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
Table of Contents

• Revalidation Overview
• Provider Enrollment Revalidation Process
• Log in to MILogin and CHAMPS
• Step 1: Provider Basic Information
• Provider Resources
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.

**Please update all steps to complete your revalidation process**

**Table: View/Update Provider Data - Atypical Individual**

<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>
<td>02/24/2020</td>
<td>02/13/2018</td>
<td>Complete</td>
<td>Updated</td>
<td></td>
</tr>
<tr>
<td>Step 2: Locations</td>
<td>Required</td>
<td>02/20/2019</td>
<td>03/15/2018</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 3: Specialties</td>
<td>Required</td>
<td>02/13/2018</td>
<td>03/13/2018</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 4: Associate Billing Provider/Other Associations</td>
<td>Optional</td>
<td>02/12/2018</td>
<td>03/12/2018</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 5: License/Certification/Other</td>
<td>Required</td>
<td>02/08/2019</td>
<td>03/10/2019</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 6: Method of Claim Submission/EDI Exchange</td>
<td>Optional</td>
<td>02/12/2018</td>
<td>03/12/2018</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 7: Associate Billing Agent</td>
<td>Optional</td>
<td>02/13/2018</td>
<td>02/13/2018</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 8: Provider Controlling Interest/Ownership Details</td>
<td>Required</td>
<td>02/13/2018</td>
<td>02/13/2018</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 9: Taxonomy Details</td>
<td>Optional</td>
<td>02/13/2018</td>
<td>02/13/2018</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 10: View Servicing Provider Details</td>
<td>Optional</td>
<td>02/13/2018</td>
<td>02/13/2018</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 11: Associate MCO Plan</td>
<td>Optional</td>
<td>02/13/2018</td>
<td>02/13/2018</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 12: 855/ERA Enrollment Form</td>
<td>Optional</td>
<td>02/13/2018</td>
<td>02/13/2018</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 13: Upload Documents</td>
<td>Optional</td>
<td>02/13/2018</td>
<td>02/13/2018</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 14: Complete Modification Checklist</td>
<td>Required</td>
<td>02/28/2019</td>
<td>03/18/2019</td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 15: Submit Modification Request for Review</td>
<td>Required</td>
<td>02/24/2020</td>
<td>03/19/2019</td>
<td>Incomplete</td>
<td></td>
<td>Modification Request has not been Submitted</td>
</tr>
</tbody>
</table>
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