

NEW PROVIDER CHECKLIST

Transportation Providers

DATE: Click here to enter text.

PROVIDER NAME: Click here to enter text.

IMPACT APP ID: Click here to enter text.

Our records show you are obligated to undergo a screening evaluation through the Illinois IMPACT system for enrollment as an Illinois Medicaid Provider. To continue your enrollment as a non-emergency transportation provider, any checked items below must be returned within thirty (30) business days. FAILURE TO FOLLOW ALL INSTRUCTIONS AND TO SUBMIT ALL REQUIRED DOCUMENTS WITHIN THE STATED TIME MAY RESULT IN THE DENIAL OF YOUR APPLICATION, AS PROVIDED IN 89 IL 140.28 AND IN 305 ILCS 5/12-4.25.

All items listed below must be submitted in one complete package within thirty (30) business days to the following email address: Impact.Pesdocs@illinois.gov. This email is ONLY for submitting documentation to the Department. Do not reply or send multiple inquiries to this email address. All electronic documents must be in one of the following formats: PDF, JPG, DOC, or DOCX. In the subject line of your email, you must include both your IMPACT Application Identification number and your official provider name. To send your information securely, we strongly recommend password protecting and using the following link to file transfer utility <https://filet.illinois.gov/filet/PIMupload.asp>. Send your password in a separate email.

- A current organizational chart identifying business ownership, including Name, SSN and percentage of ownership.
- Proof of current good standing and registration with the IL Secretary of State only if you are registered as a corporation to operate under an assumed name. *You are not required to be registered as a corporation to be an IL Medicaid provider, unless you are located OUT OF STATE.
- Copy of current Workers' Compensation insurance; or explanation of why you do not have insurance.
- Documentation verifying current enrollment in any other state Medicaid programs, if applicable.
- Copy of one (1) trip tickets and one (1) page of dispatch log. If services are **not** being provided pending enrollment in the IL Medicaid program, please submit one sample form of each document (ex. One sample trip ticket and one sample dispatch log).
- Copy of telephone bill dated within 30 days of submission of application.
- List of all current dispatchers, attendants, owners, officers, members of Board of Directors, and managers, including full names, addresses, SSNs, Dates of Birth, and percentage of ownership of the business.
- Fingerprints submitted via LIVESCAN – See below for instruction.

For each person listed above, the following needs submitted:

- An identification card or driver's license bearing a photograph.

For each driver listed above, the following needs submitted:

- Copy of current driver's license bearing a photo,
- Copy of driver's court certified version of license abstract

This can be obtained at any driver's license facility by completing the drivers records abstract request form, OR can be requested by a third party either at the driver's license facility or through the mail, OR can be obtained by website

http://www.cyberdriveillinois.com/departments/drivers/drivers_license/purchaseabstract.html

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Copy of current safety training certification(s) (valid for three (3) years) proving completion of training through a department-approved program only. See link for approved facilities:
<https://www.illinois.gov/hfs/impact/Pages/SafetyTraining.aspx>

Documentation required for vehicles

For each vehicle intended for use by the transportation provider:

- Documentation proving current registration for all vehicles including VIN (Vehicle Identification Number(s)).
- Documentation proving current insurance coverage for all vehicles and drivers.
- Documentation of valid lease agreement for all vehicles not owned by the provider.
- Documentation of appropriate plate licensure for each vehicle intended for use by the transportation provider.
 - Medicar - Must have Medicar (MC), Municipal (M), Charitable, or Commercial Vehicle (CV) Plates.
 - Taxicab - Taxi (TX) plates.
 - Livery - Either Livery (LY) plates or Non-Medical (PT) plates

All transportation providers must comply with all city/municipal ordinances concerning conducting business, including but not limited to:

- Properly registering their business within the city/municipality.
- Complying with all ordinances or governances with regard to the proper registration of vehicles within the city/municipality.
- All vehicles should have current stickers/licenses/emblems/placards.
- Proper inspections for vehicles when required by the city/municipality/county/state.
- Drivers having the appropriate chauffeurs or restricted chauffeurs license.

Transportation providers within the city limits of Chicago must contact the City of Chicago, Business Affairs and Consumer Protection and complete the Medicar application process. Transportation providers must provide proof they are in compliance with Municipal Code of Chicago - TITLE 9 VEHICLES, TRAFFIC AND RAIL TRANSPORTATION § CHAPTER 9-114 PUBLIC PASSENGER VEHICLES OTHER THAN TAXICABS (ARTICLE IV. MEDICAR (9-114-340 et seq.)).

Please see the City of Chicago, Department of Business Affairs and Consumer Protection to purchase the **Medicar Sticker** or **Livery Sticker**.

https://www.chicago.gov/city/en/depts/bacp/supp_info/bacppublicvehicles.html

Please see the City Clerk's Office to purchase the City Sticker (wheel tax).

<https://www.chicityclerk.com/city-stickers-parking/purchase-options>

For general questions about becoming a provider in the Illinois Medical Assistance Program or for assistance in IMPACT Provider Enrollment, please contact the Provider Enrollment helpdesk at 1-877-782-5565 or by email IMPACT.Help@illinois.gov.

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Transportation Providers

Fingerprints

Fingerprints must be submitted for each of the following:

- each owner, direct or indirect, that owns 5% or more of the business
- each managing officer/employee
- each dispatcher

Fingerprints must be submitted via LIVESCAN. Please submit proof of fingerprinting in the form of a copy of the electronic fingerprint receipt from the authorized fingerprint vendor. Please use this link for approved LIVESCAN vendors capable of completing the fingerprint process: <https://www.idfpr.com/licenselookup/fingerprintlist.asp>

You must provide the ORI number and the purpose code to the fingerprint vendor. The ORI number for the Illinois Department of Healthcare and Family Services is IL920600Z and the purpose code is MMV (Medicare Medicaid Vendors).

In accordance with 305 ILCS 5/12-4.25 (G)(2) *Medical Assistance Program; Vendor Participation* Title 89 Illinois Administrative Code Section 140.498 (a)(1) *Fingerprint-Based Criminal Background Checks* “Vendors shall be responsible for the payment of costs of fingerprint-based criminal background checks.”

If you have submitted fingerprints under the ORI number assigned to the Illinois Department of Healthcare and Family Services within the preceding year, you do not need to obtain new fingerprints. You may submit a copy of the receipt from the authorized fingerprint vendor as proof.

If you are an **out-of-state** applicant, you must contact the OIG to obtain a fingerprint card and Form IL486-2222 OOS-FP Identity Verification Certifying Statement for obtaining and submitting inked fingerprints via a LIVESCAN vendor capable of processing inked fingerprints cards. Please look for this capability on the list of approved vendors identified in the link at the end of this email. Please email your request for a fingerprint card to HFS.OIG.LiveScan@illinois.gov; **the subject line must contain the IMPACT application ID number and the official provider name**. Your email request must identify the number of cards necessary and ONE address to which the cards will be mailed. THIS MAILBOX WILL NOT BE UTILIZED FOR ANY COMMUNICATION OTHER THAN REQUESTING FINGERPRINT CARDS FOR OUT-OF-STATE APPLICANTS.

FBI NOTICE: Under provisions set forth in Title 28, Code of Federal Regulations (CFR), Section 50.12, you are hereby notified that all fingerprints submitted will be used to check the Criminal History Records of the FBI. Identification records obtained from the FBI will be used solely for the purpose requested cannot be disseminated outside of the HFS Office of the Inspector General. If the information contained in a Criminal History Record disqualifies an applicant, the OIG official making the determination of suitability for employment, in the State's Medicaid Program, shall provide an applicant the opportunity to complete, or challenge the accuracy of the information contained in the FBI Identification Record, and afford an applicant a reasonable time to correct or complete the information, or decline to do so. The Procedures to change, correct, or update a criminal history record are set forth in Title 28, CFR, Section 16.34.