

# Provider Enrollment

# Overview of Enrollment Process

DMH Provider Enrollment Requires:

- Regional and Central DMH Office Approval
- BALC or DCFS Certification
- Unique NPI Number
- HFS Enrollment via IMPACT
- Collaborative Enrollment
- Synchronization of provider enrollment information with both the HFS and Collaborative information system

# HFS Enrollment via IMPACT

Providers must enroll with HFS via the IMPACT (Illinois Medicaid Program Advanced Cloud Technology) web portal.

- BALC or DCFS Medicaid Mental Health Certification is required prior to HFS enrollment via IMPACT
- Each primary practice location address requires a unique National Provider Identification (NPI) Number Approval Letter from the National Plan and Provider Enumeration System (NPPES) - <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- HFS has posted an Informational Notice with the Requirements for Enrollment and Revalidation in the New Enrollment System - (IMPACT) - <http://www.hfs.illinois.gov/assets/062415n1.pdf>

# HFS Enrollment via IMPACT

- The IMPACT web portal can be accessed at <http://www.illinois.gov/hfs/impact/Pages/default.aspx>
- If a provider utilizes a Billing Agent or Billing Provider, the Billing Agent/Provider must enroll prior to the provider
- Providers must create a new account and request application access to utilize IMPACT. For assistance refer to the “Single Sign on” presentation posted at <http://www.illinois.gov/hfs/impact/Pages/PresentationsAndMaterials.aspx>
- For assistance with enrolling in IMPACT refer to the “Facility, Agency, Organization” presentation posted at <http://www.illinois.gov/hfs/impact/Pages/PresentationsAndMaterials.aspx>

# HFS Enrollment via IMPACT

- Providers with *general questions about IMPACT or provider enrollment* should contact: Email: [IMPACT.Help@Illinois.gov](mailto:IMPACT.Help@Illinois.gov)  
Phone: 1-877-782-5565 (select option #1)
- Providers that are *having trouble logging in* to the IMPACT system should contact: Email: [IMPACT.Login@illinois.gov](mailto:IMPACT.Login@illinois.gov) Phone: 1-888-618-8078
- W-9 - IRS Request for Taxpayer Identification Number and Certification – <http://www.irs.gov/pub/irs-pdf/fw9.pdf> must be on file with HFS. New State of Illinois providers will submit this W-9 to DMH for processing with HFS and the Comptroller
- HFS IMPACT will send an automatic email notification stating the application ID has been approved and a 7 digit provider ID generated
- DMH will then review the provider information in IMPACT and send a separate email stating that DMH has reviewed the IMPACT enrollment and approved this site location for DMH services.

# Collaborative Enrollment Forms

DMH requires these forms to revise the Provider Database. All forms can be accessed on the Collaborative home page by clicking the tab entitled Provider Forms -

[http://www.illinoismentalhealthcollaborative.com/provider/prv\\_forms.htm](http://www.illinoismentalhealthcollaborative.com/provider/prv_forms.htm)

Form 1 - Request for Changes Form - Administration (Form 1)  
(02/09/11) Administration Information -

[http://www.illinoismentalhealthcollaborative.com/provider/forms/Request for Changes Form1 Administration.pdf](http://www.illinoismentalhealthcollaborative.com/provider/forms/Request%20for%20Changes%20Form1%20Administration.pdf)

Form 2 - Request for Changes Form - Provider Record (Form 2)  
(02/09/11) Site Location Information -

[http://www.illinoismentalhealthcollaborative.com/provider/forms/Request for Changes Form2 Provider Record.pdf](http://www.illinoismentalhealthcollaborative.com/provider/forms/Request%20for%20Changes%20Form2%20Provider%20Record.pdf)

W-9 - IRS Request for Taxpayer Identification Number and Certification –  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf> (for new providers only)

# Provider Database

Maintaining accurate and complete information on the DMH Provider Database is the responsibility of the Provider.

Modifications to the DMH Provider Database require completion and submission of the appropriate Collaborative Forms.

Modification to the Collaborative Provider Database require a DMH review process – Regional and Central Office.

Successful processing of Rule 132 claims require synchronization of enrollment data with both the Collaborative and the HFS information systems.

# Provider Database

PDV – Provider Database Verification - Annual verification of administrative and service site detail in the Collaborative Provider Database

For assistance contact:

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# Process of Becoming a Medicaid Certified Community Mental Health Provider

