Illinois Medicaid Program Advanced Cloud Technology

IMPACT

Illinois Provider Enrollment

Facilities, Agencies, and Organizations

Illinois Medicaid Program Advanced Cloud Technology

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Agenda

- Introduction to IMPACT
- Application Process
- Resuming an Application
- Starting a New Application
- The Business Process Wizard (BPW)
- Completing the Application using BPW
- Reviewing Submitted Application
- Resources
- Questions & Answers

Application Process

- Step 1: Provider Basic Information
- Step 2: Add Locations
- Step 3: Add Specialties
- Step 4: Associate Billing Provider/Other
- Step 5: Add Licenses/Certifications/Other
- Step 6: Add Additional Information
- Step 7: Add Mode of Claim Submission
- Step 8: Associate Billing Agent
- Step 9: Add Ownership Details
- Step 10: Add Taxonomy Details
- Step 11: Associate MCO Plan
- Step 12: 835/ERA Enrollment Form
- Step 13: Complete Enrollment Checklist
- Step 14: Submit Application for Approval

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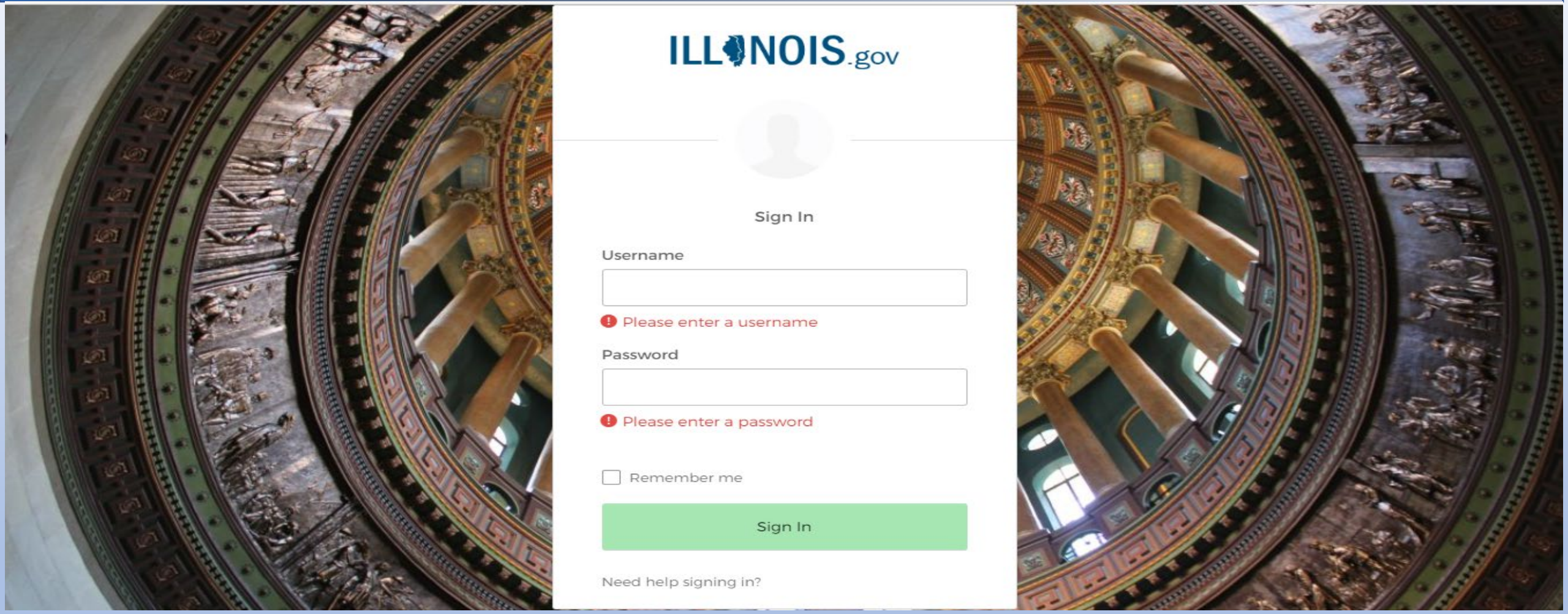
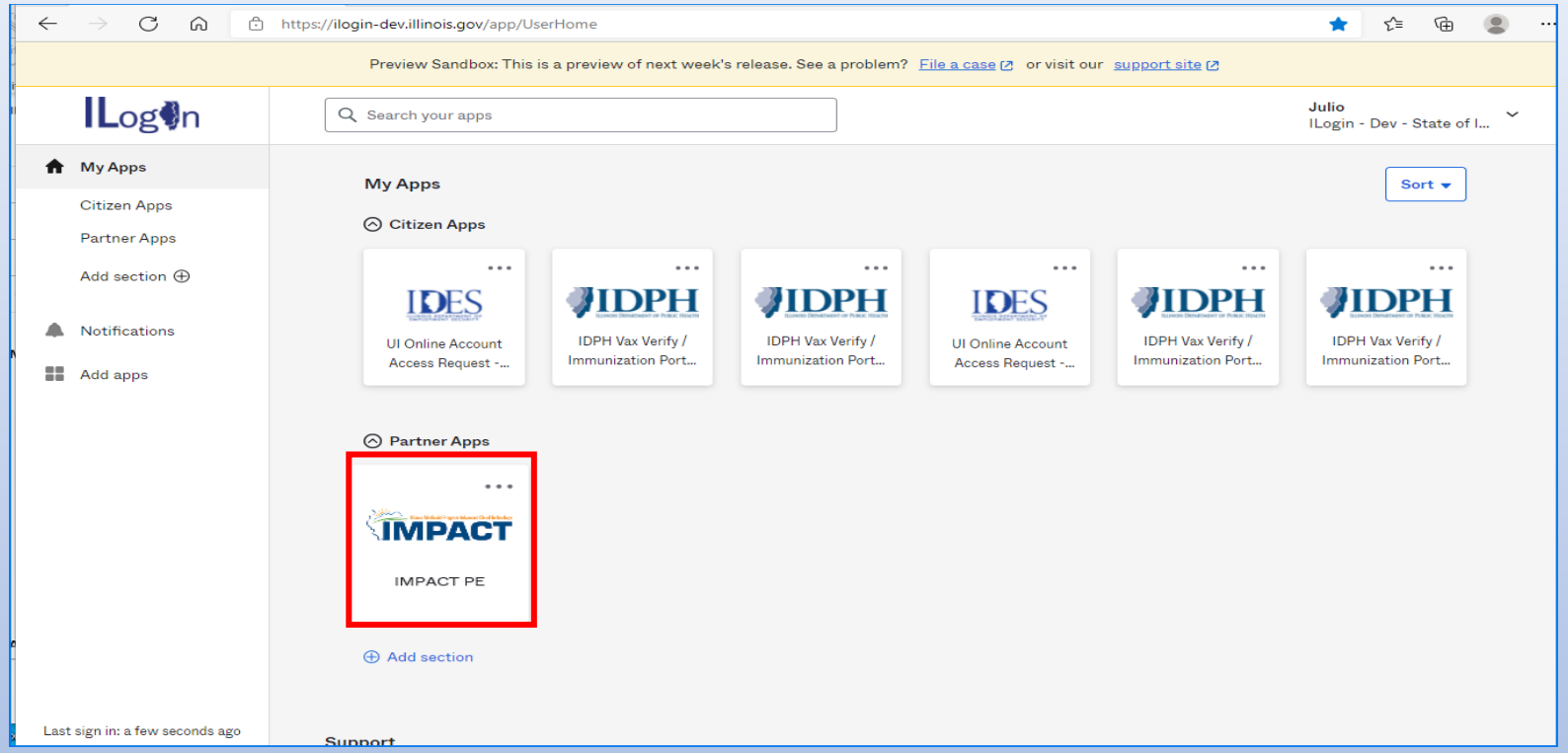
OKTA LOGIN



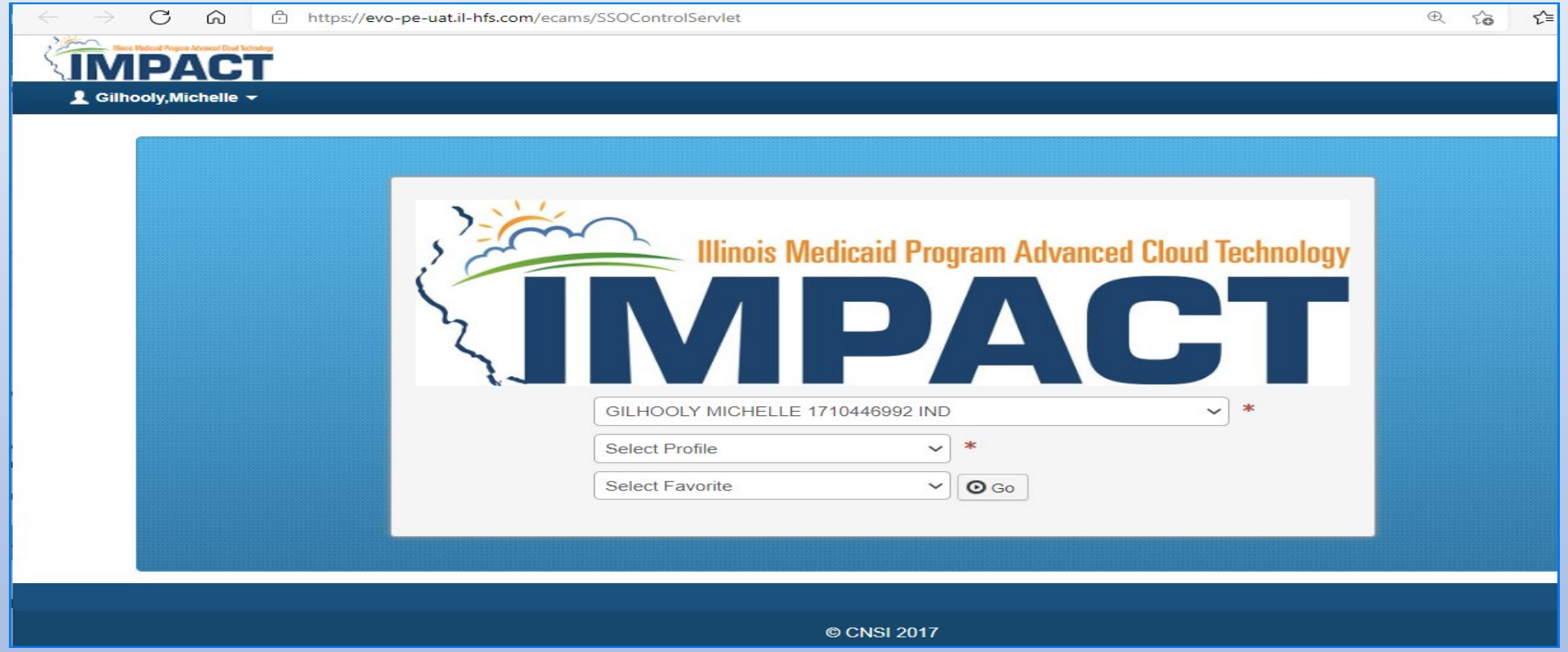
Input Username and Password created during the creation of the account.

IMPACT CHICKLET



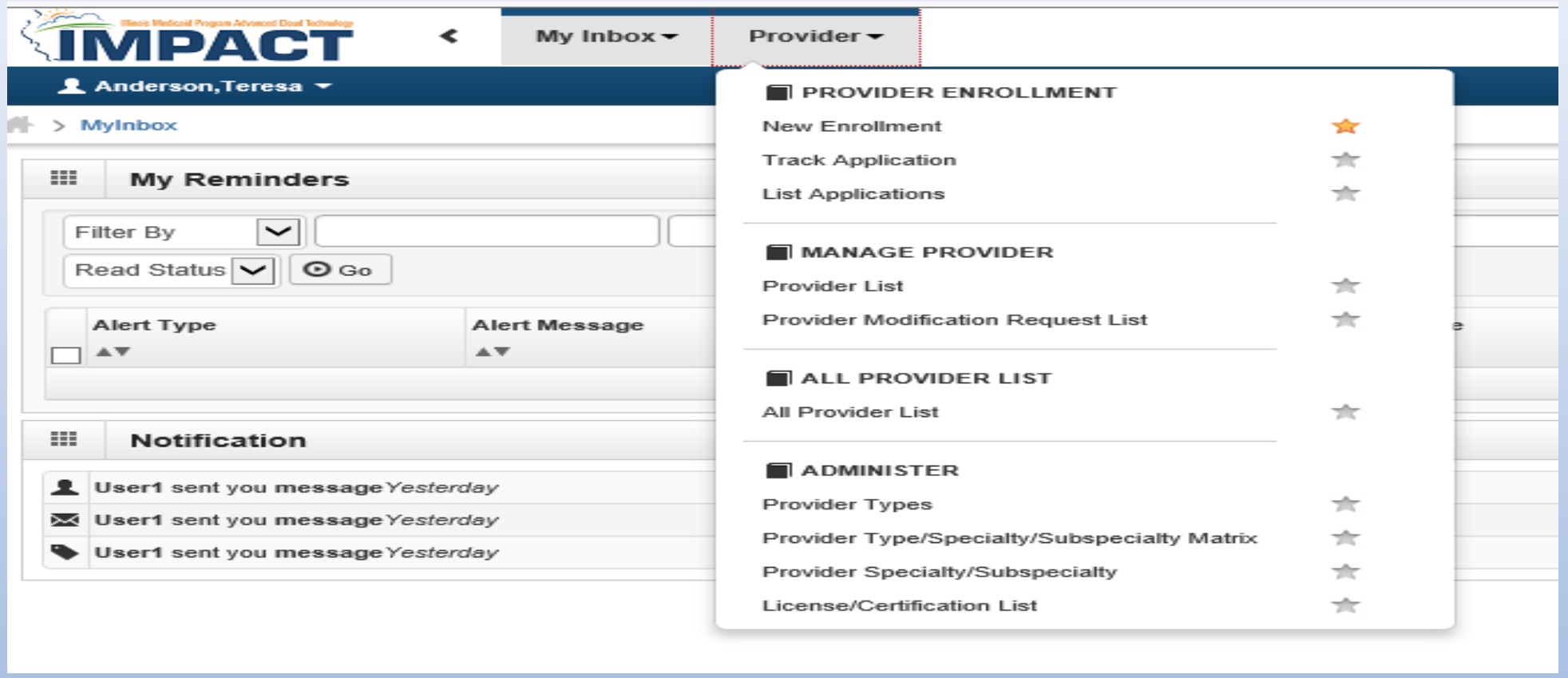
Click on the IMPACT PE Chicklet to access IMPACT

IMPACT DASHBOARD



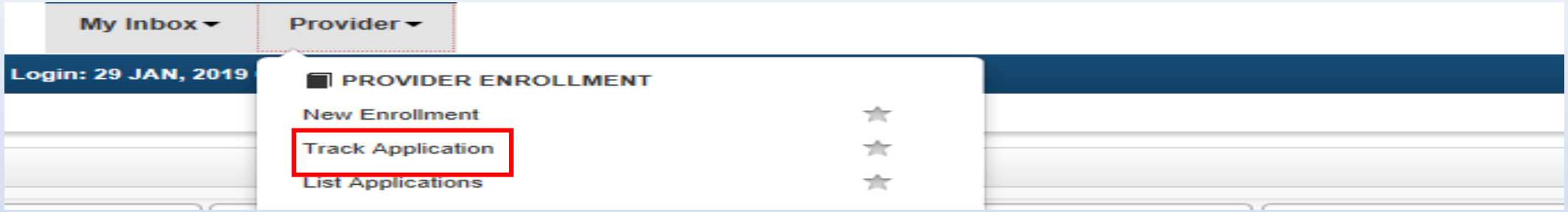
Select the Domain and Profile from the drop-down menus

Application Process

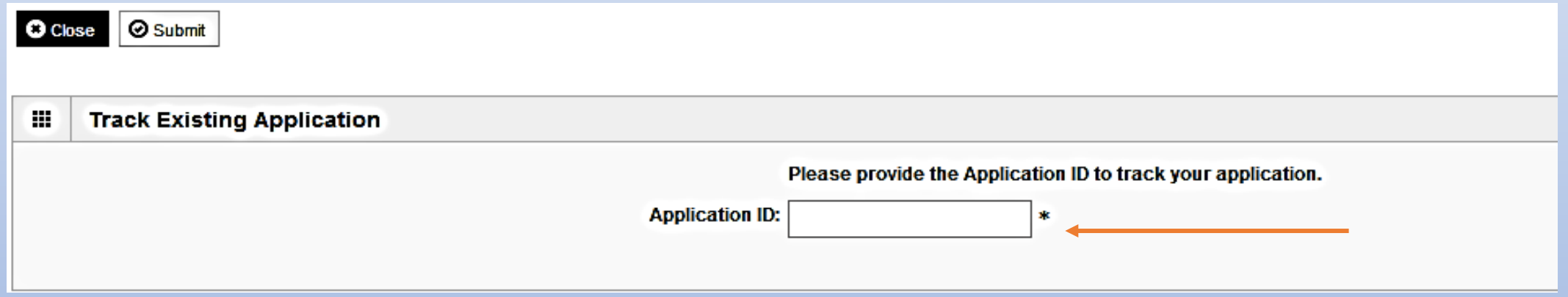


- There are two options for completing an application: New Enrollment or Resuming an application.
- If starting a new application, go to slide 9 for step-by-step instructions.
- If resuming an application previously started go to slide 8 for step-by-step instructions.

Resuming an Application

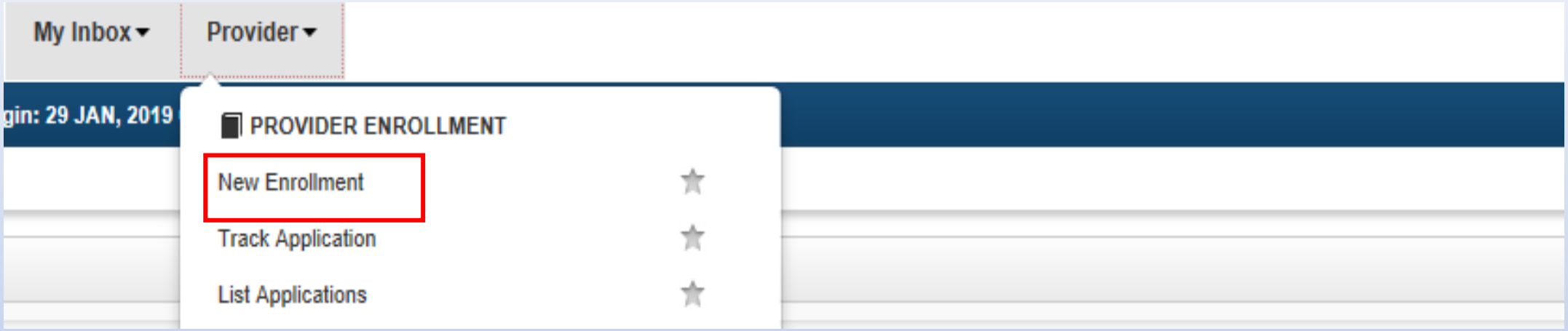


- To resume an application, click on ***Track Application***.



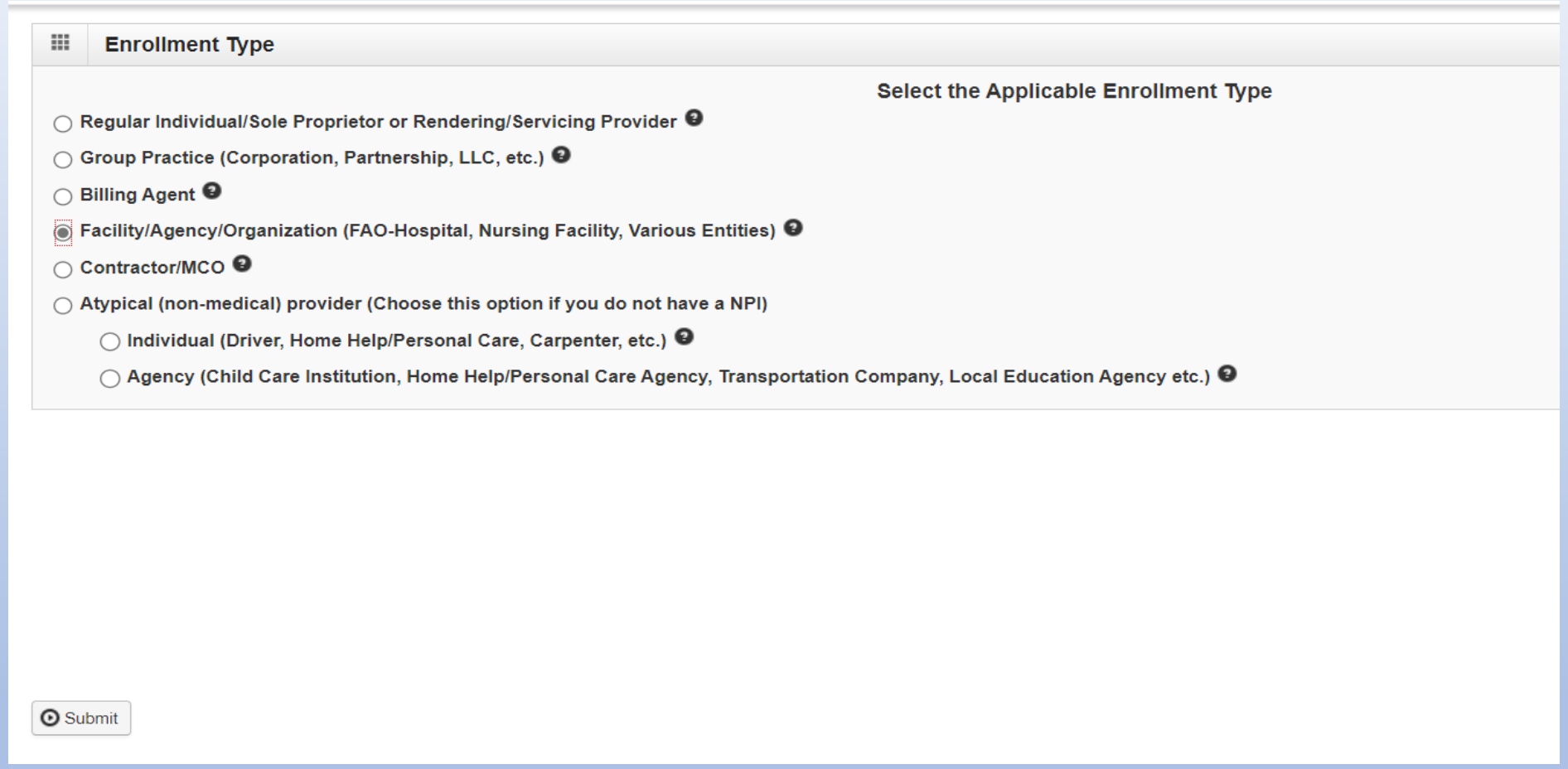
- Enter the Application ID for the application you want to access.
- After entering the ID number, click ***Submit***.
- This process will then go directly to the Business Process Wizard (BPW).

Starting a New Application



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

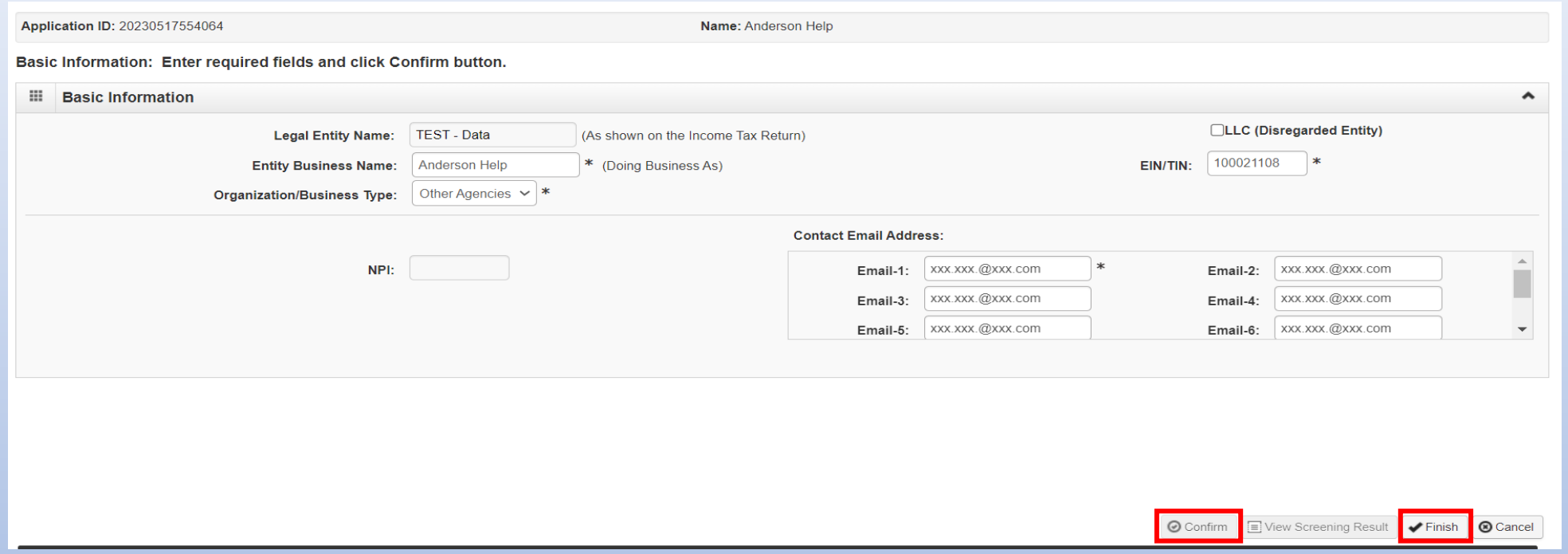
Starting a New Application



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

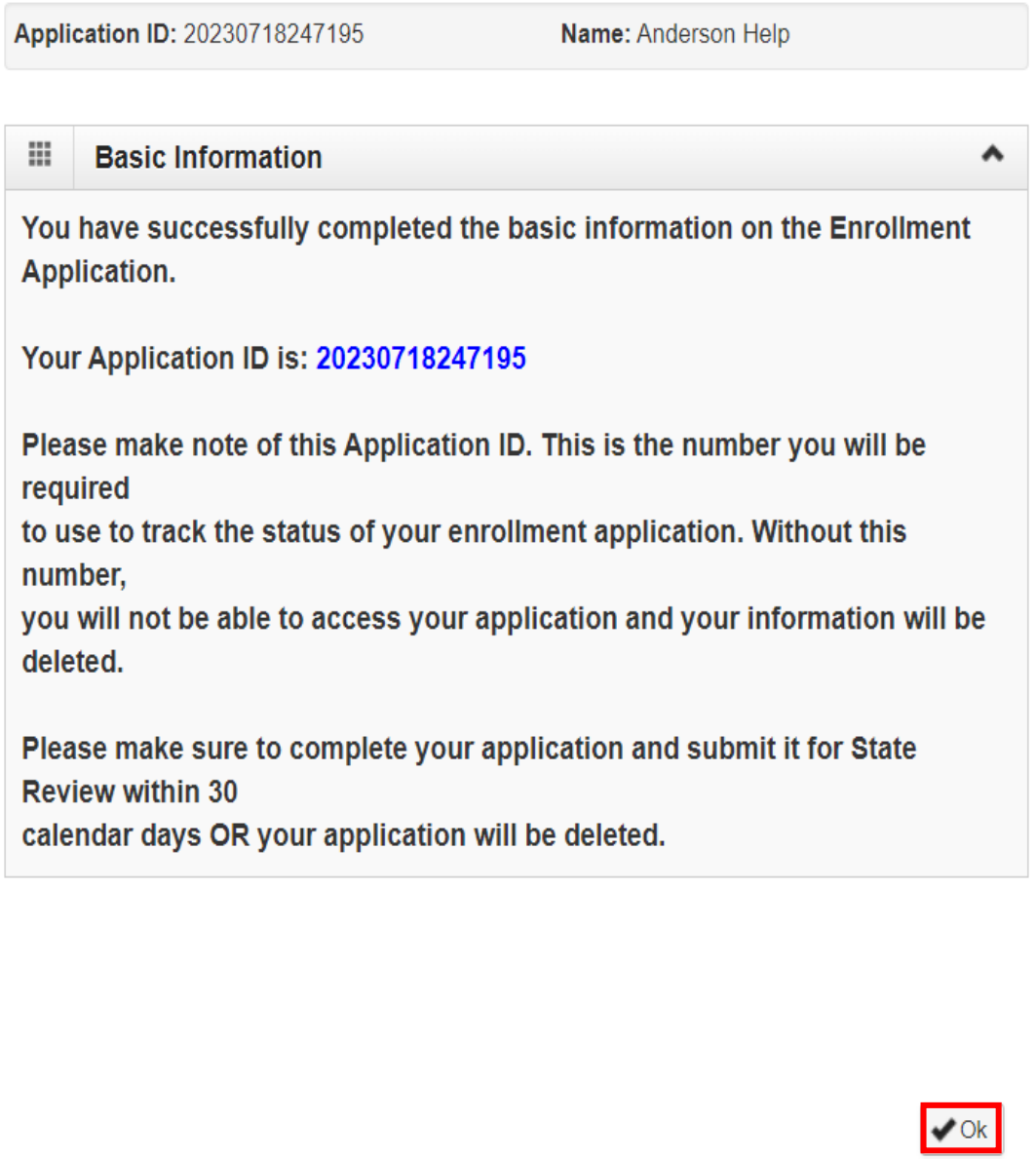
Start New Application
(Step 1: Basic Provider Information)

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



- After all the information has been entered click ***Confirm***.
- Click ***Finish*** in the bottom right corner to complete this step.
- Providers can only complete this step if the EIN/TIN has been certified by the Illinois Comptroller.
- In order to certify EIN/TIN completed and submitted a W9 to IMPACT.HELP
  - Place W9 in the subject line of the email.

Start New Application
(Step 1: Basic Provider Information)



- Application ID: systematically generated.
- Name: should reflect name from Basic Information.
- The system will generate an application ID after the successful completion of the Basic Information screen; the application number is a 14-digit number that has the following components:
  - The system date in yyyymmdd format
  - A 6-digit system generated random number
  - Example: 20230718247195
- 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.
- After documenting the ID number, click ***OK***.

Using the Business Process Wizard (BPW)

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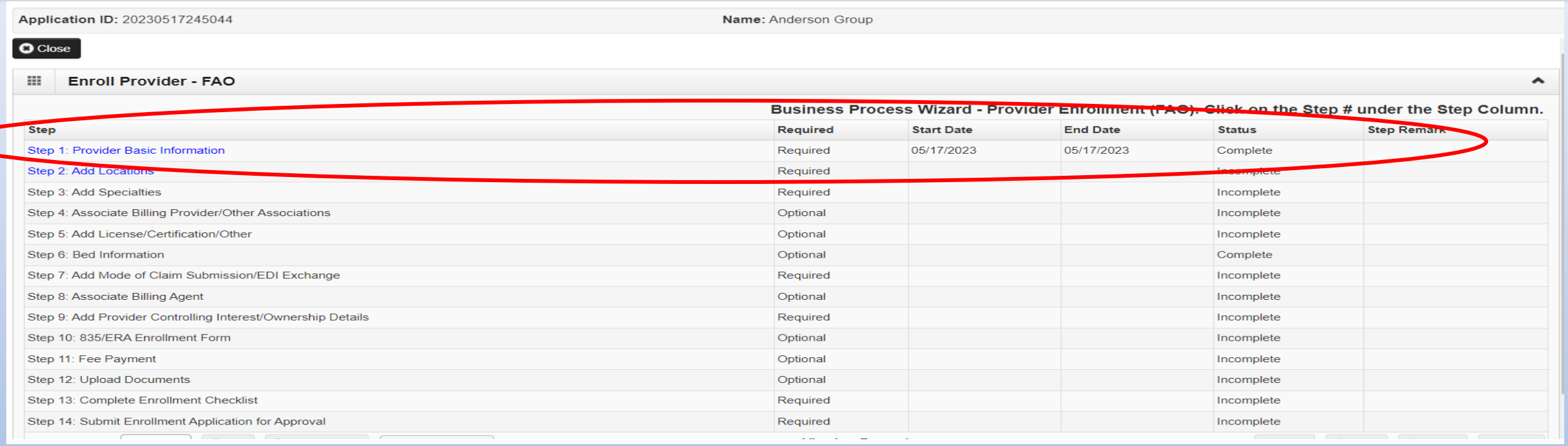
The BPW serves as the "Control Center" of the application.



Application ID: 20230517245044 **Name:** Anderson Group

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/17/2023	05/17/2023	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Bed Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Fee Payment	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

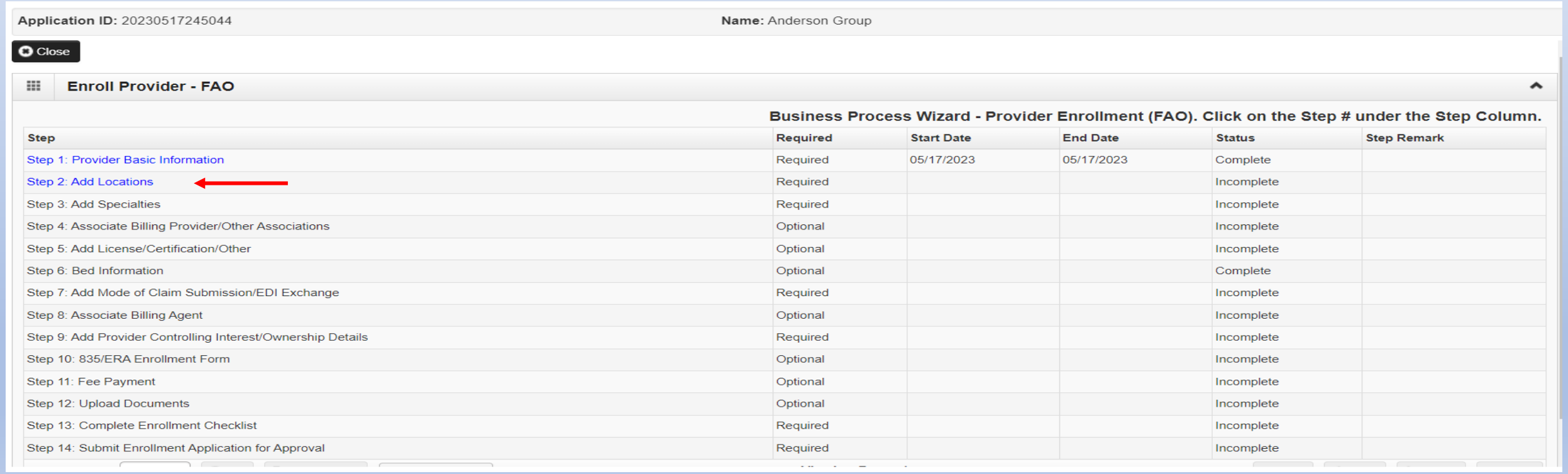
- **Required:** Steps listed as ***Optional*** may change to ***Required*** based upon previous steps.
- **Dates**: Entered by the system; ***Start Date*** is the date each step is opened; the ***End Date*** is the date each step is completed.
- **Status**: When a step is completed the ***Status*** will 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

Step 1: ***Provider Basic Information.*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.

Steps ***1***, ***2*** and ***3*** must be completed in sequential order before attempting any of the later steps.

Click on Step 2: ***Add Locations*** to continue completing your application.



Application ID: 20230517245044 **Name:** Anderson Group

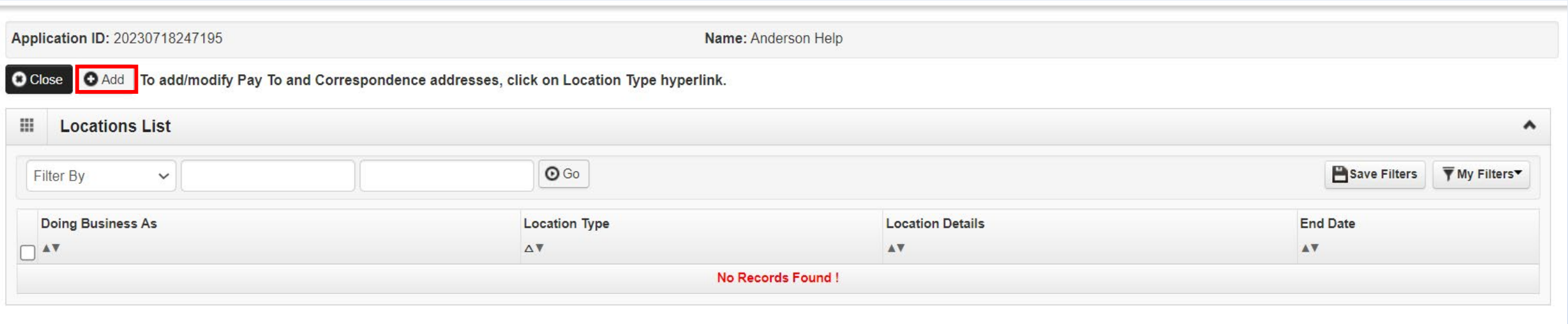
Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	05/17/2023	05/17/2023	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Bed Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Fee Payment	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

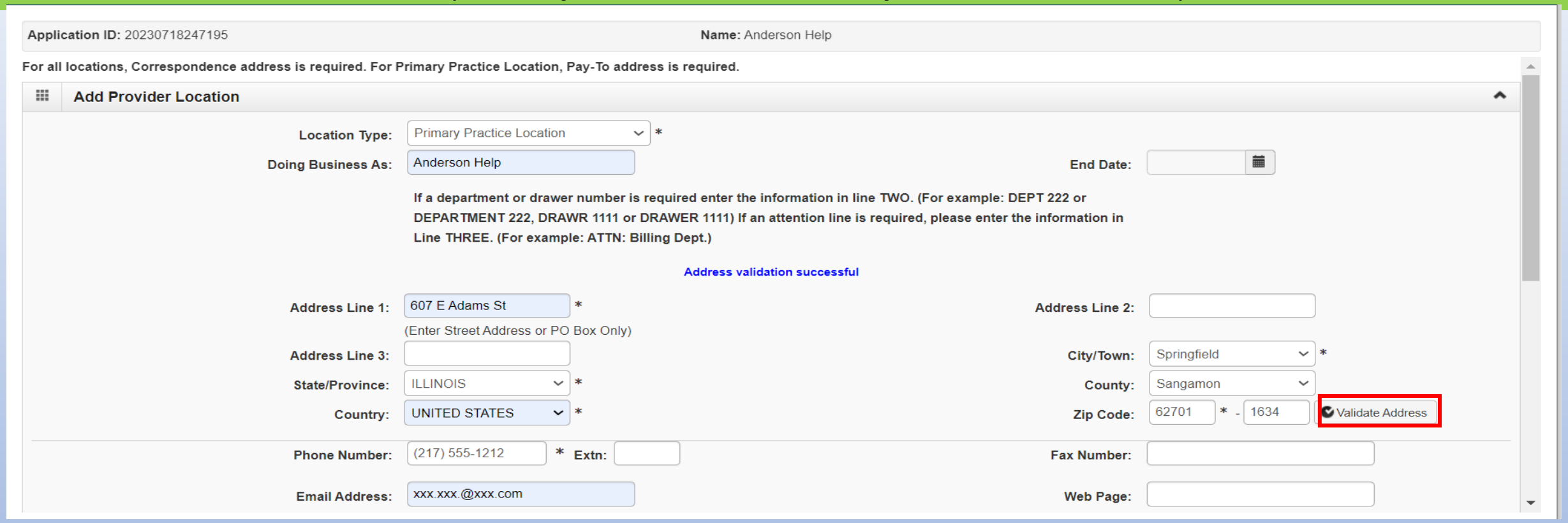
Step 2: Add Locations



- Click on Add tab to add Primary Practice address.

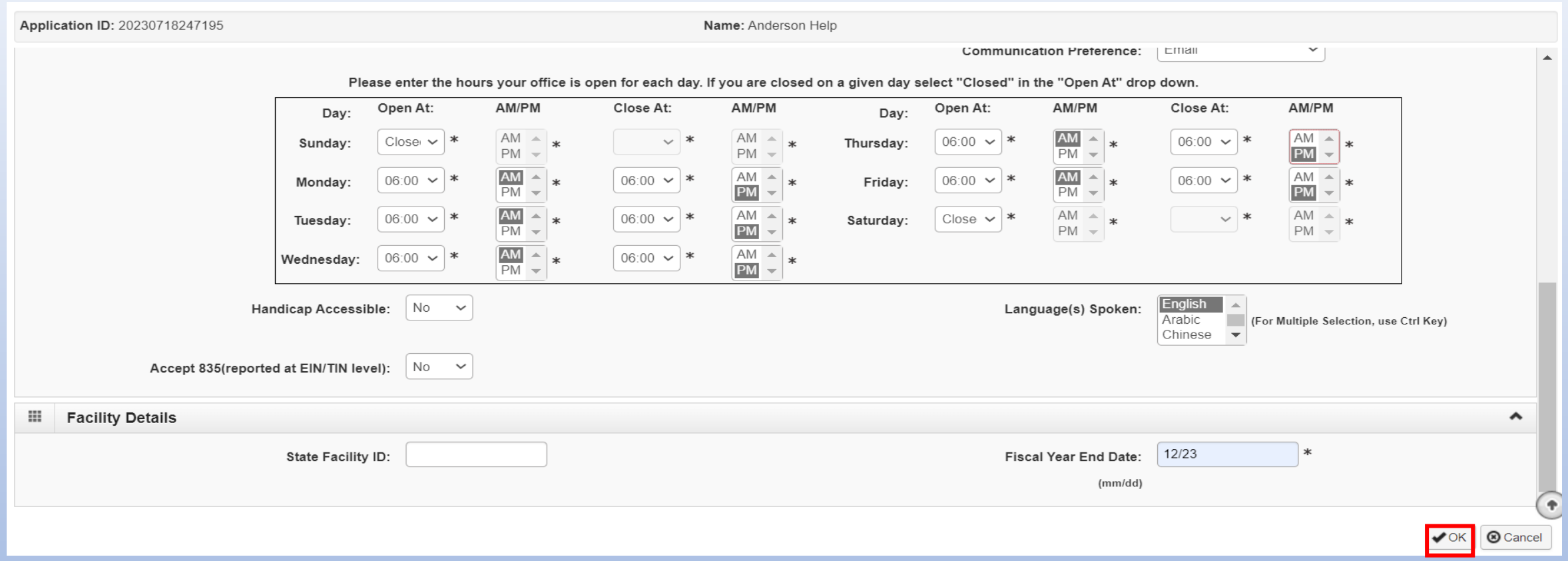
Step 2: Add Locations

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



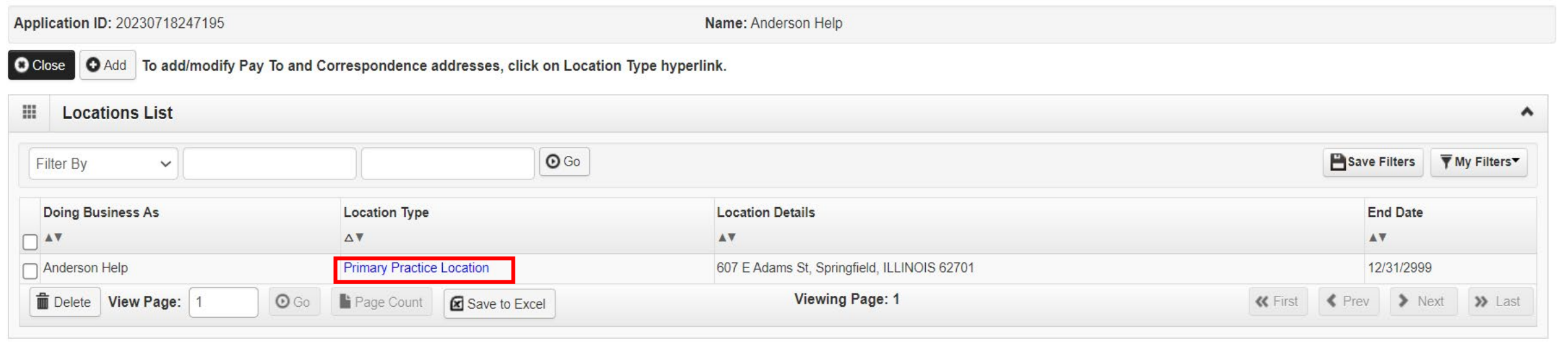
- Enter the street address and zip code, then click ***Validate Address***.

Step 2: Add Locations



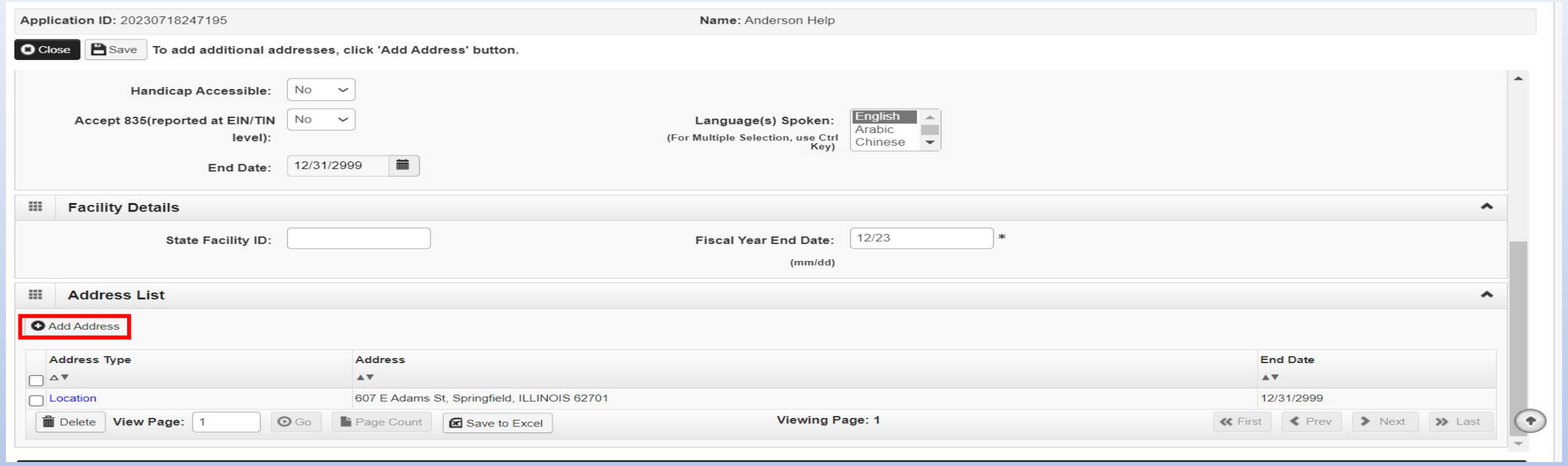
- Input the office hours and Fiscal Year End Date.
- When all information has been entered, click ***OK*** at the lower right corner

Step 2: Add Locations



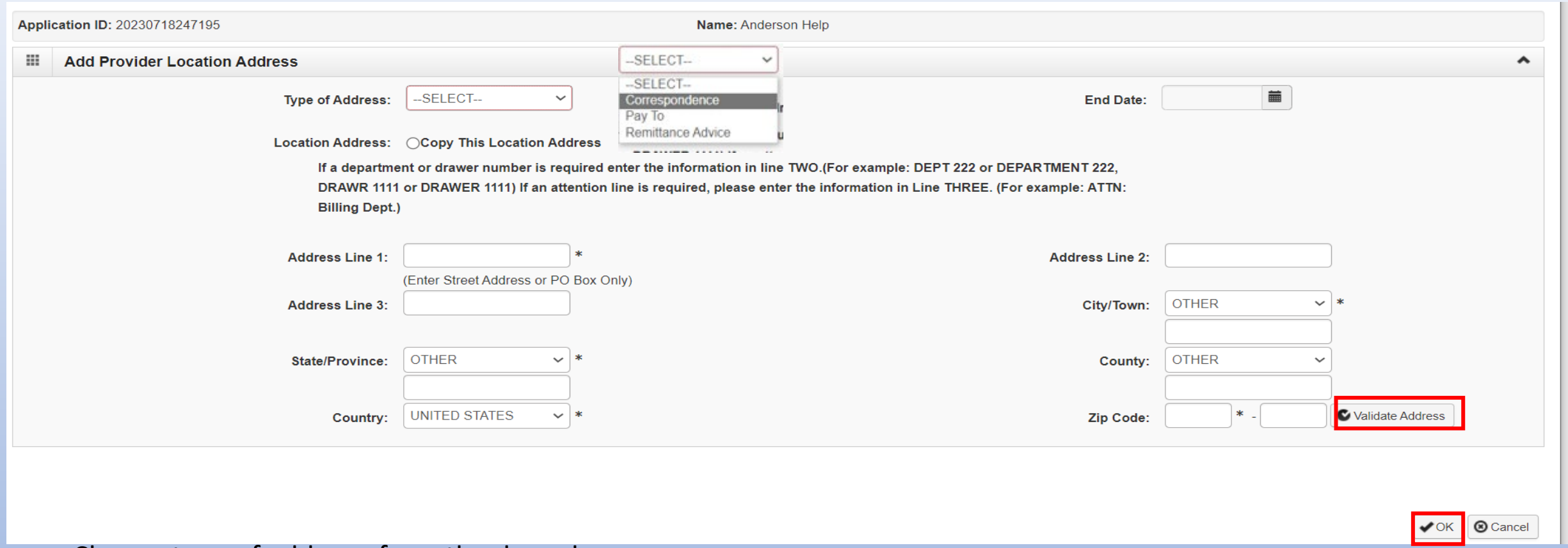
- Clicked on Primary Practice Location to add required addresses.
- The ***Primary Practice Location*** address requires a ***Correspondence*** and a ***Pay To*** address.

Step 2: Add Locations



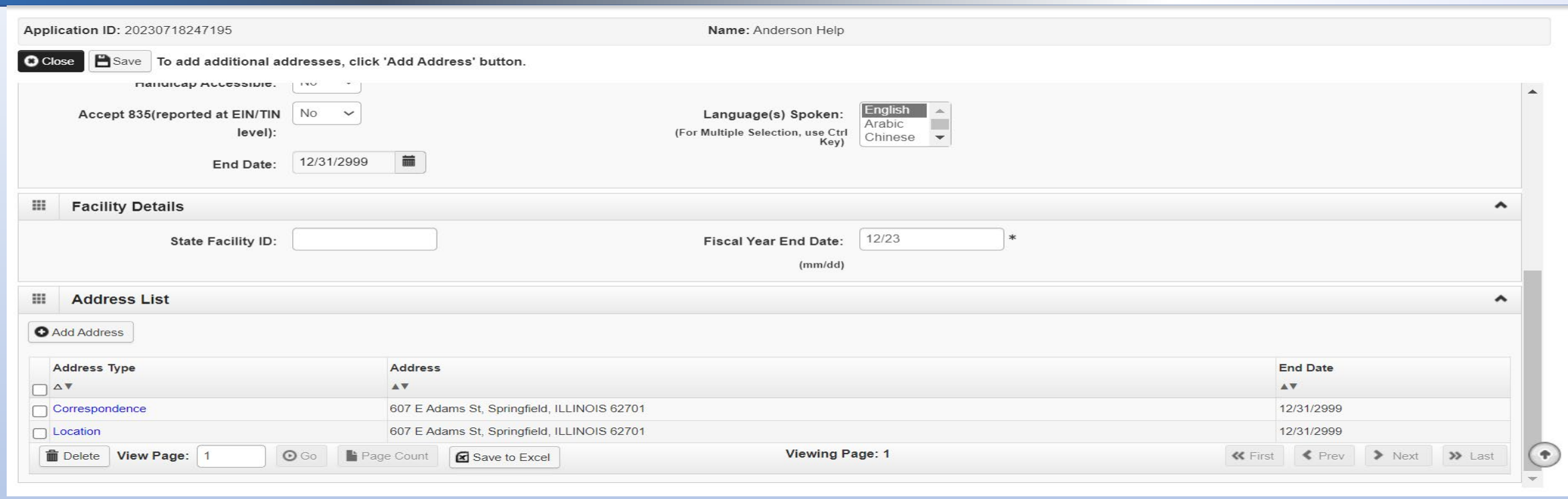
- Click on ***Add Address*** to input the additional addresses for the Primary Practice Location.

Step 2: Add Locations



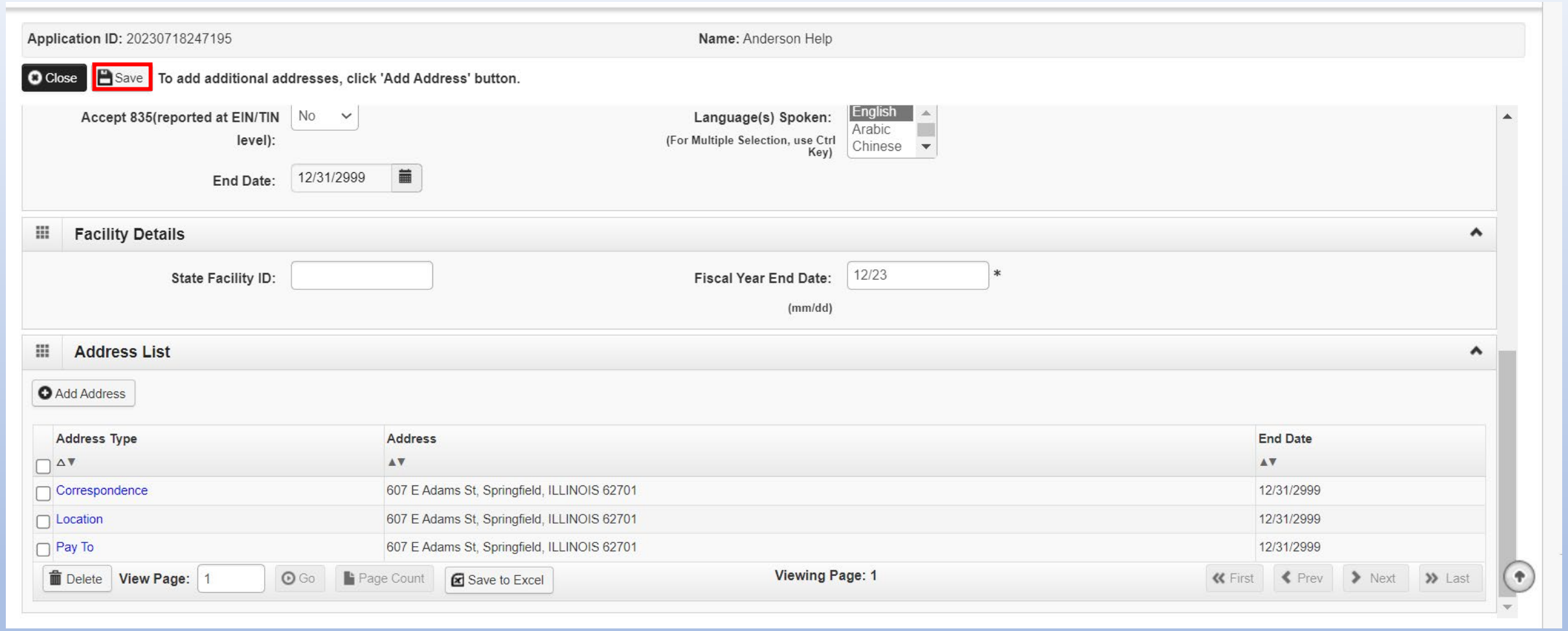
- Choose type of address from the drop-down menu.
- If the address you are entering is the same as the Location Address, then click the radio icon next to ***Copy This Location Address***.
- If the address is not the same, enter the street address and zip code then click on ***Validate address***.
- When all the information has been entered, click ***OK***.

Step 2: Add Locations



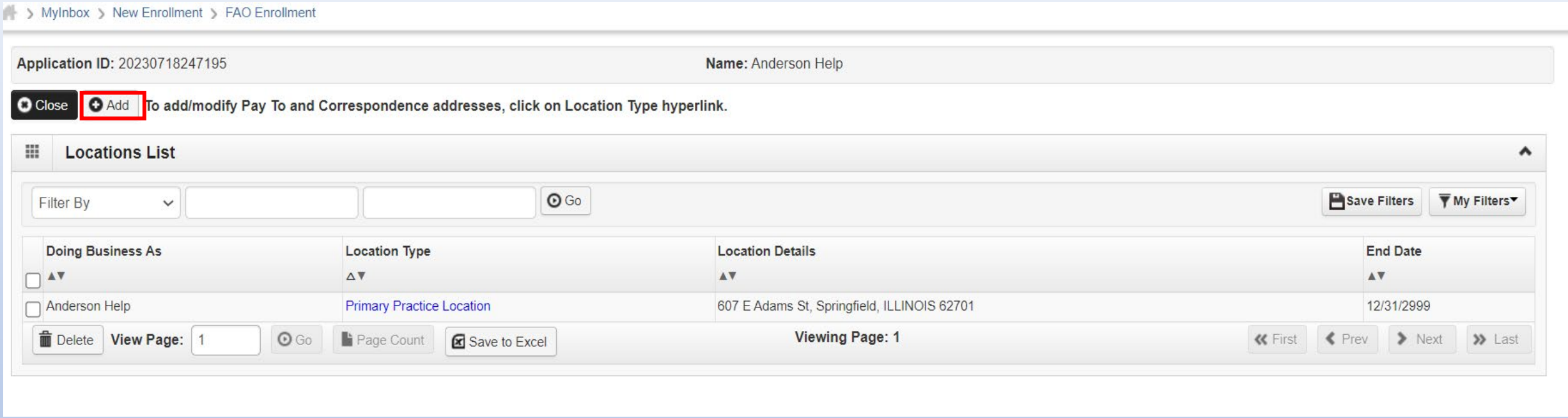
- Click on ***Add Address*** to input the additional addresses for the Primary Practice Location.
- Repeat previous steps until all addresses have been added.

Step 2: Add Locations



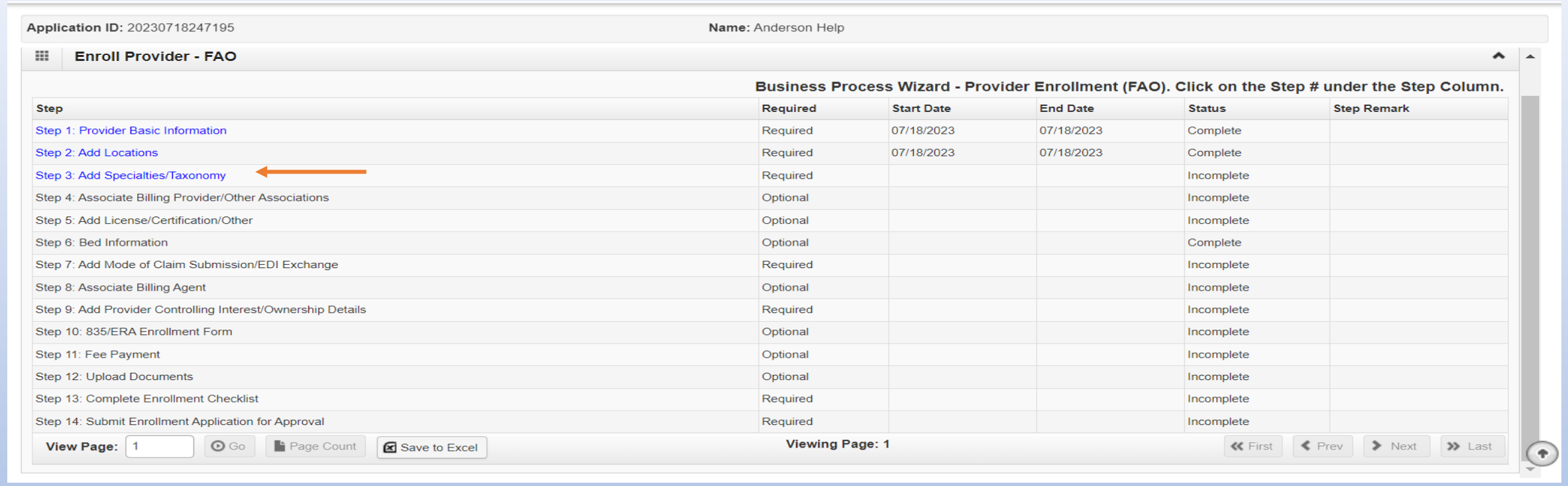
- After all addresses have been entered click on ***Save then Close***

Step 2: Add Locations



- To list an Other Servicing Location address, click on ***Add*** and enter the address information for that location.
- For Other Servicing Location, in addition to the location address itself, a ***Correspondence*** address is also required.
- Once all location addresses have been entered, click on ***Close***.

Business Process Wizard (BPW)



Application ID: 20230718247195 **Name:** Anderson Help

Enroll Provider - FAO

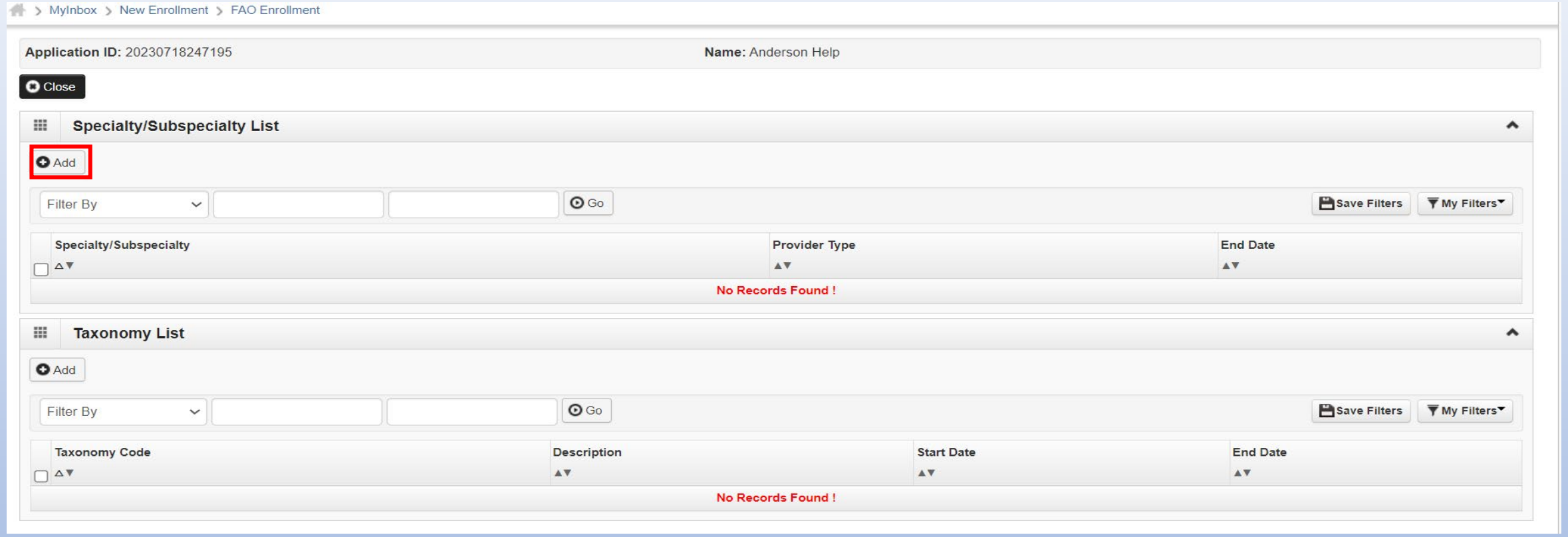
Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/18/2023	07/18/2023	Complete	
Step 2: Add Locations	Required	07/18/2023	07/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Bed Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Fee Payment	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

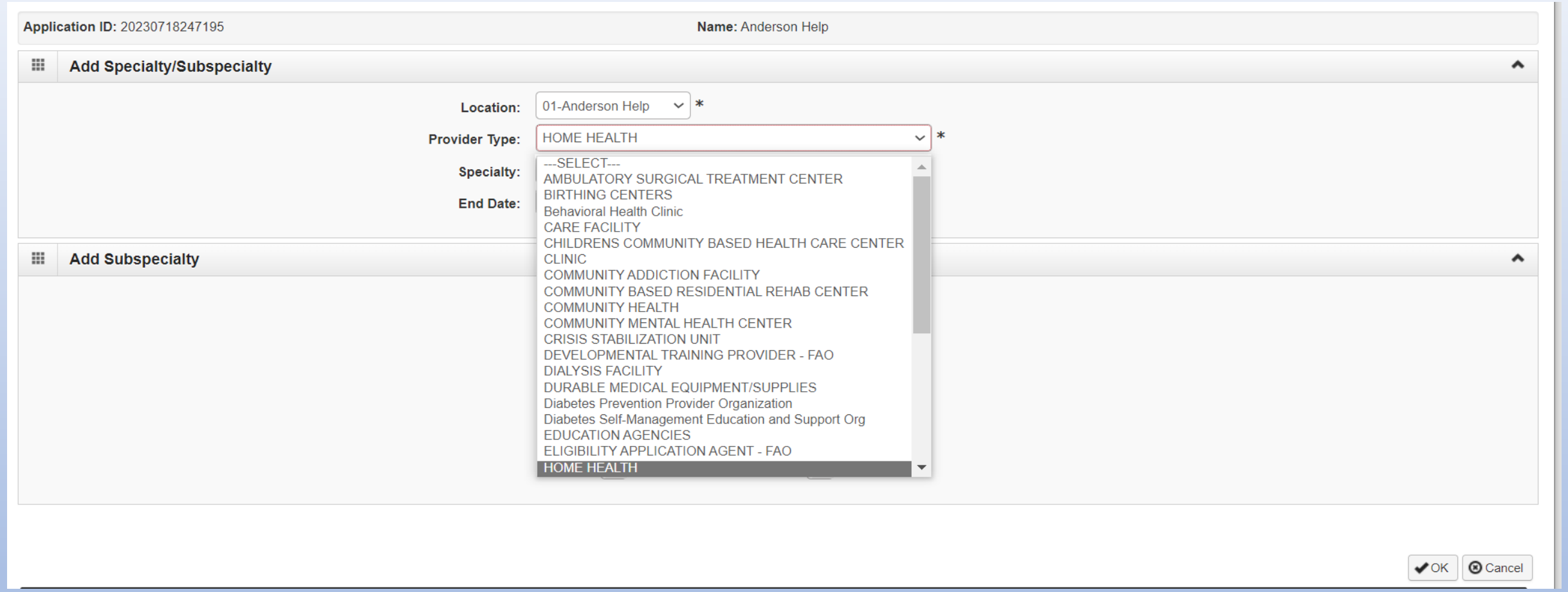
- You have completed Step 2: ***Add Locations*****.** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Click on Step 3: ***Add Specialties*** to continue your application.

Step 3: Add Specialties/Taxonomy



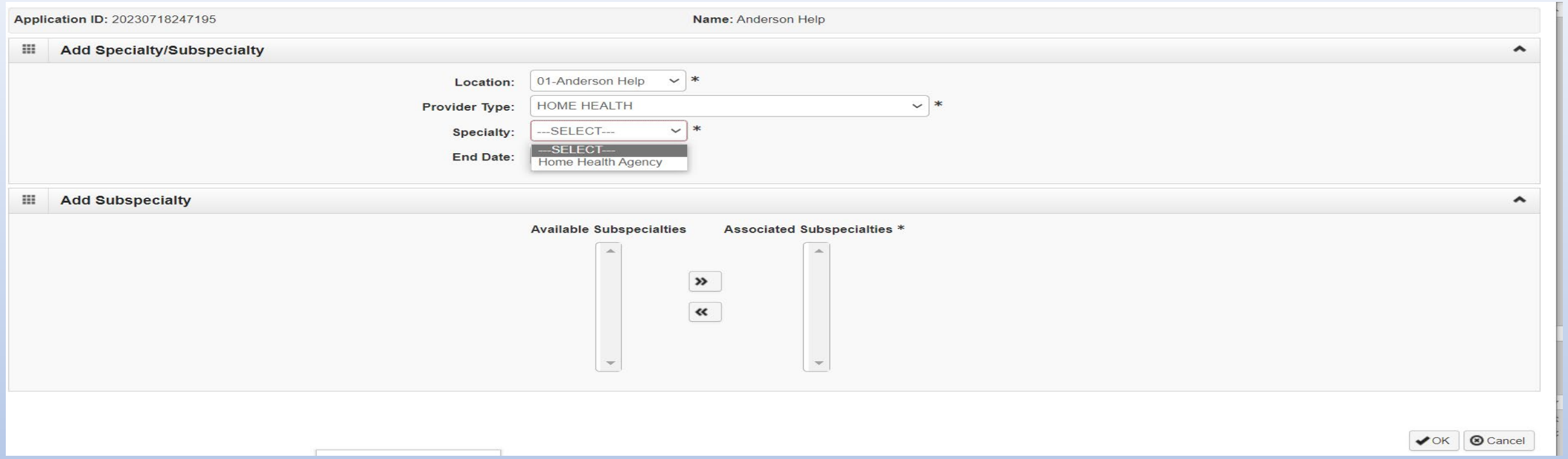
- Click on Add button under Specialty/Subspecialty List.

Step 3: Add Specialties/Taxonomy



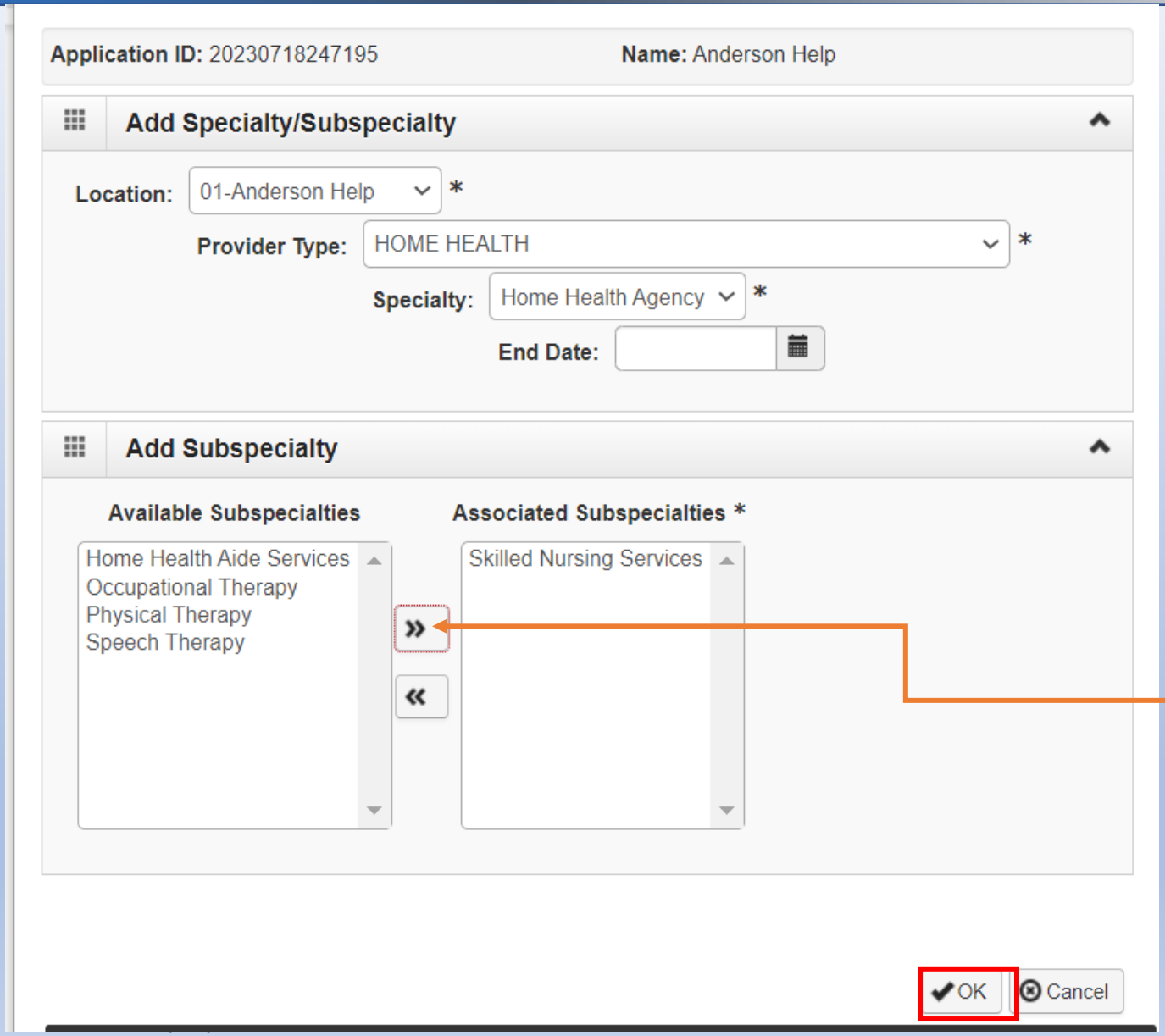
- Selected Provider type from drop down box labeled Provider Type

Step 3: Add Specialties/Taxonomy



- Selected Specialty from drop down box labeled Specialty

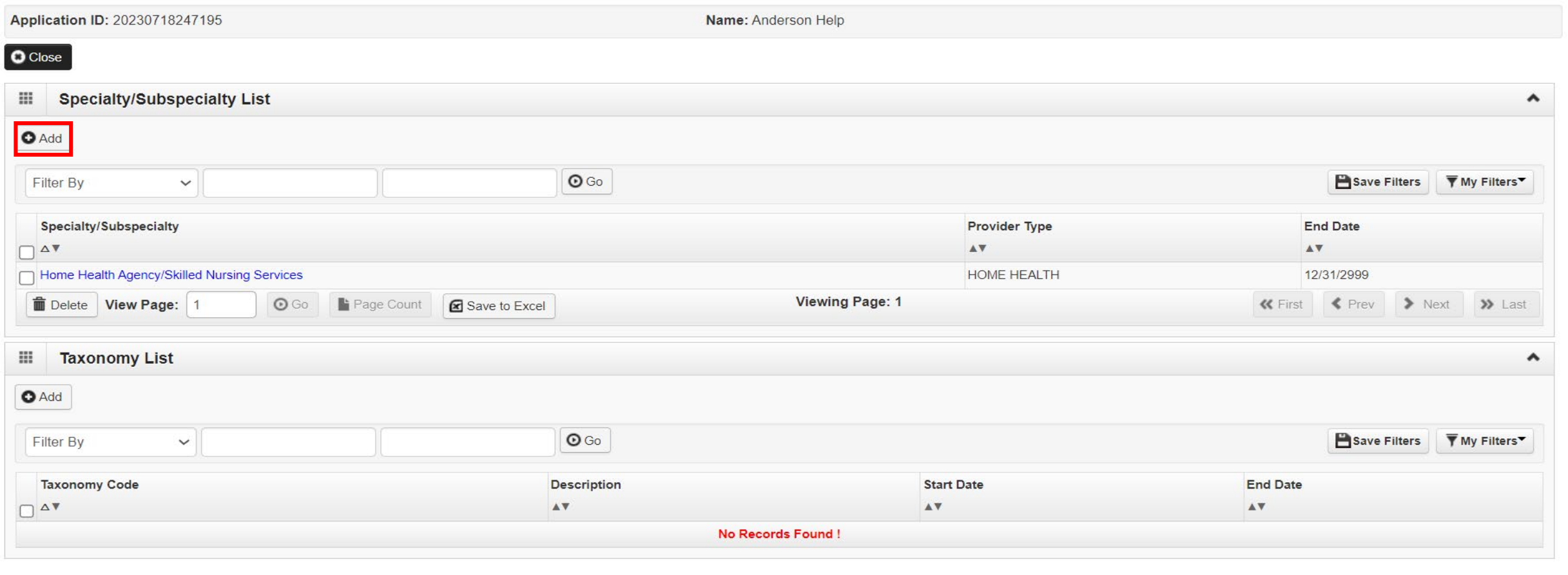
Step 3: Add Specialties/Taxonomy



- 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

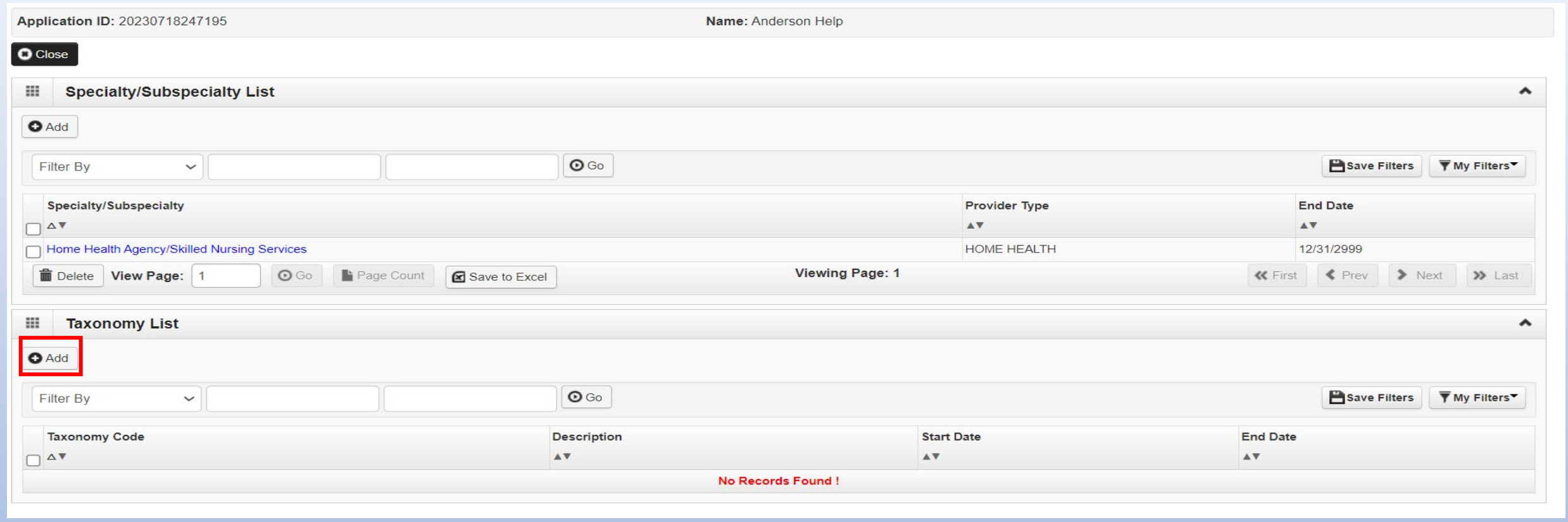
Click on the Subspecialties then click on the ***double arrows*** to move the Subspecialties over to the ***Associated Subspecialties*** box.

Step 3: Add Specialties/Taxonomy



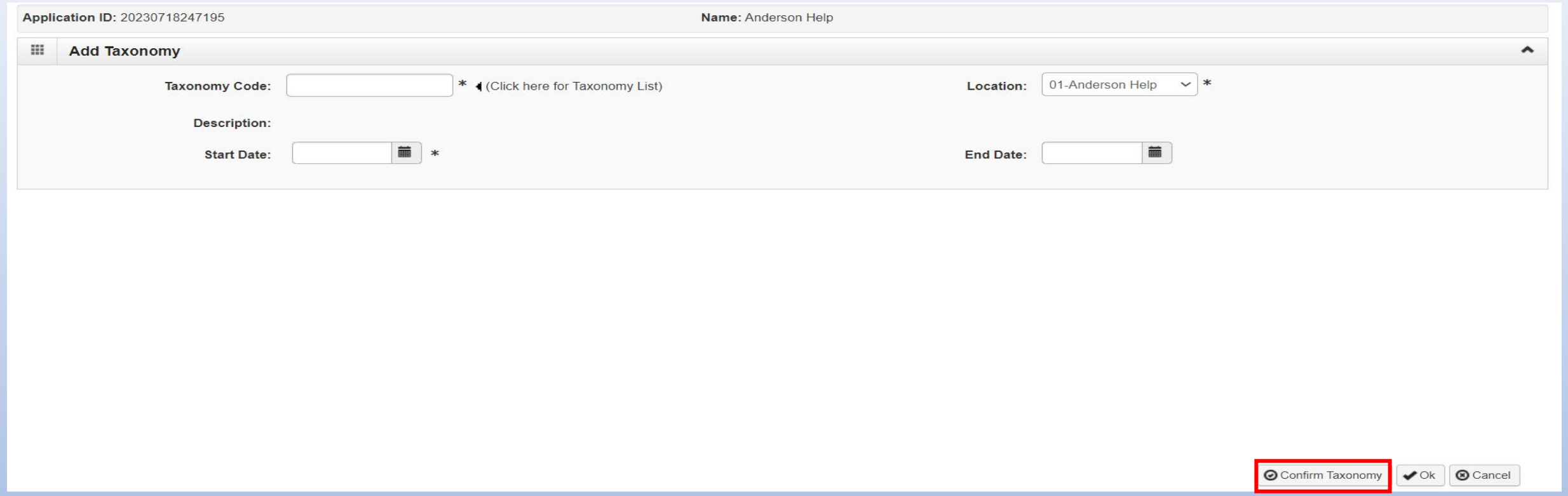
- If you have another Specialty to enter, click the ***Add*** button in the top left corner and repeat the steps as needed.

Step 3: Add Specialties/Taxonomy



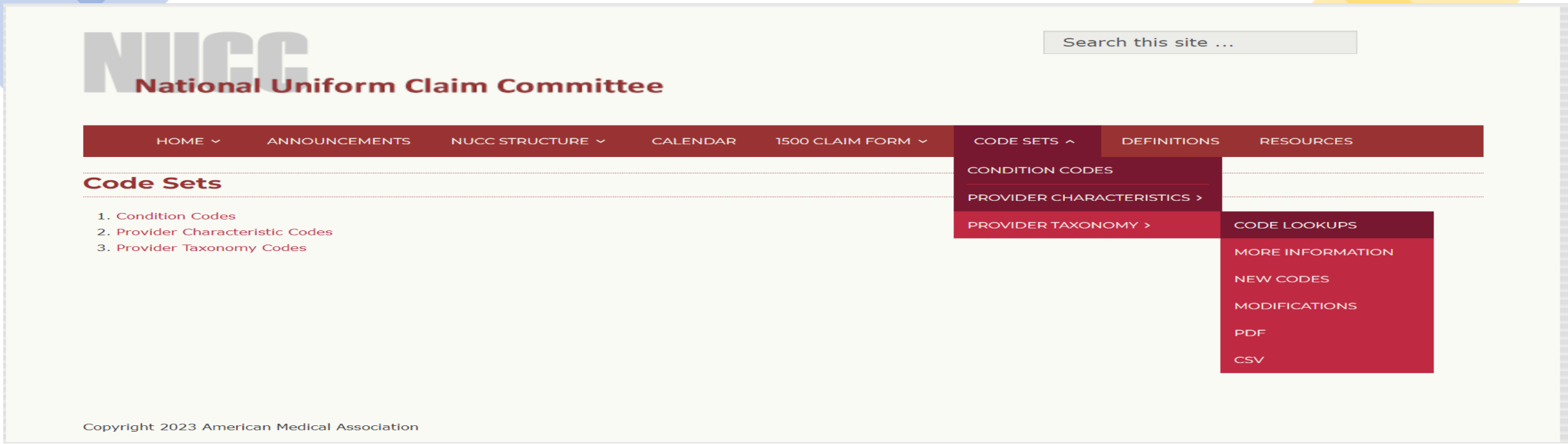
- The Taxonomy Code should automatically populate but if it does not click on the Add tab under Taxonomy List.
- At least one of the Taxonomy Codes entered in IMPACT must be the Taxonomy Code registered with the National Plan and Provider Enumeration System (NPPES).
- If taxonomy code automatically populates proceed to slide 38.

Step 3: Add Specialties/Taxonomy



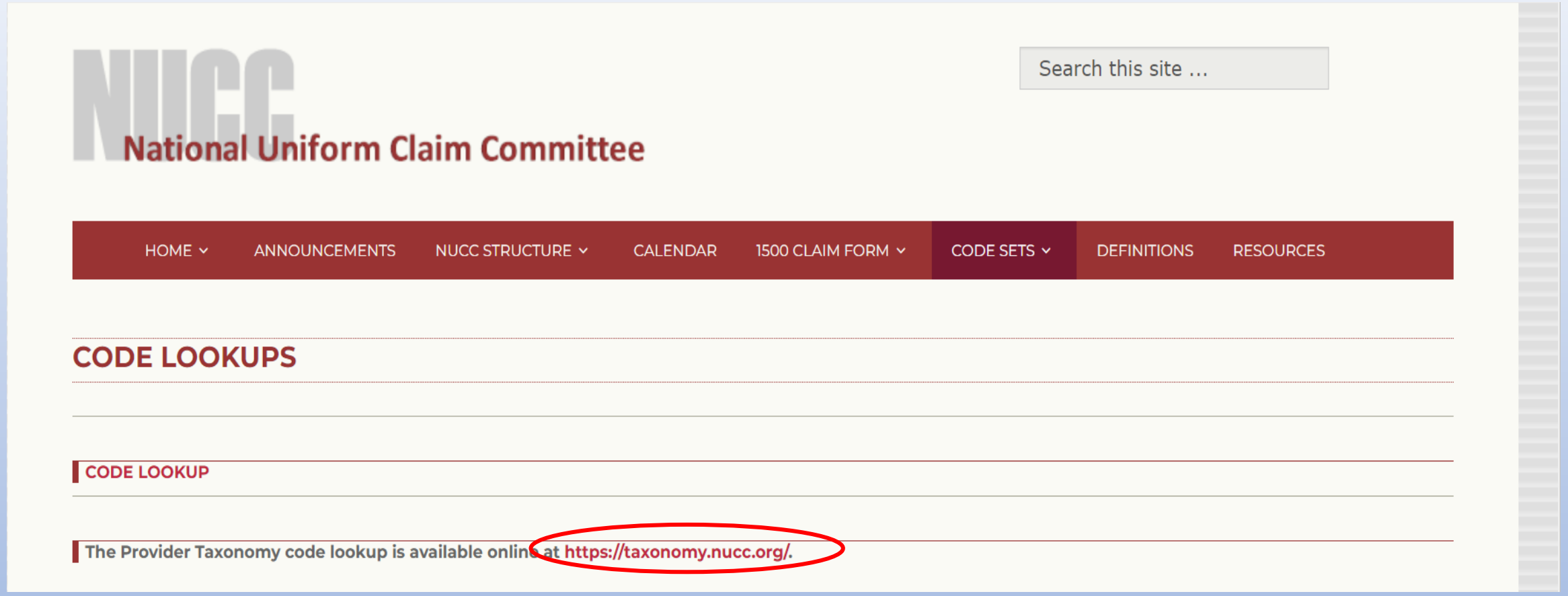
- Enter the ***Taxonomy Code*** and the ***Start Date***.
- Click on ***Confirm Taxonomy*** and verify ***Description*** is populated correctly.
- Click on ***OK*** to finalize the submission.
- If the code is not known, click on the ◄ to the right of the box to access The National Uniform Claim Committee Taxonomy Code list. This will open a web browser window.

Step 3: Add Specialties/Taxonomy



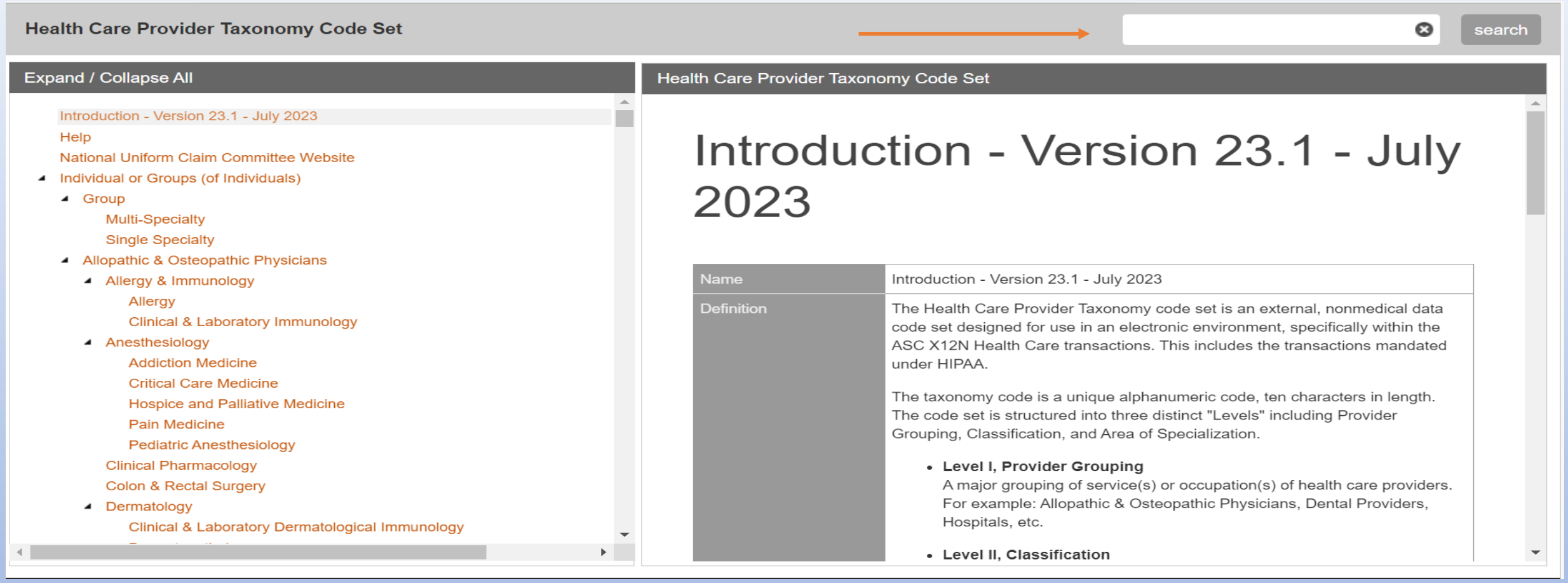
- In the web browser window that opens click on Code Sets.
- Scroll down to Provider Taxonomy
- Click on Provider Taxonomy then scroll over to Code Lookups.

Step 3: Add Specialties/Taxonomy



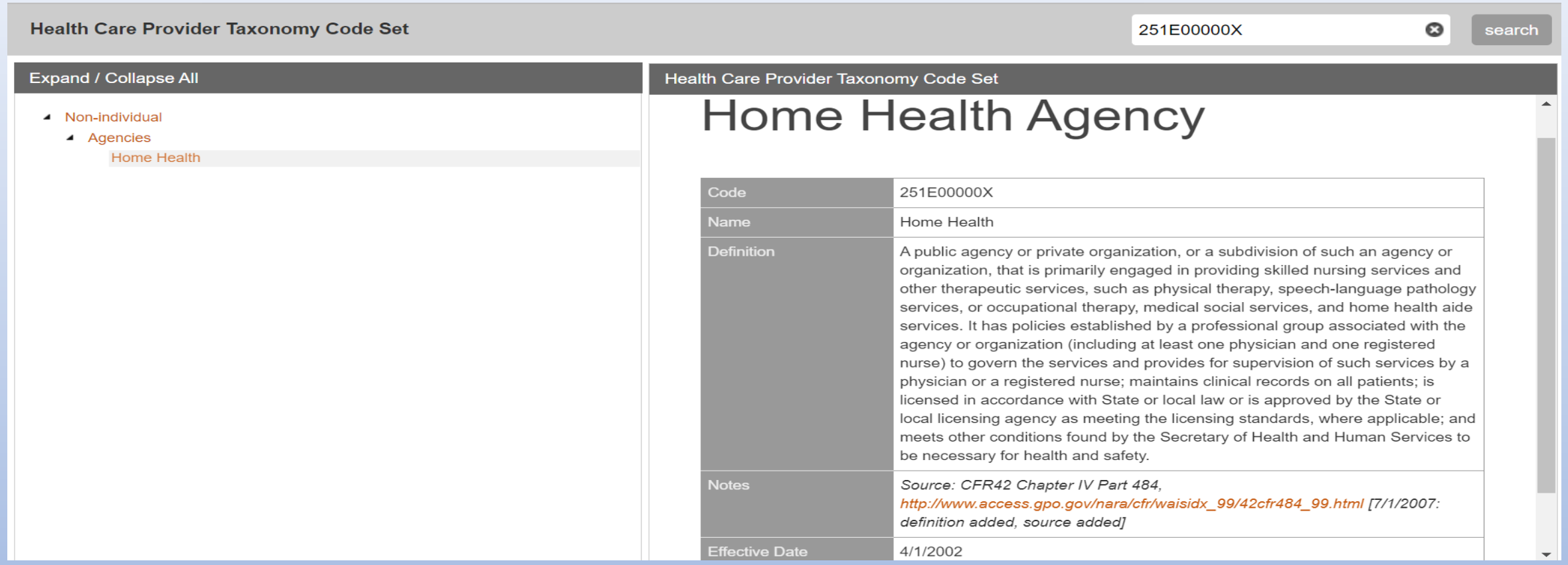
- Click on the ***red*** hyperlink

Step 3: Add Specialties/Taxonomy

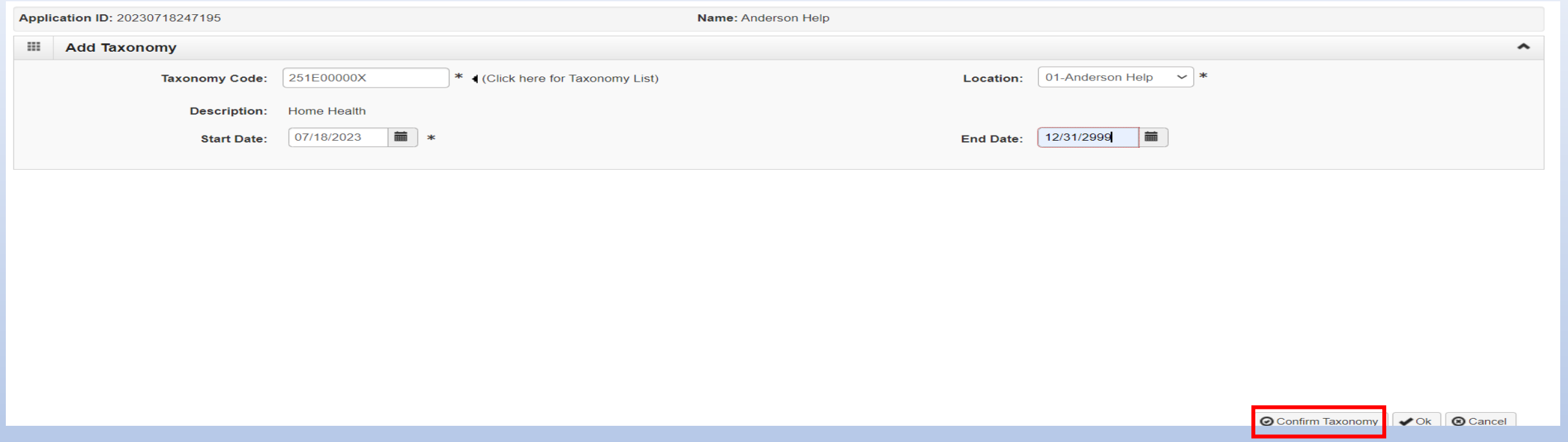


- Scroll down Taxonomy Code list and choose and write down your ***Taxonomy Code***.
  OR
- Type Specialty into search box and click on search and write down your ***Taxonomy Code***.

Step 3: Add Specialties/Taxonomy

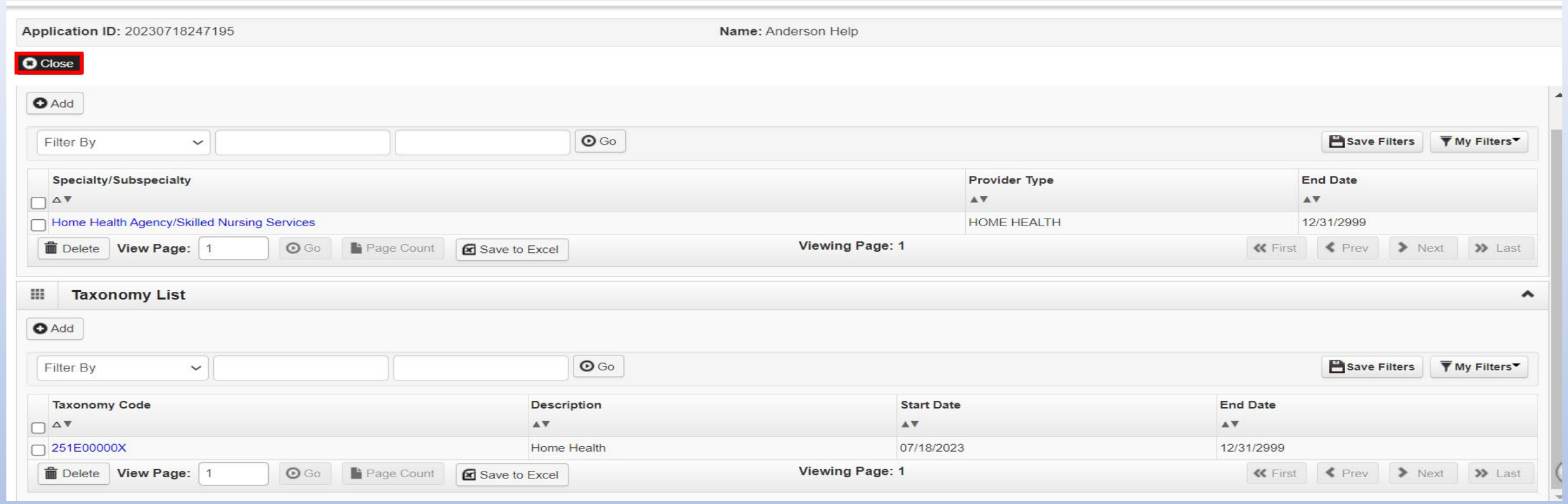


Step 3: Add Specialties/Taxonomy



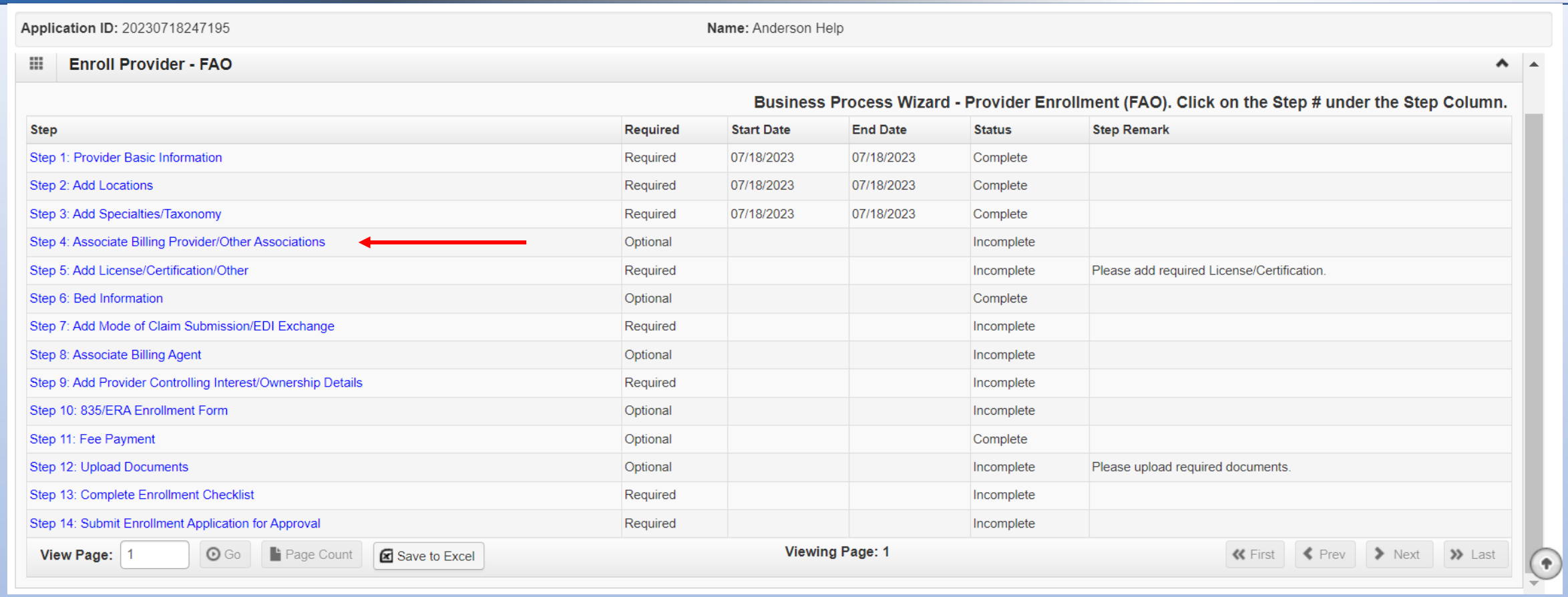
- Enter the ***Taxonomy Code*** and the ***Start Date***.
- Click on ***Confirm Taxonomy*** and verify ***Description*** is populated correctly.
- Click on ***OK*** to finalize the submission.

Step 3: Add Specialties/Taxonomy



- Repeat the steps by clicking on the ***Add*** button for any additional Taxonomy Codes that need to be entered.
- Otherwise, click on the ***Close*** button in the upper left corner.

Business Process Wizard (BPW)



Application ID: 20230718247195 **Name:** Anderson Help

Enroll Provider - FAO

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

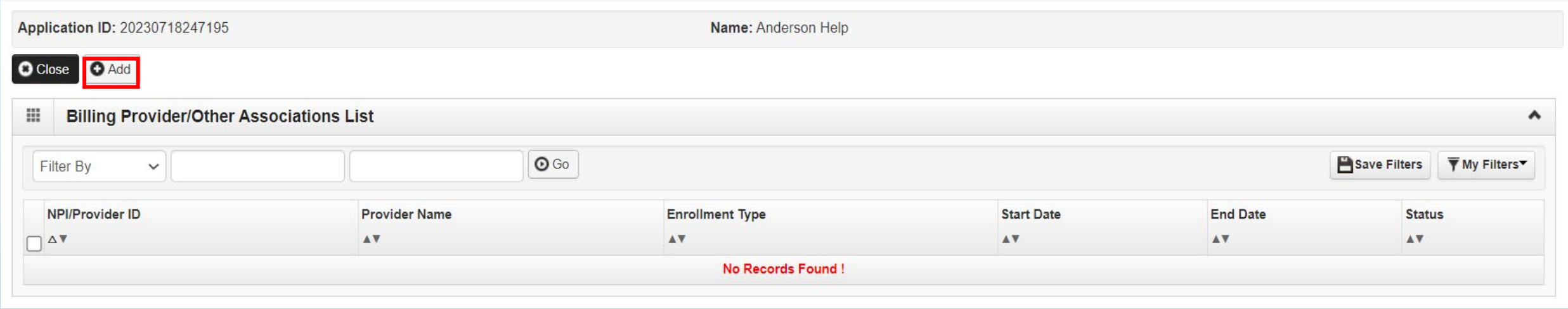
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/18/2023	07/18/2023	Complete	
Step 2: Add Locations	Required	07/18/2023	07/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	07/18/2023	07/18/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 6: Bed Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Fee Payment	Optional			Complete	
Step 12: Upload Documents	Optional			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: 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 3: ***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 4: ***Associate Billing Provider/Other Associations*** to continue your application if applicable.
- If not adding a billing provider proceed to Step 5 on slide 41.

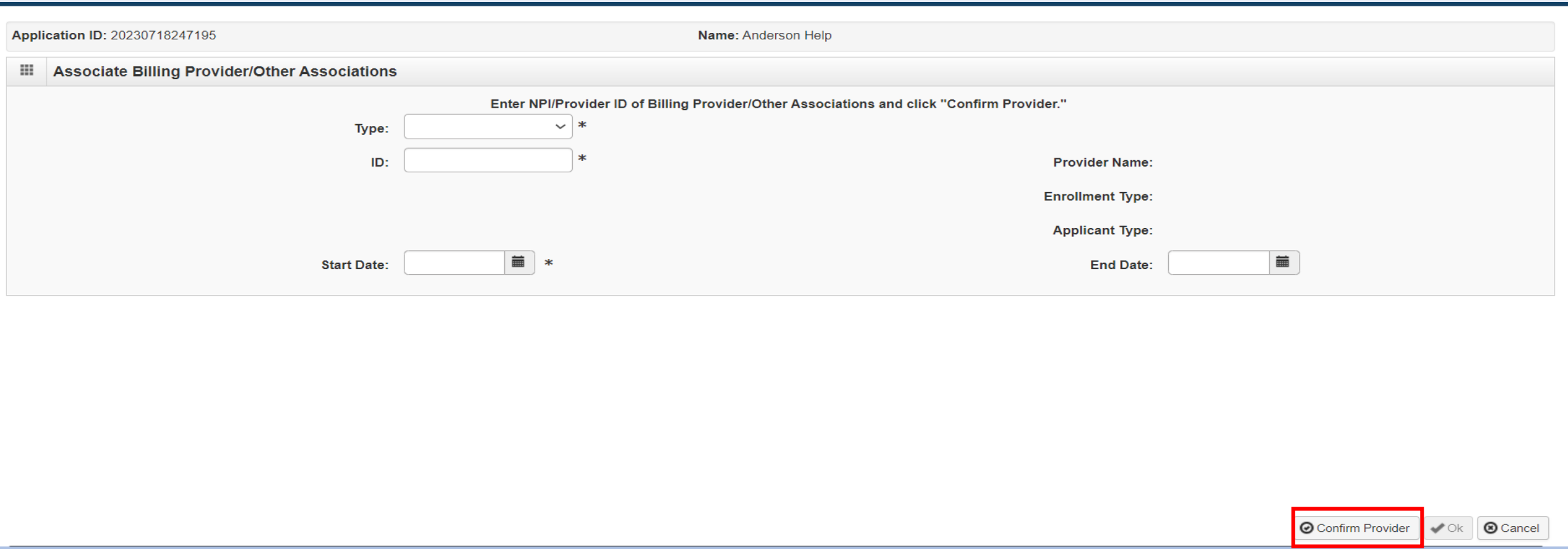
Step 4: Associate Billing Provider/Other Associations

Note: This Step Is Optional.



- Click ***Add*** to input an Associated Billing Provider

Step 4: Associate Billing Provider/Other Associations



- Complete the Billing Provider information then click ***Confirm Provider*** and verify that the ***Billing Provider Name is correct.***
- Click ***OK*** to return to the billing agent list.

Business Process Wizard (BPW)

- You have completed Step 4: **Associate Billing Providers/Other Associations.** 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 License/Certification/Other*** to continue your application.

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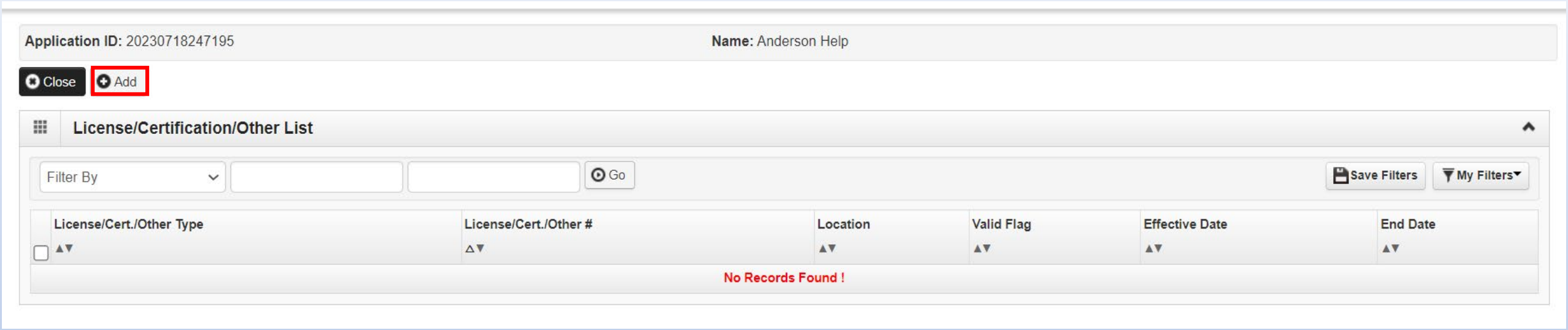
Enroll Provider - FAO

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

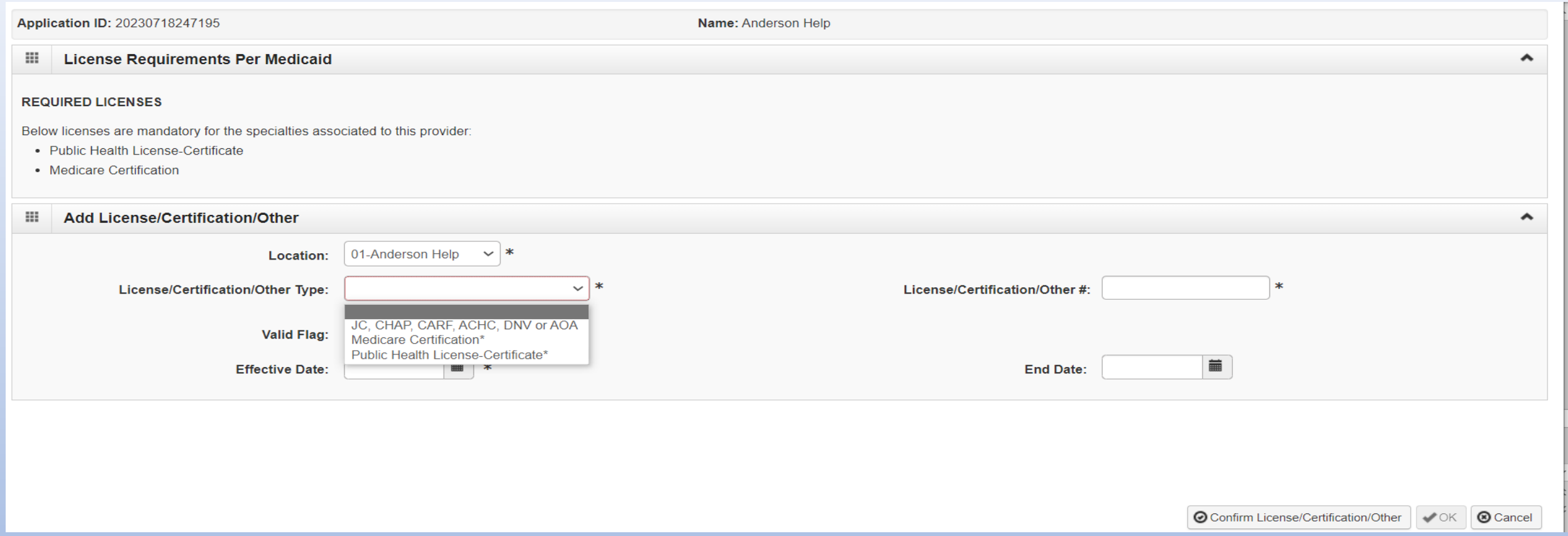
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/18/2023	07/18/2023	Complete	
Step 2: Add Locations	Required	07/18/2023	07/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	07/18/2023	07/18/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	07/21/2023	07/21/2023	Complete	
Step 5: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 6: Bed Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Fee Payment	Optional			Complete	
Step 12: Upload Documents	Optional			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

Step 5: Add License/Certification/Other



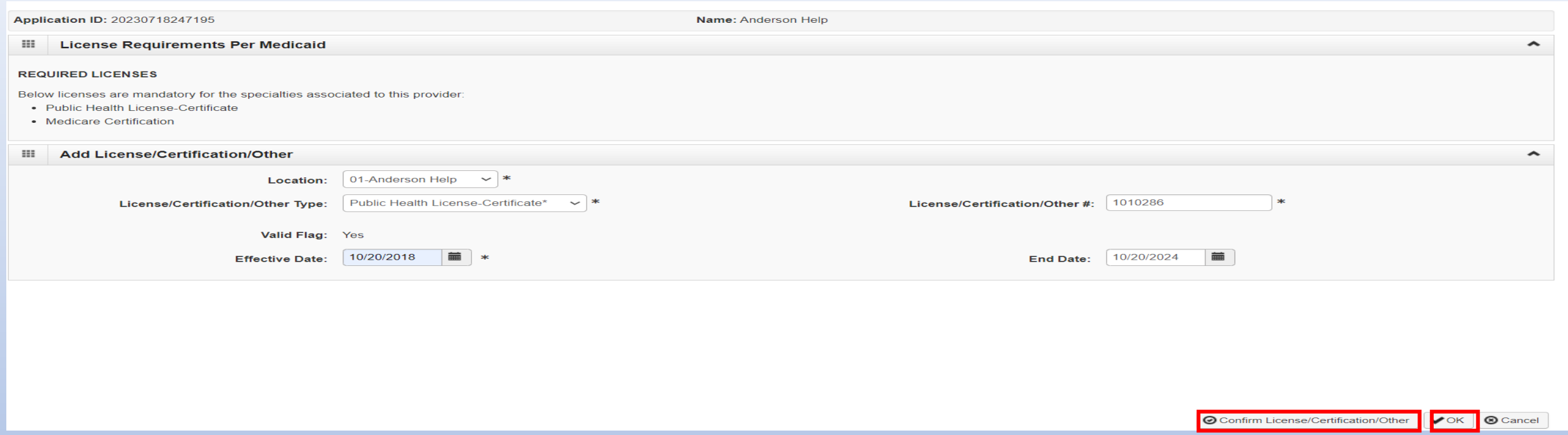
- Click on the ***Add*** button to begin adding Licenses and Certifications

Step 5: Add License/Certification/Other



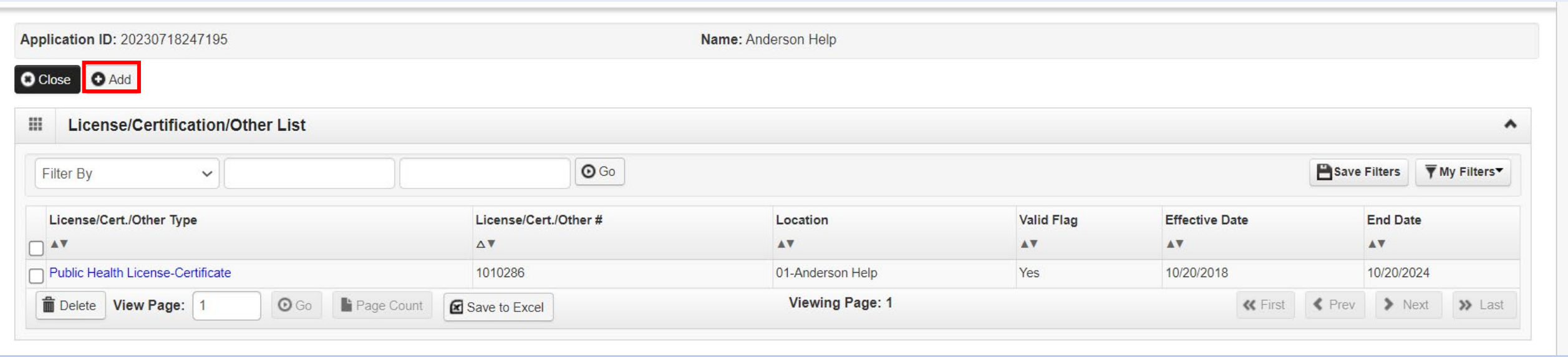
- Required license are listed for the provider type enrolling.
- Asterisk indicates the information is required and must be entered.

Step 5: Add License/Certification/Other



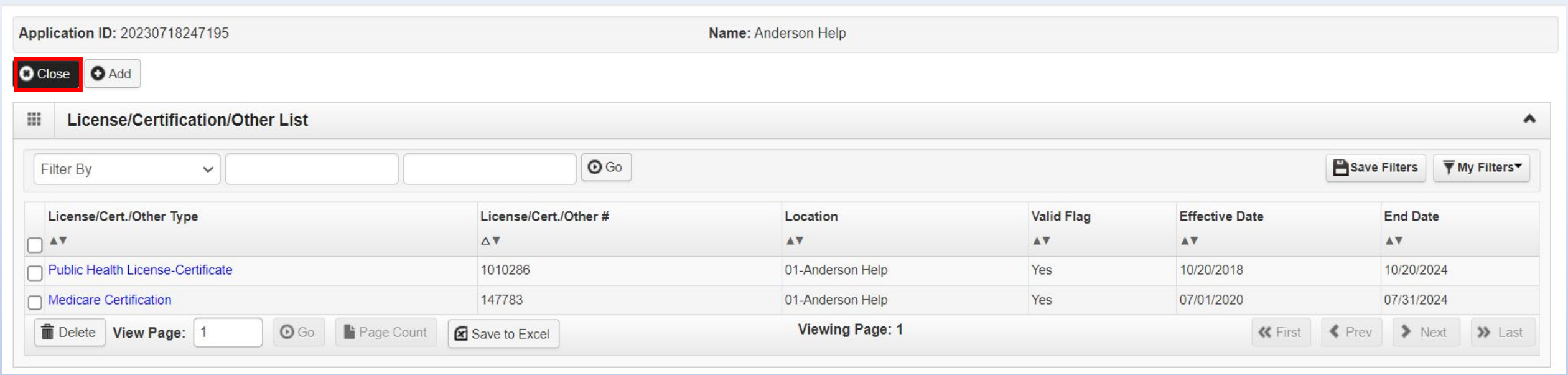
- Click the drop-down menu next to ***License/Certification Type*** to select your License/Certification, then enter the ***License/Certification Number*** and ***Effective Date and End Date*** in the appropriate fields.
- After all information is entered, click on ***Confirm License/Certification.***
- 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 5: Add License/Certification/Other



- If any additional Licenses/Certifications, click on the ***Add*** button in the top left corner and repeat the steps.

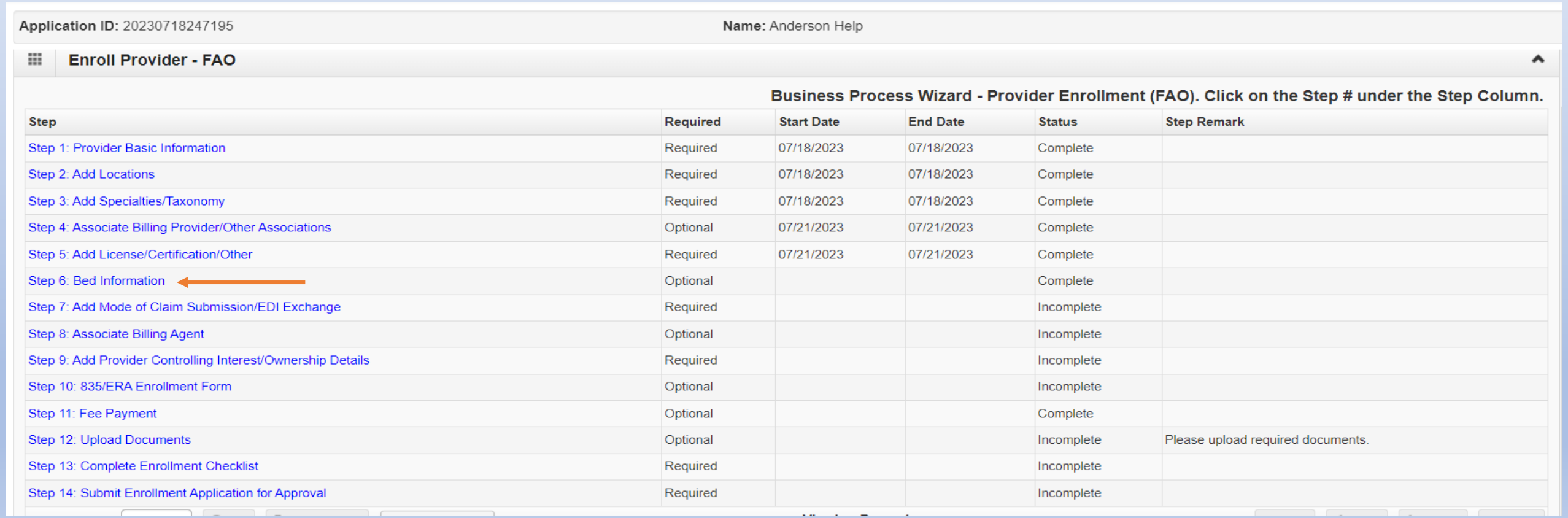
Step 5: Add License/Certification/Other



- Click ***Close*** once all Licenses/Certifications have been entered to return to the BPW.

Business Process Wizard (BPW)

- You have completed Step 5: ***Add Licenses/Certifications/Other.*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Click on Step 6: ***Bed Information*** to continue your application.
- This step only pertains to Long Term Care providers.



Application ID: 20230718247195 **Name:** Anderson Help

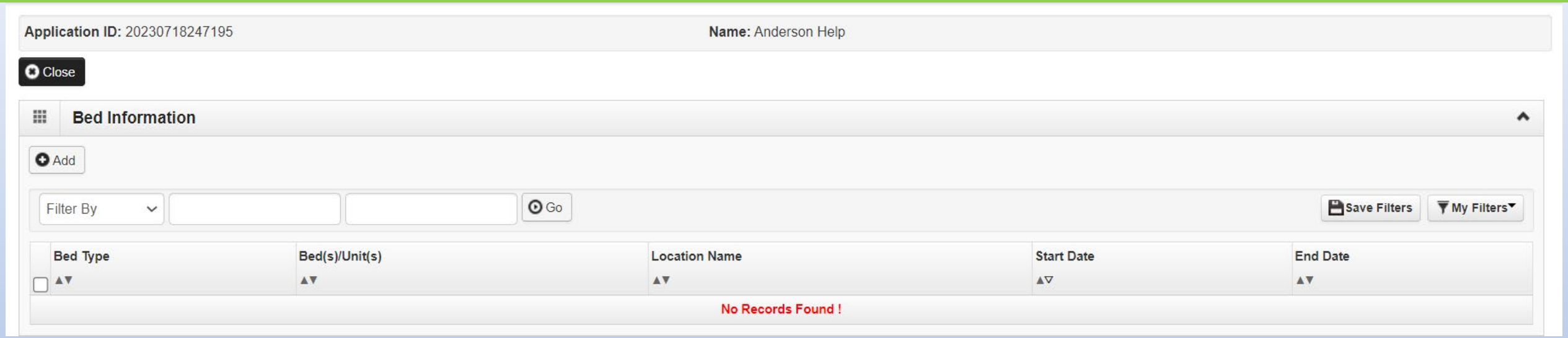
Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/18/2023	07/18/2023	Complete	
Step 2: Add Locations	Required	07/18/2023	07/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	07/18/2023	07/18/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	07/21/2023	07/21/2023	Complete	
Step 5: Add License/Certification/Other	Required	07/21/2023	07/21/2023	Complete	
Step 6: Bed Information	Optional			Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Fee Payment	Optional			Complete	
Step 12: Upload Documents	Optional			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

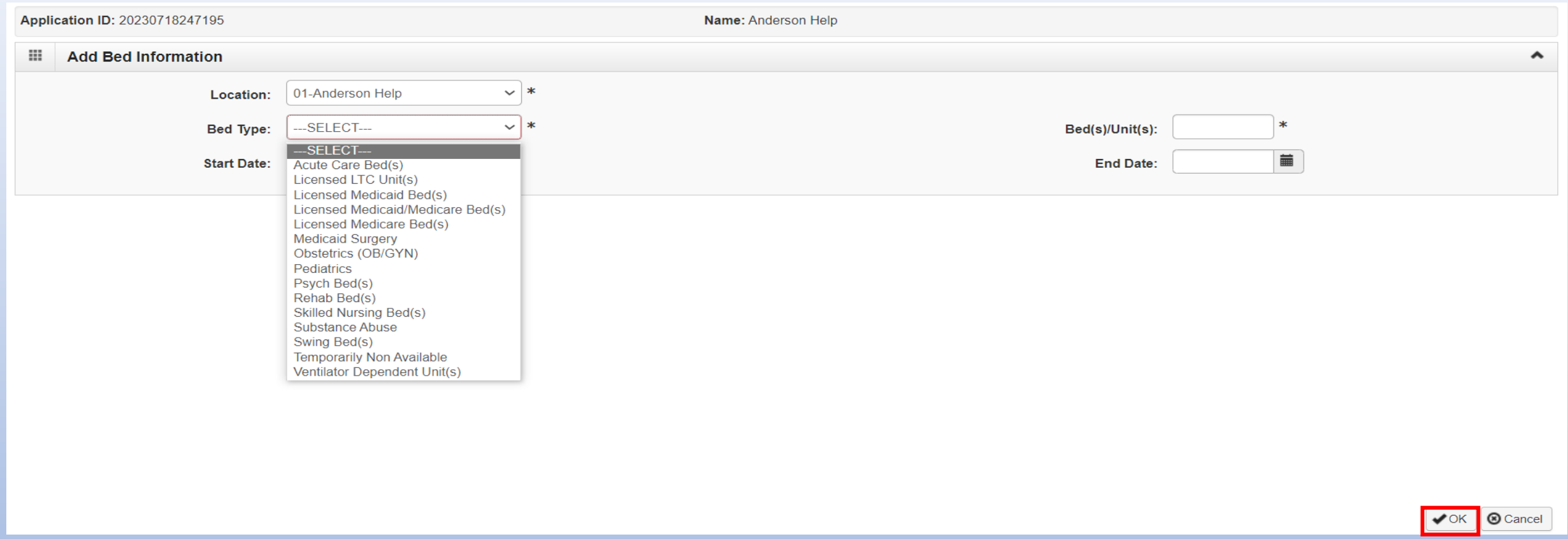
Step 6: Bed Information

Note: Only Applicable to LTC Providers.



- This information is only applicable to Long Term Care Providers.

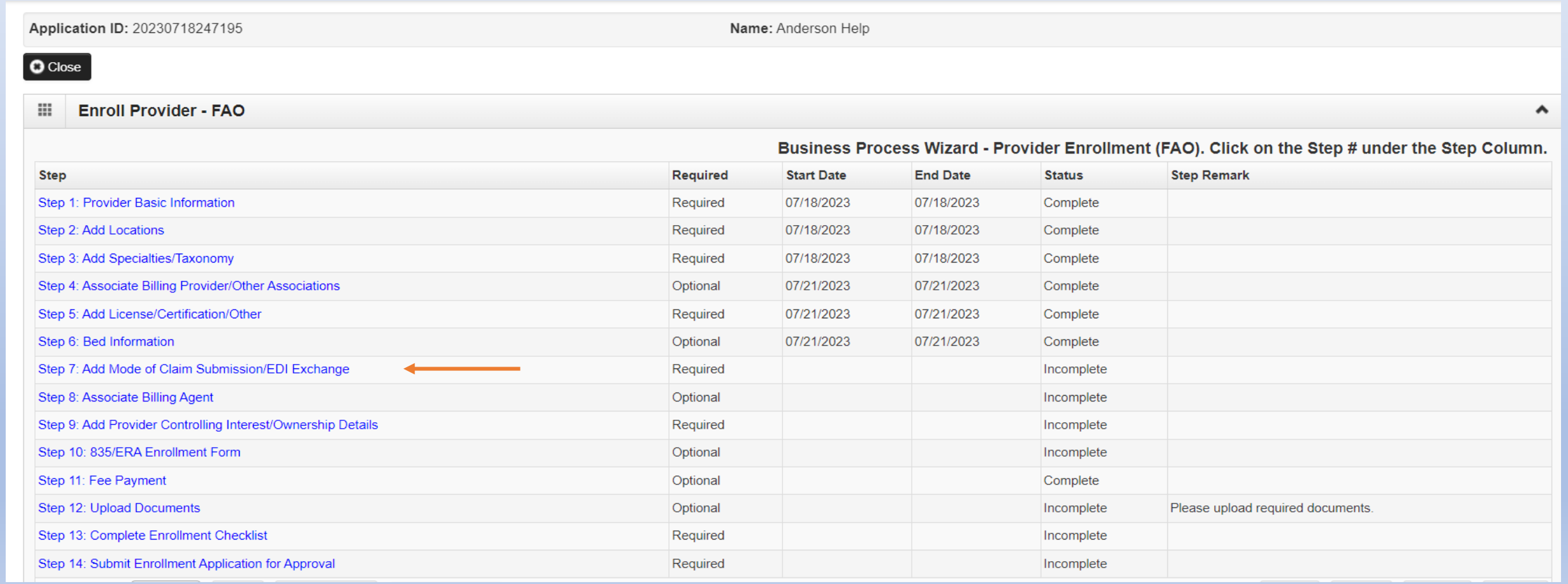
Step 6: Bed Information



- From Bed Type drop down menu select the Bed Type.
- Input the number of Beds and Start and End Date.
- After all information has been entered Click OK to return to BPW.

Business Process Wizard (BPW)

- You have completed Step 6: ***Bed Information.*** 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: ***Add Mode of Claim Submission*** to continue your



Application ID: 20230718247195 **Name:** Anderson Help

Close

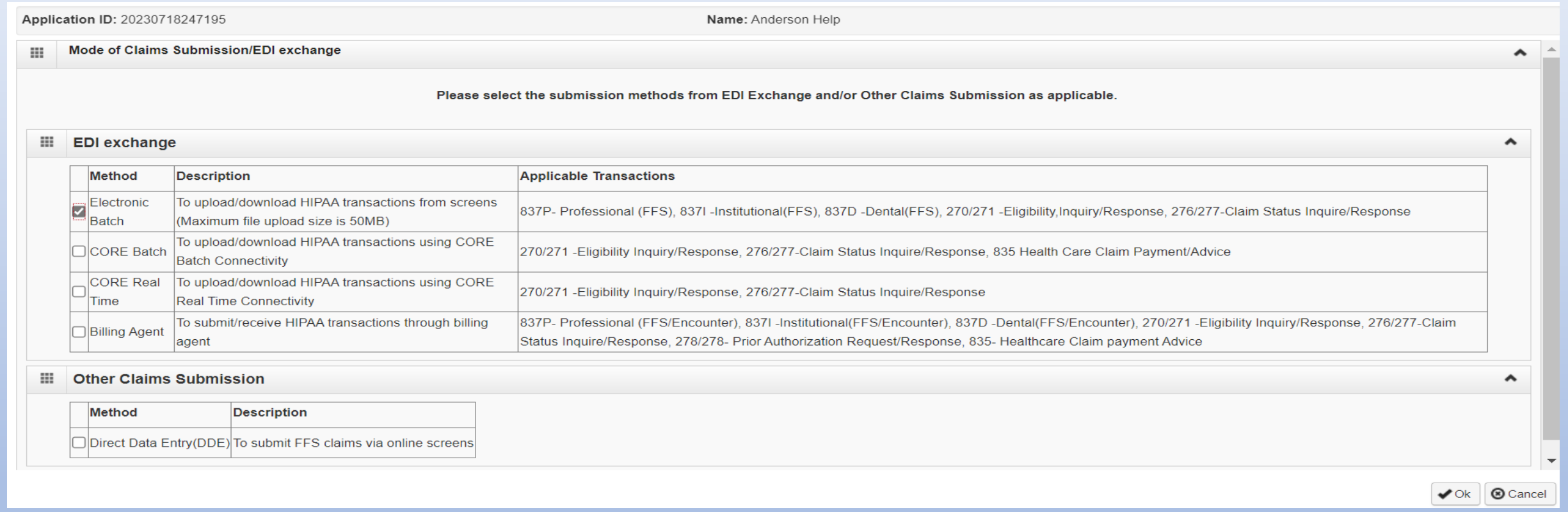
Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/18/2023	07/18/2023	Complete	
Step 2: Add Locations	Required	07/18/2023	07/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	07/18/2023	07/18/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	07/21/2023	07/21/2023	Complete	
Step 5: Add License/Certification/Other	Required	07/21/2023	07/21/2023	Complete	
Step 6: Bed Information	Optional	07/21/2023	07/21/2023	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Fee Payment	Optional			Complete	
Step 12: Upload Documents	Optional			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

Step 7: Add Mode of Claims Submission/EDI Exchange

A New Enrollment will need to complete the necessary external application at http://www.myhfs.illinois.gov/ unless using a Billing Agent.



Application ID: 20230718247195 **Name:** Anderson Help

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
☐	Billing Agent	To submit/receive HIPAA transactions through billing agent	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

Other Claims Submission

	Method	Description
☐	Direct Data Entry(DDE)	To submit FFS claims via online screens

Ok Cancel

- Select one of the options for claim submission. .
- Must select at least one option or claims will not be processed.
- After claim submission types have been selected click ***OK***.

Business Process Wizard (BPW)

Application ID: 20230718247195 **Name:** Anderson Help

Close

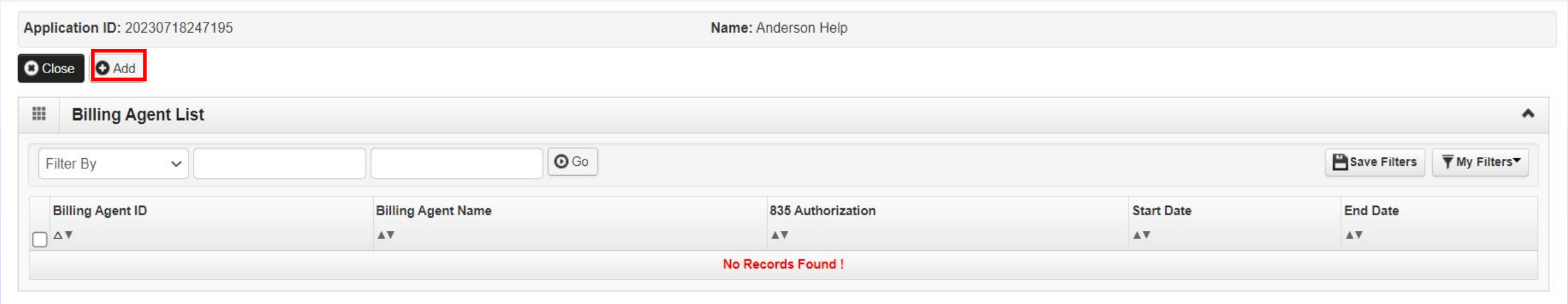
Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/18/2023	07/18/2023	Complete	
Step 2: Add Locations	Required	07/18/2023	07/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	07/18/2023	07/18/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	07/21/2023	07/21/2023	Complete	
Step 5: Add License/Certification/Other	Required	07/21/2023	07/21/2023	Complete	
Step 6: Bed Information	Optional	07/21/2023	07/21/2023	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	07/21/2023	07/21/2023	Complete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Fee Payment	Optional			Complete	
Step 12: Upload Documents	Optional			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

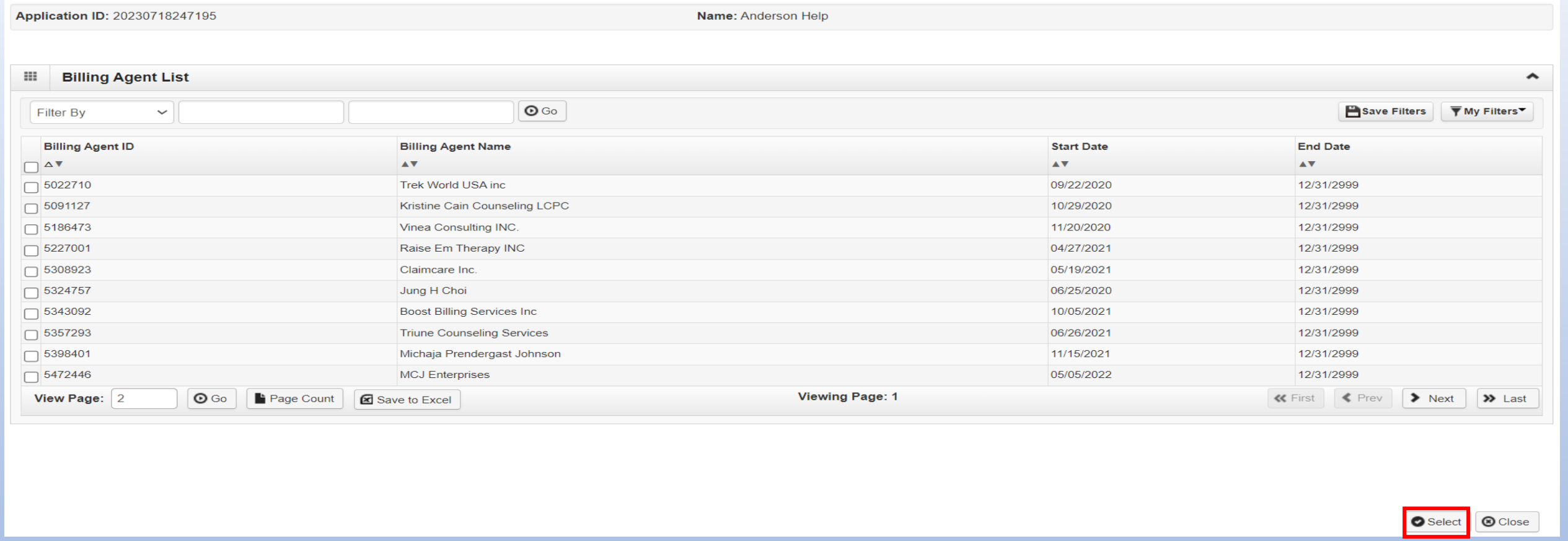
- You have completed Step 7: ***Add Mode of Claim Submission*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Click on Step 8: ***Associate Billing Agent*** to continue your application.
- If not adding a billing agent proceed to Step 9 on slide 58

Step 8: Associate Billing Agent



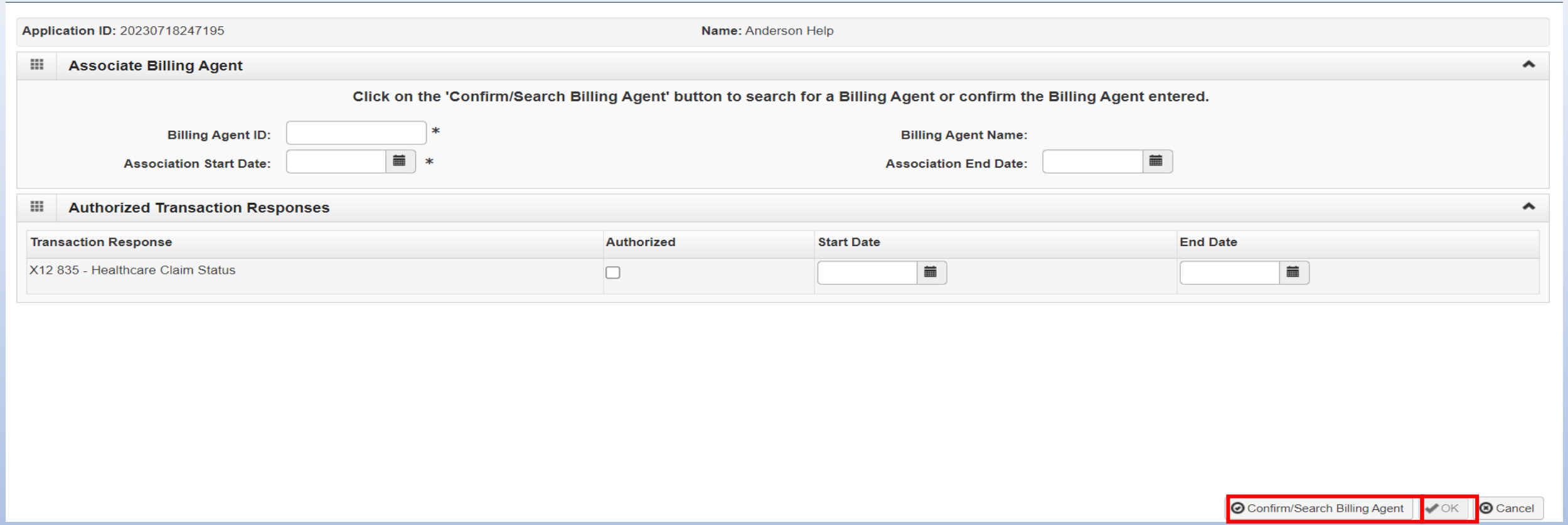
- This step is optional unless Billing Agent is selected as the Mode of Claims Submission then it becomes required.
- Click ***Add*** to input a Billing Agent

Step 8: Associate Billing Agent



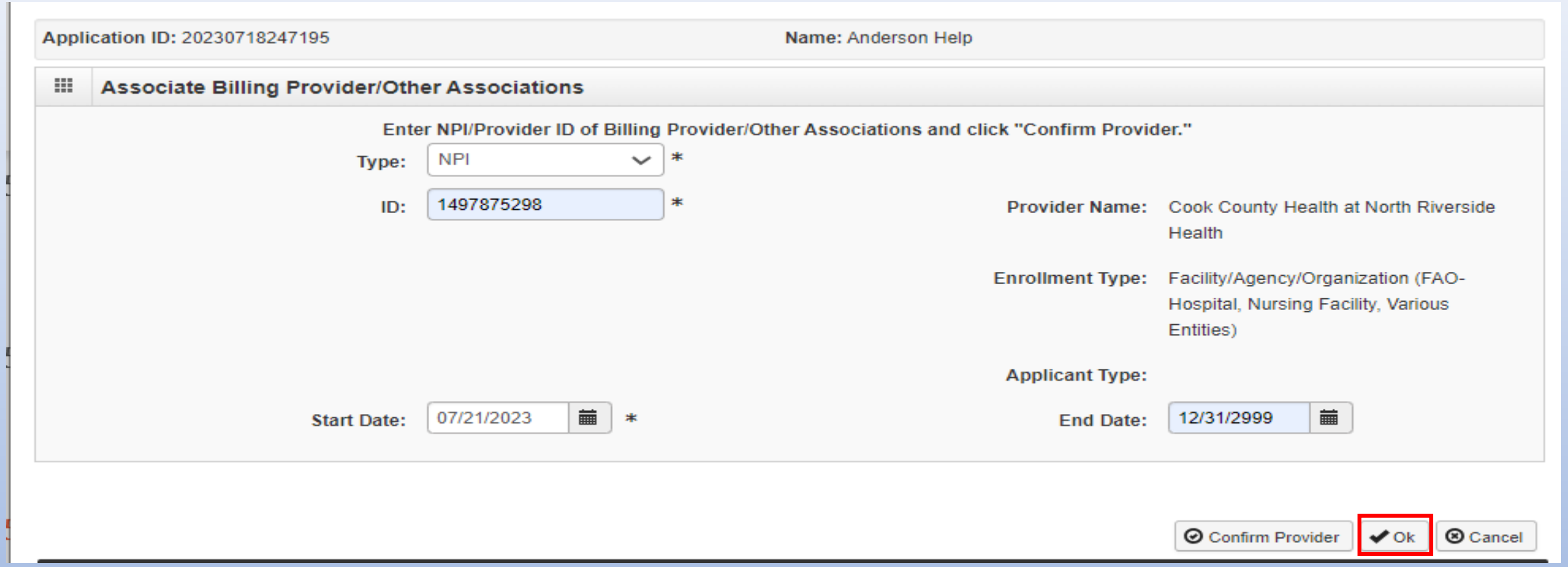
- Use the ***Filter By*** drop down and choose an option to filter the list of available billing agents. (% is the wild card function)
- After the desired Billing Agent is shown on the list, click the check box for that option, then click ***Select***

Step 8: Associate Billing Agent



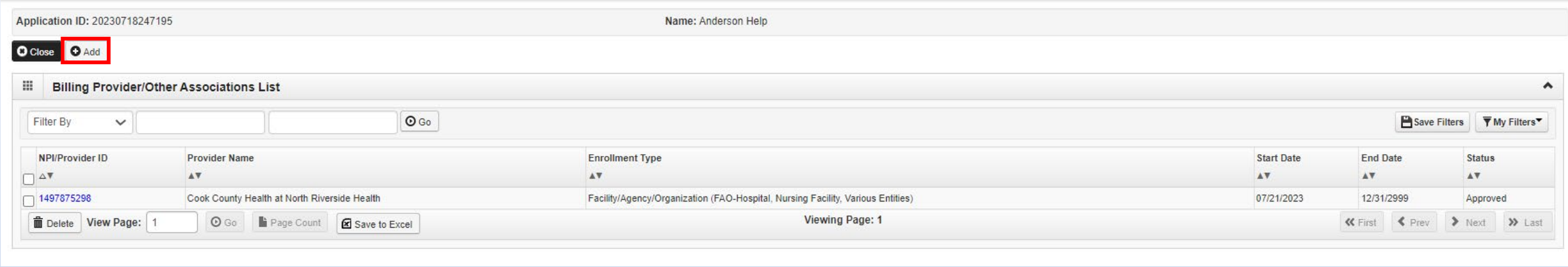
- Complete the Billing Agent information then click ***Confirm/Search Billing Agent*** and verify that the ***Billing Agent Name*** field is auto-populated with the correct agent.
- Click ***OK*** to return to the billing agent list.
- If the Billing Agent info is not known, click on ***Confirm/Search Billing Agent*** to locate the desired Billing Agent from the list.

Step 8: Associate Billing Agent



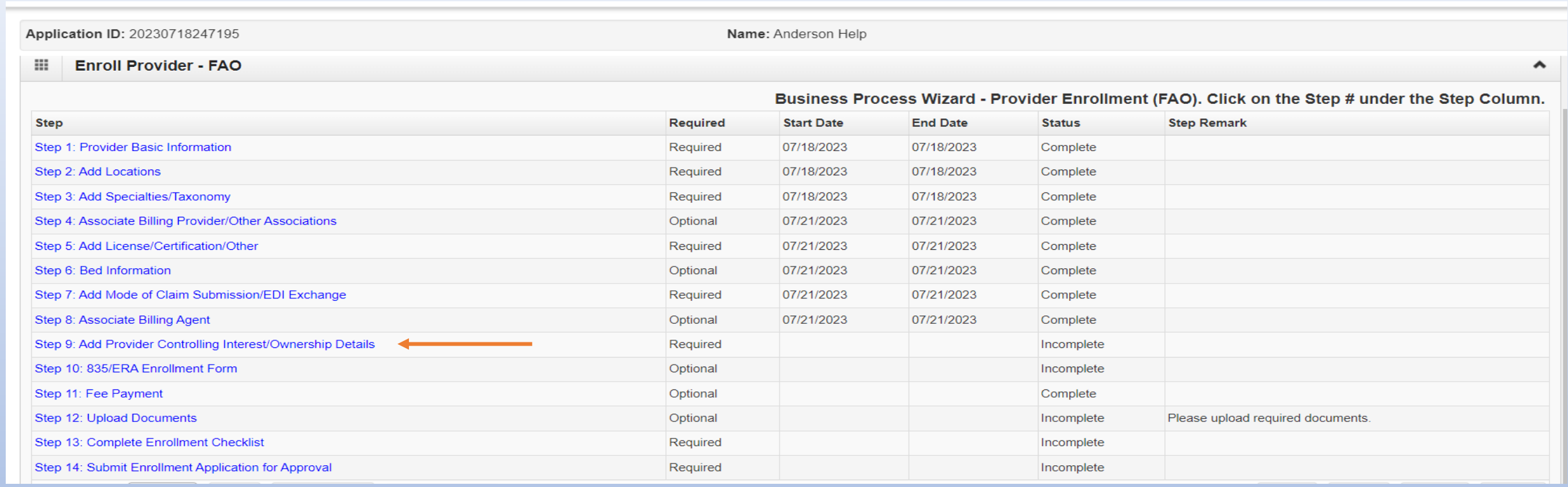
- The chosen billing agent information will be populated. Verify that the information is correct then, click ***OK*** to return to the Billing Agent list.

Step 8: Associate Billing Agent



- To associate to an additional Billing Agent, click ***Add*** and repeat the steps.
- When all billing agents have been entered, click ***Close*** to return to the BPW.

Business Process Wizard (BPW)



Application ID: 20230718247195 **Name:** Anderson Help

Enroll Provider - FAO

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

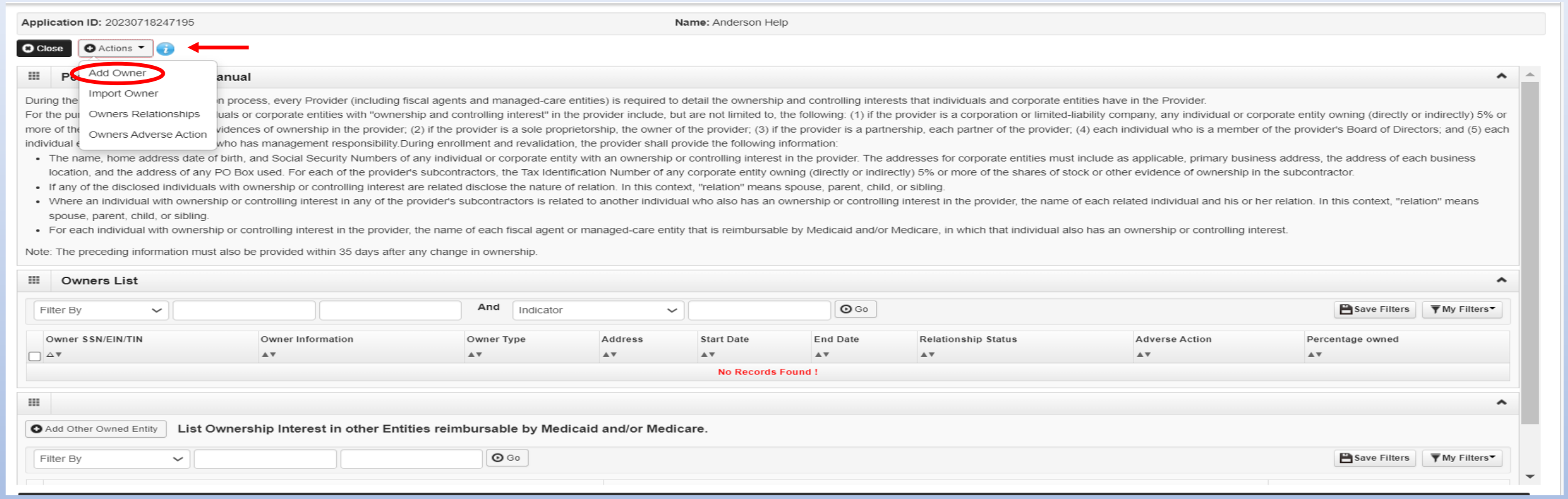
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/18/2023	07/18/2023	Complete	
Step 2: Add Locations	Required	07/18/2023	07/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	07/18/2023	07/18/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	07/21/2023	07/21/2023	Complete	
Step 5: Add License/Certification/Other	Required	07/21/2023	07/21/2023	Complete	
Step 6: Bed Information	Optional	07/21/2023	07/21/2023	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	07/21/2023	07/21/2023	Complete	
Step 8: Associate Billing Agent	Optional	07/21/2023	07/21/2023	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Fee Payment	Optional			Complete	
Step 12: Upload Documents	Optional			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

- You have completed Step 8: ***Associate Billing Agent*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Click on Step 9: ***Add Provider Controlling Interest/Ownership Details*** to continue your application.

Step 9: Add Provider Controlling Interest/Ownership Details

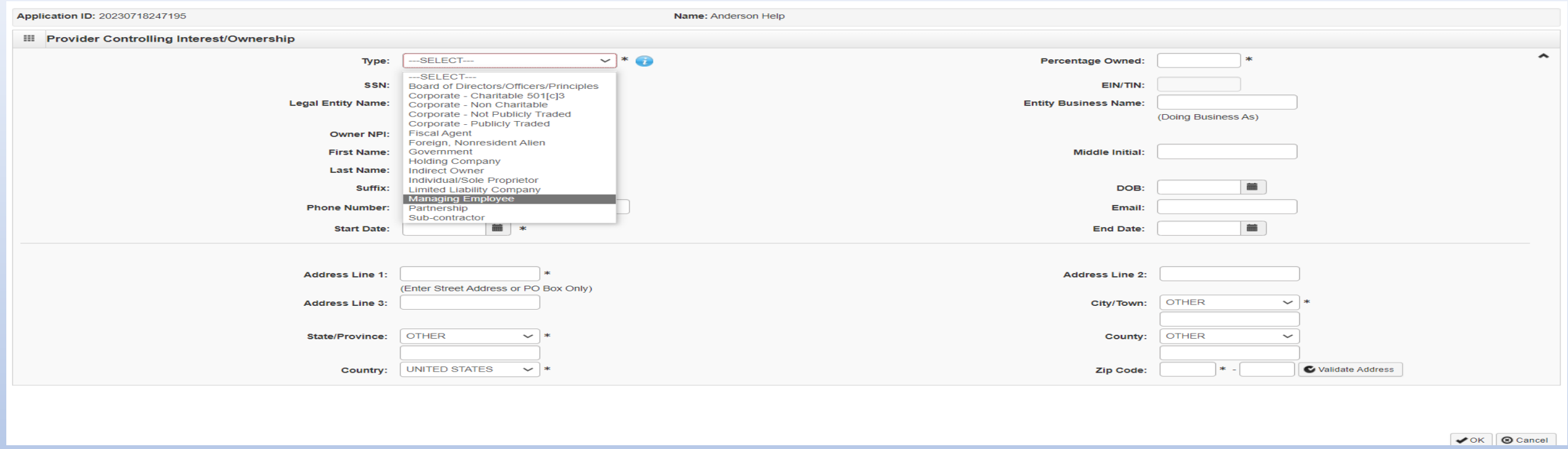
Illinois Medicaid Program Advanced Cloud Technology IMPACT

Total Ownership Percentage cannot equal more than 100%



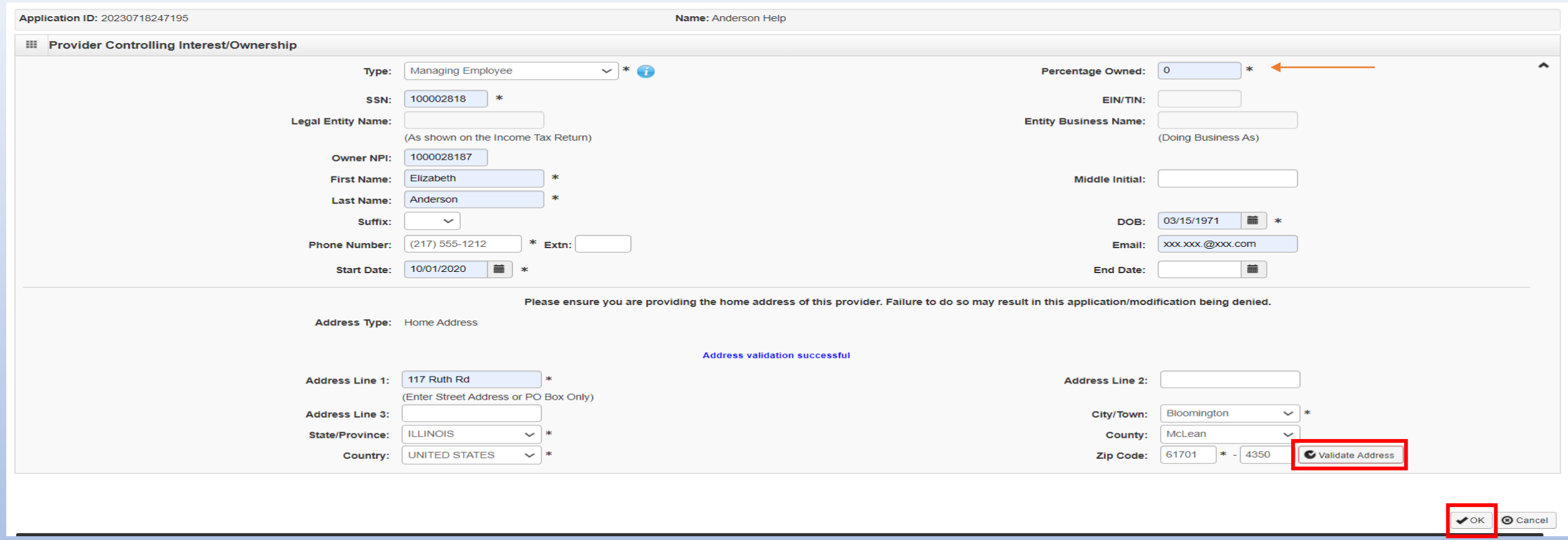
- Ownership entries must include at least one Managing Employee and one other Ownership type.
- Click on **Actions** drop down box and select **Add Owner or Import Owner.**

Step 9: Add Provider Controlling Interest/Ownership Details



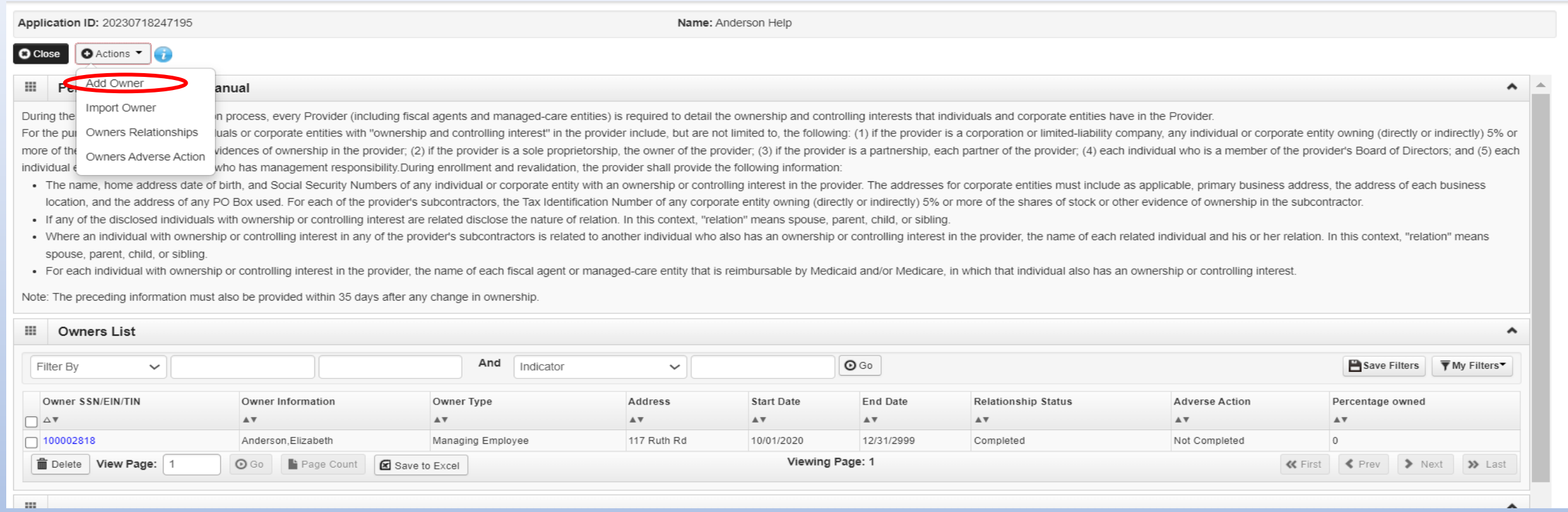
- Select type of Owner from drop down menu.

Step 9: Add Provider Controlling Interest/Ownership Details



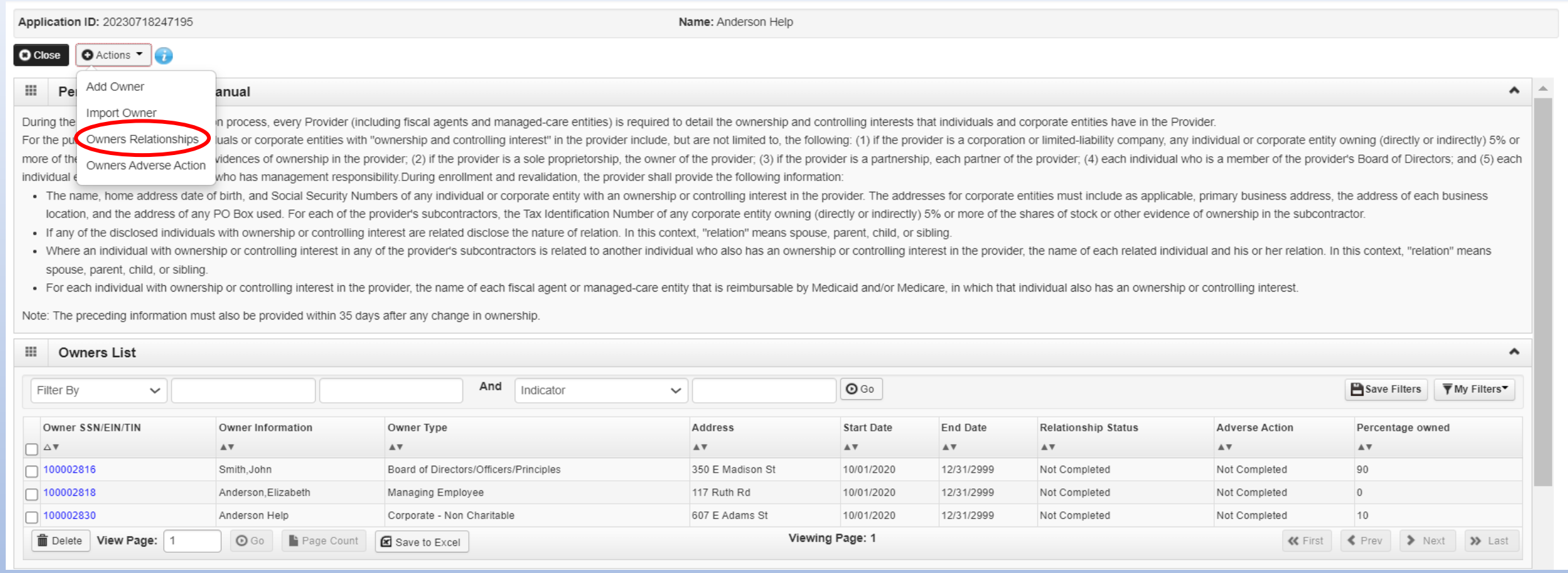
- Either your ***SSN*** or ***EIN/TIN*** must be entered.
- Enter ***Percentage Owned*** as a whole number.
- Enter the street address and zip code information, then click ***Validate Address***.
- When all details are entered, click ***OK*.**

Step 9: Add Provider Controlling Interest/Ownership Details



- Click ***Add Owner*** and repeat the previous steps to list additional owners
- If one of the owners is listed on another enrollment, ***Import Owner*** can be selected from the ***Action*** box at the top of the page.
- This selection will allow the user to import owner information from another enrollment by using the ***NPI or Provider ID***, the ***Zip Code*** of the Owner, and the ***Owner Type***

Step 9: Add Provider Controlling Interest/Ownership Details

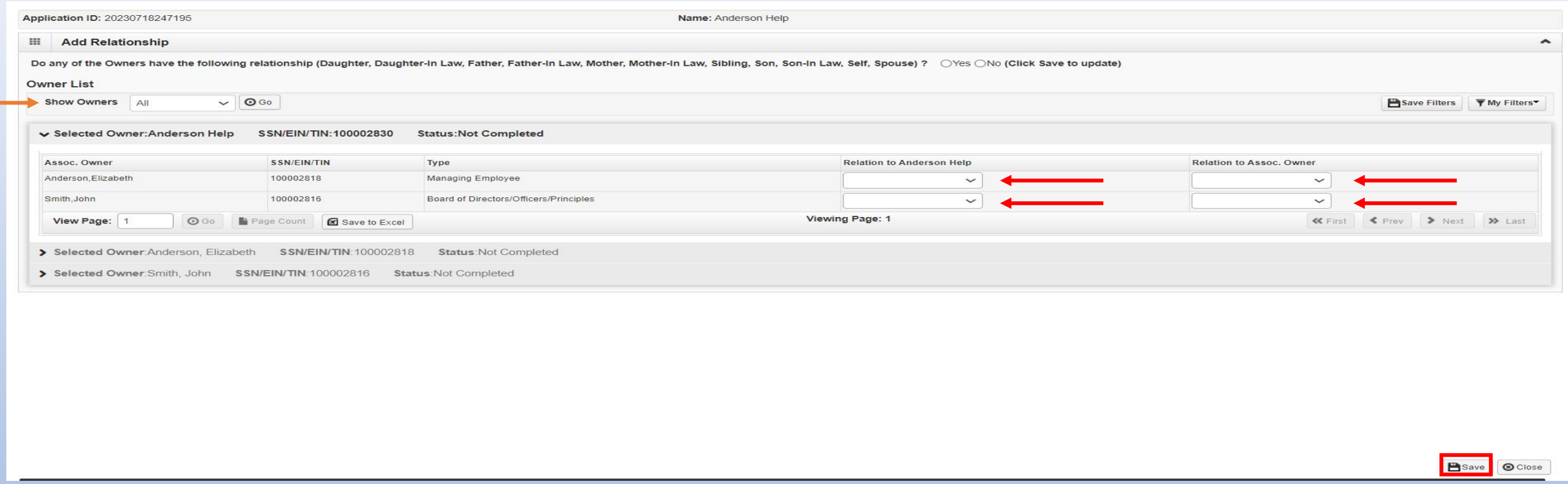


- When all owners have been listed complete the Owners Relationship information by selecting ***Actions***, ***Owners Relationships***.

Step 9: Add Provider Controlling Interest/Ownership Details

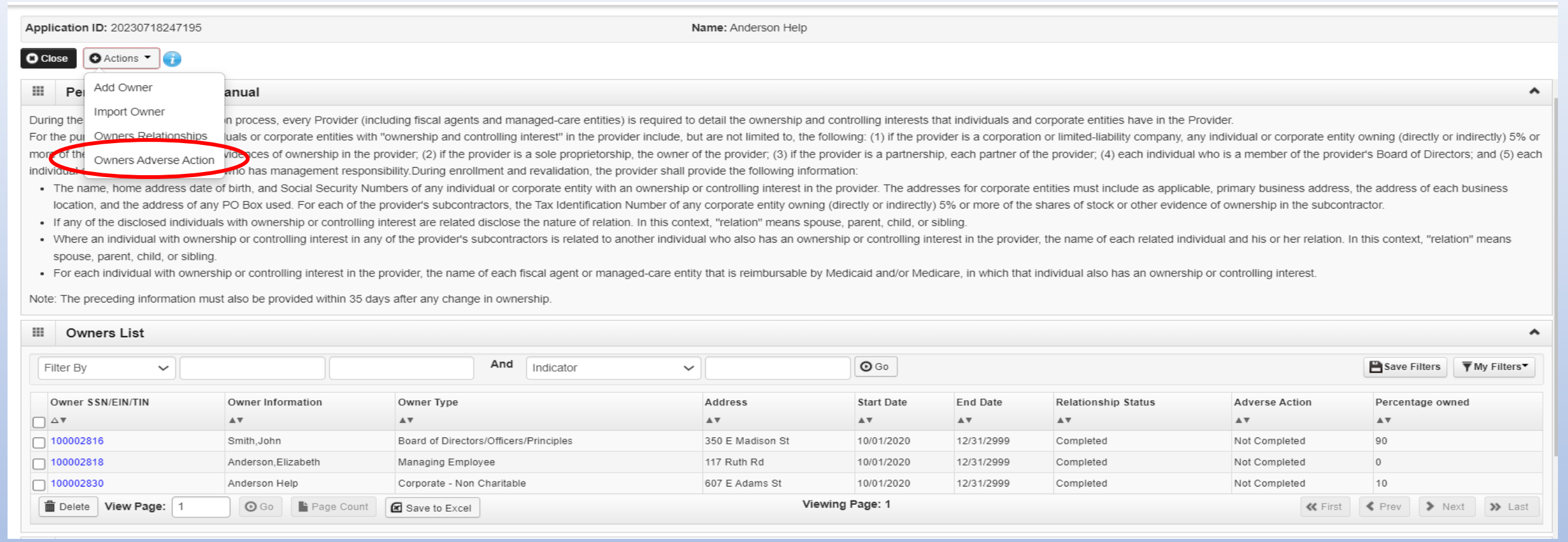
- Answer question regarding the relationship of any owners listed in application.
- If question is answered **No** click on **Save**.

Step 9: Add Provider Controlling Interest/Ownership Details



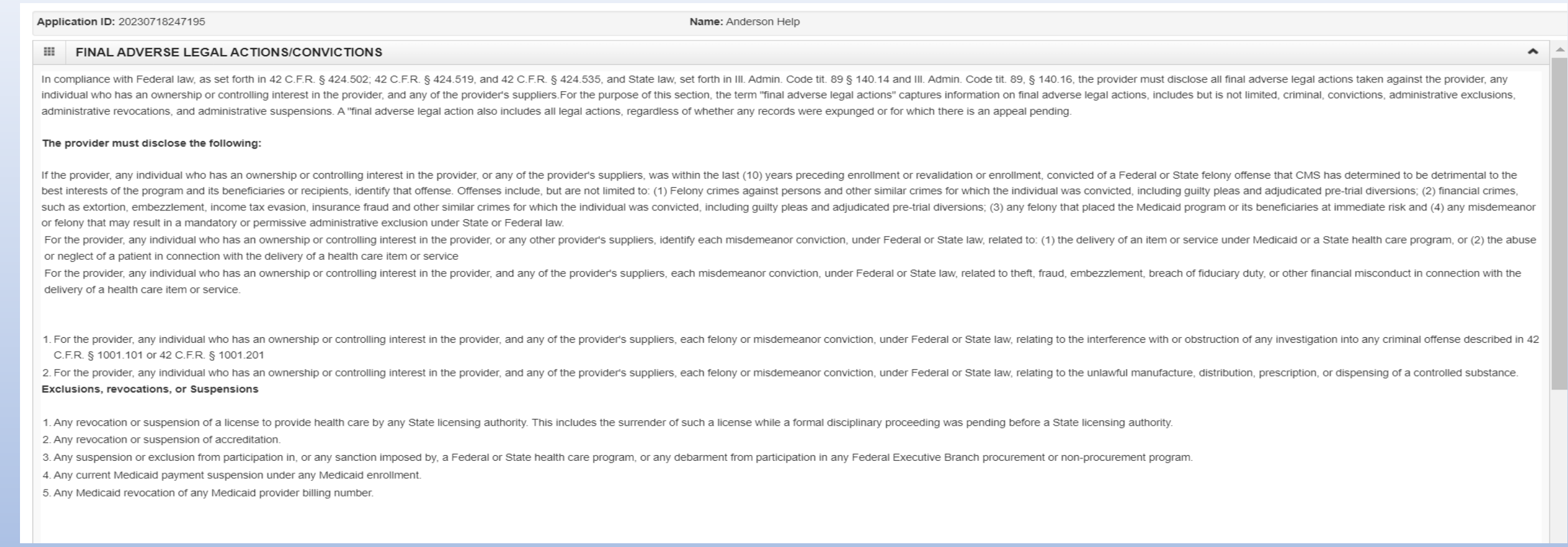
- Answer question regarding listed Owners and relationship.
- If no is selected From the first drop-down list of ***Owner Name***, choose an owner name.
- From the second drop down list of ***Relationships***, choose how the chosen owner is related to the listed owner.
- Repeat this step until the relationship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

Step 9: Add Provider Controlling Interest/Ownership Details



- Click on **Actions** drop down box and select Owner Adverse Action.

Step 9: Add Provider Controlling Interest/Ownership Details



Application ID: 20230718247195 **Name:** Anderson Help

FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

In compliance with Federal law, as set forth in 42 C.F.R. § 424.502; 42 C.F.R. § 424.519, and 42 C.F.R. § 424.535, and State law, set forth in Ill. Admin. Code tit. 89 § 140.14 and Ill. Admin. Code tit. 89, § 140.16, the provider must disclose all final adverse legal actions taken against the provider, any individual who has an ownership or controlling interest in the provider, and any of the provider's suppliers.For the purpose of this section, the term "final adverse legal actions" captures information on final adverse legal actions, includes but is not limited, criminal, convictions, administrative exclusions, administrative revocations, and administrative suspensions. A "final adverse legal action also includes all legal actions, regardless of whether any records were expunged or for which there is an appeal pending.

The provider must disclose the following:

If the provider, any individual who has an ownership or controlling interest in the provider, or any of the provider's suppliers, was within the last (10) years preceding enrollment or revalidation or 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, identify that offense. Offenses include, but are not limited to: (1) Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; (2) 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; (3) any felony that placed the Medicaid program or its beneficiaries at immediate risk and (4) any misdemeanor or felony that may result in a mandatory or permissive administrative exclusion under State or Federal law.

For the provider, any individual who has an ownership or controlling interest in the provider, or any other provider's suppliers, identify each misdemeanor conviction, under Federal or State law, related to: (1) the delivery of an item or service under Medicaid or a State health care program, or (2) the abuse or neglect of a patient in connection with the delivery of a health care item or service

For the provider, any individual who has an ownership or controlling interest in the provider, and any of the provider's suppliers, each 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.

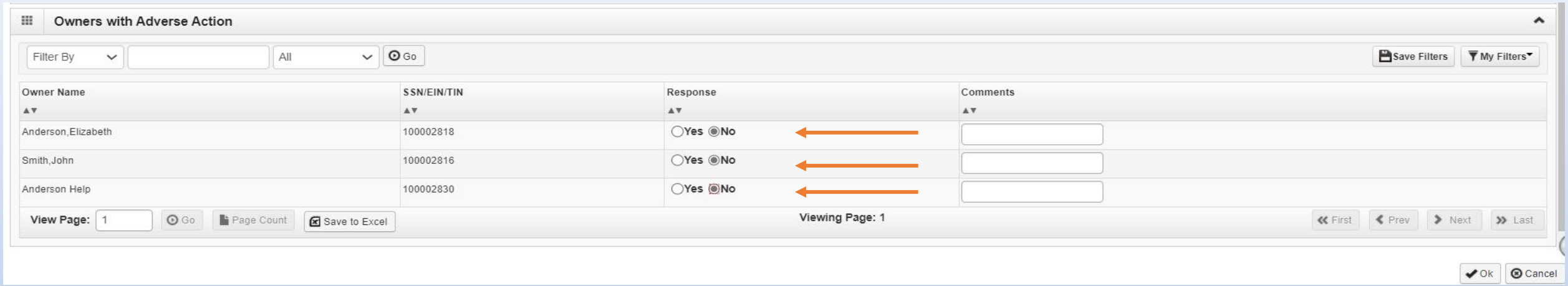
1. For the provider, any individual who has an ownership or controlling interest in the provider, and any of the provider's suppliers, each felony or misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. § 1001.101 or 42 C.F.R. § 1001.201
2. For the provider, any individual who has an ownership or controlling interest in the provider, and any of the provider's suppliers, each 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.

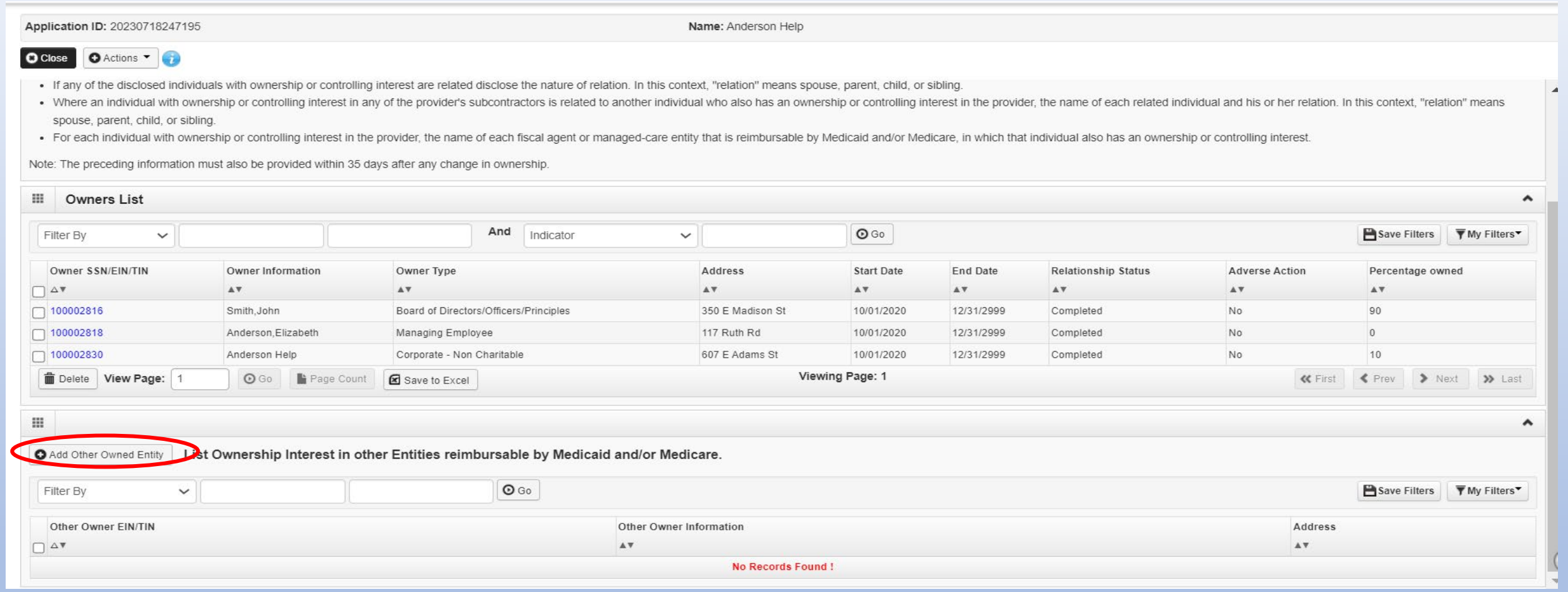
- Read the final adverse legal action statements

Step 9: Add Provider Controlling Interest/Ownership Details



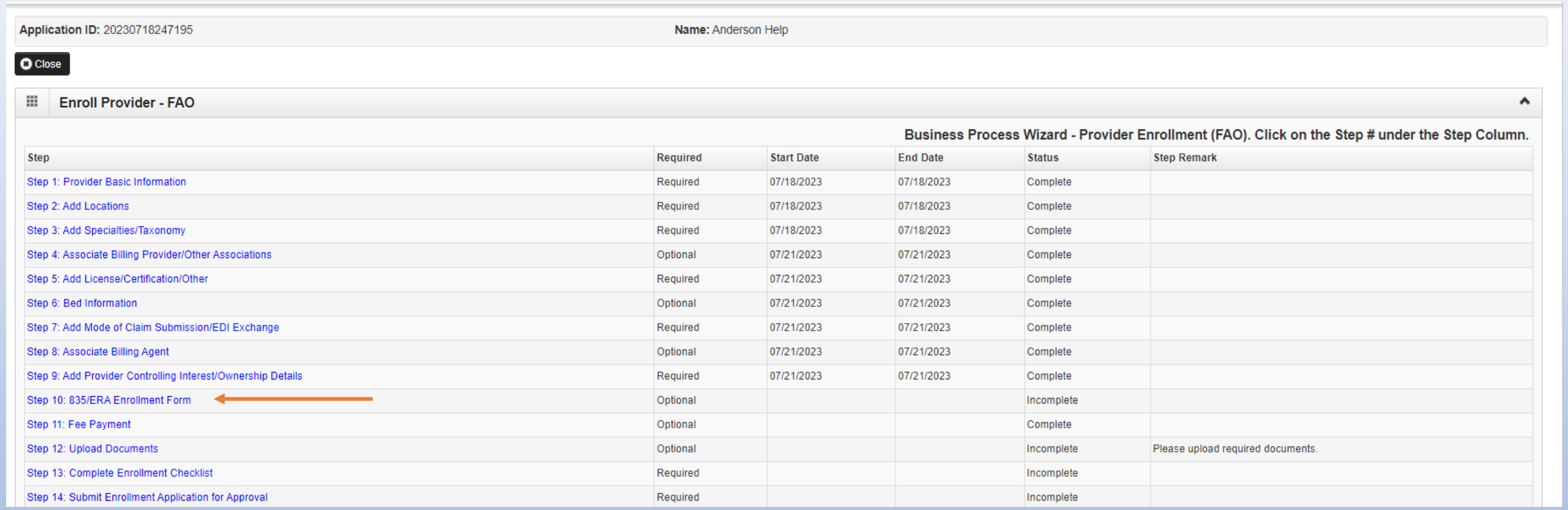
- A Yes or No response is required for each owner listed in the application.
- A comment must be added to any Yes response.
- After responding for each provider listed click on **OK**.

Step 9: Add Provider Controlling Interest/Ownership Details



- 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***.

Business Process Wizard (BPW)



Application ID: 20230718247195 **Name:** Anderson Help

Close

Enroll Provider - FAO

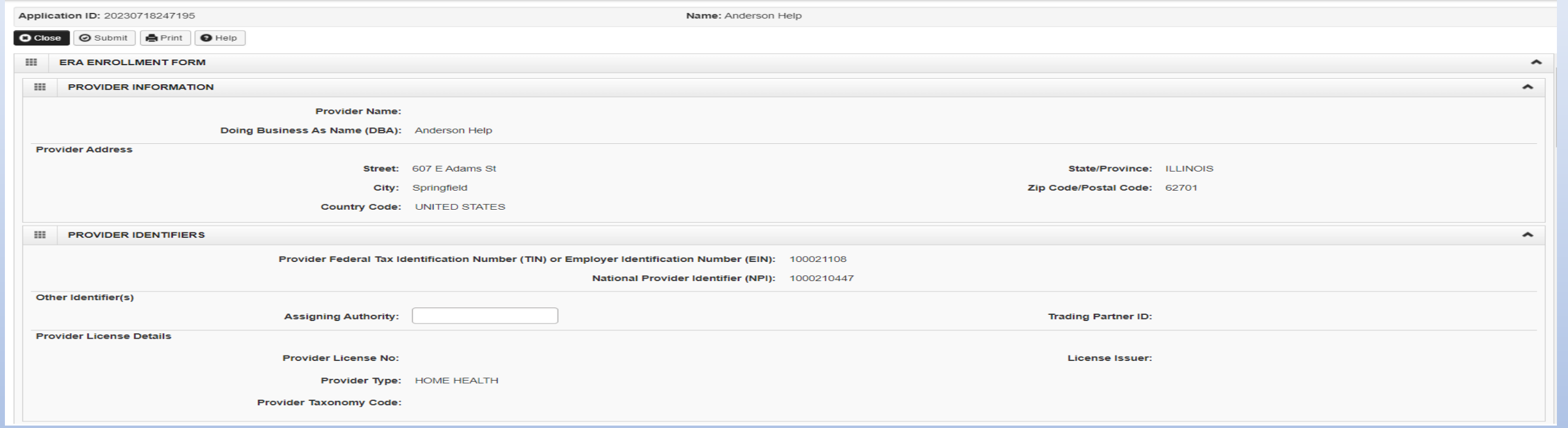
Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/18/2023	07/18/2023	Complete	
Step 2: Add Locations	Required	07/18/2023	07/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	07/18/2023	07/18/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	07/21/2023	07/21/2023	Complete	
Step 5: Add License/Certification/Other	Required	07/21/2023	07/21/2023	Complete	
Step 6: Bed Information	Optional	07/21/2023	07/21/2023	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	07/21/2023	07/21/2023	Complete	
Step 8: Associate Billing Agent	Optional	07/21/2023	07/21/2023	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	07/21/2023	07/21/2023	Complete	
Step 10: 835/ERA Enrollment Form	Optional			Incomplete	
Step 11: Fee Payment	Optional			Complete	
Step 12: Upload Documents	Optional			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

- You have completed Step 9: ***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 10: ***835/ERA Enrollment Form*** to continue your application.

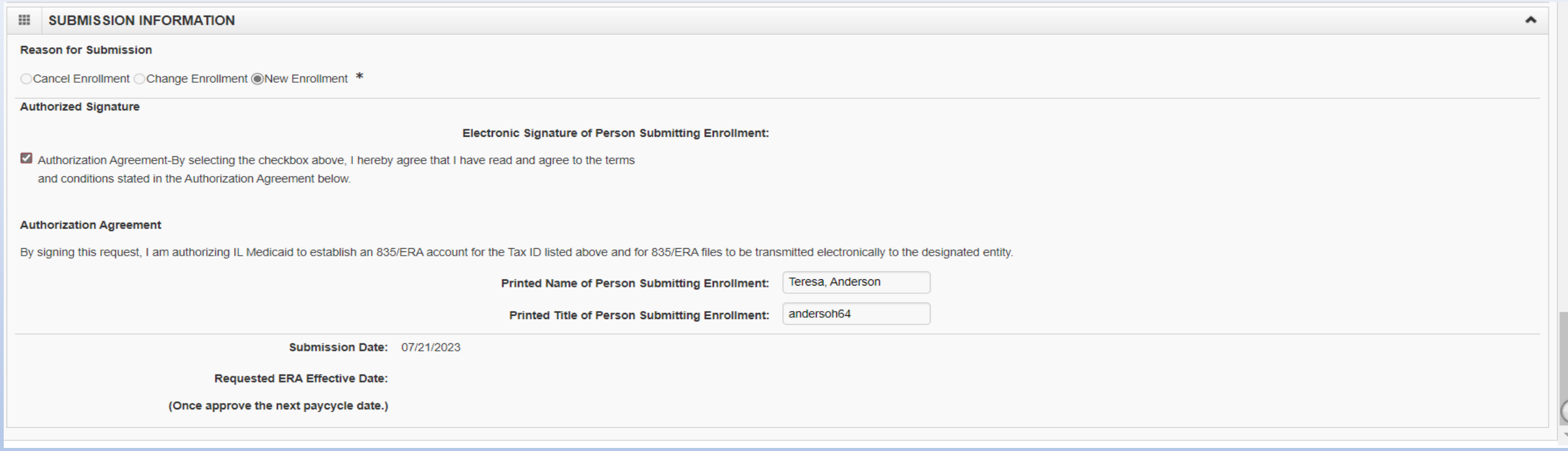
Step 10: 835/ERA Enrollment Form

Please complete this section once you have completed the enrollment steps found at http://www.myhfs.illinois.gov/ if you wish to participate in 835/ERA, otherwise close this step.



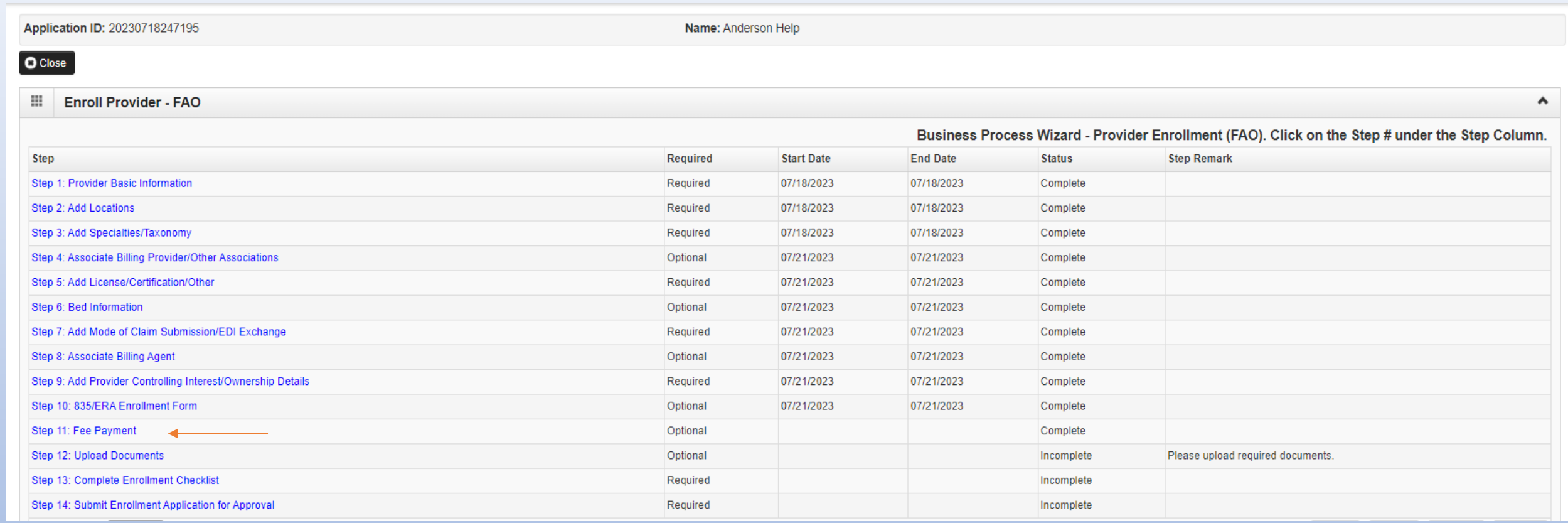
- Verify the generated information and complete information if needed.
- Use the scroll bar to move down the page

Step 10: 835/ERA Enrollment Form



- Checkbox to authorize the creation of an 835/ERA account then the signature portion will be populated.
- When complete, click ***Submit*** then ***Close***.

Business Process Wizard (BPW)



Application ID: 20230718247195 **Name:** Anderson Help

Close

Enroll Provider - FAO

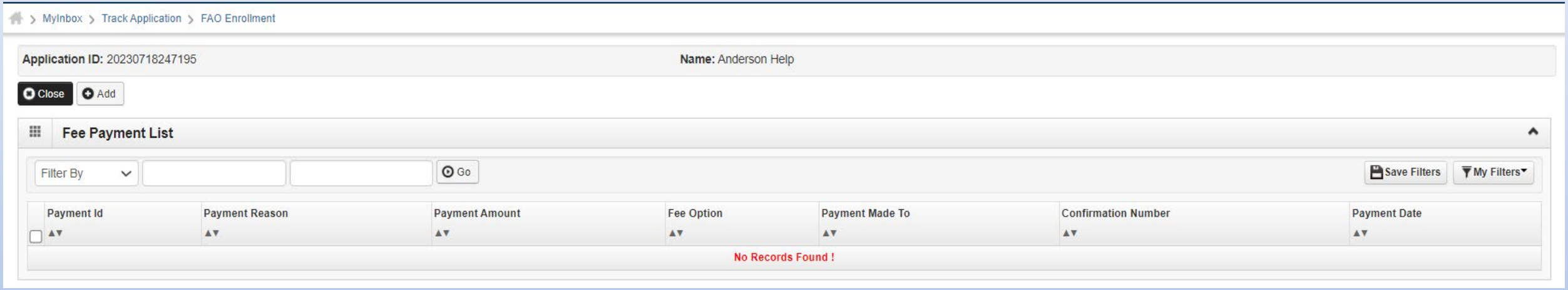
Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/18/2023	07/18/2023	Complete	
Step 2: Add Locations	Required	07/18/2023	07/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	07/18/2023	07/18/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	07/21/2023	07/21/2023	Complete	
Step 5: Add License/Certification/Other	Required	07/21/2023	07/21/2023	Complete	
Step 6: Bed Information	Optional	07/21/2023	07/21/2023	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	07/21/2023	07/21/2023	Complete	
Step 8: Associate Billing Agent	Optional	07/21/2023	07/21/2023	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	07/21/2023	07/21/2023	Complete	
Step 10: 835/ERA Enrollment Form	Optional	07/21/2023	07/21/2023	Complete	
Step 11: Fee Payment	Optional			Complete	
Step 12: Upload Documents	Optional			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

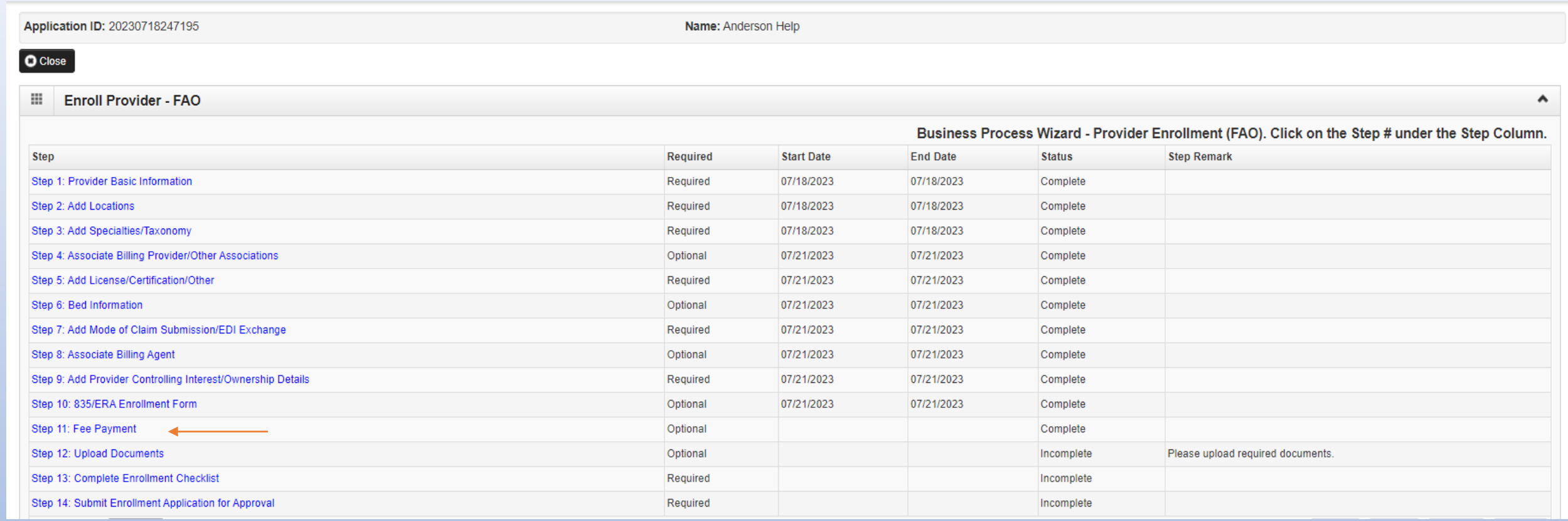
- You have completed Step 10: ***835/ERA Enrollment Form.*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Click on Step 11: ***Fee Payment*** to continue your application.

Step 11: Fee Payment

This step is currently not applicable. Fees for High and Moderate risk providers are not being accepted at this time. Close out of this step and move to Step 12 to complete application.



Business Process Wizard (BPW)



Application ID: 20230718247195 **Name:** Anderson Help

Close

Enroll Provider - FAO

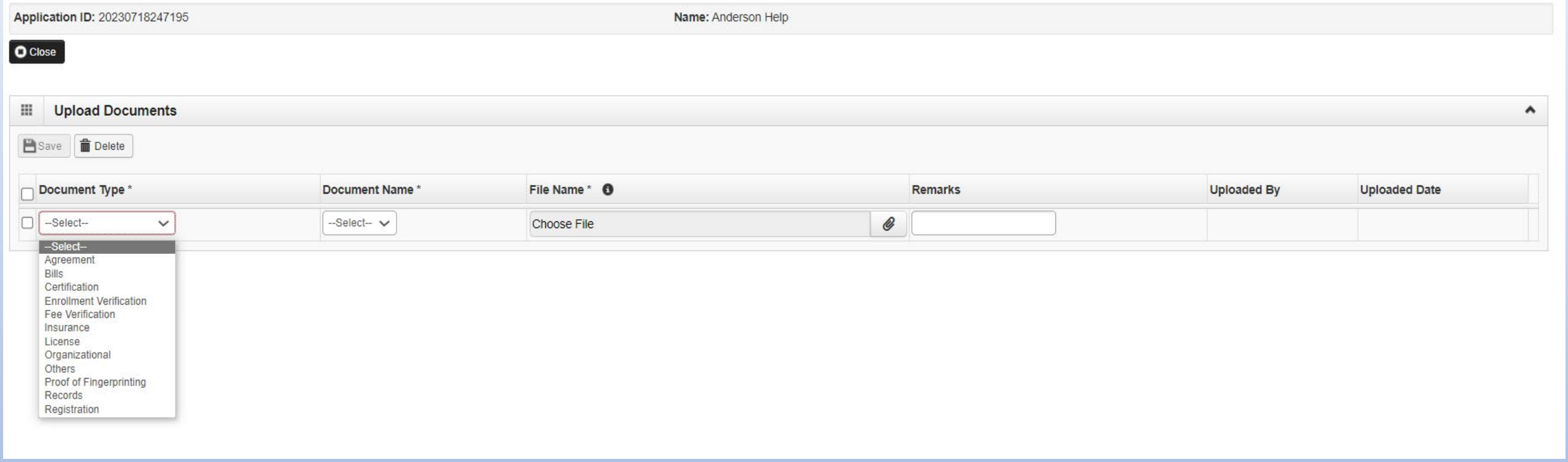
Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/18/2023	07/18/2023	Complete	
Step 2: Add Locations	Required	07/18/2023	07/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	07/18/2023	07/18/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	07/21/2023	07/21/2023	Complete	
Step 5: Add License/Certification/Other	Required	07/21/2023	07/21/2023	Complete	
Step 6: Bed Information	Optional	07/21/2023	07/21/2023	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	07/21/2023	07/21/2023	Complete	
Step 8: Associate Billing Agent	Optional	07/21/2023	07/21/2023	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	07/21/2023	07/21/2023	Complete	
Step 10: 835/ERA Enrollment Form	Optional	07/21/2023	07/21/2023	Complete	
Step 11: Fee Payment	Optional			Complete	
Step 12: Upload Documents	Optional			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

- You have completed Step 11: ***Fee Payment.*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Click on Step 12: ***Upload Documents*** to continue your application.

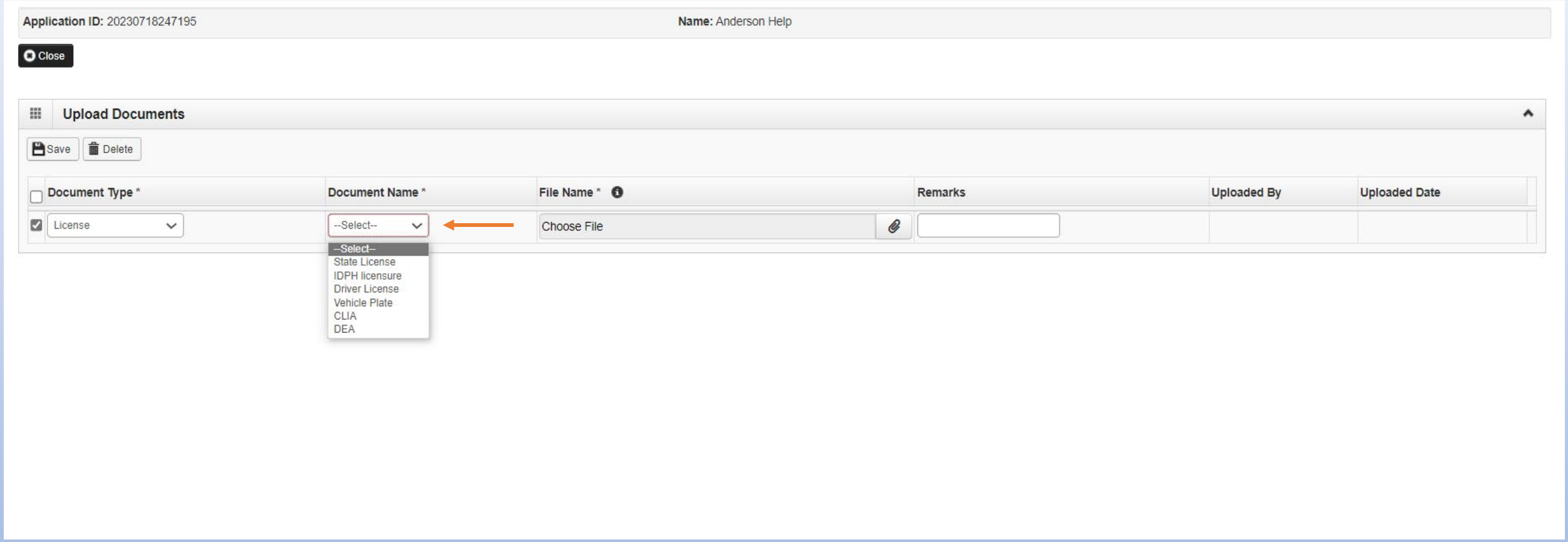
Step 12: Upload Documents

This step is optional except for Transportation, Home Health, and DME provides.



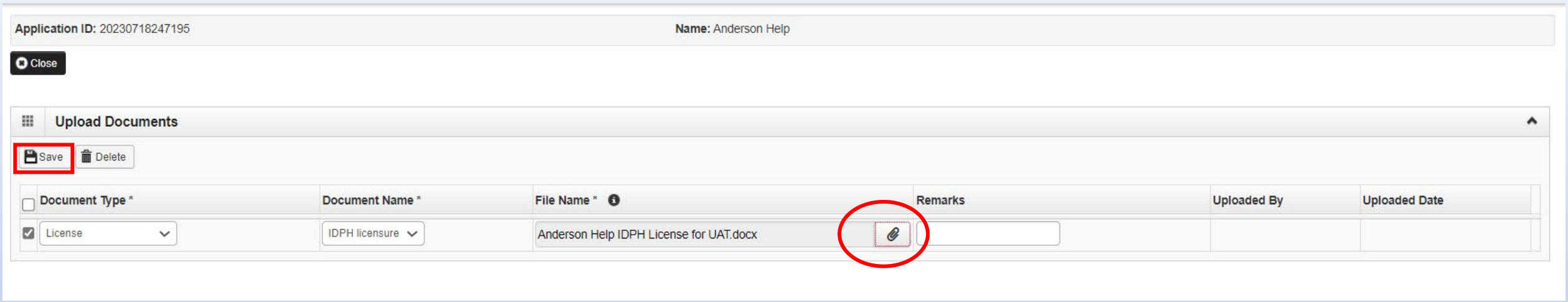
- From dropdown box labeled Document Type select the document being uploaded.

Step 12: Upload Documents



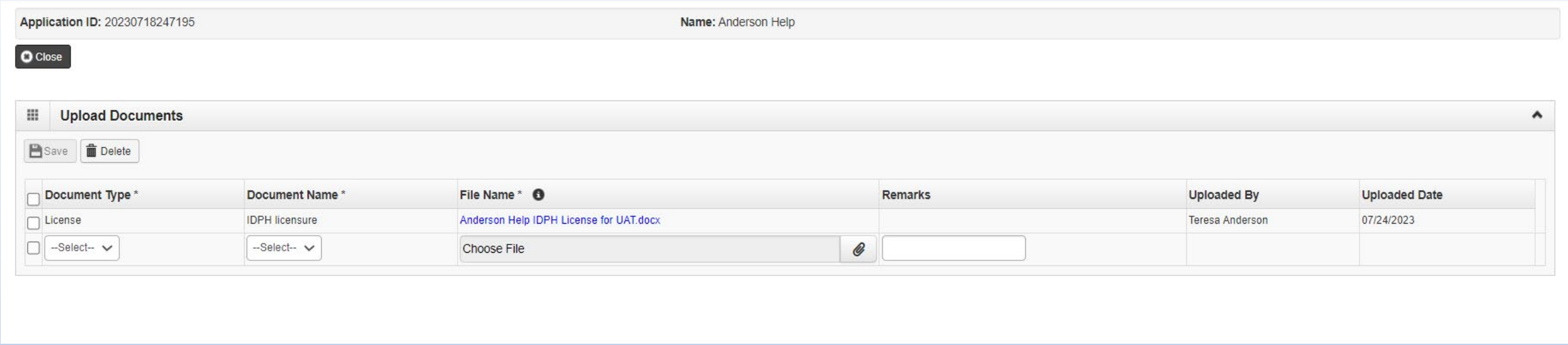
- From Document Name drop down box select the name of the document being uploaded.

Step 12: Upload Documents



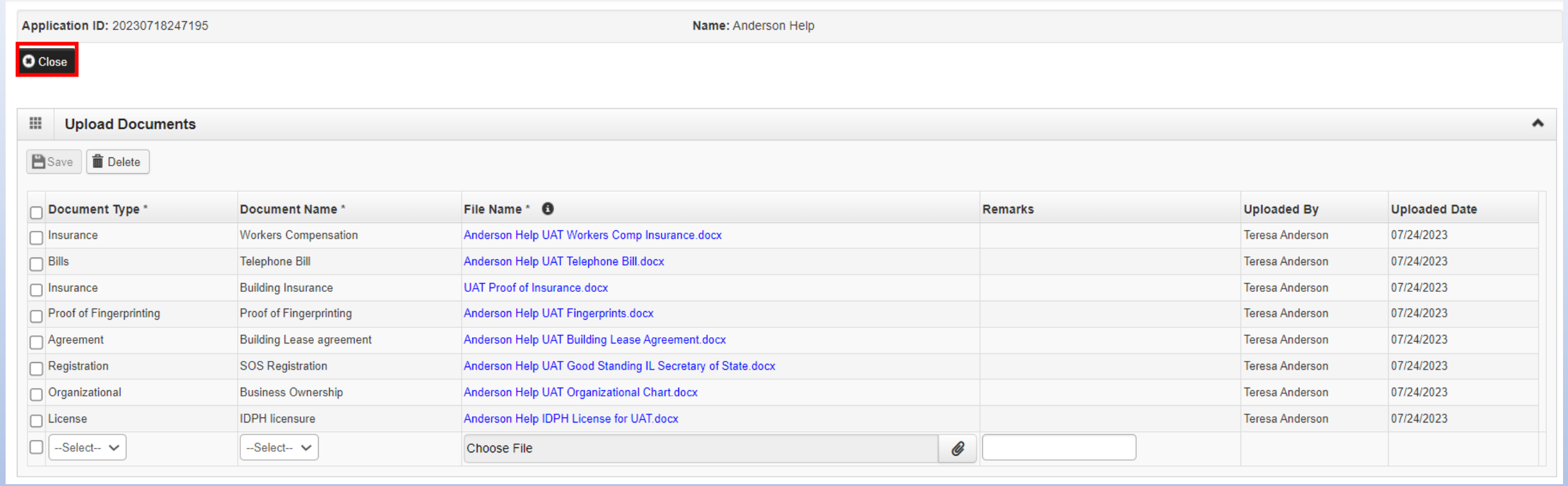
- Click on paperclip icon to search for document being uploaded.
- Once document is found click **Save** .

Step 12: Upload Documents



- Repeat the previous steps until all the required documents for the specific provider type have been uploaded.

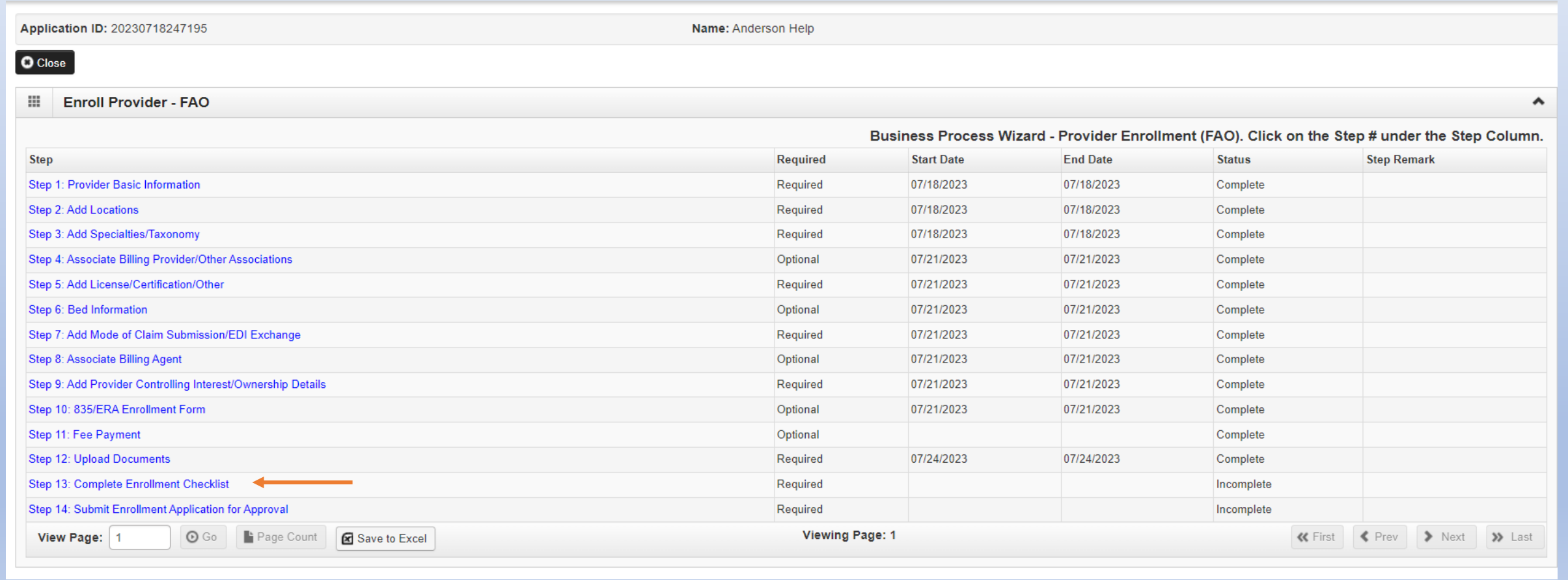
Step 12: Upload Documents



- Once all documents have been uploaded click on **Close** tab.

Business Process Wizard (BPW)

- You have completed Step 12: ***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 13: ***Complete Enrollment Checklist*** to continue your application.



Application ID: 20230718247195 **Name:** Anderson Help

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
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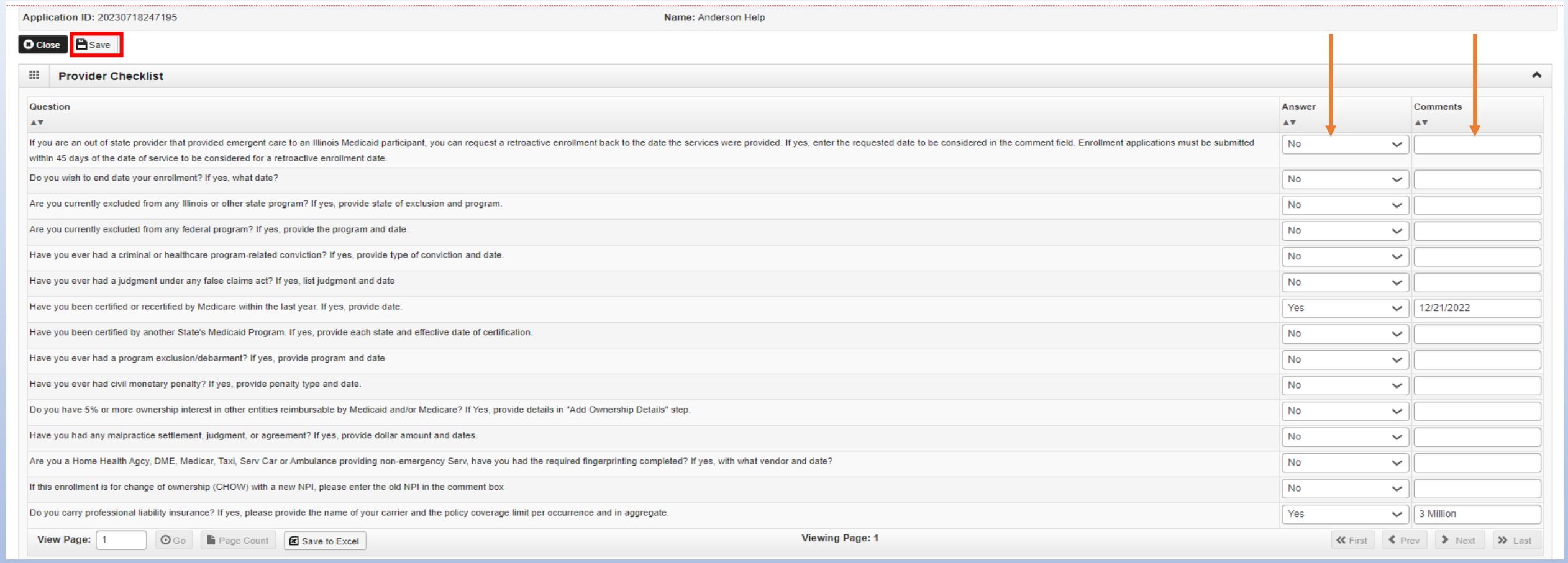
Step 3: Add Specialties/Taxonomy	Required	07/18/2023	07/18/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	07/21/2023	07/21/2023	Complete	
Step 5: Add License/Certification/Other	Required	07/21/2023	07/21/2023	Complete	
Step 6: Bed Information	Optional	07/21/2023	07/21/2023	Complete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Required	07/21/2023	07/21/2023	Complete	
Step 8: Associate Billing Agent	Optional	07/21/2023	07/21/2023	Complete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	07/21/2023	07/21/2023	Complete	
Step 10: 835/ERA Enrollment Form	Optional	07/21/2023	07/21/2023	Complete	
Step 11: Fee Payment	Optional			Complete	
Step 12: Upload Documents	Required	07/24/2023	07/24/2023	Complete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

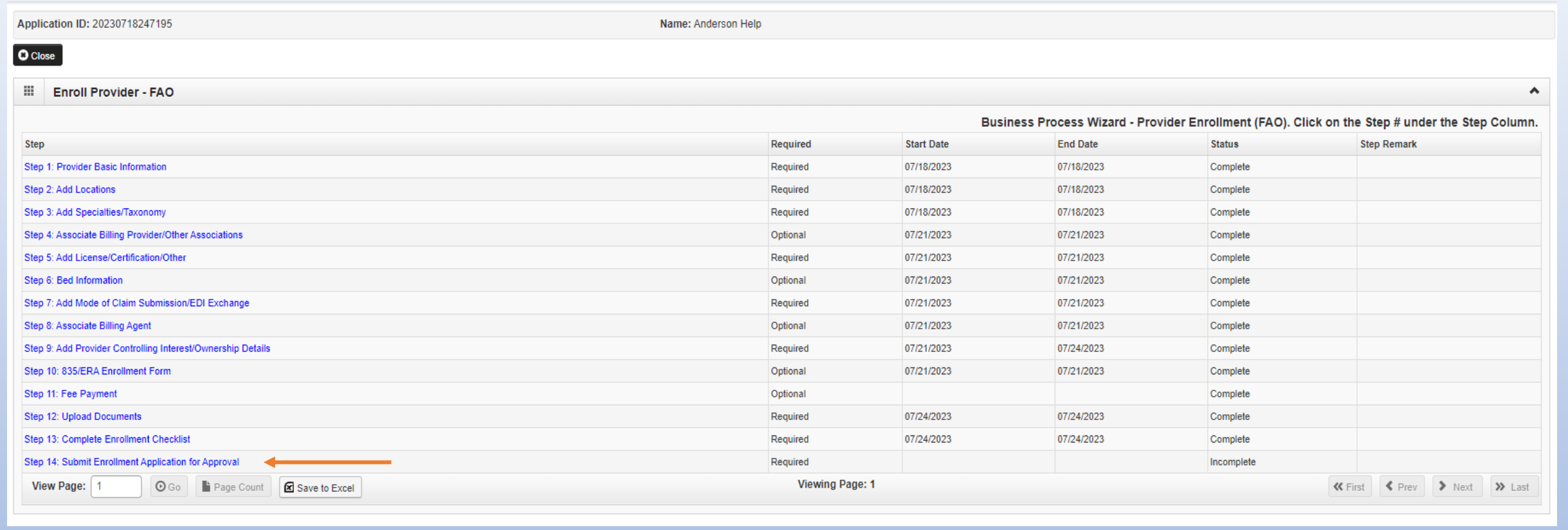
View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

Step 13: 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 on the ***Save*** button in the upper left corner followed by clicking on the ***Close*** button.

Business Process Wizard (BPW)



Application ID: 20230718247195 Name: Anderson Help

Close

Enroll Provider - FAO

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	07/18/2023	07/18/2023	Complete	
Step 2: Add Locations	Required	07/18/2023	07/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	07/18/2023	07/18/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	07/21/2023	07/21/2023	Complete	
Step 5: Add License/Certification/Other	Required	07/21/2023	07/21/2023	Complete	
Step 6: Bed Information	Optional	07/21/2023	07/21/2023	Complete	
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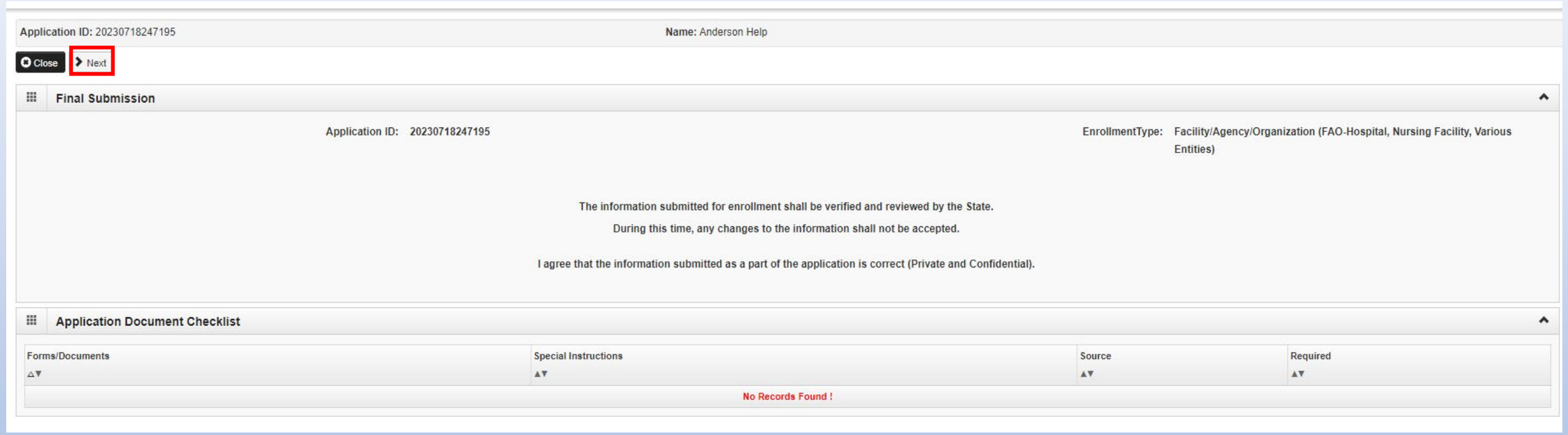
Step 9: Add Provider Controlling Interest/Ownership Details	Required	07/21/2023	07/24/2023	Complete	
Step 10: 835/ERA Enrollment Form	Optional	07/21/2023	07/21/2023	Complete	
Step 11: Fee Payment	Optional			Complete	
Step 12: Upload Documents	Required	07/24/2023	07/24/2023	Complete	
Step 13: Complete Enrollment Checklist	Required	07/24/2023	07/24/2023	Complete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

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

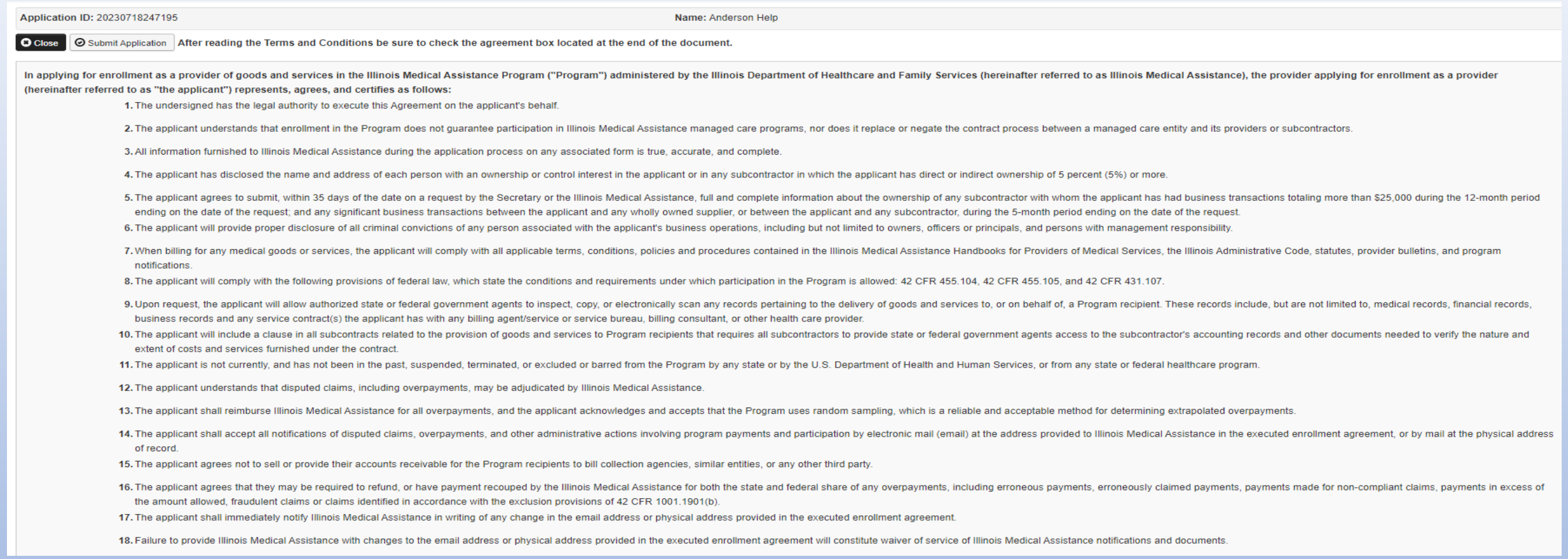
- You have completed Step 13: ***Complete Enrollment Checklist.*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Click on Step 14 ***Submit Enrollment Application for Approval*** to continue your application.

Step 14: Submit Enrollment Application for Approval



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

Step 14: Submit Enrollment Application for Approval



Application ID: 20230718247195 **Name:** Anderson Help

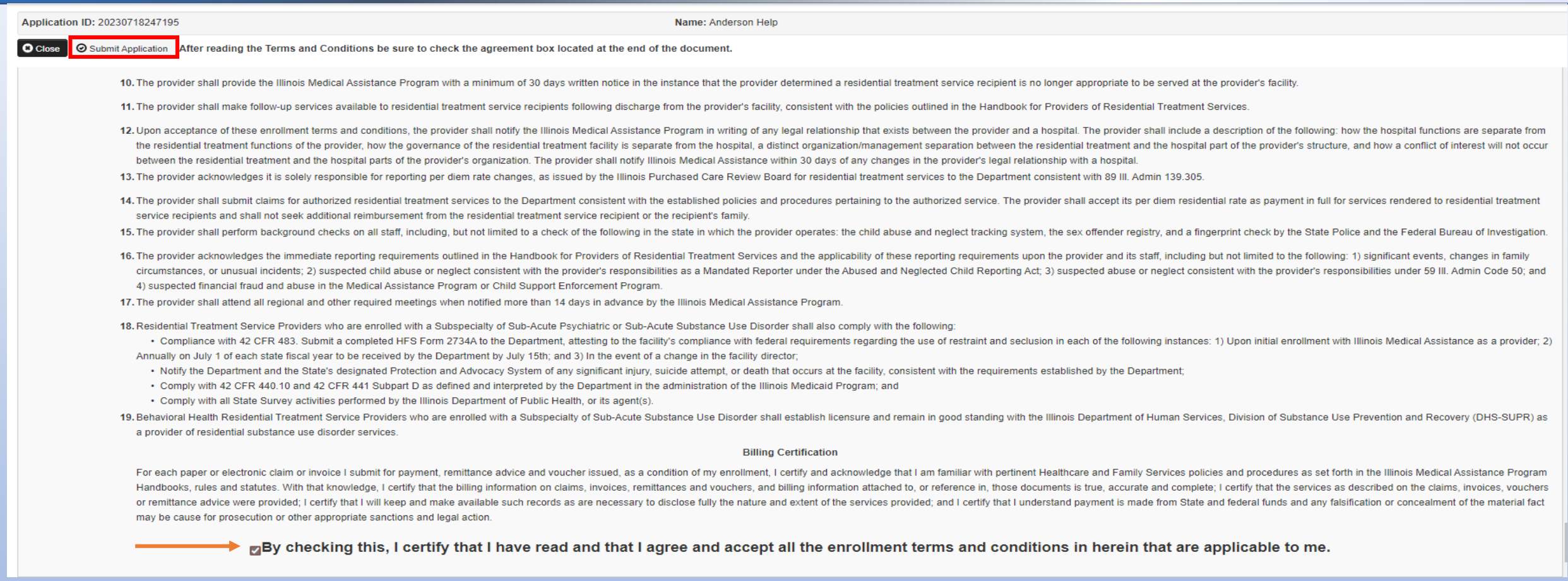
Close | Submit Application **After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.**

In applying for enrollment as a provider of goods and services in the Illinois Medical Assistance Program ("Program") administered by the Illinois Department of Healthcare and Family Services (hereinafter referred to as Illinois Medical Assistance), the provider applying for enrollment as a provider (hereinafter referred to as "the applicant") represents, agrees, and certifies as follows:

1. The undersigned has the legal authority to execute this Agreement on the applicant's behalf.
2. The applicant understands that enrollment in the Program does not guarantee participation in Illinois Medical Assistance managed care programs, nor does it replace or negate the contract process between a managed care entity and its providers or subcontractors.
3. All information furnished to Illinois Medical Assistance during the application process on any associated form is true, accurate, and complete.
4. The applicant has disclosed the name and address of each person with an ownership or control interest in the applicant or in any subcontractor in which the applicant has direct or indirect ownership of 5 percent (5%) or more.
5. The applicant agrees to submit, within 35 days of the date on a request by the Secretary or the Illinois Medical Assistance, full and complete information about the ownership of any subcontractor with whom the applicant has had business transactions totaling more than $25,000 during the 12-month period ending on the date of the request; and any significant business transactions between the applicant and any wholly owned supplier, or between the applicant and any subcontractor, during the 5-month period ending on the date of the request.
6. The applicant will provide proper disclosure of all criminal convictions of any person associated with the applicant's business operations, including but not limited to owners, officers or principals, and persons with management responsibility.
7. When billing for any medical goods or services, the applicant will comply with all applicable terms, conditions, policies and procedures contained in the Illinois Medical Assistance Handbooks for Providers of Medical Services, the Illinois Administrative Code, statutes, provider bulletins, and program notifications.
8. The applicant will comply with the following provisions of federal law, which state the conditions and requirements under which participation in the Program is allowed: 42 CFR 455.104, 42 CFR 455.105, and 42 CFR 431.107.
9. Upon request, the applicant will allow authorized state or federal government agents to inspect, copy, or electronically scan any records pertaining to the delivery of goods and services to, or on behalf of, a Program recipient. These records include, but are not limited to, medical records, financial records, business records and any service contract(s) the applicant has with any billing agent/service or service bureau, billing consultant, or other health care provider.
10. The applicant will include a clause in all subcontracts related to the provision of goods and services to Program recipients that requires all subcontractors to provide state or federal government agents access to the subcontractor's accounting records and other documents needed to verify the nature and extent of costs and services furnished under the contract.
11. The applicant is not currently, and has not been in the past, suspended, terminated, or excluded or barred from the Program by any state or by the U.S. Department of Health and Human Services, or from any state or federal healthcare program.
12. The applicant understands that disputed claims, including overpayments, may be adjudicated by Illinois Medical Assistance.
13. The applicant shall reimburse Illinois Medical Assistance for all overpayments, and the applicant acknowledges and accepts that the Program uses random sampling, which is a reliable and acceptable method for determining extrapolated overpayments.
14. The applicant shall accept all notifications of disputed claims, overpayments, and other administrative actions involving program payments and participation by electronic mail (email) at the address provided to Illinois Medical Assistance in the executed enrollment agreement, or by mail at the physical address of record.
15. The applicant agrees not to sell or provide their accounts receivable for the Program recipients to bill collection agencies, similar entities, or any other third party.
16. The applicant agrees that they may be required to refund, or have payment recouped by the Illinois Medical Assistance for both the state and federal share of any overpayments, including erroneous payments, erroneously claimed payments, payments made for non-compliant claims, payments in excess of the amount allowed, fraudulent claims or claims identified in accordance with the exclusion provisions of 42 CFR 1001.1901(b).
17. The applicant shall immediately notify Illinois Medical Assistance in writing of any change in the email address or physical address provided in the executed enrollment agreement.
18. Failure to provide Illinois Medical Assistance with changes to the email address or physical address provided in the executed enrollment agreement will constitute waiver of service of Illinois Medical Assistance notifications and documents.

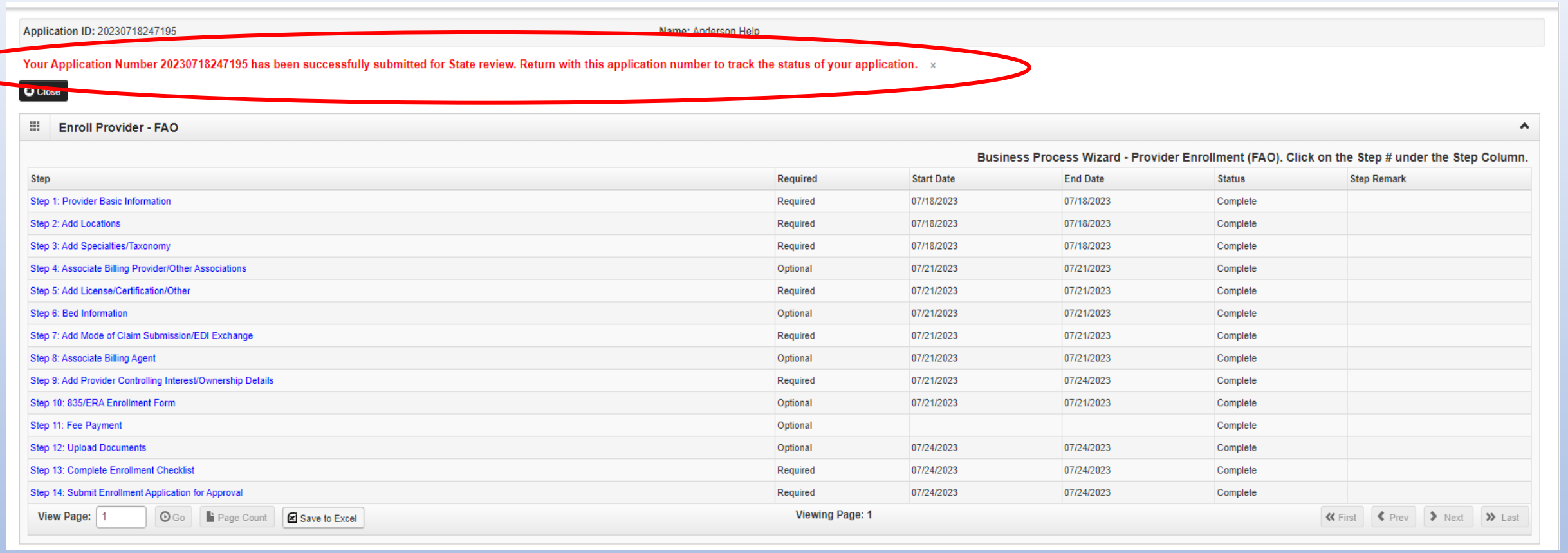
- Scroll down to read through all the terms and conditions.

Step 14: Submit Enrollment Application for Approval



- Check the box certifying that you agree to the terms and conditions.
- Then select ***Submit Application***.

Business Process Wizard (BPW)



- You have completed Step 14: ***Submit Enrollment Application for Approval***. The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- The above message will appear advising that the application has been submitted to the state for review. The application number can used to check the status of the application by going through the track application option.

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

- 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