

# Home Help Individual Provider

## 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**

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Provider Resources

# Provider Enrollment Revalidation Process

All providers are required to revalidate their Medicaid enrollment information a minimum of once every five years, or more often if requested by MDHHS. MDHHS will notify providers when revalidation is required.

# Provider Enrollment Revalidation Process

- This presentation covers the provider enrollment steps that are required during revalidation. Additional provider enrollment steps may need to be updated or reviewed by providers but are listed as optional and are not covered in this presentation.
  - For complete Home Help Individual Provider enrollment instruction: [www.Michigan.gov/HomeHelp](http://www.Michigan.gov/HomeHelp) >> New Enrollment >> [New Individual Provider CHAMPS Registration and Enrollment Instructions](#)
- Providers should review information within each enrollment step to ensure it's up to date and accurate.
- When providers update their enrollment information, a new record is created for Provider Enrollment to review. Providers can change the updated information through the new record until the enrollment is submitted to the State for review.

# Provider Enrollment Revalidation Process

- Providers have a **90-day period** to complete their revalidation in CHAMPS.
  - **Note:** The 90-day period to complete a revalidation **ONLY** applies to Home Help providers on their original revalidation attempt. If MDHHS re-opens a closed enrollment, providers will be told of the new timeframe to complete the re-opened revalidation.
  - The first day of the revalidation period, providers will be mailed a letter addressed to their CHAMPS correspondence address located within the Provider Enrollment information.
  - 30 days prior to the revalidation period end date a second letter is mailed if the revalidation has not been completed.
  - If the revalidation has not been completed by the end of the last day of the revalidation period, a termination letter will be generated.
    - For example: 2/24/20 is the revalidation cycle end date, the termination letter will be generated the night of 2/24/20.

**If revalidation is not completed during the revalidation period, the provider will have their enrollment closed and payments will stop immediately.**

- Once an enrollment is closed due to not completing revalidation providers must contact MDHHS Provider Enrollment to have the enrollment re-opened.
  - **Note:** If MDHHS opens the enrollment manually the changes cannot be made by the provider until the following day.

# 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. On the left, a dark blue banner features the Michigan state logo and the text "MiLogin for Business". The main content area has 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. On the right, the login form is shown with a white background. It includes a "User ID" field with a red arrow pointing to it and a "Lookup your user ID" link below. A "Password" field with a red arrow pointing to it and a "Forgot your password?" link below. A teal "Log In" button is highlighted with a red border, and a white "Create an Account" button is below it. 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 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 with a right-pointing arrow icon. This arrow icon is highlighted with a red rectangular box. The right box is titled "Discover Online Services" and contains text explaining that MiLogin is used to secure many online services at the State of Michigan, along with a "Find Services" link and a right-pointing arrow icon. The footer of the page includes "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

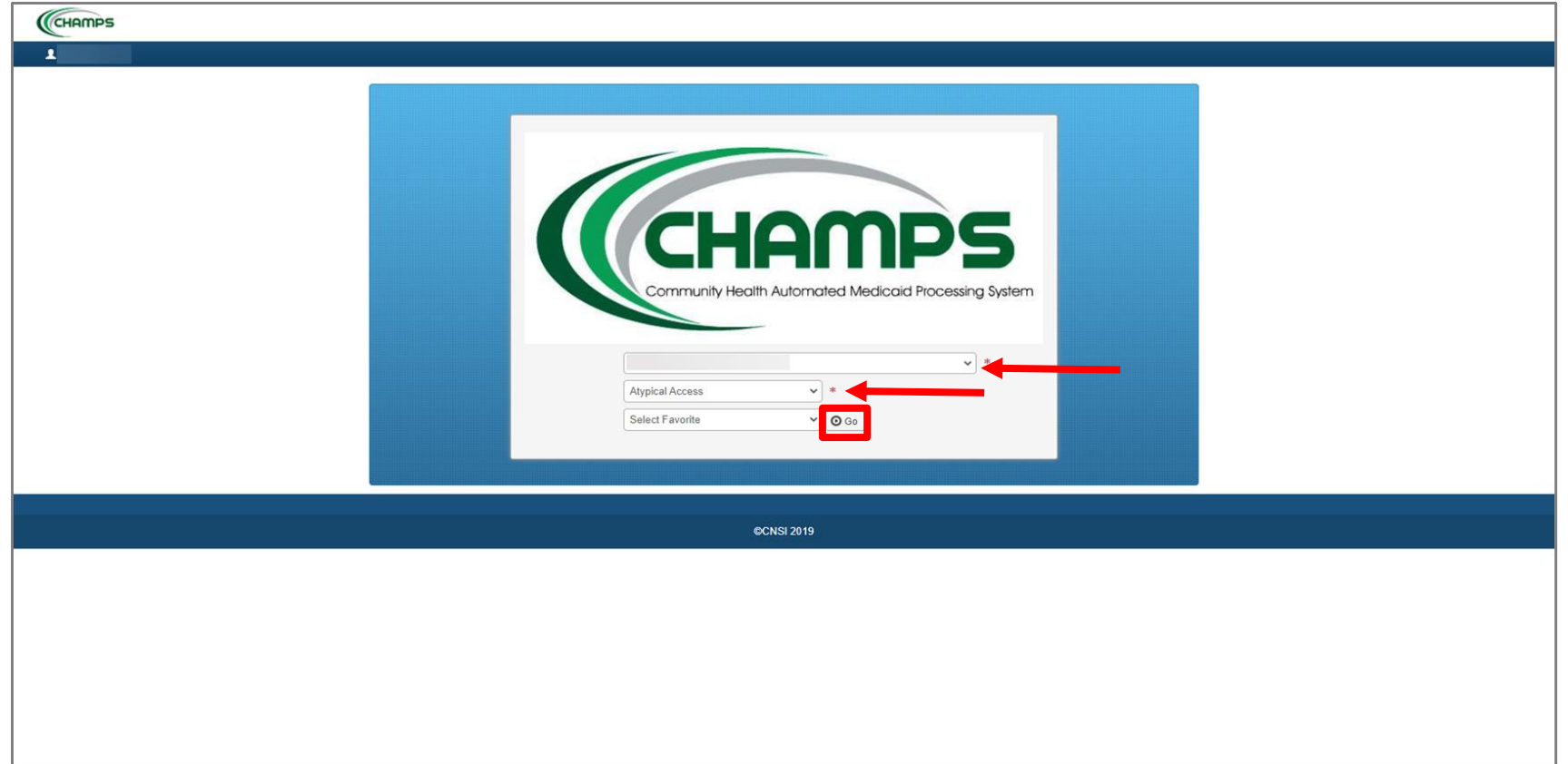
I agree to the Terms & Conditions

**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, there is a CHAMPS logo and a user profile icon. The main content area features a large CHAMPS logo with the text "Community Health Automated Medicaid Processing System" below it. Below the logo is a login form with three dropdown menus: a top menu for Provider ID and Name, a middle menu for "Atypical Access" (with an asterisk next to it), and a bottom menu for "Select Favorite". A red box highlights the "Go" button at the bottom right of the form. Three red arrows point to the top dropdown menu, the "Atypical Access" dropdown, and the "Go" button. The footer of the page contains the text "©CNSI 2019".

# Required Revalidation Steps

This presentation covers the provider enrollment steps that are required during revalidation. Additional provider enrollment steps may need to be updated or reviewed by providers but are listed as optional and are not covered in this presentation.

For complete Home Help Individual Provider enrollment instructions: [www.Michigan.gov/HomeHelp](http://www.Michigan.gov/HomeHelp) >> New Enrollment >> [New Individual Provider CHAMPS Registration and Enrollment Instructions](#)

# Required Revalidation Steps

- Click the Provider drop-down menu
- Select Manage Provider Information

The screenshot displays the CHAMPS Provider Portal interface. At the top, the 'Provider' drop-down menu is highlighted with a red box and is open, showing three main sections: 'PROVIDER ENROLLMENT' (with sub-items 'New Enrollment' and 'Track Application'), 'MANAGE PROVIDER' (with sub-item 'Manage Provider Information'), and 'ELECTRONIC SERVICE VERIFICATION (ESV)' (with sub-item 'ESV Member List'). A red arrow points to the 'Manage Provider Information' option. The main content area shows a search bar with 'Provider ID:' and 'Name:' fields, and a table with columns 'Due Date', 'Read', and 'Tickler Modified Date'. Below the table, it says 'No Records Found!'. On the right side, there is a 'Calendar' widget showing the date '5 January 2023 Thursday' and a calendar grid for January 2023.

# Step 1: Provider Basic Information

- The required column displays which steps are Required versus Optional for the completion of revalidation.
  - During revalidation, each step should be reviewed to ensure the information's accuracy.
- Each required step will need to be clicked into, even if the step information doesn't need to be updated, to allow the step status to change from Incomplete to Complete.
- Click Step 1: Provider Basic Information

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, there are fields for 'Provider ID:' and 'Name:'. A red message states: 'Please update all steps to complete your revalidation process'. The main content area is titled 'View/Update Provider Data - Atypical Individual' and contains a table with the following columns: Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark. The table lists 14 steps, with 'Step 1: Provider Basic Information' highlighted in red. The status for all steps is 'Incomplete'. At the bottom of the table, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input checked="" type="checkbox"/> Step 1: Provider Basic Information	Required	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 2: Locations	Required	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	11/13/2019	11/21/2019	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	11/13/2019	11/21/2019	Incomplete		

# Step 1: Provider Basic Information

- Review all required information, as indicated with an asterisk (\*), to ensure accuracy.
- Make any necessary updates
- If the address has been updated, click Validate Address.
  - A blue message will appear after the validate address button is clicked saying address validation is successful.
- Click OK

Provider ID: [ ] Name: [ ]

### Provider Details

First Name: [ ] \* Middle Initial: [ ]

Last Name: [ ] \* Gender: [ ]

Suffix: [ ] Gender: [ ]

SSN: [ ] Vendor ID: [ ]

Date of Birth: [ ] \* Applicant Type: Atypical Individual/Sole Proprietor

Please check this box if you are an individual business:  Business

EIN/TIN: [ ] Legal Entity Name: [ ]

NPI: [ ] Contact Email Address:

Business Status: Active Email-1: [ ] \* Email-2: [ ]

Status: Approved Email-3: [ ] Email-4: [ ]

Business Elig.Date Range: [ ] Email-5: [ ] Email-6: [ ]

Revalidation Period: [ ]

### Home Address Details

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address Line 1: [ ] \* Address Line 2: [ ]

(Enter Street Address or PO Box Only)

Address Line 3: [ ] City/Town: [ ] \*

State/Province: [ ] \* County: [ ]

Country: UNITED STATES \* Zip Code: [ ] \* - [ ] [ Validate Address ]

[ Ok ] [ Cancel ]

## Step 1: Provider Basic Information

- Review all required information, as indicated with an asterisk (\*), to ensure accuracy.
- Make any necessary updates
- If the address has been updated, click Validate Address.
  - A blue message will appear after the validate address button is clicked saying address validation successful.
- Click OK

The screenshot shows a web application interface for provider information. At the top, there are fields for 'Provider ID' and 'Name'. Below this is a section titled 'Provider Details' containing various input fields: 'First Name' (required), 'Last Name' (required), 'Suffix' (dropdown), 'SSN', 'Date of Birth' (calendar icon, required), 'Middle Initial', 'Gender' (dropdown), 'Vendor ID', and 'Applicant Type' (set to 'Atypical Individual/Sole Proprietor'). A checkbox is present for 'Please check this box if you are an individual business: Business'. Below these are fields for 'EIN/TIN', 'Legal Entity Name', 'NPI', 'Business Status' (Active), 'Status' (Approved), 'Business Elig.Date Range', and 'Revalidation Period'. A 'Contact Email Address' section contains six email input fields (Email-1 to Email-6), with Email-1 being required. The bottom section is 'Home Address Details', which includes a warning: 'Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.' It contains fields for 'Address Line 1' (required), 'Address Line 2', 'Address Line 3', 'State/Province' (dropdown, required), 'Country' (dropdown, required), 'City/Town' (dropdown, required), 'County' (dropdown), and 'Zip Code' (required). A 'Validate Address' button is located at the bottom right of this section. At the very bottom right of the form, there are 'Ok' and 'Cancel' buttons, with the 'Ok' button highlighted by a red box.

## Step 2: Locations

- Step 1 is Complete
  - If changes were made an additional status of Updated would be listed in the Modification Status column.
- Click on Step 2: Locations

CHAMPS < My Inbox > Provider >

Provider ID: \_\_\_\_\_ Name: \_\_\_\_\_

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	11/13/2019	11/21/2019	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last



## Step 2: Locations

- Click on Primary Practice Location

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with 'My Inbox' and 'Provider' tabs. Below this, the breadcrumb trail reads 'Provider Portal > Atypical Individual Modification'. The main content area is titled 'Locations List' and contains a table with the following columns: 'Doing Business As', 'Location Type', 'Location Details', 'Start Date', 'End Date', 'Status', 'Operational Status', and 'Inactivation Date'. A single row is visible in the table, with the 'Location Type' cell containing the text 'Primary Practice Location', which is highlighted with a red rectangular box. The table also includes filter options, a 'Go' button, and pagination controls at the bottom.

Doing Business As	Location Type	Location Details	Start Date	End Date	Status	Operational Status	Inactivation Date
	Primary Practice Location		01/04/2018	12/31/2999	Approved	Active	

## Step 2: Locations

- If hours are already listed, verify they are correct and proceed to the next slide.
- In the Office Hours section, use the drop-down menus to select available hours.
  - If hours are not already listed, choose a selection for Open At, AM/PM, and Close At for each day.
  - If a Provider is not available on any given day, they should select Closed from the Open At drop-down menu for that day.
  - Click Save

CHAMPS My Inbox Provider

Provider Portal > Atypical Individual Modification

Provider ID: Name:

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

### Location Details

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

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

Web Page: Communication Preference:

Place an asterisk in the hours when there is a note for each day. If you are faced with a time constraint, you can use the "Open At" drop-down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	08:00 *	AM PM *	05:00 *	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:	08:00 *	AM PM *	05:00 *	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 Start Date: End Date: 12/31/2999 Status: Approved

### Address List

Add Address

Filter By: Filter By: And Operational Status: Active Go Save Filters My Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Correspondence		01/04/2018	12/31/2999	Approved	Active	
<input type="checkbox"/> Location		01/04/2018	12/31/2999	Approved	Active	
<input type="checkbox"/> Primary Pay To		01/04/2018	12/31/2999	Approved	Active	

## Step 2: Locations

- If the listed address information and Office Hours are accurate, click Close to be returned to the [Locations List](#) page.
- To update the Correspondence Address, click the Correspondence hyperlink from the address type column.
  - Please Note: Primary Pay To Address cannot be changed in CHAMPS. For instructions on how to update your Primary Pay To address, please [click here](#).

CHAMPS < My Inbox > Provider >

Provider ID: [ ] Name: [ ]

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

### Location Details

Doing Business As: [ ] Location Code: 01 Location Type: Primary Practice Location

Phone Number: [ ] \* Ext: [ ] 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:	08:00 *	AM PM	05:00 *	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:	08:00 *	AM PM	05:00 *	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

Start Date: [ ] End Date: 12/31/2999 Status: Approved

### Address List

+ Add Address

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

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Correspondence	[ ]	01/04/2018	12/31/2999	Approved	Active	
<input type="checkbox"/> Location	[ ]	01/04/2018	12/31/2999	Approved	Active	
<input type="checkbox"/> Primary Pay To	[ ]	01/04/2018	12/31/2999	Approved	Active	

## Step 2: Locations

- Complete all fields marked with an asterisk (\*)
- Click Validate Address
  - A blue message will display stating "Address Validation Successful".
- Click Save
- Click Close

The screenshot shows the CHAMPS Provider Portal interface for managing a provider's location address. The page title is "Manage Provider Location Address". The form includes the following fields and elements:

- Provider ID:** [Redacted]
- Name:** [Redacted]
- Close** and **Save** buttons (highlighted with red boxes).
- Type of Address:** Correspondence
- Status:** Approved
- End Date:** 12/31/2999
- Instructions:** "If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 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:** [Redacted] \* (Enter Street Address or PO Box Only)
- Address Line 2:** [Redacted]
- Address Line 3:** [Redacted]
- State/Province:** MICHIGAN \*
- Country:** UNITED STATES \*
- City/Town:** [Redacted] \*
- County:** [Redacted]
- Zip Code:** [Redacted] \*
- Validate Address** button (highlighted with a red box).
- Message:** "Address validation successful" (highlighted with a red arrow).

## Step 2: Locations

- Notice there are now two rows for the correspondence address, one that is approved and one that is in review.
  - If no other addresses need to be updated, update hours, and click **Save** and **Close** to return to the [Locations List](#) page.
- Click the **Location** hyperlink from the address type if the Location address needs to be updated.

Provider ID: \_\_\_\_\_ Name: \_\_\_\_\_

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

### Location Details

Doing Business As: \_\_\_\_\_ Location Code: 01 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:	08:00 *	AM/PM *	05:00 *	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:	08:00 *	AM/PM *	05:00 *	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

Start Date: \_\_\_\_\_ End Date: 12/31/2999 Status: Approved

### Address List

Filter By: \_\_\_\_\_ Filter By: \_\_\_\_\_ And Operational Status: Active

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Correspondence		01/04/2018	12/31/2999	Approved	Active	
<input type="checkbox"/> Correspondence		01/05/2023	12/31/2999	In Review	Active	
<input type="checkbox"/> Location		01/04/2018	12/31/2999	Approved	Active	
<input type="checkbox"/> Primary Pay To		01/04/2018	12/31/2999	Approved	Active	

## Step 2: Locations

- Complete all fields marked with an asterisk (\*)
- Click Validate Address
  - A blue message will display stating "Address Validation Successful".
- Click Save
- Click Close

CHAMPS < My Inbox > Provider >

Provider ID: \_\_\_\_\_ Name: \_\_\_\_\_

### Manage Provider Location Address

Type of Address: Location 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 validation successful

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: \_\_\_\_\_ \* - \_\_\_\_\_

## Step 2: Locations

- Notice there are now two rows for Location address, one that is approved and one that is in review.
- Click Close
  - Please Note: Primary Pay To Address cannot be changed in CHAMPS. For instructions on how to update your Primary Pay To address, please [click here](#).

Provider ID: [ ] Name: [ ]

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

### Location Details

Doing Business As: [ ] Location Code: 01 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	08:00	AM	05:00	PM	Thursday	08:00	AM	05:00	PM
Monday	08:00	AM	05:00	PM	Friday	08:00	AM	05:00	PM
Tuesday	08:00	AM	05:00	PM	Saturday	08:00	AM	05:00	PM
Wednesday	08:00	AM	05:00	PM					

Handicap Accessible: No

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

Language(s) Spoken: English

Start Date: [ ] End Date: 12/31/2999 Status: Approved

### Address List

Filter By [ ] Filter By [ ] And Operational Status: Active

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Correspondence	[ ]	01/05/2023	12/31/2999	In Review	Active	
<input type="checkbox"/> Correspondence	[ ]	01/04/2018	12/31/2999	Approved	Active	
<input type="checkbox"/> Location	[ ]	01/05/2023	12/31/2999	In Review	Active	
<input type="checkbox"/> Location	[ ]	01/04/2018	12/31/2999	Approved	Active	

## Step 2: Locations

- Notice there are now two Primary Practice Location types listed, one with a status of Approved and one with a status of In Review.
- Click Close

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with 'CHAMPS' logo, 'My Inbox', and 'Provider'. Below this, there is a breadcrumb trail: 'Provider Portal > Atypical Individual Modification'. The main content area is titled 'Locations List' and contains a table with columns: 'Doing Business As', 'Location Type', 'Location Details', 'Start Date', 'End Date', 'Status', 'Operational Status', and 'Inactivation Date'. There are two rows of data. The first row has a status of 'In Review' and the second row has a status of 'Approved'. A red box highlights the 'Close' button in the top left of the table area, and a red arrow points to the 'Primary Practice Location' link in the first row of the table.

Doing Business As	Location Type	Location Details	Start Date	End Date	Status	Operational Status	Inactivation Date
	<a href="#">Primary Practice Location</a>		01/04/2018	12/31/2999	In Review	Active	
	<a href="#">Primary Practice Location</a>		01/04/2018	12/31/2999	Approved	Active	



## Step 2: Locations

- Step 2 is Complete
- If changes were made an additional status of Updated would be listed in the Modification Status column.
- Click on Step 3: Specialties

CHAMPS < My Inbox > Provider >

Provider ID: < > Name: < >

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	11/13/2019	11/21/2019	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

## Step 3: Specialties

- Click Close.
  - Please Note: Nothing may need to be updated here, but providers must still click in this step and 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'. Below this, there is a breadcrumb trail: 'Provider Portal > Atypical Individual Modification'. The main content area is titled 'Specialty/Subspecialty List'. It features a search and filter section with 'Filter By' dropdowns, 'And' operators, and an 'Operational Status' dropdown set to 'Active'. Below the search section is a table with the following columns: 'Specialty/Subspecialty', 'Start Date', 'End Date', 'Status', 'Operational Status', 'Inactivation Date', and 'Primary Specialty (Y/N)'. The table contains one row with the following data: 'HOME HELP INDIVIDUAL/No Subspecialty', '01/04/2018', '12/31/2999', 'Approved', 'Active', and 'No'. At the bottom of the table, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1' with 'First', 'Prev', 'Next', and 'Last' buttons. A red box highlights the 'Close' button in the top left corner of the table area.

## Step 3: Specialties

- Please Note: Step 3 status has now changed from Incomplete to Complete.
  - The Modification Status will show Updated if any changes were made.
- Steps 9-12 are optional and can be reviewed or updated if needed but are not required.
  - Home Help Individual Providers associated with an agency will need to complete [Step 4: Associate Billing Provider/Other Associations](#)
- Click on **Step 13: Complete Modification Checklist**

CHAMPS < My Inbox > Provider >

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

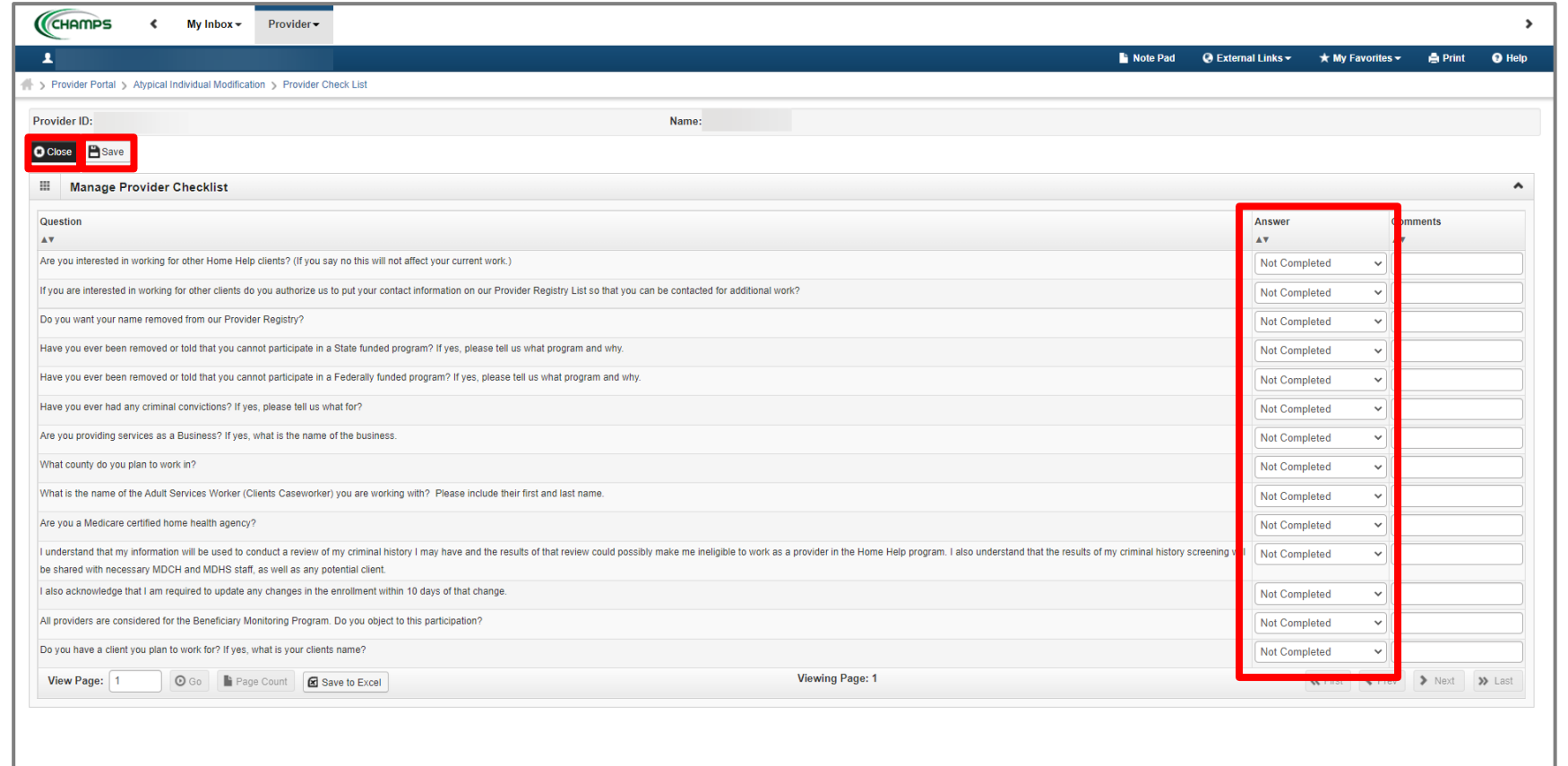
Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	11/13/2019	11/21/2019	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

## Step 13: Complete Modification Checklist

- Answer all the Provider Checklist questions by choosing Yes or No from each drop-down menu in the Answer column. Enter comments in the Comments box as needed.
- Click Save
- Click Close



The screenshot shows the CHAMPS Provider Check List interface. At the top, there are navigation tabs for 'My Inbox' and 'Provider'. Below the navigation, there are fields for 'Provider ID:' and 'Name:'. A red box highlights the 'Close' and 'Save' buttons. The main content area is titled 'Manage Provider Checklist' and contains a table with columns for 'Question', 'Answer', and 'Comments'. The 'Answer' column is highlighted in red, showing a 'Not Completed' dropdown menu for each question. The questions include:

- Are you interested in working for other Home Help clients? (If you say no this will not affect your current work.)
- 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?
- Do you want your name removed from our Provider Registry?
- 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.
- 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.
- Have you ever had any criminal convictions? If yes, please tell us what for?
- Are you providing services as a Business? If yes, what is the name of the business.
- What county do you plan to work in?
- What is the name of the Adult Services Worker (Clients Caseworker) you are working with? Please include their first and last name.
- Are you a Medicare certified home health agency?
- 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.
- I also acknowledge that I am required to update any changes in the enrollment within 10 days of that change.
- All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?
- Do you have a client you plan to work for? If yes, what is your clients name?

At the bottom of the form, there are buttons for 'View Page: 1', 'Go', 'Page Count', and 'Save to Excel'. The page number 'Viewing Page: 1' is also displayed.

# Step 13: Complete Modification Checklist

- Please note: Step 13 Status has now changed from Incomplete to Complete with a Modification Status of Updated.

CHAMPS My Inbox Provider

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/05/2023	11/21/2019	Complete	Updated	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

## Step 14: Submit Modification Request for Review

- Click Step 14: Submit Modification Request for Review
- As a reminder, all required steps (Step 1, Step 2, Step 3, and Step 13) should be completed before completing Step 14.
- Home Help Individual Providers associated with an agency will also need to complete Step 4 before completing Step 14.

CHAMPS My Inbox Provider

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/05/2023	11/21/2019	Complete	Updated	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

# Step 14: Submit Modification Request for Review

- Click Next

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a 'My Inbox' dropdown, and a 'Provider' dropdown. On the right side of the navigation bar, there are links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, the breadcrumb trail reads 'Provider Portal > Atypical Individual Modification'. The main content area is divided into several sections. At the top, there are input fields for 'Provider ID:' and 'Name:'. Below these fields, there are two buttons: 'Close' and 'Next'. The 'Next' button is highlighted with a red rectangular box. Below the buttons, there is a section titled 'Final Submission' which contains a 'Provider ID:' field and an 'EnrollmentType: Atypical Individual Provider' label. The text in this section reads: 'The Information submitted shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted. I agree that the information submitted as a part of the application is correct. (Private and Confidential)'. Below the 'Final Submission' section, there is an 'Application Document Checklist' section. This section contains a table with four columns: 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table.

## Step 14: Submit Modification Request for Review

- Read the Terms and Conditions Atypical Enrollment statement.
- Click the box at the bottom of the page to acknowledge and agree to the Terms and Conditions.
- Click Submit for Modification agreeing that all the information in the application is correct.
  - Once submitted to the State for review, changes cannot be made to the information.

CHAMPS My Inbox Provider

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Submit for Modification

13. To commit, 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 stowage 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 retain any original or copy of any document rider shares with you for purposes of transport.

22. To not 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.



## Step 14: Submit Modification Request for Review

- Step 14 is now complete, and the revalidation has been submitted to the State for Review.
- Review is complete once the Modification Status column shows blank again.
- Click **Close**
- Once Step 14 has been completed the revalidation is complete; please click to go to [Provider Resources](#).

CHAMPS My Inbox Provider

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

The Modification Request has been submitted for State review. Return to here to track the status of your request.

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	In Review	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	In Review	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/05/2023	10/03/2019	Complete	In Review	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/05/2023	11/21/2019	Complete	In Review	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Complete		

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

# Step 4: Associate Billing Provider / Other Associations

This step should be completed by Providers who are currently associated to an Agency or who are trying to associate to a new Agency. All other providers should skip this step.

- Review Current Agency Association ([Slide 13](#))
- End Dating the Association to an Agency ([Slide 16](#))
- Associating to an Agency ([Slide 21](#))

## Step 4: Associate Billing Provider / Other Associations

- Click the Provider drop-down menu
- Select Manage Provider Information

The screenshot displays the CHAMPS Provider Portal interface. At the top, the 'Provider' drop-down menu is highlighted with a red box. The menu is open, showing three main sections: 'PROVIDER ENROLLMENT' (with sub-items 'New Enrollment' and 'Track Application'), 'MANAGE PROVIDER' (with sub-item 'Manage Provider Information'), and 'ELECTRONIC SERVICE VERIFICATION (ESV)' (with sub-item 'ESV Member List'). A red arrow points to the 'Manage Provider Information' option. The background shows a search bar with 'Provider ID:' and 'Name:' fields, a 'My Reminders' section, and a table with columns 'Due Date', 'Read', and 'Tickler Modified Date'. A 'No Records Found!' message is visible below the table. On the right side, there is a 'Calendar' widget showing the date '5 January 2023 Thursday' and a calendar grid for January 2023.

## Step 4: Associate Billing Provider / Other Associations

- To review any current agency associations, click on Step 4: Associate Billing Provider/Other Associations.

CHAMPS < My Inbox > Provider >

Provider Portal > Atypical Individual Modification

Provider ID: \_\_\_\_\_ Name: \_\_\_\_\_

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/05/2023	11/21/2019	Complete	Updated	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

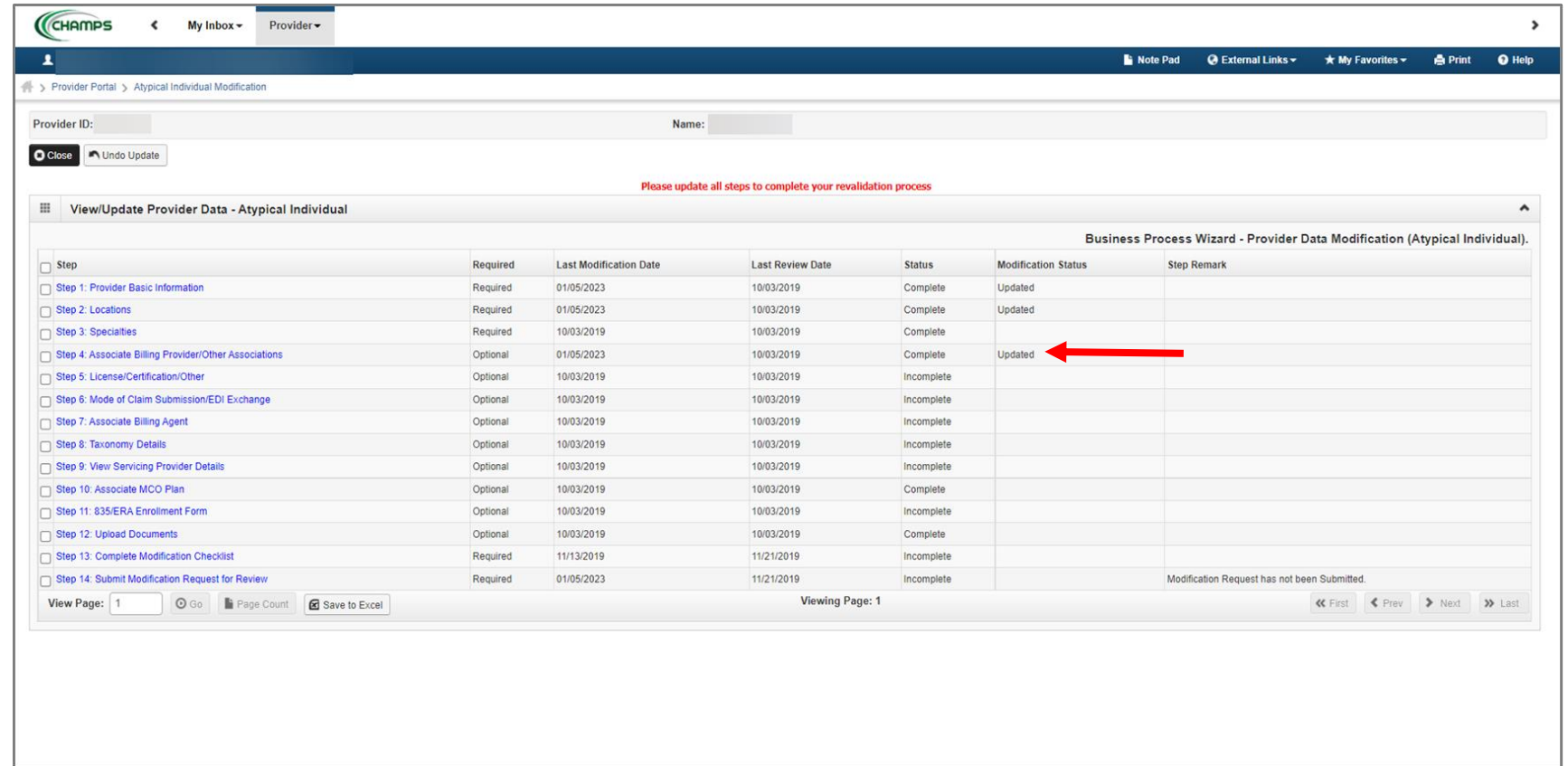
## Step 4: Associate Billing Provider / Other Associations

- Review the Agency information.
  - To end date the Association to the Agency, see [Slide 41](#)
  - To Associate to a new Agency, see [Slide 38](#)
- If no change is necessary, click Close.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider'. Below this, there is a breadcrumb trail: 'Provider Portal > Atypical Individual Modification'. The main content area is titled 'Billing Provider/Other Associations List'. It features a search and filter section with 'Filter By' dropdowns, 'And' operators, and an 'Operational Status' dropdown set to 'Active'. Below the search section is a table with the following columns: NPI/Provider ID, Provider Name, Enrollment Type, Start Date, End Date, Status, Operational Status, Inactivation Date, and Business Status End Date. A single row is visible in the table with the following data: NPI/Provider ID (empty), Provider Name (empty), Enrollment Type (Atypical Agency Provider), Start Date (10/02/2019), End Date (12/31/2999), Status (Approved), Operational Status (Active), Inactivation Date (empty), and Business Status End Date (12/31/2999). Below the table, there are pagination controls: 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'. A red box highlights the 'Close' button in the top left corner of the table area.

## Step 4: Associate Billing Provider / Other Associations

- Please note: Step 4 status has now changed from Incomplete to Complete.
  - If you made any changes, Modification Status will also show Updated.
  - To end date the Association to the Agency, see [Slide 41](#)
  - To Associate to a new Agency, see [Slide 38](#)
- If you are finished, please review the [Provider Resources](#).



CHAMPS My Inbox Provider

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	11/13/2019	11/21/2019	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

## Step 4: Associate Billing Provider / Other Associations

- To End Date the association to an agency, click on Step 4: Associate Billing Provider/Other Associations to review current agency associations.

CHAMPS < My Inbox > Provider >

Provider ID: \_\_\_\_\_ Name: \_\_\_\_\_

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	01/05/2023	11/21/2019	Complete	Updated	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

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## Step 4: Associate Billing Provider / Other Associations

- Click on the NPI/Provider ID Hyperlink

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile icon, and tabs for "My Inbox" and "Provider". Below this is a breadcrumb trail: "Provider Portal > Atypical Individual Modification".

The main content area is titled "Billing Provider/Other Associations List". It features a search and filter section with "Filter By" dropdowns, "And" operators, and an "Operational Status" dropdown set to "Active". There are "Save Filters" and "My Filters" buttons.

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date	Business Status End Date
<input type="checkbox"/>		Atypical Agency Provider	10/02/2019	12/31/2999	Approved	Active		12/31/2999

At the bottom of the table, there are controls for "View Page: 1", "Go", "Page Count", "Save to Excel", and "Viewing Page: 1". Navigation buttons for "First", "Prev", "Next", and "Last" are also present.



## Step 4: Associate Billing Provider / Other Associations

- Enter the End Date you want to end your association to the Agency.
- Click Save
- Click Close

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a home icon, and tabs for 'My Inbox' and 'Provider'. Below this is a breadcrumb trail: 'Provider Portal > Atypical Individual Modification'. The main form area is titled 'Manage Billing Provider/Other Associations'. It contains several input fields: 'Provider ID:' and 'Name:' at the top; 'NPI/Provider ID:' on the left; 'Provider Name:' on the right; 'Enrollment Type:' set to 'Atypical Agency Provider'; and 'Applicant Type:' with an 'End Date:' field set to '12/31/2999'. The 'Start Date:' is '10/02/2019' and 'Status:' is 'Approved'. At the bottom, 'Business Status End Date:' is '12/31/2999'. A 'Close' button and a 'Save' button are located at the top left of the form area, both highlighted with a red box. The 'End Date:' field is also highlighted with a red box.

## Step 4: Associate Billing Provider / Other Associations

- Click Close

- Please Note: The End Date is now listed and In Review until the entire modification is submitted.

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 breadcrumb trail: 'Provider Portal > Atypical Individual Modification'. The main content area is titled 'Billing Provider/Other Associations List'. It features a search and filter section with 'Filter By' dropdowns, 'And' operators, and an 'Operational Status' dropdown set to 'Active'. Below the filters is a table with the following columns: NPI/Provider ID, Provider Name, Enrollment Type, Start Date, End Date, Status, Operational Status, Inactivation Date, and Business Status End Date. The table contains two rows of data, both for 'Atypical Agency Provider' with a start date of 10/02/2019 and a business status end date of 12/31/2999. The first row has a status of 'In Review', which is highlighted by a red arrow. The second row has a status of 'Approved' and an operational status of 'Active'. At the bottom of the table, there are controls for 'View Page: 1', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'.

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date	Business Status End Date
		Atypical Agency Provider	10/02/2019	01/05/2023	In Review			12/31/2999
		Atypical Agency Provider	10/02/2019	12/31/2999	Approved	Active		12/31/2999

## Step 4: Associate Billing Provider / Other Associations

- Please note: Step 4 status has now changed from Incomplete to Complete.
  - If you made any changes, Modification Status will also show Updated.
  - To Associate to a new Agency, see [Slide 38](#)
- If you are finished, please review the [Provider Resources](#).

CHAMPS My Inbox Provider

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/05/2023	10/03/2019	Complete	Updated	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	10/03/2019	10/03/2019	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	10/03/2019	10/03/2019	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	11/13/2019	11/21/2019	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

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# Provider Resources



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



**Provider Support:**

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

1-800-979-4662



Thank you for participating in the Michigan Medicaid Program