Job Aid: How to Submit a Revalidation for Individual/Sole Proprietor

	Step	Description
1.	Impact Login	How to log into IMPACT
2.	Individual/Sole Proprietor	Click this link to follow the steps on how to submit a revalidation for an <i>Individual / Sole Proprietor</i> application.

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Step	Thumbnail
1: IMPACT Login	
Input Username and Password created during the creation of the account.	Image: Descenter a transme Image: Descent
Click the IMPACT PE chicklet to access IMPACT.	Image: Search your apps My Apps Work Add section (a) Image: Search your apps My Apps Work Add section (a) Image: Search your apps Image: Search your apps My Apps Work Add section (a) Image: Search your apps Image: Search your apps My Apps Work Add section (b) Image: Search your apps
 Select the Name of the application in the first drop-down menu. Select Provider Enrollment Access. Click Go. 	Resson Patrick

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Step			Thumb	nail		
2: Individual / Sole Proprie	etor					
• After logging in, you	💄 Gleason,Patrick 👻 Li	ast Login: 02 AUG, 2024 10:39 AI	1		🔓 Note Pa	d 🔇 Externa
will see a landing	A > Provider Portal				10	
page with notifications	NPI: 1000010169			Name:	Rowe, Audra	
displayed.	C Latest updates					1
Click the Provider	My Reminders					
tab.	Filter By 🗸		O	30	Save Filters	▼ My Filters*
Click Manage Provider Information in the drop-down menu.	Alert Type ▲▼	Alert Message ▲▼	A No Records	lert Date ▼ Found !	Due Date ▲♥	Read ▲▼
From the Provider List, click the drop- down arrow i n the first field	Cleason,Patrick ~	My Inbox Pr Provider enrollment New Enrollment Track Application	ovider -			
Select Manage Provider Information.	C Latest updates System Notificati Per 42 CFR 455.4 Distribution of pr notification will b revalidate will rev	Manage Provider Information Accept New Terms & Continuent ADMINISTER TaxonomyList	÷ ei ili ★ he ni ce perio			
lote:	1 Tanner, Fash = Last Leginc 12 JUL, 3031 68	512 FM				Q, Queck Find
he Business	d) 3 Mylebox 3 Provider Ent 3 Individual Modification					
rocessing wizard	NPI: 1000010169		_	Name: Rov	we, Audra	
fetere with the statue				Please update all steps to complete	your revalidation process	
steps with the status	View/Update Provider Data - Individ	121				
arked incomplete.	Step		Required	Last Modification Date	Last Review Date	Status
	Step 1 Provider Basic Information		Required	05132019	05/13/2019	Incomplete
banner message	Step 3 Speciates/Taxonomy		Required	05132019	05/13/2019	Incongiete
dvises the provider to	Step 4 Associate Billing Provider Other Association		Optional	05132019	05132019	Incomplete
adata all stone for the	Step 6 Mode of Claim Submission EDI Exchange		Required	05/13/2019	05/13/2019	Incomplete
suale all sleps for the	Step 7. Associate Billing Agent		Optional	05132019	05/13/2019	incongiete
validation.	Step 8. Provider Controlling Interest/Ownership Det	dis .	Required	10/07/2019	05/13/2019	Incomplete
	Step 9: View Servicing Provider Details		Optional	05132019	05/13/2019	Incomplete
	and is experied furthered them		Checken .		10.000	
	Step 11 Upload Documents		Optional	06162023	05152023	Incomplete
	Shep 11 Upload Documents Shep 12 Complete Modification Checklist		Optional Required	10/07/2019	10/29/2019	Incongiete

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- Click each Step in the BPW and **complete each step** until the Status of each step displays **Complete**.
- If a step was updated and saved, the modification status will display Updated.

For Optional Steps, you
simply need to click the
Step to open it, click
Close, then check the
status in the Status
column and make sure it

displays Complete.

Notes

In the table below is an overview list of Steps that must be completed. Following this list, are instructions on how to complete each Step.

PI: 1000010169		Name: Rowe, Audra				
Close Indo Update						
View/Update Provider Data - Individual						•
			Business Pr	ocess Wizard	- Provider Data Modif	ication (Individual
Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	07/29/2024	07/29/2024	Complete		
Step 2: Locations	Required	07/29/2024	07/29/2024	Complete		
Step 3: Specialties/Taxonomy	Required	07/29/2024	07/29/2024	Complete		
Step 4: Associate Billing Provider/Other Associations	Optional	07/29/2024	07/29/2024	Complete		
Step 5: License/Certification/Other	Required	07/29/2024	07/29/2024	Complete		
Step 6: Mode of Claim Submission/EDI Exchange	Required	07/29/2024	07/29/2024	Complete		
Step 7: Associate Billing Agent	Optional	07/29/2024	07/29/2024	Complete		
Step 8: Provider Controlling Interest/Ownership Details	Required	07/29/2024	07/29/2024	Complete		
Step 9: View Servicing Provider Details	Optional	07/30/2024	07/29/2024	Complete		
Step 10: 835/ERA Enrollment Form	Optional	07/29/2024	07/29/2024	Complete		
Step 11: Upload Documents	Optional	07/29/2024	07/29/2024	Complete		
Step 12: Complete Modification Checklist	Required	07/29/2024	07/29/2024	Complete	Updated	
Step 13: Submit Modification Request for Review	Required	07/29/2024	07/29/2024	Complete		

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Step	Actions Needed to Complete Step
Step 1: Provider Basic Information	Click Step, Review, then click OK
Step 2: Locations	Click Step, Review, then click Close
Step 3: Specialties/Taxonomy	Click Step, Review, then click Close
Step 4: Associate Billing Provider/Other Associations	Click Step, Review, then click Close
Step 5: License/Certification/Other	Add/Edit licenses as needed if you receive an error, then click Close. Valid Flag indicator must be "Yes".
Step 6: Mode of Claim Submission/EDI Exchange	Click Step, Review, then click Close
Step 7: Associate Billing Agent	Click Step, Review, then click Close
Step 8: Provider Controlling Interest/Ownership Details	Add Owners, if necessary and ensure that the percentage totals 100%. 5% is the minimum percentage you can enter. Ensure that all required fields are complete.
Step 9: View Servicing Provider Details	Click Step, Review, then click Close
Step 10: 835/ERA Enrollment Form	Click Step, Review, then click Close
Step 11: Upload Documents	Click Step, Add/Remove documents as needed, then click Close
Step 12: Complete Modification Checklist	In the Answer column, answer each question by selecting Yes or No. Click Close
Step 13:; Submit Modification Request for Review.	Click this step to submit the modiification for approval.

Step 1: Provider	NPI: 1000010169		Name: Rowe, Audra	
Information	Provider Details			^
				
Verify that required	First Name:	Audra *	Middle Initial:	
fields are complete in	Last Name:	Rowe *		
and Home Address	Suffix:		Gender: Fen	nale v
Details sections.	SSN:	06/14/1985	Annilana Trans. India	idual/Cala Pressister
			Applicant type: Indiv	
 If you make any 	NPI:	1000010169	Contact Email Address:	
changes, click OK to	Business Status:	Active	Email-1: audra.rowe@xxx.com *	Email-2:
save your changes.	Status:	Approved	Email-3:	
	Business Elig.Date Range.	0112012024=0312112023	۲	
	Home Address Details			*
	Federal requirements mandate hat	a home address must be entered. Plea	ase ensure you are providing the correct home address and	not a PO Box. Failure to do so may result in this
				application/modification being defied.
	Address Lir	ne 1: 1049 W 103rd St *	Address Line 2	:
	Address Lir	ne 3:	City/Town	: CHICAGO v *
	State/Provi	nce: ILLINOIS **	County Zin Code	: COOK ✓ . 60643 * - 2312 € Validate Address
			21) 000e	
				V Ok Ocance

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tep 2: Locations	NPI: 1000010169			Name:	Rowe, Audra			
-	Close Add 7	To add/modify Pay To and Correspor	idence addresses, cli	ck on Location Type hyper	link.			
Add or updata		1-4						
Add of update	III Locations L	_IST						
Location information	Filter By	•		Filter By			And O	perational Status Active V OG
as needed.								Save Filters TMy Filters
	Doing Business /	As Location Type	Location Details		Start Date	End Date	Status Oper	ational Status Inactivation Date
Click the location to	□ ▲▼	AV Drimony Drastics Location	AV 1040 W 102rd St	Chieses II I INOIS 20242	AV 07/20/2024	AT 12000		A.V.
add Correspondence	View Page: 1	O Go Page Count	Save to Excel	Chicago, ILLINOIS 60645	Viewing Page: 1	12/31/2999	Approved Activi	K Eirst Prev Next Next
and Primary Pay To								
location addresses								
(addresses may be	Address Type	Address		Start Da	te End Date	Status	Operational Statu	Inactivation Date
the same as the	Correspondence	1049 W 103rd St, Chicago, ILL	INOIS 60643	07/29/20	24 12/31/2999	Approved	Active	
Drimony location	Location	1049 W 103rd St, Chicago, ILL	INOIS 60643	07/29/20	24 12/31/2999	Approved	Active	
Primary location).	Primary Pay To	1049 W 103rd St, Chicago, ILL	INOIS 60643	07/29/20	24 12/31/2999	Approved	Active	
Click OK to save your changes.								
ep 3: pecialty/Subspecialty	Specialty/S	ubspecialty List Speciality						
ist	Filter By	×		And Filter By	~][And Operational Status
	Active V OG	1						Save Filters Y My Filt
Click Add to add	Specialty/Subspe	cialty	Start Date	End Date Status	Operational Statu	s	nactivation Date	Primary Specialty (Y/N)
additional Specialties	Integrative Medicin	ne/No Subspecialty	AV 07/29/2024	▲▼ ▲▽ 12/31/2999 Approver	▲▼ 1 Active			No
and Subspecialties , if needed.								
In the Taxonomy List section, edit or add Taxonomy Codes , if necessary.	Taxonomy L	.ist	Steel Date	And Filter By	~)	0		And Operational Status ■Save Filters ▼My Filte
	Taxonomy Code	Description	Start Date	End Date ▲▼	Status	Operational ▲▼	Status	Inactivation Date ▲▼
Click Save , then click OK .	103T00000X	Psychologist	07/29/2024	12/31/2999	APPROVED	Active		
tep 4: Associate Billing rovider/Other	NPI: 1000010169			Name	: Rowe, Audra			
รรษเวลแบกร	C Close C Add							
	III Billing Pro	wider/Other Associations List						
This is an Optional	Filter By	~		And Filter By	~			And Operational Status Active
step for an	O Go							Save Filters TMy
Indiviudal/Sole	NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date
Proprieter	_ ▲▼	AV	▲ ▼	A.V.	▲ ▼	⊿ ⊠	A.A.	A.Y
modificaiton								
To complete this step, click the hyperlink to open it, then click								
Close.								

Note:	NPI: 1000010169 Name: Rowe, Audra C Clease Add
The Last Modification Date and Last Review Dates will show dates and the Status will show Complete.	Image: Solution Substructure And Filter By And Operational Status Active Image: Solution Substructure And Filter By And Operational Status Active Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure Image: Solution Substructure
Step 5: License/Certification/Oth er • Click Add to add additional Licenses, Certifications, if needed.	NPi: 1000010189 Name: Rowe, Audra Image: Comparison of the
 Click the License hyperlink and verify that the Valid Flag displays, Yes and that the Effective Date and End Dates are complete. 	View Page: 1 O do Image Page Count C Save to Excel Viewing Page: 1 Image Page Next > Last
Note:	License C Valid Flag: Yes Elective Date: 07/29/2029 = *
License may be required.	
 Click Close, when you have completed this step. 	
Step 6: Mode of Claim Submission/EDI Exchange • Click Add to add any	NPI: 1000010169 Name: Rowe, Audra O Glose Add III Mode of Claim Submission List And Filter By And And Operational Status Active > Q Go
 mode of claim submission methods. Click Close, when you have completed this step. 	Number of the set of the se

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Step 7: Associate Billing Provider/Other Associations

- This is an **Optional** step for an Indiviudal/Sole Proprieter modificaiton.
- To complete this step, click the **hyperlink** to open it, then click **Close**.
- Click **Close** to return to the BPW.

Note:

The Last Modification Date and Last Review Dates will show dates and the Status will show Complete.

Step 8: Provider Controlling Interest/Ownership Details

• Add **Owners**, if necessary and ensure that the percentage of ownership totals 100%.

Note: 5% is the minimum percentage you can enter.

- Ensure that all required fields are complete.
- Click Actions to:
 - add Ownersedit owner
 - relationships
 edit adverse actions.

Mode of Claim Submission List Mode of Cl	NPI: 1000010169						Name: R	owe, Audra						
Image:	O Close O Add													
Filter By And Gerational Status Endre By Endre Batus Operational Status Endre Batus Operational Status Endre Batus Operational Status Endre Batus Operational Status Endre Batus Av	Mode of Clair	n Submission Lis	t											
And Operational Status Active Oo Oo Start Date End Date Status Operational Status Inactivation Date A data Active Very Page: 1 Oo Page Court C Seve to Exce	Filter By						And Filter By							
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Electronic Balch, Onire Direct Data Entry (DDE) 07/28/2024 12/31/2999 Approved Active View Page: 1 0 co Page Count Saves to Excel Viewing Page: 1 Image: 1 Image	Mode of Claim Sub.	wethod				start ▲▼	Date	End Date ▲▼	status	Operation ▲▼	iai Status		Inactivation ▲▼	Ion Date
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Actions Add Owner Import Owner Owners Relationships					
Add Owner Import Owner Owners Relationships					
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				Filler By	
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		i.		Ê	
How to Submit a Rev	validation	Da	te: 7/29/	24	Page
	Owners Adverse Action	Owners Adverse Action	Owners Adverse Action How to Submit a Revalidation Da	Owners Adverse Action How to Submit a Revalidation Date: 7/29/	Owners Adverse Action How to Submit a Revalidation Date: 7/29/24

No To Ad be	<i>te</i> : avoid an error, verse Actions must changed to "No". Click Close to return to the BPW.	Owner SSN/EIN/TIN	Owner Information	Owmer Type ▲▼ Managing Employee Individual/Sole Proprie	Address 3244 N Kilbourn Ave 1049 W 103rd St	Start Date ▲▼ 07/29/2024 07/29/2024	End Date	Status ▲▽ Approved Approved	Operational Status ▲▼ Active Active	Inactivation	te Adva AV No	erse Actior	Percentage owned ▼ 5 15	Relationship Stat * Completed Completed	US
Ste Sei Dei	ep 9: (<i>Optional</i>) View rvicing Provider tails	NPI: 1000010169 O Close	Provider List				Name: Ro	we, Audra							*
•	This is an Optional step for an Indiviudal/Sole Proprieter modificaiton.	Filter By Servicing Provider M	VIII Servicing Pr	rovider Name Enrolli ▲▼	ment Type Associatio ▲▼	And	Filter By	on End Date Found !	e Business Statur	s End Date	Status Re	evalidation S ▼	C Ge Save Filter Status Revalidatio	s ▼ My Filters▼ n Cycle End Date	
•	To complete this step, click the hyperlink to open it, then click Close .														
•	Click Close to return to the BPW.														
No	te:														
The Dat Dat and Cor	e Last Modification te and Last Review tes will show dates d the Status will show mplete.														
Ste	ep 10: 835/ERA														
EU	ronment Form	NPI: 1000010169	t 🚔 Print 🛛 🕄 Help				Name: Ro	owe, Audra							
•	This is an Optional step for an Indiviudal/Sole Proprieter modificaiton.	III PROVIDER III PROVIDER Provider Address	R INFORMATION Pro Doing Business As I s	vider Name: Rowe,/ Name (DBA): Street: 1049 W City: Chicage	Audra 1 103rd St 2				Zip C	State/Provi	nce: ILLI ode: 606	INOIS 543		^	Î
•	click the hyperlink to open it, then click Close .														
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Note: The Last Modification Date and Last Review Dates will show dates and the Status will show Complete.					
 Step 11: (<i>Optional</i>) Upload Document. This is an <i>Optional</i> step for an Indiviudal/Sole Proprieter modificaiton. To complete this step, click the hyperlink to 	NPI: 1000010169 Close REQUIRED DOCU NO documents are Upload D Save Def	Name: Rowe, Audra Its Required IMENTS Prequired for the Provider to upload on this Enrollment Ocuments ate			^
open it, then click Close. Note: The Last Modification Date and Last Review Dates will show dates and the Status will show Complete.					
 Step 12: Complete Modification Checklist In the Answer column, answer each question by selecting Yes or No. Click Save. Click Close Notes:	NPI: 1000010169 Close Piser Manage Question A▼ If you are a out of provide it yes, et considered for a re Do you wish to en Are you currently et Are you currently et Have you currently et	Name: Rowe, Audra Provider Checklist f state provider that provided emergent care to an Illinois Medicaid participant, you can request a refroactive enrollment back ter the requested date to be considered in the comment field. Enrollment applications must be submitted within 45 days of to stroactive enrollment? If yes, what date? xxcluded from any Illinois or other state program? If yes, provide state of exclusion and program. xxcluded from any federal program? If yes, provide the program and date. 4 a criminal or healthcare program-related conviction? If yes, provide type of conviction and date.	k to the date the services were the date of service to be	Answer ▲▼ No ∨ No ∨	Cc ments
 Be aware that answering Yes with some questoins will require you to complete additional steps and/or provide additional information 	Have you ever har Have you been ce	I a judgment under any false claims act? If yes, list judgment and date		No v	
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	to complete the checklist.					
•	All questions must be answered.					
Ste	ep 13: Submit	NPI: 1000010169		Name: Rowe	, Audra	
Мс	dification Request for	Close In Undo Update				
Re	view	Step 2: Locations	Required	07/29/2024	07/29/2024	Complete
	-	Step 3: Specialties/Taxonomy	Required	07/29/2024	07/29/2024	Complete
		Step 4: Associate Billing Provider/Other Associations	Optional	07/29/2024	07/29/2024	Complete
•	Click the hyperlink in	Step 5: License/Certification/Other	Required	07/29/2024	07/29/2024	Complete
	this step to submit the	Step 6: Mode of Claim Submission/EDI Exchange	Required	07/29/2024	07/29/2024	Complete
	applicatoin for review	Step 7: Associate Billing Agent	Optional	07/29/2024	07/29/2024	Complete
	and approval.	Step 8: Provider Controlling Interest/Ownership Details	Required	07/29/2024	07/29/2024	Complete
		Step 9: View Servicing Provider Details	Optional	07/30/2024	07/29/2024	Complete
		Step 10: 835/ERA Enrollment Form	Optional	07/29/2024	07/29/2024	Complete
		Step 11: Upload Documents	Optional	07/29/2024	07/29/2024	Complete
		Step 12: Complete Modification Checklist	Required	07/29/2024	07/29/2024	Complete In Review
		Step 13: Submit Modification Request for Review	Required	07/29/2024	07/29/2024	Complete

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