

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

04/29/2019

Step 1: Log in to [MEDI](#). Below is the MEDI Home page. Select 'MEDI Login' from the menu on the right side of the screen.



ILLINOIS DEPARTMENT OF
Healthcare and
Family Services

[HFS Home](#) [Illinois.gov](#) [JB Pritzker, Governor](#)

[GO](#)

[MY HEALTHCARE](#) [MEDICAL PROVIDERS](#) [INFO CENTER](#) [ABOUT US](#)

[HFS](#) ▶ [Medical Providers](#) ▶ [Electronic Data Interchange \(EDI\)](#) ▶

MEDI Home

Alert! Please Read!

The Illinois Department of Healthcare and Family Services Receptient Eligibility System (REVS) will be unavailable **Saturday April 27, 2019 from 6:00 AM to 4:00 PM**. We apologize for any inconvenience that this may cause.

Update December 18, 2017

Alert! Please Read!

Java 9 was released on September 21 2017. **Do not upgrade to Java 9**. If you have automatic updates for Java turn them off. For instructions Google 'How do I turn off Java automatic updates'.

The 12/12/2017 Microsoft Windows update will block all Java versions below 8u151. If you are getting the message that Microsoft Windows is blocking your Java, you can use the new version. www.java.com. Do not change your Java if you can login.

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.

For Illinois (Instate) users, use the Forgot Password button on the MEDI login page.

For Out of state users, call 1-217-524-3648 or 1-312-814-3648. Select option 1 then option 2 for assistance changing passwords.

Please Note: Only accounts which were registered using a State of Illinois Driver's License (DL) or State of Illinois ID card can use the Instate option for changing their password.

Medi

[EDI Home](#)

[MEDI](#)

[MEDI Home](#)

[MEDI Login](#)

[MEDI Frequently Asked Questions](#)

[MEDI Help](#)

[MEDI Help \(pdf\)](#)

[Getting Started with MEDI](#)

[Register for Medi](#)

[Contact Us](#)

Need Assistance?

 [Report a Webpage Problem](#)

Enter your User Name and Password and click 'Log in'.

ILLINOIS DEPARTMENT OF Healthcare and Family Services

myHFS Login

Notice: Please delay upgrading to Java 9 until we are able to upgrade our PKI software. Java 9 is NOT compatible with our current software and it will NOT allow you to login and/or recover passwords if you have it installed.



Please enter your User Name and Password from your state of Illinois Digital ID.

User Name:

Password:

☒ Remember name

Log in

Reset

Step 2: Below is the MEDI Home page. Click on the 'Long Term Care (LTC)' link.

Select Application

[Internet Electronic Claims System\(IEC\)](#)

The IEC System provides the ability to perform basic processing functions such as:

- * Eligibility Inquiry
- * Claim Status Inquiry
- * Upload/Download HIPAA-compliant transactions

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

[Sexual Assault Survivor Registration Site \(ERSASS\)](#)



[Long Term Care \(LTC\)](#)

[Study of Waiver Services Survey](#)

Step 3: The 'LTC Links' menu will display on the left side of the screen. Select 'LTC Inquiry' to locate the patient credit amount that is currently on the system.



LTC Links	
LTC Home	
LTC Inquiry	
LTC Bed Reserves	
LTC Discharge/Death	
LTC Medicare Cov/Coins	
LTC Change In Income	
LTC Insurance (TPL)	
LTC Admissions	
ICD-10 Update	
Help Index	
Contact Us	
MEDI Home	
Logout	

Step 4: Below is the LTC inquiry page. Complete all the fields below. Please note that the difference between the begin date and end date entered cannot be greater than six months. Click 'Submit'.

ILLINOIS DEPARTMENT OF
Healthcare and Family Services

www.myhfs.illinois.gov

JB Pritzker, Governor

LTC Inquiry

SubmitResetHelp

All Fields Required

Provider ID:

ACME LTC TEST -123456789003

Recipient Number:

015574619

Begin Date:

01 / 01 / 2019 (mm/dd/yyyy)

End Date:

04 / 30 / 2019 (mm/dd/yyyy)

Facility:

☒ Yes

☐ No

(Select "Yes" to view LTC Facility data)

Level of Care:

☒ Yes

☐ No

(Select "Yes" to view LTC Level of Care data)

Bed Reserve:

☒ Yes

☐ No

(Select "Yes" to view LTC Bed Reserve data)

Patient Credit:

☒ Yes

☐ No

(Select "Yes" to view LTC Patient Credit data)

Medicare Coinsurance:

☒ Yes

☐ No

(Select "Yes" to view LTC Medicare Coinsurance data)

SubmitReset

Step 5: Below are the results of the LTC Inquiry. Please note that the current patient credit amount displayed is \$0.00. This amount will be needed to complete the automatic update of the patient credit amount. Click 'Back' once you have reviewed/printed the results of this inquiry.

Healthcare and Family Services

LTC Inquiry Results

Facility Number: 123456789003
Recipient Number: 015574619
Service Begin Date: 01-01-2019

Facility Name: ACME LTC TEST
Recipient Name: TEST THIRTYFIVE
Service End Date: 04-30-2019

Facility Data:

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

Level of Care Data:

EFF: 01-01-2018 CLOSE: 00-00-0000 COS: 071 CHNG: 10-22-2018

Patient Credit Data:

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

Print Page

Back

Step 6: The 'LTC Links' menu will display on the left side of the screen. Select 'LTC Change In Income'.



LTC Links	
LTC Home	
LTC Inquiry	
LTC Bed Reserves	
LTC Discharge/Death	
LTC Medicare Cov/Coins	
LTC Change In Income	
LTC Insurance (TPL)	
LTC Admissions	
ICD-10 Update	
Help Index	
Contact Us	
MEDI Home	
Logout	

Step 7: Complete all required fields at the top of the LTC Change In Income page. Then complete any of the sections below that apply (Change in Income, Receipt of Income, and/or Receipt of Lump Sum). One to three changes may be selected, however, at least one change must be selected.

LTC Change In Income						Submit	Reset	Help
Required Fields*								
Provider ID:*		ACME LTC TEST -123456789003			Recipient Number:*		015574619	
Recipient First Name:*		Test	Recipient Last Name:*		Thirtyfive			
Place of Birth: State:*		Unknown	City:*		Unknown	County:*		Unknown
Income (Check as appropriate)								
☒ Change in Income:								
Previous Monthly Amount:		\$ 0.00	Date Last Received:		04 / 30 / 2019	(mm/dd/yyyy)		
Current Monthly Amount:		\$ 100.00	Date First Received:		05 / 01 / 2019	(mm/dd/yyyy)		
Source:		social security x						
☐ Receipt of Income:								
Monthly Amount:		\$		Date First Received:				(mm/dd/yyyy)
Source:								
☐ Receipt of Lump Sum:								
Payment Amount:		\$		Date Received:				(mm/dd/yyyy)
Source:								

Step 8: Select the '**Patient Credit Update**' box. This is required for automatic update of the patient credit amount. Please note that the automatic update function can only be used to update the patient credit amount for the current or next month. The automatic update function can be used to increase or decrease the patient credit amount.

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

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

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

Also complete the 'Date Income Verification was sent to DHS' and the 'Signature/Title' and 'Signature Date' fields. Click 'Submit'. (continued on next slide)

Step 8: continued

In the example below the patient credit amount in system is currently zero and the desired amount is \$100.00 so the difference or the 'Amount of the Change from Previous Patient Credit' is \$100.00.

If the amount on the system is \$500.00 and you want the new amount to be \$450.00 the 'Amount of Change from Previous Patient Credit' would be \$50.00.

Remarks Section

Remarks:

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

☒ Patient Credit Update:

New Patient Credit Amount:

\$ 100.00

New Patient Credit Effective Date:

05 / 19

(mm/yy)

Amount of Change from Previous Patient Credit:

\$ 100.00

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

Date Income Verification was sent to DHS:

04 / 29 / 2019

(mm/dd/yyyy)

Signature, Date and Disclosure

Signature/Title:*

Jane Smith

Signature Date:*

04 / 29 / 2019

(mm/dd/yyyy)

Disclosure of information and/or compliance with instructions is mandatory, ILL. REV. Stat., CH. 23, P.A. Code. Failure to comply may result in the department taking unfavorable action.

Submit

Reset

Step 9: After clicking 'Submit' you should see the information below. This screen displays the results of the LTC Income Change you submitted. You should see the message 'Transaction Accepted'. You may print this information for your records. If the transaction was not accepted, you must correct any errors and resubmit.

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

Healthcare and Family Services

LTC Income Change Results

[Transaction Accepted.](#)

Transaction Audit Number: 201911911341491

Facility Number: 123456789003

Facility Name: ACME LTC TEST

Recipient Number: 015574619

Recipient Name: Test Thirtyfive

Place of Birth: State: Unknown

City: Unknown

County: Unknown

Change in Income: **Previous Monthly Amount** \$ 0.00 **Date Last Received:** 04-30-2019

Current Monthly Amount \$ 100.00 **Date First Received:** 05-01-2019

Source SOCIAL SECURITY

Automatic Update of Patient Credit:

New Patient Credit Amount \$ 100.00

New Patient Credit Effective Month 05 **Year** 19

Amount of Change from Previous Patient Credit \$ 100.00

Date Income Verification was sent to DHS 04-29-2019

Remarks:

Signature/Title: JANE SMITH

Signature Date: 04-29-2019

Print Page

Back

The remaining steps explain how to perform the LTC Inquiry again to demonstrate that the automatic update was successful.

Step 10: The 'LTC Links' menu will display on the left side of the screen. Select 'LTC Inquiry'.



LTC Links	
LTC Home	
LTC Inquiry	
LTC Bed Reserves	
LTC Discharge/Death	
LTC Medicare Cov/Coins	
LTC Change In Income	
LTC Insurance (TPL)	
LTC Admissions	
ICD-10 Update	
Help Index	
Contact Us	
MEDI Home	
Logout	

Step 11: Complete all the fields below. Please note that the difference between the begin date and end date entered cannot be greater than six months. Click 'Submit'.

LTC Inquiry

SubmitResetHelp

All Fields Required

Provider ID:

ACME LTC TEST -123456789003

Recipient Number:

015574619

Begin Date:

01 / 01 / 2019 (mm/dd/yyyy)

End Date:

05 / 31 / 2019 (mm/dd/yyyy)

Facility:

☒ Yes

☐ No

(Select "Yes" to view LTC Facility data)

Level of Care:

☒ Yes

☐ No

(Select "Yes" to view LTC Level of Care data)

Bed Reserve:

☒ Yes

☐ No

(Select "Yes" to view LTC Bed Reserve data)

Patient Credit:

☒ Yes

☐ No

(Select "Yes" to view LTC Patient Credit data)

Medicare Coinsurance:

☒ Yes

☐ No

(Select "Yes" to view LTC Medicare Coinsurance data)

SubmitReset

You will see that the automatic update entered will now be displayed.

Healthcare and Family Services

LTC Inquiry Results

Facility Number: 123456789003
Recipient Number: 015574619
Service Begin Date: 01-01-2019

Facility Name: ACME LTC TEST
Recipient Name: TEST THIRTYFIVE
Service End Date: 05-31-2019

Facility Data:

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

Level of Care Data:

EFF: 01-01-2018 CLOSE: 00-00-0000 COS: 071 CHNG: 10-22-2018

Patient Credit Data:

EFF: 05-01-2019 CLOSE: 00-00-0000 TPL AMT: 100.00 CHNG: 04-29-2019

Patient Credit Data:

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

Print Page

Back