



Home Help Individual Provider Revalidation Instructions

Step 8: Provider Controlling Interest/Ownership Details

“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 Steps 3 or 4, click to begin [Step 8](#).

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

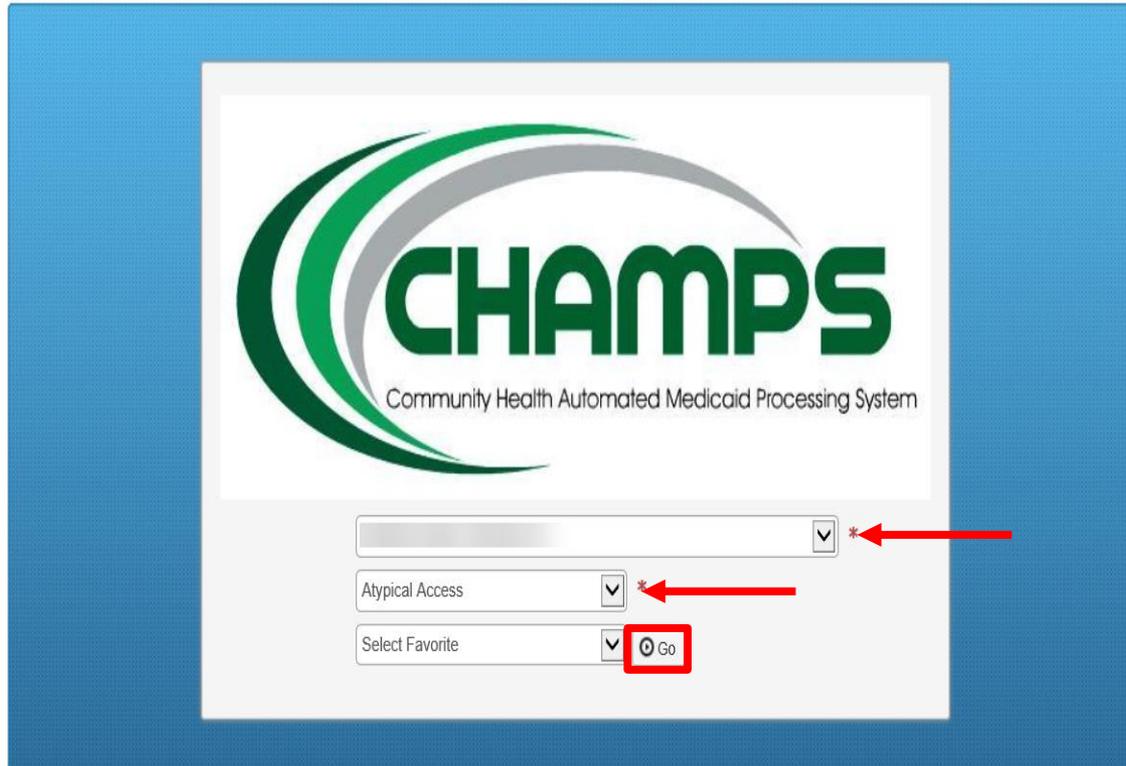
Terms & Conditions

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 search bar with a dropdown arrow and an asterisk. Underneath the search bar, there are two dropdown menus: "Atypical Access" and "Select Favorite". The "Atypical Access" dropdown is highlighted with a red arrow. Below the "Select Favorite" dropdown, there is a "Go" button with a magnifying glass icon, which is highlighted with a red box. A red arrow points to the "Go" button.

- 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 Provider Portal. At the top left, the 'Provider' dropdown menu is open, with a red box around it. The menu items are: PROVIDER ENROLLMENT (with sub-items: New Enrollment, Track Application), MANAGE PROVIDER (with sub-item: Manage Provider Information, highlighted by a red arrow), and ELECTRONIC SERVICE VERIFICATION (ESV) (with sub-item: ESV Member List). A system notification banner in the center reads: '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.' On the right, a calendar widget shows the date 13 June 2018, Wednesday. Below the notification is a 'My Reminders' section with a table that currently displays '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	Complete		
<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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First Prev Next Last

- Click Step 8: Provider Controlling Interest/Ownership Details

Provider ID: Name:

Close

Save

Associated Providers

Manage Provider Controlling Interest/Ownership

Type: Individual

Percentage Owned: *SSN: *EIN/TIN: Legal Entity Name: Entity Business Name:

(As shown on the Income Tax Return)

(Doing Business As)

Owner NPI: First Name: *Middle Initial: Last Name: *Suffix: DOB: *Phone Number: * Extn: Email: Start Date: *End Date:

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address Type: Home Address

Address validation successful

Address Line 1: *Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3: City/Town: *

State/Province: MICHIGAN *

County:

Country: UNITED STATES *

Zip Code: * - *

Validate Address

- Update any required information marked with an asterisk (*).
- Click Validate Address. A blue message will indicate Address Validation was Successful.
- Click Save
- Click Close

Provider ID: [redacted] Name: [redacted]

Close Actions

- Add Owner
- Import Owner
- Owners Relationships
- Owners Adverse Action

Owners List

Filter By [] And Filter By [] And Operational Status Active Save Filters My Filters ▾

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date	Adverse Action	Percentage owned	Relationship Status
[redacted]	[redacted]	Individual	[redacted]	03/29/2017	12/31/2999	In Review	Active		Not Completed	100	Completed
[redacted]	[redacted]	Managing Employee	[redacted]	03/29/2017	12/31/2999	In Review	Active		Not Completed	0	Completed
[redacted]	[redacted]	Individual	[redacted]	03/29/2017	12/31/2999	Approved	Active		No	100	Completed
[redacted]	[redacted]	Managing Employee	[redacted]	03/29/2017	12/31/2999	Approved	Active		No	0	Completed

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List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

- Any updated Owner Information will now have a status of In Review.
 - Ensure any necessary updates for all Owner Types have been completed.
- If changes were made, notice in the Adverse Action column the status shows Not Completed. To complete, in the Actions drop-down menu select Owners Adverse Action.

Provider ID: [redacted] Name: [redacted]

- 4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
- 5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Exclusions, revocations, or Suspensions

- 1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
- 2. Any revocation or suspension of accreditation.
- 3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
- 4. Any current Medicaid payment suspension under any Medicaid enrollment.
- 5. Any Medicaid revocation of any Medicaid provider billing number.

FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

Owners with Adverse Action

Filter By [] All [] Go [] Save Filters [] My Filters []

Owner Name	SSN/EIN/TIN	Response	Comments
[redacted]	[redacted]	<input type="radio"/> Yes <input type="radio"/> No	[]
[redacted]	[redacted]	<input type="radio"/> Yes <input type="radio"/> No	[]

View Page: 1 [] Go [] Page Count [] SaveToXLS [] Viewing Page: 1 [] First [] Prev [] Next [] Last []

Ok Cancel

- Read the Final Adverse Legal Actions/Convictions statement
- Answer the questions at the bottom by choosing Yes or No for each owner and comment if necessary.
- Click Ok

Provider ID: [Redacted] Name: [Redacted]

Close Actions ?

Filter By [] And Filter By [] And Operational Status Active Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date	Adverse Action	Percentage owned	Relationship Status
[Redacted]	[Redacted]	Individual	[Redacted]	03/29/2017	12/31/2999	In Review	Active		No	100	Completed
[Redacted]	[Redacted]	Managing Employee	[Redacted]	03/29/2017	12/31/2999	In Review	Active		No	0	Completed
[Redacted]	[Redacted]	Individual	[Redacted]	03/29/2017	12/31/2999	Approved	Active		No	100	Completed
[Redacted]	[Redacted]	Managing Employee	[Redacted]	03/29/2017	12/31/2999	Approved	Active		No	0	Completed

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Add Other Owned Entity List Ownership Interest in other Entities reimbursible by Medicaid and/or Medicare.

Filter By [] And Filter By [] And Operational Status Active Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address	Status	Operational Status	Inactivation Date
No Records Found !					

- The Adverse Action column will show Yes or No indicating it's complete.
- Click Close.

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)

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
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<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	12/15/2015	12/15/2015	Incomplete		
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<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.

View Page:

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- Step 8 is Complete.
 - If changes were made an additional status of Updated would be listed in the Modification Status column.

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