

# How to Use MEDI to Check Medicaid Eligibility

## For DSCC Nursing Agencies

This guide explains how to use the MEDI system to check Medicaid eligibility for your participants. We recommend checking benefits weekly to avoid providing services to participants without active coverage. Checking future coverage can also help avoid this issue.

1. Go to the MEDI Login website at: <https://medi.hfs.illinois.gov/IdentityGuardAuth/IdentityGuardLogin.aspx?IGDest=https://medi.hfs.illinois.gov/medi/mlogin.do>

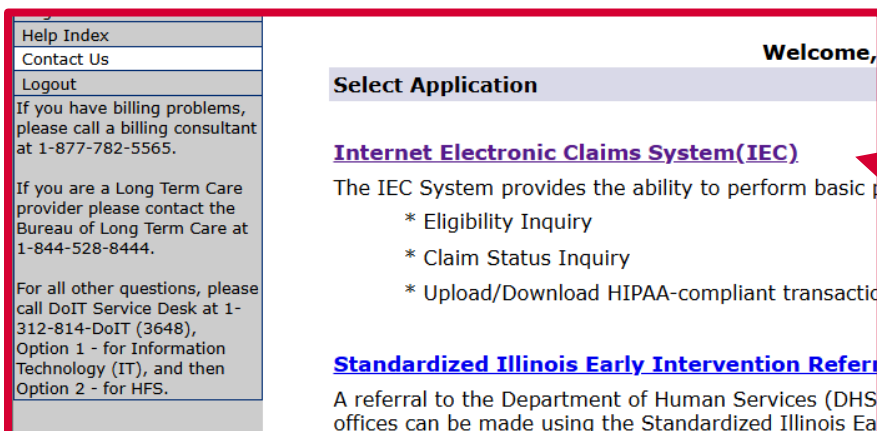
Enter your Digital ID username and password and click **Login**.

If you do not remember your Digital ID or password, use the selections on the login page first for managing your Digital ID or Forgot Password.

2. For further tech support:

- Email the Illinois Department of Innovation and Technology (DoIT) at [DoIT.Helpdesk@illinois.gov](mailto:DoIT.Helpdesk@illinois.gov)
- Call DoIT's Customer Service Centers:
  - Springfield: (217) 524-DoIT (217-524-3648)
  - Chicago: (312) 814-DoIT (312-814-3648)
  - Select option 1 (computer-related issue) and then choose option 2 (Digital ID support). Respond by saying, "This is concerning a Digital ID."

3. Select **Internet Electronic Claims System (IEC)** as your application.



The screenshot shows a web interface with a sidebar on the left containing links like 'Help Index', 'Contact Us', and 'Logout'. The main content area is titled 'Select Application' and includes a 'Welcome,' message. Underneath, there is a section for 'Internet Electronic Claims System (IEC)' with a list of options: 'Eligibility Inquiry', 'Claim Status Inquiry', and 'Upload/Download HIPAA-compliant transaction'. Below this is a section for 'Standardized Illinois Early Intervention Referral'.

**HFS** ILLINOIS DEPARTMENT OF Healthcare and Family Services

**IEC Links**

- IEC Home
- Eligibility Inquiry
- OPO Home
- Claim Submission
- Claim Status Inquiry
- Claim Attachments
- Remittance Advice
- Upload X12 File(s)
- Download File(s)
- Help Index
- Companion Guides
- Contact Us
- MEDI Home
- Logout

If you have billing problems, go to [www.hfs.illinois.gov/system](http://www.hfs.illinois.gov/system) or for a billing consultant, call 1-877-782-5565. LTC providers may contact an LTC Billing Consultant at 1-844-528-8444. For all other questions, call DoIT Service Desk at

**IEC Home Page**

**IEC News**

**TO ENSURE PROPER MEDI AUTH**  
Do not submit an NPI that has not been...  
You may now use your NPI number, DDE claim submission screens.

**835 Electronic Remittance Advice**  
The 835 Electronic Remittance Advice requires that a **PAYEE** registration...  
Please read the Remittance Advice

**Overviews**

[IEC Overview](#)

- Click on Eligibility Inquiry on the left navigation panel.
- The site will then take you to the Recipient Eligibility Verification System.

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## Recipient Eligibility Verification System

Eligibility Inquiry Home IEC Links ▾

Required Search Criteria Combinations:

- Provider ID, Begin Date, End Date, and Recipient Number
- Provider ID, Begin Date, End Date, Social Security Number, and Date of Birth
- Provider ID, Begin Date, End Date, First Name, Last Name, and Date of Birth
- Provider ID, Begin Date, End Date, First Name, Last Name, and Social Security Number

**Effective immediately, the range of dates allowed in an eligibility inquiry must be a 90 day period or less. The End Date of the range cannot exceed the last day of the current calendar month unless today's date is on or after the 20th of the current month.**

**Provider Id:**  ▾  
**NPI:**  ▾  
**Begin Date:**    
**End Date:**    
**Recipient Number:**   
**Social Security Number:**   
**First Name:**   
**Last Name:**   
**Date of Birth:**   
**Zip Code:**   
**County:**  ▾  
**Pending Denied:**

You must enter the following information to be able to search for a recipient's Medicaid eligibility:

- a. Select your **Provider Id** from the drop-down menu.
  - b. Enter a **Begin Date** and **End Date**. If you do not enter dates, it defaults to the current date.
    - i. You cannot enter a date range for more than a 90-day period. You can search for just one day, one week, one month, etc., as long as the time period doesn't exceed 90 days.
    - ii. The end date cannot be a future month unless it is after the 20<sup>th</sup> day of the current month. For example, if today is June 15, you can only see through the end of June. If it is June 21, you could look into July.
  - c. Enter the Medicaid **Recipient Number (RIN)**. This is the best way to search. Reference the Medicaid Recipient Number at the top of the Nursing Hours Approval (2352) Form.
  - d. If the RIN is not available, you can search by entering all three of these fields: **First Name, Last Name, and Date of Birth**.
    - i. Note that the system is not very intuitive. To search correctly for hyphenated names, you essentially must spell the name exactly as it has been entered into the DHS/HFS systems, which can be hard to know.
  - e. Once you've entered the necessary information, click **Submit**.
6. Once you click submit, it will bring up the Eligibility Results page. It will show the participant details at the top, including Recipient Number, Case Address, and Name.

In this section, there is also the Renewal Due Date and Renewal Form. The Renewal Due Date is when the next Medicaid redetermination form is due. The Renewal Form will show either A or B, and it is usually accurate about 30 to 45 days before the Renewal Due Date.

- a. Form A is an automatic redetermination, where the family is not required to return any documentation to complete the renewal.
- b. Form B means that the family will be required to return information for DHS to process their Medicaid redetermination.
- c. **Please keep in mind that this renewal information is only related to the Medicaid case. It is not relevant to the nursing renewal or any other services.**

If they have private coverage, it also has a statement listing whether private insurance is involved.

### Eligibility Results

Retain InquiryNew InquiryPrint Everything

For the date(s) of service entered, the client is enrolled in an HMO. To assure payment for non-emergency services, please verify that you are a network provider.

<p><b>Transaction Audit Number:</b></p> <p><b>Recipient Number:</b></p> <p><b>Recipient Date of Birth:</b></p> <p><b>Provider Number:</b></p> <p><b>County Code:</b></p> <p><b>Case Address:</b></p> <p><b>Begin Date:</b> 04/09/2026</p> <p><b>NPI Number:</b></p>	<p><b>Recipient Name:</b></p> <p><b>Recipient SSN:</b></p> <p><b>Recipient Sex:</b></p> <p><b>Provider Name:</b></p> <p><b>Case Name:</b></p> <p><b>City - State - Zip:</b></p> <p><b>End Date:</b> 04/09/2026</p> <p><b>Renewal Due Date:</b> 11/01/2026</p> <p><b>Renewal Form:</b></p>
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You will also see the **Coverage Detail** section, which shows the case type. Below is what you expect to see when someone has active coverage. It says “For the date(s) of service entered, the client is eligible for medical benefits.

For children, it will most often say ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE. It could also say DCFS MEDICAID if they are a current youth in care or former youth in care (adopted, guardianship, etc.). For adults, it will likely just say MEDICAID ELIGIBLE, or it should show MEDICAID ELIGIBLE, FULL COVERAGE, SPENDDOWN MET.

[Renewal Form:](#)

Coverage Detail Expand Hide

For the date(s) of service entered, the client is eligible for medical benefits. ←

**Case Type:** ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE ←

Begin Date	End Date	Case Id	System Date
04/09/2026	04/09/2026		12/30/2025

**Service Type(s):**OCCUPATIONAL THERAPY - SPEECH THERAPY - SKILLED NURSING CARE - SUBSTANCE ABUSE - VISION (OPTOMETRY) - PSYCHOTHERAPY - PSYCHIATRIC-INPATIENT - PSYCHIATRIC-OUTPATIENT - CARDIAC REHABILITATION - PEDIATRIC - MENTAL HEALTH - URGENT CARE - MEDICAL CARE - DURABLE MEDICAL EQUIPMENT PURCHASE - AMBULATORY SERVICE CENTER FACILITY - DURABLE MEDICAL EQUIPMENT RENTAL - SURGICAL - SECOND SURGICAL OPINION - HEALTH BENEFIT PLAN COVERAGE - DENTAL CARE - DIAGNOSTIC X-RAY - ORAL SURGERY - HOME HEALTH CARE - HOSPICE - HOSPITAL - HOSPITAL INPATIENT SERVICES - DIAGNOSTIC LAB - HOSPITAL OUTPATIENT SERVICES - HOSPITAL EMERGENCY ACCIDENT - EMERGENCY ROOM VISIT - HOSPITAL AMBULATORY SURGICAL - RADIATION THERAPY - MRI/CAT SCAN - NEWBORN CARE - WELL BABY CARE - ANESTHESIA - DIAGNOSTIC MEDICAL - DIALYSIS - CHEMOTHERAPY - SURGICAL ASSISTANCE - IMMUNIZATIONS - FAMILY PLANNING - EMERGENCY SERVICES - PHARMACY - PODIATRY - PROFESSIONAL (PHYSICIAN) VISIT OFFICE -

**Special Information:**Title XIX.  
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In between the Coverage Detail and Third Party Liability section, you may see information about DHS or HFS SOCIAL SERVICES or HEALTH BENEFIT PLAN COVERAGE. Those do not provide full comprehensive coverage, so they would not indicate someone has Medicaid. The other information above must be present.

The final section is **Third Party Liability**, which will show coverage for any of the following: Private Insurance, including full comprehensive medical plans or prescription coverage, Medicaid Managed Care, or Medicare coverage.

DSCC Home Care participants should not be enrolled in managed care organizations. If you see a current managed care enrollment, please contact DSCC right away. There may be a historical managed care plan from before the Home Care enrollment.

For additional information on Third Party Billing, please reference the Claims Section of the [DSCC Nursing Agency Guidebook](#).

Third Party Liability Expand Hide

Source Code: 000	Group Name
Coverage Code: FA	Group Number
Location Code: 00	Billing Name
Effective Date: 04/09/2026	Billing Street
Lapse Date: 04/09/2026	Billing City/State/Zip
Policy Name:	Cert Number
Relationship Code:	
Insurance Type: Pre	
Special Information	


Medicare Part A & B <span>Expand</span> <span>Hide</span>			
Part A		Part B	
Begin Date	End Date	MBI Number	Begin Date
04/09/2026	04/09/2026		04/09/2026

Managed Care Organization <span>Expand</span> <span>Hide</span>	
Plan Code:	Site Name: BLUE CROSS BLUE SHIELD IL MMCP
Exclusion Code:	Organization Name: BLUE CROSS AND BLUE SHIELD OF
Site Number:	Organization Phone:
Begin Date: 04/09/2026	Street: 300 E RANDOLPH ST
End Date: 04/09/2026	City - State - Zip: CHICAGO, IL 60601

Below are examples of what it looks like when someone does not have active Medicaid coverage. The statement at the top says, "For the date(s) of service entered, the client is NOT ELIGIBLE for medical benefits," or could show SPENDDOWN UNMET, which means they are also not eligible for Medicaid. If you see a participant listed as not eligible for Medicaid, please contact the assigned DSCC Care Coordinator right away.

### Eligibility Results


Retain Inquiry New Inquiry Print Everything


For the date(s) of service entered, the client is NOT ELIGIBLE for medical benefits. 

<p><u>Transaction Audit Number</u></p> <p><u>Recipient Number</u></p> <p><u>Recipient Date of Birth</u></p> <p><u>Provider Number</u></p> <p><u>County Code</u></p> <p><u>Case Address:</u></p> <p><b>Begin Date:</b> 04/09/2026</p> <p><b>NPI Number:</b></p>	<p><b>Recipient Name:</b></p> <p><b>Recipient SSN:</b></p> <p><b>Recipient Sex:</b></p> <p><b>Provider Name:</b></p> <p><b>Case Name:</b></p> <p><b>City - State - Zip:</b> ,</p> <p><b>End Date:</b> 04/09/2026</p> <p><b>Renewal Due Date:</b> *** 00/00/0000 ***</p> <p><b>Renewal Form:</b></p>
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Coverage Detail Expand Hide

Coverage Detail Expand Hide



For the date(s) of service entered, the client is NOT eligible for medical benefits due to unmet spenddown. 

**Case Type:** SPENDDOWN UNMET 

<b>Begin Date</b>	<b>End Date</b>	<b>Case Id</b>	<b>System Date</b>
04/09/2026	04/09/2026		03/24/2026

Another example is if you enter a longer date range, you may only see partial coverage. It is important to pay attention to the date range you entered and the date range in the Coverage Detail section.


In this example, the dates entered were 2/1/26 – 3/31/2026, but in the Coverage Detail section, the end date is 2/28/26, which means the case was not active after 2/28.

<b>County Code:</b> <b>Case Address:</b> <b>Begin Date:</b> 02/01/2026  <b>NPI Number:</b>	<b>Case Name:</b> <b>City - State - Zip:</b> <b>End Date:</b> <b>Renewal Due Date:</b> *** 02/01/2026 ***  <b>Renewal Form:</b> B
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Coverage Detail Expand Hide

**For the date(s) of service entered, the client is eligible for medical benefits.**

**Case Type:** ALL KIDS, MEDICAID ELIGIBLE, FULL COVERAGE

Begin Date	End Date	Case Id	System Date
02/01/2026	02/28/2026 		04/14/2025