

Individual Home Help Provider Address Modification



“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

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.

Don't have an email address? Several email providers offer an email address and services at no cost. A few popular email providers are listed below.

- Gmail: <https://www.google.com/gmail/about/#>
- Yahoo Mail: <https://login.yahoo.com/account/create>
- Microsoft Live Hotmail: <https://outlook.live.com/owa/>

These commercial provider organizations are not affiliated with the State of Michigan. Your email messages will not be stored on the State of Michigan systems.

- 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. At the top left is the Michigan state logo and the text "MiLogin for Business". At the top right are links for "Help" and "Contact Us". A dark blue banner on the left contains the text "Michigan's one-stop login solution for business" with a right-pointing arrow. Below this banner, a paragraph explains that MiLogin connects users to all State of Michigan business services through a single user ID. The main content area on the right is titled "Welcome to MiLogin for Business" and features a login form with fields for "User ID" and "Password". Below the "User ID" field is a link for "Lookup your user ID", and below the "Password" field is a link for "Forgot your password?". A red box highlights the "Log In" button, and another red box highlights the "Create an Account" button. The footer contains "Copyright 2023 State of Michigan" on the left and "Policies" on the right.

MiLogin and CHAMPS

- You will be directed to your MiLogin Welcome Page.
- Click the CHAMPS hyperlink.

The screenshot shows the MiLogin for Business website. At the top left is the Michigan state logo and the text "MiLogin for Business". To the right are navigation links: "Home", "Discover Online Services", "Help", and "Contact Us". The main content area has a dark blue header with "Welcome" and a blurred name. Below this is the text "Access your requested online services and search for more." There are two white boxes. The left one contains the MDHHS logo, the text "Michigan Department of Health & Human Services (MDHHS)", and a "CHAMPS" link with a right-pointing arrow icon highlighted by a red box. The right box has a search icon, the title "Discover Online Services", a paragraph of text, and a "Find Services" link with a right-pointing arrow icon. 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.

The screenshot shows the 'MiLogin for Business' interface. At the top, there is a navigation bar with links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. A Michigan state icon is on the left. Below the navigation is a large background image of a rocky coastline with waves. A 'Back to Home' button is visible in the top left of the main content area. The central focus is a white box containing the MDHHS logo and the heading 'CHAMPS'. Below the heading is a paragraph describing the system. A section titled 'Please accept the Terms and Conditions to continue:' contains a scrollable 'Terms & Conditions' box. Below this box is a checked checkbox labeled 'I agree to the Terms & Conditions', with a red arrow pointing to it. At the bottom of the white box is a 'Launch service' button. The footer of the page includes 'Copyright 2023 State of Michigan' and a 'Policies' link.

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

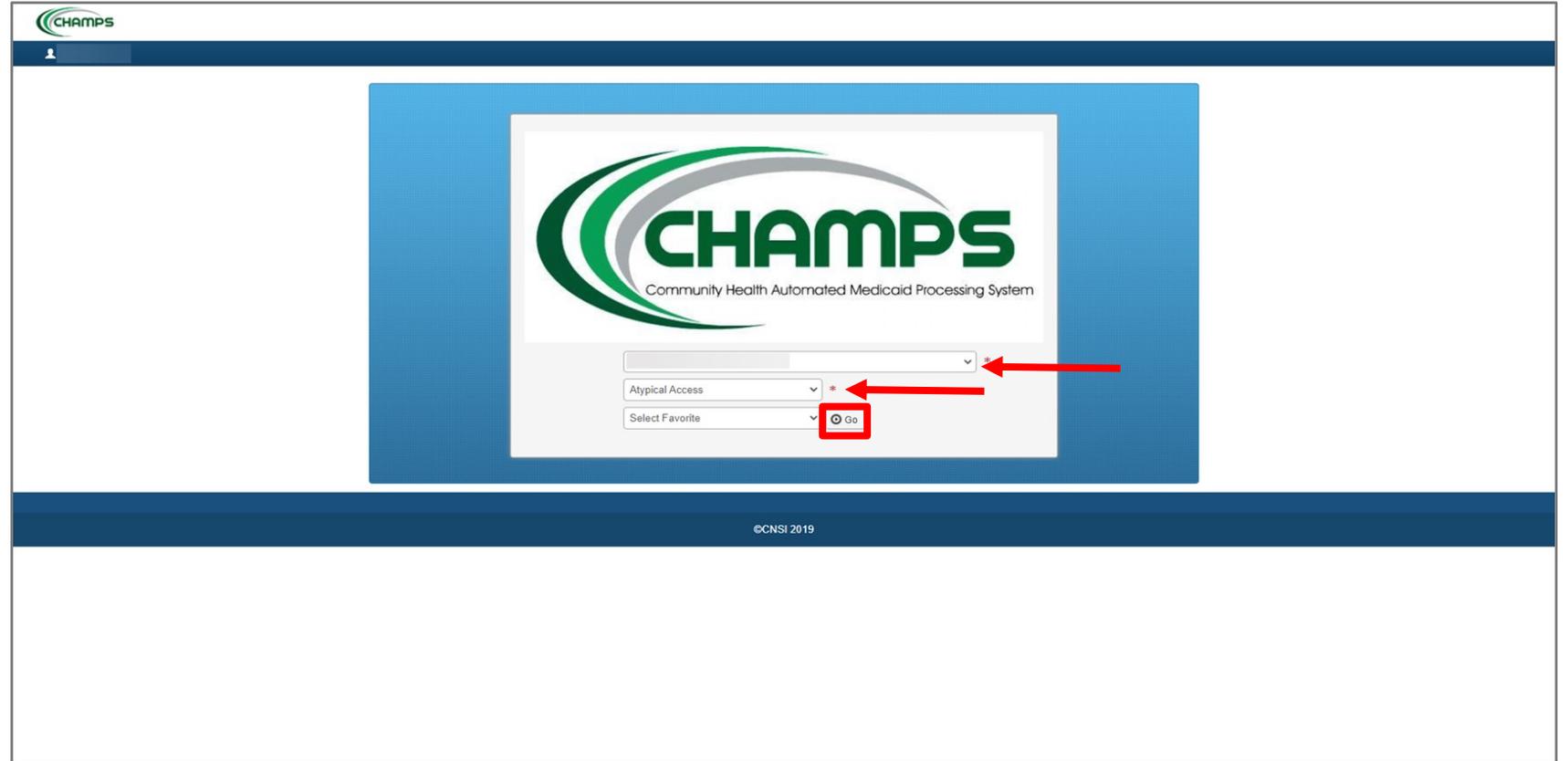
I agree to the Terms & Conditions

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 dropdown for user selection, a middle dropdown labeled "Atypical Access" with an asterisk, and a bottom dropdown labeled "Select Favorite". A red box highlights the "Go" button, and three red arrows point to the top dropdown, the "Atypical Access" dropdown, and the "Go" button. At the bottom of the page, there is a copyright notice: "©CNSI 2019".

Step 1: Provider Basic Information

This step should be updated or modified as the provider's contact information changes.

MDHHS utilizes the provider's email address and contact information entered in the CHAMPS provider enrollment information to communicate with providers.

Providers are responsible for maintaining accurate and valid contact information within their CHAMPS provider enrollment information. If the contact information is out of date or incorrect, enrolled providers will want to modify their enrollment information and submit it for approval. The following slides will walk through this process.

Step 1: Provider Basic Information

- 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 its contents are shown in a white overlay. A red arrow points to the 'Manage Provider Information' option under the 'MANAGE PROVIDER' section. The main content area shows a search form with 'Provider ID:' and 'Name:' fields, and a table with columns for 'Due Date', 'Read', and 'Tickler Modified Date'. A red message 'No Records Found!' 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.

Mo	Tu	We	Th	Fr	Sa	Su
			5	6	7	8
2	3	4				1
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Step 1: Provider Basic Information

- Click Step 1: Provider Basic Information.

CHAMPS < My Inbox > Provider >

Last Login: > Note Pad > External Links > My Favorites > Print > Help

Provider Portal > Atypical Individual Modification

Provider ID: <input type="text"/> Name: <input type="text"/>

Close Undo Update

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	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 2: Locations	Required	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	09/10/2021	09/13/2021	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	07/09/2018	07/09/2018	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	07/09/2018	07/09/2018	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	09/10/2021	09/13/2021	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	09/10/2021	09/13/2021	Complete		

View Page: 1 <input type="text"/> Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

Step 1: Provider Basic Information

- Review all required information, as indicated with an asterisk (*), to ensure accuracy.
- To update the Home Address
 - Review the Address Line 1 information.
 - Enter a valid zip code.
 - Click Validate Address.
 - A blue message will display stating "Address Validation Successful".
- Click OK.

The screenshot shows a web form for provider registration. The form is divided into two main sections: "Provider Details" and "Home Address Details".

Provider Details Section:

- First Name:** Text input field with an asterisk (*).
- Last Name:** Text input field with an asterisk (*).
- Suffix:** Dropdown menu.
- SSN:** Text input field.
- Date of Birth:** Text input field with a calendar icon and an asterisk (*).
- Middle Initial:** Text input field.
- Gender:** Dropdown menu.
- Vendor ID:** Text input field.
- Applicant Type:** Radio button for "Atypical Individual/Sole Proprietor".
- Business Information:** Includes a checkbox for "Business", fields for "EIN/TIN", "NPI", "Business Status" (Active), "Status" (Approved), "Business Elig.Date Range", and "Revalidation Period".
- Contact Email Address:** A section with a red border containing six email input fields (Email-1 to Email-6). Email-1 has an asterisk (*).
- Legal Entity Name:** Text input field.

Home Address Details Section:

- Address Line 1:** Text input field with an asterisk (*).
- Address Line 2:** Text input field.
- Address Line 3:** Text input field.
- State/Province:** Dropdown menu with an asterisk (*).
- Country:** Dropdown menu with "UNITED STATES" selected and an asterisk (*).
- City/Town:** Dropdown menu with an asterisk (*).
- County:** Dropdown menu.
- Zip Code:** Text input field with an asterisk (*).
- Validate Address:** A button with a checkmark icon.
- Buttons:** "Ok" and "Cancel" buttons at the bottom right.

Step 2: Locations

- Note that Step 1 Modification Status has changed to updated.
- Click Step 2: Locations.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with 'CHAMPS', 'My Inbox', and 'Provider' tabs. Below this, a user profile section shows 'Last Login: 10 FEB, 2023 11:22 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Atypical Individual Modification' and includes fields for 'Provider ID:' and 'Name:'. A 'Close' button and an 'Undo Update' button are visible. The primary section is 'View/Update Provider Data - Atypical Individual', which contains a table titled 'Business Process Wizard - Provider Data Modification (Atypical Individual)'. The table has columns for 'Step', 'Required', 'Last Modification Date', 'Last Review Date', 'Status', 'Modification Status', and 'Step Remark'. The 'Step 2: Locations' row is highlighted with a red box, and a red arrow points to the 'Updated' value in the 'Modification Status' column. Other steps include 'Provider Basic Information', 'Specialties', 'Associate Billing Provider/Other Associations', 'License/Certification/Other', 'Mode of Claim Submission/EDI Exchange', 'Associate Billing Agent', 'Taxonomy Details', 'View Servicing Provider Details', 'Associate MCO Plan', '835/ERA Enrollment Form', 'Upload Documents', and 'Complete Modification Checklist'. The bottom of the screen shows 'View Page: 1', 'Page Count', 'Save to Excel', and navigation controls.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	02/10/2023	07/09/2018	Complete	Updated	
Step 2: Locations	Required	07/09/2018	07/09/2018	Complete		
Step 3: Specialties	Required	07/09/2018	07/09/2018	Complete		
Step 4: Associate Billing Provider/Other Associations	Optional	09/10/2021	09/13/2021	Complete		
Step 5: License/Certification/Other	Optional	07/09/2018	07/09/2018	Complete		
Step 6: Mode of Claim Submission/EDI Exchange	Optional	07/09/2018	07/09/2018	Complete		
Step 7: Associate Billing Agent	Optional	07/09/2018	07/09/2018	Complete		
Step 8: Taxonomy Details	Optional	07/09/2018	07/09/2018	Complete		
Step 9: View Servicing Provider Details	Optional	07/09/2018	07/09/2018	Complete		
Step 10: Associate MCO Plan	Optional	07/09/2018	07/09/2018	Complete		
Step 11: 835/ERA Enrollment Form	Optional	07/09/2018	07/09/2018	Incomplete		
Step 12: Upload Documents	Optional	07/09/2018	07/09/2018	Complete		
Step 13: Complete Modification Checklist	Required	09/10/2021	09/13/2021	Incomplete		
Step 14: Submit Modification Request for Review	Required	02/10/2023	09/13/2021	Incomplete		Modification Request has not been Submitted.

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 the CHAMPS logo, 'My Inbox', and 'Provider' tabs. 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 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

- Click the Correspondence hyperlink from the address type column.
- 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: []

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"/> 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

- Update the Address Line 1 and Zip Code.
- Click Validate Address
 - A blue message will display stating “Address Validation Successful”.
- Click Save.
- Click Close.

CHAMPS My Inbox Provider

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, DRAWER 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 P.O. Box Only)

Address Line 2:

Address Line 3:

State/Province: MICHIGAN

Country: UNITED STATES

City/Town:

County:

Zip Code: Validate Address

Step 2: Locations

- Notice there are now two rows for the correspondence address, one that is approved and one that is in review.
- Follow the same steps to change the Location Address.
- After both addresses have been updated, click Save, then click Close.

CHAMPS < My Inbox > Provider >

Provider Portal > Atypical Individual Modification

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	AM	Thursday	08:00	AM	05:00	AM
Monday	08:00	AM	05:00	AM	Friday	08:00	AM	05:00	AM
Tuesday	08:00	AM	05:00	AM	Saturday	08:00	AM	05:00	AM
Wednesday	08:00	AM	05:00	AM					

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		01/04/2018	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

- 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 'My Inbox' and 'Provider' tabs. 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 the following columns: Doing Business As, Location Type, Location Details, Start Date, End Date, Status, Operational Status, and Inactivation Date. The table contains 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 corner 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
	Primary Practice Location		01/04/2018	12/31/2999	In Review	Active	
	Primary Practice Location		01/04/2018	12/31/2999	Approved	Active	

Step 13: Complete Modification Checklist

- Note that Step 2 Modification Status has changed to updated.
- Click Step 13: Complete Modification Checklist.

CHAMPS My Inbox Provider

Last Login: 09 MAY, 2024 11:23 AM

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

View/Update Provider Data - Atypical Individual

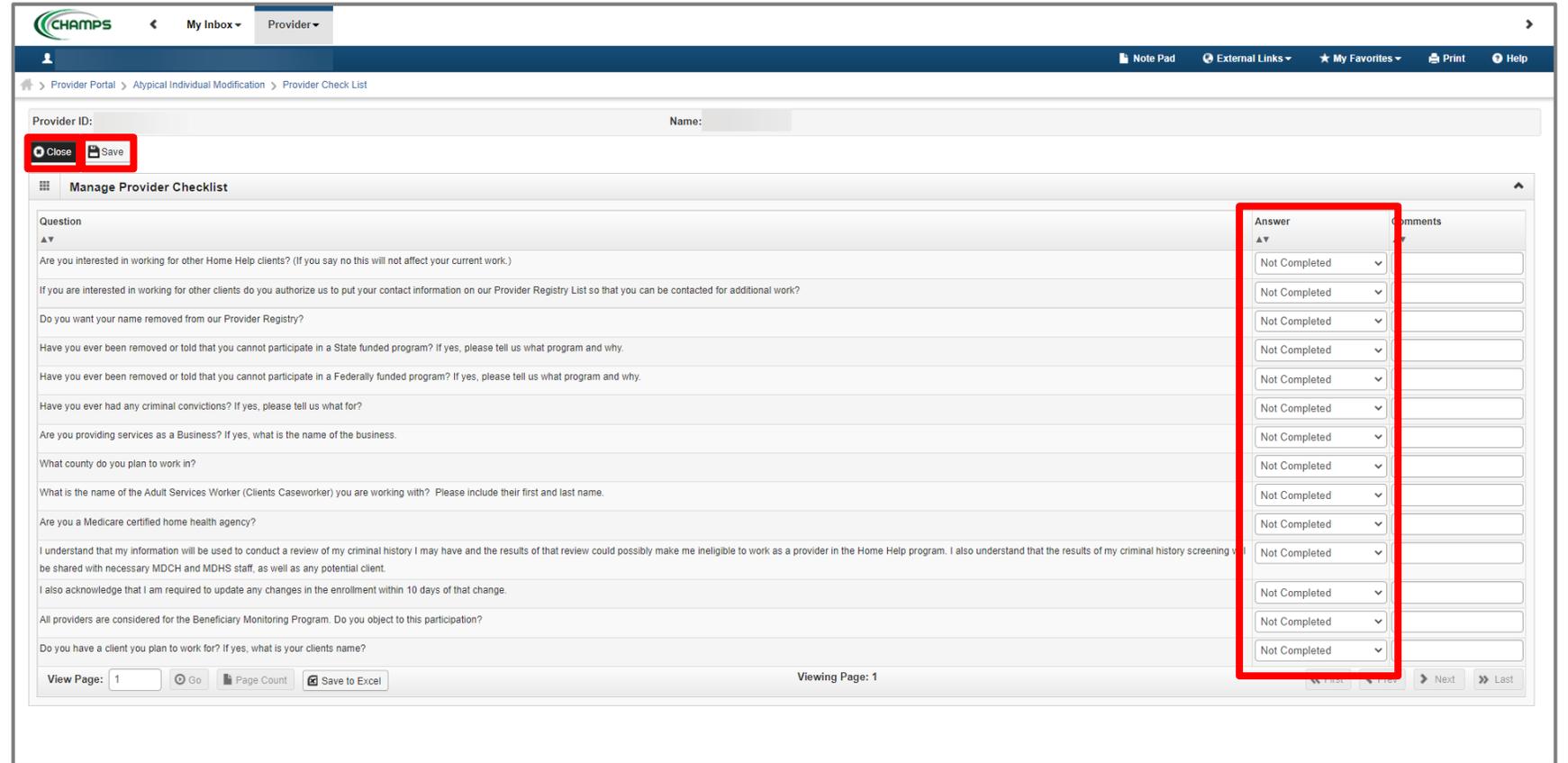
Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	05/09/2024	01/23/2023	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	05/09/2024	01/24/2023	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/20/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	01/09/2023	01/09/2023	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	05/09/2024	01/24/2023	Incomplete		
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	05/09/2024	01/24/2023	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 is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider'. Below this is a breadcrumb trail: 'Provider Portal > Atypical Individual Modification > Provider Check List'. The form includes fields for 'Provider ID:' and 'Name:'. A red box highlights the 'Close' and 'Save' buttons. The main section is titled 'Manage Provider Checklist' and contains a table with columns for 'Question', 'Answer', and 'Comments'. The 'Answer' column is highlighted in red and contains a list of 'Not Completed' dropdown menus. The 'Comments' column contains empty text boxes. At the bottom, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', and 'Viewing Page: 1'.

Step 14: Submit Modification Request for Review

- Note: Step 13 Modification Status has changed to Updated.
- Click Step 14: Submit Modification Request for Review.

CHAMPS < My Inbox > Provider >

Last Login: 09 MAY, 2024 11:23 AM

Provider Portal > Atypical Individual Modification

Provider ID: _____ Name: _____

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

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	05/09/2024	01/23/2023	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	05/09/2024	01/24/2023	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/20/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	01/09/2023	01/09/2023	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	05/09/2024	01/24/2023	Complete	Updated	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	05/09/2024	01/24/2023	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 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'. On the right side of the navigation bar, there are utility links: '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 contains a form with the following elements:

- Input fields for 'Provider ID:' and 'Name:'.
- Buttons for 'Close' and 'Next'. The 'Next' button is highlighted with a red box.
- A section titled 'Final Submission' containing:
 - Input fields for 'Provider ID:' and 'EnrollmentType: Atypical Individual Provider'.
 - Text: 'The Information submitted shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted.'
 - Text: 'I agree that the information submitted as a part of the application is correct. (Private and Confidential)'.
- A section titled 'Application Document Checklist' containing a table with the following columns: 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, with the text 'No Records Found!' displayed in red at the bottom.

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 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.

Step 14: Submit Modification Request for Review

Your request has been submitted. Notice the Modification Status has changed to "In Review".

- Click Close and Logout.
- The modification is approved when the Modification Status column shows blank again.

Note:

- An address change is considered a Modification.
- Last Review Date will be the date approved in steps that showed "In Review" status.
- Optional steps may be displayed as Incomplete, this is ok.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile, and a last login timestamp of 09 MAY, 2024 11:23 AM. Below this, the breadcrumb trail shows 'Provider Portal > Atypical Individual Modification'. The main content area features a form with fields for 'Provider ID' and 'Name'. A red box highlights a 'Close' button. A red arrow points to a notification message: 'The Modification Request has been submitted for State review. Return to here to track the status of your request.' Below this, a table titled 'Business Process Wizard - Provider Data Modification (Atypical Individual)' is shown. The table has columns for Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark. The 'Submit Modification Request for Review' step (Step 14) is highlighted with a red arrow in the 'Modification Status' column, which shows 'In Review'. At the bottom, there are navigation controls for 'View Page: 1' and 'Viewing Page: 1'.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	05/09/2024	01/23/2023	Complete	In Review	
<input type="checkbox"/> Step 2: Locations	Required	05/09/2024	01/24/2023	Complete	In Review	
<input type="checkbox"/> Step 3: Specialties	Required	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/20/2023	01/23/2023	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 8: Taxonomy Details	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 10: Associate MCO Plan	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 11: 835/ERA Enrollment Form	Optional	01/09/2023	01/09/2023	Incomplete		
<input type="checkbox"/> Step 12: Upload Documents	Optional	01/09/2023	01/09/2023	Complete		
<input type="checkbox"/> Step 13: Complete Modification Checklist	Required	05/09/2024	01/24/2023	Complete	In Review	
<input type="checkbox"/> Step 14: Submit Modification Request for Review	Required	05/09/2024	01/24/2023	Complete		

Provider Resources



MDHHS Home Help Provider website:
www.Michigan.gov/HomeHelp



Provider Support:

ProviderSupport@Michigan.gov

1-800-979-4662



Thank you for participating in the Michigan Medicaid Program