

WHITE PAPER



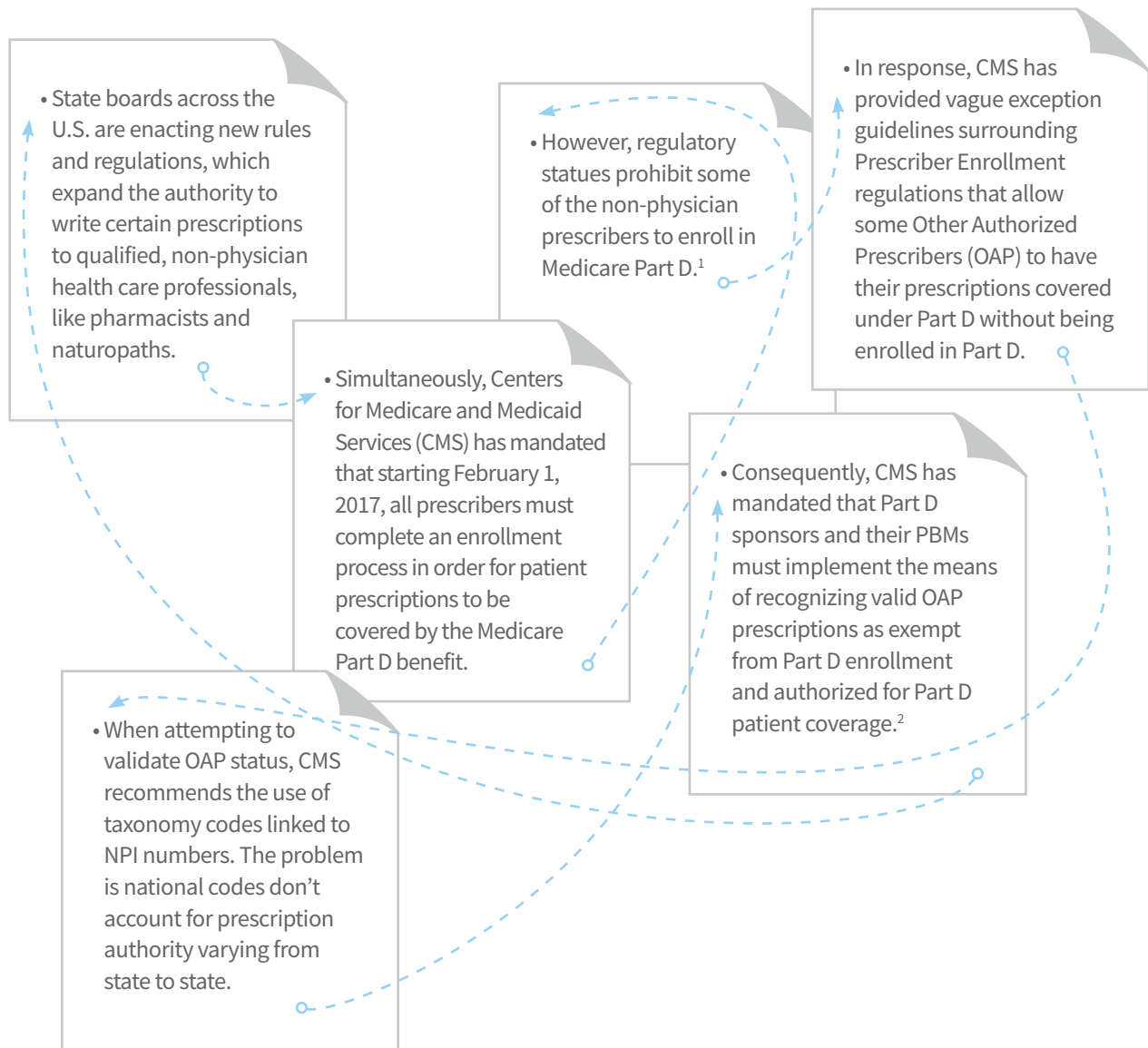
Resolving prescriptive authority in real-time

Every prescription counts. Every minute counts. Data-driven technology is the key to efficient pharmacy and PBM decisioning.

JUNE 2016

Who can prescribe what, where and when?

All day long pharmacies are inundated with prescriptions. The ability to turn them around quickly and accurately has a direct and profound impact on profitability and customer service. Unfortunately, filling prescriptions effectively and efficiently is becoming increasingly difficult due to complex layers of regulatory compliance, for example:



If all of this isn't confusing enough, these new prescriptive authority rules, regulations and guidelines, which are constantly changing, are on top of the existing prescription and prescriber verification requirements. How can organizations in the pharmacy industry be expected to implement and maintain their internal rules in alignment with all of these dynamic requirement layers?

Pharmacists—the origins of OAP

Expanding prescribing capabilities for pharmacists originated with Pharmacist Collaborative Practice Agreements (CPAs), in which physicians would make diagnoses and allow pharmacists to fulfill patient care functions, like: immunizations, HBA1c testing, blood pressure and cholesterol screening. Studies, including the Asheville Project³ and El Rio Community Health Center⁴, revealed this CPA strategy was driving increases in patient screenings, presumably due to easier access to them; and decreases in ER visits and overall health care costs. These positive indicators led the CMS and State License boards to pass legislature that expanded the OAP prescription authority.

Align Incentives

Patients, providers, and payers receive appropriate incentives while collaborating to advance patients' health.

For patients: A product, service, experience or added value that motivates the patient to take actions that will improve health.

For health care providers: Appropriate compensation for products and services provided.

For payers: Minimizing total health care expenditures while providing high-quality, necessary services.

Improve Outcomes

As pharmacists, patients, and others on the team work together, patient health outcomes improve.

Tracking progress and reporting outcomes ensures all members of the health care team involved in the patient's care are aware of the impact of the collaborative efforts.

Control Costs

The aligned incentive for the health care system is similar to that for each payer: *control overall health care costs.*

Improved health status ultimately decreases health care costs.⁵

The roots of modern OAP legislation

CALIFORNIA

Led the way in 2013 passing SB-493⁶ that declares pharmacists as health care providers are authorized to:

- Furnish self-administered hormonal contraceptives
- Furnish nicotine replacements
- Furnish certain travel meds

SB-493 also establishes an Advanced Practice Pharmacist (APP) recognition and authorizing APPs to:

- Perform patient assessments
- Order and analyze drug therapy-related tests
- Refer patients to other health care providers
- Manage drug therapy pursuant to an order by a patient's treating prescriber and in accordance with established protocols

OREGON

HB-2879 passed July of 2015:

- Pharmacists can prescribe oral and transdermal hormonal contraceptives after self-administered risk-screening test⁷
- Provides easy access to contraceptives with provider oversight

Also passed HB-2028 giving pharmacists provider status:⁸

- Enables pharmacists to prescribe and get reimbursed for certain clinical services like smoking cessation and travel medicine

WASHINGTON

SB-5557 passed:⁹

- Requires health care plans to enroll pharmacists into networks and pay them for approved services
- Intended to improve patient access and benefits and reduce health care costs

A continuum strategy for reliable, real-time prescription verification

While the challenges of today’s prescriber and prescription verification and authorization processes seem insurmountable, the solution is found in existing data-driven technology—and a simple continuum approach.

The foundation: Master data

A solution’s maximum potential is limited by the amount and variety of the input data. One might think that data maintained and provided by State License boards would be accurate and reliable. However, State License boards are not set-up to effectively manage, maintain and deliver quality data. The completeness and accuracy of State License board data is compromised by a wide range of issues, including variances in credentialing requirements and a lack of data governance and standardization between the more than 400 boards.

The leading solutions are fueled by billions of data records from thousands of relevant sources. Comprehensive data repositories aggregate, process and organize the latest provider records available and include prescriber credentials and licensure, DEA and sanction data—and now they need to include NPIs, taxonomy codes and state-specific prescriber rules.

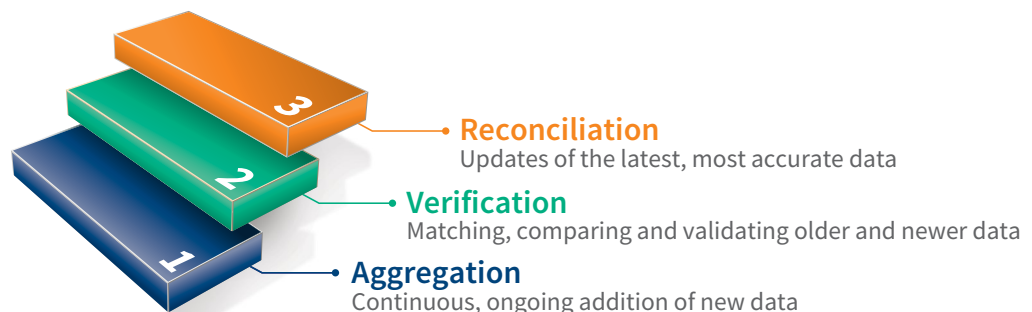
The quality: Data maintenance

Access to massive quantities of provider data is a good start, but the value of the data depends on its quality. Provider/prescriber data changes and erodes very quickly, which results in the deterioration of the reliability of the data.

This second phase of the continuum involves an ongoing process for ensuring data quality that includes:

- New data added from pharmacy systems
- Matching, comparing and verifying new data against existing data
- Reconciling, cleansing and updating records appropriately

Ultimately, ongoing data maintenance ensures that the data driving validations, verifications and authorizations is always as complete and current as possible.



The functionality: Integrated point-of-sale verification

Of course, large volumes of high quality data are still meaningless until they are leveraged and put to work to solve problems and serve operational and compliance functions.

By providing real-time prescriber verification services, solutions like VerifyRx expedite actionable information in point-of-sale systems.

LEXISNEXIS® VERIFYRX™

Leading solutions, like LexisNexis® VerifyRx™, are designed for:

- Verification of health care providers and OAPs
- Point-of-sale transaction verification
- Highly efficient compliance
- Valid, accurate reimbursement

Built-in prescriptive authority for OAP verification

CMS' Part D Prescriber Enrollment verification (active as of June 1, 2016) requires Prescriber Enrollment *and* NPPES (NPI) data files to be integrated and actionable within Part D plan sponsor systems within three business days. Since gathering, managing and continuously updating this massive pool of dynamic records is a complex undertaking that requires intensive resources and technology, leveraging the services of a third party vendor with data technology expertise provides a simple solution.

LexisNexis, for example, collects Prescriber Enrollment and NPPES data weekly, which is currently the maximum frequency. The files are matched against the largest provider data repository in the industry in real-time and integrated to provide reliable prescriber verification within hours of dissemination.

In the context of the new trend toward expanded prescriptive authority to non-physicians, pharmacies and PBMs would be well advised to implement a solution with the built-in ability to efficiently and reliably verify prescriptive authority in order to validate OAP prescriptions.

For example, VerifyRx is capable of:

- Determining DEA status of a prescriber in real-time
- Determining prescriptive authority based on state rules
- Verifying Part D enrollment and OAP status in real-time
- Configuring rules based on the plan/payer
- Providing access to historical data for audits requiring review of specific transactions
- Identifying if a provider is enrolled or opted out of the Medicare Part D program

Conclusion

Pharmacies and PBMs are being forced to consider many complex factors when making decisions related to prescriptive authority and prescription validations. Who is authorized? Where are they authorized? What are they authorized to prescribe? In order to achieve and maintain compliance and operational efficiency in this environment, organizations need access to the right provider data, the means to keep that data current and complete, and the technology to leverage that data to answer business critical decisions in real-time. A continuum strategy that employs the proper data technology can transform a frustrating business challenge into a substantial competitive advantage.

For more information, call 866.396.7703 or visit
lexisnexis.com/risk/health-care

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Health Care

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Our health care solutions combine proprietary analytics, science and technology with the industry's leading sources of provider, member, claims and public records information to improve cost savings, health outcomes, data quality, compliance and exposure to fraud, waste and abuse.

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