• 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.

• **Enrollment Timeline:**
  – FAOs will need to enroll in or revalidate with IMPACT starting in August 2015.

   **NOTE:** In order for a provider to associate to an FAO, the FAO application must be approved in IMPACT.
Application Process

Step 1: Provider Basic Information
Step 2: Add Locations
Step 3: Add Specialties
Step 4: Licenses/Certifications/Other
Step 5: Mode of Claim Submission
Step 6: Associate Billing Agent
Step 7: Add Ownership Details
Step 8: Add Taxonomy Details
Step 9: Associate MCO Plan
Step 10: 835/ERA Enrollment Form
Step 11: Enrollment Checklist
Step 12: Submit Application

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.
• After completing the sign-on, click on **IMPACT Provider Enrollment**.

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

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
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
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: 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.
• After documenting the ID number, click OK.
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*.
- **Remarks**: *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.

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.

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**Business Process Wizard - Provider Enrollment (FAO)**

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

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

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<td>Community Health Agency/No Subspecialty</td>
<td>COMMUNITY HEALTH</td>
<td>12/31/2999</td>
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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: **Add Licenses/Certifications/Other** to continue your application.
Step 4: Add Licenses/Certifications/Other

- 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 4: 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.
Step 4: 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 4: **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 5: **Add Mode of Claim Submission** to continue your application.
Step 5: 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.

- 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 5: **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 6: **Associate Billing Agent** to continue your application.

![Business Process Wizard (BPW) Image]

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

- Click **Add** to input a Billing Agent.
Step 6: 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 6: 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**.
Step 6: Associate Billing Agent

• 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 6: 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 6: **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 7: **Add Provider Controlling Interest/Ownership Details** to continue your application.

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

- Ownership entries must include at least one Managing Employee and one other Ownership type.
- To add Ownership listings, click on Add.

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

- Click **Add** and repeat the previous steps to list additional owners.
- After all ownerships have been added, click the hyperlink for the owner listed to complete the relationship and adverse legal disclosure.
- This will need to be repeated for each listed owner.
Step 7: Controlling Interest/Ownership

- Scroll down to the relationship section then, click **Add**.
  - 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 7: Controlling Interest/Ownership

- Scroll down and click on the **Final Adverse Legal Actions/Convictions Disclosure** hyperlink.

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

- With regards to the chosen Owner, read through the listed information and answer the question and enter comments if desired.
- Click **OK** when completed.
- Repeat these steps for each listed Owner.

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

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

- 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.

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

- When all ownerships for this location and ownership information in other entities is complete, click **Close**.
• You have completed Step 7: *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 8: *Add Taxonomy Details* to continue your application.
Step 8: Add Taxonomy Details

- To add new 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.
Step 8: Add Taxonomy Details

• 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.
• 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

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 8: 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 8: Add Taxonomy Details

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

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

• 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 8: **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 9: **Associate MCO Plan** to continue your application.
Step 9: 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.
Step 9: 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**.

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

- The chosen MCO plan information should be populated. Verify it is correct then click **OK**.
• 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 9: **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 10: **835/ERA Enrollment Form** to continue your application.
Step 10: Complete 835/ERA

Please complete this section once you have completed the enrollment steps found at 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 10: 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 10: 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 10: **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 11: **Complete Enrollment Checklist** to continue your application.
Step 11: 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.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
You have completed Step 11: **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 12: **Submit Enrollment Application for Approval** to continue your application.
Step 12: 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 12: 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 \textbf{Submit Application}.
• 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.
• Click **OK** in the message box.
You have completed Step 12: **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.

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• 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](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