



**Managed Care Division
Medicaid Health Plans
MILogin/FTP Instructions**

The following are instructions for access to State of Michigan MILogin and the Michigan Department of Health and Human Services (MDHHS) File Transfer Application. If you already have a username and password for MILogin and the MDHHS File Transfer link appears on your portal page, please see **Section B** on how to request permission for additional areas. If this is your first time requesting MILogin access, please follow **ALL** (sections **A & B**) instructions. **Section C** describes the sharing process and naming convention.

Section A

To retrieve documents from the State of Michigan’s MILogin, each user must have:

1. A username and password to get into the MILogin system
2. A subscription (access) to the MDHHS File Transfer Application
3. Access to the specific ‘area’ where documents for your health plan are housed (The names of these areas all start with MSA MCPD followed by your MHP name) For example: MSA MCPD Your Health Plan.

How to Create a New MILogin Account

1. Go to <https://milogintp.michigan.gov>
2. Select the “Sign Up” button from the MILogin for Third Party Portal Page
3. Complete the requested information. Select “I agree” to the terms and conditions. Click the “Next” button.
4. Create a User ID following the instructions of last name, first initial followed by 4 numeric digits and a qualifying password.
 - a. Must be at least 8 characters in length
 - b. Should not be based on your User ID
 - c. Must include characters from 3 of the following categories:
 - i. Upper case letter (A-Z)
 - ii. Lower case letter(a-z)
 - iii. Numbers (0-9)
 - iv. Special characters (!@#\$\$%^&*)
5. Choose your secret questions and provide answers. Click “Create Account” once finished. Account creation successful. Click to login. Enter the User ID and password you just created. Click login. You are now on your home page.

Subscribe to the MDHHS File Transfer Application

1. From the Application Portal page, select “Request Application Access.”
2. Search by application name “DCH-File Transfer” or search by clicking the agency name and selecting the application.
3. Click the link for the application and select “Request Access”.
4. Read the Terms and Condition and click “I Accept”
5. Complete the information on the Request Application Access page and click “Submit”.

FOR MORE INFORMATION REGARDING THE NEW MILOGIN APPLICATION SITE, GO TO [HTTP://WWW.MICHIGAN.GOV/MDHHS-MILOGIN-INFO](http://www.michigan.gov/mdhhs-milogin-info) SCROLL DOWN AND SEE THE BOX LABELED “PROVIDERS AND ADVOCATES”.

Section B

Access to your Area

1. Log into MILogin and the Application Portal page will show you a link to MDHHS File Transfer. Open the MDHHS File Transfer application by clicking on the link.
2. Click on the link “Request Additional Area Access” under the Transfer to Area section and choose your area. For example: MSA MCPD Your Plan Name. Click Submit.
3. You will receive a message that says, ‘Your request for access to the File Transfer application has been submitted. Upon approval, an email will be sent.’

Once you receive that approval, you are ready to share documents with MDHHS.

Document Sharing Instructions

Section C – for all those who send documentation through MSA-MCPD for both the Contract Management and Quality Sections.

Sharing your Compliance Review or required report documents with MDHHS through MILogin

1. Login to the MILogin site with your user ID and password. You will be directed to the Application Portal Page. Click the link, MDHHS File Transfer.
2. Thoroughly read the MMDHHS Systems Use Notification and click Acknowledge/Agree. You will be directed to the File Transfer page. Click the **SHARE** file link.
 - a. **NOTE:** If you UPLOAD the file, it will **not** come to us, nor will we know it was sent.
3. Select your area to share: Select the file to share by clicking browse and finding the document(s) on your computer that you wish to share
4. Make sure yes is checked to Notify Users **AND** add comments to submission.

Naming convention for report submission and submission of documentation for specific criterion

1. All **report** submissions should begin with your MDHHS assigned plan acronym then as follows: (this means REPLACE <MHP> with your **three-character MDHHS assigned plan acronym**)
 - <MHP> AR MSA 126 YYYY
 - <MHP> AR Key Admin Staff YYYY
 - <MHP> AR Governing Body YYYY
 - <MHP> AR MSA 2012 YYYY
 - <MHP> AR MSA 129 YYYY
 - <MHP> MSA-0135 MM YYYY
 - <MHP> AR PIP YYYY

- <MHP> AR MA COC YYYY
- <MHP> AR MA Member Handbook YYYY
- <MHP> AR EPSDT YYYY
- <MHP> AR Discussion and Analysis YYYY
- <MHP> AR Audited Financial YYYY
- <MHP> QIP Annual Eval YYYY
- <MHP> QIP Work Plan YYYY
- <MHP> HEDIS Compliance Audit YYYY
- <MHP> IDSS ART YYYY
- <MHP> IDSS CSV YYYY
- <MHP> IDSS DFW YYYY
- <MHP> IDSS ART YYYY
- <MHP> IDSS Attest YYYY
- <MHP> GAP QTR1FYYY, QTR2FYYY, etc.
- <MHP> Financial QTR1FYYY, QTR2FYYY, etc.
- <MHP> TPC QTR1FYYY, QTR2FYYY, etc.
- <MHP> MSA 2009 MMY
- <MHP> HMP GAP QTR1FYYY, QTR2FYYY, etc.
- <MHP> TPR QTR1FYYY, QTR2FYYY, etc
- <MHP> Claims Processing MMYYYY or MSA 2009 MMYYYY
- <MHP> Flint Waiver Outreach MMY

2. Documentation related to the Compliance Review should be zipped and labeled with your three-character MDHHS assigned plan acronym, month and year of submission as follows:

- <MHP> May 2016 Compliance Review

Or

- <MHP> 052016 CR

3. Documentation related to specific criteria should **begin with the criterion number**, three-character MDHHS assigned plan acronym then as follows:

- **Criterion number <MHP> Material Name for MMY Compliance Review (e.g. 3.5 <MHP> Provider Contract Table for May 2016 Compliance Review)**
- **When submitting a narrative, Criterion Number <MHP> Narrative for Month Year Compliance Review (e.g. 2.4 <MHP> BHDD Narrative for January 2016 Compliance Review).**

4. Submitting additional requested information for Section 6 Program Integrity should be labeled as follows:

- **<MHP> Additional (or Revised) Section 6 MMDDYY**

5. For CAP submissions related to the Compliance Review, should be zipped and labeled with your three-character MDHHS assigned plan acronym, month and year of submission as follows:

- **<MHP> May 2016 CAP**

Or

- **<MHP> 052016 CAP**

Or

- **<MHP> Criterion number, MMY CAP *if submitting a partial CAP***

IMPORTANT NOTE: If you are sharing **MULTIPLE COMPLIANCE REVIEW** documents for the month, please create a **ZIP FILE** of **ALL DOCUMENTS** and **SHARE THE ZIP FILE IN ITS ENTIRETY**. (e.g., all files related to the Annual Report submission due in March should be collected, zipped, and **THEN** shared via MDHHS File Transfer. **DO NOT PASSWORD PROTECT.**

If you are sending in report documents **UNRELATED** to the Compliance Review, **DO NOT ZIP** these documents in the Zipped Compliance Review file, but share **SEPARATELY** using the appropriate naming convention (e.g., claims, quarterly grievance and appeals, financials).

Do not send email messages with or without attachments through the FTP system, these will not be downloaded.

Do not send Grievance and Appeal files zipped together in one file. Please send separately.