

Operating Rules Examples

NCVHS Subcommittee on Standards

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Operating Rules Definition

(1) DEFINITION OF OPERATING RULES.—Section 1171 of the Social Security Act (42 U.S.C. 1320d) is amended by adding at the end the following:

“(9) OPERATING RULES.—The term ‘operating rules’ means the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications as adopted for purposes of this part.”

Points from the regulation:

- Recognized that business rules and guidelines may already be present in the implementation specifications.
- Operating rules may cover exchange not already defined in the implementation specifications.
- SDOs govern the data content of the transmissions and the business rules and reference documents required to support the data content.
- Operating Rules cannot add, modify or remove requirements defined in the implementation specifications.

Operating Rules

- Needs have been addressed via
 - The implementation guides
 - Real-time or batch
 - Sender or Receiver requirements
 - Business requirements
 - Scenarios, Examples
 - The reference documents
 - Definitions, Values, Scenarios, Examples
 - Payer Template
- as part of the standards process*

LTC Claims Processing Windows

- **On-line window for submission of new and rejected claims**
 - A patient in a LTC setting may have claims that need to be adjudicated retroactive to an earlier date. The eligibility setting in LTC is different than in a regular retail environment. While there is no consensus on how long that period should be, most participants agreed that some minimum number of back days is required to accomplish acceptable business results.
 - **RECOMMENDATION:**
 - The Reversal and Claim Submission windows should be the same. A claim window of 60-70 days would at least allow pharmacies and payers to work product claims across adjacent calendar months.

Vendor Guidance

- **NCPDP has mapped to X12 transactions for consistent use:**
 - Pharmacy routing identifiers (BIN/PCN/Group) and patient information from the pharmacy ID Card to the 4010A1 270/271 and the 5010 270/271 for use in electronic prescribing in obtaining Formulary and Benefit identifiers.
 - 835 usage from pharmacy claims processing environment

Thank You

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