

Prior Authorizations (PA) Tips and Tricks

Eliminate the need for PA paperwork:

- Consider deleting the PA request if something is included on the “free list” or low-cost lists at Meijer, Target, or other retailers.
 - If the PA request is no longer requested, the pharmacy should be notified that the insurance will not be used to process the claim. As it may continue to prompt PA request to the physician’s office.
- Confirm that your patient wants the medication, even if it has the highest copay. Many medications that require PA’s also have the highest copay. Some patients may prefer to switch to lower-cost medications if the physician thinks it will be just as effective.
- Create and use a standing order for a substitution list for commonly prescribed medications. This approach allows staff members to substitute one of the medications on the list instead of going through the prior authorization process.
- If switching inhalers, attempt to switch product to a similar device if the current inhaler device is working well for patient.
- Add patient resources to your website. Patient resources, such as medication coupons and internet sites for cost savings on prescriptions, should be included on your practice website. Consider adding the following links:
 - [Internet Drug Coupons](#): This website features the largest database of manufacturer drug coupons available to the public. Patients can find discounts or rebates on the drugs prescribed for them. Patients can view coupons by ailment categories or search for specific coupons.
 - [GoodRx app](#): This free, easy app helps patients compare medication prices at local pharmacies to find the best deal. Patients can also search for coupons, which can be used straight from the app.

Check PA requirements before providing services or sending prescriptions to the pharmacy and use technology to your advantage.

- Establish a protocol to consistently document data required for PA in the medical record. Prescription PA criteria often involve “step therapy” in which other medications must first be tried with suboptimal outcomes before a health plan will approve payment for a particular drug.
 - Include a tab in your EHR to document “Medications Tried in the Past” to track medications that have been tried and failed with the reason for the failure (poor control, allergic reaction, etc).
 - Track disease severity, exacerbations requiring treatment, ED visits and hospitalizations as these may help strengthen the PA and denial attempts.
 - Scan and label completed prior authorization documents and responses together in your patient’s EHR file to make them quickly accessible and to use as reference for future PAs.

- Be sure to document PA information (save and file the newsletter, print out the Web page, note the details of any phone calls, etc.) so that any later claim denials based on unmet PA requirements can be appealed with supporting documentation.
- Use a PA binder or a folder on a shared server to keep prior authorization forms and information required by insurance companies in one place. The binder/folder should contain a list of insurance contact numbers, insurance requirements, CPT codes, DX codes and hospital NPI numbers, particularly if infusions are ordered.
- Pick and train the appropriate person to oversee PAs. The skill set is very particular. Pick someone who is detail-oriented, has some medical background and who is a bulldog who refuses to take “no” for an answer. Consider reviewing high-dollar PAs prior to submission.
- Have front office staff members collect and scan pharmacy benefit manager (PBM) insurance cards – as well as commercial insurance cards if patients have both. The PBM number is now accessible for electronic prior authorizations submitted through the EHR.
- Submit PA requests electronically. Use one of these websites to submit prior authorizations electronically or check other online submission options for your insurers. (Note: Using these services may trigger an increase in electronic requests for PAs.)
 - Surescripts (<https://providerportal.surescripts.net/providerportal>)
 - Covermymeds (www.covermymeds.com/main)
- Regularly follow-up to ensure timely PA approval to prevent delays due to information “lost” or not received by payers.
 - Dated and time-stamped PA submission materials, along with a formalized follow-up process, ensure that submitted PA requests do not fall through the cracks. Many practices find “tickler” (i.e., reminder) files helpful in triggering follow-up with health plans regarding delayed responses. Reminders may be available within your EHR.

Problem-solve before you respond to a prior authorization request or a rejection:

- Has the patient requested a refill too soon? Most insurers allow early refills, but usually not before day 23. Instead of telling you the refill is too early, sometimes the pharmacy simply requests a PA.
- Has the drug store entered the wrong National Drug Code (NDC)? Ask the pharmacy to confirm that the number is correct.
- Does this pharmacy routinely have this problem? Sometimes the best advice to give your patient is to find a new pharmacy.
- Did the pharmacy contact the right insurer?
 - If the coverage matches the insurer you have on file, then the phone number in the rejection notice is usually the best place to start when determining how to file an appeal.
 - If they do not match, one or both of you has the wrong information. Contact the patient to confirm his or her current drug benefit plan – not the medical insurance plan, because they are often different. If the pharmacy has the wrong information, ask the patient to correct it.


Appeal prior authorization denials:

- Under the Affordable Care Act, all health plans are required to have an appeal process for denied PAs.
 - When a PA is inappropriately denied, review the PA requirements, and submit an organized, concise, and well-articulated appeal with supporting clinical information.
 - If the appeal is denied again, request a peer-to-peer (P2P) review of prior authorization denials. During a P2P review, the ordering physician discusses the need for the drug with another physician or pharmacist who works for the payer to appeal a previously denied PA. Do request that the reviewing P2P physician has the appropriate clinical expertise to review asthma and COPD medications.
 - If the health plan still upholds its initial decision, an external appeal by an independent third-party reviewer may be requested. Physicians can request an urgent or expedited review of PA appeals, with decisions complete within 72 hours or sooner, depending on the medical urgency of the situation.

Engage patients in the process:

- Coach patients to contact their benefits managers. Encourage them to share why the treatment is important to them and how it will make a difference in their lives. If a benefits manager calls an insurance carrier to request coverage for a drug under the employer's plan, the insurer usually listens.
- Make sure patient information is up to date. When obtaining a renewal for medications, contact the patient first to determine whether any insurance information has changed.
- Ensure patient is continually informed at each point during the PA process. This may include creating smartphrases about PA updates in your EHR to send to patients through your messaging portal.

Formulary Resources:

-  MMIT App:
 - Free
 - Designed for iPad and iPhones
 - Single source of reliable and current drug coverage and restriction information
 - Formularies are updated nightly
- Fingertip Formulary: <https://lookup.decisionresourcesgroup.com/>
 - Requires account set up and log in for use
 - Web-based tool in addition to iPad/iPhone application
 - Allows users to find and save specific searches by drug and plan
- Q1Medicare.com
 - Detailed description of Medicare coverage
 - Includes deductible, formulary, copays, etc.

- Web-based tool searchable by plan ID
- CoverMyMeds: <https://www.covermymeds.com/main/>
 - Provides reference key for each PA
 - Communicates electronically with several insurance companies
 - May be used by retail pharmacy
 - Providers email updates and speeds up PA time
- ADD LINK TO INHALE FORMULARY COVERAGE TOOL

Inhaler Cost Solutions:

- Manufacturer coupons and savings cards
 - [Internet Drug Coupons](#): This website features the largest database of manufacturer drug coupons available to the public. Patients can find discounts or rebates on the drugs prescribed for them. Patients can view coupons by ailment categories or search for specific coupons.
 - [GoodRx app](#): This free, easy app helps patients compare medication prices at local pharmacies to find the best deal. Patients can also search for coupons, which can be used straight from the app.
- Prescription assistance programs- check out the pharmaceutical company websites

Source material:

- AMA Tips to help physicians reduce the prior authorization burden in their practice
 - https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/premium/psa/prior-authorization-tips_0.pdf
- American College of Allergy, Asthma & Immunology
 - <https://college.acaai.org/toolkits/prior-authorization-toolkit/> (member website)