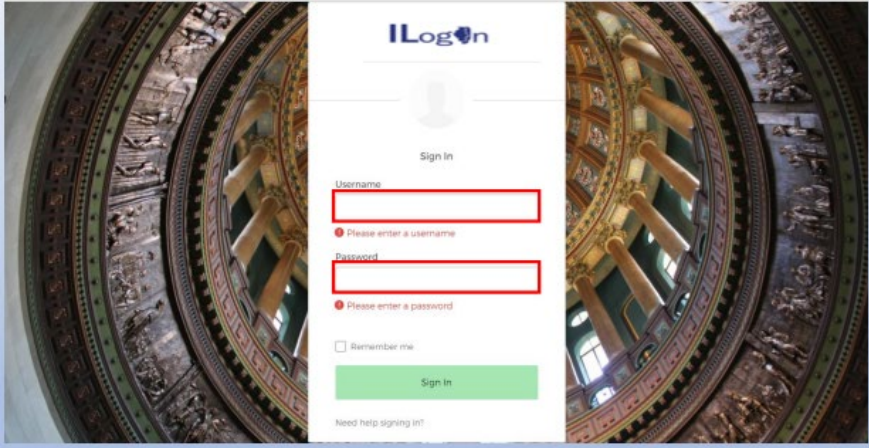
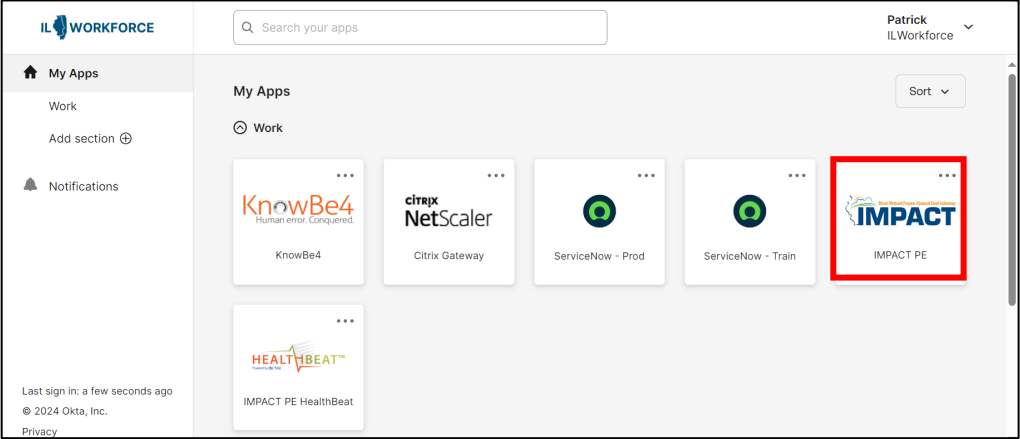

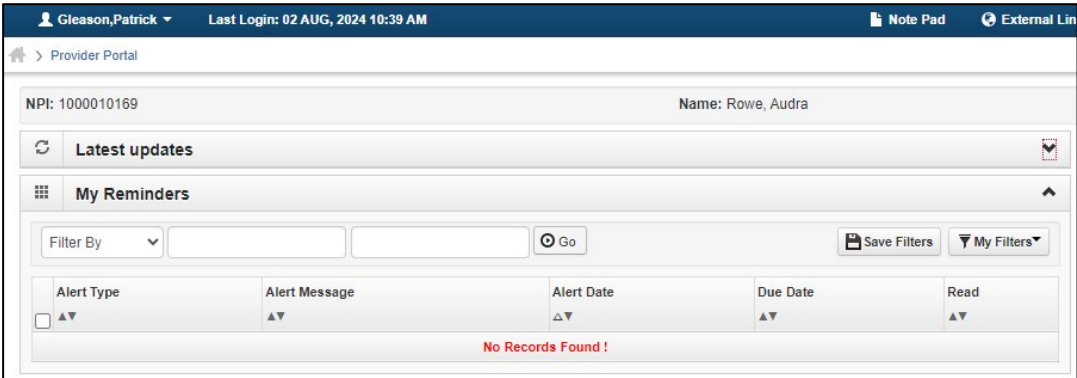
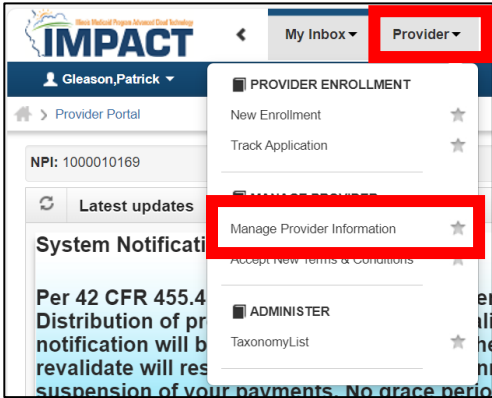
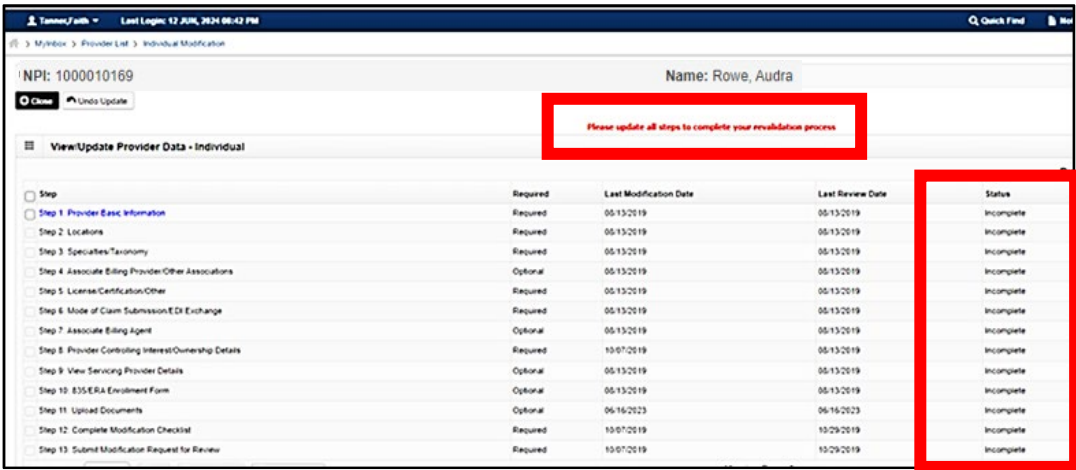


Job Aid: How to Submit a Revalidation for Individual/Sole Proprietor

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.

Step	Thumbnail
1: IMPACT Login	
Input Username and Password created during the creation of the account.	
Click the IMPACT PE chicklet to access IMPACT.	
<ul style="list-style-type: none">Select the Name of the application in the first drop-down menu.Select Provider Enrollment Access.Click Go.	

Return to [Menu](#)

Step	Thumbnail
2: Individual / Sole Proprietor	
<ul style="list-style-type: none">After logging in, you will see a landing page with notifications displayed.Click the Provider tab. Click Manage Provider Information in the drop-down menu.From the Provider List, click the drop-down arrow in the first field.Select Manage Provider Information.	 
<p>Note: The Business Processing Wizard (BPW) opens with the list of steps with the status marked Incomplete.</p> <p>A banner message advises the provider to update all steps for the revalidation.</p>	

- 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**.

Notes

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**.

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.

NPI: 1000010169

Name: Rowe, Audra

Close

Undo Update

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/29/2024	07/29/2024	Complete		
<input type="checkbox"/> Step 2: Locations	Required	07/29/2024	07/29/2024	Complete		
<input type="checkbox"/> Step 3: Specialties/Taxonomy	Required	07/29/2024	07/29/2024	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	07/29/2024	07/29/2024	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	07/29/2024	07/29/2024	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Required	07/29/2024	07/29/2024	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/29/2024	07/29/2024	Complete		
<input type="checkbox"/> Step 8: Provider Controlling Interest/Ownership Details	Required	07/29/2024	07/29/2024	Complete		
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	07/30/2024	07/29/2024	Complete		
<input type="checkbox"/> Step 10: 835/ERA Enrollment Form	Optional	07/29/2024	07/29/2024	Complete		
<input type="checkbox"/> Step 11: Upload Documents	Optional	07/29/2024	07/29/2024	Complete		
<input type="checkbox"/> Step 12: Complete Modification Checklist	Required	07/29/2024	07/29/2024	Complete	Updated	
<input type="checkbox"/> Step 13: Submit Modification Request for Review	Required	07/29/2024	07/29/2024	Complete		

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 modification for approval.

Step 1: Provider Information

- Verify that required fields are complete in the **Provider Details** and **Home Address Details** sections.
- If you make any changes, click **OK** to save your changes.

NPI: 1000010169 Name: Rowe, Audra

Provider Details

First Name: Audra * Middle Initial:

Last Name: Rowe * Gender: Female

Suffix: Applicant Type: Individual/Sole Proprietor

SSN: 100001016

Date of Birth: 06/14/1985 *

NPI: 1000010169 Contact Email Address:

Business Status: Active Email-1: audra.rowe@xxx.com * Email-2:

Status: Approved Email-3:

Business Elig. Date Range: 07/29/2024-09/27/2029

Home Address Details

Federal requirements mandate that a home address must be entered. Please ensure you are providing the correct home address and not a PO Box. Failure to do so may result in this application/modification being denied.

Address Line 1: 1049 W 103rd St * Address Line 2:

Address Line 3: City/Town: CHICAGO *

State/Province: ILLINOIS * County: COOK *

Country: UNITED STATES * Zip Code: 60643 * - 2312

Step 2: Locations

- **Add** or update **Location** information as needed.
- Click the location to add **Correspondence** and **Primary Pay To** location addresses (addresses may be the same as the Primary location).
- Click **OK** to save your changes.

NPI: 1000010169 Name: Rowe, Audra

[Close](#) [Add](#) To add/modify Pay To and Correspondence addresses, click on Location Type hyperlink.

Locations List

Filter By And Filter By And Operational Status Active [Go](#) [Save Filters](#) [My Filters](#)

Doing Business As	Location Type	Location Details	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	Primary Practice Location	1049 W 103rd St, Chicago, ILLINOIS 60643	07/29/2024	12/31/2999	Approved	Active	

View Page: 1 [Go](#) [Page Count](#) [Save to Excel](#) Viewing Page: 1 [First](#) [Prev](#) [Next](#) [Last](#)

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Correspondence	1049 W 103rd St, Chicago, ILLINOIS 60643	07/29/2024	12/31/2999	Approved	Active	
<input type="checkbox"/> Location	1049 W 103rd St, Chicago, ILLINOIS 60643	07/29/2024	12/31/2999	Approved	Active	
<input type="checkbox"/> Primary Pay To	1049 W 103rd St, Chicago, ILLINOIS 60643	07/29/2024	12/31/2999	Approved	Active	

Step 3: Specialty/Subspecialty List

- Click **Add** to add additional **Specialties** and **Subspecialties**, if needed.
- In the Taxonomy List section, edit or add **Taxonomy Codes**, if necessary.
- Click **Save**, then click **OK**.

Specialty/Subspecialty List

[Add](#) [Primary Specialty](#)

Filter By And Filter By And Operational Status Active [Go](#) [Save Filters](#) [My Filters](#)

Specialty/Subspecialty	Start Date	End Date	Status	Operational Status	Inactivation Date	Primary Specialty (Y/N)
<input type="checkbox"/> Integrative Medicine/No Subspecialty	07/29/2024	12/31/2999	Approved	Active		No

Taxonomy List

[Add](#)

Filter By And Filter By And Operational Status Active [Go](#) [Save Filters](#) [My Filters](#)

Taxonomy Code	Description	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> 103T00000X	Psychologist	07/29/2024	12/31/2999	APPROVED	Active	

Step 4: Associate Billing Provider/Other Associations

- This is an **Optional** step for an Individual/Sole Proprietor modification.
- To complete this step, click the **hyperlink** to open it, then click **Close**.

NPI: 1000010169 Name: Rowe, Audra

[Close](#) [Add](#)

Billing Provider/Other Associations List

Filter By And Filter By And Operational Status Active [Go](#) [Save Filters](#) [My Filters](#)

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date
-----------------	---------------	-----------------	------------	----------	--------	--------------------	-------------------

Note:

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

NPI: 1000010169 Name: Rowe, Audra

Close Add

Billing Provider/Other Associations List

Filter By [] And Filter By [] And Operational Status Active [v]

Go Save Filters My Filters

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>							

**Step 5:
License/Certification/Other**

- Click **Add** to add additional **Licenses, Certifications, if needed.**
- Click the License hyperlink and verify that the **Valid Flag** displays, **Yes** and that the **Effective Date** and **End Dates** are complete.

Note:

A State Professional License may be required.

- Click **Close**, when you have completed this step.

NPI: 1000010169 Name: Rowe, Audra

Close Add

License/Certification/Other List

Filter By [] And Filter By [] And Operational Status

Active Go Save Filters My Filters

License/Cert/Other Type	License/Cert/Other #	Location	Valid Flag	Effective Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>								
<input type="checkbox"/>	STATE PROFESSIONAL LICENSE	1800123456	Yes	07/29/2024	07/29/2029	APPROVED	Active	

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

Manage License/Certification/Other

Location: 01-

License/Certification/Other Type: State Professional License License/Certification/Other #: 1800123456

State: Illinois *

If your state has a prefix or an extension to the license number, please do not include this when entering the license number

License C []

Valid Flag: Yes

Effective Date: 07/29/2024 * End Date: 07/29/2029 *

Step 6: Mode of Claim Submission/EDI Exchange

- Click **Add** to add any mode of claim submission methods.
- Click **Close**, when you have completed this step.

NPI: 1000010169 Name: Rowe, Audra

Close Add

Mode of Claim Submission List

Filter By [] And Filter By [] And Operational Status Active [v] Go Save Filters My Filters

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>					
<input type="checkbox"/>	Electronic Batch, Online Direct Data Entry (DDE)	07/26/2024	12/31/2999	Approved	Active

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

Step 7: Associate Billing Provider/Other Associations

- This is an **Optional** step for an Individual/Sole Proprietor modification.
- 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 Owners
 - edit owner relationships
 - edit adverse actions.

Note:

To avoid an error, **Adverse Actions** must be changed to “No”.

- Click **Close** to return to the BPW.

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date	Adverse Action	Percentage owned	Relationship Status
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100001016	Rowe,Audra	Managing Employee	3244 N Kilbourn Ave	07/29/2024	12/31/2999	Approved	Active		No	5	Completed
100001016	Rowe,Audra	Individual/Sole Proprietor	1049 W 103rd St	07/29/2024	12/31/2999	Approved	Active		No	5	Completed

Step 9: (Optional) View Servicing Provider Details

- This is an **Optional** step for an Individual/Sole Proprietor modification.
- 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.

NPI: 1000010169 Name: Rowe, Audra

Servicing Provider List

Filter By And Filter By

Servicing Provider NPI/ID	Servicing Provider Name	Enrollment Type	Association Start Date	Association End Date	Business Status End Date	Status	Revalidation Status	Revalidation Cycle End Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Records Found !								

Step 10: 835/ERA Enrollment Form

- This is an **Optional** step for an Individual/Sole Proprietor modification.
- To complete this step, click the **hyperlink** to open it, then click **Close**.

NPI: 1000010169 Name: Rowe, Audra

ERA ENROLLMENT FORM

PROVIDER INFORMATION

Provider Name: Rowe,Audra

Doing Business As Name (DBA):

Provider Address

Street: 1049 W 103rd St State/Province: ILLINOIS

City: Chicago Zip Code/Postal Code: 60643

Note:

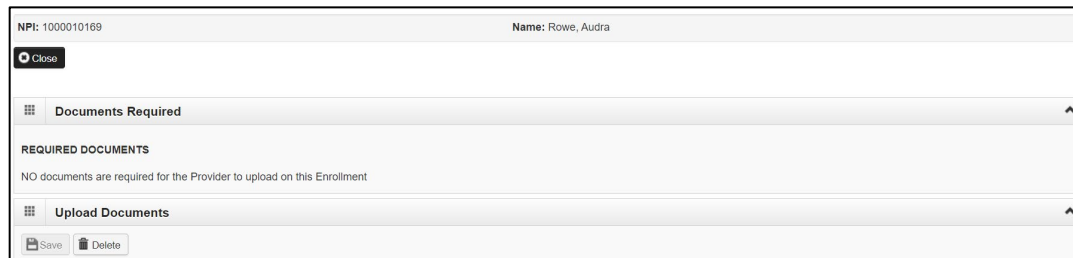
The **Last Modification Date** and **Last Review Dates** will show dates and the Status will show **Complete**.

Step 11: (Optional) Upload Document.

- This is an **Optional** step for an Individual/Sole Proprietor modification.
- To complete this step, click the **hyperlink** to open it, then click **Close**.

Note:

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

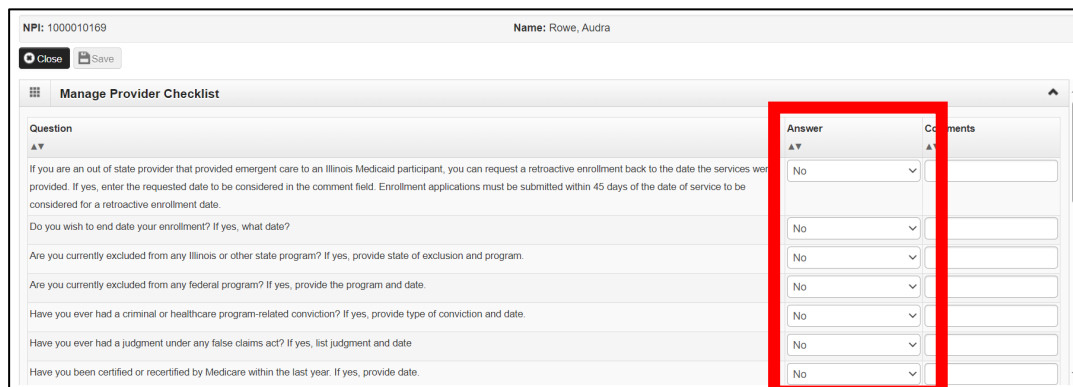


Step 12: Complete Modification Checklist

- In the **Answer** column, answer each question by selecting Yes or No.
- Click **Save**.
- Click **Close**

Notes:

- Be aware that answering Yes with some questions will require you to complete additional steps and/or provide additional information



<p>to complete the checklist.</p> <ul style="list-style-type: none">All questions must be answered.																																																																									
<p>Step 13: Submit Modification Request for Review</p> <ul style="list-style-type: none">Click the hyperlink in this step to submit the applicatoin for review and approval.	<div><div>NPI: 1000010169Name: Rowe, Audra</div><div><div>CloseUndo Update</div><table><tr><td><input type="checkbox"/> Step 2: Locations</td><td>Required</td><td>07/29/2024</td><td>07/29/2024</td><td>Complete</td><td></td></tr><tr><td><input type="checkbox"/> Step 3: Specialties/Taxonomy</td><td>Required</td><td>07/29/2024</td><td>07/29/2024</td><td>Complete</td><td></td></tr><tr><td><input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations</td><td>Optional</td><td>07/29/2024</td><td>07/29/2024</td><td>Complete</td><td></td></tr><tr><td><input type="checkbox"/> Step 5: License/Certification/Other</td><td>Required</td><td>07/29/2024</td><td>07/29/2024</td><td>Complete</td><td></td></tr><tr><td><input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange</td><td>Required</td><td>07/29/2024</td><td>07/29/2024</td><td>Complete</td><td></td></tr><tr><td><input type="checkbox"/> Step 7: Associate Billing Agent</td><td>Optional</td><td>07/29/2024</td><td>07/29/2024</td><td>Complete</td><td></td></tr><tr><td><input type="checkbox"/> Step 8: Provider Controlling Interest/Ownership Details</td><td>Required</td><td>07/29/2024</td><td>07/29/2024</td><td>Complete</td><td></td></tr><tr><td><input type="checkbox"/> Step 9: View Servicing Provider Details</td><td>Optional</td><td>07/30/2024</td><td>07/29/2024</td><td>Complete</td><td></td></tr><tr><td><input type="checkbox"/> Step 10: 835/ERA Enrollment Form</td><td>Optional</td><td>07/29/2024</td><td>07/29/2024</td><td>Complete</td><td></td></tr><tr><td><input type="checkbox"/> Step 11: Upload Documents</td><td>Optional</td><td>07/29/2024</td><td>07/29/2024</td><td>Complete</td><td></td></tr><tr><td><input type="checkbox"/> Step 12: Complete Modification Checklist</td><td>Required</td><td>07/29/2024</td><td>07/29/2024</td><td>Complete</td><td>In Review</td></tr><tr><td><input type="checkbox"/> Step 13: Submit Modification Request for Review</td><td>Required</td><td>07/29/2024</td><td>07/29/2024</td><td>Complete</td><td></td></tr></table></div></div>	<input type="checkbox"/> Step 2: Locations	Required	07/29/2024	07/29/2024	Complete		<input type="checkbox"/> Step 3: Specialties/Taxonomy	Required	07/29/2024	07/29/2024	Complete		<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	07/29/2024	07/29/2024	Complete		<input type="checkbox"/> Step 5: License/Certification/Other	Required	07/29/2024	07/29/2024	Complete		<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Required	07/29/2024	07/29/2024	Complete		<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/29/2024	07/29/2024	Complete		<input type="checkbox"/> Step 8: Provider Controlling Interest/Ownership Details	Required	07/29/2024	07/29/2024	Complete		<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	07/30/2024	07/29/2024	Complete		<input type="checkbox"/> Step 10: 835/ERA Enrollment Form	Optional	07/29/2024	07/29/2024	Complete		<input type="checkbox"/> Step 11: Upload Documents	Optional	07/29/2024	07/29/2024	Complete		<input type="checkbox"/> Step 12: Complete Modification Checklist	Required	07/29/2024	07/29/2024	Complete	In Review	<input type="checkbox"/> Step 13: Submit Modification Request for Review	Required	07/29/2024	07/29/2024	Complete	
<input type="checkbox"/> Step 2: Locations	Required	07/29/2024	07/29/2024	Complete																																																																					
<input type="checkbox"/> Step 3: Specialties/Taxonomy	Required	07/29/2024	07/29/2024	Complete																																																																					
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	07/29/2024	07/29/2024	Complete																																																																					
<input type="checkbox"/> Step 5: License/Certification/Other	Required	07/29/2024	07/29/2024	Complete																																																																					
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Required	07/29/2024	07/29/2024	Complete																																																																					
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/29/2024	07/29/2024	Complete																																																																					
<input type="checkbox"/> Step 8: Provider Controlling Interest/Ownership Details	Required	07/29/2024	07/29/2024	Complete																																																																					
<input type="checkbox"/> Step 9: View Servicing Provider Details	Optional	07/30/2024	07/29/2024	Complete																																																																					
<input type="checkbox"/> Step 10: 835/ERA Enrollment Form	Optional	07/29/2024	07/29/2024	Complete																																																																					
<input type="checkbox"/> Step 11: Upload Documents	Optional	07/29/2024	07/29/2024	Complete																																																																					
<input type="checkbox"/> Step 12: Complete Modification Checklist	Required	07/29/2024	07/29/2024	Complete	In Review																																																																				
<input type="checkbox"/> Step 13: Submit Modification Request for Review	Required	07/29/2024	07/29/2024	Complete																																																																					

Return to [Menu](#)