

NCPDP 2022 Educational Summit (CPE) Details

Tuesday, November 15, 2022			
Title	Upon completion of this course, learners will be better able to:	Faculty Information	CPE Information
<p>Header Segment Modifications 9:30-10:30 AM MST 10:30-11:30 AM CST</p>	<p><u>Pharmacist:</u></p> <ol style="list-style-type: none"> 1. Describe the B1 Claim Transaction changes 2. Produce clear training documents for staff to use with the updated B1 Claim Transaction 3. Discuss talking points with staff when claims reject due to header issues <p><u>Technicians:</u></p> <ol style="list-style-type: none"> 1. Discuss when changes to pharmacy claims will occur 2. Describe the training guides on changes to the claim header segment 	<p>Kathy Knapp McKesson</p> <p>Annette Gabel ACAG Consulting LLC</p>	<p>UAN: 0107-9999-22-390-L04-P 0107-9999-22-390-L04-T 0.1 CEU/1.0 Hour Knowledge-based</p>
<p>Eligibility Verification (E1) - F6 Impacts 10:30-11:30 AM MST 11:30-12:30 PM CST</p>	<ol style="list-style-type: none"> 1. Locate information on formatting valid F6 Eligibility Verification Request transactions. 2. Identify the three changes required for version F6 Eligibility Verification request submission. 3. Describe the purpose of the Response Other Payers Segment in Eligibility Verification Response transactions. 4. Locate information that was removed from the Message field on E1 Response transactions. 	<p>Kathy Knapp McKesson</p>	<p>UAN: 0107-9999-22-391-L04-P 0107-9999-22-391-L04-T 0.1 CEU/1.0 Hour Knowledge-based</p>
<p>Information Reporting for Medicare Part D 11:50-12:50 PM MST 12:50- 1:50 PM CST</p>	<p><u>Pharmacist:</u></p> <ol style="list-style-type: none"> 1. Review the changes to the Telecom Standard that affect the Medicare Part D Information Transactions 2. Identify new reject codes 3. Review the F6 Nx Transaction Payer Sheet 4. Identify available resources associated with the changes affecting Medicare Part D Nx Transactions 	<p>Mary A. Perez Elixir Solutions</p> <p>Annette Gabel ACAG Consulting LLC</p>	<p>UAN: 0107-9999-22-392-L04-P 0107-9999-22-392-L04-T 0.1 CEU/1.0 Hour Knowledge-based</p>

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	<p><u>Technician:</u></p> <ol style="list-style-type: none"> 1. Review the changes to the Telecom Standard that affect the Medicare Part D Information Transactions 2. Recognize the new reject codes 3. Recognize the new F6 Payer Sheet 4. Identify available resources associated with the changes affecting Medicare Part D Nx Transactions 		
<p>Telecommunication vF6 Claim and Service Request Billing Transactions - Critical Impacts to the Healthcare Industry 12:50-1:50 PM MST 1:50-2:50 PM CST</p>	<ol style="list-style-type: none"> 1. Identify the claim request segment and data element changes between Telecommunication Standard versions vD.0 and vF6 2. Describe the business cases that initiated changes to the claim request segments, data elements, and situations of use 3. Select mandatory and optional use data elements in order to meet regulatory and business objectives 4. Identify the differences between the B1 claim billing and S1 service billing request transactions 	<p>Sharon Gruttadauria CVS Health</p> <p>Tara DeCosta Express Scripts</p> <p>Jennifer Ausbrook CVS Health</p>	<p>UAN: 0107-9999-22-393-L04-P 0107-9999-22-393-L04-T 0.1 CEU/1.0 Hour Knowledge-based</p>
Wednesday, November 16, 2022			
Title	Upon completion of this course, learners will be better able to:	Faculty Information	CPE Information
<p>Telecommunications vF6 B1 Response Transaction - What's Behind the Changes to over 180 Data 9:00-10:00 AM MST 10:00-11:00 AM CST</p>	<ol style="list-style-type: none"> 1. Identify the claim response segment and data element changes between Telecommunication Standard versions vD.0 and vF6 2. Describe the transition from existing Additional Message Information Qualifiers to new distinct response data elements 2. Describe the business cases that initiated changes to the claim request segments, data elements, and situations of use 4. Select mandatory and optional use data elements in order to meet regulatory and business objectives 5. Recognize the importance of precise claim response detail that triggers subsequent electronic communications 	<p>Sharon Gruttadauria CVS Health</p> <p>Tara DeCosta Express Scripts</p> <p>Jennifer Ausbrook CVS Health</p>	<p>UAN: 0107-9999-22-394-L04-P 0107-9999-22-394-L04-T 0.1 CEU/1.0 Hour Knowledge-based</p>

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<p>Coordination of Benefits (COB) Functionality in Telecommunication Version F6 10:00-11:00 AM MST 11:00-12:00 PM CST</p>	<ol style="list-style-type: none"> 1. Describe the Coordination of Benefits functionality available through the use of Telecommunication Standard Version F6d 2. Identify the use cases addressed in the Response Other Payers Segment 3. Describe the sunseting of the discrete patient pay fields that are now mapped to the Patient Pay Component fields and how it relates to Coordination of Benefits 4. Recognize how the new tax fields are used in coordination of benefits claims 5. Explain how to use Reconciliation ID to facilitate claim matching and reversal order 	<p>Louise Gustafson Elixir</p> <p>Joann Landry CVS Health</p>	<p>UAN: 0107-9999-22-395-L04-P 0107-9999-22-395-L04-T 0.1 CEU/1.0 Hour Knowledge-based</p>
<p>The Future of Reversals 11:20-12:20 PM MST 12:20 - 1:20 PM CST</p>	<ol style="list-style-type: none"> 1. Summarize best practices for Reversals 2. Define the Reconciliation ID and its use in reversals 3. Recognize key fields required for a Reversal Request 4. Describe differences between D.0 and F.6 for Reversals 5. Identify the most appropriate Reject Codes to use for rejected Reversals 	<p>Kelley Vaughan Abarca Health</p>	<p>UAN: 0107-9999-22-396-L04-P 0107-9999-22-396-L04-T 0.1 CEU/1.0 Hour Knowledge-based</p>
<p>Batch Standard V15 and Batch Standard Subrogation Implementation Guide V10 12:20-1:20 PM MST 1:20-2:20 PM CST</p>	<ol style="list-style-type: none"> 1. Describe the differences between the Batch Standard Version 1.2 and Version 15 2. Explain what subrogation is and why it may be needed for pharmacy claims 3. Describe how the Batch Standard Subrogation Implementation Guide should be used for Medicaid Subrogation 4. Recognize how the Batch Standard Subrogation Implementation Guide can be used in other payer-to-payer subrogation scenarios 	<p>Louise Gustafson Elixir</p>	<p>UAN: 0107-9999-22-397-L04-P 0107-9999-22-397-L04-T 0.1 CEU/1.0 Hour Knowledge-based</p>

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Additional CPE Information

Faculty Disclosure:

Kathy Knapp is an employee of McKesson.
Annette Gabel provides project management, operations, and compliance consulting services.
Mary A Perez is an employee of Elixir Solutions, a PBM.
Sharon Gruttadauria is an employee of CVS Health.
Tara DeCosta is an employee of Express Scripts.
Jennifer Ausbrook is an employee of CVS Health.
Louise Gustafson is an employee of Elixir Solutions.
Joann Landry is an employee of CVS Health.
Kelley Vaughan Employee of Abarca Health, a PBM.
All relevant financial relationships have been mitigated

Off-Label Use of Medications: Off-label use of medications will not be discussed during any of the scheduled presentations.



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You must complete these requirements within 30 days of the date of the live CPE event. Late submissions will not transmit to CPE Monitor and CPE credit will not be provided.

Target Audience: Pharmacists & Pharmacy Technicians

Course Format: Live, webinar

Financial Support: Financial Supports has been provided by *CoverMyMeds*

Course Fee: Early bird registration fees are \$525 members/\$750 non-members; includes access to the live CE courses, educational materials, exams, evaluations, and CPE redemption.