

## HFS Provider Resolution Portal Individual and Multiple Provider/Facility

### Registration Instructions:

The following information explains how a provider or their billing agent registers to use the HFS Provider Resolution Portal. The process also provides information about the steps a provider or billing agent must take to register as a Portal user for multiple providers/facilities.

To complete the Portal registration process, you must first log onto the Portal. The link to the Provider Resolution Portal is: <https://ilhfspartner1.dynamics365portals.us/>

### Individual Registration (to register for one provider/facility):

Note: Portal users that have multiple providers/facilities that they are registering for, must first register as an individual at one location and then complete the steps provided under “Multiple Provider/Facility Registration Request”.

Once logged into the Portal link, select the “Register” tab and enter your email, username (you select your username), password, and confirm the password to begin the registration request process.

The screenshot shows the registration interface. At the top, there are three tabs: "Sign in", "Register", and "Redeem invitation". The "Register" tab is selected and highlighted with a dashed border. Below the tabs is a horizontal line. Underneath the line, the text "Register for a new local account" is displayed. Below this text are four input fields, each with a red asterisk indicating a required field: "\* Email", "\* Username", "\* Password", and "\* Confirm password". Each field is followed by a horizontal line representing the input area. At the bottom right of the form is a blue button labeled "Register".


Once you have completed the four required fields, click on the blue “Register” button. Submission of this information will take you to the Profile screen to complete your registration request.

## Profile:

The Profile Screen will appear next.


Enter all the requested information on this page, including full name, email, organization type and Medicaid ID. Incomplete information will delay the timeliness of processing your registration request.

## Profile



- All fields on this form are **REQUIRED**.
- **Missing or Incorrect Information may delay the Registration process.**
- **If your email address is incorrect, you will not receive email notifications on your ticket**
- It may take up to an hour for the Registration to activate.
- The **Email Address** and **Phone** number will not be displayed on the site.

Profile

 Security

Change password

**Your information**

First Name \*

Last Name \*

Contact Email \*

Contact Phone

Organization Name

Organization Type \*

Provider Medicaid ID \*

NPI

[Update](#)

Once all required information has been entered into the Profile page, click on the blue “Update” button.

- Your information will be submitted to the HFS Portal staff for review and to approve access.
- The registration request review and approval process may take up to 48 hours to complete. Once approval has been granted, you will receive an email to confirm that your ILHFS Partner Portal Registration has been successfully completed. If after 48 hours you have not received an email notification, please check your spam folder. A provider

cannot access and submit a ticket in the portal until this email notification has been received.

- Upon receipt of this confirmation you are now ready to enter a ticket in the Provider Resolution Portal. Follow the directions provided in the confirmation email to begin accessing the portal. Remember, you will sign into the Portal using your username and password that was approved under the registration request process.

### Multiple Provider/Facility Registration Request:

If order to register in the portal for more than one provider or facility, you must first register as an Individual at one location following the Individual Registration process. Once you have successfully registered as an individual you can proceed with requesting access to the portal for two or more providers/facilities. To initiate the multiple provider/facility registration request, you will complete the Multiple Facility Registration Request Template.

Sample image of the template:

Multiple Provider/Facility Registration Request Template					
Portal User Contact Name:		Portal User Contact Phone Number:			
Portal User Contact Email Address:					
Important: Enter all information required below for each provider/facility you are requesting to register on behalf of via the Provider Resolution Portal. Incomplete registration requests will be returned to the Contact Name provided above.					
Contact Email*	Contact Phone*	Provider/Facility Name*	Provider/Facility Type*	Provider Medicaid ID*	NPI Number*

The completed template is then submitted via email to: [HFS.Portalinquiries@Illinois.gov](mailto:HFS.Portalinquiries@Illinois.gov)

You will receive an email invitation to register as a portal user for each approved/facility listed on the template.

- The registration process will require a **different username for each provider/facility**. To help you remember multiple usernames, it is recommended that you use part of the provider/facility name in the username for each unique sign-on. It is also highly suggested that you keep a list of the USERNAMES for each provider/facility in a secure location. Although the username must be unique for each provider/facility, the portal does allow you to use the same password for each account. If you choose to do so, be sure you are typing in the same password when registering for each account.

The following is a sample email invitation to register:

Greetings from Illinois Healthcare and Family Services.

You've been invited to the production HFS Partner Portal. Your Company Name is: Test Company.

To redeem your invitation, please follow the instructions below:

1. Follow the link below to accept your invitation, then click **Redeem** on the **Redeem Invitation Tab**.
2. Choose username, password, confirm password and click **Register**. Your email will fill in automatically.
3. On your Profile screen, click **Update**.
4. For login help, send email to [hfs.crm.help@illinois.gov](mailto:hfs.crm.help@illinois.gov).

[Click here to accept your invitation.](#)

Regards,

HFS Portal Team

**Note: If you do not receive your email invitations to register, you will need to check your spam folder.**

### To redeem email invitations to register:

To complete the registration, follow the instructions provided in the email invitation.

First click on the link provided in the email. This action will redirect you to the “Redeem Invitation” tab on the Portal. Click on the blue “Redeem” button.

The screenshot shows a web interface with three tabs: 'Sign in', 'Register', and 'Redeem invitation'. The 'Redeem invitation' tab is selected and highlighted with a dashed border. Below the tabs, there is a section titled 'Sign up with an invitation code'. It contains a label '\* Invitation code' followed by a text input field containing the alphanumeric string 'EHCfbL5tH8-bwkhKgLSjtf-Dkts147sQu9EsgJjMoVd6FCQQ8UrmP5ugGD9-vBsST978LLE80Hb8HO1zAjHikPKpiYHxqRBW1MF5v1E2n'. Below the input field is a blue button labeled 'Redeem'.

After you click the “Redeem” button you will be directed to the “Register” tab on the Portal. On this tab you will enter your **new username**, password and confirm your password and click on the blue “Register” button.

[Sign in](#) [Register](#) [Redeem invitation](#)

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Redeeming code: **QhRIV7Y0RC5awfo1C4Bs0N76Aemph44IsxGRKqPBB4LEx9eE90SE9QTd1kj3llyQRWR7KwyD4kFF0g-yITQAitzLc5u74EgjYiOaBx0cSflexf4-**

**Register for a new local account**

* Username	<input type="text"/>
* Password	<input type="password"/>
* Confirm password	<input type="password"/>

[Register](#)

This action will direct you to your Profile page. The information you provided during the registration process will auto-populate on this page. Please check the auto-populated data fields for accuracy, correct or fill in any missing information fields and click on the “Update” button.

**Your information**

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**First Name \***

Test

**Last Name \***

Name

**Contact Email \***

test@llinois.gov

**Contact Phone**

**Organization Name**

**Organization Type \***

Provider



**Provider Medicaid ID \***

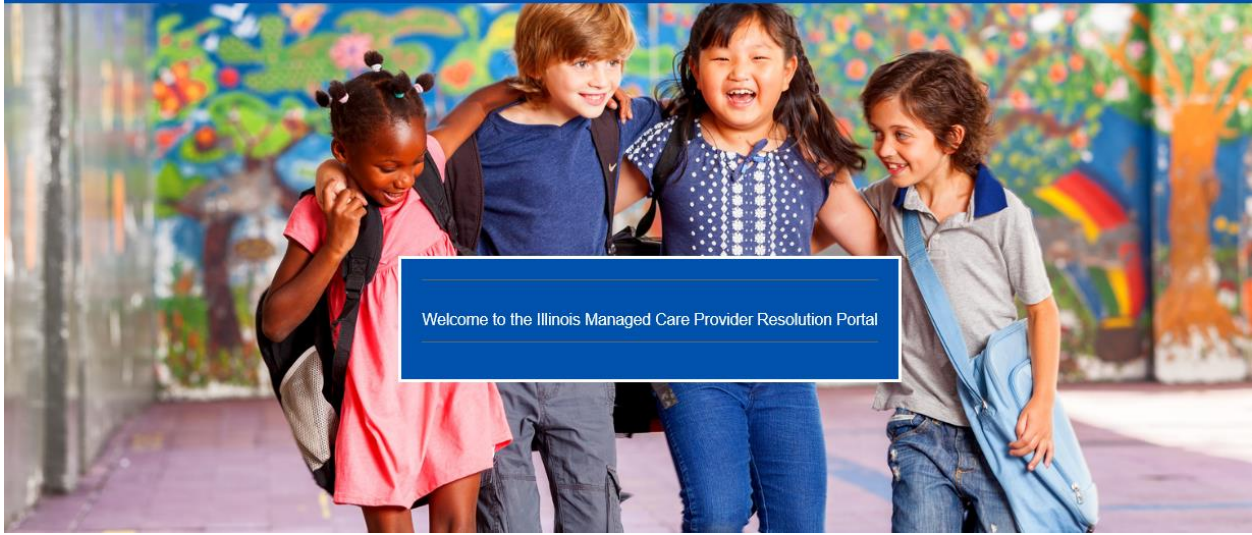
123456789

**NPI**

Update

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After you click on the “Update” button, the following HFS Partner Portal Screen will appear. To proceed with entering a ticket in the portal, click on the “MCO Complaints” tab. This action will direct you to the portal for the designated provider/facility.



Questions about the portal registration process can be sent to: [HFS.Portallnquiries@illinois.gov](mailto:HFS.Portallnquiries@illinois.gov)