NovoLogix Provider Support

Thank you for joining us! We will begin momentarily.

CVSHealth®

Important Information

- This NovoLogix training pertains to Priority Partners, EHP and Advantage MD provider-administered medical injectable drugs that require prior authorization. These drugs fall under the member's medical benefit.

- The lists of drugs that require prior authorization, and applicable policies are available on JHHC.com. As of July 1, 2021, prior authorizations for these codes will also be reflected in JPAL. If there are questions regarding an authorization decision, please reference your notification letter. Additional details are available in the JHHC provider manuals.

- Preauthorization requirements for provider administered medical injectable drugs were already in place for Priority Partners prior to 7/1/2021. Preauthorization requirements for provider administered medical injectable drugs are new for EHP (employees and beneficiaries of JHU excluded) and Advantage MD as of 7/15/2021.

- When you request a Prior Authorization through the NovoLogix portal, you will receive the decision directly within the NovoLogix portal. Decision response times follow the JHHC utilization management required turn-around times for medical prior authorization requests. Please see the Priority Partners, EHP and Advantage MD provider manuals for details.

- The Member Prior Authorization History section is available within the authorization (saving time for users that would like to view authorizations in the system for a Member).

- While there is no change in the process to submit claims, an NDC is required for payment of provider-administered medical injectable medication. Please include the NDC on the claim submission form.

How to Request Prior Authorizations

- For EHP and Advantage MD, providers may submit prior authorization requests electronically as of July 1, 2021, for service dates of July 15, 2021 and later by accessing the NovoLogix platform through the HealthLINK portal. The NovoLogix platform is the preferred and most efficient method of submission. However, if the NovoLogix platform cannot be accessed through HealthLINK, Providers may also contact NovoLogix by Phone at 844-345-2803 for EHP and 800-932-7013 for Advantage MD.

- For Priority Partners, providers may submit prior authorization requests electronically as of July 1, 2021, by accessing the NovoLogix platform through the HealthLINK portal. The NovoLogix platform is the preferred and most efficient method of submission. However, if the NovoLogix platform cannot be accessed through HealthLINK, providers may also fax drug-specific prior authorization forms to 866-212-4756. Drug-specific prior authorization forms are found on Priority Partners website.

- The attachment of clinical documentation is required for all prior authorization requests.

- All existing prior authorizations obtained before July 1 will remain valid through their end date.

- For any other questions, provider may call JHHC PROVIDER FIRSTLINE: 888-819-1043

How to Access NovoLogix via HealthLINK

- There is no need to remember another sign-on for NovoLogix. Single Sign-on will be used to sign you in.

- You must access NovoLogix via HealthLINK. This way, your NPI and related information will be already entered for you.

More about NPIs

- If you use a shared group NPI and the office location that populates is different than yours which shares the same NPI, please proceed with the preauthorization request. If approved, the authorization will be applicable to your office location.

- Please do not change the NPI number in NovoLogix as it should be tied to the NPI in HealthLINK. You can change the MD Office contact name, phone fax so you can be contacted about a decision.

- Rendering Provider is also required in NovoLogix. Search by NPI (individual, group or facility providing the service) or Provider name once you get to that section in the Novologix prior authorization.

How to Access NovoLogix via HealthLINK

- Click on the Office Management Tab. You will see the NovoLogix Option under Authorizations.

How to Create a Prior Authorization

From the **User Home Page**, hover over **Authorizations** and click **Create Authorization**

How to Create a Prior Authorization

Select the Plan, Member ID, and any other required information (denoted by a red asterisk), under the **Search for Existing Patient** field click **Search.** If there are multiple members under one Member ID, click to select the correct Patient. For all lines of business, use the ID number on the member's ID card to search for a member in NovoLogix. Note: do not use the recipient number on the Priority Partner's card for member search in NovoLogix.

How to Create a Prior Authorization

Once all required information in a section has been entered, the section will display a green check mark.

How to Create a Prior Authorization

Enter all required information denoted by a red asterisk, in each section. Any section and field missing required information will display a reminder in red.

How to Create a Prior Authorization

Complete the required fields for **Requesting Provider** and any other required information in the **Authorization Details** section. *If the Requesting Provider field is not pre-populated, you can search by entering either the NPI or Provider name in the NPI field.

How to Create a Prior Authorization

In the **Authorization Lines** section, select the place of service and enter the applicable start and end dates. Enter requested drug name *or* NDC in the **Drug** field and select the requested drug from the resulting dropdown.

How to Create a Prior Authorization

Review information entered under the **Authorization Detail Screen**.
If no changes are needed, click **Submit**

How to Create a Prior Authorization

Upon clicking **Submit**, you will be brought through a series of required clinical protocol questions that will display on the screen.

Answer all questions as they are presented in the pop-up screen that displays and click **Next** to move on to the next question.

How to Create a Prior Authorization
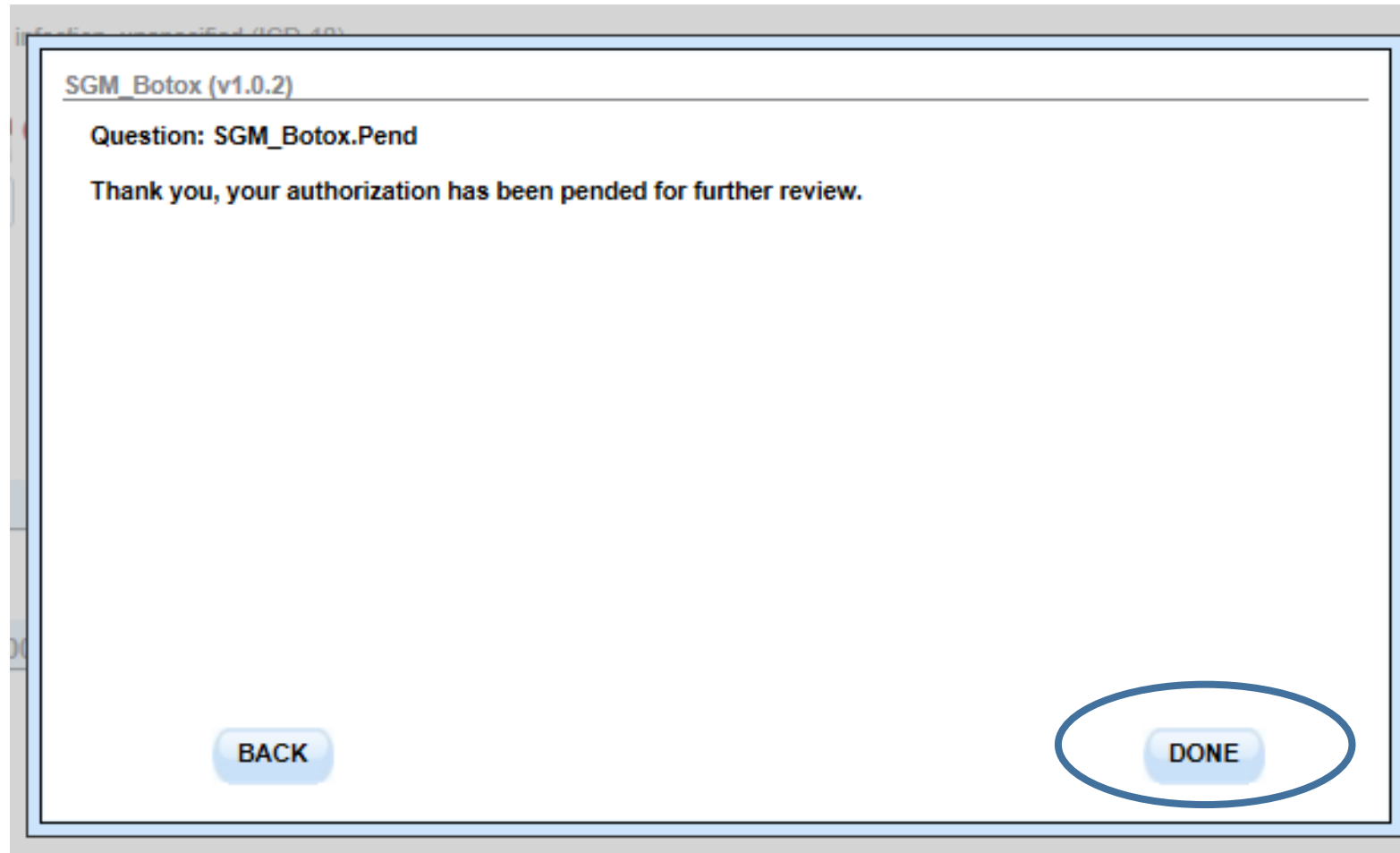
Once the clinical protocol questions are completed your authorization will either be auto-approved or released to the next party for review. Once the outcome is displayed on the last pop-up screen, click **Done**.

How to Create a Prior Authorization

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

Notes and Documents

Once a request has been created, you can attach notes and documents directly to your Authorization.

Notes and Documents

To add a note, click Add Note in the Notes section of the Authorization detail.

Notes and Documents

Enter your note in the pop up that displays and click **Save**.

Notes and Documents

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.

Notes and Documents

To attach a document to the Authorization, from the **Notes, Letter & Documents** section, select **Add Document**.

Notes and Documents

Name your document
Browse through your directories to locate the desired file.
Select **Document** and rename the document.
Click **Upload** to attach.

Notes and Documents

Your document will then be saved in the **Documents** section of the Authorization detail. To view a document, click on the **Document** title in blue.

Letters and Documents

Once action is taken on an authorization, letters will be generated to the requesting and rendering provider and member. Click on the blue Title link to download a copy of the letter. A letter will also be faxed to providers and mailed to members.

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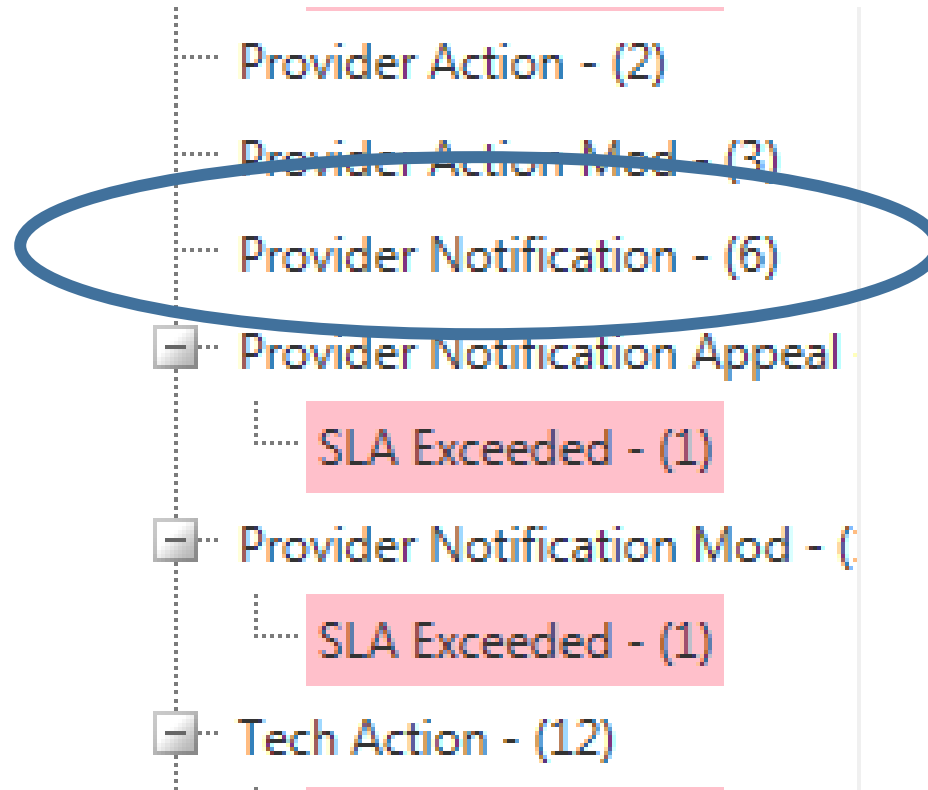
Once a determination is made, the Authorization will be sent back to your home page under the **Provider Notification** queue. You will then be able to open the authorization to review the determination of your Authorization request.

Member Prior Authorization History

You also can access the complete history of authorizations for a Member directly from the authorization screen.

To access the Member's prior authorization history, click the **Member's PA History** tab at the top of the screen.

Member Prior Authorization History

Every authorization in the system for that particular member will be displayed.

On hover, users can view diagnosis descriptions.

Users can view, open and copy documents and notes directly associated with a particular Authorization

How to Find a Prior Authorization
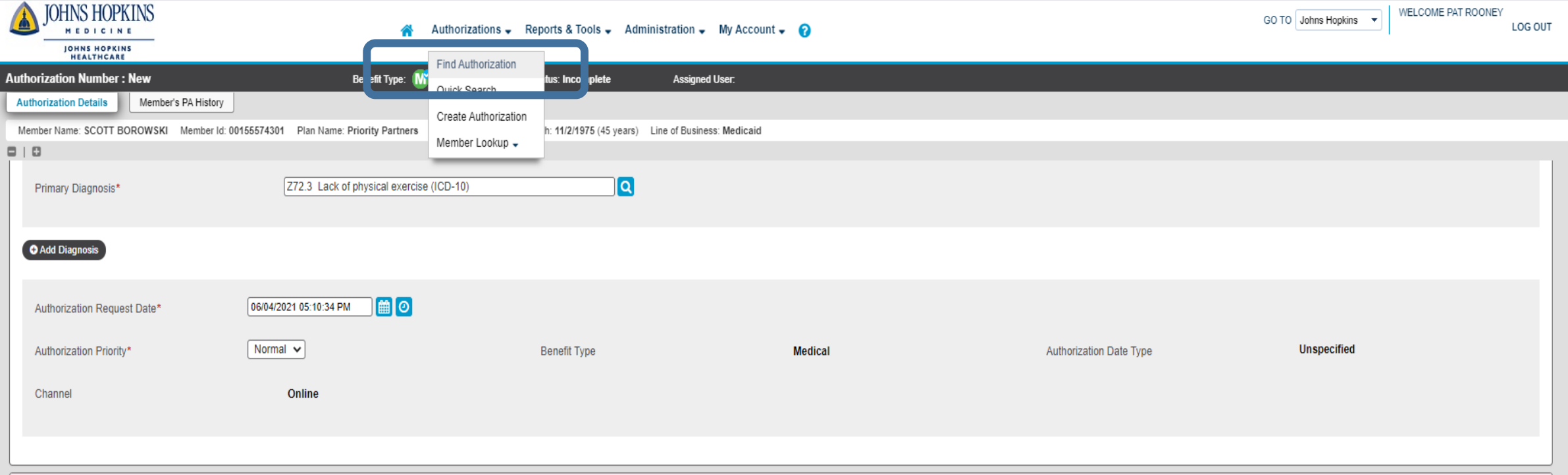
From the Home page select **Find Authorization** from the **Authorizations** tab in the top navigation menu.

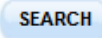# How to Find a Prior Authorization

Home   Authorizations   Reports   My Account   Help

Find Authorization

SEARCH CRITERIA

Authorization #:		**Authorization Status:** [All]
Plan:		**Payer Authorization #:**
Billing Provider:	Intake Provider (1234567893)	**Patient Account #:**
First Name:		
Last Name:		*Advanced Search*
Member ID:	12091975	The following fields will only narrow your search results. If you do not include additional criteria in the fields above your results will be skewed.

Date Range

Date Type: Start Date of Service

Date Range: [All]

Start Date:

End Date:

HCPCS/CPT Code:

NDC Code:

Drug Name:

Physician NPI:

Physician Last Name:

Physician First Name:

SEARCH

Enter **Search Criteria**
Click **Search**

How to Find a Prior Authorization

Select the authorization from the search results presented at the bottom of the screen, by clicking on the **Auth #** in blue.

FAQs

- Only par providers can submit preauthorization requests through Novologix, which is why the system must be accessed through HealthLink. Provider info will auto-populate from HealthLink into NovoLogix system as Requesting Provider.

- Authorization requirements for these drugs still apply for buy and bill.

- No additional medical records/clinical will be requested for claims payment if preauthorization obtained.

- On Campus hospital POS 22 and off campus hospital POS 19 is considered regulated space.

- All claims require NDC# when billing for a provider administered medical injectable drug. A drug may have several NDCs under one JCODE. When we approve a specific JCODE, any NDC for that drug under that specific Jcode (HCPCS code) will be covered and should not deny as long as the NDC falls within the approved JCODE and it is for the specific drug that was approved.