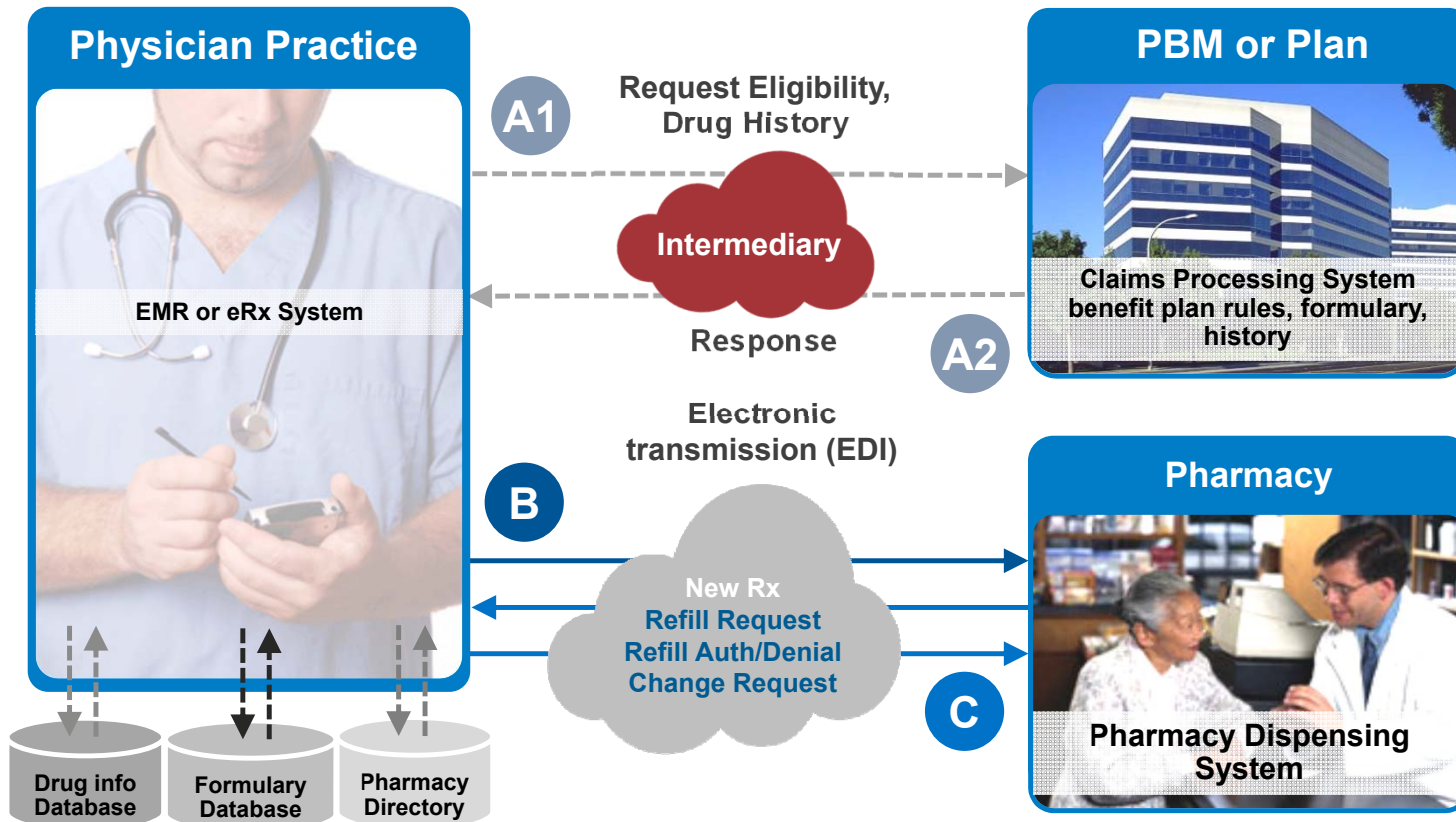

Future of Benefit Verification: Real-time Prescription Benefit Inquiry (RTPBI)

Are solutions on the horizon?



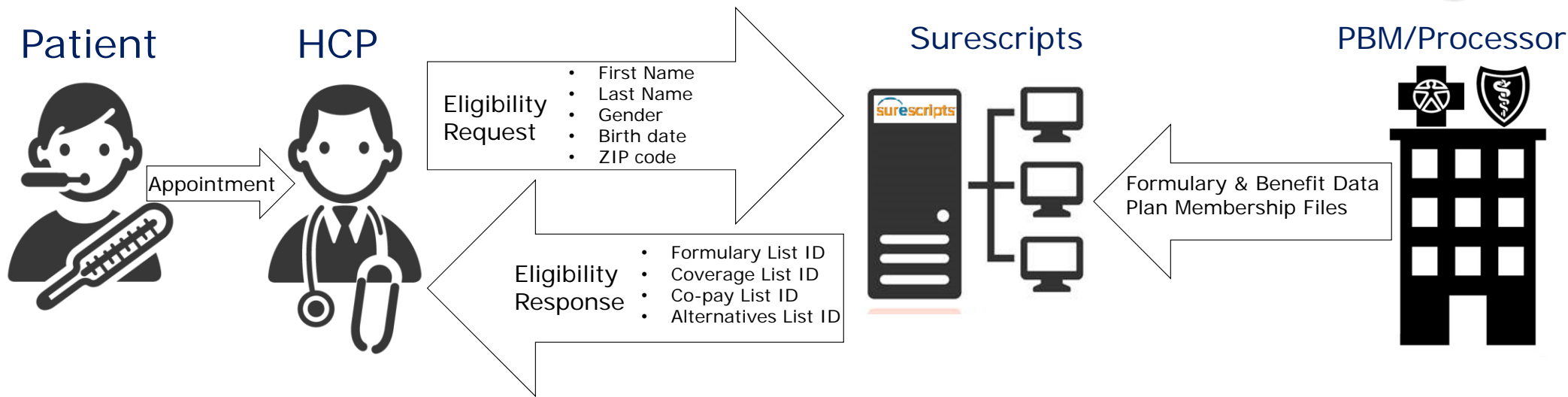
Current ePrescribing Flow



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The Problem

Challenges of Current Formulary and Benefit Files: Eligibility Matching



Estimated 60%-70% of eligibility requests result in successful identification

Reasons for unsuccessful ID:

- Plan not participating
- Medicaid, BCBS AZ, other commercial payers
- Multiple matches for a patient
- Patient demographics mismatch

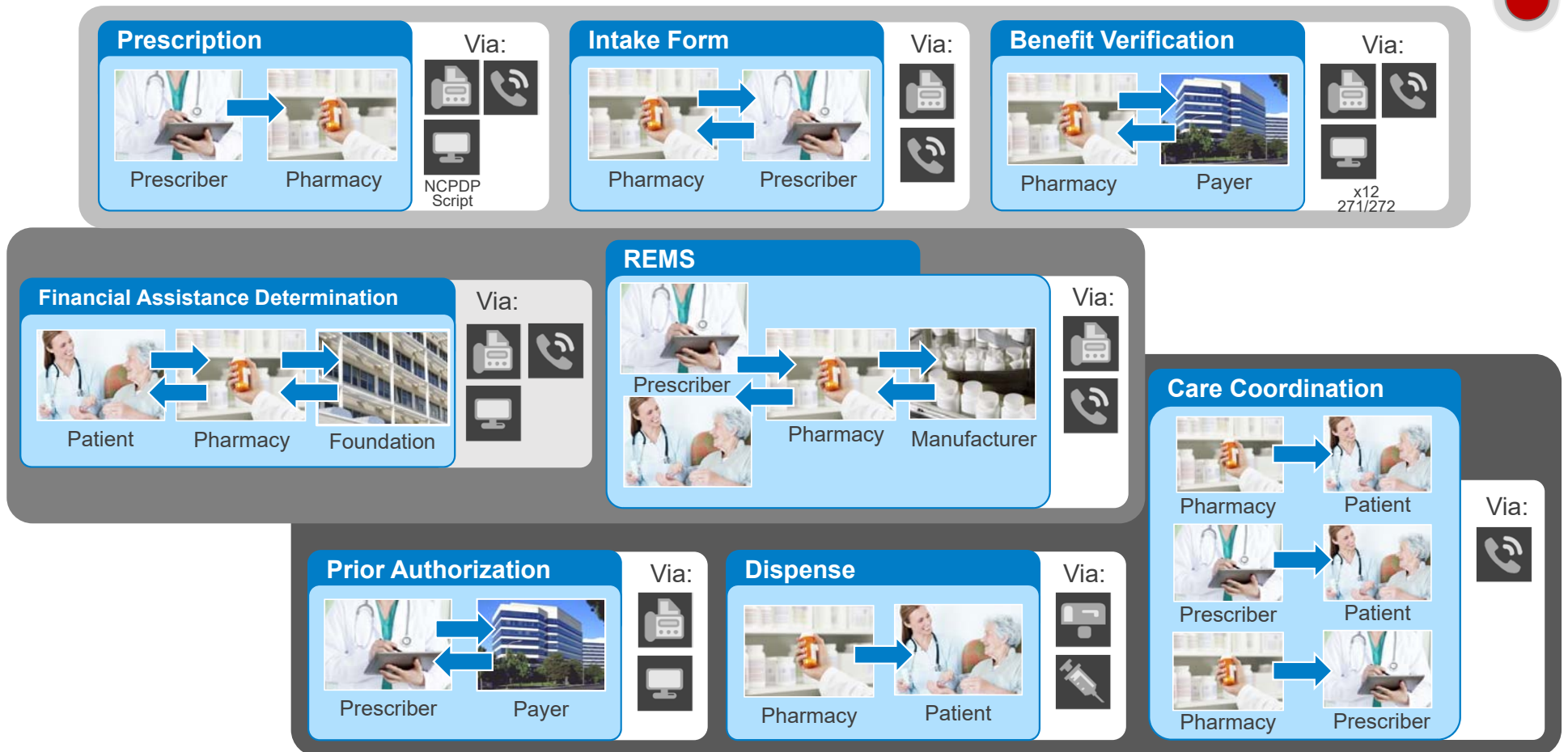
Challenges of Current Formulary and Benefit Files: Snapshot of patient benefits

- **Plan level, not patient specific data:** Formulary data is not patient-specific; it's displayed for the plan level
- **Labor Intensive:** Requires manual setup of hundreds of plans
- **Lower Quality Data:** Insurance plans do not always match formulary plans (HMO, PPO, carve-outs); information may not be correct

Static formulary and benefit files do not describe specific patient benefit and cost share at specific point of time; gives “snapshot” of benefits only

Drug Name	Strength	Unit	Dosage Form	Route	Formulary Alternatives
Product Name	100	MG	Tab	Oral	No Alternatives
Product Name	20	MG/ACT	Solution	Nasal	Formulary Notes
Product Name	25	MG	Tab	Oral	Non-Preferred
Product Name	5	MG/ACT	Solution	Nasal	Quantity Limits Applied
Product Name	50	MG	Tab	Oral	Prior Authorization Form
Product Name	6	MG/0.5ML	Solution	Subcutaneous	Coverage & Co-pay
Product Name	4	MG/0.5ML	Solution	Subcutaneous	Patient Co-pay: For ANY, Tier 2 of 3. Coverage Limits: Quantity Limit: Max = 9 (quantity) for 26 days.
					Patient Co-pay: For ANY, Tier 2 of 3. Coverage Limits: Quantity Limit: Max = \$225.00 for 26 days.

Types of Specialty Transactions



The Solution

Real Time Prescription Benefit Inquiry Milestones

The ONC Notice of Proposed Rule Making (NPRM) released in Feb 2014 was the catalyst for industry efforts around RTBI. In subsequent meetings, a request for demonstration projects was made by ONC leading to additional industry efforts.

NCPDP Task Group Created

- NCPDP Task Group created under maintenance and control workgroup

First RTPBI System released to production

- DrFirst and Humana
- Modified NCPDP Telecomm 2.0 standard

Expected approval for NCPDP task group to finalize standard

- NCPDP Task Group to move to standard creation

Feb 2014

June 2014

Aug 2015

Oct 2015

Sept 2016

Nov 2016

ONC NPRM

- ONC Solicits comments on NCPDP Telecom and Formulary and Benefit Standard to support expanded use cases such as real-time benefit checks

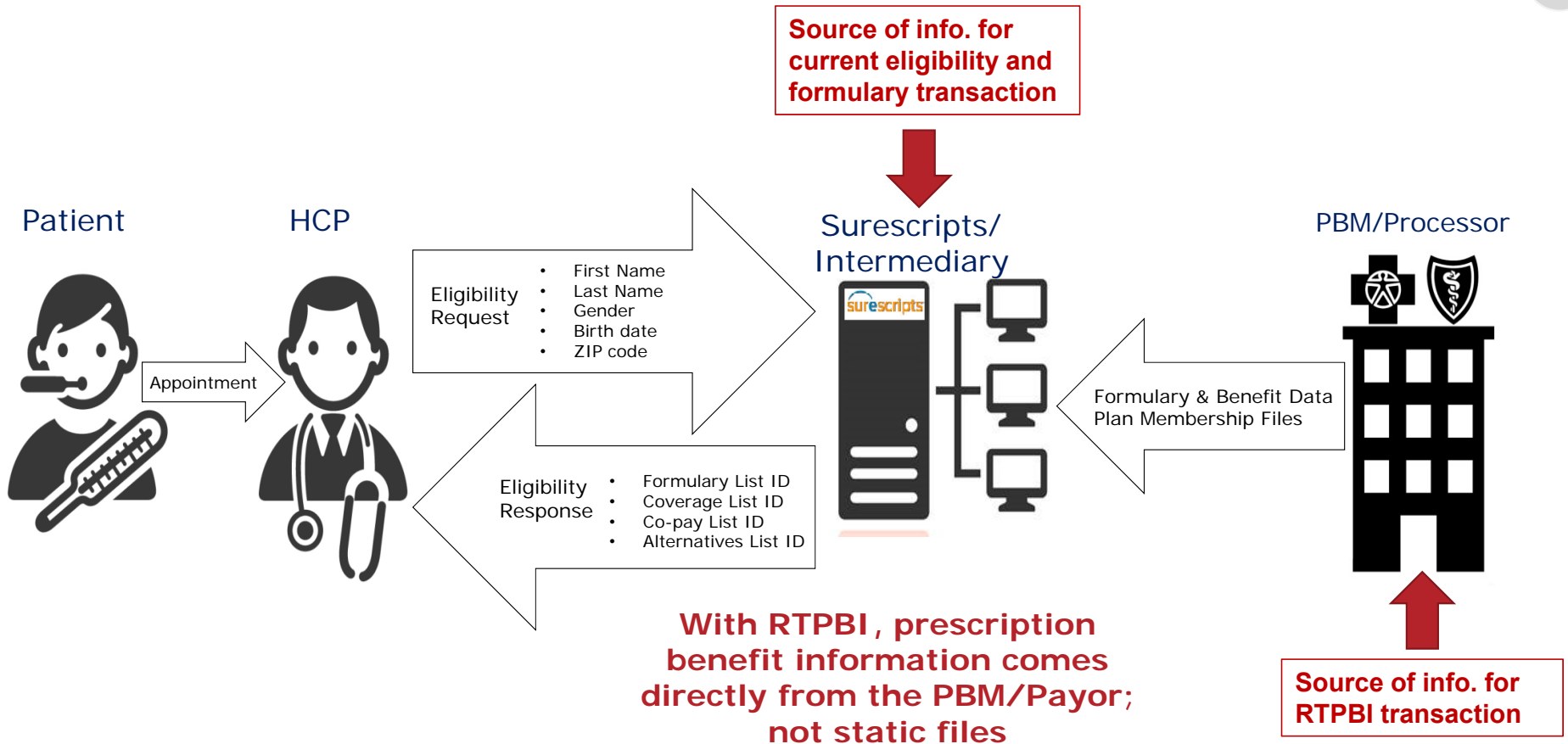
NCPDP Task Group goals defined

- Develop use cases for RTBI
- No work on actual standard until use cases are created and approved

Surescripts RTPBI system in production

- Use Case Subgroups dissolved due to overlap of efforts
- NCPDP work will continue in single task group

RTPBI v Current Eligibility/Formulary transaction



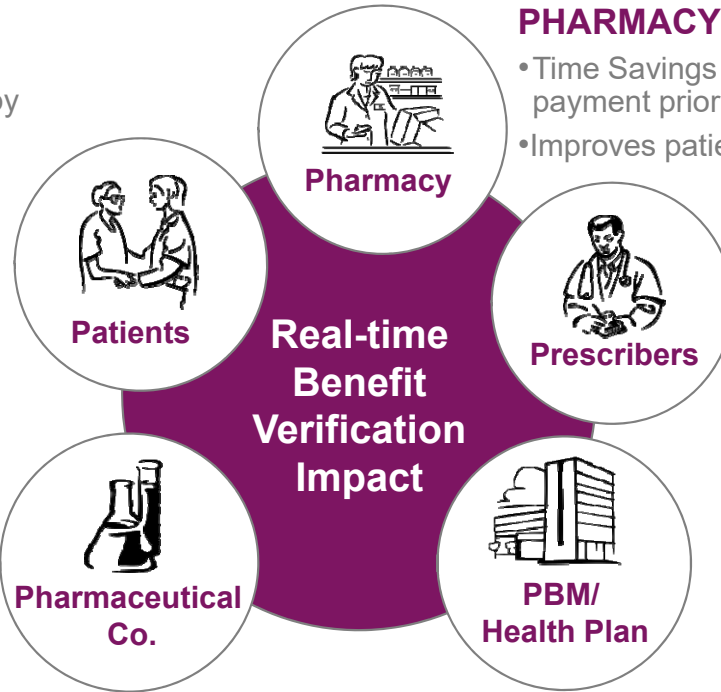
Pharmacy Benefit Verification Represents a Win-Win for all Stakeholders

PATIENT BENEFITS

- Improves speed to therapy by reducing prescription delays and claim denials
- Reduces prescription abandonment

PHARMA BENEFITS

- Increases medication adherence
- Eliminates physician calls
- Improves patient access to programs and quality of formulary and benefit data



PHARMACY BENEFITS

- Time Savings – patients will no their expected payment prior to coming to pharmacy
- Improves patient access to medications

PRESCRIBER BENEFITS

- Provides patient-specific benefit information to help provider make informed decisions at the point-of-care
- Identifies cost barriers before patient arrives at pharmacy
- Reduced prescription abandonment; improved medication adherence

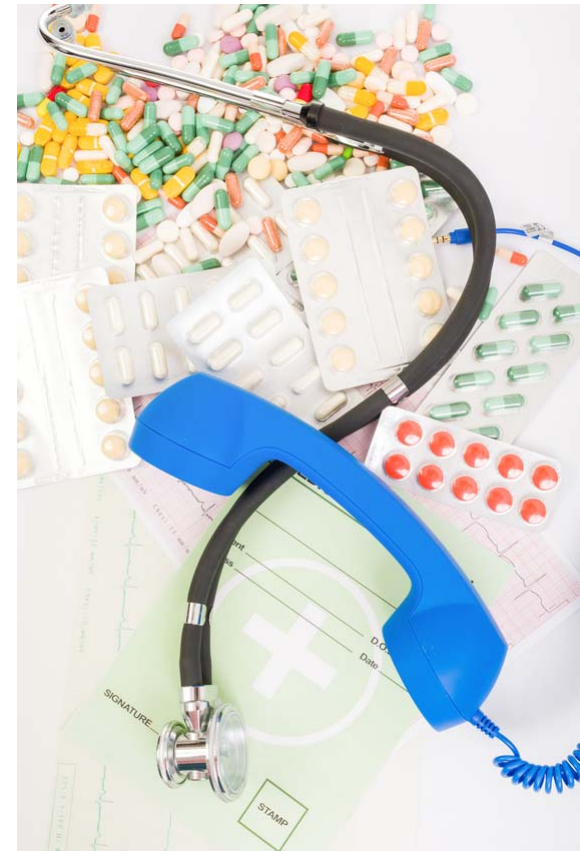
PBM/HEALTH PLAN BENEFITS

- Improves provider and patient relations
- Reduced prescription abandonment; improved medication adherence

RTPBI: Limitations

Limitations

- **Scope of Information**
 - Provides benefit information **for prescription benefit only** - no medical coverage
- **Benefit Plan Complexity**
 - Complexity of prescription benefit plans may be **difficult to communicate** (e.g., limited networks, lock-in, etc.)
- **Eligibility**
 - Limited options for intermediaries/solution providers as an **eligibility check is still required**



RTPBI Today



One Target, but currently **many paths...**



Standards Development:

1. NCPDP Task group

- Use Case Development – expected completion – Dec, 2016
- Standards Development – **TBD**

Industry Stakeholder efforts:

1. **DrFirst** – Modified NCPDP D.0 Telecommunications standard
2. **Surescripts** – Modified NCPDP SCRIPT standard

RTPBI Conclusions



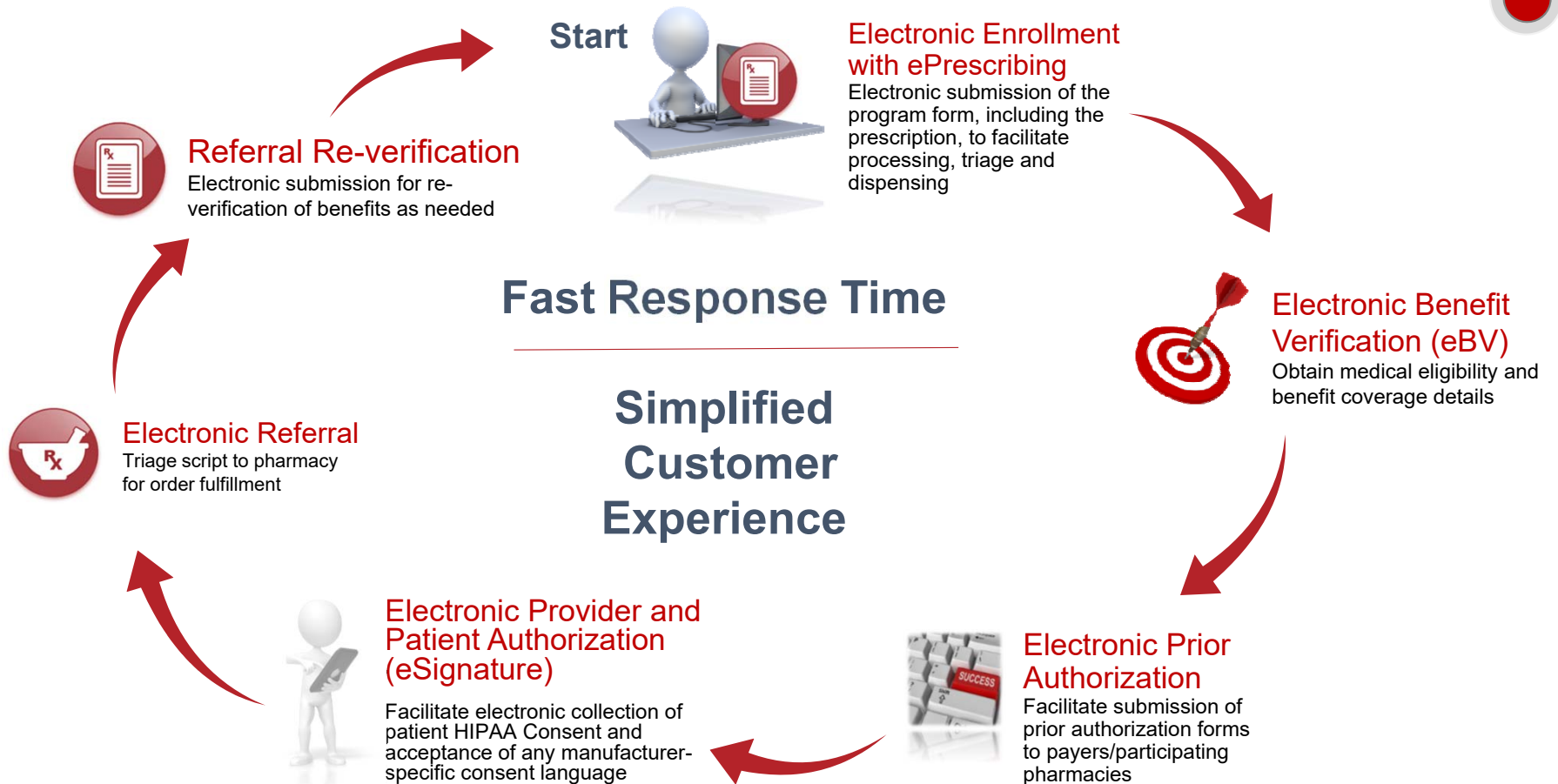
- RTPBI is in **early stages of development**
 - Betamax vs. VHS
 - **No industry standard**
 - **No regulations** pushing EHRs/PBMs to build service
- Current process of **eligibility and formulary checks and ePA will not go away**
- Without ability to check medical benefits for prescription coverage, limited view of true coverage information for some medications

Considerations, Drivers and Future



- Innovators/Early Adopters will help determine the value and lessons learned/best practices
- There are costs to both the payers/PBMs and EHRs
- Do We Need both F&B as well as RTBI?
- How can we move Hub services to POC?
- Can we integrate EHRs with Hubs?
- What will drive wide-spread adoption of RTPBI?
 - Regulations
 - Business model

Automating Hub Services



Thank you



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