

Electronic Prior Authorization (ePA): Overcoming Barriers to Implementation

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Purpose

- Understand the framework of ePA
- Learn about the value of the new ePA transaction standards when compared to the current system
 - Significant opportunity to enhance ePrescribing and Prior Authorization (PA) workflows
- Hear about insights gained from a national pilot
- Become aware of the current landscape and the different approaches or phases of implementation
- Learn how you can help accelerate ePA adoption
 - Future: AMCP - currently developing Steering Committee to create a Managed Care ePA Implementation Guide

Agenda

- **Forms, Fax, Phones and Portals:** The impact of prior authorization (PA) today
- **The New Standard for Electronic Prior Authorization:** Improved workflow efficiency solution
- **Why Now:** The Drivers of Standardized Electronic Prior Authorization (ePA)

About AMCP

The Academy of Managed Care Pharmacy (AMCP) is a national professional association of pharmacists, health care practitioners and others who develop and provide clinical, educational and business management services on behalf of more than 200 million Americans covered by a managed pharmacy benefit. AMCP members are committed to a simple goal: providing the best available pharmaceutical care for all patients. Some of the tasks AMCP's more than 6,000 members perform include:

- Monitoring the safety and clinical effectiveness of new medications on the market
- Alerting patients to potentially dangerous drug interactions when a patient is taking two or more medications prescribed by different providers
- Designing and carrying out medication therapy management programs to ensure patients are taking medications that give them the best benefit to keep them healthy
- Creating incentives to control patients' out-of-pocket costs, including through lower copayments on generic drugs and certain preferred brands.

Mission: To empower its members to serve society by using sound medication management principles and strategies to improve health care for all.

About NCPDP

Founded in 1977, the National Council for Prescription Drug Programs (NCPDP) is a not-for-profit, ANSI-accredited, Standards Development Organization with over 1,600 members representing virtually every sector of the pharmacy services industry.

NCPDP members have created standards such as the Telecommunication Standard and Batch Standard, the SCRIPT Standard for e-Prescribing, the Manufacturers Rebate Standard and more to improve communication within the pharmacy industry.

Our data products include dataQ[®], a robust database of information on more than 76,000 pharmacies, and HCidea[®], a database of continually updated information on more than 2.3 million prescribers. NCPDP's RxReconn[®] is a legislative tracking product for real-time monitoring of pharmacy-related state and national legislative and regulatory activity. www.ncdp.org

Today's Speaker

Anita Murcko, MD, FACP – President and CEO of Cambiare, LLC

Dr. Anita Murcko is president and CEO of Cambiare, LLC and a clinical associate professor with more than 20 years of practice experience as an internal medicine physician. She has been formative in Arizona's health information exchange (HIE), e-prescribing and electronic health records (EHR) initiatives. She is a recent recipient of the American College of Physicians (ACP) Laureate Award, The Arizona Capital Times as a Leader of the Year in Public Policy for Healthcare and selected by the Arizona Business Magazine as a Health Care Leader of the Year in Public Policy for Healthcare finalist.

Most recently, Dr. Murcko provided clinical leadership for the Arizona Medical Information Exchange (AMIE) and the Purchasing & Assistance Collaborative for Electronic Health Records (PACeHR) as its Medical Director for Clinical Informatics & Provider Adoption.

Dr. Murcko received her MD from the University of Pittsburgh School of Medicine and completed her internal medicine residency at Indiana University.

Today's Speaker

Melissa Brown – Director of Benefits Messaging, Surescripts

Melissa Brown is a Product Director at Surescripts where she is responsible for Electronic Prior Authorization and other product offerings that leverage NCPDP Standards.

Melissa is an active member of NCPDP and has more than 19 years of experience with the development, launch and implementation of health care information technology products and services. Melissa has a Bachelor of Science Degree from the University of Wisconsin.

Today's Speaker

Tony Schueth – Leader, Prior Authorization Workflow-to-Transactions Task Group, NCPDP; CEO & Managing Partner, Point-of-Care Partners

Tony is leader for the NCPDP electronic prior authorization (ePA) workflow-to-transactions task group, a co-leader of the NCPDP Specialty ePrescribing task group, and is on the Academy of Managed Care Pharmacy HIT Advisory Council.

He is also CEO & managing partner of Point-of-Care Partners (POCP), a health information technology (HIT) strategy and management consulting firm specializing in the evolving world of electronic health records. A 25-year healthcare veteran, he is an expert in HIT, in general, and one of the nation's foremost experts in ePrescribing, ePrior Authorization and eMedication Management.

He has a master of science degree from Northwestern University in Evanston, Illinois and a bachelor of arts degree from Butler University in Indianapolis, Indiana.

Faculty Disclosures

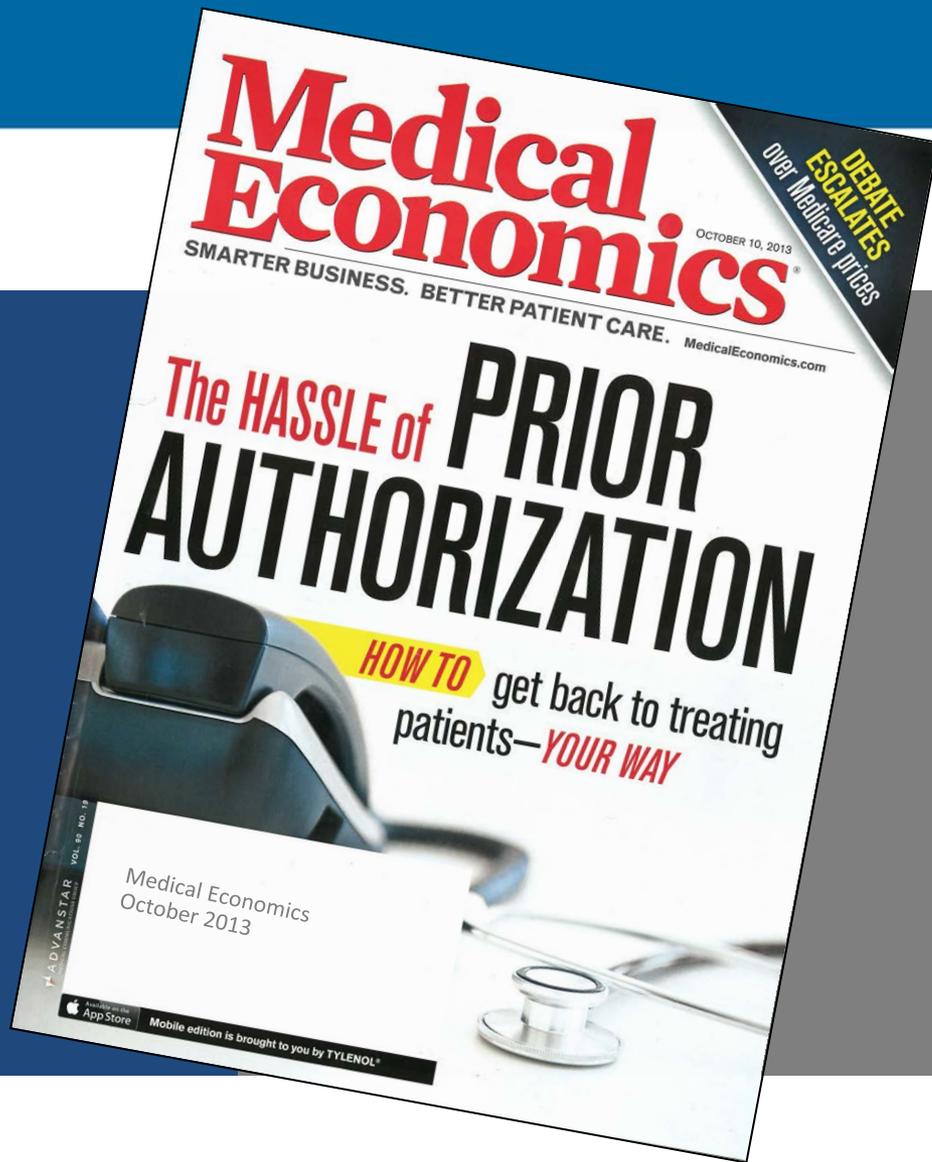
- Dr. Anita Murcko, Melissa Brown, and Tony Schueth, report no actual or potential conflicts of interest associated with this presentation

Forms, Fax, Phones and Portals

The impact of prior authorization (PA) today



Anita Murcko, MD, FACP



“It’s a nuisance, time-consuming, and often not in the patient’s best interest”

—George G. Ellis, Jr., MD Internal medicine physician & Medical Economics editorial advisor

How did we get here?

What is Prior Authorization?

Cost-savings feature that helps to ensure the safe and appropriate use of selected prescription drugs and medical procedures.

- Criteria based on clinical guidelines and medical literature
- PA drug list and criteria 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 Genotropin Humatrope Norditropin Nutropin Serostim Tev-Tropin Zorbtive Other _____
2. Is patient currently on Increlex? Yes No
3. If patient is on Increlex, will the Increlex 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 Neonatal hypoglycemia syndrome Growth failure due to chronic renal insufficiency Small for gestational age syndrome Idiopathic short stature Adult growth hormone deficiency Panhypopituitarism related wasting/cachexia Short bowel syndrome Short stature homeobox-containing gene (SHOX) syndrome Noonan syndrome Combination treatment with leuprolide in children with advancing puberty Congenital adrenal hyperplasia Russell-Silver syndrome Cerebral 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

PA Forms and Formats Differ by Plan and Drug

The image displays several overlapping forms used for Prior Authorization (PA). The forms include:

- ADHD Agents Quantity Limit Prior Authorization Form**: Includes fields for Drug Requested, Date, Patient Name, Prescribing Physician, and Office Fax #.
- Medicaid Preferred Drug Program Opioid Agents Prior Authorization Worksheet**: Includes instructions for requesting prior authorization via fax and fields for Enrollee Name and Enrollee Medicaid ID Number.
- Pharmacy Request for Prior Approval Narcotic Analgesic**: Includes Recipient Information (Name, ID, Gender, Date of Birth) and Prescriber Information (Name, DEA #, Contact Info).
- Provider Help Desk**: A form for requesting assistance with the PA process.
- REQUEST FOR PRIOR AUTHORIZATION MUSCLE RELAXANTS**: A detailed form with sections for Patient Information, Prescriber Information, and Clinical Information. It includes a list of preferred and non-preferred muscle relaxants and dosage instructions.
- PRIOR AUTHORIZATION REQUEST FORM**: A form with sections for Patient Information, Drug Information, and Clinical Information. It includes a list of questions (Q1-Q6) to be answered by the prescriber.



manual completion and submission is burdensome

Manual Prior Authorization Impacts Everyone



- At pharmacy patient and pharmacist learn prior authorization (PA) needed
- Pharmacist phones or faxes prescriber to request PA initiation
- Provider and pharmacy benefit manager (PBM) exchange multiple calls, faxes, portal forms
- After waiting days—or even weeks—and more calls PA obtained and patient notified

Prior Authorization: Measurable Burden

“On average, physicians spent more time dealing with [drug PAs] than any other interaction”

HealthAffairs

May 2009

“What Does It Cost Physician Practices To Interact With Health Insurance Plans?”

Prior Authorization Impact on Prescribers

“Interactions with health plans cost practices
\$23 to \$31 billion
yearly”

3 - 8 hours
Per physician
each week¹

\$ Thousands
Per physician
each year¹

1. Health Affairs, Volume 28 No4 w533. July/August 2009: “What Does it Cost Physician Practices to Interact with Health Plans?” Lawrence P. Casalino, et al.

Prior Authorization Impact on PBMs

90%
OF PA REQUESTS
REQUIRE
PHONE OR FAX¹

**OPERATIONAL
INEFFICIENCY**
\$20 -25
PER SUBMISSION
TO PBM²

91%
OF PHYSICIANS ARE
“FRUSTRATED
WITH PAs”³
PHYSICIAN ABRASION
**DAMAGED
REPUTATION**⁴
PATIENT COMPLAINTS

1. Managed Healthcare Executive, 2009, *Manage Medical Advances with Automated Prior Authorization*, D. Moeller
2. American Journal of Managed Care, *A Physician-Friendly Alternative to Prior Authorization for Prescription Drugs*, Published Online, Dec. 2009
3. National Council for Prescription Drug Programs (NCPDP) ePA Task Group, December 2011
4. HealthCare Payer News, *Streamlining Pre-authorizations to Prevent Physician Abrasion*, Feb. 2013

Prior Authorization Impact on Pharmacy



- **\$11,440** cost per pharmacist per year¹
- **4 hours median time** spent on PAs per week

1 Krieger, Leah (2011, Spring). *Prescription for Prior Authorizations: A Better Way*. Retrieved March 2014, from <http://www.policymattersjournal.org/krieger.html>.

PA Impacts Patient Wait Times for Medicine



“My doctor increased the dose from 2mg to 4mg. I went to pick up my new script only to find out my insurance requires a Prior Auth. So I can’t pick up my script until this is settled and I am out of meds.” – *Patient, Online Forum*

Quote from <http://www.crazymeds.us/CrazyTalk/index.php/topic/16320-abilify-pre-authorization-cant-get-script/>

Streamlining Prior Authorization is a Top Priority for Providers

#1

Most desired e-prescribing capability is ePA¹

91%

Frustrated with prior authorization²

28%

Would switch EHR vendor for ePA³

1 NCPDP ePA Task Group, 2011

2 Surescripts Survey (n = 2,391) http://www.ncdp.org/pdf/NCPDePATaskGroup_WhereHaveWeBeen_%20Final121511.pdf

3 Surescripts Survey (n=123)

Gaps in Current PA Activities

- **Prescriber often not aware that prescribed drug requires PA**
- **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**

The New Standard for Electronic Prior Authorization

Improved workflow efficiency solution



Melissa Brown

NCPDP SCRIPT Standards for ePrescribing

- **Formulary, benefit, eligibility capabilities**

- exchange between prescribers and payers for pharmacy benefits

- **Prescription routing and medication history capabilities**

- exchange between prescribers, pharmacies, intermediaries, payers

NEW

- **Electronic prior authorization capabilities**

- exchange between prescribers and payers for pharmacy benefits

NCPDP SCRIPT Standard for Electronic Prior Authorization (ePA) Transactions

- Officially approved as part of the NCPDP SCRIPT Standard in July 2013



Physician EHR



PBM



Reducing
administrative burden



Increasing
workflow efficiency

NCPDP SCRIPT Standard ePA transactions were Successfully Pilot Tested



Pilot supported by industry leading companies

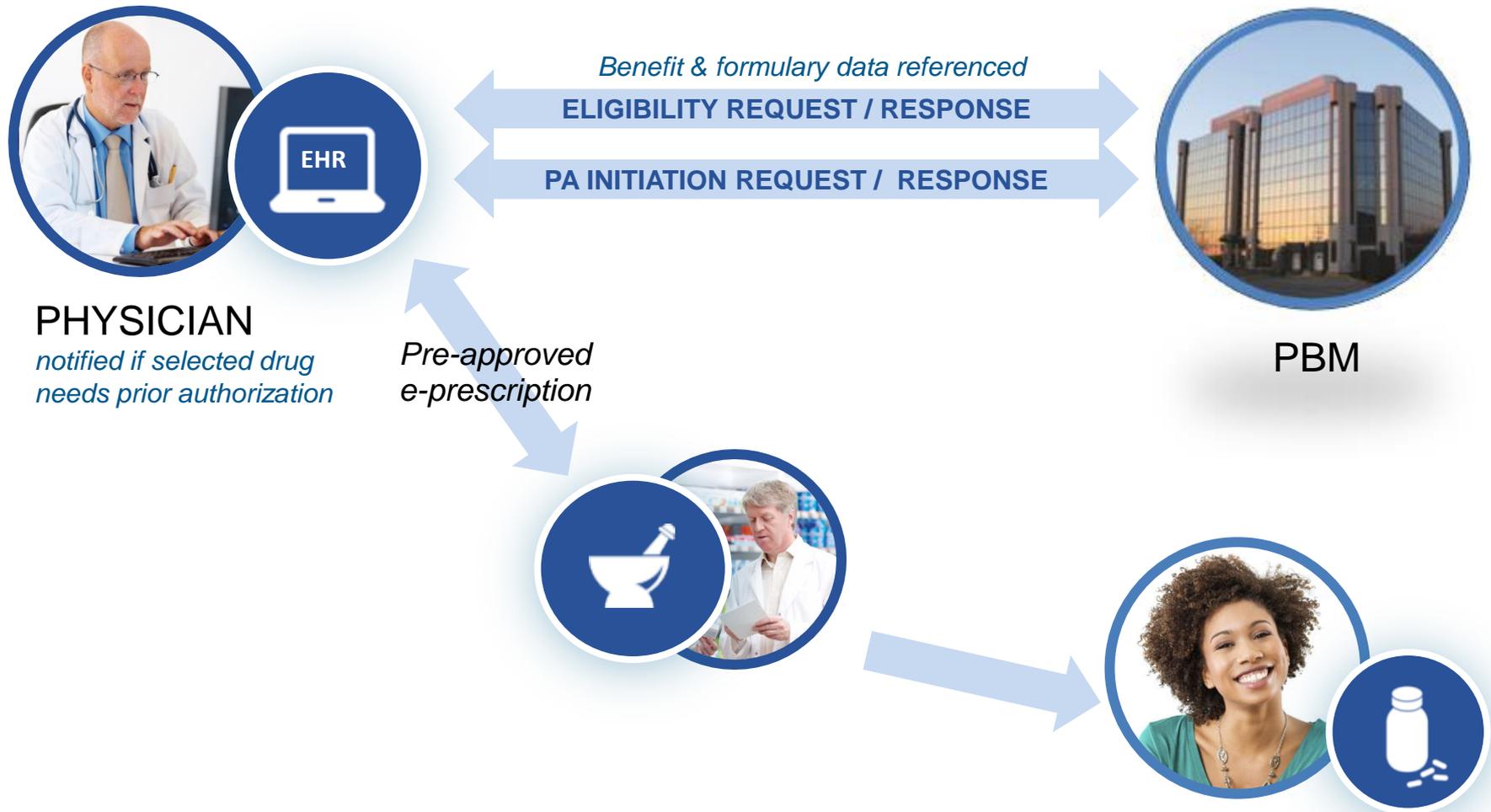
- Allscripts
- CVS Caremark
- Navinet/CoverMyMeds
- Surescripts

NCPDP SCRIPT Standard transactions

Enables Options for ePrior Authorization Workflow

- **Prospective** workflow initiated at prescriber level ***before*** sending e-prescription to pharmacy
 - Physician identifies drugs requiring a PA before prescription is sent
- **Retrospective** workflow initiated at pharmacy ***after*** prescriptions is sent and rejected by PBM

Prospective ePA Implementation Approves PA Before RX is Sent



Prospective ePA Integration Within the eRx Workflow - New Best Practice

- Leverages eligibility & formulary data to **notify providers of medication PA requirements before e-prescribing**
- Instead of forms, **specific PA questions are sent to the EHR**, based on patient, plan, and medication
- **Pre-population** of required patient information adds efficiency and accuracy to administrative tasks
- Real-time communications with PBM to complete **prior authorization review before sending e-prescription**
- **Preapproved e-prescriptions** routed to pharmacy and won't be subject to PA block

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

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

ePA Implementations Vary

Capabilities	Prescriber Portals	PBM/Payer Portals	Fully Integrated into EHR
Integrated into physician EHR workflow			✓
Prospective workflow capabilities			✓
Retrospective workflow capability	✓	✓	✓
Integrated into the e-prescribing workflow			✓
Automatically pull patient medical history from EHR into PA question sets			✓
Broad connections to several PBMs/Payers	✓		✓
Bi-directional network of PBM/Payers and Providers/EHRs	✓	✓	✓

E-Prescribing Using Electronic Prior Authorization: Prescriber Perspective

EMR Example



Anita Murcko, MD, FACP

1. Prescriber initiates new prescription within EMR workflow and is notified that a PA is required

Allscripts Patient: Doe, Jane Gender, DOB: F, 07/02/1944 (69 Y) Patient ID: AHS93 JS Family Practice Change
Active allergies: None entered John Smith, MD Edit
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 ...

message | community | help | logout

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

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

Back Add to Script Pad Add & Review Review Script Pad

<input checked="" type="checkbox"/>	Medication And Sig	Quantity	DAW	Refills	Days
<input checked="" type="checkbox"/>	☹️ 💰 drugname , 100MG CAP, TAKE 1 CAPSULE DAILY	90	<input type="checkbox"/>	3	90

Formulary Alternatives No Alternatives

Formulary Notes No Formulary Notes Available

Coverage & Co-pay Coverage Limits: Prior authorization required.

Prospective PA request complements e-prescribing workflow

2. Prescriber finalizes prescription and initiates ePA task

JS Family Practice Change
John Smith, MD Edit

Wolters Kluwer Search

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.

3. PBM/Payer returns PA question sets within the EMR

The screenshot displays an EMR interface with a patient record and a task list. The patient information includes: Patient: [No Patient Selected], Gender, DOB, Patient ID, and JS Family Practice Changs John Smith, MD Edr. The interface features 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), along with a 'Show tasks for:' dropdown set to 'All Providers'. A 'Help With This Screen' button is also visible. The main content area shows 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	ePA Ready	Send to Pharmacy

4. PA questions presented in logical, sequential flow

The screenshot displays a clinical software interface with a central modal window titled "ABC HEALTH PLAN". The modal contains the following information:

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

The main question in the modal 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
- No

At the bottom right of the modal are four buttons: "Next", "Cancel", "Start Over", and "Save & Finish Later".

The background interface shows a patient selection area with "Patient: [No Patient Selected]", "Gender, DOB:", and "Patient ID:". On the left, there are tabs for "Allscripts", "Patients", and "Tasks (1)". On the right, there are navigation icons for "message", "community", "help", and "logout", along with a search bar.

5. Prescriber answers questions following the criteria path

The screenshot displays a medical software interface with a central questionnaire window. The background interface includes a top navigation bar with fields for Patient, Gender, DOB, and Patient ID. On the left, there are tabs for 'Patients' and 'Tasks (1)', with sub-tabs for 'My Tasks', 'Site Tasks', and 'Assist'. A 'PROCESS TASK' button is visible. On the right, there are icons for 'message', 'community', 'help', and 'logout', along with a search bar and a 'This Screen' button.

ABC HEALTH PLAN

Expiration Date: 12/31/2199
Contact: (800) 294-4597

Patient Name: Doe, Jane
drugname

3 / 13

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

No

Next

Cancel

Start Over

Save & Finish Later

6. Additional questions reviewed and completed with ease

The screenshot displays a medical software interface with a central modal window. The modal window is titled "ABC HEALTH PLAN" and contains the following text: "Patient Name: Doe, Jane", "drugname", "Expiration Date: 12/31/2199", and "Contact: (800) 294-4597". Below this text is a question: "Will the lowest effective dose of drugname be used for the shortest amount of time necessary to treat the patient's condition?". The question is followed by two radio button options: "Yes" and "No". At the bottom right of the modal window, there are four buttons: "Next", "Cancel", "Start Over", and "Save & Finish Later".

The background interface includes a top navigation bar with "Patient: [No Patient Selected]", "Gender, DOB:", and "Patient ID:". On the left side, there are tabs for "Patients" and "Tasks (1)", with sub-tabs for "My Tasks", "Site Tasks", and "Assist". Below these is a "PROCESS TASK" button and a table with columns "Patient" and "Prescriber", containing the entry "Doe, Jane" and "Smith, John". On the right side, there is a search bar with "Walters Klawer" and a "Search" button, and a "Log Out" button.

7. Additional questions...reviewed and completed

The screenshot displays a medical software interface. At the top, patient information is shown: Patient: [No Patient Selected], Gender, DOB, and Patient ID. The user is identified as John Smith, MD. A central pop-up window titled "ABC HEALTH PLAN" contains the following details:

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

The main question in the pop-up is: "Is the patient being treated for post-operative pain following CABG surgery?". Below the question are two radio button options: "Yes" and "No". At the bottom right of the pop-up are four buttons: "Next", "Cancel", "Start Over", and "Save & Finish Later".

The background interface includes a left sidebar with "Allscripts" and "Tasks (1)" sections. A table at the bottom shows patient and prescriber information:

Patient	Prescriber
<input type="radio"/> Doe, Jane	Smith, John

8. Additional questions...reviewed and completed

The screenshot displays a medical software interface. At the top, patient information is shown: Patient: [No Patient Selected], Gender, DOB, Patient ID, and JS Family Practice Changs John Smith, MD Ed. The left sidebar contains navigation options like 'Allscripts', 'Patients', and 'Tasks (1)'. A central pop-up window titled 'ABC HEALTH PLAN' is open, showing patient details: Patient Name: Doe, Jane; drugname; Expiration Date: 12/31/2199; Contact: (800) 294-4597. The main question in the pop-up is 'Does the patient have a diagnosis of juvenile rheumatoid arthritis (JRA), also referred to as juvenile idiopathic arthritis (JIA)?'. Below the question are two radio button options: 'Yes' and 'No'. At the bottom right of the pop-up are four buttons: 'Next', 'Cancel', 'Start Over', and 'Save & Finish Later'. The background interface shows a table with columns for 'Patient' and 'Prescriber', with one row containing 'Doe, Jane' and 'Smith, John'.

9. Additional questions...reviewed and completed

The screenshot displays a medical software interface. At the top, patient information is shown: Patient: [No Patient Selected], Gender, DOB, and Patient ID. The user is identified as John Smith, MD. A sidebar on the left contains navigation options like 'Allscripts', 'Patients', and 'Tasks (1)'. A central pop-up window titled 'ABC HEALTH PLAN' is open, showing 'Patient Name: Doe, Jane' and 'Expiration Date: 12/31/2199'. The main question in the pop-up is 'Does the patient have a diagnosis of primary dysmenorrhea?' with radio buttons for 'Yes' and 'No'. A progress indicator shows '7 / 13'. At the bottom of the pop-up are buttons for 'Next', 'Cancel', 'Start Over', and 'Save & Finish Later'. The background interface shows a table with columns for 'Patient' and 'Prescriber', with 'Doe, Jane' and 'Smith, John' listed.

10. Additional questions...reviewed and completed

The screenshot displays a medical software interface with a central dialog box titled "ABC HEALTH PLAN". The dialog contains the following information:

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

A question is posed: "Does the patient have a diagnosis of osteoarthritis?" with a progress indicator "8 / 13". Below the question are two radio button options:

- Yes
- No

At the bottom of the dialog, there are four buttons: "Next", "Cancel", "Start Over", and "Save & Finish Later".

The background interface includes a top navigation bar with "Patient: [No Patient Selected]", "Gender, DOB:", and "Patient ID:". On the left, there are tabs for "Allscripts", "Patients", and "Tasks (1)", with sub-tasks "My Tasks", "Site Tasks", and "Assist". A "PROCESS TASK" button is visible. On the right, there is a user profile for "JS Family Practice Changs John Smith, MD Edit" with icons for "message", "community", "help", and "logout". A search bar for "Wolters Kluwer" is also present.

11. Additional questions...reviewed and completed

The screenshot displays a medical software interface with a central dialog box titled "ABC HEALTH PLAN". The dialog contains the following information:

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

A question is posed: "Is the patient taking daily aspirin (ASA) therapy?" with a progress indicator "11 / 13". Below the question are two radio button options:

- Yes
- No

At the bottom right of the dialog, there are four buttons: "Next", "Cancel", "Start Over", and "Save & Finish Later".

The background interface includes a top navigation bar with "Patient: [No Patient Selected]", "Gender, DOB:", and "Patient ID:". On the left, there are sections for "Allscripts", "Active allergies:", "Active problems:", "Active medications:", "Retail pharmacy:", and "Mail Order Pharmacy:". Below these are "Patients" and "Tasks (1)" tabs, with sub-tasks "My Tasks", "Site Tasks", and "Assist". A "PROCESS TASK" button is visible. A table below shows "Patient" and "Prescriber" columns with entries "Doe, Jane" and "Smith, John". On the right, there is a user profile for "JS Family Practice Changes" by "John Smith, MD Edit", along with icons for "message", "community", "help", and "logout". A search bar for "Wolters Kluwer" and a "Search" button are also present.

12. Additional questions...reviewed and completed

The screenshot shows a clinical software interface with a central form titled "ABC HEALTH PLAN". The form contains the following information:

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

A question is displayed in a box: "Is the patient at risk of an NSAID-related gastrointestinal (GI) adverse event (e.g., an NSAID associated gastric ulcer or gastrointestinal bleeding)?"

Below the question are two radio button options:

- Yes
- No

At the bottom right of the form are four buttons: "Next", "Cancel", "Start Over", and "Save & Finish Later".

The background interface includes a top navigation bar with "Patient: [No Patient Selected]", "Gender, DOB:", and "Patient ID:". On the left, there are tabs for "Patients" and "Tasks (1)", with sub-tabs for "My Tasks", "Site Tasks", and "Assist". A table below the tasks shows a patient named "Doe, Jane" with a prescriber "Smith, John". On the right, there is a search bar and a "This Screen" button.

13. Can review answers and attach supporting documents

The screenshot displays a medical software interface with a central task review window. The window title is "ABC HEALTH PLAN". At the top left of the window, it says "Patient Name: Doe, Jane" and "drugname". At the top right, it shows "Expiration Date: 12/31/2199" and "Priority: Not Urgent". Below this is a text input field labeled "Review your answers:". To the right of this field are buttons for "Browse..." (with "No file selected." below it) and "Attach" (with "12 MB Max" below it). Below the input field is a table with three columns: "Question", "Answers", and "Comments". The table contains four rows of data. Below the table are three buttons: "Submit", "Start Over", and "Return to Task List".

ABC HEALTH PLAN

Patient Name: Doe, Jane
drugname

Expiration Date: 12/31/2199
Priority: Not Urgent

Review your answers:

Add Attachments (.pdf, .jpg, .tiff)
Browse... No file selected.
Attach 12 MB Max

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	

Submit
Start Over
Return to Task List

14. After final review, prescriber submits

The screenshot displays a medical software interface with a central task completion window. The window title is "ABC HEALTH PLAN". At the top, it shows "Patient Name: Doe, Jane" and "drugname". To the right, it indicates "Expiration Date: 12/31/2199" and "Priority: Not Urgent". Below this is a text input field labeled "Review your answers:". To the right of this field is an "Add Attachments (.pdf, .jpg, .tiff)" section with a "Browse..." button (labeled "No file selected.") and an "Attach" button (labeled "12 MB Max"). At the bottom of the window are three buttons: "Submit", "Start Over", and "Return to Task List".

The background interface includes a top navigation bar with "Patient: [No Patient Selected]", "Gender, DOB:", and "Patient ID:". On the left, there are tabs for "Patients" and "Tasks (1)", with sub-tabs for "My Tasks", "Site Tasks", and "Assist". A "PROCESS TASK" button is visible. Below this is a table with columns "Patient" and "Prescriber":

Patient	Prescriber
Doe, Jane	Smith, John

On the right side of the interface, there are icons for "message", "community", "help", and "logout", along with a search bar and a "Wolters Kluwer" logo.

15. ePA approved by PBM/Payer and prescription ready to send to the pharmacy

The screenshot displays a medical software interface. At the top, there are fields for Patient, Gender, and Patient ID. Below these are sections for Allscripts, Active allergies, Active problems, Active medications, Retail pharmacy, and Mail Order Pharmacy. A navigation bar includes Patients, Tasks (1), Library, Reports, Settings, Tools, and My eRx. A sub-navigation bar shows My Tasks, Site Tasks, Assistant's Tasks (0), and ePA Tasks (1). A dropdown menu for 'Show tasks for:' is set to 'All Providers'. A 'PROCESS TASK' button is visible. Below this is 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	ePA Approved	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' link is also present.

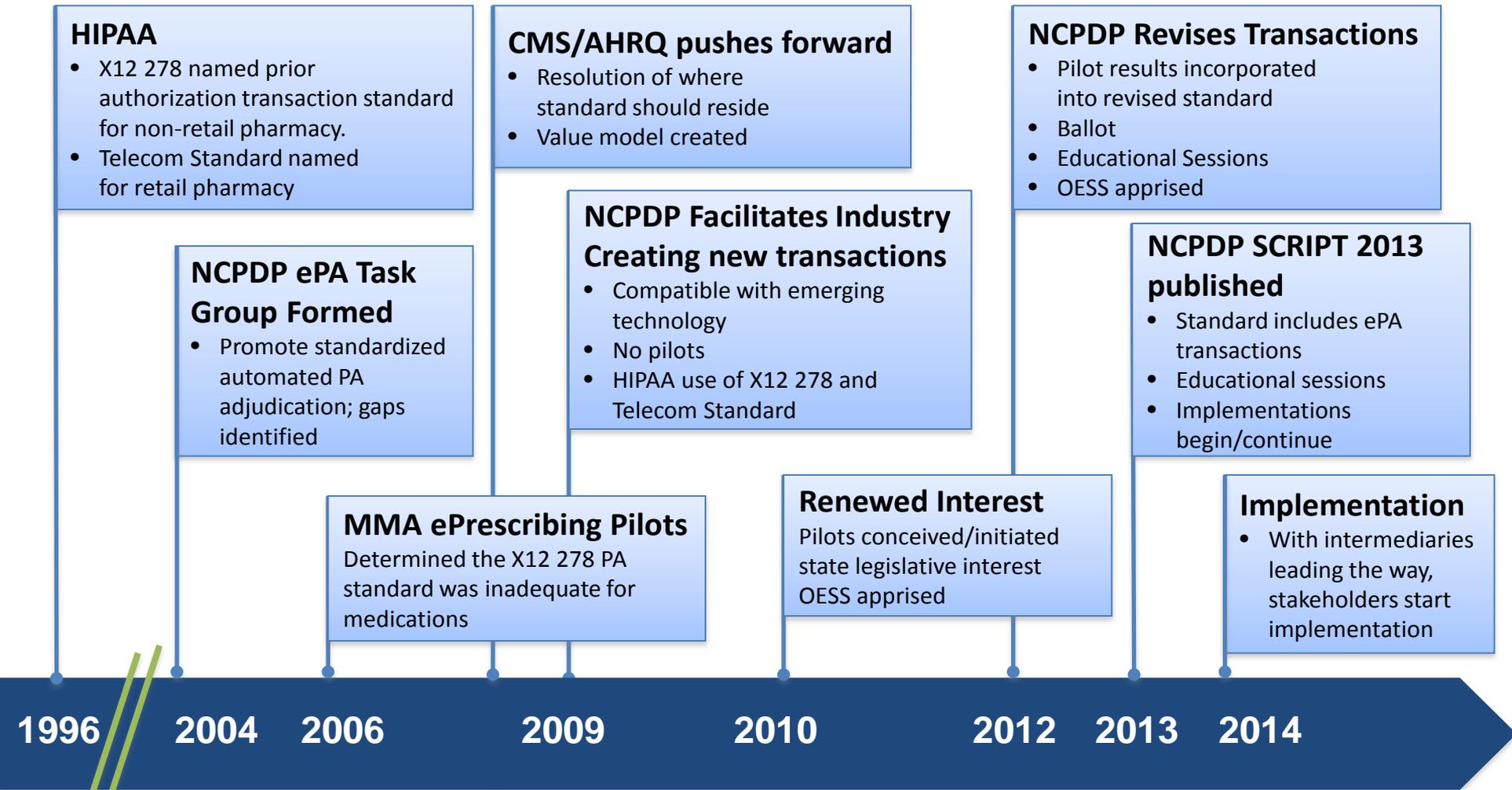
Why Now:

The Drivers of Standardized Electronic Prior Authorization (ePA)



Tony Schueth, MS

Electronic Prior Authorization (ePA) History



Stakeholders Involved in the New Electronic Prior Authorization Standard

Standards

NCPDP

- 2013 SCRIPT Standard adds ePA transactions, after 18 years work.
- Task group continues to evaluate SCRIPT Standard improvements

DSMO - Designated Standard Maintenance Organization

- Recommended NCPDP SCRIPT Standard transactions be adopted nationally for ePA

Regulatory

CMS – Centers for Medicare & Medicaid Services

OESS - Office of E-Health Standards & Services

AHRQ – Agency for Healthcare Research & Quality

NCVHS – National Committee on Vital and Health Statistics

State Legislatures

Industry

PBMs/Payers & EHRs

- Many are adopting the NCPDP SCRIPT Standard and will begin transacting by summer 2014

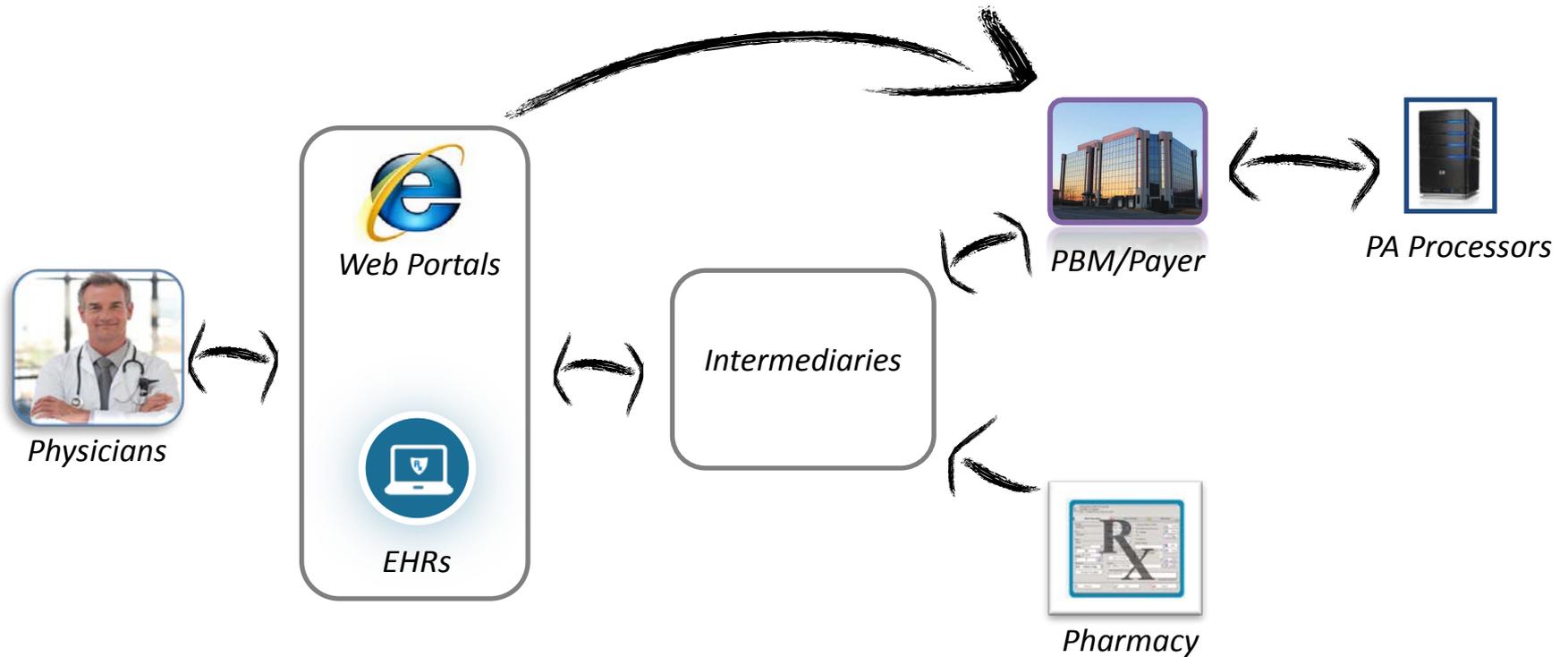
ePA Pilot

- Allscripts, Caremark, CoverMyMeds, Navinet and Surescripts collaborated on a successful 2 year ePA pilot

HIT Networks

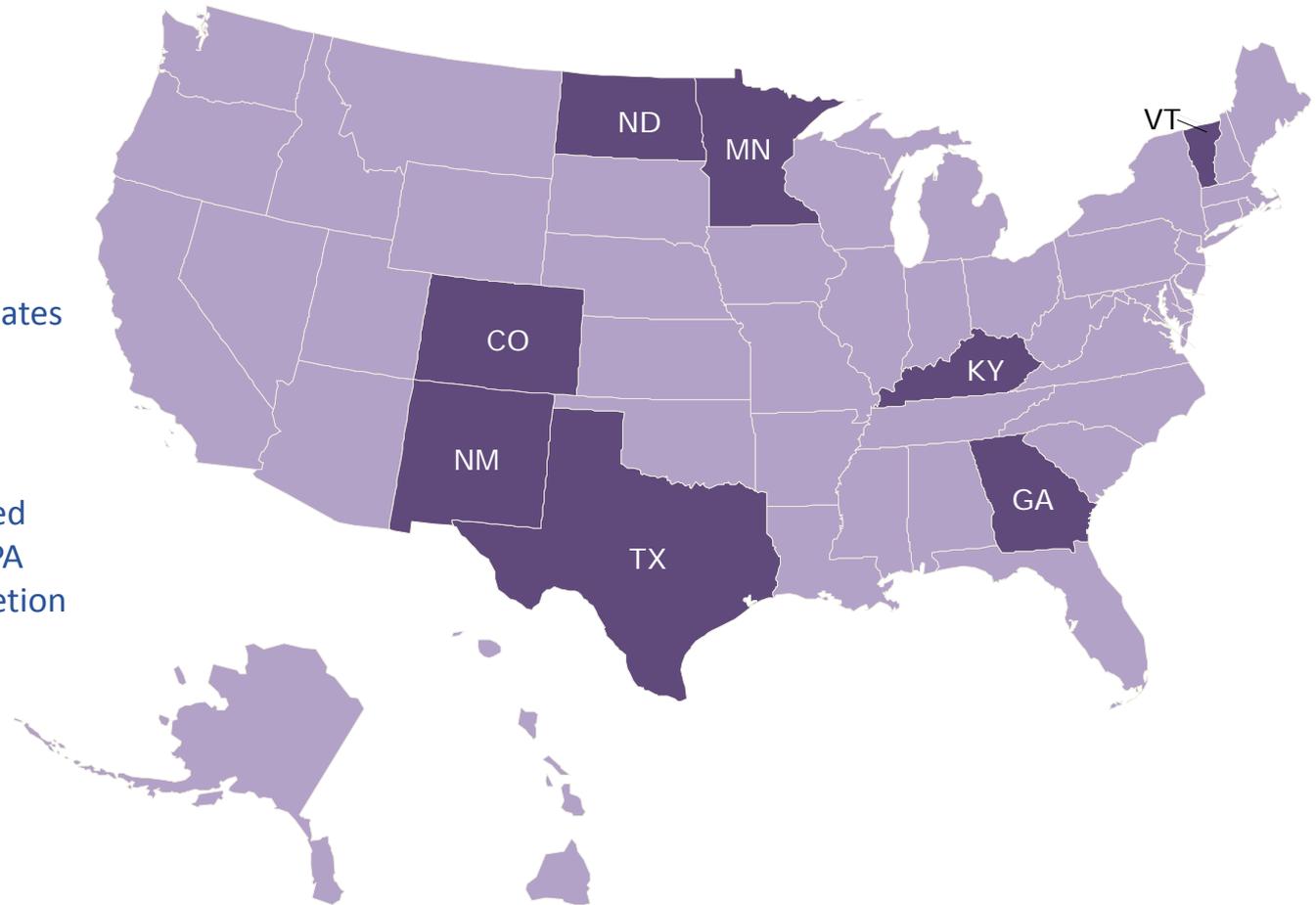
<https://www.ncdp.org/NCPDP/media/pdf/NCPDP-NCVHS-20140219-Panel4.pdf>

Current Landscape



States Requiring ePA for Medications

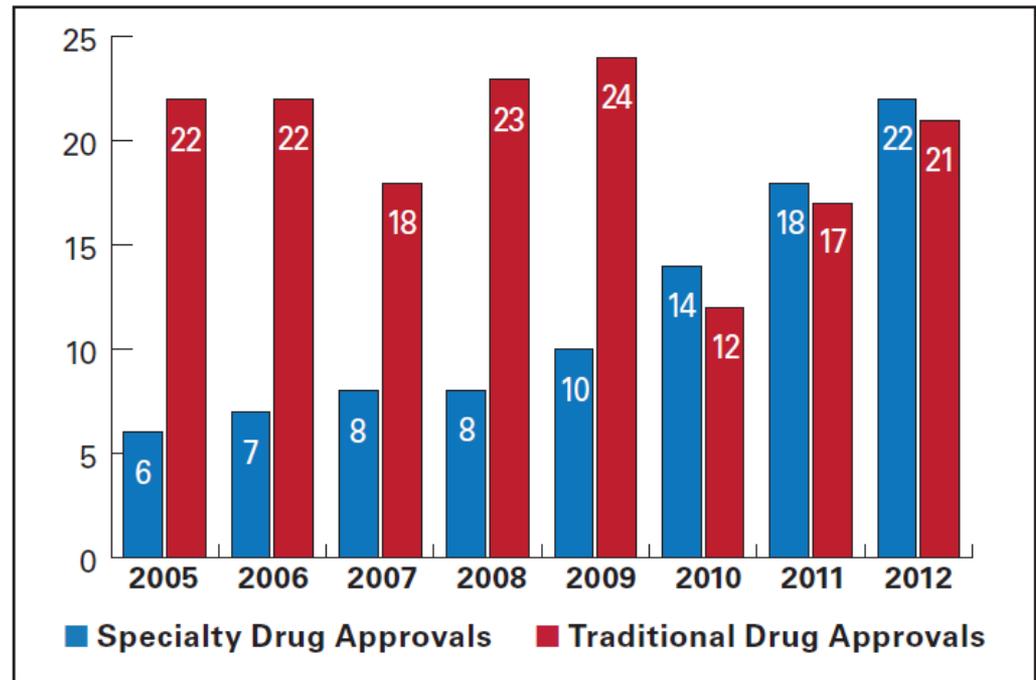
- Eight states have mandates for some type of ePA
- Other states require uniform PA forms
- Numerous states drafted study laws, planning ePA mandates upon completion



Drug Pipeline: Specialty medications are a growing segment of the nation's drug spend

- More than 50% of the drugs in the pipeline are considered specialty medications, many of which require PA
- Recent studies project that specialty drug spending will increase 67% by 2015 and nearly half of all prescription drug sales will be for specialty medications by 2016

FDA Traditional & Specialty Drug Approvals, 2005-2012

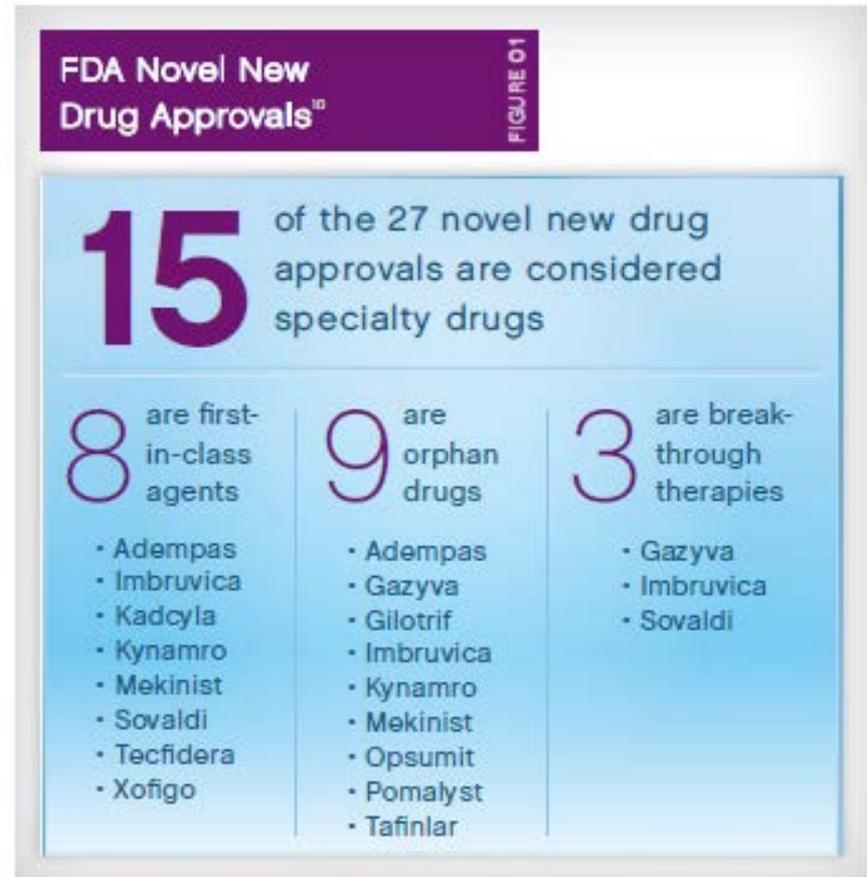


Source: Medical Cost Trend: Behind the Numbers 2014,"PricewaterhouseCoopers Health Research Institute. June 2013. Figure 6.

Specialty Medications Continue to Grow

Drivers include:

- Growing elderly population
- Growing population of patients with chronic conditions



Source: Catamaran Drug Trend Report, 2013

Where is ePA Going?

Better identification of drugs that require PA

- Enhance input into F&B file
- Is it time for a pre-adjudication transaction?

Effort to standardize the pharmacy claims rejection process

- Need to keep pharmacy in the loop

Improved process for long-term care

Consideration of pharmacy- or hub-initiated standardized process

What You Can Do To Accelerate ePA Adoption

- Spread awareness about new SCRIPT Standard for electronic prior authorization and its value
- Learn more about ePA
 - www.NCPDP.org
- Prioritize the ePA SCRIPT Standard within your organization or the EHR, PBM, health plans or pharmacy information networks over which you might have an influence
- Educate your legislators about this ePA standard and improved care opportunities

In Conclusion

The time is right for standardized electronic prior authorization

- Standards have been developed and are being implemented
- States have mandated the process
- The drug pipeline is dominated by specialty

Innovative PBMs and Health Plans have built workflow automation solutions

- Transactions standards and intermediaries facilitate interoperability with EHRs, whose role is optimization of the physician workflow

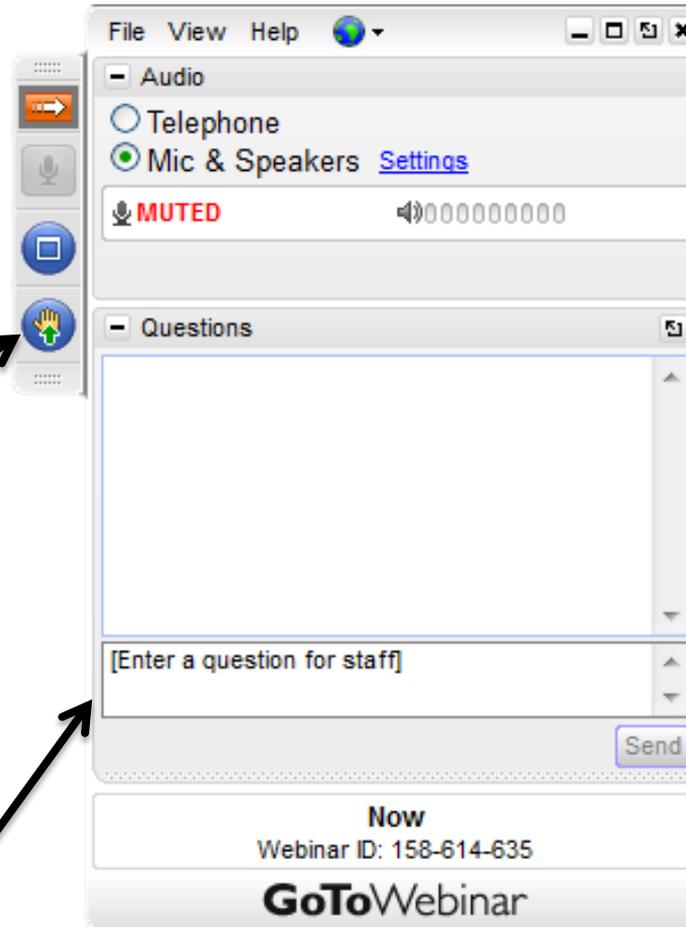
While the “train has left the station,” the industry is at the early stages of ePA evolution

- Some key stakeholders have yet to provide solutions
- Gaps need to be filled and key stakeholder groups need to be factored into standards

Questions and Answers

Raise your hand to ask verbally

Or, type your question in the 'Questions' area (preferred)



Slide & Recording Information

A link to the recording and option to download the slides will be emailed to all registrants within 1 week and will also be available on the AMCP Website.

To contact AMCP Please email:

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