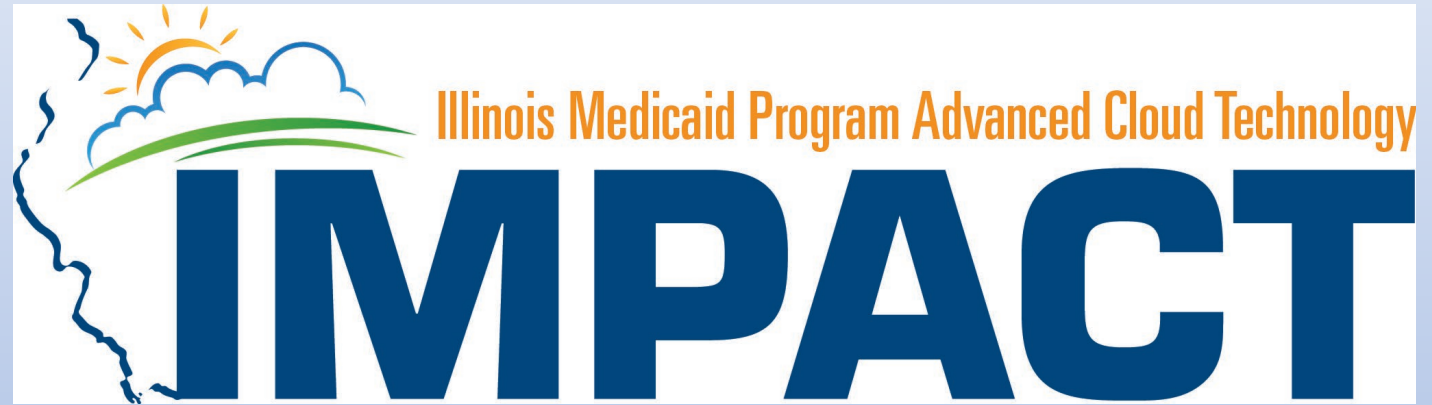
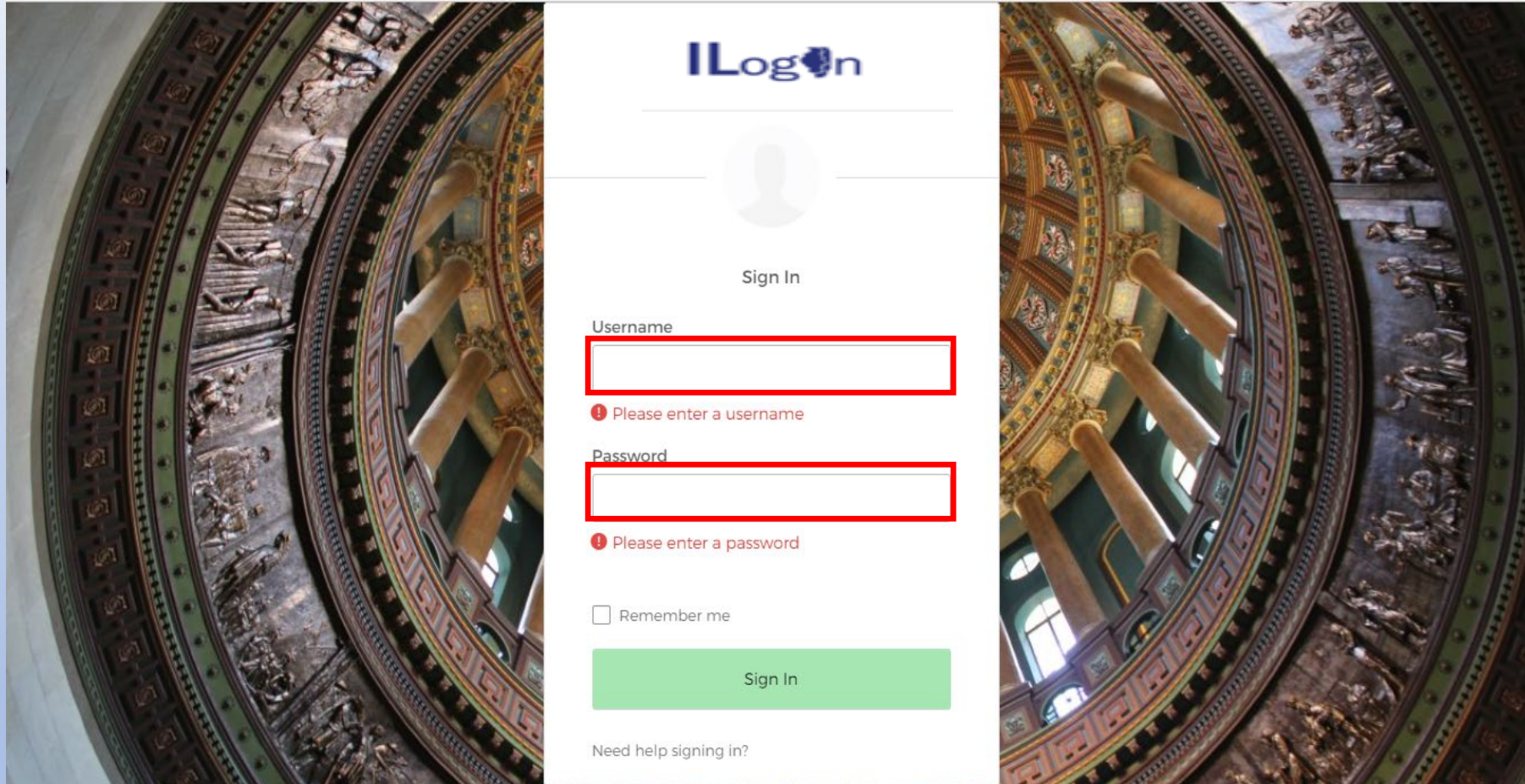




ILLINOIS PROVIDER ENROLLMENT

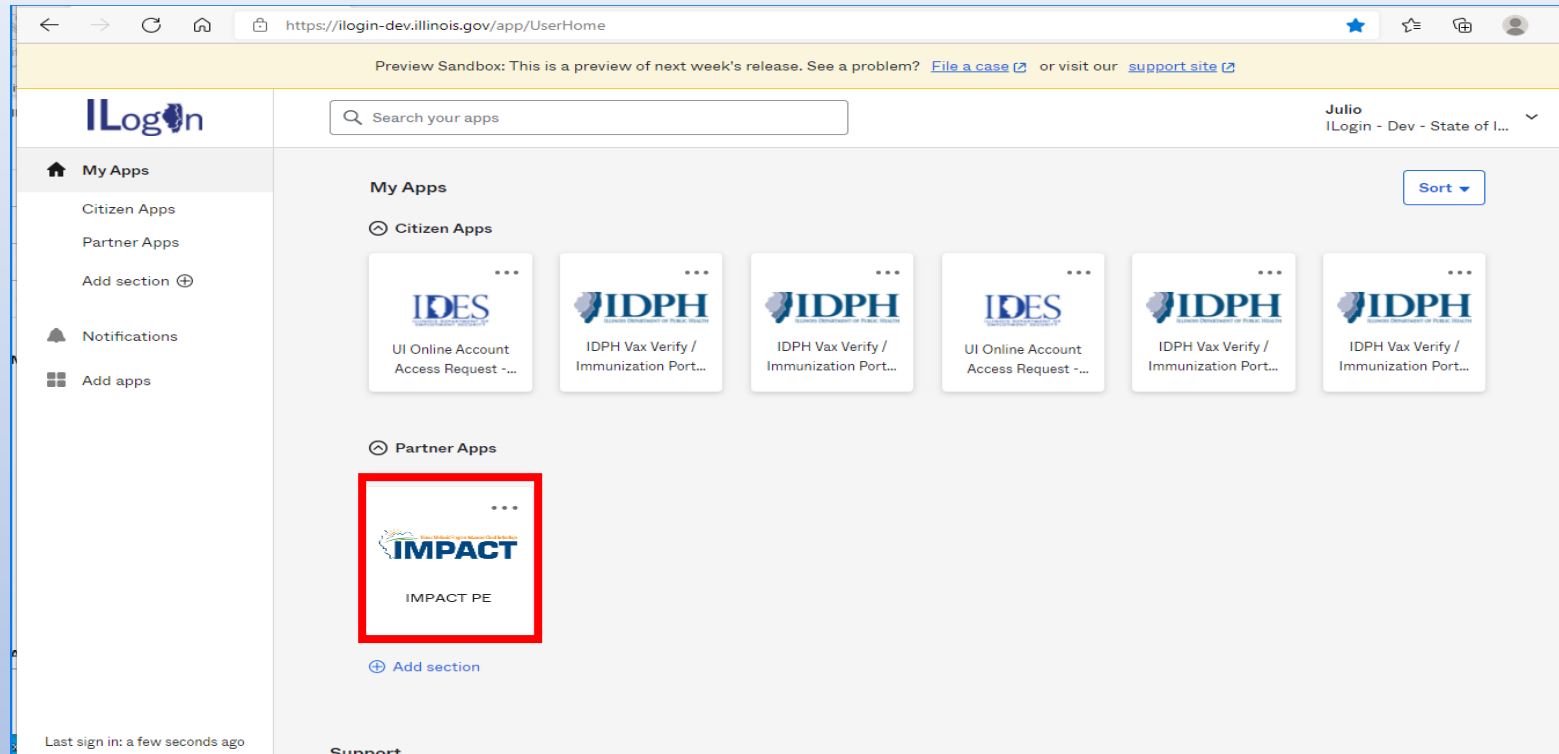


*Atypical Individual
Provider*

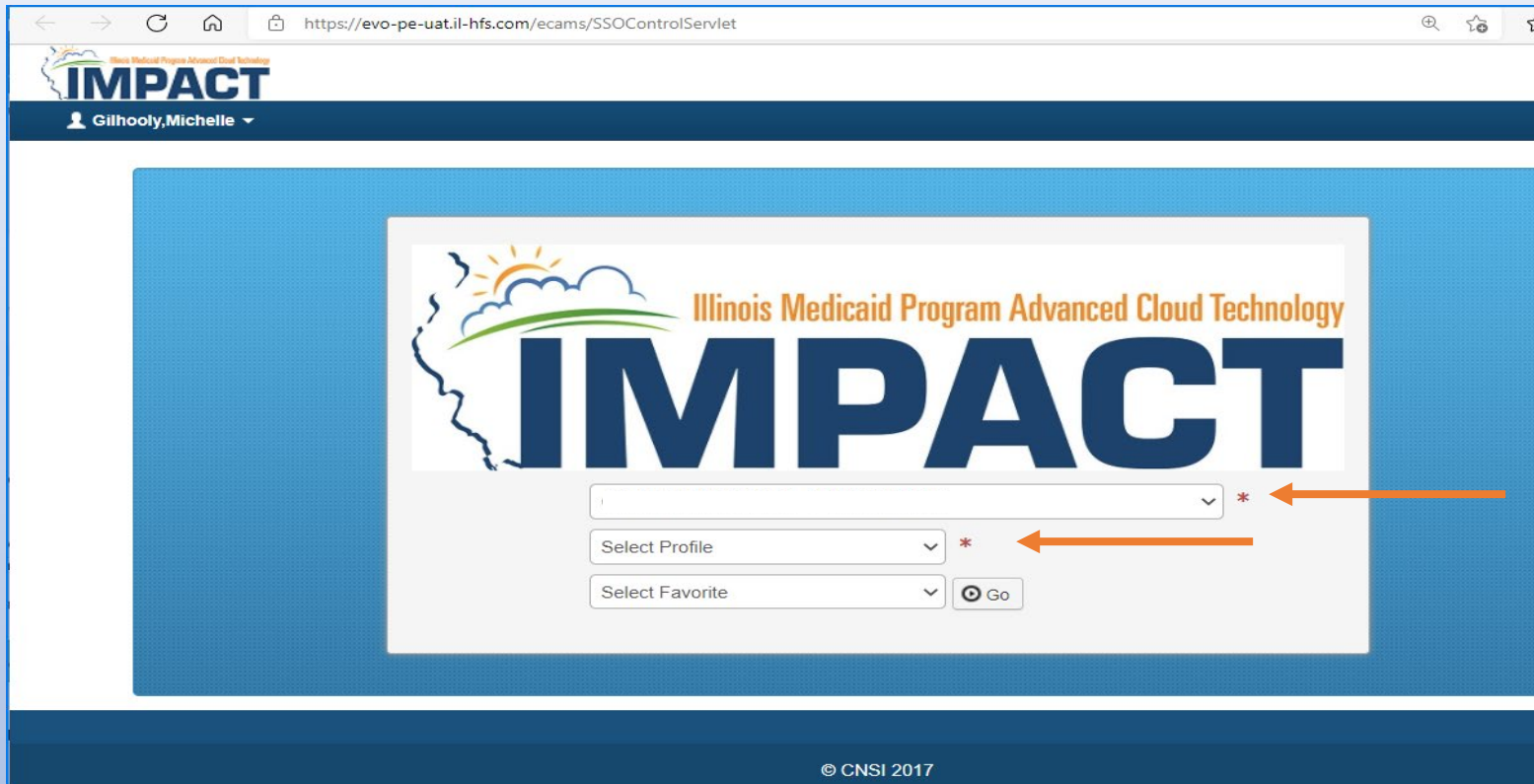


The screenshot shows the ILogon login interface. At the top, the "ILogon" logo is displayed. Below it is a "Sign In" button. The form contains two input fields: "Username" and "Password". Both fields are highlighted with red rectangular boxes. Below the Username field, there is a red error message: "Please enter a username". Below the Password field, there is a red error message: "Please enter a password". There is also a "Remember me" checkbox and a "Sign In" button at the bottom of the form. The background of the page is a photograph of the interior of a large, ornate dome, likely the Illinois State Capitol.

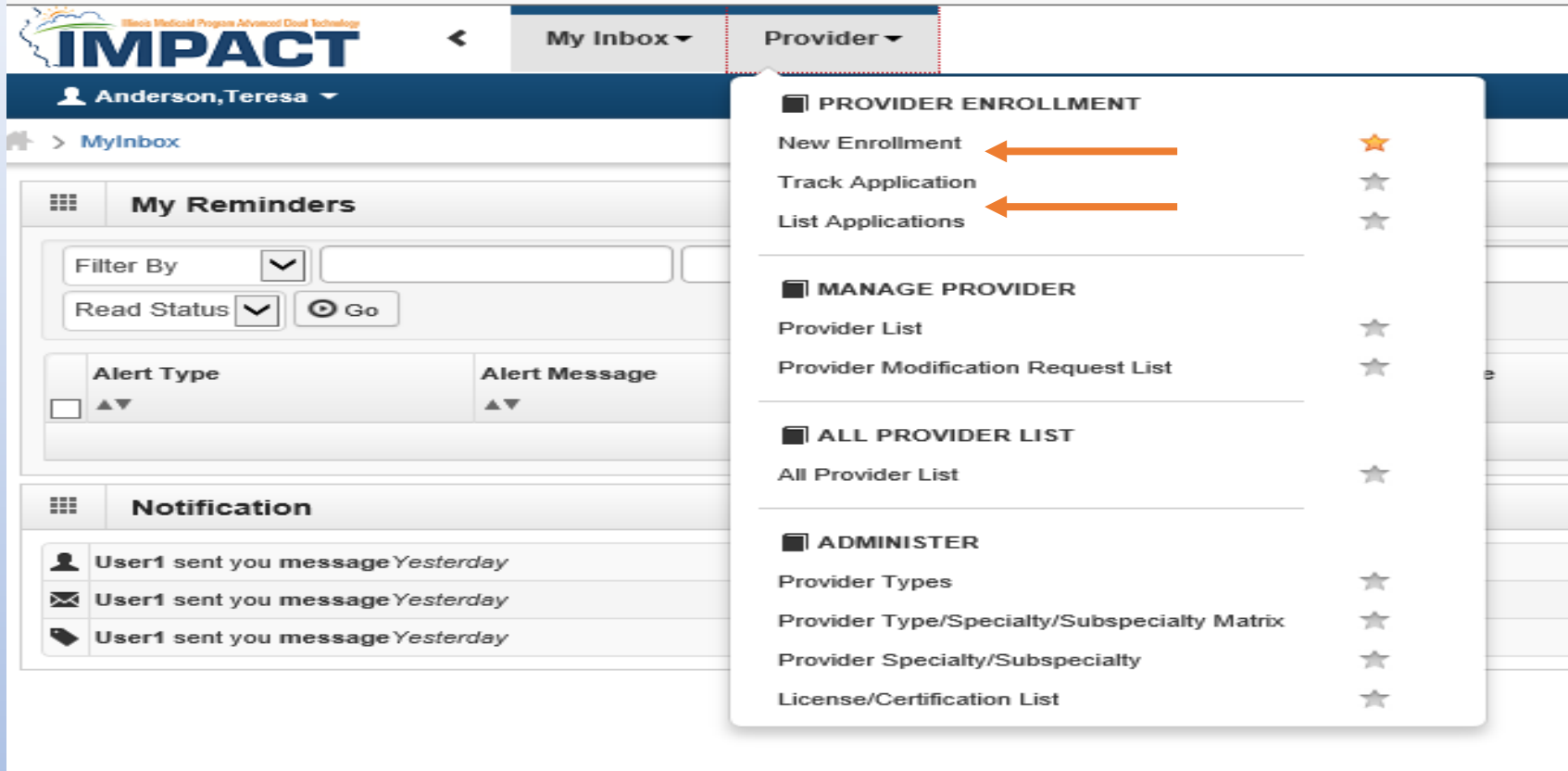
- Input Username and Password created during the creation of the account.



- Click on the IMPACT PE Chicklet to access IMPACT



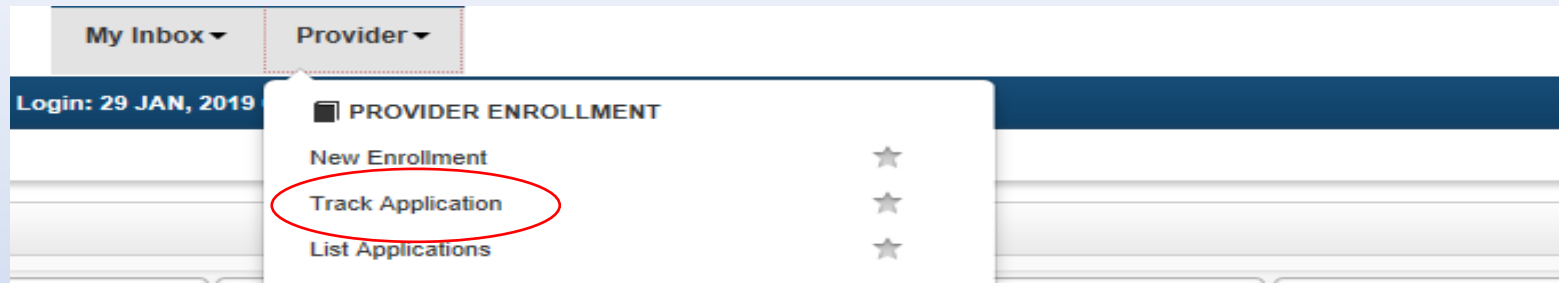
- Select the Domain and Profile from the drop-down menus



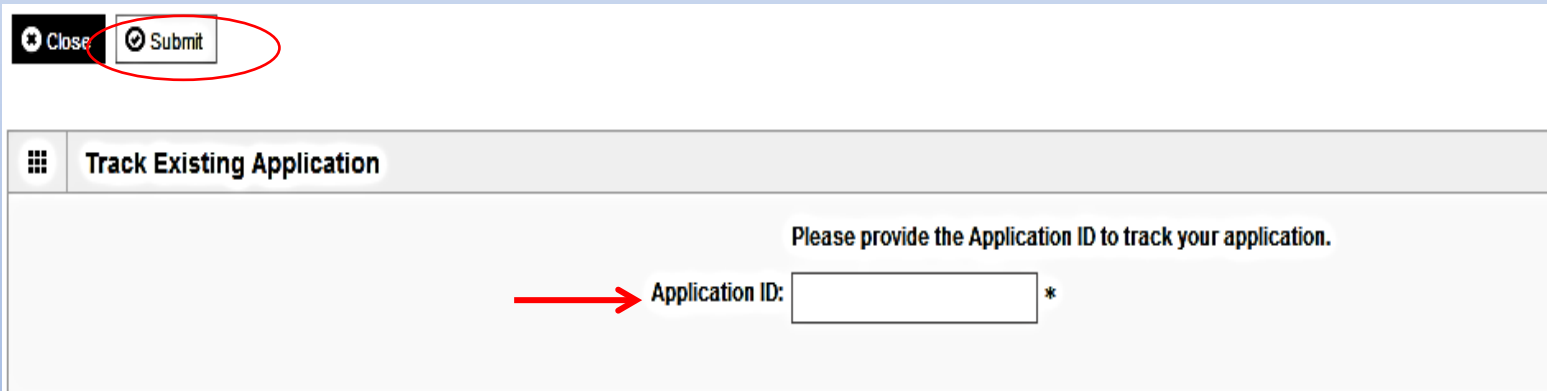
The screenshot shows the IMPACT web application interface. At the top, there is a navigation bar with the IMPACT logo, a back arrow, and two dropdown menus: 'My Inbox' and 'Provider'. Below the navigation bar, the user's name 'Anderson, Teresa' is displayed. The main content area is divided into three sections: 'My Reminders', 'Notification', and a dropdown menu for 'Provider'. The 'My Reminders' section includes a 'Filter By' dropdown, a 'Read Status' dropdown, and a 'Go' button. The 'Notification' section shows three messages from 'User1' sent yesterday. The 'Provider' dropdown menu is open, showing the following options:

- PROVIDER ENROLLMENT**
 - New Enrollment (highlighted with an orange arrow)
 - Track Application
 - List Applications (highlighted with an orange arrow)
- MANAGE PROVIDER**
 - Provider List
 - Provider Modification Request List
- ALL PROVIDER LIST**
 - All Provider List
- ADMINISTER**
 - Provider Types
 - Provider Type/Specialty/Subspecialty Matrix
 - Provider Specialty/Subspecialty
 - License/Certification List

- Regarding completing an application, there are two options: New Enrollment or Resuming an application.
- If starting a new application, go to slide 7 for step-by-step instructions.
- If resuming an application previously started go to slide 6 for step-by-step instructions.



- To resume an application, click on **Track Application**.



The screenshot shows a form titled 'Track Existing Application'. At the top left, there are two buttons: 'Close' and 'Submit'. The 'Submit' button is circled in red. Below the title, there is a text prompt: 'Please provide the Application ID to track your application.' Below this prompt, there is a text label 'Application ID:' followed by an input field and an asterisk. A red arrow points to the input field.

- 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***.

Starting a New Application

Enrollment Type

Select the Applicable Enrollment Type

- Regular Individual/Sole Proprietor or Rendering/Service Provider ?
- Group Practice (Corporation, Partnership, LLC, etc.) ?
- Billing Agent ?
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities) ?
- Contractor/MCO ?
- Atypical (non-medical) provider (Choose this option if you do not have a NPI)
 - Individual (Driver, Home Help/Personal Care, Carpenter, etc.) ?
 - Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.) ?

- Use the radio buttons to select your enrollment type, then click on **Submit** in the lower left corner.

Starting a New Application

(Step 1: Basic Provider Information)

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

Print Help

Basic Information

First Name: Carly * Middle Initial:

Last Name: Anderson * Gender: Female

Suffix:

SSN: 100001478 * Applicant Type: Atypical Rendering/Service *

Date of Birth: 07/21/1980 *

NPI:

Contact Email Address:

Email-1: xxx.xxx.xxx.com * Email-2: xxx.xxx.xxx.com

Email-3: xxx.xxx.xxx.com Email-4: xxx.xxx.xxx.com

Email-5: xxx.xxx.xxx.com Email-6: xxx.xxx.xxx.com

Home Address

Federal requirements mandate that a home address must be entered. Please ensure you are providing the correct home address and not a PO Box. Failure to do so may result in this application/modification being denied.

Address validation successful

Address Line 1: 350 E Madison St * Address Line 2:

Address Line 3:

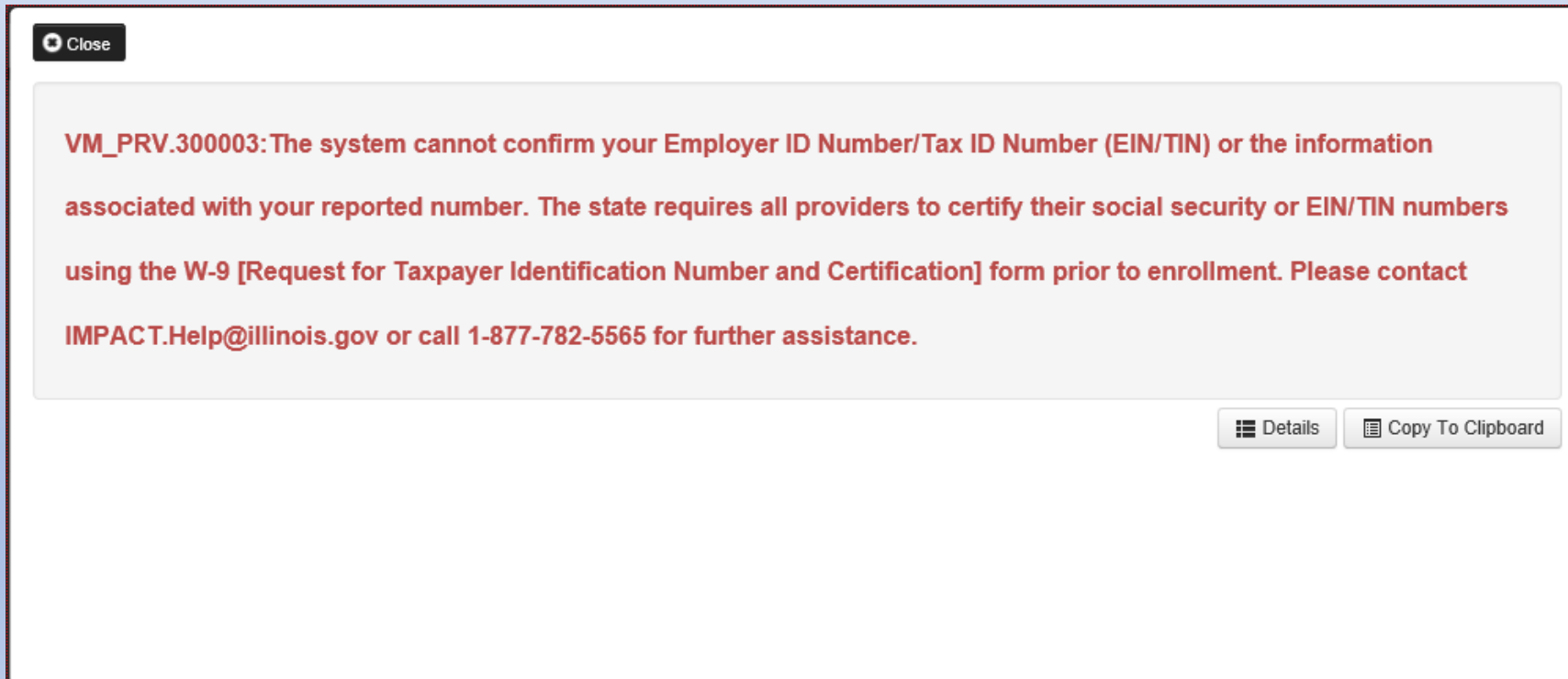
City/Town: Springfield * State/Province: ILLINOIS * County: Sangamon *

Country: UNITED STATES * Zip Code: 62701 * - 1009

Please note that all providers are subject to a criminal background screening that could affect your ability to be paid through the Home Help program.

- **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**.

- If the following error message is received after entering the required basic information, your EIN/TIN or SSN has not been certified by the Illinois Comptroller.
- Upon receipt of this error message submit your **completed** W9 to IMPACT.HELP@illinois.gov



Close

VM_PRV.300003: The system cannot confirm your Employer ID Number/Tax ID Number (EIN/TIN) or the information associated with your reported number. The state requires all providers to certify their social security or EIN/TIN numbers using the W-9 [Request for Taxpayer Identification Number and Certification] form prior to enrollment. Please contact IMPACT.Help@illinois.gov or call 1-877-782-5565 for further assistance.

Details Copy To Clipboard

Starting a New Application

(Step 1: Basic Provider Information)

Application ID: 20230809374692 Name: Anderson, Carly

Basic Information

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

Your Application ID is: **20230809374692**

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 yyyyymmdd format
 - A 6-digit system generated random number
 - Example: 20230809374692
- 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**.

The Business Process Wizard (BPW)

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

Anderson, Teresa

Note Pad External Links My Favorites Print Help

MyInbox > Enrollment List > Enrl App General > Track Application > Atypical Individual Enrollment

Application ID: 20230809374692 Name: Anderson, Carly

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	08/09/2023	08/16/2023	Complete	
Step 2: Add Specialties/Taxonomy	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: Upload Documents	Optional			Incomplete	
Step 7: Complete Enrollment Checklist	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

- **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.

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/Taxonomy** to continue completing your application.

Anderson, Teresa

Note Pad External Links My Favorites Print Help

MyInbox > Enrollment List > Enrl App General > Track Application > Atypical Individual Enrollment

Application ID: 20230809374692 Name: Anderson, Carly

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	08/09/2023	08/16/2023	Complete	
Step 2: Add Specialties/Taxonomy ←	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: Upload Documents	Optional			Incomplete	
Step 7: Complete Enrollment Checklist	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First < Prev > Next >> Last

Step 2: Add Specialties/Taxonomy

Application ID: 20230809374692 Name: Anderson, Carly

Specialty/Subspecialty List

Filter By

Specialty/Subspecialty	Provider Type	End Date
No Records Found !		

Taxonomy List

Filter By

Taxonomy Code	Description	Start Date	End Date
No Records Found !			

- Click the **Add** button under Specialty/Subspecialty List in the upper left corner.


Step 2: Add Specialties/Taxonomy

Application ID: 20230809374692 Name: Anderson, Carly

Add Specialty/Subspecialty

Provider Type: SOCIAL SERVICES - AI * ←

Specialty: Personal Assistant * ←

End Date: 

Add Subspecialty

Available Subspecialties	Associated Subspecialties *
No Subspecialty Personal Care Assistant Personal Support Worker	

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

Step 2: Add Specialties/Taxonomy

- 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: 20230809374692 Name: Anderson, Carly

Add Specialty/Subspecialty

Provider Type: SOCIAL SERVICES - AI *
Specialty: Personal Assistant *
End Date: [] []

Add Subspecialty

Available Subspecialties: No Subspecialty, Personal Support Worker
Associated Subspecialties *: Personal Care Assistant

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/Taxonomy

Taxonomy Code is not needed. Skip this part of the step.

Application ID: 20230809374692 Name: Anderson, Carly

[Close](#)

Specialty/Subspecialty List

[Add](#)

Filter By [Go](#) [Save Filters](#) [My Filters](#)

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> Personal Assistant/Personal Care Assistant	SOCIAL SERVICES - AI	12/31/2999

[Delete](#) View Page: [Go](#) [Page Count](#) [Save to Excel](#) Viewing Page: 1 [First](#) [Prev](#) [Next](#) [Last](#)

Taxonomy List

[Add](#)

Filter By [Go](#) [Save Filters](#) [My Filters](#)

Taxonomy Code	Description	Start Date	End Date
No Records Found !			

- 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.
- When all the Specialty information has been entered, click on **Close** to return to the BPW
- Taxonomy Code is not required because atypical providers do not need a taxonomy.

Business Process Wizard (BPW)

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

Application ID: 20230809374692 Name: Anderson, Carly

[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	08/09/2023	08/16/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/16/2023	08/16/2023	Complete	
Step 3: Associate Billing Provider/Other Associations ←	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Upload Documents	Optional			Complete	
Step 7: Complete Enrollment Checklist	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: [Go](#) [Page Count](#) [Save to Excel](#) Viewing Page: 1 [First](#) [Prev](#) [Next](#) [Last](#)

Step 3: Associate Billing Provider/Other Associations

Application ID: 20230809374692 Name: Anderson, Carly

Billing Provider/Other Associations List

Filter By

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status
No Records Found !					

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

Step 3: Associate Billing Provider/Other Associations

Application ID: 20230809374692 Name: Anderson, Carly

Associate Billing Provider/Other Associations

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

Type: *

ID: * ←

Start Date: *

Provider Name: DRS Billing Provider

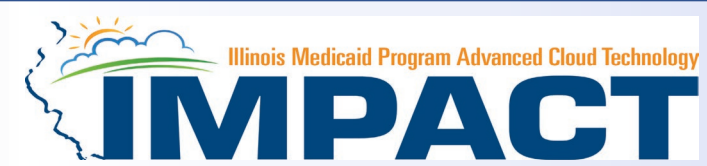
Enrollment Type: Atypical Agency Provider

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.

Step 3: Associate Billing Provider/Other Associations



Application ID: 20230809374692 Name: Anderson, Carly

Billing Provider/Other Associations List

Filter By

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> 7094736	DRS Billing Provider	Atypical Agency Provider	08/16/2023	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.

Application ID: 20230809374692

Name: Anderson, Carly

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	08/09/2023	08/16/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/16/2023	08/16/2023	Complete	
Step 3: Associate Billing Provider/Other Associations	Required	08/16/2023	08/16/2023	Complete	
Step 4: Add License/Certification/Other ←	Optional			Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Upload Documents	Optional			Complete	
Step 7: Complete Enrollment Checklist	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

Viewing Page: 1

- You have completed Step 3: **Associated Billing Provider**. The system will place the current date and 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.

Step 4: Add License/Certification/Other



Note: This is an optional Step in this enrollment. If not applicable go to Step 5.

Application ID: 20230809374692 Name: Anderson, Carly

License/Certification/Other List

Filter By

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.

Step 4: Add License/Certification/Other


Application ID: 20230809374692 Name: Anderson, Carly


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**.

Step 4: Add License/Certification/Other

Application ID: 20230809374692 Name: Anderson, Carly

License/Certification/Other List

Filter By

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

- 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.

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	08/09/2023	08/16/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/16/2023	08/16/2023	Complete	
Step 3: Associate Billing Provider/Other Associations	Required	08/16/2023	08/16/2023	Complete	
Step 4: Add License/Certification/Other	Optional	08/16/2023	08/16/2023	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details ←	Optional			Incomplete	
Step 6: Upload Documents	Optional			Complete	
Step 7: Complete Enrollment Checklist	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

Go

Page Count

Save to Excel

Viewing Page: 1

First

Prev

Next

Last

- 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.

Step 5: Add Provider Controlling Interest/Ownership Details

Note: This Step is not applicable to Atypical Providers

Application ID: 20230809374692 Name: Anderson, Carly

Close Actions

Per Medicaid Provider Manual

During the Enrollment and Revalidation process, every Provider (including fiscal agents and managed-care entities) is required to detail the ownership and controlling interests that individuals and corporate entities have in the Provider. For the purpose of this section, individuals or corporate entities with "ownership and controlling interest" in the provider include, but are not limited to, the following: (1) if the provider is a corporation or limited-liability company, any individual or corporate entity owning (directly or indirectly) 5% or more of the shares of stock or other evidences of ownership in the provider; (2) if the provider is a sole proprietorship, the owner of the provider; (3) if the provider is a partnership, each partner of the provider; (4) each individual who is a member of the provider's Board of Directors; and (5) each individual employed with the provider who has management responsibility. During enrollment and revalidation, the provider shall provide the following information:

- The name, home address date of birth, and Social Security Numbers of any individual or corporate entity with an ownership or controlling interest in the provider. The addresses for corporate entities must include as applicable, primary business address, the address of each business location, and the address of any PO Box used. For each of the provider's subcontractors, the Tax Identification Number of any corporate entity owning (directly or indirectly) 5% or more of the shares of stock or other evidence of ownership in the subcontractor.
- If any of the disclosed individuals with ownership or controlling interest are related disclose the nature of relation. In this context, "relation" means spouse, parent, child, or sibling.
- Where an individual with ownership or controlling interest in any of the provider's subcontractors is related to another individual who also has an ownership or controlling interest in the provider, the name of each related individual and his or her relation. In this context, "relation" means spouse, parent, child, or sibling.
- For each individual with ownership or controlling interest in the provider, the name of each fiscal agent or managed-care entity that is reimbursable by Medicaid and/or Medicare, in which that individual also has an ownership or controlling interest.

Note: The preceding information must also be provided within 35 days after any change in ownership.

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 !								

- This step is not applicable to Atypical Individual provider.

Application ID: 20230809374692

Name: Anderson, Carly

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	08/09/2023	08/16/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/16/2023	08/16/2023	Complete	
Step 3: Associate Billing Provider/Other Associations	Required	08/16/2023	08/16/2023	Complete	
Step 4: Add License/Certification/Other	Optional	08/16/2023	08/16/2023	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	08/16/2023	08/16/2023	Complete	
Step 6: Upload Documents ←	Optional			Complete	
Step 7: Complete Enrollment Checklist	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: Go Page Count Save to Excel

Viewing Page: 1



« First < Prev > Next » Last

- 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: **Upload Documents** to continue your application.

Step 6: Upload Documents

Application ID: 20230809374692 Name: Anderson, Carly

Upload Documents

<input type="checkbox"/> Document Type *	<input type="checkbox"/> Document Name *	<input type="checkbox"/> File Name * 	Remarks	Uploaded By	Uploaded Date
<input type="checkbox"/> --Select--	<input type="checkbox"/> --Select--	<input type="text" value="Choose File"/> 	<input type="text"/>		

- If additional documentation:
 - From dropdown box labeled Document Type select the document being uploaded.
 - From Document Name drop down box select the name of the document being uploaded.
 - Click on paperclip icon to search for document being uploaded.
 - Once document is found click **Save** .

Business Process Wizard (BPW)

- You have completed Step 6: **Upload Documents**. 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: **Complete Enrollment Checklist** to continue your application.

Application ID: 20230809374692 Name: Anderson, Carly

[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	08/09/2023	08/16/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/16/2023	08/16/2023	Complete	
Step 3: Associate Billing Provider/Other Associations	Required	08/16/2023	08/16/2023	Complete	
Step 4: Add License/Certification/Other	Optional	08/16/2023	08/16/2023	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	08/16/2023	08/16/2023	Complete	
Step 6: Upload Documents	Optional	08/16/2023	08/16/2023	Complete	
Step 7: Complete Enrollment Checklist ←	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: [Go](#) [Page Count](#) [Save to Excel](#) Viewing Page: 1 [« First](#) [« Prev](#) [Next »](#) [» Last](#)

Step 7: Complete Enrollment Checklist

Application ID: 20230809374692 Name: Anderson, Carly

Provider Checklist

Question	Answer	Comments
If you are an out of state provider that provided emergent care to an Illinois Medicaid participant, you can request a retroactive enrollment back to the date the services were provided. If yes, enter the requested date to be considered in the comment field. Enrollment applications must be submitted within 45 days of the date of service to be considered for a retroactive enrollment date.	No	
Do you wish to end date your enrollment? If yes, what date?	No	
Are you currently excluded from any Illinois or other state program? If yes, provide state of exclusion and program.	No	
Are you currently excluded from any federal program? If yes, provide the program and date.	No	
Have you ever had a criminal or healthcare program-related conviction? If yes, provide type of conviction and date.	No	
Have you ever had a judgment under any false claims act? If yes, list judgment and date	No	
Have you been certified or recertified by Medicare within the last year. If yes, provide date.	No	
Have you been certified by another State's Medicaid Program. If yes, provide each state and effective date of certification.	No	
Have you ever had a program exclusion/debarment? If yes, provide program and date	No	
Have you ever had civil monetary penalty? If yes, provide penalty type and date.	No	
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.	No	

View Page: 1 Viewing Page: 1

- 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 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 (BPW)

- You have completed Step 7: **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 8: **Submit Enrollment Application** to continue your application.

Application ID: 20230809374692

Name: Anderson, Carly

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	08/09/2023	08/16/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/16/2023	08/16/2023	Complete	
Step 3: Associate Billing Provider/Other Associations	Required	08/16/2023	08/16/2023	Complete	
Step 4: Add License/Certification/Other	Optional	08/16/2023	08/16/2023	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	08/16/2023	08/16/2023	Complete	
Step 6: Upload Documents	Optional	08/16/2023	08/16/2023	Complete	
Step 7: Complete Enrollment Checklist	Required	08/16/2023	08/16/2023	Complete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

Viewing Page: 1

Step 8: Submit Enrollment Application for Approval



Application ID: 20230809374692

Name: Anderson, Carly

Final Submission

Application ID: 20230809374692

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 the information that you have submitted as a part of the application is accurate.

Step 8: Submit Enrollment for Application for Approval



Application ID: 20230809374692

Name: Anderson, Carly

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

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 residential treatment service recipients and shall not seek additional reimbursement from the residential treatment service recipient or the 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 Residential Treatment Services and the applicability of these reporting requirements upon the provider and its staff, including but not limited to the following: 1) significant events, changes in family circumstances, or unusual incidents; 2) suspected child abuse or neglect consistent with the provider's responsibilities as a Mandated Reporter under the Abused and Neglected Child Reporting Act; 3) suspected abuse or neglect consistent with the provider's responsibilities under 59 Ill. Admin Code 50; and 4) 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 the Illinois Medical Assistance Program.
18. Residential Treatment Service 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 Treatment Service 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 Substance Use Prevention and Recovery (DHS-SUPR) 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 the terms and conditions.
- Check the box certifying that you agree to the Terms and Conditions.
- Then select **Submit Application**.

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 8: **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: 20230809374692 Name: Anderson, Carly

Your Application Number 20230809374692 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	08/09/2023	08/16/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/16/2023	08/16/2023	Complete	
Step 3: Associate Billing Provider/Other Associations	Required	08/16/2023	08/16/2023	Complete	
Step 4: Add License/Certification/Other	Optional	08/16/2023	08/16/2023	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	08/16/2023	08/16/2023	Complete	
Step 6: Upload Documents	Optional	08/16/2023	08/16/2023	Complete	
Step 7: Complete Enrollment Checklist	Required	08/16/2023	08/16/2023	Complete	
Step 8: Submit Enrollment Application for Approval	Required	08/16/2023	08/16/2023	Complete	

View Page: 1 [Go](#) [Page Count](#) [Save to Excel](#) Viewing Page: 1 [First](#) [Prev](#) [Next](#) [Last](#)

- For more information regarding IMPACT, please visit [About IMPACT | HFS \(illinois.gov\)](#)
- Check out the definitions of common terms at [Glossary | HFS \(illinois.gov\)](#)
- FAQ's can be found at [Frequently Asked Questions \(illinois.gov\)](#) to help resolve common questions and problems when submitting applications.
- General questions regarding IMPACT can be addressed to:
 - Email: IMPACT.Help@Illinois.gov