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Understanding Medicaid for Lactation Professionals

ENROLLMENT AND BILLING GUIDE



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INTRODUCTION

Welcome to the Understanding Medicaid for Lactation Professionals: Enrollment and Billing Guide—a resource designed to support lactation professionals in **navigating the process of becoming enrolled Medicaid providers**.

This guide is presented in **the order you will need to complete each step**, from enrollment to initial billing setup. We strongly encourage you to **read the entire document before beginning** the process, as each stage builds on the last and includes tips that may save time and prevent common setbacks.

At this stage, the **billing guidance provided is general and based on the best available information**. As more lactation professionals begin billing for services, this guide will be revised to include more specific examples and best practices based on real-world experience.

Please note that the enrollment steps outlined here were completed using an Apple computer and the Chrome browser. Your experience may vary slightly depending on your device or browser, but the core process should remain consistent.

Our goal is to offer the most accurate and helpful information possible to support you in becoming a Medicaid provider. If you encounter differences in your process or discover helpful updates along the way, we invite you to reach out and share them so we can keep this guide current and useful for all.



BACKGROUND

As of January 1, 2024, Illinois Medicaid now covers services provided by lactation professionals. This change came through Public Act 102-0665, which requires Medicaid to pay for postpartum care delivered by certified lactation providers—including IBCLCs, CLCs, and CLSs. This legislative action aimed to improve breastfeeding outcomes and address disparities in maternal and infant health across the state.

These legislative initiatives reflect Illinois' commitment to promoting birth equity and improving health outcomes for mothers and infants by integrating essential services like lactation support into the Medicaid program.

By including lactation services under Medicaid, Illinois addresses several equity concerns:

- **Access to Care:** Low-income families, who might otherwise lack resources, can now access professional lactation support, promoting better maternal and child health outcomes.
- **Reducing Disparities:** Communities of color, which constitute a large share of Medicaid enrollees, often face systemic barriers to accessing high-quality healthcare and lactation support. Expanding access to covered lactation services can help close these gaps in breastfeeding initiation and duration. Equally important, increasing the racial, ethnic, and linguistic diversity of the lactation workforce strengthens trust, improves patient-provider communication, and enhances culturally responsive care—further advancing health equity across communities.
- **Economic Relief:** When lactation services are covered by Medicaid, families no longer have to pay out of pocket for consultations, which can cost hundreds of dollars per visit. This coverage reduces financial strain, especially for low-income families, and promotes greater economic equity in access to breastfeeding support.

This is a pivotal move toward ensuring that all families, regardless of income or racial background, have equitable access to essential maternal and child health support.

Who can enroll as a provider?

In Illinois, not all lactation professionals are automatically eligible to become Medicaid providers. To qualify, you must meet specific professional and certification requirements. Eligible providers include:

- **International Board Certified Lactation Consultants (IBCLCs):** This is the highest standard for lactation care and the most widely recognized credential.
- **Certified Lactation Counselors (CLCs):** CLCs are recognized as capable of providing basic lactation support under Medicaid.
- **Certified Breastfeeding Specialists (CBS):** These professionals have completed specialized training in lactation and can provide Medicaid-covered support.

Note Regarding Advanced Practice Registered Nurses: If you are an advanced practice registered nurse who is also an IBCLC, CLC, or CLS, you can bill using Evaluation and Management codes and do not need to enroll under the new provider type.

What's covered?

Under Illinois Medicaid, lactation consultant services may be billed for prenatal through infant-weaning periods. These include:

- Prenatal or perinatal education about breastfeeding
- Maternal, infant, and feeding assessments related to lactation
- One-on-one counseling and support (in person or via telehealth)
- Group lactation consultations (2+ participants)

These services can be delivered individually or in a group, and telehealth (including telephonic) is allowed (using appropriate modifiers).

Billing to Illinois Medicaid Direct (Fee-for-Service / State-Administered Program)

When billing “directly” to Medicaid, lactation consultants enroll through the IMPACT provider enrollment system under a new provider type (Lactation Consultant) and submit claims to the state’s Medicaid system. The HFS Provider Notice clarifies that the lactation coverage “applies to the Medicaid fee-for-service program and the managed care organizations (MCOs)”. Under this model, the state sets uniform billing rules, rates, procedure codes, and modifiers. You must meet the state’s provider enrollment, documentation, certification, and claim submission standards directly with HFS. More details will be provided in later pages on each of these billing steps.

ENROLLMENT

Billing via MCOs (Managed Care Organizations)

If a Medicaid enrollee is managed under an MCO, you will need to follow the contracted health plan's billing rules, policies, and timelines, which can differ somewhat from state FFS rules. In fact, HFS has collaborated with the Illinois Association of Medicaid Health Plans (IAMHP) to publish a Comprehensive Billing Manual for MCOs, which now includes sections on doulas and lactation consultants to standardize expectations across plans. Though the same procedure codes and modifiers are generally used, individual MCOs might impose their own preauthorization, claim adjudication, or documentation requirements again consistent with (but not entirely duplicative of) state rules.

Steps to Enroll:

1. Obtain a National Provider Identifier Number (NPI)
2. Enroll in the Illinois Medicaid Program (IMPACT)
3. Register in the Medical Electronic Data Interchange System (MEDI)
4. Contract with Managed Care Organizations (MCOs)

! Important:

- Lactation certification must be up-to-date and available to provide in enrollment.
- Your lactation certificate must contain a unique certification tied to you with effective date and expiration date.
- You are not able to begin enrollment without current lactation certification.



Step 1: National Provider Identifier (NPI)

A National Provider Identifier (NPI) is a unique 10-digit identification number issued to healthcare providers in the United States by the Centers for Medicare and Medicaid Services (CMS). It is used in administrative and financial transactions to identify individual healthcare providers and organizations.

Key Points about the NPI:

Purpose:

The NPI simplifies healthcare transactions by providing a standard identification number for all healthcare providers when interacting with insurance companies, including billing and claims submissions. It replaces other identification numbers previously used by healthcare providers.

Who Needs an NPI?:

- Any healthcare provider involved in insurance billing (including lactation consultants, doctors, nurses, therapists, etc.).
- Both individuals and organizations (e.g., private practices, hospitals) need an NPI. If you incorporate your practice, the organization will also need a separate NPI.

Importance for Billing:

- The NPI is required for all interactions with insurance companies.
- Your NPI will be used on superbills and other documents submitted to insurance companies.

Individual vs. Organization NPI:

- If you operate as a sole proprietor, you'll need an NPI Type 1 for Individual.
- Group Practices or Group Providers will need an NPI Type 2 for Organizations.
- If you have an LLC, corporation, or other formal business entity, you'll need an NPI Type 2 for your business, separate from your individual NPI. This distinction is important, especially if you plan to expand your practice.

Maintaining Your NPI:

- Once you have an NPI, it stays with you throughout your career, even if you change jobs, locations, or specialties.
- You must update your NPI information if there are changes, such as a new business address or if you incorporate your practice after initially obtaining an individual NPI.

NPI NUMBER

1. Go to <https://nppes.cms.hhs.gov/login>. Click Create or Manage Account

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID

IBA User ID, used to access NPPES & PECOS

Password

I agree to the [Terms and Conditions](#)

SIGN IN

[FORGOT USER ID or PASSWORD?](#)

*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information

Create or Manage an Account

You need an Identity & Access Management System (IAM) account to log into NPPES.

Individual Providers or Users Working on Behalf of a Provider or Organization

If you don't have an IAM account, or you need to update your existing IAM account, then select the "CREATE or MANAGE AN ACCOUNT" button below to go to IAM.

After successfully creating your IAM account, return to NPPES and use your IAM User ID and Password to log in. This is where you can create and maintain NPI data that you are associated with.

CREATE or MANAGE AN ACCOUNT

2. Accept Identity & Access Terms

Terms and Conditions

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy regarding any communication or data transmitted or stored on this information system.
- At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transmitted or stored on this information system.
- Any communication or data transmitted or stored on this information system may be disclosed or used for any lawful Government purpose.
- Our system uses Cookies for security purposes to ensure that unauthorized users cannot bypass our Multi-Factor Authentication. The cookies are not storing personally identifiable information about our users. For increased security to your accounts, please make sure Cookies are enabled in your browser.

IMPORTANT! - Every individual user with access to the IAM system is responsible for:

- Keeping login information secure.
- Selecting strong passwords.
- Reporting any unauthorized use of accounts.

Sharing of login information is strictly prohibited!

To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.

Accept | **Decline**

3. Click Create Account Now

Sign In

- Indicates required field(s)
- User ID:**
- Password:**

Sign In | **Create Account Now**

[Forgot Password](#)

[Retrieve Forgotten User ID](#)

[Enter your PIN](#)

One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to NPPES and PECOS, manage staff, and authorize others to access your information. **IMPORTANT!** - Every individual user with access to the IAM system is responsible for:

- Keeping login information secure.
- Selecting strong passwords.
- Reporting any unauthorized use of accounts.

Sharing of login information is strictly prohibited!

Use this system to register for Medicare or update your enrollment information. **PECOS**

Use this system to apply for and manage National Provider Identifiers (NPIs). **NPPES**

4. Create User ID, Password, Security Questions

User Registration - User Security

Step 1 User Info | Step 2 User Security | Step 3 MFA Setup | Final Review

Note: You have 30 days to complete the registration process once you create your User ID and Password or your account will be removed.

Indicates required field(s)

User ID Compliance:

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPPES.
- Must not contain more than four numeric characters, any spaces, or any special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password Compliance:

- Must be 8-12 alphanumeric characters.
- Must not contain your first name or last name.
- Must contain at least one letter.
- Must contain at least one number.
- Must contain at least one **valid special character**.
- Must not contain any invalid special characters.
- Must not start with numeric characters.
- Must not contain three repeating characters.
- Must not be the same as your User ID.
- Password must match Confirm Password.

Please select five different security questions and enter their answers below:

Question 1: <input type="text"/>	Answer 1: <input type="text"/>
Question 2: <input type="text"/>	Answer 2: <input type="text"/>
Question 3: <input type="text"/>	Answer 3: <input type="text"/>
Question 4: <input type="text"/>	Answer 4: <input type="text"/>
Question 5: <input type="text"/>	Answer 5: <input type="text"/>

Continue | **Cancel**

5. Select Authentication Method

User Registration - Multi-Factor Authentication (MFA) Setup

Step 1 User Info | Step 2 User Security | Step 3 MFA Setup | Final Review

Note: You have 30 days to complete the registration process once you create your User ID and Password or your account will be removed.

Indicates required field(s)

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.
- If the same phone number is used for the Text/SMS and the Voice Call authentication methods and one is deleted, the other will also be deleted. If different phone numbers are used for each method, deleting one method will not delete the other.

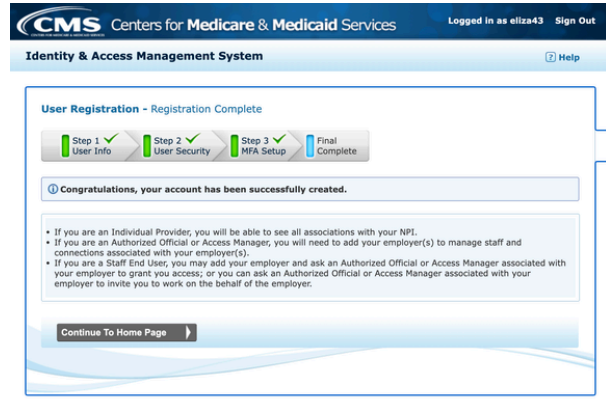
Please select a Multi-Factor Authentication Method:

Authentication Method:

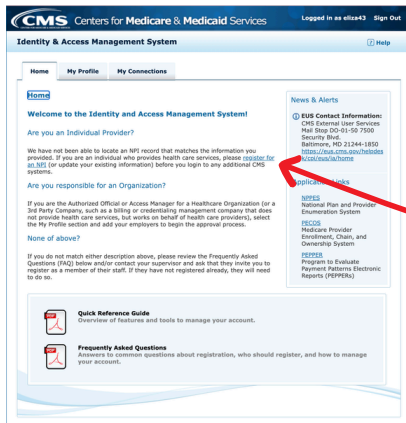
Continue | **Cancel**

NPI NUMBER

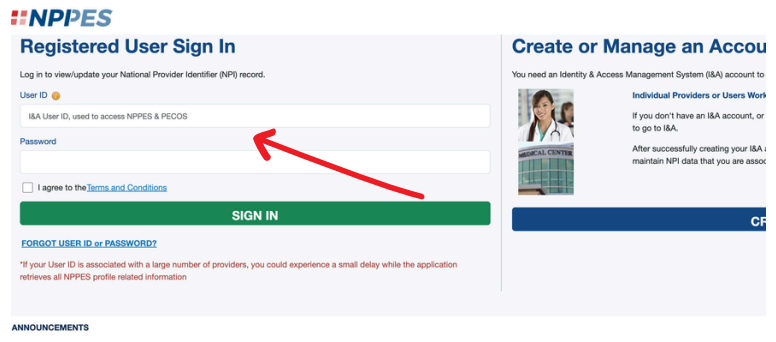
5. Verify Identify (via method chosen)



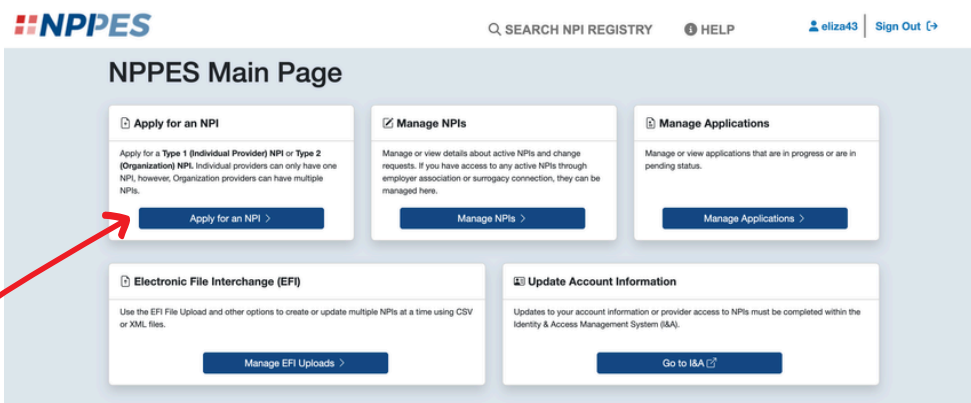
6. Click Register for NPI



7. Enter User ID and Password created in Step 4



8. Click Apply for an NPI



9. Start NPI Application

Start NPI Application

What type of NPI are you applying for?

I am applying for an Individual NPI

I am applying for an Organization NPI

Are you applying for yourself?

Yes, I am applying for my own NPI

No, I am applying for an NPI for another person

Continue >

Before you begin, make sure you have the following information:
This information will be required to complete the NPI Application Form.

Fields WITH icon will not be publicly available. Fields WITHOUT icon will be publicly available.

Information Required for Individual Providers:

- Provider Name
- Social Security Number (SSN)
- Provider Date of Birth
- Country of Birth
- State of Birth (if Country of Birth is U.S.)
- Mailing Address
- At least one Practice Location Address and Phone Number
- At least one Taxonomy (Provider Type)¹
- State License Information²
- At least one Contact Person Name
- At least one Contact Person Phone Number and Email.

¹Provider Taxonomy codes can be obtained from [here](#)

²Required for certain taxonomies only

10. Enter Name, DOB, SS

Profile

* Indicates required fields.
Fields WITH icon will not be publicly available. Fields WITHOUT icon will be publicly available.

Prefix: *First Name: Middle Name: *Last Name: Suffix:

Credentials: *Date of Birth: *Social Security Number (SSN): *Confirm Social Security Number (SSN):

MD, DO, etc.:

*Country of Birth: *State of Birth:

United States Select One

Sex: Male Female

*Is the Provider a Sole Proprietor? Yes No

Save and Continue >

11. Enter any Other Names you have

Other Name

It is optional to add an Other Name. If you do not want to add an Other Name, select Next Section.

Add Other Name

Next Section >

12. Enter Race and Ethnicity

Race and Ethnicity

The reporting of race and ethnicity data is for Medicare providers only and is optional. If you do not want to add this information, select Next Section.

Add Race and Ethnicity

Next Section >

13. Enter any Languages Spoken

Language(s) Spoken

It is optional to add a language. If you do not want to add a language, select Next Section.

Add Language(s)

Next Section >

14. Enter Business Mailing Address

Business Mailing Address (Correspondence Address)

* Indicates required fields.
Fields WITH icon will not be publicly available. Fields WITHOUT icon will be publicly available.

This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.

Type of Address: Domestic Military Foreign

*Address Line 1: Street Number and Name

Address Line 2: e.g., Apartment/Suite Number

*City: *State: *Zip Code (5 or 9 digits):

Select One 99999-9999

Organization Name: Phone Number: Extension: Fax Number:

(999-999-9999) (999-999-9999) (999-999-9999)

Save and Continue >

15. Enter Practice Locations

Practice Locations

* Indicates required fields.
Fields WITH icon will not be publicly available. Fields WITHOUT icon will be publicly available.

This is the physical address where services are rendered. Multiple locations can be entered, but only the primary location is required.

Type of Address: Domestic Military Foreign

*Address Line 1: Street Number and Name

Address Line 2: e.g., Apartment/Suite Number

*City: *State: *Zip Code (5 or 9 digits):

Select One 99999-9999

Organization Name: Phone Number: Extension: Fax Number:

(999-999-9999) (999-999-9999) (999-999-9999)

This office is accessible to individuals with mobility disabilities.

This office has exam rooms accessible to individuals with mobility disabilities.

This office has medical equipment accessible to individuals with mobility disabilities.

If you would like to add the practice location's office hours or languages, you can do so using the buttons below.

Add Office Hours Add Language(s)

Save and Continue >

16. Health Information Exchange

Health Information Exchange

It is optional to add an Endpoint. If you do not want to add an Endpoint, select Next Section.

[Add Endpoint](#) [Next Section >](#)

Health Information Exchange

* Indicates required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the [NPI Registry API](#), and [Data Dissemination File](#) for users to receive and consume.

The Endpoint and Endpoint Description fields cannot accept more than 1000 characters each.

Endpoints should not include personal email information.

*Endpoint Type: Endpoint: Endpoint Description:

Endpoint Use:

Endpoint Content Type:

Is the Endpoint affiliated to another organization? Yes No

*Endpoint Location: [Add New Endpoint Location](#)

Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.

[Cancel](#) [Save and Continue >](#)

17. Enter Other Identifiers

Other Identifiers

It is optional to add an Other Identifier. If you do not want to add an Other Identifier, select Next Section.

[Add Other Identifier](#) [Next Section >](#)

Other Identifiers

* Indicates required fields.

Associating Other Identifiers with your NPI is optional. Other identifiers are used to match your NPI record to insurers' records so you can continue to be recognized by insurers. If you don't have such numbers, you are not required to obtain them.

Do NOT report the Medicare Numbers, Drug Enforcement Administration Number (DEA), Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN) in this section.

*Issuer:

*Identification Number (Do NOT enter DEA, SSN, ITIN or EIN): State Issued:

[Cancel](#) [Save and Continue >](#)

18. Enter Taxonomy

Taxonomy

You are required to identify at least one taxonomy to associate with your NPI. The first taxonomy entered will become the primary taxonomy by default, this can be changed at any time. Provider Taxonomy codes and their description can be found on the [National Uniform Claim Committee Website](#).

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

You have indicated on the Provider Profile page the Provider is a Sole Proprietor.

* Indicates required fields.

Practice Type:

Not A Group
 19220000X-Multi Specialty
 19340000X-Single Specialty

Filter by Taxonomy name, code or specialty

License Number: State:

[Save and Continue >](#)

19. Enter Contact Information

Contact Information

* Indicates required fields.

Contact Information is for internal use only and will not be available to the public.

All NPI notifications will be sent to all Contact Person email addresses. One contact is required, but five contacts may be entered in total. The first contact entered will be automatically chosen as your primary. If you have more than one contact, you may modify a different contact to be primary at any time.

Prefix: First: Middle: Last: Suffix:

Credentials: Title/Position:

MD,DO, etc.

Phone Number: Extension:

(999)-999-9999

*Contact Person Email: *Confirm Contact Person Email:

[Save and Continue >](#)

20. Submit Application

Submission Certification

* Indicates required fields.

After reading the terms and conditions listed below, check the box at the bottom of this page then click "Submit" to submit your application.

- I have read the contents of the application and the information contained herein is true, correct, and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.
- I authorize the NPI Enumerator to verify the information contained herein. I agree to keep NPIES updated with any changes to data listed on this application form within 30 days of the effective date of the change.
- I have read and understand the [Privacy Act Statement](#)
- I have read and understand the Penalties for Falsifying Information on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

Penalties for Falsifying Information:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(e) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.

[Submit](#)

• You should receive an NPI number within 10 business days if you submit a complete electronic application.

• The NPI number will arrive via email from customerservice@NPIEnumerator.com

Step 2: Enroll in the Illinois Medicaid Program (IMPACT)

What is IMPACT?

IMPACT stands for Illinois Medicaid Program Advanced Cloud Technology. It's the state's secure, online provider enrollment system. Every professional who wants to serve Medicaid members—whether through traditional fee-for-service or a Managed Care Organization (MCO)—must first enroll here. Think of it as your “gateway” into the Illinois Medicaid program. Without an active IMPACT enrollment, you cannot bill Medicaid or any of the MCOs.

Why Lactation Professionals Must Enroll

For lactation consultants, enrolling in IMPACT is the very first step. HFS has created a specific provider type called Lactation Consultant, which allows IBCLCs, CLCs, and CLSs to be recognized as Medicaid providers. When you enroll, you'll need to upload proof of your certification, provide personal and business details, and obtain a National Provider Identifier (NPI). Once approved, you become eligible to bill both Medicaid directly and MCOs for covered lactation services. In short: no IMPACT enrollment, no reimbursement.

Important Note:

Providers enroll in IMPACT for one Provider Type and Category of Service. If a provider intends to provide services under multiple Provider Types, they must enroll for separate Medicaid IDs with unique NPI numbers. For example, if you are also an RN and want to bill separately for RN services (e.g., home health visits, care coordination), you would need to enroll again under the "Registered Nurse" Provider Type—with a separate Medicaid ID and a unique NPI for that role.

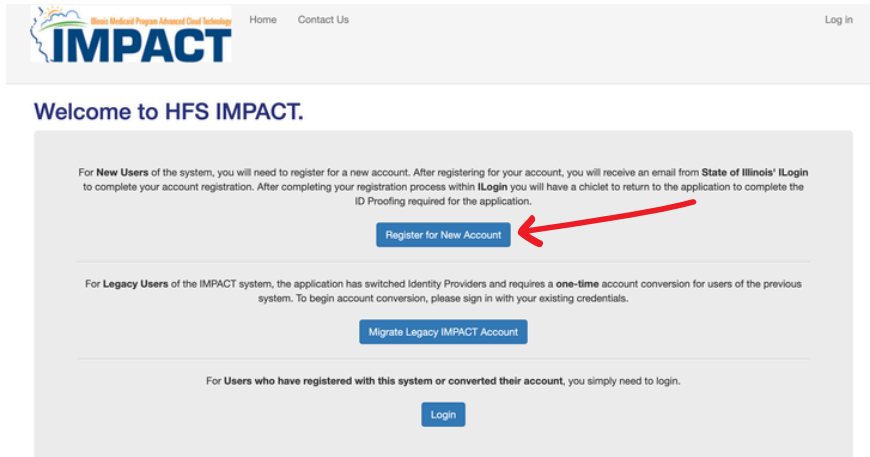


Pro Tip: Start your IMPACT enrollment as early as possible—it can take weeks to months for the state to review and approve your application.



Below are the 7 steps required to create an account with HFS.
This must be completed before beginning the IMPACT application.

1. Go to <https://impact.illinois.gov/>. Click Register for New Account.



2. Enter info to create account.

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

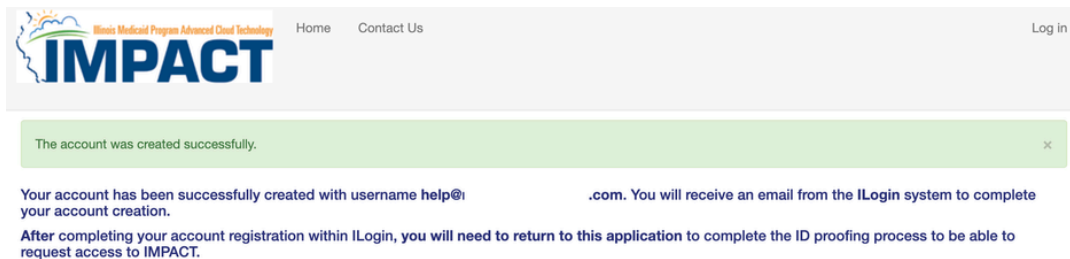
*First Name *Last Name Middle Initial

Address *City *State *Zip Code

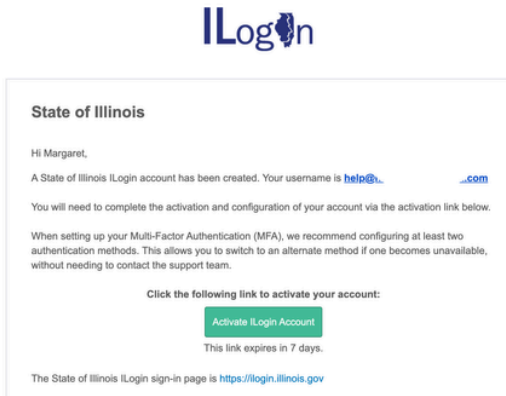
*Primary Phone Mobile Phone



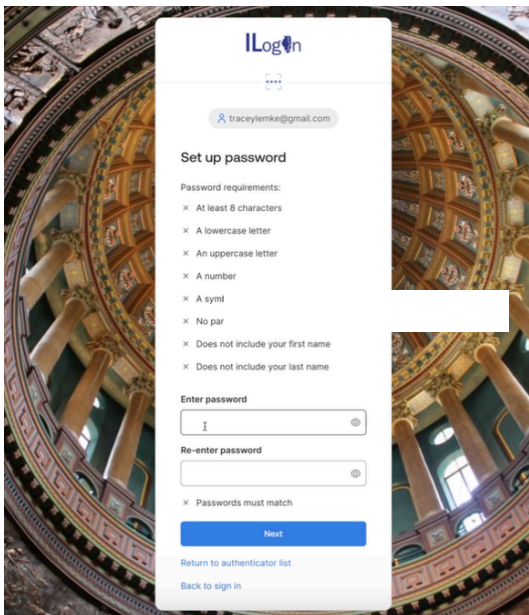
3. Check your email to complete registration process.



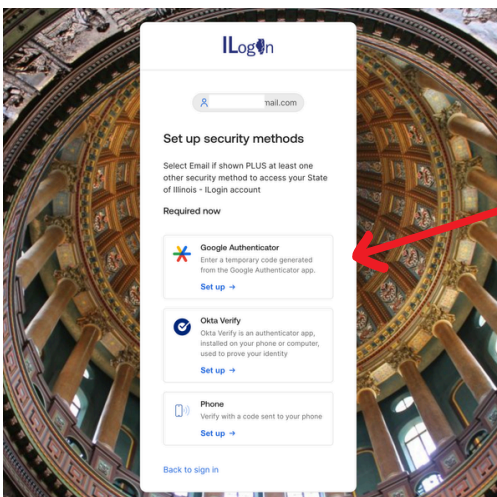
4. Return to login.illinois.gov to complete activation and configuration of your account.



5. Set up a password



6. Set up two-factor authentication

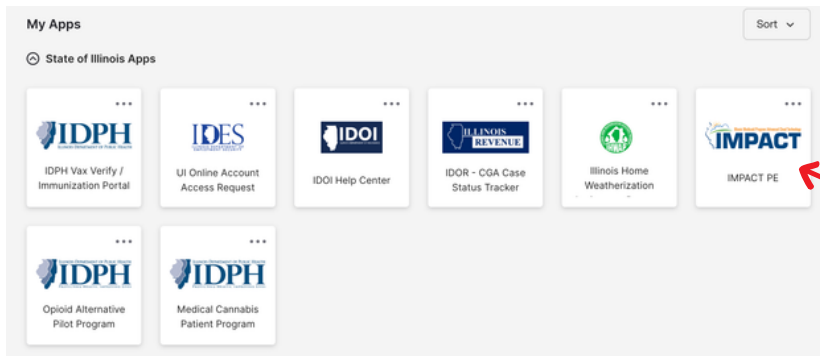


Choose one of these methods for 2-step verification.

Google Authenticator and Okta Verify are apps that you have to download and follow the instructions for setting it up. Once you set up the app, you'll be shown a 6 digit code to enter into ILogin to verify your identity. Each time you login after set up you'll have to enter a new 6 digit code from the app

If you choose phone verification you will receive a text code every time you log in.

7. Click on IMPACT PE to begin registration



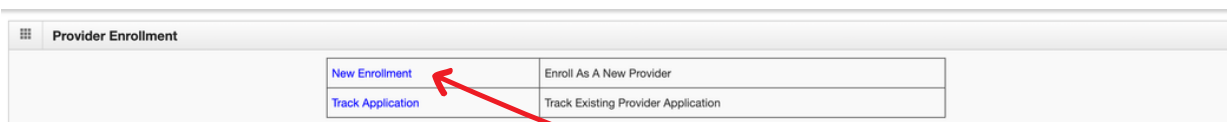
ROAD BLOCK

- You will need to email a W-9 with your EIN or SSN to **HFS.W9.IMPACT@illinois.gov** before you can proceed with IMPACT registration.
- It will take up to 10 days to be reflected in the IMPACT system. You have to log in to try it. You will not receive an email.

VM_PRV.300002:VM_PRV.3000003: The system cannot confirm your Employer ID Number/Tax ID Number (EIN/TIN), or the Social Security Number (SSN). Prior to enrolling the state requires all providers to certify their SSN/EIN/TIN using the W-9 [Request for Taxpayer Identification Number and Certification] form. For entities certifying an EIN/TIN an IRS Assignment Letter (Form CP 575) is also required. Please contact HFS.W9.IMPACT@illinois.gov or call 1-877-782-5565 for further assistance.

Start the IMPACT application.

Step 1: Click on New Enrollment to begin registration



- Each lactation professional must enroll as an Individual/Sole Proprietor or Rendering/Service Provider. This is required if you are providing services on your own or with a group/organization.
- Group practices will enroll as Group Practices/Group Providers.

Enrollment Type

Select the Applicable Enrollment Type

- Regular Individual/Sole Proprietor or Rendering/Service Provider *
- Group Practice (Corporation, Partnership, LLC, etc.) *
- Billing Agent *
- Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities) *
- 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.) *

Basic Information

First Name: Tracey * Middle Initial: L

Last Name: Lemke * Gender: Female

Suffix: Applicant Type: Individual/Sole Proprietor
 Rendering/Service Only *

SSN: 338582071 * Date of Birth: 01/11/1972 *

NPI: * Contact Email Address:

Email-1: * Email-2:

Email-3:

Home Address

Federal requirements mandate that a home address must be entered. Please ensure you are providing the correct home address and not a PO Box. Failure to do so may result in this application/modification being denied.

Address Category:

Address Line 1: * Address Line 2:

Address Line 3: * City/Town: OTHER *

State/Province: OTHER * Country: OTHER *

Country: UNITED STATES * Zip Code: * - *

*When entering your address, it will appear as if it's on the wrong line. Once you click Validate Address it will appear correctly.

IMPORTANT: Once you click Finish on this screen, you will receive your **Application ID number**.

Be sure to screenshot this number and/or capture it another way. 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.



Below are the 12 steps required to enroll in IMPACT. You must complete these steps in order to progress through the application.

Step 1 was completed above.

Application ID: [redacted] Name: [redacted]

Enroll Provider - Individual

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

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	04/07/2025	04/07/2025	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Specialties/Taxonomy	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: 835/ERA Enrollment Form	Optional			Incomplete	
Step 10: Upload Documents	Optional			Incomplete	
Step 11: Complete Enrollment Checklist	Required			Incomplete	
Step 12: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 | Viewing Page: 1

Step 2: Enter Practice Locations and Hours

*You will need to enter your legal business address as your provider location, even if you only do home visits.

Application ID: 20250407291254 Name: Sahysiak, Margant

Add Provider Location

Location Type: Other Office/Service Location *

Doing Business As: [redacted] End Date: [redacted]

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWN 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: [redacted] Address Line 2: [redacted]
(Enter Street Address or PO Box Only)

Address Line 3: [redacted] City/Town: OTHER *

State/Province: OTHER * County: OTHER

Country: UNITED STATES * Zip Code: [redacted] [Validate Address]

Phone Number: [redacted] * Ext: [redacted] Fax Number: [redacted]

Email Address: [redacted] Web Page: [redacted]

Communication Preference: Email

*You will need to choose the address type. You will enter at least two addresses for Correspondence and Location. These can be the same address but will need to be entered twice.

To add additional addresses, click 'Add Address' button.

Accepting New Clients: Yes
 Offers OB-Gyn Services: N-None
 Accept 835/reported at EIN/TIN level: No
 End Date: 12/31/2999

Maximum Clients: 200
 Pediatric Services: No
 Language(s) Spoken: English, Arabic, Chinese

Handicap Accessible: No
 FHQC: No

Address List

Address Type	Address	End Date
<input type="checkbox"/> Correspondence	125 N Wright St, Naperville, Naperville, ILLINOIS 60540	12/31/2999
<input type="checkbox"/> Location	5 S Washington St Ste 346, Naperville, ILLINOIS 60540	12/31/2999

View Page: 1 | Page Count | Save to Excel | Viewing Page: 1

Step 3: Enter Specialities/Taxonomies

The screenshot shows two sections: 'Specialty/Subspecialty List' and 'Taxonomy List'. Both sections have a 'Filter By' field and a 'Go' button. The 'Specialty/Subspecialty List' table has columns for 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. The 'Taxonomy List' table has columns for 'Taxonomy Code', 'Description', 'Start Date', and 'End Date'. Both tables are currently empty, displaying 'No Records Found!'.

- Provider Type: Health Support Professional
- Speciality:
 - Lactation Consultant IBCLC
 - Lactation Consultant CLC/CLS

The screenshot shows the 'Add Specialty/Subspecialty' form. It includes fields for 'Location', 'Provider Type', 'Specialty', and 'End Date'. Red arrows point to the 'Provider Type' and 'Specialty' dropdown menus with the text 'First, choose provider type' and 'Second, choose speciality' respectively. Below the form is the 'Add Subspecialty' section, which has two columns: 'Available Subspecialties' and 'Associated Subspecialties *'. A red arrow points to the right-pointing arrow button between these columns with the text 'Third, click to move over'.

Important:

Whether you're an IBCLC, CLC, or CBS, you'll use **Taxonomy Code: 174N00000X**. Even though you register for your NPI number using a different Taxonomy Code for non-IBCLC lactation professionals, for this purpose you must use 174N00000X. This is the taxonomy code that DHS is recognizing for Medicaid billing.

A **Taxonomy Code** is a standardized, 10-character alphanumeric code that identifies a healthcare provider's type, classification, and area of specialization for administrative and billing purposes.

Step 4: Enter Associate Billing Provider

An Associate Billing Provider is an individual who renders services to patients. This is who the provider is associated with in IMPACT to get paid for the services they render.

Application ID: _____ Name: _____

Associate Billing Provider/Other Associations

Enter NPI/Provider ID of Billing Provider/Other Associations and click "Confirm Provider."

Type: *

ID: *

Start Date: *

Provider Name: _____

Enrollment Type: _____

Applicant Type: _____

End Date: *

Step 5: Add Licenses/Certificates

As IBCLCs, CLCs, and CLSs are not licensed in Illinois, leave this section blank. If you are an RN-IBCLC, enter your RN license information.

PROVIDER IDENTIFIERS

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): 258658362

National Provider Identifier (NPI): 1780339754

Other Identifier(s)

Assigning Authority:

Trading Partner ID: _____

Provider License Details

Provider License No: _____

License Issuer: _____

Provider Type: HEALTH SUPPORT PROFESSIONAL

Provider Taxonomy Code: _____

Step 6: Add Mode of Claim Submission

*Unless you are enrolling as part of another provider's office that already submits claims to Medicaid via their EMR, you will likely be submitting claims by Direct Data Entry. This means you will log into Medi or the MCO platforms and directly input the claim information and submit the claim manually.

Application ID: _____ Name: _____

Mode of Claims Submission/EDI exchange

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

EDI exchange

Method	Description	Applicable Transactions
<input 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 Inquire/Response
<input type="checkbox"/> CORE Batch	To upload/download HIPAA transactions using CORE Batch Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 835 Health Care Claim Payment/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 Inquire/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 Inquire/Response, 278/278- Prior Authorization Request/Response, 835- Healthcare Claim payment Advice

Other Claims Submission

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

IMPACT

Step 7: Add Associate Billing Agent

An Associate Billing Agent is a third-party entity that submits claims on behalf of another provider. This entity handles the billing process and claim submission.

Track Application > Individual Enrollment

Application ID: 20250407291254 Name: Saltiesiak, Margaret

Close Add

Billing

Filter By [] [] [] Go Save Filters My Filter

Billing Agent ID	Billing Agent Name	835 Authorization	Start Date	End Date
No Records Found!				

Application ID: [] Name: []

Associate Billing Agent

Click on the 'Confirm/Search Billing Agent' button to search for a Billing Agent or confirm the Billing Agent entered.

Billing Agent ID: [] * Billing Agent Name: []

Association Start Date: [] * Association End Date: []

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>	[]	[]

Step 8: Add Provider Controlling Interest/Ownership Details

Track Application > Individual Enrollment > General

Application ID: [] Name: Saltiesiak, Margaret

Close

subcontractor.

- If any of the disclosed individuals with ownership or controlling interest are related disclose the nature of relation. In this context, "relation" means spouse, parent, child, or sibling.
- Where an individual with ownership or controlling interest in any of the provider's subcontractors is related to another individual who also has an ownership or controlling interest in the provider, the name of each related individual and his or her relation. In this context "relation" means spouse, parent, child, or sibling.
- For each individual with ownership or controlling interest in the provider, the name of each fiscal agent or managed-care entity that is reimbursable by Medicaid and/or Medicare, in which that individual also has an ownership or controlling interest.

Note: The preceding information must also be provided within 35 days after any change in ownership.

Owners List

Add Owner Manage Relationships Import Owner

Filter By [] [] [] And Go Save Filters My Filter

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
[]	[]	Individual/Sole Proprietor	[]	[]	[]	Completed	Not Completed	100

Delete View Page: 1 Go Page Count Save to Excel Viewing Page: 1 << First Prev Next >> L

Add Other Owned Entity List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By [] [] [] Go Save Filters My Filter

Other Owner EIN/TIN	Other Owner Information	Address
[]	[]	[]

Step 9: 835/ERA Enrollment Form

*This relates to Electronic Remittance Advice

Track Application > Individual Enrollment

Application ID: _____ Name: _____

ERA ENROLLMENT FORM

PROVIDER INFORMATION

Provider Name: _____
Doing Business As Name (DBA): _____

Provider Address
Street: _____ State/Province: ILLINOIS
City: _____ Zip Code/Postal Code: _____
Country Code: UNITED STATES

PROVIDER IDENTIFIERS

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): _____
National Provider Identifier (NPI): _____

Other Identifier(s)
Assigning Authority: _____ Trading Partner ID: _____

Provider License Details
Provider License No: _____ License Issuer: _____
Provider Type: HEALTH SUPPORT PROFESSIONAL
Provider Taxonomy Code: _____

PROVIDER CONTACT INFORMATION

Provider Contact Name
Contact: _____ Title: Managing Employee
Telephone Number: _____ Telephone Number Extension: _____
Email Address: _____ Fax Number: _____

PROVIDER AGENT INFORMATION

Provider Agent Name: _____

Agent Address
Street: _____ State/Province: _____
City: _____ Zip Code/Postal Code: _____
Country Code: _____

Provider Agent Contact Name
Provider Agent Contact Name: _____ Title: _____
Telephone Number: _____ Telephone Number Extension: _____
Email Address: _____ Fax Number: _____

FEDERAL AGENCY INFORMATION (Not applicable at this time)

Federal Program Agency Name: _____ Federal Program Agency Identifier: _____
Federal Agency Location Code: _____

RETAIL PHARMACY INFORMATION(Not applicable at this time)

Pharmacy Name
Pharmacy Name: _____ Chain Number: _____
Parent: _____ Organization ID: _____
Payment Center ID: _____
NCPDP Provider ID Number: _____
Medicaid Provider Number: _____

ELECTRONIC REMITTANCE ADVICE INFORMATION

Preference for Aggregation of Remittance Data(e.g., Account Number Linkage to Provider Identifier)
 NPI TAX ID *

IL Medicaid enumerates by Tax ID only.

Method of Retrieval: *

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION (Not applicable at this time)

ClearingHouse Name: _____

ClearingHouse Contact Name
ClearingHouse Contact Name: _____ Telephone Number: _____
Email Address: _____

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION (Not applicable at this time)

Vendor Name: _____

Vendor Contact
Vendor Contact Name: _____ Telephone Number: _____
Email Address: _____

SUBMISSION INFORMATION

Reason for Submission
 Cancel Enrollment Change Enrollment New Enrollment *

Authorized Signature
Electronic Signature of Person Submitting Enrollment:
 Authorization Agreement-By selecting the checkbox above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.

Step 10: Upload Documents

*This is where you upload your licenses, certificates, etc.

Step 11: Complete Enrollment Checklist

Step 12: Submit Enrollment Application for Approval

You will have to read the Terms and Conditions and check the agreement box at the end of the document.

- Now you wait!
- The timeframe for receiving an impact number varies, but it often takes a few months from the time of submission. In my experience, it was a matter of months rather than weeks.
- First you will receive an email stating that you've been approved.
- Next, you will receive a letter in the mail with your Medicaid Provider ID.



NPI:

Provider Name:

:

NAPERVILLE

IL 60540

Dear SALTYSIAK MARGARET:

Welcome to the Illinois Medicaid Program. You are receiving this e-mail because the application that you submitted through the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) has been approved. If you are providing services for multiple state agencies, you will be receiving additional correspondence once your application has been approved by each individual agency.

If operating as a billing agent, then you are an enrolled provider under the terms and conditions of the Provider Enrollment and Trading Partner Agreement and you may now submit claims for services rendered to Illinois Medicaid beneficiaries.

You must update any enrollment or mailing address changes in IMPACT, when offices and service locations are closed or when new locations open. If you have any questions about the Illinois Medicaid Program Advanced Cloud Technology (IMPACT), please contact 1-877-782-5565.

The State of Illinois appreciates your participation in providing services to the citizens of Illinois.

Notes

- Advanced Practice Nurse (APN) who is also an IBCLC, CLC, or CLS will bill using Evaluation and Management codes and will not need to enroll under the new provider type.
- If you're already enrolled in IMPACT as a different individual provider type, contact mtac.maternalhealth@uillinois.edu for guidance before making any changes to your NPI or IMPACT enrollment.
- Once an application is started, it only stays open for 30 days. If it takes you longer than 30 days to complete the IMPACT application, you will have to start over from the beginning.
- You must have your certifications completed and up-to-date before starting the application.
- You must revalidate every five years in order to be paid for your services. You will be notified via email of your revalidation cycle.

Step 3: Register in Medi

Medi is used for:

- Checking Customer Eligibility and Enrollment
- Billing for the fee-for-service program (regular Medicaid, not MCOs)
- Medicaid providers bill HFS directly for reimbursement

Step 1: You must first register in Illinois Digital Identity.

<http://www.hfs.illinois.gov/medicalproviders/edi/medi.html>

Click Enroll for PKI Digital ID



PKI Digital ID Registration and Recovery

PKI Digital ID is not a driver's license or state ID.

Enroll for PKI Digital ID **only** if you need a digital certificate to conduct online business with the State of Illinois. Digital certificates are used for electronic document signing, file encryption, and access to specific websites protected by PKI Digital ID authentication — MEDI (HFS), CHRRP/OW (State Police, eCPDS (e-pgms), COOL (Pollution Control)) or Web3070.

For mobile driver's license and ID card information, visit the [Illinois Mobile Driver's Licenses and State IDs](#) information page on The Office of the Illinois Secretary of State website.

Register

The registration process for State of Illinois PKI Digital ID begins here for all users, both Illinois residents and out-of-state users.

[Enroll for PKI Digital ID](#)

Reset Password

Are you unable to recall your PKI Digital ID user name or password? To begin the password recovery process, choose one of the following options.

If you registered for your State of Illinois PKI Digital ID using an Illinois driver's license or ID card, choose **Illinois residents**.

Otherwise, choose **All other users**.

Illinois residents All other users

PKI Digital ID Support

Web: [Report a Problem](#)

Email: DoIT.Support@illinois.gov

Customer Service Center (CSC)

- Springfield: 217-524-DoIT (217-524-3648)
- Chicago: 312-814-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 (PKI Digital ID support). Please respond by saying, "This is concerning PKI Digital ID."

Questions about State of Illinois PKI Digital ID?
[Read the FAQ](#)

Choose resident type

State Of Illinois Digital ID Subscriber Agreement

Subscribers must read this subscriber agreement before applying for, accepting, or using a State of Illinois Digital ID. If you do not agree to the terms of this subscriber agreement, a Digital ID will not be issued in your name.

THIS SUBSCRIBER AGREEMENT will become effective on the date you submit the certificate application to the designated State Registration Authority (RA). By submitting this Subscriber Agreement (and certificate application) you are requesting that the State RA issue a certificate to you and are expressing your agreement to the terms of this Subscriber Agreement.

The State of Illinois Public Certification Services are governed by the State of Illinois Certificate Policy (the "CP") and Certification Practice Statement (the "CPS") as amended from time to time, which are incorporated by reference into this Subscriber Agreement. The State Registration Authority provides limited warranties, disclaims all other warranties, including warranties of merchantability or fitness for a particular purpose, limits liability, and excludes all liability for incidental, consequential, and punitive damages as stated in the CP.

Subscribers agree to use the certificate and any related registration authority services **only** in accordance with the CP and CPS. You as a subscriber demonstrate your knowledge and acceptance of the terms of this subscriber agreement by submitting an application for a certificate to State of Illinois Certificate Authority, and by using the certificate.

Subscriber Obligations

Subscribers are obligated to:

- Make true representation regarding information in their certificates; and other identification and authentication information;
- Use certificates exclusively for legal and authorized State business, consistent with the applicable State of Illinois Certificate Policy and Certificate Practice Statement;
- Take reasonable precautions to prevent any compromise, modification, loss, disclosure, or unauthorized use of their private keys;
- Protect their associated Digital ID user password;
- Upon issuance of a Digital ID naming the applicant as the Subscriber, review the Digital ID to ensure that all Subscriber information included in it is accurate, and to expressly indicate acceptance or rejection of the Digital ID;
- Inform the State Registration Authority or appropriate Local Registration Authority within 48 hours of a change to any information included in their certificate or certificate application request;
- Inform the State Registration Authority or appropriate Local Registration Authority within 8 hours of a suspected compromise of one/both of their private keys; and
- Rightfully hold private keys corresponding to public keys listed in certificate.
- Review changes to State Policies by checking for future updates on this web site (<http://www.illinois.gov/94/>).

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.

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

Enter your information

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

First name or initial

Please fill out this field.

Middle name or initial as it appears on ID

Middle name or initial

Last name as it appears on ID

Last name

Please fill out this field.

Name suffix as it appears on ID

Name suffix

(eg. Jr, Sr, III)

Street address

Street address

Please fill out this field.

City

City

Please fill out this field.

ZIP code

ZIP code

Please fill out this field.

License or ID card number

Driver's license or ID card number

Format: XXXX-XXXX-XXXX(-X), hyphens optional

Weight as it appears on ID

Weight

Enter exactly as shown on ID. Must be three digits. For values less than 100, use a leading zero. (eg. "095")

Verify your email.



Digital ID Registration and Recovery

Resident registration

Email verification PIN has been sent to:

If it is not received within a few minutes, check your spam folder for a message from DoIT.DigitalID@illinois.gov

Digital ID Support

Web: [Report Problems](#)

Email: DoIT.Support@illinois.gov

Customer Service Center (CSC)

- Springfield: 217-524-DoIT (217-524-3648)
- Chicago: 312-814-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 ID?
[Read the FAQ](#)

Select security questions and answers.

Select security questions and answers

If you forget your password, you can reset it by successfully answering security questions. Choose questions and answers that you will remember but others would not be able to guess.

Questions and answers may not be left empty or repeated. These questions and answers may be changed by visiting the UserSelfManagement feature after the Digital ID has been created.

User name

everettcd

Question 1

Select a question

Answer 1

Input an answer

Question 2

Select a question

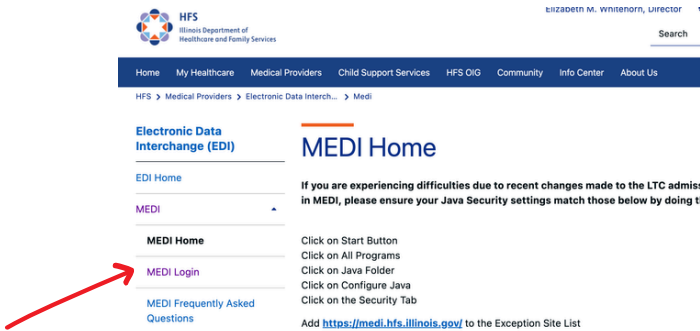
MEDI

Step 3: Register in Medi

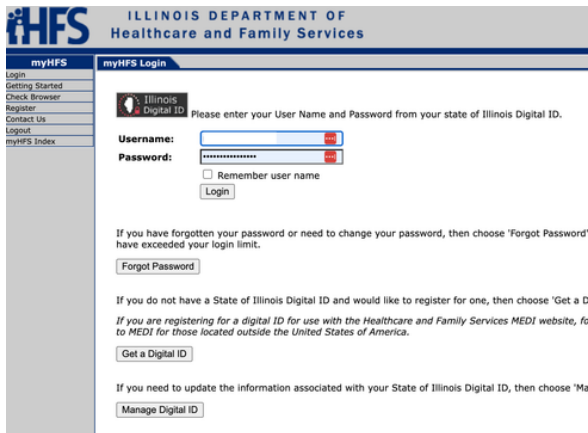
According to HFS, you must have Java Run Time Addition (JRE) installed on your computer and be using a Windows operating system. However, I used an Apple computer and Chrome browser without any problems. If you experience problems, you can [Check System Requirements here](#).

Step 2: Visit <http://www.hfs.illinois.gov/medicalproviders/edi/medi.html>

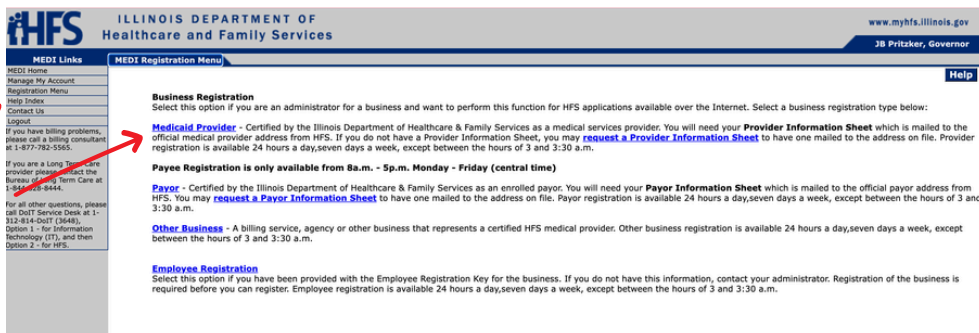
- Click MEDI Login



Step 3: Log In with your Digital ID



Step 4: Click Registration Menu, then click Medicaid Provider



Step 5: Enter your information. You will need:

- Medicaid Provider ID and Provider Type
- Enrollment Date
- Tax ID Number

The screenshot shows the 'Provider Registration' form on the IHS website. The header includes the IHS logo and 'ILLINOIS DEPARTMENT OF Healthcare and Family Services'. The page title is 'Provider Registration'. On the left, there is a 'MEDI Links' sidebar with options like 'MEDI Home', 'Manage My Account', 'Registration Menu', 'Help Index', 'Contact Us', and 'Logout'. The main form area contains several sections: 'Required Fields*' with input fields for 'Provider Number*', 'Provider Name*', and 'Provider Address*'; a 'Provider Type*' dropdown; 'City*', 'State*', and 'ZIP*' fields; 'Business Phone*', 'Business Fax*', and 'Your Work E-Mail Address*' fields; and two 'ENTER ONE OF THE FOLLOWING*' sections for 'Your Work Phone*' (with a radio button) and 'Enrollment Date*' (with a radio button), and 'Your Work Ext:' and 'State Medical License Number:' (with a radio button). At the bottom right, there are radio buttons for 'Tax ID Number:', 'FEIN:', and 'SSN:'. A 'Submit' button is located at the bottom right of the form.

Step 4: MCO Contracting

Why Lactation Professionals Must Enroll

- HFS contracts with 6 Medicaid Managed Care Organizations (MCOs) to operate three types of Managed Care Plans.
- Roughly 80% of Illinois Medicaid customers are enrolled in one of the Medicaid Managed Care Health Plans

Medicaid Managed Care Organizations (MCOs)	HealthChoice Illinois	YouthCare	Medicare Medicaid Alignment Initiative
Aetna Better Health	✓		✓
Blue Cross Community Health	✓		✓
Meridian Health	✓	✓	✓
Molina Healthcare	✓		✓
County Care	✓		
Humana			✓

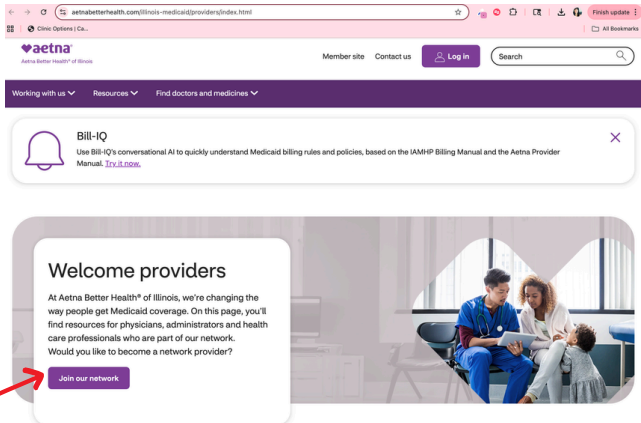
To serve those enrolled in Managed Care Health Plans you must:

- Be enrolled as a **Medicaid Provider in IMPACT**
- Have a **CAQH Profile and Number** (this will be discussed in more detail on page 35)
- Have **Liability Insurance**
- Be contracted with the Managed Care Organization operating the customer's plan
- It is important that providers adhere to all billing requirements to ensure timely processing and payment of claims, and to avoid unnecessary rejections and/or denials.
- Illinois MCOs follow the CMS (Centers for Medicare and Medicaid Services) billing requirements, except in those instances where Illinois HFS (Healthcare and Family Services) policies differ, in which case HFS guidelines will supersede the CMS requirements.

Step 4: MCO Contracting–Aetna Better Health

Step 1: Visit: <https://www.aetnabetterhealth.com/illinois-medicaid/providers/index.html>

- Click **Complete Intake Form**
- For the form you will need your Tax ID, NPI Number, and Medicaid Number



Provider intake

Please fill out the provider intake form (PDF) in order for us to have a better understanding of what services you provide, your location, as well as pertinent information needed for the contracting process.

- If you are already a contracted provider and would like to add a practitioner to your group, please make the submission via the IAMHP Universal Roster to ABHIL.ProviderUpdateRequests@Aetna.com.
- If you are an optometrist or ophthalmologist, please contact our vision vendor, [MARCH Vision Care](#).
- If you are a pharmacy, please contact our pharmacy vendor, [CVS Caremark](#).
- If you are a dental provider, please contact our dental vendor, [DentaQuest](#).

[Complete intake form](#)

Step 2: After you submit the form, you will be contacted by a representative to next steps for enrollment.

These are the items that will be required for enrollment: (may not be exhaustive)

- Signed W-9 (see page 45)
- Signed Disclosure of Ownership Form
- IAMHP Roster (see page 37)
- Medicaid Provider Number
- Participating Provider Agreement (PPA) (once approved)

Aetna Disclosure of Ownership Form

The agreement is a federally required part of the credentialing process for Medicaid participation.

It ensures compliance with 42 CFR 455.100–106, requiring providers to disclose anyone who owns, controls, or manages 5% or more of the business, as well as any managing employees. The form helps Aetna verify that providers and their affiliated individuals have not been excluded from federal healthcare programs or involved in fraud or criminal activity.

Following enrollment, you will receive training about submitting claims and receiving payment.
Each MCO has its own platform for claim submission.

Step 4: MCO Contracting–BCBS

Step 1: Visit: <https://www.bcbsil.com/provider/network/network/medicaid>

- Click + next to Blue Cross Community Health Plans
- Click **Provider Onboarding Form**
- For the Onboarding Form:
 - Use Google Chrome
 - Do not use autofill
- For the form you will need your Tax ID, NPI Number, and Medicaid Number

The screenshot shows the BCBSIL provider contracting website. The main content area is titled 'Contracting' and includes instructions for applying for Blue Cross and Blue Shield of Illinois products. A list of product options is shown with expandable arrows: Blue Choice PPO™ Network, Blue Cross Community Health Plans™, Blue Cross Community MMAI (Medicare-Medicaid)™, and Blue Cross Medicare Advantage (HMO)™ (MA HMO) and Blue Cross Medicare Advantage (PPO)™ (MA PPO). A red arrow points to the expandable arrow next to 'Blue Cross Community Health Plans™'. The sidebar on the right is titled 'Blue Cross Community Health Plans™' and contains sections for Referrals, Member Payments, Credentialing Requirements, and Request to Participate. A red arrow points to the 'Provider Onboarding Form' link in the 'Request to Participate' section.

Step 2: After you submit the form, you will be contacted by a representative to next steps for enrollment.

These are the items that will be required for enrollment: (may not be exhaustive)

- Signed W-9 (see page 45)
- IAMHP Roster (see page 37)
- Medicaid Provider Number

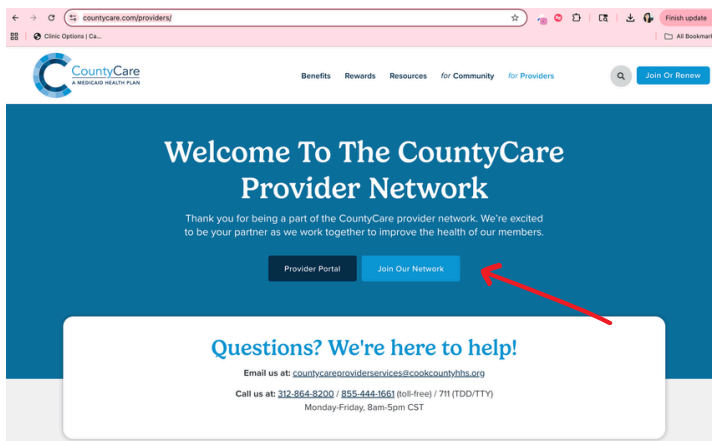
Following enrollment, you will receive training about submitting claims and receiving payment.
Each MCO has its own platform for claim submission.

Step 4: MCO Contracting–County Care

County Care is for providers serving patients in Cook County.

Step 1: Visit: <https://countycare.com/providers/>

- Click **Join Our Network**
- Click **Here** to Create Account
- Once you create an account, you'll be able to access the **Collaboration Portal Overview** page. This page lists requirements for the application.
- To submit request, click **Requests** then **Create New Request**.
- You will need to upload necessary documents and the IAHP roster (more on page 37).



How to join the CountyCare network of providers:

- 1 Visit our vendor client gateway [here](#) and click "Create Account"
- 2 Enter the required information in the "Company Information" tab and select "Continue" at the bottom to advance to the next page.
- 3 Fill in the required fields on the "User Information" tab. Click the check box to agree to the terms and conditions. Click "Save" at the bottom of the page.
- 4 Once you create an account, you will see an account signup confirmation message. Now, you can click on "Sign In" on the left side of the page using the account information you created to access the "Collaboration Portal Overview" page. This page lists the requirements needed to submit your request to join our network.
- 5 Submit your request to join our network by selecting "Requests" from the menu at the top of the page. Then, select "Create New Request."
- 6 Select "Provider Agreement" from the request type dropdown menu. Then fill in the required information. Once completed, select "Save & Continue" at the bottom of the page.
- 7 Once the request is created, upload the necessary documentation in the files/attachments table (updated and completed W9 (2024 version), and [IAPHP](#)). You can either select "Browse" to open the file explorer or drop the files in the blue box.

Step 2: After you submit the form, you will be contacted by a representative to next steps for enrollment.

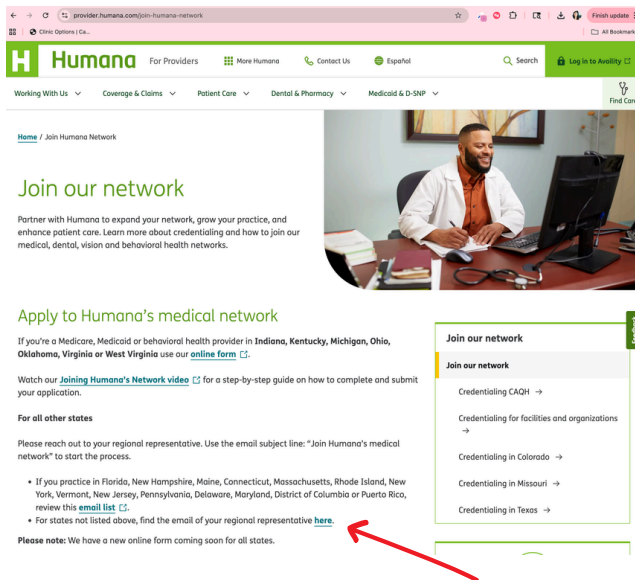
These are the items that will be required for enrollment: (may not be exhaustive)

- Signed W-9 (see page 45)
- IAHP Roster (see page 37)
- Medicaid Provider Number

Following enrollment, you will receive training about submitting claims and receiving payment. Each MCO has its own platform for claim submission.

Step 4: MCO Contracting–Humana

Step 1: Email: ILWIProviderUpdates@humana.com



Step 2: After you submit the email, you will be contacted by a representative to next steps for enrollment.

These are the items that will be required for enrollment: (may not be exhaustive)

- Signed W-9 (see page 45)
- IAMHP Roster (see page 37)
- Medicaid Provider Number

Following enrollment, you will receive training about submitting claims and receiving payment.
Each MCO has its own platform for claim submission.

Step 4: MCO Contracting–Meridian

Step 1: Visit: <https://www.ilmeridian.com/providers/become-a-provider.html>

- Click on **Network Intake Form**

Ready to join our network? Follow these steps.

- Step 1: Submit the network intake form**

The [network intake form](#) must be completed and include all required documents to begin the process of becoming a participating provider. Our Network team will review your submission and notify you of next steps in the contracting process within 20 business days.

**Note: To participate in our Medicaid Plan, YouthCare or Medicare-Medicaid Plan (MMP), you will need an active Illinois Medicaid Number to submit the network intake form. [Access your HES IMPACT account or register here.](#)*
- Step 2: Sign the Participation Agreement & complete the credentialing process**

Review and sign the Participation Agreement you receive from our Network team. Accepted contracts are countersigned and a copy is returned to you. This initiates our credentialing process.

Our Credentialing team will confirm that all requested documentation has been received and is current. Credentialing requirements and processes follow the National Committee for Quality Assurance (NCQA) guidelines.

**Note: Credentialing for the Medicaid plan, YouthCare, and MMP is completed by using the [HES Impact](#) system. Credentialing for our Ambetter and Wellcare products requires a completed [credentialing application \(PDF\)](#) with your network intake form.*
- Step 3: Finalize enrollment**

Let's finalize the onboarding process. Depending on the specifics of your contract, our team will follow up to ensure you are properly integrated into our internal systems, configured for claims payment, and loaded into the provider directory (if applicable).
- Step 4: Welcome to Meridian!**

You will receive a letter with relevant contract information and details about upcoming orientations for new providers.

Step 2: After you submit the email, you will be contacted by a representative to next steps for enrollment.

These are the items that will be required for enrollment: (may not be exhaustive)

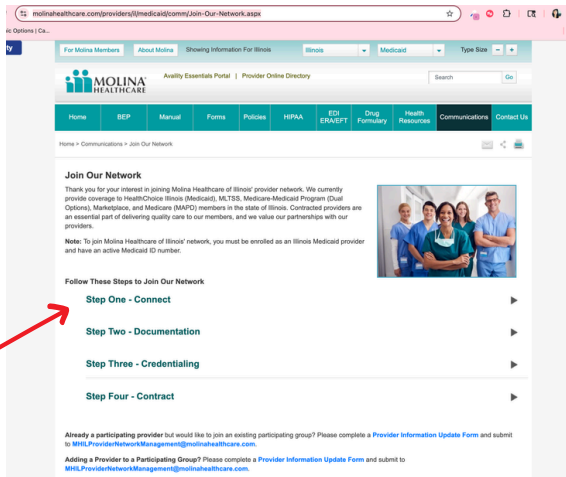
- Signed W-9 (see page 45)
- IAMHP Roster (see page 37)
- Medicaid Provider Number

Following enrollment, you will receive training about submitting claims and receiving payment. Each MCO has its own platform for claim submission.

Step 4: MCO Contracting–Molina

Step 1: Visit: <https://www.molinahealthcare.com/providers/il/medicaid/comm/Join-Our-Network.aspx>

- Click **Contract Request Form** (This is a pdf. You will fill in electronically, download, and save.)
- Email completed form to MHILProviderNetworkManagement@MolinaHealthcare.com



Step One - Connect

Points of contact and the process for joining our network will differ depending on the type of provider that you are. Please follow the instructions below for your provider type:

Dental Providers
Please contact our dental vendor, DentaQuest, for participation at (800) 508-6780. You can also visit dentaquest.com/dentists .
Note: If you are an oral surgeon or facility, you must apply for participation with both Molina Healthcare of Illinois and DentaQuest. Please complete a Contract Request Form and submit to MHILProviderNetworkManagement@molinahealthcare.com to begin the process (outlined in Steps Two through Four below) and also contact DentaQuest directly.
Vision Providers
Please contact our vision vendor, Avesis Vision, for participation by visiting the provider page at Avesis.com or by calling (866) 857-8124 for Medicaid, (855) 704-0433 for MMP/Duals.
Pharmacy Providers
Please contact our Pharmacy benefits partner, CVS Pharmacy, by visiting CVS website here: Join CVS Caremark Network .
All Other Providers
Please complete a Contract Request Form and email to MHILProviderNetworkManagement@MolinaHealthcare.com .

Step 2: After you submit the form, you will be contacted by a representative to next steps for enrollment.

These are the items that will be required for enrollment: (may not be exhaustive)

- Provider Agreement
- Provider Information Form
- Ownership and Control Disclosure Form
- Signed W-9 (see page 45)
- Practitioner Application (if practitioner does not have an updated and attested CAQH profile (page 34))
- IAMHP Roster (see page 37)

Step 3: Providers must be enrolled in IMPACT and have Medicaid ID number.

Step 4: Sign Provider Agreement

Following enrollment, you will receive training about submitting claims and receiving payment.
Each MCO has its own platform for claim submission.



Required for MCOs: Liability Insurance

Liability insurance is crucial for lactation professionals to protect their assets, license, and reputation from potential lawsuits, even for perceived negligence. Key benefits include covering legal defense costs, which can be expensive, and often include coverage for telehealth, assault, and license defense. Many providers specialize in policies for lactation consultants that are portable, meaning they follow the professional even when changing jobs.

Coverage Requirements: (generally/requirements may be different)

- 1,000,000 Per Incident
- 6,000,000 Aggregate

Companies that Provide Liability Insurance to Lactation Professionals: (may not be exhaustive):

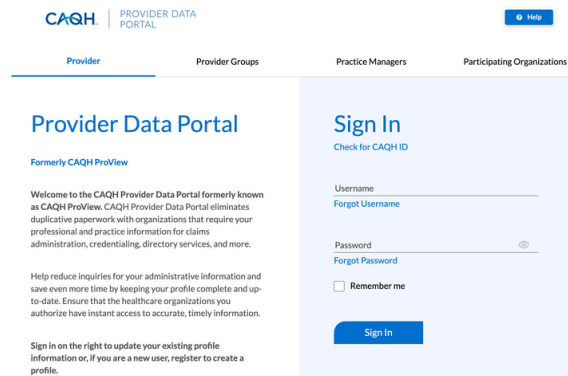
- **CM&F Group:** <https://www.cmfgroup.com/professional-liability-insurance/maternity-birth-professional-insurance/lactation-consultant-insurance/>
- **Insurance Canopy:** <https://www.insurancecanopy.com/lactation-consultant-insurance>
- **CPH Insurance:** <https://cphins.com/lactation-counselor/>
- **HSPO:** <https://www.hpso.com/Insurance-for-you/Individual-Practitioners/Other-healthcare-providers/Professions-covered>
- **Proliability:** <https://www.proliability.com/professional-liability-insurance/other-healthcare-professionals/>



Required for MCOs: CAQH Profile

- Set up account at proview.caqh.org

The CAQH Provider Data Portal is the healthcare industry's premier resource for reporting professional and practice information to health plans and other healthcare organizations. The system eliminates redundant processes to collect information for credentialing, primary source verification, compliance, directory management and more.



Completing the initial CAQH Credentialing profile may take up to two hours. However, once a profile is complete ongoing management is easily performed through a streamlined reattestation process.

Information you will be asked:

- Basic Personal Information
- Education and Training
- Medical /Professional school
- Graduate school
- Internships and residencies
- Fellowships and preceptorships
- Teaching appointments
- Specialties and Board Certification
- Practice Location Information
- Practice name and type
- Address and contact information
- Billing, office manager and credentialing contact
- Services, certifications, limitations and hours of operation
- Partners and covering colleagues
- Hospital Affiliation Information
- Malpractice Insurance Information
- Work History and References
- Disclosure and Malpractice History

Required Steps:

- Register with the system
- Complete all application questions
- Complete any outstanding required fields
- Review your application data summary
- Authorize participating organizations access to your application data
- Attest to your application data
- Upload your supporting documentation

Required Materials:

- IRS Form W-9(s)
- Drug Enforcement Administration (DEA) Certificate
- Controlled and Dangerous Substances (CDS) Certificate
- State medical license(s)
- Various identification numbers (UPIN, Medicare, Medicaid etc)
- Malpractice insurance policy(ies)



Setting up your CAQH Profile:

Important:

- Have your liability insurance policy document available to upload.
- Speciality:
 - Non-RN IBCLC
 - RN IBCLC

Location Info:

- If you don't have an office where you see clients, follow these instructions when adding your Practice Location.
 - Put your mailing address for communications.
 - Choose Administrative for Office Type.
 - Set your Office Hours to None for all fields.
 - For Practice Limitations, you may want to indicate that you do home visits
 - For Accessibility, select Yes for "Does this office meet ADA accessibility requirements?" and consider adding an explanation under Other Handicap Access.

Once you've completed your CAQH profile, you'll be taken through the Review process:

- The system will alert you to any errors in your application.
- When these errors are corrected, you'll be cleared to Attest, meaning that you'll be stating that you've provided true and accurate information to CAQH.
- When the Attestation is complete, the payer will be notified that they can now review your application.

CAQH requires that you re-Attest on a regular basis, and you'll receive email reminders. Make sure that emails from CAQH are not filtered into hidden folders or sent to spam, as these re-Attestations are critical to maintaining your in-network status. You'll need to renew your liability insurance each year, both by changing the policy expiration date in Profile Data > Professional Liability Insurance, and by uploading your policy document in Documents.



IAMHP ROSTER

Universal IAMHP Roster:

- This is a large Excel document with many tabs and fields to complete.
- Below is an outline of the fields on each sheet so you can gather the needed information.
- You simply leave blank anything that does not apply.
- **You will use this same document for all MCOs. You only need to complete it once and submit to each MCO.**

Practitioner Data Tab:

Provider Status

- New/No Change/Update/Term
- Update Requested-Term from Service location, Add to Group
- Effective Date
- Change Effective Date

Practitioner Information

- NPI
- Last Name
- First Name
- Middle Name
- Suffix
- Degree
- Date of Birth
- SSN
- Gender
- Practice As
- Medicare ID
- Medicaid ID
- CAQH ID

Practitioner License Information

- State License
- State License Issuing State
- State License Expiration Date
- DEA
- DEA Expiration Date
- Controlled Substance
- Controlled Substance Expiration
- CLIA Certificate
- CLIA Expiration Date
- X-Ray License
- X-Ray License Expiration Date

Practitioner Speciality and Board Information

- Primary Speciality
- Primary Speciality Board Certified
- Primary Speciality Board Certification Name
- Primary Board Certificate Number
- Primary Board Certification Expiration Date
- Primary Board Lifetime Certified
- Primary Speciality Taxonomy
- Secondary Speciality

- Secondary Board Certificate Number
- Secondary Board Certification Expiration Date
- Secondary Board Lifetime Certified
- Secondary Speciality Taxonomy
- Additional Speciality
- Additional Speciality Board Certified
- Additional Speciality Board Certification Name
- Additional Board Certification Number
- Additional Board Certification Expiration Date
- Primary Board Lifetime Certified 2
- Primary Speciality Taxonomy 2

Supervising Provider

- Supervising Provider First Name
- Supervising Provider Middle Name
- Supervising Provider Last Name
- Supervising Provider Degree
- Supervising Provider License Number
- Supervising Provider License Issue State
- Supervising Provider NPI

Malpractice Information

- Malpractice Carrier Name
- Malpractice Coverage Claim Amount
- Malpractice Coverage Aggregate Amount
- Malpractice Coverage Effective Date
- Malpractice Coverage End Date

Specialized Training and Experience in Treating

- Specialized Training and Experience in Treating 1
- Specialized Training and Experience in Treating 2
- Specialized Training and Experience in Treating 3
- Specialized Training and Experience in Treating 4

Provider Language

- Primary Provider Language
- Secondary Provider Language
- Additional Provider Language

Hospital Affiliations

- Primary Hospital Affiliation
- Primary Hospital Affiliation Appointment Type
- Primary Hospital Affiliation Appointment Date
- Secondary Hospital Affiliation
- Secondary Hospital Affiliation Appointment Type
- Secondary Hospital Affiliation Appointment Date



IAMHP ROSTER

- Secondary Hospital Affiliation Appointment Date
- Additional Hospital Affiliation
- Additional Hospital Affiliation Appointment Type
- Additional Hospital Affiliation Appointment Date
- Additional Hospital Affiliation
- Additional Hospital Affiliation Appointment Type 2
- Additional Hospital Affiliation Appointment Date 2

Practitioner Location Information

- Medical Group Practice Name
- Effective Date in Group
- End Date in Group
- Location Type
- Location Name
- Address 1
- Address 2
- City
- State
- Zip Code
- Location Phone
- Location Fax
- Appointment Phone (if different from location phone)
- Provider Fax (if different from location fax)
- Call Coverage Phone (if different from location phone)
- Include Location in Directory
- Accepts New Patients
- Gender Accepted
- Accepts Minimum Patient Age
- Accepts Maximum Patient Age
- Practice Capacity Minimum Enrollees
- Practice Capacity Maximum Enrollees
- Practice Email

Billing Information

- Group Billing NPI
- Tax Identification Number
- Primary Tax Identification Number
- Legal Business Name
- Remittance Address 1
- Remittance Address 2
- Remittance City
- Remittance State
- Remittance Zip

Practitioner Office Hours

- Provider Hours Open: SUN
- Provider Hours Close: SUN

- Provider Hours Open: MON
- Provider Hours Close: MON
- Provider Hours Open: TUE
- Provider Hours Close: TUE
- Provider Hours Open: WED
- Provider Hours Close: WED
- Provider Hours Open: THURS
- Provider Hours Close: THURS
- Provider Hours Open: FRI
- Provider Hours Close: FRI
- Provider Hours Open: SAT
- Provider Hours Close: SAT

Practice Limitation

- Primary Practice Limitation
- Secondary Practice Limitation
- Additional Practice Limitation

Provider Training

- Completion of Cultural Competency
- Completion of Annual FWA Training
- Completion of the Model of Care Training
- Completion of Critical Incident Training

Credentialing Contact Information

- Credentialing Contact First Name
- Credentialing Contact Last Name
- Credentialing Contact Phone
- Credentialing Contact Fax
- Credentialing Contact Email

Group Location Practices Tab:

Provider Status

- New/No Change/Update/Term
- Update Requested-Term from Service location, Add to Group
- Effective Date
- Change Effective Date

Practice Information

- Group NPI
- Medical Group Practice Name
- Legal Business Name
- Primary Taxonomy
- Secondary Taxonomy
- Additional Taxonomy
- Illinois Medicaid ID

Location Information

- Location Type
- Location Name
- Address 1
- Address 2
- City
- State
- Zip Code
- Location Phone



IAMHP ROSTER

- Location Fax
- Appointment Phone (if different than location phone)
- Provider Fax (if different than location fax)
- Call Coverage Phone (if different than location)

Business Enterprise Program

- BEP Certified
- Minority Business Enterprise MBE (Y/N)
- Women's Business Enterprise WBE (Y/N)

Billing Information

- Tax Identification Number
- Primary Tax Identification Number
- Legal Business Name
- Remittance Address 1
- Remittance Address 2
- Remittance City
- Remittance State
- Remittance Zip

Practice Office Hours

- Provider Hours Open: SUN
- Provider Hours Closed: SUN
- Provider Hours Open: MON
- Provider Hours Closed: MON
- Provider Hours Open: TUE
- Provider Hours Closed: TUE
- Provider Hours Open: WED
- Provider Hours Closed: WED
- Provider Hours Open: THU
- Provider Hours Closed: THU
- Provider Hours Open: FRI
- Provider Hours Closed: FRI
- Provider Hours Open: SAT
- Provider Hours Closed: SAT

Language Information

- Primary Language Spoken at Location
- Secondary Language Spoken at Location
- Additional Language Spoken at Location
- Additional Language Spoken at Location
- Secondary Language Spoken at Location
- Additional Language Spoken at Location
- Location offers American Sign Language
- Telecommunication on Device for Deaf (TDD) Number
- Text Telephony (TTY) Number

Access to Public Transportation

- Access to Public Transportation Bus
- Access to Public Transportation Rail/Regional Train
- Access to Public Transportation Taxicab

Practice Limitations

- Practice Limitations
- Practice Limitations
- Practice Limitations

Location Services

- Primary Location Service
- Secondary Location Service
- Additional Location Service
- Additional Location Service
- Additional Location Service
- Language Line Available
- Qualified Onsite Medical Interpreter Available
- Call Ahead for Onsite Interpreter
- Documents Available in Languages Other than English

Credentialing Contact

- Credentialing Contact First Name
- Credentialing Contact Last Name
- Credentialing Contact Phone
- Credentialing Contact Fax
- Credentialing Contact Email

Required Training

- Completion of Cultural Competency
- Completion of Annual FWA Training
- Completion of Model of Care Training
- Completion of Critical Incident Training

ADA-Programatic Access

- Do you provide accessible communication for those who are deaf or hard of hearing?
- Do you provide accessible communication for individuals with cognitive disabilities?
- Do you allow service animals to accompany individuals in waiting and examination rooms?
- Are nurses and medical staff trained to safely assist or lift patients from wheelchairs to examination tables or other equipment? Alternatively, is a Hoyer lift available?
- Are doctors, nurses and other staff trained in operating accessible medical equipment such as height exam tables, mammography machines and weight scales?
- During the appointment scheduling process, are members with disabilities asked if they will need assistance?
- Are alternative Media Formats available?

ADA-Parking

- Does every accessible parking space have a vertical sign posted with the International Symbol of Accessibility?
- Are accessible parking spaces including access aisles wide enough?
- Are the correct number of accessible parking spaces provided?



IAMHP ROSTER

ADA-Exterior Route

- Is the route of travel to the building clear and accessible?
- Curb Route from Parking to the accessible entrance?
- Curb Route from Public Transportation to accessible entrance?
- Curb Route from Public Sidewalk to accessible entrance?

ADA-Ramps

- Is each run (leg) of the ramp no longer than 30 feet between landings?
- And no steeper than 1 foot rise for every 12 feet long?
- Are 60 inches (5feet) long, level landings provided at the top and bottom of each ramp run?
- Are handrails provided on both sides of the ramp?
- Are all ramps at least 36 inches wide?

ADA-Building Entrances

- Is there an entrance to the building that has zero steps?
- Is there an entrance, which as a ramp or lift?
- If a main entrance is not accessible, is there directional signage indicating the location of the accessible entrance?
- Does the accessible entry door open to at least 32" wide?
- Do entrance doors have handles that can be opened without grasping, pinching, or twisting of the wrist?
- Is space available for a wheelchair user to approach, maneuver, and open the door?

ADA-Elevators

- Is the elevator equipped with both visible and audible door opening/closing and floor indicators?
- Is there a raised letter and Braille sign on each side of each elevator jamb?
- Are the hall call buttons for the elevator no higher than 42" above the floor?
- Is the elevator car large enough for a wheelchair or scooter user to enter, turn to reach the controls, and exit?
- Do the buttons on the control panel inside the elevator have Brailled and raised characteristics/symbols near the buttons?

ADA-Interior Route

- Are all interior paths of travel at least 36 inches wide?
- Do all rooms accessed from a public hallway include signage with raised letters and Braille?
- If there are stairs on the accessible route, are the handrails on each side?

- If a platform lift is used, can it be used without assistance?

ADA-Restrooms

- If a single user toilet room is provided, is it accessible for a person who uses a wheelchair or scooter?
- Do toilet room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees, measured between the face of the door and the opposite stop?
- Are grab bars provided, one on the wall behind the toilet and one on the wall next to the toilet? Are Horizontal Grab bars provided on the wall behind and the wall next to the toilet?
- Are toilet stalls and approaches accessible to individuals who use wheelchairs and scooters?
- Is a vertical grab bar provided on the wall next to the toilet?
- In a toilet room with stalls, is there a 60-inch diameter turning circle or 60 inch x 60 inch "T"-shaped space inside the toilet room with stalls to allow a turnaround for a wheelchair and scooter users?
- Is the top of the toilet seat 17-19" from the floor?
- Is the toilet paper dispenser between 7 inches and 9 inches in front of the toilet and at least 15 inches above the floor?
- Is there a space that is at least 30 inches wide and 48 inches deep to allow wheelchair users to approach and use the sink?
- Are the soap and towel dispensers 48" or less from the floor?
- Are faucet handles operable with one hand and without grasping, pinching, or twisting?
- ADA-Exam/Treatment Room
- Do exam room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees?
- Is there a 60 inch diameter turning circle or a 60 inch x 60 inch "T"-shaped space so that a wheelchair or scooter user can make a 180 turn?
- Is there a height adjustable exam and procedure table?
- Is a weight scale available that can accommodate an individual that use a wheel chair or scooter?
- Is there space next to the height adjustable exam table for a wheelchair or schooter user for approach, park, and transfer or be assisted to transfer onto the table?



IAMHP ROSTER

ADA-Equipment

- Does your practice have a Hoyer-type lift available to transfer a patient onto an exam table?
- Is there height adjustable equipment (chairs and tables) that lowers between 17 inches and 19 inches from the floor to the top of the cushion for various pieces of equipment?
- Can mammography machine accommodate wheelchair users? Is mammography chair available for those who must be seated?

Facility Tab

Provider Status

- New/No Change/Update/Term
- Update Requested-Term from Service location, Add to Group
- Effective Date
- Change Effective Date

Facility Information

- NPI
- Facility Name
- Medicare ID
- Illinois Medicaid ID
- Primary Facility Type
- Primary Taxonomy
- Secondary Facility Type
- Secondary Taxonomy
- Additional Facility Type
- Additional Taxonomy

Facility License

- State License Number
- State License Issuing State
- State License Expiration Date
- DEA
- DEA Expiration Date
- Controlled Substance Number
- Controlled Substance Issuing State
- Controlled Substance Expiration Date
- CLIA Certificate
- CLIA Expiration Date
- X-Ray License
- X-Ray License Expiration Date

Business Enterprise Program

- BEP Certified
- Minority Business Enterprise MBE (Y/N)
- Women's Business Enterprise WBE (Y/N)

Facility Accreditation

- Primary Facility Accreditation
- Secondary Facility Accreditation
- Additional Facility Accreditation

Liability Insurance

- Liability Carrier Name
- Liability Coverage Claim Amount
- Liability Coverage Aggregate Amount
- Liability Coverage Effective Date
- Liability Coverage End Date

Location Information

- Location Type
- Location Name
- Address 1
- Address 2
- City
- State
- Zip Code
- Location Phone
- Location Fax
- Appointment Phone (if different than location phone)
- Provider Fax (if different than location fax)
- Call Coverage Phone (if different than location)
- Include Location in Directory
- Accepts New Patients
- Gender Accepted
- Accepts Minimum Patient Age
- Accepts Maximum Patient Age
- Email
- Website

Billing Information

- Tax Identification Number
- Primary Tax Identification Number
- Legal Business Name
- Remittance Address 1
- Remittance Address 2
- Remittance City
- Remittance State
- Remittance Zip

Facility Hours of Operation

- Facility Hours Open: SUN
- Facility Hours Close: SUN
- FacilityHours Open: MON
- Facility Hours Close: MON
- Facility Hours Open: TUE
- Facility Hours Close: TUE
- Facility Hours Open: WED
- Facility Hours Close: WED
- Facility Hours Open: THURS
- Facility Hours Close: THURS
- Facility Hours Open: FRI
- Facility Hours Close: FRI



IAMHP ROSTER

- Facility Hours Open: SAT
- Facility Hours Close: SAT

Language Information

- Primary Language Spoken at Location
- Secondary Language Spoken at Location
- Additional Language Spoken at Location
- Additional Language Spoken at Location
- Secondary Language Spoken at Location
- Additional Language Spoken at Location
- Location offers American Sign Language
- Telecommunication on Device for Deaf (TDD) Number
- Text Telephony (TTY) Number

Access to Public Transportation

- Access to Public Transportation Bus
- Access to Public Transportation Rail/Regional Train
- Access to Public Transportation Taxicab

Practice Limitations

- Practice Limitations
- Practice Limitations
- Practice Limitations

Location Services

- Primary Location Service
- Secondary Location Service
- Additional Location Service
- Additional Location Service
- Additional Location Service
- Language Line Available
- Qualified Onsite Medical Interpreter Available
- Call Ahead for Onsite Interpreter
- Documents Available in Languages Other than English

Credentialing Contact

- Credentialing Contact First Name
- Credentialing Contact Last Name
- Credentialing Contact Phone
- Credentialing Contact Fax
- Credentialing Contact Email

Required Training

- Completion of Cultural Competency
- Completion of Annual FWA Training
- Completion of Model of Care Training
- Completion of Critical Incident Training

ADA-Programatic Access

- Do you provide accessible communication for those who are deaf or hard of hearing?
- Do you provide accessible communication for individuals with cognitive disabilities?
- Do you allow service animals to accompany individuals in waiting and examination rooms?

- Are nurses and medical staff trained to safely assist or lift patients from wheelchairs to examination tables or other equipment? Alternatively, is a Hoyer lift available?
- Are doctors, nurses and other staff trained in operating accessible medical equipment such as height exam tables, mammography machines and weight scales?
- During the appointment scheduling process, are members with disabilities asked if they will need assistance?
- Are alternative Media Formats available?

ADA-Parking

- Does every accessible parking space have a vertical sign posted with the International Symbol of Accessibility?
- Are accessible parking spaces including access aisles wide enough?
- Are the correct number of accessible parking spaces provided?

ADA-Exterior Route

- Is the route of travel to the building clear and accessible?
- Curb Route from Parking to the accessible entrance?
- Curb Route from Public Transportation to accessible entrance?
- Curb Route from Public Sidewalk to accessible entrance?

ADA-Ramps

- Is each run (leg) of the ramp no longer than 30 feet between landings?
- And no steeper than 1 foot rise for every 12 feet long?
- Are 60 inches (5feet) long, level landings provided at the top and bottom of each ramp run?
- Are handrails provided on both sides of the ramp?
- Are all ramps at least 36 inches wide?

ADA-Building Entrances

- Is there an entrance to the building that has zero steps?
- Is there an entrance, which as a ramp or lift?
- If a main entrance is not accessible, is there directional signage indicating the location of the accessible entrance?
- Does the accessible entry door open to at least 32" wide?
- Do entrance doors have handles that can be opened without grasping, pinching, or twisting of the wrist?



IAMHP ROSTER

- Is space available for a wheelchair user to approach, maneuver, and open the door?

ADA-Elevators

- Is the elevator equipped with both visible and audible door opening/closing and floor indicators?
- Is there a raised letter and Braille sign on each side of each elevator jamb?
- Are the hall call buttons for the elevator no higher than 42" above the floor?
- Is the elevator car large enough for a wheelchair or scooter user to enter, turn to reach the controls, and exit?
- Do the buttons on the control panel inside the elevator have Brailled and raised characteristics/symbols near the buttons?

ADA-Interior Route

- Are all interior paths of travel at least 36 inches wide?
- Do all rooms accessed from a public hallway include signage with raised letters and Braille?
- If there are stairs on the accessible route, are the handrails on each side?
- If a platform lift is used, can it be used without assistance?

ADA-Restrooms

- If a single user toilet room is provided, is it accessible for a person who uses a wheelchair or scooter?
- Do toilet room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees, measured between the face of the door and the opposite stop?
- Are grab bars provided, one on the wall behind the toilet and one on the wall next to the toilet? Are Horizontal Grab bars provided on the wall behind and the wall next to the toilet?
- Are toilet stalls and approaches accessible to individuals who use wheelchairs and scooters?
- Is a vertical grab bar provided on the wall next to the toilet?
- In a toilet room with stalls, is there a 60-inch diameter turning circle or 60 inch x 60 inch "T"-shaped space inside the toilet room with stalls to allow a turnaround for a wheelchair and scooter users?
- Is the top of the toilet seat 17-19" from the floor?
- Is the toilet paper dispenser between 7 inches and 9 inches in front of the toilet and at least 15 inches above the floor?
- Is there a space that is at least 30 inches wide and 48 inches deep to allow wheelchair users to approach and use the sink?

- Are the soap and towel dispensers 48" or less from the floor?
- Are faucet handles operable with one hand and without grasping, pinching, or twisting?
- ADA-Exam/Treatment Room
- Do exam room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees?
- Is there a 60 inch diameter turning circle or a 60 inch x 60 inch "T"-shaped space so that a wheelchair or scooter user can make a 180 turn?
- Is there a height adjustable exam and procedure table?
- Is a weight scale available that can accommodate an individual that use a wheel chair or scooter?
- Is there space next to the height adjustable exam table for a wheelchair or schooter user for approach, park, and transfer or be assisted to transfer onto the table?

ADA-Exam/Treatment Room

- Do exam room doorways have a minimum clear opening of 32 inches with the door open at 90 degrees?
- Is there a 60 inch diameter turning circle or a 60 inch x 60 inch "T" shaped so that a wheelchair or scooter users can make a 180 degree turn?
- Is there a height adjustable exam and procedure table?
- Is a weight scale available that can accommodate an individual that use a wheel chair or scooter?
- Is there space next to the height adjustable wheelchair or scooter user to approach, park, and transfer or be assisted to transfer onto the table?

ADA-Equipment

- Does your practice have a Hoyer-type lift available to transfer a patient onto an exam table?
- Is there height adjustable equipment (chairs and tables) that lowers between 17 inches and 19 inches from the floor to the top of the cushion for various pieces of equipment?
- Can mammography machine accommodate wheelchair users? Is mammography chair available for those who must be seated?



IAMHP ROSTER

Behavioral Health Specialized Training and Experience in Treating Tab

- Note any specialized training from the list

Medical Providers Specialized Training and Experience in Treating

- Note any specialized training from the list

Practice Limitations

- Note any limitations from the list

Location Services Options

- Note any location services from the list

UNABLE TO REFRESH: We couldn't get updated values from a linked workbook.

Practitioner Information		Location Information										Billing Information																
Practitioner Name	Effective Date	Group MFI	Medical Group Practice Name	Legal Business Name	Primary Specialty	Secondary Specialty	Additional Specialty	Medical ID	Location Type (PRA)	Location Name	Address 1	Address 2	City	State	Zip	Location Phone	Appointment Phone #	Office Fax	Office Email	Location Phone	Website	Email	Practice Special Program	Primary Tax ID (TIN)	Legal Business Name	Business Address 1	Business Address 2	Business City

Reminder: You will use this same document for all MCOs. You only need to complete it once and submit it to each MCO.



W-9

- Fill and Download at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- This W-9 is from 2025. Be sure to download the current version at the website above.

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification Go to www.irs.gov/FormW9 for instructions and the latest information.	Give form to the requester. Do not send to the IRS.
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Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>2 Business name/disregarded entity name, if different from above.</p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) </p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions)</p> <p>3b If on line 1 you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you are any foreign partners, owners, or beneficiaries. See instructions.</p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any)</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p> <p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p> <p style="text-align: right;">Requester's name and address (optional)</p>
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Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	Employer identification number
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Date
Signature of U.S. person	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Providing and Documenting Services

For Medicaid to pay a claim, three conditions must be met on the date of service:

- A Medicaid Covered Service
 - Lactation Consultation Services
 - Group Certified Lactation Specialist Services
- Provided to a Medicaid Customer
- By a Medicaid Enrolled Provider
 - Enrolled as a Lactation Professional in IMPACT
 - Contracted with the customer's Medicaid Health Plan

A Medicaid Customer: (Use MEDI to look up and confirm:)

- **You will use the birthing parent's Recipient ID Number** (or the child's RIN if the birthing person is not Medicaid eligible)
- Dates of Customer Medicaid Eligibility
- Customer's Medicaid Health Plan
- **Check eligibility and health plan enrollment in MEDI every visit**

More About Billing Medicaid:

- Lactation Services apply to the Medicaid fee-for-service (FFS) program and the Managed Care Organizations (MCOs).
- Services are billed electronically on the 837 Professional transaction form and through each MCO's individual platforms. (More about this after you complete enrollment.)

Note Regarding Clinics: Federally Qualified Health Centers, Rural Health Clinics, and Encounter Rate Clinics will be allowed to bill practitioner claims (instead of medical encounters). The service must be billed under the enrolled, rendering lactation consultant's NPI with payment directed to the clinic/center's corporate NPI.

Documentation vs. Claim

Medical Documentation

Medical Documentation is the official record of what took place during a healthcare visit, including the patient's history, assessment findings, clinical observations, education provided, and the plan of care. It supports continuity of care, communicates with other healthcare providers, and serves as a legal record of the visit. Medical documentation also justifies the medical necessity of services rendered and becomes the foundation for accurate coding and billing, even when no insurance claim is submitted.

Documentation for each visit will be retained by the provider and only submitted to Medicaid or the MCO if requested. In Illinois, healthcare providers—including lactation counselors—are required to retain medical records for a minimum of 10 years from the date of the last patient encounter. For patients who are minors, records must be kept for at least 10 years or until the patient reaches age 21, whichever period is longer. Providers should ensure that records are stored securely and accessible for audit or reimbursement review purposes, in compliance with both state law and Medicaid documentation standards.



Pro Tip: Keep billing records, clinical notes, consent forms, and visit summaries organized and dated. If services are provided under a supervising provider or facility, follow their internal retention and storage policies as well.

Medical Claim

A Medical Claim is a financial document used for reimbursement. Claims are generated after medical services are provided and are based on what is documented in the medical record. A claim communicates to an insurance payer what services took place, why they were needed, and how much the provider is charging. While documentation tells the clinical story, the claim communicates the business side of the encounter. Both are essential in healthcare, but they serve very different purposes—documentation supports patient care, and claims support payment.

- Claims for Medicaid recipient fee-for-service visits will be submitted via the Medi system using the 837P form.
- Claims for MCO recipient visits will be submitted via each MCO's platform (you'll receive information about this after enrollment).

Standing Recommendation

The State of Illinois has issued a standing recommendation for Lactation Consultant services. When Lactation Professionals deliver services, they must document that they either use the standing recommendation or used a referral from a specific licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN). This meets the federal requirement that lactation services be recommended by a licensed provider. This is captured in the Medical Documentation, not the Medical Claim.

SUBMITTING CLAIMS



Providers should always verify that the member was eligible and enrolled in Medicaid or the named MCO on the date(s) of service through either the MEDI system or MCO portal.

All submitted claims must:

- Identify the **name and appropriate TIN number** of the health professional or facility that provided treatment or service, with a **matching NPI number based** on the billing guidance for the IMPACT provider type.
- Identify the **patient (RIN and/or MCO-specific Plan ID, address and date of birth)**
- List the **date (mm/dd/yyyy) and place of service**
- If necessary, include **any applicable prior authorization number provided by the MCO.**
- Have **valid Diagnosis, Procedure, Modifier and Location Codes** (more on page 49).
- Ensure all **Diagnosis Codes are to their highest number of digits available** (4th, 5th, and 6th character requirements and 7th character extension requirements).
- **Ensure all other insurance resources** (e.g. Medicare or other third-party coverage) **have been exhausted before submission.** Include any coordination of benefit (COB) documentation (e.g. a copy of the primary insurance EOB – including pages with run dates, coding explanations and messages) with the claim submission. Medicaid is always the payer of last resort.
- Be certified by the provider that the claim:
 - is **true, accurate, prepared with knowledge and consent of provider,**
 - **does not contain untrue, misleading, or deceptive information**
 - **identifies each attending, referring, or prescribing physician, or other practitioner**
- Providers are required to submit all claims eligible for reimbursement within **180 days** from the date of service.

SUBMITTING CLAIMS

Diagnosis Codes:

Describe why a service was provided—the patient's condition, diagnosis, or reason for the visit.



Find all ICD-10 codes at this website: <https://icd10cmttool.cdc.gov>. This is the most authoritative source in the U.S. for looking up current ICD-10-CM codes.

- Start with search terms like “lactation,” “breastfeeding,” “postpartum,” or “newborn.”
- Z codes (e.g., Z39.1, Z39.2, Z71.3) are common for preventive and counseling services.
- Diagnosis codes must be complete- 3, 4, 5, 6, or 7 characters to the greatest specificity. The final level is the complete code.
- Diagnosis codes should be listed in order of severity. The primary diagnosis should be listed first, followed by the secondary, tertiary and so on.
- Each medical service should be matched with a corresponding diagnostic code.

While this guide cannot tell you which codes to use, common codes include: (Not an exhaustive list)

- **Z39.1** – Encounter for care and examination of lactating mother
- **Z39.2** – Encounter for routine postpartum follow-up
- **Z00.111** – Health exam for newborn under 8 days old
- **Z00.129** – Health exam for child without abnormal findings
- **Z71.3** – Dietary counseling and surveillance (if used in nutritional/lactation context)

Procedure Codes:

Describe what service or procedure was performed—the actual care or intervention provided.

- Illinois Medicaid uses HCPCS code **S9443** for lactation consultation services.

Modifiers:

- **HD**= identifies that the service was delivered by an IBCLC.
- For CLC/CLS, no modifier is needed for individual services.
- **HQ**= indicates a group session (2 or more participants).
- **GT**= telehealth delivered via audio or video telecommunications system

Location Codes:

- **11**- Office (if services are rendered in a clinic or office setting)
- **12**- Home (if lactation support is provided in the patient's home)
- **15**- Mobile Unit
- **50**- FQHC
- **93**- telehealth delivered via telephone or other real-time interactive audio-only telecommunications system
- **99**- Other Place of Service (use only if the service location does not fit standard categories)

SUBMITTING CLAIMS

Per the Illinois Department of Healthcare and Family Services Fee Schedule for Lactation Counseling Services (12/19/2024), the reimbursement for services rendered by IBCLCs, CLCs, and CLSs is as follows:

Reimbursement Rate: Individual Services

- For IBCLCs (individual S9443 + HD), reimbursement is \$17.00 per session
- For CLCs / CLSs (individual S9443, no modifier), reimbursement is \$13.00 per session

Reimbursement Rate: Group Services

- IBCLC group (S9443 HD HQ): \$5.66 per participant in group consults
- CLC/CLS group (S9443 HQ): \$4.33 per participant

All reimbursements follow the “lesser of provider usual and customary charge or the statewide maximum” rule per state Medicaid policy.

Limits

- There are no stated limits for number of visits or number of time units per visit.
- Documentation must support the length and frequency of visits. (More on documentation on page 53)

Learn more about the Fee Schedule here:

<https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/12192024lactationfs.pdf>

TROUBLESHOOTING CLAIMS

Common Claim Rejection Causes:

Claims may reject for a number of reasons. Below are some common rejections that occur and why. This is not an all-inclusive list but will provide direction on certain circumstances to avoid. Many of these rejection reasons have been addressed throughout previous sections of this manual.

- Member DOB missing from the claim.
- Member Name or ID Number missing or invalid for the claim.
- Provider Name, TIN or NPI missing from the claim.
- Claim data is unreadable due to either too light, dot matrix, or too small font.
- Diagnosis Code missing or invalid.
- Rev Code missing or invalid.
- CPT/Procedure Code/Modifier missing or invalid.
- Dates Missing from required fields. Example “statement from” UB-04 or “Service From” CMS 1500.
- DOS Prior to Effective Date of Health Plan or member eligibility date.
- Incorrect Form Type used.
- Invalid TOB or invalid type of bill.
- No Detail Service line submitted.
- Admission Type is missing.
- Patient Status is missing.
- CLIA certification missing/invalid or incomplete.
- DOS on Claim is not prior to receipt of claim. Cannot be a future DOS.

Common Denial Causes

The table below highlights some of the most common denial reasons that occur. This is not an all inclusive list but will provide direction on certain circumstances to avoid. Many of these denial reasons have been addressed throughout previous sections of this manual.

- Billed Charges Missing or Incomplete
- Diagnosis Code Missing 4th or 5th Digit
- Primary Insurers EOB (Explanation or Benefits) is Missing or Incomplete
- Place of Service Code Invalid
- Incorrect Claim Form
- Authorization not obtained
- Tax Identification Number (TIN) Missing or Invalid
- Date Span Billed Does Not Match Days/Units Billed
- Provider TIN and NPI Do Not Match
- Member not enrolled on DOS
- Service not on HFS Fee Schedule

TROUBLESHOOTING CLAIMS

Common Denial Reasons by MCO

The table below illustrates the top 5 denial reasons encountered by MCOs. In addition, following the reason is action that can be taken by the provider to potentially resolve the denial. There are multiple reasons for claim denials, below are reasons the MCOs see most frequently

- Not Enrolled on DOS
- The Time Limit for Filing Has Expired
- Missing or Invalid Taxonomy
- Service Not Included on Fee Schedule
- Recipient Not Eligible on Date of Service

NOTE: Always ensure that if you have multiple NPIs and IMPACT Medicaid IDs that they match on the claim. MCOs will not process the claim if the specific NPI used does not match the corresponding Medicaid ID and IMPACT-registered categories of service, etc.

DOCUMENTATION

Proper documentation is essential not only for quality care but also to ensure that lactation services meet Medicaid reimbursement standards. **Medical records must support the medical necessity, duration, and frequency of services.** Incomplete or vague notes risk denial of claims or noncompliance with audit standards.

Required Elements to Include in Visit Documentation:

Use a structured template that includes the following elements:

1. Patient Identifiers

- Full name, date of birth
- Medicaid ID number (if available)
- Date of service
- Location of service (e.g., home, telehealth, office)

2. Reason for Visit / Presenting Concern

- Clearly state the breastfeeding issue or goal (e.g., nipple pain, poor infant weight gain, latch difficulty, milk supply concern)
- Include whether the visit is an initial assessment or follow-up

3. Relevant History

- Prenatal feeding intentions and education
- Birth history, delivery type
- Past breastfeeding experience (if any)
- Infant medical history (e.g., tongue tie, NICU stay, jaundice)
- Any social determinants impacting feeding (e.g., WIC participation, housing insecurity)

4. Objective Observations

- Document observations such as:
 - Infant feeding behavior at breast or bottle
 - Latch quality, positioning
 - Infant weight (if available)
 - Maternal breast exam (e.g., engorgement, trauma)

5. Assessment

- Include a clear clinical impression summarizing issues identified
- Justify why counseling or intervention was necessary

6. Plan of Care / Interventions

- Specific techniques taught (e.g., side-lying position, paced bottle feeding)
- Devices or aids used (e.g., nipple shield, pump education)
- Counseling topics (e.g., feeding cues, milk storage, infant satiety)
- Handouts provided or resources referred

DOCUMENTATION

7. Time Spent

- Document total time spent in direct counseling or intervention

8. Medical Necessity and Justification for Follow-Up

- Explain why the issue required professional care and justify next steps
- If planning follow-ups, document the rationale clearly

Medicaid Compliance Notes

- Length: Notes must support the level of time billed. Always indicate time spent in counseling/education.
- Necessity: Each visit must address a documented clinical concern—not just routine support—unless explicitly permitted by the payer.
- Frequency: Repeated visits must show progressive assessment and why continued care is needed

Note for Private Practice LCs: Unlike working with The Lactation Network, you will not submit your visit documentation when you submit the claim for the visit. Documentation is to be maintained and only submitted if requested by HFS or the MCO.

Record Retention: Per Illinois law, retain all lactation visit documentation for 10 years, or until the minor turns 21—whichever is longer.

Have questions?

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