
Medicaid ILLINOIS (MCDIL) HFS Enrollment Instructions – CLAIMS & ERA

- ✓ **BEFORE enrolling, the billing provider must be setup as a Practice Insight EDI Customer.**

CHOOSE ONE METHOD- to submit to Practice Insight

- A. Enrollment Manager:** PI Support Vendors can submit request using this tool.
B. Email: enrollment@practiceinsight.net

837-CLAIMs & 835-ERAs

NEW or CHANGE OF SERVICE

Practice Insight Medicaid Illinois EDI Enrollment Request form (1 page)

- Complete this form for each billing provider group or individual.

➤ **OPTIONAL FOR 835-ERA SETUP:**

Put ✓ next to 835-ERA- Electronic Remittance setup if you wish to setup this billing provider to receive 835 ERAs via Practice Insight.

1. Medicaid IL Provider Sheet (Provider may have a copy, but if not see the following information to request copy of the provider sheet.) To obtain a copy of the Provider Sheet from Medicaid IL for each billing provider group or individual--Contact MCD IL Provider Participation at 217-782-0538 and request a copy of the "Provider Sheet" for each billing provider.

NOTE: Medicaid IL will mail a copy of the Provider Sheet to the provider's office. Once the Provider Sheet is received, fax or email a copy of the Provider Sheet to Practice Insight with the EDI Enrollment Request Form.

2. Provider Letter to Request an Administrator be Removed. (See Sample letter on page 3) This is necessary ONLY if this provider has 2 Administrators in Medicaid IL MEDI system. If this provider already has 2 Administrators in the Medicaid IL MEDI system, 1 of the Administrators will need to be removed so that Practice Insight can complete MEDI online enrollment and be designated as an Administrator for the provider.

ALLOW 2-4 WEEKS FOR PROCESSING

*If you do not receive confirmation within 20 business days, contact
your Practice Insight Support Vendor for assistance, or
call MCD IL Provider Participation at 217-782-0538.*



MEDI CAID- ILLINOIS
EDI Enrollment Request Form
Professional 837-Claims & 835-ERA Setup

Support Vendor / Reseller:		EDI Cust # :	
Provider Information			
Provider Name:			
Contact Name:			
Address:			
City:		State:	Zip:
Phone:		Fax:	
Email:		IL MCD PIN:	
Billing NPI :		Tax ID:	
This provider wishes to also be setup to receive 835 ERAs from Medicaid IL via Practice Insight.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

- **Include a copy of the Provider's MCD IL Provider Sheet.** To obtain a copy of the provider sheet, contact MCD IL Provider Participation at 217-782-0538.
- **Medicaid IL HFS/ MEDI allows only 2 Administrators in their system for the provider.** If this provider already has 2 Administrators, 1 Administrator will need to be removed to allow Practice Insight to be an Administrator. See SAMPLE LETTER on page 3 for making request to remove an Administrator. Contact the MEDI Help Desk 1-800-366-8768 (Option 1, 3) to obtain the specific names of the 2 Administrators associated with this provider.

Sample Letter

(Type on Provider's Letterhead)

(Today's Date)

**TO: Medicaid Illinois
HFS Illinois Dept of Healthcare and Family Services
MEDI System**

FAX Number: 217-782-6941

Please accept this request/authorization to REMOVE from the MEDI system one of the Administrators currently associated with this provider.

Provider Name _____

Medicaid IL Provider Key or Payee Number _____

Please remove _____ as the Administrator on the MEDI system.
(Name to be Removed)

Thank you for advising once this has been done by contacting _____ at
(Name of Contact)

_____ or send email to _____ .
(Phone Number) (Email Address)

(Provider's Signature)

(Provider's Printed Name)