

Home Help Individual Provider Revalidation Instructions

Step 1: Provider Basic Information



“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 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 >> 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

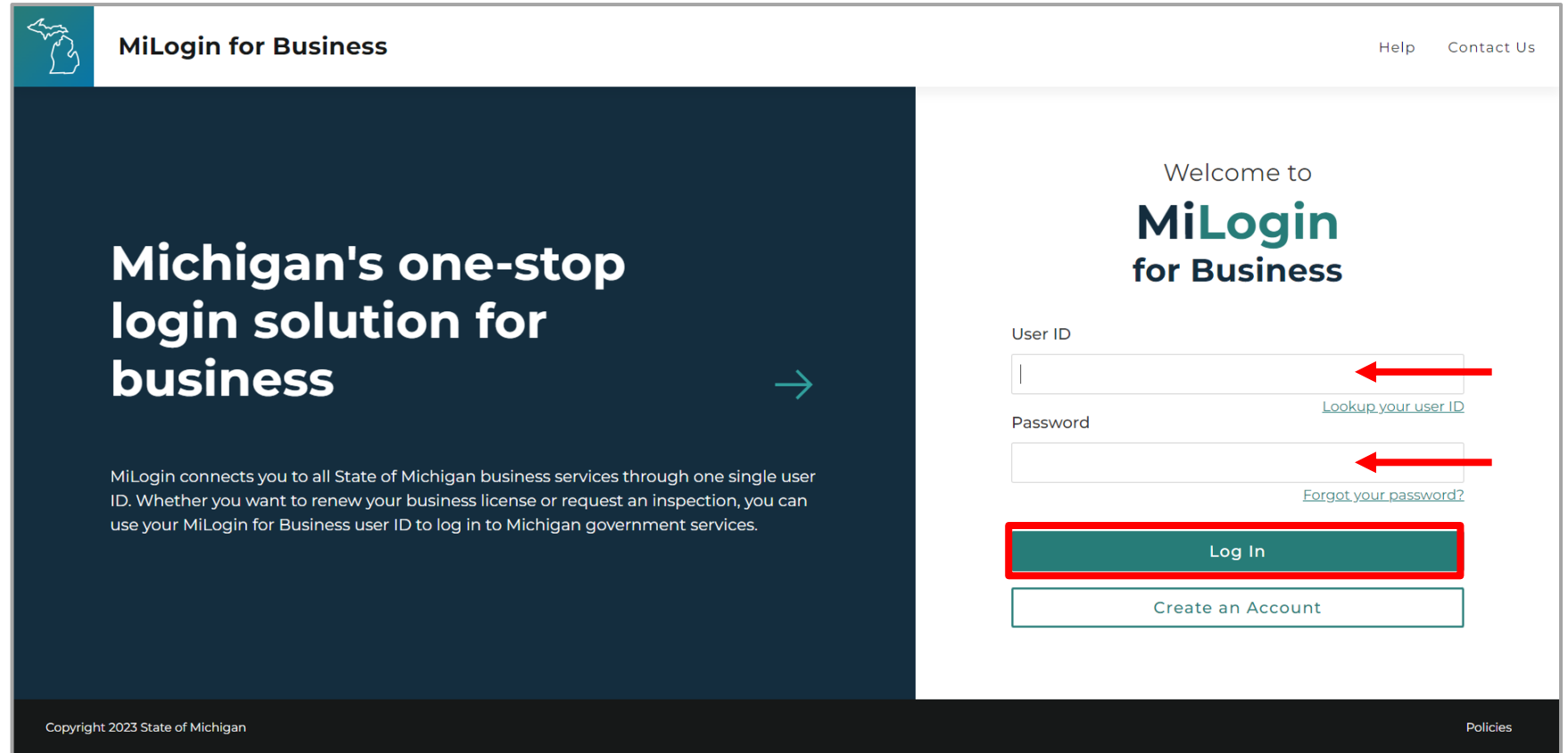
MiLogin is the State of Michigan Identity, Credential, and Access Management (MICAM) solution. All users needing access to CHAMPS's information must obtain a MiLogin User ID and Password.

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. The header includes the Michigan state logo and the text "MiLogin for Business", with links for "Help" and "Contact Us". The main content area is split: the left side has a dark blue background with the heading "Michigan's one-stop login solution for business" and a teal arrow pointing right; the right side is white and contains the login form. The form includes fields for "User ID" and "Password", each with a red arrow pointing to it. Below the "User ID" field is a link "Lookup your user ID", and below the "Password" field is a link "Forgot your password?". At the bottom of the form are two buttons: "Log In" (highlighted with a red border) and "Create an Account". The footer shows "Copyright 2023 State of Michigan" and a link to "Policies".

MiLogin for Business

Help Contact Us

Welcome to
MiLogin
for Business

User ID

Password

[Lookup your user ID](#)

[Forgot your password?](#)

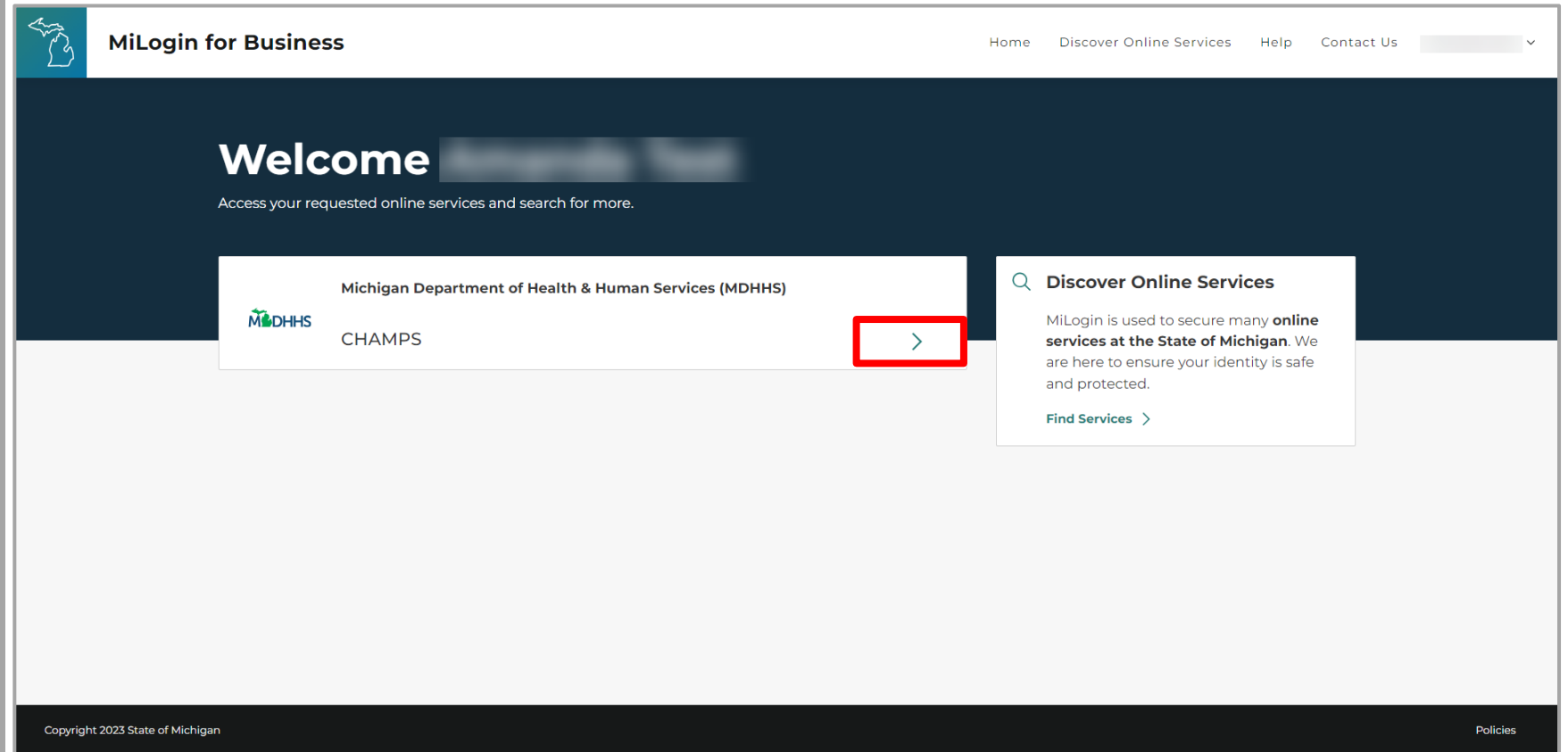
Log In

Create an Account

Copyright 2023 State of Michigan Policies

MiLogin and CHAMPS

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



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

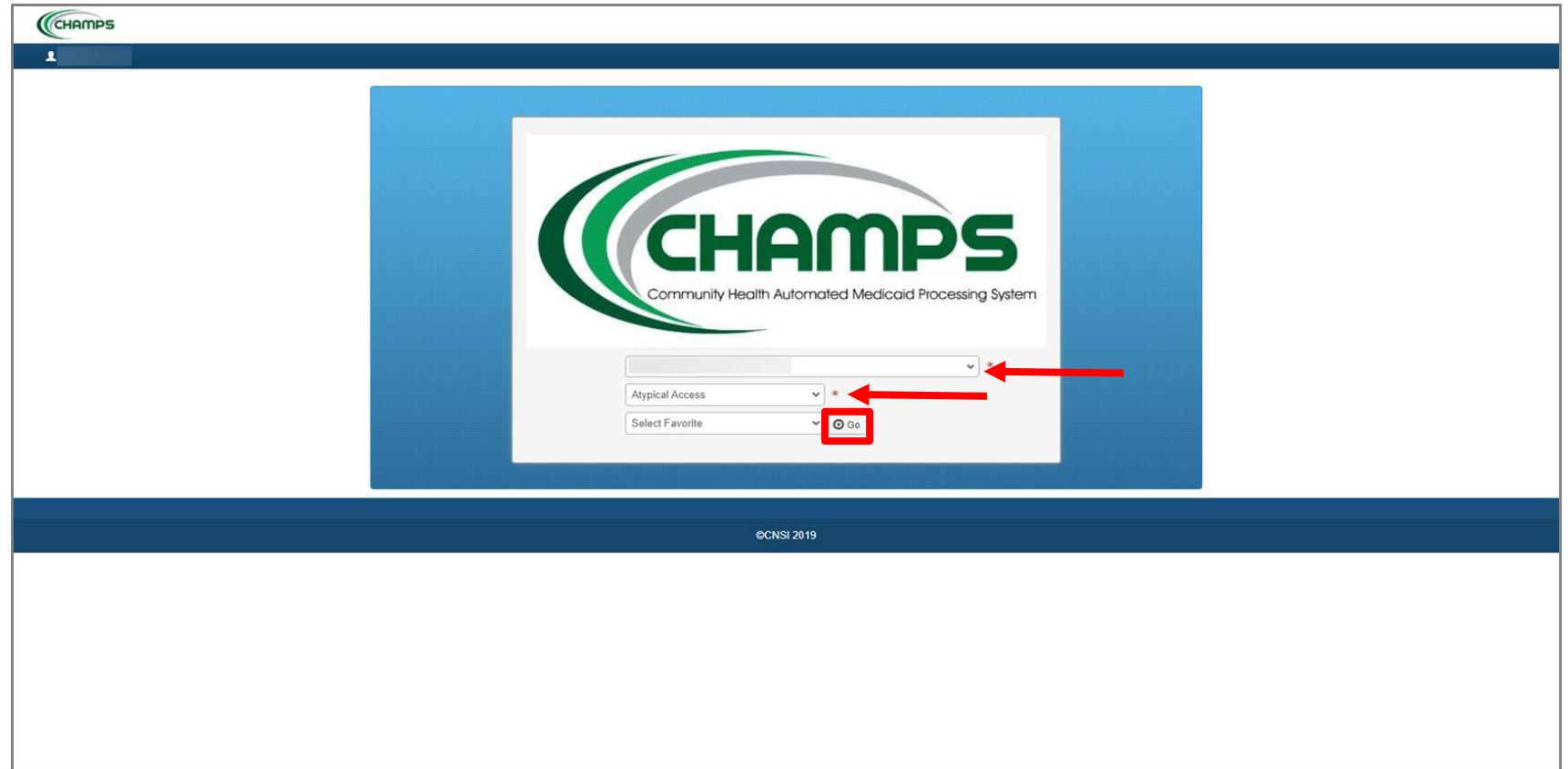
☒ I agree to the Terms & Conditions

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 page. At the top left is the CHAMPS logo. Below it is a user profile icon. The main content area features a large CHAMPS logo with the text "Community Health Automated Medicaid Processing System" underneath. 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", and a bottom menu for "Select Favorite". To the right of these menus is a "Go" button, which is highlighted with a red square. Three red arrows point to the dropdown menus and the "Go" button. The footer of the page displays "©CNSI 2019".

Step 1: Provider Basic Information

Provider Basic Information is the first step that must be completed in the revalidation process.

Step 1: Provider Basic Information

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

The screenshot displays the CHAMPS Provider Portal interface. The top navigation bar includes the CHAMPS logo, a 'My Inbox' dropdown, and a 'Provider' dropdown menu which is highlighted with a red box. The 'Provider' dropdown menu is open, showing three main sections: 'PROVIDER ENROLLMENT' (with 'New Enrollment' and 'Track Application'), 'MANAGE PROVIDER' (with 'Manage Provider Information' selected and indicated by a red arrow), and 'ELECTRONIC SERVICE VERIFICATION (ESV)' (with 'ESV Member List'). The main content area shows a 'Provider ID' field, a 'Name' field, and a table with columns 'Due Date', 'Read', and 'Tickler Modified Date'. A message 'No Records Found !' is displayed 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 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

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 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		

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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

The screenshot displays the 'Provider Details' and 'Home Address Details' sections of a web form. The 'Provider Details' section includes fields for First Name, Last Name, Suffix, SSN, Date of Birth, Middle Initial, Gender, Vendor ID, and Applicant Type. It also has checkboxes for 'Business' and 'Individual' status, and fields for EIN/TIN, NPI, Business Status, Status, Business Elig. Date Range, and Revalidation Period. The 'Home Address Details' section includes fields for Address Line 1, Address Line 2, Address Line 3, City/Town, County, State/Province, Country, and Zip Code. A 'Validate Address' button is located at the bottom right of the 'Home Address Details' section. The 'OK' button at the bottom right of the entire form is highlighted with a red box.

Print Help

Provider ID: Name:

Provider Details

First Name: * Middle Initial:

Last Name: * Gender:

Suffix: Vendor ID:

SSN: Applicant Type: Atypical Individual/Sole Proprietor

Date of Birth: *

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 displays the 'Provider Details' section of a web form. At the top, there are fields for 'Provider ID' and 'Name'. Below this, the 'Provider Details' section contains several input fields: 'First Name' (required), 'Last Name' (required), 'Suffix' (dropdown), 'SSN' (text), 'Date of Birth' (calendar icon, required), 'Middle Initial' (text), 'Gender' (dropdown), 'Vendor ID' (text), and 'Applicant Type' (set to 'Atypical Individual/Sole Proprietor'). A checkbox labeled 'Please check this box if you are an individual business:' is present, with 'Business' selected. Below this are fields for 'EIN/TIN', 'Legal Entity Name', 'NPI', 'Business Status' (set to 'Active'), 'Status' (set to 'Approved'), 'Business Elig. Date Range', and 'Revalidation Period'. A 'Contact Email Address' section contains six email input fields, with 'Email-1' being required. The 'Home Address Details' section follows, with 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 includes fields for 'Address Line 1' (required), 'Address Line 2', 'Address Line 3', 'State/Province' (dropdown), 'Country' (set to 'UNITED STATES', required), 'City/Town' (dropdown), 'County' (dropdown), and 'Zip Code' (with a hyphen and asterisk). A 'Validate Address' button is located next to the zip code field. At the bottom right, there are 'Ok' and 'Cancel' buttons, with the 'Ok' button highlighted by a red box.

Step 1: Provider Basic Information

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

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	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		
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<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



Provider Support:

ProviderSupport@Michigan.gov

1-800-979-4662



**Thank you for participating in the Michigan
Medicaid Program**