




Home Help Agency Revalidation Instructions

Quick Reference Guide

Please Note: You must complete these steps DURING your Revalidation Period.

1. Open your internet browser (Internet Explorer , Google Chrome , or Mozilla Firefox ).
2. Type <https://milogintp.Michigan.gov> into the search bar at the top of the internet browser.
3. Enter your MILogin **User ID** and **Password**.
 - a. Click **Login**.
4. Click the **CHAMPS** application.
 - a. Click **Acknowledge/Agree**.
5. Your *Name* and *Provider ID* number will show in the top section.
 - a. In the **Select Profile** drop-down menu, select **Atypical Access**.
 - b. Click **Go**.
6. In the **Provider** drop-down menu, select **Manage Provider Information**.
7. Click **Step 1 - Provider Basic Information**.
 - a. Verify and change any information that needs to be updated.
 - b. Click **OK**.

Please Note: The Status Column will say Incomplete until step is completed for all required steps.

8. Click **Step 2 - Locations**.
 - a. Click the **Primary Practice Location** hyperlink.
 - b. Verify and change any information that needs to be updated.
 - c. Under **Address Type** column click on the hyperlinked address type if updates are needed.
 - d. Click **Save** and **Close** on the next two screens.
9. Click **Step 3 - Specialties**.
 - a. Nothing may need to be updated here, but you must still click in this step then **Close** for the step status to show complete.
 - b. Click **Close**.

10. Steps 4 - 8, and 10 - 14 are optional. You do not need to complete these steps.
11. Click **Step 9 - Provider Controlling Interest/Ownership Details**.
 - a. Click on the **Owner SSN/EIN/TIN** hyperlink of the Individual or Managing Employee to make updates.
 - b. Click **Close**.
12. Click **Step 15 - Complete Modification Checklist**.
 - a. Answer all the **Provider Checklist** questions by choosing **Yes** or **No** from each drop-down menu in the **Answer** column.
 - b. Click **Save**.
 - c. Click **Close**.
13. Click **Step 16 - Submit Modification Request for Review**.
 - a. Click **Next**.
 - b. Read the **Terms and Conditions Atypical Enrollment**.
 - c. Click the checkbox at the bottom of the page if you acknowledge and agree.
 - d. Click **Submit for Modification**.
14. Your request has been submitted.
 - a. Review is complete once the **Modification Status** column shows all fields blank.
 - b. Click **Close**.
 - c. **Logout**.

Provider Resources:

- Home Help Hotline: 1-800-979-4662
- Home Help Email: ProviderSupport@Michigan.gov
- Home Help Website: www.Michigan.gov/HomeHelp