

Provider Enrollment

Overview of Enrollment Process

DMH Provider Enrollment Requires:

- Regional and Central DMH Office Approval
- BALC or DCFS Certification
- Unique NPI Number
- HFS Enrollment Forms and Documents
- Collaborative Enrollment Forms
- Synchronization of provider enrollment information with both the HFS and Collaborative information system

HFS Enrollment Forms

HFS Provider Participation Unit (PPU) requires these HFS forms for enrollment of provider service site locations:

- HFS 2243 - Provider Enrollment Application - <http://www.hfs.illinois.gov/assets/hfs2243.pdf>
- HFS 1413 - Agreement for Participation - <http://www.hfs.illinois.gov/assets/hfs1413.pdf>
- HFS 1513 - Enrollment Disclosure Statement - <http://www.hfs.illinois.gov/assets/hfs1513.pdf>

HFS Enrollment Forms

HFS PPU also requires these other documents:

- W-9 - IRS Request for Taxpayer Identification Number and Certification –
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- National Provider Identification (NPI) Number Approval Letter from National Plan and Provider Enumeration System (NPPES) -
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- Copy of BALC or DCFS Medicaid Mental Health Certificate

HFS Enrollment Forms

Provider submits all HFS enrollment forms and other documents to DMH Provider Access Specialist for DMH authorization

DMH Provider Access Specialist authorizes the provider HFS enrollment packet consisting of these HFS forms and related documents and submits the enrollment packet to HFS PPU

HFS enrollment is not complete until HFS PPU issues a Provider Key (Medicaid Site ID #) and sends out a Provider Information sheet for provider verification.

Collaborative Enrollment Forms

The Collaborative requires these forms to revise the Provider Database. All forms can be accessed on the Collaborative home page by clicking the tab entitled Provider Forms -

http://www.illinoismentalhealthcollaborative.com/provider/prv_forms.htm

Form 2 - Request for Changes Form - Provider Record (Form 2) (02/09/11) Site Location Information -

http://www.illinoismentalhealthcollaborative.com/provider/forms/Request_for_Changes_Form2_Provider_Record.pdf

Collaborative Enrollment Forms

Form 1 - Request for Changes Form - Administration

(Form 1) (02/09/11) Administration Information -

[http://www.illinoismentalhealthcollaborative.com/provi
der/forms/Request_for_Changes_Form1_Administrati
on.pdf](http://www.illinoismentalhealthcollaborative.com/provider/forms/Request_for_Changes_Form1_Administrati
on.pdf)

NPI Submission Form - Organizational Provider

(01/12/09) -

[http://www.illinoismentalhealthcollaborative.com/provi
der/forms/Organization_NPI_Form_011209.pdf](http://www.illinoismentalhealthcollaborative.com/provi
der/forms/Organization_NPI_Form_011209.pdf)

Provider Database

Maintaining accurate and complete information on the Collaborative Provider Database is the responsibility of the Provider.

Modifications to the Collaborative Provider Database require completion and submission of the appropriate Collaborative Forms.

Modification to the Collaborative Provider Database require a DMH review process.

Successful processing of Rule 132 claims require synchronization of enrollment data with both the Collaborative and the HFS information systems.

Provider Database

DMH process for reviewing Collaborative Forms consist of the following steps:

- Provider submits Collaborative form to Regional Contract Manager for review and approval
- Regional Contract Manager reviews Collaborative form and requests further clarification (if needed) and provides regional approval
- Regional Contract Manager sends Collaborative Forms to Provider Access Specialist in Central Office
- Provider Access Specialist will review, request regional or provider clarification (if needed) and authorize changes to the Provider Database.

Provider Database

PDV – Provider Database Verification - Annual verification of administrative and service site detail in the Collaborative Provider Database

For assistance contact:

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