

Prior Authorization between Prescribers and Processors for the Pharmacy Benefit

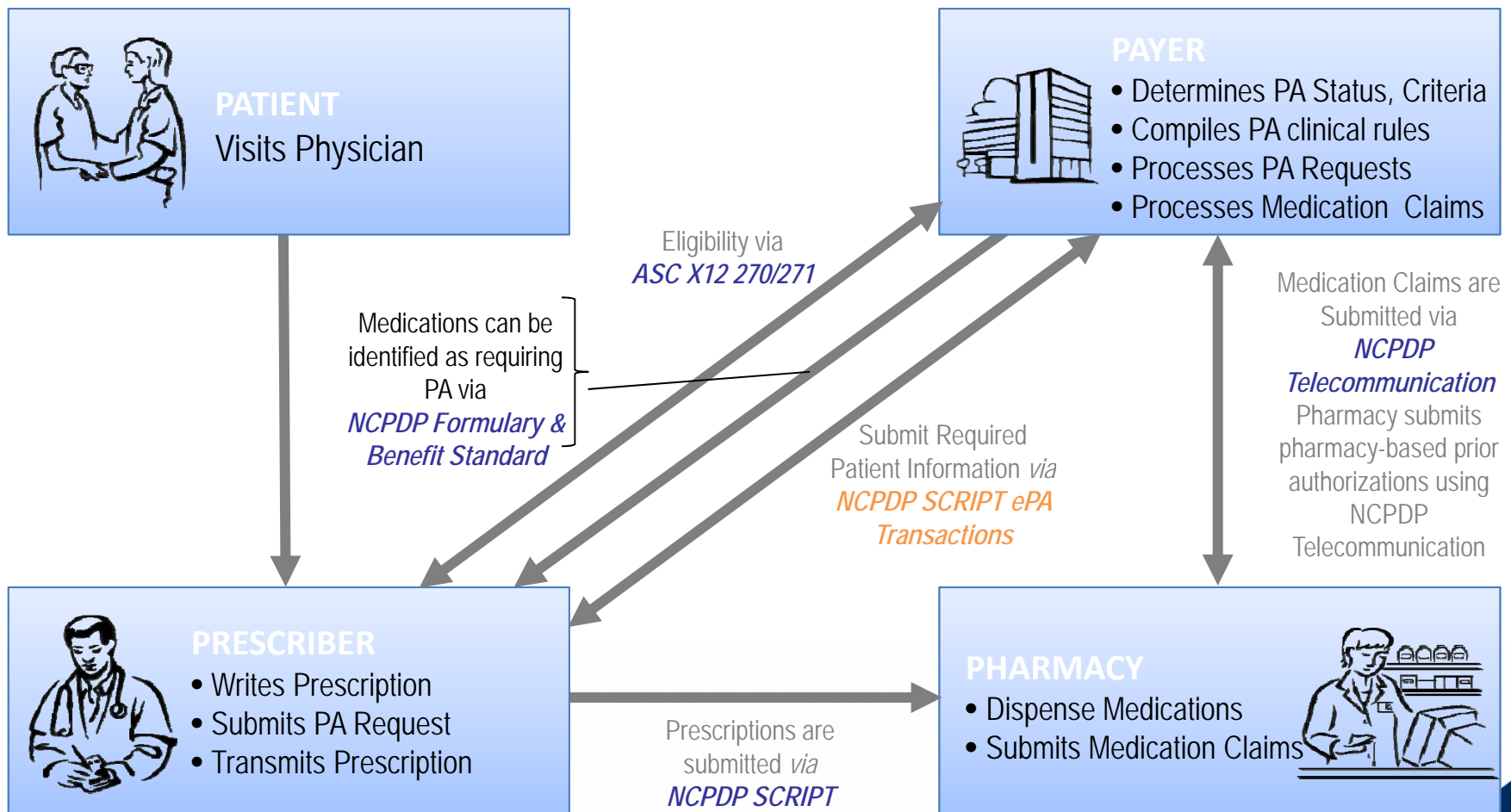
**Tony Schueth
Lynne Gilbertson**

**Panel 4
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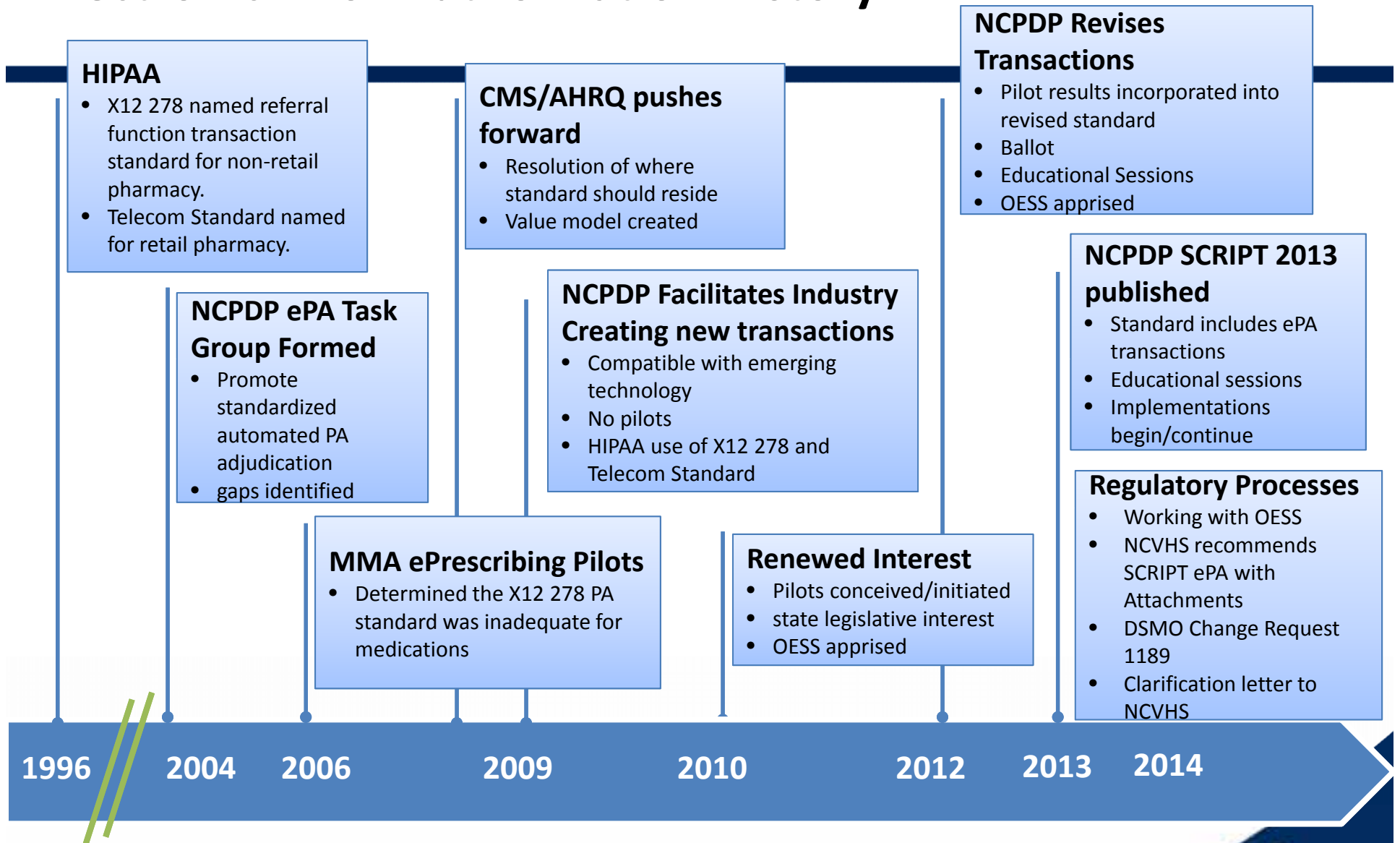


NCPDP

Electronic Prior Authorization Process for the Pharmacy Benefit using SCRIPT Standard



Electronic Prior Authorization History



Status of Electronic Prior Authorization Transactions in SCRIPT Standard

Educational webinars held before and after the ballot process.

Next webinar is April 10, 2014 12 pm ET. Information will be posted at
<http://www.ncpdp.org/Education/Webinar>

NCPDP SCRIPT Standard version 2013071 published July 2013, updated October 2013

Available free of charge with NCPDP membership (www.ncpdp.org)

SCRIPT Implementation Guide, XML schema, data dictionary and external code list and SCRIPT
Implementation Recommendations documents

NCPDP has been working with Department of Health and Human Services (HHS) Office
of eHealth Standards and Services (OESS) for the regulatory processes for the naming of
the electronic prior authorization transactions for the pharmacy benefit.

States have been/are publishing their own regulatory requirements.

DSMO Change Request 1189 was filed, approved by DSMO.

The “Ask” (Letter to NCVHS January 13, 2014)

NCPDP followed the Health Insurance and Portability Act of 1996 (HIPAA) regulatory process steps (DSMO/NCVHS) because it appeared this is where the transactions would fall. It is confusing to the industry to separate the SCRIPT Standard transactions into those that are named in MMA and those that are named in HIPAA but this appeared to be the course.

Our goal is to be able to use the NCPDP SCRIPT Standard Version 2013101 and still be in compliance with HIPAA requirements. The method for maintaining and modifying standards for electronic prescribing is successful in its efficiency, expediency, and how the industry is kept abreast of effective dates. We would recommend that the NCVHS recommendation to OESS, allow that in the use of the NCPDP SCRIPT Standard Version 2013101 prior authorization transactions, the method for maintaining and modifying the standard be kept as intact as possible.

The HIPAA process thus far has not provided any regulatory flexibility. It was thought the ACA section on Administrative Simplification would allow flexibility, but it appears it only applied to the first set of operating rules, and not future standards or operating rules.

The “Ask” (Letter to NCVHS January 13, 2014)

Seeking NCVHS recommendation based on DSMO recommendation, that will provide OESS the ability to continue to explore options to meet our overall goal:

To name the NCPDP SCRIPT Standard Version 2013101 Prior Authorization transactions only, for the exchange of prior authorization information between prescribers and processors for the pharmacy benefit *and to do so under the appropriate regulatory process that would provide flexibility for industry support.*

Electronic Prior Authorization Transactions in SCRIPT Standard

- Supports an electronic version of today's PA process (i.e., PBM/payer provides prescriber with a set of questions they must answer for PA consideration) covered by pharmacy benefit
- 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
- Additionally supports elements that allow for automation of the collection of data required for PA consideration (i.e., coded references for each question (e.g., LOINC, SNOMED, CDA template) allowing an EMR vendor to systemically pull data from patient's medical record)
- Supports both a solicited and unsolicited model
- Reuse of SCRIPT functions, elements, exchanges
 - Definitions for common elements: Header, Patient, Prescriber, Pharmacy, Medication Prescribed, Benefits Coordination
 - Attachments
 - Acknowledgement transactions: Status, Verify, and Error

Electronic Prior Authorization Transactions in SCRIPT Standard

PAInitiationRequest/Response (used in the solicited model only)

Prescriber requests the information required to accompany a PAREquest for a particular patient and medication.

PBM/payer responds with the information required to accompany a PAREquest or an indication a PA isn't required for the patient and medication.

PARequest/Response

Prescriber sends the information requested in the PAINitiationResponse (solicited model) or information agreed upon outside of the PA transactions by the trading partners (unsolicited model).

PBM/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.

PAAppealRequest/Response

Usage of these transactions is the same as the PAINitiationRequest/Response and PARequest/Response transactions.

PACancelRequest/Response

Prescriber requests a PAREquest that's in process be canceled.

PBM/payer responds with a cancellation status.

Thank you

Anthony Schueth, Task Group leader
Point-of-Care Partners, LLC
tonys@pocp.com

Lynne Gilbertson
VP Standards Development
NCPDP
lgilbertson@ncpdp.org