

**Script for CBO Application (revised)**

<b>Script</b>	<b>Image/Video</b>
<b>The Provider Connections Central Billing Office Enrollment Application Podcast</b>	Title page
Only Associate and Assistant level providers are exempt from completing the Central Billing Office (CBO) Enrollment Application, all others must complete the forms. To access the CBO Enrollment Application, go to the Provider Connections website at <a href="http://www.wiu.edu/providerconnections">www.wiu.edu/providerconnections</a> . Select the red Credentialing tab, then click New Applicants. You will see links for the EI Credential Application and the CBO Enrollment Application.	Show downloading application.
Download the CBO Enrollment Application directly from the website rather than using another copy because changes are frequently made and some forms become obsolete. Do not print the application directly from the website because some pages may not print. Not all pages need to be returned to Provider Connections. Pages not to be returned include the cover sheet; instructions; the Addendum to the Illinois Department of Human Services Early Intervention Service Provider Agreement, if not a Translator, Interpreter, or Deaf Mentor; EI Service Matrix Instructions; Illinois County Codes; Service Descriptions; and Attachment A.	Show downloading application.
The first page is a cover sheet.	Still of packet cover or still of Adobe document showing number of pages then to video of saving document to desktop.
The next three pages are supplemental instructions to help EI providers. Please take the time to read these instructions, since they will make completing the forms much easier for you. We will discuss some of the key points of these pages throughout this podcast.	Fan of instruction pages/video of highlighted instruction pages.
<b>Payee Agreement</b>	Title page
Next is the Payee Agreement. On page 1, Payee Name refers to the individual provider's name or the agency name. Remember that your name must match the name on your state license (if you have one) on <b>ALL</b> the application forms. If your name is different, please include a copy of your marriage license or other court document.  On page 6, Payee name again refers to the individual provider's name or the agency name. The Payee Representative Name is the	Video of person completing Payee Agreement.

<p>individual provider or the 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 Tax ID Number is usually your Social Security Number or an FEIN Number, that is a Federal Employer Identification Number. The individual provider or agency representative must sign and date this page. If your agency has a current Payee Agreement on file, this form is not necessary.</p> <p>Please mark the appropriate box for Taxpayer Certification.</p> <p>Please return the entire six page Payee Agreement with your CBO application.</p>	
<p><b>Addendum</b></p>	<p>Title Page</p>
<p>Completing the Addendum to the Illinois Department of Human Services Early Intervention Service Provider Agreement: Only Interpreters, Translators, and Deaf Mentors need to complete this form. If you are an Individual Provider, print your name on the first line and your phone number on the second line. Sign your name on the third line and write the date signed on the last line. If you are working for an agency, the information should reflect the agency's information.</p>	<p>Image Addendum to the Service Provider Agreement.</p>
<p><b>The EI Service Matrix Individual Provider</b></p>	<p>Title page</p>
<p>On the EI Service Matrix, enter your name, last name first, on the individual provider name line, then the last four digits of your Social Security Number on the second line. Next, enter your NPI number.</p> <p><b>All providers expect Transportation Providers, Translators, Interpreters, Parent Liaisons, and Deaf Mentors must have a personal NPI (National Provider Identification) Number.</b> Please go to the Provider Connections' homepage or consult the Instructions for completing the CBO Application for information about obtaining an NPI number.</p> <p>If you are an individual provider, write "private" on the Organization/Payee Name line.</p> <p>Enter your phone and fax numbers.</p> <p>When completing the EI Service Matrix, be sure to use the County Codes found in the application rather than the County Names. List the days and hours that you are available to work.</p>	<p>Video of person completing Service Matrix</p>

<p>Mark the appropriate service or services that you will provide. List your contact address for “How to contact you for referrals.”</p> <p>Mark what services you provide, where you provide services, languages spoken, and whether you are a Division of Specialized Care for Children provider, and any insurance companies in which you are enrolled as a provider.</p> <p>Sign and date the form.</p>	
<p>Oral Interpreters and Written Translators must include documentation of Proficiency Examination and System Overview for Bilingual Interpreter/Translators.</p> <p>Transportation providers need to document an appropriate vehicle registration card, insurance, and current driver's license.</p>	<p>Video of Interpreter Training, Proficiency &amp; Systems Overview Video of license, title, &amp; proof of insurance.</p>
<p><b>EI Service Matrix Agency Provider</b></p>	<p>Title</p>
<p>If you are completing the form for an agency, enter your name, last name first, on the individual provider name line, then the last four digits of your social security number on the second line. Next, enter your individual NPI number, not the NPI number of the agency unless you are enrolling as a transportation or Assistive Technology agency. On the Organization/Payee Name line, write the agency name. Write the phone and fax numbers of the agency in the appropriate lines. Use the Illinois County Codes to complete Illinois Counties Served. List the hours you are available to work for the agency under Working Hours.</p> <p>Mark the appropriate service or services that you will provide. List the agency’s phone number and address under “How to contact you for referrals.”</p> <p>Mark what services you provide with the agency, where the agency provides services, languages spoken, and whether you are a Division of Specialized Care for Children provider, and any insurance companies in which the individual is enrolled as a provider.</p> <p>Sign and date the form.</p>	<p>Video of person completing Service Matrix</p>
<p><b>The Illinois Department of Healthcare and Family Services Illinois Medical Assistance Program Provider Enrollment Application (HFS 2243)</b></p>	<p>Title</p>

<p>When finished with the EI Service Matrix, move on to the Illinois Department of Healthcare and Family Services Illinois Medical Assistance Program Provider Enrollment Application (HFS 2243). Only sections A, B, and F need to be completed. In section A, only items 1-15 need to be completed. Check whether you are a new enrollee or are reinstating your enrollment. Refer to Attachment A to get the Code for No. 2 Provider Type.</p> <p>Enter your name in Box 3.</p> <p>Although the form asks for a primary office address in Boxes 4-8, please list a home address where you can be reached for re-enrollment mailings every three years.</p> <p>Complete Boxes 9 &amp; 10 with the appropriate phone numbers.</p> <p>Enter any email addresses you have in Box 11. You may list up to three different addresses.</p> <p>Box 12: Enter your individual 10-digit NPI number, not your business NPI number.</p> <p>If you are an agency provider, list <b>both</b> the agency FEIN number in box 13 and your social security number in Box 14. If you are an individual provider, list your social security number in Box 14. If you have a professional license number, list that in Box 15.</p> <p>In Section B, refer to Attachment A to get the code for Box 22, Category of Service. This is the only item needed for Section B.</p> <p>For Section F: Check the box if you want a HFS handbook. Sign, date, and print your name.</p>	<p>Video of person completing HFS 2243</p>
<p><b>The Illinois Department of Healthcare and Family Services Agreement for Participation in the Illinois Medical Assistance Program (HFS 1413)</b></p>	<p>Title</p>
<p>On the blank on the first page of the form, print your name. If you have an owner of sole proprietorship status, list your d.b.a. (Doing business as) name. Do not list the corporate agency name as d.b.a. unless you own the company. If you are already enrolled with HFS for services other than Early Intervention and have an HFS provider number, list it on the second blank. Do not list the agency's HFS or FEIN number.</p> <p>Complete # 15 <b>ONLY</b> if you are the owner or stockholder in the</p>	<p>Video of person completing HFS 1413</p>

<p>agency. This section does not apply to private providers. Leave No. 17 blank. Sign and print your name and date the form.</p> <p>Parent Liaisons, Deaf Mentors, Interpreters, Translators, and Dietician Nutritionists are not enrolled with the Department of Healthcare and Family Services and do not need to complete the HFS 2243, HFS 1413, or HFS 1513 forms.</p>	
<p><b>Enrollment Disclosure Statement</b></p>	<p>Title Screen</p>
<p>This form requires a provider's individual information and should not include any specific agency information.</p> <p>Under Section 1, enter your name and home address information and telephone number along with our NPI number and HFS Provider number if you have one. If you do not, enter "None."</p> <p>Under Section 2 (a) and (b) enter "None." In Section 2 (c) check "Other," and enter in "Individual" or "Working for a [enter the appropriate entity]." Then enter "None" on the name line below. On Section 2 (d) check the "No" box.</p> <p>On Section 3, check the "No" box. On Sections 4 and 5, enter "None" on the Name line or the name(s) of offending individuals. At the bottom where it asks for "Name of Authorized Representative" enter your name and write "Individual" on the Title line. Then sign it and date it.</p>	<p>Video of Enrollment Disclosure Statement</p>
<p><b>Completing the W-9 Form as an Individual Provider</b></p>	<p>Title</p>
<p>If you are an individual provider, enter your name on the Name blank. Skip the business line. Check the Individual/Sole Proprietor box. Enter your home address, city, state and zip code. Then enter your Social Security Number in Part I.</p> <p>Sign and date the form.</p>	<p>Video of person completing W-9</p>
<p><b>Completing the W-9 Form as an Agency Provider</b></p>	<p>Title</p>
<p>If you are an agency provider, the agency name goes in the Name blank. If the agency is using a d.b.a., that name should be listed using the d.b.a. prefix on the Business Name blank.</p> <p>Check the appropriate tax status box. List the agency's street address, city, state, and zip code. Enter the agency FEIN number for the tax identification number in Part I, not your social security number.</p>	<p>Video of person completing W-9</p>

<p>Either the agency provider or an agency representative may sign and date the form.</p>	
<p><b>Mail the CBO application with the credential application. Providers that are only enrolling with the CBO do not need a credential application. The Dietician Nutritionist and Parent Liaison still need to submit a credential application, but not the HFS enrollment portion of the CBO.</b></p>	<p>Title</p>
<p>Gather all pages of the CBO application. All signatures must be original (no photocopies). Make a copy of the application for your own records. Mail with the Early Intervention Credential Application to Provider Connections in care of the Center for Best Practices in Early Childhood Education, 1 University Circle, Western Illinois University, Macomb, IL 61455.</p>	<p>Video of packet in and addressed envelope with address superimposed on screen</p>