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/default.aspx

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!

Login using your digital ID and password

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.

Adding the Long Term Care Link

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

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

Reduced Facsimile of a Provider Information Sheet

```
                                          STATE OF ILLINOIS
MEDICAID SYSTEM (MMIS)              HEALTHCARE AND FAMILY SERVICES               RUN DATE: 1/10/09
PROVIDER SUBSYSTEM                                                              RUN TIME: 11:47:06
REPORT ID:  A2741KD1                  PROVIDER INFORMATION SHEET              MAINT DATE: 1/10/09
SEQUENCE:   PROVIDER TYPE                                                           PAGE:    84
            PROVIDER NAME

 - -PROVIDER KEY- -
                    PROVIDER NAME AND ADDRESS      PROVIDER TYPE:      010 - PHYSICIAN
    036999999       JOHNSON ALBERT                 ORGANIZATION TYPE:   01 - INDIVIUAL PRACT
                    1421 MY STREET                 ENROLLMENT STATUS    B - ACTIV NOCST    BEGIN 11/01/06 END ACTIVE
                    ANYTOWN, IL  62000             EXCEPTION INDICATOR    - NO EXCEPT      BEGIN          END
                                                                                     AGR: YES  BILL: NONE
                    PROVIDER GENDER:
                    COUNTY  200-COOK
                    TELEPHONE NUMBER   -   -       CERTIFIC/LICENSE NUM - 036999999  ENDING 01/31/10
                                                   PHARMACY AFFIL:  03 - GROUP PRACTICE         CLIA #:
                    D.E.A.#:   AA1234567           LAST TRANSACTION ADD          AS OF 01/14/09
                    RE-ENROLLMENT INDICATOR: E   DATE: 11/15/07                             NCPDP #:

  HEALTHY KIDS/HEALTHY MOMS INFORMATION:    BEGIN DATE:  /  /
                                  ELIG                                      ELIG          TERMINATION
    COS    ELIGIBILITY CATEGORY OF SERVICE   BEG DATE   COS  ELIGIBILITY CATEGORY OF SERVICE  BEG DATE    REASON
    001    PHYSICIAN SERVICES                11/01/06   006  PHYSICIAN PSYCHIATRIC SERVICES   11/01/06
    017    ANESTHESIA                        11/01/06   030  HEALTHY KIDS SCREENING SERVICES  11/06/06

    PAYEE
    CODE      PAYEE NAME           PAYEE STREET        PAYEE CITY     ST  ZIP    PAYEE ID NUMBER   DMERC#    EFF DATE
     1     ANYTOWN MEDICAL ASSOC   1421 MY STREET      ANYTOWN        IL  62000  363106080-62000-01         11/01/06
           DBA:                                                                 TIN #: 01
```

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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.

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

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.

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.

Business Entity's and Clearinghouse Associations – Non-enrolled Business Users

- Once the Business Entity is registered as a non-enrolled 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

Browser address bar: https://qmedi.hfs.illinois.gov/medi/manageMyMEDIAccount.do — Manage My MEDI Account

File Edit View Favorites Tools Help

RAPPLH2N Web Server | Suggested Sites ▾ | State of Illinois Enterprise ... | Web Slice Gallery ▾   Page ▾ Safety ▾ Tools ▾

Employee Registration Key: 5u2LJdTsR1noma2	**Relationship:** Administrator	**Status:** ACTIVE	**Application:** IEC, LTC

Select ○

Business Name: MISHA'S CLEARINGHOUSE	**HFS ID Number:** 1K5849NFU451	**Tax ID Number:**	**Business Type:** OTHER BUSINESS
Employee Registration Key: c8D6S9e128262iT	**Relationship:** Administrator	**Status:** ACTIVE	**Application:** NONE

Select ○

Business Name: SLP LTC TEST	**HFS ID Number:** 123456789500	**Tax ID Number:** 12-3456789	**Business Type:** MEDICAID PROVIDER - 028
Employee Registration Key: 2m62bJT9vz4F1mR	**Relationship:** Administrator	**Status:** ACTIVE	**Application:** IEC, LTC

Select ○

Business Name: SMHRF LTC TEST	**HFS ID Number:** 123456789502	**Tax ID Number:** 12-3456789	**Business Type:** MEDICAID PROVIDER - 038
Employee Registration Key: xip1222Sbw6pi9o	**Relationship:** Administrator	**Status:** ACTIVE	**Application:** IEC, LTC

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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

Provider Authorization

Requesting Provider Authorization Cont

➢ Select "Business Auth"

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

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.