



Managing the Challenges Associated with Prescription PAS

By Dan Rubin
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In May 2017, I presented “Managing the Challenges Associated with Prescription PAs” at the MGMA New England Regional Conference. I focused on a growing concern for physician practices: the need for prior authorizations (PA) – specifically, the requirement by a patient’s health plan to approve a specific medication for reimbursement, without which, many patients are unable to fill the prescription.

Chances are you’re aware of the pain of PAs, however, the challenge for both your practice and for your patients is bigger than you might realize; according to a Kaiser Family Foundation study, 6 percent of all prescriptions are rejected at the pharmacy, and 70% of those rejections require prior authorization (much higher for newer/branded meds). The percentage of drugs in Medicare PDPs requiring some form of managed care utilization management restriction doubled between 2007 and 2012.

To those familiar with the ever-increasing complexity of the PA process, this is no surprise. Factors in the upward trajectory of the PA challenge include:

- Plans have different forms for specific medications
- Changing PA criteria
- Changing forms
- Standardized state forms and patient-specific forms
- Changing submission processes

Primary among physician practice concerns regarding the PA process is the sheer volume of time required of practice staff (and sometimes the physicians themselves) to manage the PA process. The heart of the issue: in addition to completing an initial PA submission, health plans often require additional information or a resubmission of a second form. Then, when trying to contact the health plan directly, practice staff often experience long hold times and poor responsiveness. In fact, when calling major health plans and PBMs, the call center staff at PARx Solutions experienced hold times ranging from 10 minutes to as much as 45 minutes before speaking with a person¹.

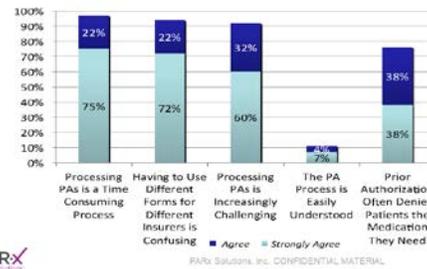
The Scope of the Problem

Medical Practice Managers PA Survey

Many staff find managing prescription PAs to be a complex, frustrating experience and highly disruptive to their workflow. Does this sound familiar for your practice? You’re not alone: a PARx Solutions survey found that 97% of practice managers agree that processing PAs is time consuming; 94% believe that the PA process is confusing due to different forms for different insurers; and 92% say that the process is becoming increasingly challenging. In addition:

Medical Practice Managers PA Survey

- 40% of patients abandon therapy, continuing or worsening their conditions
- 31% of patients receive a substitution medication that might not effectively resolve their symptoms
- Only 29% of patients receive the originally intended medication



From a Frost and Sullivan study on the impact of PAs on branded medications: "Since many payers have their own proprietary forms, physicians are required to select the appropriate payer form from among the thousands of forms available. In order to find the correct form, physicians must often reach out to payer representatives by phone, which can take as long as 30 to 60 minutes."

And, from an American Medical Association study: "Two thirds of physicians reported common waits of several days to receive preauthorization from an insurer for drugs; 10 percent wait more than a week."

How to meet the PA challenge:

The complexity of the PA process results in PA denials. 70% of PA denials are based on administrative reasons before they are even considered for a medical review. This alone is a compelling reason not to "go it alone," but rather, to utilize an outside PA service. Physician practices may choose between two types of services:

PA Forms:

- Description: Provides electronic access to forms from most plans for most products, either through web portal or delivered from pharmacy
- Pros: Eliminates time required searching for forms and simplifies process of filling out form
- Cons: Form layouts vary significantly by plan, and still puts burden of interaction with managed care plan on the practice

PA Service:

- Description: Full service offering where service provider manages PA process for practice: includes electronic submission of PA clinical information on common format, follow up calls to the plan, and appeals support
- Pros: Minimizes time required by practice as service provider manages most time consuming aspects of the process. Also provides visibility into the PA process
- Cons: Requires sponsorship model in order to offer free to providers

For maximum assistance for your staff, improving workflow and contributing to an effective practice management, I recommend choosing a PA service. The result: more patients receiving the originally prescribed medication for their conditions and less administrative time spent by staff on non-clinical activities in their practices.

The "right" PA service is one that goes beyond simply providing a form to the practice. It is one that streamlines the process for the prescriber, provides a standard electronic PA process that eliminates the need to complete specific insurance forms, reviews PA requests prior to submission, follows up with the plan for a timely response, contacts the prescriber when additional information is required, manages appeals if required, and offers access to a call center staffed by responsive and well trained nurses and pharmacy technicians. And last but not least, it is a service that provides this help and insight at no cost to the physician practice.

When the right PA service is employed, everyone wins: physicians, practice staff, and most importantly, patients.

¹Study of telephone hold times, PARx Solutions Inc., First Quarter 2016



About the Author

Dan Rubin became President and CEO of PARx Solutions in mid-2012, and is responsible for helping to set the company's strategic direction while working closely with key clients and strategic partners. To keep up on feature updates, insights into meeting the PA challenge and more, follow PARx on [LinkedIn](#).