Electronic Prior Authorization Focus Group Recap October 6, 2011

Location: NCPDP Offices

Number of attendees: approximately 30 live, plus 3 via phone, plus 7 staff

Moderator: Rick Sage

Goal of the Focus Group:

To identify basic needs and issues for the industry related to electronic Prior Authorization. To implement a pilot project that uses the NCPDP standards that will address the concerns of all affected parties. To come away from this meeting with a basic project plan to create an ePA pilot.

Presentations Given:

Tony Schueth Founding Partner, Point-of-Care Partners provided a presentation (ePA background and level set). Tony noted patient care is central to the ePA process, but PA impacts all sectors of healthcare. Tony discussed the history of the NCPDP ePA Industry Task Group, the initial pilot by CMS/AHRQ, the expert panel recommendations, and the work that has been done to this point. To also level set, Tony noted that not only does the prescriber perform PA, but the pharmacy may perform PA. The NCPDP Telecommunication Standard is used in pharmacy ePA.

Bruce Wilkinson, CVS/Caremark provided a presentation (ePA Overview NCPDP focus group). Bruce noted the pilot implementation includes the use of the NCPDP Formulary and Benefit standard, which are files the vendors can pull down ahead of time containing information from the payers/plans. The ASC X12 270/271 Eligibility transaction is performed for patient-level information. The focus is real-time ePA for prescriptions that CVS/Caremark adjudicates. The ePA logic includes questions for yes/no, multiple choice, sequencing, and the transmission can include attachment files. The (draft) real-time Benefit Check transaction is used to check the formulary and benefit information specifically for a given patient, based on information provided on the Formulary and Benefit files. This transaction is currently a Surescripts proprietary transaction.

Matt Scantland, covermymeds provided a presentation (NCPDP PA Program). Their focus for their business was to make PA easier for doctors and pharmacies to get the patient on their medications. The process is that based on the pharmacy receiving a reject due to PA required (NCPDP Telecommunication Claim Billing transaction), the pharmacy sends a NCPDP Telecommunication Prior Authorization transaction to BIN of covermymeds. Covermymeds obtains the PA form and faxes to the doctor.

Michael Regan, Humana, and Sri Swarna, Agadia Systems described their project analysis underway. They will use the real-time Benefit Check, using an ePA hub. They do not have automatic responses; they are looking to streamline. 1200 prescribers would have access to the tool. They will survey prescribers on the impact. The project has two phases. 1) POC vendor – drive prescriber to portal to answer questions for PA. It uses the draft standard which does the benefit check for patient level information. 2) actually painting the questions on the eprescribing systems; to give appropriate questions whether medical or pharmacy benefit. They will use the ePA draft to exchange PA questions and answers. Phase 1 is this year. Phase 2 in 2012.

David Fidler, Medco Health Solutions noted that Medco has a portal but they are evaluating the use of the draft transactions. Their launch would be retrospective for now. Flow from the pharmacy claim identifying a PA needed and some exchange to the prescriber about a PA needed. It will point the prescriber to a URL (real-time portal) to PA questions. Medco may automate the process and approve the PA or the PA may need further work. They will have secure links that will expire. They

have done prescriber focus groups and the concepts have met with favor. Further clarification – if the pharmacy real-time claim rejects, Medco sends an NCPDP SCRIPT Change Request transaction to the prescriber that PA is needed. Prescriber goes to URL, patient information is populated, the PA "Case" is built. They are still evaluating how the pharmacy knows the PA has been processed. They are looking to see if the portal can be integrated into workflow (prescriber does not have to log in).

Discussion:

- *Goals and objectives of a ePA Pilot*
- *What are the needs to implement the Pilot*
- *Negatives or objections that might surface*
- *Benchmarks (how will we know it is a success)*
- *Financial considerations*

It was noted that there is legislation citing "real-time"; some pushing for real-time approvals to PA. Not all drugs fit; there may be a need for a human, clinical review. It was noted that ePA could be mandated in the future. It is up to the industry to form solutions before that point.

Some solutions are prospective, others are retrospective. Real-time ends when a processor rejects, requiring a P/A.

It was asked of the physicians in the room for comments on the discussion. They cited:

- The PA should be identified at the EHR
- More should be built into the front end of the process
- Do not want to work and rework the prescription
- Try to make information requirements transparent to the prescriber and the pharmacy as much as possible (the system do the work)
- Current the prescriber gets Y/N but would like to have more information and a list of medications
- Make sure to connect the payer and the health plan into the mix

Action Plan:

1. Humana, Agadia, CVS/Caremark to look at the draft standards and compare. Once the pilots are underway to work with vendors to see what is working and make recommendations.

2. It was recommended that the NCPDP ePA task group be reconvened to take the information from the focus group, the other actions, and bring forward enhancements to the standards or transactions. It is very important that participants of the focus group join this effort, and are willing to help build the solutions.

Additional Action Items:

• Update the ePA Diagrams of Focus Group to:
  • incorporate different entry points
  • include descriptions of pros/cons, information about coming in at different entry points
  • note on slides that entities may not support all types of PA
  • add status back to pharmacy and patient that PA is done
  • clarify bottom pink with note that this is an example of how a processor/plan might perform internally
	• Lynne Gilbertson
	• Matt Scantland
	• Ron Fine
	• Sri Swarna
	• Michael Regan
	• Tom Ramage

• Comparison of XML transaction(s), recommendations	• Bruce Wilkinson • Sri Swarna

• See if real-time Benefit Check draft document can be shared with focus group, NCPDP task group	• Ken Whittemore • Lynne Gilbertson
• Information on focus group will be reported at the next NCPDP WG11 ePrescribing and Related Transactions meeting in November. It is already on the agenda.	• Rick Sage • Tony Schueth
• Request to re-form the ePA Task Group; Tony to lead. Is on the modified agenda.	• Lynne Gilbertson • Rick Sage • Tony Schueth
• Notification to industry about focus group and next steps. Celebrate work! Points – what focus group did, next steps, task group to re-form, work to be done, pilots testing.	• Phillip Scott/Maggie Bruce with Rick and Tony