



ILLINOIS MEDICAID EDI CONTRACT INSTRUCTIONS (SKIL0)

Fax or E-mail your HFS Provider Information Sheet to Enrollment:
888-837-2232
setup@mdol.com

IL Medicaid requires providers to enroll in the MEDI system before submitting claims electronically or receiving ERA from a vendor.

You must submit a copy of your Provider Information Sheet to MDOL Enrollment (**fax: 888-837-2232 or Email: setup@mdol.com**) in order for us to begin the EDI enrollment process.

IL Medicaid Enrollment requests cannot be processed without a copy of the HFS Provider Information Sheet.

If you already have an Illinois Digital ID with the MEDI system, please send MDOL Enrollment a copy of your HFS Provider Information sheet, and skip to Page 2.

If you have not registered for an Illinois Digital ID:

You must register for a Digital ID before you can enroll in electronic claims submission. You can find complete documentation and registration instructions by viewing MEDI's help guide at <http://www.myhfs.illinois.gov/assets/meditoolbox.pdf>.

View the information under "If you are a first time user" for help with the registration process.
Please contact HFS if you have questions about setting up your provider account within the MEDI system. MDOL cannot assist with this process.

If you already have an Illinois Digital ID:

Submit a copy of your HFS Provider Information Sheet to MDOL Enrollment:
FAX: 888-837-2232
EMAIL: setup@mdol.com

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Please return the attached Payer Request form for our files.

MDOL Enrollment will not set up provider enrollment in the MEDI system with the Payer Request Form.

HFS Provider Information Sheets are REQUIRED to begin the EDI setup process.

Upon receipt of your HFS Provider Information Sheet, MDOL will submit a request for MEDICAL CLAIM CORP to become an ACTIVE ADMINISTRATOR for your provider using the MEDI system.

You will receive a notification from MEDI that such a request has been made.
You must log on to the MEDI system again to approve the link:

AUTHORIZE A BUSINESS FOR A PROVIDER

To authorize a business to act on behalf of a provider, you must be an active administrator for a business that is a Medicaid provider.

- 1) Click on the Manage My Account link in the left-side navigation bar
- 2) Select the provider business for which you want to provide authorizations by clicking on the Select radio button next to the HFS ID Number.

Note: The business type must be "PROVIDER" and you must be an active administrator for the provider business.

- 3) Click on: Authorization button. This will take you to the Provider Authorization Menu page.
- 4) Click on: Business Auth button. A list of businesses that have request authorization will be displayed.
- 5) Tip: An initial request will be displayed in PENDING status. You may place the authorization request in ACTIVE or INACTIVE status by clicking Accept or Reject respectively, or leave it in PENDING status. You may also change any previous authorizations the provider's administrators have granted or revoked.
- 6) If the authorization request is for the Internet Electronic Claims (IEC) System, you will also need to authorize the specific transactions. Review the Authorize Transactions for the IEC System topic for more information.
- 7) Once you have completed your authorization changes, click on a Submit button to submit the changes. Review the information about the Provider Business Authorization page for more detailed information on completing this process.

Warning: The business cannot do work on behalf of the provider unless the authorization request is Accepted (ACTIVE status).

- 8) If there are no errors, you will be returned to the Provider Business Authorization page to review the status of the provider's authorization requests.

Please contact MDOL Enrollment via Email: setup@mdol.com or phone: 888-499-5465 x3506 to confirm that you have completed the authorization, so that we can complete your enrollment request. Enrollment requests cannot be completed until you have authorized MEDICAL CLAIM CORP as an ACTIVE ADMINISTRATOR for your account.

Fax or E-mail your HFS Provider Information Sheet to Enrollment:
888-837-2232
setup@mdol.com

Have questions or need assistance? Contact the MD On-Line Enrollment Department at 888-499-5465 x3506 or setup@mdol.com



Note: Some payers require additional enrollment forms- please review our payer list for additional requirements.

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