

What To Know: Guide to a Successful PA Process



THE PRIOR AUTHORIZATION CHALLENGE

Physicians' decisions regarding what medications to prescribe for their patients have traditionally been centered upon the efficacy and side effects of the drug. Today, however, doctors don't have the luxury of making decisions based exclusively on clinical criteria.

Physicians are finding it increasingly difficult to prescribe the medications they deem best for their patients due to prior authorization (PA) considerations. The cumbersome and time-consuming process of a PA has resulted in the following:

Approximately 70 percent of patients needing a PA do not receive the originally prescribed medication,¹ and upwards of 40 percent of those patients forego treatment altogether.²

The frustration from a physician's perspective often arises during the lengthy, drawn out process they must undergo to receive an authorization approval (or even a response) from the patient's health insurance provider.

54 percent of physicians reported spending at least an hour a day fulfilling PA requirements.³

The evolving and increasingly complex PA landscape presents numerous challenges for physicians and their staff, including:

- An increase in the number of medications requiring PA
- More complicated PA request forms that change over time and vary by plan

- PA requirements that have become ever more restrictive
- Patients may require a new PA when changing insurance plans

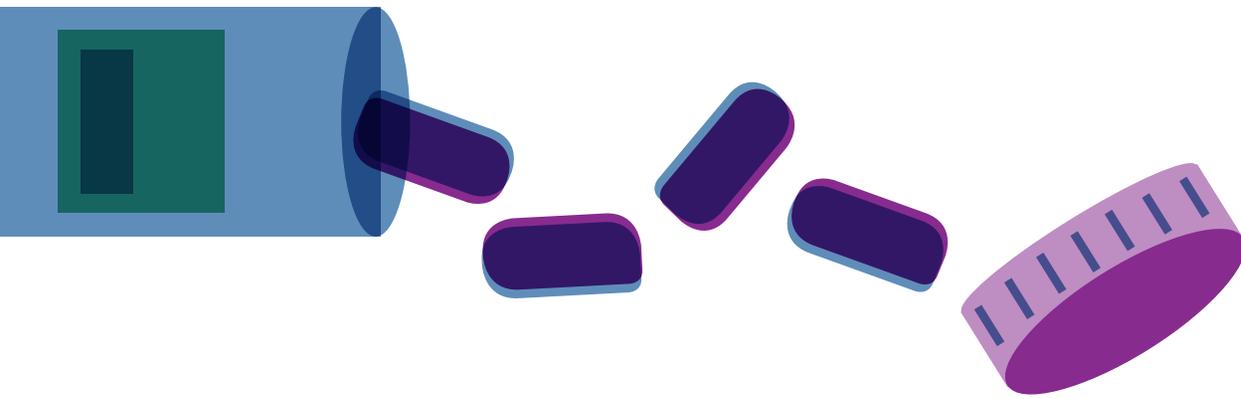
IT'S TIME TO SHIFT THE POWER BACK TO THE PHYSICIAN.

Securing an effective PA service can be a key step. Here are three areas to consider in order to find the right PA service for the physician's practice:

1. Recognize what is needed – a service, not a form.

Up to 70% of denials are based on administrative reasons before they are even considered for medical review.⁴ In reality, the PA problem extends much further than just filling out the correct form. Frustration arises from the seemingly endless stream of phone calls, unanswered questions, rejections for minor errors, and delays in getting the medication dispensed. When considering PA service options, it is important to first identify the practice's pain points in the PA process.

Are office staff members spending countless hours waiting on hold to speak with a representative? Are PA requests being rejected purely for administrative errors? Having an idea of what area needs attention will help to select the best PA solution.



TAKE ACTION

2. Rely on professionals who are up to the task.

Choose a PA service that employs well trained, responsive staff, and provides easy access to online training. Selecting a PA support service whose customer service center is staffed with health care professionals, including pharmacy techs, nurses, and reimbursement specialists will ensure forms are completed correctly.

By working with a high quality PA service, and having the confidence that their team is familiar with general medical procedures, physicians and practice managers are free to tackle other practice matters – always acting in best interests of patients.

3. Recognize what you need.

The PA process is becoming more challenging and time consuming with every form update. While physicians and offices managers may spend 30 minutes to an hour on the phone, that does not necessary mean the insurance company will approve the medication. Often, physicians or their staff wait 20 minutes just to speak with a live person, only to be transferred.

Striving to find a reliable PA service that is committed to expediting the process is key. For example, look for a service that promotes having an answer within a set window of time. And consider a service that offers an online system that tracks progress without your having to pick up the phone.

Before chasing down yet another PA, seriously consider the option of having a professionally trained staff manage the process.

Research the options to identify a PA service that is entirely devoted to helping a physician's practice provide the best medication for the patient.

Now is the time to bridge the disconnect between what the patient needs and what their healthcare plan will allow. By helping improve patient access to the prescribed medication, there will be improved outcomes, which can translate to achieving better cost containment and healthier patients.

For more information on the prior authorization process or to contact a PA service provider, please visit www.parxsolutions.com.

1. Point of Care Partners. Electronic Prior Authorization for Medications: The Time is Right for Plans, PBMs and Other Payers. February 2012. Hanson, KA. Journal of Managed Care Pharmacy. An Analysis of Antihypertensive Use Following Initially Rejected Pharmacy Claims for Aliskiren. September 2009: Vol. 15, No. 7, pg 573-574.

2. Point of Care Partners. Electronic Prior Authorization for Medications: The Time is Right for Plans, PBMs and Other Payers. February 2012. Hanson, KA. Journal of Managed Care Pharmacy. An Analysis of Antihypertensive Use Following Initially Rejected Pharmacy Claims for Aliskiren. September 2009: Vol. 15, No. 7, pg 573-574.

3. Steffen, B., Sharp, D. Recommendations for Implementing Electronic Prior Authorization: a report prepared for the Maryland General Assembly Joint Committee on Health Care Delivery and Financing. December 2011.

4. Trivium Health, Inc