• 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:**
  
  – **Group:** An organization of individual providers that provide medical or dental services. A type 2 NPI is required and group licensing is not.
  
  – **New Enrollment:** A Group provider who needs to enroll in the IMPACT system.
  
  – **Billing Agent:** An agent who 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:** A health care provider who provides health care through a provider network. In addition, sister agencies will also be listed as an MCO plan. A sister agency is also known as a State Agency or a Waiver Provider.
    
      **NOTE:** A Group must be enrolled in IMPACT in order for a provider to associate with them.
Application Process

- Step 1: Provider Basic Information
- Step 2: Add Locations
- Step 3: Add Specialties
- Step 4: Add Associate Billing Provider/Other Associations
- Step 5: Mode of Claim Submission/EDI Exchange
- Step 6: Associate Billing Agent
- Step 7: Add Provider Controlling Interest/Ownership Details
- Step 8: Add Taxonomy Details
- Step 9: Associate MCO Plan
- Step 10: 835/ERA Enrollment Form
- Step 11: Complete Enrollment Checklist
- Step 12: 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 6 7 8 9 10 11

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.
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
• 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
• 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 the Basic Information screen.
- The system will generate an application ID after the successful completion of the Basic Information screen; the application ID is a 14-digit number that has the following components:
  - The system date in yyyymmdd format
  - A 6-digit system generated random number
  - Example: 20150520803272
- 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 the application has been approved.
- After documenting the application ID, 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.
Step 2: Add Locations

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

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

- Complete all boxes marked with an asterisk *.
- Enter the street address and zip code, then click Validate Address.
- Scroll down the page to continue.

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

- When all the information has been entered, scroll down, click **OK** in the lower right corner.
- Note that the office hours section must be filled out completely to proceed.
Step 2: Add Locations

• Click on **Primary Practice Location** to add each address for this Location.
• For the Primary Practice Location, a **Correspondence** and a **Pay To** address are required.
Step 2: Add Locations

• Click on **Add Address** to input the additional address information.
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

- When all the addresses have been entered for the Primary Practice Location, click *Close*. 
Step 2: Add Locations

- To enter an Other Servicing Location, click on **Add** and repeat the previous steps. A Correspondence address will need to be entered for the Other Servicing Location.
- Once all address details have been entered, click on **Close**.
The system will place the current date in the End Date field and will place **Complete** for Step 2.

Click on Step 3: **Add Specialties** to continue with the application.
Step 3: Add Specialties

- Click 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.
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.

[Diagram showing the process of moving Subspecialties]
• If you have another Specialty and/or subspecialty to enter click the Add button in the top left corner and repeat the steps as needed.
• When all the information has been entered, click on Close to return to the BPW.
• The system will place the current date in the End Date field and will place *Complete* for Step 3.
• Click on Step 4: *Associate Billing Provider/Other Associations* to continue with the application.
Step 4: Associate Billing Provider/Other Associations

*Note:* this is an optional step

- Click **Add** to associate to a Billing Provider.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12
Step 4: Associate Billing Provider/Other Associations

**Note:** this is an optional step

Once all information has been entered, click on **Confirm Provider** and verify the correct **Provider Name** is displayed.

- Click **OK** when you are finished.

Shortcut to Step: 1 2 3 4 5 6 7 8 9
Step 4: Associate Billing Provider/Other Associations

*Note: this is an optional step*

- Click **Add** and repeat the process as necessary.
- If there are no other Billing Providers to add, click on **Close** to return to the BPW.
You have completed Step 4: **Associate Billing Provider/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 Mode of Claim Submission/EDI Exchange** 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/](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**.
• The system will place the current date in the End Date field and will place **Complete** for Step 5.
• Click on Step 6: **Associate Billing Agent** (if applicable) to continue with the application.
### Step 6: Associate Billing Agent

*Note: this is an optional step*

<table>
<thead>
<tr>
<th>Billing Agent List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filter By</td>
</tr>
</tbody>
</table>

#### If applicable, click **Add** to input a Billing Agent.

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

**Note:** this is an optional step

- Complete the Billing Agent information then click **Confirm/Search Billing Agent** and verify that the **Billing Agent Name** field is 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.

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

Note: this is an optional step

- Use the *Filter By* drop down to chose an option and enter information to filter the list of available Billing Agents. (% is a wild card function).
- After locating the desired billing agent, mark the check box next to that option, then click *Select*.
Step 6: Associate Billing Agent

**Note:** this is an optional step

- The selected billing agent information will populate. Verify it is correct, then click **OK**.
Step 6: Associate Billing Agent

Note: this is an optional step

- Click **Add** to input additional Billing Agents.
- When all Billing Agents have been entered, click **Close** to return to the BPW.
The system will place the current date in the End Date field and will place **Complete** for Step 6.

Click on Step 7: **Add Provider Controlling Interests/Ownership Details** to continue with the application.
Step 7: 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 *Actions, Add Owner.*
Step 7: Add Provider Controlling Interest/Ownership Details

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

- Either your **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 7: 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.
Step 7: Add Provider Controlling Interest/Ownership Details

- Now complete the Owners Relationship information by selecting **Actions, Owners Relationships**.
Step 7: 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.
Step 7: 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.

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

- Select **Close**.

- 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, go to the bottom of the page and click on **Add Other Owned Entity**.
Step 7: Add Provider Controlling Interest/Ownership Details

- 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 7: Add Provider Controlling Interest/Ownership Details

- When all ownerships for this location and ownership information in other entities is complete, click **Close**.
• The system will place the current date in the End Date field and will place **Complete** for Step 7.
• Click on Step 8: **Add Taxonomy Details** to continue with the application.
To enter Taxonomy Details click on **Add**.
Step 7: Add Taxonomy Details

- If the Taxonomy Code is known, 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 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 new 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 7: 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 7: Add Taxonomy Details

• Click on the + next to the appropriate profession listed under the heading which you previously selected.
Step 7: Add Taxonomy Details

- Make a note of the **Taxonomy Code** that is correct for your area of practice.
- Click on the **X** button in the upper right corner to close the National Uniform Claim Committee webpage.
• 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 7: 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.

<table>
<thead>
<tr>
<th>Taxonomy Code</th>
<th>Description</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>193400000X</td>
<td>Single Specialty</td>
<td>05/20/2015</td>
<td>12/31/2099</td>
</tr>
</tbody>
</table>

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11
• The system will place the current date in the End Date field and will place *Complete* for Step 8.
• Click on Step 9: **Associate MCO Plan** to continue with the 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.
• Sister Agencies will also be listed as an MCO Plan. A sister agency is also known as a State Agency or a Waiver provider.

**Note:** this is an optional step
Step 9: Associate MCO Plan

**Note:** this is an optional step

- Enter a **Plan ID** and **Association Start Date** (or, the date of the application).
- **End Date**: Leave Blank.
- Click **Confirm/Search Plan** to confirm the plan ID or to search for the plan.
- Verify the **Plan Name** populated correctly, then click **OK**.
- If the MCO is not known, click on **Confirm/Search Plan** to search for a plan.
Step 9: Associate MCO Plan

**Note:** this is an optional step

- Use the **Filter By** drop down and enter desired information to filter the available MCO plans.
- When the desired MCO plan is located, click on the checkbox next to the that line then, click **Select**.

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

Note: this is an optional step

• The chosen MCO plan information will populate.
• Verify it is correct then, click **OK**.
Step 9: Associate MCO Plan

**Note:** this is an optional step

- Click **Add** to Associate to an additional MCO Plan.
- If all MCO Plans have been entered, click **Close** to return to the BPW.
- The system will place the current date in the End Date field and will place **Complete** for Step 9.
- Click on Step 10: **835/ERA enrollment form** to continue with the application.
Step 10: 835/ERA Enrollment Form

Note: This step is optional. 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
Step 10: 835/ERA Enrollment Form

**Note:** this is an optional step

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

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

**Note:** this is an optional step

- Mark the checkbox to authorize the creation of an 835/ERA account.
- The written signature portion should populate.
- Once all fields are complete, click **Submit** and **Close** at the top of the page.
• The system will place the current date in the End Date field and will place *Complete* for Step 10.
• Click on Step 11: *Complete Enrollment Checklist* to continue with the application.
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.
• The system will place the current date in the End Date field and will place **Complete** for Step 11.
• Click on Step 12: **Submit Enrollment Application for Approval** to continue with the application.
• 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 Application 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**.
The message below 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 **Close**.
The system will place the current date in the End Date field and will place \textit{Complete} for Step 12.
• 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