

Electronic Prior Authorization:

Leveraging the latest technologies to improve care delivery and determine optimal benefit coverage.

Presented by:



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POINT-OF-CARE PARTNERS
Health IT Management Consultants

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Agenda

- Defining Prior Authorization
- Gaps in Current PA Activities
- ePA Overview, Stakeholders and Infrastructure
- NCPDP ePA Message Types
- Implementing ePA: Pilot Overview and Lessons Learned
- Improving ePrescribing Workflow with ePA

Learning Objectives

- Describe the impact of today's predominately paper-based prior authorization processes on patients, payers and providers.
- Understand how prior authorization can be automated and integrated with prescriber workflow using the NCPDP SCRIPT standard, citing results from a two-year CVS Caremark pilot study.
- Describe the stakeholders involved in the NCPDP SCRIPT standard for electronic prior authorizations and their roles.
- Discuss current state regulations around electronic prior authorizations.
- Describe the new best practice for prospective ePA Integration within the ePrescribing workflow and the message types supported
- Describe the role of payers/PBMs, HR managers and benefits specialists in accelerating ePA Adoption and in helping members/employees understand the ePA process.

Defining Prior Authorization

- Prior Authorization is a cost-savings feature that helps ensure the safe and appropriate use of selected prescription drugs and medical procedures.
- Criteria based on clinical guidelines and medical literature
- Selection of PA drug list and criteria can vary by payer

PATIENT NAME: _____
PATIENT ID# _____
PATIENT DATE OF BIRTH: _____

PHYSICIAN NAME: _____
PHYSICIAN PHONE: _____
PHYSICIAN FAX: _____

1. What drug is being prescribed? Omnitrope Saizen Serostim Genotropin Humatrope Norditropin Nutropin Tev-Tropin Zorbtive Other _____

2. Is patient currently on Increlex? Yes No

3. If patient is on Incerlex, will the Incerlex be discontinued? Yes No

4. Does the patient have any of the following contraindications to GH therapy? Yes No
• Active or history of malignancy within the past 12 months
• Diabetic retinopathy
• Acute critical illness

5. What is the specialty of the prescribing physician? Endocrinology Gastroenterology Support Nephrology Infectious Disease Other _____

6. What is the diagnosis? Pediatric growth hormone deficiency syndrome Growth failure due to chronic renal insufficiency Neonatal hypoglycemia syndrome Idiopathic short stature Adult growth hormone deficiency Small for gestational age related wasting/cachexia Short bowel syndrome Short stature homeobox-containing (SHOXD) Noonan syndrome Combination treatment with leuprolide in children with advancing puberty Congenital adrenal hyperplasia Russell-Silver syndrome Septo-optic dysplasia Cystic fibrosis Other _____

7. Please document patient's pre-treatment height _____ cm and age _____

8. Please document patient's provocative test results _____

9. Is the patient a neonate? Yes No

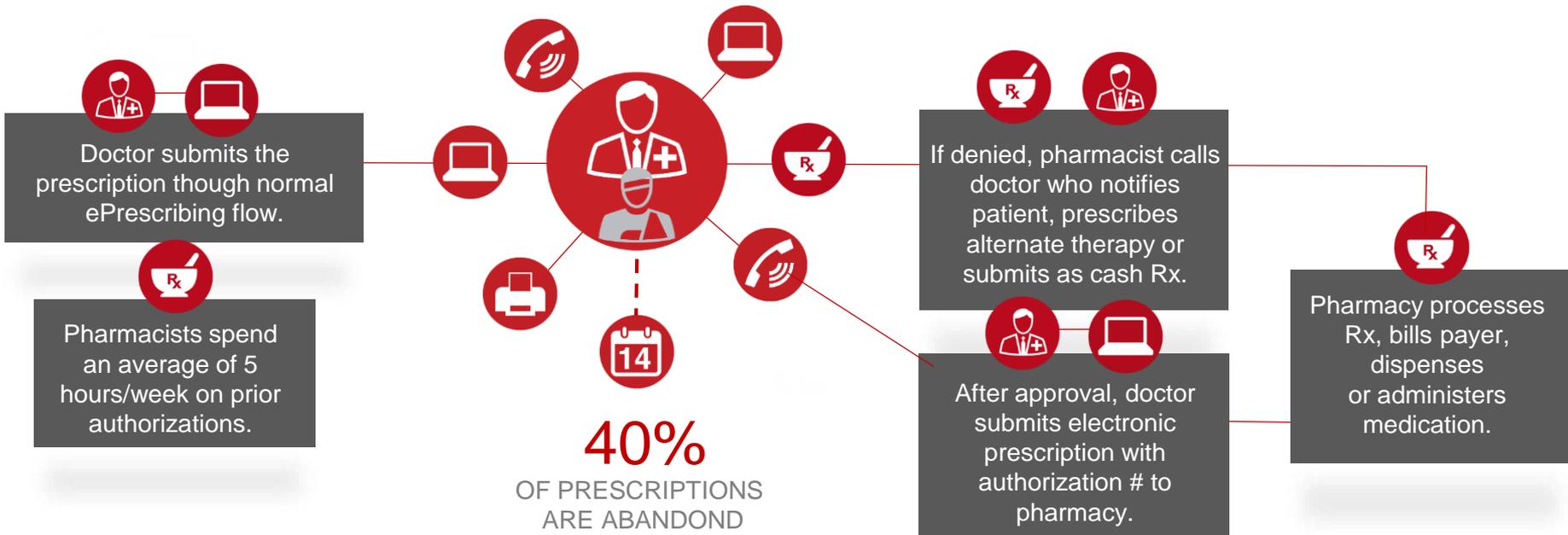
10. Are epiphyses still open? Yes No X-ray not available

11. Is the patient currently on growth hormone therapy *If yes, please skip to question # 24

EXAMPLE OF PAPER-BASED PA FORM

Current Manual Prior Authorization

Rx Pended/Manual PA Begins



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Prior Authorization Impacts All Healthcare

PATIENT HASSLE AND TREATMENT DELAY

- PA unknown until patient has already left office
- Treatment might be delayed for days



PHARMACY HASSLE

- Pharmacy must call prescriber's office, and sometimes the plan



PRESCRIBER HASSLE AND DISRUPTION

- Call back from pharmacy, must call plan, wait for faxed form, completes form and sends it back
- Turnaround time can be 48 hours or more

PHARMACEUTICAL OBSTACLES

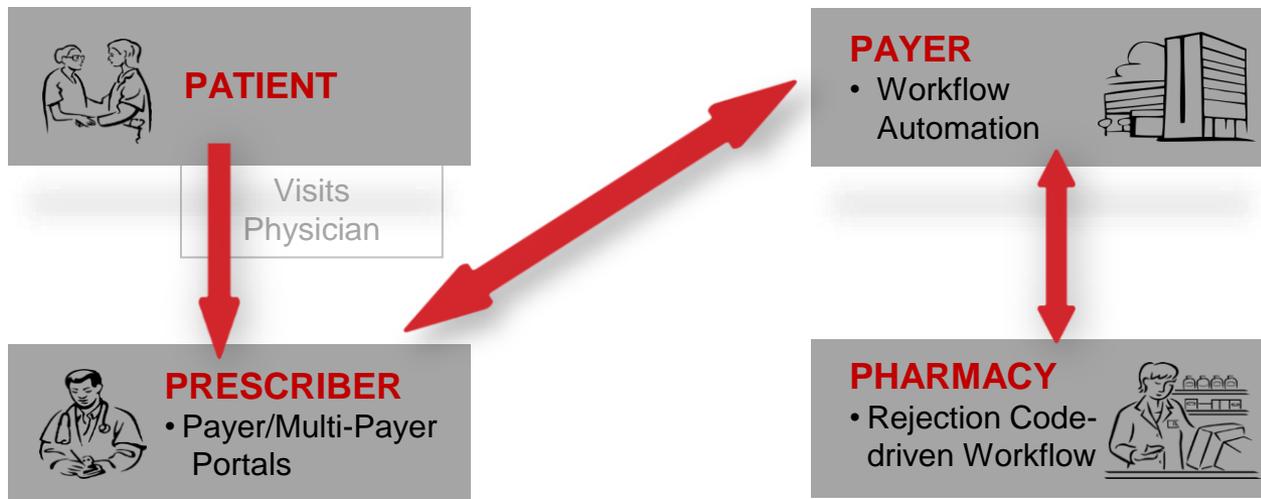
- Delayed and abandoned prescriptions
- Extensive outlay for physician and patient administrative assistance



PBM/HEALTH PLAN INEFFICIENCY

- Expensive and labor intensive process that creates animosity

Interim PA Automation (non-ePA)



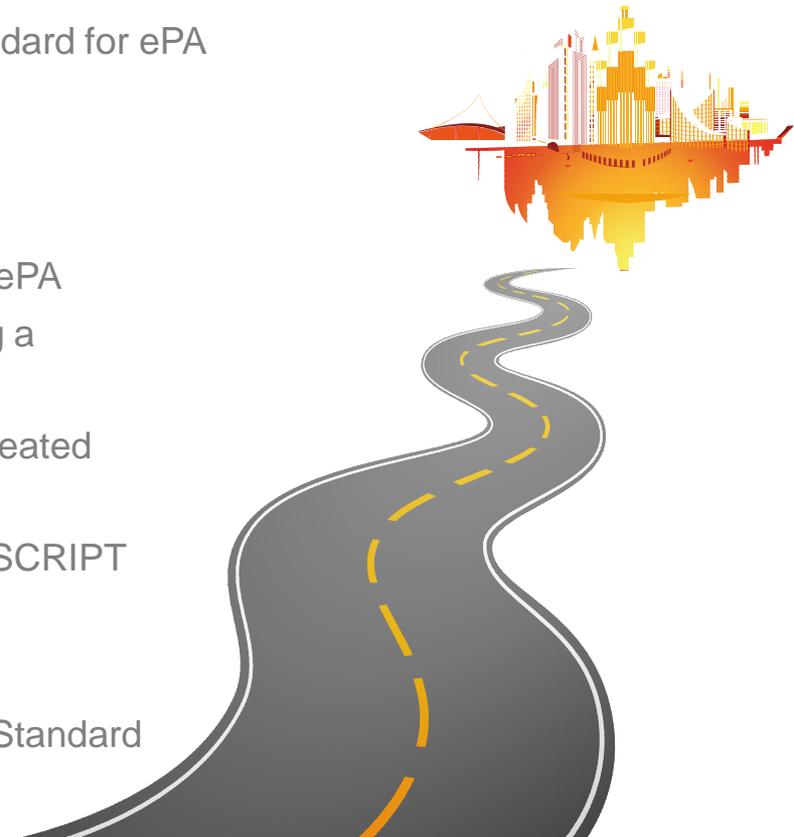
Until today, automation largely replicated the paper process requiring duplicate entry of information.

Gaps in Current PA Activities

- Drug requiring PA flagged in only 30% - 40% of the cases
- Criteria not residing within EHR or visible to physician
- Does not automate the entire process – various workarounds that may or may not meld together
- Paper forms and portals require manual reentry of data that may already reside electronically within an EMR
- Multiple routes to obtain PA depending on health plan, drug, pharmacy, and patient combination

A look at the ePA road so far

- 1996** HIPAA Passes, names 278 as standard for ePA
- 2003** MMA Passes
- 2004** Multi-SDO Task Group Formed
- 2005** NCVHS Hearings
- 2006** MMA ePrescribing Pilots involving ePA
- 2007** Report to Congress recommending a new standard
- 2008** Expert Panel Formed/Roadmap Created
- 2009** Minnesota Law Passes
New ePA Standard Created using SCRIPT
- 2011** CVS Caremark Pilot
- 2013** New Standard Published
- 2015** Implementation of SCRIPT-based Standard
- 2016** Expansion and EHR integration



NCPDP ePA Message Types

PA Initiation Request	Prescriber → PBM/Payer
PA Initiation Response	PBM/Payer → Prescriber
PA Request	Prescriber → PBM/Payer
PA Response	PBM/Payer → Prescriber
PA Appeal Request	Prescriber → PBM/Payer
PA Appeal Response	PBM/Payer → Prescriber
PA Cancel Request	Prescriber → PBM/Payer
PA Cancel Response	PBM/Payer → Prescriber

All requests and responses are real-time bi-directional messages based on the NCPDP Script Standard



ePA Represents a Win-Win for All Stakeholders

PATIENT BENEFITS

- Improves medication access by days to weeks
- Drugs requiring PA can be approved at doctor's office
- Reduces prescription abandonment

PHARMACY BENEFITS

- Time Savings – manual PA takes 5 hours per week per pharmacist¹
- Improves patient access to medications

PRESCRIBER BENEFITS

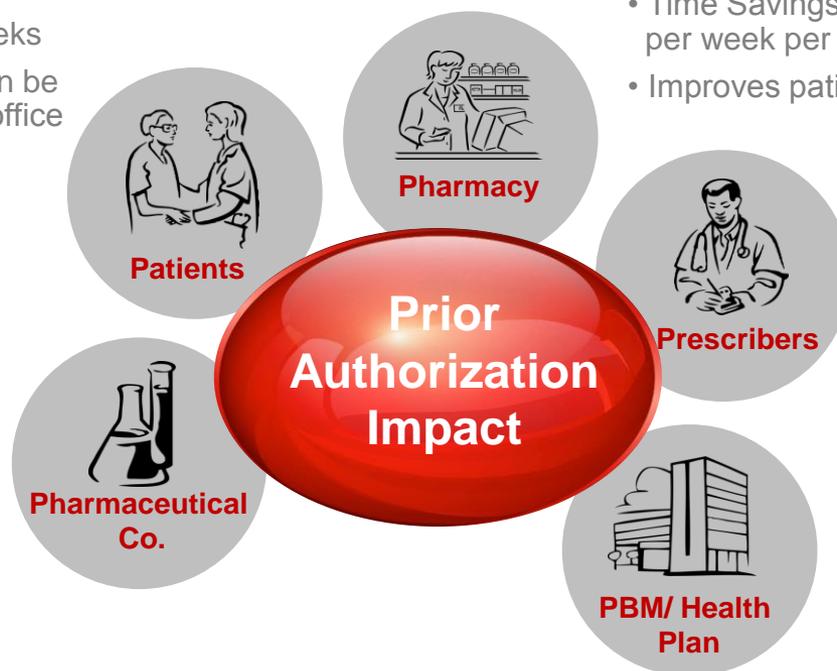
- Significant time savings: 20-60 minutes per PA²
- Seamless workflow integration with EHR/immediate notification of drugs requiring PA before ePrescribing
- Reduced prescription abandonment; improved medication adherence

PHARMA BENEFITS

- Increases medication adherence
- Eliminates physician calls
- Improves patient access to programs and quality of formulary data

PBM/HEALTH PLAN BENEFITS

- Eliminates manual PA processing costs estimated at \$20-\$25 per submission³
- Improves provider and patient relations
- Reduced prescription abandonment; improved medication adherence



1. 2015 ePA National Adoption Scorecard

2. Medical Economics: **The Prior Authorization Predicament**, July 8, 2014

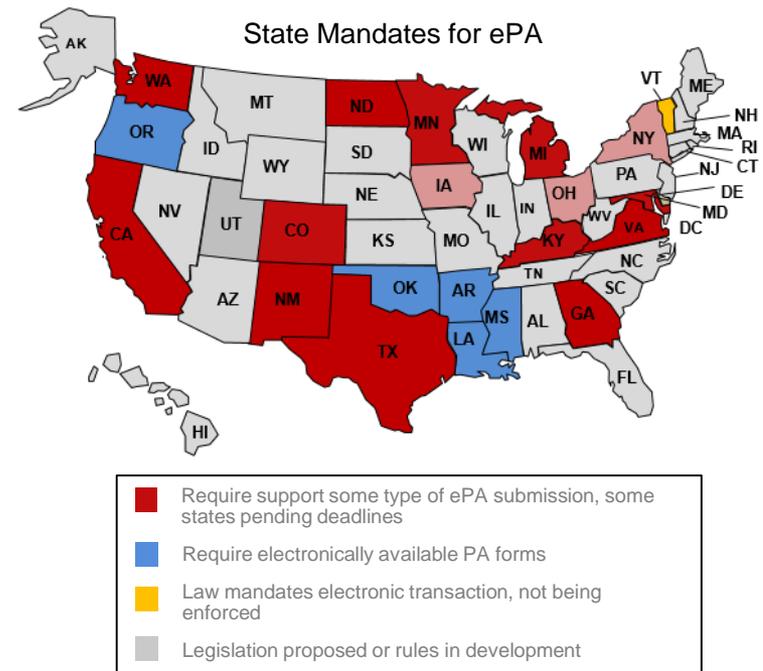
3. American Journal of Managed Care, *A Physician-Friendly Alternative to Prior Authorization for Prescription Drugs*, Published Online, Dec. 2009

ePA being Implemented Nationally

Ongoing Legislative and Regulatory Momentum

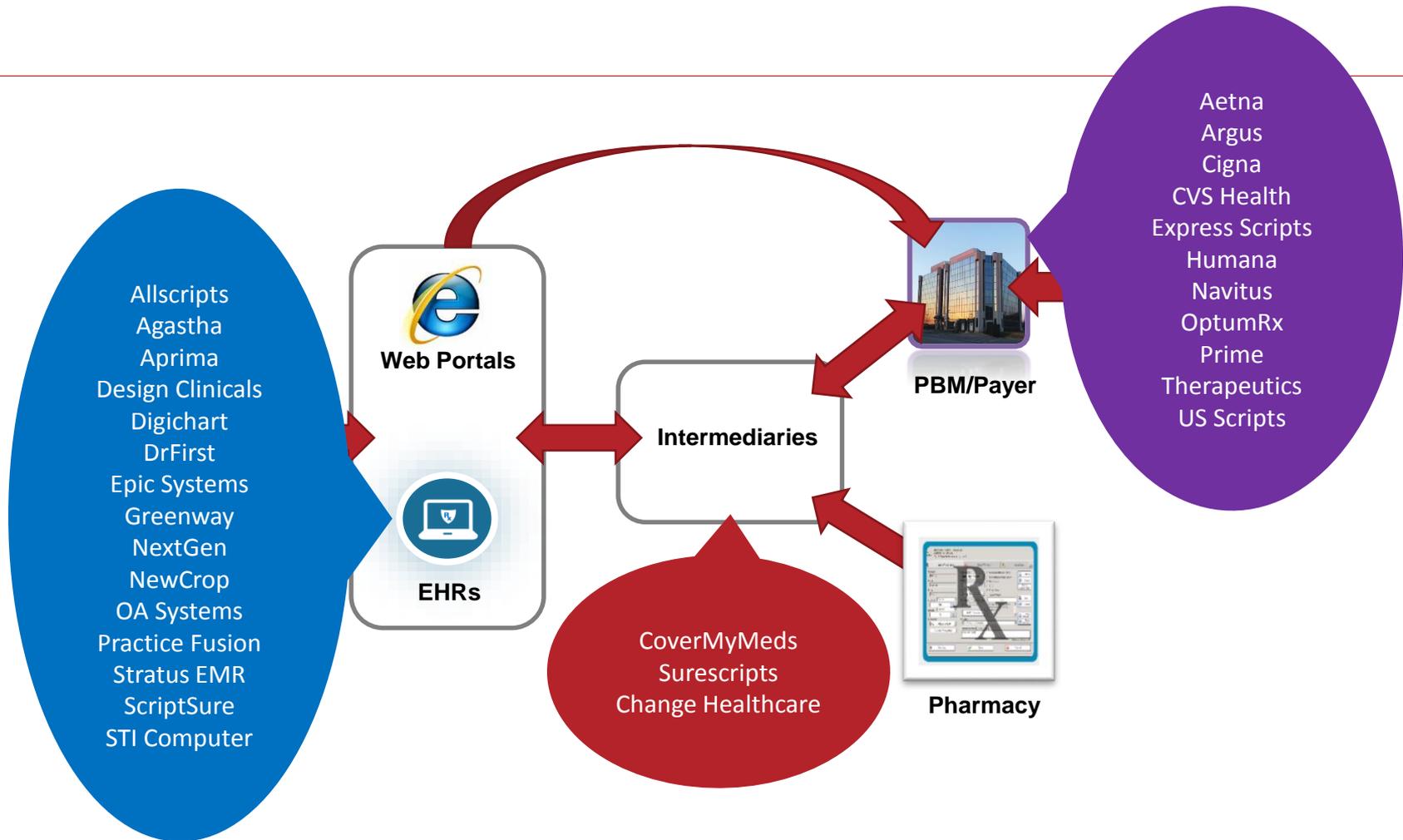
- Demand seems to be high to reform the entire prior authorization process and workflow
- Standard forms and ePA are a key component of this effort
- Payers are required to accept electronic submission of ePA– HCPs are not required to use ePA
- A separate website, portal or unconnected solution would meet these requirements

Sessions are beginning and we expect more legislative activity in 2016



Map SOURCE: Point-of-Care Partners, www.pocp.com, Revised 1/15/2016
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Current Landscape



Electronic Prior Authorization: The Infrastructure is in place



80%

Physicians Today

Greater than 80%
of physicians
ePrescribe today



700

EHRs Enabled

More than **700** EHRs
enabled for
ePrescribing

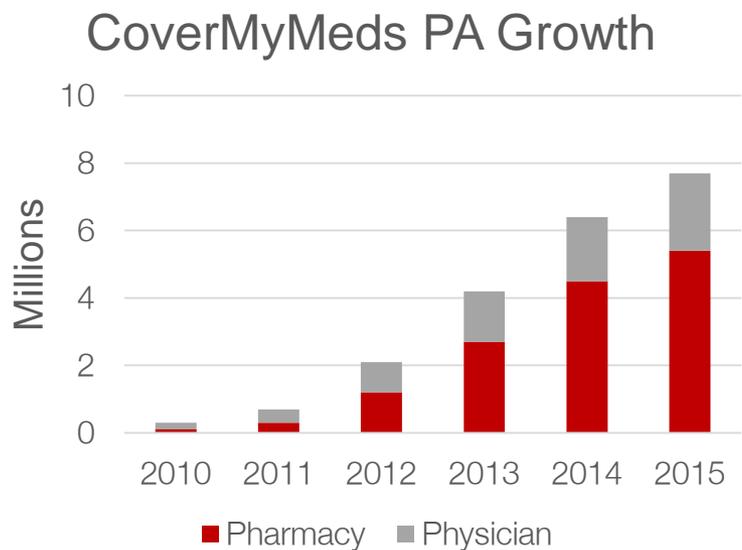


100%

Retail Pharmacies

Nearly **100%**
retail
pharmacies

Electronic Prior Authorization



Source: CoverMyMeds

- **Retrospective** and prospective models emerging in the marketplace
- Retrospective being conducted in a proprietary manner
- Industry movement toward **prospective**
- Prospective ePA officially approved as part of the SCRIPT standard in July, 2013
- Standardized retrospective process on-hold
- Standardized questions being addressed
- Need for standardization, evidence-based PA criteria

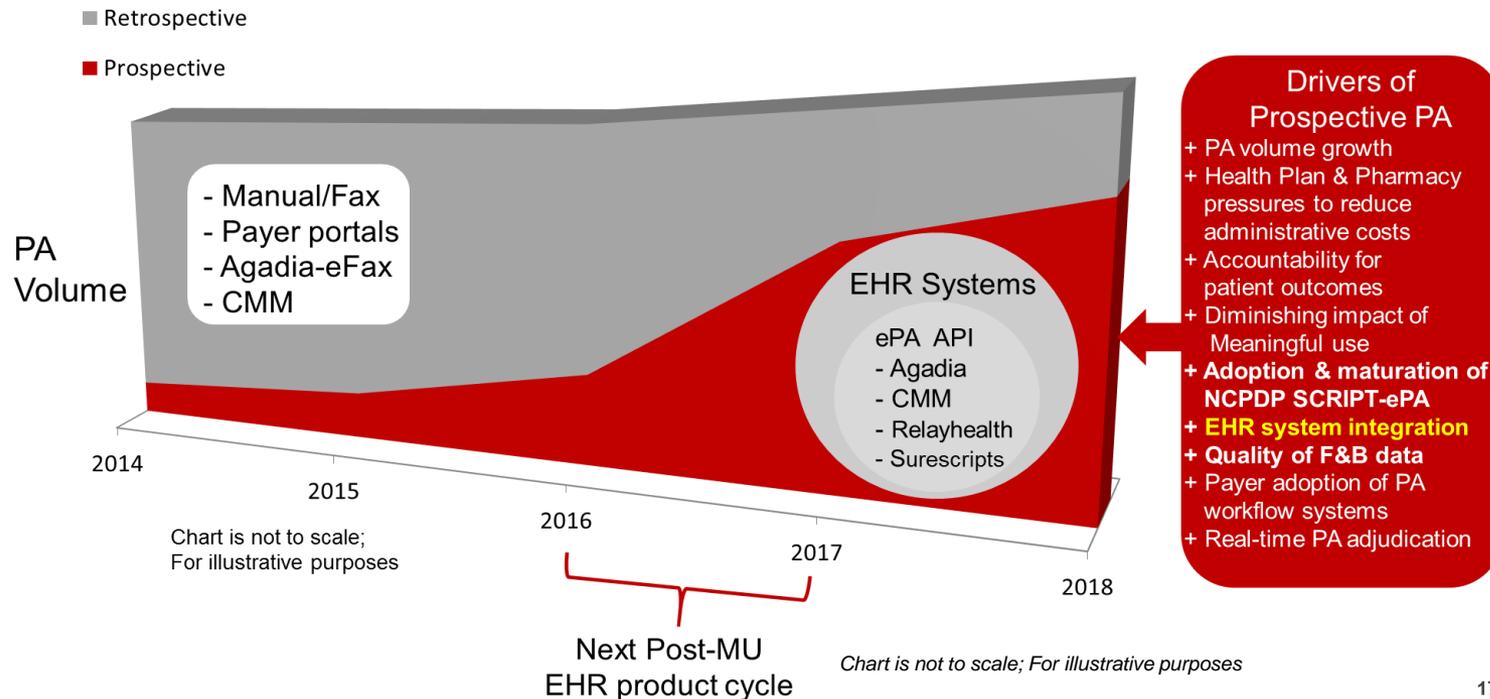
New Standard Enables Multiple Workflows

Retrospective vs. Prospective



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Transition from Retrospective to Prospective Prior Auth



Implementing ePA Pilot

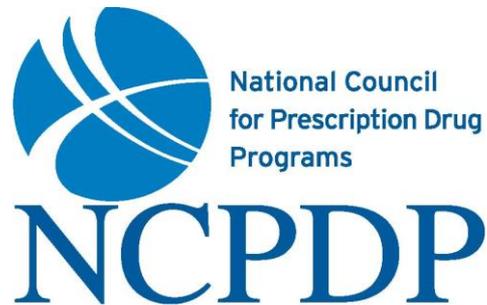
Lessons Learned

ePA Pilot: Timeline And Goal



- Demonstrate that PA requirements can be exchanged electronically between payers and providers using standardized transactions while:
 1. Allowing payers to retain customization of criteria
 2. Allowing EHR vendors to retain unique user interface and bring ePA into e-prescribing workflow

ePA Pilot: A Collaborative Effort



Allscripts

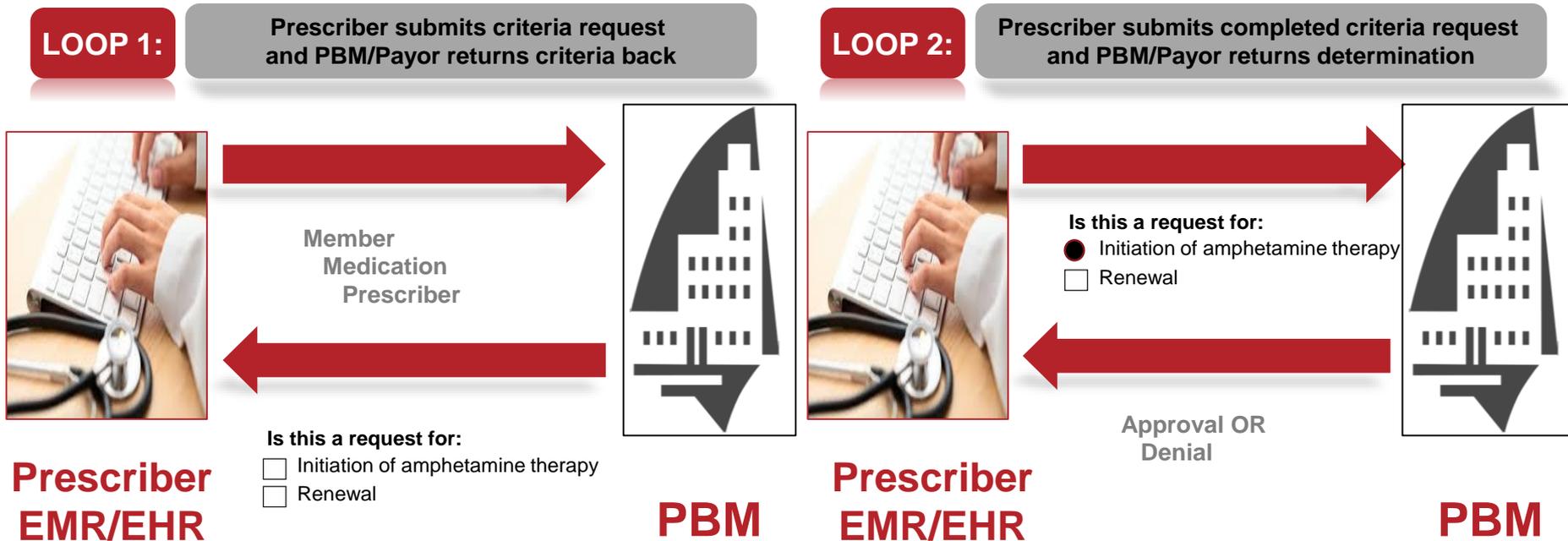
CoverMyMeds

Surescripts

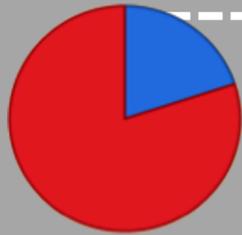
CVS/caremark™

First complete, flexible electronic solution meets the needs of all stakeholders while reducing administrative burden and improving efficiencies for all

ePA Pilot: 4 Transactions And 2 Loop Process



ePA Pilot: In Numbers¹



20%
of total PA volume via ePA
at the end of the year 2015



50,000
Unique NPIs
requested ePAs



275%
YoY increase in ePA volume



Top **5** drugs classes
requested for ePA:

1. Sedative Hypnotics
2. Proton Pump Inhibitors
3. Amphetamines
4. Testosterone/Cialis
5. Methylphenidates

ePA Pilot: Great Improvement Over Current PA Options



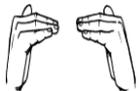
- ~70% of the criteria returned in less than 60 seconds



- End-to-end process can be done in less than 5 minutes - including time for provider to answer questions

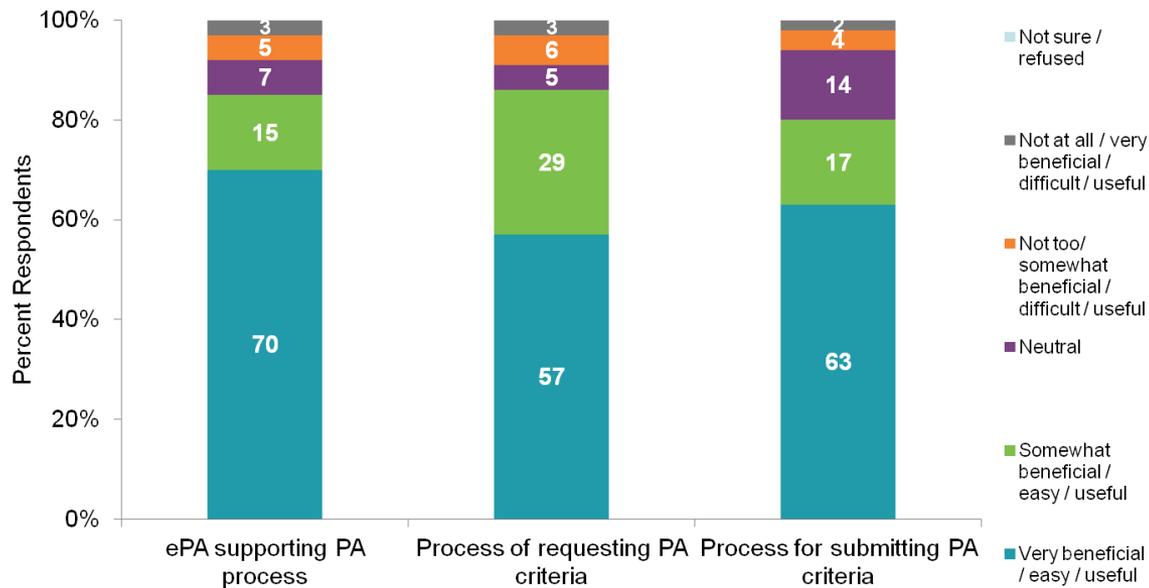
15%

- Walk away rate is consistent with traditional process



- Client audit of traditional vs ePA approval/denial rate shows no difference in approval rate

ePA Pilot: Prescribers Reported Positive Experience¹



- **85% found ePA supportive** of the process and that requesting criteria was easy
- **80% found it easy** to submit the PA criteria

ePA Pilot: Positive Prescriber Feedback

"It's much easier and faster than before. I really like it."

"It's very useful. We love. It's a lot easier. Saves a lot of time."

"I first found it hard but now it is easier than what we usually do."



"I think it is easier and faster. once I got used to doing it I got an answer back real quick."

ePA Pilot: What Contributed to the Success?



- Buy in from Client
- Standard Criteria
- Willingness to learn and tweak the process
- 80/20 Rule - High volume drugs converted first

ePA Pilot: Lessons Learned

- Global forms/Model forms are not ePA-compatible
- Immediate response if a PA not needed for the member/Drug combination
- Duplicate scenarios detection at the front of the process
- Triage Queue
 - Member Mismatch or Criteria issue
- Very few prospective ePAs
 - 10-15% were prospective
- CMS and State regulation
- Very few eAppeal and cancel requests

What We Can Do To Accelerate ePA Adoption?

- Availability of formulary & benefit data (F&B) at point of e-prescribing
 - Hassle free experience for both prescriber and pharmacy
 - Faster access to medication for member
- Keep ePA in mind while implementing a new client
 - Various UM Edits
 - Skip logic
 - Question Types for automation
 - Free Text
- Keep future in mind – touch free ePA
 - usage of LOINC and other codes in the criteria
- Bring ePA into discussion while talking with state and federal level
- regulatory bodies

Improving E-Prescribing Workflow with Electronic Prior Authorization

EMR Example

Prescriber Initiates a New Prescription Within e-Prescribing Workflow

The screenshot displays an e-prescribing interface for a patient named Jane Doe. The patient's information includes gender (F), date of birth (07/02/1944, 69 Y), and patient ID (AHS93). The interface shows the 'Choose Medication' section with a search bar and a table of selected medications. A red callout box points to a 'Coverage & Co-pay' alert in the right-hand sidebar, which states 'Coverage Limits: Prior authorization required.' The callout box contains the text: 'F&B data provided by PBM/Plan alert Prescriber on PA requirement'.

Patient: Doe, Jane
Gender, DOB: F, 07/02/1944 (69 Y) Patient ID: AHS93
Active allergies: None entered
Active problems: None entered
Active medications:
Retail pharmacy: CVS/PHARMACY #9210, 10653 NORTH SCOTTSDALE ROAD ...
Mail Order Pharmacy: CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

Choose Medication: drugname Search Patient History My History All Meds Write Free Form Rx

Coverage: CMX - ABC HEALTH PLAN (Retail, Mail) Patient Options

Medication And Sig	Quantity	DAW	Refills	Days
drugname , 100MG CAP, TAKE 1 CAPSULE DAILY	90		3	90

Formulary Alternatives: No Alternatives
Formulary Notes: No Formulary Notes Available
Coverage & Co-pay: Coverage Limits: Prior authorization required.

F&B data provided by PBM/Plan alert Prescriber on PA requirement

Prescriber Finalizes Prescription and Initiates ePA Task in EHR

JS Family Practice Change
John Smith, MD Ed

Wolters Kluwer

message | community | help | logout

Patients | Tasks | Library | Reports | Settings | Tools | My eRx

Script Pad

Select Med | Choose Patient | Change Pharmacy | Process Script Pad ▶

Rx Date	Medication & Sig	Destination	Print Center	Print		
04/03/2014 11:08 AM	drugname 100 MG Cap - TAKE 1 CAPSULE DAILY. QUANTITY 90 Cap - REFILL 3 - Days Supply - 90	Send to ePA Task List ▼			Remove	Edit

Help With This Screen

Review Script Pad:
This page allows you to review your script(s) for accuracy prior to processing them.

EHR Presents Criteria to Prescriber Following Skip-Logic

The screenshot displays an EHR interface with a central task window titled "ABC HEALTH PLAN". The task details include:

- Expiration Date: 12/31/2199
- Contact: (800) 294-4597
- Patient Name: Doe, Jane
- drugname

The task progress is shown as 1 / 13. The main question is: "Does the patient have a greater than 10% estimated 10 year cardiovascular event risk (e.g., estimated by the Framingham Cardiac Risk Score) or does the patient have known pre-existing cardiovascular disease?". Below the question are two radio button options: "Yes" and "No".

Navigation buttons are located at the bottom right of the task window: "Next", "Cancel", "Start Over", and "Save & Finish Later".

The background interface includes a top navigation bar with "Allscripts" and "JS Family Practice Change" (John Smith, MD Ed). A left sidebar shows "Patients" and "Tasks (1)" with sub-tasks "My Tasks", "Site Tasks", and "Assist". A table below the sidebar lists "Patient" (Doe, Jane) and "Prescriber" (Smith, John). The right sidebar contains utility icons (message, community, help, logout) and a search bar.

Prescriber Reviews Answers and Attaches Supporting Documents

Patient: [No Patient Selected] Gender, DOB: Patient ID: JS Family Practice Changs
 Active allergies: John Smith, MD Edit
 Active problems: message | community | help | logout
 Active medications: Walters Kluzner Search
 Retail pharmacy: h This Screen
 Mail Order Pharmacy:

Patients **Tasks (1)**
 My Tasks Site Tasks Assist

PROCESS TASK
 Patient Prescriber
 Doe, Jane Smith, John

ABC HEALTH PLAN

Patient Name: Doe, Jane Expiration Date: 12/31/2199
 drugname Priority: Not Urgent

Review your answers:

Question	Answers	Comments
1 Does the patient have a greater than 10% estimated 10 year cardiovascular event risk (e.g., estimated by the Framingham Cardiac Risk Score) or does the patient have known pre-existing cardiovascular disease?	Yes	
2 Has the patient failed or is the patient not a suitable candidate for treatment with any other alternative analgesic (e.g., acetaminophen, tramadol, low dose opioid, etc)?	Yes	
3 Will the lowest effective dose of drugname be used for the shortest amount of time necessary to treat the patient's condition?	Yes	
4 Is the patient being treated for ...	No	

Add Attachments (.pdf, .jpg, .tiff)

No file selected.
 12 MB Max

EHR Receives ePA Approved by PBM and Prescription Is Ready to Send to Pharmacy

The screenshot displays an EHR interface with a patient record at the top. The patient information includes: Patient: [No Patient Selected], Gender, DOB, and Patient ID. The user is identified as JS Family Practice Change, John Smith, MD, Ed. The interface has a navigation bar with tabs for Patients, Tasks (1), Library, Reports, Settings, Tools, and My eRx. Below the navigation bar, there are filters for My Tasks, Site Tasks, Assistant's Tasks (0), and ePA Tasks (1). A dropdown menu shows 'Show tasks for: All Providers'. The main content area features a table with the following data:

Patient	Prescriber	Medication & Sig	Rx Date	Status	Destination
<input type="radio"/> Doe, Jane	Smith, John	drugame, 100MG Cap, TAKE 1...	04/03/2014	<u>ePA Approved</u>	Send to Pharmacy

On the right side of the interface, there are icons for message, community, help, and logout, along with a search bar containing 'Wolters Kluwer' and a 'Search' button. A 'Help With This Screen' button is also visible.