Administrative Simplification Task Force

December 14, 2023

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Agenda

1. Introduction

2. OHIC's Powers and Duties Statute

3. CTC-RI Report

4. Process for Standing public Body

5. Methods of Requesting Prior Authorizations

6. Discussion

7. Meeting Schedule

8. Public Comment

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OHIC's Powers and Duties Statute

(vii) Improve communication channels between health plans, health care providers, and patients by:

A. Requiring transparency and accessibility of prior authorization requirements, criteria, rationale, and program changes to providers, patients and enrollees by posting to provider/patient accessible websites, and

B. Supporting:

    I.   Timely submission by providers of the complete information necessary to make prior authorization determination as early in the process as possible.

    II. Timely notification of prior authorization determination by health plans to impacted providers/pharmacists/enrollees/patients by posting to provider accessible site.

OHIC's Powers and Duties Statute (continued)

(viii) Increase and strengthen continuity of patient care by:

A. **Defining protections for continuity of care during a transition period for patients undergoing an active course of treatment**, when there is a formulary or treatment coverage change/change of health plan that may disrupt their treatment and when the treating physician determines that a transition may place the patient at risk; and for prescription medication by allowing a grace period of coverage to allow consideration of referred health plan options or establishment of medical necessity;

B. **Requiring continuity of care for medical services, behavioral health services, and prescription medications** for patients on appropriate, chronic, stable therapy through minimizing repetitive prior authorization requirements; and which for prescription medication shall be allowed only on an annual review, with exception for labeled limitation, to establish continued benefit of treatment;

C. **Requiring communication between health care providers, health plans, and patients** to facilitate continuity of care and minimize disruptions in needed treatment by posting to accessible sites;

D. **Continuity of care for formulary or drug coverage** shall distinguish between FDA designated interchangeable products and proprietary or marketed versions of a medication.

(ix) Encourage health care providers, organizations and health plans to accelerate use of electronic prior authorization technology.

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CTC-RI Report Recommendations

1. Reduce the Prior Authorization Volume

2. Improve the Data Collection on Prior Authorization

3. Create On-going Statewide Advisory Committees

4. Evaluate Therapeutic Substitution at the Pharmacy

5. Implement Technologies that Improve the Process

6. Identify and Reduce Processes that are "PA-like"

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CTC-RI Report

Recommendation #4 - Evaluate the Feasibility and Advisability of Therapeutic Substitution at the Pharmacy

Convening a workgroup possibly led by CTC-RI and the URI College of Pharmacy to evaluate a possible change in legislation allowing therapeutic interchange.

The workgroup should include prescribers, pharmacists in practices and retail outlets, pharmacies, plans and hospital pharmacists who have experience with therapeutic substitution processes. The workgroup could also discuss interim strategies to reduce the volume of unnecessary communication between pharmacies and provider practices. This recommendation would presumably require a statewide Pharmacy and Therapeutics Committee to create a list of agents subject to interchange.

This recommendation is not anticipated to be per se part of the Administrative Simplification processes of the OHIC. Accordingly, while it is part of this report, CTC-RI will begin to explore this option with the URI College of Pharmacy now.

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Standing Public Body

Per the Statute:

(vi) Require the review of medical services, including behavioral health services, and prescription drugs, subject to prior authorization on at least an annual basis, with the input of 2 contracted health care healthcare providers and/or provider organizations

Create an on-going statewide advisory committee

CTC Recommendation #3

The creation of a statewide steering committee to improve simplification, facilitate communication and collaboration, and develop methods and expertise locally. Members should include representatives of all insurance plans and contracted providers as required in the OHIC regulation. The committee will be advisory in nature and will generate publicly reported recommendations with expected plan responses. This committee should also approve the methods by which the annual review is undertaken.
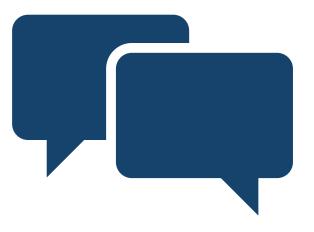
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Methods of Requesting Prior Authorizations

PA method	Advantages	Disadvantages
Standard Electronic Transactions	• Can be integrated into the EHR workflow (where available) • PA request can be submitted electronically • Proof of approval (auth #) can be used for claim submission • Standard process used across health plans	• Solutions integrated into the EHR workflow may not be widely available • Can be more time consuming than telephone because of follow-up questions (follow-up may not be electronic) • Response may not be in real time due to manual health plan processing and review
Payer Portal	• All required information presented in one place • Often less time consuming than manual processes (fax & phone) • If drug PA approval is immediate, prescription can be sent to pharmacy and filled without delay	• Outside of EHR/eRx workflow • Requires separate login/password for each health plan website • Information from EHR must be re-typed into web forms • Few payers support prescription PA via portal, most require faxed forms
Multi-payer Portal	• Single login/password for multiple payers • All required information available in one place • Often less time consuming than manual processes (fax & phone) • If drug PA approval is immediate, prescription can be sent to pharmacy and filled without delay	• Outside of EHR workflow • Information from EHR must be re-typed into web forms

Methods of Requesting Prior Authorizations

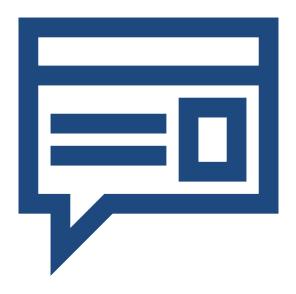| PA method	Advantages	Disadvantages
Fax	• Most widely available method of PA submission • Library of payer forms can be developed	• Forms must be filled out by hand • Potential confusion in selecting correct PA form, given the large volume of PA documents • Outside of EHR workflow • Potential for delays as a result of requests for additional information • Fax is not encrypted for security • No feedback loop for prescription PA; provider may not be informed if the drug PA is approved
Telephone	• In many cases all information can be reported verbally and at one time • Reduce or eliminate delay in receiving approval • Appeal can begin immediately, if needed	• Frequent long hold times • Interrupts regular EHR workflow • Transaction is not automatically documented in the EHR • May be difficult to later "prove" conversation • Will still require supporting documentation/clinical record to be faxed • Approval must be relayed to the pharmacy for prescription PA
Secure email	• Enables submission of necessary information as email attachment • May be in the EHR workflow • Establishes an electronic audit trail • Protected health information is encrypted for security	• Potential delays as a result of requests for additional information • Secure messaging may be outside EHR workflow • Health plans and pharmacy benefit managers generally don't support secure email • Cost to practice for secure email

Discussion

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Meeting Schedule

January 18, 2024 – 8:00am – 9:00am

Calendar invites will be sent following today's meeting

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Public Comment

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Thank you

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