



**Division of Specialized
Care for Children**

IMPACT Guide for Families:

How to Enroll as a Private Transportation Provider

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Contacts for Assistance

General Help with IMPACT:

IMPACT Help Desk

Email: IMPACT.HELP@Illinois.gov

Phone: (877) 782-5565

Follow the messages for provider and IMPACT

Issues Logging into IMPACT:

Email: IMPACT.Login@illinois.gov

Billing Help:

Phone: (877) 782-5565

Follow the messages for provider, billing and transportation

Prior Approval Help:

Transdev (Please note that First Transit became known as Transdev in 2023.)

Phone: (877) 725-0569

Quick Links:

IMPACT Website: <https://impact.illinois.gov/>

MEDI Log In: <https://medi.hfs.illinois.gov>

Healthcare & Family Services IMPACT Materials: <https://hfs.illinois.gov/impact/aboutimpact.html>

Helpful Terms

Application ID	A system generated number that a provider must use to locate their enrollment during revalidation or track their application in the system.
Association	An action taken by a provider to "associate" or connect themselves to another entity.
Atypical Agency Provider (AA)	A facility, agency or organization that does not need to get an NPI (National Provider Identifier) to enroll in the IMPACT system.
Atypical Individual Provider (AI)	A Sole Proprietor or Rendering/Service provider who does not need to get an NPI (National Provider Identifier) to enroll in the IMPACT system.
Atypical Provider	A provider who is delivering services to Medicaid clients who are not considered to be health care services. These providers do not need to get an NPI (National Provider Identifier). The Centers for Medicare and Medicaid Services (CMS) defines Atypical Providers as providers who do not provide health care. This is further defined under the Health Insurance Portability and Accountability Act (HIPAA) in federal regulations at 45 CFR 160.103. Taxi services, home and vehicle modifications, and respite services are examples of Atypical Providers reimbursed by the Medicaid program. Even if these Atypical Providers submit HIPAA transactions, they still do not meet the HIPAA definition of health care and should not receive an NPI number.
Billing Agent	A business authorized to submit Medicaid HIPAA compliant transactions; an entity who exchanges Electronic Protected Health Information (ePHI) on behalf of Medicaid Providers or other authorized parties. They may also be referred to as a Clearinghouse, Software Vendor or Value Added Network (VAN) depending on their relationship to the healthcare provider.
Billing Provider	A provider who submits claims and/or receives payments for an Individual Rendering/Service or Sole Proprietor provider. The Billing Provider must be approved in IMPACT before submitting a new enrollment application for an Individual Rendering/Service provider.
Clearinghouse	A Clearinghouse is the business authorized to submit Medicaid HIPAA-compliant transactions; an entity who exchanges Electronic Protected Health Information (ePHI) on behalf of Medicaid Providers or other authorized parties. They may also be referred to as a Billing Agent, Software Vendor or Value Added Network (VAN) depending on their relationship to the healthcare provider.

Comptroller	The state agency that certifies the validity of a TIN (Tax Identification Number) as reported by the provider. All TINs must be certified by the Comptroller before enrolling in IMPACT.
Denied Application	An application denied by the Office of Inspector General based on sanctions, criminal background checks or other identified problems.
Disassociation	An action taken by a provider to "disassociate" or remove themselves from another entity.
Enrollment Checklist	A list of questions the provider must answer as they work through their enrollment in IMPACT. Based on the answers given, more actions may be needed.
Enrollment Review Questions	Questions state staff will use to determine the actions on a specific provider application.
Facility, Agency, Organization (FAO)	An entity that provides healthcare services. An FAO includes hospitals, nursing facilities, laboratories, etc., and has a Type 2 NPI (National Provider Identifier) number associated to them. Licensing is required for this type of entity.
Group	An organization of individual providers that provides medical or dental services. A group provider will require a Type 2 NPI. No licensing is needed for this type of organization.
Healthcare Provider	A provider of services as defined in section 1861(u) of the Act, 42 U.S.C. 1395X(u), a provider of medical or health services as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s), and any other person or organization who furnishes, bills or is paid for health care in the normal course of business.
HFS Provider Number	A number assigned to a provider in the Legacy System.
IMPACT	Illinois Medicaid Program Advanced Cloud Technology (IMPACT) is a multi-agency effort to replace Illinois' 30-year-old Medicaid Management Information System (MMIS) with a web-based system that meets federal requirements, is more convenient for providers, and increases efficiency by automating and expediting state agency processes.
Indicator	Enrollment codes set by state review staff in IMPACT, the indicator represents a specific business status or service type(s).

Individual Rendering/Servicing Provider	A provider who orders, prescribes, or refers items or services through a group, facility, agency, organization (FAO) or an individual/sole proprietor. A Rendering/Servicing provider does not bill directly to Medicaid.
Initial Enrollment	The action of a person or entity to apply for the first time to actively participate in the Illinois Medical Assistance Program.
Legacy MMIS	The existing Illinois Department of Healthcare and Family Services (HFS) Medical Management Information System (MMIS) is a computer system that will process claims until the IMPACT cloud environment is fully implemented.
Managed Care Organization (MCO)	A healthcare delivery system consisting of affiliated hospitals, physicians and others which provide a wide range of coordinated health services; MCO is an umbrella term for health plans that provide health care in return for a predetermined monthly fee and coordinate care through a defined network of physicians and hospitals (e.g., HMO, POS, PPOs). An MCO is an HMO or HMO-like health plan that has its own network of doctors and hospitals. Clients in an MCO get all of their services from the doctors and hospitals that are in the MCO network unless they get approval from the MCO.
National Provider Identifier (NPI) Number	<p>A unique ten-digit identification number issued by the Centers for Medicare and Medicaid Services (CMS) and required by HIPAA for healthcare providers in the United States. Providers must use their NPI to identify themselves in all HIPAA-related transactions.</p> <p>NPI Type 1 Healthcare providers who are individuals, including physicians, dentists, and all sole proprietors. An individual is eligible for only one NPI.</p> <p>NPI Type 2 Healthcare providers who are organizations, including physician groups, hospitals, nursing homes, and the corporation formed when an individual incorporates him/herself.</p>
Rendering/Servicing Provider	An individual provider who will provide or render services to Medicaid clients but will not submit claims directly to the state for reimbursement.
Revalidation	The process when a person or entity currently enrolled in the Illinois Medical Assistance Program verifies and updates their enrollment information on file.

Service Location	The location(s) where services are rendered/provided. For Transportation Providers, the Service Location is the location(s) where its commercial patient transport vehicles are garaged when the garage location is somewhere other than the county location of the primary office.
Software Vendor	A Software Vendor is the business authorized to submit Medicaid HIPAA-compliant transactions; an entity who exchanges Electronic Protected Health Information (ePHI) on behalf of Medicaid Providers or other authorized parties. They may also be referred to as a Billing Agent, Clearinghouse, or Value Added Network (VAN) depending on their relationship to the health care provider.
Sole Proprietor	A provider that owns his/her own practice. A Sole Proprietor may receive payments directly or associate to Billing Providers and/or Billing Agents.
State (Sister) Agencies	A core group of state of Illinois agencies and program areas involved in and affected by the IMPACT system.
Tax Identification Number (TIN)	Tax number registered with the Office of the Comptroller, which may be either a Social Security Number (SSN) or a Federal Tax Identification Number (FEIN). This number is used for tax purposes in the United States and may be assigned by the Social Security Administration or by the Internal Revenue Service (IRS).
<u>Taxonomy Code (pdf)</u>	An alphanumeric 10-character code selected by the health care provider based upon their education, license/certification and the services being rendered. This code is used in billing HIPPA-related transactions and necessary when applying for a National Provider Identifier (NPI) Number. The code is structured into three distinct levels including Provider Type, Classification and Area of specification.

Introduction to Getting Paid for Private Transportation from Medicaid

All Kids/Medicaid can cover private transportation to and from medical appointments or covered services by Medicaid, such as physical therapy visits. Private transportation is when a Medicaid recipient uses their own vehicle to drive themselves or child to an appointment. A close family member or friend might also provide private transportation. To get paid for private transportation, a person must enroll as a provider with Medicaid. If a family member or friend is the one driving to appointments and wants Medicaid to pay them, they will have to enroll on their own.

This is only for participants who have “fee-for-service” All Kids/Medicaid. This is also known as regular Medicaid or straight Medicaid. Managed care plans (MCO), such as Meridian or Molina, also have transportation benefits. If the Medicaid member has one of these plans, please contact the plan to see how to get reimbursed for transportation.

What do the transportation benefits cover?

The benefits cover transportation to and from medical appointments, such as specialists, primary care physicians (PCP), or other doctors. The payment is based on a set rate based on the number of miles to and from the appointment.

Transportation benefits are available for Medicaid members who do not have their own vehicle as well. Contact Transdev to schedule a ride for an appointment. (Please note that First Transit became known as Transdev in 2023.) Call (877) 725-0569 to schedule a ride.

What do I need to do for Medicaid to pay me for the transportation?

You must enroll as a “provider” for All Kids/Medicaid to pay you. A provider is someone who provides services, such as a doctor or transportation provider. Providers go through an application process using the online system called IMPACT. This system is how they keep track of who is an enrolled provider and able to provide transportation. You will only have to provide transportation for yourself or your family. You are not signing up to be a transportation provider for anyone else. The Illinois Medicaid Team will be able to see you are a provider, but no one else will know unless you tell them.

Why do I need to enroll as a provider?

Illinois Medicaid uses the IMPACT system to track all providers. To get paid from Medicaid, you must enroll in the IMPACT system. The IMPACT system is not used for prior approvals or claims. Sending in a claim to Medicaid is how you get paid for the transportation. Enrolling in IMPACT is an important step to be able to be paid for transportation.

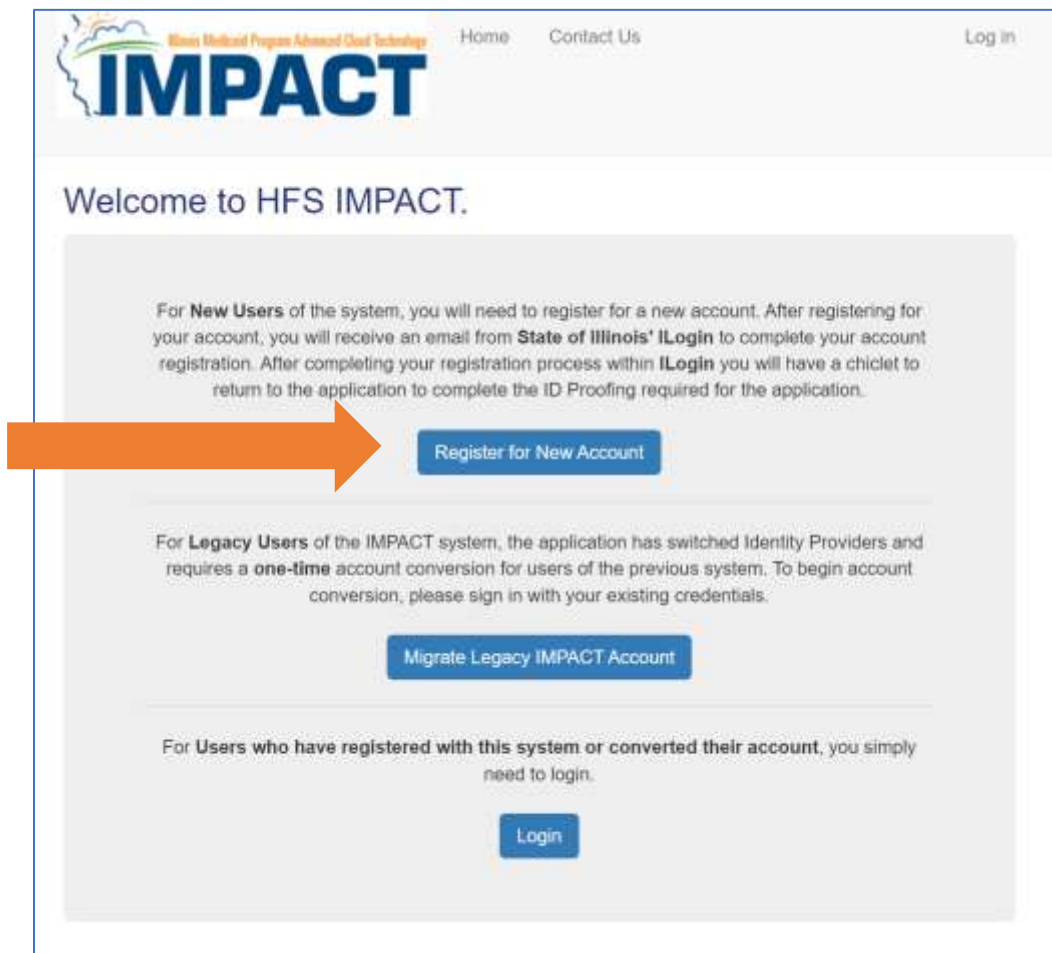
How to Enroll in IMPACT as a Private Auto Transportation Provider

To get paid by Medicaid for driving yourself or your child to medical appointments, you must be enrolled as a provider in the IMPACT system. It is important to remember that you or your child must have current Medicaid coverage and the appointment you are driving to is a covered service by Medicaid.

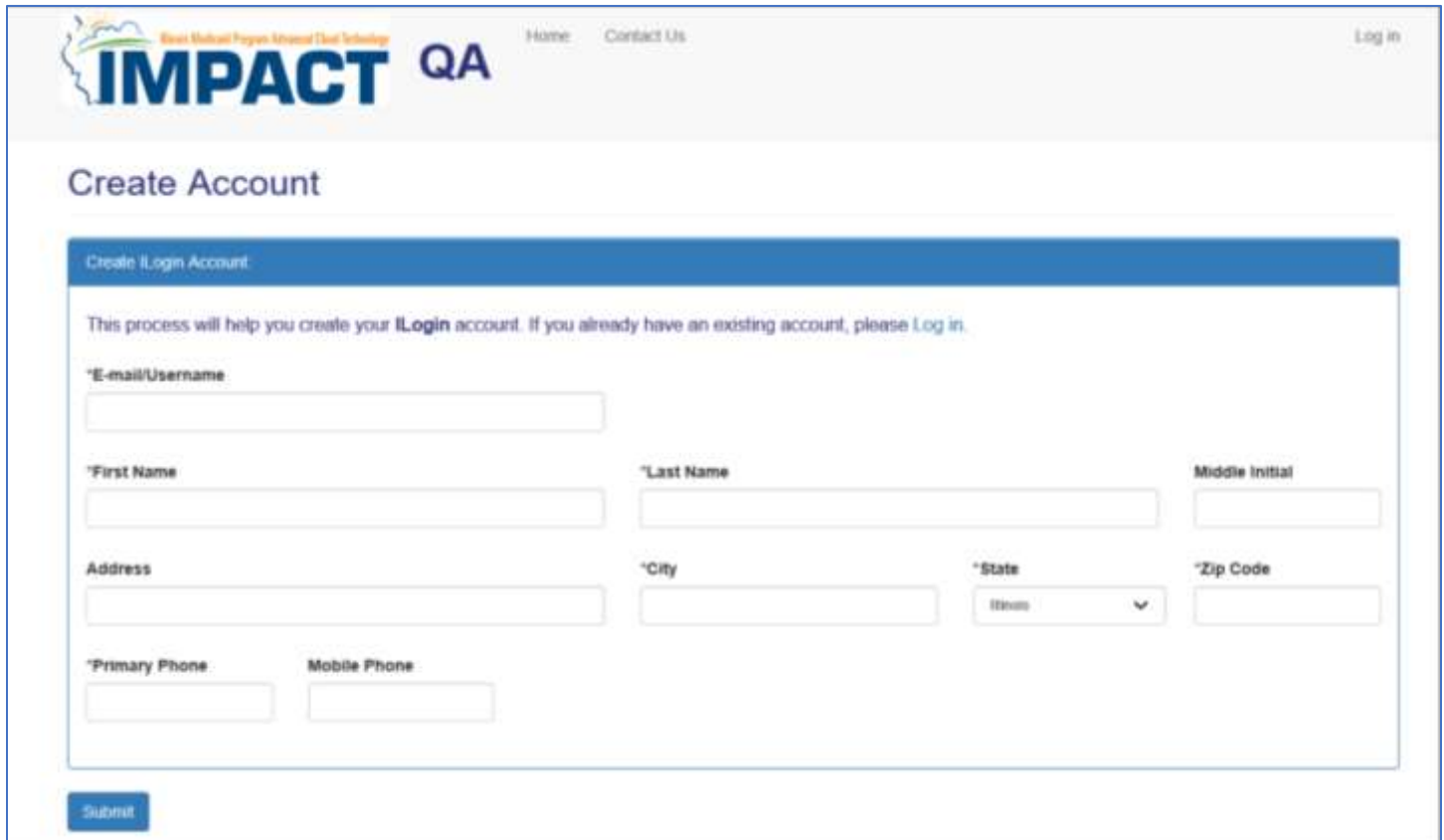
This section will explain how to enroll in the system. You will need a computer and internet access to enroll. You will also need a computer and internet to submit claims and receive payment after you drive to the appointments. If you do not have a computer/internet at home, there may be other options such as a public library or other programs that can help. A Division of Specialized Care for Children (DSCC) Care Coordinator can help you find these programs and resources.

Set up an account with IMPACT

The first step is to set up an account with IMPACT. This step is also called the “single-sign on process.” Go to their website at <https://impact.illinois.gov/>. Click “Register for a New Account.”



Fill in your information. Anything with this symbol * is required. you must complete it to continue. Once you enter the information, click the “Submit” button at the bottom of the screen.



IMPACT QA Home Contact Us Log in

Create Account

Create ILogin Account

This process will help you create your ILogin account. If you already have an existing account, please [Log in](#).

*E-mail/Username

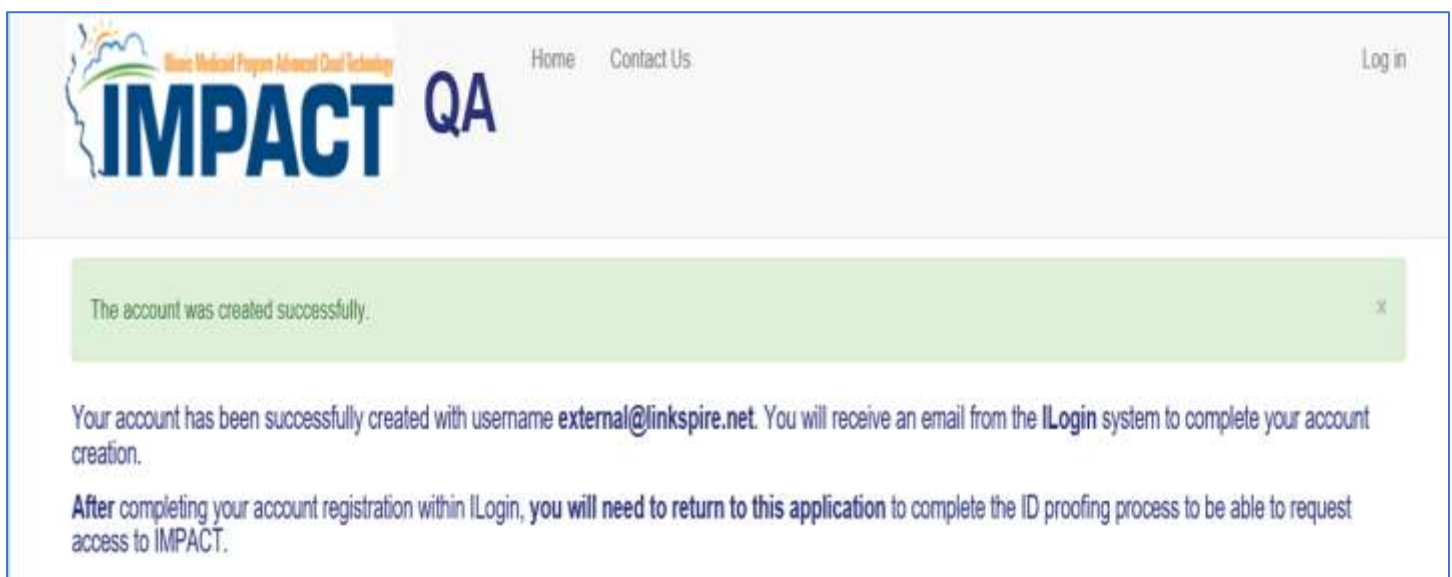
*First Name *Last Name Middle Initial

Address *City *State *Zip Code

*Primary Phone Mobile Phone

[Submit](#)

The message “the account was created successfully” will show up after clicking submit.



IMPACT QA Home Contact Us Log in

The account was created successfully.

Your account has been successfully created with username **external@linkspire.net**. You will receive an email from the ILogin system to complete your account creation.

After completing your account registration within ILogin, **you will need to return to this application** to complete the ID proofing process to be able to request access to IMPACT.

You will receive an email from the State of Illinois at the email address you used to register. If you do not receive it, check your “Junk” or “Spam” email folder. In the email, click “Activate Account.”

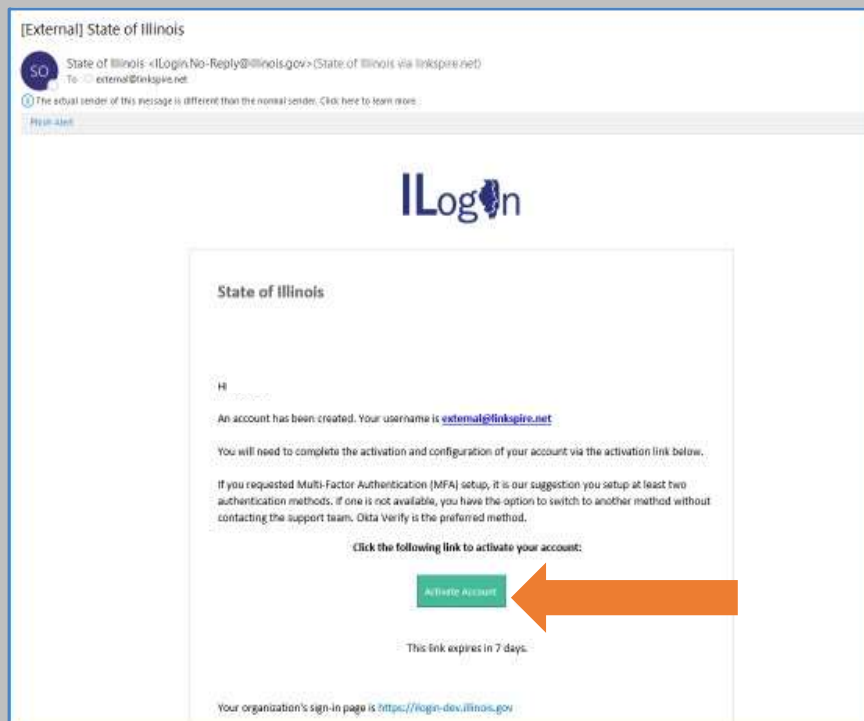
It’s important to click this link in the email right away. The link will expire after seven days.

Step 2: Activating the ILogin Account



Once you receive the ILogin activation email, click on the **Activate Account** button. You will be directed to set up a password, security questions and options for password recovery.

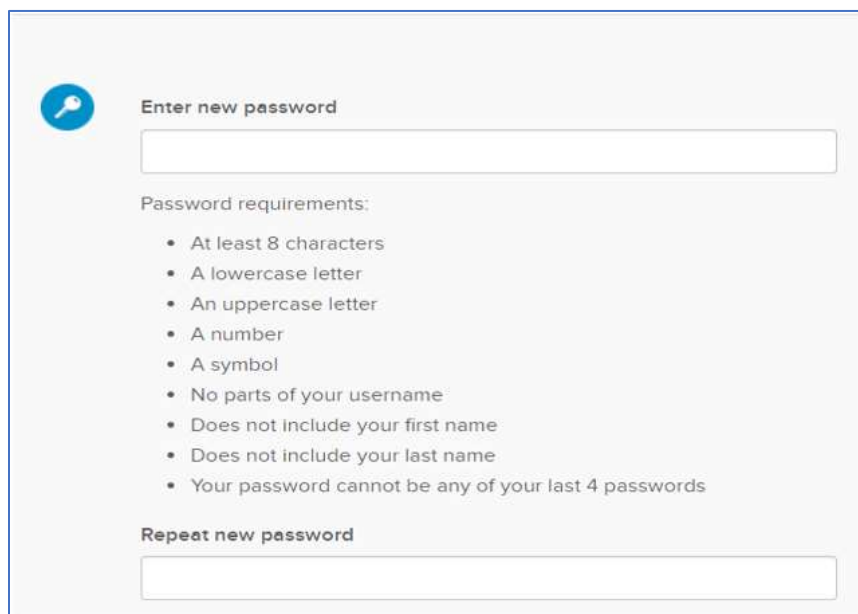
Please Note: This link expires 7 days after you receive the email. Be sure to activate your account as soon as possible.



7/6/2022

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After clicking the link, create a password for the account. You must follow all the requirements for the password to be accepted. Enter it in both fields to continue.

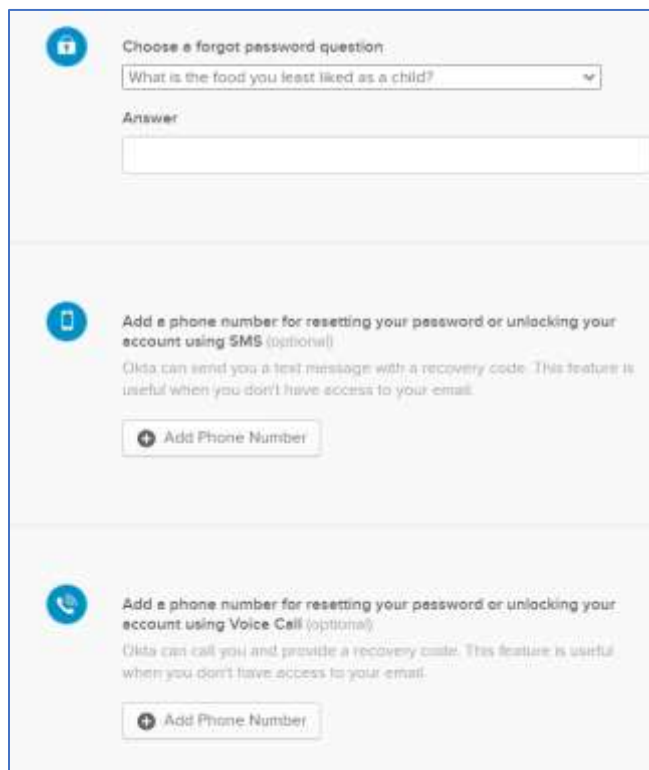


The screenshot shows a web form titled "Enter new password" with a key icon. It features a single text input field for the password. Below the field, a section titled "Password requirements:" lists the following criteria:

- At least 8 characters
- A lowercase letter
- An uppercase letter
- A number
- A symbol
- No parts of your username
- Does not include your first name
- Does not include your last name
- Your password cannot be any of your last 4 passwords

Below the requirements, there is a label "Repeat new password" followed by another empty text input field.

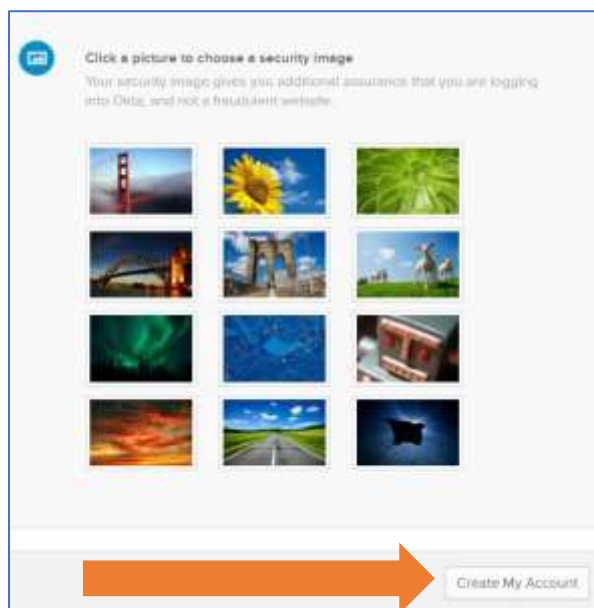
Next, create your password recovery options. This will allow you to access your account if you forget your password. You will have to complete at least one password recovery option.



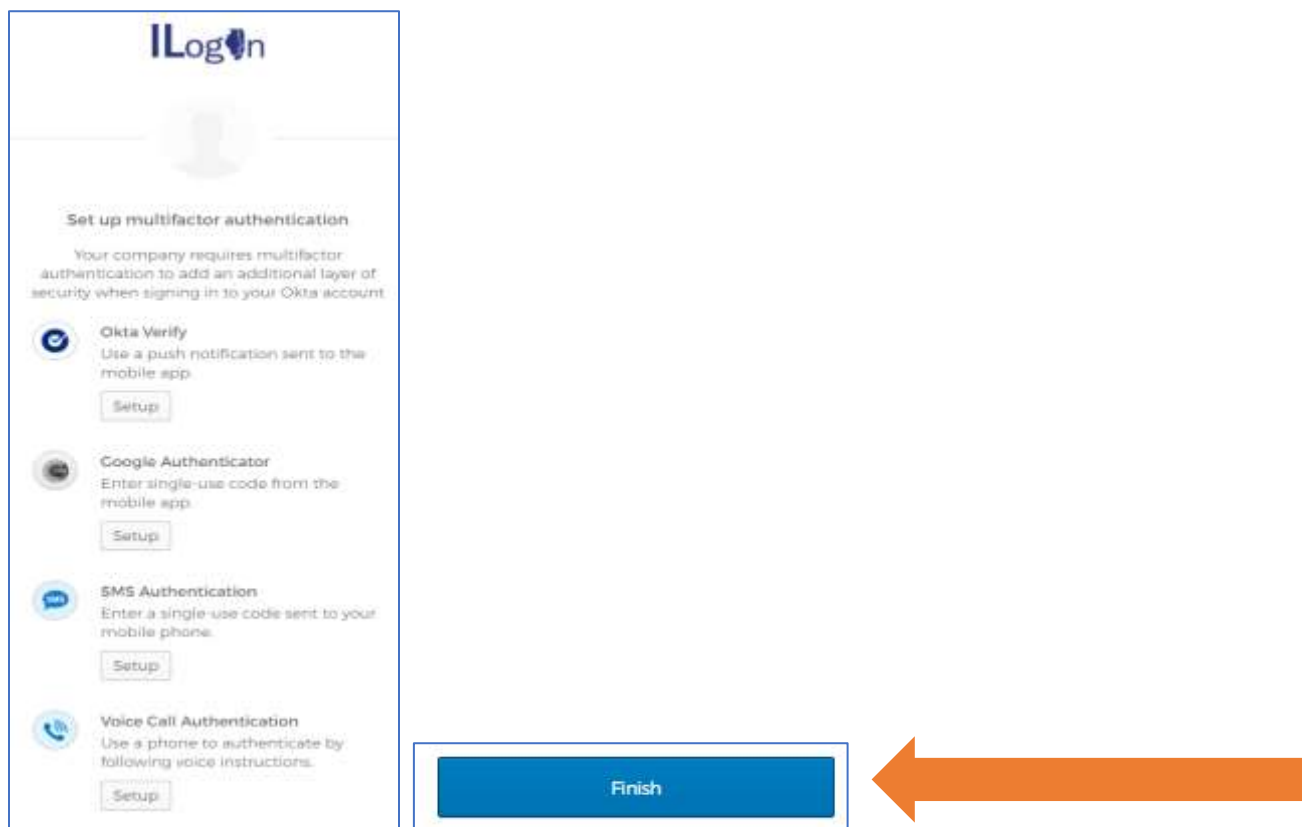
The screenshot displays a form for setting password recovery options. It is divided into three sections:

- Choose a forgot password question:** A dropdown menu is shown with the selected option "What is the food you least liked as a child?". Below it is a text input field labeled "Answer".
- Add a phone number for resetting your password or unlocking your account using SMS (optional):** A text input field is present, followed by a button labeled "Add Phone Number". A note states: "Okta can send you a text message with a recovery code. This feature is useful when you don't have access to your email."
- Add a phone number for resetting your password or unlocking your account using Voice Call (optional):** A text input field is present, followed by a button labeled "Add Phone Number". A note states: "Okta can call you and provide a recovery code. This feature is useful when you don't have access to your email."

Choose a picture. You should see this image any time you log in. Click “Create My Account.”



Create multifactor authentication. This security feature makes sure the right person is logging into the account. You must set up at least one option. More than one option is recommended. Click “Finish.”

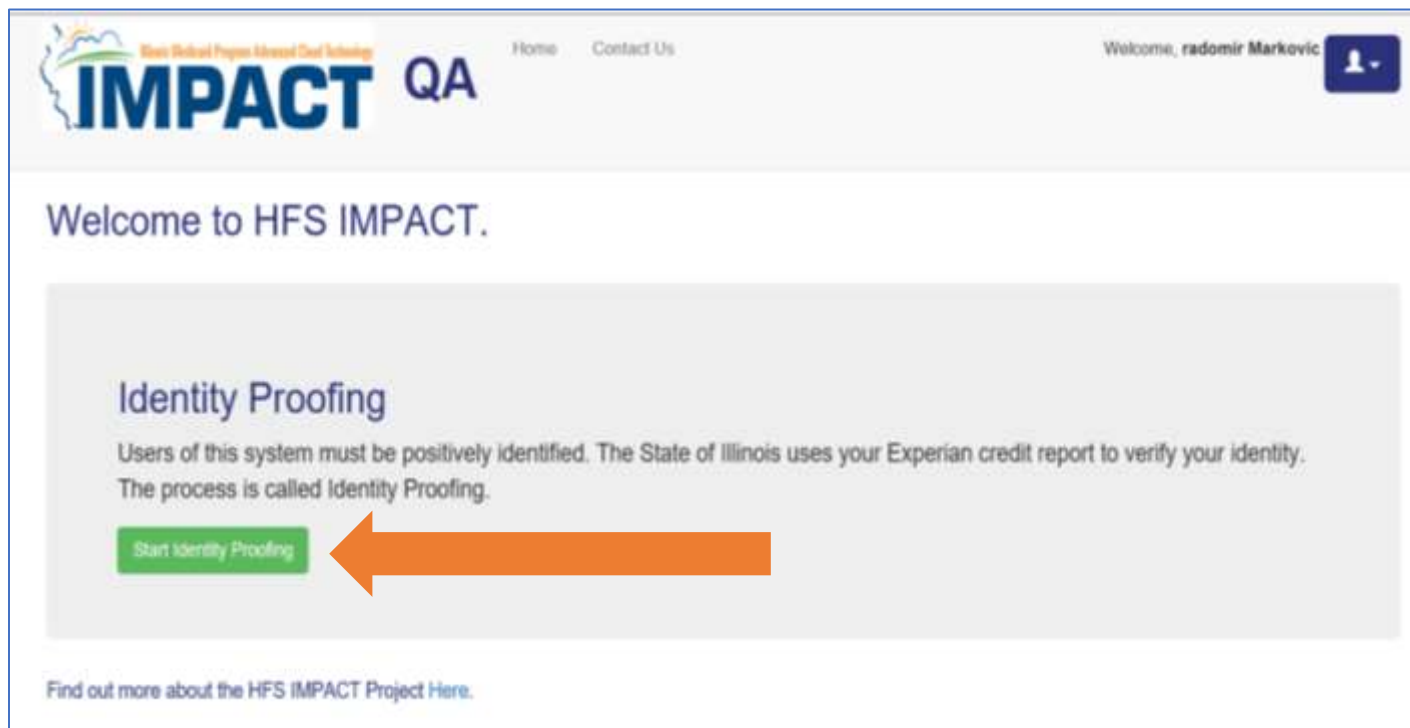


Now you can log into the ILogin Dashboard. Any applications that you have access to will appear on the screen.

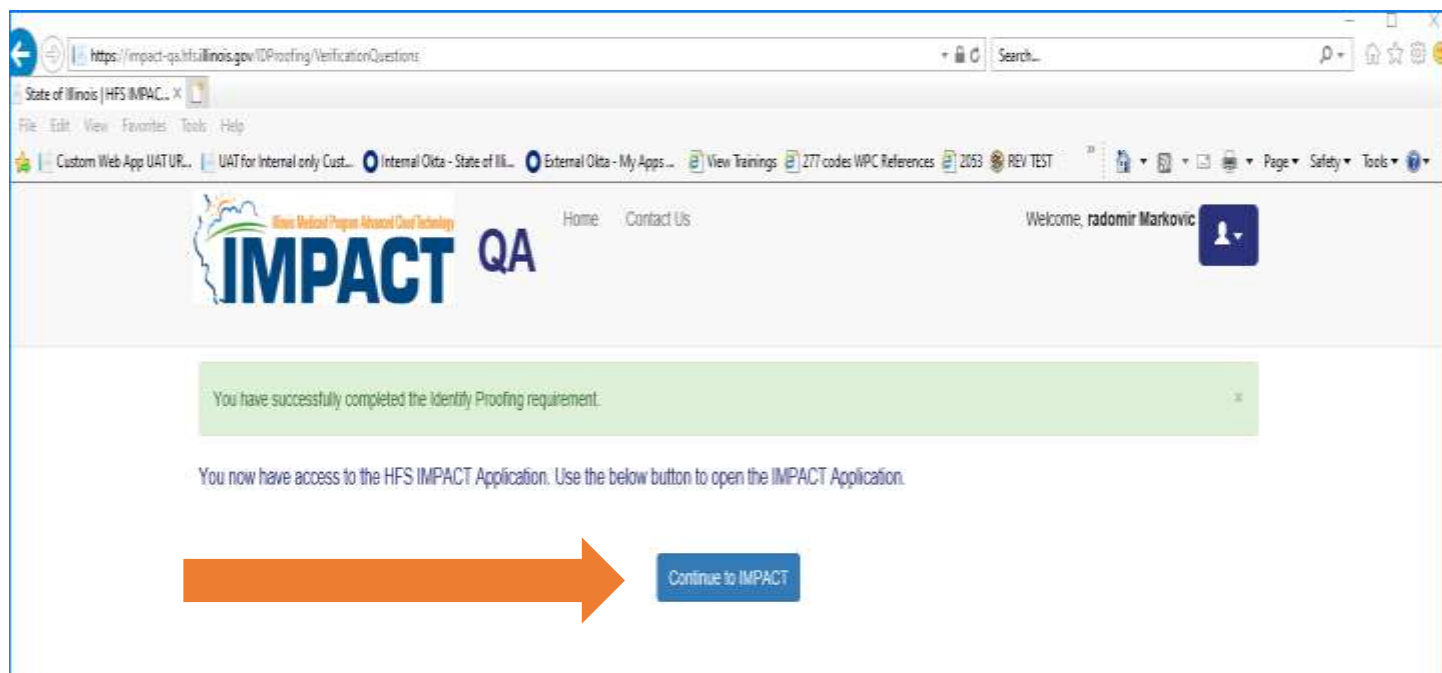
Click on the “HFS IMPACT Registration” application to begin the Identity Proofing process.



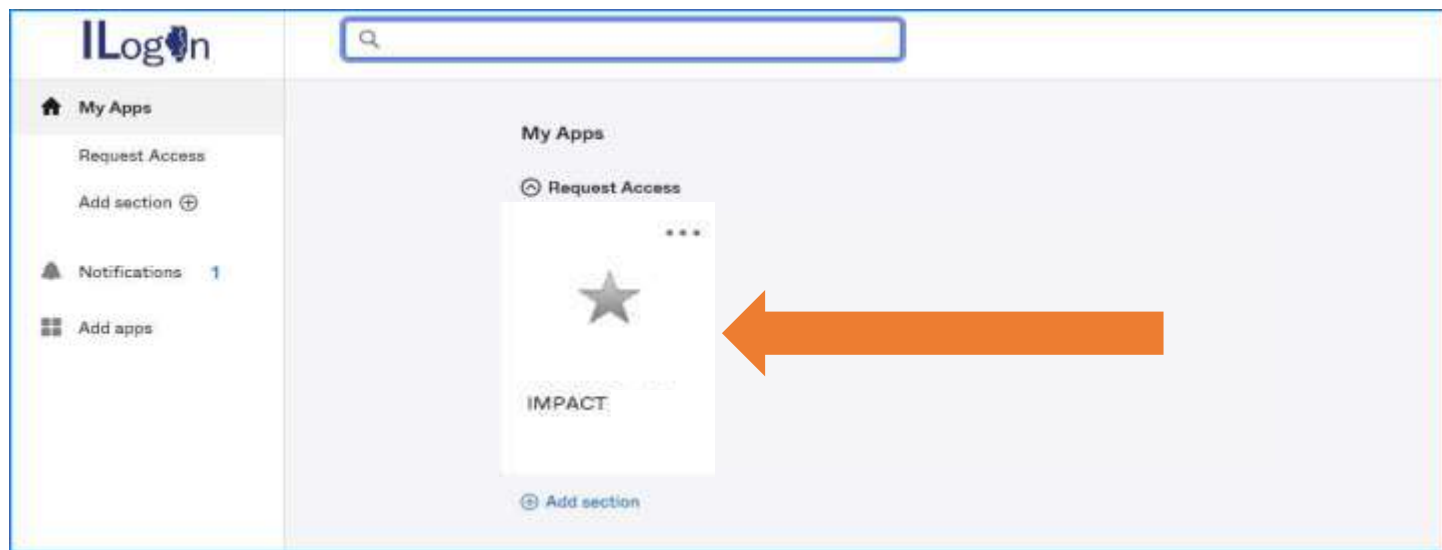
Click on the “Start Identity Proofing” button.



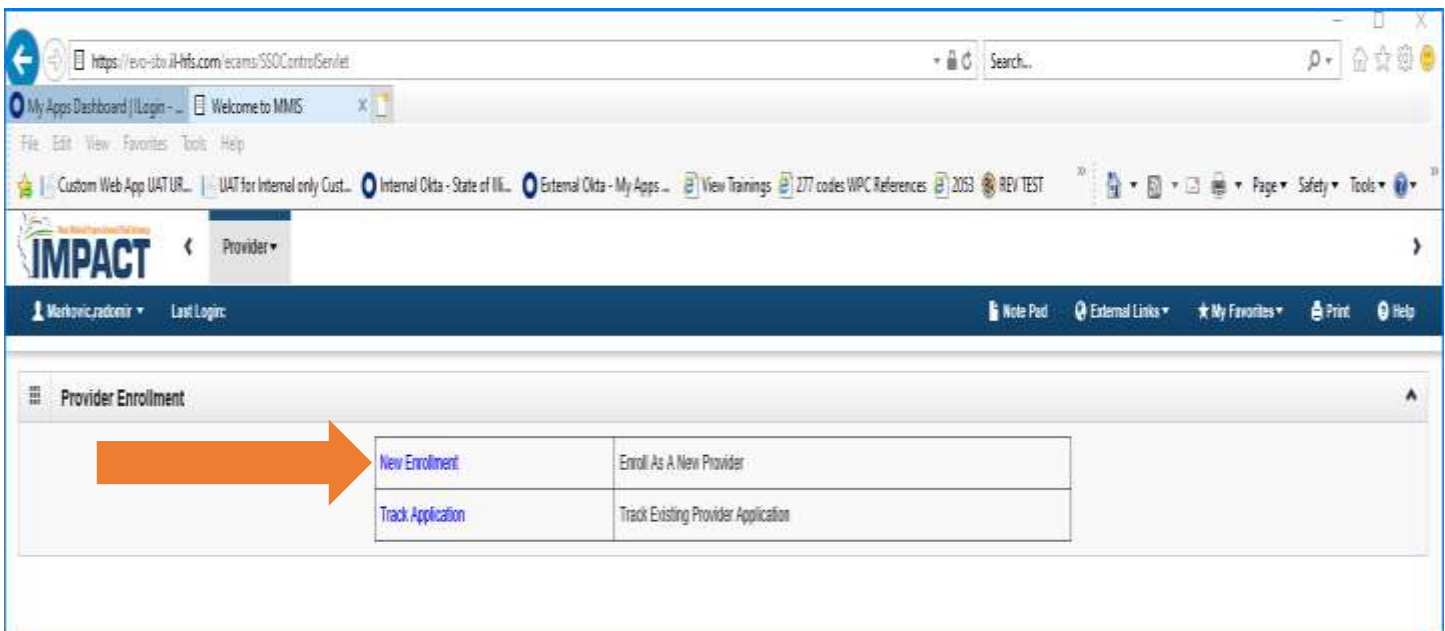
You will receive a message that it was successful. Click “Continue to IMPACT.”



Click on “IMPACT” to start the application.



As a new IMPACT user, click on “New Enrollment” to enroll as a new provider.



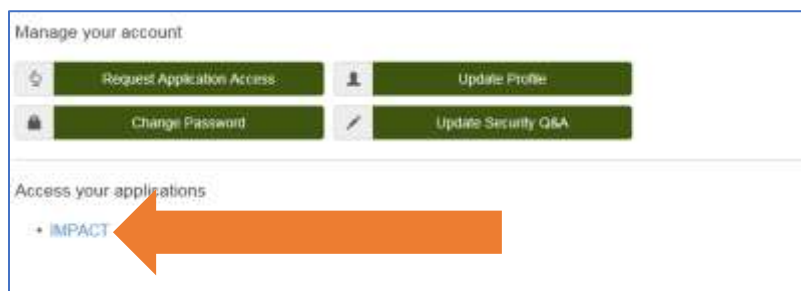
Get ready to complete the application for IMPACT enrollment

- To complete the IMPACT enrollment application, a provider must have a W-9 certified with the Office of the Illinois Comptroller. You should send the W-9 form to your DSCC Care Coordinator. DSCC will submit it to the Illinois Comptroller and let you know when it has been certified. A provider cannot move forward in the application process until the W-9 is certified.
- Once the provider has the W-9 certified, they may submit their IMPACT enrollment application.
- For the application, you will need to provide:
 - Your personal information – address, phone number, Social Security number
 - Your auto insurance card
 - Your driver's license or state ID
 - Your vehicle identification number (VIN)
 - Your vehicle plate number

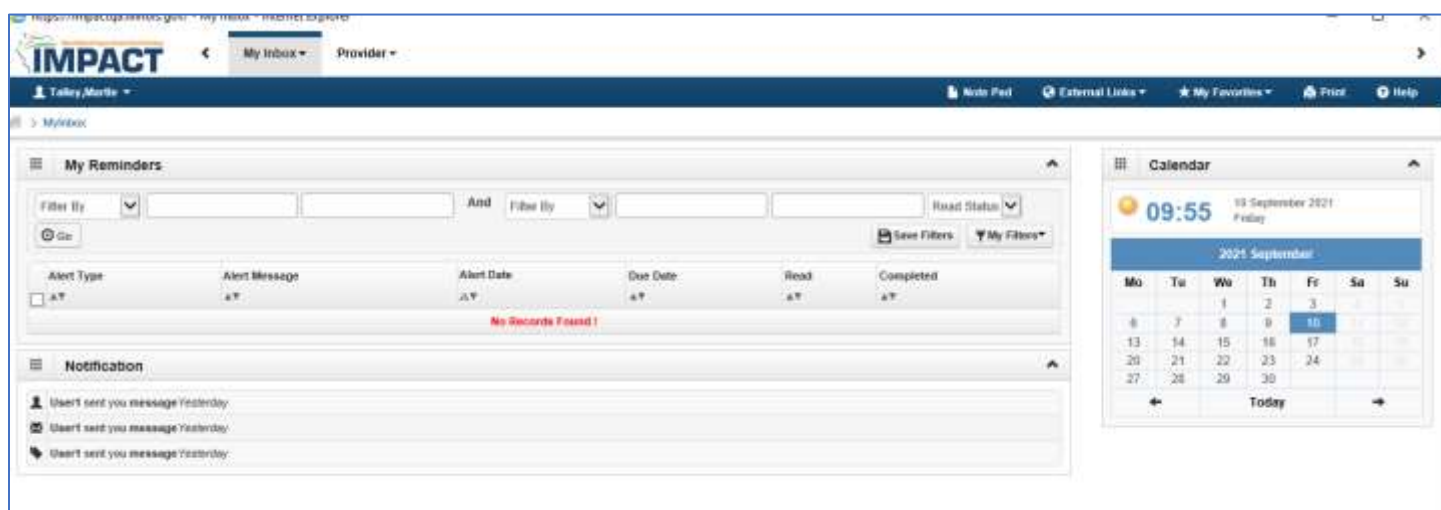
Start the application process to get an application ID

After you create your IMPACT account and have your materials ready to complete the application, you can start the application ID process.

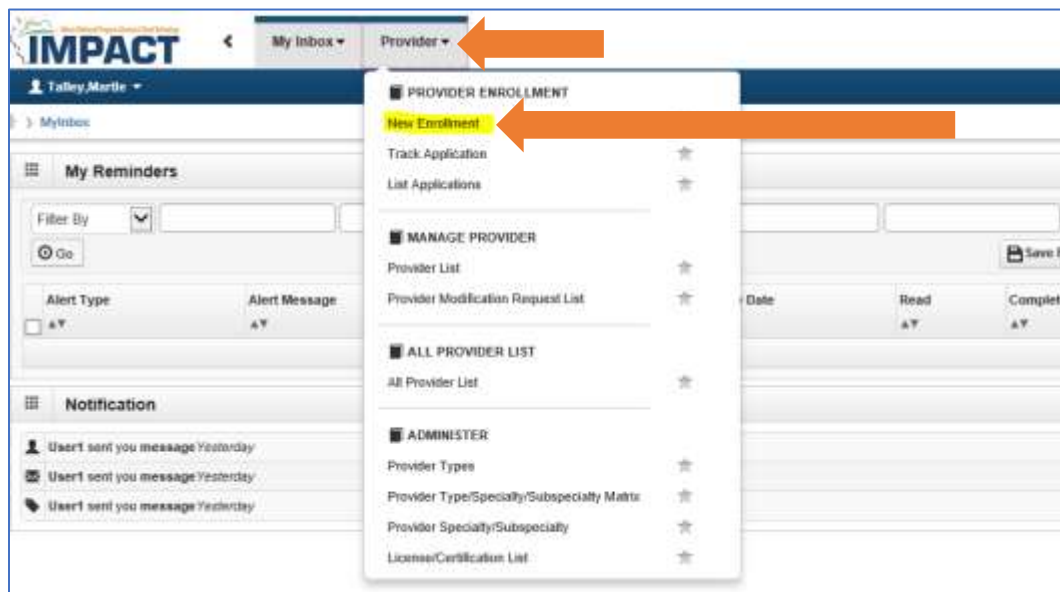
Log into your account on <https://impact.illinois.gov/>. I Select “IMPACT.”



After clicking “IMPACT,” you will see the screen below.



Go to the “Provider” tab. Open the drop-down menu. Select “New Enrollment.” This will start the new application process.



Next, you will see this screen. Choose the enrollment type. To enroll as a private auto transportation provider, choose “Atypical” and “Individual.”

MyInbox > Enrollment List > Provider List > Enrollment List > Enrl App General > New Enrollment

Enrollment Type

Select the Applicable Enrollment Type

- ☐ Individual/Sole Proprietor
 - ☐ Regular Individual/Sole Proprietor or Rendering/Service 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.)
- ☐ 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.)

Next, complete the “Basic Information” section and the “Home Address” section. Fields with this symbol * are required. More instructions for this screen are on the following page.

Basic Information

ENTR:

First Name: * Middle Initial:

Last Name: *

Suffix:

SSN: *

Date of Birth: *

Gender:

Applicant Type: *

NPI: *

Contact Email Address:

Email 1:	<input type="text"/>	Email 8:	<input type="text"/>
Email 2:	<input type="text"/>	Email 9:	<input type="text"/>
Email 3:	<input type="text"/>	Email 10:	<input type="text"/>

Home Address

Address Line 1: * (Enter Street Address or PO Box Only)

Address Line 2:

State/Province: *

Country: *

Address Line 3:

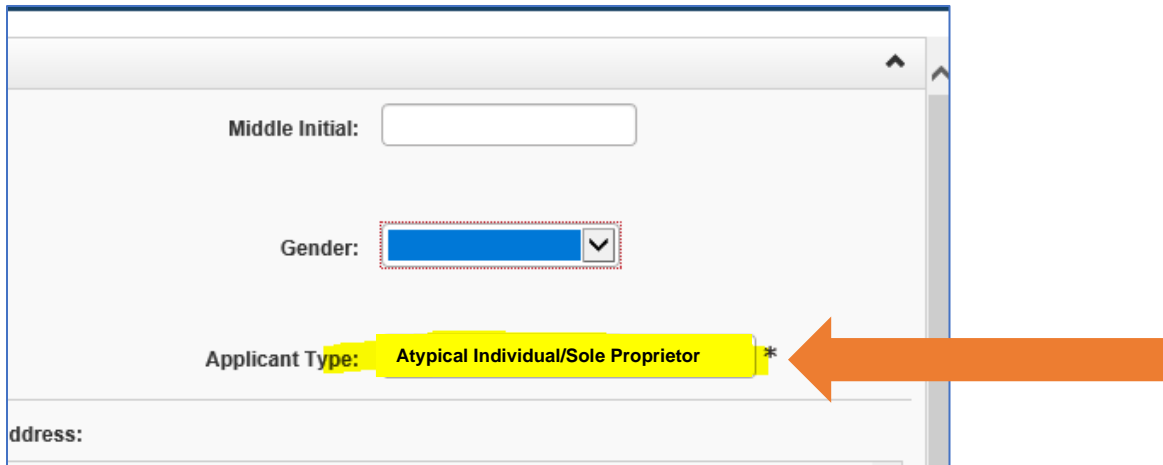
City/Town: *

County:

Zip Code: *

The “Applicant Type” is very important. It is key to how the rest of the application gets filled in.

IMPORTANT: The applicant type field will default to “Atypical Rendering/Servicing.” Be sure to change it to “**Atypical Individual/Sole Proprietor**.”



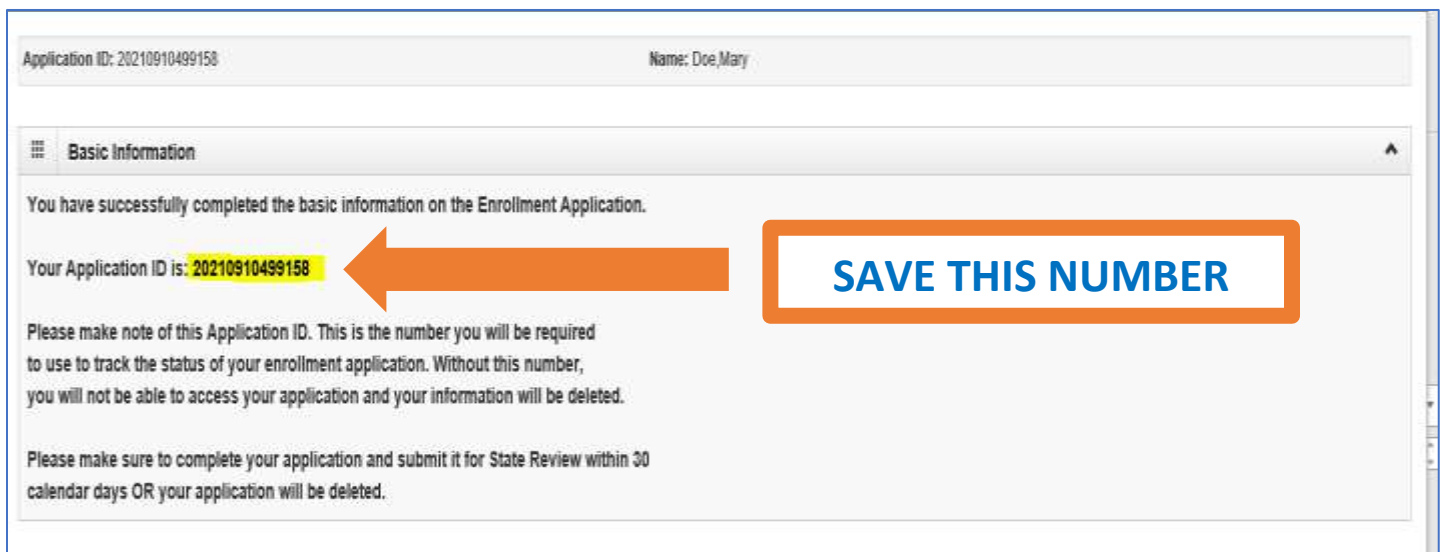
A screenshot of a web form for enrollment. The form includes fields for 'Middle Initial:', 'Gender:' (a dropdown menu), and 'Applicant Type:'. The 'Applicant Type:' field is highlighted in yellow and contains the text 'Atypical Individual/Sole Proprietor'. An orange arrow points from the right towards this field. Below these fields is a partially visible 'Address:' field.

Enter your home address and click “Validate Address.” Once you have filled in the information on this screen, click “Confirm” at the bottom. Click “Finish.”

IMPORTANT: [Please continue to the next steps.](#) Your application is NOT complete after this step.

You should now see your application ID after clicking “Finish.” **Write this number down or save it.** This number is used to look up your application and keep track of it. If you do not have this number, you cannot access your application.

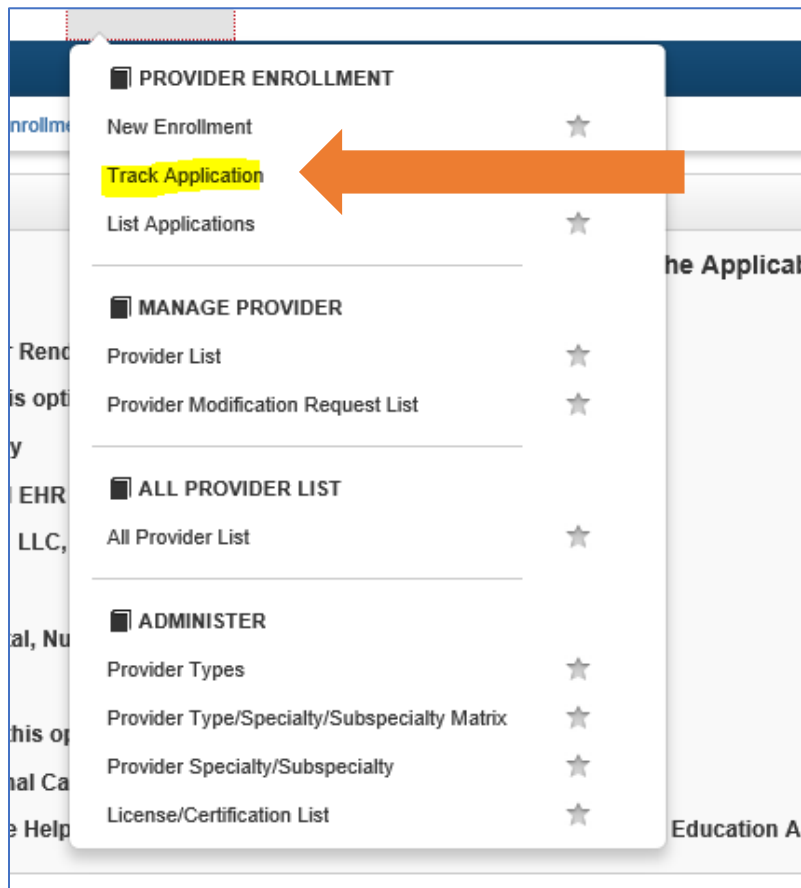
Application IDs are valid for 30 calendar days. All applications must be completed and submitted for review during this 30-day period or the application will be DELETED. If your application is deleted, you will have to start a new one.



A screenshot of a confirmation screen titled 'Basic Information'. It displays 'Application ID: 20210910499158' and 'Name: Doe, Mary'. Below this, a message states: 'You have successfully completed the basic information on the Enrollment Application.' The 'Your Application ID is: 20210910499158' is highlighted in yellow, with an orange arrow pointing to it. To the right of the arrow is a blue box with the text 'SAVE THIS NUMBER'. Further down, instructions state: '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.' and 'Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.'

Track application and complete next steps

Go to the “Provider” tab at the top of the screen. Choose “Track Application” from the list of options.



Enter the application ID. Click “Submit” at the top of the screen.

A screenshot of a web form titled "Track Existing Application". At the top left, there are "Close" and "Submit" buttons, with an orange arrow pointing to the "Submit" button. Below the title bar, there is a text prompt: "Please provide the Application ID to track your application." Below this prompt is a label "Application ID:" followed by a text input field containing the value "20210910499158" and an asterisk "*".

This will bring up the Business Process Wizard and the list of steps you must complete to finish your application. The first step has been completed with the information you provided earlier. Let's move to the next step.

Application ID: 20210910560186 Name: Doe, Mary

Enroll Provider - Atypical Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	09/10/2021	09/10/2021	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Optional			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: EDS/ERA Enrollment Form	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count Save To XLS Viewing Page: 1

Select “Step 2: Add Locations” to add the addresses.

Application ID: 20210910560186 Name: Doe, Mary

Locations List

Filter By: [Dropdown] Go Save Filters My Filters

Doing Business As: [Dropdown] Location Type: [Dropdown] Location Details: [Dropdown] End Date: [Dropdown]

No Records Found!

The application has three different types of locations: **Correspondence**, **Pay To**, and **Location**. You will use the same home address for all three. Enter this address for each “Type of Address.”

Application ID: 20210910560186 Name: Doe, Mary

Add Provider Location Address

Type of Address: Correspondence End Date: [Dropdown]

Location Address: [Copy This Location Address]

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: PO Box 123 * (Enter Street Address or PO Box Only)

Address Line 2: [Dropdown]

Address Line 3: [Dropdown]

City/Town: Springfield * County: Sangamon * State/Province: ILLINOIS * Zip Code: 62705 * 0123 * Validate Address

Country: UNITED STATES *

Since medical providers and doctor's offices also use this system, you must enter office hours. You can enter any hours. You must add hours before you can move to the next step in the process.

Validate the addresses by clicking "Validate Address." Click "OK" at the bottom of the screen.

Application ID: 20210910586186 Name: Doe, Mary

Address Line 3:

State/Province: *

Country: *

City/Town: *

County:

Zip Code: - [Validate Address](#)

Phone Number: * Ext:

Fax Number:

Email Address:

Web Page:

Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	<input type="text" value="Close"/>	<input type="text" value="AM"/>	<input type="text"/>	<input type="text" value="AM"/>
Monday:	<input type="text" value="08:00"/>	<input type="text" value="AM"/>	<input type="text" value="05:00"/>	<input type="text" value="PM"/>
Tuesday:	<input type="text" value="08:00"/>	<input type="text" value="AM"/>	<input type="text" value="05:00"/>	<input type="text" value="PM"/>
Wednesday:	<input type="text" value="08:00"/>	<input type="text" value="AM"/>	<input type="text" value="05:00"/>	<input type="text" value="PM"/>
Thursday:	<input type="text" value="08:00"/>	<input type="text" value="AM"/>	<input type="text" value="05:00"/>	<input type="text" value="PM"/>
Friday:	<input type="text" value="08:00"/>	<input type="text" value="AM"/>	<input type="text" value="05:00"/>	<input type="text" value="PM"/>
Saturday:	<input type="text" value="Close"/>	<input type="text" value="AM"/>	<input type="text"/>	<input type="text" value="AM"/>

Handicap Accessible:

Accept 835 (reported at EIN/TIN level):

Language(s) Spoken: (For Multiple Selection, use Ctrl Key)

[OK](#) [Cancel](#)

Page ID: dgEmAddLocation(provider)

Next you will move onto "Step 3: Add Specialties."

At the top of the screen, click "Add."

Application ID: 20210910586186 Name: Doe, Mary

[Close](#) [Add](#)

Specialty/Subspecialty List

Filter By:

Save Filters My Filters

Specialty/Subspecialty	Provider Type	End Date
<input type="text" value="A*"/>	<input type="text" value="A*"/>	<input type="text" value="A*"/>

No Records Found!

Add the specialty/subspecialty. Select “Provider Type.” Make sure the provider type is “Transportation – AI.” The “Specialty” should be “Private Auto – AI.” You will not have any Associated Subspecialties.

Click “OK” at the bottom of the screen.

Application ID: 20210910589186 Name: Doe, Mary

Add Specialty/Subspecialty

Location: UT

Provider Type: TRANSPORTATION - AI

Specialty: Private Auto - AI

End Date:

Add Subspecialty

Available Subspecialties

Associated Subspecialties *

OK Cancel

Move to “Step 4: Associate Billing Provider/Other Associations” which is an optional step. You will not need to fill in anything. But, you must go into the screen, open it and close it to mark it as complete.

Application ID: 20210910589186 Name: Doe, Mary

Enroll Provider - Atypical Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	09/16/2021	09/16/2021	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties	Required			Incomplete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add License/Certification/Other	Optional			Incomplete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required			Incomplete	
Step 7: Associate Billing Agent	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Optional			Incomplete	
Step 10: Associate MCO Plan	Optional			Incomplete	
Step 11: EDS/ERA Enrollment Form	Optional			Incomplete	
Step 12: Complete Enrollment Checklist	Required			Incomplete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count Save To XLS

Viewing Page: 1

Print Previous Next Last

Now, move onto “Step 5: Add License/Certification Other.” You will enter the license and certification information required for enrolling as a private auto transportation provider.

For each entry, click “Add” at the top of the screen.

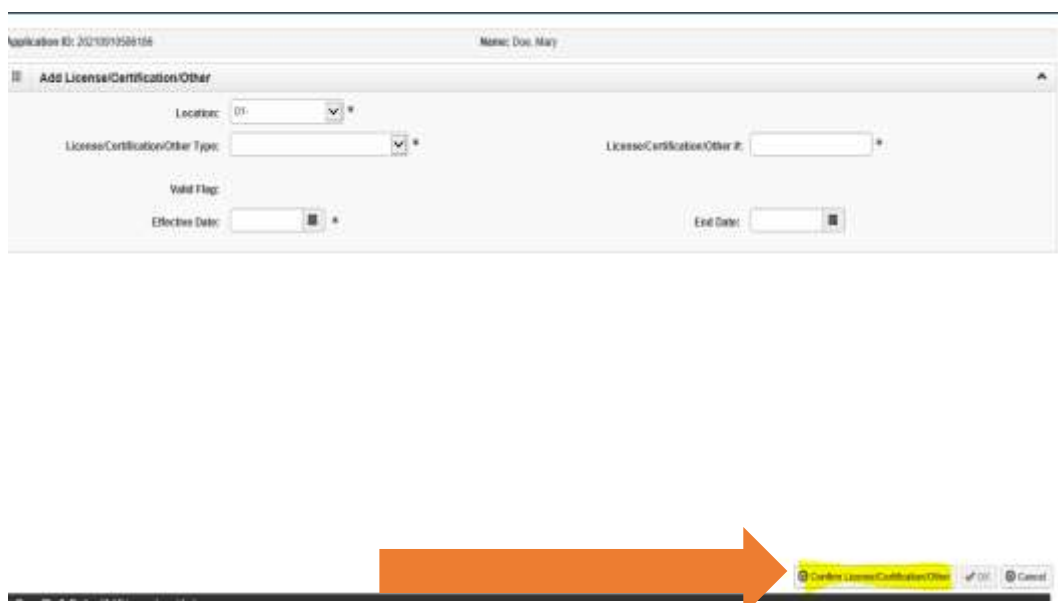


Enter each item below separately:

- Auto insurance card
- Driver's license or state ID
- Vehicle identification number (VIN)
- Vehicle plate number



Click “Confirm License/Certification/Other” at the bottom of the screen.



Once you upload all four license/certification types, step 5 will be complete.

License/Cert/Other Type	License/Cert/Other #	Location	Valid Flag	Effective Date	End Date
AT	12345678912345678	01-	Yes	09/10/2021	12/31/2099
Vehicle Identification Number	25456	01-	Yes	09/10/2021	09/10/2022
Auto Insurance	656666312345	01-	Yes	09/10/2021	12/31/2023
Driver's License/State ID	88549	01-	Yes	09/10/2021	12/31/2099

Next, go on to “Step 6: Add Mode of Claim Submission/EDI Exchange.”

In this screen, check the box that says, “Electronic Batch.” The box is located next to the “Method” column. Click “OK” at the bottom of the screen.

Medicaid now requires you to submit all claims electronically. Paper or mailed claims are not an option. We will cover how to submit a claim in a future section.

Click “Ok” to go to step 7.

Method	Description	Applicable Transactions
<input checked="" type="checkbox"/> Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)	837P- Professional (FFS), 837I- Institutional(FFS), 837D- Dental(FFS), 270/271- Eligibility Inquiry/Response, 276/277- Claim Status Inquiry/Response
<input type="checkbox"/> CORE Batch	To upload/download HIPAA transactions using CORE Batch Connectivity	270/271- Eligibility Inquiry/Response, 276/277- Claim Status Inquiry/Response, 835 Health Care Claim Payments/Advice
<input type="checkbox"/> CORE Real Time	To upload/download HIPAA transactions using CORE Real Time Connectivity	270/271- Eligibility Inquiry/Response, 276/277- Claim Status Inquiry/Response
<input type="checkbox"/> Billing Agent	To submit/receive HIPAA transactions through billing agent	837P- Professional (FFS/Encounter), 837I- Institutional(FFS/Encounter), 837D- Dental(FFS/Encounter), 270/271- Eligibility Inquiry/Response, 276/277- Claim Status Inquiry/Response, 278/278- Prior Authorization Request/Response, 835- Healthcare Claim payment Advice

Method	Description
<input type="checkbox"/> Paper Claims	To submit FFS paper claims
<input type="checkbox"/> Direct Data Entry (DDE)	To submit FFS claims via online screens

Next, go on to “Step 7: Associate Billing Agent.”

This is another optional step. You must open the step and close the step to mark it as complete to move to step 8. You do not need to fill anything in on this screen.

Step Name	Status	Start Date	End Date	Completion Date
Step 7: Associate Billing Agent	Optional	09/10/2021	09/10/2021	Complete

Next, go to “Step 8: Add Provider Controlling Interest/Ownership Details.”

Application ID: 20210910586186 Name: Doe, Mary

Close Actions

Per Medicaid Provider Manual

PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

Provider Enrollment Information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

REQUIRED DISCLOSURE INFORMATION

Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or managed care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee. Corporate - Charitable 501(c)(3)
- At least one Board of Directors/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)(3)	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited Liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

Owners List

Filter By: And Indicator: Go Save Filters My Filters

This step requires that you add two owner types to the application. Click “Actions” on the top left of the screen. Choose “Add Owner.”

Application ID: 20210910586186 Name: Doe, Mary

Close Actions

REQUIRE

- Mana Owners Relationships for all enrollment types.
- There ownership type in addition to Managing Employee. Corporate - Charitable 501(c)(3)
- At least Owners Adverse Action icers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)(3)	Corporate - Not Publicly Traded	Foreign, Nonresident Alien
Corporate - Non Charitable	Sub-contractor	Limited Liability Company
Corporate - Publicly Traded	Holding Company	Indirect Owner

Owners List

Filter By: And Indicator: Go Save Filters My Filters

The first owner type will automatically fill information in the field based on information you entered in the application process. The second owner type is the “Managing Employee.” You must add both to move to the next step. The information will be the same for both owner types. Anything with this symbol * by it is required.

For the first owner type, it will fill in “Individual/Sole Proprietor” and enter 100 in the “Percentage Owned.” It will also fill in your name, Social Security number (SSN), phone number and date of birth. That information should pre-fill from the application but enter it if it did not. A start date is also required. Click “OK.”

Click “Actions” and add another owner. For the second owner, choose “Managing Employee.” Enter 0 in the “Percentage Owned.” Enter your name, Social Security number (SSN), phone number and date of birth. A start date is required. Click “OK.”

Application ID: 20210910566186 Name: Doe, Mary

Please remember to enter SSN.

Provider Controlling Interest/Ownership

Type: Managing Employee * Percentage Owned: *

SSN: * EIN/TIN: *

Please remember to enter SSN.

Legal Entity Name: (As shown on the Income Tax Return) Entity Business Name: (Doing Business As)

Owner NPI: *

First Name: * Middle Initial: *

Last Name: * DOB: *

Suffix: * Phone Number: * Ext: * Email: *

Start Date: * End Date: *

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address Type: Home Address

OK Cancel

Page ID: @gEnter/AddOwner/Provider

Your entry will look similar to this when you have both complete. You should see your name, address and start date listed.

Owners List

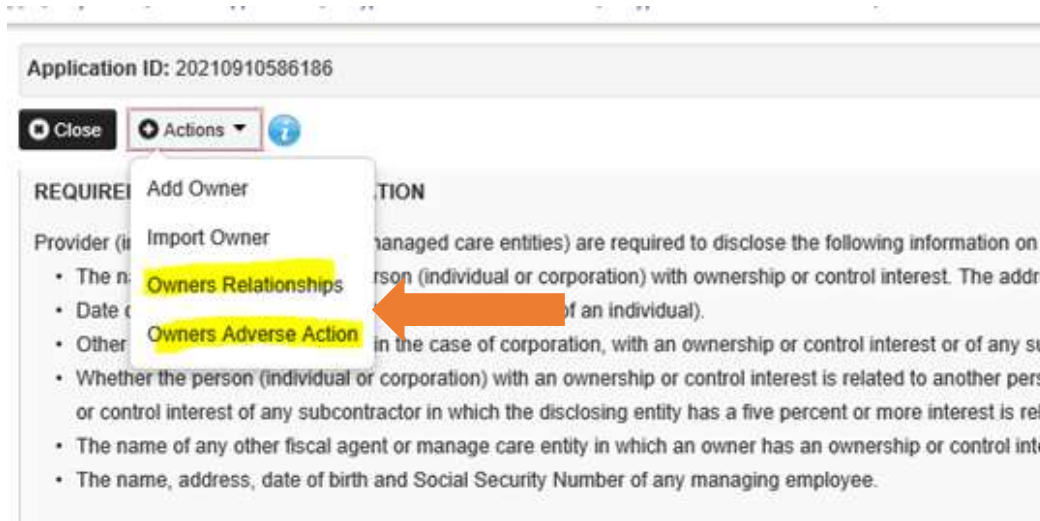
Filter By: And Indicator: Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
[REDACTED]	Doe, Mary	Managing Employee	PO Box 123	09/10/2021	12/31/2999	Not Completed	Not Completed	0
[REDACTED]	Doe, Mary	Individual/Sole Proprietor	PO Box 123	09/10/2021	12/31/2999	Not Completed	Not Completed	100

Delete View Page: 1 Go Page Count Save To XLS Viewing Page: 1 OK Print Prev Next Last

On Step 8, extra steps are needed for it to be marked complete.

Add “Owner Relationships” and answer the question related to the “Owners Adverse Action.” These are both options under the “Actions” menu.



Click “Owner Relationships” and choose “Self” for the relationship.

This screenshot shows the 'Add Relationship' form in the IMPACT application. At the top, it displays 'Application ID: 20210910586186' and 'Name: Doe, Mary'. Below this, there is a section titled 'Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse)?' with radio buttons for 'Yes' and 'No'. Below this is an 'Owner List' section with a 'Show Owners' dropdown set to 'All' and a 'Go' button. There are two entries in the list, both for 'Doe, Mary' with status 'Completed'. Below the list is a table with columns: 'Assoc. Owner', 'SSN/EIN/TIN', 'Type', 'Relation to Doe, Mary', and 'Relation to Assoc. Owner'. The first row shows 'Doe, Mary' as the associated owner, with 'Self' selected for both relationship dropdowns. Two orange arrows point to these 'Self' dropdowns. At the bottom, there are buttons for 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1', along with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

Click the “Owners Adverse Action” and choose “No” for both of the selections under “Response.”
Click “OK” at the bottom of the screen.

Steps 9, 10 and 11 are optional. You will need to open and close each step. This action will mark each step as complete.

Step 9: Add Taxonomy Details	Optional	09/10/2021	09/10/2021	Complete
Step 10: Associate MCO Plan	Optional	09/10/2021	09/10/2021	Complete
Step 11: 835/ERA Enrollment Form	Optional	09/10/2021	09/10/2021	Complete

Finally, “Step 12: Complete Enrollment Checklist.”

Providers must answer all questions on this step to complete the application.

Once you have completed all 12 steps, the “Status” column will show each item as “Complete.” The last part is “Step 13: Submit Enrollment Application for Approval.” Select that step.

Application ID: 20210910506186 Name: Doe, Mary

Close

Enroll Provider - Atypical Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	09/10/2021	09/10/2021	Complete	
Step 2: Add Locations	Required	09/10/2021	09/10/2021	Complete	
Step 3: Add Specialties	Required	09/10/2021	09/10/2021	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional	09/10/2021	09/10/2021	Complete	
Step 5: Add License/Certification/Other	Required	09/10/2021	09/10/2021	Complete	
Step 6: Add Mode of Claim Submission/EDI Exchange	Required	09/10/2021	09/10/2021	Complete	
Step 7: Associate Billing Agent	Optional	09/10/2021	09/10/2021	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	09/10/2021	09/10/2021	Complete	
Step 9: Add Taxonomy Details	Optional	09/10/2021	09/10/2021	Complete	
Step 10: Associate MCO Plan	Required	09/10/2021	09/10/2021	Complete	
Step 11: ASSEERA Enrollment Form	Optional	09/10/2021	09/10/2021	Complete	
Step 12: Complete Enrollment Checklist	Required	09/10/2021	09/10/2021	Complete	
Step 13: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Back Save To XLS Viewing Page: 1 < First < Prev > Next > Last

Click the “Next” button.

Application ID: 20210910506186 Name: Doe, Mary

Close Next

Final Submission

Application ID: 20210910506186 Enrollment Type: Atypical Individual Provider

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

Form/Documents	Special Instructions	Score	Required
▲▼	▲▼	▲▼	▲▼

No Records Found!

Read through the terms and conditions required by an Illinois Medicaid provider then check the box.

In applying for enrollment as a provider of goods and services in the Illinois Medical Assistance Program ("Program") administered by the Illinois Department of Healthcare and Family Services (hereinafter referred to as Illinois Medical Assistance), the provider applying for enrollment as a provider (hereinafter referred to as "the applicant") represents, agrees, and certifies as follows:

1. The undersigned has the legal authority to execute this Agreement on the applicant's behalf.
2. The applicant understands that enrollment in the Program does not guarantee participation in Illinois Medical Assistance managed care programs, nor does it replace or negate the contract process between a managed care entity and its providers or subcontractors.
3. All information furnished to Illinois Medical Assistance during the application process on any associated form is true, accurate, and complete.
4. The applicant has disclosed the name and address of each person with an ownership or control interest in the applicant or in any subcontractor in which the applicant has direct or indirect ownership of 5 percent (5%) or more.
5. The applicant will maintain records of all clinical conditions of its patients consistent with the applicant's business operations, including but not limited to records, officers or principals, and associate with management.

• 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 Care 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 Alcoholism and Substance Abuse (DHS-DASA) 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.

Click "Submit Application."

Application ID: 20210910586186 Name: Doe, Mary

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

rate as payment in full for services rendered to Program recipients and shall not seek additional reimbursement from the Program recipient or the Program 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 Behavioral Health Residential Care includes suspected child abuse or neglect consistent with the provider's responsibilities as a Mandated Reporter under the Abused and Neglected Child Reporting Act and 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 Illinois Medical Assistance.

18. Behavioral Health Residential Care Providers who are enrolled with a Subspecialty of Sub-Acute Psychiatric or Sub-Acute Substance Use Disorder shall also comply with the following:

You will receive this message when your application has been submitted successfully for review.

Application ID: 20210910586186 Name: Doe, Mary

Your Application Number 20210910586186 has been successfully submitted for State review. Return with this application number to track the status of your application.

Enroll Provider - Atypical Individual

Once you have submitted the application, you can use your application number to review the status of the application. Illinois Medicaid will review your application and approve it or deny it. They may also need you to submit extra documentation if you forgot something. **It is very important to check the status of the application.**

How to Submit a Prior Approval Before Transportation Trips

Once enrolled as a transportation provider in the IMPACT system, you can provide transportation for yourself or your child as a transportation provider. Before you go to the appointments, you must get permission and have it reviewed. This is called a prior approval.

To submit a prior approval to Medicaid, you will call Transdev. Transdev was previously called First Transit. Transdev is the company that approves transportation services for regular Medicaid members.

It is best to call as soon as you have the appointment scheduled, but at least two days before the appointment.

You will call Transdev at (877) 725-0569 to get the trip approved. You will need to tell them that you are driving yourself or your child to the appointment. You should also tell them you are enrolled as a private auto transportation provider.

They will ask for the following information below. Be prepared and have it ready for the phone call:

- Your name
- May need to get your “OK” to talk with the person calling for you
- Your pick-up address and phone number
- Your Medicaid ID# (nine-digit recipient identification number, called a RIN)
- The general reason for the doctor’s visit
- The name of the office/clinic/hospital where you are going
- The name of the doctor you will see
- The address and phone number where you are going
- The appointment date and time
- If there are medical or non-medical reasons why you cannot use public or other transportation
- If you or your child uses a walker, wheelchair, or cane
- If you can travel by yourself

Transdev will give you a reference number. They should give you a prior approval number that you must save for when you do the claim after your trip. This is also called a reference number.

You must go through this process for each trip to the doctor or specialist.

How to Submit a Claim to Medicaid for Providing Your Own Transportation

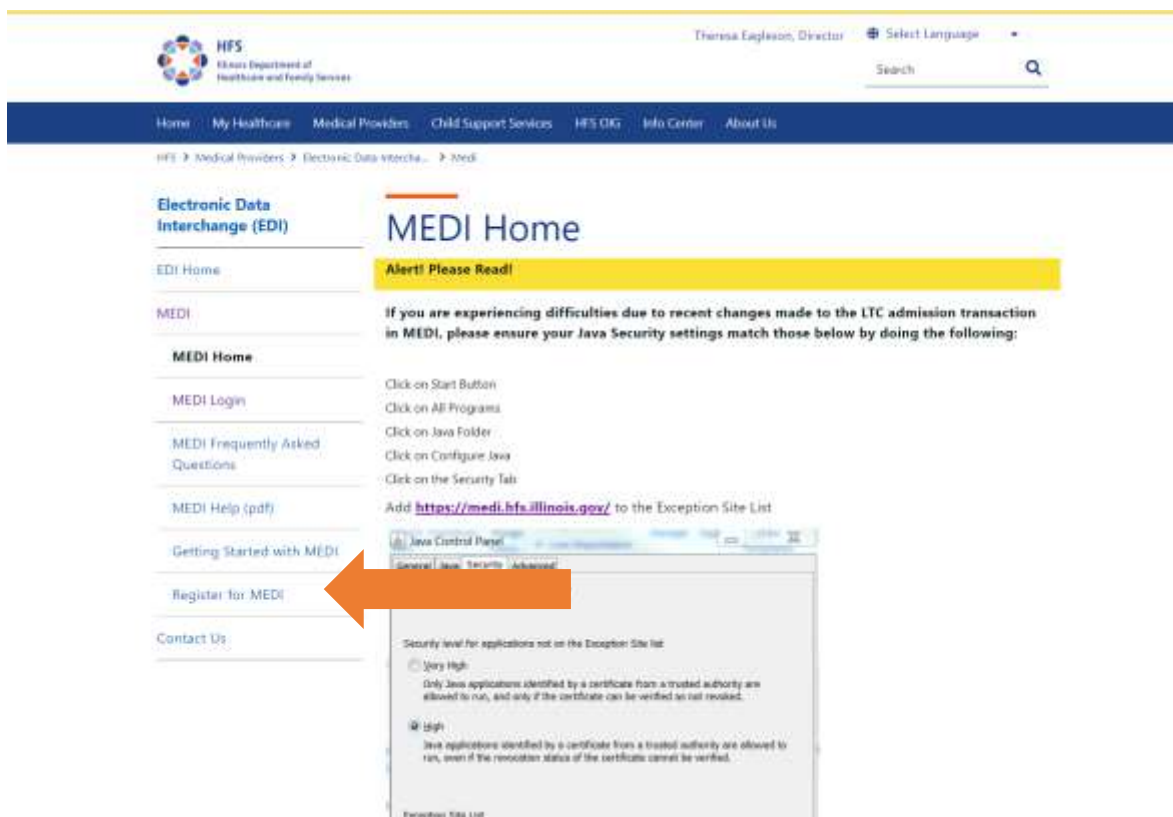
This section will help you understand the process for submitting a claim to Medicaid. This means that you use their electronic system to send them a bill for the transportation so you can get paid. There is a specific form that you must fill out correctly and completely. If you miss anything, they may deny it and not pay you.

First, you should have submitted a prior approval for the travel before you went. You can do this after the transportation has been provided if you forgot, but you must complete this step before you can submit a claim to Medicaid. The trip has to be approved with a prior approval. If it is not done and you try to submit the claim, Medicaid will not pay you for the trip you took.

You have only 30 days after the trip to get the approval for the trip. Then you have 180 days, which is six months from the trip you took, to submit a claim to Medicaid. If you submit it too late, Medicaid will not pay you for the trip you took.

To submit a claim to Medicaid, you must enroll in another system called “MEDI.” MEDI stands for Medical Electronic Data Interchange. This system will allow you to access the INTERNET ELECTRONIC CLAIMS SYSTEM.

To register in MEDI, go to www.myhfs.illinois.gov. Click “Register for Medi” on the left side of the screen.



A new page should come up. Click on the green “Get a Digital ID” button.

The screenshot shows the 'Digital ID Registration and Recovery' page. At the top is the DoIT logo (Illinois Department of Innovation & Technology). Below it is a blue header with the title 'Digital ID Registration and Recovery'. A pink warning box states: 'State of Illinois Digital ID is not a digital driver's license. Please do not enroll for a Digital ID unless you need a digital certificate to conduct business with the State of Illinois. This includes digital document signing, file and email encryption, and access to specific websites protected by Digital ID login: NEDR (PFS), CHWP/CW (State Police), eCPS (Aging), COOL (Pollution Control Board) and WVA3270. For driver's license and ID card information, visit [IDusa.org](#).' Below this are three main sections: 'Register' (with a green 'Get a Digital ID' button highlighted by an orange arrow), 'Reset Password' (with radio buttons for 'Illinois residents' and 'All other users'), and 'Digital ID Support' (with links for Web, Email, and Customer Service Center (CSC) including phone numbers for Springfield and Chicago, and support hours).

Read through the subscription obligations. This is a list of items or things that you agree to do when you sign up for an account. Click “Illinois Resident Accept” at the bottom of the screen.

The screenshot shows a list of subscription obligations for Digital ID users. The obligations include: using certificates exclusively for legal and authorized State business; taking precautions to prevent compromise of private keys; protecting the Digital ID user password; reviewing the Digital ID for accuracy upon issuance; informing the State or Local Registration Authority of changes or compromises within 48 or 8 hours respectively; and holding private keys corresponding to public keys. Below the list, it states: 'The SUBSCRIBER agrees that they have read this agreement and have maintained a copy of it and will abide by the terms and conditions of the agreement.' At the bottom are four buttons: 'Illinois Resident Accept' (highlighted by an orange arrow), 'Non-Illinois Resident Accept', 'Decline', and 'Privacy Policy'. A link to 'Read the FAQ' is also present.

Go to the next screen and enter in your information. Click “Next” at the bottom of the screen.

Digital ID Registration and Recovery

Resident registration

Enter your personal information **exactly** as registered with the [Secretary of State Driver Services Department](#) and shown on your valid Illinois driver’s license or identification card.

Not an Illinois driver’s license or identification card holder? [Register as an out-of-state user.](#)

Already have a Digital ID? [Recover your username and password.](#)

Personal Information as currently registered with the Illinois Secretary of State

All fields are required, except as noted.

First name or initial as it appears on ID

Please fill out this field.

Middle name or initial as it appears on ID

Last name as it appears on ID

Name suffix as it appears on ID

(eg. Jr, Sr, III)

Street address

City

ZIP code

License or ID card number

Driver’s license or ID card number

Digital ID Support

Web: [Report Problems](#)

Email: DoIT.Helpdesk@illinois.gov

Customer Service Center (CSC)

- Springfield: 217-524-**4-DoIT** (217-524-3648)
- Chicago: 312-814-**4-DoIT** (312-814-3648)

Standard Support Service Hours
Monday – Friday
8 a.m. – 5 p.m.

Select option 1 (computer related issue) and then choose option 2 (Digital ID support).
Please respond by saying, “This is concerning a Digital ID.”

Questions about State of Illinois Digital IDs? [Read the FAQ.](#)

Once you have completed the process of setting up your digital ID and have a username and password, register as a provider on MEDI.

Go to the MEDI log in website: www.myhfs.illinois.gov. Click on “MEDI Login” on the website menu on the left side of the page.

The screenshot displays the HFS website's "Electronic Data Interchange (EDI)" section. The left-hand navigation menu lists several options, with "MEDI Login" highlighted by a large orange arrow. The main content area is titled "MEDI Home" and features a prominent yellow alert banner that reads "Alert! Please Read!". Below this, a message states: "If you are experiencing difficulties due to recent changes made to the LTC admission transaction in MEDI, please ensure your Java Security settings match those below by doing the following:". The instructions provided are: "Click on Java Folder", "Click on Configure Java", and "Click on the Security Tab". Additionally, it instructs users to "Add <https://medi.hfs.illinois.gov/> to the Exception Site List". A screenshot of the "Java Control Panel" is shown, with the "Security" tab selected. It indicates that "Enable Java content in the browser" is checked and shows the "Security level for applications not on the Exception Site list" set to "High".

Put in your username and password. Click “Log in.”

myHFS Login

Please enter your User Name and Password from your state of Illinois Digital ID.

User Name:

Password:

☐ Remember name

If you have forgotten your password or need to change your password, then choose 'Forgot Password'. You may also use this option to recover your password if you have exceeded your login limit.

When you log in, you should have new options. Choose “Registration Menu” on the left under the MEDI links list.

MEDI Links

MEDI Home

Manage My Account

Registration Menu

Manage NPI Account

Help Index

Contact Us

Logout

If you have billing problems, please call a billing consultant at 1-877-782-5565.

If you are a Long Term Care provider please contact the Bureau of Long Term Care at 1-844-528-8444.

For all other questions, please call DoIT Service Desk at 1-312-814-DoIT (3648), Option 1 - for Information Technology (IT), and then Option 2 - for HFS.

MEDI Home

Welcome, MEDI TEST 4!

Select Application

[Critical Access Care Pharmacy Program Attestation](#)

[State Plan CAP Dispensing Fee Attestation](#)

[Sexual Assault Survivor Registration Site \(ERSASS\)](#)

[Internet Electronic Claims System\(IEC\)](#)

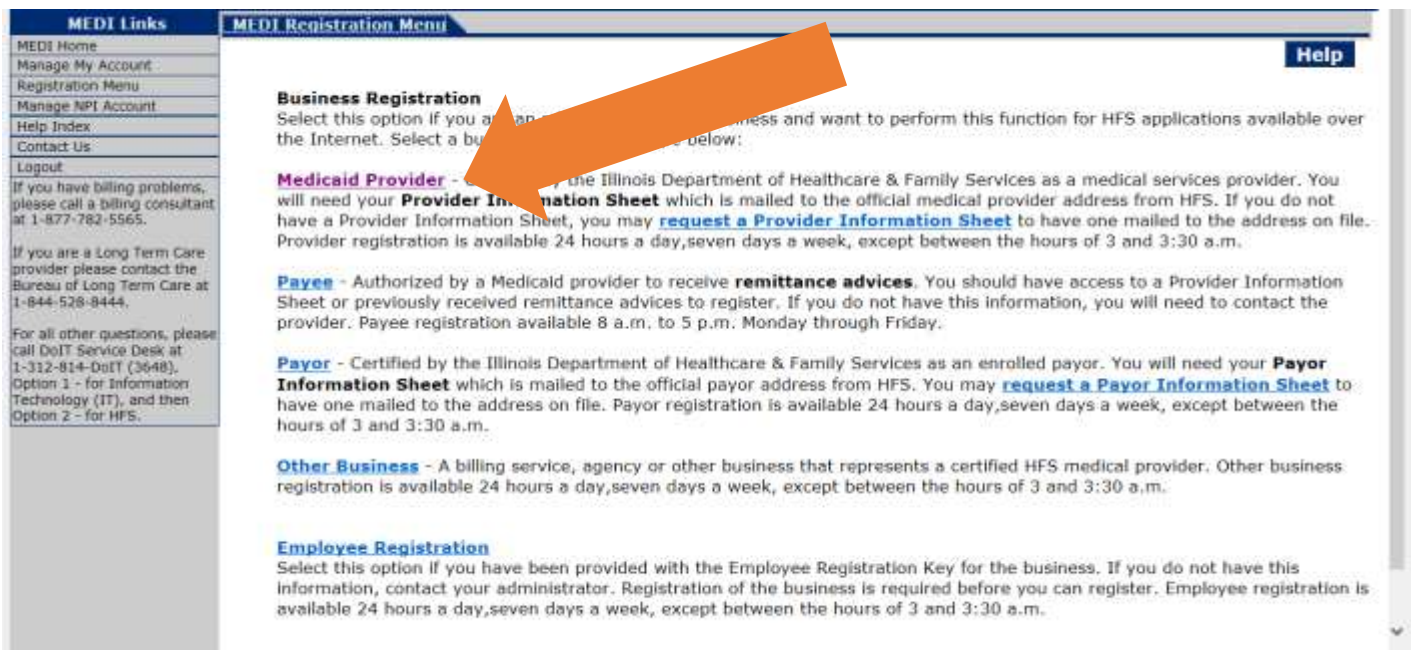
The IEC System provides the ability to perform basic processing functions such as:

- * Eligibility Inquiry
- * Claim Status Inquiry
- * Upload/Download HIPAA-compliant transactions

[Long Term Care \(LTC\)](#)

[Primary Care Attestations](#)

Now, click on the “Medicaid Provider” link in the middle of the screen.



The screenshot shows the 'MEDI Registration Menu' with a sidebar on the left containing links like 'MEDI Home', 'Manage My Account', 'Registration Menu', 'Manage NPI Account', 'Help Index', 'Contact Us', and 'Logout'. The main content area lists several registration options: 'Business Registration', 'Medicaid Provider', 'Payee', 'Payor', 'Other Business', and 'Employee Registration'. An orange arrow points to the 'Medicaid Provider' link. A 'Help' button is visible in the top right corner.

MEDI Links

- MEDI Home
- Manage My Account
- Registration Menu
- Manage NPI Account
- Help Index
- Contact Us
- Logout

MEDI Registration Menu

Business Registration
Select this option if you are an individual business and want to perform this function for HFS applications available over the Internet. Select a business type from the list below:

Medicaid Provider - Select this option if you are an individual or business and want to perform this function for HFS applications available over the Internet. Select a business type from the list below:

Payee - Authorized by a Medicaid provider to receive remittance advices. You should have access to a Provider Information Sheet or previously received remittance advices to register. If you do not have this information, you will need to contact the provider. Payee registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.

Payor - Certified by the Illinois Department of Healthcare & Family Services as an enrolled payor. You will need your **Payor Information Sheet** which is mailed to the official payor address from HFS. You may [request a Payor Information Sheet](#) to have one mailed to the address on file. Payor registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.

Other Business - A billing service, agency or other business that represents a certified HFS medical provider. Other business registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.

Employee Registration
Select this option if you have been provided with the Employee Registration Key for the business. If you do not have this information, contact your administrator. Registration of the business is required before you can register. Employee registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.

Help

Note that there is a “Submit” button, a “Reset” button and a “Help” button in the upper right corner.

The submit button allows the user to submit a claim for processing. The reset button clears all the fields on the form. The help button opens another window with content-sensitive help. The submit and reset buttons are also available at the bottom right corner of the screen.

Complete the required fields. You must fill in the fields that have this symbol * by them to continue.

The Provider Name and Provider Address fields should be entered exactly as it shows on the Provider Information Sheet. For example, if the Provider Information Sheet shows “Smith John”, “123 S Main St”, you cannot put “John Smith” “123 South Main Street”. The abbreviations and spacing must match or the registration will not work. In the tax ID number field, enter your tax ID or your Social Security number. Mark which one you entered by choosing “FEIN” or “SSN”. Click “Submit”

Once you have registered, you will get a screen asking you to continue. Select “Continue” and answer the required questions. Once completed, the provider information should show in your drop-down boxes after two business days.

IMPACT Guide for Families:

How to Enroll as a Private Transportation Provider

Section 4: How to Submit a Claim

The screenshot shows a web-based registration form for private transportation providers. On the left is a sidebar with navigation links: 'Manage My Account', 'Registration Menu', 'Manage HPI Account', 'Help Index', 'Contact Us', and 'Logout'. Below these links are three informational paragraphs. The main form area is titled 'Required Fields*' and contains several input fields: 'Provider Number:*' and 'Provider Type:*' (both text boxes), 'Provider Name:*' (text box), 'Provider Address:*' (text box), 'City:*' (text box), 'State:*' (dropdown menu), 'ZIP:*' (text box), 'Business Phone:*' (text box), 'Business Fax:' (text box), 'Your Work E-Mail Address:*' (text box), 'Your Work Phone:' and 'Your Work Ext:' (text boxes with an 'OR' label between them), 'Enrollment Date:' and 'State Medical License Number:' (text boxes with an 'OR' label between them), and 'Tax ID Number:' (text box with radio buttons for 'FEIN:' and 'SSN:'). At the top right of the form are 'Submit', 'Reset', and 'Help' buttons. At the bottom right are 'Submit' and 'Reset' buttons. The footer of the page contains the text 'Procedure 26-10110-000000' on the left and 'Deliveries Information | Web | Service History | Webmaster' on the right.

Manage My Account
Registration Menu
Manage HPI Account
Help Index
Contact Us
Logout

If you have billing problems, please call a billing consultant at 1-877-782-5565.

If you are a Long Term Care provider please contact the Bureau of Long Term Care at 1-844-528-8444.

For all other questions, please call DoIT Service Desk at 1-312-814-DoIT (3648); Option 1 - for Information Technology (IT), and then Option 2 - for HPS.

Required Fields*

Provider Number:* Provider Type:*

Provider Name:*

Provider Address:*

City:* State:* ZIP:*

Business Phone:* Business Fax:

Your Work E-Mail Address:*

ENTER ONE OF THE FOLLOWING*

Your Work Phone: OR Your Work Ext:

ENTER ONE OF THE FOLLOWING*

Enrollment Date: OR State Medical License Number: OR Tax ID Number: FEIN: SSN:

Submit Reset

Procedure 26-10110-000000 Deliveries Information | Web | Service History | Webmaster

IMPORTANT: Once you have completed the provider registration and waited the two-day period, you should be able to submit a claim.

To submit a claim, go to the MEDI log in website: www.myhfs.illinois.gov. Click on “MEDI Login” on the menu on the left side of the website.

The screenshot displays the HFS website's "Electronic Data Interchange (EDI)" section, specifically the "MEDI Home" page. On the left, a navigation menu lists various options, with "MEDI Login" highlighted by a large orange arrow. The main content area features a yellow alert banner that reads "Alert! Please Read!" followed by instructions: "If you are experiencing difficulties due to recent changes made to the LTC admission transaction in MEDI, please ensure your Java Security settings match those below by doing the following: Click on Java Folder, Click on Configure Java, Click on the Security Tab, Add <https://medi.hfs.illinois.gov/> to the Exception Site List". Below this text is a screenshot of the Java Control Panel, showing the "Security" tab with "Enable Java content in the browser" checked and the security level set to "High".

Enter your username and password. Click “Log in.”

myHFS Login

Please enter your User Name and Password from your state of Illinois Digital ID.

User Name:

Password:

☐ Remember name

If you have forgotten your password or need to change your password, then choose 'Forgot Password'. You may also use this option to recover your password if you have exceeded your login limit.

[Forgot Password](#)

Click “Internet Electronic Claims System (IEC)” in the middle of the page.

MEDI Links

MEDI Home

Manage My Account

Registration Menu

Manage NPI Account

Help Index

Contact Us

myHFS Home

Logout

If you have billing problems, please call a billing consultant at 1-877-782-5565. For all other questions, please call Network Services at 1-800-366-8768, Option 1 - for Information Technology (IT), and then Option 3 - for HFS.

Welcome, MEDI TEST 4!

Select Application

[Internet Electronic Claims System\(IEC\)](#)

The IEC System provides the ability to perform basic processing functions such as:

- * Eligibility Inquiry
- * Claim Status Inquiry
- * Upload/Download HIPAA-compliant transactions

[English All Kids Application Agent\(AKAA\) / Spanish All Kids Application Agent\(AKAA\)](#)

[Local Education Agency\(LEA\)](#)

[Illinois Health Connect \(ILHC\)](#)

[Electronic Health Records/Provider Incentive Payment \(EHR/PIP\)](#)

Choose “Claims Submission” on the left menu.

IEC Links	IEC Home Page
IEC Home	
Eligibility Inquiry	
Claim Submission	
Claim Status Inquiry	
Remittance Advice	
Upload X12 File(s)	
Download X12 File(s)	
Help Index	
Companion Guides	
Contact Us	
MEDI Home	
myHFS Home	
Logout	
If you have billing problems, go to www.hfs.illinois.gov/system or for a billing consultant, call 1-877-782-5565. For all other questions, call Network Services at 1-800-366-8768 Option 1 - for Information Technology (IT), and then Option 3 - for HFS.	<p>TO ENSURE PROPER MEDI AUTHORIZATION, PLEASE READ THE FOLLOWING CAREFULLY.</p> <p>Do not submit an NPI that has not been registered with HFS. These claims will not be processed.</p> <p>You may now use your NPI number, for the Billing Provider, on your batch claim files and Professional/Institutional DDE claim submission screens.</p> <p>835 Electronic Remittance Advice Now Available</p> <p>The 835 Electronic Remittance Advice Function is now available in the IEC system. The use of this function requires that a PAYEE registration be completed using the Medi Home Page.</p> <p>Please read the Remittance Advice Overview below for instructions on how to use this function.</p> <p>Overviews</p> <p>IEC Overview An overview of the IEC system.</p> <p>Upload Overview An overview of the Upload process.</p> <p>Download Overview</p>

The claims submission screen will come up. Choose “Transportation Invoice” from the middle of the screen.

IEC Links	Claim Form Submission Selection
IEC Home	
Eligibility Inquiry	
Claim Submission	
Claim Status Inquiry	
Remittance Advice	
Upload X12 File(s)	
Download X12 File(s)	
Help Index	
Companion Guides	
Contact Us	
MEDI Home	
myHFS Home	
Logout	
If you have billing problems, go to www.hfs.illinois.gov/system or for a billing consultant, call 1-877-782-5565. For all other questions, call Network Services at 1-800-366-8768 Option 1 - for Information Technology (IT), and then Option 3 - for HFS.	<p>Available Claim Forms</p> <p>Professional Forms</p> <p>Provider Invoice</p> <p>Transportation Invoice</p> <p>Medical Equipment/Supplies Invoice</p> <p>Laboratory/Portable X-Ray Invoice</p> <p>Health Insurance</p> <p>Medicare Crossover</p> <p>Community Mental Health Centers</p> <p>Institutional Forms</p> <p>Institutional Claim</p>

Once you click on Transportation Invoice, the pages you must enter information into will display. The pages are shown with different tabs such as “Patient/Subscriber,” “Provider,” “Claim,” “Claim TPL” and “Service Line.”

Note that there is a “Submit” button, a “Reset” button and a “Help” button in the upper right corner. The “Submit” button allows you to submit the claim for processing. The “Reset” button clears all of the fields on the form. The “Help” button opens another window with content-sensitive help. The “Submit” and “Reset” buttons are also available at the bottom right corner of the screen.

If you need a specific tab, click on the tab name. You can also move between tabs by using the “Next” and “Previous” buttons located in the top right corner of each tab.

Data entry notes:

- 1) When working with dates, you must enter the year as YYYY (four numbers). Instead of writing 22 for 2022, you must keep it as 2022. You must enter the month as MM (05 for example). You must enter the day as DD (07 for example). If you were writing May 7, 2022, you would write it as 05 07 2022.
- 2) You can enter dollar amounts that are whole number (dollars only with no cents) without the decimal places. Dollar amounts with cents must always contain a decimal point.
- 3) To print the claim form, users will click on a “Print a Copy of Claim Submission” button, which will print all the tabs from the claim submission and include the claim submission confirmation number.
- 4) Each of the fields on a tab will either be *Required* or *Situational*. Required fields will have this symbol * by them. A situational field is not always required but may be required under certain circumstances.

First, fill in the submitter information.

Submitter ID – This is a required field. Select your provider name/number from the dropdown box. This indicates the individual or organization that is submitting the claim.

Submitter Contact Name – This is a required field. This is the contact person for the submitter.

Submitter contact E-mail Address – This is a required field. This is the email address for the person who is the contact for the submitter.

The screenshot shows the "Transportation Invoice Claim Submission" form. On the left is a sidebar with "IEC Links" including: IEC Home, Eligibility Inquiry, Claim Submission, Claim Status Inquiry, Remittance Advice, Upload X12 File(s), Download X12 File(s), Help Index, Companion Guides, Contact Us, MED Home, myHFS Home, and Logout. Below these links is a note about billing problems and a URL. The main form area has a header with "Submit", "Reset", and "Help" buttons. Below the header, it says "* Denotes required field". There are three summary rows: "Total Claim Charge Amount: 0.00", "Total Net Amount Billed: 0.00", and "Total TPL Payments: 0.00". The "Submitter Id:" field is a dropdown menu. The "Submitter Contact Name: *" field is a text input box with an orange arrow pointing to it. The "Submitter Contact E-mail Address: *" field is a text input box. At the bottom, there are tabs for "Patient/Subscriber", "Provider", "Claim", "Claim TPL", and "Service Line". The "Patient/Subscriber" tab is selected, and the section "Patient/Subscriber Information" is visible.

Next, fill in the information for the Patient/Subscriber tab.

Recipient ID Number (RIN) – This is a required field. This is the Medicaid ID number for the individual receiving medical service. Enter the nine-digit number assigned to the individual on the Medicaid Card.

First Name / Last Name – These are required fields. The middle name is optional.

Date of Birth – This is a required field. Follow the data entry notes above for help filling in dates.

Gender – This is a required field.

Recipient Address – These are required fields.

Click on “Next” when you have finished entering the required information.

The screenshot shows a web-based form titled "Patient/Subscriber Information". At the top, there are four tabs: "Patient/Subscriber" (highlighted in blue), "Claim", "Claim TPL", and "Service Line". An orange arrow points to the "Patient/Subscriber" tab. The form contains the following fields:

- Recipient ID Number (RIN):*** A single-line text input field.
- First Name:***, **Middle Name:**, and **Last Name:*** Three separate text input fields.
- Gender: *** Three radio button options: **Male**, **Female**, and **Unknown**.
- Date of Birth: *** Three separate text input fields labeled **Month: ***, **Day: ***, and **Year: ***.
- Recipient Address:** A section header followed by:
 - Address Line 1:*** and **Address Line 2:** Two text input fields.
 - City:***, **State:***, and **Zip Code:*** Three text input fields.

At the bottom right of the form is a blue button labeled "Next". A large orange arrow points to this button. On the left side of the form, there is a small text box with contact information: "If you have billing problems, go to [www.hfs.illinois.gov/system](\"http://www.hfs.illinois.gov/system\") or for a billing consultant, call 1-877-782-5565. For all other questions, call Network Services at 1-800-366-8768 Option 1 - for Information Technology (IT), and then Option 2 - for HFS."

Next, move on to the “Provider Tab.”

Provider ID – This is a required field. You must make your selection from the dropdown list. The dropdown list is filled in based on the choice you make for the Submitter Tax ID field.

NPI – This is not a required field. Non-emergency transportation providers will not use this field. Private auto transportation is non-emergency transportation. Emergency transportation is when an ambulance takes someone for urgent medical care.

Provider Taxonomy Code – This is a required field. This is the code for the category of service you are billing. For Private Auto, you will enter 347C00000X.

Click the “Next” button to go to the next tab.

The screenshot shows the 'Transportation Invoice Claim Submission' form. On the left is a sidebar with 'IEC Links' including IEC Home, Eligibility Inquiry, Claim Submission, Claim Status Inquiry, Remittance Advice, Upload X12 File(s), Download X12 File(s), Help Index, Companion Guides, Contact Us, MEDI Home, myHFS Home, and Logout. Below these links is a note about billing problems and contact information.

The main form area has a title bar 'Transportation Invoice Claim Submission' and buttons for 'Submit', 'Reset', and 'Help'. Below the title bar, it states '* Denotes required field'. There are three summary fields: 'Total Claim Charge Amount: 0.00', 'Total Net Amount Billed: 0.00', and 'Total TPL Payments: 0.00'. The 'Submitter Id:*' is a dropdown menu. Below it are text fields for 'Submitter Contact Name:*' and 'Submitter Contact E-mail Address: *'. An orange arrow points to the email field.

Below the contact fields are five tabs: 'Patient/Subscriber', 'Provider' (which is selected and highlighted in blue), 'Claim', 'Claim TPL', and 'Service Line'. Under the 'Provider' tab is the 'Provider Information' section, which includes '(Billing) Provider ID: *' (a dropdown), 'NPI:' (a dropdown), and 'Provider Taxonomy Code: *' (a text field).

At the bottom of the form are 'Previous' and 'Next' buttons. A large orange arrow points from the 'Next' button to the 'Submit' and 'Reset' buttons at the very bottom right of the form.

Go on to the “Claims” tab. This is where the user can enter information about the claim.

Patient Account Number – This is a required field. This number is used in the Submitter’s accounting system to identify the participant. If you do not have an account number for the participant, please enter the Medicaid Recipient ID (RIN).

Claim Frequency Code – This is a required field. You must select “1 – Original” from the dropdown list. If you are voiding a paid claim, you will use either “7 – replacement claim” or “8 – void”. You have one year from the original voucher date to void your claim electronically. If your claim is older than a year, you can void it by using the HFS 2292 NIPS Adjustment Form.

Delay Reason Code – This field is not required.

Spenddown Amount – This field is not required.

Prior Authorization – [This field is required for non-emergency claims.](#) Enter the RTN number from Transdev in this area and it will apply to the entire claim.

Original DCN – This field is not required.

Vehicle License State – This is a required field. It should be the two-character state code such as IL for Illinois.

Vehicle License Number – This is a required field. Enter the license plate number for the vehicle exactly as it is on the license.

EPSDT service – This is a required field. It should always be marked “No.”

The screenshot shows the "Transportation Invoice Claim Submission" form. On the left is a sidebar with "IEC Links" including Home, Eligibility Inquiry, Claim Submission, Claim Status Inquiry, Remittance Advice, Upload X12 File(s), Download X12 File(s), Help Index, Companion Guides, Contact Us, MEDI Home, myHFS Home, and Logout. Below these are instructions for billing problems and contact information. The main form area has a title bar with "Submit", "Reset", and "Help" buttons. Below the title bar are summary fields: "Total Claim Charge Amount: 0.00", "Total Net Amount Billed: 0.00", and "Total TPL Payments: 0.00". The "Submitter Id:" field is a dropdown menu. Below it are "Submitter Contact Name:" and "Submitter Contact E-mail Address:" fields. A navigation bar contains tabs for "Patient/Subscriber", "Provider", "Claim" (highlighted with an orange arrow), "Claim TPL", and "Service Line". The "Claim Information" section includes: "Patient Account Number:" (text field), "Claim Frequency Code:" (dropdown menu), "Delay Reason Code:" (dropdown menu), "Spenddown Amount:" (text field), "Prior Authorization Number:" (text field), "Original DCN:" (text field), "Vehicle License State:" (text field), and "Vehicle License Number:" (text field). The "EPSDT Screening" section has a field "Was this an EPSDT Service:" with radio buttons for "Yes" and "No".

Pick up / drop off – You must fill in the pick-up and drop-off locations.

Diagnosis code – This is a required field. If you do not know what the diagnosis code is, use R69.

Type of Attachment – This field is optional. You will likely not need to use this. It indicates the type of attachment and will be a dropdown list.

Attachment Control Number – This field is currently unavailable for use. It is the attachment identification number.

Click on the “Next” button to go to the “Claim TPL” tab.

**** Pickup and Dropoff information entered here applies to all Service Lines unless overridden at the Service Line Level ****

Pick-up:

Address Line 1:*

Address Line 2:

City:* State:* Zip Code:*

Drop-off:

Address Line 1:*

Address Line 2:

City:* State:* Zip Code:*

Diagnosis Codes (If unknown, type 7999 in Diagnosis Code 1):

1)* 2) 3) 4) 5) 6)

7) 8) 9) 10) 11) 12)

Attachment Information

**** Attachment Information is currently unavailable**

Type of Attachment:

Attachment Control Number:

IMPORTANT: You do not need to fill in the “Claim TPL” tab. This is for ambulance providers only.

Go on to the “Service Line” tab.

The “Service Line” tab allows entry of service line fields. Note the “Save Service Line” button. The “Save Service Line” button allows a user to save a service line and then enter another service line. This will fill in the table at the bottom of the tab.

Note: You MUST save your service line information before entering information for a second service line.

There is also a “Remove All Service Lines” button that will remove every Service Line entered on a claim.

The “Edit” button allows the user to make changes to the service line after it has been saved. After pressing this button, the line information will appear in the data entry boxes at the top of the page. The “Remove” button allows a user to remove a specific line.

Claim Diagnosis Code fields are display-only fields on the “Service Line” tab. These are the diagnosis codes you entered on the “Claim” tab.

Procedure Code – This is a required field. These codes show the procedure code for the specific service line you submit,

Modifier – This is a required field. This is where the Origin and Destination codes from your Transdev prior approval go. Insert both codes together in box 1.

Diagnosis Code Pointer – This is a required field. This points to a diagnosis code at the claim level. In most cases, you will only have one diagnosis, so the Diagnosis Code Pointer would be 1.

Line-Item Charge Amount – This is a required field. This is the amount charged for the service line.

Service From Date – This is a required field. This is the day you transported the participant.

Emergency Ind – This is not a required field. The user can select from a drop-down list either Yes or No. The default value for this field is N.

Family Planning – This is not a required field. [This will default to No, and you should not change it.](#)

Prior Authorization Number – This field is situational. This is where the RTN number from your prior approval from Transdev goes. It is not necessary to repeat this number if you entered it on the Claim tab.

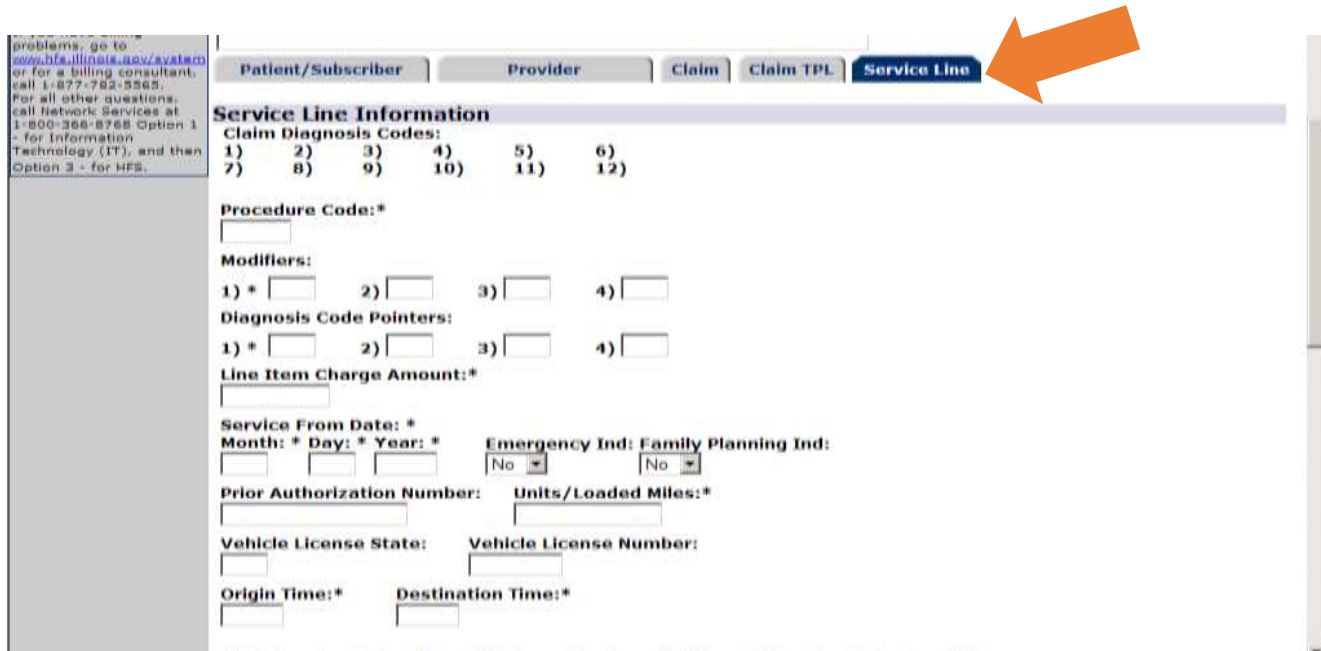
Units/Total Loaded Miles – This is a required field. When billing anything but miles, enter the number 1. If billing for miles, enter the number of miles traveled. You must use whole numbers. The system does not accept dot points (example: 4.75 miles would be entered as 5 miles)

Vehicle License State – This is not a required field if it is the same as what was entered on the “Claim” tab.

Vehicle License Number – This is not a required field if it is the same as what was entered on the “Claim” tab.

Origin Time – This is a required field. Enter the time you left the starting address. You must enter the four-digit military time (Example: 5 a.m. would be 0500; 5 p.m. would be 1700).

Destination Time – This is a required field. Enter the time you reached the destination address. You must enter the four-digit military time (Example: 5 a.m. would be 0500; 5 p.m. would be 1700).



problems, go to www.bfaillness.gov/avatac or for a billing consultant, call 1-877-762-5565. For all other questions, call Network Services at 1-800-366-8768 Option 1 - for Information Technology (IT), and then Option 3 - for HFS.

Patient/Subscriber Provider Claim Claim TPL **Service Line**

Service Line Information

Claim Diagnosis Codes:
 1) 2) 3) 4) 5) 6)
 7) 8) 9) 10) 11) 12)

Procedure Code: *

Modifiers:
 1) * 2) 3) 4)

Diagnosis Code Pointers:
 1) * 2) 3) 4)

Line Item Charge Amount: *

Service From Date: *
 Month: * Day: * Year: * Emergency Ind: Family Planning Ind:

Prior Authorization Number: Units/Loaded Miles: *

Vehicle License State: Vehicle License Number:

Origin Time: * Destination Time: *

Origin Address – This is a required field. This is the facility name, city or address, and the city where the trip started or the participant was picked up. You do not need to repeat this if it is the same as what you entered on the “Claim” tab.

Destination Address – This is a required field. This is the facility name, city or address, and the city where you dropped the participant off. You do not need to repeat if it is the same as what you entered on the “Claim” tab.

Service Line TPL – This is only required if you filled out the “Claim TPL” tab.

Click on the “Save Service Line” button. This will move the information into a table below the “Save Service Line” button.

If you have more service lines to enter, fill in the “Service Line” tab again and click on “Save Service Line.” Once you have entered all service lines, click the “Submit” button.

Original Name: Insurance/Other Name:

**** Only enter Pickup/Dropoff information here if different than the Claim Level****

Pick-up:
 Address Line 1:
 Address Line 2:
 City: State: Zip Code:

Drop-off:
 Address Line 1:
 Address Line 2:
 City: State: Zip Code:

TPL Information

Line 1
 TPL Code: TPL Status Code: Payer Paid Amount/TPL Amount:
 Adjudication or Payment Date: Month: Day: Year: Coinsurance Amount: Deductible Amount:

Line 2
 TPL Code: TPL Status Code: Payer Paid Amount/TPL Amount:
 Adjudication or Payment Date: Month: Day: Year: Coinsurance Amount: Deductible Amount:

Address Line 1:
 Address Line 2:
 City: State: Zip Code:

TPL Information


Line 1
 TPL Code: TPL Status Code: Payer Paid Amount/TPL Amount:
 Adjudication or Payment Date: Month: Day: Year: Coinsurance Amount: Deductible Amount:

Line 2
 TPL Code: TPL Status Code: Payer Paid Amount/TPL Amount:
 Adjudication or Payment Date: Month: Day: Year: Coinsurance Amount: Deductible Amount:

[Save Service Line](#) [Remove All Service Lines](#)

Procedure Code	Charge Amt	TPL Code	TPL Stat Code	Paid TPL Amt	Service Date	Adj Pmt Date
Total Claim Charge Amount: 0.00						

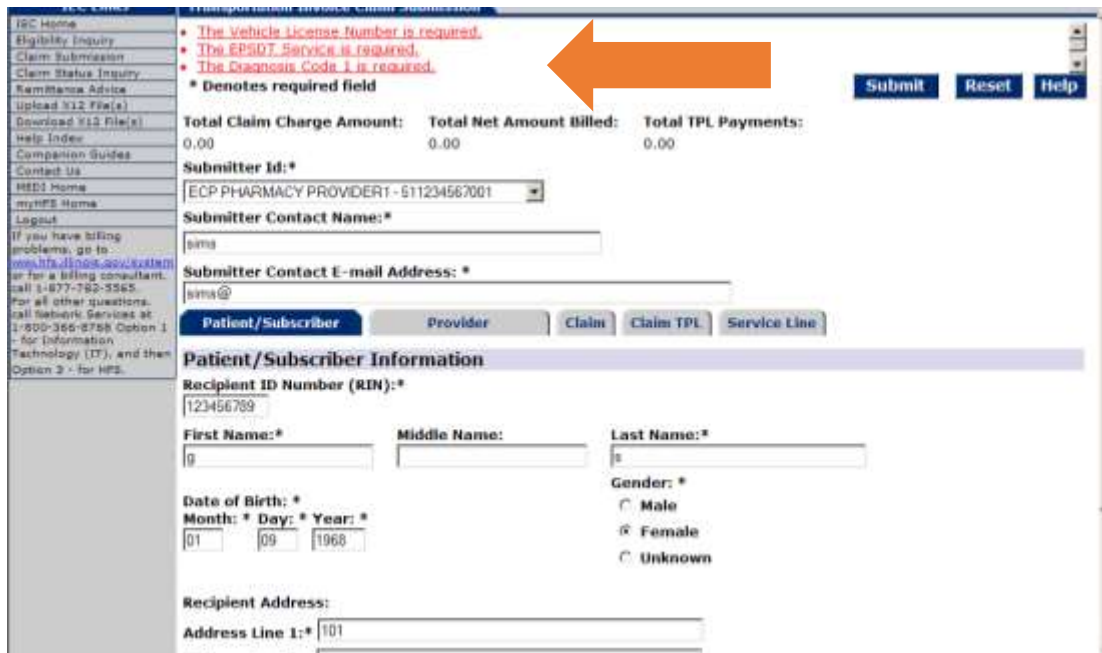
[Previous](#)

 [Submit](#) [Reset](#)

Entering a Claim - Errors

For a successful claim submission, you must fill in all fields marked with this symbol (*) on each tab.

If there are any errors, a message will show up in red text after you press the “Submit” button. Any error on any tab will appear in this list. Clicking on these error messages will take the user to the tab where the error has occurred. If there are many error messages, the list of errors will show with a scroll bar. Please note that some errors will not be visible unless you scroll down to view them.



The screenshot shows the "Transportation Expense Claim Submission" form. At the top, there are three error messages in red text: "The Vehicle License Number is required.", "The EPSDT Service is required.", and "The Diagnosis Code is required." An orange arrow points to these messages. Below the errors, there are fields for "Total Claim Charge Amount", "Total Net Amount Billed", and "Total TPL Payments", all showing 0.00. The "Submitter Id" field is populated with "ECP PHARMACY PROVIDER1 - 511234567001". The "Submitter Contact Name" field is empty. The "Submitter Contact E-mail Address" field is populated with "bima@". Below these fields are tabs for "Patient/Subscriber", "Provider", "Claim", "Claim TPL", and "Service Line". The "Patient/Subscriber" tab is selected, showing "Patient/Subscriber Information". The "Recipient ID Number (RIN)" field is populated with "123456789". The "First Name" field is populated with "J", "Middle Name" is empty, and "Last Name" is populated with "S". The "Date of Birth" field is populated with "01/09/1968". The "Gender" field has radio buttons for "Male", "Female" (selected), and "Unknown". The "Recipient Address" field is populated with "Address Line 1: 101".

Entering a Claim – Successful Submission

After pressing the “Submit” button, the claim is submitted. A confirmation page will appear. The confirmation page will show all the fields entered on the claim submission.

The “Print Copy of Claim Submission” button will print the claim submission that includes the Date of Submission, Time of Submission and Confirmation Number.

It is good practice to print a copy of the claim submission. Make note of the confirmation number.

Entering Another Claim

At the top of the confirmation page, there is a drop-down list that allows you to create a new claim easily. There are four options for how the new claim will appear:

- 1) No field pre-filled
- 2) The same Submitter fields pre-filled
- 3) The same Submitter and Provider fields pre-filled
- 4) The same Submitter, Provider and Recipient fields pre-filled

What if I need help with submitting a claim?

If you need help with submitting a claim or are getting an error message and do not know what to do, you can call Medicaid. Call (877) 782-5565 and follow the messages to choose the option to speak with a billing specialist. To do this, you will choose provider, billing and transportation.