

MEDICAID ILLINOIS (MCDIL) PRE-ENROLLMENT INSTRUCTIONS



EDI/ERA enrollment is completed through the Medicaid Illinois (MEDI) website, not IMPACT. At this time, IMPACT is only used for new providers attempting to become credentialed with Medicaid Illinois.

HOW DO I COMPLETE ENROLLMENT?

The enrollment process is completed primarily through the Medicaid Illinois (MEDI) website:

1. Go to the [Medicaid Illinois \(MEDI\)](#) website
 - Java version 8u101 and above is required to access the MEDI site
2. Click on MEDI Login
 - If you do not have a MEDI login yet, you will need to register for one (Register for Medi)
3. Once logged into your MEDI account, click on the Registration Menu link (left hand side)
 - You will need your Provider Information Sheet which is mailed to the official medical provider address from HFS. If you do not have a Provider Information Sheet, you may [request a Provider Information Sheet](#) to have one mailed to the address on file.
 - The links of this information page only open using Internet Explorer. If you need forms you can email and ask us for them.
4. Once you have the Provider Information Sheet on hand, click on the Medicaid Provider link
5. Complete all required fields on the Provider Registration page, and then click Submit
6. Fax the Provider Information Form received by HFS to Office Ally **(360-896-2151 Attn: Anita)**
 - Office Ally has to submit a request in order to become your clearinghouse. After this request has been made, Office Ally will notify you.
 - Turnaround time is approximately 2-3 business days after OA receives your Provider Info form
7. After receiving the notification email from Office Ally, you must log back into your MEDI account at <http://www.myhfs.illinois.gov> and approve Office Ally's request.
 - After approving Office Ally, to complete your enrollment follow instructions on the "Note to My Clients Plus Users" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

For questions regarding the MEDI enrollment process, please email HFS.Webmaster@illinois.gov or call (800) 366-8768 Option 1, then Option 2.

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your Billing NPI/ Provider Number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including state if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For EDISS or Noridian Pre-Enrollments Please Also Include:
Providers Submitter Number**

REVISED 9/29/16