



Home Help Individual Provider Revalidation Instructions Step 3: Specialties

“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.
 - 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.

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.

If you are already logged into CHAMPS and have just completed Step 2, click to begin [Step 3](#).

MILogin for Third Party

User ID

Password

LOGIN

Don't have an account?

SIGN UP

[Forgot your User ID?](#)

[Forgot your password?](#)

[Need Help?](#)


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- 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?"

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

Home Page

 Your password will expire in **48** days

Access your applications by clicking on the application links below



Michigan Department of Health & Human Services (MDHHS)

CHAMPS

- You will be directed to the MILogin Home Page
- Click the CHAMPS hyperlink

Terms & Conditions

CHAMPS

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 information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms,

CANCEL ✕

Acknowledge/Agree

- Click 'Acknowledge/Agree' button to accept the Terms & Conditions to get into CHAMPS



The image shows the CHAMPS login interface. At the top, there is a CHAMPS logo and the text "Community Health Automated Medicaid Processing System". Below the logo, there is a form with three main sections: a top drop-down menu, an "Atypical Access" section, and a "Select Favorite" section. The top drop-down menu is currently empty and has a red arrow pointing to it. The "Atypical Access" section has a drop-down menu with "Atypical Access" selected and a red arrow pointing to it. The "Select Favorite" section has a drop-down menu with "Go" selected and a red box around it. There is also a "Go" button next to the "Select Favorite" drop-down menu.

- 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

CHAMPS

My Inbox ▾ Provider ▾

Last Login: 07 JUN, 2018

Provider Portal

Provider ID: [Redacted] Name: [Redacted]

Latest updates

System Notification

Due to R10c-1.1 release, the CHAMPS system will be down between 7:00 PM EST Friday, March 23rd, to 2:00 AM Saturday, March 24th, 2018. This outage will affect the CHAMPS system access for all functionality.

Calendar

11:40 13 June 2018 Wednesday

2018 June

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
←		Today		→		

My Reminders

Filter By [Dropdown] [Input] [Go] [Save Filters] [My Filters ▾]

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼
No Records Found !				

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



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	12/15/2015	12/15/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	05/30/2018	12/15/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	12/15/2015	12/15/2015	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	12/15/2015	12/15/2015	Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	12/15/2015	12/15/2015	Incomplete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	12/15/2015	12/15/2015	Incomplete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	12/15/2015	12/15/2015	Incomplete		
<input type="checkbox"/> Step 8: Provider Controlling Interest/Ownership Details	Required	12/15/2015	12/15/2015	Incomplete		
<input type="checkbox"/> Step 9: Taxonomy Details	Optional	12/15/2015	12/15/2015	Incomplete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	12/15/2015	12/15/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/15/2015	12/15/2015	Incomplete		
<input type="checkbox"/> Step 12: 835/ERA Enrollment Form	Optional	12/15/2015	12/15/2015	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 14: Complete Modification Checklist	Required	12/15/2015	12/15/2015	Incomplete		
<input type="checkbox"/> Step 15: Submit Modification Request for Review	Required	05/30/2018	12/15/2015	Incomplete		Modification Request has not been Submitted.

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Viewing Page: 1

First Prev Next Last

- Click on Step 3: Specialties



Provider ID: Name:

Specialty/Subspecialty List

Filter By And Filter By And Operational Status Active ▾

Specialty/Subspecialty	Start Date	End Date	Status	Operational Status	Inactivation Date	Primary Specialty (Y/N)
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> HOME HELP INDIVIDUAL/No Subspecialty	06/24/2015	12/31/2999	Approved	Active		No

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- Click Close.
 - Please Note: Nothing may need to be updated here, but providers must still click in this step then Close for the step to show complete.

Provider ID: Name:

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/15/2015	12/15/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	05/30/2018	12/15/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	12/15/2015	12/15/2015	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	12/15/2015	12/15/2015	Incomplete		
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- Please Note: Step 3 status has now changed from Incomplete to Complete.
 - The Modification Status will show Updated if any changes were made.

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