

Electronic Prior Authorization for Medications (ePA)

Minnesota Medical Association &
Minnesota Medical Group Management Association

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MINNESOTA
MEDICAL
ASSOCIATION

MGMA
Medical Group Management Association
Minnesota

Welcome & Introduction



Minnesota Medical Association Mission:

- ▶ Working with physicians to improve the profession and the practice of medicine for the health of Minnesotans.



Minnesota Medical Group Management Association Mission:

- ▶ Enabling medical practice executives and their organizations to recognize and improve the health status of the community of patients they serve.

Electronic Prior Authorization in Minnesota - Objectives

- ▶ Review Minnesota eHealth activities
- ▶ Summarize current statute (62J.497)
- ▶ Overview of mandated transactions
- ▶ Consider ePA operational impacts

Minnesota e-health activities

<http://www.health.state.mn.us/e-health/index.html>

- ▶ MN Department of Health Office of Health Information Technology, est. 9/2009
- ▶ The 2007 Minnesota Legislature mandated (§62J.495)“by January 1, 2015, all hospitals and health care providers must have in place an interoperable electronic health records system within their hospital system or clinical practice setting.”
- ▶ MN eHealth Initiative
 - ▶ public-private collaborative whose vision is to accelerate the adoption and use of health information technology in order to improve health care quality, increase patient safety, reduce health care costs and improve public health
 - ▶ Numerous work groups, including one focused on ePrescribing
- ▶ <http://www.health.state.mn.us/e-health/eprescribing/>

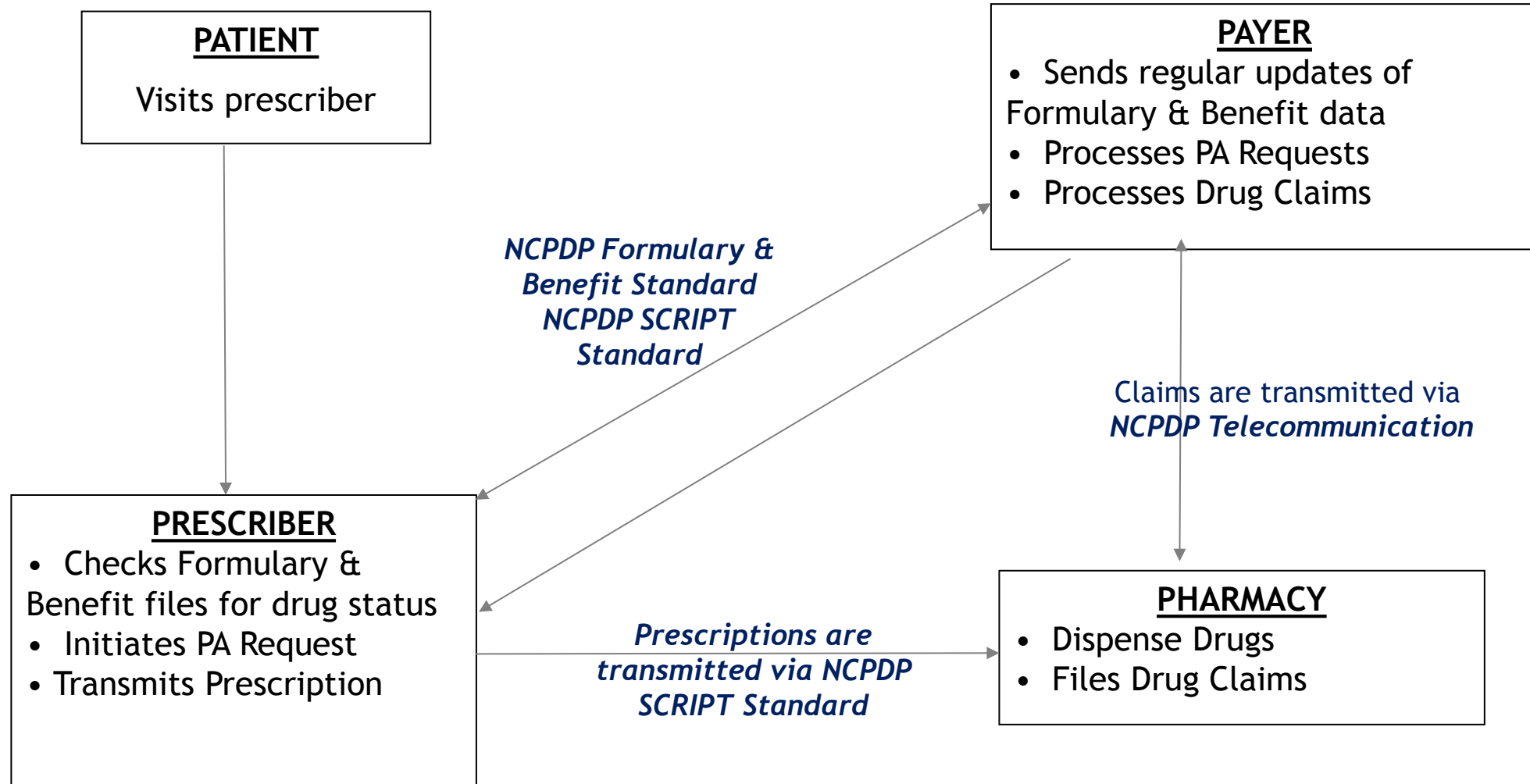
62J.497 ELECTRONIC PRESCRIPTION DRUG PROGRAM

- ▶ Subdivision 1 - Definitions
- ▶ Subdivision 2 - Requirements for electronic prescribing
- ▶ Subdivision 3 - Standards for electronic prescribing
- ▶ Subdivision 4 - Development and use of uniform formulary exception form
- ▶ Subdivision 5 - Electronic drug prior authorization standardization and transmission
- ▶ <https://www.revisor.mn.gov/statutes/?id=62j.497>

62J.497 Subd 5 (ePA)

- ▶ February 15, 2010 - process identified on how best to standardize drug prior authorization request transactions between providers and group purchasers with the goal of maximizing administrative simplification and efficiency in preparation for electronic transmissions.
- ▶ January 1, 2014, the Minnesota Administrative Uniformity Committee shall develop the standard companion guide by which providers and group purchasers will exchange standard drug authorization requests using electronic data interchange standards, if available, with the goal of alignment with standards that are or will potentially be used nationally.
 - ▶ The companion guide points to the NCPDP SCRIPT Standard ePA transactions
- ▶ **January 1, 2016, drug prior authorization requests must be accessible and submitted by health care providers, and accepted by group purchasers, electronically through secure electronic transmissions. Facsimile shall not be considered electronic transmission.**

Straw Model



ePA (electronic prior authorization)

- ▶ This is designed to replace the current processes by enabling the prescriber to *prospectively* request and obtain prior authorization.
 - ▶ Before the prescription gets to the pharmacy
 - ▶ Before the claim gets rejected
 - ▶ Before the pharmacy tries to call the prescriber
 - ▶ Before the prescriber calls the pharmacy back
 - ▶ Before the patient gets mad!

ePA - inner workings

- ▶ PA Initiation Request
 - ▶ Prescriber sends request to start PA process for specific patient and medication
- ▶ PA Initiation Response
 - ▶ Payer/PBM responds to request and provides list of questions/information for prescriber to complete, or
 - ▶ Indicates that PA is not needed
- ▶ PA Request
 - ▶ Prescriber submits information specified by payer/PBM
- ▶ PA Response
 - ▶ Payer indicates if request is approved

Other ePA transactions

- ▶ Cancel
 - ▶ Uses same request and response model
 - ▶ Allows prescriber to cancel a PA request
- ▶ Appeal
 - ▶ Also uses request and response model
 - ▶ Not all payers accept electronic appeals - indicator will be included in PA Response

ePA - considerations

- ▶ Goal is to have this occur before the Rx is sent to the pharmacy so that pharmacy is not stuck in the middle and patient's treatment begins as soon as possible.
- ▶ RxChange can be used to notify prescriber if PA is needed (based on rejected claim)
 - ▶ This would occur if 1) PA was not obtained before the prescription was sent and 2) if both the pharmacy and prescribing systems can process RxChange messages
- ▶ Plans and providers are working on implementation now
- ▶ For entities using ePA - turn around times are averaging less than 5 minutes from Initiation Request to PA Response
- ▶ Feedback from industry will lead to future enhancements
 - ▶ Recent enhancements proposed include flags if attachments are required, urgent requests, way to indicate if someone else processes PA requests for the patient.

Transition from paper PA to ePA

- ▶ Contact payers to determine readiness to accept ePA
 - ▶ BlueCross BlueShield Minnesota
 - ▶ HealthPartners
 - ▶ Medica
 - ▶ UCare
 - ▶ PreferredOne
- ▶ Work with your vendor to:
 - ▶ Ensure ability to send ePA
 - ▶ Validate internal routing options
 - ▶ Identify data that can be coded, i.e. diagnosis, lab values and used to populate ePA transactions
- ▶ Modify workflows, policies, procedures and other related documentation

Other Resources

- ▶ Fact Sheet & FAQs (MMA & MMGMA)
 - ▶ <http://www.mnmed.org/Advocacy/Prior-Authorization>
- ▶ Minnesota's ePA law (62J.497)
 - ▶ <https://www.revisor.mn.gov/statutes/?id=62j.497>
- ▶ The ePA Companion Guide (AUC document)
 - ▶ <http://www.health.state.mn.us/auc/guides.htm>
- ▶ Minnesota Electronic Prescribing Guide (MN Dept. of Health)
 - ▶ <http://www.health.state.mn.us/e-health/eprescribing/index.html>

Thank you!



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