• Introduction to IMPACT and Key Terms
• Application Process
• Starting an Application
• The Business Process Wizard (BPW)
• Completing the Application using the BPW
• Reviewing Submitted Application
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**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:**

- 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).
- New Enrollment: A billing agent who needs to enroll in the IMPACT system.

**NOTE:** A Billing Agent must be enrolled in IMPACT in order for a provider to associate with that Billing Agent.
Application Process

Step 1: Provider Basic Information
Step 2: Add Mode of Claim Submission/EDI Exchange
Step 3: Add Provider Controlling Interest/Ownership Details
Step 4: Complete Enrollment Checklist
Step 5: Submit Enrollment Application for Approval

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

Shortcut to Step: 1 2 3 4 5

Pressing this button on any screen will bring you back to this menu.
• After you have completed the single sign-on, click on **IMPACT Provider Enrollment**.

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

<table>
<thead>
<tr>
<th>Provider Enrollment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New Enrollment</td>
<td>Enroll As A New Provider</td>
</tr>
<tr>
<td><strong>Track Application</strong></td>
<td>Track Existing Provider Application</td>
</tr>
</tbody>
</table>

- To access a previously started application, click on **Track Application**.
- The application ID was sent to the email in the single sign-on account.

To access a previously started application, click on **Track Application**.

- Enter the **Application ID** then, click **Submit**.
- You will be taken directly to the Business Process Wizard.

Shortcut to Step: [1 2 3 4 5]
• To begin a new application, click on **New Enrollment**.
• Use the radio buttons to select your enrollment type (Billing Agent), then click on **Submit** in the lower left corner.
Start Application
Step 1: Provider Basic Information

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

- It is necessary to enter a Support Contact and a Technical Contact.
- If the Technical Contact is the same as the Support Contact, check the box next to **Same as Support Contact**.
- Use the scroll bar to move down the screen.

Shortcut to Step: 1 2 3 4 5
Please complete all fields. At a minimum, all fields with an * are required.

- Complete all fields marked with an asterisk *.
- Click **Validate Address** after the street address and zip code have been entered.
- If the address is not validated, check to verify it is correct and update any incorrect information.
- When the address has been validated, click **Finish**.
• 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: 20130514412598
• 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.
• Click OK to continue with your application
Using the Business Process Wizard (BPW)

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

• **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*.
• **Step Remark**: *Remarks* are systematically generated throughout the enrollment process.
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.

- **Step 1** must be completed before attempting any of the later steps.
- Click on Step 2: **Add Mode of Claim Submission/EDI Exchange** to continue completing your application.

![Application Step 1 Completed](image)
A New Enrollment will need to complete the necessary external application at [http://www.myhfs.illinois.gov/](http://www.myhfs.illinois.gov/).

- Select any of the four options to indicate how you wish to process claims.
- After claim submission types have been selected click **OK**.
• You have completed Step 2: *Add Mode of Claim Submission/EDI Exchange.* 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 Provider Controlling Interest/Ownership Details* to continue your application.
Step 3: Add Provider Controlling Interest/Ownership Details

- Ownership entries must include at least one Managing Employee and one other Ownership type.
- To add Ownership listings, click on the **Actions** box and select **Add Owner**.

Shortcut to Step: 1 2 3 4 5
Step 3: Add Provider Controlling Interest/Ownership Details

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

- Complete all fields marked with an asterisk *.
- Either the SSN or EIN/TIN must be entered (as prompted by the system).
- 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**.
Step 3: Add Provider Controlling Interest/Ownership Details

• Click **Add** and repeat the previous steps to list additional owners.
• If one of the owners is listed on another enrollment, **Import Owner** can be selected from the **Action** box at the top of the page.
• This selection will allow the user to import owner information from another enrollment by using the **NPI or Provider ID**, the **Zip Code** of the Owner, and the **Owner Type**.

Shortcut to Step: 1 2 3 4 5
Step 3: Add Provider Controlling Interest/Ownership Details

- Now complete the Owners Relationship information by selecting **Actions, Owners Relationships**.
Step 3: Add Provider Controlling Interest/Ownership Details

- Select *All* next to *Show Owners*, and choose the relationship next to each drop down menu.
- Choose *Save* to complete the screen.

Shortcut to Step: 1 2 3 4 5
Step 3: Add Provider Controlling Interest/Ownership Details

- Read the section on Final Adverse Legal Actions/Convictions.
- Complete the Response and Comments (if applicable) section next to each owner.
- Select Ok.
Step 3: Add Provider Controlling Interest/Ownership Details

• 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.

Shortcut to Step: 1 2 3 4 5
Step 3: Add Provider Controlling Interest/Ownership Details

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

<table>
<thead>
<tr>
<th>Provider Controlling Interest/Ownership in Other Medicaid/Medicare Entities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type:</strong></td>
</tr>
<tr>
<td><strong>EIN/TIN:</strong></td>
</tr>
<tr>
<td><strong>Legal Entity Name:</strong></td>
</tr>
<tr>
<td>(As shown on the Income Tax Return)</td>
</tr>
<tr>
<td><strong>Phone Number:</strong></td>
</tr>
<tr>
<td><strong>Start Date:</strong></td>
</tr>
<tr>
<td><strong>Address Line 1:</strong></td>
</tr>
<tr>
<td>(Enter Street Address or PO Box Only)</td>
</tr>
<tr>
<td><strong>Address Line 2:</strong></td>
</tr>
<tr>
<td><strong>Address Line 3:</strong></td>
</tr>
<tr>
<td><strong>State/Province:</strong></td>
</tr>
<tr>
<td><strong>City/Town:</strong></td>
</tr>
<tr>
<td><strong>County:</strong></td>
</tr>
<tr>
<td><strong>Zip Code:</strong></td>
</tr>
</tbody>
</table>

• After entering the street address and zip code, click **Validate Address**.
• When all information is complete, click **OK**.
• Repeat these steps to add ownership in another Medicaid/Medicare Entity.
Step 3: Add Provider Controlling Interest/Ownership Details

- When all ownerships for this location and ownership information in other entities is complete, click **Close**.
You have completed Step 3: **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 4: **Complete Enrollment Checklist** to continue your application.
Step 4: 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 the **Save** button in the upper left corner followed by clicking on the **Close** button.
• You have completed Step 4: **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 5: **Submit Enrollment Application for Approval** to continue your application.

### Business Process Wizard (BPW)

![Business Process Wizard](image)

<table>
<thead>
<tr>
<th>Step</th>
<th>Required</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Provider Basic Information</td>
<td>Required</td>
<td>05/19/2015</td>
<td>05/19/2015</td>
<td>Complete</td>
</tr>
<tr>
<td>Step 2: Add Mode of Claim Submission/EDI Exchange</td>
<td>Required</td>
<td>05/19/2015</td>
<td>05/19/2015</td>
<td>Complete</td>
</tr>
<tr>
<td>Step 3: Add Provider Controlling Interest/Ownership Details</td>
<td>Required</td>
<td>05/19/2015</td>
<td>05/19/2015</td>
<td>Complete</td>
</tr>
<tr>
<td>Step 4: Complete Enrollment Checklist</td>
<td>Required</td>
<td>05/19/2015</td>
<td>05/19/2015</td>
<td>Complete</td>
</tr>
<tr>
<td>Step 5: Submit Enrollment Application for Approval</td>
<td>Required</td>
<td>05/19/2015</td>
<td>05/19/2015</td>
<td>Incomplete</td>
</tr>
</tbody>
</table>

**Shortcut to Step:** 1 2 3 4 5
Click **Next** to confirm that all of the information that you have submitted as a part of the application is accurate.
Step 5: Submit Enrollment Application for Approval

• Read through all of the terms and conditions.
• Check the box certifying that you agree to the terms and conditions.
• Then click **Submit Application**.
• The message below will appear advising that the application has been submitted to the state for review. The application number can to used to check the status of the application by going through the track application option.
• Click *Close*. 

Your Application Number 20150727002646 has been successfully submitted for State review. Return with this application number to track the status of your application.

<table>
<thead>
<tr>
<th>Step</th>
<th>Required</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Provider Basic Information</td>
<td>Required</td>
<td>01/27/2015</td>
<td>01/27/2015</td>
<td>Complete</td>
</tr>
<tr>
<td>Step 2: Add Mode of Claim Submission/EDI Exchange</td>
<td>Required</td>
<td>02/07/2019</td>
<td>02/07/2019</td>
<td>Complete</td>
</tr>
<tr>
<td>Step 3: Add Provider Controlling Interest/Ownership Details</td>
<td>Required</td>
<td>02/07/2019</td>
<td>02/07/2019</td>
<td>Complete</td>
</tr>
<tr>
<td>Step 4: Complete Enrollment Checklist</td>
<td>Required</td>
<td>02/07/2019</td>
<td>02/07/2019</td>
<td>Complete</td>
</tr>
<tr>
<td>Step 5: Submit Enrollment Application for Approval</td>
<td>Required</td>
<td>02/07/2019</td>
<td>02/07/2019</td>
<td>Complete</td>
</tr>
</tbody>
</table>
• You have completed Step 5: **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.

**Business Process Wizard (BPW)**
• 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