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Document Type:	<b>P</b>	olicy and Procedure	Standard Work Instructions /Training Manual

### POLICY

N/A

#### SCOPE

This user guide will provide detail on how to navigate and utilize the NovoLogix Prior Authorization online tool.

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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 <u>helpdesk@novologix.net</u> 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 <u>helpdesk@novologix.net</u>.

## **NOVOLOGIX TRAINING DEPARTMENT**

The NovoLogix Training Department offers online training tools for providers accessing <u>www.novologix.net</u>.

## **MINIMUM SYSTEM REQUIREMENTS**

The NovoLogix claims system supports the use of Microsoft Internet Explorer versions 9, 10, 11 and Firefox web browsers.

- 1. The standard browser options for cookies and JavaScript must be enabled.
- 2. While older versions of Internet Explorer such as 6 and 7 are supported, we strongly recommend users upgrade to the most recent version, which will provide the best user experience.
- 3. To install the most recent version of Internet Explorer you can use the following link: http://www.microsoft.com/ie.
- 4. Add app.novologix.net to Internet Explorer's list of trusted sites
  - a. Open the new site in Internet Explorer
  - b. Go to Tools > Internet Options
  - c. Open the Security tab
  - d. Select Trusted sites
  - e. Click the Sites button
  - f. The site URL should be showing in the Add this website to the zone: box. Click Add
  - g. Click Close
  - h. Click OK

## **1. INITIALIZING YOUR NEW NOVOLOGIX ACCOUNT**

You will receive an email from NEED EMAIL ADDRESS asking you to confirm that you should have received a NovoLogix account.

DO NOT REPLY to me

show details 9:47 AM (1 minute ago) Keply

Thank you for requesting access to www.novologix.net. Your username is:

youremail@domain.com

Please select the link below to obtain your password.

http://intg-novologix-application-portal.myhomecare.com/LogInInitialization.aspx? AccountName=heather.schneider5@gmail.com&ActivationCode=b96296ebc7f740ed9134df73a5a532ea

You will receive a second email shortly including your password.

If you have any questions, please email helpdesk@novologix.net.

Thank you,

NovoLogix HelpDesk Team

#### 1. Click on the **link** provided in the email



- 2. You will be brought to the NovoLogix website
- 3. Click Yes that you are expecting to have an account set up for you

If you answer **No** your account will be disabled, and will have to contact NovoLogix to have your account re-enabled. .



4. After answering **Yes** you will be send an email with your password.

DO NOT REPLY to me

show details 9:53 AM (0 minutes ago) 👆 Reply 📑

Thank you for requesting access to www.novologix.net. Your password is:

#### wq0;ODpxk%+LvN

Please go to <a href="http://intg-novologix-application-portal.myhomecare.com/">http://intg-novologix-application-portal.myhomecare.com/</a> and click login. At first login, you will be prompted to change your password. Please note that your password must be at least 8 characters long and include at least one capital letter and one number.
- Show quoted text -

1. Copy the password from your email by **highlighting** the assigned password and selecting **Control C** or selecting a right click of your mouse and select **Copy** 

User ID:	youremail@domain.com
Password:	••••••
	LOG IN
	FORGOT YOUR PASSWORD?

2. Go to <u>app.novologix.net</u> and enter your username.

#### You can mark the Login page as a favorite for future use.

a. Paste the password in the **Password** field via **Control V** or right click of your mouse and select **Paste**.

3. Click the Log In button.

PLEASE CHANGE YOUR PAS	SWORD		
PASSWORD REQUIREMENTS Must be at least 8 o Must contain at lea Must contain at lea Must contain at lea Previously used pa	: haracters long. st one capital letter. st one number. st 1 non-alphanumeric chara sswords are not allowed.	cter. For example: ! @ # \$ % *.	
Current Password:	•••••	*	
New Password:	•••••	*	
Confirm New Password:	•••••	*	
Please create a security q	uestion and answer. You will	I be asked for your question and answer if	if you forget your password.
Security Question:	First School I attended		*
Security Answer:	Anywhere Elementry		*
		SAVE	

- 4. You will be asked to enter your existing password as well as configure a new password.
- 5. Enter your **existing password**
- 6. Enter your **new password**
- 7. Confirm your new password
- 8. Password must contain:
  - a. Must be at least 8 characters long.
  - b. Must contain at least one capital letter.
  - c. Must contain at least one number.
  - d. Must contain at least 1 non-alphanumeric character. For example: ! @ # \$ % \*.
  - e. Previous passwords are not allowed.
- 9. Enter a security question that you will remember.

10.Enter the **answer** to that security question.

#### 11.Click Save

12. Your password has now been reset and you will be brought into the NovoLogix website.

## 2. LOGGING IN AFTER INITIAL LOGIN

Begin by opening the NovoLogix website, <u>app.novologix.net</u>, in an internet browser.

FORGOT YOUR PASSWORD?	word:	youremail@domain.com
FORGOT YOUR PASSWORD?		LOG IN
	FO	ORGOT YOUR PASSWORD?
NEW TO NOVOLOGIX? Click here to request an account.	TO NOVOLO	OGIX? Click here to request an account.

Your username is your email address.

- 2. Enter password in the **Password** field.
- 3. Click the Login button.

Passwords are case sensitive.

### **3. FORGOT MY PASSWORD**

In the event you have forgotten your password, select the **Forgot Your Password?** link underneath the **Log In** button. Selecting this link allows you to reset your password in order to log into the website.

User ID:	youremail@domain.com	
	NEXT	
	Return To Login Page.	

Enter your User ID and click Next in the corresponding fields within this window.

ecurity Question:	Childhood dog
ecurity Answer:	
	RESET
Dete	urn To Login Dage

- 1. The Security question you entered when you first established your login will be presented. Enter your answer as you did when you configured the answer and click **Reset**.
- 2. A reset password will be sent to your e-mail account within ten minutes.

If you do not remember your username or if you do not receive a reset password via e-mail, please contact NovoLogix using our telephone or e-mail contact information listed in the **Contact NovoLogix** section of this user guide. Passwords expire after 90 days of consecutive non-use. If it has been greater than 90 days since you have last logged into the NovoLogix website you will need to reset your password either using the method just described or by contacting NovoLogix.

### **4. LOGGING OUT**

To ensure security, be sure to log out of the system whenever you are not using it. You will be automatically logged off after 30 minutes of inactivity.

nov@logix	OVIDER   LOG OUT
Home Claims Reports My Account Help	
🚯 Welcome Training Provider	
WORK ITEMS	
My Work items (0) - Shared Work items (2) - Other Work items (2)	
NEWS	
Changes to Item Entry and Modifiers Remember that as of 7.15.11 the way you enter items and modifiers will be changing. Be sure to review article 2565 on AskNoveLogix for additional information about this important change to your claim entry. System Maintenance Windows NorobgrXs weekly system maintenance schedule: Monday - Friday 300pm CST until Bonday 6 00am CST Saturday 3.00pm CST until Monday 6 00am CST Note: Maintenance will not always be necessary, but please be aware of the schedule when outages may occur.	
BEND TREND: FEFECTIVELY AND FEFICIENTLY MANAGE MEDICAL PHARMACY SPEND WITH NOVOLOGIX	

1. To terminate your current session at any time, click the **Log Out** link in the upper right corner of the screen.

## **5. CHANGE YOUR PASSWORD**

You will be able to reset your password at any time. The system will require that you change your password at least every 90 days.

🖉 MedRx - Windows Internet Explorer provided by Novologix 🚽	
COO V //intg-app.novologix.net/default.aspx	🔽 🗟 🖘 🗙 🔽 Bing
File Edit View Favorites Tools Help	
🗙 🥃 Share Browser WebEx 👻	
Favorites	🟠 • 🔂 - 🖸 🌧 • Page • Safety • Tools • 🕖 •
nov@logix <sup>®</sup>	WELCOME TRAINING PROVIDER   LOG C
Home Claims Reports My Account Help	
Change Papeword Change Security Question	
	WORK ITEMS
My Work Items (0) Shared Work Items (2) Other Work Items (2)	
	nL173
Saturday 8:00pm CST until Monday 8:00pm CST Note: Maintenance will not always be necessary, but please be aware of the	schedule when outages may occur.
BEND TREND: EFFE	TIVELY AND EFFICIENTLY MANAGE MEDICAL PHARMACY SPEND WITH NOVOLOGIX.
http://intg-app.novologix.net/MyAccount/ChangePassword.aspx	😜 Internet 🖓 🔹 🔍 100%

- 1. From the home page, click the **My Account** link.
- 2. Next, click the Change Password link.

## Change Password

#### CHANGE PASSWORD DETAILS

PASSWORD REQUIREMENTS:

- Must be at least 8 characters long.
- Must contain at least one capital letter.
- Must contain at least one number.
- Must contain at least 1 non-alphanumeric character. For example: ! @ # \$ % \*.
- Previously used passwords are not allowed.

Current Password:	•••••	*
New Password:	•••••	*
Confirm New Password:	•••••	*
CHANGE PASS	WORD CANCEL	

- 3. Enter your **Current Password** and **New Password** followed by **Confirm New Password**. You may not reuse previous passwords.
- 4. Click Change Password to save.

User ID:	yourname@provideremail.com
Password:	•••••
	LOG IN
	FORGOT YOUR PASSWORD?
NEW TO NOVO	DLOGIX? Click here to request an account.

5. You will now be able to log into the system using your new password.

## **6. CREATING AN AUTHORIZATION**

All authorizations that have been submitted will be available through the Find Authorization option.

File Ed	lit View Favorites Tool	Help					
🚖 Favorit	es 🙋 NovoLogix®					🟠 🕶 🗟 👻 🚍 🌐	▼ <u>P</u> age ▼ <u>S</u> afety ▼ T <u>o</u> ols ▼ 🔞
CARE	CVS					GO TO CVSC MBM V	ELCOME ADRIENNE MATIMBA   LOG (
Home	Authorizations Reports	User Administration	My Account	Help			
	Find Authorization						
>	Create Authorization						
	L			WORK	(BOX SUMMARY		
- Sha	red Work Items - (12)						
	Authorization Request - (12)						
	Autonization Request - (12)						
	Incomplete - (4)						
1	MD Review Appeal - (1)						
	SLA Exceeded - (1)						
	Pending - (1)						
1	- Pharm Review - (1)						
	SLA Exceeded - (1)						
	Dharm Review Appeal - (/	n					
		0					
	····· Plan Review - (1)						
		BEND T	REND: EFI	FECTIVELY AND EFFICIENTLY M	IANAGE MEDICAL PHARMA	ACY SPEND WITH NOVOLOGIX	

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



#### Step 1 – Get Started

1. Select the applicable plan

Home	Authoriz	ations Report	s My Account	t Help				
$\bigcirc$	Create Au	Ithorization		Step 1: Get Started		->	Step 2 Enter F	2: Patient Deta
Selec	t a Plan —							
				•				
Choos	se an Optior	n to Start Your Au	thorization					
Quio	ck Start (S	elect Previous Au	thorization To Cop	y)				
Quie 845	ck Start (S	elect Previous Au	thorization To Cop	by)			•	
Quid 845 Me	ck Start (S 52 ember ID	elect Previous Au Authorization #	thorization To Cop Patient Name	NPI	Billing Provider	Ite	▼ em Name	
Quid 845 Me 12	ck Start (Se 52 ember ID 2091975	elect Previous Au Authorization # 8452	thorization To Cop Patient Name Nathan Doe	NPI 1234567893	Billing Provider Intake Provider	Ite	em Name ampath	
Quid 845 Me 12	ck Start (S 52 ember ID 2091975	elect Previous Au Authorization # 8452	Patient Name Nathan Doe	NPI 1234567893	Billing Provider Intake Provider	ite C	em Name ampath	-
Quic 845 Me 12	ck Start (Sr 52 ember ID 2091975	elect Previous Au Authorization # 8452	Patient Name Nathan Doe	NPI 1234567893	Billing Provider Intake Provider	ite C:	em Name ampath	
Quit 845 Me 12	ck Start (Sr 52  ember ID 2091975	elect Previous Au Authorization # 8452	thorization To Cop Patient Name Nathan Doe	NPI 1234567893	Billing Provider Intake Provider	ite C	em Name ampath	
Quid 845 Me 12	ck Start (Si 52 ember ID 2091975	elect Previous Au Authorization # 8452	Patient Name Nathan Doe	NPI 1234567893	Billing Provider Intake Provider	ite C.	em Name ampath	
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Quia	ck Start (S 52 ember ID 2091975	elect Previous Au Authorization # 8452	Patient Name Nathan Doe	NPI 1234567893	Billing Provider Intake Provider	lte C	em Name ampath	

2. To select your patient either enter the Member ID under **Quick Start** to search for existing authorizations to copy

OR

ome Authorizations Re	ports My Account Help				
Create Authorization	Step 1: Get Starte	ed 🔶	Step 2: Enter Patient Detail	⇒	Step 3: Enter Authorization Detail
Select a Dian					
Select a Flan					
	<b>`</b>				
Choose an Option to Start You	r Authorization				
Quick Start (Select Previous	Authorization To Copy)				
Enter the patient's complete	member ID or an authorization num	nber.	•		
Start With a New Patient					
Start With a New Patient Create an authorization by ac	lding a new patient record.	NEW	PATIENT		
Start With a New Patient Create an authorization by ac	lding a new patient record.	NEW	PATIENT		
Start With a New Patient Create an authorization by ac Search for an Existing Pat	Iding a new patient record.	NEW	PATIENT		
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Start With a New Patient Create an authorization by ac Search for an Existing Pat Member ID: Authorization Start Date:	iding a new patient record. ient 12091975 5/30/2014	NEM	PATIENT		
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Start With a New Patient Create an authorization by ac Search for an Existing Pat Member ID: Authorization Start Date: Date of Birth: Click on the Member ID to star	iding a new patient record. ient 12091975 5/30/2014 SEARCH tan authorization for that Patient.	NEV	PATIENT		
Start With a New Patient Create an authorization by ac Search for an Existing Pat Member ID: Authorization Start Date: Date of Birth: Click on the Member ID to star PATIENT SEARCH RESUL	iding a new patient record. ient 12091975 5/30/2014 SEARCH t an authorization for that Patient.	NEM	PATIENT		
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Start With a New Patient Create an authorization by ac Search for an Existing Pat Member ID: Authorization Start Date: Date of Birth: Click on the Member ID to star PATIENT SEARCH RESULT 1 Page size: 25 Member ID ~	Iding a new patient record.  I2091975 5/30/2014 SEARCH t an authorization for that Patient. S First Name	NEV	Date of Birth	Plan	

- 1. Enter the Member ID under the Search for Existing Patient field click Search
- 2. Click on line to select your member from the results returned at the bottom of the screen.

Create Authorization	Step 1: Get Started	Step 2: Enter Patient Detail	Step 3: Enter Authorization Detail
No patients found matching	ng your search criteria.		
Calact a Dian			
	•		
Chaose an Ontion to Start Vour	Authorization		
Quick Start (Select Previous	Authorization To Copy)		
Enter the patient's complete r	nember ID or an authorization number.		
Start With a New Patient			
Create an authorization by ad	ding a new patient record.	NEW PATIENT	
Search for an Existing Pati	ent		
Member ID:	12091976 *		
Authorization Start Date:	5/30/2014 *		
Date of Birth:			
	SEARCH		
Click on the Member ID to start	an authorization for that Patient.		
PATIENT SEARCH RESULT	S		
1 Page size: 25	•		
Member ID 🔺	First Name	Last Name	Date of Birth Pla

3. If no results were returned when searching for your patient, click the **New Patient** button.

#### Step 2 – Enter Patient Detail

CVS CAREMARK				GO TO CVSC MBM 🔻	WELCOME ADRIENNE	LEVEL 1 (TECH)   LOG OU
Home Authorizations Reports My Account Help						
Create Authorization Step 1: Get Started	⇒	Step 2: Enter Patient Detail	→	Step 3: Enter Authorization Detail	⇒	Step 4: Enter Authorization Lines
Patient Detail						
Last Name: Doe *	First Name: Jenny	* Middle Initial:				
Date of Birth: 1/1/1980 1 (34 years) *	Gender: Female V	*				
Weight (kg):						
▼ Addresses - 12 14th Ave City AL						
Primary * 12 14th Ave * A	ddress Lin City	* Alabama 🔻	* 22222	•		
Insurance Details Member ID: 9675209 * Polationship to Insured	O-K - * Plan: (	N/SC Astra				
wentber ib: 0075309 Relationship to insured:	Self • Plan:	SVSC Aetha				
▼ Memberships Group #: 12 Effective Date: 1/1/2000 Termina	tion Date: Not Applicable					
Insurance Group Number: 12 * Ef	fective Date: 1/1/2000	* Termination Date:				
	« BACK	CANCEL		NEXT »		

 Confirm Patient information and complete any additional fields (please note: all required fields are denoted by a red asterisk) under the **Patient Detail** screen Click **Next**

Click on arrows next to each heading to expand/collapse each section.

Create Authoriz	ation	Step Get S	1: Started	->	Step 2: Enter Patient Detail	$\Rightarrow$	Step 3: Enter Authori:	zation Detail	⇒	Step 4: Enter Aut
Patient										
Member ID: 12091975	First Nam	ne: Nathan	Last Name: Doe	Primary Addre	ess: 88 8th St Austin, TX 88888					
DOB: 1/1/1980 (34 years)	Gender:	м								
Providers					•					
Rilling T 1234	1567893	*	Name	P	123 Test Street Test MN 12345					
					125 Teat Street Teat, mit 12545					
MD Office Contact Name	e:		MD Office Contact	t Phone Number:		MD Office Co	ntact Fax Number:	<u> </u>		
Referring 💌 * 1164	469938	•	TEST, DON N.	6	6609 BLANCO RD SUITE 200 SAN A	ANTONIO, TX 7821661	52			
ADD PROVIDER										
Diagnoses										
Diagnoses ADD DIAGNOSIS Authorization Requested D	Date 5/30/2014 2:5	53 PM	🖮 🤭 🔹 Authorization Pri	iority: Normal	•					
Diagnoses ADD DIAGNOSIS Authorization Requested D Authorization Detail CancerType:	Date 5/30/2014 2:5	53 PM	Ann Arbor Stage:	iority: Normal	• • •					
Diagnoses ADD DIAGNOSIS Authorization Requested D Authorization Detail CancerType:	)ate 5/30/2014 2:5	53 PM	Ann Arbor Stage:	iority: Normal	v      *     Nodal Status :     Dediction Advance	ett.		•		
Diagnoses ADD DIAGNOSIS Authorization Requested D Authorization Detail CancerType: Clinical/Pathologic:	bate 5/30/2014 2:5	53 PM	Ann Arbor Stage: B Symptoms :	iority: Normal	Nodal Status :     Radiation Adjun	ict:				
Diagnoses ADD DIAGNOSIS Authorization Requested D Authorization Detail CancerType: ClinicalPathologie: T Stage :	)ate 5/30/2014 2:5	53 PM	Ann Arbor Stage: B Symptoms : E/S/X Modifiers:	ionty: Normal	Nodal Status :     Radiation Adjun     Radiation Adjun	ict:		▼ ■ •		
Diagnoses ADD DIAGNOSIS Authorization Requested D Authorization Detail CancerType: Clinical/Pathologic: T Stage : N Stage :	bate 5/30/2014 2:5	53 PM	Ann Arbor Stage: B Symptoms : E/S/K Modifiers: FIGO Stage:	iority: Normal	Nodal Status :     Radiation Adjun     Radiation Adjun     Surgery Adjunc	ct:		▼ ₩ @		
Diagnoses ADD DIAGNOSIS Authorization Requested D Authorization Detail CancerType: Clinical/Pathologic: T Stage : N Stage : M Stage :	Date 5/30/2014 2:5	53 PM	Ann Arbor Stage: B Symptoms : E/S/X Modifiers: FIGO Stage: Ph+/Ph-:	iority: Normal	Nodal Status : Radiation Adjun Radiation Adjun Surgery Adjunc Surgery Adjunc	ct:				
Diagnoses ADD DIAGNOSIS Authorization Requested D Authorization Detail CancerType: Clinical/Pathologic: T Stage : N Stage : M Stage : Grade:	5/30/2014 2:5	53 PM	Ann Arbor Stage: 8 Symptoms : E/S/X Modifiers: FIGO Stage: Ph+/Ph-: MST S Stage:	Iority: Normal	Nodal Status :     Radiation Adjun     Radiation Adjun     Surgery Adjunc     Surgery Adjunc     Surgery Adjunc     Karnofsky Perfe	et:				
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Diagnoses ADD DIAGNOSIS Authorization Requested D Authorization Detail CancerType: Clinical/Pathologic: T Stage : N Stage : Grade: Final Stage: Limited/Extensive:	Date 5/30/2014 2:5	53 PM	Ann Arbor Stage: B Symptoms : E/S/X Modifiers: FIGO Stage: Ph+/Ph-: MSTS Stage: ISS Stage : Serum Tumor Markers :	ionity: Normal		ct:				
Diagnoses ADD DIAGNOSIS Authorization Requested D Authorization Detail CancerType: [ Clinical/Pathologic: [ T Stage : [ M Stage : [ Grade: [ Final Stage: ] Limited/Extensive: [ NCCN Risk Category :	Date 5/30/2014 2:5	53 PM	Ann Arbor Stage: B Symptoms : E/S/X Modifiers: FIGO Stage: Ph+/Ph: MSTS Stage: ISS Stage : Serum Tumor Markers : Masoka Stage:	ionity: Normal	Nodal Status :     Radiation Adjun     Radiation Adjun     Surgery Adjunc     Surgery Adjunc     WHO performan     WHO performan     Recurrent:	ct:				

Step 3 – Enter Authorization Detail

- 1. Complete fields for **Referring Physician** and any other required or applicable authorization detail fields.
- 2. Click Next

Home       Authorizations       Reports       My Account       Heip         Image: Create Authorization       Step 1: Get Stanted       Step 2: Enter Patient Detail       Step 3: Enter Authorization Detail       Step 4: Enter Authorization Detail         Patient       Member ID: 12091975       First Name: Nathan       Last Name: Doe       Primary Address: 88 8th St Austin, TX 88388         D06: 11/1/980 (34 years)       Gender: M       Image: Stap 2: Step 2:       Patient         Like 1       Pace of Service:       Office       •         Date(a) of Service:       S00/2014       •       to S100/2014         NDC Code:       S0460035701       •       Drug Name:       Campath         Drug 1: <ul> <li>Drug 2:</li> <li>Dosing 3:</li> <li>Dosing 3:</li> <li>Dosing 4:</li> <li>Drug 8:</li> <li>Drug 8:</li> <li>Drug 8:</li> <li>Drug 9:</li> <li>Drug 9:</li> <li>Dosing 9:</li> <li>Drug 9:</li> <li>Dosing 9:<th>CVS CAREMARK</th><th></th><th></th><th></th><th></th><th></th><th>GO TO CVSC MBM 🔻</th><th>WELCOME ADRIE</th><th>NNE LEVEL 1 (TECH)   LOG OUT</th></li></ul>	CVS CAREMARK						GO TO CVSC MBM 🔻	WELCOME ADRIE	NNE LEVEL 1 (TECH)   LOG OUT
Create Authorization       Step 1: Get Started       Step 2: Enter Authorization Detail       Step 3: Enter Authorization Detail         Patient         Member ID: 12091975       First Name: Nathan       Last Name: Doe       Primary Address: 80 8th St Austin, TX 88888         DOB: 1/I/1980 (34 years)       Gender: M         Line 1       Pace of Service:       Office         Date(s) of Service:       S3002014       to         Dosing 1:       Obsing 2:       Dung Name:       Campath         Dosing 1:       Dosing 2:       Dosing 3:       Obsing 3:         Dosing 4:       Ousing 5:       Ousing 5:       Ousing 5:         Dorag 7:       Dung 8:       Dung 9:       Dung 9:         Dosing 7:       Dung 8:       Dung 9:       Dung 9:         Dosing 10:       Torag 10:       Torag 10:       Torag 10:	Home Authorizations	Reports My Account Hel	lp						
Patient         Member 10: 12091975         First Name: Nathan         Last Name: Doe         Primary Address: 88 8th St Austin, TX 88888           DoB: 11/1/980 (34 years)         Gender: M	Create Authorizat	ion Step 1: Get Sta	rted	Step 2: Enter P	atient Detail	÷	Step 3: Enter Authorization Detail	$\Rightarrow$	Step 4: Enter Authorization Line
Member ID: 12091975       First Name: Nahan       Last Name: Doe       Primary Address: 88 8th St Austin, TX 88888         DD8: 1/1/1980 (34 years)       Gender: M         Line 1         Place of Service:       Office         Date(s) of Service:       5/30/2014         S08: 07:00:       S0846035701         Dosing 1:       Ousing 2:         Dosing 4:       Dosing 5:         Dosing 4:       Dosing 5:         Dosing 7:       Dosing 8:         Dosing 10:       Ousing 8:         Dosing 10:       Ousing 9:	Patient								
D08: 1/1/1980 (34 years)       Gender: M         Line 1         Place of Service:       Office • • •         Date(s) of Service:       550/2014 • • • • • • • • • • • • • • • • • • •	Member ID: 12091975	First Name: Nathan	Last Name: Doe	Primary Address: 88 8th	St Austin, TX 88888				
Line 1         Place of Service:	DOB: 1/1/1980 (34 years)	Gender: M							
Place of Service:       Office       •         Date(s) of Service:       S30/2014       •       •         NDC Code:       S3468035701       •       Drug 1:       Orug 2:       •       Drug 3:       •         Drug 1:       •       Drug 2:       •       Drug 3:       •       •         Dosing 1:       •       Drug 5:       •       Drug 6:       •         Dosing 4:       •       Dosing 5:       •       Drug 9:       •         Dosing 7:       •       Drug 8:       •       Drug 9:       •         Drug 10:       •       Dosing 8:       •       Dosing 9:       •         Drug 10:       •       •       Drug 1:       •       Drug 9:       •         Dosing 7:       •       Dosing 8:       •       Dosing 9:       •         Drug 10:       •       •       Dosing 9:       •       •         Dosing 10:       •       •       •       •       •       •         Descr       •       •       •       •       •       •       •       •         Dosing 10:       •       •       •       •       •       •       •	Line 1								
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Dosing 1:       Dosing 2:       Dosing 3:	Drug 1:	•	Drug 2:		•	Drug 3:	<b>•</b>		
Drug 4: <ul> <li>Drug 5:</li> <li>Drug 6:</li> <li>Ung 7:</li> <li>Drug 8:</li> <li>Drug 9:</li> <li>Drug 9:</li> <li>Dosing 7:</li> <li>Dosing 8:</li> <li>Dosing 9:</li> <li>Dosing 9:</li> <li>Dosing 10:</li> <li>Drug 0:</li> <li< td=""><td>Dosing 1:</td><td></td><td>Dosing 2:</td><td></td><td></td><td>Dosing 3:</td><td></td><td></td><td></td></li<></ul>	Dosing 1:		Dosing 2:			Dosing 3:			
Dosing 4:	Drug 4:	•	Drug 5:		•	Drug 6:	<b>•</b>		
Drug 7:      Drug 8:      Drug 9:        Dosing 7:      Dosing 8:      Dosing 9:        Drug 10:            Dosing 10:	Dosing 4:		Dosing 5:			Dosing 6:			
Dosing 7:          Dosing 8:            Drug 10:              Dosing 10:	Drug 7:	•	Drug 8:		•	Drug 9:	•		
Drug 10:  Dosing 1	Dosing 7:		Dosing 8:			Dosing 9:			
Dosing 10:	Drug 10:	•							
	Dosing 10:								
PACK CANCEL SAVE NEXT.									
« DACK CANCLE SAVE NEXT »			« BACK	CANCEL		SAVE	NEXT »		

#### Step 4 – Enter Authorization Lines

- 1. Enter applicable start and end dates under **Date(s) of Service**
- 2. Enter requested drug name or NDC into NDC Code
- 3. Enter the quantity (if applicable; if not applicable the field will disappear upon drug selection)
- 4. Enter any additional information in their applicable fields.
- 5. Click Next

Authorization Number		Stature Inco			
Authorization Number:		status: inco	mpiete	Assign	ed user:
CRIZATION DETAIL					
ber Details Member Name: Nath	nan Doe Member ID: 12091975	Plan:	Gender: Male Date of Birth: 1/1/1980 (	(34 years)	
prization Details					
viders Provider Name: Intake Provide	er				
gnosis					
institus Descurated Data	in a subsci	antice Charl Dates 5/20/2014	antian Fail Date: 6/20/2014		
Ization Requested Date 5/30/2014 2:	53 PM	ation Start Date: 5/30/2014 Authori	Ization End Date: 5/30/2014		
zation Priority: Normal	•				
Туре:	<ul> <li>Ann Arbo</li> </ul>	Stage:	▼ Nodal Status :	•	
Pathologic:	<ul> <li>B Sympton</li> </ul>	ns :	Radiation Adjunct:		
	▼ E/S/X Mod	ifiers:	<ul> <li>Radiation Adjunct</li> <li>Timing:</li> </ul>		0
	FIGO Stag	e:	Surgery Adjunct:		
	Ph+/Ph-:		<ul> <li>Surgery Adjunct Timing:</li> </ul>		0
age	↓ ISS State	,	Karnofsky	•	
Extensive:	Serum Tu	nor	WHO performance	•	
Risk Category :	Markers :	202	Recurrent:		
	Masoka S	aye.	•		
orization Lines DEGUESTED	NDC Code: 58468035701 Drug N	ame: Campath Oty: Not Applicable			
ALAUCH LINES REQUESTED.	inde code. Soldada solor brug i	and campath aty not applicable			

2. If no changes are needed, select **Submit** 

#### Step 5 – Completing the Protocols and Submitting Your Request

Home	Authorizations	Reports User Administration	on My Account	Help			
۲	Authorization Num	ber: 27416		Status: Pending Que	estionset	Assigned	d User: Allei
AUTHO	DRIZATION DETAIL	TRANSACTION HISTORY					
Memb Busin	er Details Membe ess:	er Name: FIRSTNAME_1 L/	ASTNAME_1 Men	nber ID: PATIENTIDNO_	1	г	olina Gen
- Autho	rization Details						
Provi	iders Provider Name:		; LLC				
Diag	nosis Primary ICD10	A02.9 Description: Salmone	lla infection, unspecifie	d (ICD-10)			
Authoriz	ation Requested Date	05/09/2016 04:54:21 PM	🛉 🕑 🔹 Authorizatio	on Start Date: 5/9/2016	Authorization End Date:	5/9/2016	
Authoriz	ation Priority:	Normal	★ BenefitType	e: Pharmacy	Authorization DateType:	Unspecified	
Complet	te Clinical:	🖮 🔗					

\*Upon clicking **Submit**, your request will be sent to the Caremark PBM Systems and the authorization request status will display as **Pending Questionset**.

The Caremark PBM will send back your authorization request with the applicable clinical questions for your completion, if the requested drug requires prior authorization. It will appear on your home page in the Workbox under the **Questionset Received** queue.

Pending Decision - (8)	! Task	ID
Pending Questionset - (31)	Questionset Re 💌	
Provider Notification - (4)	Questionset Received	13797
Questionset Received - (4)	Questionset Received	13798
	Questionset Received	13801
	Questionset Received	13835

- 1. To complete the clinical questionset, click on the Questionset Received queue to display the list of authorizations in that category.
- 2. Select your authorization request by clicking on the task description for that authorization in blue.

You will then be brought to the detail of the authorization request.

ate 11/6/2014 Authorization	Start Date: 1 Auth	orization End Date: 1			
			Documents: (No documents found)		
REQUESTED: NDC Code	Drug Name: 5	Qty: Not Applicable Pending			
Status:	<sup>2</sup> ending				
2014 to 11/6/2015	« KE	EP	СОРУ	VOID	SUBMIT

1. To complete the clinical questions, click Submit

SGM_E	bitux (v1.0)		
What	is the diagnosis?		
0	Chordoma		
0 н	lead and neck cancer		
© 0	olon or rectal cancer		
© N	lon-small cell lung cancer		
© s	quamous cell skin cancer		
		SAVE AND CLOSE	NEXT
2.2			

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

÷	GM_Erbitux (v1.0)	
4		
33	BACK	



- 4. Once clinical questions have been completed, click **Done**. The clinical questions screen will then close and the authorization request will be sent back to the Caremark PBM System for a determination and the Authorization will be placed in a **Pending Decision** status.
- 5. Once a determination is made, the Authorization will be sent back to your homepage under the **Provider Notification** queue. You will then be able to open the authorization to review the determination of your Authorization request.

# **7. FIND AN AUTHORIZATION**

🕖 NovoLogix® - Windows Internet Explorer			- • •
) 🔾 🗢 🖉 https://qa-app.novologix.net/def	ault.aspx	👻 🔒 😽 🗙 🕨 Bing	+ م
File Edit View Favorites Tools Help			
🖕 Favorites 🖉 NovoLogix®		🟠 💌 🖾 👘 💌 Page 🕶 Safe	ty 🕶 Tools 💌 🔞 💌 🎬
CVS			
CAREMARK			
Find Authorization	init neip		
Create Authorization ech	)		
	WORKBOX SU	JMMARY	
There are currently no items in the workbox.			
BEND	TREND: EFFECTIVELY AND EFFICIENTLY MANA	GE MEDICAL PHARMACY SPEND WITH NOVOLOGIX.	
-			
κ.			
1			
2			
3			
https://qa-app.novologix.net/Auth/AuthLookup.asp	1	🔩 Local intranet   Protected Mode: Off	🐴 👻 🍕 100% 💌 🖉

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

CVC								
CAREMARK						GO TO CVS	с мвм 🛛 🔻	WELCOME ADRIENNE LE
Home Authorizat	tions Reports My Accou	int Help						
Find Author	rization							
SEARCH CRITERIA								
Authorization #:			Authorization Statu	IS:	[AI]	-		
Plan:	(		<ul> <li>Payer Authorization</li> </ul>	n #:				
Billing Provider:	Intake Provider (1234567893)							
First Name:			Advanced Search					
Last Name:			The following field	Is will only nar	row your search results. If you	do not include		
Member ID:	12091975		additional criteria	in the fields ab	ove your results will be skewed	1.		
Date Range			HCPCS/CPT Code:					
Date Type:	Start Date of Service	-	NDC Code:					
Date Pance:	[ AII]	•	Drug Name:					
bate hange.	[ Cold		Physician NPI:					
Start Date:			Physician Last Nar	ne:				
End Date:			Physician First Nar	ne:				
			SEADCH					
			JEANCH					
			1					

- 2. Enter search criteria
- 3. Click Search

\_

CVS CAREMARK								GO TO CVSC MBM	▼ WELCO	ome adrienne le'	VEL 1 (TECI	H)   LC
Home Authorizat	ons Reports My Ac	count Help										
Find Author	ization											
SEARCH CRITERIA												
Authorization #:				Authorization Status:	[AI]		-					
Plan:			•	Payer Authorization #:								
Billing Provider:	Intake Provider (123456789	3)	•	Patient Account #:								
First Name:				Advanced Search								
Last Name:				The following fields will only additional criteria in the fields	narrow your s	earch results	If you do not	include				
Member ID:	12091975			HCPCS/CPT Code:	aboro your r	oouno mii bo	s.comod.					
Date Range				NDC Code:								
Date Type:	Start Date of Service	<b>•</b>		Drug Name:								
Date Range:	[AII]	▼		Physician NPI:								
Start Date:				Physician Last Name:								
End Date:				Physician First Name:								
				SEARCH								
AUTHORIZATION SE	ARCH RESULTS									🗐 Max Re	cords 100	,
Page size: 25	•									11	records in	1 pa
Auth # First Nar	Last Name 🔺	Member ID	Plan	Provid	ler Name	Start Date	End Date	Last Activity Date	Status	Documents	Notes	С
3452 Nathan	Doe	12091975		Intake	Provider	5/30/2014	5/30/2014	5/30/2014	Approved	~		3

4. Select pre-notification from the search results presented at the bottom of the screen.

# 8. HOW TO ACCESS ASKNOVOLOGIX

Image: Second
File Edit View Favorites Tools Help   Favorites   Favorites O NovoLogix® GO TO CVSC MBM  VELCOME ADRENNE LEVEL 1 (TECH) Home Authorization SEARCH CRITERIA Authorization # Page Authorization f: Page Authorization f: Page Authorization f: Page Authorization f: Patient Account f: Advanced Search Tird Name: Advanced Search The following fields word. The following fields word.
Favorites Favorites © NovoLogix® G0 T0 CVSC MBM • Dege * Safety • Tools G0 T0 CVSC MBM • WELCOME ADRENNE LEVEL 1 (TECH) Hone Authorization EARCH CRITERIA Authorization #: Pain:
GO TO CVSC MBM      WELCOME ADRENNE LEVEL 1 (TECH)       Home Authorizations Reports My Account Help     Pain:     Authorization #:     Pain:     Pain:     Pain:     Authorization #:     Pain:     Pain:     Pain:     Pain:     Authorization #:     Pain:     Pain:     The fold above your results. If you do not include     additional circle in the field above your results. If you do not include     additional circle in the field above your results. If you do not include     additional circle in the field above your results. If you do not include
CAREMARK       GO TO       CVSC MEM       Welcome ADRENNE Level 1 (Tech) 1         Home       Authorization       My Account       Help         Pin:       Pager Authorization #:       Pager Authorization #:       Pager Authorization #:         Billing Provider:       Intake Provider (1234567893)       Patient Account #:       Advanced Search         First Name:       Advanced Search       The follow run results. If you do not include additionation for the finited above your results. Will be skewed.
Home       Authorization         Find Authorization       Authorization Status:         SEARCH CRITERIA       Authorization fit:         Plan:       Pager Authorization fit:         Billing Provider:       Intake Provider (1234567893)         First Name:       Advanced Search         Last Name:       The following fields word.
Find Authorization         SEARCH CRITERIA         Authorization #:
SEARCH CRITERIA         Authorization #       Authorization Status:       [Al]         Plan:
Authorization #     Authorization Status:     [Al]       Plan:     Payer Authorization #:       Billing Provider:     Intake Provider (1234567893)       First Name:     Advanced Search       Last Name:     The following fields above your results. If you do not include additional circle in the fields above your results will be skewerd.
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Billing Provider:     Intake Provider (1234567893)     Patient Account #:       First Name:     Advanced Search       Last Name:     The following fields will only narrow your search results. If you do not include additional citeria in the fields above your results will be skewed.
First Name:         Advanced Search           Last Name:         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.
Last Name: 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.
Member ID: 12091975 HCPC:SICPT Code:
Date Range NDC Code:
Date Type: Start Date of Service   Drug Name:
Date Range: [AI]  Physician NP:
Start Date: Physician Last Name:
End Date: Physician First Name:
SEARCH
Althonization scance nestling
1 Page size 25 *
Auth # First Name Last Name A Member ID Plan Provider Name Start Date End Date Last Activity Date Status Documents Notes C
8452         Nathan         Doe         12091975         Intake Provider         5/30/2014         5/30/2014         Approved         Image: Comparison of the provider

The AskNovoLogix system was established to assist users in gaining access to items such as forms, user manuals and videos.

1. Select Help and AskNovoLogix

CVS CAREMARK	GO TO CVSC MBM   WELCOME ADRENNE LEVEL 1 (TECH)   LOG OUT
Home Authorizations Reports My Account Help	
Index Search	^^
Category Name <u>General Information</u> <u>Forms</u>	Welcome to FAQs. Please enter a word or string of words in the Search For field or select a category from the menu.
User Account Information System Status	

2. This will take you to the AskNovoLogix interface.

C https://qa-app.novologix.net/Help/AskNovologix.aspx	🝷 🔒 🐓 🗙 🕨 Bing
File Edit View Favorites Tools Help	
Favorites O NovoLogix®	🏠 💌 🔂 👻 🚍 🖶 💌 Page 🕶 Safety 🕶 T
Kome Authorizations Reports My Account Help	GO TO CVSC MBM    WELCOME ADRENNE LEVEL 1 (TEC
Index Search Accordant Category Name	nation on the Neural said Authoritation Custom?
General Information	
Forms  How do I contact NovoLogix Client Support if Theed help  What are the excision invited in the second	regarding website support, system access, or a password
What are the provider inquiry phone numbers for CVS C.	aremark Oncology?
How do I obtain access to the NovoLogix Authorization S	<u>ystem?</u>
User Account information         Where do I receive training on how to submit an Authori           System Status         For detailed information on how to create an Authorization in the           How do I contact Novol ogix Client Support if I need hele         Fessel2           Contact Via Phone         1.966 623 0471	zation on the NovoLogix Authorization System? NovoLogix Authorization system please review the user manual. Itc pregarding website support, system access, or a passwo
Contact Via Email: <u>helpdesk@novologix.net</u> Note: Your inquiry will be responded to within 2 business day by email to this address, you will receive an automated response indi generated.	the NovoLogix Client Support Team. Within 30 minutes of submi cating the inquiry was received and detailing the incident number
Actina Care Advocate Group Provider Inquiry: 1-844-804-0396 Actina Care Advocate Group Provider Inquiry: 1-866-383-1996	<u>arcinark Uncufüllyr</u>
NovoLogix Client Support Help Desk Provider Inquiry: 1-866-532-0471	<u>110</u>
How do I obtain access to the Novolavia Authorization S To obtain access, make changes, or add a new user to the Novol form provided below. Once that is filled out, manually sign the do	ivstem? ogix Authorization system please complete the appropriate user re cument, and return it back to NovoLogix.
	152064 bytes, uploaded on 05/29/2014 12:20:00) 040 bytes, uploaded on 05/29/2014 12:20:00)
<b>v</b>	

3. Click on the item(s) you wish to review.

## 9. REQUESTING CHANGES TO THIS DOCUMENT

Any questions, corrections or modification suggestions regarding this guide should be directed to the NovoLogix Training Department at <u>training@novologix.net</u>. Please reference the complete filename and version number (found in the page header) in any communication.

Thank you for your feedback.