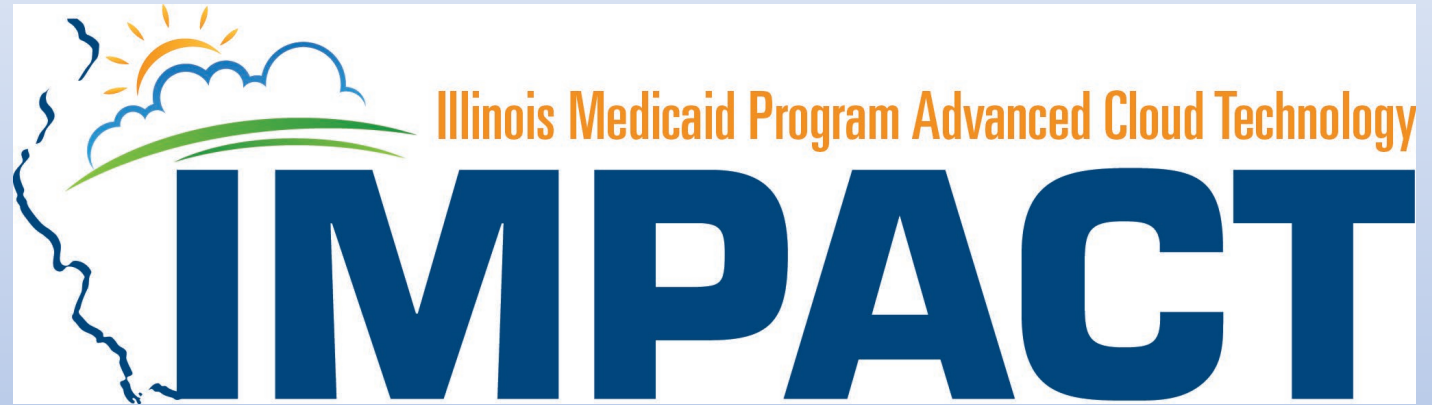
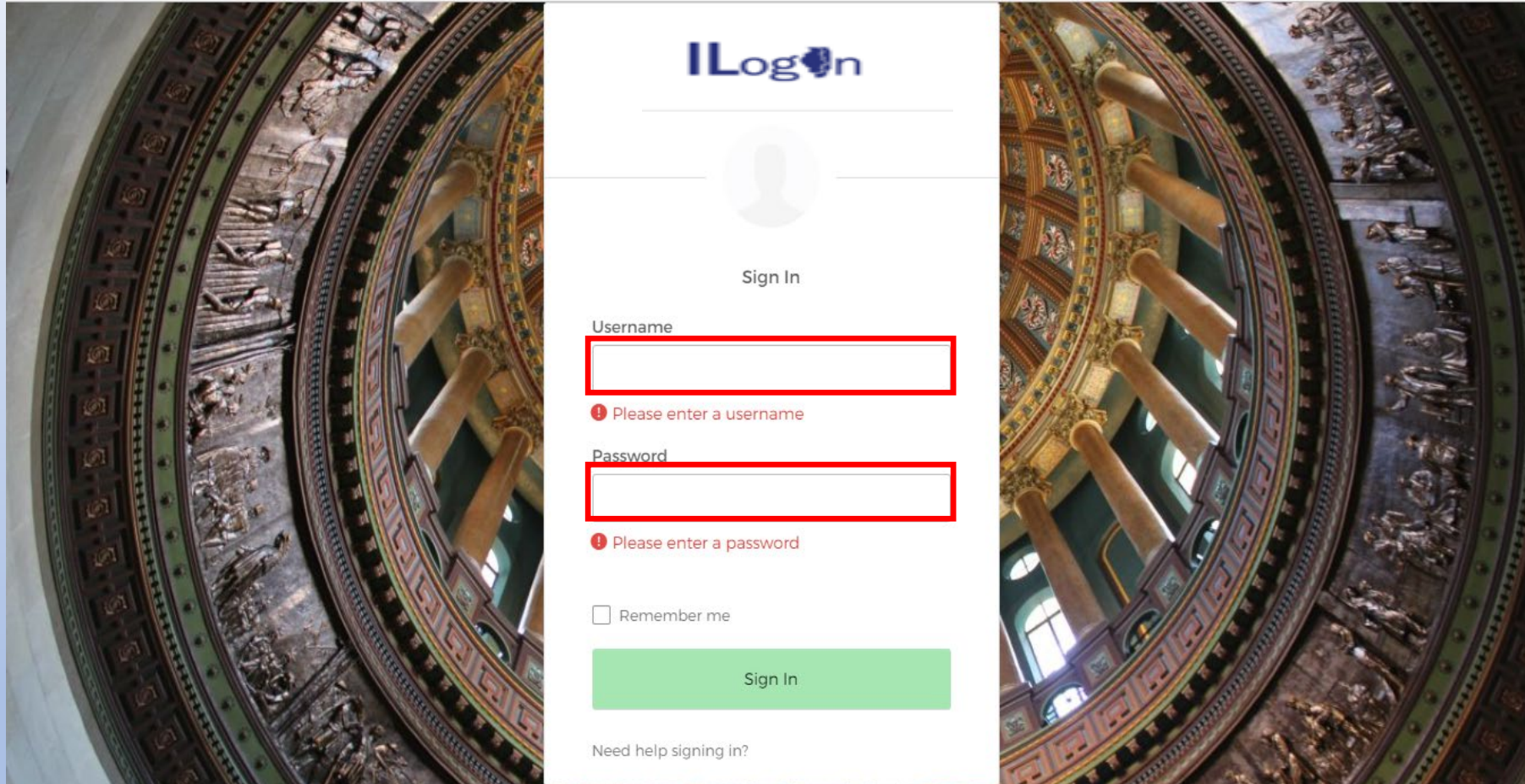




ILLINOIS PROVIDER ENROLLMENT

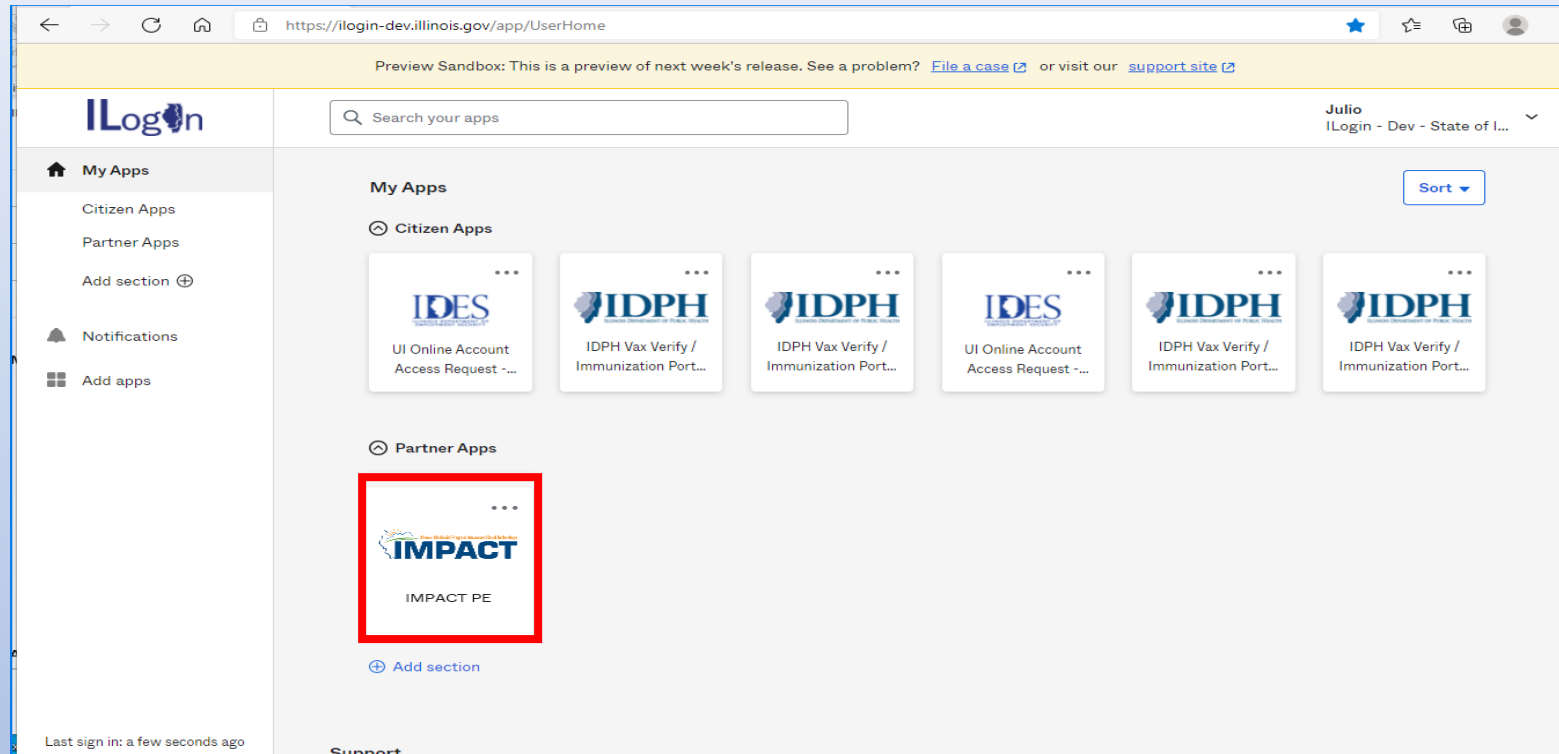


*Rendering / Servicing
Provider*

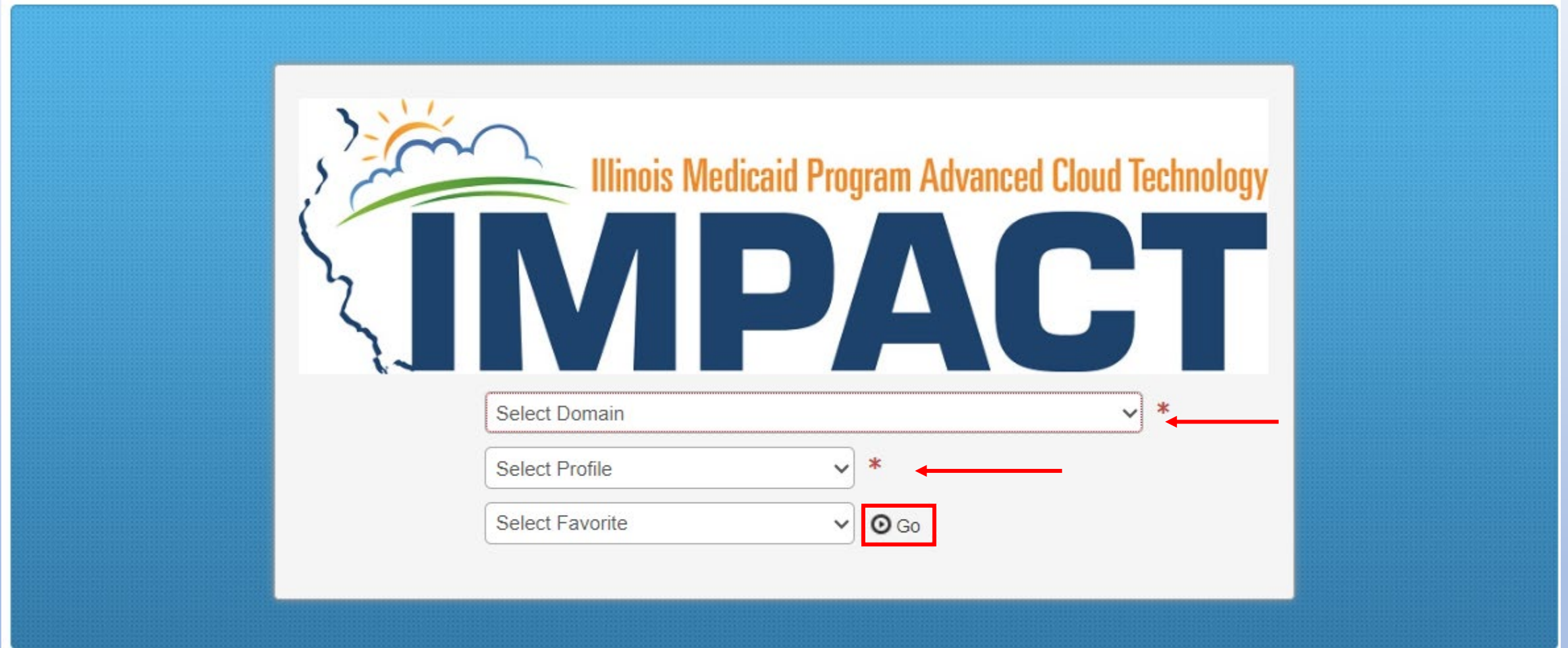


The screenshot shows the ILogon login interface. At the top is the ILogon logo. Below it is a circular profile icon placeholder and a "Sign In" button. The form contains two input fields: "Username" and "Password". Both fields are highlighted with red rectangular boxes. Below the Username field is a red error message: "Please enter a username". Below the Password field is a red error message: "Please enter a password". There is a "Remember me" checkbox below the password field. At the bottom of the form is a green "Sign In" button and a link for "Need help signing in?".

- Input Username and Password created during the creation of the account.

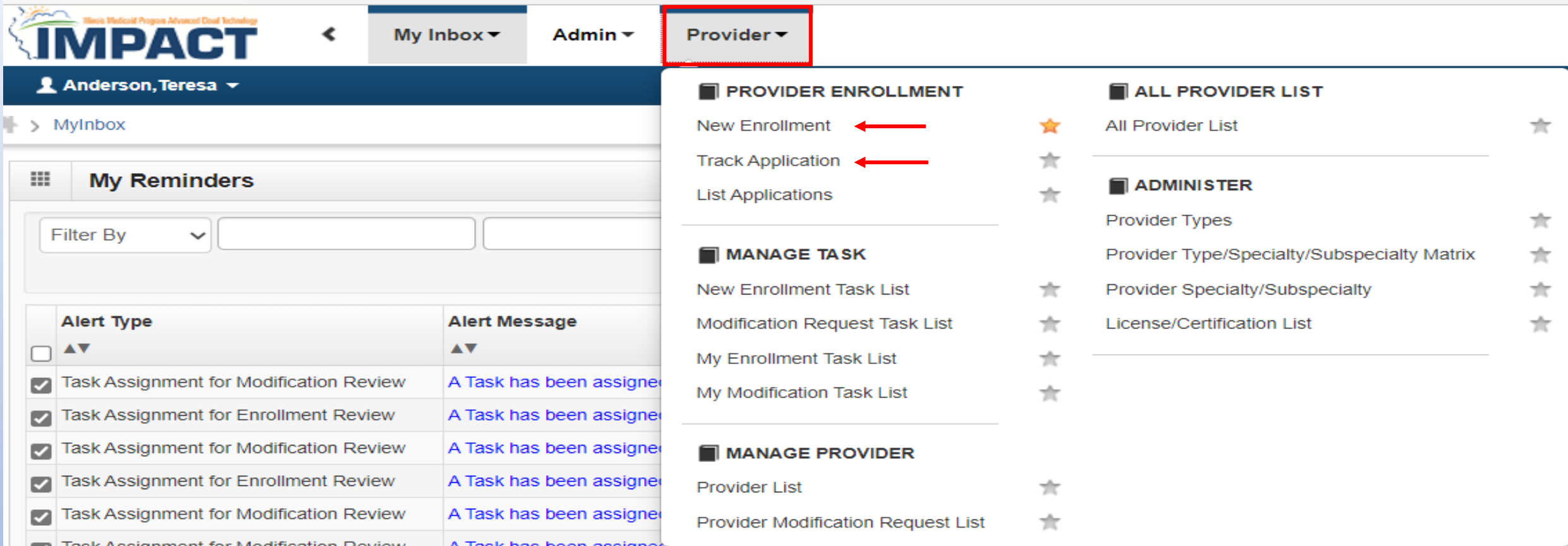


- Click on the IMPACT PE Chicklet to access IMPACT



- Select the Domain and Profile from the drop-down menus.
- Click on **GO**

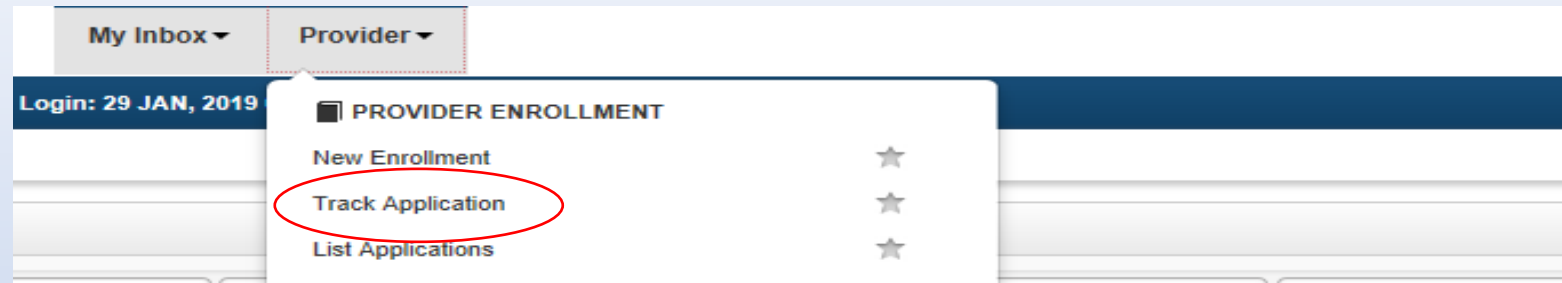
Application Process



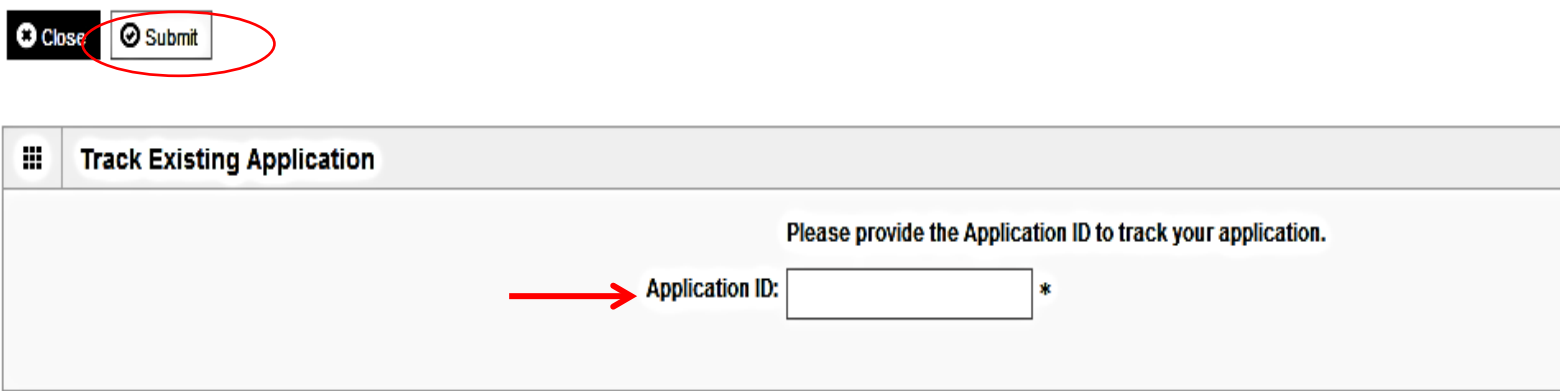
The screenshot shows the IMPACT application interface. The top navigation bar includes 'My Inbox', 'Admin', and 'Provider' (highlighted with a red box). Below the navigation bar, the user 'Anderson, Teresa' is logged in. The main content area is titled 'My Reminders' and contains a table of alerts. A dropdown menu is open under 'Provider', showing several categories and options:

- PROVIDER ENROLLMENT**
 - New Enrollment ← (indicated by a red arrow)
 - Track Application ← (indicated by a red arrow)
 - List Applications
- MANAGE TASK**
 - New Enrollment Task List
 - Modification Request Task List
 - My Enrollment Task List
 - My Modification Task List
- MANAGE PROVIDER**
 - Provider List
 - Provider Modification Request List
- ALL PROVIDER LIST**
 - All Provider List
- ADMINISTER**
 - Provider Types
 - Provider Type/Specialty/Subspecialty Matrix
 - Provider Specialty/Subspecialty
 - License/Certification List

- Regarding completing an application, there are two options: New Enrollment or Resuming an application.
- If starting a new application, go to slide 7 for step-by-step instructions.
- If resuming an application previously started go to slide 6 for step-by-step instructions.

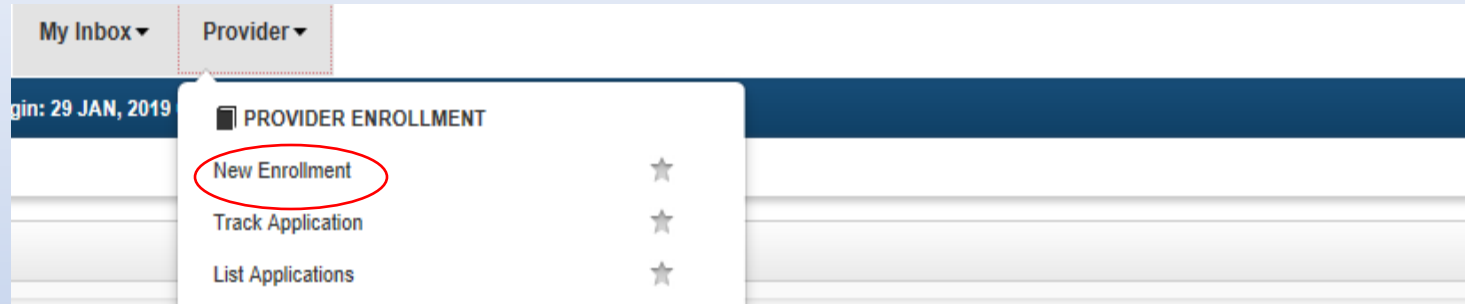


- To resume an application, click on **Track Application**.



The screenshot shows a form titled 'Track Existing Application'. At the top left, there are two buttons: 'Close' and 'Submit'. The 'Submit' button is circled in red. Below the title bar, there is a text prompt: 'Please provide the Application ID to track your application.' Below this prompt is a text input field labeled 'Application ID:' with an asterisk to its right. A red arrow points to the input field.

- Enter the Application ID for the application you want to access.
- After entering the ID number, click **Submit**.
- This process will then go directly to the Business Process Wizard (BPW).



- If completing a new application, click on ***New Enrollment***.

Starting a New Application

MyInbox > New Enrollment

Enrollment Type

Select the Applicable Enrollment Type

- Regular Individual/Sole Proprietor or Rendering/Service Provider ⓘ
- Group Practice (Corporation, Partnership, LLC, etc.) ⓘ
- Billing Agent ⓘ
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities) ⓘ
- Contractor/MCO ⓘ
- Atypical (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.) ⓘ

12/19/2023

- Use the radio buttons to select your enrollment type, then click on **Submit** in the lower left corner.

Starting a New Application

(Step 1: Basic Provider Information)



Please complete all fields. At a minimum, all fields with an * are required.

Basic Information

First Name: Sally *
Last Name: Ssmith *
Suffix:
SSN: 100001248 *
Date of Birth: 07/21/1980 *

Middle Initial:
Gender: Female
Applicant Type: Rendering/Serviceing Only * ←

NPI: 1000012488 *

Contact Email Address:
Email-1: xxx.xxx@xxx.com *
Email-2: xxx.xxx@xxx.com
Email-3: xxx.xxx@xxx.com

Home Address

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 validation successful

Address Line 1: 350 E Madison St *
Address Line 3:
State/Province: ILLINOIS *
Country: UNITED STATES *

Address Line 2:
City/Town: Springfield *
County: Sangamon
Zip Code: 62701 * - 1009 **Validate Address**

View Screening Result **Finish** Cancel

- Click on Applicant Type and scroll down to **Rendering Servicing Only**.
- Click **Validate Address** after street address and zip code have been entered.
- After all the information has been entered click **Finish**.

Starting a New Application

(Step 1: Basic Provider Information)

Application ID: 20230828197918

Name: Ssmith,Sally

Basic Information

You have successfully completed the basic information on the Enrollment Application.

Your Application ID is: **20230828197918**

Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.

Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.



- Application ID: systematically generated.
- Name: should reflect name from Basic Information.
- The system will generate an application ID after the successful completion of the Basic Information screen; the application number is a 14-digit number that has the following components:
 - The system date in yyyyymmdd format
 - A 6-digit system generated random number
 - Example: 2023082819718
- Application IDs are valid for 30 calendar days; applications must be completed and submitted to the state for review during this 30-day period or the application will be DELETED.
- The application ID will be used to access the application before submission to the state for review and will be used to track the status of your submitted application until it is mark approved.
- After documenting the ID number click **OK**.

The Business Process Wizard (BPW)

The BPW serves as the “Control Center” of the application.

Application ID: 20230828197918 Name: Ssmith, Sally

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/28/2023	08/28/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required			Incomplete	
Step 3: Associate Billing Provider/Other Associations	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Upload Documents	Optional			Incomplete	
Step 7: Complete Enrollment Checklist	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

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

- **Required:** Steps listed as *Optional* may change to *Required* based upon previous steps.
- **Dates:** Entered by the system; *Start Date* is the date each step is opened; the *End Date* is the date each step is completed.
- **Status:** When a step is completed the *Status* will be updated to *Complete*; answering some checklist questions may change a prior step’s status back to *Incomplete*.
- **Remarks:** *Remarks* are systematically generated throughout the enrollment process.

Completing the Application Using BPW



- Once you have documented your Application ID, you have completed Step 1: **Provider Basic Information**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- **Steps 1** and **2** must be completed before attempting any of the later steps.
- Click on Step 2: **Add Specialties** to continue completing your application.

Application ID: 20230828197918 Name: Ssmith, Sally

[Close](#)

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/28/2023	08/28/2023	Complete	
Step 2: Add Specialties/Taxonomy ←	Required			Incomplete	
Step 3: Associate Billing Provider/Other Associations	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Upload Documents	Optional			Incomplete	
Step 7: Complete Enrollment Checklist	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

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

Step 2: Add Specialties/Taxonomy

Application ID: 20230828197918 Name: Ssmith, Sally

Specialty/Subspecialty List

Filter By

Specialty/Subspecialty	Provider Type	End Date
No Records Found !		

Taxonomy List

Filter By

Taxonomy Code	Description	Start Date	End Date
No Records Found !			

- Click the **Add** button in the upper left corner.

Step 2: Add Specialties/Taxonomy

Application ID: 20230828197918 Name: Ssmith, Sally

Add Specialty/Subspecialty

Provider Type: * ←

Specialty: * ←

End Date:

Add Subspecialty

Available Subspecialties		Associated Subspecialties *
Adolescent Medicine	» «	
Geriatric Medicine		
Hospice and Palliative Medicine		
No Subspecialty		
Sleep Medicine		
Sports Medicine		

- Select your **Provider Type** from the drop down.
- Select your **Specialty** from the drop down.

Step 2: Add Specialties/Taxonomy

- Once the Provider Type and the Specialty are selected, the Subspecialties will populate at the bottom of the screen in the **Available Subspecialties** box.
- The Provider must choose at least one Available Subspecialty (or No Subspecialty) if multiple selections are available.
- If only one choice is available, the system will preselect that selection.
- Once all desired selections are moved to the **Associated Subspecialties** box, click **OK** in the bottom right corner

Application ID: 20230828197918 Name: Ssmith, Sally

Add Specialty/Subspecialty

Provider Type: *

Specialty: *

End Date:

Add Subspecialty

Available Subspecialties

- Adolescent Medicine
- Geriatric Medicine
- Hospice and Palliative Medicine
- Sleep Medicine
- Sports Medicine

Associated Subspecialties *

- No Subspecialty

Click on the Subspecialties then click on the **double arrows** to move the Subspecialties over to the **Associated Subspecialties** box.

Step 2: Add Specialties/Taxonomy

Application ID: 20230828197918

Name: Ssmith, Sally

Close

Specialty/Subspecialty List

Add Primary Speciality

Filter By Go

Save Filters My Filters

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> <input type="checkbox"/> Family Medicine/No Subspecialty	PHYSICIANS	12/31/2999

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

Taxonomy List

Add

Filter By Go

Save Filters My Filters

Taxonomy Code	Description	Start Date	End Date
<input type="checkbox"/> 207Q00000X	Family Medicine	08/28/2023	12/31/2999

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

- If you have another Specialty/Subspecialty to enter, click the **Add** button in the top left corner and repeat the previous steps.
- When all the specialties/subspecialties have been entered, click **Primary Speciality** to designate one of the listed Specialties as Primary.

Step 2: Add Specialties/Taxonomy

Application ID: 20230828197918 Name: Ssmith, Sally

Primary Specialty For Enrollment

Primary Specialty: * ←

Start Date: * End Date: *

- Choose the **Primary Specialty** for this enrollment from the drop-down menu.
- Complete the **Start Date** field. Leave **End Date** blank.
- When all information has been entered, click on **Save** then **Close**.

Step 2: Add Specialties/Taxonomy



Application ID: 20230828197918 Name: Ssmith, Sally

Specialty/Subspecialty List

Filter By: [] []

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> <input type="button" value="Family Medicine/No Subspecialty"/>	PHYSICIANS	12/31/2999

View Page: 1 Viewing Page: 1

Taxonomy List

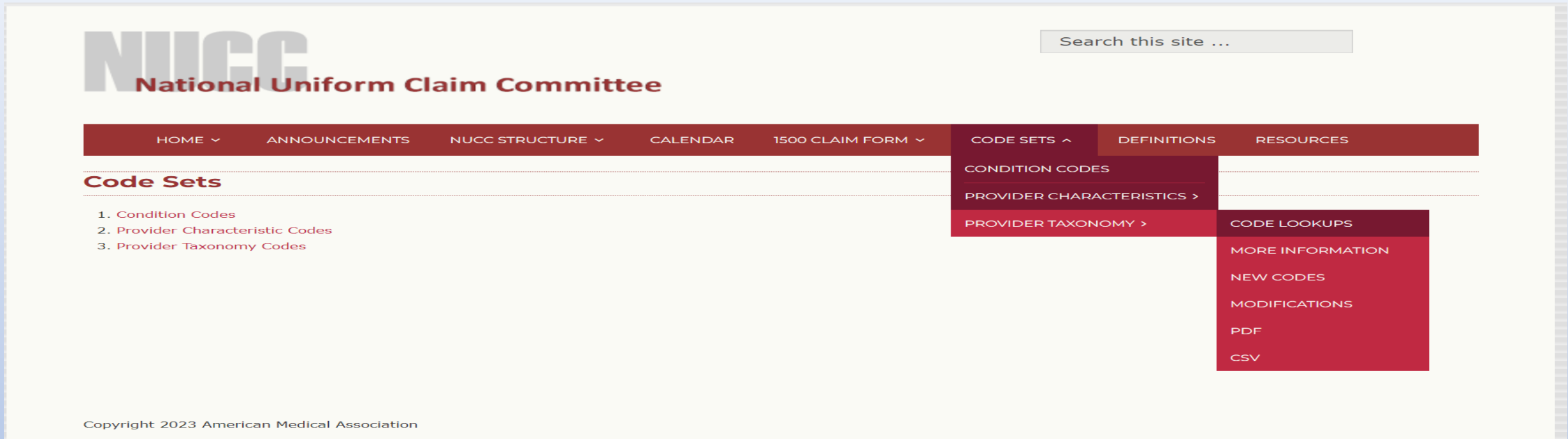
Filter By: [] []

Taxonomy Code	Description	Start Date	End Date
<input type="checkbox"/> 207Q00000X	Family Medicine	08/28/2023	12/31/2999

View Page: 1 Viewing Page: 1

- The Taxonomy Code should automatically populate but if it does not click on the **Add** tab under Taxonomy List.
- At least one of the Taxonomy Codes entered in IMPACT must be the Taxonomy Code registered with the National Plan and Provider Enumeration System (NPPES).
- If the Taxonomy code automatically populates proceed to slide 22.

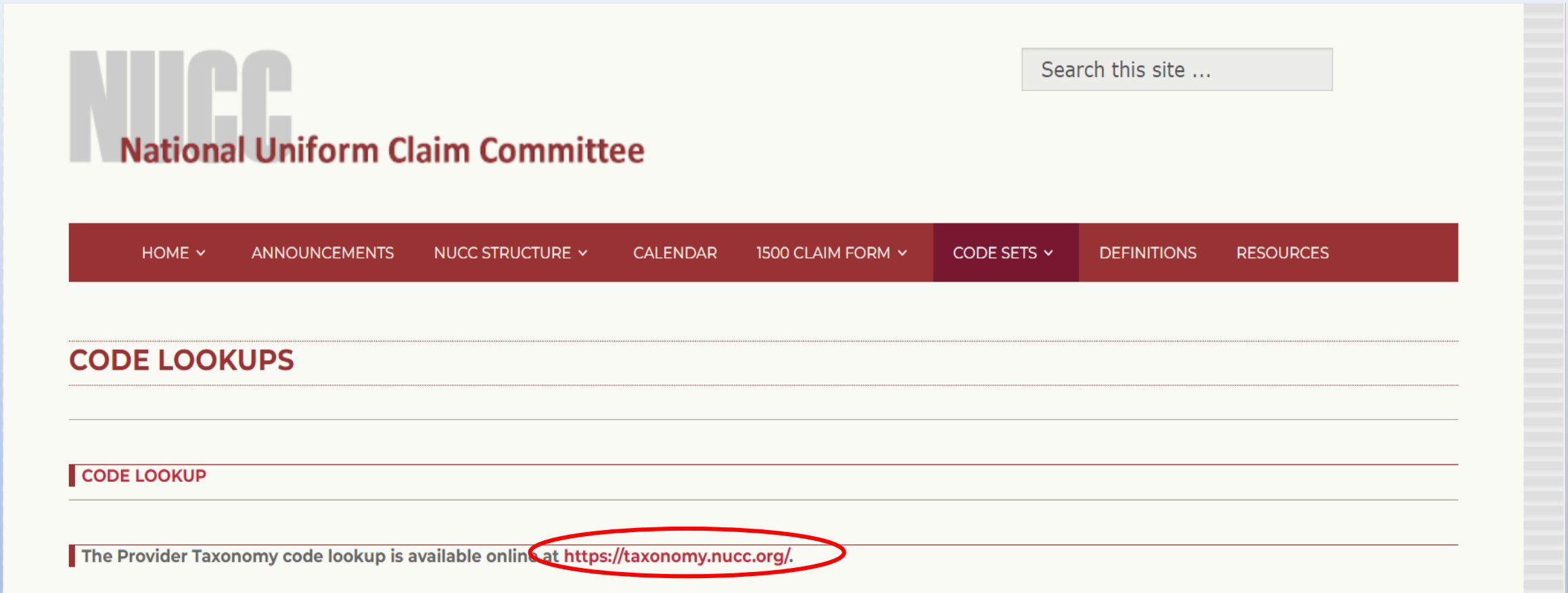
Step 2: Add Specialties/Taxonomy



The screenshot shows the National Uniform Claim Committee (NUCC) website. At the top left is the NUCC logo. A search bar is located at the top right. A horizontal navigation menu contains the following items: HOME, ANNOUNCEMENTS, NUCC STRUCTURE, CALENDAR, 1500 CLAIM FORM, CODE SETS, DEFINITIONS, and RESOURCES. The CODE SETS menu is expanded, showing a vertical list of options: CONDITION CODES, PROVIDER CHARACTERISTICS, and PROVIDER TAXONOMY. The PROVIDER TAXONOMY option is highlighted. A secondary vertical menu is open to the right of PROVIDER TAXONOMY, listing: CODE LOOKUPS, MORE INFORMATION, NEW CODES, MODIFICATIONS, PDF, and CSV. Below the navigation menu, the 'Code Sets' section is visible, containing a numbered list: 1. Condition Codes, 2. Provider Characteristic Codes, and 3. Provider Taxonomy Codes. The footer of the page reads 'Copyright 2023 American Medical Association'.

- In the web browser window that opens click on Code Sets.
- Scroll down to Provider Taxonomy
- Click on Provider Taxonomy then scroll over to Code Lookups.

Step 2: Add Specialties/Taxonomy



The screenshot shows the NUCC (National Uniform Claim Committee) website. At the top left is the NUCC logo and the text "National Uniform Claim Committee". To the right is a search bar labeled "Search this site ...". Below this is a dark red navigation bar with the following menu items: HOME, ANNOUNCEMENTS, NUCC STRUCTURE, CALENDAR, 1500 CLAIM FORM, CODE SETS, DEFINITIONS, and RESOURCES. The main content area is titled "CODE LOOKUPS" and contains a sub-section "CODE LOOKUP". A red circle highlights the text "The Provider Taxonomy code lookup is available online at <https://taxonomy.nucc.org/>."

- Click on the **red** hyperlink

Step 2: Add Specialties/Taxonomy

Health Care Provider Taxonomy Code Set

Expand / Collapse All

- Allergy & Immunology
 - Allergy
 - Clinical & Laboratory Immunology
- Anesthesiology
 - Addiction Medicine
 - Critical Care Medicine
 - Hospice and Palliative Medicine
 - Pain Medicine
 - Pediatric Anesthesiology
- Clinical Pharmacology
- Colon & Rectal Surgery
- Dermatology
 - Clinical & Laboratory Dermatological Immunology
 - Dermatopathology
 - MOHS-Micrographic Surgery
 - Pediatric Dermatology
 - Procedural Dermatology
- Electrodiagnostic Medicine
- Emergency Medicine
 - Emergency Medical Services
 - Hospice and Palliative Medicine
 - Medical Toxicology
 - Pediatric Emergency Medicine
 - Sports Medicine
 - Undersea and Hyperbaric Medicine
- Family Medicine**
 - Addiction Medicine
 - Adolescent Medicine
 - Adult Medicine
 - Geriatric Medicine

Health Care Provider Taxonomy Code Set

Family Medicine Physician

Code	207Q00000X
Name	Family Medicine
Definition	Family Medicine is the medical specialty which is concerned with the total health care of the individual and the family. It is the specialty in breadth which integrates the biological, clinical, and behavioral sciences. The scope of family medicine is not limited by age, sex, organ system, or disease entity.
Notes	<p>Source: American Board of Family Medicine [1/1/2007: changed title; 7/1/2007: added definition, added source; 7/1/2017: modified definition]</p> <p>Note: The American Osteopathic Board of Family Physicians certification includes extensive use of Osteopathic Manipulative Treatment (OMT), which integrates the biological, clinical, and behavioral sciences.</p> <p>Additional Resources: American Board of Family Medicine, www.theabfm.org. American Osteopathic Board of Family Physicians, www.osteopathic.org/certification</p> <p>Board certification for Medical Doctors (MDs) is provided by the American Board of Family Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Family Physicians or the American Board of Family Medicine.</p>
Effective Date	4/1/2003
Last Modified Date	7/1/2007

- Scroll down Taxonomy Code list and choose and write down your **Taxonomy Code**.
- OR
- Type Specialty into search box and click on search and write down your **Taxonomy Code**

Step 2: Add Specialties/Taxonomy

Application ID: 20230828197918 Name: Ssmith, Sally

Add Taxonomy

Taxonomy Code: * [\(Click here for Taxonomy List\)](#)

Description: Family Medicine

Start Date: *

End Date:

- Enter the **Taxonomy Code** and the **Start Date**.
- Click on **Confirm Taxonomy** and verify **Description** is populated correctly.
- Click on **OK** to finalize the submission.

Step 2: Add Specialties/Taxonomy

Application ID: 20230828197918

Name: Ssmith, Sally

Close

Specialty/Subspecialty List

Add Primary Speciality

Filter By **Go**

Save Filters **My Filters**

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> Family Medicine/No Subspecialty	PHYSICIANS	12/31/2999

Delete View Page: **Go** **Page Count** **Save to Excel** Viewing Page: 1 **First** **Prev** **Next** **Last**

Taxonomy List

Add

Filter By **Go**

Save Filters **My Filters**

Taxonomy Code	Description	Start Date	End Date
<input type="checkbox"/> 207Q00000X	Family Medicine	08/28/2023	12/31/2999

Delete View Page: **Go** **Page Count** **Save to Excel** Viewing Page: 1 **First** **Prev** **Next** **Last**

- Repeat the steps by clicking on the **Add** button for any additional Taxonomy Codes that need to be entered.
- Otherwise, click on the **Close** button in the upper left corner.

Business Process Wizard (BPW)



- You have completed Step 2: **Add Specialties/Taxonomy**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 3: **Associate Billing Provider/Other Associations** to continue your application.

Application ID: 20230828197918

Name: Ssmith, Sally

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/28/2023	08/28/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/29/2023	08/29/2023	Complete	
Step 3: Associate Billing Provider/Other Associations ←	Required			Incomplete	Please add required Billing Provider.
Step 4: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Upload Documents	Optional			Complete	
Step 7: Complete Enrollment Checklist	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

Viewing Page: 1

Step 3: Associate Billing Provider/Other Associations



Application ID: 20230828197918 Name: Ssmith, Sally

Billing Provider/Other Associations List

Filter By

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status
No Records Found !					

- Click **Add** to associate to a Billing Provider.

Step 3: Associate Billing Provider/Other Associations

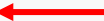
Input the Employer's NPI not Rendering/Servicing Provider's NPI

Application ID: 20230828197918 Name: Ssmith, Sally

Associate Billing Provider/Other Associations

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

Type: *

ID: * 

Start Date: *

Provider Name: Cook County Health at North Riverside Health

Enrollment Type: Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)

Applicant Type:

End Date: *

- Once all information has been entered, click on **Confirm Provider** and verify the correct **Provider Name** is displayed.
- Leave the end date blank. The end date will be automatically populated.
- Click **OK** when you are finished.

Step 3: Associate Billing Provider/Other Associations

Application ID: 20230828197918 Name: Ssmith, Sally

Billing Provider/Other Associations List

Filter By:

NPI/Provider ID	Provider Name	Enrollment Type	Start Date	End Date	Status
<input type="checkbox"/> 1497875298	Cook County Health at North Riverside Health	Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)	08/28/2023	12/31/2999	Approved

View Page: Viewing Page: 1

- Click **Add** and repeat the process, as necessary.
- If there are no other Billing Providers to add, click on **Close** to return to the BPW.

Application ID: 20230828197918

Name: Ssmith, Sally

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/28/2023	08/28/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/29/2023	08/29/2023	Complete	
Step 3: Associate Billing Provider/Other Associations	Required	08/29/2023	08/29/2023	Complete	
Step 4: Add License/Certification/Other ←	Required			Incomplete	Please add required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Upload Documents	Optional			Complete	
Step 7: Complete Enrollment Checklist	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

Viewing Page: 1

- You have completed Step 3: **Associate Billing Provider/Other Associations**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 4: **Add Licenses and Certification/Other** to continue your application.

Step 4: Add License/Certification/Other

Application ID: 20230828197918 Name: Ssmith, Sally

License/Certification/Other List

Filter By

License/Cert./Other Type	License/Cert./Other #	Valid Flag	Effective Date	End Date
No Records Found !				

- Click on the **Add** button to begin adding Licenses and Certifications.

Step 4: Add License/Certification/Other

Application ID: 20230828197918 Name: Ssmith, Sally

License Requirements Per Medicaid

REQUIRED LICENSES
Below licenses are mandatory for the specialties associated to this provider:
• State Professional License

Add License/Certification/Other

License/Certification/Other Type: State Professional License* * ←
State: Illinois * ←
Valid Flag: Yes *
Effective Date: 10/20/2018 *
License/Certification/Other #: 036160414 * ←
If your state has a prefix or an extension to the license number, please do not include this when entering the license number
End Date: 10/31/2023 *

Confirm License/Certification/Other OK Cancel

- Click the drop-down menu next to **License/Certification Type** to select your License/Certification, then enter the **License/Certification Number** and **Effective Date** in the appropriate fields. Leave the **End Date** field blank.
- Click the drop-down menu next to **State** to select the State from which the license was obtained.
- After all information is entered, click on **Confirm License/Certification**.
- Clicking this button will result in the License/Certification being validated and update the **Valid Flag** to **Yes** if it is verified to be authentic.
- Click **Ok**.

Step 4: Add License/Certification/Other

Application ID: 20230828197918 Name: Ssmith, Sally

License/Certification/Other List

Filter By

License/Cert./Other Type	License/Cert./Other #	Valid Flag	Effective Date	End Date
<input type="checkbox"/> State Professional License	036160414	Yes	10/20/2018	10/31/2023

View Page: Viewing Page: 1

- If any additional Licenses/Certifications, click on the **Add** button in the top left corner and repeat the steps.
- Click **Close** once all Licenses/Certifications have been entered to return to the BPW.

Business Process Wizard (BPW)

Application ID: 20230828197918

Name: Ssmith, Sally

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/28/2023	08/28/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/29/2023	08/29/2023	Complete	
Step 3: Associate Billing Provider/Other Associations	Required	08/29/2023	08/29/2023	Complete	
Step 4: Add License/Certification/Other	Required	08/29/2023	08/29/2023	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Upload Documents	Optional			Complete	
Step 7: Complete Enrollment Checklist	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	



View Page: 1

Viewing Page: 1

- You have completed Step 4: **Add Licenses and Certifications**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 5: **Add Provider Controlling Interest/Ownership Details** to continue your application.

Step 5: Add Provider Controlling Interest/Ownership Details



Note: This Step is not applicable to Rendering Servicing Providers

Application ID: 20230828197918 Name: Ssmith, Sally

[Close](#) [Actions](#) [?](#)

Per Medicaid Provider Manual

During the Enrollment and Revalidation process, every Provider (including fiscal agents and managed-care entities) is required to detail the ownership and controlling interests that individuals and corporate entities have in the Provider. For the purpose of this section, individuals or corporate entities with "ownership and controlling interest" in the provider include, but are not limited to, the following: (1) if the provider is a corporation or limited-liability company, any individual or corporate entity owning (directly or indirectly) 5% or more of the shares of stock or other evidences of ownership in the provider; (2) if the provider is a sole proprietorship, the owner of the provider; (3) if the provider is a partnership, each partner of the provider; (4) each individual who is a member of the provider's Board of Directors; and (5) each individual employed with the provider who has management responsibility. During enrollment and revalidation, the provider shall provide the following information:

- The name, home address date of birth, and Social Security Numbers of any individual or corporate entity with an ownership or controlling interest in the provider. The addresses for corporate entities must include as applicable, primary business address, the address of each business location, and the address of any PO Box used. For each of the provider's subcontractors, the Tax Identification Number of any corporate entity owning (directly or indirectly) 5% or more of the shares of stock or other evidence of ownership in the subcontractor.
- If any of the disclosed individuals with ownership or controlling interest are related disclose the nature of relation. In this context, "relation" means spouse, parent, child, or sibling.
- Where an individual with ownership or controlling interest in any of the provider's subcontractors is related to another individual who also has an ownership or controlling interest in the provider, the name of each related individual and his or her relation. In this context, "relation" means spouse, parent, child, or sibling.
- For each individual with ownership or controlling interest in the provider, the name of each fiscal agent or managed-care entity that is reimbursable by Medicaid and/or Medicare, in which that individual also has an ownership or controlling interest.

Note: The preceding information must also be provided within 35 days after any change in ownership.

Owners List

Filter By And Indicator [Go](#) [Save Filters](#) [My Filters](#)

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
No Records Found !								

List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

[Add Other Owned Entity](#)

Filter By [Go](#) [Save Filters](#) [My Filters](#)

Other Owner EIN/TIN	Other Owner Information	Address
No Records Found !		

- This step is not applicable to Rendering Servicing provider.
- Click **Close** to move to the next step.

Business Process Wizard (BPW)



Application ID: 20230828197918

Name: Ssmith, Sally

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/28/2023	08/28/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/29/2023	08/29/2023	Complete	
Step 3: Associate Billing Provider/Other Associations	Required	08/29/2023	08/29/2023	Complete	
Step 4: Add License/Certification/Other	Required	08/29/2023	08/29/2023	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	08/29/2023	08/29/2023	Complete	
Step 6: Upload Documents	Optional			Complete	
Step 7: Complete Enrollment Checklist	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1

Viewing Page: 1





- You have completed Step 5: **Add Provider Controlling Interest/Ownership Details**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 6: **Upload Documents** to continue your application.

Step 6: Upload Documents

This step is optional except for Transportation, Home Health, and DME provides.

Application ID: 20230828197918 Name: Ssmith, Sally

Upload Documents

Document Type *	Document Name *	File Name * 	Remarks	Uploaded By	Uploaded Date
<input checked="" type="checkbox"/> License 	State License 	Choose File			

- From dropdown box labeled Document Type select the document being uploaded.
- From Document Name drop down box select the name of the document being uploaded.
- Click on paperclip icon to search for document being uploaded.
- Once document is found click **Save**.

Business Process Wizard (BPW)

- You have completed Step 6: **Upload Documents**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 7: **Complete Enrollment Checklist** to continue your application.

Application ID: 20230828197918 Name: Ssmith, Sally

[Close](#)

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/28/2023	08/28/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/29/2023	08/29/2023	Complete	
Step 3: Associate Billing Provider/Other Associations	Required	08/29/2023	08/29/2023	Complete	
Step 4: Add License/Certification/Other	Required	08/29/2023	08/29/2023	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	08/29/2023	08/29/2023	Complete	
Step 6: Upload Documents	Optional	08/29/2023	08/29/2023	Complete	
Step 7: Complete Enrollment Checklist ←	Required			Incomplete	
Step 8: Submit Enrollment Application for Approval	Required			Incomplete	

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

Step 7: Complete Enrollment Checklist

Application ID: 20230828197918 Name: Ssmith, Sally

Close Save

Provider Checklist

Question	Answer	Comments
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	Not Completed	
Have you ever had civil monetary penalty? If yes, provide penalty type and date.	No	
Do you have 5% or more ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	No	
Have you had any malpractice settlement, judgment, or agreement? If yes, provide dollar amount and dates.	No	
Have you selected Collaborative Care as your subspecialty? If yes, enter the date you submitted the Collaborative Care Provider Attestation as required by the HFS Collaborative Care Model Guidelines.	No	
Is Child/Adolescent Psychiatry Residency or General Psychiatry Residency your subspecialty? If yes, enter the place of your psychiatric residency and type(s).	No	
Are you a radiologist, hospital (outpatient), Imaging Center or Independent Diagnostic Testing Facility, and are participating or wish to participate in the Breast Cancer Quality Screening Program?	No	
Are you enrolled in the Designated Family Planning Provider/Clinic Program? If yes, provide enrollment date and approving agency.	No	
Are you enrolled in the Vaccines for Children Program (VFC) and have a specialty/subspecialty other than OB, GYN, OB/GYN? If yes, provide enrollment date.	No	
Do you carry professional liability insurance? If yes, please provide the name of your carrier and the policy coverage limit per occurrence and in aggregate.	Yes	3 Million
If enrolling as a Pharmacist, have you completed ACPE accredited training program related to the initiation, dispensing, or administration of drugs, laboratory tests, assessments, referrals, and consultations for HIV? If yes, enter the date you completed the training	No	
If enrolling as a Pharmacist, have you completed an ACPE accredited training program related to patient self-screening risk assessment, patient assessment contraceptive counseling and education, and dispensation of hormonal contraceptives? If yes, enter the date you completed the training	No	

View Page: 1 Go Page Count Save to Excel Viewing Page: 1

« First < Prev > Next » Last

- All questions must be answered either **Yes** or **No** and comments made if directed to do so.
- If a Checklist item does not apply, select **No** as the answer.
- After all the questions have been answered and **Comments** made, click on the **Save** button in the upper left corner followed by clicking on the **Close** button.

Business Process Wizard (BPW)

- You have completed Step 7: **Complete Enrollment Checklist**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.
- Click on Step 8: **Submit Enrollment Application** to continue your application.

Application ID: 20230828197918 Name: Ssmith, Sally

[Close](#)

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/28/2023	08/28/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/29/2023	08/29/2023	Complete	
Step 3: Associate Billing Provider/Other Associations	Required	08/29/2023	08/29/2023	Complete	
Step 4: Add License/Certification/Other	Required	08/29/2023	08/29/2023	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	08/29/2023	08/29/2023	Complete	
Step 6: Upload Documents	Optional	08/29/2023	08/29/2023	Complete	
Step 7: Complete Enrollment Checklist	Required	08/29/2023	08/29/2023	Complete	
Step 8: Submit Enrollment Application for Approval ←	Required			Incomplete	

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

Step 9: Submit Enrollment Application for Approval



Application ID: 20230828197918 Name: Ssmith, Sally

Final Submission

Application ID: 20230828197918 EnrollmentType: Individual/Sole Proprietor

The information submitted for enrollment 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 !			

- Click **Next** to confirm that all the information that you have submitted as a part of the application is accurate.

Step 8: Submit Enrollment for Application for Approval



Application ID: 20230828197918

Name: Ssmith, Sally

After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

9. The provider shall ensure that all residential treatment service recipients have access to all medically necessary physical healthcare services required, consistent with the policies outlined in all Handbooks for Providers of Residential Treatment Services.
10. The provider shall provide the Illinois Medical Assistance Program with a minimum of 30 days written notice in the instance that the provider determined a residential treatment service recipient is no longer appropriate to be served at the provider's facility.
11. The provider shall make follow-up services available to residential treatment service recipients following discharge from the provider's facility, consistent with the policies outlined in the Handbook for Providers of Residential Treatment Services.
12. Upon acceptance of these enrollment terms and conditions, the provider shall notify the Illinois Medical Assistance Program in writing of any legal relationship that exists between the provider and a hospital. The provider shall include a description of the following: how the hospital functions are separate from the residential treatment functions of the provider, how the governance of the residential treatment facility is separate from the hospital, a distinct organization/management separation between the residential treatment and the hospital part of the provider's structure, and how a conflict of interest will not occur between the residential treatment and the hospital parts of the provider's organization. The provider shall notify Illinois Medical Assistance within 30 days of any changes in the provider's legal relationship with a hospital.
13. The provider acknowledges it is solely responsible for reporting per diem rate changes, as issued by the Illinois Purchased Care Review Board for residential treatment services to the Department consistent with 89 Ill. Admin 139.305.
14. The provider shall submit claims for authorized residential treatment services to the Department consistent with the established policies and procedures pertaining to the authorized service. The provider shall accept its per diem residential rate as payment in full for services rendered to residential treatment service recipients and shall not seek additional reimbursement from the residential treatment service recipient or the recipient's family.
15. The provider shall perform background checks on all staff, including, but not limited to a check of the following in the state in which the provider operates: the child abuse and neglect tracking system, the sex offender registry, and a fingerprint check by the State Police and the Federal Bureau of Investigation.
16. The provider acknowledges the immediate reporting requirements outlined in the Handbook for Providers of Residential Treatment Services and the applicability of these reporting requirements upon the provider and its staff, including but not limited to the following: 1) significant events, changes in family circumstances, or unusual incidents; 2) suspected child abuse or neglect consistent with the provider's responsibilities as a Mandated Reporter under the Abused and Neglected Child Reporting Act; 3) suspected abuse or neglect consistent with the provider's responsibilities under 59 Ill. Admin Code 50; and 4) suspected financial fraud and abuse in the Medical Assistance Program or Child Support Enforcement Program.
17. The provider shall attend all regional and other required meetings when notified more than 14 days in advance by the Illinois Medical Assistance Program.
18. Residential Treatment Service 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 Treatment Service 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 Substance Use Prevention and Recovery (DHS-SUPR) 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 all the terms and conditions.
- Check the box certifying that you agree to the Terms and Conditions.
- Then select **Submit Application**.

- The below message will appear advising that the application has been submitted to the state for review. The application number can be used through the track application option after sign-on to check the status of the application.
- Click **Close** to exit the enrollment.
- You have completed Step 8: **Submit Enrollment Application**. The system will place the current date in the **End Date** field and will place **Complete** in the corresponding **Status** field.

Application ID: 20230828197918 Name: Ssmith, Sally

Your Application Number 20230828197918 has been successfully submitted for State review. Return with this application number to track the status of your application. x

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/28/2023	08/28/2023	Complete	
Step 2: Add Specialties/Taxonomy	Required	08/29/2023	08/29/2023	Complete	
Step 3: Associate Billing Provider/Other Associations	Required	08/29/2023	08/29/2023	Complete	
Step 4: Add License/Certification/Other	Required	08/29/2023	08/29/2023	Complete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional	08/29/2023	08/29/2023	Complete	
Step 6: Upload Documents	Optional	08/29/2023	08/29/2023	Complete	
Step 7: Complete Enrollment Checklist	Required	08/29/2023	08/29/2023	Complete	
Step 8: Submit Enrollment Application for Approval	Required	08/29/2023	08/29/2023	Complete	

View Page: Viewing Page: 1

- For more information regarding IMPACT, please visit [IMPACT Home | HFS \(illinois.gov\)](#)
- Check out the definitions of common terms at [Glossary | HFS \(illinois.gov\)](#)
- FAQ's can be found at [Frequently Asked Questions \(illinois.gov\)](#) to help resolve common questions and problems when submitting applications.
- General questions regarding IMPACT can be addressed to:
 - Email: IMPACT.Help@Illinois.gov