacted] Name: [redacted]

Close Save

### Provider Checklist

Question	Answer	Comments
Are you interested in working for other Home Help clients? (If you say no this will not affect your current work)	Not Completed	
If you are interested in working for other clients do you authorize us to put your contact information on our Provider Registry List so that you can be contacted for additional work?	Not Completed	
Do you want your name removed from our Provider Registry?	Not Completed	
Have you ever been removed or told that you cannot participate in a State funded program? If yes, please tell us what program and why.	Not Completed	
Have you ever been removed or told that you cannot participate in a Federally funded program? If yes, please tell us what program and why.	Not Completed	
Have you ever had any criminal convictions? If yes, please tell us what for?	Not Completed	
Do you perform services as an agency with 2 or more employees?	Not Completed	
What county do you plan to work in?	Not Completed	
What is the name of the Adult Services Worker you are working with?	Not Completed	
Are you a Medicare certified home health agency?	Not Completed	
I understand that my information will be used to conduct a review of my criminal history I may have and the results of that review could possibly make me ineligible to work as a provider in the Home Help program. I also understand that the results of my criminal history screening will be shared with necessary MDCH and MDHS staff, as well as any potential client.	Not Completed	
I also acknowledge that I am required to update any changes in the enrollment within 10 days of that change.	Not Completed	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

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# Home Help Agency New Enrollment

## Step 15: Submit Enrollment Application for Approval

- Click Step 15: Submit Enrollment Application for Approval.

CHAMPS Provider

Last Login: 10 AUG, 2018 09:52 AM

Note Pad External Links My Favorites Print Help

New Enrollment > Atypical Agency Enrollment

Application ID: Name:

Close

### Enroll Provider - Atypical Agency

Business Process Wizard - Provider Enrollment (Atypical Agency). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	08/23/2018	08/23/2018	Complete	
<a href="#">Step 2: Add Locations</a>	Required	08/23/2018	08/23/2018	Complete	
<a href="#">Step 3: Add Specialties</a>	Required	08/23/2018	08/23/2018	Complete	
<a href="#">Step 4: Associate Billing Provider/Other Associations</a>	Optional			Incomplete	
<a href="#">Step 5: Add Additional Information</a>	Optional			Incomplete	
<a href="#">Step 6: Add License/Certification/Other</a>	Optional			Incomplete	
<a href="#">Step 7: Add Mode of Claim Submission/EDI Exchange</a>	Optional			Incomplete	
<a href="#">Step 8: Associate Billing Agent</a>	Optional			Incomplete	
<a href="#">Step 9: Add Provider Controlling Interest/Ownership Details</a>	Required	08/23/2018	08/23/2018	Complete	
<a href="#">Step 10: Add Taxonomy Details</a>	Optional			Incomplete	
<a href="#">Step 11: Associate MCO Plan</a>	Optional			Incomplete	
<a href="#">Step 12: 835/ERA Enrollment Form</a>	Optional			Incomplete	
<a href="#">Step 13: Upload Documents</a>	Optional			Incomplete	
<a href="#">Step 14: Complete Enrollment Checklist</a>	Required	08/23/2018	08/23/2018	Complete	
<a href="#">Step 15: Submit Enrollment Application for Approval</a>	Required			Incomplete	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

First Prev Next Last

# Home Help Agency New Enrollment

## Step 15: 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).”

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is visible on the left, and a navigation menu includes 'Provider'. The user's last login is '08 AUG, 2018 09:37 AM'. The main navigation bar contains 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail shows 'New Enrollment > Atypical Agency Enrollment'. Below this, there are input fields for 'Application ID' and 'Name'. A 'Close' button and a 'Next' button are present, with the 'Next' button highlighted by a red box. The 'Final Submission' section contains the following text: 'Application ID: [redacted] EnrollmentType: Atypical Agency Provider', 'The information submitted for enrollment shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted.', and 'I agree that the information submitted as a part of the application is correct (Private and Confidential)'. Below this is the 'Application Document Checklist' section, which is currently empty and displays the message 'No Records Found!'.

# Home Help Agency New Enrollment

## Step 15: Submit Enrollment Application for Approval

- 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.

The screenshot displays the CHAMPS web application interface. The top navigation bar includes the CHAMPS logo, a 'Provider' dropdown, and user information such as 'Last Login'. The main content area is titled 'New Enrollment > Atypical Individual Enrollment'. Below this, there is a section for 'Terms and Conditions Atypical Enrollment'. A red box highlights the 'Submit Application' button, which is accompanied by the text 'After reading the Terms and Conditions'. The terms and conditions are listed in two columns, numbered 1 through 28. A 'Definitions' section follows, explaining terms like 'Confidential Rider Information', 'Department', 'Driver', 'Rider', and 'Service'. At the bottom of the page, a red box highlights a checkbox labeled 'By checking this, I acknowledge that I have read the terms and agreement and I agree to fully comply with all program requirements.'

# Home Help Agency New Enrollment

## Step 15: Submit Enrollment Application for Approval

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

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'Provider' dropdown menu, and user information including 'Last Login: 10 AUG, 2018 09:52 AM'. On the right side of the navigation bar are links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, the breadcrumb trail reads 'New Enrollment > Atypical Agency Enrollment'. There are input fields for 'Application ID:' and 'Name:'. A red notification message states: 'Your Application Number [redacted] has been successfully submitted for State review. Return with this application number to track the status of your application.' A 'Close' button is highlighted with a red box. Below the notification is a window titled 'Enroll Provider - Atypical Agency'. Inside this window is a 'Business Process Wizard - Provider Enrollment (Atypical Agency). Click on the Step # under the Step Column.' table with the following data:

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/23/2018	08/23/2018	Complete	
Step 2: Add Locations	Required	08/23/2018	08/23/2018	Complete	
Step 3: Add Specialties	Required	08/23/2018	08/23/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	08/23/2018	08/23/2018	Complete	
Step 10: Add Taxonomy Details	Optional			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Incomplete	
Step 14: Complete Enrollment Checklist	Required	08/23/2018	08/23/2018	Complete	
Step 15: Submit Enrollment Application for Approval	Required	08/23/2018	08/23/2018	Complete	

At the bottom of the wizard window, there are controls for 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

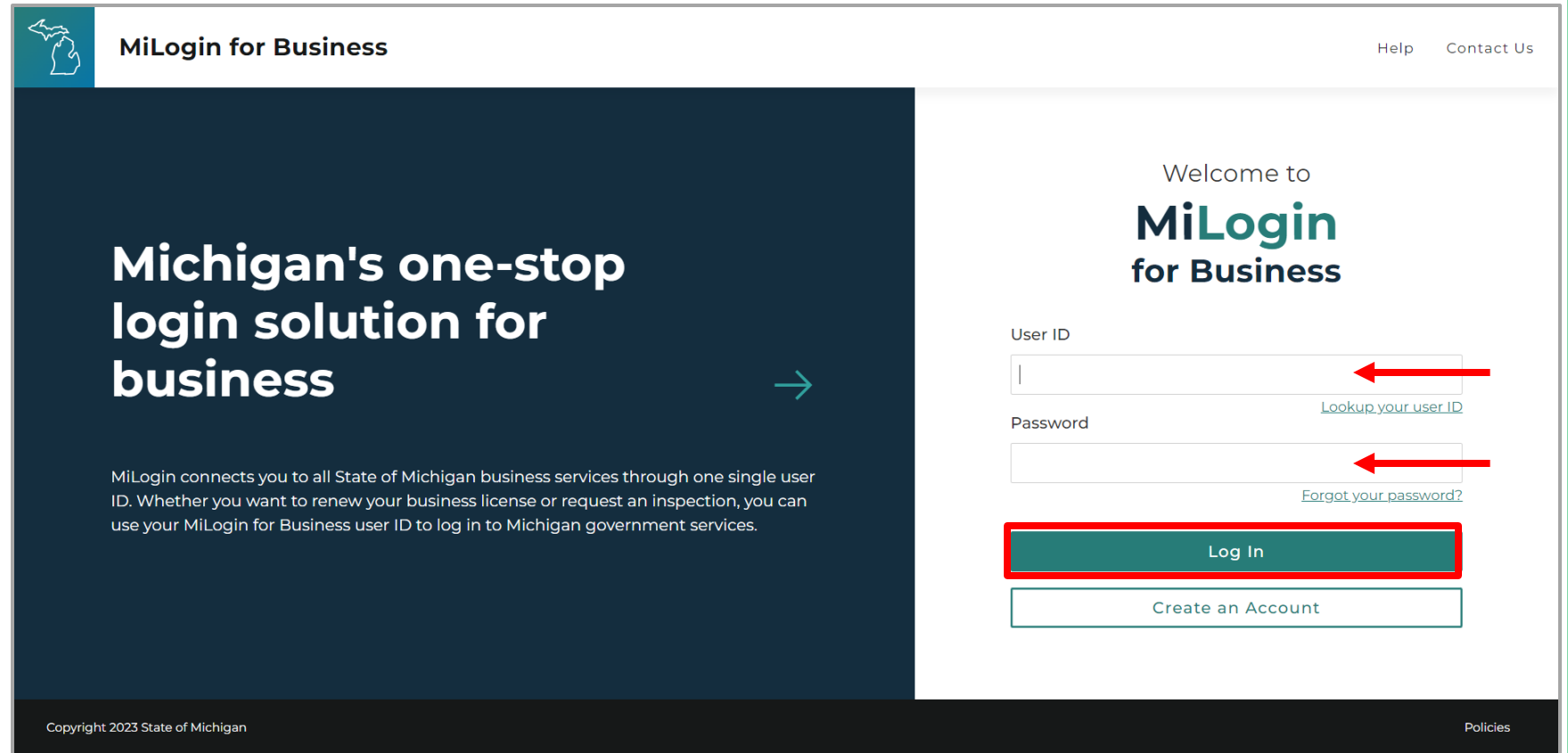
# Track Your Application

How to Track the Status of your CHAMPS Provider Enrollment Application



## Track Your Application

- Open your web browser (e.g., Internet Explorer, Google Chrome, Mozilla Firefox, etc.).
- Enter <https://milogintp.Michigan.gov> into the search bar.
- Enter the User ID and Password and click Login
  - If you don't remember your User ID or Password, you can select "Lookup your User ID" or "Forgot your password?"



The screenshot displays the MiLogin for Business website. The header includes the Michigan state logo and the text "MiLogin for Business", with "Help" and "Contact Us" links on the right. The main content area features a dark blue background with the text "Michigan's one-stop login solution for business" and a teal arrow pointing right. Below this, a paragraph explains that MiLogin connects users to all State of Michigan business services through a single user ID. The right side of the page shows a white login form with "User ID" and "Password" labels, input fields, and links for "Lookup your user ID" and "Forgot your password?". A teal "Log In" button and a white "Create an Account" button are at the bottom of the form. Red arrows highlight the User ID and Password input fields, and the Log In button. The footer contains "Copyright 2023 State of Michigan" and "Policies".

## Track Your Application

- You will be directed to your MiLogin Welcome Page.
- Click the CHAMPS hyperlink.

The screenshot shows the MiLogin for Business website. The header includes the Michigan state logo, the text "MiLogin for Business", and navigation links for "Home", "Discover Online Services", "Help", and "Contact Us". The main content area features a "Welcome" message with a blurred name and the instruction "Access your requested online services and search for more." Below this, there are two white boxes. The left box contains the MDHHS logo, the text "Michigan Department of Health & Human Services (MDHHS)", and a "CHAMPS" hyperlink. A red rectangular box highlights a right-pointing arrow next to the "CHAMPS" link. The right box is titled "Discover Online Services" and contains text about MiLogin security and a "Find Services" link with a right-pointing arrow. The footer includes "Copyright 2023 State of Michigan" and a "Policies" link.

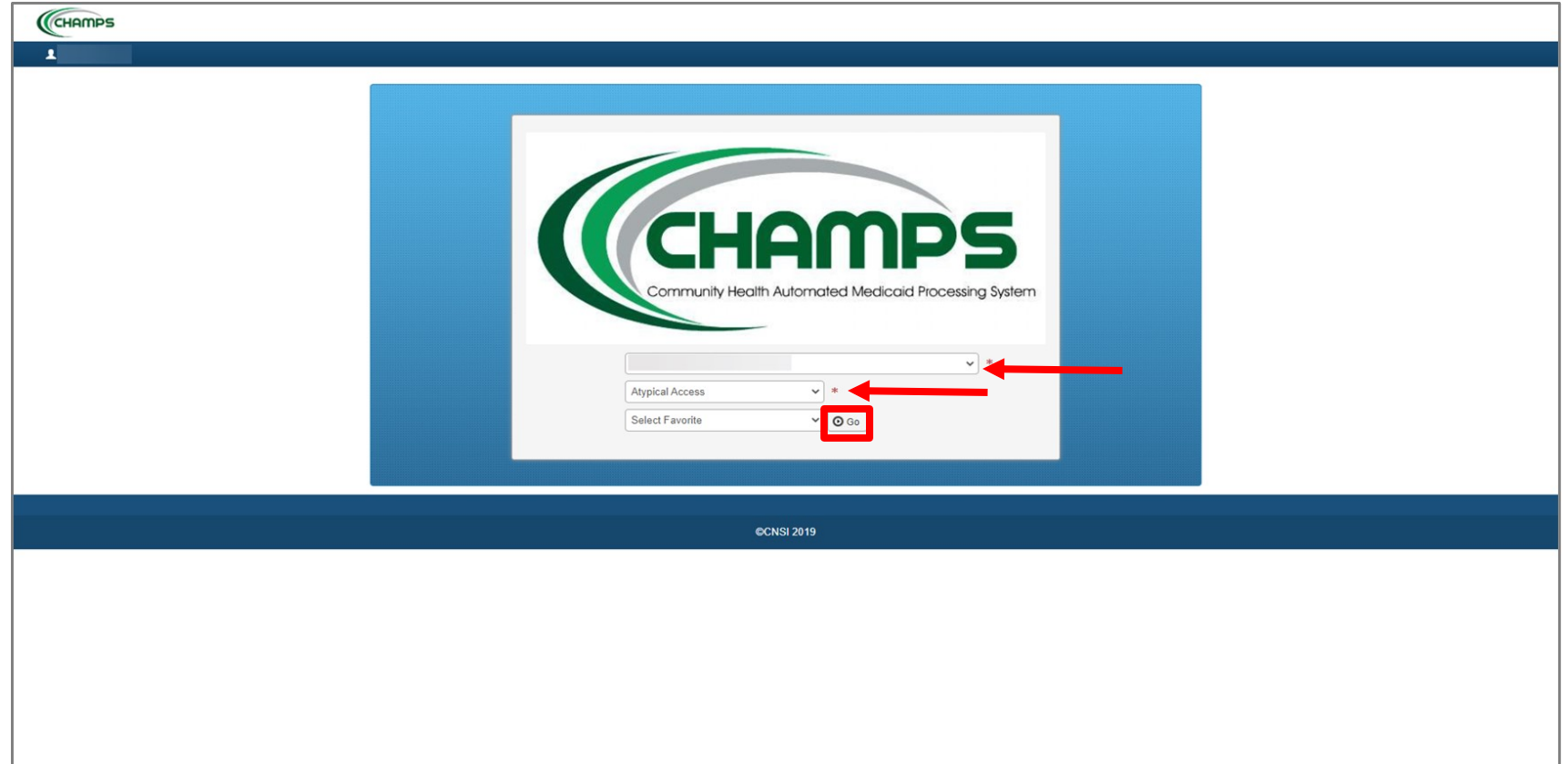
# Track Your Application

- Review the terms and conditions and check the 'I agree to the Terms & Conditions'.
- Click Launch service.

The screenshot shows the 'MiLogin for Business' web application interface. At the top, there is a navigation bar with a Michigan state icon, the title 'MiLogin for Business', and links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below the navigation bar is a large background image of a rocky coastline with waves. A 'Back to Home' button is visible in the top left of the main content area. The central focus is a white modal window with the MDHHS logo and the heading 'CHAMPS'. Below the heading is a paragraph describing the system. A section titled 'Terms & Conditions' contains a scrollable text area with detailed legal disclaimers. Below this text area, there is a checkbox labeled 'I agree to the Terms & Conditions' which is checked, with a red arrow pointing to it. At the bottom of the modal, there is a 'Launch service' button highlighted with a red border. The footer of the page includes 'Copyright 2023 State of Michigan' and a 'Policies' link.

## Track Your Application

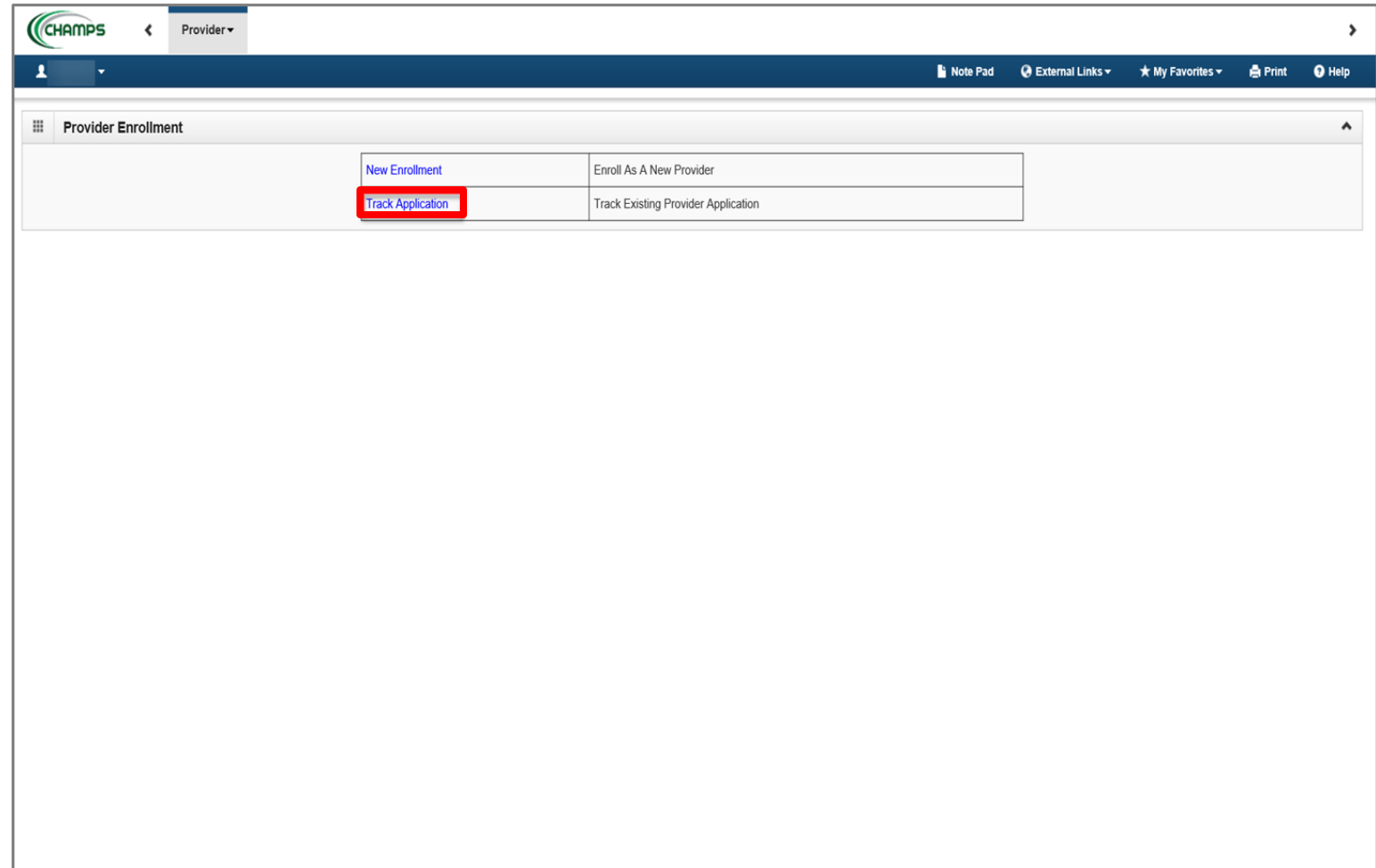
- The Provider ID and Name will show in the top drop-down menu
- In the Select Profile drop-down menu, select Atypical Access
- Click Go



The screenshot shows the CHAMPS login interface. At the top left is the CHAMPS logo. Below it is a user profile icon. The main content area features a large CHAMPS logo with the text "Community Health Automated Medicaid Processing System". Below the logo is a form with three dropdown menus: "Select Profile" (with a red arrow pointing to it), "Atypical Access" (with a red arrow pointing to it), and "Select Favorite" (with a red arrow pointing to it). A "Go" button is located at the bottom right of the form, highlighted with a red box. The footer of the page contains the copyright notice "©CNSI 2019".

## Track Your Application

- 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.



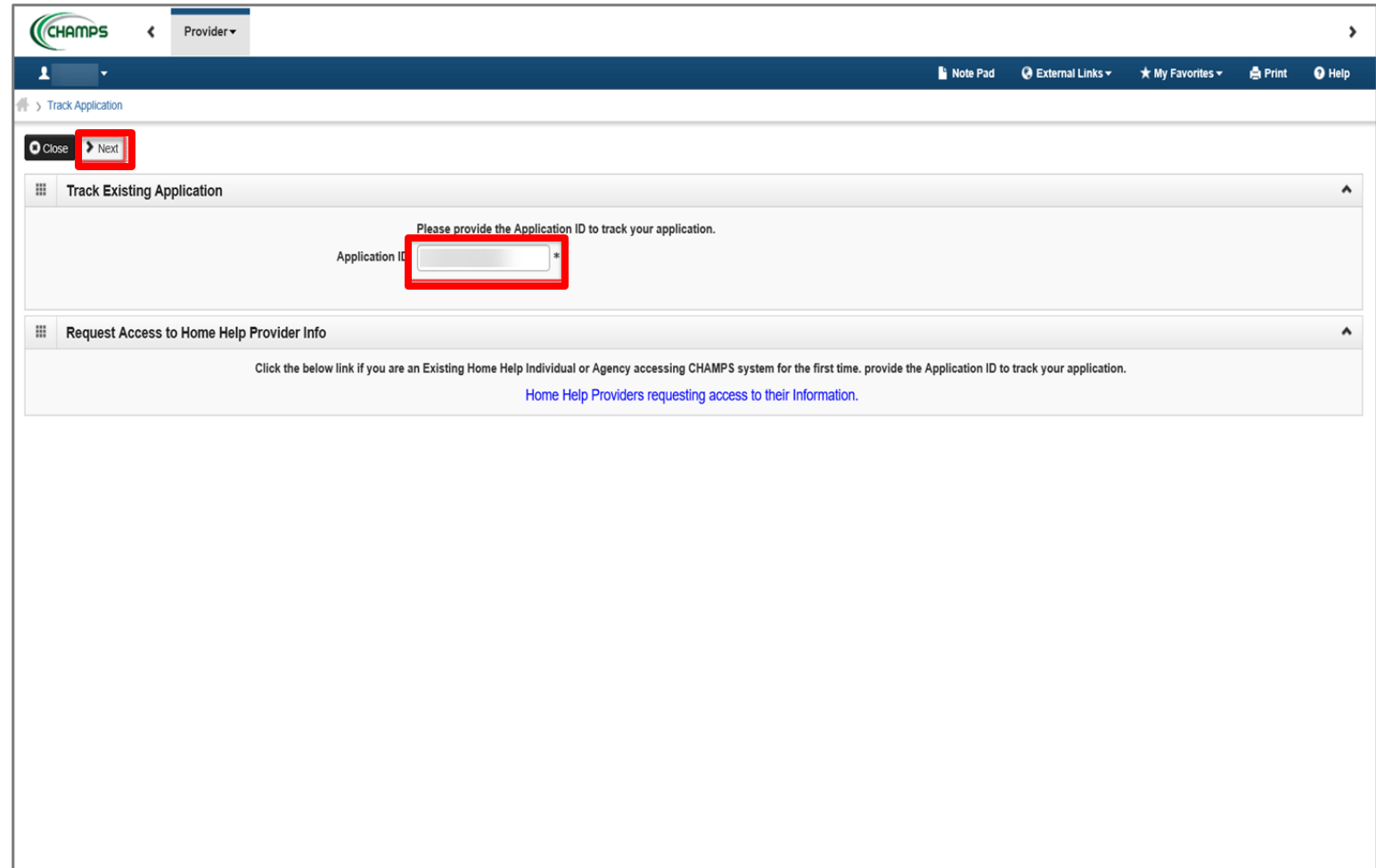
The screenshot shows the CHAMPS Provider Enrollment page. The page has a header with the CHAMPS logo and a 'Provider' dropdown menu. Below the header is a navigation bar with links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Enrollment' and contains a table with two rows of links:

<a href="#">New Enrollment</a>	Enroll As A New Provider
<a href="#">Track Application</a>	Track Existing Provider Application

The 'Track Application' link is highlighted with a red rectangular box.

## Track Your Application

- Enter your Application ID.
- Click Next.



The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a "Provider" dropdown menu, and utility icons for Note Pad, External Links, My Favorites, Print, and Help. Below the navigation bar, the page title is "Track Application". There are two main sections:

- Track Existing Application:** This section contains a message: "Please provide the Application ID to track your application." Below this message is a text input field labeled "Application ID" with a red box around it. To the left of the input field are "Close" and "Next" buttons, with the "Next" button also highlighted with a red box.
- Request Access to Home Help Provider Info:** This section contains a message: "Click the below link if you are an Existing Home Help Individual or Agency accessing CHAMPS system for the first time. provide the Application ID to track your application." Below this message is a blue hyperlink: "Home Help Providers requesting access to their Information."

## Track Your Application

- Enter your EIN/TIN, Phone Number, Date of Birth, Social Security Number and Date of Birth.
- Click Submit.

The screenshot displays the CHAMPS web application interface. At the top, the CHAMPS logo is on the left, and a navigation bar contains a 'Provider' dropdown, a user profile icon, and the text 'Last Login: 08 AUG, 2018 11:06 AM'. On the right side of the navigation bar are links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, the breadcrumb 'Track Application' is visible. The main content area features a 'Close' button and a 'Submit' button, both highlighted with red boxes. Below these buttons is a section titled 'Verify Application Details' with a collapse icon on the left and an expand icon on the right. Under this title, the text reads 'For Additional security, please enter following information:'. A red box highlights the following input fields: 'EIN/TIN: [input] \*', 'Phone: [input] \*', 'Owner SSN: [input] \* i', and 'Owner Date Of Birth: [input] \*'. Each field is followed by an asterisk, and the SSN field includes an information icon.

# Track Your Application

- 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 prior to submitting.

Application ID: [redacted] Name: [redacted]

Your application is currently In-Review by the Provider Enrollment Unit. You cannot make any modifications to your enrollment information at this time.

**Enroll Provider - Atypical Agency**

**Business Process Wizard - Provider Enrollment (Atypical Agency). Click on the Step # under the Step Column.**

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	08/02/2018	08/02/2018	Complete	
<a href="#">Step 2: Add Locations</a>	Required	08/02/2018	08/02/2018	Complete	
<a href="#">Step 3: Add Specialties</a>	Required	08/02/2018	08/02/2018	Complete	
<a href="#">Step 4: Associate Billing Provider/Other Associations</a>	Optional			Incomplete	
<a href="#">Step 5: Add Additional Information</a>	Optional			Incomplete	
<a href="#">Step 6: Add License/Certification/Other</a>	Optional			Incomplete	
<a href="#">Step 7: Add Mode of Claim Submission/EDI Exchange</a>	Optional			Incomplete	
<a href="#">Step 8: Associate Billing Agent</a>	Optional			Incomplete	
<a href="#">Step 9: Add Provider Controlling Interest/Ownership Details</a>	Required	08/08/2018	08/08/2018	Complete	
<a href="#">Step 10: Add Taxonomy Details</a>	Optional			Incomplete	
<a href="#">Step 11: Associate MCO Plan</a>	Optional			Incomplete	
<a href="#">Step 12: 835/ERA Enrollment Form</a>	Optional			Incomplete	
<a href="#">Step 13: Upload Documents</a>	Optional			Incomplete	
<a href="#">Step 14: Complete Enrollment Checklist</a>	Required	08/08/2018	08/08/2018	Complete	
<a href="#">Step 15: Submit Enrollment Application for Approval</a>	Required	08/08/2018	08/08/2018	Complete	

View Page: 1 | Page Count | SaveToXLS | Viewing Page: 1 | First | Prev | Next | Last



# Application Approval

- Once the application is completed in CHAMPS, Agencies will have additional documentation to submit prior to receiving an approval letter.
- Providers will receive an email detailing the documentation needed. The email will go to the email address provided in your application.
- Once approved, Agencies will receive a confirmation letter. The confirmation letter will go to the Correspondence Address provided in your application.

For additional resources, visit the MDHHS Home Help website at [www.Michigan.gov/homehelp](http://www.Michigan.gov/homehelp)

# Provider Resources



Home Help website: [www.Michigan.gov/HomeHelp](http://www.Michigan.gov/HomeHelp)



We continue to update our  
Provider Resources:

[CHAMPS Resources](#)

[Listserv Instructions](#)

[Agency Providers](#)

[Individual Providers](#)



Home Help Provider  
Support Hotline:

[ProviderSupport@Michigan.gov](mailto:ProviderSupport@Michigan.gov)

1-800-979-4662



Thank you for participating in the Michigan Medicaid  
Program