Electronic Claims Submission of Long Term Care Service Claims as Direct Data Entry and Up Loaded File

Revised: 09/26/16

Overview and Objectives of This Presentation:

- To provide some general navigational instructions for the HFS Internet Electronic Claim (IEC) system.
- To give examples of how to enter a claim as a direct data entry (DDE).
- To give information on how to submit a claim file.

Where to go to enter a claim or to submit a claim file

Providers will be able to submit claims for consideration through the HFS Internet Electronic Claim (IEC) system that is accessible through the Medical Electronic Data Interchange (MEDI) system.

The IEC link allows authorized providers/payees to submit Institutional Claim (837I) transactions as an X12 file or as a DDE claim. Registered users are only allowed access to providers and functions for which they are an authorized user.

To gain access to the IEC links, providers must complete the payee information during registration. For help registering please contact:

- The MEDI HelpDesk at (800) 366-8768, option 1, then option 3
- Bureau of Long Term Care at (217) 782-0557

HFS Website
Medical Providers Link

http://www.illinois.gov/hfs/MedicalProviders/Pages/default.aspx

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- Medicaid Reimbursements
- Cost Reports
- IMPACT Provider Enrollment
- Provider Handbooks
- Provider Notices
- Medical Forms

Care Coordination | Long Term Services and | Hospitals and Institutional | Pharmacy | Non-Institutional Providers | Behavioral Health

Resources for Providers

- MEDI System Login
- Four Prescription Policy Override Request Status Inquiry
- Preferred Drug Listing
- Vendor Payments
- Claims Processing System Issues
- Recipient Eligibility Verification Program

In the Spotlight...

- Medicaid Forms Request
- Maternal and Child Health
- Early Intervention Care Coordination Provider Toolkit
- Dental Information
- Medical DME Prior Approval Criteria
- Medical Provider Programs
- Electronic Health Record

Other Essential Resources

- Money Follows the Person
- Supportive Living Program
- School-Based Services
- Peer Review Organization (PRO) / Quality Improvement Organization (QIO)
- Home & Community Based Service Waivers
- IHC Provider Education Webinars

MyHFS – MEDI System Login Link

http://www.myhfs.illinois.gov/

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Search Illinois
Go
[Search Tips]

Alert

Update 3/7/2016

Oracle has introduced Java version 8 update 73. This new update has worked on our PCs for all Medi applications.

If you can login now do not change your Java.

In the 3/8/2016 Microsoft Windows update more Java versions are blocked. If you are getting the message that Microsoft Windows is blocking your Java, you can use the new version. www.java.com . Microsoft will block all Java 7 versions that are currently available to the public. Microsoft will block Java 8 versions before 8u71. If you do not have one of these versions (8u71, 8u73) and can't login you will have to change Java. Special Note: Do not use the beta or early release version of Java 9.

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 Medi you may have to change your password.

Instructions for changing passwords Instate users use the Forgot Password button on the Medi login page. Out of state users call 1-800-366-8768 option 1, option 6 for assistance changing passwords.

Microsoft has introduced Windows 10 and a new web browser called Microsoft Edge. Windows 10 has worked with Medi. **The Edge browser will not work with Medi**. If you upgrade to Windows 10 you will have to use IE 11 mode. The Windows 10 and IE 11 combination has worked in our testing.

Note: Windows Edge, Google Chrome and Firefox web browsers are not supported.

myHFS News

Welcome to myHFS - the secure Web site for the Illinois Department of Healthcare and Family Services. This Web site allows authorized users online access to departmental information on the following HFS programs:

- Medical Assistance Information for Medicaid Providers
- All Kids and FamilyCare Programs
- 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:

1. Getting Started presents what is required to use these applications
2. Registration Toolbox (pdf) provides steps to complete the registration process, as well as problem tips
3. Help Documentation for a more thorough overview of MEDI

Registered Users

Login here or select the 'Login' option in the navigation menu on the left.

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.

April 27, 2016

Features

PRIMARY CARE HEALTH CONNECT CASE MANAGEMENT

If your Child is Uninsured, Click Here AllKids Healthcare for All Kids

Health Benefits for Workers with Disabilities

State Features

Suggest Your Budget Solution
budget.illinois.gov

https://www.entrust.net/customer/profile.cfm?domain=*.hfs.illinois.gov&lang=en

New Users Getting Started Link

http://www.myhfs.illinois.gov/gettingstarted.html

Authenticate Entrust Roaming ... | Claim Submission - Institutional | Getting Started

File Edit View Favorites Tools Help

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Getting Started

- Login
- Getting Started
- Check Browser
- Register
- Contact Us
- Logout
- myHFS Index

Entru

- **System Requirements**

Before you begin registration, you must be sure you have a compatible browser. You must be sure you have a Java Run Time Addition (JRE) on your computer and that you are using a Windows operating system. Select Check Browser option or watch video for step by step instructions. Check Sytem Requirements

- **Registering with the State of Illinois**

In order to login and access the myHFS Web applications, a State of Illinois Digital Identity is required. For new users, obtaining a State of Illinois Digital ID is a one-time process where you will enter Illinois-based information from your Drivers License / state identification card. During this process, you will create a User Name and Password for access to the myHFS Web applications. If you have your Drivers License / state identification card with you, this process should only take a few minutes. If you do not live in Illinois, you may still apply for an Illinois digital identity. Use the 'Register' option in the left menu to begin this process.

If you already have a State of Illinois Digital Identity, you can use your already established User Name and Password to login.

For step by step video instructions watch Getting Your User Name and Password Video.

- **Registering With the Department of Healthcare and Family Services**

Once you have successfully completed the Illinois Digital Identity registration, you will need to login to the myHFS site at http://www.myhfs.illinois.gov/ and select the 'Login' option in the left menu. After logging in for the first time, you will be asked to fill in some basic contact information on the myHFS Registration Page.

After completing the myHFS Registration, you will be taken to your myHFS Home Page. This is the page you come to every time you login to the myHFS site. This will list the myHFS Web applications that you are authorized to use.

- **Registering To Use Specific HFS Applications**

The Internet Electronic Claims (IEC) System

The IEC System allows authorized users to check recipient eligibility, and upload and download HIPAA-compliant files. To use the IEC System, you must complete MEDI Registration and Authorization.

- MEDI Registration and Authorization

The MEDI application requires that you register before you can be authorized to use the IEC system. There are four types of MEDI registration and authorization processes. These are for:

- Providers
- Payees
- Other Businesses
- Employees

The first three of these are for businesses while the fourth is for individuals that are employed by the businesses. Individuals may register as many times as necessary to obtain the proper authorization.

To see step by step instructions for the provider registration watch Register Your Provider Video.

Please visit the MEDI training page to learn more about this process. For a comprehensive look at registration and authorization, review the MEDI Help Documentation.

- **Your Privacy**

When you register to use these applications, you will be asked for personal and work-related information. Please review our Privacy Policy to see how we will protect the privacy of any data you provide us.

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Getting ... | D478L3... | LTC 837... | Inbox - ... | RE: DDE... | RE: DDE... | RE: Med... | RE: DDE... | RE: ME... | Microso... | BlueZo... | S1 - s2 -... | BI Quer... | BTS LT... | Micros...

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MEDI HOME PAGE

https://qmedi.hfs.illinois.gov/medi/mlogin.do

MEDI Home

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MEDI Links

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If you have billing problems, please call a billing consultant at 1-877-782-5565. For all other questions, please call Network Services at 1-800-366-8768, Option 1 - for Information Technology (IT), and then Option 3 - for HFS.

MEDI Home

Help

Welcome, SARAH RICKARD!

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

Long Term Care (LTC)

Long Term Care Monthly Occupied Bed Assessment Report

Standardized Illinois Early Intervention Referral Form, Form 650

A referral to the Department of Human Services (DHS) Early Intervention (EI) program, Child and Family Connections (CFC) offices can be made using the Standardized Illinois Early Intervention Referral Form, Form 650. The form can be printed or saved to your computer for use. The form includes a link to an on-line tool to look up the CFC office(s) serving your area.

Help Manuals

FAQs

A list of Frequently Asked Questions about the MEDI System.

MEDI Help Manual

A printable manual for the MEDI System in Portable Document Format (PDF).

Medical Assistance Programs

The goal of Medical Assistance is to improve the health of Illinois children and families by providing access to quality medical care. The Medical Assistance programs are administered under the provisions of the Illinois Public Aid Code and Title XIX of the Social Security Act.

This link offers access to:

* Provider Releases and Bulletins
* Medical Provider Handbooks
* Medicaid Reimbursement
* Medical Provider Cost Reports

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IEC HOME PAGE

https://qmedi.hfs.illinois.gov/iec/login.do?CMSSerialNumber=1100

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IEC Home Page

IEC News

TO ENSURE PROPER MEDI AUTHORIZATION, PLEASE READ THE FOLLOWING CAREFULLY.

Do not submit an NPI that has not been registered with HFS. These claims will not be processed.

You may now use your NPI number, for the Billing Provider, on your batch claim files and Professional/Institutional DDE claim submission screens.

835 Electronic Remittance Advice Now Available

The 835 Electronic Remittance Advice Function is now available in the IEC system. The use of this function requires that a **PAYEE** registration be completed using the Medi Home Page.

Please read the Remittance Advice Overview below for instructions on how to use this function.

Overviews

IEC Overview
An overview of the IEC system.

Upload Overview
An overview of the Upload process.

Download Overview
An overview of the Download process.

Claim Status Inquiry Overview
An overview of the Claim Status Inquiry process.

Claim Status Response Overview
An overview of the Claim Status Response process.

Remittance Advice Overview
An overview of the ERA viewing and download processes.

Additional Information

IDPA Supported HIPAA Transactions and Versions
A list of the current HIPAA transactions and versions that IDPA is supporting.

Submission Guidelines
Guidelines providing help on the submission of files through the IEC System.
Use this link to access Department Billing Instructions.

Help Manuals

FAQs
A list of frequently asked questions about the IEC System.

IEC Help Manual

Take advantage of the information in the overviews and manuals.

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IEC Home - Micr... | LTC 8371 BILLING | Inbox - Microsof... | FW: LTC Provide... | RE: Medicare Xo... | RE: Medi ID's & ... | BI Query User - 1... | BlueZone Sessio... | S1 - s2 - Seagull... | Microsoft Power...

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Where to Directly Enter a Claim

https://qmedi.hfs.illinois.gov/iec/ClaimEntrySelection.do

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Claim Form Submission Selection

Available Claim Forms

Professional Forms

- Provider Invoice
- Transportation Invoice
- Medical Equipment/Supplies Invoice
- Laboratory/Portable X-Ray Invoice
- Health Insurance
- Medicare Crossover
- Community Mental Health Centers

Institutional Forms

- Institutional Claim

Drug Invoice Forms

- Drug Invoice
- Service Invoice

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Patient/Subscriber

https://qmedi.hfs.illinois.gov/iec/ClaimEntryInst.do?action=new&FORM_TYPE=18&FC

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Institutional Claim Submission

* Denotes required field

Submit | Reset | Help

Total Claim Charge Amount: 0.00
Total Net Amount Billed: 0.00
Total TPL Payments: 0.00

Submitter Tax Id:*

Submitter Contact Name:*

Submitter Contact E-mail Address: *

Patient / Subscriber | Provider | Claim | Prin Diag and Procs | Other Diags and Procs | Value, Cond, Occur Codes | Phys Info | Claim TPL | Service Line

Patient/Subscriber Information

Recipient ID Number (RIN):*

First Name:* Middle Name: Last Name:*

Date of Birth: *
Month: *Day: *Year: *

Gender: *
- Male
- Female
- Unknown

Recipient Address:
Address Line 1:*
Address Line 2:
City:* State:* Zip Code:*

Next

Submit | Reset

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Subscriber Help Screen Information

Data field definitions can be obtained by using the help button located in the upper right corner of any tab of the DDE . The definition includes the UB-04 reference information.

Note: that references to the UB-04 are for coding information only, as no paper LTC claims will be accepted.

Field Name	Definition	Validation Rules
Recipient ID Number (RIN)	Indicates the Medicaid ID number for the individual receiving medical service. Use no punctuation or spaces. Do not use the Case Identification Number. UB-04 Reference: FL 60 (A-C) Insured's Unique Identifier.	Required. Must be numeric and exactly nine digits.
First Name	The first name of the recipient. UB-04 Reference: FL 58 (A-C) Insured's Name	Required
Middle Name	The middle name of the recipient. UB-04 Reference: FL 58 (A-C) Insured's Name	N/A
Last Name	The last name of the recipient. UB-04 Reference: FL 58 (A-C) Insured's Name	Required

Information related to Subscriber is also located in the Subscriber Name and Address Loop 2010BA in the 837I Implementation Guide.

X12 Claim Breakdown

Subscriber Detail

Subscriber Detail Loop 2000B

HL*2*1*22*0~

SBR*U*18*******MC~

Subscriber Name Loop 2010BA

NM1*IL*1*LAST NAME*FIRST NAME*MIDDLE***MI*MEDICAID RIN~

Subscriber Address Loop 2010BA

N3*SUBSCRIBER STREET ADDRESS~

N4*CITY*IL*ZIPCODE+4~

DMG*D8*RECIPIENT DATE OF BIRTH*M~

Provider

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Institutional Claim Submission

* Denotes required field

Submit | Reset | Help

Total Claim Charge Amount:	Total Net Amount Billed:	Total TPL Payments:
0.00	0.00	0.00

Submitter Tax Id:*

Submitter Contact Name:*

Submitter Contact E-mail Address: *

Patient / Subscriber | Provider | Claim | Prin Diag and Procs | Other Diags and Procs | Value, Cond, Occur Codes | Phys Info | Claim TPL | Service Line

Provider Information

(Billing) Provider ID: *

NPI: *

Provider Taxonomy Code: *

Previous | Next

Submit | Reset

A list of providers, for which the logged in user is registered to submit transactions, will appear in a drop down box.

Provider Help Screen Information

Field Name	Definition	Validation Rules	Field Type
Billing Provider	The Billing Provider Name and HFS Billing Provider Number UB-04 Reference: FL 50 Payer Name and FL 57 Other (Billing) Provider Identifier.	Required	Dropdown Box
Billing Provider NPI	Billing Provider NPI UB-04 Reference: FL 56 National Provider Identifier – Billing Provider	Required	Dropdown Box
Provider Taxonomy Code	The Taxonomy code of the Provider. UB-04 Reference: FL 81 Code-Code Field	Required. Should be 10 bytes.	Text Box

Information related to Billing Provider is also located in the Billing Provider Loops 2000A & 2010AA of the 837I Implementation Guide.

X12 Claim Breakdown

Billing Provider Detail

Billing Provider Loop 2000A–Billing Provider Hierarchical Level

HL*1**20*1~

PRV*BI*PXC*~TAXONOMY CODE~

Billing Provider Name Loop 2010AA

NM1*85*2*BILLING PROVIDER NAME*****XX*BILLING PROVIDER'S NPI~

N3*BILLING PROVIDER STREET ADDRESS~

N4*CITY*IL*ZIPCODE+4~

REF*EI*BILLING PROVIDER ID NUMBER~

LTC Accepted Taxonomy Codes

PROVIDER TYPE	PROVIDER TYPE CODE	TAXONOMY	TAXONOMY DESCRIPTION
Supportive Living Program	028	311500000X 310400000X	ALZHEIMER/DEMENTIA CENTER ASSISTED LIVING FACILITY
Intermediate Care Facility for the Intellectually Disabled (IID)	029	315P00000X 3140N1450X 320600000X	ICF MENTALLY RETARDED NURSING CARE, PEDIATRIC RESIDENTIAL TREATMENT FACILITY, MENTAL RETARDATION AND/OR DEVELOPMENTAL DISABILITIES
Nursing Facilities (NF)	033	314000000X 313M00000X 282N00000X	Skilled Nursing Facility Nursing Facility/Intermediate Care Facility General Acute Care Hospital (LTC Wing)
Specialized Mental Health Rehabilitation Facility (SMRHF)	038	310500000X	Intermediate Care Facility, Mental Illness

Claim Information

https://qmedi.hfs.illinois.gov/iec/ClaimEntryInst.do?action=new&FORM_TYPE=I&FC

Claim Submission - Instituti...

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Institutional Claim Submission

* Denotes required field

Submit | Reset | Help

Total Claim Charge Amount: 0.00

Total Net Amount Billed: 0.00

Total TPL Payments: 0.00

Submitter Tax Id:*

Submitter Contact Name:*

Submitter Contact E-mail Address: *

Patient / Subscriber | Provider | Claim | Prin Diag and Procs | Other Diags and Procs | Value, Cond, Occur Codes | Phys Info | Claim TPL | Service Line

Claim Information

Covered Days and Non-Covered Days must be entered as value codes on the Value, Cond, Occur Codes tab.

** All dates must be entered in Month, Day, Year format

Patient Account Number:* **Type of Bill Frequency Code:***

** Delay Reason Code is currently unavailable

Delay Reason Code:

Type of Bill Facility Code:*

Priority (Type) of Admission or Visit:* **Patient Discharge Status:***

Point of Origin for Admission or Visit:*

Prior Authorization Number:

Original DCN:

Medical Record Number:

Admission/Start of Care Date:

Statement Dates

From Date:* **Through Date:**

EPSDT Screening

Was this patient referred for services as a result of an EPSDT screening? * YES ○ NO ○

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Claim Help Screen Information

Field Name	Definition	Validation Rules	Field Type
Patient Account Number	Indicates the claim submitter's identifier. Also known as Patient Control Number. UB-04 Reference: FL 03a Patient Control Number	Required	Text Box
Type of Bill Frequency Code	Code specifying the frequency of the claim. Do not include the leading zero on electronic claims. Excluding the leading zero, this is the third position of the UB-04 Type of Bill. UB-04 Reference: FL 04 Type of Bill	Required	Dropdown Box
Type of Bill Facility Code	Code identifying the type of facility where services were performed. Do not include the leading zero on electronic claims. Excluding the leading zero, this is the first and second positions of the UB-04 Type of Bill. UB-04 Reference: FL 04 Type of Bill	Required	Dropdown Box
Was this an EPSDT Service	If Yes, answer additional questions	Required	Radio Button

Claim Information is also located in Loop 2300 of the 837I Implementation Guide.

LTC Allowed Claim Codes

Bill Type Facility Code	
21	Skilled Nursing (including Medicare Part A)
22	Skilled Nursing Facilities (including Medicare Part B)
65	Intermediate Care – Nursing Facility or SMHRF
66	Intermediate Care – Institution for Intellectual Disabilities
79	Developmental Training
86	State Operated Facility
89	Supportive Living

Type of Bill Frequency Codes	
1	Admit through Discharge Claim
2	Interim-First Claim
3	Interim – Continuing Claim
4	Interim –Last Claim
5	Late Charge (s) Only

Bill Type Facility Codes listed above are the only codes LTC providers should use to bill for LTC services.

Type of Bill Frequency Codes 7 & 8 will <u>not</u> be available for LTC provider use at time of implementation.

Principle Diagnoses & Procedure

https://qmedi.hfs.illinois.gov/iec/ClaimEntryInst.do?action=new&FORM_TYPE=I&FC

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Institutional Claim Submission

* Denotes required field

Submit | Reset | Help

Total Claim Charge Amount:	Total Net Amount Billed:	Total TPL Payments:
0.00	0.00	0.00

Submitter Tax Id:*

Submitter Contact Name:*

Submitter Contact E-mail Address: *

Patient / Subscriber | Provider | Claim | Prin Diag and Procs | Other Diags and Procs | Value, Cond, Occur Codes | Phys Info | Claim TPL | Service Line

Principal Diagnosis and Procedure Information

"" All dates must be entered in Month, Day, Year format

Principal Diagnosis:* POA Indicator: Admitting Diagnosis:

External Cause of Injury (ECI Code): POA Indicator:

External Cause of Injury (ECI Code): POA Indicator:

External Cause of Injury (ECI Code): POA Indicator:

Principal Procedure Code: Principal Procedure Date:

1) Patient Reason for Visit: 2) Patient Reason for Visit: 3) Patient Reason for Visit:

Previous | Next

Submit | Reset

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Principle Diagnoses & Procedure Help Screen Information

Field Name	Definition	Validation Rules	Field Type
Principal Diagnosis	Code indicating a code from a specific industry code list. UB-04 Reference: FL 67 Principal Diagnosis Code and Present on Admission Indicator	Required	Text Box
POA Indicator	POA Indicator for above Diagnosis UB-04 Reference: FL 67 Principal Diagnosis Code and Present on Admission Indicator	Required	Text Box

Claim Information related to Health Care Code Information (HI) is also located in Loop 2300 of the 837I Implementation Guide.

Value, Condition and Occurrence Code Tab

https://qmedi.hfs.illinois.gov/iec/ClaimEntryInst.do?action=new&FORM_TYPE=I&FC

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0.00	0.00	0.00

Submitter Tax Id:*

Submitter Contact Name:*

Submitter Contact E-mail Address: *

Patient / Subscriber | Provider | Claim | Prin Diag and Procs | Other Diags and Procs | Value, Cond, Occur Codes | Phys Info | Claim TPL | Service Line

Value, Condition, and Occurrence Code Information

Accident State:

** All dates must be entered in Month, Day, Year format

Occurrence Span Code:	From Date:	To Date:
1)		
2)		
3)		
4)		
5)		
6)		
7)		

Occurrence Code:	Occurrence Date:
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	

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Occurrence Code Help Screen Information

Field Name	Definition	Validation Rules	Field Type
Occurrence Span Code	Code indicating a code from a specific industry code list. UB-04 Reference: FL 35-36, Occurrence Span Code and Dates	N/A	Text Box
Occurrence From/To Date	Indicates the Occurrence Span Code associated with from and through dates. UB-04 Reference: FL 35-36Occurrence Span Code and Dates	N/A	Text Box
Occurrence Code	Code indicating a code from a specific industry code list. UB-04 Reference: FL 31-34Occurrence Codes and Dates	N/A	Text Box
Occurrence Date	Occurrence Date. UB-04 Reference: FL 31-34 Occurrence Codes and Dates	N/A	Text Box

Claim Information related to Health Care Code Information (HI) is also located in Loop 2300 of the 837I Implementation Guide.

Value, Condition and Occurrence Code Tab cont.

5)
6)
7)
8)
9)
10)
11)

Covered Days and Non-Covered Days must be entered with Values 80 and 81 and their associated Amounts.

Value Code:	Associated Amount:
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
13)	
14)	
15)	

Condition Codes:

1) 2)
3) 4)
5) 6)
7) 8)
9) 10)
11) 12)
13) 14)

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Associated Amount 1

Value and Condition Code Help Screen Information

Field Name	Definition	Validation Rules	Field Type
Value Code	Code indicating a code from a specific industry code list. UB-04 Reference: FL 39 (a-d) - 41 (a-d) Value Codes and Amounts	N/A	Text Box
Associated Amount	Indicates the value code associated amount. UB-04 Reference: FL 39 (a-d) – 41 (a-d)	N/A	Text Box
Condition Codes	Code indicating a code from a specific industry code list. UB-04 Reference: FL 18 through 28 Condition Codes	N/A	Text Box

Claim Information related to Health Care Code Information (HI) is also located in Loop 2300 of the 837I Implementation Guide.

X12 Claim Breakdown

Claim Information

Claim Information Loop 2300

CLM*PATIENT CONTROL NUMBER*TOTAL CLAIM CHARGE AMOUNT***BILL TYPE:A:BILL FREQUENCY**A*Y*Y~

DTP*434*RD8*STATMENT FROM-STATEMENT TO DATE~

DTP*435*D8*ADMISSION DATE~

CL1*2*4*30~

HI*ABK:L02213~

HI*ABJ:L02213~

HI*ABF:A4902~

HI*BI:**74**:RD8:20151018-20151018~

HI*BH:22:D8:20151026*BH:**50**:D8:20151020~

HI*BE:80:::13*BE:81:::1*BE:82:::13~

HI*BG:57~

Health Care Code Information (HI) claim lines is where the Diagnosis, Procedure, Occurrence, Value, Condition and Treatment information is reported. The code value in HI01-1 defines the code submitted.

Code Guidelines for Health Care Code Information (HI) Claim Lines

- **ABK** = Principal Diagnosis (ICD-10)
- **ABJ** = Admitting Diagnosis (ICD-10)
- **ABF** = Other Diagnosis
- **BI** = Occurrence Span
  - 74 Non-Covered Days (Leave of Absence Dates)
- **BH** = Occurrence Code
  - A2 – Effective Date of Medicaid
  - A3 – Benefits Exhausted
  - 22 – Date Active Treatment Ended
  - 25 – Date Benefits Terminated by Primary Payer
  - 42 – Date of Discharge
  - 50 – Assessment Date
- **BE** = Value Code
  - 80- Covered Days
  - 81 – Non Covered Days
  - 82 – Co Insurance Day
  - 23 – Recurring Monthly Income (Patient Credit Amount)
  - 24- Medicaid Rate Code (Developmental Training Agency Code)
- **BG** = Condition Code

- Leave of Absence Dates must be reported as a non covered Occurrence Span Code "74" with the date span.
- The pricing of bed hold days will be based on coverage rules for provider type.
- The total number of days associated with 'Leave of Absence' Revenue Codes must also match the number of non-covered days listed with a Value Code 81.
- The number of days listed with Value Code 81 (non-covered days) plus the number of days listed with Value Code 80 (covered days) must add up to the total number of days calculated based on the reported 'Statement' dates for each claim.

*** There are more Heath Care Codes. Listed here are only those used in the example claim.**

Physician Information

https://qmedi.hfs.illinois.gov/iec/ClaimEntryInst.do?action=new&FORM_TYPE=I&FC

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Institutional Claim Submission

* Denotes required field

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Total Claim Charge Amount:	Total Net Amount Billed:	Total TPL Payments:
0.00	0.00	0.00

Submitter Tax Id:*

Submitter Contact Name:*

Submitter Contact E-mail Address: *

Patient / Subscriber | Provider | Claim | Prin Diag and Procs | Other Diags and Procs | Value, Cond, Occur Codes | Phys Info | Claim TPL | Service Line

Physician Information

Attending Physician Information

First Name: Middle Name: Last Name:

Attending Physician NPI:

Operating Physician Information

First Name: Middle Name: Last Name:

Operating Physician NPI:

Rendering Physician Information

First Name: Middle Name: Last Name:

Rendering Physician NPI:

Referring Physician Information

First Name: Middle Name: Last Name:

Referring Physician NPI:

Other Operating Physician Information

First Name: Middle Name: Last Name:

Other Operating Physician NPI:

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Physician Help Screen Information

Field Name	Definition	Validation Rules	Field Type
Attending Physician First Name	Indicates the Attending Physician First Name. UB-04 Reference: FL 76, Attending Provider Name and Identifiers	N/A	Text Box
Attending Physician Middle Name	Indicates the attending physician middle name UB-04 Reference: FL 76 Attending Provider Name and Identifiers	N/A	Text Box
Attending Physician Last Name	Indicates the Attending Physician Last Name. UB-04 Reference: FL 76, Attending Provider Name and Identifiers	N/A	Text Box
Attending Physician NPI	Indicates attending Physician NPI UB-04 Reference: FL 76 Attending Provider Name and Identifiers	N/A	Text Box

Attending Physician Information is also located in Loop 2310A of the 837I Implementation Guide.

X12 Claim Breakdown

Attending Provider Name Loop 2310A

NM1*71*1*LAST NAME*M*FIRST NAME **MD*XX*ATTENDING PHYSICIAN'S NPI~

PRV*AT*PXC*PHYSICIAN'S TAXONOMY CODE~

- The Attending Physician is required when submitting a claim for LTC services.

Claim TPL

https://qmedi.hfs.illinois.gov/iec/ClaimEntryInst.do?action=new&FORM_TYPE=1&FC

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Institutional Claim Submission

* Denotes required field

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Total Claim Charge Amount: 0.00

Total Net Amount Billed: 0.00

Total TPL Payments: 0.00

Submitter Tax Id:*

Submitter Contact Name:*

Submitter Contact E-mail Address: *

Patient / Subscriber | Provider | Claim | Prin Diag and Procs | Other Diags and Procs | Value, Cond, Occur Codes | Phys Info | Claim TPL | Service Line

Claim TPL Information

Other Insured Information

First Name: * | Middle Name: | Last Name: *

ID: * | Claim Filing Code:

Other Payer Information

Other Payer Name:* | Other Payer Identifier:*

TPL Code:* | TPL Status Code:*

Payer Paid Amount/ TPL Amount:* | Deductible: | Coinsurance: | CoPayment:

Adjudication or Payment Date:*

Month: | Day: | Year:

Save Claim TPL Line | Remove All Claim TPL Lines

ID	Claim Filing Cd	TPL Cd	TPL Stat Code	Paid TPL Amt	Adj Pmt Date	Payer ID		

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Claim TPL Help Screen Information

Field Name	Definition	Validation Rules	Field Type
First Name	Indicates the Other Insured First Name. UB-04 Reference: FL 58 (A-C) Insured's Name	Required when Claim TPL is entered	Text Box
Middle Name	Indicates the Other Insured Middle Name. UB-04 Reference: FL 58 (A-C) Insured's Name	N/A	Text Box
Last Name	Indicates Other Insured Last Name. UB-04 Reference: FL 58 (A-C) Insured's Name	Required when Claim TPL is entered	Text Box
ID	Indicates Other Insured Identifier. UB-04 Reference: FL 60 (A-C) [Insured's Unique Identifier	Required when Claim TPL is entered	Text Box
Claim Filing Code	Code indicating type of claim	N/A	Dropdown Box
Other Payer Name	Indicates Other Payer Name. UB-04 Reference: FL 50 (A-C) Payer Name	Required when Claim TPL is entered	Text Box
Other Payer Identifier	Indicates Other Payer Identifier	Required when Claim TPL is entered	Text Box
TPL Code	Indicates Other Payer Secondary Identifier. Must be the three digit TPL Code assigned by HFS to other payers. UB-04 Reference: FL 51 (A-C) Health Plan Identification Number.	Required when Claim TPL is entered	Text Box
TPL Status Code	Indicates Other Payer Secondary Identifier. Enter the two digit TPL Status Code assigned by HFS. UB-04 Reference: FL 51 (A-C) Health Plan Identification Number	Required when Claim TPL is entered	Dropdown Box

Claim TPL Help Screen Information Cont.

Field Name	Definition	Validation Rules	Field Type
Payer Paid Amount/TPL Amount	Indicates Other Payer Paid Amount. UB-04 Reference: FL 54 (A-C) Prior Payments - Payers	Required when Claim TPL is entered	Text Box
Deductible Amount	Indicates Deductible Amount UB-04 Reference: FL 39-41 Value Codes and Amounts Note: (For 837I reported in Loop 2320, CAS segment, Claim Adjustment Group Code "Patient Responsibility" (PR) with the appropriate Reason Code.)	N/A	Text Box
Coinsurance Amount	Indicates Coinsurance Amount UB-04 Reference: FL 39-41 Value Codes and Amounts Note: (For 837I reported in Loop 2320, CAS segment, Claim Adjustment Group Code "Patient Responsibility" (PR) with the appropriate Reason Code.)	N/A	Text Box
Copayment	Indicates Copayment Amount UB-04 Reference: FL 39-41 Value Codes and Amounts Note: (For 837I reported in Loop 2320, CAS segment, Claim Adjustment Group Code "Patient Responsibility" (PR) with the appropriate Reason Code.)	N/A	Text Box
Adjudication or Payment Date	Indicates Adjudication or Payment Date	Required when Claim TPL is entered	Text Box

TPL Information is also located in Loops 2320 Other Subscriber Information, 2330 Other Subscriber Name and 2330B Other Payer Name of the 837I Implementation Guide.

- For HFS a secondary identification number (RFE02 of the 2330 Loop) is always required when loop 2320 is used.
- The REF02 must be the 3-digit TPL Code followed by the 2- digit Status Code assigned by HFS to other payers. For example:
- REF*2U*90901~
- TPL Code "909" = Medicare Part A
- Status Code "01" = TPL Adjudicated – total payment shown
- Prior payment amounts should be reported as claim level adjustments in loop 2320. Do not send any line level adjustment segments in loop 2430.

TPL Status Codes:

01 – TPL Adjudicated – total payment shown: TPL Status Code 01 is to be entered when payment has been received from the patient's third party resource. The amount of payment received must be entered in the TPL amount box.

02 – TPL Adjudicated – patient not covered: TPL Status Code 02 is to be entered when the provider is advised by the third party resource that the patient was not insured at the time services were provided.

03 – TPL Adjudicated – services not covered: TPL Status Code 03 is to be entered when the provider is advised by the third party resource that services provided are not covered.

05 – Patient not covered: TPL Status Code 05 is to be entered when a patient informs the provider that the third party resource identified on the MediPlan Card is not in force.

06 – Services not covered: TPL Status Code 06 is to be entered when the provider determines that the identified resource is not applicable to the service provided.

07 – Third Party Adjudication Pending: TPL Status Code 07 may be entered when a claim has been submitted to the third party, thirty (30) days have elapsed since the third party was billed, and reasonable follow-up efforts to obtain payment have failed.

08 – Estimated Payment: TPL Status Code 08 may be entered if the provider has billed the third party, contact was made with the third party, and payment is forthcoming but not yet received. The provider must indicate the amount of the payment estimated by the third party. The provider is responsible for any adjustment, if required, after the actual receipt of the payment from the third party.

10 – Deductible Not Met: TPL Status Code 10 is to be entered when the provider has been informed by the third party resource that non-payment of the service was because the deductible was not met.

99 – Zero or Negative Payment: TPL Status Code 99 identifies a zero or negative payment by Medicare on a crossover claim.

TPL Guidelines

- Third Party Liability (TPL) payments will be allowed as a reduction from payable charges submitted on the LTC claim as “Other Payer”.
- Providers may refer to the “Source Code” field found in the TPL section of the MEDI eligibility verification for a recipient’s three-digit TPL code.
- If the recipient has Hospital Insurance Benefits (HIB) or is a Qualified Medicare Beneficiary (QMB), the submitted claim must reflect Medicare as the primary payer even if the benefit has been exhausted.
- If the recipient has a TPL such as Blue Cross Blue Shield or any other commercial payer and TPL is not reported on the submitted claim, the claim will <u>not</u> be rejected. HFS will continue to seek collection of non reported TPL payments through the current collection process.
- If the claim is Medicaid only or has a TPL other than Medicare, use Value Code 80 for the covered days and Value Code 81 for non-covered days.

X12 Claim Breakdown

Other Subscriber Information Loop 2320

SBR*P*18*******16~
CAS*CO*45*3703.15**253*154.36~
CAS*PR*2*1102.5~
AMT*D*7563.62~
OI***Y***Y~

The Claim Adjustment Reason Code required in CAS02 must be an adjustment code published in Washington Publishing Company website.

WPC Claim Adjustment Reason Code List

Other Subscriber Name Loop 2330A

NM1*IL*1*LAST NAME *FIRST NAME****MI*MEDICAID RIN~
N3*SUBSCRIBER STREET ADDRESS~
N4*CITY*IL*ZIPCODE+4~

Other Payer Name Loop 2320B

NM1*PR*2*TPL NAME*****PI*TPL CODE ~
DTP*573*D8*ADJUDICATION OR PAYMENT DATE~
REF*2U*TPL CODE01~
REF*F8*OTHER PAYER'S CLAIM CONTROL NUMBER~
REF*T4*Y~

Service Line

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* Denotes required field

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Total Claim Charge Amount: 0.00
Total Net Amount Billed: 0.00
Total TPL Payments: 0.00

Submitter Tax Id:*

Submitter Contact Name:*

Submitter Contact E-mail Address: *

Patient / Subscriber | Provider | Claim | Prin Diag and Procs | Other Diags and Procs | Value, Cond, Occur Codes | Phys Info | Claim TPL | Service Line

Service Line Information

Revenue Code:*
Revenue Code Description
NDC Code:
Unit of Measure:
Quantity:
Prescription Number:

Procedure Code:

Modifiers:
1) 2) 3) 4)

Unit Code:* Unit Count:*

Line Item Charge Amount:*:

Denied or Non-Covered Charge Amount:

Service From Date:
Month: Day: Year:

More than one service line can be added by clicking on the "save service line" button. Service lines can also be edited or removed prior to submission of claim.

Save Service Line | Remove All Service Lines

Revenue Code	Procedure Code	Line Item Charge Amt	Service Date

Total Claim Charge Amount: 0.00

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Service Line Help Screen Information

Field Name	Definition	Validation Rules	Field Type
Revenue Code	Indicates the Revenue Code UB-04 Reference: FL 42 Revenue Codes	Required when Service Line is entered	Text Box
Unit Code	A code describing the units in which a value is being expressed.	Required	Dropdown Box
Unit Count	The Quantity, Units or Minutes as described by the Unit Code. UB-04 Reference: FL 46 Service Units	Required	Text Box
Line Item Charge Amount	Indicates the amount charged for the service line. UB-04 Reference: FL 47 Total Charges	Required. Amounts that are whole numbers (dollars only with no cents) can be entered with or without the decimal places. For example, $50 can be entered as 50 or 50.00. The dollar sign is not needed and is not valid.	Text Box
Service From Date	The starting date for the claim service period. UB-04 Reference: FL 45 Service Date	Required. The Service From Date Month must be numeric and must be on or before the current date. The month can be entered as M or MM (May be entered as 5 or 05).	Text Box

Service Line Information is also located in Loop 2400 of the 837I Implementation Guide.

X12 Claim Breakdown

Service Line Number Loop 2400

LX*1~
SV2*0022*HP:RUG SCORE*0*DA*14~
REF*6R*1510310190010010MCA~
LX*2~
SV2*0120**3900*DA*13~
REF*6R*1510310190010020MCA~
LX*3~
SV2*0182**1203.44*DA*1~
REF*6R*1510310190010030MCA~
LX*4~
SV2*0270**20*UN*1~
REF*6R*1510310190010040MCA~
LX*5~
SV2*0300**1183.67*UN*1~
REF*6R*1510310190010050MCA~

*Most revenue codes can be sent on a LTC claim but only a few will be priced.

Revenue Codes for Pricing By LTC Provider Type

Provider Type	Revenue Code	Revenue Description
Supportive Living Program (028)	0240 0182 0183 0185	All Inclusive Ancillary/General Patient Convenience (Therapeutic) Therapeutic Leave Hospitalization
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) (029)	0110 – 0160 0182 0183 0185 0190	General Room & Board Values Patient Convenience (Therapeutic) Therapeutic Leave Hospitalization Subacute Care – General Classification
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) (029) *Claims for Developmental Training Services must be billed separately from residential claim.	0942	Education and Training (Dev. Training)
Nursing Facility (033)	0110 – 0160 0182 0183 0185 0191 0192 0193 0194	General Room & Board Values Patient Convenience (Therapeutic) Therapeutic Leave Hospitalization Subacute Care – Level I – TBI Level I Subacute Care – Level II – TBI Level II Subacute Care – Level III – TBI Level III Subacute Care – Level IV – Ventilator
Nursing Facility (033) *Claims for Developmental Training Services must be billed separately from residential claim.	0942	Education and Training (Dev. Training)
Nursing Facilities Eligible to be Licensed as Specialized Mental Health Rehabilitation Facilities (SMHRF) (038)	0110 – 0160 0182 0183 0185	General Room & Board Values Patient Convenience (Therapeutic) Therapeutic Leave Hospitalization

Medical Provider Manuals: Chapter 300 is Illinois' Companion Guide to the HIPAA 5010 Implementation Guide.

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Chapter 300 Companion Guide 5010

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The 837I Standard Companion Guide gives claim coding clarifications and the EDI Control link gives information specific to file submission

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Claim Submission - Institutional

Print Copy of Claim Submission

The Claim has been submitted.

Date: 05/03/2016
Time: 09:10
Confirmation Number: 000041672

To enter another claim, select an option from the drop down below:

Submitter Tax Id:
123456789003
Submitter Name:
ACME LTC TEST
Submitter Contact Name:
Sarah Rickard
Submitter Contact E-mail Address:
sarah.rickard@illinois.gov
Total Net Amount Billed:
1100.00
Total TPL Payments:
0.00

Patient/Subscriber Information

Recipient ID Number (RIN):
015574619
Recipient Name:
test thirtyfive

Date of Birth:
11/08/1921
Gender:
Female

Recipient Address:
Address Line 1: 201 S Grand Ave E
Address Line 2:
City:
Springfield
State:
IL
Zip Code:
62763

(Billing) Provider Information

Provider:
123456789003
NPI:
1234567893
Provider Taxonomy Code:
282N00000X

Claim Information

Patient Account Number:
2222222222222
Type of Bill Frequency Code:
3 - Interim Continuing Claim
Delay Reason Code:
Total Claim Charge Amount:
$1100.00

Submitted Claim Example Cont.

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Claim Information

Patient Account Number:
2222222222222

Type of Bill Frequency Code:
3 - Interim Continuing Claim

Delay Reason Code:

Total Claim Charge Amount:
$1100.00

Type of Bill Facility Code:
65 Intermediate Care - Nursing Facility or SMHRF

Priority (Type) of Admission or Visit:
9 - Information Not Available

Point of Origin for Admission or Visit:
9 - Info Not Avail

Patient Discharge Status:
89

Prior Authorization Number:

Original DCN:

Medical Record Number:

Admission/Start of Care Date:

Admission Hour:

Discharge Hour:

Statement From Date:
03/01/2015

Statement Through Date:
03/10/2015

EPSDT Screening

Was this patient referred for services as a result of an EPSDT screening? No

Attachment Information

Type of Attachment:

Attachment Control Number:

Principal Diagnosis and Procedure Codes

Principal Diagnosis:
789

POA Indicator:
U

Admitting Diagnosis:
789

E Diagnosis:

POA Indicator:

E Diagnosis:

POA Indicator:

E Diagnosis:

POA Indicator:

Prin. Proc. Code:

Prin. Proc. Date:

1) Patient Reason for Visit:

2) Patient Reason for Visit:

3) Patient Reason for Visit:

Other Diagnosis and Procedure Codes

Other Diagnosis and POA Indicators:

Other Proc. Code:

Other Proc. Date:

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Other Diagnosis and Procedure Codes

Other Diagnosis and POA Indicators:

Other Proc. Code: **Other Proc. Date:**

Value, Condition, and Occurrence Code Information

Accident State:

Occurence Span Code:	**From Date:**	**To Date:**
74	03/05/2015	03/06/2015

Occurence Code: **Occurrence Date:**

Value Code:	**Associated Amount:**
80	$7.00
81	$2.00
A3	$500.00

Condition Codes:

Physician Information

Attending Physician Information

Attending Provider Name:

Jhon Smith

Attending Provider NPI:

1316049562

Operating Physician Information

Operating Provider Name:

Operating Provider NPI:

Rendering Physician Information

Rendering Provider Name:

Rendering Provider NPI:

Referring Physician Information

Referring Provider Name:

Referring Provider NPI:

Other Operating Physician Information

Other Operating Provider Name:

Other Operating Provider NPI:

Claim TPL Information

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Referring Provider NPI:

Other Operating Physician Information

Other Operating Provider Name:

Other Operating Provider NPI:

Claim TPL Information

Service Line Information

Service Line 1

Revenue Code:
0110
Procedure Code:
Revenue Code Description
NDC Code: **Unit of Measure:** **Quantity:** **Prescription Number:**

Modifiers:
1) **2)** **3)** **4)**
Unit Code: **Unit Count:**
DA - Days 9
Line Item Charge Amount:
$900.00
Denied or Non-Covered Charge Amount:
Service From Date:
03/01/2015

Service Line 2

Revenue Code:
0185
Procedure Code:
Revenue Code Description
NDC Code: **Unit of Measure:** **Quantity:** **Prescription Number:**

Modifiers:
1) **2)** **3)** **4)**
Unit Code: **Unit Count:**
DA - Days 2
Line Item Charge Amount:
$200.00
Denied or Non-Covered Charge Amount:
Service From Date:
03/05/2016

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BlueZone Sessi... | S1 - s2 - Seagu... | Windows Medi... | Claim Submiss... | LTC 8371 BILLL... | Inbox - Micros... | RE: Medi ID's ... | 1 Reminder | Book1 | LTC 837 BILL ... | Microsoft Pow...

9:19 AM
5/3/2016

Claim File Upload

https://qmedi.hfs.illinois.gov/iec/MediHome.jsp

ILLINOIS DEPARTMENT OF Healthcare and Family Services

www.myhfs.illinois.gov

Bruce Rauner, Governor

IEC Links

- IEC Home
- Eligibility Inquiry
- Claim Submission
- Claim Status Inquiry
- Remittance Advice
- Upload X12 File(s)
- Download X12 File(s)
- Help Index
- Companion Guides
- Contact Us
- MEDI Home
- Logout

If you have billing problems, go to www.hfs.illinois.gov/system or for a billing consultant, call 1-877-782-5565. For all other questions, call Network Services at 1-800-366-8768 Option 1 - for Information Technology (IT), and then Option 3 - for HFS.

IEC Home Page

IEC News

TO ENSURE PROPER MEDI AUTHORIZATION, PLEASE READ THE FOLLOWING CAREFULLY.
Do not submit an NPI that has not been registered with HFS. These claims will not be processed.
You may now use your NPI number, for the Billing Provider, on your batch claim files and Professional/Institutional DDE claim submission screens.

835 Electronic Remittance Advice Now Available
The 835 Electronic Remittance Advice Function is now available in the IEC system. The use of this function requires that a **PAYEE** registration be completed using the Medi Home Page.

Please read the Remittance Advice Overview below for instructions on how to use this function.

Overviews

IEC Overview
An overview of the IEC system.
Upload Overview
An overview of the Upload process.
Download Overview
An overview of the Download process.
Claim Status Inquiry Overview
An overview of the Claim Status Inquiry process.
Claim Status Response Overview
An overview of the Claim Status Response process.
Remittance Advice Overview
An overview of the ERA viewing and download processes.

Additional Information

IDPA Supported HIPAA Transactions and Versions
A list of the current HIPAA transactions and versions that IDPA is supporting.
Submission Guidelines
Guidelines providing help on the submission of files through the IEC System.
Use this link to access Department Billing Instructions.

Help Manuals

FAQs
A list of frequently asked questions about the IEC System.
IEC Help Manual

To upload an X12 claim file provider should select the "Upload X12 file" link on the left.

Upload File Home Page

ILLINOIS DEPARTMENT OF
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IEC Links
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Upload File(s)

Help

You are authorized to upload files for the following submitter(s):

MEDI Submitter ID/Name	ISA Identifier	GS Identifier
ST MARYS HOSPITAL 023	370662580DPA023	370662580401

Using the fields below, select files to upload. If you have selected a file for upload but then decide not to upload it, simply check the checkbox next to the file and click Remove File(s).

Entity : *
File to be Uploaded: Browse... Add File
Directory to be Uploaded: Add Directory Files

Remove File(s)

Upload Files

Help button on the upper right provides important information about Submission Guidelines, which are also provided on the next slide.

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Help Screen – Submission Guidelines

1. Any file to be uploaded needs to have a .txt or .dat file extension.

2. Data being uploaded must be in X12 format.

3. To send a file to HFS, use the Upload function.

4. To receive a file from HFS, use the Download function.

5. If the submitter is not authorized, an 824 acknowledgement will be generated and will be available on the Download page within 24 hours.

6. If an uploaded file is not compliant, a 997 or 824 acknowledgement will be generated and will be available on the Download page.

7. In order to successfully submit an X12 transmission to HFS, the sender and receiver ID must be populated correctly in the ISA (Interchange Control Header) segment of the transmission.

   To find the sender ID associated with a given entity, access the MEDI system. Once you have successfully entered MEDI, click on the 'Manage My Account' link from the left side menu bar. This will open the Manage MEDI Account page. Select the Business Association that you would like to submit transactions for, and click the 'Display' button. This will open up a page that displays more detailed information about the Business Association. Under the heading 'HIPAA – IEC System' there is information about the values you will need to use to populate the ISA segment in any X12 transmissions you would like to send to HFS. Values for both inbound and outbound transmissions are included.

How do I upload documents?

1. Click on the **Upload File(s)** link from the IEC menu bar on the left hand side of the page.

2. You are required to choose which Entity you are submitting for through the "Entity" drop down box. This box displays only those Entities for which the IEC user is authorized to submit a transaction.

3. Once you have selected an Entity, you will be able to select files to upload using the "**Browse**" and "**Add File**" buttons. Clicking the "**Browse**" button will produce a "pop-up" window that will display the entire file directory structure on your workstation.

4. Then select which file you want to upload, click "Open", and you will see the file that was selected displayed in the text box next to the "**Browse**" button. Click on the "**Add File**" button. You will see the selected file in the "Files to be Uploaded" display box.

5. You can also delete any files displayed in the "Files to be Uploaded" display area. To do this, click the check box next to the unwanted file(s) and click on the "**Remove File(s)**" button located next to the "**Add File**" button.

6. After selecting files, click on the "**Upload Files**" button to begin the upload process.

7. Once the upload is completed, notification that your files were submitted successfully will be displayed on the Upload Confirmation page. Confirmation for those files submitted will include: Date, Time, Status, IEC Audit Number and File Name(s). You can repeat the process to upload additional files by clicking on the "**Upload More File(s)**" button located at the bottom of the confirmation page. In addition to the immediate notification, an X12 997 will be available within a 5-minute period and any negative X12 824 will be made available within a 24-hour period.

File Transaction Set Header and Trailer

- File must contain both a Transaction Set Header and a Trailer.
- The Transaction set Header contains information related to the submitter and indicates the beginning of the transaction set.
- The Transaction set Trailer signifies the end of the transaction set and includes the segment count.

Transaction Set Header and Trailer information is also located in the 837I Implementation Guide .

X12 Claim Breakdown

HEADER

Transaction Set Header
ST*837*0010*005010X223A2~
BHT*0019*00*ORGINATOR APPLICATION IDENTIFIER*20160222*083756*CH~

Header Loop 1000A – Submitter
NM1*41*2*SUBMITTER NAME*****46*SUBMITTERS TAX ID NUMBER~
PER*IC*CONTACT NAME*TE*2177822222*EM*ACMECORP@GMAIL.ORG* ~

Header Loop 1000B–Receiver
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~

Transaction Set Trailer
SE*66*0010~

Claims submitted for payment by Medicaid will indicate Illinois Medicaid as the Payer in Loop 2010BB

Payer Name Loop 2010BB

NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~

N3*201 S. GRAND AVENUE, E.~

N4*SPRINGFIELD*IL*62763~

Note: Payer Identification number for Illinois Medicaid is 37-1320188

Electronic Data Interchange (EDI)

- The link below is to the EDI Control (packaging/Enveloping of transmissions). Information regarding Interchange Control Header and Financial Group Header are provided in this link.

- EDI CONTROL PACKAGING/ENVELOPING OF TRANSMISSIONS

X12 Claim Breakdown

Interchange Control Header

ISA*00* *00* *ZZ*INTERCHANGE SENDER ID*ZZ*37-1320188INT*161225*1635**00501*000525985*0*T*~

Interchange Control Trailer

IEA*1*000525985~

- Interchange Sender ID, ISA06 is assigned by HFS during the MEDI registration process.
- Interchange Control Number, ISA13 must be the same as the Group Control Number (IEA02).

Please continue to submit your questions.

- Questions regarding the new electronic billing for Long Term Care services should be submitted to the Bureau of Long Term Care at HFS.LTC@illinois.gov with the Subject line: Monthly Billing Process.
- Your questions and answers will be posted in a Frequently Asked Questions document that will be routinely updated and will be accessible on the HFS LTC Dirct Billing Page.
- The website will also provide information regarding future trainings, webinars, and additional ongoing support.