How To Submit an Automatic Update of the Resident Patient Credit Amount

04/29/2019
Step 1: Log in to MEDI. Below is the MEDI Home page. Select ‘MEDI Login’ from the menu on the right side of the screen.
Enter your User Name and Password and click ‘Log in’.
Step 2: Below is the MEDI Home page. Click on the ‘Long Term Care (LTC)’ link.

Select Application

**Internet Electronic Claims System (IEC)**
The IEC System provides the ability to perform basic processing functions such as:
- Eligibility Inquiry
- Claim Status Inquiry
- Upload/Download HIPAA-compliant transactions

[English All Kids Application Agent (AKAA)] / [Spanish All Kids Application Agent (AKAA)]

[Sexual Assault Survivor Registration Site (ERSASS)]

[Long Term Care (LTC)]

[Study of Waiver Services Survey]
Step 3: The ‘LTC Links’ menu will display on the left side of the screen. Select ‘LTC Inquiry’ to locate the patient credit amount that is currently on the system.
Step 4: Below is the LTC inquiry page. Complete all the fields below. Please note that the difference between the begin date and end date entered cannot be greater than six months. Click ‘Submit’.
Step 5: Below are the results of the LTC Inquiry. Please note that the current patient credit amount displayed is $0.00. This amount will be needed to complete the automatic update of the patient credit amount. Click ‘Back’ once you have reviewed/printed the results of this inquiry.

<table>
<thead>
<tr>
<th>Facility Number:</th>
<th>123456789003</th>
<th>Facility Name:</th>
<th>ACME LTC TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient Number:</td>
<td>015574619</td>
<td>Recipient Name:</td>
<td>TEST THIRTYFIVE</td>
</tr>
<tr>
<td>Service Begin Date:</td>
<td>01-01-2019</td>
<td>Service End Date:</td>
<td>04-30-2019</td>
</tr>
</tbody>
</table>

**Facility Data:**
- ADM: 01-01-2018
- DIS: 00-00-0000
- DEST: BILL TO: 00-00-0000
- ICD-9 DIAG: 99999
- ICD-10 DIAG: Z789
- REF:

**Level of Care Data:**
- EFF: 01-01-2018
- CLOSE: 00-00-0000
- COS: 071
- CHNG: 10-22-2018

**Patient Credit Data:**
- EFF: 09-01-2018
- CLOSE: 00-00-0000
- TPL AMT: 0.00
- CHNG: 04-29-2019

[Print Page]  [Back]
Step 6: The ‘LTC Links’ menu will display on the left side of the screen. Select ‘LTC Change In Income’.
Step 7: Complete all required fields at the top of the LTC Change In Income page. Then complete any of the sections below that apply (Change in Income, Receipt of Income, and/or Receipt of Lump Sum). One to three changes may be selected, however, at least one change must be selected.
Step 8: Select the ‘Patient Credit Update’ box. This is required for automatic update of the patient credit amount. Please note that the automatic update function can only be used to update the patient credit amount for the current or next month. The automatic update function can be used to increase or decrease the patient credit amount.

**New Patient Credit Amount:** enter the amount you want the patient credit to be changed to

**New Patient Credit Effective Date:** enter the effective date of the requested change. **Note** that the effective date can only be the beginning of the current month or the next month.

**Amount of Change from Previous Patient Credit:** enter the difference between the patient credit amount for this time period currently on the system (this was located in step 5 above) and the ‘New Patient Credit Amount’ that you entered in the above field.

Also complete the ‘Date Income Verification was sent to DHS’ and the ‘Signature/Title’ and ‘Signature Date’ fields. Click ‘Submit’. (continued on next slide)
Step 8: continued
In the example below the patient credit amount in system is currently zero and the desired amount is $100.00 so the difference or the ‘Amount of the Change from Previous Patient Credit’ is $100.00.
If the amount on the system is $500.00 and you want the new amount to be $450.00 the ‘Amount of Change from Previous Patient Credit’ would be $50.00.

### Remarks Section

**Remarks:**

### Patient Credit Update (Required for automatic update of patient credit)

- **Patient Credit Update:** [ ]

  - **New Patient Credit Amount:** $100.00
  - **New Patient Credit Effective Date:** 05/19

  - **Amount of Change from Previous Patient Credit:** $100.00

  **Note:** Amount must equal the difference between the current patient credit amount on HFS system and New Patient Credit Amount requested. The current amount can be verified by using the 'LTC Inquiry' link.

### Date Income Verification was sent to DHS:

- **04/29/2019**

### Signature, Date and Disclosure

- **Signature/Title:** Jane Smith
- **Signature Date:** 04/29/2019

**Disclosure of information and/or compliance with instructions is mandatory, I.L.L. REV. Stat., CH. 23, P.A. Code. Failure to comply may result in the department taking unfavorable action.**
Step 9: After clicking ‘Submit’ you should see the information below. This screen displays the results of the LTC Income Change you submitted. You should see the message ‘Transaction Accepted’. You may print this information for your records. If the transaction was not accepted, you must correct any errors and resubmit.

If you would like to verify the results of the income change submitted, you can perform another ‘LTC Inquiry’. To do this, click ‘Back’ at the bottom of the ‘LTC Income Change Results’ screen.

<table>
<thead>
<tr>
<th>Healthcare and Family Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTC Income Change Results</td>
</tr>
</tbody>
</table>

**Transaction Accepted.**

**Transaction Audit Number:** 20191101341491

<table>
<thead>
<tr>
<th>Facility Number: 123456789003</th>
<th>Facility Name: ACME LTC TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient Number: 015574619</td>
<td>Test Thirtyfive</td>
</tr>
<tr>
<td>Place of Birth: State: Unknown</td>
<td>City: Unknown</td>
</tr>
<tr>
<td>County: Unknown</td>
<td>Date Last Received: 04-30-2019</td>
</tr>
</tbody>
</table>

**Change in Income:**

| Previous Monthly Amount $0.00 | Current Monthly Amount $100.00 | Date First Received: 05-01-2019 |

**Automatic Update of Patient Credit:**

<table>
<thead>
<tr>
<th>New Patient Credit Amount $100.00</th>
<th>New Patient Credit Effective Month 05 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Change from Previous Patient Credit $100.00</td>
<td>Date Income Verification was sent to DHS 04-29-2019</td>
</tr>
</tbody>
</table>

**Remarks:**

Signature/Title: JANE SMITH

Signature Date: 04-29-2019
The remaining steps explain how to perform the LTC Inquiry again to demonstrate that the automatic update was successful.

Step 10: The ‘LTC Links’ menu will display on the left side of the screen. Select ‘LTC Inquiry’.
Step 11: Complete all the fields below. Please note that the difference between the begin date and end date entered cannot be greater than six months. Click ‘Submit’.

<table>
<thead>
<tr>
<th>All Fields Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider ID:</strong></td>
</tr>
<tr>
<td><strong>Recipient Number:</strong></td>
</tr>
<tr>
<td><strong>Begin Date:</strong></td>
</tr>
<tr>
<td><strong>End Date:</strong></td>
</tr>
<tr>
<td><strong>Facility:</strong></td>
</tr>
<tr>
<td><strong>Level of Care:</strong></td>
</tr>
<tr>
<td><strong>Bed Reserve:</strong></td>
</tr>
<tr>
<td><strong>Patient Credit:</strong></td>
</tr>
<tr>
<td><strong>Medicare Coinsurance:</strong></td>
</tr>
</tbody>
</table>
You will see that the automatic update entered will now be displayed.

### Healthcare and Family Services
**LTC Inquiry Results**

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<td>TEST THIRTYFIVE</td>
</tr>
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<td>Service End Date:</td>
<td>05-31-2019</td>
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</table>

#### Facility Data:
- **ADM:** 01-01-2018
- **DIS:** 06-00-0000
- **DEST:**
- **BILL TO:** 00-00-0000
- **ICD-9 DIAG:** 99999
- **ICD-10 DIAG:** Z789
- **REF:**

#### Level of Care Data:
- **EFF:** 01-01-2018
- **CLOSE:** 00-00-0000
- **COS:** 071
- **CHNG:** 10-22-2018

#### Patient Credit Data:
- **EFF:** 05-01-2019
- **CLOSE:** 06-00-0000
- **TPL AMT:** 100.00
- **CHNG:** 04-29-2019

- **EFF:** 09-01-2018
- **CLOSE:** 04-30-2019
- **TPL AMT:** 0.00
- **CHNG:** 04-29-2019