



# Specialty Drug Medical Benefit Management



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

Independent licensees of the Blue Cross and Blue Shield Association



# Agenda

- **Introduction**
- Specialty Medical Benefit Management (SMBM) Strategy
- Prior Authorization Process
- Other Important Information
- Provider Tools
- Provider Relations Contact Information
- NovoLogix – Prior Authorization Process



## **Specialty Drug Medical Benefit Management**

Drug costs continue to rise and specialty drugs contribute significantly to that trend.

We adopted some practices to manage specialty drugs billed under the medical benefit when the specialty drug is administered at:

- Outpatient hospitals
- Infusion suites
- Physician offices
- Patient homes



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## **Three components:**

1. National Drug Code (NDC) required and validated
  - In 2016, this became a requirement. We will reject claims for drugs that do not include a valid NDC code.
2. Self-administered specialty drugs blocked under medical
  - Certain self-administered drugs the medical benefit covered are now only be covered under the pharmacy benefit.



## Three components (cont'd):

3. Prior authorization (PA) required for certain medical specialty drugs (injectable/infusible drugs) billed under the medical benefit
  - BlueChoice® has been requiring prior authorizations for some of these specialty drugs for many years.
  - Effective June 1, 2016 , get the PA from CVS/caremark using NovoLogix medical prior authorization system,
  - Pharmacy specialty drugs billed under the pharmacy benefit continue to get prior authorizations through CVS/caremark.

Important: BlueChoice providers no longer contact Utilization Management, contact NovoLogix for prior authorizations .



## Participating Plans

BlueCross and BlueChoice Plans:

- Fully insured
- Exchange plans
- BlueChoice self-funded plans
- BlueCross self-funded plans beginning Jan. 1, 2017



## **Nonparticipating Plans**

BlueCross and BlueChoice plans not participating with the program include:

- Federal Employees Program (FEP)
- State Health Plan
- Out-of-state members (BlueCard<sup>®</sup>)





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# Prior Authorization Process

## How to Submit Authorization Requests

Initiate requests using My Insurance Manager (via [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)), the preferred method:

1. Identify patient, physician and treatment facility
2. Complete the online authorization request form
3. Answer protocol questions, if applicable
4. Confirm the information
5. Submit the request



# Prior Authorization Process

## Gather necessary patient and therapy information

### GENERAL

- Name and NPI of provider delivering the drug
- Member name and ID number
- Place of service that will perform the procedures
- Anticipated dates of service

### CLINICAL INFORMATION

- Primary diagnosis
- Authorization priority
- NDC code
- Quantity

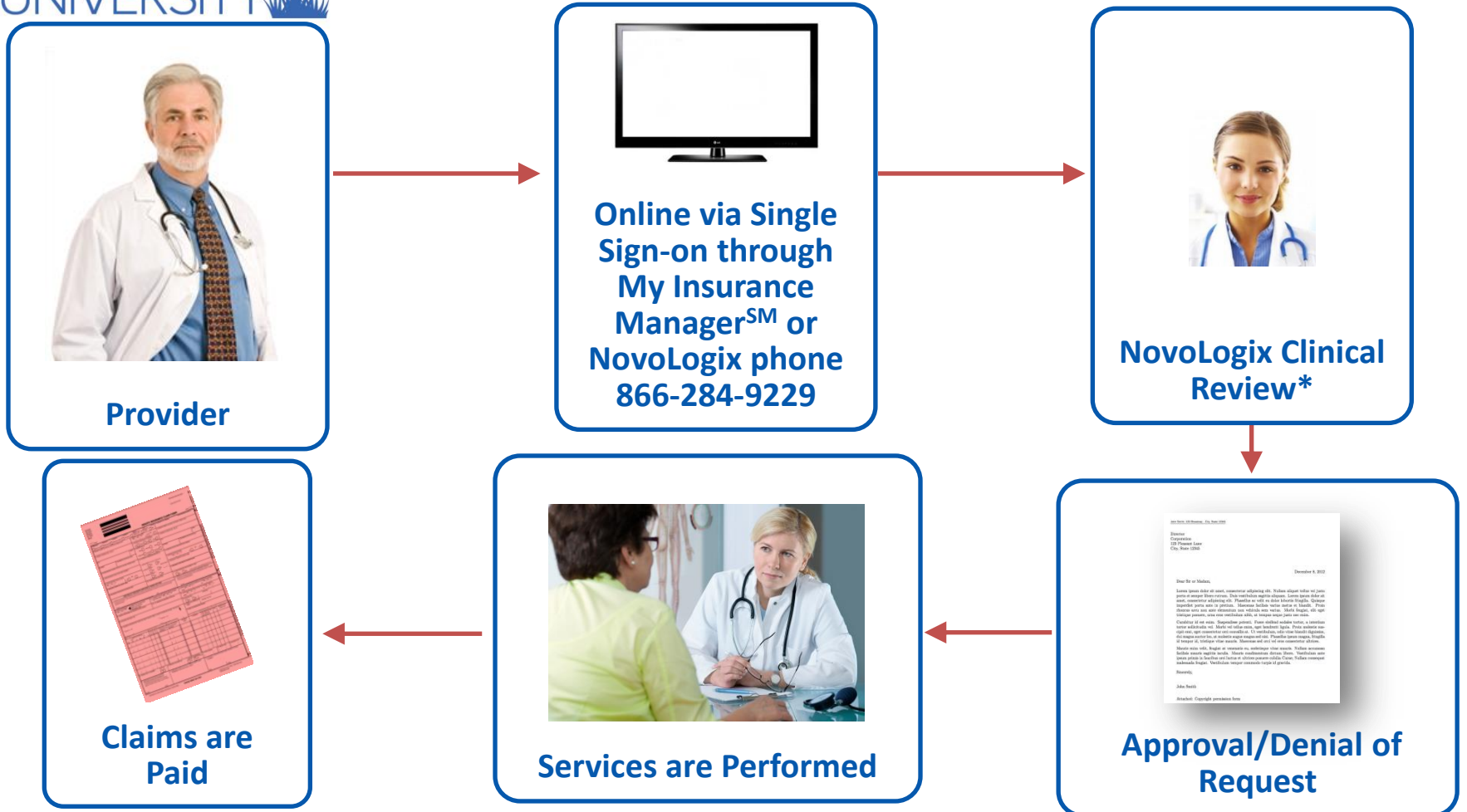
### PROTOCOLS/NOTES

- Complete any applicable protocol questions to complete the authorization request
- After creation you will be able to add Notes and/or upload supporting documentation

**NovoLogix may need additional information to complete the authorization request. Those requests will show in the “Provider Action” section of your homepage.**



# Prior Authorization Process



**\* If not auto-approved, NovoLogix makes determinations within two days for most requests**



# Prior Authorization Process

## Prior Authorization Request Example

**CVS CAREMARK** GO TO CVSC MBM WELCOME ADRIENNE LEVEL 1 (TECH) | LOG OUT

Home Authorizations Reports User Administration My Account Help

**Create Authorization** Add SSO User Find User Step 2: Enter Patient Detail Step 3: Enter Authorization Detail Step 4: Enter Authorization Lines

Patient  
Member ID: 042975 First Name: Sally Last Name: Doe Primary Address: 1414 15th Minneapolis, MN 22222  
DOB: 1/1/1980 (35 years) Gender: F

Line 1

Place of Service: Office \*  
Date(s) of Service: 2/16/2015 \* to 8/15/2015 \*  
NDC Code: 60574411301 \* Drug Name: Synagis Quantity (Doses): 4.00 \*  
Strength/Measure: 100 MG/ML Dosage Form: SOLN Route: IM  
Pkg. Size: 1.000 ML  
For Diagnosis:  001 0 CHOLERA DUE TO VIBRIO CHOLERAE \*

Sig:   
Refills:

« BACK CANCEL SAVE NEXT »

- Place of Service
- Date(s) of Service
- NDC and Quantity
- (\*) Indicates required fields



# Prior Authorization Process

## Additional Clinical Information

- Authorizations requiring additional information will be in the “Provider Action” queue.
- Provide the clinical information as quickly as possible for a timely determination.

The screenshot displays the Novologix web application interface. At the top, the Novologix logo is visible. Below it is a navigation menu with links for Home, Authorizations, Reports, User Administration, My Account, and Help. The main content area shows an authorization record for Authorization Number 26109. The status is 'Provider Action', which is highlighted with a red box. The record is assigned to a user. Below the status bar are two tabs: 'AUTHORIZATION DETAIL' (selected) and 'TRANSACTION HISTORY'. The 'Member Details' section shows Member Name: FIRSTNAME\_2 LASTNAME\_2, Member ID: PATIENTIDNO\_2, and Plan: Blue Cross and Blue Shield of South Carolina. The 'Authorization Details' section is expanded, showing 'Providers' with Provider Name: LOOS, MELISSA and 'Diagnosis' with Primary ICD10: R69 and Description: Illness, unspecified (ICD-10). At the bottom, the 'Authorization Requested Date' is 4/11/2016 9:45 AM, and the 'Authorization Start Date' and 'Authorization End Date' are both 4/8/2016.

## Prior Authorization Review

### 1 Intake Level



Requests are evaluated using NovoLogix's clinical algorithm

Requests can:

1. Approve
2. Require additional clinical review
3. Pend for clinical validation of medical records

### 2 Initial Review



NovoLogix will review request and can:

1. Approve
2. Send on for additional clinical review
3. Deny

### 3 Additional Clinical Review

At this point, authorizations can:

1. Approve
2. Deny



**A peer-to-peer discussion is always available!**

*Note: Refer to your authorization number for updated information regarding the submitted request.*



# Prior Authorization Process

## Notification of Determination

- Written and electronic provider notification
- Member will receive a separate notification

Home Authorizations Claims Reports Tools User Administration My Account Application Administration Help

Authorization Number: 636188 Status: **Approved**

Member Details Member Name: CARLOS MCSWAIN Member ID: 920169316 Plan: BlueCross BlueShield of Michigan Gender: Male Date of Birth: 4/1966 (50 years)

Authorization Lines APPROVED: NDC Code: 43773100102 Drug Name: Testopel Qty: 6.00 Approved

Line 1 Status: Approved

Place of Service: Office

Date(s) of Service: 3/21/2016 to 9/17/2016

NDC Code: 43773100102 Drug Name: Testopel Quantity (Doses): 6.00

Strength/Measure: 75 MG Dosage Form: PLLT Route: IL

Pkg. Size: 10.000 EA

Sig:

APPROVED

Date(s) of Service: 3/21/2016 to 3/20/2017

NDC Code: 43773100102 Drug Name: Testopel Quantity (Doses): 6.00

Strength/Measure: 75 MG Dosage Form: PLLT Route: IL

Pkg. Size: 10.000 EA

Protocol (BCBSM\_Testopel)

Is this request for self or office administration?

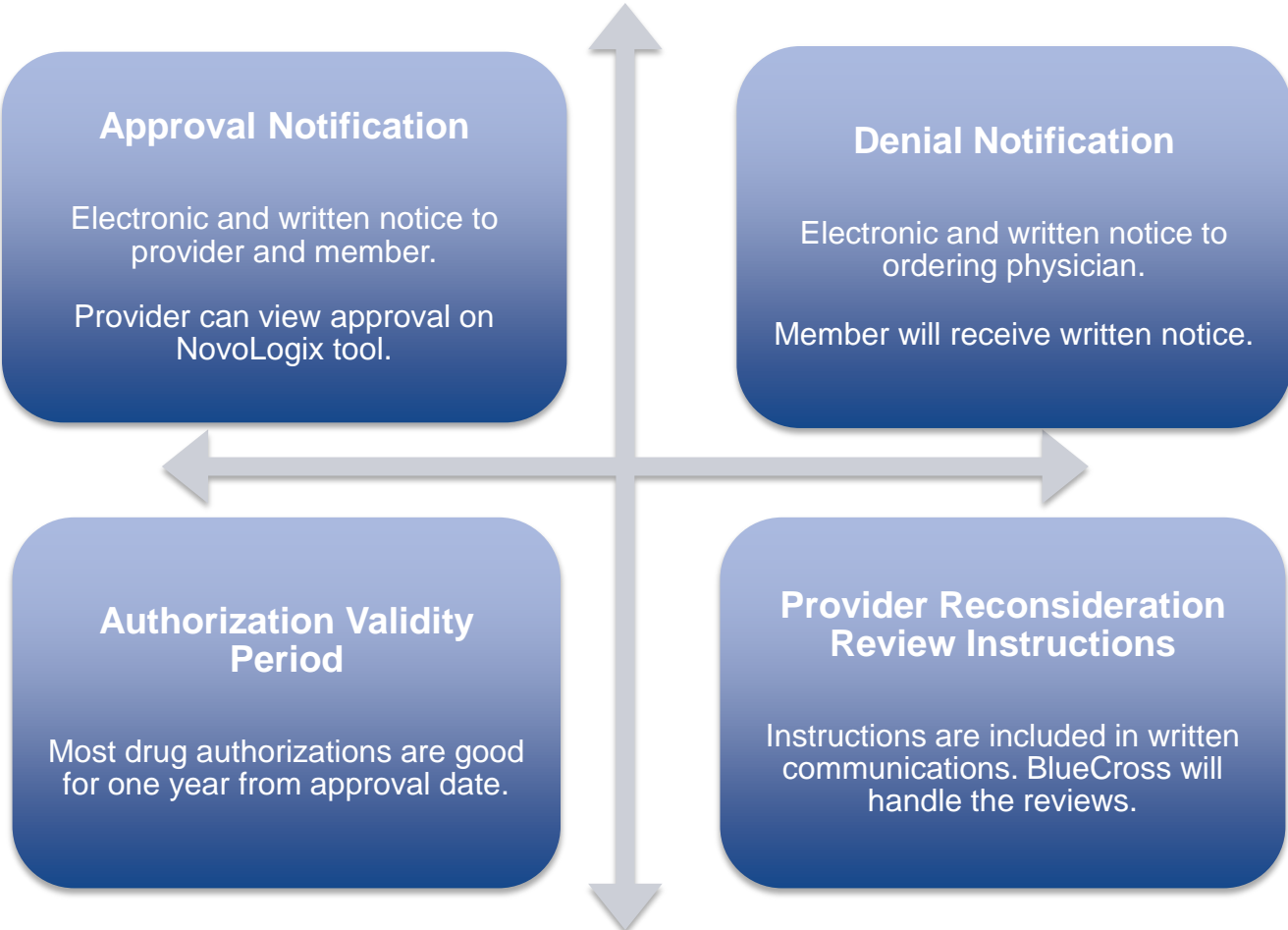
What is the prescriber's specialty?





# Prior Authorization Process

## Notification of Determination

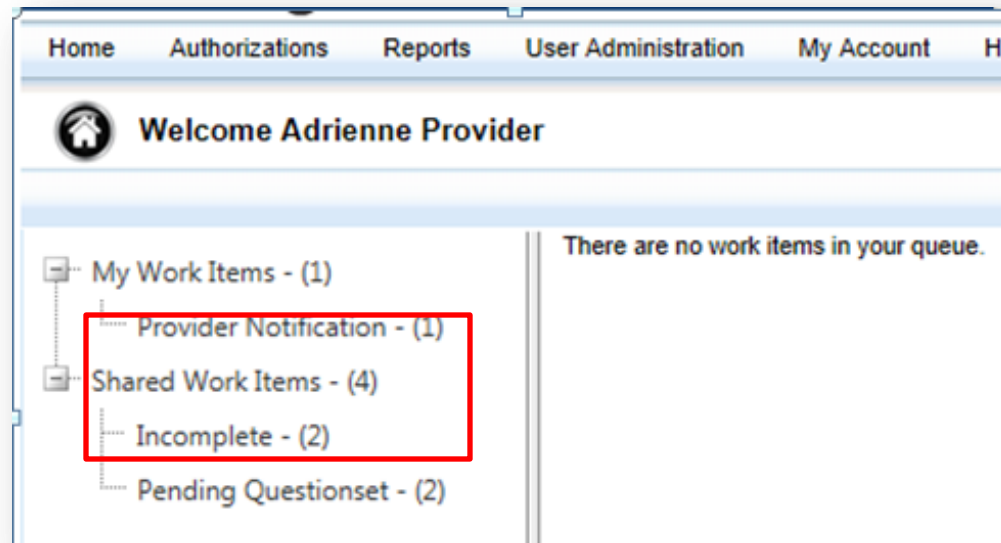




# Prior Authorization Process

## Retrospective Review Process

- Within 30 calendar days of date of service, NovoLogix will review requests based on medical necessity.
- Authorization determinations are listed in the provider's queue.





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## Other Important Information

### Claims Process

#### Claim Submission

- Submit claims to BlueCross and BlueChoice.
- File claims using Electronic Media Claims (EMC) or online using My Insurance Manager available at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)
- Check claim status through My Insurance Manager.

#### Provider Reconsideration Review Process

- Submit Provider Reconsideration Review requests to BlueCross for review of prior authorization or claim payment denials.
- Follow the instructions on the non-authorization letter or remittance notification.



## Other Important Information

### Reminders

- Effective June 1, 2016, prior authorizations for specialty medical drugs should be obtained from NovoLogix.
- BlueChoice providers do not contact the Utilization Management department for prior authorizations, contact NovoLogix.
- Medical Specialty Drug Lists are available on the BlueCross and BlueChoice websites.
- Contracted IVT providers must follow the two-step prior authorization process.

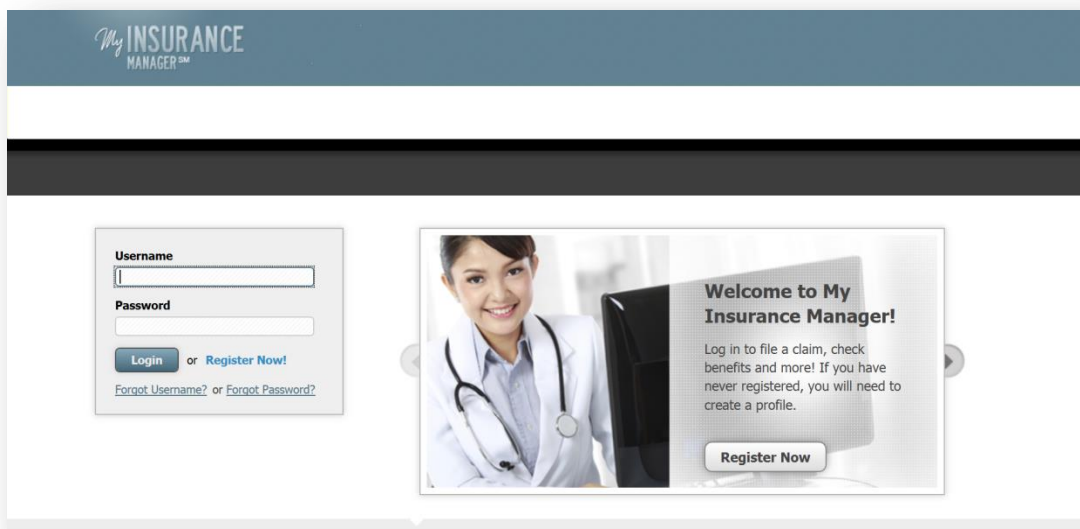


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## My Insurance Manager

- Available 24 hours a day, seven days a week
- Check patient eligibility and if drug requires prior authorization
- Single sign-on to NovoLogix to complete the authorization
  - Upload additional clinical information





## Resources

- [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)
  - NovoLogix provider training video
  - SMBM FAQs
  - Guide: What You Need to Know About Medical Specialty Drug Prior Authorizations
  - Drug Lists
    - » Medical Specialty Drugs
    - » Self-administered Drugs
  - Bulletins
  - BlueNews<sup>SM</sup>





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## Provider Relations Contact Information

### **NovoLogix Help:**

- Available Monday through Friday, 7 a.m. – 6 p.m. Central Time
- Call: 866-284-9229
- Email: [helpdesk@NovoLogix.net](mailto:helpdesk@NovoLogix.net)

### **BlueCross and BlueChoice Provider Relations and Education:**

- Phone: 803-264-4730
- Use the [Provider Advocate Contact Form](#)
  - Go to Contact Us on the websites

## Questions?



**Provider Advocate Contact Form in Contact Us**  
[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)



## **What was the Actual Date Providers Began Getting Prior Authorizations from NovoLogix?**

- The date to begin date to getting prior authorizations through NovoLogix was June 1, 2016.

## **Where are the Medical Specialty Drugs and Self-administered Drugs Lists Located?**

- The drug lists are available on our websites, [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com), in the Education Center on the Precertification page.



## **How Do I Check the Status of a Prior Authorization?**

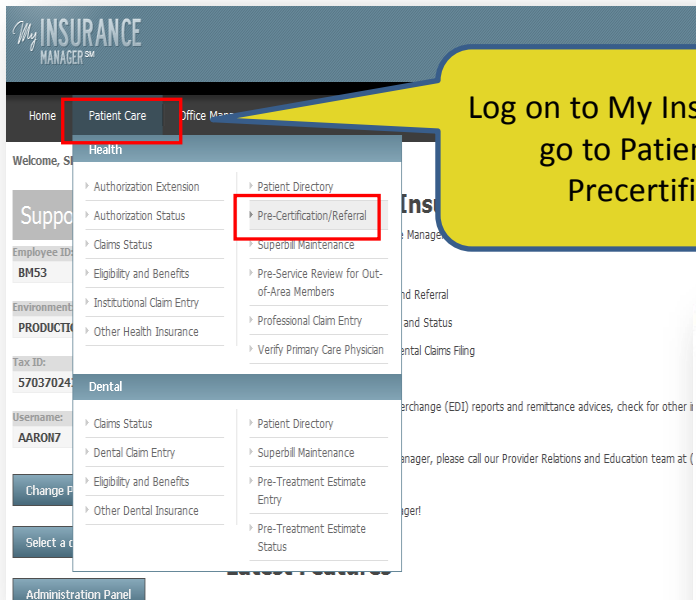
- Go through My Insurance Manager to verify the status of a prior authorization on the NovoLogix system.

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

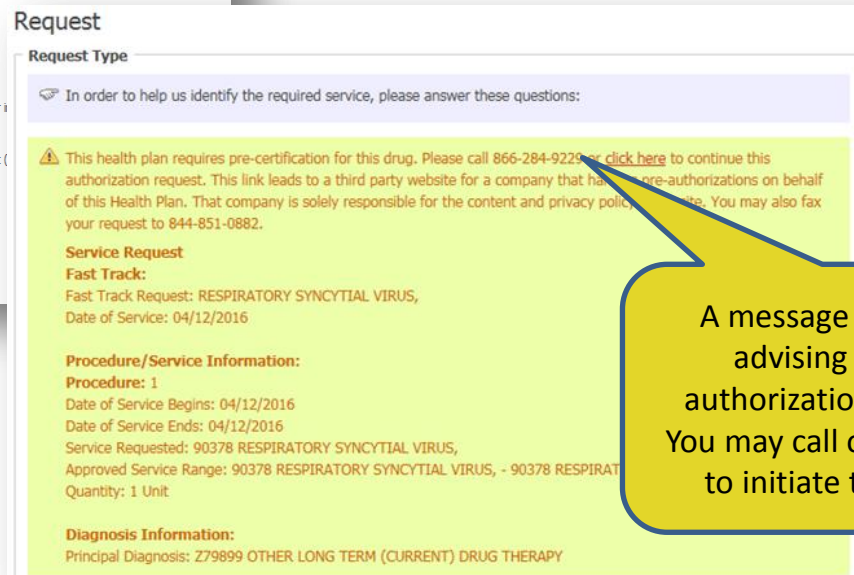
- If you have a question about the status of a prior authorization request, call NovoLogix at 866-284-9229.



## How do I submit a Prior Authorization?



Log on to My Insurance Manager, then go to Patient Care and select Precertification/Referral.



A message may appear advising that prior authorization is required. You may call or click the link to initiate the request.

## Questions?



**Provider Advocate Contact Form in Contact Us**  
[www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)



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# NovoLogix – Prior Authorization Process



**PA request submitted  
By Mail, Fax, or via online portal**



PA request  
is received

Eligibility verified,  
PA criteria applied

Meets  
guidelines

**YES**

PA approved

Medication is  
administered

Prescriber or pharmacy  
sends drug claim to health  
plan

**NO**

Denied

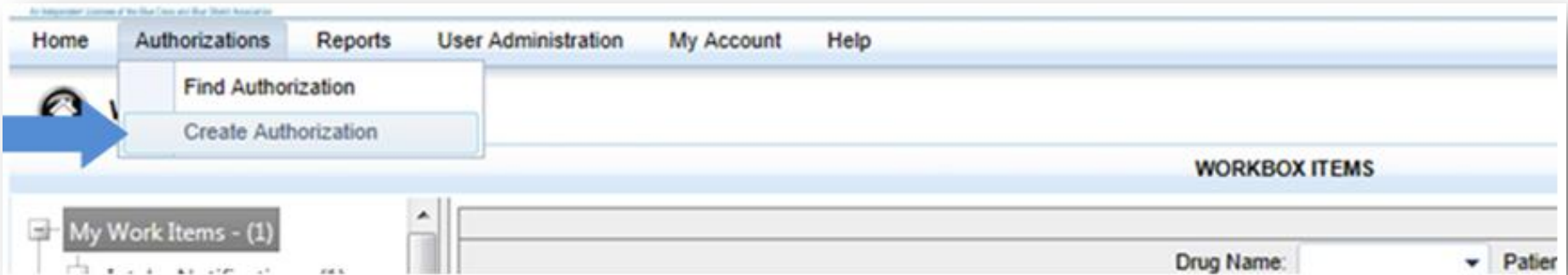
Appeals submitted to  
BCBSSC

Claim  
adjudication  
and payment

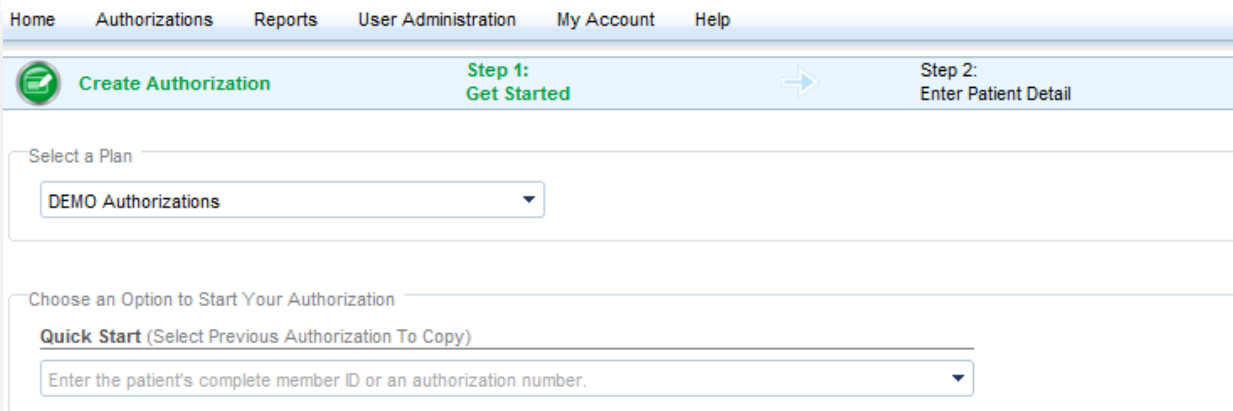


# NovoLogix – Prior Authorization Process

## Create an Authorization



## #1 – Get Started





# NovoLogix – Prior Authorization Process

## #2 - Enter Patient Detail

Choose an option to start the prior authorization:

- Quick Start
- New Patient
- Existing Patient

Home Authorizations Reports User Administration My Account Help

**Create Authorization** Step 1: Get Started Step 2: Enter Patient De

Select a Plan

DEMO Authorizations

Choose an Option to Start Your Authorization

**Quick Start** (Select Previous Authorization To Copy)

Enter the patient's complete member ID or an authorization number.

**Start With a New Patient**

Create an authorization by adding a new patient record. **NEW PATIENT**

**Search for an Existing Patient**

Member ID:  \*

Authorization Start Date: 2/16/2015  \*

Date of Birth:  \*

**SEARCH**



# NovoLogix – Prior Authorization Process

## #2 - Enter Patient Detail (cont'd)

Home Authorizations Reports User Administration My Account Help

Create Authorization

Step 1: Get Started → Step 2: Enter Patient Detail → Step 3: Enter Authorization Detail →

Patient Detail

Last Name:  \* First Name:  \* Middle Initial:

Date of Birth:  (38 years) \* Gender:  \*

Weight (kg):

Addresses - 123 15th Avenue Any City AL 2222

Insurance Details

Member ID:  \* Relationship to Insured:  \* Plan: CVSC Aetna

Memberships Group #: 5555656 Effective Date: 1/1/2001 Termination Date:

« BACK CANCEL

The asterisk indicates required fields:

- Name
- Date of Birth
- Member ID
- Relationship to Insured



# NovoLogix – Prior Authorization Process

## #3 - Enter Authorization Detail

GO TO CVSC MBM WELCOME ADRENNE PROVIDER | LOG OUT

Home Authorizations User Administration My Account Help

Step 1: Get Started Step 2: Enter Patient Detail Step 3: Enter Authorization Detail Step 4: Enter Authorization Lines

**Create Authorization**

**Patient**  
Member ID: 042975 First Name: Sally Last Name: Doe Primary Address: 1414 15th Minneapolis, MN 22222  
DOB: 1/1/1980 (35 years) Gender: F

**Providers**

Type	NPI	Name	Address
Requesting *	1003000118 *	DEMO MedRx Precision Provider	123 Main St City, AL 12345

MD Office Contact Name:  MD Office Contact Phone Number:  MD Office Contact Fax Number:

State License #:

DEA #:

Group or Hospital:

[ADD PROVIDER](#)

**Diagnoses**

Primary Diagnosis: 001.0 CHOLERA DUE TO VIBRIO CHOLERAE \* REMOVE

[ADD DIAGNOSIS](#)

Authorization Requested Date: 5/5/2015 Authorization Priority: Normal \*

**Authorization Detail**

Needs by Date:

Ship to:

Visit Date:

Next Clinic Visit:

Allergies:

IGF-q:

BP3:

« BACK CANCEL NEXT »

**Complete all required fields and any other required or applicable authorization detail fields.**



# NovoLogix – Prior Authorization Process

## #4 - Enter Authorization Lines

Home Authorizations Reports User Administration My Account Help

Create Authorization Add SSO User Find User Step 2: Enter Patient Detail Step 3: Enter Authorization Detail Step 4: Enter Authorization Lines

Patient

Member ID: 042975 First Name: Sally Last Name: Doe Primary Address: 1414 15th Minneapolis, MN 22222  
DOB: 1/1/1980 (35 years) Gender: F

Line 1

Place of Service: Office \*  
Date(s) of Service: 2/16/2015 \* to 8/15/2015 \*  
NDC Code: 60574411301 \* Drug Name: Synagis Quantity (Doses): 4.00 \*  
Strength/Measure: 100 MG/ML Dosage Form: SOLN Route: IM  
Pkg. Size: 1.000 ML  
For Diagnosis:  001.0 CHOLERA DUE TO VIBRIO CHOLERAEE \*

Sig:   
Refills:

« BACK CANCEL SAVE NEXT »

Enter the applicable:

- Date(s) of Service
- Drug Name or NDC
- Quantity
- Any Additional Information



# NovoLogix – Prior Authorization Process

## #4 - Enter Authorization Lines (cont'd)

Home Authorizations Reports My Account Help

Authorization Number: Status: Incomplete Assigned User:

AUTHORIZATION DETAIL TRANSACTION HISTORY

Member Details Member Name: Nathan Doe Member ID: 12091975 Plan: CVSC BlueCrossBlueShield of IL Gender: Male Date of Birth: 1/1/1980 (34 years)

Authorization Details

Providers Provider Name: Intake Provider

Diagnosis

Authorization Requested Date: 5/30/2014 2:53 PM Authorization Start Date: 5/30/2014 Authorization End Date: 5/30/2014

Authorization Priority: Normal

CancerType:	<input type="text"/>	Ann Arbor Stage:	<input type="text"/>	Nodal Status :	<input type="text"/>
Clinical/Pathologic:	<input type="text"/>	B Symptoms :	<input type="text"/>	Radiation Adjunct:	<input type="text"/>
T Stage :	<input type="text"/>	E/S/X Modifiers:	<input type="text"/>	Radiation Adjunct Timing:	<input type="text"/>
N Stage :	<input type="text"/>	FIGO Stage:	<input type="text"/>	Surgery Adjunct:	<input type="text"/>
M Stage :	<input type="text"/>	Ph+/Ph-:	<input type="text"/>	Surgery Adjunct Timing:	<input type="text"/>
Grade:	<input type="text"/>	MSTS Stage:	<input type="text"/>	Karnofsky Performance Scale:	<input type="text"/>
Final Stage:	<input type="text"/>	ISS Stage :	<input type="text"/>	WHO performance scale:	<input type="text"/>
Limited/Extensive:	<input type="text"/>	Serum Tumor Markers :	<input type="text"/>	Recurrent:	<input type="text"/>
NCCN Risk Category :	<input type="text"/>	Masoka Stage:	<input type="text"/>		

Authorization Lines REQUESTED: NDC Code: 58468035701 Drug Name: Campath Qty: Not Applicable

« BACK CANCEL SAVE SUBMIT

Review the information entered on the Authorization Detail screen.





# NovoLogix – Prior Authorization Process

## #5 – Protocols and Submitting Request

Provider

CHOLERA DUE TO VIBRIO CHOLERAE

SGM\_Xgeva (v1.1)

Will the patient receive calcium and vitamin D as needed to treat or prevent hypocalcemia?

Yes

No

Complete any protocol questions.

SAVE AND CLOSE → NEXT

Code: 5551





# NovoLogix – Prior Authorization Process

## #5 – Protocols and Submitting Request

Home Authorizations Reports User Administration My Account Help

Find Authorization  
Create Authorization

Status: Pharm Review Assigned User:

**i** Your authorization is currently being reviewed. Please check your home page daily to confirm that no additional information is required to process your authorization.

AUTHORIZATION DETAIL TRANSACTION HISTORY

Member Details Member Name: Sally Doe Member ID: 042975 Plan: DEMO Authorizations Gender: Female Date of Birth: (35 years)

Authorization Details

Providers Provider Name: DEMO MedRx Precision Provider

Diagnosis Primary ICD9: 001.0 Description: CHOLERA DUE TO VIBRIO CHOLERAE

Authorization Requested Date: 2/16/2015 Authorization Start Date: 2/16/2015 Authorization End Date: 8/15/2015

Authorization Priority: Normal

The status and authorization number will be displayed at the top of the screen.



# NovoLogix – Prior Authorization Process

## Add a Note

Notes & Documents


Notes: [ADD NOTE](#) [ADD CONTACT ATTEMPT](#) Documents: (No documents found)

Date	Type	Note	Attempt	Applies To	Added By
1/4/2013	General	<a href="#">Reason Here...</a>	Line 1		novologix.net

**Add Note**

Note:

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



Add a note from the Authorization Detail Screen



# NovoLogix – Prior Authorization Process

## Add a Document

Notes & Documents

Notes: [ADD NOTE](#) [ADD CONTACT ATTEMPT](#) Documents: (No documents found) [ADD DOCUMENT](#)

Date	Type	Note	Attempt#	Applies To	Added By
1/4/2013	General	<a href="#">Reason Here...</a>	Line 1		novologix.net

der 2

DB W/O COMP TYR

code: 66887000301

### Attach Document

Title: Document \*

Select File: D:\Training\Training\Test Fax. [Browse...](#) OR [Select From History](#) \*

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

[UPLOAD](#)

Add a document from the Authorization Detail Screen



# NovoLogix – Prior Authorization Process

## Resources

- [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com)
  - NovoLogix provider training video
  - SMBM FAQs
  - Guide: What You Need to Know About Medical Specialty Drug Prior Authorizations
  - Drug Lists
    - » Medical Specialty Drugs
    - » Self-administered Drugs

## Questions?



**Send to: [Provider.Education@bcbssc.com](mailto:Provider.Education@bcbssc.com)**  
**Subject: Webinar – SMBM - IVT**

