

GET READY START NOW



Telecommunication F6 & Related Standards: Prepare for Implementation

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Agenda: Tuesday, November 15, 2022

Welcome & Opening Remarks

9:00 a.m. MST/11:00 a.m. EST

The host of NCPDP's 2022 Educational Summit is **Anne S. Johnston, MPA, R.Ph.**, NCPDP Standardization Committee Chair, and Managing Director, Enterprise Data Management, Strategy & Governance for Evernorth, a Cigna company.

Strategic National Implementation Process (SNIP) Update

9:00 – 9:30 a.m. MST/11:00 a.m. – 11:30 a.m. EST

Speaker: Annette Gabel, SNIP Co-Chair, Task Group Leader of WG1's Post Adjudication Task Group, WG9's Medicare Financial Information Reporting Task Group, WG9's Medicare Part D FAQ Task Group, and President, ACAG Consulting

This session will explore what SNIP is doing to prepare the industry for the challenges as they move from D.0 to F6. The session will cover what SNIP is and what SNIP provides that is different from Task Groups. It will also provide a timeline for implementation of NCPDP Telecommunication Version F6 and share progress on guidance.

After attending this session, you will be able to:

- Discuss with staff when changes to pharmacy claims will occur.
- Provide an explanation of transition as it relates to claims processing.
- Communicate upcoming issues that may occur to clerical staff during transition from claim standard to another.
- Prepare and train for the upcoming changes using the timeline presented.

Header Segment Modifications

9:30 – 10:30 a.m. MST/11:30 a.m. – 12:30 p.m. EST

Speakers: Kathy Knapp, Task Group Leader of WG9's Medicare Part D FAQ Task Group, WG9's Medicare Financial Information Reporting Task Group, and Sr. Product Manager, RelayHealth/McKesson
Annette Gabel, SNIP Co-Chair, Task Group Leader of WG1's Post Adjudication Task Group, WG9's Medicare Financial Information Reporting Task Group, WG9's Medicare Part D FAQ Task Group, and President, ACAG Consulting, LLC

This session will preview the significant changes to the Header segment of the B1 Claim Transaction. The former field BIN Number has been renamed to IIN and has increased in size. In addition, the segment fields have been reorganized.

After attending this session, you will be able to:

- Learn the change to the number of transactions per transmission.
- Prepare for claim transaction changes.
- Create clear training documents for staff to use.
- Learn talking points for staff when claims are rejected due to header issues.
- Discuss with staff when changes to pharmacy claims will occur.
- Create training guides for staff on changes to the claim header segment.

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Eligibility Verification (E1) – F6 Impacts

10:30 – 11:30 a.m. MST/12:30 – 1:30 p.m. EST

Speaker: Kathy Knapp, Task Group Leader of WG9's Medicare Part D FAQ Task Group, WG9's Medicare Financial Information Reporting Task Group, and Sr. Product Manager, RelayHealth/McKesson

This session will inform pharmacies and vendors of the E1 changes required with implementation of NCPDP Telecommunications Version F6. With version F6, much of the data that was returned in the Message field (504-F4) is now returned in designated fields. This session will help prepare for these and other changes introduced in version F6.

After attending this session, you will be able to:

- Know where to find information on formatting valid F6 Eligibility Verification Request transactions.
- Identify the three changes required for version F6 Eligibility Verification request submission.
- Understand the purpose of the Response Other Payers Segment in Eligibility Verification Response transactions.
- Know where to locate information that was removed from the Message field on E1 Response transactions.

SESSION BREAK 20 MINUTES

Information Reporting for Medicare Part D

11:50 a.m. – 12:50 p.m. MST/1:50 – 2:50 p.m. EST

Speakers: Mary A. Perez, Co-Chair of MC Maintenance and Control, Task Group Leader of WG1's Eligibility Verification Enhancements Task Group, WG1's Information Reporting Problems Task Group, WG9's Coordination of Benefits Contractor (COBC)/Benefits Coordination & Recovery Center (BCRC) Task Group, WG9's Hospice Task Group, WG45's 834/835 FAQ Task Group, WG45 Document Revisions Task Group, MC's Definition and Use of Quantity and Day Supply Task Group, and Principal Product Manager, Elixir

Annette Gabel, SNIP Co-Chair, Task Group Leader of WG1's Post Adjudication Task Group, WG9's Medicare Financial Information Reporting Task Group, WG9's Medicare Part D FAQ Task Group, and President, ACAG Consulting, LLC

This session will review the changes that affect the Medicare Part D Information Transactions. The changes include fields used and associated reject codes (specifically identifying new reject codes), the Medicare Part D Nx Transaction Payer Sheet for F6 and where to find specific resources will also be covered.

After attending this session, you will be able to:

- Review the changes that affect the Medicare Part D Information Transactions.
- Identification of new reject codes.
- Review of the F6 Nx Transaction Payer Sheet.
- Resources availability will be provided.

Telecommunication vF6 Claim and Service Request Billing Transactions – Critical Impacts to the Healthcare Industry

12:50 – 1:50 p.m. MST/2:50 – 3:50 p.m. EST

Speakers: Jennifer Ausbrook, Co-Chair of WG9 Government Programs, and Sr. Advisor, Industry Standards, CVS Health
Tara DeCosta, MBA, Co-Chair of WG1 Telecommunication, and Director, Retail Adjudication & Regulated Markets BPO, Express Scripts

Sharon Gruttadauria, SNIP Co-Chair, Task Group Leader of WG1's Pharmacy Services Billing Task Group, and Director Strategic Product Management, CVS Health

This session will provide an overview of important changes to the B1 request transactions that impact almost all claim adjudication scenarios. It will also outline the differences between claim (B1), claim and service (B1) and service request transactions (S1) in alignment with current critical paths within the pharmacy industry. This session will correlate standards changes with example business cases to help support alignment of IT and operational considerations.

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After attending this session, you will be able to:

- Identify the claim request segment and data element changes between Telecommunication Standard Versions D.0 and F6.
- Understand the business cases that initiated claim request segment and data element changes and/or situation of use changes.
- Evaluate mandatory and optional use data elements to meet regulatory and business objectives.
- Identify the differences between the B1 claim billing and S1 service billing request transactions.

Agenda: Wednesday, November 16, 2022

Welcome & Opening Remarks

9:00 a.m. MST/11:00 a.m. EST

Our host **Anne S. Johnston, MPA, R.Ph.**, NCPDP Standardization Committee Chair, and Managing Director, Enterprise Data Management, Strategy & Governance for Evernorth, a Cigna company, is back to kick off day two of the Educational Summit.

Telecommunication vF6 B1 Response Transaction –

What's Behind the Changes to Over 180 Data Elements

9:00 a.m. – 10:00 a.m. MST/11:00 a.m. – 12:00 p.m. EST

Speakers: Jennifer Ausbrook, Co-Chair of WG9 Government Programs, and Sr. Advisor, Industry Standards, CVS Health
Tara DeCosta, MBA, Co-Chair of WG1 Telecommunication, and Director, Retail Adjudication & Regulated Markets BPO, Express Scripts
Sharon Gruttadauria, SNIP Co-Chair, Task Group Leader of WG1's Pharmacy Services Billing Task Group, and Director Strategic Product Management, CVS Health

This session will provide an overview of the important changes to the B1 claim response transaction that impact almost all claim adjudication scenarios. This session will also review example business cases for optional claim response fields to facilitate interoperability with subsequent electronic communications between payer, pharmacy and prescriber systems.

After attending this session, you will be able to:

- Identify the claim response segment and data element changes between Telecommunication Standard Versions D.0 and F6.
- Understand the transition from existing Additional Message Information Qualifiers to new distinct response data elements.
- Understand the business cases that initiated claim response segment and data element changes and/or situation of use changes.
- Evaluate mandatory and optional use data elements to meet regulatory and business objectives.
- Understand importance of precise claim response detail that triggers subsequent electronic communications.

COB Functionality in Telecommunication Version F6

10:00 – 11:00 a.m. MST/12:00 – 1:00 p.m. EST

Speakers: Louise Gustafson, MBA, Task Group Leader of WG1's Coordination of Benefits (COB) Task Group, WG1's Standardized Subrogation Task Group, and Principal Product Manager at Elixir

Joann M. Landry, Task Group Leader of WG1's Coordination of Benefits (COB) Task Group, and COB Manager, CVS Health

Over the 10+ years since Telecommunication Standard Version D.0 was implemented, the pharmacy industry experienced tremendous growth in the coordination of benefits realm. Because of this growth, Telecommunication Standard Version F6 has changed significantly from Telecommunication Standard Version D.0. There are numerous changes to the request and response segments including a plethora of new use cases addressed in the Response Other Payers Segment (renamed from Response Coordination of Benefits/Other Payers Segment in version D.0).

After attending this session, you will be able to:

- Gain a general understanding of Coordination of Benefits functionality available through the use of Telecommunication Standard Version F6.
- Identify the use cases addressed in the Response Other Payers Segment.
- Understand the sunseting of the discrete patient pay fields.
- Pay Component fields and how it relates to Coordination of Benefits.
- Recognize how the new tax fields are used in coordination of benefits claims.
- Learn how to use Reconciliation ID to facilitate claim matching and reversal order.

LUNCH BREAK 20 MINUTES

The Future of Reversals

11:20 a.m. – 12:20 p.m. MST/1:20 – 2:20 p.m. EST

Speaker: Kelley Vaughan, Co-Chair of WG1 Telecommunication, Task Group Leader of WG1's Expanded Dollar Fields Task Group, WG1's Clinical and Safety Edits Task Group, and AVP, Product, Abarca Health

Under the NCPDP Telecommunication Standard Version D.0 there are challenges in matching reversal requests to original claim billing requests, as well as other reversal processing issues reported by both processors and providers. As such, NCPDP provided 'best practice' recommendations for Telecommunication Standard Version D.0 Claim Reversal processing. With the future move to F6, some aspects of those recommendations are changing, and a new field will be introduced to further ease that process.

After attending this session, you will be able to:

- Apply best practices for Reversals.
- Define the Reconciliation ID and its use in reversals.
- Distinguish key fields required for a Reversal Request.
- Describe differences between D.0 and F6 for Reversals.
- Identify the most appropriate Reject Codes to use for rejected Reversals.

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Batch Standard V15 and Batch Standard Subrogation Implementation Guide V10

12:20 – 1:20 p.m. MST/2:20 – 3:20 p.m. EST

Speaker: Louise Gustafson, MBA, Task Group Leader of WG1's Coordination of Benefits (COB) Task Group, WG1's Standardized Subrogation Task Group, and Principal Product Manager at Elixir

This session will describe how the Batch Standard Implementation Guide has changed from Version 1.2 to Version 15 and the replacement of the Batch Standard Medicaid Subrogation Implementation Guide with the Batch Standard Subrogation Implementation Guide for use by all payer types.

The NCPDP Batch Standard Implementation Guide is intended to provide a file submission standard which supports prescription claim transactions, services, and reporting between industry participants. The NCPDP Batch Standard allows trading partners to exchange transactions when real-time processing is not available or enabled. The Batch Standard Subrogation Implementation Guide provides a mechanism for payer-to-payer exchange of pharmacy claim information for subrogation or "Pay and Chase" scenarios.

After attending this session, you will be able to:

- Understand the differences between the Batch Standard Version 1.2 and Version 15.
- Understand what subrogation is and why it may be needed for pharmacy claims.
- Learn how the Batch Standard Subrogation Implementation Guide should be used for Medicaid Subrogation.
- Recognize how the Batch Standard Subrogation Implementation Guide can be used in other payer-to-payer subrogation scenarios.

NCPDP Resources and How to Use Them

1:20 – 1:45 p.m. MST/3:20 – 3:45 p.m. EST

Speaker: Leslie Carr, CPhT, Standards Specialist, Standards Development, NCPDP, staff liaison for WG1 Telecommunication and WG45 External Standards Assessment and Implementation Guidance

In this session, you will learn of available resources to help you understand and implement the next HIPAA named NCPDP pharmacy standards. We will explore the members-only Standards Lookup Tools for accessing the Data Dictionary, External Code List, standards implementation guides and matrices from the MyNCPDP® website. Changes in the payer sheet template and transition guidance from Telecommunication Standard Version D.0 to F6, being drafted by the Strategic National Implementation Process (SNIP) Committee, will also be discussed.