ABE

The Application for Benefits Eligibility

An Introduction for Long Term Care Provider Partners

Illinois Department of Healthcare & Family Services (HFS)
Illinois Department of Human Services (DHS)

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Contents

1. Welcome

ABE, the Application for Benefits Eligibility, is the State of Illinois' web-based portal for accessing and managing health coverage, SNAP and cash benefits, and the Medicaid Savings Program (MSP).

Customers can apply for benefits on-line and, once approved, use ABE's Manage My Case portal to review notices about their case status, view and reschedule appointments, check benefit status, report changes in circumstance and renew (re-determine) their benefits.

ABE also provides certain health care partners with tools to help their clients apply for and manage their benefits. Specific health care providers like hospitals, Medicaid Presumptive Eligibility (MPE) providers, and Long-Term Care providers are authorized by the State to use the ABE Partner Portal to access program-specific applications (e.g. MPE) or submit program-specific information to the state (e.g. LTC).

Authorized Long Term Care providers can use ABE to securely submit necessary documentation to the State on changes in income, resources and TPL, as well as redeterminations or other relevant documents.

This guide is designed to support our LTC Partners in setting up an ABE Partner user account and begin using the document submission features of ABE.

If you encounter problems using ABE, please contact your organization's ABE Agency Security Administrator.

Let's get started!

A few notes about navigating in ABE

Navigating in ABE

- Do not use your Internet browser's back, forward or stop buttons while in the application. Use the buttons provided at the bottom of each page of the application:

Next	Click the **[Next]** button when you are done with a page and ready for the next questions.
Back	Click the **[Back]** button if you need to go back to a page and need to change your answers or if you need to exit and have not completed all of the questions on the page you are currently working on.
Exit	You will click the **[Exit]** button after submitting the online application. Clicking this button will take you back to the home page.
Save and Exit	Click the **[Save and Exit]** button to save the information already entered and return to the application later. After clicking the button you can decide to save the application and return to it later, or keep working on the application.

- You must complete questions with a red star (*) next to them.

- Your ABE session will time-out after 30 minutes of inactivity. You will need to log-in again to continue.

- To protect private information, be sure to **Log Out,** 🔵 Logout when you have completed your ABE session. This step is especially important if you are using a public computer.

2. Getting Started as an ABE Partner Provider

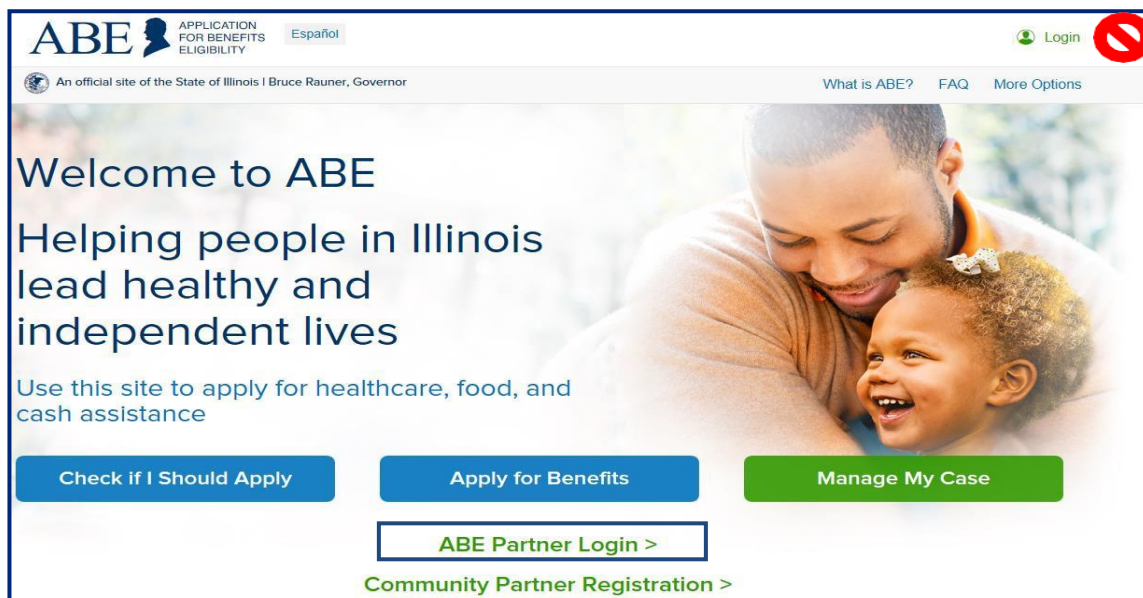## 2.1 Registering as an ABE Partner

To register as an ABE Provider Partner, your organization must first be registered as a Medicaid provider with the State of Illinois Department of Healthcare and Family Services IMPACT System. If you need assistance to ensure that your organization complies with the regulations for appropriate Category of Service, please contact "IMPACT Provider Enrollment" at: IMPACT.Help@Illinois.gov , 1-877-782-5565 https://www.illinois.gov/hfs/impact/Pages/default.aspx

 You will need your State of Illinois Provider ID Number to set up all user profiles in ABE. If your organization has multiple sites, *each* site will need to be registered in IMPACT with a unique Provider Number with the appropriate Category of Service. You will need to set-up profiles in ABE for each site. **Separate sites may not share Provider Numbers; agencies are subject to audit for compliance**.

Each organization must identify one individual who will act as the **Primary Agency Security Administrator (ASA)** for managing agency staff that will use the ABE Partner Portal. The ASA may designate up to four additional individuals to serve as ASAs for their organization. (See more about the ASA role in Appendix A).

Setting Up an ABE User Account

1. From the **ABE Homepage** choose the **ABE Partner** link. You will use this link each time you return to ABE. <u>Do not use the Login button in the upper right corner of the homepage.</u>

2. Click the **Create a new ABE User ID and Password** link.   **DO NOT SHARE IDs!**

3. **Section 1 – User Information, enter information about yourself and your organization**. You will be asked to enter an e-mail address. For security purposes you must use your work e-mail account. The e-mail you enter will be used to verify your identity through Multifactor Authentication (MFA). This process is described below.

4. Type of User – There are two types of user, select the type of user you are.

   - A regular user who uploads documents

   - A designated Agency Security Administrator (ASA), responsible for approving other users in the organization, maintaining the accuracy of the list of users, submitting registration forms to HFS for every system user from your agency, assuring users have reviewed training materials and most importantly ending access to the portal if a user leaves the organization or is otherwise determined to no longer need access. ASAs can also upload documents.

   Each organization must designate an ABE Agency Security Administrators before they can use the Partner Portal functionality (see Appendix A for instructions for the ASA). If you are not that person, please do not choose this selection. Use 'Regular User'.

5. In **Section 2 – Provider User ID and Password**, you will create a personal ABE User ID and Password that you will use to login to ABE on an ongoing basis. **The secret questions and responses you choose will be used as a security check if you need to recover or change your password**. User IDs CANNOT be recovered.

   You will need to change your ABE password every 6 months. If you forget to change your password, you will be blocked from using ABE until it has been updated. Each user must create their own unique User ID and Password.
   User IDs and Passwords should NEVER be shared or stored! Always answer [Not for this site] if this pops up!

Section 2 - ABE User ID and Password

To log in into your provider account, you will need to create a ABE User ID and password. You will need your ABE User ID and password to login to the provider portal.

* ABE User ID :

Your User ID must be 5 to 20 letters and/

* Password :

Your password must be a minimum of 8
It must contain a minimum of three of the
- one capital letter,
- one lower case,
- one special character (! @ # $ % &
- one numeral

Passwords cannot be used consecutively.
cannot be used for 24 change cycles.
Do not use your User ID or your name.
System Security policies require you to change your password every 180 days.

* Please re-type your Password :

It is important to write down the answers to your security questions and keep them in a secure location. **Passwords cannot be reset** without correct answers. If you are not able to reset your password, you will need to reregister.

To log in into your provider account you will need to create a ABE User ID and password. You will need your ABE User ID and password to login to the provider portal.

* Secret Question 1 :   click here to choose

* Answer to Secret Question 1 :

* Secret Question 2 :   click here to choose

* Answer to Secret Question 2 :

6. Once you enter an ABE user type **Section 3 – Organization Information** will display. Enter your Organization's State of Illinois **Medicaid Provider ID Number**. Click **[Submit].** If you do not know your HFS Provider ID, contact your office administrator or billing office.

Section 3 - Organization Information

You have told us in Section 1 that you are a regular user for a Medicaid Presumptive Eligibility and/or an All Kids provider and/or Long Term Care provider and/or Hospital Presumptive Eligibility provider. Please enter the Provider ID and click the Add button to add multiple Provider IDs.

Provider ID

Delete

Add

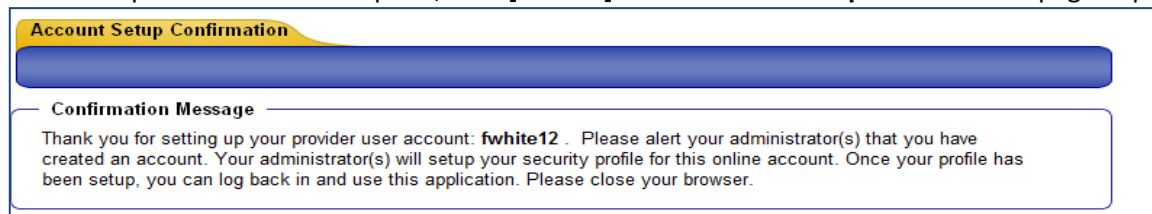Organizations that have multiple locations and therefore multiple Provider IDs, click the **[Add]** button to access additional **Provider ID** fields.

Back   Submit

Tip: *If you need to add multiple Provider IDs because you work for more than one facility, add them underline before entering your password and security questions. As a security measure, ABE wipes out these responses when the page is refreshed.*

7. Once all required fields are complete, click **[Submit]**. The **Account Set-up Confirmation** page displays.
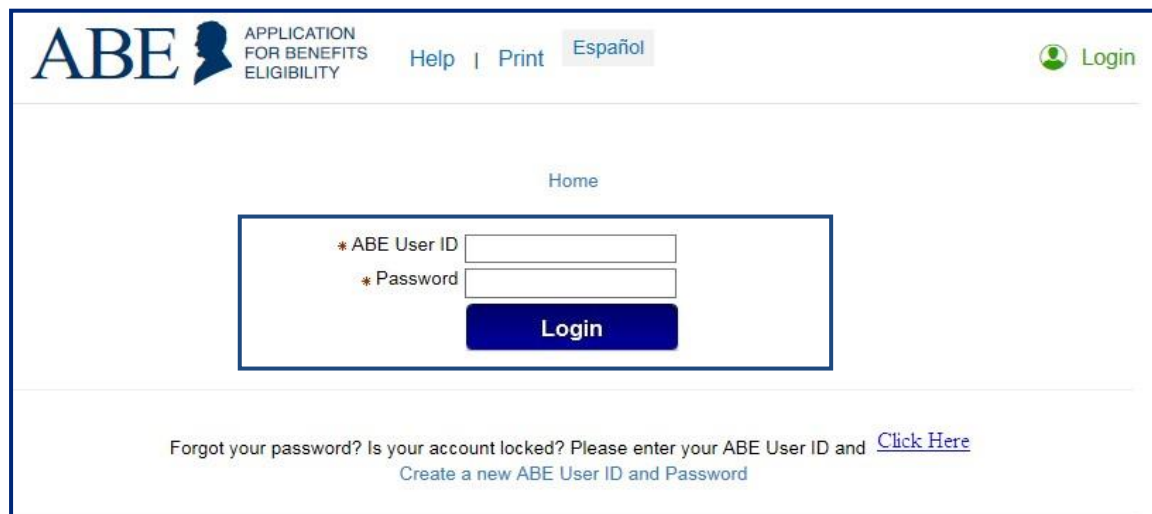

8. Your organization's ASA will need to approve your ABE registration. Contact that person to let them know your registration is ready for review.
9. Finally, complete a ABE registration form and submit to the agency ASA. The Form requires the signature of the individual user and the ASA for bookkeeping and audit purposes.
**If a Partner Portal user has a change in email address, for example because they marry, change employers or emails are reconfigured at an agency, the user will need to go through the registration process again to create a new ABE Account.

2.2 Logging-in and the ABE Partner Landing Page

1. Once the ASA has approved the new user account, you can use the Portal. Registered users click the **ABE Partner Login** link from the ABE homepage, and the **ABE Partner login** page displays. Do not share login information with others in your agency. Each person using the ABE Partner Portal must register their own account.

2. Enter your information in the **ABE User ID** and **Password** fields. Click **Login**

2.2.1 Multifactor Authentication (MFA) Process

Due to the sensitive personal and medical information stored in each Partner's ABE Account, we are required to

validate the Partner Portal user's identity <u>each time</u> they log-in to ABE.

1. **E-mail Activation**
   The first time you log into the ABE Provider Portal, you will be asked to register your e-mail address. <u>You must enter the e-mail address you used when setting up your ABE User Profile</u>. As an additional security measure, the e-mail used must be your work e-mail. Click **[Register].**

An **Activation Code** will be sent to the e-mail address. Enter the code in the space provided and click **[Activate Email Address].**
- *If you do not receive the Activation Code, check your Junk or Spam folder. If the Activation Code is not received after 10 minutes (it should arrive within a minute), click [Resend Activation Code] to generate a new code.*
- *You will only need to activate your e-mail address once (unless you change it in your profile).*
- *If you no longer use or have access to the e-mail address associated with your ABE User Profile, you will need to set up a new ABE User Account with a valid e-mail address.*

b. Access Authentication: Once your e-mail is activated, an Access Code will be sent to the e-mail address. Enter this code in the space provided. Click **[Next]** and the Provider Portal Landing page displays.
ABE will send an Access Code to the registered e-mail each time you log into the ABE Partner Portal. The code must be entered on the Authentication Access Code page to reach the Partner Portal Landing page.

2.2.2 Location Selection

After completing Multifactor Authentication, if you entered multiple Provider IDs in your user profile, the **Location Selection** page displays. If you are associated with only one location, you will be taken directly to the **ABE Partner Portal Landing Page**.

On the **Location Selection** page, indicate the location where you are working for this ABE session.

You are now ready to learn about uploading documents!

3. Upload Documents in Support of Long Term Care Benefits

Long term care (LTC) service providers can use the ABE Partner Portal to upload documents in support of the client's long-term care benefits.

1. After logging in to the ABE Partner Portal, completing MFA, and choosing your work location (if you have multiple locations) the **Partner Portal Landing Page** will display.

2. Select, **"Upload document for existing Health Coverage Applications or cases."** Click **[Next].**
   - Use the "Update my User Account" selection under **Manage My Account** to update your ABE user profile, including reporting a new e-mail address or adding a new Provider Number for an additional facility.

3. Enter the client's **Application or Case Number, Social Security Number or Recipient Identification Number (RIN)** and select the **Transaction Type** that the documents relate to: Third Party Liability (TPL), Income, Rede, Resource or other. All mandatory questions must be answered to proceed. Click, **[Next].** If you choose **TPL** or **Income** as your Transaction Type, you will then be asked for the Transaction Audit Number (TAN). The TAN is an auto generated tracking number assigned to each and every MEDI transaction; you need to submit the changes in MEDI first, in order to get the TAN and upload the documents in the ABE Partner Portal. You can find this number on the Summary Results page to the provider which tells the provider if the submission was accepted successfully.

4. On the next page you will have an opportunity to review the various Proof Categories and examples of the documents for each. There is no action on this page. Click **[Next]**.

5. On the **Submit Your Documents** page (which looks very similar to the previous page), select Category(s) of Proof Documentation you would like to submit.

> Proof Categories include:

> • Proof of SSN Application
> • Proof of Aged, Blind and Disability Assistance
> • Proof of Disability
> • Proof of Medicare
> • Proof of Liquid Assets
> • Proof of Other Assets
> • Proof of Employment
> • Proof of Self Employment
> • Proof of Rental Payments
> • Proof of Support Expenses
> • Proof of Other Expenses
> • Other Proof (this category would include the HFS 3654, additional financial information for LTC and Other Related Verification Documents not categorized elsewhere).

6. After selecting the Proof Category, Click **[Next]**. On the next page, indicate the document type you are submitting from the drop down. (In this example the category selected is *Other Proof* and the document is an *Additional Financial Information for LTC, HFS 3654)*.

> **REMEMBER!** It is very important to separate proof documents by category and type. **Do not upload all documents together.** There are separate verification 'queues' the documents drop into depending on how the document was identified when you uploaded them. If you upload files together, it could appear that required documents are missing and some of the documents could be missed!

7. Choose the file from your computer using the **[Browse]** button. Indicate whether you have additional documents for this person in this category. *You will have the opportunity to add Proof documents for another category on the next page. If you change your mind and do not have a Proof Document to submit in this category, select **Skip This Document**.* Click **[Next].**

8. On the Document Summary page, review the Proof Category and the Document Type. You can view the document selected to verify that it is correct – and erase it if it is not the right document.

9. If you have documents in other Proof Categories, use the **Type of Proof** drop down under **Upload Another Document** to select the next document you would like to add. Click **[Add].**

   You can add up to 10 documents at a time. Select the person on the application the document is associated with and the document category from the drop downs. Generally, the application is only for a single individual; however, there are times when an adult on another MAP (e.g. Family Assist) may enter a nursing home for under 90 days and still remain on the FamilyAssist case; for example, this could occur for a short term rehabilitation stay. If you have more than 10 documents, submit the first 10 and then begin the process again.

10. Once all documents have been uploaded, PRINT out a copy of the page to keep as your receipt BEFORE submitting. Then click **[Submit].** The documents will be transferred to the client's case record for a LTC worker to process.

Hello, Jules. You are logged in.
Currently Working At: **LTC TEST CENTRE2**

Document Summary

Your documents have not been submitted yet. Please review the following summary of uploaded documents before you submit.
Click 'View' to preview the document. Click 'Erase' to remove the document.

Who	Proof That May Be Needed	Document Uploaded	Options
VICTOR	Other Proof	Interagency Certification Form, HFS 2536	View or Erase

Upload Another Document
To upload document you may have missed, please choose type of proof and then click the Add button.

Type of Proof
| Other Proof | ▾ |

Add

To send your uploaded documents to your worker, please click the Submit button
Please print this screen now to save the list of the documents you uploaded.

11. The confirmation page is your 'proof' that the documents were transmitted successfully and gives the address of the office that received them based on where the case is assigned. **PRINT** out this page and attach to the **Document Summary** page for your records. Use the Click here link to upload additional documents or Logout of ABE.

Hello, Jules. You are logged in.
Currently Working At: **LTC TEST CENTRE2**

Thank You!

Thank you! Your documents have been sent to the following state office for processing:

Mailing Address :

707 EA WOOD ST
DECATUR IL 62523-1154
Phone Number:(123) 456-3455

Keep Track of Your Documents

Your documents have been associated to the IES application or case: 381516893

Click here to upload documents for other IES applications or cases.

Logout

Thank you!

Thank you for taking the time to view this Introduction for Long Term Care Providers and learn more about ABE - the Application for Benefits Eligibility. We hope you will find this guide a useful tool.

If you have any questions about using ABE, please e-mail them to HFS.ABEPartnerportal@Illinois.gov

Appendix A

Primary Agency Security Administrator (ASA)Responsibilities

Each Partner organization that will use the [Application for Benefits Eligibility (ABE)](#) Partner Portal must select a senior staff member to serve as the organization's **Primary ABE Agency Security Administrator (ASA).** The Primary ASA serves as the HFS point of contact regarding the organization's ABE participation, and will be responsible for administering the ABE security protocols at their agency. The Primary ASA:

- Will enter their ABE Partner Portal account information as well as agency/hospital information on the [ABE ASA Request SharePoint site.](#)
- Is responsible for designating another staff member for this position should they leave the agency **(before leaving!)**
- Will submit a deactivation request and direct the new Primary ASA to submit their ABE Partner Portal account and hospital/agency information on the [ABE ASA Request SharePoint site.](#)
- May designate four additional agency staff as ASAs
- Approves Partner Portal 'Regular Users' from the agency
- Maintains 1706P records for all Partner Portal Users at the agency
- Terminates ABE Partner Portal access when staff leave the agency or are otherwise determined to no longer need access
- All ASAs are also able to perform the same functions in the Portal as a 'Regular User' for their User Type
- All ASAs can view **ALL** Applications and/or Birth Reports submitted from their agency

ASA Registration Overview

1. The Primary ASA should be the first person from the organization or location to register in [ABE](#) (refer to the **Creating an ABE Partner Portal Account Job Aid** for assistance). When completing the registration screen, indicate that you are the designated security administrator in the **Type of User** section.
2. After Registration, the Primary ASA will then go to: [ABE ASA Request SharePoint site. and enter individual and agency/hospital information.](#)
3. The HFS Business Unit will approve the account and the HFS Global Security Administrator (GSA) will grant access to the Portal. The Primary ASA will get an auto-notification e-mail indicating that their registration has been approved
4. The ASA should then invite the organization's remaining users to set up their own ABE Partner Portal Accounts
5. ASAs should verify the identity of each ABE Partner Portal user by reviewing a valid picture ID. Valid forms of identification include:
   - Current and valid US driver's license or state identity card
   - US passport
   - US military identification
   - Certificate of citizenship or naturalization, and various immigration forms for non-US citizens.

6. It is critical that all users remember their username and password as well as the answers to their security questions. Users will not be able to change their password or make other changes to their account if they do not have that information.

Step by Step:

1. The ASA will use the Manage My Account feature in ABE to approve each ABE user. As an ASA you will see this option that 'regular users' do not see in this section. Under **Manage My Account** select **Search for users from my organization. Click [Next].** The **Search Criteria** page displays.

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print — Logged in: PeterP | Logout

User Search | Application Search

Hello, Peter. You are logged in.
Currently Working At: **ROSE ANGELA HALL**

ABE Provider Portal Landing Page

ABE for Partners and Providers

Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

Upload Documents
○ Upload documents for existing Health Coverage Applications or Cases

Manage My Account
○ Search for users from my organization (this will allow you to access their privileges)
○ Update my User Account (this will allow you to update your personal information and organizations you belong to)

Next

Screenshot of the ABE Provider Portal Landing Page with the Manage My Account section highlighted, showing options to search for users from my organization or update my user account.

A screenshot of the ABE Provider Portal Landing Page

ABE APPLICATION FOR BENEFITS ELIGIBILITY Help Print Logged in: PeterP Logout User Search Application Search Hello, Peter. You are logged in. Currently Working At: ROSE ANGELA HALL ABE Provider Portal Landing Page ABE for Partners and Providers Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page. Upload Documents Upload documents for existing Health Coverage Applications or Cases Manage My Account Search for users from my organization (this will allow you to access their privileges) Update my User Account (this will allow you to update your personal information and organizations you belong to) Next

ABE APPLICATION FOR BENEFITS ELIGIBILITY Help Print Logged in: PeterP Logout User Search Application Search Hello, Peter. You are logged in. Currently Working At: ROSE ANGELA HALL ABE Provider Portal Landing Page ABE for Partners and Providers Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page. Upload Documents Upload documents for existing Health Coverage Applications or Cases Manage My Account Search for users from my organization Update my User Account Next

ABE Provider Portal Landing Page

2. **Search for Users.** Enter information for the user. Click **[Next].** You do not need to enter full name and birthdate, but the more information entered the fewer usernames will display and the quicker your Search Results will come up.

Search for Users

In order to search for users, please use the search criteria below.

Search Criteria

First Name:	M	● Starts With ○ Exact
Middle Initial:		
Last Name:	T ✕	● Starts With ○ Exact
Date of Birth:		Ex: mm/dd/yyyy
Type of Users:	All ▼	

View a definition of each type of user.

✱ Agency:

☑ QUINCY MEDICAL GROUP KEOKUK AF

[Back] [Next]

3. **Search Results Display.** Names that meet the search criteria entered will display. All new staff will display as **"New"** under **Type of User.** Click the **[Go]** button next to the user's name in the list to change **Type of User.**

User Search Results

Search Criteria

First Name: **M**   Date of Birth:
Middle Initial: Type of User: **All**
Last Name: **s**   Agencies: QUINCY MEDICAL GROUP KEOKUK AF

Search Results

Select the user you wish to view and click the **GO** button.

Name	Type of User	Date of Birth	Select
Smith, Melissa	New	10/01/1992	Go

[Back]

4. **The User Access Detail screen displays. When** the **User Access Details** page displays, the default of **[No Access]** will display for a new user. Select the **Upload Only** option in the bottom box. You may also choose to make this person an Administrator by checking the box on the bottom left. Click **[Submit].** [If the staff member leaves the organization, be sure to revisit this section and change the user's profile to **Remove this user permanently.**

User Access Details

User Details

Name:	**Cruise, Thomas**
Date of Birth:	**07/03/1962**
Address:	**401 S. Clinton Chicago IL 60607**

Types of Access

Please select the type of access this user should have for each of the following locations.

☐ **Remove this user permanently**

LTC Test Location(255099932015-0)

⁎ Upload documents for LTC Providers:

> Upload Only
> No Access

☐ Make this user a local administrator for this location.

[Back] [Submit]

5. **Updated User Type is Displayed.** You will not get a confirmation message, but the User will now display as an **existing user** on their **User Access Details** screen. Any time you need to change the Users access you will select the **[Go]** button for the chosen User.

User Search Results

Search Criteria

First Name:	**M**	Date of Birth:	
Middle Initial:		Type of User:	**All**
Last Name:	**s**	Agencies:	**QUINCY MEDICAL GROUP KEOKUK AF**

Search Results

Select the user you wish to view and click the GO button.

Name	Type of User	Date of Birth	Select
Smith, Melissa	Existing	10/01/1992	Go

[Back]

6. The staff member is now able to login and use the ABE Partner Portal to upload LTC documents.
7. Make sure that a **ABE Partner Portal Registration Form 1706P** has been submitted to the ASA for every ABE user at your agency/facility/organization.

It is the responsibility of the **Primary ASA** to maintain an accurate user list and keep copies of each user's: **Registration Form**, **Identity Verification (picture ID)** and **Training Attestations (if required for your user type)** on file at your agency.

⚠️ ****Remember to keep HFS informed of any Primary ASA changes at your organization.!**

Thank you!

Thank you for taking the time to review this Long-Term Care Partner Portal Guide and learn more about ABE - the Application for Benefits Eligibility. We hope you will find this a useful tool.

If you have any questions about using ABE, please e-mail them to HFS.ABEPartnerPortal@Illinois.gov
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