

Electronic Prior Authorization Initiatives at the Point of Care: Moving the Industry Forward

Friday, April 20th from 11:45am to 12:45am

Marc Nyarko, Humana

Bruce Wilkinson, CVS Caremark

Roger Pinsonneault, RPh, RelayHealth

Tony Schueth, Point-of-Care Partners



Academy of
Managed Care
Pharmacy®

Agenda

- **Electronic Prior Authorization: An Overview**
 - Landscape
 - History
 - Current Status
- **The Health Plan Perspective: Humana's Journey**
- **CVS Caremark: A Real-World Example – ePA in the ePrescribing Process**
- **The Intermediary Perspective: RelayHealth's Practical Approach**

Electronic Prior Authorization: An Overview

Electronic Prior Authorization Initiatives at the Point of Care: Moving the Industry Forward

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

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: [REDACTED]	Physician Name: [REDACTED]
Patient ID#: [REDACTED]	Physician Phone: [REDACTED]
Patient Date of Birth: [REDACTED]	Physician Fax: [REDACTED]

1. What drug is being prescribed? ☐ Genotropin ☐ Humatrope ☐ Norditropin ☐ Nutropin ☐ Nutropin AQ
☐ Omnitrope ☐ Saizen ☐ 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 ☐ Nutritional Support ☐ Nephrology ☐ Infectious Disease ☐ Other _____
6. What is the diagnosis? ☐ Pediatric growth hormone deficiency ☐ Neonatal hypoglycemia ☐ Turner syndrome ☐ Growth failure due to chronic renal insufficiency ☐ Small for gestational age ☐ Prader-Willi syndrome ☐ Idiopathic short stature ☐ Adult growth hormone deficiency ☐ Panhypopituitarism ☐ HIV-related wasting/cachexia ☐ Short bowel syndrome ☐ Short stature homeobox-containing gene deficiency (SHOXD) ☐ Noonan syndrome ☐ Combination treatment with leuprolide in children with growth failure and advancing puberty ☐ Congenital adrenal hyperplasia ☐ Russell-Silver syndrome ☐ Cerebral palsy ☐ 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* ☐ Yes ☐ No

Defining Electronic Prior Authorization (ePA): Real-time request and response



- ePA allows the provider to electronically request a PA question set, return the answers to the payer and receive a real-time response
 - Can utilize a network or direct connection to enable bi-directional communications
 - Real-time response returns approval or pending
 - Denial response will require a manual review
 - Real-time adjudication override for approved drugs
- ePA integrated into a web portal or applications/modules for prescribers and their staff
- Can leverage other existing transactions/standards to facilitate the PA process
- The prior authorization process could also be automated to improve clinical workflow

Prior Authorization Impacts All Healthcare



Patient hassle and treatment delay

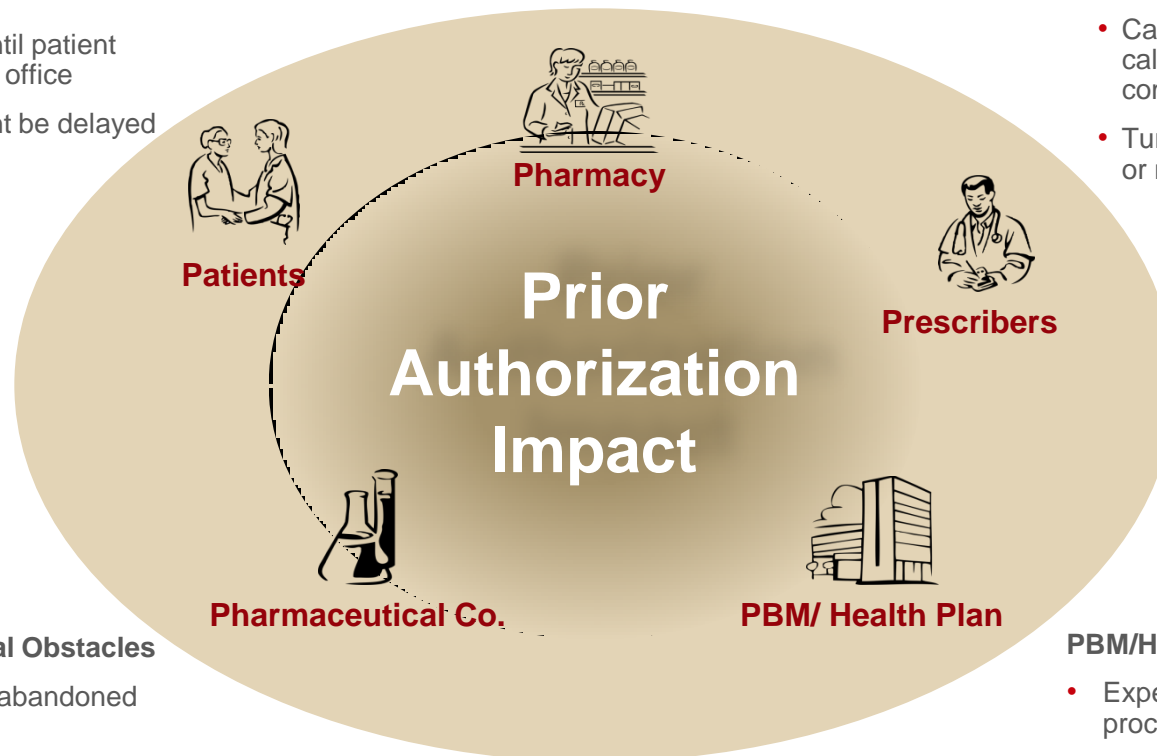
- PA unknown until patient has already left office
- Treatment might be delayed for days

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



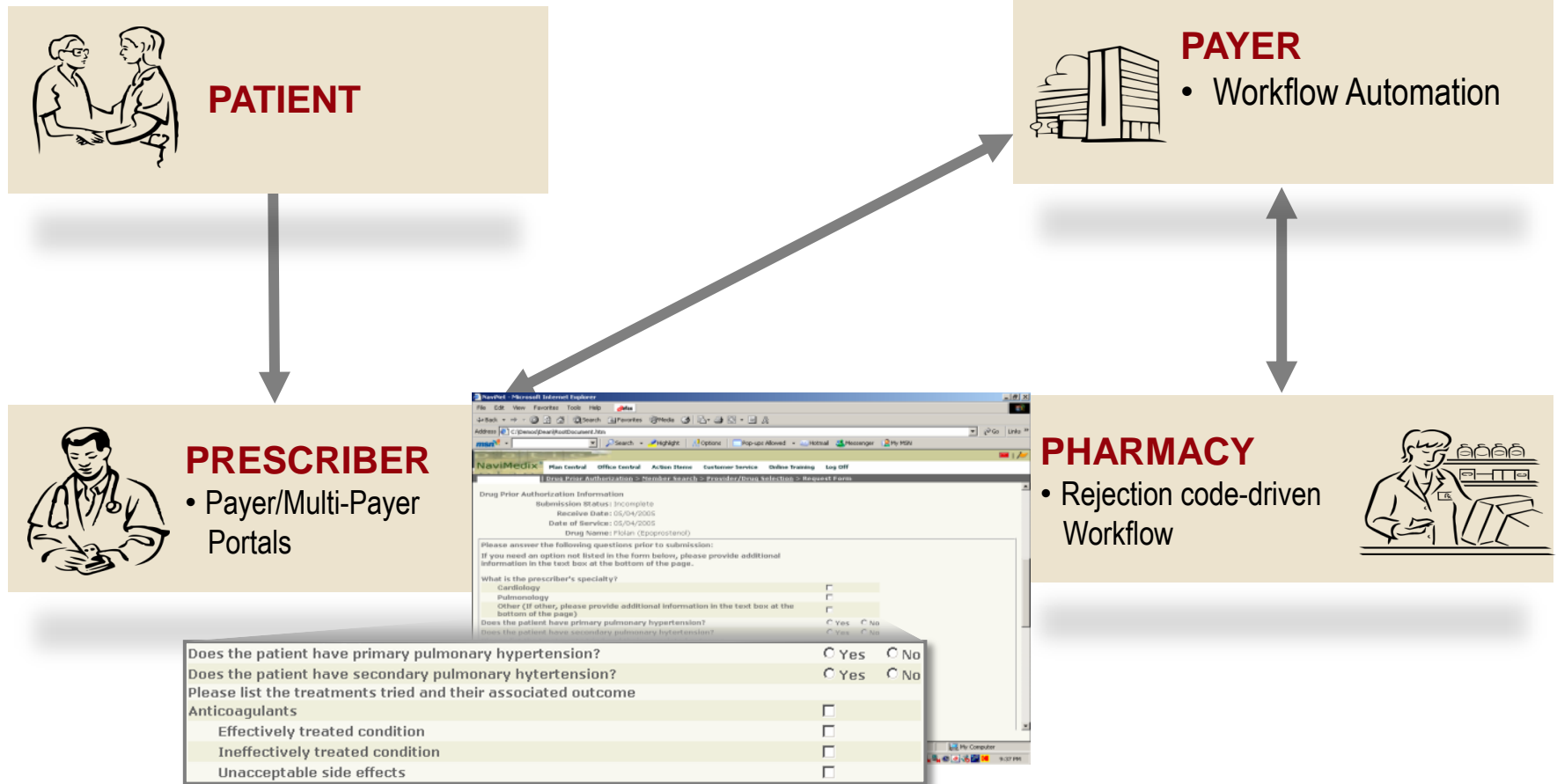
Pharmaceutical Obstacles

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

PBM/Health plan inefficiency

- Expensive and labor intensive process that creates animosity

Current Automation in PA



Automation today largely replicates the paper process requiring duplicate entry of information

Gaps in Current PA Activities



- Criteria not residing within physician's application 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

Electronic Prior Authorization Milestones



Federal government (HIPAA, MMA, CMS/AHRQ) efforts to encourage development and adoption of ePA has brought us to an inflection point. The industry must now take over.

NCPDP ePA Task Group Formed

- Standard transactions mapped
- Gaps identified
- HL7 PA Attachment created (2005)

CMS/AHRQ pushes forward

- Resolution of which SDO would own ePA
- Exception to HIPAA resolved
- Value model created

Renewed Interest

- More pilots
- Economic value
- State legislation

Aug 1996

Nov 2004

2006

2008

2009

2011

HIPAA passes

- X12 278 named “prior authorization” transaction standard

MMA ePrescribing Pilot Tests

- “Menagerie of ePA standards” pilot tested
- One standard – not X12 278 -- recommended

New Standard Created

- Housed in NCPDP
- Compatible with emerging technology
- No pilot test

Where We Are (per ONC)



U.S. Department of Health & Human Services | www.hhs.gov

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Home > From the ONC Desk > E-Prescribing and Standards for E-Prior Authorization

E-Prescribing and Standards for E-Prior Authorization

May 2, 2011, 9:58 am
Dr. Doug Finkbeiner | Director Office of Standards and Interoperability

Recently, colleagues have raised questions about pending state legislation related to electronic prescribing (e-prescribing) and in particular the concept of electronic prior authorization (ePA) for medications. We thought it would be helpful to discuss what we know about the current state of e-prescribing and ePA. E-prescribing provides significant advantages in contrast to its paper analog. Coupled with other complementary technologies, such as drug-drug interaction checking, e-prescribing can improve patient safety, increase prescribing accuracy and efficiency, and lower costs by notifying providers of generic or preferred drug list alternatives.

Over the past three years, Congress has signaled its support for e-prescribing by promoting its use in two major laws: Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act. The HITECH Act covers certain eligible professionals seeking to become meaningful users of certified electronic health record (EHR) technology in the Medicare and Medicaid EHR Incentive Programs. The HITECH Act specifically identified e-prescribing as a requirement for eligible professionals participating in the EHR incentive programs, and therefore it is part of the "core set" of meaningful use objectives and measures (which also includes objectives and associated measures for using computerized provider order entry (CPOE), maintaining active medication and medication allergy lists, and implementing clinical decision support). MIPPA focuses on Medicare eligible professionals to encourage e-prescribing with a separate incentive program requiring use of a qualified e-prescribing system. Below are a few points that address some of the questions raised by our state colleagues as they consider e-prescribing related legislation.

- It is useful to keep apprised of the technical requirements (capabilities and technical standards) that are currently part of Federal health IT programs to ensure consistency and avoid potential conflicts.
- While ONC requires as a condition of certification (for the purposes of meaningful use) that EHR technology be capable of generating and transmitting electronic prescriptions, certification does not require that EHR technology also be capable of performing electronic prior authorization.
- We are not aware of a widely adopted, common, industry transaction standard that has been demonstrated to support real-time ePA, nor are we aware of a common or universal electronic format that has been demonstrated to facilitate distribution of prior authorization forms. We are aware of work that has been done by the National Council for Prescription Drug Programs (NCPDP) to create an XML-based ePA messaging standard and a real-time eligibility check messaging standard. We understand that these are draft standards that have not yet been tested in pilots and have not been fully "balloted" (voted on) through NCPDP's process or been finalized as American National Standards Institute (ANSI)-accredited standards.
- There is a lack of established and fully vetted standards to support ePA and the current lack of capability to support ePA in implemented EHR systems. Therefore, requiring real-time electronic prior authorization as a prerequisite technical capability before health care providers could e-prescribe and/or access drug formulary information may be difficult to implement, and could otherwise prevent providers from being able to e-prescribe. If such requirements prevent providers from being able to e-prescribe, it could also keep them from being able to participate in the transition to e-prescribing.

Highlights

Request for Comment: Federal Strategic Plan to Reduce Health IT Disparities
Working to ensure all Americans benefit from health IT is one of the principles guiding the development and execution of the federal health IT strategy. ONC wants to hear your feedback on the Federal Health IT Strategic Plan.
[Learn More >](#)

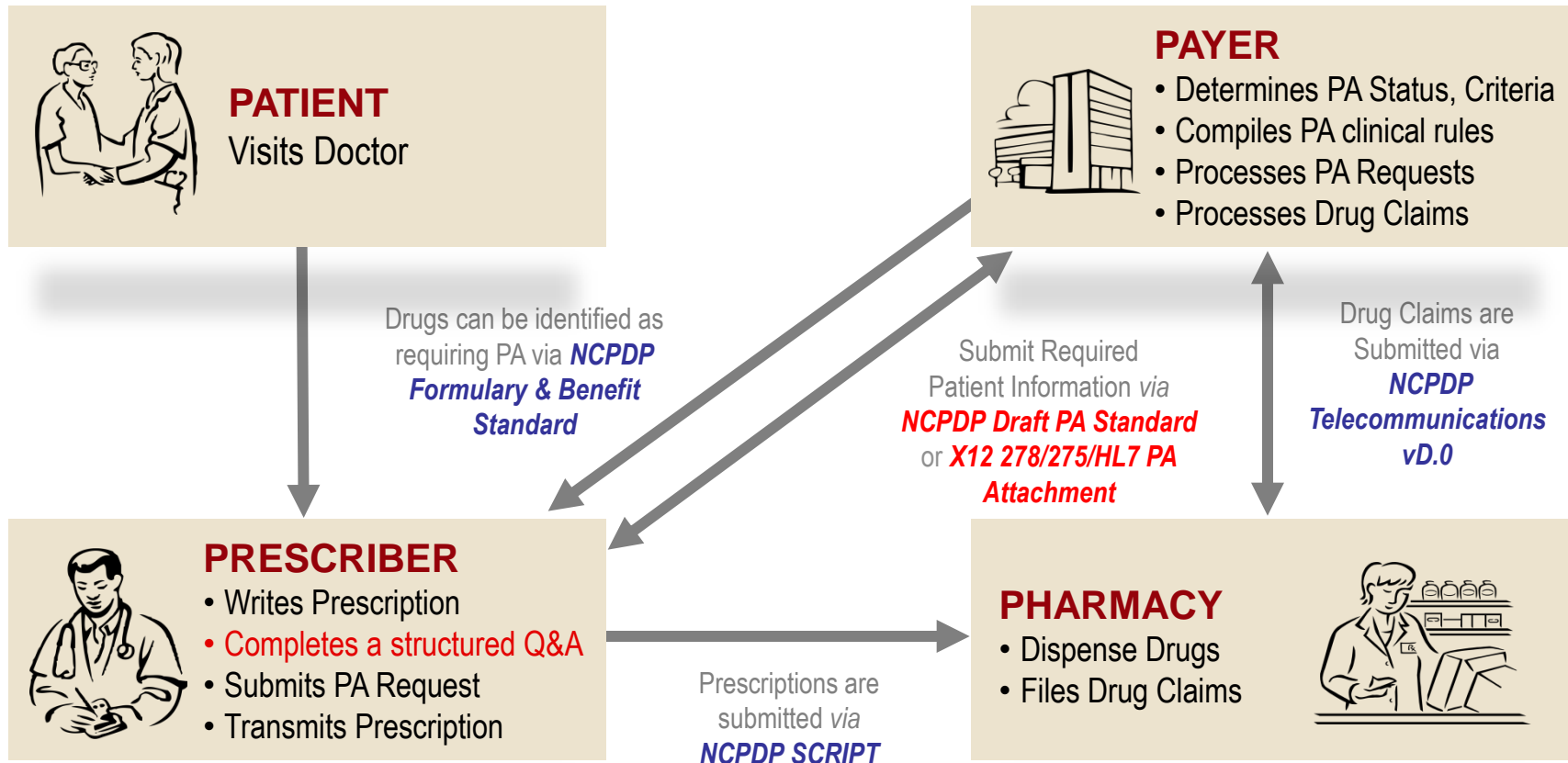
Beacon Communities Program
Read updates from ONC's Beacon Communities about how they are helping to advance electronic health records. Beacon Communities serve as examples of health IT innovation.
[Learn More >](#)

Updates
Read updates from the National Coordinator for Health Information Technology.
[Read Updates >](#)

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"We are not aware of a widely adopted, common, industry transaction standard that has been demonstrated to support real-time ePA, nor are we aware of a common or universal electronic format that has been demonstrated to facilitate distribution of prior authorization forms. We are aware of work that has been done by the National Council for Prescription Drug Programs (NCPDP) to create an XML-based ePA messaging standard and a real-time eligibility check messaging standard."

Proposed Standards



Red = gaps in existing standards

Blue = existing standards

Update on Standards Development

- Task group reformed in November 2011, and currently active:
 - Working on xml version of NCPDP ePA Standard
 - CVS Caremark, others applying lessons learned
 - Considering X12 270/271 278/275 v5010, HL7 PA Attachment
 - Concerns about formulary accuracy
 - One solution is the Real-Time Benefit Check (RTBC)

The Health Plan Perspective: Humana's Journey

Electronic Prior Authorization Initiatives at the Point of Care: Moving the Industry Forward

Marc Nyarko, HCPR Director of Operations, Humana

Humana Clinical Pharmacy Review Overview

Purpose: Operationalize drug utilization management to ensure patient safety, efficacy, and effectiveness of medication

Objectives:

- Ensure the correct medication is administered at the right time using evidence based medicine
- Ensure appropriate access to care

Implementation of Clinical Criteria:

- Clinical criteria are operationalized via rules based scenarios built into our PA processing software system
- Based on how questions are answered, cases may be approved and subsequent authorizations entered
- If the answers do not meet criteria, the cases are sent to a pharmacist for further review
- The system allows cases to be routed to various work areas based on criteria: Drug Type, Edit Type, Reject Code,

Our Prior Authorization Journey

Point of Care Processing



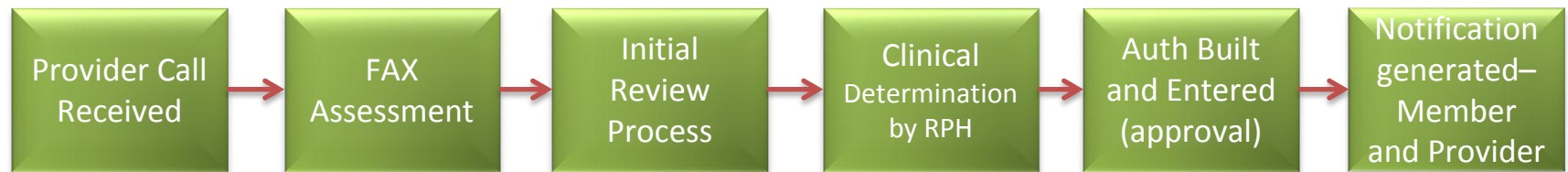
Labor Intensive
High Cost to Quality
Reactive Culture

Leaner Labor Force
Enterprise Reporting
Early Detection



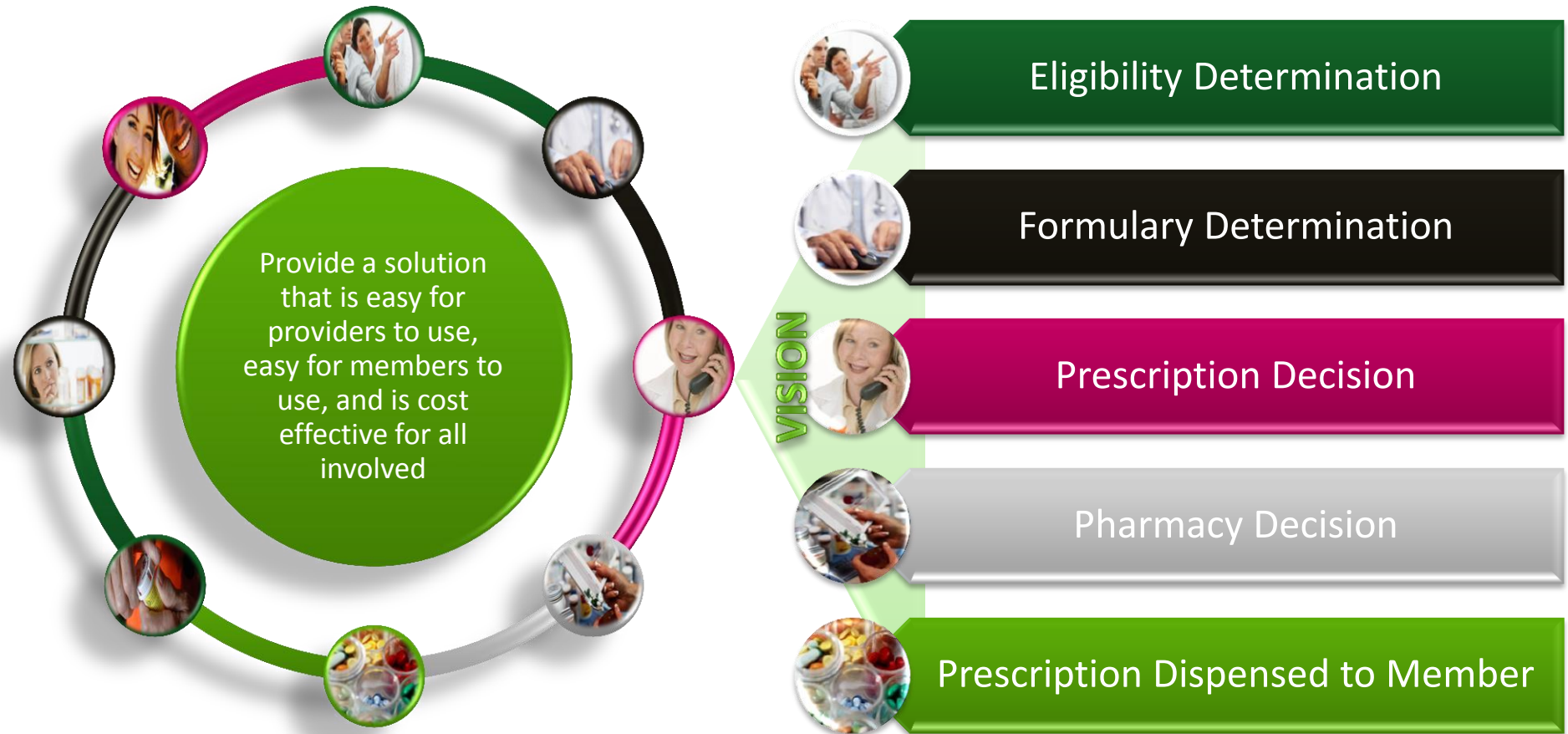
HCPR Process and Tools

HCPR PA Process

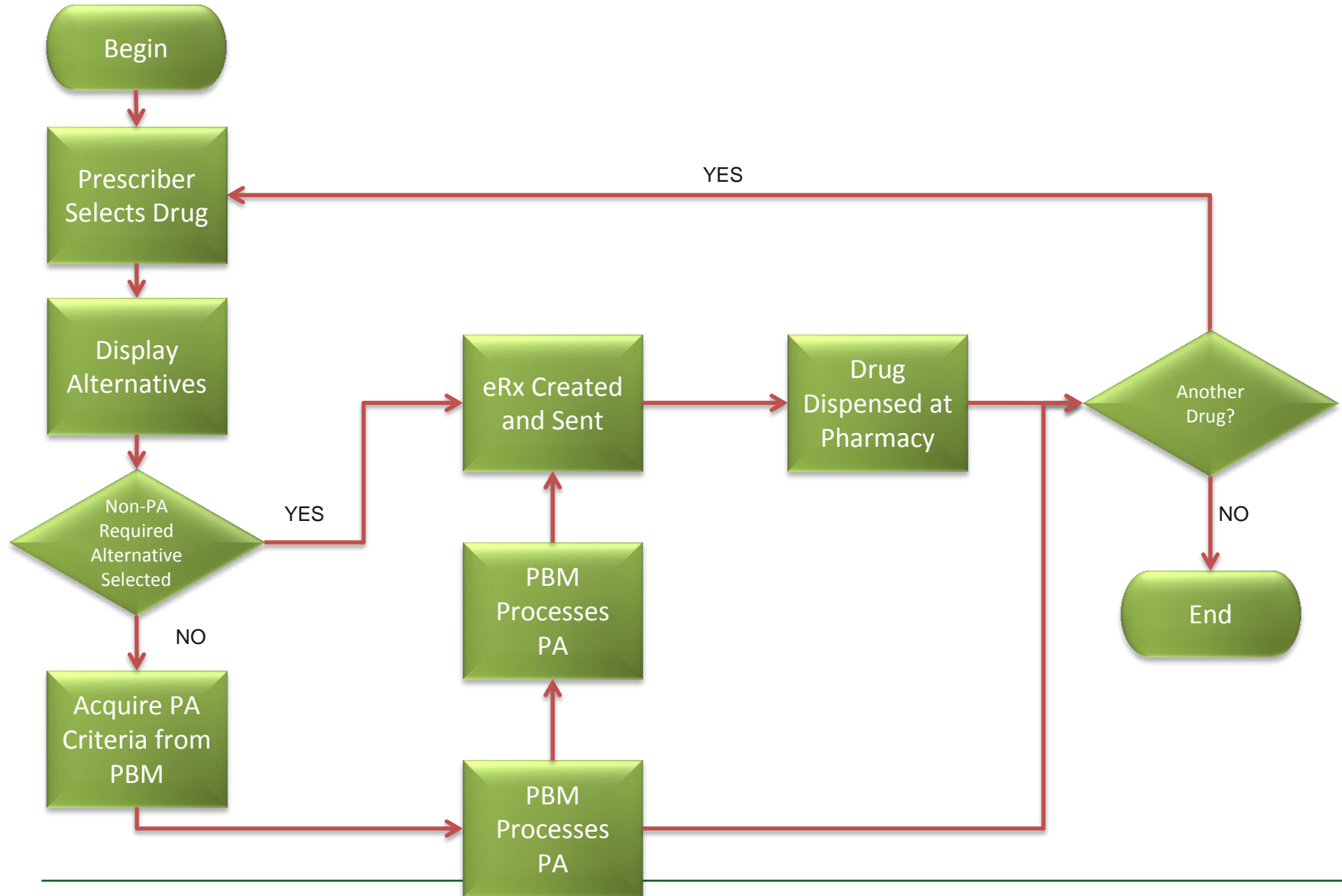


- Calls received are logged into PA Hub as “EOC’s” (Episode of Care)— All EOC’s have a unique ID number that is sent on the outbound FAX to the provider via barcode
- Returning barcoded FAX’s are automatically matched to the appropriate record by the system and trigger the start of the review process
- Where feasible automated scenarios direct the review
- Member and provider notifications are automated within the tool and are selected based on automated scenarios

Humana eRx Strategy



ePrior Authorization Processing



Our Ambition

1 Reduced Labor Requirements

2 Quality Decisions Based Upon the Member's Benefit

3 Faster Turnaround Times



Cost



Consistency



Compliance

CVS Caremark: A Real-World Example – ePA in the ePrescribing Process

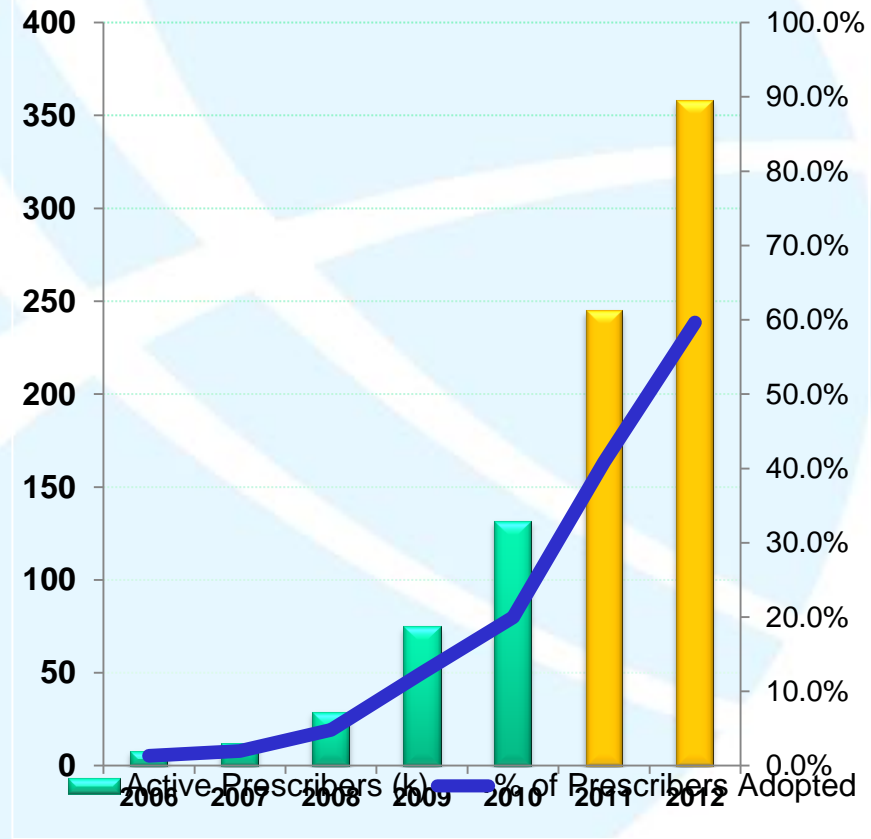
*Electronic Prior Authorization Initiatives at the Point of
Care: Moving the Industry Forward*

Bruce Wilkinson, CVS Caremark

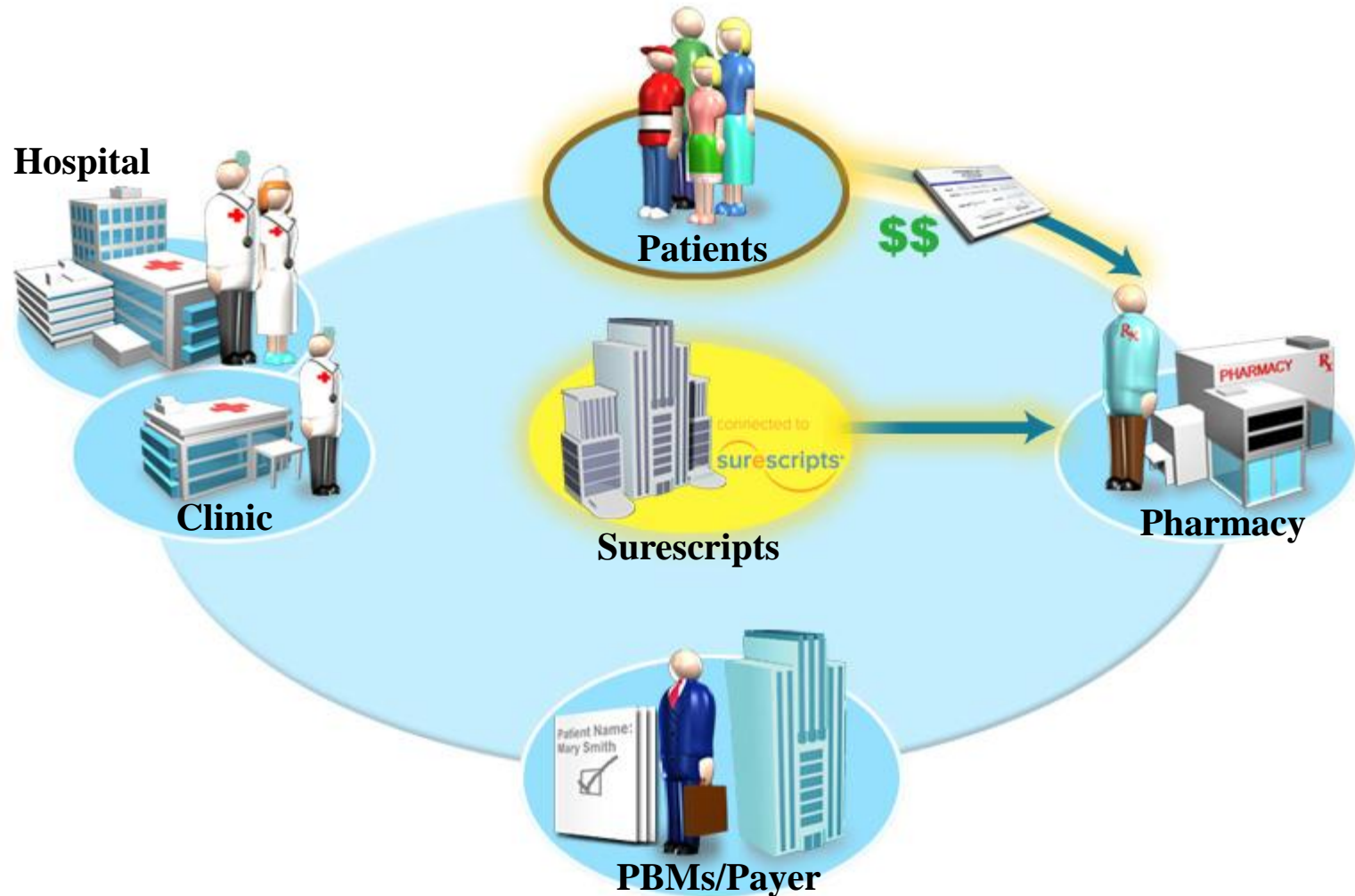
What is E-prescribing?

- E-prescribing occurs when a prescriber uses a computer or handheld device with software that enables him or her to:¹
 - Electronically route the prescription to the patient's choice of pharmacy
 - Electronically access that patient's prescription benefit (eligibility, formulary)
 - With a patient's consent, electronically access that patient's prescription history
- The goal of e-prescribing
 - Provide safer and more effective care with better outcomes; more cost-efficient health care through the provision and transmission of appropriate electronic health information at the point of care

Surescripts is reporting 52% adoption as of 11/09/2011



eRx Workflow



Current Messaging: Formulary & Benefit

ChartConnect
Version 6.8

Benjamin B. Casey Jr.,
Cornerstone Medical Clinic

Patient Search

First

Last

Search By Name

☒ M-PID ☐ MRN

M-PID

Search By Number

No New Messages

View Encounters

Log Out

Chart Summary | **History** | **Meds/Allergies** | **Notes** | **Labs** | **Radiology** | **Tools** | **Dashboard** | **Misc** | **Orders**

FUDD, ELMER DOB: 12/10/1959

Provider: Benjamin B. Casey Jr., M.D. Age: 47 Sex: M Caremark test patient

Home: 444-222-3333 Work: Cell: MPID# 183065

Prescription Benefits: Precose 100 mg [tablet]

Subscriber Information

Full Name: ELMER FUDD

Birth Date: 12/10/1959 Gender: M

Address: 222 RABBIT LANE
CARTOONLAND, AZ 85254

ChartConnect Patient Information

Full Name: ELMER FUDD

Birth Date: 12/10/1959

Address: 222 RABBIT LANE
CARTOONLAND, AZ 85254

Coverage 1: GROUP HEALTH 1212121

Coverage 2:

Coverage 3:

Formulary Status & Alternatives by Coverage

☒ BCBS OF MASSACHUSETTS **U**

☒ GRIN & BEARET HEALTH **F**

☒ Precose (2) **F**

☒ Precose 25 mg [tablet] **F**

☒ Precose 100 mg [tablet] **F**

☐ Payer-Specified Alternatives (0)

☐ Therapeutic Class Alternatives (0)

COVERAGE INFORMATION

Product: Precose 100 mg (tablet)

Status: On Formulary, Not Preferred **F**

Type: Brand Name, Prescription Only

Plan: Grin & Bearet Health (1234)

PBM: Caremark

Group #: RRHHBMTC1

Rx Benefits: Retail and Mail Order

RESTRICTIONS & LIMITATIONS

Patient Age: 18 to 65 years **Gender:** Men only

Quantity Limit(s): A maximum of 30 units within a 90 day period

Prior Authorization Required

Step Therapy: This medication should be dispensed as part of a progressive treatment plan for a specific medical condition.

COPAY INFORMATION

Retail or Mail Order: Copay Tier 2 out of 5 (1 – lowest cost, 5 – highest cost)

ADDITIONAL INFORMATION

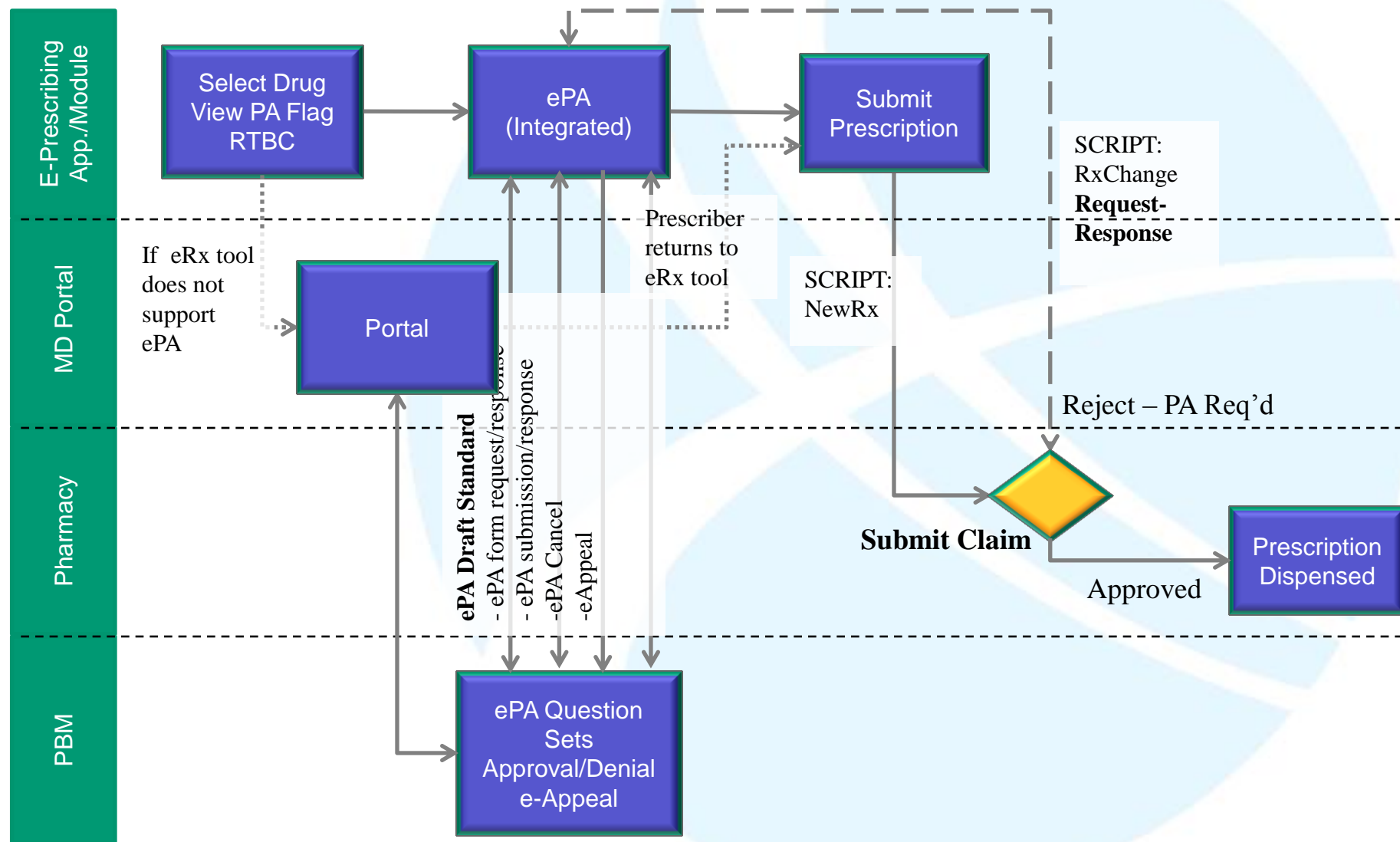
SUGGESTED ALTERNATIVES DIOVAN, COZAAR

Electronic Prior Authorization (ePA)

- First ePA solution integrated directly into e-prescriber workflow
- Real-time response; Real-time adjudication override for approved drugs
 - Providers can request PA question set, submit answers and receive a real-time response via e-channel
 - Question sets can be auto-populated and support conditional logic.
 - Leverages Surescripts network to enable bi-directional communications between provider and CVS Caremark
- Flexible access through preferred channels
 - Integrated into e-prescribing or electronic health record tool
 - Portal solution with access through Caremark.com or client portal
- Can leverage other SCRIPT transactions like RxChange to facilitate prescribers - pharmacy communication to support the retrospective model

Industry-leading ePA improves physician satisfaction and helps patients get faster access to medication.

ePA Process (CVS Caremark)



ePA Demonstration: Create a prescription

Allscripts

Patient: Doe, John
Active allergies: None entered
Active problems: None entered
Active medications: Humira
Retail pharmacy: CVS CAREMARK SPECIALTY PHARMACY, 800 BIERMANN CO...
Mail Order Pharmacy: CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

Gender, DOB: M, 07/10/1962 (49 Y)
Patient ID: AHS93

RI Family Practice [Change](#)
John Smith, MD [Edit](#)

message | community | ? | X
help | logout

Choose Medication ☐ Patient History ☒ My History ☐ All Meds

Coverage: CMX - BLUE CROSS BLUE SHIELD RHODE ISLAND (Retail, Mail)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication And Sig	Quantity	DAW	Refills	Days
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Humira , 40 MG/0.8ML KIT , 1 EA Box (pack of 2), INJECT 40 MG SUBCUTANEOUSLY EVERY OTHER WEEK AS DIRECTED.	<input type="text" value="1"/>	<input type="checkbox"/>	<input type="text" value="11"/>	<input type="text" value="28"/>

Formulary Alternatives

No Alternatives


Formulary Notes

No Formulary Notes Available

Coverage & Co-pay





Coverage Limits:
Prior authorization required.

ePA Demonstration



Patient: Doe, John
Active allergies: **None entered**
Active problems: None entered
Active medications: Humira
Retail pharmacy: ★ CVS CAREMARK SPECIALTY PHARMACY, 800 BIERMANN CO...
Mail Order Pharmacy: ★ CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

Gender, DOB: M, 07/10/1962 (49 Y)
Patient ID: AHS93
RI Family Practice [Change](#)
John Smith, MD [Edit](#)

 |
  |
  |
 

Patients

Tasks

Library

Reports

Settings


Tools

☒ My Tasks
 ☐ Site Tasks
 ☐ Assistant's Tasks (1)
 ☒ **ePA Tasks**

☒ PROCESS TASK

Patient	Prescriber	Medication	Rx Date	Status	Destination
<input type="radio"/> Doe, John	Dr. Smith, J.	Humira, 40 mg/0.8 mL	09/07/2011	Request ePA	<input type="button" value="Send to Pharmacy"/>
<input type="radio"/> Doe, Jane	Dr. Smith, J.	Retin-A Gel, 0.025%	09/07/2011	ePA Requested	<input type="button" value="Send to Pharmacy"/>
<input type="radio"/> Doe, Jonathan	Dr. Williams, M.	Enbrel, 25 mg/0.5 mL	08/29/2011	ePA Denied	<input type="button" value="Send to Pharmacy"/>
<input type="radio"/> Doe, Johanna	Dr. Hill, B.	Humira, 40 mg/0.8 mL	08/15/2011	ePA Approved	<input type="button" value="Send to Pharmacy"/>

Help With This Screen



ePA Demonstration

Allscripts

Patient: Doe, John

Gender, DOB: M, 07/10/1962 (49 Y)

Patient ID: AHS93

RI Family Practice [Change](#)

Active allergies: None entered

Active problems: None entered

Active medications: Humira

Retail pharmacy: ★ CVS CAREMARK SPECIALTY PHARMACY, 800 BIERMANN CO...

Mail Order Pharmacy: ★ CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

message

community

help

logout

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Search

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Tools

● My Tasks

● Site Tasks

● Assistant's Tasks (1)

● ePA Tasks

Help With This Screen

PROCESS TASK

Humira Prior Authorization

Expiration Date: 09/10/2011

Patient Name: Doe, John

Please contact 555-555-5555 with any questions.

What is the diagnosis?

☐ Rheumatoid arthritis (RA)

☐ Active ankylosing spondylitis (AS)

☐ Chronic plaque psoriasis

☐ Psoriatic arthritis (PsA)

☐ Crohn's disease (CD)

☐ Juvenile idiopathic arthritis (JIA)

Additional Comments (optional)


0 of 2000

NEXT

CANCEL





SAVE & FINISH LATER

ePA Demonstration



Patient: Doe, John
Active allergies: None entered
Active problems: None entered
Active medications: Humira
Retail pharmacy: ★ CVS CAREMARK SPECIALTY PHARMACY, 800 BIERMANN CO...
Mail Order Pharmacy: ★ CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

Gender, DOB: M, 07/10/1962 (49 Y)
Patient ID: AHS93
RI Family Practice [Change](#)
John Smith, MD [Edit](#)

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Tools

☒ My Tasks
☐ Site Tasks
☐ Assistant's Tasks (1)
☒ ePA Tasks

Humira Prior Authorization

Expiration Date: 09/10/2011
Priority: Not Urgent

Patient Name: Doe, John

Please contact 555-555-5555 with any questions.

Review your answers:

Questions	Answers	Comments
What is the diagnosis?	Rheumatoid arthritis (RA)	
Is the patient ≥18 years of age?	Yes	
Prior to initiating therapy, was the patient tested for tuberculosis (TB)?	Yes	
Was latent TB infection ruled out?	Yes	
Does patient have active TB or any other clinically important infection?	No	
Does the patient have a current chronic infection or a history of recurrent infections?	No	

12MB Max

ePA Demonstration

Allscripts

Patient: Doe, John

Gender, DOB: M, 07/10/1962 (49 Y)

Patient ID: AHS93

RI Family Practice [Change](#)

John Smith, MD [Edit](#)

Active allergies: **None entered**

Active problems: None entered

Active medications: Humira

Retail pharmacy: ★ CVS CAREMARK SPECIALTY PHARMACY, 800 BIERMANN CO...

Mail Order Pharmacy: ★ CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

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Tools

● My Tasks

● Site Tasks

● Assistant's Tasks (1)

● ePA Tasks

Help With This Screen

✉


PROCESS TASK

Humira Prior Authorization

Expiration Date: 09/10/2011

Patient Name: Doe, John

Please contact 555-555-5555 with any questions.

Thank you. Your ePA request is approved.
Maximum of 2 pens/syringes (40 mg/0.8 mL) per 21 days
[Humira_DoeJ_Caremark_Approved.pdf](#) 

ADD ATTACHMENTS

12MB Max

NEXT

CANCEL

START OVER

SAVE & FINISH LATER

ePA Demonstration:

Send approved prescription to pharmacy

Allscripts Patient: Doe, John Gender, DOB: M, 07/10/1962 (49 Y) Patient ID: AHS93 RI Family Practice [Change](#)
Active allergies: **None entered** John Smith, MD [Edit](#)
Active problems: None entered
Active medications: Humira
Retail pharmacy: ★ CVS CAREMARK SPECIALTY PHARMACY, 800 BIERMANN CO...
Mail Order Pharmacy: ★ CVS CAREMARK INC (MAIL ORDER), 9501 E SHEA BLVD ...

[message](#) [community](#) [help](#) [logout](#)

Patients Tasks Library Reports Settings Tools

Script Pad [Help With This Screen](#)

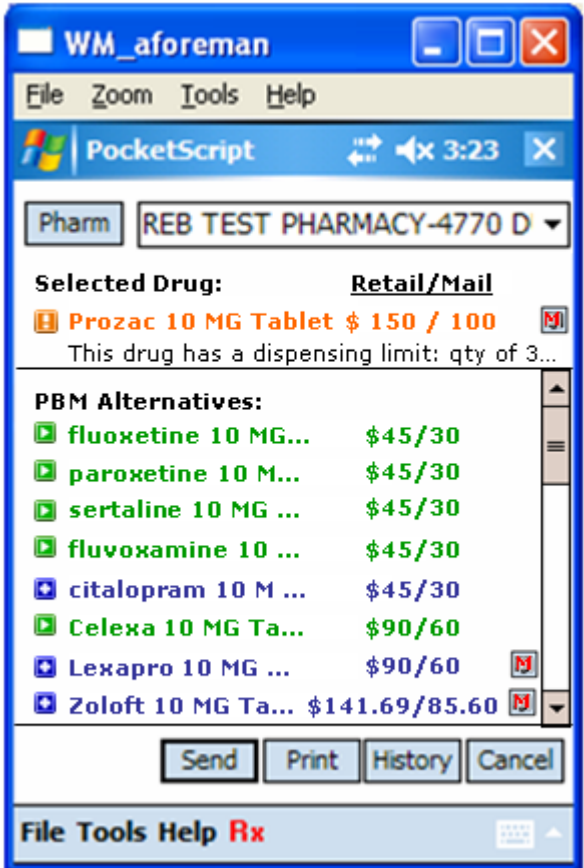
Select Med Choose Patient Select Pharmacy ► Process Script Pad ►

Medication & Sig	Destination
HUMIRA 40 MG/0.8ML KIT , 1 EA Box (pack of 2), INJECT 40 MG SUBCUTANEOUSLY EVERY OTHER WEEK AS DIRECTED.	Send to Pharmacy Remove Edit

15.2.0.128

Appendix: Real Time Benefit Check (RTBC)

- Update of the current formulary coverage transaction. This transaction allows prescribers with a mock adjudication of the selected drug. The response confirms that the selected drug:
 - Requires a prior auth
 - Is covered by the member's benefit
 - A PA currently in place (and has not expired)
- In addition, the transaction provides pricing for retail and mail and lower cost therapeutic alternatives.
- Currently being piloted by Surescripts. The RTBC is not an NCPDP/SCRIPT standard



WM_aforeman

File Zoom Tools Help

PocketScript 3:23

Pharm REB TEST PHARMACY-4770 D

Selected Drug: **Prozac 10 MG Tablet** \$150 / 100

Retail/Mail

This drug has a dispensing limit: qty of 3...

PBM Alternatives:

fluoxetine 10 MG...	\$45/30
paroxetine 10 M...	\$45/30
sertaline 10 MG ...	\$45/30
fluvoxamine 10 ...	\$45/30
citalopram 10 M ...	\$45/30
Celexa 10 MG Ta...	\$90/60
Lexapro 10 MG ...	\$90/60
Zoloft 10 MG Ta...	\$141.69/85.60

Send Print History Cancel

File Tools Help Rx

The Intermediary Perspective: RelayHealth's Practical Approach

*Electronic Prior Authorization Initiatives at the Point of
Care: Moving the Industry Forward*

Roger Pinsonneault, <title here>, RelayHealth

Significant Market Challenge

- Approximately 120 Million, and growing, pharmacy prior authorization rejects per year
- Of these denied prescriptions, a high percentage are never filled by the patient
- Specialty drugs are 5x more likely to require a PA than non-specialty drugs*
 - Non-specialty drugs require PA ~ 6% of the time
 - Specialty drugs require PA ~ 34% of the time
- Prior authorizations and high patient out-of-pocket costs are typically cited as the two most significant barriers to patients obtaining biologics

** Source: Drugs on Specialty Tiers in Part D, February 2009*

Significant Market Challenge

- Prescriber Notifications
- Prior Authorization Form Selection
- Prior Authorization Form Processing
- Prior Authorization Form Submission
- Prior Authorization Processing
- Prescriber Notifications
- Pharmacy Notifications
- Patient Notifications

With overriding goals:

1. Timely Communications
2. Workflow Friendly
3. Leveraging Existing Technologies



Patient



Prescriber



Pharmacy



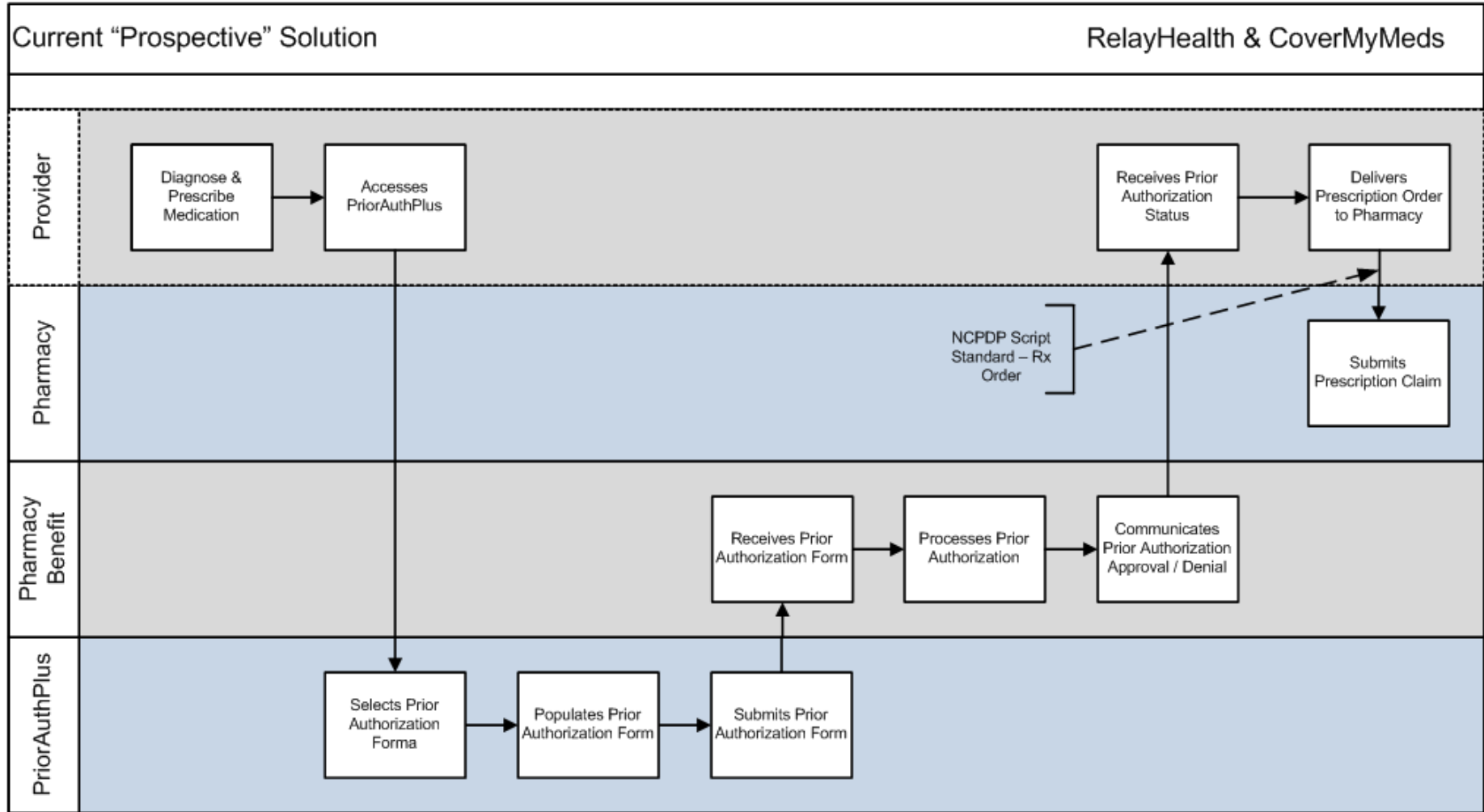
Payer

PriorAuthPlus

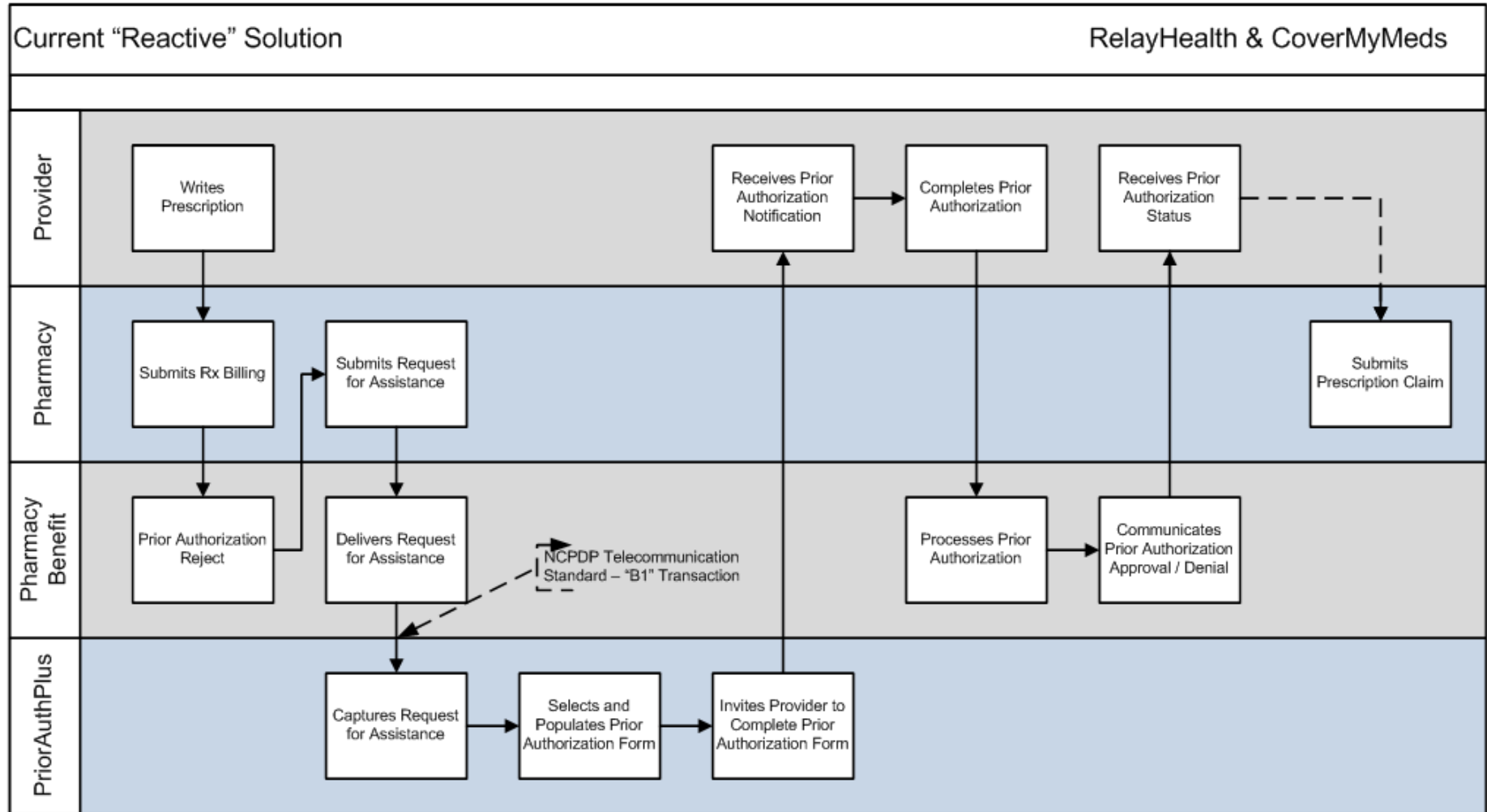
An evolving healthcare technology solution that leverages existing healthcare industry standards to reduce prior authorization processing inefficiencies and improved medication compliance. The solution supports “Reactive” and “Prospective” prior authorizations and a migration path to full automation.

- Pharmacies
 - Initiation of the prior authorization process as the result of a prescription claim denial from their practice management system
 - Leverages the NCPDP Telecommunication Standard to automate the population of a Prior Authorization form
 - Supports all plans and all medications
- Providers
 - Initiation of the Prior Authorization process at the point of prescribing a medication
 - Physicians can work prior authorizations from an administrative queue, their practice management or electronic health record systems
 - Supports all plans and all medications

PriorAuthPlus



PriorAuthPlus



PriorAuthPlus

- Pharmacies

- Contracted - 15,000 plus
- Implemented - 12,000 plus
- Pilot Testing – Chains representing over 8,000 pharmacies

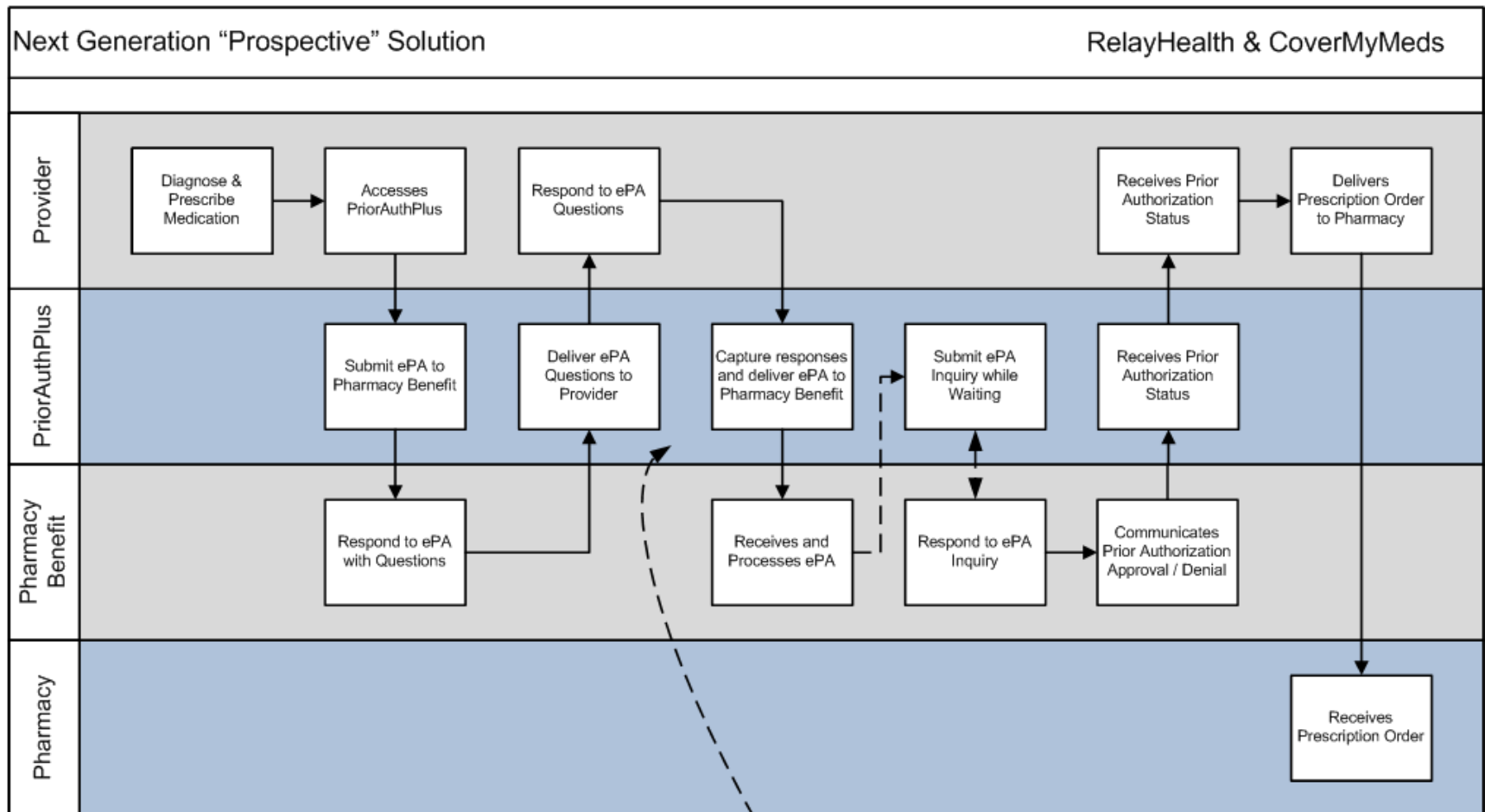


- Providers

- 55,000 plus have an account
- 320,000 plus have used at least once

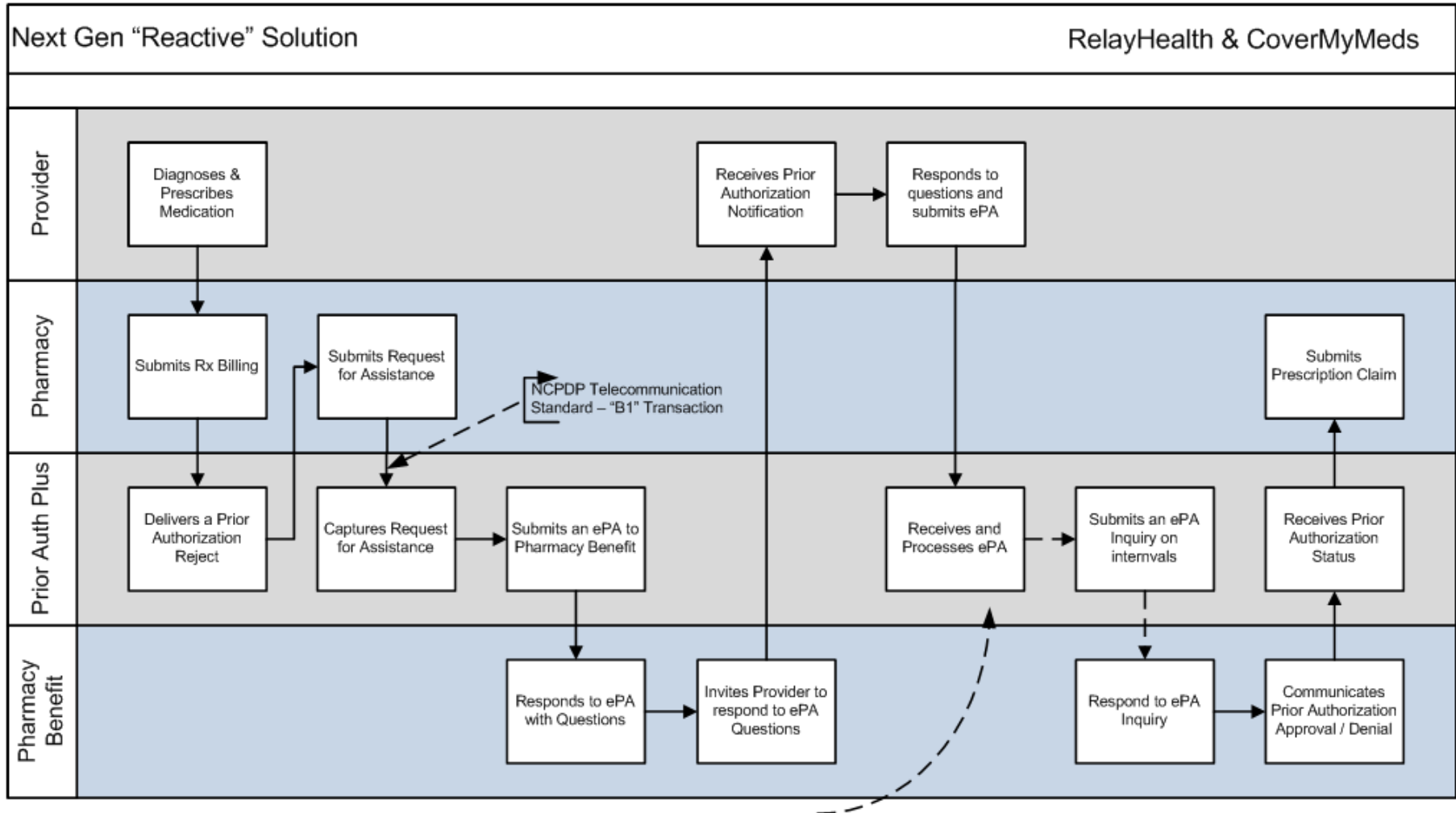


PriorAuthPlus



Provides a compatibility layer so providers can use it for all plans, even those that don't support ePA.

PriorAuthPlus



Provides a compatibility layer so providers can use it for all plans, even those that don't support ePA.

The End

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