

Community Transition Services (CTS) Atypical Agency Provider

Submitting a Modification

December 2021



“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



Provider Enrollment Modification Overview



Updating

Step 3: Specialty

Step 4: Associate Billing Provider

Step 15: Complete Modification Checklist

Step 16: Submit Modification Request for Review



Provider Resources

Provider Enrollment Modification Process

- Providers wishing to perform Community Transition Services (CTS), per policy bulletin [MSA 21-11](#), need to enroll within Michigan's Community Health Automated Medicaid Processing Systems (CHAMPS).
- For help determining what Enrollment Type to complete, reference [Determine CHAMPS Enrollment Type](#).
- For step-by-step instructions on how to enroll as a new provider please see the options below.
 - Atypical [Agency](#) >> Locate CTS heading
 - Atypical [Individual](#) >> Locate CTS heading

- Existing Atypical Agency Providers that need to add the CTS specialty to their enrollment application and/or associate to a FAO Billing Provider should follow the below steps:
 - Login to MILogin with your previously created user ID and password
 - Access CHAMPS
 - Access Manage Provider Information
 - Update Steps 3, 4, 15, and 16; including any other required steps that may need to be updated or completed.
- All providers need to have added the CTS specialty to their enrollment.
- Agency providers will need to confirm they are associated to an enrolled FAO Billing Provider i.e., Area Agency on Aging (AAA), Center for Independent Living (CIL) or Community Based Organization (CBO).

Login to MILogin

- 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
- Click Login

For complete instructions on how to register for MILogin and access CHAMPS reference the below resources:

- [MILogin Instructions](#)
- [MILogin Help Page](#)
- [Access CHAMPS](#)

Michigan.gov

HELP CONTACT US

MILogin for Third Party

User ID

Password

LOGIN

Don't have an account?

SIGN UP

[Forgot your User ID?](#) [Need Help?](#) [Forgot your password?](#)

Copyright 2015-2019 State of Michigan

Access CHAMPS

- Click the CHAMPS hyperlink

Michigan.gov

HELP CONTACT US


MILogin for Third Party

HOME REQUEST ACCESS UPDATE PROFILE SECURITY OPTIONS CHANGE PASSWORD LOGOUT

Home Page of [blurred]

Your password will expire in 154 days

Access your applications by clicking on the application links below

 Michigan Department of Health & Human Services (MDHHS)

CHAMPS

Michigan.gov

HOME | HELP | CONTACT US | POLICIES

Copyright 2015-2021 State of Michigan

Access CHAMPS

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

The screenshot shows the Michigan.gov MILogin for Third Party Applications page. A modal window titled "Terms & Conditions" is open, displaying the following text:

CHAMPS

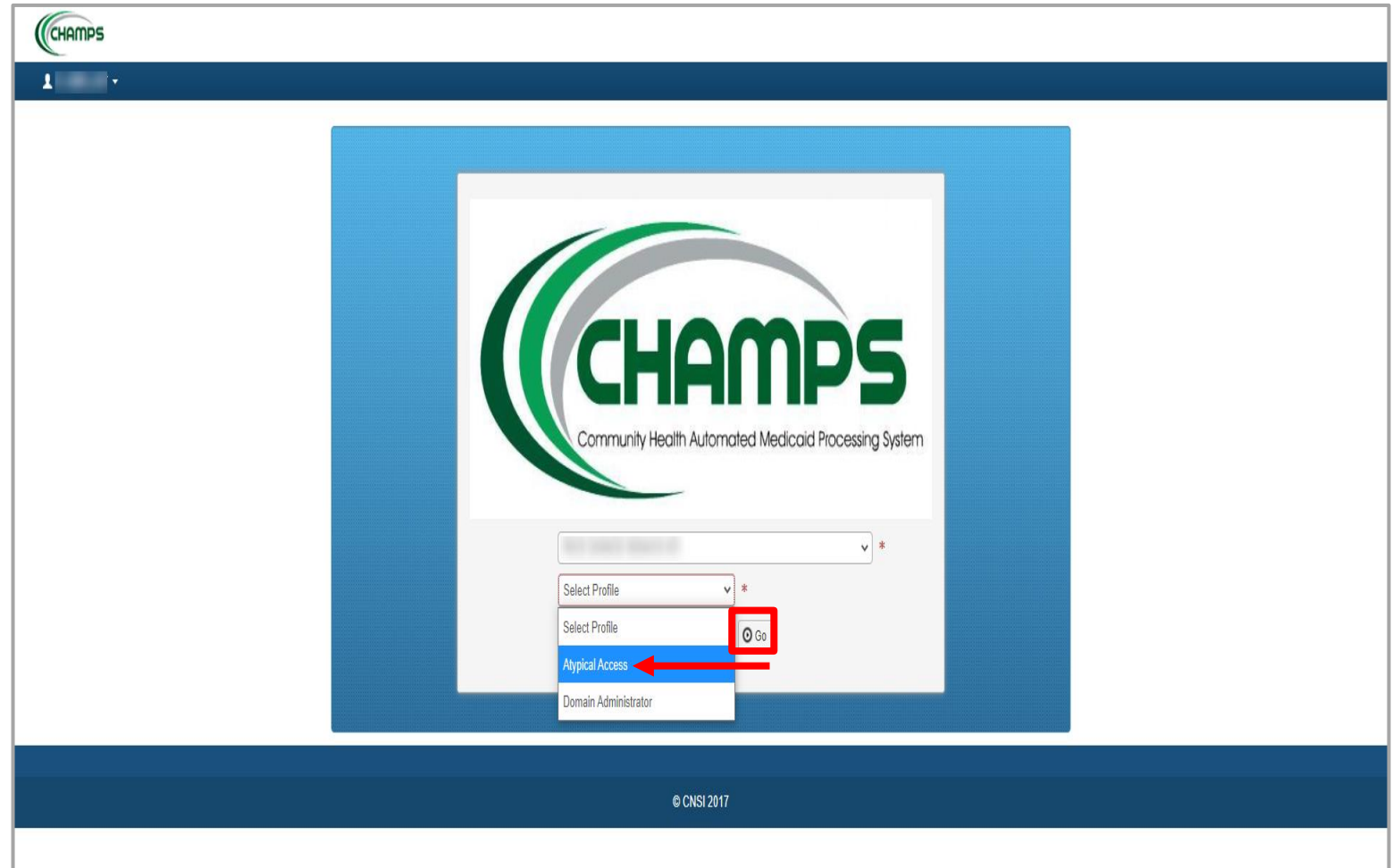
Terms & Conditions

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,

At the bottom of the modal, there are two buttons: "CANCEL ✕" and "Acknowledge/Agree". The "Acknowledge/Agree" button is highlighted with a red border.

Access CHAMPS

- Your Name and Provider ID number will show in the domain drop-down, top section.
- In the Select Profile drop-down menu, select Atypical Access.
- Click Go



The screenshot displays the CHAMPS login interface. At the top left is the CHAMPS logo. Below it is a user profile dropdown menu. The main content area features the CHAMPS logo and the text "Community Health Automated Medicaid Processing System". Below the logo is a text input field and a "Go" button. A "Select Profile" dropdown menu is open, showing options: "Atypical Access" (highlighted with a blue bar and a red arrow), "Domain Administrator", and "Go" (highlighted with a red box). The copyright notice "© CNSI 2017" is visible at the bottom of the page.

Access Manage Provider Information

- Click the Provider Tab
- In the Provider drop-down menu, click Manage Provider Information.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a 'My Inbox' dropdown, and a 'Provider' dropdown menu. The 'Provider' dropdown menu is open, showing options: 'PROVIDER ENROLLMENT' (with sub-items 'New Enrollment' and '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').

Below the navigation bar, the main content area features a 'System Notification' banner with the text: "Due to the R10c-1.15... the CHAMPS system will be unavailable between 7:00 PM EST Friday, October 29nd through 2:00 AM EST Saturday, October 30th 2021. This outage will affect the system access for all functionality." To the right of the notification is a 'Calendar' widget showing the date 8 December 2021 (Wednesday) and a calendar grid for December 2021.

At the bottom of the interface is a 'My Reminders' section with a filter dropdown, a 'Go' button, and a table with columns: Alert Type, Alert Message, Alert Date, Due Date, and Read. The table currently displays 'No Records Found!'.

Update Step 3: Specialties

- Click Step 3: Specialties

CHAMPS My Inbox Provider

Last Login: 08 DEC, 2021 01:03 PM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

View/Update Provider Data - Atypical Agency

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 2: Locations	Required	09/18/2021	09/20/2021	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	09/18/2021	09/20/2021	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 5: Additional Information	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	11/23/2021	09/20/2021	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	08/25/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 12: Associate MCO Plan	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	08/17/2021	08/17/2021	Incomplete		
<input type="checkbox"/> Step 14: Upload Documents	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	09/18/2021	09/20/2021	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	11/23/2021	09/20/2021	Complete		

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

Update Step 3: Specialties

- Click Add, to enter the CTS specialty

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a breadcrumb trail (My Inbox > Provider), and a user profile section showing the last login time as 08 DEC, 2021 01:03 PM. Below the navigation bar, there are utility links for Note Pad, External Links, My Favorites, Print, and Help. The main content area is titled "Provider Portal > Atypical Agency Modification". It features a form with fields for "Provider ID:" and "Name:". Below the form, there are "Close" and "Add" buttons, with the "Add" button highlighted in red. The "Specialty/Subspecialty List" section contains a table with columns for Specialty/Subspecialty, Start Date, End Date, Status, Operational Status, Inactivation Date, and Primary Specialty (Y/N). The table lists one entry: "HOME HELP FAO/No Subspecialty" with a start date of 08/16/2021, an end date of 12/31/2999, a status of "Approved", and an operational status of "Active". The interface also includes filter options, a "Go" button, and pagination controls at the bottom.

Specialty/Subspecialty	Start Date	End Date	Status	Operational Status	Inactivation Date	Primary Specialty (Y/N)
<input type="checkbox"/> HOME HELP FAO/No Subspecialty	08/16/2021	12/31/2999	Approved	Active		No

Update Step 3: Specialties

- From the Provider Type drop-down menu select:
 - Atypical Agency
- From the Specialty drop-down menu select:
 - Community Transition Services
- From the Available Subspecialties select:
 - Home and Community Based Agency
- Click the arrows (>>) to move the subspecialty selected to the Associated Subspecialties box.

(Please Note: There is no need to fill in an End Date)

- Click Ok

The screenshot displays the 'Atypical Agency Modification' interface in the CHAMPS system. The 'Add Specialty/Subspecialty' section contains the following fields:

- Location: 01-DELORES HEAVI *
- Provider Type: ATYPICAL AGENCY *
- Specialty: Community Transition Services *
- End Date: (empty)

The 'Add Subspecialty' section features two columns: 'Available Subspecialties' and 'Associated Subspecialties *'. The 'Available Subspecialties' column lists 'Home and Community Based Agency'. A red box highlights the right arrow (>>) between the two columns, indicating the action to move the selected subspecialty to the 'Associated Subspecialties' box. At the bottom right, the 'OK' button is highlighted with a red box. The page ID is 'dlgSpecialties(Provider)'.

Update Step 3: Specialties

- The newly added CTS specialty will show with an In Review status.
- 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' tabs. Below this is a header area with 'Provider ID' and 'Name' fields. A 'Close' button is highlighted with a red box. The main content area is titled 'Specialty/Subspecialty List' and contains a table with the following data:

Specialty/Subspecialty	Start Date	End Date	Status	Operational Status	Inactivation Date	Primary Specialty (Y/N)
<input type="checkbox"/> Community Transition Services/Home and Community Based Agency	12/09/2021	12/31/2999	In Review			No
<input type="checkbox"/> HOME HELP FAO/No Subspecialty	08/16/2021	12/31/2999	Approved	Active		No

At the bottom of the table, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' with 'First', 'Prev', 'Next', and 'Last' buttons. A red arrow points to the 'In Review' status in the table.

Update Step 3: Specialties

- Step 3 will show updated in the Modification Status column.
- Click Step 4: Associate Billing Provider/Other Associations

CHAMPS My Inbox Provider

Last Login: 08 DEC, 2021 01:03 PM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

View/Update Provider Data - Atypical Agency

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 2: Locations	Required	09/18/2021	09/20/2021	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	12/09/2021	09/20/2021	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 5: Additional Information	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	09/20/2021	09/20/2021	Complete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	08/25/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 12: Associate MCO Plan	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	08/17/2021	08/17/2021	Incomplete		
<input type="checkbox"/> Step 14: Upload Documents	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	09/18/2021	09/20/2021	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	12/09/2021	09/20/2021	Incomplete		Modification Request has not been Submitted.

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

Update Step 4: Associate Billing Provider/Other Associations

- Click Add

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this is a user profile section with 'Last Login: 09 DEC, 2021 08:34 AM' and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Atypical Agency Modification'. It features a form with 'Provider ID:' and 'Name:' fields. Below the form are 'Close' and 'Add' buttons, with the 'Add' button highlighted by a red box. The main section is a table titled 'Billing Provider/Other Associations List'. The table has columns for 'NPI/Provider ID', 'Provider Name', 'Enrollment Type', 'Start Date', 'End Date', 'Status', 'Operational Status', and 'Inactivation Date'. The table is currently empty, displaying 'No Records Found!' in red text. Filter options and a 'Go' button are visible above the table.

Update Step 4: Associate Billing Provider/Other Associations

- In the Type drop-down menu, select NPI (i.e., National Provider Identifier)
- Enter the NPI of the FAO Billing Provider any of the following:
 - Area Agency on Aging (AAA)
 - Center for Independent Living (CIL)
 - Community Based Organization (CBO)
- Enter the Start date
- Click Confirm Provider

The screenshot displays the CHAMPS Provider Portal interface. At the top, the CHAMPS logo and navigation tabs for 'My Inbox' and 'Provider' are visible. The user's last login is '09 DEC, 2021 08:34 AM'. The main content area is titled 'Associate Billing Provider/Other Associations' and includes a sub-header: 'Enter NPI/Provider ID of Billing Provider/Other Associations and click "Confirm Provider."'.

The form contains the following fields:

- Type:** A dropdown menu currently set to 'NPI', highlighted with a red box.
- ID:** A text input field with an asterisk, indicated by a red arrow.
- Start Date:** A date selection field with an asterisk.
- End Date:** A date selection field.
- Provider Name:** A text input field.
- Enrollment Type:** A text input field.
- Applicant Type:** A text input field.

At the bottom right of the form, the 'Confirm Provider' button is highlighted with a red box, along with 'Ok' and 'Cancel' buttons. The footer of the page shows 'Page ID: dlgAssocBillingPrvdr(Provider)'.

Update Step 4: Associate Billing Provider/Other Associations

- After clicking the confirm provider button the screen will display the provider's name and enrollment type .
- Click Ok

The screenshot displays the CHAMPS Provider Portal interface. The main content area is titled "Associate Billing Provider/Other Associations" and contains the following form fields:

- Provider ID:** [Redacted]
- Name:** [Redacted]
- Type:** NPI (dropdown menu) *
- ID:** [Redacted] *
- Start Date:** 12/09/2021 (calendar icon) *
- End Date:** [Redacted] (calendar icon)
- Provider Name:** [Redacted]
- Enrollment Type:** Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)
- Applicant Type:** [Redacted]

At the bottom of the form, there are three buttons: "Confirm Provider", "Ok" (highlighted with a red box), and "Cancel".

Page ID: dlgAssocBillingPrvdr(Provider)

Update Step 4: Associate Billing Provider/Other Associations

- To add additional Billing Provider or NPI information click Add.
- Click Close to return to the business process wizard.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile, and the text "Last Login: 09 DEC, 2021 08:34 AM". Below this is a breadcrumb trail: "Provider Portal > Atypical Agency Modification".

The main content area is titled "Billing Provider/Other Associations List". It features a search and filter section with "Filter By" dropdowns, "And" operators, and an "Operational Status" dropdown set to "Active". There are "Go", "Save Filters", and "My Filters" buttons.

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>							
<input type="checkbox"/>		Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)	12/09/2021	12/31/2999	In Review	Active	

At the bottom of the list, there are "View Page: 1", "Go", "Page Count", and "SaveToXLS" buttons. On the right side, there are navigation buttons: "First", "Prev", "Next", and "Last".

A red box highlights the "Close" button in the top left corner of the list area.

Update Step 4: Associate Billing Provider/Other Associations

- Step 4 will show updated in the Modification Status column.
- **Important:** Confirm all steps labelled as Required have a Status of Complete prior to moving onto Step 15.
- Click Step 15: Complete Modification Checklist

CHAMPS My Inbox Provider

Last Login: 09 DEC, 2021 08:34 AM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

View/Update Provider Data - Atypical Agency

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 2: Locations	Required	09/18/2021	09/20/2021	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	12/09/2021	09/20/2021	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	12/09/2021	08/17/2021	Complete	Updated	
<input type="checkbox"/> Step 5: Additional Information	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/09/2021	12/09/2021	Complete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	08/25/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 12: Associate MCO Plan	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	08/17/2021	08/17/2021	Incomplete		
<input type="checkbox"/> Step 14: Upload Documents	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	12/09/2021	12/09/2021	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	12/09/2021	12/09/2021	Incomplete		Modification Request has not been Submitted.

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

Update Step 15: Complete Modification Checklist

- Answer all the Provider Checklist questions by choosing Yes or No from each drop-down menu in the Answer column.
 - Add comments if needed in the Comments field.
- Click Save
- Click Close

CHAMPS

My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Note Pad External Links My Favorites Print Help

Provider Portal Atypical Agency 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	▼
Do you perform services as an agency with 2 or more employees?	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	▼

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

First Prev Next Last

Update Step 16: Submit Modification Request for Review

- Step 15 will show updated in the Modification Status column.
- Click Step 16: Submit Modification Request for Review

CHAMPS My Inbox Provider

Last Login: 09 DEC, 2021 08:34 AM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

View/Update Provider Data - Atypical Agency

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 2: Locations	Required	09/18/2021	09/20/2021	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	12/09/2021	09/20/2021	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	12/09/2021	08/17/2021	Complete	Updated	
<input type="checkbox"/> Step 5: Additional Information	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/09/2021	12/09/2021	Complete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	08/25/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 12: Associate MCO Plan	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	08/17/2021	08/17/2021	Incomplete		
<input type="checkbox"/> Step 14: Upload Documents	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	12/09/2021	12/09/2021	Complete	Updated	
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	12/09/2021	12/09/2021	Incomplete		Modification Request has not been Submitted.

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

Update Step 16: Submit Modification Request for Review

- Click Next. By clicking the Next button, you agree that the information submitted is correct (Private and Confidential).

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a 'My Inbox' dropdown, and a 'Provider' dropdown. Below this is a dark blue header with a user profile icon, the text 'Last Login: 01 JUN, 2018 08:39 AM', and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area shows the breadcrumb 'Provider Portal > Atypical Agency Modification'. There are two input fields for 'Provider ID' and 'Name'. Below these is a 'Close' button and a 'Next' button, with the 'Next' button highlighted by a red box. The 'Final Submission' section contains a 'Provider ID' field, an 'EnrollmentType' dropdown set to 'Atypical Agency Provider', and a disclaimer: 'The Information submitted shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted.' Below the disclaimer is a checkbox labeled 'I agree that the information submitted as a part of the application is correct. (Private and Confidential)'. The 'Application Document Checklist' section is a table with columns for 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, with a red message 'No Records Found!' centered below it.

Forms/Documents	Special Instructions	Source	Required
No Records Found !			

Update Step 16: Submit Modification Request for Review

- Read the Terms and Conditions Atypical Enrollment statement.
- Click the checkbox at the bottom of the page if you acknowledge and agree.
- Click Submit for Modification agreeing that all the information in the application is correct.

The image displays two screenshots of the CHAMPS Provider Portal interface. The left screenshot shows the 'Final Submission' and 'Terms and Conditions Atypical Enrollment' sections. The right screenshot shows the 'Submit for Modification' button highlighted in red, and a checkbox at the bottom of the page with the text 'By checking this, I acknowledge that I have read the terms and agreement and I agree to fully comply with all program requirements.' also highlighted in red.

Final Submission

Terms and Conditions Atypical Enrollment

1. As an individual provider of Home Help services, I agree that the Medic...
2. As a Home Help provider agency, I agree that the agency contract is va...
3. I agree that personal care services will be provided for a Michigan Medi...
4. Under Section 3504 of the Internal Revenue Code, I agree to accept the n...
5. I agree to return any payments received for Home Help services not pro...
6. I understand that the Home Help program is funded by Medicaid and p...
7. In order to receive payment, I agree to keep and submit to MDHHS, DHS...
8. Upon request, I agree to provide MDHHS, DHS or their designee, any in...
9. Upon request, I agree to provide MDHHS, DHS or their designee, any b...
10. I understand I will be subject to a criminal history screening and may no...
11. I agree to cooperate with MDHHS, DHS or their designee, regarding an...
12. I agree to report any changes relative to the beneficiary including but n...
13. I agree to comply with the privacy, security and confidentiality provision...
14. I agree to comply with the provisions of 42 CFR 431.107 and Act No. 20...

Definitions:

Confidential Rider Information: Includes, but is not limited to, the ride...

Department means the Michigan Department of Health and Human Ser...

Driver means an individual providing Non-Emergency Medical Transpo...

Rider means the individual being transported by driver.

Service means the provision by driver of Non-Emergency Medical Tran...

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

Update Step 16: Submit Modification Request for Review

- Your Modification Request has been submitted for State review.
- Click Close.
- Logout.

CHAMPS My Inbox Provider

Last Login: 09 DEC, 2021 08:34 AM

Provider Portal > Atypical Agency Modification

Provider ID: [Redacted] Name: [Redacted]

Close Undo Update

The Modification Request has been submitted for State review. Return to here to track the status of your request.

View/Update Provider Data - Atypical Agency

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

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 2: Locations	Required	09/18/2021	09/20/2021	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	12/09/2021	09/20/2021	Complete	In Review	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	12/09/2021	08/17/2021	Complete	In Review	
<input type="checkbox"/> Step 5: Additional Information	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/09/2021	12/09/2021	Complete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	08/25/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 12: Associate MCO Plan	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	08/17/2021	08/17/2021	Incomplete		
<input type="checkbox"/> Step 14: Upload Documents	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	12/09/2021	12/09/2021	Complete	In Review	
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	12/09/2021	12/09/2021	Complete		

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

Update Step 16: Submit Modification Request for Review

- The modification is approved when the Modification Status column shows blank.
- Also, the Last Review Date will be the date the modification was approved for the steps that were updated.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there are navigation tabs for 'My Inbox' and 'Provider'. Below this, a header bar shows 'Last Login: 09 DEC, 2021 08:34 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Atypical Agency Modification' and contains a form for 'View/Update Provider Data - Atypical Agency'. The form includes a 'Close' button and an 'Undo Update' button. The core of the page is a table titled 'Business Process Wizard - Provider Data Modification (Atypical Agency)'. The table has columns for 'Step', 'Required', 'Last Modification Date', 'Last Review Date', 'Status', 'Modification Status', and 'Step Remark'. The 'Modification Status' column is highlighted with a red box and contains blank entries for all steps from 1 to 16. The 'Status' column shows 'Complete' for steps 1-15 and 'Incomplete' for steps 13 and 15. The 'Last Review Date' column shows dates for steps 1-16, with step 16 having a date of 12/09/2021. At the bottom of the table, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 2: Locations	Required	09/18/2021	09/20/2021	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	12/09/2021	12/09/2021	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	12/09/2021	12/09/2021	Complete		
<input type="checkbox"/> Step 5: Additional Information	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/09/2021	12/09/2021	Complete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	08/25/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 12: Associate MCO Plan	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	08/17/2021	08/17/2021	Incomplete		
<input type="checkbox"/> Step 14: Upload Documents	Optional	08/17/2021	08/17/2021	Complete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	12/09/2021	12/09/2021	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	12/09/2021	12/09/2021	Complete		

Provider Resources



CTS website: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-481963--,00.html



We continue to update our Provider Resources:

[CHAMPS Resources](#)

[Listserv Instructions](#)

[Provider Alerts](#)

[Medicaid Provider Training Sessions](#)



Provider Contact:

Provider Support:

1-800-979-4662

ProviderSupport@Michigan.gov

CTS Contact:

mdhhs-msa-nftservices@michigan.gov



Thank you for participating in the Michigan Medicaid Program