

# NCPDP EMERGENCY PREPAREDNESS INFORMATION

## ***VERSION 1.1***

*This document provides resource information for the pharmacy industry for a declared emergency.*

September 2008

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# **NCPDP EMERGENCY PREPAREDNESS INFORMATION**

**Version 1.1**

NCPDP recognizes the confidentiality of certain information exchanged electronically through the use of its standards. Users should be familiar with the federal, state, and local laws, regulations and codes requiring confidentiality of this information and should utilize the standards accordingly.

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# **1. INTRODUCTION**

This document provides guidance for the pharmacy industry for resources available during a declared emergency. The intended audience is healthcare industry providers who would need resource information for eligibility and claims processing affecting displaced individuals. It will be updated as new information is available.

During the Katrina and Rita hurricanes, the pharmacy industry (as well as other participants) came together to offer products, services, and care to displaced individuals. During the 2006 NCPDP Annual Conference, an Educational Session was held of "A Panel Discussion on Disaster Preparedness: Lessons Learned from Mother Nature". While there were many areas that needed improvement in reacting to a disaster based on this panel's experience, and there are many aspects to a disaster, it was suggested that there were some actions the NCPDP community could provide for future disasters. The NCPDP Emergency Preparedness Committee was formed by the NCPDP Board of Trustees. The Committee began meeting and determining what aspects of preparation for a disaster would be within its purview. This document has been prepared by the Committee to assist in information sharing and processing. NCPDP is a standards development organization, which brings together many participants in the pharmacy services sector, to help find solutions to business problems.

This document outlines processes that must be daily occurrences rather than the "break glass" situations. Processes and procedures that are set up for use as part of daily routines could be invoked at a moment's notice, and some aspects of the emergency would not require new training.

For example, the payers/pharmacy benefit managers would have emergency criteria established within the "usual" plan establishment functions the industry performs routinely each day. The set up of plan parameters and routing information on a pharmacy system is a routine function today. By setting up the plan parameters and routing information for emergency situations now as part of normal procedures, this information would be available for use soon after the disaster was declared. Enrollment files that are updated routinely are therefore accessible at a declared disaster moment. Medication history information is available routinely to providers, so the functions can be used in an emergency as well. This document will provide resource information on some of these aspects.

If you have any questions regarding the availability or content of this document, see [www.ncpdp.org](http://www.ncpdp.org), or contact the Council office at (480) 477-1000 or via e-mail at [ncpdp@ncpdp.org](mailto:ncpdp@ncpdp.org).

## **2. SUMMARIZATION OF ITEMS**

During a disaster, it is recognized that many important steps must take place. This section provides a high level list of items covered in this document to assist in industry notification and processing of claims.

### **2.1 PHARMACIES/AUTHORIZED REPRESENTATIVE OF PHARMACIES**

An authorized representative of a pharmacy might be the actual pharmacy owner, a representative of the chain or network headquarters, or a third party agency that has been asked by the pharmacy to contact the industry.

#### **2.1.1 DURING EMERGENCY**

1. If an authorized representative of a pharmacy, notify NCPDP of pharmacies impacted by the disaster.
  - a. Determine if closed or destroyed, if a temporary location or mobile location.
2. If an authorized representative of a pharmacy, notify NCPDP if a pharmacy closed by the disaster is re-opened or relocated.

#### **2.1.2 ONGOING**

1. Verify payer/plan emergency information is loaded into pharmacy software and available for use.
2. If participating in a business relationship where medication history information is contributed regularly, provide current information timely.
3. If participating in a business relationship where medication history information is contributed upon a disaster, verify processes and procedures are in place and executable.

## **2.2 PAYERS**

#### **2.2.1 DURING EMERGENCY**

1. Check NCPDP's list of pharmacies impacted by the disaster multiple times throughout the disaster and following.

#### **2.2.2 ONGOING**

1. Verify payer/plan sheets for processing requirements for a disaster are up to date and available to industry participants.
2. If participating in a business relationship where medication history information is contributed regularly, provide current information timely.
3. If participating in a business relationship where medication history information is contributed upon a disaster, verify processes and procedures are in place and executable.

### 3. PHARMACIES AFFECTED BY THE DISASTER LIST

The purpose of the Disaster List of Pharmacies for a specific disaster is to provide public access to pharmacies impacted by the disaster. This may include possible relocated pharmacies and new, temporary pharmacies. These will be available on the public portion of the NCPDP web site ([www.ncpdp.org](http://www.ncpdp.org)) in an Excel file format.

*This information will be updated as NCPDP obtains information. It is recognized that during an emergency, sources of information may be varied and may be difficult to validate.*

The Disaster List of Pharmacies may include:

1. Closed or destroyed pharmacies in the area.
2. The temporary location of an existing pharmacy (with an existing NCPDP ID number and NPI) where evacuees can call to get existing prescriptions refilled and pick them up.
3. Information on new locations of new temporary or mobile pharmacies.

#### 3.1 REPORTING INFORMATION TO NCPDP

If you are an authorized representative of a pharmacy and have information about a pharmacy impacted by a disaster, please contact NCPDP Provider Data Services at (480) 477-1000 x116. You will be asked information about the status of the pharmacy. Please see the section below [Information on the Disaster List of Pharmacies Excel File](#) for information you will be asked.

To keep the information as updated as possible, please report to NCPDP when a pharmacy is temporarily or permanently closed due to a disaster, or when the pharmacy is reopened or relocated.

#### 3.2 INFORMATION ON THE DISASTER LIST OF PHARMACIES EXCEL FILE

<b>Relationship Code</b>	Also known as chain code, if applicable. For grouping pharmacies by chain or third party relationship.
<b>NCPDP ID</b>	Pharmacy Identifier
<b>NPI</b>	Pharmacy's assigned National Provider ID - if known.

<b>Initial Status</b>	Existing Open New Open (for temporary or mobile pharmacies)
<b>Date of Initial Status</b>	Usually the date the entry is created or the mobile pharmacy is opened

<b>Current Status</b>	Temporarily Closed Permanently Closed Relocated Reopened Opened
<b>Date of Current Status</b>	This is the most recent update date.

<b>Final Status</b>	Open, Relocated, Permanently Closed – if known.
<b>Date of Final Status</b>	

<b>Store Name</b>	Relocation information as given by entity
<b>Physical Address 1</b>	Relocation information as given by entity
<b>Physical Address 2</b>	Relocation information as given by entity
<b>City</b>	Relocation information as given by entity
<b>State</b>	Relocation information as given by entity
<b>Zip Code</b>	Relocation information as given by entity
<b>Phone</b>	Relocation information as given by entity
<b>Fax</b>	Relocation information as given by entity
<b>Date of last address change</b>	To show if a pharmacy has moved to temporary or permanent location,

	when.
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<b>Information from the NCPDP Pharmacy Database (for cross referencing):</b>	
<b>Pharmacy Phone</b>	
<b>Pharmacy Fax</b>	
<b>Contact Person Last Name</b>	
<b>Contact Person First Name</b>	
<b>Contact Person Phone</b>	
<b>Contact Person email</b>	

### **3.3 IMPACT OF DISASTER LIST TO NCPDP PHARMACY DATABASE PROCESSES**

1. Closed or destroyed pharmacies in the area.
  - a. These NCPDP ID numbers will be deactivated in the NCPDP Database, but can be reinstated at no charge when the pharmacy reopens.
  - b. Deactivation will avoid the potential for fraudulent activity using that pharmacy's identifier.
2. The temporary location of an existing pharmacy (with an existing NCPDP ID number) where evacuees can call to get existing prescriptions refilled and pick them up.
  - a. The temporary address as well as on the physical address from the NCPDP Pharmacy Database (the "Database"). The Mailing Address of the pharmacy on the Database may or may not change, depending on the wishes of the pharmacy. It will not be on the Excel File.
  - b. When and if the store moves back to the previous location or any other location, the physical location will be changed in the Database and on the Excel File from the temporary location to the permanent location along with status.
3. Information on new locations of new temporary or mobile pharmacies.
  - a. These pharmacies will receive an NCPDP ID number (and NPI) from NCPDP at no charge and be added to the Database as well as the Excel File.
  - a. If these pharmacies are eventually closed, their NCPDP ID (and NPI) must be deactivated.
  - b. If these pharmacies move, NCPDP must be notified of their change in physical address and will record on both the Database and the Excel File their NCPDP ID and NPI will remain the same.

## **4. MEDICATION HISTORY INFORMATION**

There are four key areas that need to be addressed to adequately deliver medication history on a real time, event driven basis to clinicians for evacuees on a nation-wide basis.

### **4.1 CONNECTIVITY**

Connectivity can be established in several ways and will change as ePrescribing and Electronic Health Record (EHR) adoption increases. Eprescribing and EHR technology vendors that have established connectivity with the various medication history databases (PBM claims databases or retail pharmacy databases) will have the ability to transact on a real time basis as part of daily business. Patients who seek care from physicians who have already deployed such technology will have the ability to access medication history in the normal course of work flow.

### **4.2 PORTAL**

Clinicians and pharmacies that have not adopted ePrescribing or EHR technology will need to access medication history via an independent portal made available in the aftermath of a natural disaster. Following Hurricane Katrina, KatrinaHealth.org was established in coordination between The Markle Foundation and Gold Standard Multimedia, to deliver medication histories from RxHub, SureScripts and state Medicaid. The AMA coordinated authentication for clinicians.

Connectivity to the existing medication history databases will need to be coordinated, but past experience shows that this is technologically possible in a short period of time. It is recommended that all medication history sources (PBMs Health Plans, Pharmacy Chains, Independent Pharmacies, and State Medicaids) utilize the most recent NCPDP SCRIPT Standard in order to facilitate medication history data transfer. Clinicians using certified ePrescribing applications should also make sure that they are using application versions which support the latest NCPDP SCRIPT Standard for medication history display.

It will be assumed that portal technologies will exist that can be utilized for the above purpose. Several projects are currently underway to provide a portal in the event of one being needed in the aftermath of a natural disaster.

### **4.3 AUTHENTICATION**

In order to comply with federal, state and local security and privacy laws, authentication of the medication history requester is necessary. For those clinicians using a certified and connected ePrescribing or EHR application, user authentication is the responsibility of the application vendor and is well managed today.

Similarly, any vendor that presents a portal application will be responsible for user authentication at the point of request. It should be required that the portal application vendor utilize available methodology to assure all security and privacy regulations are complied with in the case of sharing medication history after a natural disaster. Currently, the American Medical Association (AMA) has the ability to authenticate physicians. In the future, the National Provider ID (NPI) and a disseminated file will be used for validation. The NCPDP Pharmacy database is used to validate pharmacies. For katrinahealth.org, the National Community Pharmacists Association (NCPA) played a role in helping authenticate independent pharmacies. Additionally, the ability to authenticate the "place" of request, i.e. a retail pharmacy, may also be appropriate as long as user authentication responsibilities are passed down to the appropriate "place", i.e. a corporate retail chain.

## **4.4 ADDITIONAL LIVES**

At the time following a disaster, some payers and pharmacies that are not currently connected to a network or hub to transfer medication history, may want to contribute medication history because of geographical considerations. It is recommended that these entities have the processes and procedures in place and tested so that upon a declaration of an emergency, they can provide medication history information for the requested areas timely. This would allow for rapid addition of additional lives that can be accessed by clinicians and pharmacies seeing evacuees in need of care.

## **4.5 ICERX.ORG**

From the ICERX.org website

ICERx is an online service developed for healthcare professionals assisting disaster-affected individuals. Through ICERx, authorized pharmacists and doctors obtain records of medications evacuees were using prior to the disaster, including the specific dosages. Armed with this information, healthcare professionals will be able to renew prescriptions for evacuees and effectively assist in the coordination of care while avoiding harmful prescription errors.

ICERx.org (In Case of Emergency Prescription Database) is a public-service online resource developed by the healthcare industry to help ensure continuity of quality care for the victims of future disasters. Once authenticated, licensed prescribers and pharmacists caring for patients in an emergency situation will be able to securely access a patient's medication history by logging onto [www.ICERx.org](http://www.ICERx.org). ICERX.org also provides caregivers with drug reference information and valuable clinical decision support tools such as therapeutic duplication and interaction alerts. ICE stands for In Case of Emergency. A simple but potentially lifesaving idea that was first conceived by a paramedic after the London terrorist bombings in July 2005 where 56 people were killed and hundreds injured. Mobile phone users are urged to place an ICE entry in their phone that identifies a family member, next of kin, and/or friend that should be contacted in case of emergency and who can also provide important medical history. The concept behind the idea is to assist first responders (fireman, paramedics, police officers) in identifying the victim and contacting the appropriate person to provide vital medical information about the victim. In the interest of promoting disaster preparedness for healthcare professionals in line with the ICE effort for individual preparedness, the public service website has been named ICERX.org.

Licensed healthcare providers, such as physicians and pharmacists, are eligible for access but they must register first. Registration can be done at any time, but it is strongly encouraged that it be done proactively before an emergency.

Phone: 1-888.ICERX.50 (1-888-423-7950)

## **5. ELIGIBILITY INFORMATION**

Medication History transactions can be a method of obtaining eligibility information. Other sources include the existing NCPDP Telecommunication Standard Eligibility Verification transaction, web portals connected to centralized locations, telephone systems, help desks, all in use by the industry.

Eligibility information in this context includes patient information and insurance information, including supplemental insurance information. Payers would send eligibility to a central site(s). With the functionality today of transaction routing, there does not need to be one central site. As long as the sites are connected, transactions can be routed between the central sites until the answer is obtained. There are models working today, using the real-time transactions or portals. The provider initiating the request uses the tools of their system or their choice, and the response is obtained via the systems behind the scenes routing requests.

Eligibility information is available at [www.erxnetwork.com](http://www.erxnetwork.com) and click the "click here" link to login. eRx Network has activated a special web login for any pharmacy impacted to assist them with commercial and Medicare eligibility inquiries for patient unsure of their insurance when needing prescriptions. They are making this service available at no charge for any pharmacy servicing patients impacted by the disaster.

## **6. EMERGENCY PAYER SHEET TEMPLATES**

The following pages contain two emergency payer sheet templates which can be used by payers as guidance for creating their own payer sheets for eligibility and claims processing.

1. NCPDP Emergency Preparedness Payer Sheet for Patient's Current Payer
2. NCPDP Emergency Preparedness Payer Sheet for the Emergency CMS/FEMA Payer

The payer sheet templates are based on NCPDP *Telecommunication Standard Implementation Guide Version 5.1*, since that is the current version in use under HIPAA.

Other general guidance on NCPDP Payer Sheet Templates can be found on the NCPDP SNIP web page at [http://www.ncdp.org/frame\\_news\\_hipaa\\_snip.htm](http://www.ncdp.org/frame_news_hipaa_snip.htm)

### **6.1 NCPDP EMERGENCY PREPAREDNESS PAYER SHEET FOR PATIENT'S CURRENT PAYER**

This payer sheet is used in emergency situations when the provider knows the patient's payer for prescription benefits.

The use of the payer sheet is to standardize emergency procedures. The standard procedures are to clarify the use of the patient address, prior authorization numbers and the prescriber id when the pharmacy is the prescriber.

Guidance is given in the Patient Segment for the demographic information from which the patient has been displaced. This may/may not be where the patient is residing during the emergency.

Note the guidance given in the Claim Segment for field Prior Authorization Number Submitted (462-EV).

In the Prescriber Segment, guidance is given for submission of the pharmacy's NPI in emergency situations when the pharmacist may prescribe.

### **6.2 NCPDP EMERGENCY PREPAREDNESS PAYER SHEET FOR THE EMERGENCY CMS/FEMA PAYER**

**This has been proposed to CMS, but has not been approved or established.**

This payer sheet is used in emergency situations when the provider has determined that the patient does not have insurance or any other means to pay for the prescription.

The use of the payer sheet is to standardize an emergency payer process to provide medication to displaced patients that do not have any financial means of paying for prescriptions.

The standard procedures are to clarify the use of the BIN Number, patient address, prior authorization numbers and the prescriber id when the pharmacy is the prescriber.

As the emergency CMS/FEMA Payer has not been established yet, the Emergency BIN, Processor Control Number, Group ID and other plan specific parameters have not been assigned. It is expected that this emergency payer would become effective for this process when the disaster was declared by

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the appropriate agencies and would begin to adjudicate claims. The Date of Service allowed would be determined by the length of time the emergency payer would handle these claims.

Guidance is given in the Patient Segment for the demographic information from which the patient has been displaced. This may/may not be where the patient is residing during the emergency. CMS has suggested the use of a "Red Cross ID". Red Cross would assign a series of ID numbers to shelters. After a disaster is declared, when the patient goes to the shelter, and a claim is filed, the ID number would be used. (There are still many details to work out.) If the patient uses the same shelter, they can be identified with the same number. CMS is working with the Red Cross on this. This would **only** be used in the Emergency CMS/FEMA Payer environment.

Note the guidance given in the Claim Segment for field Prior Authorization Number Submitted (462-EV). A note is suggested on the Days Supply (405-D5), which may be tailored based on the formal establishment of this emergency payer.

In the Prescriber Segment, guidance is given for submission of the pharmacy's NPI in emergency situations when the pharmacist may prescribe.

Payment/pricing parameters will be determined upon establishment of this emergency payer.

## NCPDP Emergency Preparedness Payer Sheet for Patient's Current Payer

Revision 12/2006

This payer sheet is used in emergency situations when the provider knows the patient's payer for prescription benefits.

The use of the payer sheet is to standardize emergency procedures. The standard procedures are to clarify the use of the patient address, prior authorization numbers and the prescriber id when the pharmacy is the prescriber.

### PART 1: GENERAL INFORMATION

Payer/Processor Name:	Date:
Plan Name/Group Name: All	
Effective as of:	Version/Release #: 5.1
Contact/Information Source:	

### PART 2: BILLING TRANSACTION / SEGMENTS AND FIELDS

The following lists the segments available in a Billing Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The segment summaries included below list the mandatory data fields.

M=Mandatory as defined by NCPDP

S=Situational as defined by Plan

#### Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value		Comment
101-A1	BIN Number		M	Utilize processor current BIN number
102-A2	Version/Release Number	51	M	NCPDP v5.1
103-A3	Transaction Code	B1	M	Billing Transaction
104-A4	Processor Control Number		M	
109-A9	Transaction Count		M	
202-B2	Service Provider ID Qualifier		M	
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	
110-AK	Software Vendor/Certification ID		M	

#### Patient Segment: Required

Field	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	01	M	Patient Segment
304-C4	Date of Birth		S	
305-C5	Patient Gender Code		S	
310-CA	Patient First Name		S	
311-CB	Patient Last Name		S	
322-CM	Patient Street Address		S	The street address of patient's home from where they were displaced.
323-CN	Patient City Address		S	The city of patient's home from where they were displaced.
324-CO	Patient State/Province Address		S	The state of patient's home from where they were displaced.
325-CP	Patient Zip/Postal Zone		S	The zip/postal code of patient's home from where they were displaced.
307-C7	Patient Location		S	

#### Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	04	M	
302-C2	Cardholder ID		M	
301-C1	Group ID		S	
303-C3	Person Code		S	
306-C6	Patient Relationship Code		S	

**Claim Segment: Mandatory**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1= Rx Billing	M	
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier		M	
4Ø7-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		S	
4Ø3-D3	Fill Number		S	
4Ø5-D5	Days Supply		S	
4Ø6-D6	Compound Code		S	
4Ø8-D8	DAW / Product Selection Code		S	
414-DE	Date Prescription Written		S	
415-DF	Number of Refills Authorized		S	
461-EU	Prior Authorization Type Code	1= Prior Authorization	S	
462-EV	Prior Authorization Number Submitted	For Version 5.1, processors are asked to try to use these codes if you can; if not, give specific guidance of what codes you are going to use in the emergency.  911ØØØØØØØØ = Emergency Preparedness (EP) Refill Extension Override  911ØØØØØØØØ1= Emergency Preparedness (EP) Refill Too Soon Edit Override  911ØØØØØØØØ2 = Emergency Preparedness (EP) Prior Authorization Requirement Override  911ØØØØØØØØ3 = Emergency Preparedness (EP) Accumulated Quantity Override  911ØØØØØØØØ4 = Emergency Preparedness (EP) Step Therapy Override  911ØØØØØØØØ5= Emergency Preparedness (EP)	S	Use value 911ØØØØØØØØ to allow refill beyond refill limit on benefit.  Use value 911ØØØØØØØØ1 when the patient needs medication because of emergency and processor returns a reject.  Use Value 911ØØØØØØØØ5 to remove restriction for refill limit, Prior Authorization, Refill Too Soon, Accumulated Quantity and Step Therapy.
3Ø8-C8	Other Coverage Code	2, 3, 4, 5, 6, 7, 8	S	
343-HD	Dispensing Status		S	
456-EN	Associated Prescription/Service Reference Number		S	
457-EP	Associated Prescription/Service Date		S	
4Ø3-D3	Fill Number		S	
344-HF	Quantity Intended To Be Dispensed		S	
345-HG	Days Supply Intended To Be Dispensed		S	

**Prescriber Segment: Situational**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	Ø3	M	
466-EZ	Prescriber ID Qualifier	12	S	

411-DB	Prescriber ID		S	Use pharmacy NPI, in cases where pharmacist is allowed to prescribe
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**COB/Other Payments Segment: Optional**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		S	
34Ø-7C	Other Payer ID		S	
443-E8	Other Payer Date		S	
341-HB	Other Payer Amount Paid Count		S	
342-HC	Other Payer Amount Paid Qualifier		S	
431-DV	Other Payer Amount Paid		S	
471-5E	Other Payer Reject Count		S	
472-6E	Other Payer Reject Code		S	

**DUR/PPS Segment: Optional**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	Ø8	M	DUR/PPS Segment
473-7E	DUR / PPS Code Counter	1-9 Occurrences	S	
439-E4	Reason for Service Code		S	
44Ø-E5	Professional Service Code		S	
441-E6	Result of Service Code		S	

**Pricing Segment: Mandatory**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	11	M	Pricing Segment
4Ø9-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		R	
43Ø-DU	Gross Amount Due		R	
423-DN	Basis Of Cost Determination		R	
433-DX	Patient Paid Amount Submitted		R	
478-H7	Other Amount Claimed Submitted Count		R	
479-H8	Other Amount Claim Submitted Qualifier		R	
48Ø-H9	Other Amount Claimed Submitted		R	
481-HA	Flat Sales Tax Amount Submitted		R	
426-DQ	Usual and Customary Charge		R	
482-GE	Percentage Sales Tax Amount Submitted		R	
483-HE	Percentage Sales Tax Rate Submitted		R	
484-JE	Percentage Sales Tax Basis Submitted		R	

**Clinical Segment: Optional**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	13	M	Clinical Segment
491-VE	Diagnosis Code Count	1-9	S	
492-WE	Diagnosis Code Qualifier		S	
424-DO	Diagnosis Code		S	

**NCPDP Emergency Preparedness Payer Sheet  
for the Emergency CMS/FEMA Payer**  
Revision 04/2007

This payer sheet is used in emergency situations when the provider has determined that the patient does not have insurance or any other means to pay for the prescription.

The use of the payer sheet is to standardize an emergency payer process to provide medication to displaced patients that do not have any financial means of paying for prescriptions.

The standard procedures are to clarify the use of the BIN Number, patient address, prior authorization numbers and the prescriber id when the pharmacy is the prescriber.

**PART 1: GENERAL INFORMATION**

Payer/Processor Name:	Date:
Plan Name/Group Name: All	
Effective as of:	Version/Release #: 5.1
Contact/Information Source:	

**PART 2: BILLING TRANSACTION / SEGMENTS AND FIELDS**

The following lists the segments available in a Billing Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The segment summaries included below list the mandatory data fields.

M=Mandatory as defined by NCPDP

S=Situational as defined by Plan

**Transaction Header Segment: Mandatory in all cases**

Field #	NCPDP Field Name	Value		Comment
101-A1	BIN Number		M	Emergency BIN to be determined
102-A2	Version/Release Number	51	M	NCPDP v5.1
103-A3	Transaction Code	B1	M	Billing Transaction
104-A4	Processor Control Number		M	Emergency PCN to be determined
109-A9	Transaction Count		M	
202-B2	Service Provider ID Qualifier		M	
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	Date of Service must fall within the declared emergency period.
110-AK	Software Vendor/Certification ID		M	

**Patient Segment: Required**

Field	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	01	M	Patient Segment
304-C4	Date of Birth		S	
305-C5	Patient Gender Code		S	
310-CA	Patient First Name		S	
311-CB	Patient Last Name		S	
322-CM	Patient Street Address		S	The street address of patient's home from where they were displaced.
323-CN	Patient City Address		S	The city of patient's home from where they were displaced.
324-CO	Patient State/Province Address		S	The state of patient's home from where they were displaced.
325-CP	Patient Zip/Postal Zone		S	The zip/postal code of patient's home from where they were displaced.
307-C7	Patient Location		S	

**Insurance Segment: Mandatory**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	04	M	
302-C2	Cardholder ID		M	Patient "Red Cross ID"

301-C1	Group ID		S	Emergency Group ID as defined by the emergency processor
303-C3	Person Code		S	Emergency Person Code as defined by the emergency processor. Suggest the use of 01
306-C6	Patient Relationship Code		S	Emergency Patient Relationship Code as defined by the emergency processor. Suggest the use of 01

**Claim Segment: Mandatory**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	07	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1= Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier		M	
407-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		S	
403-D3	Fill Number		S	
405-D5	Days Supply		S	Limited to 30 days supply that may be extended depending upon specific disaster
406-D6	Compound Code		S	
408-D8	DAW / Product Selection Code		S	
414-DE	Date Prescription Written		S	
415-DF	Number of Refills Authorized		S	
461-EU	Prior Authorization Type Code	1= Prior Authorization	S	
462-EV	Prior Authorization Number Submitted	<p>For Version 5.1, processors are asked to try to use these codes if you can; if not, give specific guidance of what codes you are going to use in the emergency.</p> <p>911000000000 = Emergency Preparedness (EP) Refill Extension Override</p> <p>911000000001 = Emergency Preparedness (EP) Refill Too Soon Edit Override</p> <p>911000000002 = Emergency Preparedness (EP) Prior Authorization Requirement Override</p> <p>911000000003 = Emergency Preparedness (EP) Accumulated Quantity Override</p> <p>911000000004 = Emergency Preparedness (EP) Step Therapy Override</p> <p>911000000005 = Emergency Preparedness (EP)</p>	S	<p>Use value 911000000000 to allow refill beyond refill limit on benefit.</p> <p>Use value 911000000001 when the patient needs medication because of emergency and processor returns a reject.</p> <p>Use Value 911000000005 to remove restriction for refill limit, Prior Authorization, Refill Too Soon, Accumulated Quantity and Step Therapy.</p>
308-C8	Other Coverage Code	2, 3, 4, 5, 6, 7, 8	S	
343-HD	Dispensing Status		S	
456-EN	Associated Prescription/Service Reference Number		S	

457-EP	Associated Prescription/Service Date		S	
403-D3	Fill Number		S	
344-HF	Quantity Intended To Be Dispensed		S	
345-HG	Days Supply Intended To Be Dispensed		S	

### Prescriber Segment: Situational

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	03	M	
466-EZ	Prescriber ID Qualifier	12	S	
411-DB	Prescriber ID		S	Use pharmacy NPI, in cases where pharmacist is allowed to prescribe

### COB/Other Payments Segment: Optional

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	05	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		R	
340-7C	Other Payer ID		R	
443-E8	Other Payer Date		R	
341-HB	Other Payer Amount Paid Count		S	
342-HC	Other Payer Amount Paid Qualifier		S	
431-DV	Other Payer Amount Paid		S	
471-5E	Other Payer Reject Count		S	
472-6E	Other Payer Reject Code		S	

### DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	08	M	DUR/PPS Segment
473-7E	DUR / PPS Code Counter	1-9 Occurrences	S	
439-E4	Reason for Service Code		S	
440-E5	Professional Service Code		S	
441-E6	Result of Service Code		S	

### Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted		S	To be determined by CMS/FEMA
412-DC	Dispensing Fee Submitted		S	To be determined by CMS/FEMA
430-DU	Gross Amount Due		S	To be determined by CMS/FEMA
423-DN	Basis Of Cost Determination		S	To be determined by CMS/FEMA
433-DX	Patient Paid Amount Submitted		S	To be determined by CMS/FEMA
478-H7	Other Amount Claimed Submitted Count		S	To be determined by CMS/FEMA
479-H8	Other Amount Claim Submitted Qualifier		S	To be determined by CMS/FEMA
480-H9	Other Amount Claimed Submitted		S	To be determined by CMS/FEMA
481-HA	Flat Sales Tax Amount Submitted		S	To be determined by CMS/FEMA
426-DQ	Usual and Customary Charge		S	To be determined by CMS/FEMA
482-GE	Percentage Sales Tax Amount Submitted		S	To be determined by CMS/FEMA
483-HE	Percentage Sales Tax Rate Submitted		S	To be determined by CMS/FEMA
484-JE	Percentage Sales Tax Basis Submitted		S	To be determined by CMS/FEMA

### Clinical Segment: Optional

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	13	M	Clinical Segment
491-VE	Diagnosis Code Count	1-9	S	
492-WE	Diagnosis Code Qualifier		S	

424-DO	Diagnosis Code		S	
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## **7. INDEX FOR PHARMA**

Placeholder at this time.

## **8. FURTHER ACTION ITEMS/RECOMMENDATIONS**

### **8.1 FEMA/HHS**

1. Request funding during a declared disaster to cover medications for a patient who does not have insurance or any other means to pay. .
2. Request HHS build a proposal and execute the plan for processor(s) to adjudicate claims and administer payments for patients without insurance or any other mean to pay. .

### **8.2 MANUFACTURERS**

1. Request that rather than each manufacturer offer point of sale discounts on drugs during a disaster that the funding assist the FEMA/HHS processor(s) for patients without insurance or any other means to pay.

## **9. APPENDIX A. HISTORY OF DOCUMENT CHANGES**

### **9.1 VERSION 1.1**

Section [\*NCPDP Emergency Preparedness Payer Sheet for the Emergency CMS/FEMA Payer\*](#) has been updated to include the possibility of using a "Red Cross ID". Section *NCPDP Emergency Preparedness Payer Sheet for the Emergency CMS/FEMA Payer* has been updated to change from the Patient's Social Security Number to the Patient's "Red Cross ID".

Section [\*Eligibility Information\*](#) has been added.