

BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

# What You Need to Know About Medical Specialty Drug Prior Authorizations



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### **OVERVIEW – SPECIALTY DRUG MEDICAL BENEFIT**

Effective June 1, 2016, BlueCross BlueShield of South Carolina and BlueChoice<sup>®</sup> HealthPlan introduced two new requirements for member medical and pharmacy benefits as stated:

 Some medical specialty drugs will require prior authorization through the CVS/caremark online prior authorization tool, NovoLogix, an industry-leading software system that assists in managing drugs reimbursed under the medical benefit. CVS/caremark is a division of CVS Health, an independent company that provides pharmacy services on behalf of BlueCross and BlueChoice<sup>®</sup>. This tool is a web-based application available with single sign-on access through My Insurance Manager.

You can find a list of the medical specialty drugs that require prior authorization in the Provider Education sections of our websites, <u>www.SouthCarolinaBlues.com</u> and <u>www.BlueChoiceSC.com</u>.

2. Certain self-administered specialty drugs that were covered under the member's medical benefit will only be covered under their pharmacy benefit. Providers prescribing these specialty drugs billed under the member's pharmacy benefit will continue to request prior authorizations as usual through CVS/caremark.

These specialists can continue to bill self-administered drugs under the member's medical benefits:

- Hematologists
- Oncologists
- Nephrologists
- Rheumatologists

You can find a list of the self-administered specialty drugs that require prior authorization through CVS/caremark in the Provider Education sections of our websites, <u>www.SouthCarolinaBlues.com</u> and <u>www.BlueChoiceSC.com</u>.

BlueCross and BlueChoice plans not included in this benefit are the Federal Employee Program (FEP), State Health Plan and out-of-state members (BlueCard<sup>®</sup>).

**Please note:** This guide is for training purposes only. This is not a guarantee of payment. Non-payment of premiums and other contractual limitations may result in denial of benefits or refunds.

## **GETTING MEDICAL PHARMACY AUTHORIZATIONS**

There are three ways to get prior authorizations for medical specialty drugs:

- 1. Call NovoLogix at 866-284-9229
- 2. Fax to NovoLogix at 844-851-0882
- 3. Online through My Insurance Manager

My Insurance Manager is our preferred method for you to get authorizations. Go to our websites, www.SouthCarolinaBlues.com or www.BlueChoiceSC.com, then to My Insurance Manager. Enter the required information to go to the NovoLogix system.

NovoLogix Client Support Services is available Monday – Friday from 7 a.m. to 6 p.m. Central Time. Contact Client Support Services by email at <u>helpdesk@novologix.net</u> or by phone at the number provided. Please do not include protected health information (PHI) when sending email messages to NovoLogix.

#### **MY INSURANCE MANAGER**

Providers will generate a prior authorization request as they do today using the **Pre-certification/Referral** option through My Insurance Manager.

My INSL Manage	JRANCE <sup>R™</sup>			
Home	Patient Care	Office Management R	esources Modify Profi	e Staff Directory
Welcome, SI	Health			Go to Message Center
	Authorization External	nsion    Patient Dire	ctory	Iranco Managori
Suppo	Authorization State	us Pre-Certifica	tion/Referral	Irance Manager!
Employee ID:	Claims Status	▶ Superbill Ma	intenance Manage	r. With this secure tool, you can submit HIPAA-compliant versions of these transactions:
BM53	Eligibility and Benef	fits Pre-Service	Review for Out-	
Environment	Institutional Claim E	Entry of-Area Mer	nbers nd Refer	al
PRODUCTIO	Other Health Insur	Professional ance	Claim Entry and Stat	us
1		▷ Verify Prima	ry Care Physician ental Clair	ns Filing
57037024	Dental			
Username:	Claims Status	Patient Dire	erchange ctory	(EDI) reports and remittance advices, check for other insurance information and check
AAKUN7	> Dental Claim Entry	► Superbill Ma	intenance anager, p	lease call our Provider Relations and Education team at (803) 264-4730. Outside Columbia, call
Change P	Eligibility and Benef	fits Pre-Treatm	ent Estimate	
change r	> Other Dental Insur	ance		
Select a c		Pre-Treatm Status	ent Estimate	
Administr	ation Panel			

After completing the **Patient Selection** and **Request Type** fields, proceed to either the **Fast Track Request** or submit a **Customized Precertification Request**. You must specify **Specialty Drug** as the type of service you are requesting and where the service will take place in the **Request Type** section on the **Request** page, and then select **Continue**.

Date of Service			* Required
04/12/2016	Request		
Incurance	Request Type		
Plan Name: BlueCross BlueShield Plans	$\ensuremath{}$ In order to help us identify the required service	e, please answer these questions:	_
Member ID:	Which type of service are you requesting?	Where will this service take place?	
	O Procedure	Specialty Drug	-
Patient	O Non-Procedure		
Patient's Name:	<ul> <li>Laboratory Test</li> </ul>		
	O Behavioral Health Treatment		
Date of Birth: 07/13/2000	O Maternity		
	Specialty Drug		
Change Patient	Please note: Any drugs, services, treatment or consultation, to be experimental, investigation refer to our <u>pre-certification requirements</u> .	r supplies the BlueCross medical staff determines, al or unproven are not covered services. For furth	with appropriate er information, please

A pop-up box will appear telling you that pre-certification is required for the drug.

#### Request

This health plan requires pre-certification for this drug. Please call 866-284-9229 or <u>click here</u> to continue this authorization request. This link leads to a third party website for a company that handles pre-authorizations on behalf of this Health Plan. That company is solely responsible for the content and privacy policy on its site. You may also fax your request to 844-851-0882. Service Request Fast Track: Fast Track Request: RESPIRATORY SYNCYTIAL VIRUS, Date of Service: 04/12/2016 Procedure: 1 Date of Service Begins: 04/12/2016 Date of Service Ends: 04/12/2016 Service Requested: 90378 RESPIRATORY SYNCYTIAL VIRUS, Approved Service Range: 90378 RESPIRATORY SYNCYTIAL VIRUS, Quantity: 1 Unit		In order to help us identify the required service, please answer these questions:
Service Request Fast Track: Fast Track Request: RESPIRATORY SYNCYTIAL VIRUS, Date of Service: 04/12/2016 Procedure: 1 Date of Service Begins: 04/12/2016 Date of Service Ends: 04/12/2016 Service Requested: 90378 RESPIRATORY SYNCYTIAL VIRUS, Approved Service Range: 90378 RESPIRATORY SYNCYTIAL VIRUS, - 90378 RESPIRATORY SYNCYTIAL VIRUS, Quantity: 1 Unit		This health plan requires pre-certification for this drug. Please call 866-284-9229 or <u>click here</u> to continue this authorization request. This link leads to a third party website for a company that handles pre-authorizations on behalf of this Health Plan. That company is solely responsible for the content and privacy policy on its site. You may also fax your request to 844-851-0882.
Procedure/Service Information: Procedure: 1 Date of Service Begins: 04/12/2016 Date of Service Ends: 04/12/2016 Service Requested: 90378 RESPIRATORY SYNCYTIAL VIRUS, Approved Service Range: 90378 RESPIRATORY SYNCYTIAL VIRUS, - 90378 RESPIRATORY SYNCYTIAL VIRUS, Quantity: 1 Unit		Service Request Fast Track: Fast Track Request: RESPIRATORY SYNCYTIAL VIRUS, Date of Service: 04/12/2016
Date of Service Begins: 04/12/2016 Date of Service Ends: 04/12/2016 Service Requested: 90378 RESPIRATORY SYNCYTIAL VIRUS, Approved Service Range: 90378 RESPIRATORY SYNCYTIAL VIRUS, - 90378 RESPIRATORY SYNCYTIAL VIRUS, Quantity: 1 Unit	1	Procedure/Service Information: Procedure: 1
Service Requested: 90378 RESPIRATORY SYNCYTIAL VIRUS, Approved Service Range: 90378 RESPIRATORY SYNCYTIAL VIRUS, - 90378 RESPIRATORY SYNCYTIAL VIRUS, Quantity: 1 Unit	1	Date of Service Begins: 04/12/2016 Date of Service Ends: 04/12/2016
Quantity: 1 Unit		Service Requested: 90378 RESPIRATORY SYNCYTIAL VIRUS, Approved Service Range: 90378 RESPIRATORY SYNCYTIAL VIRUS, - 90378 RESPIRATORY SYNCYTIAL VIRUS,
	1	Quantity: 1 Unit
	1	Principal Diagnosis: Z79899 OTHER LONG TERM (CURRENT) DRUG THERAPY

This section will provide detail on how to navigate and use the NovoLogix Prior Authorization tool as provider user.

#### NOVOLOGIX

#### MINIMUM SYSTEM REQUIREMENTS

The NovoLogix claims system supports the use of Microsoft Internet Explorer browser versions 9, 10 and 11, Firefox and Chrome.

- 1. The standard browser options for cookies and JavaScript must be enabled.
- 2. While older versions of Internet Explorer, such as 8, are currently supported, we strongly recommend users upgrade to the most recent version, which will provide the best user experience.
- 3. To install the most recent version of Internet Explorer you can use this link: http://www.microsoft.com/ie.
- 4. Add app.novologix.net to Internet Explorer's list of trusted sites
  - a. Open the new site in Internet Explorer
  - b. Go to Tools > Internet Options
  - c. Open the Security tab
  - d. Select Trusted sites
  - e. Select the Sites button
  - f. The site URL should be showing in the Add this website to the zone: box. Select Add
  - g. Select Close
  - h. Select OK

#### **CREATING AN AUTHORIZATION**

All authorizations that have been submitted will be available through the **Find Authorization** option. From the home page, hover over **Authorizations** and select **Create Authorization**.

Home Authorizations User Administrati	on My Account Help
Find Authorization	
Create Authorization	
	WORKBOK ITTMS
There are currently no items in the workhow	There are no work tems is your queue.
and the second s	

#### Step 1 – Get Started

0	Create Authorization	Step 1: Get Started	$\rightarrow$	Step 2: Enter Patient Detail
Selec	t a Plan			
05				
	MO Authorizations	•		
-	se an Option to Start Your Autho	rization		
Choo		rization To Copy)		
Choo	ck Start (Select Previous Autho	nauton to copy/		

a. Select the plan name from the **Select a Plan** drop down list. If you are only linked to one plan in the system, there is no need to complete this step.

b. To select your patient, enter the member ID under **Quick Start** to search for existing authorizations to copy, and select the selected line to make a quick copy of that authorization, **or** under the **Search for Existing Patient** section, enter the member ID in the **Member ID** field.

Create Authorization	Step 1: Get Started	i l	•	Step 2: Enter Patient Detai
Select a Plan				
DEMO Authorizations	•			
Choose an Ontion to Start Vou	ir Authorization			
Quick Start (Select Previous	s Authorization To Copy)			
Enter the patient's complete	member ID or an authorization numb	er.		+
Start With a New Patient Create an authorization by ad	dding a new patient record.		NEW PA	TIENT
Start With a New Patient Create an authorization by ac Search for an Existing Pat	dding a new patient record. ient		NEW PA	TIENT
Start With a New Patient Create an authorization by ac Search for an Existing Pat Member ID:	dding a new patient record. tient 042975	*	NEW PA	TIENT
Start With a New Patient Create an authorization by ac Search for an Existing Pat Member ID: Authorization Start Date:	dding a new patient record. ient 042975 2/16/2015	*	NEW PA	TIENT
Start With a New Patient Create an authorization by ac Search for an Existing Pat Member ID: Authorization Start Date: Date of Birth:	dding a new patient record. tient 042975 2/16/2015	*	NEW PA	TIENT

c. Select the member ID in blue to select your member from the results returned at the bottom of the screen.

Search for an Existing Pa	tient				
Member ID:	042975	•			
Authorization Start Date:	2/16/2015	÷			
Date of Birth:					
	· · · · · · · · · · · · · · · · · · ·				
Click on the Member ID to sta	SEARCH rt an authorization	for that Patient.			
Click on the Member ID to sta PATIENT SEARCH RESUL	SEARCH rt an authorization TS	n for that Patient.			
Click on the Member ID to sta PATIENT SEARCH RESUL 1 Page size: 25	SEARCH rt an authorization TS	for that Patient.			
Click on the Member ID to sta PATIENT SEARCH RESUL 1 Page size: 25 Member ID •	SEARCH rt an authorization T S	for that Patient.	Last Name	Date of Birth	Plan

d. If no results were returned when searching for your patient, select the New Patient button.

3	Create Authorization		Step 1: Get Star	ed	4	Step 2: Enter P	atient De
Selec	ct a Plan						
DE	EMO Authorizations		•				
Choo	ose an Option to Start You	r Authorizatio	on .				
Qui	ick Start (Select Previous	Authorizatio	To Conv)				
		s Authonizatio	ii io copy)				
En	ter the patient's complete	member ID or	an authorization nu	mber.		•	
En	iter the patient's complete	member ID or	an authorization nu	mber.		•	
En	nter the patient's complete	member ID or	an authorization nu	mber.		•	
En Sta Cre	art With a New Patient	member ID or dding a new p	an authorization nu	mber.		• NEW PATIENT	
En Sta Cre	art With a New Patient eate an authorization by ac	member ID or	an authorization nu	mber.		• NEW PATIENT	
En Sta Cre Sea	art With a New Patient art With a New Patient eate an authorization by ac	member ID or dding a new p ient	an authorization nu	mber.		• NEW PATIENT	
En Sta Cre Sea Me	art With a New Patient eate an authorization by ac arch for an Existing Pat ember ID:	member ID or dding a new p ient	an authorization nu	mber.		• NEW PATIENT	
En Sta Cre Sea Me	art With a New Patient eate an authorization by ac arch for an Existing Pat ember ID: thorization Start Date:	ient	an authorization nu	*		• NEW PATIENT	
En Sta Cre Sea Me Aut	art With a New Patient eate an authorization by ac arch for an Existing Pat ember ID: thorization Start Date: te of Birth:	ient	an authorization nu	*		• NEW PATIENT	



-	rization	Step 1: Get Started	>	itep 2: inter Patient Detail	$\rightarrow$	Step 3: Enter Authorization Detail	$\rightarrow$	Step 4: Enter Authorization Lines
tient Detail								
ast Name:	Doe	First Name:	Salv	* Middle Initial:				
ate of Birth:	1/1/1980 👑 (35 years	) * Gender:	Female •					
/eight (kg):				Preferred Language:	English			
atient Height:								
ast 4 SSN:								
mailt								
	15th Minneapolis MN 2222	2						
• Addresses - 1414								
Addresses - 1414     surance Details     ember ID: 042975	* Relatio	nship to Insured: Ser	Plan: DEMO	Authorizations				
ember ID: 042975	* Relatio	nship to Insured: Self	<ul> <li>Plan: DEMO</li> </ul>	Authorizations				
Addresses - 1414      surance Details      lember ID: 042975      Memberships G	Relatio roup #: 11 Effective Date:	1/1/2000 Termination Date: N	Plan: DEMO ot Applicable	Authorizations				
Addresses - 1414      surance Details      lember ID: 042975      Memberships G	* Relatio	nship to Insured: Self 1/1/2000 Termination Date: N	Plan: DEMO     ot Applicable	Authorizations				
Addresses - 1414 Insurance Details Itember ID: 042975      Memberships G	Relatio roup #: 11 Effective Date	nship to Insured: Self 1/1/2000 Termination Date: N	Plan: DEMO ot Applicable	Authorizations				

a. Enter, confirm or edit the patient information in the **Patient Detail** fields, then select **Next** (Select arrows next to each heading to expand/collapse each section. If the fields in the patient detail screen are not editable, this is because the eligibility is provided by the payer. Any changes to this data will be handled by payer eligibility services).

#### Step 3 – Enter Authorization Detail

	ion.	Get Started		Enter Patient Detail		Enter Authoriza	tion Detail	1.1	Enter Authorizatio
Patient									
Member ID: 042975	First Name: Saly	Last Name	e: Doe Primary Addres	ss: 1414 15th Minneapolis, MN 22222	2				
DOB: 1/1/1980 (35 years)	Gender: F								
Burnishing .									
Type NPt		Name		Address					
Requesting * * 10030	00118	- DEMO Me	dRx Precision Provider	123 Main St City, AL 12345					
MD Office Contact Name:		MD.	Office Contact Phone Number	0 ( ) .	MD Office Cont	act Fax Number:	6 1 .		
State License E									
DEA m									
Group or Nozoital:									
or oup or numprime.									
ADD DDOLIDED									
ADD PROVDER									
Diagnoses Primary Diagnosis: ADD DIAGNOSIS	11.0 CHOLERA DUE TO VI	IRIO CHOLERAE	REMOVE						
Diagnoses Primary Diagnosis: ADD DIAGNOSIS Authorization Requested Authorization Detail	01.0 CHOLERA DUE TO VI Date: 5/5/2015 Aut	BRID CHOLERAE	REMOVE  Sys Normal	•					
ADD DAVER Diagnoses Primary Diagnosis: 0/ ADD DAGNOSIS Authorization Requested Authorization Detail Needs by Date:	01.0 CHOLERA DUE TO VI Date: 5/5/2015 Aut	BRIO CHOLERAE	REMOVE	•					
ADD RADONE CONTRACT OF CONTRAC	Date: 5/5/2015 Aut	RIO CHOLERAE	v REMOVE	•					
ADD FROMEWOOD Diagnoses Diagnoses Primary Diagnosis: 01 ADD DIAGNOSIS Authorization Requested Authorization Defail Needs by Date: Ship for Visit Date:	Date: 5/5/2015 Aut	horization Priori	REMOVE	•					
ADD FROMEWORK Primary Diagnosis: Of ADD DIAGNOSIS Authorization Requested Authorization Detail Needs by Date: Ship to: Visit Date: Need Ship to: Visit Date:	Date: 5/5/2015 Aut	ano cholerae horization Priori	Yr Normal	•					
ADD FAUCTORN Diagnoses Primary Diagnosis: 0 ADD DIAGNOSS Authorization Requested Authorization Detail Needs by Date: 5 Ship to: 1 Visit Date: 1 Next Clinic Visit: 1	11.0 CHOLERA DUE TO VI Date: 5/5/2015 Aut	ano cholerae horization Priori	Y: Hormal	•					
ADD FACTOR CONTRACTOR OF CONTRACT OF CONTR	Date: 5/5/2015 Aut	3RIO CHOLERAE horization Priori 3 3	Tyr Normal	•					
Authorization Requested Authorization Requested Authorization Defail Needs by Date: Ship for Visit Date: Next Clinic Visit: Altergies: IGF-g:	Date: 5/5/2015 Aur	3RIO CHOLERAE horization Priori	ty: Normal	× *					

a. Complete all required fields and applicable authorization detail fields, then select **Next** (Please note: Required fields are denoted by a red asterisk).

**Step 4 – Enter Authorization Lines** 

Create /	uthorization	Add SSO User	$\rightarrow$	Step 2: Enter Patient Detail	$\rightarrow$	Step 3: Enter Authorization Detail	$\rightarrow$	Step 4: Enter Authorization Line
Patient		110 000						
Member ID: 042	75 First Na	me: Saly Last Name: Do	Primary Addre	rss: 1414 15th Minneapolis, MN 2222	22			
DOB: 1/1/1980 (3	years) Gender:	F						
Line 1								
Place of Service								
Page of dervice.	Office	•						
Date(s) of Servic	2/16/2015 🖷 -	to 8/15/2015 🖷 •						
NDC Code:	60574411301	<ul> <li>Drug Nat</li> </ul>	ne: Synagis Quantity ()	Doses): 4.00				
	00014411001							
Strength/Measur	100 MG/ML	Dosage	form: SOLN Route:	M				
Pkg. Size:	1.000 ML							
For Diagnosis:	001.0 CHOLERA	A DUE TO VIBRIO CHOLERAE						
Sig:								
Refils:								
1								
				04110FT		NEWY -		

- a. Enter the applicable start and end dates under **Date(s) of Service**.
- b. Enter the requested drug name or NDC in the **NDC Code** field.
- c. Enter the quantity, if applicable. If not applicable, the field will not appear upon drug selection.
- d. Enter any additional information in the applicable fields.
- e. Select Next.

Authorization Numi	ben		Status: Incomplete		Assigned User:	
AUTHORIZATION DETAIL	TRAN SACTION HISTORY					
Member Details Member	Name: Nathan Doe - Member I	0: 12091975 Plan: CVSC BlueCross	Blue Shield of IL Geode	r: Male Date of Birth: 1/1/1950 /34 ve	arel	
inemper octails inemper	Harre, Hacharreve - Highlever	A TEATOR FILL CASE DIRECTOR	bide shire is of the opening	There of on a contract of the period	a. aj	
Authorization Details						
Providers Provider Name: II	ntake Provider					
<ul> <li>Diagnosis</li> </ul>						
Authorization Requested Date	5/30/2014 2:53 PM	Authorization Start Date: 5/30/20	14 Authorization Er	id Date: 5/30/2014		
Luthering Driveho						
Authorization Priority:	Normal •					
CancerType:	•	Ann Arbor Stage:	•	Nodal Status :	-	
Clinical/Pathologic:		B Symptoms :		Radiation Adjunct:		
l Stage :	-	E/S/X Modifiers:		Radiation Adjunct	O	
N Stage :	-	FIGO Stage:	*	Timing: Surgery Adjunct		
Il Stage :	-	Ph+/Ph-:	•	Surgery Adjunct		
Grade:	-	MSTS Stage:	-	Timing:		
Final Stage:		ISS Stage :	-	Karnofsky Performance Scale:	-	
Limited/Extensive:		Serum Tumor		WHO performance	•	
	•	Markers :		Recurrent:		
VCCN Risk Category :		Manual Claude				

- f. Review information entered under the Authorization Detail Screen.
- g. If no changes are needed, select Submit.

#### Step 5 – Completing the Protocols and Submitting the Request

Upon clicking **Submit**, if your request falls under the medical benefit, you will be brought through a series of protocol questions that will display on the screen.

a. Answer clinical questions as they are displayed in the pop up screen and click **Next** to move to the next question.

SGM_Botox (v1.0.2)		
Question: SGM_Botox.Question	on1	
Is therapy prescribed for cosn	netic purposes (eg, treatment of wrinkles)?	
O Yes		
No No		
	SAVE AND CLOSE	NEXT

b. Once the protocol questions have been completed, your authorization will be auto approved, canceled or released to the next party for review. Once the outcome is displayed on the last pop-up, select **Done**.

SGM_Botox (v1.0.2)		
Question: SGM_Botox.Pend		
Thank you, your authorization has been pended for further review.		
BACK	DONE	

c. The outcome or status of the authorization will be displayed at the top of the screen along with the authorization number assigned.

	zation	Status: Pharm Neview	Assigned User:
Your authorization is	currently being reviewed. Please check your	home page daily to confirm that no additional information is required to	process your authorization.
THORIZATION DETAIL	TRANSACTION HISTORY		
mber Details Memb	er Name: Sally Doe Member ID: 042975 Pl	Ian: DEMO Authorizations Gender: Female Date of Birth: 1/1/1980 (3)	5 years)
therization Details			
Short Waterbold Page 199			
hoviders Provider Name	DEMO MedRx Precision Provider		
roviders Provider Name	OEMO MedRix Precision Provider	DLERAE	
Providers Provider Name Diagnosis Primary ICD9:	DEMO MedRix Precision Provider 001.0 Description: CHOLERA DUE TO VIBRID CHO	DLERAE	
Providers Provider Name Diegnosis Primary ICDS: horization Requested Dati	DEMO MedRic Precision Provider 001.0 Description: CHOLERA DUE TO VIBRIO CHC 2/16/2015 Authorization Start Dete: 2/16/2015	OLERAE Authorization End Date: 8/15/2015	

Notes: (No notes for	und)		ADD NOTE A	DD CONTACT ATTEMPT	Documents: (No documents found)	
Authorization Lin	nes REQUESTED:	NDC Code: 55513073001	Drug Name: Xgeva	Qty	Pending	
Line 1		Status: Pending				
Place of Service:	Office					
Date(s) of Service:	2/16/2015 to 8/15/2015	6				
NDC Code:	55513073001	Drug Name: Xgeva				
Strength/Measure:	120 MG/1.7ML	Dosage Form: SOLN Rout	SC SC			
Pkg. Size:	1.700 ML					
For Diagnosis:	001.0 CHOLERA C	DUE TO VIBRIO CHOLERAE				
Sia	(none)					

\*See individual line detail for status of the line.

Authorization Num	nber: 27416	(	Status: Pending Que	stionset	Assigned User
AUTHORIZATION DETAIL	TRANSACTION HISTORY				
Member Details Memb	er Name: FIRSTNAME_1 L	ASTNAME_1 Membe	r ID: PATIENTIDNO_	Plan: Blue Cross and Blue Shi	eld of South Carolina
usiness: 001PCLMNC					
uthorization Details					
		3110			
Providers Provider Name		/ lade W			
Providers Provider Name	L.	,			
Providers Provider Name Diagnosis Primary ICD10	:. ): A02.9 Description: Salmon	ella infection, unspecified (I	CD-10)		
Providers Provider Name Diagnosis Primary ICD10 thorization Requested Date	05/09/2016 04:54:21 PM	ella infection, unspecified (I	CD-10) Start Date: <b>5/9/2016</b>	Authorization End Date: 5/9/2016	
Providers Provider Name     Diagnosis Primary ICD10	:. I: A02.9 Description: Salmon	ella infection, unspecified (I	CD-10)		

d. If your request falls under the Pharmacy benefit, upon clicking **Submit**, your request will be sent to the Caremark PBM Systems and the authorization request status will display as **Pending Questionset**.

The Caremark PBM will send back your authorization request with the applicable clinical questions for your completion, if the requested drug requires prior authorization. It will appear on your home page in the **Workbox** under the **Questionset Received** queue.

Shared Work Items - (58)		
<ul> <li>Incomplete - (11)</li> <li>Pending Decision - (8)</li> </ul>	1 Task	ID
Pending Questionset - (31)	Questionset Re 💌	V
Provider Notification - (4)	Questionset Received	13797
Questionset Received - (4)	Questionset Received	13798
	Questionset Received	13801
	Questionset Received	13835

- e. To complete the clinical question set, click **Questionset Received** in the menu for the list of authorizations in that category.
- f. Select your authorization request by clicking on the description on the **Task** screen. You will then be brought to the detail of the authorization request.
- g. Click **Submit t**o complete the clinical questions.

Decuments: (No documents found)           EEQUESTED:         NDC. Code: f         Drug Name: f         Offst Not Applicable Pending           Status:         Pending	ale 11/6/2014 Authorization Start Date: 1 Normal	Authorization En-	i Date: 1			
BCQUESTED:     NDC Code: f     Drug Name: f     Ofly: Not Applicable Pending       Status:     Ponding       1       014 10       11/6/2015       RETURN				Documents: (No documents found	d)	
Status: Pending           :           :014 to 11/8/2015           RETURN         KEEP         COPY         VOID         SUBMIT	REQUESTED: NDC Code: !	Drug Name: 5 Qfy: No	ot Applicable Pending			
: 1914 to 11/8/2015 RETURN • KEEP COPY VOID SUBMIT	Status: Pending					
INTA IO 116/2015 RETURN «KEEP COPY VOID SUBMIT						
	1014 to 11/6/2015	« KEEP		СОРҮ	VOID	SUBMIT

h. Answer clinical questions as they are presented in the pop up screen that displays, and click Next to move on to the next question.

SGM_Erbitux (v1.0)	
What is the diagnosis?	
Chordoma	
Head and neck cancer	
Colon or rectal cancer	
Non-small cell lung cancer	
O Squamous cell skin cancer	SAVE AND CLOSE NEXT

i. Click **Submit t**o complete the clinical questions.

j. Once clinical questions have been completed, click **Done**. The clinical questions screen will then close and the authorization request will be sent back to the Caremark PBM System for a determination and the Authorization will be placed in a **Pending Decision** status.

	Incomplete Mod - (4)
	SLA Exceeded - (4)
	Pending - (8)
	SLA Exceeded - (6)
	Pending Decision - (1)
	SLA Exceeded - (1)
	····· Pending Mod - (1)
COM Exitem (ed.0)	Pending Questionset - (9)
SGM_Erbitux (V1.0)	SLA Exceeded - (9)
BACK DONE	····· Provider Action - (1)
	Tech Action - (1)

k. Once a determination is made, the Authorization will be sent back to your homepage under the **Provider Notification** queue. You will then be able to open the authorization to review the determination of your Authorization request.

#### **FINDING AN AUTHORIZATION**

Home	Authorizations	Reports	My Account	Help
0	Find Author	ization		
ω	Create Auth	norization	ech)	
-	Create Aut	1011280011		
_				
There are	currently no items	in the workb	0X.	

a. From the Homepage select **Find Authorization** from the **Authorizations** from the top navigation menu.

🥖 Find Auth	orization		
EARCH CRITERIA			
Authorization #:		Authorization Status:	[AII] •
lan:	CVSC BlueCrossBlueShield of IL	Payer Authorization #:	
Billing Provider:	Intake Provider (1234567893)	Patient Account #:	
irst Name:		Advanced Search	
ast Name:		The following fields will or	nly narrow your search results. If you do not includ
lember ID:	12091975	HCPCS/CPT Code:	eids above your results will be skewed.
ate Range		NDC Code:	
ate Type:	Start Date of Service	Drug Name:	
)ate Type: )ate Range:	Start Date of Service	Drug Name: Physician NPI:	
Date Type: Date Range: Start Date:	Start Date of Service   [All]	Drug Name: Physician NPI: Physician Last Name:	
Date Type: Date Range: Start Date: Ind Date:	Start Date of Service   [AII]	Drug Name: Physician NPI: Physician Last Name: Physician First Name:	

- b. Enter search criteria.
- c. Click Search.

	AUTHORI	ZATION SEARCH	RESULTS								Max Rec	ords 100	*
(	1 Page	size: 25 🔻									1 ге	ecords in 1	page
	Auth#	First Name	Last Name 🔺	Member ID	Plan	Provider Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes	Сору
	8452	Nathan	Doe	12091975	CVSC BlueCrossBlueShield of L	Intake Provider	5/30/2014	5/30/2014	5/30/2014	Approved	<b>~</b>		E 🔒

d. Select pre-notification from the search results presented at the bottom of the screen.

#### NOTES

After creation, you will have the ability to add notes.

otes:	ADD NOTE ADD CONTACT ATTEMPT Documents: (No documents found)
ate Type Note	Attempt# Applies To Added By
/4/2013 General Reason Here	Line 1 novologix.net

a. From the authorization detail screen select Add Note.

Note:	Note here	
Apply To:	Entire Authorization Line 1 (66887000301 - Xiaflex)	
	SAVE	

b. Enter your note in the pop up text box and select **Save**.

#### DOCUMENTS

Additional documentation can be added to any authorization at any time.

otes:	ADD NOTE ADD CONTACT ATTEMPT Documents: (No documents found)	ADD DOCUMENT
Date Type Note	Attempt# Applies To Added By	
1/4/2013 General Reason Here	Line 1 novologix.net	,

a. Select **Add Document.** If prompted to add a document during the protocol process, you can save your protocol and add the document or you can add after the protocol is complete.

Title:	Document
Select File:	D:\Training\Training\Test Fax. Browse OR Select From History *
Apply To:	C Entire Authorization
	Line 1 ( 66887000301 - Xiaflex)
	UPLOAD
	<b></b>

- b. Browse through your directories to locate the desired file or choose **Select From History** to browse through documents attached to authorizations in the system for that member.
- c. Select **Document**.
- d. Rename the document.
- e. Select Upload to attach.

ies To	Added By	(Ē)	Date	Туре	Title (click to view)	Applies To	Added By	Command	Delivery Status
Authorization	Adrienne Level2 (Pharm)		8/20/2014	Letter	Denial	Line 1	System	<b>/</b> 38	Failure
		-							

Once uploaded, your document will be available for viewing by selecting the document name in blue.

#### **RESPONDING TO AN INFORMATION REQUEST FROM THE PLAN**

An information request will show up on your homepage under the **Provider Action** section of your homepage, denoted by **Request**.

Welcome Adrienne Prov	ider												
						WORKBOX ITEN	s						
My Work Items - (1)		_											Hide Filters
Provider Action - (1)					Drug N	ame:	<ul> <li>Patient</li> </ul>	t Last Name:	Patient State:		Priority:	•	Filter Clear
		1	Task	ID		Plan		Provider		Received Da	ite	Due Date	*
			-		Y -		•		•		Y I		¥ 🗐
		•	Provider Action - Info Request	14695		DEMO Authorizatio	ins	DEMO MedRx Pre	cision Provider	4/22/2015 10	45	5/6/2015 1	1:30

- a. To review the request, select **Provider Action** next to the authorization you wish to review. This will bring you into the authorization detail screen to review the request.
- b. Once you have reviewed the request and taken any applicable action, click **Respond** to return the authorization.

Neeus by Date.		
Ship to:	<b>v</b>	
/isit Date:	<b>₩</b> 😌	
lext Clinic Visit:		
Allergies:		
3F-a:		
P3:		
lotes & Documents		
Notes & Documents otes: Date Type Note	ADD NOTE ADD CONTACT ATTEMPT Documents: (No documents found)	ADD DOCUMENT
Notes & Documents otes: Date Type Note 2/18/2015 General Please provide :	ADD NOTE ADD CONTACT ATTEMPT Documents: (No documents found) Attempt# Applies To Added By Tore InfoEntre Authorization Adrience Level2 (Pharm)	ADD DOCUMENT
Notes & Documents otes: Date Type Note 2/18/2015 General Please provide :	ADD NOTE         ADD CONTACT ATTEMPT         Documents: (No documents found)           Attempt#         Applies To         Added By           nore info         Entire Authorization         Adriene Leve2 (Pharm)	ADD DOCUMENT
Notes & Documents otes: Date Type Note 2/18/2015 General Please provide ( Authorization Lines REQUESTED):	ADD NOTE         ADD CONTACT ATTEMPT         Documents: (No documents found)           Attempt#         Applies To         Added By           nore info_         Entire Authorization         Adriane Level2 (Pharm)           NDC Code: 55513073001         Drua Name: Xaeva         QN: Not Applicable         Pendino	ADD DOCUMENT
Notes & Documents Date Type Note 2/18/2015 General Please provide r Authorization Lines REQUESTED: ins 1	ADD NOTE         ADD CONTACT ATTEMPT         Documents: (No documents found)           Attempt#         Applies To         Added By           tore info         Entire Authorization         Adrience Level2 (Pharm)           NDC Code:         55513073001         Drug Name:         Xgeva           Statu:         Banding         Statu:         Banding	ADD DOCUMENT
Notes & Documents  Lotes:  Date Type Note  2/18/2015 General Please provide i  Authorization Lines REQUESTED:  ine 1  Authorization Lines REQUESTED:	ADD NOTE ADD CONTACT ATTEMPT Documents: (No documents found)           Attempt#         Applies To         Added By           nore info         Entire Authorization         Adrienne Leve2 (Pharm)         A           NDC Code: 555513073001         Drug Name: Xgeva         Qty: Not Applicable         Pending           Status: Pending         A         Additional Advisory         Advisory	ADD DOCUMENT
Notes & Documents Iotes: Date Type Note 2/18/2015 General Please provide I Authorization Lines REQUESTED: Line 1 Place of Service: Office	ADD NOTE ADD CONTACT ATTEMPT Attempt# Applies To Added By Tore info Entre Authorization Adrienne Level2 (Pharm) a NDC Code: 55513073001 Drug Name: Xgeva Qty: Not Applicable Pending Status: Pending	ADD DOCUMENT
Notes & Documents Votes: Date Type Note 2/18/2015 General Please provide I Authorization Lines REQUESTED: Line 1 Place of Service: Office	ADD NOTE ADD CONTACT ATTEMPT Documents: (No documents found)          Attempt# Applies To       Added By         nore info       Entire Authorization         MDC Code: 55513073001       Drug Name: Xgeva         Qty: Not Applicable       Pending         Status: Pending	ADD DOCUMENT
Notes & Documents Votes: Date Type Note 2/18/2015 General Please provide i Authorization Lines REQUESTED: Line 1 Place of Service: Office	ADD NOTE ADD CONTACT ATTEMPT       Documents. (No documents found)         Attempt#       Applies To       Added By         nore info       Entire Authorization       Adriane Level2 (Pharm)       A         NDC Code: 55513073001       Drug Name: Xgeva       Qty: Not Applicable       Pending         Status: Pending <td>ADD DOCUMENT</td>	ADD DOCUMENT

#### **CREATING A MODIFICATION**

When a date or quantity needs to be changed, you have the ability to modify an approved authorization.

a. Use **Find Auth** to locate the approved authorization.

<u> </u>	Authorization Num	mber: 26798				Status: Approved		Assigned	User:			
AUTHOR	RIZATION DETAIL	TRANSACTION HISTORY										
lembe rears)	r Details Memb Line of Busines	er Name: FIRSTNAME_143 L ss: 035KHR299	ASTNAME_14	3 Member ID: P/	ATIENTIDNO_143 Pla	an: Blue Cross and	Blue Shield of South Carolina	Gender: Female	Date of Bir	th: 11/6/*	1953 (62	
uthori	ization Details											
Provid	ers Provider Name	e: F										
Diagno	osis Primary ICD10	0: R56.1 Description: Post traum	atic seizures (ICI	D-10)								
horizal	tion Donuested Date											
	uon recuesieu cate	4/20/2016 1:53 PM		zation Start Date: 4/1	14/2016 Authorizat	tion End Date: 4/14/20	10					
horizal	tion Priority:	4/20/2016 1:53 PM	* Benefit	zation Start Date: 4/1 Type: Me	edical	tion End Date: 4/14/20	16					
horizal	tion Priority:	Vormal	* Benefit	zation Start Date: 4/1 Type: Me	edical	fion End Date: 4/14/20	10					
horizal nplete	tion Priority:	a 4/20/2016 1:53 PM ∰ Normal ▼	× Benefit	zation Start Date: 4/1 Type: Me	14/2016 Authorizat	lion End Date: 4/14/20	10					
horizal mplete iotes (	ion Priority: Clinical & Documents	2 4/20/2016 1:53 PM Normal	* Benefit	zation Start Date: <b>4/1</b> Type: Me	14/2016 Authorizat	lion End Date: 4/14/20	19					
horizal nplete otes (	Clinical	2 4/20/2016 1:53 PM ∰	* Benefit	Zation Start Date: 4/1 Type: Me ADD NOTE	14/2018 Authorizat edical ADD CONTACT ATTEMPT	Documents:					ADD	OCUM
orizal oplete otes a cs: atc	Clinicat:  Clinicat:  Type Not	≥ [4/20/2016 1:53 PM Normal te	* Benefit	ADD NOTE A	ADD CONTACT ATTEMPT Added By	T Documents: Date Type	r Title (cîck lo view)		Applics To	Added By	ADD I	Deliv Statu
orizal oplete otes a cs: atc 20/20	Clinical:  Clinical:  Type Not  General Tha	2 4/20/2016 1:53 PM ∰ Normal ▼ te anks	* Benefit Attempt#	ADD NOTE -	ADD CONTACT ATTEMPT Added By o Greichen Hubbard	T Documents: Date Type 4/20/2016 Lette	Title (Cick to view) T Standard Approval_Rendering		Applies To Line 1	Added By System	ADD C Command	Deliv Statu Failu
horizal nplete otes a tos: atc 20/20	Clinicat Clinicat Type Not Second That	te	* Benefit Attempt#	ADD NOTE ADD	Authoritian edical ADD CONTACT ATTEMPT Added By or Gretchen Hubbard	T Documents: Date Type 4/20/2016 Lette 4/20/2016 Lette	Tifle (cick to view)     Standard Approval_Randoring     Standard Approval_Mem		Applies To Line 1 Line 1	Added By System System	ADD C Command	Docul Deliv Statu Failu Read
nplete otes ( ots: atc 20/20	ion Priority: Clinicat & Documents Type Not 16 General Tha	te	* Benefit	ADD NOTE - ADD NOTE - Applies To Entire Authorization	Authorizat edicat ADD CONTACT ATTEMPT Added By n Gretchen Hubbard	T Documents: Date Type 4/20/2016 Lette 4/20/2016 Lette 4/20/2016 Lette	Title (cick to view) Title (cick to view) Standard Approval_Mem Standard Approval_Dr		Applies To Line 1 Line 1 Line 1	Added By System System System	ADD C Command / S % / S % / S %	Doculi Doliv Statu Failu Read Failu
horizal nplete otes / tes: atc 20/20	Clinicat Clinicat Clinicat Clinicat Type Not S General Tha	te	* Benefit	ADD NOTE ADD	Authorizat edicat ADD CONTACT ATTEMPT Added By o Greichen Hubbard	Documents:           Date         Type           4/20/2016         Lette           4/20/2016         Lette	Title (cick to view)  Title (cick to view)  T Standard Approval_Rendering  Standard Approval_Dr  T Standard Approval_Dr		Applics To Line 1 Line 1	Added By System System	ADD Command	DOCUI, Deliv Statu Failu Read

- b. Select **Modify** for the **Modify Authorization** window to appear.
- c. Enter your note in the **Modify Reason** field.

Modify Authoriz	ation	
Modify Reason:	Change in NDC	
Apply To:		
	Line 1 (00944280201 - Aralast NP)	
	MODIFY CANCEL	

- d. Select Modify.
- e. Attach any required documents.

Authorization Li	ines REQUESTED:	NDC Code: 009442	80201 Drug Na	me: Aralast NP	Qty: Not Appli
Line 1		Status: Modified			
Place of Service:	Office	*			
Date(s) of Servic	4/14/2016 📫 * t	o 4/14/2016 📫 *			
NDC Code:	00944280201	▼ *	Drug Name:	Aralast NP	
Strength/Measur	400 MG		Dosage Form:	SOLR Rou	te: IV
Pkg. Size:	1.000 EA				
For Diagnosis:	R56.1 Post traum	atic seizures (ICD-10)	*		
Refills:	2	Cia			
	_	Sig.		RM	

- f. Change the date of service and/or quantity as needed on the authorization detail under the appropriate lines.
- g. Click **Release** for the request to move to Pending Mod status the Clinical Review Unit to process.

		СОРУ		VOID
Home	Authorizations	Reports User Administration	My Account Help	
-		mber: 26603		Status: Pending Mod

#### **FILTERS**

When selecting authorizations to work from a specific shared queue in your workbox, you have the ability to apply filters to view only the authorizations you want to see.

			WORKBOX IT	EMS		
My Work Items - (1)	! Task	ID	Plan	Provider	Received Date	Due Date 🔺
SLA Exceeded - (1)	Pharm Review	13568	DEMO Authorizations	DEMO MedRx Precision Provider	2/13/2015 10:02	2/14/2015 10:0
- Shared Work Items - (12)	Pharm Review	13571	DEMO Authorizations	DEMO MedRx Precision Provider	2/13/2015 10:12	2/14/2015 10:
Confirm MD Review - (1)	Pharm Review	13574	DEMO Authorizations	DEMO MedRx Precision Provider	2/13/2015 11:22	2/14/2015 11:
SLA Exceeded - (1)	Pharm Review	13648	DEMO Authorizations	DEMO MedRx Precision Provider	2/18/2015 08:33	2/19/2015 08:
Incomplete - (1)	Pharm Review	13649	DEMO Authorizations	DEMO MedRx Precision Provider	2/18/2015 10:10	2/19/2015 10:
Pharm Review - (5)						
CIAC COMPANY ON						

a. Expand the queue you wish to view and apply your filter to by selecting the queue name.

					WORK ITEMS			
⊡- My	Vork Be	ms (1)						
	1	Task	ID	Plan	Provider	Received Date	Due Date	Show Filters

b. On the right-hand side of the workbox, select Show Filters.

						Hide Filters
		Drug Name: Gammagard	<ul> <li>Patient Last Name:</li> </ul>	Patient State:	Priority:	Fiter Clear
Task	ID	Plan	Provider	Received Date	Due Date 🔺	Assig. To
Pharm Review 🔻	13574		-	Y III	1 Y	-
Pharm Review	13568	DEMO Authorizations	DEMO MedRx Precision Provider	2/13/2015 10:02	2/14/2015 10:02	
Pharm Review	13571	DEMO Authorizations	DEMO MedRx Precision Provider	2/13/2015 10:12	2/14/2015 10:12	
Pharm Review	13574	DEMO Authorizations	DEMO MedRx Precision Provider	2/13/2015 11:22	2/14/2015 11:22	
Pharm Review	13648	DEMO Authorizations	DEMO MedRx Precision Provider	2/18/2015 08:33	2/19/2015 08:33	Erin Level2 (Pharm)
Pharm Review	13649	DEMO Authorizations	DEMO MedRx Precision Provider	2/18/2015 10:10	2/19/2015 10:10	

- c. Enter the desired filter data by typing or selecting from the dropdown boxes. Any field with a filter icon next to it will allow you to define the filter parameter for that field.
- d. Select Filter to apply your request.

													Hid	le Filters
			Drug Name:	Gammagard	Ŧ	Patient Last Name:	Patient State		Pri	iority:		•	Filter	Clear
!	Task	ID	Plan		P	rovider	Received Date	,	Due Date	*	/	\ssigr	ned To	
	Pharm Review 🔻	Y		•		•		Y			<b>v</b> [			•
	Pharm Review	13648	DEMO Autho	rizations	DE	EMO MedRx Precision Provider	2/18/2015 08:3	3	2/19/2015	08:33	E	rin Lev	el2 (Ph	arm)

Your results will be presented in the workbox. You can also sort workbox columns by selecting the headings in black. Please note the workbox will only maintain one sorted column at a time.

	Find Authorization										
_	Create Authorization	34	ch)								
					v	VORKBOX ITEMS					
- <b>1</b>	Work Berns - (7)										Hide Filters
	Incomplete - (2)				Drug Name:		Patient Last Name:	Patient State	P	hiority: 💌 🗌	Filter Clear
	SLA Exceeded - (2)	1	Task	ID	Plan	1	Provider		Received Date	Due Date 🔺	
					Y	•		•		Y	7
			Incomplete	13570	DEM	O Authorizations	DEMO Med	Rx Precision Provider	2/13/2015 10:10	2/14/2015 10	:10
			In complete	13571	DEN	Authorizations	DENO Med	Dy Dessision Desuider	2/13/2015 10:12	2/14/2016 10	12

e. From the homepage select Authorizations, and then select Find Authorization.

EARCH CRITERIA			
uthorization #:		Authorization Status:	Void
an:	DEMO Authorizations	<ul> <li>Payer Authorization #:</li> </ul>	
questing Provider:	Enter at least 3 characters to search for a Provider.	Patient Account #:	
rst Name:		Advanced Search	
ast Name:		The following fields will only	ly narrow your search results. If you do not includ
ember ID:	042975	additional criteria in the field	ds above your results will be skewed.
te Range		- NDC Code:	
te Type:	Start Date of Service	Drug Name:	
te Range:	[AI] ~	Physician NPI:	
art Date:		Physician Last Name:	
		Physician First Name:	

- f. Enter the search criteria.
- g. Select **Search**. To refine your search results, you can add additional search criteria under the **Advanced Search** section.

Car 1 11 1	Authorizatio	m										
SEARCH CRIT	TERIA											
Authorizati	on #:	Ĩ			Authorization Status:	Void						
Planc		DEMO Authorization	16	•	Payer Authorization #:							
Requesting	Provider:	Enter at least 3 cha	racteis to search 1	r a Provider. 🔹	Patient Account #:							
First Name:	• <u> </u>				Advanced Search							
Last Name:					The following fields will only nar additional criteria in the fields all	row your search res	sults. If you do	not include				
Member ID:		042975			HCPCS/CPT Code:							
Date Range	i. Z	Charle Data and Data in			NDC Code:							
Date Paper		Start Date of Servic			Drug Name:							
Charle Maniger		(54)	-		Physician NPt:							
start bate:			1.05		Physician Last Name:							
End Date:			185		Physician First Name:							
				SE	ARCH							
					CONSTRUCTOR .					(B) Max Rec	ords 100	
AUTHORIZAT	TION SEARCH	RESULTS		1970								1:
AUTHORIZAT	TION SEARCH	RESULTS								27.0	ecords in :	2 pi
AUTHORIZAT	NON SEARCH	Last Name +	Member ID	Plan	Provider Name	Start Date	End Date	Last Activity Date	Status	27 n Documents	ecords in : Notes	2 pi
AUTHORIZAT	rion search size: 25 · rst Name	Last Name +	Member ID 042975	Plan DEMO Authorizations	Provider Name DEMO MedRx Precision Provider	Start Date 7/31/2014	End Date 8/1/2014	Last Activity Date	Status Void	27 n Documents	ecords in : Notes	2 pi
AUTHORIZAT 1 2 Page Auth # Fit 10376 S4 10379 Sa	non search size: 25 rst Name sky	Last Name + Doe Doe	Member ID 042975 042975	Plan DEMO Authorizations DEMO Authorizations	Provider Name DEMO MedRx Precision Provider DEMO MedRx Precision Provider	Start Date 7/31/2014 7/31/2014	End Date 8/1/2014 8/1/2014	Last Activity Date 1/9/2015 1/9/2015	Status Void Void	27 n Documents	ecords in : Notes	2 pi
AUTHORIZAT 1 2 Page Auth # Fil 10376 Sa 10379 Sa 10480 Sa	FION SEARCH SIZE: 25 rst Name sily sily sily	Last Name + Doe Doe Doe	Member ID 042975 042975 042975	Plan DEMO Authorizations DEMO Authorizations DEMO Authorizations	Provider Name DEMO MedRx Precision Provider DEMO MedRx Precision Provider DEMO MedRx Precision Provider	Start Date 7/31/2014 7/31/2014 8/7/2014	End Date 8/1/2014 8/1/2014 8/7/2014	Last Activity Date 1/9/2015 1/9/2015 1/9/2015	Status Void Void Void	27 n Documents	ecords in . Notes	2 pi
AUTHORIZAT 1 2 Page Auth # Fil 10378 Sa 10379 Sa 10460 Sa 10516 Sa	non search size: 25 rst Name sily sily sily sily	Last Name + Doe Doe Doe Doe	Member ID 042975 042975 042975 042975 042975	Plan DEMO Authorizations DEMO Authorizations DEMO Authorizations DEMO Authorizations	Provider Name DEMO MedRx Precision Provider DEMO MedRx Precision Provider DEMO MedRx Precision Provider DEMO MedRx Precision Provider	Start Date 7/31/2014 7/31/2014 8/7/2014 8/1/2/2014	End Date 8/1/2014 8/7/2014 8/7/2014 8/7/2014	Last Activity Date 1/9/2015 1/9/2015 1/9/2015 1/9/2015	Status Void Void Void Void	27 h Documents	ecords in . Notes	2 pi (       

h. Select your prior authorization from the search results presented at the bottom of the screen by selecting the authorization number in blue.

#### HOW TO ACCESS ASKNOVOLOGIX

The AskNovoLogix system assists users in gaining access to items such as forms, user manuals and videos.

Authorization #:				uthorization Status:	[AI]		•					
Plan:	CVSC BlueCrossBlueShield	ofiL	- P	ayer Authorization #:								
Billing Provider:	Intake Provider (12345678)	(3)	- P	atient Account #:								
First Name:				dvanced Search								
Last Name:			1	he following fields will a	only narrow your	search results	If you do not	include				
Member ID:	12091975			dditional criteria in the f	ields above your	results will be	skewed.					
Date Range				ICPCS/CPT Code:								
Date Type:	Start Date of Service	*		inc code:								
Date Range:	[AI]	*		hysician NPI:								
Start Date:		-		hysician Last Name:								
E. d D. t.			1	hysician First Name:								
End Date:												
			st	ARCH								
AUTHORIZATION	SEARCH RESULTS									Max Rec	ords 100 -	•
Page size: 2	. •									10	ecords in 1 pag	jes
	ame Last Name +	Member ID	Plan	P	rovider Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes Cop	py
uth# First N												

a. Select **Help**, then choose **AskNovoLogix** to be taken to the AskNovoLogix interface.



Index Search	×
	Accordant
Category Name	<ul> <li>Where do I receive training on how to submit an Authorization on the NovoLogix Authorization System?</li> </ul>
General Information	<ul> <li>How do I contact NovoLogix Client Support if I need help regarding website support, system access, or a password reset</li> </ul>
Estilla Horizon Specific	What are the provider inquiry phone numbers for CVS Caremark Oncology?
Novel ogix Claim System	How do Tobtain access to the Noval only Authorization System?
UHc Specific	
User Account Information	Where do I receive training on how to submit an Authorization on the Novol only Authorization System?
System Status	For detailed information on how to create an Authorization in the NovoLogix Authorization system please review the user manual
Accordant	I Top of Pa
	Contact Via Phone: 1-866-532-0471
	Contact Via Phone: 1-866-532-0471 Contact Via Email: helpdesk@novologix.net Note: Your inquary will be responded to within 2 business day by the NovoLogix Chent Support Team. Within 30 minutes of submitting an email to this address, you will receive an automated response indicating the inquiry was received and detailing the incident number that wa generated.
	Contact Via Phone: 1-866-532-0471 Contact Via Email: helpdesk@novologix.ned Note: Your inquiry will be responded to within 2 business day by the NovoLogix Client Support Team. Within 30 minutes of submitting an email to this address, you will receive an automated response indicating the inquiry was received and detailing the incident number that wa generated. Itop.of.Pr
	Contact Via Phone: 1-866-532-0471 Contact Via Final: heidedsk@movidogix.ndf Note: Your inguisy will be reponded to within 2 business day by the NovoLogix Client Support Team. Within 30 minutes of submitting as email to this address, you will receive an automated response indicating the inquiry was received and detailing the incident number that wa generated.  What are the provider inquiry phone numbers for CVS Caremark Oncology? Accordant Cancer Drug Program Provider Inquiry: 1-844-804-0396
	Contact Via Phone: 1-866-532-0471 Contact Via Fmail: helpferk@norologix.md Note: Your inquary will be responded to within 2 business day by the NovoLogix Client Support Team. Within 30 minutes of submitting a email to this address, you will receive an automated response indicating the inquiry was received and detailing the incident number that wa generated.  What are the provider inquiry phone numbers for CVS Caremark Oncology? Accordant Cancer Drug Program Provider Inquiry: 1-844-804-0396 Aetna Care Advocate Group Provider Inquiry: 1-866-383-1996
	Contact Via Phone: 1-866-532-0471 Contact Via Fmail: helpdesk@noxxlogix.net Note: Your inquiry will be responded to within 2 business day by the NovoLogix Client Support Team. Within 30 minutes of submitting aa email to this address, you will receive an automated response indicating the inquiry was received and detailing the incident number that wa generated. What are the provider inquiry phone numbers for CVS Coremark Oncology? Accordant Cancer Drug Program Provider Inquiry: 1-846-383-1996 NevoLogix Client Support Help Desk
	Contact Via Phone: 1-866-532-0471 Contact Via Fmail: helpdesk@novologix.net Note: Your inquisy will be responded to within 2 business day by the NovoLogix Client Support Team. Within 30 minutes of submitting an email to this address, you will receive an automated response indicating the inquiry was received and detailing the incident number that wa generated. What are the provider inquiry phone numbers for CVS Caremark Oncology? Accordant Cancer Drug Program Provider Inquiry: 1-866-383-1996 NevoLogix Client Support Help Desk Provider Inquiry: 1-866-532-0471
	Contact Via Phone: 1-866-532-0471 Contact Via Email: helpdetk@innvidgix.nef Note: Your inquiry will be responded to within 2 business day by the NovoLogix Client Support Team. Within 30 minutes of submitting as email to this address, you will receive an automated response indicating the inquiry was received and detailing the incident number that wa generated. (Itop of Ps What are the provider inquiry phone numbers for CVS Caremark Oncology? Accordant Cancer Drug Program Provider Inquiry: 1-844-804-0396 Actina Care Advocate Group Provider Inquiry: 1-866-533-1996 NovoLogis Client Support Help Desk Provider Inquiry: 1-866-532-0471 [Top.of.Ps
	Contact Via Phone: 1-866-532-0471 Contact Via Fmail: http://dxki2norologix.nd/ Note: Your inquiry will be responded to within 2 business day by the NovoLogix Client Support Team. Within 30 minutes of submitting ar email to this address, you will receive an automated response indicating the inquiry was received and detailing the incident number that wa generated. What are the provider inquiry phone numbers for CVS Caremark Oncolony? Accordant Cancer Drug Program Provider Inquiry: 1-844-804-0396 Aetna Care Advocate Group Provider Inquiry: 1-866-532-0471 Iton.of Pi How do Lobtain access to the NovoLogix Authorization System? To obtain access, make changes, or add a new user to the NovoLogix Authorization system please complete the appropriate user request form provide blow. Once that is filled out, manaally sign the document, and return it back to NovoLogix.
	Contact Via Phone: 1-866-532-0471 Contact Via Fmail: beingdetk@monylogin.net Note: Your inquiry will be responded to within 2 business day by the NovoLogix Client Support Team. Within 30 minutes of submitting an email to this address, you will receive an automated response indicating the inquiry was received and detailing the incident number that wa generated. Item of Pio What are the provider inquiry phone numbers for CVS Caremark Oncology2 Accordant Cancer Drug Program Provider Inquiry: 1-844-804-0396 Acting Client Support Help Desk Provider Inquiry: 1-846-533-1996 NovoLogis Client Support Help Desk Provider Inquiry: 1-846-532-0471 To obtain access to the NovoLogix Authorization System? To obtain access make changes, or add a new user to the NovoLogix Authorization system please complete the appropriate user request form provided below. Once that is filled out, manually sign the document, and return if ack to NovoLogix. Accordant CBS II. User Request Form Feb 2014 doc. (151044 bytes, uploaded on 05/29/2014 12:20:00) Accordant Carels Client Support Feb 2014 doc. (151044 bytes, uploaded on 05/29/2014 12:20:00)

b. Select the item(s) you wish to review.

#### What is the new prior authorization process for medical specialty drugs?

Beginning June 1, 2016, providers who need a medical specialty drug prior authorization will be able to submit their request through the CVS/caremark online prior authorization tool, NovoLogix. This tool can be accessed through My Insurance Manager.

#### What are specialty drugs?

Typically, specialty drugs are expensive and have one or more of these characteristics:

- Require specialized patient training to administer the drug (including supplies and devices needed for administration).
- Require coordination of care before therapy initiation and/or during therapy.
- Require unique patient compliance and safety monitoring.
- Require special handling, shipping and storage.
- Have restricted access or limited distribution.

#### What is the difference between medical specialty drugs and pharmacy specialty drugs?

Medical specialty drugs are administered by injection or infusion. Pharmacy specialty drugs are taken orally or inhaled.

#### Where can I find a list of medical specialty drugs that require prior authorization?

Medical specialty drug lists can be found in the provider education sections of our websites, <u>www.SouthCarolinaBlues.com</u> and <u>www.BlueChoiceSC.com</u>.

#### What if I have an existing approved prior authorization with an approval date after June 1, 2016?

We will honor existing prior authorizations with approval dates after June 1, 2016.

#### What is online prior authorization through NovoLogix?

NovoLogix is a secure, web-based prior authorization tool. It supports submission and online approval of prior authorization requests for medical specialty drugs. The prior authorizations link is accessible to registered users through a link on My Insurance Manager.

#### Why should I use the NovoLogix tool?

Online prior authorization should save your staff time and reduce the need to phone or fax prior authorization requests for medical specialty drugs. You are able to:

- 1. Easily create your request.
- 2. Track the authorization status.
- 3. View request determinations.

#### Which web browsers are compatible with NovoLogix?

Internet Explorer 9, 10 or 11; Firefox; and Chrome.

#### I do not have My Insurance Manager access. How do I request access?

To request My Insurance Manager access, go to the provider section on our websites, <u>www.SouthCarolinaBlues.com</u> or <u>www.BlueChoiceSC.com</u>. Select My Insurance Manager from the menu, then select Register Now. You may call us at 855-229-5720 if you need assistance.

#### After submitting a prior authorization request through NovoLogix, when will I receive a response?

CVS/caremark tries to respond to each request within five working days. It is possible, however, for these requests to take longer in some circumstances. If you have an urgent request, we encourage you to include that information in the prior authorization request.

# If I submit a medical specialty dug prior authorization request through fax or phone, will I be able to view the status through NovoLogix?

Yes. All medical specialty drug determinations, regardless of how the request was submitted are viewable in NovoLogix.

#### Who can I contact if I have not received a response to my prior authorization request?

If you have a question about the status of a prior authorization request, call NovoLogix at 866-284-9229.

#### What should I do if my prior authorization request is denied?

If a prior authorization is denied, you will receive a letter explaining the reason for the denial. If you have questions regarding the denial, contact phone numbers will be listed in the letter.

#### Revised July 2016 IMPORTANT NOTICE

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