“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations
Checklist

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

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

1-800-979-4662
Prior to enrolling in CHAMPS

- Agencies will want to ensure they are enrolled in SIGMA Vendor Self Service (VSS) prior to enrolling within CHAMPS.
  - 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
  - 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 a website that allows a user to enter one ID and password in order to access multiple applications.

CHAMPS (Community Health Automated Medicaid Processing System) is the program where providers enroll, update enrollment information, and report services performed.
Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
Enter https://milogintp.Michigan.gov into the search bar
Click Sign Up
• Complete all required fields
• Check the ‘I agree’ box
• Click Next
Create the user ID and password following the listed guidelines
Select the preferred password recovery method(s)
Click Create Account
Your MILogin account has now been created successfully
Click the Login button to return to the login screen
- Enter your User ID and Password you just created
- Click Login
Your Home Page will not show any applications

Click **Request Access**

*MILogin resource links are listed at the bottom of the page*
- Type **CHAMPS** in the search box
- Click the search/magnifying glass button
Click on CHAMPS
Select the ‘I agree to the terms & conditions’ radio button
Click Request Access
Verify all information is correct
Click Submit
You will be given confirmation that your request has been submitted successfully.

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

Click the CHAMPS hyperlink.
Click ‘**Acknowledgment/Agree**’ button to accept the Terms & Conditions to get into CHAMPS.
Click **New Enrollment**.
Click **Atypical (non-medical) provider**.
Click **Agency**.
Click **Submit**.
Enter the required information, indicated by an asterisk (*): Entity Business Name (Agency Name), EIN/TIN (Federal Tax ID Number), Vendor ID (SIGMA) and Email address.

Click Confirm.
• Click Finish.
  Please note: Legal Entity Name has populated.
Write down the Application ID number for future reference.

Click OK.
<table>
<thead>
<tr>
<th>Step</th>
<th>Required</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
<th>Step Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Provider Basic Information</td>
<td>Required</td>
<td>08/23/2018</td>
<td>08/23/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 2: Add Locations</td>
<td>Required</td>
<td>08/23/2018</td>
<td>08/23/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 3: Add Specialties</td>
<td>Required</td>
<td>08/23/2018</td>
<td>08/23/2018</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 4: Associate Billing Provider/Other Associations</td>
<td>Optional</td>
<td>08/23/2018</td>
<td>08/23/2018</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 5: Add Additional Information</td>
<td>Optional</td>
<td>08/23/2018</td>
<td>08/23/2018</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 6: Add License/Certification/Other</td>
<td>Optional</td>
<td>08/23/2018</td>
<td>08/23/2018</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 8: Associate Billing Agent</td>
<td>Optional</td>
<td>08/23/2018</td>
<td>08/23/2018</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 9: Add Provider Controlling Interest/Ownership Details</td>
<td>Required</td>
<td>08/23/2018</td>
<td>08/23/2018</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 10: Add Taxonomy Details</td>
<td>Optional</td>
<td>08/23/2018</td>
<td>08/23/2018</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 11: Associate MCO Plan</td>
<td>Optional</td>
<td>08/23/2018</td>
<td>08/23/2018</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 12: 837/ERA Enrollment Form</td>
<td>Optional</td>
<td>08/23/2018</td>
<td>08/23/2018</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 14: Complete Enrollment Checklist</td>
<td>Required</td>
<td>08/23/2018</td>
<td>08/23/2018</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 15: Submit Enrollment Application for Approval</td>
<td>Required</td>
<td>08/23/2018</td>
<td>08/23/2018</td>
<td>Incomplete</td>
<td></td>
</tr>
</tbody>
</table>

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

Please Note: Location Type will always be 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.
Click **Primary Practice Location**.

Please Note: You are still in Step 2: Add Locations.
Click Add Address.
In the **Type of Address** drop-down menu, select **Correspondence**.

*Please note: Fill in the address where you would like to receive your Home Help 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**.
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).
Click **Step 3: Add Specialties**

Please Note: Step 2 status has now changed from Incomplete to Complete.
Click Add.
In the Provider Type drop-down menu, select Atypical Agency.
In the Specialty drop-down menu, select Home Help FAO.
Click OK.
- Click **Close**.
Click **Step 9: Add Provider Controlling Interest/Ownership Details**.

Please Note: Step 4-8 are optional and are not required.

*The screens for this step were updated 12/14/18*
• Click Actions.
In the **Actions** drop-down menu, select **Add Owner**.
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](#).
Step 9: Adding Provider Controlling Interest/Ownership Details

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

Please Note: When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.
Please Note: Agent (Agency Owner) will now be listed

- In the **Actions** drop-down menu, select **Add Owner**.
In the **Type** drop-down menu, select **Managing Employee**. The **Managing Employee** can be the same as the **Owner**.

Enter the required information, indicated by an asterisk (*): SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, Zip Code.

- Click **Validate Address**.
- Click **OK**.

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

- In the **Actions** drop-down menu, select **Owners Relationships**.
Answer question (at the top)
If no relationships exist select No, click Save, read the pop-up message, select Ok, and Close.
  • Click here
If relationships exist, select Yes, and continue with presentation.
• 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
- 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
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
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**.
Please Note: The **Relationship Status** shows completed for each Owner.

- In the **Actions** drop-down menu, select **Owners Adverse Action**.
Read the Final Adverse Legal Actions/Convictions statement.
Answer the questions at the bottom by choosing yes or no and comment if necessary.
Click OK.
- The Adverse Action column will show Yes or No indicating it’s complete.
- Click Close.
- Click **here** for the next step in the Home Help Agency Enrollment.
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.
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.

Please Note: When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.
Please Note: The Corporate-Charitable will now be listed

- In the **Actions** drop-down menu, select **Add Owner**.
In the **Type** drop-down menu, select **Managing Employee**. The **Managing Employee** can be the same as the **Owner**.

Enter the required information: SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, Zip Code.

- Click **Validate Address**.
- Click **OK**.

**Please Note**: Type the number zero (0) in the **Percentage Owned** box.

Start Date is always the date you are filling out the application.

When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.
Please Note: Managing Employee is now listed.

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

Please 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.
After entering all required Owner Types; in the Actions drop-down menu, select Owners Relationships.
Answer question (at the top)
If no relationships exist select No, click Save, read the pop-up message, select Ok, and Close.
  • Click here
If relationships exist select Yes, and continue with presentation
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
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
Select the relationship from 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.
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
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
For the next Selected Owner (Corporate) the fields have prepopulated based on the previous relationships chosen.

<table>
<thead>
<tr>
<th>Assoc. Owner</th>
<th>SSN/EIN/TIN</th>
<th>Type</th>
<th>Relation to Corporate</th>
<th>Relation to Assoc. Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee, Managing</td>
<td>[hidden]</td>
<td>Managing Employee</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Directors, Board</td>
<td>[hidden]</td>
<td>Board of Directors/Officers/Principles</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Once the relationship step for each **Owner Type** is completed, click **Save**.
Click **Close**.
Please Note: The **Relationship Status** shows completed for each Owner.

- In the **Actions** drop-down menu, select **Owners Adverse Action**.
Read the Final Adverse Legal Actions/Convictions statement.
Answer the questions at the bottom by choosing Yes or No and comment if necessary.
Click OK.
The **Adverse Action** column will show Yes or No indicating it’s complete.

Click **Close** to return to the remaining enrollment steps to be completed.
Click Step 14: Complete Enrollment Checklist.
Answer all of the **Provider Checklist** questions by choosing **Yes** or **No** from each drop-down menu in the **Answer** column. If an answer is required, choose **Yes** and put the answer in **Comments**.

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

Please Note: The *County Name*, *Worker Name* and *Clients Name* will need to be included in the comments box on the appropriate question.
Click **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).”
Read the **Terms and Conditions Atypical Enrollment** statement.

Check the box at the **bottom** indicating you have read and agree to the terms.

Click **Submit Application**.
If you have not taken note of your **Application Number**, please do so for tracking purposes.

Click **Close** and close out of the application.
Tracking Your Application

How to Track the Status of Your Application
Enter your User ID and Password you just created

Click Login
You will be directed back to your MILogin Home Page
Click the CHAMPS hyperlink
Click **Acknowledge/Agree** button to accept the Terms & Conditions to get into CHAMPS.
If you would like to check the status of your application, you can do so from the CHAMPS homepage:

- On the homepage, click the Track Application hyperlink.
- Enter your **Application ID**.
- Click **Next**.
Enter your EIN/TIN, Phone Number, Date of Birth, Social Security Number and Date of Birth.

Click Submit.
A text box at the top will confirm the status of your application. If you do not see this statement, you have not completed and submitted the application to the state for review. Please complete all required steps prior to submitting.
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, please refer to our website www.Michigan.gov/homehelp
Provider Resources

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

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

- Home Help Website
  www.Michigan.gov/HomeHelp