



ELECTRONIC PRIOR
AUTHORIZATION[®]
ADOPTION AND
UTILIZATION TOOLKIT


A silhouette of two hikers with backpacks standing on a mountain peak, high-fiving their hands. The background shows a vast, hazy mountain range under a blue sky.

SUCCESS
STARTS HERE

THE SURESCRIPTS
NETWORK ALLIANCE™

ENHANCE PRESCRIBING

WE'RE HERE TO HELP

Welcome to the Electronic Prior Authorization Adoption and Utilization Toolkit. This resource has been developed to help your team provide customers with a smooth and seamless deployment of this powerful workflow automation solution. 

It includes a full suite of educational, planning, training and assessment tools designed to accelerate adoption, maximize utilization and enhance the end user experience. It offers practical information and advice on helping customers prepare for each stage — setting expectations and detailing best practices.

KEY AREAS OF FOCUS INCLUDE:

- I. AN INTRODUCTION TO ELECTRONIC PRIOR AUTHORIZATION
- II. HOW TO GET ELECTRONIC PRIOR AUTHORIZATION
- III. PLANNING FOR SUCCESS
- IV. TRAINING PLAN
- V. DRIVING PRACTICE ENGAGEMENT
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This toolkit is a part of Surescripts' ongoing effort to support partners through enablement and utilization of Surescripts solutions. Should you have any questions or need additional help, please contact your Customer Success Engineer.



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I. AN INTRODUCTION TO
ELECTRONIC PRIOR AUTHORIZATION:

AUTOMATING — *AUTHORIZATIONS* — ENHANCING EFFICIENCY



AN INTRODUCTION TO ELECTRONIC PRIOR AUTHORIZATIONS

SIMPLIFYING THE PATH TO STREAMLINED PRIOR AUTHORIZATIONS

Electronic Prior Authorization helps prescribers obtain medication related prior authorizations in real-time, within their EHR workflow, and at the point-of-care. This powerful tool is designed to automate the manual and labor-intensive process of getting prior authorizations approved. Electronic Prior Authorization guides users through all the approval criteria needed for a given prescription based on the patient's specific coverage.

The result is faster, more efficient prescribing workflow where not only is the need for prior-authorization identified, the process of securing approval for that prior authorization is fully automated.

Ultimately, this translates to improved patient safety, drug adherence and overall patient satisfaction.



AN AUTOMATED PROCESS WHERE EVERYONE WINS

Electronic Prior Authorization offers clear and meaningful benefits to everyone involved.

Our clients experience tangible and meaningful benefits. A dramatic decrease in the time it takes to confirm authorizations means improved staff efficiency, for better financial and quality performance.

Prescribers don't have to waste time plodding through manual authorization processes or struggling with disconnected online tools that don't always complete the process.

Patients are happy too. They're able to avoid unpleasant surprises at the pharmacy that can leave them facing the decision to overpay for non-covered meds. This helps improved drug adherence and overall care.

Lastly, we win, knowing we've enhanced the prescribing process and enabled safer, higher quality care.



A SEAMLESS FIT INTO THE E-PRESCRIBING WORKFLOW

Electronic Prior Authorization is a natural extension of our extensive network connections to Pharmacy Benefit Managers and health plans. You can count on it to fit simply and seamlessly into the E-Prescribing ecosystem and your existing workflow. The graphic below illustrates how easy it is to use.



PATIENT Schedules appointment.



EHR Night before patient visit, EHR autosends the eligibility request to Surescripts (or, provider may submit the eligibility request at the point of care)



SURESCRIPTS Receives the eligibility request and matches the patient to the [MPI](#) to identify the patient's Pharmacy Benefit Manager and Pharmacy Benefit Manager Unique ID.



PHARMACY BENEFIT MANAGER Receives the eligibility request and returns an eligibility response.



SURESCRIPTS Receives the eligibility response and aggregates messages in the case of multiple coverages.



EHR References formulary files based on eligibility response and displays prescription coverage details at the time of prescribing



PHYSICIAN Sees if prior authorization is required and improves speed to therapy by automating prior authorizations within EHR workflow.

Prerequisites: Pharmacy Benefit Managers provide Surescripts with updated formulary files on a regular basis. These files are posted to a WebDAV server. The EHR downloads and stores the formulary files locally for use in conjunction with patient eligibility information.

KNOWLEDGE BUILDER

This guide will help you build, configure,
and deploy Electronic Prior Authorization within EHR.

[DOWNLOAD](#)

II. ENABLING ELECTRONIC
PRIOR AUTHORIZATION:

COUNT ON US

— **FOR HELP** —

EVERY STEP
OF THE WAY



Intended Audience: Project Team



Purpose: 1. Outline steps to enable the Electronic Prior Authorization service. 2. Provide awareness of the different Surescripts stakeholders you will be engaging with.

STEPS TO ENABLING ELECTRONIC PRIOR AUTHORIZATION

We're here to help you throughout the process of enabling Electronic Prior Authorization. Below are the key steps we'll be following:

- I. Contract with Surescripts for the Electronic Prior Authorization Service. functionality and interface including access to our testing environment.
- II. Once contracting is complete an Integration Plan will be set in motion commencing with a kick-off call.
- III. Kick-off call will introduce the key Surescripts team members, including your Integration Manager and Customer Success Engineer. You will also be set up with the main tools to develop and test the Electronic Prior Authorization
- IV. Your Customer Success Engineer will work collaboratively with your team on planning that will help ensure a pre and post go-live successful launch and utilization. Planning steps may include awareness, education, support guidance, and monitoring usage to ensure value is being realized.

III. PLANNING FOR SUCCESS:

TURNING

— *VISION* —

INTO REALITY



START BY DEFINING SUCCESS



Intended Audience: Project Team



Purpose: 1. Outline steps to enable the Electronic Prior Authorization service. 2. Provide awareness of the different Surescripts stakeholders you will be engaging with.

Helping you succeed starts with understanding the vision for success — ideally, in the practice end-user's own words.

Why is providing Electronic Prior Authorization a priority? What are your expectations of it? What goals are you hoping to achieve?

The tools in this chapter are designed to gather this kind of input which can be used to create a vision statement you can refer to as practice end-users move from initial adoption to full utilization of Electronic Prior Authorization. Here are some key points that help establish a baseline to compare against.

- 80% of prior authorizations require extra work.
- 5 – 8 hours per week, per physician is spent following up via phone or fax.
- 26% of physicians wait more than 3 days for prior authorization responses.
- 40% of patients abandon treatment when a prior authorization is required.
- 62% of prior authorization approvals returned in less than one minute.



Let's try and understand how you are going to track and measure success. The following questions will help us determine what success means to you and define next steps.

WHY DID YOUR ORGANIZATION DECIDE TO IMPLEMENT ELECTRONIC PRIOR AUTHORIZATION? TIME SAVINGS? FINANCIAL SAVINGS? PATIENT SATISFACTION? IMPROVED ADHERENCE? OTHER?

Type your answer here

WHAT VALUE ARE YOU EXPECTING TO RECEIVE FROM ELECTRONIC PRIOR AUTHORIZATION?

Type your answer here

HOW DO YOU INTEND TO COLLECT FEEDBACK FROM PRACTICE END-USERS UTILIZING ELECTRONIC PRIOR AUTHORIZATION?

Type your answer here



HOW IS YOUR STAFF COMPLETING PRIOR AUTHORIZATIONS TODAY AND HOW LONG DOES IT TYPICALLY TAKE?

Type your answer here

HOW ARE YOU PLANNING TO MEASURE SUCCESS WITH YOUR ELECTRONIC PRIOR AUTHORIZATION UTILIZATION?

Type your answer here

WHAT REPORTING METHODS HAVE YOU USED IN PAST? HAVE YOU CONSIDERED HOW YOUR REPORTING NEEDS MAY CHANGE?

Type your answer here



PREPARE TO MANAGE CHANGE

Change is difficult and can be disruptive to practice end-users. It is vitally important when change is introduced, that practice end-users are aware of the why, the how and the what that success will look like. Consider each of these elements when managing change and communicating expectations to practice end-users.



Intended Audience: Project Team, User Champions/Users, Sales/Account Management



Purpose: Help to define critical success factors and identify metrics to measure ongoing success.

Effective change management will consist of these elements.

VISION + SKILLS + INCENTIVE + RESOURCES + ACTION PLAN = CHANGE

MANAGING COMPLEX CHANGE

This diagram outlines what will occur with the absence of each element.

VISION + SKILLS + INCENTIVE + RESOURCES + ACTION PLAN = CHANGE

VISION + SKILLS + INCENTIVE + RESOURCES + ACTION PLAN = **CONFUSION**

VISION + **SKILLS** + INCENTIVE + RESOURCES + ACTION PLAN = **ANXIETY**

VISION + SKILLS + **INCENTIVE** + RESOURCES + ACTION PLAN = **RESISTANCE**

VISION + SKILLS + INCENTIVE + **RESOURCES** + ACTION PLAN = **FRUSTRATION**

VISION + SKILLS + INCENTIVE + RESOURCES + **ACTION PLAN** = **FALSE STARTS**



COMMUNICATION PLAN

The more practice end-users understand the functionality, performance, and value of Electronic Prior Authorization, the more likely they are to adopt and utilize it. A clear, well-defined communication plan, supported by appropriate tactics and tools is a critical component of a successful implementation.

Potential Methods:

- Direct to practice end-users awareness collateral
- Clinical stakeholder lead partnership
- In workflow pop-ups or messaging
- Countdown messaging in existing notices or standalone messaging
- Participation in User Group Meetings and/or Conferences

Marketing and Training Materials

Driving Awareness:

- Electronic Prior Authorization Toolkit
- Product overview sheets
- Tip sheets
- Support information for trouble shooting
- Gathering user experience feedback
- Best practice
- Frequently asked questions
- Workflow diagrams
- Co-branded marketing materials



Intended Audience: Project Team, Marketing Team, Education Team, User Champion



Purpose: 1. Outline a communication plan to help with deployment and launch of Electronic Prior Authorization. 2. Network partners have identified product awareness as a main barrier to adoption

Training Plan:

What is your typical training approach?

- Collateral - Training Guide, Tip Sheets, etc.
- Webinars
- E-Learning
- Intranet
- Classroom
- Support and/or Sales Training (point of contact with practice end-users)

[SURESCRIPTS TRAINING CATALOG](#)

Deployment Readiness:

- Review Communication Plan to refine and optimize
- Review education materials

IV. TRAINING PLAN

EDUCATE

— **PREPARE** —

PROMOTE



Intended Audience: Project Team, Training Team, User Champion



Purpose: This document outlines considerations for determining training and education methods.

DEVELOPING YOUR TRAINING PLAN

What are your most common and effective training tools and tactics?

- Collateral - Training Guide, Tip Sheets, etc.
- Webinars
- E-Learning
- Intranet
- Classroom
- Support and/or Sales Training (point of contact with practice end-users)

[SURESCRIPTS TRAINING CATALOG](#)

When developing a training plan, keep in mind that different users learn in different ways. Consider who is receiving your training materials and what you believe will be the most effective methods for training them. It's important to develop a variety of materials designed to support the different learning styles of the audiences you're working with. The Surescripts Customer Success team is here to guide you through this process to ensure a smooth delivery and implementation of your training materials.



THE IMPORTANCE OF ESTABLISHING AND UTILIZING A CHAMPION

User Champions (or Knowledge Champions) are people from within the practice who are willing to assume an additional part-time role to assist in the adoption of Electronic Prior Authorization. They play a critical role in the process, providing a level of support and credibility only someone from inside the practice can offer. There are three main areas where User Champions can make important contributions:

Coaching – The User Champion spreads the value and usability message amongst other practice end-users. They are sources of expertise and advocacy for Electronic Prior Authorization workflow, use, and expectations.

Feedback – The User Champion will garner feedback from other practice end-users to help understand what elements of the launch have been successful and determine what needs to be improved upon or changed. They also have a good sense to discern what feedback is most valuable in terms of providing insights as they pertain to the use of a particular solution.

Brokering – The User Champion is the main liaison to Surescripts and other internal departments consolidating feedback and suggesting ideas for necessary changes and improvements. They can also provide guidance and be an advocate for a broader rollout if initial launch was a pilot.



Intended Audience: Project Team



Purpose: 1. Outline the importance and role of utilizing a User Champion. 2. Outline the qualities for an effective User Champion.

QUALITIES OF AN EFFECTIVE USER CHAMPION

A good User Champion is someone who can enforce behaviors yet remain collegial, and knows when to take the lead and when to relinquish control.

Additional characteristics to look for when selecting a User Champion:

- Shares knowledge and communicates effectively
- Well-respected by the support team and can network across the organization
- Helpful and approachable
- Proactive problem-solver
- Task-oriented and strives to continuously improve
- Is a source of knowledge
- Culturally sensitive
- Sees the big picture



PILOTING

Key Considerations: 1. Not all projects require a pilot or phased deployment. 2. Depending on resource availability and organizational best practice you may consider an organization-wide deployment.



Intended Audience: Project Team



Purpose: Help to provide information to assist with launching a successful pilot.

Set Clear Goals	Ask yourself what success will look like with Electronic Prior Authorization. Will this be valuable for caregivers/physicians in terms of meaningful patient interactions? Help to provide savings for a patient? Is the service easy to use? Keep these goals in mind throughout the pilot and make sure you have a way to measure against the initial objectives of the pilot. Refer to goals defined in the "Planning for Success" document.
Determine Pilot Duration	Identify length of time and milestones needed to expand Electronic Prior Authorization adoption and utilization across the practice end-user base. Refer to goals defined in the "Planning for Success" document.
Choose Your Testing Group	Determine the number of participants in the pilot group that will give you a good representative sample. Consider a variety of specialties to provide the most meaningful feedback. Also choose participants who are comfortable with using new technology and are willing to provide feedback.
Develop a Plan for Onboarding	Have a structured plan for onboarding. This includes awareness and education tactics that will help ensure your pilot users know that Electronic Prior Authorization is available and will help them be able to access it and use it successfully. Be sure to build in a structure that enables them to provide feedback and offers access to support to help resolve issues that may arise.
Get Feedback	The pilot is a chance for trial and error — an opportunity to identify and understand what worked and what didn't. This will provide valuable learning for what changes and improvements are needed. This feedback will also help determine the timing for a broader rollout. Again, make sure users know there is a mechanism to gather their feedback.
Address Challenges	During and upon completion of the Pilot make sure users have a mechanism to address any challenges from a technical or workflow standpoint.

NETWORK COVERAGE

Depending on geography and patient population, Electronic Prior Authorization connectivity will vary based on Pharmacy Benefit Manager and Health Plan coverage. Identify your high value Health Plans (including BIN/PCN/Group ID). Share and consult with Surescripts to identify the best pilot opportunities.

A woman is running on a dirt path, viewed from behind. The entire image is covered with a semi-transparent blue overlay. A white rectangular box with an orange border is centered on the page, containing the text and button.

TRAINING CATALOGUE

Surescripts offers a comprehensive roster of training modules for EHR partners

[VIEW](#)



REPORTING CONSIDERATIONS

Your reporting should reflect the complete interaction for an Electronic Prior Authorization Practice End-User. It needs to be in a format that is accessible to and understood by the identified stakeholders. Keep in mind that that your audience may have varying levels of technical expertise.

When creating reporting utilities you will want to remember several key elements of an Electronic Prior Authorization.

1. Transaction types.
 - a) PAInitiationRequest and PAInitiationResponse
 - b) PARequest and PAResponse
 - c) PACancelRequest and PACancelResponse
 - d) PAAppealRequest and PAAppealResponse
2. Open PAInitiationResponses compared to inactivity.
3. Reason Codes
 - a) Included in PAInitiationResponse and/or PAResponse from the PBM.
 - b) Provides insight to next steps when a “closed reason” is received.
4. Transaction timing between types of messages.
5. Additional reporting considerations outside of the Surescripts network based upon your development.



Intended Audience: All functions or roles that may require access to PA utilization which may include:

- Customer Development
- Medical Informatics
- Customer Project Team
- Training Team
- Marketing Team
- Physician Advisory Team
- Practice Leadership



Purpose: To provide considerations when developing reporting utilities and understanding which data points will be shared with your stakeholders in the Planning for Success stage.

V. PRACTICE ENGAGEMENT
WE'RE HERE
— **READY** —
WHEN YOU
NEED US



CONSIDERATIONS AND BEST PRACTICES

ABILITY TO VIEW THE PATIENT CHART

It is important that the Electronic Prior Authorization worklist/accelerator/in-basket is created so that practice end-users can view the Electronic Prior Authorization tasks and question sets at the same time they are viewing the patient chart. A second option would be to provide practice end-users the ability to easily toggle between the tasks, question sets, and the patient chart. If this recommendation is not followed, practice end-users cannot see the patient's chart while answering the question sets.



Intended Audience: Project Team, User Champions/Practice end-users, Support Team



Purpose: This intent of this document is to provide means and information that will assist in driving practice engagement. Including recommended methodologies and access to information that will include FAQ's, Best Practices, and Troubleshooting.

CHOOSING WORKLIST ASSIGNMENTS

When configuring task assignments in your application, you can establish a worklist to prioritize specific tasks that are time sensitive and/or need immediate provider intervention (e.g. Question Sets, Prior Authorization Denials, etc.). This allows clinical or administrative staff to handle these requests more efficiently and further improve workflows.

SUPPRESS PRIOR AUTHORIZATION NOT NEEDED

In order to keep task lists manageable, suppress "Prior authorization not needed" tasks from practice end-users by having them auto acknowledged in the background. Make sure that any withheld medications are auto released to the pharmacy when this task is auto acknowledged.

FLAGGING MEDICATIONS AS NEEDING PRIOR AUTHORIZATIONS

If a medication is prescribed as "dispense as written," then the medication should be flagged as needing a prior authorization based on the prescribed drug. If the medication is not prescribed as "dispense as written," and the generic does not require a prior authorization, then the medication should not be flagged as needing a prior authorization. This is because it is assumed that the pharmacy will dispense the generic medication.

TRACKING ALL PRIOR AUTHORIZATIONS THE SAME WAY

While Electronic Prior Authorization will manage many of your practice end-users' medication prior authorizations, there may be instances where something falls outside of the end-to-end electronic process (e.g. Asembia Response, some appeals, electronic processing errors, etc.). In these instances, Surescripts recommends allowing practice end-users to manually enter captured medication prior authorization information into your application.



CONSIDERATIONS AND BEST PRACTICES

CAPTURING ADDITIONAL DOCUMENTATION

During the Electronic Prior Authorization process, there may be instances where additional documentation is gathered and sent to a prior authorization processor for review in support of a medication approval. Surescripts recommends you provide practice end-users with the ability to tie additional documentation to completed medication prior authorizations so they're easily accessible when reviewing historical prior authorizations. Additionally, [Asembia](#) provides the option to download prior authorization forms once they are completed, but before they are submitted. You should consider allowing users to download completed Asembia prior authorization forms directly from the [Asembia website](#) into their patients' charts.

HANDLING AN APPROVED PRIOR AUTHORIZATION REQUEST

(Native coding; not applicable to customers using Electronic Prior Authorization Accelerator) If you have enabled third-party processing functionality, you'll need to decide how to handle an initial Pharmacy Benefit Manager response indicating the Pharmacy Benefit Manager does not manage prior authorizations for a particular patient and medication. Surescripts will attempt to reach the third-party processor directly so the prior authorization process can continue within the EHR. However, if the third-party processor cannot be reached, the prescriber should refer to the Pharmacy Benefit Manager's original instructions. The response will tell the prescriber how to continue with the prior authorization process if there is no electronic route available. The initial response and <PANote> must be made available for prescriber review (per application certification requirements), but you can choose how and when the information is displayed. Below are several things to consider before choosing how to display the message.

DISPLAYING PHARMACY BENEFIT MANAGER RESPONSES UPON ARRIVAL

PROS

- Presents all information to the prescriber as soon as it's available.
- After viewing the Pharmacy Benefit Manager responses, the prescriber can continue with third-party Electronic Prior Authorization (recommended) or pursue manual prior authorization.

CONS

- The prescriber may not know additional Pharmacy Benefit Manager responses could be forthcoming.
- The prescriber may choose manual prior authorization, which is not recommended.
- The EHR will need to make each <PANote> and its origin (e.g. PBM/third-party processor/Surescripts) easily visible.



CONSIDERATIONS AND BEST PRACTICES

DISPLAYING FINAL PHARMACY BENEFIT MANAGER AGGREGATED RESPONSE

PROS

- Avoids complexity by providing a single aggregated response that the prescriber can access when needed.
- Makes it easy to see when all responses have been received.
- Still complies with application certification requirements.

CONS

- It may be difficult for the prescriber to find the original <PANote> depending on the EHR's configuration.
- It may be confusing if the notes are not presented in a logical (e.g. chronological) order.
- The EHR will need to make each <PANote> and its origin (e.g. PBM/third-party processor/Surescripts) easily visible.

ENABLING PRACTICE END-USERS

When enabling practice end-users for Electronic Prior Authorization, office staff and clinical support staff should also be enabled. This will allow the physician's support staff to complete prior authorization documentation on the physician's behalf.

HELPING PATIENTS UNDERSTAND PHARMACY INSURANCE COVERAGE

Many patients do not know there are often differences between medical benefits and pharmacy benefits. These differences can impact whether or not patients need a medication prior authorization. This is further complicated by how patients present themselves across the healthcare continuum (e.g. using different versions of their name, listing different care providers and pharmacies, etc.). If patients present themselves differently from provider to provider, there can be issues with patient matching. This can impact your practice end-users' ability to determine the need for medication prior authorizations. To help practice end-users identify the correct pharmacy benefit plan when a patient returns multiple coverages, we recommend collecting (when available) the BIN, PCN, and Group ID for the patient. Then make sure this information is available to the user when they verify prescription coverage with the patient.



CONSIDERATIONS AND BEST PRACTICES

ADDING ADDITIONAL INFORMATION TO A PRIOR AUTHORIZATION

There are many reasons for adding additional information regarding a prior authorization to a patient's record, whether it's approved, denied or closed. Here are two use cases for adding information to prior authorizations:

- Prior Authorization Annotation (post-Pharmacy Benefit Manager response): Allows users to annotate a prior authorization record after the Pharmacy Benefit Manager has responded with additional authorization or dispensing information that may have been included in the Pharmacy Benefit Manager's response notes. It should be clear which messages were added by practice end-users versus those that were sent directly from the Pharmacy Benefit Manager.
- Prior Authorization Expiration: Medication prior authorization expiration timeframes vary and are generally available in the response content from the Pharmacy Benefit Manager. Typically, the expiration is found in an authorization period field or <PANote>. Displaying this information in the patient's medication record and flagging prior authorizations approaching expiration make prior authorization renewals more efficient.

SETTING THE NEED FOR PRIOR AUTHORIZATION AT THE MEDICATION LEVEL

Some providers have medications onsite that normally require prior authorization via Electronic Prior Authorization, but do not result in a new prescription. If medications are being dispensed by clinic staff, you may decide to let prescribers initiate a prior authorization without having to complete a medication order. Doing this will give providers additional flexibility while supporting in-clinic medication dispensing. You can also allow providers to set their prior authorization requirements at the medication level, independent of the formulary information on file for their patients. This provides clinics with more flexibility in managing prior authorization workflows and supporting patients.

ENGAGING AND EDUCATING PATIENTS

As organizations adopt Electronic Prior Authorization, effective communication between the practice and patient will help ensure success. Before Electronic Prior Authorization, patients often had to take action to resolve prior authorization issues. While some interaction between the patient and their health plan may still be needed, the effort required of the patient and the prescriber will be significantly reduced with Electronic Prior Authorization. You may want to offer your users digital or printed Electronic Prior Authorization support collateral. Providing simple descriptions of the Electronic Prior Authorization process and its benefits will help practice end-users maximize this powerful solution with greater ease. Consider offering automated patient communication via text message, email or phone to further improve workflows and ensure patients have a positive experience.



CONSIDERATIONS AND BEST PRACTICES

SURESCRIPTS CUSTOMER SUCCESS CAN HELP

The Customer Success team makes sure that you and your customers see the benefits of connectivity as quickly as possible. This team is focused on driving the adoption and use of Electronic Prior Authorization. They provide product support and practice end-user engagement, from the initial planning phase through integration and rollout. This ensures confidence and customer satisfaction at every stage.

HOLDING A PRESCRIPTION, RELEASE AFTER APPROVAL IS RECEIVED

A prescription should be held until an approved authorization is received. This ensures that efforts to complete a prior authorization are not duplicated by the pharmacy. It also allows the opportunity to receive an approval before the patient is notified that the prescription is ready for pick up.



FREQUENTLY ASKED QUESTIONS

Q: Will this product create extra clicks for providers?

A: Electronic Prior Authorization is highly interoperable, with the functionality integrated into an EHR's prescribing workflow

- The minimal amount of added time used to submit prior authorizations electronically during the prescribing workflow is significantly less time consuming than the manual method, which risks delays in the patient receiving their script.
- Submitting a prior authorization electronically drives prior authorization responses from the payer in minutes. Time to dispense approved prescriptions via the manual prior authorizations process can take up to 4 weeks.



Intended Audience: Project Leads, Sales Representatives, Account Managers, Practice End-Users



Purpose: This document is intended to provide answers to the most frequently asked questions regarding Electronic Prior Authorization to the Project Team and the practice end-users.

Q: How is Electronic Prior Authorization displayed within the EHR?

A: During the e-prescribing process, providers are proactively notified of medication prior authorization requirements as defined by the pharmacy benefit manager or health plan.

- Dynamic logic delivers prior authorization questions specific to the patient, plan, and medication.
- Demographic information from the prescription is used to pre-populate the prior authorization.

Q: We use another prior authorization tool and don't understand the difference.

A: The Surescripts solution is different

- The Electronic Prior Authorization workflow is completely embedded in the EHR
- Our interactions with pharmacies and Pharmacy Benefit Managers are truly electronic, not e-fax capabilities
- Automates prior authorization management in work queues for support staff, without toggling out of the Electronic Health Record to a portal.
- Selects and pre-populates demographic information from the patient's prescription.



FREQUENTLY ASKED QUESTIONS

Q: How accurately are medications flagged for prior authorization?

A: If you are using the Surescripts Real-Time Prescription Benefit product the medication is flagged for a prior authorization before being sent to the pharmacy. These results are gathered from a real-time communication that happens between the EHR and the pharmacy benefit plan, so you are getting the most up to date patient specific information available.

- If you do not have Real-Time Prescription Benefit, you are seeing plan level formulary information, rather than patient level detail.
- The accuracy of your results are dependent on the frequency that your organization is downloading formulary updates.

Q: We don't want to disrupt our current process by introducing something new.

A: Electronic Prior Authorization lets you improve and simplify your current workflow — what might look like a disruption today is ultimately an upgrade to a smoother, better process. We embed all functionality directly into your clinical EHR workflow, and have prioritized features that help you avoid unnecessary work.

- This improved workflow increases patient satisfaction by reducing time to therapy, lowers patient costs, and improves medication adherence.

Q: We leave it up to the pharmacy to tell us if a prior authorization is needed. Then we'll get involved in processing the request.

A: We have clients who historically took that same approach. What most of them discovered was this: The time and disruption caused by those after-the-fact prior authorizations actually cost their organization more time than it takes to get prior authorization approval in advance.

- This improved workflow increases patient satisfaction by reducing time to therapy, lowers patient costs, and improves medication adherence.



TROUBLESHOOTING

ELIGIBILITY & BENEFIT CHECK ERRORS

Eligibility and benefit checks may result in the following responses. Common causes are listed below each potential response.

Patient Not Found

- If a patient is not matched during the eligibility check, Electronic Prior Authorization information cannot be provided.
- Some Electronic Health Technology Vendors choose to suppress “patient not found” errors from end users in attempt to reduce noise on the screen that isn’t actionable. If you’re not sure whether your application behaves in this way, it’s best to inquire with your primary EHR contact.
- If the following elements are not accurately matched during an eligibility request it may result in a Patient Not Found error.
 - PBM unique member ID
 - First name
 - Last name
 - DOB
 - Gender
 - Zip code
 - Street line 1
 - Street line 2
 - City
 - State

Multiple Benefits Returned

- If a patient has more than one active coverage that can be identified by Surescripts, multiple coverages will be returned in the transaction.
- Electronic Health Technology Vendors vary in the way these scenarios are managed. Some will automatically default to a coverage, and others will force the practice end-user to make a selection of the primary coverage.
- If multiple benefits are returned, the patient’s primary benefits must be selected to ensure the correct pricing information is returned.
- It is best practice is to have an end user confirm with the patient which option is their primary coverage.
- Practice end-users must implement a workflow to confirm the patient's primary benefits.

Network Coverage

- If a patient's health plan is not a part of the Surescripts network, Electronic Prior Authorization information cannot be provided. In these instances, Prior Authorization information will be provided in the form of an Asembia link.
- We encourage organizations to understand their coverage. Talk with your Surescripts representative to understand Electronic Prior Authorization response expectations, based on geography and your population's benefit coverage.
- Communicate these expectations with practice end-users, so they understand the varying Electronic Prior Authorization workflows.



Purpose and Intended Audience: This document is intended to provide information on how to address issues that may arise as they begin using Electronic Prior Authorization. The document is intended for support, subject matter experts, and the practice end-users.



TROUBLESHOOTING

ELIGIBILITY & BENEFIT CHECK ERRORS

Errors and Descriptions

This table outlines common errors, descriptions, and actions. For a comprehensive list, reference the most up to date Electronic Prior Authorization Companion Guide.

Metric	Description	Action
Sender not allowed to send this message type.	Sender portal does not support this message type, or sender ID not in directory, or sender not allowed to send this message type (the SPI has not been assigned the Electronic Prior Authorization service level).	Ensure that the sender is enabled with the Electronic Prior Authorization service level. EHR logic should validate the prescriber Electronic Prior Authorization service level before sending a PInitiation Request to Surescripts.
Receiver does not support receiving this message type.	Receiver portal does not support this message type, or receiver ID not in directory.	Sending EHR should validate that the receiving PBM has the Electronic Prior Authorization service level before sending a PInitiation Request.
Intermediary system error.	Surescripts system error. Sender or receiver portal configuration error.	Open a Surescripts Support case.
Intermediary is unable to deliver message to the recipient.	Surescripts is unable to deliver the message to the receiver (e.g. could not establish communication session).	Try again later. If failure continues, open a Surescripts Support case.
Intermediary is unable to process response from recipient.	Surescripts is unable to process the response from the recipient.	Open a Surescripts Support case.
Request timed out before response could be received.	Connection with receiver timed out before response was returned. Status of message at receiver is unknown.	Connection may be automatically retried. If issue continues, open a Surescripts Support case.
Does not follow NCPDP standard or implementation guide rules.	Based on the message type, Surescripts determines that a syntax error is present, or message fails Surescripts business rule validations.	Review the error description within Admin Console and correct the error to mitigate future failures.
Internal processing error has occurred.	Recipient is unable to recognize the type of message or does not have enough info to create an NCPDP Error message. Recipient sends Surescripts HTTP 400 response and text message that indicates "Transaction cannot be identified nor processed"	If issue persists, open a Surescripts Support case.



POST GO-LIVE DEBRIEF OBJECTIVE (ACTIVITIES)

It is best practice to have practice end-users and supporting staff to share their experience with using Electronic Prior Authorization. The information gathered through these activities should be used to make strategic updates in training, product awareness, and workflow.

How to gather end user feedback:

- Daily or weekly check-in meetings with the project team, User Champions, and practice end-users
- Daily or weekly email survey campaigns to practice end-users
 - Reference recommended survey questions, listed below.

Important feedback to gather:

- What were the early successes with utilization?
- What were the early challenges with utilization, and what can be done to overcome the challenges?

How to use the information increase product adoption:

- Distribute early successes to the larger organization
- Optimize the workflow to address practice end-users' challenges



Intended Audience: Project Team, User Champion, Practice end-user



Purpose: Develop a plan to help communicate and discuss the successes and challenges practice end-users are experiencing with Electronic Prior Authorization. This will assist in accelerating utilization and reaching organizational goals surrounding Electronic Prior Authorization.

- Identify additional site User Champions
- Identify gaps in awareness and education that can be addressed
- Identify technical issues that can be mitigated
- Determine if the project is tracking towards our outlined objectives

Recommended Survey Questions:

- Are you using Electronic Prior Authorization?
- What is your comfort level using Electronic Prior Authorization?
- Would additional training on the Electronic Prior Authorization workflow be helpful?
- What do you like about the Electronic Prior Authorization product?
- What do you dislike about the Electronic Prior Authorization product?
- What barriers, if any, have you experienced when using Electronic Prior Authorization?

VI. OPTIMIZING POST GO-LIVE
30 | 60 | 90-DAYS

AN ONGOING

— *DRIVE FOR* —

CONTINUOUS IMPROVEMENT

DEPLOYMENT OPTIMIZATION CHECKLISTS

Utilize the 30/60/90 day post-live checklists to drive Electronic Prior Authorization optimization

Intended Audience: Project Team

Purpose:

- Provide a checklist for the major activities supporting a successful launch of Electronic Prior Authorization.
- Help prepare project team to avoid most significant challenges, such as, lack of awareness and workflow abandonment.
- Provide a checklist for major activities involved with product awareness, education, and successful utilization post go-live.
- Outline customer expectations at the time of go live, and 30/60/90 days post go live.
- Adherence to these guidelines will ensure optimal outcomes for practice end-users and patients.



PRE GO-LIVE CHECKLIST

The following checklist includes the most important tasks that must be completed to enable a successful go-live experience. It's designed to help ensure that the project team has met all prerequisites for getting practice end-users ready to go-live on the new functionality. If any items are outstanding that will negatively impact the practice end-user, a mitigation plan should be developed, and consideration should be given to pushing back the go-live date.

TECHNICAL ACTIVATION:

- ☐ Go-live steps have been reviewed and executed.

COMMUNICATION PLAN AND AWARENESS:

- ☐ Practice end-users know that Electronic Prior Authorization is available.
- ☐ Practice end-users know how to access the product.
- ☐ Practice end-users know where to direct questions and how to report issues.
- ☐ Go-Live Brief has been developed.

EDUCATION:

- ☐ Practice end-users have been trained on preferred workflows for Electronic Prior Authorization.
- ☐ There are educational resources that can be provided and accessed for practice end-users.
- ☐ There is a plan for continued education and future onboarding.
- ☐ Stakeholders have reviewed and taken necessary training courses.

Admin Console:

- Introduction to the Surescripts Admin Console (SSAC101)
- Advanced Admin Console Processes (SSAC201)
- Advanced Admin Console Processes: Researching Errors (SSAC202)

Directory:

- Introduction to the Surescripts Directory (DIR100)

- Surescripts Directory Implementation (DIR101)

Cases/Support:

- Welcome to Surescripts Customer Support (CS100)
- Surescripts Guide to Case Logging (CS101)

SUPPORT:

- ☐ A plan is in place to manage and document product support needs.
- ☐ An internal support escalation path has been defined and distributed.
- ☐ The Project Team knows where to go when technical and workflow issues arise.
- ☐ Appropriate stakeholders have access and training for Surescripts Admin Console, if applicable.

FEEDBACK:

- ☐ A plan is in place for collecting practice end-user feedback for Electronic Prior Authorization.
- ☐ A reoccurring internal team stand up is in place to share user experiences and address issues.

MEASURING SUCCESS:

- ☐ A definition of success has been approved by appropriate stakeholders.
- ☐ A process to measure ongoing success is in place.
- ☐ Metrics have been defined to measure adoption and utilization.



POST GO-LIVE CHECKLIST

Day 1-Day 7 of Go-Live

TECHNICAL ACTIVATION:

- ☐ Successful connectivity is established.
- ☐ Transactions are being monitored for trends.
- ☐ Identifying root cause of transaction level errors and implementing a resolution.
- ☐ The Surescripts Certification process has been completed.

COMMUNICATION PLAN AND AWARENESS:

- ☐ Gaps in communication have been identified and addressed.
- ☐ Confirm users are accessing Electronic Prior Authorization.
- ☐ Go-Live brief has been developed and distributed.
- ☐ Reevaluate awareness strategies as needed.

EDUCATION:

- ☐ Gaps in education have been identified and mitigation plan executed.
- ☐ Plans have been developed to address ongoing education for existing and new practice end-users.

WORKFLOW:

- ☐ Identify workflow optimization opportunities.

SUPPORT:

- ☐ Identify and mitigate gaps addressing issues that need diagnosis and resolution.
- ☐ Practice end-user's questions and issue are being addressed during reoccurring stand up.

FEEDBACK:

- ☐ Practice end-users are providing feedback on usability and value for continued optimization.
- ☐ Feedback is being collected and shared with appropriate stakeholders.

MEASURING SUCCESS:

- ☐ Metrics are being reviewed and shared with appropriate stakeholders.
- ☐ Analyze data and identify optimization opportunities.
- ☐ Communicate successes across the organization.

SURESCRIPTS PARTNERSHIP:

- ☐ 1 week check in with the assigned Surescripts Customer Success Engineer
 - Discuss successes/challenges
 - Determine the ongoing check-in schedule



30 DAY POST GO-LIVE CHECKLIST

TECHNICAL ACTIVATION:

- ☐ Transactions are being monitored for trends.
- ☐ Identifying root cause of transaction level errors and implementing a resolution.

EDUCATION:

- ☐ Identify and train practice end-users that need additional product education.
- ☐ Continued education is disseminated to practice end-users on the workflow and benefits of Electronic Prior Authorization/ Real Time Prescription Benefit.
- ☐ Ensure best practice workflows are being implemented.
- ☐ Correct primary coverage must be selected prior to placing medication orders.

SUPPORT:

- ☐ Project team has reviewed questions regarding workflows and technical errors.
- ☐ Review of support staff response times and resolution quality to practice end-users.

FEEDBACK:

- ☐ Lessons learned and/or satisfaction survey is reported to Surescripts Account Manager.
 - Identify optimization opportunities for User Interface and workflow
- ☐ Determine next steps and timeline to implement lessons learned.

MEASURING SUCCESS:

- ☐ Review self-generated reports and compare results to previously defined success metrics.
- ☐ Review progress towards customer's definition of success.
- ☐ If necessary, create an action plan to meet this goal.

SURESCRIPTS PARTNERSHIP:

- ☐ 30 day check-in to review the report card.
- ☐ Determine ongoing check in meeting schedule.



60 DAY POST LIVE CHECKLIST

FEEDBACK:

- ☐ Review lessons learned and/or satisfaction survey, as outlined in 30 day checklist.

- If applicable, redefine 90 day target
- Determine next steps and timeline to implement lessons learned.

MEASURING SUCCESS:

- ☐ Review progress against previously defined success metrics.
- ☐ Assess deployment progress**
 - Review deployment strategy and adjust accordingly

SURESCRIPTS PARTNERSHIP:

- ☐ 60 day check-in to review the report card.
 - Determine ongoing check in meeting schedule

Note:

Customer agrees to notify Surescripts when they have altered any portion of a Surescripts certified software product or module, before moving such changes into production, as they may create a circumstance of non-compliance with the Surescripts certification issued.

In those instances, Surescripts will work with the customer to perform a timely re-certification, if required, to ensure network compliance and safety



90 DAY POST LIVE CHECKLIST

FEEDBACK:

- ☐ Review lessons learned and/or satisfaction survey, as outlined in 30 day checklist.**

MEASURING SUCCESS:

- ☐ Assess utilization amongst all users of the product.
 - If applicable, review attrition rate and outline a strategy to reduce attrition.
- ☐ Review progress towards previously defined success metrics.

- ☐ Assess deployment progress, as outlined in 60 day checklist.**

SURESCRIPTS PARTNERSHIP:

- ☐ 90 day check-in to review the report card.
 - Evaluate what continued support is needed from the Surescripts Customer Success Engineer team.

Note:

Customer agrees to notify Surescripts when they have altered any portion of a Surescripts certified software product or module, before moving such changes into production, as they may create a circumstance of non-compliance with the Surescripts certification issued.

In those instances, Surescripts will work with the customer to perform a timely re-certification, if required, to ensure network compliance and safety.



TOGETHER, WE'RE BRINGING A BETTER PRIOR AUTHORIZATION PROCESS TO MARKET

By now you've seen how Electronic Prior Authorization can help deliver improved patient safety, drug adherence and overall patient satisfaction. With the contents of this kit, you have everything you need to help practice end-users enjoy a smooth, seamless and successful onboarding process. We're

proud to collaborate with valued partners like you to bring this remarkable product to market. Count on us to be with you every step of the way, providing the attentive and responsive support that ensures a positive experience and outcome for everyone.

