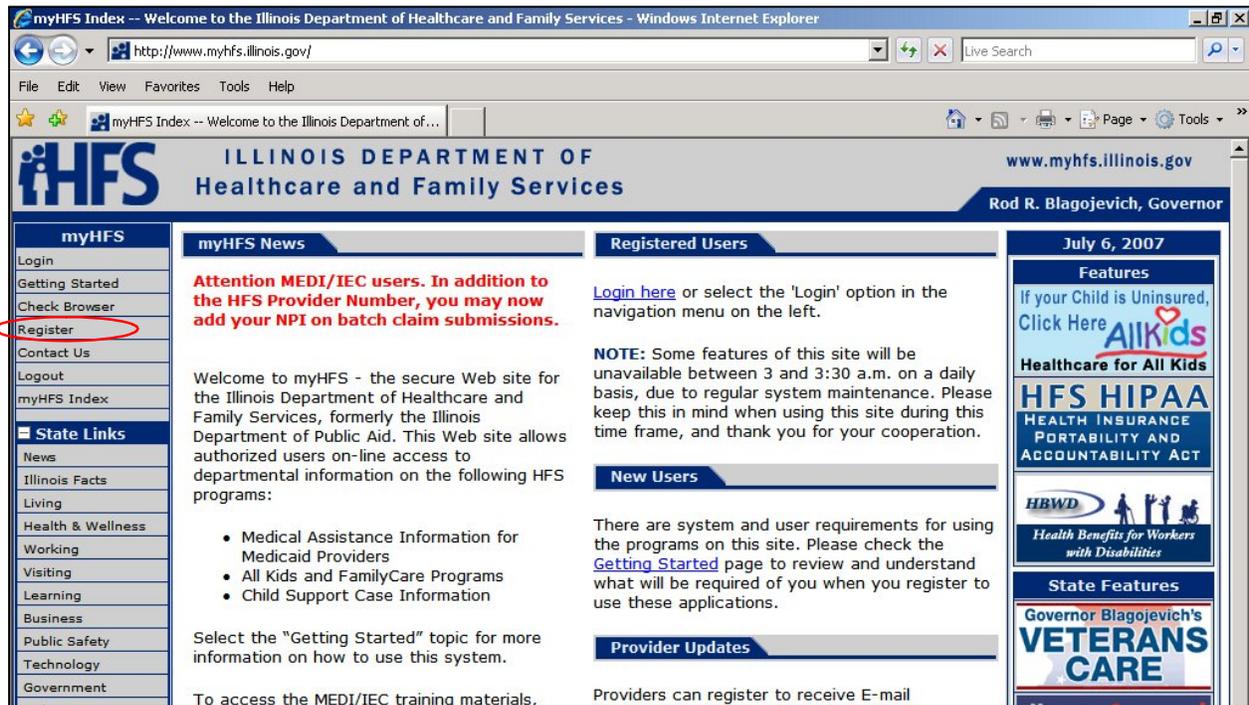


MEDI

Accessing MEDI as Provider or staff member of Providers

STEP 1: Registration:



Go to www.myhfs.illinois.gov and Click “Register”

SUBSCRIBERS AGREE TO USE THE CERTIFICATE AND ANY RELATED REGISTRATION AUTHORITY SERVICES ONLY IN ACCORDANCE WITH THE CP AND CPS.

YOU AS A SUBSCRIBER DEMONSTRATE YOUR KNOWLEDGE AND ACCEPTANCE OF THE TERMS OF THIS SUBSCRIBER AGREEMENT BY SUBMITTING AN APPLICATION FOR A CERTIFICATE TO STATE OF ILLINOIS CERTIFICATE AUTHORITY, AND BY USING THE CERTIFICATE.

SUBSCRIBER OBLIGATIONS

Subscribers are obligated to:

- Make true representation regarding information in their certificates; and other identification and authentication information;
- Use certificates in a manner consistent with the applicable State of Illinois Certificate Policy.
- Take reasonable precautions to prevent any compromise, modification, loss, disclosure, or unauthorized use of their private keys;
- Protect their associated digital certificate user password;
- Upon issuance of a digital certificate naming the applicant as the Subscriber, review the digital certificate to ensure that all Subscriber information included in it is accurate, and to expressly indicate acceptance or rejection of the digital Certificate;
- Inform the State Registration Authority or appropriate Local Registration Authority within 48 hours of a change to any information included in their certificate or certificate application request;
- Inform the State Registration Authority or appropriate Local Registration Authority within 8 hours of a suspected compromise of one/both of their private keys; and
- Rightfully hold private keys corresponding to public keys listed in certificate.
- Review changes to State Policies by checking for future updates on this web site (<http://www100.state.il.us/tech/pki/>).

The **SUBSCRIBER** agrees that they have read this agreement and have maintained a copy of it and will abide by the terms and conditions of the agreement.

Click on “Illinois Accept” if you have a valid IL Driver’s license.

If you have an out of state driver’s license; select “Non-Illinois Resident Accept”, print, complete and mail the required application. Please remember to have the application notarized prior to mailing the application. After receiving two activation codes, you can proceed with registration.

State of Illinois - PKI - Registration Form - Windows Internet Explorer
 https://autora01.illinois.gov/SOI_Create.html

Enter your personal information exactly as registered with the [SOS Driver Services Department](#) and found on your valid Illinois Drivers License or Identification Card.
 For Assistance with problems call 217-785-8880 ... respond by saying " This is concerning the registration process for a digital certificate"...

[Questions about State of Illinois Digital Signatures? Read the FAQ!](#)

Personal Information as currently registered with the Illinois Secretary of State

First Name or Initial: Middle Name or Initial:
 Last Name: Name Suffix: (Jr, Sr, III)

Address

Street Address:
 City: Zip Code:
 xxxxx

Personal Validation

Driver's License Number:
 xxxx-xxxx-xxxx
 Weight As Shown On License: lbs.

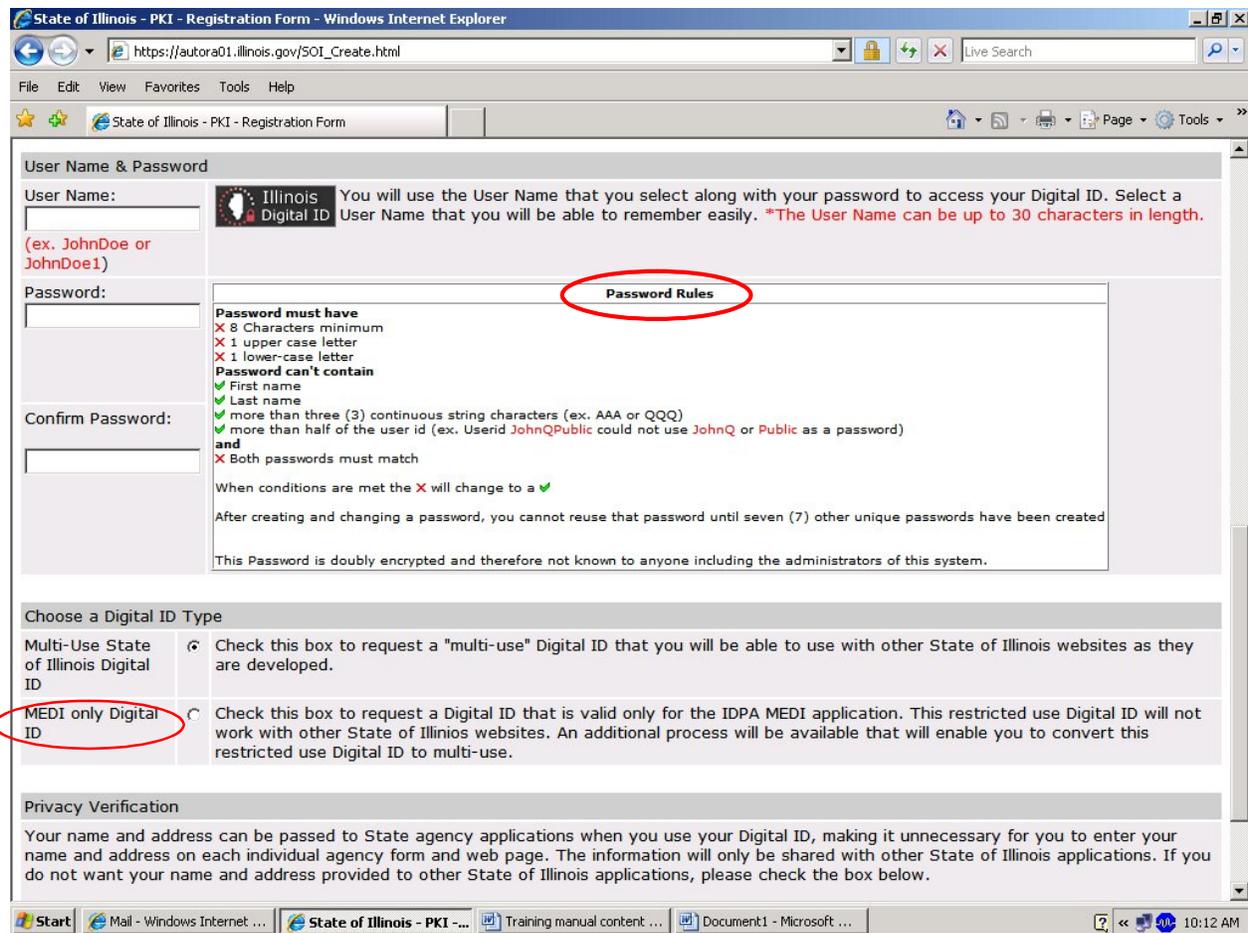
User Information

E-mail Address: (ex. xxxxx@yyy.com) The e-mail address you enter will be included in your Digital ID. This will enable you to use the Digital ID for signing and encryption with certain e-mail software and will enable others to encrypt e-mail sent to you if they already know your e-mail address. This will also provide us with a way to notify you in case of problems.

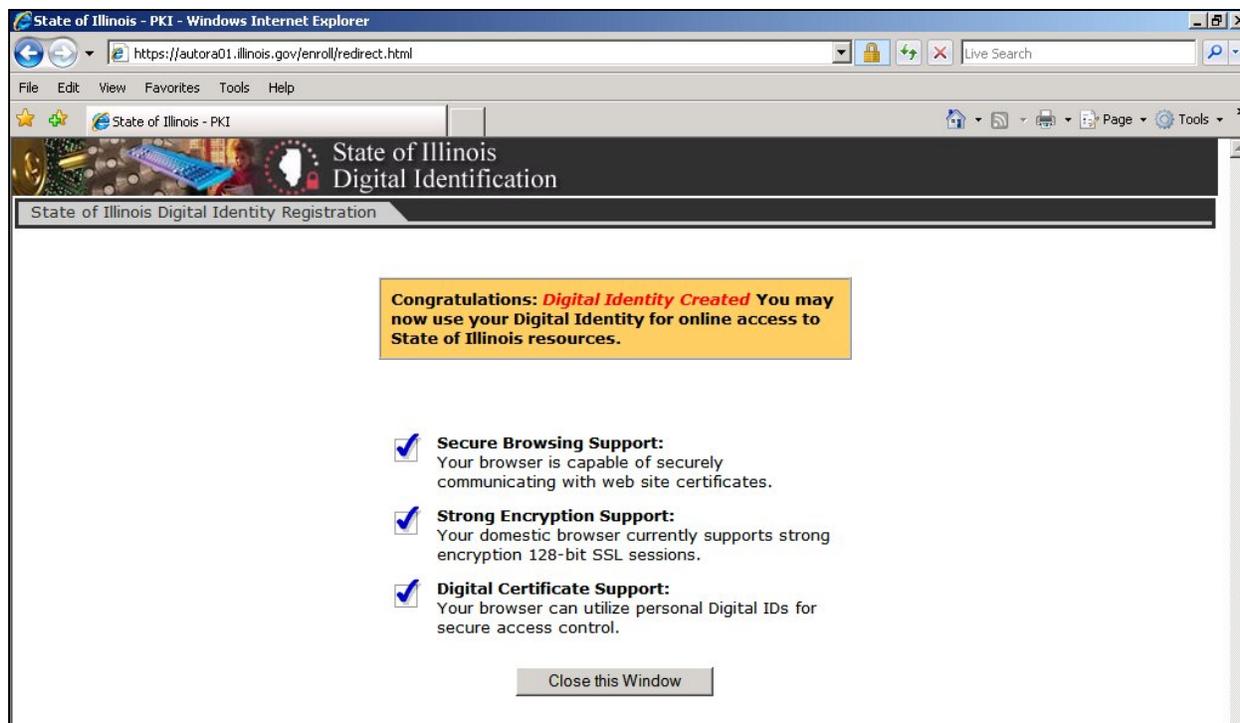
Secret Question: (ex. Mother's Maiden Name) Should you forget your ID or password, you will be asked to answer the question you provide here. Your Shared Question should be simple enough for you to answer, but not easily guessed by anyone else.
 Note: The name of a spouse is not a good Shared Question, as anyone who knows you could provide the Shared Answer.

Secret Answer: This should be the response to the Shared Question entered above and, in the future, it must be

Complete all fields just as they appear on your driver’s license. Use your work email address. Scroll down.

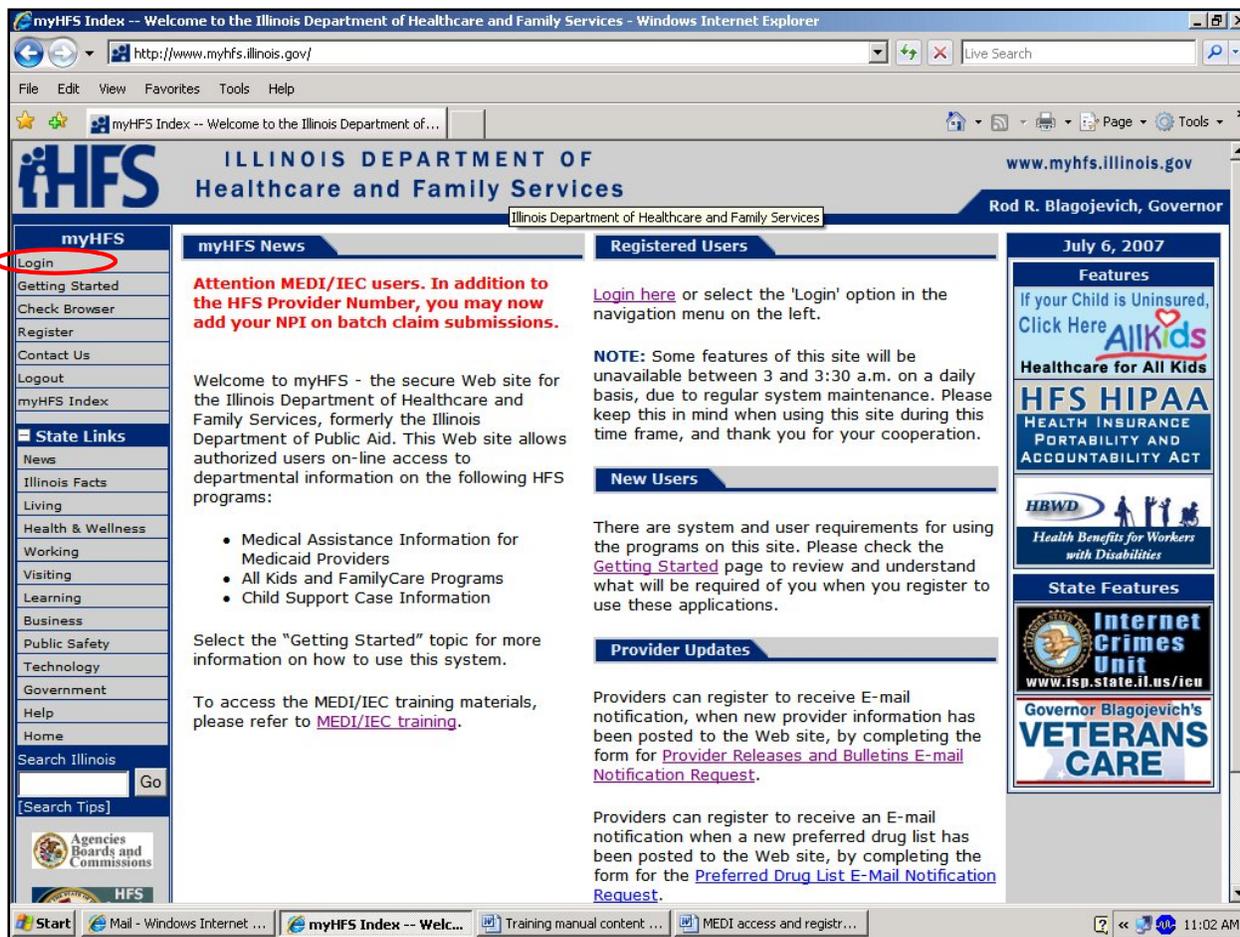


Complete the remainder of the fields. Your user name and password should be easy to remember. Write it down and keep it somewhere safe. Choose “MEDI only Digital ID.” Click “Submit” at the bottom of the screen after choosing your “Privacy Verification” option.



This is what will appear if your registration was successful. Click “Close This Window”

Log back onto www.myhfs.illinois.gov



Click “Login” at the top left and log in using the user name and password you developed.

Complete the required fields and Click Submit.

		ILLINOIS DEPARTMENT OF Healthcare and Family Services	
myHFS		HFS User Profile	
myHFS Index		* Required Fields	
MEDI Training		* Title <input type="text"/>	
Check Browser		Name <input type="text"/>	
Contact Us		*Organization Name <input type="text"/>	
Logout		*Work Address <input type="text"/>	
		*City <input type="text"/>	
		*State <input type="text"/>	
		*Zip <input type="text"/>	
		*Work Phone <input type="text"/> (123-123-1234)	
		Work Fax <input type="text"/> (123-123-1234)	
		*Work E-Mail <input type="text"/>	
		<input type="button" value="Submit"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>	

myHFS Home - Windows Internet Explorer

https://w05.myhfs.illinois.gov/registration/idpaRegistration.do

File Edit View Favorites Tools Help

myHFS Home

myHFS ILLINOIS DEPARTMENT OF Healthcare and Family Services www.myhfs.illinois.gov

myHFS Home **07-06-2007**

MEDI

If you are a Medicaid provider or payee, or you represent and want to work on behalf of a Medicaid provider, click the MEDI link to register for access to Medicaid applications available over the Internet.

You must register in MEDI to access the Internet Electronic System (IEC) and/or the KidCare Application.

The IEC System provides access to recipient eligibility, claim status, claim submission and remittance advice in HIPAA-compliant format. The claim status information, which is available for both DDE Real Time and X-12 Batch (Professional, Dental, Pharmacy, and Institutional) claims, becomes available for status inquiries within seven business days from submission. However, the claims availability for inquiry varies from the voucher date accordingly:

DDE Real Time (Professional/Dental/Pharmacy) for 90 days;

DDE Real Time (Institutional) for 180 days;

X-12 Batch (Professional/Dental/Pharmacy/Institutional) for two years.

If you are a current MEDI User, click the MEDI link to access the IEC System functions and/or the KidCare application.

Update My HFS Registration
Change Registration Info for myHFS Applications.

Copyright © 2005 mvHFS Privacy Information | Web Accessibility | Webmaster

Start Mail - Windows Internet ... myHFS Home - Windo... Training manual content ... MEDI access and registr...

10:37 AM

Click on MEDI

The screenshot shows a Windows Internet Explorer browser window displaying the 'User Security Agreement' page. The browser's address bar shows the URL: https://w05.myhfs.illinois.gov/medi/mlogin.do. The page header features the HFS logo and the text 'ILLINOIS DEPARTMENT OF Healthcare and Family Services' along with the website address www.myhfs.illinois.gov and the name of the Governor, Rod R. Blagojevich. A sidebar on the left lists 'MEDI Links' including Help Index, Contact Us, myHFS Home, and Logout. The main content area is titled 'User Security Agreement' and contains the following text:

Title: **Full Name:**

Submit **Reset** **Help**

Please select 'I Agree' at the bottom of this page. You must agree with this notice in order to use this system.

Agreement to Access Secure Web Site System
 Based upon your execution of this agreement by replying 'I Agree', the Illinois Department of Healthcare & Family Services (IDHFS) is granting permission to access the HFS secure Web site system for the purpose of retrieving information concerning the department's Medical Programs. Any other use of the HFS secure Web site system is strictly prohibited. HFS will not grant you access if you do not agree to the terms set forth below.

By clicking 'I Agree' below, you acknowledge receipt of this agreement, understand it and agree to its contents.

Web site Usage for Medical Programs

1. Each HFS secure Web site user is responsible for:
 - a. Maintaining the strict confidentiality and privacy of recipient-specific information accessed through the HFS secure Web site system.
 - b. Protecting access to the HFS secure Web site system by safeguarding user ID numbers and passwords.
2. Each HFS secure Web site user is responsible for safeguarding information concerning recipients that is obtained via the HFS secure Web site system, including, but not limited to:
 - a. Any information received regarding a recipient's eligibility or health information, including, but not limited to, name, address, identification number, Social Security number, social and economic circumstances, medical services provided, and the recipient's medical data, including diagnosis and past history of disease or disability;
 - b. Any information received for verifying a recipient's amount of medical assistance payments or benefit limitation;
 - c. Any information received in connection with Third Party Liability; and
 - d. Any information received regarding Prior Authorization for medical services for a recipient under an HFS Medical Program.
3. Failure to comply with the terms of this agreement will result in action which may include, but is not limited to, suspension or termination from the HFS Medical Program.

The browser's taskbar at the bottom shows several open windows: Start, Mail - Windows Internet..., User Security - Windo..., Training manual content..., and MEDI access and registr... The system clock shows 10:38 AM.

Click "I agree" at the bottom of the page.

STEP 2: Administrator Registration (the person to be in charge of who can View what). If someone else has already registered as the Administrator skip to Step 3

MEDI Registration Menu

Business Registration
Select this option if you are an administrator for a business and want to perform this function for HFS applications available over the Internet. Select a business registration type below:

Medicaid Provider - Certified by the Illinois Department of Healthcare & Family Services as a medical services provider. You will need your **Provider Information Sheet** which is mailed to the official medical provider address from HFS. If you do not have a Provider Information Sheet, you may [request a Provider Information Sheet](#) to have one mailed to the address on file. Provider registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.

Payee - Authorized by a Medicaid provider to receive **remittance advices**. You should have access to a Provider Information Sheet or previously received remittance advices to register. If you do not have this information, you will need to contact the provider. Payee registration available 8 a.m. to 5 p.m. Monday through Friday.

Payor - Certified by the Illinois Department of Healthcare & Family Services as an enrolled payor. You will need your **Payor Information Sheet** which is mailed to the official payor address from HFS. You may [request a Payor Information Sheet](#) to have one mailed to the address on file. Payor registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.

Other Business - A billing service, agency or other business that represents a certified HFS medical provider. Other business registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.

Employee Registration
Select this option if you have been provided with the Employee Registration Key for the business. If you do not have this information, contact your administrator. Registration of the business is required before you can register. Employee registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.

Choose “Medicaid Provider”

Fill in all fields as they appear on the PROVIDER INFORMATION SHEET (In other words as this provider registered with the State of Illinois). Be sure to register the Provider whose panel roster you will be accessing. If you do not have a Provider Sheet, you must request one from the Provider Participation Unit (PPU). Go back to the Registration menu above and click on "Provider Information Sheet" or call PPU at 217-782-0538. An example of the Provider Information Sheet is below.

APPENDIX A-7a

MEDICAID SYSTEM (MMIS)
 PROVIDER SUBSYSTEM
 REPORT ID: A274KDI
 SEQUENCE: PROVIDER TYPE
 PROVIDER NAME

STATE OF ILLINOIS
 DEPARTMENT OF PUBLIC AID
 PROVIDER INFORMATION SHEET

RUN DATE: 11/02/96
 RUN TIME: 11:47:06
 MAINT DATE: 11/02/96
 PAGE: 84

-- PROVIDER KEY --
 036999999

PROVIDER NAME AND ADDRESS
 JOHNSON ALBERT
 1421 OAK STREET
 ANYTOWN, IL 62000

PROVIDER TYPE: 10 - PHYSICIAN
 ORGANIZATION TYPE: 01 - INDIVIDUAL PRACT
 ENROLLMENT STATUS: B - ACTVNOCSST BEGIN 08/15/86 END ACTIVE
 EXCEPTION INDICATOR - NO EXCEPT BEGIN END

PROVIDER GENDER:
 COUNTY 200-COOK
 TELEPHONE NUMBER:(312)123-4567
 D.E.A.#: AA1234567

CERTIFIC/LICENSE NUM - 036999999 ENDING 07/31/99
 LAST TRANSACTION ADD AS OF 04/24/90

AGR: YES
 UPIN #:
 S.S. #:331313131
 CLIA #:

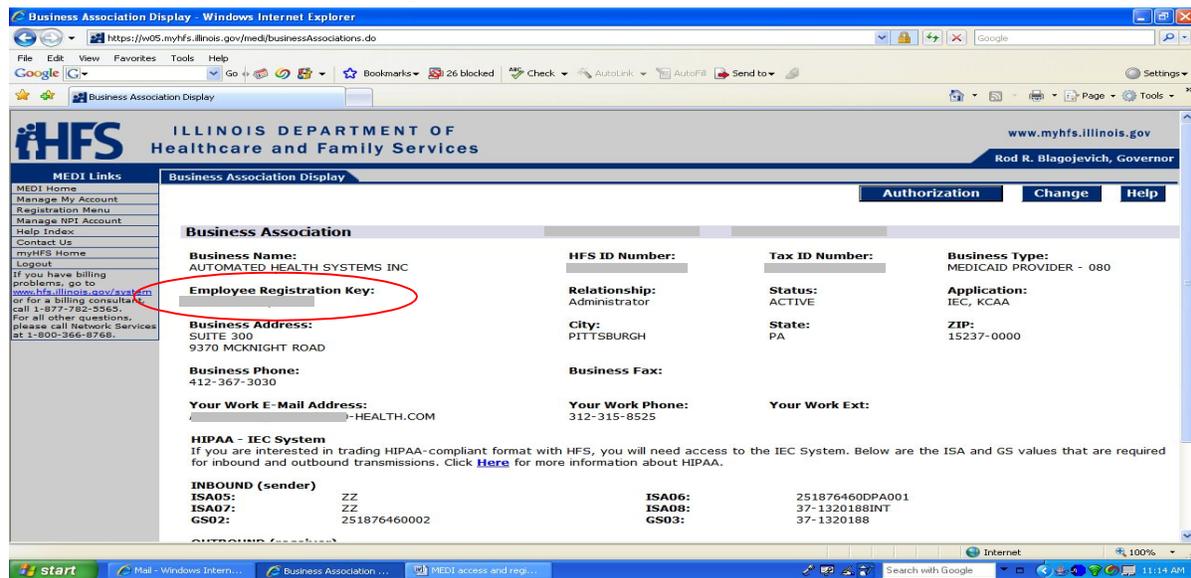
MANAGED CARE INFORMATION: BEGIN DATE: 07/13/1993
 SITE 1 : PAYEE : 1 1421 OAK STREET ANYTOWN IL 62000 TELEPHONE NUMBER: (312) 123-4567
 FAX NUMBER: (000) 000-0000

CODE	SPECIALTY	BEGIN	CODE	SPECIALTY	BEGIN	CODE	SPECIALTY	BEGIN
08G-OBSTETRICS	- GYNECOLOGY	01/01/81	DAP-ADMITTING PRIVILEGES		01/01/92	DPX-DELIVERY PRIVILEGES		01/01/91

COS	ELIGIBILITY CATEGORY OF SERVICE	BEG DATE	COS	ELIGIBILITY CATEGORY OF SERVICE	BEG DATE	TERMINATION REASON
01	PHYSICIAN SERVICES	08/15/86	06	PHYSICIAN PSYCHIATRIC SERVICES	08/15/86	
17	ANESTHESIA SERVICES	08/15/86	30	MEDICARE SCREENING SERVICES	08/15/86	
45	OPTICAL SUPPLIES	08/15/86				

PAYEE CODE	PAYEE NAME	PAYEE STREET	PAYEE CITY	ST	ZIP	PAYEE ID NUMBER	DMERC#	EFF DATE
1	ANYTOWN MEDICAL ASSOC	1421 OAK STREET	ANYTOWN	IL	62000	363106080-62000-01		08/01/96
	DBA:					VENDOR ID: 01		
2	ALBERT JOHNSON	907 NORTH ELM STREET	DOWNTOWN	IL	62001	448449827-62001-02		12/03/86
	DBA:					VENDOR ID: 30		
3	MEDICARE/PIN: 615730/							
	DBA:							
	MEDICARE/PIN:	1100 CEDAR LANE	ANYTOWN	IL	62000	448449827-62000-02		03/12/90
	DBA:					VENDOR ID: 30		

Once you have successfully registered under the provider there will be a screen which shows that provider's information. An example is below.



The Employee Key is what you will give to staff member who will also need access to view that provider's information on MEDI.

If you are going to be the administrator for more then one provider and need to access the panel roster of more then one provider, you will need to follow Step 2 each time for each provider, using their Provider Information Sheet. Each provider will have their own Employee Key.

When you have finished registering under all providers click on "Manage My Account"

Then you will see all providers under which you have registered and their individual Employee Keys.

STEP 3: Employee Registration

Choose "Employee Registration" (if your administrator has already registered under the "Medicaid Provider" link).

The screenshot shows a web browser window displaying the 'MEDI Registration Menu' page on the IHFS website. The page title is 'MEDI Registration Menu - Windows Internet Explorer'. The URL is 'https://w05.myhfs.illinois.gov/medi/medRegistrationMenu.do'. The page content includes a navigation menu on the left with 'MEDI Links' and 'MEDI Registration Menu'. The main content area is titled 'MEDI Registration Menu' and contains the following information:

Business Registration
Select this option if you are an administrator for a business and want to perform this function for HFS applications available over the Internet. Select a business registration type below:

Medicaid Provider - Certified by the Illinois Department of Healthcare & Family Services as a medical services provider. You will need your **Provider Information Sheet** which is mailed to the official medical provider address from HFS. If you do not have a Provider Information Sheet, you may **request a Provider Information Sheet** to have one mailed to the address on file. Provider registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.

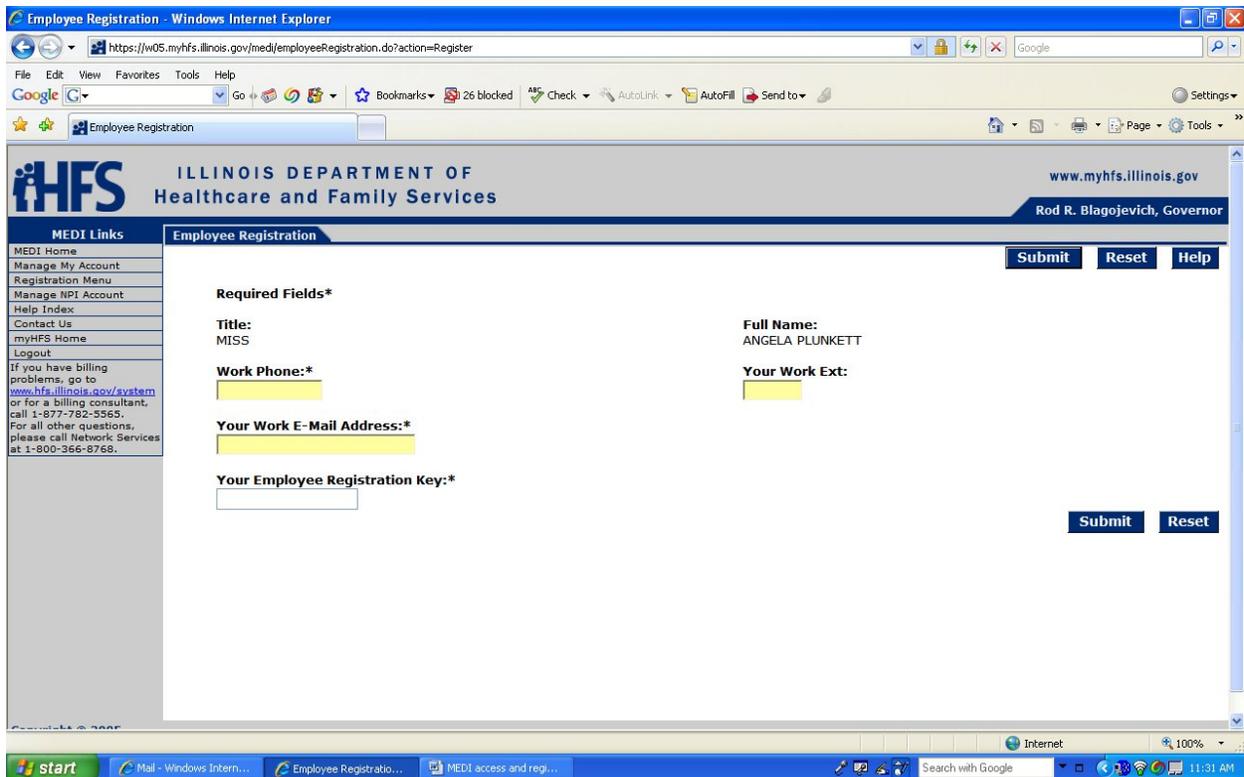
Payee - Authorized by a Medicaid provider to receive **remittance advices**. You should have access to a Provider Information Sheet or previously received remittance advices to register. If you do not have this information, you will need to contact the provider. Payee registration available 8 a.m. to 5 p.m. Monday through Friday.

Payor - Certified by the Illinois Department of Healthcare & Family Services as an enrolled payor. You will need your **Payor Information Sheet** which is mailed to the official payor address from HFS. You may **request a Payor Information Sheet** to have one mailed to the address on file. Payor registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.

Other Business - A billing service, agency or other business that represents a certified HFS medical provider. Other business registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.

Employee Registration - Select this option if you have been provided with the Employee Registration Key for the business. If you do not have this information, contact your administrator. Registration of the business is required before you can register. Employee registration is available 24 hours a day, seven days a week, except between the hours of 3 and 3:30 a.m.

The 'Employee Registration' link is circled in red in the original image.



Fill in all information. Be sure to enter the “Employee Registration Key” as it appears. The Employee Registration Key is what the Administrator will give you. Click “Submit”.

MEDI Links

- MEDI Home
- Manage My Account
- Registration Menu
- Help Index
- Contact Us
- myHFS 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, please call Network Services at 1-800-366-8768.

Registration Success

Continue **Help**

You have successfully registered as an EMPLOYEE of the business shown below.

Business Name: AUTOMATED HEALTH SYSTEMS INC
HFS ID Number: [REDACTED]

Business Address: SUITE 300, 9370 MCKNIGHT ROAD, PITTSBURGH PA 15237

City: PITTSBURGH PA **State:** PA **ZIP:** 15237

HIPAA - IEC System

If you are interested in trading HIPAA-compliant format with HFS, you will need access to the IEC System. Below are the ISA and GS values that are required for inbound and outbound transmissions. Click [Here](#) for more information about HIPAA.

INBOUND (sender)

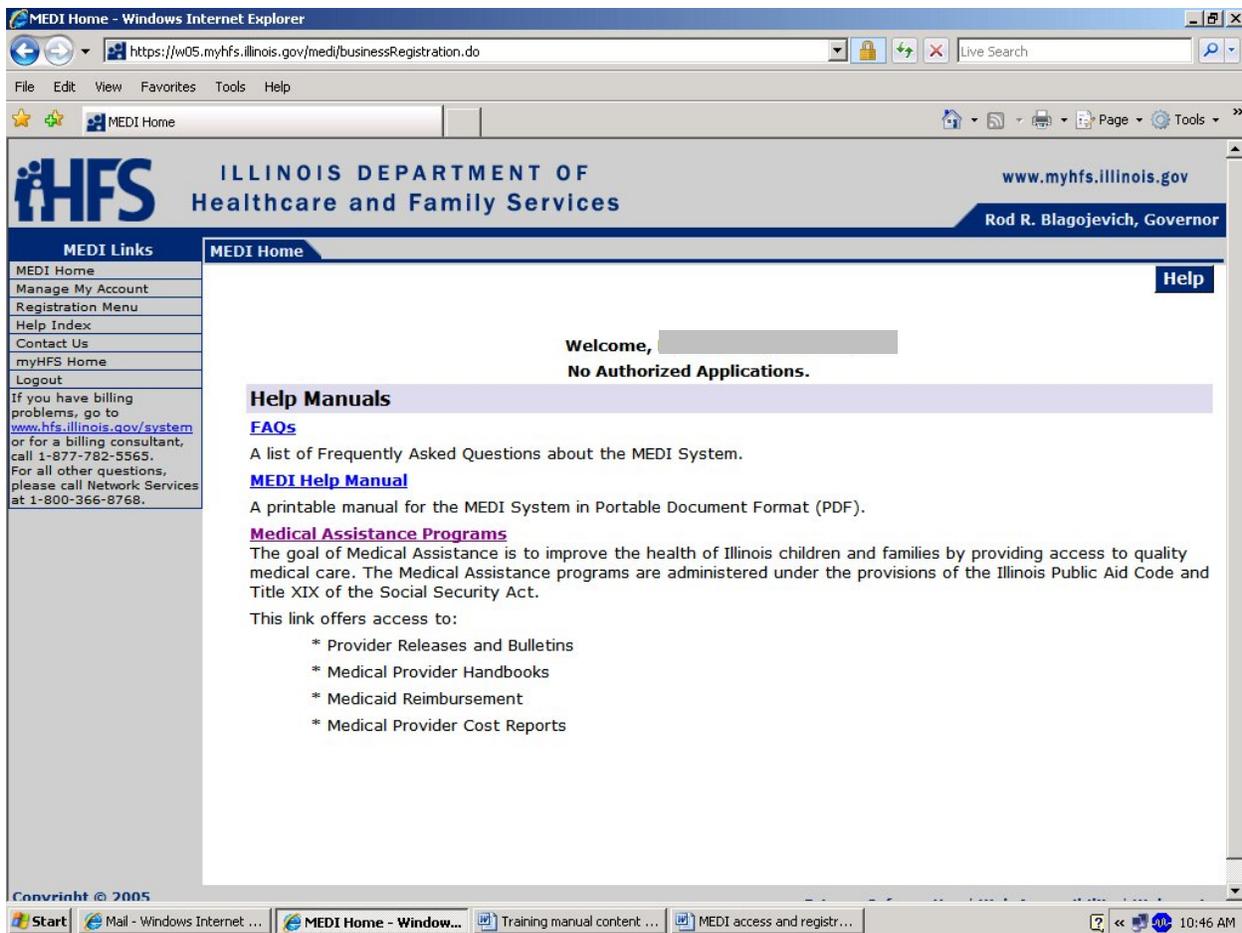
ISA05:	ZZ	ISA06:	251876460DPA001
ISA07:	ZZ	ISA08:	37-1320188INT
GS02:	251876460002	GS03:	37-1320188

OUTBOUND (receiver)

ISA05:	ZZ	ISA06:	37-1320188INT
ISA07:	ZZ	ISA08:	251876460DPA001
GS02:	37-1320188	GS03:	251876460002

Continue

Click "Continue"

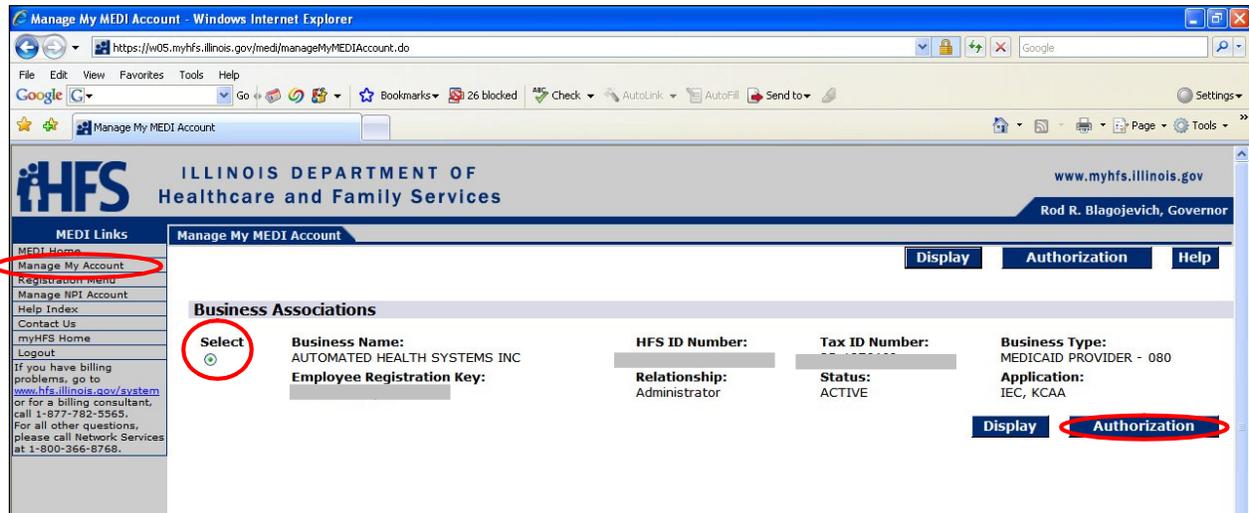


You are complete. If you have multiple Employee Keys to register under, then repeat Step 3 above.

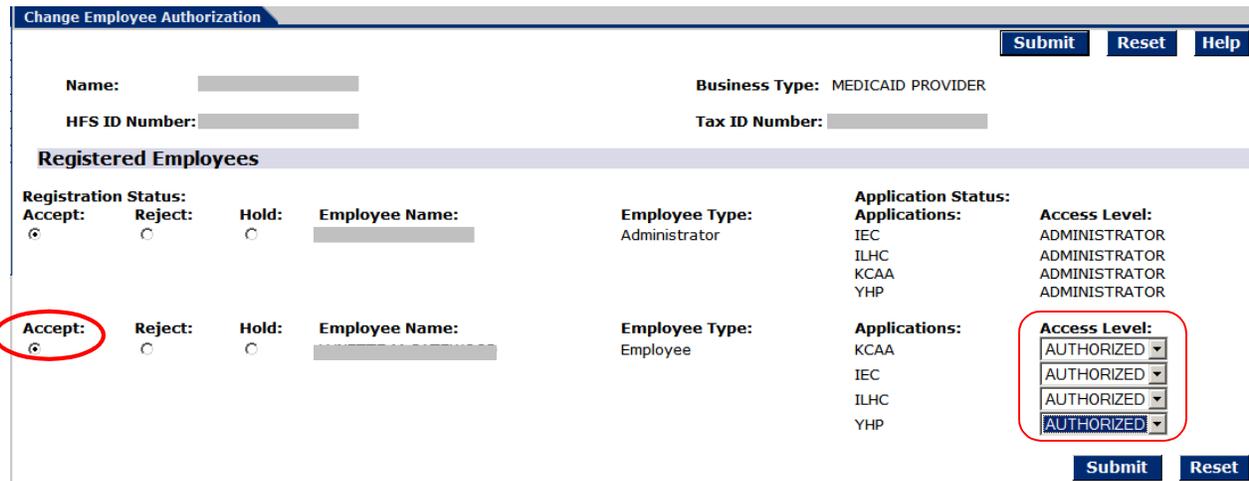
Before you can access any applications, the administrator (your supervisor) will first give you authorization.

Step 4: Managing Authorizations (for Administrators only)

(If any staff member(s) registered using the Employee Key, you must follow these steps to give and take away their ability to view certain things on the MEDI system)



Login to MEDI and Click on “Manage my Account”. Select the Business Association you want to give staff authorization with, and then click “Authorization”



Select “Authorized” from the drop down to allow that staff member to view that application within MEDI. Select “Accept” then scroll down and click Submit. Now your staff who already registered as an employee can access the applications you gave them rights to view. You can perform the same steps to remove employee authorization.

MEDI APPLICATIONS: CHECKING ELIGIBILITY

MEDI Home **Help**

Welcome, MARGARET A KIRKEGAARD!

You are now able to register your NPI with HFS. To register your NPI with the department, Click on the Manage NPI Account link on your left-side navigation bar.

Select Application

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

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

[Illinois Health Connect \(ILHC\)](#)

[Disease Management: Your Healthcare Plus\(YHP\)](#)

This is the main home page for the MEDI system. Click on “Internet Electronic Claims System” (IEC) to access patient eligibility. If you do not see IEC, you have not been given authorization. Contact the individual who registered as the administrator.

iHFS ILLINOIS DEPARTMENT OF Healthcare and Family Services www.myhfs.illinois.gov

Pat Quinn, Governor

IEC Links **IEC Home Page**

IEC Home

Eligibility Inquiry

Claim Submission

Claim Status Inquiry

Remittance Advice

Upload X12 File(s)

Download X12 File(s)

Help Index

User Instructions

Companion Guides

Contact Us

MEDI Home

myHFS 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.

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.

Coming Soon - Remittance Advice

The IEC system will launch a lot of the new Remittance Advice function in the coming weeks. Please watch here for notice of availability.

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.

Click on “Eligibility Inquiry” to check a patient’s eligibility for Medicaid and PCP.

Recipient Eligibility Inquiry - Windows Internet Explorer
https://w05.myhfs.illinois.gov/revs/revsInquiry.do?command=REVS

ILLINOIS DEPARTMENT OF Healthcare and Family Services
www.myhfs.illinois.gov
Rod R. Blagojevich, Governor

Recipient Eligibility Verification

Submit Reset Help

For instructions on how to perform an eligibility inquiry, please press the HELP button.
Required Fields*

Provider ID:* AUTOMATED HEALTH SYSTEMS INC

Begin Date:* 06-01-2007 (mmddyyyy,mm-dd-yyyy,mm/dd/yyyy)

End Date:* 07-01-2007 (mmddyyyy,mm-dd-yyyy,mm/dd/yyyy)

Recipient Number: [text box]

Social Security Number: [text box] (123121234,123-12-1234)

First Name: [text box]

Last Name: [text box]

Birth Date: [text box] (mmddyyyy,mm-dd-yyyy,mm/dd/yyyy)

ZIP: [text box]

County: [dropdown menu]

Pending Denied: [checkbox]

Submit Reset

Enter the Begin and End Date for the days or months you are trying to determine eligibility.
Enter the patients first and last name or Recipient (RIN) Number. Click Submit.

ILLINOIS DEPARTMENT OF Healthcare and Family Services
www.myhfs.illinois.gov
Rod R. Blagojevich, Governor

Recipient Eligibility Results

For the Date(s) of service entered, the Recipient qualifies for Medical Benefits.

Transaction Audit Number: 200718710580861
Recipient Name: [REDACTED]
Recipient Number: [REDACTED]
Recipient SSN: [REDACTED]

Recipient Birth Date: 10-15-1966
Recipient Sex: F
Provider Number: [REDACTED]
Provider Name: AUTOMATED HEALTH SYSTEMS INC

County Code: [REDACTED]
Case Name: [REDACTED]
Case Address: [REDACTED] DR
City, State ZIP: GLENVIEW, IL 60025

Begin Date: 06-01-2007
End Date: 07-01-2007

[Healthy Mom, Healthy Kid Data](#)
[Medicaid Data](#)
 No Medicare Information for this Inquiry

In red, it will tell you if this recipient qualified for Medical Benefits within the dates you specified on the last page. To see their PCP Click “Medicaid Data”

Recipient Eligibility Results

For the Date(s) of service entered, the Recipient qualifies for Medical Benefits.

Transaction Audit Number: 200718710580861

Recipient Name: [REDACTED]

Recipient Number: [REDACTED]

Recipient SSN: [REDACTED]

Recipient Birth Date: 10-15-1966

Recipient Sex: F

Provider Number: 251876460-002

Provider Name: AUTOMATED HEALTH SYSTEMS INC

County Code: [REDACTED]

Case Name: [REDACTED]

Case Address: [REDACTED] DR

City, State ZIP: GLENVIEW, IL 60025

Begin Date: 06-01-2007

End Date: 07-01-2007

Coverage Detail

Case Type:	Begin Date:	End Date:	Case ID:	System Date:
MEDICAID ONLY.	06-01-2007	07-01-2007	[REDACTED]	03-27-2007

Special Information: N/A

PCP Name: FRYDMAN ALAN

PCP PhoneNumber: [REDACTED]

Begin Date: 06-01-2007

End Date: 07-01-2007

[Healthy Mom, Healthy Kid Data](#)

[Medicaid Data](#)

No Medicare Information for this Inquiry

This patient's PCP for the period you entered is Frydman, Alan. The Begin and End Dates refer to the dates you entered on the first page.

If there is no information as to the PCP, then this patient is either: 1) in their 60 day window to choose a PCP or 2) is part of the Excluded population of Medicaid patients that do not have to choose a PCP. In either case this provider can bill for these patients.

ACCESSING THE ILLINOIS HEALTH CONNECT (IHC) LINK

Go to the MEDI home page

MEDI Home Help

Welcome, MARGARET A KIRKEGAARD!

You are now able to register your NPI with HFS. To register your NPI with the department, Click on the Manage NPI Account link on your left-side navigation bar.

Select Application

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

[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

[Illinois Health Connect \(ILHC\)](#)

[Disease Management: Your Healthcare Plus\(YHP\)](#)

Select “Illinois Health Connect (IHC)” and you will be *redirected* to the Illinois Health Connect Provider Portal, this could take some time.

File Edit View Favorites Tools Help

Illinois Health Connect Portal Menu

ILLINOIS HEALTH CONNECT
Your Home For Healthcare

Provider Portal Menu

Provider Information	
Provider Name:	KIRKEGAARD M A
NPI Number:	[REDACTED]
Enrollment Status:	B - Active
Gender:	Female
Elig. Begin Date:	03/02/2002
Address:	135 N OAK ST
Address 2:	
City:	HINSDALE
Zip:	60521
Client Phone:	(630) 856-8900
Specialty:	Admitting Privileges, Certified in family planning, Delivery Privileged by referral, Delivery Privileges, Family Practice,
Category Of Service:	Anesthesia Services, Healthy Kids Services, N/A, Optical Supplies, Physician Services, Physicians Psychiatric Services,

Select From The Following	
-	Provider Panel Roster ?
-	Location of Service Information ?
-	Provider Profile ?
-	Claims History ?
-	Provider Referral ?
-	Primary Care Provider Agreement ?
-	Primary Care Provider Application ?
-	Specialty Resource Database Form ?
-	Provider Settings ?
-	Logout

1-877-912-1999 • Monday thru Friday - 7 a.m. to 6 p.m. • The call is free

Please note: If you are registered in the MEDI system under more then one provider you can choose from a drop down window to select the provider’s information you would like to view.

From the IHC Provider Portal, you will be able to

- View and print the monthly Panel Roster for each Location of Service
- View and print the bi-annual Provider Profile and,
- Access Claims History

Please note: For the Administrator, gaining access to “Claims Status Inquiry” or “Claim Inquiry” under the “Internet Electronic Claims System” (IEC) may take 24 hours or more.

If you have any questions, please contact the Illinois Health Connect Provider Help Desk at 1-877-912-1999 or **MEDI Network Services line at 1-800-366-8768.**