Automated Pharmacy Claims Processing Solutions

Implement Program Policy Quickly and Accurately

You shouldn’t have to choose between accuracy and functionality. Older systems may process claims accurately, but simply paying or denying claims isn’t enough. They require providers to take extra steps to fill certain necessary therapies. And expanding system capabilities can result in huge time and programming costs, consuming your program’s intended savings.

What if you could increase functionality without adding administrative burdens and inefficiencies?

Automated Pharmacy Claims Processing Solutions from Conduent help you easily streamline your claims adjudication process while expanding its capabilities. Our pharmacy claims processing solution uses the NCPDP standard claim transaction to receive patient and prescription data, apply a series of table-driven rules to ensure appropriate dispensing, accurate pricing and provide a useful response to providers.

We start by validating claim data for appropriate format and values and verifying provider participation and member eligibility. The system then evaluates the claim against comprehensive ProDUR edits (including drug-drug interactions, therapeutic duplication, and incorrect dosage). Our solutions seamlessly integrate your PDL, maximum allowable cost (MAC), and automated clinical and business rules, promoting prescribing compliance with evidence-based decisions. We instantly alert providers to potentially adverse interactions, ensuring your members receive the safest and most cost-effective therapies.

Increase Functionality

All of the extensive, configurable benefit limit functionality, ProDUR editing and custom messaging can be tailored to meet your program needs without costly reprogramming. This means you can configure coverage with limits based on age, gender, quantity, days’ supply, and number of refills, as well as time-based limits such as units per month or number of prescriptions per year via parameter changes through the program’s graphical user interface. Drug coverage can be defined at a general level such as Federal Legend vs. OTC, as specific as NDC, or somewhere in between, enabling logic for step-therapy treatment plans. And if a prescription falls outside your plan’s limits, our customized messaging provides details on why the claim was rejected so the pharmacy can follow up accordingly without needing to contact the call center.

Solution Features

- Real-time pharmacy claims adjudication.
- Automated evaluation of eligibility, drug coverage, benefit limitations and pharmacy network enrollment.
- Comprehensive functionality using NCPDP standard compliant transactions:
  - Multi-ingredient compounds.
  - Coordination of benefits (COB).
  - Drug utilization review (DUR).
- Increased accuracy and objectivity.
- User-friendly web-based interface.
- Easily configurable, MITA aligned solution architecture.
You can also configure your claims process to control utilization or monitor care. Our solution enables you to limit members to service from select prescribers and pharmacies. Locking in restricts a member to getting prescriptions filled at one or more specified pharmacies. If the member tries to go elsewhere, the claim is denied with a message indicating the member’s lock-in status. Similarly, our prescriber functionality only permits fulfillment of prescriptions written by a locked-in prescriber.

If you need additional functionality to increase your pharmacy program’s value, you can extend your capabilities with several options that easily integrate with our POS claims solution. We offer automated prior authorization (PA) to administer complex benefit drug coverage, e-Prescribing systems, drug rebate processing and more – helping you improve therapeutic outcomes and your population’s health, reduce your administrative costs and ease burdens on your provider network.

Update Systems More Easily
Healthcare is always changing, so you need solutions that respond to your program’s needs. Re-development costs for older, outdated systems can be prohibitive. But our pharmacy claims processing system is flexible and easily configurable, allowing you to update systems without incurring large reprogramming expenses. Your program rules are configured and viewable with a user-friendly, web-based interface allowing non-programmers (such as clinicians or other authorized users) to make changes. You can change members’ benefit design, drug coverage or other edits and the changes take place immediately without disrupting your systems.

Increase Cost Savings and Improve Population Health
Implementing our pharmacy solutions yields many benefits. You expend fewer resources on manual interventions, saving them for only the most complicated claims. Electronic processing also makes claim adjudication more accurate and objective, preventing overpayments and keeping your budget under control. By paying claims accurately the first time, you avoid additional reprocessing costs. There are also benefits for your population’s health: Our automated claims processing and prior authorization approach results in improved prescribing patterns and improved outcomes for your members.

Better service, better use of limited resources, better health – are you ready to claim these for your program? Contact us.

You can learn more about us at www.conduent.com/pharmacysolutions.