

Prior Authorization Workflow to Standards Task Group Update

National Committee on Vital and Health Statistics
Subcommittee on Standards & Security
July 26, 2005

Philosophy

“ ... this is not an attempt to usurp the coverage decisions of the plans but an effort to streamline and standardize the mechanism for the activity.”

- NCPDP Prior Authorization Workflow-to-Transactions Task Group Member

Task Group Overview

- **Task Group Name:**
 - Prior Authorization Workflow-to-Transactions
- **Date Task Group Formed:**
 - November 18, 2004
- **Task Group Leader(s):**
 - Tony Schueth, MS; Ajit Dhavle, PharmD, MBA
- **Objectives:**
 - Promote standardized automated adjudication of prior authorization
 - Coordinate the further development and alignment of standards
 - Identify additional needed standards

Task Group Members

Bold = Active

Name	Company
Alan Smith	ProxyMed
Andy Fontalbert	ACS
Avi Erlich	Wellpoint
Barbara McKinnon	Point-of-Care Part.
Barbara Hollerung	State of Minn.
Brandon Brylawski, MD	DrFirst
Brian Bamberger	MediMedia
Carolyn Gingras, MS	Lifespan
Cody Wibert	State of Minn.
Colin Halloran	Express Scripts
Darlene Rocco, RPh	Excellus
Dean Rutherford, CPhT	Allscripts
Jason Gottlieb	ExpressScripts
Jeff Mays	MediMedia
John Klimek, RPh	Albertsons
Kathy Finley	Argus
Keith Faigin	EHIM
Lynne Gilbertson	NCPDP
Margaret Weiker	EDS

Name	Company
Michael Van Orum, RN, ,RPH	Am. Home Pt
Nancy Nemes	WebMD
Ned Hanson	HealthNet
Peter Kaufman, MD	DrFirst
Shelly Spiro, RPh	Consultant
Reid Coleman, MD	Lifespan
Richard Stefanicci	USIP
Rohit Nayak	MedPlus
Ross Martin, MD	Pfizer
Sandra Ebel	X12
Sherry Neuman	Consultant
Spencer Rylander	Lifespan
Stacey Barber	EDS, X12
Steve Waldren, MD	AAFP
Stuart Kersky, RPh	Walgreens
Sue Thompson	HL7, West VA
Terry Torgler	Argus
Teri Byrne	RxHub
Tim McNeil	RxHub 4

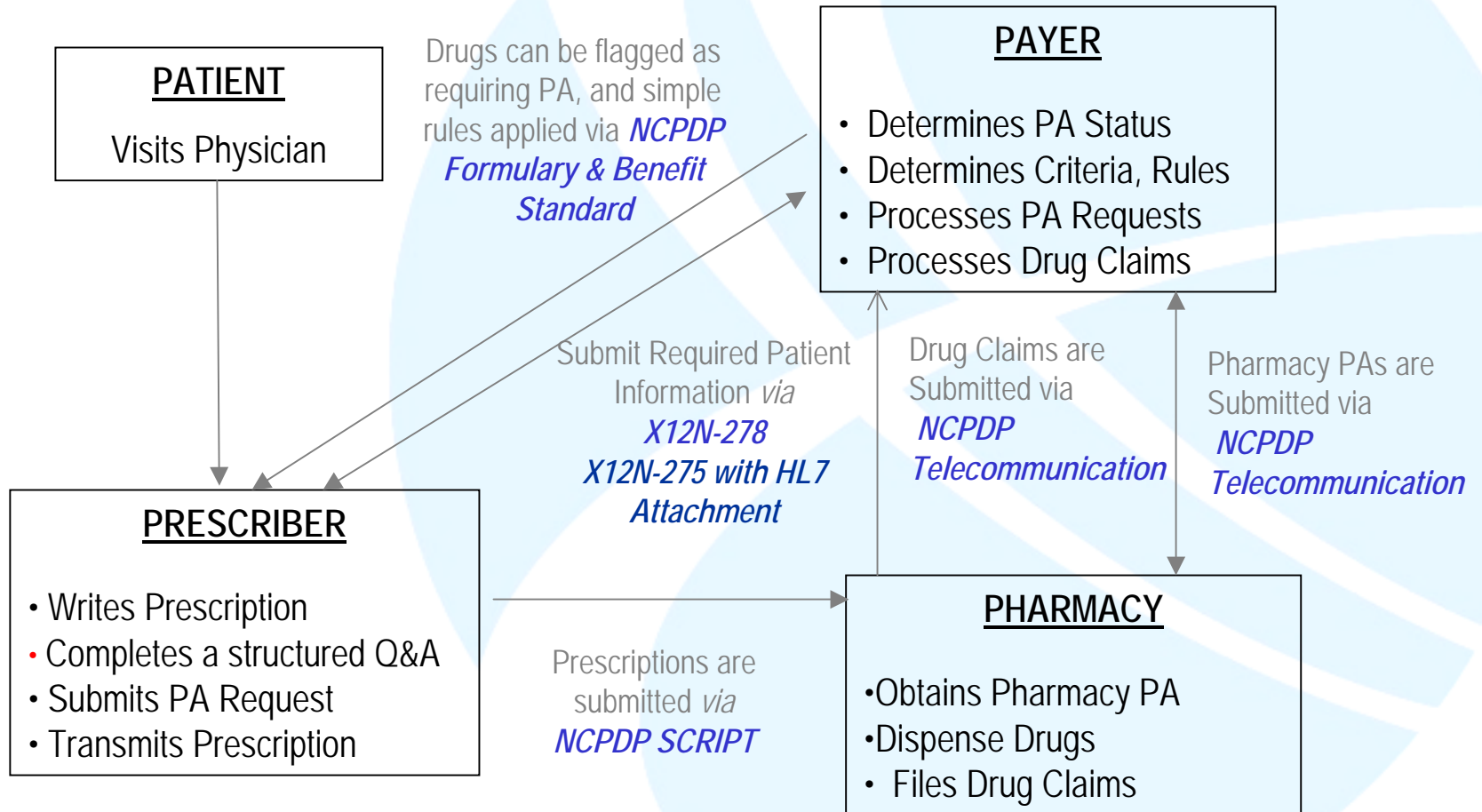
Task Group Meeting Dates

Date	Purpose
3/15/05	Discussing PA claims attachment
3/23/05	Do we have enough forms?
3/29/05	Kick-off analysis of PA forms
4/12/05	Update, reach out for more forms
4/19/05	Resolve open issues re: analysis
5/3/05	Form analysis progress, next steps
5/11/05	NCPDP Workgroup 11 Meeting
5/24/05	Data Normalization

Task Group Meeting Dates

Date	Purpose
5/31/05	Data Normalization Call
6/7/05	Data Normalization Call
6/14/05	Data Normalization Call
6/21/05	Data Normalization Call
6/28/05	Data Normalization Call
7/12/05	Data Normalization Call, AHRQ
7/19/05	Criteria Presentation Discussion

What is the proposed workflow?



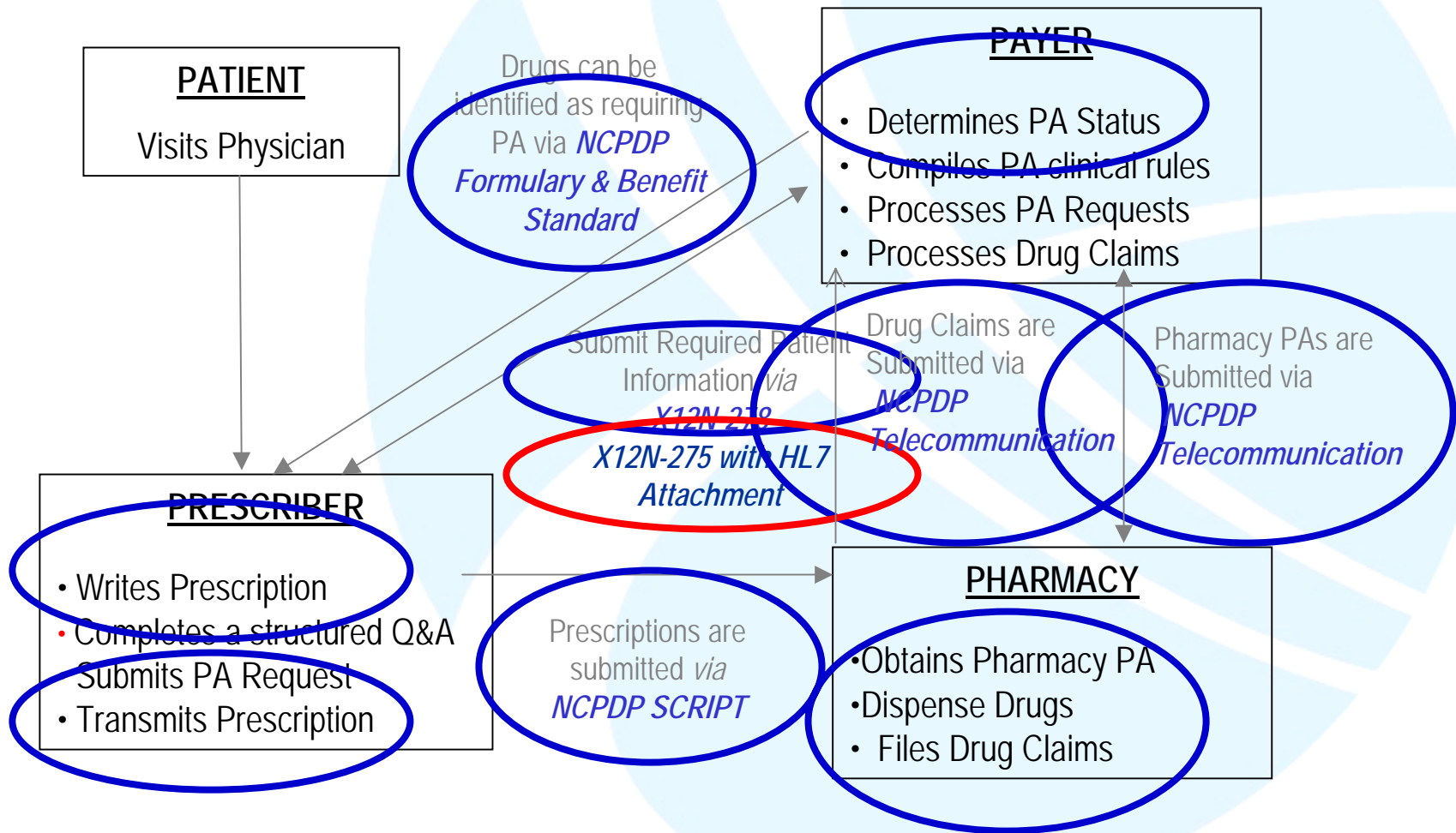
Task Group Decisions

- Analyze more plans in more therapeutic categories
- Complete analysis as close to plan intention as possible
 - By drug or therapeutic category, depending
 - Recorded decision tree
 - Logged information outside of drug, criteria/questions
- Normalize as a task group (vs sub-task group) but have asked the following to be sure and participate: MDs; RPh; plans; HL7, X12 experts
- Decided to have just one PA attachment
 - May use other attachments if additional information is needed (lab values)
- Drug- or therapeutic-level criteria to be transmitted in response to initial PA request

Task Group Accomplishments

- Drafted PA claims attachment
- Secured AHRQ funding to complete analysis of PA forms/rules
- Created database to record analysis of industry forms
- Analyzed 350 forms / 1,750 questions / 53 PBMs or plans
- Normalized data in the following therapeutic categories:
 - Erectile Dysfunction
 - Antihistamines
 - PPI
 - AntiFungals
 - Cox2s

What Will Be Ready for Pilot?



Clinical Decision Support/GELLO

- CDS/GELLO – Guideline Expression Language
- Used to construct complex queries, expressions, and formulae that enable end users to:
 - Embed GELLO language within existing legacy healthcare systems so that patient medical information and decision support alerts, guidelines, and reminders can be extracted, stored and forwarded to other locations.
 - Establish standard sets of queries, expressions, and formulae, in the form of clinical decision support rules, that can be utilized across multiple healthcare settings to ensure the patient information required to support a “prescription drug prior authorization” request is met.

Timeline

3Q05

4Q05

1Q06

2Q06

HL7

-PA Attachment

Convert data and
build info spec

Public
comment on
AIS booklet

AIS booklet
goes to
ballot

Adjudicate
ballot at 1/8 to
1/11 mtng

-GELLO Analysis

Submit Funding
Request

Analyze
syntax, ID gaps
in HL7 RIM

Dev Test Plan, Use
Cases, Request RIM
Modifications

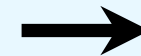
Code & Test Use
Cases, Distribute
Results

-GELLO Interfaces

Submit Funding
Request

ID Resources

Code & Test
Use Cases



Anticipated
completion 4Q06

X12N

-278

Public
comment
closes 7/22

Vote to
publication
9/25 to 9/30

-275

Public
comment

Take to
ballot

Open forum
and vote
2/5 to 2/10

NCPDP

- Form. & Benefits

Adjudicate
ballot 8/17
to 8/18

To Board of
Trustees
for approval

Submit to
ANSI

Next Steps

- Complete PA data normalization for therapeutic categories
- Put data into format required by HL7
- Complete harmonization of NCPDP & NMEH (Medicaid Attachment Workgroup)-defined requirements.
- Update the X12 278 and 275 workgroups and move the 275 to public comment and ballot
- HL7 development of the Additional Implementation Specification (AIS) booklet
- HL7 ballot of the AIS
- Long-term care needs to determine the impact of PA to them, and how to streamline their processes
- May need a face-to-face meeting

Problem List

- Code sets for drug allergies
- No code sets for outcomes for previous failed therapy
- Inconsistent classification system for PA
 - Some plans use therapeutic category, others drug, still others a generic form
 - Consensus is to encourage drug-specific criteria vs generic forms, but
- No industry consensus on therapeutic categories
- Insufficient standardized, structured way to present criteria, rules on clinical software systems

Issues to Resolve

- Home of PA questions/criteria superset.
 - Documentation/Implementation Guide needs to be developed
- What process will be used to keep criteria updated?
- How will new questions/criteria be added?
- Some plans may be comfortable with some rules being presented on clinical systems. How do we facilitate that?

What can HHS do to help?

- Central Information Code Set Repository
- Support development of GELLO
 - Additional funding to develop compiler and interfaces to different database