# Healthcare and Family Services

Long Term Care MEDI Registration Tools and Guidelines for Long Term Care Providers

## **Registering** a Medicaid Provider

Go to

#### http://www.illinois.gov/hfs/MedicalProviders/EDI/medi/Pages/defa ult.aspx

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| Family Services MY HEALTHCARE MEDICAL PROVIDERS INFO CEL   | NTER ABOUT US                           |
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| HFS  Medical Providers  Electronic Data Interchange (EDI)  |   |
| MEDI Home  |   |
|  | Medi                                    |
| Update 5/6/2016  | EDI Home                                |
| Oracle has introduced Java version 8 update 91. This new update has worked on our PCs for all Medi<br>applications.  | MEDI                                    |
| If you can login now do not change your Java.  | MEDI Home                               |
| In the 5/10/2016 Microsoft Windows update more Java versions are blocked. If you are getting the message   | MEDI Login                              |
| that Microsoft Windows is blocking your Java, you can use the new version. www.java.com . Microsoft will<br>block all Java 7 versions that are currently available to the public Microsoft will block Java 8 versions before   | MEDI Frequently Asked Questions         |
| 8u77. If you do not have one of these versions (8u77, 8u91) and can't login you will have to change Java.  | MEDI Help                               |
| Special Note: Do not use the Beta or early release of Java 9.  | MEDI Help (pdf)                         |
| If your password is over a year old you may be prompted to change your password. This is normal. If you are having problems logging in and your password is over a year old or it has been over 90 days since you used   | Getting Started with MEDI               |
| Medi you may have to change your password.   | Register for Medi                       |
| For Illinois (Instate) users, use the Forgot Password button on the MEDI login page.   | Contact Us                              |
| For Out of state users, call 1-800-366-8768. Select option 1 then option 6 for assistance changing passwords.  |   |
| Please Note: Only accounts which were registered using a State of Illinois Driver's License (DL) or State of   |   |
| http://www.illinois.gov/hfs/MedicalProviders   | 🔍 100% 🔻 🔐                              |
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#### New Users

- To Get a Digital ID click on the Register for MEDI link on the right hand side of the page (see slide 2.
- Click the Getting Started Link to make sure your system meets the requirements to use the MEDI App.



#### **Registered Users**

- Click on the Registration Toolbox for a reference guide to all forms of registration available.
- Help Documentation provides a more detailed description of MEDI functionality.



## Ready to log in? Just click the button!

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| Child Support Case Information  |                          | ^                                      |
| Cost Calculation For Medicaid School-Based Health Services  |                          |  |
| New Users   |                          |  |
| Resources are available to assist you with establishing and troubleshooting your MEDI access:   |                          |  |
| Getting Started presents what is required to use these applications   |                          |  |
| Registration Toolbox (pdf) provides steps to complete the registration process, as well as problem tips   |                          |  |
| Help Documentation for a more thorough overview of MEDI   |                          |  |
| Registered Users  |                          |  |
| Login   |                          |  |
| Login here or click the login button above.   |                          |  |
| Note: Some features of this site will be unavailable between 3 and 3:30 a.m. on a daily basis, and between 10 p.m. to midnight on Saturdays, due to regular system maintenance. Please keep this in mind when using this site during this time frame, and thank you for your cooperation.   |                          |  |
| Provider Updates  |                          |  |
| Providers can register to receive E-mail notification, when new provider information has been posted to the Web site, by completing the form for Provider Releases and Bulletins E-mail Notification Request.   |                          |  |
| Providers can register to receive an E-mail notification when a new preferred drug list has been posted to the  |                          |  |
| Web site, by completing the form for the Preferred Drug List E-Mail Notification Request.   |                          | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| https://medi.hfs.illinois.gov/medi/mlogin.do  |                          | € <u>100%</u> ▼                        |
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## Login using your digital ID and password

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| myHFS myHFS Login  |   |                               |
| Login  |   |                               |
| Getting Started Check Browser  |   |                               |
| Register   |   |                               |
| Contact Us Contact Us Please enter your User Name and Password from you  | state of Illinois Digital ID.                                     |                               |
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| If you have forgotten your password or need to change your passwor<br>recover your password if you have exceeded your login limit. | I, then choose 'Forgot Password'. You may also use this option to |                               |
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| Forgot Password  |   |                               |
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#### **Obtaining IEC & LTC Transaction Links**

To submit claims and LTC transactions a minimum of two links should appear on your MEDI Home Page: Internet Electronic Claims (IEC) and Long Term Care (LTC). If these two links do not appear on your MEDI Home page, please continue to the next slide to learn how to obtain them.

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| For all other questions, please<br>call DoIT Service Desk at 1-<br>312-814-DoIT (3648),<br>Option 1 - for Information<br>Technology (IT), and then<br>Option 2 - for HFS. | Internet Electronic Claims System(IEC)<br>The IEC System provides the ability to perform basic processing functions such as:<br>* Eligibility Inquiry<br>* Claim Status Inquiry<br>* Upload/Download HIPAA-compliant transactions                      |   |                                       |                                      |                      | ^   |
|   | English All Kids Application Agent(AKAA) / Spanish All Kids Application Agent(AKAA   | Ŋ   |                                       |                                      |                      |     |
|   | Illinois Health Connect (ILHC)   |   |                                       |                                      |                      |     |
|   | Electronic Health Records/Provider Incentive Payment (EHR/PIP)   |   |                                       |                                      |                      |     |
|   | Drug Prior Approval/Refill Too Soon Entry System   |   |                                       |                                      |                      |     |
|   | Primary Care Attestations  |   |                                       |                                      |                      |     |
|   | Long Term Care (LTC)   |   |                                       |                                      |                      | ľ   |
|   | Sexual Assault Survivor Registration Site (ERSASS)   |   |                                       |                                      |                      |     |
|   | Standardized Illinois Early Intervention Referral Form, Form 650   |   |                                       |                                      |                      |     |
|   | A referral to the Department of Human Services (DHS) Early Intervention (EI) program, Child Standardized Illinois Early Intervention Referral Form, Form 650. The form can be printed or son-line tool to look up the CFC office(s) serving your area. | l and Family Connectio<br>saved to your compute | ns (CFC) offices<br>r for use. The fo | can be made usi<br>rm includes a lin | ing the<br>Ik to an  | ~   |
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## Adding the Long Term Care Link

 Click on the Registration Menu on the upper left hand corner of your home page.

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| MEDI Links<br>MEDI Links<br>MEDI Home<br>Manage My Account<br>Registration Menu<br>Manage NPI Account<br>Help Index<br>Contact Us<br>Logout<br>If you have billing problems,<br>please call a billing consultant<br>at 1-877-782-5565.<br>For all other questions, please<br>call DoIT Service Desk at 1-<br>312-814-DoIT (3648),<br>Option 1 - for Information<br>Technology (IT), and then<br>Option 2 - for HFS. | Select Application         Internet Electronic Claims System(IEC)         The IEC System provides the ability to perform         * Eligibility Inquiry         * Claim Status Inquiry | Welcome, MEDI TES<br>basic processing functions such as:   | T 4!      |         | www.myhfs.illinois.gov Bruce Rauner, Governor Help |
|   | English All Kids Application Agent(AKAA) /<br>Illinois Health Connect (ILHC)<br>Electronic Health Records/Provider Incent<br>Drug Prior Approval/Refill Too Soon Entry                | <sup>r</sup> <u>Spanish All Kids Application Agent(A</u><br><u>ive Payment (EHR/PIP)</u><br><u>System</u>  | NKAA)     |         | € 100% ▼   |
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#### **Registering** a Medicaid Provider

- To register a Medicaid provider you will need to reference the facility's Provider Information sheet that was sent when the facility was enrolled.
- If you do not have the Provider Information Sheet, you may request one on the Registration Page by clicking the link found below the Medicaid Provider Link named "request a Provider Information Sheet."

## **Registering** a Medicaid Provider

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#### Reduced Facsimile of a Provider Information Sheet

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#### Registering a Medicaid Provider Continued

- > The information marked with an asterisk (\*) must be entered exactly as it shown on the Provider Information Sheet.
- This process must be completed for each facility you wish to view the Long Term Care information for.

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| Help Index<br>Contact Us<br>Logout<br>If you have billing problems,<br>please call a billing consultant<br>at 1-877-782-5565.<br>For all other questions, please<br>call DoIT Service Desk at 1-<br>312-814-DoIT (3648),<br>Option 1 - for Information<br>Technology (IT), and then | Provider Number:* Provider Name:* Provider Address:*   | Provider Type:*   |                            | ^                 |
| Option 2 - for HFS.   | City:* Ci | State:*   | ZIP:*                      |                   |
|   | Your Work Phone:<br>OR<br>ENTER ONE OF THE FOLLOWING*<br>Enrollment Date:<br>OR  | Your Work Ext:           State Medical License Number:           OR   | Tax ID Number:             | Reset             |
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### Finishing Medicaid Provider Registration

- Once you have completed entering the required information click the Submit Button.
- If there are errors you will be prompted to correct them before proceeding to the next step.
- If there are no errors you will be asked if you are registering as an administrator for the existing or a new location. Select the existing location.
- Once you have received the message indicating you have successfully registered as an administrator you should have access to the Long Term Care Link on the MEDI Home Page.
- For information on managing administrators and employees in the MEDI system, please refer to the MEDI Registration Toolbox located on the MEDI Login Page.

#### Registering a Payee

Registering as a Payee will grant you access to the Internet Electronic Claims System, Claim Status features, and Electronic Remittance Advices (ERA). Click on the Registration Menu button and select Payee to begin.



#### **Registering a Payee Continued**

- Corporations with multiple facilities sometimes share the same payee number. In these instances registering the payee is only needed once. The information required to register a payee is also found on the Provider Information Sheet as well as at the bottom of paper remittance advices.
- To verify the payee number compare two remittance advices from two different facilities. The provider number is found at the top left hand corner of the remittance advice and the payee number is located at the bottom of the remittance advice.
- If two different facilities have the same payee number, you will only have to register the payee once in MEDI, however, each *provider number must be registered separately*.
- Once the payee is registered the system will automatically link to the enrolled provider(s) that have successfully registered in MEDI and share the same payee number in our IMPACT Provider Enrollment System. The name and number of the registered provider(s) linked to the payee will appear in the drop down boxes for the IEC tabs for Claim Submission, Upload/Download X12 File(s), Claim Status and Electronic Remittance Advice (ERA) transactions.

#### **Registering a Payee Continued**

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| Manage NPI Account<br>Help Index<br>Contact Us<br>Logout<br>If you have billing problems,<br>please call a billing consultant<br>at 1-877-782-5565.<br>For all other questions, please<br>call DoIT Service Desk at 1-<br>312-814-DoIT (3648),<br>Option 1 - for Information<br>Technology (IT), and then<br>Option 2 - for HFS. | Required Fields* Payee Number:* Payee Name:* Payee Address:* City:* Business Phone:* | State:*<br>Business Fax:   | ▼                     | ZIP:*                                      | ^                       |
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## **Completing Payee Registration**

- Once you have entered the information marked with an asterisk, click Submit.
- If there are errors, you will be prompted to correct them before completing.
- Once the registration is accepted you will usually be granted access to the Internet Electronic Claims (IEC) link within 24 – 72 hours.
- The IEC Link will grant you access to submit electronic claims (after 10/01/16 for long term care providers). Completing the Payee Registration starts the 835 process for claims submitted after the date of registration. Claims submitted before this date will not have 835s.
- Please review the MEDI Registration Toolbox for information on managing Payee access and information.

#### Registering a Non-enrolled Business User for Claim Submission after 10/01/16

- You will also be able to authorize a business entity to submit claims on your behalf.
- This may be an ideal option if you will be submitting claims for multiple facilities.
- Using this option allows a registered Medicaid Provider to designate a third party limited access to submit claims electronically on their behalf without granting full access to the data available in MEDI.

#### Registering a Non-enrolled Business User for Claim Submission after 10/01/16 - Registered Providers

- The Third Party Business User must have their own login and password and registration in MEDI.
- To register as a Non-enrolled Business User select Other Business from the Registration Menu.

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| Manage NPI Account<br>Help Index<br>Contact Us<br>Logout   | Business Registration<br>Select this option if you are an administrator for a business and want to perform this function for HFS applications available over the Internet. Select a<br>business registration type below:  |
| If you have billing problems,<br>please call a billing consultant<br>at 1-877-782-5565.<br>For all other questions, please<br>call DoIT Service Desk at 1-<br>312-814-DoIT (3648). | Medicaid Provider - Certified by the Illinois Department of Healthcare & Family Services as a medical services provider. You will need your <b>Provider</b><br>Information Sheet which is mailed to the official medical provider address from HFS. If you do not have a Provider Information Sheet, you may request a<br><u>Provider Information Sheet</u> to have one mailed to the address on file. Provider registration is available 24 hours a day, seven days a week, except between<br>the hours of 3 and 3:30 a.m. |
| Option 1 - for Information<br>Technology (IT), and then<br>Option 2 - for HFS.   | Payee - Authorized by a Medicaid provider to receive <b>remittance advices</b> . You should have access to a Provider Information Sheet or previously received remittance advices to register. If you do not have this information, you will need to contact the provider. Payee registration available 8 a.m. to 5 p.m. Monday through Friday.   |
|  | Payor - Certified by the Illinois Department of Healthcare & Family Services as an enrolled payor. You will need your Payor Information Sheet which is mailed to the official payor address from HFS. You may request a Payor Information Sheet to have one mailed to the address on file. Payor registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.   |
|  | Other Business - A billing service, agency or other business that represents a certified HFS medical provider. Other business registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.  |
|  | Employee Registration<br>Select this option if you have been provided with the Employee Registration Key for the business. If you do not have this information, contact your<br>administrator. Registration of the business is required before you can register. Employee registration is available 24 hours a day,seven days a week, except<br>between the hours of 3 and 3:30 a.m.  |
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#### Registering a Business Entity for Claim Submission after 10/01/16 - Non-enrolled Business Users

- The information entered on this page should be entered by the Third Party Business that will be submitting claims for the Medicaid Provider.
- For detailed information on what information should be used, please refer to the MEDI Registration Toolbox.

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| Option 2 - for HFS.  | City:*   | State:*<br>Business        | ✓<br>Fax:                                   | ZIP:*              | L                 |
|  | Your Work E-Mail Address:* ENTER ONE OF THE FOLLOWING* Your Work Phone: OR | Your Wor                   | 'k Ext:                                     |                    |                   |
|  | Offer   Offer     Other   Business     Type:*                              | Business<br>Required if 'O | Description:<br>ther Business' is selected* |                    |                   |
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#### **Business Entity's and Clearinghouse Associations – Non-enrolled Business Users**

- Once the Business Entity is registered as a nonenrolled business, an administrator must request Medicaid Provider Authorization to submit claims using the IEC for each enrolled Medicaid Provider you wish to submit claims for.
- An administrator for the Enrolled Long Term Care Provider must approve the billing entity's authorization request to initiate IEC transactions.

## IEC - Requesting Medicaid Provider Authorization

- To request Medicaid Provider Authorization, go to the Manage My Account tab located in the upper left hand corner of your home page
- Select the business entity/clearinghouse you want to request an authorization for and select the radio button to the left and then click on the Authorization Button in the upper right hand corner of the screen.
- On the next page click on "Req Provider Auth" (only non-provider businesses will have this option)

## Clearinghouse/Other Business Registration

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|                           |                               | Employee Registration Rey:<br>5u2LJdTsR1noma2   | <b>Kelationsnip:</b><br>Administrator | Status:<br>ACTIVE            | Application:<br>IEC, LTC                                |
|                           | Select                        | Business Name:<br>MISHA'S CLEARINGHOUSE         | HFS ID Number:<br>1K5849NFU451        | Tax ID Number:               | <b>Business Type:</b><br>OTHER BUSINESS <del>&lt;</del> |
|                           | -                             | Employee Registration Key:<br>c8D6S9e128262iT   | <b>Relationship:</b><br>Administrator | <b>Status:</b><br>ACTIVE     | Application:<br>NONE                                    |
|                           | Select                        | Business Name:<br>SLP LTC TEST                  | HFS ID Number:<br>123456789500        | Tax ID Number:<br>12-3456789 | Business Type:<br>MEDICAID PROVIDER - 028               |
|                           |                               | Employee Registration Key:<br>2m62bJT9vz4F1mR   | Relationship:<br>Administrator        | Status:<br>ACTIVE            | Application:<br>IEC, LTC                                |
|                           | Select                        | Business Name:<br>SMHRF LTC TEST                | HFS ID Number:<br>123456789502        | Tax ID Number:<br>12-3456789 | Business Type:<br>MEDICAID PROVIDER - 038               |
|                           | -                             | Employee Registration Key:<br>xip1222Sbw6pi9o   | Relationship:<br>Administrator        | Status:<br>ACTIVE            | Application:<br>IEC, LTC                                |

## **Requesting** Authorization



#### **Requesting Provider Authorization Cont.**

- Note: the provider name, number fields must be entered as they appear on the Provider Information Sheet and you must select an application from the drop-down list, answer the claim preparer question and click submit to complete the authorization request.
- Warning: if you are unsuccessful in requesting provider authorization five times, you will be locked out of the MEDI system and will have to contact Network Services to have your account unlocked.
- If there are no errors you will be returned to the Request Provider Authorization page to review the status of your authorization requests.
- The authorization process typically takes 2-3 business days to be granted before transactions can be exchanged. This is required to update HFS's X12N translator software.
- > Any pending authorization requests will show up at the bottom of the authorization request screen.
- Once this step is completed, the provider will need to grant the authorization for the business they wish to have submit claims for them.
- > To complete the process an administrator for the provider will need to login to MEDI and go to the Manage My Account Tab, select their provider number, and click on "Authorization."

## Requesting Provider Authorization

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| Manage NPI Account<br>Help Index<br>Contact Us       | Name:   | MISHA'S CLEARINGHOUS           | E                     | Business Type:           | го           | THER BUSINESS      |                               |    |
| Logout<br>If you have billing problems,              | HFS ID Number:  | 1K5849NFU451                   |                       | TAX ID Number:           | -            |                    |                               |    |
| at 1-877-782-5565.                                   | Request Provider  | Authorization                  |                       |                          |              |                    |                               |    |
| call DoIT Service Desk at 1-<br>312-814-DoIT (3648), | I am Requesting Authorization from the Following Medicaid Provider: |                                |                       |                          |              |                    |                               |    |
| Technology (IT), and then<br>Option 2 - for HES      | Provider Name:  |                                | Provider Number:      | Application:             |              |                    |                               |    |
|  | DD LTC TEST   |                                | 123456789501          | INTERNET ELECTRONIC CLAI | MS           | ~                  |                               |    |
|  | Does MISHA'S CLEAR  | INGHOUSE prepare clain         | ns for this Provider? |                          |              |                    |                               |    |
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|  | Remove:   | Provider Numbe                 | r:                    | Provider Name            |              |                    |                               |    |
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## **Provider** Authorization





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#### **Requesting Provider Authorization Cont**

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| For all other questions, please<br>call DoIT Service Desk at 1- | Registered Empl                               | ovees  |                                   |              |                              |                      |
| 312-814-DoIT (3648),  | Employee Name:                                | Employee Type:   | Status:                           | Sta          | tus Reason:                  |                      |
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|   | MISHA GLASSEL                                 | Administrator  | ACTIVE                            | INI          | TIAL REGISTRATION            |                      |
|   |   |  | IEC                               | ADI          | MINISTRATOR                  |                      |
|   |   |  | LTC                               | ADI          | MINISTRATOR                  |                      |
|   |   | Administrator  |                                   | TNIT         |                              |                      |
|   | SANATI KICKARD                                | Administrator  | Application:                      | Aut          | thorizationLevel:            |                      |
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#### **Approving** Authorization Requests

- Initial Requests will be displayed in pending status. An administrator for the Enrolled Long Term Care Provider must approve the billing entity's authorization request to initiate IEC transactions.
- An administrator can place an authorization in Active or Inactive status by clicking accept or reject respectively, or it can be left in pending status. An administrator may also change previous authorizations or rejections that a previous administrator may have granted or revoked.
- If the authorization requested is for the IEC the administrator must also authorize the specific transactions the business/clearinghouse will have access to (837I, 835).

#### **Provider Authorization Requests**

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| If you have billing problems, please call a billing consultant | HFS ID Number:                                    | 123456789003   | Tax ID Number:                      | 12-3456789                             |                       |
| at 1-877-782-5565.<br>For all other questions, please          | Business Authorizati                              | ions   |                                     |  |                       |
| call DoIT Service Desk at 1-<br>312-814-DoIT (3648).           |   |  |                                     |  |                       |
| Option 1 - for Information                                     | These businesses have requ                        | lested access to the applications indicated on b<br>usiness to work on behalf of the provider, click | ehalt of the provider.              | it. If you do not want a business to y | work on behalf        |
| Technology (IT), and then<br>Option 2 - for HFS.               | of the provider, click 'Reject                    | .' If you are unsure, you may leave the reques   | t in pending status. Click 'Submit' | to submit your changes.                | VOIR OIT Denail       |
|  | For the IEC application, you                      | must check the transactions you want to auth   | orize.                              |  |                       |
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|  |   |  | SPRINGFIELD, IL 627                 | 704                                    |                       |
|  |   | Administrators:<br>MISHA CLASSEL   | 217-782-0557                        | n:                                     |                       |
|  |   |  | MISHA.GLASSEL@ILL                   | INOIS.GOV                              |                       |
|  | Accept: Reject:                                   | Application Status:  | Current Authorized                  | Transactions:                          |                       |
| -  | $\rightarrow$ $\circ$ $\circ$                     | IEC - ACTIVE 09/07/2016  | 270 - 09/07/2016, 27                | 76 - 09/07/2016, 837I - 09/07/2016     |                       |
|  |   | Accept or Reject these Transactions:   | _                                   |  |                       |
|  | >   | SUBMIT INST CLAIM - X12 8371   | CHECK ELIGIBILITY - X12 270,        | /271                                   |                       |
|  | >   | CHECK CLAIM STATUS - X12 276/277   |                                     |  |                       |
|  |   | Check the functions you want to authorize  | Check All                           | -1. 41                                 |                       |
|  | HES ID Number:                                    | Business Name:   | Address:                            |  | ~                     |
|  | 1004567006076000                                  |  |                                     |  |                       |
|  |   |  |                                     |  | 🔍 100% 🔻              |
|  |   | 🧏 💦  |                                     | 0 🏶 🐂 🖌 🗞 🚺                            | 12:07 PM<br>9/22/2016 |

## Questions?

- For step by step procedures in basic registration in MEDI, please refer to the MEDI Registration Toolbox.
- For assistance registering a long term care facility, please call the Bureau of Long Term Care at 217-782-0545.