Agenda

• Introduction to IMPACT and Key Terms
• Application Process
• Resuming an Application
• Starting a New Application
• The Business Process Wizard (BPW)
• Completing the Application using BPW
• Reviewing Submitted Application
• Resources
• Questions & Answers
**IMPACT** is a multi-agency effort to replace Illinois’ 30-year-old Medicaid Management Information System (MMIS) with a web-based system that meets federal requirements, is more convenient for providers and increases efficiency by automating and expediting state agency processes.

**Key Terms:**

- **Facility, Agency, Organization (FAO):** An entity that provides health care services such as, hospitals, nursing facilities and laboratories. A type 2 NPI and licensing is required.
- **Revalidation:** An FAO provider who was enrolled in the MMIS system and whose information was transferred to IMPACT.
- **Billing Agent:** Submits Medicaid HIPAA compliant transactions or exchanges EPHI with Medicaid providers or other authorized parties. Also known as Clearing House, Software Vendor or Value Added Network (VAN).
- **MCO Plan:** Health care plans that provide health care through a provider network. Sister Agencies will also be listed as an MCO. A sister agency is also known as a State Agency or a Waiver provider.
Application Process

Pressing any of the buttons below will skip to that step of the presentation.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12

Pressing this button on any screen will bring you back to this menu.

1. Step 1: Provider Basic Information
2. Step 2: Add Locations
3. Step 3: Add Specialties
4. Step 4: Associate Billing Provider
5. Step 5: Additional Information
6. Step 6: License/Certification/Other
7. Step 7: Mode of Claim Submission/EDI
8. Step 8: Associate Billing Agent
9. Step 9: Ownership Details
10. Step 10: Taxonomy Details
11. Step 11: Associate MCO Plan
12. Step 12: 835/ERA Enrollment
13. Step 13: Complete Enrollment Checklist
14. Step 14: Submit Application for Approval
After completing the sign-on, click on **IMPACT**.

In regards to completing an application, there are two options: New Enrollment or Resuming an application.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Resume an Application

To resume (or revalidate) an application, click on **Track Application**.
The application number was either mailed out on a yellow card (revalidation) or sent to the listed email address (In-process application).

Enter the Application ID for the application you want to access.
After entering the ID number, click **Submit**.
This process will then go directly to the Business Process Wizard (BPW).
• If completing a new application, click on **New Enrollment**.

• Use the radio buttons to select your enrollment type, then click on **Submit** in the lower left corner.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Start New Application
(Step 1: Basic Provider Information)

Please complete all fields. At a minimum, all fields with an * are required.

• After all the information has been entered click **Confirm**.
• Click **Finish** in the bottom right corner to complete this step.
• Application ID: systematically generated.
• Name: should reflect name from Basic Information.
• The system will generate an application ID after the successful completion of the Basic Information screen; the application number is a 14-digit number that has the following components:
  – The system date in yyyymmdd format
  – A 6-digit system generated random number
  – Example: 20191007736159
• Application IDs are valid for 30 calendar days; applications must be completed and submitted to the state for review during this 30 day period or the application will be DELETED.
• The application ID will be used to access the application before submission to the state for review and will be used to track the status of your submitted application until it is marked approved.
• After documenting the ID number, click OK.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Using the Business Process Wizard (BPW)

The BPW serves as the “Control Center” of the application.

<table>
<thead>
<tr>
<th>Step</th>
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- **Required**: Steps listed as *Optional* may change to *Required* based upon previous steps.
- **Dates**: Entered by the system; *Start Date* is the date each step is opened, the *End Date* is the date each step is completed.
- **Status**: When a step is completed the *Status* will be updated to *Complete*; answering some checklist questions may change a prior step’s status back to *Incomplete*.
- **Remarks**: *Remarks* are systematically generated throughout the enrollment process.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Once you have documented your Application ID, you have completed Step 1: *Provider Basic Information*. The system will place the current date in the *End Date* field and will place *Complete* in the corresponding *Status* field.

Steps **1, 2 and 3** must be completed in sequential order before attempting any of the later steps.

• Click on Step 2: *Add Locations* to continue completing your application.
Step 2: Add Locations

- Click **Add** to input the Primary Practice Location address details.
Step 2: Add Locations

**Please complete all fields. At a minimum, all fields with an * are required.**

- Enter the street address and zip code, then click **Validate Address**.
- When all information has been entered, click **OK** at the lower right corner.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 2: Add Locations

- Click on the **Primary Practice Location** hyperlink to add each address for this location.
- The **Primary Practice Location** address requires a **Correspondence** and a **Pay To** address.
Step 2: Add Locations

- Click on **Add Address** to input the additional addresses for the Primary Practice Location.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 2: Add Locations

- Choose type of address from the drop down menu.
- If the address you are entering is the same as the Location Address, then click the radio icon next to **Copy This Location Address**.
- If the address is not the same, enter the street address and zip code then click on **Validate address**.
- When all the information has been entered, click **OK**.
- Repeat these steps for each additional address type.
Step 2: Add Locations

- After all addresses have been entered click on **Save and the Close**.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 2: Add Locations

- To list an Other Servicing Location address, click on **Add** and enter the address information for that location.
- For Other Servicing Location, in addition to the location address itself, a **Correspondence** address is also required.
- Once all location addresses have been entered, click on **Close**.
• You have completed Step 2: Add Locations. The system will place the current date in the End Date field and will place Complete in the corresponding Status field.
• Click on Step 3: Add Specialties to continue your application.
Step 3: Add Specialties

• Click on the **Add** button in the upper left corner.
Step 3: Add Specialties

- Select your **Provider Type** from the drop down.
- Select your **Specialty** from the drop down.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 3: Add Specialties

- Once the Provider Type and the Specialty are selected, the Subspecialties will populate at the bottom of the screen in the *Available Subspecialties* box.
- The Provider must choose at least one Available Subspeciality (or No Subspecialty) if multiple selections are available.
- If only one choice is available, the system will preselect that selection.
- Once all desired selections are moved to the *Associated Subspecialties* box, click **OK** in the bottom right corner.

Click on the Subspecialties then click on the **double arrows** to move the Subspecialties over to the *Associated Subspecialties* box.
Step 3: Add Specialties

- If you have another Specialty to enter click the **Add** button in the top left corner and repeat the steps as needed.
- When all the Specialty information has been entered, click on **Close** to return to the BPW.

### Specialty/Subspecialty List

<table>
<thead>
<tr>
<th>Specialty/Subspecialty</th>
<th>Provider Type</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management - AA/Individual Service Coordination</td>
<td>SOCIAL SERVICES - AA</td>
<td>12/31/2999</td>
</tr>
<tr>
<td>Case Management - AA/Training for Unpaid Caregiver</td>
<td>SOCIAL SERVICES - AA</td>
<td>12/31/2999</td>
</tr>
</tbody>
</table>

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
You have completed Step 3: **Add Specialties**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.

Click on Step 4: **Associate Billing Provider/Other Associations** to continue your application.
Step 4: Associate Billing Provider/Other Associations List

Noted: This Step is Optional for this Enrollment Type.

- Click **Add** to input a Associated Billing Provider.
Step 4: Associate Billing Provider/Other Associations

- Complete the Billing Provider information then click **Confirm Provider** and verify that the **Billing Provider Name is correct.**
- Click **OK** to return to the billing agent list.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
You have completed Step 4: **Associate Billing Providers/Other Associations.** The system will place the current date in the *End Date* field and will place *Complete* in the corresponding *Status* field.

- Click on Step 5: **Add License/Certification/Other** to continue your application.
Step 5: Add Additional Information

Noted: This Step is Optional for this Enrollment Type.

• This step is currently **OPTIONAL** but may become a required element when IMPACT is fully operational.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
You have completed Step 5: Add Additional Information. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.

Click on Step 6: **Add License/Certification/Other** to continue your application.
Step 6: Add Licenses/Certifications/Other

Noted: This Step is Optional for this Enrollment Type.

- Click on the **Add** button to begin adding Licenses and Certifications.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 6: Add Licenses/Certifications/Other

• Click the drop down menu next to **License/Certification Type** to select your License/Certification, then enter the **License/Certification Number** and **Effective Date** in the appropriate fields. Leave the **End Date** field blank.

• After all information is entered, click on **Confirm License/Certification**.

• Clicking this button will result in the License/Certification being validated and update the **Valid Flag** to **Yes** if it is verified to be authentic.

• Click **Ok**.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 6: Add Licenses/Certifications/Other

- If any additional Licenses/Certifications, click on the **Add** button in the top left corner and repeat the steps.
- Click **Close** once all Licenses/Certifications have been entered to return to the BPW.
- You have completed Step 6: **Add Licenses/Certifications/Other.** The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 7: **Add Mode of Claim Submission** to continue your application.

### Business Process Wizard - Provider Enrollment (Atypical Agency)

<table>
<thead>
<tr>
<th>Step</th>
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<td>Please complete ERA form.</td>
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</tbody>
</table>

**Shortcut to Step:** 1 2 3 4 5 6 7 8 9 10 11 12
Step 7: Mode of Claim Submission

EDI Exchange

A New Enrollment will need to complete the necessary external application at http://www.myhfs.illinois.gov/ unless using a Billing Agent or submitting Paper Claims.

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
<th>Applicable Transactions</th>
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</thead>
<tbody>
<tr>
<td>Electronic Batch</td>
<td>To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)</td>
<td>837P - Professional (FFS), 837I - Institutional (FFS), 837D - Dental (FFS), 270/271 - Eligibility Inquiry/Response, 276/277 - Claim Status Inquiry/Response</td>
</tr>
<tr>
<td>CORE Batch</td>
<td>To upload/download HIPAA transactions using CORE Batch Connectivity</td>
<td>270/271 - Eligibility Inquiry/Response, 276/277 - Claim Status Inquiry/Response</td>
</tr>
<tr>
<td>CORE Real Time</td>
<td>To upload/download HIPAA transactions using CORE Real Time Connectivity</td>
<td>270/271 - Eligibility Inquiry/Response, 276/277 - Claim Status Inquiry/Response</td>
</tr>
</tbody>
</table>

• Select any of the six options to indicate how you wish to process claims.
• Must select at least one option or claims will not be processed.
• After claim submission types have been selected click **OK**.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
• You have completed Step 7: *Add Mode of Claim Submission* The system will place the current date in the *End Date* field and will place *Complete* in the corresponding *Status* field.
• Click on Step 8: *Associate Billing Agent* to continue your application.
Step 8: Associate Billing Agent

Noted: This Step is Optional for this Enrollment Type.

- Click **Add** to input a Billing Agent.
Step 8: Associate Billing Agent

- Complete the Billing Agent information then click **Confirm/Search Billing Agent** and verify that the **Billing Agent Name** field is auto-populated with the correct agent.
- Click **OK** to return to the billing agent list.
- If the Billing Agent info is not known, click on **Confirm/Search Billing Agent** to locate the desired Billing Agent from the list.
Step 8: Associate Billing Agent

- Use the **Filter By** drop down and choose an option to filter the list of available billing agents. (% is the wild card function)
- After the desired Billing Agent is shown on the list, click the check box for that option, then click **Select**.

---

<table>
<thead>
<tr>
<th>Billing Agent ID</th>
<th>Billing Agent Name</th>
<th>Start Date</th>
<th>End Date</th>
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<tbody>
<tr>
<td>7125716</td>
<td>AJAX Billing Agency</td>
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<td>Memorial Hospital</td>
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<td>NEBO</td>
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<td>7125888</td>
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<td>05/04/2015</td>
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<td>7125626</td>
<td>fly by night billing</td>
<td>05/20/2015</td>
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</tr>
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</table>
The chosen billing agent information will be populated. Verify that the information is correct then, click **OK** to return to the Billing Agent list.
Step 8: Associate Billing Agent

• To associate to an additional Billing Agent, click Add and repeat the steps.
• When all billing agents have been entered, click Close to return to the BPW.
You have completed Step 8: **Associate Billing Agent** The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.

Click on Step 9: **Add Provider Controlling Interest/Ownership Details** to continue your application.

### Business Process Wizard - Provider Enrollment (Atypical Agency)

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Step 9: Controlling Interest/Ownership

- Ownership entries must include at least one Managing Employee and one other Ownership type.
- Click on **Actions** drop down box and select **Add Owner or Import Owner**.
Step 9: Controlling Interest/Ownership

Please complete all fields. At a minimum, all fields with an * are required.

- Either your **SSN** or **EIN/TIN** must be entered.
- Enter **Percentage Owned** as a whole number.
- Enter the street address and zip code information, then click **Validate Address**.
- When all details are entered, click **OK**.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 9: Controlling Interest/Ownership

- Click **Actions** and select **Add Owner** or **Import Owner** repeat the previous steps to list additional owners.
- After all ownerships have been added, click the **Actions** drop down box and select **Owner Relationships** or **Owners Adverse Action** to complete the relationship and adverse legal disclosure.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 9: Controlling Interest/Ownership

• To import an owner from another enrollment click **Actions** and select **Import Owner**.
• Complete all fields and click on **Search**.
• Select one or all providers that is available to import.
• Click on **Import All** then **OK**.
• After all ownerships have been added, click the **Actions** drop drown box and select **Owner Relationships** or **Owners Adverse Action** to complete the relationship and adverse legal disclosure.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 9: Controlling Interest/Ownership

• Answer question regarding listed Owners and relationship.
• If no is selected From the first drop down list of Owner Name, choose an owner name.
• From the second drop down list of Relationships, choose how the chosen owner is related to the listed owner.
• Repeat this step until the relationship is set for each owner.
• When completed, click OK to return to the ownership listing.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 9: Controlling Interest/Ownership

- After adding the relationship information click on **Save**.
Step 9: Controlling Interest/Ownership

• If question is answered **No** click on **Save**.
Step 9: Controlling Interest/Ownership

- It is required that ownership of 5% or more in any other Medicaid/Medicare entity be entered.
- To enter Ownership details in another Medicaid/Medicare Entity, click on Add Other Owned Entity.
Step 9: Controlling Interest/Ownership

- Click on **Actions** drop down box and select Owner Adverse Action.
- Read reporting requirements.

**Shortcut to Step:** 1 2 3 4 5 6 7 8 9 10 11 12
### Step 9: Controlling Interest/Ownership

- A Yes or No response is required for each owner listed in the application.
- After responding for each provider listed click on **OK**.

---

#### Owners with Adverse Action

<table>
<thead>
<tr>
<th>Owner Name</th>
<th>SSN/EIN/TIN</th>
<th>Response</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST</td>
<td>100021032</td>
<td><img src="Yes" alt="Yes/No" /></td>
<td></td>
</tr>
<tr>
<td>Anderson, Teresa</td>
<td>100001028</td>
<td><img src="Yes" alt="Yes/No" /></td>
<td></td>
</tr>
<tr>
<td>Anderson, Harry</td>
<td>100001040</td>
<td><img src="Yes" alt="Yes/No" /></td>
<td></td>
</tr>
</tbody>
</table>

[Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12]
• You have completed Step 9: *Add Provider Controlling Interest/Ownership Details*. The system will place the current date in the *End Date* field and will place *Complete* in the corresponding *Status* field.
• Click on Step 10: *Add Taxonomy Details* to continue your application.
Step 10: Add Taxonomy Details

Noted: This Step is Optional for this Enrollment Type.

- Click **Add** to enter a Taxonomy Code.
- At least one of the Taxonomy Codes entered in IMPACT must be the Taxonomy Code registered with the National Plan and Provider Enumeration System (NPPES).
Step 8: Add Taxonomy Details

• Enter the *Taxonomy Code* and the *Start Date*.
• Click on *Confirm Taxonomy* and verify *Description* is populated correctly.
• Click on *OK* to finalize the submission.
• If the code is not known, click on the ▶️ to the right of the box to access The National Uniform Claim Committee Taxonomy Code list. This will open a web browser window.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
• In the web browser window that opens will be a list of provider types.
• Click + next to the appropriate provider type for your enrollment.
Step 10: Add Taxonomy Details

- Click on the + next to the appropriate profession listed under the heading which you previously selected.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 10: Add Taxonomy Details

- Choose and write down your **Taxonomy Code**, then click the X on the top right of the page.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 10: Add Taxonomy Details

- Enter the **Taxonomy Code** and the **Start Date**.
- Click on **Confirm Taxonomy** and verify **Description** is populated correctly.
- Click on **OK** to finalize the submission.
Repeat the steps by clicking on the **Add** button for any additional Taxonomy Codes that need to be entered.

Otherwise, click on the **Close** button in the upper left corner.
You have completed Step 10: **Add Taxonomy Details.** The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.

Click on Step 11: **Associate MCO Plan** to continue your application.

![Business Process Wizard (BPW) screenshot]

<table>
<thead>
<tr>
<th>Step</th>
<th>Required</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
<th>Step Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Provider Basic Information</td>
<td>Required</td>
<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
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</tr>
<tr>
<td>Step 2: Add Locations</td>
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<td>10/07/2019</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 3: Add Specialties</td>
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<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 4: Associate Billing Provider/Other Associations</td>
<td>Optional</td>
<td>10/07/2019</td>
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<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 5: Add Additional Information</td>
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<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 6: Add License/Certification/Other</td>
<td>Optional</td>
<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 7: Add Mode of Claim Submission/EDI Exchange</td>
<td>Required</td>
<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 8: Associate Billing Agent</td>
<td>Required</td>
<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 9: Add Provider Controlling Interest/Ownership Details</td>
<td>Required</td>
<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 10: Add Taxonomy Details</td>
<td>Optional</td>
<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 11: Associate MCO Plan</td>
<td>Optional</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 12: 835/ERA Enrollment Form</td>
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<td></td>
<td>Incomplete</td>
<td>Please complete ERA form.</td>
</tr>
<tr>
<td>Step 13: Complete Enrollment Checklist</td>
<td>Required</td>
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<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 14: Submit Enrollment Application for Approval</td>
<td>Required</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
</tbody>
</table>
Step 11: Associate MCO Plan

• Click **Add** to associate a MCO plan for which there is a current valid contract.
• Specific MCO plans can be added only once to the application.

Noted: This Step is Optional for this Enrollment Type.
Step 11: Associate MCO Plan

- Enter a **Plan ID** and **Association Start Date** (or, the date of the application).
- **End Date**: Leave blank.
- Click **Confirm/Search Plan** and verify the **Plan Name** populated correctly then, click **OK**.
- If the MCO Plan information is not known, click on **Confirm/Search Plan**.
Step 11: Associate MCO Plan

- Utilize the **Filter By** drop down and enter the desired information to filter the list of available MCO plans. (% is a wild card).
- Review the entries and click on the checkbox next to the line with the desired MCO information.
- Click **Select** to return to the MCO summary screen.
Step 11: Associate MCO Plan

- The chosen MCO plan information should be populated. Verify it is correct then click **OK**.
Step 11: Associate MCO Plan

- Click **Add** to Associate to an additional MCO Plan.
- When all MCO Plans have been entered, click **Close** to return to the BPW.
• You have completed Step 11: **Associate MCO Plan**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.

• Click on Step 12: **835/ERA Enrollment Form** to continue your application.
Step 12: Complete 835/ERA

Please complete this section once you have completed the enrollment steps found at [http://www.myhfs.illinois.gov/](http://www.myhfs.illinois.gov/) if you wish to participate in 835/ERA, otherwise close this step.

- Verify the generated information and complete information if needed.
- Use the scroll bar to move down the page.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 12: Complete 835/ERA

- Select your method of retrieval from the drop-down menu.
- Scroll down further.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 12: Complete 835/ERA

- Checkbox to authorize the creation of an 835/ERA account then the signature portion will be populated.
- When complete, click **Submit** then **Close**.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
You have completed Step 12: **835/ERA Enrollment Form.** The system will place the current date in the *End Date* field and will place *Complete* in the corresponding *Status* field.

- Click on Step 13: **Complete Enrollment Checklist** to continue your application.
Step 13 Complete Enrollment Checklist

- All questions must be answered either Yes or No and comments made if directed to do so, if a checklist item does not apply, select No as the answer.
- After all of the questions have been answered and comments made, click on the Save button in the upper left corner followed by clicking on the Close button.
You have completed Step 13: **Complete Enrollment Checklist**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.

- Click on Step 14 **Submit Enrollment Application for Approval** to continue your application.

### Business Process Wizard (BPW)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Required</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provider Basic Information</td>
<td>Required</td>
<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
</tr>
<tr>
<td>2</td>
<td>Add Locations</td>
<td>Required</td>
<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
</tr>
<tr>
<td>3</td>
<td>Add Specialties</td>
<td>Required</td>
<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
</tr>
<tr>
<td>4</td>
<td>Associate Billing Provider/Other Associations</td>
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<td>10/07/2019</td>
<td>Complete</td>
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<tr>
<td>5</td>
<td>Add Additional Information</td>
<td>Optional</td>
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<td>10/07/2019</td>
<td>Complete</td>
</tr>
<tr>
<td>6</td>
<td>Add License/Certification/Other</td>
<td>Optional</td>
<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
</tr>
<tr>
<td>7</td>
<td>Add Mode of Claim Submission/EDI Exchange</td>
<td>Required</td>
<td>10/07/2019</td>
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<tr>
<td>8</td>
<td>Associate Billing Agent</td>
<td>Required</td>
<td>10/07/2019</td>
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<td>Complete</td>
</tr>
<tr>
<td>9</td>
<td>Add Provider Controlling Interest/Ownership Details</td>
<td>Required</td>
<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
</tr>
<tr>
<td>10</td>
<td>Add Taxonomy Details</td>
<td>Optional</td>
<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
</tr>
<tr>
<td>11</td>
<td>Associate MCO Plan</td>
<td>Optional</td>
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<td>Complete</td>
</tr>
<tr>
<td>12</td>
<td>837/ERA Enrollment Form</td>
<td>Required</td>
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<tr>
<td>13</td>
<td>Complete Enrollment Checklist</td>
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<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
</tr>
<tr>
<td>14</td>
<td>Submit Enrollment Application for Approval</td>
<td>Required</td>
<td>10/07/2019</td>
<td>10/07/2019</td>
<td>Complete</td>
</tr>
</tbody>
</table>

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 14: Submit Enrollment for Approval

- Click *Next* to confirm that all of the information that you have submitted as a part of the application is accurate.
Step 14: Submit Enrollment for Approval

- Read through all of the terms and conditions.
- Check the box certifying that you agree to the terms and conditions.
- Then select **Submit Application**.

By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Trading Partner Agreement.
The below message will appear advising that the application has been submitted to the state for review. The application number can be used to check the status of the application by going through the track application option.
You have completed Step 14: **Submit Enrollment Application for Approval**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
• For more information regarding IMPACT, please visit http://www.illinois.gov/hfs/impact/Pages/AboutIMPACT.aspx

• Check out the definitions of common terms at http://www.illinois.gov/hfs/impact/Pages/Glossary.aspx
Questions and Answers

• FAQ’s can be found at http://www.illinois.gov/hfs/impact/Pages/faqs.aspx to help resolve common questions and problems when submitting applications.

• General questions regarding IMPACT can be addressed to:
  ➢ Email: IMPACT.Help@Illinois.gov
  ➢ Phone: 1-877-782-5565
    - Choose option 1 for IMPACT Help