Assessing New and Updated Standard's Business Value & Technical Risk Across Standards

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What is NCPDP?

NCPDP is an American National Standards Institute (ANSI) accredited standards developer (ASD)

NCPDP provides a forum and marketplace for a diverse membership focused on healthcare and pharmacy business solutions to move interoperability forward

NCPDP is a member-driven organization that has been named in various government regulations and policies (including HIPAA and Medicare Modernization Act)

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Assess and report on backward compatibility or specific anticipated issues with version updates

- Crosswalk - side-by-side comparison of transaction/message types

.	Version F6	Eligibility	Claim Billing/Claim Rebill/Encounter	.	Version D.0	Eligibility	Claim Billing/Claim Rebill/Encounter
	TRANSACTION HEADER SEGMENT				**TRANSACTION HEADER SEGMENT**		
102-A2	Version/Release Number	M	M	1Ø1-A1	BIN Number	M	M
103-A3	Transaction Code	M	M	1Ø2-A2	Version Release Number	M	M
101-A1	IIN Number	M	M	1Ø3-A3	Transaction Code	M	M
104-A4	Processor Control Number	M	M	1Ø4-A4	Processor Control Number	M	M
109-A9	Transaction Count	M	M	1Ø9-A9	Transaction Count	M	M
202-B2	Service Provider ID Qualifier	M	M	2Ø2-B2	Service Provider ID Qualifier	M	M
201-B1	Service Provider ID	M	M	2Ø1-B1	Service Provider ID	M	M
401-D1	Date of Service	M	M	4Ø1-D1	Date of Service	M	M
110-AK	Software Vendor/Certification ID	M	M	11Ø-AK	Software Vendor/Certification ID	M	M

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- Transition Guidance Crosswalk

In D.0: SCC Value	In F6: STC Value	Description
20	AA	340B - Indicates that, prior to providing service, the pharmacy has determined the product being billed is purchased pursuant to rights available under Section 340B of the Public Health Act of 1992 including sub-ceiling purchases authorized by Section 340B (a)(10) and those made through the Prime Vendor Program (Section 340B(a)(8)).
19	AB	Split Billing - Indicates the Quantity Dispensed (442-E7) is the remaining quantity billed to a subsequent payer when Medicare Part A no longer applies. Used only in long term care settings.
9	AC	Encounter - Indicates the transaction is a transmission of provider services claim information for the purpose of healthcare reporting.
58	AD	Nominal Price - Indicates that, prior to providing service, the pharmacy has determined the product being billed is based on the negotiated Nominal Price as defined under CFR 557.502.

Assess whether current systems can support the functionality and the impact across mandated standards

- Rely on members, stakeholders and implementers
- Data Element Request Form (DERF)
- DERF Harmonization
  - Subject of the DERFs are concepts that may have application to other standards
  - Referred Work Group evaluates
    - Example: Modify description of ECL Value - from “90 Day At Retail” to be “Extended Days Supply Allowed at Retail”
      - Concept may have some parallel meaning in the Real-Time Prescription Benefit Standard because a codified data element used in that standard has a value description of “90 day retail”

Assess cost and value of changes within a standard, cost and value of the changes at the time expected to be implemented, and the cost and value of implementation of the standard in the cross- transaction environment where it will be used with other standards

- Members, stakeholders and implementers
- DERF
  - Example: Three new fields, Plan Benefit Override Indicator (D54-RC), Plan Benefit Override Value Count (D55-RD), and Plan Benefit Override Value (D56-RF) were added to the Response Claim Segment. These new fields were added to communicate plan benefit restrictions that can be overridden based on professional judgement and the use of specific request fields and associated values. This plan benefit detail must be associated to the claim response and returned in designated fields so that pharmacy systems can trigger the appropriate workflow actions for expected outcomes. Electronic communication of these plan benefit parameters will reduce calls to provider help desks, where this same information is verbally provided today. Leveraging the standard to communicate this detail will expedite patient access to care, lower administrative costs and facilitate compliance with plan policies.

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Assess cost and value of changes

- DERF
  - Example: The Coordination of Benefits/Other Payments Count (337-4C) was reduced to a maximum count of 3. Reducing the count to align with actual business cases will support industry compliance, allow for efficiency in claims processing and patient eligibility verification, reduce calls to provider help desks, as well as mitigate unnecessary claim rejections that would occur due to attempts to submit claims to inappropriate other payer information returned on a response.
  - Example: Added new field - Formulary Alternative Effective Date (E89-ZO) to the Response Claim Segment. The purpose of this new field is to aid in the proactive communication of upcoming formulary change information with both patients and prescribers, mitigating access to care and adherence risks.
  - Example: A new field, Other Payer Relationship Type (D41-PQ), was added to the Response Other Payers Segment. The field was designated as mandatory. In addition the Other Payer Benefit Classification (D50-P6) and Other Payer Adjudicated Program Type (C47-9T) were also changed to mandatory data elements in the Response Other Payers Segment. The combination of these fields along with the Other Payer Coverage Type (338-5C) provides the appropriate information to the pharmacy provider to manage the other payer information.

Assess potential risks and impacts of new or updated standards across existing standards, and in consideration of potential plans for the future of ICD-11 implementation

- ICD-11
  - Updates to standards – add a code value to existing data elements
  - Larger considerations
    - Alphanumeric and special characters (/ and &)
  - Education Needed
- Focused on NDC Changes

Perform reporting/testing to assess the risk of compatibility across different standard versions that will be implemented with or alongside new and across existing standards from a business and technical perspective prior to proposing new and/or updated standards for national implementation or certification

- Rely on members, stakeholders and implementers
- Members vote on when to move to a new version of a named standard
- Develop crosswalks, transition guidance and other documents
- Use of switches, clearinghouses and health information networks

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Assess cost and value of changes within a standard, cost and value of the changes at the time expected to be implemented, and the cost and value of implementation of the standard in the cross- transaction environment where it will be used with other standards

- Cost of not promulgating a Final Rule in a timely manner
  - Dollar Fields
    - Paper Claims
    - Proprietary Workarounds
      - Since July 2023, 131.4 hours of volunteer time spent