

# MEDI Examples

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VFC program changes will affect billing.

- Billing of VFC obtained vaccines administered to children who are Title XIX [19] eligible will not change.
- Providers must bill HFS or the participant's managed care plan for private stock vaccines administered to Title XXI [21] and State-Funded eligible children.

Providers must verify eligibility in order to determine which vaccine to use (VFC or private stock) as well as how to determine the appropriate billing process.

- Providers can utilize MEDI, [www.myhfs.illinois.gov](http://www.myhfs.illinois.gov) or use a [vendor](#) to verify eligibility.
- Providers who utilize a vendor for eligibility should contact their vendor to determine how Title information will be displayed. Vendors can refer to the [270/271 Companion Guide](#), Section 4.3, Special Messages, Loop 2110C MSG segment.

MEDI INFORMATION		Action
Case Type Messages	Special Information	
ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE	Title XIX [19]	Use VFC vaccine and bill HFS
	Title XIX [19] & Managed Care Organization (MCO)	Use VFC vaccine and bill MCO
	Title XIX [19] & Third Party Liability (TPL)	<p>Provider must choose based on payer source.</p> <ul style="list-style-type: none"> <li>If billing commercial insurance for vaccines, use private stock <i>If the primary insurance denies payment, HFS will only reimburse for the administration of the vaccine</i></li> <li>If billing HFS as primary, use VFC stock</li> </ul> <p><i>Providers <b>are not</b> required to bill the primary insurance for preventive service to children.</i></p>
ALL KIDS SHARE, FULL COVERAGE  OR  ALL KIDS PREMIUM LEVEL 1, FULL COVERAGE	Title XXI [21]	Use Private Stock
	Title XXI [21] & Managed Care Organization	Use Private Stock and bill MCO
	Title XXI [21] & Third Party Liability (TPL)	<p>Use Private Stock</p> <p><i>Providers <b>are not</b> required to bill the primary insurance for preventive services to children.</i></p>
ALL KIDS PREMIUM LEVEL 2, FULL COVERAGE	State Funded. Non-Emergency ER visit copay, \$30. Family Planning related medical services require a copay for office visits. Not Eligible for Non-Emergency Transportation.	Use Private Stock
	State Funded. Non-Emergency ER visit copay, \$30. Family Planning related medical services require a copay for office visits. Not Eligible for Non-Emergency Transportation. & Managed Care Organization	Use Private Stock and bill MCO
	State Funded. Non-Emergency ER visit copay, \$30. Family Planning related medical services require a copay for office visits. Not Eligible for Non-Emergency Transportation. & Third Party Information	<p>Use Private Stock</p> <p><i>Providers <b>are not</b> required to bill the primary insurance for preventive services to children.</i></p>
DHS SOCIAL SERVICES	State Funded. Coverage is limited to IL Department of Human Services Programs. Services under the coverage are billed directly to HFS. IF you have any questions about DHS Social Services cases, please call the RIN help desk at 1-800-385-0872.	<p>No Medical Coverage</p> <p>This information does NOT apply to vaccines.</p>

# Title XIX [19]

Use the **Case Type**, **Special Information**, **Managed Care Organization** (if applicable), and **Third Party Liability (TPL) Information** (if applicable) to determine eligibility.

DOS:	5/1/2016
Case Type:	ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE
Special Information:	Title XIX [19]
Managed Care Organization	HEALTH PLAN
Use VFC vaccine, refer to MCO for billing instructions	

NOTE: MCO *Plan Code* is NOT Title information. In the example below, *MCO Plan Code* is 19. This does not refer to Title eligibility. Refer to the *Special Information* for Title information.

**For the date(s) of service entered, the client is eligible for medical benefits.**

→ **Case Type:** ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE

<b>Begin Date:</b> 05/01/2016	<b>End Date:</b> 05/01/2016	<b>Case Id:</b> [REDACTED]	<b>System Date:</b> 04/05/2016
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**Service Type(s):** OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - CHIROPRACTIC - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - RADIATION THERAPY - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

→ **Special Information:** Title XIX.

→ **Managed Care Organization** [Print This Section](#)

<b>Plan Code:</b> 19	<b>Site Name:</b>
<b>Exclusion Code:</b> 4	<b>Organization Name:</b> [REDACTED]
<b>Site Number:</b> 001	<b>Organization Phone:</b> [REDACTED]
<b>Begin Date:</b> 05/01/2016	<b>Street:</b> [REDACTED]
<b>End Date:</b> 05/01/2016	<b>City - State - Zip:</b> [REDACTED]

# Title XXI [21]

DOS:	4/30/2016
Case Type:	ALL KIDS SHARE, FULL COVERAGE
Special Information:	Title XXI [21]
Managed Care Organization	HEALTH PLAN
Use PRIVATE STOCK vaccine, refer to MCO for billing instructions	

NOTE: MCO *Plan Code* is NOT Title information. In the example below, *MCO Plan Code* is 19. *This* does not refer to Title eligibility. Refer to the *Special Information* for Title information.

For the date(s) of service entered, the client is eligible for medical benefits.

→ **Case Type:** ALL KIDS SHARE, FULL COVERAGE

<b>Begin Date:</b> 04/30/2015	<b>End Date:</b> 04/30/2015	<b>Case Id:</b> [REDACTED]	<b>System Date:</b> 04/14/2009
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**Service Type(s):** OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - RESTORATIVE DENTAL - CHIROPRACTIC - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - BRAND NAME RX DRUGS - GENERIC RX DRUGS - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

→ **Special Information:** Title XXI.

→ **Managed Care Organization** [Print This Section](#)

<b>Plan Code:</b> 19	<b>Site Name:</b>
<b>Exclusion Code:</b> 4	<b>Organization Name:</b>
<b>Site Number:</b> 001	<b>Organization Phone:</b>
<b>Begin Date:</b> 04/30/2015	<b>Street:</b>
<b>End Date:</b> 04/30/2015	<b>City - State - Zip:</b>

# STATE – FUNDED

DOS:	6/1/2016
Case Type:	ALL KIDS PREMIUM LEVEL 2, FULL COVERAGE
Special Information:	State Funded. Non-Emergency ER visit copay, \$30. Family Planning related medical services require a copay for office visits. Not Eligible for Non-Emergency Transportation.
Use PRIVATE STOCK vaccine, bill HFS	

**For the date(s) of service entered, the client is eligible for medical benefits.**

→ **Case Type:** ALL KIDS PREMIUM LEVEL 2, FULL COVERAGE

<b>Begin Date:</b> 06/01/2016	<b>End Date:</b> 06/01/2016	<b>Case Id:</b> <input type="text"/>	<b>System Date:</b> 02/26/2016
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**Service Type(s):** OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - RESTORATIVE DENTAL - CHIROPRACTIC - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - BRAND NAME RX DRUGS - GENERIC RX DRUGS - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

**CoPay Information:**  
 CoPay for each VISION (OPTOMETRY) 10.00  
 CoPay for each MENTAL HEALTH 10.00  
 CoPay for each RESTORATIVE DENTAL 10.00  
 CoPay for each CHIROPRACTIC 10.00  
 CoPay for each DENTAL CARE 10.00  
 CoPay for each HOSPITAL INPATIENT SERVICES 100.00  
 CoPay for each EMERGENCY ROOM VISIT 30.00  
 CoPay for each BRAND NAME RX DRUGS 7.00  
 CoPay for each GENERIC RX DRUGS 3.00  
 CoPay for each PROFESSIONAL (PHYSICIAN) VISIT OFFICE 10.00

→ **Special Information:** State Funded. NonEmerg ER visit copay, \$30. Family Planning related medical services require a copay for office visits. Not Eligible for Non-Emergency Transportation.

# DATE SPAN

An eligibility request that spans different months may return results that show different eligibility each month and two eligibility segments will be displayed. In the example below, the eligibility date request was 4/01/16 through 5/1/2016. Medical program eligibility is month to month.

DOS:	4/01/16 – 4/30/16
Case Type:	ALL KIDS PREMIUM LEVEL 1, FULL COVERAGE
Special Information:	Title XXI
Use PRIVATE STOCK vaccine, bill HFS	

DOS:	5/1/16
Case Type:	ALL KIDS MEDICAID ELIGIBLE, FULL COVERAGE
Special Information:	Title XIX
Managed Care Organization	HEALTH PLAN INC VMC
Use VFC vaccine, refer to MCO for billing instructions	

For the date(s) of service entered, the client is eligible for medical benefits.

→ Case Type: ALL KIDS PREMIUM LEVEL 1, FULL COVERAGE

<b>Begin Date:</b> 04/01/2016	<b>End Date:</b> 04/30/2016	<b>Case Id:</b> [REDACTED]	<b>System Date:</b> 08/05/2015
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**Service Type(s):** OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - RESTORATIVE DENTAL - CHIROPRACTIC - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - BRAND NAME RX DRUGS - GENERIC RX DRUGS - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

→ **Special Information:** Title XXI.

For the date(s) of service entered, the client is eligible for medical benefits.

→ Case Type: ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE

<b>Begin Date:</b> 05/01/2016	<b>End Date:</b> 05/01/2016	<b>Case Id:</b> [REDACTED]	<b>System Date:</b> 04/05/2016
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**Service Type(s):** OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - CHIROPRACTIC - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - RADIATION THERAPY - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

→ **Special Information:** Title XIX.

→ **Managed Care Organization** | [Print This Section](#)

<b>Plan Code:</b> 19	<b>Site Name:</b>
<b>Exclusion Code:</b> 4	<b>Organization Name:</b>
<b>Site Number:</b> 001	<b>Organization Phone:</b>
<b>Begin Date:</b> 05/01/2016	<b>Street:</b>
<b>End Date:</b> 05/01/2016	<b>City - State - Zip:</b>

# Two Case Types – Same DOS

DOS:	7/20/2016
Case Type:	ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE
Special Information:	Title XIX [19]
Use VFC vaccine, bill HFS	

DOS:	7/20/2016
Case Type:	DHS SOCIAL SERVICES
Special Information:	State Funded. Coverage is limited to IL Department of Human Services Programs. Services under the coverage are billed directly to HFS. IF you have any questions about DHS Social Services cases, please call the RIN help desk at 1-800-385-0872.
Does NOT pertain to HFS Medical Programs	

**For the date(s) of service entered, the client is eligible for medical benefits.**

→ **Case Type:** ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE

<b>Begin Date:</b> 07/20/2016	<b>End Date:</b> 07/20/2016	<b>Case Id:</b> [REDACTED]	<b>System Date:</b> 01/13/2016
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**Service Type(s):** OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - CHIROPRACTIC - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - RADIATION THERAPY - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

→ **Special Information:** Title XIX.

**For the date(s) of service entered, the client is eligible for limited medical benefits. Additional information available below or refer to the Provider Handbook for program specific coverage limitations.**

→ **Case Type:** DHS SOCIAL SERVICES

<b>Begin Date:</b> 07/20/2016	<b>End Date:</b> 07/20/2016	<b>Case Id:</b> [REDACTED]	<b>System Date:</b> 02/22/2016
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→ **Special Information:** State Funded. Coverage is limited to IL Department of Human Services Programs. Services under this coverage are billed directly to HFS. If you have any questions about DHS Social Services cases, please call the RIN help desk at 1-800-385-0872

# DHS SOCIAL SERVICES

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DOS:	8/1/2016
Case Type:	DHS SOCIAL SERVICES
Special Information:	State Funded. Coverage is limited to IL Department of Human Services Programs. Services under this coverage are billed directly to HFS. If you have any questions about DHS Social Services cases, please call the RIN help desk at 1-800-385-0872.
Participant is NOT ELIGIBLE for medical benefits through HFS.	

Note: When DHS Social Services is the only Case Type returned in MEDI, the information should not be used to determine which vaccine stock to use. Investigate other payment sources.

Coverage Detail [Print This Section](#)

For the date(s) of service entered, the client is eligible for limited medical benefits. Additional information available below or refer to the Provider Handbook for program specific coverage limitations.

Case Type: DHS SOCIAL SERVICES

<b>Begin Date:</b> 09/16/2016	<b>End Date:</b> 09/16/2016	<b>Case Id:</b> [REDACTED]	<b>System Date:</b> 04/04/2016
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**Special Information:** State Funded. Coverage is limited to IL Department of Human Services Programs. Services under this coverage are billed directly to HFS. If you have any questions about DHS Social Services cases, please call the RIN help desk at 1-800-385-0872

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# MCO Plan Code 19/Title XIX [19]Information

MCO *Plan Code 19* designates a specific MCO and does not correlate to Title information. A participant who is enrolled in a MCO may be eligible under Title XIX, XXI, or State-Funded. Each MCO has a specific *Plan Code* that identifies the specific plan. The *Plan Code* does NOT pertain to eligibility.

Special Information: Title XIX [19]

**DHS Social Services** does not apply to VFC/medical eligibility and should be ignored.

**For the date(s) of service entered, the client is eligible for medical benefits.**

**Case Type:** ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE

**Begin Date:** 09/16/2016      **End Date:** 09/16/2016      **Case Id:** [REDACTED]      **System Date:** 06/20/2014

**Service Type(s):** OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - CHIROPRACTIC - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - RADIATION THERAPY - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

**Special Information:** Title XIX.

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**For the date(s) of service entered, the client is eligible for limited medical benefits. Additional information available below or refer to the Provider Handbook for program specific coverage limitations.**

**Case Type:** DHS SOCIAL SERVICES

**Begin Date:** 09/16/2016      **End Date:** 09/16/2016      **Case Id:** [REDACTED]      **System Date:** 04/15/2008

**Special Information:** State Funded. Coverage is limited to IL Department of Human Services Programs. Services under this coverage are billed directly to HFS. If you have any questions about DHS Social Services cases, please call the RIN help desk at 1-800-385-0872

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Managed Care Organization    Print This Section

<b>Plan Code:</b>	19	<b>Site Name:</b>	[REDACTED]
<b>Exclusion Code:</b>	[REDACTED]	<b>Organization Name:</b>	[REDACTED]
<b>Site Number:</b>	001	<b>Organization Phone:</b>	[REDACTED]
<b>Begin Date:</b>	09/16/2016	<b>Street:</b>	[REDACTED]
<b>End Date:</b>	09/16/2016	<b>City - State - Zip:</b>	[REDACTED]

# MCO Plan Code 19/Title XXI [21]Information

MCO *Plan Code 19* designates a specific MCO and does not correlate to Title information. A participant who is enrolled in a MCO may be eligible under Title XIX, XXI, or State-Funded. Each MCO has a specific *Plan Code* that identifies the specific plan. The *Plan Code* does NOT pertain to eligibility.

Special Information: Title XXI [21]

Managed Care Information:

*Plan Code 19* designates the health plan and is not Title information.

Coverage Detail
Print This Section

For the date(s) of service entered, the client is eligible for medical benefits.

**Case Type:** ALL KIDS PREMIUM LEVEL 1, FULL COVERAGE

<b>Begin Date:</b>	<b>End Date:</b>	<b>Case Id:</b>	<b>System Date:</b>
09/16/2016	09/16/2016		03/13/2015

**Service Type(s):** OCCUPATIONAL THERAPY · SPEECH THERAPY · SKILLED NURSING CARE · SUBSTANCE ABUSE · VISION (OPTOMETRY) · PSYCHOTHERAPY · PSYCHIATRIC INPATIENT · PSYCHIATRIC OUTPATIENT · CARDIAC REHABILITATION · PEDIATRIC · MENTAL HEALTH · URGENT CARE · MEDICAL CARE · DURABLE MEDICAL EQUIPMENT PURCHASE · AMBULATORY SERVICE CENTER FACILITY · DURABLE MEDICAL EQUIPMENT RENTAL · SURGICAL · SECOND SURGICAL OPINION · RESTORATIVE DENTAL · CHIROPRACTIC · DENTAL CARE · DIAGNOSTIC X-RAY · ORAL SURGERY · HOME HEALTH CARE · HOSPICE · HOSPITAL · HOSPITAL INPATIENT SERVICES · DIAGNOSTIC LAB · HOSPITAL OUTPATIENT SERVICES · HOSPITAL EMERGENCY ACCIDENT · EMERGENCY ROOM VISIT · HOSPITAL AMBULATORY SURGICAL · MRI/CAT SCAN · NEWBORN CARE · WELL BABY CARE · ANESTHESIA · DIAGNOSTIC MEDICAL · DIALYSIS · CHEMOTHERAPY · SURGICAL ASSISTANCE · IMMUNIZATIONS · FAMILY PLANNING · EMERGENCY SERVICES · PHARMACY · BRAND NAME RX DRUGS · GENERIC RX DRUGS · PODIATRY · PROFESSIONAL (PHYSICIAN) VISIT OFFICE ·

**Special Information:** Title XXI.

Managed Care Organization
Print This Section

<b>Plan Code:</b>	19	<b>Site Name:</b>	
<b>Exclusion Code:</b>	4	<b>Organization Name:</b>	
<b>Site Number:</b>	001	<b>Organization Phone:</b>	
<b>Begin Date:</b>	09/16/2016	<b>Street:</b>	
<b>End Date:</b>	09/16/2016	<b>City - State - Zip:</b>	

# Two Case Types/Third Party Liability (TPL)

DOS:	9/16/2016
Case Type:	ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE
Special Information:	Title XIX
<p>Provider must choose based on payer source.</p> <ul style="list-style-type: none"> <li>If billing commercial insurance for vaccines, <u>use private stock</u>. <i>If the primary insurance denies payment, HFS will only reimburse for the administration of the vaccine.</i></li> <li>If billing HFS as primary, <u>use VFC stock</u>. <i>Providers <b>are not</b> required to bill the primary insurance for preventive service to children.</i></li> </ul>	
DOS:	9/16/2016
Case Type:	DHS SOCIAL SERVICES
Special Information:	State Funded. Coverage is limited to IL Department of Human Services Programs. Services under the coverage are billed directly to HFS. IF you have any questions about DHS Social Services cases, please call the RIN help desk at 1-800-385-0872.
Does NOT related to HFS Medical Programs	

In the example below, the participant has Title XIX [19], DHS Social Services, and a Third Party Liability (TPL). A TPL is commercial insurance. DHS Social Services does not apply to medical coverage.

Case Type: ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE

Begin Date: 09/16/2016      End Date: 09/16/2016      Case Id: [REDACTED]      System Date: 07/29/2015

Service Type(s): OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - CHIROPRACTIC - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - RADIATION THERAPY - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

Special Information: Title XIX.

For the date(s) of service entered, the client is eligible for limited medical benefits. Additional information available below or refer to the Provider Handbook for program specific coverage limitations.

Case Type: DHS SOCIAL SERVICES

Begin Date: 09/16/2016      End Date: 09/16/2016      Case Id: [REDACTED]      System Date: 03/31/2014

Special Information: State Funded. Coverage is limited to IL Department of Human Services Programs. Services under this coverage are billed directly to HFS. If you have any questions about DHS Social Services cases, please call the RIN help desk at 1-800-385-0872

Third Party Liability    Print This Section

Source Code: 189	Group Name:
Coverage Code: CA	Group Number:
Location Code: 01	Billing Name:
Effective Date:	Billing Street:
Lapse Date:	Billing City/State/Zip:
Policy Name:	Certification Number:
Relationship Code:	

Insurance Type: Comprehensive Health Insurance

Special Information: Cost Avoidance (the department will reject provider billings for recipients covered with private health insurance)

The Special Information: Cost Avoidance does not relate to Preventive Services.

# State Funded/Third Party Liability (TPL)

DOS:	9/19/2016
Case Type:	ALL KIDS PREMIUM LEVEL 2, FULL COVERAGE
Special Information:	State Funded
Use Private Stock, bill HFS or TPL	

In the example below, the participant has State Funded eligibility, All Kids Premium Level 2 and a Third Party Liability (TPL). A TPL is commercial insurance.

Providers **are not** required to bill the primary insurance for preventive services to children. If the TPL covers the vaccine, the provider can either bill the TPL or HFS.

**Coverage Detail** | [Print This Section](#)

**For the date(s) of service entered, the client is eligible for medical benefits.**

**Case Type:** ALL KIDS PREMIUM LEVEL 2, FULL COVERAGE

<b>Begin Date:</b> 09/19/2016	<b>End Date:</b> 09/19/2016	<b>Case Id:</b> [REDACTED]	<b>System Date:</b> 02/26/2016
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**Service Type(s):** OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - RESTORATIVE DENTAL - CHIROPRACTIC - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - BRAND NAME RX DRUGS - GENERIC RX DRUGS - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

**CoPay Information:**  
 CoPay for each VISION (OPTOMETRY) 10.00  
 CoPay for each MENTAL HEALTH 10.00  
 CoPay for each RESTORATIVE DENTAL 10.00  
 CoPay for each CHIROPRACTIC 10.00  
 CoPay for each DENTAL CARE 10.00  
 CoPay for each HOSPITAL INPATIENT SERVICES 100.00  
 CoPay for each EMERGENCY ROOM VISIT 30.00  
 CoPay for each BRAND NAME RX DRUGS 7.00  
 CoPay for each GENERIC RX DRUGS 3.00  
 CoPay for each PROFESSIONAL (PHYSICIAN) VISIT OFFICE 10.00

**Special Information:** State Funded. NonEmerg ER visit copay, \$30. Family Planning related medical services require a copay for office visits. Not Eligible for Non-Emergency Transportation.

**Third Party Liability** | [Print This Section](#)

<b>Source Code:</b> 006	<b>Group Name:</b> [REDACTED]
<b>Coverage Code:</b> CA	<b>Group Number:</b> [REDACTED]
<b>Location Code:</b> 00	<b>Billing Name:</b> [REDACTED]
<b>Effective Date:</b> 09/19/2016	<b>Billing Street:</b> [REDACTED]
<b>Lapse Date:</b> 09/19/2016	<b>Billing City/State/Zip:</b> [REDACTED]
<b>Policy Name:</b> [REDACTED]	<b>Certification Number:</b> [REDACTED]
<b>Relationship Code:</b> [REDACTED]	