IMPACT Guide for Families:

How to Enroll as a Private Transportation Provider
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
### Helpful Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application ID</td>
<td>A system generated number that a provider must use to locate their enrollment during revalidation or track their application in the system.</td>
</tr>
<tr>
<td>Association</td>
<td>An action taken by a provider to &quot;associate&quot; or connect themselves to another entity.</td>
</tr>
<tr>
<td>Atypical Agency Provider (AA)</td>
<td>A facility, agency or organization that does not need to get an NPI (National Provider Identifier) to enroll in the IMPACT system.</td>
</tr>
<tr>
<td>Atypical Individual Provider (AI)</td>
<td>A Sole Proprietor or Rendering/Servicing provider who does not need to get an NPI (National Provider Identifier) to enroll in the IMPACT system.</td>
</tr>
<tr>
<td>Atypical Provider</td>
<td>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.</td>
</tr>
<tr>
<td>Billing Agent</td>
<td>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.</td>
</tr>
<tr>
<td>Billing Provider</td>
<td>A provider who submits claims and/or receives payments for an Individual Rendering/Servicing or Sole Proprietor provider. The Billing Provider must be approved in IMPACT before submitting a new enrollment application for an Individual Rendering/Servicing provider.</td>
</tr>
<tr>
<td>Clearinghouse</td>
<td>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.</td>
</tr>
</tbody>
</table>
### Helpful Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comptroller</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Denied Application</strong></td>
<td>An application denied by the Office of Inspector General based on sanctions, criminal background checks or other identified problems.</td>
</tr>
<tr>
<td><strong>Disassociation</strong></td>
<td>An action taken by a provider to &quot;disassociate&quot; or remove themselves from another entity.</td>
</tr>
<tr>
<td><strong>Enrollment Checklist</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Enrollment Review Questions</strong></td>
<td>Questions state staff will use to determine the actions on a specific provider application.</td>
</tr>
<tr>
<td><strong>Facility, Agency, Organization (FAO)</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Group</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Healthcare Provider</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>HFS Provider Number</strong></td>
<td>A number assigned to a provider in the Legacy System.</td>
</tr>
<tr>
<td><strong>IMPACT</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Indicator</strong></td>
<td>Enrollment codes set by state review staff in IMPACT, the indicator represents a specific business status or service type(s).</td>
</tr>
</tbody>
</table>
### Helpful Terms

| **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** | 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. |
| **NPI Type 1** | Healthcare providers who are individuals, including physicians, dentists, and all sole proprietors. An individual is eligible for only one NPI. |
| **NPI Type 2** | Healthcare providers who are organizations, including physician groups, hospitals, nursing homes, and the corporation formed when an individual incorporates him/herself. |
| **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).

### Taxonomy Code (pdf)
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/](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.

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

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.
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.”

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.
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.”

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.
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.
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.

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

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.”
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.

Next you will move onto “Step 3: Add Specialties.”

At the top of the screen, click “Add.”
Add the specialty/subspeciality. Select “Provider Type.” Make sure the provider type is “Transportation – AI.” The “Specialty” should be “Private Auto – AI.” You will not have any Associated Subspecialities.

Click “OK” at the bottom of the screen.

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.
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.

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.

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

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

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.”

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

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.

Click the “Next” button.
Read through the terms and conditions required by an Illinois Medicaid provider then check the box.

Click “Submit Application.”

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

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.

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

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](http://www.myhfs.illinois.gov). Click on “MEDI Login” on the website menu on the left side of the page.
Put in your username and password. Click “Log in.”

When you log in, you should have new options. Choose “Registration Menu” on the left under the MEDI links list.
Now, click on the “Medicaid Provider” link in the middle of the screen.

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.
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](http://www.myhfs.illinois.gov). Click on “MEDI Login” on the menu on the left side of the website.
Enter your username and password. Click “Log in.”

Click “Internet Electronic Claims System (IEC)” in the middle of the page.
Choose “Claims Submission” on the left menu.

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

** 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).

**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.

<table>
<thead>
<tr>
<th><strong>Address Line 1:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address Line 2:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>State:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Zip Code:</strong></td>
<td></td>
</tr>
</tbody>
</table>

### TPL Information

<table>
<thead>
<tr>
<th><strong>Line 1</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TPL Code:</strong></td>
</tr>
<tr>
<td><strong>Payer Paid Amount/TPL Amount:</strong></td>
</tr>
<tr>
<td><strong>Adjudication or Payment Date:</strong></td>
</tr>
<tr>
<td><strong>Coinsurance Amount:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Line 2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TPL Code:</strong></td>
</tr>
<tr>
<td><strong>Payer Paid Amount/TPL Amount:</strong></td>
</tr>
<tr>
<td><strong>Adjudication or Payment Date:</strong></td>
</tr>
<tr>
<td><strong>Coinsurance Amount:</strong></td>
</tr>
</tbody>
</table>

**Save Service Line** | **Remove All Service Lines**

| **Total Claim Charge Amount:** | 0.00 |
| **Total Claim Paid Amount:** |  |
| **Total Claim Adjusted Amount:** |  |

**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.

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.