

Home Help Agency

CHAMPS Revalidation 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

MiLogin and CHAMPS

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

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

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

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.
- 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 heading "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 the login form with fields for "User ID" and "Password", each with a red arrow pointing to the input area. Below the fields are 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. The footer contains "Copyright 2023 State of Michigan" and "Policies".

MiLogin and CHAMPS

- 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 title '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 is titled 'Michigan Department of Health & Human Services (MDHHS)' and contains the MDHHS logo and the text 'CHAMPS'. A red rectangular box highlights a right-pointing arrow next to the 'CHAMPS' text. The right box is titled 'Discover Online Services' and contains the text 'MiLogin is used to secure many online services at the State of Michigan. We are here to ensure your identity is safe and protected.' and a link 'Find Services >'. The footer contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

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

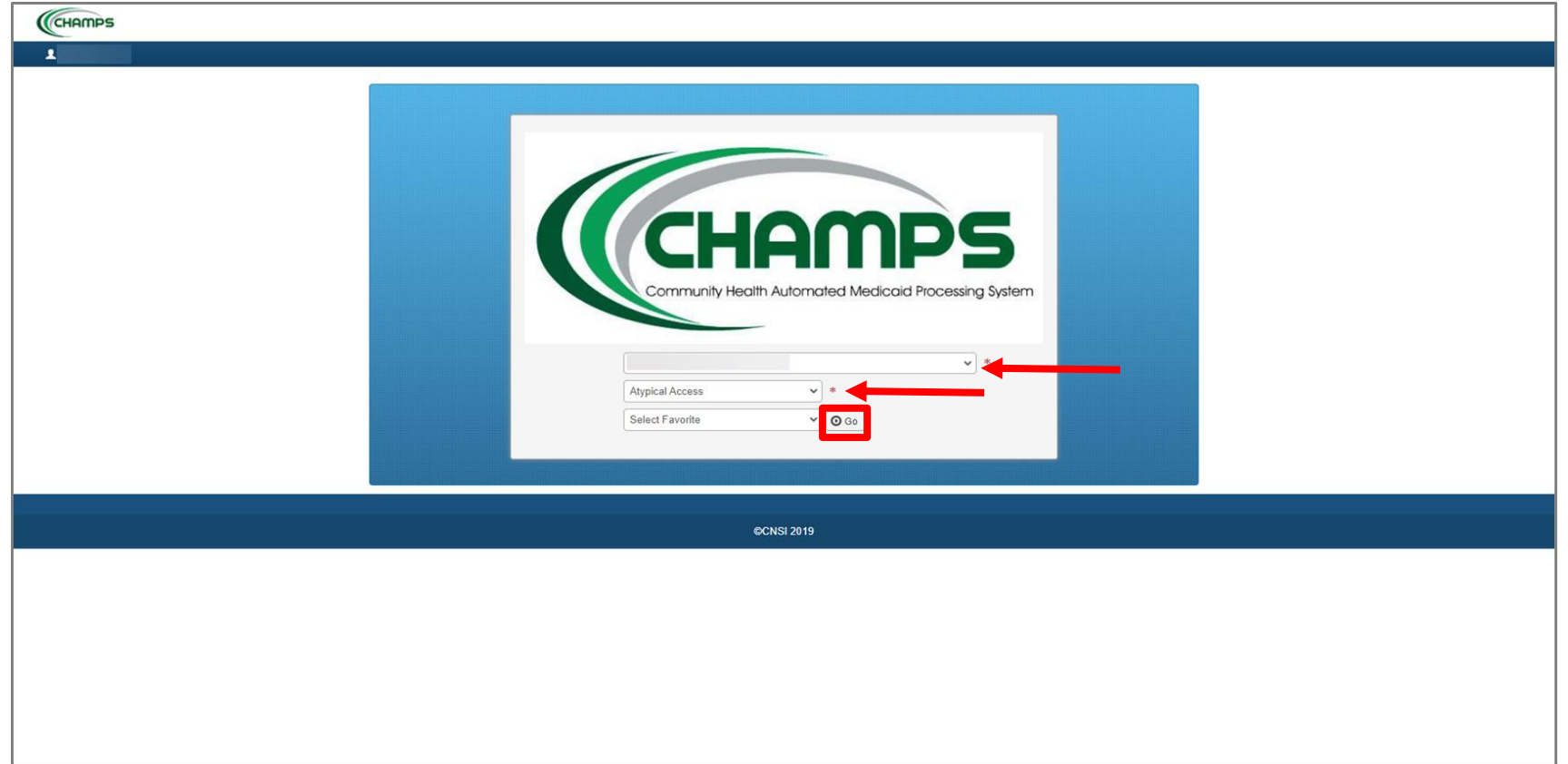
I agree to the Terms & Conditions

Launch service

Copyright 2023 State of Michigan Policies

MiLogin and CHAMPS

- 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 login form with three dropdown menus: a top dropdown for user selection, "Atypical Access", and "Select Favorite". A red box highlights the "Go" button, and red arrows point to the top dropdown and the "Atypical Access" dropdown.

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Home Help Agency Revalidation Instructions

- In the Provider drop-down menu, click Manage Provider Information.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile, and a 'Last Login: 07 JUN, 2018' timestamp. The 'Provider' drop-down menu is open, showing options: 'PROVIDER ENROLLMENT' (with sub-items 'New Enrollment' and 'Track Application'), 'MANAGE PROVIDER' (with sub-item 'Manage Provider Information' highlighted in a red box), and 'ELECTRONIC SERVICE VERIFICATION (ESV)' (with sub-item 'ESV Member List').

The main content area features a system notification: "Due to R10c-1.1 release, the system will be down between 7:00 PM EST Friday, March 23rd, to 2:00 AM Saturday, March 24th, 2018. This outage will affect the CHAMPS system access for all functionality." Below this is a 'My Reminders' section with a filter dropdown and a table with columns: Alert Type, Alert Message, Alert Date, Due Date, and Read. The table currently displays "No Records Found!".

On the right side, there is a 'Calendar' widget showing the date '13 June 2018 Wednesday' and a calendar grid for '2018 June'.

Home Help Agency Revalidation Instructions

- Click Step 1: Provider Basic Information.
 - Note: In the Required Column, you will see the required steps for revalidation.
 - You must complete these steps DURING your Revalidation Period.
 - This includes Steps 1, 2, 3, 9, 15, and 16.
- The Status Column will say Incomplete until the step is completed.

CHAMPS My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Agency

Business Process Wizard - Provider Data Modification (Atypical Agency).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 2: Locations	Required	09/06/2015	11/03/2015	Incomplete		
<input type="checkbox"/> Step 3: Specialties	Required	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/01/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 5: Additional Information	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/30/2018	09/14/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	02/28/2018	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Associate MCO Plan	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	01/30/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	01/30/2018	02/01/2018	Incomplete		

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Home Help Agency Revalidation Instructions

- Verify and change any information that needs to be updated.
- Click OK.

Print Help

Provider ID: _____ Name: _____

Provider Details

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

Entity Business Name: _____ * (Doing Business As) EIN/TIN: _____

Organization/Business Type: Other Agencies * Vendor ID: _____

NPI:

Business Status: Active

Status: Approved

Business Elig.Date Range: 07/13/2015-12/31/2999

Revalidation Period: 05/01/2018-07/31/2018

Contact Email Address:

Email-1: _____ * Email-2: _____

Email-3: _____ Email-4: _____

Email-5: _____ Email-6: _____

OK Cancel

Home Help Agency Revalidation Instructions

- Click Step 2: Locations.
 - Note: Step 1 status has now changed from Incomplete to Complete.

CHAMPS My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Agency

Business Process Wizard - Provider Data Modification (Atypical Agency)

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/27/2015	07/27/2015	Complete		
<input checked="" type="checkbox"/> Step 2: Locations	Required	09/06/2015	11/03/2015	Incomplete		
<input type="checkbox"/> Step 3: Specialties	Required	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/01/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 5: Additional Information	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/30/2018	09/14/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	02/28/2018	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Associate MCO Plan	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	01/30/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	01/30/2018	02/01/2018	Incomplete		

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Home Help Agency Revalidation Instructions

- Click the Primary Practice Location hyperlink

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with 'CHAMPS' logo, 'My Inbox', and 'Provider' tabs. Below this is a user profile bar showing 'Last Login: 07 JUN, 2018 09:40 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Atypical Agency Modification'. It includes a form for 'Provider ID' and 'Name'. Below the form is a message: 'Close Add To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink'. The 'Locations List' section features a table with columns: 'Doing Business As', 'Location Type', 'Location Details', 'Start Date', 'End Date', 'Status', 'Operational Status', and 'Inactivation Date'. The first row in the table has 'Primary Practice Location' highlighted with a red box. The table also includes filter controls, 'Save Filters', 'My Filters', and pagination options at the bottom.

Doing Business As	Location Type	Location Details	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	Primary Practice Location		06/24/2015	12/31/2999	Approved	Active	

Home Help Agency Revalidation Instructions

- Verify and change any information that needs to be updated.
- For Office Hours - use the drop-down menu to choose the correct times. Make sure to select the hours you are open or choose "Closed".
- Under the Address Type column click on the hyperlinked address type if updates are needed.
 - Note: Primary Pay To Address cannot be changed in CHAMPS. For instructions to update [click here](#).
- Skip the next slide if the Correspondence and Location addresses are correct.

The screenshot displays the CHAMPS Provider Portal interface for 'Atypical Agency Modification'. The top navigation bar includes 'My Inbox' and 'Provider' tabs. The main form area contains the following sections:

- Provider Information:** Fields for 'Doing Business As', 'Phone Number', 'Web Page', 'Location Code' (01), 'Fax Number', 'Location Type' (Primary Practice Location), 'Email Address', and 'Communication Preference' (Email).
- Office Hours:** A grid for days of the week (Sunday through Saturday) with columns for 'Open At', 'AM/PM', and 'Close At'. Each cell contains a dropdown menu. A note states: '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.'
- Accessibility:** 'Handicap Accessible' (Yes/No) and 'Accept 835(reported at EIN/TIN level):' (No).
- Language:** 'Language(s) Spoken:' dropdown with options for English, Arabic, and Chinese.
- Dates:** 'Start Date' (07/13/2015) and 'End Date' (12/31/2099).
- Facility Details:** 'State Facility ID' and 'Fiscal Year End Date' (12/15).
- Address List:** A table with columns: Address Type, Address, Start Date, End Date, Status, Operational Status, and Inactivation Date. The table shows three entries, all with 'Approved' status and 'Active' operational status.

Home Help Agency Revalidation Instructions

- Verify and change any information that needs to be updated.
- Click Save.
- Click Close.
 - Note: This step is only needed if the Correspondence or Location Address needs to be updated.
 - When the Address Line 1 and Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

CHAMPS < My Inbox > Provider >

Last Login: 01 JUN, 2018 08:39 AM

Note Pad External Links > My Favorites > Print Help

Provider Portal > Atypical Agency Modification

Provider ID: _____ Name: _____

Close Save

Manage Provider Location Address

Type of Address: Correspondence Status: Approved

End Date: 12/31/2999

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 Line 1: _____ *
(Enter Street Address or PO Box Only)

Address Line 2: _____

Address Line 3: _____

City/Town: _____ *

State/Province: MICHIGAN *

County: _____

Country: UNITED STATES *

Zip Code: _____ * - _____ Validate Address

Home Help Agency Revalidation Instructions

- Click Save.
- Click Close on the next two screens to go back to the list of steps. (Not shown).
 - Note: Your new address will be listed in the Address column.

CHAMPS My Inbox Provider

Last Login: 01 JUN, 2018 08:35 AM

Provider Portal > Atypical Agency Modification

Provider ID: _____ Name: _____

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

Doing Business As: _____ Location Code: 01 Location Type: Primary Practice Location

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

Web Page: _____ Communication Preference: Email

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:	Close *	AM PM *	_____ *	AM PM *
Monday:	08:00 *	AM PM *	05:00 *	AM PM *	Friday:	Close *	AM PM *	_____ *	AM PM *
Tuesday:	Close *	AM PM *	_____ *	AM PM *	Saturday:	Close *	AM PM *	_____ *	AM PM *
Wednesday:	Close *	AM PM *	_____ *	AM PM *					

Handicap Accessible: Yes

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

Language(s) Spoken: English

Start Date: 07/13/2015 End Date: 12/31/2999 Status: Approved

Facility Details

State Facility ID: _____ Fiscal Year End Date: 12/15

no access

Address List

no access

Filter By: _____ Filter By: _____ And Operational Status: Active

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Correspondence		07/13/2015	12/31/2009	Approved	Active	
<input type="checkbox"/> Location		07/13/2015	12/31/2009	Approved	Active	
<input type="checkbox"/> Primary Pay To		07/13/2015	12/31/2009	Approved	Active	

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Home Help Agency Revalidation Instructions

- Click Step 3: Specialties
 - Note: Step 2 status has now changed from Incomplete to Complete and the Modification Status is updated.

CHAMPS My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Agency

Business Process Wizard - Provider Data Modification (Atypical Agency).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/01/2018	11/03/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/01/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 5: Additional Information	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/30/2018	09/14/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	02/28/2018	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Associate MCO Plan	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	01/30/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	06/01/2018	02/01/2018	Incomplete		Modification Request has not been Submitted.

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

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Home Help Agency Revalidation Instructions

- Click Close.
 - Note: Nothing may need to be updated here, but you must still click in this step then Close for the step to show complete.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this is a dark blue header with a user profile icon, 'Last Login: 01 JUN, 2018 08:39 AM', and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Atypical Agency Modification'. It features a form with 'Provider ID:' and 'Name' fields. Below the form is a 'Close' button (highlighted with a red box) and an 'Add' button. A section titled 'Specialty/Subspecialty List' contains a table with columns: Specialty/Subspecialty, Start Date, End Date, Status, Operational Status, Inactivation Date, and Primary Specialty (Y/N). The table has one row with the value 'HOME HELP FAO/No Subspecialty'. Below the table are 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' controls, along with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Home Help Agency Revalidation Instructions

- Click Step 9: Provider Controlling Interest/Ownership Details
 - Note: Step 3 status has now changed from Incomplete to Complete.
 - As a Home Help Agency steps 4-8 are optional.

CHAMPS My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Agency

Business Process Wizard - Provider Data Modification (Atypical Agency).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/01/2018	11/03/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/01/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 5: Additional Information	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/30/2018	09/14/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	02/28/2018	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Associate MCO Plan	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	01/30/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	06/01/2018	02/01/2018	Incomplete		Modification Request has not been Submitted.

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Home Help Agency Revalidation Instructions

- Click on Owner SSN/EIN/TIN hyperlink of the Individual or Managing Employee to make updates.
- Click Close.

CHAMPS My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close

Owners List

Add

Filter By [] And Filter By [] And Operational Status Active [] Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Type	Status	Start Date	End Date	Operational Status	Inactivation Date
<input type="checkbox"/>		Managing Employee	Approved	07/01/2015	12/31/2999	Active	
<input type="checkbox"/>		Managing Employee	Approved	07/13/2015	12/31/2999	Active	
<input type="checkbox"/>		Individual	Approved	07/13/2015	12/31/2999	Active	

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

List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Add Other Owned Entity

Filter By [] And Filter By [] And Operational Status Active [] Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address	Status	Operational Status	Inactivation Date
<input type="checkbox"/>					

No Records Found !

Home Help Agency Revalidation Instructions

- Click Step 15: Complete Modification Checklist
 - Note: Step 9 status has now changed from Incomplete to Complete.

CHAMPS < My Inbox > Provider >

Last Login: 01 JUN, 2018 08:39 AM

Provider Portal > Atypical Agency Modification

Provider ID: [] Name: []

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Agency

Business Process Wizard - Provider Data Modification (Atypical Agency).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/01/2018	11/03/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/01/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 5: Additional Information	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/30/2018	09/14/2015	Complete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	02/28/2018	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Associate MCO Plan	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	01/30/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	06/01/2018	02/01/2018	Incomplete		Modification Request has not been Submitted.

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

Home Help Agency Revalidation Instructions

- Answer all of the Provider Checklist questions by choosing Yes or No from each drop-down menu in the Answer column.
- Click Save.
- Click Close.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this is a header with the user's name, last login time (01 JUN, 2018 08:39 AM), and utility icons for Note Pad, External Links, My Favorites, Print, and Help. The breadcrumb trail indicates the current location: Provider Portal > Atypical Agency Modification > Provider Check List. The form includes input fields for 'Provider ID:' and 'Name:'. Below these are 'Close' and 'Save' buttons, both highlighted with a red box. The main section is titled 'Manage Provider Checklist' and contains a table with three columns: 'Question', 'Answer', and 'Comments'. The 'Answer' column contains a series of 'Not Completed' status indicators, each with a dropdown arrow, which are also highlighted with a red box. At the bottom of the form, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

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	▼

Home Help Agency Revalidation Instructions

- Click Step 16: Submit Modification Request for Review.
 - Note: Step 15 status has now changed from Incomplete to Complete and the modification status is updated.

Provider ID: _____ Name: _____

[Close](#) [Undo Update](#)

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Agency

Business Process Wizard - Provider Data Modification (Atypical Agency)

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/01/2018	11/03/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/01/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 5: Additional Information	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	06/01/2018	09/14/2015	Complete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	02/28/2018	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Associate MCO Plan	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	06/01/2018	02/01/2018	Complete	Updated	
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	06/01/2018	02/01/2018	Incomplete		Modification Request has not been Submitted.

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

Home Help Agency Revalidation Instructions

- Click Next.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. Below this is a dark blue header with a user profile icon, the text 'Last Login: 01 JUN, 2018 08:39 AM', and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area has a breadcrumb trail: 'Provider Portal > Atypical Agency Modification'. Below the breadcrumb, there are input fields for 'Provider ID:' and 'Name:'. A 'Close' button and a 'Next' button are located below these fields; the 'Next' button is highlighted with a red square. The 'Final Submission' section contains a 'Provider ID:' field and an 'EnrollmentType: Atypical Agency Provider' label. It includes a disclaimer: 'The information submitted shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted.' and an agreement statement: 'I agree that the information submitted as a part of the application is correct. (Private and Confidential)'. The 'Application Document Checklist' section is a table with four columns: 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, with a red message 'No Records Found!' displayed at the bottom.

Forms/Documents	Special Instructions	Source	Required
No Records Found !			

Home Help Agency Revalidation Instructions

- Read the Terms and Conditions Atypical Enrollment statement.
- Click the box at the bottom of the page if you acknowledge and agree.
- Click Submit for Modification agreeing that all the information in the application is correct.

CHAMPS My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Provider ID: Name:

Close Submit for Modification

Final Submission

Terms and Conditions Atypical Enrollment

1. As an individual provider of Home Help...
2. As a Home Help provider agency, I agree...
3. I agree that personal care services will...
4. Under Section 3504 of the Internal Revenue...
5. I agree to return any payments received...
6. I understand that the Home Help program...
7. In order to receive payment, I agree to...
8. Upon request, I agree to provide MDHHS...
9. Upon request, I agree to provide MDHHS...
10. I understand I will be subject to a criminal...
11. I agree to cooperate with MDHHS, DHS, and...
12. I agree to report any changes relative to...
13. I agree to comply with the privacy, security...
14. I agree to comply with the provisions of...

Definitions:

Confidential Rider Information: Includes...
Department: means the Michigan Department of Health and Human Services.
Driver: means an individual providing transportation services.
Rider: means the individual being transported by driver.
Service: means the provision by driver of Non-Emergency Medical Transportation for rider.

Terms:
Driver agrees to abide by the following terms and conditions:

1. To act in a professional manner at all times while providing services.
2. To never make comments that are sexually explicit in nature, solicit sexual favors, or engage in sexual activity with rider.
3. To never solicit or accept controlled substances, alcohol, or medication from rider.
4. To never solicit or accept money from riders.
5. To never use alcohol, narcotics, or controlled substances, or be under their influence, while providing services to riders. Prescribed medications can be used by a driver as long as his or her duties can still be performed in a safe manner and driver has written documentation from a treating physician that the medication does not impact the ability to drive.
6. To never eat or consume any beverage while operating the vehicle or while involved in rider assistance.
7. To never smoke in the vehicle when rider is present. For purposes of this agreement, "smoke" includes electronic cigarettes and any other product or device which emits vapor, smoke, or any similar gaseous matter of any kind.
8. To never wear any type of headphones while providing the service.
9. To be responsible for rider's personal items.
10. To provide, as appropriate to the needs of the rider, assistance with exiting the vehicle, to open and close vehicle doors when passengers enter or exit the vehicle, and to provide assistance as necessary to or from the main door of the place of destination.
11. To properly identify and announce their presence at the entrance of the building at the specified pick-up location if a curbside pick-up is not apparent, or with attending facility staff.
12. To assist the passengers in the process of being seated, including the fastening of the seat belt, when necessitated by the rider's condition.
13. To confirm, prior to allowing any vehicle to proceed, that all passengers are properly secured in their seat belts, car seats, and, when applicable, that wheelchairs and passengers who use wheelchairs are properly secured (Exception: Only a passenger who has a letter, carried on his/her person and signed by the passenger's physician, stating that the passenger's medical condition prevents the rider from using a seat belt, may be transported without a fastened seat belt and then only as allowed by state law).
14. To provide an appropriate level of assistance to passengers, when requested, or when necessitated by a passenger's condition.
15. To provide support and direction to passengers. Such assistance shall also apply to the movement of wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift/ramp, as applicable. Such assistance shall also include storage by the driver of mobility aids and folding wheelchairs.
16. To act in a professional manner at all times while providing services.
17. To be clean and maintain a neat appearance at all times.
18. To be polite and courteous to riders; riders shall be treated with respect and in a culturally appropriate manner when receiving transportation services. The Manager should notify the volunteer driver of any known cultural issues significant to providing transportation services.
19. To limit review of any confidential rider information to the minimum information necessary to provide the service.
20. To only use or record confidential rider information as necessary to provide the Department information necessary for the administration of the program (i.e. mileage reimbursement, if applicable).
21. To not to retain any original or copy of any document rider shares with you for purposes of transport.
22. To not to retain any original or copy of any document that may be provided by a health care provider to driver. Driver agrees to ensure that such documentation leaves with rider.
23. To report any breach of the terms of this user agreement to the Department. This includes, but is not limited to, accidental retention of medical record or other confidential rider information.
24. To return to the Department, as soon as possible, but in no event later than 3 business days after discovery, any confidential rider information retained left with driver after completing transport of the rider.
25. To never discuss, write, or share in any other format any information specific to a rider, except as necessary to communicate with the Department or with a health care provider or other staff at a facility rider is being transported to.
26. Not input or include any confidential rider information in any computer system of any kind, except as approved by the Department. This includes personal email accounts, file transfer systems, note applications, and any other electronic system of recording data not expressly approved for use by the Department.
27. Comply with any other agreements driver has entered into with respect to this program.
28. Respect the rider's privacy by not asking for more information about the individual's condition, reason for visit, or other personal information, while providing transport services. If the rider chooses to voluntarily share this information, it is subject to the same protections described above regarding protecting rider information.

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 Revalidation Instructions

- Your request has been submitted.
- Review is completed once the Modification Status column shows blank again.
- Click Close.
- Logout.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with 'CHAMPS' logo, 'My Inbox', and 'Provider' tabs. Below this, a header bar displays 'Last Login: 01 JUN, 2018 08:39 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Atypical Agency Modification'. It features a form with 'Provider ID:' and 'Name:' fields. A red box highlights a 'Close' button next to an 'Undo Update' button. Below the form, a red message states: 'The Modification Request has been submitted for State review. Return to here to track the status of your request.' with a red arrow pointing to the right. A red warning message reads: 'Please update all steps to complete your revalidation process'. The main section is a table titled 'Business Process Wizard - Provider Data Modification (Atypical Agency)'. The table has columns for Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark. The table lists 16 steps, with various completion statuses. At the bottom, there are navigation controls for 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	06/01/2018	11/03/2015	Complete	In Review	
<input type="checkbox"/> Step 3: Specialties	Required	07/27/2015	07/27/2015	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	02/01/2018	02/01/2018	Incomplete		
<input type="checkbox"/> Step 5: Additional Information	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	06/01/2018	09/14/2015	Complete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	02/28/2018	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 13: Associate MCO Plan	Optional	07/27/2015	07/27/2015	Incomplete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	06/01/2018	02/01/2018	Complete	In Review	
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	06/01/2018	02/01/2018	Complete		

Provider Resources



Home Help website: 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

1-800-979-4662



Thank you for participating in the Michigan Medicaid
Program