ILLINOIS PROVIDER ENROLLMENT

Individual / Sole Proprietor
• 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:**
  – **Sole Proprietor**: A provider who owns his or her own practice.
  – **Billing Provider**: A provider who submits claims and/or receives payments for an Individual Provider.
  – **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.
  – **New Enrollment**: A new provider who needs to enroll in the IMPACT system.
  – **Revalidation**: A provider who was previously enrolled in the MMIS system and whose information was transferred to IMPACT.

• **Enrollment Timeline:**
  – Individual Providers will need to enroll or revalidation with IMPACT starting in August 2015.
Application Process

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

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

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 13
After completing the sign-on, click on **IMPACT**.

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

Use the radio buttons to select your enrollment type (Typical vs. Atypical), then click on **Submit** in the lower left corner.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
Complete all fields especially required, which are marked with an *.

- **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 **Confirm** then **Finish**.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
Start New Application
Step 1: (Basic Provider Information)

• 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 yyyyymmdd 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 has been marked approved.
• After documenting the ID number, click OK.
Completing Application using BPW

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

<table>
<thead>
<tr>
<th>Step</th>
<th>Required</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
<th>Step Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Provider Basic Information</td>
<td>Required</td>
<td>Lastname</td>
<td>7/22/19</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td>Step 2: Add Locations</td>
<td>Required</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 3: Add Specialties</td>
<td>Required</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 4: Associate Billing Provider</td>
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<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 5: Add License/Certification/Other</td>
<td>Optional</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 6: Add Mode of Claim Submission/MED Exch</td>
<td>Required</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 7: Associate Billing Agent</td>
<td>Optional</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 8: Add Provider Controlling Interest/Ownership Details</td>
<td>Required</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 9: Add Taxonomy Details</td>
<td>Required</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 10: Associate MCO Plan</td>
<td>Optional</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 11: subset Enrollment Form</td>
<td>Optional</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 12: Complete Enrollment Checklist</td>
<td>Required</td>
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<td></td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>Step 13: Submit Enrollment Application for Approval</td>
<td>Required</td>
<td></td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
</tbody>
</table>

- **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: [1] 2 3 4 5 6 7 8 9 10 11 12 13
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 sequentially 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 details.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
Step 2: Add Locations

Complete all fields especially required, which are marked with an *.

- After entering the address and zip code, click on **Validate Address**.
- After all information has been entered, click on **OK**.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
Step 2: Add Locations

- Click on the **Primary Practice Location** hyperlink to add addresses for this location.
- The **Primary Practice Location** requires a **Correspondence** and a **Pay To** address be entered.
Step 2: Add Locations

- Click on **Add Address** to input the additional address information for the Primary Practice Location.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
Step 2: Add Locations

<table>
<thead>
<tr>
<th>Add Provider Location Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Address:</td>
</tr>
<tr>
<td>Location Address:</td>
</tr>
</tbody>
</table>

- Choose type of address (Correspondence or Pay To).
- If the address you are entering is the same as the location address, then click the radio icon next to **Copy This Location Address**.
- After entering the address and zip code information, click on **Validate Address**.
- When all required fields and any optional fields are completed, click **OK**.
- Repeat these steps for each additional address type.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
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 required.
- Once all location addresses have been entered, click on **Close**.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
• 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 13
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 Specialties** 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.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
Step 3: Add Specialties

• 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.
Step 3: Add Specialties

• Choose the **Primary Specialty** for this enrollment from the drop down menu.
• Choose the appropriate radio icon to select board certified or not.
• Complete the **Start Date** field. Leave **End Date** blank.
• When all information has been entered, click on **Save** then **Close**.
Step 3: Add Specialties

- When all the Specialty information has been entered, click on **Close** to return to the BPW.
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: **Associate Billing Provider** to continue your application.
Step 4: Associate Billing Provider

- Click **Add** to associate to a Billing Provider.
Step 4: Associate Billing Provider

- Once all information has been entered, click on **Confirm Provider** and verify the correct **Provider Name** is displayed.
- Click **OK** when you are finished.
Step 4: Associate Billing Provider

• To associate to an additional Billing Provider, click **Add** and repeat the previous steps.
• 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.** 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 Licensing/Certification/Other** to continue your application.
Step 5: 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 13
Step 5: 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.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
Step 5: 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.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
• You have completed Step 5: **Add Licensing/Certification/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 6: **Add Mode of Claim Submission** to continue your application.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
Step 6: 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**.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
You have completed Step 6: **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 7: **Associate Billing Agent** to continue your application.
Step 7: Associate Billing Agent

• Click Add to input a Billing Agent.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
Step 7: 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.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
**Step 7: Associate Billing Agent**

- **Use the Filter By drop down and enter information to filter the list of the available Billing Agents. (%) can be used as a wild card**
- **After locating the desired Billing Agent, mark the check box next to that line, then click Select.**

**Shortcut to Step:** 1 2 3 4 5 6 7 8 9 10 11 12 13
Step 7: Associate Billing Agent

- Confirm the Billing Agent information populated correctly.
- Click **OK** to return to the billing agent list.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
Step 7: Associate Billing Agent

• To associate to additional Billing Agents not listed, click Add and repeat the previous steps.
• When all billing agents have been entered, click Close to return to the BPW.
You have completed Step 7: **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 8: **Add Provider Controlling Interest/Ownership Details** to continue your application.
Step 8: Controlling Interest/Ownership

- Ownership entries must include at least one Managing Employee and one other Ownership type.
- To add Ownership listings, click on Add.
Step 8: Controlling Interest/Ownership

- 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 13
• To list additional owners, click **Add** and repeat the previous steps.
• After all ownerships have been listed, click the hyperlink for each Owner listed to specify the relationship between each owner and to complete the Legal Disclosure.
Step 8: Controlling Interest/Ownership

- Scroll down the page 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 has been set for each listed owner.
- When completed, click **OK** to return to the ownership listing.
Scroll down to the Final Adverse Legal Action/Conviction History section.
Click on the hyperlink *Final Adverse Legal Action/Conviction History*. 

### Final Adverse Legal Actions/Convictions Disclosure

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Final Adverse Legal Action Imposed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use the link &quot;Final Adverse Legal Actions/Convictions Disclosure&quot; to read and answer the disclosure.</td>
<td></td>
<td>Not Completed</td>
<td></td>
</tr>
</tbody>
</table>
Step 8: Controlling Interest/Ownership

- With regards to the chosen ownership, answer the listed question and enter comments if desired.
- Click **OK** when completed.
- Repeat for each listed ownership.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
Step 8: 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**.
Step 8: Controlling Interest/Ownership

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

- 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 13
Step 8: Controlling Interest/Ownership

When all ownerships for this location and ownership information in other entities is complete, click **Close**.
You have completed Step 8: **Add Provider Controlling Interest**. 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: **Add Taxonomy Details** to continue your application.
Step 9: Add Taxonomy Details

- To enter Taxonomy Details click on **Add**.

**Shortcut to Step:** 1 2 3 4 5 6 7 8 9 10 11 12 13
Step 9: Add Taxonomy Details

- To add new Taxonomy Details, enter the **Taxonomy Code** and the **Start Date**.
- Leave the **End Date** field blank.
- Click on **Confirm Taxonomy** and verify **Description** is populated correctly.
- Click on **OK** to finalize the submission.
Step 9: Add Taxonomy Details

• 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 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 9: 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.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
• Click on the + next to the appropriate profession listed under the heading which you previously selected.
Step 9: Add Taxonomy Details

- 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.
Step 9: Add Taxonomy Details

- Enter the **Taxonomy Code** and the **Start Date**.
- Leave the **End Date** field blank.
- Click on **Confirm Taxonomy** and verify **Description** is populated correctly.
- Click on **OK** to finalize the submission.
Step 9: 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.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
• You have completed Step 9: **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 10: **Associate MCO Plan** to continue your application.
Step 10: 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 10: Associate MCO Plan

- Enter a *Plan ID* and *Association Start Date*.
- Leave the *End Date* field blank.
- Click *Confirm/Search Plan*, verify the *Plan Name* is correct then, click *OK*.
- If the MCO plan ID is not known, click on *Confirm/Search Plan*.
Step 10: Associate MCO Plan

- Use the **Filter By** drop down and enter information to filter the list of available MCO plans.
- After locating the desired plan, click on the checkbox next to that line.
- Click **Select** to return to the MCO summary screen.
Step 10: Associate MCO Plan

- Verify that the MCO plan information populated correctly then click **OK**.
Step 10: Associate MCO Plan

- Click **Add** to Associate to an additional MCO Plan.
- If all MCO Plans have been entered, click **Close** to return to the BPW.
You have completed Step 10: **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 11: **835/ERA Enrollment Form** to continue your application.
Step 11: 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.

• Scroll down the page and verify/update the listed information and complete any additional fields.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
Step 11: Complete 835/ERA

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

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
Step 11: Complete 835/ERA

- Check the box next to the agreement statement and the signature portion will be populated.
- Once all fields are complete, click **Submit**, then **Close** at the top of the page.

Shortcut to Step: 1 2 3 4 5 6 7 8 9 10 11 12 13
You have completed Step 11: **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 12: **Complete Enrollment Checklist** to continue your application.
Step 12: 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.
### Business Process Wizard - Provider Enrollment (Atypical Individual)

#### Step 12: Complete Enrollment Checklist

- **You have completed Step 12:** **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 13:** **Submit Enrollment Application** to Submit your application.
• Click Next to confirm that all of the information that you have submitted as a part of the application is accurate.
Step 13: 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 **Submit Application**.
• The message above will pop up and advise that the application has been submitted for review. Click on **OK**.
You have completed Step 13: *Submit Enrollment Application for Approval*.
Resources

• For more information regarding IMPACT, please visit http://www.illinois.gov/hfs/impact/Pages/AboutIMPACT.aspx

• Check out the definitions of common terms at http://www.illinois.gov/hfs/IMPACT/Pages/Glossary.aspx
Questions and Answers

• FAQ’s can be found at http://www.illinois.gov/hfs/impact/Pages/faqs.aspx to help resolve common questions and problems when submitting applications.

• General questions regarding IMPACT can be addressed to:
  ➢ Email: IMPACT.Help@Illinois.gov
  ➢ Phone: 1-877-782-5565
    ▪ Choose option 1 for IMPACT Help