VISION
Lead the industry in healthcare standards and solutions for the common good.

PURPOSE
To standardize the exchange of healthcare information to improve outcomes.

CORE VALUES
Collaboration
Inclusiveness
Integrity & Ethical Behavior
Leadership
Innovation
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Letter from the President & CEO

On the cusp of the year 2020, we are moving with an active sense of urgency for the Need for Speed. This is a very broad but aggressive call to action for all of us to be very deliberate in our actions and dedicate ourselves to doing more to increase our impact on improving healthcare industry standards and guidance for the common good.

**Speed in standards development.**
One of the most important messages that we have received from different corners of the industry - from government officials to patient advocacy groups - is that we need to continue to develop our standards and guidance and to do so much faster. This is vital in order to keep pace with changes in the industry and to plan for the future, new therapies, care and payment models. In collaboration with government agencies, we must be innovative and thoughtful and examine new ways to get our standards and guidance to market faster. We saw this type of creative thinking at work when our members approved the Beta Version of the NCPDP Real-Time Prescription Benefit Standard in August.

**Speed access to therapy.**
A main focus for NCPDP the past year and a half has been to make an impact on specialty pharmacy by reducing the delays in access to medication for patients. This is a big undertaking for everyone involved in our Work Group 18 Specialty Pharmacy and its task groups. We are taking a 360 degree approach to facilitating access to medications by addressing the challenges faced by prescribers, patients, and other stakeholders. Standardizing manual processes in specialty pharmacy is absolutely achievable. All we need are more subject matter experts actively participating in our task groups and work group.

**Speed access to actionable clinical information.**
Our strategic initiatives all facilitate access to better quality information for better informed clinical decision making. From making sure that a patient record matches the same patient sitting in front of the provider, to ensuring that individuals who have a legitimate need for opioids are able to get them as part of their pain management, and giving prescribers and patient an opportunity to discuss their treatment options while viewing out-of-pocket costs for medications, we are working to give providers actionable clinical information for better quality care and health outcomes.

Our Need for Speed is a key theme for 2020 as we execute on new strategic goals centered on speed to standards creation, value-based models and precision medicine as part of the NCPDP Board of Trustees’ Three-Year Plan.

I hope you enjoy reading about our accomplishments in this Annual Report. It is a testament to the work of our Members, Member Leaders, Board of Trustees, Executive Management Team and Staff. Together we are making a difference in people’s lives and the more people we have participating in our forums, the better equipped we will be to accelerate our development of standards and solutions to improve patient outcomes.

Sincerely,

Lee Ann Stember
President & CEO | NCPDP
Letter From the Board of Trustees Chair

In 2016, as Chair, I concluded my remarks in the Annual Report with this quote: “Our shared values, our shared experiences, our purpose, and the trust that we know we have at NCPDP - in all forums - make it possible to lay aside our competitive interests to do what’s right for the common good. That is who we are as an organization, and it is why we are able to be successful.” This remains true today. Our ‘brand,’ which is intrinsically linked to trust, is unique in the healthcare industry and thus engenders collaboration.

Collaboration is one of NCPDP’s five core values. All are important, and with collaboration we must be agile and willing to change when necessary to continue to provide the leadership and stewardship to develop solutions that benefit patients. NCPDP’s Board of Trustees must be strategic, thoughtful and know when to pivot in order to meet the needs of a dynamic industry.

A lot has changed since I first became a member of the Board of Trustees in 2008. For one, the Board has transitioned from 15 members to 12 and now to nine members. The shift toward right-sizing the Board was gradual, with the last move to nine-members coming as a best practice recommendation from Lee Ann Stember. Second, when I was new to the Board, most of the strategy for the organization was developed by the Strategic Planning Committee (SPC), which reported to the Board. There were too many initiatives than could reasonably be achieved, so taking the Board from 15 members to 12 also marked a shift toward having the Board engage more in developing strategy. Today, the Board is responsible for developing the strategic plan for NCPDP.

In 2019, the Board began the process of working on a Three-Year Plan, which incorporates our current strategic goals, with the guidance of a consultant. During that time, I was able to realize a goal I have had - to conduct a multi-day, intensive Board Strategy Session - which helped facilitate progress on a new, dynamic plan. We convened several times to move from concept to a draft of the plan and participated in team-building activities.

So, where do we stand today? I have reported at recent Work Group Meetings that we are nearing the completion of the Three-Year Plan, which will be announced at NCPDP’s 2020 Annual Conference. The SPC continues its work actively supporting roll-out of the plan.

The Chair’s role, too, has changed. I have made difficult decisions throughout my terms. I hope that you, the members of NCPDP, realize my passion has always been to honor our past and present and to strive for overwhelming success for NCPDP’s impact on healthcare.

As I complete my last year as Chair, I would be remiss if I did not thank Lee Ann for her leadership and friendship. It is incredible how our personal and professional paths cross in so many ways. Lee Ann, John Hill, the executive team and staff consistently supported me in my service to NCPDP, and for that, I am truly grateful.

Perry Lewis
Chair | NCPDP Board of Trustees
Strategic Goals & Initiatives

NCPDP’s Strategic Planning Committee (SPC) guides the development of NCPDP by executing on Board-directed strategic initiatives and metrics to identify new markets and services and help shape the future of the organization. Its committee members implement a plan of action to advance both the short-term and long-term initiatives and priorities that are established by the Board of Trustees. Committee members assume responsibility for leading or co-leading initiatives and assembling supporting committee members best suited to advance each initiative.

The SPC operates most effectively as a small group of strategically focused individuals. It is comprised of voting and non-voting members including a mix of Board of Trustee (BOT) members and other NCPDP members.

During the year, NCPDP made bold moves to advance its strategic initiatives, finding creative solutions to move them forward and help accelerate their benefits to improve clinical decision-making and patient safety.
Real-Time Prescription Benefit (RTPB) Standard

NCPDP’s RTPB Standard brings unprecedented transparency on medication options at the point of care to speed time to therapy and improve medication adherence. Widespread adoption will give physicians and other prescribers access to real-time information on patient-specific benefits and out-of-pocket costs for prescription drugs to improve clinical decision-making, reduce prescription abandonment and improve health outcomes.

_NCPDP was at a critical juncture in 2019 with development of its Real-Time Prescription Benefit Standard. It took a mandate, intense collaboration and a new way of thinking to accelerate approval of the Standard._

NCPDP had been developing the real-time standard, but the need to accelerate work on it came in the form of a mandate. On May 16, 2019, the Centers for Medicare & Medicaid Services (CMS) issued a final rule mandating that each Part D plan adopt one or more real-time benefit tools (RTBTs) that are capable of integrating with at least one prescriber’s ePrescribing system or electronic health record (EHR), no later than January 1, 2021.

In 2019, NCPDP shepherded work on the Standard to support the additional task group discussions required to gain consensus on the reject codes, External Code List (ECL) updates and to finalize the implementation guide and Electronic Data Interchange (EDI) structure to submit the Data Element Request Form (DERF). In an unprecedented move, NCPDP took an unconventional path and approved a Beta version of the NCPDP Real-Time Prescription Benefit (RTPB) Standard. The vote to approve the Beta Version of the Standard passed without opposition, signaling strong support for the Standard from across the industry, with representation from all industry stakeholder groups, including government agencies and industry associations.

In preparation for approval of the Standard, NCPDP put a sharp focus on EDvocacy to increase awareness of the standard. NCPDP’s RTPB Standard was covered in industry publications for prescribers, medical practices and pharmacies. It was also included in presentations at industry conferences and webinars hosted by diverse organizations such as the American Society for Pharmacy Law (ASPL) and HIMSS. In addition, an overview of the Standard – including industry needs and benefits – was developed to share with congressional members and their staff. The NCPDP Foundation also supported this initiative by funding pilot research (read more in the NCPDP Foundation update in this Annual Report).

Version 1 of the Real-Time Prescription Benefit Standard will be balloted in March 2020.
Universal Patient Identifier, Powered by Experian Health UIM & NCPDP Standards™ (UPI)

The UPI is a solution for accurately managing patient matching and identification across the healthcare ecosystem. While every healthcare provider uses identifiers for its patient data, their ability to accurately match patient records varies widely and the risk worsens when exchanging inaccurate data across disparate healthcare organizations. The result: inaccurate medical records, which can affect clinical decision making and lead to serious, costly medical and medication errors. The UPI solution addresses the challenges of patient matching and provides a national, standards-based strategy for patient identification, transmitting the UPI through NCPDP standards. The UPI is integral to all NCPDP’s strategic initiatives.

A ‘wait and see’ approach is not acceptable when the risk to patient safety is known. NCPDP’s strategic alliance with Experian Health offered providers a no-charge service to identify duplicate, overlapping and incomplete patient profiles, enabling provider organizations to improve the quality and integrity of their patient records. The no-charge offering accelerated the benefits of the solution (for patients and providers) and adoption of the UPI.

During the year, NCPDP executed a two-pronged EDvocacy strategy to educate lawmakers and the industry about the UPI:

- the availability of the UPI;
- its benefits to clinical decision making and patient safety;
- how it facilitates interoperability;
- the patient privacy protections enabled by its transmission through NCPDP standards (as opposed to it being a known number that could be misused); and
- the availability of the no charge offer to make it easier for providers to improve the integrity of their patient records and mitigate risk to patient safety.

NCPDP developed an informational overview of the UPI solution to share with lawmakers and staffers as follow-ups to their meetings during each of NCPDP’s three EDvocacy tours. In addition, NCPDP President & CEO, Lee Ann Stember, participated in two Congressional briefings on “The Case for Patient Matching.” The first briefing for members of the Senate was held in October 2019, and the House briefing was held in February 2020.

Increasing awareness among industry stakeholders was carried out through presentations at various conferences and meetings. In addition, the UPI joint solution was featured as a luncheon session at NCPDP’s 2019 Educational Summit, Continuity of Care: What’s Working, What’s Missing, What’s Next, as accurate patient matching and identification is vital to patient care coordination across various healthcare settings. An NCPDP/HIMSS Town Hall webinar focused on the UPI was held in December 2019 to provide information to both the HIMSS audience and NCPDP’s members.
Also in December, NCPDP and Experian Health celebrated a milestone patient safety achievement when the two organizations announced that every person in the U.S. population, an estimated 328 million Americans, have been assigned a unique Universal Patient Identifier, powered by Experian Health Universal Identity Manager (UIM) and NCPDP Standards™. The achievement paves the way for improved patient safety, patient privacy protection and interoperability. In January 2020, NCPDP hosted a Stakeholder Action Group to determine the next steps to speed adoption and optimize the patient safety benefits of the UPI. Learn more about the UPI: https://www.ncpdp.org/Products/Universal-Patient-Identifier.

Planning NCPDP’s Long-term Strategic Direction

This year, NCPDP completed a significant process of right-sizing its Board of Trustees to better position itself for the future. This means transitioning from 12 members to nine members to achieve a more agile Board of highly engaged leaders with a strong strategic focus. A charge to this new Board was to examine the rapidly changing healthcare environment and chart a long-term strategic plan to ensure NCPDP continues to lead transformative change that improves healthcare and the patient experience.

NCPDP engaged a consultant to guide the Board through a comprehensive strategic planning process and a full-day High-Impact Board Workshop to develop NCPDP’s Three-Year Plan.

The process began in the summer with an environmental scan. The scan included surveys of the Board of Trustees; the NCPDP Executive Management Team; NCPDP Members; its governmental affairs consultant, Horizon Government Affairs (HGA); and a scan of market trends. Across all surveys, there was close alignment among the priorities expressed by Members and those expressed by the Board and NCPDP’s Executive Team, all of which, in turn, were aligned with market insights.

Working with NCPDP’s strategic planning consultant, the Board participated in an intense multi-day session in October 2019 to discuss learnings and insights from the environmental scan; to identify common themes and agree upon several top priorities for NCPDP to focus on over the next three years; and to outline initiatives and goals that advance NCPDP’s Vision and Purpose and align with our core values.

**VISION**

Lead the industry in healthcare standards and solutions for the common good.

**PURPOSE**

Standardize the exchange of healthcare information to improve outcomes.

The top three areas of focus include speed to standard creation, value-based models and precision medicine. More information on NCPDP’s Three-Year Plan will be shared with NCPDP members at the 2020 Annual Technology & Business Conference.
Strategic Goals & Initiatives (cont’d)

Specialty Pharmacy

August 2019 marked the first full year of NCPDP’s Work Group 18 Specialty Pharmacy, established to standardize and automate manual processes that delay patients from getting specialty medications. Patients can wait days to months to get access to the specialty medications they need. Work Group 18 is working on a number of processes – from enrollment and benefit verification, to prior authorizations, patient consent, and more – that can benefit from standardization to improve care coordination, streamline administrative functions and improve the patient experience.

NCPDP must act swiftly to sustain the momentum of its Specialty Pharmacy Work Group and produce results that help accelerate time to therapy for patients. Greater representation from all specialty pharmacy stakeholders is required in order to build on the NCPDP transactions that support specialty pharmacy.

The Specialty Pharmacy initiative focused on EDvocacy to expand participation in the work group and its task groups. Marketing activities and presentations increased awareness among NCPDP’s members and other targets. Additionally, a concerted effort was made to gain visibility with two influential organizations and their constituencies: Asembia and National Association of Specialty Pharmacy (NASP).

NCPDP presented three, 30-minute sessions at Asembia’s 15th Annual Specialty Pharmacy Summit in May. The first session provided attendees with a general overview of NCPDP and the topics being covered within the Work Group 18 Specialty Pharmacy. The second session covered Real-Time Benefit Check, and the third session delved into best practices for automating REMS in workflow.

NCPDP also worked collaboratively with NASP. In September, NCPDP participated in a panel discussion on improving data standards for specialty pharmacy. The other panelists included representatives from a hub, aggregator, specialty pharmacy and pharma. NASP will be hosting a webinar on NCPDP and its work in Specialty Pharmacy in March 2020. Also planned for 2020 is a podcast with NCPDP President & CEO, Lee Ann Stember, and NASP Executive Director, Sheila Arquette.

NCPDP Membership continues to grow with the heightened focus on specialty pharmacy. With that growth comes awareness that new members not familiar with the standards development process may expect to see quick results from their participation. NCPDP’s ability to improve the patient journey depends on the active participation of all specialty pharmacy stakeholders.
Our member leaders are working diligently and creatively to show results and have an impact. A white paper has been developed to provide industry guidance on timely determination of specialty medication coverage through the pharmacy benefit or the medical benefit. The white paper highlights the challenges in accurately identifying the appropriate benefit coverage for a specific medication, as well as the out-of-pocket costs to the patient, at the point of care, and to identify ways to collaborate on improving the process to speed time to therapy. The work group is also discussing, among other things, inventory and performance metrics for the standardized exchange of specialty pharmacy data necessary to support programs and agreements between pharmacy stakeholders, including specialty pharmacies, manufacturers, PBMs, hubs, data aggregators and payers.

In 2020, two new task groups were created: Patient Consent Task Group and Facilitating Access To Specialty Products Task Group. To participate in the WG18 Task Groups, visit: http://dms.ncpdp.org/.

**NCPDP Standards-based Facilitator Model for PDMP, An Interoperable Framework for Patient Safety**

Opioid overdose deaths continue to increase in the United States. According to the CDC, in 2017 more than 70,000 people died from drug overdoses, and of those deaths nearly 68 percent involved a prescription or illicit opioid. The NCPDP Standards-based Facilitator Model for PDMP, An Interoperable Framework for Patient Safety, is a standards-based model to prevent diversion, ensure appropriate access and protect patients. It fortifies gaps in current PDMPs, providing proactive, actionable data at the points of prescribing using NCPDP’s SCRIPT Standard, and dispensing, using our Telecommunication Standard, as well as clinical alerts which are provided by Private Sector Facilitators as detailed in our model.

NCPDP convened a Stakeholder Action Group in March 2019 to bring industry stakeholders together to discuss NCPDP’s PDMP model. The goals of the meeting were to: identify the current barriers for healthcare provider access to clinical information required to help curb the opioid epidemic; discuss and inform participants about the design of NCPDP’s model; review barriers to adoption; and determine refinements needed to NCPDP’s model prior to industry adoption.

Stakeholder Action Group outcomes:

- There was broad consensus for the need for NCPDP’s Facilitator Model which uses NCPDP standards and will enhance the current PDMP system, making them more efficient for providers by providing accurate and timely information.
- Development of the Facilitator Model should occur in phases, which will be further defined by NCPDP’s PDMP Task Group.

The PDMP Task Group began making extensive updates to NCPDP’s PDMP white paper based on the recommendations from the SAG. The white paper is planned for release in early 2020.

EDvocacy for NCPDP’s PDMP model continued throughout 2019. It was a topic of discussion in meetings on the Hill. It is also intrinsically linked to other Strategic Initiatives – all of which focus on the patient. In November, NCPDP President & CEO Lee Ann Stember was invited to present at the Healthcare Innovation Pacific Northwest Summit. Her session, “The Good Fight Continues: NCPDP’s Standards-based Facilitator Model for PDMP to Take on the Opioid Epidemic” included her son, Daniel Stember, as a surprise guest who shared his deeply personal journey through addiction. Attendees were fully engaged in the interactive fireside chat that followed, and several prominent executives approached Lee Ann afterwards to discuss their ideas of continuing the national narrative raising awareness of solutions to the opioid crisis. This initiative will be an ongoing priority for NCPDP’s EDvocacy.
EDvocacy & Education

EDvocacy is an NCPDP initiative characterized by the ongoing activities of our members and staff, actively seeking to educate and share information about NCPDP, its process and outcomes.

NCPDP represents a unique vantage point, providing a forum and process that require virtually all healthcare industry stakeholder groups to consider the various perspectives on an issue and develop industry solutions by consensus. As such, we are in a privileged position to understand all aspects of an issue and share information for more informed decision making.

Through EDvocacy, we increase awareness of NCPDP, its forums, and consensus-based standards and other patient safety solutions that can help address some of today’s healthcare challenges. It is imperative that we share our knowledge and continue to serve as a problem-solving forum in order to be true to our vision and purpose.

EDvocacy Tours Continue to Advance Congressional Understanding of NCPDP’s Role in Patient Safety

Members of NCPDP’s Board of Trustees, Strategic Planning Committee and Public Policy staff participated in three NCPDP EDvocacy Tours, which were held in March, July and October. They met with a total of 51 Congressional members, their staff and key committee staff in addition to representatives from the Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services (HHS) and the White House Office of Drug Control Policy. The priority focus of the tours was to educate policymakers on NCPDP’s Standards-based Facilitator Model for PDMP, An Interoperable Framework for Patient Safety, the Universal Patient Identifier, powered by Experian Health UIM and NCPDP Standards™ (UPI) and NCPDP’s Real-Time Prescription Benefit (RTPB) Standard.

In March, NCPDP participated in 18 meetings to continue to build upon the success of previous events by raising the visibility of NCPDP and educating policy makers on NCPDP as an organization and the standards development process. In line with NCPDP’s Strategic Goals and Initiatives, the primary focus of this tour was NCPDP’s Standards-based Facilitator Model for PDMP. In July, attendees participated in 21 Congressional meetings. Throughout the summer, NCPDP was a sought-after resource by Congressional committees and staff engaged in deliberating the role of Real-Time Benefit Tools to reduce the cost of prescription drugs.

Then in October, the final tour for the year focused on educating policymakers on three of NCPDP’s strategic priorities. NCPDP conferenced with representatives from the CDC and HHS to discuss NCPDP’s interoperable solution to address the opioid crisis and efforts to accurately identify patients to reduce medical errors. Additionally, NCPDP met with 12 Congressional staff offices. In conjunction with the tour, NCPDP President & CEO, Lee Ann Stember, participated in a Senate Staff Briefing on Patient Identification, hosted by the Health Innovation Alliance. Stember outlined the need for patient matching and accurate patient identification to reduce medical errors, improve patient safety and support interoperability. Stember was invited to provide a House briefing on UPI in February 2020.
Community Pharmacy Foundation Grant Earns Project Status

For the past 7 years, the Community Pharmacy Foundation (CPF) Grant has supported the active engagement of up to four independent community pharmacists in NCPDP’s standards development process. NCPDP has chronicled the contributions made by the pharmacists under the grant, which amplify the voice and representation of community pharmacists in our work groups and task groups.

Based on the multi-year successes of the grant, CPF requested that the grant-based funding be moved to a project-based initiative. The CPF Board approved the request at its August Board Meeting. The move from a grant to a project-based initiative indicates the Board’s desire and willingness to support this project with continued funding. Through the funding, three community pharmacists are currently members of NCPDP.

Sharing NCPDP’s Strategic Initiatives with Industry Associations & Government Agencies

In March 2019, NCPDP conducted its second National Pharmacy Association Tour. The purpose of the meetings was to meet with the leaders of other industry associations, share strategic initiatives and organizational priorities, and determine potential areas of collaboration. Strategic initiatives discussed included NCPDP’s PDMP model, UPI and Specialty Pharmacy. The team met with representatives from the United States Pharmacopeia (USP); American Pharmacists Association (APhA); National Association of Chain Drug Stores (NACDS); American Association of Colleges of Pharmacy (AACP); American Society of Health-System Pharmacists (ASHP); the National Community Pharmacy Association (NCPA); and National Alliance of State Pharmacy Associations (NASPA).

Prior to the Association Tour, NCPDP met with the Pharmacy Quality Alliance (PQA). NCPDP met with Academy of Managed Care Pharmacy (AMCP) and American Society of Consultant Pharmacists (ASCP) in April.

The sharing of strategic priorities and the examination of potential areas of collaboration have proved very valuable for all parties. In fact, the tour was so impactful that NCPDP is considering the potential for this to be an annual event that will include broader outreach to other industry associations.

In July, NCPDP was invited to become a full-voting member of the United States Pharmacopeia (USP) Convention. NCPDP had served as an Observer of the USP Convention since 2015 and was transitioned to a Voting Member because of the ties forged over the years and interest in having NCPDP’s constituents represented in the Convention.

Our EDvocacy efforts also include meetings with industry leaders and attending and/or speaking at industry events. During the year, we were actively engaged with numerous organizations, among them: National Community Pharmacists Association (NCPA); Office of the National Coordinator for Health Information Technology (ONC); Pharmacy HIT Collaborative; Joint Commission of Pharmacy Practitioners (JCPP) (Observer Status); Centers for Medicare & Medicaid Services (CMS); National Association of Specialty Pharmacy (NASP); Pharmacy Quality Alliance (PQA); American Pharmacists Association (APhA); National Alliance of State Pharmacy Associations (NASPA); Health IT Now’s Opioid Safety Alliance; National Rural Health Association (NRHA); and Asembia. We are also a “Committed Partner” of the Patient Safety Movement Foundation (PSMF).
EDvocacy & Education (cont’d)

EDvocacy through Educational Programs
NCPDP’s Educational Programs – webinars and educational sessions offered at our Educational Summit and Annual Conference – are EDvocacy opportunities to share information about our standards and industry guidance and other topics of interest to industry stakeholders.

NCPDP webinars featured a variety of topics, including: How to Use the NCPDP Telecommunication Standard to Streamline MME Dosing Rejection & Response Workflows; and Data Dictionary and ECL: How to Effectively Use These NCPDP Tools. Webinars for the NCPDP Emerging Professionals Group, which is open to anyone in their first seven years of NCPDP membership or members who are new to the healthcare industry, focused on networking, professional growth and leadership. The first webinar of the year took an in-depth look at NCPDP Committees to help prepare for the Networking Reception during the February Work Group Meetings, which gives members the opportunity to meet NCPDP committee leaders and learn about their volunteer opportunities. Another webinar explored NCPDP’s Path to Leadership, which identifies three paths for professional growth so that members may expand their experience and leadership skills.

NCPDP/HIMSS Town Hall Webinar Series
The Healthcare Information and Management Systems Society (HIMSS) and NCPDP co-provide a virtual Pharmacy Town Hall Series each year. The purpose of the Town Hall Series is to increase awareness, identify the impact and promote the advancement of pharmacy and technology by bringing together thought leaders and content. Webinars in the 2019 series included: NCPDP/HIMSS Town Hall Part 1: A New Standard for Transparency: NCPDP Real-Time Prescription Benefit Standard; and NCPDP/HIMSS Town Hall Part 2: The Importance for the Healthcare Industry to Establish Universal Patient Identifier.

Educational Summit

The 2019 Educational Summit “Continuity of Care: What’s Working, What’s Missing, What’s Next” took a 360-degree view of the patient experience and continuity of care – from the physician’s office to the pharmacy – providing care for patients with complex or chronic medical conditions. The program focused on the journey of one patient with a behind-the-scenes look at the standards at work that support providers’ real-time access to clinical and administrative data. The presenters explored the areas where standards are needed to enhance continuity of care and what’s needed to keep pace with innovations that can paint a brighter future for the healthcare of tomorrow.

The program also included a regulatory update on information blocking and initiatives that will help drive next-mile or last-mile connectivity as the industry works to bridge gaps in care as all corners of the industry work to make healthcare safer and more connected for the benefit of patients. The full day event ended with a Fireside Chat with the presenters.
NCPDP’s 2019 Annual Business & Technology Conference boasted a bold theme and call to action: Dare to Disrupt. NCPDP challenged industry stakeholders to channel their energy and efforts into our forums, where our collaborative, multi-stakeholder, consensus building process can effect positive and sustainable change. The entire healthcare industry – from government agencies to the private sector – is energized with new ideas, technologies, collaborations and pilot projects aimed at improving healthcare and the experience for patients and providers, and reducing the cost of care. NCPDP is the one place where all industry stakeholders, including government agencies, come together to develop solutions to the industry’s most pressing business and patient safety issues.

**Track Sessions**

The theme was carried throughout the conference, even changing up the track session format by offering 30-minute rapid fire track sessions as an alternative to the traditional, 60-minute sessions. Educational programming for the 2019 Annual Conference included 12 track sessions, with CPE for pharmacists and pharmacy technicians.

**Keynote and Featured Speakers**

The Opening Keynote Panel, composed of executive leaders representing NACDS, NCPA and AACP, examined “Industry Disruptors.” Moderating the panel was Joel White, Founder and President of Horizon Government Affairs, NCPDP’s government and public affairs consultant. The panelists shared their unique perspectives on transformative disruption and innovation in business, technology and policy that hold promise for the future of pharmacy and that affect the broad membership across pharmacy industry associations.

Dave deBronkart, aka “e-Patient Dave,” a cancer survivor and well-respected advocate for patient engagement, delivered Tuesday’s luncheon Keynote. deBronkart brought critical awareness of participatory medicine and empowering partnerships between patients and their medical providers.

On Wednesday, Featured Speaker, Doug Long, Vice President, Industry Relations, IQVIA™, gave his highly anticipated IQVIA™ Market Trends Report on Wednesday morning. Jim Carroll, global futurist and trends and innovation expert, was the final Keynoter during NCPDP’s Passing of the Gavel Luncheon.

**NCPDP’s 2020 Annual Conference, “Dream BIG, Act NOW” will be held May 4-6, 2020, at the Westin Kierland Resort & Spa in Scottsdale, Arizona.**
Collaboration & Consensus Building

White Paper on Use of Quantity Prescribed Field for Schedule II Drugs

In August, NCPDP published *Recommended Use of Quantity Prescribed (460-ET) in NCPDP Telecommunication Standard Version D.0*, a white paper designed to provide information and guidance to all industry stakeholders on the use of the Quantity Prescribed (460-ET) field. The guidance addresses issues identified in the OIG report, which documented Schedule II controlled substances (CII’s) being billed as refills instead of partial fills, which need to be billed differently. The paper also addresses issues with state requirements related to Schedule II’s for dispensing medication in increments less than the amount prescribed. Additional modifications to the white paper were published in December 2019.

In January 2020, CMS published a final rule requiring the use of the Telecommunication Standard’s field Quantity Prescribed (460-ET) when billing claims or equivalent encounters, referral certification and authorization and coordination of benefits transactions for Schedule II Controlled Substances. The final rule is in response to a September 2012 OIG report that showed that “three-quarters of Part D sponsors inappropriately paid $25 million for Schedule II controlled substances that were billed as refills in 2009” and the Congressional and Administration Actions in response to the opioid crisis.

By The Numbers

Below is a summary of Work Group and Task Group volunteer hours, activities and outcomes in 2019. This year, there were increases in all categories, showing greater investment in our work to develop standards and solutions for the common good.
New Task Group: Telecommunication Agility Next Generation
The Telecommunication Agility Next Generation (TANG) Task Group formed in August to develop use cases and recommend structural changes to the Telecommunication Standard, which will support communications and digital structures such as XML, JSON and API. The task group will develop a high-level roadmap that will transition relevant transactions toward those structural changes. Initially, the group’s scope will be limited to the Claim Billing and Eligibility transactions. Any implemented changes the group recommends will become effective after CMS adopts the Telecommunication Standard Version F6 under HIPAA.

Telecommunication Standard Version F6 Updates
With continued growth and demand for specialty medications driving the industry’s need for a fully-operational and expanded dollar field, this year, NCPDP began the approval process to have HIPAA formally accept the standard updates created for Versions F3-F6 of the Telecommunication Standard from July 2018 through January of 2020. Once approved by the National Committee for Vital and Health Statistics (NCVHS) and the U.S. Department of Health and Human Services (HHS), the newly named Version F6 will include these and other changes:

- All dollar fields were increased by three digits except the Other Payer Patient Responsibility Amount (352-NQ), which was increased by one digit.
- A new field, Formulary Alternative Effective Date (E89-ZO) was added to the Response Claim Segment. The new field will support proactive communication about upcoming formulary changes and help mitigate risks that impact access to care and medication adherence.
- A new segment, Response Provider Segment, was added with two new fields: Data Source of Invalid Provider Determination (E87-ZV) and State Code for Data Source of Invalid Provider Determination (E88-ZZ). This new segment is expected to help pharmacy providers arrange appropriate access and expedite the resolution of patient care by providing the specific federal or state file source and the associated state code, if applicable.
- The DUR/PPS Response segment was modified to capture within codified fields critical detail regarding the DUR conflict that is currently being returned in text fields. Moving the information into codified fields will increase patient safety and workflow efficiencies, and better support harmonization of the DUR information communicated between the payer, pharmacy, prescriber and patient.
- The Request Patient Segment and the Response Patient Segment were updated to include the Patient ID Count (618-RR), and the Patient ID Qualifier (331-CX) and Patient ID (332-CY) were changed to repeating data elements to support the communication and sharing of multiple universal patient identifiers from different enumerating entities on a single transaction.
- A new field, Species (E06-S8), was added to the Request Patient Segment to support billing for non-human species.
Collaboration & Consensus Building (cont’d)

Upcoming Drug Utilization Review (DUR) Guidance to Address Opioid Prescription Claims at POS
In August of this year, the Center for Medicaid and CHIP Services (CMCS) published *State Guidance for Implementation of Medication Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)*.

The guidance directs industry stakeholders in pharmacy and managed care environments to implement opioid prescription claim review requirements at the point of sale (POS) and retrospectively; develop processes for monitoring and managing antipsychotic medication in children; identify processes to detect fraud and abuse; provide mandatory DUR report updates; and requirements for Medicaid Managed Care Organizations (MCOs).

Application of Reason of Service Codes for Opioid Prescriptions Reviewed
The Clinical and Safety Edits Task Group updated the Guidance for Opioid Edits section of the *Telecommunication Version D and Above Questions, Answers and Editorial Updates* document in November.

The group also continued to review and categorize Drug Utilization Review (DUR) Codes as it works to determine which DUR Reason for Service Code would be used when a payer requires an immediate release opioid be taken before an extended release product is prescribed.

States and health plans apply a variety of limits on how immediate and extended release opioid prescriptions can be dispensed including but not limited to day’s supply, quantity, and dosing at the current or cumulative fill levels that may be based on a patient’s condition, age or treatment history. There are multiple fields within the Telecommunication Standard that can be used to communicate conflicts or exception criteria within the claim request.

In 2020, to clarify how best to address these conflicts and exceptions, the group is creating a new one-page guidance document based on the 2013 guidance, *NCPDP Recommendations for a Standardized Process to Share Medicare Part D Opioid Overutilization Data Between Sponsors*.

NCPDP Provides Comments for ONC’s 2019 ISA Reference Edition
In September, NCPDP provided comments to the Office of the National Coordinator for Health Information Technology (ONC) on its 2019 Interoperability Standards (ISA) Advisory Reference Edition.

The Interoperability Standards Advisory (ISA) process is the model ONC uses to coordinate the identification, assessment, and public awareness of interoperability standards and implementation specifications that can be used by the healthcare industry to address specific interoperability needs, including interoperability for clinical, public health and research purposes.

NCPDP offered clarification and recommendations pertaining to two of NCPDP’s newest standards, the Prescription Drug Monitoring Programs (PDMP) Reporting Standard and Real-Time Prescription Benefit Standard, as well as NCPDP’s Uniform Healthcare Payer Data Standard, Formulary and Benefit Standard, Telecommunication Standard and SCRIPT Standard.
NCPDP Submits Comments for ONC Trusted Exchange Framework and Common Agreement (TEFCA)


In its comments, NCPDP requested ONC’s support in calling out the importance of transparency and interoperability of patient clinical information (e.g., diagnosis codes, and other clinical measures). While these values are currently available to be transmitted on an electronic prescription using the NCPDP SCRIPT Standard, the information is not regularly communicated to pharmacies due to a lack of understanding of their value as well as current EHR workflow issues while sending the data.

NCPDP mentioned its efforts in developing new standards to meet industry needs such as the Real-Time Prescription Benefit Standard to convey real-time prescription benefit information to providers at the point of prescribing; the Medication List Transaction to report dispensed medication information to Health Information Exchanges (HIEs); and the Government Programs Encounter Reporting to support a common format among states for Managed Care Organizations to use in Medicaid encounter reporting.

In reference to patient matching, NCPDP encouraged ONC to explore implementation of a patient matching solution that allows disparate healthcare organizations to exchange patient information across enterprise boundaries. NCPDP recommended ONC support industry-led efforts to have reliable identity matching. NCPDP’s Universal Patient Identifier (UPI), powered by Experian Health Universal Identity Manager (UIM) and NCPDP Standards™ could be used for this purpose. The UPI has the unique ability to propagate throughout the pharmacy system and ultimately throughout the entire healthcare ecosystem.

NCPDP Submits Comments Regarding IPPS Proposed Rule

In June, NCPDP submitted comments to CMS on its CMS-1716-P proposed rule that would revise the Medicare Hospital Inpatient Prospective Payment System (IPPS). NCPDP noted enhancements to its SCRIPT Standard Implementation Guide Version 2017071 Medication History transactions based on ONC Standards and Interoperability (S&I) Framework. The comments also addressed efforts to leverage existing technology and standards for effective use of the data for health IT-enabled Opioid Use Disorder (OUD) prevention and treatment.

Through the use of existing technology and standards, prescribers and pharmacists will be able to share real-time information to enable these providers to make clinical decisions prior to writing and dispensing medications for proactive intervention and to stop abuse before it starts. NCPDP also encouraged the adoption of electronic prescribing of controlled substances (EPCS) via the NCPDP SCRIPT Standard as an important tool in OUD prevention.

NCPDP requested CMS’s support in calling out the importance of transparency and interoperability of patient clinical information (e.g., diagnosis codes, and other clinical measures), which are currently available to be transmitted electronically using the NCPDP SCRIPT Standard. Without this clinical information, pharmacists are unable to perform appropriate clinical decision making regarding a patient’s opioid use without first contacting the prescriber. Sending clinical information on an electronic prescription would reduce administrative burden and patient delay in obtaining their medication.

In terms of patient matching, NCPDP encouraged CMS to explore implementation of a patient matching solution, recommending NCPDP’s Universal Patient Identifier, powered by Experian Health Universal Identity Manager (UIM) and NCPDP Standards™.

New External Code List (ECL) Value Recognizes Non-Binary Individuals

In July of this year, a new ECL value was created for the Gender field to help identify individuals as non-binary. The value was created in response to a 2017 law, California SB219, that allows individuals, who identify as neither male nor female, to select non-binary on state identification documents.
Task Group Continues Work on NCPDP Connectivity Operating Rules Document V2.0

Work continued this year on the NCPDP Connectivity Operating Rules V2.0 document designed to offer updated business rules and guidelines on how to best integrate Application Programming Interfaces (APIs) into existing and future versions of NCPDP Standards for the electronic exchange of healthcare information.

The document, expected to be published in 2020, will introduce the concept of APIs and their base requirements for use within NCPDP’s standards; provide updates to examples of and requirements for transport, security, and privacy; and expand the description of how Web Services Description Language (WSDL) defines Simple Object Access Protocol (SOAP) message structures within APIs.

New White Paper: Medicaid Drug Rebate Program — Challenges Across the Industry

Government rebate programs for prescription drugs have become more complex and are impacting more stakeholders across the industry. The white paper Medicaid Drug Rebate Program—Challenges Across the Industry, published in June 2019, was written to provide industry stakeholders a high-level overview and general operational details of the Medicaid Drug Rebate Program (MDRP), also known as the Omnibus Budget Reconciliation Act (OBRA) enacted in 1990.

In addition, the paper provides a high-level description of the various end-to-end processes involved in the administration of the MDRP; identifies challenges related to Medicaid drug rebate invoicing; discusses how billing quantity discrepancies are handled and reconciled between state Medicaid agencies and participating pharmaceutical manufacturers; offers recommendations for modifying processes to improve efficiencies for all parties involved in the administration of Medicaid rebate transactions; and suggests how to communicate key recommendations to the Centers for Medicare & Medicaid Services (CMS) MDRP Operations group to assist in streamlining the process for all stakeholders.

New PBM FIR Reject Aging Report Format Improves Data Accessibility

The Medicare Financial Information Reporting (FIR) Task Group collaborated with CMS this year to finalize a new Pharmacy Benefit Manager Financial Information Reporting (PBM FIR) Reject Aging Report and supporting materials, which include an implementation guide, email spreadsheet, file layout, and updates to the MedifacD website, developed to improve sponsors’ ability to manage FIR transactions which are part of the Automated True Out-Of-Pocket (TrOOP) Balance Transfers (ATBT).

Unlike CMS’s Daily Cumulative FIR Aging Reports, the new report, which debuted January 2, 2020, excludes protected health information (PHI). It includes unresolved FIR transactions for the current year and for three prior calendar years. Also, authorized PBMs will be able to use the report’s Transaction Identifier to locate and resolve FIR rejects. To learn more about the report’s features visit https://medifacd.mckesson.com/fir/reports.
New State Medicaid Provider File Standard Provides Guidelines for Consistent Data Sharing

The new State Medicaid Provider File Standard and Implementation Guide was published in January 2020. The document provides practical guidelines for state Medicaid agencies or entities producing Medicaid Provider files for use in the pharmacy industry. The guide is designed to provide state Medicaid agencies (SMAs), managed care organizations (MCOs) and pharmacy benefit managers (PBMs) a format to consistently share and relay Medicaid provider files and information between their respective business units.

In 2011, CMS required that SMAs begin enrolling and screening all providers conducting business with state Medicaid programs. Then in May 2016, the Medicaid and CHIP Managed Care Final Rule extended that requirement to include MCOs. The 21st Century Cures Act added a provision to the Social Security Act in December of that same year to require all MCO providers to enroll with their respective states’ SMA.

In an effort to address the growing impact of the provider enrollment requirements on PBMs and MCOs, the Medicaid FAQ Task Group was formed to address the need for a standard that would alleviate the barriers impeding stakeholders’ implementation of this requirement, which in large part, was due to a lack of a standardized provider data file. At the time, each state had its own file layout, format and attributes along with its own delivery frequencies.

The State Medicaid Provider File Standard addresses consistency of the provider file data only. Guidance on how often to communicate with SMAs and how to determine sanction status should be discussed and planned for with respective business entities.


The 340B Task Group completed significant updates to the 340B Information Exchange Reference Guide Version 2.0. Published June 2019, the document provides guidance in identifying relevant parties in a Section 340B environment; provides education on the varying inventory and business models for Section 340B drugs, and how these factors impact implementation of the NCPDP Telecommunication and Batch Standard; and provides clarification on Section 340B procurement options of covered entities under the program and how these options impact claim scenarios.

This year’s changes to the document came in response to two NCPDP-hosted Stakeholder Action Group meetings held in October 2016 and April 2017, to identify current and future issues impacting 340B Drug Pricing Program data transparency and program integrity.

The changes provide the latest information regarding rebates and guidelines for managing duplicate discounts; explain how to effectively use the Medicaid Exclusion file; provide scenarios of 340B claim, cost and reimbursement determinations; discuss how to reverse and properly rebill a 340B claim; discuss the latest best practices in electronic data exchange; and offer a new appendix that visually outlines the inventory replenishment process for 340B-eligible medications.
Results of mL Survey Show Continued Need for Provider Education
In 2019, NCPDP’s mL White Paper Task Group developed and submitted a second survey to gauge pharmacy adoption of NCPDP’s dosing recommendation guidance, *NCPDP Recommendations and Guidance for Standardizing the Dosing Designations on Prescription Container Labels of Oral Liquid Medications*, originally published in 2014. The results of the survey showed that most pharmacy chains do not have a formal policy in place to require the use of the mL measurement.

NCPDP presented the latest draft of the revised white paper at the U.S. Centers for Disease Control and Prevention’s (CDC’s) annual PROTECT Initiative meeting in Atlanta on November 21-22, 2019. A draft summary of the survey findings will be incorporated into the next version of the white paper, planned for release in 2020.

SDOH Task Group Works to Build Bridges Between Pharmacies & Patients
As medical and public health research continues to validate the impacts that social determinants of health (SDOH) have on personal wellbeing such as access to quality food, safe neighborhoods, education and quality healthcare, NCPDP’s SDOH Task Group is evaluating the potential need for standardized transactions to inform providers’ clinical decision making.

The SDOH Task Group, formed in May 2019, will explore pharmacy use cases to determine if specific health determinants can be identified and introduced into NCPDP’s SCRIPT Standard.

Medication List Published for Health Information Exchange Prescription Reporting
NCPDP published the Medication List in July to help state health information exchanges (HIEs) meet dispensed medications reporting requirements.

In 2017, Nebraska and North Carolina moved to require prescribers in their states to report all dispensed medications to their state HIEs, beginning in 2019. NCPDP began work two years ago to address the reporting needs of pharmacies and prescribers in these states and other states that had been asked to respond to government mandates.

NCPDP continues to respond to state requests for information on HIE reporting and has sent letters to the state HIEs in Nebraska and North Carolina EDvocating the availability of the Medication List guidance.
WG11 Task Group Comments on ePA NPRM

In August, NCPDP’s Prior Authorization Workflow to Transactions Task Group provided comments to CMS’ Notice of Proposed Rule Making (NPRM) Medicare Program; Secure Electronic Prior Authorization for Medicare Part D.

In its comments, NCPDP provided historical background on the use of electronic prior authorization (ePA) transactions in the SCRIPT Standard: currently more than 60 percent of pharmacy benefit managers use the transaction to conduct their work. The comments also:

- Corrected the agency’s improper description of when and how the pre-population of the national drug code (NDC) numbers and dosing information happens. The process starts at the prescriber level, as a function of the EHR system, not within the SCRIPT Standard itself;
- Clarified and emphasized the importance of using the ePA transactions in SCRIPT in relation to the pharmacy benefit and not the medical benefit;
- Recommended all pharmacy benefit ePA processing happen using the NCPDP ePA transactions in SCRIPT instead of the much older X12N 275 and X12N 278 transactions developed in earlier standards. In addition, the comments pointed out that earlier developed standards using X12 transactions were designed to be used for medical benefits and did not apply specifically to the pharmacy benefit; and
- Asked CMS for clarification on how the NPRM should be interpreted by pharmacists and other medical personnel. It also asked that CMS consider allowing the industry a 24-month implementation timeframe, beginning from the date of final rule’s publication, rather than the current proposed deadline of January 1, 2021.

The final rule is expected to be released in the first quarter of 2020.

Work Begins on REMS Proof-of-Concept Pilot with FDA & Industry

In November 2019, NCPDP began collaborating with the U.S. Food & Drug Administration and REMS Administrator, Celgene, to promote the groups’ interest in a pilot program designed to show proof of concept for the REMS transactions in the NCPDP SCRIPT Standard.

The NCPDP REMS transactions were introduced in the NCPDP SCRIPT Standard Version 2016041 and could be implemented by trading partner agreements. With the move to the NCPDP SCRIPT Standard Version 2017071, CMS did not require that REMS transactions be used as part of the Medicare Advantage Part D program. As a result, the SCRIPT REMS transactions have not been widely adopted by the industry. With CMS’ SCRIPT V2017071 implementation deadline of January 1, 2020 now enacted, the time is right to illustrate the value the REMS transactions bring to all stakeholders, including patients. It is anticipated that once a proof of concept can be shown, the FDA may move to suggest these transactions be named in legislation as required transactions.
Medicare Part D Information Reporting (N) Transaction Document Developed

NCPDP’s WG1 Information Reporting Problems Task Group developed Medicare Part D Information Reporting (N) Transaction Matching to Other Health Insurance Best Practices. The document provides recommended best practices for matching Medicare Part D Information Reporting (N) transactions to Other Health Insurance, including the CMS SPAP/ADAP Quarterly Report.

NCPDP has created this overview as guidance for all parties involved in managing Part D benefits for Medicare beneficiaries. These parties include, but are not limited to, State Pharmaceutical Assistance Programs (SPAPs); AIDS Drug Assistance Programs (ADAPs); Part D Sponsors; Pharmacy Software Vendors; Pharmacy Switches; Pharmacy Benefit Managers (PBMs); Medicaid Agencies; Payers and others offering a supplemental benefit to Medicare beneficiaries or providers that dispense medications to Medicare eligible beneficiaries. Recommendations include the most efficient way to report paid, rejected or reversed Medicare Part D claim transactions.

New CMS Quarterly Report to Replace NCPDP SPAP ADAP BIN PCN Spreadsheet

In April, CMS began publishing its new quarterly list of qualified State Pharmaceutical Assistance Programs (SPAPs) and AIDS Drug Assistance Programs (ADAPs) on the Coordination of Benefits webpage at cms.gov. The list includes SPAPs/ADAPs with verified data sharing agreements within CMS’ Health Plan Management System (HPMS) from 2019 onward. The process of creating the list from CMS reports generated by HPMS, provides a comprehensive, single source of SPAP/ADAP information for the industry. The last SPAP ADAP BIN PCN Spreadsheet issued by NCPDP in February 2019, is available for historical reference at https://ncpdp.org/Resources/SPAP-ADAP-Resources.

The WG1 Information Reporting Problems Task Group updated the NCPDP Guidance for SPAPs and ADAPs Medicare Part D Coordination of Benefits Requirements and Responsibilities to reflect the change to CMS producing the SPAP and ADAP listing. This document provides guidance for SPAPs and ADAPs in exchanging data with Medicare Part D Plan Sponsors for electronic coordination of benefits.
Universal Patient Identifier Guidance Provides Support to Industry Trading Partners
As NCPDP and others continue to build the case for the need for improved patient matching among multiple healthcare trading partners, many entities have begun enumerating patient identifiers in anticipation of industry-wide implementation. This year, NCPDP provided general guidance to offer direction on how to effectively communicate universal patient identifiers, regardless of trading partner, using transactions within the Telecommunication; SCRIPT; Post Adjudication; Prescription Drug Monitoring Programs (PDMP) Reporting; Prescription Transfer; Prior Authorization Transfer; Specialized; Specialty Data Reporting; and the Uniform Healthcare Payer Data Standards.

A series of 10 use case scenarios were created to show how healthcare stakeholders might receive a universal patient identifier and to address disparate information using the identified standards. Along with the examples, recommendations and FAQs are provided to help stakeholders best consider any scenarios they may encounter.

NCPDP Responds to Industry Demand for Real-Time Benefit Tools; Work Group Approves Beta Version of the NCPDP Real-Time Prescription Benefit Standard
During the NCPDP Joint Technical Work Group Meetings in August, NCPDP members voted to approve a Beta (BT) Version of the NCPDP Real-Time Prescription Benefit (RTPB) Standard. The vote to approve the BT Version of the Standard passed without opposition, signaling strong support for the Standard from across the industry, with representation from all industry stakeholder groups, including government agencies and industry associations.

The Standard enables the exchange of patient eligibility, product coverage, and benefit financials for a chosen product and pharmacy, and identifies coverage restrictions, and alternatives when they exist. The accessibility of drug formulary and out-of-pocket costs at the point of care, improves the patient-provider relationship and encourages better health outcomes through improved medication adherence.

The BT Version of the NCPDP Real-Time Prescription Benefit Standard is available in both XML and EDI formats, the primary syntaxes used in the pharmacy/healthcare industry. The BT Version of the Standard is intended for pilot purposes only. Pilot participants are encouraged to bring feedback to NCPDP so changes to the standard can be made.

Work Continues on Providing Expert Guidance on the Naming of Biologics and Biosimilars
In May, NCPDP’s Naming Standards for Drugs, Biologics and Biosimilars Task Group submitted a comment letter to the FDA in response to FDA Docket No. FDA-2013-D-1543 Nonproprietary Naming of Biological Products: Update.

According to the comments, two updates made in March 2019 to the original FDA proposal on the naming of biologics were of specific concern:
- Exemption from suffix modification of the shared nonproprietary name (“core name”) for existing reference products; and
- Possible application of the suffix-based naming scheme to vaccines.

In the comments, NCPDP explained that exempting existing reference products from FDA’s newly adopted suffix-based naming scheme would add further confusion in drug naming standards currently being applied to biologics. In addition, having two separate naming standards for related products sharing identical nonproprietary (“core”) names would result in billions of dollars of unnecessary costs, increase burden and the potential for errors on data administrators responsible for downstream implementation.

The comments also addressed the challenges with using suffix-based naming schemes on vaccines, saying that doing so would add unnecessary complexity to products which are already subject to Vaccine Adverse Event Reporting System (VAERS) procedures and are assigned unique CVX and MVX codes designed to identify the product and the distributor.

As in previous years, NCPDP continues to express its concerns over the financial impact that will fall upon multiple stakeholders within the healthcare industry; risks to clinical decision making, to clinicians’ ability to identify therapeutic alternatives, and consequently, to patient safety.
New Guidance Document for Pharmacy DIR Reporting
To help stakeholders understand how Medicare Part D payers calculate Direct/Indirect Remuneration (DIR) values, NCPDP’s WG45 External Standards Assessment, Harmonization and Implementation Guidance published the new NCPDP Direct/Indirect Remuneration (DIR) 835 Reporting Recommendations document in September 2019. The guidance, which provides business cases for claim and PLB level adjustments, may be used to develop a consistent method for identifying and communicating DIR adjustments of pharmacy claims to provider business partners.

Updates to 835 Payer Audit Transaction Allow for Adjustments at the Payment and Claim Level
Revised and published in October 2019, the NCPDP Payer Audit Reporting of Pharmacy Claims on the X12005010X221A1 Health Care Claim Payment/Advice document provides guidance important to pharmacies, reconciliation vendors, and other implementation units responsible for identifying complete and partial payer-initiated audit adjustments at the payment and claim level. Examples were added to the PLB Only with Claim Level Identifiers and PLB only segments of the X12 835 format.

Updated CARC Mapping Document Available
An updated version of the NCPDP CARC Mapping document was released in October 2019. The document provides guidance to pharmacists and billing professionals on how to consistently apply Claim Adjustment Reason Codes (CARC), Claim Adjustment Group Codes (CAGC) and NCPDP Reject Codes within the X12 835 format.

NCPDP Stakeholder Action Group on UPI Informs Next Steps for the Initiative
NCPDP hosted a Stakeholder Action Group in January 2020, on the heels of its announcement that 100% of the U.S. population had been successfully enumerated with a Universal Patient Identifier, Powered by Experian Health UIM and NCPDP Standards™ (UPI). The purpose of the Stakeholder Action Group was to determine the next steps to speed adoption and optimize benefits of the UPI:

• Support Patient Safety - Accurate patient matching makes sure that providers have a more complete patient record for better informed clinical decision making.

• Improve Interoperability - UPI is transmitted through NCPDP Standards and is not a known number to providers or patients to protect against abuse.

The SAG helped identify benefits as well as the barriers and obstacles that may impede industrywide use of the UPI and key action items. Among them, NCPDP reactivated the MC Patient Identification Task Group and will update/enhance the existing NCPDP UPI Guidance Document to clarify misconceptions about its transmission. For more information on the UPI, visit https://www.ncpdp.org/Products/Universal-Patient-Identifier.
**Coming in 2020 – Updates to PDMP White Paper**

The Prescription Drug Monitoring Program (PDMP) Task Group began making extensive updates to the white paper, NCPDP’s Standards-based Facilitator Model for PDMP, An Interoperable Framework for Patient Safety, Version 10, based on the recommendations from a March 12, 2019, PDMP Stakeholder Action Group (SAG) meeting.

Updates to the white paper will include data flows and requirements for the Facilitator(s) primarily using the batch transaction to receive PDMP data from dispensers. The paper will also illustrate how the Facilitator matches patients, de-duplicates matching records and edits data for the state PDMPs. Examples will show how a state may also choose to use the Facilitator(s) to support their existing PDMP.

To give states ample time to incorporate the suggestions from the updated version of the white paper, which is planned for release in early 2020, no changes that would affect prescribers were discussed for inclusion in the updated version. Future updates to the paper will discuss how pharmacies can access claim transaction real-time reporting and risk response.

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**Certification Program**

NCPDP’s Certifications are designed to help professionals achieve and showcase industry-recognized levels of proficiency and mastery of specific NCPDP standards.

The prestigious NSC-II credential certifies the ability to apply and optimize the SCRIPT Standard V2017071 transactions. Adoption of this version of SCRIPT was mandated by CMS effective January 1, 2020. This certification is designed for:

- EHR/EMR Vendors
- Standards Development Professionals
- Health IT Professionals
- Product Owners
- Consultants
- Engineers
- System Developers/Analysts

Organizations with SCRIPT V2017071 Certified Individuals include: Allscripts; Express Scripts; Kaiser Permanente; PharMerica Corporation; PointClickCare; PrescribersConnection; Pro Rx Consulting; Soft Writers, Inc.; Surescripts; Wolters Kluwer.

**NEW in 2020: ‘Open Book’ Testing Available During Exam**

In January 2020, NCPDP announced the availability of two test aids to augment the exam taking process: the SCRIPT Implementation Recommendations document and the SCRIPT Standard V2017071 itself. While it is no longer necessary to memorize every detail, test takers are encouraged to familiarize themselves with these two documents to find the answers to questions in a timely manner.

Get certified by NCPDP, the Source of SCRIPT. Registration and additional information are available at https://www.ncpdp.org/Education/Certification-Program.
**Sustaining the Work of NCPDP: Tools That Work For the Industry**

You asked. NCPDP delivers tools to simplify processes and optimize FWA efforts!

NCPDP develops and delivers products and services, with one thing in mind: providing tools to help our member organizations be more successful.

NCPDP tools provide the most accurate and complete data, thorough pharmacy credentialing, accurate claims payments, and improved patient safety. As fraud, waste and abuse (FWA) regulatory pressures mount, and consequences become more extreme, utilizing NCPDP tools designed by the industry for the industry is a business necessity.

**resQ™ Pharmacy Credentialing Resource** is the single source-of-truth and the established standard for capturing and maintaining self-reported credentialing and CMS-required disclosure data for independent and small-mid-sized multi-site pharmacies. Developed by industry stakeholders in a coordinated, collaborative approach to define requirements and establish standards for quality, resQ™ reduces efforts and improves efficiency in pharmacy credentialing data collection. Use of resQ™ by payers, PSAOs and PBMs continues to grow by 100% year over year. Containing nearly 100% of all independent pharmacies’ credentials, resQ® is the leading provider of independent pharmacy credentials.

**HCldea® Prescriber Database** leverages more than 2,100 different data sources to offer PBMs, payers and processors the highest level of prescriber data integrity on over 2.5M Type I (individual) and Type II (practicing locations) prescribers. HCldea® is a risk mitigation tool that provides validation of Prescriber licensure to determine prescriptive authority as well as validate practice and multi-office information. The HCldea® Look Up Tool provides pharmacies with real-time access to valid, up-to-date prescriber data to save time and avoid costly fines.

**dataQ® Pharmacy Database** is the most up-to-date and complete set of pharmacy data on over 80,000 pharmacies and Non-Pharmacy Dispensing Sites (NPDS) nationwide – an industry must-have tool for more than 30 years. In 2019, the Webconnect Real-Time Look Up user tool was enhanced to allow licensed subscribers to view unprocessed Change of Ownership (CHOW) profiles of pharmacies that are requesting new NCPDP numbers allowing our customers to onboard and contract with these new pharmacies before they go live and appear in the dataQ™ database files.
Universal Patient Identifier, powered by Experian Health Universal Identity Manager (UIM) and NCPDP Standards™ (the “UPI”) achieved a milestone in December 2019, when every person in the U.S. population of an estimated 328 million Americans, were assigned a unique UPI. The UPI, powered by Experian Health’s Universal Identity Manager (UIM), is a vendor- and provider-neutral solution for accurately managing patient identification.

RxReconn® Healthcare Legislation Monitoring tool provides members with real-time monitoring and tracking of FWA, PDMP and other pharmacy and industry-related state and national legislative and regulatory activity. Powered by FiscalNote, an industry-leading Government Relationship Management System, RxReconn® gives members a cost-effective, competitive edge on industry-related issues that impact their business and profession.

NCPDP Standards Table Data is a tool designed to help our member EHR vendors, payers and processors maintain and update NCPDP Standards’ values and definitions more efficiently. NCPDP Standards Table Data saves time and resources identifying and updating definitions and values using machine-parsable raw data from the NCPDP Data Dictionary and External Code List (ECL) in a format that can be easily imported into existing applications. NCPDP Standards Table Data is a great cost-effective tool to assist member organizations in migrating to the new SCRIPT Standard V2017071.
**Most Valuable Participant Awards**

The Most Valuable Participant (MVP) Award highlights individuals who have contributed an extraordinary amount of time and effort to a work group or committee that results in the group accomplishing its goals. MVP awards for 2019 were presented to these deserving recipients:

**WG1 Telecommunication**
- Hannah M. Cardosi, Express Scripts
- Leann Lewis, PDX, Inc.
- Jennifer E. Ausbrook, CVS/Caremark

**WG2 Product Identification**
- Ruth Blatt, R.Ph., Centers for Medicare and Medicaid Services (CMS)

**WG7 Manufacturer and Associated Trading Partner Transaction Standards**
- Jeffrey S. Albright, MBA, Model N

**WG9 Government Programs**
- Richard E. Pyaro, M.S., Centene
- Rick Jennejahn, M.S., Excellus Health Plan

**WG10 Professional Pharmacy Services**
- Lisa Schwartz, R.Ph., Pharm.D., National Community Pharmacists Association
- Rachel (Shelly) Spiro, R.Ph., FASCP, Pharmacy HIT Collaborative
- Laura Topor, Granada Health, Inc.

**WG11 ePrescribing and Related Transactions**
- Samantha Ramberg, NSC-II, Surescripts
- Tim Stolldorf, Epic Systems Corporation

**WG14 Long Term and Post Acute Care (LTPAC)**
- Kirsten Mello, PharMerica Corporation
- Kori Eastman, NSC-II, Surescripts

**WG18 Specialty Pharmacy**
- Maggie Buchinger, Surescripts
- Jason Reed, Pharm.D., CenterX

**MC Maintenance and Control**
- Andy Molnar, Cognoa
- Cathy Graeff, R.Ph., MBA, NACDS
- Jeff Abraham, Akilil Interactive
- Patricia Pimentel, CVS Health
- Sharon Gruttadauria, CVS Health

**Membership and Leadership Development Committee**
- Jan Welch, Express Scripts
- Mary Perez, MedImpact

*Member information is listed as reported in member profile record.*

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**NCPDP Honors its Champion Award Recipients**

This year at its 2019 Annual Technology & Business Conference, NCPDP presented the Champion Award to two individuals: Shelly Winston, CMS Insurance Specialist, and Doug Long, Vice President of IQVIA. The NCPDP Champion Award was created by the Strategic Planning Committee to recognize an individual or individuals for outstanding accomplishments or work within the industry to improve patient care by actively supporting NCPDP members and our initiatives.
Recognizing Members for Leadership, Service

NCPDP is grateful for the continued commitment and leadership of its members. This valuable volunteer work provides critical industry solutions through advancements in health information technology and medication safety. In 2019, NCPDP recognized many members through award programs as their dedication is essential to NCPDP’s continued success.

TIME (The Individual Member Excellence) Award
Laurie Littlecreek | VP, Supply Chain Business Product Owner
Express Scripts | Member Since: 1999

NCPDP’s 2019 TIME Award recipient is Laurie Littlecreek, VP, Supply Chain Business Product Owner, Express Scripts. Laurie has been involved at all levels of leadership in her 20 years with NCPDP. This includes co-chairing WG9, chairing Membership and Leadership Development Committee, co-chairing the Awards Committee and serving on the Strategic Planning Committee and Nominating Committee. She’s also an NCPDP Buddy. She has been on the NCPDP Board of Trustees for the past seven years until the conclusion of her term in May 2019. Laurie has played an invaluable role in helping to achieve Board objectives and priorities during her time on the Board. She has cultivated member leaders and coached two recent Rising Stars from her team to support the development of new leadership at Her ongoing leadership and mentoring of future leaders at NCPDP make her a most deserving recipient of the TIME Award.

Benjamin D. Ward Distinguished Member Award
Thomas R. Bizzaro, R.Ph. | VP, Health Policy & Industry Relations
FDB (First Databank, Inc.) | Member Since: 1996
(Retired January 2020)

The 2019 Benjamin D. Ward Distinguished Member Award recipient is Thomas Bizzaro, R.Ph., VP, Health Policy & Industry Relations, FDB (First Databank, Inc.). Tom embodies all the characteristics that define the Benjamin D. Ward Distinguished Member. He has served as a leader and mentor to countless members during his tenure, and has given selflessly of his time and his devotion to this organization. He has represented NCPDP as Work Group Co-Chair, a Board member, Chair of NCPDP’s Board of Trustees, and as a member of NCPDP’s EDvocacy team. Tom has also extended his support to the work of the NCPDP Foundation, serving as a Board member. Tom has helped to guide and shape the direction and leadership of both NCPDP and the NCPDP Foundation. Tom is deserving of the 2018 Benjamin D. Ward Distinguished Member Award because of his consistent and avid support of NCPDP’s work and impact on the industry.

Rising Star Award
Sarah Sabetta, PMP | Sr. Iteration Manager
Magellan Rx Management | Member Since: 2016

The 2019 Rising Star Award recipient is Sarah Sabetta, PMP, Sr. Iteration Manager, Magellan Rx Management. Sarah has been a champion of NCPDP within her organization and in the industry, and has been highly engaged in many of NCPDP’s programs, work groups and task groups. She completed the Mentorship Program as a Mentee within her first 2 years as a member. Sarah has also been very involved in the Emerging Professionals Group and is currently one of its leaders. She serves as Co-Chair of Work Group 9 and served as Co-lead of the 340B task group for nearly a year, working on updating the 340B Reference Guide. She is passionate about her involvement with NCPDP and how it has helped her grow professionally. Sarah has been actively engaged as a leader, encourages others to participate in task groups and raises awareness of the importance of membership, and for these reasons, is a deserving recipient of the Rising Star Award.
2019-2020 Board of Trustees and Committee Chairs

Perry Lewis
ExactCare Advisor
Chair, Board of Trustees
Chair, Executive Committee

Gregory S. Kaupp, J.D., M.P.A, M.L.T.
Kaupp Advisors
Vice Chair, Board of Trustees
Chair, Annual Conference Committee

Charles Reed
Retired, AmerisourceBergen | Elevate Provider Network
Immediate Past Chair, Board of Trustees
(May – October 2019)

Mark Gingrich, M.S.
Surescripts
Vice Chair, Bylaws Committee

Christian Tadrus, R.Ph., Pharm.D., FASCP, NSC-I
Independent Pharmacist
Vice Chair, Strategic Planning Committee

Gregory Watanabe
Independent Consultant
Chair, Nominating Committee
William J. Barre, R.Ph.
Achieve Health Management
Vice Chair, Awards Committee

Michele Vilaret Davidson, R.Ph., NSC
Walgreen Co.
Chair, Bylaws Committee

Alan K. Gardner, MBA
RxResults, LLC
Secretary/Treasurer, Executive Committee
Chair, Finance Committee
Liaison to NCPDP Foundation Board
Standardization Committee
Trish Brown, IngenioRx
Bobby W. Davis, Surescripts
Kim Diehl-Boyd, NSC, CoverMyMeds, LLC
Mark Elliot, CSG Government Solutions
Anne S. Johnston, R.Ph., Express Scripts
Scott Robertson, R.Ph., Pharm.D., Kaiser Permanente
Lee Ann Stember, NCPDP

Standardization Co-Chairs are responsible for the Council’s industry standards development activities conducted through the Standardization Committee according to procedures described in the NCPDP Bylaws and Standing Operating Procedures.

MC Maintenance and Control
Karen Eckert, R.Ph., MPM, Wolters Kluwer
Mary A. Perez, MedImpact Healthcare Systems, Inc.
Yvette Zawisza, Aetna, Inc.

MC Maintenance and Control monitors and maintains the development of NCPDP standards, implementation guides and reference documents, promotes consistent business and technical administration, makes recommendations to the Standardization Co-Chairs on development procedures, due process compliance, as well as ethical and legal matters. MC provides a forum for updates of work group activities, resolution of inter-Work Group issues and discussion of legislative, regulatory, policy, and court decisions which may affect the pharmacy industry.

WG1 Telecommunication
Stephanie Lynn Denbow, Express Scripts
Amy Harvey, Rite Aid Corporation
Roger G. Pinsonneault, R.Ph., Gemini Health

Work Group 1 Telecommunication develops and maintains standards and guidelines to accommodate the collection, transmission, and processing of information that may be exchanged electronically or in written formats. The information exchanged may be used for, but is not strictly limited to, such purposes as administering and certifying eligibility, establishing prior authorization for products and services, pharmacy claim billing, payment determination, denial of compensation with explanations, drug use review, determination of benefits and the exchange of adjudicated data between business associates.

WG2 Product Identification
Melva Chavoya, Walgreen Co.
Tara DeCosta, MBA, CVS Health
Erin Kauth, Express Scripts

Work Group 2 Product Identification deals with issues relating to the identification of drugs and health related products within NCPDP’s stated purpose. Identification consists of how the product is billed (billing units, package size designations), product identification systems, and any type of descriptive data which serves to uniquely identify a product with the intent to establish standards for product identification such that there is no ambiguity in distinguishing one product from another.

WG7 Manufacturer and Associated Trading Partner Transaction Standards
Suzanne M. Kain, IQVIA
Terrence Neal, MBA, CVS Health

Work Group 7 Manufacturer and Associated Trading Partner Transaction Standards develops, monitors, and maintains standards for the electronic exchange of data amongst manufacturers and trading partners to facilitate business processes. Additionally, the work group promotes implementation and education of the standards.

WG9 Government Programs
Jennifer E. Ausbrook, CVS Health
Andrea Kent, MBA, CoverMyMeds, LLC
Sarah Sabetta, PMP, Magellan Rx Management

Work Group 9 Government Programs, in conjunction with Work Group 1 Telecommunication and other Work Groups, as necessary, guides and advises federal and state pharmacy programs and their agents on NCPDP standards. WG9 also supports data processing initiatives, and provides design alternatives for standards, which support government requirements.

WG10 Professional Pharmacy Services
Catherine C. Graeff, R.Ph., MBA, NACDS
Lawrence King, Pharm.D., Surescripts

Work Group 10 Professional Pharmacy Services supports the pharmacist’s individual and collaborative planning, delivery, documentation and quality assessment of patient care services through the development and distribution of standards, standards-based templates, and implementation guides. These documents/tools in conjunction with the publication of best practices recommendations encourage patient engagement, foster patient safety and support consistent delivery of patient care services to optimize outcomes.
WG10 strives to support pharmacists in utilizing their unique training and expertise to provide patient care services related to the appropriate use of medications. Patient care services are provided in many different practice settings and include activities such as medication therapy management, clinical reconciliation (medication, allergies and problems), patient immunization management, disease state monitoring, adverse drug event reporting and therapy adherence program management. Pharmacists contribute to improving patients’ health by providing patient care services as authorized by license and allowed under their scope of practice and collaborative practice agreements.

WG11 ePrescribing and Related Transactions
Tolu Akinwale, R.Ph., MBA, Pharm.D., Walgreen Co.
Ashley Maples, CPhT, NSC-II, Express Scripts
Tim McNeil, NSC-II, Surescripts

Work Group 11 e Prescribing & Related Transactions develops standardized messages for prescribers, pharmacists, payers and/or other interested parties to exchange information related to a prescribing event or patient encounter.

WG14 Long Term and Post Acute Care (LTPAC)
Erica Cook, PharMerica Corporation
Patrice Kuppe, CPHMIS, Surescripts
Gary J. Schoettmer, R.Ph., NetRx, LLC

Work Group 14 Long Term and Post Acute Care (LTPAC), in conjunction with the other Work Groups, guides and advises payers, processors, and providers of the long-term care industry and institutional pharmacy programs and their agents on standards implementation and supports data processing initiatives.

WG16 Property and Casualty/Workers’ Compensation
Nancy Bridgman, Remedi SeniorCare
Janet C. Welch, Express Scripts

Work Group 16 Property and Casualty/Workers’ Compensation will ascertain, monitor and analyze regulatory requirements to develop and recommend correlating fields to be supported in the Telecommunication Standard format; evaluate, and maintain a Property and Casualty/Workers’ Compensation standard paper claim form; proactively promote and educate pharmacy industry stakeholders and regulatory policy makers on the form and format standards found in Property and Casualty/Workers’ Compensation. This includes but is not limited to uniform billing, state reporting policies and the overall delivery of pharmacy services/care.

WG18 Specialty Pharmacy
Pooja Babbrah, MBA, Point-of-Care Partners
Julie Hessick, R.Ph., OneOme
Laura Topor, Granada Health Inc.

Develops, monitors and maintains existing and new standards and guidance for the electronic exchange of data amongst providers, pharmacies, manufacturers, payers/processors and other stakeholders to facilitate patient access to specialty products and related business processes.

The Work Group, in conjunction with other NCPDP Work Groups, guides and advises stakeholders on standards implementation and supports data processing initiatives. The Work Group may request modifications to other NCPDP standards as necessary.

WG45 External Standards Assessment, Harmonization, and Implementation Guidance
Amy J. Craycraft, Walmart
Amber Snow Glasscock, Inmar
Mary J. Lynam, SS&C Health

Work Group 45 External Standards Assessment, Harmonization and Implementation Guidance reviews, assesses and works to continually monitor the development of standards and/or operating rules by other Standards Development Organizations (SDOs) and/or other Non-NCPDP entities that may impact the pharmacy industry. The Work Group:

- Communicates SDO and other external entities’ developments and identifies actions that may be needed by this or other NCPDP work groups. These include, but are not limited to, X12 Incorporated Implementation Guides, Health Level Seven International (HL7®) Standards, and International Committee for Information Technology Standards (INCITS).
- Develops and maintains guidelines for the pharmacy industry to accommodate pharmacy implementation of the Health Insurance Portability and Accountability Act (HIPAA) and Affordable Care Act (ACA) mandated electronic data interchange (EDI) transactions and operating rules not developed by NCPDP as determined by the membership.
- Contributes to the development and maintenance of operating rules that impact the pharmacy industry.

To this end, Work Group 45 External Standards Assessment, Harmonization and Implementation Guidance will collaborate with other SDOs, operating rules entities or other non-NCPDP entities to provide the pharmacy perspective and represent the industry needs in the development of standards and guidelines.

*Member information is listed as reported in member profile record.*
NCPDP is proud to recognize the following people who have been members of the organization for six years or more as of the end of December 2019. Names are listed in alphabetical order by last name in each category.

**30+ years**
Charles Pulido
Mary J. Lynam
Douglas Wittenauer
Mark Sancaintie
Elizabeth Lea
Alex Pallas
Craig Ford
Gregory Kaupp
Gary Schoettmer
Russell Dates
R. Lee Friedman

George Murphy
Alan Gardner
Dale Chamberlain
Richard Brook
David Schuetz
Greg Rucinski
Ross Maret
Anthony Stewart
Ilene Blanton
Karen Eckert
Thomas Bizzaro
Mary Ellen Mitchell
Christopher Hogan
Alan Van Amber
David Benoit
Charles Reed
Michael Day
Laura Topor
Perry Lewis
Christopher Lagnese
Sonia Mann
William Barre
Trish Brown
Laurie Littlecreek
Patrick Robinson
Charles Moore
Mark Chamness
Daniel Pope
Bruce Anderson
Terri Bernacchi
Daniel Pagnillo
Michael Baca
Ken Harper
Maryanne Bourdier
Thomas Gibbons
Karen Guinan
Richard Sage
Susan Colbert
Shaun Henry
Jack Guinan
Steve Petrozzi
Mark Elliott
Garth Black
Timothy Humphreys
Mike McManus
Myron Winkelman

**16-20 years**
Gerald Novak
Yvonne Gallagher
Frank Hooven
Michael Chinn
Rachelle Spiro
Charles Brinkley
Pamela Finley
Anthony Schueth
Clarence Lea
Natalie Neil
Kenneth Hammond
Gregory Watanabe
Jackie Krewson
Douglas Pick
Eric Flowers
Kathy Knapp
Brendan Joyce
Kathleen Bradford
Debbie Krasnow
Michele Davidson
Amy Garrard
Bret Hightower
James Hall
Tim McNeil
H. Heckman
Deborah Brown
Anne Johnston
Karen Sell
Alan Chazen
Daniel Salemi
Stephanie McBroome
Mara Mitchel
Kevin Crowe
John Strecker
Keith Dick
Keith Zalewski
Timothy Kosty
David Kilgo
Anwar Kazmi
Cherri Neises
Joseph Credico
Christina Thornton
Ash Yerasi
Thomas Cooley
Sharyl Schneider
Kevin Nicholson
Brian Pavlik
Michael Roberts
Paul Hooper
David Pollack  
Scott Biggs  
Akbar Merchant  
Michele Babcock  
Robert Oscar  
Jeffrey Zellmer  
Patricia Orth  
Jon Paladino  
Darren Townzen  
Pamela Schweitzer  
Mary Kay McDaniel  
Harvey Brofman  
Joseph Rector  
Elizabeth Kaye  
Bobby Davis  
Scott Robertson  
Philip Doherty  
Robert Duggan  
Wendy Faldet  
Mary Swart  
Amy Harvey  
David Zimmerman  
Jenny Barker  
Julie Suko  
Simon Aubrey  
Rob Mohr  
Tracey McCutcheon  
Michael Bukach  
Ted Itzkowitz  
Michelle McLeod  
David Fidler  
Tom Groom  
John Heller  
Jeff Deitch  
Byron Mickle  
Lynne Olewine  
Matt Benson  
Allen Walls  
Melissa Howard-Russell  
Sally Smith  
Laura Linroth  
Kevin Tribout  
Terry White  
Richard Bossman  
Desiree Feoranz  
Robert Champagne  
Amy Smith  
Herminio Correa-Garces  
Jennifer Causey  
Jennifer Baun  
John Lynch  
Lynne Shirk  
Steven Franko  
Karen Sims  
Amy Craycraft  
Michelle Lieberman  
Patricia Glynn  
Jay Bueche  
Carl Mecum  
Yola Lorenc  
Craig Bentley  
Laurie Schaeffer  
Brian Eidex  
Frank McKinney  
Keith Dowers  
Gregory Cliburn  
Sheri North  
Patrick Harris  
Ed Heon  
Michael Menkhaus  
Cliffie Loomer  
Bruce Wilkinson  
Sherry Pound  
David Tan  
Bryan York  
Amber Compton  
Craig Lyon  
Karen Madrid  
Domingo Alejandro  
Mark Singleton  
Teresa Morelock  
Pu Han  
Brian Allen  
Rick Jennejahn  
Timothy Cody  
Louise Gustafson  
Arthur Feador  
Brian Wehneman  
Julie Woolley  
Debbie Jirikowic  
Tammy Burdick  
David Haugen  
G. Patrick Stack  
Andrew Gustin  
Thomas Faloon  
Tori Wood  
James Potts  
Cassandra Perkins  
Stephen DePietro  
Marc Allgood  
Katherine Egenolf  
Don Kirn  
James Baker  
Sarah Fenwick  
Deborah Wistuba  
Shelly Renkvish-Abo  
Miranda Rochol  
Gregory Miller  
Dean Beuglass  
Allen Langjahr  
Jason Grantham  
Gustavo Moreno  
Laura Culbertson  
Brian Anderson  
Kristie Griffin  

11-15 years

Kevin James  
Jessica Goins  
Tom Eder  
Helen Noonan-Harnsberger  
C. Anita Martin  
William Lambert  
Frank Schiraldi  
Scott Brady  
Michael Kennedy  
Ronald Richmond  
Melissa Friese  
Sharon Gruttadauria  
Rolando Peralta  
Brenda Smith  
Alan Ryan  
Susan Rhodus  
Karl Meehan  
Jeffrey Albright  
Jeff Wellman  
Sean Hansen  
Monique Irmen  
Kate Etscorn  
Deborah Peterson  
Timothy Zevnik  
Radim Hanke  
Dianne Warneke  
Raelene Snure  
Laura White  
Kimberly Gunther  
Bill Langlois  
Nader Moawad  
Christine Ostrowski
Member Loyalty* (cont’d)

11-15 years (cont’d)
Elizabeth Ross
Patrick Gallagher
Sandy Shtab
Jim Hopsicker
Mary Perez
Kristina Miller
Michelle Soble
Sheri Zapp
Phil Trunnell
Michael Burger
Nancy Bridgman
Jennifer Kuhar
Jacqueline Mortensen
Keith Crozier
Ivette Vaca
Adam Souza
M Bridgers
Kathleen Lang
Richard Stoneking
Cindy MacLaren
Adam Hebert
Claire Soaper
Brian Ackley
Tom Luft
Deanna Cox
Alisha Nielsen
Mark Gingrich
Stacy Scribner
Jason Reed
Jennifer Dujakovich
Greg Lybrand
Leann Lewis
Shawn Ohri
Omharaisriram Gangaikondan-Iyer
Shellie Schoening
Calvin Alt
Melva Chavoya
Alicia Janeski
Gregory Santulli
Robert Rowland
Leanne Kent
Rick Rondinelli
Stephen Murley
Michael Koerner
Eileen Bidell
Michael McBride
John Zevzavadjian
Christa Williams
Robert Nickell
Lawrence Hruska
Theophilos Antoniou
Thomas Merritt
Judith Sorio
Lisa Miller
Peter Duncan
Dean Bradley
Jerry Krupa
Jean Ritter
Shafi Shilad
Patty Kumbera
Debbie Bowen
Brian Epp
Roy Eckloff
Cynthia Fitzgerald
Angie Shirley
Paul Hertweck
Kenneth Ullman
Michael Bestul
Krista Ward
Candace Schnure
Deborah Baumgartner
Jose Tieso
Jeffery Rogers
Eileen Wood
Colleen Higgs
Steven Back
Jeffrey Hohl
Donna Litwak
Kimberly Nolen
Becky Drennan
Erica Cook
Barry Oberkrom
Justin Lafleur
Mark Siska
Nick Laurora
Matthew Scantland
Alice Weyman
Melanie Maxwell
Cynthia Smith
Cynthia Mincy
Tony Edwards
Joseph Reinardy
Gerald McEvoy
Sri Swarna
Shelley Hansell
Matt Moore
Carrie Tort
Baxter Byerly
Chris Thompson
Elizabeth Taylor
Scot Lovejoy
Janice Martin
Angela Murray
Tim Tannert
Julia Sakhnov
Reem Mohamed
Patrice Kuppe
Hemal Desai
Rosemarie Maglietta
Andrew Flood
Terrence Neal
Ivana Thompson
Debra Keena
Elizabeth Smith
Kathy Stanley
Morgan Bojorquez
Rita Vess
Yvette Zawisza
Karen Cessna
Troy Pamatat
Jeannine Guenther
Nathan Eilers
Michelle Wilcox
Sharon Tinder
Marc St.Pierre
Christian Tadrus
Ryan Sunderman
Patrick Dugan
Jaya Jagadeesan
Sam Libo
Cameron Szchlinski
Roma Roy
Laura Gibson
Wendy Walker
Mike Olson
Stacie Wilcox

6-10 years
Kyle Tucker
Steve Graese
Eugenio Garza
Valerie Arinsberg
Hal Chernoff
Howard Sragow
Catherine Mackey
Ashley Maples
Candy Chesnick
Janet Welch
Jennifer Ausbrook
Adam Fowler
Michael Regan
Mary Hardin
Claudette Bonvie
Caroline Sojourner
Lee Genco
Kent Chadwick
Mark Sasala
Kim Diehl-Boyd
Brian Davis
Elizabeth Zander
Patricia Krause
Tina Goodman
Edward Conroy
Matthew McGrath
Lisa DeVries
William King
Luke Forster-Broten
Tina Janacek
Chuck Welch
Dan Johnson
Michael Mindala
Jeanine Robertson
Douglas Krause
George Alatzas
Barbara Sullivan
Kim Ehrlich
Chad Thomas
Stephanie Guessford
Terra Mandel
Robert Vetter
Nina Walker
Qun Zhu
Lisa Reese
Charles Brady-Wakimoto
Steve McClure
Aaron Sapp
Mary Lou Lamberto
Alison Farrell
Teresa Muckel
Ramamohana Kancherla
Jean Carney
Ronald McKillip
Christopher Mendez
Angela Ulm
Diane Jackson
Rodney Brent
Steve Grynciwicz
Paul Sheehan
Sharon Walts
Douglas Read
Zach Winter
Debbi Barber
Anthony Gratto
David Kirkus
Craig DiNapoli
Steve Jensen
Lauren Doty
Mike Holz
Ivan Posthumus
Julie Hessick
Jonathan Levitt
John Kroeten
Nick Leighton
Liesa Stockdale
Peter Kounelis
David Evans
Matthew Feltman
Carolina Ramos
Christopher Biddle
Carolyn Ha
George Woodbury
Brian Tait
Daniel Black
Mike Galloway
Samuel Raj
David Marotz
Robert Till
Kelley Vaughan
April Stevens
Athos Alexandrou
Dixit Shah
Eileen Lu
Tammy Owens
Bryan Esp
Nancy Fertig
Patrick Randle
Michael Safreno
Polly Schyvinck
Breck Rice
Angela Leibel
Sara Nelson
Annette Saldana
John Sabas
Joseph Sangini
Judy Bowen
William Stevens
Louise Andrews
Marcia Pykare
Melissa Beckstead
Christopher Dymon
Patricia Pimentel
Kirsten Mello
Lisa Poskanzer
Jon Arends
Rushikesh Patel
Tolu Akinwale
Tara DeCosta
Jeremy Hendricks
Terry Coleman
Val Samandas
John Smith
William Edwards
Heather McComas
Wei Wang
Jocelyn Keegan
Leigh Pope
Conan Fong
Brendan Friar
Thomas Cohn
Michael Griffith
Lawrence Day
Yasser Roushdy
Lydia Ewing
Tim Stollard
Sandy Mulcahy
Jeff Maxwell
Darla Bogler
Gary Ellexson
Melissa Carter
Stacy Hopkins
Erin Huston
Matthew Walko
Jennifer Nix
Melinda Bossert
Andrea Kent
Jon Bell
Kevin Minassian
Chris Smith
Phyllis Houston
Jerry Reeves
Trevor Bezdek

*Every attempt has been made to ensure the accuracy of this list. If anyone has been inadvertently left off of the list or misplaced on the list, we apologize. Please bring it to our attention so we can correct our records for future use.
Executive
Lee Ann Stember | President & CEO
John W. Hill, MBAHCM, CNED | Executive Vice President & GM
Maggie Bruce | Senior Vice President, Strategic Planning & Communications
John Klimek R.Ph. | Senior Vice President, Standards & Information Technology
Stephen C. Mullenix, R.Ph. | Senior Vice President, Public Policy & Industry Relations
Phillip D. Scott | Senior Vice President, Business Development
Terry Schroeder | Foundation Administrative Specialist
Debra Chavez | Office Manager
Penny Fowler | Administrative Associate (Front Desk)

Marketing Communications/Meeting Planning
Janet Cabibbo | Director, Communications & Marketing
Kimberly Dixon-Williams, CMP | Manager, Meeting Planning
Brian Goerlich | Manager, Certification Program
Whitney Ellington | Graphic Design & Multimedia Specialist
Dawn Kehr | Communications Specialist

Standards Development
Margaret Weiker | Vice President, Standards Development
Patsy McElroy | Senior Manager, Standards Development
Kitty Krempin | Advisor, Standards Development
Teresa Strickland | Technical Advisor, Model Facilitator
Paul Wilson | Technical Analyst, Standards Development
Terry Fortin | Standards Specialist, Standards Development
Leslie Carr | Standards Specialist, Standards Development

Information Technology
Jeremy Vieth | Senior Manager, Information Technology & Facility Services
Sara Olgun | Web Development Manager
Jurgita Sakalyte | Web Developer, SEO Specialist
Tony DiSano | Network Administrator
Antwan Dandy | Technical Support Specialist

Finance
Sandy Kovalik | Senior Manager, Finance Administration
Chris Mingie | Finance Assistant

Sales/Membership/Contracts
Sherri Teille | Senior Manager, Product Marketing & Sales Operations
Mia Ricci | National Account Executive
Dave Mammen | Account Executive
Vincent Finocchiaro | Manager, Membership Services

Government Affairs
Nicole Russell | Senior Manager, Government Affairs

Database Services
Jan Marie Mayo | Director, Product Development & Database Services
Rick Reed | Senior Manager, Pharmacy Database Services
Leigh Ann Langley | Product Development & Business Analyst
Jeff Williamson | Lead Technical Product Specialist, Database Services
Tyler White | Technical Product Specialist, Database Services
Allison Bates | Team Lead, Pharmacy Database Services
Megan Black | Pharmacy Database Services Associate
Lauren Brust | Pharmacy Database Services Associate
Becky Listiak | Pharmacy Database Services Associate
Jolene Morgan | Pharmacy Database Services Associate
Jennifer Burrell | Pharmacy Database Services Associate
Destinee Cervantes-Sigala | Pharmacy Database Services Associate
Dan Bumanglag | Pharmacy Database Services Associate

*Staff listing at December 2019.
Foundation Increases Fundraising and Grantmaking to Support Better and Safer Healthcare

The NCPDP Foundation achieved several milestones in 2019, surpassing the financial goal for its first Annual Fund Campaign, receiving a third $1 million endowment, and awarding the largest amount to date in research grants. True to its vision and purpose, the Foundation awarded grants to provide proof of the power of NCPDP standards to improve patient safety, coordination of care, and adherence to medication therapies. Proof of value will support more widespread use of standards for the benefit of patients, as well as efficiencies for stakeholders involved in the delivery of healthcare.

Helping Patients Get the Right Medication at the Right Time and Remain Compliant

Most recently, the Foundation awarded $100,000 in grants to fund two research projects piloting the Beta version of NCPDP’s Real-Time Prescription Benefit (RTPB) Standard. The pilots can result in identifying potential enhancements to the final version of the Standard, expected in August 2020. Research results are expected in the spring of 2020. NCPDP’s RTPB Standard makes it possible to have real-time, patient-specific prescription benefit and out-of-pocket cost information at the point of care.

Access to this data at point of prescribing provides unprecedented transparency to help physicians discuss options with patients while they are together. It can increase the speed to therapy and improve adherence to medication therapies, both of which lead to better health outcomes for patients.

Helping to Decrease Unnecessary Opioid Use and Abuse

In early 2019, the Foundation awarded a $36,000 grant for a research study to measure the impact of the CancelRx ePrescribing transaction on the cancellation and dispensing of controlled substance prescriptions, specifically pain medications or opioids, stimulants and benzodiazepines. CancelRx enables prescribers to quickly send an electronic message to the pharmacy to discontinue filling a prescription that is no longer useful to the patient and potentially harmful if continued.

Use of the CancelRx transaction can potentially minimize the number of extraneous or unnecessary controlled substance medications that are dispensed to patients, thereby helping to abate the opioid crisis.
Enabling Pharmacists to Become a Key Part of the Patient Care Team

Another 2019 Foundation grant of $25,000 helped fund completion of the Implementation Guide for the Pharmacist eCare Plan (PeCP), which paved the way for a collaborative effort between HL7 and NCPDP to obtain approved of the PeCP as an ANSI accredited standard.

*The Pharmacist eCare Plan gives pharmacists a standard way of exchanging information with other care providers, payers and patients regarding patient health status, care goals, active medication list, drug therapy problems, lab tests, interventions, outcomes, payer information and billing for services.*

1977 Society and New Endowment Boost Grantmaking Potential

Outright donations, sponsorships, and support of fundraising events, together with matching funds from NCPDP and dividends from the Foundation’s endowments helped to fund Foundation research grants in 2019.

Launch of the Foundation’s 1977 Society contributed significantly to the outright donations that enabled the Foundation to exceed its Annual Fund goal for 2019. This annual giving program, named for the year of NCPDP’s incorporation, is comprised of individuals who donate to the Foundation at least $1,977 in a calendar year through a single donation or multiple donations. The Society launched with 31 inaugural donors, some of whom have already renewed their commitment for 2020. The goal is to increase the number of Society members in 2020 to help the Foundation grow its ability to advance its vision and purpose.

Another milestone in 2019 was NCPDP’s gift to the Foundation of a third endowment. This latest $1 Million endowment is named for Mary and Charles D. Pulido. Charlie is the sole surviving co-founder of NCPDP and a founding Board member of the NCPDP Foundation. For more than 40 years, Charlie has been a passionate supporter and valued ambassador for NCPDP and the NCPDP Foundation. The Pulidos have personally donated generously to the Foundation. The endowment is a restricted fund intended to help sustain the Foundation in the long run. The principal cannot be touched – however a percent of the interest can be used to support the Foundation’s work.

New Foundation Leadership

The NCPDP Foundation welcomed two new Board members in 2019: Rear Admiral (ret) Pam Schweitzer, Pharm.D., BCAPC, former Assistant Surgeon General and Chief Pharmacist of the U.S. Public Health Service and Greg Pulido, Executive Chairman at Humco, a diversified global pharmaceutical company.

Prior to retirement, RADM Schweitzer provided leadership and coordination of 1,320 Commissioned Corps pharmacy officers in 13 agencies. For several decades, she has been a true ambassador for NCPDP and the healthcare industry. In 2017, she received the NCPDP Champion Award for outstanding achievement and work within the industry to improve patient safety by actively supporting NCPDP members and our initiatives.

Greg Pulido has more than 30 years of management experience, including 28 years in the healthcare industry specifically in manufacturing and distribution of OTC and pharmaceutical medicines. His father, Charlie Pulido is a co-founder of NCPDP and a founding Board member of the Foundation.

Also in 2019, the Foundation conducted a national search for its first executive director. Just before this report went to press in 2020, Shannon Covey was named executive director of the Foundation. She has more than 20 years in Foundation Management with an emphasis in major gift campaigns, grant writing and communications. Her past experience includes Major/Gift Corporate Relations Officer for the Salvation Army where in her second year of employment she increased revenue by 76% focusing on direct corporation campaigns and high-net-worth donors.
The NCPDP Foundation welcomed two new Board members in 2019: Rear Admiral (ret) Pam Schweitzer, Pharm.D., BCAPC, former Assistant Surgeon General and Chief Pharmacist of the U.S. Public Health Service and Greg Pulido, Executive Chairman at Humco, a diversified global pharmaceutical company.

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NCPDP’s Elite Partner Program establishes the highest level of sustained support for the valuable work of NCPDP in advancing patient safety and interoperability. The following Elite Partners have demonstrated intense commitment to support NCPDP’s work, vision and core values.

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