COPILOT

COPILOT HUB

Innovating The Prior Authorization Process

Preamble

Prior Authorization and Pre-Certification are Cumbersome for Practice Management Staff

Specialty and New Pharmaceutical Product Launches Might be Negatively Impacted if Appropriate Support is Not Built in to Assist Patients with Complex Care and their Healthcare Providers (HCPs) Navigate the Burden.

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Procedures

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Diagnostic Tools

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Prescription Medications

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Introduction

Prior Authorization and Pre-Certification are Cumbersome for Practice Management Staff

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PA Burden Grows and Grows for Practice Managers

Insurers have increased the use of PAs over the past years for procedures (84%); for diagnostic tools (78%); and **for prescription medications (80%).** Nearly 59% of physicians have staff members working exclusively on PAs, with most staff spending between 10-20 hours per week on PAs.

Impact to Patients Accessing Specialty and New Pharmaceutical Products

IPAs causes patients to **abandon treatment altogether with 40% reporting that patients often abandon treatment** and 50% reporting that patients sometimes abandon treatment.
Consequently, the PA process is responsible for delaying access to therapy and potentially causing adverse outcomes.

PA Innovation Mandate via Federal Policy Proposal

On December 13, 2022, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule "Advancing Interoperability and Improving Prior Authorization Process" seeking **to save $15 billion over 10 years in reforming the PA process.** The comment period closed on March 13, 2023, and CMS is evaluating the public responses and has not indicated when it may issue the final rule. If the rule becomes final, payers will have three years to implement provisions by January 1, 2026, and **invest an estimated $1B to innovate and modernize the PA submission and review process** to reduce the burden on HCPs and practice managers.

CMS acknowledges that **PAs are not going away** and that it has a major role in health care, in that it can ensure that covered items and services are medically necessary and covered by the payer.

However, at the same time CMS is concerned that **PAs is a major source of burnout** and can become a "health risk for patients if inefficiencies in the process cause care to be delayed."

Examples of inefficiencies includes but not limited to:

- HCPs expend resources on staff to identify **PA requirements that vary across payers** and navigate the submission and approval pro cesses, which could otherwise be directed to clinical care.

- Patients **may unnecessarily pay out-of-pocket or abandon treatment altogether** when PAs are delayed.

- Patients may abandon treatment for a period of time, go untreated, then **present to their HCP in a worse condition in need of more complex care.**

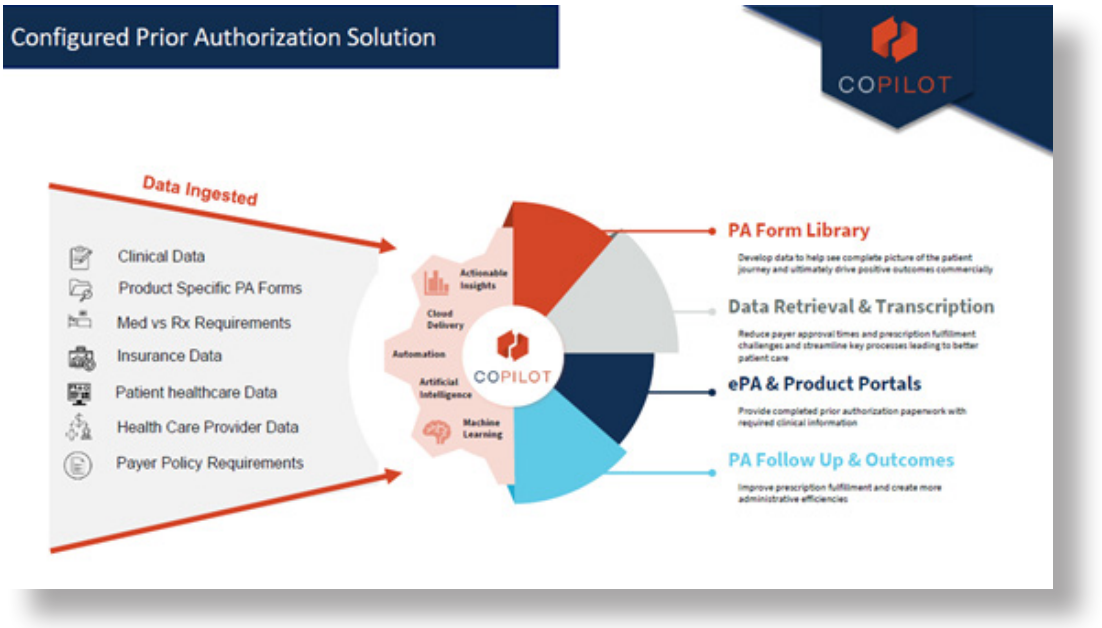
Proposed Rule Summary:

• Focuses on improving PA process through technology interface between provider portals/EMR and payers already established **Patient Access Application Program Interface (API)** to significantly reduce time spent on manual activities.

• Enhance suite of APIs by building a dedicated **PA Requirements, Documentation and Decision (PARDD) API** that would automate the process for providers to determine whether a PA is required, identify PA information and documentation requirements, as well as facilitate the exchange of PA requests and decisions from the EMR or practice management system.

• Requires payers to send **PA decisions electronically within 48-72 hours for expedited** (i.e., based on urgency levels TBD) requests and 5-7 calendar days for standard (i.e., based on non-urgent levels TBD) requests.

COPILOT HUB Innovating the PA Process with Configurable Technology Solutions



•PA/Pre-Cert Medical Benefit Online Library and API Option: COPILOT offers a digitized PA/pre-cert form for specialty pharmaceutical products across all payers and aggregates them into dedicated module within the HCP facing portal, to allow HCPs and practice managers a centralized online library to search, populate, and submit PAs to payers.

•AUTOPILOT API: COPILOT has a suite of APIs that includes the ability to interface its ePA solutions with EMR and practice management tools. If HCP prefers not to interface its EMR/practice management with AUTOPILOT, it can still securely send clinical information to COPILOT who has atranscription tool that transcribes notes into the PA forms, remits back to HCP via secured link, portal or preferred workflow of practice, for submission.

•BV and PA Turnaround Time: COPILOT benefit verification results to HCPs are same day as long as the program management team receives all the necessary information by 4pm et. If the claim requires a PA, and HCP/practice managers utilize the COPILOT ePA solutions, we will provide the PA results within the CMS proposed rule requisite for both expedited (urgent) and standard (non-urgent) PA requests.

COPILOT

COPILOT's technology enablement solutions contribute to burden reduction for HCPs and practice managers by substantially reducing manual tasks and decreasing the volume of denials or appeals made.

Contact to Schedule Capabilities Presentation and Demo of Platform:

Contact Info

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