ILLINOIS PROVIDER ENROLLMENT

Billing Agent

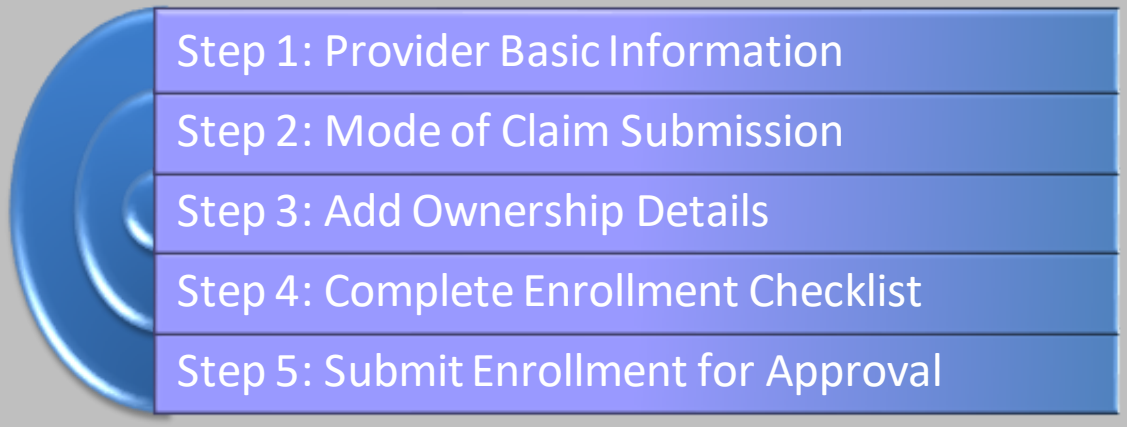
Agenda

- Introduction to IMPACT and Key Terms
- Application Process
- Starting an Application
- The Business Process Wizard (BPW)
- Completing the Application using the BPW
- Reviewing Submitted Application
- Resources
- Questions & Answers

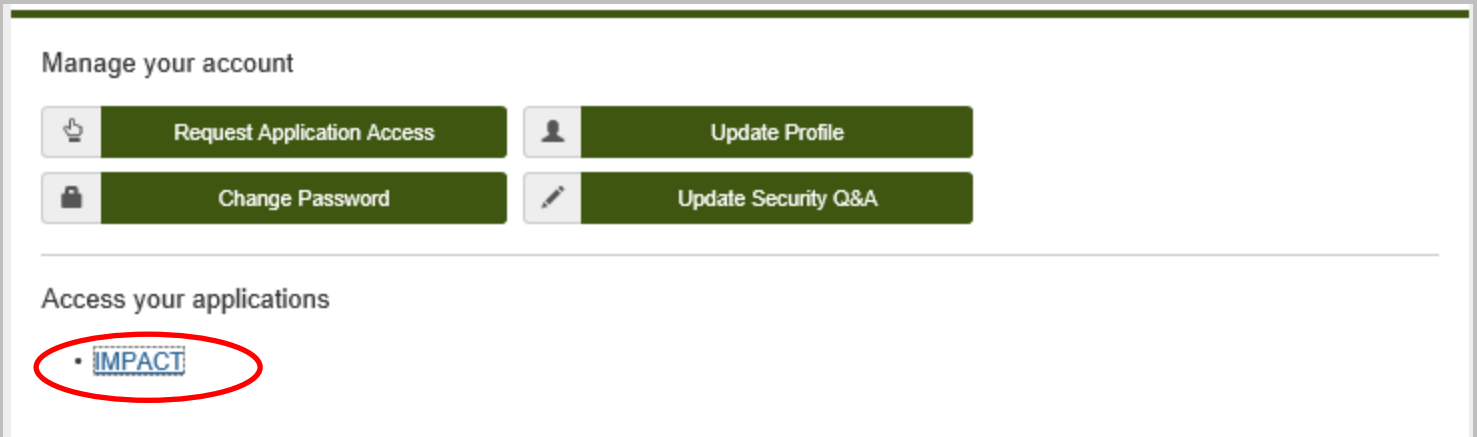
Introduction and Key Terms

- **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:**
  - 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).
  - New Enrollment: A billing agent who needs to enroll in the IMPACT system.
  - A Billing Agent must be enrolled in IMPACT for a provider to associate with that Billing Agent.

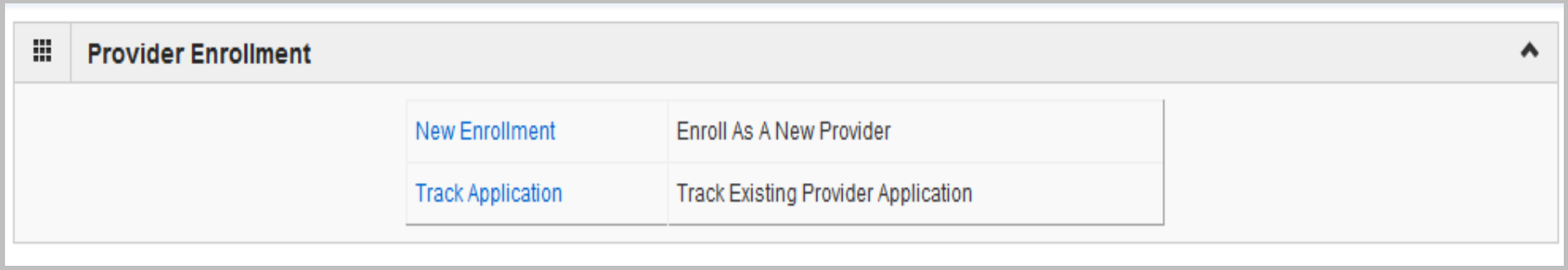
Application Process



Start Application

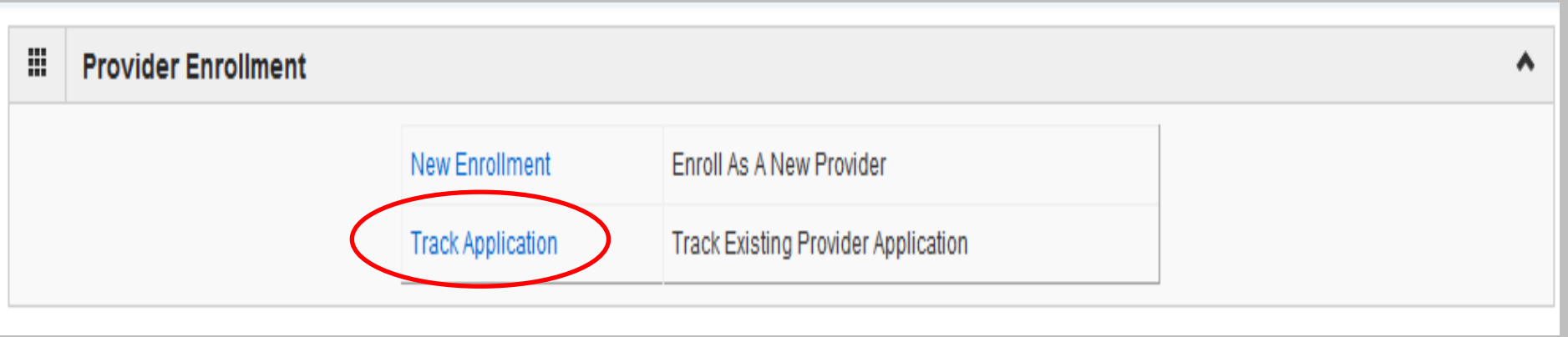


- After you have completed the single sign-on, click on ***IMPACT***.

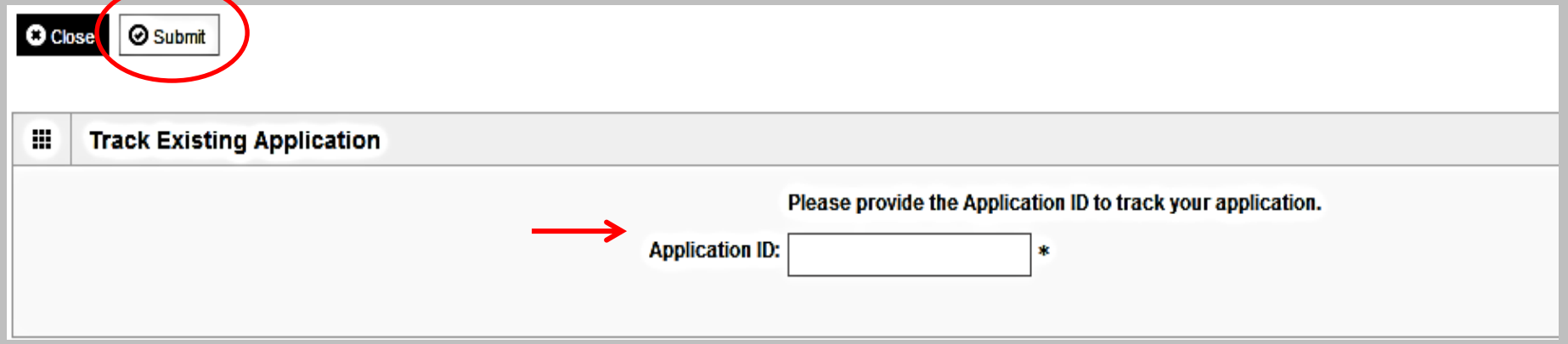


- Regarding completing an application, there are two options:
  New Enrollment or Resuming an application.
- If starting a new application go to slide 7 for step-by-step instructions.
- If resuming an application previously started go to slide 6 for step-by-step instructions.

Start Application

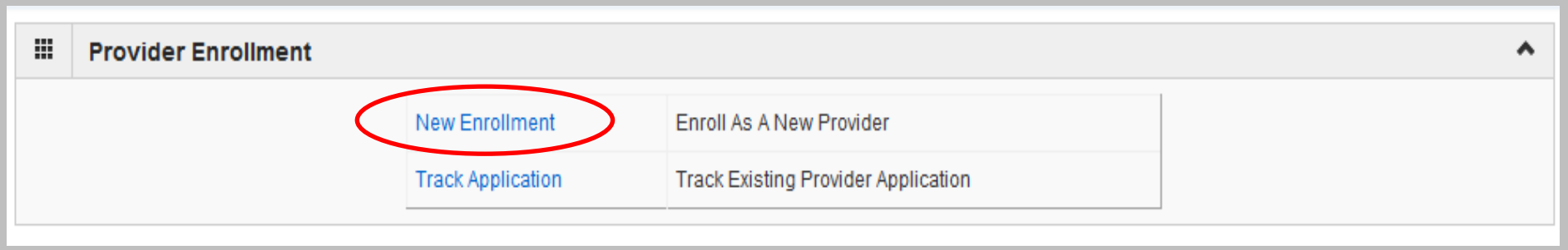


- To access a previously started application, click on ***Track Application***.
- The application ID was sent to the email in the single sign-on account.

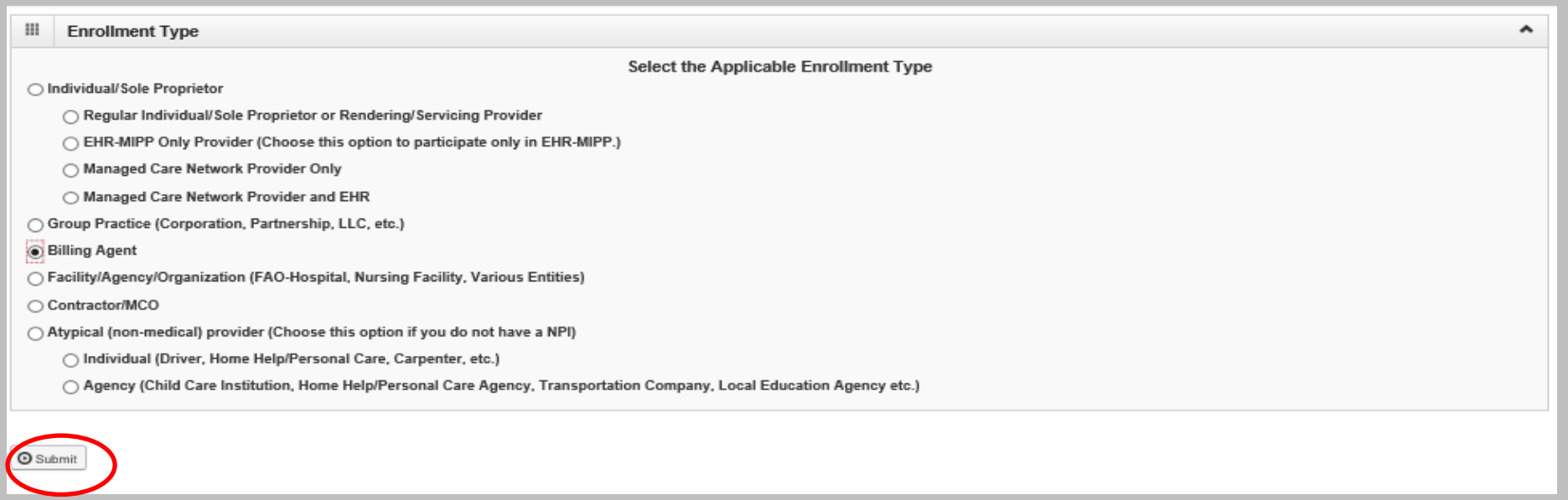


- Enter the ***Application ID*** then, click ***Submit***.
- You will be taken directly to the Business Process Wizard.

Start Application

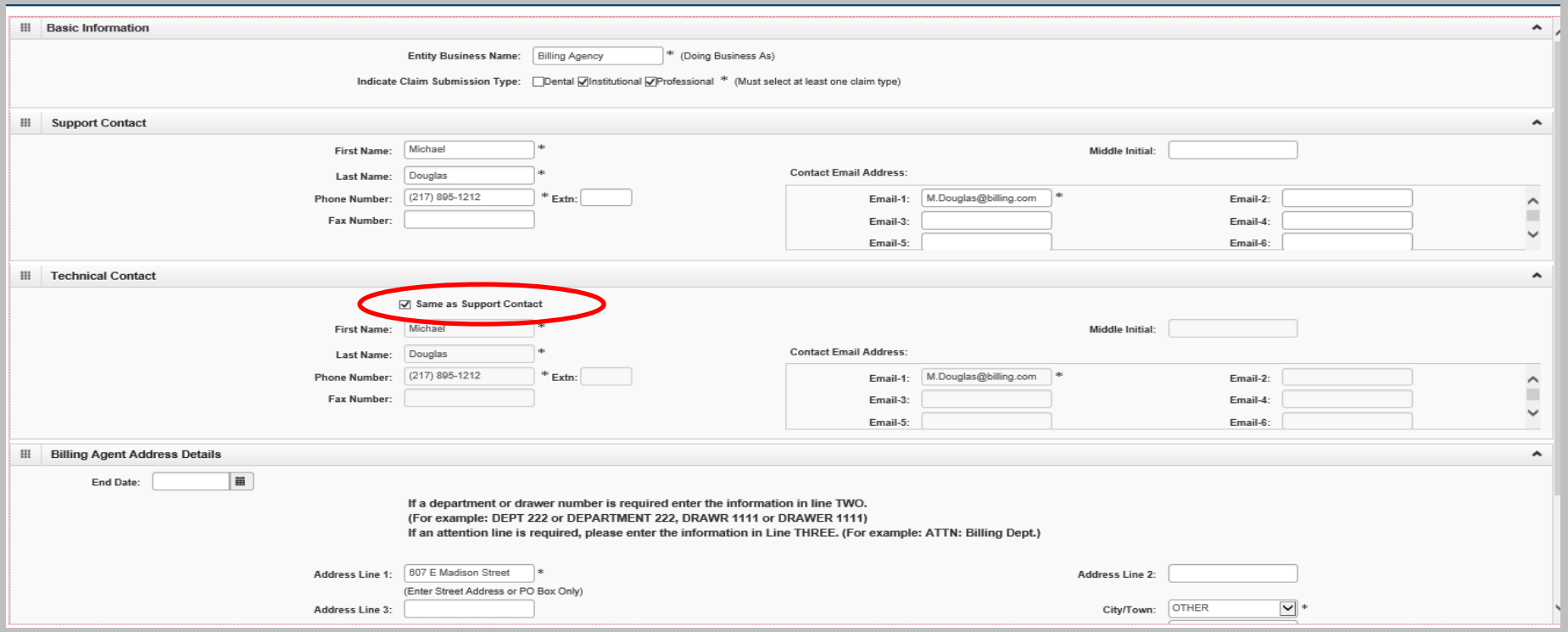


- To begin a new application, click on ***New Enrollment***.
- Use the radio buttons to select your enrollment type (Billing Agent), then click on ***Submit*** in the lower left corner.



Start Application
(Step 1: Basic Provider Information)

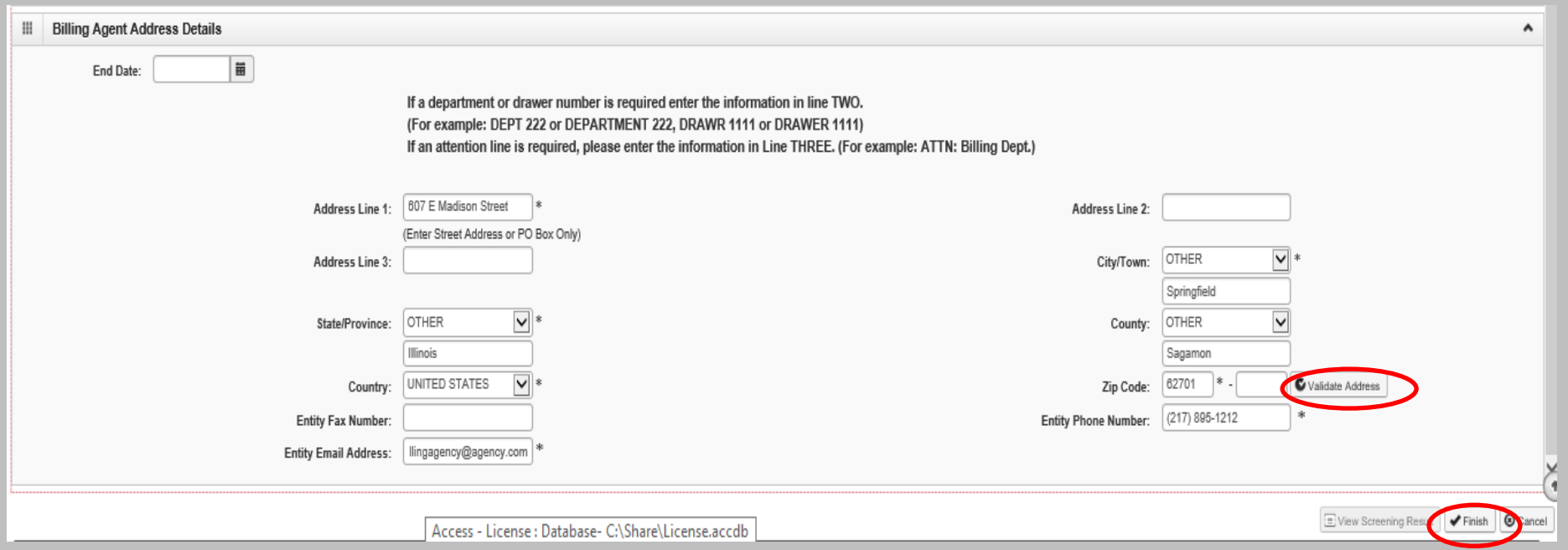
*Please complete all fields. At a minimum, all fields with an * are required.*



- 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)

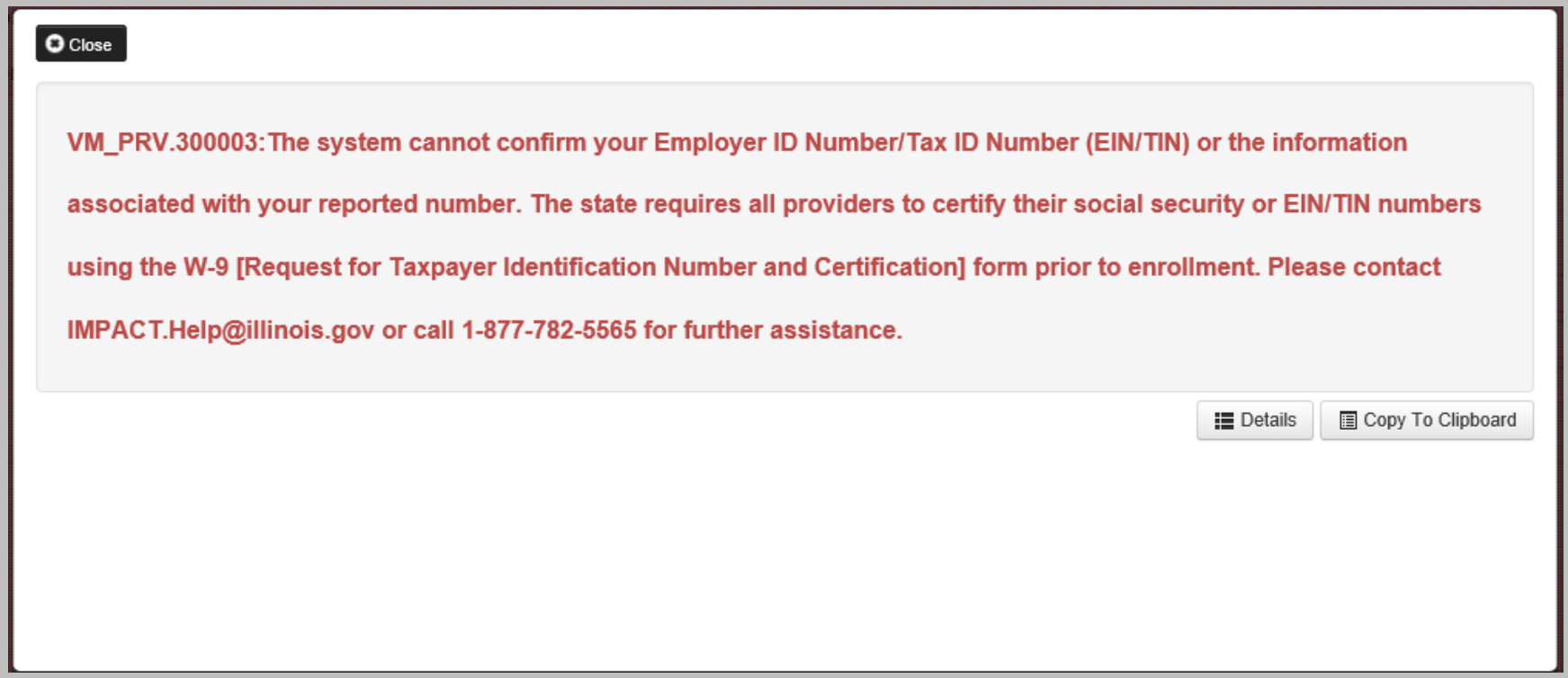
*Please complete all fields. At a minimum, all fields with an * are required.*



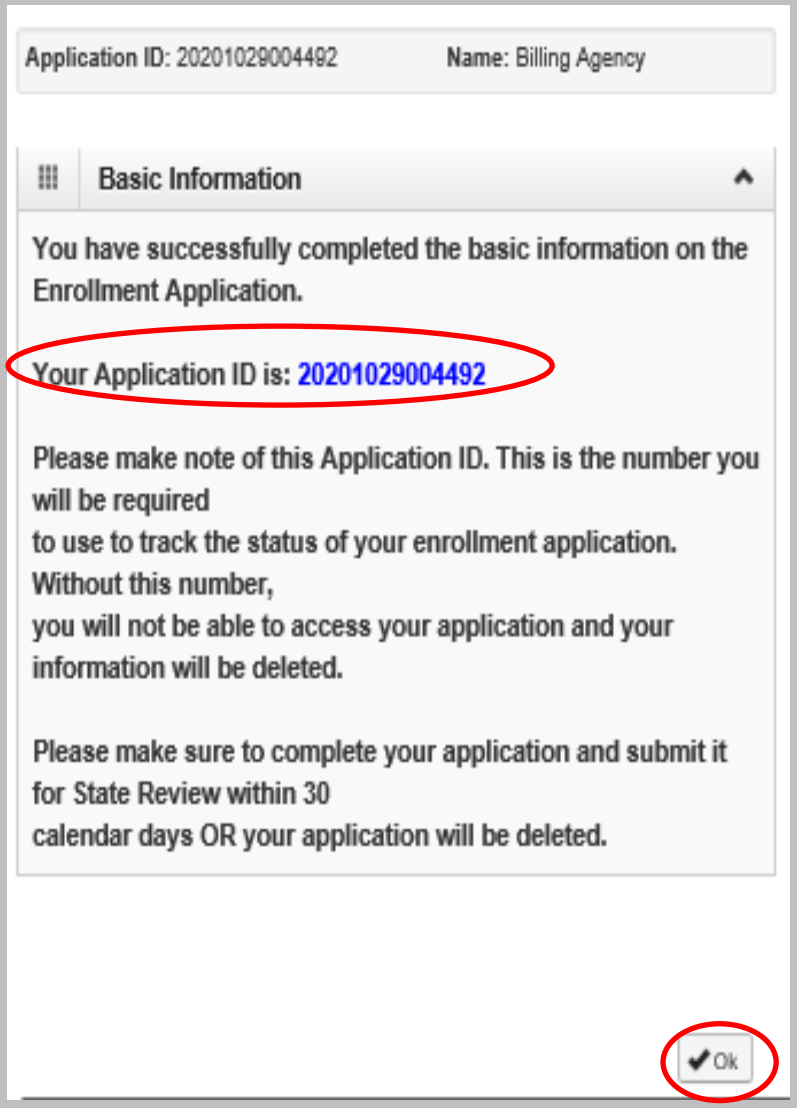
- Leave ***End date*** blank.
- Click ***Validate Address*** after the street address and zip code have been entered.
- If the address is not validated, check to verify it is correct and update any incorrect information.
- When the address has been validated, click ***Finish***.

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



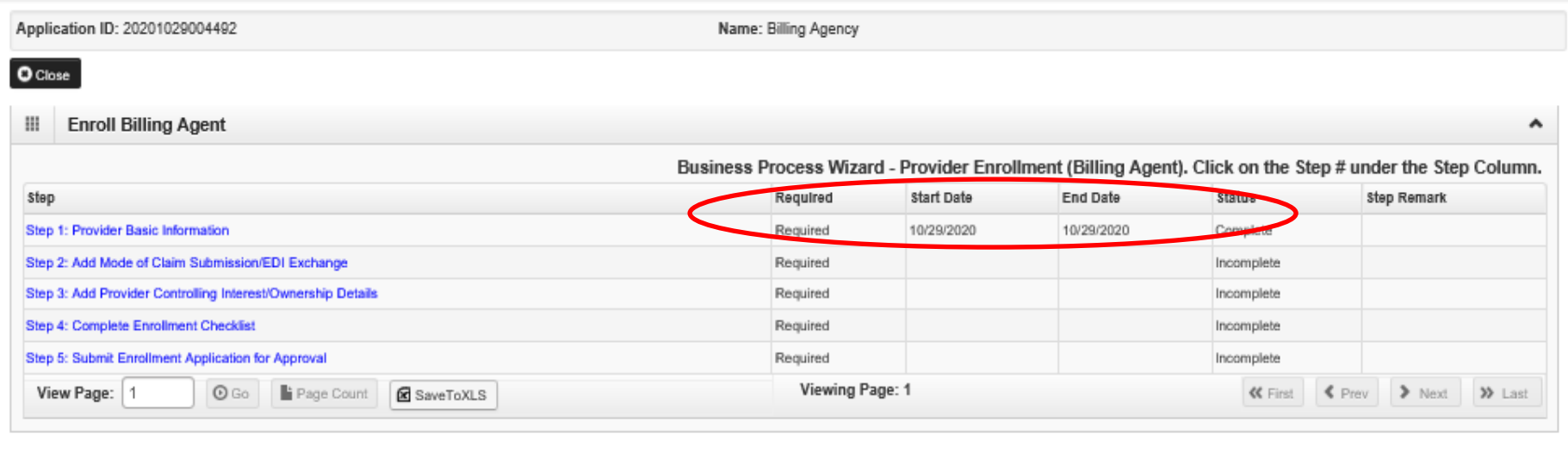
Start Application
(Step 1: Basic Provider Information)



- 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: 20201029004492
- 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)

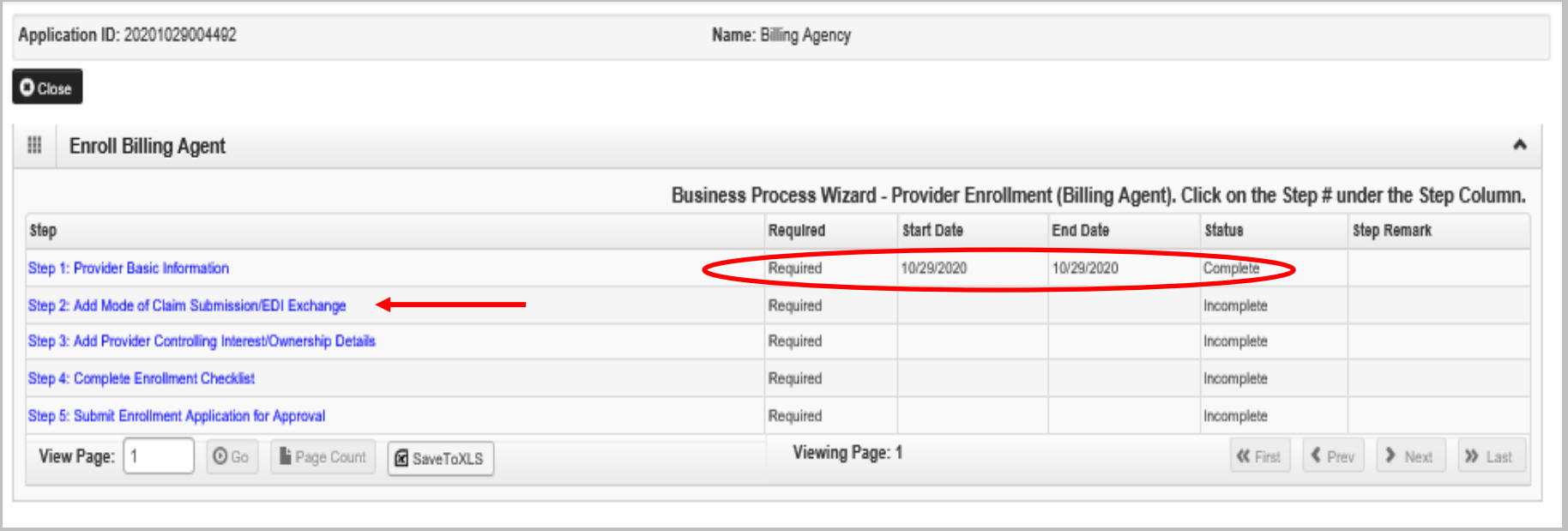
The BPW serves as the "Control Center" of the application.



- **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

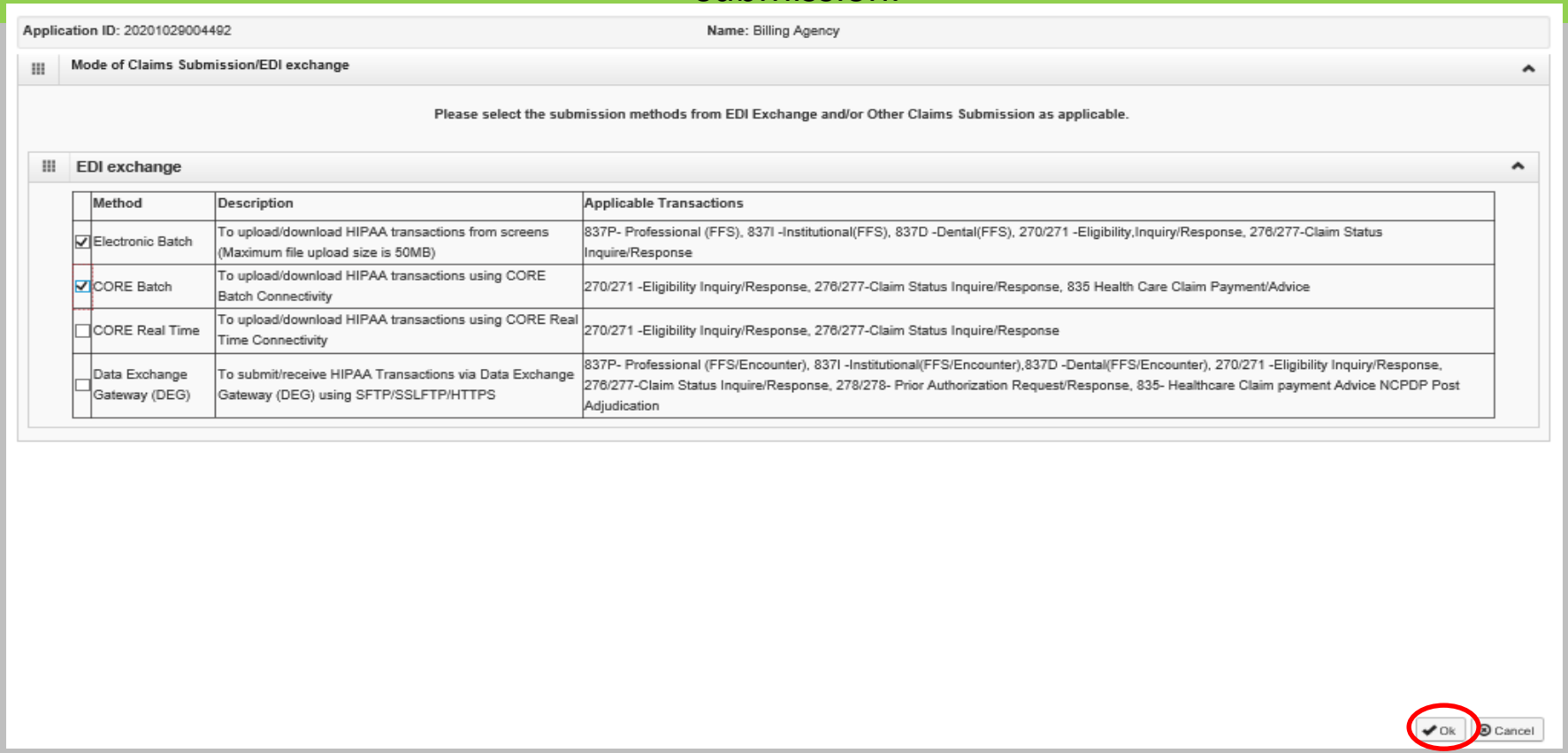
- Once you have documented your Application ID, you have completed Step 1: ***Provider Basic Information.*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- ***Step 1*** must be completed before attempting any 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: 20201029004492 Name: 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

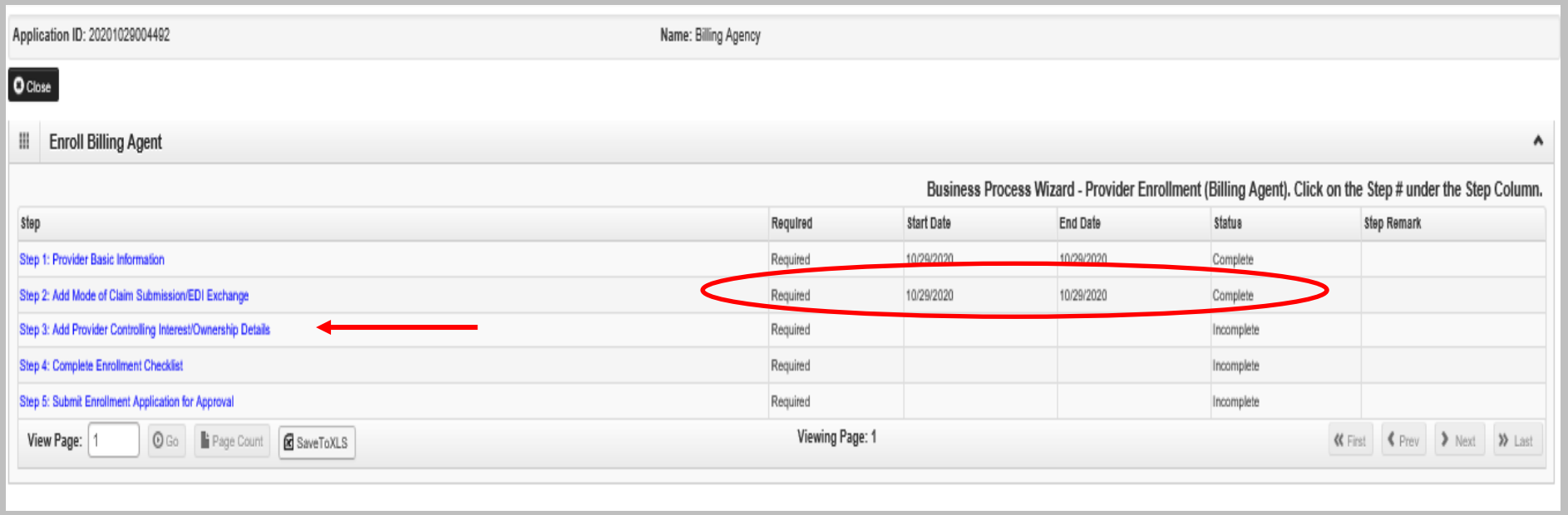
	Method	Description	Applicable Transactions
☑	Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)	837P- Professional (FFS), 837I -Institutional(FFS), 837D -Dental(FFS), 270/271 -Eligibility,Inquiry/Response, 276/277-Claim Status Inquire/Response
☑	CORE 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

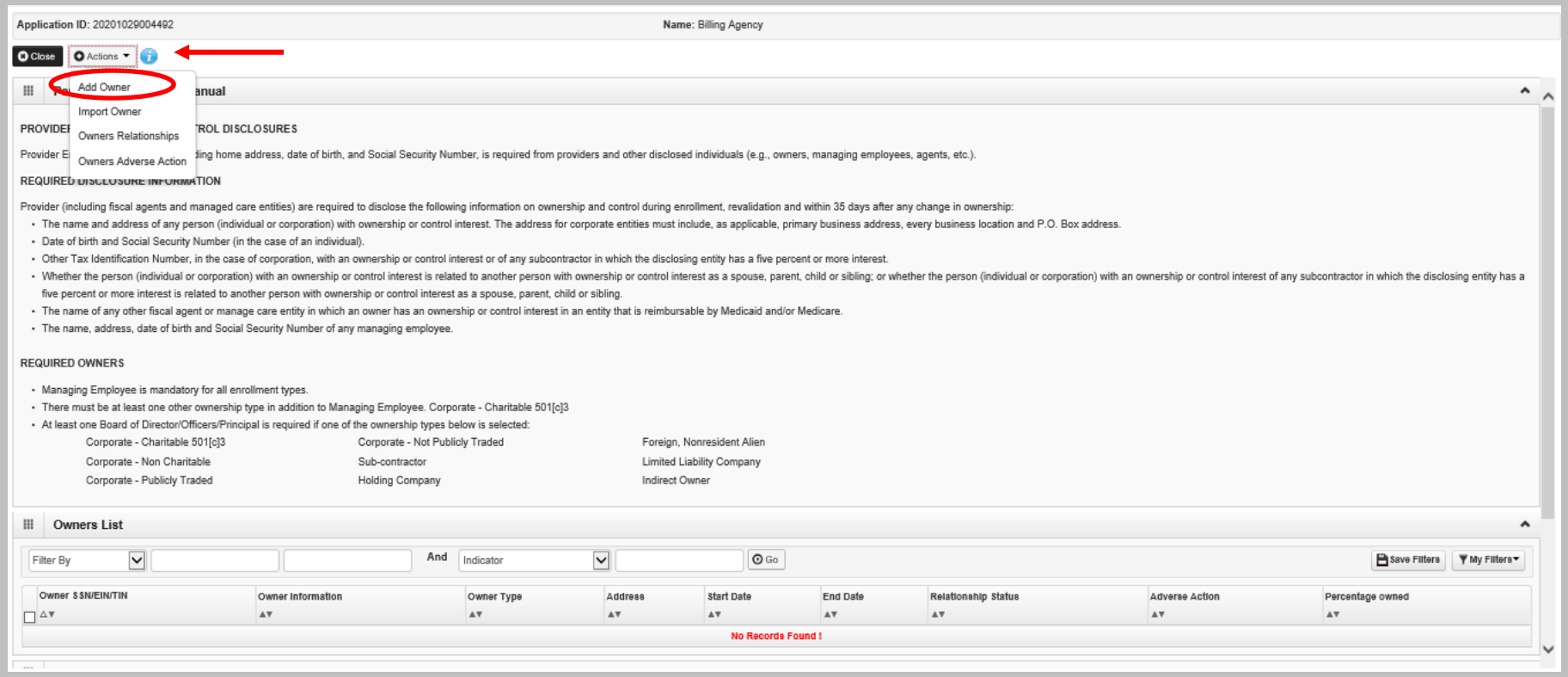
- Select any of the four options to indicate how you wish to process claims.
- After claim submission types have been selected click ***OK***.

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.



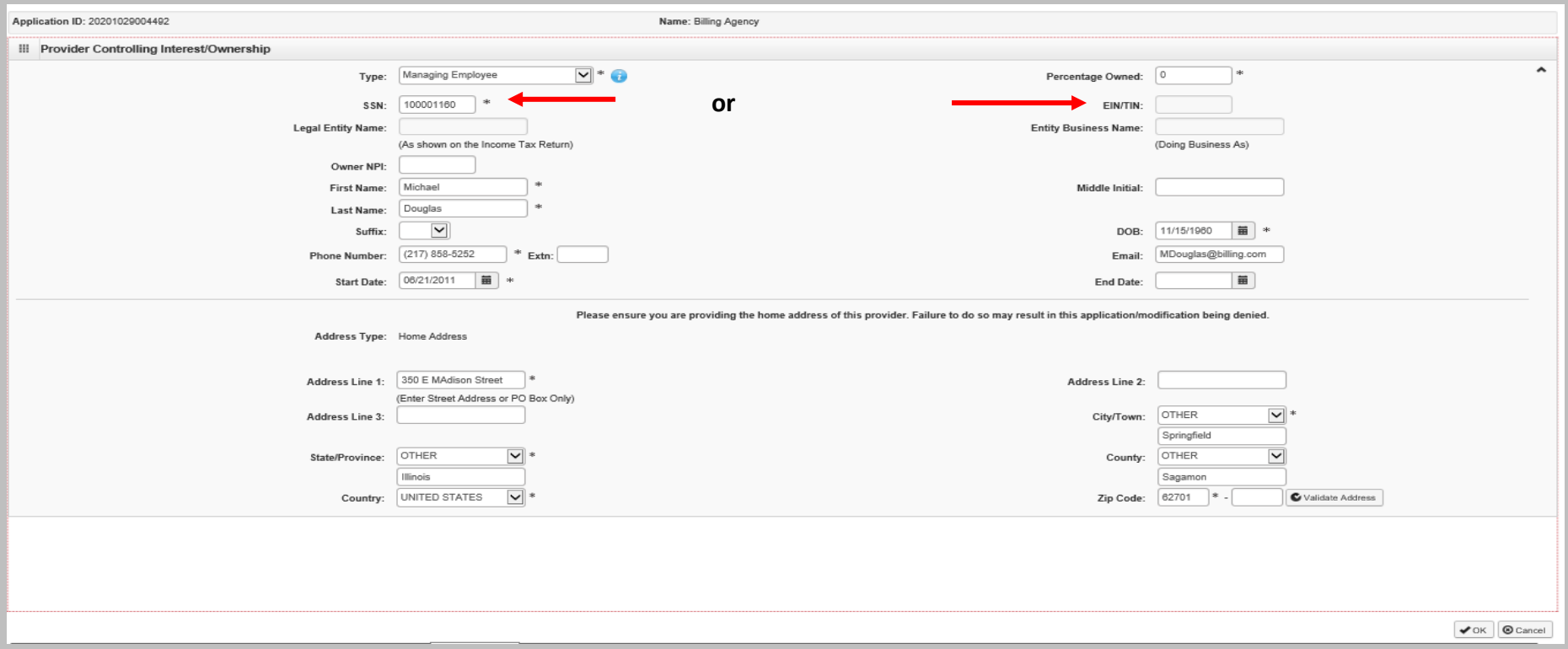
Step 3: Controlling Interest/Ownership



- 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.**

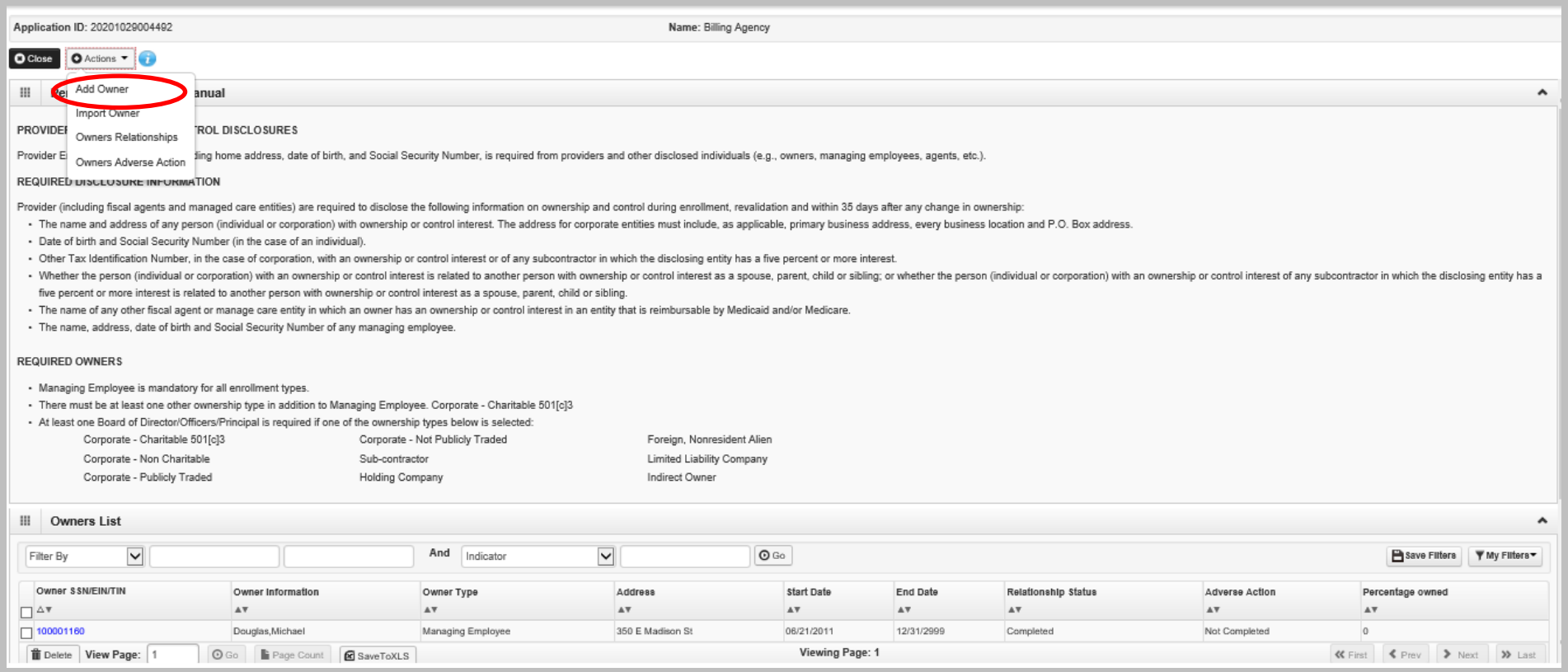
Step 3: Controlling Interest/Ownership

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



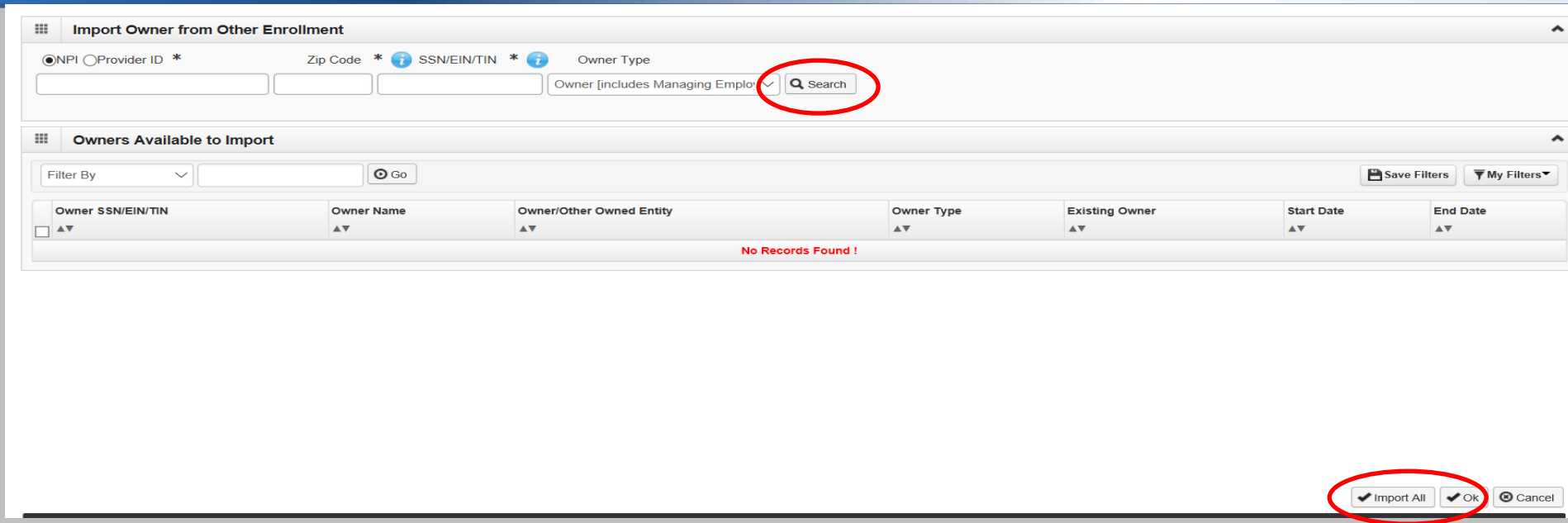
- Either the ***SSN*** or ***EIN/TIN*** must be entered (as prompted by the system.)
- Enter ***Percentage Owned*** as a whole number.
- Enter the street address and zip code information, then click ***Validate Address***.
- When all details are entered, click ***OK*.**

Step 3: Controlling Interest/Ownership



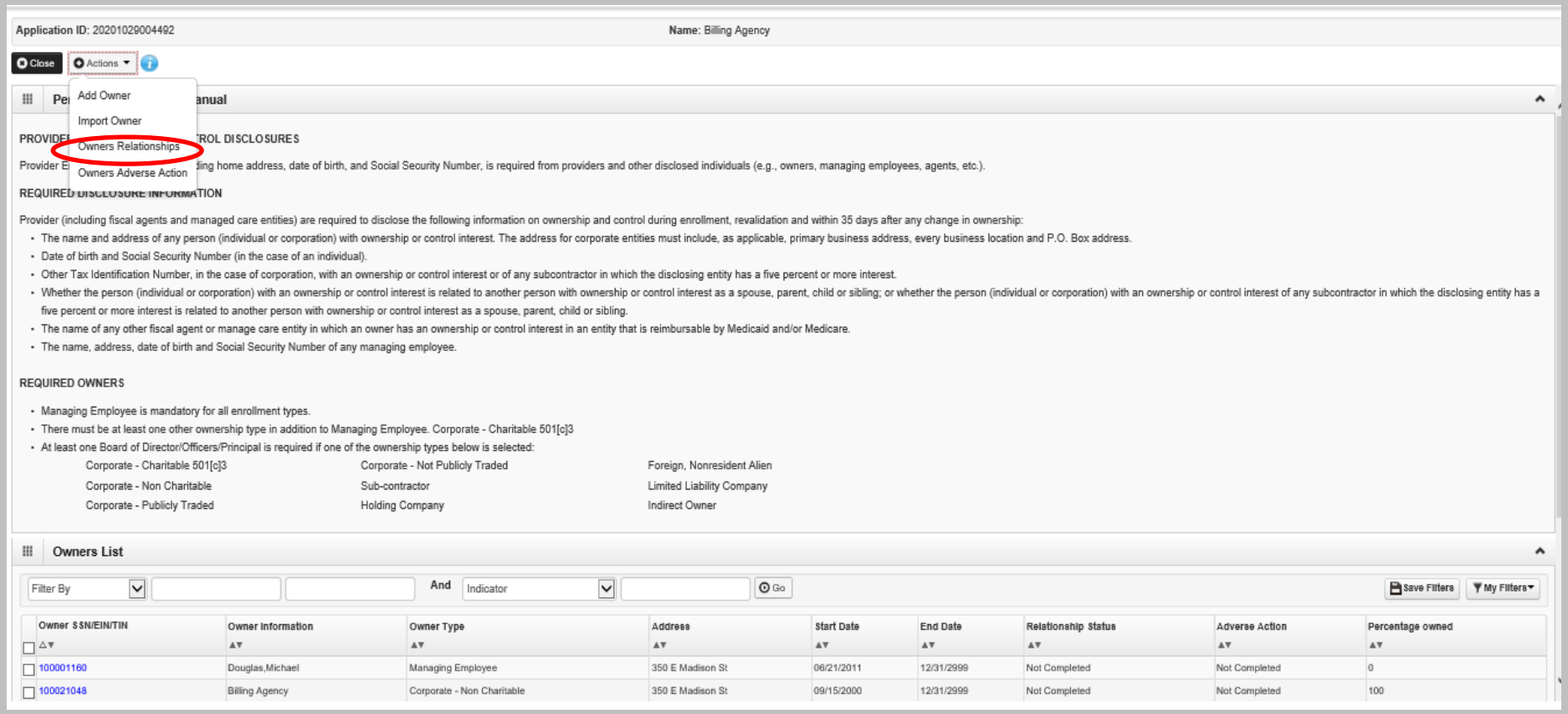
- Click **Actions** and select **Add Owner** or **Import Owner** repeat the previous steps to list additional owners

Step 3: Controlling Interest/Ownership



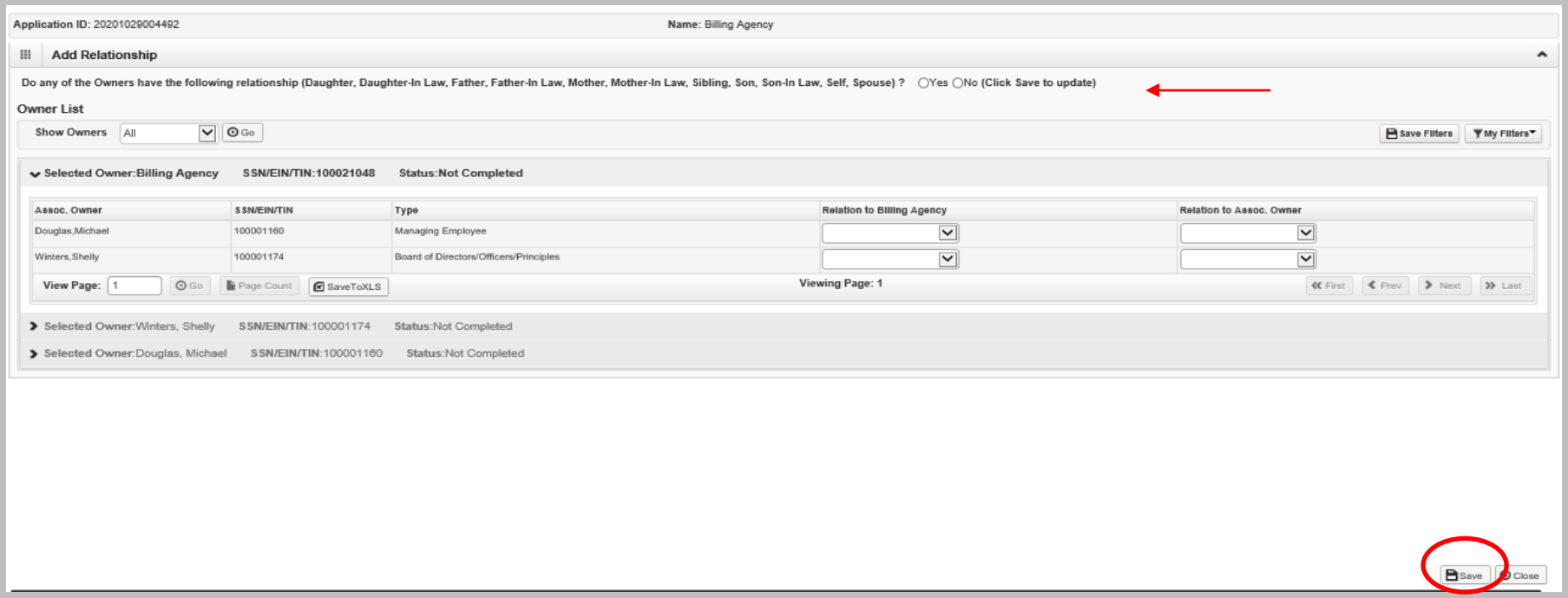
- To import an owner from another enrollment, click **Actions** and select **Import Owner**.
- Complete all fields and click on **Search**.
- Select one or all providers that is available to import.
- Click on **Import All** then **OK**.
- After all ownerships have been added, click the **Actions** drop drown box and select **Owner Relationships** or **Owners Adverse Action** to complete the relationship and adverse legal disclosure.

Step 3: Controlling Interest/Ownership



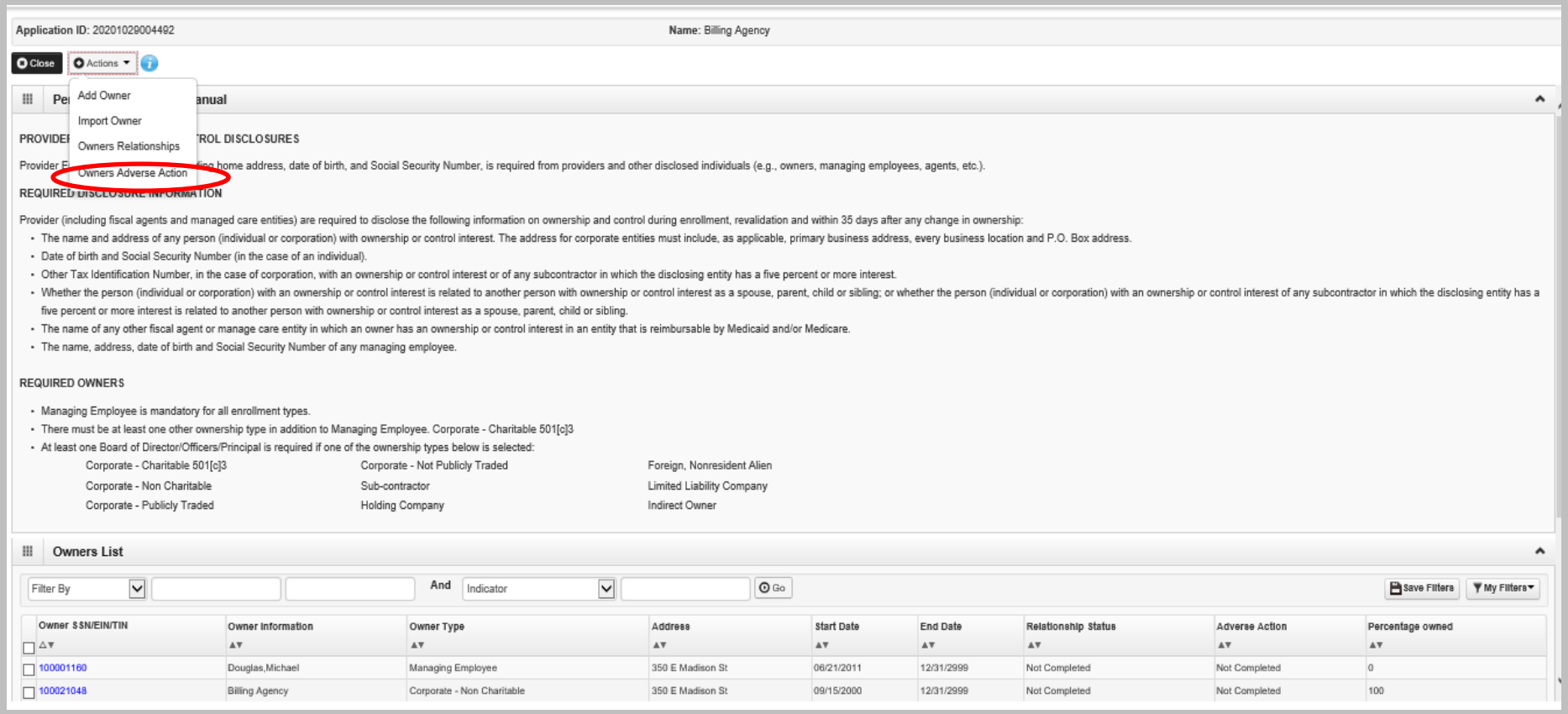
- After all ownerships have been added, click the **Actions** drop drown box and select **Owner Relationships**.

Step 3: Controlling Interest/Ownership



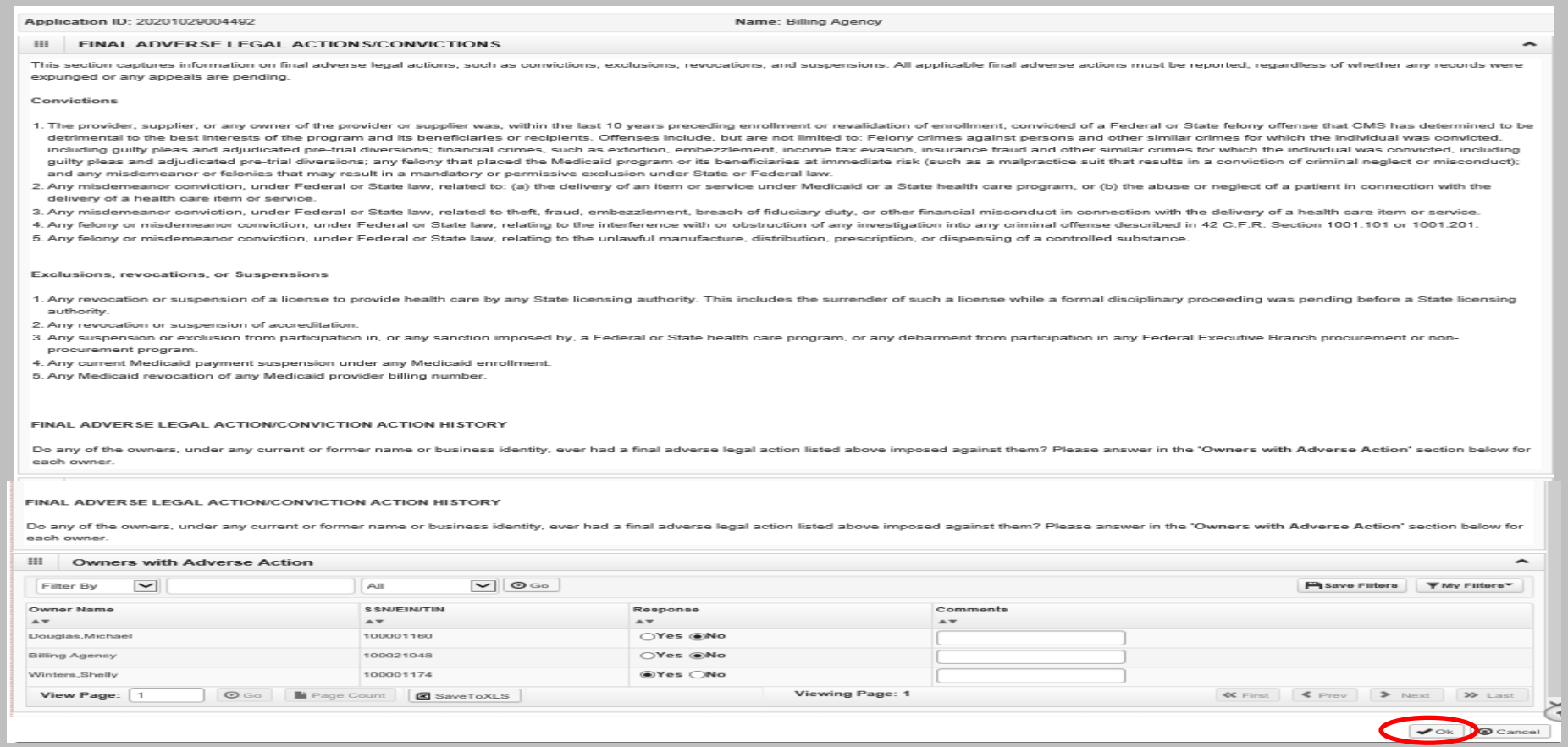
- Answer question regarding listed Owners and relationship.
- If no is selected From the first drop-down list of ***Owner Name***, choose an owner name.
- From the second drop down list of ***Relationships***, choose how the chosen owner is related to the listed owner.
- Repeat this step until the relationship 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



Application ID: 20201029004492 Name: Billing Agency

FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

This section captures information on final adverse legal actions, such as convictions, exclusions, revocations, and suspensions. All applicable final adverse actions must be reported, regardless of whether any records were expunged or any appeals are pending.

Convictions

1. The provider, supplier, or any owner of the provider or supplier was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries or recipients. Offenses include, but are not limited to: Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicaid program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any misdemeanor or felonies that may result in a mandatory or permissive exclusion under State or Federal law.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicaid or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Exclusions, revocations, or Suspensions

1. Any revocation or suspension of a license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicaid payment suspension under any Medicaid enrollment.
5. Any Medicaid revocation of any Medicaid provider billing number.

FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the "**Owners with Adverse Action**" section below for each owner.

FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the "**Owners with Adverse Action**" section below for each owner.

Owners with Adverse Action

Filter By | All | Go | Save Filters | My Filters

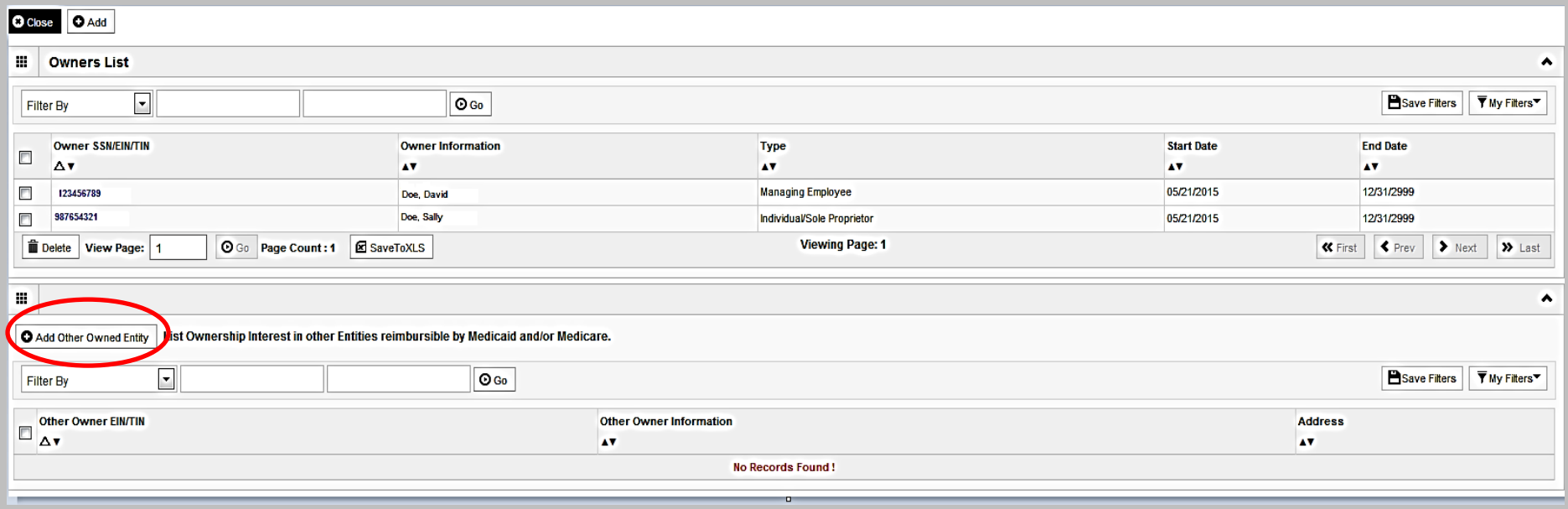
Owner Name	SSN/EIN/TIN	Response	Comments
Douglas,Michael	100001160	○Yes ◉No	
Billing Agency	100021048	○Yes ◉No	
Winters,Shelly	100001174	◉Yes ○No	

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

Ok | Cancel

- 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.

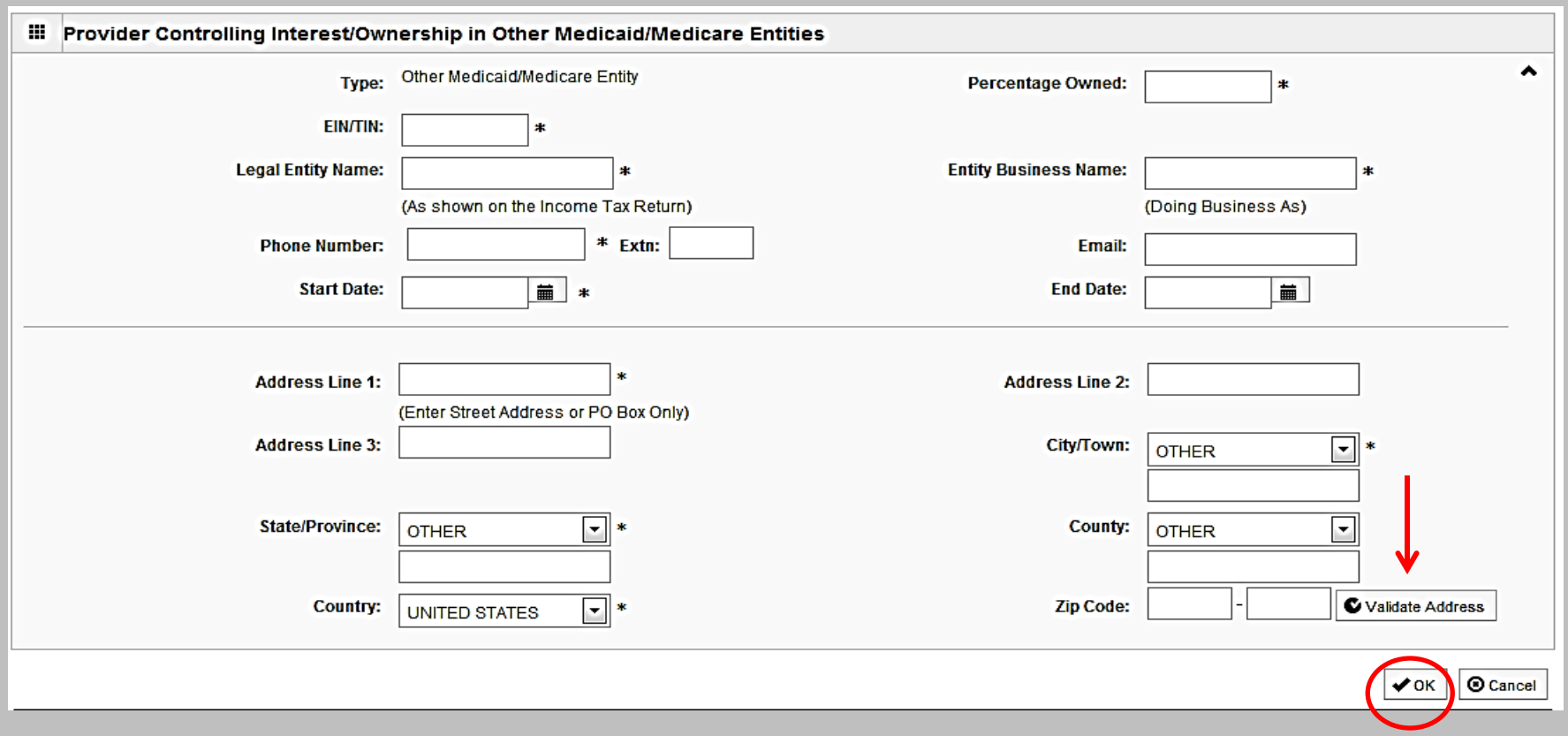
Step 3: Controlling Interest/Ownership



- 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***.

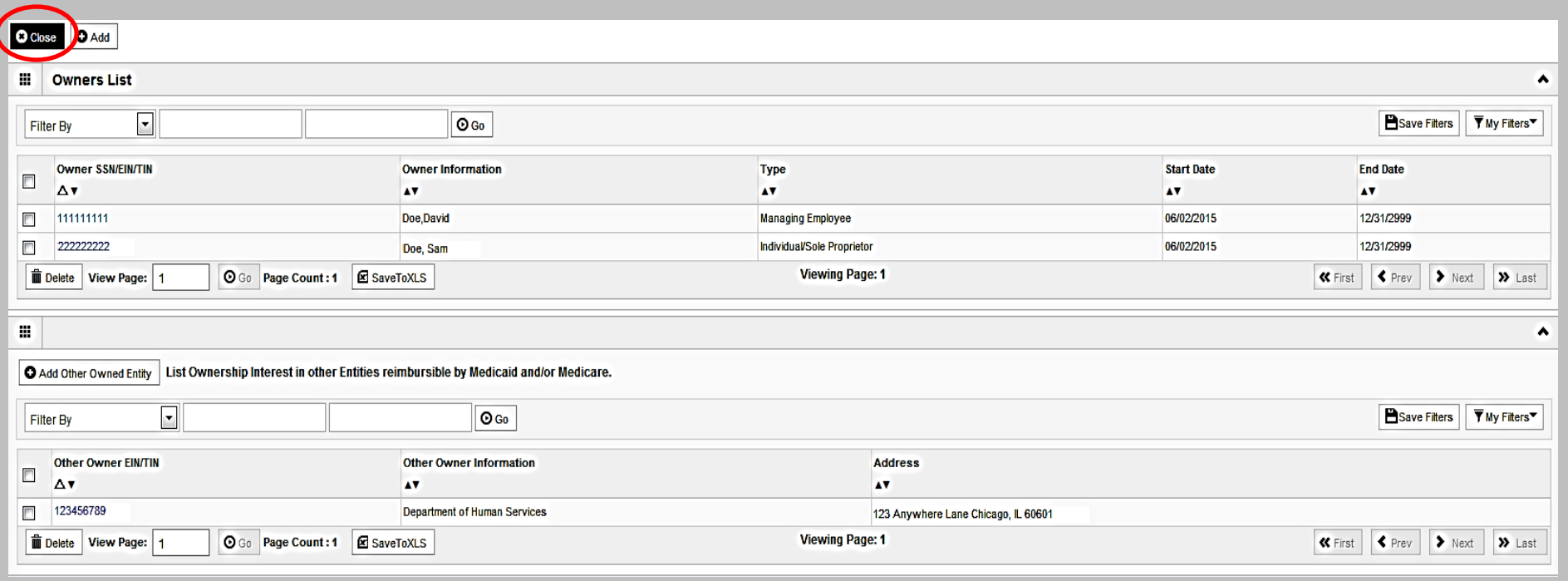
Step 3: Controlling Interest/Ownership

*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.

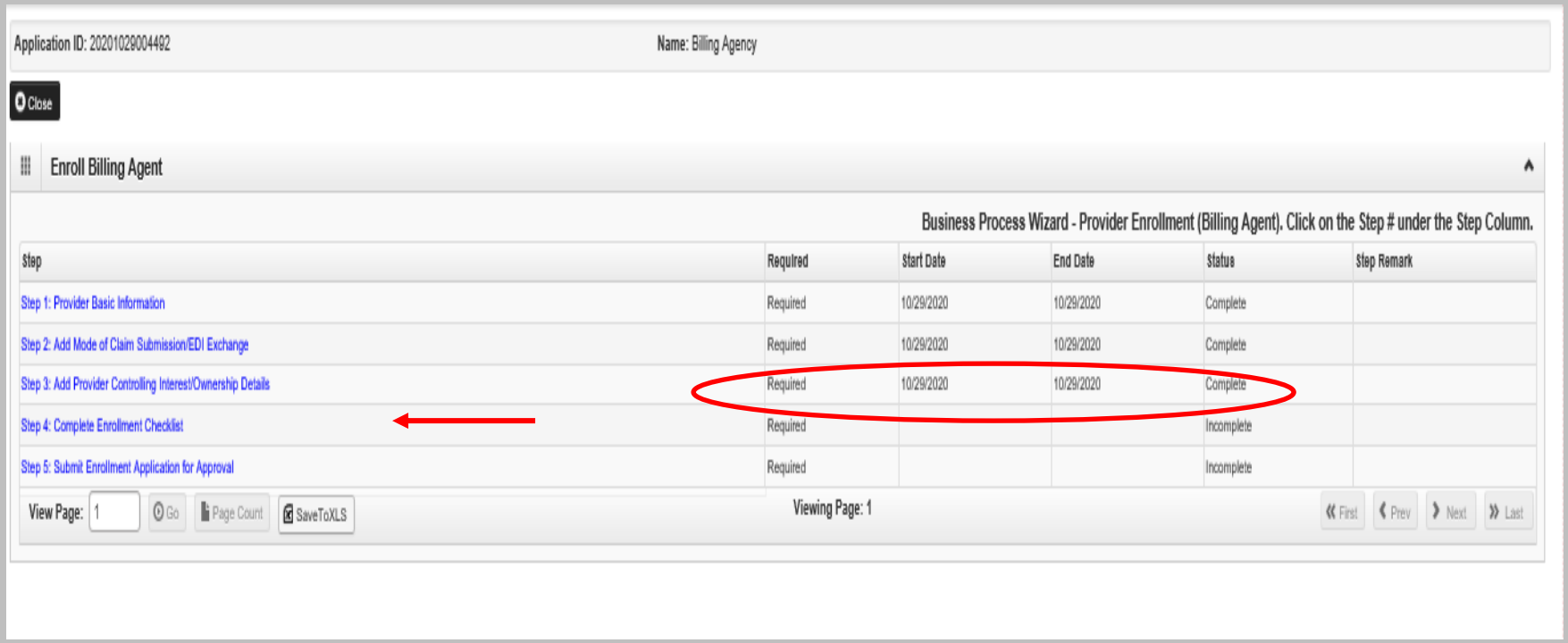
Step 3: Controlling Interest/Ownership



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

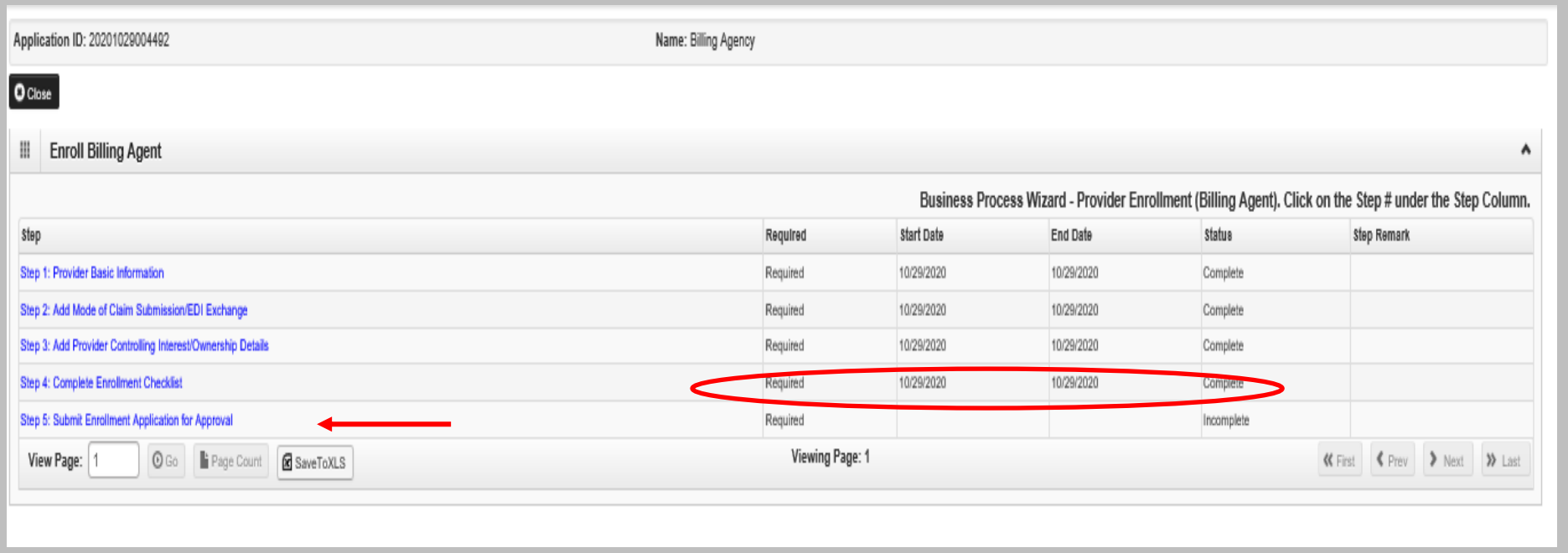


Step 4: Complete Enrollment Checklist

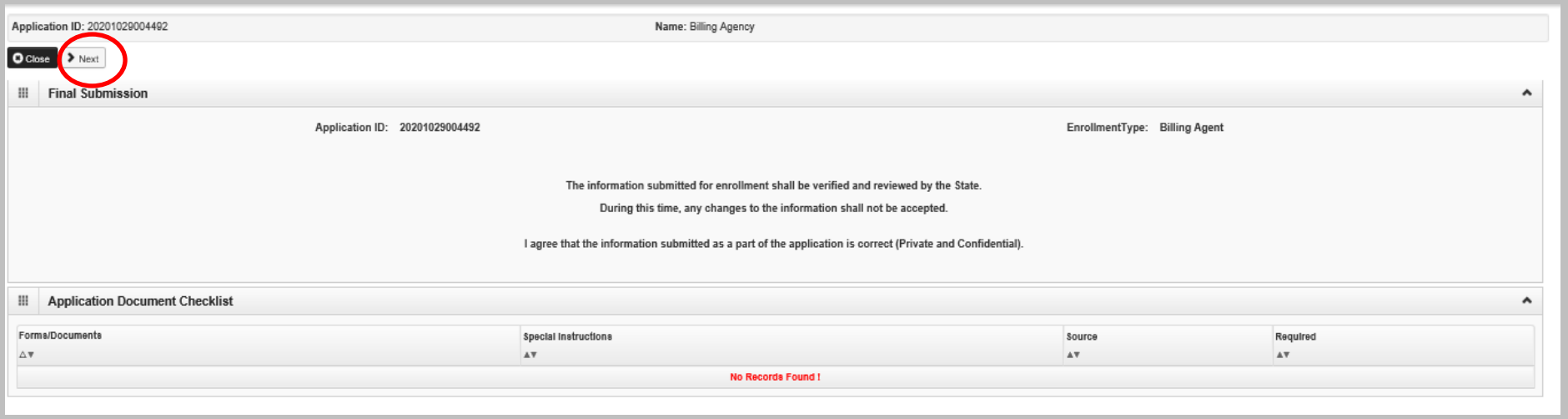
- All questions must be answered either ***Yes*** or ***No*** and comments made if directed to do so. If a checklist item does not apply, select ***No*** as the answer.
- After all the questions have been answered and comments made, click the ***Save*** button in the upper left corner followed by clicking on the ***Close*** button.

Business Process Wizard (BPW)

- You have completed Step 4: ***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 5: ***Submit Enrollment Application for Approval*** to continue your application.

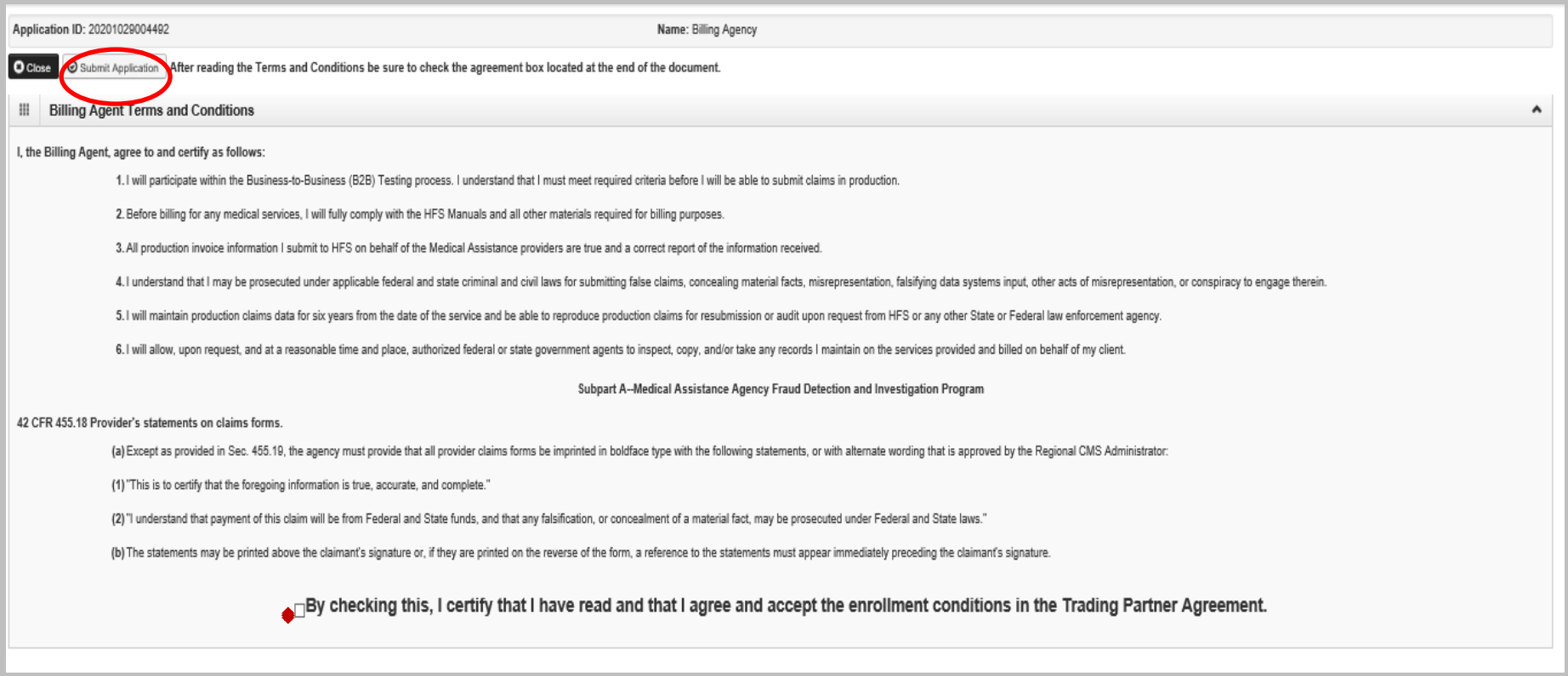


Step 5: Submit Enrollment for Approval



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

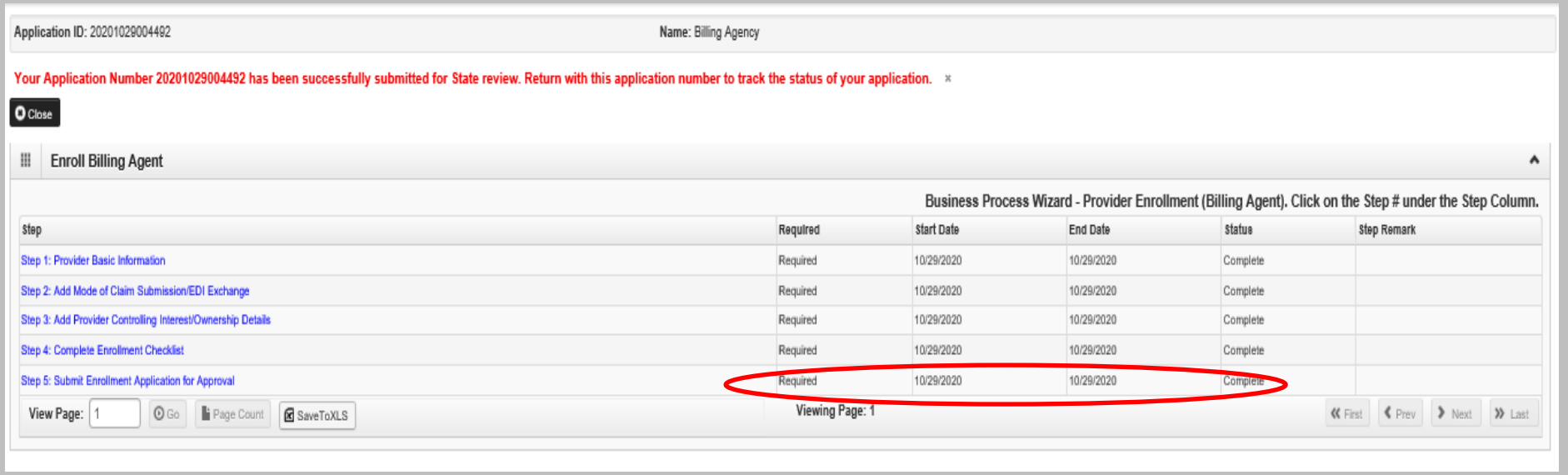
Step 5: Submit Enrollment for Approval



- 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 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