

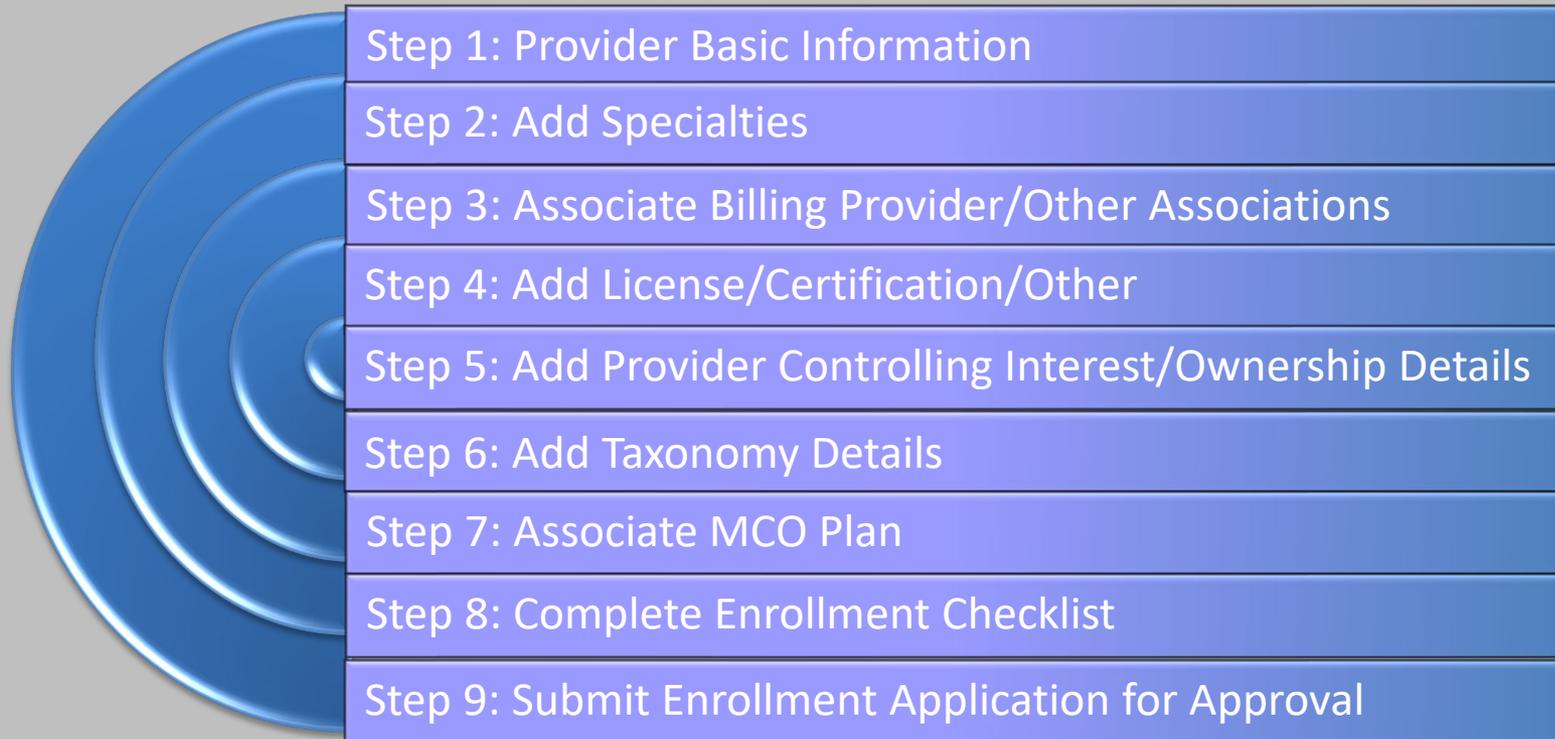
# ILLINOIS PROVIDER ENROLLMENT



*Atypical Rendering Servicing  
Provider*

- 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
- Review and Submit 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:**
  - Individual Rendering/Service Provider: A provider who does not bill Medicaid directly and who prescribes or refers items or services through a Group, Facility, Agency, Organization or Individual Sole Proprietor.
  - Billing Provider: A provider who submits claims and/or receives payment for an Individual provider.
  - 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.
  - New Enrollment: A new provider who needs to enroll in IMPACT.
  - Revalidation: A provider previously enrolled in MMIS whose information was transferred to IMPACT. An Application ID was received by mail.



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

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

Shortcut to Step:



# Application Process

## Manage your account

	<a href="#">Request Application Access</a>		<a href="#">Update Profile</a>
	<a href="#">Change Password</a>		<a href="#">Update Security Q&amp;A</a>

## Access your applications

- [IMPACT](#)

- After completing the sign-on, click on **IMPACT**.

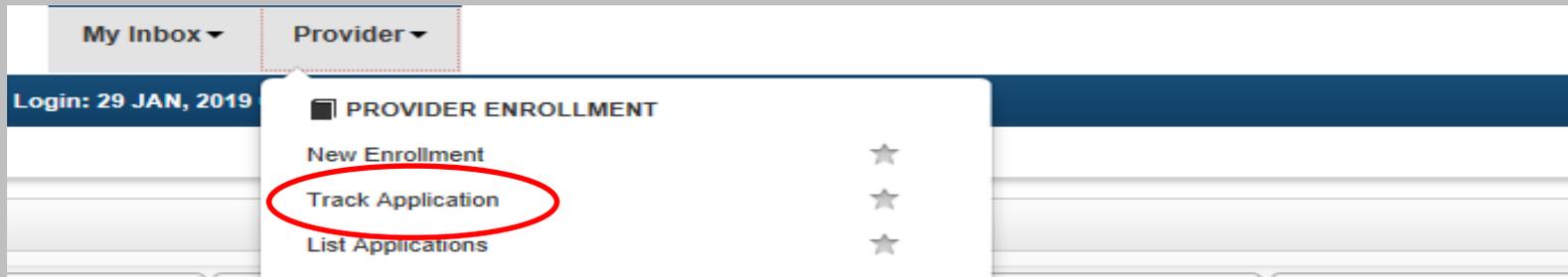
 <b>Provider Enrollment</b>				
<table border="1"> <tr> <td><a href="#">New Enrollment</a></td> <td><a href="#">Enroll As A New Provider</a></td> </tr> <tr> <td><a href="#">Track Application</a></td> <td><a href="#">Track Existing Provider Application</a></td> </tr> </table>	<a href="#">New Enrollment</a>	<a href="#">Enroll As A New Provider</a>	<a href="#">Track Application</a>	<a href="#">Track Existing Provider Application</a>
<a href="#">New Enrollment</a>	<a href="#">Enroll As A New Provider</a>			
<a href="#">Track Application</a>	<a href="#">Track Existing Provider Application</a>			

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

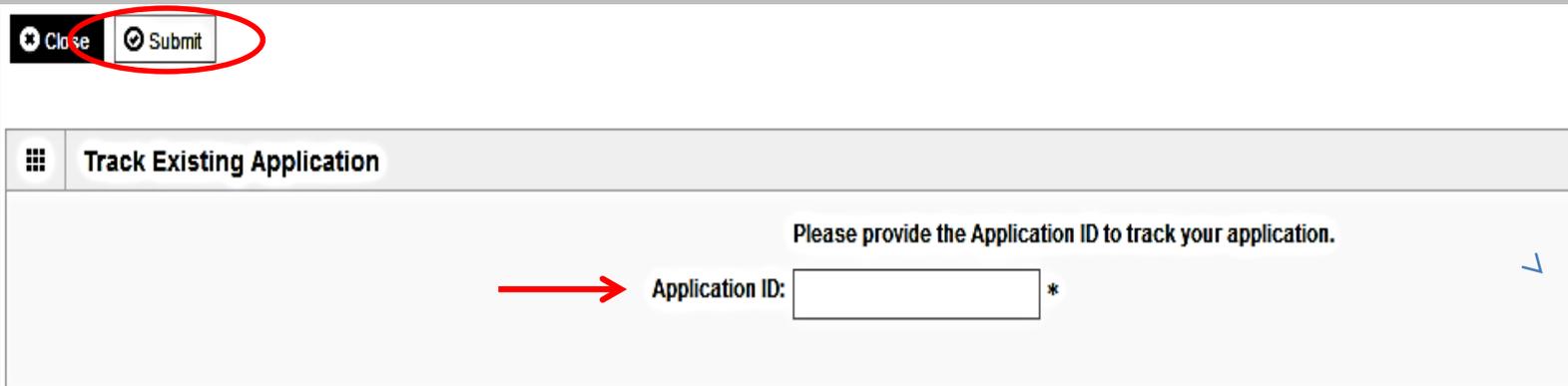
Shortcut to Step:



# Resuming an Application



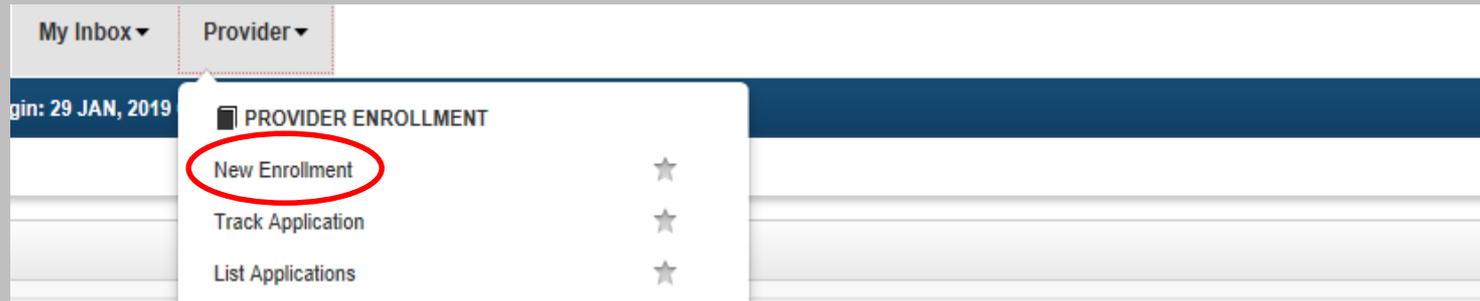
- To resume (or revalidate) an application, click on **Track Application**.
- The application number was either mailed out on a yellow card (revalidation) or sent to the listed email address (In-process application).



- 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).



# Starting a New Application



- If completing a new application, click on **New Enrollment**.

A screenshot of the 'Enrollment Type' selection screen. The title is 'Enrollment Type' and the instruction is 'Select the Applicable Enrollment Type'. There are several radio button options: 'Individual/Sole Proprietor', 'Group Practice (Corporation, Partnership, LLC, etc.)', 'Billing Agent', 'Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)', 'Contractor/MCO', and 'Atypical (non-medical) provider (Choose this option if you do not have a NPI)'. Under 'Atypical (non-medical) provider', there are two sub-options: 'Individual (Driver, Home Help/Personal Care, Carpenter, etc.)' and 'Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)'. The 'Submit' button is circled in red.

- 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



# Starting a New Application

## (Step 1: Basic Provider Information)

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

**Basic Information**

First Name:  \* Middle Initial:

Last Name:  \* Gender:

Suffix:

SSN:  \* Applicant Type:  \*

Date of Birth:  \*

NPI:

Contact Email Address:

Email-1:  \* Email-2:

Email-3:  Email-4:

Email-5:  Email-6:

**Home Address**

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address validation successful

Address Line 1:  \* (Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town:  \*

State/Province:  \* County:

Country:  \* Zip Code:  \* -

- **Applicant Type** will need to be selected from the drop down and it drives the rest of the application.
- Click **Validate Address** after street address and zip code have been entered.
- After all the information has been entered click **Finish**.

Shortcut to Step:



# Starting a New Application

## (Step 1: Basic Provider Information)

Application ID: 20191007197659      Name: Fields, Sally

**Basic Information**

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: 20191007197659

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.

OK

- 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 yyymmdd format
  - A 6-digit system generated random number
  - Example: 20191007197659
- 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 mark approved.
- After documenting the ID number click **OK**.

Shortcut to Step:



# The Business Process Wizard (BPW)

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

Application ID: 20191007197659

Name: Fields, Sally

Close

## Enroll Provider - Atypical Individual

Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 2: Add Specialties</a>	Required			Incomplete	
Step 3: Associate Billing Provider/Other Associations	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Optional			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

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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:



# Completing the Application Using BPW

- 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** and **2** must be completed before attempting any of the later steps.
- Click on Step 2: **Add Specialties** to continue completing your application.

Application ID: 20191007197659      Name: Fields, Sally

Close

Enroll Provider - Atypical Individual

Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 2: Add Specialties</a> ←	Required			Incomplete	
Step 3: Associate Billing Provider/Other Associations	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Optional			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Complete Enrollment Checklist	Required			Incomplete	
Step 9: Submit Enrollment Application for Approval	Required			Incomplete	

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Shortcut to Step:



# Step 2: Add Specialties

Close Add Primary Specialty

### Specialty/Subspecialty List

Filter By   Go Save Filters My Filters

Specialty/Subspecialty	Provider Type	End Date
<b>No Records Found !</b>		

- Click the **Add** button in the upper left corner.

Shortcut to Step:



# Step 2: Add Specialties

**Add Specialty/Subspecialty**

Provider Type:  \*

Specialty:  \*

End Date:

**Add Subspecialty**

Available Subspecialties      Associated Subspecialties \*

»

«

✓ OK      ⓧ Cancel

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

Shortcut to Step:



# Step 2: 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

Application ID: 20191007197659      Name: Fields, Sally

**Add Specialty/Subspecialty**

Provider Type: SOCIAL SERVICES - AI

\* Specialty: Parent Liaison \*

End Date: 12/31/2999

---

**Add Subspecialty**

Available Subspecialties      Associated Subspecialties \*

»      «

OK      Cancel

Click on the Subspecialties then click on the **double arrows** to move the Subspecialties over to the **Associated Subspecialties** box.



# Step 2: Add Specialties

Application ID: 20191007197659      Name: Fields, Sally

### Specialty/Subspecialty List

Filter By

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> ▲▼	▲▼	▲▼
<input type="checkbox"/> Parent Liaison/No Subspecialty	SOCIAL SERVICES - AI	12/31/2999

View Page:    Viewing Page: 1

- If you have another Specialty/Subspecialty to enter click the **Add** button in the top left corner and repeat the previous steps.
- When all the specialties/subspecialties have been entered, click **Primary Specialty** to designate one of the listed Specialties as Primary.

Shortcut to Step:



# Step 2: Add Specialties

Close Save

Primary Specialty For Enrollment

Primary Specialty: PHYSICIANS/Family Medicine \*

Start Date: 07/26/2019 \* End Date: \*

- Choose the **Primary Specialty** for this enrollment from the drop down menu.
- Complete the **Start Date** field. Leave **End Date** blank.
- When all information has been entered, click on **Save** then **Close**.

Shortcut to Step:



# Step 2: Add Specialties

Application ID: 20191007197659      Name: Fields, Sally

### Specialty/Subspecialty List

Filter By

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> <input type="button" value="Δ▼"/>	<input type="button" value="▲▼"/>	<input type="button" value="▲▼"/>
<input type="checkbox"/> Parent Liaison/No Subspecialty	SOCIAL SERVICES - AI	12/31/2999

**View Page:**         **Viewing Page: 1**     

- 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.

Shortcut to Step:



# Business Process Wizard (BPW)

- You have completed Step 2: **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 3: **Associate Billing Provider/Other Associations** to continue your application.

Application ID: 20191007197659

Name: Fields, Sally

Close

## Enroll Provider - Atypical Individual

Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 2: Add Specialties</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 3: Associate Billing Provider/Other Associations</a>	Required			Incomplete	
<a href="#">Step 4: Add License/Certification/Other</a>	Optional			Complete	
<a href="#">Step 5: Add Provider Controlling Interest/Ownership Details</a>	Optional			Incomplete	
<a href="#">Step 6: Add Taxonomy Details</a>	Optional			Incomplete	
<a href="#">Step 7: Associate MCO Plan</a>	Optional			Complete	
<a href="#">Step 8: Complete Enrollment Checklist</a>	Required			Incomplete	
<a href="#">Step 9: Submit Enrollment Application for Approval</a>	Required			Incomplete	

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Shortcut to Step:



# Step 3: Associate Billing Provider/Other Associations

Application ID: 20191007197659

Name: Fields, Sally

Close **Add**

## Billing Provider/Other Associations List

Filter By

Go

Save Filters

My Filters

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status
-----------------	---------------	-----------------	------------	----------	--------

No Records Found !

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

Shortcut to Step:



# Step 3: Associate Billing Provider/Other Associations

**Associate Billing Provider/Other Associations**

Enter NPI/Provider ID of Billing Provider/Other Associations and click "Confirm Provider."

Type:  \*

ID:  \*

Start Date:  \*

Provider Name: CICERO HEALTH CENTER

Enrollment Type: Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)

Applicant Type:

End Date:

- Once all information has been entered, click on **Confirm Provider** and verify the correct **Provider Name** is displayed.
- Leave the end date blank.
- Click **OK** when you are finished.

Shortcut to Step:



# Step 3: Associate Billing Provider/Other Associations

Application ID: 20191007197659

Name: Fields, Sally

### Billing Provider/Other Associations List

Filter By

<input type="checkbox"/> <input type="button" value="▲▼"/>	<input type="button" value="▲▼"/>	<input type="button" value="▲▼"/>	<input type="button" value="▲▼"/>	<input type="button" value="▲▼"/>	<input type="button" value="▲▼"/>	
<input type="checkbox"/>	1497875298	CICERO HEALTH CENTER	Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)	07/26/2019	12/31/2999	Approved

**View Page:**    **Viewing Page: 1**

- 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.

Shortcut to Step:



# Business Process Wizard (BPW)

Application ID: 20191007197659

Name: Fields, Sally

Close

## Enroll Provider - Atypical Individual

Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 2: Add Specialties</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 3: Associate Billing Provider/Other Associations</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 4: Add License/Certification/Other</a>	Optional			Complete	
<a href="#">Step 5: Add Provider Controlling Interest/Ownership Details</a>	Optional			Incomplete	
<a href="#">Step 6: Add Taxonomy Details</a>	Optional			Incomplete	
<a href="#">Step 7: Associate MCO Plan</a>	Optional			Complete	
<a href="#">Step 8: Complete Enrollment Checklist</a>	Required			Incomplete	
<a href="#">Step 9: Submit Enrollment Application for Approval</a>	Required			Incomplete	

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Last

- You have completed Step 3: **Associate Billing Provider**. 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 and Certifications** to continue your application.

Shortcut to Step:



# Step 4: Add License/Certification/Other

*Note: This is an optional Step in this enrollment*

Close Add

License/Certification/Other List

Filter By [ ] [ ] Go Save Filters My Filters

License/Cert./Other Type	License/Cert./Other #	Location	Valid Flag	Effective Date	End Date
No Records Found!					

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

Shortcut to Step:



# Step 4: Add License/Certification/Other

License/Certification/Other Type:  \* ←

License/Certification/Other #:  \* ←

Valid Flag:

Effective Date:  \* ←

End Date:  ←

- 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.
- Click the drop down menu next to **State** to select the State from which the license was obtained.
- 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:



# Step 4: Add License/Certification/Other

**Close** **Add**

### License/Certification/Other List

Filter By   **Go** **Save Filters** **My Filters**

License/Cert./Other Type	License/Cert./Other #	Valid Flag	Effective Date	End Date
<input type="checkbox"/> ▲▼ State Professional License	▲▼ 123456789	▲▼ Yes	▲▼ 07/26/2019	▲▼ 07/31/2020

**Delete** **View Page:**  **Go** **Page Count** **SaveToXLS** **Viewing Page: 1** **First** **Prev** **Next** **Last**

- 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.

Shortcut to Step:



# Business Process Wizard (BPW)



IMPACT Illinois Medicaid Program Advanced Cloud Technology

My Inbox Provider

Barrett,Keith Last Login: 04 OCT, 2019 05:29 PM Quick Find Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > Atypical Individual Enrollment > Atypical Individual Enrollment

Application ID: 20191007197659 Name: Fields, Sally

Close

Enroll Provider - Atypical Individual

Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 2: Add Specialties</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 3: Associate Billing Provider/Other Associations</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 4: Add License/Certification/Other</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 5: Add Provider Controlling Interest/Ownership Details</a>	Optional			Incomplete	
<a href="#">Step 6: Add Taxonomy Details</a>	Optional			Incomplete	
<a href="#">Step 7: Associate MCO Plan</a>	Optional			Complete	
<a href="#">Step 8: Complete Enrollment Checklist</a>	Required			Incomplete	
<a href="#">Step 9: Submit Enrollment Application for Approval</a>	Required			Incomplete	

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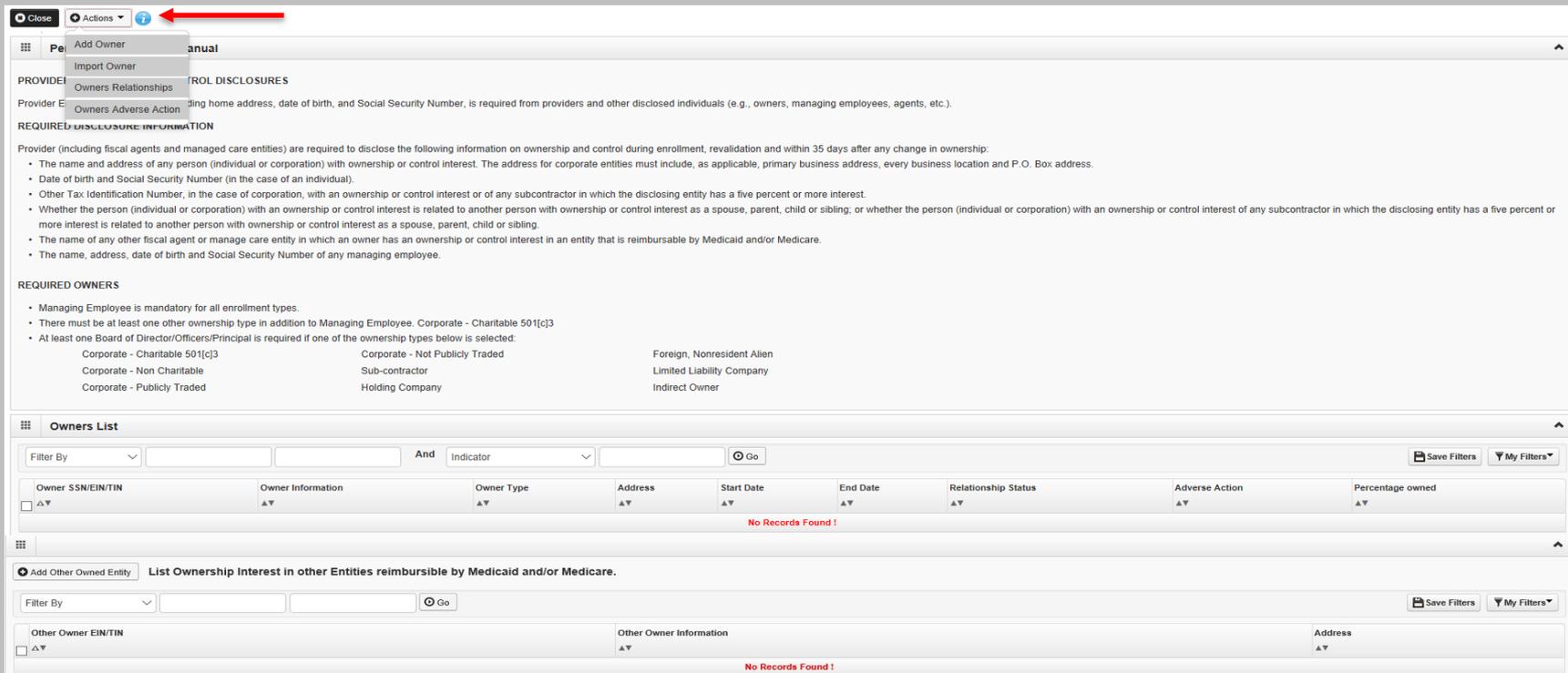
- You have completed Step 4: **Add Licenses and Certifications**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 5: **Add Provider Controlling Interest/Ownership Details** to continue your application.

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



# Step 5: Add Provider Controlling Interest/Ownership Details

*Note: This Step is not applicable to Rendering Servicing Providers*



**Close** **Actions** 

**Pe** **Add Owner** **annual**

**Import Owner**

**PROVIDER** **Owners Relationships** **ROL DISCLOSURES**

**Provider E** **Owners Adverse Action** **ing home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).**

**REQUIRED DISCLOSURE INFORMATION**

Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

**REQUIRED OWNERS**

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee. Corporate - Charitable 501(c)3
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited Liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

**Owners List**

Filter By   **And** **Indicator**  **Go** **Save Filters** **My Filters**

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
No Records Found !								

**Add Other Owned Entity** **List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.**

Filter By   **Go** **Save Filters** **My Filters**

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found !		

- This step is not applicable to Rendering Servicing provider.

Shortcut to Step:



# Business Process Wizard (BPW)

Application ID: 20191007197659      Name: Fields, Sally

[Close](#)

**Enroll Provider - Atypical Individual**

**Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.**

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 2: Add Specialties</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 3: Associate Billing Provider/Other Associations</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 4: Add License/Certification/Other</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 5: Add Provider Controlling Interest/Ownership Details</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 6: Add Taxonomy Details</a>	Optional			Incomplete	
<a href="#">Step 7: Associate MCO Plan</a>	Optional			Complete	
<a href="#">Step 8: Complete Enrollment Checklist</a>	Required			Incomplete	
<a href="#">Step 9: Submit Enrollment Application for Approval</a>	Required			Incomplete	

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- You have completed Step 5: **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 6: **Add Taxonomy** to continue your application.

Shortcut to Step:



# Step 6: Add Taxonomy Details

Close Add

Taxonomy List

Filter By [dropdown] [input] [input] Go Save Filters My Filters

Taxonomy Code	Description	Start Date	End Date
No Records Found !			

- To enter taxonomy details click on **Add**.

Shortcut to Step:



# Step 6: Add Taxonomy Details

### Add Taxonomy

Taxonomy Code:  \* [\(Click here for Taxonomy List\)](#) ←

Description:

Start Date:   \* ←

End Date:  

- If the taxonomy code is known, enter it in the Taxonomy Code box.
- Enter the **Start Date**. Leave the **End Date** blank. This can be updated at a later time.
- Click on **Confirm Taxonomy** and verify **Description** is populated correctly.
- Click on **OK** to finalize the submission.

Shortcut to Step:



# Step 6: Add Taxonomy Details

**Add Taxonomy**

Taxonomy Code:  \* [\(Click here for Taxonomy List\)](#) ←

Description:

Start Date:   \*

End Date:  

- If the taxonomy code is not known, select ***Click here for Taxonomy 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).

Shortcut to Step:



# Step 6: Add Taxonomy Details

The screenshot shows the NUCC website with a search bar and navigation menu. The main content area is titled "Open All" and contains instructions on how to expand code lists. A red circle highlights the "Individual or Groups (of Individuals)" and "Non-individual" options. To the right, there is a section for "Submitting a Question" and "More Information".

**Open All**

Code titles with a sign expand when you click on them. You can expand the entire list by clicking the "Open All" link above. Expand the code list to view the more detailed codes. Use your browser's find feature (Ctrl-F) after expansion to search for values. Taxonomy codes are self-selected. Choose the code that best identifies you as a provider.

- Individual or Groups (of Individuals)
- Non-individual

Clicking a [definition] link to the left displays code value definitions, when available, and additional information about the selected code in this space.

If you are unable to find a code to meet your need:

- [Submit a Question](#)
- [More Information](#)

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- In the web browser window that opens will be a list of provider types.
- Click **+** next to the appropriate provider type for your enrollment.

Shortcut to Step:



# Step 6: Add Taxonomy Details

Home   Announcements   NUCC Structure   Calendar   1500 Claim Form   Code Sets   Resources

**Open All**

Code titles with a  sign expand when you click on them. You can expand the entire list by clicking the "Open All" link above. Expand the code list to view the more detailed codes. Use your browser's find feature (Ctrl-F) after expansion to search for values. Taxonomy codes are self-selected. Choose the code that best identifies you as a provider.

- Individual or Groups (of Individuals)
  - Group [\[definition\]](#)
  - Allopathic & Osteopathic Physicians [\[definition\]](#)
  - Behavioral Health & Social Service Providers [\[definition\]](#)
  - Chiropractic Providers [\[definition\]](#)
  - Dental Providers [\[definition\]](#)
  - Dietary & Nutritional Service Providers [\[definition\]](#)
  - Emergency Medical Service Providers [\[definition\]](#)
  - Eye and Vision Services Providers [\[definition\]](#)
  - Nursing Service Providers [\[definition\]](#)
  - Nursing Service Related Providers [\[definition\]](#)
  - Other Service Providers [\[definition\]](#)
  - Pharmacy Service Providers [\[definition\]](#)
  - Physician Assistants & Advanced Practice Nursing Providers [\[definition\]](#)
  - Podiatric Medicine & Surgery Service Providers [\[definition\]](#)
  - Respiratory, Developmental, Rehabilitative and Restorative Service Providers [\[definition\]](#)
  - Speech, Language and Hearing Service Providers [\[definition\]](#)
  - Student, Health Care [\[definition\]](#)
  - Technologists, Technicians & Other Technical Service Providers [\[definition\]](#)
- Non-individual

Clicking a [\[definition\]](#) link to the left displays code value definitions, when available, and additional information about the selected code in this space.

If you are unable to find a code to meet your need:

- [Submit a Question](#)
- [More Information](#)

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

Shortcut to Step:



# Step 6: Add Taxonomy Details

**National Uniform Claim Committee**

Home Announcements NUCC Structure Calendar 1500 Claim Form Code Sets

**Open All**

Code titles with a **+** sign expand when you click on them. You can expand the entire list by clicking the "Open All" link above. Expand the code list to view the more detailed codes. Use your browser's find feature (Ctrl-F) after expansion to search for values. Taxonomy codes are self-selected. Choose the code that best identifies you as a provider.

- Individual or Groups (of Individuals)
  - Group [\[definition\]](#)
  - Allopathic & Osteopathic Physicians [\[definition\]](#)
  - Behavioral Health & Social Service Providers [\[definition\]](#)
  - Chiropractic Providers [\[definition\]](#)
  - Dental Providers [\[definition\]](#)
  - Dietary & Nutritional Service Providers [\[definition\]](#)
  - Emergency Medical Service Providers [\[definition\]](#)
  - Eye and Vision Services Providers [\[definition\]](#)
  - Nursing Service Providers [\[definition\]](#)
    - Licensed Practical Nurse - **164W00000X** [\[definition\]](#)
    - Licensed Psychiatric Technician - **167G00000X** [\[definition\]](#)
    - Licensed Vocational Nurse - **164X00000X** [\[definition\]](#)
    - Registered Nurse - **163W00000X** [\[definition\]](#)
  - Nursing Service Related Providers [\[definition\]](#)
  - Other Service Providers [\[definition\]](#)
  - Pharmacy Service Providers [\[definition\]](#)
  - Physician Assistants & Advanced Practice Nursing Providers [\[definition\]](#)
  - Podiatric Medicine & Surgery Service Providers [\[definition\]](#)
  - Respiratory, Developmental, Rehabilitative and Restorative Service Providers [\[definition\]](#)
  - Speech, Language and Hearing Service Providers [\[definition\]](#)
  - Student, Health Care [\[definition\]](#)
  - Technologists, Technicians & Other Technical Service Providers [\[definition\]](#)
- Non-individual

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

Shortcut to Step:



# Step 6: Add Taxonomy Details

Application ID: 20191007197659      Name: Fields, Sally

**Add Taxonomy**

**Taxonomy Code:**  \*  ←

(Click here for Taxonomy List)

**Description:** Case Manager/Care Coordinator

**Start Date:**   \*      **End Date:**  

- Enter the **Taxonomy Code** and the **Start Date**.
- Leave **End Date** blank. This can be updated at a later time.
- Click on **Confirm Taxonomy** and verify **Description** is populated correctly.
- Click on **OK** to finalize the submission.

Shortcut to Step:



# Step 6: Add Taxonomy Details

Application ID: 20191007197659

Name: Fields, Sally

## Taxonomy List

Filter By

Taxonomy Code	Description	Start Date	End Date
<input type="checkbox"/> <input type="button" value="Δ▼"/>	<input type="button" value="▲▼"/>	<input type="button" value="▲▼"/>	<input type="button" value="▲▼"/>
<input type="checkbox"/> 251B00000X	Case Management	10/07/2019	12/31/2999

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- 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.

Shortcut to Step:



# Business Process Wizard (BPW)

- You have completed Step 6: **Add Taxonomy**. 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: **Associate MCO Plan** to continue your application.

Application ID: 20191007197659

Name: Fields, Sally

Close

## Enroll Provider - Atypical Individual

Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 2: Add Specialties</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 3: Associate Billing Provider/Other Associations</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 4: Add License/Certification/Other</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 5: Add Provider Controlling Interest/Ownership Details</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 6: Add Taxonomy Details</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 7: Associate MCO Plan</a>	Optional			Complete	
<a href="#">Step 8: Complete Enrollment Checklist</a>	Required			Incomplete	
<a href="#">Step 9: Submit Enrollment Application for Approval</a>	Required			Incomplete	

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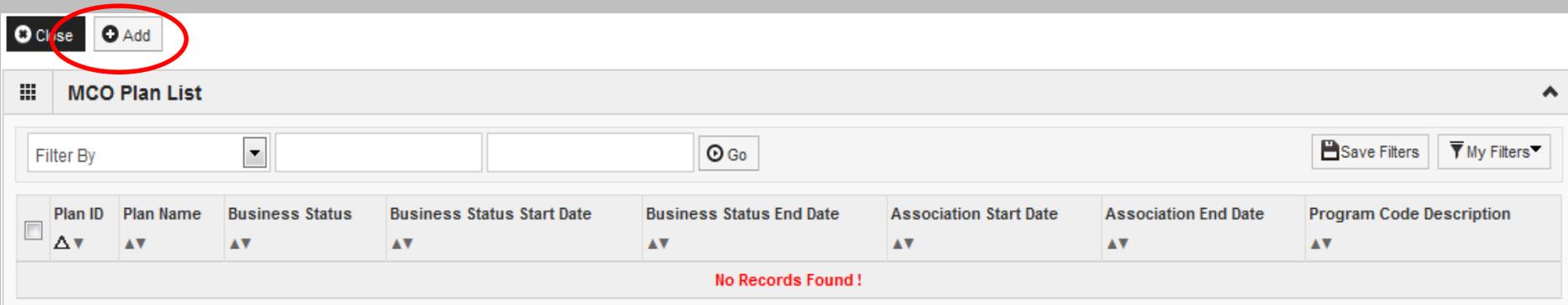
Last

Shortcut to Step:



# Step 7: Associate MCO Plan

*Note: This is an optional Step in this enrollment*



Close Add

MCO Plan List

Filter By   Go Save Filters My Filters

Plan ID	Plan Name	Business Status	Business Status Start Date	Business Status End Date	Association Start Date	Association End Date	Program Code Description
No Records Found!							

- 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.

Shortcut to Step:



# Step 7: Associate MCO Plan

### Associate MCO Plan

Click on the 'Confirm/Search Plan' button to search for a MCO Plan or confirm the Plan ID entered  
Please associate only to plans with which you have a signed contract

→ Plan ID:  \*      → Plan Name:

↓

Association Start Date:  \*      Association End Date:

- Enter a **Plan ID** and **Association Start Date** (or the date of the application).
- Leave the **End Date** 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**.

Shortcut to Step:



# Step 9: Associate MCO Plan

*Note: This is an optional Step in this enrollment*

Close
Select

☰ MCO Plan Search List
▲

Filter By
Go
Save Filters
My Filters ▼

<input type="checkbox"/>	Plan ID	Plan Name	Business Status	Business Status Start Date	Business Status End Date	Program Code Description
<input checked="" type="checkbox"/>	7126080	Blue Cross Blue Shield IL FHP	Active	01/01/2015	12/31/2999	Family Health Plan/Affordable Care Act
<input type="checkbox"/>	7126393	Meridan Health Plan INC VMC	Active	05/14/2015	12/31/2999	Family Health Plan/Affordable Care Act
<input type="checkbox"/>	7126400	HARMONY HEALTH PLAN IL INC VMC	Active	05/14/2015	12/31/2999	Family Health Plan/Affordable Care Act

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» Last

- 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:



# Step 9: Associate MCO Plan

*Note: This is an optional Step in this enrollment*

Application ID: 20191007197659      Name: Fields, Sally

**Associate MCO Plan**

Click on the 'Confirm/Search Plan' button to search for a MCO Plan or confirm the Plan ID entered  
Please associate only to plans with which you have a signed contract

Plan ID:	<input type="text" value="3000003"/> *	Plan Name:	DRS MCO
Program Name:	DRS	Program Description:	DRS - Department of Human Services, Division of Rehabilitation Services
Association Start Date:	<input type="text" value="10/07/2019"/> *	Association End Date:	<input type="text" value="12/31/2999"/>

- The chosen MCO plan information will populate.
- Verify it is correct then, click **OK**.

Shortcut to Step:



# Step 9: Associate MCO Plan

*Note: This is an optional Step in this enrollment*

Application ID: 20191007197659      Name: Fields, Sally

### MCO Plan List

Filter By

Plan ID	Plan Name	Business Status	Business Status Start Date	Business Status End Date	Association Start Date	Association End Date	Program Description
<input type="checkbox"/> 3000003	DRS MCO	Active	01/01/1980	12/31/2999	10/07/2019	12/31/2999	DRS - Department of Human Services, Division of Rehabilitation Services

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- Click **Add** to Associate to an additional MCO Plan.
- If all MCO Plans have been entered, click **Close** to return to the BPW.

Shortcut to Step:



# Business Process Wizard (BPW)

- You have completed Step 7: **Associate MCO**. 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: **Complete Enrollment Checklist** to continue your application.

Application ID: 20191007197659      Name: Fields, Sally

[Close](#)

**Enroll Provider - Atypical Individual**

**Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.**

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 2: Add Specialties</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 3: Associate Billing Provider/Other Associations</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 4: Add License/Certification/Other</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 5: Add Provider Controlling Interest/Ownership Details</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 6: Add Taxonomy Details</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 7: Associate MCO Plan</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 8: Complete Enrollment Checklist</a> ←	Required			Incomplete	
<a href="#">Step 9: Submit Enrollment Application for Approval</a>	Required			Incomplete	

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Shortcut to Step:



# Step 8: Complete Enrollment Checklist

 Close
 Save

**Provider Checklist**

Question	Answer	Comments
Do you need to request a Retroactive Enrollment Date? If Yes, enter the requested Retroactive Enrollment Date in the comment field to be considered.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Do you wish to end date your enrollment or association? If yes, what date and to which association.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Are you currently excluded from any Illinois or other state program? If yes, provide state of exclusion and program.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Are you currently excluded from any federal program? If yes, provide the program and date.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Have you ever had a criminal or healthcare program-related conviction? If yes, provide type of conviction and date.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Have you ever had a judgment under any false claims act? If yes, list judgment and date	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Have you ever had a program exclusion/debarment? If yes, provide program and date	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Have you ever had civil monetary penalty? If yes, provide penalty type and date.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Do you have 5% or more ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Has fingerprinting been completed per state requirements? If yes, with what vendor and date?	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
If a Medicar, Service Car or Taxi/Livery Company, and not registered with the Secretary of State and your DBA name does not contain your full legal name, have you registered with the County Clerk? If yes, provide the registration number.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Are you accepting new patients?	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Have you signed an agreement authorizing you or your organization to participate as an All Kids Application Agent? If yes, enter the effective date of your participation.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Are you planning to provide services reimbursable through Department on Aging (DoA). If yes, provide the effective participation date you are requesting.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Are you planning to provide services reimbursable through DHS, Division of Alcohol and Substance Abuse (DASA)? If yes, provide the effective participation date you are requesting.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Are you planning to provide services reimbursable through DHS, Division of Rehabilitation Services (DRS)? If yes, provide the effective participation date you are requesting.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Are you planning to provide services reimbursable through DHS, Division of Mental Health (DMH)? If yes, provide the effective participation date you are requesting.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Are you planning to provide services reimbursable through DHS, Bureau of Early Intervention (EI)? If yes, provide the effective participation date you are requesting.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Are you planning to provide services reimbursable through DHS, Division of Developmental Disabilities (DDD)? If yes, provide the effective participation date you are requesting.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>
Are you planning to provide services reimbursable through Department of Children and Family Services (DCFS)? If yes, provide the effective participation date you are requesting.	Not Completed <input type="button" value="v"/>	<input style="width: 90%;" type="text"/>

- 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:



# Business Process Wizard (BPW)

- You have completed Step 8: **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 9: **Submit Enrollment Application** to continue your application.

Close

**Enroll Provider - Atypical Individual**

**Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.**

Step	Required	Start Date	End Date	Status	Step Remark
<a href="#">Step 1: Provider Basic Information</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 2: Add Specialties</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 3: Associate Billing Provider/Other Associations</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 4: Add License/Certification/Other</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 5: Add Provider Controlling Interest/Ownership Details</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 6: Add Taxonomy Details</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 7: Associate MCO Plan</a>	Optional	10/07/2019	10/07/2019	Complete	
<a href="#">Step 8: Complete Enrollment Checklist</a>	Required	10/07/2019	10/07/2019	Complete	
<a href="#">Step 9: Submit Enrollment Application for Approval</a>	Required			Incomplete	

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Shortcut to Step:



# Step 9: Submit Enrollment Application for Approval

Application ID: 20191007197659      Name: Fields, Sally

### Final Submission

Application ID: 20191007197659      EnrollmentType: Atypical Individual Provider

The information submitted for enrollment shall be verified and reviewed by the State.  
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Private and Confidential).

### Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
No Records Found !			

- Click **Next** to confirm that all of the information that you have submitted as a part of the application is accurate.

Shortcut to Step:



# Step 9: Submit Enrollment for Application for Approval

Close Submit Application After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

9. The provider shall ensure that all Program recipients have access to all medically necessary physical healthcare services required, consistent with the policies outlined in all Handbooks for Providers of Behavioral Health Residential Care.
10. The provider shall provide Illinois Medical Assistance with a minimum of 30 days written notice in the instance that the provider determined a Program recipient is no longer appropriate to be served at the provider's facility.
11. The provider shall make follow-up services available to Program recipients following discharge from the provider's facility, consistent with the policies outlined in the Handbook for Providers of Behavioral Health Residential Care.
12. Upon acceptance of these enrollment terms and conditions, the provider shall notify Illinois Medical Assistance in writing of any legal relationship that exists between the provider and a hospital. The provider shall include a description of the following: how the hospital functions are separate from the residential treatment functions of the provider, how the governance of the residential treatment facility is separate from the hospital, a distinct organization/management separation between the residential treatment and the hospital part of the provider's structure, and how a conflict of interest will not occur between the residential treatment and the hospital parts of the provider's organization. The provider shall notify Illinois Medical Assistance within 30 days of any changes in the provider's legal relationship with a hospital.
13. The provider acknowledges it is solely responsible for reporting per diem rate changes, as issued by the Illinois Purchased Care Review Board for residential treatment services to the Department consistent with 89 Ill. Admin 139.305.
14. The provider shall submit claims for authorized residential treatment services to the Department consistent with the established policies and procedures pertaining to the authorized service. The provider shall accept its per diem residential rate as payment in full for services rendered to Program recipients and shall not seek additional reimbursement from the Program recipient or the Program recipient's family.
15. The provider shall perform background checks on all staff, including, but not limited to a check of the following in the state in which the provider operates: the child abuse and neglect tracking system, the sex offender registry, and a fingerprint check by the State Police and the Federal Bureau of Investigation.
16. The provider acknowledges the immediate reporting requirements outlined in the Handbook for Providers of Behavioral Health Residential Care includes suspected child abuse or neglect consistent with the provider's responsibilities as a Mandated Reporter under the Abused and Neglected Child Reporting Act and suspected financial fraud and abuse in the Medical Assistance Program or Child Support Enforcement Program.
17. The provider shall attend all regional and other required meetings when notified more than 14 days in advance by Illinois Medical Assistance.
18. Behavioral Health Residential Care Providers who are enrolled with a Subspecialty of Sub-Acute Psychiatric or Sub-Acute Substance Use Disorder shall also comply with the following:
  - Compliance with 42 CFR 483. Submit a completed HFS Form 2734A to the Department, attesting to the facility's compliance with federal requirements regarding the use of restraint and seclusion in each of the following instances: 1) Upon initial enrollment with Illinois Medical Assistance as a provider; 2) Annually on July 1 of each state fiscal year to be received by the Department by July 15th; and 3) In the event of a change in the facility director;
  - Notify the Department and the State's designated Protection and Advocacy System of any significant injury, suicide attempt, or death that occurs at the facility, consistent with the requirements established by the Department;
  - Comply with 42 CFR 440.10 and 42 CFR 441 Subpart D as defined and interpreted by the Department in the administration of the Illinois Medicaid Program; and
  - Comply with all State Survey activities performed by the Illinois Department of Public Health, or its agent(s).
19. Behavioral Health Residential Care Providers who are enrolled with a Subspecialty of Sub-Acute Substance Use Disorder shall establish licensure and remain in good standing with the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DHS-DASA) as a provider of residential substance use disorder services.

#### Billing Certification

For each paper or electronic claim or invoice I submit for payment, remittance advice and voucher issued, as a condition of my enrollment, I certify and acknowledge that I am familiar with pertinent Healthcare and Family Services policies and procedures as set forth in the Illinois Medical Assistance Program Handbooks, rules and statutes. With that knowledge, I certify that the billing information on claims, invoices, remittances and vouchers, and billing information attached to, or reference in, those documents is true, accurate and complete, I certify that the services as described on the claims, invoices, vouchers or remittance advice were provided, I certify that I will keep and make available such records as are necessary to disclose fully the nature and extent of the services provided; and I certify that I understand payment is made from State and federal funds and any falsification or concealment of the material fact may be cause for prosecution or other appropriate sanctions and legal action.

By checking this, I certify that I have read and that I agree and accept all the enrollment terms and conditions in herein that are applicable to me.

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

Shortcut to Step:



# Business Process Wizard (BPW)



- The below message will appear advising that the application has been submitted to the state for review. The application number can be used through the track application option after sign-on to check the status of the application.
- Click **Close** to exit the enrollment.
- You have completed Step 9: **Submit Enrollment Application**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.

Application ID: 20191007197659      Name: Fields, Sally

**Your Application Number 20191007197659 has been successfully submitted for State review. Return with this application number to track the status of your application.** ✕

**Close**

**Enroll Provider - Atypical Individual**

**Business Process Wizard - Provider Enrollment (Atypical Individual). Click on the Step # under the Step Column.**

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	10/07/2019	10/07/2019	Complete	
Step 2: Add Specialties	Required	10/07/2019	10/07/2019	Complete	
Step 3: Associate Billing Provider/Other Associations	Required	10/07/2019	10/07/2019	Complete	
Step 4: Add License/Certification/Other	Optional	10/07/2019	10/07/2019	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	10/07/2019	10/07/2019	Complete	
Step 6: Add Taxonomy Details	Optional	10/07/2019	10/07/2019	Complete	
Step 7: Associate MCO Plan	Optional	10/07/2019	10/07/2019	Complete	
Step 8: Complete Enrollment Checklist	Required	10/07/2019	10/07/2019	Complete	
Step 9: Submit Enrollment Application for Approval	Required	10/07/2019	10/07/2019	Complete	

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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>

- 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](mailto:IMPACT.Help@Illinois.gov)
  - Phone: 1-877-782-5565