Rx Prior Authorization

VitalPoint®

Department of Labor

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Overview

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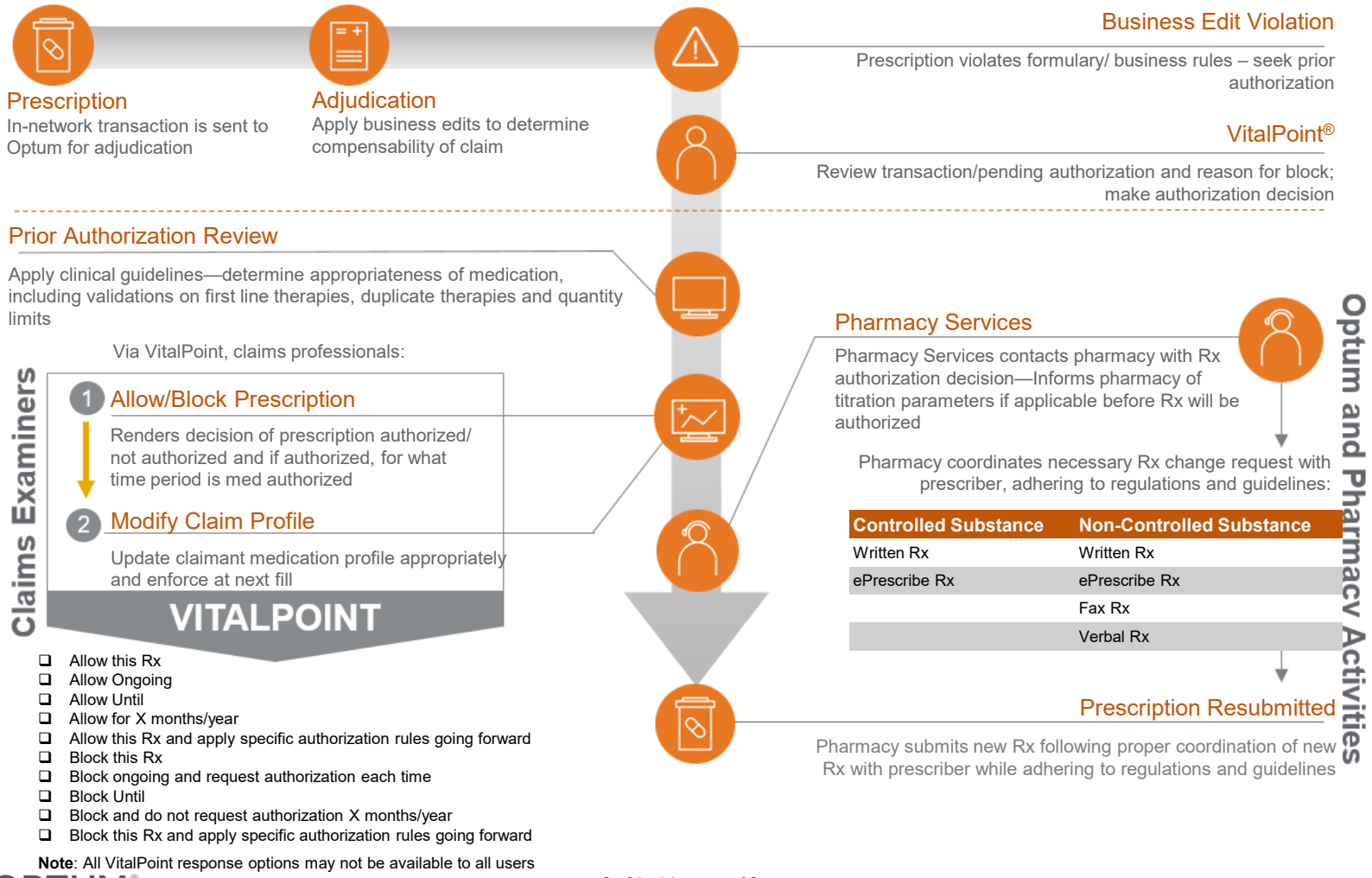
Pre-dispense controls – Rx Prior Authorization

Alert service to facilitate authorization of Rx blocked at point of sale.



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View request

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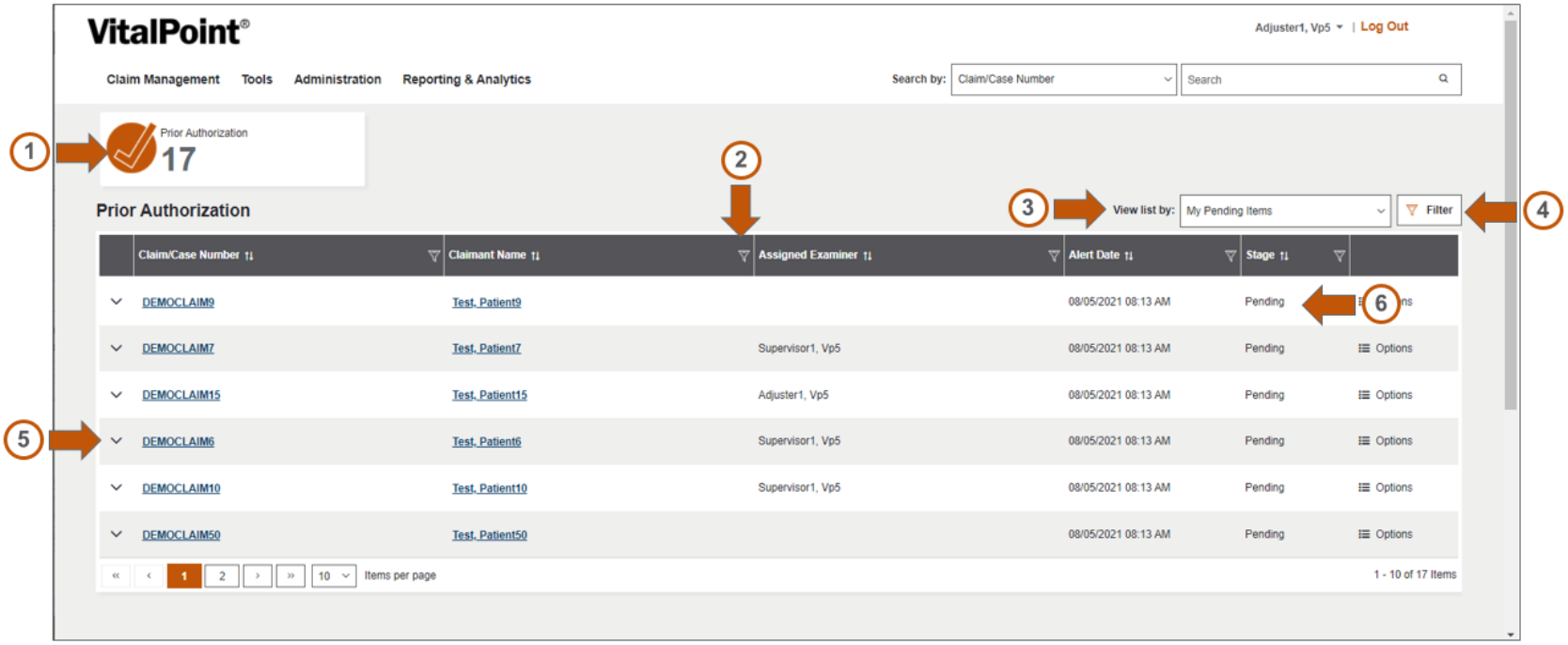
Find the request to take action



1. Dashboard tiles – Select for different work queues
2. Filter/sort column
3. Filter list to see work assigned to claims professional
4. Transaction filter
5. Quick access to transaction
6. Claim/Transaction status

Filter – Click to refine searches during your workflow

Sort arrows – Click to sort by ascending or descending order

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Screen function definitions

Ref #	Function	Description
1	Dashboard	Dashboard tiles displays pending items as large-format buttons. Clicking each will take the user to those transactions awaiting their attention
2	Filter/sort list	Filter transactions directly on the home page, locate specific transactions or determine priority with one click - reducing the number of clicks needed to complete their work
3	Filters My Pending Items	Filter list to only see work assigned to claims professional
4	Filter (multi-filter)	Filter transactions directly on the home page, locate specific transactions or determine priority with one click - reducing the number of clicks needed to complete their work
5	Quick access	View the details of each transaction and take action (make a decision) without having to leave the home page
6	Claim/Transaction status	Detailed information on each transaction, allowing a user to view the status of each transaction

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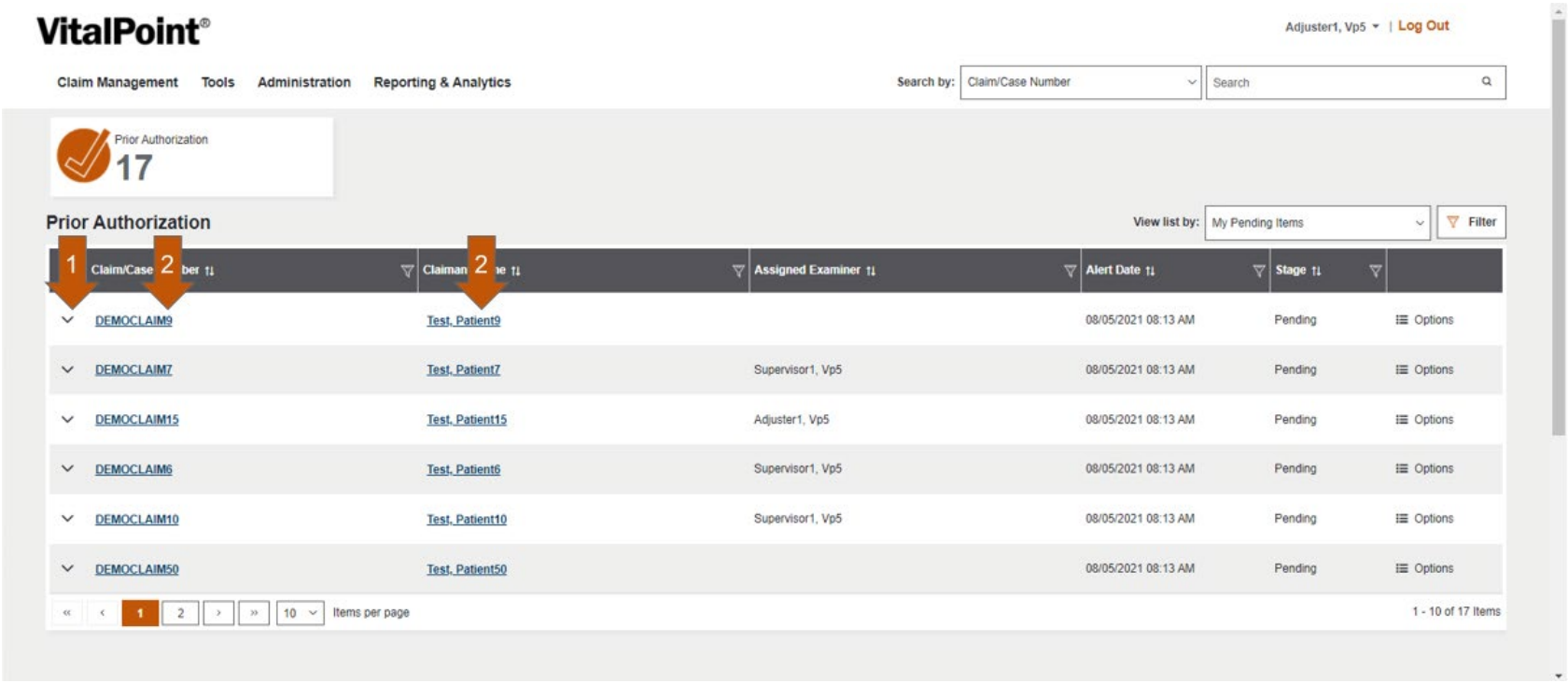
View request to take action

There are two options to view a request and take action on a claim.

1. Use the **chevron** to the left of the **Claim/Case Number** to expand the record to quickly view the request and take action.
2. Select the **Claim/Case** N**umber** link or **Claimant Name** link to open the request screen and take action.



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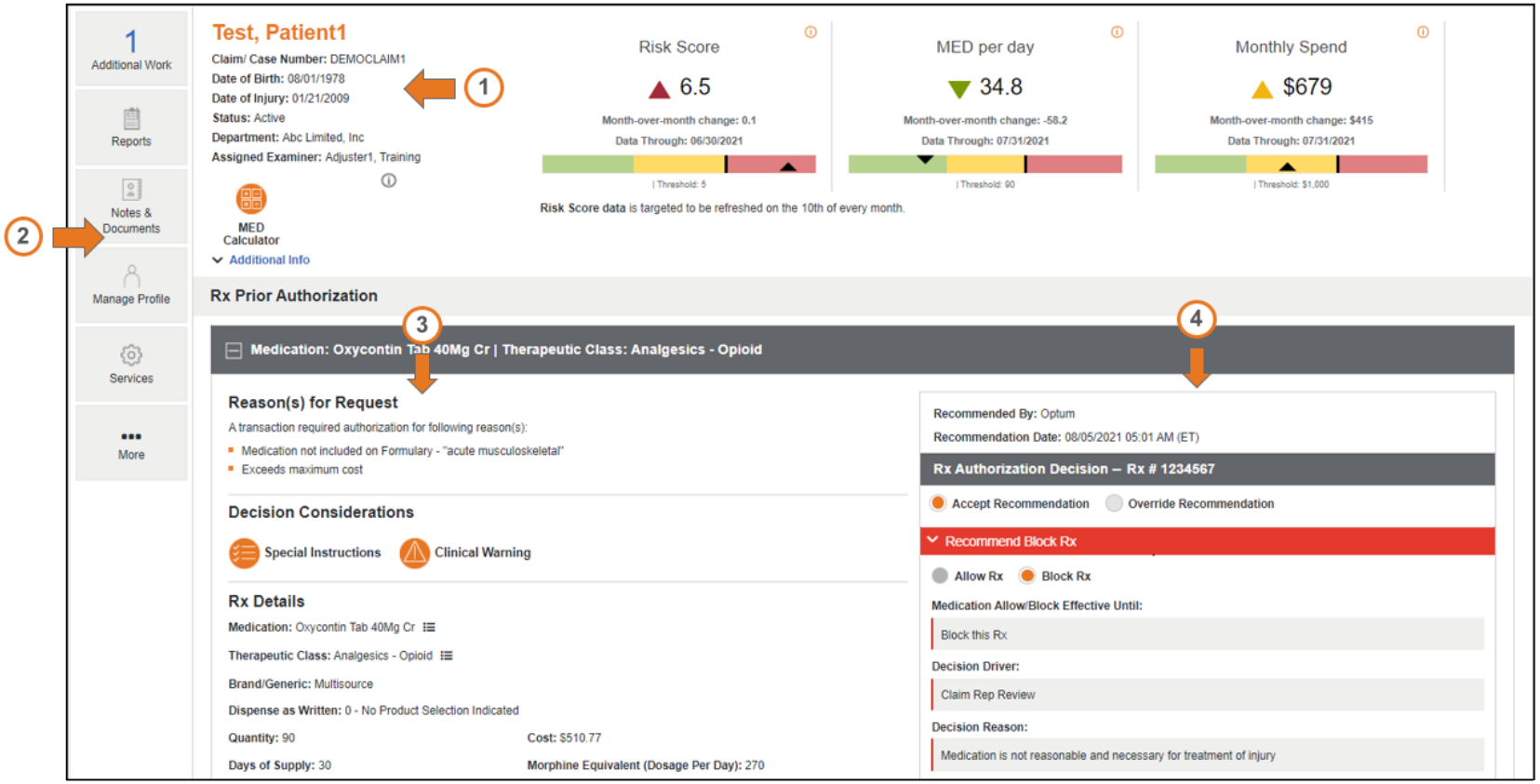
Understand the work details / decision page



1. Patient demographics
2. Additional Claim Menu Options
3. Transaction/prescription information
4. Decision panel

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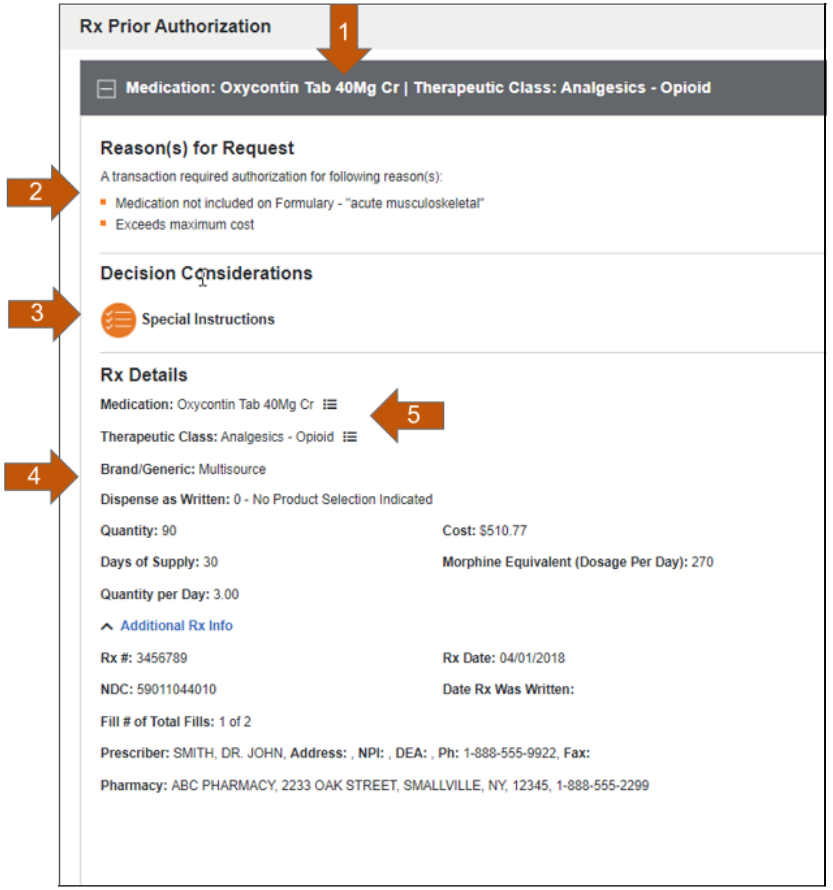
View details

1. **Medication Name, Dose, and Therapeutic Class** display in the header section of each pending transaction.
2. **Reason(s) for Request** indicates the reason(s) for the prior authorization request.
3. **Decision Considerations** displays instructions or things to consider before rendering a decision. Select the icon/link for a report detailing the instructions
4. **Rx Details** displays important details about the prescription.
5. **Medication & Therapeutic Class (Additional Options**) view information about the medication and therapeutic class and medication/ class specific reports.

NOTE: One or more prescriptions may be awaiting authorization. View alert details by expanding or collapsing the medication bar.



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Recommendation workflow

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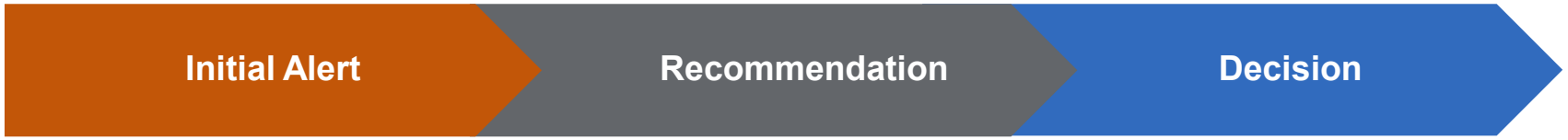
Rx Prior Authorization – Two-step review decision workflow

Seek clinical/expert recommendation first before final decision.



- Triggered when pharmacy attempts to fill
- Routing engine sends to recommender as instructed by client
- Does expire

- Recommender submits allow/block recommendation
- Routing engine sends to defined decision maker on file

- Decision maker either agrees with or overrides allow/block recommendation
- Decision maker has two days to agree with or override recommendation
- Recommendation is auto-applied as final decision if decision not made within expiration timeframe

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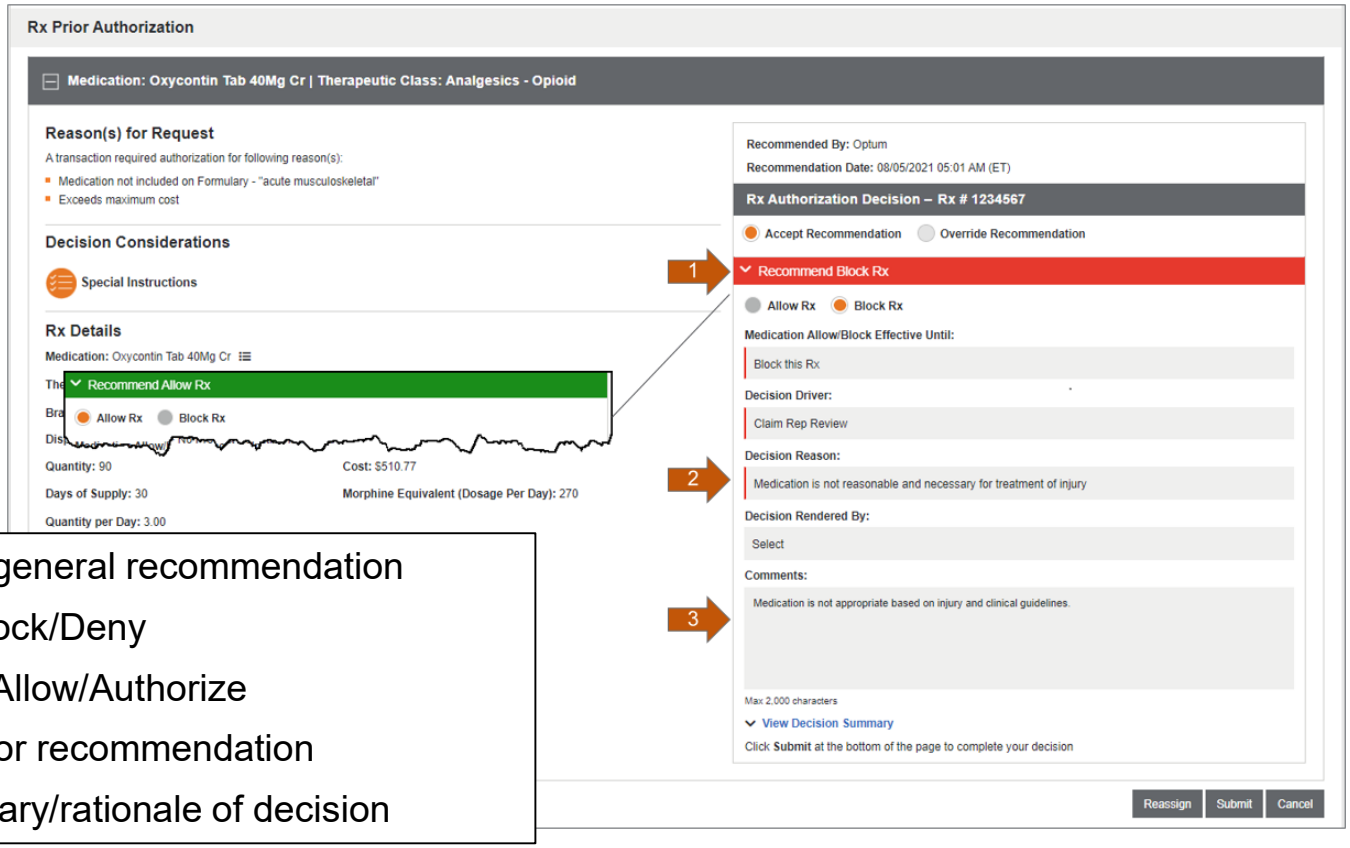
Review Recommendation

The pending recommendation displays the details of the recommendation and allows you to accept or override the decision.



1. Banner displays general recommendation
   - Red for Block/Deny
   - Green for Allow/Authorize
2. General reason for recommendation
3. Written commentary/rationale of decision

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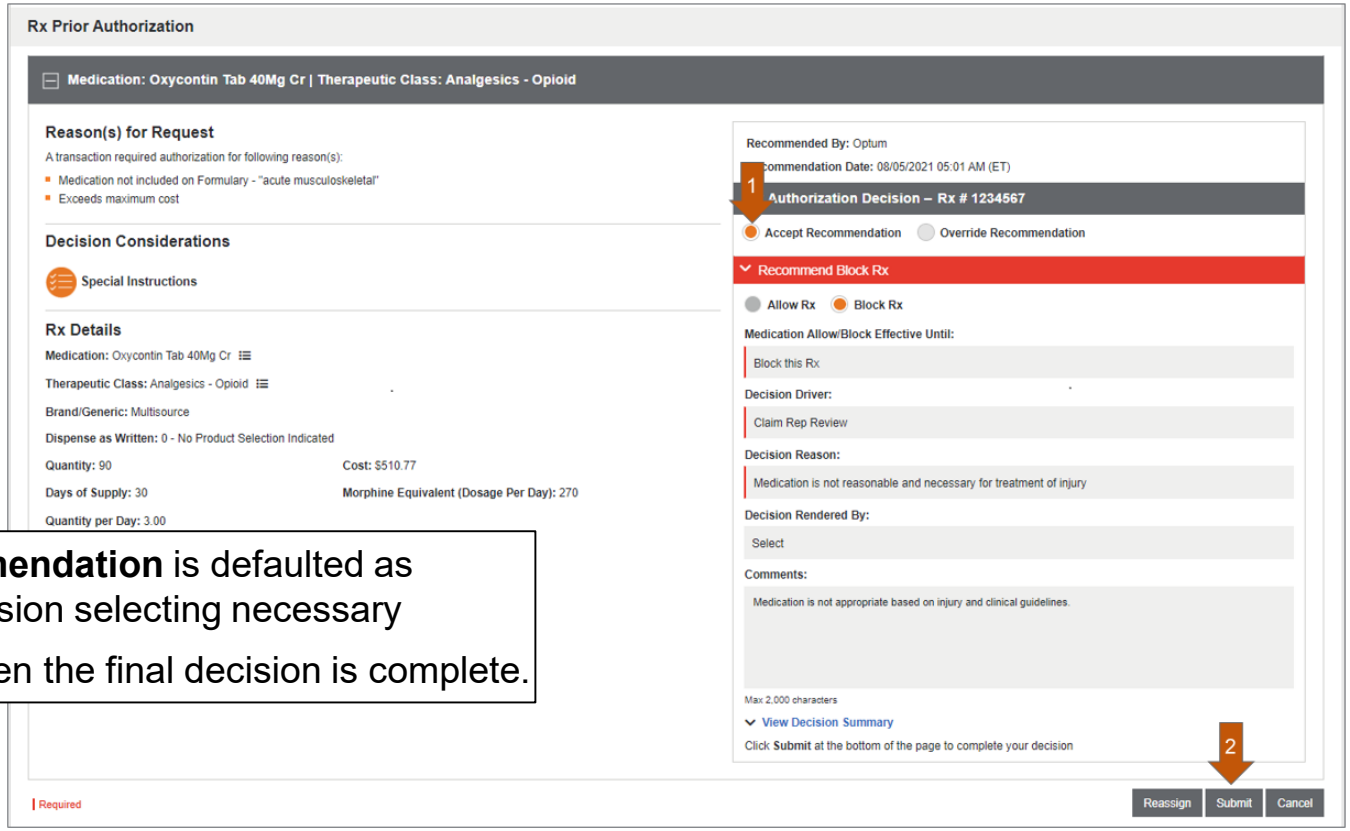
Agree with Recommendation

Decision maker can **Accept Recommendation**.



1. **Accept Recommendation** is defaulted as selected, no decision selecting necessary
2. Click **Submit** when the final decision is complete.

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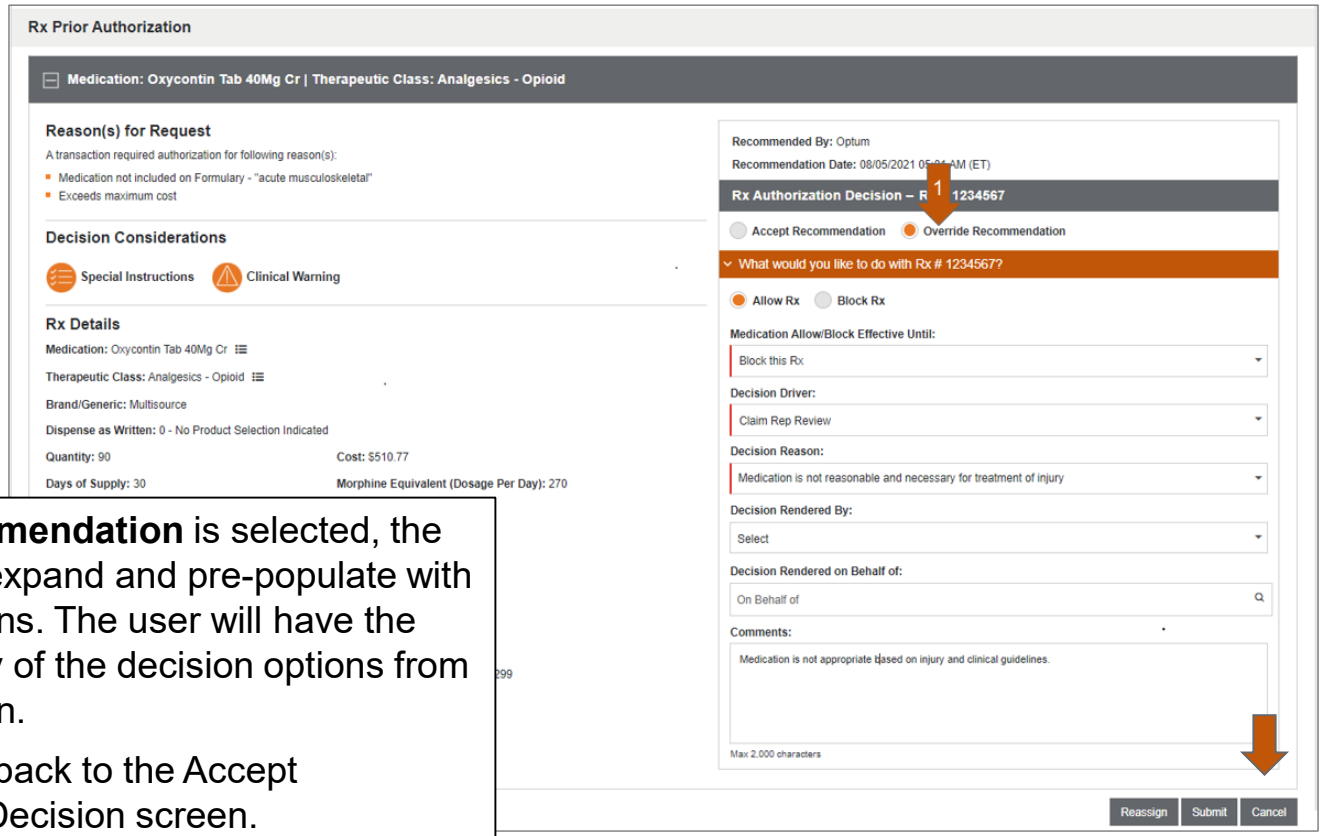
Disagree with Recommendation

Click the **Override Recommendation** radio button to disagree with the recommendation.



1. If **Override Recommendation** is selected, the decision fields will expand and pre-populate with the recommendations. The user will have the ability to modify any of the decision options from the recommendation.
2. Click **Cancel** to go back to the Accept Decision/Override Decision screen.

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Render a decision

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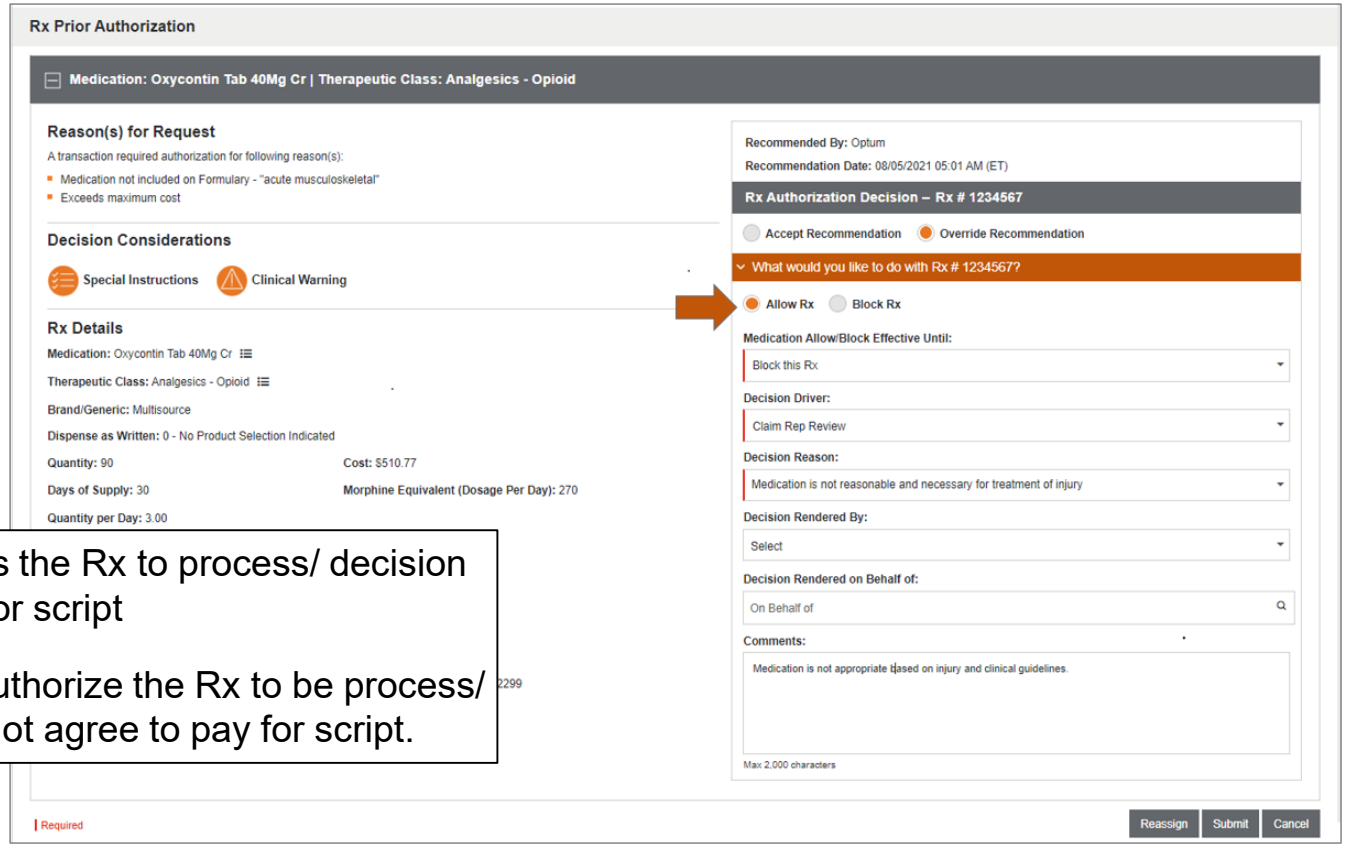
Authorize or deny prescription

The Authorization decision determines whether to allow or block the pending prescription.



Allow Fill – Authorizes the Rx to process/ decision maker agrees to pay for script

Block Fill – Will not authorize the Rx to be process/ decision maker does not agree to pay for script.

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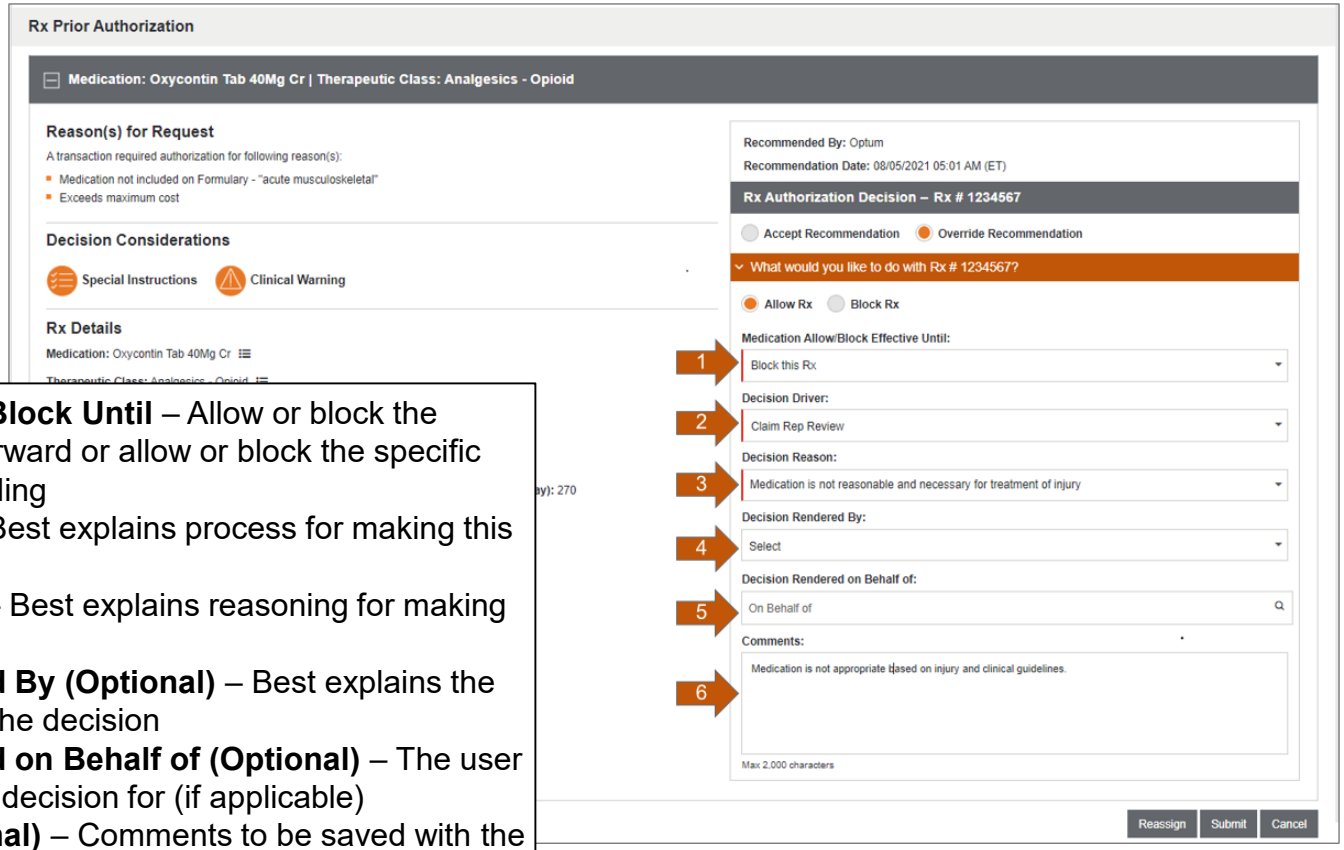
Mandatory and optional information required when rendering a decision

Complete the fields to determine what you would like to do with the prescription.



1. **Medication Allow/Block Until** – Allow or block the medication going forward or allow or block the specific script currently pending
2. **Decision Driver** – Best explains process for making this decision
3. **Decision Reason** – Best explains reasoning for making this decision
4. **Decision Rendered By (Optional)** – Best explains the user group making the decision
5. **Decision Rendered on Behalf of (Optional)** – The user you are making this decision for (if applicable)
6. **Comments (Optional)** – Comments to be saved with the decision. Comments will be included in reporting.

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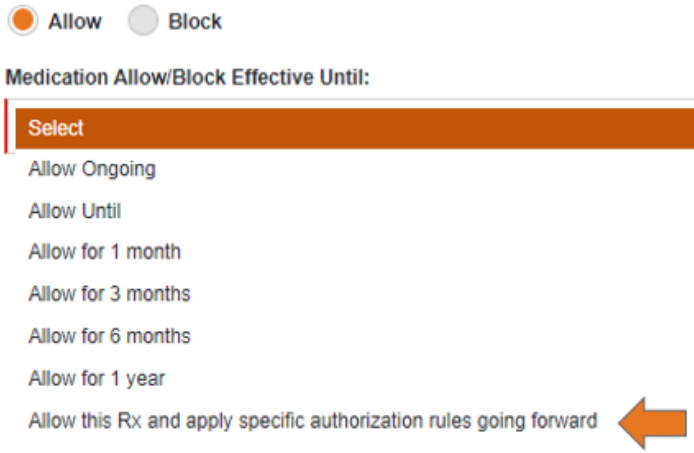
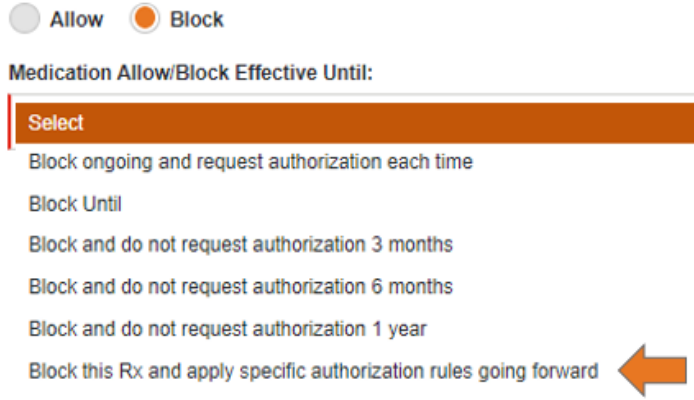
Define specific medication authorization guidelines

Select the option to specify authorization rules for future scripts of the same medication.





Note: All VitalPoint response options may not be available to all users

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Medication Allow / Block Definitions

Allow Options	Outcome
Allow Ongoing	Pending Rx is approved. All future scripts are also approved
Allow Until	Pending Rx is approved. Future scripts are also approved until the end date specified. After the end date any script for the medication should be sent for authorization
Allow for X months/year	Pending Rx is approved. Future scripts are also approved until the end date specified. After the end date any script for the medication should be sent for authorization
Allow this Rx and apply specific authorization rules going forward	Pending Rx is approved. Future scripts have limited approval based on the criteria defined

Block Options	Outcome
Block ongoing and request authorization each time	Pending Rx is denied. All future scripts are also denied and should be sent for authorization
Block Until	Pending Rx is denied. Future scripts are also denied until the end date specified. After the end date any script for the medication should be sent for authorization
Block and do not request authorization X months/year	Pending Rx is denied. Future scripts are also denied until the end date specified. After the end date any script for the medication should be sent for authorization
Block this Rx and apply specific authorization rules going forward	Pending Rx is denied. Future scripts have limited approval based on the criteria defined

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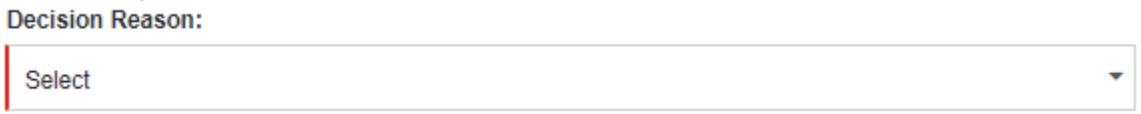
Input general information about the decision

Fill out required and optional (if needed) fields.

Decision Driver – select the Decision Driver that best explains the process for making this decision*****this may impact future decisions.



Decision Reason – select a reason that best explains your reasoning for making this decision.



Decision Rendered By – select a value that best explains which user group is making the decision.



Decision Rendered on Behalf of (Optional) – search for a user that you are making this decision for (if applicable).



Examples

Decision Driver

- Claim Rep review
- DOL policy
- Medical Necessity Review
- Optum recommendation
- Utilization review

Decision Reason

- Clinical appropriateness to injury
- Pending outcome of review
- Brand allowed
- Medication is reasonable and necessary for treatment of injury
- Court order

Decision Rendered By

- Nurse
- Optum
- Case owner

Comments (Optional) – Enter comments you would like to be saved with the decision and included in reporting.

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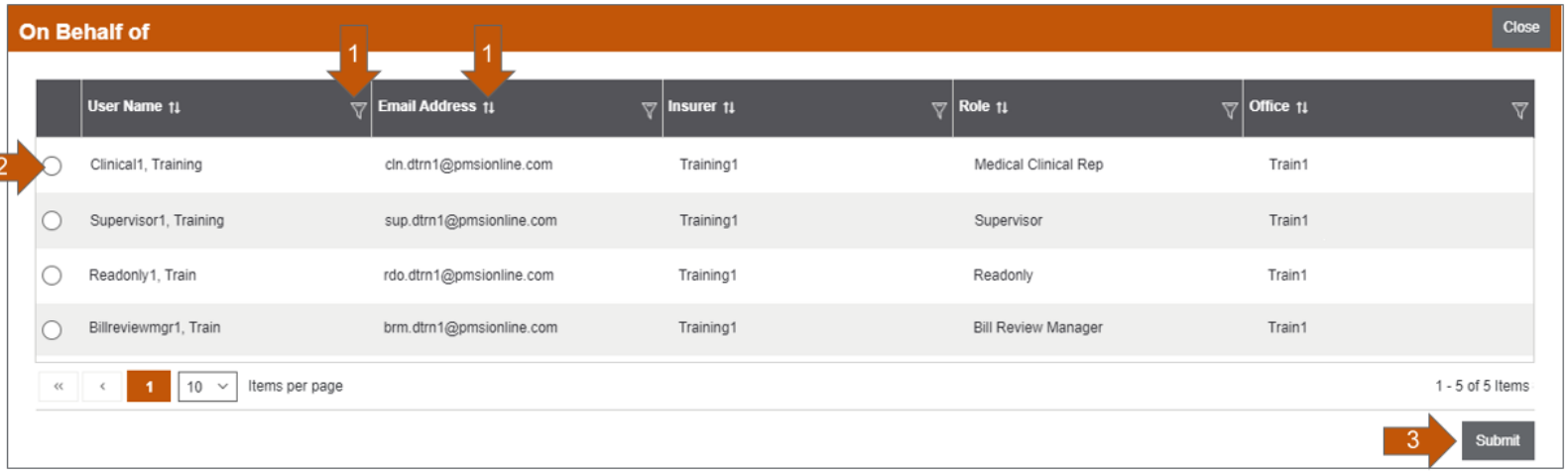
Rendering a decision on behalf of another associate

Selecting the **On Behalf Of** option will display a list of associates who have VitalPoint access from which you can select a name. The **On Behalf Of** decision will be recorded in claim reporting.

NOTE: The On Behalf Of option may not be applicable to all claims examiners.

1. Use the filter icons to sort and filter each column.
2. Select the **radio button** next to the user you are making a decision on behalf of
3. Click **Submit**.



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Define prescriber authorization / denial time frame

Select an option to Allow or Block the presented physician in the future if desired.

Allow Ongoing – Authorizes the presented physician on the claim profile indefinitely.

Allow Until – Authorizes the presented physician on the claim profile until the date selected. After that date, the physician will be blocked on the claim profile.

Block Ongoing – Blocks the presented physician on the claim profile indefinitely.*



*Not required but can be selected if Rx is blocked because the prescriber is denied

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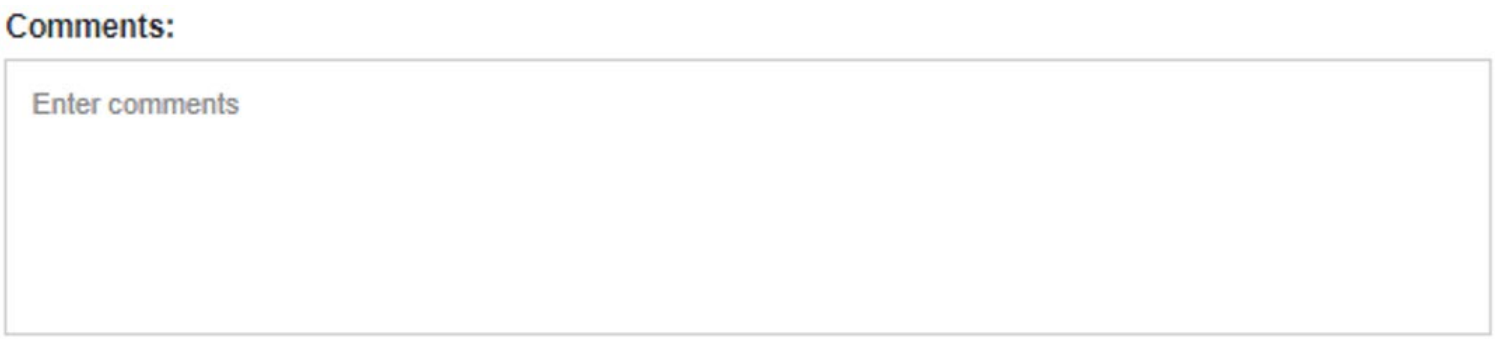
Enter additional text commentary about decision

- Comments are not required when rendering a decision.
- Comments are available for review in any of the decision history reports within VitalPoint.
- Maximum character limit is 2,000 characters

NOTE: Comments are for reference to help aid with context of decision. It should not be assumed that Optum will take any action from comment instructions submitted with the decision.



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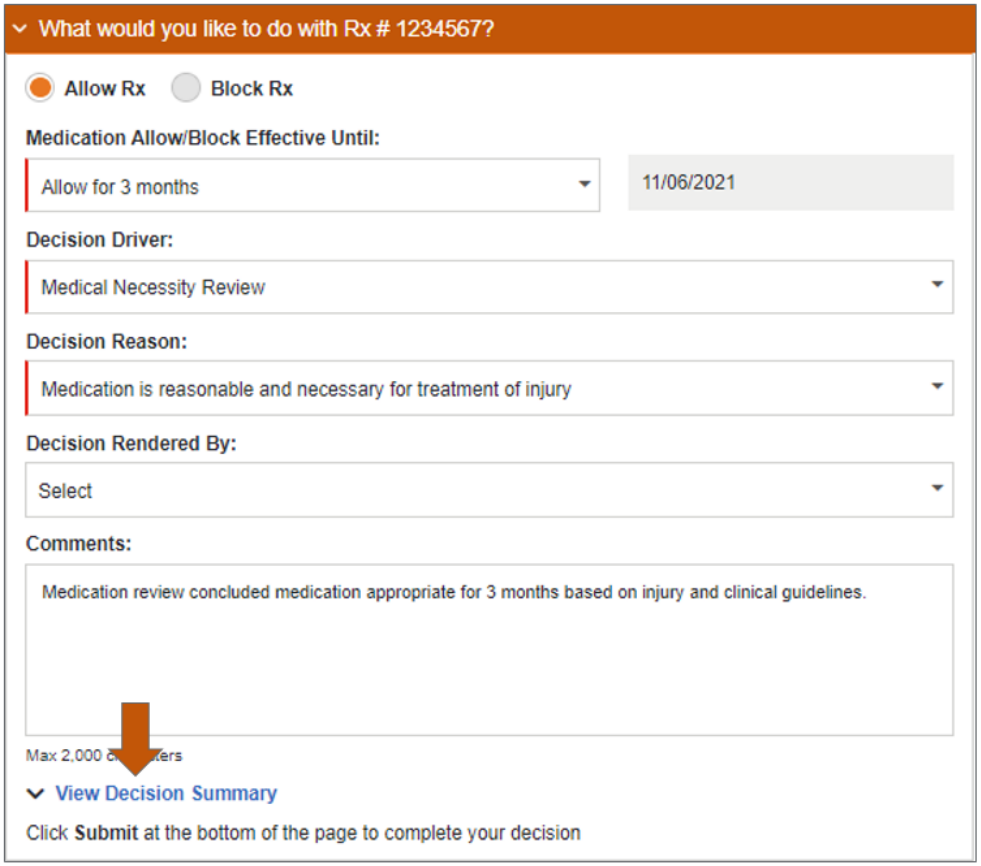
Review Decision

Before submitting, select **View Decision Summary** to review how Optum will adjudicate the current prescription and future prescriptions of the same medication.



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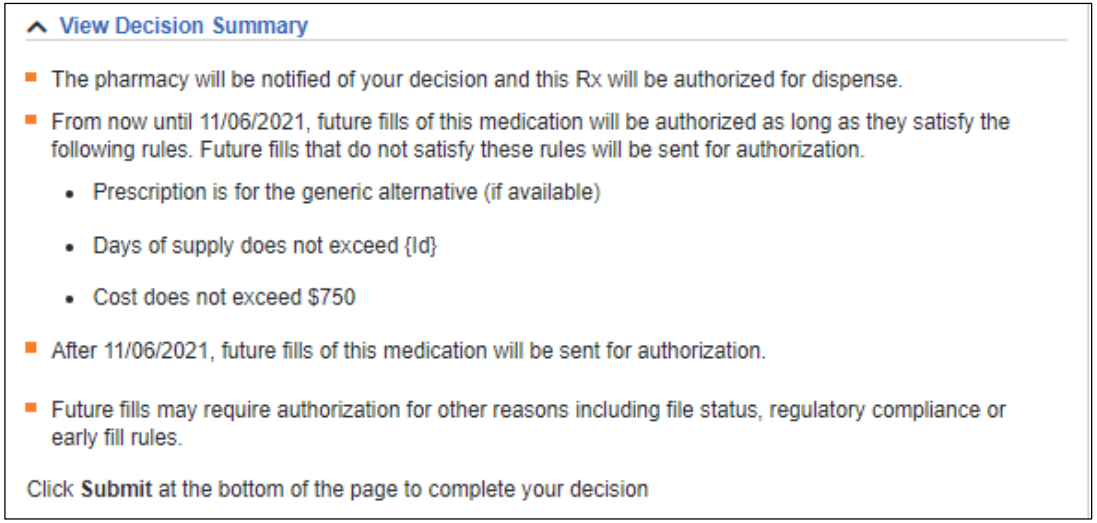
Decision Summary

The View Decision Summery details how Optum will adjudicate the current prescription and future prescriptions of the same medication.



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Medication authorization restrictions

Advanced capabilities

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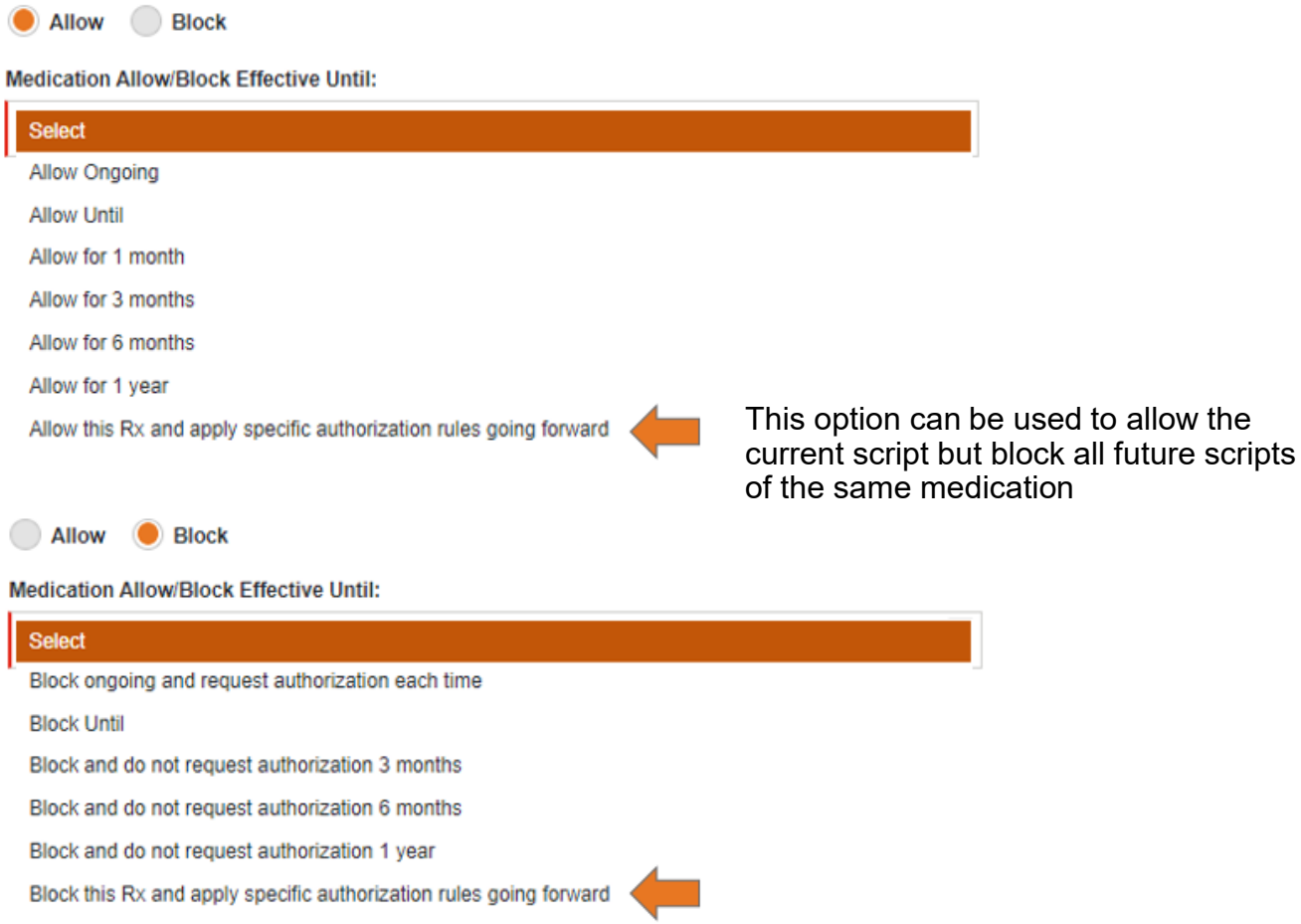
Define specific medication authorization guidelines

Select the option to specify authorization rules for future scripts of the same medication.



This option can be used to allow the current script but block all future scripts of the same medication

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Follow the decision wizard

Follow the step-by-step instructions to define authorization limitations for the medication going forward.

1. > What would you like to do with future prescriptions of this medication?

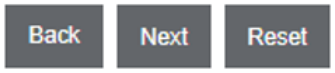
   Define if the medication should be allowed or blocked going forward and if allowed what are the restrictions/limitations such as cost, daily allowance, days supply , etc.

2. > How long are the restrictions in effect?

   Define for how long Optum should enforce the restrictions/limitations identified in Step 1 before additional scripts should be re-reviewed/ sent for authorization

3. > What should Optum do if claimant prescribed restricted medication during effective period?

   Define if Optum should send prescriptions for authorization if the prescription is outside the guidelines defined in Step 1 and Step 2



Use the Back, Next, and Reset buttons as you advance through the decision wizard

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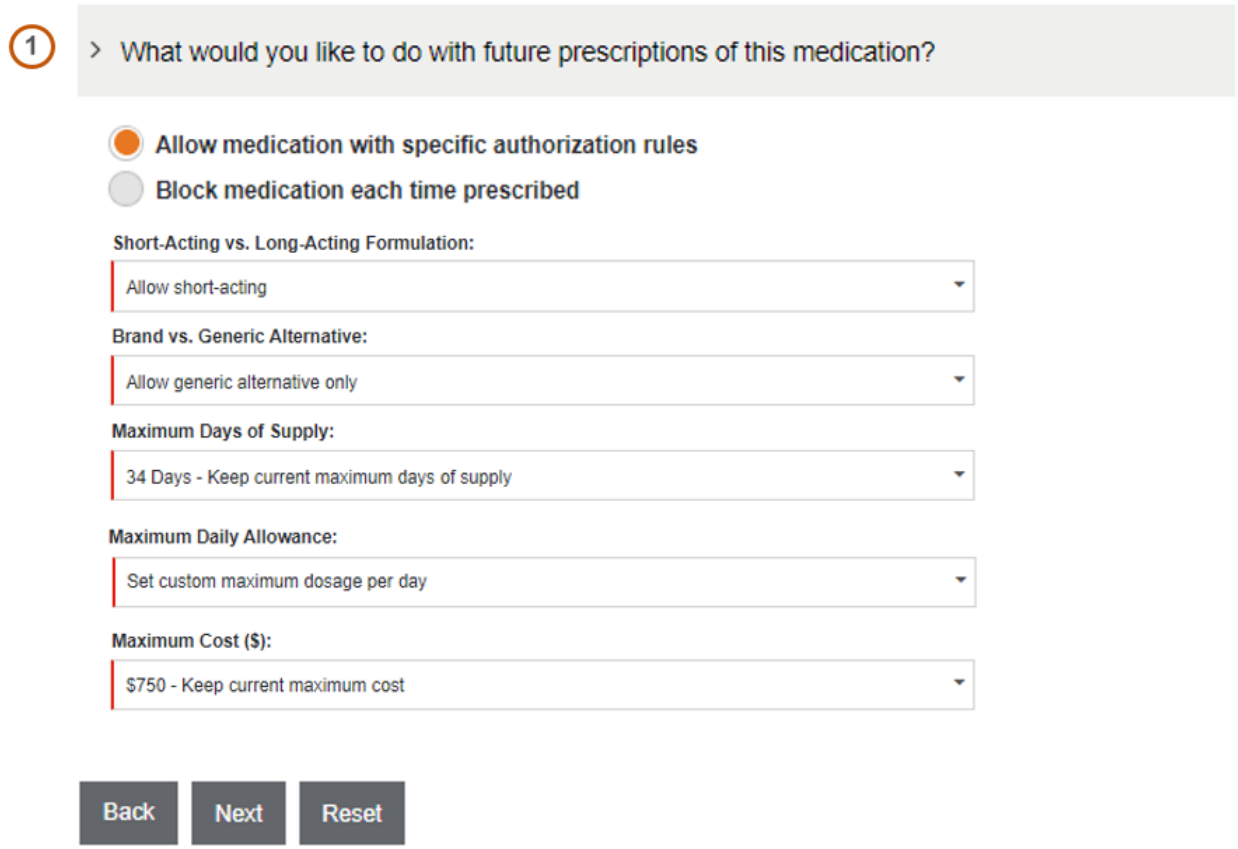
What would you like to do with future prescriptions of this medication

Define if the medication should be allowed or blocked going forward and if allowed what are the restrictions/limitations such as cost, daily allowance, days supply , etc.



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What would you like to do with future prescriptions of this medication

Restrict prescriptions to Shorting-Acting vs. Long-Acting Opioid Formulation



Short-Acting vs Long Acting

- Displays only if medication comes in different formulations
- If there are no active medication rules on file about formulation restrictions:
  - Selection defaults to formulation of the prescription
  - Selection defaults to the restrictions on file
- Choose to authorize short-acting, long acting, or all formulations of the medication

NOTE: It is possible that the user does not have permission to override the default value per management instruction. In such cases the user can view the current rule but cannot select another option from the drop down.

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What would you like to do with future prescriptions of this medication

Restrict prescriptions to brand vs. generic



Brand vs. Generic Alternative

- Displays only if medication does not come in generic form
- If there are no active medication rules on file about brand vs. generic restrictions:
  - Selection defaults to the prescription
  - Selection defaults to the restrictions on file
- Choose to authorize generic version only or both brand and generic versions of the medication.

NOTE: It is possible that the user does not have permission to override the default value per management instruction. In such cases the user can view the current rule but cannot select another option from the drop down.

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What would you like to do with future prescriptions of this medication

Restrict the prescription maximum days of supply



Maximum Days of Supply

- If there are no active medication rules on file about maximum day supply restrictions:
  - Selection defaults to the prescription
  - Selection defaults to the restrictions on file
- Choose to override the maximum day supply for the medication but cannot exceed program thresholds defined by management

NOTE: It is possible that the user does not have permission to override the default value per management instruction. In such cases the user can view the current rule but cannot select another option from the drop down.

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What would you like to do with future prescriptions of this medication

Restrict the prescription maximum daily allowance



Maximum Daily Allowance

- If there are no active medication rules on file about maximum daily allowance restrictions:
  - Selection defaults to the prescription
  - Selection defaults to the restrictions on file
- Choose to override the maximum daily allowance for the medication but you cannot exceed program thresholds defined by management
- Depending on medication type the maximum daily allowance is defined by:
  - Compounded medications: Quantity per day
  - Combo medications: Quantity per day
  - Other medication: Dosage per day

NOTE: It is possible that the user does not have permission to override the default value per management instruction. In such cases the user can view the current rule but cannot select another option from the drop down.

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What would you like to do with future prescriptions of this medication

Restrict the prescription maximum cost



Maximum Prescription Cost

- If there are no active medication rules on file about maximum cost restrictions:
  - Selection defaults to the prescription
  - Selection defaults to the restrictions on file
- Choose to override the maximum cost for the medication but you cannot exceed program thresholds defined by management.

NOTE: It is possible that the user does not have permission to override the default value per management instruction. In such cases the user can view the current rule but cannot select another option from the drop down.

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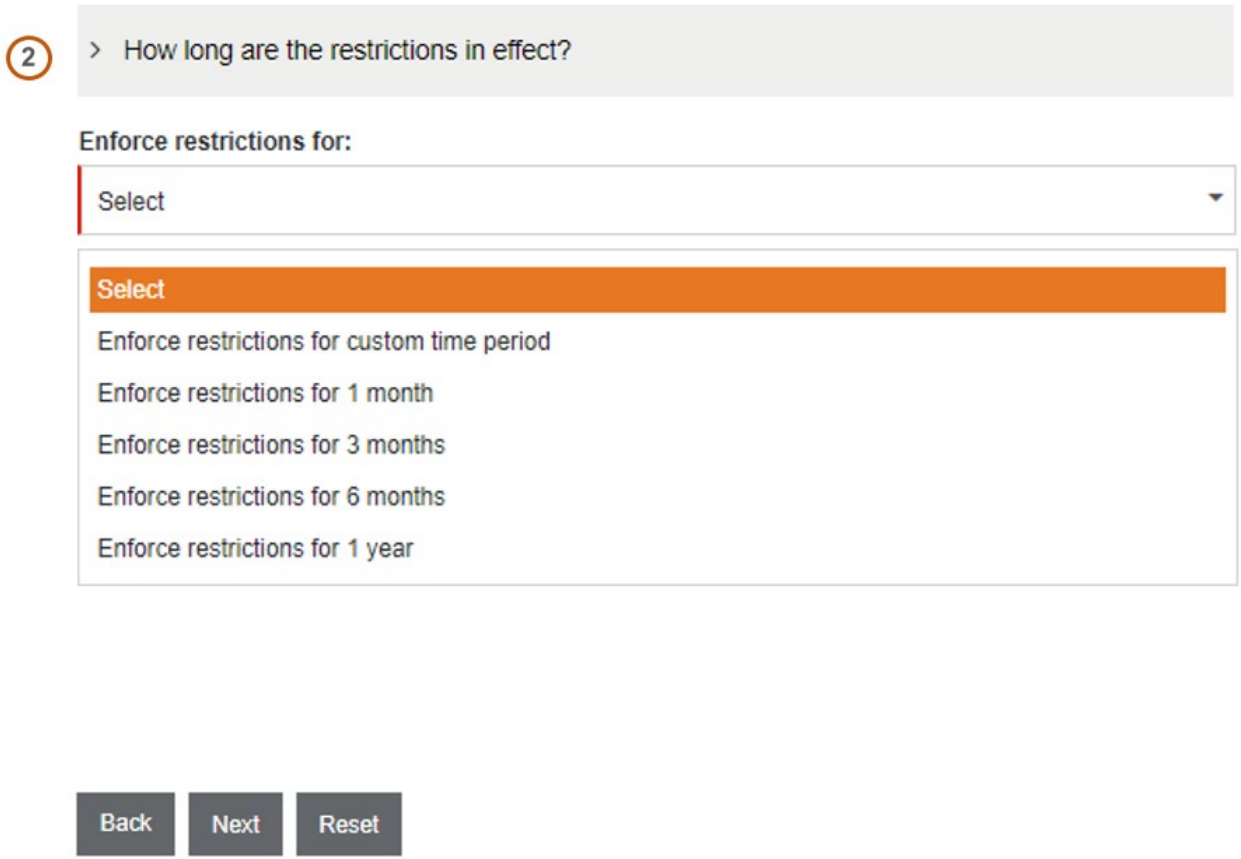
How long are the restrictions in effect?

Define for how long Optum should enforce the restrictions/limitations identified in Step 1 before additional scripts should be re-reviewed/ sent for authorization.



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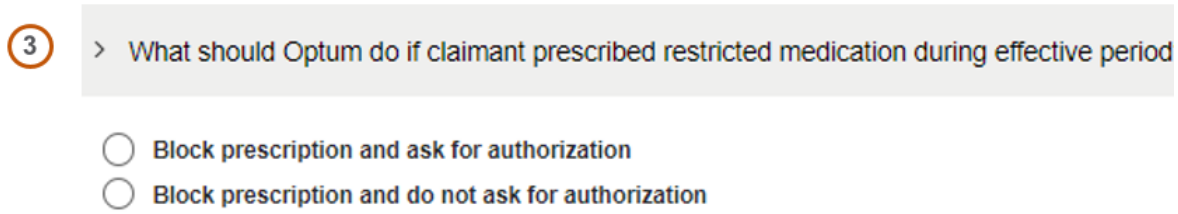
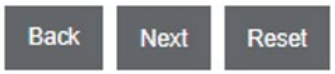
What should Optum do if claimant prescribed restricted medication

Define if Optum should send prescriptions for authorization if the prescription is outside the guidelines defined in Step 1 and Step 2.



Decision maker can chose whether to review any prescriptions that are outside the guidelines defined in prior steps or have Optum inform the pharmacy the prescription is denied without prior authorization review.



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Submit, cancel, reassign

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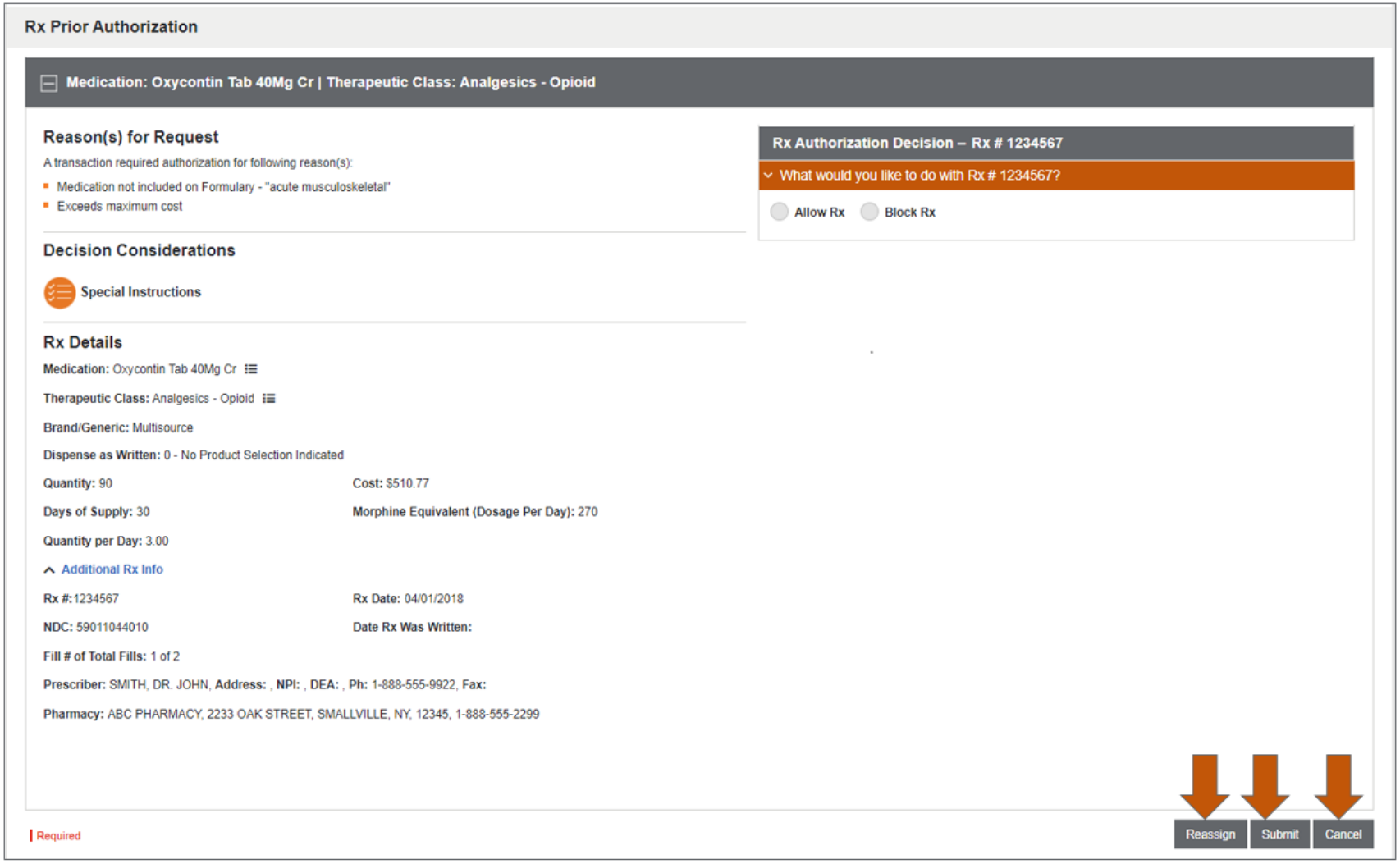
Submit, cancel, reassign



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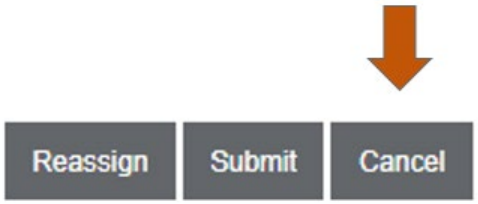
Submit, cancel, reassign



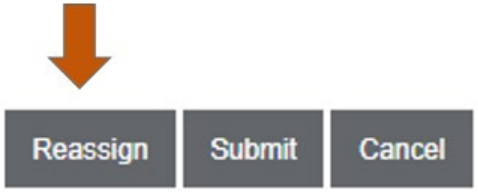
Submit

- Decision submitted and claim file updated appropriately
- User can choose to either receive or not receive an email summarizing the decision details



Cancel

- Clears page; restart decision process



Reassign

- Engage another associate for review
- User can select who to engage

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Reassign work request

Select the Reassign option to display a list of VitalPoint users from which you can select a name.

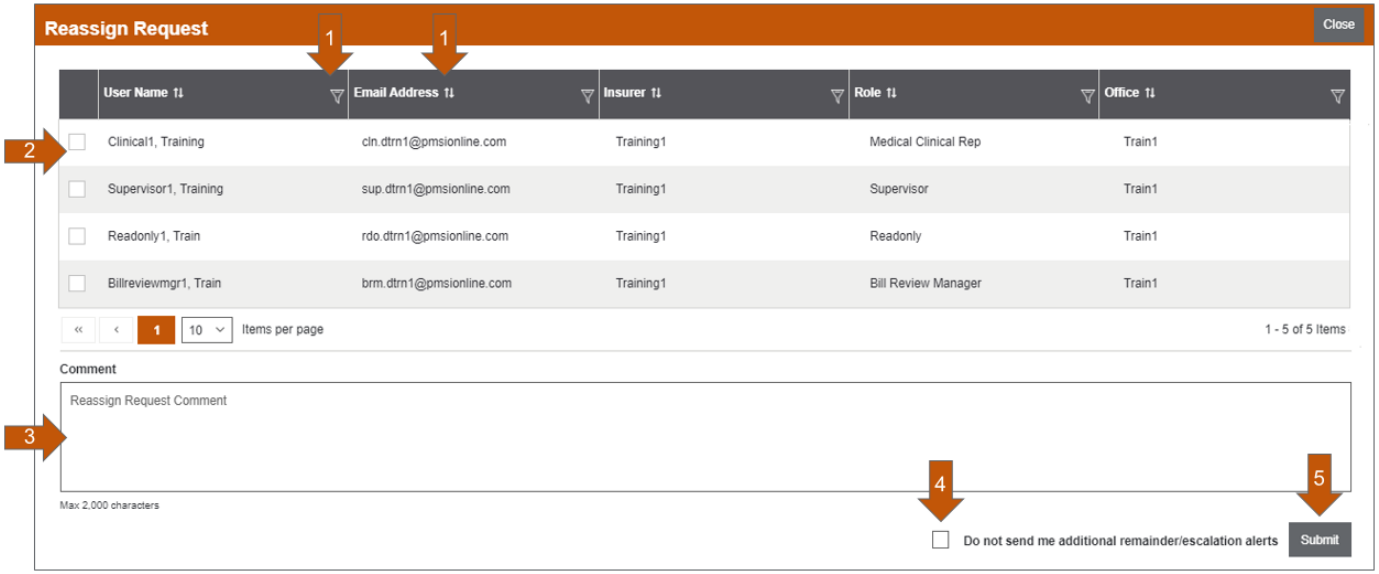
1. Use the filter icon(s) to sort and filter this list.
2. Select the checkbox(es) next to the user(s) you would like to have access to decision this transaction.
3. Enter any notes you would like sent to the forwarded users.
4. **Do not send me additional reminder/escalation alerts** option prevents you from receiving additional reminders that the transaction is still pending.

   If **checked**: **Stage = 'Reassigned'** If **unchecked**: **Stage = 'Forwarded'**

5. Click **Submit** to complete the reassignment process.

The user that receives the forwarded transaction will see **Stage = 'Assigned'**

NOTE: User has authority to make a decision at a later date by finding the original request in his/her work queue.



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Alert notification

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Rx Prior Authorization email notification timeline

Notifications and escalation to ensure timely response



Subject Line: "**Rx Authorization Request – Time Sensitive**"

- Notify Who: Role(s) and/or Named User
- Notify When: Immediately

Subject Line: "**Rx Authorization Request Second Alert – Time Sensitive**"

- Notify Who: Role(s) and/or Named User
- Notify When: 8 business hours after Initial Email where X is configurable

Subject Line: "**Rx Authorization Request Third Alert – Time Sensitive**"

- Notify Who: Role(s) and/or Named User
- Notify When: 9 business hours after Second Email where X is configurable

Subject Line: "**Rx Authorization Request Expiration Alert**"

- Notify Who: Role(s) and/or Named User
- Notify When: 9 business hours after Third Email where X is configurable
- The claim is no longer available for them to action in VitalPoint or VitalPoint Express

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Email: Notification of decision request

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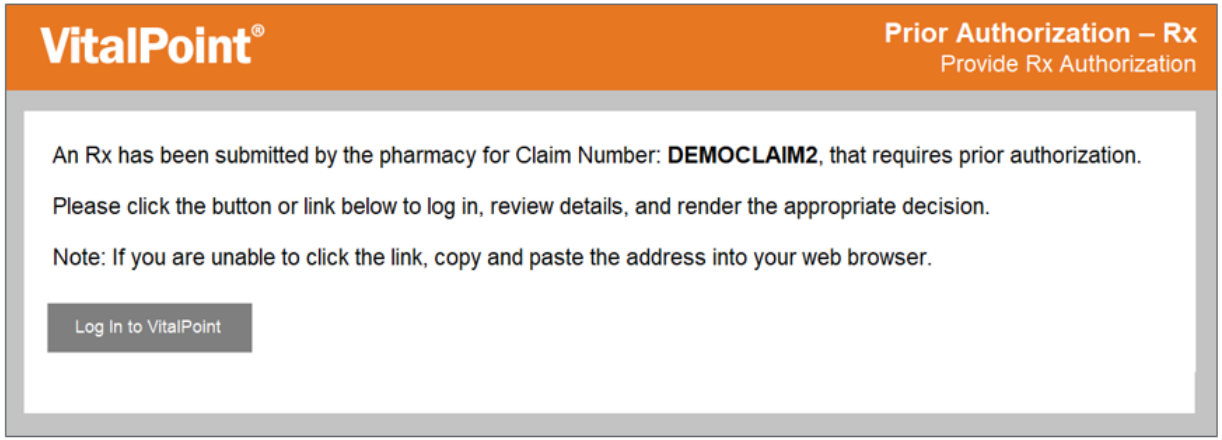
VitalPoint email – Single alert for one claim

The VitalPoint email indicates which claim has a pending transaction and include a link to VitalPoint to log in and render the decision.



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Thank you





About Optum Worker's Comp and Auto No-fault Solutions

Optum Workers' Comp and Auto No-Fault Solutions collaborates with clients to lower costs while improving health outcomes for the injured persons we serve. Our comprehensive pharmacy, ancillary, medical services, and settlement solutions, combine data, analytics, and extensive clinical expertise with innovative technology to ensure injured persons receive safe, appropriate and cost-effective care throughout the lifecycle of a claim. For more information, email us at expectmore@optum.com.

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