

Virginia Association of Health Plans Annual Conference 2019

ePrior Authorization Update

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Workflow-to-Transactions Task Group,
2004-18



Different Types of Prior Authorization



DRUGS

Covered under
Pharmacy Benefit

Covered under
Medical Benefit



DEVICES

Pacemakers
Infusion Pumps
Blood Glucose Meters
Nebulizers

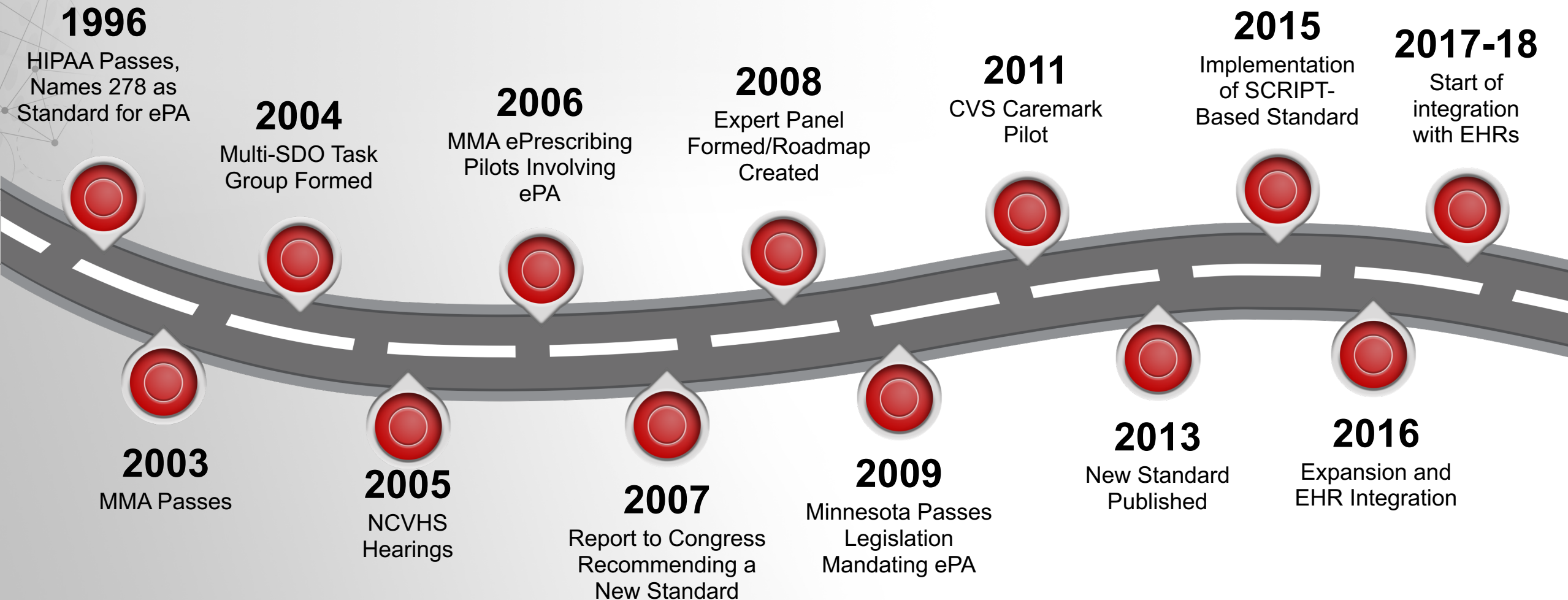


PROCEDURES

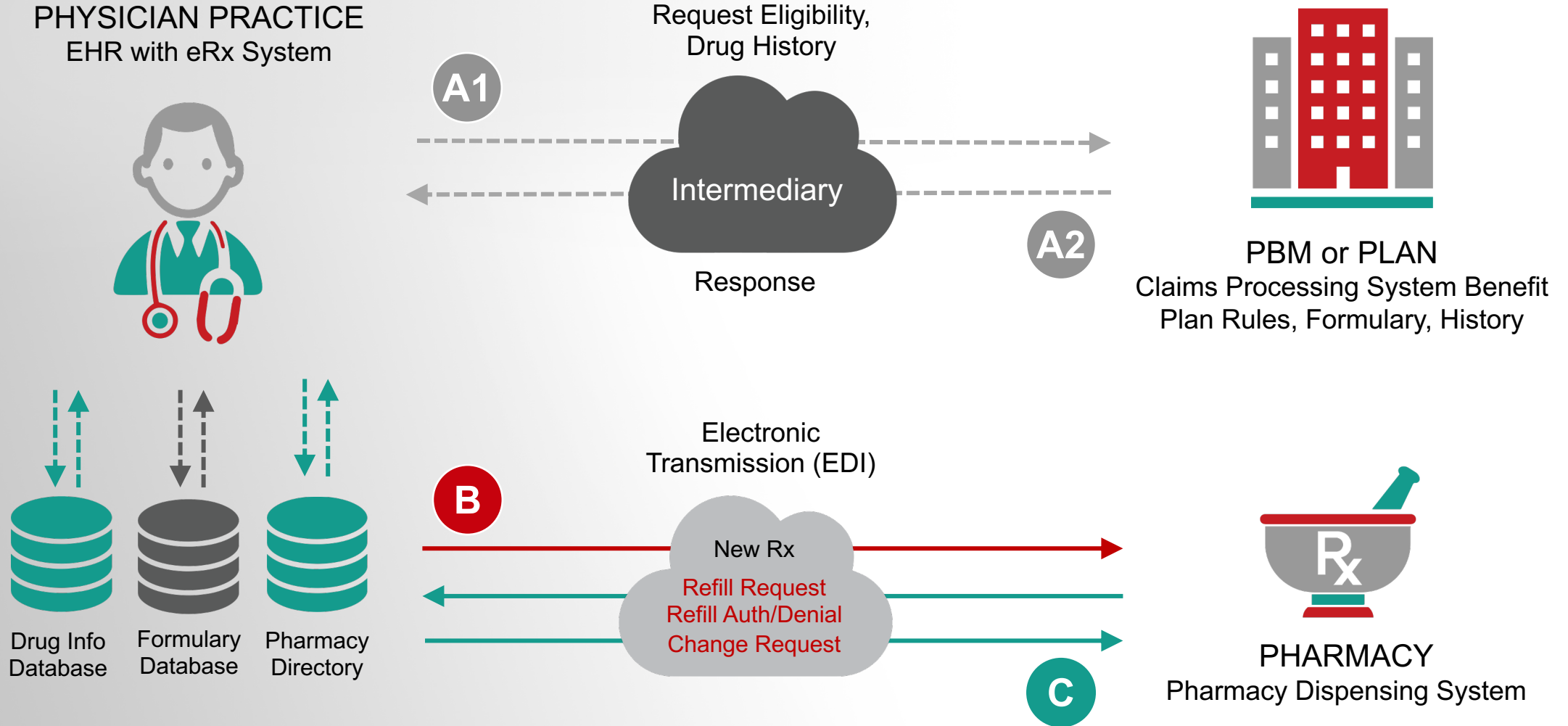
Radiology
MRI
Endoscopy
Chemotherapy

Pharmacy ePA Timeline

ePA SCRIPT Standard is Mature and Well Established

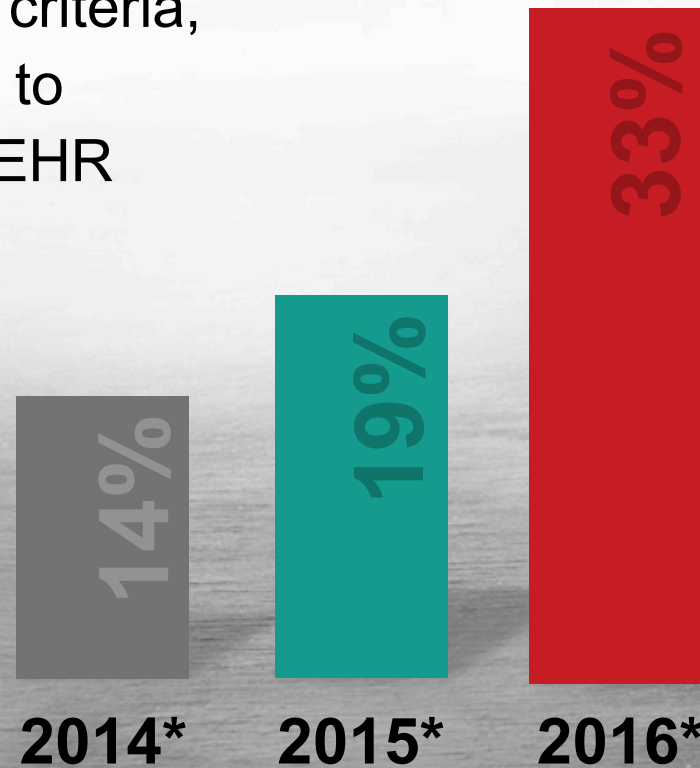


Current ePrescribing Flow



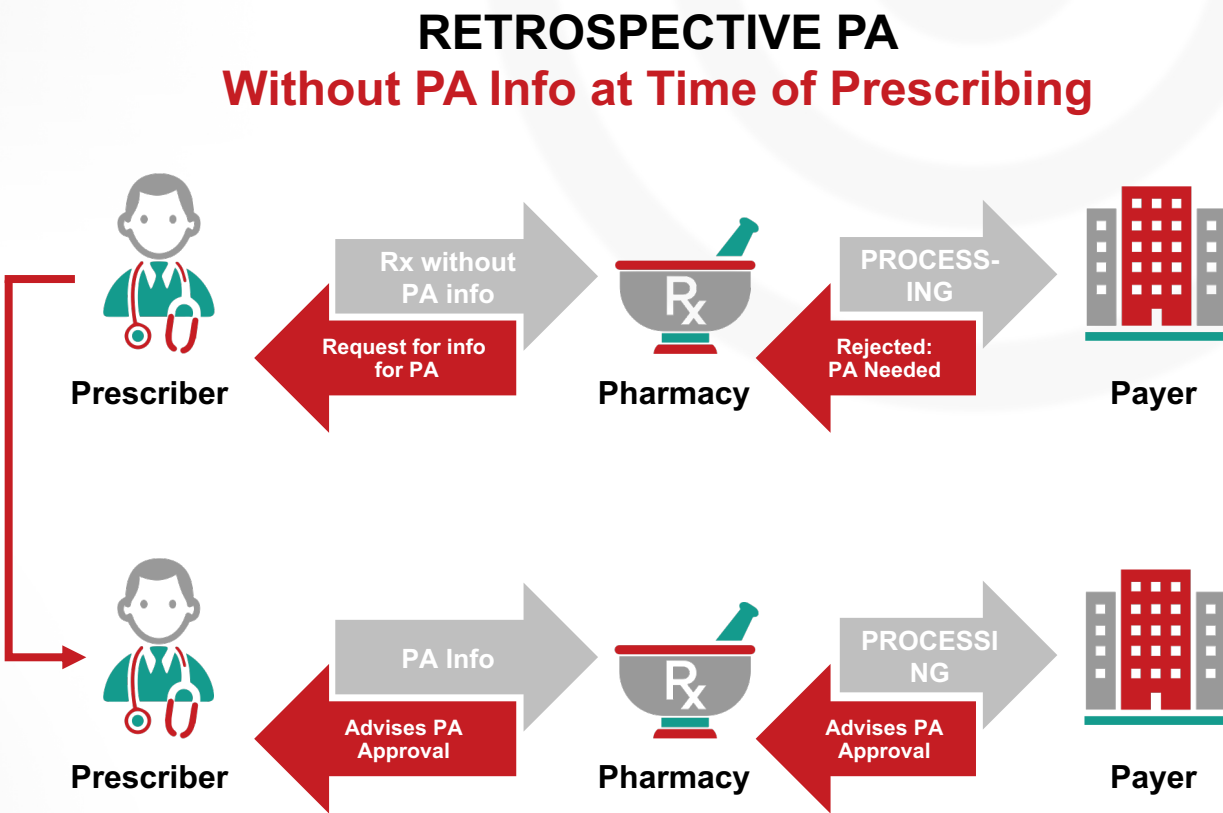
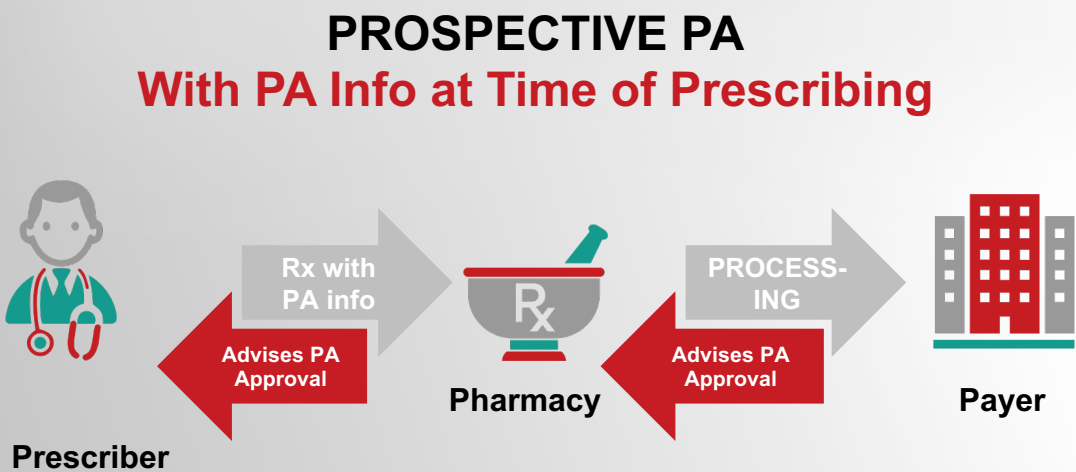
Gaps in ePrior Authorization for Pharmacy

- Drug requiring PA flagged in only 33% of the cases
- Lack of EHR integration
 - Lack of standardized criteria, which inhibits ability to extract data from EHR



New Standard Enables Multiple Workflows

Prospective **vs** Retrospective



RTBC Provides Patient-Specific Benefit

Real-Time Pharmacy Benefit Check (RTPBC) provides patient specific benefit information, improving transparency and ensuring accurate display of tier/preferred information to health care professionals (HCPs)

Formulary status

Tier or Preferred Level

Coverage alerts

Age & Quantity Limits, Prior Authorization (PA), Step Therapy

Channel options

Retail, Mail Order, Specialty

Member Price

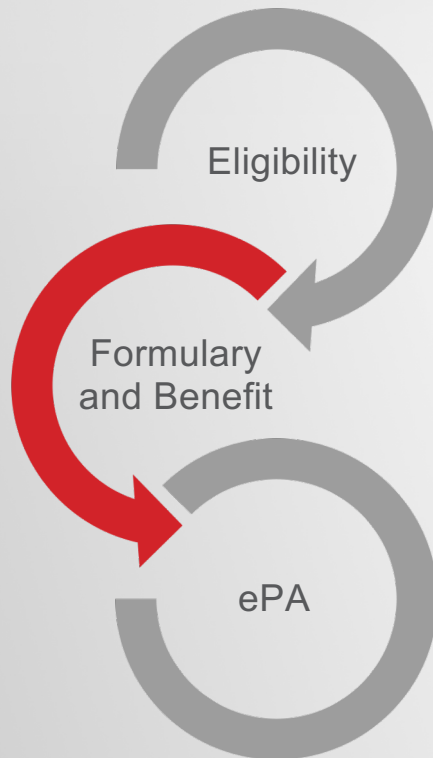
Member Copay and Cost Sharing Details

Alternative drugs

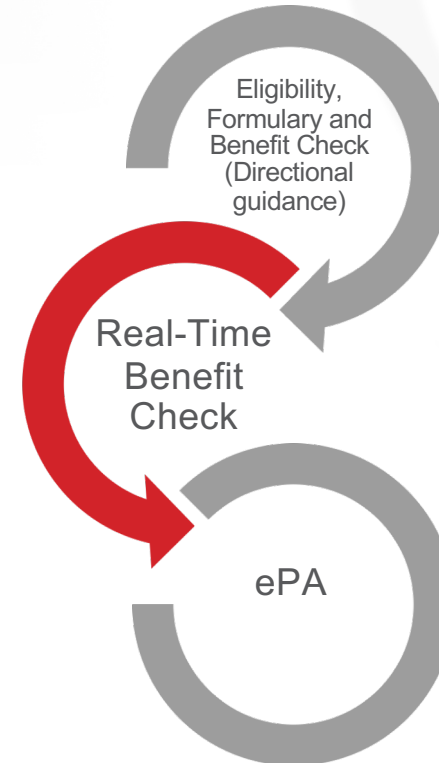
Preferred Formulary/ Lower Cost Options

ePrescribing Process Workflow

Traditional eRx Workflow



Revised eRx Workflow with RTBC



Federal Legislative Drivers



Electronic Prior Authorization

Mandatory ePA in Medicare, Medicaid and State Legislation

Support for Patients and Communities Act
Effective 1/1/2021

Mandates and incentives for state Prescription Drug Monitoring Programs for Controlled Substances



Real-Time Pharmacy Benefit Check

Medicare Part D Plans Required to have RTPBC in EHR workflow

Indications-Based Formulary Design
Effective CY2020

Modernizing Part D and Medicare Advantage To Lower Drug Prices and Reduce Out-of-Pocket Expenses
Proposed Effective 1/1/2020

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Key Medical Prior Authorization Trends

- Rising complexity and cost of many care interventions > more PAs
 - Volume of PA and complexity of criteria is increasing overall
 - Volume of PA (drug and medical) increased 33% during the period of 2015-2016
- Shift to value-based care
- Growth of specialty drugs covered under the medical benefit - significant driver in medical PA automation investments by payers
- ePA technologies and portal solutions maturing to support more procedures and question sets
 - Best practices from Drug ePA (workflow and standards development) apparent in leading medical PA vendors' efforts
 - As ePA technologies (e.g., analytics, rules engines) mature to enable significantly higher auto-adjudication rates, payer investments will likely increase

Prescriptions

Electronic PA is
Fast and Efficient



Medical Procedures

Manual PA is Time
Consuming and
Burdensome – Major
“Friction”



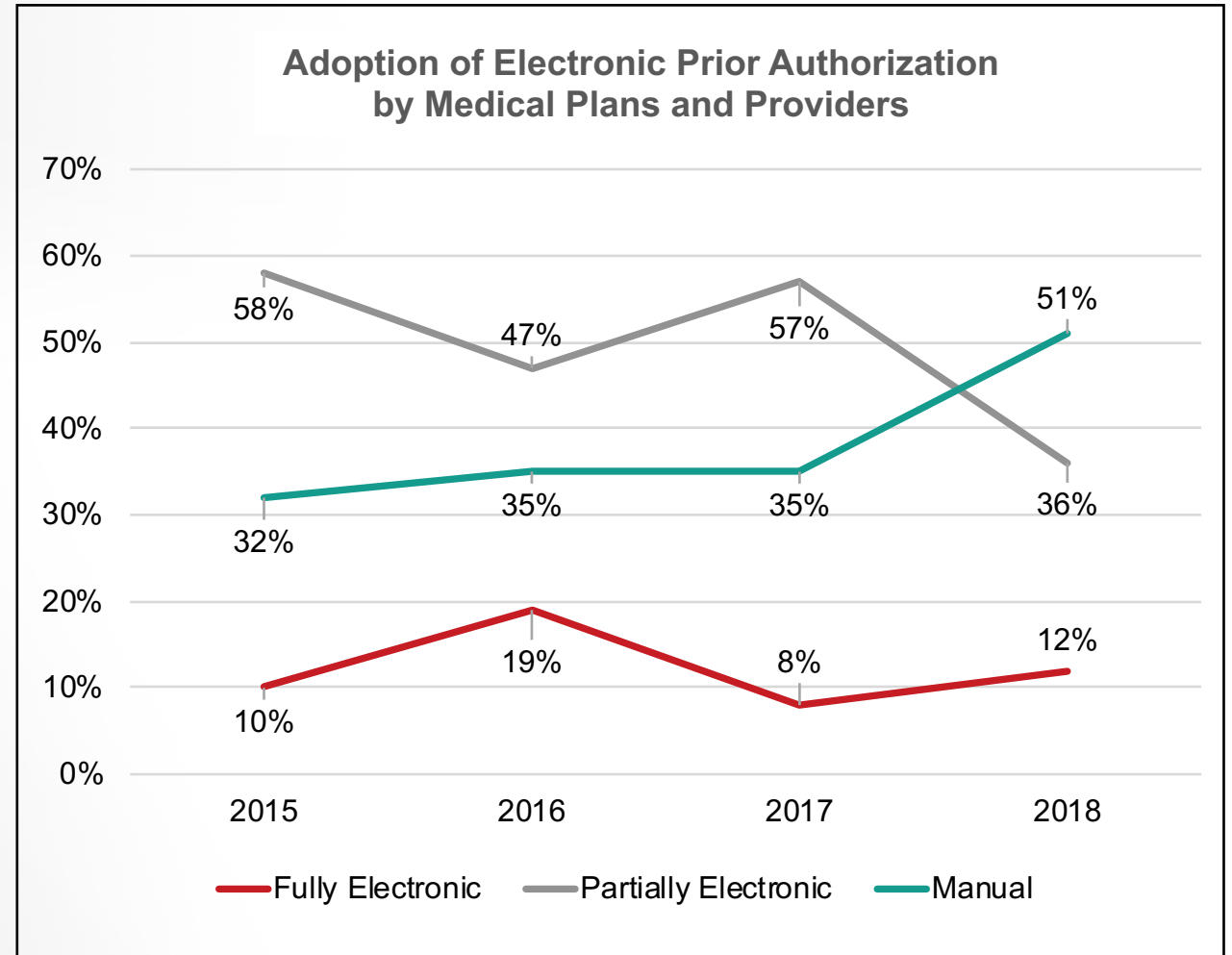
Medical Prior Authorization Tx. Growth and ePA Adoption

ePA Adoption Accelerators

- Expansion of state and federal regulations
 - Technological improvements
 - AI, Rules Engines
- Maturation of standards
- Payers' focus on workflow automation

ePA Adoption Barriers

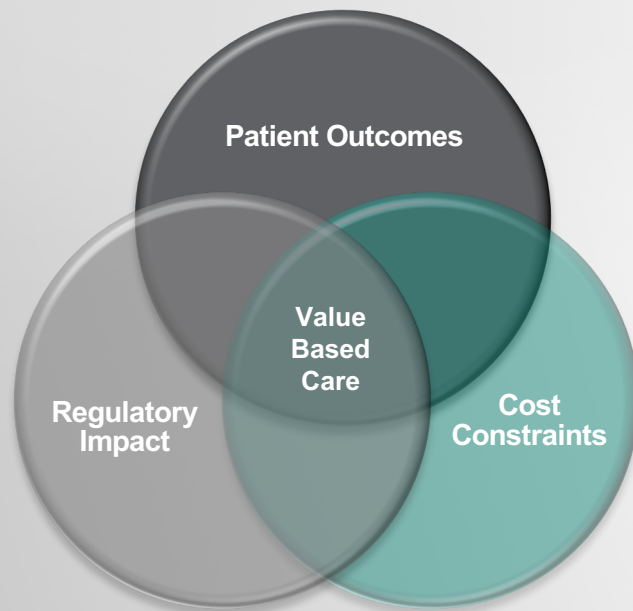
- Limitations of payers' systems supporting benefit and PA checks, electronic documentation
- Lack of integration with providers' EHR systems
- Lack of a standard for PA attachments



Source: CAQH Index (2018)

Industry Momentum

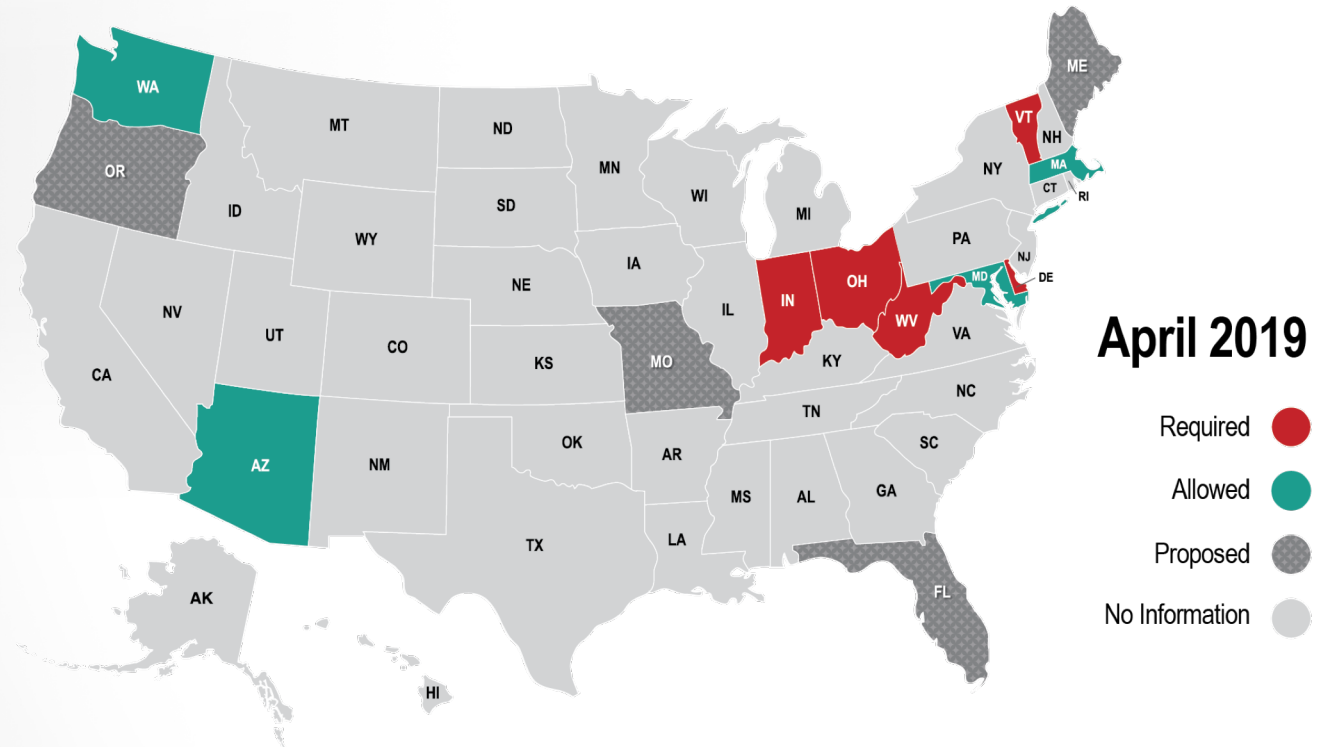
Growing frustration of providers with PA requirements



Quality Focus

- Focus on patient outcomes
- Increased in risk-based contracting
- Treat entire patient and care coordination

Medical Prior Authorization Laws



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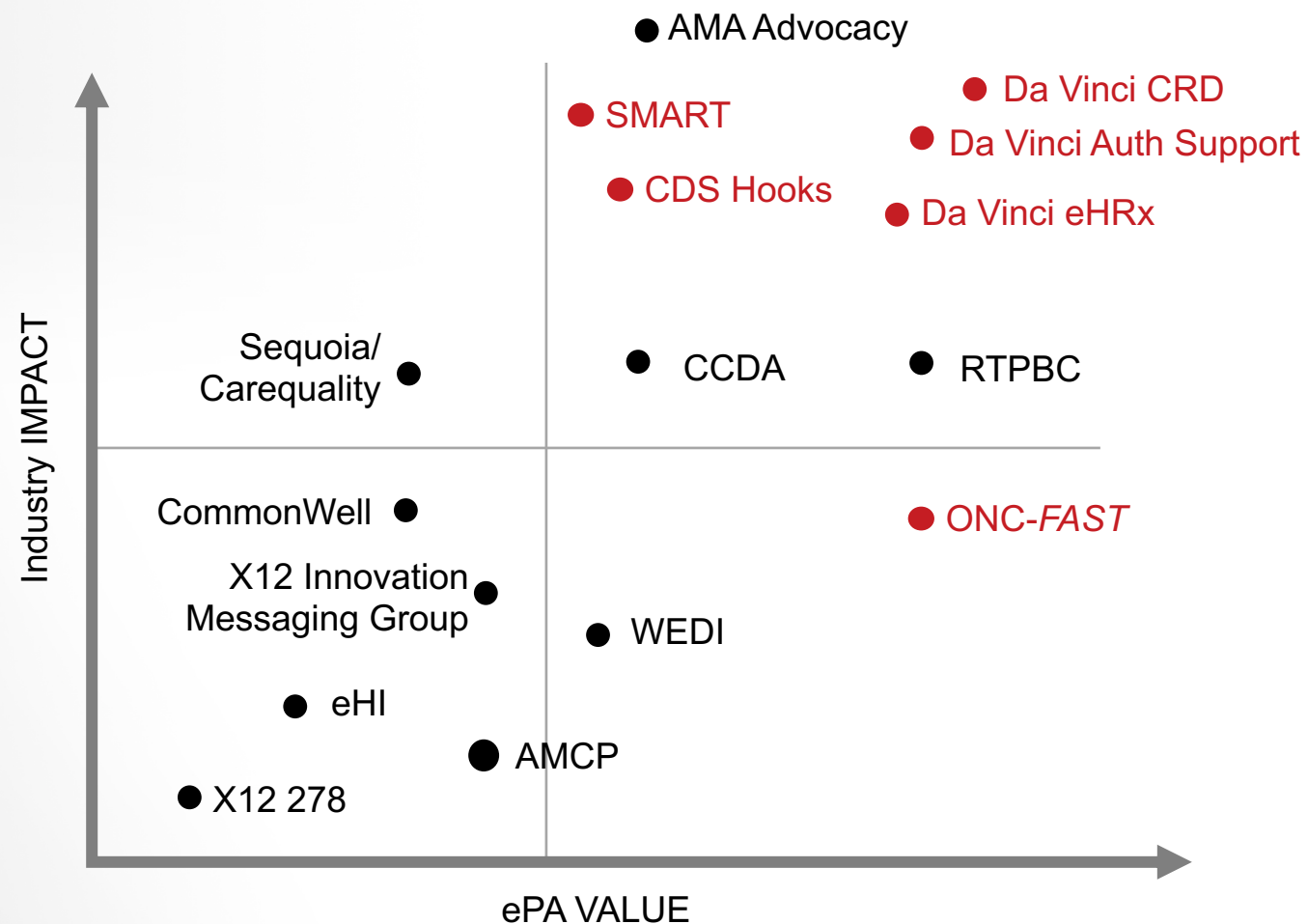
Regulatory Drivers

- State mandates
- HR6 - SUPPORT for Patients and Communities Act
- Trump Administration priority to reduce provider burden

Industry Opportunity - Why Now?

Technology & Collaboration

- AMA coalition advocating for PA simplification/automation
- Providers (AMA among others) and payers (AHIP) recently called for industry adoption of standards-based ePA transactions (drug and medical) and availability of coverage restrictions at the point-of-care in EHR systems⁶
- Increase focus on standardizing clinical decision making and workflows for providers as volume of information and AI surfaces the need to get patient benefit information in workflow (in workflow decision)
- Bidirectional APIs in/out of EHR enables (arrows or the CMM EHR image)



● HL7 FHIR focused initiatives

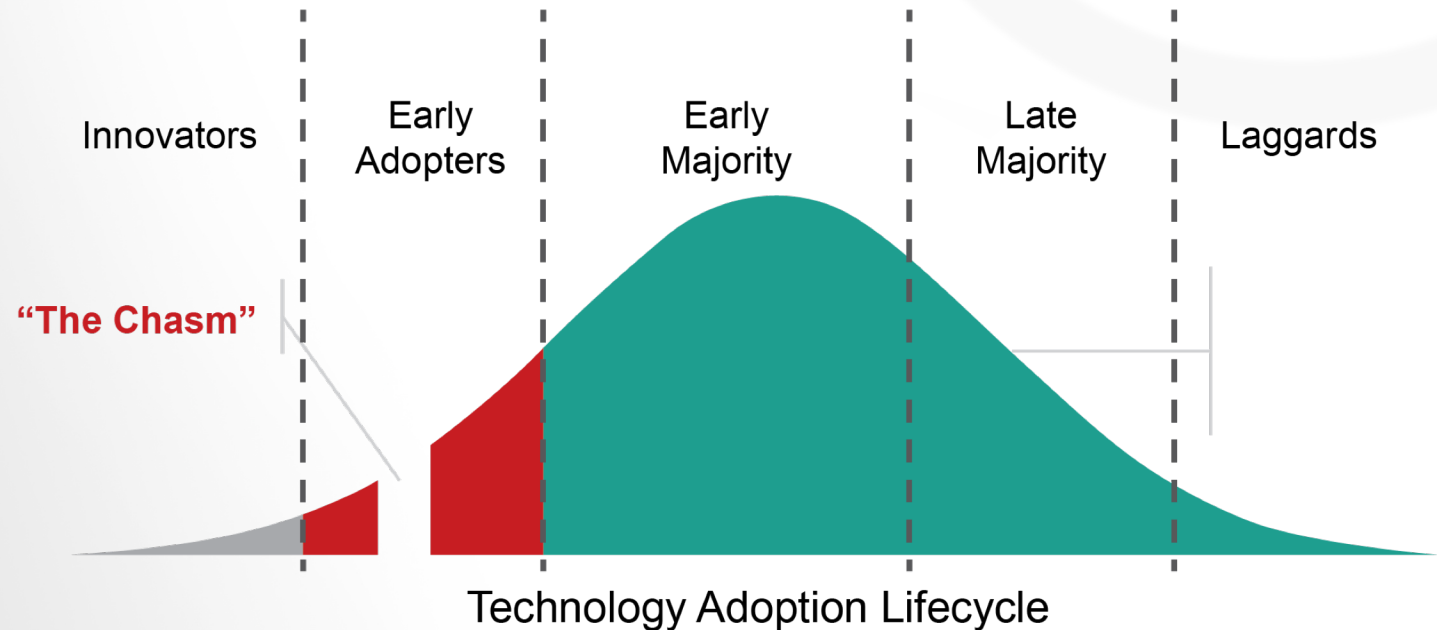
Barriers to Automation and Innovation

- HIPAA regulation named X12 278 as only option
 - Lacks “chattiness” or structured question and answer
 - Overly relies on out-of-transaction content for processing
 - Not specific enough for each use case or scenario that other HIPAA standards support (e.g. eligibility and claims)
 - Decades of no or low pressure for mandated adoption
- Workflow based upon a flawed assumption
 - Essentially benefits coverage is intrinsically part of clinical workflow
 - HIPAA relegated it as a back-office transaction
 - At its core patient specific benefits are tied to clinical decision making, the separation of these decisions from process leaves highly paid nurses on phones, faxes or portals rekeying clinical data
- Trust
 - Ability to audit and ensure adherence to rules is key to payers
 - Clear understanding of data provenance and future use is key to provider increasing automation



Early, Unaided Market Response

- Mature practices have centralized function and developed manual automation to reduce back/forth, waste, time and abandonment
- Vendors continue to streamline and “digitize” what is manual today; eviCore, CoverMyMeds, Par8to
- EHRs are building interim solutions into workflow based upon provider demand
- Innovative plans are experimenting, piloting authorization reduction, gold carding and automation
UnitedHealthcare, Humana



Da Vinci Project



Da Vinci Use Case Alignment

Expanding Functionality Across Workflows

Quality Measure
Collection

Data Exchange for
Quality Measures

Gaps in Care

Risk Based
Contract Member
Identification

Clinical Data
Exchange

eHealth Record
Exchange:
HEDIS/Stars &
Clinician Exchange

Alerts:
Notification (ADT),
Transitions in Care,
ER admit/discharge

Laboratory
Results

Pre Order Burden
Reduction

Coverage
Requirements
Discovery

Documentation
Templates and
Coverage Rules

Authorization
Support

Value Based Care Driving
Integration

- Payers and Providers sharing risk are higher trust
- Data must flow in order for both parties to succeed
- Role of prior authorization shifts as provider want to establish better tools for their own risk management

Pre Order Burden Reduction

USE CASE

Coverage
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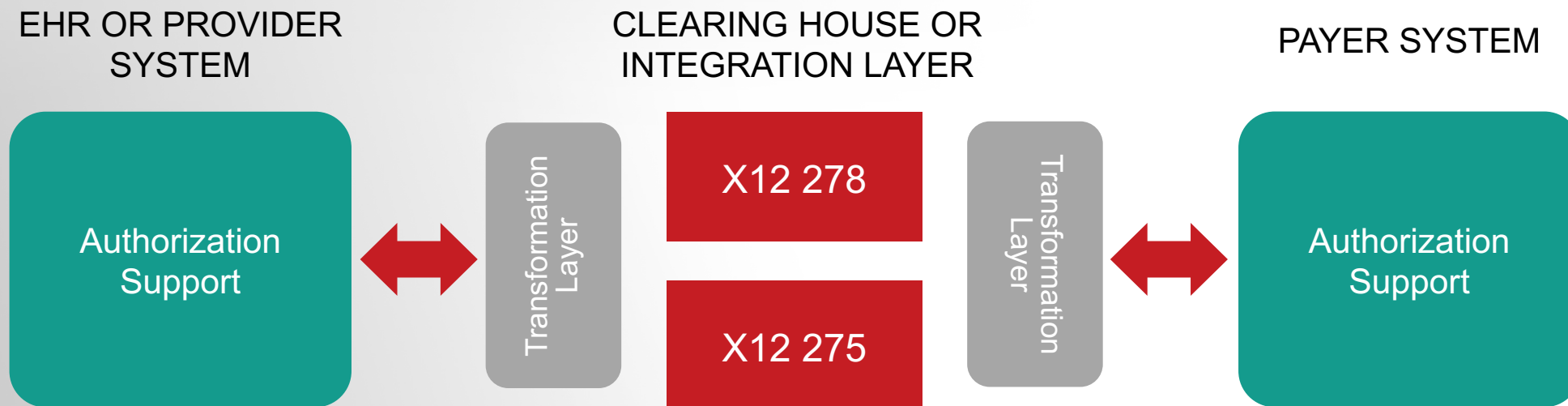
USER HIGHLIGHTS

Is authorization required?
Are there predecessor tasks to be completed?

If there are pre-authorization tasks, then show me what I'm missing, or show me the criteria/rules so I can evaluate treatment options, locations, next steps

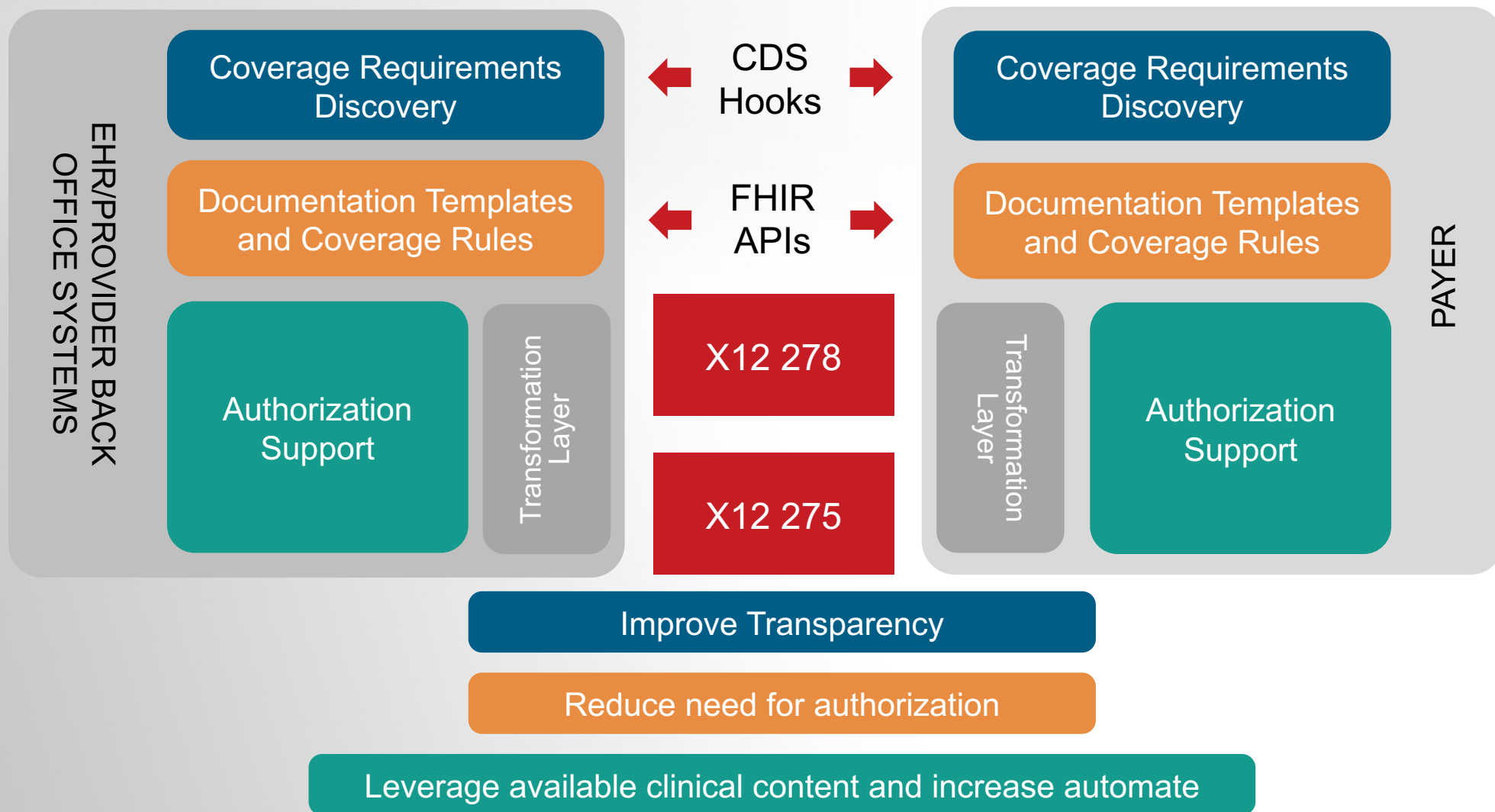
If authorization is required, then either (basic) send me to place to complete it, (better) queue it for staff, or (high trust, deep integration) enable payer partner investigate the medical record to find necessity or only ask for missing information

Authorization Support Abstraction/Transform for HIPAA Compliance



Clearing House or Integration Layer Out
of Scope Due to HIPAA Regulation
Requirements

Power to Reduce, Inform and Delegate Prior Authorization



Where Are We Going?

1. *Initial pilots and implementations of innovative Da Vinci-related standards to improve PA, driven by CMS leadership, will begin in earnest in late 2019.*
2. *As RTBC makes prospective ePA identification more possible beginning in 2020, this access to improved, trustworthy data will result in better understanding of patient-specific options at the point of prescribing, leading to reduced time to initial fill and therapy for patients.*
3. *Adoption by provider organizations of CDS-Hooks into clinical decision support will start to become commonplace by 2021, creating an environment for integration of PA guidelines and rules into workflow, and empowering the ability to create all-payer and multi-payer PA SMART on FHIR applications as the next wave of integrator solutions gradually replaces portal traffic.*
4. *The increase of HL7 FHIR adoption, adoption of Da Vinci use cases, and availability of pharmacy RTBC across intermediaries, EHR vendors, and providers will empower greater automation of the full PA from the EHR, leading to a significant increase in overall ePA adoption.*
5. *Within the next two years, a number of microsystems of payers and providers will enable a blockchain-based platform-of-truth in geographies with high coverage and payer variability to support trusted exchange for multiple purposes, including ePA.*

Thank You



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