NCPDP May 2018 Work Group Meeting
Q&A on DERF 001610 UPI DD and Telecommunication Standard Changes

Counter Data Element:
Q: Could the Patient ID Qualifier Count (618-RR) which is used in the Prescription File Transfer Standard be added to the Telecommunication Standard instead of adding a new counter field?
A: When the task group first reviewed the Prescription File Transfer Standard, it was thought this data element was not a viable solution. However, after a second review it has been determined that this data element can be requested to be allowed in the Telecommunication Standard (Telecom) instead of creating a new count field. It was also determined that the name should be corrected to Patient ID Count to reflect the naming conventions of a count field and to match the definition of the field. The DERF for the changes to Telecom has been updated to reflect this alternative solution.

Situation of Use:
Q: Can a provider or payer be 'required' to send the Patient ID when it is in reference to a UPI, if there is no mandate for all stakeholders to support a UPI?
A: No, this is a situational field based upon trading partner agreement. The situation of use for the Patient ID has been modified to "*Required when agreed upon between trading partners in order to enhance the accuracy of patient data exchange and/or to improve care or benefit coordination.*"

Q: Can you have different situations based on the ECL qualifier? Is the dual eligibility situation still applicable?
A: The proposed situation of use is for the Patient ID data element, not the qualifier. A data element may have more than one situation. The situation of use was changed to one which supports the NCPDP Universal Patient ID (NCPDP UPI) business case, the dual eligibility business case and any other known business cases.

Q: The situation of use for the Patient ID data element for the E1 request references payer/processor. Is this always the case for an E1? Could it be an E1 Administrator?
A: The modified language for the situation of use no longer references "payer/processor." (New language: "*Required when agreed upon between trading partners in order to enhance the accuracy of patient data exchange and/or to improve care or benefit coordination.*")

Q: The situation of use for the Patient ID data element on the response segments limits use to when the submitted patient ID does not match the Patient ID on file. Why wouldn't the payer, processor, E1 administrator return the patient ID on file regardless if it's a match, particularly when a Patient ID is not submitted? This is where the E1 could return the MBI.
A: The modified language for the situation of use no longer references using the field when the ID does not match. (New language: "*Required when agreed upon between trading partners in order to enhance the accuracy of patient data exchange and/or to improve care or benefit coordination.*")

Harmonization:
Q: Should the Telecom Patient ID (e.g.: NCPDP UPI qualifier) be harmonized with other Patient ID fields across NCPDP standards? For example: 601-35 = Encrypted Patient ID used in Rebate Standards (R, J).
A: The task group efforts have included a review of all existing Patient ID related data elements to identify the data element to use for communication of the NCPDP UPI. The task group identified Patient ID (332-CY) as the optimal solution. Next the task group began to review all Standards utilizing the Patient ID (332-CY) to identify changes that might be necessary to support communication of the NCPDP UPI. In advance of the May 2018 Work Group, the focus shifted to the Telecommunication and SCRIPT Standards as a phase 1. After the Telecom

and SCRIPT DERFs are completed, then the work on the other Standards to ensure harmonization will resume. *(Work in progress.)*

Q: In the Post Adjudication Implementation Guide, there is a restriction of use of Patient ID (332-CY). (See Post Adjudication Implementation Guide for restriction on use of field in different records.) Does this new qualifier impact this restriction?
A: Telecommunication and SCRIPT are the focus now. The Post Adjudication Standard and communication of the NCPDP UPI in that standard still needs to be researched and evaluated. *(Work in progress.)*

Q: The Patient ID Qualifier (331-CX) is used in Standards T, A, V, W, X, and C. There is already a Patient ID Qualifier Count (618-RR) for the Prescription File Transfer Standard (V). How will this new field impact this standard? Should the existing field 618-RR be added to Telecom versus creating a new field?
A: When the task group first reviewed the Prescription File Transfer Standard, it was thought this data element was not a viable solution. However, after a second review it has been determined that this data element can be requested to be allowed in the Telecommunication Standard instead of creating a new count field. It was also determined that the name should be corrected to Patient ID Count to reflect the naming conventions of a count field and to match the definition of the field. The DERF for the changes to Telecom has been updated to reflect this alternative solution.

Q: How will we harmonize the Telecom attribute with the SCRIPT attribute 'PatientIdentification'? If the goal is to traverse the ID throughout the prescription events (prescribing, dispensing/adjudication, PA, RTPBC, Prescription Transfer, Post Adjudication, Information Reporting), should this flow be mapped out with the designated attributes, restrictions of use and qualifier values to ensure alignment?
A: A DERF for the changes needed to the SCRIPT standard has been drafted and will be reviewed by the task group for submission for the August 2018 Work Group. The existing use cases produced by the task group cover the flow. *(Work in progress.)*

Q: Do we need to consider the sunsetting of field A22-YR - Patient ID Associated State/Province Address and field B38-1Y - PATIENT ID ASSOCIATED COUNTRY CODE? The DD indicates these fields are used in Telecom, however these fields are a set as Not Used in vF2. These may have been fields for the Controlled Substance Reporting transactions.
A: These two data elements are out of scope for the task group. These fields, which identify the state and country associated with the patient identifier, will be used in the PDMP Standard layout.

Misuse of Patient ID – Data Breaches:
Q: From a patient consent perspective, since the patient is not aware of this unique ID being assigned to them and traversed throughout the healthcare system, should restrictions of use be placed on the NCPDP UPI to prevent unintended consequences? For example, how do we prevent this ID from being used downstream to contact patients or being shared with other entities? Should the use be limited to business practices specific to the NCPDP standard? This is a new area for NCPDP, where data breaches could be a risk. To prevent these risks, should we consider formal legal language be tied to its use?
A: This is out of scope for the task group as it relates to business rules with Experian Health (enumerating entity) and not to communicating the NCPDP UPI throughout the healthcare industry using NCPDP standards. However, a) it only rarely conveys information marginal to the information already conveyed in any transaction, and b) it is only useful to a party that has other reference data which identifies the patient anonymously using the NCPDP UPI. So it represents no risk greater than already inherent in sending names, dates of birth and member numbers in health care transactions.