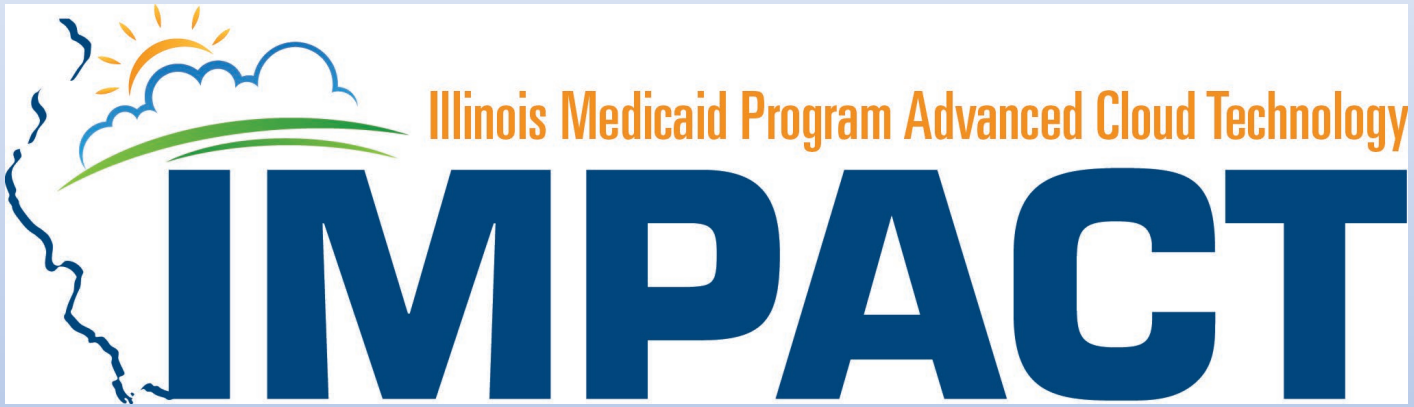
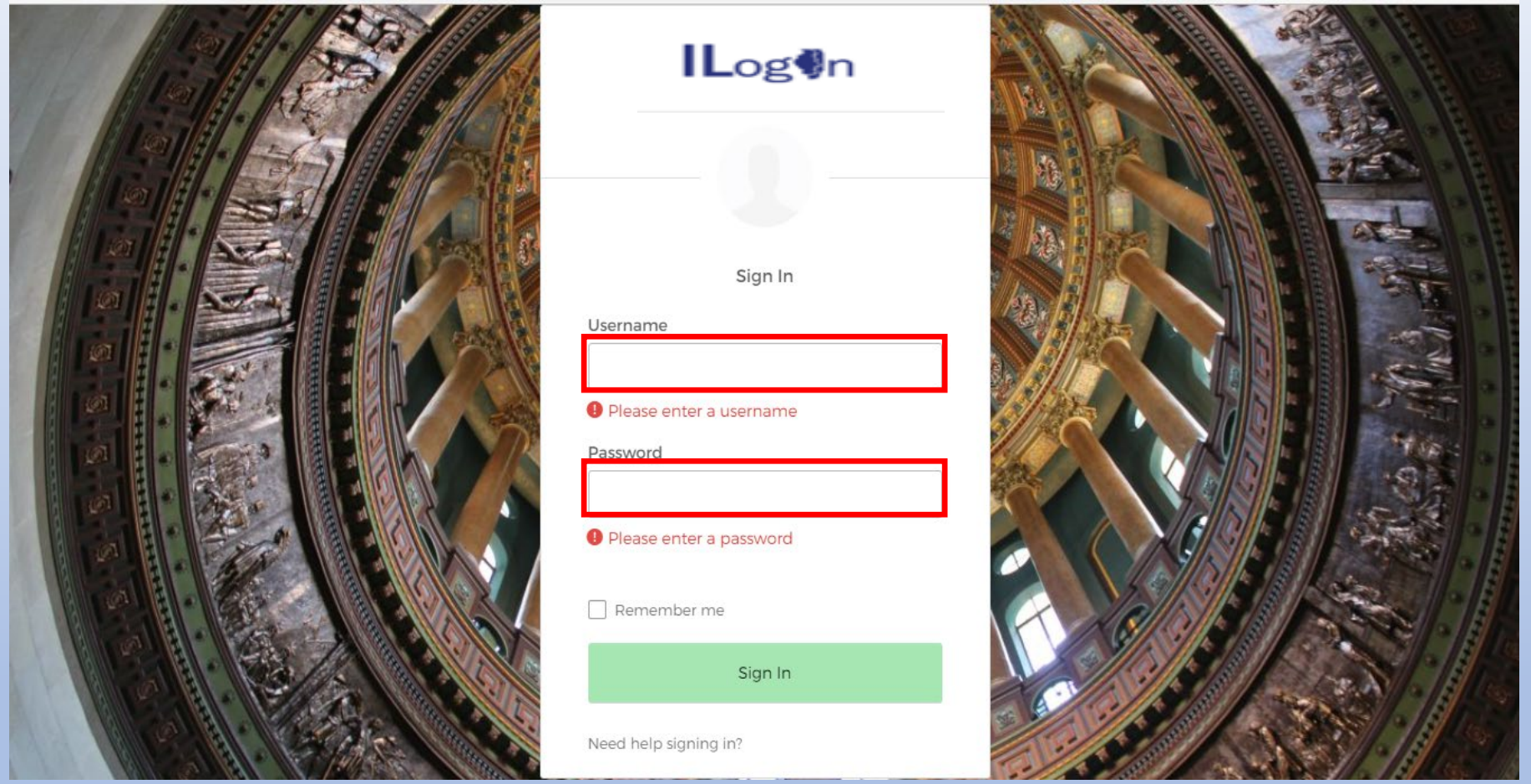
ILLINOIS PROVIDER ENROLLMENT



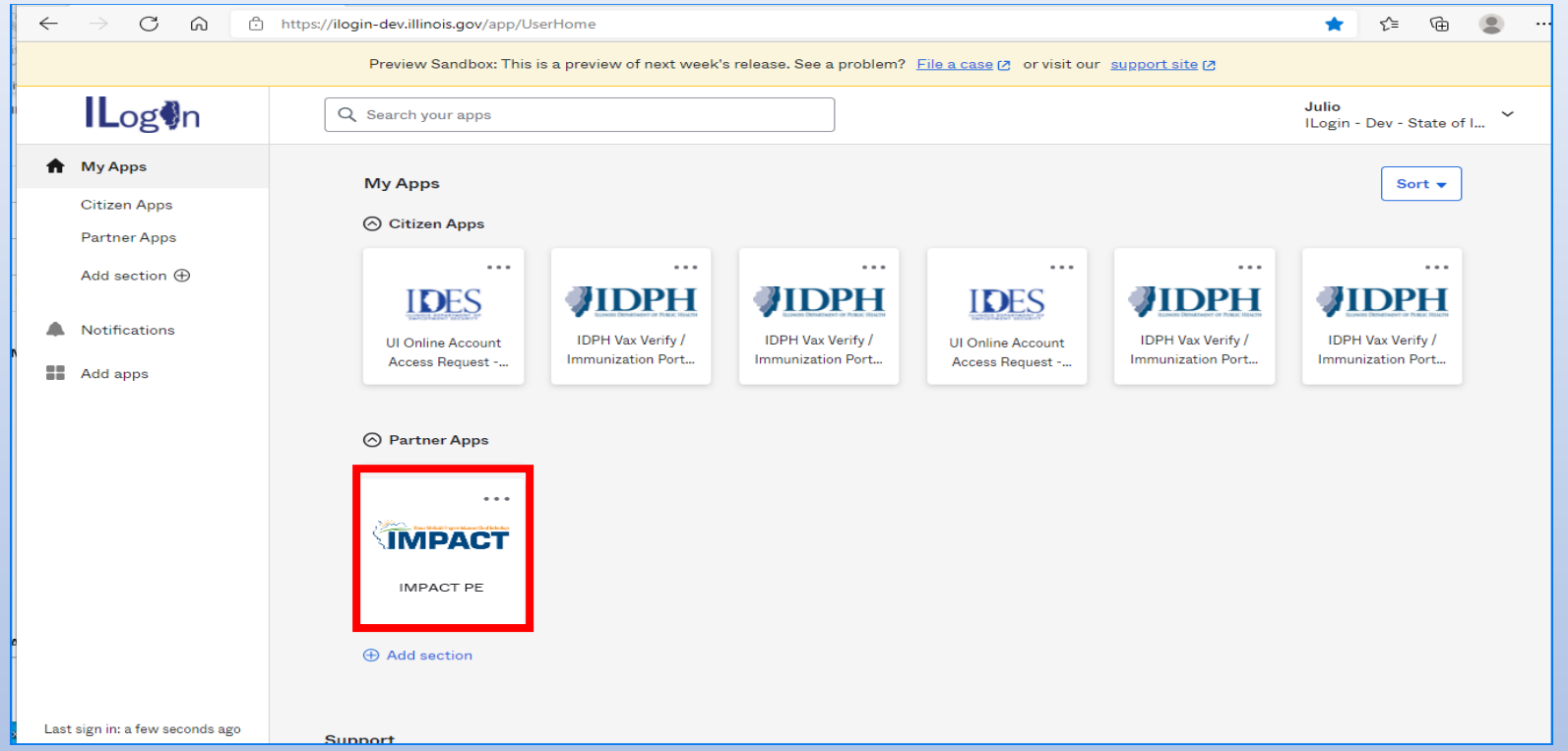
Individual / Sole Proprietor

OKTA LOGIN



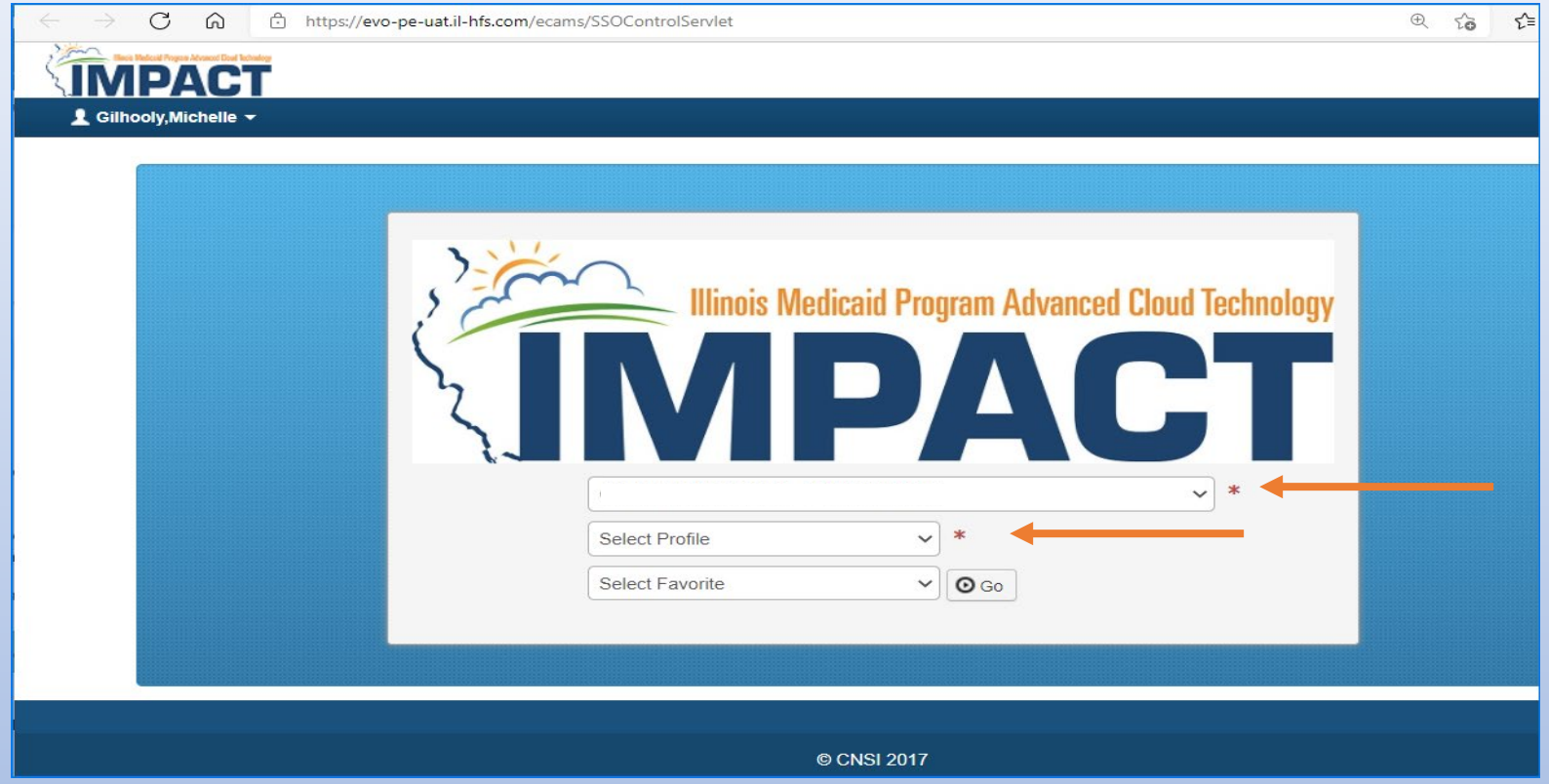
- Input Username and Password created during the creation of the account.

IMPACT CHICKLET



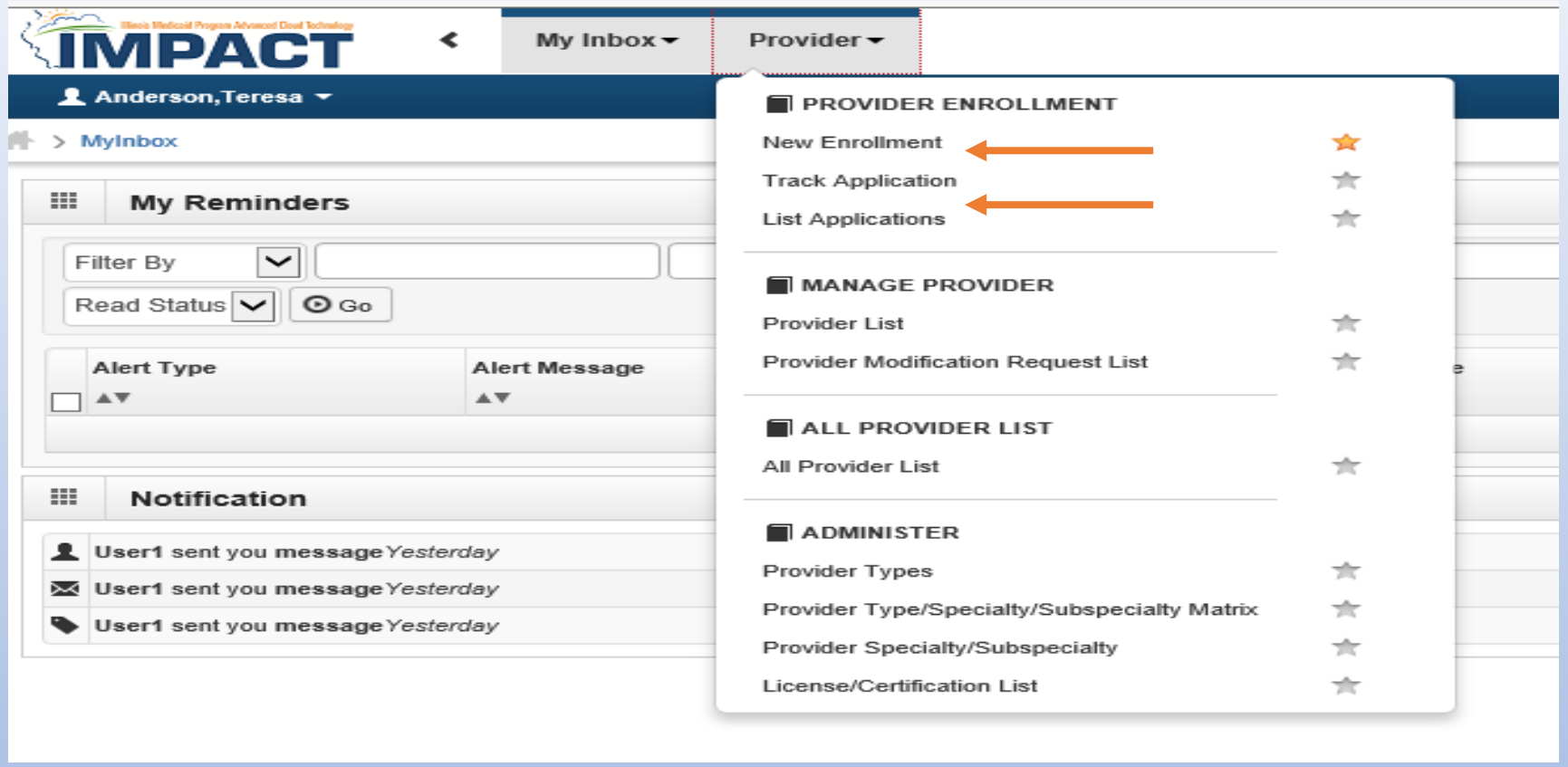
Click on the IMPACT PE Chicklet to access IMPACT

IMPACT DASHBOARD



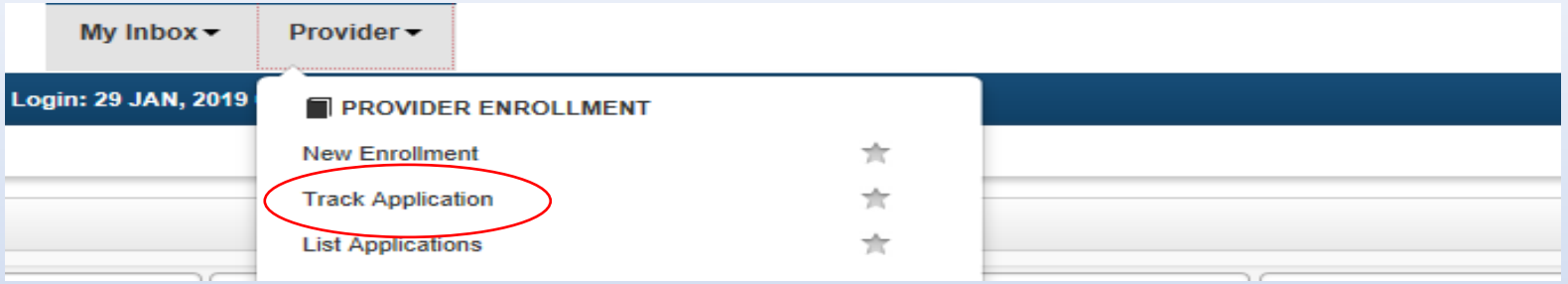
- Select the Domain and Profile from the drop-down menus

Application Process

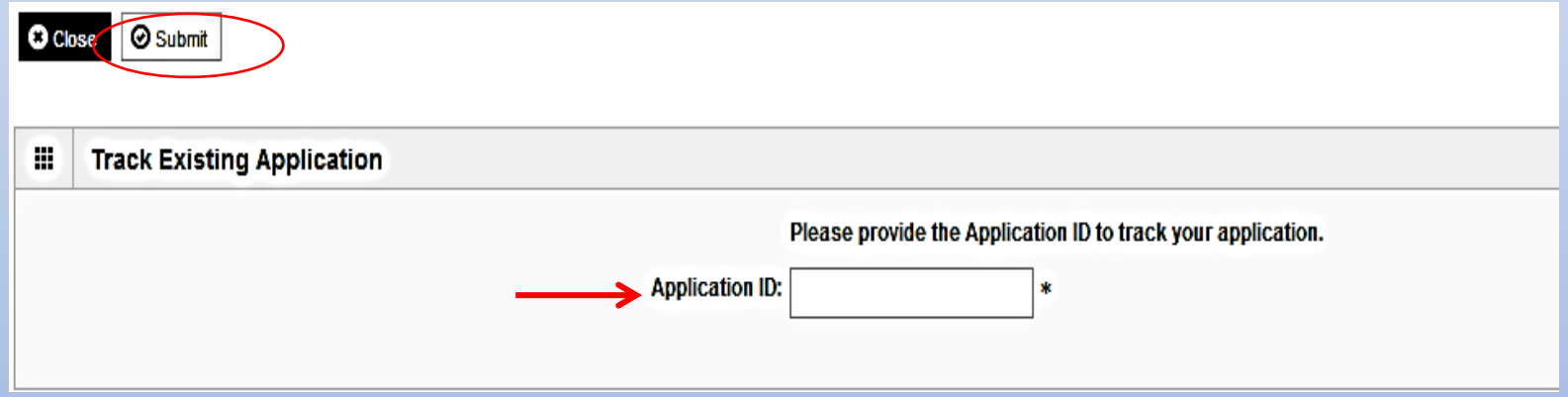


- Regarding completing an application, there are two options: New Enrollment or Resuming an application.
- If starting a new application, go to slide 7 for step-by-step instructions.
- If resuming an application previously started go to slide 6 for step-by-step instructions.

Resuming an Application

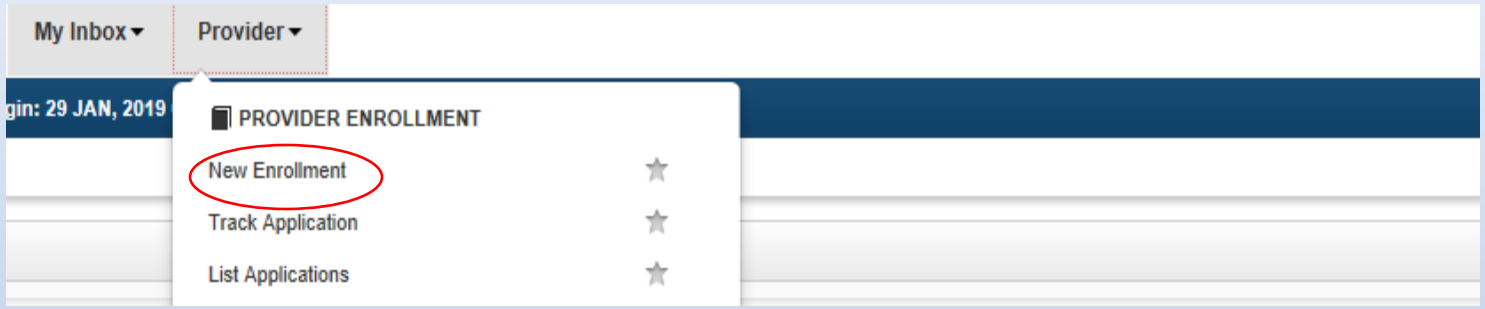


- To resume an application, click on ***Track Application***.



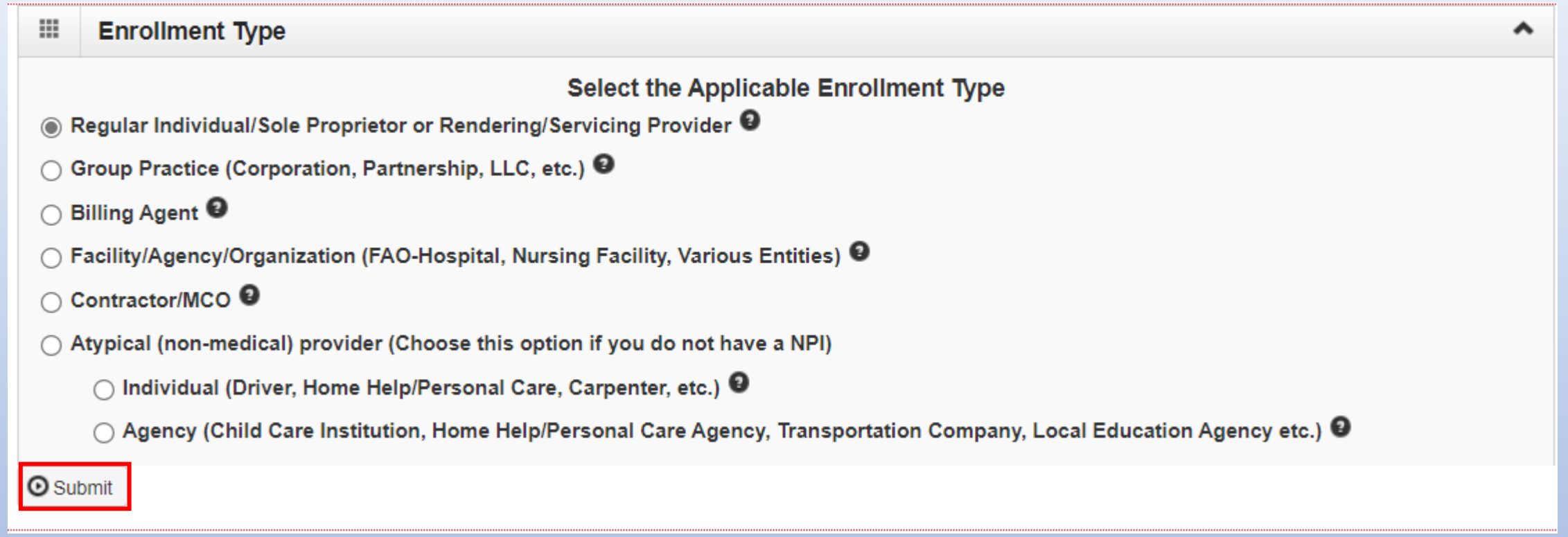
- Enter the Application ID for the application you want to access.
- After entering the ID number, click ***Submit***.
- This process will then go directly to the Business Process Wizard (BPW).

Starting a New Application



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

Start New Application

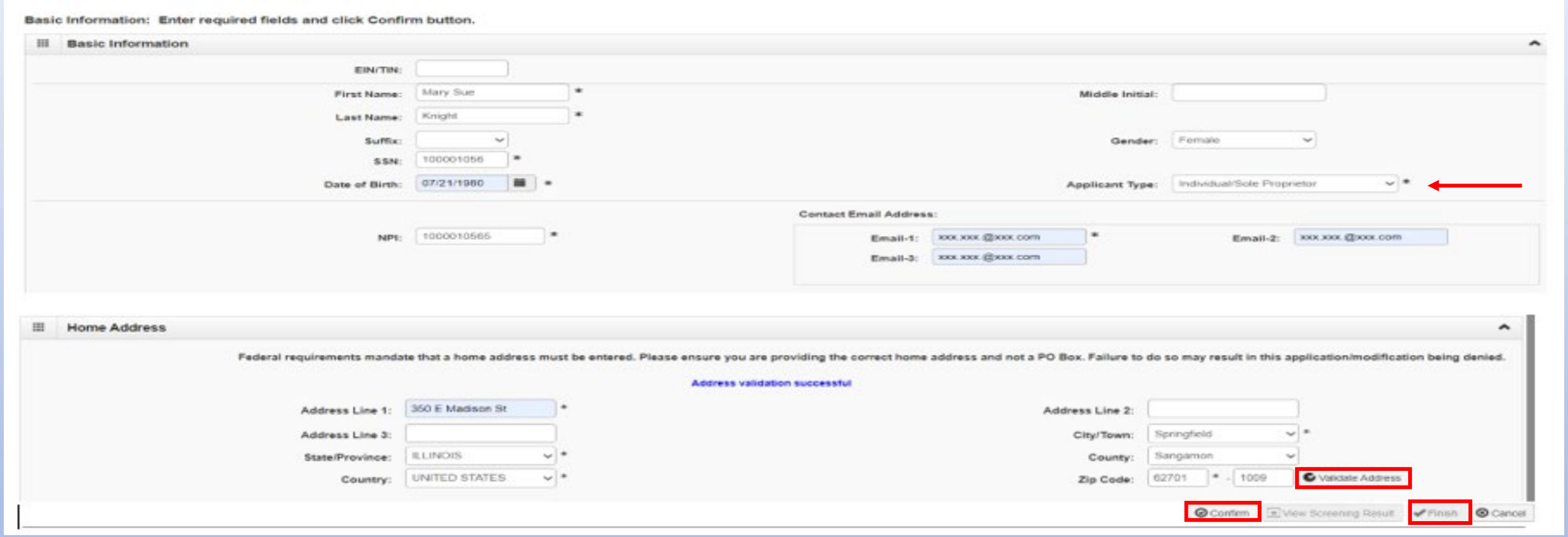


- Use the radio buttons to select your enrollment type then click on ***Submit*** in the lower left corner.

Start New Application

Step 1:(Basic information)

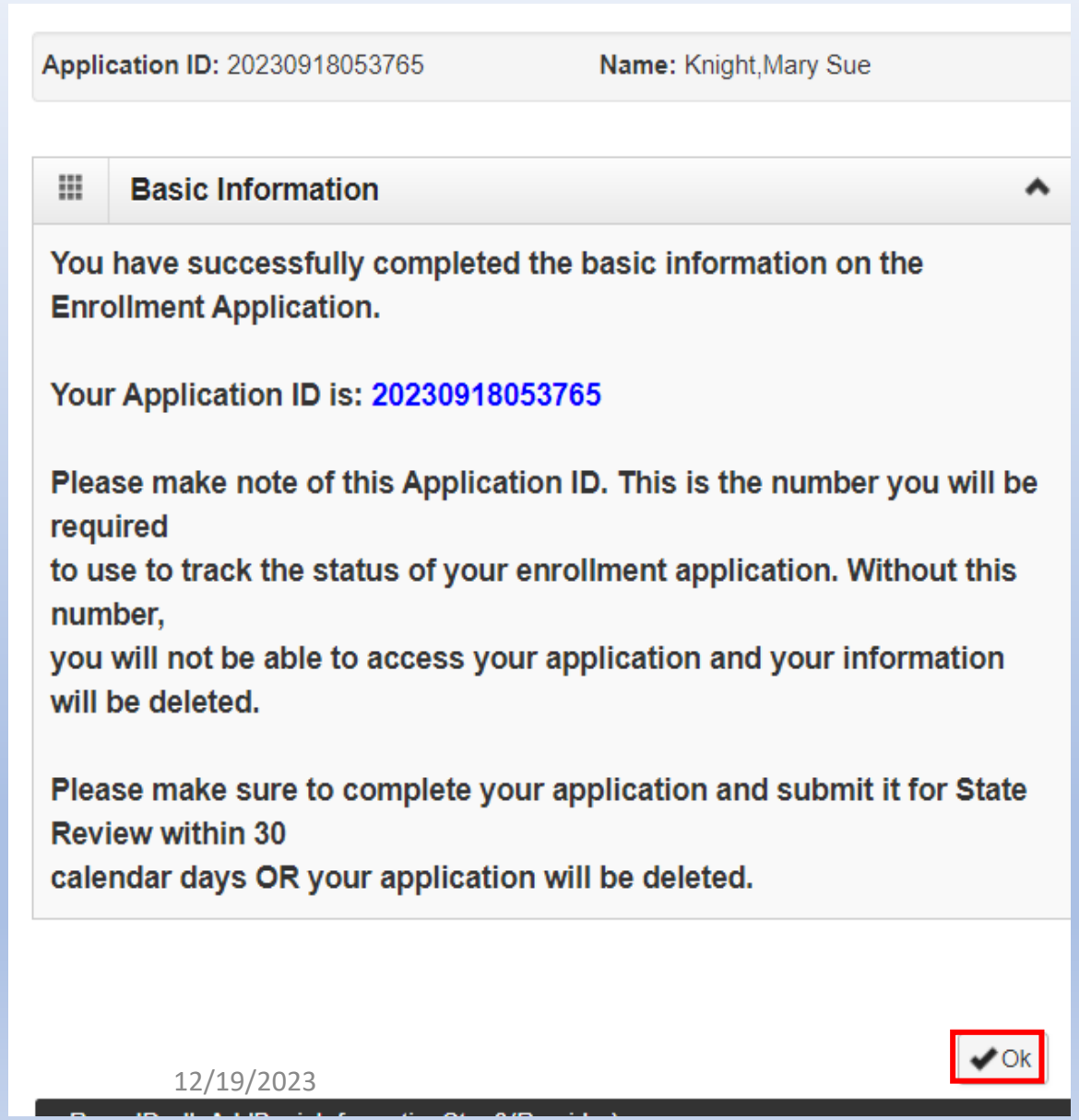
*Complete all fields especially required, which are marked with an *.*



- ***Applicant Type*** will need to be selected from the drop down and it drives the rest of the application.
- Click ***Validate Address*** after street address and zip code have been entered.
- After all the information has been entered click ***Confirm*** then ***Finish***.

Start New Application

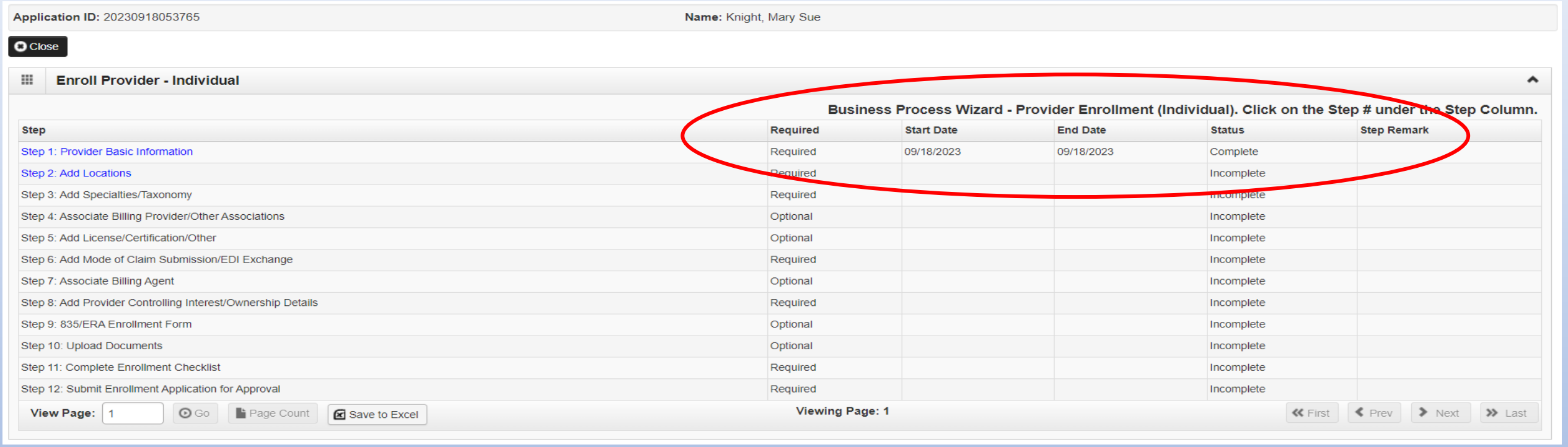
Step 1: (Basic Provider Information)



- 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: 20230918053765
- 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 has been marked approved.
- After documenting the ID number, click ***OK***.

Completing Application using BPW

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



Application ID: 20230918053765 **Name:** Knight, Mary Sue

Close

Enroll Provider - Individual

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

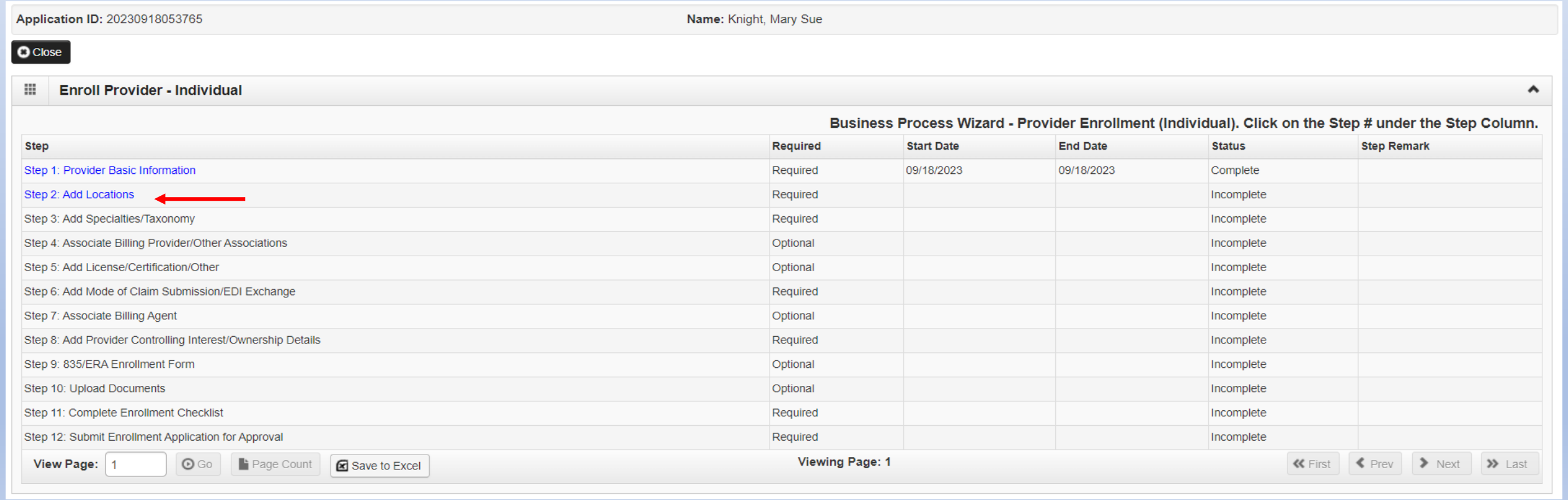
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	09/18/2023	09/18/2023	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties/Taxonomy	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: 835/ERA Enrollment Form	Optional			Incomplete	
Step 10: Upload Documents	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

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

- **Required:** Steps listed as ***Optional*** may change to ***Required*** based upon previous steps.
- **Dates**: Entered by the system; ***Start Date*** is the date each step is opened; the ***End Date*** is the date each step is completed.
- **Status**: When a step is completed the ***Status*** will be updated to ***Complete***; answering some checklist questions may change a prior step’s status back to ***Incomplete*****.**
- **Remarks**: ***Remarks*** are systematically generated throughout the enrollment process.

Completing the Application Using BPW

- Once you have documented your Application ID, you have completed Step 1: ***Provider Basic Information.*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Steps ***1***, ***2*** and ***3*** must be completed sequentially before attempting any of the later steps.
- Click on Step 2: ***Add Locations*** to continue completing your application.



Application ID: 20230918053765 **Name:** Knight, Mary Sue

Close

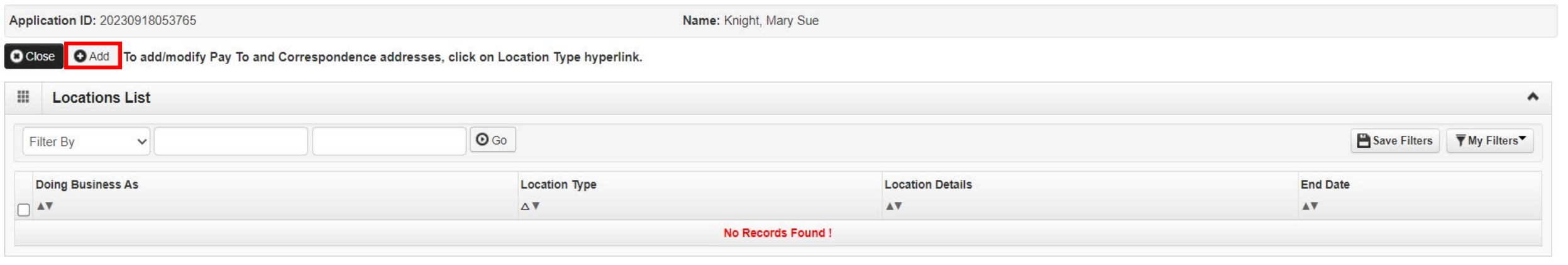
Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	09/18/2023	09/18/2023	Complete	
Step 2: Add Locations	Required			Incomplete	
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: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: 835/ERA Enrollment Form	Optional			Incomplete	
Step 10: Upload Documents	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

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

Step 2: Add Locations



- Click ***Add*** to input the Primary Practice Location address details.

Step 2: Add Locations

*Complete all fields required, which are marked with an *.*

Application ID: 20230918053765 **Name:** Knight, Mary Sue

For all locations, Correspondence address is required. For Primary Practice Location, Pay-To address is required.

Add Provider Location

Location Type: Primary Practice Location *

Doing Business As:

End Date:

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address validation successful

Address Line 1: 607 E Adams St *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: Springfield *

State/Province: ILLINOIS *

County: Sangamon

Country: UNITED STATES *

Zip Code: 62701 * - 1634 Validate Address

Phone Number: (217) 555-1212 * **Extn:**

Fax Number:

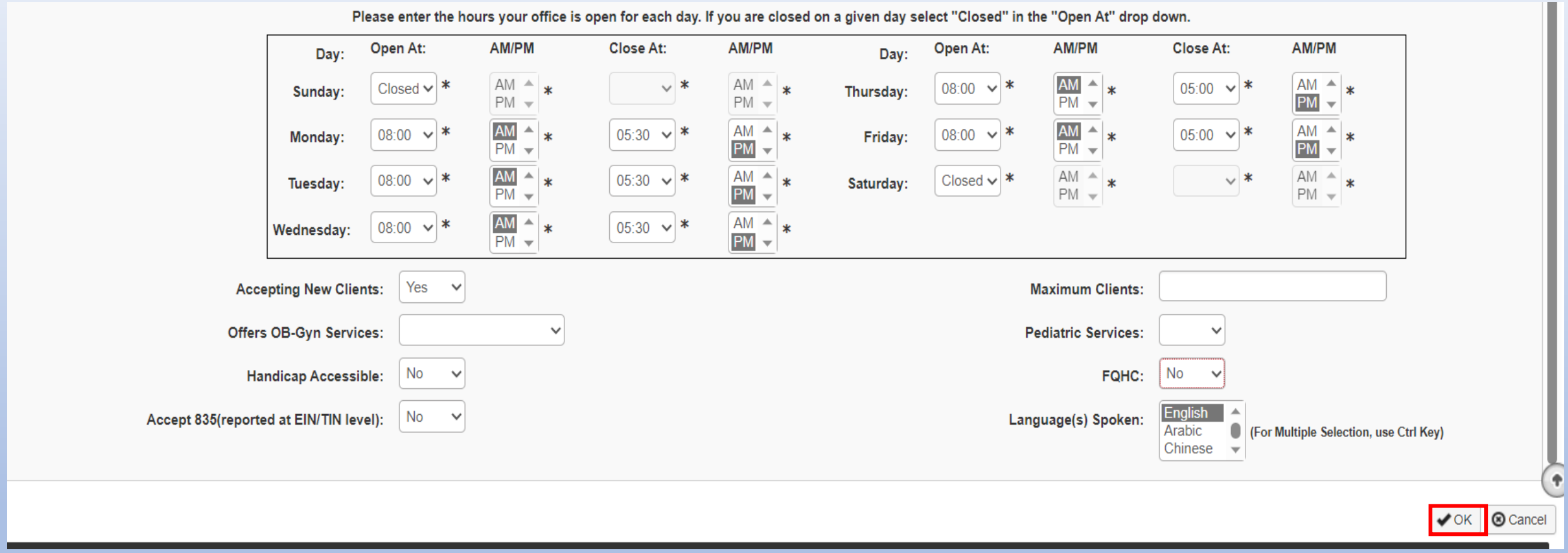
Email Address: xxx.xxx.@xxx.com

Web Page:

Communication Preference: Email

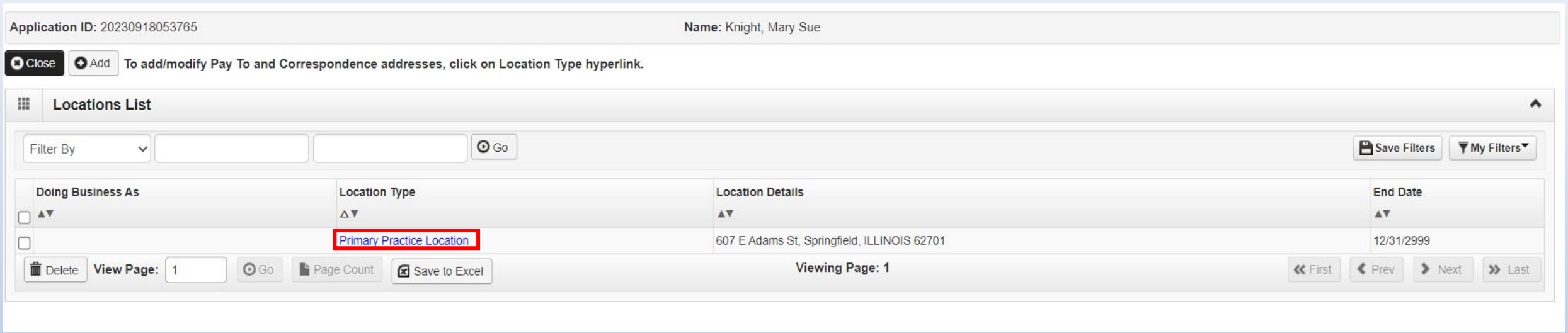
Step 2: Add Locations

*Complete all fields required, which are marked with an *.*



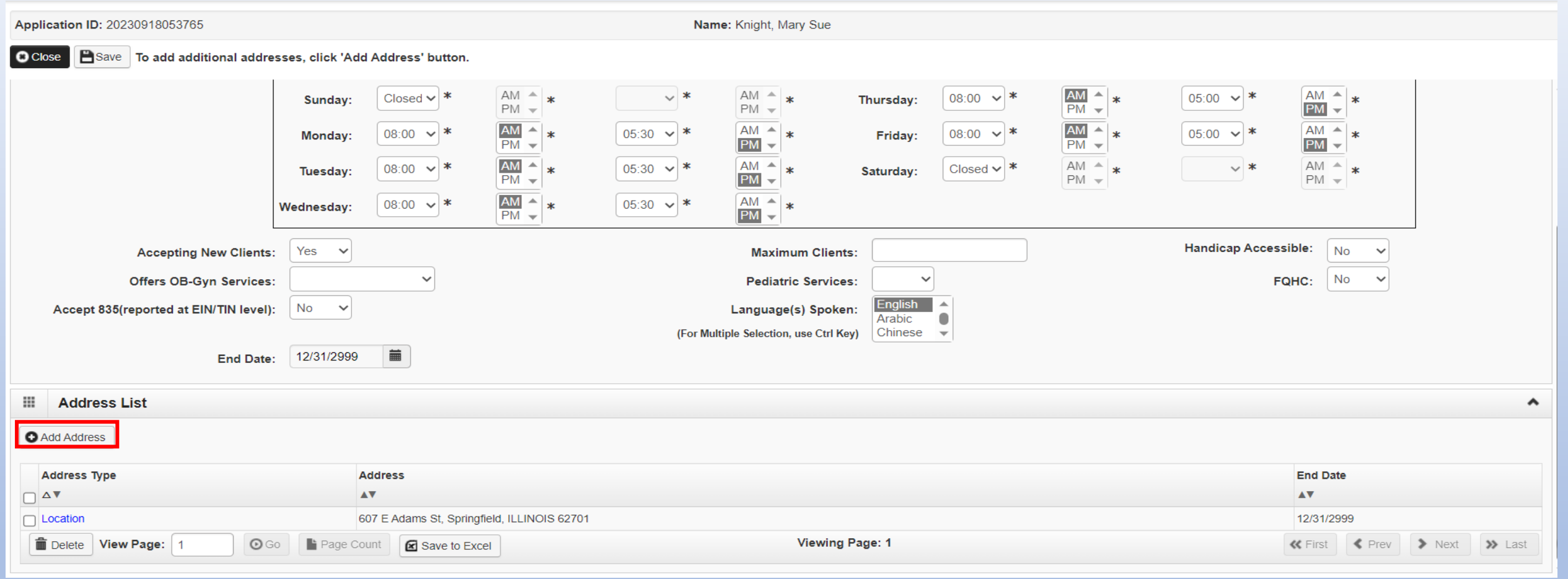
- Enter office hours and answer questions.
- After all information has been entered, click on ***OK***.

Step 2: Add Locations



- Click on the ***Primary Practice Location*** hyperlink to add addresses for this location.
- The ***Primary Practice Location*** requires a ***Correspondence*** and a ***Pay To*** address be entered.

Step 2: Add Locations

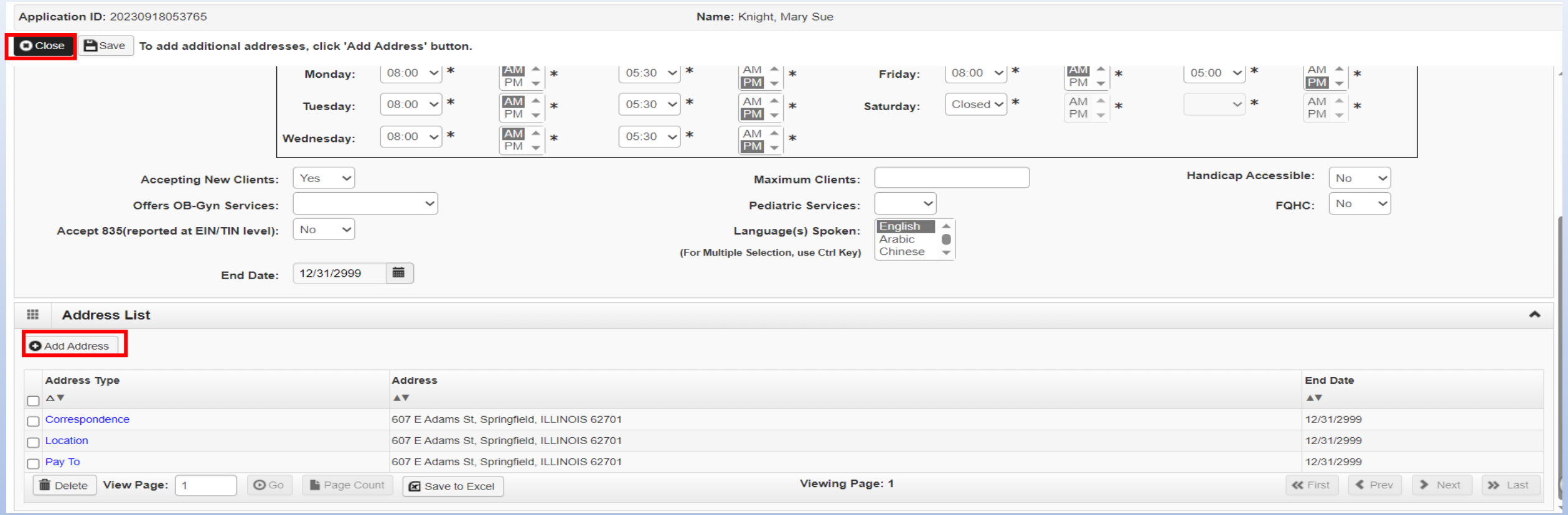


- Scroll to bottom of page.
- Click on ***Add Address*** to input the additional address information for the Primary Practice Location.

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***.
- Repeat these steps for each additional address type.

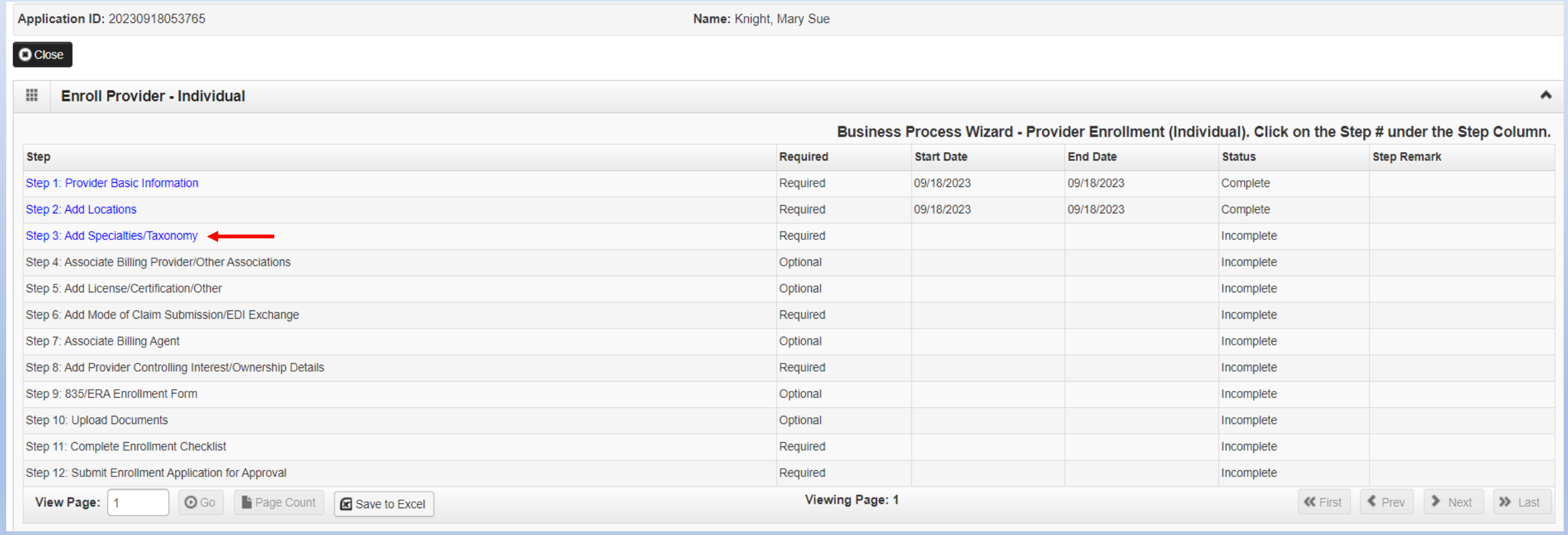
Step 2: Add Locations



- 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 required.
- Once all location addresses have been entered, click on ***Close***.

Business Process Wizard

- 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/Taxonomy*** to continue your application.



Application ID: 20230918053765 **Name:** Knight, Mary Sue

Close

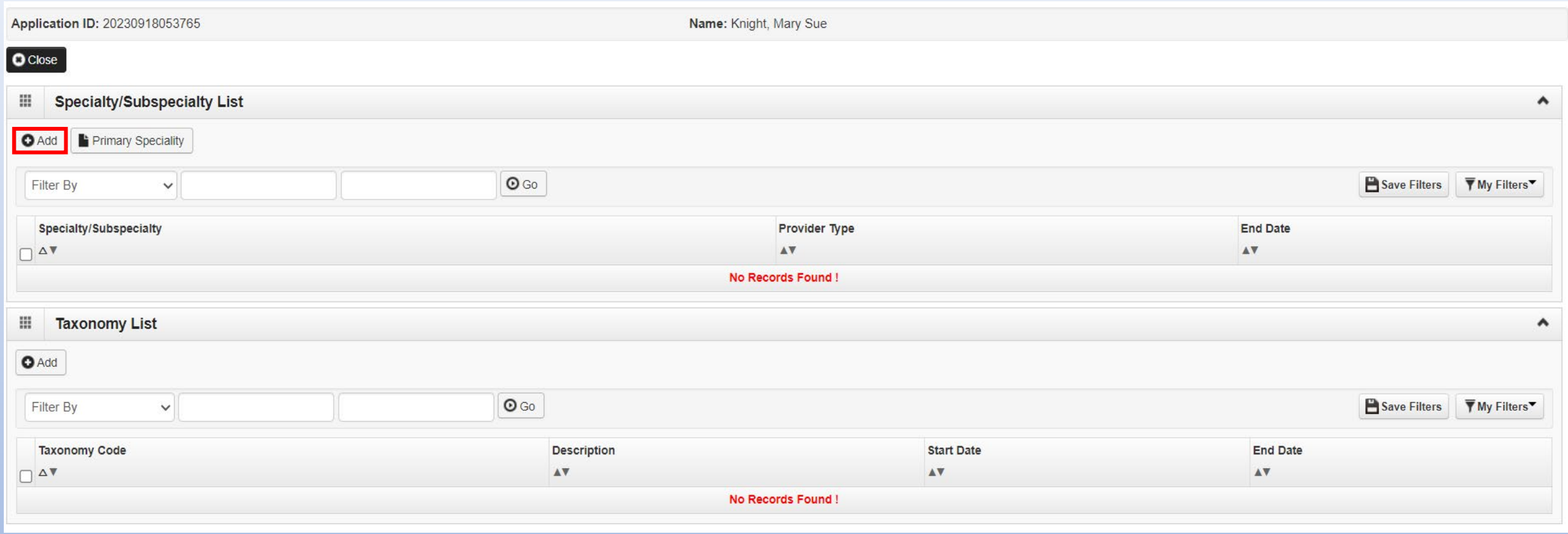
Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	09/18/2023	09/18/2023	Complete	
Step 2: Add Locations	Required	09/18/2023	09/18/2023	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: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: 835/ERA Enrollment Form	Optional			Incomplete	
Step 10: Upload Documents	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

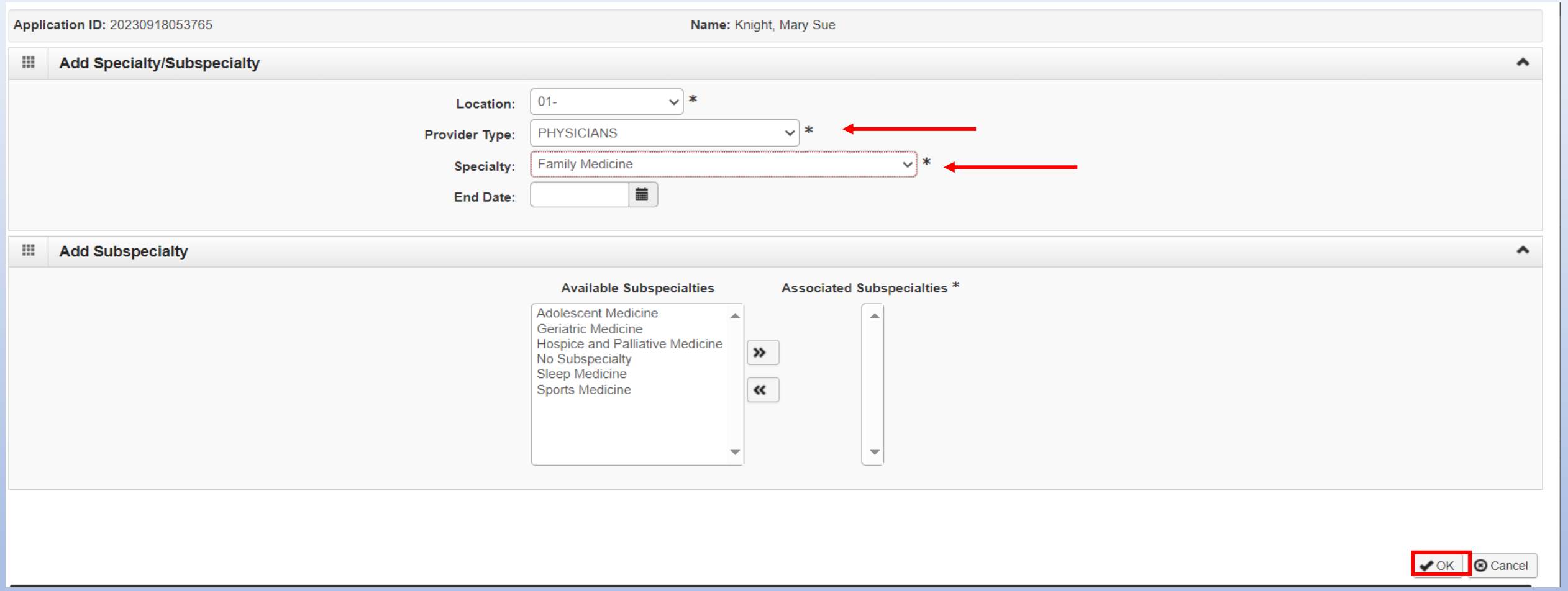
View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

Step 3: Add Specialties/Taxonomy



- Click on the ***Add*** button in the upper left corner.

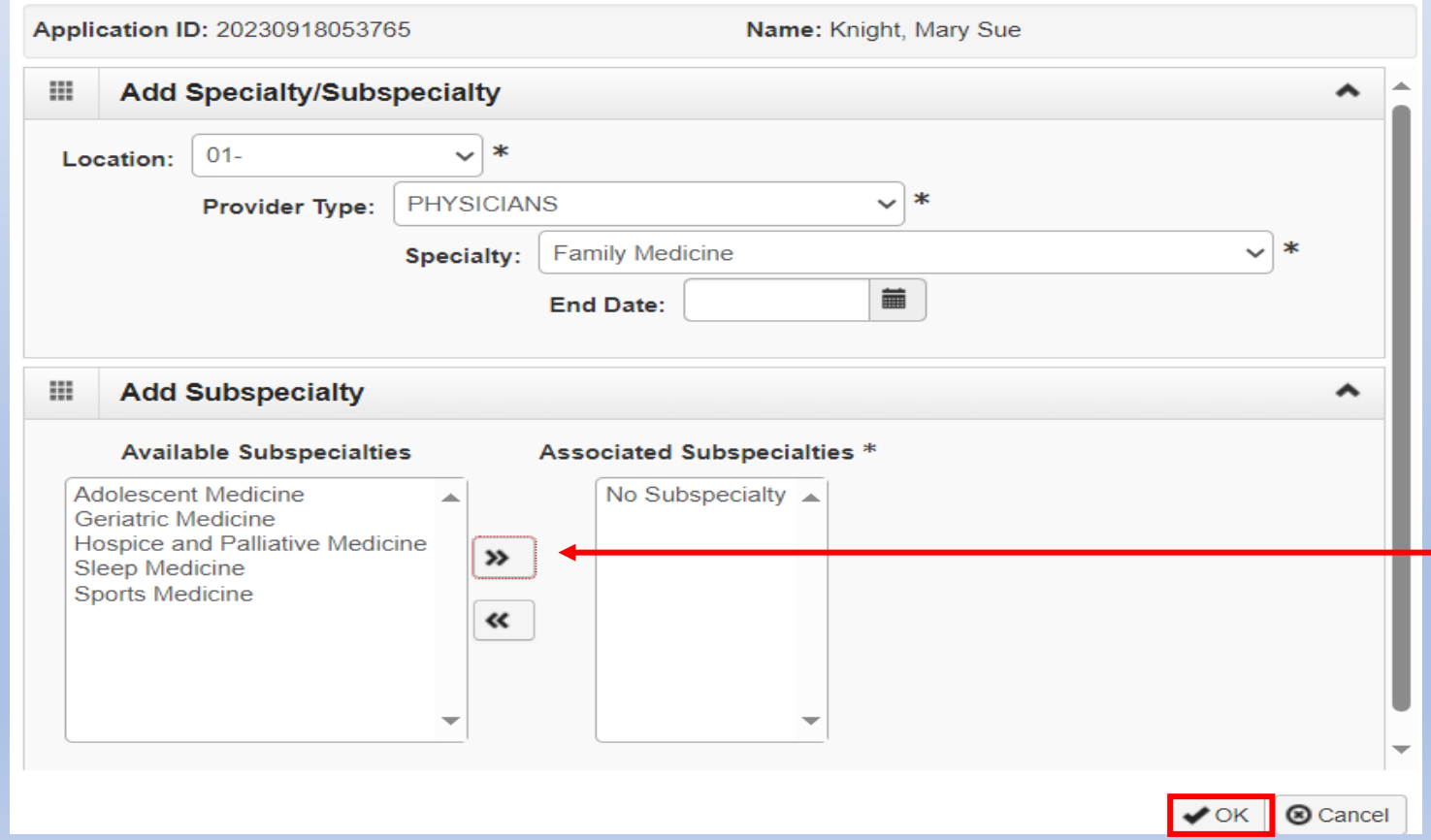
Step 3: Add Specialties/Taxonomy



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

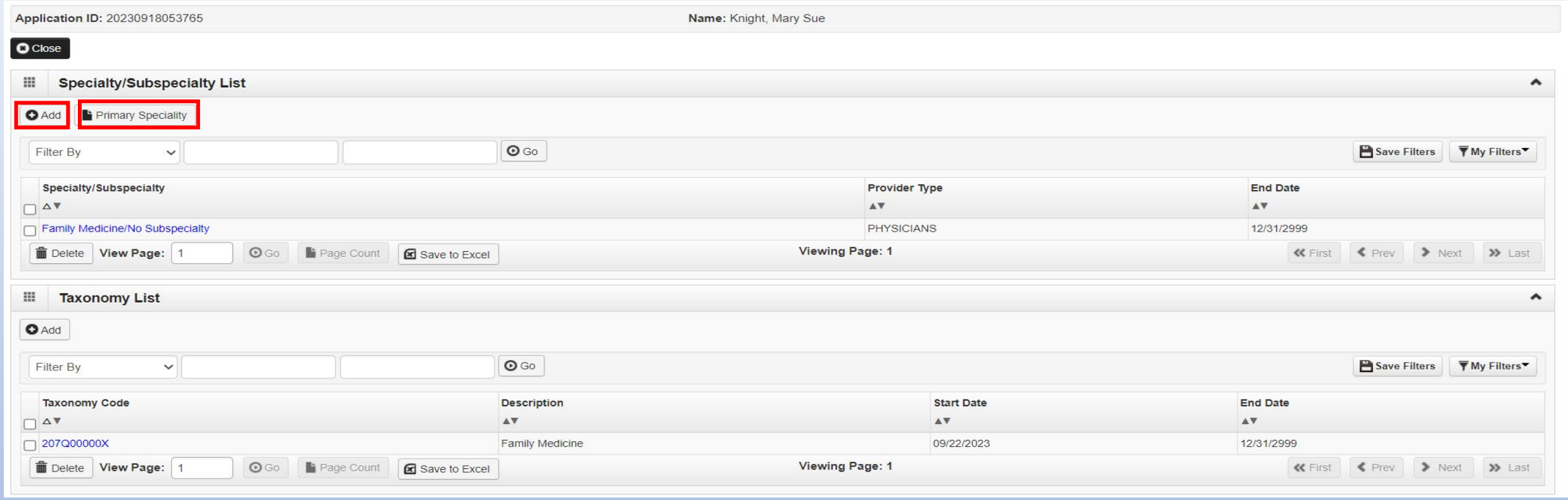
Step 3: Add Specialties/Taxonomy

- 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.

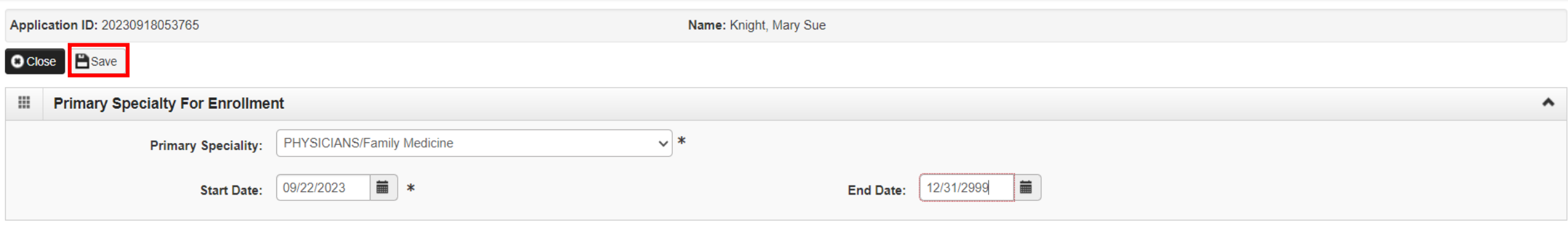
Step 3: Add Specialties/Taxonomy



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

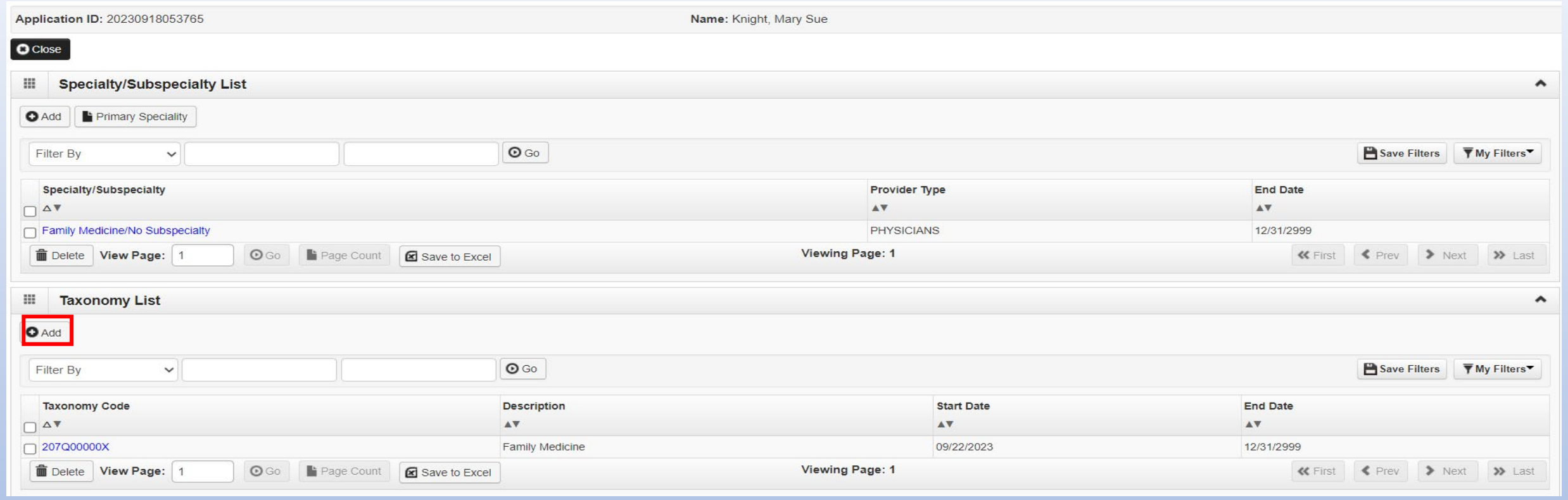
- When all the specialties/subspecialties have been entered, click ***Primary Specialty*** to designate one of the listed Specialties as Primary.

Step 3: Add Specialties/Taxonomy



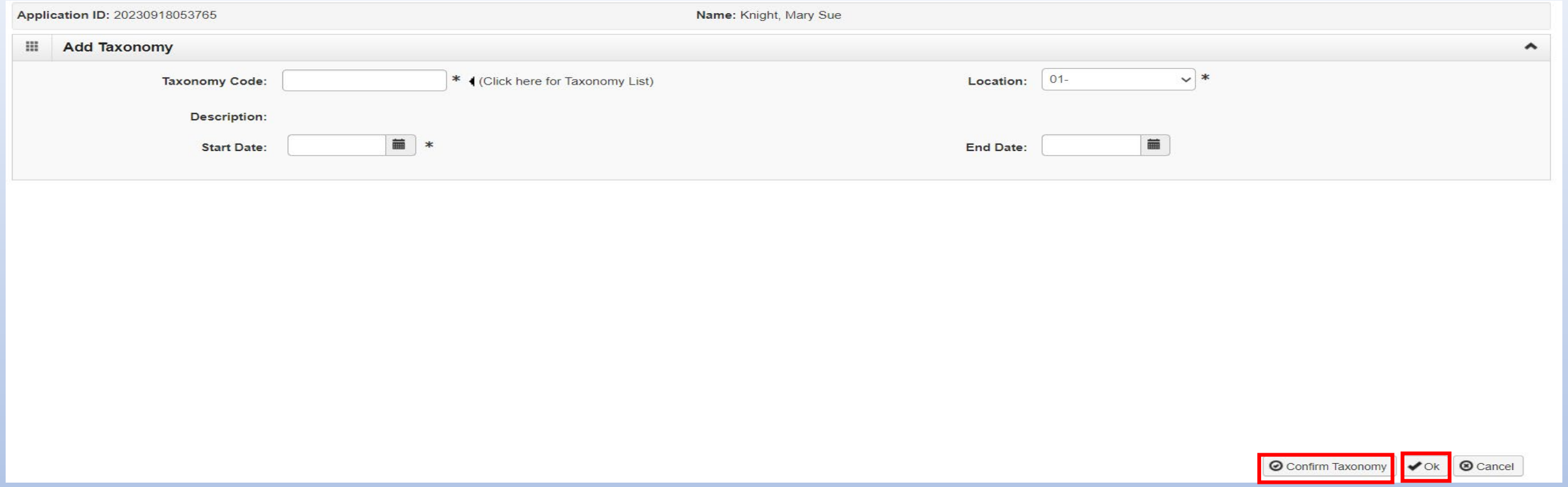
- Choose the ***Primary Specialty*** for this enrollment from the drop-down menu.
- Complete the ***Start Date*** field. Leave ***End Date*** blank.
- When all information has been entered, click on ***Save*** then ***Close***.

Step 2: Add Specialties/Taxonomy



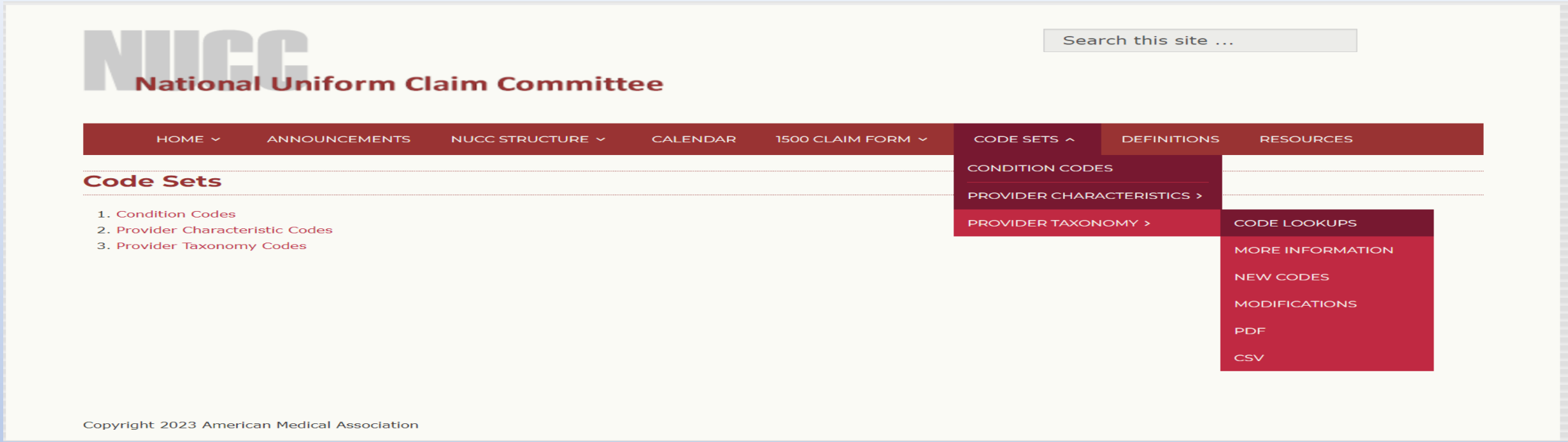
- The Taxonomy Code should automatically populate but if it does not click on the Add tab under Taxonomy List.
- At least one of the Taxonomy Codes entered in IMPACT must be the Taxonomy Code registered with the National Plan and Provider Enumeration System (NPPES).
- If the Taxonomy code automatically populates proceed to slide 31.

Step 2: Add Specialties/Taxonomy



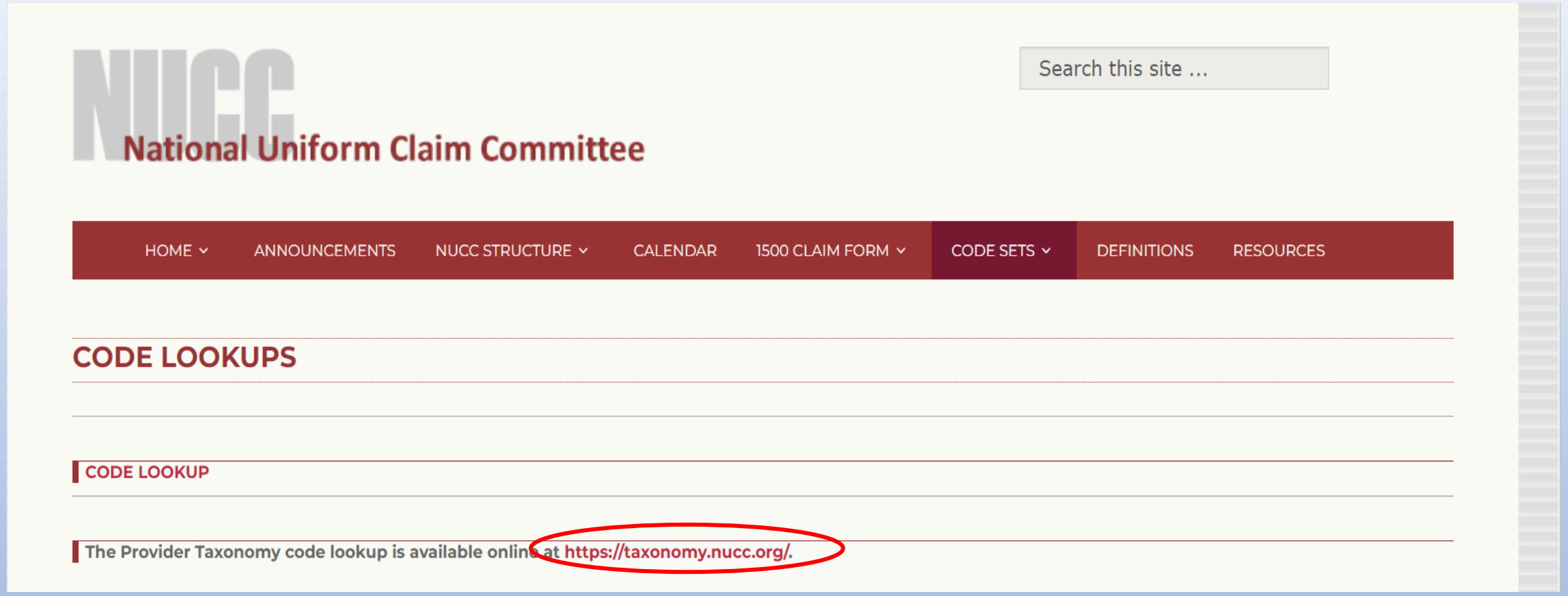
- Enter the ***Taxonomy Code*** and the ***Start Date***.
- Click on ***Confirm Taxonomy*** and verify ***Description*** is populated correctly.
- Click on ***OK*** to finalize the submission.
- If the code is not known, click on the ◄ to the right of the box to access The National Uniform Claim Committee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

Step 2: Add Specialties/Taxonomy



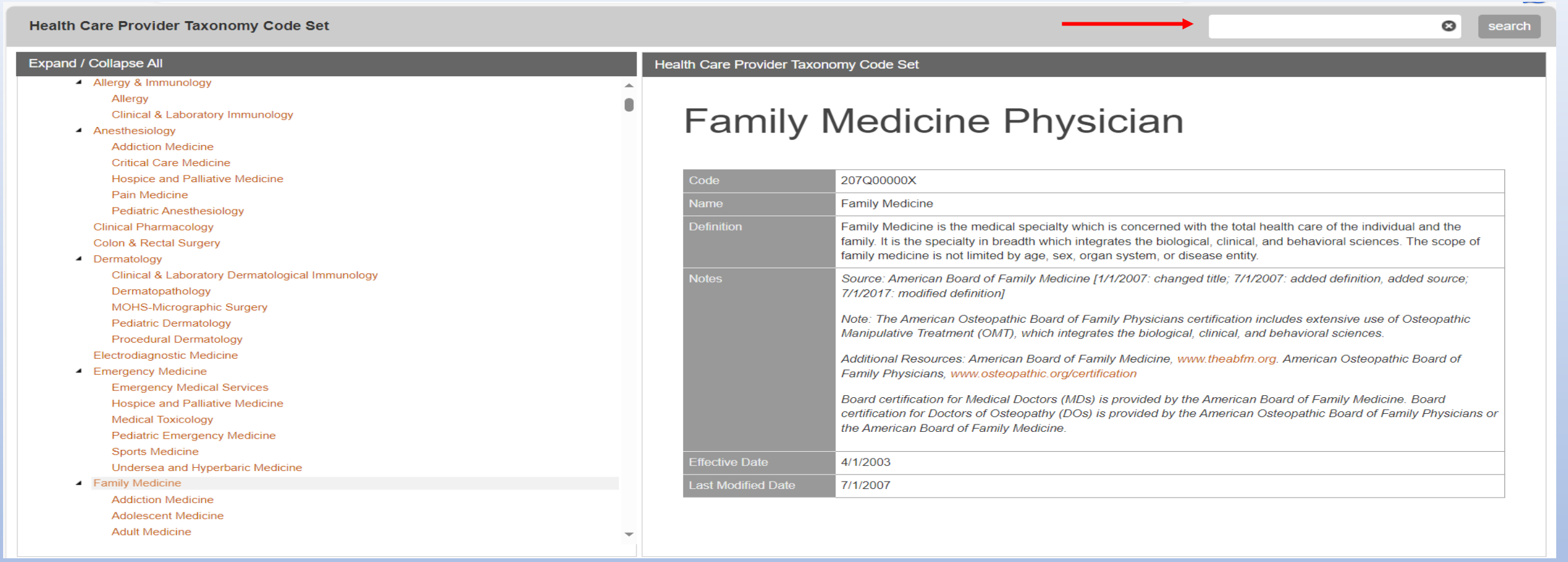
- In the web browser window that opens click on Code Sets.
- Scroll down to Provider Taxonomy
- Click on Provider Taxonomy then scroll over to Code Lookups.

Step 2: Add Specialties/Taxonomy



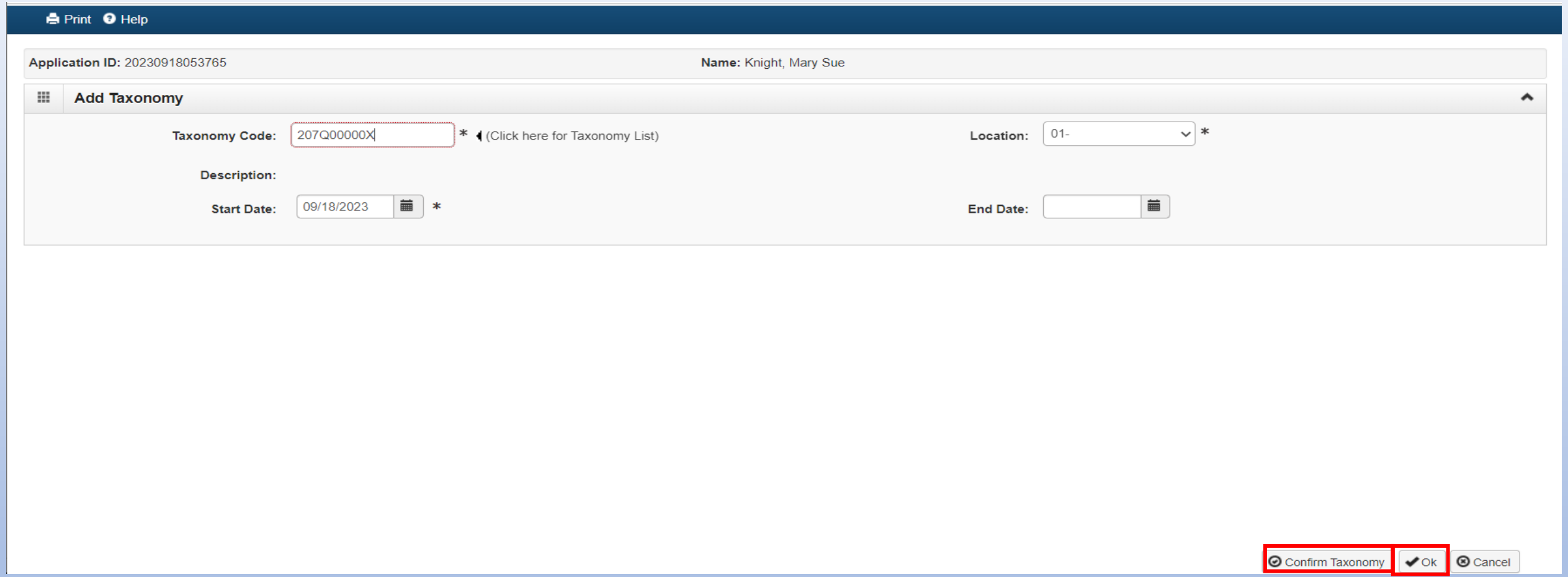
- Click on the ***red*** hyperlink

Step 2: Add Specialties/Taxonomy



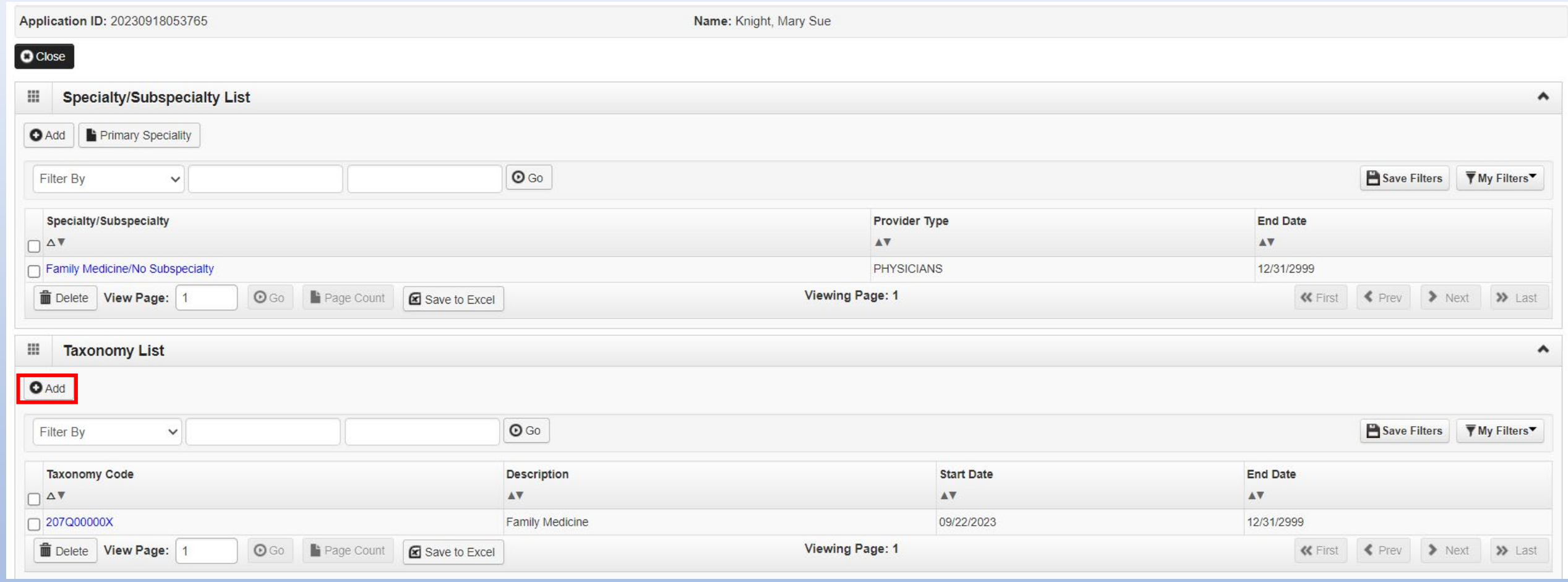
- Scroll down Taxonomy Code list and choose and write down your ***Taxonomy Code***.
  OR
- Type Specialty into search box and click on search and write down your ***Taxonomy Code***

Step 2: 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 2: 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

Application ID: 20230918053765 **Name:** Knight, Mary Sue

Close

Enroll Provider - Individual

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

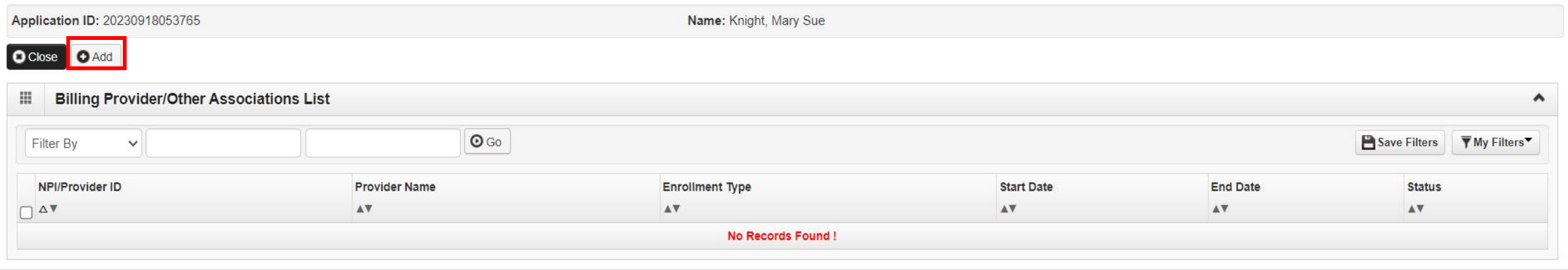
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	09/18/2023	09/18/2023	Complete	
Step 2: Add Locations	Required	09/18/2023	09/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	09/22/2023	09/22/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Complete	
Step 5: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: 835/ERA Enrollment Form	Optional			Incomplete	
Step 10: Upload Documents	Optional			Complete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: 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*** to continue your application.

Step 4: Associate Billing Provider

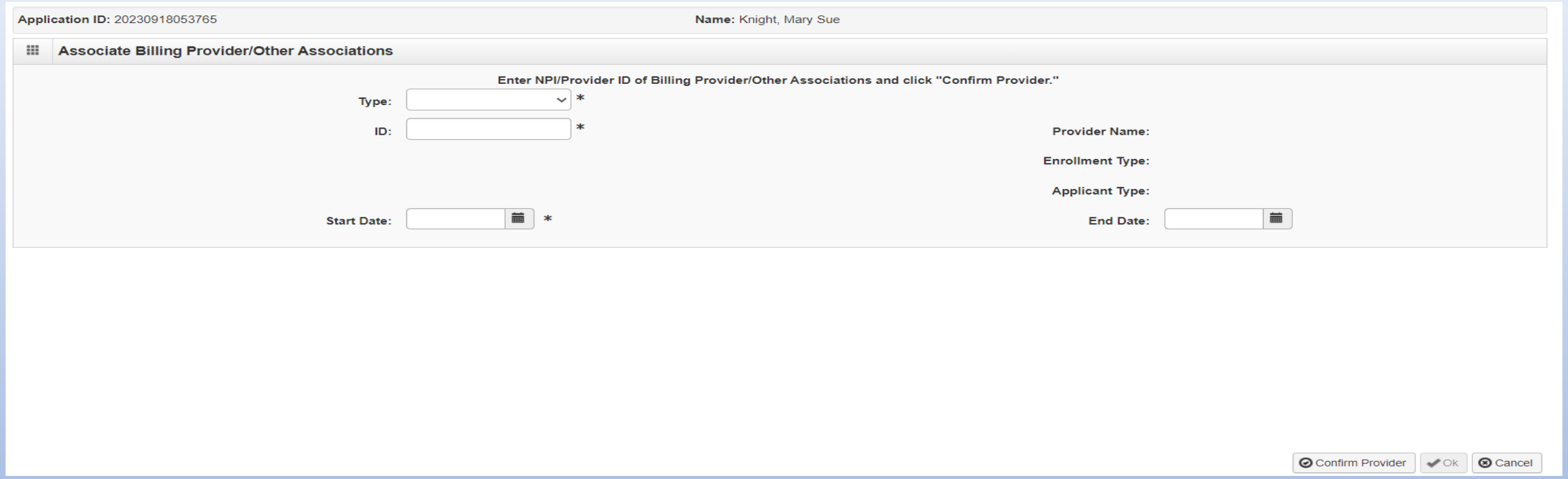
Note: This Step in Optional



- This step is **Optional.**
- Click ***Add*** to associate to a Billing Provider.

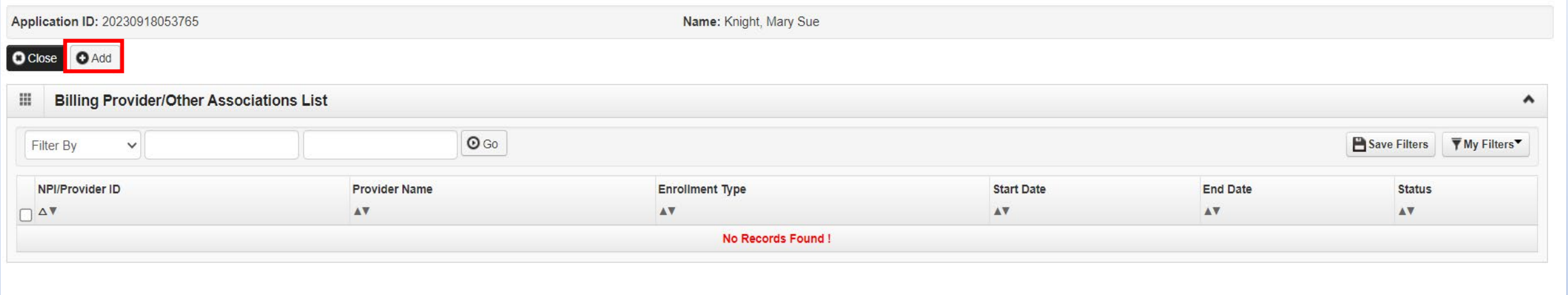
Step 4: Associate Billing Provider

Input the Employer's NPI not Rendering/Servicing Provider's NPI



- Once all information has been entered, click on ***Confirm Provider*** and verify the correct ***Provider Name*** is displayed .
- Click ***OK*** when you are finished.

Step 4: Associate Billing Provider



- To associate to an additional Billing Provider, click ***Add*** and repeat the previous steps.
- If there are no other Billing Providers to add, click on ***Close*** to return to the BPW.

Business Process Wizard

Illinois Medicaid Program Advanced Cloud Technology
IMPACT

Application ID: 20230918053765 **Name:** Knight, Mary Sue

Close

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	09/18/2023	09/18/2023	Complete	
Step 2: Add Locations	Required	09/18/2023	09/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	09/22/2023	09/22/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	09/22/2023	09/22/2023	Complete	
Step 5: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: 835/ERA Enrollment Form	Optional			Incomplete	
Step 10: Upload Documents	Optional			Complete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

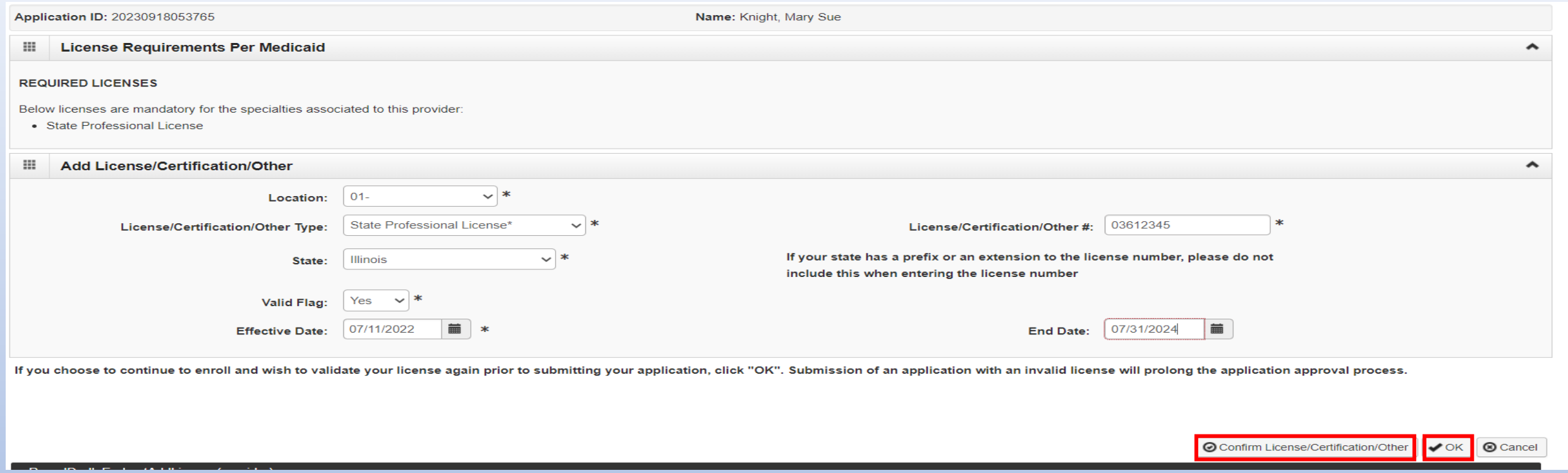
View Page: 1 Go Page Count Save to Excel Viewing Page: 1 First Prev Next Last

- You have completed Step 4: ***Associate Billing Provider.*** 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 Licensing/Certification/Other*** to continue your application.

Step 5: Add Licenses/Certifications/Other

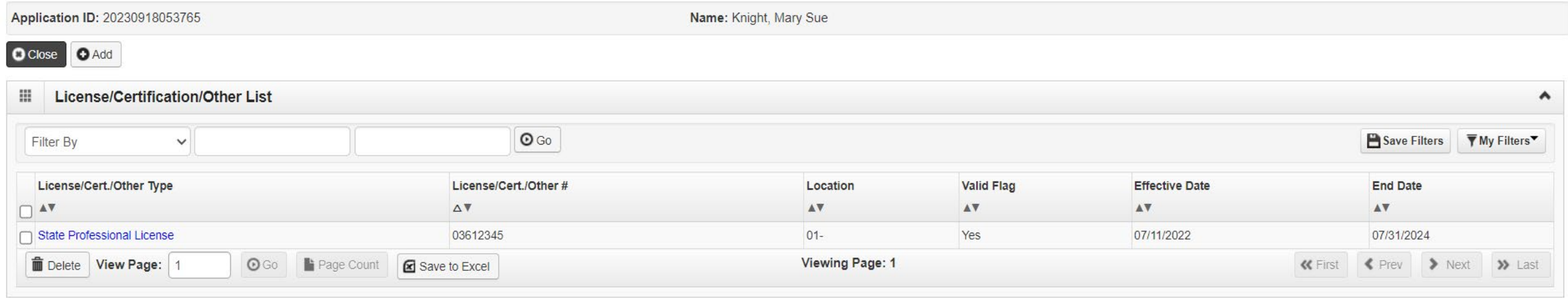
- Click on the ***Add*** button to begin adding Licenses and Certifications.

Step 5: Add Licenses/Certifications/Other



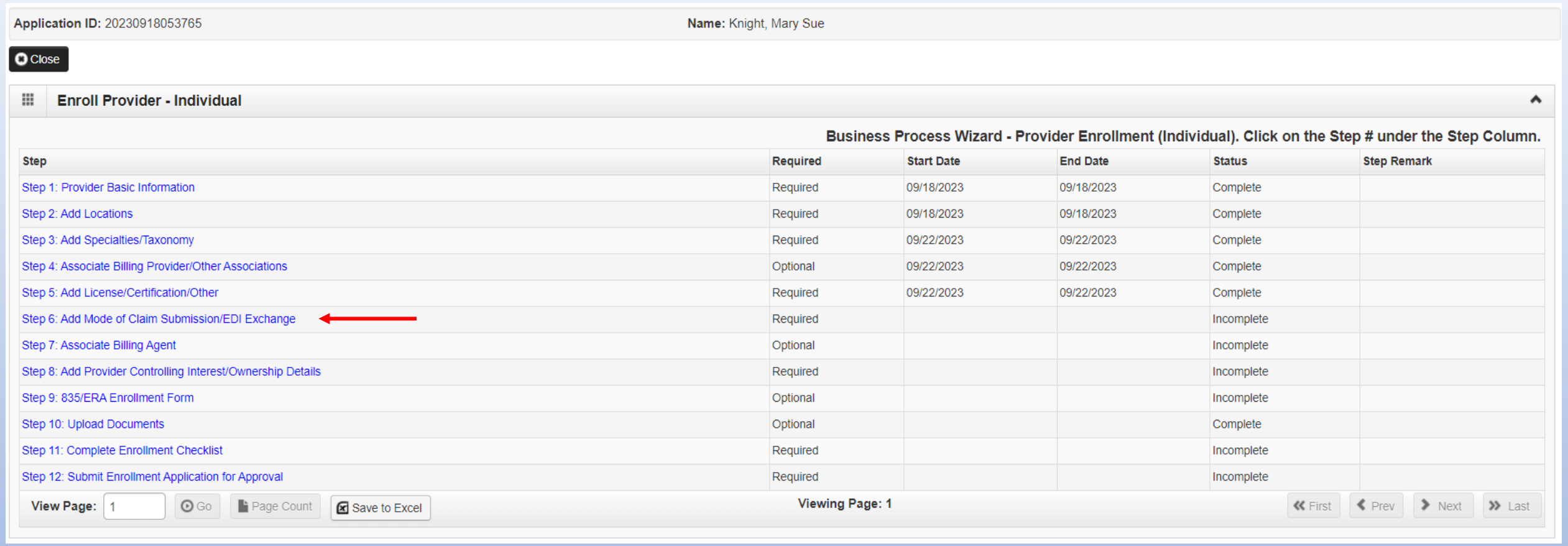
- Click the drop-down menu next to ***License/Certification Type*** to select your License/Certification, then enter the ***License/Certification Number*** and ***Effective Date*** in the appropriate fields. Leave the ***End Date*** field blank.
- After all information is entered, click on ***Confirm License/Certification.***
- Clicking this button will result in the License/Certification being validated and update the ***Valid Flag*** to ***Yes*** and will add the license end date if it is verified to be authentic.
- Click ***Ok***.

Step 5: Add Licenses/Certifications/Other



- If any additional Licenses/Certifications, click on the ***Add*** button in the top left corner and repeat the steps.
- Click ***Close*** once all Licenses/Certifications have been entered to return to the BPW.

Business Process Wizard

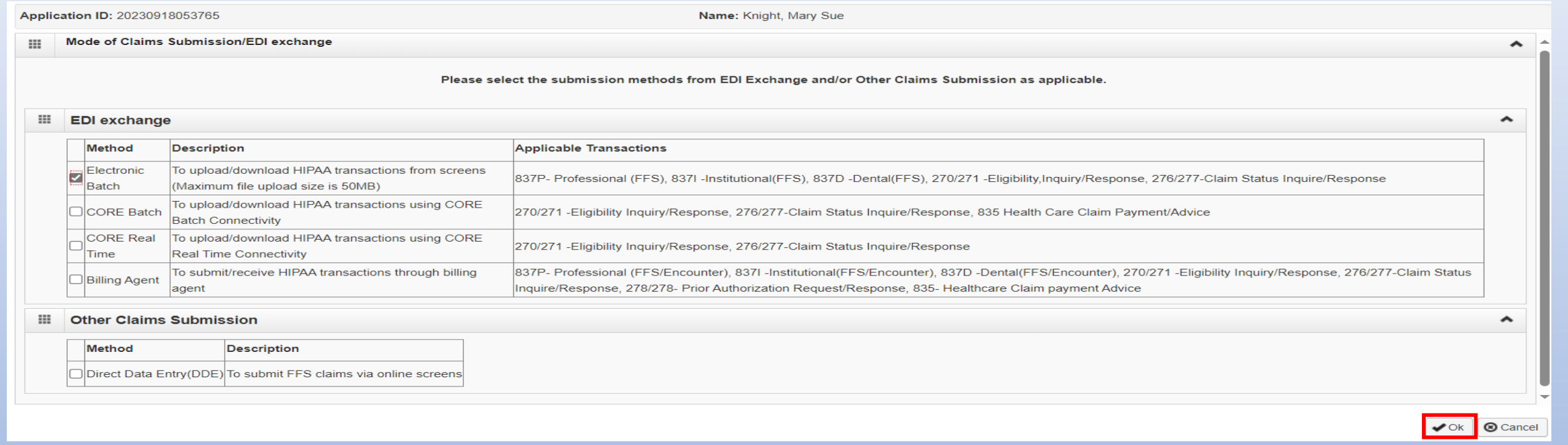


- You have completed Step 5: ***Add Licensing/Certification/Other.*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Click on Step 6: ***Add Mode of Claim Submission*** to continue your application.

Step 6: Mode of Claim 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: 20230918053765 **Name:** Knight, Mary Sue

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

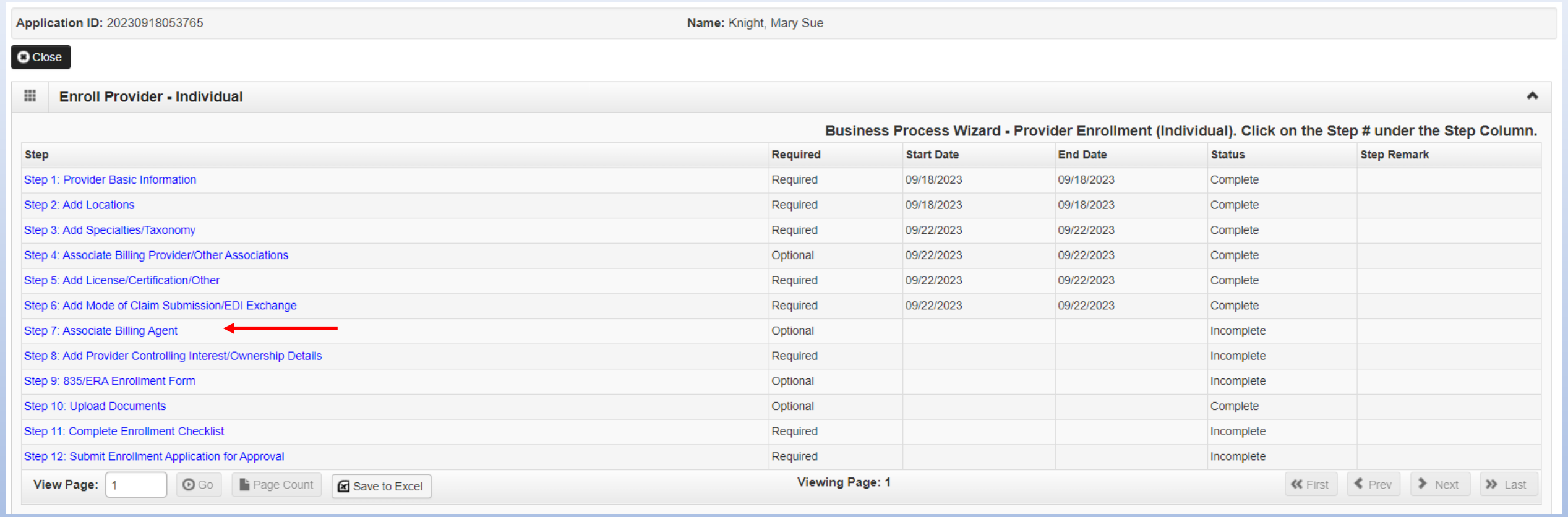
Other Claims Submission

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

Ok Cancel

- Select any of the six options to indicate how you wish to process claims.
- Must select at least one option or claims will not be processed.
- After claim submission types have been selected click ***OK***.
- It should be noted that paper claims are no longer accepted.

Business Process Wizard



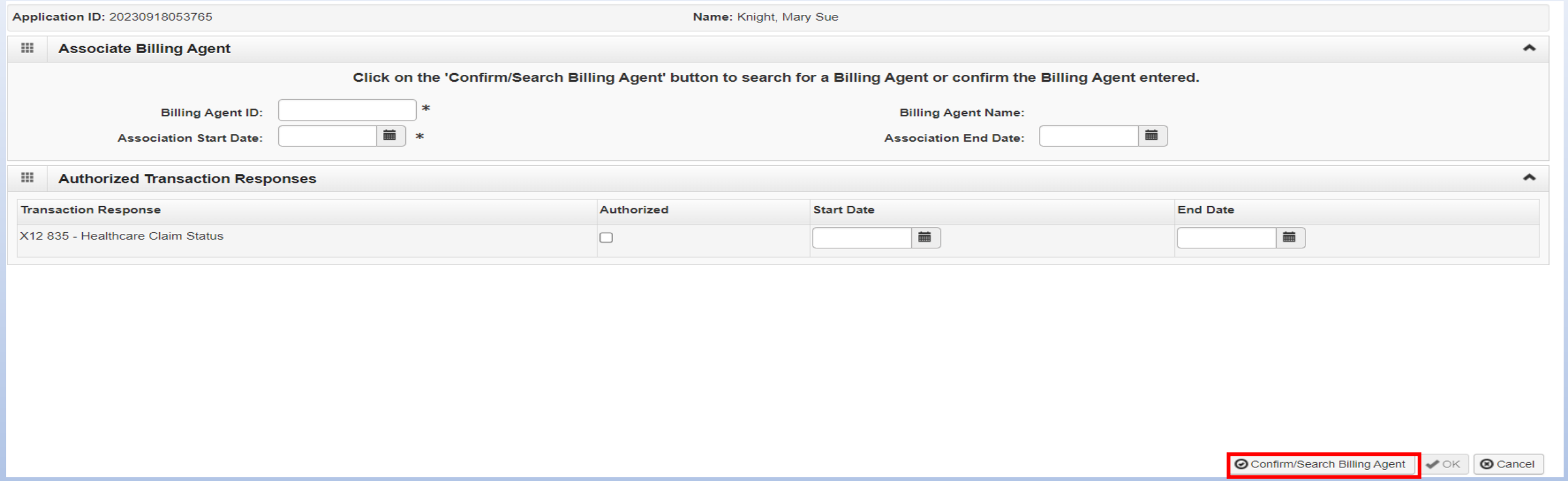
- You have completed Step 6: ***Add Mode of Claim Submission.*** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Click on Step 7: ***Associate Billing Agent*** to continue your application.

Step 7: Associate Billing Agent

Note: This Step in Optional

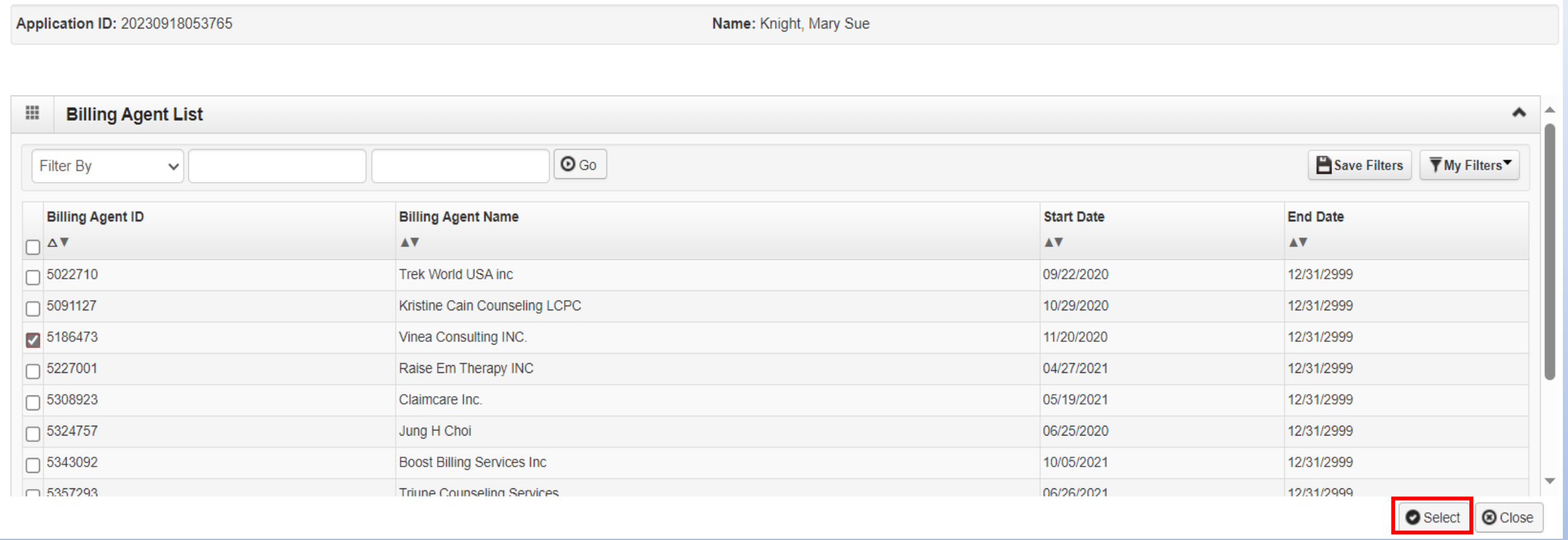
- This step is ***Optional*** and only required if Billing Agent was select as Mode of Claim Submission.
- Click ***Add*** to input a Billing Agent.

Step 7: Associate Billing Agent



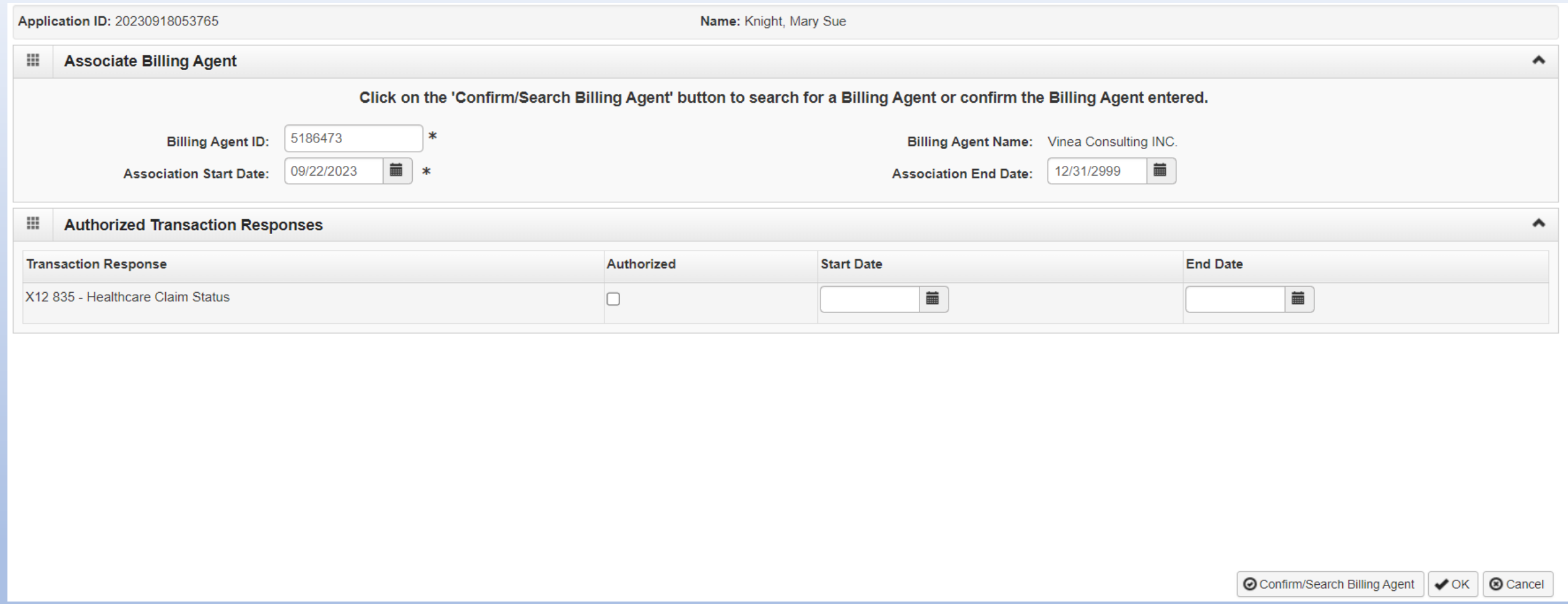
- Complete the Billing Agent information then click ***Confirm/Search Billing Agent*** and verify that the ***Billing Agent Name*** field is auto-populated with the correct agent.
- Click ***OK*** to return to the billing agent list.
- If the Billing Agent info is not known, click on ***Confirm/Search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

Step 7: Associate Billing Agent



- Use the ***Filter By*** drop down and enter information to filter the list of the available Billing Agents. (% can be used as a wild card)
- After locating the desired Billing Agent, mark the check box next to that line, then click ***Select***.

Step 7: Associate Billing Agent

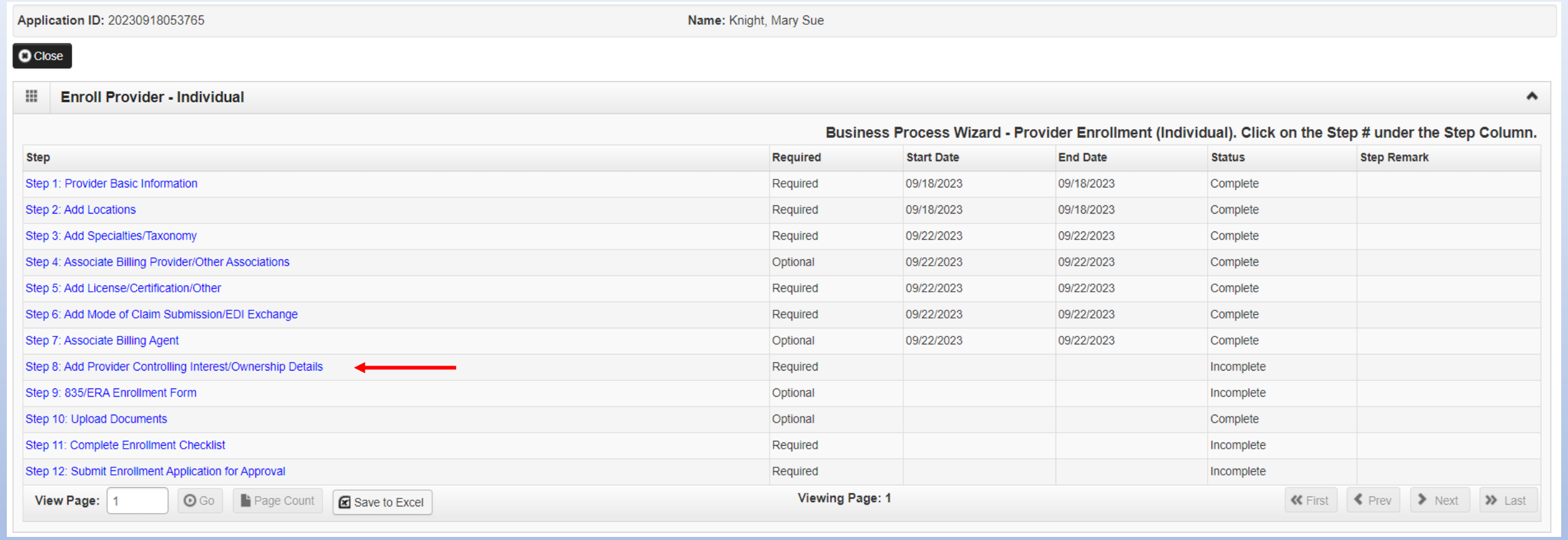


- Confirm the Billing Agent information populated correctly.
- Click ***OK*** to return to the billing agent list.

Step 7: Associate Billing Agent

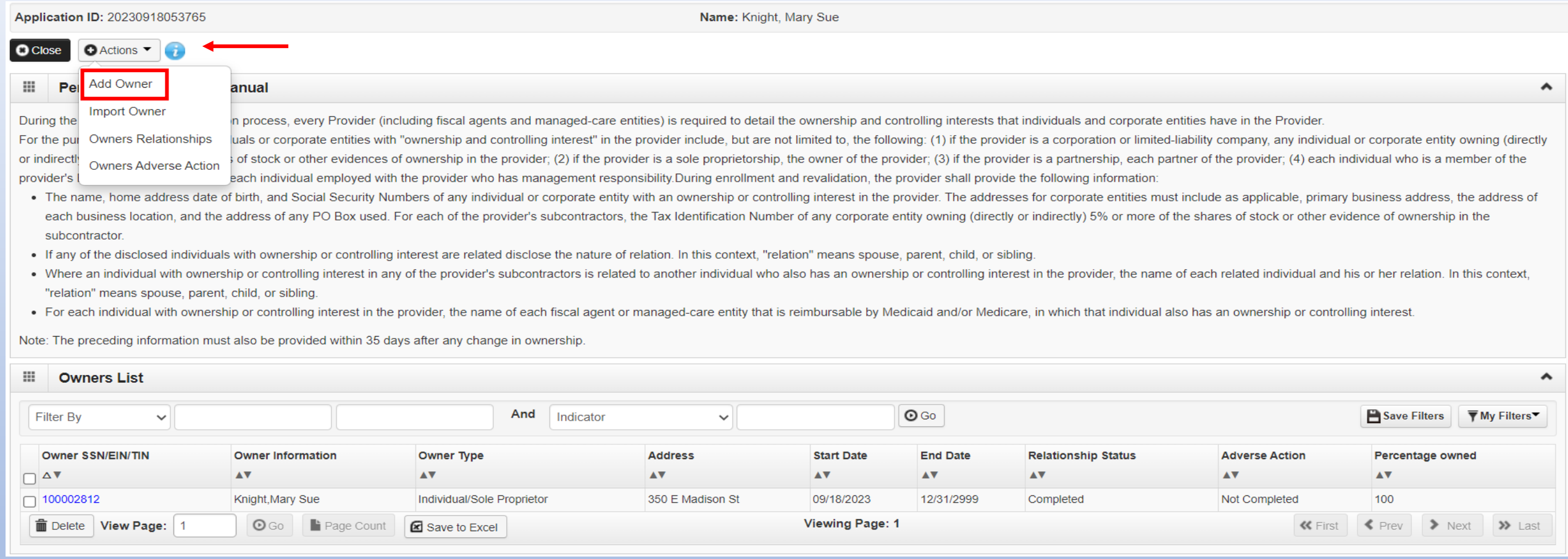
- To associate to additional Billing Agents not listed, click ***Add*** and repeat the previous steps.
- When all billing agents have been entered, click ***Close*** to return to the BPW.

Business Process Wizard



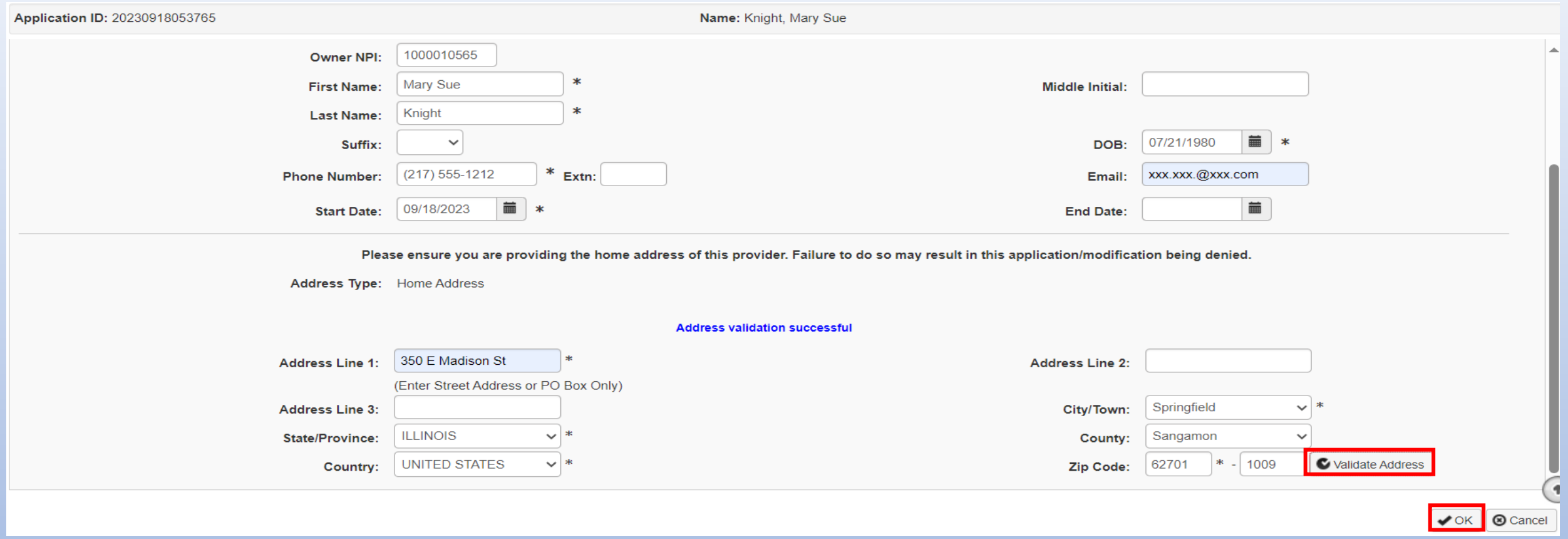
- You have completed Step 7: ***Associate Billing Agent*****.** The system will place the current date in the ***End Date*** field and will place ***Complete*** in the corresponding ***Status*** field.
- Click on Step 8: ***Add Provider Controlling Interest/Ownership Details*** to continue your application.

Step 8: Controlling Interest/Ownership



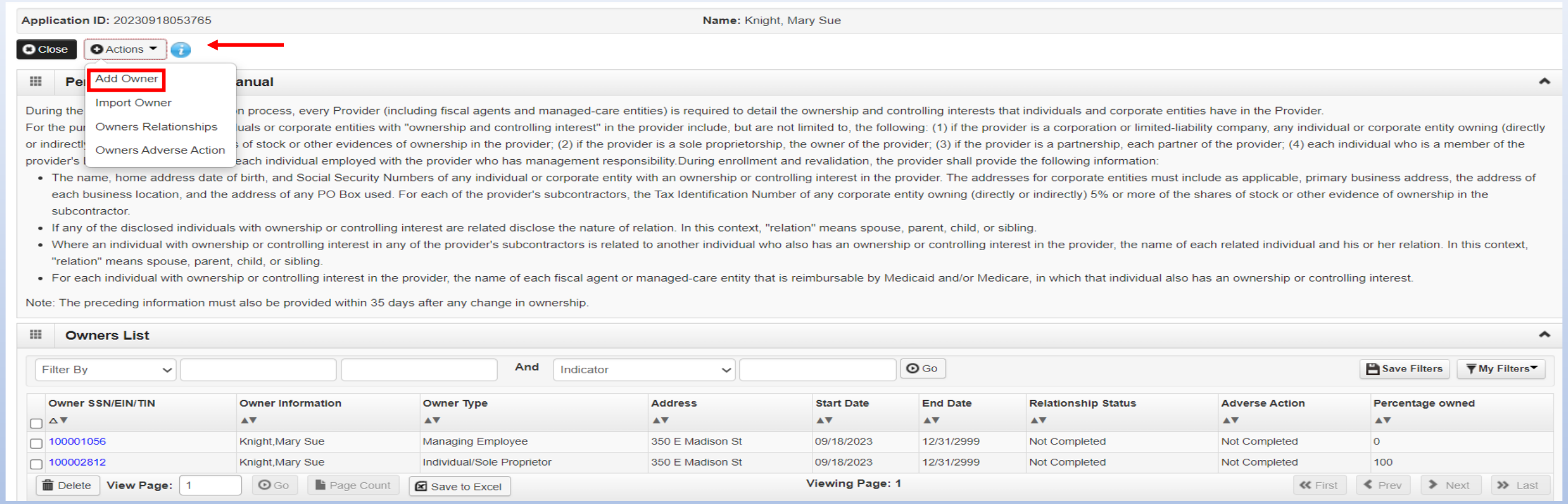
- Ownership entries must include at least one Managing Employee and one other Ownership type.
- Click on **Actions** drop down box and select **Add Owner or Import Owner.**

Step 8: Controlling Interest/Ownership



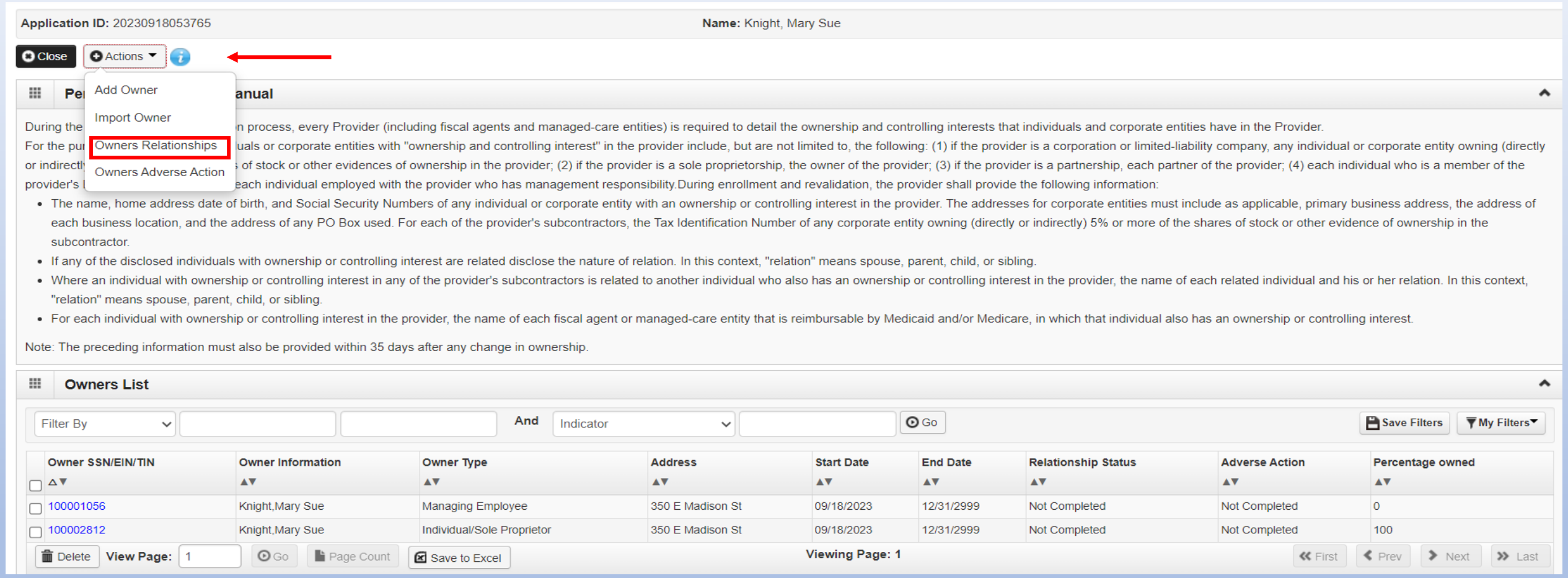
- Either your ***SSN*** or ***EIN/TIN*** must be entered.
- Enter ***Percentage Owned*** as a whole number.
- Enter the street address and zip code information, then click ***Validate Address***.
- When all details are entered, click ***OK***.

Step 8: Controlling Interest/Ownership



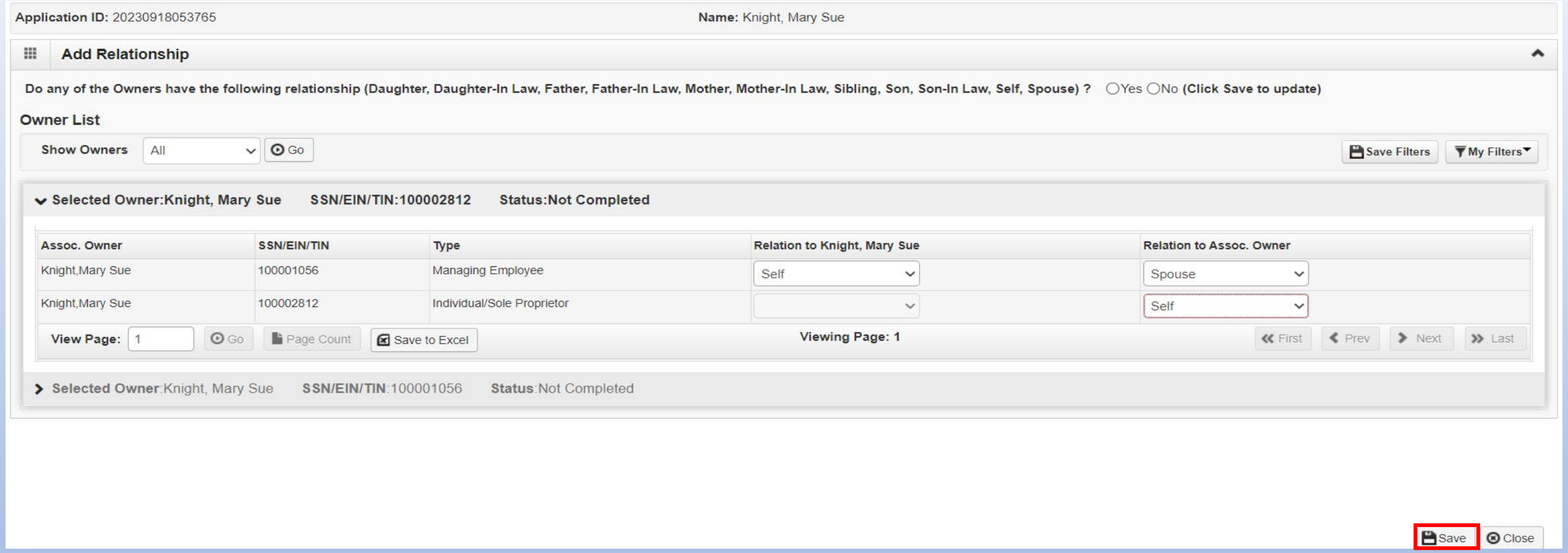
- Click ***Actions*** and select **Add Owner or Import Owner** then repeat the previous steps to list additional owners
- If one of the owners is listed on another enrollment, ***Import Owner*** can be selected from the ***Action*** box at the top of the page.
- This selection will allow the user to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

Step:8 Controlling Interest/Ownership



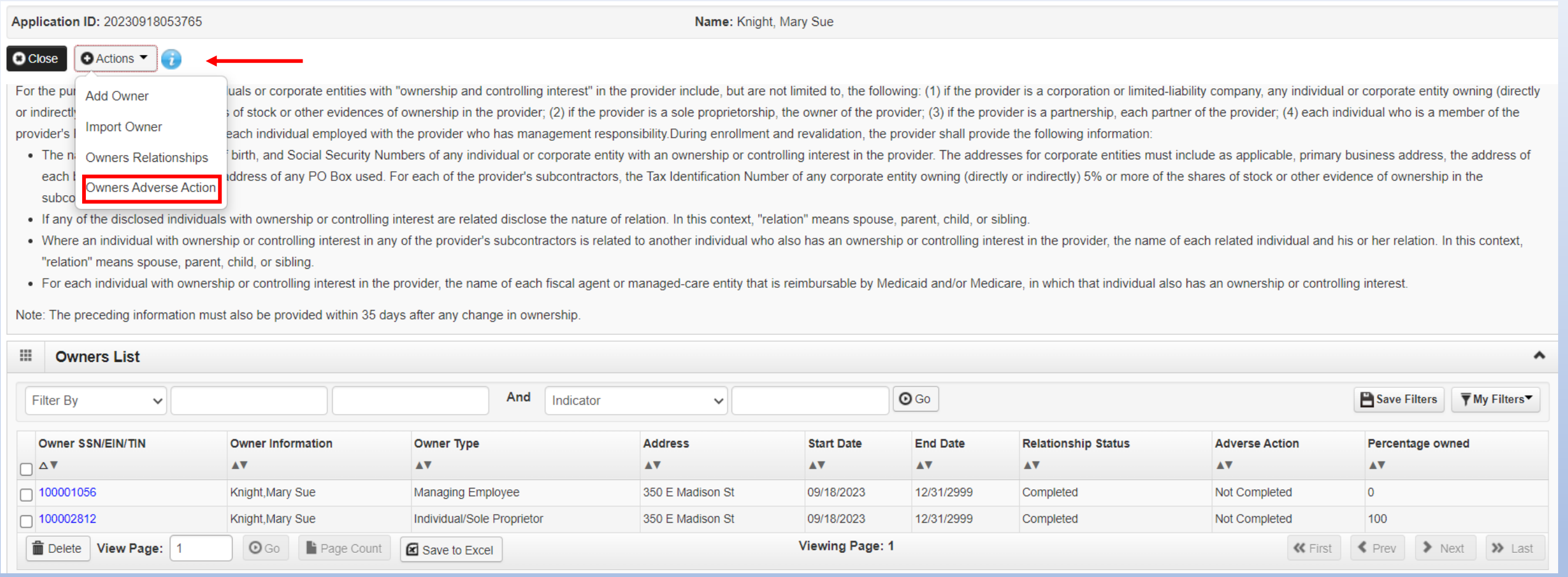
- Now complete the Owners Relationship information by selecting ***Actions***, ***Owners Relationships***.

Step 8: Controlling Interest/Ownership



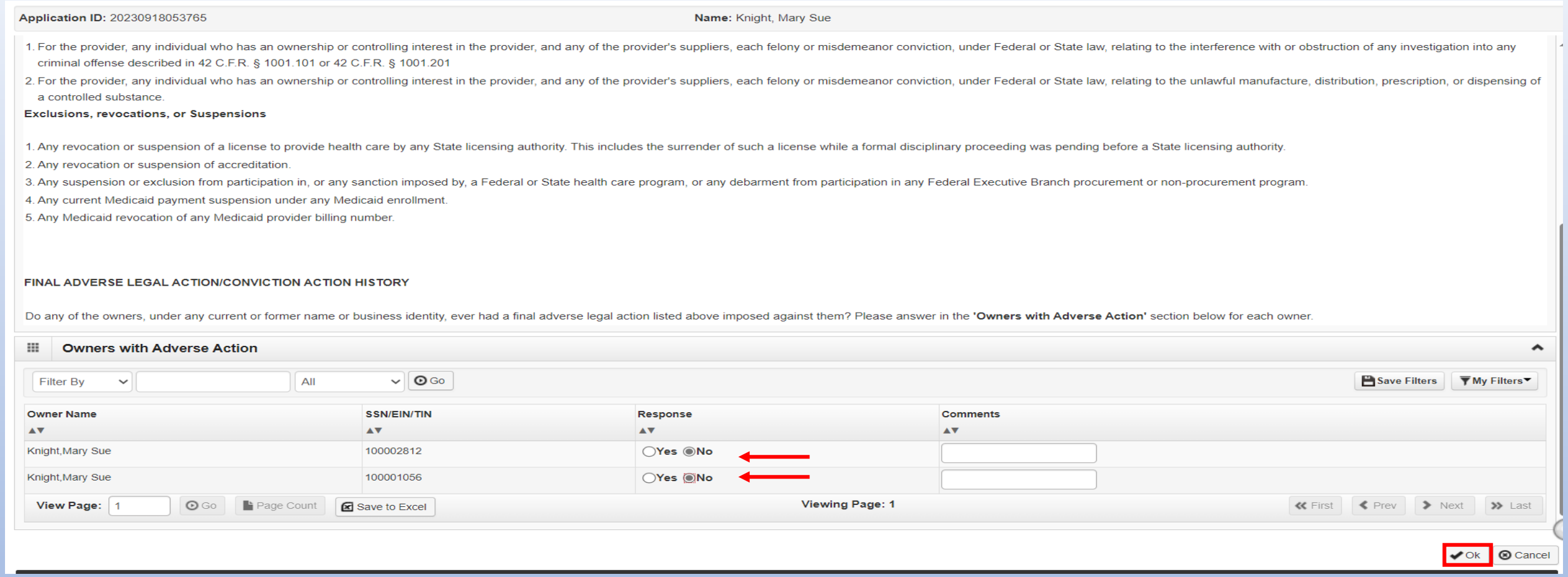
- Select ***All*** next to ***Show Owners and*** choose the relationship next to each drop-down menu.
- Choose ***Save*** to complete the screen.

Step 8: Controlling Interest/Ownership



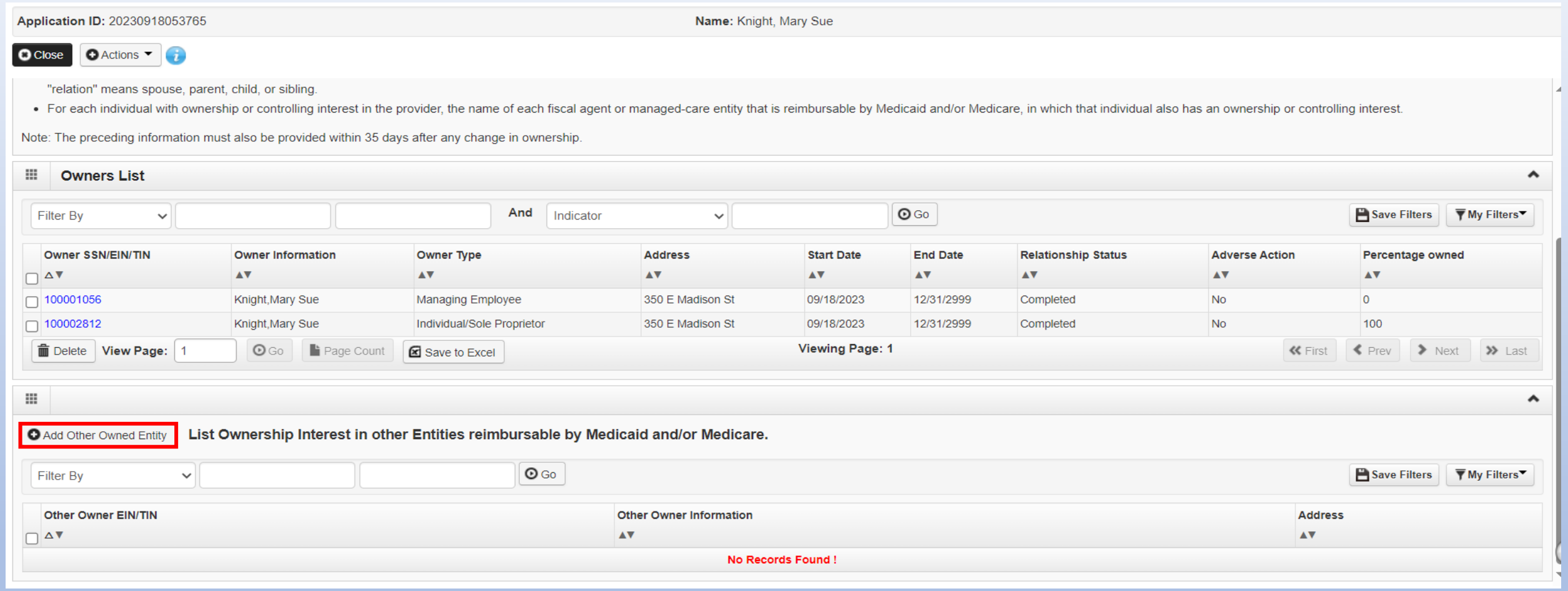
- Now complete the Owners Adverse Action by selecting ***Actions***, ***Owners Adverse Action***.

Step 8: Controlling Interest/Ownership



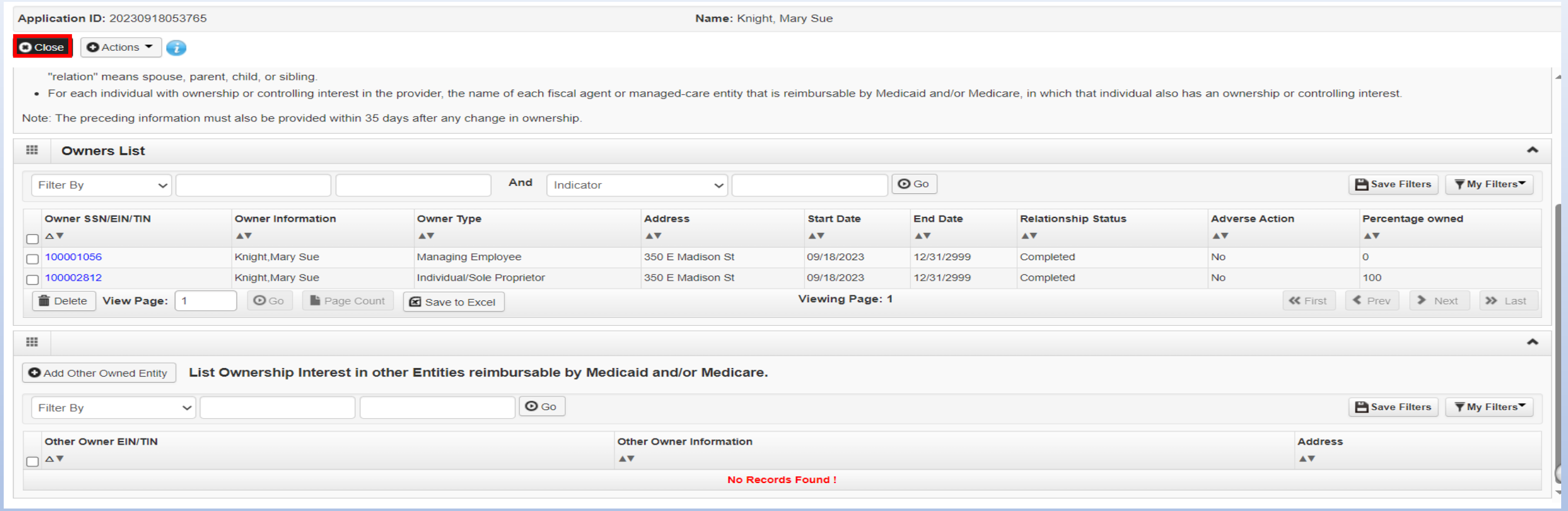
- Read the final adverse legal action statements.
- A Yes or No response is required for each owner listed in the application.
- After responding for each provider listed click on **OK**.

Step 8: Controlling Interest/Ownership



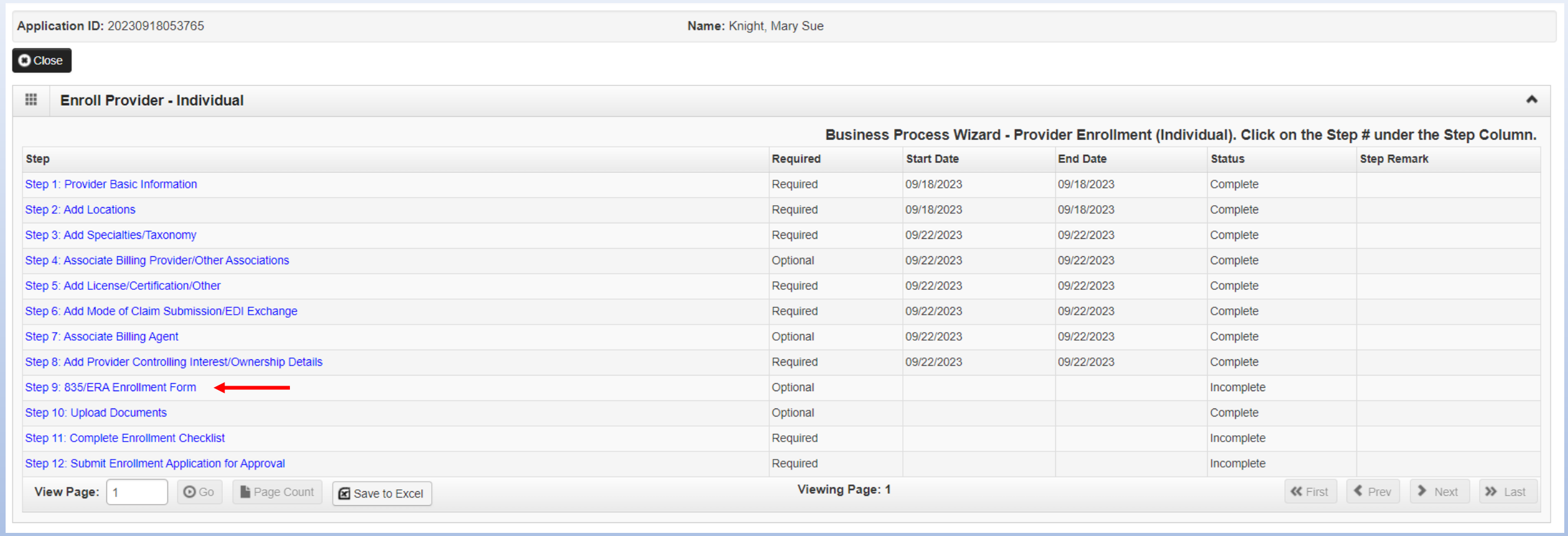
- It is required that ownership of 5% or more in any other Medicaid/Medicare entity be entered.
- To enter Ownership details in another Medicaid/Medicare Entity, click on ***Add Other Owned Entity***.

Step 8: Controlling Interest/Ownership



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

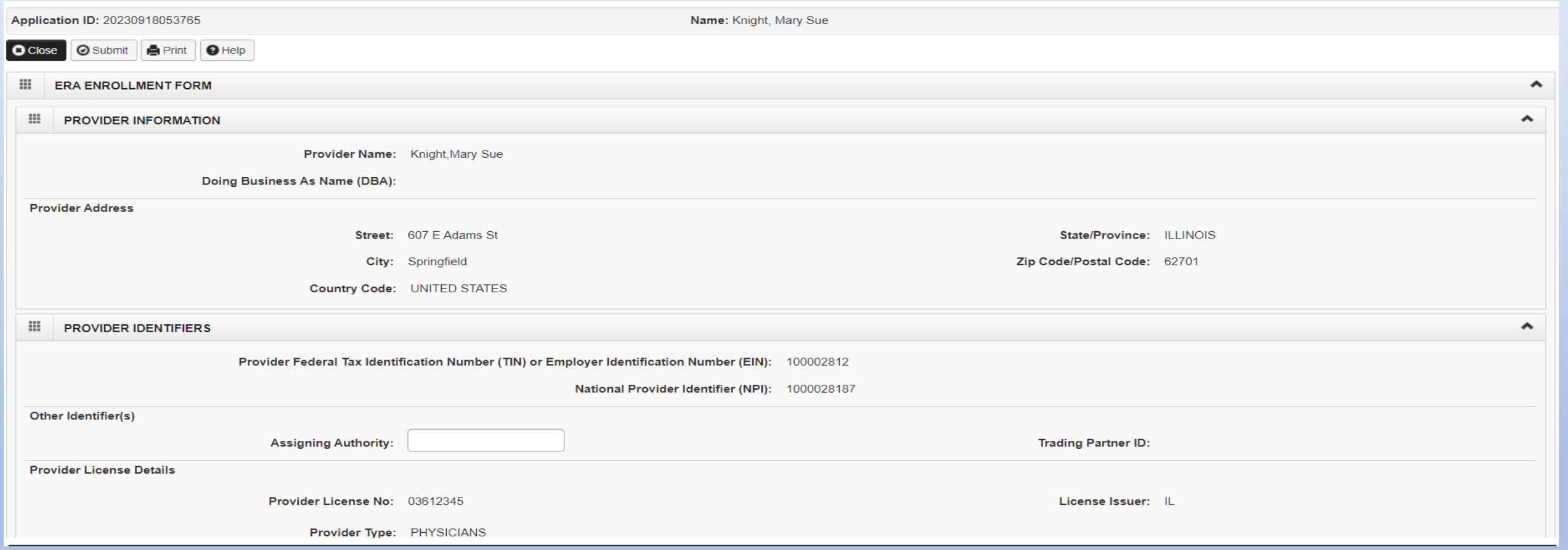
Business Process Wizard



- You have completed Step 8: ***Add Provider Controlling Interest.*** 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: ***835/ERA Enrollment Form***

Step 9: 835/ERA Enrollment Form

Note: This step is optional. 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.



Application ID: 20230918053765 **Name:** Knight, Mary Sue

Close | Submit | Print | Help

ERA ENROLLMENT FORM

PROVIDER INFORMATION

Provider Name: Knight,Mary Sue

Doing Business As Name (DBA):

Provider Address

Street: 607 E Adams St
City: Springfield
Country Code: UNITED STATES
State/Province: ILLINOIS
Zip Code/Postal Code: 62701

PROVIDER IDENTIFIERS

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): 100002812

National Provider Identifier (NPI): 1000028187

Other Identifier(s)

Assigning Authority:
Trading Partner ID:

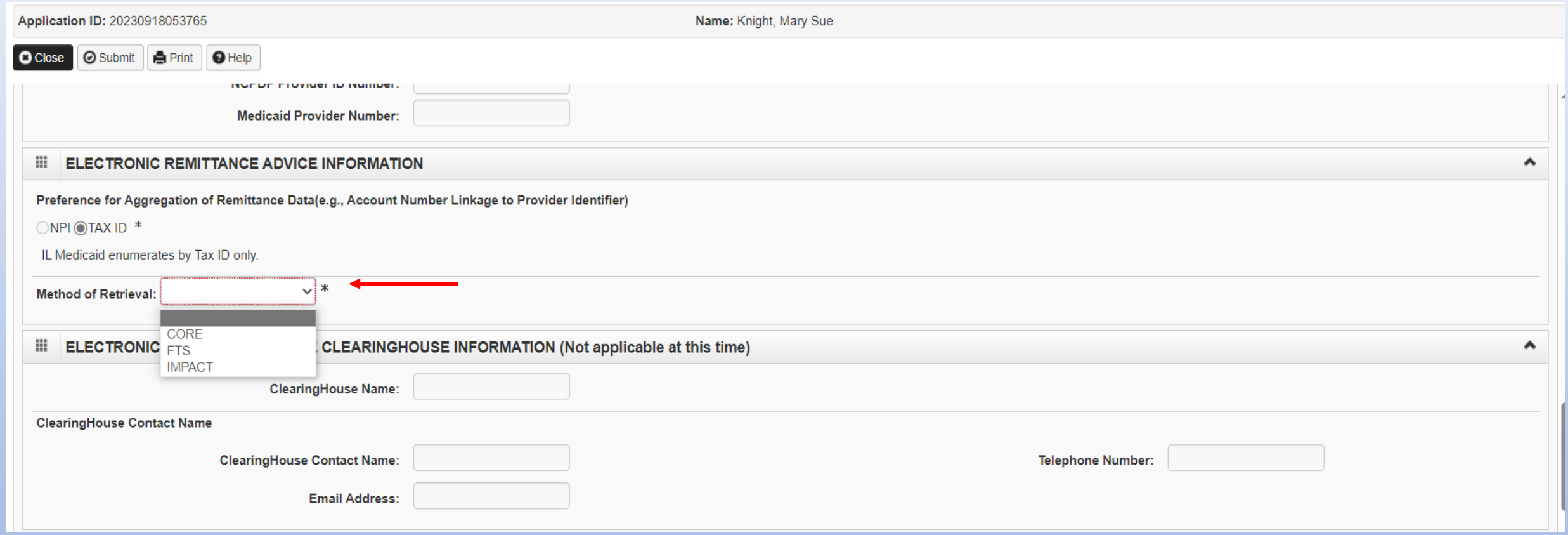
Provider License Details

Provider License No: 03612345
Provider Type: PHYSICIANS
License Issuer: IL

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

Step 9: 835/ERA Enrollment Form

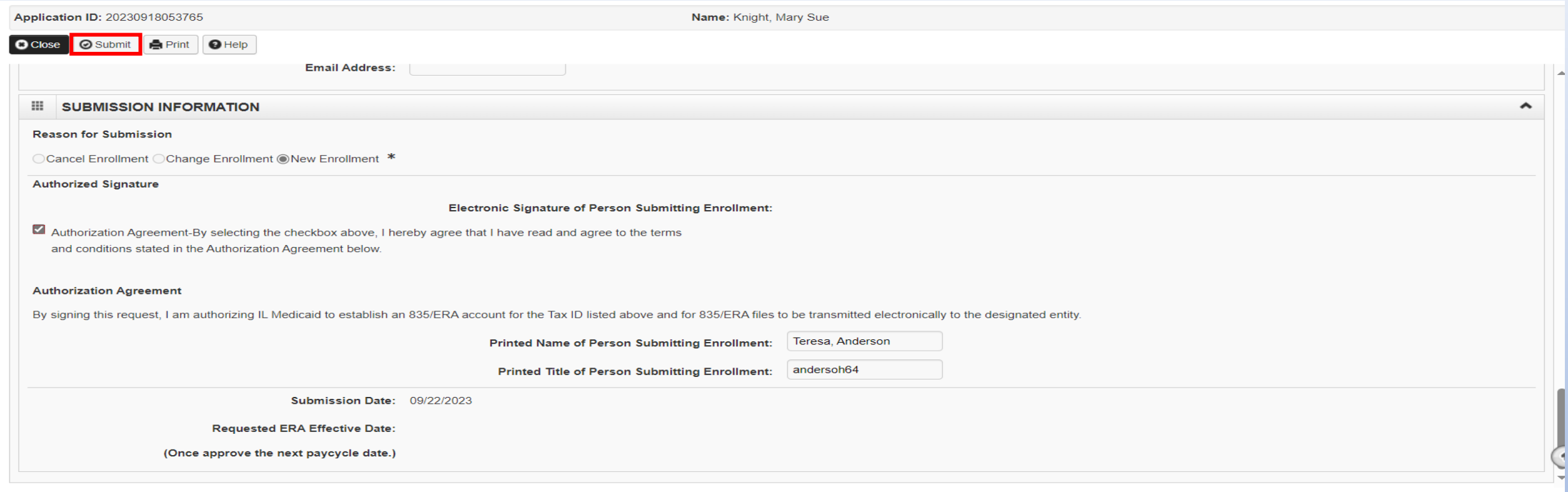
***Note:** this is an optional step*



- Select your method of retrieval from the drop-down menu.

Step 9: 835/ERA Enrollment Form

***Note:** this is an optional step*



- Mark the checkbox to authorize the creation of an 835/ERA account.
- The written signature portion should populate.
- Once all fields are complete, click ***Submit*** and ***Close*** at the top of the page**.**

Business Process Wizard

Application ID: 20230918053765 **Name:** Knight, Mary Sue

Close

Enroll Provider - Individual

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

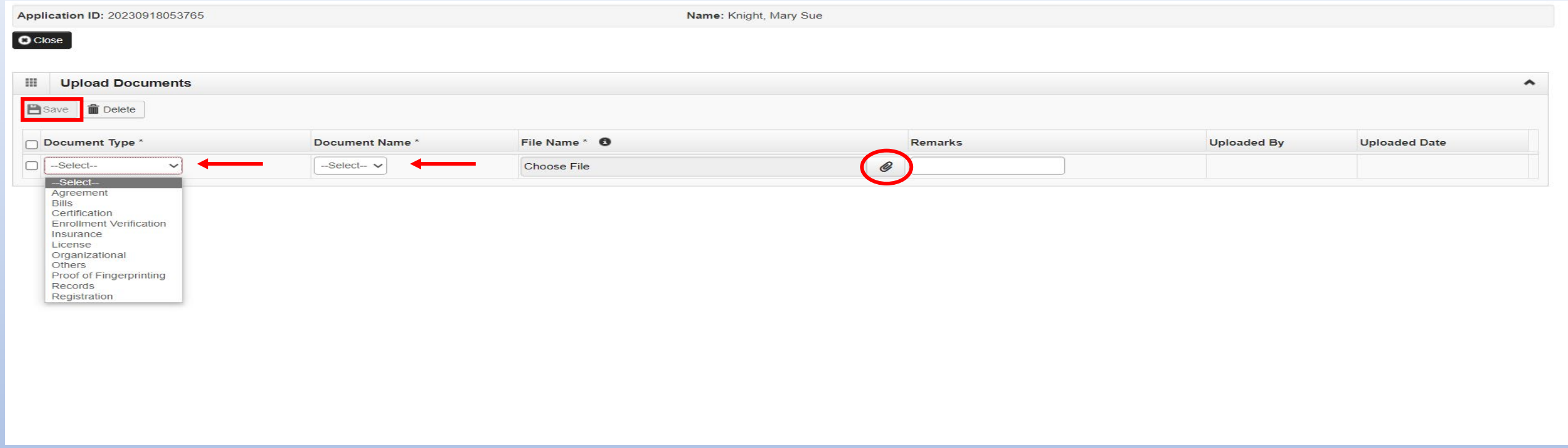
Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	09/18/2023	09/18/2023	Complete	
Step 2: Add Locations	Required	09/18/2023	09/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	09/22/2023	09/22/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	09/22/2023	09/22/2023	Complete	
Step 5: Add License/Certification/Other	Required	09/22/2023	09/22/2023	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	09/22/2023	09/22/2023	Complete	
Step 7: Associate Billing Agent	Optional	09/22/2023	09/22/2023	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	09/22/2023	09/22/2023	Complete	
Step 9: 835/ERA Enrollment Form	Optional	09/22/2023	09/22/2023	Complete	
Step 10: Upload Documents	Optional			Complete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

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

- The system will place the current date in the End Date field and will place ***Complete*** for Step 9.
- Click on Step 10: ***Upload Documents*** to continue with the application.

Step 10: 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.
- From Document Name drop down box select the name of the document being uploaded.
- Click on paperclip icon to search for document being uploaded.
- Once document is found click **Save** .

Business Process Wizard

Application ID: 20230918053765 **Name:** Knight, Mary Sue

Close

Enroll Provider - Individual

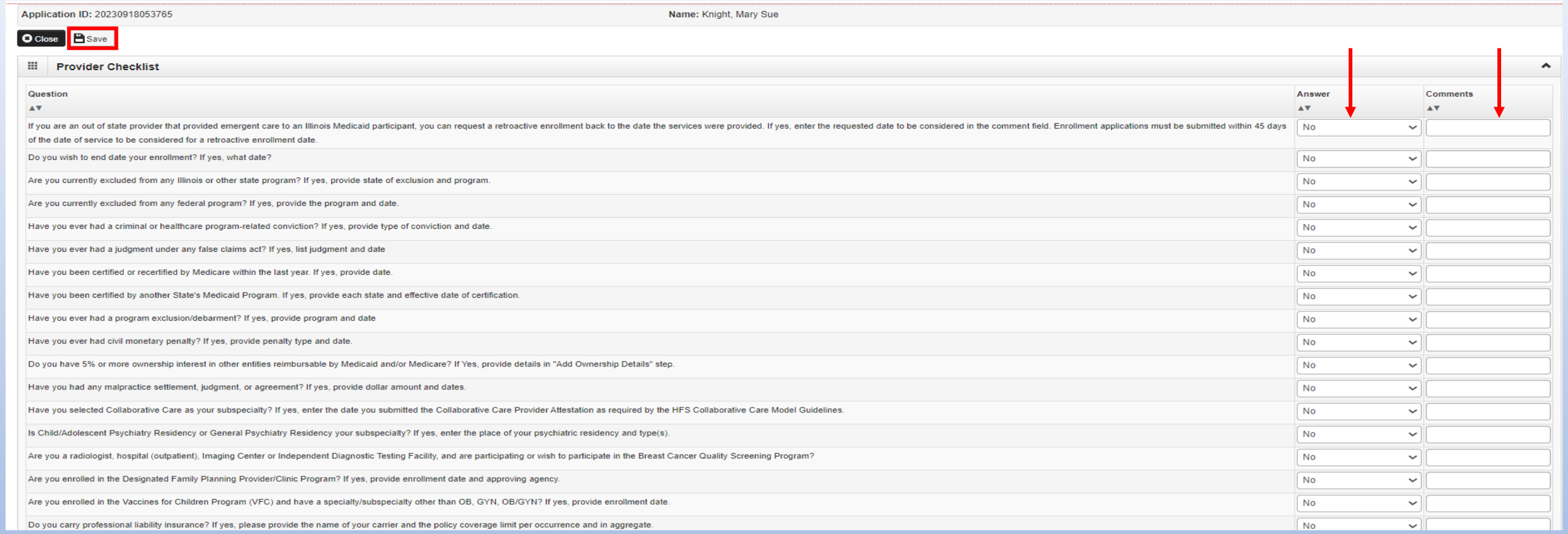
Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	09/18/2023	09/18/2023	Complete	
Step 2: Add Locations	Required	09/18/2023	09/18/2023	Complete	
Step 3: Add Specialties/Taxonomy	Required	09/22/2023	09/22/2023	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	09/22/2023	09/22/2023	Complete	
Step 5: Add License/Certification/Other	Required	09/22/2023	09/22/2023	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	09/22/2023	09/22/2023	Complete	
Step 7: Associate Billing Agent	Optional	09/22/2023	09/22/2023	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	09/22/2023	09/22/2023	Complete	
Step 9: 835/ERA Enrollment Form	Optional	09/22/2023	09/22/2023	Complete	
Step 10: Upload Documents	Optional	09/22/2023	09/22/2023	Complete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

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

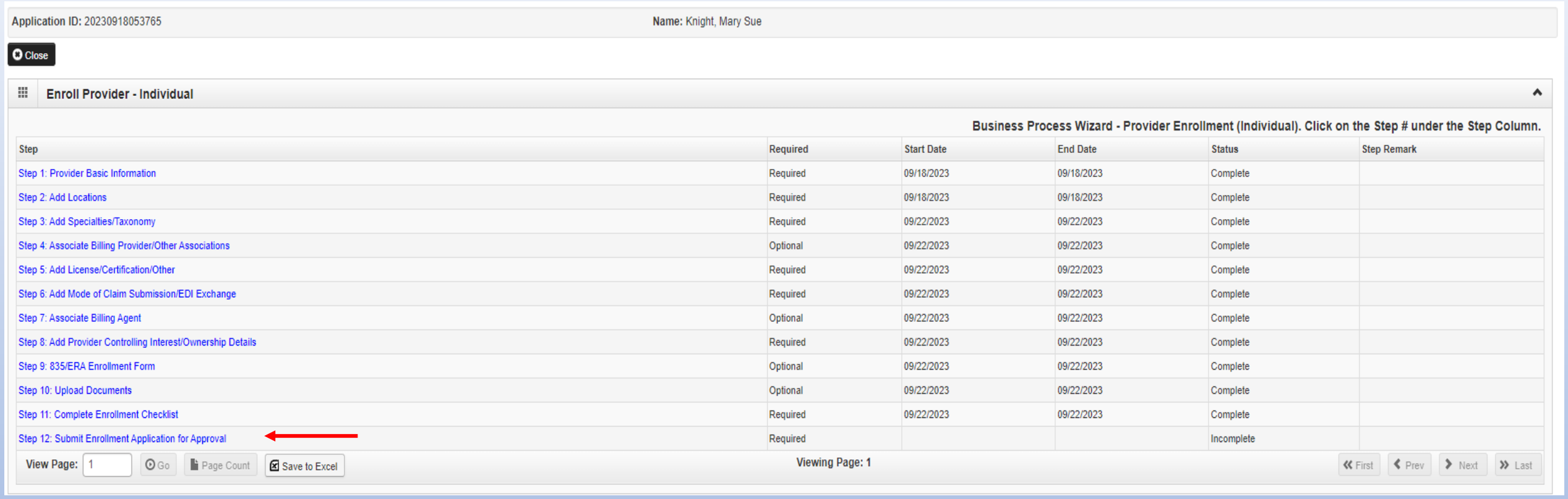
- The system will place the current date in the End Date field and will place ***Complete*** for Step 10.
- Click on Step 11: ***Complete Enrollment Checklist*** to continue with the application.

Step 11: Complete Enrollment Checklist



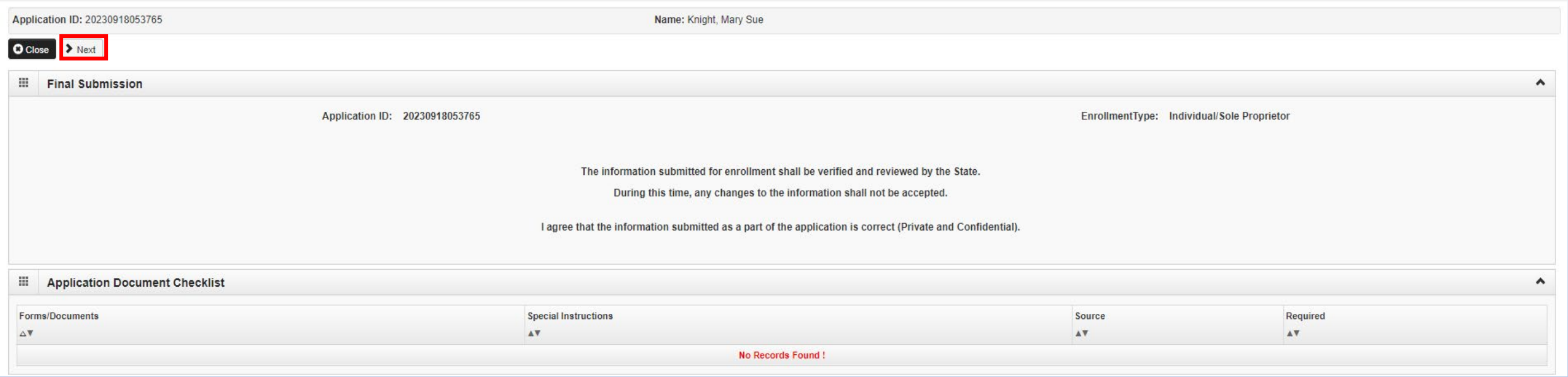
- All questions must be answered either ***Yes*** or ***No*** and comments made if directed to do so. If a checklist item does not apply, select ***No*** as the answer.
- After all the questions have been answered and comments made, click on the ***Save*** button in the upper left corner followed by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

Business Process Wizard



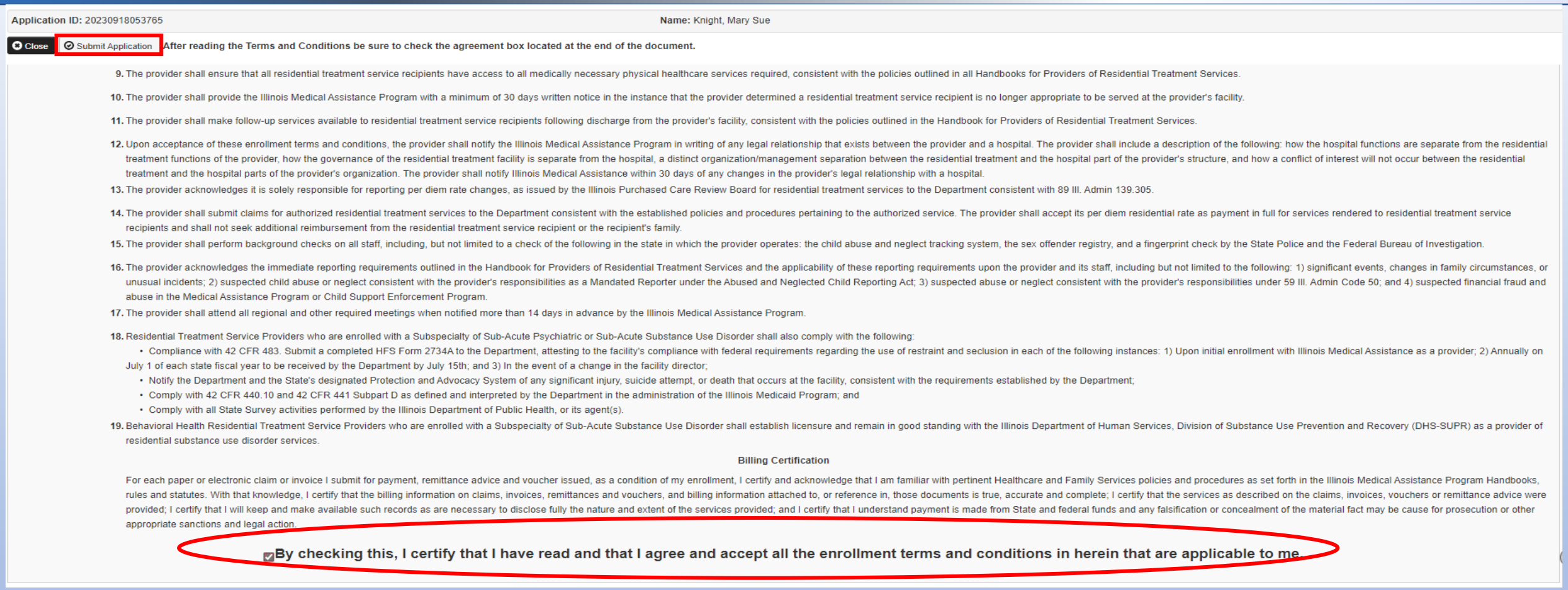
- The system will place the current date in the End Date field and will place ***Complete*** for Step 11.
- Click on Step 12: ***Submit Enrollment Application for Approval*** to continue with the application.

Step 12: Submit Enrollment Application for Approval



- Read Statement
- Click on Next

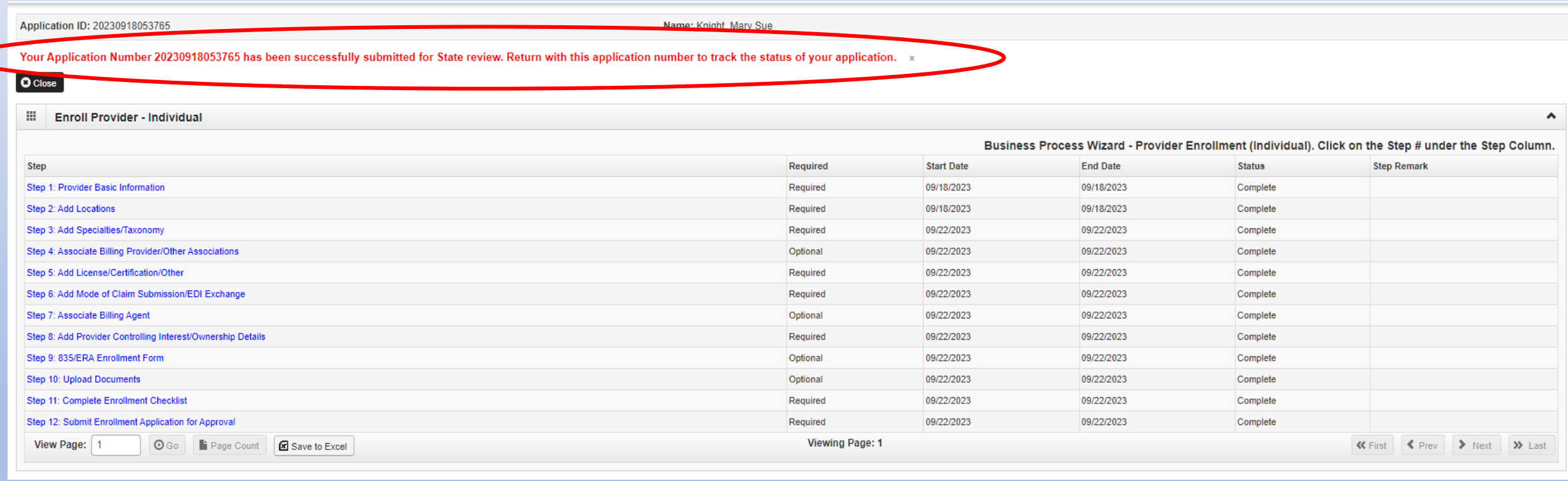
Step 12: Submit Enrollment Application for Approval



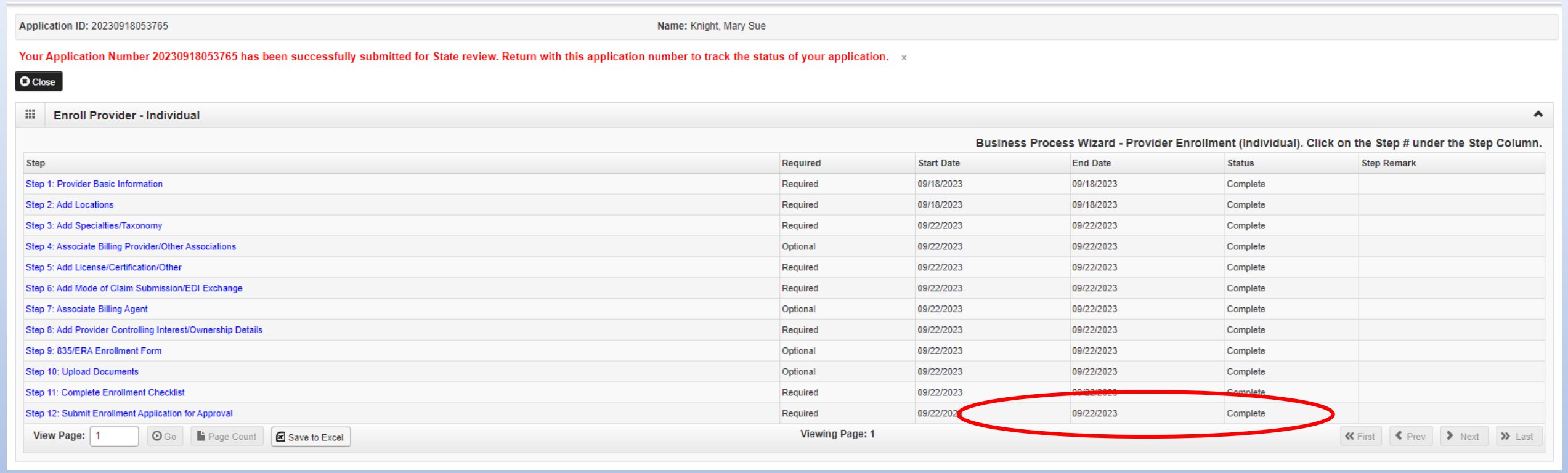
- Read through all the terms and conditions.
- Check the box certifying that you agree to the terms and conditions.
- Then select ***Submit Application***.

Business Process Wizard

- The message below will appear advising that the application has been submitted to the state for review. The application number can be to used to check the status of the application by going through the Track Application option.
- Click ***Close***.



Business Process Wizard



- The system will place the current date in the End Date field and will place ***Complete*** for Step 12.

Resources

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