

Instructions for Completing the Central Billing Office Application

These directions are not meant to take the place of the reference pages enclosed with the Central Billing Office application. The intention is to provide supplemental information to assist you in completing the applications forms correctly. Please note that the reverse sides of all original forms print out as a second page. Provider Connections is not responsible for the accuracy of your CBO application if you fail to follow these instructions.

*** Please note that the new HIPAA format requires the use of 9-digit zip codes on all CBO forms. ***

The Payee Agreement:

The Payee Agreement replaces the former Individual and Agency Service Provider Agreements. Only one copy of the Payee Agreement needs to be completed by an agency. All subsequent agency applicants should disregard the Payee Agreement portion of the CBO application.

- Your name must match the name on your state license on all application forms.
- Enclose a copy of your marriage license or other court document if your name is different.
- “Payee name” refers to the individual provider’s name or the agency name.
- The “Payee Representative Name” is the individual provider or person acting as the Agency Representative.
- “Title” refers to the title of the Agency Representative signing the agreement. Individual providers should write “Individual” on this line.
- The individual provider or agency representative must sign and date this page.
- Be sure to return all six of the pages. This is an agreement between you and the Illinois Department of Human Services so all six pages of the Payee Agreement are required.
- Only Interpreters and Deaf Mentors need to complete the Addendum to the Payee Agreement. Other applicants should disregard this page as it does not apply.

The EI Service Matrix:

Provider Connections sends this page to the Central Billing Office along with the W-9 Form. Enclosed with the application is a list of county codes—be sure to use the codes and not the county names. File the county code sheet for future reference. “How to contact you for referrals” should be used as a site of service address for agency providers. Individual providers should list their contact address in this space. Refer to the Matrix Instructions to complete this page.

Important to note: as of May 1, 2007, all applicants must have their own personal NPI (National Provider Identification) number. **Applications missing the NPI number cannot be processed.** You can obtain one by going to <http://nppes.cms.hhs.gov>.

Initial Interpreter applicants must document completion of Systems Overview Training, Interpreter Training, and successful score on the Interpreter/Translator proficiency exam. A Transportation applicant must include a photocopy of his/her driver’s license, proof of insurance, and vehicle registration with the enrollment application. Applications cannot be processed without such documentation.

Indicate the insurance companies you are enrolled for as a provider. If you are not enrolled with any, leave this part blank.

The Provider Enrollment Application (HFS 2243):

EI providers need to complete only Sections A, B, and F on this form. Do not complete any other sections. Please note that highlighting is forbidden on any HFS documents.

Section A: Only #1-15 need to be completed. All else does not apply.

- If you are an agency provider you must list both your full social security number and the agency FEIN number.
- Refer to Attachment A to get the code for #2 Provider Type.
- Even though it asks for an “Office Address” HFS prefers you use a home address where you can be reached for re-enrollment mailings every three years. Be sure to use a street address—Post Office box numbers are not acceptable on this page.

Section B: Refer to Attachment A to get the code for #22 Category of Service. This is the only blank you need to complete for Section B.

Section F: Sign, date and print your name in this section.

The Agreement for Participation in the Illinois Medical Assistance Program (HFS 1413):

On the front side of the form, list your name, and if you are a sole proprietor, you should list your d.b.a name. Do not list your corporate agency name as a d.b.a. unless you own the company. If you are already enrolled with the HFS and have an HFS provider number, list it on the line below your name. Do not list your agency’s HFS or FEIN number on this line.

On the reverse side of the form, complete #14 only if you are an owner or a stockholder in the agency. If you are an independent provider, you must write “NONE” on the Print Name line. Sign, date, and print your name. Leave the agreement effective date blank. Do not highlight any portion of this form.

The Enrollment Disclosure Statement (HFS 1513):

This form is a new addition to the Central Billing Office enrollment application, effective March 1, 2010. This form requires a provider’s individual information, and should not include any specific agency information.

Under Section 1, list your name and home address information and telephone number along with your NPI number and HFS Provider number if you have one. If you do not, write in “None.”

Under Section 2 (a) and (b) write “None.” In Section 2 (c) check “Other,” and write in “Individual” or “Working for a [write in the appropriate entity]”. Then write “None” on the name line below. On Section 2 (d) check the “No” box.

On Section 3, check the “No” box. On Sections 4 and 5, write “None” on the Name line or the name(s) of offending individuals. At the bottom where it asks for “Name of Authorized Representative” print your name and write “Individual” on the Title line. Then sign it and date it.

The W-9 Request for Taxpayer Identification Number and Certification:

IMPORTANT: This page must be completed correctly or the entire application will be returned to you. Only the applicant or applicant’s agency is authorized to make corrections to this page.

If you are an agency provider, your personal name does not go on this form. Print the agency name in the “Name” blank. If the agency is using a d.b.a., that name should be listed using the prefix d.b.a. on the “Business name” blank. Check the appropriate tax status box. Enter only the agency FEIN number for the tax identification number in Part I. Do not list your social security number. A signature and date is required on Part II—either an agency representative or a provider signature is acceptable.

If you are an owner of sole proprietorship or a disregarded entity LLC, place your personal name on the “Name” blank and “d.b.a. Your Business Name” on the Business name blank. Check the appropriate box. Enter the address information. If you have a FEIN number, list both your social security number and your FEIN number in Part I. Your signature and date is required in the specified blanks in Part II. Your name and signature must match the name on your state license.

If you are an individual, enter your name on the “Name” blank. Skip the business blank or write in parentheses “Private.” Enter your address information, check the individual/owner of sole proprietorship box, and enter your social security number in Part I. Sign and date the specified blanks in Part II. Your name and signature must match exactly, and they must match the name on your state license.

Any W9 Form with a date more than two years old is invalid and cannot be processed.

Attach a copy of your current state license to this application. The only exceptions are professions, which are not required to have a state license [e.g., Developmental Therapists].

Parent Liaisons, Deaf Mentors, and Interpreters are not enrolled with the Department of Healthcare and Family Services and should not complete HFS 2243, 1413, or 1513. These providers should send only the Payee Agreement (if applicable), the EI Service Matrix, and the W-9 form.

VERY IMPORTANT: ALL SIGNATURES ON THE CENTRAL BILLING OFFICE APPLICATION PAGES MUST BE ORIGINAL. REPRODUCED SIGNATURES OF ANY KIND ARE INVALID AND WILL CAUSE THE APPLICATION TO BE RETURNED.

Important to Note

Provider Connections recommends using the most recent applications. It is best to download applications directly from the Provider Connections website and avoid maintaining a stockpile of file copies. Forms change and become obsolete, and obsolete forms are invalid.