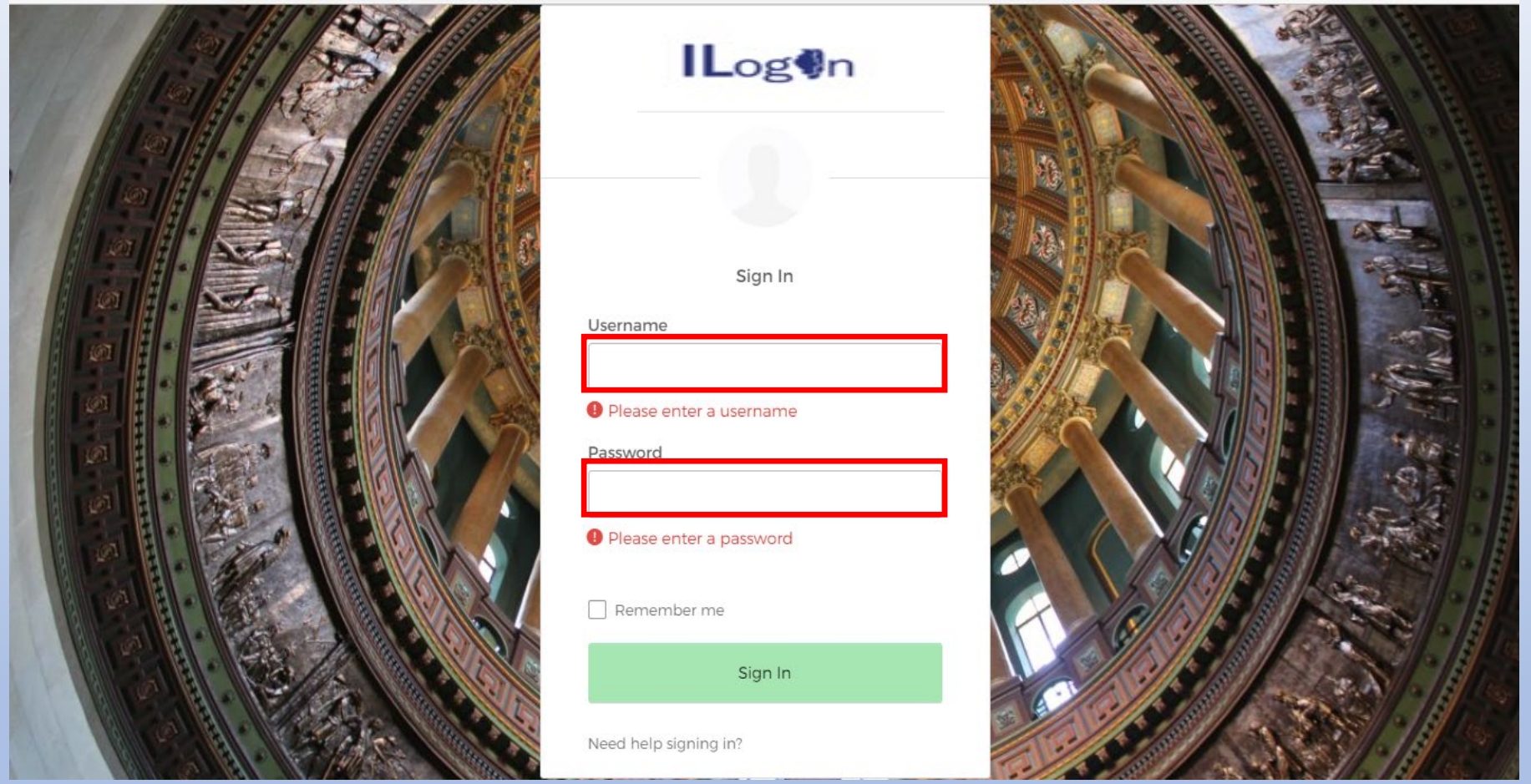
ILLINOIS PROVIDER ENROLLMENT

Illinois Medicaid Program Advanced Cloud Technology

IMPACT

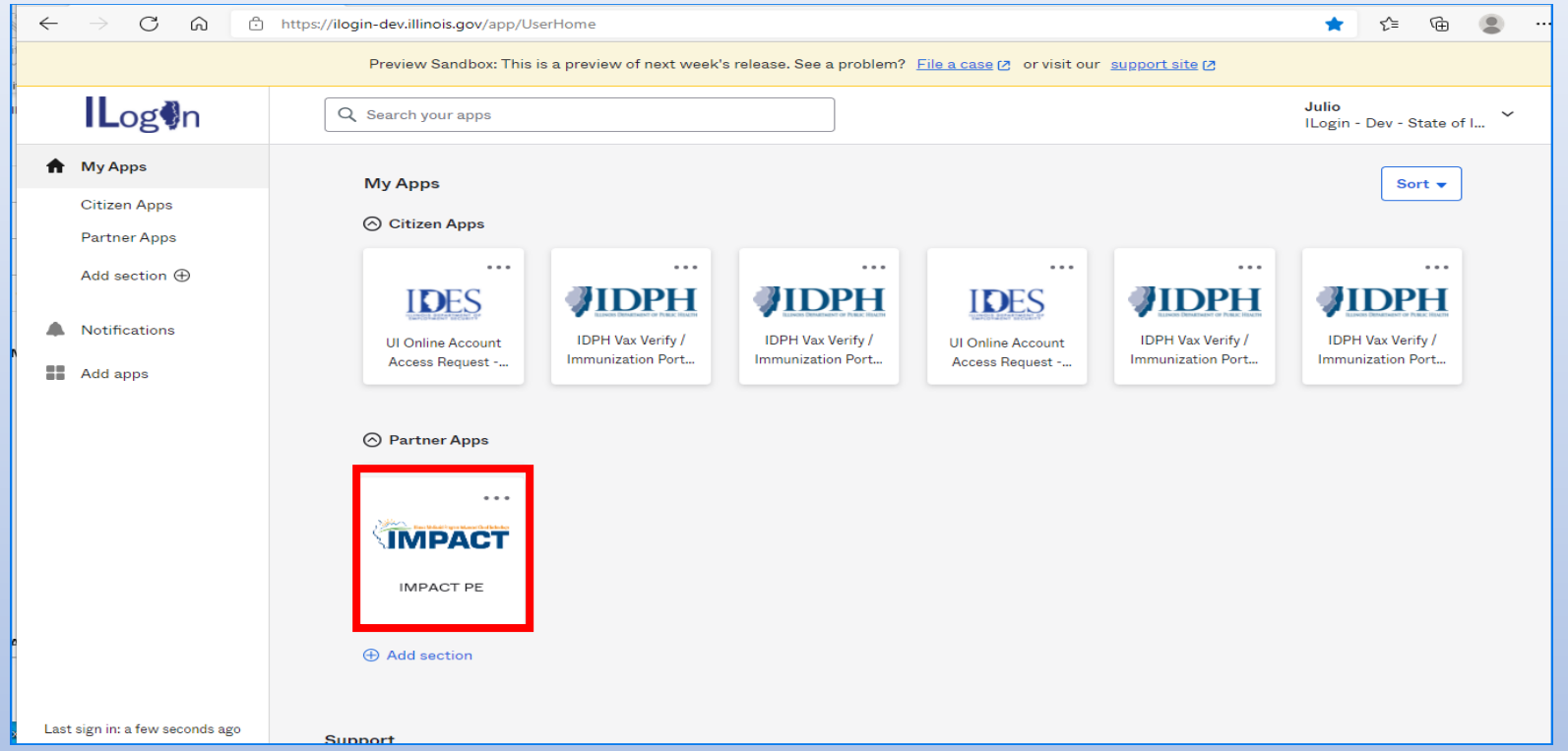
Billing Agent

OKTA LOGIN



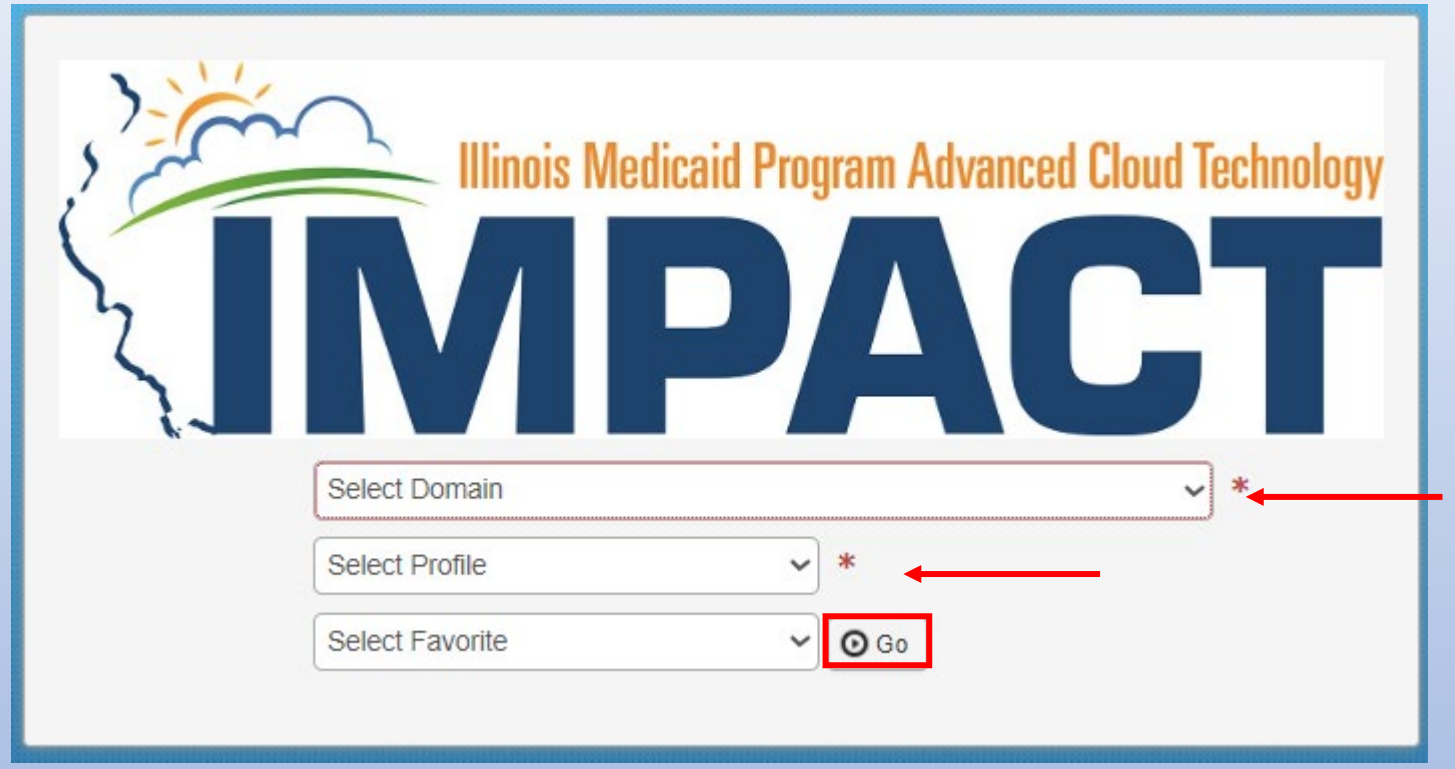
- Input Username and Password created during the creation of the account.

IMPACT CHICKLET



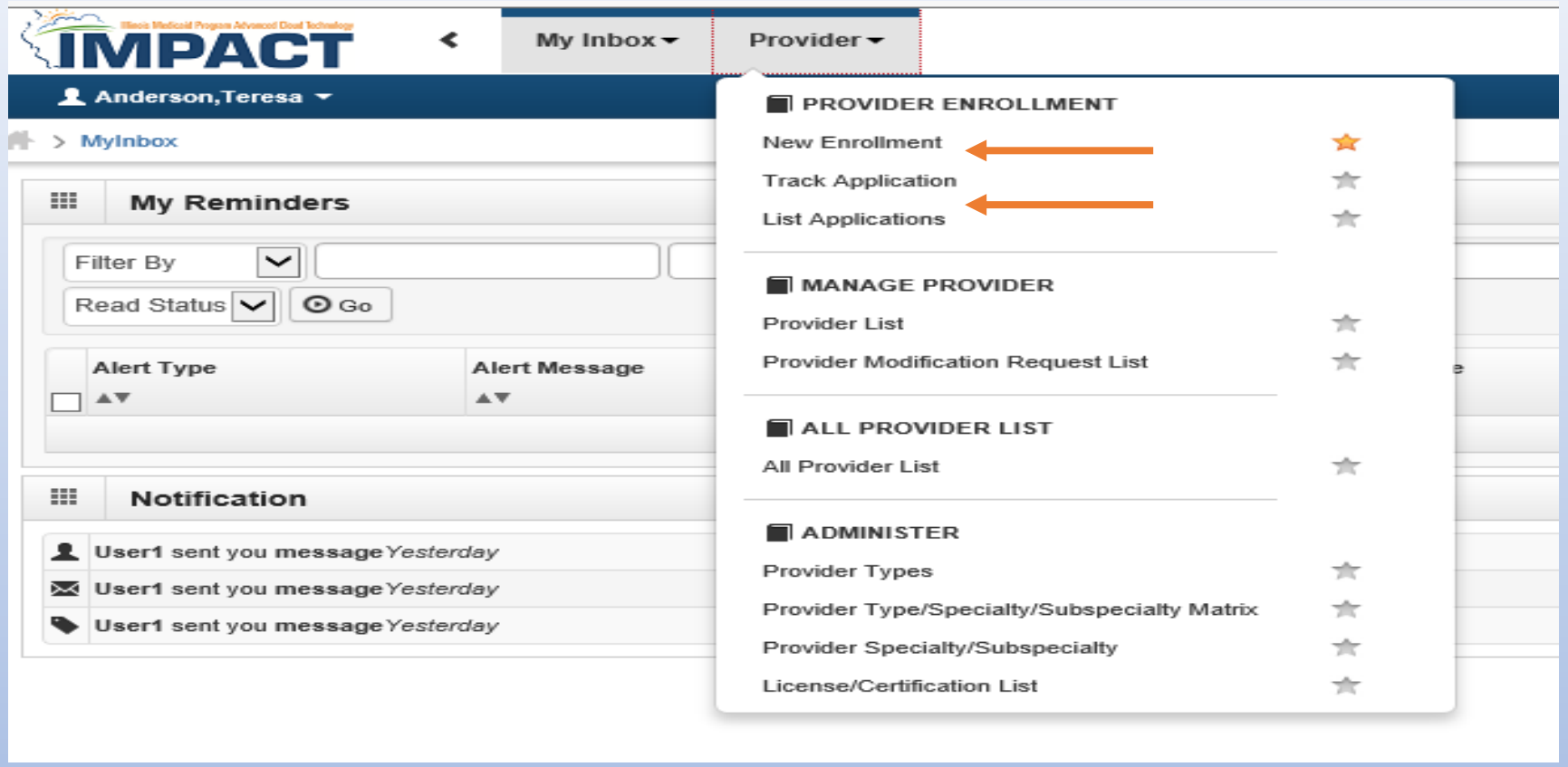
- Click on the IMPACT PE Chicklet to access IMPACT

IMPACT DASHBOARD



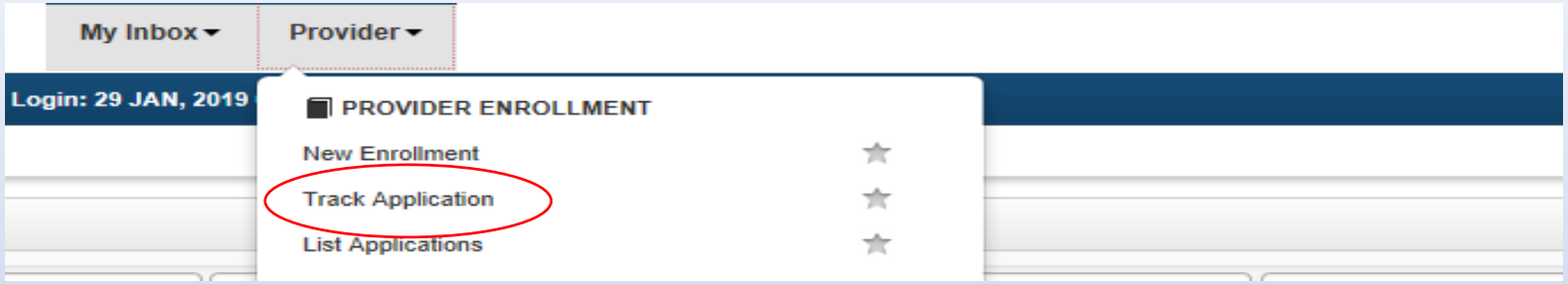
- Select the Domain and Profile from the drop-down menus

Application Process

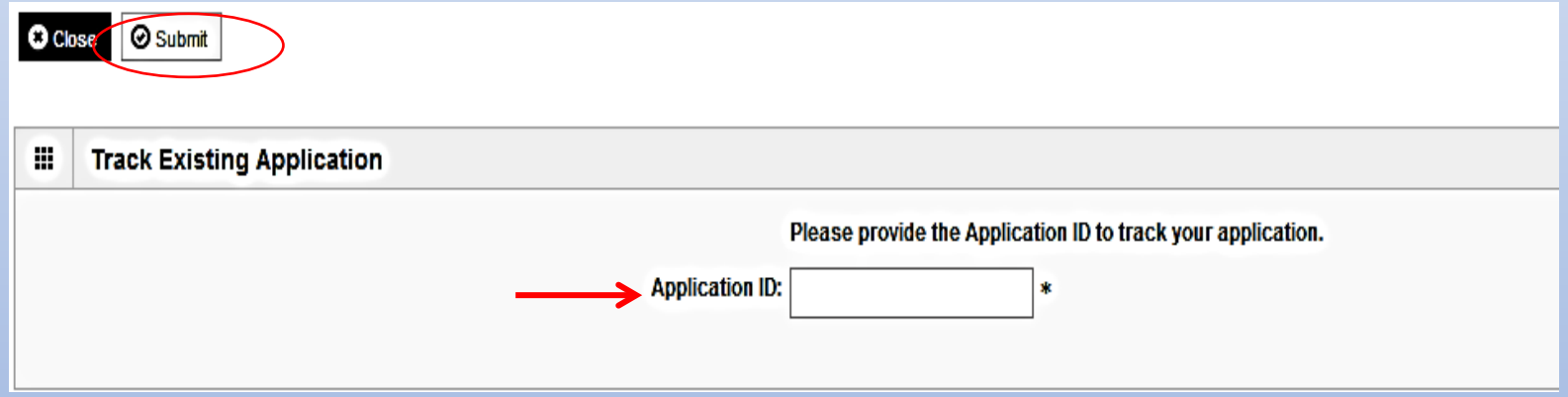


- Regarding completing an application, there are two options: New Enrollment or Resuming an application.
- If starting a new application, go to slide 7 for step-by-step instructions.
- If resuming an application previously started go to slide 6 for step-by-step instructions.

Resuming an Application

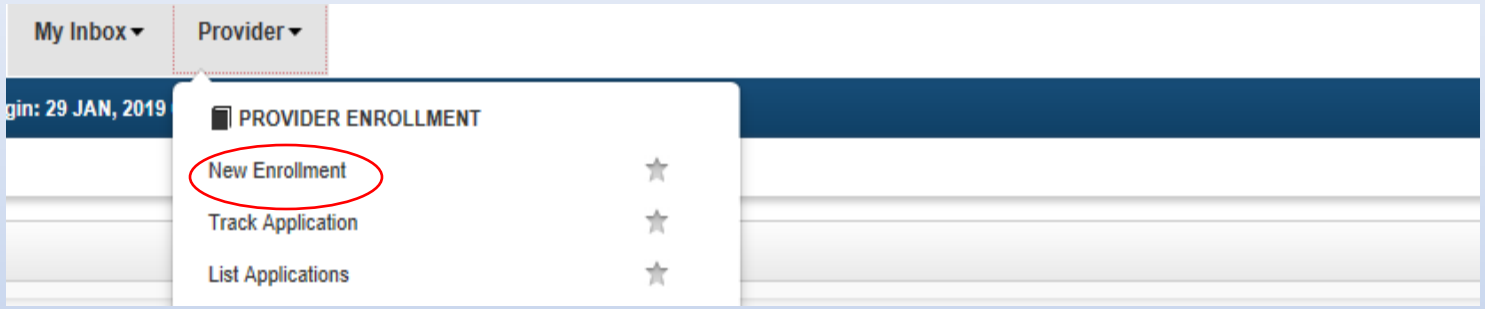


- To resume an application, click on ***Track Application***.



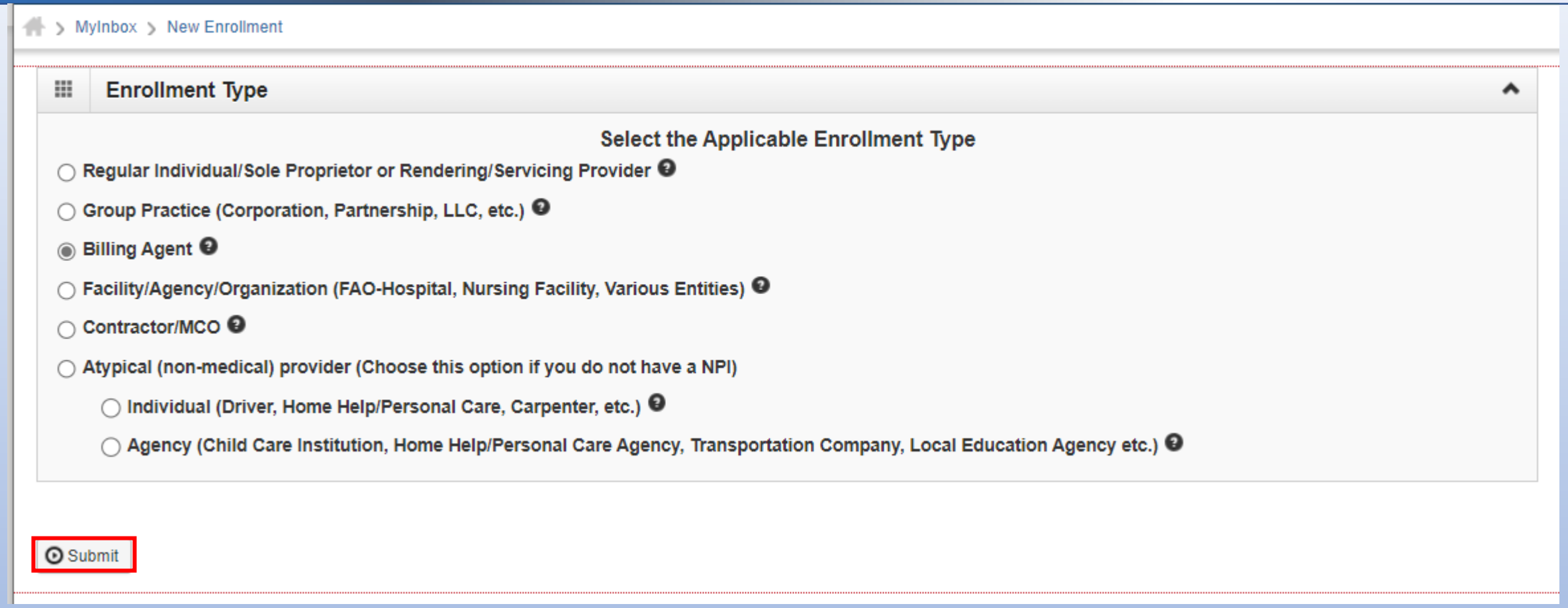
- Enter the Application ID for the application you want to access.
- After entering the ID number, click ***Submit***.
- This process will then go directly to the Business Process Wizard (BPW).

Starting a New Application



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

Start Application

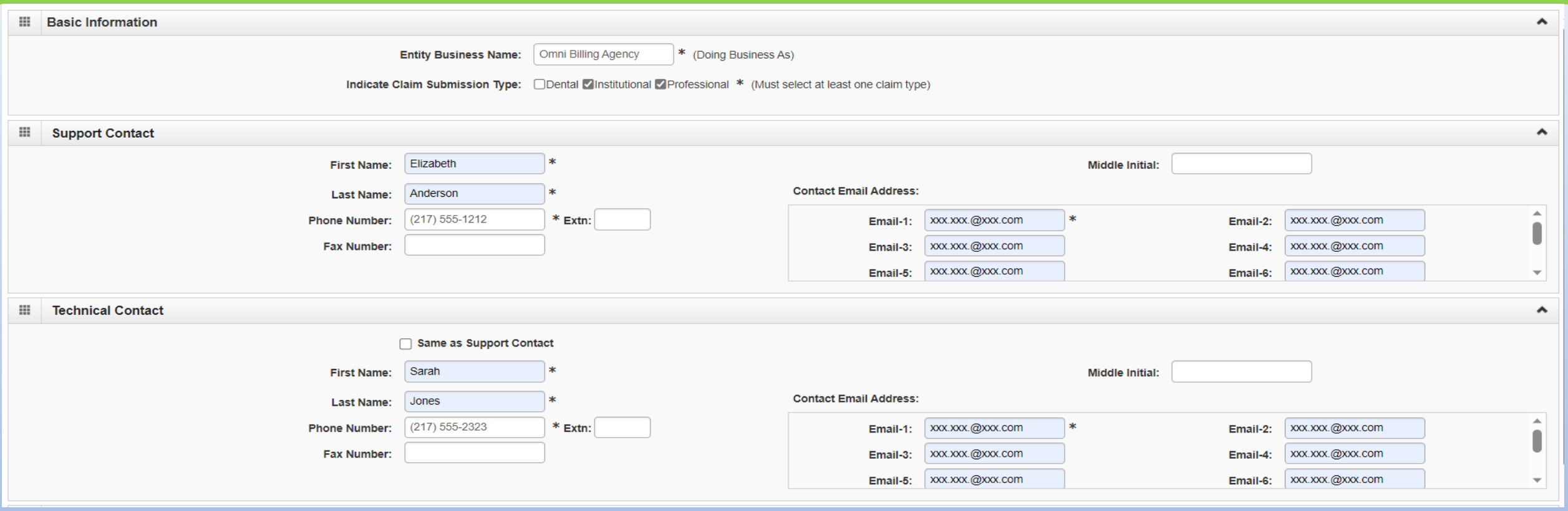


- Use the radio buttons to select your enrollment type (Billing Agent), then click on ***Submit*** in the lower left corner.

Start Application
(Step 1: Basic Provider Information)

Illinois Medicaid Program Advanced Cloud Technology
IMPACT

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

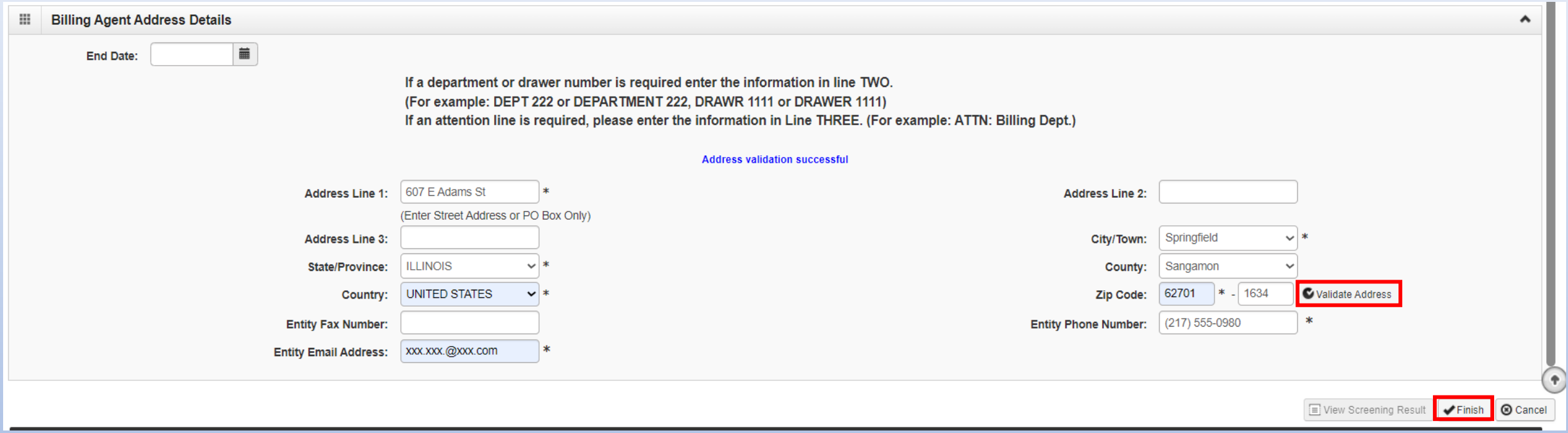


- It is necessary to enter a Support Contact and a Technical Contact.
- If the Technical Contact is the same as the Support Contact, check the box next to ***Same as Support Contact*.**
- Use the scroll bar to move down the screen.

Start Application
(Step 1: Basic Provider Information)

Illinois Medicaid Program Advanced Cloud Technology
IMPACT

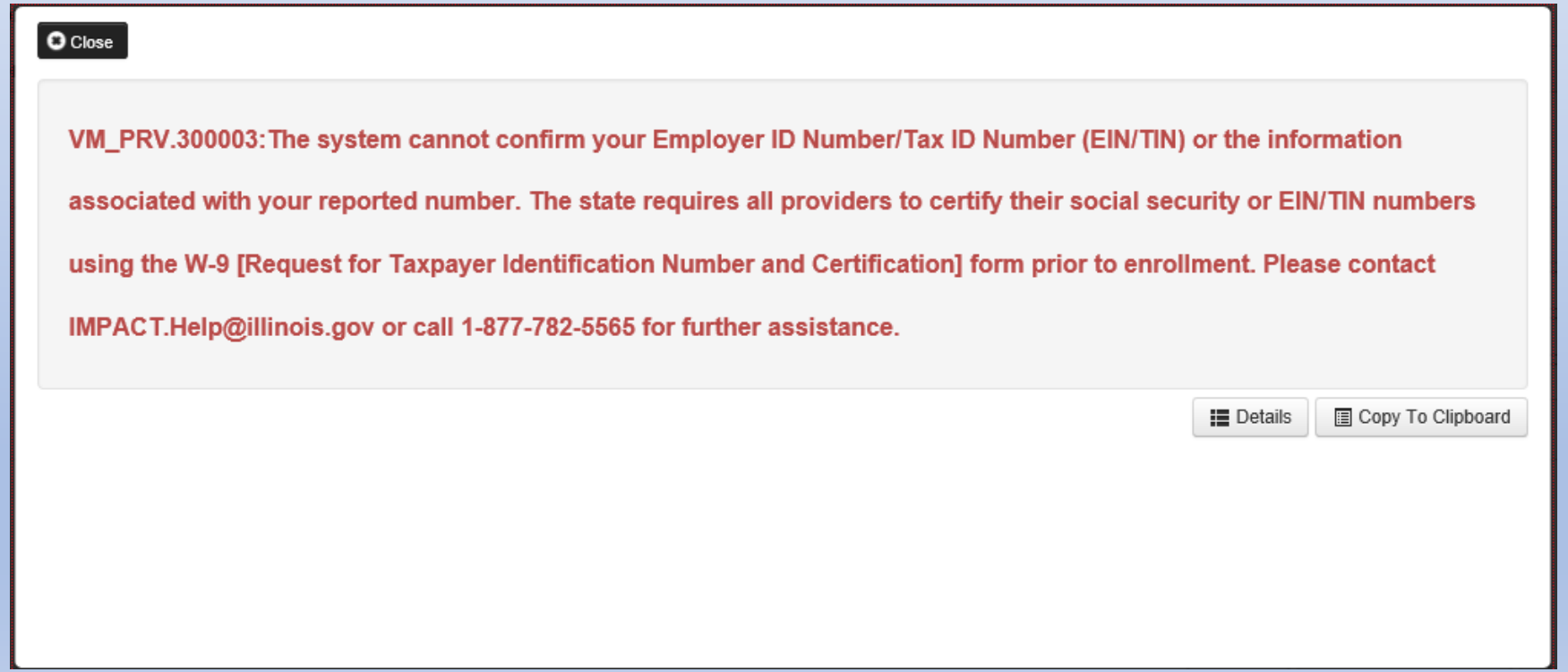
*Please complete all fields. At a minimum, all fields with an * are required.*



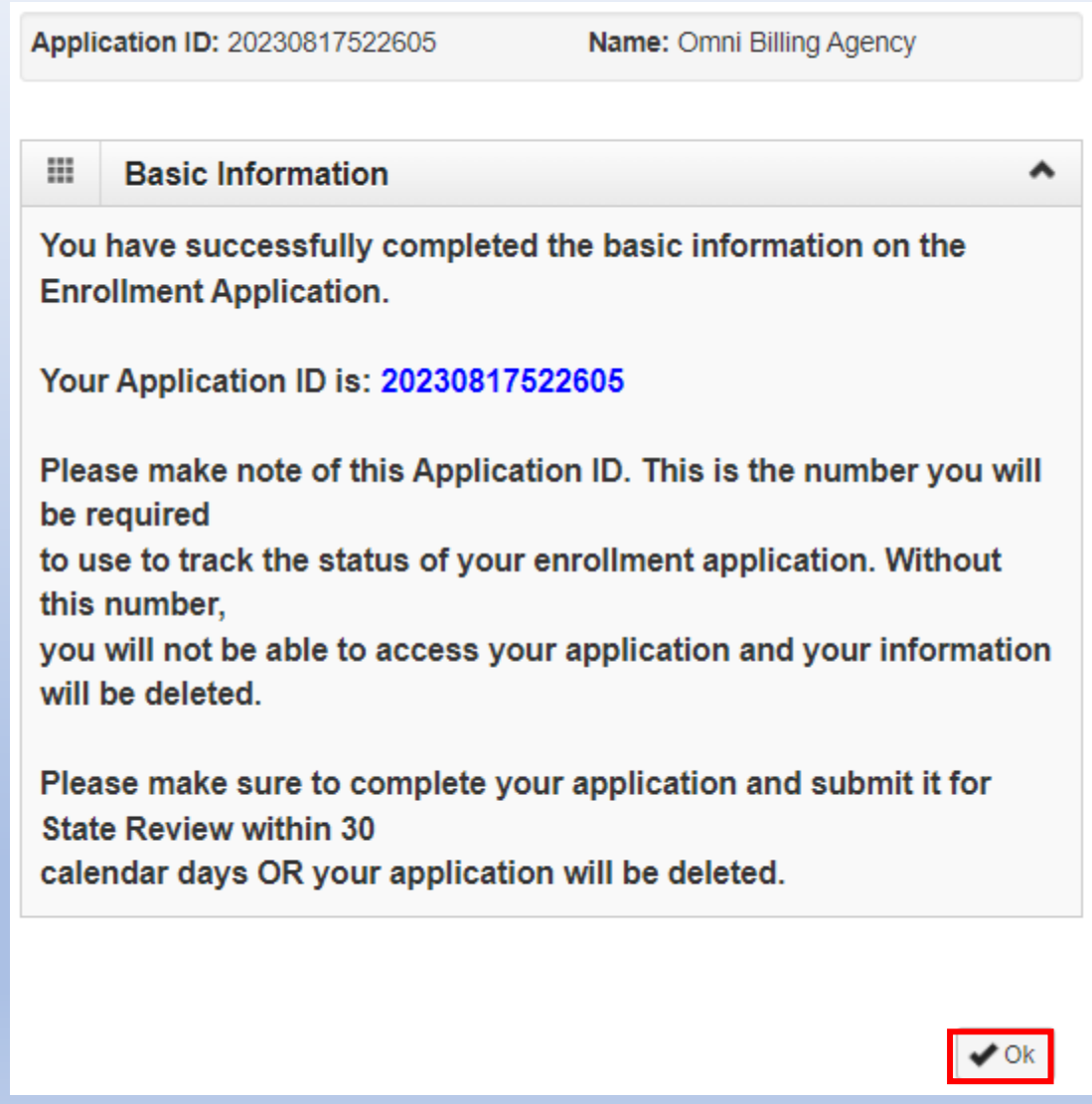
- Leave ***End date*** blank.
- Click ***Validate Address*** after the street address and zip code have been entered.
- If the address is not validated, check to verify it is correct and update any incorrect information.
- When the address has been validated, click ***Finish***.

Start New Application
Step 1: Basic Provider Information

- 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



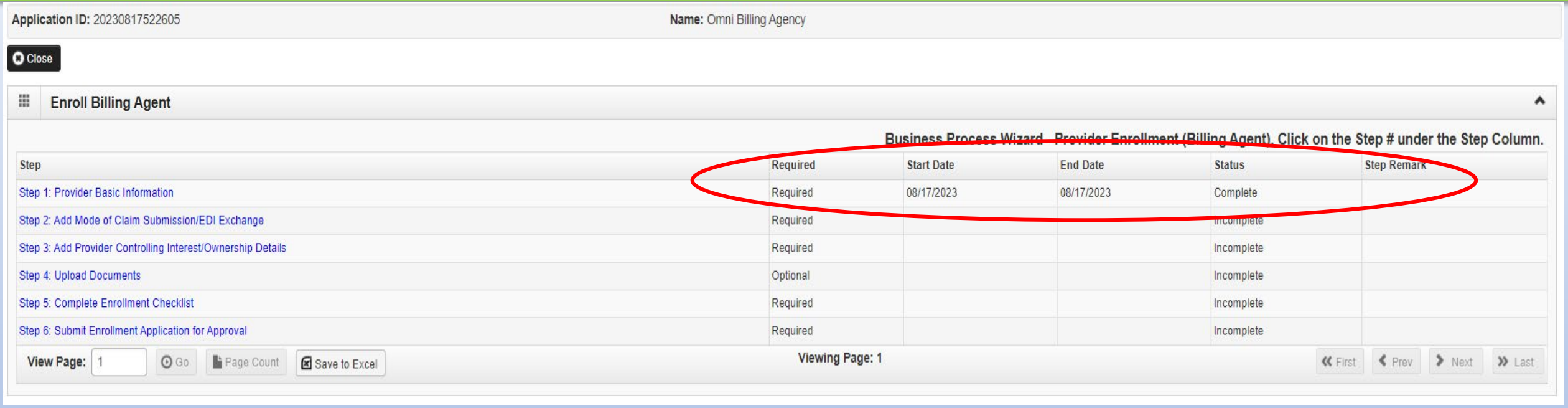
Start Application
(Step 1: Basic Provider Information)



- 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 yyyymmdd format
  - A 6-digit system generated random number
  - Example: 20230817522605
- 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 marked approved.
- Click ***OK*** to continue with your application

Using the Business Process Wizard (BPW)

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



Application ID: 20230817522605 **Name:** Omni Billing Agency

Close

Enroll Billing Agent

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

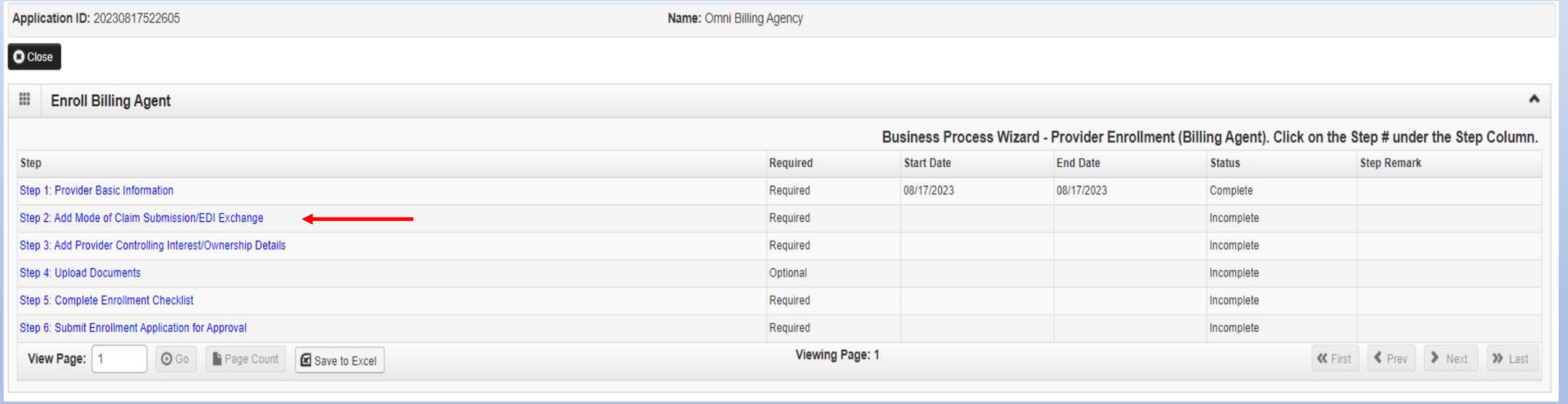
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/17/2023	08/17/2023	Complete	
Step 2: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 3: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 4: Upload Documents	Optional			Incomplete	
Step 5: Complete Enrollment Checklist	Required			Incomplete	
Step 6: 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*****.**
- **Step Remark**: ***Remarks*** are systematically generated throughout the enrollment process.

Completing the Application Using BPW

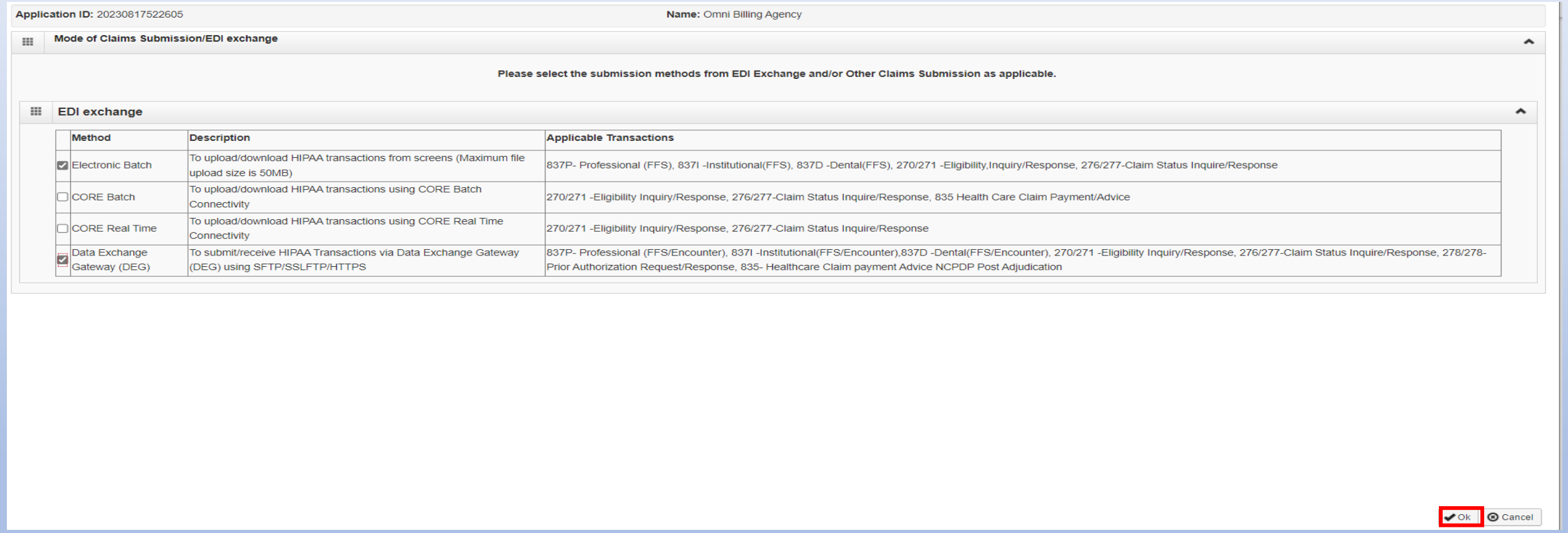
- Once you have documented your Application ID, you have completed Step 1: ***Provider Basic Information.*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- ***Step 1*** must be completed before attempting any of the later steps.
- Click on Step 2: ***Add Mode of Claim Submission/EDI Exchange*** to continue completing your application.



Step 2: Mode of Claim Submission

EDI Exchange

A New Enrollment will need to complete the necessary external application at http://www.myhfs.illinois.gov/. In the future paper claims will not be an option for claims submission.



Application ID: 20230817522605 **Name:** Omni Billing Agency

Mode of Claims Submission/EDI exchange

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

EDI exchange

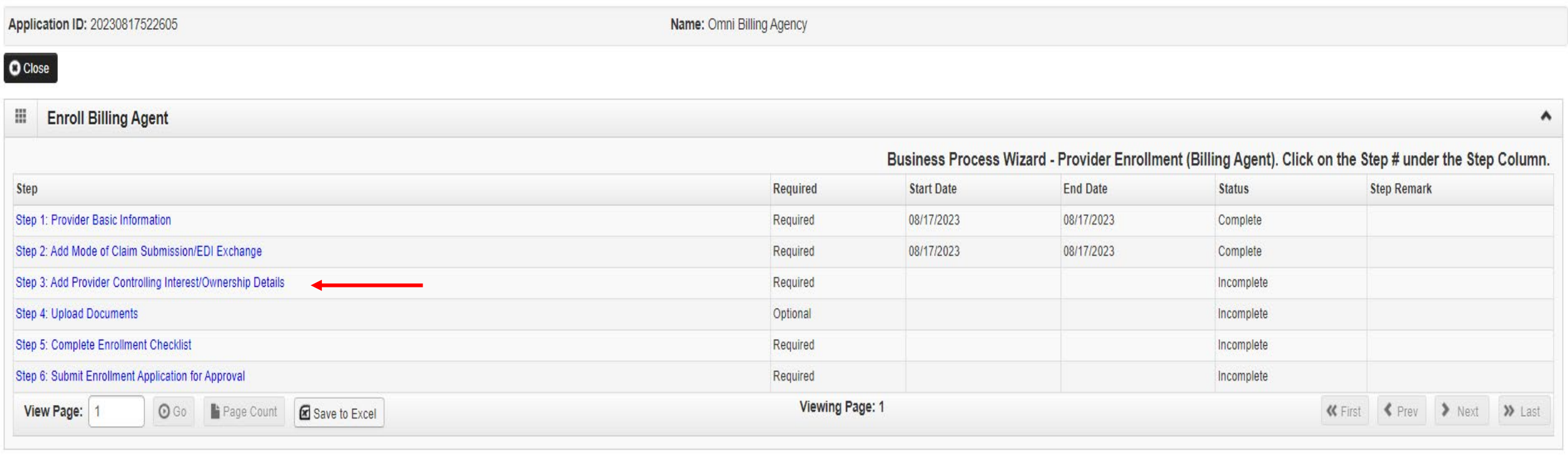
	Method	Description	Applicable Transactions
☑	Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)	837P- Professional (FFS), 837I -Institutional(FFS), 837D -Dental(FFS), 270/271 -Eligibility,Inquiry/Response, 276/277-Claim Status Inquire/Response
☐	CORE Batch	To upload/download HIPAA transactions using CORE Batch Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 835 Health Care Claim Payment/Advice
☐	CORE Real Time	To upload/download HIPAA transactions using CORE Real Time Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
☑	Data Exchange Gateway (DEG)	To submit/receive HIPAA Transactions via Data Exchange Gateway (DEG) using SFTP/SSLFTP/HTTPS	837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter),837D -Dental(FFS/Encounter), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 278/278-Prior Authorization Request/Response, 835- Healthcare Claim payment Advice NCPDP Post Adjudication

Ok Cancel

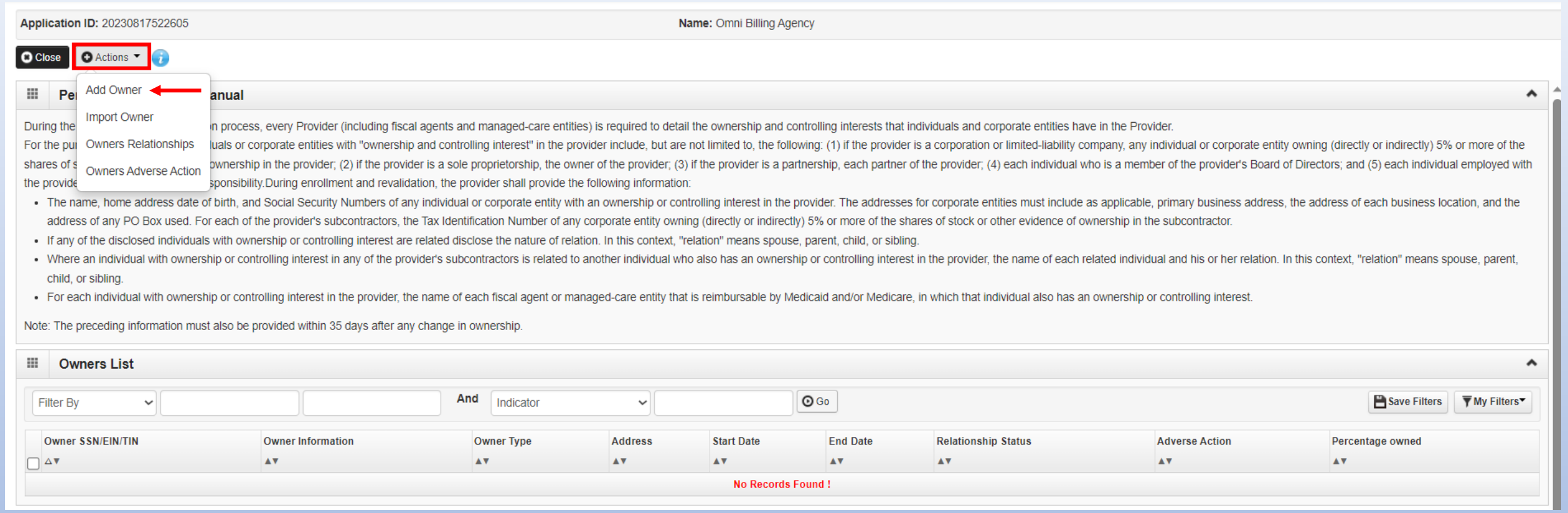
- Select any of the four options to indicate how you wish to process claims.
- After claim submission types have been selected click ***OK***.

Business Process Wizard (BPW)

- You have completed Step 2: ***Add Mode of Claim Submission/EDI Exchange*****.** 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 Provider Controlling Interest/Ownership Details*** to continue your application.



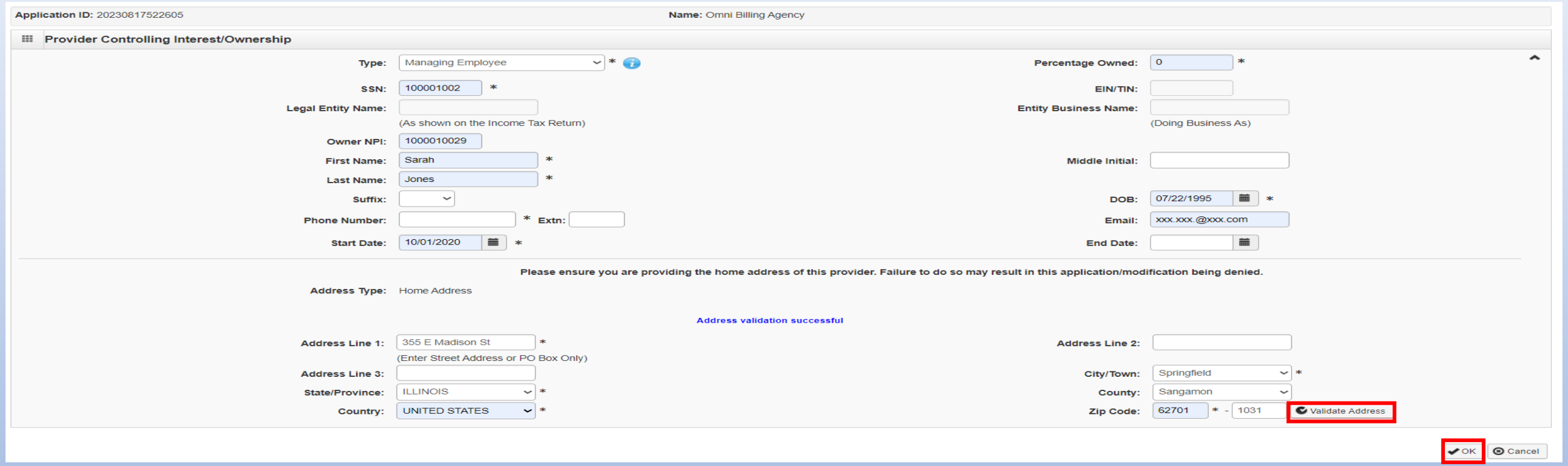
Step 3: Controlling Interest/Ownership



- Ownership entries must include at least one Managing Employee and one other Ownership type.
- Click on **Actions** drop down box and select **Add Owner or Import Owner.**

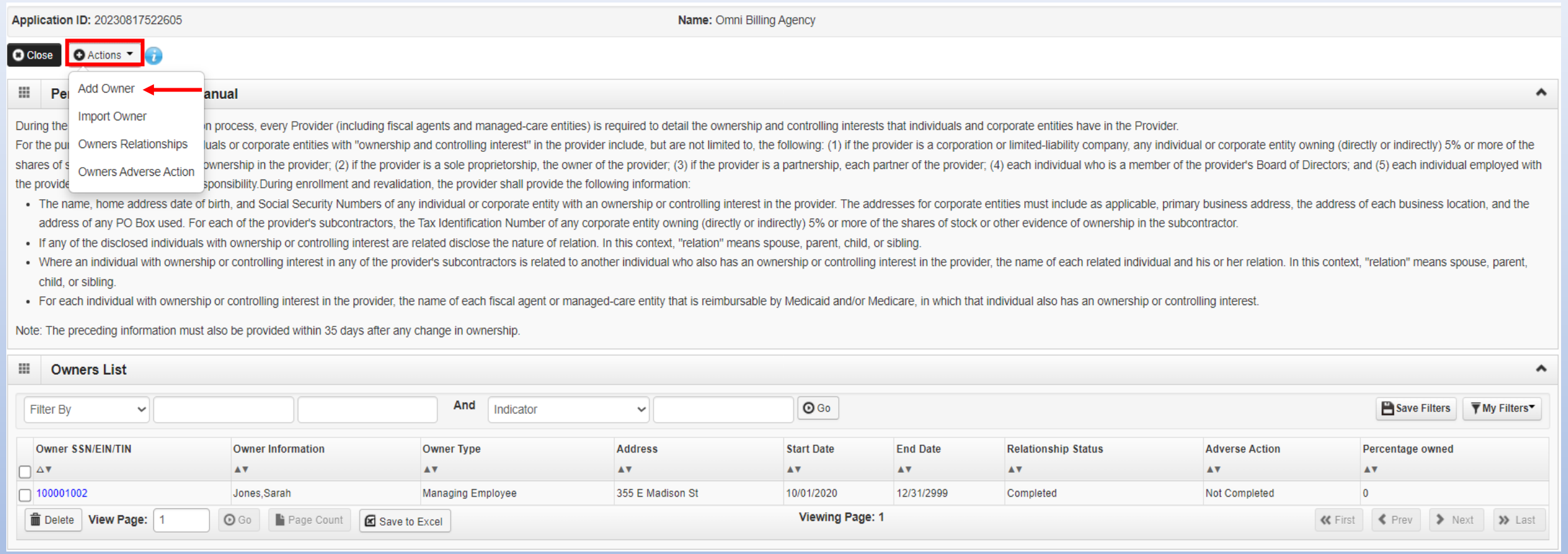
Step 3: Controlling Interest/Ownership

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



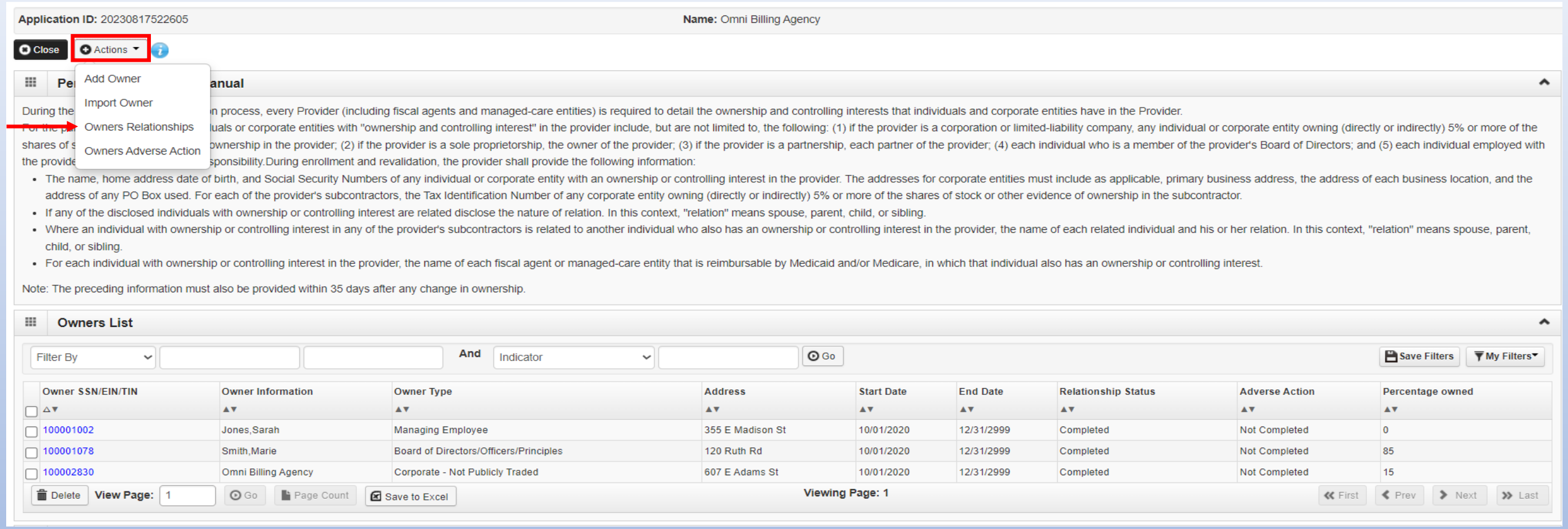
- Select Owner Type
- Either the ***SSN*** or ***EIN/TIN*** must be entered (as prompted by the system.)
- Enter ***Percentage Owned*** as a whole number.
- Enter the street address and zip code information, then click ***Validate Address***.
- When all details are entered, click ***OK.***

Step 3: Controlling Interest/Ownership



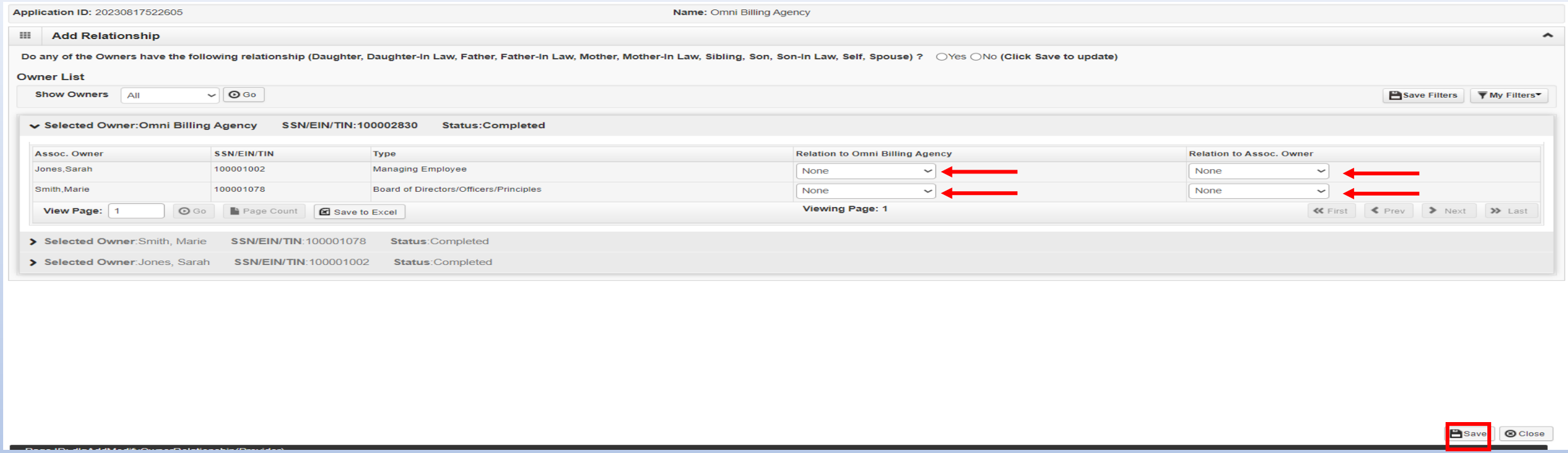
- Click **Actions** and select **Add Owner** or **Import Owner** repeat the previous steps to list additional owners

Step 3: Controlling Interest/Ownership



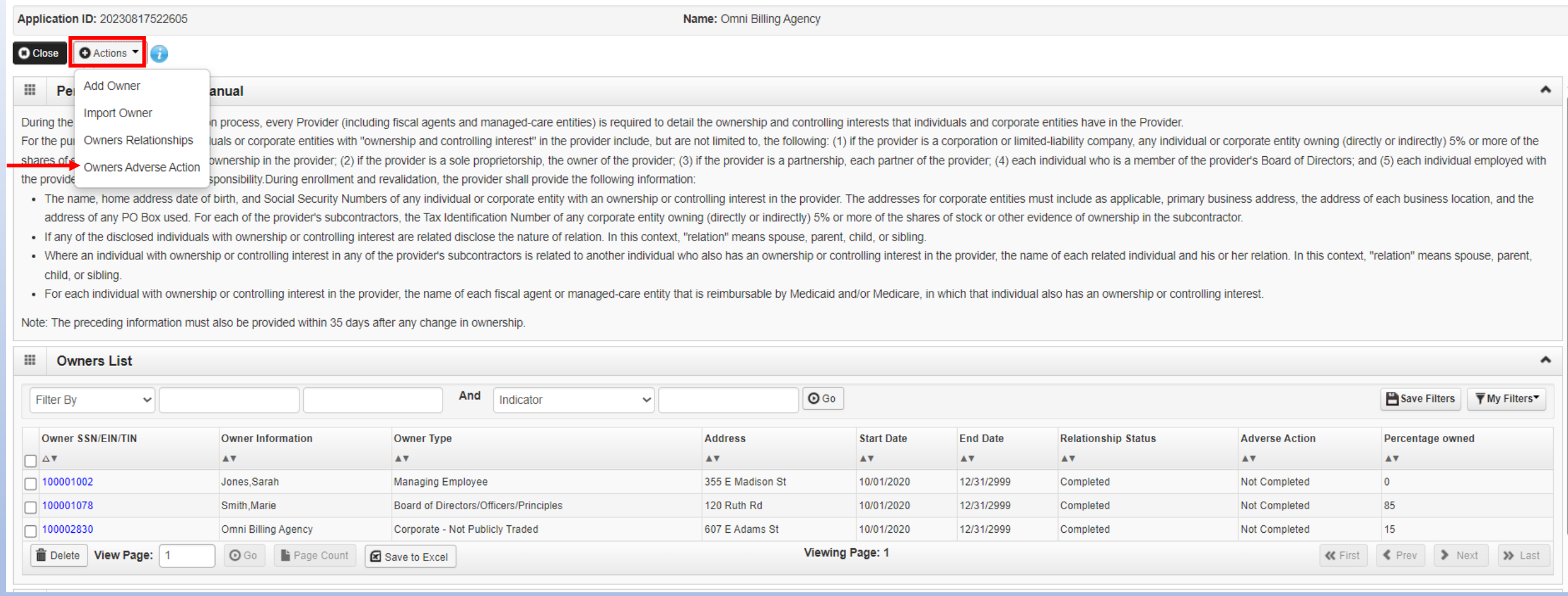
- After all ownerships have been added, click the **Actions** drop drown box and select **Owner Relationships**.

Step 3: Controlling Interest/Ownership



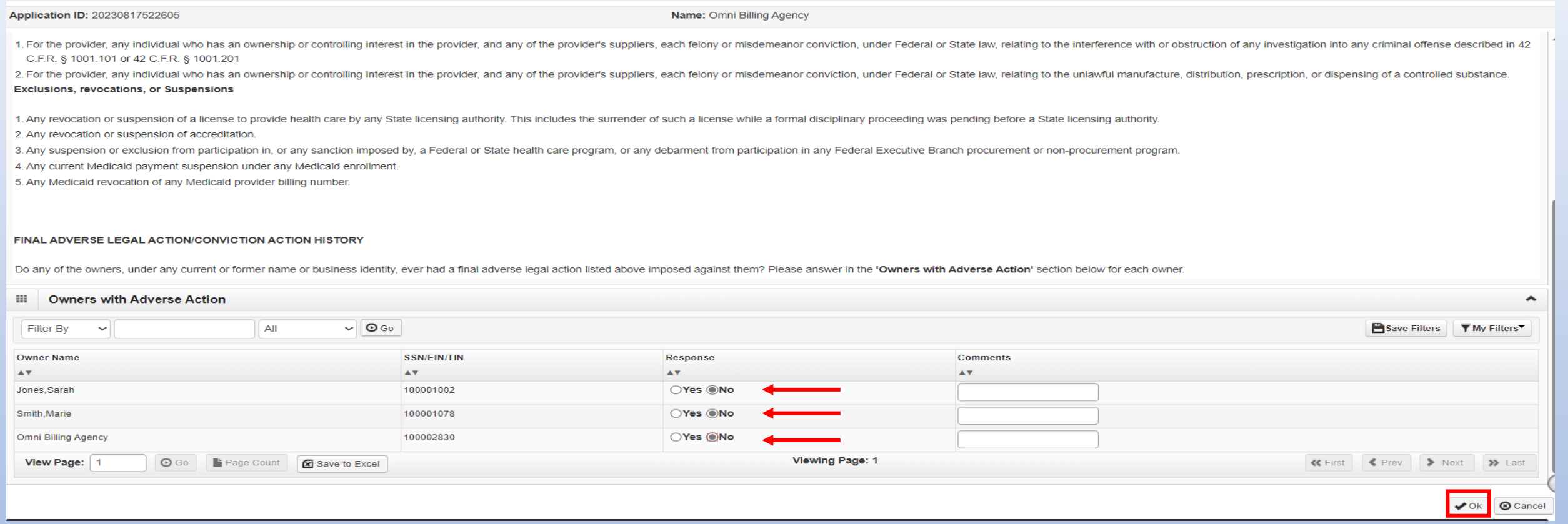
- Answer question regarding listed Owners and relationship.
- If no is selected From the first drop-down list of ***Owner Name***, choose an owner name.
- From the second drop down list of ***Relationships***, choose how the chosen owner is related to the listed owner.
- Repeat this step until the relationship is set for each owner.
- When completed, click ***Save*** then ***Close*** to return to the ownership listing.

Step 3: Controlling Interest/Ownership



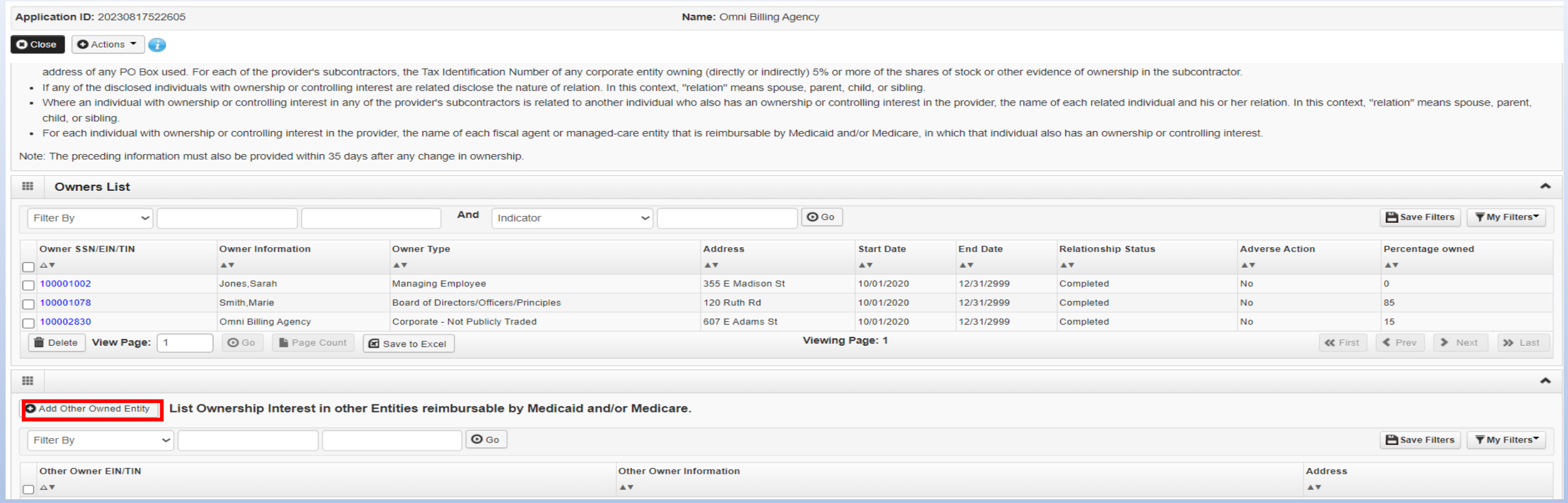
- After all relationships have been added, click the **Actions** drop drown box and select **Owners Adverse Action**.

Step 3: Controlling Interest/Ownership



- With regards to the chosen Owner, read through the listed information and answer the question and enter comments, if desired.
- Click ***OK*** when completed.
- Repeat these steps for each listed Owner.

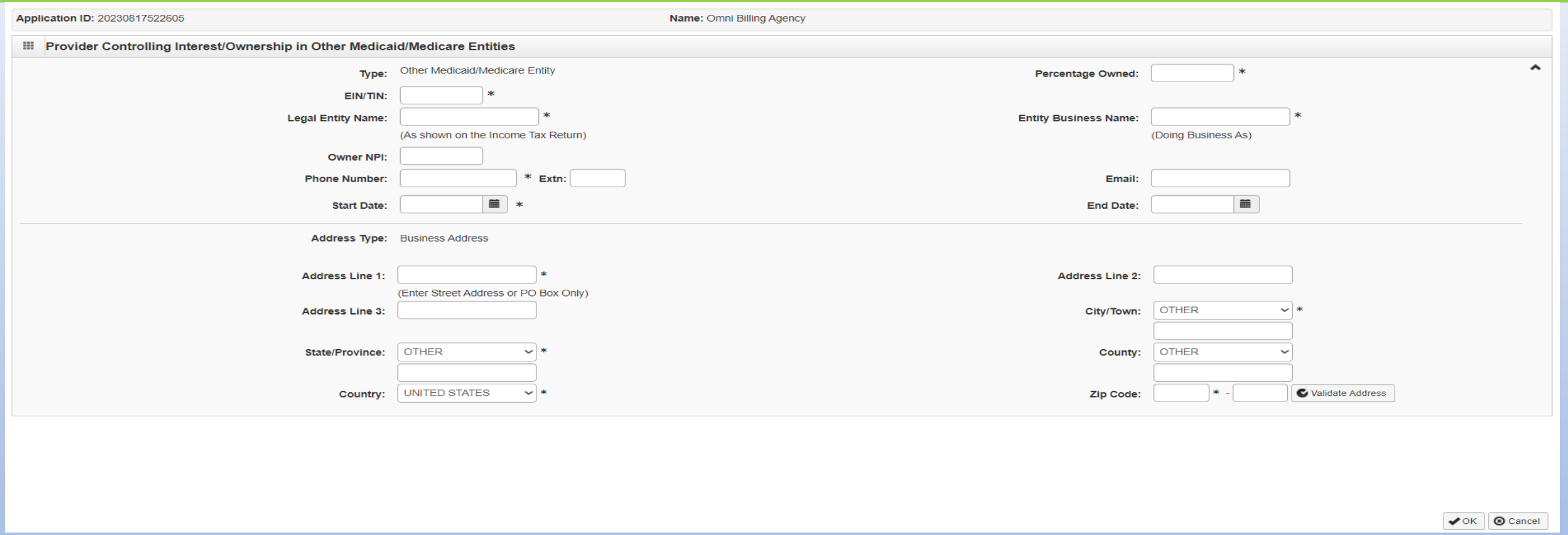
Step 3: Controlling Interest/Ownership



- 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***.
- If this step is not applicable proceed to slide 26.

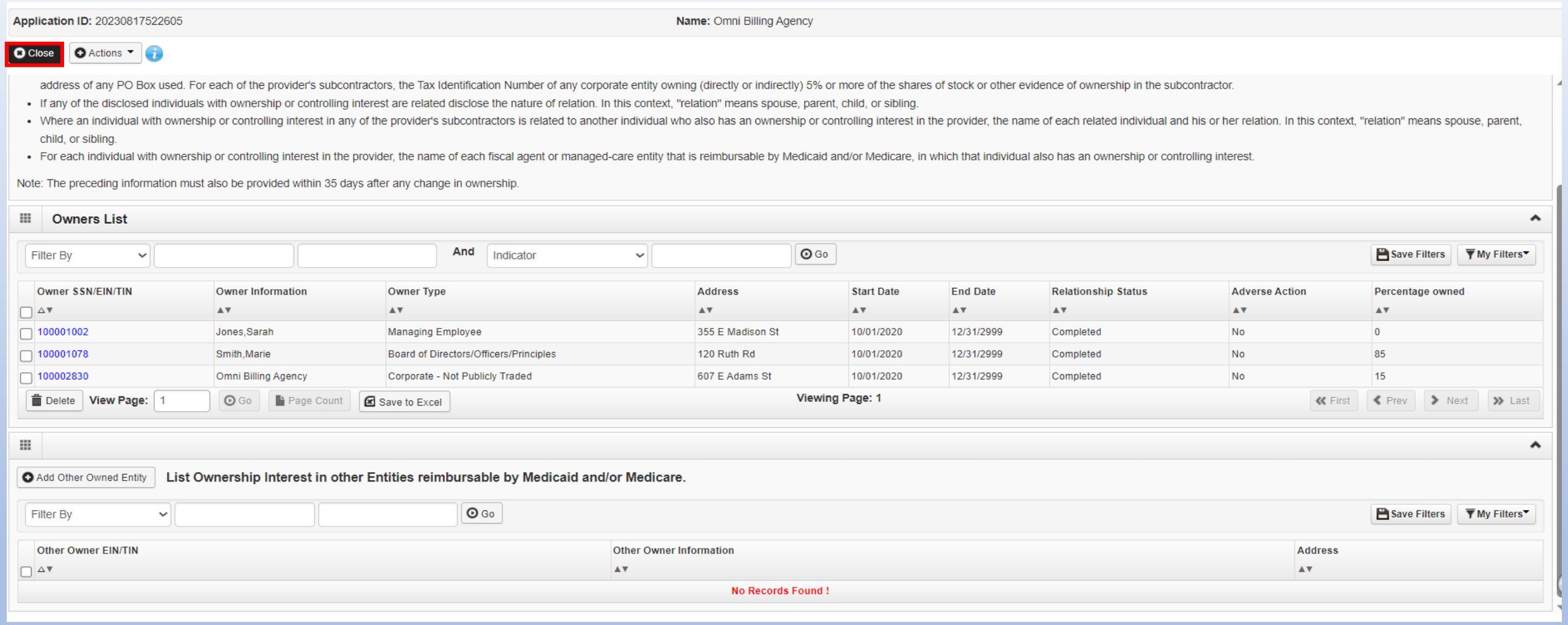
Step 3: Controlling Interest/Ownership

*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.

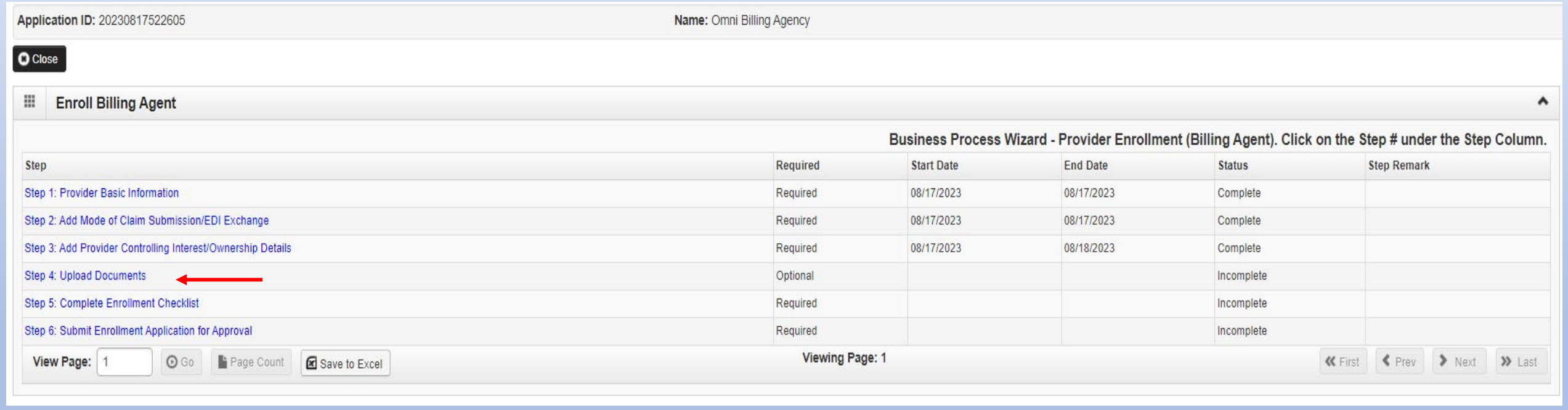
Step 3: Controlling Interest/Ownership



- When all ownerships for this location and ownership information in other entities is complete, click ***Close***.

Business Process Wizard (BPW)

- You have completed Step 3: ***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 4: ***Upload Documents*** to continue your application.



Application ID: 20230817522605 **Name:** Omni Billing Agency

Close

Enroll Billing Agent

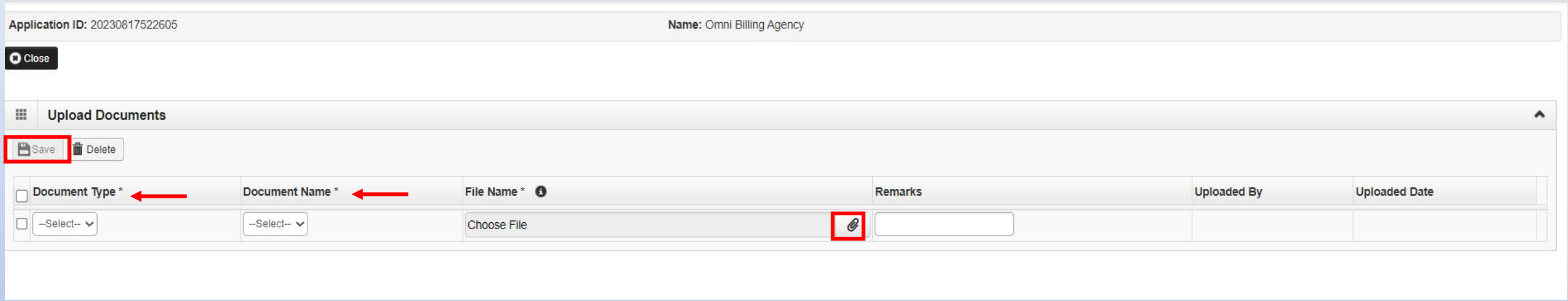
Business Process Wizard - Provider Enrollment (Billing Agent). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/17/2023	08/17/2023	Complete	
Step 2: Add Mode of Claim Submission/EDI Exchange	Required	08/17/2023	08/17/2023	Complete	
Step 3: Add Provider Controlling Interest/Ownership Details	Required	08/17/2023	08/18/2023	Complete	
Step 4: Upload Documents	Optional			Incomplete	
Step 5: Complete Enrollment Checklist	Required			Incomplete	
Step 6: Submit Enrollment Application for Approval	Required			Incomplete	

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

Step 4: Upload Documents

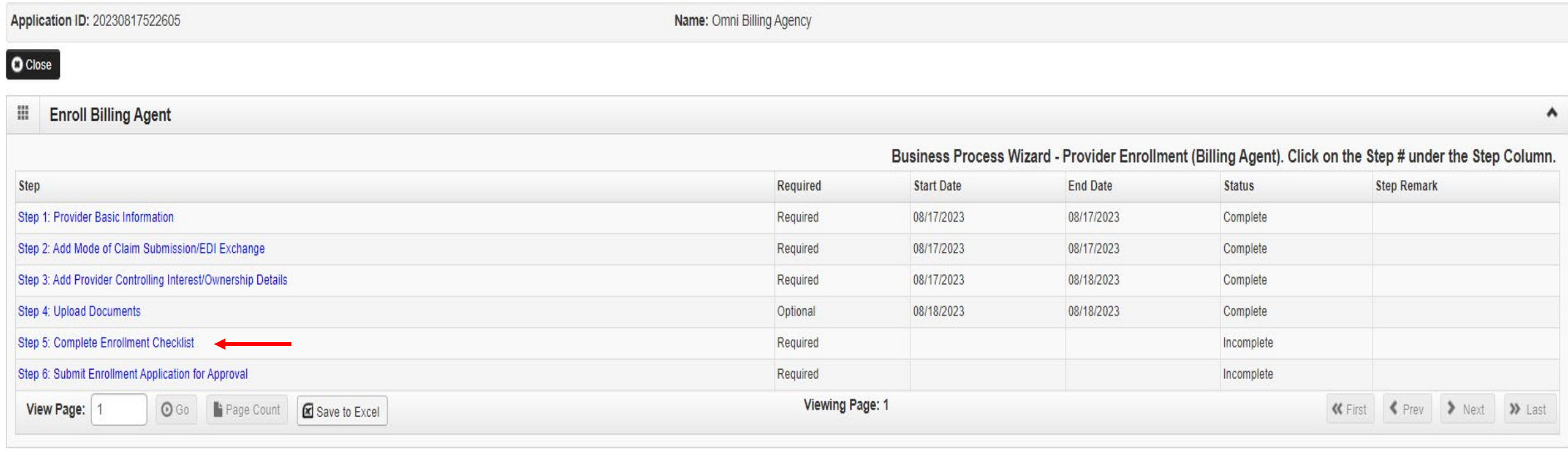
Note: This Step in optional.



- 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 4: ***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 5: ***Complete Enrollment Checklist*** to continue your application.



Application ID: 20230817522605 **Name:** Omni Billing Agency

Close

Enroll Billing Agent

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/17/2023	08/17/2023	Complete	
Step 2: Add Mode of Claim Submission/EDI Exchange	Required	08/17/2023	08/17/2023	Complete	
Step 3: Add Provider Controlling Interest/Ownership Details	Required	08/17/2023	08/18/2023	Complete	
Step 4: Upload Documents	Optional	08/18/2023	08/18/2023	Complete	
Step 5: Complete Enrollment Checklist	Required			Incomplete	
Step 6: Submit Enrollment Application for Approval	Required			Incomplete	

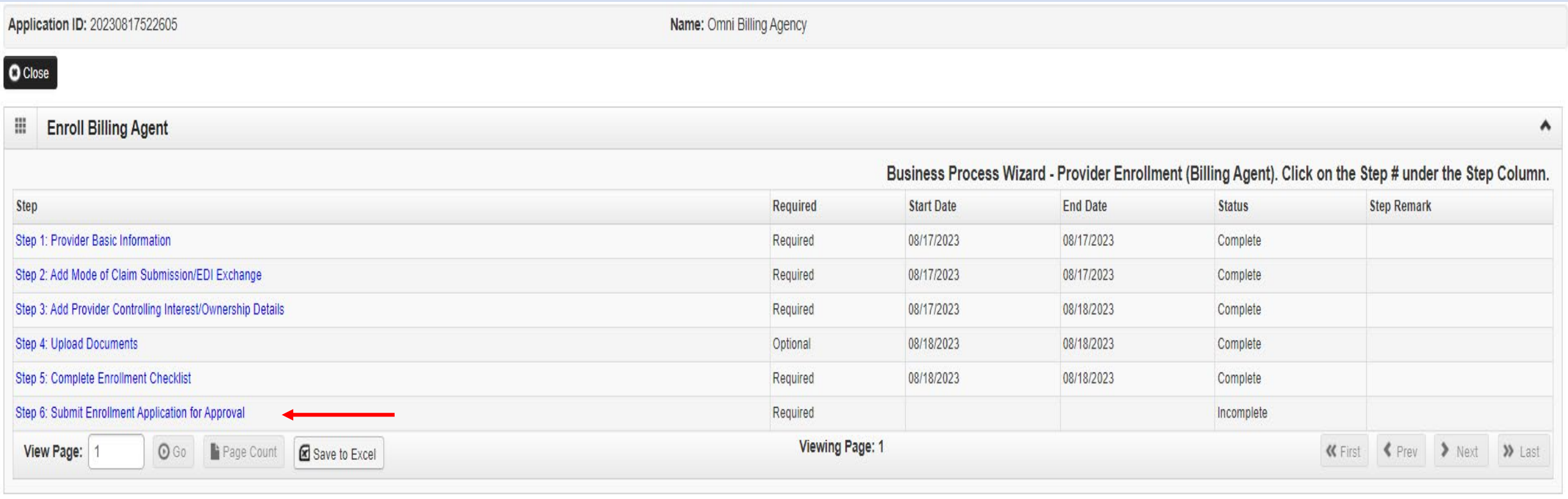
View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

Step 5: Complete Enrollment Checklist

- All questions must be answered either ***Yes*** or ***No*** and comments made if directed to do so.
- After all the questions have been answered and comments made, click the ***Save*** button in the upper left corner followed by clicking on the ***Close*** button.

Business Process Wizard (BPW)

- You have completed Step 5: ***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 6: ***Submit Enrollment Application for Approval*** to continue your application.



Application ID: 20230817522605 **Name:** Omni Billing Agency

Close

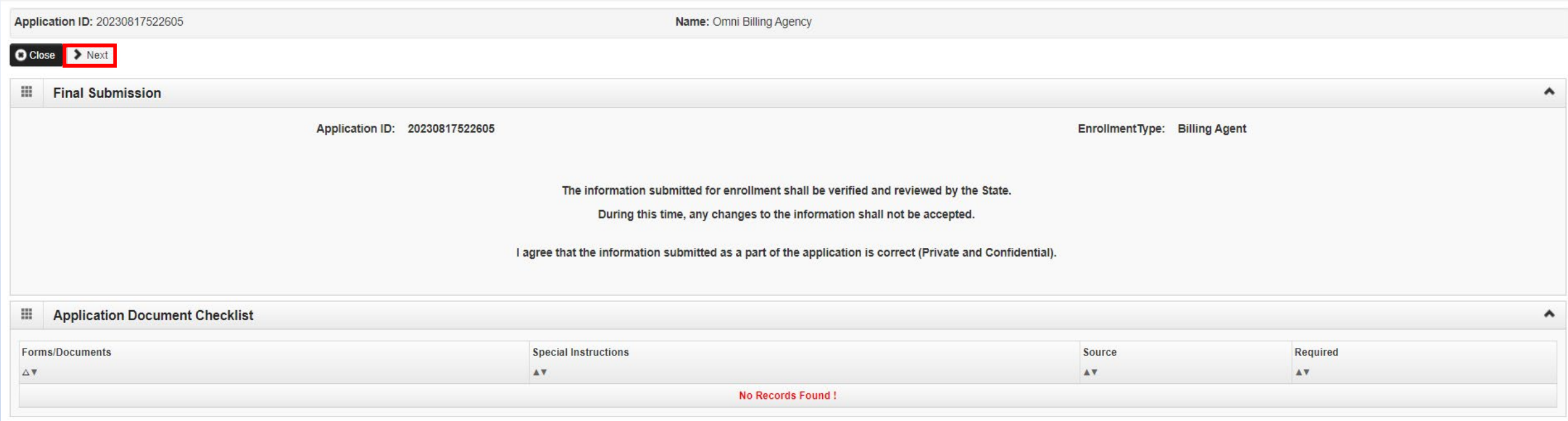
Enroll Billing Agent

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/17/2023	08/17/2023	Complete	
Step 2: Add Mode of Claim Submission/EDI Exchange	Required	08/17/2023	08/17/2023	Complete	
Step 3: Add Provider Controlling Interest/Ownership Details	Required	08/17/2023	08/18/2023	Complete	
Step 4: Upload Documents	Optional	08/18/2023	08/18/2023	Complete	
Step 5: Complete Enrollment Checklist	Required	08/18/2023	08/18/2023	Complete	
Step 6: Submit Enrollment Application for Approval	Required			Incomplete	

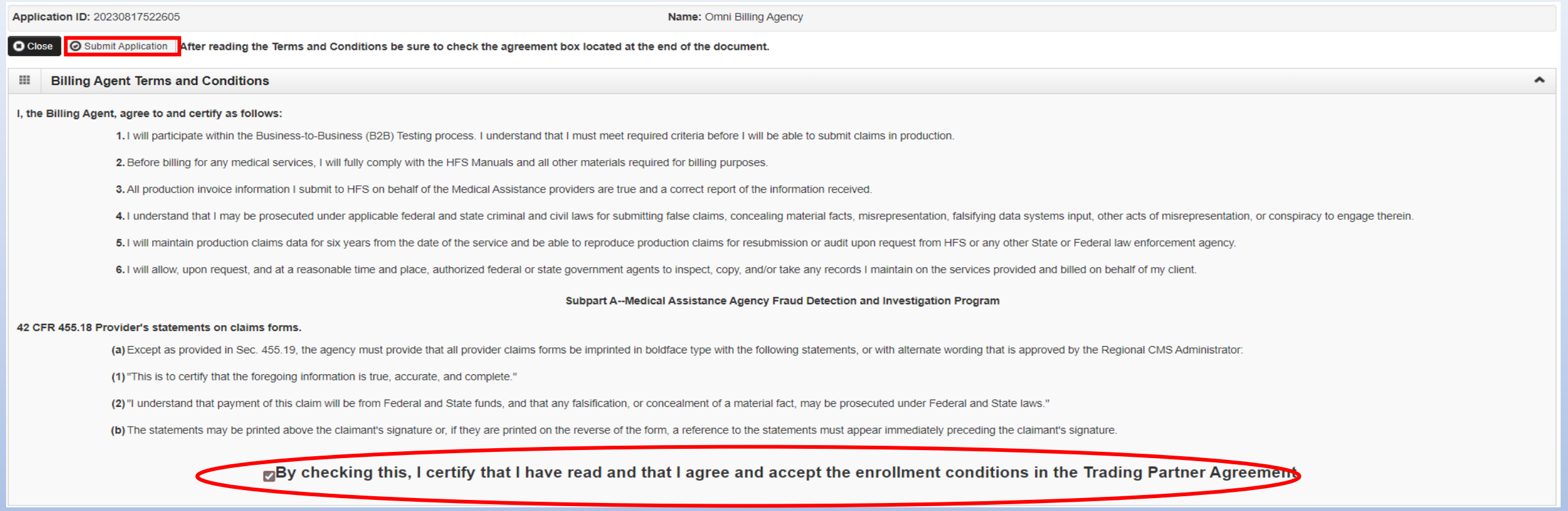
View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

Step 6: Submit Enrollment for Approval



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

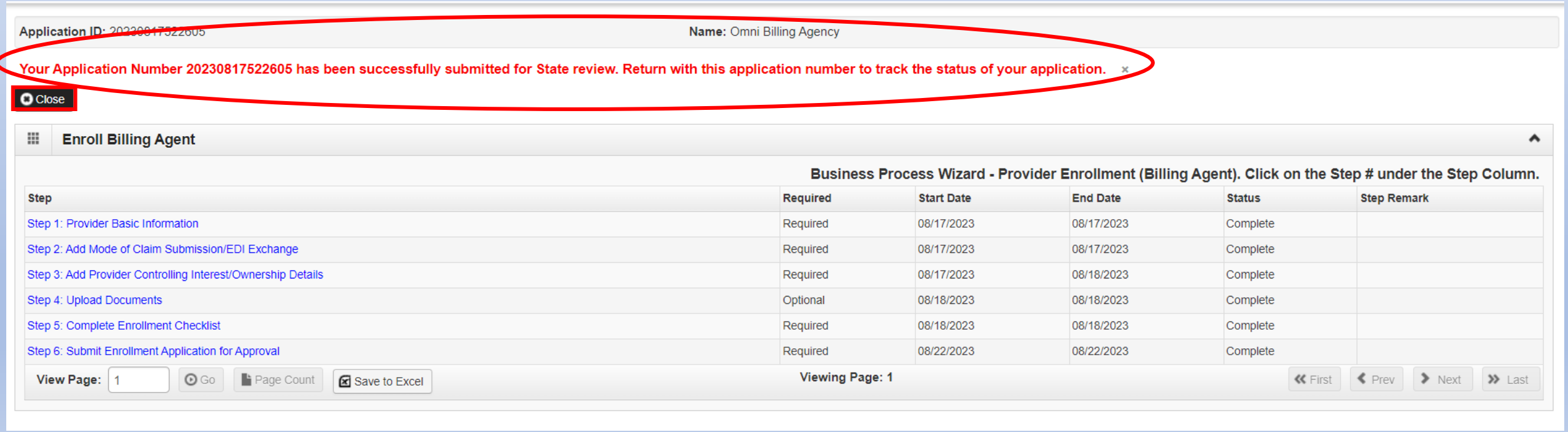
Step 6: Submit Enrollment for Approval



- Read through all the terms and conditions.
- Check the box certifying that you agree to the terms and conditions.
- Then click ***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 to used to check the status of the application by going through the track application option.
- You have completed Step 5: ***Submit Enrollment Application*****.** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Click **Close** in the message box .



Resources

- 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