



The steps listed below are for individuals who wish to enroll with Healthcare and Family Services (HFS) as private auto transportation providers. The application process is web-based using the IMPACT system and completing the process takes approximately an hour.

Make sure that *after* you complete each section, it reads “completed” in the graph. There are several sections that you will need to enter and exit in order for the system to read “completed.” These steps are outlined below.

Account set up: You must set up an account in IMPACT *before* beginning the application. This requires an e-mail address.

Application requirements:

- E-mail address
- Driver’s license
- VIN (Vehicle Identification Number)
- License Plate number and expiration date
- Social Security number that has been certified with State Comptroller
- **NOTE:** When setting up the account, there are four questions at the end. The last answer is *always* “None of the Above.”

APPLICATION COMPLETION STEPS

#1 - Provider Basic Information

- ✓ **Enter all basic demographics.**
- ✓ On the far right hand side drop down box, choose: **“Atypical Sole Proprietor.”**
- ✓ After information is entered, click on **“Validate Address,”** then **“Confirm,”** then **“Finish.”** Close. Column on first page should read **“SUBMITTED.”**

#2 - Add Locations

- ✓ Click on **“ADD”** in the upper left hand corner.
- ✓ Make sure address is correct and then click **“Validate Address,”** then **“OK.”**
- ✓ Click on **“Primary Practice Location.”**
- ✓ Click on drop down box at top:
(choose) Type of Address: **“Pay To:”** Click on **“Save.”**
(choose) Type of Address: **“Correspondence To:”** Click on **“Save,”** then close.

#3 - Add Specialties

- ✓ Click on **“ADD”** in upper right hand corner.
- ✓ Location Drop Down box, choose: **“Transportation AI”** (*atypical individual*)
- ✓ Click on **“ADD.”**
(choose) Provider Types: **“Private Auto.”** You *do not* need to add an END DATE.
- ✓ Close.

(Continue on back of page)

#4 - Associative Billing Provider

- ✓ Enter this section, close it out. You do *not* have to enter any information, but it will not tell you the section is “**Completed**” until you enter this section, then close.

#5 - Add License/Certification

- ✓ Click on the drop down boxes and add the following information:
 - o **NOTE: Make sure you click on “Confirm” and “OK” after each drop down box.**
 - **Driver’s License:** enter the license number with the “**Issue**” and “**Expiration**” dates.
 - **VIN number:** enter the vehicle identification number. Use today’s date.
 - **License Plate number:** enter the **license plate**, the **end date** and the **start date**.
The *end date is the date the sticker expires* (using last day of that month) and the *start date is the previous year*.
For example, if the sticker says “11/16,” then the start date is 11/01/2015 and the end date is 11/30/16.

#6 - Add Mode-Claim Submission

- ✓ Click on “**Paper Claims**” at the very bottom.
 - o **NOTE:** HFS reports they will not roll out the online submission until next year. All individuals will need to go the **HFS website** and print off the forms to submit for reimbursement.

#7 - **Field doesn’t need completed.** Enter, then close (no need to complete this section).

#8 - Add Provider Controlling Interest/Ownership

- ✓ Click on “**ADD**” in upper left hand corner.
- ✓ Click on the “**Social Security Number**” in the middle of the page that lists the “**Individual Sole Proprietor.**” Add **95** in the percentage box on upper right hand corner, then click “**Save.**”
- ✓ On drop down box, add “**Managing Employee**” and information. Enter “**SELF**” again. Add **5** to percentage box, then click “**Save.**”
- ✓ In the middle of the page is a “**#Relationship**” box. Click and **ADD, “Owner Name = Yourself”** and then “**Relationship = Self.**” After that is done, scroll to the very bottom. Click on the *hyperlink* for the legal disclosure, then check you “**Agree**” and “**Save.**”
- ✓ Repeat steps for both “**Individual Proprietor**” and “**Managing Employee.**” It will be the same person, for each one. Make sure you click on the *hyperlink* after each one.
- ✓ Click “**Save,**” then close.

#9 - **Taxonomy Details.** Enter, then close (no need to complete this section).

#10 - **Associate MCO Plan.** Enter, then close (no need to complete this section).

#11 - **ERA Enrollment.** Enter, then close (no need to complete this section).

#12 - **Enrollment Checklist.** Answer all questions.

#13 - Submit Enrollment Application

- ✓ Click “**NEXT**” across the top.
- ✓ Click the “**AGREE**” checkbox at the bottom.
- ✓ Click “**SUBMIT.**”