POLICY

N/A

SCOPE

This user guide will provide detail on how to navigate and utilize the NovoLogix Prior Authorization online tool for BCBSM Commercial Providers.
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ABOUT NOVOLOGIX
Novologix is a company developed and led by Clinical, IT, and Business professionals who are dedicated to driving healthcare innovation. Throughout our history, we have introduced revolutionary ideas, advanced processes and pioneering technologies to many of the nation’s leading health plans and thousands of healthcare providers.

Through our Software-as-a-Service (SaaS) platform, we deliver innovative software solutions to the medical pharmacy industry. Our software enables our clients to stay ahead of the shifting healthcare landscape, changes in the administration and sites of care, and other competitive forces affecting their bottom line.

CONTACT NOVOLOGIX
Novologix Client Support Services are available Monday – Friday, 7:00am to 6:00pm Central Time. Contact Client Support Services by e-mail at helpdesk@Novologix.net or by phone at the number provided for the Health Plan for which you are seeking assistance. Please do not include Protected Health Information (PHI) when sending e-mail messages to Novologix. For application assistance or to request a User ID and password, contact Novologix Client Support Services by e-mail at helpdesk@Novologix.net.

MINIMUM SYSTEM REQUIREMENTS
The Novologix system supports the use of Microsoft Internet Explorer and Firefox web browsers. The standard browser options for cookies and JavaScript must be enabled. We strongly recommend users upgrade to the most recent version, which will provide the best user experience.

To install the most recent version of Internet Explorer you can use the following link:
http://www.microsoft.com/ie

1. Add app.Novologix.net to Internet Explorer’s list of trusted sites
2. Open the new site in Internet Explorer
3. Go to Tools > Internet Options
4. Open the Security tab
5. Select Trusted sites
6. Click the Sites button
7. The site URL should be showing in the Add this website to the zone: box. Click Add
8. Click Close
9. Click OK
1. **ACCESS NOVOLOGIX**

To access the NovoLogix Prior Authorization Request tool,

1. From the Blue Cross Blue Shield of Michigan Provider Portal, click the **Medical Benefit Medication Prior Authorization** link.

2. Click **Go**, next to the Medical Benefit Medication Prior Authorization link.
3. From there, you will be prompted to select or type your NPI number, then **click go** and you will be brought to your NovoLogix homepage.
2. **SWITCH TO THE NEW VIEW**

1. Once logged in via the provider portal, a pop up will display, asking if you would like to change to the new view.

   ![Try New Authorization Screen!

   **Features Overview:**
   - Single-screen authorization entry so no switching between steps.
   - Easy collapsible panels for speedy information entry & modifications.
   - Summary sections, alerts to help quick review and status.

   ![Try it! Not Now]

2. To switch to the new view, select **Try it**. If you select **Not Now**, the system will bring to the current view. In the near future, the ability to switch between the old view and the new view will no longer be available.

3. You will then be brought to the Novologix Homepage.

4. To change back to the old view, uncheck the **New Screen** checkbox located at the right-hand corner of the screen. The system will log out, and you will need to log back in via your plan’s provider portal.
5. At any time during your session, you can reach the homepage/workbox by clicking the Home icon.
3. CREATE AN AUTHORIZATION

1. From the User Homepage, hover over the Authorizations dropdown menu and select Create Authorization.
Step 1-Get Started

1. Select the applicable plan (This is auto selected if you only have access to one)

![Create Authorization](image)

2. **Quick Start**: You can use the **Quick Start** option to search for an authorization previously created to copy from.
   
   a. Enter the patient’s **Member ID** under Quick Start to search for existing authorizations to copy. Click on the Authorization record you wish to copy form the dropdown.

   b. The system will auto search once you have entered a valid entry.

   c. Click on the transaction to select.
3. **Search using Existing Patient**: Enter the **Member ID** under the **Search for Existing Patient** field and click **Search**. If multiple Members display in the search results, click on the Member ID of the patient you wish to select. Click on line to select your member from the results returned at the bottom of the screen.
Step 2-Confirming Patient Detail
1. Confirm patient information and complete any additional fields (*) under the Member Details screen.
2. Click on arrows next to each heading to expand/collapse each section.
AUTHORIZATION DETAILS

1. If the Requesting Provider field is not auto populated, search for the provider by entering the Provider Name or NPI in the NPI field and clicking the search icon.
2. Select the provider from the dropdown results by clicking on the Provider name.

3. Enter the Office Contact Phone Number and Fax Number.
4. Determine the Authorization Priority and click on the drop down to change it to **Urgent** if it is an urgent request. Otherwise the field auto populates as a **Normal** request.
AUTHORIZATION LINES

1. Select the place of service from the dropdown menu.

2. Enter applicable start and end dates under Date(s) of Service.

Enter all required information in each section. Any section and field missing required information will display a reminder in red.
3. Search for the requested drug by entering the drug name or NDC into the **Drug** field and clicking the search icon. Select the drug from the results in the dropdown menu.

4. Enter the **Quantity** limit you are requesting.
   If not applicable, the field will not appear upon drug selection.
5. Select the correct answer to, “Is the patient currently on this medication?”

*Please note:* It is important to answer this question accurately, as this could affect the outcome of your authorization request.
6. Review information entered under the **Authorization Detail Screen**. Once all required information has been entered, each section will display a green checkmark in each section heading.
7. If no changes are needed, select **Submit**.
4. COMPLETE THE PROTOCOLS AND SUBMIT YOUR REQUEST

1. Upon clicking Submit, you will be prompted through a series of protocol questions.
2. Answer clinical questions as they are presented in the pop-up screen that displays and click **Next** to move on to the next question. If you are unable to complete all the protocol questions, you can click **Save and Close** to complete the question set later.
3. Once the protocol questions are completed your authorization start the review process, and will proceed to one of the following statuses:

- Pharm Review
- Approved
- Tech Action

To exit the protocol. Click, **Done**.

**Note:** If you are asked to attach a document during the protocol process, complete the protocol and attach the document when prompted. If you forget to attach documentation or you have additional documentation you need to attach; you can add it under the document section once the case enters the review process. **Documents attached to finalized cases will not be reviewed.**
5. **INTERVENTIONS/AUTO CANCEL**

There may be an instance, based on the answers to the protocol questions, when you will be presented with an intervention. Once presented with the intervention question, you will be asked if you would like to cancel your request.

a. To **Cancel** your request, select **Yes** then **Next**. This will auto cancel your request.

b. The status of your request will now be **Cancelled**, and no further action will be taken on the request.
c. If you choose not to cancel, select **No**, continue to answer any remaining protocol questions. You may be asked to enter additional notes or documentation to support your rationale.

1. Upon completion of the protocols, your request will either **Auto Approve** or be released for further review and your authorization will show a status of either **Pharm Review** or **Tech Review**.

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

**Please note:** If your request was auto approved, your end date and / or NDC approved may change based on the information received in the protocol.
6. **NOTES AND DOCUMENTS**

Once the Authorization has been created, you will have the ability to add notes or documents directly to the Authorization.

**NOTES**

1. To add a note to the Authorization, from the **Notes, Letters & Documents** section, select **Add Note**.

2. Enter your note in the pop up that displays and click **Save**.
3. Your note will then be saved under the Authorization’s **Notes, Letters & Documents** section. To view a note, click on the note **Description** in blue.

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/19/2019</td>
<td>General</td>
<td>Text note</td>
</tr>
</tbody>
</table>

4. You can also view the note by hovering over the note **Description** in blue.
DOCUMENTS

1. If prompted to add a document during the clinical question process, you can do one of the following:
   a. Add the document when prompted during the protocol.
   b. Add after the questions have been completed.

2. To attach a document to the Authorization after you have completed the protocol you will select the Add Document button from the Notes, Letter & Documents.

There are two ways to attach a document to a case:
   a. Browse through your directories to locate the desired file.
   b. Select Document and rename the document.
   c. You can also ‘Drag & Drop’ a file.
   d. Click Upload once completed to attach.
1. Your document will then be saved in the **Documents** section of the Authorization detail.
2. To view a document, click on the **Document** title in blue.

<table>
<thead>
<tr>
<th>Date Attached</th>
<th>Type</th>
<th>Title (click to view)</th>
<th>Applies To</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/19/2019</td>
<td></td>
<td>Document</td>
<td>Line 1</td>
</tr>
</tbody>
</table>
7. CANCEL AN AUTHORIZATION

If you have saved an Authorization request and have not yet submitted it to the plan for review, you can cancel your request.

1. To cancel an Authorization request, once you are in the Authorization, click the Cancel button at the bottom of the screen.

2. Your request will then go into a **Cancelled** status.
8. HOMEPAGE/WORKBOX

The homepage contains the user’s Workbox. The Workbox contains all authorizations assigned to the user (My Work Items), and any authorizations assigned to users associated with your provider’s office (Shared Work Items).

1. Any authorizations assigned to you, the user, will be listed under the heading My Work Items.

2. To expand the list of authorizations under a specific Workbox, click on the “+” sign to view individual type of authorizations within that Workbox.
3. To open an authorization within a specific category of the workbox, click on that category to select from an itemized list of authorizations.

4. From that list you can select the authorization you wish to view by clicking on the authorization task name in blue.
1. If an authorization in the Shared work queue is assigned to another user, when you click on that authorization task name, a message will appear on the screen to ask if you would like to take control of that authorization.
   a. If you select **yes**, assignment of that authorization will be taken away from that user and assigned to you.
   b. If you select **no**, the authorization will stay assigned to the current user, but still allow you to review the authorization detail information.
   c. If you select an authorization that is in the Shared Work Items queue that is currently unassigned, that authorization will automatically be assigned to you when you click on the authorization number to view.
9. PROVIDER ACTION/PROVIDER RESPONSE

There may be instances when you have submitted an authorization request and upon review the plan will need additional information from you, the Provider. The Pharmacist/Tech can request this additional documentation online through the web site, directly to your homepage. This request is called, Provider Action.

1. To review a Provider Action, click the authorization you wish to review.
2. The description of what is being requested will appear under the Notes section of the Authorization detail.
3. Upon review of the authorization and adding any notes or additional documentation, you can then release the authorization back to the Pharmacist/Tech by selecting the **Respond** button at the bottom of your screen.
10. APPEALS

If you have a denied Authorization and or a Split Decision authorization that you wish to appeal the decision, you can appeal your denied authorization request online.

Please note: If your Appeal is for a Split Decision case; you would be disputing the denial portion of the case. You would initiate a Split Decision Appeal on that portion of your authorization.

Note: You may need to accept notification before the appeal button will appear on the screen.

1. Once in your authorization you would like to Appeal, select the Appeal button on the bottom of the authorization detail screen.
2. You will be prompted to enter an appeal reason, as well as answer if the Patient is currently on this medication.
3. Click Appeal.

Your appeal request will then be sent to the Pharmacist for review.
11. MODIFICATIONS

If you have an approved authorization and you want to change the start date of the authorization. You can request this online by creating a modification.

Note: Modifications can only be requested for quantity limit changes, site of care and backdate requests. Modifications cannot be used for denied cases or requests for an extension.

1. To enter a modification from the detail screen of your approved authorization, click the Modify button on the bottom of the authorization detail screen.

2. Enter your Modify Reason in the pop-up screen and click Modify.
3. You can edit the **Date of Service** field(s) as applicable.

4. Once you have entered in the requested change, select **Release** and the authorization will be sent to the Pharmacist for review in **Pharm Review - Mod**
12. FIND AN AUTHORIZATION

The Find Authorization features allows users to look up any authorizations in the system submitted by your Provider office. Since the Quick Search feature have been implemented in the system, the Find Authorization feature will be discontinued at some point in the future.

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

2. Enter search criteria in either the **Authorization** search box or the **Member ID** search box.

3. Click **Search**.
4. Select the Authorization you wish to view by clicking on the Auth# in blue from the search results presented at the bottom of the screen.
13. QUICK SEARCH

The Quick Search option allows you to search for Authorizations in the system using simple text or advanced filters.

1. To access Quick Search, from the Authorization dropdown menu select Quick Search.

2. Once in the Quick Search screen, you have the option to search by Text Search and Filtered Search.

TEXT SEARCH

1. To search by text, click on the Text Search tab. The text search will look for matches anywhere in the prior authorization.
2. Enter your search term in the search field and click **Search**. Your results will display at the bottom of the screen.

3. From the search results, you can view the high-level detail of an Authorization record (i.e., Novologix authorization number, provider, member name and ID, etc).

**Note:** The sort feature will only sort what is displayed on the page you are on. If your results are more than one page; your sort results will only reflect on the page shown. You will have to go to the next page and select sort for the information on that page.
4. You are also able to filter by the headings (highlighted in yellow) by clicking on the name of the heading. Columns with a “+” sign are expandable to display additional details.

5. Click on the “+” sign to view additional details of a particular column. Once expanded, click on the “−” sign to collapse.
6. Columns are also moveable. Click on the column you would like to move.
7. Drag the column to its new location.

8. To view a specific record on your search results, click the Authorization number in blue, to open the Authorization detail.
9. To refine your results, you can use Search Operators.

a. To search for an exact phrase, place quotes around the text entered on the search field.
b. To search for an equivalent or a given term, enter the word “OR” (in all caps) between both search terms in the search text field.
c. To search for results that include more than one term, enter the word “AND” (in all caps) between both search terms in the search text field.
d. To exclude a search term from your results, enter the word “NOT” (in all caps) before the search term in the search text field.
FILTERED SEARCH

Filtered Search provides the same filtering results as the Find Authorization feature.

1. To reach Filtered Search, click the Filtered Search tab.
2. Once in the **Filtered Search** tab, complete the fields you wish to filter your results by and click **Search**.

3. Your filtered results will appear at the bottom of the screen.
14. PROCESS A DUPLICATE AUTHORIZATION

Upon release if your request is a duplicate you will be prompted that Duplicate/Overlapping requests are not permitted.

1. You can either update the request so that it is not a duplicate or overlapping request, or you can **Void** the request and **Modify** the original request.
2. You will be presented the authorization that is the duplicate Authorization.
3. Click **Void** to void your current request.
15. VIEW THE AUTHORIZATION DETAIL

1. Status
   This section indicates what status the authorization case is in.

2. Member Details
   This section holds all the member information. You will want to verify the member detail information to ensure the case is for the member in question.
3. Authorization Lines

The Authorization Lines section of the authorization contains the information for the drug requested. The information here includes Place of Service, Date(s) of Service, NDC code, Quantity, NDC Name, Strength/ Dosage form and the Sig.
4. Notes

Any notes that you or the pharmacist have added will be found here, including denial reasons (if applicable).

5. Documents and Letters

All documentation that you have attached will be included here. This will also include copies of any letters the plan has generated.
6. Approval Grey Box

The grey box supplies the authorization detail information pertaining to the drug and its approval.

**Note:** The Grey box is only applicable if the authorization is Approved. If the case is denied the grey box will not appear.

![Image of the grey box with the following details:](image)

**HCPCS Code:** J0585  **Drug Name:** Botox  **Strength/Measure:** 200 Unit

**Route:** IJ  **Pkg. Size:** 1 EA  **Dosage Form:** SOLR

7. Provider Authorization Detail Section

This section provides the Requesting provider information that was input on the authorization request.
8. Decision Details
This section will indicate the decision details that were made on the case. The date and time the request was made and when the decision was made will be present along with the priority that was on the request ie- (Normal/Urgent).

![Decision Details Image]

9. BTL Protocol
This section shows the BTL Protocol that populated for the drug the authorization was for. It will indicate each question that was asked during the BTL process and what answers were selected.

![BTL Protocol Image]

10. Work Instructions
This section will show you Work Instructions set by the exception group as it pertains to the case. Click on the Work Instructions link on to top right hand corner and the Work instructions box will populate.

![Work Instructions Image]
16. MEMBER PRIOR AUTHORIZATION HISTORY

Member Prior Authorization History allows a provider facility to access the complete history of prior authorizations submitted to Novologix for that member and their content from the prior authorization detail screen.

1. To access the Member Prior Authorization History tab, click on the Member’s PA History tab at the top if the authorization details screen.

Every authorization in the system submitted by your provider NPI for that member will be listed under Member’s PA History.
2. The details listed for each authorization include the authorization number, provider name, diagnosis code, drug name, start and end dates, authorization status, documents and notes.

3. Documents associated with an authorization can be opened by clicking on the document name in blue.
4. For authorizations that have multiple documents attached, click on the down arrow to view the list of documents attached to that authorization.
5. To view the details of a note, hover over the note link in blue.

<table>
<thead>
<tr>
<th>Authorization Number: 123636</th>
<th>Status: Pharm Review</th>
<th>Assigned User: Demo7 Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization Details</td>
<td>Transaction History</td>
<td>Member's PA History</td>
</tr>
<tr>
<td>Member Name: $</td>
<td>Member Id: $</td>
<td>Plan Name: BlueCross BlueShield of Michigan</td>
</tr>
</tbody>
</table>

Member's PA History

<table>
<thead>
<tr>
<th>Auth #</th>
<th>Provider Name</th>
<th>Diagnosis</th>
<th>Drug Name</th>
<th>Start Date</th>
<th>End Date</th>
<th>Last Activity Date</th>
<th>Status</th>
<th>Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>123744</td>
<td>BLACKMER, AA...</td>
<td>Prolia</td>
<td></td>
<td>06/02/2019</td>
<td>06/02/2019</td>
<td>06/18/2019</td>
<td>Split Decision</td>
<td>Multiple</td>
</tr>
<tr>
<td>123645</td>
<td>BLACKMER, AA...</td>
<td>Prolia</td>
<td></td>
<td>06/01/2019</td>
<td>06/01/2019</td>
<td>06/18/2019</td>
<td>Split Decision</td>
<td>Multiple</td>
</tr>
<tr>
<td>123636</td>
<td>MICHAEL HARP...</td>
<td>Illumya</td>
<td></td>
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<td>06/18/2019</td>
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<td>Remicade</td>
<td></td>
<td>05/22/2019</td>
<td>11/22/2019</td>
<td>06/18/2019</td>
<td>Split Decision</td>
<td>Multiple</td>
</tr>
</tbody>
</table>

6. For authorizations that contains multiple notes, click on the Multiple notes link in blue.

7. All notes associated with that authorization will be presented in the pop up that displays.
8. To copy a note to your computer’s clipboard, click on the note content in blue.
17. HOW TO ACCESS ASK NOVOLOGIX
The Ask NovoLogix system was established to assist users in gaining access to items such as forms, user manuals and videos.

1. Select Help and Ask NovoLogix

2. This will take you to the FAQ Category interface and search engine.
3. Click on a specific FAQ Category and detailed information regarding that item will populate.

4. To use the search bar you would put in your search request and hit enter and the most relevant content pertaining to your search inquiry will populate.
• **Authorization number** - The authorization number assigned to the prior authorization request in the Novologix system.

• **Document Attachments** – All documentation that you have attached to the case will be included in this section. This will also include copies of any letters the plan has generated.

• **Line Details** – The Line Detail section of the authorization contains the information for the drug requested. The information here includes Place of Service, Date(s) of Service, NDC code, NDC Name, Strength/ Dosage form and the Sig.

• **Member Details** – This will hold all demographic information on file from the payer. Please contact payer directly with any questions on information provided.

• **Notes** – Any notes that you or the Payer have added will be included here. Including Denial reasons (if applicable).

• **Status**
  
  o Cancelled-Provider selects to cancel a prior authorization request they have in process.

  o Final Status – Approved, Approved Mod, Appeal Approved, Appeal Approved Mod or Denied, Appeal Denied (Denial reason will be in notes), Split Decision, Appeal Split Decision.

  o Incomplete, Incomplete Appeal, Appeal Incomplete Mod, Incomplete Mod– Still with the Provider, click **Submit** to continue.

  o Pending, Pending Appeal, Pending Mod, Appeal Pending Mod-The authorization is in processing of finalizing. Once the case has been finalized, determination letters are sent out.

  o Provider Action, Provider Action Appeal, Provider Action Mod, Appeal Provider Action Mod- The authorization is waiting for a response from the provider for additional information needed to complete the case review.

  o Pharm Review, MD Review, Pharm Review Appeal, MD Review Appeal, Executive Services Review Appeal, Pharm Review Mod, MD Review Mod, Appeal MD Review Mod, Appeal Pharm Review Mod, Appeal Tech Action Mod – The Authorization is under review with Pharmacy Services staff.

  o Tech Action, Tech Action Appeal, Tech Action Mod, Appeal Tech Action Mod-The case is under review with Prior authorization staff.

  o Void-To be used by internal staff.