

1. Screenshot below has limited coverage (highlighted below) but has an updated date. Should we tag this as active considering that there is a limitation on health benefit plan coverage? **Yes, this is active**

Coverage & Benefits

Legacy Coverage & Benefits

Reference Transaction Number: PPO1_16DAB6L419G8Y_696086408_0
Originating Entity: 9272222222
Current Transaction Number: 202512810343555
Originating Entity: 13/1320188 (ILLINOIS MEDICAID)
Current Transaction Number: 826485563
Originating Entity: 9EMDEON999
CH Transaction ID:

ILLINOIS MEDICAID

Patient : GAISHA MARSHALL

General Eligibility Information

Member ID: 027173798	Plan Coverage Description: MEDICAID ELIGIBLE, FULL COVERAGE
DOB: 08/19/1973	Status: Active
Gender: Female	Insurance Type: Medicaid
Address: 826 S 17TH AVE APT2A MAYWOOD, IL 60153	Coverage Level: Individual
Certification Date: 02/01/2026	SEE COMPANION GUIDE MESSAGE - 10 19
Submitter : TRINITY-LOYOLA UNIVERSITY MEDI	Last Update Date: 03/07/2025
Submitter Type: Provider	Eligibility Date: 02/03/2025
National Provider Id: 1376521575	Ins. Policy Number: B
	Medical Assist. Cat: 94229339053833
	Coverages
	-- Select Coverage --

[AD] Occupational TherapyActive

Back To Coverage Selection

Coverage Level	Plan Type	Notes
Individual	MedicaidMEDICAID ELIGIBLE, FULL COVERAGE	Ins. Policy Number: B Medical Assist. Cat: 94229339053833 Last Update Date: 03/07/2025 Eligibility Date: 02/03/2025 Active: SEE COMPANION GUIDE MESSAGE - 10 19

[30] Health Benefit Plan CoverageActive

Back To Coverage Selection

Coverage Level	Limitations	Plan Type	Notes
Individual		MedicaidMEDICAID ELIGIBLE, FULL COVERAGE	Ins. Policy Number: B Medical Assist. Cat: 94229339053833 Last Update Date: 03/07/2025 Eligibility Date: 02/03/2025 Active: SEE COMPANION GUIDE MESSAGE - 10 19
Individual	DHS SOCIAL SERVICES SEE COMPANION GUIDE MESSAGE - 05 SF Last Update Date: 06/15/2007 Eligibility Date: 02/03/2025	Other	

2. QMB / Medicaid Eligible, will this be considered as an active coverage even if it has a limitation? **ONLY if the QMB says DUAL ELIGIBLE as shown below**

Patient : AALIYAH WILLIAMS

Member ID: 162846687

DOB: 12/25/2002

Gender: Female

Address: 245 HYDE PARK AVE
BELLWOOD, IL 60104

Certification Date: 11/01/2025

Submitter : TRINITY-LOYOLA UNIVERSITY MED

Submitter Type: Provider

National Provider Id: 1376521575

General Eligibility Information

Plan Coverage Description: QMB/MEDICAID DUAL ELIGIBLE, MEDICARE PRIMARY

Status: **Active**

Insurance Type: Qualified Medicare Beneficiary

Coverage Level: Individual

Last Update Date: 04/29/2025

Eligibility Date: 02/01/2025

Ins. Policy Number: 8

Medical Assist. Cat: 93229738812857

Status: **Active**

Insurance Type: Medicaid

Coverage Level: Individual

Eligibility Date: 02/01/2025

Medical Assist. Cat: 93229738812857

Coverages

-- Select Coverage --

Coordination of Benefits

Health Benefit Plan Coverage

Insurance Type: Medicare Part A

Coverage Level: Individual

Payer:

Eligibility Date: 02/01/2025

HSC Number: 1QC6CE2PT83

Coordination of Benefits

Health Benefit Plan Coverage

Insurance Type: Medicare Part B

Coverage Level: Individual

Payer:

Eligibility Date: 02/01/2025

HSC Number: 1QC6CE2PT83

therapy **Active**

Plan Type	Notes
Qualified Medicare Beneficiary QMB/MEDICAID DUAL ELIGIBLE, MEDICARE PRIMARY	Ins. Policy Number: 8 Medical Assist. Cat: 93229738812857

3. Any cases with this note under limitations shall be marked as inactive? **This really depends I need to see the entire eligibility**

Coverage Active	
Limitations	Pla
	Qu
	Me
DHS SOCIAL SERVICES SEE COMPANION GUIDE MESSAGE - 05 SF Last Update Date: 09/20/2006 Eligibility Date: 02/01/2025	Otl