# IMPACT ENROLLMENT INSTRUCTIONS
## Assistive Technology FAO/DME
## 07/02/19

Any agency providing Assistive Technology to Early Intervention participants must have an IMPACT enrollment type of Facility, Agency, Organization (FAO), with a Provider Type of Durable Medical Equipment/Supplies with no Subspecialty noted to meet the Early Intervention Assistive Technology enrollment criteria.

Please note that applications with the Provider Type of Durable Medical Equipment include a screening process and Office of the Inspector General (OIG) review. Please note that the Bureau of Early Intervention and Provider Connections do not have input on the length of this process or access to status updates.

**All EI Providers MUST associate to the EI Billing Agent, EI Billing Provider and EI MCO according to their IMPACT Enrollment type. IMPACT lists these steps as OPTIONAL, but they are REQUIRED for Early Intervention.**

1. **EI Billing Agent ID #**       7094665
2. **EI Billing Provider ID #**    7094782
3. **EI MCO ID #**                 3000005

Once in IMPACT, you will select "new enrollment" and choose the Enrollment Type

- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities).

Then select:

- Agency (Child Care Institution, Home Help/Personal Care Agency, Transportation Company, etc.)

Step One:     Enter the agencies Legal Name and Business name, Tax ID and email for the agency. *An NPI is necessary for approval.* If an agency has multiple locations, a separate IMPACT enrollment with the site-specific NPI is required.

Step Two:     Enter the Agency Location. You *must* complete three different "address" types. The same address may apply to each address type, but there must be an entry for: Correspondence, Location and Primary Pay To.

Step Three:   Choose the Provider Type and Specialty Details.

a)   Provider type:   *Durable Medical Equipment/Supplies*

b)   Specialty:        *No Subspecialty*

Step Four:    Licenses/Certifications/Other. Add all that are appropriate.

Step Five:       Mode of Claim Submission (recommend that you choose both electronic and paper)

Step Six:        Billing Agent:  **Choose EI Billing Agent # 7094665**

Step Seven:   Ownership/Management Identification

When entering individual information for the managing employee and/or board of directors/officers/principles, it is necessary to enter the social security number, date of birth and home address of these individuals.  This is required to be in compliance with the Federal guidelines of the Affordable Care Act that requires owners and managing employees to be screened regularly.

a)    Identify the entity.  Choose the ownership type that best suits the entity (such as corporation, LLC, etc.).  Typically, the percentage owned will fall on the entity itself so in that case, percentage owned would be 100%. Make at least one entry under managing employee.  This person likely has no ownership or controlling interests in the entity but is someone who can answer day-to-day questions regarding the business and will likely become the primary contract for Illinois Medicaid.

b)    If a corporation or LLC selected as the entity type, it is also necessary to make at least one entry under "board of directors/officers/principles."  This person may not have any ownership or controlling interests either but can typically handle the operational decisions for the entity.  This may be the same person as the managing employee or it may be a different person.

Step 8:          Taxonomy Associated to NPI – complete appropriately

Step 9:          **Associate to EI MCO # 3000005**

Step 10:        Optional 835/ERA Information can be entered as instructed.

Step 11:        Checklist –Must have an answer to every question.  If the question does not apply to your agency, the answer should be NO.

Step 12:        SUBMIT!