



Healthy BlueSM

BlueChoice® HealthPlan of SC

Healthy Connections 

Novologix Provider Support

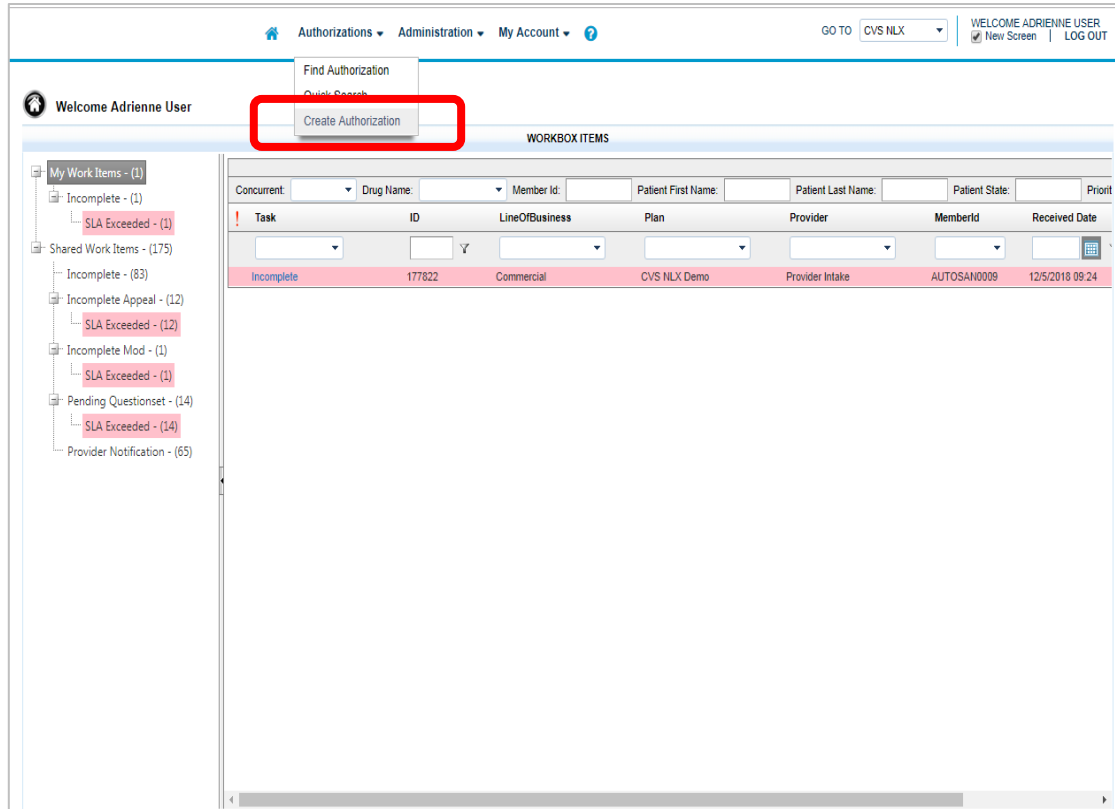


Overview

- The Novologix Prior Authorization system makes your entry of authorizations simple and fast.
- Enter all your prior authorization (PA) information on one screen.
- Receive notification for the outcome of a PA request directly in Novologix.
- The member's PA history section is available within the authorization, which saves times.

Creating a Prior Authorization

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



The screenshot shows a user interface for a healthcare system. At the top, there are navigation links for 'Authorizations', 'Administration', and 'My Account'. A 'GO TO' dropdown menu is set to 'CVS NLX'. A welcome message for 'ADRIENNE USER' is displayed with options for 'New Screen' and 'LOG OUT'. On the left, a 'Welcome Adrienne User' message is shown. A dropdown menu is open over the 'Authorizations' link, with 'Create Authorization' highlighted in a red box. Below this, a 'WORKBOX ITEMS' section contains a table with columns for 'Task', 'ID', 'LineOfBusiness', 'Plan', 'Provider', 'MemberId', and 'Received Date'. A single row is visible with the following data: 'Incomplete', '177822', 'Commercial', 'CVS NLX Demo', 'Provider Intake', 'AUTOSAN0009', and '12/5/2018 09:24'. A sidebar on the left lists various work items, including 'My Work Items - (1)', 'Incomplete - (1)', 'SLA Exceeded - (1)', 'Shared Work Items - (175)', 'Incomplete - (83)', 'Incomplete Appeal - (12)', 'SLA Exceeded - (12)', 'Incomplete Mod - (1)', 'SLA Exceeded - (1)', 'Pending Questionset - (14)', 'SLA Exceeded - (14)', and 'Provider Notification - (65)'.

Creating a Prior Authorization

Enter the member ID and additional required information under **Search Existing Patient**, then select Search.

Create Authorization

SELECT A PLAN

Select Option to Begin New Authorization

QUICK START (Select Previous Authorization to copy)

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

SEARCH EXISTING PATIENT

Member ID* TEST_MEMBER010203

Authorization Start Date* 08/14/2020

First Name

Last Name

Gender

Date of Birth* 5/8/2017

Search

Creating a Prior Authorization

Enter all required information. If something is missing, you will be notified.

Authorizations Administration My Account GO TO CVS NLX WELCOME ADRIENNE USER LOG OUT

Authorization Number: New Benefit Type: Status: Incomplete Assigned User:

Authorization Details Transaction History Member's PA History

Member Name: AUTOFIRST001 AUTOLAST001 Member ID: AUTOSAN0001 Plan Name: CVS NLX Demo Gender: Male Date of Birth: 10/12/1980 Line of Business: Commercial

Member Details Missing Information

Patient Details

Last Name	AUTOLAST001	First Name	AUTOFIRST001	Middle Initial	
Date of Birth	10/12/1980 (38 years)	Gender	Male		
Weight (kg)*	<input type="text"/>	Preferred Language	English	Body Surface Area (BSA) (m2)	0
Height (cm)*	<input type="text"/>	Secondary Phone Number	<input type="text"/>		
Carrier	5049	Phone*	<input type="text"/>		
Account	S123				
Group Name	33337890001				

Addresses

Primary	123 5th Street	Anywhere	Alabama	12345
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Insurance Details

Member ID	Relationship to Insured	Plan
AUTOSAN0001	Self	CVS NLX Demo

Membership Details

Insurance Group Number	12345	Effective Date	01/01/2017	Termination Date	01/01/2021
Line of Business	Commercial				

Authorization Details Missing Information

Providers

Title	NDI	Name	Address
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Creating a Prior Authorization

Once all required fields are completed, you will see a green check mark.

Home Authorizations Administration My Account GO TO CVS NLX WELCOME ADRIENNE USER LOG OUT

Authorization Number: New Benefit Type: Status: Incomplete Assigned User:

Authorization Details Transaction History Member's PA History

Member Name: AUTOFIRST001 AUTOLAST001 Member Id: AUTOSAN0001 Plan Name: CVS NLX Demo Gender: Male Date of Birth: 10/12/1980 Line of Business: Commercial

Member Details

Patient Details

Last Name	AUTOLAST001	First Name	AUTOFIRST001	Middle Initial	
Date of Birth	10/12/1980 (38 years)	Gender	Male		
Weight (kg)*	<input type="text" value="85"/>	Preferred Language	English	Body Surface Area (BSA) (m2)	1.70
Height (cm)*	<input type="text" value="123"/>	Secondary Phone Number	<input type="text" value="() - - - -"/>		
Carrier	5049	Phone*	<input type="text" value="(999) 999-9999"/>		
Account	\$123				
Group Name	33337890001				

Addresses

Primary	123 5th Street	Anywhere	Alabama	12345
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Insurance Details

Member ID	AUTOSAN0001	Relationship to Insured	Self	Plan	CVS NLX Demo
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Membership Details

Insurance Group Number	12345	Effective Date	01/01/2017	Termination Date	01/01/2021
Line of Business	Commercial				

Authorization Details Missing Information

Providers

Type	NPI *	Name	Address
------	-------	------	---------

Creating a Prior Authorization

Complete the required fields for the **Requesting Provider** under the **Authorization Details**.

Home Authorizations Administration My Account GO TO CVS NLX WELCOME ADRIENNE USER LOG OUT

Authorization Number: New Benefit Type: M Status: Incomplete Assigned User:

Authorization Details Transaction History Member's PA History

Member Name: AUTOFIRST001 AUTOLAST001 Member Id: AUTOSAN0001 Plan Name: CVS NLX Demo Gender: Male Date of Birth: 10/12/1980 Line of Business: Commercial

Authorization Details

Providers

Type	NPI *	Name	Address
Requesting	1999999992	Provider, Intake A	3500 CENTRAL AVE KEARNEY, NE 688472944

MD Office Contact Name* Name MD Office Contact Phone Number* (999) 999-9999 MD Office Contact Fax Number* (999) 999-9999

Add Provider

Diagnosis

Primary Diagnosis* D59.5 Paroxysmal nocturnal hemoglobinuria [Marchiafava-Micheli] (ICD-1)

Authorization Request Date* 12/11/2018 10:02 AM

Authorization Priority* Normal Authorization Date Type Unspecified

Note: If the request provider field does not pre-populate, you can enter the NPI or provider's name.

Creating a Prior Authorization

Under **Authorization Lines**, select the place of service and enter the start and end dates. Also, enter the requested drug name or NDC in the **Drug** field.

Channel: Online

▼ Authorization Lines ✓

Line 1

Place of Service*

Date(s) of Service* To

Drug*

HCPCS Code	J9306	Drug Name	Perjeta	Strength/Measur	420 MG/14ML
Route	IV	Pkg. Size	14 ML	Dosage Form	SOLN
Generic Name	Pertuzumab				
Number of Visit	<input type="text"/>	Sig	<input type="text"/>		
Refills	<input type="text"/>				


Creating a Prior Authorization

If there is missing information, you will be asked to provide the missing details in the pop up.

The screenshot shows a web application interface for creating a Prior Authorization. At the top, it displays 'Authorization Number : New', 'Status: Incomplete', and 'Assigned User:'. Below this are tabs for 'Authorization Details', 'Transaction History', 'Member's PA History', and 'Member's Claims History'. The main form area includes fields for 'Member Name', 'Authorization Request Date', 'Authorization Priority*' (set to 'Normal'), 'Benefit Type' (set to 'Medical'), and 'Channel*' (set to 'Fax'). A 'Complete Clinical' field is also present. A pop-up window titled 'Important' is overlaid on the form, containing the text 'Please provide missing information before submitting the authorization for further processing.' and a blue 'Got It' button, which is circled in red. The background form shows 'Authorization Lines' with details for 'Line 1', including 'Where will this drug be administered?' (Office), 'Date(s) of Service*' (07/14/2020 to 07/14/2020), 'Drug*' (57894003001), 'HCPCS Code' (J1745), 'Drug Name' (Remicade), 'Strength/Measure' (100 MG), 'Route' (IV), 'Pkg. Size' (1 EA), 'Dosage Form' (SOLR), 'Generic Name' (inFLIXimab), and 'DosingType*' (Loading or Maintenance). At the bottom of the form are buttons for 'BACK', 'CANCEL', 'SAVE', and 'SUBMIT'. A 'Missing Information' warning icon is visible in the top right corner of the form area.

Creating a Prior Authorization


Complete any missing items.

Member Details [Missing Information](#) 

Patient Details

Last Name	ALLEN	First Name	ELIJAH	Middle Initial	D
Date of Birth	06/15/1971 (49 years)	Gender	Male		
Weight	<input type="text"/> KG LB			Body Surface Area (BSA) (m2)	0
Height	<input type="text"/> CM IN				
Policy Issuing State	MA	Preferred Language	<input type="text" value="English"/>		
Out Of Area	N	Phone	(617) 436-5821		
Product Line	HMO				
Product Offer Code	A008				

Addresses



Creating a Prior Authorization

Review the information. If no changes are needed, select Submit.

Authorizations Administration My Account GO TO CVS NLX WELCOME ADRIENNE USER LOG OUT

Authorization Number: New Benefit Type: NY Status: Incomplete Assigned User:

Authorization Details Transaction History Member's PA History

Member Name: AUTOFIRST001 AUTOLAST001 Member Id: AUTOSAN0001 Plan Name: CVS NLX Demo Gender: Male Date of Birth: 10/12/1980 Line of Business: Commercial

MD Office Contact Name* Name MD Office Contact Phone Number* (999) 999-9999 MD Office Contact Fax Number* (999) 999-9999

Add Provider

Diagnosis

Primary Diagnosis* D59.5 Paroxysmal nocturnal hemoglobinuria (Marchiafava-Micheli) (ICD-10)

Authorization Request Date* 12/11/2018 10:02 AM

Authorization Priority* Normal Authorization Date Type Unspecified

Authorization Lines

Line 1

Where will this drug be administered?* Home

Date(s) of Service* 12/11/2018 To 12/11/2018

NDC Code* 99733094823

HCPCS Code	J9055	Drug Name	Erbixux	Strength/Measure	100 MG/50ML
Route	IV	Pkg. Size	50 ML	Dosage Form	SOLN

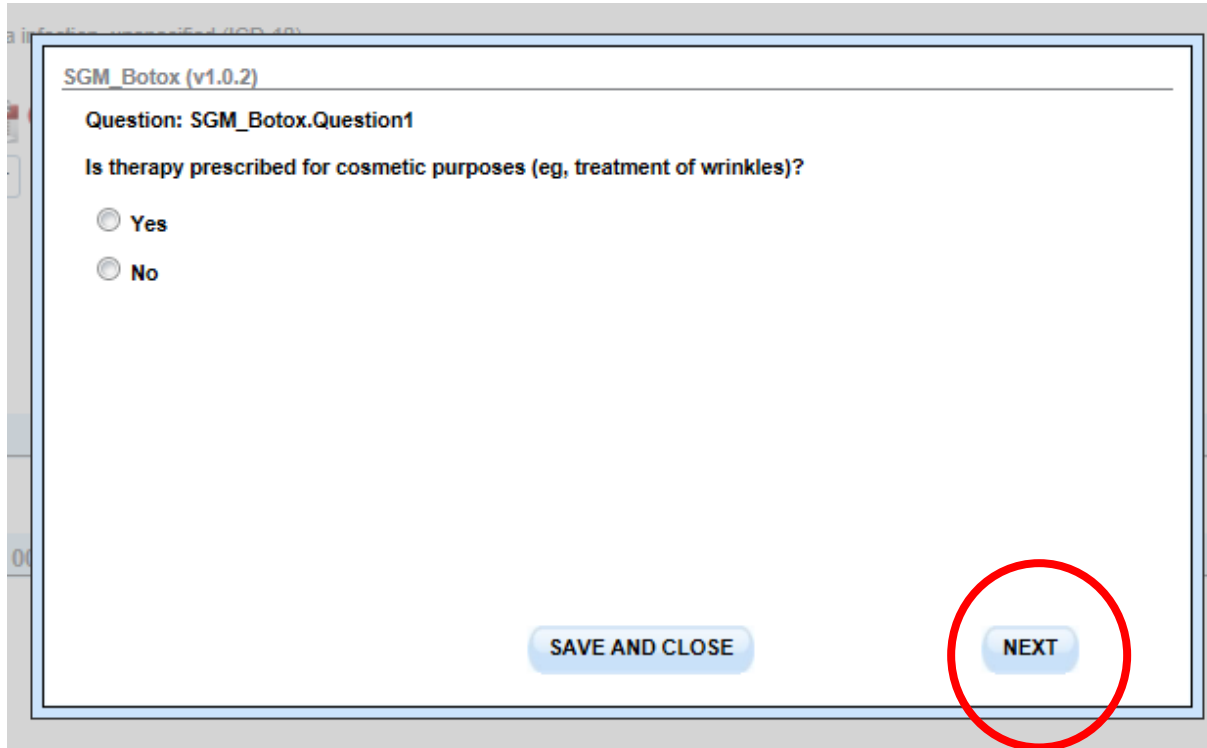
Refills

Sig

BACK CANCEL S. **SUBMIT**

Creating a Prior Authorization

After selecting Submit, you must answer a series of questions. Select Next to move forward.



SGM_Botox (v1.0.2)

Question: SGM_Botox.Question1

Is therapy prescribed for cosmetic purposes (eg, treatment of wrinkles)?

Yes

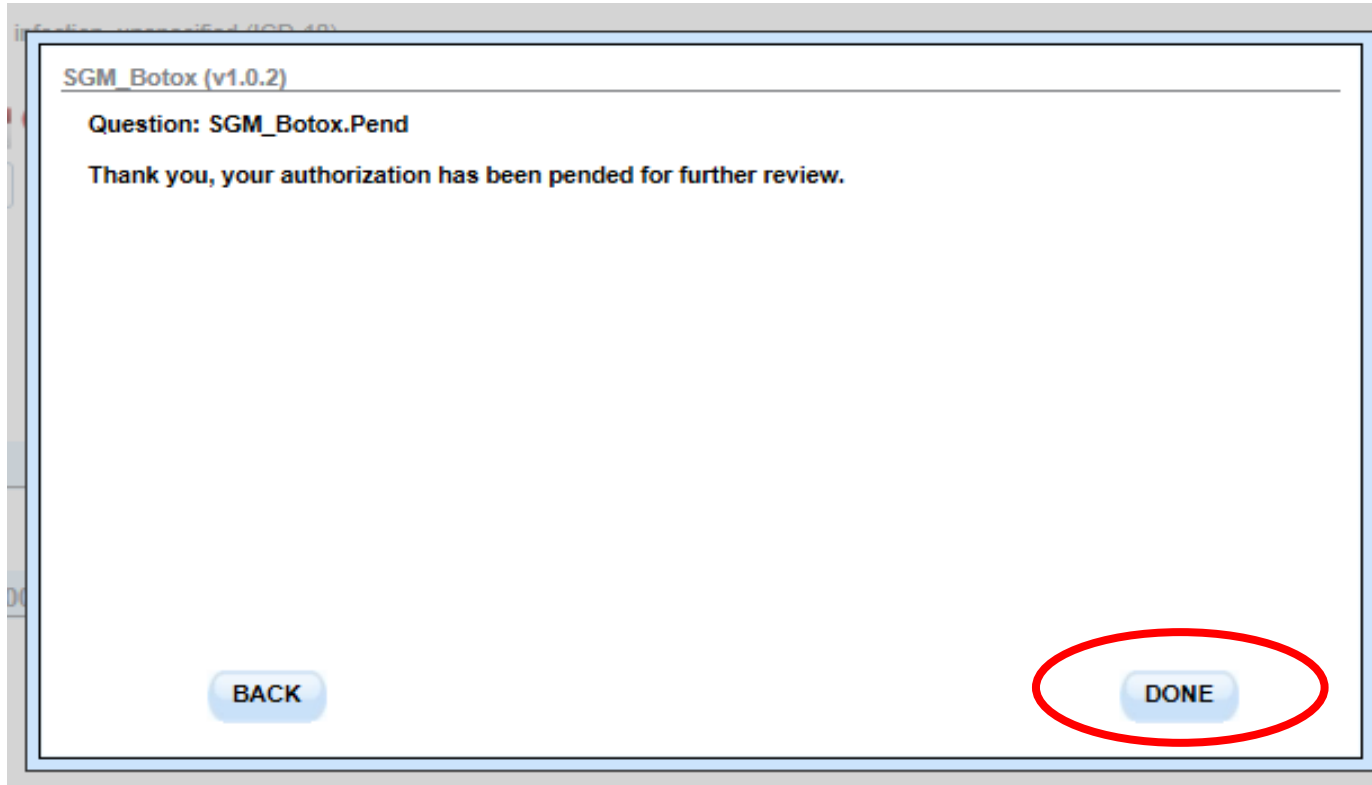
No

SAVE AND CLOSE

NEXT

Creating a Prior Authorization

After completing the last question, select Done.



SGM_Botox (v1.0.2)

Question: SGM_Botox.Pend

Thank you, your authorization has been pended for further review.

BACK

DONE

Creating a Prior Authorization

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

The screenshot displays a web application interface for managing prior authorizations. At the top, there are navigation tabs: "Authorizations", "Administration", and "My Account". A "GO TO" dropdown menu is set to "CVS NLX", and the user is identified as "WELCOME ADRIENNE USER" with a "LOG OUT" link.

The main content area features a dark header bar with the following information:

- Authorization Number: 180643** (highlighted with a red box)
- Benefit Type:** NY P
- Status: Tech Review** (highlighted with a red box)
- Assigned User:**
- Workflow: CVS NLX Auth Create Provider v1**

Below the header bar, there are three tabs: "Authorization Details", "Transaction History", and "Member's PA History". The "Authorization Details" tab is active.

Member information is displayed below the tabs:

Member Name: AUTOFIRST001 AUTOLAST001 | Member Id: AUTOSAN0001 | Plan Name: CVS NLX Demo | Gender: Male | Date of Birth: 10/12/1980 | Line of Business: Commercial

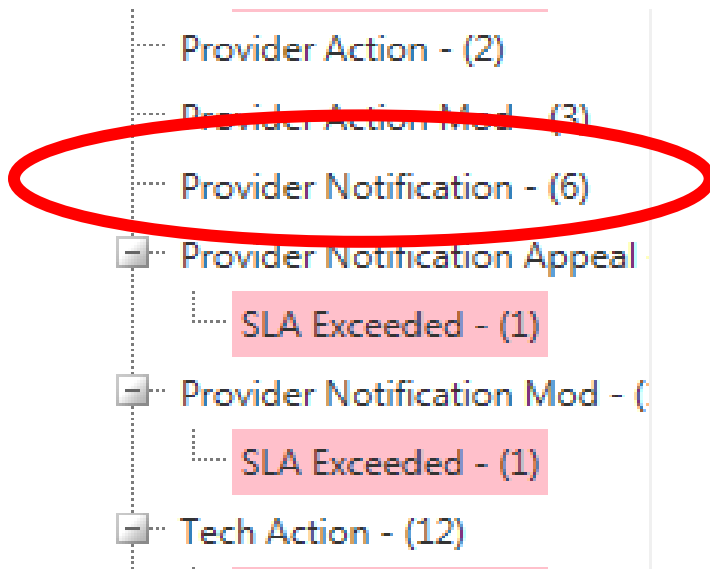
A yellow banner message states: "Your authorization is currently being reviewed. Please check your home page daily to confirm that no additional information is required to process your authorization."

The "Member Details" section is expanded, showing the following information:

Member Details					
Patient Details					
Last Name	AUTOLAST001	First Name	AUTOFIRST001	Middle Initial	
Date of Birth	10/12/1980 (38 years)	Gender	Male		
Weight (kg)	85	Preferred Language	English	Body Surface Area (BSA) (m2)	1.72

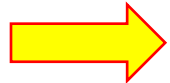
Provider Notification

Once a determination is made, the authorization will be sent to your home page under the **Provider Notification** queue. You can open the authorization to review the determination.



Notes and Documents

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



The screenshot displays a web interface for an authorization request. At the top, it shows the Authorization Number (154137), Benefit Type (M), Status (Tech Review), Assigned User, and Workflow (CVSMLX Auth Create Provider v1). Below this, there are tabs for Authorization Details, Transaction History, and Member's PA History. The Member's PA History tab is active, showing Member Name: Lisa Test, Member ID: 44434756796, Plan Name: CVS NLX Demo, Gender: Female, Date of Birth: 10/4/1932, and Line of Business: Medicare. The main content area is titled 'Notes, Letters & Documents' and contains three sections: 'Notes', 'Contact Attempts', and 'Letters & Documents'. Each section shows 'No [Notes/Contact Attempts/Documents] Found' and includes a '0 to 0 of 0' pagination indicator with 'First', 'Previous', 'Page 0 of 0', 'Next', and 'Last' buttons. There are also 'Add Note', 'Add Contact Attempt', and 'Add Document' buttons in each section.

Notes and Documents

To add a notes, select Add Note in the Notes section.

Authorization Number: 154137 Benefit Type: M P Status: Tech Review Assigned User: Workflow: CVS NLX Auth Create Provider v1

Authorization Details Transaction History Member's PA History

Member Name: Lisa Test Member Id: 44434756796 Plan Name: CVS NLX Demo Gender: Female Date of Birth: 10/4/1932 Line of Business: Medicare

Notes, Letters & Documents

Notes

No Notes Found

0 to 0 of 0 First Previous Page 0 of 0 Next Last

Add Note

Contact Attempts

No Contact Attempts Found

0 to 0 of 0 First Previous Page 0 of 0 Next Last

Add Contact Attempt

Letters & Documents

No documents found

0 to 0 of 0 First Previous Page 0 of 0 Next Last

Add Document

Notes and Documents

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

The screenshot shows a modal window titled "Add New Note" with a close button (x) in the top right corner. Inside the modal, there is a text input field labeled "Note*" with the placeholder text "Enter your note here...". Below the input field, there are two buttons: "Save" and "Cancel". The "Save" button is highlighted with a red circle. The background of the application shows a sidebar with "First" labels.

Notes and Documents

Your note will be saved under **Notes, Letters & Documents**. To view the note, select the note **Description** in blue.

Authorization Number: 154137 Benefit Type: Status: Tech Review Assigned User: Workflow:CVSNLX Auth Create Provider v1

[Authorization Details](#) [Transaction History](#) [Member's PA History](#)

Member Name: Lisa Test Member Id: 44434756796 Plan Name: CVS NLX Demo Gender: Female Date of Birth: 10/4/1932 Line of Business: Medicare

Original Initial 9/27/2018 11:40:04 AM

▼ **Notes, Letters & Documents**

▼ Notes

Date	Type	Description	Applies To	Added By
9/27/2018	General	Enter your note here...	Entire Authorization	Adrienne Provider
9/27/2018	General	Add note	Entire Authorization	Adrienne Provider

1 to 2 of 2 [First](#) [Previous](#) Page 1 of 1 [Next](#) [Last](#)

[+ Add Note](#)

▼ Contact Attempts

No Contact Attempts Found

0 to 0 of 0 [First](#) [Previous](#) Page 0 of 0 [Next](#) [Last](#)

Notes and Documents

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

The screenshot displays a web application interface for managing authorization details. At the top, there is a header bar with the following information: Authorization Number: 154137, Benefit Type: M, Status: Tech Review, Assigned User, and Workflow: CVS NLX Auth Create Provider v1. Below the header, there are tabs for Authorization Details, Transaction History, and Member's PA History. The main content area is titled 'Notes, Letters & Documents' and contains three sections: Notes, Contact Attempts, and Letters & Documents. The 'Notes' section shows a table with two entries, both dated 9/27/2018, with descriptions 'Enter your note here...' and 'Add note'. The 'Contact Attempts' section shows 'No Contact Attempts Found'. The 'Letters & Documents' section shows 'No documents found'. At the bottom of the 'Letters & Documents' section, the 'Add Document' button is circled in red.

Authorization Number: 154137 Benefit Type: M Status: Tech Review Assigned User: Workflow: CVS NLX Auth Create Provider v1

Authorization Details Transaction History Member's PA History

Member Name: Lisa Test Member Id: 44434756796 Plan Name: CVS NLX Demo Gender: Female Date of Birth: 10/4/1932 Line of Business: Medicare

9/27/2018 11:40:04 AM

Notes, Letters & Documents

Notes

Date	Type	Description	Applies To	Added By
9/27/2018	General	Enter your note here...	Entire Authorization	Adrienne Provider
9/27/2018	General	Add note	Entire Authorization	Adrienne Provider

1 to 2 of 2 First Previous Page 1 of 1 Next Last

Add Note

Contact Attempts

No Contact Attempts Found

0 to 0 of 0 First Previous Page 0 of 0 Next Last

Add Contact Attempt

Letters & Documents

No documents found

0 to 0 of 0 First Previous Page 0 of 0 Next Last

Add Document

Notes and Documents

Name your document, browse your directory, choose the document and select **Upload**.

Add Document

* Title: Document

Upload a File Select from History

+ Choose

test.docx 11.385 KB

Upload Cancel

No documents found

Notes and Documents

Your document will be saved under **Documents**. To view the document, select the **Document** title in blue.

Authorization Number: 154137 Benefit Type: Status: Tech Review Assigned User: Workflow: CVS NLX Auth Create Provider v1

Authorization Details Transaction History Member's PA History

Member Name: Lisa Test Member Id: 44434756796 Plan Name: CVS NLX Demo Gender: Female Date of Birth: 10/4/1932 Line of Business: Medicare

Origin: Normal 9/27/2018 11:40:04 AM

Notes, Letters & Documents

Notes

Date	Type	Description	Applies To	Added By
9/27/2018	General	Enter your note here...	Entire Authorization	Adrienne Provider
9/27/2018	General	Add note	Entire Authorization	Adrienne Provider

1 to 2 of 2 First Previous Page 1 of 1 Next Last

[Add Note](#)

Contact Attempts

No Contact Attempts Found

0 to 0 of 0 First Previous Page 0 of 0 Next Last

[Add Contact Attempt](#)

Letters & Documents

Date Attached	Type	Title (click to view)	Applies To	Added By	Actions	Delivery Status
9/27/2018		Document	Entire Authorization	Adrienne Provider		

1 to 1 of 1 First Previous Page 1 of 1 Next Last

[Add Document](#)

Member Prior Authorization History

You can access the complete history of authorizations by selecting **Member's PA History**.



The screenshot displays a web application interface for managing authorizations. At the top, there is a navigation bar with links for 'Authorizations', 'Administration', and 'My Account'. On the right, it shows 'GO TO CVS NLX' and 'WELCOME ADRIENNE USER LOG OUT'. Below the navigation bar, a dark header bar contains 'Authorization Number: 175973', 'Benefit type: M P', 'Status: Approved', 'Assigned User: Adrienne User', and 'Workflow: CVS NLX Auth Create Provider v1'. A tabbed interface below the header has three tabs: 'Authorization Details', 'Transaction History', and 'Member's PA History', with the latter being circled in red. Below the tabs, member information is displayed: 'Member Name: RAKESH SAN0002 GHOSALFIRST002', 'Member Id: RAKESH SAN0002', 'Plan Name: CVS NLX Demo', 'Gender: Male', 'Date of Birth: 10/12/1980', and 'Line of Business: Commercial'. A 'Member Details' section is expanded, showing 'Patient Details' with a table of attributes.

Member Details					
Patient Details					
Last Name	GHOSALFIRST002	First Name	RAKESH SAN0002	Middle Initial	
Date of Birth	10/12/1980 (38 years)	Gender	Male		
Weight (kg)	120	Preferred Language	English	Body Surface Area (BSA) (m2)	1.81
Height (cm)	98	Secondary Phone Number	(111) 111-1111		

Member Prior Authorization History

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

Authorization Number: 175973

Benefit Type:  

Status: Approved

Assigned User: Adrienne User

Workflow: CVS NLX Auth Create Provider v1

[Authorization Details](#)

[Transaction History](#)

[Member's PA History](#)

Member Name: RAKESH SAN0002 GHOSAL FIRST002 Member Id: AUTO SAN0002 Plan Name: CVS NLX Demo Gender: Male Date of Birth: 10/12/1980 Line of Business: Commercial

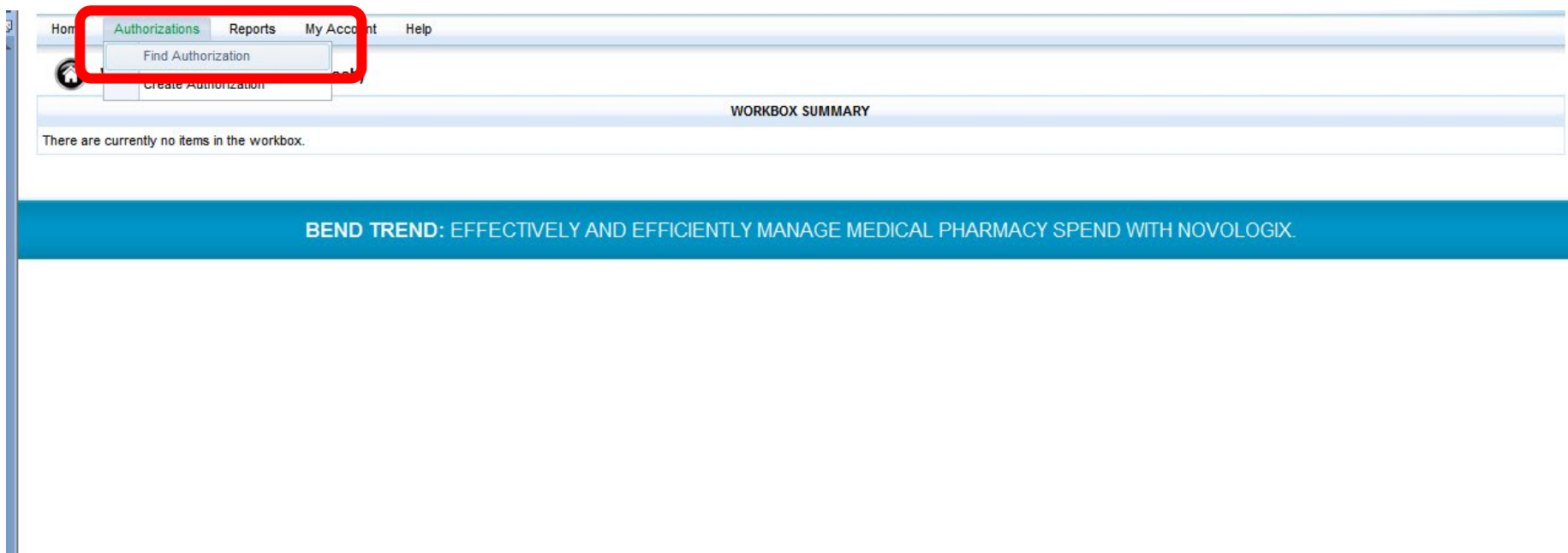
Member's PA History

Records per page: [Export](#)

Auth #	Provider Name	Diagnosis	Drug Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes
175102	PERLAS, DANILO SAN...	A00.0	Botox	09/07/2072	09/07/2072	11/29/2018	Provider Action Mod	Multiple	Multiple
174932	PERLAS, DANILO SAN...	A00.0	Botox	06/17/2085	06/17/2085	11/28/2018	Approved	Multiple	
174931	PERLAS, DANILO SAN...	A00.0	Botox	11/14/2084	11/14/2084	11/28/2018	Approved	Multiple	
174926	PERLAS, DANILO SAN...	A00.0	Botox	04/03/2072	04/03/2072	11/28/2018	Provider Action Mod	Multiple	Multiple
174925	PERLAS, DANILO SAN...	A00.0	Entyvio	05/14/2086	05/14/2086	11/28/2018	Void	Multiple	Multiple
174922	PERLAS, DANILO SAN...	A00.0	Botox	12/13/2072	12/13/2072	11/28/2018	Void	Multiple	Multiple
174919	ADELEKE, JOHNSON O	A00.0	Entyvio	07/15/2080	07/15/2080	11/28/2018	Provider Action		Multiple

Locating a Prior Authorization

From the Home page, select **Find Authorization**.



Locating a Prior Authorization

Enter the **Search Criteria**, then select **Search**.

Home Authorizations Reports My Account Help

Find Authorization

SEARCH CRITERIA

Authorization #:

Plan: CVSC BlueCrossBlueShield of IL

Billing Provider: Intake Provider (1234567893)

First Name:

Last Name:

Member ID: 12091975

Date Range

Date Type: Start Date of Service

Date Range: [All]

Start Date:

End Date:

Authorization Status: [All]

Payer Authorization #:

Patient Account #:

Advanced Search

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.

HCPCS/CPT Code:

NDC Code:

Drug Name:

Physician NPI:

Physician Last Name:


Physician First Name:

SEARCH

Locating a Prior Authorization

Choose the authorization from the results by selecting the **Auth #** in blue.

Home Authorizations Reports My Account Help

 Find Authorization

SEARCH CRITERIA

Authorization #:

Plan: CVSC BlueCrossBlueShield of IL

Billing Provider: Intake Provider (1234567893)

First Name:

Last Name:

Member ID: 12091975

Date Range

Date Type: Start Date of Service

Date Range: [All]

Start Date:

End Date:

Authorization Status: [All]

Payer Authorization #:

Patient Account #:

Advanced Search

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.

HCPCS/CPT Code:

NDC Code:

Drug Name:

Physician NPI:


Physician Last Name:

Physician First Name:

SEARCH


AUTHORIZATION SEARCH RESULTS Max Records 100


Page size: 25 1 records in 1 pages


Auth #	First Name	Last Name	Member ID	Plan	Provider Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes	Copy
8452	Nathan	Doe	12091975	CVSC BlueCrossBlueShield of IL	Intake Provider	5/30/2014	5/30/2014	5/30/2014	Approved	✓		


HEALTHY BLUE ♦ PO BOX 100317 ♦ COLUMBIA, SC ♦ 29202-3317

Customer Service: 866-781-5094 (TTY: 866-773-9634) Monday – Friday from 8 a.m. – 6 p.m.
24-Hour Nurseline: 800-830-1525 (TTY: 711)

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