

# NEW PROVIDER CHECK LIST

## Durable Medical Equipment (DME) Providers

**DATE:** Click here to enter text.

**PROVIDER NAME:** Click here to enter text.

**IMPACT APP ID:** Click here to enter text.

Our records show you are obligated to undergo a screening evaluation through the Illinois IMPACT system for enrollment as an Illinois Medicaid Provider. To continue your enrollment, any checked items below must be included with your application using the upload documents feature in IMPACT system. **FAILURE TO FOLLOW ALL INSTRUCTIONS AND TO SUBMIT ALL REQUIRED DOCUMENTS WITHIN THE STATED TIME MAY RESULT IN THE DENIAL OF YOUR APPLICATION, AS PROVIDED IN 89 IL 140.28 AND IN 305 ILCS 5/12-4.25.**

All items listed below must be submitted with the application:

- A current organizational chart identifying business ownership - Include the Name, SSN, and percentage of ownership for each owner, managing officer /employee.
- Receipt of fingerprints submitted via LIVESCAN for each owner, direct or indirect, that owns 5% or more of the business, and each managing officer/employee (***See below for instructions***)
  - ***Instructions below must be followed or the application will not be processed.***
  - ***If you are an out of state applicant and cannot work directly with an Illinois fingerprint vendor, please contact [HFS.OIG.LiveScan@illinois.gov](mailto:HFS.OIG.LiveScan@illinois.gov) for fingerprint cards and instructions.***
- Proof of current good standing and registration with the IL Secretary of State.
  - ***Out of state providers need to be registered in Illinois. Registrations in your home state will not be accepted.***
- Copy of professional DME [known as an Home Medical Equipment (HME)] license from the Illinois Department of Financial and Professional Regulation (IDFPR) or documentation from the IDFPR that HME licensure is not needed.
  - ***DME (HME) licensure is a requirement per Illinois Medical Provider Handbook Chapter 200 Durable Medical Equipment M-201.1***
  - ***Providers exempt from Illinois HME licensure due to their profession can supply their respective licensure in that profession in place of the HME licensure.***
  - ***Out of State companies are required to follow Illinois HME licensure requirements per IL admin code 225 ILCS 51 and Title 68 Chapter VII part 1253.***
- Listing of all products/services (***To include any products you intend on supplying the in future***) they are seeking accreditation.
- Proof of commercial general liability insurance including coverage for products and professional liability for at least \$1,000,000. (Per 225 ILCS 51/35 (a)(3); 68 IAC Section 1253.20 (a)(2))
- Proof of current building ownership, or current valid lease agreement.
- Proof of current building insurance.
- Copy of current Workers' Compensation insurance; ***or explanation of why you do not have insurance.***

All DME providers must comply with all city/municipal ordinances concerning conducting business, including but not limited to:

- Properly registering their business within the city/municipality.
- Complying with all ordinances or governances with regard to the proper registration of their business

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For general questions about becoming a provider in the Illinois Medical Assistance Program or for assistance in IMPACT Provider Enrollment, please contact the Provider Enrollment helpdesk at 1-877-782-5565 option 1, 2 and 1.

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All providers should review Federal regulations listed in 42 C.F.R. 424.57. Please note that as part of the Federal Regulations:

- A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation.
- The location must be accessible to the public and staffed during posted hours of business.
- The location must be at least 200 square feet and contain space for storing records.

### Fingerprint Instructions

Fingerprints must be submitted for each of the following:

- each owner, direct or indirect, that owns 5% or more of the business
- each managing officer/employee

Fingerprints **must be submitted via LIVESCAN**. Please submit proof of fingerprinting in the form of a copy of the electronic fingerprint receipt from the authorized fingerprint vendor. Please use this link for approved LIVESCAN vendors capable of completing the fingerprint process: <https://idfpr.illinois.gov/LicenseLookUp/fingerprintlist.asp>

You must provide the ORI number and the purpose code to the fingerprint vendor. The ORI number for the Illinois Department of Healthcare and Family Services is IL920600Z and the purpose code is MMV (Medicare Medicaid Vendors).

In accordance with 305 ILCS 5/12-4.25 (G)(2) *Medical Assistance Program; Vendor Participation* Title 89 Illinois Administrative Code Section 140.498 (a)(1) *Fingerprint-Based Criminal Background Checks* "Vendors shall be responsible for the payment of costs of fingerprint-based criminal background checks."

If you have submitted fingerprints under the ORI number assigned to the Illinois Department of Healthcare and Family Services within the preceding year, you do not need to obtain new fingerprints. You may submit a copy of the receipt from the authorized fingerprint vendor as proof.

If you are an out-of-state applicant, you must contact the OIG to obtain a fingerprint card and Form IL486-2222 OOS-FP Identity Verification Certifying Statement for obtaining and submitting inked fingerprints via a LIVESCAN vendor capable of processing inked fingerprints cards. Please look for this capability on the list of approved vendors identified in the link at the end of this email. Please email your request for a fingerprint card to [HFS.OIG.LiveScan@illinois.gov](mailto:HFS.OIG.LiveScan@illinois.gov); the subject line must contain the IMPACT application ID number, NPI and the official provider name. Your email request must identify the number of cards necessary and ONE address to which the cards will be mailed. THIS MAILBOX WILL NOT BE UTILIZED FOR ANY COMMUNICATION OTHER THAN REQUESTING FINGERPRINT CARDS FOR OUT-OF-STATE APPLICANTS.

**FBI NOTICE:** Under provisions set forth in Title 28, Code of Federal Regulations (CFR), Section 50.12, you are hereby notified that all fingerprints submitted will be used to check the Criminal History Records of the FBI. Identification records obtained from the FBI will be used solely for the purpose requested cannot be disseminated outside of the HFS Office of the Inspector General. If the information contained in a Criminal History Record disqualifies an applicant, the OIG official making the determination of suitability for employment, in the State's Medicaid Program, shall provide an

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applicant the opportunity to complete, or challenge the accuracy of the information contained in the FBI Identification Record, and afford an applicant a reasonable time to correct or complete the information, or decline to do so. The Procedures to change, correct, or update a criminal history record are set forth in Title 28, CFR, Section 16.34.

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