Electronic Medication Prior Authorization
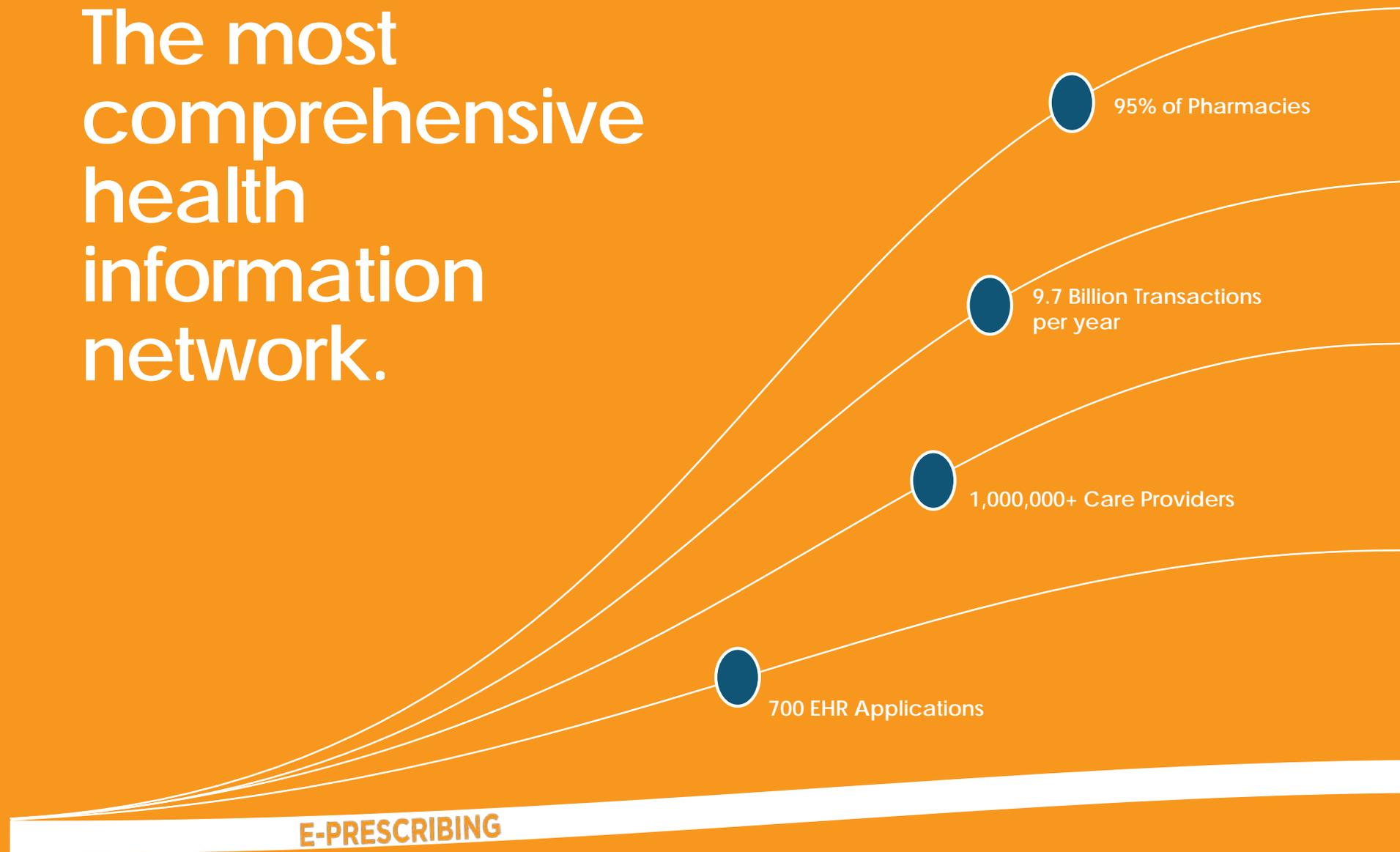
Taking the Pain Out of Prior Authorizations

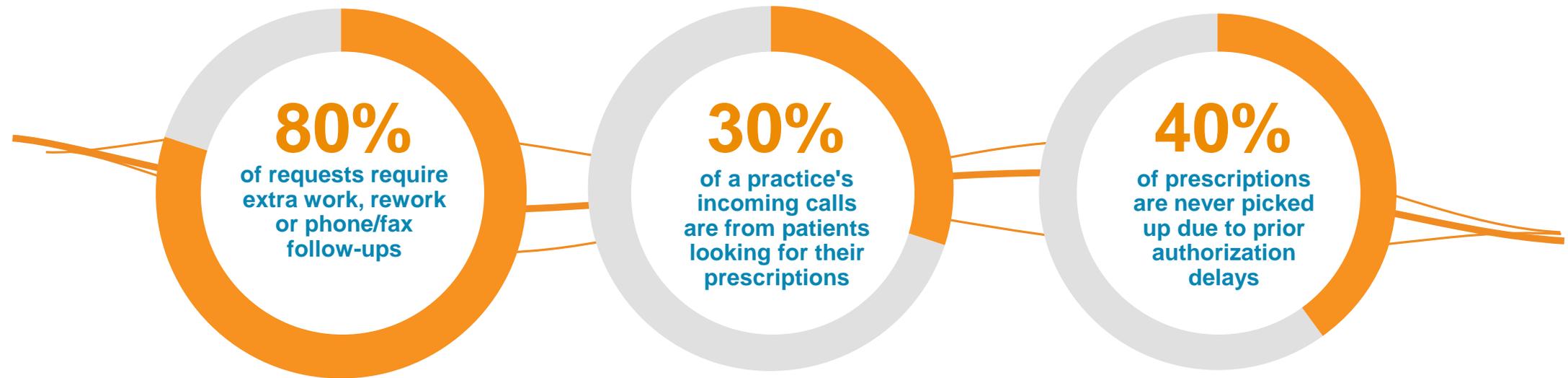surescripts®

How Healthcare Gets Connected

Agenda

- Surescripts network overview

- EMPA growth, workflow and value proposition

- Demo

GE Healthcare

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The most comprehensive health information network.

95% of Pharmacies

9.7 Billion Transactions per year

1,000,000+ Care Providers

700 EHR Applications

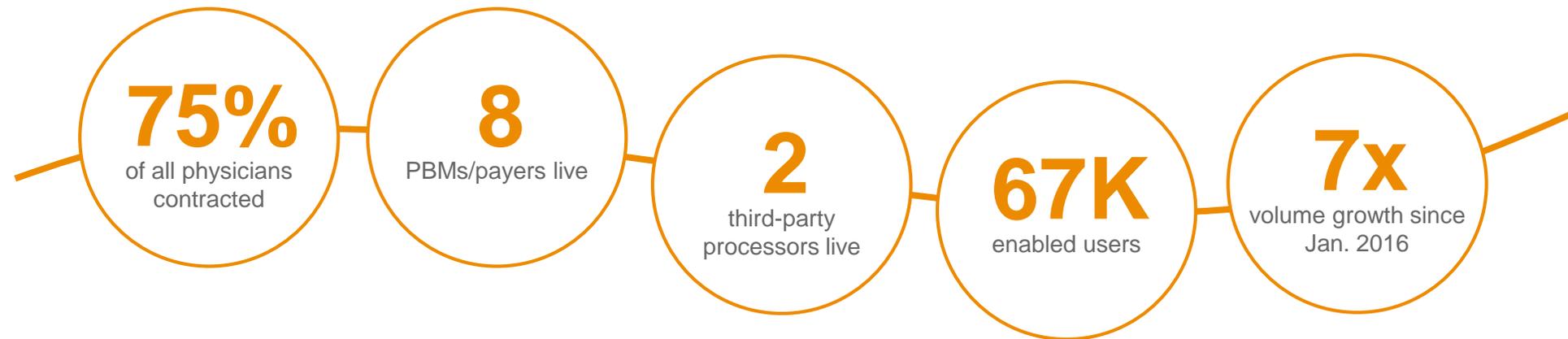E-PRESCRIBING

EMPA

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Physicians and support staff spend about **8 hours a week** **on manual prior authorizations** and the related run-around.

80%
of requests require extra work, rework or phone/fax follow-ups

30%
of a practice's incoming calls are from patients looking for their prescriptions

40%
of prescriptions are never picked up due to prior authorization delays

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Surescripts EMPA network has seen great user adoption

75%
of all physicians contracted

8
PBMs/payers live

2
third-party processors live

67K
enabled users

7x
volume growth since Jan. 2016

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Thousands of users are already enjoying the **benefits of prospective electronic medication prior authorization.**

~50%
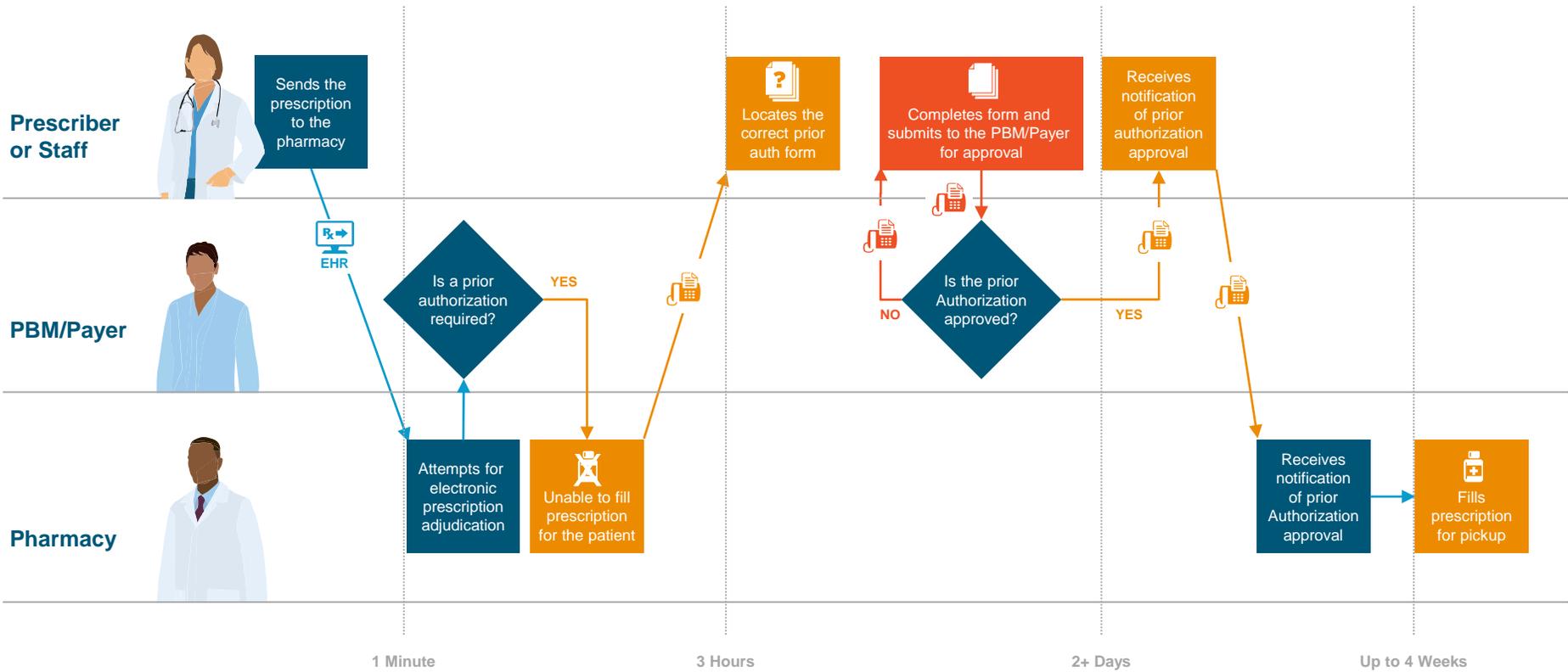decrease in required prior authorization questions
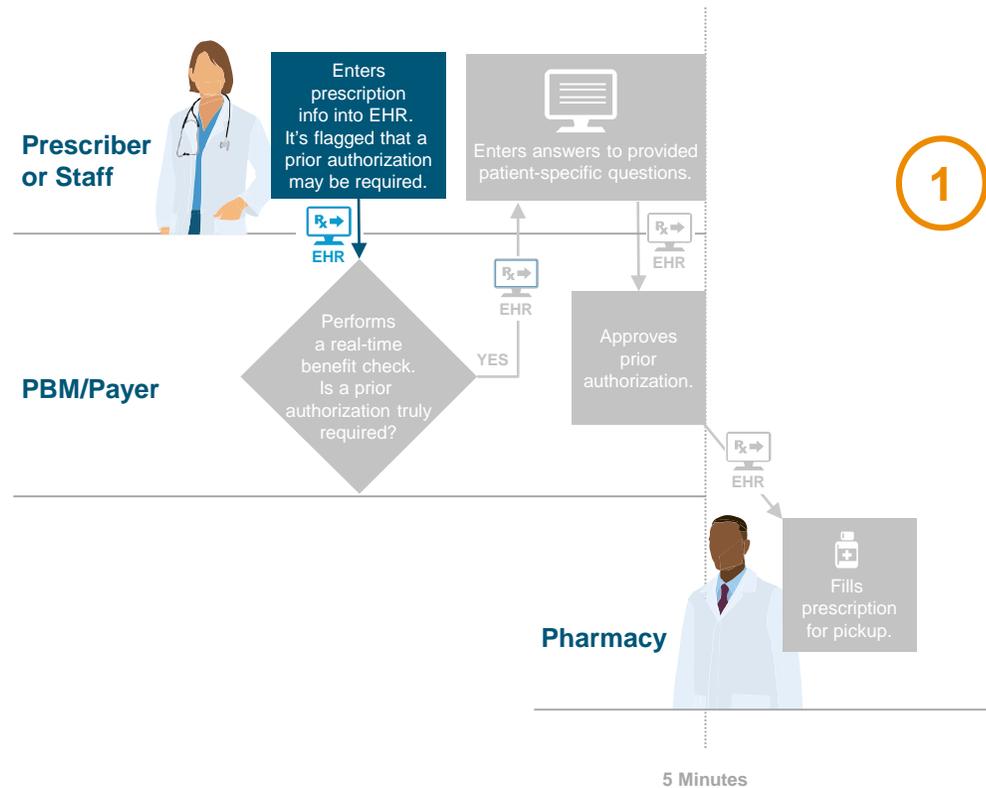
3-4seconds
Median PBM/payer response time from initiation

52minutes
Median PBM/payer response time from PARequest

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The back and forth involved in the manual process can prevent patients from getting their meds for up to **4 weeks.**

Prescriber or Staff
- Sends the prescription to the pharmacy
- Locates the correct prior auth form
- Completes form and submits to the PBM/Payer for approval
- Receives notification of prior authorization approval

PBM/Payer
- EHR
- Is a prior authorization required? YES
- Is the prior Authorization approved? NO / YES

Pharmacy
- Attempts for electronic prescription adjudication
- Unable to fill prescription for the patient
- Receives notification of prior Authorization approval
- Fills prescription for pickup

Timeline: 1 Minute | 3 Hours | 2+ Days | Up to 4 Weeks

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EMPA provides a real-time connection to the PBM, **delivering a response directly to the user.**

Prescriber or Staff

Enters prescription info into EHR. It's flagged that a prior authorization may be required.

Enters answers to provided patient-specific questions.

EHR

EHR

EHR

PBM/Payer

Performs a real-time benefit check. Is a prior authorization truly required?

YES

Approves prior authorization.

EHR

Pharmacy

Fills prescription for pickup.

5 Minutes

(1) Provider Initiates Electronic PA Request to Health Plan

The provider starts a prior authorization (PA) request, provides guidance to the patient regarding the PA Process, and sets appropriate expectations for PA completion.

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Enters answers to provided patient-specific questions.

EHR

EHR

PBM/Payer

Performs a real-time benefit check. Is a prior authorization truly required?

YES

EHR

Approves prior authorization.

EHR

Pharmacy

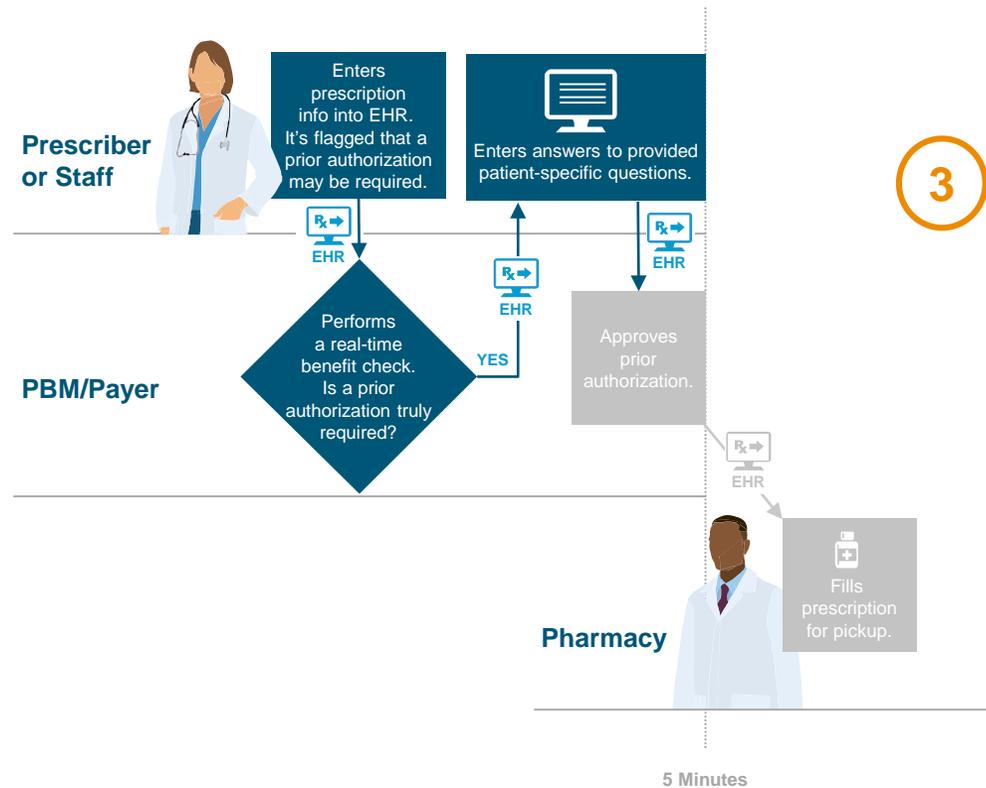Fills prescription for pickup.

5 Minutes
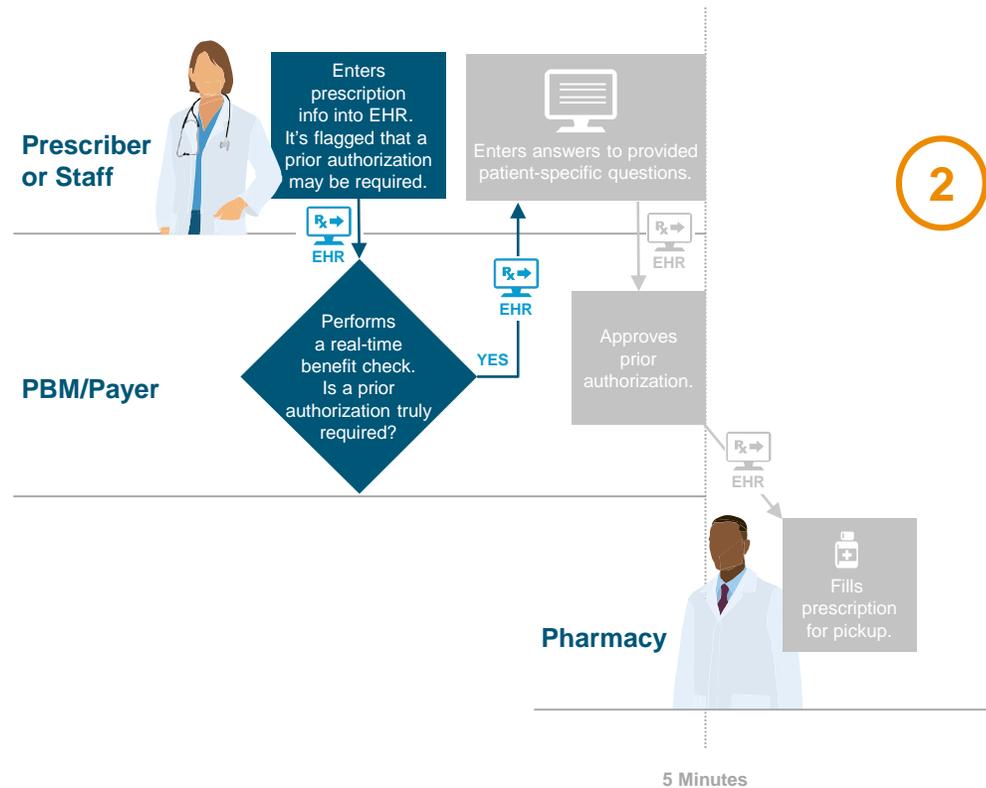
② **Health Plan Responds to Electronic PA Request**

The health plan will review the request and return one of three responses:

- **Completed** - PA not needed for medication/patient/health plan combination

- **Completed** - PA not allowed, medication not covered

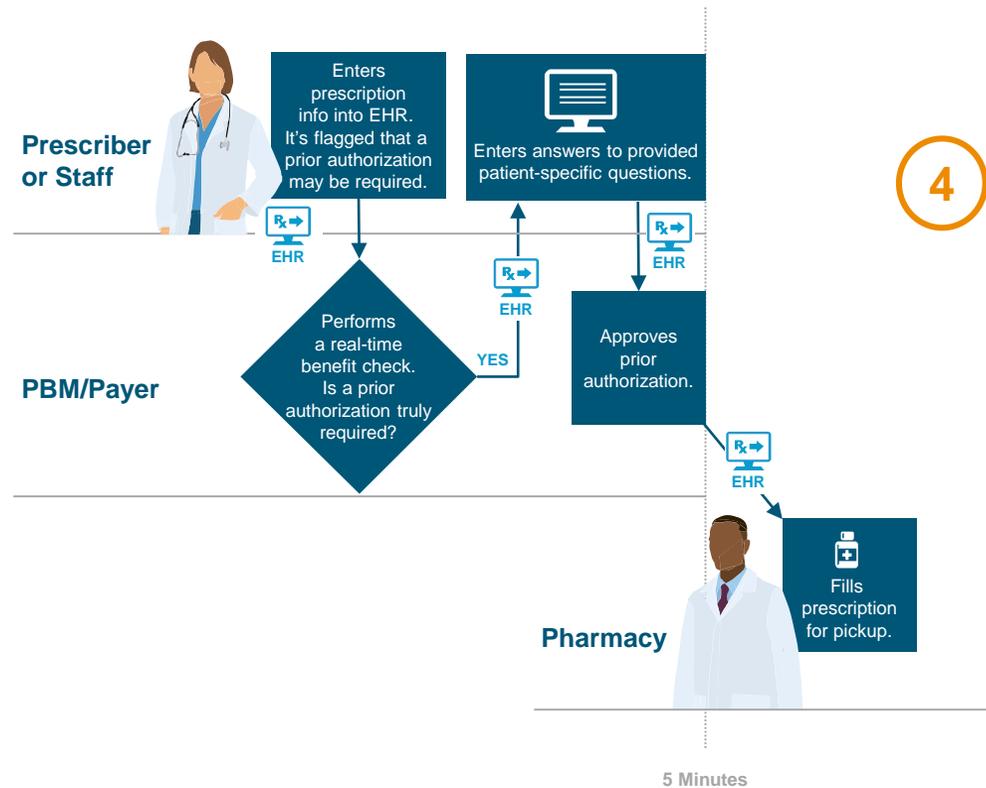- **Question Set Returned** - PA allowed, please complete attached question set

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How Healthcare Gets Connected

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Prescriber or Staff

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Enters answers to provided patient-specific questions.

PBM/Payer

Performs a real-time benefit check. Is a prior authorization truly required?

YES

Approves prior authorization.

Pharmacy

Fills prescription for pickup.

5 Minutes

3 **Provider Completes Question Set Returned By Health Plan**

The provider or clinic workflow ensures that the prior authorization question set is completed and returned to the health plan by the due date indicated.
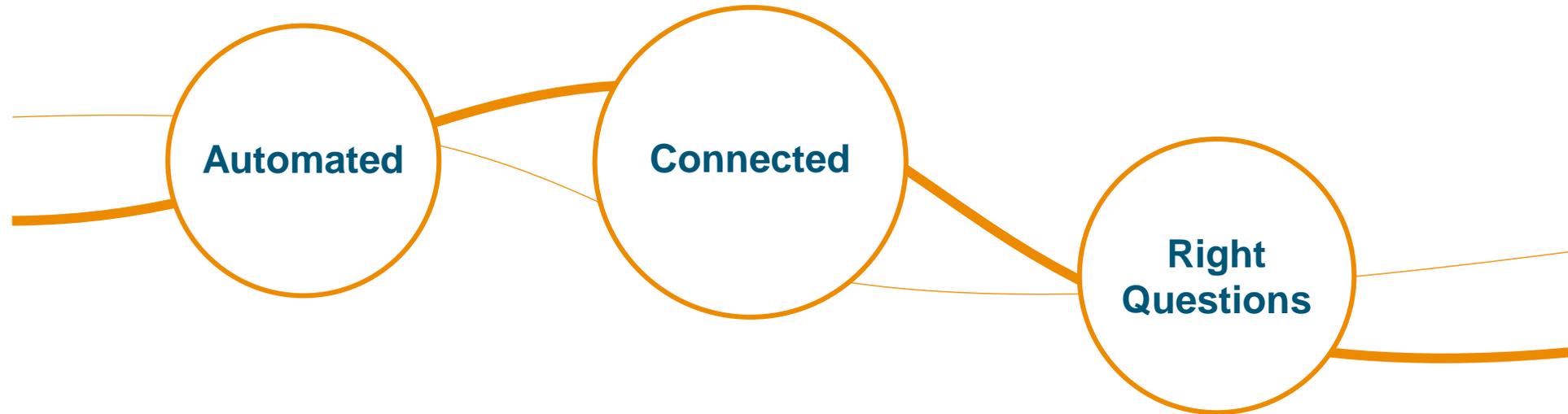
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How Healthcare Gets Connected

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EHR

EHR

EHR

PBM/Payer

Performs a real-time benefit check. Is a prior authorization truly required?

YES

Approves prior authorization.

EHR

Pharmacy

Fills prescription for pickup.

5 Minutes

4 **Health Plan Approves or Denies electronic PA**

The health plan will approve or deny the electronic PA based on the responses to the question set. If the health plan denies the electronic PA, there may be an option to appeal the denial.

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Why should you adopt **electronic prior authorization** within your practice?

Automated

Connected

Right Questions

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EMPA is delivering a great user experience

Surescripts works collaboratively to drive user satisfaction

- "EMPA is saving us 14 FTE weeks per year"

  Family Practitioner, ~Large provider hospital system

- "Response time is down with EMPA – sometimes it took 3+ days with other 'electronic' solutions"

  CMIO, ~1k provider health system

- "EMPA is paperless, in the EHR, and has a much, much quicker turnaround than what we had before."

  Nurse, ambulatory clinic

- "It's so fast, it's so easy to complete PAs now, just open the patient encounter to answer the questions, there is minimal time required. This is much better than other electronic solutions"

  Nurse, ambulatory clinic

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Setting the **appropriate expectations** with the patient will be key.

Realistic

Consistent

Complete

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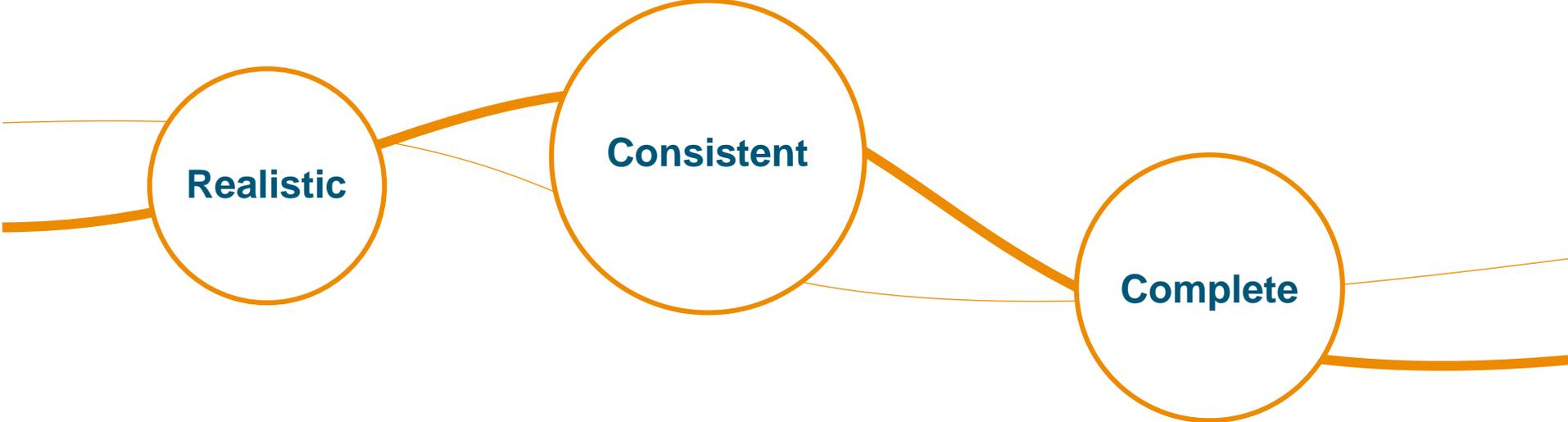
EMPA is Available Now

- CPS Version 12.2

- C-EMR Version 9.10

- eSM Version 4.x

- Please talk to your GE Sales Executive to learn more about getting enabled for EMPA

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Questions

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EMPA Demo

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