



## Save Time - Enter Pharmacy Prior Authorization Requests Online!

Submitting requests online is the quickest way to obtain a prior authorization for a medical drug. **Faxing and calling slows down processing time significantly.**

### Did you know?

- Some drugs don't need a prior authorization. To check:
  - Log in at **hap.org**; select *Quick Links*; *Procedure Reference lists*; *Services that Require Prior Authorization list*.
  - Search for the drug by the generic or chemical name or code. Below is an example from this list. Refer to the *Prior Auth Required* column and then *Product Lines* for the requirements by plan.

Services that require Prior Authorization List					
Code	Description	Prior Auth Required	Key	Rider Requirement	Product Lines
J1327	INJECTION, EPTIFIBATIDE, 5 MG	No			ALL
J1330	INJECTION, ERGONOVINE MALEATE, U	No			ALL
J1335	INJECTION, ERTAPENEM SODIUM, 500	No			ALL
J1364	INJECTION, ERYTHROMYCIN LACTOBIO	No			ALL
J1380	INJECTION, ESTRADIOL VALERATE, UP	No			ALL
J1410	INJECTION, ESTROGEN CONJUGATED	No			ALL
J1426	Injection, casimersen, 10 mg	Yes	<a href="#">PCM/ExGEN</a>		ALL (Except McWRAP, MED, PRICHO, CAID)
J1426	Injection, casimersen, 10 mg	No			MCWRAP, MED, PRICHO
J1426	Injection, casimersen, 10 mg	Not Covered			CAID

- Some J-codes may receive automatic approval when all information is complete and medical records are uploaded.

The online application can be found when you log in at **hap.org** and select *Authorizations*. For your convenience, the training guide for pharmacy requests is attached.

If you need more help, please email [providernetwork@hap.org](mailto:providernetwork@hap.org). Be sure to put CareAffiliate Training in the subject and include your Type 1 NPI and Tax ID.



# **Authorizations Application-CareAffiliate Training Manual**

**Pharmacy  
Requests for medications**

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**Note: The member data found in this Training Manual is fictitious.**

## Time Saving Tips!

Following the tips below will save you time!

- **Check to see if the service or procedure needs an authorization**
  - Log in at **hap.org**; select *Quick Links*; *Procedure Reference Lists*; *Services that require Prior Authorization List*.
  - Search (CTRL and F key) by the generic or chemical name of the drug.
  - The **Prior Auth Required** column shows if an authorization is required.
  - The **Rider Requirement** refers to HAP benefit riders as appropriate.
  - The **Product Lines** shows the authorization requirements for HAP products.

Services that require Prior Authorization List					
Code	Description	Prior Auth Required	Key	Rider Requirement	Product Lines
C8957	INTRAVENOUS INFUSION FOR THERAPY	No			ALL
C9025	Injection, ramucirumab, 5 mg	Yes	PCM/NDC		ALL
C9026	Injection, vedolizumab, 1 mg	Yes	SPC/NDC		ALL
C9027	Injection, pembrolizumab, 1 mg	Yes	PCM/NDC		ALL
C9113	INJECTION, PANTOPRAZOLE SODIUM, 40 mg	No	NDC		ALL

- The **Key** column shows where to submit request—CareAffiliate or Pharmacy Advantage. Note:

If	Then
<b>PCM:</b> HAP's Pharmacy Care Management	Submit request through CareAffiliate
<b>SPC:</b> Specialty medication	<b>For commercial members, contact Pharmacy Advantage:</b> <ul style="list-style-type: none"> <li>• Phone: (800) 456-2112 Fax: (888) 400-0109</li> </ul> <b>For Medicare Advantage members, submit request:</b> <ul style="list-style-type: none"> <li>• Through CareAffiliate</li> </ul>

- **Choose the correct Request Type.**
- **Submit complete information.**
  - Ensure all required fields outlined in orange are completed.
  - The more information you provide, the better your chances of receiving a quick determination.
  - Office visit notes and recent lab results should be submitted with every request. Comments can also be added in the *Notes* section to help us know more about your request.

## Alert Messages

They appear under the navigation bar or as pop-ups. There may be a potential issue with the request. Some alerts won't allow the request to be submitted. They indicate what needs to be corrected.

Example:  Service 1 contains required fields. For more alert messages, see Appendix B.

## Navigation and logging out

- Use the **tab key** (not the enter key) to move through fields.
- Always select **Log Out** and not the X when logging out of CareAffiliate.

## Submission outcomes

There are four outcomes you can receive after you submit a request.

- **No Action Required:** No authorization required for request
- **Certified in Total:** Authorization approved
- **Pended:** Requires review
- **Not Certified:** Denied

## Contact information

For	Contact
Help with Authorizations application-CareAffiliate: <ul style="list-style-type: none"> <li>• Authorizations link missing from home page</li> <li>• Password resets and system lockout</li> </ul>	Email <a href="mailto:providernetwork@hap.org">providernetwork@hap.org</a> and include: <ul style="list-style-type: none"> <li>• CareAffiliate help in the subject line</li> <li>• Your type 1 NPI and Tax ID number in the email</li> </ul>
Pharmacy questions	HAP's Pharmacy Care Management Phone: (313) 664-8940 Fax: (313) 664-5338 Monday-Friday; 8:00 a.m. to 4:30 p.m.
Change in dose after request submitted	HAP's Pharmacy Care Management department
Change in medication after request submitted	Enter new authorization

**The fastest, most efficient way to submit authorizations and check status is online! It's not quicker to call.**

The following pages illustrate entering a new authorization.

For demonstration purposes, the scenario below is used.

- Request Type: DRUG-General Request-OFFICE admin
- Diagnosis code: M06.9
- Procedure code: J1745
- Dosage: 50 mg per every 1 week for 28 weeks

**Note: The member data found in this Training Manual is fictitious.**



**Tip!**

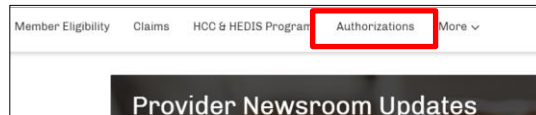
**Information to have on hand before entering the request:**

- Patient's name and ID number
- Prescriber/ordering physician name and NPI number
- Diagnosis code
- Procedure code
- Brand, generic or chemical name. Note: You need the generic or chemical name when you check the *Services that Require Prior Authorization* list.
- Drug dose, units, and frequency
- Patient's chart or medical history

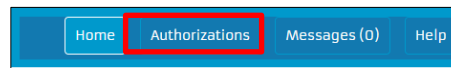
## Steps for Entering a New Authorization

1. Log in at **hap.org**. Remember! If you don't know if an authorization is required, select *Quick Links*; *Procedure Reference Lists* and the appropriate list. When finished, close list, and proceed to step 2.

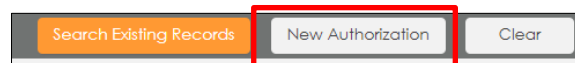
2. Select *Authorizations*.



3. Select *Authorizations*.



4. Select *New Authorization*.



5. Complete all required fields outlined in orange. See table below for details.

General Information

Member ID

Name  Format: Last, First M.I.

Request Type  Begin typing to search favorites

**IMPORTANT!** Enter ID number & name of patient seeking services/treatment

- Tips!**
- Check DOB to confirm you are entering correct member.
  - Tab through fields.

Field	Information to enter
Member ID	11-digit HAP member ID number; <b>TAB and Name auto populates.</b> Note: If you don't have the member ID number, you can search by name. <b>Be sure request is being submitted for the correct patient.</b>
Name	Member's name; <b>TAB and Member ID auto populates.</b> You can enter five characters and a wild card * or click magnifying glass icon to search. <b>Be sure request is being submitted for the correct patient.</b>
Request Type	The appropriate Request Type. There are 11 <i>Request Types</i> for "buy and bill" requests (i.e., provider's office or infusion center will supply the medication and it's billed as a medical claim). See Appendix B for search tips.
Profile Validation	<p>After <i>Request Type</i> is selected, a <i>Profile Validation</i> message appears. It says that medical records and clinical rationale are required. It outlines the information to have ready before entering the request. Select Yes if you wish to continue with request.</p>

6. Complete all remaining fields outlined in orange. See table below for details.

**Authorizations**

**General Information**

Member ID: 12345678900

Name: MOUSE, MINNIE

Request Type: DRUG-General Request-OFFICE admin

IMPORTANT! Enter ID number & name of patient seeking services/treatment

Event Classification: (None)

Case Type: Pharmacy - Medical Drug

**Requester**

Contact Name: KNIGHT, FACILITY

Contact Phone: [Empty]

Requesting Provider/Facility: Begin typing to search favorites

Requesting Group: Begin typing to search favorites

Requesting Group: Do not enter a group

Use for all Requested Services

**Diagnoses**

Diagnosis: [Empty] Code: [Empty] Description: [Empty]

Field	Information to enter
Event Classification	Appropriate field from drop down menu (sometimes it auto populates).
Case Type	Nothing, it will auto populate.
Contact Name	This field may auto populate. <b>Change the name to the prescriber or ordering physician.</b>
Contact Phone	Contact phone of the prescriber or ordering physician.
Requesting Provider/Facility	Name or NPI of the physician or facility requesting the service. If name doesn't populate, search. See tips in Appendix B. <b>Note: If you're a physician office referring to an infusion center, enter the infusion center as the facility on the Service 1 screen.</b>
Requesting Group	Leave blank.
Diagnosis	ICD-10 DX code with or without a decimal; TAB and description auto populates. See search tips in Appendix B.

7. Next, select **Service 1**.

**Authorizations**

**General Information**

Member ID: 12345678900

Name: MOUSE, MINNIE

Request Type: DRUG-General Request-OFFICE admin

IMPORTANT! Enter ID number & name of patient seeking services/treatment

Event Classification: Pre-service

Case Type: Pharmacy - Medical Drug

**Requester**

Contact Name: Knight, Maribeth

Contact Phone: 313-123-4567

Requesting Provider/Facility: 1083681365 - KNIGHT, MARIBETH(5777 W MAPLE RD STE

Requesting Group: Begin typing to search favorites

Requesting Group: Do not enter a group

Use for all Requested Services

**Diagnoses**

Diagnosis: ICD10 M06.9 Rheumatoid arthritis

**Screen shot of General Information, Request and Diagnosis fields completed.**

8. Complete all required fields outlined in orange. See table below for details.

**Important!**  
Only one service per authorization is allowed on pharmacy requests.

Field	Information to enter
Service From/ To	The start and end date for the drug treatment.
Provider	Location where drug will be administered. Note: <b>Facility</b> may appear instead of <b>Provider</b> depending on the Request Type (e.g., J9055 infusion center would prompt facility).
Provider Specialty	Prescriber or ordering physician specialty.
Procedure Information	<p>The appropriate procedure code.</p> <ul style="list-style-type: none"> <li>Select <b>Edit</b>; enter code in the <i>Procedure</i> field. Or you can search for it by: <ul style="list-style-type: none"> <li>Selecting magnifying glass. In the <i>Description</i> field, enter a wild card * and at least 3 letters of the <b>chemical</b> drug name and another wild card *, and Search.</li> </ul> </li> <li>Enter <b>billable quantities</b>. See example below.</li> </ul>

**Entering billable quantities**

In our example, we're using 50 mg per every 1 week for 28 weeks.

Field	Information to enter
Prescribed Dose	Enter the dose and units. In this example, 50.
Quantity	<ul style="list-style-type: none"> <li>Refer to the <i>Procedure</i> field for the number of units. In this example, 10 MG.</li> <li>Take the prescribed dose and divide it by the number of units. <math>50/10 = 5</math></li> </ul>
per every	Duration and appropriate length of time from drop down. In this example, 1 week.
for	Duration and appropriate length of time from drop down. In this example, 28 weeks.
Total	Auto populates.

See next page for screen shot of all fields completed.



**Screen shot of Service 1 fields completed.**

**9. Next, select Assessment.**

Authorizations

Copy Service Line Delete Service Line

Authorization Request

Service 1  
Office/  
Drug

Notes (0)  
Assessment (0)  
Attachments (0)

Status Reason Requires Review  
Place of Service Office  
Service Drug  
Service From 08/09/2021  
To 02/02/2022  
Provider 1083681365 - KNIGHT, MARIBETH(5777 W MAPLE RD STE  
Default Provider  
Select the blue 'T' for help entering Default/Non-Contracted Providers  
Provider Specialty Internal Medicine  
Actual Date Admitted  
Actual Discharge Date  
Disposition (None)

Procedure Information

Add Procedure Add Medication Procedure Delete Selected

Type	Procedure	Total Qty	Primary
HCPCS	J1745 - INJECTION INFLIXIMAB, 10 MG (Special coverage instructions apply. See MCM: 2049)	140	✓

**10. Select Launch Assessment**

Assessment

Authorization Request

Service 1  
Office/  
Drug

Notes (0)  
Assessment (0)  
Attachments (0)

An assessment has not been completed for this request. To perform one, click the "Launch Assessment" button below.

Launch Assessment

**11. Complete all required fields outlined in orange. Complete white fields with appropriate information. (Note: Ignore "Not Met" and "Met" buttons.)**

Assessment

Pharmacy Generic Request **NOT MET**

PRIMARY COVERAGE **MET**

1. Does this patient have primary insurance with another insurance plan? (e.g. Medicare A and B)  
[None]

2. If Yes to Q. 1, Have you submitted request or claim for this drug to the primary insurance? If No, STOP and submit request or claim to the primary insurance. DO NOT fill out the questions below.  
[None]

3. If Yes to Q. 2, STOP and go back to re-select the applicable Request Type under the name "DRUG-WRAP-...": Comments?  
[None]

REQUEST INFORMATION **MET**

1. Office Fax Number:  
[None]

2. Prescriber Cell Phone Number for clinical

**Tips!**

- Be sure you are completing Assessment on correct patient.
- Have clinical information available when completing the Assessment.
- Complete Assessment with as much information as possible. Responding with NA or incomplete information will cause a delay in the turnaround time of your request.

12. At the end of the *Assessment*, confirm the information is true and accurate. Select *Yes*; complete remaining fields and select *Complete*.

3. I certify that the above information is true and accurate and supported by medical records:

4. Please enter your - Name:

5. Please enter your - Position:

6. Please enter your - Phone number:

13. Review the *Assessment Summary* and make any corrections or additions in *Additional Notes*. If finished with request, select *Submit*.

Authorizations

Assessment

Authorization Request

Service 1  
Office/  
Drug

Notes (0)

Assessment (0)

Attachments (0)

Assessment Notes:

Assessment Summary:

PRIMARY COVERAGE

1. Does this patient have primary insurance with another insurance plan? (e.g. Medicare A and B) No  
 2. If Yes to Q. 1, Have you submitted request or claim for this drug to the primary insurance? If No, STOP and submit request or claim to the primary insurance, DO NOT fill out the questions below. [[No Answer]]  
 3. If Yes to Q. 2, STOP and go back to re-select the applicable Request Type under the name "DRUG-WRAP-\_\_\_\_\_" Comments? [[No Answer]]

REQUEST INFORMATION

1. Office Fax Number: 3131234567  
 2. Prescriber Cell Phone Number for clinical consult: [[No Answer]]

MEDICATION REQUESTED

1. Medical Condition(s) requiring treatment: [[No Answer]]  
 2. NAME of Medication Requested (e.g. Amphotericin B, Milrinone): [[No Answer]]  
 3. Dosage Form (e.g. oral, IV, SC, topically): [[No Answer]]

Additional Notes:

You can add *Attachments* or *Notes* to the request. Please see instructions in Appendix A.

14. You'll receive the *Confirm* message below. If you're ready to submit, select *Yes*.

Confirm

Please make all your changes to this authorization request before submitting.  
 Are you ready to submit your changes?

• You'll obtain a submission outcome and a *Reference #*. **Note: The *Reference #* does not mean the request is approved. Refer to the status outcome next to the number.**

Your request has been successfully submitted.

MOUSE, MINNIE • years **Reference # 600679103** (Pending)

[Return To Search](#)

General Information

Member ID 12345678900  
 Name MOUSE, MINNIE  
 Event Classification Pre-service  
 Case Type Pharmacy - Medical Drug

Requester

Contact Name Sally Smith  
 Contact Phone 313-123-4567  
 Requesting Provider/Facility 1083681365 - KNIGHT, MARIBETH

Diagnoses

Diagnosis ICD10 - M06.9 - Rheumatoid arthritis, unspecified

If you need to enter more additional authorizations, select *Home*. If you're finished, select *Log Out*.

Welcome

## Appendix A – Adding Attachments and Notes

### Attachments – optional field

- Select *Attachments*.
- Select *Add File*.
- Search for your file and select it.

#### Tip!

- Be sure the file you add is for the patient seeking treatment.
- Files can be a PDF, Word, Excel, etc., to a maximum of 32 MB.
- Electronic files, including faxes, must be HIPAA compliant and only contain information for one specific member.

Attachments				
File Name	CDA Title	Date/Time Attached	File Size	Status
There are no records to display.				

### Select Upload File(s)

Attachments				
File Name	CDA Title	Date/Time Attached	File Size	Status
Outpatient Request.pdf			23 KB	Pending Attachment <a href="#">Delete</a>

### File is attached.

Attachments				
File Name	CDA Title	Date/Time Attached	File Size	Status
Outpatient Request.pdf		09/17/2019 9:46 AM	23 KB	Attached <a href="#">Delete</a>

### Notes – optional field

#### Select Notes and add text.

**Authorization Request**

Service 1  
On Campus - Outpatient  
Hospital/  
Surgery

**Notes** (0)

Assessment (0)

Attachments (0)


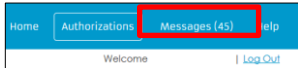
**Notes**

Add ABC

#### Tip!

- Faxing attachments to HAP's Pharmacy Care Management slows down processing time significantly and therefore should only be used if you don't have an electronic file, or your file exceeds the size limit (32 MB).

## Appendix B - Helpful Tips and Alert Messages

Tip	Details
Copy and pasting into fields	<ul style="list-style-type: none"> <li>Do <b>not</b> paste directly into a field from a document or application.</li> <li>Field types must match (i.e., cannot copy text into a date field, etc.).</li> <li>All formatting must be removed from your document. You can do this via Notepad or a similar application if you are not using a Microsoft based system. Simply: <ul style="list-style-type: none"> <li>Copy text from your system or file (Epic, Word, etc.).</li> <li>Open Windows Notepad and paste text into the Notepad.</li> <li>Copy text from Notepad.</li> <li>Paste it into the appropriate field in <i>Assessments or Notes</i>.</li> </ul> </li> </ul> <p><b>Important:</b></p> <ul style="list-style-type: none"> <li>There is a 2,000-character (including spaces) limitation for each field. There is no warning — any characters exceeding the limit will be cut off.</li> </ul>
In-line messages 	<ul style="list-style-type: none"> <li>Fields with this blue icon have instructions on the information that should be entered. Select it to see details.</li> </ul>
Messages	<ul style="list-style-type: none"> <li>Messages or statuses on authorization requests will appear in <i>Messages</i>.</li> <li>Requests for additional information for a request will appear in your <i>Messages</i>.</li> <li>It's important to check your <i>Messages</i> daily.</li> <li>You cannot reply to messages.</li> </ul> 
Search for member or provider name	Select magnifying glass and in the name field; type 5 characters and * (note: if name has less than 5 letters, use spaces) <b>Examples:</b> Johns* or Lee_ _ _ *
Search for diagnosis or procedure code	Select magnifying glass and in description field; Enter * <b>before and after</b> the first 3 characters of a code/description <b>Examples:</b> *123*      *bar*
Search for Request Type	Select magnifying glass. To search for: <ul style="list-style-type: none"> <li><b>All</b> request types: Put cursor in <i>Request Type Description</i> field; select <i>Search</i></li> <li><b>Drug request types only:</b> Enter <b>*drug*</b> in <i>Request Type Description</i> field; click <i>Search</i>. Note: <ul style="list-style-type: none"> <li>All pharmacy <i>Request Types</i> begin with “Drug” (Some requests should only be selected by specific groups/providers).</li> <li>They’re configured as “Drug – XXXXX-xxxx”, where “XXXXX” corresponds to specific medication category and “xxxx” to place of service.</li> </ul> </li> </ul>

Alert Message	Details
Required fields	Fields that must be completed before submitting the request.
Potential duplicate authorization	Request may have already been submitted for the member. To proceed, select <i>Submit twice</i> .
A more specific diagnosis code exists for the condition specified	There may be a more specific diagnosis for the procedure or service.
Authorization required from eviCore	The authorization request must be submitted to eviCore.
Authorization required from Pharmacy Advantage	The medication is included in the Specialty Drug Program requests for coverage. It must be faxed to Pharmacy Advantage. <b>This medication can't be provided via "buy and bill."</b>
Timing out	<ul style="list-style-type: none"> <li>After 89 minutes of inactivity in CareAffiliate, you'll be warned your session will time out in one minute. Information not submitted will be lost. Select <b>OK</b> to keep working.</li> <li>The timeout period for the HAP provider portal is 30 minutes. While you can still work in CareAffiliate for 90 minutes, you could be timed out of other applications (e.g., member eligibility, claims) after 30 minutes of inactivity. Simply log in again.</li> </ul>