The Application for Benefits Eligibility

The ABE Partner Portal

An Introduction for Long Term Care Providers

Illinois Department of Healthcare & Family Services (HFS)
Illinois Department of Human Services (DHS)
February 2020

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Agenda

- This Presentation will review:

  1. The ABE Partner Portal and New Long Term Care Provider function in ABE
  2. Creating a Partner Portal Account
  3. Logging in to the Partner Portal and Uploading Documents
  4. Primary ASA Tasks and Responsibilities

SECTION I

THE ABE PARTNER PORTAL and Long Term Care

The Integrated Eligibility System(IES) and ABE: The Customer, Partner and Worker Facing Portals

ABE
Customer Portal
Partner Portal

IES
Caseworker Portal

Information that customers and Providers enter in ABE applications and Manage My Case (MMC), pre-populates the caseworker's Data Collection pages in IES.

Important customer information like notices and other benefits details are sent from IES to ABE MMC.

ABE and the Partner Portal

- ABE, the Application for Benefits Eligibility, is the State of Illinois' web-based portal for applying for, accessing and managing health coverage, SNAP and cash benefits, and the Medicare Savings Program (MSP). As Approved Representatives and/or Community Partners you have been using ABE to apply for benefits and receive notices through the Customer Portal.

- The **ABE Partner Portal** allows certain Medicaid Providers the ability to complete specific tasks or functions.

- Authorized **Long Term Care providers** through their **Partner Portal account** can securely submit necessary documentation to the State on changes in income, resources and TPL, as well as redeterminations or other relevant documents through ABE.

- Following this training, if you should encounter problems using ABE, please contact your organization's ABE Agency Security Administrator(ASAs). More about ASAs in a minute!

Partner Portal Registration Requirements

- Your organization/agency/hospital (these terms are used interchangeably and refer to both one facility agencies and organizations that include multiple facilities) must have a Medicaid Provider ID number. You will need this number to register in the Portal. For information on how to register as a Medicaid provider visit hfs.illinois.gov and click on Medical Provider's – IMPACT Provider Enrollment.

- Each Agency must identify one employee who will act as the **Primary Agency Security Administrator (ASA)** for the purpose of managing agency staff that will use the ABE Partner Portal.

- Contractors *may not* be the Primary ASAs for a Provider however the LTC Provider Primary ASA may designate someone at the contractual agency as a secondary ASA.

- **Prior to leaving the agency**, the Primary ASA must submit a request to have Partner Portal access deactivated and submit registration for a new Primary ASA. Additional ASA Information in Section 4.

Navigating in ABE

Please review the following tips on navigating through ABE:

Do not use your Internet browser's back, forward or stop buttons while in the application. Use the buttons provided at the bottom of each page of the application:

Button	Description
Next	Click the [Next] button when you are done with a page and ready for the next questions.
Back	Click the [Back] button if you need to go back to a page and need to change your answers
Exit	You will see the [Exit] button after submitting your application. Clicking this button will take you back to the home page.
Save and Exit	Click the [Save and Exit] button to save the information already entered and return to the application later.

- You must complete questions with a red star (*) next to them.
- Your ABE session will time-out after 30 minutes of inactivity. You will need to log-in again to continue.

Section 2

Creating an ABE Partner Portal Account

Setting up your ABE Partner Portal Account

From the ABE Homepage (ABE.Illinois.gov), choose the ABE Partner Login link. You will use this link each time you return to ABE. Do NOT use the Login button in the upper right corner of the homepage.

Setting up an Account , cont'd

Click the, **[Create a new ABE User ID and Password]** link at the bottom of the screen.

Section 1: User Information

- Enter information about yourself and your organization type. **Email entered should be your work email!** This increases the security of your account and DHS/HFS Data.

User Information, cont'd

Type of User:

- A regular user for a provider that is certified to upload documents (everyone).
- A designated Agency Security Administrator (ASA) for a Provider that is certified to upload documents.
- The first ASA to register is considered the **"Primary ASA"** and will be responsible for carrying out the ASA tasks and responsibilities.

* **Please select the type of user that you are.**

* **Hospital Providers**

* ☐ I am a regular user for a provider that is certified to submit a Report of Birth.

* ☐ I am a regular user for a provider that is certified to submit Health Coverage applications.

* ☐ I am a regular user for a provider that is certified to submit Hospital Presumptive Eligibility (HPE) applications.

* ☐ I am a designated agency security administrator for a Hospital.

* **Medicaid Presumptive Eligibility Providers**

* ☐ I am the designated agency security administrator for a provider that is certified to submit Medicaid Presumptive Eligibility (MPE) applications.

* ☐ I am a regular user for a provider that is certified to submit Medicaid Presumptive (MPE) applications.

* **All Kids Providers**

* ☐ I am the designated agency security administrator for a provider that is certified to submit ABE applications.

* ☐ I am a regular user for a provider that is certified to submit ABE applications.

Long Term Care Providers

* ☐ I am the designated agency security administrator for a provider that is certified to upload documents.

* ☐ I am a regular user for a provider that is certified to upload documents.

* **Other Providers**

click here to choose ▼

* ☐ I am the designated agency security administrator

Important Information!

As part of Partner Portal account creation you must check this box. Be careful to read and understand this requirement.

I understand that state and federal laws require that information regarding persons applying for Medicaid Presumptive Eligibility or ABE programs be safeguarded from unauthorized use or disclosure.

Throughout the course of conducting Medicaid Presumptive Eligibility and ABE applications, confidential personal and demographic data from clients will be collected. I understand that I may not use personal, medical, or demographic client data for any purpose that is not directly related to the fulfillment of my agency's outreach and enrollment responsibilities.

I also understand that I may not disclose personal, medical or demographic client information to any person not directly responsible for ensuring the processing of Medicaid Presumptive Eligibility and ABE applications and/or the delivery of healthcare services to members.

This agreement and language is applicable for Provisional Eligibility Coverage as well!

Section 2: Provider User ID and Password

Create a personal ABE User ID and Password that you will use to login to ABE on an ongoing basis. The secret questions and responses you choose will be used as a security check if you need to recover or change your password. User IDs CANNOT be recovered.

You will be prompted to change your ABE password every 6 months.

Section 2 - ABE User ID and Password

To log in into your provider account, you will need to create a ABE User ID and password. You will need your ABE User ID and password to login to the provider portal.

* ABE User ID :   `TCruiser`

Your User ID must be 5 to 20 letters and/or numbers.

* Password :

Your password must be a minimum of 8 characters.
It must contain a minimum of three of the following:
- one capital letter,
- one lower case,
- one special character (! @ # $ % & *), and
- one numeral

Passwords cannot be used consecutively. The same password cannot be used for 24 change cycles.
Do not use your User ID or your name.
System Security policies require you to change your password every 180 days.

ABE User ID and password. You will need your ABE User ID and

he first name of your best friend when growing up?

* Answer to Secret Question 1 :

* Secret Question 2 :   What was the name of your first elementary school teacher?

* Answer to Secret Question 2 :

It is important to write down the answers to your security questions and store them in a secure location. **Passwords cannot be reset** without correct answers. If you are not able to reset your password, you will need to go through the Account creation process again. Accounts are "locked" after 3 unsuccessful password attempts. This lock last for 60 minutes.

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Section 3: Organization Information

- Once you enter your ABE user type and create a User ID and Password, Section 3 will display.

- Enter your Organization's State of Illinois Medicaid Provider ID Number. If you will upload documents for multiple facilities, click **[Add]** and an additional Provider ID box will display. You may do this as many times as needed to add all locations.

- Click **[Submit]** when you have added all numbers. If you do not know your HFS Provider ID, contact your office administrator or billing office.

Section 3 - Organization Information

You have told us in Section 1 that you are a regular user for a Medicaid Presumptive Eligibility and/or an All Kids provider and/or Long Term Care provider and/or Hospital Presumptive Eligibility provider. Please enter the Provider ID and click the Add button to add multiple Provider IDs.

Provider ID

`255099932015`

Add

Section 3 - Organization Information

You have told us in Section 1 that you are a regular user for a Medicaid Presumptive Eligibility and/or an All Kids provider and/or Long Term Care provider and/or Hospital Presumptive Eligibility provider. Please enter the Provider ID and click the Add button to add multiple Provider IDs.

Provider ID

`25          5`   **Delete**

Provider ID

`            `   **Delete**
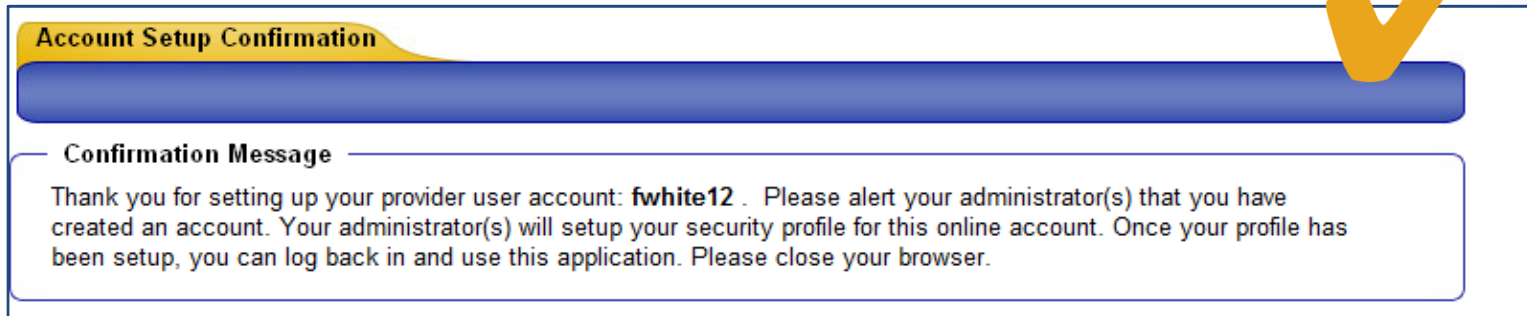
Add

Tip: If you need to add multiple Provider IDs because you work at more than one location, add them before entering your password and security questions. As a security measure, ABE wipes out these responses when the page is refreshed.

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Submit

Account Confirmation

Once all required fields are complete, click **[Submit].**

Account Setup Confirmation

Confirmation Message

Thank you for setting up your provider user account: **fwhite12** . Please alert your administrator(s) that you have created an account. Your administrator(s) will setup your security profile for this online account. Once your profile has been setup, you can log back in and use this application. Please close your browser.

- If you are the Primary Agency Security Administrator, after creating your account you must go to ABE ASA Request SharePoint and enter your ABE account information as well as your organization's information. Your ASA request will be reviewed by the HFS business and security offices before approval. You must be approved and granted access before you can approve others in your organization to use the portal.

- All other users should submit the ABE Registration Form 1706P to the organization's Primary ASA for review and record keeping. The 1706P can be found under the Medical Providers tab on the Medical Forms page under Providers, labeled Application for Benefits Eligibility (ABE) (pdf) on the HFS Website.

- After review, the Primary ASA will approve and grant Partner Portal access to the remaining users.

- Once granted access users are ready to begin using the Partner Portal.

Knowledge Check:

- What does ABE stand for?

  - Abraham Lincoln Benefits Exchange
  - All Benefits Eligibility
  - Application for Benefits Eligibility

- Can any Provider use the ABE Partner Portal?

- Can all documents be submitted in the Partner Portal?

- If I forget my User ID or password can the state reset my account?

Section 3

Logging in to the Partner Portal and Uploading Documents

Logging In and Multi-Factor Authentication

You will use the ABE Partner Login in the middle of the page to arrive at the correct Partner Login screen.

Multifactor Authentication (MFA) Process

For security purposes, we are required to validate a user's identity each time they log-in to the ABE Partner Portal. ABE does this through a process called multi-factor or two factor authentication.

E-mail Activation

- The first time you log into the ABE Partner Portal, you will be asked to register your e-mail address. **You must enter the e-mail address you used when setting up your ABE User Partner Portal Account and one you can access when working in the Partner Portal.** Because of this additional security measure, the email used should be your work email. Click **[Register].**

Authentication - Details

Multi Factor Authentication

To protect the information in our system, you are required to complete a multi-step authentication process to log in:

1. Please enter the email you used to set up your ABE account, and click the Register button to send an Activation Code to this email
2. Enter the Activation code here and click Activate Email Address
3. When you activate your email, we will ask you for another code on the next screen

* Email Address: [＿＿＿＿＿] **Register**

Email Activation

An Activation Code will be sent to the e-mail address. Enter the code in the space provided and click **[Activate Email Address].**

- If you do not receive the Activation Code, check your Junk or Spam folder. If the Activation Code is not received after 10 minutes (it usually arrive within a minute), click **[Resend Activation Code]** to generate a new code.

- You will only need to activate your e-mail address once (unless your email changes).

- If you no longer use or have access to the e-mail address associated with your ABE User Profile, you will need to contact your Agency Security Administrator to have your profile updated with your new e-mail address or you must set up a new ABE User Account with a valid e-mail address.

Authentication - Details

Multi Factor Authentication

To protect the information in our system, you are required to complete a multi-step authentication process to log in:

1. Please enter the email you used to set up your ABE account, and click the Register button to send an Activation Code to this email
2. Enter the Activation code here and click Activate Email Address
3. When you activate your email, we will ask you for another code on the next screen

* Email Address: jsmith@illinois.gov   **Resend Activation Code**

* Activation Code: [   ]

Cancel   **Activate Email Address**

Access Authentication

Once your e-mail is activated, an Access Code will be sent to that e-mail address. Enter this code in the space provided. Click **[Next]** and the Provider Portal Landing page displays.

ABE will send an Access Code to the registered, activated e-mail each time you log into the ABE Partner Portal. The code must be entered on the Authentication Access Code page to reach the Partner Portal Landing page.

Location Selection

- After completing Multifactor Authentication, if you entered multiple Provider IDs in your user profile, the **Location Selection** page displays. If you are associated with only one location, you will be taken directly to the **ABE Partner Portal Landing Page**.

- On the **Location Selection** page, indicate the location where you are working for this ABE session.

Provider Portal Landing Page

After logging in to the ABE Partner Portal, completing MFA, and choosing your work location (if you have multiple locations) the Partner Portal Landing Page will display.
Select, **"Upload document for existing Health Coverage Applications or cases."** Click **[Next].**
*You will choose the **"Manage My Account"** selection if you need to update your user profile including adding or changing a location, or changing an e-mail.*

Uploading Documents

Enter the client's Application or Case Number, Social Security Number or Recipient Identification Number **(RIN)** and select the Transaction Type that the documents relate. All mandatory questions must be answered to proceed. Click, **[Next].**

If you choose **TPL** or **Income** as your Transaction Type, you will then be asked for the Transaction Audit Number **(TAN).** When submitting a 3654 document under Other Proof include the admission **(TAN)** when possible!

Upload Documents

Upload Documents

In order to upload documents for an IES application or case, Please complete the information below.

Upload Documents Information

* IES Application or Case Number: `123456789`

Individual Information

Please enter either the SSN or RIN below.

Social Security number (SSN): `___ - __ - ____`

or

Recipient Identification Number (RIN): `_____`

* Transaction Type:
- ○ Third Party Liability(TPL)
- ◉ Income
- ○ Rede
- ○ Resource
- ○ Other

Transaction Audit Number (TAN): `_____`

Back   Next

Finding the TAN

The TAN is an auto generated tracking number assigned to each and every MEDI transaction; you need to submit the changes in MEDI first, in order to get the TAN and upload the documents in the ABE Partner Portal. You can find this number on the Summary Results page to the provider which tells the provider if the submission was accepted successfully.

Proof Categories

- Review the various Proof Categories listed and examples for each category. Click **[Next].** The Submit Your Documents page will display; select the category(s) of proof document you would like to submit. Click **[Next].** Proof Categories include:

  - Proof of SSN Application
  - Proof of Aged, Blind and Disability Assistance
  - Proof of Disability
  - Proof of Medicare
  - Proof of Liquid Assets
  - Proof of Other Assets
  - Proof of Employment
  - Proof of Self Employment
  - Proof of Rental Payments
  - Proof of Support Expenses
  - Proof of Other Expenses
  - Other Proof (this category would include Additional Financial Information for LTC, HFS 3654 and Other Related Verification Documents not categorized elsewhere).

Remember - When submitting a 3654 document under **Other Proof** include the admission TAN when possible!

Document Type

Indicate the document type you are submitting from the drop down. *(In this example the category selected is Other Proof and the document is an Additional Financial Information for LTC, HFS 3654).*

REMEMBER! *It is very important to separate proof documents by category and type. Do not upload all documents together. There are separate verification 'queues' the documents drop into depending on how the document was identified when you uploaded them. If you upload files together, it could appear that required documents are missing and some of the documents could be missed!*

Click the browse button to locate the desired document file

You will have the opportunity to add Proof documents for another category on the next page. If you change your mind and do not have a Proof Document to submit in this category, select Skip This Document. Click **[Next].**

VICTOR's Other Proof

Please upload documents that provide VICTOR's Other Proof.

* What type of document is this?   Additional Financial Information for LTC, HFS 3654 ▾

Choose a File from Your Computer

To upload a document, click Browse, and then select the file. The file will be displayed below.

The types of files supported for upload are: jpg, jpeg, tif, tiff, png and pdf.

[Browse...   ]

Click Yes to upload more documents from this category.

Would you like to upload another document to serve as VICTOR's Other Proof? ○ Yes ◉ No

If you would like to skip providing for VICTOR's Other Proof, click 'Skip This Document' at the bottom of the page.

Skip This Document   **Next**

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Document Summary

- On the Document Summary page, review the Proof Category and the Document Type. You can view the document selected to verify that it is correct – and erase it if it is not the right document.

- If you have documents in other Proof Categories, use the Type of Proof drop down under Upload Another Document to select the next document you would like to add. Click **[Add].** You can add up to 10 documents at a time. If you have more than 10 documents, submit the first 10 and then begin the process again.

**On RARE occasion, you will see more than one individual listed on the case. For example, this could occur for a short term rehabilitation stay. In these instances you will need to choose the individual you wish to upload docs for.

Print and Submit

Once all documents have been uploaded and **BEFORE** submitting, **PRINT** out a copy of the Summary page to keep as your receipt . The Summary will list all documents that were successfully uploaded. Click **[Submit].** The documents will be transferred to the client's case record for a LTC worker to process.

Confirmation and Location

The confirmation page is your 'proof' that the documents were transmitted successfully and gives the address of the office that received them based on where the case is assigned. **PRINT** out this page and attach to the Document Summary page for your records. Use the Click here link to upload additional documents or Logout of ABE.

Thank you!

Thank you for taking the time to view this Introduction for Long Term Care Providers and learn more about ABE - the Application for Benefits Eligibility. We hope you found this presentation useful. A LTC Guide and specific Job Aids are also available on the Long Term Services and Support (LTSS) page for your assistance.

If you have any questions about using ABE, please e-mail them to
HFS.ABEPartnerportal@Illinois.gov

Additional ABE Partner Portal Resources

- ABE Partner Portal Problems and Questions
  HFS.ABEpartnerportal@Illinois.gov

- To be approved as the ASA for your facility go to: ABE ASA Request SharePoint

- Additional training materials are available on the Long Term Services and Support (LTSS) page.

- The 1706P Form (must be completed and stored at your facility for all system users!) can be found on the HFS Medical Forms page under Providers, labeled Application for Benefits Eligibility (ABE) (pdf)

- How do I know if my facility has already assigned a Primary ASA? Check with your administration/billing office or send the question to HFS.ABEPartnerPortal@illinois.gov

Section 4

Primary ASA Tasks and Responsibilities

ASA Responsibilities

- Each Partner organization that will use the <u>Application for Benefits Eligibility (ABE)</u> Partner Portal must select a senior staff member to serve as the organization's **Primary ABE Agency Security Administrator (ASA).** The Primary ASA serves as the HFS point of contact regarding the organization's ABE participation, and will be responsible for administering the ABE security protocols at their agency. The Primary ASA:

  - Will enter their ABE Partner Portal account information as well as agency/hospital information on the <u>ABE ASA Request SharePoint site.</u>
  - Is responsible for designating another staff member for this position should they leave the agency **(before leaving)!**
  - Will submit a deactivation request and direct the new Primary ASA to submit their ABE Partner Portal account and hospital/agency information on the <u>ABE ASA Request SharePoint site.</u>

Responsibilities, continued

- May designate four additional agency staff as ASAs
- Approves Partner Portal 'Regular Users' from the agency
- Maintains Picture ID and 1706P records for all Partner Portal Users at the agency
- Terminates ABE Partner Portal access when staff leave the agency or are otherwise determined to no longer need access
- All ASAs are also able to perform the same functions in the Portal as a 'Regular User' for their User Type

ASA Registration Overview

- The Primary ASA should be the first person from the organization or location to register in ABE (refer to the **Creating an ABE Partner Portal Account Job Aid** for assistance). When completing the registration screen, indicate that you are the designated security administrator in the **Type of User** section.

- After Registration, the Primary ASA will then go to: ABE ASA Request SharePoint site. and enter individual and agency/hospital information.

- The HFS Business Unit will approve the account and the HFS Global Security Administrator (GSA) will grant access to the Portal. The Primary ASA will get an auto-notification e-mail indicating that their registration has been approved

- The ASA should then invite the organization's remaining users to set up their own ABE Partner Portal Accounts.

Registration Overview, continued

- ASAs should verify the identity of each ABE Partner Portal user by reviewing a valid picture ID.

- Valid forms of identification include:
  - Current and valid US driver's license or state identity card
  - US passport
  - US military identification
  - Certificate of citizenship or naturalization, and various immigration forms for non-US citizens.

- It is critical that all users remember their username and password as well as the answers to their security questions. Users will not be able to change their password or make other changes to their account if they do not have that information.

Approving Facility Users

- The ASA will use the Manage My Account feature in ABE to approve each ABE user. As an ASA you will see this option that 'regular users' do not see in this section. Under **Manage My Account** select **Search for users from my organization. Click [Next].** The **Search Criteria** page displays.

User Search

- **Search for Users.** Enter information for the user. Click **[Next].** You do not need to enter full name and birthdate, but the more information entered the fewer user names will display and the quicker your Search Results will come up.

Search Results

- Search Results Display. Names that meet the search criteria entered will display. All new staff will display as **"New"** under Type of User. Click the **[Go]** button next to the user's name in the list to change **Type of User.**

User Access Details

- **The User Access Detail screen displays. When** the **User Access Details** page displays, the default of **[No Access]** will display for a new user. Select the **Upload Only** option in the bottom box. You may also choose to make this person an Administrator by checking the box on the bottom left.

Click **[Submit].** [If the staff member leaves the organization, be sure to revisit this section and change the user's profile to **Remove this user permanently.**

Updated User Type

- **Updated User Type is Displayed.** You will not get a confirmation message, but the User will now display as an **existing user** on their **User Access Details** screen. Any time you need to change the Users access you will select the **[Go]** button for the chosen User.

Thank You!

- The staff member is now able to login and use ABE to submit applications/enrollments/birth reports or documents depending on their user type.

- Make sure that a **ABE Partner Portal Registration Form 1706P** has been submitted to the ASA for every ABE user at your agency/facility/organization.

- It is the responsibility of the **Primary ASA** to maintain an accurate user list and keep copies of each user's **Registration Form** and **Identity Verification (picture ID)** on file at your agency.

- If you have any questions about using ABE, please e-mail them to HFS.ABEPartnerPortal@Illinois.gov

**Remember to keep HFS informed of any Primary ASA changes at your organization!