



**COLORADO**  
Department of Health Care  
Policy & Financing

1570 Grant Street  
Denver, CO 80203

# Real-Time Prescription Benefit Tool

*Frequently Asked Questions updated 10/12/21*

## Why do we need the new prescription benefit tool?

Prescription drugs are the leading contributor to rising health care costs, but that challenge impacts more than just the financials. One in three Coloradans either cannot fill a prescription, cut pills in half, or skip doses because of the cost.

The Prescriber Tool empowers providers with real-time information on prescription drug costs and affordable alternatives. The goals of the Prescriber Tool are to help improve patient health outcomes and service; reduce administrative burden for prescribers; improve prescription drug affordability for Coloradans, employers and the state; and support providers with value-based payments that reward them for addressing the number one contributor to rising health care costs - *rising prescription drug costs*.

The following Prescriber Tool affordability functionalities are incorporated within approximately 100 electronic health record systems (EHRs):

- **Real-Time E-Prescribing:** Prescribers can now send prescriptions electronically to pharmacies for Medicaid patients, increasing convenience and saving time for patients, prescribers and pharmacies.
- **Real-Time Benefits Inquiry:** Prescribers now have rapid insight into preferred medications from the Medicaid preferred drug list, empowering them with drug affordability and cost options at the point of care.
- **Real-Time Prior Authorization:** Prescribers can now get rapid prior authorizations, reducing workload and avoiding manual entry, forms, faxes, lists and rework.

Enabled for both your Health First Colorado (Colorado's Medicaid program) and commercially covered patients, the Prescriber Tool reduces rework and



administrative burden for providers by enabling e-Prescribing and e-Prior Authorization while improving convenience for patients, too.

### **Who is the tool designed to be used by?**

The tool is designed to be used by prescribers. Our intention is to reward prescribers beginning in July of 2022 for using the tool and generating savings during the fiscal year beginning July 2021.

### **Are Hospitals as part of the Hospital Transformation Program (HTP) required to adopt the Prescriber Tool affordability module?**

Adoption of the Prescriber Tool affordability module is a statewide effort under the Hospital Transformation Program (HTP), and all hospitals are expected to implement and use the tool.

### **For non-hospital providers, are there incentives to adopt the Prescriber Tool affordability module?**

Yes - we plan to reward prescribers beginning FY 2022/23 for using the tool and generating savings during this current FY 2021/22. Providers who meet performance thresholds will be eligible for shared savings from using the Prescriber Tool Affordability Module. The shared savings program will launch in FY 2022 on implementation of the tool in all compatible EHRs. Stakeholder engagement sessions are being held Fall 2021 and Spring 2022 and providers are welcome to join these discussions. Please contact Chloe Wilson (chloe.wilson@state.co.us) for more information.

### **Does the tool take away prescriber clinical decision-making?**

No. The tool offers affordable alternative medications that may be effective to treat the patient's diagnosis. The prescriber is empowered with options and information but is still the ultimate decision-maker. Regardless of what the prescriber decides, the workflow is easier, rapid and saves the prescriber time.

## **What are the consequences if the prescriber does not select a lower cost alternative?**

There is no downside of using the tool, only upside. We plan to reward prescribers for using the tool and generating savings during this fiscal year beginning July 2021, with payments to be distributed beginning July of 2022.

## **How does a prescriber access the real-time prescription benefit tool?**

The real-time benefit tool is accessible through compatible EHRs. Please contact your IT Support Staff, EHR Training Team or EHR vendor to access the tool and get training and education materials.

## **What is the tool called in my EHR?**

“Real-Time Prescription Benefit” or “Real-Time Benefit Check.” This would apply to all EHRs and may vary by individual EHR vendor.

## **Is my EHR compatible with the tool?**

This tool is connected with approximately 100 EHRs, including Epic, Cerner, Meditech, AllScripts, NextGen, Athena, Aprima/Compu Group Medical, NetSmart, AdvancedMD, Greenway Intergy, Practice Fusion, and many more. To check for your EHR’s compatibility, please go to our [website](#); scroll down; click on the “ePrescribing Solution Overview” link, then select “Network Connections” and then “Real Time Prescription Benefit.”

## **My EHR is compatible; how do I ensure this functionality is working?**

Please contact your EHR vendor to enable this functionality, if it is not already in place (meaning that prescribers are receiving alternate medications, not just the ability to ePrescribe or work through a prior authorization). Please ask your EHR vendor to make sure they have turned on or enabled the “Real-Time Prescription Benefit” or “Real-Time Benefit Check” and are routing Colorado Medicaid transactions.

## **My EHR is not compatible with the tool; what do I do?**

Please contact your EHR vendor to request they take steps to establish compatibility and enable the “Real-Time Prescription Benefit” or “Real-Time Benefit Check.” If you need help with installation:

- FY 2021 American Rescue Plan Funding for Health Centers (H8F) Activities and Allowable Uses of Funds: Maintaining and Increasing Capacity - Electronic Health Record (EHR) & Purchase or upgrade an EHR that is certified by the Office of the National Coordinator for Health Information Technology.
- Colorado’s HTP rural hospital support funding allowable uses include technology infrastructure with payments starting August 2021.

## **How do I use the tool? Is there training or orientation?**

At a high level, the workflow is: (1) during the office visit, queue up medications for prescribing and input the patient’s pharmacy; (2) in the patient chart, verify pharmacy benefits with a primary coverage indicated; (3) coverage and preferred medication alternatives are listed in order of lowest cost; and (4) discuss with the patient and decide which medication to prescribe.

The EHRs that do have this solution enabled have the training and education materials to provide you. Please contact your IT Support Staff, EHR Training Team or EHR vendor to access the tool and get training and education materials.

Each EHR is different, but generally, for most EHRs, when you enable your e-prescription, the functions of the tool will automatically flow.

- Please be careful not to bypass the tool functions.
- For some EHRs, you may need to click to view preferred alternatives. This reduces the need for memorizing preferred medications or utilizing other resources for drug selection, such as looking up the preferred drug list.
- For some EHRs, you may need to check the "do not substitute" block in an EHR when using the tool; this may come up when the less affordable option is a brand name drug versus a generic.

### **How much time does it take to use the tool in a visit?**

It is very efficient and quick. While this will vary depending on the EHR, we hear that it takes minutes to use. The number of clicks depends on the EHR used.

### **Is the tool free? What costs are associated with using the tool?**

Though EHRs vary, there should not be a "click charge" for using the tool. The payers, such as Medicaid, pay for the usage.

### **How long does it take to get Prior Authorization Requests (PARs)?**

Electronic Prior Authorization will prompt the prescriber for needed PAR information. If the member is eligible for the PAR, then it may be approved within seconds or minutes. If additional clarification is needed, a fax is answered and responded to within 24 hours.

### **Is the tool turned on for inpatient services?**

If an inpatient is being discharged with prescriptions that are being sent to a retail or outpatient pharmacy and the prescriber and the pharmacy are within the Colorado network, the tool will work. However, the tool will not be engaged for inpatient prescriptions.

### **How does the tool work for 340B pharmacies?**

Colorado Medicaid does not have access to 340B costs, so the tool would function exactly the same as it does for any other prescription.

### **Are FQHC 340B pharmacies enrolled into the tool?**

Yes, all enrolled pharmacy providers are loaded into the tool.

### **Which payors does the tool support?**

The tool returns pharmacy benefit information for all Health First Colorado (Colorado's Medicaid program) fee-for-service patients. The tool has already been in place for many Commercial carrier patients (e.g., Cigna, CVS-Aetna, Anthem, United), many Connect for Health Colorado patients and some patients with private Medicare Advantage plans.

## **What if the patient is not insured/self-pay or on sliding fee scale arrangements?**

The tool does not return information for uninsured or self-pay patients.

## **What about dually eligible Medicare-Medicaid patients?**

For outpatient pharmacy, most drugs will be covered by Medicare as the primary source of insurance for dually covered patients. CMS has required Medicare to provide a similar capability for Medicare patients. You should be able to see coverage for Medicare, and if needed, for Medicaid, as well. The tool is programmed to turn on for patients whose primary source of insurance is Health First Colorado (Colorado's Medicaid program).

## **How does the tool confirm patient eligibility?**

The tool confirms patient eligibility with the Pharmacy Benefit Management System (PBMS) at the point of prescribing, in the same way a pharmacy claim would be handled. It does not use or replace your front office workflow. Colorado Medicaid patient eligibility is updated daily.

## **There are multiple preferred medications shown – how do I know which one is the lowest cost?**

For Health First Colorado (Colorado's Medicaid program), the tool is devised to show alternative medications listed with the lowest cost drug on top (first). Drugs should be shown by hierarchy of lower to higher cost alternatives. Colorado Medicaid copays are often \$0 or \$3. The two alternate prescriptions suggested in the tool are based on what is most affordable to Colorado's Medicaid program. Colorado Medicaid net costs for brand name drugs are similar to 340B pricing. That means, sometimes a brand name drug may actually be less expensive to Colorado Medicaid than the generic substitute.

## **What are the costs that are shown mean? Will these costs print out on the after visit summary and be the correct co-pay amount?**

Most EHRs only show member co-pay amounts, which for Colorado Medicaid, are often either \$0 or \$3. The amounts shown are correct unless the member is co-pay exempt. However, the tool is designed to list preferred alternatives in order of lowest to highest cost to Colorado Medicaid (even if the co-pay

amount is the same for the patient). Selecting either of the two alternatives offered will save Colorado and taxpayers money, and help us battle the rising cost of prescription drugs.

### **If my organization has risk-based arrangements with other payors, will this tool help?**

Yes, if the payor is integrated with the tool, which many are, it will help. Colorado Medicaid will also be sharing savings with providers to incent the use of the tool.

### **What are the legalities related to this tool and information sharing and use? Are new data sharing agreements needed?**

No, nothing new is needed because the tool is integrated within your EHR.

### **Are practices or providers able to access any reporting about their use of the tool?**

HCPF anticipates receiving reporting and is working on how it might be able to share results related to the value-based payment calculations.

### **Why use e-prescribing?**

Electronic prescribing is technology that enables prescribers to write and send prescriptions to a participating pharmacy directly and electronically instead of writing, faxing or calling in prescriptions. Information regarding member eligibility, formulary and claims history are passed back to the provider to support their e-prescribing effort. The eRx technology enables secure, bi-directional, electronic connectivity between physician practices, through their electronic health records (EHR), e-prescribing subcontractor and pharmacies.

- How It Works
  - Offers the patient pharmacy benefit eligibility and coverage information
  - Conveys the e-prescribing vendor supporting data needed to establish the identity of members across different pharmacy benefit managers
  - Delivers the prescriber a list of prescriptions dispensed to patient

- Provides the prescriber a list of medications “on formulary” for the patient
- Key Advantages: e-prescribing provides the following potential benefits:
  - Improved legibility of prescriptions with reduced variation in the quality of prescribing
  - Fewer number of lost prescriptions and prescribing errors thus reducing potential adverse drug events
  - Shorter wait times for patients collecting their medications from pharmacies
  - Better monitoring of controlled substance prescriptions to prevent doctor shopping and over-prescribing
  - Reduced drug costs through increased formulary compliance
  - Faster medication reconciliation process by automatically being able to search patient prescription history
  - Improved quality and better patient experience because the right medication was filled the first time
  - Reduced time spent by staff managing prescriptions by phone or fax and responding to refill requests

Prescribers can now send prescriptions electronically to pharmacies for Medicaid patients, increasing convenience and saving time for patients, prescribers and pharmacies.

### **Why use Real-Time Benefits Inquiry?**

Real-time benefit inquiry provides accurate and actionable information in the EHR to the physician to use before the physician prescribes medication and before the patient goes to the pharmacy. Real-time benefit inquiry reduces time and effort to help patients get the right medication.

- How it works:
  - Integrated into physicians’ EHRs, prescribers can view patient-specific information about confirmation of coverage, medication cost, out-of-pocket information, prior authorization alerts and therapeutic alternatives – providing actionable intelligence when and where physicians need it most
  - The pharmacy benefit manager can send information to the physician via a real-time data exchange in their EHR – including details on the patient’s out-of-pocket costs, viable therapeutic



alternatives, and pricing for variables like days' supply and home delivery service

- With this patient-specific information, physicians can have more informed conversations with patients, leading to decisions that align with the patient's clinical needs and plan benefits, and can reduce the cost of care
- Sharing relevant information exactly when physicians need it helps to reduce costs, increase efficiencies, and improve adherence and outcomes for patient
- Key Advantages:
  - Informing prescribers about lower cost options
  - Reducing unnecessary or avoidable prior authorization
  - Improving adherence to therapy and overall formulary compliance
  - Informing doctors about a patient-level benefit at the point of prescribing
  - Sharing specific benefit details with their physician
  - Finding lower cost alternatives
  - Encouraging use of preferred drugs
  - Avoiding drugs requiring prior authorization

Prescribers now have rapid insight into preferred medications from the Colorado Medicaid preferred drug list, empowering them with drug affordability and cost options at the point of care.

### **Why use Electronic Prior Authorization?**

Electronic prior authorization enables a prescribing physician the ability to submit a Prior Authorization electronically in near real-time. Electronic prior authorization services use the CoverMyMeds® web application, the nation's leader in electronic prior authorization.

- How It Works
  - Processes requests for any medication
  - Receives faster prior authorizations determinations, often in real time
  - Creates prior authorization renewals from previously submitted requests
  - Providers incur no costs

- Key Advantages
  - Largest Network: Encompasses the nation’s largest electronic prior authorization network with 700,000+ providers, 49,000+ pharmacies, 500+ electronic health record systems (EHRs) and payers representing 75% of U.S. prescription volume.
  - HIPAA Compliant: Employs a set of policies and procedures, with technical, physical, and administrative safeguards to maintain compliance with the HIPAA Privacy Rule and its implementing regulations.
  - NCPDP Elite Partner: Collaborates with NCPDP and applies the NCPDP SCRIPT Standards to all ePA transactions.
  - Industry Expert: Publishes an annual ePA Adoption Scorecard which includes a deep dive into the ePA landscape, ePA legislation and industry trends.
  - Top-Tier Support: Utilizes a team of PA experts that offer real-time responses via phone or live chat. No phone tree, no waiting—real people ready to help.

Prescribers can now get rapid prior authorizations, reducing workload and avoiding manual entry, forms, faxes, lists and rework.

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**For more information, please contact:**

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<https://hcpf.colorado.gov/prescriber-tool-project>