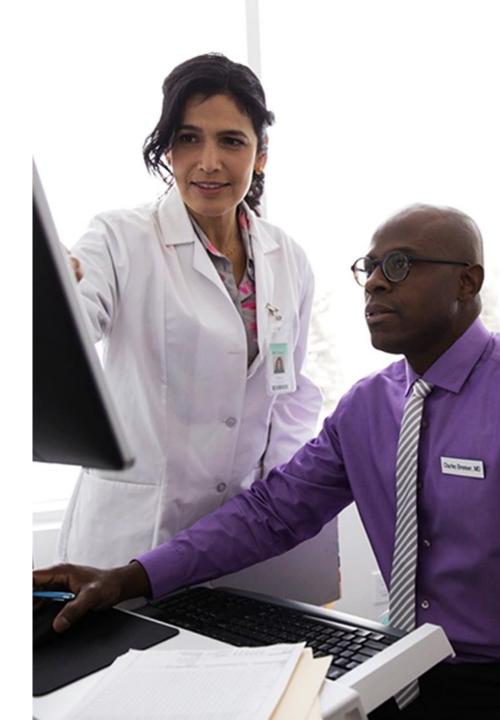


ePA via Surescripts portal navigating the ePA workflow

Presenter name

Presenter title

Month 00, 2019





- The electronic prior authorization (ePA) is a fully electronic solution that streamlines the PA process
- Prescribers access the Surescripts portal or their Electronic health record (EHR) to easily initiate, request and receive determinations via ePA
- ePA supports both prior authorization (PA) requests alongside formulary and quantity limit exceptions
- The ePA solution eases the ePA process, provides timely determinations, and avoids delays due to unnecessary outreach and incomplete information



Agenda

ePA overview

ePA Process flow

Additional scenarios

Recap

The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted. Please see the disclaimer page at the end of this presentation for more information.



ePA overview

ePA overview: ePA streamlines PA process, providing timely determinations

Non-ePA relies on fax-based communication and manual review, resulting in turnaround time of minutes to hours



Prescriber requests PBM to fax PA Question Set



Prescriber receives PA Question Set to complete via fax



Prescriber completes PA Question Set



Prescriber faxes PA Question Set answers back to Pharmacy benefit manager (PBM)



PBM reviews PA
Question Set answers,
communicates decision
or returns to prescriber for
corrections or to acquire
additional information

ePA enables automated processing, resulting in turnaround time of minutes-hours



Prescriber requests PA Question Set via EHR or online ePA portal



Prescriber completes PA Question Set, submits via EHR or online PA portal



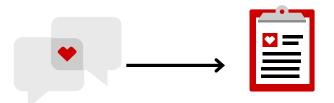
PBM auto-scores, communicates decision via EHR or online ePA portal



Two key stages of ePA process: retrieve question set and render determination

Loop 1

Prescriber requests Question Set (Qset), CVS Caremark returns to prescriber

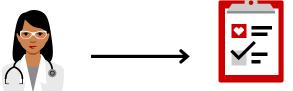


Prescriber requests Qset

CVS Caremark returns Qset to prescriber

Loop 2

Prescriber returns Question Set answers, CVS Caremark reaches determination



Prescriber sends
Qset answers

CVS Caremark reaches determination, completes case



ePA process flow

High-level prescriber summary

Access form via Surescripts portal	Provide key data for request	Request Question Set	Return Question Set	Submit Question Set	CVS C
After logging into Surescripts portal, prescriber selects appropriate health plan request form to initiate ePA	Prescriber inputs key patient, drug and plan information regarding the request	Prescriber submits request to CVS Caremark to obtain appropriate clinical Question Set	CVS Caremark retrieves and returns the Question Set to the prescriber	Prescriber receives Question Set and submits to prescriber/plan	deterr

CVS Caremark renders determination



Prescribers use ePA for both PAs and exceptions



Log into Surescripts portal



Prescriber proceeds to https://providerportal.sure scripts.net/providerportal/ and logs in using credentials.

NOTE: See Appendix to learn how to 'Register Now' if you don't have an account.

- 1 Access Form in Surescripts
- 2 Input Key Data
- Request Qset
- Return Qset
- 5 Submit Qset
- 6 CVS Caremark Renders Decision



Add new ePA



Upon logging in, click the 'Add New PA' button on the navigation bar and then click the 'Start Prior Authorization' button.

Access Form in Surescripts

Input **Key Data** Request **Qset**

Return Qset

Submit Qset



Input patient information



Prescribers can search for a patient using first name, last name, date of birth, gender and ZIP/postal code.

Select the applicable patient from the list and confirm the patient.

If the patient is not available after the search is complete, create a new patient by clicking the 'Create New Patient' button and filling in the applicable fields.

Access Form in Surescripts

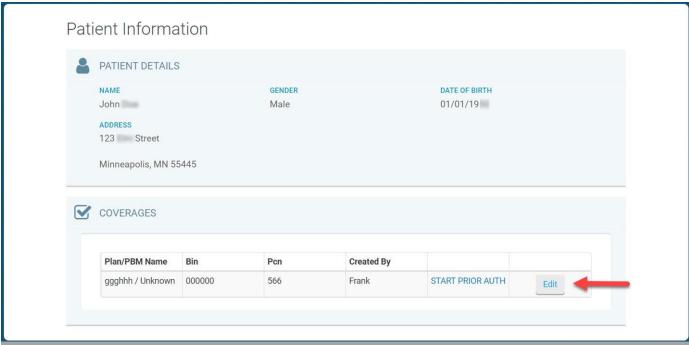
Input **Key Data** Request Qset

Return Qset

Submit Qset



Verify plan



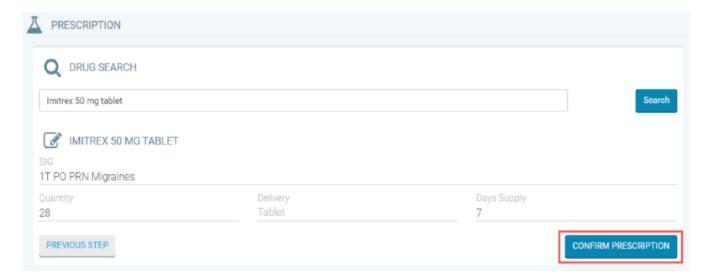
Click on the applicable health plan in the Plan section and click the 'Confirm Plan' button.

NOTE: See Appendix to learn how to 'Create New Plan' if a plan cannot be found for a patient.

- **Access Form** in Surescripts
- Input **Key Data**
- Request **Qset**
- Return Qset
- **Submit Qset**
- **CVS Caremark Renders Decision**



Enter drug quantity, days supply and diagnosis



To start the new request, use the type-ahead field to search for the medication.

Available formulations will appear in a dropdown list to select.

Fill in the remaining prescription fields and click the **Confirm Prescription** button.

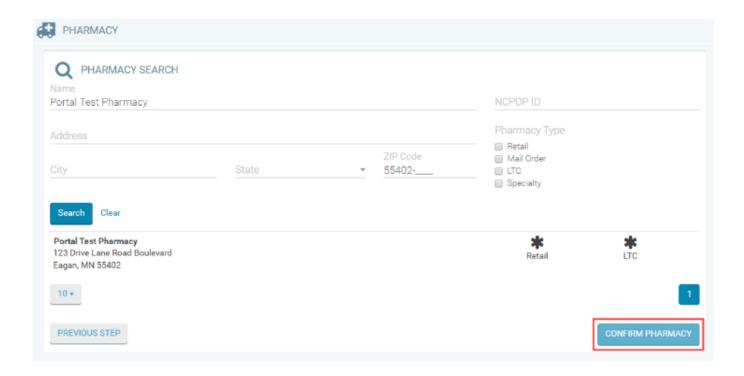
Access Form in Surescripts Input **Key Data** Request **Qset**

Return Qset

Submit Qset



Select pharmacy



Search for the pharmacy using one or more of the applicable fields.

Select the appropriate pharmacy and click the 'Confirm Pharmacy' button.

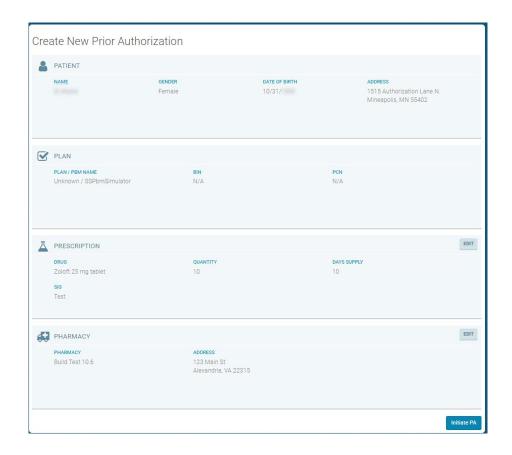
Access Form in Surescripts Input **Key Data** Request **Qset**

Return **Qset**

Submit Qset



Initiate ePA and send to plan



Click the 'Initiate PA' button to send your prior authorization request to the patient's PBM/health plan.

Once the PA has been created, the response will automatically show up on the user's Worklist to process.

Access Form in Surescripts Input **Key Data** Request **Qset**

Return **Qset**

Submit Qset



CVS Caremark returns question set



After submitting ePA, CVS Caremark uses patient, plan and drug information to identify and return the Question Set to the prescriber.

The initial page for responding to a **Question Set** contains information that was submitted in the initial request as well as new information.

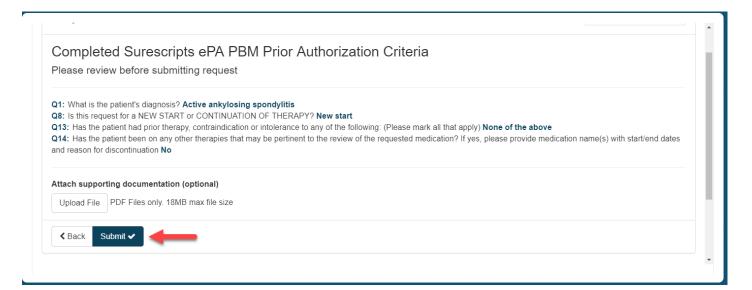
Access Form in Surescripts Input **Key Data** Request Qset

Return **Qset**

Submit Qset



Answer the question set



The prescriber can provide all relevant clinical information to help CVS Caremark render a determination.

Access Form in Surescripts 2 Input **Key Data**

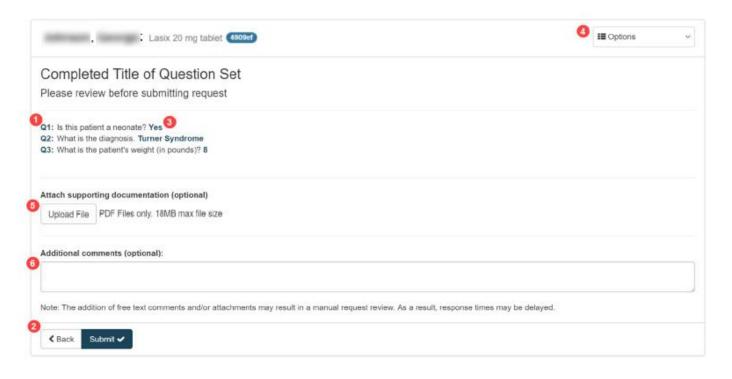
Request Qset

Return Qset

Submit Qset



Review and submit the question set



Upon answering the Question Set, the prescriber clicks the 'Submit' button.

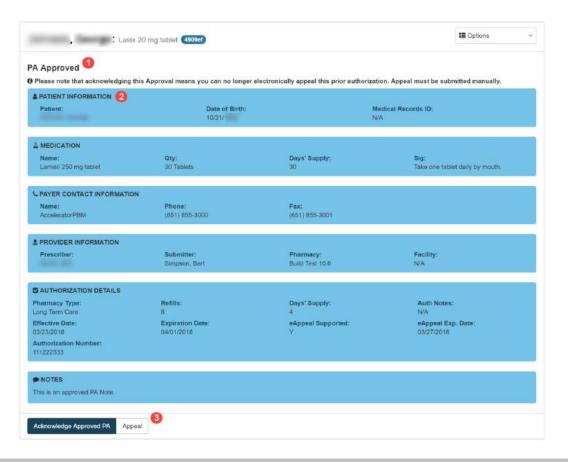
Access Form in Surescripts Input **Key Data** Request **Qset**

Return Qset

Submit Qset



Decision rendered and accessible in Surescripts



CVS Caremark's rendered decision appears in Surescripts.

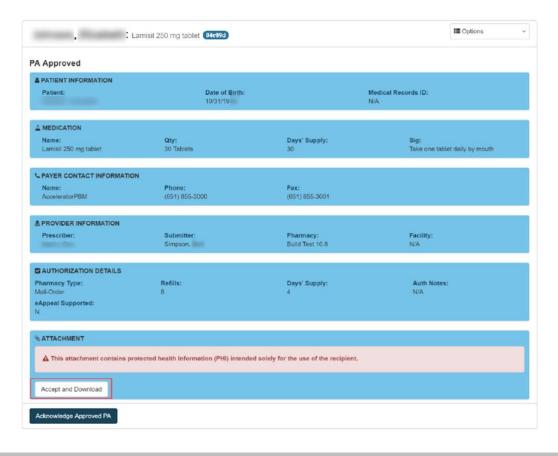
The prescriber can access the decision from their Worklist Overview dashboard.

To access the details of the response, click on the 'Active List Name' under task.

- **Access Form** in Surescripts
- Input **Key Data**
- Request **Qset**
- Return **Qset**
- **Submit Qset**
- **CVS Caremark Renders Decision**



Acknowledge a response



The prescriber is required to acknowledge a response.

Click the 'Accept and Download' button to view the .zip file containing the attachment. Ensure that proper security protocols are followed when viewing protected health information.

Access Form in Surescripts

Input **Key Data** Request **Qset**

Return **Qset**

Submit Qset



Additional scenarios

Question set not immediately returned

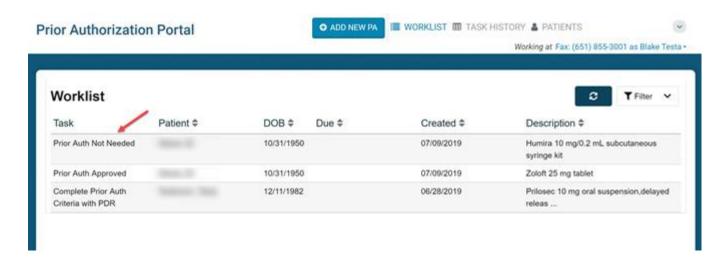
Task History				
Task	Status	Recipient(s)	User	Date/Time
Initiate Prior Auth	Assigned	AcceleratorPBM		07/09/2019 10:10:51 AM
Initiate Prior Auth	Completed	AcceleratorPBM		07/09/2019 10:11:03 AM
Complete Prior Auth Criteria	Assigned	ePAI, ePAuser		07/09/2019 10:11:03 AM
Complete Prior Auth Criteria	Locked	ePAI, ePAuser		07/09/2019 10:11:12 AM
Complete Prior Auth Criteria	Completed	ePAI, ePAuser		07/09/2019 10:12:35 AM
Send Prior Auth Request	Assigned	System Generated		07/09/2019 10:12:35 AM
Send Prior Auth Request	Completed	System Generated		07/09/2019 10:12:43 AM
PBM Response	Assigned	AcceleratorPBM		07/09/2019 10:12:43 AM
PBM Response	Completed	AcceleratorPBM		07/09/2019 10:12:46 AM
Prior Auth Not Needed	Assigned	ePAI, ePAuser		07/09/2019 10:12:46 AM

If a Question Set is not immediately returned upon sending a PA initiation request, the record of sending the request resides in the "Task History" tab on the Portal.

Once the Question Set is returned, it will appear in the "Worklist" tab.



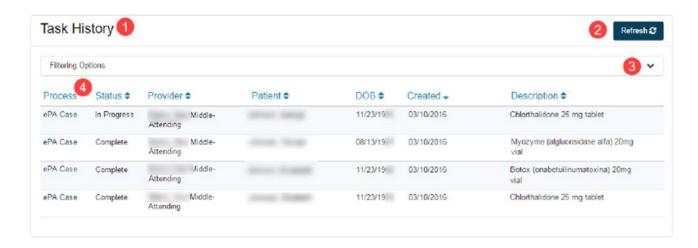
Question set not returned (PA not needed)



If a PA is not needed. this decision will be listed on the prescriber's "Worklist Overview" dashboard



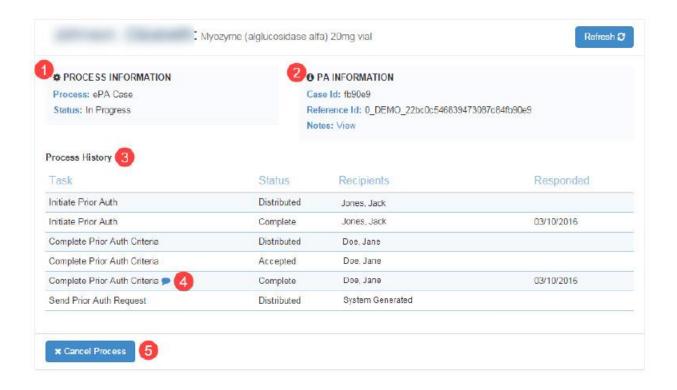
Workflow task history



To track the status and details of any action that has been completed on an ePA process, users can select task history to see if Question Sets have been completed, responses have been acknowledged, or if an ePA is waiting for a response from the PBM/payor.



Reviewing ePA task history



A specific process related to an ePA case can be accessed by opening the task history from the top navigation menu.



ePA recap

ePA helps improve provider prescriber and patient experience

Non-ePA

Prescriber must communicate with the PBM by fax or phone

Requests are reviewed manually and decisions can take several days

Frequently, the prescriber must provide additional information before a decision can be reached

- Often requires multiple phone calls and/or faxes to the prescriber
- Often results in delays in receiving a decision

ePA

Prescriber can communicate with the PBM electronically

Requests are processed automatically yielding responses within minutes to hours

ePA solution can render near **real-time** decisions for certain approval scenarios

Requires prescriber to submit all necessary information for a decision prior to submission

Formulary/quantity (post) limit exceptions are ePA enabled

Tier exceptions are not ePA compatible



Prescribers recognize the benefits of ePA and adoption is growing



Appendix

Prescriber registration

Prior Authorization Portal Account Registration Already have an account? Sign in here Choose the registration type from the list below. Please note that if you are the prescriber, you will be asked for your NPI during registration. If you do not have an NPI, please register as a Delegate. Prescriber Delegate Registration Type -Select-Physician **Advanced Practice Registered Nurse Physician Assistant Pharmacist**

Users must register before using the Prior Authorization Portal. This is a one-time process.

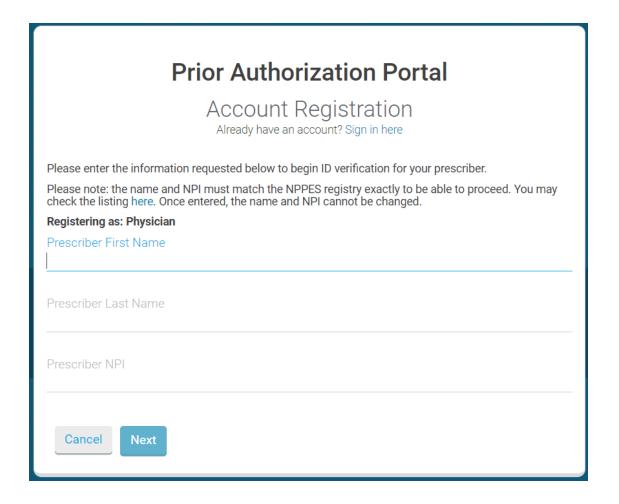
Prescriber accounts are available for users with a registered National Provider Identifier (NPI) who manage the PA for a prescription they have written

Delegate accounts are available for users who manage a PA on behalf of the prescriber.

Once registration is complete, users may log in using the associated email address and password.



Prescriber registration (cont.)



Users must register (one-time process) before using the Prior **Authorization Portal**

Prescriber accounts are available for users with a registered NPI that will manage the prior authorization for a prescription they have written.

Delegate accounts are available for users that are managing a prior authorization on behalf of the prescribing provider.

Once registration is complete, users may log in using the associated email address and password.



Prescriber ID verification



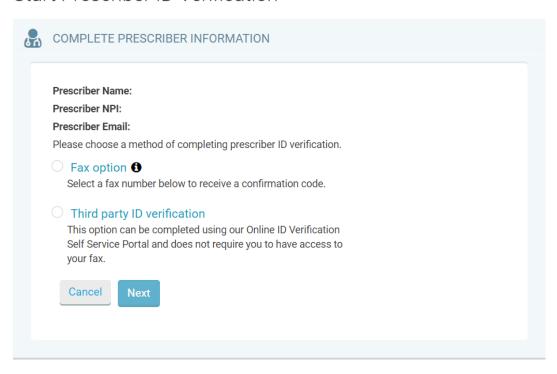
This one-time process for a newly created account can be completed by the prescriber or a delegate working on their behalf.

Click the 'Start Prescriber ID Verification' button under Create New Prior Authorization. If the user is a delegate, enter the prescriber's information



Prescriber ID verification (cont.)

Start Prescriber ID Verification

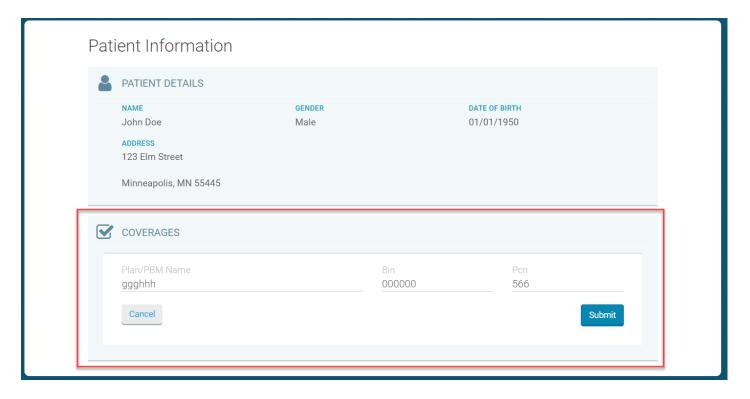


Select method for ID verification. If fax was selected as ID verification, the user must click 'Enter Code,' enter the Fax Confirmation Code and click 'Confirm.'

Enter prescriber's location information and click 'Save Location.'



Create new plan



If a plan cannot be found for the patient, click 'Create New Plan' to manually enter the Plan/PBM Name, Bank Identification Number (BIN) and **Processor Control** Number (PCN).

Access Form CVS Caremark Input Request Return **Submit Renders Decision** in Surescripts **Key Data Qset** Qset **Qset**



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The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted.

All data sharing complies with applicable law, our information firewall and any applicable contractual limitations.

Adherence results and savings projections are based on CVS Caremark data. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors. Client-specific modeling available upon request.

The Maintenance Choice program is available to self-funded employer clients that are subject to ERISA. Non-ERISA plans such as fully insured health plans, plans for city, state or government employees and church plans need CVS Caremark legal approval prior to adopting the Maintenance Choice program. Prices may vary between mail service and CVS Pharmacy due to dispensing factors, such as applicable local or use taxes.

Specialty Expedite is available exclusively for providers who use compatible electronic health record (EHR) systems, including Epic Systems and others that participate in the Carequality Interoperability Framework.

Specialty delivery options are available where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.

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