

# ILLINOIS PROVIDER PORTAL

PRESCRIBER AND PHARMACIST MANUAL  
VERSION 1.3.20



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## VERSION CONTROL

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**IMPORTANT:** This document is software revision controlled. The printed copy may not be current. Future updates will be made based on the software development life cycle.

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## ACRONYM LIST

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



**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.

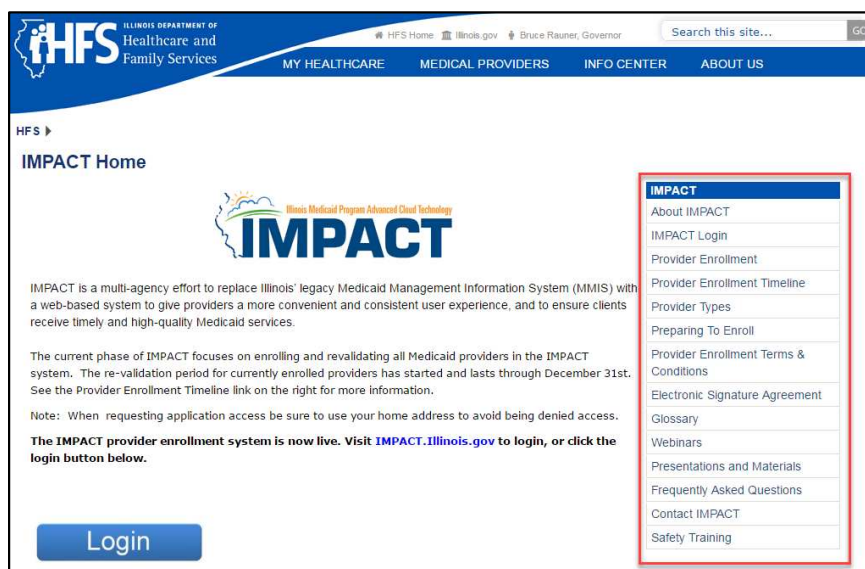
*Note:* The Illinois Provider Portal is compliant with federal and state accessibility requirements, including the Illinois Technology Accessibility Act (ITAA) and the Americans with Disabilities Act (ADA).

**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**

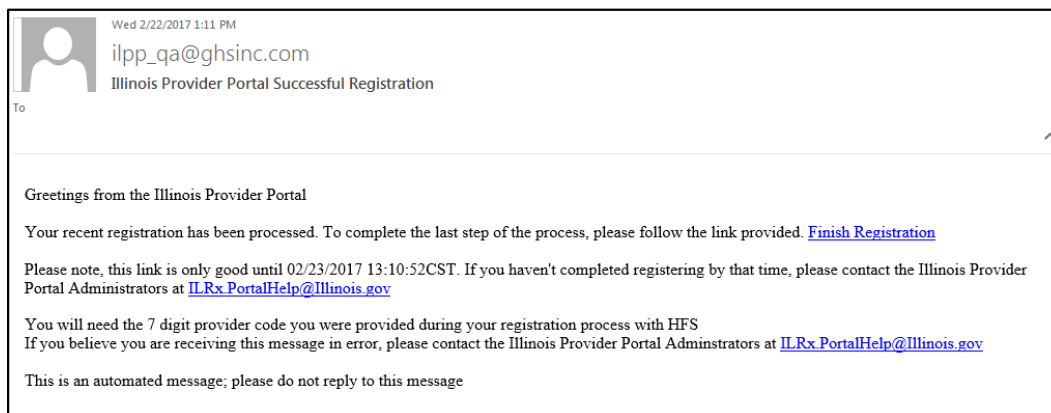


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Once your registration for the new system has been processed, you will receive an email to Finish Registration. This will take approximately ten (10) days (see Figure 2: Registration Email).

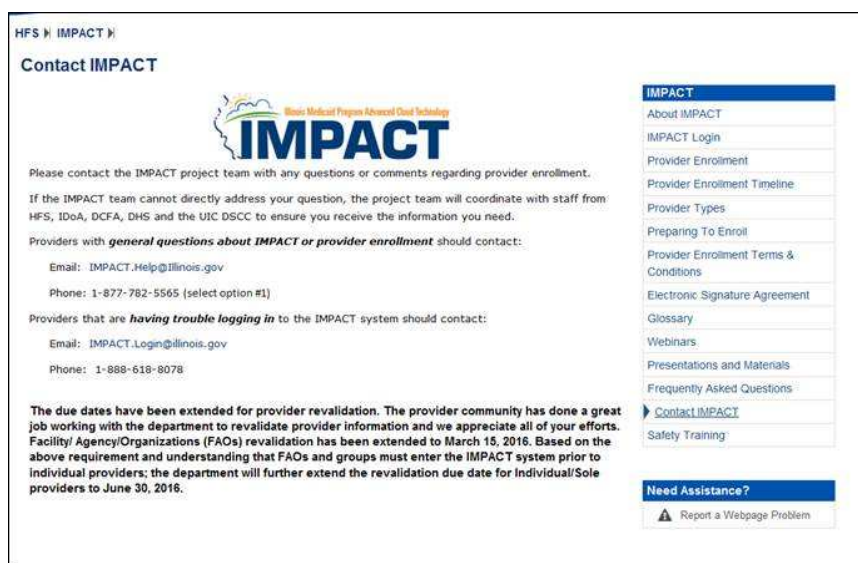
*Note:* Office Workers must be registered in IMPACT and associated with a Pharmacy or Prescriber. After the initial registration for the primary user, all other users will receive an e-mail when their Administrator grants them access to the Provider Portal.

**Figure 2: Registration Email**



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**



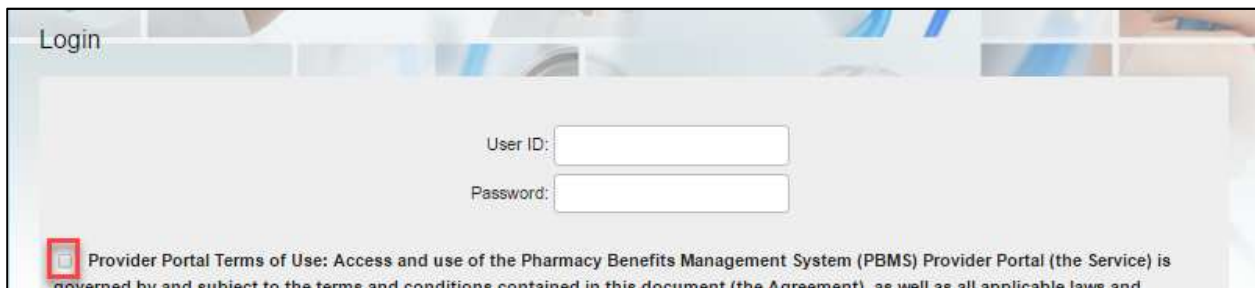
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### 3 LOGGING IN

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>.
- 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**

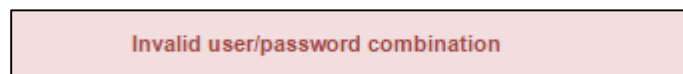


**Figure 5: Login Button**



*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 **Error! Reference source not found.**). **After five (5) 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**



### 3.1 FORGOT PASSWORD

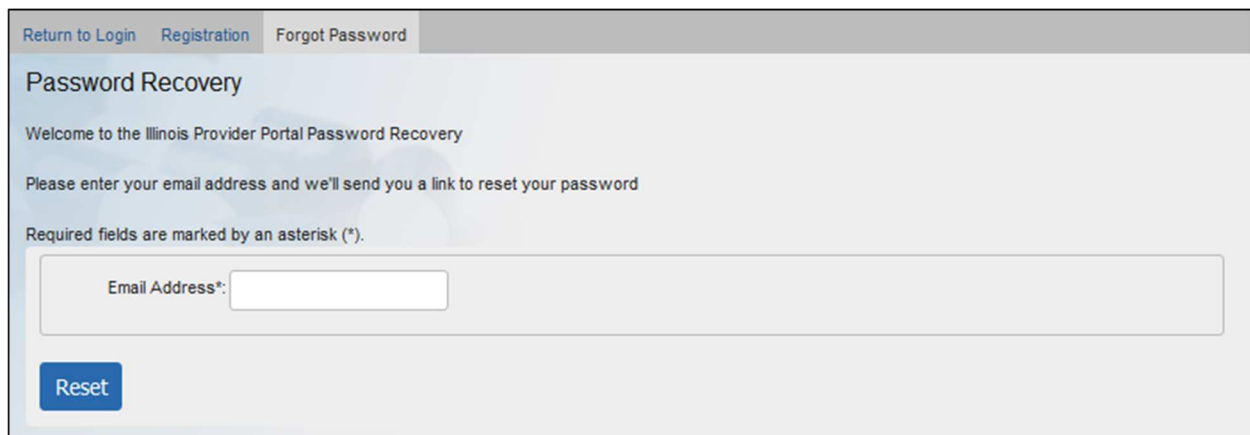
If the user forgot their password, they must select the *Forgot Password* hyperlink below the **Login** button (see Figure 7: Forgot Password).

**Figure 7: Forgot Password**



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**

A screenshot of the 'Password Recovery' screen. At the top, there are navigation links: 'Return to Login', 'Registration', and 'Forgot Password'. The main heading is 'Password Recovery'. Below it, the text reads: 'Welcome to the Illinois Provider Portal Password Recovery' and 'Please enter your email address and we'll send you a link to reset your password'. A note states: 'Required fields are marked by an asterisk (\*)'. There is a text input field labeled 'Email Address\*' and a blue 'Reset' button below it.

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							
Dashboard	Create PA	Submit Claim	User Preferences	Worker Management	Provider Management	Help	
Participant							
Participant	Prescriber	Formulary	Diagnosis				
This system contains confidential information.							
PA Inbox							
Submitted	Ticket Id	Participant Name	PA Status	Drug	Submitted By	Last Updated	Actions
02/21/2017 11:46:00CST	581	<a href="#">OTTO MANN</a>	Pending	FAZACLO TAB 12.5MG	SMITH KELLY	02/21/2017 11:46:17CST	
02/20/2017 14:11:00CST	558	<a href="#">OTTO MANN</a>	Pending	FAZACLO TAB 12.5MG	ACME LTC TEST	02/20/2017 14:11:10CST	
02/13/2017 15:04:00CST	539	<a href="#">OTTO MANN</a>	Pending	FAZACLO TAB 12.5MG	ACME LTC TEST	02/13/2017 15:04:07CST	
04/28/2016 08:03:16CDT	527	<a href="#">HOMER J SIMPSON</a>	Pending	ABILIFY SOL 1MG/ML	JONES ABIGAIL	02/21/2017 12:35:08CST	
02/08/2017 20:29:00CST	523	<a href="#">HOMER J SIMPSON</a>	Abandoned	TUDORZA PRES AER 400/ACT	SMITH KELLY	02/10/2017 10:21:02CST	
01/25/2017 17:09:00CST	506	<a href="#">OTTO MANN</a>	Pending	ABILIFY TAB 2MG	ABBAS ZAREENA	01/25/2017 17:09:05CST	
01/25/2017 16:32:00CST	505	<a href="#">OTTO MANN</a>	Pending	ABILIFY TAB 2MG	ABBAS ZAREENA	01/25/2017 16:32:06CST	
10/08/2016 10:50:00CDT	465	<a href="#">OTTO MANN</a>	Approved	ABILIFY SOL 1MG/ML	SMITH KELLY	02/09/2017 12:58:33CST	
10/08/2016 10:50:00CDT	484	<a href="#">OTTO MANN</a>	Abandoned		SMITH KELLY	02/12/2017 13:23:04CST	

Figure 10: Dashboard - Prescriber View

Dashboard							
Dashboard	Create PA	User Preferences	Worker Management	Help			
Participant							
Participant	Pharmacy	Formulary	Diagnosis				
This system contains confidential information.							
PA Inbox							
Submitted	Ticket Id	Participant Name	PA Status	Drug		Last Updated	Actions
02/21/2017 11:46:00CST	581	<a href="#">OTTO MANN</a>	Pending	FAZACLO TAB 12.5MG		02/21/2017 11:46:17CST	
02/21/2017 08:42:31CST	580	<a href="#">CLANCY WIGGEM</a>	Pending	LIPITOR TAB 10MG		02/21/2017 08:42:41CST	
02/14/2017 10:56:00CST	542	<a href="#">OTTO MANN</a>	Pending	FAZACLO TAB 12.5MG		02/14/2017 10:56:07CST	
02/13/2017 15:30:00CST	541	<a href="#">MARGRET SIMPSON</a>	Pending	FAZACLO TAB 12.5MG		02/13/2017 15:30:05CST	
02/13/2017 15:13:30CST	540	<a href="#">MARGRET SIMPSON</a>	Pending	SYNAGIS INJ 50MG		02/13/2017 15:13:34CST	
02/09/2017 20:29:00CST	523	<a href="#">HOMER J SIMPSON</a>	Abandoned	TUDORZA PRES AER 400/ACT		02/10/2017 10:21:02CST	
02/09/2017 15:33:30CST	522	<a href="#">MARGE SIMPSON</a>	Pending	LIPITOR TAB 10MG		02/09/2017 15:33:39CST	
02/09/2017 13:03:00CST	521	<a href="#">CLANCY WIGGEM</a>	Pending	LIPITOR TAB 10MG		02/09/2017 13:03:05CST	

Figure 11: Dashboard - Office Worker View

Dashboard							
Dashboard	Create PA	User Preferences	Provider Management	Help			
Participant							
Participant	Pharmacy	Formulary	Diagnosis				
This system contains confidential information.							
PA Inbox							
Submitted	Ticket Id	Participant Name	PA Status	Drug	Submitted By	Last Updated	Actions
02/21/2017 11:46:00CST	581	<a href="#">OTTO MANN</a>	Approved	ABILIFY TAB 2MG	SMITH KELLY	02/23/2017 09:30:38CST	
02/21/2017 08:42:31CST	580	<a href="#">CLANCY WIGGEM</a>	Pending	LIPITOR TAB 10MG	Test Prescriber	02/21/2017 08:42:41CST	
02/14/2017 10:56:00CST	542	<a href="#">OTTO MANN</a>	Pending	FAZACLO TAB 12.5MG	Test Prescriber	02/14/2017 10:56:07CST	
02/13/2017 15:30:00CST	541	<a href="#">MARGRET SIMPSON</a>	Pending	FAZACLO TAB 12.5MG	Test Prescriber	02/13/2017 15:30:05CST	
02/13/2017 15:13:30CST	540	<a href="#">MARGRET SIMPSON</a>	Pending	SYNAGIS INJ 50MG	Test Prescriber	02/13/2017 15:13:34CST	
02/13/2017 14:48:30CST	538	<a href="#">MARGRET SIMPSON</a>	Pending	FAZACLO TAB 12.5MG	Test Prescriber	02/13/2017 14:48:37CST	

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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 Tracking # 364
Upload Reference Info
View PA as Image

---

Web PA

Required fields are marked by an asterisk (\*):

**Long-Acting Injectable Atypical Antipsychotics**

**Participant**

Participant ID:  Name:  DOB:

---

Street 1:  Street 2:

City:  State:  Zip Code:  Phone:

**Prescriber**

NPI:  Name:

---

Street 1:  Street 2:

[Open in new window](#)

**PA Info**

Drug Name:	ABILIFY SOL 1MG/ML
Quantity:	
Days Supply:	
Tracking #	364
PA Number:	
Status	Deny

There are 4 additional items submitted

Submitted	Description	Actions
12/15/2016 08:29:57CST		
12/02/2016 12:15:43CST	Head X-Ray	
11/15/2016 16:59:30CST	Test	
11/15/2016 16:59:30CST		

Most Recent Determination Letter

Letter Date	Actions
01/17/2017 09:00:16CST	

**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**

*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**

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**

Illinois Participant ID	First Name	M.I.	Last Name	Suffix	Birth Date	Gender	Select
000000001	OTTO		MANN		12/31/1989	M	Select

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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**

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**Illinois Participant ID**  
ID: 00000001

**Illinois Participant Eligibility**  
Eligible: Yes  
Medicare Eligible: No

**Participant Information**  
First Name: OTTO  
M.I.:  
Last Name: MANN  
Gender: M  
Date of Birth: 12/31/1989

**Address**  
Address 1: 87 LAUREL OAKS ST  
Address 2:  
City: SPRINGFIELD  
State: XX  
Zip Code: 00001

**Phone Number**  
Phone: (207) 622-7153

**Provider Restrictions**

Provider Type	Provider NPI	Provider Name	Start Date	End Date
PHYSICIAN	1184621641	CURFMAN THOMAS	01/01/2015	06/06/2079

**MCO**

Name	Telephone #
Humana	800-764-7591

**TPL**

Name	Telephone #
AETNA PHARMACY MANAGEMENT	

[Select](#) [Drug Profile](#) [PA Profile](#)

Click the **PA Profile** button to view the participants'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**

PA profile for OTTO MANN

[Return to Participant Profile](#)

Required fields are marked by an asterisk (\*).

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PA Number	Prescriber	Product	Quantity	Days Supply	Start Date	End Date
300000139	SMITH KELLY	ABILIFY SOL 1MG/ML	30.0	10	10/06/2016	10/06/2017
300000089	JONES ALEXANDER	LIPITOR TAB 10MG	9999999.999	999	04/19/2016	04/19/2017
300000087	JONES ALEXANDER	ABILIFY SOL 1MG/ML	9999999.999	999	04/19/2016	04/19/2017

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**

Rx Date	Rx Number	Product	Quantity	Days Supply	Prescriber	Pharmacy
02/01/2013	0958998	OXYCODONE TAB 30MG	180.0	30	Julius Hibbert	<a href="#">WEBSTER DRUGS</a>
01/28/2013	4034055	ONFI TAB 10MG	165.0	30	Julius Hibbert	<a href="#">BRENT FAMILY PHARMACY INC</a>

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

- Rx Date
- Rx Number
- Product
- Quantity
- Days Supply
- Prescriber
- Pharmacy

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**

**CURRENTLY SELECTED** Participant **OTTO MANN**

Dashboard Create PA Submit Claim User Preferences Worker Management Provider Management Help

Participant Prescriber Formulary Diagnosis

OTTO MANN [Index](#)

<p><b>Illinois Participant ID</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>ID</td><td>000000001</td></tr> </table> <p><b>Illinois Participant Eligibility</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Eligible</td><td>Yes</td></tr> <tr><td>Medicare Eligible</td><td>No</td></tr> </table>	ID	000000001	Eligible	Yes	Medicare Eligible	No	<p><b>Participant Information</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>First Name</td><td>OTTO</td></tr> <tr><td>M.I.</td><td></td></tr> <tr><td>Last Name</td><td>MANN</td></tr> <tr><td>Gender</td><td>M</td></tr> <tr><td>Date of Birth</td><td>12/31/1989</td></tr> </table>	First Name	OTTO	M.I.		Last Name	MANN	Gender	M	Date of Birth	12/31/1989	<p><b>Address</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Address 1</td><td>87 LAUREL OAKS ST</td></tr> <tr><td>Address 2</td><td></td></tr> <tr><td>City</td><td>SPRINGFIELD</td></tr> <tr><td>State</td><td>XX</td></tr> <tr><td>Zip Code</td><td>00001</td></tr> </table> <p><b>Phone Number</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Phone</td><td>(207) 622-7153</td></tr> </table>	Address 1	87 LAUREL OAKS ST	Address 2		City	SPRINGFIELD	State	XX	Zip Code	00001	Phone	(207) 622-7153
ID	000000001																													
Eligible	Yes																													
Medicare Eligible	No																													
First Name	OTTO																													
M.I.																														
Last Name	MANN																													
Gender	M																													
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Address 2																														
City	SPRINGFIELD																													
State	XX																													
Zip Code	00001																													
Phone	(207) 622-7153																													

Provider Restrictions

Provider Type	Provider NPI	Provider Name	Start Date	End Date
PHYSICIAN	1184621641	CURFMAN THOMAS	01/01/2015	06/06/2079

MCO

Name	Telephone #
Humana	800-764-7591

TPL

Name	Telephone #
AETNA PHARMACY MANAGEMENT	

Clear
Drug Profile
PA Profile

**6 PRESCRIBER (PHARMACIST ONLY)**

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

**Figure 20: Prescriber Search**

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 Name	Address	City	State	Phone	Select
TEST PHYSICIAN	201 S GRAND AVE EAST	SPRINGFIELD	IL	(217) 524-7309	Select

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**

**ACME LTC TEST**

<b>Prescriber ID</b>	<b>Address</b>
ID: 1234567893	Address: 201 S GRAND
<b>Prescriber Name</b>	City: SPRINGFIELD
Name: ACME LTC TEST	State: IL
Suffix: 123456789003	Zip Code: 62705
	<b>Phone Number(s)</b>
	Phone: (217) 524-0001
	Fax:

Select

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**

CURRENTLY SELECTED Participant: OTTO MANN Prescriber: ACME LTC TEST Pharmacy: RITEWAY PHARMACY INC

Dashboard Create PA Submit Claim User Preferences Worker Management Provider Management Help

Participant Prescriber Formulary Diagnosis

**ACME LTC TEST**

<b>Prescriber ID</b>	<b>Address</b>
ID: 1234567893	Address: 201 S GRAND
<b>Prescriber Name</b>	City: SPRINGFIELD
Name: ACME LTC TEST	State: IL
Suffix: 123456789003	Zip Code: 62705
	<b>Phone Number(s)</b>
	Phone: (217) 524-0001
	Fax:

Clear

**7 PHARMACY (PRESCRIBER ONLY)**

Select the Pharmacies tab to search for a pharmacy (see Figure 24: Pharmacy Search).

**Figure 24: Pharmacy Search**

Pharmacy Search

Pharmacy Name/NPI  City, State

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**

Pharmacy Search

Pharmacy Name/NPI  City, State

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Pharmacy Name	Address	City	State	Phone	Select
<a href="#">TEST PHARMACY</a>	P.O. BOX 19114	SPRINGFIELD	IL		Select

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**

**SMITH KELLY**

<b>Prescriber ID</b>	<b>Address</b>
ID: 1578791984	Address: 660 S EUCLID CB 8072
<b>Prescriber Name</b>	City: SAINT LOUIS
Name: SMITH KELLY	State: MO
Suffix: 370866142	Zip Code: 63110
	<b>Phone Number(s)</b>
	Phone: (314) 362-7083
	Fax: (314) 747-4876

Select

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**

CURRENTLY SELECTED Participant: OTTO MANN Prescriber: Test Prescriber Pharmacy: TEST PHARMACY

Dashboard Create PA User Preferences Worker Management Help

Participant Pharmacy Formulary Diagnosis

**TEST PHARMACY**

<b>Pharmacy</b>	<b>Address</b>	<b>Phone Number(s)</b>
Name: TEST PHARMACY	Address 1: P.O.BOX 19114	Phone:
NPI: 1112223338	Address 2:	Fax: (000) 000-0000
	City: SPRINGFIELD	
	State: IL	
	Zip Code: 62794	

Clear

8

FORMULARY

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

Formulary Search

Name (brand or generic) or NDC:

General Criteria for all PDL categories - For more information or help using the PDL, providers may call 1-800-252-8942. To access PDL and PA materials via the internet: <http://www.illinois.gov/hfs/MedicalProviders/Pharmacy/preferred/Pages/default.aspx>

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



Figure 29: Formulary - Search Results

### Formulary Search

Name (brand or generic) or NDC:  Search

Please note: the PDL Status is made up of a number of different factors, some of which may NOT be expressed here. These include but are not limited to:

1. Patient Age

2. Dosage limits

3. Quantity limits

4. Step Therapy

5. Drug Drug Interactions

6. Dose Consolidation

7. Member's Drug Benefit\*

\*Some members are in specific drug management programs and may require prior authorizations for preferred medications.

Please click on the drug name to review specific criteria that may apply

#### Search Results

Page  of 1
Page Size 
Go

Name	Description	Route	OTC Code	B/G Code	Packaging	PDL Status	4 Rx	Select
FAZACLO	FAZACLO TAB 12.5/ODT	OR	RX	B	BOTTLE	Non Preferred	Include/Reject	Request PA
FAZACLO	FAZACLO TAB 25MG ODT	OR	RX	B	BOTTLE	Non Preferred	Include/Reject	Request PA
FAZACLO	FAZACLO TAB 25MG ODT	OR	RX	B	BOX	Non Preferred	Include/Reject	Request PA
FAZACLO	FAZACLO TAB 100/ODT	OR	RX	B	BOTTLE	Non Preferred	Include/Reject	Request PA
FAZACLO	FAZACLO TAB 100/ODT	OR	RX	B	BOX	Non Preferred	Include/Reject	Request PA
FAZACLO	FAZACLO TAB 150MG	OR	RX	B	BOTTLE	Non Preferred	Include/Reject	Request PA
FAZACLO	FAZACLO TAB 150MG	OR	RX	B	BOX	Non Preferred	Include/Reject	Request PA
FAZACLO	FAZACLO TAB 200MG	OR	RX	B	BOTTLE	Non Preferred	Include/Reject	Request PA
FAZACLO	FAZACLO TAB 200MG	OR	RX	B	BOX	Non Preferred	Include/Reject	Request PA

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**

**Alternatives**

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Name	Description	Route	OTC Code	B/G Code	Packaging	PDL Status	4 Rx	Select
<a href="#">CLOZAPINE</a>	CLOZAPINE TAB 25MG	OR	RX	G	BOX	<a href="#">Preferred</a>	Include/Reject	<input type="button" value="Request PA"/>
<a href="#">CLOZAPINE</a>	CLOZAPINE TAB 25MG	OR	RX	G	BLISTER	<a href="#">Preferred</a>	Include/Reject	<input type="button" value="Request PA"/>
<a href="#">CLOZAPINE</a>	CLOZAPINE TAB 25MG	OR	RX	G	BOTTLE	<a href="#">Preferred</a>	Include/Reject	<input type="button" value="Request PA"/>
<a href="#">CLOZAPINE</a>	CLOZAPINE TAB 50MG	OR	RX	G	BLISTER	<a href="#">Preferred</a>	Include/Reject	<input type="button" value="Request PA"/>
<a href="#">CLOZAPINE</a>	CLOZAPINE TAB 50MG	OR	RX	G	BOTTLE	<a href="#">Preferred</a>	Include/Reject	<input type="button" value="Request PA"/>
<a href="#">CLOZAPINE</a>	CLOZAPINE TAB 50MG	OR	RX	G	BOX	<a href="#">Preferred</a>	Include/Reject	<input type="button" value="Request PA"/>
<a href="#">CLOZAPINE</a>	CLOZAPINE TAB 100MG	OR	RX	G	BOX	<a href="#">Preferred</a>	Include/Reject	<input type="button" value="Request PA"/>
<a href="#">CLOZAPINE</a>	CLOZAPINE TAB 100MG	OR	RX	G	BLISTER	<a href="#">Preferred</a>	Include/Reject	<input type="button" value="Request PA"/>
<a href="#">CLOZAPINE</a>	CLOZAPINE TAB 100MG	OR	RX	G	BOTTLE	<a href="#">Preferred</a>	Include/Reject	<input type="button" value="Request PA"/>
<a href="#">CLOZAPINE</a>	CLOZAPINE TAB 200MG	OR	RX	G	BLISTER	<a href="#">Preferred</a>	Include/Reject	<input type="button" value="Request PA"/>
<a href="#">CLOZAPINE</a>	CLOZAPINE TAB 200MG	OR	RX	G	BOTTLE	<a href="#">Preferred</a>	Include/Reject	<input type="button" value="Request PA"/>
<a href="#">CLOZAPINE</a>	CLOZAPINE TAB 200MG	OR	RX	G	BOX	<a href="#">Preferred</a>	Include/Reject	<input type="button" value="Request PA"/>

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**

**FAZACLO TAB 12.5MG**

**Product**

Name:	FAZACLO
Strength:	12.5 MG
Description:	Clozapine Orally Disintegrating Tab 12.5 MG
Packaging:	BOTTLE
Dosage Form:	TBDP
Route of Administration:	OR
4 Rx	Include/Reject

**Atypical Antipsychotics specific Criteria**

- Atypical Antipsychotic criteria will be displayed here.

**DRUG PRIOR AUTHORIZATION REQUEST FORM specific Criteria**

None

**FOUR PRESCRIPTION POLICY specific Criteria**

None

**Refill too soon specific Criteria**

None

**Third Party Liability specific Criteria**

None

Request PA

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**

CURRENTLY SELECTED Participant: [OTTO MANN](#) | Prescriber: [ACME LTC TEST](#) | Formulary: [FAZACLO TAB 12.5MG](#) | Pharmacy: [RITEWAY PHARMACY INC](#)

Dashboard Create PA Submit Claim User Preferences Worker Management Provider Management Help

Participant Prescriber **Formulary** Diagnosis

 **FAZACLO TAB 12.5MG**

**Product**

Name:	FAZACLO
Strength:	12.5 MG
Description:	Clozapine Orally Disintegrating Tab 12.5 MG
Packaging:	BOTTLE
Dosage Form:	TBDP
Route of Administration:	OR
4 Rx:	Include/Reject

**Clear**

**9 DIAGNOSIS**

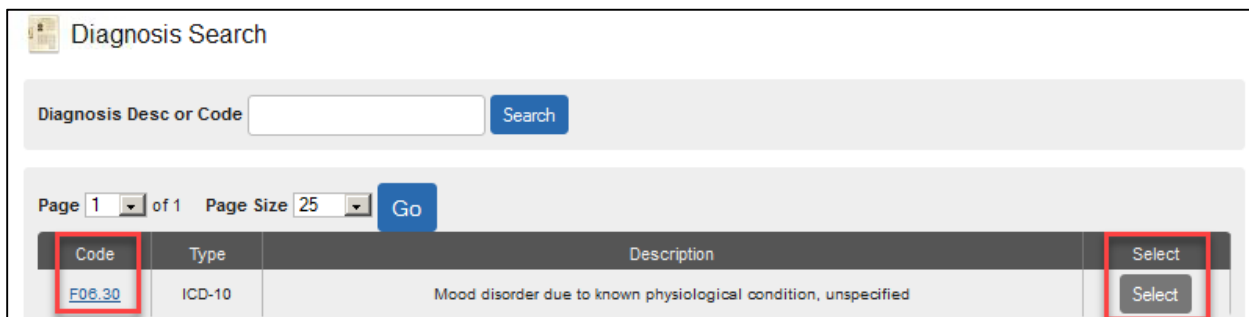
Select the Diagnosis tab to search for a diagnosis code (see Figure 33: Diagnosis Search).

**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).

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**

CURRENTLY SELECTED  
Participant: [OTTO MANN](#) | Prescriber: [ACME LTC TEST](#) | Formulary: [FAZACLO TAB 12.5MG](#) | **Diagnosis: [F06.30](#)** | Pharmacy: [RITEWAY PHARMACY INC](#)

Dashboard Create PA Submit Claim User Preferences Worker Management Provider Management Help

Participant Prescriber Formulary **Diagnosis**

F06.30

ICD-10	F06.30
Description	Mood disorder due to known physiological condition, unspecified

**Clear**

**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**

The screenshot shows a web form titled "Web PA". At the top, it states "Required fields are marked by an asterisk (\*)". Below this, there is a section for "(No Drug Selected)" with a "Lookup Drug" button. The form is divided into several sections:

- Participant:** Includes fields for Participant ID, Name, and DOB, each with a "Lookup Participant" button. It also has fields for Street 1, Street 2, City, State, Zip Code, and Phone.
- Prescriber:** Includes fields for NPI, Name, and a "Lookup Provider" button. It also has fields for Street 1, Street 2, City, State, Zip Code, Phone, and Fax.
- Pharmacy:** Includes fields for NPI, Name, and a "Lookup Pharmacy" button. It also has fields for Street 1, Street 2, City, State, Zip Code, Phone, and Fax.
- Diagnosis:** Includes a "Lookup Diagnosis" button, a Code field, and a Description field.
- Contact Info:** Includes fields for Contact Name and Contact Number.
- Drug Information:** Includes a table with columns: Drug Name, Strength, Package, Dosage Instruction, Quantity, Days Supply, and Fills. The Fills column has a dropdown menu currently set to "1". There is a "Lookup" button next to the Drug Name field.

A "Submit" button is located at the bottom left of the 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**

**Participant**

Participant ID: 000000001 Name: OTTO MANN DOB: 12/31/1989 **Lookup Participant**

Street 1: 87 LAUREL OAKS ST Street 2:

City: SPRINGFIELD State: IL Zip Code: 00001 Phone: 2076227153

### 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**

**Prescriber**

NPI: 1578791984 Name: Test Prescriber **Change Provider**

Street 1: 660 S EUCLID CB 8072 Street 2:

City: SAINT LOUIS State: MO Zip Code: 63110 Phone: 3143627083 Fax: 3147474876

### 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**

**Pharmacy**

NPI: 1871654236 Name: RITEWAY PHARMACY INC **Change Pharmacy**

---

Street 1: 2551 N MILWAUKEE AVE Street 2:

City: CHICAGO State: IL Zip Code: 60647 Phone: 7733947404 Fax:

### 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**

**Diagnosis**

**Lookup Diagnosis** Code: F06.30 Description: Mood disorder due to known physiological condition, unspecified

### 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).

**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.

**Figure 45: PA Form - Drug Information**

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## 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)**

**Overview**

If the child is a ward of the IL Department of Children and Family Services (DCFS), the prescriber must obtain consent from DCFS before prescribing psychotropic medications. If such consent has **NOT** been obtained from DCFS, please request a consent for each psychotropic medication being prescribed using the Psychotropic Medication Request Form CFS 431-A available at [psych.uic.edu](http://psych.uic.edu) or [DCFS](http://DCFS).

---

**Clinical Information**

Start date of this request:  (MM/DD/YYYY)

Duration of Therapy:

Prescriber specialty:

Please list other psychiatric illnesses that patient has been diagnosed with:

Describe the results of behavioral/psychosocial interventions\*:

If a mood stabilizer has been tried previously for this patient, please list drug and describe the results:

Check **ALL** symptoms present in this patient:

- Delusions
- Disorganized speech
- Hallucinations
- Grossly disorganized behavior
- Severe aggression/irritability
- Catatonic behavior

Is patient being discharged from hospital or institution on this medication?:

If yes, please attach clinic notes or discharge summary to this request.

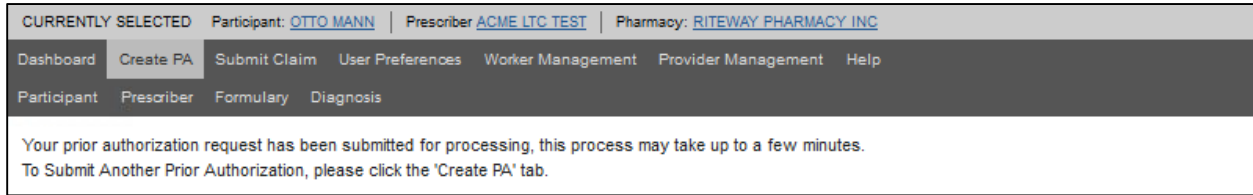
Other pertinent information:

A [Child and Adolescent Behavior Health Consultation Program](#) is now available for providers who wish to consult with a child and adolescent psychiatrist regarding their patients. This service is available at no charge. The hotline number is: 1-866-986-2778.

**Submit**

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**




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).

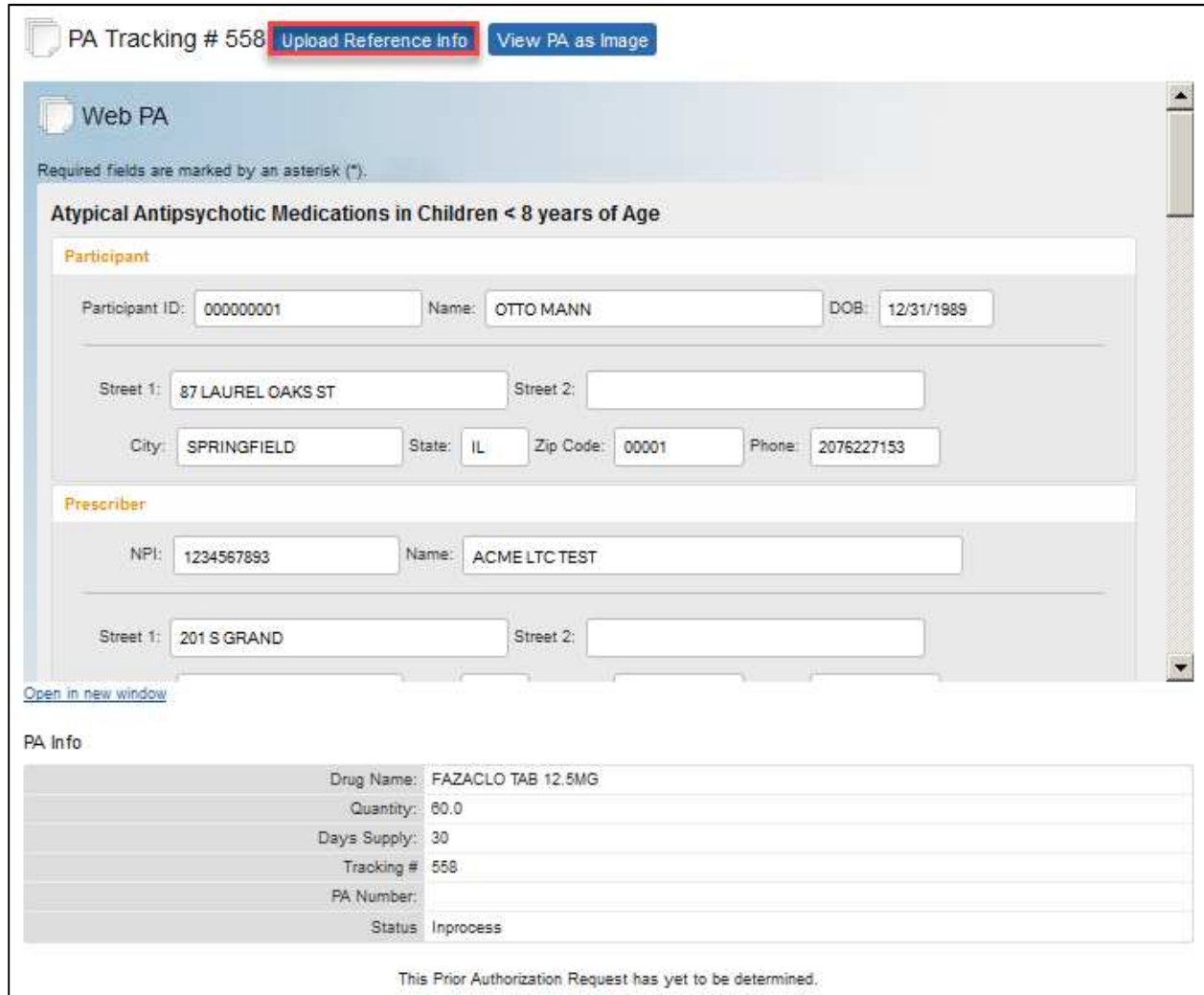
**Figure 48: Dashboard**

Submitted	Ticket Id	Participant Name	PA Status	Drug	Submitted By	Last Updated	Actions
02/21/2017 11:46:00CST	561	<a href="#">OTTO MANN</a>	Approved	ABILIFY TAB 2MG	SMITH KELLY	02/23/2017 09:30:38CST	
02/21/2017 08:42:31CST	560	<a href="#">CLANCY WIGGEM</a>	Pending	LIPITOR TAB 10MG	Test Prescriber	02/21/2017 08:42:41CST	
02/14/2017 10:56:00CST	542	<a href="#">OTTO MANN</a>	Pending	FAZACLO TAB 12.5MG	Test Prescriber	02/14/2017 10:56:07CST	

### 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**



PA Tracking # 558 [Upload Reference Info](#) [View PA as Image](#)

**Web PA**

Required fields are marked by an asterisk (\*).

**Atypical Antipsychotic Medications in Children < 8 years of Age**

**Participant**

Participant ID: 000000001 Name: OTTO MANN DOB: 12/31/1989

Street 1: 87 LAUREL OAKS ST Street 2:

City: SPRINGFIELD State: IL Zip Code: 00001 Phone: 2076227153

**Prescriber**

NPI: 1234567893 Name: ACME LTC TEST

Street 1: 201 S GRAND Street 2:

[Open in new window](#)

**PA Info**

Drug Name:	FAZACLO TAB 12.5MG
Quantity:	60.0
Days Supply:	30
Tracking #	558
PA Number:	
Status	Inprocess

This Prior Authorization Request has yet to be determined.

*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**

PA Tracking Id 558

Please note, the maximum allowed upload size is 1,000,000 bytes [Show allowed file types](#)

File(s) to Submit

<a href="#">Browse...</a>	No file selected.	Description	<input type="text"/>
<a href="#">Browse...</a>	No file selected.	Description	<input type="text"/>
<a href="#">Browse...</a>	No file selected.	Description	<input type="text"/>
<a href="#">Browse...</a>	No file selected.	Description	<input type="text"/>
<a href="#">Browse...</a>	No file selected.	Description	<input type="text"/>

[Upload](#) [Cancel](#)

**Figure 51: MIME Types for Reference Info Uploads**

Mime Type
application/vnd.ms-excel
application/msword
text/html
application/pdf
image/png
text/plain
application/rtf
application/x-rtf
text/richtext
image/bmp
image/x-windows-bmp
image/jpeg
image/pjpeg
image/tiff
image/x-tiff
application/vnd.openxmlformats-officedocument.spreadsheetml.sheet
application/vnd.openxmlformats-officedocument.wordprocessingml.document
application/vnd.oasis.opendocument.spreadsheet
application/vnd.oasis.opendocument.text
application/vnd.ms-xpsdocument

The main file types allowed are listed below:

- Microsoft Excel Files (.xls, .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.

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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**

Please note, the maximum allowed upload size is 100,000 bytes. Click [to review the allowed file types.](#)

**File(s) to Submit:**


<input type="button" value="Browse..."/>	PA File - Upload Reference Info.xlsx	<b>Description</b>	Lab Results
<input type="button" value="Browse..."/>	No file selected.	<b>Description</b>	
<input type="button" value="Browse..."/>	No file selected.	<b>Description</b>	
<input type="button" value="Browse..."/>	No file selected.	<b>Description</b>	
<input type="button" value="Browse..."/>	No file selected.	<b>Description</b>	


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**

Upload Additional Reference Info	
File Name	Status
PA File - Upload Reference Info.xlsx	Successfully uploaded

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**


**PA Info**

Drug Name:	ABILIFY SOL 1MG/ML
Quantity:	
Days Supply:	
Tracking #	384
PA Number:	
Status	Deny

There are 4 additional items submitted

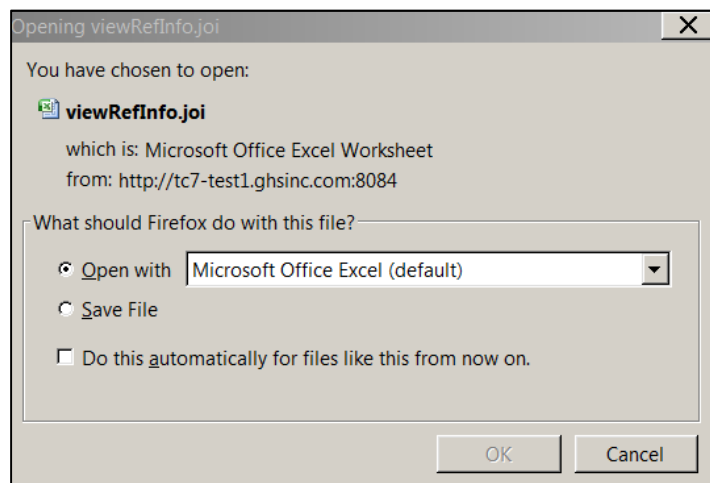
Submitted	Description	Actions
12/15/2016 08:29:57CST		
12/02/2016 12:15:43CST	Head X-Ray	
11/15/2016 16:59:30CST	Test	
11/15/2016 16:59:30CST		

Most Recent Determination Letter

Letter Date	Actions
01/17/2017 09:00:16CST	

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**

The screenshot shows a web application interface. At the top, there is a navigation bar with the following items: Dashboard, Create PA, Submit Claim (highlighted), User Preferences, Worker Management, Provider Management, and Help. Below this is a secondary navigation bar with: Patients, Pharmacies, Formulary, and Diagnosis. The main content area is titled 'Claim Type' and contains the instruction: 'Please select the claim type for the product it is for.' Below this instruction is a bulleted list of two options: 'Single NDC Product Claim' and 'Compound Product Claim', both of which are underlined and appear to be clickable links.

*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**

**Claim Entry**

Required fields are marked by an asterisk (\*).

**General Information**

PCN\* ILPOP

Participant ID\* 0000000008      First Name JANE      Last Name\* DOE

Gender\* F      DOB\* 01/01/1958

Pharmacy ID\* 0000000001

Prescriber ID\* 0000000000      First Name\* DAVID      Last Name\* MILLER

Prescriber Phone\* 000-111-1111

- **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**

<b>Primary Care Information</b>		
ID Qualifier	06 - LUPIN	PCP ID
		PCP Name
<b>RX Information</b>		
RX Number*	8979	Rx Origin*
		Select
Fill Date*	06/06/2016	Date Written*
		06/03/16
Quantity*	18	Days Supply*
		3
		Fill Number*
		1
# of Refills*	0	PA Type Code
		00 - Not Specified
PA Number	52	Diagnosis Code
		338.21
Dispense as Written	2 - Sub Allowed-Patient	
<b>Partial Fill Information</b>		
Dispensing Status	C - Completion Partial Fill	Intended Quantity
		18
		Intended Day Supply
		3
Associated Rx	879	Associated DOS
		5
<b>Pricing</b>		
Patient Paid Amount	25.00	Ingredient Cost*
		5.00
		U and C Cost*
		5.00
Incentive Amount	5.00	Gross Amount Due
		25.00
		Dispensing Fee
		5.00
Cost Basis Code	ASP (Average Sales Price)	

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

The screenshot shows a dropdown menu for 'ID Qualifier'. The menu is open, displaying a list of options. The top option is 'NOT SPECIFIED', which is highlighted in blue. Below it are the following options: '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)', and '99 - Other'.

- **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).

The screenshot shows a dropdown menu for 'Rx Origin\*'. The menu is open, displaying a list of options. The top option is 'Select', which is highlighted in blue. Below it are the following options: '0 - Not Known', '1 - Written', '2 - Telephone', '3 - Electronic', '4 - Fascimile', and '5 - Pharmacy'.

- **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 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.

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

- **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**

Compound			
Dosage Form Desc.	<input type="text"/>	Dispense Unit Form	<input type="text"/>
		ROA	<input type="text"/>
Ingredients			
NDC	Quantity	Cost	Cost Basis
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select <input type="text"/>

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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**

Coverage type	ID Qualifier	ID	Payer Date
01 - Primary	04 - NAIC	235748	06/06/2016
Select	Select		
Select	Select		

- **Other Pay Code** – Select the code for the other payor on this claim by selecting it from the drop-down menu.

Other Pay Code: Select

- Select
- 0 - Not Specified
- 1 - No other coverage
- 2 - Oth Coverage - Payment Collected
- 3 - Oth Coverage - Claim not covered
- 4 - Oth Coverage - Payment not collected
- 5 - Managed care plan denial
- 6 - Oth Coverage denied - not participating prov
- 7 - Oth Coverage - not in effect on DOS
- 8 - Claim is billing for copay

- **Coverage Type** – Select the type of other coverage from the drop-down menu.

The screenshot shows a dropdown menu titled "Coverage type". The menu is open, displaying a list of options. The top option is "Select". Below it are "01 - Primary", "02 - Secondary", "03 - Tertiary", "04 - Quaternary", "05 - Quinary", "06 - Senary", "07 - Septenary", "08 - Octonary", and "09 - Nonary". The "04 - Quaternary" option is currently selected and highlighted in blue.

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

The screenshot shows a dropdown menu titled "ID Qualifier". The menu is open, displaying a list of options. The top option is "04 - NAIC". Below it are "Select", "01 - NPI", "02 - HIN", "03 - BIN", "04 - NAIC", "05 - MEDICARE CARRIER NUMBER", "1C - MEDICARE NUMBER", "1D - MEDICAID NUMBER", and "99 - OTHER". The "04 - NAIC" option is currently selected and highlighted in blue.

- **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 qualifyers, 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		
#	OPAP Qualifier	OPAP Amount
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>

Other Patient Paid Responsibility Amount		
#	OPPRA Qualifier	OPPRA Amount
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>
Select ▼	Select ▼	<input type="text"/>

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- **Other Payer Amount Paid – #** - Select the number for the other payor on this claim from the drop-down menu.

**Other Payer Amount Paid**

#	OPAP Qualifier
Select	Select
1	Select
2	Select
3	Select
4	Select
5	Select
6	Select
7	Select
8	Select
9	Select

- **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**

#	OPAP Qualifier	OPAP Amount
Select	Select	
Select	01 - DELIVERY	
Select	02 - SHIPPING	
Select	03 - POSTAGE	
Select	04 - ADMINISTRATIVE	
Select	05 - INCENTIVE	
Select	06 - COGNITIVE SERVICE	
Select	07 - DRUG BENEFIT	
Select	09 - COMPOUND PREPARATION COST	
Select	10 - SALES TAX	

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

**Other Payer Amount Paid**

#	OPAP Qualifier	OPAP Amount
Select	Select	
Select	01 - DELIVERY	
Select	02 - SHIPPING	
Select	03 - POSTAGE	
Select	04 - ADMINISTRATIVE	
Select	05 - INCENTIVE	
Select	06 - COGNITIVE SERVICE	
Select	07 - DRUG BENEFIT	
Select	09 - COMPOUND PREPARATION COST	
Select	10 - SALES TAX	

- **Other Patient Paid Responsibility Amount – #** - Select the number for the participant responsibility on this claim from the drop-down menu.

The screenshot shows a form titled "Other Patient Paid Responsibility Amount". It has two columns: "# OPPRA Qualifier" and "OPPRA Amount". The "# OPPRA Qualifier" column has a dropdown menu with "Select" at the top and numbers 1 through 9 below it. The "OPPRA Amount" column has empty input boxes. The "Select" option is currently selected in the dropdown.

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

The screenshot shows the same form as above, but the "OPPRA Qualifier" dropdown menu is open, displaying a list of 13 options:
 

- Select
- 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

 The "OPPRA Amount" column has empty input boxes. The "Select" option is currently selected in the dropdown.

- **Other Patient Paid Responsibility Amount – OPPRA Amount** – Type the amount for the participant responsibility on this claim.

This screenshot is identical to the previous one, showing the "Other Patient Paid Responsibility Amount" form with the "OPPRA Qualifier" dropdown menu open, displaying a list of 13 options. The "OPPRA Amount" column has empty input boxes. The "Select" option is currently selected in the dropdown.

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**

The screenshot displays two sections of a web form. The top section, titled "Benefits", contains a table with three columns: "#", "Qualifier", and "Amount". Each row in this table consists of a dropdown menu for "#", a dropdown menu for "Qualifier", and a text input field for "Amount". There are eight rows in total. The bottom section, titled "Reject codes", contains a table with two columns: "Number" and "Code". Each row in this table consists of a dropdown menu for "Number" and a dropdown menu for "Code". There are eight rows in total.

#	Qualifier	Amount
Select	Select	
Select	Select	
Select	Select	
Select	Select	
Select	Select	
Select	Select	
Select	Select	
Select	Select	

Number	Code
Select	Select
Select	Select
Select	Select
Select	Select
Select	Select
Select	Select
Select	Select
Select	Select

- **Benefits – #** - Select the benefit number on this claim from the drop-down menu.

#	Qualifier	Amount
Select	Select	
1	Select	
2	Select	
3	Select	
4	Select	
5	Select	
6	Select	
7	Select	
8	Select	
9	Select	

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

#	Qualifier	Amount
Select	Select	
Select	01 - Deductible	
Select	02 - Initial Benefit	
Select	03 - Coverage Gap (donut hole)	
Select	04 - Catastrophic Coverage	
Select	50 - Not Paid under Part C	
Select	60 - Not Paid under Part D	

- **Benefits – Amount** – Type the amount in the Amount field.
- **Reject Codes – Number** – Select the reject number on this claim from the drop-down menu.

Number	Code
Select	Select
1	Select
2	Select
3	Select
4	Select
5	Select
6	Select
7	Select
8	Select
9	Select

- **Reject Codes – Code** – Select the reject code on this claim from the drop-down menu.

Number	Code
Select	Select
Select	01 - M/I BIN Number
Select	02 - M/I VERSION/RELEASE NUMBER
Select	03 - M/I TRANSACTION CODE
Select	04 - M/I PROCESSOR CONTROL NUMBER
Select	05 - M/I SERVICE PROVIDER NUMBER
Select	06 - M/I GROUP ID
Select	07 - M/I CARDHOLDER ID
Select	08 - M/I PERSON CODE
Select	09 - M/I DATE OF BIRTH
Select	10 - M/I PATIENT GENDER CODE
Select	11 - M/I PATIENT RELATIONSHIP CODE
Select	12 - M/I PATIENT LOCATION
Select	13 - M/I OTHER COVERAGE CODE
Select	14 - M/I ELIGIBILITY CLARIFICATION CODE
Select	15 - M/I DATE OF SERVICE
Select	16 - M/I PRESCRIPTION/SERVICE REFERENCE NUMBER
Select	17 - M/I FILL NUMBER
Select	18 - M/I METRIC QUANTITY
Select	19 - M/I DAYS SUPPLY

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**

**Submitted Clarification Codes**

**Code**

Select

Select

Select

Select

Select

Select

Select

Select

Select

Select

**DUR Services**

Service code	Reason for service	Result of service
Select <input type="text"/>	Select <input type="text"/>	Select <input type="text"/>
Select <input type="text"/>	Select <input type="text"/>	Select <input type="text"/>
Select <input type="text"/>	Select <input type="text"/>	Select <input type="text"/>
Select <input type="text"/>	Select <input type="text"/>	Select <input type="text"/>
Select <input type="text"/>	Select <input type="text"/>	Select <input type="text"/>
Select <input type="text"/>	Select <input type="text"/>	Select <input type="text"/>
Select <input type="text"/>	Select <input type="text"/>	Select <input type="text"/>
Select <input type="text"/>	Select <input type="text"/>	Select <input type="text"/>

**Miscellaneous**

Residence

Pregnancy



- **Code** – Select the clarification code on this claim from the drop-down menu.

Submitted Clarification Codes

Code

- Select
- 00 - Not Specified, Default
- 01 - No Override
- 02 - Other Override
- 03 - Vacation Supply
- 04 - Lost Prescription
- 05 - Therapy Change
- 06 - Starter Dose
- 07 - Medically Necessary
- 08 - Proc Cmpd 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 of 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 Admit/Readmit Indicator

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

DUR Services

Service code	Reason for service	Result of service
Select	Select	Select
MA - Medication administration	Select	Select

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

DUR Services

Service code	Reason for service	Result of service
Select	DD - Drug-Drug Interaction	Select
Select	TD - Duplicate therapy	Select
Select	HD - High Dose	Select

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

DUR Services

Service code	Reason for service	Result of service
Select	Select	00 - Not Specified
Select	Select	1A - Filled As Is, False Positive
Select	Select	1B - Filled Prescription As Is
Select	Select	1C - Filled, With Different Dose
Select	Select	1D - Filled, With Different Directions
Select	Select	1E - Filled, With Different Drug
Select	Select	1F - Filled, With Different Quantity
Select	Select	1G - Filled, With Prescriber Approval
Select	Select	1H - Brand-to-Generic Change
Select	Select	1J - Rx-to-OTC Change
Select	Select	1K - Filled With Different Dosage Form
Select	Select	2A - Prescription Not Filled
Select	Select	2B - Not Filled, Directions Clarified
Select	Select	3A - Recommendation Accepted
Select	Select	3B - Recommendation Not Accepted
Select	Select	3C - Discontinued Drug
Select	Select	3D - Regimen Changed
Select	Select	3E - Therapy Changed
Select	Select	3F - Therapy Changed-cost increased acknowledged

- **Residence** – Select the residence type for the participant from the drop-down menu.

The screenshot shows a form titled "Miscellaneous" with a "Residence" dropdown menu. The dropdown is open, displaying a list of options:

- Select
- 0 - Not Specified
- 1 - Home
- 10 - Residential Substance Abuse treatment Facility
- 11 - Hospice
- 12 - Psychiatric Residential Treatment Facility
- 13 - Comprehensive Inpatient Rehabilitation Facility
- 14 - Homeless Shelter
- 15 - Correctional Institution
- 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

- **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**

The screenshot shows the "Miscellaneous" form section with two dropdown menus and a "Submit" button. The "Residence" dropdown is set to "Select" and the "Pregnancy" dropdown is set to "N". The "Submit" button is highlighted with a red border.

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**

The screenshot shows the 'Claim Entry' form. At the top, a light blue banner contains the message: 'TCN 20160421500001701 has processed successfully'. Below this, the form title 'Claim Entry' is visible. A note states 'Required fields are marked by an asterisk (\*)'. The 'General Information' section includes fields for PCN (ILPOP), Medicaid ID, First Name, Last Name, Gender (Unspecified), and DOB.

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**

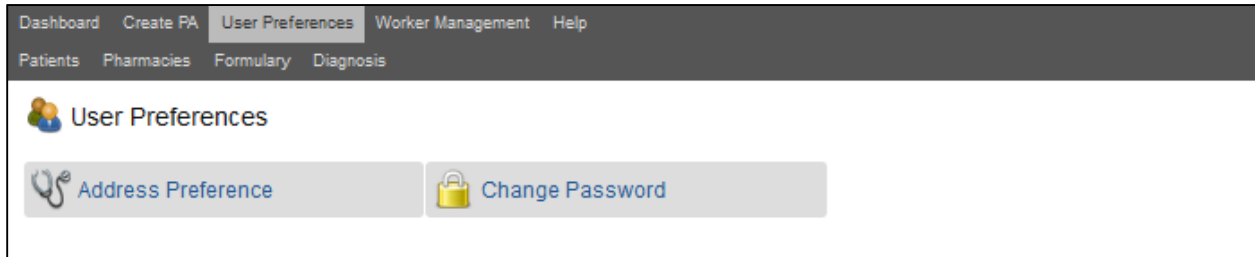
The screenshot shows the 'Claim Entry' form with a red error banner at the top. The message reads: '1 error prohibited this Claim from being saved'. Below the banner, it states: 'There were problems with the following fields: [The Associated DOS does not appear to be valid](#)'.

The screenshot shows the 'Partial Fill Information' section. It contains the following fields: Dispensing Status (C - Completion Partial Fill), Intended Quantity (18), Intended Day Supply (3), Associated Rx (879), and Associated DOS (6). The 'Associated DOS' field is highlighted with a red border, indicating it is the source of the error.

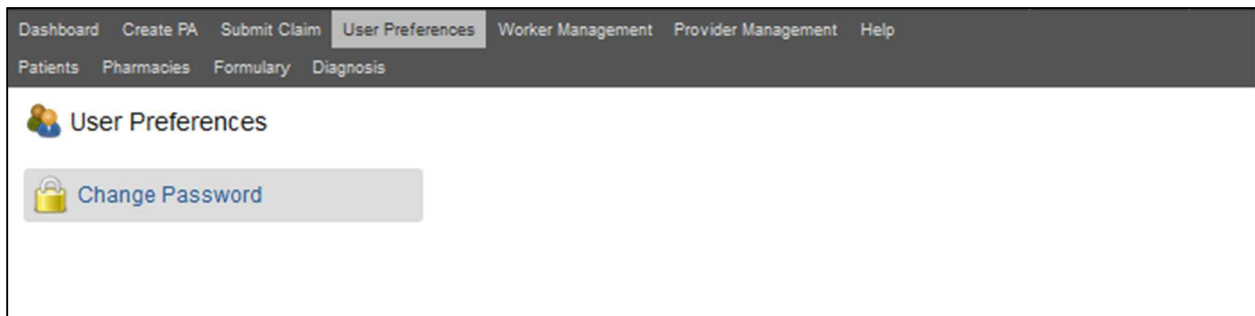
## 12 USER PREFERENCES

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**



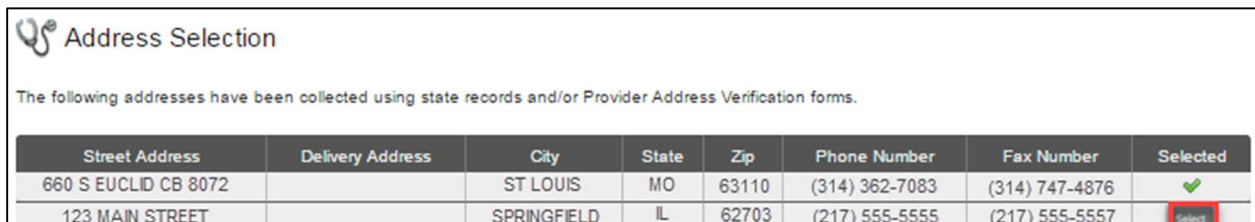
**Figure 69: User Preferences Tab – Pharmacists**



### 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**




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**

Required fields are marked by an asterisk (\*).

Passwords must be 8 to 64 characters long, and contain 2 of the following 3: Upper Case letter(s), Numbers and/or Special Characters  
Special Characters are : !, @, #, \$, &, \* \_ - , =

Password\*:

Verify Password\*:

**Save**

**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**

As the enrolled Medicaid professional or organization with access to the Illinois Provider Portal, it is your responsibility to manage the staff or other persons acting on your behalf who are allowed to have access under your log-in. It is also your responsibility to update access as staff changes arise.

Please be aware you may only have a maximum of 2 Office Managers per provider , including yourself.

Found 2 Workers

Username	First Name	Last Name	Works for	Role	
lmeader@changehealthcare.com	Larry	Meader	RITEWAY PHARMACY INC	Pending	
hmcintire@ghsinc.com	Hilary	McIntire	RITEWAY PHARMACY INC	Pending	

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

**Worker Management**

As the enrolled Medicaid professional or organization with access to the Illinois Provider Portal, it is your responsibility to manage the staff or other persons acting on your behalf who are allowed to have access under your log-in. It is also your responsibility to update access as staff changes arise.

Please be aware you may only have a maximum of 2 Office Managers per provider , including yourself.

Found 3 Workers


Username	First Name	Last Name	Works for	Role	
testofficeworker@ghsinc.com	Office	Worker	SMITH KELLY	Office Worker	
testofficemanager@ghsinc.com	Office	Manager	SMITH KELLY	Office Manager	
lmeader@changehealthcare.com	Larry	Meader	SMITH KELLY	Office Worker	

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.

**14 PROVIDER MANAGEMENT (PHARMACISTS ONLY)**

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

**Figure 74: Provider Management Screen**

 **Provider Management**

Please Select a Provider to work for


Found 2 Providers

Provider NPI	Provider Name	Provider Address	
1578791984	Test Prescriber	660 S EUCLID CB 8072	Clear
1881801694	JACKSON ADAM	200 HAWKINS DR	Select

*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 APPENDIX**

**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

<b>PCN</b>	ILPOP
<b>Gender</b>	Unspecified, M (Male), F (Female)
<b>Primary Care Information - ID Qualifier</b>	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.
<b>RX Origin</b>	0 - Not Known, 1 - Written, 2 - Telephone, 3 - Electronic, 4 - Facsimile, 5 - Pharmacy
<b>PA Type Code</b>	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.
<b>Dispense as Written</b>	0 - No Production Selection Indicated, 1 - Substitution not allowed, 2 - Sub-Allowed-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.
<b>Dispensing Status</b>	C - Completion Partial Fill, P - Partial.
<b>Cost Basis Code</b>	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 & 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.
<b>Cost Basis</b>	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 & 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.
<b>Coordination Of Benefits (COB) - Other Pay Code</b>	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.
<b>COB Specify Other Payer(s) - Coverage Type</b>	01 - Primary, 02 - Secondary, 03 - Tertiary, 04 - Quaternary, 05 - Quinary, 06 - Senary, 07 - Septenary, 08 - Octonary, 09 - Nonary
<b>COB Specify Other Payer(s) - ID Qualifier</b>	01 - NPI, 02 - HIN, 03 - BIN, 04 - NAIC, 05 - Medicare Carrier Number, 1C - Medicare Number, 1D - Medicaid Number, 99 - Other

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<b>Other Payer Amount Paid (OPAP) - OPAP Qualifier</b>	01 - DELIVERY, 02 - SHIPPING, 03 - POSTAGE, 04 - ADMINISTRATIVE, 05 - INCENTIVE, 06 - COGNITIVE SERVICE, 07 - DRUG BENEFIT, 09 - COMPOUND PREPARATION COST, 10 - SALES TAX
<b>Other Patient Paid Responsibility Amount (OPRA) - OPRA Qualifier</b>	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
<b>Benefits - Qualifier</b>	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.
<b>Reject Codes - Code</b>	Please refer to NCPDP Reject Codes.
<b>Submitted Certification Codes - Code</b>	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 -14 Days, 22-LTC Dispensing-7 Days, 23-LTC Dispensing-4Days, 24-LTC Dispensing-3 Days, 25-LTC Dispensing-2 Days, 26-LTC Dispensing 1 Day, 27-LTC Dispensing-4/3 Days, 28-LTC Dispensing-2/2/3 Days, 29-LTC Dispensing-Daily/3 Day Weekend, 30-LTC Dispensing-Per Shift, 31-LTC Dispensing-Per Med Pass Dispensing, 32-LTC Dispensing-PRN on Demand, 33-LTC Dispensing-7 Days or less, 34-LTC Dispensing-14 Days Dispensing, 35-LTC Dispensing-8-14 Day Dispensing, 36-LTC DispensingDispensed outside short cycle, 37-Unknown, 38-Unknown, 39-Unknown, 40-Unknown, 41-Unknown, 42-Unknown, 43-Unknown, 44-Unknown, 45-Unknown, 46-Unknown, 47-Unknown, 48-Unknown, 49-Unknown, 99-Other
<b>DUR Services - Service Code</b>	MA - Medication Administration
<b>DUR Services - Reason for Service</b>	DD - Drug-Drug Interaction, TD - Duplicate therapy, HD - High Dose
<b>DUR Services - Result of Service</b>	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

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<b>Miscellaneous</b>	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
<b>Pregnancy</b>	N (No), Y (Yes)