Home Help Individual Provider
Revalidation Instructions
Step 15: Submit Modification Request for Review

“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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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 MILLogin and CHAMPS

MILLogin 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.

If you are already logged into CHAMPS and have just completed Step 14, click to begin Step 15.
Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)


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
Select Step 15: Submit Modification Request for Review

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<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>
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Final Submission

Provider ID: [Redacted]

Enrollment Type: Atypical Individual Provider

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)

Application Document Checklist

No Records Found!

- 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
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