



MINNESOTA
MEDICAL
ASSOCIATION



Electronic Prior Authorization

Frequently Asked Questions

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What is Electronic Prior Authorization (ePA)?

ePA is the ability to electronically exchange information needed to obtain prior authorization. Under Minnesota rules, this means using national standards and does not include facsimile.

What does Minnesota's ePA mandate say?

The mandate states that providers and group purchasers (payers) must be able to exchange prescription drug prior authorization information electronically, as of January 1, 2016. The use of facsimile (fax) is not considered electronic.

How might my workflow change?

Your workflow might change in several ways. If you're able to request, and obtain, prior authorization before sending the prescription, you will likely receive fewer calls from pharmacies and patients. Depending on how your system is configured to support ePA, you may be able to answer the PA questions immediately, rather than delaying the work to later, or delegating it to others. With ePA, you're likely to receive responses in near real-time, eliminating the need to follow up on requests.



How will I know if I'm ready to meet the ePA mandate?

Work with your EMR/EHR vendor to determine if you have the necessary software installed to support ePA. Most vendors will be releasing a new version that includes ePA functions. Be sure that you've contacted all of the Minnesota payers you work with and tested the transactions with them.

What if my vendor isn't ready to support ePA?

First, find out when they will be ready. Second, notify the Minnesota payers you work with to inform them that you will not be able to comply with the mandate deadline and provide them with your expected compliance date. You may also want to provide your staff with talking points in case they get questions from patients or pharmacies as to why you're not in compliance with the mandate.

How can I find out if the payers I work with are ready?

This information is often available on the portals the payers make available to their providers. If you cannot find it there, contact the payer's provider relations staff.

Can others on my staff submit ePA requests on my behalf?

First, you need to determine what each payer's requirements are regarding ePA submission, and whether they allow for a proxy to submit requests. Second, you need to work with your system vendor to ensure that the system is configured to allow delegating ePA functions.

What happens if I can't support ePA on January 1, 2016? Or if a payer isn't ready to support ePA on that date?

If you are not going to be ready to support ePA, work with your payers and your staff to develop contingency plans. If a payer has indicated it will not be ready to support ePA, the payer should offer you guidance on its contingency plan. Contingency plans should include information on how prior authorizations will be handled in the interim, timelines for compliance, and communication plans.

Are there penalties if my practice is not ready to comply with ePA on January 1, 2016?

There are no penalties associated with the mandate; any enforcement by the state will likely take the form of education and a request for a plan for how you expect to achieve compliance. It is possible that health plans will refuse to accept PA requests if not submitted electronically.

Are there any additional costs my practice will incur as a result of using ePA?

Any costs that might be associated with sending and receiving ePA transactions would be assessed either by your EMR/EHR vendor or the network intermediary (i.e., Surescripts) involved in the exchange of the transactions.



Are there alternatives to sending the ePA transactions as required in the legislation and regulation?

There is an understanding in the industry that it will take some time for all prescribers and payers to be able to exchange their entire PA requests electronically. During this transition time, alternatives may include the continued use of portals and other manual processes.

How do I know if a medication requires prior authorization?

All payers should be providing formulary and benefit (F&B) files within your EHR/e-prescribing system. These files contain information, usually at the employer group – not patient – level and have indicators that reflect a medication’s formulary status and if a PA is required. If this information is not being displayed, please contact your vendor.

Does the ePA mandate only apply to patients covered by certain payers?

No. The mandate applies to all group purchasers (as defined in the statute), which includes Medicaid, Medicare, worker’s compensation and commercial plans such as those offered by BlueCross BlueShield of Minnesota, HealthPartners, Medica, PreferredOne and UCare.

Do I have to use ePA for medications I administer while the patient is in the office?

No. ePA is for medications that are self-administered by the patient. You’ll continue to follow the payer’s processes for prior authorization of services provided in the office or other clinical setting such as infusion centers.

How will I know where to submit the ePA request?

Your vendor can assist with this. When you check a patient’s eligibility for the encounter, the response from the payer should include information about their pharmacy benefits. This information is what is used to route the ePA request.

What if the PA isn’t obtained before the prescription gets to the pharmacy?

When the pharmacy receives the prescription, it will submit a claim to the payer, as is done today. When the pharmacy receives the reject message that indicates PA is required, the pharmacy will contact the physician’s office. This may occur via telephone or fax. The pharmacy may also send an electronic message, known as an RxChange message. Please contact your vendor to determine your ability to receive and respond to RxChange messages.

What about products offered by other vendors, like CoverMyMeds and PARx – are these acceptable?

As long as these vendors are exchanging the information in the approved NCPDP format (referenced in the Minnesota Department of Health Companion Guide), there should not be any issue. Please contact them directly, however, to confirm compliance.