NCPDP Real-Time Benefit Check Briefing – Health IT Standards

Committee

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Agenda

- NCPDP Overview
- Real-Time Benefit Check Analysis Task Group (RTBC) Update
- Industry Implementations to Date
- Request to Health IT Standards
 Committee



What is NCPDP

- NCPDP is a not-for-profit, American National Standards Institute (ANSI)accredited, Standards Development Organization (SDO) with over 1,500 members representing virtually every sector of the pharmacy services industry.
- NCPDP is a member-driven organization. Our diverse membership provides leadership and healthcare business solutions through education and standards, created using the consensus-building process.
- NCPDP's standards have been named in various government legislation, such as the Health Insurance Portability and Accountability Act (HIPAA), Medicare Modernization Act (MMA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act.

Work Groups and Task Groups

Work Groups (WG) develop standards documents and specifications

- There are 10 WGs, plus Maintenance & Control (MC).
- WGs meet four times a year.
- There is no charge for members to attend.
- Voting is limited to members who are present.
- More information: http://www.ncpdp.org/Events/Work-Group-Meeting

Task Groups work on specific issues within a work group

- Conducted via conference calls; weekly, biweekly or monthly depending on the group.
- Must have a leader assigned by the work group members.
- Membership is not required to participate.
- See http://www.ncpdp.org/Standards/Standards-Info for a list of task groups.

Real-Time Benefit Check Analysis Task Group

Scope

- Recruit a wide range of implementer and standards subject matter experts to participate in providing input and guidance to the task group.
- Define what constitutes the prescription benefit as reported by actors of the use case.
- Focus the work of the task group solely on defining the Use Cases and Business Requirements of an RTBC solution.
- Do not base these discussions on any of the existing standards so as not to be limited by current implementations, and, so as to remain objective in the work effort.
- The deliverable of the task group will be documentation of the Use Cases and Business Requirements for RTBC.
- The task group's scope is not to select a standards base or define a solution, though, these documents will help guide NCPDP in a future discussion and direction on recommending a solution and standard.

Definition of benefit from healthcare.gov - "The health care items or services covered under a health insurance plan. Covered benefits and excluded services are defined in the health insurance plan's coverage documents. In Medicaid or CHIP, covered benefits and excluded services are defined in state program rules."

Real-Time Benefit Check Analysis Task Group (RTBC) Update

Accomplishments:

- RTBC Analysis Task Group first met in June, 2014 through NCPDP
- Defined Scope of task group
- Drafted assumptions
- Identified use cases

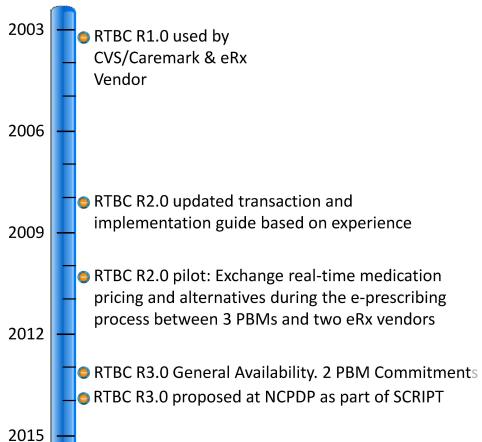
Next steps:

- Survey group to determine which use cases should be part of our initial focus (and start to limit scope)
- Create a number of sub-groups to work on use cases in greater detail
- Establish base functionality

Questions that an RTBC Transaction Should Answer (Maybe Not All in First Release)

- 1. What is the patient's financial responsibility for a proposed medication?
- 2. Is the pharmacy a preferred (lower cost) pharmacy?
- 3. Are there any coverage restrictions that may prevent the proposed medication from being covered?
- 4. Are there any drugs in the same therapeutic class that are less expensive?
- 5. What is the patient's remaining deductible?
- 6. What is the health plan's financial responsibility for a proposed medication?
- 7. What if the health plan/PBM has a need to communicate with the prescriber?
- 8. How (much) longer is the patient covered by the health plan? Is the health plan the primary insurer?

Surescripts RTBC Pilot and Product Delivery Overview



- Real-time patient specific pharmacy benefit information at the point of care enables providers to find the most appropriate and cost-effective medication treatment options
- Integrated into the e-prescribing workflow and compliments existing functionality including Eligibility, ePA, and Formulary & Benefit
 - Based on NCPDP SCRIPT Standard to facilitate adoption and integration

NCPDP Telecommunication Standard Demonstration Project

What	Real-Time Pharmacy Benefit Inquiry - Originating from Provider EMR, Processed by PBM, Response delivered to Provider
Who:	 Pharmacies Pharmacy Benefit Managers EMR s / Providers
When:	Q1 of CY 2015
How:	NCPDP Telecommunication Standard
Goals:	 A real-time (less than 5 seconds) pharmacy benefit inquiry from a provider EMR application To leverage pharmacy industry standards and technology infrastructure To deliver an accurate, pharmacy specific, "Patient Pay Amount" for a proposed medication and quantity To collaboratively align stakeholders

Real-Time Benefit Checking

ASC X12 270/271 – Health Care Eligibility Benefit Inquiry and Response

- HIPAA mandated for dental, professional, and institutional providers
 - Inquiry and response to obtain any information about a benefit plan for an enrollee
 - Eligibility to receive health care under the plan
 - Coverage of health care under the plan
 - Benefits associated with the benefit plan
- 2013 U.S. Healthcare Efficiency Index estimated 3 billion eligibility and benefit verifications occur in a year
 - 1.98 billion used the ASC X12 270/271 transaction
- Used by all health care industry sectors
 - ePrescribing functions:
 - Formulary and benefit pointers
 - Medication History



How the ONC May Help

What we would like from the committee:

- More participation from providers and vendors
- Identify the success criteria from the ONC so that we may incorporate it into our recommendation

Contact Information

For any additional questions about NCPDP, contact the Council office: 480-477-1000 or visit: www.ncpdp.org or send an email to tstrickland@ncpdp.org

