Helping Simplify the Prescribing Process with PreCheck MyScript®

Study shows how this tool can help streamline prior authorization and lower costs.

PreCheck MyScript (PCMS) helps:

- Save patients money
- Increase patient medication adherence
- Improve provider efficiency and time savings
- Increase pricing transparency, allowing for more informed decision making
Executive Summary

This paper highlights the findings of a research study on how PreCheck MyScript – a real-time benefits tool – has benefited patients, providers, health plans and pharmacies, generating close to 50 million transactions since its introduction to the market in 2017.\(^1\) The research was conducted by a third party using OptumRx\(^\circledR\) claims and prior authorization data.

Among the research highlights:

- By displaying formulary options and requirements, PCMS can allow providers to easily avoid prior authorizations (if clinically appropriate), thereby saving 50 minutes they currently spend on each prior authorization request.*
- Providers may save an additional 50 minutes by avoiding a prior authorization denial appeal, allowing more time for patient care.*
- Patients saved an average of $225 – and health plans $415 – per prescription when providers selected lower-cost alternative drugs suggested by PreCheck MyScript.**,\(^2,3\)
- Patients picked up their medications faster and at a lower cost, which increased medication adherence by up to 4% for three common chronic conditions.***,\(^4\)
- Patients whose providers used PCMS were 23% more likely to obtain their medication than those whose providers did not use the tool.\(^5\)

Stakeholder Benefits at a Glance

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<th>Patients</th>
<th>$225 savings/per Rx fill**,(^2)</th>
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<td>Patients whose providers used PCMS were 23% more likely to obtain their medication than those whose providers did not use the tool(^6)</td>
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<td>Up to 4% improved medication adherence for three chronic conditions: (diabetes, hypercholesterolemia, hypertension)***,(^4)</td>
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<td>Save up to 50 minutes and $41 per prescription per patient by avoiding prior authorization***,(^6)</td>
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| Pharmacies | Pharmacy administrative costs were 23% lower when providers used PCMS\(^5\) |

Introduction

UnitedHealthcare is committed to increasing provider transparency regarding coverage, costs and prior authorization requirements. Providers may also need help navigating the increasing volume of non-clinical tasks they face. Research studies indicate that providers spend almost twice as much time on administrative work than they do on seeing patients.\(^7\)

Prior authorizations play an important role in managing prescription drug costs, controlling misuse and protecting patient safety. At UnitedHealthcare, providers tell us that the ability to avoid prior authorization has been a key driver in their adoption of PCMS. Approximately 205,000 participating providers use the tool, representing over 1 million members a month.\(^1\)

*An average of 50 minutes.
**This figure is based on historical experience and is not intended to be predictive of individual member results or a guarantee of future performance. Actual results and individual member experience will vary based on multiple factors, including, but not limited to, plan design, population demographics, utilization, claims experience, network market conditions and other factors.
\(^1\) PCMS Operational Metrics All UHG Lines of Business. July 2017 – October 2019.
\(^2\) OptumRx Analysis of full year 2019 trial claim and production claim data. January 2019 – December 2019 based on 5.2 million members, >230,000 providers and 37.8 million transactions using PreCheck MyScript.
\(^3\) Third-party analysis of OptumRx claims data. July 2017 – November 2018 based on 2.6 million members, >110,000 providers and 13.3 million transactions using PreCheck MyScript.
\(^4\) OptumRx data. Measurement of PreCheck MyScript impacted scripts within the diabetes therapeutic class, the statin therapeutic class and the hypertension therapeutic class. Savings represents a pre/post-methodology. Pre-period is October 2016 – September 2017 and post-period is October 2017 – September 2018. Population included in the measurement was continuously enrolled.
\(^5\) Internal OptumRx study.
\(^6\) Third-party analysis of OptumRx claims data. September 2018 – August 2019 based on 4.6 million members, >188,000 providers and 28.2 million transactions using PreCheck MyScript.
What Is PreCheck MyScript?

Real-time Benefits Tool

PCMS is a real-time benefit check capability that is embedded within providers’ electronic medical record systems. When a provider prescribes medication for a patient, the tool runs a trial claim through the OptumRx claims engine and displays the patient’s coverage status, formulary options and availability of alternative medications. It also shows how much a specific patient will pay for the medication based on their plan design, including deductibles and out-of-pocket costs.

A real-time benefit check differs from a Formulary and Benefit (F&B) check. An F&B check provides guidance to the eligibility and drug tier. A real-time benefit check is more accurate and goes further by running a trial claim that displays the price the patient will pay at various pharmacies. A real-time benefit check will also display if a prior authorization is required.

PCMS can allow providers to focus more on patient care, rather than administrative tasks.

Benefits

By calculating the cost each patient will pay, and displaying the availability of lower-cost alternatives and prior authorization requirements, PCMS can help:

- Provide much-needed transparency to the prescribing process
- Providers focus more on patient care, rather than administrative tasks
- Enable patients to get their medications and start therapies faster while saving money
- Facilitate more informed decisions by providers and patients

Research Findings and Methodology

Findings

The study was designed to evaluate how PCMS improves the prescribing process – by minimizing the time and cost associated with providers requesting prior authorizations – and impacts costs for key stakeholders in the health care system. Top-level results demonstrate that PCMS helped achieve cost savings while enhancing transparency, provider efficiency and health outcomes, including increased medication adherence for select chronic conditions.

Methodology

The study compared prescribing events where PCMS was used to complete a real-time benefit check versus those where a real-time benefit check was not used. Evaluation consisted of 12 months of data, including 28 million unique prescribing events and 30 million prior authorization requests. The analysis shows the costs associated with each step of the prescription process, including when providers write a prescription and complete a prior authorization; when pharmacies fill a prescription; and any follow-ups by providers and pharmacies.

Top-line Results

PCMS helped:

- Lower prescription costs for patients
- Reduce administrative costs for providers and pharmacies
- Lower prior authorization requests
- Gain quicker access to medications
- Increase medication adherence

Cost and time savings were calculated using industry benchmarks such as:

- Average provider salary
- Average length of time to write a prescription
- Frequency of prescriptions being rejected for prior authorization
- Length of time for providers to respond to, and appeal, a rejected claim

Similar calculations were performed for the administrative steps in the pharmacy.

The effect of PCMS on medication adherence was also measured. This research reflected the experience of a continuously enrolled population (both before and after the adoption of the tool) within three disease states: diabetes, hypercholesterolemia and hypertension.

1 Third-party analysis of OptumRx claims data. September 2018 – August 2019 based on 4.6 million members, >188,000 providers and 28.2 million transactions using PreCheck MyScript.

These results are based on historical experience and are not intended to be predictive of individual member results or a guarantee of future performance. Actual results and individual member experience will vary based on multiple factors, including, but not limited to, plan design, population demographics, utilization, claims experience, network market conditions and other factors.
Patients

When prescribers selected lower-cost alternative drugs suggested by PCMS, patients saved an average of $225 per prescription.1

Patients whose providers used PCMS were 23% more likely to obtain their medication than those whose providers did not use the tool.2

After PCMS was adopted by their providers, patients’ medication adherence improved as follows:3

- 4% increase for diabetes
- 4% increase for hypercholesterolemia
- 2% increase for hypertension

The increase in medication adherence is significant in light of clinical research showing adherence is a key factor in improving chronic disease outcomes and lowering health care costs.4

Patients whose providers used PCMS were 23% more likely to obtain their medication than those whose providers did not use the tool.2

Providers

Providers using PCMS saved approximately 50 minutes per prescription each time they selected an alternative, which avoided prior authorizations requirements.

They saved an additional 50 minutes by further avoiding any downstream appeal processes. (Note that providers typically write an alternative prescription when an appeal is denied, adding even more time for handling a single prescription for one patient.)

Based on average salaries and time estimates for managing the prior authorization process, writing a prescription requiring a prior authorization costs providers $41.05. Note that this cost could be avoided in every case in which providers select an alternative presented by PCMS, which does not require prior authorization.

PCMS saved $2.18 per prescription where a reject had been avoided by selecting an alternative.5

Health Plans

- Health plans saved $415 on average each time a prescriber shifted to an alternative drug suggested by PCMS.
- Plans benefit from increased efficiencies and lower costs for patients, providers and pharmacies.6

Pharmacies

- Pharmacy administrative costs were 23% lower when providers used PCMS, including a 14% lower administrative cost per prescription for medications not requiring prior authorization.6
- Provider PCMS use reduced the number of formulary rejections by approximately 27%.6
- Each avoided formulary rejection saved pharmacies approximately four minutes in administrative costs.6

Note: Pharmacy costs are driven by processing time related to data entry into the dispensing system, and administrative time for prescriptions requiring prior authorization or review due to coverage ineligibility. These processes may require several approvals and requests, resulting in a higher cost per prescription.8

Health Plan Average Savings per Prescription by Specialty7

- Psychiatry – $1,274
- Family practice – $659
- Internal medicine – $475

1 OptumRx analysis of full year 2019 trial claim and production claim data. January 2019 – December 2019 based on 5.2 million members, >230,000 providers and 37.8 million transactions using PreCheck MyScript.

2 Internal OptumRx Study.

3 OptumRx data. Measurement of PreCheck MyScript impacted scripts within the diabetes therapeutic class, the statin therapeutic class and the hypertension therapeutic class. Savings represents a pre/post methodology. Pre-period is October 2016 – September 2017 and post-period October 2017 – September 2018. Population included in the measurement was continuously enrolled.


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**New Enhancement**

PCMS was recently enhanced to include comparative cost data on alternative fulfillment channels, enabling providers to compare patients’ medication costs at retail versus home delivery.

**Conclusion**

In today’s complex health care environment, getting patients the right medication without delay is important for improving outcomes and reducing costs. UnitedHealthcare is arming our provider partners with real-time, actionable data to prescribe more effectively and cut down on administrative time and costs.

PCMS can reduce friction and increase transparency in the prescribing process by minimizing the need to obtain prior authorizations and providing clinical and cost data. With paperwork reduced, providers can spend more time caring for their patients while patients can get quicker access to effective, cost-efficient medications.

**What’s Next**

UnitedHealthcare continues to broaden PCMS access to help ensure the entire care team has visibility into patient-specific prescribing costs within their current workflow. Future enhancements aim to expand patient and care team transparency by providing prescription plan cost-share amounts and other pertinent data regarding step therapy and prior authorization requirements. Our continual commitment to helping transform the health care landscape means steadily creating and enhancing resources like PCMS as a solution for removing barriers to medication cost and improving health outcomes.