# **Enrolling as a Medicaid Provider**

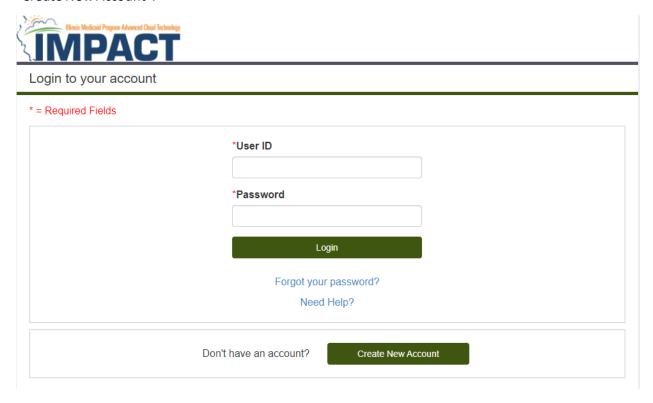
Illinois Medicaid enrolls providers in the IMPACT system. Paper enrollment applications or updates are not accepted, and email is now the primary method for provider communication. IMPACT and more information about the enrollment process is available at:

https://www.illinois.gov/hfs/impact/Pages/ContactIMPACT.aspx

# **To Begin the Application Process**

Prior to starting an enrollment, a certified W9 must be on file. A certified W9 must be on file with the Comptroller for any provider receiving state/federal funds from the Comptroller for services rendered or provided to Medicaid clients. To obtain a certified W9, complete the W9 form and then scan and email the completed form to <a href="IMPACT.Help@illinois.gov">IMPACT.Help@illinois.gov</a>. In the subject line put "W9 approval needed". Impact will then forward the W9 to the Illinois Comptroller and once it is reviewed and approved by the Comptroller's Office an email will be sent that the W9 has been approved and the enrollment may begin.

To begin the enrollment, go to <a href="http://IMPACT.Illinois.gov">http://IMPACT.Illinois.gov</a>. Anyone who needs access to the IMPACT system will need to create a User ID and password through the single sign-on process. To begin, click on "Create New Account".



To view a step-by-step presentation on how to create a new account click on the following link: <a href="https://www.illinois.gov/hfs/impact/Documents/SingleSignOnProviders.pdf">https://www.illinois.gov/hfs/impact/Documents/SingleSignOnProviders.pdf</a>. Also, general questions about IMPACT provider enrollment can be answered by calling 1-877-782-5565 (select options 1, 2, 1, 1).

To access the IMPACT provider portal, you must use an internet browser that is equivalent to Internet Explorer 8 – or a more recent browser.

# **Enrollment Types for Dental Groups and Dental Facilities**

Dental providers in Illinois may be able to enroll as a "Group" or as a "Facility, Agency, Organization" (FAO).

First, the Group or FAO should enroll as a Medicaid provider before your individual practitioners enroll as Medicaid providers (if they are not already enrolled with another medical group). Medicaid services are rendered by individual practitioners, but the Medicaid payments will be sent to the Billing Provider at the Group/FAO's Primary Pay-To address. After the Group or FAO enrollment is completed and approved, then the individual practitioners will enroll and "associate" with the Group or FAO.

# National Provider Identifier (NPI)

The National Provider Identifier (NPI) number is a unique ten-digit identification number issued by the Centers for Medicare and Medicaid Services (CMS) and required by the Health Insurance Portability and Accountability Act (HIPPA) for health care providers in the United States. Providers must use their NPI to identify themselves in all HIPAA related transactions. There are two types of NPI:

NPI Type 1- Health care providers who are individuals, including physicians, dentists, and all sole proprietors. An individual is eligible for only one NPI.

NPI Type 2- Health care providers who are organizations, including physician groups, clinics, hospitals, nursing homes, etc. (Group and FAO)

## Group

A Group is an organization of individual providers that provides dental services. Groups will require a Type 2 NPI. No licensing is required for this type of organization. For enrolling in IMPACT, a "Group" includes a corporation, partnership, or LLC.

## Step 1:

After logging into IMPACT, choose the Enrollment Type (Group) then click Submit. After clicking the Submit button you will be directed to the Basic Information Step.

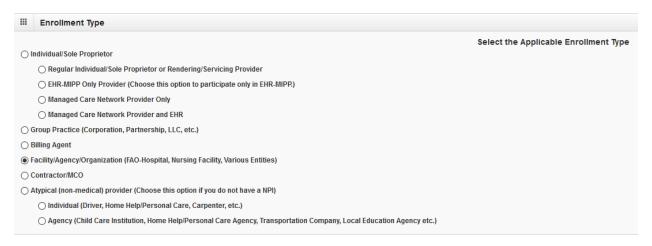
***	Enrollment Type			
		Select the Applicable Enrollment Type		
○ Individual/Sole Proprietor				
	Regular Individual/Sole Proprietor or Rendering/Servicing Provider			
	EHR-MIPP Only Provider (Choose this option to participate only in EHR-MIPP.)			
	○ Managed Care Network Provider Only			
	○ Managed Care Network Provider and EHR			
● Group Practice (Corporation, Partnership, LLC, etc.)				
O E	Billing Agent			
O F	acility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)			
00	Contractor/MCO			
0	Atypical (non-medical) provider (Choose this option if you do not have a NPI)			
	O Individual (Driver, Home Help/Personal Care, Carpenter, etc.)			
	Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)			

# Facility, Agency, Organization (FAO)

The "FAO" designation will apply to Clinics that are Federally Qualified Health Centers, Rural Health Clinics, School Based/Linked Health Clinics and Public Health Departments that have Dental Services. An FAO provider will require a type 2 NPI. FAO's require a license.

## Step 1:

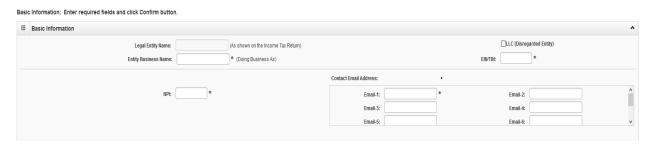
After logging into IMPACT, choose the Enrollment Type (Facility/Agency/Organization) then click Submit. After clicking the Submit button you will be directed to the Basic Information Step.



# **Medicaid Enrollment for Dental Groups and Dental Facilities**

# Step 2

Complete the Basic Information step. Once all the information has been entered click "Confirm" and then "Finish" to complete this step.



After successful completion of this step the system will generate a 14-digit Application ID. Application IDs are valid for 30 calendar days; applications must be completed and submitted to the state for review and will be used to track the status of the submitted application until the application has been approved.

A step-by-step guide on how to enroll as a Group is at: https://www.illinois.gov/hfs/impact/Documents/IMPACTGroup.pdf

A step-by-step guide on how to enroll as a FAO is at: https://www.illinois.gov/hfs/impact/Documents/IMPACTFAO.pdf

If the dental group or clinic has multiple NPI's with the same tax number, there should be a separate enrollment for each NPI.

## **Email Addresses**

Email is the primary mode of communication in the IMPACT system. Email address listed in IMPACT need to be current and associated to the individual(s) who will be acting on the provider's half. The IMPACT system can hold up to 10 different email addresses.

## **Documents to Have on Hand for IMPACT Enrollment**

When enrolling in IMPACT the following information will be needed to complete the application process:

Information on your organization, including the Primary Practice Location address, a Correspondence Location, a Pay-To Location, office hours, whether ADA accessible, language spoken, communication preferences, telephone number, email address – and similar information on all other locations.

Contact information on each of the owners, including percent of ownership, social security numbers, address, telephone number, relationship between each owner.

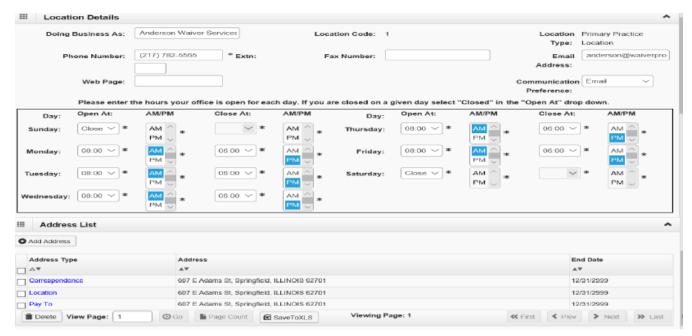
Information about each owner's interest in other entities reimbursable by Medicaid or Medicare – it is required that ownership of 5% or more in any other Medicaid/Medicare entity be entered.

Specific information, including dates, of any adverse legal actions for each owner, including convictions, suspensions, revocations or exclusions – even if they were expunged or appeals are pending (note: if older lawsuits are unknown, state as such in the comments)

Licenses or certifications that your facility has that may be required (for FAO's)

## **Site Locations**

When completing the Location Details section of the application, the Primary Practice Location, Correspondence address, and Pay-To addresses will need to be listed. The same address can be used for the Primary Practice, Correspondence and Pay-To addresses.



To list Other Servicing Location address, click on Add and enter the address information for that locations

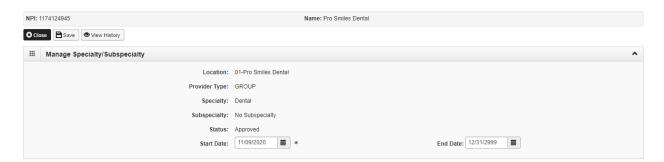
For Other Servicing Location, in addition to the location address itself, a Correspondence and Pay-To address is also required.

# Specialty/Subspecialty

When enrolling as a Group, IMPACT will ask for the Provider Type, Specialty, and Subspecialty. It is recommended you use:

Provider Type: GroupSpecialty: Dental

• Subspecialty: No Subspecialty



When enrolling as a FAO, IMPACT will ask for the Provider Type, Specialty, and Subspecialty. It is recommended you use:

- Provider Type: Clinic
- Specialty: Federally Qualified Health Center, Rural Health Clinic, School Based/Linked Health Clinic, or Public Health Department
- Subspecialty: Dental Services



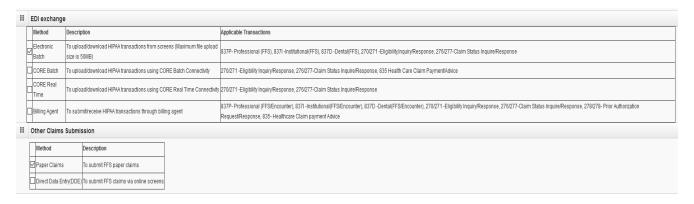
#### Licenses

- Federally Qualified Health Centers are required to have their Health Resources and Services Administration Award (HRSA) listed on their IMPACT enrollment. Medicare Certification and Clinical Laboratory Improvement Amendments (CLIA) are optional to add.
- School Based/Linked Health Clinics are required to have their Public Health License/Certificate listed on their IMPACT enrollment. Clinical Laboratory Improvement Amendments (CLIA) is optional to add.
- Rural Health Clinics has the option to add their Clinical Laboratory Improvement Amendments (CLIA) and/or Medicare Certification
- Public Health Departments are required to have their Public Health License/Certificate listed on their IMPACT enrollment. Clinical Laboratory Improvement Amendments (CLIA) is optional to add.
- No licensing is required for a Group enrollment.



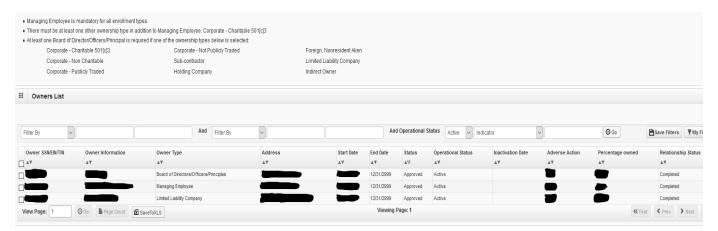
## **Mode of Claim Submission**

One of the six options must be selected to indicate how to process claims.



# **Provider Controlling Interest/Ownership Details**

Ownership entries must include at least one Managing Employee and one other ownership type. Owner Relationships and Owners Adverse Action will need to be answered for each owner listed.



# **Complete Enrollment Checklist**

All questions in the enrollment checklist must be answered either "yes" or "no" and comments made if directed to do so.



# **Submit Enrollment Application for Approval**

Click "next" to confirm that all the information submitted as a part of the application is accurate. Read through all the terms and conditions, and check the box certifying the agreement to the terms and conditions. Then select "Submit Application".

The application is then submitted to the IMPACT staff to review. The application number created after completion of the Basic Information step can be used to check the status of the application by going through the "Track Application" option.

## **Provider Information Sheet**

Once your FAO application has been approved, a Provider Information Sheet will be generated and sent to the correspondence address on file. This document contains information that will be needed to file and submit claims. Do not disregard this document.

Groups do not receive Provider Information Sheets.

# **Enrollment Timeline and Commitment**

All providers are required to update the license expiration date when licenses expire. It is recommended that providers log into IMPACT and update license(s) expiration dates when the license is renewed. Not updating the license expiration date will result in the inactivation of your account.

The enrollment into IMPACT is not a contract – it is an opportunity to bill Medicaid.

# **Medicaid Enrollment by Individual Practitioners**

# **Rendering/Servicing Provider**

This information refers to the individual provider who renders services to Medicaid clients but does not submit claims directly to the state for reimbursement. Each provider must enroll separately. A step-by-step guide on how to enroll is at:

https://www.illinois.gov/hfs/impact/Documents/IMPACTTypicalRenderingServicing.pdf

	***	Enrollment Type		
			Select the Applicable Enrollment Type	
Individual/Sole Proprietor				
		Regular Individual/Sole Proprietor or Rendering/Servicing Provider		
		EHR-MIPP Only Provider (Choose this option to participate only in EHR-MIPP.)		
		○ Managed Care Network Provider Only		
		○ Managed Care Network Provider and EHR		
	○ G	roup Practice (Corporation, Partnership, LLC, etc.)		
	ОВ	illing Agent		
	○ Fa	acility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)		
	$\bigcirc$ C	ontractor/MCO		
	O A	typical (non-medical) provider (Choose this option if you do not have a NPI)		
		○ Individual (Driver, Home Help/Personal Care, Carpenter, etc.)		
		Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, Local Education Agency etc.)		

## **Individual Sole Proprietor**

This information refers to the individual who owns his/her own practice. An Individual Sole Proprietor may receive payments directly or associate to Billing Providers and/or Billing Agents. An Individual Sole

Proprietor application includes Site Locations and Provider Controlling Interest/Ownership Details. A step-by-step guide on how to enroll is at:

https://www.illinois.gov/hfs/impact/Documents/IndividualSoleProprietor.pdf



## Documents to Have on Hand for IMPACT Enrollment for Individual Practitioners

When enrolling in IMPACT the following information will be needed to complete the application process:

- State professional license(s) number along with the effective and expiration date
- NPI of the Billing Provider you will be associating to.

# Specialty/Subspecialty

When enrolling as an individual, IMPACT will ask for the Provider Type, Specialty, and Subspecialty. It is recommended that you use provider type "Dental". Choose which specialty you are. Subspecialty choose between Primary Specialty and No Subspecialty. Options for Specialties include:

- Dental General Practice
- Endodontist
- General Dentistry Anesthesia
- Oral Pathologist
- Oral Surgeon/Maxillofacial Surgery
- Orthodontist
- Pedodontist
- Periodontist
- Prosthodontist
- Dental Hygienists

A specialty license must be included in your enrollment if you are choosing a specialty other than General Practice.



# **Associate Billing Provider**

Rendering Servicing providers must "associate" to a Billing Provider, which is the provider who submits claims and/or receives payment for the individual practitioners, i.e. a Group, FAO, or even an Individual Sole Proprietor where the dental provider performs services.

If a dental provider at your Group or FAO already has a Medicaid provider number for a different entity, the already-enrolled provider will then need to "associate" to your Group or FAO through a modification. A step-by-step guide on how to do a modification is at:

https://www.illinois.gov/hfs/impact/Documents/IMPACTEnrollmentModification.pdf.



# License/Certification

Individual Practitioners are required to have their state professional license listed on IMPACT with the appropriate effective date and expiration date of the license.



## **Taxonomy Details**

A taxonomy code for the specialty from the National Uniform Claim Committee Taxonomy Code list. Choose the code that best describes you as a provider. A couple examples are listed below.

- Dentist 122300000X
- Oral and Maxillofacial Surgery 1223S0112X



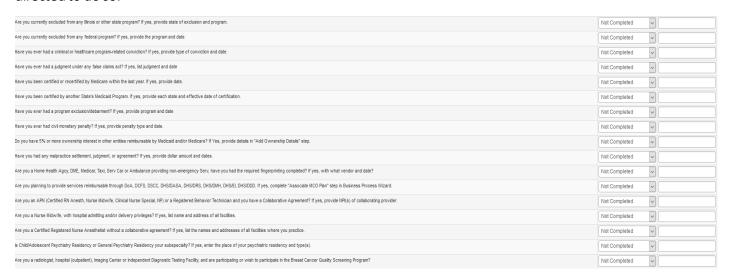
## **Associate MCO Plan**

Enrolling as a Dental provider you must associate with DentaQuest of Illinois, LLC. The Plan ID you would add is: 2000001



# **Complete Enrollment Checklist**

All questions in the enrollment checklist must be answered either "yes" or "no" and comments made if directed to do so.



## **Submit Enrollment Application for Approval**

Click "next" to confirm that all the information that you have submitted as a part of the application is accurate. Read through all the terms and conditions, and check the box certifying that you agree to the terms and conditions. Then select "Submit Application".

The application is then submitted to the IMPACT staff to review. The application number you were given at the beginning of the process can be used to check the status of the application by going through the "track application" option.

## **Provider Information Sheet**

Once the Rendering Servicing application has been approved, each Associated Billing Provider that is listed will receive a Provider Information Sheet. Individual Sole Provider Information Sheets will go to the Primary address that is listed on the location step and to the address that is listed on the Associated Billing Provider you may have listed. Do not disregard this notice.