

Home Help Individual Provider Revalidation Instructions

Step 14: Submit Modification Request for Review



“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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Provider Enrollment Revalidation Process

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.

Provider Enrollment Revalidation Process

- This presentation covers the provider enrollment steps that are required during revalidation. Additional provider enrollment steps may need to be updated or reviewed by providers but are listed as optional and are not covered in this presentation.
 - For complete Home Help Individual Provider enrollment instruction: www.Michigan.gov/HomeHelp >> New Enrollment >> [New Individual Provider CHAMPS Registration and Enrollment Instructions](#)
- Providers should review information within each enrollment step to ensure it's up to date and accurate.
- When providers update their enrollment information, a new record is created for Provider Enrollment to review. Providers can change the updated information through the new record until the enrollment is submitted to the State for review.

Provider Enrollment Revalidation Process

- Providers have a **90-day period** to complete their revalidation in CHAMPS.
 - **Note:** The 90-day period to complete a revalidation **ONLY** applies to Home Help providers on their original revalidation attempt. If MDHHS re-opens a closed enrollment, providers will be told of the new timeframe to complete the re-opened revalidation.
 - The first day of the revalidation period, providers will be mailed a letter addressed to their CHAMPS correspondence address located within the Provider Enrollment information.
 - 30 days before 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 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 provider cannot make changes until the following day.

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". The main content area has a dark blue background with the heading "Michigan's one-stop login solution for business" and a teal arrow pointing right. Below this, a paragraph explains that MiLogin connects users to all State of Michigan business services through a single user ID. On the right, the login form is shown with a white background. It includes a "User ID" field with a red arrow pointing to it and a "Lookup your user ID" link below. A "Password" field with a red arrow pointing to it and a "Forgot your password?" link below. A teal "Log In" button is highlighted with a red border, and a white "Create an Account" button is below it. The footer contains "Copyright 2023 State of Michigan" and "Policies".

MiLogin and CHAMPS

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

MiLogin for Business

Home Discover Online Services Help Contact Us

Welcome

Access your requested online services and search for more.

Michigan Department of Health & Human Services (MDHHS)

MDHHS CHAMPS

Discover Online Services

MiLogin is used to secure many **online services at the State of Michigan**. We are here to ensure your identity is safe and protected.

Find Services >

Copyright 2023 State of Michigan Policies

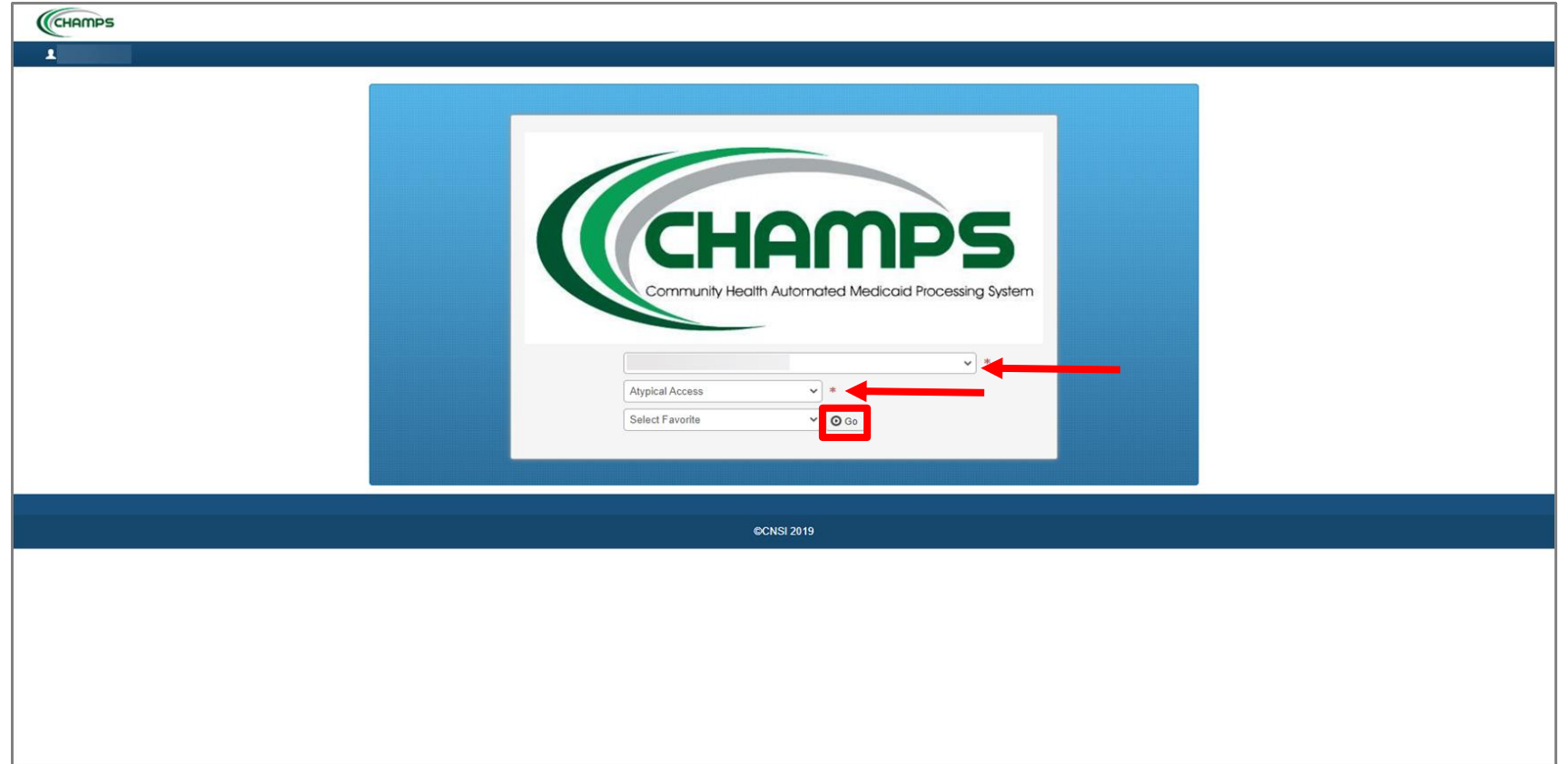
MiLogin and CHAMPS

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

The screenshot shows the 'MiLogin for Business' interface. At the top, there is a navigation bar with links for 'Home', 'Discover Online Services', 'Help', and 'Contact Us'. Below the navigation bar is a large background image of a rocky coastline. A central white box contains the MDHHS logo and the heading 'CHAMPS'. Below the heading is a paragraph describing the system. A section titled 'Terms & Conditions' contains a scrollable text area with the following text: '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'. Below the text area is a checkbox labeled 'I agree to the Terms & Conditions' which is checked, with a red arrow pointing to it. At the bottom of the white box is a red-bordered button labeled 'Launch service'. The footer of the page contains 'Copyright 2023 State of Michigan' on the left and 'Policies' on the right.

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, there is a CHAMPS logo and a user profile icon. The main content area features a large CHAMPS logo with the text "Community Health Automated Medicaid Processing System" below it. Below the logo is a login form with three dropdown menus: a top dropdown for user selection, "Atypical Access" with a red asterisk, and "Select Favorite". A red box highlights the "Go" button, and red arrows point to the top dropdown and the "Atypical Access" dropdown.

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Step 14: Submit Modification Request for Review

The Submit Modification Request for Review step is the final step in the revalidation process. All previous required steps should be completed prior to completing this step.

Step 14: Submit Modification Request for Review

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

The screenshot displays the CHAMPS Provider Portal interface. At the top, the 'Provider' drop-down menu is open, showing options: PROVIDER ENROLLMENT (New Enrollment, Track Application), MANAGE PROVIDER (Manage Provider Information), and ELECTRONIC SERVICE VERIFICATION (ESV) (ESV Member List). A red arrow points to 'Manage Provider Information'. The main content area shows a 'Provider ID' field, a 'Name' field, and a table with columns 'Due Date', 'Read', and 'Tickler Modified Date'. A message 'No Records Found!' is displayed below the table. On the right, there is a 'Calendar' widget for January 2023, showing the current date as 5 January 2023 (Thursday) at 14:14.

Step 14: Submit Modification Request for Review

- Click Step 14: Submit Modification Request for Review
- As a reminder, all previous required steps (Step 1, Step 2, Step 3, and Step 13) should be completed before completing Step 14.
- Home Help Individual Providers associated with an agency will also need to complete Step 4 before completing Step 14.

CHAMPS My Inbox Provider

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

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

| Step | Required | Last Modification Date | Last Review Date | Status | Modification Status | Step Remark |
|--|----------|------------------------|------------------|------------|---------------------|--|
| <input type="checkbox"/> Step 1: Provider Basic Information | Required | 01/05/2023 | 10/03/2019 | Complete | Updated | |
| <input type="checkbox"/> Step 2: Locations | Required | 01/05/2023 | 10/03/2019 | Complete | Updated | |
| <input type="checkbox"/> Step 3: Specialties | Required | 10/03/2019 | 10/03/2019 | Complete | | |
| <input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations | Optional | 10/03/2019 | 10/03/2019 | Incomplete | | |
| <input type="checkbox"/> Step 5: License/Certification/Other | Optional | 10/03/2019 | 10/03/2019 | Incomplete | | |
| <input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange | Optional | 10/03/2019 | 10/03/2019 | Incomplete | | |
| <input type="checkbox"/> Step 7: Associate Billing Agent | Optional | 10/03/2019 | 10/03/2019 | Incomplete | | |
| <input type="checkbox"/> Step 8: Taxonomy Details | Optional | 10/03/2019 | 10/03/2019 | Incomplete | | |
| <input type="checkbox"/> Step 9: View Servicing Provider Details | Optional | 10/03/2019 | 10/03/2019 | Incomplete | | |
| <input type="checkbox"/> Step 10: Associate MCO Plan | Optional | 10/03/2019 | 10/03/2019 | Complete | | |
| <input type="checkbox"/> Step 11: 835/ERA Enrollment Form | Optional | 10/03/2019 | 10/03/2019 | Incomplete | | |
| <input type="checkbox"/> Step 12: Upload Documents | Optional | 10/03/2019 | 10/03/2019 | Complete | | |
| <input type="checkbox"/> Step 13: Complete Modification Checklist | Required | 01/05/2023 | 11/21/2019 | Complete | Updated | |
| <input type="checkbox"/> Step 14: Submit Modification Request for Review | Required | 01/05/2023 | 11/21/2019 | Incomplete | | Modification Request has not been Submitted. |

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Step 14: 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 'My Inbox' dropdown, and a 'Provider' dropdown. On the right side of the navigation bar, there are links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the navigation bar, the breadcrumb trail reads 'Provider Portal > Atypical Individual Modification'. The main content area is divided into several sections. At the top, there are input fields for 'Provider ID:' and 'Name:'. Below these fields, there are two buttons: 'Close' and 'Next'. The 'Next' button is highlighted with a red rectangular box. Below the buttons, there is a section titled 'Final Submission' which contains a 'Provider ID:' field and an 'EnrollmentType: Atypical Individual Provider' label. The text in this section reads: 'The Information submitted shall be verified and reviewed by the State. During this time, any changes to the information shall not be accepted. I agree that the information submitted as a part of the application is correct. (Private and Confidential)'. Below the 'Final Submission' section, there is an 'Application Document Checklist' section. This section contains a table with four columns: 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table.

Step 14: Submit Modification Request for Review

- Read the Terms and Conditions Atypical Enrollment statement.
- Click the box at the bottom of the page to acknowledge and agree to the Terms and Conditions.
- Click Submit for Modification agreeing that all the information in the application is correct.
- Once submitted to the State for review, changes cannot be made to the information.

CHAMPS My Inbox Provider

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Submit for Modification

13. To commit, prior to allowing any vehicle to proceed, that all passengers are properly secured in their seat belts, car seats, and, when applicable, that wheelchairs and passengers who use wheelchairs are properly secured (Exception: Only a passenger who has a letter, carried on his/her person and signed by the passenger's physician, stating that the passenger's medical condition prevents the rider from using a seat belt, may be transported without a fastened seat belt and then only as allowed by state law).

14. To provide an appropriate level of assistance to passengers, when requested, or when necessitated by a passenger's condition.

15. To provide support and direction to passengers. Such assistance shall also apply to the movement of wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift/ramp, as applicable. Such assistance shall also include stowage by the driver of mobility aids and folding wheelchairs.

16. To act in a professional manner at all times while providing services.

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.

Step 14: Submit Modification Request for Review

- Step 14 is now complete, and the revalidation has been submitted to the State for Review.
- Review is complete once the Modification Status column shows blank again.
- Click Close
- Once Step 14 has been completed the revalidation process is complete.

CHAMPS My Inbox Provider

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

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

Please update all steps to complete your revalidation process

View/Update Provider Data - Atypical Individual

| 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 | 10/03/2019 | Complete | In Review | |
| <input type="checkbox"/> Step 2: Locations | Required | 01/05/2023 | 10/03/2019 | Complete | In Review | |
| <input type="checkbox"/> Step 3: Specialties | Required | 10/03/2019 | 10/03/2019 | Complete | | |
| <input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations | Optional | 01/05/2023 | 10/03/2019 | Complete | In Review | |
| <input type="checkbox"/> Step 5: License/Certification/Other | Optional | 10/03/2019 | 10/03/2019 | Incomplete | | |
| <input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange | Optional | 10/03/2019 | 10/03/2019 | Incomplete | | |
| <input type="checkbox"/> Step 7: Associate Billing Agent | Optional | 10/03/2019 | 10/03/2019 | Incomplete | | |
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| <input type="checkbox"/> Step 10: Associate MCO Plan | Optional | 10/03/2019 | 10/03/2019 | Complete | | |
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| <input type="checkbox"/> Step 12: Upload Documents | Optional | 10/03/2019 | 10/03/2019 | Complete | | |
| <input type="checkbox"/> Step 13: Complete Modification Checklist | Required | 01/05/2023 | 11/21/2019 | Complete | In Review | |
| <input type="checkbox"/> Step 14: Submit Modification Request for Review | Required | 01/05/2023 | 11/21/2019 | Complete | | |

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Provider Resources



MDHHS Home Help Provider website:
www.Michigan.gov/HomeHelp



Provider Support:

ProviderSupport@Michigan.gov

1-800-979-4662



Thank you for participating in the Michigan Medicaid Program