

DMH Provider Medicaid Enrollment

Requirements for enrolling DMH providers and provider service site locations:

- DMH regional approval necessary prior to enrollment or modification of a service site location
- BALC or DCFS issues amended or new Medicaid Certificate that certifies the provider and the service site location
- Completion of DMH required provider training
- HFS enrollment of the Medicaid Certified service site as a Type 036 provider
 - DMH requires submission of the following HFS forms to the DMH Provider Access Specialist:
 - **Provider Enrollment Application (HFS 2243)** - <http://www2.illinois.gov/hfs/SiteCollectionDocuments/hfs2243.pdf>
 - **Agreement for Participation (HFS 1413)** - <http://www2.illinois.gov/hfs/SiteCollectionDocuments/hfs1413.pdf>
 - **Enrollment Disclosure Statement (HFS 1513)** - <http://www2.illinois.gov/hfs/SiteCollectionDocuments/hfs1513.pdf>
 - **IRS Request for Taxpayer Identification Number and Certification (W-9)** – <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
 - **National Provider Identification # (NPI) Approval Letter** - <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
 - Copy of **BALC** or **DCFS Medicaid Mental Health Certificate**
 - After HFS has enrolled the provider service site and issued a Provider Key (Medicaid Site ID(s), the service site location must be enrolled in the Collaborative ProviderConnect database
 - DMH requires submission of the following Collaborative forms to the DMH regional contract manager:
 - Request for Changes Form – Administrative (Form 1) (02/09/11) - http://www.illinoismentalhealthcollaborative.com/provider/forms/Request_for_Changes_Form1_Administration.pdf
 - Request for Changes Form – Provider Record (Form 2) (02/09/11) - http://www.illinoismentalhealthcollaborative.com/provider/forms/Request_for_Changes_Form2_Provider_Record.pdf

DMH Provider Enrollment Contact Person:

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