



First Health
Services Corporation®

A Coventry Health Care Company

Nebraska Medicaid Pharmacy Program

Provider Training

Introductions

- First Health Services
 - **Glenn Sharp**, R.Ph., Nebraska Account Manager
 - **Ronnie Burnham**, Director of Training and Development
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First Health Services

Proudly presents...

The Nebraska Medicaid Pharmacy Program

Point-of-Purchase (POP) Implementation

We're Glad to be Back!!

- Nebraska was the first Pharmacy POP system First Health Services implemented
 - We appreciated the opportunity to work with you in the past
 - We have many of the same call center staff employed

About First Health Services

- Integrated healthcare management and administration company
- 30+ years of experience serving public sector healthcare programs
 - Medicaid
 - State drug programs for Seniors
 - Mental Health agencies
- Administers more Medicaid pharmacy benefit programs than all competitors combined
- National leader in Medicaid rebate administration
- 1,216 employees nationwide
- Headquartered in Richmond, VA; offices in over 40 states

First Health Services Informational Call Center

- On May 13, 2008, First Health Services initiates an informational call center for NE providers to answer questions about...
 - Upcoming provider trainings and registration resources
 - Where to find other important Go-live resources

Nebraska Medicaid Pharmacy Program

- On Wednesday, June 11, 2008 First Health Services will begin processing the Nebraska Medicaid Pharmacy Program. First Health Services will perform the following functions:
 - Claims Processing
 - Operations support for the POP system
 - Call Center Operations for Providers
 - Clinical Consultation Services
 - Education and Outreach for Providers



On-Line 5.1 Claims Submission

Plan Effective Date for POS Transition Implementation

- On Tuesday, June 10, 2008, the current pharmacy vendor (ACS) will shutdown claims processing at 9:00 p.m., CT
- On Wednesday, June 11, 2008, First Health Services will begin claims processing at 8:00 a.m., CT
 - Providers should hold **ALL** claims during this downtime

Availability

- First Health Services will provide system availability for submitting claims:
 - Daily; 24 hours availability
 - **Except:**
Saturday at 10:00 p.m., CT
through Sunday at 5:00 a.m., CT

Readiness Documents & Resources

- Pharmacy Claims Submission Manual
- Payer Specification Document
- User Administration Console User Guide
- Web PA User Guide
- Web Claims Submission User Guide
- Frequently Asked Questions
 - All documents & resources are located on the following website: <http://nebraska.fhsc.com>

Modes of Claim Submission

- POP claim submission
- Web claim submission
- Paper claim submission



POP Technical Readiness



Technical POP Submission Readiness

- Ensure software vendors are certified to send NCPDP 5.1 (most vendors are already certified)
 - For questions, contact:
 - Quality Assurance/Testing/Certification Help Line @ 804-217-7900
- Ensure that the routing information:
 - Banking ID Number (BIN)
 - Processor Control Number (PCN) are changed

Necessary Data Elements for Initial Set-up

- Transaction Header Segment:
 - All transactions require the following segments:

BIN Number: 013766
Version/Release #: 51
Processor Control #: P063013766 (note: these are both “zeroes”)
Group ID: NEBMEDICAID

Additional Necessary Data Elements for Initial Set-up

- **Prescription Origin Code** will be a required field. This field is used as a mechanism for providers to validate that written prescriptions have been submitted in accordance with tamper resistant guidelines.
 - **Effective October 1, 2008, claims will deny if missing or invalid**
- **Prescriber Last Name** will be a required field. This field will be used along with the Prescriber ID to validate the prescriber
 - **Physician Assistant:** if a Physician Assistant writes the Rx then the Prescriber Last Name field needs to be submitted on the claim as:
 - **Physician Last Name / Physician Assistant Name**
 - **At a future date TBD, claims will deny if missing or invalid**
 - **Providers must review and correct their prescriber information used on claim submission**

POP Operational Readiness



Claims Submission Timely Filing Limits

- **Reminder:**
 - Date RX Written = should be the original date written
 - Date of Service = should be the actual DOS

The “Date RX Written” is used as a factor in refill editing logic

Claims Submission Timely Filing Limits

- POP claims are generally submitted at the time of dispensing. If a claim is submitted after a drug is dispensed due to mitigating circumstances the following guidelines apply:
 - For all original claims, the timely filing limit from the date of service (DOS) is 366 days
 - For all reversals, the timely filing limit from the date of service (DOS) is Unlimited
 - For all re-bill claims, the timely filing limit from the date of service (DOS) is 366 days
 - Claims that exceed the timely filing limit will deny with NCPDP Error 81, “Timely Filing Exceeded.” Providers may request an override following Nebraska guidelines

NCPDP 5.1

- The following transactions will be processed on June 11, 2008:

Claim Type:

Original Claims	B1
Reversals	B2
Re-Bills	B3
Eligibility	E1

NCPDP 5.1

- HIPAA Compliance: there are requirements for privacy regulations regarding the use of claim data elements
- Data element conditions are detailed in the Payer Specification Sheet including:
 - Mandatory (NCPDP designation – required at all times) or
 - Situational (NCPDP designation – required in specific circumstances)
 - Other (Repeating, Not Supported and Not Used)

NCPDP 5.1

- In NCPDP 5.1, data is grouped together in segments
- Designated segments are needed to support specified transactions
- Refer to the “Payer Specifications Sheet” for identification of all required segments
 - A Payer Specification Sheet is available at this presentation. For the most current version, always check the website: <http://nebraska.fhsc.com>

Example: Payer Spec Segment Detail

INSURANCE SEGMENT		Segment MANDATORY for these transactions: E1, B1, and B3.	
Field	Field Name	Mandatory Situational	Nebraska Medicaid Values Supported
111-AM	SEGMENT IDENTIFICATION	M	Ø4 = Insurance Segment
3Ø2-C2	CARDHOLDER ID	M	Member's Medicaid ID Number
312-CC	CARDHOLDER FIRST NAME	R	Used for name / number match
313-CD	CARDHOLDER LAST NAME	R	Used for name / number match
314-CE	HOME PLAN	S	Not used by Nebraska
524-FO	PLAN ID	S	Not used by Nebraska
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE	S	Not used by Nebraska
336-8C	FACILITY ID	S	Not used by Nebraska
3Ø1-C1	GROUP ID	R	NEBMEDICAID
3Ø3-C3	PERSON CODE	S	Not used by Nebraska
3Ø6-C6	PATIENT RELATIONSHIP CODE	S	Not used by Nebraska

NCPDP 5.1

- All submitted fields will be edited for valid format
- All submitted fields will be edited for valid values
- If you send optional data, the values must be valid and any supporting/associated fields must be sent

Early Refills

- Early refill tolerance periods:
 - Non-controlled substance = 25% Tolerance
 - Controlled substances and tramadol and carisoprodol = 10% Tolerance
- Response code for early refill error = “88”
- To override an early refill for a non-controlled substance at POP the following codes are necessary:
 - Professional Service Code
 - Result of Service Code
 - Submission Clarification Code = 03 (vacation supply), 04 (lost prescription), 05 (therapy change), or 07 (medically necessary)
- To override an early refill for a controlled substance, tramadol, or carisoprodol contact the First Health Services Clinical Consultation Services Department

Coordination of Benefits

- Providers are required to fully pursue all third party coverage before billing Medicaid
- Providers must comply with all policies of a patient's insurance coverage, including, but not limited to prior authorization, quantity and days supply limits
- First Health Services will assist DHHS in monitoring this process for compliance on all claims

Member Lock-in

- Members can be locked into:
 - a pharmacy, or
 - a pharmacy and physician(s), or
 - a pharmacy, physician and hospital

Emergency Override Procedure

- Nebraska Medicaid Regulations “Emergency” Definition =
Emergency care is defined as medically necessary services provided to an individual who requires immediate medical attention to sustain life or to prevent any condition which could cause permanent disability to body functions
- Only Registered Pharmacists and Licensed Prescribers may certify that the situation is a Medical Emergency
- A prior authorization is entered for Date of Service only with supply to last until the next business day of DHHS. This could be from one to four days, depending upon the day and time of the call and DHHS closing due to holiday

Fields Required for Submitting Multi-Ingredient Compounds

Note: Single-ingredient compounds are not allowed.

- **On CLAIM SEGMENT:**

- Enter COMPOUND CODE (NCPDP Field #406-D6) of “2”
- Enter PRODUCT CODE/ NDC (NCPDP Field #407-D7) as “0000000000” on the claim segment to identify the claim as a multi-ingredient compound
- Enter QUANTITY DISPENSED (NCPDP Field #442-E7) of entire product
- Enter GROSS AMOUNT DUE (NCPDP Field #430-DU) for entire product
- SUBMISSION CLARIFICATION CODE (NCPDP Field #420-DK)
 - Value “8” should be used only for compounds with both covered and non-covered ingredients. This value allows the provider to be reimbursed for covered ingredients only. This field is not available on the Universal Claim form used for paper claim submission.``

Fields Required for Submitting Multi-Ingredient Compounds

- **On COMPOUND SEGMENT:**
 - COMPOUND DOSAGE FORM DESCRIPTION CODE (NCPDP Field # 450-EF)
 - COMPOUND DISPENSING UNIT FORM INDICATOR (NCPCP Field #451-EG)
 - COMPOUND ROUTE OF ADMINISTRATION (NCPCP Field #452-EH)
 - COMPOUND INGREDIENT COMPONENT COUNT (NCPCP Field #447-EC)
(**Maximum of 25**)
- **For Each Line Item:**
 - COMPOUND PRODUCT ID QUALIFIER (NCPCP Field #488-RE) of “3” (NDC)
 - COMPOUND PRODUCT ID (NCPDP Field #489-TE)
 - **Product ID = NDC**
 - **99999999999 = scheduled compound (CII – CV)**
 - **99999999996 = miscellaneous compound (use for non-scheduled)**
 - **Note: Each of the 99999.... Numbers may only be used once in a compound**
 - COMPOUND INGREDIENT QUANTITY (NCPDP Field #448-ED)
 - COMPOUND INGREDIENT COST (NCPDP Field #449-EE)

Summary of Changes

- **BIN Number:** 013766
- **Processor Control #:** P063013766
- NPI is **replacing** NCPDP number for Service Provider ID
- Number of Refills Authorized is **Mandatory**
- Patient Paid Amount **CANNOT** exceed \$0.00 on a POP claim
 - Split claims for Spend-Downs should be submitted on paper when appropriate (Patient Paid Amount)

Summary of Changes

- Prescriber Last Name is **Mandatory**
- All submitted fields will be edited for valid format and values
- Prescription Origin Code is **Mandatory**
 - Values are: 1-written prescription, 2-telephone, 3-electronic, and 4-facsimile
 - Hard edit to start on 10/1/08, field **to be required at go-live**

Claim Processing

- All claim processing requirements are defined in the Provider Payer Specifications and the Pharmacy Claims Submission Manual.
 - <http://nebraska.fhsc.com>

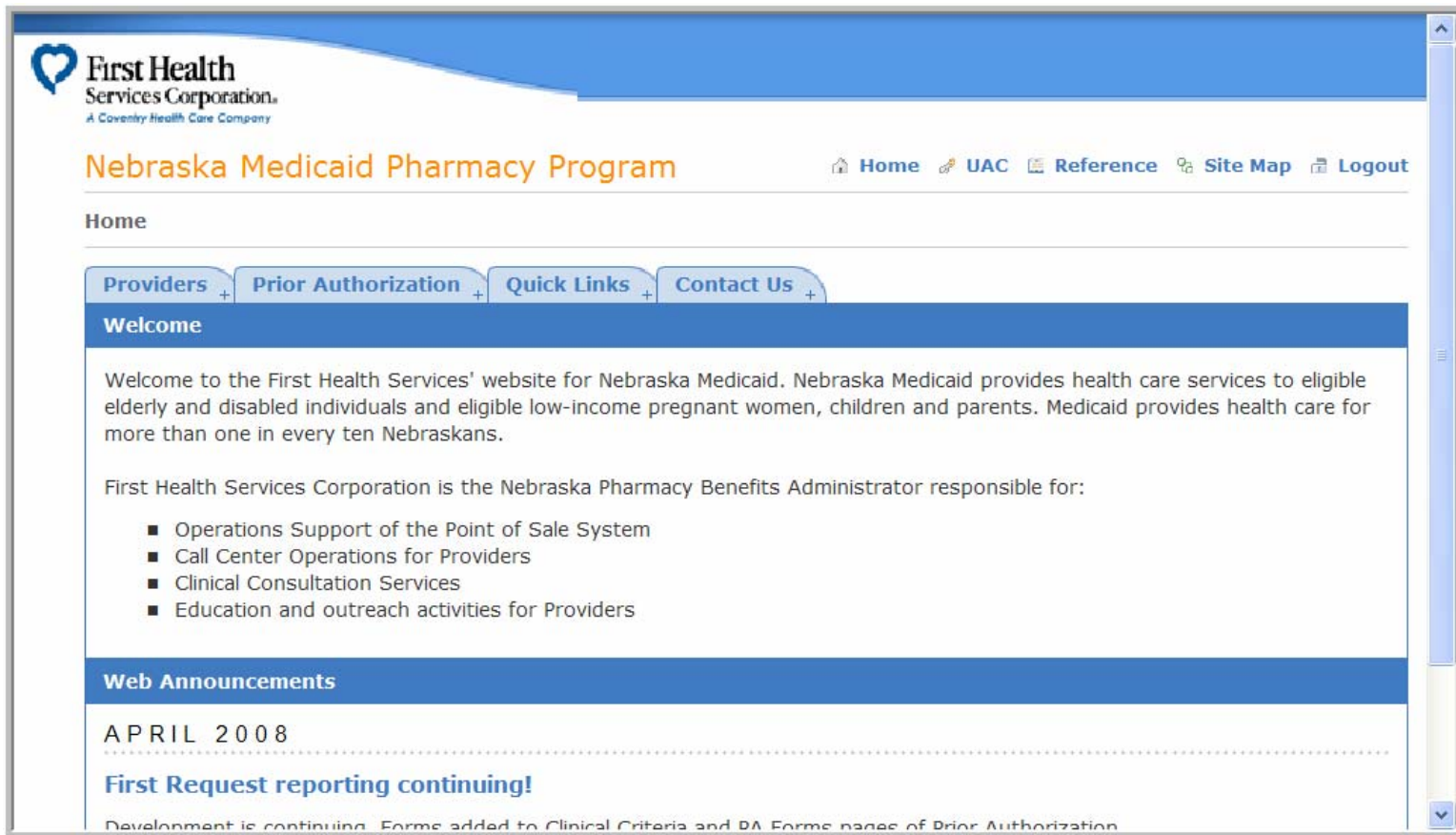
Contact Information

- **Nebraska Medicaid Eligibility (NMES) Line**
 - In Lincoln 471-9580 or
Outside of Lincoln 1-800-642-6092
- **Nebraska Medicaid Inquiry Line**
 - In Lincoln 471-9128 or
Outside of Lincoln 1-877-255-3092
- **Paper Claims Mailing Address**
 - First Health Services
Post Office Box C85042
Richmond, VA 23261-5042
- **Pharmacy Medicaid Contact**
 - medicaid.pharmacy@dhhs.ne.gov
- **First Health Services Technical Call Center (Pharmacy Help Desk)**
 - 1-800-368-9695
 - 24/7/365
- **First Health Services Clinical Consultation Services (Prior Authorizations)**
 - Voice: 1-800-241-8335
 - Fax: 1-866-759-4115
 - 8:00 a.m. to 7:00 p.m. CT (Monday - Friday)
 - 8:00 a.m. to 1:00 p.m. CT (Saturday)
- **First Health Services Web Support Help Desk**
 - 1-800-241-8726
 - 7:00 a.m. to 7:00 p.m. CT (Monday - Friday)

<http://nebraska.fhsc.com>

- Primary source for Nebraska Medicaid Pharmacy Program information and resources
 - Provider communication (letters, notices, etc.)
 - Forms (PA, Medical Necessity, Provider Lock-in Agreement)
 - Manuals
 - Provider Payer Specifications
 - Web tools reference collection
 - Enhanced Drug Lookup
 - Web Claims Submission Portal
 - Web PA Submission Portal
 - Contact Information
 - Regulations
 - Lists (SMAC, Cough & Cold Coverage)

<http://nebraska.fhsc.com>



The screenshot shows the homepage of the Nebraska Medicaid Pharmacy Program website. The header includes the First Health Services Corporation logo and navigation links: Home, UAC, Reference, Site Map, and Logout. The main content area features a 'Welcome' section with a paragraph about Medicaid services and a list of services provided by First Health Services Corporation. Below this is a 'Web Announcements' section dated April 2008, with a heading 'First Request reporting continuing!' and a note that development is continuing.

Nebraska Medicaid Pharmacy Program [Home](#) [UAC](#) [Reference](#) [Site Map](#) [Logout](#)

Home

[Providers](#) [Prior Authorization](#) [Quick Links](#) [Contact Us](#)

Welcome

Welcome to the First Health Services' website for Nebraska Medicaid. Nebraska Medicaid provides health care services to eligible elderly and disabled individuals and eligible low-income pregnant women, children and parents. Medicaid provides health care for more than one in every ten Nebraskans.

First Health Services Corporation is the Nebraska Pharmacy Benefits Administrator responsible for:

- Operations Support of the Point of Sale System
- Call Center Operations for Providers
- Clinical Consultation Services
- Education and outreach activities for Providers

Web Announcements

APRIL 2008

First Request reporting continuing!

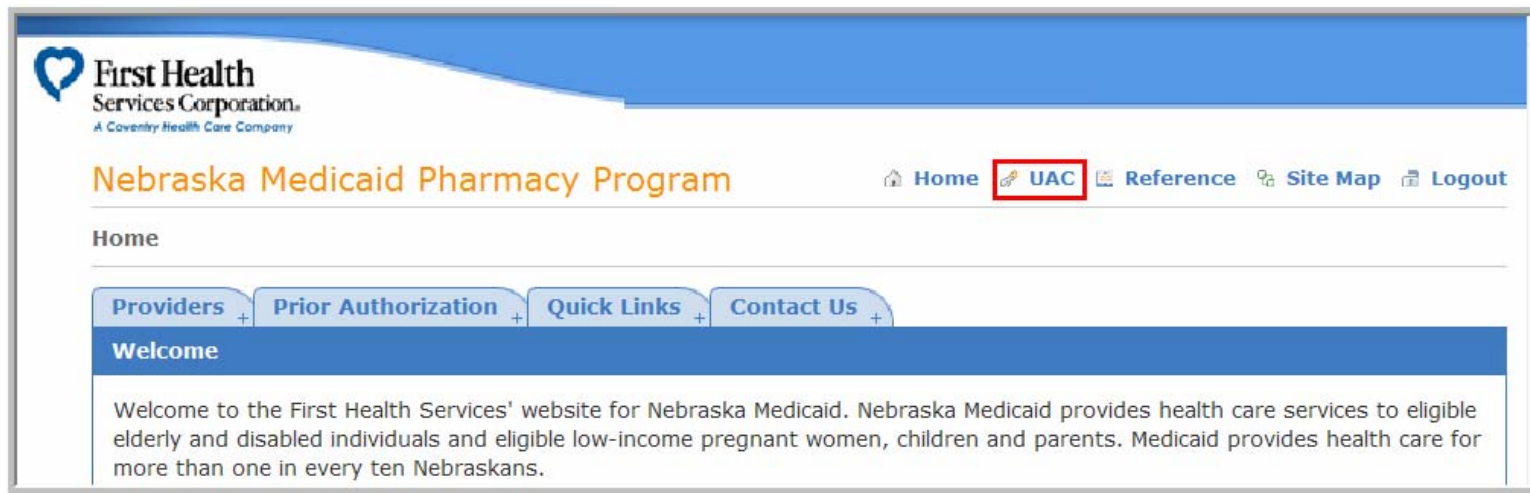
Development is continuing. Forms added to Clinical Criteria and PA Forms pages of Prior Authorization

Provider Web Tools

- Web Claims Submission and/or Web PA
 - Providers wishing to access a web tool must register via the User Administration Console (UAC)
 - The username and password established through UAC registration provides access to all web tools
 - Instructional resources for provider web tools and UAC registration are located on <http://nebraska.fhsc.com>

UAC Registration

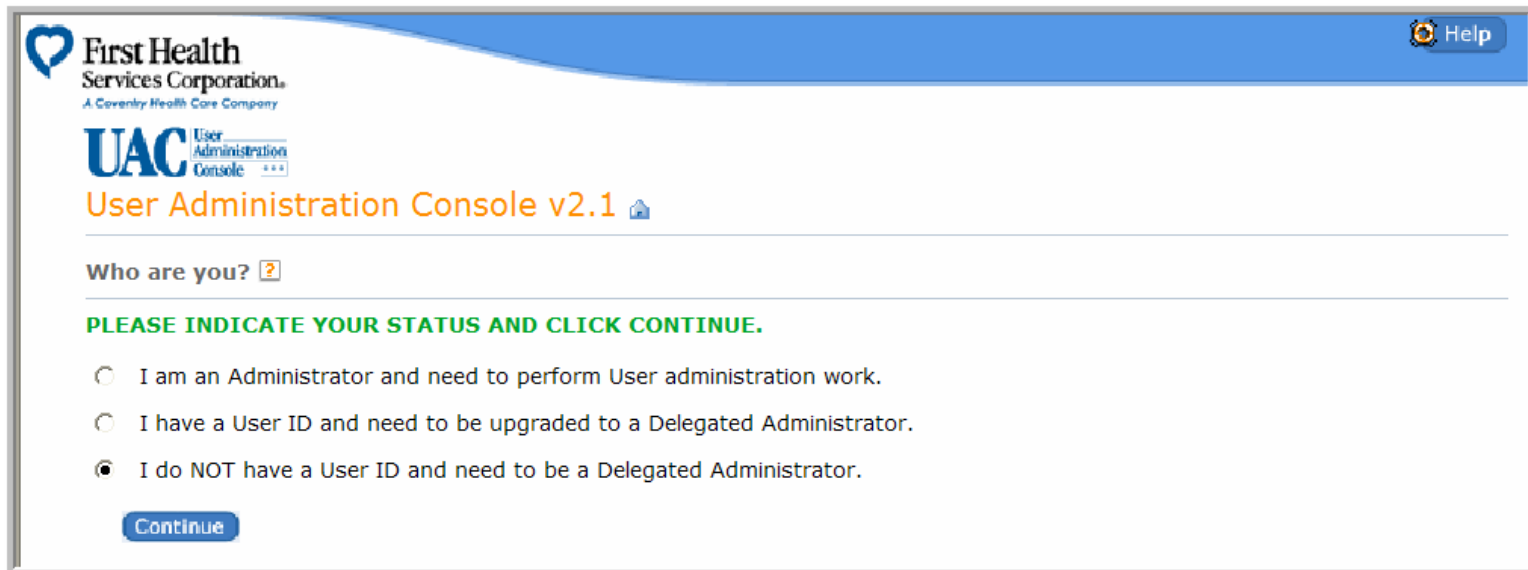
- Go to <http://nebraska.fhsc.com>
- Click on the UAC link located on the upper right hand side of the homepage





Note: Effective May 13, 2008, providers can access UAC to register

STEP 1 – Obtaining a PIN Number


1. Click on the “*I do not have a PIN and need to be a delegated administrator*” radio button and the **[Continue]** button




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 Help

UAC User Administration Console v2.1

User Administration Console v2.1 

Who are you? 

PLEASE INDICATE YOUR STATUS AND CLICK CONTINUE.

I am an Administrator and need to perform User administration work.

I have a User ID and need to be upgraded to a Delegated Administrator.

I do NOT have a User ID and need to be a Delegated Administrator.

Continue

STEP 1 – Obtaining a PIN Number

2. Click on the Request PIN tab. Enter your name and phone number, then click the **[Continue]** button
3. On the next screen under the Request PIN tab, select an Organization Type (Org Type), a State, and an Organization ID Type (Org ID Type), enter the Organization ID (Org ID) and click **[Validate Org ID]**
 - A letter with a PIN number will be sent to each of the Organizations you submitted. **Please note which Org ID Type is used for the PIN request**

STEP 2 – Registering with Your PIN

4. When the PIN letter is received, return to this application, and from the "Who Are You?" screen, select "*I do **not** have a User ID and need to be a Delegated Administrator.*"—and click [**Continue**]
5. Select the Register w/PIN tab, enter the required information, then click the [**Continue**] button
6. Select an Organization Type (Org Type), a State, and an Organization ID Type (Org ID Type), enter the Organization ID (Org ID) and PIN number, then click [**Validate Org ID**]. Continue entering and validating as many Organization IDs and PIN numbers as necessary, then click the [**Submit**] button
 - An email containing an activation link will be sent to the email address entered. After you click on the activation link, a confirmation screen will appear in your browser window letting you know that you have been successfully added to our directory

Web-Claims Submission

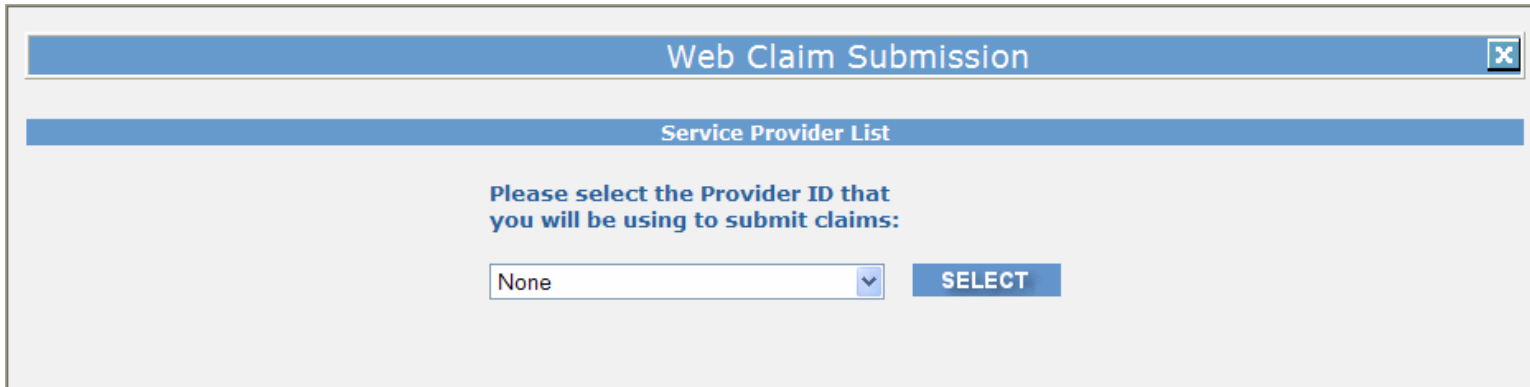
- The Web Claims Submission tool is a state specific, secure website that gives pharmacies the ability to:
 - Enter a claim
 - Enter a claim reversal of a web claim
 - Enter a rebill of a web claim
 - Check a client's eligibility

Accessing the Web Claims Submission Tool

- Go to <http://nebraska.fhsc.com>
- Click on the Web Claims Submission link under the Provider tab
- Enter your Username and Password established through UAC and click Go

Entering a Claim

1. From the **Service Provider List** page, select the **Provider ID** from the drop-down menu



The screenshot shows a web browser window titled "Web Claim Submission". Inside the window, there is a section titled "Service Provider List". Below this title, the text reads: "Please select the Provider ID that you will be using to submit claims:". There is a drop-down menu with "None" selected and a blue "SELECT" button to its right.

2. Click the **Select** button to view the Adjudicated Search page

Entering a Claim

- Click the **NCPDP_51_Claim** template from the listing to view the Claims Submission Entry page

Web Claim Submission ✕

[Back](#)

Adjudicated Claims Search

Cardholder ID:
 Date of Service: (ddmmyyyy)

Claim Submission Templates

51_SIMPLE	5B_CTRL_SUBST_REPORTING	5B_CTRL_SUBST_REVERSAL
5B_CTRL_SUBST_RE_BILL	5B_ELIGIBILITY_VERIFICATION	5B_INFORMATION_REPORTING
5B_INFO_REPORTING_REV	5B_INFO_REPORTING_RE_BILL	5B_PRIOR_AUTH_INQUIRY
5B_PRIOR_AUTH_REQUEST	5B_PRIOR_AUTH_REQ_AND_BILL	5B_PRIOR_AUTH_REVERSAL
BATCH_5B_CLAIM	BATCH_5B_REVERSAL	BATCH_5B_RE_BILL
FH_MEMBER_CLAIM	MULTITXN	NCPDP_51_CLAIM
NCPDP_51_REVERSAL	NCPDP_51_RE_BILL	SCREEN_5A_CLAIM
SCREEN_5A_RE_BILL	SIMPLE_51_CHARN	VICTORIA

Entering a Claim

Claim Submission Data Entry

[Back](#)

Template Name: NCPDP_51_CLAIM Template Description: NCPDP 51 Claim Billing
 Host: ptasx044c.firsthealth.com Port: 60066
 Trial Adjudication:

Date format: ddMMyyyy

REQUEST_HEADER*

REQUEST_HEADER_SEGMENT*

Bin Number* Version/Release Number* Transaction Code* Processor Control Number*
 51 - NCPDP 5.1 B1 - Rx/Service Billing

Transaction Count* Service Provider ID Qualifier* Service Provider ID*
 1 01 - National Provider Identifier (NPI) 1234567801

Date Filled* Software Vendor/Certification ID*

REQUEST_TRANSMISSION_SEGMENT*

REQUEST_PATIENT_SEGMENT

Patient ID Qualifier Patient ID Date of Birth Sex Code
 select-one select-one

Patient First Name Patient Last Name Patient Street Address Patient City Address

Patient State Address Patient Zip Zone Patient Phone Number Patient Location
 select-one

Employer ID Smoker/Non-Smoker Code Pregnancy Indicator
 select-one select-one

- The Claim Entry template has both optional and required fields
- Non-editable fields are unavailable (grayed) and cannot be populated
- Mandatory or required fields are noted with a red asterisk following the field name
- To submit a completed claim form, click the **Submit** button

Claim Submission Response

Claim Submission Response			
Claim Submission Data Entry Claim Submission Results			Help
51_RESP_HDR-0			
51_RESP_HDR_SEG-0			
Version/Release Number	Transaction Code	Transaction Count	Response Status (Header)
51 - NCPDP 5.1	B1 - Rx/Service Billing	1	R - Claim Rejected
Service Provider ID Qualifier		Service Provider ID	Date Filled
01 - National Provider Identifier (NPI)		1234567801	11111111
END OF HEADER			
51_RESP_CLM-1			
51_RESP_REJ_STATUS_SEG-1			
Response Status (Claim-51)	Authorization Number(20 bytes)	Reject Count	
R - Claim Rejected	0000061112101	7	
51_RESP_STATUS_REJ_COUNT_SEG-1			
Reject Code	Reject Code	Reject Code	
PP - M/I Pricing Segment	EM - M/I Prescription/Service Ref Number Qualifier	15 - M/I Date Of Service	
Reject Code	Reject Code	Reject Code	
06 - M/I Group number	52 - Non-matched cardholder id	19 - M/I Days supply	
Reject Code	Additional Message Info. (200 bytes)		
E7 - M/I Quantity Dispensed	REFERENCE NUMBER: 0000061112101		
END OF CLAIM 1			
<input type="button" value="NEW CLAIM"/> <input type="button" value="CANCEL"/> <input type="button" value="PRINT"/>			

Searching for a Web Claim

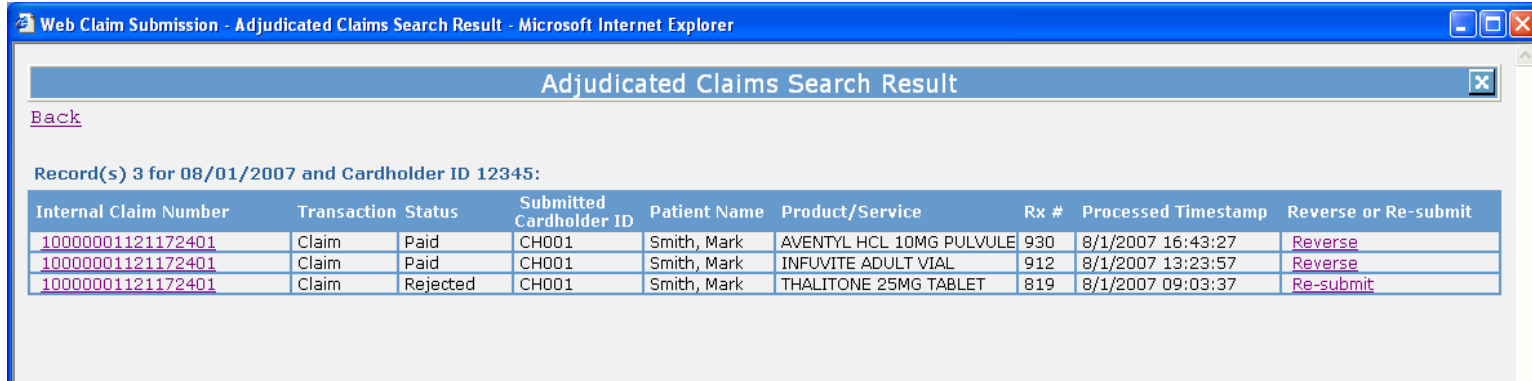
- To search for a web claim
 - Enter the **Cardholder ID**
 - Enter the **Date of Service** or click the **Calendar** icon to select the date



The screenshot shows a web browser window titled "Web Claim Submission" with a close button in the top right corner. Below the title bar is a "Back" link. The main content area is titled "Adjudicated Claims Search" and contains two input fields: "Cardholder ID:" and "Date of Service:". The "Date of Service:" field includes a calendar icon and a dropdown arrow. Below the "Date of Service:" field is the text "(mm/dd/yyyy)". To the right of the input fields are two buttons: "SEARCH" and "RESET".

- Click the **Search** button to view **Adjudicated Claims Search Result** page

Claims Search Results



Web Claim Submission - Adjudicated Claims Search Result - Microsoft Internet Explorer

Adjudicated Claims Search Result

[Back](#)

Record(s) 3 for 08/01/2007 and Cardholder ID 12345:

Internal Claim Number	Transaction	Status	Submitted Cardholder ID	Patient Name	Product/Service	Rx #	Processed Timestamp	Reverse or Re-submit
10000001121172401	Claim	Paid	CH001	Smith, Mark	AVENTYL HCL 10MG PULVULE	930	8/1/2007 16:43:27	Reverse
10000001121172401	Claim	Paid	CH001	Smith, Mark	INFUVITE ADULT VIAL	912	8/1/2007 13:23:57	Reverse
10000001121172401	Claim	Rejected	CH001	Smith, Mark	THALITONE 25MG TABLET	819	8/1/2007 09:03:37	Re-submit

- To reverse the claim, click on the **Reverse** hyperlink. The Reverse template will display with the claims information filled in based on the original claim submitted
- To resubmit the claim, click on the **Resubmit** hyperlink. The Rebill template will display with the claims information filled in based on the original claim submitted. You can update the fields and then resubmit the claim

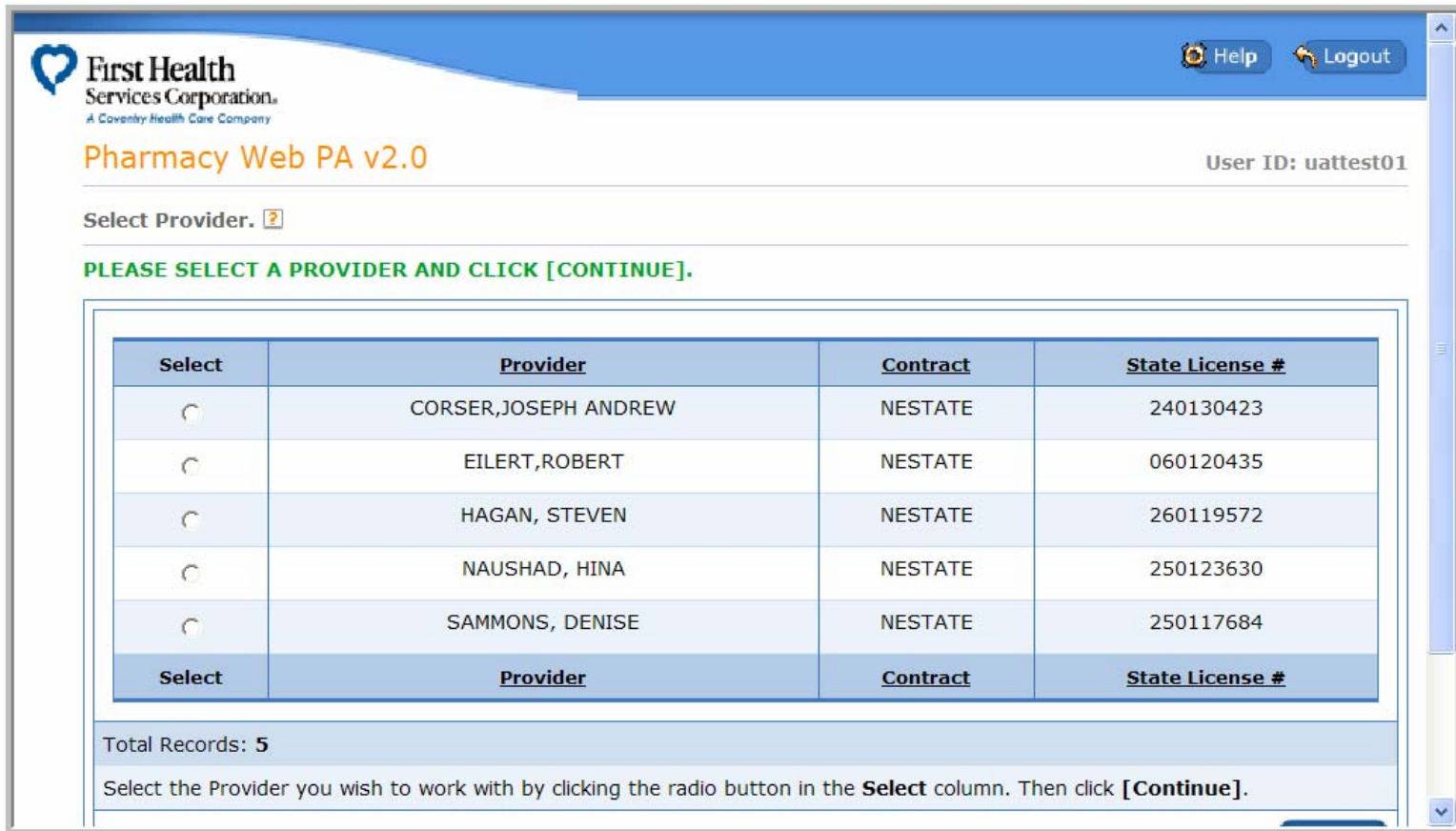
Web PA

- Web PA is one of the 3 ways a provider can submit prior authorizations
- Other methods include:
 - Telephonic
 - First Health Services Clinical Consultation Services
Phone: 1-800-241-8335
 - Fax
 - First Health Services Clinical Consultation Services
Fax: 1-866-759-4115
 - A fax request form is available at <http://nebraska.fhsc.com>

Accessing Web PA

- Go to <http://nebraska.fhsc.com>
- Click on the Web PA link under the Provider tab
- Enter your Username and Password established through UAC and click Go

Selecting a Provider



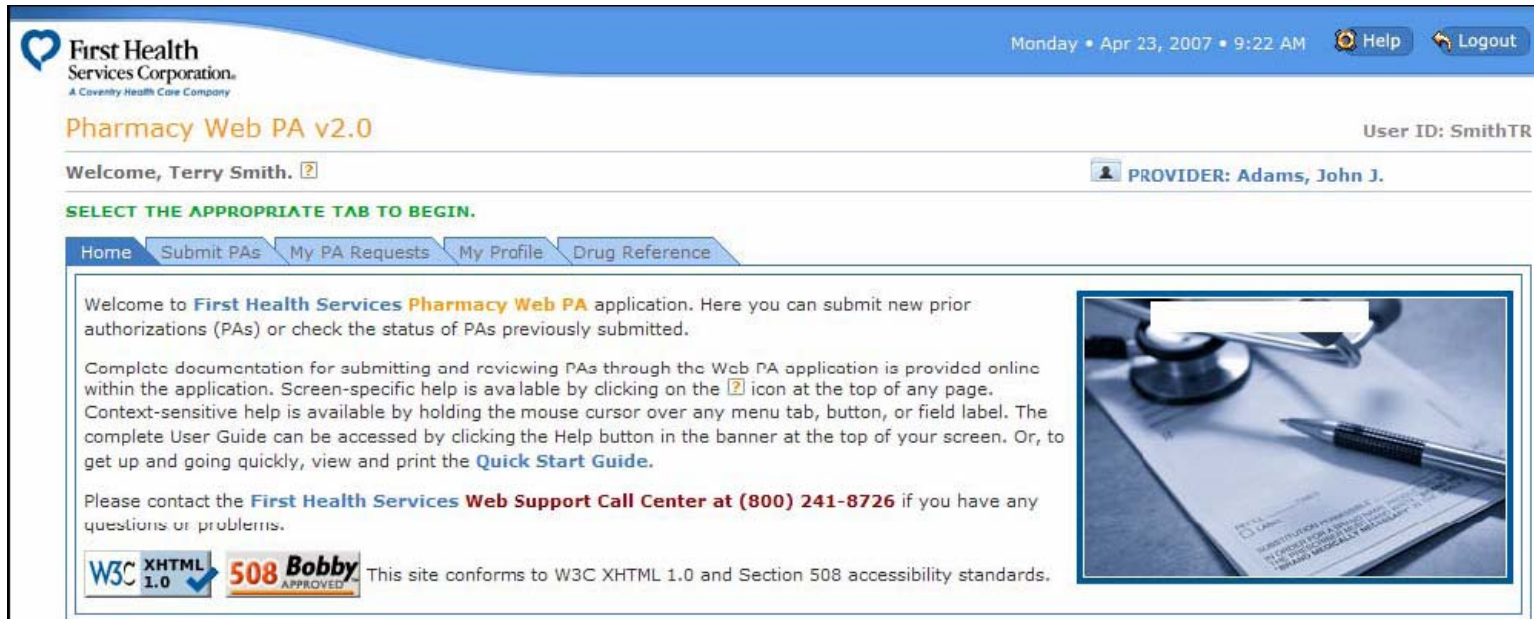
The screenshot shows a web application interface for "Pharmacy Web PA v2.0". At the top left is the First Health Services Corporation logo. At the top right are "Help" and "Logout" buttons. Below the logo is the text "Pharmacy Web PA v2.0" and "User ID: uattest01". The main content area contains the instruction "Select Provider. ?" and a green prompt: "PLEASE SELECT A PROVIDER AND CLICK [CONTINUE].". Below this is a table with 5 rows and 4 columns: "Select", "Provider", "Contract", and "State License #". Each row contains a radio button, a provider name, the contract name "NESTATE", and a state license number. Below the table, it says "Total Records: 5" and provides instructions: "Select the Provider you wish to work with by clicking the radio button in the **Select** column. Then click [**Continue**]."

Select	Provider	Contract	State License #
<input type="radio"/>	CORSER,JOSEPH ANDREW	NESTATE	240130423
<input type="radio"/>	EILERT,ROBERT	NESTATE	060120435
<input type="radio"/>	HAGAN, STEVEN	NESTATE	260119572
<input type="radio"/>	NAUSHAD, HINA	NESTATE	250123630
<input type="radio"/>	SAMMONS, DENISE	NESTATE	250117684

Total Records: 5

Select the Provider you wish to work with by clicking the radio button in the **Select** column. Then click [**Continue**].


Web PA Navigation



The screenshot displays the user interface for the Pharmacy Web PA v2.0 application. At the top left is the First Health Services Corporation logo. The top right shows the date and time (Monday, Apr 23, 2007, 9:22 AM) and links for Help and Logout. Below the header, the page title is "Pharmacy Web PA v2.0" and the user is identified as "User ID: SmithTR". A welcome message for Terry Smith is followed by the provider information: "PROVIDER: Adams, John J.". A navigation menu includes tabs for Home, Submit PAs, My PA Requests, My Profile, and Drug Reference. The main content area contains a welcome message, instructions on how to use the application, and contact information for the Web Support Call Center. An image of a stethoscope and a pen on a document is shown on the right. At the bottom, there are accessibility compliance logos for W3C XHTML 1.0 and 508 Bobby Approved.

Monday • Apr 23, 2007 • 9:22 AM [Help](#) [Logout](#)

Pharmacy Web PA v2.0 User ID: SmithTR

Welcome, Terry Smith. [?](#)  PROVIDER: Adams, John J.



SELECT THE APPROPRIATE TAB TO BEGIN.


[Home](#) [Submit PAs](#) [My PA Requests](#) [My Profile](#) [Drug Reference](#)

Welcome to **First Health Services Pharmacy Web PA** application. Here you can submit new prior authorizations (PAs) or check the status of PAs previously submitted.

Complete documentation for submitting and reviewing PAs through the Web PA application is provided online within the application. Screen-specific help is available by clicking on the [?](#) icon at the top of any page. Context-sensitive help is available by holding the mouse cursor over any menu tab, button, or field label. The complete User Guide can be accessed by clicking the Help button in the banner at the top of your screen. Or, to get up and going quickly, view and print the [Quick Start Guide](#).

Please contact the **First Health Services Web Support Call Center at (800) 241-8726** if you have any questions or problems.

  This site conforms to W3C XHTML 1.0 and Section 508 accessibility standards.



Web PA Navigation

- The Pharmacy Web PA application consists of the following five major menu tabs:
 - **Home:** This screen will display a brief description of the application and instructions on obtaining help if needed
 - **Submit PAs:** Authorized users have the ability to submit new prior authorization requests. This tab will not display for users with view-only roles
 - **My PA request:** Based on the user's authorization, this screen provides a summary of all Prior Authorizations requests made through the web for the currently selected Provider. You can print or view PA requests, and if authorized, edit or delete incomplete requests
 - **My Profile:** Displays general profile information, including assigned roles for the user. Each authorized user has a security profile which controls the user's rights to view, edit, and submit prior authorization requests within the application
 - **Drug Reference:** Authorized users have the ability to research drugs to determine which ones require prior authorizations and if applicable, a possible alternative

Questions and Answers

- Review of FAQs (refer to hand-out)

Thank you for your attention!