

ILLINOIS MENTAL HEALTH COLLABORATIVE
-HOW TO-
COMMUNICATE PROVIDER FILE CHANGES

These forms are to be used to communicate changes related to the information that resides/should reside in the Collaborative Provider Database.

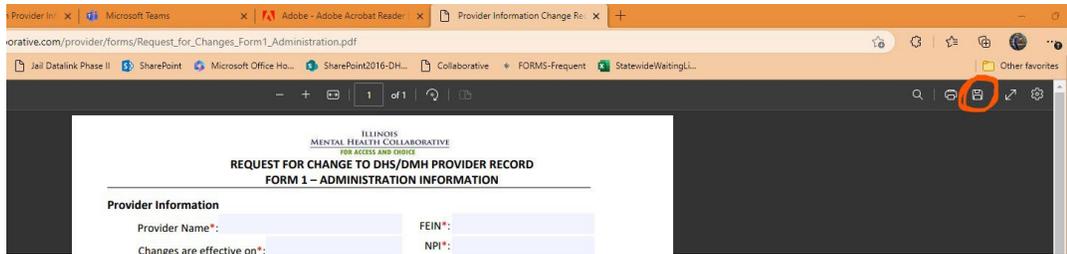
PLEASE NOTE:

1. **Form 1** labeled “**ADMINISTRATION INFORMATION**” should be used for making changes to general administrative information and contact information. Only one form needs to be submitted for these changes.
 - Please use the NPI for the headquarters or main location on this form.

2. **Form 2** labeled “**SITE LOCATION INFORMATION**” should be used for adding new sites; relocation of existing sites; closing sites; adding and/or removing services; or changing the payment address for a location.
 - Please complete a separate "Form 2" for each location that requires changes in the Collaborative Provider Database.
 - The Medicaid Site ID may be left blank. DMH staff will complete this.
 - The Prior Address is only completed if a site is relocating or changing the payment address
 - Hover your cursor over any field to access the tooltip containing helpful information about that field. Each required field for both forms will have directions if you hover the mouse over the field (i.e., NPI will tell you what NPI to use)

3. Adobe Reader or Adobe Pro software is **REQUIRED**. Please download [Free Adobe Reader](#) , by clicking the link if you don't have it already.

When the form opens (whether in the browser or in Adobe Reader), click the ‘save’ icon (as shown below) to save it on your local machine.



- Save it with your Provider name, plus the date you are submitting the form.
- Open the form from where you have saved it on your local computer.
- Fill the form and save it.
- Open your default email system. Start a new email to DHS.DMHPProviderAssist@Illinois.gov. Attach the form (you just filled/saved) to the email.
- Send the email.
- You can re-use this form for future updates. If you open the previously saved and submitted form, it should contain the previously entered data. Enter new data wherever it needs to be entered or updated. Save the new data with the new date in the 'Save As' option. Follow the above instruction to attach and send the new data.

If you have any questions, contact your Program Manager or DHS.DMHPProviderAssist@Illinois.gov.