

Home Help Agency Modification 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

Checklist

For a Home Help Agency that needs to make a modification:

- Login to MILogin with your previously created user ID and password
- Access CHAMPS
- Access Manage Provider Information
- Update information as needed

*****If the Primary Pay To address needs to be changed [click here](#).*****

Contact the Home Help Provider Support Helpline if you need help
1-800-979-4662

MiLogin and CHAMPS

MiLogin is the State of Michigan Identity, Credential, and Access Management (MICAM) solution. All users needing access to CHAMPS's information must obtain a MiLogin User ID and Password.

CHAMPS (Community Health Automated Medicaid Processing System) is the MDHHS application where providers enroll, update provider enrollment information, and report services performed.

As of October 28, 2023, MiLogin Third Party has been rebranded to MiLogin for Business.

MiLogin and CHAMPS

- Open your web browser (e.g., Internet Explorer, Google Chrome, Mozilla Firefox, etc.).
- Enter <https://milogintp.Michigan.gov> into the search bar.
- Enter the User ID and Password and click Login
 - If you don't remember your User ID or Password, you can select "Lookup your User ID" or "Forgot your password?"

The screenshot displays the MiLogin for Business website. On the left, a dark blue banner features the Michigan state logo and the text "MiLogin for Business". Below this, a large white text block reads "Michigan's one-stop login solution for business" with a right-pointing arrow. Underneath, a paragraph explains that MiLogin connects users to all State of Michigan business services through a single user ID. At the bottom of the banner, it says "Copyright 2023 State of Michigan".

On the right, the main content area is white. It starts with "Welcome to MiLogin for Business". Below this are two input fields: "User ID" and "Password". Each field has a red arrow pointing to it from the right. Below the "User ID" field is a link "Lookup your user ID". Below the "Password" field is a link "Forgot your password?". Below these fields are two buttons: a teal "Log In" button (highlighted with a red border) and a white "Create an Account" button. At the top right of the page are links for "Help" and "Contact Us". At the bottom right, there is a "Policies" link.

MiLogin and CHAMPS

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

The screenshot shows the MiLogin for Business website. The header includes the Michigan state logo, the text "MiLogin for Business", and navigation links for "Home", "Discover Online Services", "Help", and "Contact Us". The main content area features a "Welcome" message with a blurred name and the instruction "Access your requested online services and search for more." Below this, there are two white boxes. The left box contains the MDHHS logo, the text "Michigan Department of Health & Human Services (MDHHS)", and a "CHAMPS" hyperlink. A red rectangular box highlights a right-pointing arrow next to the "CHAMPS" text. The right box is titled "Discover Online Services" and contains text about MiLogin security and a "Find Services" link with a right-pointing arrow. The footer includes "Copyright 2023 State of Michigan" and a "Policies" link.

MiLogin and CHAMPS

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

MiLogin for Business Home Discover Online Services Help Contact Us

[Back to Home](#)

MDHHS

CHAMPS

(Community Health Automated Medicaid Processing System) is the Michigan Medicaid Management Information System (MMIS). It supports Medicaid provider enrollment and maintenance, beneficiary healthcare eligibility and enrollment, prior authorization, Home Help Electronic Service Verification (ESV), fee-for-service payments and managed care enrollments, payments, and encounters.

Please accept the Terms and Conditions to continue:

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

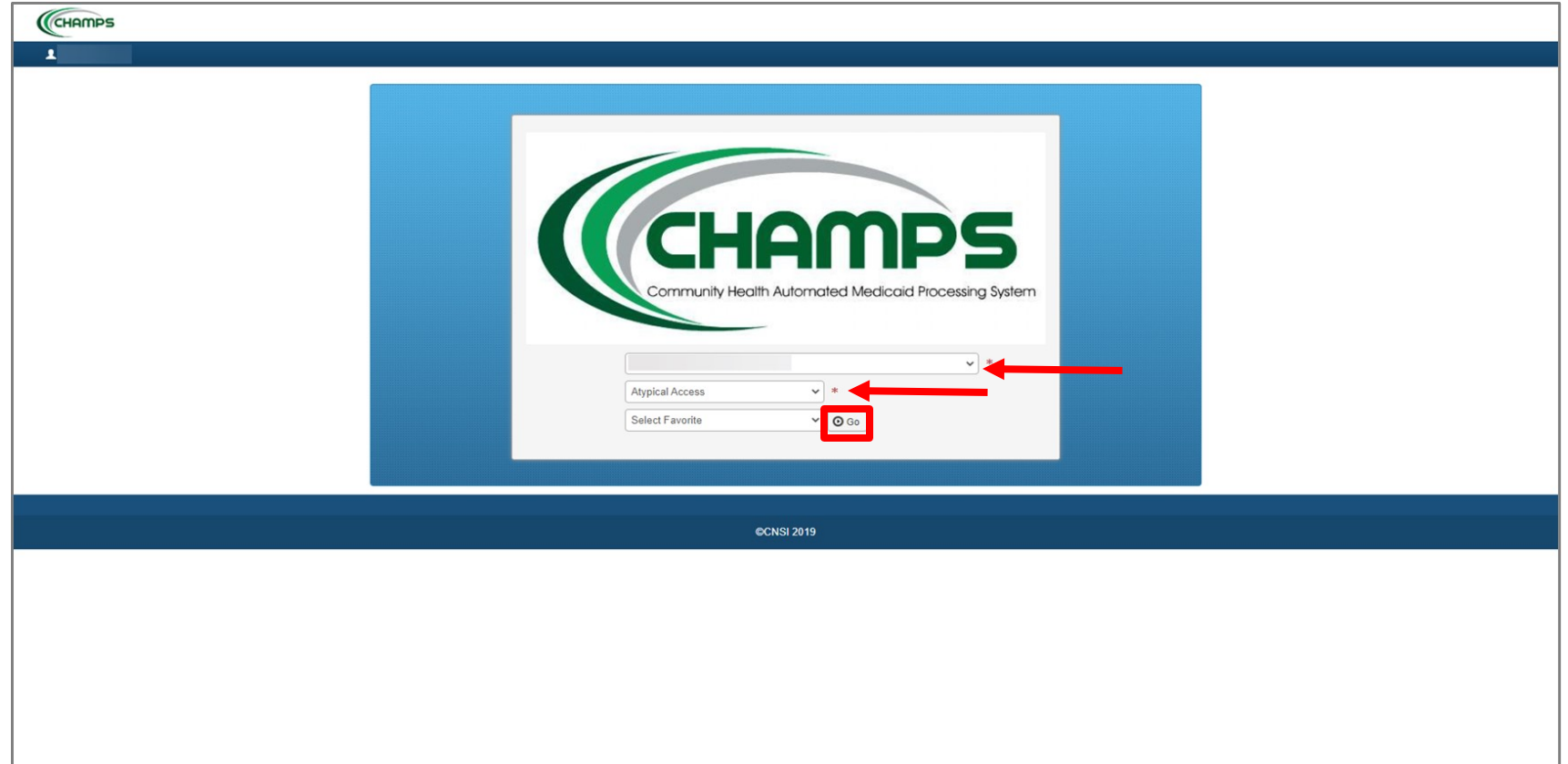
I agree to the Terms & Conditions

Launch service

Copyright 2023 State of Michigan Policies

MiLogin and CHAMPS

- The Provider ID and Name will show in the top drop-down menu
- In the Select Profile drop-down menu, select Atypical Access
- Click Go



The screenshot shows the CHAMPS login interface. At the top left is the CHAMPS logo. Below it is a user profile icon. The main content area features a large CHAMPS logo with the text "Community Health Automated Medicaid Processing System". Below the logo is a form with three dropdown menus: "Select Profile", "Atypical Access", and "Select Favorite". A red box highlights the "Go" button. Red arrows point to the "Select Profile" dropdown, the "Atypical Access" dropdown, and the "Go" button. The footer contains the text "©CNSI 2019".

Home Help Agency Modification

- In the Provider drop-down menu, select Manage Provider Information.

The screenshot displays the CHAMPS Provider Portal interface. At the top, the 'Provider' dropdown menu is open, showing three main categories: PROVIDER ENROLLMENT, MANAGE PROVIDER, and ELECTRONIC SERVICE VERIFICATION (ESV). Under PROVIDER ENROLLMENT, there are 'New Enrollment' and 'Track Application'. Under MANAGE PROVIDER, there is 'Manage Provider Information', which is highlighted with a red arrow. Under ESV, there is 'ESV Member List'. The main content area features a system notification: 'Due to R10c-1.1 release, the 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.' Below the notification is a 'My Reminders' section with a filter dropdown and a table. The table has columns for Alert Type, Alert Message, Alert Date, Due Date, and Read. The table is currently empty, displaying 'No Records Found!' in red text. On the right side, there is a calendar widget for June 13, 2018, showing the time 11:40 AM and a calendar grid for the month of June.

Home Help Agency Modification

Step 1: Provider Basic Information

- Click Step 1.
 - Note: In the Required Column, you will see the required steps.
- The Status Column will say Incomplete until the step is completed.

CHAMPS My Inbox Provider

Last Login: 18 DEC, 2023 09:53 AM

Note Pad External Links My Favorites Print Help

Provider Portal Atypical Agency Modification

Provider ID: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

View/Update Provider Data - Atypical Agency

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

<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	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 5: Additional Information	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 12: Associate MCO Plan	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 14: Upload Documents	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	01/05/2023	01/05/2023	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	01/05/2023	01/05/2023	Complete		

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

Home Help Agency Modification

Step 1: Provider Basic Information

- Verify and change any information that needs to be updated.
- Click OK.

Print Help

Provider ID: [] Name: []

Provider Details

Legal Entity Name: [] * (As shown on the Income Tax Return)

Entity Business Name: [] * (Doing Business As) EIN/TIN: []

Organization/Business Type: EVV Agencies * Vendor ID: []

NPI: [] *

Business Status: Active

Status: Approved

Business Elig.Date Range: 01/03/2023-12/31/2999

Revalidation Period: 11/01/2027-01/31/2028

Contact Email Address:

Email-1: [] *	Email-2: []
Email-3: []	Email-4: []
Email-5: []	Email-6: []

Ok Cancel

Home Help Agency Modification

Step 2: Locations

- Click Step 2: Locations
 - Note: Step 1 Modification Status has been changed to Updated

CHAMPS My Inbox Provider

Last Login: 18 DEC, 2023 09:53 AM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

View/Update Provider Data - Atypical Agency

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

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<input type="checkbox"/> Step 2: Locations	Required	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 5: Additional Information	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 12: Associate MCO Plan	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 14: Upload Documents	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	01/05/2023	01/05/2023	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	12/18/2023	01/05/2023	Incomplete		Modification Request has not been Submitted.

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

Home Help Agency Modification

Step 2: Locations

- Click the Primary Practice Location hyperlink.

CHAMPS < My Inbox > Provider >

Last Login: 07 JUN, 2018 09:40 AM

Note Pad External Links My Favorites Print Help

Provider Portal > Atypical Agency 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	

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

Home Help Agency Modification

Step 2: Locations

- Verify and change any information that needs to be updated.
 - For Office Hours - use the drop-down menu to choose the correct times. Make sure to select the hours you are open or choose "Closed".
- Under the Address Type column click on the hyperlinked address type if updates are needed.
 - Note: Primary Pay To address cannot be changed in CHAMPS. For instructions on how to update [click here](#).
- Skip the next slide if the Correspondence and Location addresses are correct.

CHAMPS My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Provider Portal > Atypical Agency Modification

Provider ID: _____ Name: _____

Close Save To add additional addresses, click "Add Address" button.

Doing Business As: _____ Location Code: 01 Location Type: Primary Practice Location

Phone Number: _____ * Extn: _____ Fax Number: _____ Email Address: _____

Web Page: _____ Communication Preference: Email

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day	Open At	AM/PM	Close At	AM/PM	Day	Open At	AM/PM	Close At	AM/PM
Sunday	Close	AM/PM		AM/PM	Thursday	Close	AM/PM		AM/PM
Monday	08:00	AM/PM	05:00	AM/PM	Friday	Close	AM/PM		AM/PM
Tuesday	Close	AM/PM		AM/PM	Saturday	Close	AM/PM		AM/PM
Wednesday	Close	AM/PM		AM/PM					

Handicap Accessible: Yes

Accept 835 (reported at EIN/TIN level): No

Language(s) Spoken: English

Start Date: 07/13/2015 End Date: 12/31/2999 Status: Approved

Facility Details

State Facility ID: _____ Fiscal Year End Date: 12/15

Address List

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
Correspondence		07/13/2015	12/31/2999	Approved	Active	
Location		07/13/2015	12/31/2999	Approved	Active	
Primary Pay To		07/13/2015	12/31/2999	Approved	Active	

Home Help Agency Modification

Step 2: Locations

- Verify and change any information that needs to be updated.
- Click Save.
- Click Close.
 - Note: This step is only needed if the Correspondence or Location Address needs to be updated.
- When Address Line 1 and Zip Code are added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

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 ID: Name:

Close Save

Manage Provider Location Address

Type of Address: Correspondence Status: Approved

End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

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

Address Line 2:

Address Line 3:

City/Town: *

State/Province: MICHIGAN *

County:

Country: UNITED STATES *

Zip Code: * - * Validate Address

Home Help Agency Modification

Step 2: Locations

- Click Save.
- Click Close on the next two screens to go back to the list of steps. (Not shown)
 - Note: Your new address will be listed in the Address column.

CHAMPS My Inbox Provider

Last Login: 01 JUN, 2018 08:39 AM

Provider Portal > Atypical Agency Modification

Provider ID: _____ Name: _____

Close Save To add additional addresses, click "Add Address" button.

Doing Business As: _____ Location Code: 01 Location Type: Primary Practice Location

Phone Number: _____ * Ext: _____ Fax Number: _____ Email Address: _____

Web Page: _____ Communication Preference: Email

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Close *	AM PM *	_____ *	AM PM *	Thursday:	Close *	AM PM *	_____ *	AM PM *
Monday:	08:00 *	AM PM *	05:00 *	AM PM *	Friday:	Close *	AM PM *	_____ *	AM PM *
Tuesday:	Close *	AM PM *	_____ *	AM PM *	Saturday:	Closed *	AM PM *	_____ *	AM PM *
Wednesday:	Close *	AM PM *	_____ *	AM PM *					

Handicap Accessible: Yes No

Accept 835 (reported at EIN/TIN level): No Yes

Language(s) Spoken: English Arabic Chinese

Start Date: 07/13/2015 End Date: 12/31/2999 Status: Approved

Facility Details

State Facility ID: _____ Fiscal Year End Date: 12/15 (mm/dd)

Address List

no access

Add Address

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

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Correspondence	_____	07/13/2015	12/31/2999	Approved	Active	
<input type="checkbox"/> Location	_____	07/13/2015	12/31/2999	Approved	Active	
<input type="checkbox"/> Primary Pay To	_____	07/13/2015	12/31/2999	Approved	Active	

View Page: 1 Page Count Save To XLS Viewing Page: 1

Home Help Agency Modification

Step 3: Specialties

- Click Step 3.
 - Note: Step 2 Modification Status has been changed to Updated.

CHAMPS My Inbox Provider

Last Login: 18 DEC, 2023 01:34 PM

Provider Portal > Atypical Agency Modification

Provider ID: _____ Name: _____

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

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	12/18/2023	01/05/2023	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	12/18/2023	01/05/2023	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 5: Additional Information	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 12: Associate MCO Plan	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 14: Upload Documents	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	01/05/2023	01/05/2023	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	12/18/2023	01/05/2023	Incomplete		Modification Request has not been Submitted.

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

Home Help Agency Modification

Step 3: Specialties

- Verify and change any information that needs to be updated.
- Click Close if no additional specialties need to be added.
 - Note: Nothing may need to be updated here, but you must still click in this step and then Close for the step to show complete.

The screenshot displays the CHAMPS Provider Portal interface. At the top, the CHAMPS logo is on the left, and navigation links for 'My Inbox' and 'Provider' are in the center. A dark blue header bar contains a user profile icon, the text 'Last Login: 18 DEC, 2023 01:34 PM', and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the header, the breadcrumb trail reads 'Provider Portal > Atypical Agency Modification'. The main content area features a form with 'Provider ID:' and 'Name:' fields. Below these fields are 'Close' and 'Add' buttons, with the 'Close' button highlighted by a red box. A section titled 'Specialty/Subspecialty List' contains a filter interface with two 'Filter By' dropdowns, an 'And' connector, and an 'Operational Status' dropdown set to 'Active'. A 'Go' button is to the left of the filters, and 'Save Filters' and 'My Filters' buttons are to the right. Below the filters is a table with the following data:

Specialty/Subspecialty	Start Date	End Date	Status	Operational Status	Inactivation Date	Primary Specialty (Y/N)
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> HOME HELP FAO/No Subspecialty	01/03/2023	12/31/2999	Approved	Active		No

At the bottom of the table, there are controls for 'View Page: 1', a 'Go' button, 'Page Count', 'Save to Excel', and 'Viewing Page: 1'. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also present.

Home Help Agency Modification

Step 9: Provider Controlling Interest/Ownership Details

- Click Step 9.
 - Note: Step 3 Modification Status has now been changed to Updated.
- Steps 4 - 8 are optional for Home Help Agency Providers.

CHAMPS My Inbox Provider

Last Login: 18 DEC, 2023 01:34 PM

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

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	12/18/2023	01/05/2023	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	12/18/2023	01/05/2023	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	12/18/2023	01/05/2023	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 5: Additional Information	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 12: Associate MCO Plan	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 14: Upload Documents	Optional	01/05/2023	01/05/2023	Complete		
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View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

Home Help Agency Modification

Step 9: Provider Controlling Interest/Ownership Details

- Click on Owner SSN/EIN/TIN hyperlink of the Individual or Managing Employee to make updates.
- Click Close.

Provider Portal > Atypical Agency Modification

Last Login: 18 DEC, 2023 02:35 PM

Note Pad External Links My Favorites Print Help

Provider ID: _____ Name: _____

Close Actions

Owners List

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
<input type="checkbox"/>	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/>		Limited Liability Company		01/03/2023	12/31/2999	Approved	Active		No	100	Completed
<input type="checkbox"/>		Board of Directors/Officers/Principles		01/03/2023	12/31/2999	Approved	Active		No	100	Completed
<input type="checkbox"/>		Managing Employee		01/03/2023	12/31/2999	Approved	Active		No	100	Completed

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

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

Add Other Owned Entity

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
<input type="checkbox"/>	▲▼	▲▼	▲▼	▲▼	▲▼
No Records Found !					

Home Help Agency Modification

Step 15: Complete Modification Checklist

- Click Step 15
 - Note: Step 9 Modification Status has now been changed to Updated

CHAMPS My Inbox Provider

Last Login: 18 DEC, 2023 01:34 PM

Note Pad External Links My Favorites Print Help

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

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<input type="checkbox"/> Step 2: Locations	Required	12/18/2023	01/05/2023	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	12/18/2023	01/05/2023	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 5: Additional Information	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/05/2023	01/05/2023	Complete	Updated	
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 12: Associate MCO Plan	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 14: Upload Documents	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	01/05/2023	01/05/2023	Incomplete		
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	12/18/2023	01/05/2023	Incomplete		Modification Request has not been Submitted.

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Home Help Agency Modification

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.
- 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	▼

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« First < Prev > Next » Last

Home Help Agency Modification

Step 16: Submit Modification Request for Review

- Click Step 16.
 - Note: Step 15 Modification Status has been changed to Updated.

CHAMPS < My Inbox > Provider >

Last Login: 18 DEC, 2023 01:34 PM

Note Pad External Links My Favorites Print Help

Provider Portal > Atypical Agency Modification

Provider ID: Name:

Close Undo Update

COMPLETE MODIFICATION CHECKLIST ONLY NEEDS TO BE COMPLETED WHEN ADDING NEW INFORMATION OR UPDATING ANY STEP IN THE MODIFICATION

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	12/18/2023	01/05/2023	Complete	Updated	
<input type="checkbox"/> Step 2: Locations	Required	12/18/2023	01/05/2023	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	12/18/2023	01/05/2023	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 5: Additional Information	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/05/2023	01/05/2023	Complete	Updated	
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 12: Associate MCO Plan	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 14: Upload Documents	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	12/18/2023	01/05/2023	Complete	Updated	
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	12/18/2023	01/05/2023	Incomplete		Modification Request has not been Submitted.

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

Home Help Agency Modification

Step 16: Submit Modification Request for Review

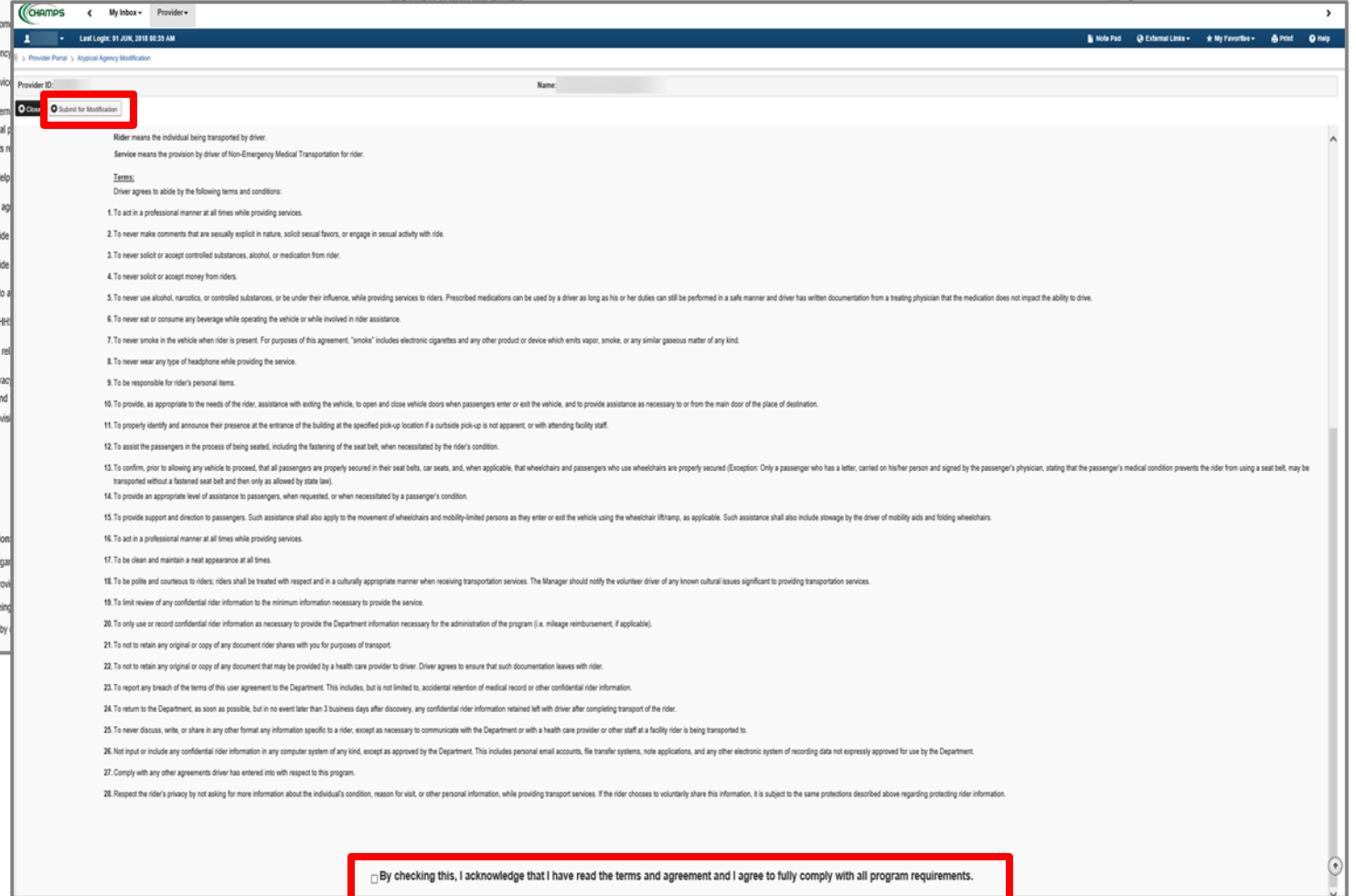
- Click Next.

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile icon, and the text 'My Inbox' and 'Provider'. Below this is a dark blue header with 'Last Login: 01 JUN, 2018 08:39 AM' and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the current location: 'Provider Portal > Atypical Agency Modification'. The main content area is divided into sections. The first section is for inputting 'Provider ID' and 'Name'. Below this is a control bar with 'Close' and 'Next' buttons; the 'Next' button is highlighted with a red box. The second section, titled 'Final Submission', contains a 'Provider ID' field, an 'Enrollment Type' 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 an agreement statement: 'I agree that the information submitted as a part of the application is correct. (Private and Confidential)'. The third section, 'Application Document Checklist', features a table with columns for 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, with a red message 'No Records Found!' displayed at the bottom.

Home Help Agency Modification

Step 16: Submit Modification Request for Review

- Read the Terms and Conditions Atypical Enrollment statement.
- Click the box 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.



Home Help Agency Modification

Step 16: Submit Modification Request for Review

- Your request has been submitted.
- Review is completed once the Modification Status column shows blank again.
- Click Close.
- Logout.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' dropdown. Below this is a dark blue header with 'Last Login: 18 DEC, 2023 01:34 PM', '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, and buttons for 'Close' (highlighted with a red box) and 'Undo Update'. A red arrow points to a message: 'The Modification Request has been submitted for State review. Return to here to track the status of your request.' Below this 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 bottom of the page includes 'View Page: 1', 'Go', 'Page Count', 'Save to Excel', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/18/2023	01/05/2023	Complete	In Review	
<input type="checkbox"/> Step 2: Locations	Required	12/18/2023	01/05/2023	Complete	In Review	
<input type="checkbox"/> Step 3: Specialties	Required	12/18/2023	01/05/2023	Complete	In Review	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 5: Additional Information	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 6: License/Certification/Other	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	01/05/2023	01/05/2023	Complete	In Review	
<input type="checkbox"/> Step 10: Taxonomy Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 11: View Servicing Provider Details	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 12: Associate MCO Plan	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 14: Upload Documents	Optional	01/05/2023	01/05/2023	Complete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	12/18/2023	01/05/2023	Complete	In Review	
<input type="checkbox"/> Step 16: Submit Modification Request for Review	Required	12/18/2023	01/05/2023	Complete		

Provider Resources



Home Help website: www.Michigan.gov/HomeHelp



We continue to update our
Provider Resources:

[CHAMPS Resources](#)
[Listserv Instructions](#)
[Agency Providers](#)
[Individual Providers](#)



Home Help Provider
Support Hotline:

ProviderSupport@Michigan.gov
1-800-979-4662



Thank you for participating in the Michigan Medicaid
Program