NCPDP Real Time Prescription Benefit – Webinar Questions

Below are the questions received during the NCPDP Real Time Prescription Benefit Webinars held on October 4 and October 13, 2016.

1. **I am a pharmacist working at technology company. We have been trying to connect to PBMs for patient's pharmacy benefit (the one that EMRs have access to today). SureScripts has a monopoly over this transaction and PBMs will not connect to anyone else. With the RTPB transactions, how can we ensure that PBMs don't restrict access in this way?**

   This is something that is outside the scope of NCPDP's role in developing and managing standards. NCPDP's efforts follow the published anti-trust policy.

2. **Would this information be available for companies other than the prescriber? Like 3rd party billers or pharmacies?**

   For the initial standard, other transaction participants are not considered. The RTPBI is defined for use by Providers operating an EMR/EHR – Provider System. Providers and EMR/EHR – Provider System are terms defined with the Use Case document. The Providers definition includes pharmacists but does not include third party billers. As standards do evolve, this is certainly a request that could be brought forward for consideration in a future version.

3. **Is it the goal of NCPDP to build and provide this technology or is this group simply conducting research to create the standards this product might adhere to?**

   We are intending to develop a standard, not a technology solution.

4. **Are PBMs required to offer RTPBI or is it optional? Is there a deadline?**

   At this point, RTPB transactions are envisioned as optional. However, given the interest in this functionality by the federal government, it's entirely possible that the transactions will be named in federal legislation.

   There is no deadline; the presentation addressed the business requirements that are intended to be used to develop a standard. The standards development process can take at least 12 months. Once a standard is balloted and published, it is available for industry use, and potential federal regulatory action.

5. **Has NCPDP ever considered working with HL7 on using the FHIR standard to exchange this information?**

   The technical solution has not been identified; could be FHIR, EDI or XML. NCPDP does work with HL7 on a number of initiatives.

6. **Will these RTPBI be ran through X12 270/271 or will there be a new transaction set specific for this inquiry? Is It dependent on completion of the 270/271 transactions?**

   The RTPB transactions are independent of other transactions, such as the 270/271 eligibility transactions.

7. **Is the idea that this would be an addition to the SCRIPT standard? Or a new standard? Why develop a new transaction instead of incorporating this information into the existing SCRIPT transaction?**

   The technical solution has not been identified; this will be a new transaction type that has not been determined to fit within any existing standard or methodology. Even if the technical solution uses XML, this is a new transaction that will require additional information beyond what is in SCRIPT.

   The recommendation of a standard for this new transaction is not within the current scope and goals of the RTPBI Task Group. The NCPDP membership will shortly determine if the scope and goals of the Task Group are to be expanded. It's expected that an expanded scope and goals for the RTPBI Task Group will include a goal of recommending either the use of an existing standard or a new standard.

8. **If the response is real-time, why would be happy-path response include an "estimated" patient financial responsibility? As opposed to a "guaranteed" patient financial responsibility?**

   It is a matter of timing from when the request is processed vs. when a claim is processed (other claims could be processed in that gap). In addition, the request will likely include a representative identifier and the not the exact identifier used for dispensing.

9. **To what level of detail is the product information submitted by the prescriber, and how does the receiving system identify the correct product in absence of an NDC (I am assuming prescribers do not/ will not have NDC level detail).**

   Currently, use of NDC, RxNorm or UDI-DI are anticipated in the request transaction. If the prescriber system does not have an exact NDC, a representative NDC can be used.

10. **Can you speak to the principles behind determining Required vs. Optional fields on the response? It is a hard balance. It would be good to describe to the group the method the work group used to initially recommend.**

    The task group deliberated to identify what information is needed for the provider and patient to make an informed decision. For each use case, data elements were considered to ensure

that the response would be sufficient for the prescriber to then send a “clean” prescription to the pharmacy.

11. **Do one of the use cases cover if a pharmacy is "preferred" in the members Medicare Part D plan? Does the pharmacy indicator indicate in-network or preferred pharmacy? What happens if the pharmacy is out of network?**

    There is not a use case that addresses if a pharmacy is considered “preferred”. At the November 2016 NCPDP Joint Technical Work Group Meetings, the decision was made by the members present to remove the proposed “Non-Preferred Pharmacy Indicator”. In the Use Case where the pharmacy is identified as Out of Network, the response will indicate the pharmacy is out-of-network but no alternate pharmacies will be returned. Only in Use Case 12 (Restricted Pharmacy) will the response include alternate pharmacies. The alternate pharmacies will either be mail order, the pharmacy(ies) the patient is locked-in to, or the specialty pharmacy(ies) that the plan specifies.

12. **Can optional data on a request be made required by a particular PBM/Payer?**

    There is minimal optional information on a request, i.e. "middle initial" and there is not an expectation that includes the concept of "payer sheets" which would tell technology vendors and their users what optional elements are required.

13. **is it required to tell the provider which pharmacy the member is locked into?**

    Yes, the prescriber needs to know where the prescription is to be sent.

14. **Shouldn't quantity and days supply be required on the request? Isn't the prescriber going to know these items?**

    Yes, they are required fields on the request.

15. **Will this function be integrated with the current electronic prescribing that is currently use?**

    The transaction is an independent transaction although the working assumption is that vendors will implement it within their e-prescribing workflow.

16. **Can we get patient prescription copay and formulary coverage information by running D1 transactions in real time?**

    Yes, although this is not widely implemented by payers. In addition, the D1 is currently only defined for submission from a pharmacy, not a prescriber.

17. **Can we use B1/B2 for finding formulary info?**

    A B1 is a Billing transaction and a B2 is a Reversal transaction, both transactions occur within the NCPDP Telecommunication Standard. While it is recognized that some pharmacy industry participants use these transactions to determine product coverage, establish patient financial responsibilities, and identify (less frequently) alternative medications, these transactions are not intended for this purpose.

A lengthy series of questions was received regarding how the RTPB transactions would be used in situations where the patient is in a long-term care facility. The Task Group is reviewing these questions and will provide its recommendation to the membership at a future Work Group Meeting.