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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®)
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How to Submit Authorization Requests
Initiate requests using My Insurance Manager (via www.SouthCarolinaBlues.com or 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
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.
Online via Single Sign-on through My Insurance ManagerSM or NovoLogix phone 866-284-9229

* If not auto-approved, NovoLogix makes determinations within two days for most requests
BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

Prior Authorization Request Example

- Place of Service
- Date(s) of Service
- NDC and Quantity

(*) Indicates required fields
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.
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.
Notification of Determination
• Written and electronic provider notification
• Member will receive a separate notification
Approval Notification
Electronic and written notice to provider and member.
Provider can view approval on NovoLogix tool.

Denial Notification
Electronic and written notice to ordering physician.
Member will receive written notice.

Authorization Validity Period
Most drug authorizations are good for one year from approval date.

Provider Reconsideration Review Instructions
Instructions are included in written communications. BlueCross will handle the reviews.
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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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.
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
• BlueNewsSM
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NovoLogix Help:
• Available Monday through Friday, 7 a.m. – 6 p.m. Central Time
• Call: 866-284-9229
• Email: 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
Provider Advocate Contact Form in Contact Us
www.SouthCarolinaBlues.com or 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

[Links]
www.SouthCarolinaBlues.com or 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
  - Meets guidelines: NO
    - Denied
      - Appeals submitted to BCBSSC
    - NO

- PA approved
  - PA approved
  - Medication is administered

Prescriber or pharmacy sends drug claim to health plan

Claim adjudication and payment
Create an Authorization

#1 – Get Started

Select a Plan

DEM Authorization

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.
#2 - Enter Patient Detail

Choose an option to start the prior authorization:
- Quick Start
- New Patient
- Existing Patient
The asterisk indicates required fields:
- Name
- Date of Birth
- Member ID
- Relationship to Insured
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#3 - Enter Authorization Detail

Complete all required fields and any other required or applicable authorization detail fields.
NovoLogix – Prior Authorization Process

#4 - Enter Authorization Lines

Enter the applicable:
- Date(s) of Service
- Drug Name or NDC
- Quantity
- Any Additional Information
**#4 - Enter Authorization Lines (cont’d)**

Review the information entered on the Authorization Detail screen.
#5 – Protocols and Submitting Request

Complete any protocol questions.

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

- Yes
- No
NovoLogix – Prior Authorization Process

#5 – Protocols and Submitting Request

The status and authorization number will be displayed at the top of the screen.
NovoLogix – Prior Authorization Process

Add a Note

Add a note from the Authorization Detail Screen
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Add a Document

Add a document from the Authorization Detail Screen
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Questions?

Send to: Provider.Education@bcbssc.com
Subject: Webinar – SMBM - IVT
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SMBM Strategy