

Pharmacy ePrior Authorization

Capgemini's integrated solution addresses the complete lifecycle, from auto-submission of a clean Pharmacy Prior Authorization, to automated intake and screening, real time processing and approval



People matter, results count.

From 2005 to 2011, the number of prior authorizations has increased nearly six-fold¹

The Affordable Care Act (ACA) will likely increase pharmacy benefits managers volumes by increasing the rolls of the insured by roughly 30 million during 2014–2015²

In the past few years, industry standards and technology frameworks have become available to support the creation of an automated Pharmacy Prior Authorization process. But yet, for most health payers it remains time consuming, paper-based, manual, and customer service-centric. For many health payers, the process starts with the denial of a prescription at the pharmacy, followed by a manual submission of a Prior Authorization request by the physician's office with assistance from PBM customer service, and manual approval by PBM. According to the AMA³, this results in:

- **Process inefficiencies.** It can take from 2 days to 4 weeks to complete the prior authorization process.
- **More demand on high cost or high value resources to support the administrative process.** In an average week, it's estimated that the time spent executing prior authorization requirements are:
1 hour for a physician; 13.1 hours for nursing staff/case managers; and 6.3 hours for clerical staff.⁴
- **Low throughput.** Prior authorizations are often denied because of incomplete requests, missing documentation and lack of information to determine medical necessity.

The impact of nearly 20 hours per week spent by high value resources between a PBM/health plan and single provider is sizeable.

In order to gain a full appreciation of this impact going forward, the PBM/health plan needs to estimate and plan for its incremental share of Prior Authorization work in light of both the growing number of providers in its network and the 30 million newly insured entering the marketplace.

Capgemini now offers a fully integrated electronic Prior Authorization (ePA) solution that delivers tangible benefits through end-to-end work automation, resulting in an immediate return on investment with improved throughput and time and cost savings versus manual processes.

Our solution can generate an electronic Prior Authorization based on the e-prescription order entered by the physician. As an end-to-end system, our solution addresses both parts of the process: it validates and verifies the Prior Authorization for clean submission, while providing real-time processing with auto-approval.

1 "Electronic Prior Authorization Update," National Council for Prescription Drug Programs, NCPDP, December 8, 2011. www.ncdp.org

2 "Navigating the Drug Channel — Pharmacy Benefit Managers (PBMs) in Flux," Fitch Ratings, March 27, 2012

3 "Standardization of the prior authorization of medical services," AMA, June 2011

4 "What Does it Cost Physician Practices to Interact with Health Insurance Plans?" Lawrence P. Casalino et al, Health Affairs 28.4



Our closed loop solution is integrated, seamless and addresses the complete lifecycle

Initially, Capgemini can implement a solution with electronic prior authorization requests and responses between providers, pharmacies and PBM/health plans. The initial installation will include the Electronic Guidebook Reference Tool. Successive versions of the solution can include an ePA for medical services and durable medical equipment (DME). Our comprehensive solution includes benefits for all stakeholders and includes these key components.

Electronic Prior Authorization Guidebook

This reference tool includes:

- A comprehensive list of NDC RX codes
- A list of covered formulary and prescription drugs specific to your PBM/health plan
- A Prior Authorization search tool that supports searches by drug names, drug groups or NDC. You can also search by PBM/health plan specific PDL or non-covered drugs
- Online access to PBM/health plan prior authorization request forms and instructions

Online PA Request Application

Capgemini's web-based application lets users:

- Select PBM/health plan specific PA forms
- Create, save, edit and print the PA request form
- Validate the completed PA request against a set of business rules
- Upload and bundle clinical document attachments with the file
- Convert the form-based request into an electronic file in CSV, Word, PDF, image, XML, or EDI format

PA Messaging Engine

Our EDI messaging service is enabled with a PA messaging engine to securely exchange:

- EPA request and response for prescription drugs using the E-prescribing, Rxchange and NCPDP 5.0 standards
- EPA request and response for medical services and DME using the EDI X12 transaction set

Care Management Integration Framework

Our framework accelerates delivery to proprietary, internal systems and workflow by supporting:

- Auto-generation of PA request
- Direct delivery of a PA request into the Care Manager's inbox
- Review of the PA request and supporting documents through standard workflow

Auto-approve Enabled with Clinical Rules Library

The clinical rules repository enables automation for PA approval and denial by:

- Fulfilling medical necessity, clinical documentation and health plan clinical rules, resulting in an automated feed to the care management/claims system for claims processing
- Automated PA response generation returned to the prescriber



Capgemini's ePA solution provides 360° value

Module	Robust Features
Patients or members	Helps minimize PA wait times due to real-time solution
Physicians	Provides cost and time savings of high-value resources at the practice. Also supports improved outcomes resulting from near real and right time approval
PBMs and health plans	Lowers costs through improved throughput and automation
Suppliers	Supports a shorter order fulfillment cycle

For more information, contact us at: insurance@capgemini.com
or visit: www.capgemini.com/insurance



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