



HFS is implementing two policies effective January 1, 2020 that will have a significant impact on members and pharmacies.

IAMHP estimates that the implementation of the federal Ordering, Referring, and Prescribing (ORP) requirement will impact over **40,000 members** and the implementation of the single PDL will impact nearly **130,000 members**. These two policies represent nearly **8% of the HealthChoice membership**.

Under Illinois' Medicaid program pharmacists can dispense 72 hours worth of prescriptions without prior authorization as an emergency benefit. If one of these policies impacts a member pharmacists should consider utilizing this benefit.

**ORP**

ORP is a federal requirement that all services ordered, referred, or prescribed to a Medicaid member must be a registered clinician in IMPACT. If a member's prescription is prescribed by a doctor not registered in IMPACT the claim will deny.

**Single PDL**

The single PDL is an HFS requirement that all HealthChoice plans follow the state's preferred drug list. This will require some members, roughly 130,000, to change the prescription medications they are taking.

**Providers will see the following denial codes associated with ORP:**

<b>Plan</b>	<b>Denial Code(s)</b>
BCBS	76: Prescriber not enrolled in Medicaid
County Care	Prescriber not enrolled in State Medicaid Program. Inform Prescriber to contact IMPACT 877-782-5565.
Illinicare	40: Pharmacy not contracted with plan on date of SVC 25: M/I Prescriber ID
Meridian	889: Prescriber Not Enrolled in State Medicaid Program  890: Pharmacy Not Enrolled in State Medicaid Program
Molina	889: Prescriber not enrolled in State Medicaid Program. For enrollment call 877-782-5565
NextLevel Health	56: Non-Matched Prescriber I.D.

**Providers will see the following denial codes associated with Ordering & Referring:**

<b>Plan</b>	<b>Denial Code(s)</b>
BCBS	STC: A7:562 STC12: Referring or Ordering Provider NPI Must be Present and Enrolled with HFS
County Care	21: Missing or invalid information. Usage: At least one other status code is required to identify the missing or invalid information 562: Entity's National Provider Identifier (NPI) Usage: This code requires use of an Entity Code.
Illinicare	96: Referring/ordering provider missing or invalid M6 : Provider not valid/ found on state file 91: Invalid or Missing Taxonomy Code 04: Referring or ordering NPI not enrolled with state 45: invalid or missing provider type
Meridian	N286: Missing/incomplete/invalid referring provider primary identifier N265: Missing/incomplete/invalid ordering provider primary identifier N253: Missing/incomplete/invalid attending provider primary identifier
Molina	N286: Missing/incomplete/invalid referring provider primary identifier N265: Missing/incomplete/invalid ordering provider primary identifier N253: Missing/incomplete/invalid attending provider primary identifier
NextLevel Health	<u>NLH Rejection Codes/ Messages:</u> 03 - Attending NPI not enrolled with state 04 - Referring or ordering NPI not enrolled with state 28 - Attending provider NPI missing or invalid 45 - Invalid or missing provider type 96 - Referring/ordering provider missing or invalid <u>NLH Denials</u> <b>DENY EX8k</b> - attending provider name/NPI missing or invalid <b>DENY EXKA</b> - provider Medicaid ID required; obtain id & resubmit <b>Deny EX1B</b> - Service ineligible for reimbursement for provider type <b>DENY EXK9</b> - Referring or Ordering NPI missing or invalid

**Providers will see the following denial codes associated with the single PDL:**

<b>Plan</b>	<b>Reject/Denial Code(s)</b>
BCBS	Various depending on the drug (non-formulary, PA required, quantity limits exceeded, etc)
County Care	60:Product/Service Not Covered For Patient Age  70:Product/Service Not Covered – Plan/Benefit Exclusion

	<p>75: Prior Authorization Required</p> <p>76: Plan Limitations Exceeded</p>
Illinicare	<p>75: PRIOR AUTHORIZATION REQUIRED</p> <p>70: NDC NOT COVERED</p> <p>AC: Product Not Covered Non-Participating Manufacturer</p> <p>AG: Days Supply Limitation For Product/Service</p> <p>AJ: GENERIC DRUG REQUIRED</p> <p>MR Product Not On Formulary</p>
Meridian	<p>70: Product/Service Not Covered</p> <p>75: Prior Authorization Required</p> <p>60: Product/Service Not Covered For Patient Age</p> <p>76: Plan Limitations Exceeded</p>
Molina	<p>75: Prior Authorization Required</p> <p>75: Non-preferred product/PA Required</p> <p>70/MR: Product/Service Not Covered. Product not on formulary</p>
NextLevel Health	<p>Various depending on the drug (non-formulary, PA required, quantity limits exceeded, etc)</p>

If a pharmacist or other provider needs to contact a health plan they can utilize the provider services phone number. Providers can also use the key contact guide on IAMHP's website IAMHP.net.