

Medical Pharmacy Implementation Prior Authorization Program Provider Communication and Education

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Agenda

- 01 Program overview
- 02 Review process
- 03 Provider portal
- 04 Resources

Program Overview



Program Overview

- ➔ Effective **Jan. 1, 2025**, **Blue Cross and Blue Shield of Nebraska** will be implementing a change in how certain specialty drugs that fall under the medical benefit are managed for Medicare members.
- ➔ This new program will be administered by **the Medical Pharmacy Solutions team at Prime Therapeutics Management (Prime)**. Prime will be responsible for reviewing and approving these drugs.
- ➔ Beginning **Dec. 19, 2024**, providers may begin contacting Prime to obtain prior authorizations for members who will receive treatment/drugs within the scope of this program on or after **Jan. 1, 2025**, for Medicare Advantage members.

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.

Places of Service

Prior authorization is required by Prime when the drugs are administered by practitioners in the following places of service (POS)



**Physician
Office**

(POS 11)



**Patient
Homes**

(POS 12)



**Outpatient
Facilities**

(POS 19, 22)



**Inpatient
CAR-T**

(POS 21)

Impacted Members

The program will
apply to **BCBSNE**
Medicare Advantage
Members

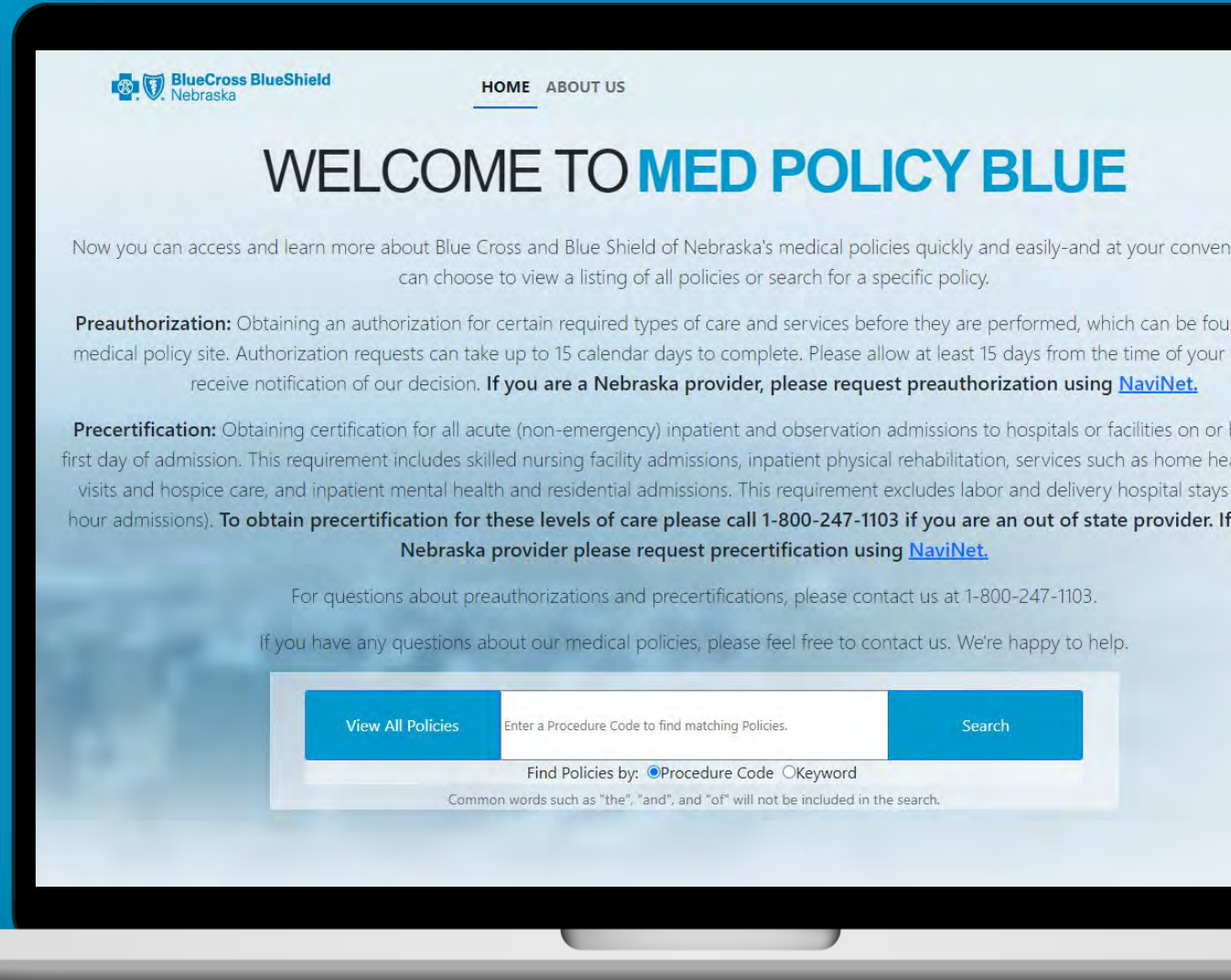
➔ Both PPO and HMO Plans



Drugs Requiring Preauthorization through Prime can be located on Med Policy Blue

SEARCHABLE FORMAT

You have the option to search for the drug by Procedure Code or Keyword to determine if it requires a preauthorization



Review Process

Provider Responsibilities



Ordering Provider

Responsible for obtaining the prior authorization before services are provided



Rendering Provider

Responsible for ensuring that the authorization was obtained prior to services being rendered

Information Needed



Provider

- Ordering provider name
- Tax ID
- Practice address
- Office telephone and fax

(Same information is needed for Rendering Provider if different from Ordering Provider)



Member

- Member name
- Date of birth
- Member ID number
- Height
- Weight
- Diagnosis code



Medication

- Place of service code
- Requested drug name or HCPCS code
- Dosage
- Frequency
- Anticipated start date of treatment



Clinical

- Clinical notes
- Pathology reports
- Relevant test results

If additional information is requested by Prime, the practitioner should be prepared to upload documents on the provider portal or to fax documents to Prime HIPAA compliant fax.

Determination Process Flow





Provider Portal

Obtaining an Online Account

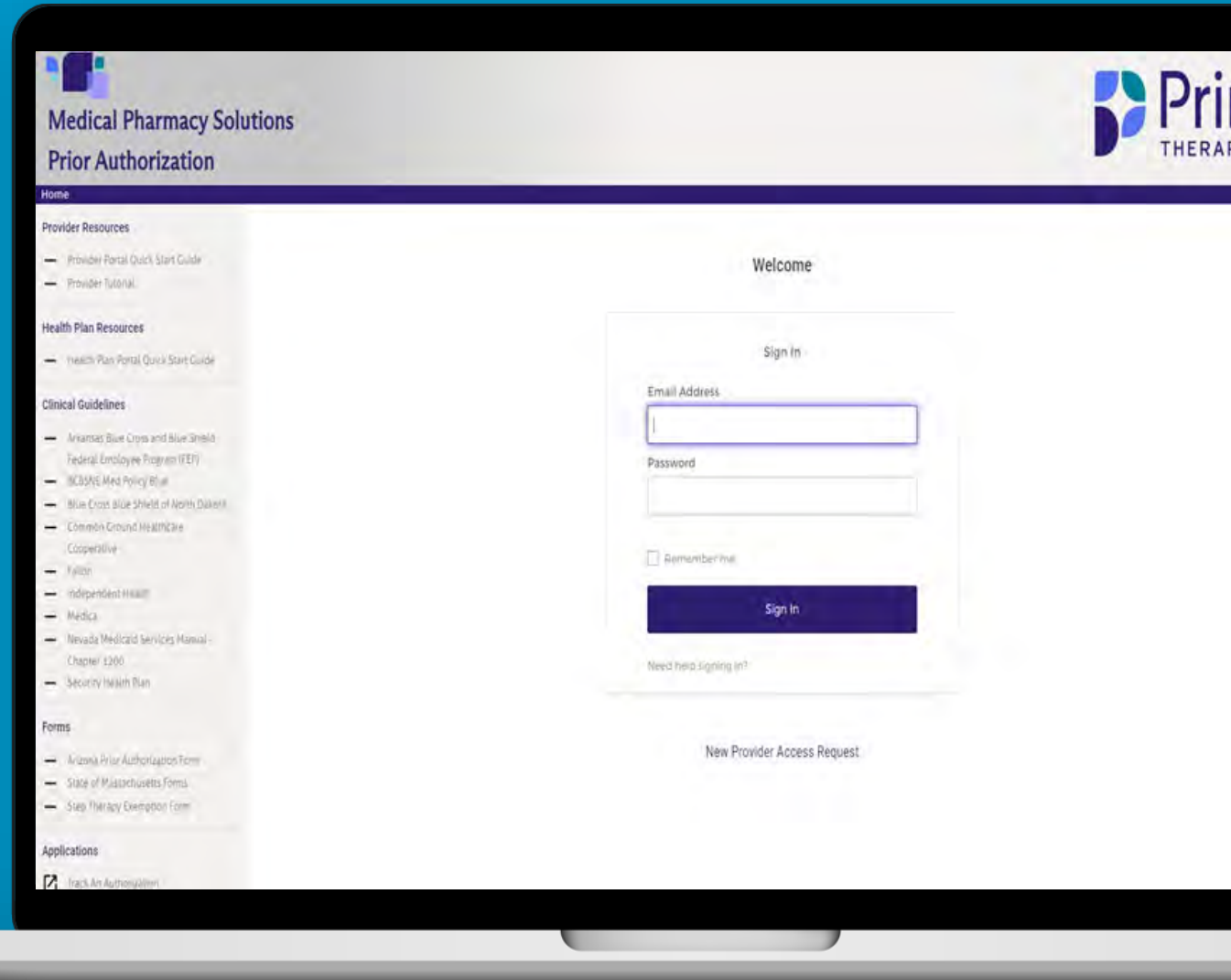
GatewayPA.com

Prescribers directly contracted with BCBSNE may create an online account for authorizations in three easy steps:

1. Visit our self-service online portal at GatewayPA.com
2. Click on New Provider Access Request under the Sign In box
3. Complete the form to request access

PLEASE NOTE:

- Authorizations for all Prime Medical Pharmacy Prior Authorizations plans may be managed under one user account. For providers who already have an established account for another health plan, they may email providerinquiry@primetherapeutics.com to request that BCBSNE be added to their account (if applicable).
- The portal is for routine requests only.
- Urgent requests and retroactive requests must be phoned in to the Prime Operations Team at 800-424-1709
- Retroactive requests will only be considered if the claim has not been submitted to BCBSNE.



Providers will have the ability to navigate to NaviNet® to view and request prior authorizations online in the near future. Additional communication will be sent out by BCBSNE regarding this update.

Resources

Authorization Resources



For routine requests and clinical guideline information, visit GatewayPA.com or NaviNet*



For urgent or expedited requests call Prime at 1-800-424-1709

- ➔ Prime has staff available 24 hours a day for urgent requests by phone (including after hours, weekends and holidays). Standard business hours for Prime/MRx are Monday through Friday, 8 a.m. to 6 p.m. EST
- ➔ If you have claim, benefits, and/or eligibility questions, please call BCBSNE at 1-888-505-2022 during the hours of operation below
 - ➔ Oct. 1 through March 31 - 8 a.m. to 9 p.m. CT, seven days a week
 - ➔ April 1 through Sept. 30 - 8 a.m. to 9 p.m. CT, Monday through Friday

*NaviNet® is a healthcare provider portal providing services for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.



THANK YOU

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