Electronic Prior Authorization Update and Attachment Use in NCPDP Standards

NCVHS Subcommittee on Standards

February 2013

Current State of Attachment Standards

What is NCPDP?

- An ANSI-accredited standards development organization.
- Provides a forum and marketplace for a diverse membership focused on health care and pharmacy business solutions.
- A member driven organization that has been named in various government legislation and rulings, such as HIPAA and the Medicare Part D Regulation.
- One of several Standards Development Organizations (SDOs) involved in Healthcare Information Technology and Standardization.
- Focus on pharmacy services, and has the highest member representation from the pharmacy services sector of healthcare.
- NCPDP standards are used in pharmacy processes, payer processes, electronic prescribing, rebates, and more.

- NCPDP dataQ™ - provides healthcare stakeholders with up-to-date, comprehensive, and in-depth pharmacy information.
- NCPDP Online - enumerator of the NCPDP Provider ID number.
- HCIdea - NCPDP's relational healthcare prescriber database of over 2.1 million prescribers created for the industry, by the industry.
- RxRecon*nn*™ - NCPDP's legislative tracking product.

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Impact of Prior Authorization

Pharmacy hassle
- Pharmacy must call prescriber's office, and sometimes the plan

Patient hassle and treatment delay
- PA unknown until patient has already left office
- Treatment might be delayed for days

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

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

PBM/Health plan/Payer efficiency
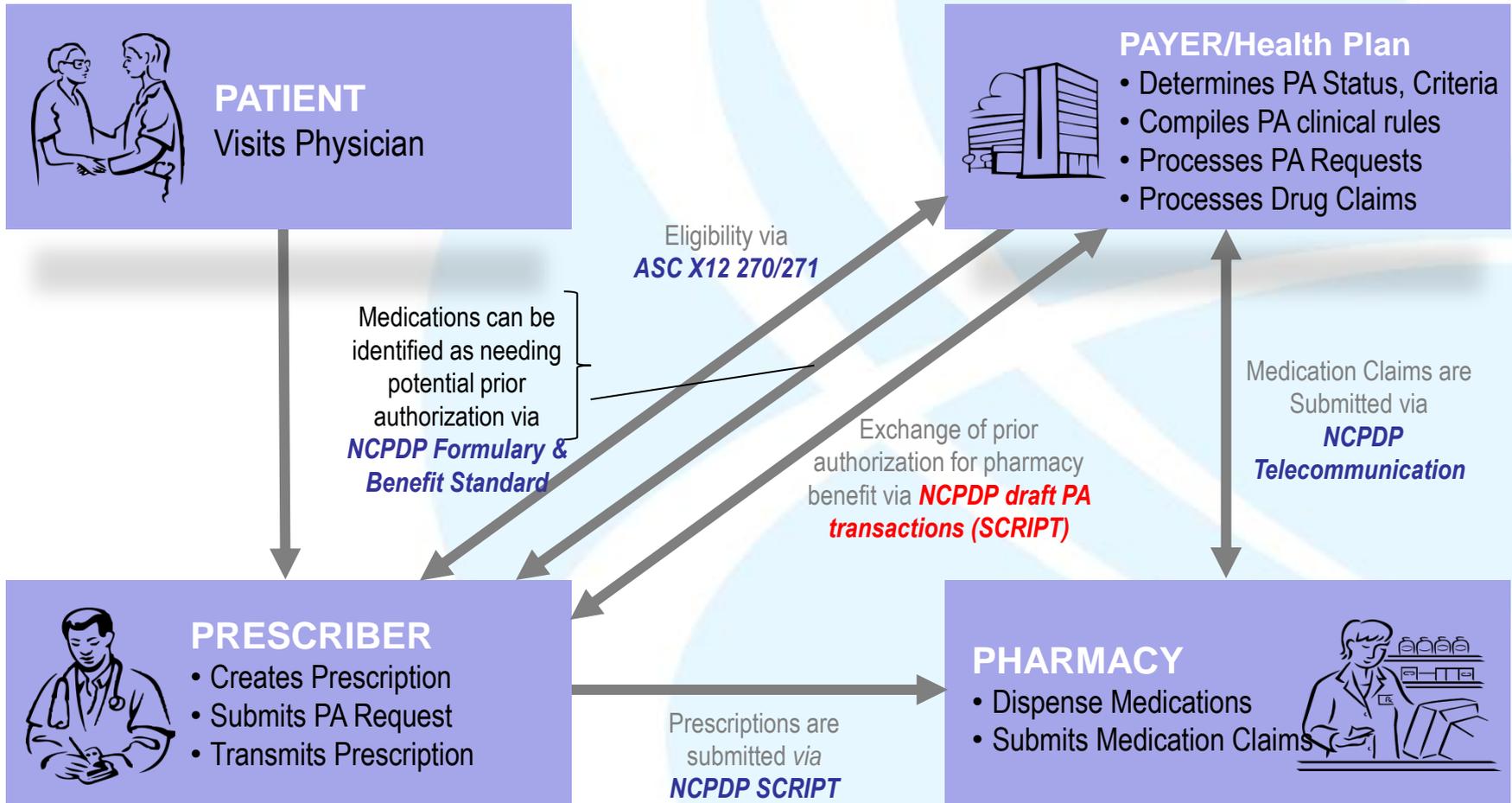- Expensive and labor intensive process that creates animosity

Physician Software
- Concern about wasted resources and priorities
- New complicated transactions and changed workflow

Intermediary Opportunity
- Value creation in connecting partners
- There are questions of priority, however

Patients

Pharmacy

Prescribers

Pharmaceutical Co.

Prior Authorization Impact

PBM/ Health Plan/Payer

Physician Software

Intermediaries

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Electronic Prior Authorization Process

PATIENT
Visits Physician

PAYER/Health Plan
- Determines PA Status, Criteria
- Compiles PA clinical rules
- Processes PA Requests
- Processes Drug Claims

Eligibility via
ASC X12 270/271

Medications can be identified as needing potential prior authorization via *NCPDP Formulary & Benefit Standard*

Exchange of prior authorization for pharmacy benefit via **NCPDP draft PA transactions (SCRIPT)**

Medication Claims are Submitted via *NCPDP Telecommunication*

PRESCRIBER
- Creates Prescription
- Submits PA Request
- Transmits Prescription

PHARMACY
- Dispense Medications
- Submits Medication Claims

Prescriptions are submitted *via* **NCPDP SCRIPT**

Red = draft transactions   *Blue* = existing standards

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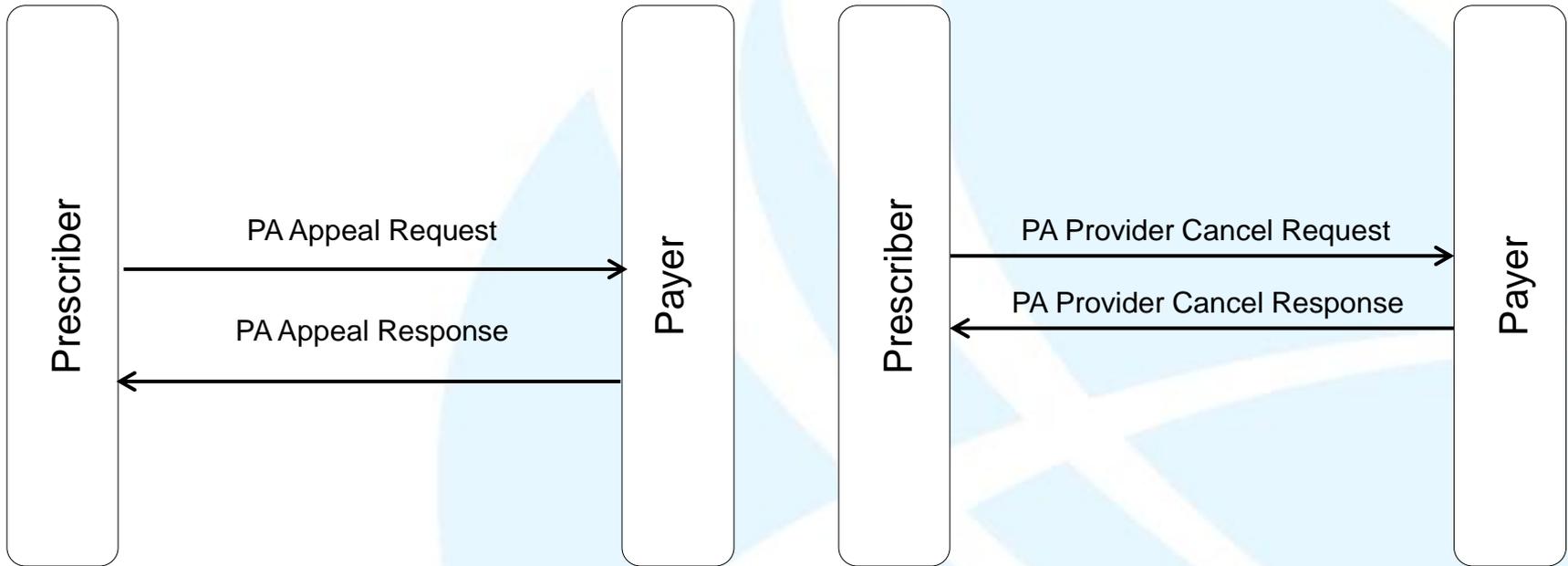# Proposed Electronic Prior Authorization Transactions Background

- NCPDP-facilitated industry task group.
- Supports an electronic exchange of today's PA process for pharmacy benefit as part of eprescribing workflow
  - Payer provides prescriber with a set of questions they are to answer for PA consideration for medication and DME products
- 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
- Supports elements that allow for automation of the collection of data required for PA consideration allowing an EMR vendor to systemically pull data from patient's medical record (i.e., coded references for each question (e.g., LOINC, SNOMED, CDA template))
- Supports both a solicited and unsolicited model
- Transactions added to NCPDP SCRIPT Standard
  - Reusing common elements and transactions
  - Reuse of Attachments (CDA etc.) support

Proposed PA Transaction Overview
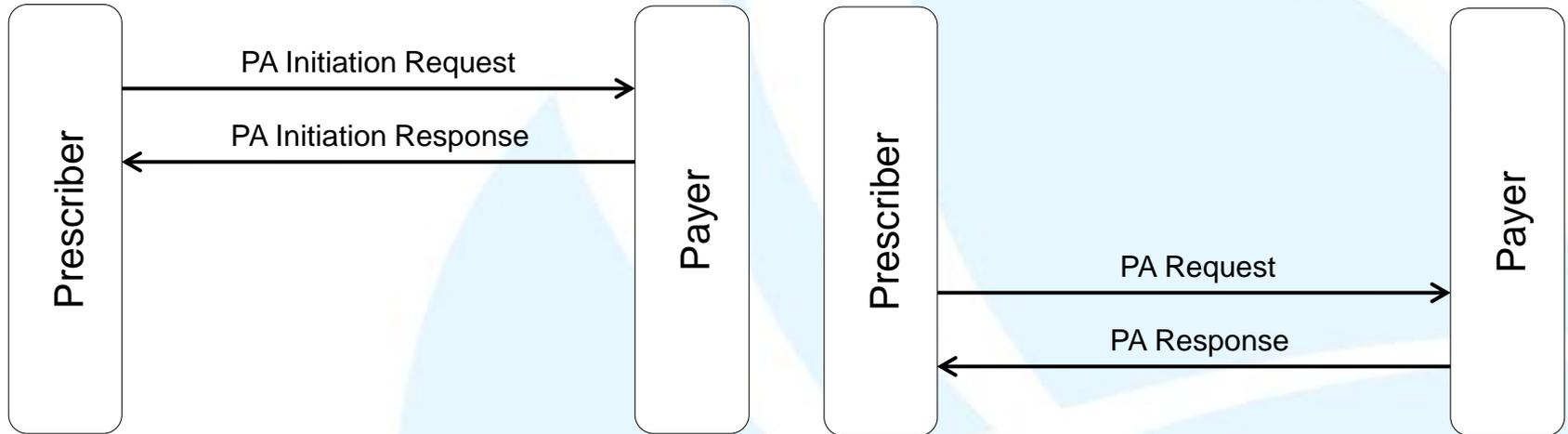
- PA Initiation Request/Response (used in the solicited model only)
  - Prescriber requests the information required to accompany a PA Request for a particular patient and medication.
  - Payer responds with the information required to accompany a PA Request or an indication a PA isn't required for the patient and medication.
- PA Request/Response
  - Prescriber sends the information requested in the PA Initiation Response (solicited model) or information agreed upon outside of the PA transactions by the trading partners (unsolicited model).
  - 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.

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Proposed PA Transaction Flow Models

Proposed PA Transaction Overview

Prescriber → PA Appeal Request → Payer

Payer → PA Appeal Response → Prescriber

Prescriber → PA Provider Cancel Request → Payer

Payer → PA Provider Cancel Response → Prescriber

Other Transaction functions supported:

- PA Appeal Request/Response
  - Prescriber requests PA Appeal information.
  - Payer responds with appeal information.
  - Prescriber submits PA Appeal information.
  - Payer responds with PA Appeal determination.
- PA Provider Cancel Request/Response
  - Prescriber requests a PA Request that is in process be canceled.
  - Payer responds with a cancellation status.

02/2013 Update

- Data Element Request Form (DERF) 001102 brought forward by the industry task group for ePA transactions in SCRIPT was approved for ballot.
- Ballot in March/April 2013.
  - Adjudication of ballot comments at May NCPDP Work Group meeting.
  - If substantive comments, ballot is recirculated with modifications.
    - Recirculation Ballot June/July 2013.
      - Comments noted at August NCPDP Work Group meeting.
      - After appeal period, ballot proceeds to Board of Trustees for approval.
      - Publication estimated November 2013.
  - If no substantive comments,
    - After appeal period, ballot proceeds to Board of Trustees for approval.
  - Publication estimated August 2013.

Attachments used in Pharmacy Industry Processing Standards

Query Transactions

- **Clinical Information Query** transactions between entities, such as pharmacy and prescriber, for patient-centric clinical health information such as
    - Allergies
    - Conditions
    - Medical histories
    - "All clinical info"
- Modeled based on and reuse of SCRIPT XML structure and syntax.
- The clinical information attachment is exchanged using industry standards that are currently in use –
    - ASTM's Continuity of Care Record (CCR) and
    - HL7 International's Clinical Document Architecture (CDA) with the specific template of the Continuity of Care Document (CCD).
- The attachment can be included in an NCPDP Clinical Info Response – either as an original Clinical Info Response or sent as a follow-up in a subsequent Clinical Info Response transaction.

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Medication Therapy Management and other Patient Care Services

- MTM Service Request and Response transactions
  - Payer requesting pharmacy, provider to accept a patient for MTM Service
  - Includes type of service and targeted type of service if applicable
    - Terminologies being developed
  - **May include clinical information attachment using the same attachment structure as the Query**
  - Pharmacy or provider responds back with acceptance or denial
- Billing for service is named under HIPAA
  - NCPDP Telecommunication Standard
  - ASC X12 837 Technical Report 3
- MTM Service Documentation transaction for providing service documentation, reported either before or after the service billing
  - Separating the billing function from the service documentation function
  - **May include clinical information attachment using the same attachment structure as the Clinical Info Query transactions**

Medication Therapy Management (MTM) Comprehensive Medication Review (CMR)

- Joint project between NCPDP and Health Level Seven (HL7), facilitated by NCPDP.
    - Developed a structured document Consolidated CDA (CCDA) implementation guide to meet the CMS required Part D patient "take away" document after an annual comprehensive medication review (CMR).
    - This structured document contains a pharmacist-provided reconciled active medication list, allergy list, indication for each active medication, and special instructions for the patient in easily understandable language.
        - The implementation guide supports RxNORM and SMOMED-CT codes.
        - CMS regulatory requirement is effective January 1, 2013.
    - Project Summary for Medication Therapy Management(MTM)Templated CDA http://www.hl7.org/special/Committees/projman/searchableProjectIndex.cfm?action=edit&ProjectNumber=842
- A use case was submitted by the Pharmacy e-HIT Collaborative to ONC S&I Framework "Automate Blue Button Initiative" (ABBI) Content Work Group as a potential project http://wiki.siframework.org/file/detail/ABBI+Content+Use+Case+Scenario+for+Medication+List.docx The use case outlines the purpose of how the CCDA structured document can be used by pharmacists. The payload of the CCDA structured document can be attached to an NCPDP transaction.

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Attachment Summary

- "Claims" attachments needs to be clarified. Is it the information that must be exchanged to fulfill the adjudication of the claim? Post adjudication of a claim? It should not encompass other administrative and clinical exchanges that may support attachments.

- Pharmacy claims (NCPDP Telecommunication Standard) do not support attachments. No business need has been brought forward at this point.

- Attachments may stand alone in exchanges, but must be allowed to be wrapped into other context-specific transactions.
  - These context-specific transactions must be allowed to be exchanged as they are today (envelope/operating rules/standards) between prescribers, payers, pharmacies, and their intermediaries.

- Much industry work (is underway) but still has to be done with experience and best practices for
  - exchanging updated/changed attachments (e.g. corrections to patient history, retracting incorrect information, etc.)
  - use of industry vocabularies (which vocabularies to use, concerns with using large vocabularies, administrative versus clinical uses, etc.)

Thank You

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