



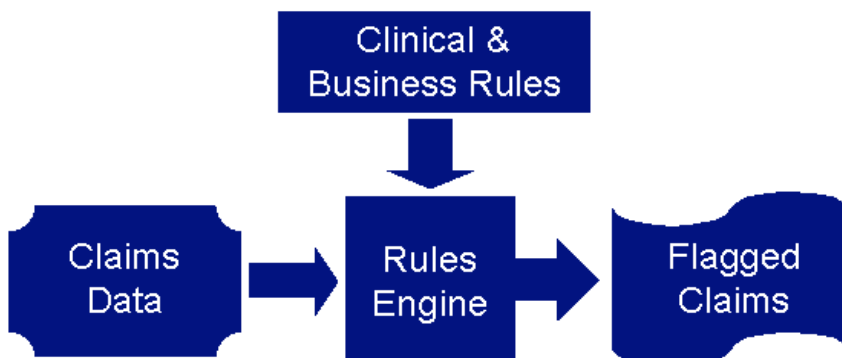
THE CLINICAL RULES ENGINE developed by ACS fuels the SmartPA program. Because the system was architected based on a rules-driven application rather than hard-coding, the system could be constantly altered and updated to analyze DMS-provided medical data according to Missouri’s specific needs and requirements. Since the automated PA program was new to the State – and to the entire Medicaid industry – this flexible approach gave DMS additional assurance that the program would be easy to administer.

An integrated data repository was developed to maintain data collected from various patient touchpoints within the total medical care environment, including up to 24 months of pharmacy and medical claims. Experts in data migration and mapping, the information technology experts at ACS took medical claims data in any format and turned that data into useful information that could be used not only in prior authorization decisions, but also in advanced reporting and analytics.

The SmartPA solution is saving millions of dollars each year while providing a better and more efficient service – for recipients, pharmacists, prescribers, and the State

DMS and ACS worked cooperatively to expand the State’s prior authorization program from 19 drug products/classes to 60. The State used the sophisticated features of SmartPA to discourage first-line use of expensive brand name medications on a patient-specific basis, while encouraging the use of lower cost generic alternatives when appropriate based on the recipient’s condition and medical history.

SmartPA was successful in yielding savings – **approximately \$85 million annually** – but, more importantly, it did so without disrupting the provider community or Medicaid recipients. In fact, providers who prescribed in accordance with the state’s clinical guidelines were rewarded as prior authorizations began to be approved automatically without the need for the pharmacist or prescriber to engage in a telephone conversation to justify the use of a particular antibiotic. Provider burden was reduced, as were calls to the call center, thereby reducing additional administrative costs associated with the PA program. Recipients were also rewarded by eliminating the barrier that sometimes existed in the traditional PA program. Because the rules were



based on clinical evidence, and not just financial benefits, the recipients were ensured that treatment decisions were made on pharmaco-economic guidelines and best practices.

ACS’ Rules Engine runs Missouri-specific clinical and business rules against stored pharmacy and medical claims data to produce automated PA responses and flag claims for further review.