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Letter from the President and CEO

If you have ever felt what it’s like to be on the verge of something big, you would know the thrill and excitement of being a part of NCPDP. Every day, hundreds of volunteers – members and non-members – are meeting to talk about the business and patient care challenges they face on a daily basis. Those discussions are educational for all participants, and a learning opportunity to understand another facet of the complex healthcare industry. What’s more, it is an opportunity for informed problem-solving and consensus-building – all with a focus on the patient.

For more than 40 years, we have been guided by a spirit of disruptive innovation that has propelled and positioned NCPDP as a trusted leader in providing standards and solutions for the common good. In this past year, we continued to break new ground and push the limits of automation through our efforts in standards development and providing industry guidance.

Here are just a few highlights of activities in 2018:

**Countdown to Implementation of SCRIPT V2017071** – During the year we kicked off a major educational initiative to support industry implementation of the NCPDP SCRIPT Standard V2017071, which the Centers for Medicare and Medicaid Services (CMS) adopted for implementation by January 1, 2020. We rolled out a series of educational webinars, which will continue throughout 2019, and it was the exclusive focus of our 2018 Educational Summit on SCRIPT V2017071. We will also have dedicated educational programming at our 2019 Annual Conference, including a roundtable of experts who can advise on implementation questions.

In addition to education, resources and a testing tool are available to aid in implementation of SCRIPT V2017071. Our standards certification program developed a rigorous exam to certify individuals as experts in this version of the standard. A list of SCRIPT V2017071 NSC-II certified experts is available on our website. Developers and system analysts can leverage our ePrescribing testing tool, which supports testing of transactions adopted under Medicare Part D, as well as all of the vital patient safety and clinical transactions and functionality in the SCRIPT Standard.

**Pushing forward on Strategic Initiatives** – We are pleased to report tremendous progress on our three strategic initiatives – the NCPDP Standards-based Facilitator Model for PDMP, An Interoperable Framework for Patient Safety; the NCPDP Universal Patient Identifier (UPI), powered by Experian Health’s Universal Identity Manager (UIM); and Specialty Pharmacy Expansion. These initiatives, set by our Board of Trustees, are the primary focus of our Strategic Planning Committee and Board. Moreover, they are standards-based solutions rooted in our work group activities – all of which have a shared focus on the patient.

**Planning for the Future** – Organizationally, we have completed our succession planning at the executive management level to ensure quality, sustainable leadership of NCPDP that supports future growth. We will continue succession planning throughout the organization in the coming year. At the Board level, we are nearing completion of right-sizing our Board to a smaller, highly engaged leadership structure. These plans are best practices that will keep NCPDP at the forefront, leading transformative change to improve healthcare and the patient experience.

**Synergies Abound with the NCPDP Foundation** – The NCPDP Foundation embarked on a major strategic planning exercise in 2018 that has culminated in a new vision and purpose, and a sharp focus on funding proof-of-concept research projects that can transform the way healthcare providers communicate with one another and with patients, leading to better and safer healthcare. The Foundation will work in close alignment to support NCPDP’s strategic initiatives, demonstrating the value of NCPDP standards and solutions. Read about its strategic initiatives, funding priorities and get an update on its research grants in this report.

On a final note, I would like to acknowledge the great work of our standards staff in supporting the work of our members and ensuring compliance with ANSI (American National Standards Institute). In 2018, we successfully completed and passed the ANSI audit which occurs every five years, and it is always gratifying to hear that NCPDP is a model standards development organization.

On behalf of NCPDP’s Board of Trustees, our Executive Management Team, Member Leaders and Staff, I hope you enjoy reading our 2018 Annual Report. I encourage you to share this report with others - reach out to your colleagues and contacts and get them involved in NCPDP. Together, we are a powerful force of Disruptive Innovation, with a Focus on the Patient.

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

In May 2018 at the Annual Conference, I shared with you my personal experience with NCPDP and remarked about those things that I believe make this organization so unique: our culture and structure, which enable us to get so much done, and to be successful. This Annual Report highlights our work in standards development, our EDVocacy accomplishments and successes in achieving our strategic goals. It demonstrates our indelible impact on the industry as we keep our focus on the patient.

The Move to a Smaller, High-Impact Board

In May 2019 at the Annual Conference, we finalized the transition to a nine-member Board - intentionally smaller to be a more nimble and strategic board. As I look back, I am deeply impressed by the foresight of past Board members who saw the need to adapt to a changing world, made it a priority, and participated in the difficult conversations requiring such a profound restructuring.

But small isn’t enough. In October, the 12-member Board participated in a full-day, High-Impact Board Workshop, which informed the development of a Consolidated Action Plan, detailing a range of actions and timelines - from expectations of the Board, to Board and committee effectiveness, ambassadorship and strategic planning. The Board met again in January and the nine-member board will continue this work in a more intensive, multi-day planning session in the fall.

A high impact board requires candidates that fit the Board’s needs. To this end, the Nominating Committee has played a pivotal role starting early, revising the qualifications and materials and enhancing the selection process with rigorous criteria for evaluating nominees. The slate of six, well-qualified Board nominees this year is proof of the excellent work done. Not all qualified candidates made it to the ballot, reflecting the depth of talent in the organization.

Professional Growth Opportunities for Members

Our culture is unique. One of my goals as Chair was to preserve and nurture it. The mutual respect, camaraderie, passion and community work ethic that we share are all part of the special sauce that makes us so effective in developing standards. At the November work group meetings, I observed the Mentor/Mentee reception and was awestruck at the enthusiasm and depth of feelings shared for one another. Programs like this are so important to nurturing our culture and building our community.

Leadership outside the board is crucial too. Another of my goals was to expand opportunities for all members. This year we opened up committee opportunities previously held by Board members and recruited members desiring leadership roles to serve as a committee chair or vice-chair. In addition, the Board commissioned the Path to Leadership Subcommittee to identify, describe and promote the professional development and leadership opportunities available to all members. The Path to Leadership will launch in 2019.

Every Patient Matters – The Call to Support Specialty Pharmacy

In my final remarks, my ask of the membership at the Passing of the Gavel ceremony was to spread the word within your companies and among your trading partners that NCPDP is evolving, and we need more subject-matter experts in specialty medications to participate. The response has been overwhelmingly positive. To date, we have had 40 new members join NCPDP and we expect to continue to expand participation in our Specialty Pharmacy work group and task groups and accelerate our work.

Overall Health of the Organization

Our organization is financially healthy. The staff that supports us in all our work is remarkable. Our leadership is the envy of SDO’s. I have known and respected Lee Ann Stember for over 30 years, and my year as Chair has reinforced how fortunate we are. She is a true leader committed to the success of the organization and all our members. And in another nod to the foresight of earlier boards, the addition of John Hill to the executive team was timely and has built bench strength.

We are taking deliberate steps at all corners of the organization to plan and prepare for the future. We are becoming a more agile organization to deal effectively in a fast paced, dynamic healthcare environment and I encourage you to spread the word and bring people to NCPDP, into this great venue, to lead the next wave of disruptive innovation.

Across the work of the Board and our committees this year, I trust that I have done my part to help drive the change that we need to ensure NCPDP stays relevant.

Charles Reed
Chair | NCPDP Board of Trustees
STRATEGIC GOALS & INITIATIVES

NCPDP’s Strategic Planning Committee serves a vital role within the organization, with specific responsibilities supporting NCPDP’s vision and purpose. As such, its committee members are knowledgeable about healthcare, pharmacy and technology industry trends, advances and challenges. The committee identifies key strategic issues that may impact NCPDP, industry participants and patient safety.

With guidance from NCPDP’s Board of Trustees, the Strategic Planning Committee develops goals and initiatives, monitors progress and recommends updates as necessary. The NCPDP Board of Trustees approves the goals and initiatives in May each year for execution.

Following is an overview of NCPDP’s top strategic initiatives along with a status report on achievements to date. Some strategic goals and initiatives may continue into the following year. A final report on achievement will be presented to NCPDP’s Board of Trustees in May 2019. As a tightly integrated, highly focused, member-driven, staff-supported organization, implementation of our strategic initiatives is carried out through many parts of NCPDP.

NCPPD Universal Patient Identifier (UPI), powered by Experian Health’s Universal Identity Manager (UIM)

Lead an educational effort that focuses on the critical importance of patient matching and the challenges to patient safety and interoperability.

Why it’s Important – Accurate patient matching is a well-documented industry challenge that puts patient safety at risk.

- Benefits Patients – Protects against patient misidentification and associated errors, and ensures healthcare providers have accurate and actionable patient data, strengthening patient safety.
- Benefits Providers – Supports a more comprehensive, accurate view of the patient for better informed clinical decision making, reducing medical/medication errors, and improving care coordination, population health management, and prescription drug monitoring programs (PDMPs).
- Benefits Industry – Addresses the business challenges of patient matching and identification. The ‘No Charge Offer’ reduces a barrier to adoption, saving organizations time and labor costs associated with patient matching, enables organizations to improve the quality and integrity of their patient records, and supports interoperability across disparate healthcare entities.

The NCPDP Universal Patient Identifier (UPI), powered by Experian Health’s Universal Identity Manager (UIM), is a standards-based, vendor-neutral and provider-neutral solution for accurately managing patient matching across the healthcare ecosystem. It is a pass-through number that is not known to the patient or provider. The ability to achieve the patient safety benefits of the UPI relies on its propagation throughout the healthcare ecosystem using NCPDP’s Telecommunication Standard and SCRIPT Standard.

SUMMARY OF ACCOMPLISHMENTS:

- DERFs Passed During August 2018 Work Group Meetings – Three DERFs (Data Element Request Forms) on the NCPDP UPI were presented at NCPDP’s Joint Technical Work Group Meetings in August 2018. All three passed without opposition, allowing for the NCPDP UPI to be used by trading partners to enhance the accuracy of patient data exchange and improve care and benefit coordination. The published NCPDP UPI value is available for use and can be shared throughout the pharmacy system and the entire healthcare ecosystem using the Telecommunication Standard and the SCRIPT Standard, as long as the situational requirements are met.
- 46% of the U.S. Population Has An NCPDP UPI – As of January 2019, more than 46% of the U.S. population has a UPI, powered by Experian Health’s UIM!
- NCPDP Members Are Taking Advantage of the No Charge Offer – With a shared vision of leveraging data for the common good, NCPDP and Experian Health have partnered to deliver an NCPDP Universal Patient Identifier (NCPDP UPI) to all healthcare constituents – at no charge.

Here is how the ‘No Charge Offer’ works: a healthcare or pharmacy organization securely sends patient demographic data to Experian Health; through a batch cleansing process, Experian Health’s UIM algorithm leverages Experian’s vast demographic information to accurately identify and match patient records and appends an NCPDP UPI for each patient; the patient roster file is returned to the healthcare organization with duplicate patient records and appends an NCPDP UPI for each patient.

At the end of 2018, we had nine NCPDP member organizations interested in our ‘No Charge Offer.’ The intention of the no-charge offering is to accelerate the benefits of the solution and adoption of the NCPDP UPI. The offer is available to any healthcare organization that owns and exchanges patient data.

Email patientid@ncpdp.org to participate in the ‘No Charge Offer.’

NCPDP Members Are Taking Advantage of the No Charge Offer

- As of January 2019, more than 46% of the US population has a UPI, powered by Experian Health’s UIM!
- Members are taking advantage of the No Charge Offer
- The offer is available to any healthcare organization that owns and exchanges patient data

*The NCPDP and Experian Health’s “No Charge Offer” leverages Experian’s expansive consumer demographic information and referential matching methodologies to identify record matches and duplicates in a patient roster file, and then assigns a unique NCPDP Universal Patient Identifier (UPI) to each patient in the file.
PRIORITIES

TOP PRIORITIES

Strategic Goals & Initiatives (cont’d)

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

Continue our campaign to gain industry and policy support for NCPDP’s Interoperable PDMP Solution; see it to implementation.

Why It’s Important – This standards-based model can help address the opioid epidemic by providing real-time insight to help prescribers determine a valid medical need or potential abuse - before prescribing an opioid.

• Benefits Patients – Ensures access for patients with valid medical needs. Assists in efforts to prevent people from unintentionally going down the path of addiction. Supports addiction treatment and recovery efforts for individuals with substance use disorders, by providing timely and accessible medication history information to practitioners.

• Benefits Providers – Utilizing existing industry standards reduces the burden on providers by incorporating complete, accurate and timely medication history information within pharmacy and prescriber workflows. Clinical alerts notify prescribers and pharmacies when data from the Private Sector Facilitator show a patient exhibits patterns indicative of opioid misuse or abuse.

• Benefits Industry – Provides an onramp for state PDMPs to address gaps and provide real-time information at the point of care anywhere in the country. Reduces incidence of fraud. Reduces impact on the industry through the use of existing standards that are widely implemented and conform to provider workflows.

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 to enable proactive intervention at the point of prescribing, and NCPDP’s Telecommunication Standard for proactive intervention at the point of dispensing.

Summary of Accomplishments:

• Technical Fact Sheet Provides Overview of Standards and Model Flow
  – NCPDP developed a technical fact sheet, Understanding the Practical Application, NCPDP Standards-based Facilitator Model for PDMP, An Interoperable Framework for Patient Safety. Available on the NCPDP website, the technical fact sheet illustrates the flow of data and highlights the use of NCPDP’s SCRIPT Standard to enable proactive intervention at the point of prescribing, and NCPDP’s Telecommunication Standard for proactive intervention at the point of dispensing.

• EDvocacy with Members To Keep Members Informed of the Strategic Initiative – Progress on this initiative is shared with NCPDP members using a variety of mediums throughout the year, including: NCPDP’s Annual Report; the NCPDP Annual Technology & Business Conference; a Strategic Initiatives web page; two webinars; a total of four EDvocacy Updates provided during the Joint Technical Work Group Meetings; and through NCPDP’s NCPDP Now Member e-Newsletter and other electronic communications.

NCPDP Member organizations have carried NCPDP’s model solution to the Hill, resulting in the ALERT Act, and the Support for Patients and Communities Act (H.R. 6). Read more in the EDvocacy and Education section of this report.

• EDvocacy with Industry Organizations to Provide Education and Awareness – As of December 2018, NCPDP held 25 Stakeholder Group Meetings and gave 11 presentations to industry organizations.

• EDvocacy with Policymakers to Share Information on Model, Provide Education and Serve as a Resource – Members of NCPDP’s Executive Team, Board of Trustees and Strategic Planning Committee participated in 32 Hill meetings with members of Congress and Congressional staff.

NCPDP 2018 Champion Award Recipient

At the 2018 Annual Technology & Business Conference, NCPDP presented its 2018 Champion Award to Steven Posnack, M.S., M.H.S., Executive Director of the Office of Technology, Office of the National Coordinator for Health Information Technology (ONC). NCPDP’s Champion Award recognizes outstanding accomplishments or work to improve patient care by actively supporting NCPDP members and its initiatives.

As the Executive Director of ONC’s Office of Technology, Mr. Posnack advises the national coordinator, leads the ONC Health IT Certification Program, and directs ONC’s standards and technology investments through the ONC Tech Lab, which organizes its work into four focus areas: pilots, standards coordination, testing and utilities, and innovation.

NCPDP President and CEO, Lee Ann Stember explained, “Steve understands NCPDP’s leadership in developing interoperable industry standards and has always made it a point to have someone from his team at ONC involved in discussions at NCPDP. He has also made a true commitment to participating in the Health Standards Collaborative (HSC), which NCPDP founded. His participation at HSC meetings supports active involvement by other standards development organizations, as we collaborate to develop solutions to solving some of the issues in healthcare IT.”

“I am honored to have been selected for this award, which I humbly accept on behalf of my staff and all of ONC,” said Steve Posnack. “NCPDP plays a key role in our standards community and I look forward to its continued contributions toward interoperability.”

Steve Posnack joins a distinguished group of NCPDP Champion Award recipients, including:

• Joseph Fine, R.Ph. | Technical Director | Centers for Medicare & Medicaid Services (CMS)

• Charles D. Pulido, R.Ph. | Co-Founder of NCPDP, NCPDP Foundation Board Member Emeritus

• Tricia Lee Willkins, Pharm.D., M.S., Ph.D. | Pharmacy Advisor & Health IT Specialist | Office of the National Coordinator for Health Information Technology (ONC)

• RADM Pamela Schweitzer, Pharm.D., BCACP

• Tricia Lee Wilkins, Pharm.D., M.S., Ph.D. | Pharmacy Advisor & Health IT Specialist | Office of the National Coordinator for Health Information Technology (ONC)
Specialty Pharmacy Expansion

Expand member footprint among specialty pharmacy domain by engaging key influencers to promote NCPDP as the logical venue for the industry to engage and develop the next generation of interoperable solutions for care coordination.

Why It’s Important – Patients with chronic or complex medical issues suffer unnecessarily from days-, weeks-, and month-long delays in getting access to specialty medications.

• Benefits Patients – Patients with complex and/or chronic medical conditions can benefit from standardization efforts which may include faster access to specialty medications and better quality patient care.
• Benefits Providers – Automating transactions based on provider workflows enables clinicians to focus on patient care services.
• Benefits Industry – Provides a proven process and forum for addressing the needs of specialty pharmacy, with the potential to increase efficiencies, lower costs and help improve patient care.

The rapidly growing specialty pharmacy market is highly specialized and therefore unable to take full advantage of the efficiencies enabled by our existing standards. The potential to have an impact on specialty pharmacy is a natural fit with NCPDP’s purpose and vision, leveraging standards to streamline complex business needs and have an impact on improving health outcomes for patients receiving targeted, high-touch therapies. Increased representation and participation by specialty pharmacy in NCPDP can speed time to therapy for patients who need specialty medications, and it can help fortify other standards with a larger representation from specialty pharmacy.

Summary of Accomplishments:

• Conducted 2 Highly Effective Stakeholder Action Group Meetings in 2018 – NCPDP’s February 2018 Specialty Pharmacy Stakeholder Action Group (SAG) validated strong interest in standardization using NCPDP’s multi-stakeholder, consensus-building process. An outcome was a request to form a work group to bring greater focus and coordination to developing standards for the electronic exchange of data in specialty pharmacy. The interest and momentum continued with a follow-up Specialty Pharmacy SAG which was held in May 2018 during work group meetings and NCPDP’s 2018 Annual Conference.
• Championed the Establishment of WG18 Specialty Pharmacy – In May/June, NCPDP announced that the Standardization Committee and NCPDP Board of Trustees approved the formation of Work Group 18 Specialty Pharmacy. The new work group gives the segment a home to prioritize and work on workflows and transactions that would benefit from standardization.
• Established 4 Task Groups under WG18 Specialty Pharmacy – WG18 Specialty Pharmacy now has a total of four task groups:
  • WG18 Specialty Pharmacy Data Exchange Task Group - Focus is to standardize data sets exchanged (utilization/clinical) between specialty pharmacy and manufacturers to support programs and agreements between the parties.
  • WG18 Specialty Requirements for ePrescribing Task Group - Focus is to identify opportunities to support the exchange of information needed before a prescription can be dispensed (includes additional patient demographic and clinical information, order-specific clinical information and instructions related to delivery of the medication, which would be added to the appropriate SCRIPT Standard and/or Specialized Standard transactions, depending on analysis.
  • WG18 Stakeholder Outreach and Education Task Group – Charged with addressing ways to identify if a product is covered under a patient’s medical or pharmacy benefit. Knowing this information as early as possible in the prescribing and dispensing process can assist with appropriate routing and billing and improve access to therapy.
  • WG18 Benefit Coverage Identification Task Group – Charged with considering if segments of the industry are appropriately represented in NCPDP’s efforts, and identifying opportunities to educate the industry around NCPDP transactions and standards that can be used to improve the prescribing, dispensing, billing and reporting processes.
• Launched Awareness Campaign to Support WG18 and its Task Groups – After the work group was established, NCPDP launched an awareness campaign to support participation in the work group and its task groups. Campaign components included a press release, promotion of webinars led by the WG18 Co-Chairs, and contributed articles in targeted media outlets.
• Tracking Momentum and Participation in WG18 Specialty Pharmacy and its Task Groups – Since the inaugural meeting of WG18 Specialty Pharmacy in August, participation in the work group has sustained its momentum, with 200+ participants in each meeting. There is also robust participation in WG18 Task Groups, with approximately 450 individuals joining the task group calls.

Task groups are open to NCPDP members and non-members. To join a Task Group, visit the NCPDP Collaborative Workspace at http://dms.ncpdp.org/.
EDvocacy & Education

NCPDP’s EDvocacy efforts support education on the work of NCPDP, our experience in consensus-building, developing industry standards and guidance, and our knowledge and learnings about the complexities of the healthcare system. Education takes place in all our forums and is the key tenet of our EDvocacy and stewardship.

All corners of NCPDP participate in EDvocacy initiatives— from our staff to our members, and our staff and member leaders. In addition, throughout the year, our Public Policy staff, Executive team, Strategic Planning Committee members, and Board members meet with industry leaders and policymakers to educate and increase awareness of NCPDP.

EDvocacy Starts at Home, with Our Members

It is important that we keep our members informed of our EDvocacy efforts and strategic initiatives. NCPDP provides periodic updates to its members in the NCPDP Now e-newsletter, and quarterly EDvocacy updates at its Joint Technical Work Group Meetings. In addition, we provide weekly updates to our staff liaisons on legislation and regulation that may pertain to our work groups.

Members Take NCPDP’s Solutions to the Hill

After learning about NCPDP’s EDvocacy priorities, often member organizations will choose to take NCPDP’s solutions to the Hill. The Analyzing and Leveraging Existing Rx Transactions (ALERT) Act (H.R. 6688) was introduced in the House late summer of 2018. The bill, sponsored by Representatives Tom MacArthur (R-NJ), Ann Kuster (D-NH), and Barbara Comstock (R-WA), would implement a Prescription Safety Alert System to prevent opioid misuse and abuse, under the existing Food & Drug Administration (FDA) Risk Evaluation and Mitigation Strategies (REMS) Program. The Prescription Safety Alert System referenced in the bill was supported by several member organizations. It is based on NCPDP’s Standards-based Facilitator Model for PDMP, An Interoperable Framework for Patient Safety, and leverages the NCPDP Telecommunication Standard.

Another example that reflects member organization support for NCPDP’s PDMP Model solution is the Support for Patients and Communities Act (H.R. 6), which is aimed at combating the opioid crisis. Its Medicare Provisions require electronic prior authorization (ePA) for covered Part D drugs using NCPDP Standards, and require electronic prescribing of controlled substances in Part D.

NCPDP EDvocacy Tours Garner Recognition and Trust

Members of NCPDP’s Board of Trustees, Strategic Planning Committee and Public Policy staff participated in three NCPDP EDvocacy Tours in 2018, which were held in March, July and October. They met with a total of 35 Congressional offices, and key committee staff and stakeholder groups. The priority focus of the EDvocacy Tours in 2018 was to educate policymakers on NCPDP’s Standards-based Facilitator Model for PDMP, An Interoperable Framework for Patient Safety.

During the first EDvocacy tour, the House Energy and Commerce Committee held three hearings focusing on opioid abuse and strategies for prevention and treatment. Earlier that week, the White House released its initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand, which called for a “transition to a nationally interoperable Prescription Drug Monitoring Program network.” NCPDP believes this aligns with our strategic initiative for our standards-based model.

In July, NCPDP met with eight members of Congress and their staff, the Office of National Drug Control Policy, and the National Governors Association. NCPDP provided information on how the model can be implemented to enhance current Prescription Drug Monitoring Programs through the use of NCPDP’s existing, interoperable standards. In October, NCPDP met with 17 Congressional members and stakeholder groups during the final EDvocacy Tour of 2018.

As a result of NCPDP’s ongoing EDvocacy efforts, we remain a recognized, trusted resource on the Hill.

EDvocacy with Government Agencies and Industry Associations

Early in 2018, NCPDP testified during a U.S. Food & Drug Administration (FDA) Opioid Policy Steering Committee public hearing, on “Prescribing Intervention – Exploring a Strategy for Implementation.” NCPDP testified before the committee regarding NCPDP’s Recommendations for an Integrated, Interoperable Solution to Ensure Patient Safe Use of Controlled Substances. NCPDP was among 32 organizations represented at the public hearing, including the American Medical Association, Health IT Now, National Association of Boards of Pharmacy, Academy of Managed Care Pharmacy, Adapt Pharma, individual patients, patient advocates and technology companies. The afternoon session was also attended by FDA Commissioner, Scott Gottlieb, M.D.

In March, NCPDP was invited to participate in the White House Opioid Summit. The three-hour event was moderated by Kellyanne Conway and included updates from members of the Trump Administration on efforts underway to combat the epidemic, including Department of Health and Human Services (HHS) Secretary, Alex Azar; Veterans Affairs (VA) Secretary, David Shulkin; Housing and Urban Development (HUD) Secretary, Ben Carson; acting Office of National Drug Control Policy (ONDCP) Director, James W. Carroll; Deputy Secretary of State, John Sullivan; Department of Homeland Security (DHS) Secretary, Kirstjen Nielsen; and Attorney General, Jeff Sessions. The two panel discussions and Q & A session focused primarily on three areas: prevention, treatment and recovery, and law enforcement. President Trump concluded the event with a surprise appearance, calling for cooperation and a partnership with public and private entities.

Then in June, NCPDP presented the keynote address at the Annual Conference of the Iowa Pharmacy Association (IPA). The presentation, “Pharmacy Standards – How They Impact your Practice and the Profession,” was presented to a packed audience during the second session of the IPA House of Delegates in Des Moines, IA. The presentation highlighted NCPDP’s structure, processes and its strategic initiatives: the NCPDP Standards-based Facilitator Model for PDMP, An Interoperable Framework for Patient Safety, the NCPDP Universal Patient Identifier (UPI), powered by Experian Health’s Universal Identity Manager (UIM); and Specialty Pharmacy Expansion.

During the year, we were actively engaged with other government agencies, such as Centers for Medicare & Medicaid Services (CMS), as well as other industry organizations, among them: Joint Commission of Pharmacy Practitioners (JCPP) (Observer status); United States Pharmacopeia Convention (USP); Pharmacy Quality Alliance (PQA); National Community Pharmacists Association (NCRA); American Pharmacists Association (APHA); National Alliance of State Pharmacy Associations (NASPA); American Society of Health-System Pharmacists (ASHP); National Association of Chain Drug Stores (NACDS); Asembia; and Health IT Now’s Opioid Safety Alliance. 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 events - are EDvocacy opportunities to share information about our standards and industry guidance and other topics of interest to industry stakeholders.

NCPDP’s 2018 webinars featured a variety of topics, including: UDI Impact on Retail Pharmacy; 2018 D.C. Budget Talk; Quality and Accreditation Initiatives in Specialty Pharmacy; and Hospice Provider and Medicare Part D Walk Through.

The NCPDP/HIMSS Town Hall Webinar Series provides important industry education on industry challenges and NCPDP’s work advancing interoperability through standards development. This year’s 3-part webinar series covered: Perfecting ePrescribing; Medication Cost Transparency: How Standards and Innovation are Driving Enhanced Prescribing Experiences, Outcomes; and Specialty Medication Workflow – How Standards are Improving the Prescriber and Patient Experience.

In addition, NCPDP University and NCPDP’s Emerging Professionals Group each hosted webinars this year focused on networking and professional growth opportunities within NCPDP.

Access the latest webinar programming, as well as archived webinars, at http://www.ncpdp.org/Education/Webinar

Annual Technology & Business Conference
NCPDP’s 2018 Annual Business & Technology Conference was an impassioned call for collaboration to develop standards and solutions that improve the patient experience. This year’s event, Industry United to Improve the Patient Journey, opened with the Keynote Panel, “Data Challenges and Opportunities to Improve the Patient Journey,” moderated by physician and Executive Director, Health IT Strategy and Policy, Kaiser Permanente, Walter G. Suarez MD, MPH. Patient rights activist Regina Holliday, also on the panel, presented a keynote during the Awards and Recognition Luncheon. Keynote speaker, former U.S. Chief Technology Officer Aneesh Chopra, presented “Open Data, IT, and Value-Based Payment: The (Bipartisan) Approach to Health-Care Delivery Reform.” Featured speaker Doug Long, Vice President, Industry Relations, IQVIA™, gave his highly anticipated IQVIA™ Market Trends Report.

Educational programming for the 2018 Annual Conference included 12 technical and professional track sessions, with CPE for pharmacists and pharmacy technicians.

NCPDP’s 2019 Annual Technology & Business Conference, Dare to Disrupt, will be held May 6-8, in Scottsdale, Arizona.

Preparing the Industry for January 1, 2020 Implementation of SCRIPT V2017071
NCPDP launched a major educational initiative in 2018 to help the industry prepare for implementation of NCPDP’s SCRIPT Standard V2017071.

Webinar Series
The first of two webinars offered in the Fall, “What is XML and How is it Used in ePrescribing?” gave attendees an inside view into how NCPDP’s SCRIPT Standard is developed and how Extensible Markup Language, or XML, is used in ePrescribing standards. The second webinar, “The Next SCRIPT Version: What is Changing, What to Expect, and What to Do About It,” provided a high-level view of the new transactions added to the standard and offered participants organizational resources to plan, test, and prepare for implementation ahead of the January 1, 2020 deadline. Additional webinars are planned for 2019.

2018 Educational Summit on SCRIPT
NCPDP chose to depart from previous Educational Summit formats in 2018 and focus the program entirely on preparing participants for implementation of the new SCRIPT Standard.

Attendance reached record highs for November’s 2018 Educational Summit on SCRIPT, in Charlotte, North Carolina. The program featured an introductory overview of SCRIPT V2017071 and a series of five deep-dive sessions designed to let participants explore: messages for new prescription requests and denials; transactions for resupply, recertification and drug administration; messages for prescription transfer requests, responses and confirmations; the use of the new prescription fill indicator; and how to implement transactions for prescription renewals including requests, responses, change requests and prescription canceling. The full-day event closed with a panel discussion representing various segments of the industry discussing what’s next for SCRIPT – including governance, transaction adoption, versioning and other topics.

Watch for more details in 2019 surrounding a special SCRIPT V2017071 track to be presented during NCPDP’s 2019 Annual Technology & Business Conference.

Read more about NCPDP’s efforts to support industry implementation of SCRIPT V2017071 – including its ePrescribing testing tool and Standards Certification Program - in the Collaboration & Consensus Building section of this report.
Collaboration & Consensus Building

Expanded Dollar Field Accommodates High-Cost Specialty Prescriptions

In August, NCPDP reached a milestone achievement: addressing an industry challenge in processing prescription drug claims for medications at or exceeding $1 million. The industry currently uses the Universal Claim Form to manually process these claims. During a 5-hour Stakeholder Action Group meeting, with representation from all impacted stakeholders, four possible solutions were presented to help ensure patient access to care for drug products at or exceeding $1 Million.

The agreed upon solution, which will require some amount of work for all industry stakeholders, underscores its importance - was to expand all dollar fields to $999,999,999.99 in the Telecommunication Standard and other NCPDP standards. The solution aligns with other external standards, accommodates stakeholders that are not yet able to transition to the expanded fields.

In December, an FAQ document was published that provides guidance to industry stakeholders, who are not yet able to transition to the expanded fields.

2018 By The Numbers

- Task Group Hours: 16,645
- Total Volunteer Hours: 29,527
- O.E.M. Radiated: 52
- White Papers, Comments, Letters & Documents Created: 35
- Tasks & Sub-Task Group Calls Supported: 924
- Project Development Plans Submitted & Proposed: 3

NCPDP Provides Opioid Utilization Edits Guidance

In June 2018, CMS adopted a three-pronged approach to address prevention and treatment of opioid addiction within the Medicare community. This led to the development of a series of Opioid Overutilization Initiatives designed to stem over-prescribing of opioid pain medications, including:

- Limiting new opioid prescriptions for “opioid naïve” patients to 7 days;
- Implementing automated alerts that trigger when a patient’s total prescribed morphine milligram equivalent (MME) exceeds 90 MME;
- Allowing Medicare Part D plans to implement drug management programs for tracking two of the most frequently abused drugs by beneficiaries: opioids and benzodiazepines; and
- Monitoring patients prescribed frequently abused drugs to make sure they are only receiving from approved providers and pharmacies.

In response to these new rules, which took effect January 1, 2019, NCPDP added a new section to the Telecommunication Version D and Above Questions, Answers and Editorial Updates document that provides providers, pharmacists and claims administrators with opioid-specific scenarios and guidance for how and when to use the Telecommunication Standard’s:

- Rejection Codes;
- Reason for Service Codes;
- Other Pharmacy Indicator and Prescriber Indicators;
- Approved Message Codes;
- Additional Message Information Qualifier;
- Help Desk Telephone Number;
- DUR Free Text Message and Additional Text;
- Diagnosis Code;
- Patient Residence Code for long term care exemptions;
- DUR Professional Service Code; and
- DUR Result of Service Code to address opioid naive patients, opioid care coordination, and provider or pharmacy limitations.

NCPDP Comments on CMS Final Rule That Formally Adopts SCRIPT Standard V2017071

In a coordinated effort across seven task groups from four different work groups, NCPDP offered recommendations to the Centers for Medicare & Medicaid Services (CMS), in April, regarding its final rule, Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program. NCPDP’s SCRIPT Standard Version 2017071 was formally adopted as the official electronic prescribing standard for transmitting prescriptions and prescription-related information for covered Part D drugs and Part D eligible individuals.

Congratulations NCPDP SCRIPT Standard V2017071 Certified Experts

The following individuals have earned the professional designation of NSC-II, the NCPDP SCRIPT V2017071 certification credential:

- Jerry Krupa, R.Ph., NSC-II, Principal Business Analyst, Allscripts
- Michael Menkhaus, R.Ph., NSC-II, Owner, Pro Rx Consulting
- Sonya F. Oetting, NSC-II, Director of Network Services & Partner Interfaces, PrescribersConnection, LLC
- Tatiana Cole, NSC-II, Sr. Integration Product Owner, PointClickCare
- Tim McNeil, NSC-II, Director, Standards, Surescripts
- Valerie Ray, M.S., NSC-II, Kaiser Permanente
- Ashley H. Maples CPHT, NSC-II, Sr. Product Manager - Digital Provider Solutions, ExpressScripts
- David N. Kilgo, R.Ph., Director of Implementation, Wolters Kluwer Clinical Effectiveness
- Samantha J. Ramberg, NSC-II, Sr. Business Analyst, Surescripts

Become an Expert Resource on SCRIPT V2017071: http://ncpdp.org/Education/Certification-Program
NCPDP Helps Industry Prepare for Implementation of SCRIPT Standard V2017071

NCPDP launched important tools and education to support industry implementation of the NCPDP SCRIPT Standard V2017071 by January 1, 2020. Beginning with taking ownership of the NIST ePrescribing Testing Tool, NCPDP soon afterwards launched the testing tool for V2017071, followed by a webinar series, a Certification Program, and an Educational Summit, with additional educational programming coming in 2019.

NCPDP Takes Ownership of NIST Testing Tool

In the summer of 2018, NCPDP formally took ownership of the National Institute of Standards and Technology (NIST) eRx Validation Suite, the electronic prescribing testing tool approved for use under the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program (Certification Program). The tool is used by EHR and ePrescribing system vendors to test and assure correct implementation of NCPDP’s SCRIPT Standard for data transport, content usability and system functionality.

NCPDP had been working with NIST under a 5-year grant awarded by ONC in 2015. The grant provided funding for NCPDP to investigate and migrate the ePrescribing (eRx) Validation Suite to NCPDP.

Upon taking ownership of the NIST Testing Tool, NCPDP became the first healthcare standards development organization (SDO) to provide end-to-end stewardship in standards development and testing for the industry.

NCPDP Announces Availability of SCRIPT Version 2017071 ePrescribing Testing Tool

Soon after announcing it assumed ownership of the NIST ePrescribing Testing Tool, NCPDP announced the availability of its NCPDP eRx Validation Suite to test and ensure correct implementation of the NCPDP SCRIPT Standard Version 2017071 ahead of the January 1, 2020, implementation timeline.

The new version of the tool supports testing of transactions adopted under Medicare Part D beginning January 1, 2020, as well as the full breadth of patient safety and clinical transactions and functionality in NCPDP’s SCRIPT Standard.

Here are just some of the enhancements in SCRIPT V2017071:

- Support for the electronic transmission of compound information, including ingredients and their quantities;
- Support for both veterinarian or non-veterinarian prescribers;
- Support for the reporting of allergies and adverse events;
- Support for the sending of laboratory testing dates and values;
- Directions for use now allow 1,000 characters and are included in the Sig element of SigText;
- Support for the inclusion of IV administration information, wound care information, and MTM services for specialty;
- Support for grouping of multiple prescriptions allowing for items like multiple dispensing and administration locations (such as school and home), injectable or IV medication, and associated supplies;
- Support for including diabetic supply information on a new prescription;
- Support for the sending of facility specific hours of administration for long-term care medication orders;
- Prescribers can choose when and if they want to receive the RxFill notification message based on the medication and the patient;
- The medication history response transaction has been enhanced to return data from Prescription Drug Monitoring Program (PDMP) administrators;
- Enhancements to digital signatures, as required for the electronic prescribing of controlled substance medications;
- Support for flavoring and the number of packages in which the medication is dispensed; and
- Support for the manufacturer name, lot number and expiration date of the product.

SCRIPT Version 2017071 also contains electronic prior authorization (ePA) transactions, as well as transactions for new prescription requests, transfers, and Risk Evaluation and Mitigation Strategy (REMS) request and response.

NCPDP Launches Certification Program for SCRIPT V2017071

The NCPDP Standards Certification Program debuted its online exam for SCRIPT V2017071 in October 2018. The first-on-site exam took place during the November Joint Technical Work Group Meetings in Charlotte, North Carolina.

The Certification Program provides members and qualifying non-members an opportunity to obtain a distinguished certification based on the ability to demonstrate knowledge and understanding of implementing NCPDP Standards accurately and effectively. The exam is offered in-person, online and at Kryterion Testing Centers throughout the country.

The Certification program credentials individuals as expert resources on the new SCRIPT Standard, thereby increasing an individual’s professional value to organizations or clients in the implementation of the Standard.

NCPDP provides a Certification Directory to make it easy for organizations to find an NCPDP SCRIPT V2017071 Certified (NSC-II) professional. The Standards Certification Directory can be accessed on the Certification Program page on the NCPDP website.

To register for the exam or for more on the Certification Program, including information on how nonmembers may qualify to take the exam, visit http://ncpdp.org/Education/Certification-Program.

Read about NCPDP’s educational initiative to support industry implementation of SCRIPT V2017071 – including its webinar series and the 2018 Educational Summit on SCRIPT - in the EDvocacy & Education section of this report.
NPRM Requires Use of “Quantity Prescribed” Field for Schedule II Drugs

In late January 2019, CMS issued a Notice of Proposed Rulemaking (NPRM) requiring covered entities to use the Quantity Prescribed (460-ET) field in the August 2007 Version of the NCPDP Telecommunication Standard Version D.0 for retail pharmacy transactions for Schedule II drugs. The NPRM comes at a time when interest in managing fills of Schedule II drugs is at an all-time high due to the public health issue of opioid abuse and misuse. The proposed modification would enable covered entities to distinguish a prescription as a “partial fill” in retail pharmacy transactions. The NCPDP SNIP Committee will formulate a response to the NPRM in the first quarter of 2019.

Task Group Created to Develop Recommendations to Achieve Harmonization within NCPDP Standards

The NCPDP Standardization Committee noted processes may need to be put in place to harmonize NCPDP’s distinct standards, code set values and guidance in order to achieve healthcare interoperability. In response to this business need for additional support to ensure harmonization within NCPDP Standards, NCPDP formed the Harmonization Formation Task Group in 2018. The scope of the task group is to develop recommendations and provide suggestions for task assignments to existing bodies to implement the needed harmonization.

Telecommunication Standard Version F2 Transition Progress

Work continues in the transition from Telecommunication Standard Version D.0 to Version F2. Updates in F2 focus on processes affecting Medicare Part D; enhanced coordination of benefits; and specialty pharmacy in the areas of eligibility, claims processing, service billing and information reporting. Here is a sampling of some of the changes to the Standard available in Version F2:

- Added a new eligibility segment to support CMS’ enhancements to the eligibility data. A new segment, Response Other Related Benefit Detail, was added to the Eligibility (E1) transaction. The segment was added to support CMS’ enhancements to the eligibility data being provided to the Transaction Facilitator for Medicare Part D beneficiaries. As a result of this new segment, the CMS Low Income Cost Sharing (LICS) Level (138-UQ) was deleted from the standard and the Medicaid ID Number and the Medicaid Agency Number are situationally used in an E1 response when the transmission is accepted, and the transaction is approved.
- The Payer ID Qualifier (568-J7) and Payer ID (569-J8) fields were restructured to allow multiple identifiers to be returned on a single transaction response; and the field names were changed to accommodate the identification of an entity that may not be the payer. These changes will support the identification of the health plan’s contract ID (e.g., Medicare Part D Contract ID) as well as any other existing payer ID values.
- A Pricing Guidelines Section was added. This change will provide a single location within the Telecommunication Implementation Guide where comprehensive response processing and pricing guidelines will reside. This documentation is intended to support streamlined research, standardization of implementation and mitigate duplication of information or potential conflicts in guidance. Existing Response Processing and Pricing Guidelines were moved to this section. The Telecommunication Version D and Above Questions, Answers and Editorial Updates FAQs related to Response Processing or Pricing were transcribed and added to this section.
- Added four fields to support the association of a partial fill claim billing or service billing to the original billing.
- To support electronic billing of workers compensation claims, the Original Manufacturer Product ID (489-TE), DUR Co-Agent ID (UDI) and future expansion of code sets lengths, the Compound Product ID (489-TE), DUR Co-Agent ID (476-H6), Generic Equivalent Product ID (126-UA), Originally Prescribed Product/Service Code (445-EA), Preferred Product ID (553-AR), and Product/Service ID (407-D7) field lengths were increased to 40 characters.
- Three new fields were added to support a mechanism to support billing of compounds. Compound Level of Complexity (C60-AG), Preparation Environment Type (C99-KU), and Preparation Environment Event Code (C98-KT).
- A new, distinct field, Prescriber DEA Number (D01-KV), was added to the Prescriber Request Segment to support the submission of the Prescriber’s DEA Number for controlled substance claims.
- Added two fields, Benefit Type Opportunity Count (C59-AF) and Benefit Type Opportunity (C58-AE), to the Response Claim Segment to support additional information on the patient’s benefit. This was done to promote transparency of plan benefit information, allowing the patient to take advantage of areas of their plan benefit previously unknown to them.
VISION IN PRACTICE

Collaboration & Consensus Building (cont’d)

Standards Updated to Support NCPDP Universal Patient ID on Transactions

The External Code List (ECL) published in October 2018 included a new value for data element Patient ID Qualifier (331-CX) which allows industry trading partners who choose to use it, the ability to exchange NCPDP Universal Patient Identifiers (NCPDP UPI) as long as the current situation of use requirements for Patient ID (332-CY) are met. The NCPDP UPI supports accurate patient identification for improved patient safety and clinical decision making. The NCPDP UPI is a pass-through number that is not known to the patient or provider. Optimizing the patient safety benefits of the UPI throughout the healthcare ecosystem can be achieved by propagation of the UPI using NCPDP’s Telecommunication Standard and SCRIPT Standard.

In addition, updates were made to SCRIPT, Telecommunication, Subrogation and Prescription Transfer Standards and published in January 2019 to further facilitate the exchange of the NCPDP UPI by adding an XML tag for it, by allowing for multiple patient identifiers on a transaction and by modifying the situation of use for Patient ID (332-CY). For more information on the NCPDP UPI, visit http://www.ncpdp.org/Products/NCPDP-Universal-Patient-Identifier.

EDvocacy on Naming of Biologics

NCPDP continues to EDvocate about nonproprietary naming conventions for biosimilars and the downstream impact of deviating from recognized naming standards. A sub-group of members of the WCG2 Naming Standards for Drugs, Biologics and Biosimilars Task Group submitted comments to U.S. Pharmacopeia (USP) on its naming proposal and met with representatives from the U.S. Food & Drug Administration (FDA) in April to offer insight from NCPDP members representing pharmaceutical manufacturing; hospital pharmacy; retail pharmacy; PBMs and the National Library of Medicine (NLM). NCPDP has previously expressed its concerns over the financial impact that will fall upon multiple stakeholders within the healthcare industry, and the risk to clinical decision-making, clinicians’ ability to identify therapeutic alternatives, and consequently, to patient safety.

NCPDP Recommends FDA Option D in Expansion of the National Drug Code

According to the FDA, at some point in the next 10 to 15 years, NDC formatting will need to be updated to accommodate longer NDCs because new labelers are continually entering the U.S. market. In 2016, the FDA said that once older 5-digit labeler codes run out, it would begin assigning 6-digit labeler codes. At that time, the agency said it planned to add two new 11-digit NDC formats to accommodate the longer labeler codes. During a public hearing in November, “Docket No. FDA-2018-N-2610: Future Format of the National Drug Code” NCPDP presented its reasons for recommending FDA’s Option D, National Drug Codes (NDCs) with a uniform 6-digit labeler/4-digit product/2-digit package code sequenced format. NCPDP noted changes are expected to have widespread impact at every level of healthcare as pharmacy and administrative systems are updated.

To help the industry prepare and to help reduce impact to patient safety, NCPDP recommended the following:

- Once 6-digit labeler codes are assigned, all new and existing NDCs would be required to be presented in a 6-2-4 sequence format. This sets a standard configuration for all NDCs and maintains the unique NDC representation. Legacy labeler codes should be updated to the new format by adding leading zeros. This would create one standard configuration for all NDCs and provide the industry with more product or package codes.
- Minimum 10-year advance notice prior to first issuance of 6-digit labeler codes.
- Formal notification when only 10,000 available 5-digit labeler codes remain.
- Careful coordination with all industry stakeholders to ensure consistent compliance and to minimize disruption.

Digital Therapeutics Task Group to Support Ground-breaking Avenues for Healthcare Delivery and Patient Care

The newly formed Digital Therapeutics (DTx) Task Group has started discussions, exploration, and discovery into the high-level process flow of the ordering, authorization, fulfillment, and billing of Digital Therapeutics. The group will evaluate and identify existing NCPDP or external standards that will fully or partially support DTx participant data exchange and propose changes to existing standards or develop new standards to support DTx requirements. Through the task group’s work, electronic data exchange between DTx trading partners and patient access to digital therapeutics will be supported. The Digital Therapeutics Alliance defines digital therapeutics as:

- Technology-based clinical interventions to manage health, prevent, mitigate, or treat medical conditions.
- Digital therapeutics can be used independently or with medications to optimize patient care and health outcomes.
- Digital therapeutics incorporate design, quality, security, and privacy requirements; undergo clinical studies; and pursue regulatory validation appropriate to product claims and intended use.

The formation of this task group offers a unique opportunity to allow NCPDP and emerging industry leaders to find creative ways to align digital therapeutics within existing pharmacy workflows and processes to help shape the industry’s growth and future success.

Community Pharmacy Foundation Grant Supports Independent Community Pharmacist Involvement in NCPDP

This year marks the 6th year of the Community Pharmacy Foundation Grant, which supports the active engagement of up to four independent community pharmacists in NCPDP’s standards development process. Each year, we tracked the contributions of the pharmacists under this grant, which strengthens the voice and representation of community pharmacists in our work groups and task groups. Among the grantee’s contributions in 2018 are:

- Voicing support for pharmacist directed electronic messaging to create an avenue for pharmacist patient care orders to come from physician EHR. Grantees participated in a project developing use cases for this service.
- Resolving reimbursement issues due to a policy implemented by CMS to require calcimimetics become bundled in payment to ESRD facility.
- Working to curb the opioid crisis:
  - Participating in discussions to create codes to implement Medicare Part D opioid coordination of care edits allowing plans and pharmacies to communicate to patients when they exceed the equivalent limits when the prescriber specialty is known, within workflow.
  - Participating in discussions to create codes to implement provisions passed in the Comprehensive Addiction and Recovery Act (CARA), which made it legal for a pharmacy to dispense incremental fills of a controlled substance in agreement with the patient and/or prescriber.
  - Exploring the creation of a pharmacy referral that could be used by a physician or other healthcare provider to send an electronic order for pharmacy services.

Additionally, grantee Christian Tadrus co-presented, Value-based Payment Models and the Pharmacist eCare Plan (PeCP) at the NCPDP 2018 Annual Conference.

“My overall impressions of these NCPDP workgroup meetings is that more independent pharmacies need to get involved with this organization. Decisions made at these workgroups affect all independent pharmacies’ day-to-day business.” — Jason Carter, Best Value Pharmacies
Collaboration & Consensus Building (cont’d)

White Paper on Dates Associated with Pharmaceutical Products

Published in May, the white paper, Dates Associated with Pharmaceutical Products, provides the pharmaceutical industry with a guide to understanding dates associated with U.S. Food and Drug Administration (FDA)-approved pharmaceutical products entering and leaving the market and how the different stakeholders, including the FDA; Centers for Medicare & Medicaid Services (CMS); pharmaceutical manufacturers; and drug data compendia, utilize these dates. The paper clarifies the industry’s use of a pharmaceutical product’s beginning date of sale and ending date of sale and offers recommendations to pharmaceutical manufacturers for establishing best practices in communicating these dates within their organizations and with the healthcare industry at large.

Upstream Reporting of Copay Assistance Issues Brief

As commercial health insurance premiums and the costs of prescription drugs have increased, pharmaceutical manufacturers, not-for-profit organizations and other groups have developed specialized rebate and assistance programs to help patients pay for their medications. NCPDP developed the Upstream Reporting of Copay Assistance Issues Brief to document the results of WGI’s Upstream Reporting of Copay Assistance Task Group’s research into the options for reporting these supplemental programs’ contributions to a prior payer to enable calculation of a patient’s actual out-of-pocket expenses and apply those expenses to accumulators. Due to the complexities of the issue, the brief, which does not provide recommendations or solutions, offers providers, pharmacists, payers and processors, and patients an informational analysis of:

- Program types;
- Use cases and process workflows;
- The viability and obstacles of using the NCPDP Telecommunication Information Reporting (Nx) Transaction and Batch Standard File for reporting prescription assistance to an upstream payer; and
- Other obstacles to solutions.

NCPDP Guidance for SPAPs and ADAPs Medicare Part D Coordination of Benefits Requirements and Responsibilities

The white paper, NCPDP Guidance for SPAPs and ADAPs Medicare Part D Coordination of Benefits Requirements and Responsibilities, provides guidance for State Pharmaceutical Assistance Programs (SPAPs) and AIDS Drug Assistance Programs (ADAPs) in exchanging data with Medicare Part D Plan sponsors for electronic coordination of benefits. Republished in December 2018, document updates were made to reflect changes the Centers for Medicare & Medicaid Services (CMS) made to automate its attestation process, which was previously manual and paper-based.

Enhanced Manufacturer Rebate Standard Implementation Guide Published

In January 2018, NCPDP released a new version of the Manufacturer Rebate Utilization, Plan, Formulary, Market Basket, and Reconciliation Flat File Standard Implementation Guide Version 07 Release 02. The Guide provides guidance for how to implement the five file formats supported by the Manufacturer Rebate Standard. The Manufacturer Rebate Standard provides a standardized format for the electronic submission of rebate information from Pharmacy Management Organizations (PMOs) to Pharmaceutical Industry Contracting Organizations (PICOs). Enhancements available in the Standard’s implementation guide include, but are not limited to:

- Diagnosis code information;
- Additional fields for formulary and benefit file cross reference to eliminate use of the formulary field to reference these additional files;
- Utilization management indicators if formulary and benefit coverage files are not available or not a viable option;
- 340B discount indicator;
- Additional patient liability fields to provide detailed information on deductibles, tax, and copay/coinsurance; and
- Modifications to values/definitions associated with Reconciliation Status Code, Reconciliation Reason Code, and Reconciliation Error Description.

New PDMP Reporting Standard Streamlines Real-time Reporting Between State PDMPs

NCPDP released the Prescription Drug Monitoring Programs (PDMP) Reporting Standard in early first quarter of 2019. The Implementation Guide addresses the types of communication between reporting dispensing providers and the PDMP Facilitator using the NCPDP PDMP Reporting Standard format. The business function includes PDMP reporting to populate required drugs to adhere to drug reporting requirements. This transaction allows a dispensing provider to report information supplemental to a Telecommunication Standard B1 claim billing transaction that was previously submitted to the PDMP Facilitator.

Updated PDMP White Paper Offers Recommendations, Guidance to Support Real-time Reporting of Controlled Substances

NCPDP continued to provide guidance to pharmacists and providers reporting to PDMP facilitators and state PDMPs. In January 2019, NCPDP published an updated version of its white paper, NCPDP’s Recommendations for an Integrated, Interoperable Solution to Ensure Patient Safe Use of Controlled Substances. The white paper outlines NCPDP’s model, which uses existing industry standards and best practices to enhance state PDMPs, provide interoperability, provide real-time reporting and risk alerts, and access to data, giving providers information in a timely manner, across state lines and across pharmacies. The new, Version 10 of the white paper outlines the latest changes in federal activity and industry impact to address the prescription drug abuse crisis. It explains how NCPDP’s new PDMP Reporting Standard, enhancements to the NCPDP SCRIPT Standard V2017071 and the forthcoming Telecommunication Standard Version F2 can facilitate standardization; real-time reporting of dispense and purchasers data; and improve retrieval of PDMP data that will allow providers to make more informed clinical decisions at the point of care.

Education and Guidance on Part D for Hospice Providers

During the year, NCPDP developed education and guidance on Part D for hospice providers. NCPDP hosted a webinar in July 2018, Hospice Provider and Medicare Part D Walk-Through. This was one of the best attended webinars for NCPDP in recent history, signaling the vital need for education among this segment of the industry. The Hospice Task Group later developed a Q&A based on questions received during the webinar event. The webinar slide deck, the Q&A, and Medicare Part D Hospice Care: Hospice Information for Medicare Part D Plans, are available to download from the Hospice Task Group page on the NCPDP Collaborative Workspace. Educational outreach will continue throughout 2019 with hospice providers and Part D plan sponsors working together to coordinate benefits.
Collaboration & Consensus Building (cont’d)

NCPDP and CMS Collaborate to Transition Medicare Card Beneficiary IDs

Beginning in October 2018, CMS began the transition phase of the system-wide Social Security Number Removal Initiative (SSNRI) to better protect patients’ personal identifiable information as well as federal healthcare benefit and service payments. CMS collaborated with NCPDP to offer support and feedback on how the phased issuance and rollout of a new Medicare Beneficiary Identifier (MBI) would impact the healthcare industry: from providers and pharmacists to benefit eligibility, claims administration and billing. CMS formed SSNRI to meet requirements set forth in The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which mandated the removal of all beneficiary social security numbers from member Medicare cards by April 2019.

CMS Fraud Waste & Abuse Training Program Updates

Impact NCPDP Training Attestation Form

In April, CMS released CMS-4182-F: Reducing the Burden of the Compliance Program Training Requirements (§§ 422.503 and 423.504). This provision changes how Parts C and D compliance programs and First Tier, Downstream, and Related Entities (FDRs) plan sponsors can achieve Fraud Waste, Abuse (FWA) training requirements. In August, members of the Medicare Standardized Fraud, Waste and Abuse Training Attestation Task Group recommended modifications to the NCPDP Fraud, Waste and Abuse Training Attestation Form, which were added to the Pharmacy Profile in the first quarter of 2019.

Attestation Guidance Reduces Partial Responses

In an effort to improve Fraud, Waste, Abuse (FWA) Attestation data integrity, NCPDP’s Database Services identified and found solutions for partially completed records in the attestation table. In collaboration with the Medicare Standardized Fraud, Waste and Abuse Training Attestation Task Group, changes were made to ensure only completed FWA attestations are included. Field notes and information buttons were added to the FWA form to provide deeper descriptions within the Pharmacy Profile to provide support and assist pharmacies with completing and submitting the attestation form, which became effective May 1, 2018.

Pharmacist eCare Plan Update

As previously reported, in 2016 NCPDP published the Guidance on the Use of the HL7 CDA Consolidated Templates for Clinical Notes R2.1 Care Plan document to provide guidance to the pharmacy industry on the use of the HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm) Standard for Trial Use Release 2.1 (C-CDA) in submitting Pharmacist eCare Plans (PeCPs). The purpose of PeCPs is to allow pharmacists to document and share their patient medication-related evaluations, treatment goals, interventions, and recommendations with other providers in the patient care team. Care plans provide a way to optimize patients’ medication-related outcomes and satisfaction, and avoid duplications of prescribed medications and services. The first PeCPs were sent to Community Care of North Carolina (CCNC) as part of the Center for Medicare & Medicaid Innovation (CMMI) Pilot.

During the 12-month period from June 2017 to May 2018 there were almost 25,000 completed Pharmacist eCare Plans (PeCP) from almost 200 pharmacies for payment under the CCNC CMMI grant. In 2018, the NCPDP/HL7 Pharmacist eCare Plan C-CDA template and Fast Healthcare Interoperability Resources (FHIR) Implementation Guides for the September 2017 HL7 comments-only ballot were reconciled. The project is moving forward with completing the Implementation Guides in time for the May 2019 ballot cycle. This is a joint project between NCPDP and HL7. Also in 2018, the Office of the National Coordinator for Health Information Technology (ONC) listed the Pharmacist eCare Plan as a tool in the Interoperability Standards Advisory (ISA) Documenting and Sharing Medication Related Care Plans by Pharmacists.

Billing Guidance for Pharmacists’ Professional and Patient Care Services

Primary care provider shortages are impacting and will continue to impact community pharmacists over the coming years. To help ease the burden on patients, pharmacists in affected areas have begun offering services outside of their traditional drug dispensing responsibilities. Some of these services, including immunizations; point-of-care (POC) testing; medication therapy management (MTM); chronic care management; transitions of care management; patient education and counseling require different billing methods than the traditional fee for service model. Published in June 2018, the Billing Guidance for Pharmacists’ Professional and Patient Care Services white paper, provides the pharmacy sector of the healthcare industry with guidance on how to bill for clinical services using various billing methodologies that have surfaced, including contract-based reimbursement; direct patient payment; and “incident to” billing. Resources are also provided to assist pharmacists in finding the correct procedure codes for a service, when billing through private health insurers; Medicaid, or Medicare Part D, when billing for MTM services.

Electronic Referral Task Group Works to Streamline Patient Referrals and Request for Services

The new Electronic Referral Task Group was formed this year to identify and develop electronic standards for the bi-directional exchange of referral requests for services between a pharmacy or pharmacist and another entity or provider. The group formed as a result of a project request to increase information sharing and collaboration between patients, their providers and pharmacists in offering services such as medication reviews, MTM services, and patient education through a pharmacist.

Forthcoming Guidance Document and Claim Adjustment Code for Pharmacy DIR Reporting

In its efforts to control healthcare costs, Medicare Part D payers rescind money from pharmacists who cannot show patient medication adherence. In 2018, the DIR B35 Reporting Task Group, which works to develop standards and guidance to communicate to pharmacists how DIRs are calculated and why, worked to finalize a recommendations document for Direct/Indirect Remuneration (DIR) reporting to convey a consistent solution for identifying DIR adjustments of pharmacy claims using the X12/005010X221A1 Health Care Claims Payment/Advice (B35) to their provider business partners. In addition, the group requested a unique Claim Adjustment Reason Code from X12 for (DIRs) that will assist the industry with identifying DIR adjustments on the X12/005010X221A1 Health Care Claims Payment/Advice (B35). The guidance is expected to be released in 2019.
Renewal Request Guidance Clarifies EPCS Process

The SCRIPT Implementation Recommendations Document version 1.44, was updated in May to include FAQ and EPCS updates for how to properly implement the RenewalResponse transaction for renewal requests of controlled substances. The edits were added to clarify for providers and pharmacists a 2017 statement from the Drug Enforcement Administration (DEA) regarding fax transmission of prescriptions: “A pharmacy cannot provide [a prescriber] in whole, or in part, pre-populated information on a document and have that document then become a prescription.” To ensure the DEA requirement is met when using its standards, NCPDP recommended providers and pharmacists use DeniedNewPrescriptionToFollow RefillResponse transaction followed by a NewRx transaction in SCRIPT V10.6. With SCRIPT V20170711, this function is executed using a ReplaceRenewalResponse transaction.


Updates to NCPDP’s Emergency Preparedness Document, Version 1.5, published in July, provide pharmacy, payer and prescriber guidance on how to execute a coordinated pandemic response through the development of a pandemic flu plan. As part of this process, the NCPDP Pandemic/Epidemic Payer Sheet was developed to standardize pandemic/epidemic procedures when National Stockpile drug products are accessed, and the provider or pharmacist knows a patient’s payer. This year’s changes came as a direct result of a 2017 NCPDP stakeholder action group meeting with the Centers for Disease Control and Prevention (CDC) to discuss technical solutions for some of the challenges faced by the CDC during the 2009 H1N1 influenza pandemic.

Specialty Pharmacy Work Group Ignites Industry Involvement

2018 marked an important milestone for NCPDP with the formation of WG18 Specialty Pharmacy. The work group formed to give focused attention to specialty pharmacy process flows and open opportunities for standardization through industry engagement and collaboration. The work group’s two meetings in August and November each attracted more than 200 attendees interested in joining the group’s work within its four task groups:

- Specialty Pharmacy Data Exchange Task Group: Moved out of WG7 in August to focus on standardizing both utilization and clinical data sets exchanged between specialty pharmacy and manufacturers to support programs and agreements between the parties.
- Specialty Requirements for ePrescribing Task Group: Moved out of WG11 in August to identify opportunities to support the exchange of information needed before a prescription can be dispensed. This would include information provided by the prescriber: additional patient demographic and clinical information; order-specific clinical information; and instructions related to delivery of the medication. The goal of this task group is to analyze how this data could be added to the appropriate SCRIPT Standard and/or Specialized Standard transactions.
- Stakeholder Outreach and Education Task Group: Created to provide outreach to Specialty Pharmacy stakeholders and develop and execute educational opportunities.
- Benefit Coverage Identification Task Group: Created to identify areas of opportunity for Specialty Pharmacy coverage through the medical or pharmacy benefit.

The work group is actively seeking participation from across this segment of the industry. Visit the NCPDP Collaborative Workspace to register for WG18 task groups, view the calendar for task group calls and for working documents and call notes.

2018 Interoperability Advisory (ISA) Guide

NCPDP finalized comments for the 2018 ONC Interoperability Standards Advisory Guide in October. The Interoperability Standards Advisory ISA process is the model the Office of the National Coordinator for Health Information Technology (ONC) uses to coordinate the identification, assessment, and public awareness of interoperability standards and implementation specifications that can be used across the healthcare industry to address specific interoperability needs, including interoperability for clinical, public health and research purposes. NCPDP offered clarification and recommendations for the document as defined in NCPDP’s Telecommunication, SCRIPT and Specialized Standards.

NCPDP Participates in NCVHS’s “Predictability Roadmap” Discussions

The National Committee on Vital and Health Statistics (NCVHS) has been developing a “Predictability Roadmap,” designed to reduce barriers to reliable updates, adoption and use of HIPAA standards. In support of that effort, NCPDP staff, members and industry representatives from the Designated Standard Maintenance Organization (DSMO), the U.S. Department of Veterans Affairs, and state Medicare and Medicaid agencies participated in a virtual hearing in March to offer comments regarding costs and benefits, business needs and mitigation of burden pertaining to the Implementation and use of the updated versions of the standards.

During NCVHS’s Subcommittee on Standards CIO Forum in May, NCPDP offered its position on changing business and technology needs as they pertain to standards adopted under HIPAA and the Affordable Care Act (ACA). Topics discussed include the standards development and update process; governance and oversight of the standards review process; the Federal regulatory process to adopt new versions of standards; data harmonization; and inclusion of non-covered entities under HIPAA.

In December, NCPDP offered written comments and participated on a panel to offer its perspective on the Committee’s draft recommendations that were released in September. NCPDP’s feedback will inform development of final recommendations for submission to the U.S. Department of Human Health Services (HHS) Secretary in early 2019. The NCVHS Recommendations on New Approaches to Improve the Adoption of National Standards for the Health Care Industry has been submitted to HHS and is available at https://ncvhs.hhs.gov/wp-content/uploads/2019/02/Recommendation-Letter-Predictability-Roadmap.pdf.
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. Nearly 75% of all independent pharmacies have submitted their credentials, making resQ® the leading provider of independent pharmacy credentials.

On January 1, 2019, NCPDP launched API capabilities for its resQ™ and dataQ® products. Real-time access to pharmacy data and credentials, single sign-on capabilities, and the ability to integrate into member organization’s systems reduces infrastructure needs and increases timely access to constantly changing pharmacy data. HCIdea® API will be available mid-year 2019.

HCIdea® Prescriber Database leverages more than 2,100 different data sources and Medversant’s patented autoverification technology 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. HCIdea® 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 HCIdea® 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-Physical Dispensing Sites (NPDS) nationwide – an industry must-have tool for more than 30 years. Additionally, dataQ’s FWA Attestation provides a single resource to confirm pharmacies’ annual participation in the Centers for Medicare and Medicaid Services (CMS) required annual compliance training program for all contracted Medicare Part D Plan pharmacies.

NCPDP Universal Patient Identifier (UPI) establishes the foundation for exchanging patient matching across the healthcare ecosystem. Published in the October 2018 ECL, the NCPDP UPI allows for trading partners to enhance the accuracy of patient matching and improve care and benefit coordination. The NCPDP UPI, powered by Experian Health’s Universal Identity Manager (UIM), is a vendor- and provider-neutral solution for accurately managing patient matching. Presently, over 46% of the US population is using the NCPDP UPI, through our partnership with Experian Health.

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

NCPDP Standards Table Data, launched in 2018, 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.
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 2018 were presented to these deserving recipients:

W9 Government Programs
Charlie Oltman, MBS, CHC, Rx Integrated Solutions, LLC
Patricia Pimentel, CVS Health

W11 ePrescribing and Related Transactions
Kori R. Eastman, NSC, Surescripts
Patricia Krause, Surescripts

W45 External Standards Assessment, Harmonization, and Implementation Guidance
Amber Snow Glasscock, Inmar
Mary A. Perez, MedImpact Healthcare Systems, Inc.

MC Maintenance and Control
Andrea Kent, MBA, Conduent
Michele Davidson, R.Ph., NSC, Walgreen Co.

Membership and Leadership Development Committee
Ashley H. Maples, CPhT, NSC, Express Scripts
Bryan A. Odegard, MBA, NDEON Consulting

Strategic Planning Committee
Linda L. Schock, Coherus Biosciences

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

W14 Long Term and Post Acute Care (LTPAC)
Tatiana Cole, NSC, NSC-II, PointClickCare
Michael Fitzgerald, Omnicare
Sonya F. Oetting, NSC, NSC-II, PrescribersConnection, LLC

Recognizing Members for Leadership, Service

TIME Award Recipient, Alan K. Gardner (L) and Lee Ann Stember (R)

TIME (The Individual Member Excellence) Award
Alan K. Gardner, MBA | Senior Vice President, Operations
RxResults, LLC | Member Since: 1996

NCPDP’s 2018 TIME Award recipient is Alan K. Gardner, MBA, Senior Vice President, Operations, RxResults, LLC. Alan, named the recipient of the 2017 Benjamin D. Ward Distinguished Member Award, has been an active member of NCPDP for over 20 years. He has served in numerous leadership roles with the organization including work group co-chair, task group leader, member of the Board of Trustees, member of the NCPDP Foundation Board, as well as a member and leader of the Finance Committee, Membership & Leadership Development Committee and Executive Committee. As a long-standing member/leader of the Finance Committee, he helped orchestrate several changes in the way NCPDP records and reports its finances. His unparalleled dedication to the organization and its members make him a deserving recipient of the TIME Award.

Benjamin D. Ward Distinguished Member Award
Mark Elliott | Principal
CSG Government Solutions | Member since: 1999

The 2018 Benjamin D. Ward Distinguished Member Award recipient is Mark Elliott, Principal, CSG Government Solutions. Mark is a recognized subject matter expert in multiple NCPDP standards, particularly Telecommunication, where his active participation in Work Group 1 has served to greatly enhance the standard. In addition, in his role as a Standardization Co-Chair, he demonstrates an excellent grasp of NCPDP policies, procedures and protocols. Finally, his work as an NCPDP Buddy demonstrates his ability and willingness to work with individuals at all levels, as well as his commitment to bring new talent into the organization. Mark is deserving of the 2018 Benjamin D. Ward Distinguished Member Award because of his tireless efforts on behalf of NCPDP and the industry.

Rising Star Award
Stephanie Lynn Denbow | Senior Project Manager
Express Scripts | Member since: 2015

NCPDP’s 2018 Rising Star Award recipient is Stephanie Lyn Denbow, Senior Project Manager, Express Scripts. As an active member and leader in multiple efforts at NCPDP, including the Morphine Equivalent Dosing Sub-Task Group, Expanded Dollar Fields Task Group, and X12 TR3 Comment Coordination Task Group, Stephanie also participated in the Emergency Preparedness Task Group to ensure the payer sheet and the process for the Emergency Prescription Assistance Program (EPAP) are up to date. Stephanie was also involved in the Compound Task Group where she helped develop definitions for compounding Level of Effort (LOE) values. Stephanie is a member of the Buddy Program, a Mentor in the Mentorship Program, is Vice Chair of the Membership & Leadership Development Committee and is a member of the Educational Programs Advisory Group. She is willing to dig in, do research within her organization to provide a basis for making well-defined decisions. She demonstrates the passion needed to be an effective NCPDP member, and for this reason, is a deserving recipient of the Rising Star Award.
2018-2019 Board of Trustees and Committee Chairs

William J. Barre, R.Ph.*
Citizens Rx
Vice Chair, Board of Trustees
Vice Chair, Executive Committee
Chair, Strategic Planning Committee

Kay Morgan
Elsevier
Chair, Annual Conference Committee

Linda L. Schock
Cohenus BioSciences
Chair, Bylaws Committee

Mara N. Mitchel*
Berkley Research Group (BRG)

Laurie Littlecreek*
Express Scripts

Scott M. Robertson, R.Ph., Pharm.D.
Kaiser Permanente
Chair, Bylaws Committee

Christian Tadrus, R.Ph., Pharm.D., FASCP, AE-C, NSC
Independent Pharmacist

Gregory Watanabe
MedImpact Healthcare Systems, Inc.

Special thanks to these Board Members who agreed to extend their terms to support the right-sizing of the Board as it transitions from 12 to nine members.
2018-2019 Work Group Co-Chairs

Standardization Committee
Michele Vilaret Davidson, R.Ph., NSC, Walgreen Co.
Bobbi W. Davis, Sure Scripts
Mark Elliott, CSG Government Solutions
Anne S. Johnston, R.Ph., Express Scripts
Richard Sage, McKesson Corporation
Lee Ann Stumber, NCPDP

Standardization Committee Co-Chairs have line management responsibility for the Council’s industry standards development activities conducted through the Standardization Committee according to the procedures described in the NCPDP Bylaws and the NCPDP Standing Operating Procedures. Co-Chairs are responsible for standards documents development and maintenance efforts, which are intended to become industry standards, and the work groups that produce them.

MC Maintenance and Control
Karen Eckert, R.Ph., PMP, Wolters Kluwer Clinical Drug Information
Mary A. Perez, MedImpact Healthcare Systems
Yvette Zawisa, DST Pharmacy Solutions, 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-group work issues and discussion of legislative, regulatory, policy, and court decisions that may affect the pharmacy industry.

WG1 Telecommunication
Jessica Byrne, Express Scripts
Amy Harvey, Rite Aid Corporation
Roger G. Pinsonneault, R.Ph., Gemini Health

Work Group 1 Telecommunication develops and maintains standards and guidelines 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.

WG2 Product Identification
Melva Chavoya, Walgreen Co.
Tara DeCosta, MBA, CVS Health
Erik 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 mission. Identification consists of how the product is billed (billing units, quantity 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
Patty Stern, Consultant

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
Sarah Daniel, PMP, Magellan Rx Management
Stephanie Denbow, Express Scripts
Andrea Kent, MBA, Conduent

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, National Association of Chain Drug Stores (NACDS)
Scott M. Robertson, R.Ph., Pharm.D., Kaiser Permanente
Rachelle Spiro, R.Ph., FASCP, Pharmacy HIT Collaborative

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.

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

ePrescribing and 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)
Adrienne Hendrickson, Express Scripts
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 Senior Care
Bill Langlois, INSYS Therapeutics, Inc.
Kevin C. Tribout, M.A., Optum

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
Posa Babbrah, MBA, Point of Care Partners
Julie Hess, R.Ph., RPhS
Laura Topor, Granada Health, Inc.

Specialty Pharmacy develops, monitors and maintains existing and new standards and guidance for the electronic exchange of data amongst providers, pharmacies, manufacturers, pharmacies 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 Craycraft, Walmart
Mary J. Lynam, DST Pharmacy Solutions, Inc.
Lynda Schulman, Magellan Rx Management

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 2018. Names are listed in alphabetical order by last name in each category.

**30+ years**
- Russell Dates
- Craig Ford
- Gregory Kaupp
- Elizabeth Lea
- Mary J. Lynam
- Alex Pallas
- Charles Pulido
- Mark Sancairante
- Gary Schoettmier
- Douglas Wittnauer

**26-29 years**
- Daniel Bruchwalski
- Roger Burgess
- Daniel Bruchwalski
- David Schuetz
- Linda Schock
- Greg Rucinski
- Patrick Robinson
- Charles Reed
- Jay Randolph
- Laura Topor
- Scott Tierney
- Anthony Stewart
- Richard Zalewski

**21-25 years**
- Bruce Anderson
- Alan Van Amber
- Steve Smith
- Sheryl Smolinski
- Steve Smith
- Charles Moore
- Kay Morgan
- Sharon Murillo
- George Murphy
- Charlie Oltmann
- Roger Pinsonneau
- Daniel Pope
- David Schuetz
- David Kilgo
- Kathy Knapp
- Debbie Kransnow
- Jackie Krewson
- Clark Lea
- Laurie Littlecreek
- Raymon Martin
- Stephanie McBroom
- Mike McManus
- Tim McNeil
- Akbar Merchant
- Natasha Neil
- Cherri Neises

**16-20 years**
- James Andrews
- Michele Babcock
- Michael Baca
- Garth Black
- Maryanne Bourdier
- Kathleen Bradford
- Larry Brantley
- Charles Brinkley
- Kevin Brown
- Alan Chazen
- Michael Chin
- Susan Cobert
- Thomas Cooley
- Joseph Credico
- Kevin Crowe
- Michele Vilarett Davidson
- Timothy Dehante
- Keith Dick
- Mark Elliott
- Ed Feltner
- Pamela Finley
- Eric Flowers
- Yvonne Gallagher
- Michael Galluzzo
- Amy Garrard
- Karen Guinan
- Jack Guinan
- James Haas
- Kenneth Hammond
- Edward Hanson
- Ken Harper
- H. Heckman
- Shaun Henry
- Gabrielle Hernandez
- Brett Hightower
- Paul Hooper
- Frank Hooven
- Timothy Humphreys
- Anne Johnston
- Brendan Joyce
- Elizabeth Kaye
- David Kilgo
- Kathy Knapp
- Debbie Kransnow
- Jackie Krewson
- Clare Conlin
- Laurie Littlecreek
- Raymon Martin
- Stephanie McBroom
- Mike McManus
- Tim McNeil
- Akbar Merchant
- Maria Mitchell
- Natalie Neil
- Cherri Neises

**11-15 years**
- Jeffrey Albright
- Domingo Alejandro
- Brian Allen
- Marc Allgood
- Simon Aubrey
- James Baker
- Jenny Barker
- Jennifer Baun
- Matt Benson
- Dean Beuglass
- Scott Biggs
- Richard Bossman
- Scott Brady
- Kevin Nicholson
- Gerald Novak
- Robert Oscar
- Daniel Pagnilo
- Brian Pavlik
- Michael Peirena
- Steve Petrozzi
- Douglas Pick
- David Pollack
- Peter Riegler
- Mariana Ritchie
- Michael Roberts
- Rita Russell
- Richard Sage
- Daniel Salemi
- Sharyl Schneider
- Julie Schreiner
- Anthony Schueth
- Kara Schulz
- Dilip Sedani
- Karen Sell
- Karen Silverblatt
- Steve Smith
- Rachelle Sprio
- Patty Stern
- John Stecker
- Robert Taki
- Christina Thornton
- Gregory Watanabe
- Russell Wheeler
- Ginny Yates
- Ash Yerasi
- Keith Zalewski
- Jay Bueche
- Michael Bukach
- Tammy Burdick
- Jennifer Causey
- Robert Champagne
- Thomas Guarner
- Mark Clancy
- Gregory Cilburn
- Timothy Cody
- Amber Compton
- Herminio Correa-Garcies
- Amy Craycraft
- Lisa Cueto
- Bobby Davis
- Jeff Detich
- Stephen DePietro
- Kim Diehl-Boyd
- Lisa Dobbs
- Philip Doherty
- Keith Dowers
- Robert Duggan
- Sharon Edmunds
- Katherine Eggolf
- Brian Eidex
- Kate Etscomb
- Wendy Faldet
- Thomas Falone
- Arthur Feakes
- Sarah Fenwick
- David Fidler
- Steven Franko
- Melissa Friese
- Patricia Gynn
- Jessica Goins
- Jason Grantham
- Tom Groom
- Sharon Gruttadauria
- Kimberly Hudeber
- Louise Gustafson
- Andrew Gustin
- Pu Han
- Radin Hanke
- Sean Hansen
- Patrick Harris
- Amy Harvey
- David Haugen
- John Heller
- Ed Heon
- Ann Hill
- Melissa Howard-Russell
- Monique Irmen
- Ted Itzkowitz
- Kevin James
- Michael Kennedy
- Don Kim
- William Lambert
- Allen Langjahr
- Bill Langlois
- Anne Lee
- Michelle Lieberman
- Laura Linroth
- Cliffie Loomer
- Yola Lorenz
- John Lynch
- Craig Lyon
- Karen Madrid
- Kenneth Majkowski
- C. Anita Martin
- Tracey Mccutcheon
- Mary Kay McDaniel
- Frank McKinney
- Michelle McLeod
- Carl Michael
- Karl Meehan
- Michael Menkhaus
- Elizabeth Merk
- Byron Mickel
- Patricia Milazzo
- Gregory Miller
- Nader Moawad
- Rob Mohn
- Teresa Morelock
- Randy Mound
- Helen Noonan-Harnessberg
- Sheri North
- Lynne Oglewine
- Patrick O’neal
- Christine Ostrowski
- Lisa Oswald
- Karen Padgett
- Jon Paladino
- Rolando Peralta
- Cassandra Perkins
- Deborah Peterson
- James Potts
- Sherry Pound
- Donna Power
- Gary Reiss
Member Loyalty* (cont’d)

11-15 years (cont’d)
Susan Rhodos
Scott Robertson
Miranda Rochol
Alan Ryan
Laurie Schaeffer
Frank Schiraldi
Eric Schram
Lynda Schulman
Pamela Schweitzer
William Shircliff
Lynne Shirk
Karen Sims
Mark Singleton
Brenda Smith
Allan Smith
Sally Smith
Amy Smith
Raelene Snure
Thomas Splitt
Edward Stacev
Julia Suko
Mary Swart
Steve Szweczyk
David Tan
Deb Thompson
Darren Townzen
Kevin Tribout
James Vasquez
Deborah Veale
Allan Walls
Dianne Warneke
Jeff Wellman
Laura White
Terry White
Joseph Wiley
Bruce Wilkinson
Mary Williams
Deborah Wistuba
Tori Wood
Bryan York
Anthony Zappa
Jeffrey Zeitler
David Zimmerman

6-10 years
Brian Ackley
George Alatzas
Calvin Alt
Brian Anderson
Theophilus Antoniou
Jennifer Ausbrook
Debbi Barber
Wendy Barnes
Deborah Baumgartner
David Beckwith
Wendy Berube
Michael Bestul
Eileen Bidell
Nick Black
Daniel Black
René Bloemke
Morgan Bojorquez
Claudette Bonvie
Debbie Bowen
Dean Bradley
Charles Brady-Wakimoto
Rodney Brent
Amy Bricker
M Bridgers
Bonnie Briggs
Felim Buckley
Michael Burger
Baxter Byerly
Jessica Byrne
Jean Carney
Karen Cessna
Kent Chadwick
Melva Chavoya
Hal Chernoff
Gwen Coats
Deanna Cox
Theresa Craig
Keith Crozier
Laura Culbertson
Richard DeBay
Hemal Desai
Lisa DeVries
Craig DiNapoli
Lauren Doty
Becky Drennan
Patrick Dugan
Jennifer Dujałkovich
Peter Duncan
Julia Dunicheva
Tim Dyer
Roy Eckloff
Tony Edwards
Kim Ehrlich
Nathan Elers
Artemis Emelie
Brian Epp
Alison Farrell
Matthew Feltham
Cynthia Fitzgerald
Andrew Flood
Marc Fluit
Maryanne Flynn
Luke Forster-Bronten
Adam Fowler
Patrick Gallagher
Ohmara sisirang Ganagakondan-Iyer
James Garlepp
Lee Genco
Traci Gercone
Laura Gibson
Mark Gingerich
Geoffrey Gomez
Tina Goodman
Anthony Gratto
Kristie Griffin
Steve Grycewicz
Jeanine Guenther
Stephanie Guessford
Patrick Hall
Shelley Hansell
Mary Hardin
Adam Hebert
Paul Hertweck
Julie Hessick
Jeffrey Hohl
Mike Holz
Jim Hopsicker
Lawrence Hruska
Diane Jackson
Jaya Jagadeesan
Tina Janacek
Janice Janes
Alicia Janeski
Rick Jennejah
Steve Jensen
Debbie Jirikovic
Christine Johnston
Laureen Kent
Andrea Kent
Brandon Kessler
William King

Rita Klein
Barbara Klos
Michael Koerner
Dennis Komeshak
Jonathon Kopf
Peter Kounelis
Kristina Krause
John Kroeten
Jerry Krupa
Jennifer Kuhar
Patrice Kuppe
Justin Lafleur
Mary Lou Lambert
Kathleen Lang
Nick Laurora
Nick Leonhton
Jonathan Levitt
Leann Lewis
Sam Libo
Donna Utwak
Scott Lovejoy
Greg Lybrand
Catherine Mackey
Cindy MacLaren
Rosemarie Maglietta
Cheryl Maldonado
Terra Mandel
Ashley Maples
David Marota
Janice Martin
Melanie Maxwell
Michael McBride
Tammi Mcleery
Steve McElroy
Gerald McEvoy
Matthew McGrath
Christopher Mendez
Thomas Merritt
Kristina Miller
Lisa Miller
Cynthia Miny
Michael Mindala
Reem Mohamed
Lori Moore
Jacqueline Mortensen
Teresa Muckel
Stephen Murley
Angela Murray
Terrence Neal
Kristie Newton
Robert Nickell
Alisha Nielsen
Kimberly Nolen
Barry Obergrom
Shawn Ohri
Mike Olson
James Owen
Troy Pamatat
Vickie Patterson
Mary Perez
Justin Plunkett
Ivan Posthumus
Samuel Raj
Douglas Read
Jason Reed
Lisa Reese
Michael Regan
Joseph Reinardi
Shelly Renkivish-Abo
Lisa Riding
Jeanine Robertson
Brett Robinett
Rick Rondinelli
Elizabeth Ross
Robert Rowland
Roma Roy
Gregory Santulli
Aaron Sapp
Mark Sasala
Anne Sayther
Matthew Scantland
Amanda Schabourne
Candace Schnure
Shellie Schoening
Stacy Scribner
Paul Sheehan
Shafi Shilad
Angie Shirley
Sandy Shuba
Mark Sisca
Cynthia Smith
Elizabeth Smith
Tina Smith
Connie Smith
Claire Soaper
Michelle Soble-Lernor
Caroline Sojourner
Judith Sono
Adam Souza
Howard Sragow
Marc St.Pierre
G. Patrick Stack
Kathy Stanley
Lisa Stockdale
Richard Stoneking
Barbara Sullivan
Ryan Sunderman
Cameren Czyzinski
Christian Tadrus
Brian Tait
Tim Tannert
Elizabeth Taylor
Chad Thomas
Chris Thompson
Nathan Thompson
Jeff Thornton
Jose Tiesa
Sharon Tinder
Robert Tinsley
Phil Trunnell
Kyle Tucker
Kenneth Ullman
Angela Ulm
Ivette Vaca
Rita Vess
Robert Vetter
Wendy Walker
Nina Walker
Sharon Waits
Esther Wanda
Krista Ward
Brian Wehneman
Janet Welch
Chuck Welch
Alice Weymann
Stacie Wilcox
Michelle Wilcox
Christa Williams
Zach Winter
Eileen Wirth
Julie Woolley
Elizabeth Zander
Yvette Zawisza
Harry Zeisler
John Zavadajan
Qun Zhu

*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.
Building A Roadmap

The NCPDP Foundation experienced a year of major growth in 2018, sharpening its focus on research priorities, and planning and positioning itself to support better and safer healthcare. Early in the year, the Foundation Strategic Planning Committee began work to build a multiple-year roadmap for the Foundation. Following is a summary of progress over the year.

New Vision and Purpose

One of the first priorities was to revisit the Foundation’s Vision and Purpose. These serve as a touchstone to guide the Foundation’s work:

Vision: Better healthcare through standards-based health information technology for the common good.

Purpose: Support programs, projects, and people that drive quality healthcare through the use of standards-based health IT to improve outcomes.

Operational Updates

Toward the end of 2018, the NCPDP Foundation named Mindy Smith, R.Ph., President of PrescribeCare MSO, a subsidiary of PrescribeWellness, its Board Chair, and Michael W. Bukach, R.Ph., Senior Vice President and General Manager of CoverMyMeds’ Pharmacy Business Unit, its Vice Chair.

In addition, the Foundation named new Committee Chairs/Co-Chairs:
- Investment and Finance Committee Chair – Alan K. Gardner, MBA, RxResults, LLC
- Development Committee Co-Chairs – Richard K. Brook, eRx Network, and Dale Chamberlain, Gateway Pharmacy Consulting, LLC
- Foundation Strategic Planning Committee Co-Chairs – Charlie Oltman, MBA, CHC, Rx Integrated Solutions, LLC, and John Hill, MBAHCM, NCPDP, and Mara Mitchell, BRG
- Grant Making Subcommittee Chair – Charlie Oltman, MBA, CHC, Rx Integrated Solutions, LLC

The Foundation Board also welcomed a new Board member, Michele V. Davidson, R.Ph., Walgreen Co.

Strategic Initiatives

One of the Foundation’s key initiatives is to support proof-of-concept research on the value of NCPDP and other health IT standards and related solutions in driving better healthcare outcomes, improving the patient experience and enhancing operational efficiencies. This includes identifying research priorities. The Foundation Board has considered input from NCPDP members and other industry stakeholders, and has evaluated alignment with NCPDP’s key initiatives.

Additional strategic initiatives adopted by the Foundation Board:
- Ensure ongoing financial sustainability to advance the Foundation’s vision through securing diverse financial sources.
- Achieve exemplary performance by supporting and inspiring highly qualified and diverse staff, board and volunteers, while advancing operations and systems to maximize the efficiency and impact of our work.
Research Grants

The Foundation continued to fund research by Johns Hopkins Medicine to demonstrate the value of implementing the underused CancelRx transaction in the SCRIPT Standard for ePrescribing. CancelRx enables prescribers to immediately 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. In 2018, the NCPDP Foundation co-funded a $52,000 grant with the NACDS Foundation to establish for the first time a method to measure the clinical impact of CancelRx on erroneous dispensing following intended discontinuation. Development of this method is essential to evaluate the impact of the broader rollout of CancelRx on medication safety through partnerships with community pharmacies.

“I am tremendously grateful for the support of the NCPDP Foundation for this work. Our continued partnership will enable us to further evaluate this important advance in medication safety.”
Samantha Pitts, MD, MPH, Principal investigator

The Foundation has also approved $25,000 in conditional grant funding to the NCPA Innovation Center for further development of the Pharmacist eCare Plan. The Foundation grant is conditional upon the NCPA Innovation Center securing additional funding necessary for the project.

Priorities for 2019 include proof-of-concept research projects to demonstrate the value of NCPDP’s Universal Patient Identifier and its standardized Real Time Benefit Check Transaction.

Annual Fund

In 2019, the NCPDP Foundation will focus on its Annual Fund, an annual giving campaign to support the Foundation’s Vision & Purpose with unrestricted funds - allowing the Board to use those funds as it sees fit to help with operations or research projects.

The Annual Fund will include dollars raised through popular fundraising events held in connection with the NCPDP Annual Technology & Business Conference: Foundation Pour, Fun Run/Walk, and Silent Auction. These events raised more than $30,000 in 2018, and have attracted more participants year after year, increasing visibility and awareness of the work of the NCPDP Foundation.

Other included funds are general donations received throughout the year and in response to requests for Giving Tuesday and year-end donations, as well as from Foundation Board member donations, which are part of the Annual Board Commitment put in place in 2018.

Through the Annual Fund and its Strategic Communication Plan, the Foundation hopes to broaden its reach, increase awareness and realize its goal of reaching $100,000 in 2019.