Real-Time Benefit Inquiry:
The Time is Right for More Informed Medication Decisions

PBMI Annual Drug Benefit Conference
March 6, 2017

PRESENTERS:
• Anthony Schueth, Point-of-Care Partners
• Julia Crouse, DrFirst
• Morgan Bojorquez, Humana
Learning Objectives

• Convey the challenges with eligibility-informed formulary, why physician utilization is less than desired and debate if there is a place for both F&B and RTBI.

• Summarize the transaction standards being piloted for RTBI; RTBI’s benefits/costs for employer groups, payers/PBM and EHRs; and what will drive wide-spread adoption.

• Describe lessons learned and best practices from the Humana/DrFirst, and other RTBI pilot programs.
What is Real-Time Pharmacy Benefit Inquiry?

• A means to provide patient-specific prescription benefit information at the point-of-care

• Request for prescription benefit information originating from the provider (prescriber)

• Payer/claims processor/pharmacy benefit manager provides the response to the request

Source: NCPDP
RTPBI Response Data Elements

Prescription covered by benefit:
  • Patient financial responsibility

Prescription not covered by benefits:
  • Reason for Denial
  • Alternatives
  • Coverage Limits

- PA required
- Step therapy
- DUE alert
1. The merger of RxHub and Surescripts was a major catalyst in connecting patient identities with a specific formulary.
2. NCPDP developed a standard format in which PBMS/payers should send formulary data to EHRs.
3. Government regulations helped to push along mandatory use of electronic formulary data by physician practices.
Real Time Benefit Inquiry Milestones

The ONC Notice of Proposed Rule Making (NPRM) released in Feb 2014 was the catalyst for NCPDP efforts around RTBI. In subsequent meetings, a request for demonstration projects was made by ONC leading to additional industry efforts.

NCPDP Task Group Created
NCPDP Task Group created under maintenance and control workgroup

Feb 2014

ONC NPRM
ONC Solicits comments on NCPDP Telecom and Formulary and Benefit Standard to support expanded use cases such as real-time benefit checks

June 2014

Subgroups Created for Use Case Development
Larger task group split into subgroups focused on specific Use Cases. Use Cases included: Alternatives, patient pay amount and coverage restrictions

August 2014

September 2014

HITSC Meeting
NCPDP presents at Health IT Standards Committee meeting. Requests for additional demonstration projects are made

April 2015

Subgroups Dissolved
Use Case Subgroups dissolved due to overlap of efforts. NCPDP work will continue in single task group
Enables a prescriber to send a real-time inquiry directly to the PBM/Payer for a patient’s prescription coverage information.

Current Workflow

Links an eligibility response with downloaded formulary data files

RTBI Workflow

270: Eligibility Request
- First Name
- Last Name
- Gender
- Birth Date
- ZIP Code

271: Eligibility Response
- Formulary List ID
- Coverage List ID
- Copay List ID
- Alternatives List ID

PATIENT

HCP
Using EHR

surescripts

Formulary & Benefit Data

Plan Membership

PATIENT

HCP
Using EHR

RTBI Request
- Last Name
- Gender
- Birth Date
- ZIP Code
- Prescription Info

RTBI Response
- Coverage
- Copay
- Alternatives

PBM/PROCESSOR
RTPBI v Current Eligibility Formulary Transaction

With RTPBI, Prescription Benefit Information Comes Directly from the PBM/Payor; Not Static Files
Specialty Medication Coverage: Pharmacy vs. Medical Benefit

Drugs Covered Under Medical v. Pharmacy Benefit

- 46% Medical Benefits
- 54% Pharmacy Benefits

Source: Milliman, 2015

RTPBI Transactions Only Return Information on Pharmacy Benefits

Specialty Medications Covered Under Medical v. Pharmacy by Setting

Source: EMD Serono Specialty Digest, 2016
NCPDP SCRIPT Standard

• July 2013: ePA transactions were approved as part of SCRIPT standard
  • This includes PA initiation request and PA initiation response
  • A request goes from the prescriber to the PBM/payer to determine if PA is required
  • A response comes from PBM/payer to prescriber on whether or not PA is needed.
The current SCRIPT standard already supports provider/PBM/payer initiation request and response.

As of February 2017, 6 states require NCPDP SCRIPT standard for ePA; 4 require ePA, no standard defined.

The request and response is currently not patient specific.
ASC X12 Standard

• ASC X12 270/271 – Health Care Eligibility Benefit Inquiry and Response:
  • HIPAA mandated for dental, professional, and institutional providers.
  • Inquiry and response to obtain any information about a benefit plan for an enrollee including: eligibility to receive health care services under the plan, coverage of services, benefits associated with the plan.
ASC X12 Standard

- Transaction would need to be updated significantly:
  - Guide does not require an NDC-specific response to an NDC-specific request.
  - Transaction does not support all of the needed prescription fields including quantity, dose, and day supply.
NCPDP Telecommunications D.0 Standard

- Currently used by pharmacies to submit drug claims to PBMs/Payers
- Existing connections can be used to submit RTBI inquiry from provider to PBM/Payer.
NCPDP Telecommunications D.0 Standard

- Significant amount of variability exists in current D.0 standard including:
  - Request transaction
  - Response transaction
  - Provider Identification
  - Service provider
- Transactions are based on pharmacy benefit transactions only; standard needs to incorporate both medical and pharmacy benefits.
One Target, But Currently Many Paths…

Standards Development:
1. NCPDP Task group
   • Use Case Development – expected completion – Dec, 2016
   • Standards Development – TBD
   • Debate over where Task Group belongs

Industry Stakeholder Efforts:
1. DrFirst – Modified NCPDP D.0 Telecommunications standard
   • Production: Humana
2. Surescripts – Modified NCPDP SCRIPT standard
   • Testing: Practice Fusion and ESI
Considerations, Drivers and Future

- Innovators/Early Adopters will help determine the value and lessons learned/best practices
- There are costs to both the payers/PBMs and EHRs
- Do we need both F&B as well as RTBI?
- Need to improve F&B
- What will drive wide-spread adoption?
  - Regulations
  - Business model
Real-Time Benefit Inquiry

DrFirst and Humana
In October 2015, Humana launched new service with DrFirst for Real-time Benefit Inquiry:

- First to market with such capabilities
- Integrates into DrFirst myBenefitCheck Product
- Fully integrated with electronic Prior Authorization

- 33K+ Prescribers, 2.2 Million Transactions
- .84 second average response time
What is a Real-time Benefit Inquiry?

• Service based on NCPDP Telecomm Standard D.0
  • Modified version of D1 - Predetermination of Benefits

• DrFirst sends RTBI request to Humana

• Humana adjudicates request in pharmacy claims system and returns response

• myBenefitCheck presents the following:
  • Patient-specific drug coverage and pricing
  • Formulary alternatives
  • Alternative pharmacy pricing (90-day)
  • Payer DUR information
DrFirst’s myBenefitCheck

• Industry First Nationwide Real-Time Benefit Inquiry Product
  • Available to all DrFirst Rcopia ePrescribing users
  • Integrated with non DrFirst ePrescribing Systems
  • Integrated with multiple PBMs
  • Easily integrated into IDNs/ ACOs/ at risk plans
    • API integration
    • Average time to implement 60-90 days
Why is myBenefitCheck Necessary?

90.6%
HCPs Believe That the Most Important Use of Formulary Information is for Prescribing

62.5%
HCPs Use Sources Outside of the eRx System to Check Formulary for Patients

39.3%
HCPs Describe ePrescribing Formulary as “Accurate and Trustworthy”
87% said cost influences their prescribing decisions.

93% would consider changing to a lower cost option.

98.7% said if the information can’t be available in less than 2 seconds they don’t want it.

80% want to know when a pharmacy is out of their patient’s network.

82% would consider changing pharmacies to in-network.
RTBI in e-Prescribing Workflow

1. **Patient Search**
2. **Patient Eligibility (270/271)**
3. **Drug Search**
4. **Drug Strength & Form Chosen**
5. **eRx is Sent or Changed**
6. **RTBI**
7. **eRx Review Screen Initiated**
8. **Sig Details Completed**
### Pending Prescriptions for this Patient

<table>
<thead>
<tr>
<th>Signatures Password:</th>
<th>[Select All] [Select None] [Delete Selected]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Add to Meds] [Print Pharmacy]</td>
<td>[Send Copy to Patient]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Serial</th>
<th>Drug Name</th>
<th>Date</th>
<th>Status</th>
<th>Qty</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>GB-2111126247</td>
<td>Januvia (sitagliptin) 100 mg tablet</td>
<td>09/19/2016</td>
<td>pending WARNING</td>
<td>90</td>
<td>none</td>
</tr>
<tr>
<td>GB-2111131712</td>
<td>Rosins (acetylsalicylic acid) 25 mg tablet</td>
<td>09/19/2016</td>
<td>pending WARNING</td>
<td>30</td>
<td>none</td>
</tr>
<tr>
<td>GB-2111137939</td>
<td>Januvia (sitagliptin) 100 mg tablet</td>
<td>09/19/2016</td>
<td>pending WARNING</td>
<td>30</td>
<td>none</td>
</tr>
<tr>
<td>GB-2111137949</td>
<td>Januvia (sitagliptin) 100 mg tablet</td>
<td>09/19/2016</td>
<td>pending WARNING</td>
<td>30</td>
<td>none</td>
</tr>
</tbody>
</table>

**Prescribe a Medication**

**Select Medication for Prescription**

**Name:**

**Favorites:**

**Actions:**

**Medications History:**

- View (Detail/Mini) [Medication History]
- Medication History is Unknown or Incomplete
- Patient Takes No Medications [Medications Reviewed]
- None.

**Current Allergies/Adverse Reactions:**

- [Manage Allergies] [Patient Advised]

- No known drug allergies (NOMA).

**Problems:**

- [Manage Problems] [Manage Smoking Status] [Problems Reviewed]

- Problems Not Entered: Enter Problems
Patient: BANANA BEDFORD
Phone: (123) 456-7890 (home)
Pharmacy: Wal-Mart Pharmacy 2071 E (8900 Old Seward Hwy Anchorage AK)
Formulary: Argus (EUGM), retail & mail
DOB: 01/01/1950
Sex: M
Height: [Show Patient Encounters]
Weight: [Add Encounter]

Drug: Lantus Solostar (insulin glargine) (U) 100 unit/mL (3 mL) insulin pen
Sig: As directed
Duration: All day
Quantity: 1 vial water
Refills: 0

Directions to Pharmacist: [Show Activity]

Comments (For office use only; will not appear on prescription):

Eligibility provides access to:

View NDC ID list for this drug
Real-Time Benefit Inquiry • PBMI

Checking the patient's prescription benefit plan—please wait...

Patient: BANANA BEDFORD [Prescribe] (Change Demographics) [Export Patient summary]

DOB: 05/27/1965

Height: [Show Patient Encounters] Weight: [Add Encounter]

Formulary: Argus (ArgusCMN), retail & mail

Rx:

Lantus Solostar (insulin glargine) 100 units/mL (3 mL) insulin pen
Dispense 16 (16 units) pen injector
Sig: Inject 1 (1 unit) pen injector subcutaneously every other day as directed
Duration: 30 days
Substitution permitted

Savings for non-Covered Medications: S/N: 01031, PCN: BRK4, GROUP: OFSTT, Patient ID: 0001-0002

Patient Allergies: None

Patient Advisor
Patient Scorecard
Patient Support
Clinical Decision Support
ePA+ 74
Medication Fill History
Lantus Solostar: This medication is COVERED by the patient’s prescription benefit plan.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Pharmacy Name / Type</th>
<th>Duration (days)</th>
<th>Patient Cost</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lantus Solostar insulin pen</td>
<td>Walgreens Pharmacy 2071 (Retail)</td>
<td>30</td>
<td>$40.00</td>
<td></td>
</tr>
<tr>
<td>Lantus Solostar insulin pen</td>
<td>MailOrder Pharmacy XV (MailOrder)</td>
<td>90</td>
<td>$50.00</td>
<td></td>
</tr>
<tr>
<td>Levemir (insulin detemir)</td>
<td>Walgreens Pharmacy 2071 (Retail)</td>
<td>30</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>Levemir (insulin detemir)</td>
<td>MailOrder Pharmacy XV (MailOrder)</td>
<td>90</td>
<td>$50.00</td>
<td></td>
</tr>
<tr>
<td>Lantus (insulin glargine)</td>
<td>Walgreens Pharmacy 2071 (Retail)</td>
<td>30</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>Lantus (insulin glargine)</td>
<td>MailOrder Pharmacy XV (MailOrder)</td>
<td>90</td>
<td>$50.00</td>
<td></td>
</tr>
</tbody>
</table>

Please consider prescribing one of the alternative medications listed below.
Lantus SoloStar: This medication is COVERED by the patient's prescription benefit plan.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Pharmacy Name / Type</th>
<th>Duration (days)</th>
<th>Patient Cost</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lantus SoloStar insulin pen</td>
<td>Wal-Mart Pharmacy 2071 (Retail)</td>
<td>30</td>
<td>$40.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MailOrder Pharmacy XY (MailOrder)</td>
<td>90</td>
<td>$50.00</td>
<td></td>
</tr>
<tr>
<td>LevoMix (insulin detemir)</td>
<td>Wal-Mart Pharmacy 2071 (Retail)</td>
<td>30</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MailOrder Pharmacy XY (MailOrder)</td>
<td>90</td>
<td>$50.00</td>
<td></td>
</tr>
</tbody>
</table>

Please consider prescribing one of the alternative medications listed below:

This is an estimated cost, so the actual pricing may vary. Because drug prices are subject to change, and the cost provided is an approximation based upon claims and medical information currently available, the actual cost at the pharmacy may differ.

Print

Change Rx
Rcopia E-Prescribing Member

Patient: NA BEDFORD (Prescribed) [Change Demographics] [Export Patient Summary]
Phone: 456-7890 (home)
Pharmacy: Wal-Mart Pharmacy 2071 (R) (E) (8900 Old Seward Hwy Anchorage AK) [View]
Formulary: Argus (ArgusCMM), retail & mail

DOB: 01/01/1950
Sex: Male
Height: [Show Patient Encounters]
Weight: [Add Encounter]

Review Prescription
Please review your prescription for accuracy.
Signature Password:
[Add In Mode] [Print Pharmacy] [Send Copy to Patient at:

Pharmacy Selected: MailOrder Pharmacy XYZ (900 MAIN STREET MYTOWN OH), Phone (800) 222-3333, Fax (877) 333-4444

DON G AARON, MBBS M.D.
1234 Phase 7 Sec 61, Mohali, MD 64749
Tel: (888) 123-4567 / Fax: (888) 789-3456
NPI: 1234567890

Supervisor: DON G AARON, MBBS M.D.
1234 Phase 7 Sec 61, Mohali, MD 64749
Tel: (888) 123-4567 / Fax: (888) 789-3456
NPI: 1234567890

BEDFORD, BANANA
Gender: M. DOB: 01/01/1990
900 ANY STREET, KANSAS, MO 65202

Rx
Levemir FlexTouch (insulin detemir) 100 units/mL, (3 mL) Insulin pen
Dispense: "10-30" (3 mL) Insulin pen
Sig: 10 units (100 units/mL) Sub-Q every day
Duration: 30 days
Substitution permitted

SUSTAIN FOR NON-COVERED MEDICATIONS: DME: 01-651, PCN
BIMX: GROUP: OFSTT, Patient ID: 16-Digit
Phone: Questions: YourRx 800-877-6144

Patient Allergies: No Known Drug Allergies (NDA)
Prescription 22111377875 for Levemir FlexTouch (insulin detemir) for BANANA BEDFORD was created.

Select Medication for Prescription
- Name:
- Find
- Category Search
- Use
- View/Edit

Medications
- Medication History:
  - Unknown or Incomplete
  - Patient Takes No Medications
  - Medications Reviewed

Current Allergies/Adverse Reactions
- Allergies Reviewed
- No known drug allergies (NDA)

Pending Prescriptions for this Patient
- Signature Password:
- Add to Meds
- Print Pharmacy
- Send Copy to Patient
- Send via Email
- Print via Email
What is presented via RTBI?

• Main message that explains Coverage Status
• Pricing of Prescribed Drug at Prescribed Pharmacy (if covered)
• Pricing at one Alternative Pharmacy*
• Pricing of up to Three Alternative Drugs*
• ePA workflow (if ePA eligible)

*if available
The Value of RTBI

Transparency
• Provides benefit information to make informed decisions
• Identifies cost barriers before patient arrives at pharmacy

Clinical Outcomes
• Improves formulary adherence by knowing drug coverage
• Ensures Patient Safety by presenting DUR information

Consumer Experience
• Reduces prescription delays and claim denials
• Prevents bad experience at the pharmacy
Results

- Prescriber behavior changes when drug isn’t covered
  - For a safety edit, eRx is being cancelled
  - For a not covered drug, new eRx is written for a formulary alternative

- Higher utilization of patient’s preferred benefit

- Increased adoption of electronic Prior Authorization
  - Higher completion rates for ePA
Are Prescribers Using myBenefitCheck?

83% HCPs Regularly Use myBenefitCheck Information

7% HCPs are Not Interested in the Information

10% HCPs Want More Education
Prescribers Response

$65%  
Like Price Transparency

60%  
Discuss with Patients

“myBenefitCheck is a great tool, a really great tool. We will be active users of this”  
—Dr. Jorge

“We will use the heck out of this. myBenefitCheck is what we have been waiting for!”  
—Dr. Haydel

47%  
HCPs received positive feedback

47%  
HCPs switched to home delivery

10%  
HCPs change prescriptions immediately

65%  
Like Price Transparency

“Wow. This is exactly what we need! When will we have it for more insurance plans?”  
—Dr. Fernandez
Opportunities

• Pricing of non-countable drugs (i.e. inhalers, eye drops)
• Provider awareness of source of RTBI information
• Pricing of Drugs when have Prior Authorization
Questions?

Anthony Schueth
Point-of-Care Partners
tonys@pocp.com
954.346.1999

Julia Crouse
DrFirst
juci@drfirst.com
570.220.7158

Morgan Bojorquez
Humana
mbojorquez@humana.com
502.476.4048