



Provider Memorandum

Illinois HFS Medical Assistance Program (MAP) Enrollment Requirements for Billing

Managed Care Organizations (MCO) are required by the Department of Healthcare and Family Services (HFS) to coordinate covered services through providers enrolled in the HFS Medical Assistance Program (MAP), including those which are out-of-State.

A recent change to HFS policy now mandates that Prescribers have to participate in the MAP in order for a pharmacy to fill and be reimbursed for a prescription. This is current policy, and the policy will be enforced with hard edits that reject pharmacy claims for prescriptions written by prescribers not enrolled in the HFS MAP.

MCOs require all providers to be registered and active with the HFS Medical Assistance Program in order to be eligible for reimbursement. MCOs will not consider claims payment to providers who rendered services or supply prescriptions and were not actively enrolled in the HFS Medical Assistance Program on the date of service.

To register in the HFS Medical Assistance Program, providers must access the HFS on-line IMPACT website and complete the enrollment process:

<http://www.illinois.gov/hfs/impact/Pages/default.aspx>

HFS currently allows providers to enroll through the IMPACT system and may apply a retroactive participation date; however, there are several obstacles when dealing with retroactive participation dates. To mitigate this issue, MCOs recommend providers observe the following guidelines:

1. Utilize an in-network provider to obtain services; **or**
2. Guide the member to an out-of-network actively enrolled provider registered with the HFS Medical Assistance Program (Provider may need to obtain a prior authorization to facilitate claims reimbursement)

Providers that have rendered services to Members and are expecting to receive a retroactive HFS Medical Assistance Program effective date, should contact their MCO Provider Services Representative to account for legacy utilization.