

ILLINOIS PROVIDER ENROLLMENT



Creating A New Account

Login Help  Illinois.gov

Illinois Medicaid Program Advanced Cloud Technology
IMPACT

Login to your account

* = Required Fields

***User ID**

***Password**

Login

Forgot your password?
Having trouble logging in?

Don't have an account? [Create New Account](#)

IMPACT Home eMIPP Login Policies Contact Us

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To create a Single Sign On ID please visit <https://IMPACT.illinois.gov> and select the option to create a new account.

Creating A New Account

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Create your account - Step 1 of 4

* = Required Fields

***Select the type of account you want to create**

State Government Staff

Service Provider/Billing Agent

Account Type Descriptions

- State Government Staff (i.e., Permanent Staff, Temporary Staff and Contractual Staff)
- Service Provider/Billing Agent (i.e., Hospital, Clinic, Physician, Nurse, Dentist, Transportation, Mental Health, Managed Care Organization, Clearinghouse, etc.)



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- Select the type of account, then click **Next**.

Creating A New Account

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

IMPACT Illinois Medicaid Program Advanced Cloud Technology

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Create your account - Step 2 of 4

* = Required Fields

*First Name	Middle Initial	*Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Email Address

*Confirm Email Address

*Phone Number

*Verification Question: What is the 2nd color in the list pink, house and purple?

I agree to the terms & conditions.

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- After entering the information, review and agree to the **Terms & Conditions** and click **Next**.

Creating A New Account

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

Create your account - Step 3 of 4

* = Required Fields

***User ID**

***Password**

***Confirm Password**

User ID guideline:User ID must be at least 6 characters and can contain letters (a-z or A-Z), numbers (0-9), and the following symbols (@.-')

Password guidelines:

- Must be at least 8 characters in length
- Must include characters from 3 of the following categories:
 - Upper case letters (A-Z)
 - Lower case letter (a-z)
 - Numbers (0-9)
 - Special characters (!\$#,%@-^&* _+=><)
- Should not be based on your User ID

Select four unique security questions. These questions will be used to restore access to your account in case you forget the password.

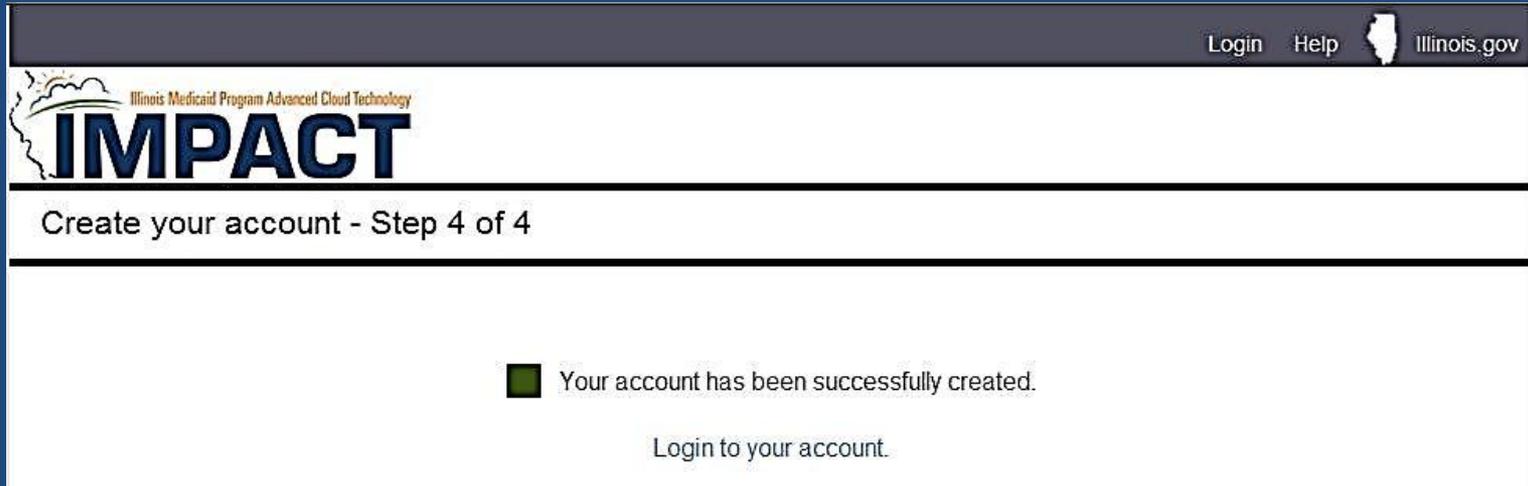
*Secret Question #1	*Secret Answer #1
<input type="text" value="--Select Question--"/>	<input type="text"/>
*Secret Question #2	*Secret Answer #2
<input type="text" value="--Select Question--"/>	<input type="text"/>
*Secret Question #3	*Secret Answer #3
<input type="text" value="--Select Question--"/>	<input type="text"/>
*Secret Question #4	*Secret Answer #4
<input type="text" value="--Select Question--"/>	<input type="text"/>

Create a unique **User ID** and **Password** using the rules on the screen.

Select questions from the options available and provide an answer in the space provided.

Click **Create Account.**

Creating A New Account



The screenshot shows the final step of account creation on the IMPACT website. At the top right, there are links for 'Login', 'Help', and the 'Illinois.gov' logo. The main header features the 'IMPACT' logo with the tagline 'Illinois Medicaid Program Advanced Cloud Technology'. Below the header, the page title reads 'Create your account - Step 4 of 4'. The central message is 'Your account has been successfully created.' followed by a 'Login to your account.' button.

- When you reach this screen your User ID, Password, and Secret Questions have been associated to your account.
- An email will be sent to the address used during registration as a reminder.
- Now you will need to return to the original Login Screen and use your newly created account.

Creating A New Account

Login Help  Illinois.gov

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IMPACT

Login to your account

* = Required Fields

***User ID**

***Password**

Login

[Forgot your password?](#)
[Having trouble logging in?](#)

Don't have an account? [Create New Account](#)

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- Log in using your User ID and Password.

Creating A New Account

Manage your account

 Request Application Access	 Update Profile
 Change Password	 Update Security Q&A

Access your applications

You do not have access to any application. You can request access by clicking on 'Request Application Access' button above.

- These are the options when you log in for the first time. You can modify any of the information you entered while creating the account by clicking the applicable button.
- Click on ***Request Application Access*** to request access to the system for your account.

Creating A New Account

Request Application Access

Request application access guidelines:

1. Search for an application with a keyword **or** select an agency to view its applications
2. Choose an application
3. Confirm your application and click 'Request Access' to proceed

Step 1: Search for an application

OR

Step 1: Select an agency to view its applications


State of Illinois

Step 2: Choose an application

Please select an agency to view its applications or search for applications.

Step 3: Click on 'Request Access' button to proceed

No application selected yet.

[Return to home page](#)

- Click on the State Seal or *State of Illinois* to see available application options.

Creating A New Account

OR

Step 1: Select an agency to view its applications



State of Illinois

Step 2: Applications - Showing applications for 'State of Illinois'

[IMPACT Provider Enrollment](#)

Step 3: Click on 'Request Access' button to proceed

IMPACT Provider Enrollment

The IMPACT Provider Enrollment system is an online portal that will provide the ability for new Providers to electronically submit an application for enrollment in the Illinois Medicaid program. In addition, existing Providers will be able to electronically submit changes to their enrollment. The IMPACT Provider Enrollment system will provide the ability for State Staff to electronically review and approve new applications and modifications.

[Request Access](#)

- Step 2 will update with available applications. Click on **IMPACT Provider Enrollment**.
- Step 3 will update with additional information regarding the selected application. If you selected the correct application, click on **Request Access**.

Creating A New Account

Please confirm the name of the application to be requested before proceeding. By clicking on 'I Accept' you agree to the Terms & conditions of this application.

App Name: **IMPACT Provider Enrollment**

Terms & Conditions

State of Illinois

IMPACT Terms of Use

Thank you for accessing the State of Illinois' Identity, Credential and Access Management web portal service (Service). Access and use of the Service is subject to these terms and conditions (Agreement), as well as all applicable laws and policies. Each time you access or use this Service, you agree to be bound by the terms contained in the most current version of this Agreement, which may be modified without notice at any time and can be found at the bottom of the IMPACT website. These terms affect your legal rights and obligations. If you do not agree to these terms, do not access or use the Service.

Terms and Conditions

1. You agree to access and use the Service only for lawful purposes. You are solely responsible for the knowledge of and adherence to any and all laws, statutes, rules and regulations pertaining to your use of the Service. Any use of the Service not specifically permitted under this Agreement is strictly prohibited.
2. The State grants you a limited, non-exclusive, non-transferable license to access and make personal use of the Service for the purposes of creating login information that is unique to you and accessing your IMPACT account profile and applications available through the Service.
3. All information that you transmit through the service must be true and accurate to the best of your knowledge. Your transmission of any false, misleading or inaccurate information may result in the termination of your rights to use the Service and possible administrative, civil, or criminal penalties under State and Federal laws. You are solely responsible for your conduct, along with any data, text, files, photos, videos and all other content or materials (collectively, Content) that you

I Accept

Cancel

Note: Click 'Cancel' to go back to your homepage.

- Review the **Terms and Conditions** for the selected application, and click **I Accept** to proceed.

Creating A New Account

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

Home Help Logout  Illinois.gov

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Request Application Access

* = Required Fields

This application requires following attributes:

***Email Address**

***Phone Number**

In order to proceed with this request, you also need to provide the following additional information.

You understand that by clicking on the I AGREE button immediately following this notice, you are providing 'written instructions' to the State of Illinois under the Fair Credit Reporting Act authorizing the State of Illinois to obtain information from your personal credit profile or other information from Experian. You authorize the State of Illinois to obtain such information solely to confirm your identity to avoid fraudulent transactions in your name prior to granting you online access to and use of the State of Illinois web site.

*** I AGREE**

Basic Information

***First Name**

***Last Name**

***Date of Birth**

Residential Address

***Street Address 1**

- Review to ensure the information on this screen is correct.
- Read the disclaimer and confirm by clicking **I AGREE**.
- Scroll down the page.
- Complete any missing information.

Creating A New Account

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

You understand that by clicking on the I AGREE button immediately following this notice, you are providing 'written instructions' to the State of Illinois under the Fair Credit Reporting Act authorizing the State of Illinois to obtain information from your personal credit profile or other information from Experian. You authorize the State of Illinois to obtain such information solely to confirm your identity to avoid fraudulent transactions in your name prior to granting you online access to and use of the State of Illinois web site.

* I AGREE

Basic Information

*First Name

*Last Name

*Date of Birth

Residential Address

*Street Address 1

Street Address 2

*City

*State

*Zip Code

Other Information

Last 4 Digits of SSN

Note: Date of Birth, Address and Last 4 digits of SSN will not be saved.

Submit

Clear

- Review to ensure the information on this screen is correct.
- Complete any missing information.
- Click **Submit**.

Creating A New Account

Request Application Access

* = Required Fields

Please select appropriate responses for the following questions:

***Which of the following is a license plate number that is associated with an automobile registered in your name? If there is not a matched license plate, please select 'NONE OF THE ABOVE'.**

- Please answer the 4 security questions that are specific to the demographic information used during the creation of the account. This is a security feature to verify identity.

Request Application Access

The request for your access has been successfully submitted.

Please logout and login to view the updated list of application(s) on your home page.

Logout

- After confirming your identity, you will be granted access to log in to IMPACT and begin the Enrollment Application from the Main Menu.