Electronic Prior Authorization Provider Assistance Guide

How we can help!

The pharmacy benefit information for our members (patients) is provided to many electronic health records (EHR) systems via Surescripts. This short guide helps medical practices ensure that their staff and patients are getting the most value and efficiency from the Electronic Prior Authorization workflows within the EHR.

Review the steps below to confirm you are setup for prior authorization success!

Step 1 – Is your EHR connected?

Many EHRs display medication-related prior authorization information from our plan via Surescripts. <u>Click here</u> to verify that your EHR is on the Surescripts connectivity list for Electronic Prior Authorization.

(Copy and paste full link in your browser if the link above does not take you there automatically: https://surescripts.com/network-connections/electronic-prior-authorization-technology-vendors)

Contact your EHR vendor representatives or log a support request if your EHR is not listed.

Step 2 – Confirm Electronic Prior Authorization is turned on.

With so many capabilities in your EHR, it is important to look closely to see if Electronic Prior Authorization is "turned on" for your practice. When it is turned on, your clinical staff should see many of the following features:

- An alert during e-prescribing that a prior authorization is required for a specific drug
- The option to submit a request to our health plan to request a prior auth question set
- A task in your "inbox" or "task list" area notifying your staff that a question set is ready to be completed
- A workflow that guides your staff through questions that need to be answered in order to make a prior authorization determination
- The ability to electronically send the patient-specific question set answers to the plan for review

Don't see these? Contact your EHR vendor representatives or log a support request.



Step 3 – Review your prior authorization processes.

The ability to submit a medication-related prior authorization request during the prescribing process is new for many practices. Most clinical staff are accustomed to replying to pharmacy requests for prior authorizations after the fact. However, starting the prior authorization approval process using the built-in Electronic Prior Authorization in your EHR can dramatically improve the workflow and decrease the time it takes to get prior authorizations reviewed and completed.

To optimize your internal workflow, evaluate these six actions and modify your prior authorization standard operating procedures, as necessary.

- Confirm with your administrative and nursing teams that you are capturing patients' pharmacy benefit plan information and checking eligibility for every patient.
- Determine which clinical staff members are responsible for completing the prior authorization question sets when a medication-related prior authorization is needed.
- Setup the EHR inbox/task list to notify staff members of a pending prior authorization request.
- Confirm the staff members are getting the question sets in their inbox/task list.
- Train clinical staff on where in the patient's chart to find answers to the question sets.
- Create a best practice timeframe for how often the clinical staff check their inbox/task list and work these types of requests.

Note: Most EHRs provide training guides or videos for how to use prior authorization.

Is Electronic Prior Authorization in your EHR a new concept for you?

If you have used online portals or standalone prior authorization processing tools in the past, it is time for you to start enjoying the built-in efficiencies that a connection between your EHR and our benefit plan brings to you and your patients.

- Streamline how prior authorizations get done with a complete, guided, simple prior authorization process into your everyday EHR workflow.
- Reduces follow up time with RxChange requests from pharmacies and significantly reduce those after-the-fact prior authorization hassles.

Have questions about what type of benefit plan information is available for your patients covered under our benefit plan? Please connect with us.



