

# Industry Guidance for Implementation of Admit, Discharge, and Transfer Notifications for Pharmacy

**Version 10**

November 2024



This white paper explores the significance of Admit, Discharge and Transfer (ADT) notifications for pharmacies, outlines the current landscape, and provides education on how pharmacies may integrate into the ADT notification framework.

# Industry Guidance for Implementation of Admit, Discharge, and Transfer Notifications for Pharmacy

Version 10

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## **1. PURPOSE**

Across the healthcare ecosystem, efficient communication is paramount to ensuring optimal patient care, particularly during transitions of care. Admission, Discharge and Transfer (ADT) notifications play a crucial role in keeping all stakeholders informed about patients' movements within the healthcare system. However, the integration of pharmacies into this communication loop remains an area of opportunity. This white paper explores the significance of ADT notifications for pharmacies, outlines the current landscape and provides education on how pharmacies may integrate into the ADT notification framework.

## 2. BACKGROUND

Patient event notifications are automated, electronic communications from the discharging clinician or entity to another clinician or entity in need of the notification for post-acute care coordination, treatment or quality improvement purposes. These notifications alert the receiving clinician or entity that the patient has received or is receiving care at another setting. Electronic Health Record (EHR) vendors commonly use ADT messages as the basis for implementing patient event notifications. An ADT notification is a notice of an event occurring; identifying someone was admitted, discharged or transferred.

ADT notifications are electronic messages that communicate patient admission, discharge, transfer and other events from healthcare facilities to relevant stakeholders.

ADT notifications enable healthcare providers to stay more informed about their patients' encounters with other healthcare facilities. This knowledge allows for better care coordination, supporting patient health and safety by reducing gaps in communication of crucial treatment data and information. By having timely access to ADT information, providers can make more informed decisions, reducing adverse events, ensuring more seamless follow-up care and improving overall quality of care.

The Centers for Medicare and Medicaid Services (CMS) has a mandate, specifically the [CMS Interoperability and Patient Access Final Rule \(CMS-9115-F\)](#), which requires Medicare and Medicaid participating hospitals, encompassing psychiatric and critical access facilities, must transmit electronic patient event notifications, such as ADT information, to designated providers on record. These providers encompass primary care providers, post-acute care facilities and specialists. This mandate aims to enhance care coordination and ensure timely communication between healthcare entities, ultimately improving patient outcomes and experience within the healthcare system.

The NCPDP Work Group 20 ADT Notification for Pharmacy Task Group was formed to determine if ADT notifications would be useful for pharmacies to receive given pharmacists expanding role in improving patient outcomes. The task group determined ADT information could support pharmacies with a variety of use cases that could help improve patient outcomes, increase revenue for the pharmacy and decrease operational costs. A few of the use cases identified in this paper include medication reconciliation, continuity of care, compliance packaging and management of refills and medication synchronization (med-sync).

### **3. SCOPE**

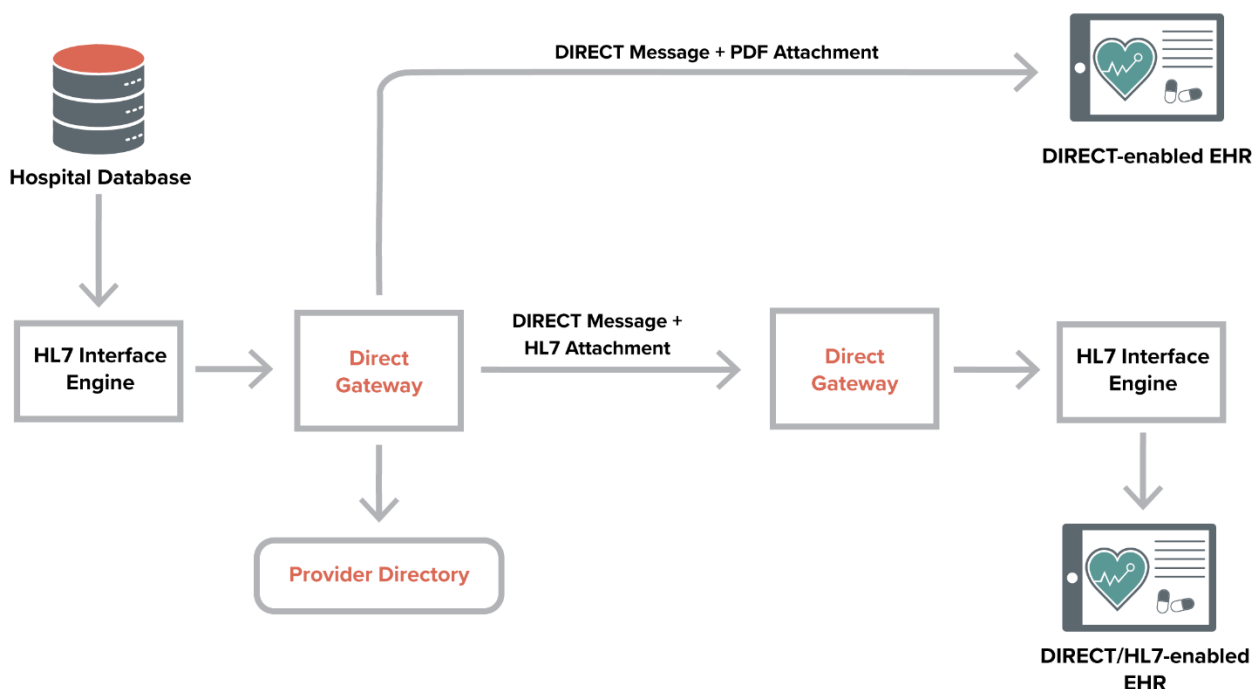
The scope of this document encompasses an in-depth examination of the receipt of ADT notifications within the pharmacy domain, including their relevance, challenges and implementation considerations. It offers guidance for stakeholders involved in the implementation of ADT notification systems, with a focus on fostering seamless communication between healthcare entities.

NCPDP recognizes that ADT notifications are currently used in a variety of settings including notifications from a Long-Term Care (LTC) facility to an LTC pharmacy for admit or discharge; however, the scope of this paper is focused specifically on Admit and Discharge notifications from a hospital setting to a pharmacy. Future task group work may focus on implementation of ADT notifications beyond the initial CMS mandate. Out of scope for this document is how the information contained in the ADT notification may be utilized by a pharmacy, pharmacist or pharmacy staff. This paper focuses on the value of ADT notifications, potential use cases, options of how to set up and implementation considerations.

## 4. EVENT NOTIFICATIONS VIA THE DIRECT STANDARD

Direct Trust is an ANSI-accredited organization which develops standards to facilitate electronic data exchange within the healthcare sector. At the heart of this exchange is Direct Secure Messaging, a secure email system specifically designed for the confidential sharing of medical documents among healthcare professionals and organizations. Originally conceived for internal hospital use, Direct Secure Messaging has evolved into a more user-friendly platform accessible beyond hospital systems.

Central to Direct Secure Messaging is the concept of a Direct address, a unique identifier used for routing messages to individuals, groups or healthcare entities. This address serves as the transport mechanism for securely transmitting data. One of the key components exchanged via Direct Secure Messaging is the Health Level Seven International (HL7®) v2 ADT message, which contains discrete patient information. HL7 v2 ADT is lightweight and only includes ADT predefined data element requirements, including patient demographic information, patient class distinctions (inpatient or emergency) and optional insurance information, subject to the input provided by the hospital system. It is important to note that an action taken on an ADT notification is different than the ADT notification itself. Upon receipt of an ADT notification, there needs to be a query of other documents as to what needs to be done for coordination of care.



Direct Secure Messaging operates on an unsolicited notification model, intended as a one-way push to the recipient. Recipients designated as interested parties receive all notifications with the recipient system retaining the autonomy to suppress or display them as deemed appropriate. Not all Health IT systems may have Direct Secure Messaging activated; some may have it, but the users may not know it exists. There is nothing to prohibit a pharmacy from obtaining a Direct address; in



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fact, hospital inpatient pharmacy teams often have one. The only potential limiting factor is the user interface of a pharmacy system may not accommodate Direct Secure Messaging.

Although CMS refrained from naming a specific standard for ADT notifications in the [CMS Interoperability and Patient Access Final Rule \(CMS-9115-F\)](#), the *Event Notifications via the DIRECT standard* has become the de facto industry [standard](#).

## 5. PHARMACY USE CASES

The integration of ADT notifications into pharmacy workflows could represent a significant advancement in enhancing patient care and operational efficiency. Pharmacies, as vital components of the healthcare continuum, are positioned to leverage real-time ADT notifications to improve medication management, medication reconciliation, patient education and continuity of care. The following use cases have been identified as examples where ADT notifications can have an impact on pharmacy operations and patient outcomes. Each use case has a description, details on the scenario (action, process, benefit) and a recommended patient population list to determine for which patients the pharmacist would like to receive notifications.

### Medication Reconciliation Post-Discharge

Medication reconciliation post-discharge is crucial for ensuring patients transitioning from inpatient to outpatient care maintain accurate and safe medication regimens. Upon receiving an ADT notification about a patient's discharge, pharmacists can reconcile discharge medications with existing medication records. This process helps avoid duplications, omissions or harmful interactions, significantly enhancing patient safety and reducing readmission rates. Accurate medication lists promote continuity of care, demonstrating the pharmacy's integral role in the patient's healthcare journey.

- **Objective:** To ensure accurate and safe medication regimens for patients transitioning from inpatient to outpatient care.
- **Details:**
  - **Scenario:** A patient is discharged from a hospital with new medications.
  - **Action:** The pharmacy receives an ADT notification about the discharge.
  - **Process:** The pharmacist reconciles the discharge medications with the patient's existing medication records to avoid duplications, omissions or harmful interactions.
  - **Benefit:** Enhanced patient safety through accurate medication lists and reduced readmission rates.
  - **Recommended Patient Population list:** All pharmacy patients.

### Continuity of Care for Treatments

Ensuring the continuity of care for patients with chronic conditions post-discharge is essential for maintaining treatment adherence and achieving positive health outcomes. ADT notifications enable pharmacies to receive timely information about a patient's discharge and continuation plans. Pharmacists can then coordinate with healthcare providers to ensure uninterrupted access to necessary medications, thus supporting ongoing treatments. This seamless transition underscores the pharmacy's commitment to patient-centric precision medicine, where personalized care plans are maintained across different care settings.

- **Objective:** To maintain ongoing treatments for patients with chronic conditions after hospital discharge.
- **Details:**
  - **Scenario:** A patient undergoing long-term treatment is discharged from a hospital.
  - **Action:** The pharmacy is notified of the discharge and the continuation plan.
  - **Process:** The pharmacist coordinates with healthcare providers to ensure uninterrupted access to necessary medications.

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- **Benefit:** Improved treatment adherence and health outcomes.
- **Recommended Patient Population List:** Pharmacy patients with chronic conditions / chronic medications.

### Compliance Packaging Adjustments

Compliance packaging is designed to support patients in adhering to their medication regimens, especially those with complex medication schedules. When patients on compliance packaging transition between care settings, ADT notifications inform pharmacies of admissions and discharges. This information enables pharmacists to suspend or resume compliance packaging based on the patient's current care setting, ensuring medication management is tailored to the patient's specific needs and minimizes errors. Such flexibility is vital in providing personalized, value-based care.

- **Objective:** To ensure appropriate medication packaging based on the patient's care setting.
- **Details:**
  - **Scenario 1:** A patient on compliance packaging is admitted to a hospital rehabilitation from home.
  - **Scenario 2:** A patient on compliance packaging is discharged from hospital rehabilitation to home.
  - **Action:** The pharmacy receives ADT notifications of admissions and discharges.
  - **Process:** Suspend or resume compliance packaging based on the patient's current care setting.
  - **Benefit:** Tailored medication management that meets patient needs and minimizes errors.
  - **Recommended Patient Population List:** Pharmacy patients on compliance packaging.

### Auto-Refill and Medication Synchronization

For patients admitted to hospital inpatient settings, it is often necessary to temporarily halt automatic medication refills and synchronization services. ADT notifications alert pharmacies to these admissions, allowing them to suspend these services during the inpatient stay. This prevents unnecessary medication dispensing and ensures medication lists are accurate upon the patient's discharge. By doing so, pharmacies can avoid medication wastage and enhance the precision of medication management.

- **Objective:** To temporarily halt automatic medication refills and synchronization for patients admitted to hospital inpatient settings.
- **Details:**
  - **Scenario:** An established patient is admitted to a hospital inpatient setting.
  - **Action:** The pharmacy receives an ADT notification of the admission.
  - **Process:** Suspend auto-refill and medication synchronization services during the inpatient stay.
  - **Benefit:** Prevents unnecessary medication dispensing and ensures accurate medication lists upon discharge.
  - **Recommended Patient Potential List:** Pharmacy patients enrolled in auto-refill and medication synchronization programs.

## 6. PATHWAYS TO RECEIVE ADT NOTIFICATIONS

There are several pathways for pharmacies to receive ADT Notifications. These include direct connections to a hospital, the use of a vendor/intermediary, the use of a Health Information Exchange (HIE) or a Qualified Health Information Network (QHIN). The following section provides insights into the different pathways for receiving ADT notifications.

### Hospital System Connection

#### *Overview of Hospital Connections*

Organizations can establish connections with individual hospitals or hospital systems to receive ADT notifications specific to their patient population. This approach involves working directly with the hospital's Information Technology (IT) department to develop and implement the necessary interfaces and data exchange mechanisms.

#### *Establishing a Connection with a Hospital or Hospital System*

To establish a connection with a hospital or hospital system for ADT notifications, organizations should:

- Initiate discussions with the hospital's IT leadership to explore the feasibility and requirements for an ADT feed.
- Define the specific data elements, event triggers and frequency of ADT notifications required to meet the organization's clinical and operational needs.
- Collaborate with the hospital's technical team to determine the most appropriate data exchange methods, such as HL7 interfaces, secure file transfer protocols (SFTP) or Application Programming Interface (API)-based solutions.
- Develop and test the necessary interfaces or data exchange mechanisms, ensuring the accurate and reliable transmission of ADT notifications.
- Establish service level agreements (SLAs) with the hospital to define expectations for data quality, timeliness and support.

### Third-Party Vendors

#### *Overview of Third-Party ADT Notification Services*

Third-party vendors offer specialized solutions for receiving and managing ADT notifications from multiple healthcare providers. These vendors typically aggregate ADT data from various sources, such as HIEs and hospital connections, and provide a centralized platform for organizations to access and utilize the information.

#### *Evaluating and Selecting a Vendor*

When considering a third-party vendor for ADT notification services, organizations should evaluate the following factors:

- Data coverage and provider network: Assess the vendor's ability to collect ADT data from a wide range of healthcare providers and geographic regions relevant to the organization's patient population.
- Data quality and timeliness: Evaluate the vendor's processes to ensure the accuracy, completeness and real-time delivery of ADT notifications.
- Integration capabilities: Consider the vendor's ability to integrate with the organization's existing systems, such as EHRs or care management platforms.

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- Security and compliance: Ensure the vendor adheres to industry standards and regulations for data privacy and security, such as The Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) Act.
- Pricing and contract terms: Compare pricing models, implementation costs and ongoing support fees across vendors and carefully review contract terms and SLAs.

### Health Information Exchange (HIE)

#### *Overview of HIEs*

A HIE is an entity that facilitates the electronic sharing of patient health information among participating healthcare organizations. HIEs are secure, electronic networks that connect participating healthcare organizations within a specific region, state or community. HIEs can serve as a centralized hub for receiving and distributing ADT notifications, ensuring all participating providers have access to timely and accurate patient encounter information.

#### *Connecting to an HIE for ADT Notifications*

To receive ADT notifications through an HIE, organizations must first establish a connection and become a participating member. This typically involves executing a participation agreement, which outlines the terms and conditions for data sharing, as well as any associated costs. Once connected, organizations can configure their systems to receive ADT notifications from the HIE in real-time or at specified intervals.

### Qualified Health Information Network (QHIN)

#### *Overview of QHINs*

A QHIN is a network of organizations, as established by the Assistant Secretary of Technology Policy (ASTP), formerly known as the Office of National Coordinator for Health Information Technology (ONC), that have agreed to follow a common set of standards and practices for sharing health information electronically.

QHINs are a key component of the Trusted Exchange Framework and Common Agreement (TEFCA), a federal initiative to establish a nationwide interoperability infrastructure for health information exchange. QHINs are recognized entities that have met specific criteria for security, privacy and interoperability, enabling them to facilitate the exchange of health information, including ADT notifications, across participating organizations.

#### *Connecting to a QHIN for ADT Notifications*

To receive ADT notifications through a QHIN, organizations must first identify and establish a connection with a recognized QHIN. This process typically involves:

- Executing a participation agreement with the QHIN, outlining the terms and conditions for data sharing, as well as any associated costs.
- Configuring the organization's systems to connect with the QHIN's technical infrastructure, which may involve implementing specific data standards, APIs, or secure communication protocols.
- Defining the specific data elements and event triggers required for ADT notifications, in accordance with the QHIN's data sharing policies and the organization's clinical and operational needs.
- Testing and validating the connection to ensure the accurate and reliable exchange of ADT notifications.

## ***6.1 DATA STANDARDS AND FORMATS***

The data standards and formats for direct hospital connections may vary depending on the hospital's technical capabilities and preferences. Common data standards for ADT notifications include HL7® v2 and Fast Healthcare Interoperability Resources (FHIR®) ADT Message. Organizations should work with the hospital's IT team to determine the most suitable data standards and formats for their specific integration needs.

## ***6.2 BEST PRACTICES FOR PATHWAY CONNECTIONS***

When establishing pathway connections, organizations should consider the following best practices:

- Ensure the data sharing agreements clearly define the roles, responsibilities and expectations for both parties, including data privacy and security requirements.
- Implement robust security measures, such as encryption and access controls, to protect patient data during transmission and storage.
- Develop comprehensive testing and validation procedures to ensure the accuracy and reliability of ADT notifications received.
- Establish clear communication channels and escalation processes to address any technical issues or data quality concerns promptly.
- Regularly review and update the direct connection setup to accommodate changes in systems, data standards or organizational requirements.

## ***6.3 CONDUCT ORGANIZATIONAL NEEDS ASSESSMENT AND SELECT APPROPRIATE PATHWAY***

Before selecting a pathway for receiving ADT notifications, organizations should thoroughly assess their specific organizational goals, requirements, obstacles, capabilities and opportunities. Based on the organizational needs assessment, organizations should compare the various pathways for receiving ADT notifications and select the most appropriate option(s). Pathway considerations may include:

- **Data coverage and provider participation:** Evaluate the size, geographic distribution and provider specialties of population and compare the breadth and depth of ADT data available through each pathway to ensure adequate coverage of the organization's patient population and key providers.
- **Technical compatibility:** Assess organization's existing infrastructure and interoperability capabilities. Evaluate the compatibility of each pathway with the organization's existing systems and data standards, considering the level of effort required for integration and maintenance.
- **Cost and resource requirements:** Compare the costs associated with each pathway, including implementation fees, resources necessary for implementation, ongoing maintenance costs and internal resource requirements for support and management of ADT solutions.
- **Scalability and flexibility:** Consider the scalability of each pathway to accommodate future growth and changes in the organization's needs, as well as the flexibility to adapt to evolving industry standards and regulations.
- **Regulatory and Policy:** Validate that pathway decision aligns with industry standards, regulations and policies relevant to the organization's operations.

## ***6.4 ENSURING DATA PRIVACY AND SECURITY COMPLIANCE***

Regardless of the chosen pathway(s) for receiving ADT notifications, organizations must ensure compliance with relevant data privacy and security regulations, such as HIPAA and HITECH.

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## 7. IMPLEMENTATION CONSIDERATIONS

Once the appropriate pathway(s) for receiving ADT notifications have been selected, organizations should develop a comprehensive implementation plan. This plan should include:

- Program Management
  - Defining project scope, timelines and responsibilities for implementation tasks.
  - Allocating necessary resources, including personnel, budget and technical infrastructure.
- Workflow, Process and Business Rule Design
  - Determining where in dispensing and medication management workflows the notification would be most beneficial.
  - Establishing business rules that filter out unnecessary ADT notifications or limit the patients who would trigger a message to reduce notification fatigue.
    - Example: Some may exclude notifications for Emergency Department (ED) visits that do not result in inpatient admissions. This focus ensures pharmacy resources are directed toward significant transitions that impact medication management. By receiving only pertinent ADT notifications, pharmacies can enhance their efficiency and contribute more effectively to patient care.
  - Establishing performance metrics and monitoring processes to track the effectiveness and efficiency of the ADT notification system.
  - Providing training and support to end-users to ensure effective utilization of ADT information within clinical workflows.
- Data Security and Compliance
  - Establishing data governance policies and procedures to ensure data quality, privacy and security.
  - Developing and executing a testing and validation plan to ensure the accuracy and reliability of ADT notifications.
  - Conducting regular risk assessments and implementing appropriate safeguards to protect patient data.
  - Developing and enforcing policies and procedures for secure data handling, access control and breach notification.
  - Providing ongoing training and education to staff on data privacy and security best practices.
  - Regularly auditing and monitoring the ADT notification system and associated processes for compliance with internal policies and external regulations.
  - Promptly addressing any identified vulnerabilities or incidents and implementing corrective actions as necessary.
- Considerations to mitigate risk and implementation issues
  - Determining patient matching strategy and solutions.
  - Aligning industry on definition for pharmacy of record.
    - Is it patient's primary pharmacy or based on pharmacy that dispensed specific drugs?
  - Establishing implementation guides to constrain messages.
- Sender/receiver and limited patient information is all that is sent.



## **8. CONCLUSION**

The integration of ADT notifications into pharmacy workflows represents a significant advancement in patient care. By incorporating these real-time alerts, pharmacies can improve not only the operational efficiency of their services but also the overall quality of patient care. ADT notifications allow pharmacists to act promptly on important patient information, leading to more timely interventions and better health outcomes.

Pharmacies can utilize ADT notifications to enhance several critical aspects of their work. These include medication management, ensuring patients are on the right medications at the right times, and medication reconciliation, which helps prevent errors when patients transition between care settings. Additionally, pharmacies can improve patient education by providing timely and relevant information and ensure continuity of care by coordinating effectively with other healthcare providers.

To help pharmacies implement these notifications, this white paper offers general guidance and serves as a resource that outlines the steps and best practices for integrating ADT alerts into pharmacy workflows, making the transition smoother and more effective.

Looking ahead, it is important for industry stakeholders to stay updated on emerging trends and innovations in this area. Advances in interoperability standards and the growth of health information exchange networks will play a key role in enhancing the use of ADT notifications. Moreover, stakeholders should remain aware of updates to federal and state laws regarding health information exchange and data privacy, such as potential changes to HIPAA regulations. Shifts in reimbursement models and incentive programs that prioritize ADT notifications for care coordination and quality improvement also underscore the growing importance of these tools in the healthcare landscape.

## 9. ADDITIONAL INFORMATION ABOUT DIRECT STANDARD

- Direct Standard supports:
  - Admission
    - at Emergency Department
    - to an Inpatient Facility
    - to an Outpatient Department
  - Discharge
    - from Emergency Department
    - from Inpatient Facility
    - from an Outpatient Department
  - Transfers
    - from Emergency to an Inpatient status
    - from Inpatient to ICU
    - Step-down from ICU to Inpatient
    - between inpatient services within a facility.
    - between Outpatient Departments within the same organization
- Discharge dispositions in Direct Standard:
  - Discharge to Home
  - Discharge to Skilled Nursing Facility
  - Discharge to Rehabilitation Facility
  - Discharge to Other Healthcare Facility
  - Discharge to Psychiatric Hospital
  - Discharge to Hospice
  - Discharge to Long-Term Care
  - Discharge to Alternative Home
  - Left against advice
  - Expired
  - Other

## 10. APPENDIX A – HISTORY OF CHANGES

### *10.1 VERSION 10 – NOVEMBER 2024*

- Original Publication

**National Council for Prescription Drug Programs**

9240 East Raintree Drive, Scottsdale, AZ 85260

phone: 480.477.1000 | fax: 480.767.1042

ncpdp@ncpdp.org | www.ncpdp.org

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