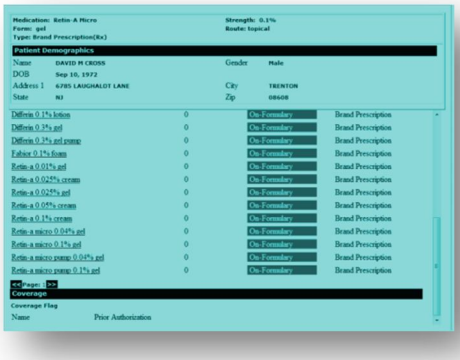
Background:

Electronic health records (EHRs) can provide a host of benefits to providers and their patients. How much value can be derived from EHRs depends widely on how they are used. The Prescriber Benefits implementation is used for developing and transferring messages needed to provide PBM member data (eligibility information, pharmacy benefit coverage, and group-specific formulary information) to physicians in an ambulatory setting.



An electronic connection between payers, prescribers, and pharmacists is essential to reduce cost and improve the safety and efficiency of the prescribing process. Patients thus become confident knowing that their prescribers are empowered to make the most clinically appropriate and cost effective treatment decision at the point of care.

Project Overview:

Surescripts certifies software used by prescribers, pharmacies, and payers/PBMs for access to the three core services – Prescription Benefit, Medication history, and Prescription Routing Services.

The Prescription Benefit service puts eligibility, benefits and formulary information at a prescriber's fingertips at the time of prescribing. This enables prescribers to select medications that are on formulary and are covered by the patient's drug benefit. It also informs them of lower cost alternatives such as generic drugs and ultimately ensures that the staff in the pharmacy receives a "clean" prescription. Unnecessary phone calls from pharmacy staff to physician practices related to drug coverage are reduced.

Eligibility: The Patient and Eligibility Data is transmitted between the Physician System, Surescripts, and PBMs using the industry accepted ANSI ASC X12 envelope segments. Message formats used include the X12N 270 (Eligibility Benefit Inquiry) and the X12N 271 (Eligibility Benefit Response).

Technologies:

The UI comprises of the interactive custom designed and applied using client side technologies (like jQuery, CSS). The UI is tightly coupled with the Web service in background which is used to fetch data available for paging and change in Pharmaceutical Benefit Manager (PBMs) for patients having multiple coverage.

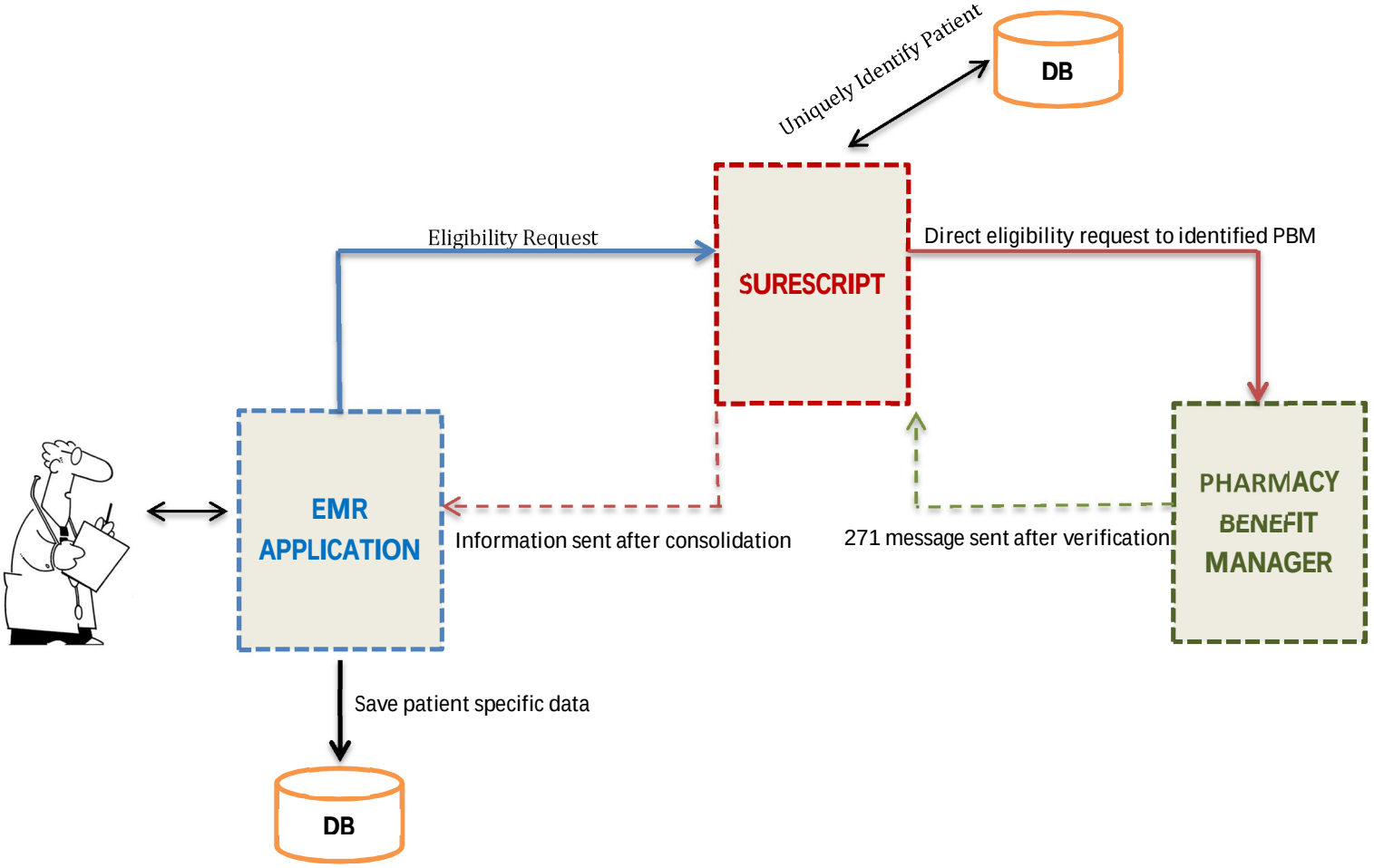
About our Client:

Client Name: Confidential | Location: USA | Industry: Healthcare IT

Workflow:

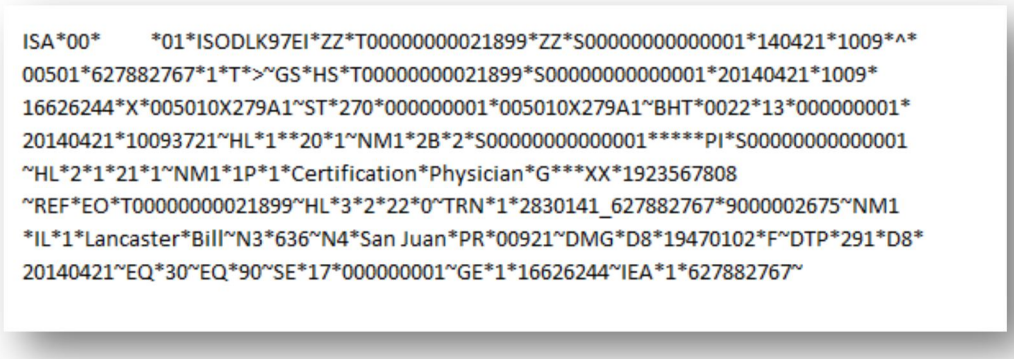
The following steps depict the Eligibility transaction flow:

1. Our Application sends an Eligibility request to Surescripts.
2. Surescripts validates the format of the transaction.
3. Surescripts locates the patient based on demographics information and uniquely identifies the patient.
4. Surescripts determines to which PBMs the Eligibility request should be directed.
5. The PBM verifies the patient, responds with a 271 transaction defining whether the patient is eligible or not, and sends the 271 message back to Surescripts.
6. Surescripts validates the format of the incoming 271 and consolidates all 271 responses and sends the information back to the application.
7. Our EMR application handles the request and saves patients specific data in database which is used to determine the list of alternate medicine, copay and coverage information against a selected medicine.



Eligibility Transaction Flow

Screenshots:



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~REF*EO*T00000000021899~HL*3*2*22*0~TRN*1*2830141_627882767*9000002675~NM1
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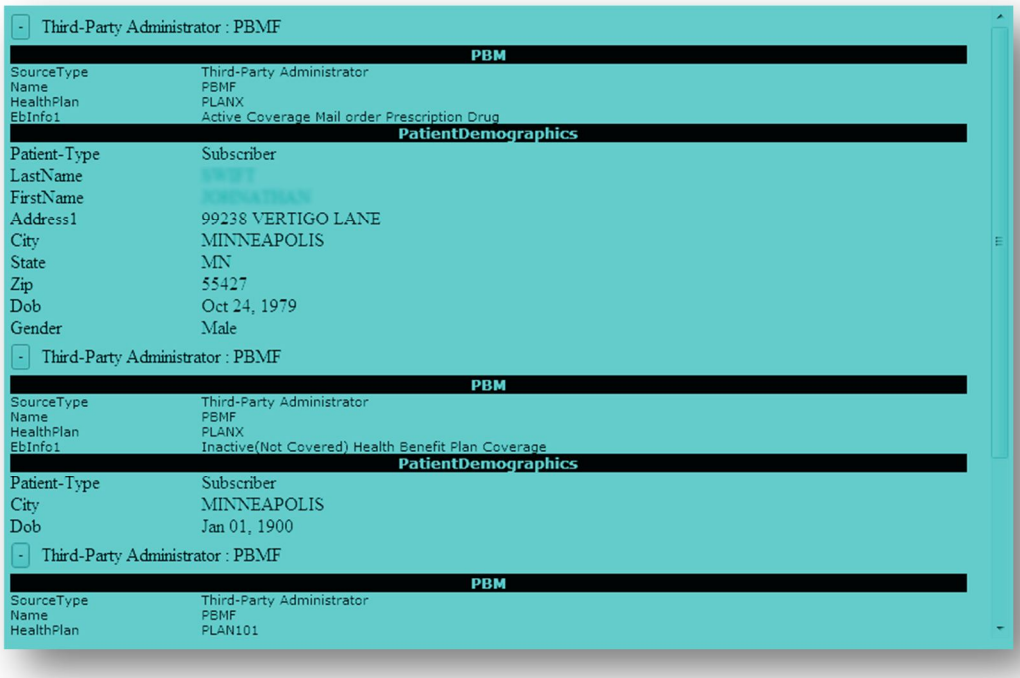
Screen 1: A format for Eligibility message



- Third-Party Administrator : PBMF

PBM

SourceType	Third-Party Administrator
Name	PBMF
HealthPlan	PLANX
EbInfo1	Active Coverage Mail order Prescription Drug

PatientDemographics

Patient-Type	Subscriber
LastName	[redacted]
FirstName	[redacted]
Address1	99238 VERTIGO LANE
City	MINNEAPOLIS
State	MN
Zip	55427
Dob	Oct 24, 1979
Gender	Male

- Third-Party Administrator : PBMF

PBM

SourceType	Third-Party Administrator
Name	PBMF
HealthPlan	PLANX
EbInfo1	Inactive(Not Covered) Health Benefit Plan Coverage

PatientDemographics

Patient-Type	Subscriber
City	MINNEAPOLIS
Dob	Jan 01, 1900

- Third-Party Administrator : PBMF

PBM

SourceType	Third-Party Administrator
Name	PBMF
HealthPlan	PLAN101

Screen 2: Eligibility info Display in UI

Formulary Service:

It's a windows service running in back-end especially on a monthly basis. Files containing Formulary Information is usually categorized into four types.

- FSL(Formulary Status List)
- ALT(Alternative)
- COV(Coverage)
- COP(Copay)

Alternate Medicines:

- Alternative medicines are the medicines which can be used as an alternative to the selected medicine based on patient's health plan
- These are of type i.e. medicines that the patient's benefit plan considers to be 'on formulary', and alternative medications which are not preferred
- Medicines with a higher formulary status and preferred level value than others of the same therapeutic class are considered to be 'preferred alternatives' to those with lower ratings
- The alternative medication list are shown in paginated form with medication sorted in descending order of the preferred level
- Alternative medications are fetched asynchronously
- The medications with formulary status value 2 or higher are only displayed in page
- Medication name, preferred level, co pay and coverage information of the alternative medications are shown
- Functionality present to select the alternative medicine based on the medication name
- Visual indicator present to identify between drug of type 'on-formulary', 'off-formulary', 'unknown'

Coverage Information:

It provides various coverage areas under which a Drug prescription is specified as beneficial by the pharmacy. For example:

- Age Limit (AL)
- Gender Limit (GL)
- Quantity Limit (QL)
- Prior Authorization (PA)

- Step Therapy (ST)
- Text Messages (TM)
- Resource Links - Drug Specific (RD)
- Drug Exclusion (DE)

Excluded Drug contains coverage information and that comes under Coverage DE having List Type as DE. Other coverage, Alternative and Copay Information is not shown for Excluded Drug case.

Hence Coverage types like (AL, GL, TM, QL, RD and DE of ST/PA) are shown for non-excluded drug case if having Coverage Id coming in response.

Copay Information -

- Copay signifies cost of a prescription to the patient.
- It can be of SL (Summary-Level) or DS (Drug-Specific) types.
- For Non-excluded drug case, we can have copay information. This information needs drug to be re-reimbursable type and to have Copay Id.
- Cost can be in Flat amount or in Percentage (like 5 or 5%). We can have a combination of both like 5$+25%.
- Days of supply for a drug, maximum/Minimum Cost and Copay related text message can be present.
- We can have either SL/DS type for a prescription. In no scenario, we can have both.

Copay Display Format show in below image:

Medication: FreeStyle Lite Strips
Form: strip
Type: Supply Over-The-Counter(OTC)
Strength:
Route: miscellaneous

Patient Demographics

Name	[redacted]	Gender	Male
DOB	Oct 24, 1979		
Address 1	99238 VERTIGO LANE	City	MINNEAPOLIS
State	MN	Zip	55427

PBM

Source Type	Name	Health Plan	EB Info
PBMF	Third-Party Administrator	PLAN101	Active Coverage
PBMF	Third-Party Administrator	PLANX	Inactive(Not Covered) Health Benefit Plan Coverage
PBMF	Third-Party Administrator	PLANX	Active Coverage Mail order Prescription Drug

COPAY

Term	Minimum	Maxinum	Tier	Days Supply	Pharmacy Type	Type
			T(3/3)			DS

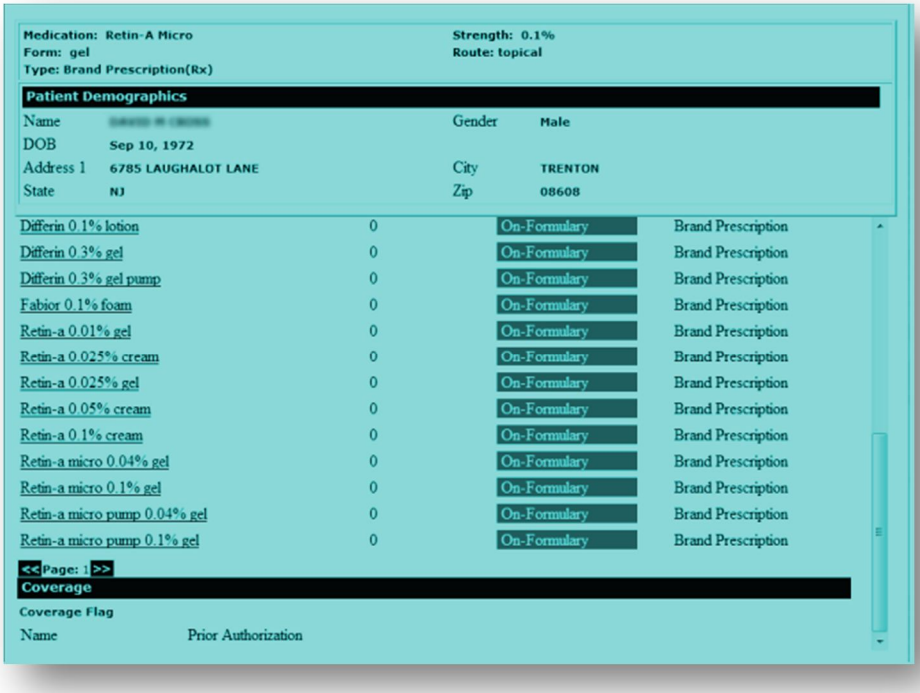
Formulary

Status: Non-Formulary

Alternate

Name	Pref. Level	Status	Drug Type
Precision xtra test strips	0	On-Formulary	Supply OTC
Tier 2 of 3			
Contour test strips	0	On-Formulary	Supply OTC
Tier 2 of 3			
Accu-chek aviva plus test strp	98	On-Formulary	Supply OTC
Accu-chek aviva test strips	98	On-Formulary	Supply OTC

Screen 3: Copay with Alternate medicine in UI with Multiple PBMs



Medication: Retin-A Micro
Form: gel
Type: Brand Prescription(Rx)
Strength: 0.1%
Route: topical

Patient Demographics

Name	[redacted]	Gender	Male
DOB	Sep 10, 1972		
Address 1	6785 LAUGHALOT LANE	City	TRENTON
State	NJ	Zip	08608

Differin 0.1% lotion	0	On-Formulary	Brand Prescription
Differin 0.3% gel	0	On-Formulary	Brand Prescription
Differin 0.3% gel pump	0	On-Formulary	Brand Prescription
Fabior 0.1% foam	0	On-Formulary	Brand Prescription
Retin-a 0.01% gel	0	On-Formulary	Brand Prescription
Retin-a 0.025% cream	0	On-Formulary	Brand Prescription
Retin-a 0.025% gel	0	On-Formulary	Brand Prescription
Retin-a 0.05% cream	0	On-Formulary	Brand Prescription
Retin-a 0.1% cream	0	On-Formulary	Brand Prescription
Retin-a micro 0.04% gel	0	On-Formulary	Brand Prescription
Retin-a micro 0.1% gel	0	On-Formulary	Brand Prescription
Retin-a micro pump 0.04% gel	0	On-Formulary	Brand Prescription
Retin-a micro pump 0.1% gel	0	On-Formulary	Brand Prescription

<<Page: 1 >>

Coverage

Coverage Flag

Name: Prior Authorization

Screen 4: Alternate medicine and Coverage display in UI