

Home Help Individual Provider Revalidation Instructions

Step 2: Locations



“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 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 provider cannot make changes 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 "Help" and "Contact Us" links on the right. The main content area features a dark blue background with the heading "Michigan's one-stop login solution for business" and a teal arrow pointing right. Below this, a paragraph explains that MiLogin connects users to all State of Michigan business services through a single user ID. The right side of the page shows the login form with fields for "User ID" and "Password", each with a red arrow pointing to it. Below the fields are links for "Lookup your user ID" and "Forgot your password?". A red box highlights the "Log In" button, and a white box highlights the "Create an Account" button. The footer contains "Copyright 2023 State of Michigan" and "Policies".

MiLogin and CHAMPS

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

MiLogin for Business

Home Discover Online Services Help Contact Us

Welcome

Access your requested online services and search for more.

Michigan Department of Health & Human Services (MDHHS)

CHAMPS [>](#)

Discover Online Services

MiLogin is used to secure many **online services at the State of Michigan**. We are here to ensure your identity is safe and protected.

[Find Services >](#)

Copyright 2023 State of Michigan [Policies](#)

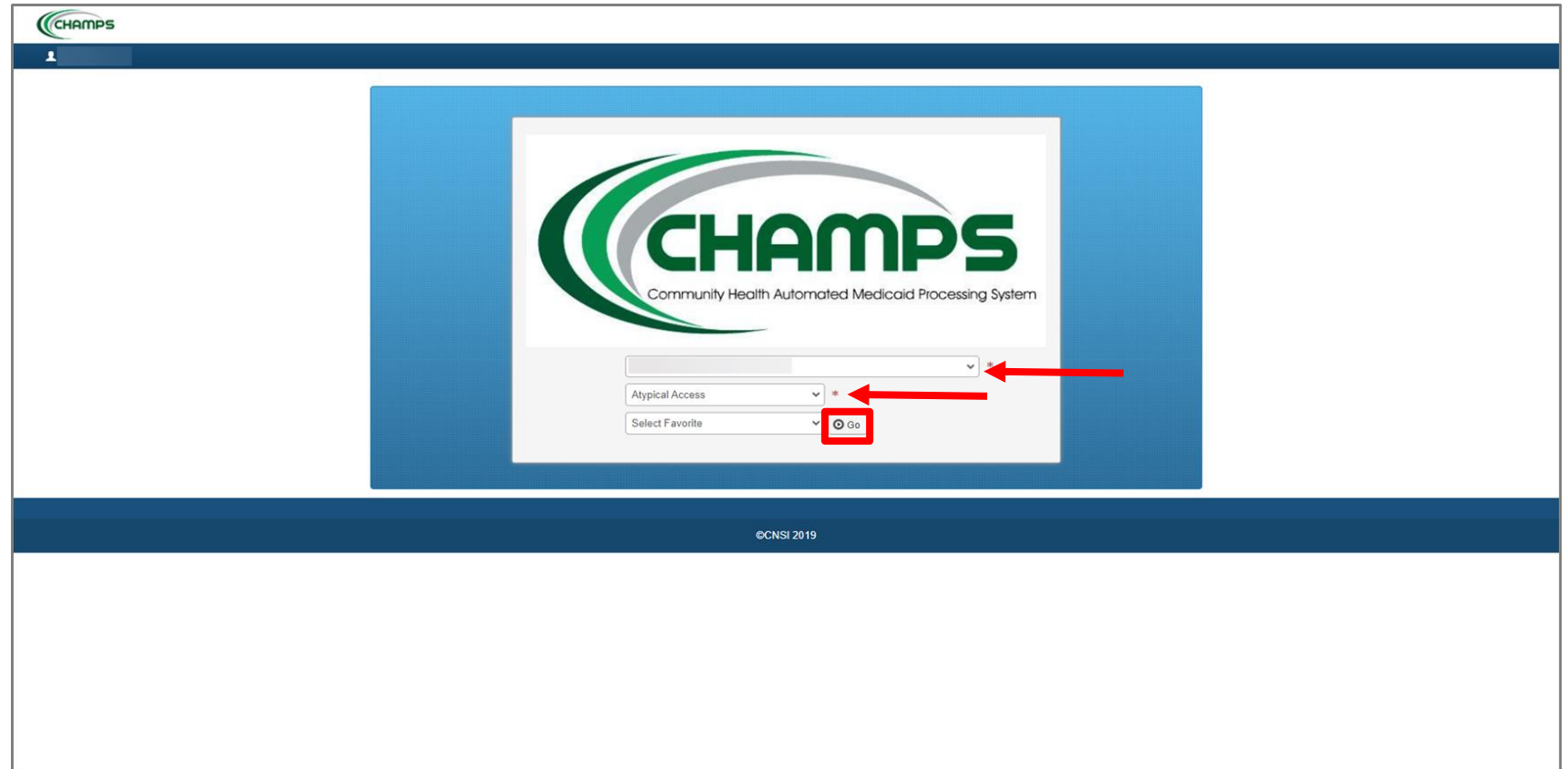
MiLogin and CHAMPS

- Review the terms and conditions and check the 'I agree to the Terms & Conditions'.
- Click Launch service.

The screenshot shows the 'MiLogin for Business' web portal. At the top, there is a navigation bar with links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below the navigation bar is a large banner image of a rocky coastline. A 'Back to Home' button is visible in the top left of the banner. The main content area features the MDHHS logo and the title 'CHAMPS'. Below the title is a paragraph describing the system: '(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.' This is followed by the instruction 'Please accept the Terms and Conditions to continue:'. A scrollable box contains the 'Terms & Conditions' text. Below the text is a checkbox labeled 'I agree to the Terms & Conditions', which is checked. A red arrow points to this checkbox. Below the checkbox is a 'Launch service' button, which is highlighted with a red border. At the bottom of the page, there is a footer with 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

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, "Atypical Access" with a red asterisk, and "Select Favorite". A red box highlights the "Go" button, with red arrows pointing to the top dropdown, the "Atypical Access" dropdown, and the "Go" button. The footer contains the text "©CNSI 2019".

Step 2: Locations

Locations is the second step that must be completed in the revalidation process. You will not be able to complete this step until you have completed the previous step.

Step 2: Locations

- 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 is open, showing three main categories: 'PROVIDER ENROLLMENT', 'MANAGE PROVIDER', and 'ELECTRONIC SERVICE VERIFICATION (ESV)'. Under 'PROVIDER ENROLLMENT', there are 'New Enrollment' and 'Track Application' options. Under 'MANAGE PROVIDER', there is 'Manage Provider Information', which is indicated by a red arrow. Under 'ELECTRONIC SERVICE VERIFICATION (ESV)', there is an 'ESV Member List' option. The background of the portal shows a search area with 'Provider ID' and 'Name' fields, a 'My Reminders' section, and a 'Calendar' widget for January 2023. The calendar shows the current date as 5 January 2023, Thursday, at 14:14. The main content area below the search fields displays 'No Records Found!'.

Step 2: Locations

- Click on Step 2: Locations

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 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		
<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	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

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'. 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

- If hours are already listed, verify they are correct and proceed to the next slide.
- In the Office Hours section, use the drop-down menus to select available hours.
 - If hours are not already listed, choose a selection for Open At, AM/PM, and Close At for each day.
 - If a Provider is not available on any given day, they should select Closed from the Open At drop-down menu for that day.
 - Click Save

CHAMPS My Inbox Provider

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Save 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:

Discontinue the hours when this page is saved. If you are faced with a change in hours, click on 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

Add Address

Filter By: Filter By: And Operational Status: Active Go Save Filters My Filters

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

- If the listed address information and Office Hours are accurate, click Close to be returned to the [Locations List](#) page.
- To update the Correspondence Address, click the Correspondence hyperlink from the address type column.
 - Please Note: Primary Pay To Address cannot be changed in CHAMPS. For instructions on how to update your Primary Pay To address, please [click here](#).

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

- Complete all fields marked with an asterisk (*)
- 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 PO Box Only)

Address Line 2:

Address Line 3:

State/Province: MICHIGAN *

City/Town: *

Country: UNITED STATES *

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.
 - If no other addresses need to be updated, update hours, and click **Save** and **Close** to return to the [Locations List](#) page.
- Click the **Location** hyperlink from the address type if the Location address needs to be updated.

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

- Complete all fields marked with an asterisk (*)
- 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: Location 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, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: _____ *
(Enter Street Address or PO Box Only)

Address Line 2: _____

Address Line 3: _____

City/Town: _____ *

State/Province: MICHIGAN *

County: _____

Country: UNITED STATES *

Zip Code: _____ * - _____

Validate Address

Address validation successful

Step 2: Locations

- Notice there are now two rows for Location address, one that is approved and one that is in review.
- Click Close
 - Please 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:

Close Save 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	PM	Thursday	08:00	AM	05:00	PM
Monday	08:00	AM	05:00	PM	Friday	08:00	AM	05:00	PM
Tuesday	08:00	AM	05:00	PM	Saturday	08:00	AM	05:00	PM
Wednesday	08:00	AM	05:00	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

Add Address

Filter By: Filter By: And Operational Status: Active Go Save Filters My Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
Correspondence		01/05/2023	12/31/2999	In Review	Active	
Correspondence		01/04/2018	12/31/2999	Approved	Active	
Location		01/05/2023	12/31/2999	In Review	Active	
Location		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 the CHAMPS logo, 'My Inbox', and 'Provider'. 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 2: Locations

- Step 2 is Complete
- If changes were made an additional status of Updated would be listed in the Modification Status column.

CHAMPS < My Inbox > Provider >

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

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	01/05/2023	10/03/2019	Complete	Updated	
<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	01/05/2023	11/21/2019	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

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