

Medication Precertification Requests

Use our provider self-service website to submit precertification requests for members who need medications considered to be:

- General pharmacy that are dispensed directly to a member from a pharmacy.
- Medical injectables that are obtained by an office/facility for on-site infusion or administration.



This guide:

- Gives you step-by-step help to enter a precertification request for general pharmacy and medical injectables.
- Explains what happens after each request is submitted.
- Provides contact information if you need help.

Things to remember while entering a precertification:

- Throughout this guide, you are told to call Provider Services in the event of an error. They can be reached at **1-844-405-4296** for Medicaid providers or **1-844-405-4297** for Medicare providers.
- A red asterisk (*) on the form indicates a required field.
- The **Previous** and **Next** buttons allow you to navigate between tabs and screens.
- If an entry is incorrect, you will receive an error message with instructions.
- If you are unable to correct an error, call Provider Services.
- Authorization request date spans cannot begin before the date you enter your request.
- The precertification request must be for an eligible participant who is a Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply) member.
- You must be logged in to the provider website or Availity Portal and have selected one of the highlighted menu options to follow the steps in this guide.

www.simplyhealthcareplans.com/provider | www.clearhealthalliance.com/provider

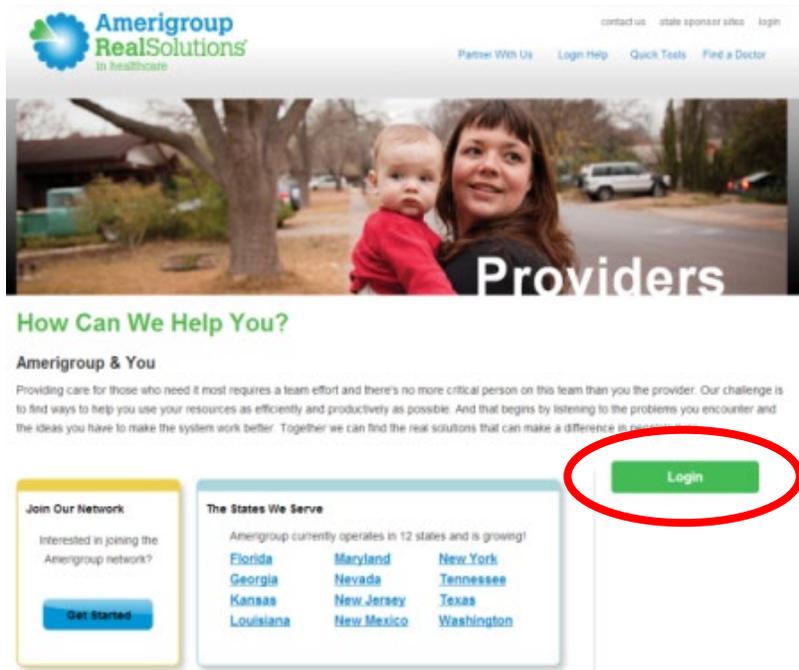
Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. is a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

Requesting precertification for general pharmacy

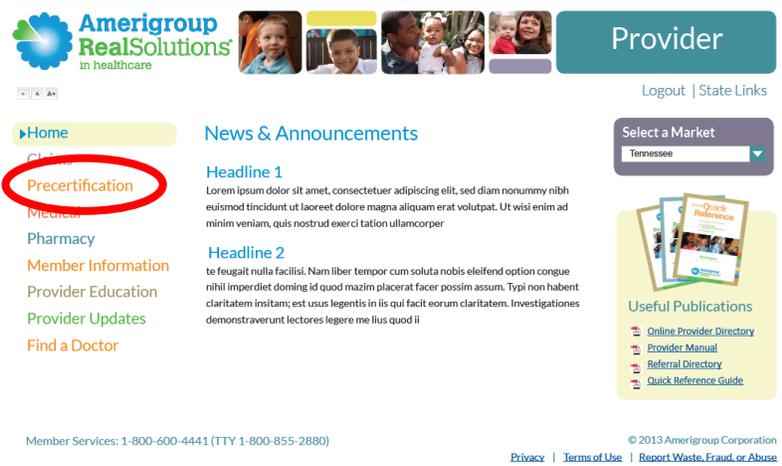
Providers can access the precertification tool by logging in to their provider self-service website or the Availity Portal.

From our provider self-service website:

Select the **Login** button and enter your Availity ID and password.



Select **Precertification** from the navigation menu.

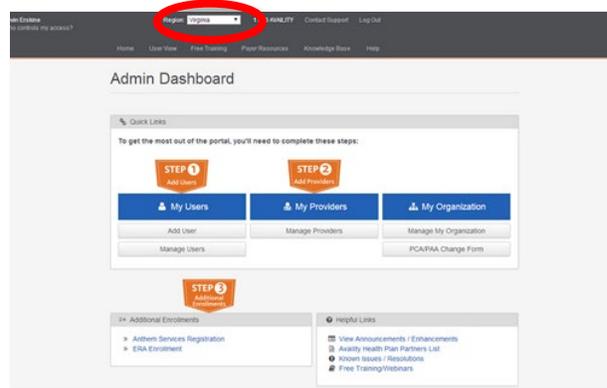


From the Availity Portal:

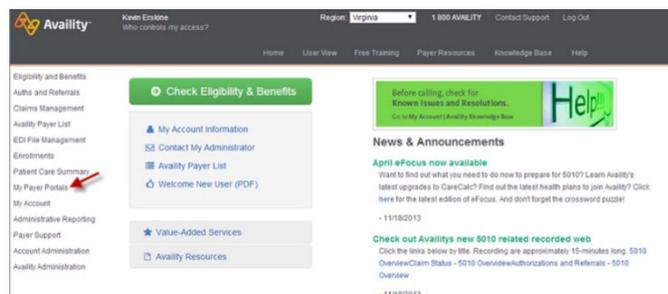
Select the **Login** button and enter your Availity user ID and password.



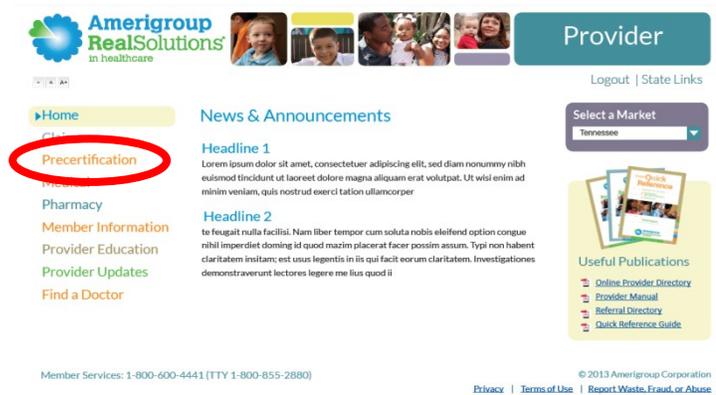
Select your state from the toolbar drop-down list.



Select **Provider Self-Service** from the *My Payer Portals* in the navigation menu of either the account administrator or normal user screen.



Select the **Precertification** tab from the navigation menu of the provider website.

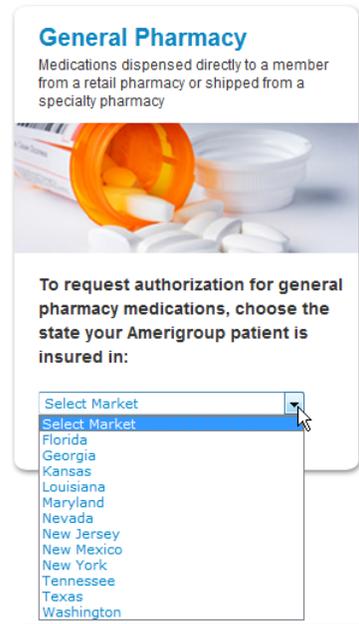


Initiating the general pharmacy precertification:

From the *Precertification* tab, select **General Pharmacy** from within the *Request Precertification* section.



Select a market from the *Select Market* menu.



Completing the *Request Info* tab:

1. Enter the *Auth Start Date* and *Auth End Date* for the precertification request:
 - The start date will default to the current date, and the end date will default to six months from the current date.
 - Type a date or select the calendar icon to choose a date.
2. In the *ID Type* drop-down menu, select the specific ID type or **All ID Types**.
3. Enter the ID number that corresponds to the ID type selected, and select the **Find Member** button.
 - If multiple members are found during the search, select the correct member name from the list.
 - If the member is eligible, the member's information will display.
4. If no members are found, ensure the information was typed accurately or try a different ID type and repeat your search. If you still receive an error message, call Provider Services.
5. Select the *Search By* category in the *Drug Code(s)* section. Available options are:
 - *Drug Code*.
 - *Drug Name*.

General Pharmacy Cancel

Request Info

- Provider Info
- Diagnosis
- Supplementary
- Supporting Files
- Review and Submit

Authorization Request Details

Please complete all fields. Fields with red asterisks are required.

Date of Submission: 3/7/2013

Auth Start Date*: 03/07/2013

Auth End Date*: 09/07/2013

Member Eligibility

Verify member eligibility before proceeding. Select ID Type, enter member's ID number, then click on Find Member.

ID Type*: All ID Types

ID Number*:

Member Name

Date Of Birth

Gender

Member Height:

Member Weight:

Drug Code(s)

Add up to 5 drug codes. At least 1 drug code is required.

Search By: Drug Code Drug Name

Search Text:

Drug Name/Code*

Quantity

Strength*

Frequency*: Daily

Duration*: 1 Month

Drug Code	Drug Name	Quantity	Strength	Frequency	Duration	
xxx	xxxxxx	xxx	xxx	xxx	xxx	remove
yyy	yyy	yyy	yyy	yyy	yyy	remove
zzz	zzz	zzz	zzz	zzz	zzz	remove

6. Enter the search term in the *Search Text* field and select **Search**.

- If your search returns multiple results, select the appropriate result in the popup.

Please select one.

Drug Code	Drug Name	Drug Description	One Billing Unit
xxx	xxxxxx	xxxx	xxx
yyy	yyy	yyyy	yyy
zzz	zzz	zzzz	zzz

7. Enter the *Quantity*, *Strength*, *Frequency* and *Duration* information in each field.
 8. Select the **Add** button to add up to four more drugs. Repeat steps 5 through 8 for each.
 9. Select the **Next** button.

Note: If you need to request more than five drugs for one member, you may:

- Submit a second request using the online tool.
- Fax your request to **1-844-494-8345** for Retail Pharmacy or **1-844-509-9862** for Medical Injectables.
- Call Provider Services at **1-844-405-4296** (for Medicaid providers).
- Call Provider Services at **1-844-405-4297** (for Medicare providers).

Completing the *Provider Info* tab:

1. Activate the *Tax ID* drop-down menu and select the appropriate tax ID. Only the tax ID number associated with the user's credentials will be listed.
2. Activate the *Provider* drop-down menu and select the requesting provider's name from the list. Only the provider names associated with the user's credentials will be listed.
3. If the information that populates in the fields under the *Requesting Provider Office* section is incorrect, enter the correct contact information for the requesting provider's office.
4. Select the **Next** button.

General Pharmacy

Requesting Provider

Verify the tax ID # and select the corresponding provider from the drop downs below.

Tax ID *

Provider *

Primary Address

Requesting Provider Office

Contact Name *

Contact Phone *

Ext.

Contact FAX *

Completing the *Diagnosis* tab:

1. Enter the appropriate diagnosis code in the *Primary Diagnosis* field and select another field. The diagnosis code description will display if the code is valid. If you receive an error message, re-enter the primary diagnosis code.
2. Enter additional diagnosis codes (if known or applicable) in the remaining fields.
3. Enter notes in the *Notes* field if appropriate.
4. Select the **Next** button.

General Pharmacy Cancel

Diagnosis

Please enter diagnosis code(s) below

Code	Description
Primary Diagnosis *	
Diagnosis 2	
Diagnosis 3	
Diagnosis 4	
Diagnosis 5	
Diagnosis 6	
Diagnosis 7	
Diagnosis 8	
Diagnosis 9	
Diagnosis 10	

Notes (optional)

255 characters remaining

Previous Next

Completing the *Supplementary* tab:

1. Enter corresponding information in the *Supplemental Information* and *Medication History* sections. The fields in this tab are optional, but having enough clinical information to make a decision allows us to process the precertification request quickly.
2. Select the **Next** button.

The screenshot shows a web form titled "General Pharmacy" with a "Cancel" button in the top right corner. On the left side, there is a vertical navigation menu with the following options: "Request Info", "Provider Info", "Diagnosis", "Supplementary" (which is highlighted), "Supporting Files", and "Review and Submit". The main content area is titled "Medication History" and contains three text input fields, each with a "255 characters remaining" label. The first field is labeled "Has the member used this medication previously (if yes, please list start date)?". The second field is labeled "What other medications has the member tried for this diagnosis (please list dates)?". The third field is labeled "Please list other medications the member is currently taking (i.e. chemotherapy regimen)". Below these fields is a section titled "Supplemental Information" with two more text input fields, each with a "255 characters remaining" label. The first field is labeled "If medication request is for use outside FDA labeling or if medication is non-preferred, information supporting medical necessity must be provided". The second field is labeled "Any additional information pertinent for review of request may be included below, or as attachment on next tab.". At the bottom of the form, there are two buttons: "Previous" on the left and "Next" on the right.

Completing the *Supporting Files* tab:

1. Select the **Browse** button and locate the supporting clinical file. When you select the file you want to attach, the file path will display in the field that appears before the *Browse* button.
 - It's important to provide supporting medical information for certain types of drugs (for example, biomarker testing or pertinent labs). Giving us this supporting documentation helps us to make a decision and process the precertification request quickly. If you're unsure about what type of information is needed, call Provider Services.
 - Acceptable file formats are Microsoft Word and Excel files, Adobe PDFs, and TIFFs.
2. Select **Attach** to upload your file; it will display in the *Files Supporting the Auth Request* section once uploaded.
3. Select **Remove** if you need to delete the file from the request.
4. Repeat these steps until all necessary supporting clinical files are attached to the request.
5. Select the **Next** button.

Completing the *Review and Submit* tab:

1. Review the information you entered for the precertification request.
 - All errors must be corrected before the request can be submitted. Select the **Fix This** link to go directly to the error and update the information.
2. To go back, select the **Previous** button or choose a tab on the navigation tab and make edits to the information entered.
3. Select **Print Review Copy** at the bottom of the screen to print a copy of the precertification request for your records.
4. Select the **Submit Auth** button when you're ready to submit your request.
5. Keep a copy of the web tracking number included in your submission confirmation; you will need this number if you have to follow up on your request.
6. If additional precertifications are needed for the same member, select the **Submit Another Request** button.

General Pharmacy

Please review and correct the errors identified below

Authorization Request Details

Date of Submission 3/7/2013

Auth Start Date 03/07/2013

Auth End Date 09/07/2013

Member Eligibility

ID Type ALL

ID Number

Member Name

Date Of Birth

Gender

Member Height

Member Weight

Pharmacy Auths

Auth Request is Submitted

Print

Submit Another Request

Your authorization request was submitted.

The request is: Pended

Web Tracking #: KSPW000049

[additional info here]

Note: You will receive an error message if there are problems with your request. Review the information on the *Review and Submit* tab and try again. If you continue to have issues with your online requests, call Provider Services.

There was an error submitting your authorization request. Please try again.

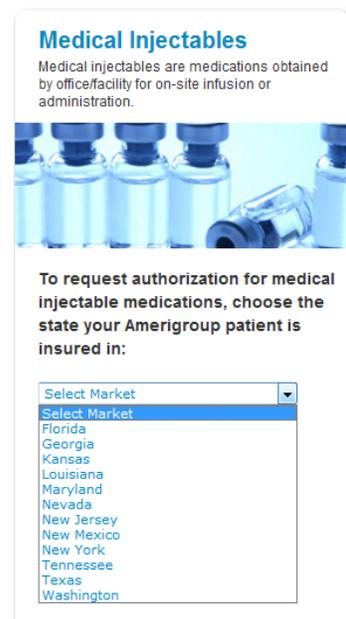
Requesting precertification for medical injectable medication

Initiating the medical injectable precertification:

From the *Precertification* tab, select **Medical Injectables** from within the *Request Precertification* section.

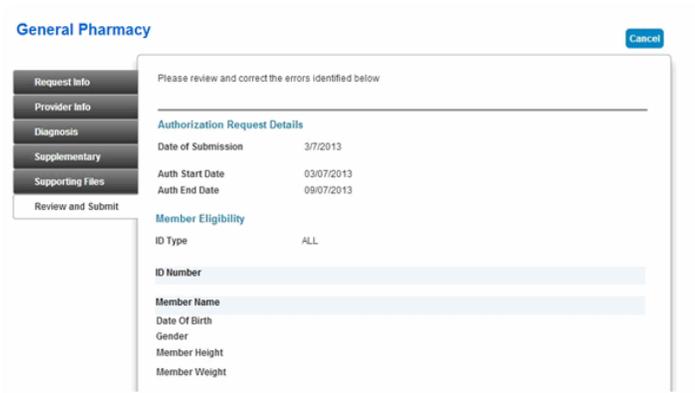


Select a market from the *Select Market* menu.



Completing the *Request Info* tab:

1. Enter the *Auth Start Date* and *Auth End Date* for the precertification request:
 - The start date will default to the current date, and the end date will default to six months from the current date.
 - Type a date or select the calendar icon to choose a date.



2. In the *ID Type* drop-down menu, select the specific ID type or **All ID Types**.
3. Enter the ID number that corresponds to the ID type selected, and select the **Find Member** button.
 - If multiple members are found during the search, select the correct member name from the list.
 - If the member is eligible, the member's information will display.
4. If no members are found, ensure the information was typed accurately or try a different ID type and repeat your search. If you still receive an error message, call Provider Services.

5. Select the *Search By* category in the *Drug Code(s)* section. Available options are:

- *Drug Code*.
- *Drug Name*.

6. Enter your search term in the *Search Text* field and select **Search**.
 - If your search returns multiple results, select the appropriate result in the popup.



7. Enter the *Quantity*, *Strength*, *Frequency* and *Duration* information in each field.
8. Select the **Add** button to add up to four more drugs. Repeat steps 5 to 8 for each.
9. Select the **Next** button.

Note: If you need to request more than five drugs for one(s) member, you may:

- Submit a second request using the online tool.
- Fax your request to **1-844-494-8345** for Retail Pharmacy or **1-844-509-9862** for Medical Injectables.
- Call Provider Services at **1-844-405-4296** (for Medicaid providers).
- Call Provider Services at **1-844-405-4297** (for Medicare providers).

Completing the *Provider Info* tab:

1. Activate the *Tax ID* drop-down menu and select the appropriate tax ID. Only the tax ID number associated with the user's credentials will be listed.
2. Activate the *Provider* drop-down menu and select the requesting provider's name from the list. Only the provider names associated with the user's credentials will be listed.
3. If the information that populates in the fields under the *Requesting Provider Office* section is incorrect, enter the correct contact information for the requesting provider's office.
4. Select **Yes** if the Servicing Provider is the same as the Requesting Provider. If **Yes**, skip to Step 9.
5. If the Servicing Provider is different from the Requesting Provider, select **No**. A new section will appear.
6. Select the corresponding *Search By* radio button to search for the servicing provider under the *Servicing Provider* section.
7. Type the appropriate provider ID or name in the *Provider ID* field. Select the **Find Provider** button. The provider's information will populate on the screen.
 - If multiple providers are found, select the correct NPI from the list.
 - If no servicing provider is found, try the search again. Select the **Clear Provider** button and repeat the search by entering different provider information.
 - If the servicing provider is still not found, choose the **Enter a Temporary Provider** button and enter all required information. Then, select **Save**.
8. Enter the contact information in the *Servicing Provider Office* section.
9. Select the **Next** button.

The screenshot shows a web form titled "Medical Injectables" with a "Cancel" button in the top right. On the left is a navigation menu with options: "Request Info", "Provider Info", "Diagnosis", "Supplementary", "Supporting Files", and "Review and Submit". The main content area is divided into three sections: "Requesting Provider", "Requesting Provider Office", and "Servicing Provider".

- Requesting Provider:** Includes a "Verify the tax ID # and select the corresponding provider from the drop downs below." instruction. Fields include "Tax ID *" (with value "486005089 - William Newton Memorial Hospital"), "Provider *" (with a "Select a Provider" dropdown), and "Primary Address".
- Requesting Provider Office:** Includes fields for "Contact Name *", "Contact Phone *", "Ext.", and "Contact FAX *".
- Servicing Provider:** Includes a "Please identify servicing provider. Same as Requesting Provider?" question with a "Yes" dropdown.

At the bottom of the form are "Previous" and "Next" buttons.

Completing the *Diagnosis* tab:

1. Type the appropriate diagnosis code in the *Primary Diagnosis* field and tab out of it. The diagnosis code description will display if the code is valid.
2. If you receive an error message, re-enter the primary diagnosis code.
3. Enter additional diagnosis codes, if known, in the remaining fields.
4. Type notes in the *Notes* field if appropriate.
5. Select the **Next** button.

Diagnosis

Please enter diagnosis code(s) below.

Code	Description
Primary Diagnosis *	733.01 Senile osteoporosis
Diagnosis 2	
Diagnosis 3	
Diagnosis 4	
Diagnosis 5	
Diagnosis 6	
Diagnosis 7	
Diagnosis 8	
Diagnosis 9	
Diagnosis 10	

Notes (optional)

255 characters remaining

Previous Next

Completing the *Supplementary* tab:

1. Enter corresponding information in the *Supplemental Information* and *Medication History* sections.
 - The fields in this tab are optional, but having enough clinical information to make a decision allows us to process the precertification request quickly.
2. Select the **Next** button.

The screenshot shows a web form with a sidebar on the left containing navigation tabs: Request Info, Provider Info, Diagnosis, Supplementary (highlighted), Supporting Files, and Review and Submit. The main content area is titled "Medication History" and contains three text input fields, each with a "255 characters remaining" label. The first field is labeled "Has the member used this medication previously (if yes, please list start date)?". The second field is labeled "What other medications has the member tried for this diagnosis (please list dates)?". The third field is labeled "Please list other medications the member is currently taking (i.e. chemotherapy regimen)". Below these fields is a section titled "Supplemental Information" with two more text input fields, each with a "255 characters remaining" label. The first field is labeled "If medication request is for use outside FDA labeling or if medication is non-preferred, information supporting medical necessity must be provided". The second field is labeled "Any additional information pertinent for review of request may be included below, or as attachment on next tab." At the bottom of the form are "Previous" and "Next" buttons.

Completing the *Supporting Files* tab:

1. Select the **Browse** button and locate the supporting clinical file. When you select the file you want to attach, the file path will display in the field that appears before the *Browse* button.
 - It's important to provide supporting medical information for certain types of drugs (for example, biomarker testing or pertinent labs). Giving us this supporting documentation helps us to make a decision and process the precertification request quickly. If you're unsure about what type of information is needed, call Provider Services.
 - Acceptable file formats are Microsoft Word and Excel files, Adobe PDFs, and TIFFs.
2. Select **Attach** to upload your file; it will display in the *Files Supporting the Auth Request* section once uploaded.
3. Select **Remove** if you need to delete the file from the request.
4. Repeat these steps until all necessary supporting clinical files are attached to the request.
 - If you have over five supporting files to attach, please submit them via the listed fax number.
5. Select the **Next** button.

Completing the *Review and Submit* tab:

1. Review the information you entered for the precertification request:
 - All errors must be corrected before the request can be submitted. Select the **Fix This** link to go directly to the error and update the information.
2. To go back, select the **Previous** button or choose a tab on the navigation tab and make edits to the information entered.

Drug Code	Drug Name	One Billing Unit	Dose	Frequency	Duration
xxx	xxxxxx	xxx	xxx	xxx	xxx
YYY	YYY	YYY	YYY	YYY	YYY
zzz	zzz	zzz	zzz	zzz	zzz

3. Select **Print Review Copy** at the bottom of the screen to print a copy of the precertification request for your records.
4. Select the **Submit Auth** button when you're ready to submit your request.
5. Keep a copy of the web tracking number included in your submission confirmation; you will need this number if you have to follow up on your request.
6. If additional precertifications are needed for the same member, select the **Submit Another Request** button.

Pharmacy Auths
Auth Request is Submitted
[Print](#)
[Submit Another Request](#)
Your authorization request was submitted.
The request is: Pended
Web Tracking #: KSPW000049
[additional info here]

Note: You will receive an error message if there are problems with your request. Review the information on the *Review and Submit* tab and try again. If you continue to have issues with your online requests, call Provider Services.

There was an error submitting your authorization request. Please try again.

You have the ability to check the status of a medical injectable authorization request. To find out how, review the *Precertification Status and Appeals Tutorial* located on the *Provider Education* tab.