

---

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

**Telephone:** 1-877-782-5565  
**TTY:** (800) 526-5812

## Informational Notice

**Date:** January 30, 2013  
**To:** Participating Medical Assistance Providers  
**Re:** New HFS Medical Card

---

The purpose of this notice is to inform providers of the new HFS Medical Card that is being issued to the department's Medical Programs participants and the importance of verifying eligibility. In spring 2013, participants who are currently enrolled for medical benefits or upon enrollment will begin receiving the new HFS Medical Card. With the implementation of the new card, HFS will discontinue the monthly mailing of medical cards.

### New HFS Medical Card

The new HFS Medical Card will be a paper card and will contain the name; the Recipient Identification Number (RIN) and the date of birth for each individual who is approved for coverage on the case. A family may receive more than one card in instances where the number of persons in the case is greater than the space available for printing. New Medical Cards will be sent when a new participant is added to the case or following a participant's annual redetermination.

A new HFS Medical Card may be issued for a Qualified Medicare Beneficiary (QMB) who is not eligible for full medical benefits, but is eligible for department consideration for payment of Medicare coinsurance and deductibles. These cards will no longer be marked with "QMB Only".

Participants enrolled in the Voluntary Managed Care Organizations, Integrated Care Program Health Plans and future managed care health plans will receive cards from their health plan in addition to a new HFS Medical Card. Managed care information will no longer be listed on the new HFS Medical Card. Providers are encouraged to verify eligibility through one of the resources listed below or risk non-payment.

Participants in the Illinois Healthy Women Program (IHW) will receive the new HFS Medical Card upon enrollment or at their annual redetermination. During the transition to the new HFS Medical Card, current IHW participants may present a valid "pink" medical card at their appointments. Providers are encouraged to verify eligibility through one of the resources listed below or risk non-payment.

Participants in the State Renal Dialysis Program, the State Sexual Assault Survivors Emergency Treatment Program and the State Hemophilia Program do not receive HFS medical cards. Participants in All Kids Rebate do not receive a medical card from the department, but may have an identification card from the employer-sponsored or private health insurance plan under which they are covered.

Spenddown participants will receive a new HFS Medical Card upon enrollment. The card will be issued regardless of the spenddown being met or unmet.

## **HFS Medical Card Verification**

With all of the changes to the HFS Medical Card, it is imperative providers verify medical eligibility. Individuals who claim to be an eligible participant should have their current eligibility verified whether or not they present a Medical Card. If the individual has a Medical Card, knows their Recipient Identification Number (RIN), or can give their Social Security number and date of birth, providers may verify eligibility through one of the following resources:

### **[Medical Electronic Data Interchange \(MEDI\) Internet Site](#)**

- No charge to providers or provider's authorized users to verify a participant's eligibility.
- No limit on the number of participant eligibility inquiries that may be made.
- Participant eligibility verification available seven days a week, 24-hours a day.
- Participant eligibility inquiries can be made by using:
  - Recipient Identification Number (RIN) or
  - A minimum of two of the following three fields: the participant's first and last name (as it appears in the HFS database); the participant's date of birth; or the participant's Social Security number.

### **Automated Voice Response System (AVRS) 1-800-842-1461**

- No charge to providers or provider's authorized users to verify a participant's eligibility.
- A limit of six (6) participant eligibility inquiries per phone call.
- Participant eligibility verification available seven days a week, 24-hours a day.
- Participant eligibility inquiries may be made by using the RIN and the date of service.

### **Recipient Eligibility Verification (REV) System**

The REV system is available to enrolled providers throughout the state and utilizes various clearinghouses that relay electronic transactions back and forth between a provider and the department. These clearinghouses, known as REV vendors, have connections to HFS that allow them to execute eligibility transactions and return the results. Each REV vendor has developed a unique process of transmitting data to the providers. REV vendors develop standardized software for providers to use on existing personal computers and point-of-service devices, and provide programming for existing computer systems to accept and transmit data. Providers who want access to the REV system or other services sign an agreement with one or more vendors and pay the REV vendors for whatever mix and volume of services they select. For a listing of REV vendors, please refer to the [REV Web site](#).

To assure proper identification of eligibility for a person who presents a medical card issued by the department, the provider should:

- Ask for some additional piece of identification to ensure that the person presenting the card is actually the same person listed on the card.
- Ensure that the card presented is a valid card. All valid Medical Cards are computer printed with the state of Illinois seal shown on the front. (See Topic 108.4 for examples of the front and back of the card).

### **Participant Health Plan Verification**

The MEDI and REV systems are good resources for providers to verify if a participant is enrolled in a Health Plan, such as an MCO, or the name of the participants Primary Care Provider (PCP) if the individual is enrolled in Illinois Health Connect (IHC). If a participant is enrolled with a Health Plan, the participant should be directed to their Health Plan first for assistance in receiving medical services. If a participant has a PCP in IHC, the participant should be directed to their PCP for services. If a participant is not enrolled in a Health Plan, or does not have a PCP in IHC, any HFS provider who accepts their HFS Medical Card can see the participant. For additional information about the Health Plans participating in Illinois, please refer to the [Managed Care](#)

and [Coordinated Care](#) Web pages. Questions about Illinois Health Connect can be directed to the IHC Provider Helpdesk at 1-877-912-1999.

### **Temporary MediPlan Card**

Form HFS 1411, Temporary MediPlan Card, will become obsolete with the implementation of the new HFS Medical Card. Form HFS 469D, Temporary MediPlan Card, will continue to be issued by the local office of the Department of Children and Family Services (DCFS) to wards that are in need of immediate medical services prior to the receipt of their HFS Medical Card.

Form HFS 469D may not contain the Recipient Identification Number (RIN). A DCFS toll-free number (1-800-228-6533) is available which providers may access during normal business hours to obtain the RIN for billing purposes. The toll free number is also printed on the reverse side of the Temporary MediPlan Card.

Temporary MediPlan Card s may be valid for up to thirty days. Each card should be carefully viewed to be sure that services provided are within the eligibility period shown. If the date on which the service is rendered does not fall within this time period, the provider should verify eligibility through one of the resources listed in this notice.

Any questions regarding this notice may be directed to a medical assistance consultant in the Bureau of Comprehensive Health Services at 1-877-782-5565. If a provider suspects fraud or abuse regarding the use of a Medical Card, the provider should call the Fraud and Abuse Hotline, at 1-800-252-8903.

Theresa A. Eagleson, Administrator  
Division of Medical Programs