CHANGE
HEALTHCARE

ILDHS Hotline

Standard Operation Procedures

2024

Revised: 10.29.2024

Table of Contents

Step by step on how to:

1. Use Patient Queue to pull information needed to request recipient's eligibility status.
   a. Identify the hospital information and find appropriate provider number
   b. Identify patient's (recipient's) information / use record of birth for newborn babies
   c. Identify date of service
   d. Call DHS hotline
   e. Obtain eligibility status
   f. Identify RS
   g. Status Agency / send user task

DHS Hotline:

Use DHS hotline for questions about case status, benefits, services and eligibility. DHS hotline can provide up to five client eligibility status. DHS hotline will only provide update on existing status, it will not make changes or corrections.

*** *Appropriate PROVIDER NUMBER must be used for specific facility.*

Call DHS Hotline at: **1-800-842-1461**

- Enter your provider number follow by "#"key
- Press "1" to confirm, press "2" to correct
- Press "1" to access recipient eligibility information
- Press "0" to speak to the operator
- Press "1" to enter your provider number follow by the "#' key
- Please hold for the next available representative.
  o Approximate hold time 45/60 minutes
- Once hotline representative answers the call:
  o Provide Provider Number
  o Provide name of the Facility
- DHS representative can provide status for up to five clients.
- DHS representative will ask for information that will help in finding the client's eligibility. Please refer to "Information needed to request recipient's eligibility status" section for more information.
  o Provide as many information as needed to find client in DHS system.
  o For minor children, provide guardian's information as well as the child.
- When calling hotline, if you hear a message:
  o "due to the high volume of calls, we are unable to take your call before close of business day today"
    ▪ Hang up and call again until the call goes through.
- Have all needed information available when calling hotline as DHS representative has limited time and will not wait/assist if the information is not presented at the time of the call.

CHANGE HEALTHCARE

Information needed to request recipient's eligibility status:

- Adult
    - Social security number
    - Date of birth
    - Name
    - Application tracking number
    - Case ID number
    - Date of service
    - Individual ID
- Minor
    - Parent's social security number
    - Parent's date of birth
    - Parent's name
    - Child's name
    - Application tracking number
    - Case ID number
    - Parent's RIN
    - Date of service
    - Individual ID
- MANG-Newborn
    - Mom's Case ID number
    - Mom's name
    - Baby's date of birth
    - Individual ID

Additional questions to ask when:

- If case was approved:
    - Obtain RIN (Recipient's ID Number)
- If case was denied:
    - Obtain Denial reason
    - Obtain denial date
    - Verify if any other application is pending
        - If yes, what is the application date and Case ID
    - Obtain Individual ID
- If case was not found/canceled:
    - Obtain cancelation reason
    - Obtain cancelation date
    - Verify in any other application is pending
        - If yes, what is the application date and Case ID
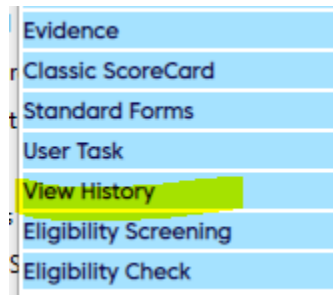
When Recipient's eligibility status provided:

1. Update PACE
   a. Case Pending:
      1. Case ID number
      2. Date of application
      3. Status of the application
   b. Case Not Found/Canceled:
      i. Send "User Task" to RS with detailed message:
         1. Tracking number
         2. Application date
         3. Status of application
         4. Recipient's eligibility status
         5. Exclude MANG Newborn applications from sending User Task
   c. Case Denied:
      i. Send "User Task" to RS with detailed message:
         1. Tracking number
         2. Application date
         3. Status of application
         4. Denial date (if provided)
         5. Denial reason (if provided)
         6. Recipient's eligibility status
   d. Case Approved:
      i. Send "User Task" to RS with detailed message:
         1. Eligibility status
         2. RIN
         3. Coverage range date
         4. System date
   e. If case is approved but needs a backdate (doesn't cover our DOS)
      i. Provide future dates to obtain RIN
      ii. Example: DOS (admit-to-discharge dates) is 5/8/19-5/10/19; DHS Representative stated, "not eligible for DOS and case needs to be backdated". User should provide DHS representative DOS for future months (7/819,8/8/19,9/8/19) to obtain RIN.

   Important

- Please review the case history prior to sending a user task. If a status was obtained and user task was previously set and subsequently marked as "completed" by the CHC Onshore team DO NOT set additional User Tasks for the same status. A "user note" should still be placed into the system following the above guidelines. However, additional language should be included: "previous task marked as completed, no additional tasks will be set at this time".

How to Identify a "Completed" user task

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On the left-hand side of PACE locate "view history" and click it

| Evidence |
| Classic ScoreCard |
| Standard Forms |
| User Task |
| View History |
| Eligibility Screening |
| Eligibility Check |

- You should then be able to identify when your user task was submitted and when it was completed by the On Shore team by looking for these key items:
- Under Activity – it will say user task under activity but there will be no results – this should indicate the user task that was sent to another user
- When the On-Shore team addresses that task, it will say "contact initiated" under result

Date	User ID	Application	Hosp Acct	Activity	Result	Detail1	Detail2	User Note	Exp
02/21/22 08:42 AM	Adelson, Nicholas			User Task	Contact Initiated				Y
02/21/22 08:41 AM	Adelson, Nicholas			User Task					N

Additionally, when you hover over the sticky note, it will show the status as well as the user that assigned the task. If the status is marked as "completed" and the update being placed in the system is identical to the completed task, do NOT place another task, only a note.

User Task (Other) - Status: Completed
Case Approved
RIN:123450614
1/1/22-2/1/22
System Date 1/1/22
Assigned By: Adelson, Nicholas
Assigned To: Adelson, Nicholas

Identify the hospital

Applications and Visits Recap					
Type	**Status - Reason**	**Work**	**Applied for Dates**	**Next Process**	
⊟ **MANG-12/11/18 (I)**	Pending - Need Evidence	Due	12/08/18 - 12/12/19	**Contact State Agency**	
Visit: 02/28/19-02/28/19 (OP)	Trini-LoyolaUniv-OP	307780900022	$96.00	▸ Pending Approval	
Visit: 12/08/18-12/12/18 (IP)	Trini-LoyolaUniv-Inp	307780900011	$8,444.45	▸ Pending Approval	
⊟ **Unlinked Active Visits**					
⊟ **Unlinked Visits**					

Person Summary		Status Applicant History	
⊞ Conditions		Restart	Next Status Applicant on 04/25/19
⊞ How Conditions Impact Ability to Work		**Date**	**Activity**
⊞ **Outstanding Evidence (9)**		04/15/19	Evidence Request Sent
⊞ Appointments (0)		04/15/19	Contact Initiated
		04/15/19	708-715-3409 - Left Message
		04/15/19	Contact Initiated

Identify patient's information

QA, Test
Pace#11549726
SSN:123-45-6789
DOB: 06/06/06
Age: 12
Gender: M

7777 Street
CHICAGO, IL 60612
County: COOK

Language: English (P)

▶ Additional Information

Find Case ID/T

- Click on "application type"

Type

☐ **EMA Medicaid**-01/23/19 (I)

Visit: 01/04/19-02/06/19 (IP)
☐ **Unlinked Active Visits**
☐ **Unlinked Visits**

- Please find your Case ID/T # under "Case Number"

Application Info

Case Number:
Category:*
State:*

State
Illinois

Identify the date of service

Applications and Visits Recap				
Type	**Status - Reason**	**Work**	**Applied for Dates**	**Next Process**
☐ AABD-12/14/18 (I)	Pending - Transfer Back Due		12/14/18 - 12/14/18	Contact State Agency
☐ AABD-12/07/18 (H)	Pending - Hearing Sent To Agency Due		12/07/18 - 12/07/18	Contact State Agency Hearing
Visit: 11/01/18-12/07/18 (IP)	zTest Customer	99999	$1,234.00 ▸ Pending Approval	
☐ **Unlinked Active Visits**				
☐ **Unlinked Visits**				

How to send "User Task":

1. Click on "User Task"

2. Under "*User*" type assigned RS name
3. Under "*Detail*", include your detailed note
4. Mark the "*priority*" as:
   a. "*High*"-for approved or denied

5. Write your message:
6. For **Denied** case use note:
   a. Called DHS Hotline. Case denied, Case ID/Tracking# _____, application date _____.
7. For **Approved** case use note:
   a. Called DHS Hotline. Case approved for date of service _____ with Case ID #_____, RIN _____, application date _____.

How to enter "User Note"

1. Click on "Application type"

2. In the right corner click on the "sticky note" and type your note

a. Called DHS hotline, case pending with Case ID _____, since _____.
    i. Add any additional information you can obtain

Enable All Levels

Work Status Eligibility

3. Select the message "Private" and "High Importance"

Private: ☑
High Importance: ☑

4. Save

State Online Application Completed: [   ] ▼

No Existing Coverage

Save   Cancel

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Record of Birth (IL 444-2636)

Where to find 2636:

Person
- Edit
- Financial
- Forms
Other Applicant
- Add
- Link
Visits
- Add
- Link
Applications
- Add
Contacts
- Add PE
- Add TP
- Add AG
Evidence
Classic ScoreCard
Standard Forms
User Task
View History
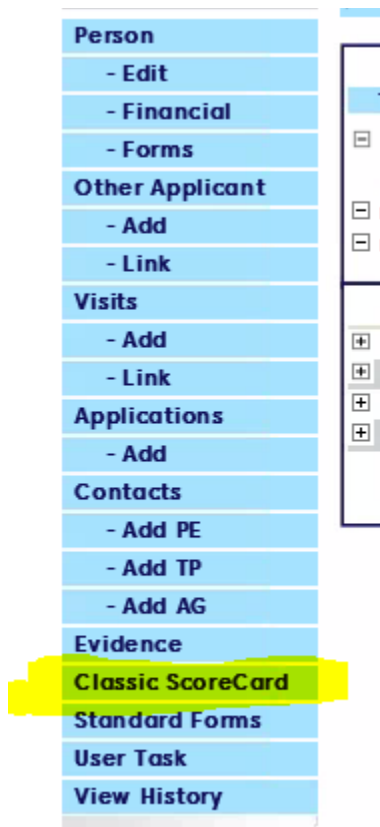
1.

🖨	Type	Partial	Status & Date	Activity & Da
⊞ MANG Newborn-01/22/19 (Pending - Evidence Review)				

Expand All

2.

MANG Newborn-01/22/19 (Pending - Evidence Review)					
⊟ Personal (0)					
⊟ Medical (0)					
⊟ Visit: A0097225469 - 01/21/19 (IP) ADVO-Sherman-OB (1)					
☐ 📄 PatientScreeningSheet ▾	☐ Scanned	01/22/19	▾		HCR - Olvera, Cathy
⊟ Form (7)					
☐ 📄 Authorization of Certified Application Counselor ▾	☐ Scanned ▾	01/22/19	▾		HCR - Olvera, Cathy
☐ 📄 DHS 0103 Notice Of Appeal ▾	☐ Scanned	01/22/19	▾		HCR - Olvera, Cathy
☐ 📄 DHS 2636 Record of Birth ▾	☐ Scanned	01/22/19	▾		HCR - Olvera, Cathy
☐ 📄 DHS 2998 Authorized Rep Consent ▾	☐ Scanned	01/22/19	▾		HCR - Olvera, Cathy
☐ 📄 Electronic Signature Page ▾	☐ Scanned	01/22/19	▾		HCR - Olvera, Cathy
☐ 📄 IL444-0960 AR Form for Appeals ▾	☐ Scanned	01/22/19	▾		HCR - Olvera, Cathy
☐ 📄 Notice of Privacy Practices ▾	☐ Scanned	01/22/19	▾		HCR - Olvera, Cathy
⊟ Financial (0)					

Collapse All　　　　　　　　　　　　　　　　　　　　　　　　　Save　　Cancel

3.

How to read and use 2636 when calling Hotline:

1. Mother's information available:
    a. Case Number
    b. Mother's Full Name
    c. Mother's Social Security Number
    d. Mother's birth date
    e. Mother's Recipient Number
2. Newborn baby information available:
    a. Baby's full name
    b. Date of Birth
    c. Sex
3. Information needed to obtain eligibility on MANG-Newborn
    a. *Under Case Number*- last 9 digits of the Case ID Number
    b. *Under Mother's Full Name*- first and last name of the mother
    c. *Under Date of Birth*- Newborn's date of birth
    d. Date of service will be from the date of birth ongoing
        i. If newborn is eligible but not for the date of service provide future dates to obtain RIN

☐ Check this box if you need the child added immediately due to services other than delivery.

1. Case Name:	Doe		Jane		
	Last		First		Middle

2. Case Number: 94-226- 23456789

3. Name of Hospital: Medical Hospital

4. Hospital Address:	123456 Street	Chicago	IL	60612
	Street	City	State	Zip

5. Baby's Full Name:	Doe		John		
	Last		First		Middle

6. If multiple birth, name(s) of birth sibling(s):

7. Date of Birth: 05/01/2019   Sex: Male

8. If applicable, provide date of child's ☐ Adoption or ☐ Death   Date:

9. Mother's Full Name:	Doe	Jane		Maiden:
	Last	First	Middle	

10. Mother's Social Security Number: 123-45-6789   Mother's birth date: 06/01/1988

11. Mother's Recipient Number: 987654321   Mother's Phone Number: 111-222-3333

12. Mother's Address:	456789 Road	Chicago	IL	60612
	Street	City	State	Zip

13. Father's Full Name:			
	Last	First	Middle

14. Father's Social Security Number: Father's Birthdate:

15. Father's Address:			
	Street	City	State	Zip

NOTE – If no DHS 2636 Record of Birth scanned into PACE, please see the two options below on where to find mother's information:

1. Click on Edit option under Person and find the highlighted information needed in the field's marked yellow (Alias refers to mother's case number)

Adobe eSignature	SSN Availability:	Choose... ▾	Address1:* ꟿꟿꟿ S PEORIA ST
Text/Email	Client ID:		Address2:
Person	MedicareID:		Zip Code:* 60620
- Edit	Add New MedicaidID & State Add New Medicaid		City: CHICAGO
- Financial	MedicaidID	439693417	State: Illinois ▾
Other Applicant	State	Illinois ▾	County: COOK
- Add	Primary	⦿	Residential Address Same as mailing
- Link	First Name:*	▬▬▬	Address1:* 9226 S PEORIA ST
Visits	Middle Name:	▬▬	Address2:
- Add	Last Name:*	▬▬	Zip Code:* 60620
- Link	Birth Date:*	▾	City: CHICAGO
Applications	Birth City:	Oak Lawn	State: Illinois ▾
- Add	Birth State:	Illinois ▾	County: COOK
Contacts	Birth Country:	United States ▾	Phone Numbers: Add Phone
- Add PE	Alias:	9423650372195	312-838-7791	Mobile ▾ ⦿ Primary
- Add TP	Gender:	⦿Male ◯Female	Has Patient Agreed to Receive Texts?: ◯Yes ⦿No ◯Unknown
- Add AG	Height:	0 feet 0 inches	Has Patient Provided an Email Address?:* ◯Yes ⦿No ◯Unknown
Evidence	Weight:	lbs	Contact Preference: Choose... ▾
Classic ScoreCard	Mother's First Name:	▬▬	Time of Day to Contact:
Standard Forms	Mother's Middle Name:		UserName:
User Task	Mother's Maiden Name:		Password:
View History	Mother's Last Name:	▬▬	Security Answer:
Eligibility Screening	Father's First Name:		
- View Responses	Father's Middle Name:		Conditions: ABE TRACKING # 6275892561
Eligibility Check	Father's Last Name:		
	Person Alerts Add New Alert		
	Person Alert 1 :	Minor ▾	
	Person Alert 2 :	Choose... ▾	
	Marital Status:	Single ▾	
	Citizenship Status:	US Citizen ▾	Impact of Conditions on Working: MOM'S RIN# ▬▬ 09 CID # 94236506372195
	Educational Level:	None ▾	DOB ▬▬ 9 SSN ▬▬

2. Please review the notes that are accessed under View History.
   The notes will include all the mother's information needed as shown below:

3. Under score card please review uploaded files and find the Record of Birth that was submitted to the state and locate mother's needed information as shown below:

Your request was submitted on May 30, 2024 at 12:56 PM

Report of Birth Summary

Here is the summary of what you told us in your request. Your request tracking number is 6275892561.

Summary of Hospital Contact Information

Contact Name	Contact Phone Number	Hospital Address
ANNA MOSKALA	(708) 684-5077	ADVOCATE HLTH & HOSPITALS CORP , AA

Summary of Newborn Information

Name	Date of Birth	Gender	Date of Death	SSN Applied For
███	███	Male	N/A	Yes

Summary of Mother's Information

Name	Date of Birth	SSN	Recipient Number
TA███	███		201244209

4. If no mother's information is located please notate the account, and send an email to the manager: Norma Arellano (narellano@optum.com) and Fernando Martinez (fernando_martinez@optum.com) with title MANG Newborn information missing, in the e-mail send the hospital name and PID for the client.

Patient Queue

1. Click "*Home*"

2. The patient Queue will appear

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Provider ID Number:

Rush University Medical Center- 1932213600

Northwestern Memorial Hospital- 1497859649

Loyola University Medical Center- 1376521575

Advocate Christ Medical Center- 1548375082

Advocate Condell Medical Center- 1124272547

Advocate Good Samaritan Hospital- 1578670543

Advocate Good Shepherd Hospital- 1447368071

Advocate Illinois Masonic Medical Center- 1912014564

Advocate Health and Hospitals Corporation- 1558479212

Advocate Lutheran General Hospital- 1164539730

Advocate South Suburban Hospital- 1467560128

Advocate Sherman Hospital – 1629026364

Trinity-Gottlieb Memorial Hospital - 1831170232

Trinity-Loyola University Medical Center - 1376521575

Trinity-MacNeal Hospital - 1376521575

Trinity SJ-St. Joseph's Hospital Syracuse - 1508815333

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Resolution Specialist

To determine RS name on application:

1. Click on the name of the application

2. Look for RS name listed under application info.

Scenarios	Documentation	
	Note Type	Message Type
Case Approved	User Task	High
Case Denied(first touch)	User Task	High
Case Denied(within 30 Days Follow-up)	User Note	High Importance and Private
Case Denied(after 30 Days Follow-up)	User Task	High
Case Pending	User Note	High Importance and Private
Case Closed/Cancelled	User Task	Normal
Case Not Found	User Note	Normal
Case Not Added	User Note	High Importance and Private
Retro Request	User Note	High Importance and Private
Case Duplicate	User Note	High Importance and Private
Case RPY/QMB/SNAP/Spendown	User Note	High Importance and Private
Case not Eligible	User Note	High Importance and Private

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User note and task Templates:

Denied for all app types:

Denied-Called DHS hotline at 1-800-842-1461 and spoke with **XXXX**. Application # **XXXXXXXXXX** was received on **XX/XX/XXXX** and it was denied on **XX/XX/XXXX.** The reason for the exact denial is not available in their system. (VERIFY IF ANY OTHER APPLICATIONS PENIDNG) Also, there is no other active or pending Applications found for this patient. Need to contact the local office for more information. Case Number-**XXXXXXXX**. call reference-**XXXXXXXXXX**

Approved for all app types:

Approved-Called DHS hotline at 1-800-842-1461 and spoke with **XXXX**. Case was Approved. RIN: **XXXXXXXXX** (Traditional Medicaid) and effective on the DOS **(XX/XX/XXXX).** No other information provided. Case number-**XXXXXXXX** call reference-**XXXXXXXXX**.

Pending all app types:

Called DHS hotline at 1-800-842-1461 and spoke with Cynthia. Application was associated. Application # **XXXXXXXXXX** was received on **XX/XX/XXXX** and still pending at **XXXXXXXXX** (name of local office) office. Reason for delay in pending is not available in their system. Need to contact local office for more information. Associated Case number- **XXXXXXXX**. call reference- **XXXXXXXX**.

Claim or claimant not found:

Called DHS hotline 1-800-842-1461 and spoke with **XXXXXXX**. Patient was not found by SSN or Name and DOB. No other information provided. call reference - **XXXXXXXX**