## VERSION CONTROL

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## ACRONYM LIST

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<th>Definition</th>
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<td>Americans with Disabilities Act</td>
</tr>
<tr>
<td>B/G</td>
<td>Brand/Generic</td>
</tr>
<tr>
<td>DUR</td>
<td>Drug Utilization Review</td>
</tr>
<tr>
<td>HFS</td>
<td>Healthcare and Family Services</td>
</tr>
<tr>
<td>ICD-10 CM</td>
<td>International Classification of Diseases, Tenth Revision, Clinical Modification</td>
</tr>
<tr>
<td>ICD-9</td>
<td>International Classification of Diseases, Ninth Revision</td>
</tr>
<tr>
<td>ID</td>
<td>Identification number</td>
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<tr>
<td>IITAA</td>
<td>Illinois Information Technology Accessibility Act</td>
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<tr>
<td>NDC</td>
<td>National Drug Code</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>OTC</td>
<td>Over-the-counter</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization</td>
</tr>
<tr>
<td>PDL</td>
<td>Preferred Drug List</td>
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<tr>
<td>POS</td>
<td>Point-of-Sale/Point-of-Service</td>
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<td>RX</td>
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1 INTRODUCTION

The Illinois Provider Portal is a Web-based collection of tools for Prescribers, pharmacies, and Healthcare and Family Services (HFS) staff. It provides a secure interface for Providers to look up participant eligibility, participant history, drug formulary information, Preferred Drug List (PDL) criteria, and submit and confirm Prior Authorization (PA) requests online. Prescribers are guided through preferred or non-preferred selections, as well as potential step therapy, dose limits, or other PDL criteria to allow them the ability to make informed drug choices. Information is tailored to each type of user: Prescriber, Pharmacist, Hotline Staff, or State Administrator.

Some of the features that are available from the Illinois Provider Portal include the following:

- Participant Inquiry – Search for and review Illinois Medicaid recipient information, including eligibility, claim profile, and pharmacy claims history.
- Prescriber Inquiry – Look up prescriber information.
- Pharmacy Inquiry – Look up pharmacy information.
- Formulary Inquiry – Look up drug information, including coverage status and preferred/non-preferred status.
- Diagnosis Inquiry – Look up diagnosis code and/or definitions.

This manual reviews functions available to Prescribers and Pharmacists.

Note: Not all roles have access to all of the documented functions.

Note: The Illinois Provider Portal is compliant with federal and state accessibility requirements, including the Illinois Technology Accessibility Act (ITAA) and the Americans with Disabilities Act (ADA).

2 REGISTRATION

Access to the Illinois Provider Portal is limited to Prescribers and Pharmacists. For access to the Illinois Provider Portal, please refer to the Illinois Department of Healthcare and Family Services (HFS) IMPACT Web site (http://www.illinois.gov/hfs/impact/Pages/default.aspx) (see Figure 1: IMPACT Home Page).

Figure 1: IMPACT Home Page
Once your registration for the new system has been processed, you will receive an email to Finish Registration. This will take approximately ten (10) days (see Figure 2: Registration Email).

**Note:** Office Workers must be registered in IMPACT and associated with a Pharmacy or Prescriber. After the initial registration for the primary user, all other users will receive an e-mail when their Administrator grants them access to the Provider Portal.

**Figure 2: Registration Email**

Greetings from the Illinois Provider Portal

Your recent registration has been processed. To complete the last step of the process, please follow the link provided. Finish Registration

Please note, this link is only good until 02/23/2017 13:10:52 CST. If you haven’t completed registering by that time, please contact the Illinois Provider Portal Administrators at ILRx.PortalHelp@illinois.gov

You will need the 7 digit provider code you were provided during your registration process with HFS. If you believe you are receiving this message in error, please contact the Illinois Provider Portal Administrators at ILRx.PortalHelp@illinois.gov

This is an automated message; please do not reply to this message.

Please contact the IMPACT project team with any questions or comments regarding provider enrollment. If the IMPACT team cannot directly address your question, the project team will coordinate with staff from HFS, IDoA, DCFA and the UIC DSCC to ensure you receive the information you need. For IMPACT contact information, please refer to the Registering with the State of Illinois (Contact IMPACT) section of the Health and Family Services (HFS) Web site (https://www.illinois.gov/hfs/impact/Pages/Login.aspx) (see Figure 3: Contact IMPACT).

**Figure 3: Contact IMPACT**
3 LOGGING IN

To access the Illinois Provider Portal, follow these steps:

- Open a Web browser and type the Uniform Resource Locator (URL) for the Illinois Provider Portal. The Illinois Provider Portal can be accessed at [https://ilrxportal.illinois.gov](https://ilrxportal.illinois.gov).
- Type your User ID and Password.
- Read the terms and conditions, and click to add a check mark to accept the terms (see Figure 4: Illinois Provider Portal Login Screen).
- Scroll to the bottom of the page and click the Login button (see Figure 5: Login Button).

**Figure 4: Illinois Provider Portal Login Screen**

![Illinois Provider Portal Login Screen](image)

**Figure 5: Login Button**

![Login Button](image)

**Note:** If a user enters an incorrect User ID and Password combination, they will receive an error message (see Figure 6: Invalid user/password combination). After five failed login attempts, the account is locked. If your account is locked, please contact HFS by e-mail ([ILRx.PortalHelp@Illinois.gov](mailto:ILRx.PortalHelp@Illinois.gov)).

**Figure 6: Invalid user/password combination**

![Invalid user/password combination](image)
3.1 FORGOT PASSWORD

If the user forgot their password, they must select the *Forgot Password* hyperlink below the *Login* button (see Figure 7: Forgot Password).

Figure 7: Forgot Password

![Login and Forgot Password Buttons]

The application will direct the user to enter the registered email address. The user will receive an email with a hyperlink to reset the password. The reset hyperlink is valid only for 15 minutes (see Figure 8: Password Recovery Screen).

Figure 8: Password Recovery Screen

![Password Recovery Screen]

4 DASHBOARD

Once logged in to the Illinois Provider Portal, Prescribers, Pharmacists and Office Workers will see their Dashboard screen. The Dashboard screen lists those participants for whom the Prescriber or Provider has submitted a PA (see Figure 9: Dashboard – Pharmacist View, Figure 10: Dashboard - Prescriber View, and Figure 11: Dashboard - Office Worker View).

The Dashboard screen also provides status information about all PA requests, updated within the last 45 days. For more information about any individual PA, click the magnifying glass (🔍) icon next to that PA.

Note: The tabs across the top vary for the Pharmacist view and the Prescriber view.

Pharmacists have access to the following:

- Dashboard
- Submit Claim
- Worker Management
- Help
- Pharmacy
- Diagnosis
- Create PA
- User Preferences
- Provider Management
- Participant
- Formulary

Prescribers have access to the following:

- Dashboard
- User Preferences
- Help
- Pharmacy
- Diagnosis
- Create PA
- Worker Management
- Participant
- Formulary

Office Workers will have access to the following:

- Dashboard
- User Preferences
- Help
- Pharmacy
- Diagnosis
- Create PA
- Provider Management
- Participant
- Formulary
Figure 9: Dashboard – Pharmacist View

![Dashboard – Pharmacist View](image)

Figure 10: Dashboard - Prescriber View

![Dashboard - Prescriber View](image)

Figure 11: Dashboard - Office Worker View

![Dashboard - Office Worker View](image)
The **PA Details** screen provides information about the PA request, such as the participant, provider, pharmacy, and drug. In addition, it provides a tracking number and PA status. An option to upload reference information also is included (see Figure 12: PA Details Screen).

*Note:* This manual provides more details in the Creating a New Prior Authorization (PA) section.

**Figure 12: PA Details Screen**

![PA Details Screen](image)
5 PARTICIPANTS

Select the Participant tab to search for a participant. The user can search by Illinois Participant ID number, Social Security Number (SSN), or a combination of last name, first name, and date of birth (DOB).

Enter the search criteria and click the **Search** button (see Figure 13: Participant Search).

**Figure 13: Participant Search**

![Participant Search](image)

*Note:* The Provider Portal will only display one participant record in response to a search, so the search criteria must be specific to the individual. If more than one participant is found who matches the criteria, the following error message will occur (see Figure 14: Exceed Maximum Error Message).

**Figure 14: Exceed Maximum Error Message**

![Exceed Maximum Error Message](image)

If an error message occurs, refine the search criteria and try again. View the participant search screen results (see Figure 15: Participant Search Screen Results).

**Figure 15: Participant Search Screen Results**

![Participant Search Screen Results](image)
Click the *Illinois Participant ID* hyperlink to display the participant’s profile, which includes: Demographics, Eligibility (Medicaid/Medicare), Provider Restrictions, Managed Care Organization (MCO), Third Party Liability (TPL), Claim History (Drug Profile Hyperlink) and Approved PA History (PA Profile Hyperlink) (see Figure 16: Participant Demographics Screen).

**Figure 16: Participant Demographics Screen**

![Participant Demographics Screen](image)

Click the *PA Profile* button to view the participant’s approved PA history (see Figure 17: Participant PA Profile Screen). Click the *Return to Participant Profile* hyperlink (see Figure 17: Participant PA Profile Screen) to return to the main Participant Demographics screen (see Figure 16: Participant Demographics Screen).

**Figure 17: Participant PA Profile Screen**

![Participant PA Profile Screen](image)

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To view the participant’s prescription history, click the **Drug Profile** button on the *Participant Demographics* screen (see Figure 16: Participant Demographics Screen). This view provides an opportunity to view the participant’s Illinois Medicaid drug profile (see Figure 18: Participant Drug Profile Screen).

**Figure 18: Participant Drug Profile Screen**

![Drug profile for OTTO MANN](image)

The drug profile shows the participant’s Illinois Medicaid claimed prescriptions for the previous 12 months. The profile includes:

- Rx Date
- Quantity
- Pharmacy
- Rx Number
- Days Supply
- Product
- Prescriber
The user can choose the participant by clicking the Select button on the Participant Search screen (see Figure 15: Participant Search Screen Results) or on the Participant Demographics screen (see Figure 16: Participant Demographics Screen). Selecting the participant fills in the required information on the PA form until you select another participant, a convenience for when multiple PAs are required for the same participant. Once selected, the participant’s name displays at the top of the screen. To deselect a participant, click the Clear button on the Participant Demographics Screen (see Figure 19: Participant Selected).

Figure 19: Participant Selected
6 PRESCRIBER (PHARMACIST ONLY)

Select the Prescriber tab to search for a physician (see Figure 20: Prescriber Search).

**Figure 20: Prescriber Search**

![Prescriber Search](image)

Type the National Provider Identifier (NPI) number or at least the first three characters of a prescriber name, or enter a city and state combination, and then click the **Search** button. Depending on the search criteria, a list of prescribers will display with addresses and phone numbers (see Figure 21: Prescriber Search Screen Results).

**Figure 21: Prescriber Search Screen Results**

![Prescriber Search Screen Results](image)
Users can click the *Prescriber Name* hyperlink to view detailed information about the physician, including the full address, phone number, fax number, and miscellaneous information (see Figure 22: Prescriber Demographics Screen).

**Figure 22: Prescriber Demographics Screen**

![Prescriber Demographics Screen](image)

From the *Prescriber Search* screen, click the **Select** button to choose a physician. Selecting a prescriber displays his or her required information on the PA form until you select another physician, a convenience for when multiple prescriptions or PAs are required for the same prescriber. Once selected, the prescriber name appears at the top of the screen. To deselect a physician, click the **Clear** button (see Figure 23: Prescriber Selected).

**Figure 23: Prescriber Selected**

![Prescriber Selected](image)
Select the Pharmacies tab to search for a pharmacy (see Figure 24: Pharmacy Search).

**Figure 24: Pharmacy Search**

Type the National Provider Identifier (NPI) number or at least the first three characters of a pharmacy name, or enter a city and state combination, and then click the **Search** button. Depending on the search criteria, a list of pharmacies will display with addresses and phone numbers (see Figure 25: Pharmacy Search Screen Results).

**Figure 25: Pharmacy Search Screen Results**
Users can click the *Pharmacy Name* hyperlink to view detailed information about the pharmacy, including the full address, phone number, fax number, and miscellaneous information (see Figure 26: Pharmacy Demographics Screen).

**Figure 26: Pharmacy Demographics Screen**

![Pharmacy Demographics Screen](image)

From the *Pharmacy Search* screen (see Figure 25: Pharmacy Search Screen Results) or the Pharmacy Demographics Screen (see Figure 26: Pharmacy Demographics Screen), click the **Select** button to choose a pharmacy. Selecting a pharmacy displays its required information on the PA form until you select another pharmacy, a convenience for when multiple prescriptions or PAs are required for the same pharmacy. Once selected, the pharmacy name appears at the top of the screen (see Figure 27: Pharmacy Selected). To deselect a pharmacy, click the **Clear** button.

**Figure 27: Pharmacy Selected**

![Pharmacy Selected](image)
Select the Formulary tab to search for a drug (see Figure 28: Formulary Tab). Type the National Drug Code (NDC) number or at least the first three characters of a brand or generic drug name and click the Search button.

**Figure 28: Formulary Tab**

Two lists should appear:
- **Search Results**: The top list contains drugs that meet the entered search criteria (see Figure 29: Formulary - Search Results).
- **Alternatives**: The lower list will display other formulary drug alternatives (see Figure 30: Formulary – Alternatives).

The Formulary search provides a summary of information about the drugs as follows:
- Name
- Description
- Route of Administration
- Over the Counter (OTC) Code
- Brand/Generic (B/G) Code
- Packaging
- PDL Status
- 4 Rx
Users can click the individual drug Name hyperlink or PDL Status hyperlink to see detailed information about the drug and any clinical criteria specific to the drug. Users can click the Request PA button to request a PA on that drug (see Figure 29: Formulary - Search Results and/or Figure 31: Detailed Drug Information Screen).
The bottom half of the screen provides information about alternative drugs available (see Figure 30: Formulary – Alternatives).

**Figure 30: Formulary – Alternatives**

<table>
<thead>
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<th>Name</th>
<th>Description</th>
<th>Route</th>
<th>OTC Code</th>
<th>DDX Code</th>
<th>Packaging</th>
<th>PDL Status</th>
<th>Rx Status</th>
<th>Select</th>
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<tr>
<td>CLOZAPINE</td>
<td>CLOZAPINE TAB 25MG</td>
<td>OR</td>
<td>RX</td>
<td>G</td>
<td>BOX</td>
<td>Preferred</td>
<td>Include/Reject</td>
<td>Request PA</td>
</tr>
<tr>
<td>CLOZAPINE</td>
<td>CLOZAPINE TAB 25MG</td>
<td>OR</td>
<td>RX</td>
<td>G</td>
<td>BLISTER</td>
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<td>Include/Reject</td>
<td>Request PA</td>
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<td>CLOZAPINE TAB 25MG</td>
<td>OR</td>
<td>RX</td>
<td>G</td>
<td>BOTTLE</td>
<td>Preferred</td>
<td>Include/Reject</td>
<td>Request PA</td>
</tr>
<tr>
<td>CLOZAPINE</td>
<td>CLOZAPINE TAB 50MG</td>
<td>OR</td>
<td>RX</td>
<td>G</td>
<td>BOX</td>
<td>Preferred</td>
<td>Include/Reject</td>
<td>Request PA</td>
</tr>
<tr>
<td>CLOZAPINE</td>
<td>CLOZAPINE TAB 50MG</td>
<td>OR</td>
<td>RX</td>
<td>G</td>
<td>BLISTER</td>
<td>Preferred</td>
<td>Include/Reject</td>
<td>Request PA</td>
</tr>
<tr>
<td>CLOZAPINE</td>
<td>CLOZAPINE TAB 50MG</td>
<td>OR</td>
<td>RX</td>
<td>G</td>
<td>BOTTLE</td>
<td>Preferred</td>
<td>Include/Reject</td>
<td>Request PA</td>
</tr>
<tr>
<td>CLOZAPINE</td>
<td>CLOZAPINE TAB 100MG</td>
<td>OR</td>
<td>RX</td>
<td>G</td>
<td>BOX</td>
<td>Preferred</td>
<td>Include/Reject</td>
<td>Request PA</td>
</tr>
<tr>
<td>CLOZAPINE</td>
<td>CLOZAPINE TAB 100MG</td>
<td>OR</td>
<td>RX</td>
<td>G</td>
<td>BLISTER</td>
<td>Preferred</td>
<td>Include/Reject</td>
<td>Request PA</td>
</tr>
<tr>
<td>CLOZAPINE</td>
<td>CLOZAPINE TAB 100MG</td>
<td>OR</td>
<td>RX</td>
<td>G</td>
<td>BOTTLE</td>
<td>Preferred</td>
<td>Include/Reject</td>
<td>Request PA</td>
</tr>
<tr>
<td>CLOZAPINE</td>
<td>CLOZAPINE TAB 200MG</td>
<td>OR</td>
<td>RX</td>
<td>G</td>
<td>BOX</td>
<td>Preferred</td>
<td>Include/Reject</td>
<td>Request PA</td>
</tr>
<tr>
<td>CLOZAPINE</td>
<td>CLOZAPINE TAB 200MG</td>
<td>OR</td>
<td>RX</td>
<td>G</td>
<td>BLISTER</td>
<td>Preferred</td>
<td>Include/Reject</td>
<td>Request PA</td>
</tr>
<tr>
<td>CLOZAPINE</td>
<td>CLOZAPINE TAB 200MG</td>
<td>OR</td>
<td>RX</td>
<td>G</td>
<td>BOTTLE</td>
<td>Preferred</td>
<td>Include/Reject</td>
<td>Request PA</td>
</tr>
</tbody>
</table>

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Users can click the individual drug *Name* hyperlink or *PDL Status* hyperlink to see detailed information about the drug and any criteria specific to the drug (see Figure 29: Formulary - Search Results). Detailed drug information will appear on the screen (see Figure 31: Detailed Drug Information Screen).

**Figure 31: Detailed Drug Information Screen**

![Detailed Drug Information Screen](image)

Click the **Request PA** button from the *Formulary - Search Results & Alternatives* screens (see Figure 29: Formulary - Search Results or Figure 30: Formulary – Alternatives) or *Detailed Drug Information* screen (see Figure 31: Detailed Drug Information Screen) to open the appropriate PA form, pre-filled with the specific previously selected drug information, a convenience when more than one PA is required for the same drug.
The top of the screen displays the selected drug. To deselect a drug, click the Clear button (see Figure 32: Drug Selected).

**Figure 32: Drug Selected**

<table>
<thead>
<tr>
<th>CURRENTLY SELECTED</th>
<th>Participant: OTTO MANN</th>
<th>Prescriber: SOWIE LTC TEST</th>
<th>Formulary: FAZACLO TAB 12.5MG</th>
<th>Pharmacy: RITEWAY PHARMACY INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dashboard</td>
<td>Create PA</td>
<td>Submit Claim</td>
<td>User Preferences</td>
<td>Worker Management</td>
</tr>
<tr>
<td>Participant</td>
<td>Prescriber</td>
<td>Formulary</td>
<td>Diagnosis</td>
<td></td>
</tr>
</tbody>
</table>

**FAZACLO TAB 12.5MG**

<table>
<thead>
<tr>
<th>Product</th>
<th>Name: FAZACLO</th>
<th>Strength: 12.5 MG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td>Clozapine Orally Dissolving Tab 12.5 MG</td>
<td></td>
</tr>
<tr>
<td>Packaging:</td>
<td>BOTTLE</td>
<td>Dosage Form: TBDP</td>
</tr>
<tr>
<td>Route of Administration:</td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 Rx: Include/Reject</td>
<td></td>
</tr>
</tbody>
</table>

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**9 DIAGNOSIS**

Select the Diagnosis tab to search for a diagnosis code (see Figure 33: Diagnosis Search).

**Figure 33: Diagnosis Search**

Type the International Classification of Diseases, Tenth Revision (ICD-10) code, the International Classification of Diseases, Ninth Revision (ICD-9) code (if the date of service is prior to October 1, 2015), or at least three characters of a diagnosis description and click the **Search** button. The results list displays an ICD-10 or ICD-9 code, a diagnosis description, and an option to select the diagnosis to appear on the PA form (see Figure 34: Diagnosis Search Screen Results).

**Figure 34: Diagnosis Search Screen Results**

Click the **Code** hyperlink to display detailed information about the diagnosis code (see Figure 35: Detailed Diagnosis Information Screen).

**Figure 35: Detailed Diagnosis Information Screen**

Click the **Select** button from the Diagnosis Search screen (see Figure 34: Diagnosis Search Screen Results) or from the Detailed Diagnosis Information screen (see Figure 35: Detailed Diagnosis Information Screen).

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Once selected, the top of the screen displays the selected drug. To deselect a drug, click the **Clear** button (see Figure 36: Diagnosis Selected).

**Figure 36: Diagnosis Selected**

![Figure 36: Diagnosis Selected](image)
10 CREATING A NEW PRIOR AUTHORIZATION (PA)

Prior Authorizations are a cost containment measure to determine whether a procedure, service, or medication is covered or should be covered, under insurance. Prescribers submit PAs to request that a medication is covered, and get a determination before the prescription for the medication is submitted or dispensed. After you submit the PA in the Provider Portal, HFS staff will enter the information into PADSS (Prior Authorization Decision Support System). HFS staff will move the PA through the process in PADSS, and they will make a final determination. Once HFS makes the determination, the information is transmitted to the RxPortal Point-of-Sale/Point-of-Service (POS) system for use in claims adjudication. A response letter is generated and either faxed or mailed to Prescribers and participants. The status of the PA request and an image of the response letter are available to view in the Provider Portal.

Select the Create PA tab to begin a new prior authorization. User information auto-populates the Provider Information section of the PA form. When you have previously selected a Participant, Pharmacy, Diagnosis, or Formulary from previous tabs, the selected information also auto-populates the form (see Figure 37: Create PA Tab).

**Figure 37: Create PA Tab**

Choose a form from the drop-down menu, and click the **Select Form** button. Some fields within the PA form cannot be directly edited. When the fields are not populated or contain incorrect information, use the **Lookup** buttons next to each one to begin a search process. You can directly edit **Provider** and **Contact Info** fields.

*Note: For a complete list of the PA Forms available, see Appendix 16.1 PA Forms.*
10.1 CREATE PA

The PA form has multiple sections that focus on specific information, such as the Participant, Prescriber, Pharmacy, Diagnosis, Contact Info, Drug Information, and Clinical Information (Medical Necessity, not shown) (see Figure 38: Web PA Form). This section will focus on the individual portions of the form.

Figure 38: Web PA Form

Note: Throughout the PA form, blank fields cannot be typed in where a Lookup toggle button is present.

Note: Most required fields on a PA form have an asterisk (*) next to them (not all fields though are marked – such as Contact Info and Contact Number). Required fields include Drug, Participant, Prescriber, Pharmacy (optional if prescriber is completing; required from pharmacy); Contact Info (Contact Name and Contact Number); and Quantity/Days Supply (not – fill # is defaulted). If a required field is not completed, upon submitting a PA, you will receive an error. Fields containing an error will have a hyperlink that will direct you to the field that needs to be completed (see Figure 44: Error Message).
10.1.1 Participant

If you have previously selected a participant, the Participant section of the PA form will be auto-populated. If the correct participant information is not already on the form, click the Lookup Participant button. This opens the Participant Search screen (see Figure 13: Participant Search). Search for the participant and click the Select button to select the appropriate participant (see Figure 39: PA Form - Participant Selection).

Figure 39: PA Form - Participant Selection

10.1.2 Prescriber

If you are logged in as a Prescriber, the Prescriber section of the PA form will be auto-populated (see Figure 40: PA Form - Prescriber Section).

- NPI – National Provider Identifier: Ten-digit unique identification number for healthcare providers in the U.S.
- Name – Name of the provider
- Street, City, State, Zip – Address location of the provider
- Phone and Fax – Phone and fax information for the provider

*Note:* If your staff works for more than one physician (Office Manager/Office Worker), they can click the Change Provider button to select the correct prescriber in Provider Management.

Figure 40: PA Form - Prescriber Section
10.1.3 Pharmacy

If you are logged in as a Pharmacist, the Pharmacy section of the PA form will be auto-populated (see Figure 41: PA Form - Pharmacy Section).

- **NPI** – National Provider Identifier: Ten-digit unique identification number for healthcare providers in the U.S.
- **Name** – Name of the pharmacy
- **Street, City, State, Zip** – Address location of the pharmacy
- **Phone and Fax** – Phone and fax information for the pharmacy

*Note:* If you work for more than one pharmacy, you can click the **Change Pharmacy** button to select the correct location in Provider Management.

Figure 41: PA Form - Pharmacy Section

10.1.4 Diagnosis

When the diagnosis information is not already on the form, click the **Lookup Diagnosis** button (see Figure 42: PA Form - Diagnosis Section). This opens the **Diagnosis Search** screen (Figure 33: Diagnosis Search).

Figure 42: PA Form - Diagnosis Section
10.1.5 Contact Info

This section provides the contact information for the Prescriber (*required fields). If logged into the system as a Prescriber, this information should be auto-populated. If logged in as a Pharmacist, complete this information as needed (see Figure 43: PA Form - Contact Info Section).

Figure 43: PA Form - Contact Info Section

Note: If the Contact Name and/or the Contact Number is missing, you will receive an error upon submitting (see Figure 44: Error Message).

10.1.6 Drug Information

When the correct drug information is not already on the form, click the Lookup button (see Figure 45: PA Form - Drug Information). This opens the Formulary Search screen to search for and select the appropriate drug (see Figure 28: Formulary Tab).

- **Dosage Instruction** – Information on the dosage or administration of the drug. For example, 2 tablets, 3 times per day would be an instruction.
- **Quantity** – Amount of the drug being requested. For example, it might be 30 tablets, or 100 units (*required).
- **Days Supply** – Number of days that this quantity would provide. For example, if the dosage instructions are to take 2 tablets, 3 times per day, you would need 180 tablets for a 30-day supply (*required).
- **Refills** – Indicate how many refills the participant could get with this one prescription. For example, some prescriptions may allow the participant to refill it for 3 months before requiring a new prescription.
10.2 PA FORM SUBMISSION

Depending on which PA form is in use, the lower section requires different types of information. Complete the remaining fields as needed for the particular PA request (see Figure 46: PA Form – Clinical Information (Medical Necessity Demonstration)).

*Note:* After you have submitted the PA, you can upload the appropriate medically necessary documents and attachments. You cannot upload these until after submitting the PA.

**Figure 46: PA Form – Clinical Information (Medical Necessity Demonstration)**

![Figure 46: PA Form – Clinical Information (Medical Necessity Demonstration)](image-url)
Once the form is completed, click the **Submit** button. The system displays a message that the PA has been submitted for processing (see Figure 47: PA Form - Submission).

**Figure 47: PA Form - Submission**

![PA Form - Submission](image)

Some forms require the user to submit supporting documentation with the form. After submitting the PA, check the **Dashboard** for additional requirements, status, and tracking numbers (see Figure 48: Dashboard).

**Figure 48: Dashboard**

![Dashboard](image)
10.3 UPLOAD REFERENCE INFORMATION

Once the PA has been created, you can upload reference information to support the PA request (i.e., lab results, chart notes, or other documentation requested from the Dashboard). Identify the PA request and click the magnifying glass (🔍) Action button (see Figure 48: Dashboard). This provides required additional information about the PA, including the Tracking Number (see Figure 49: Upload Reference Information from PA Details).

Figure 49: Upload Reference Information from PA Details

Note: Click the View PA as Image button or the Open in new window hyperlink to view entire PA form.
Click the **Upload Reference Info** button to upload reference information (see Figure 49: Upload Reference Information from PA Details).

*Note:* Alternatively, from the *Dashboard*, identify the PA request and click the **Upload Reference Info** Action button to upload reference information (see Figure 48: Dashboard).

To select the reference information you want to upload from the Prescriber’s files, click the **Browse** button. If you are not sure what file types are allowed, click the **Show allowed file types** hyperlink (see Figure 50: Upload Reference Information and ).

**Figure 50: Upload Reference Information**
Figure 51: MIME Types for Reference Info Uploads

<table>
<thead>
<tr>
<th>Mime Type</th>
<th>MIME Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>application/vnd.ms-excel</td>
<td>text/html</td>
</tr>
<tr>
<td>application/msword</td>
<td>text/plain</td>
</tr>
<tr>
<td>application/pdf</td>
<td>application/rss+xml</td>
</tr>
<tr>
<td>image/png</td>
<td>image/bmp</td>
</tr>
<tr>
<td>text/xml</td>
<td>image/x-windows-bmp</td>
</tr>
<tr>
<td>image/jpg</td>
<td>image/x-graphics-xbm</td>
</tr>
<tr>
<td>image/jpeg</td>
<td>image/png</td>
</tr>
<tr>
<td>image/tiff</td>
<td>application/vnd.openxmlformats-officedocument.spreadsheetml.sheet</td>
</tr>
<tr>
<td>application/vnd.openxmlformats-officedocument.wordprocessingml.document</td>
<td>application/vnd.oasis.opendocument.spreadsheet</td>
</tr>
<tr>
<td>application/vnd.oasis.opendocument.text</td>
<td>application/vnd.ms-xml Spreadsheet</td>
</tr>
</tbody>
</table>

The main file types allowed are listed below:

- Microsoft Excel Files (.xsl, .xlsx)
- Microsoft Word (.doc, .docx)
- Rich Text format (.rtf, .rtfx)
- Text files, such as from notepad (.txt)
- Graphics files such as the following:
  - Bitmaps (.bmp)
  - .Jpeg
  - .Pjpeg
  - .Tiff, .x-tiff
  - .png
- Internet Explorer files (.html)
- Adobe Acrobat files (.pdf)
- Open Office formats (.xml)

*Note:* File size cannot exceed 1 MB.
Double-click the name of the file you need to upload, making it appear in the File(s) to Submit field. You can provide a description of the reference information in the Description field; however, this field is optional (see Figure 52: Uploaded File).

Figure 52: Uploaded File

Repeat the steps above for uploading until you have attached all of the necessary reference information. Click the Upload button to submit the reference information.

After the reference information has been uploaded, a message regarding the status appears on the screen (see Figure 53: Uploaded Reference Materials).

Figure 53: Uploaded Reference Materials

To view reference information that is attached to a PA request, go to the Dashboard and identify the PA request. Click the magnifying glass icon to view detailed information about the PA. Scroll to the
bottom of the screen to view the reference information. Click the magnifying glass (🔍) icon (at the bottom of the screen) to view the documentation (see Figure 54: Viewing Uploaded Documentation).

Figure 54: Viewing Uploaded Documentation

Depending upon browser used, clicking the magnifying glass may (or may not) open a dialog box where you can open or save the file (see Figure 55: Open Uploaded Documentation).

Figure 55: Open Uploaded Documentation
11 SUBMIT CLAIMS (PHARMACISTS ONLY)

Pharmacists have the ability to submit non-POS pharmacy claims (also known as Direct Data Entry, DDE) through the Illinois Provider Portal and review claim status and results immediately after adjudication. Claims are adjudicated in the same manner as any other pharmacy claim, including member eligibility validations, with the results returning on the same screen. The results include a confirmation of acceptance for payment with accepted claims or a full list of all reasons for rejecting a claim.

The Submit Claim tab provides the information to submit a claim.

First, you must select the claim type (see Figure 56: Claim Type Screen).

- Single NDC Product Claim
- Compound Product Claim

Figure 56: Claim Type Screen

Note: Required fields are marked with an asterisk (*).

Note: For a complete list of the Claim values, see Appendix 16.2 Claims – Manual Claim Entry.
Whenever you have been working with a specific participant, the participant’s information should auto-populate the form. If it does not, complete the information as needed in the appropriate fields (see Figure 57: Claim Entry Screen - General Information Section

**Figure 57: Claim Entry Screen - General Information Section**

- **PCN** – This field will default to ILPOP.
- **Participant ID** – This the Participant ID for the participant selected. If you have previously selected the participant, this field will be pre-filled. If you have not, type the Participant ID.
- **First Name** – This field will be pre-filled if you have previously selected the participant.
- **Last Name** – This field will be pre-filled if you have previously selected the participant.
- **Gender** – If this field is not pre-filled, select either **F** (Female), **M** (Male), or Unspecified from the drop down list.
- **DOB** – This field should be pre-filled with the participant’s date of birth.
- **Pharmacy ID** – This field should be pre-filled with the correct Pharmacy ID.
- **Prescriber ID** – Type the Prescriber ID.
- **First Name** – Type the first name of the Prescriber.
- **Last Name** – Type the last name of the Prescriber.
- **Prescriber Phone** – Type the Prescriber's phone number.
Complete the Primary Care Information, RX Information, Partial Fill Information, and Pricing sections of the form (see Figure 58: Claim Entry Screen – Primary Care, Rx, Partial Fill, and Pricing Information Sections).

**Figure 58: Claim Entry Screen – Primary Care, Rx, Partial Fill, and Pricing Information Sections**

<table>
<thead>
<tr>
<th><strong>Primary Care Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Qualifier: 06 - UPIN</td>
</tr>
<tr>
<td>PCP ID</td>
</tr>
<tr>
<td>PCP Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>RX Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx Number: 8979</td>
</tr>
<tr>
<td>Rx Origin: Select</td>
</tr>
<tr>
<td>Fill Date: 06/06/2016</td>
</tr>
<tr>
<td>Date Written: 06/03/16</td>
</tr>
<tr>
<td>Quantity: 10</td>
</tr>
<tr>
<td>Days Supply: 1</td>
</tr>
<tr>
<td>Fill Number: 1</td>
</tr>
<tr>
<td># of Refills: 0</td>
</tr>
<tr>
<td>PA Type Code: 99 - Not Specified</td>
</tr>
<tr>
<td>PA Number: 2</td>
</tr>
<tr>
<td>Diagnosis Code: 238.21</td>
</tr>
<tr>
<td>Dispense as Written 2 - Sub Allowed-Patient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Partial Fill Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispensing Status: C - Completion Partial Fill</td>
</tr>
<tr>
<td>Intended Quantity: 18</td>
</tr>
<tr>
<td>Intended Day Supply: 2</td>
</tr>
<tr>
<td>Associated Rx: 879</td>
</tr>
<tr>
<td>Associated DOS: 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Pricing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Paid Amount: 25.00</td>
</tr>
<tr>
<td>Ingredient Cost: 5.00</td>
</tr>
<tr>
<td>U and C Cost: 5.00</td>
</tr>
<tr>
<td>Incentive Amount: 5.00</td>
</tr>
<tr>
<td>Gross Amount Due: 25.00</td>
</tr>
<tr>
<td>Dispensing Fee: 5.00</td>
</tr>
<tr>
<td>Cost Basis Code: ASP (Average Sales Price)</td>
</tr>
</tbody>
</table>
- **ID Qualifier** – Select the correct insurance type from the drop-down menu.

![ID Qualifier dropdown menu]

- **PCP ID** – Type the PCP ID from the insurance information.
- **PCP Name** – Type the PCP Name from the insurance information.
- **Rx Number** – Type the number for the prescription (*required).
- **Rx Origin** – This is how the prescription came in. Select the correct method from the drop-down menu (*required).

![Rx Origin dropdown menu]

- **Fill Date** – Type the date the prescription is being filled (*required).
- **Date Written** – Type the date the prescription was written (*required).
- **Quantity** – Type the number of pills, units, etc. for the drug (*required).
- **Days Supply** – Type the number of days that the quantity of the drug supplies (*required).
- **Fill Number** – Type the number of times this same prescription has been filled. For example, when a Prescriber indicates that the prescription can be refilled 12 times, and this is the second time the prescription is being filled, you would type “2.” Note: Schedule 2 drugs (like narcotics, where no refills are allowed) must have 0 as the fill number (*required).
- **# of Refills** – Type the number of times the prescription can be filled (*required).
- **PA Type Code** – If there is a prior authorization, select the PA type code from the drop-down menu.

![PA Type Code](image)

- **PA Number** - If there was a prior authorization for this claim, type in the number for the PA.

- **Diagnosis Code** – Type the diagnosis code.

- **Dispense as Written** – Indicates if a generic can be substituted for a brand name, and who makes that decision. Select the appropriate response from the drop-down menu.

![Dispense as Written](image)

- **Dispensing Status** – If this is a partial fill, indicate if this is a new partial fill or if this completes a previous partial fill.

![Dispensing Status](image)

- **Intended Quantity** – If this is a partial fill, type the quantity of the original prescription.

- **Intended Day Supply** – If this is a partial fill, type how many days that supply should last.

- **Associated Rx** – If this is a partial fill, include the prescription number for the original prescription.

- **Associated DOS** – If this is a partial fill, indicate the days supply that was originally dispensed.

- **Patient Paid Amount** – Type how much the participant paid.

- **Ingredient Cost** – Type the cost of the actual ingredients (*required).

- **U and C Cost** – Type the amount of the usual and customary cost (*required).

- **Incentive Amount** – Type the amount of the incentive for this prescription.
• **Gross Amount Due** – Type the amount due for the claim.

• **Dispensing Fee** – Type the amount charged to dispense the prescription.

• **Cost Basis Code** – Select the cost basis code from the drop-down menu.

You will complete either the Drug Information section for a Single claim or the Compound section for a Compound claim (*required)(see Figure 59: Claim Entry Screen – Drug Information Section or Figure 60: Claim Entry Screen – Compound Section).

**Figure 59: Claim Entry Screen – Drug Information Section**

**Figure 60: Claim Entry Screen – Compound Section**
Continue completing the form by filling in the Coordination of Benefits (COB) sections, if the participant has additional insurance coverage (see Figure 61: Claim Entry Screen – Coordination of Benefits Section).

Note: The COB sections, Submission Clarification Codes, and Drug Utilization Review (DUR) are all considered situational. Situational scenarios are identified in the Illinois Payor Sheet. Pharmacists should refer to the Illinois Payor Sheet when completing these fields (HFS Website: https://www.illinois.gov/hfs/MedicalProviders/Pharmacy/Illinoisrx/Pages/PayorSheet.aspx).

Figure 61: Claim Entry Screen – Coordination of Benefits Section

- **Other Pay Code** – Select the code for the other payor on this claim by selecting it from the drop-down menu.
• **Coverage Type** – Select the type of other coverage from the drop-down menu.

![Coverage Type](image)

**ID Qualifier** – Select the correct ID qualifier from the drop-down menu.

![ID Qualifier](image)

• **ID** – Type the ID for the other coverage.

• **Payer Date** – Type the payer date.
The next COB section of the form is the Other Payer Amount Paid (OPAP) and the Other Patient Paid Responsibility Amount (OPPRA) sections. Select the number, type of qualifiers, and the amount for each (see Figure 62: Claim Entry Screen – Other Claims Paid and Other Patient Paid Responsibility Amount Sections).

Figure 62: Claim Entry Screen – Other Claims Paid and Other Patient Paid Responsibility Amount Sections
• **Other Payer Amount Paid – #** - Select the number for the other payor on this claim from the drop-down menu.

![Other Payer Amount Paid - #](image)

• **Other Payer Amount Paid – OPAP Qualifier** - Select the OPAP qualifier for the other payor on this claim from the drop-down menu.

![Other Payer Amount Paid - Qualifier](image)

• **Other Payer Amount Paid – OPAP Amount** - Type the amount for the other payor on this claim.

![Other Payer Amount Paid - Amount](image)
• **Other Patient Paid Responsibility Amount – #** - Select the number for the participant responsibility on this claim from the drop-down menu.

• **Other Patient Paid Responsibility Amount – OPPRA Qualifier** – Select the qualifier for the participant responsibility on this claim from the drop-down menu.

• **Other Patient Paid Responsibility Amount – OPPRA Amount** – Type the amount for the participant responsibility on this claim.
Next complete the (COB) Benefits and Reject Codes sections. Select the number, the qualifier, and amount for the benefit or the number and code describing why a benefit is not being paid for the rejection code (see Figure 63: Claim Entry Screen – Benefits and Reject Codes Sections).

**Figure 63: Claim Entry Screen – Benefits and Reject Codes Sections**
• **Benefits – #** - Select the benefit number on this claim from the drop-down menu.

• **Benefits – Qualifier** – Select the benefit qualifier on this claim from the drop-down menu.

• **Benefits – Amount** – Type the amount in the Amount field.

• **Reject Codes – Number** – Select the reject number on this claim from the drop-down menu.

• **Reject Codes – Code** – Select the reject code on this claim from the drop-down menu.
Next complete the Submitted Clarification Codes, DUR Services, and Miscellaneous sections (see Figure 64: *Claim Entry Screen – Submitted Clarification Codes, DUR Services, and Miscellaneous Sections*).

**Figure 64:** *Claim Entry Screen – Submitted Clarification Codes, DUR Services, and Miscellaneous Sections*
• **Code** – Select the clarification code on this claim from the drop-down menu.

![Code](image1.png)

• **Service Code** – Select the service code on this claim from the drop-down menu.

![Service Code](image2.png)

• **Reason for Service** – Select the reason for service for this claim from the drop-down menu.

![Reason for Service](image3.png)

• **Result of Service** – Select the result of service for this claim from the drop-down menu.

![Result of Service](image4.png)
• **Residence** – Select the residence type for the participant from the drop-down menu.

![Residence dropdown menu](image)

• **Pregnancy** – Select if the participant is pregnant by choosing Y or N from the drop-down menu.

Once the form is complete, click the **Submit** button (see Figure 65: **Claim Entry Screen – Submit Button**).

**Figure 65: Claim Entry Screen – Submit Button**

![Submit button](image)
Pharmacists can see the status of their claim after clicking the **Submit** button. If you submit the claim successfully, the system displays a message at the top of the screen with the Transaction Control Number (TCN). This does not indicate the claim has been processed and approved yet, just that it has been submitted successfully (see Figure 66: Accepted Claim Transaction Control Number).

**Figure 66: Accepted Claim Transaction Control Number**

If you cannot submit the claim successfully (due to missing or incorrect information on the form, etc.) the system displays error messages at the top of the screen (see Figure 67: Claim Error Messages).

**Figure 67: Claim Error Messages**
12 USER PREFERENCES

The User Preferences tab enables the user to select address preferences, manage office workers, and make changes to passwords (see Figure 68: User Preferences Tab – Prescribers and Figure 69: User Preferences Tab – Pharmacists).

Figure 68: User Preferences Tab – Prescribers

![Figure 68: User Preferences Tab – Prescribers](image)

Figure 69: User Preferences Tab – Pharmacists

![Figure 69: User Preferences Tab – Pharmacists](image)

12.1 ADDRESS PREFERENCES (PRESCRIBERS ONLY)

Prescribers often practice in multiple locations. The Address Preference button gives Prescribers the option to select a specific location to be used as the default location. The selected location auto-populates the PA form (see Figure 70: Address Selection Screen).

Figure 70: Address Selection Screen

![Figure 70: Address Selection Screen](image)

Click the Select button to set the default address.

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12.2 CHANGE PASSWORD (PRESCRIBERS AND PHARMACISTS)

The **Change Password** button provides the ability to change the login password. Changes take effect immediately (see Figure 71: *Change Password Screen*).

**Figure 71: Change Password Screen**

![Change Password Screen](image)
13 WORKER MANAGEMENT

The **Worker Management** button gives Prescribers and Pharmacists a way to grant permission to office workers to submit PA requests on their behalf (see Figure 72: *Worker Management Screen* and Figure 73: *Worker Management Screen – Prescriber*).

**Figure 72: Worker Management Screen – Pharmacist**

![Worker Management Screen – Pharmacist](image)

**Figure 73: Worker Management Screen – Prescriber**

![Worker Management Screen – Prescriber](image)

Click the **User** button ( ▼ ) to change the user from Office Worker to Office Manager. Click the **Change User** ( ▼ ) icon to move the user from Office Manager to Office Worker. Click the red “X” to delete the office worker. Once you have removed an Office Worker from all associated providers, he or she no longer has access to the Illinois Provider Portal.

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PROVIDER MANAGEMENT (PHARMACISTS ONLY)

The **Provider Management** button gives Pharmacists who are associated with multiple pharmacists the option to choose who they are working for on a specific day (see Figure 74: **Provider Management Screen**).

![Figure 74: Provider Management Screen](image)

*Note: Each worker must be enrolled in IMPACT and associated with each pharmacy.*
The Help tab contains information about the Illinois Provider Portal and provides the user with a hyperlink to the user guide, user tutorials, and important contact information (see Figure 75: Help Tab).

**Figure 75: Help Tab**

```
Help

Illinois Provider Portal Version 1.3.20-SNAPSHOT build 1453

The Illinois Provider Portal is available to support providers in the healthcare treatment of Illinois Medicaid participants.

We will accomplish this by providing accurate and up-to-date information for pharmacies and healthcare providers regarding medications on the Illinois Preferred Drug List, prior authorization requirements, web-based prior authorizations and participant eligibility.

If you have questions about how to use the Illinois Provider Portal, you may either download the User Guide at the link below or call the Illinois Department of Healthcare and Family Services at 1-800-252-8942.

User Guide PDF
User Tutorial
```
16.1  PA FORMS

| ADHD Medications in Children < 6 years of age |
| Antipsychotic Medications for Long-Term Care Residents |
| Atypical Antipsychotic Medications in Children < 8 years |
| Blood Factor |
| Drug Prior Authorization Request Form |
| Erythropoietic Support Agents |
| Extended-Spectrum Antibiotics |
| Four Prescription Policy |
| Long-Acting Injectable Atypical Antipsychotics |
| Makena |
| Newer Direct-Acting Antivirals (DAA) for Hepatitis C - INITIAL |
| Newer Direct-Acting Antivirals (DAA) for Hepatitis C - RENEWAL |
| Oncology Agents |
| Refill Too Soon Request Form |
| Synagis (palivizumab) |
| Third Party Liability |
### 16.2 CLAIMS – MANUAL CLAIM ENTRY

<table>
<thead>
<tr>
<th><strong>PCN</strong></th>
<th>ILPOP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Unspecified, M (Male), F (Female)</td>
</tr>
<tr>
<td><strong>Primary Care Information - ID Qualifier</strong></td>
<td>01 - NATIONAL PROVIDER ID, 02 - BLUE CROSS, 03 - BLUE SHIELD, 04 - MEDICARE, 05 - MEDICAID, 06 -UPIN, 07 - NCPDP PRESCRIBER ID, 08 - STATE LICENSE, 09 - CHAMPUS, 10 - HEALTH INDUSTRY NUM, 11- FEDERAL TAX ID, 12 - DRUG ENFORCE AGENCY, 13 - STATE ISSUED, 14 - PLAN SPECIFIC, 15 - HCID (HC IDea), 99 - Other.</td>
</tr>
<tr>
<td><strong>RX Origin</strong></td>
<td>0 - Not Known, 1 - Written, 2 - Telephone, 3 - Electronic, 4 - Facsimile, 5 - Pharmacy</td>
</tr>
<tr>
<td><strong>PA Type Code</strong></td>
<td>00 - Not Specified, 01 - Prior Authorization, 02 - Medical Certification, 03 - EPSDT, 04 - Exemption From Copay, 05 - Exemption from RX, 06 - Family Plan. Ind., 07 - AFDC, 08 - Payer Defined Exemption.</td>
</tr>
<tr>
<td><strong>Dispense as Written</strong></td>
<td>0 - No Production Selection Indicated, 1 - Substitution not allowed, 2 - Sub-Alloweds- Patient, 3 - Substitution Allowed-Pharm, 4 - Substitution Allowed-no Gen, 5 - Substitution Allowed-Brand Dispensed, 6 - Override, 7 - Substitution Not Allowed-Brand Mandated, 8 - Sub Allowed-Generic not avail, 9 - Other.</td>
</tr>
<tr>
<td><strong>Dispensing Status</strong></td>
<td>C - Completion Partial Fill, P - Partial.</td>
</tr>
<tr>
<td><strong>Cost Basis Code</strong></td>
<td>00 - Not Specified, 01 - AWP (Average Wholesale Price), 02 - Local Wholesaler, 03 - Direct, 04 - EAC (Estimated Acquisition Cost), 05 - Acquisition, 06 - MAC (Maximum Allowable Cost), 07 - Usual &amp; Customary, 08 - 340B (Disproportionate Share Pricing), 09 - Other, 10 - ASP (Average Sale Price), 11 - AMP (Average Manufacturer Price, 12 - WAC (Wholesale Acquisition Cost), 13 - Special Patient Pricing.</td>
</tr>
<tr>
<td><strong>Cost Basis</strong></td>
<td>00 - Not Specified, 01 - AWP (Average Wholesale Price), 02 - Local Wholesaler, 03 - Direct, 04 - EAC (Estimated Acquisition Cost), 05 - Acquisition, 06 - MAC (Maximum Allowable Cost), 07 - Usual &amp; Customary, 08 - 340B (Disproportionate Share Pricing), 09 - Other, 10 - ASP (Average Sale Price), 11 - AMP (Average Manufacturer Price, 12 - WAC (Wholesale Acquisition Cost), 13 - Special Patient Pricing.</td>
</tr>
<tr>
<td><strong>Coordination Of Benefits (COB) - Other Pay Code</strong></td>
<td>0 - Not Specified, 1 - No other coverage, 2 - 0th Coverage - Payment Collected, 3 - 0th Coverage - Claim not covered, 4 - 0th Coverage - Payment not collected, 5 - Managed care plan denial, 6 - 0th Coverage denied - not participating prov. 7 - 0th Coverage - not in effect on DOS, 8 - Claim is billing copay.</td>
</tr>
<tr>
<td><strong>COB Specify Other Payer(s) - Coverage Type</strong></td>
<td>01 - Primary, 02 - Secondary, 03 - Tertiary, 04 - Quaternary, 05 - Quinary, 06 - Senary, 07 - Septenary, 08 - Octonary, 09 - Nonary</td>
</tr>
<tr>
<td><strong>COB Specify Other Payer(s) - ID Qualifier</strong></td>
<td>01 - NPI, 02 - HIN, 03 - BIN, 04 - NAIC, 05 - Medicare Carrier Number, 1C - Medicare Number, 1D - Medicaid Number, 99 - Other</td>
</tr>
<tr>
<td><strong>Other Payer Amount Paid (OPAP) - OPAP Qualifier</strong></td>
<td>01 - DELIVERY, 02 - SHIPPING, 03 - POSTAGE, 04 - ADMINISTRATIVE, 05 - INCENTIVE, 06 - COGNITIVE SERVICE, 07 - DRUG BENEFIT, 09 - COMPOUND PREPARATION COST, 10 - SALES TAX</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Other Patient Paid Responsibility Amount (OPPRA) - OPPRA Qualifier</strong></td>
<td>00 - Not Specified, 01 - Amount Applied to Periodic Deductible, 02 - Amount Attributed to Product Selection/Brand Drug, 03 - Amount Attributed to Sales Tax, 04 - Amount Exceeding Periodic Benefit Maximum, 05 - Amount of Copay, 06 - Patient Pay Amount, 07 - Amount of Coinsurance, 08 - Amount Attributed to Product Selection/Non-Preferred Formulary, 09 - Amount Attributed to Health Plan Assistance Amount, 10 - Amount Attributed to Provider Network Selection as reported by previous payer, 11 - Amount Attributed to Product Selection/Brand Non-preferred Formulary Selection as reported by previous payer, 12 - Amount Attributed to Coverage Gap that was collected from patient due to coverage gap, 13 - Amount Attributed to Processor Fee as reported by previous payer</td>
</tr>
<tr>
<td><strong>Benefits - Qualifier</strong></td>
<td>01 - Deductible- Initial Benefit, 02 - Initial Benefit, 03 - Coverage Gap (donut hole), 04 - Catastrophic Coverage, 50 - Not Paid under Part C, 60 - Not Paid under Part D.</td>
</tr>
<tr>
<td><strong>Reject Codes - Code</strong></td>
<td>Please refer to NCPDP Reject Codes.</td>
</tr>
<tr>
<td><strong>Submitted Certification Codes - Code</strong></td>
<td>Select, 00-Not Specified.Default, 01-No Override, 02-Other Override, 04-Lost Prescription, 05-Therapy Change, 06-Started Dose, 07-Medically Necessary, 08-Proc Compd for Appr Ingr, 09-Encounters, 10-Meets Plan Limitations, 11-Certification on File, 12-DME replacement Indicator, 13-Payer-Recognized Emergency/Disaster Assistance Request, 14-Long Term Care Leave Absence, 15-Long Term Care Replacement Medication, 16-Long Term Care Emergency box (kit) or automated dispensing machine, 17-Long Term Care Emergency supply reminder, 18-Long Term Care Patient Admin/Readmit Indicator, 19-Split-Billing, 20-340B, 21-LTC Dispensing</td>
</tr>
<tr>
<td><strong>DUR Services - Service Code</strong></td>
<td>MA - Medication Administration</td>
</tr>
<tr>
<td><strong>DUR Services - Reason for Service</strong></td>
<td>DD - Drug-Drug Interaction, TD - Duplicate therapy, HD - High Dose</td>
</tr>
<tr>
<td><strong>DUR Services - Result of Service</strong></td>
<td>Select, 00 - Not Specified, 1A - Filled As Is, False Positive, 1B - Filled Prescription As Is, 1C - Filled, With Different Dose, 1D - Filled, With Different Directions, 1E - Filled, With Different Drug, 1F - Filled, With Different Quantity, 1G - Filled, With Prescriber Approval, 1H - Brand-to-Generic Change, 1J - Rx-to-OTC Change, 1K - Filled With Different Dosage Form, 2A - Prescription Not Filled, 2B - Not Filled, Directions Clarified, 3A - Recommendation Accepted, 3B - Recommendation Not Accepted, 3C - Discontinued Drug, 3D - Regimen Changed, 3E - Therapy Changed, 3F - Therapy Changed-cost increased acknowledged, 3G - Drug Therapy Unchanged, 3H - Follow-Up/Report, 3J - Patient Referral, 3K - Instructions Understood, 3M - Compliance Aid Provided, 3N - Medication Administered</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>0 – Not Specified, 1 – Home, 2 – Skilled Nursing Facility, 3 – Nursing Facility, 4 – Assisted Living Facility, 5 – Custodial Care Facility, 6 – Group Home, 7 – Inpatient Psychiatric Facility, 8 – Psychiatric Facility-Partial Hospitalization, 9 – Intermediate Care Facility/Mentally Retarded, 10 – Residential Substance Abuse Treatment Facility, 11 – Hospice, 12 – Psychiatric Residential Treatment Facility, 13 – Comprehensive Inpatient Rehabilitation Facility, 14 – Homeless Shelter, 15 – Correctional Institution</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>N (No), Y (Yes)</td>
</tr>
</tbody>
</table>