PRIOR AUTHORIZATION BURDENS

FLASCO
NOVEMBER 9, 2019

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Important to Remember

The information provided in this presentation is for informational purposes only. Information is provided for reference only and is not intended to provide reimbursement or legal advice.

Laws, regulations, and policies concerning reimbursement are complex and are updated frequently and should be verified by the user. Please consult your legal counsel or reimbursement specialist for any reimbursement or billing questions.

AGENDA

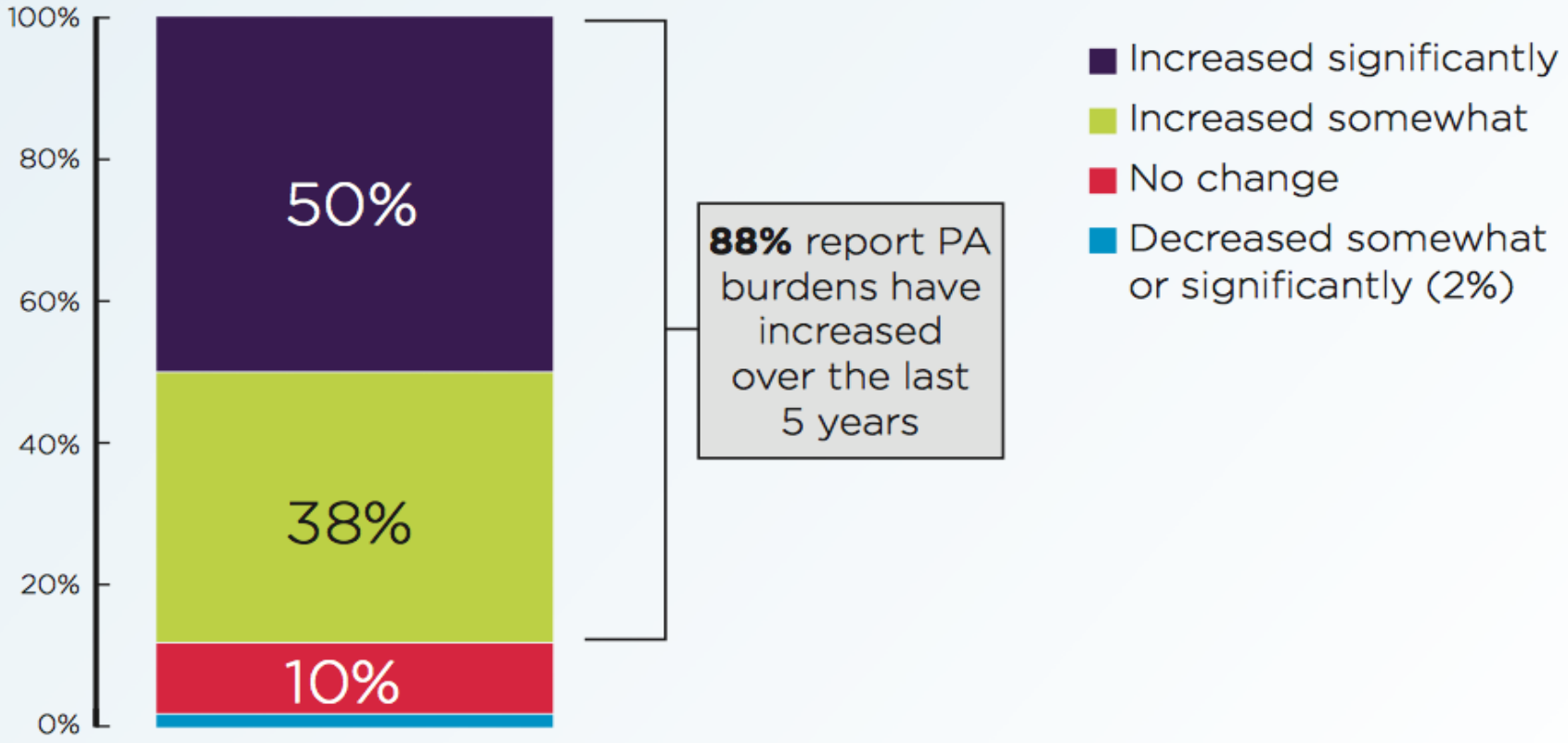
- Prior Authorization (PA) Challenges & Burdens
- Legislative Initiatives
- Facilitating & Streamlining the PA Process
  - Technology
  - Staffing
  - Workflow
- Panel Discussion

2018 AMA Prior Authorization (PA) Physician Survey

- The AMA conducted a web-based survey administered in Dec. 2018
- Sample of 1000 practicing physicians
  - 40% primary care
  - 60% specialists
- Survey findings increasing PA demands

Change in PA burden over last five years

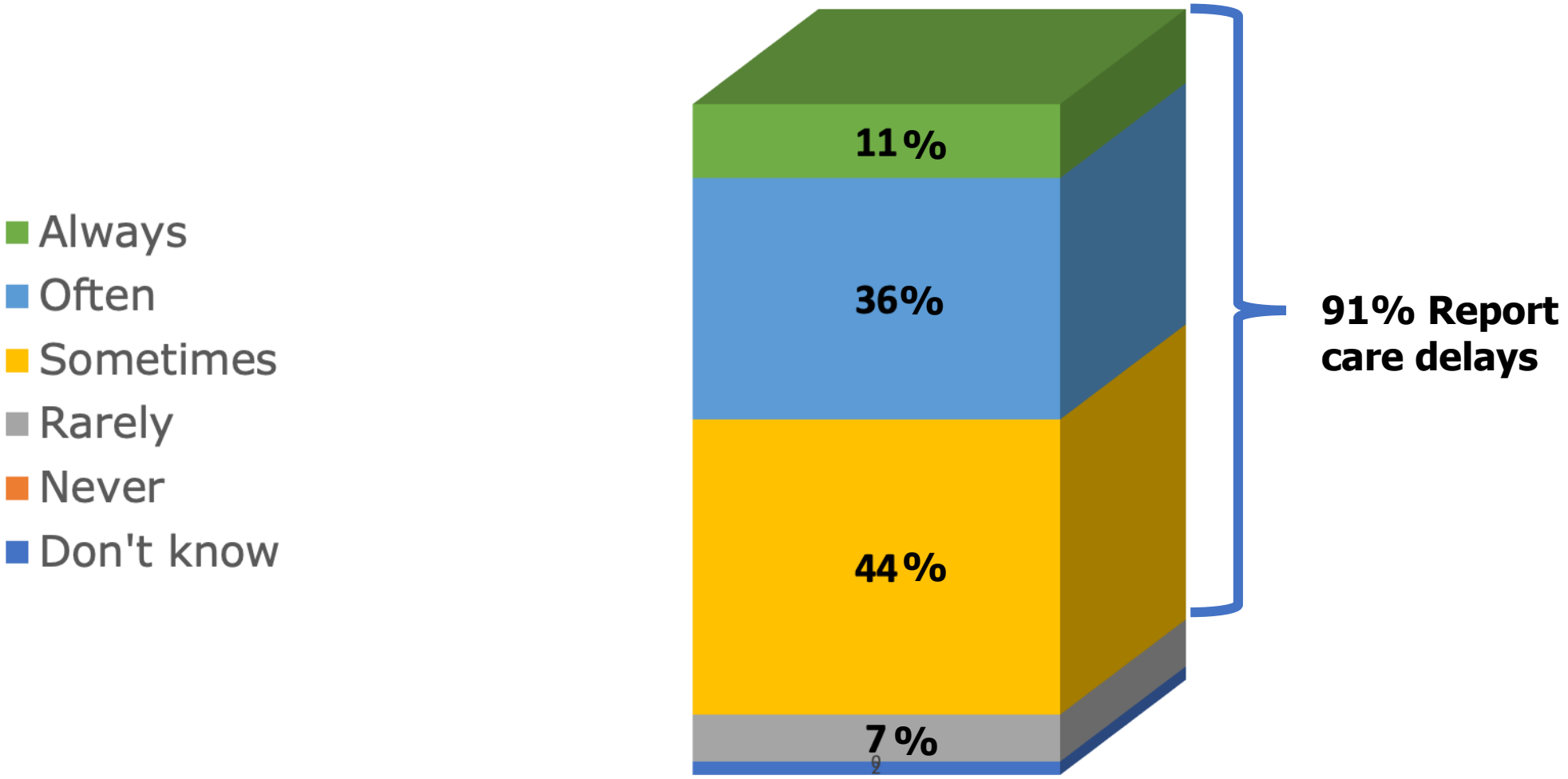
Q: How has the burden associated with PA changed over the last five years in your practice?



Source: American Medical Association - 2018 Prior Authorization Survey – Figures have been rounded

Care delays associated with PA

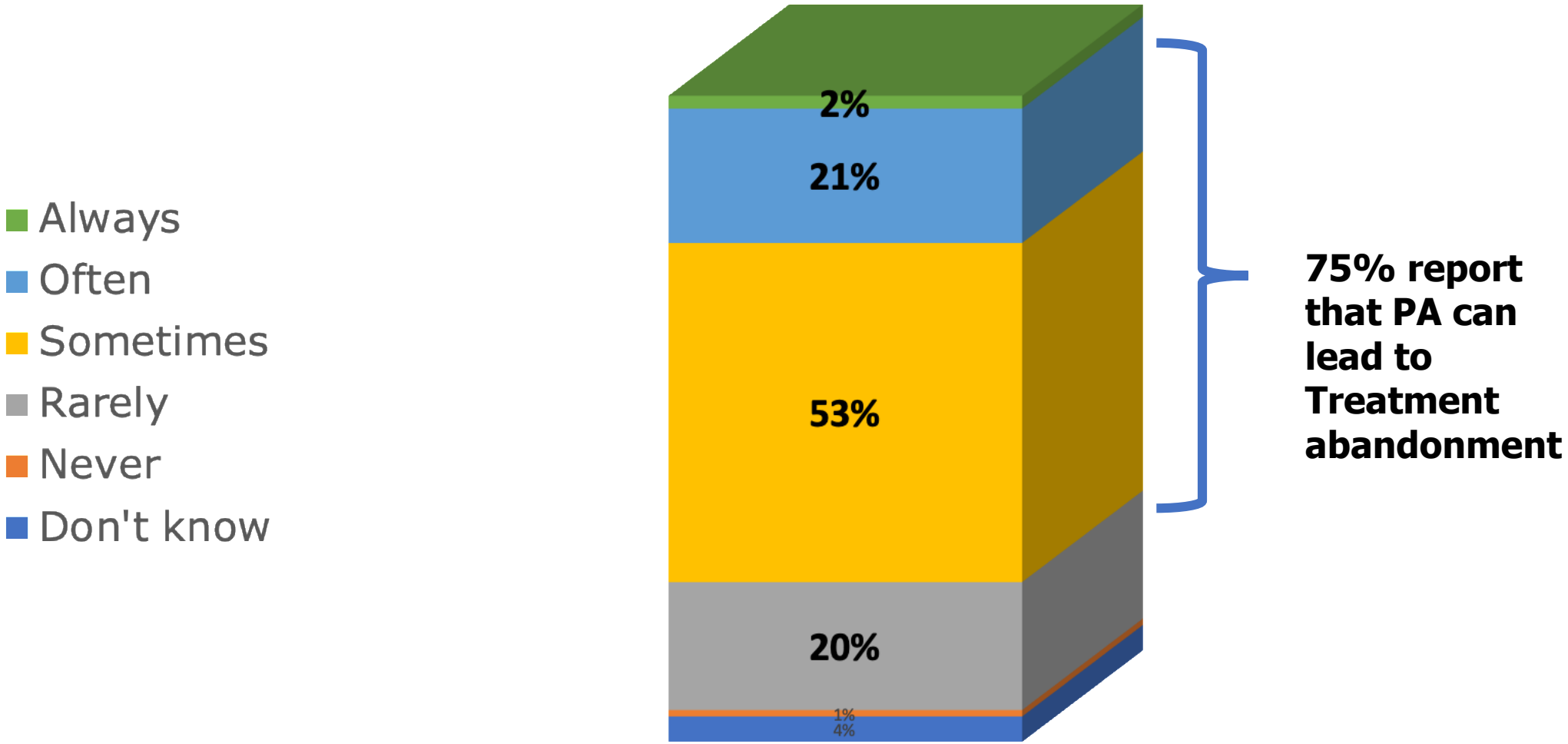
Q. For those patients whose treatment requires PA, how often does this process delay access to necessary care?



Source: American Medical Association - 2018 Prior Authorization Survey – Figures have been rounded

Abandoned treatment associated with PA

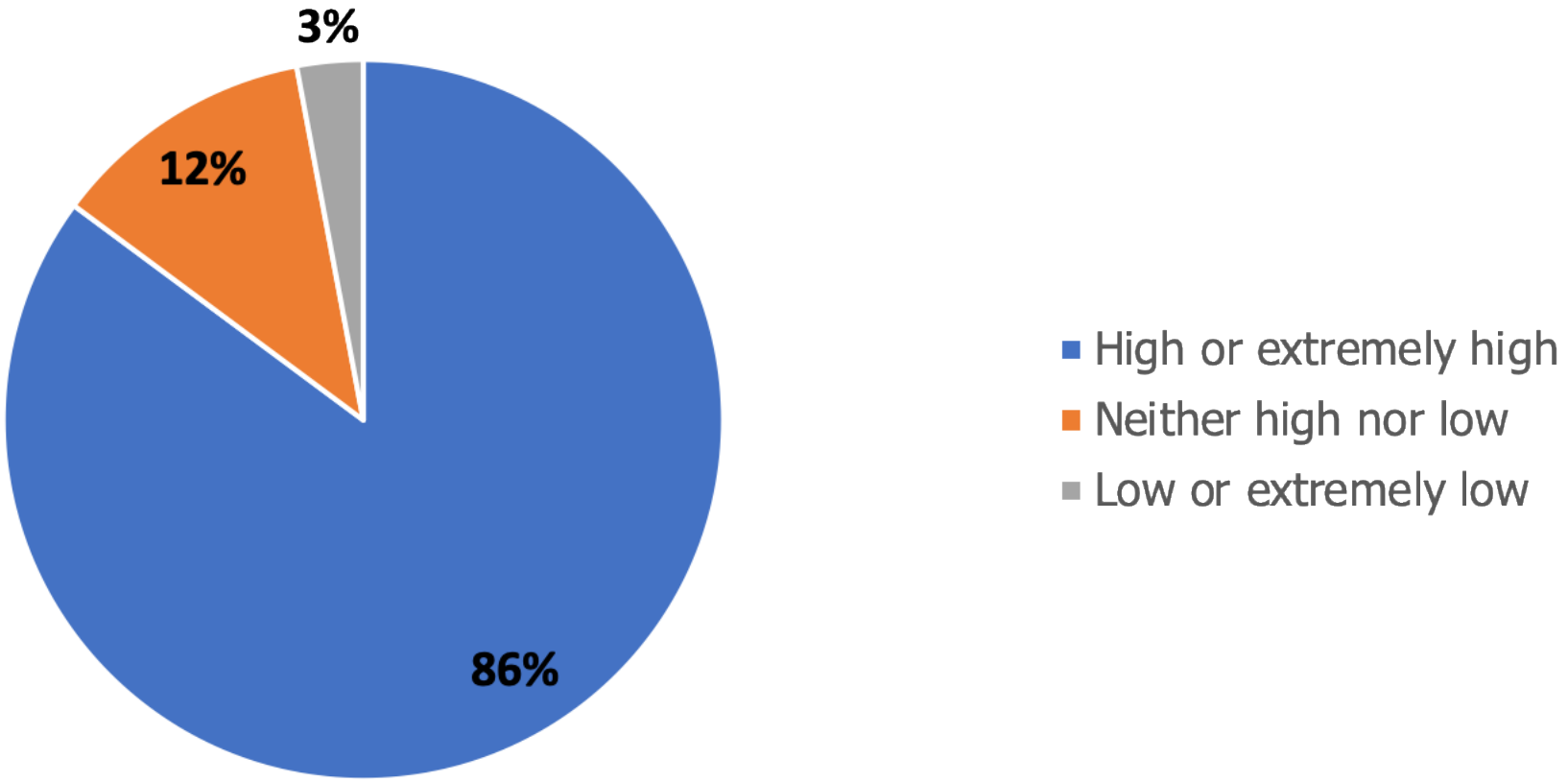
Q. How often do issues related to the PA process lead to patients abandoning their recommended course of treatment?



Source: American Medical Association - 2018 Prior Authorization Survey – Figures have been rounded

Physician perspective on PA burdens

Q. How would you describe the burden associated with PA in your practice?



Source: American Medical Association - 2018 Prior Authorization Survey – Figures have been rounded

Legislative Initiatives

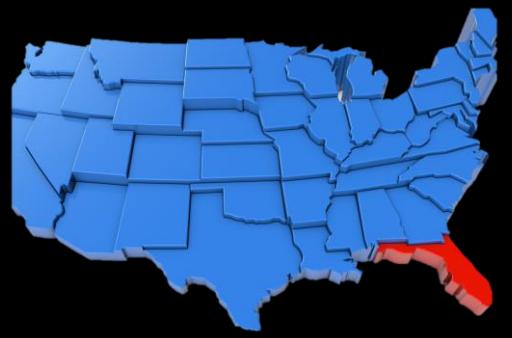
States are passing prior authorization legislation to improve transparency and lessen the administrative burden

www.ama-assn.org/sites/default/files/media-browser/public/arc-public/pa-state-chart.pdf

The AMA is working with states and specialty societies to enact legislation - AMA Model Bill – Sample State Legislation "Ensuring Transparency in Prior Authorization Act"

www.ama-assn.org/sites/default/files/media-browser/specialty%20group/arc/model-bill-ensuring-transparency-in-prior-authorization.pdf

Florida



State Law: HB221 - A health insurer or a PBM on behalf of the insurer, which does not have an ePA process for its contracted providers must use only the PA form approved by the Financial Services Commission. Signed into law 4/14/2016

https://www.flsenate.gov/Session/Bill/2016/221

CS/HB 559: Prescription Drug Utilization Management
Died in the House 5/3/2019

https://www.flsenate.gov/Session/Bill/2019/559

SB 650: Health Insurer Authorization

Died in the Senate 5/3/2019

https://www.flsenate.gov/Session/Bill/2019/650

Kentucky

SB54 (passed March 26, 2019), requires that a process for electronically transmitting PA requests for drugs by providers must be developed by January 1, 2020. E-Prescribing software displaying information regarding a payer's formulary, payments, or benefit plan must be updated at least quarterly. A health insurer must provide a utilization review decision concerning urgent health care services within 24 hours after obtaining all necessary information to make the utilization review. Utilization review decisions concerning non-urgent health care services must be provided within 72 hours of obtaining all necessary information. Does not apply to contracts providing Medicaid benefits. Requires that decisions relating to utilization reviews are conducted by physicians of the same specialty as the ordering provider; to establish a time frame for providing utilization decisions; to allow for electronic format of certain required notices; to establish that an insurer's failure to respond within set time frames shall be deemed a prior authorization

https://apps.legislature.ky.gov/record/19RS/sb54.html#actions

"Improving Seniors' Timely Access to Care Act of 2019"

- Create an electronic prior authorization program including the electronic transmission of prior authorization requests and responses and a real-time process for items and services that are routinely approved;
- Improve transparency by requiring plans to report to CMS on the extent of their use of prior authorization and the rate of approvals or denials;
- Require plans to adopt transparent prior authorization programs that are reviewed annually, adhere to evidence-based medical guidelines, and include continuity of care for individuals transitioning between coverage policies to minimize any disruption in care;
- Hold plans accountable for making timely prior authorization determinations and to provide rationales for denials; and
- Prohibit additional prior authorization for medically-necessary services performed during a surgical or invasive procedure that already received, or did not initially require, prior authorization.

Consensus Statement
Improving PA Process includes:

- Selectively applying PA requirements by distinguishing PA applications based on factors such as provider performance, adherence to best medical practices, or contractual obligations;
- Regularly reviewing the treatments that are subject to PA requirements and removing requirements that are no longer appropriate;
- Bolstering communication among insurers, providers, and patients to minimize potential care delays and to ensure clarity about rationale and changes;
- Protecting continuity of care for patients who are undergoing treatment when PA requirements, providers, or health insurers change; and
- Improving automation to boost the efficacy of PA processes and requirements, such as by adopting national EHR standards for PA across the industry and making formulary information and coverage requirements more transparent at the point of care.

Signed by: American Medical Association (AMA), America's Health Insurance Plans (AHIP), Medical Group Management Association (MGMA), American Pharmacists Association (APhA), Blue Cross Blue Shield Association

Technology

- PA tools in EHR/Practice Management Systems
  - Track PAs required, and received
- Online payer portals
- Decision support tools
  - Electronic PA system with regimen support programs that interface w/EHR
  - Interface w/payers for real time PA
- Cloud-based technologies - automatically adjudicate PA requests that meet payer's payment and clinical care guidelines

Facilitating & Streamlining the PA Process

1. Ensure adequate staff dedicated to handle the PA process
   - Financial counselor/patient advocates, clinicians
   - Most oncology clinics employ at least 1 full time staff devoted to the PA process
2. PA staff coordinate and communicate with clinical staff to limit denials due to treatment being received prior to obtaining a necessary PA
3. Proactively enroll patient in patient-assistance programs when appropriate

Identify Patients/Services Requiring PA

- Accurate patient demographics are key:
  - Insurer/plan information
    - Coverage, medical policy, PA requirements
- Track denials due to incorrect demographics & take corrective action to process/policy where necessary
- To minimize billing/collection problems
  - Limit the number of staff members who can initiate changes in an existing patient's demographics
  - Identify staff members who need to be notified of any changes made to patient's demographics

Workflow - Treatment Plan

- Treatment plans are entered in EHR
  - Diagnoses, services/drugs ordered, dosage, frequency, route of administration
- PA staff reviews treatment plan and reported diagnoses for compliance with payer's Medical Policy
  - FDA indications
  - NCCN guidelines
  - Compendia listings
- If treatment plan does not meet PA guidelines clinical team is notified
  - Alternate treatment options may be explored at this point

Workflow

- PA staff identifies medical record documentation and supporting literature that supports medical necessity of the service for that particular patient
- Diagnoses, all pertinent medical record documentation to support medical necessity i.e.. pathology, labs, prior treatments, staging etc.
  - Refer to clinical staff for guidance when appropriate
- Maintain a file of all PA information to facilitate PA process:
  - PA requirements, documentation submitted, details of any phone calls, (include date/time of submission or phone call, who you spoke with) and responses received.
- Follow-up on PA requests
  - Approvals are documented and treatment is approved
  - Denials may be appealed or clinician may change treatment

Monitor PA Process & Denials

- Monitor denials associated with PA:
  - Service denied in error
  - PA never requested or PA expired
    - Is PA staff unable to complete PA requests in a timely manner?
    - Was the need for the PA unrecognized?
  - PA denied for medical necessity
    - Was denial appealed – status of appeal
    - Was clinical staff notified of denial?
    - Was the decision to continue w/treatment without a PA approved in advance?

5 TIPS FROM THE AMA

1. Check PA requirements before providing services or sending prescriptions to the pharmacy
2. Establish a protocol to consistently document data required for a PA in the medical record - Uniformly follow a protocol to help avoid delays in patient therapy, prevent potential follow-ups with patients for additional information and minimize time spent on authorization.
3. Select the PA method that will be most efficient, given the particular situation and available options - PA methods include standard electronic transactions, health plan portals, fax, telephone and secure email. Select the method that best fits your practice to reduce work flow disruptions.
4. Regularly follow up to ensure timely PA approval - The PA process is still primarily manual and a request could be lost in one of the many steps. Track your requests, and follow up to prevent delays that can occur if information is lost or not received by payers.
5. When a PA is inappropriately denied, submit an organized, concise and well-articulated appeal with supporting clinical information - You can increase your chances of success in overturning a PA denial by making sure all clinical information is included with the appeal, including any data that may have been missing from the initial request. For prescription appeals, think about adopting electronic prior authorization technology to further streamline the process.

Resources

AMA Resources to Reduce PA Burdens

https://www.ama-assn.org/practice-management/addressing-prior-authorization-issues

Emily Carroll, AMA senior legislative attorney
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ASCO Advocacy and Policy

https://www.asco.org/advocacy-policy

FLASCO Advocacy
https://www.flasco.org/advocacy/legislative-actions/

FLORIDA SOCIETY OF CLINICAL ONCOLOGY

The Voice of Oncology in Florida

Prior Authorization Panelists

- ***Shelli Johnson*** *- Cancer Care Centers of Brevard*
- ***Andrew Hertler, MD*** *- New Century Health*
- ***Lainie Adler*** *– Hematology Oncology Associates of the Treasure Coast*
- ***Arletis Mayonada*** *– Florida Cancer Specialists*