

National Association of Insurance Commissioners (NAIC)

Prescription Drug Coverage (B) Working Group

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Centene and Our Pharmacy Services Model

CENTENE AT A GLANCE

25.9M

Members across
Centene programs

50

States with government-
sponsored and commercial
healthcare programs

3

Core businesses:
Medicaid, Medicare and
Marketplace

59.8K

Team members
behind the mission

HOW PHARMACY SERVICES ARE DELIVERED

CENTENE PHARMACY SERVICES

Manages* core clinical and administrative services for members and providers, including:

- Formulary management
- Utilization management and appeals
- Specialty benefit management
- Benefit design
- Clinical programs, quality and MTM
- Data, analytics and reporting
- Vendor oversight
- Member and provider help desk
- Member engagement solutions
- Other administrative services

Accreditation and Quality Oversight: Reinforces our commitment to quality, medication safety and performance improvement.

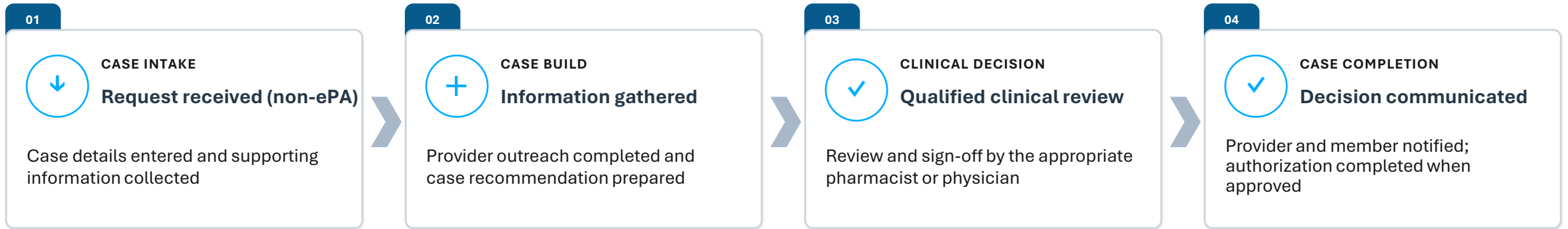
DELEGATED SERVICES

- 1 **Claims processing**
- 2 **Network management**
- 3 **Rebate administration**

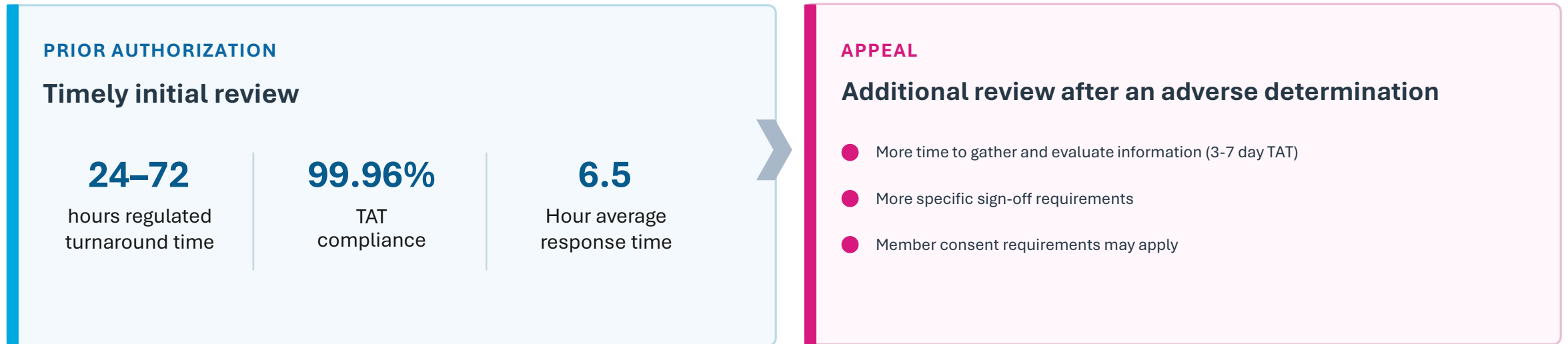
From Prior Authorization to Appeal

How pharmacy requests move through clinical review and, when needed, additional reconsideration

THE CORE REVIEW PROCESS



HOW THE PATHS DIFFER



How can we evolve to improve the PA experience?

- Partner with Providers on shifting to electronic prior authorization (ePA)
 - > 75% of prior authorization requests have drug specific questions
 - > Helps to decrease requests for missing information and provides automation
- Working with Providers to enable EMR functionality:
 - > Real Time Benefit Check
 - > Electronic Prior Authorization (ePA)
- Proactively evaluating FHIR/Interoperability opportunities to enhance PA processes for Pharmacy



Real-Time Prescription Benefit (RTPB) gives you coverage and cost information while you're prescribing in the Electronic Health Record (EHR), so you can make informed decisions before the prescription reaches the pharmacy.



What RTPB can show you:

- Coverage status
- Estimated patient out-of-pocket cost
- Lower-cost or preferred alternatives
- Prior authorization indicators
- Quantity Limits
- Pharmacy Network



Why it matters:

For Prescribers

See coverage and estimated patient cost instantly so you can choose the right therapy the first time.

For Clinic Staff

Reduce pharmacy callbacks and time spent resolving coverage or prior authorization issues.

For Patients

Fewer surprises and delays at the pharmacy and improved adherence, outcomes and satisfaction.

How it works:

1 Start the prescription in the EHR

2 Check RTPB info: Coverage status, cost, and alternative suggestions in seconds

3 Select alternatives, if needed
If RTPB shows a high cost or restriction, you can quickly switch to one of the displayed alternatives

4 Send the prescription electronically to the pharmacy

Better information. Faster decisions. Fewer delays for your patients.

Ready to get started?

Contact your EHR vendor for more information or ensure Real-Time Prescription Benefit is enabled.