

Webinar:

**WG11 Prior Authorization Workflow-to-  
Transactions Task Group  
Proposed Transactions Review**

**November 2, 2012 (Updated 01/2013)**

## Agenda

- Task Group history and current status
- Proposed transactions - functions and components
- Future considerations
- Q&A

# Prior Authorization Impacts All Healthcare

## Patient frustration and treatment delay

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



Patients

## Pharmacy challenge

- Pharmacy call volumes increase to prescriber's office, plan, etc.
- Transaction volume increases



Pharmacy



Prescribers

## 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

# Prior Authorization Impact



Pharmaceutical Co.



PBM/ Health Plan

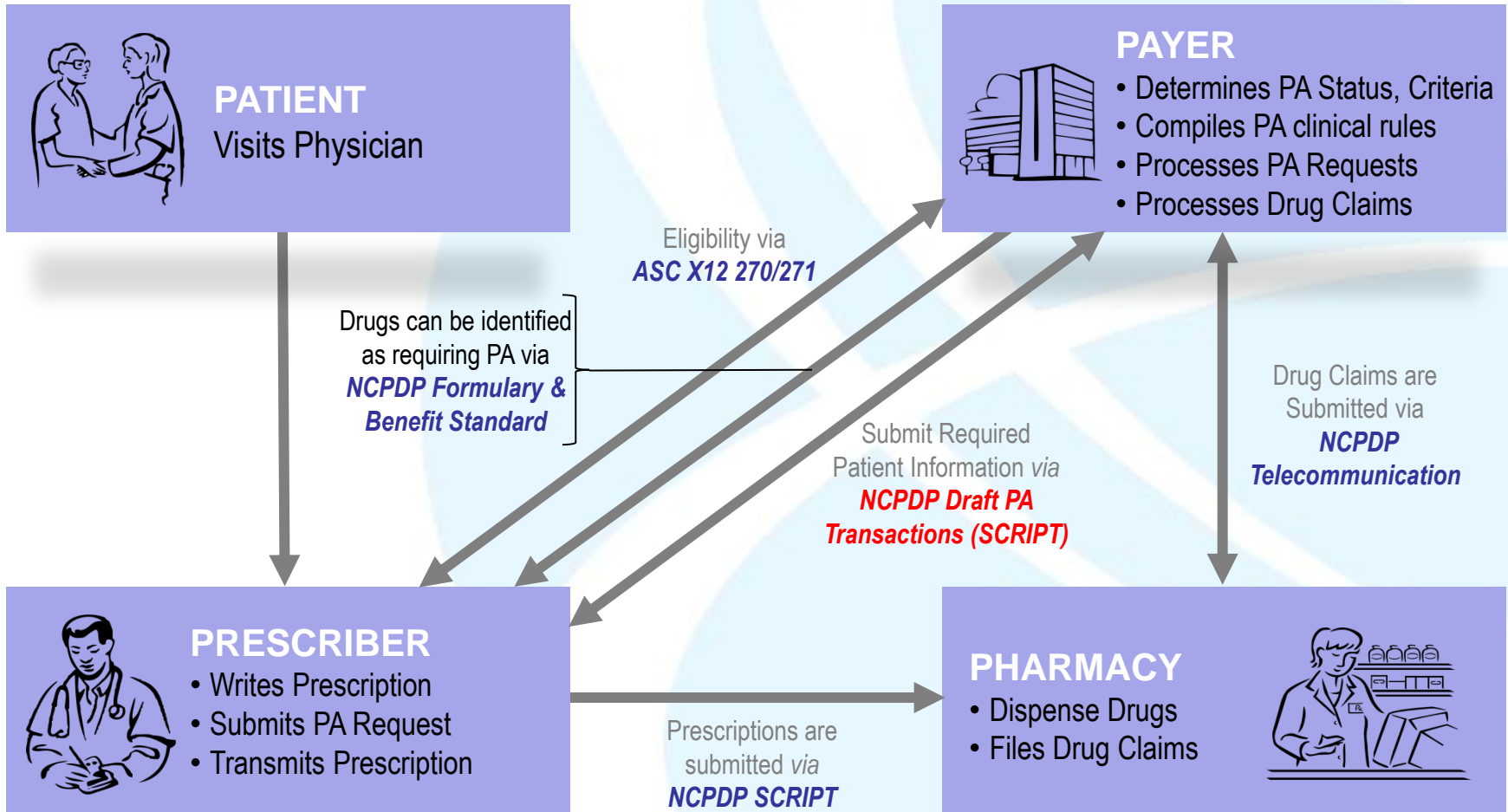
## Pharmaceutical Obstacles

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

## PBM/Health plan inefficiency

- Expensive and labor intensive process that creates frustration

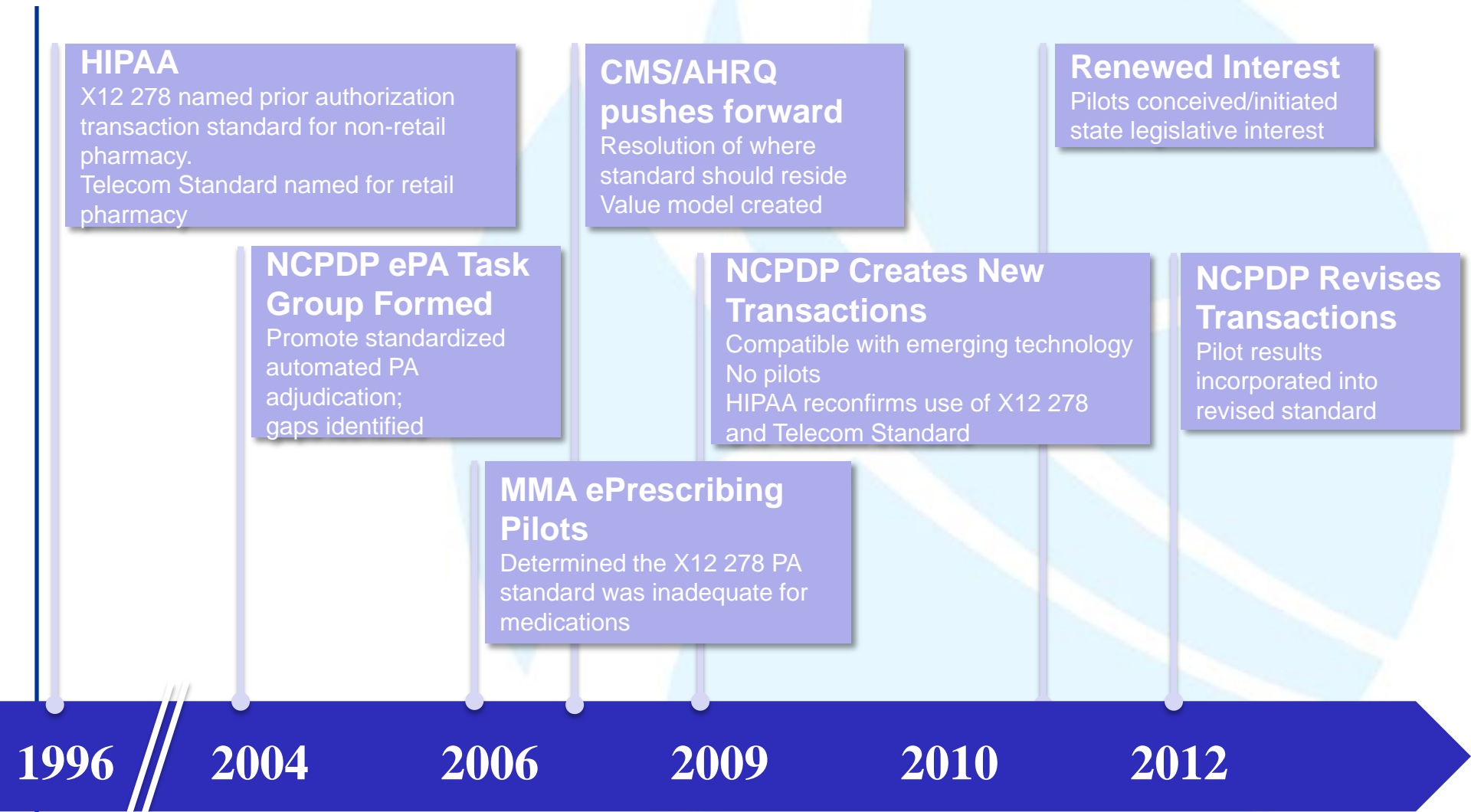
# Electronic Prior Authorization Process



**Red** = gaps in existing standards

**Blue** = existing standards

# Electronic Prior Authorization History



## NCPDP vs. X12 Transaction Discussion

- The WG11 Prior Authorizations Workflow to Transactions Task Group had robust discussions on the use of the NCPDP SCRIPT Standard and the ASC X12 278 for prior authorization
  - Many perspectives were heard
  - Alternatives were presented and discussed
- Straw man vote on the alternatives was held in June
  - 85% of task group participants voting preferred to move ahead with the NCPDP draft transactions
- The Task Group focused on pharmacy benefit PA processing in its work
- With state mandate deadlines approaching, there is a sense of urgency to move forward with workable solutions that can evolve to include new capabilities

## Current DERF

- Data Element Request Form (DERF) was submitted to NCPDP in October
- A sub-task group has been developing the XML specifications to support the transactions
- The sub-task group decided to structure transactions from the 2012 industry pilot(s) and has added capabilities requested by other participants
- Result is a proposed DERF that addresses the needs brought forward and allows expansion in later versions of the standard
- DERF will be discussed at the November Work Group meetings

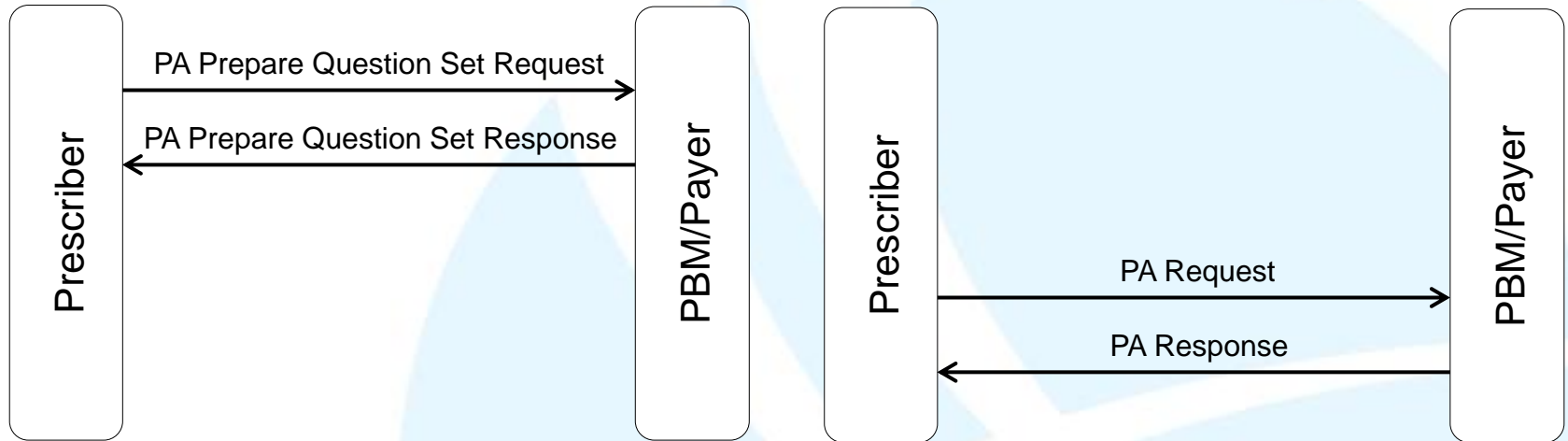
# **PROPOSED STANDARD TRANSACTION REVIEW**



# Proposed Electronic Prior Authorization Transactions Background

- Supports an electronic version of today's PA process (i.e., PBM/payer provides prescriber with a set of questions they must answer for PA consideration) for medication and DME products covered by pharmacy benefit
- Provides a standard structure for exchanging the PA questions and answers between prescriber and payers, while allowing for payers to customize the wording of the questions
- Additionally supports elements that allow for automation of the collection of data required for PA consideration (i.e., coded references for each question (e.g., LOINC, SNOMED, CDA template) allowing an EMR vendor to systemically pull data from patient's medical record)
- Supports both a solicited and unsolicited model
- Transactions added to NCPDP SCRIPT Standard
  - Reusing definitions for common elements: Header, Patient, Prescriber, Pharmacy, Medication Prescribed, Benefits Coordination
  - Attachments from Specialized Standard
  - Reusing acknowledgement transactions: Status, Verify, and Error

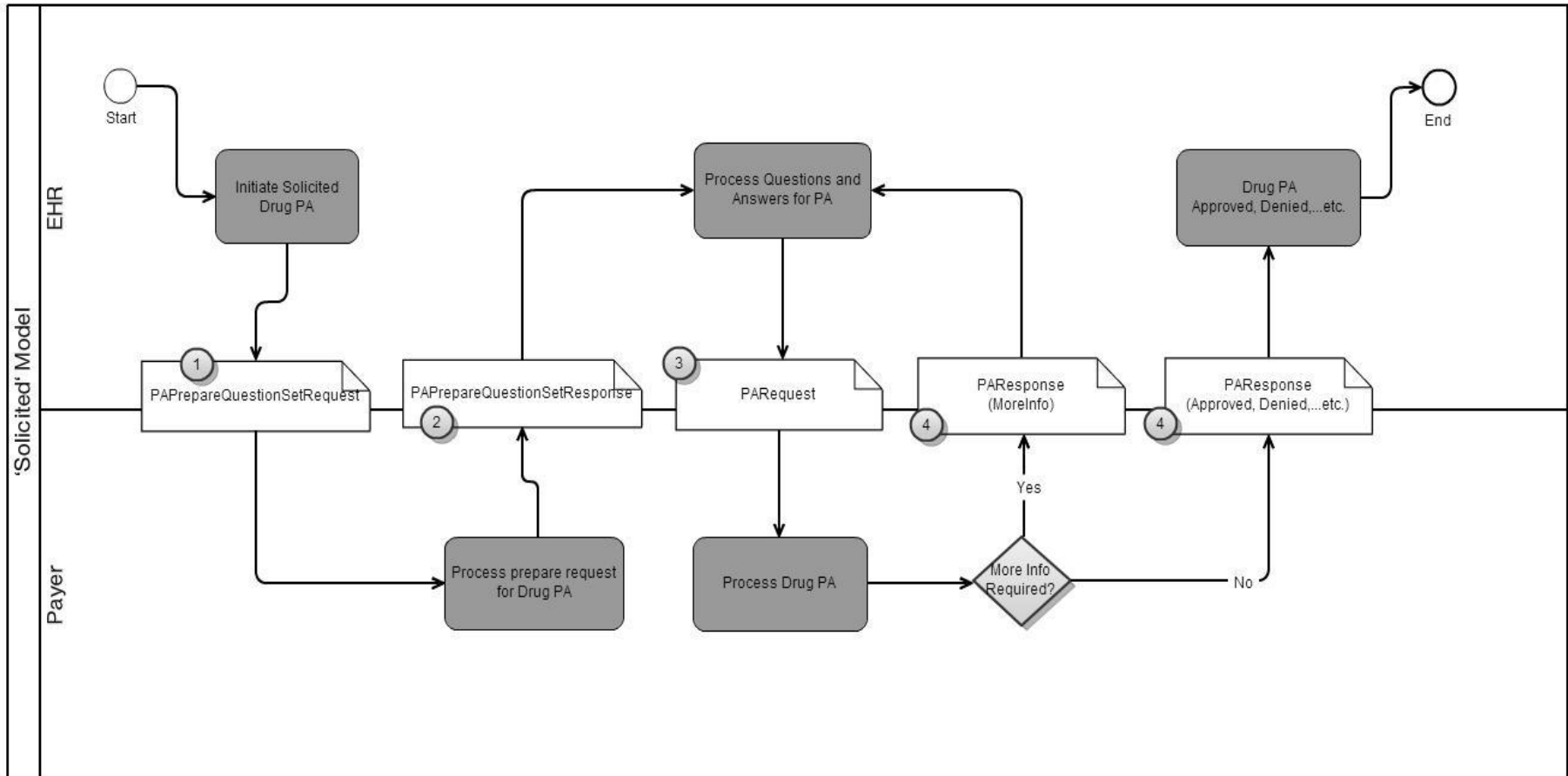
# Proposed PA Transaction Overview



- **PA Prepare Question Set Request/Response** (used in the solicited model only)
  - Prescriber requests the information required to accompany a PA Request for a particular patient and medication.
  - PBM/payer responds with the information required to accompany a PA Request or an indication a PA isn't required for the patient and medication.
- **PA Request/Response**
  - Prescriber sends the information requested in the PA Prepare Question Set Response (solicited model) or information agreed upon outside of the PA transactions by the trading partners (unsolicited model).
  - PBM/payer responds with PA determination status (e.g., approved, denied, pended, more info required) and details specific to the status.
  - Repeat request/response transactions when more info required.

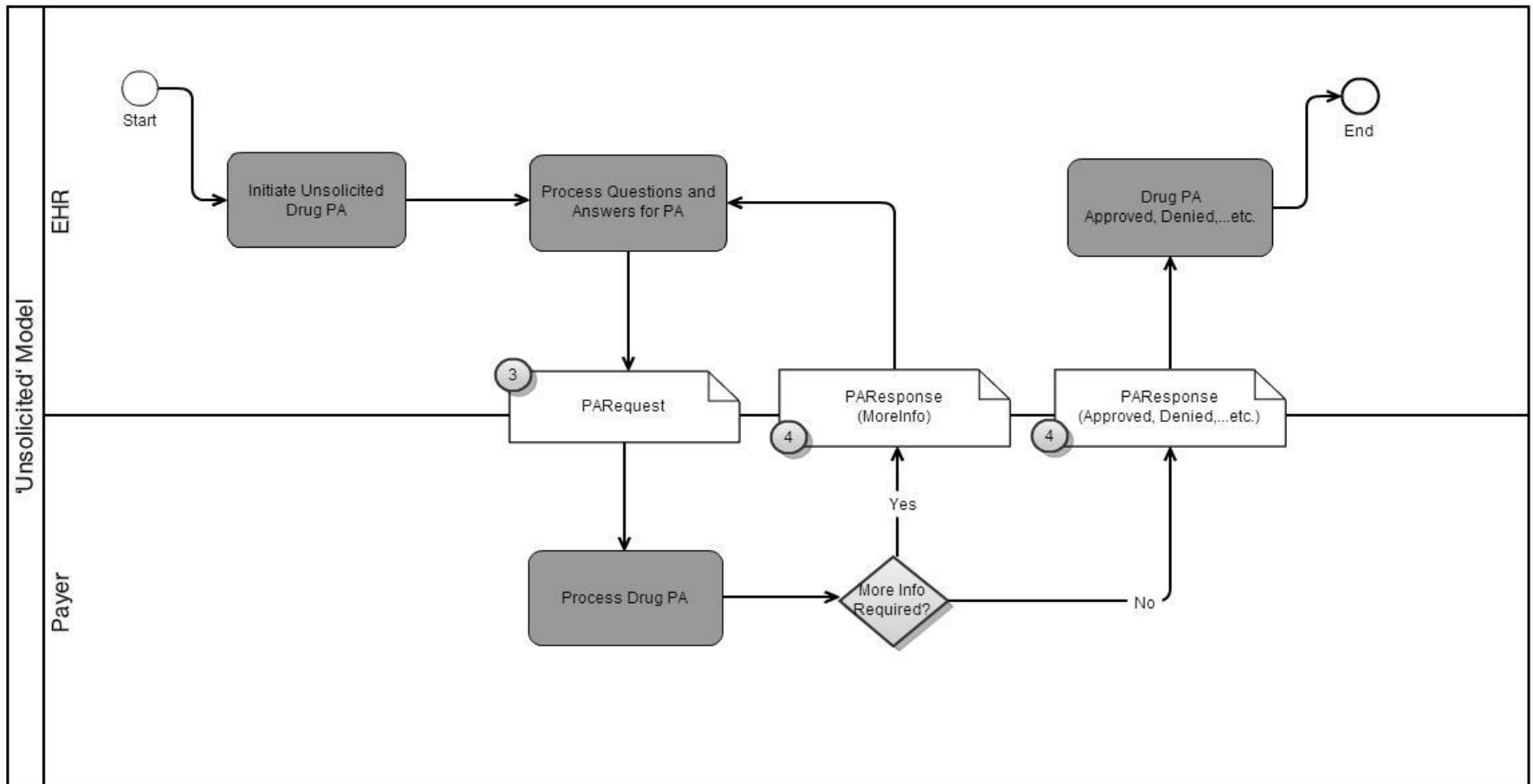
# Proposed PA Transaction Flow – Solicited Model

## Solicited Model

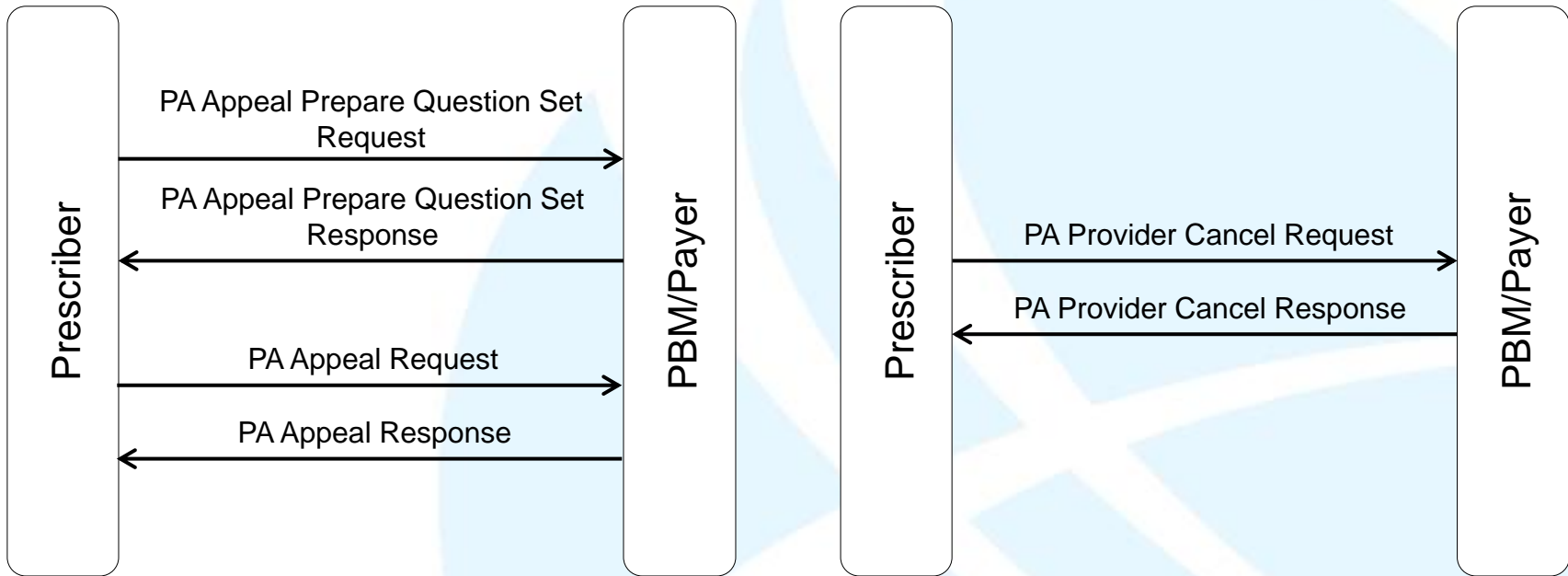


# Proposed PA Transaction Flow – Unsolicited Model

## Unsolicited Model



# Proposed PA Transaction Overview



## Other Transaction functions supported:

- PA Appeal Prepare Question Set Request/Response & PA Appeal Request/Response
  - Usage of these transactions is the same as the PA Prepare Question Set Request/Response and PA Request/Response transactions.
- PA Provider Cancel Request/Response
  - Prescriber requests a PA Request that's in process be canceled.
  - PBM/payer responds with a cancellation status.

# Proposed PA Prepare Question Set Request

Prescriber → PBM/Payer

Data Elements:

Header	to, from, message ID, date/time sent
Prescriber	ID, specialty, name, address
Patient	ID, name, address, DOB, gender
Benefits Coordination	cardholder ID/name, health plan ID, group ID
Pharmacy	ID, name, address
Medication Prescribed	ID, description-name/strength/dosage form, quantity

- Used in the solicited model only
  - Prescriber requests the information required to accompany a PA Request – what questions need to be answered, what information needs to be provided.
- Benefits Coordination information can be sent when available to be used by the PBM/payer to assist in identifying the patient's coverage.

# Proposed PA Prepare Question Set Response

PBM/Payer → Prescriber

Data Elements:

Header	to, from, message ID, date/time sent
Echoed from initial request: Prescriber, Patient, Benefits Coordination, Pharmacy, Medication Prescribed	
Response Detail	status indicating question set provided or PA not required
Question Set Header	title/instructions to display to prescriber
Question Set Detail & Answer Choice	question/answer choice text, question type (e.g., multiple choice, numeric, date, free text), next question logic, coded reference (e.g., LOINC, SNOMED, CDA template ID) to systematically identify information required

- Used in the solicited model only
  - PBM/payer responds with the information required to accompany a PA Request
    - Information required provided as a question set (question/answers to display to prescriber) with optional support for coded references EMR can use to pull information from patient's medical chart.

OR

- or an indication a PA isn't required for the patient and medication
  - Specific to the patient's coverage and the medication prescribed.

# Proposed PA Request

Prescriber → PBM/Payer

Data Elements:

Header	to, from, message ID, date/time sent
Echoed from initial request: Prescriber, Patient, Benefits Coordination, Pharmacy, Medication Prescribed	
Completed Question Set	answers/information provided by the prescriber or EMR (i.e., answer selected/entered by the prescriber or information populated from the patient's medical chart)
Attachment(s)	attachment type, attachment payload

- Prescriber sends the information requested in the PA Prepare Question Set Response (solicited model) or information agreed upon outside of the PA transactions by the trading partners (unsolicited model).
- Attachments can be sent related to a specific question or for the request overall.



# Proposed PA Response

PBM/Payer → Prescriber

Data Elements:

Header	to, from, message ID, date/time sent
Echoed from initial request: Prescriber, Patient, Benefits Coordination, Pharmacy, Medication Prescribed, Completed Question Set	
Response Detail	Determination status (e.g., approved, denied, pended, more info required), details specific to the status
Attachment(s)	attachment type, attachment payload

- PBM/payer responds with PA determination status (e.g., approved, denied, pended, more info required) and details specific to the status.
  - Approved status: authorization details (start/end date, quantity, # of fills)
  - Denied status: denial reason, appeals details
  - More Information Required status: Question Set identifying additional information required
- Repeat request/response transactions when more info required.
- Attachments can be sent with more information related to the status (e.g., approval/denial letter).

# Proposed PA Appeal Transactions

PA Appeal Prepare Question Set Request	Prescriber → PBM/Payer
PA Appeal Prepare Question Set Response	PBM/Payer → Prescriber
PA Appeal Request	Prescriber → PBM/Payer
PA Appeal Response	PBM/Payer → Prescriber

- Usage and definition of these transactions is the same as the PA Prepare Question Set Request/Response and PA Request/Response with slight modifications to support appeals
  - PA Appeal Prepare Question Set Request/Response used to request and identify the information required to accompany a PA Appeal Request.
  - PA Appeal Request/Response used to send requested information and respond with determination status (e.g., approved, denied, pended, more info required) and details specific to the status.
  - PA Appeal Request/Response repeat if more information is required.
  - Modifications: PA Case ID and PA Appeal Case ID usage specific to appeals process.

# Proposed PA Provider Cancel Request

Prescriber → PBM/Payer

Data Elements:

Header	to, from, message ID, date/time sent
Echoed from initial request: Prescriber, Patient, Benefits Coordination, Pharmacy, Medication Prescribed	
Cancel Detail	reason for canceling

- Prescriber sends a request to cancel a PA Request in process when PA no longer needed.
- Request includes reason from the prescriber for canceling the PA Request.

# Proposed PA Provider Cancel Response

PBM/Payer → Prescriber

Data Elements:

Header	to, from, message ID, date/time sent
Echoed from initial request: Prescriber, Patient, Benefits Coordination, Pharmacy, Medication Prescribed	
Response Detail	status indicating if the PA Request was canceled or not

- PBM/payer responds with status indicating if the PA Request was successfully canceled or not.



# **FUTURE CONSIDERATIONS**

# Future Considerations

- Optimize interoperability between prescribers and PBMs/Payers
  - Refine, based on capabilities, the ability to exchange data in a standard format to promote the capability of querying or extracting answers to prior authorization criteria/question automatically by:
    - Refining support for coded references used to leverage technology and minimize manual intervention
    - Supporting future use of medical logic models and automated, next generation decision support
    - Considering rules-based transactions similar to clinical decision support where the PA requirements/criteria are made available prior to Drug PA request
- Enhance workflow efficiencies for both the prescribers and PBMs/Payers
  - Evaluation of addition of Status Inquiry by provider request/response
- Collaborate with other NCPDP task groups as appropriate to support use of PA transactions
  - i.e. evaluating the creation of a standard/transaction to support accurate, patient-level coverage data around Drug PA notification/flags in electronic health record



# QUESTIONS

# Thank you!

## *Speakers:*

### **Anthony Schueth**

*Point-of-Care Partners, LLC*

[tonys@pocp.com](mailto:tonys@pocp.com)

### **Frank McKinney**

*Frank McKinney Group, LLC*

[fm@frankmckinney.com](mailto:fm@frankmckinney.com)

*substituting for*

### **Susan Hoo**

*Susan Hoo Consulting, Inc*

[shoo@susanhooconsulting.com](mailto:shoo@susanhooconsulting.com)

***With assistance from the volunteers of the WG11 Prior Authorizations Workflow to Transactions Task Group.***



## 01/2013 Updates

- 11/2012 November Work Group, DERF 001102 was pended for more time to prepare the implementation guide enhancements and modeling/schema work.
- The task group and sub task group have met multiple times to proceed with this work.
- The sub task group decided for clarification, the PA Prepare Question Set transactions have been renamed to PAInitiationRequest/Response
- The sub task group decided after further review, that the PAAppealInquiry transactions and the PAAppeal transactions were collapsed into PAAppeal transactions since there was only a minor difference.
- For the February 2013 Work Group meetings, DERF 001102 will contain an updated XML Standard document, SCRIPT Imp Guide document, and schemas. See Members MC page for DERF.