“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.”

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Revalidation Overview

- 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.

- This presentation will cover 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.

- 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.
Log in to MILogin and CHAMPS

MILogin is a website that allows a user to enter one ID and password in order to access multiple applications.

CHAMPS (Community Health Automated Medicaid Processing System) is the program where providers enroll, update enrollment information, and report services performed.
Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
Enter https://milogintp.Michigan.gov into the search bar
Enter your User ID and Password and click Login
  • If you don’t remember your User ID or Password, you can select “Forgot your User ID” or “Forgot your password?”
You will be directed to the MILogin Home Page
Click the CHAMPS hyperlink
Click ‘Acknowledge/Agree’ button to accept the Terms & Conditions to get into 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
Click the Provider drop-down menu
Select Manage Provider 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 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
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 was successful.
Click OK
- 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
- Click Primary Practice Location
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 any given day, they should select Closed from the Open At drop-down menu for that day.
- Click Save
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.
Complete all fields marked with an asterisk (*)
Click Validate Address
- A blue message will display stating “Address Validation Successful”.
Click Save
Click Close
• Notice there are now two rows for correspondence address, one that is approved and one that is in review.
  • If no other addresses need to be updated, update hours, 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.
Complete all fields marked with an asterisk (*)

- Click Validate Address
  - A blue message will display stating “Address Validation Successful”.
- Click Save
- Click Close
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.
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
- 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
- Click Close.
  - Please Note: Nothing may need to be updated here, but providers must still click in this step then Close for the step to show complete.
- Please Note: Step 3 status has now changed from Incomplete to Complete.
- The Modification Status will show Updated if any changes were made.

Home Help Individual Providers not associated with an agency do not need to complete steps 4-7. Home Help Individual Providers associated with an agency will need to complete **Step 4**.
### Click Step 8: Provider Controlling Interest/Ownership Details

**Step 8: Provider Controlling Interest/Ownership Details**

<table>
<thead>
<tr>
<th>Step</th>
<th>Required</th>
<th>Last Modification Date</th>
<th>Last Review Date</th>
<th>Status</th>
<th>Modification Status</th>
<th>Step Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 8: Provider Controlling Interest/Ownership Details</td>
<td>Required</td>
<td>12/15/2015</td>
<td>12/15/2015</td>
<td>Complete</td>
<td>Updated</td>
<td></td>
</tr>
</tbody>
</table>

- Please update all steps to complete your revalidation process.

[View/Update Provider Data - Atypical Individual](#)
Click Owner SSN/EIN/TIN hyperlink of the Individual or Managing Employee to make updates to owners’ personal information or address.

If no updates are needed, click Close to complete this step and be returned to the Business Process Wizard Steps.
Update any required information marked with an asterisk (*).
Click Validate Address. A blue message will indicate Address Validation was Successful.
Click Save
Click Close
Any updated Owner Information will now have a status of In Review.

- Ensure any necessary updates for all Owner Types have been completed.
- If changes were made, notice in the Adverse Action column the status shows Not Completed. To complete, in the Actions drop-down menu select Owners Adverse Action.
Read the Final Adverse Legal Actions/Convictions statement
Answer the questions at the bottom by choosing Yes or No for each owner and comment if necessary.
Click Ok
- The Adverse Action column will show Yes or No indicating it’s complete.
- Click Close.
- Step 8 is Complete.
  - If changes were made an additional status of Updated would be listed in the Modification Status column.
- Steps 9-13 are optional and can be reviewed or updated if needed but are not required.
- Click on Step 14: Complete Modification Checklist.
Answer all of 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
Please note: Step 14 status has now changed from Incomplete to Complete.

Select Step 15: Submit Modification Request for Review
- As a reminder, Home Help Individual Providers associated with an agency will need to complete Step 4 before completing step 15.
Click Next.
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.
Step 15 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 15 has been completed the revalidation is complete; please click to go to Provider Resources.
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 (Slides 31-34)
  - End Dating the Association to an Agency (Slides 35-40)
  - Associating to an Agency (Slides 41-46)
Review Current Agency Association

Providers currently associated to an Agency will need to review Step 4 to ensure the information is correct.
Click on Step 4: Associate Billing Provider/Other Associations
• Review the Agency information.
  • To end date the Association to the Agency, see **Slides 42-47**
  • To Associate to a new Agency, see **Slides 48-53**
• If no change is necessary, click Close.
Please note: Step 4 status has now changed from Incomplete to Complete.

- If you made any changes, Modification Status will also show Updated.
- Please click to return to Step 8
End Dating the Association to an Agency

Instructions for an Individual Home Help Provider who wants to End Date their Association to an Agency.
Please update all steps to complete your revalidation process

<table>
<thead>
<tr>
<th>Step</th>
<th>Required</th>
<th>Last Modification Date</th>
<th>Last Review Date</th>
<th>Status</th>
<th>Modification Status</th>
<th>Step Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Provider Basic Information</td>
<td>Required</td>
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<td>12/15/2015</td>
<td>Complete</td>
<td>Updated</td>
<td></td>
</tr>
<tr>
<td>Step 2: Locations</td>
<td>Required</td>
<td>05/30/2015</td>
<td>12/15/2015</td>
<td>Complete</td>
<td>Updated</td>
<td></td>
</tr>
<tr>
<td>Step 3: Specialties</td>
<td>Required</td>
<td>12/15/2015</td>
<td>12/15/2015</td>
<td>Complete</td>
<td>Updated</td>
<td></td>
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<tr>
<td>Step 4: Associate Billing Provider/Other Associations</td>
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<td>12/15/2015</td>
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<td>Updated</td>
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<tr>
<td>Step 5: License/Certification/Other</td>
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<tr>
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<td>12/15/2015</td>
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<td>Updated</td>
<td></td>
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<tr>
<td>Step 7: Associate Billing Agent</td>
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<td>12/15/2015</td>
<td>Incomplete</td>
<td>Updated</td>
<td></td>
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<tr>
<td>Step 8: Provider Controlling Interest/Ownership Details</td>
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<td>12/15/2015</td>
<td>Incomplete</td>
<td>Updated</td>
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<tr>
<td>Step 9: Taxonomy Details</td>
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<td>Updated</td>
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<tr>
<td>Step 10: View Servicing Provider Details</td>
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<td>12/15/2015</td>
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<tr>
<td>Step 11: Associate MCO Plan</td>
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<tr>
<td>Step 12: 837/ERA Enrollment Form</td>
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<td>12/15/2015</td>
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<tr>
<td>Step 14: Complete Modification Checklist</td>
<td>Required</td>
<td>12/15/2015</td>
<td>12/15/2015</td>
<td>Incomplete</td>
<td>Updated</td>
<td></td>
</tr>
<tr>
<td>Step 15: Submit Modification Request for Review</td>
<td>Required</td>
<td>05/30/2018</td>
<td>12/15/2015</td>
<td>Incomplete</td>
<td>Updated</td>
<td></td>
</tr>
</tbody>
</table>

Modification Request has not been Submitted.

- Click on Step 4: Associate Billing Provider/Other Associations
Click on the NPI/Provider ID hyperlink.
- Enter the End Date you want to end your association to the Agency.
- Click Save
- Click Close
Click Close

- Please Note: The End Date is now listed and In Review until the entire modification is submitted.
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 Slides 48-53
- Please click to return to Step 8.
Associating to an Agency

Instructions for an Individual Home Help Provider that wants to Associate to an Agency.
Click on Step 4: Associate Billing Provider/Other Associations
Click Add
In the Type drop-down menu, click Provider ID.
Enter the Provider ID of the Agency.
Enter today's date as the Start Date.
Click Confirm Provider.
Click OK
- Click Close
- Please note: Step 4 status has now changed from Incomplete to Complete.
  - If you made any changes, Modification Status will also show Updated.
- Please click to return to Step 8.
Provider Resources

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

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

- Home Help Website
  www.Michigan.gov/HomeHelp