



**HFS**

Illinois Department of  
Healthcare and Family Services

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## **Mandatory Medicaid-enrolled healthcare provider revalidation resuming, following pandemic pause**

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Providers actively enrolled in the Illinois Medicaid program will need to revalidate their enrollment status to continue providing services to Medicaid customers and bill Medicaid. This federal requirement was temporarily discontinued during the COVID-19 federal public health emergency. The Illinois Department of Healthcare and Family Services (HFS), which administers the Illinois Medicaid program, is resuming that practice effective today.

“We want to make this process as seamless as possible for providers,” **HFS Director Elizabeth Whitehorn said.** “Providers who care for Medicaid customers need to take this important step to ensure they can continue their critical work serving the millions of Illinoisans who are enrolled in Medicaid without disruption.”

Providers will receive revalidation notifications 90 days before their due date, which is based on when they initially enrolled. Providers with November deadlines will receive their notifications in September, for example. Once providers receive the email notification about the revalidation cycle starting, it is their responsibility to verify that all information contained in HFS’ IMPACT system is accurate and up to date. They will also receive a reminder email 30 days before their revalidation deadline.

These notifications will prompt providers to complete the revalidation process, which includes logging into the HFS IMPACT system to review their current enrollment information and make necessary updates. A failure to revalidate before their due date will result in a provider being terminated from the Medicaid program, which means all payments will cease for any services provided beginning the day after the revalidation due date.

HFS has also implemented multifactor authentication for the IMPACT system for the first time. Providers will need to set up multifactor authentication to complete their revalidation. HFS encourages all providers to set this up now, whether or not their revalidation is coming due.

To raise awareness about revalidation, HFS launched a multi-platform 'Stay Connected' outreach campaign. To help them to discuss the process with their networks, key stakeholders such as medical associations, managed care organizations and legislators are being provided with turnkey communications materials and webinars. HFS conducted a similar outreach called 'Ready to Renew' when customer redeterminations resumed after the public health emergency.

Step-by-step instructions, Frequently Asked Questions, a video tutorial, and stakeholder toolkit are available on the [IMPACT website](#) to assist providers. If providers need further assistance in completing revalidation, Provider Enrollment call center staff are available Monday through Friday from 8:30 a.m. to 5 p.m. at 877-782-5565. A significant number of staff have been added to the call center in anticipation of a potential increase in call volume.

HFS will be holding a series of virtual town hall meetings in the coming weeks to provide an overview of the revalidation process, and answer questions from providers. The first virtual session is scheduled for 10 a.m. Sept. 5. Providers must register to participate in advance and can do so [here](#). Subsequent virtual sessions will be held at 1:30 p.m. Sept. 26 and 3 p.m. Oct. 24.

Completing revalidation in a timely manner is crucial because federal regulations do not allow for retroactive reinstatements. A provider may seek to be revalidated after the due date, but if approved, payments can only begin again effective on the new enrollment date, creating a gap in enrollment and eligibility for payment.

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