Provider Enrollment
Non-Emergency Medical Transportation (NEMT) Individual Provider Revalidation Instructions

"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 Non-Emergency Medical Transportation Provider Enrollment Instructions:

    www.michigan.gov/medicaidproviders >> Provider Enrollment >> Step-By-Step CHAMPS Enrollment Guide >> Atypical >> Non-Emergency Medical Transportation (NEMT) Individual 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 the 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.

MDHHS
Michigan Department of Health & Human Services

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

NEMT Provider Revalidation

Step-by-step instructions on how to complete a CHAMPS Provider Revalidation for a Non-Emergency Medical Transportation (NEMT) Individual.

- In 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.
- Click on Step 2: Locations

Last Login: 07 JUN, 2018 09:40 AM

Note Pad   External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › Provider Portal › Atypical Individual Modification

Provider ID: Name:

⊗ Close   ⊕ Add   To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink

Locations List   ▲

Filter By [▼] [   ] [   ]   Filter By [▼] [   ] [   ]   And Operational Status [Active ▼] ⊙ Go   💾 Save Filters   ▼ My Filters ▾

☐	Doing Business As ▲▼	Location Type ▲▼	Location Details ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
☐		Primary Practice Location		06/24/2015	12/31/2999	Approved	Active	

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- Click Primary Practice Location

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- 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 any given day, they should select Closed from the Open At drop-down menu for that day.
  - Click Save

- 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.

- Complete all fields marked with an asterisk (*)
- Click Validate Address
  - A blue message will display stating "Address Validation Successful".
- Click Save
- Click Close

- Notice there are now two rows for correspondence address, one that is approved and one that is in review.
    - If no other addresses need to be updated, update hours, 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.

- Complete all fields marked with an asterisk (*)
- Click Validate Address
  - A blue message will display stating "Address Validation Successful".
- Click Save
- Click Close

- 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](#).

- 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

- Step 2 is Complete
  - If changes were made an additional status of Updated would be listed in the Modification Status column.
- Click on Step 3: Specialties

- Review the Specialty to ensure it is correct and shows a specialty of Non-Emergency Transportation Individual/Commercial Driver.
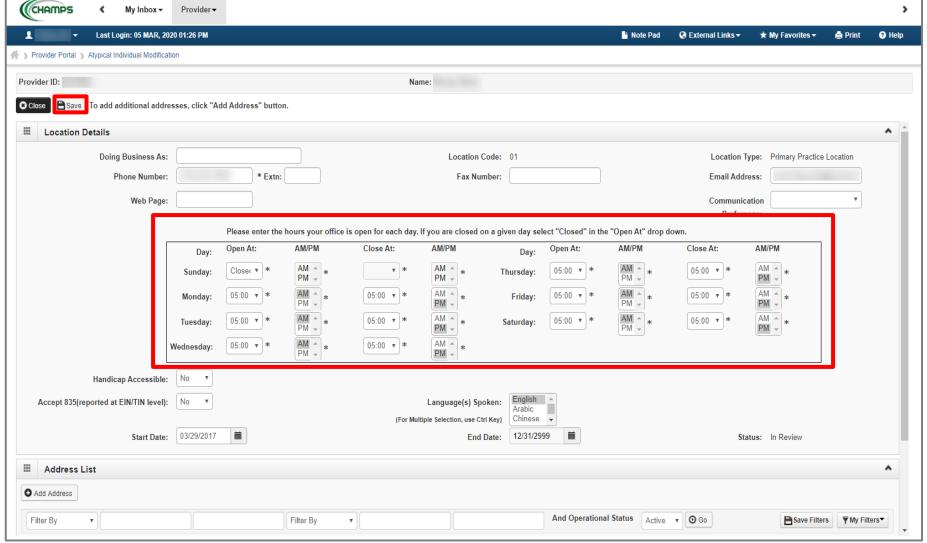- Click Close

- Step 3 is Complete
  - If changes were made an additional status of Updated would be listed in the Modification Status column.
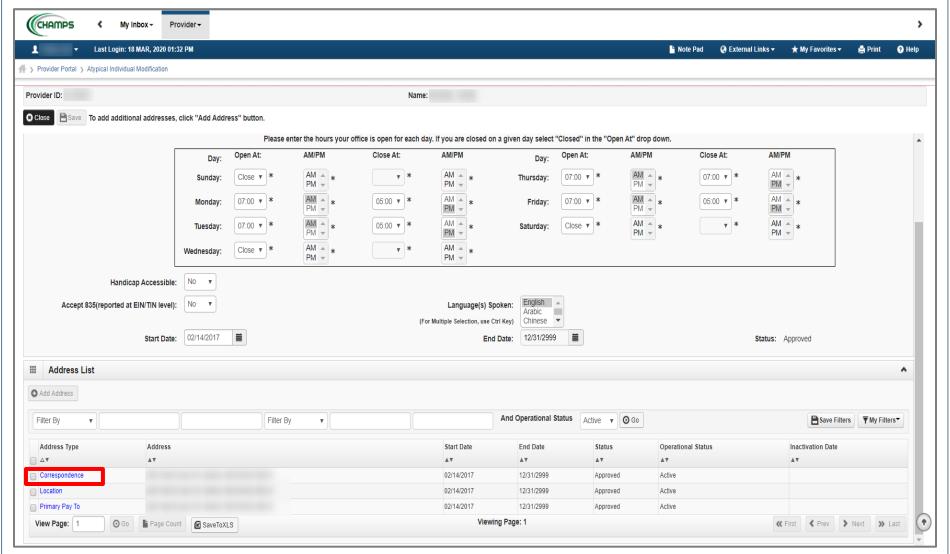- Step 4 is optional and can be reviewed or updated if needed but is not required unless you are working for a Transportation Company (Slides 42-58).
- Click on Step 5: License/Certification/Other

- Each License/Certification should be reviewed for accuracy
  - If the information listed is accurate and there is at least one valid Driver License and Auto Insurance listed (with a future end date), click Close to be returned to the Business Process Wizard steps.
- To enter a new License/Certification/Other, click Add
- To edit any current License/Certification/Other click the License/Certification/Other hyperlink.
  - Continue to the next slide for further information on how to end date the License/Certification/Other.

- To add an Auto Insurance Policy: enter the required information indicated by an asterisk (*)
  - Effective Date will be the date that the Auto Insurance policy began.
  - End Date is the date the Auto Insurance will end (if it is not renewed). These dates should be listed on the proof of insurance certificate you carry in your vehicle.
- Click Confirm License/Certification/Other
- Click OK

- To add a Driver License: enter the required information indicated by an asterisk (*)
- Enter the Effective Date and End Date
  - The Effective Date should be the issuance date for your License. The End Date should be your License's expiration date.
- Click Confirm License/Certification/Other
- Click OK

- Notice there are now two rows for License/Certification/Other, one that is approved and one that is in review.
- Review each License/Certification listed and make any necessary changes if needed.
  - Ensure there is at least one valid Driver License and Auto Insurance listed (each with a future end date).
- If no other License/Certification/Other needs to be edited, click Close

- Step 5 is Complete
  - If changes were made an additional status of Updated would be listed in the Modification Status column.
- Steps 6 and 7 are optional and not required
- Click on Step 8: Provider Controlling Interest/Ownership Details

- The current Owner(s) will be displayed. Review all owners; if no updates need to be made, click Close to be returned to the [Business Process Wizard steps](#).
- To edit owner information select the owner SSN hyperlink
- To add a new owner, edit relationship information, or complete the Adverse Action, select the option from the Actions dropdown. Please note if any owner information is updated the Adverse Action will need to be completed.
  - Continue to the next slide for further instructions on how to edit current owner information.

- Make any necessary updates. Ensure all fields marked with an asterisk (*) are complete.
  - If the address information is updated the Validate Address will need to be clicked prior to Save.
- Click Save
- Click Close

- Notice there are now two rows for the selected owner, one that is approved and one that is in review.
- Select Owners Adverse Action from the Actions dropdown menu
  - As owner information was updated the Adverse Action for any owner(s) will also need to be completed.

Provider ID: _____   Name: _____

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 ▲▼
_____	_____	◯Yes ◯No	
_____	_____	◯Yes ◯No	

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✔ 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

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- The Adverse Action column will show a Yes or a No (based on answers given on the last screen) indicating it's complete.
- Click Close

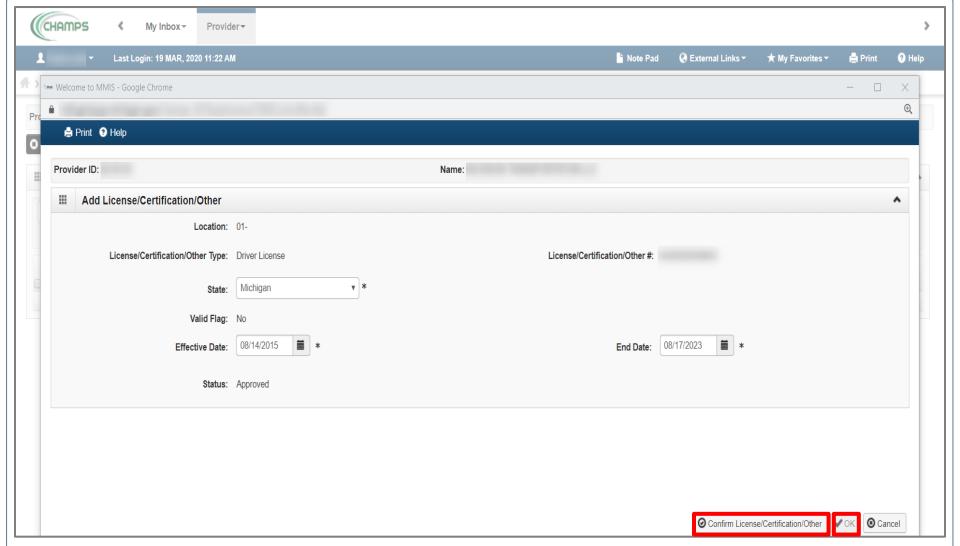| Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	02/24/2020	02/13/2018	Complete	Updated	
Step 2: Locations	Required	02/24/2020	03/18/2019	Complete	Updated	
Step 3: Specialties	Required	02/13/2018	02/13/2018	Complete		
Step 4: Associate Billing Provider/Other Associations	Optional	02/13/2018	02/13/2018	Incomplete		
Step 5: License/Certification/Other	Required	03/10/2020	03/18/2019	Complete	Updated	
Step 6: Mode of Claim Submission/EDI Exchange	Optional	02/13/2018	02/13/2018	Incomplete		
Step 7: Associate Billing Agent	Optional	02/13/2018	02/13/2018	Incomplete		
Step 8: Provider Controlling Interest/Ownership Details	Required	03/10/2020	02/13/2018	Complete	Updated	
Step 9: Taxonomy Details	Optional	02/13/2018	02/13/2018	Incomplete		
Step 10: View Servicing Provider Details	Optional	02/13/2018	02/13/2018	Incomplete		
Step 11: Associate MCO Plan	Optional	02/13/2018	02/13/2018	Complete		
Step 12: 835/ERA Enrollment Form	Optional	02/13/2018	02/13/2018	Incomplete		
Step 13: Upload Documents	Optional	02/13/2018	02/13/2018	Complete		
Step 14: Complete Modification Checklist	Required	02/28/2019	03/18/2019	Incomplete		
Step 15: Submit Modification Request for Review	Required	03/10/2020	03/18/2019	Incomplete		Modification Request has not been Submitted.

- Step 8 is Complete.
  - If changes were made an additional status of Updated would be listed in the Modification Status column.
- Steps 9-13 are optional and can be reviewed or updated if needed but are not required.
- Click on Step 14: Complete Modification Checklist.

Provider Portal > Atypical Individual Modification > Provider Check List

Provider ID: ____

Name: ____

Close | Save

Manage Provider Checklist

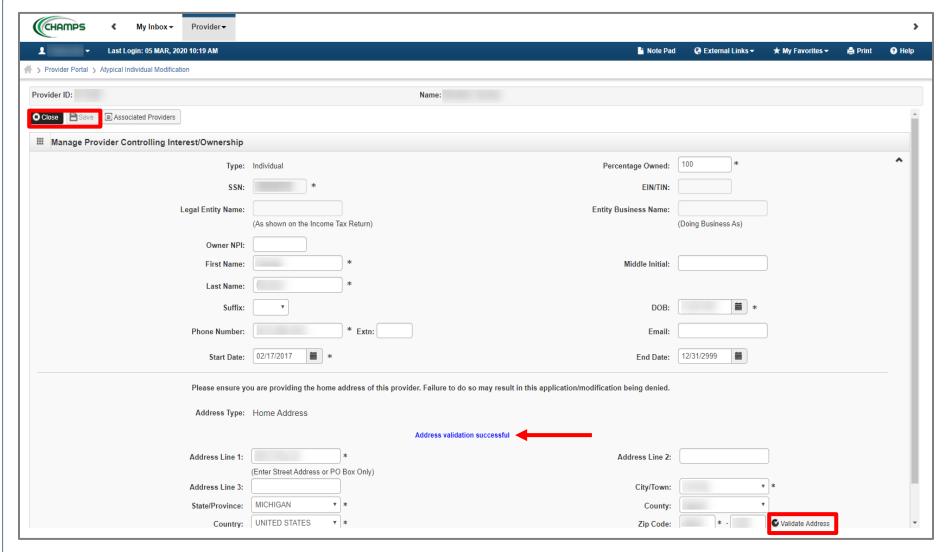| Question	Answer	Comments
Are you interested in working for other Home Help clients? (If you say no this will not affect your current work.)	Not Completed	
If you are interested in working for other clients do you authorize us to put your contact information on our Provider Registry List so that you can be contacted for additional work?	Not Completed	
Do you want your name removed from our Provider Registry?	Not Completed	
Have you ever been removed or told that you cannot participate in a State funded program? If yes, please tell us what program and why.	Not Completed	
Have you ever been removed or told that you cannot participate in a Federally funded program? If yes, please tell us what program and why.	Not Completed	
Have you ever had any criminal convictions? If yes, please tell us what for?	Not Completed	
Are you providing services as a Business? If yes, what is the name of the business.	Not Completed	
What county do you plan to work in?	Not Completed	
What is the name of the Adult Services Worker you are working with?	Not Completed	
Are you a Medicare certified home health agency?	Not Completed	
I understand that my information will be used to conduct a review of my criminal history I may have and the results of that review could possibly make me ineligible to work as a provider in the Home Help program. I also understand that the results of my criminal history screening will be shared with necessary MDCH and MDHS staff, as well as any potential client.	Not Completed	
I also acknowledge that I am required to update any changes in the enrollment within 10 days of that change.	Not Completed	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed	
Do you have a client you plan to work for? If yes, what is your clients name?	Not Completed	

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- Review each question and select Yes or No from the dropdown.
- Enter comments if necessary or required.
  - Please Note: if the question is not specific to NEMT, please select No.
- Click Save
- Click Close

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- Step 14 is Complete with a Modification Status of Updated as changes were made within this step.
  - Ensure all information has been reviewed for each of the required steps and make sure any updates have been completed.
- Click on Step 15: Submit Modification Request for Review.
  - Please note: if you choose not to complete optional steps you can still submit your revalidation.
- You must complete Step 15 to submit your Revalidation.

- Final Submission: Click Next
  - By clicking Next, the provider agrees that the information submitted shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted. The information submitted as a part of the application is correct (Private and Confidential).

Provider ID: ▭▭▭   Name: ▭▭▭

⊗ Close   ⊕ Submit for Modification

17. To be clean and maintain a neat appearance at all times.

18. To be polite and courteous to riders; riders shall be treated with respect and in a culturally appropriate manner when receiving transportation services. The Manager should notify the volunteer driver of any known cultural issues significant to providing transportation services.

19. To limit review of any confidential rider information to the minimum information necessary to provide the service.

20. To only use or record confidential rider information as necessary to provide the Department information necessary for the administration of the program (i.e. mileage reimbursement, if applicable).

21. To not to retain any original or copy of any document rider shares with you for purposes of transport.

22. To not to retain any original or copy of any document that may be provided by a health care provider to driver. Driver agrees to ensure that such documentation leaves with rider.

23. To report any breach of the terms of this user agreement to the Department. This includes, but is not limited to, accidental retention of medical record or other confidential rider information.

24. To return to the Department, as soon as possible, but in no event later than 3 business days after discovery, any confidential rider information retained left with driver after completing transport of the rider.

25. To never discuss, write, or share in any other format any information specific to a rider, except as necessary to communicate with the Department or with a health care provider or other staff at a facility rider is being transported to.

26. Not input or include any confidential rider information in any computer system of any kind, except as approved by the Department. This includes personal email accounts, file transfer systems, note applications, and any other electronic system of recording data not expressly approved for use by the Department.

27. Comply with any other agreements driver has entered into with respect to this program.

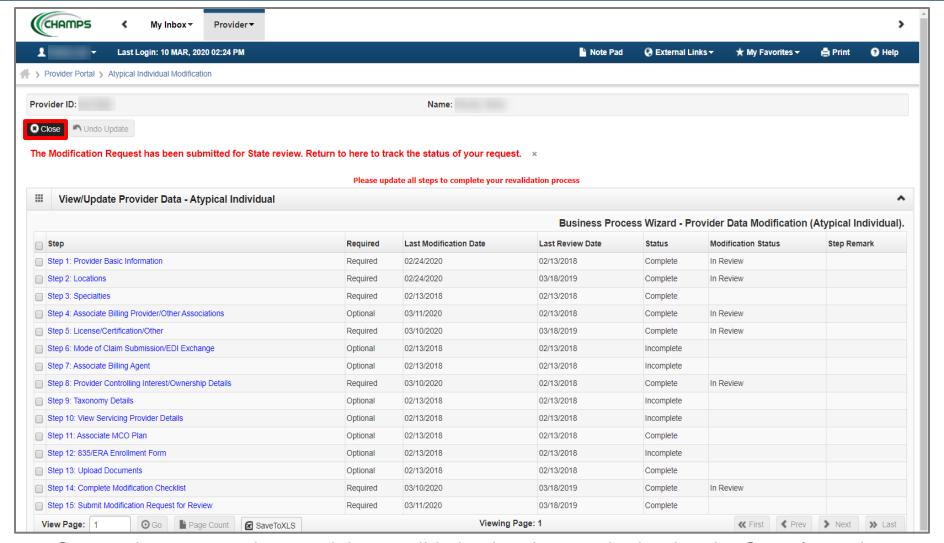28. Respect the rider's privacy by not asking for more information about the individual's condition, reason for visit, or other personal information, while providing transport services. If the rider chooses to voluntarily share this information, it is subject to the same protections described above regarding protecting rider information.

☐ **By checking this, I acknowledge that I have read the terms and agreement and I agree to fully comply with all program requirements.**

- Scroll down the page to review the entire Terms and Conditions Atypical Enrollment statement.
- Check the box at the end to agree to the Terms and Conditions.
- Click Submit for Modification
  - Once submitted to the State for review, changes cannot be made to the information.

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- Step 15 is now complete, and the revalidation has been submitted to the State for review.
- Click Close
  - (Please Note: Optional steps may show as incomplete if you chose not to complete. This is ok.)
- Once Step 15 has been completed the Revalidation is complete; please click to go to the Provider Resources slide.

Agency Association

- Step 4: Associate Billing Provider/Other Association is optional. Providers who are not currently associated to an Agency (Transportation Company) or trying to associate to a new Agency may skip this step and return to Step 5, or if all other steps have been completed may continue to the Provider Resources slide.

- Review Current Agency Association (Slides 43-46)
- End Date an Agency Association (Slides 47-52)
- Add a New Agency Association (Slides 53-58)

Review Current Agency Association

Providers currently associated to an Agency will need to review Step 4 to ensure the information is correct.

- Click on Step 4: Associate Billing Provider/Other Associations

- Review the Agency information
- Click Close
- For information on how to End Date an Agency Association: (Slides 47-52)
- For information on how to Add a New Agency Association: (Slides 53-58)

- Step 4 is Complete
  - If changes were made an additional status of Updated would be listed in the Modification Status column.
- Please click to return to Step 5: License/Certification/Other

End Date an Agency Association

Instructions for Providers who are currently associated to an Agency and need to end date the association.

- Click on Step 4: Associate Billing Provider/Other Associations

- Click on the NPI/Provider ID hyperlink

- Enter the End Date to end the provider's association to the Agency.
- Click Save
- Click Close

CHAMPS

My Inbox ▾   Provider ▾

Last Login: 26 JUN, 2018 02:22 PM   📄 Note Pad   🌐 External Links ▾   ★ My Favorites ▾   🖨 Print   ❓ Help

🏠 › Provider Portal › Atypical Individual Modification

Provider ID: Name:

⊘ Close   ⊕ Add

Billing Provider/Other Associations List   ⌃

Filter By ▾ [   ] [   ]   And   Filter By ▾ [   ] [   ]   And Operational Status Active ▾ ◉ Go   💾 Save Filters   ▼ My Filters ▾

	NPI/Provider ID ▲▼	Provider Name ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
☐			06/26/2018	06/26/2018	In Review	Active	
☐			06/26/2018	12/31/2999	Approved	Active	

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- Click Close
  - The End Date is now listed, and the updated record has a status of In Review until the entire modification is submitted.
- For information on how to Add a New Agency Association: (Slides 53-58)

Provider ID: [redacted]   Name: [redacted]

⊗ 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
☐	Step 1: Provider Basic Information	Required	02/24/2020	02/13/2018	Complete	Updated	
☐	Step 2: Locations	Required	02/24/2020	03/18/2019	Complete	Updated	
☐	Step 3: Specialties	Required	02/13/2018	02/13/2018	Complete		
☐	Step 4: Associate Billing Provider/Other Associations	Optional	03/11/2020	02/13/2018	Complete	Updated ⬅	
☐	Step 5: License/Certification/Other	Required	03/10/2020	03/18/2019	Complete	Updated	
☐	Step 6: Mode of Claim Submission/EDI Exchange	Optional	02/13/2018	02/13/2018	Incomplete		
☐	Step 7: Associate Billing Agent	Optional	02/13/2018	02/13/2018	Incomplete		
☐	Step 8: Provider Controlling Interest/Ownership Details	Required	03/10/2020	02/13/2018	Complete	Updated	
☐	Step 9: Taxonomy Details	Optional	02/13/2018	02/13/2018	Incomplete		
☐	Step 10: View Servicing Provider Details	Optional	02/13/2018	02/13/2018	Incomplete		
☐	Step 11: Associate MCO Plan	Optional	02/13/2018	02/13/2018	Complete		
☐	Step 12: 835/ERA Enrollment Form	Optional	02/13/2018	02/13/2018	Incomplete		
☐	Step 13: Upload Documents	Optional	02/13/2018	02/13/2018	Complete		
☐	Step 14: Complete Modification Checklist	Required	03/10/2020	03/18/2019	Complete	Updated	
☐	Step 15: Submit Modification Request for Review	Required	03/11/2020	03/18/2019	Incomplete		Modification Request has not been Submitted.

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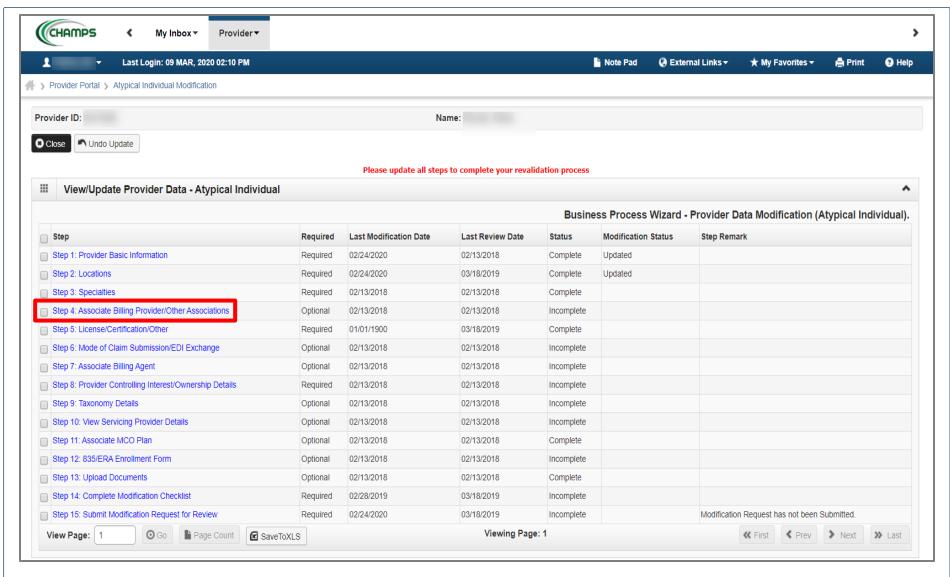
- Step 4 is Complete
  - If changes were made an additional status of Updated would be listed in the Modification Status column.
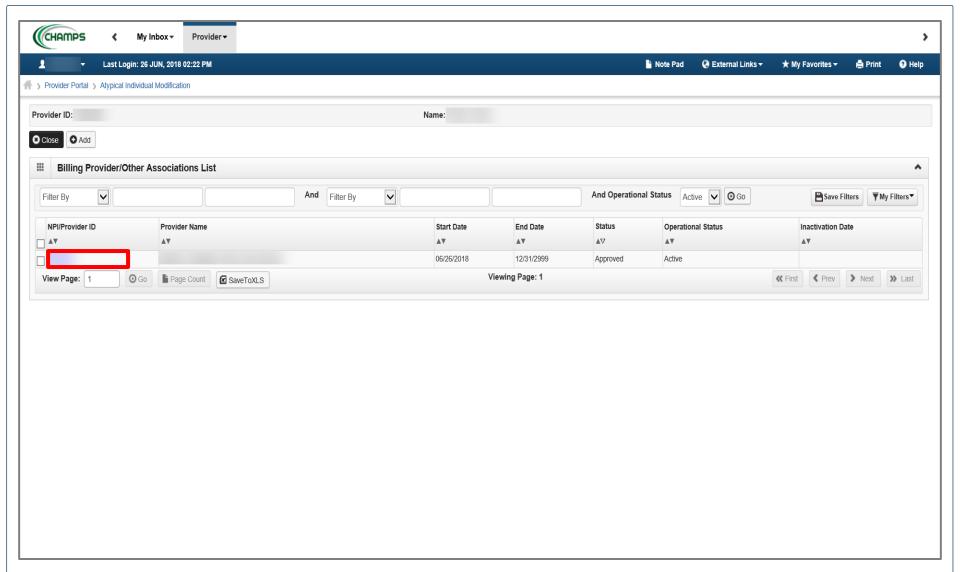- Please click to return to Step 5: License/Certification/Other

Add a New Agency Association

Instructions for Providers who need to add a new Agency association.

- Click on Step 4: Associate Billing Provider/Other Associations

Provider ID: ____   Name: ____
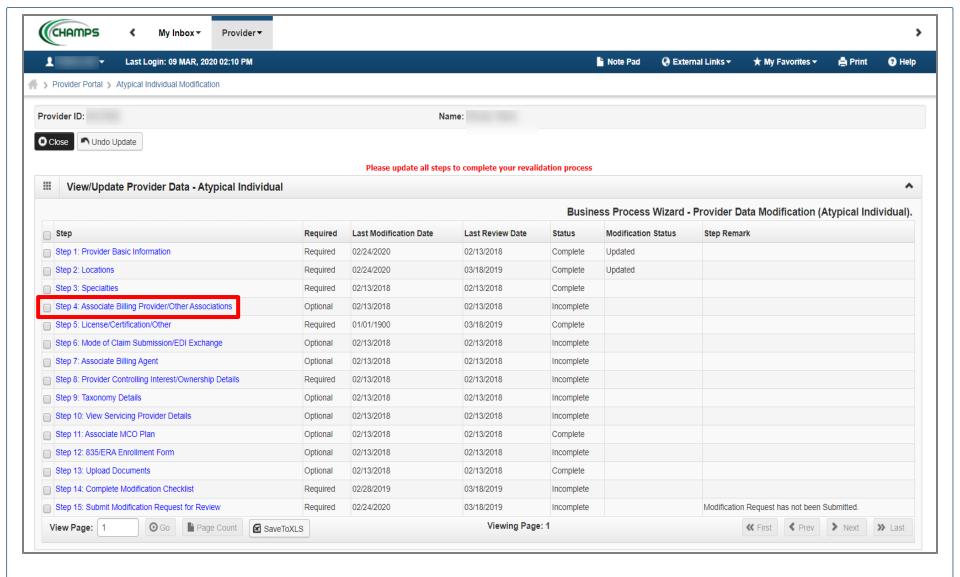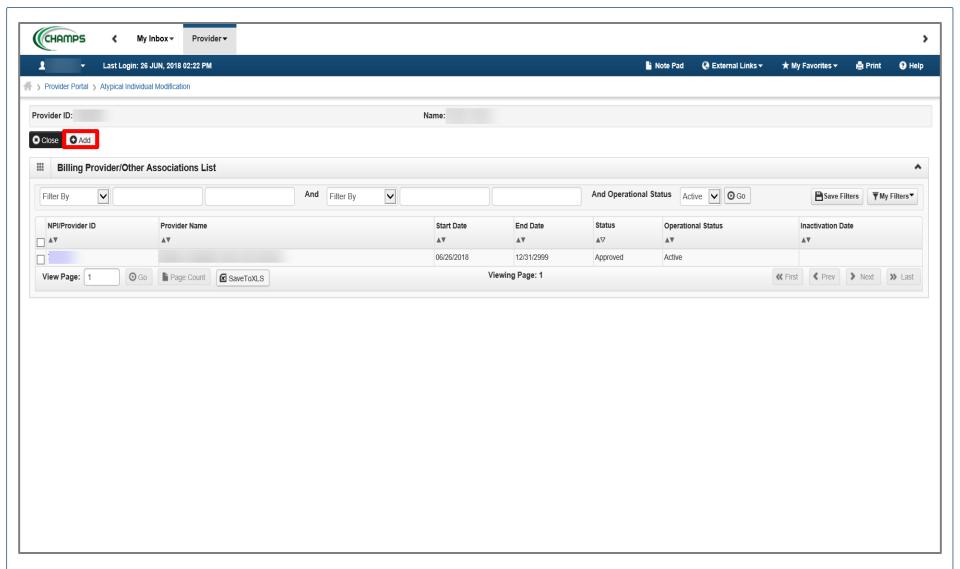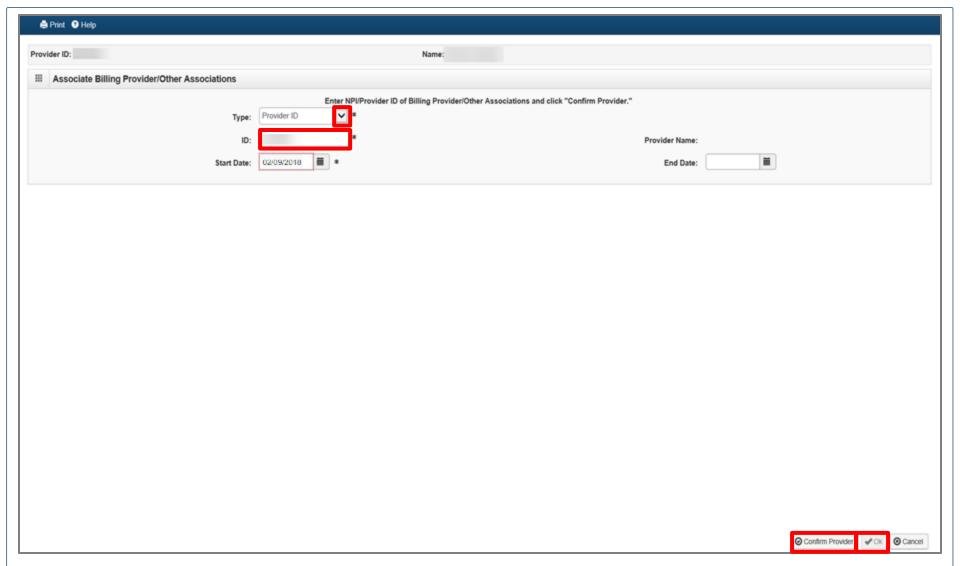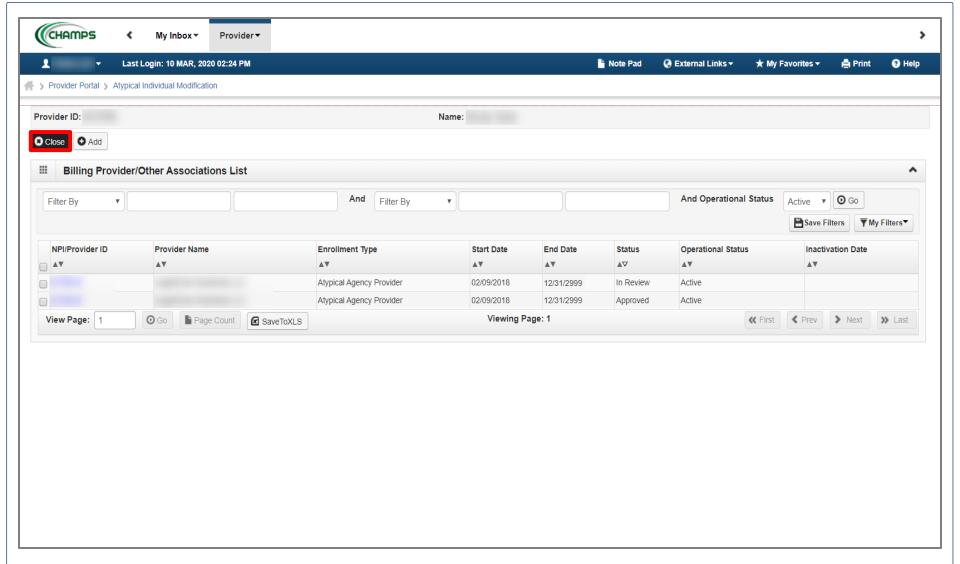
⊗ Close   ⊕ Add

▦ **Billing Provider/Other Associations List**   ⌃

| Filter By ▾ | | | And | Filter By ▾ | | | And Operational Status | Active ▾ | ⊙ Go | 💾 Save Filters | ▼ My Filters ▾ |

☐	NPI/Provider ID ▲▼	Provider Name ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
☐	____	____	06/26/2018	12/31/2999	Approved	Active	

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- **Click Add**

Provider ID: [redacted]   Name: [redacted]

Associate Billing Provider/Other Associations

Enter NPI/Provider ID of Billing Provider/Other Associations and click "Confirm Provider."

Type: Provider ID ▼ *

ID: [redacted] *   Provider Name:

Start Date: 02/09/2018 📅 *   End Date: 📅
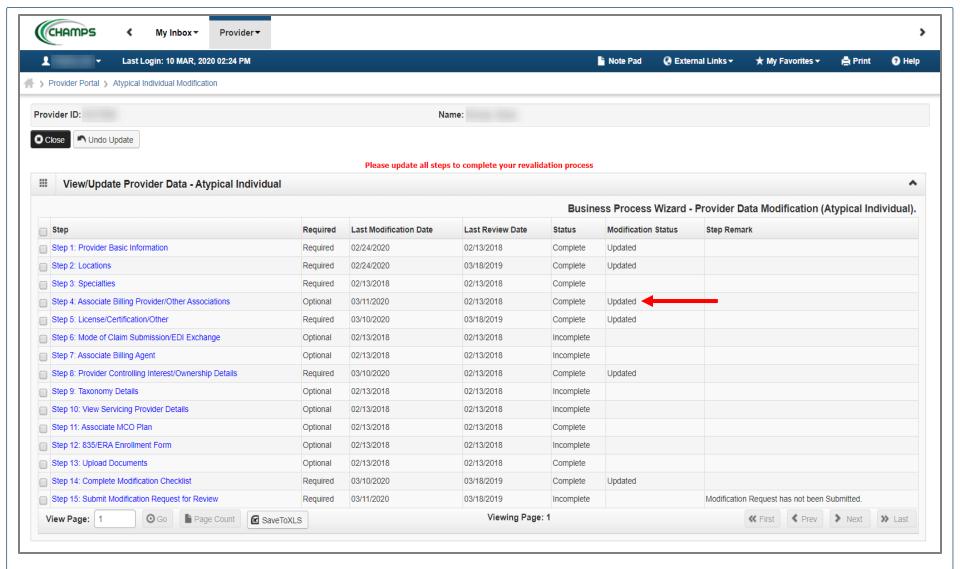
Confirm Provider   ✔ Ok   Cancel

- In the Type drop-down menu, select Provider ID.
- Enter the Provider ID of the Agency.
- Ensure today's date is listed as the Start Date.
- Click Confirm Provider
- Click OK

- The new Agency record will appear with a Status of In Review.
- Click Close

- Step 4 is Complete
  - If changes were made an additional status of Updated would be listed in the Modification Status column.
- Please click to return to Step 5: License/Certification/Other

Provider Resources

- **MDHHS website:** www.Michigan.gov/MedicaidProviders

- **We continue to update our Provider Resources, just click on the links below:**
  - Listserv Instructions
  - Medicaid Provider Alerts and Resources
  - CHAMPS Website
  - Medicaid Provider Training Sessions
  - Provider Enrollment Website

- **Provider Support:**
  - MSA-ATYPICALPROVIDERS@Michigan.gov or 1-800-979-4662

  Thank you for participating in the Michigan Medicaid Program.