

# PHARMACY AUTHORIZATION

Highmark Teleconference  
NaviNet Pharmacy Authorization  
Frequently Asked Questions

## **Q. What is the timeframe to submit the authorization request once the information is entered into the system?**

- A. NaviNet® systematically saves the last completed page. Any incomplete authorization that was started will be located in the Office Central dropdown under Referral/Authorization Log.

## **Q. When is the provider notified of a denial or approval?**

- A. When the authorization is submitted a pend status is applied. Once Highmark has reviewed the authorization request the status will change to approve or denied. To access the authorization to verify status, select the Referral/Authorization Inquiry transaction located on the left side of the screen. The record can be accessed by Member ID Search, Member Name Search or Date of Service Search (if looking for all records for a period of time). Enter the required information and search. The submitted record(s) will display at the bottom of the screen.

## **Q. Is NaviNet® only for Highmark authorizations?**

- A. Yes. If you try to enter an authorization for a non-Highmark member, it will display an error message and prevent you from moving forward.

## **Q. How do we know which formulary to choose?**

- A. When the prescription and insurance information is entered in NaviNet®, there is one workflow. The correct link will appear. Medicare – for example has one link; unfortunately if the member has more than one medical benefit, such as PPO comprehensive or PPO progressive, then you'll need to verify further the members benefit to see their formulary.

## **Q. Is this just for Medicare patients?**

- A. Pharmacy Authorization Submission process can be used for any patient with subscription pharmacy benefits through Highmark.



**Q. Can a provider search the status of a patient's authorization if they were not the person who initiated the request?**

A. The office can view any authorization request made via NaviNet® using Referral/Authorization Inquiry functionality. The Inquiry is a real time view into Highmark back end data bases. The user can choose to perform an inquiry based on a member ID, member name, or by date of service. Currently authorization requests can only be viewed if entered via NaviNet®. This will change in **October** when the pharmacy authorizations go to the new Utilization Management platform and all authorization requests will be available via Referral/Authorization Inquiry regardless of means of submission: (NaviNet®, phone, or fax).

**Q. How do you get to the Provider Resource Center?**

A. In plan central, click on Highmark. When link comes up, scroll down to see Provider Resource Center.

**Q. How does the patient's pharmacy learn that a prescription authorization request has been made and if the prescription request is approved or denied?**

A. The current process does not communicate with the member's pharmacy. They are separate transactions/functions. The pharmacy is provided with a written script or request via the electronic system. The review is entered into MedCo. That is where they look for the authorization. They have all of the information from MedCo. When the authorization is reviewed by a pharmacist it is entered into Medco.

**Q. Does the actual prescription get submitted to the pharmacy during the same transaction or is submitting the prescription to the patient's pharmacy a separate function?**

A. If the provider uses NaviNet® the normal Highmark work flow is utilized.

**Q. If the prescription is denied by Highmark, how is the member notified of the denial?**

A. At a minimum, the member receives a letter. Medicare Advantage members also receive a phone call.

**Q. What tool does the provider have to learn if a medication requires prior authorization?**

A. The Commercial and Medicare formulary websites indicate if a Prior Authorization is required. Additionally, a provider can use the Provider Resource Center Pharmacy Policy site to look for specific medication requirements. NaviNet® Professional Communications are issued quarterly with new or updated prior authorization policies. Please use attached link for reference.

<https://prc.highmark.com/rscprc/hbcbs/pub?document=/documents/pharm-benefits-program.html>

**Q. Is the provider prompted anywhere to indicate which pharmacy the patient would like to use?**

A. This information is not necessary to complete the authorization process.

**Q. Recently there has been a push by NaviNet® to get provider offices to utilize the NaviNet® Cover My Meds tool. That tool will allow the office user to obtain prior authorization from any third party prescription drug plan including ESI and Medco. With that in mind, what is the advantage of the Highmark tool which seems more cumbersome than Cover My Meds?**

A. Both prescription and medical request are entered in one place. You can enter and view status in one application.

**Q: Is there a more efficient way to enter patient information when submitting specific drugs?  
Example part D or step 3 drugs?**

A. Providers are encouraged to follow the workflow process by entering the information as directed for each field. Regardless, of drug type the submission process is always the same.