

**NCPDP Status of NCVHS Recommendations
To HHS on Electronic Prescribing for the MMA
December 7, 2005**

Observation 3 (Prescription Messages)

Recommendation:

HHS should

- recognize as a foundation standard the most current version of NCPDP SCRIPT for
 - ⇒ new prescriptions, prescription renewals, cancellations, and changes between prescribers and dispensers.
 - ⇒ The NCPDP SCRIPT Standard would include its present code sets and various mailbox and acknowledgement functions, as applicable.
- include the fill status notification function of the NCPDP SCRIPT Standard in the 2006 pilot tests to assess the business value and clinical utility of the fill status notification function, as well as evaluate privacy issues and possible mitigation strategies.
 - ⇒ **Status:**
 - *NCPDP Work Group 11 ePrescribing & Related Transactions RXFILL Task Group created implementation and operational guidance to pharmacy and prescriber system participants for the consistent utilization for the Fill Status Notification transactions.*
 - *These were added to SCRIPT Standard Implementation Guide Version 8.1. SCRIPT 8.1 was approved and published in October 2005.*

Observation 5 (Formulary Messages)

Recommendation:

- HHS should actively participate in and support the rapid development of an NCPDP standard for formulary and benefit information file transfer, using the RxHub protocol as a basis.
- *NCVHS will closely monitor the progress of NCPDP's developing a standard for a formulary and benefit information file transfer protocol, and provide advice to the Secretary in time for adoption as a foundation standard and/or readiness for the 2006 pilot tests.*
 - ⇒ **Status:**
 - *NCPDP Work Group 11 ePrescribing & Related Transactions Formulary and Benefit Task Group presented a standard for approval to NCPDP at the March 2005 work group meetings.*
 - *NCPDP Formulary and Benefit Standard Implementation Guide Version 1.0 was approved (NCPDP and ANSI) and published October 2005.*

Observation 7 (Prior Authorization Messages)

Recommendation:

HHS should

- support ASC X12 in their efforts to incorporate functionality for real-time prior authorization messages for drugs in the ASC X12N 278 Health Care Services Review Standard Version 004010X094A1 for use between the prescriber and payer/PBM.
- support standards development organizations and other industry participants in developing prior authorization work flow scenarios to contribute to the design of the 2006 pilot tests.
- evaluate the economic and quality of care impacts of automating prior authorization communications between dispensers and prescribers and between payers and prescribers in its 2006 pilot tests.
- ensure that the functionality of the ASC X12N 278, as adopted under HIPAA, keeps pace with requirements for e-prescribing and that new versions to the Standard be pilot tested.

⇒ **Status:**

- *NCPDP Work Group 11 ePrescribing & Related Transactions Prior Authorization Workflow-To-Transactions Task Group is led by Tony Schueth of Point of Care Partners and consists of X12N WG10 Health Care Services Review Co-Chairs, HL7 representatives and other interested stakeholders.*
- *Tony will present an update next on the agenda.*

Observation 8 (Medication History Messages from Payer/PBM to Prescriber)

Recommendation:

- The following recommended actions address *only* exchange of medication history from payers/PBMs to prescribers. NCVHS plans to address other medication history communications in its March 2005 recommendations.
 - HHS should actively participate in and support rapid development of an NCPDP standard for a medication history message for communication from a payer/PBM to a prescriber, using the RxHub protocol as a basis.

⇒ **Status:**

- *NCPDP SCRIPT Standard Implementation Guide Version 8.0 was approved and published July 2005 (ANSI approval September 2005).*

Observation 9 (Clinical Drug Terminology)

Recommendation:

HHS should

- include in the 2006 pilot tests the RxNorm terminology in the NCPDP SCRIPT Standard for new prescriptions, renewals, and changes.
 - RxNorm is being included in the 2006 pilot tests to determine how well the RxNorm clinical drug, strength, and dosage information can be translated from the prescriber's system into an NDC at the dispenser's system that represents the prescriber's intent. This translation will require the participation of intermediary drug knowledge base vendors until the RxNorm is fully mapped.

⇒ **Status:**

- *NCPDP WG11 RxNorm Task Group was formed in 2005. John Kilbourne of NLM is an active participant. The task group has participation from pharmacy, prescriber, drug knowledgebase, vocabulary, and other interested parties including HL7, ASTM, SNOMED. Initial calls have been spent in education of RxNorm codes and usage and beginning to work through the questions.*
- *Tony Schueth, Point of Care Partners, is the Task Group leader.*
- *The task group has contributed the first sections to the Eprescribing Pilot Guidance document (see Observation 13).*

Observation 10 (Structured and Codified SIG)

Recommendation:

HHS should

- support NCPDP, HL7, and others (especially including the prescriber community) in addressing SIG components in their standards. This should include preserving the ability to incorporate free text whenever necessary (e.g., for complex dosing instructions, and to address special cultural sensitivities, language, and literacy requirements).

⇒ **Status:**

- *NCPDP Work Group 10 Professional Pharmacy Services Industry SIG Task Group led by Laura Topor of PriceWaterHouseCoopers.*
- *Laura will present the report in the next session.*
- include in the 2006 pilot tests the structured and codified SIGs as developed through standards development organization efforts.

Observation 13 (Pilot Test Objectives)

⇒ **Status:**

- *Eprescribing Pilot Guidance document*
 - *NCPDP WG11 ePrescribing & Related Transactions has created an “Eprescribing Pilot Guidance” document which will be a publicly available document on the NCPDP website for eprescribing piloters. From a standards perspective, the guidance document offers information to assist with uniform needs of the piloters. The document includes guidance on the use of RxNorm in the SCRIPT and Formulary & Benefits Standards, as well as draft code qualifier values so there is uniform implementation of the transportation of RxNorm codes in these standards (e.g. the actual field to use in these standards and the code value “SCD” Semantic Clinical Drug, “SBD” Semantic Branded Drug). The RxNorm Task Group is finalizing the first set of guidance information.*
 - *Other guidance will be added to this document from Prior Authorization and Industry Sig Task Groups as soon as ready.*

- *WG11 approved the creation of a task group of interested parties to work through other suggestions that may come through as part of the pilots. These suggestions will become updates to the guidance document.*
- *As guidance is vetted through the pilots, requests for formal adoption into the NCPDP standards will then be submitted by industry.*

Long Term Care

NCPDP's Work Group 14 Long Term Care has formed task groups to work on the needs of this sector, especially in light of the MMA.

⇒ **Status:**

- **LTC Consultant Pharmacists Task Group**
This task group is creating a standard for the Consultant Pharmacist and their software that would interface with the electronic e-prescribing and adjudication systems.
- **Long Term Care Current Billing Issues Task Group**
This task group is working to address current billing issues within LTC, such as post consumption, split billing, infusion billing after change in status, place of service codes, coordination of benefits, etc. They have completed recommendations for long term care billing needs for Medicare Part D under HIPAA, using the Telecommunication Standard Version 5.1.
- **Long Term Care EHR/HL7 Task Group**
This task group is collaborating with HL7 on the LTC pharmacy needs for the Electronic Health Record and how it relates to the Minimum Data Set (MDS) requirements and the Drug Regimen Review (DRR). They are working on the data definition work between the CPOE and the nursing home system. They are finding complexity in managing patient and prescription identification between the three systems (CPOE, nursing home, and pharmacy). WG11 is assisting this task group with understanding current eprescribing functionality and to provide assistance incorporating LTC needs into eprescribing standards. They are working on refill/renewal process in LTC.

They have pulled expertise from across the long-term care industry, organizations, standards bodies, etc in these various efforts. They have many challenges, but they have built a solid foundation.

Versioning

I will address this topic in the segment of this agenda session.

Thank you.