**e-Prescribing Workgroup**  
**JULY 8, 2019 PHONE CALL**  
9:00am to 10:00am  
Materials posted at Workgroup web page  
Phone: 1-844-302-0362  
Code: 3255 8122

**Objectives**
- Review and discuss plan for diagnosis code analysis
- Review and discuss CMS proposed rule for e-prior authorization

**Agenda**
1. Roll call/intros  
2. Summit recap  
3. Review/respond to June 10 meeting notes and draft project charter  
4. Review/comment on ePA proposed rule; advise on outreach to engage MN stakeholders.  
5. Next steps for August 12 meeting

**Email notification to MN e-Health Advisory Committee members (sent July 2, 2019)**
CMS recently announced proposed rules for electronic prior authorization (ePA) for Medicare Part D. The Minnesota e-Health Initiative will respond to this proposed rule by collecting and compiling written feedback into a coordinated response. Here are a few things for you to know:

- I am recruiting subject matter experts to help review our comments before submission. If you or a colleague are interested please respond to me. The commitment period is July 29-August 5, and will probably involve a few hours of review on your own. I will also recruit experts from the e-prescribing workgroup.
- My summary of the rule is at the end of this email. I think the key issues will be managing dual workflows for ePA (one for Medicare Part D beneficiaries and one for all other plan enrollees). This applies for prescribers and health plans.
- If you do NOT want to review but want to submit comments, we are accepting those through end of day Friday, July 26 to MN.eHealth@state.mn.us.
- Updates will be posted to the Coordinated Responses webpage and in the Minnesota e-Health Update as available. Questions can be directed to Karen.soderberg@state.mn.us or 651-201-3576.
CMS proposed rule for electronic prior authorization for Medicare Part D

The Centers for Medicare and Medicaid Services (CMS) is proposing to update electronic prescribing standards for the prior authorization process for Medicare Part D. The proposed rule would implement new prior authorization transaction standards for the Part D e-Prescribing program as required by the SUPPORT (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment) for Patients and Communities Act. If finalized, all Part D plans would be required to support the new standards, which were developed by the National Council for Prescription Drug Plans. Comments on the proposed rule will be accepted until Friday, August 16.

My summary of the proposed rule

This proposal promotes use of a prospective ePA, whereby the prescriber communicates with the health plan (rather than a pharmacist doing so after receiving the script). This is an efficient way to manage PA and should ease current prescriber frustrations and improve timeliness for patients receiving medications.

The gist of the rule is to use these SCRIPT transactions for prior authorization for Medicare Part D by January 1, 2021. This is consistent with Minnesota’s ePA requirement (https://www.health.state.mn.us/facilities/ehealth/asa/compguide.html).

- PAInitiationRequest and PAInitiationResponse
- PARequest and PAResponse
- PAAppealRequest and PAAppealResponse
- PACancelRequest and PACancelResponse

The caveats, as I understand, are:

- HIPAA-covered entities are required to use a different standard for ePA (X12 278). However, the X12 278 standard is not sufficient to include the necessary medical information needed for PA. CMS interprets the SUPPORT for Patients and Communities Act as sufficient authority to overrule this HIPAA standard for Medicare Part D plans/enrollees.
- This interpretation and proposal means that prescribers and health plans would need to use one standard for Medicare Part D and another standard for other plans. So there will still be two workflows based on the patient’s plan.
- There may be technical issues for EHR vendors to adapt; I would expect this to be a greater problem for Minnesota’s small specialty clinics that use EHR systems specific to their specialty. There are also technical costs for health plans, but they are expected to see efficiency savings in time.
- The SCRIPT transactions will have a cost, but we’ve historically heard that even a substantial cost (e.g., $5.00 per transaction) is much more bearable than the effort prescribers and plans currently exert with manual PA processes. The NPRM includes cost estimates.