

Survey Results and Discussion of Potential Improvements

The Pharmacist and Provider surveys conducted by the Department of Social Services were an excellent tool for highlighting what the current prior authorization process does successfully and what areas of improvement should be discussed. The following document summarizes potential actions the Department may consider based on the information compiled from the surveys.

Pharmacist Survey Summary

The Pharmacist survey demonstrated that the electronic messaging provided by the Department is effective in alerting when a drug is non-preferred and that the pharmacy should contact the prescriber (Question #4- 86.6%). A majority of the time this prompts the physician to change the product to a medication on the Preferred Drug List (Question 7- 63.2%). The survey also verified that the one-time, 14-day temporary override is used in almost all cases where a physician cannot be reached to switch to a preferred medication (Question 8- 92.3%).

Pharmacist comments after the survey included, “System works very well,” and, “Medicaid is the easiest 3rd party to deal with. Nearly everything is covered – policies are very liberal.” Respondents stated that the process could be improved if it were not reliant on faxes and instead included an “electronic” prior authorization. Educating physicians on their role in the Medicaid PA process was also mentioned as was ensuring physicians have updated Preferred Drug Lists. Pharmacies commented on the lack of notification when a prior authorization is approved, stating that the only way they have to determine if the request has been approved is to resubmit the claim. Other pharmacists thought the process was not appropriate from a clinical standpoint. They believe there is additional cost savings for the state if prescribers were required to submit clinical reasoning for obtaining a non-preferred drug: “I feel the pa process is inadequate. The prescriber seldom has to substantiate why a non-pdl drug is required. There could be greater cost savings if prescribers were required to submit clinical notes.”

Prescriber Survey Summary

Prescriber responses revealed that a significant portion were not aware of the one-time 14-day override provision (Question 8- 43.2%). This supports the theory that they are not being notified by the pharmacy when their patient receives a temporary 14-day supply of a non-preferred drug. More than half of the responding prescribers were currently participating in e-prescribing (Question 3 – 67.6%) where they have access to the Medicaid formularies and alternate therapies for non-preferred drugs. Even with access to e-prescribing, some physicians lacked the basic understanding of where to find the Preferred Drug List (Question 9- 48.6%) and where to access the prior authorization forms (Question 10- 29.7%). Prescribers also identified that their Medicaid patients initiate the prior authorization process by calling to inform the physician that the prescribed medication requires prior authorization when a claim is denied (Question 6 - 75.7%). Comments from prescribers at the end of the survey echoed some of the same sentiments as the Pharmacist survey regarding the need for a more streamlined “computerized process.” One physician commented, “If the authorization can be done online...that will make

us very happy.” Other comments ranged from issues with notification, “Never notified if PA approved or rejected,” to praise of the process, “process is very easy.”

Outcome and Conclusions

Based on both the Pharmacist and Provider Surveys, the Department of Social Services can state the process on the whole is functioning properly. The prior authorization process can further address some of the concerns in the community by making the following modifications:

- 1) Based on the responses of the physicians it would benefit the process to make the Prior Authorization forms and the Preferred Drug List more accessible and visible on the www.ctdssmap.com website. HP is evaluating the proper placement of these web links to avoid delay in the PA process. HP is looking to add the PA form on the Pharmacy Information page of the Department’s website. HP will also keep the current web link where it is for providers who are familiar with this location.
- 2) Many respondents made comments that are inconsistent with the current policies of the Department. An example of one such comment- “Even generics require Prior authorization” shows a lack of understanding of how the PDL functions. In this case, simply billing the preferred brand name medication would result in a paid claim. Also, the lack of awareness about the one-time 14 day override by physicians speaks to gaps in Medicaid program knowledge. HP can initiate outreach to educate the provider community about the policies and procedures currently in place. This will help alleviate any confusion or misinformation about the Medicaid prior authorization process.
- 3) With 67.6% of the responding prescribers actively using e-prescribing, additional education can be done on the CT e-prescribing program to help streamline the PA process. Enrolled prescribers who e-prescribe have access to all Medicaid formularies including alternate therapies for non-preferred products. Additional information such as quantity limits, diagnosis requirements, and hyper-links to the Connecticut prior authorization forms are also provided through the Surescripts network.
- 4) Each survey mentioned the need for a streamlined process. Several respondents discussed the advantages of having an on-line or electronic system in place. HP agrees that a web based Prior Authorization process would benefit both the providers and clients. Several of the issues contained in the surveys would be addressed by having a secure, self contained process on the provider web portal for prescribers to submit PAs. This process would allow prescribers to correct errors on PAs before submission and be notified via the web when the PA was approved by HP staff. This would eliminate steps such as faxing, correspondence from the PA center to correct submissions and awaiting confirmations of approvals. These surveys reflect the provider community’s preferred communication is email which demonstrates a need to move from a fax based process as the health care community adopts electronic means for communication, health records and prescribing.

5) Comments made regarding the possible addition of clinical editing for cost savings measures by some of the respondents inform the Department that some in the community would welcome a more demanding Prior Authorization review. Selected classes could be targeted and simple edits based on 'step therapy' could be implemented. The annual projected cost savings from using a more clinical approach across the Preferred Drug List would be an estimated 18 million dollars. This is based on data from Provider Synergies which assumes a 10% increase in Preferred Drug List compliance.