

ILLINOIS PROVIDER ENROLLMENT



Provider Modifications

***User ID**

***Password**

Login

[Forgot your password?](#)

[Need Help?](#)

Don't have an account?

Create New Account

- Enter the **User ID** and **Password** then, click **Login**.

IMPACT Sign On

Manage your account



Request Application Access



Update Profile



Change Password

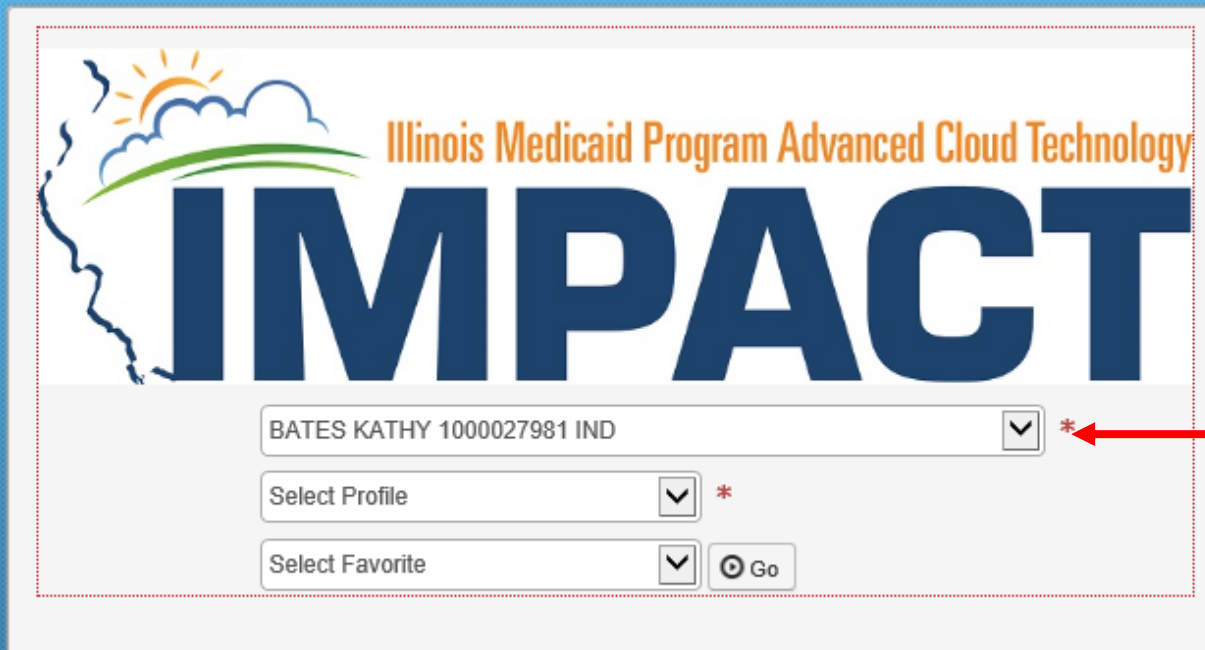


Update Security Q&A

Access your applications

• [IMPACT](#)

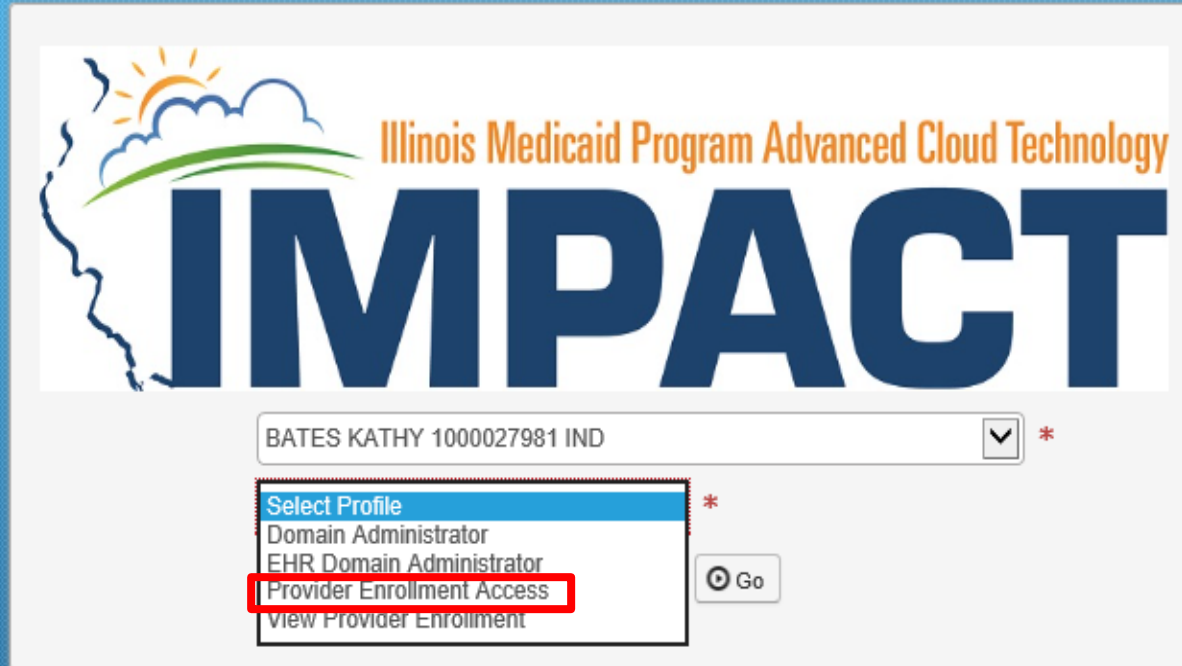
- Click on the hyperlink, **IMPACT**.



The screenshot shows the IMPACT sign-on interface. At the top, there is a logo for the Illinois Medicaid Program Advanced Cloud Technology (IMPACT). Below the logo, there are three input fields:

- The first field contains the text "BATES KATHY 1000027981 IND" and a dropdown arrow icon. A red arrow points to this dropdown icon, which is followed by a red asterisk (*).
- The second field is labeled "Select Profile" and has a dropdown arrow icon, followed by a red asterisk (*).
- The third field is labeled "Select Favorite" and has a dropdown arrow icon, followed by a "Go" button.

- From the first drop down, choose the provider's name of the enrollment that needs modified.



Illinois Medicaid Program Advanced Cloud Technology
IMPACT

BATES KATHY 1000027981 IND *

Select Profile *

- Domain Administrator
- EHR Domain Administrator
- Provider Enrollment Access**
- View Provider Enrollment

- From the second drop down, select **Provider Enrollment Access**, then click **Go**.

Modifying an Enrollment

The screenshot displays the IMPACT Provider Portal interface. At the top, there is a navigation bar with 'My Inbox' and 'Provider' dropdown menus. Below this, a user profile for 'Barrett, Keith' is visible. The main content area shows a 'Provider Portal' section with 'NPI: 1000027981' and 'Name: Bates, Kathy'. A dropdown menu is open under the 'Provider' menu, showing options: 'PROVIDER ENROLLMENT' (with sub-options 'New Enrollment' and 'Track Application'), and 'MANAGE PROVIDER' (with sub-option 'Manage Provider Information', which is highlighted with a red box). Below the dropdown, there is a 'Filter By' section and a table with columns: 'Alert Type', 'Alert Message', 'Alert Date', 'Due Date', and 'Read'. The table is currently empty, with a red message 'No Records Found!' displayed below it. On the right side, there is a 'Calendar' widget showing the date '12 May 2021 Wednesday' and a calendar grid for May 2021.

- From the *Provider* drop down, select *Manage Provider Information*.

Modifying an Enrollment

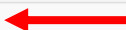
NPI: 1000027981

Name: Bates, Kathy

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	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 2: Specialties	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 3: Associate Billing Provider/Other Associations 	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 4: License/Certification/Other	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 5: Provider Controlling Interest/Ownership Details	Optional	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 6: Taxonomy Details	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 7: View Servicing Provider Details	Optional	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 8: Associate MCO Plan	Optional	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 9: Complete Modification Checklist	Required	05/12/2021	05/12/2021	Incomplete		
<input type="checkbox"/> Step 10: Submit Modification Request for Review	Required	05/12/2021	05/12/2021	Complete		

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- Click on the hyperlinked step(s) that need updated and make the necessary adjustments.
- To add or end date an Associated Billing Provider click on Step 3 Hyper link.

Modifying an Enrollment

NPI: 1000027981 Name: Bates, Kathy

Billing Provider/Other Associations List

Filter By And Filter By And Operational Status Active

<input type="checkbox"/>	NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	1437641354	RexingThackerRachel	Individual/Sole Proprietor	05/12/2021	12/31/2999	Approved	Active	
<input type="checkbox"/>	1154319143	Talley Eye Institute	Group Practice (Corporation, Partnership, LLC, etc.)	05/12/2021	12/31/2999	Approved	Active	

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- Click on the [Blue](#) hyperlinked of the NPI/Provider ID of the Billing Provider/Other Association List that needs to be end dated.

Modifying an Enrollment

Provider Portal > Individual Modification

NPI: 1000027981

Name: Bates, Kathy

Close

Save

Manage Billing Provider/Other Associations

NPI/Provider ID: 1154319143

Provider Name: Talley Eye Institute

Enrollment Type: Group Practice (Corporation, Partnership, LLC, etc.)

Applicant Type:

Start Date: 05/12/2021 *

End Date: 05/31/2021

Status: Approved

- Update the End Date to the date the association will end.
- Click **Save** then **Close**.

Modifying an Enrollment

Provider Portal > Individual Modification

NPI: 1000027981 Name: Bates, Kathy

Billing Provider/Other Associations List

Filter By And Filter By And Operational Status Active

<input type="checkbox"/>	NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/>	1154319143	Talley Eye Institute	Group Practice (Corporation, Partnership, LLC, etc.)	05/12/2021	05/31/2021	In Review	Active	
<input type="checkbox"/>	1437641354	RexingThackerRachel	Individual/Sole Proprietor	05/12/2021	12/31/2999	Approved	Active	
<input type="checkbox"/>	1154319143	Talley Eye Institute	Group Practice (Corporation, Partnership, LLC, etc.)	05/12/2021	12/31/2999	Approved	Active	

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- Click **Add** to insert the new Billing Provider information.

Modifying an Enrollment

Print Help

NPI: 1000027981

Name: Bates, Kathy

Associate Billing Provider/Other Associations

Enter NPI/Provider ID of Billing Provider/Other Associations and click "Confirm Provider."

Type: NPI *

ID: 1336192665 *

Provider Name:

Enrollment Type:

Applicant Type:

Start Date: 06/01/2021 *

End Date:

Confirm Provider Ok Cancel

Page ID: dlgAssocBillingPrvdr(Provider)

- Input the new Billing Provider's information.
- Click on **Confirm Provider**.
- Then Click **OK**.

Modifying an Enrollment

Home > Provider Portal > Individual Modification

NPI: 1000027981

Name: Bates, Kathy

Manage Billing Provider/Other Associations

NPI/Provider ID: 1336192665

Provider Name: INDIANA UNIVERSITY RADIOLOGY ASSOCIATES INC

Enrollment Type: Group Practice (Corporation, Partnership, LLC, etc.)

Applicant Type:

Start Date: 06/01/2021 *

End Date: 12/31/2999

Status: In Review

- Click **Save** then **Close**.

Modifying an Enrollment

NPI: 1000027981 Name: Bates, Kathy

Billing Provider/Other Associations List

Filter By And Filter By And Operational Status

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> 1154319143	Talley Eye Institute	Group Practice (Corporation, Partnership, LLC, etc.)	05/12/2021	05/31/2021	In Review	Active	
<input type="checkbox"/> 1336192665	INDIANA UNIVERSITY RADIOLOGY ASSOCIATES INC	Group Practice (Corporation, Partnership, LLC, etc.)	06/01/2021	12/31/2999	In Review	Active	
<input type="checkbox"/> 1437641354	RexingThackerRachel	Individual/Sole Proprietor	05/12/2021	12/31/2999	Approved	Active	
<input type="checkbox"/> 1154319143	Talley Eye Institute	Group Practice (Corporation, Partnership, LLC, etc.)	05/12/2021	12/31/2999	Approved	Active	

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- The Status of the updated information is In Review.
- Click **Close** to return to the Business Process Wizard

Modifying an Enrollment

Provider Portal > Individual Modification

NPI: 1000027981 Name: Bates, Kathy

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	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 2: Specialties	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 3: Associate Billing Provider/Other Associations	Required	05/12/2021	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 4: License/Certification/Other	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 5: Provider Controlling Interest/Ownership Details	Optional	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 6: Taxonomy Details	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 7: View Servicing Provider Details	Optional	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 8: Associate MCO Plan	Optional	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 9: Complete Modification Checklist ←	Required	05/12/2021	05/12/2021	Incomplete		
<input type="checkbox"/> Step 10: Submit Modification Request for Review	Required	05/12/2021	05/12/2021	Incomplete		Modification Request has not been Submitted.

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- After making all necessary updates, click on **Complete Modification Checklist** and answer the provided questions.

Modifying an Enrollment

NPI: 1000027981 Name: Bates, Kathy

Close **Save**

Manage Provider Checklist

Question	Answer	Comments
Are you ONLY enrolling to provide services related to COVID-19 emergency response? Answering Yes to this question will create a temporary enrollment that will end within six months from the termination of the public health emergency. If you want to enroll to provide ongoing services to Illinois Medicaid participants, you should answer No to this question.	No	
If you are an out of state provider that provided emergent care to an Illinois Medicaid participant, you can request a retroactive enrollment back to the date the services were provided. If yes, enter the requested date to be considered in the comment field. Enrollment applications must be submitted within 45 days of the date of service to be considered for a retroactive enrollment date.	No	
Do you wish to end date your enrollment? If yes, what date?	No	
Are you currently excluded from any Illinois or other state program? If yes, provide state of exclusion and program.	No	
Are you currently excluded from any federal program? If yes, provide the program and date.	No	
Have you ever had a criminal or healthcare program-related conviction? If yes, provide type of conviction and date.	No	
Have you ever had a judgment under any false claims act? If yes, list judgment and date	No	
Have you been certified or recertified by Medicare within the last year. If yes, provide date.	No	
Have you been certified by another State's Medicaid Program. If yes, provide each state and effective date of certification.	No	
Have you ever had a program exclusion/debarment? If yes, provide program and date	No	

- Each question needs answered with a **Yes** or **No**. Enter **Comments**, as necessary. If a question does not apply, choose **No**.
- When completed, click **Save**, then **Close**.

Modifying an Enrollment

NPI: 1000027981

Name: Bates, Kathy

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	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 2: Specialties	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 3: Associate Billing Provider/Other Associations	Required	05/12/2021	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 4: License/Certification/Other	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 5: Provider Controlling Interest/Ownership Details	Optional	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 6: Taxonomy Details	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 7: View Servicing Provider Details	Optional	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 8: Associate MCO Plan	Optional	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 9: Complete Modification Checklist	Required	05/12/2021	05/12/2021	Complete	Updated	
<input type="checkbox"/> Step 10: Submit Modification Request for Review ←	Required	05/12/2021	05/12/2021	Incomplete		Modification Request has not been Submitted.

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- When the modification checklist is completed, click **Submit Modification Request for Review**.

Modifying an Enrollment

Provider Portal > Individual Modification

NPI: 1000027981

Name: Bates, Kathy

Close

Next

Final Submission

NPI: 1000027981

EnrollmentType: Individual/Sole Proprietor

The Information submitted shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct. (Private and Confidential)

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
▲▼	▲▼	▲▼	▲▼
No Records Found !			

- Read the posted statement, then click **Next**.

Modifying an Enrollment

Provider Portal > Individual Modification

NPI: 1000027981

Name: Bates, Kathy

18. Behavioral Health Residential Care Providers who are enrolled with a Subspecialty of Sub-Acute Psychiatric or Sub-Acute Substance Use Disorder shall also comply with the following:

- Compliance with 42 CFR 483. Submit a completed HFS Form 2734A to the Department, attesting to the facility's compliance with federal requirements regarding the use of restraint and seclusion in each of the following instances: 1) Upon initial enrollment with Illinois Medical Assistance as a provider; 2) Annually on July 1 of each state fiscal year to be received by the Department by July 15th; and 3) In the event of a change in the facility director;
- Notify the Department and the State's designated Protection and Advocacy System of any significant injury, suicide attempt, or death that occurs at the facility, consistent with the requirements established by the Department;
- Comply with 42 CFR 440.10 and 42 CFR 441 Subpart D as defined and interpreted by the Department in the administration of the Illinois Medicaid Program; and
- Comply with all State Survey activities performed by the Illinois Department of Public Health, or its agent(s).

19. Behavioral Health Residential Care Providers who are enrolled with a Subspecialty of Sub-Acute Substance Use Disorder shall establish licensure and remain in good standing with the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DHS-DASA) as a provider of residential substance use disorder services.

Billing Certification

For each paper or electronic claim or invoice I submit for payment, remittance advice and voucher issued, as a condition of my enrollment, I certify and acknowledge that I am familiar with pertinent Healthcare and Family Services policies and procedures as set forth in the Illinois Medical Assistance Program Handbooks, rules and statutes. With that knowledge, I certify that the billing information on claims, invoices, remittances and vouchers, and billing information attached to, or reference in, those documents is true, accurate and complete; I certify that the services as described on the claims, invoices, vouchers or remittance advice were provided; I certify that I will keep and make available such records as are necessary to disclose fully the nature and extent of the services provided; and I certify that I understand payment is made from State and federal funds and any falsification or concealment of the material fact may be cause for prosecution or other appropriate sanctions and legal action.

By checking this, I certify that I have read and that I agree and accept all the enrollment terms and conditions in herein that are applicable to me.

- Read through the terms and conditions. Scroll down and click the checkbox to agree, then click **Submit for Modification**.

Modifying an Enrollment

NPI: 1000027981 Name: Bates, Kathy

Close Undo Update

The Modification Request has been submitted for State review. Return to here to track the status of your request. x

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 2: Specialties	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 3: Associate Billing Provider/Other Associations	Required	05/12/2021	05/12/2021	Complete	In Review	
<input type="checkbox"/> Step 4: License/Certification/Other	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 5: Provider Controlling Interest/Ownership Details	Optional	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 6: Taxonomy Details	Required	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 7: View Servicing Provider Details	Optional	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 8: Associate MCO Plan	Optional	05/12/2021	05/12/2021	Complete		
<input type="checkbox"/> Step 9: Complete Modification Checklist	Required	05/12/2021	05/12/2021	Complete	In Review	
<input type="checkbox"/> Step 10: Submit Modification Request for Review	Required	05/12/2021	05/12/2021	Complete		

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- A message will show that the Modification has been submitted.
- **Modification Status** will show the status of the review of the modification.

Deleting an 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	08/20/2015	08/20/2015	Complete		
<input checked="" type="checkbox"/>	Step 2: Specialties	Required	08/31/2015	08/20/2015	Complete	Updated	
<input type="checkbox"/>	Step 3: Associate Billing Provider	Required	08/20/2015	08/20/2015	Complete		
<input type="checkbox"/>	Step 4: License/Certification/Other	Required	08/20/2015	08/20/2015	Complete		
<input type="checkbox"/>	Step 5: Provider Controlling Interest/Ownership Details	Optional	08/20/2015	08/20/2015	Complete		
<input type="checkbox"/>	Step 6: Taxonomy Details	Required	08/20/2015	08/20/2015	Complete		
<input type="checkbox"/>	Step 7: View Servicing Provider Details	Optional	08/20/2015	08/20/2015	Complete		
<input type="checkbox"/>	Step 8: Associate MCO Plan	Optional	08/20/2015	08/20/2015	Complete		
<input type="checkbox"/>	Step 9: Complete Modification Checklist	Required	08/31/2015	08/20/2015	Complete	Updated	
<input type="checkbox"/>	Step 10: Submit Modification Request for Review	Required	08/31/2015	08/20/2015	Incomplete		Modification Request has not been Submitted.

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- To cancel an update prior to submitting, place a check in the box next to the line that has the update that needs deleted, then click on **Undo Update**.

Deleting an Update

View/Update Provider Data - Individual

Business Process Wizard - Provider Data Modification (Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	08/20/2015	08/20/2015	Complete		
<input type="checkbox"/> Step 2: Specialties	Required	08/25/2015	08/20/2015	Complete		
<input type="checkbox"/> Step 3: Associate Billing Provider	Required	08/20/2015	08/20/2015	Complete		
<input type="checkbox"/> Step 4: License/Certification/Other	Required	08/20/2015	08/20/2015	Complete		
<input type="checkbox"/> Step 5: Provider Controlling Interest/Ownership Details	Optional	08/20/2015	08/20/2015	Complete		
<input type="checkbox"/> Step 6: Taxonomy Details	Required	08/20/2015	08/20/2015	Complete		
<input type="checkbox"/> Step 7: View Servicing Provider Details	Optional	08/20/2015	08/20/2015	Complete		
<input type="checkbox"/> Step 8: Associate MCO Plan	Optional	08/20/2015	08/20/2015	Complete		
<input type="checkbox"/> Step 9: Complete Modification Checklist	Required	08/20/2015	08/20/2015	Incomplete		
<input type="checkbox"/> Step 10: Submit Modification Request for Review	Required	08/25/2015	08/20/2015	Incomplete		Modification Request has not been Submitted.

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- When completed, click **Close**.

- For more information regarding IMPACT, please visit <http://www.illinois.gov/hfs/impact/Pages/AboutIMPACT.aspx>
- Check out the definitions of common terms at <http://www.illinois.gov/hfs/impact/Pages/Glossary.aspx>

- FAQ's can be found at <http://www.illinois.gov/hfs/impact/Pages/faqs.aspx> to help resolve common questions and problems when submitting applications.
- General questions regarding IMPACT can be addressed to:
 - Email: IMPACT.Help@Illinois.gov
 - Phone: 1-877-782-5565