

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

Frank M's discussion comments in the Response column

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
1	5.18.5.3	28	Using Clinical Document Architecture (CDA) templates as coded references enables the answer and the question to be conveyed in a system-recognizable format.	Have the EMR vendors (eg. EPIC) adopted CDA in a consistent manner?	Meaningful Use is driving more consistency in this area, for example with the CDA-based patient summary (Continuity of Care Document / CCD). But to the commenter's point, NCPDP expects that the industry will need to set conventions for use of CDA templates within the ePA standard. The ePA implementation guide notes that the coded reference feature is available for piloting by early adopters and may be adjusted based on experience.	None	No companion guide or DERF submission needed

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
2	5.18.5.3	29	The PA transactions enable multiple coded references to be used to further specify needed information. An example is the combination of a CDA template representing a laboratory result and a LOINC indicating a particular laboratory test for which the information is desired.	Are the coded references a national standard? Could it be extended?	NCPDP's goal for the coded reference feature was to provide a way to enable use of standard information exchange structures (like CDA templates) and terminologies (e.g., LOINC and SNOMED), rather than defining a new standard for specifying patient clinical info. The initial ePA standard allows use of the CDA standard as well as a number of standard terminologies as ways to state patient conditions, vitals, etc., and that that list could definitely be extended (or reduced) based on pilot experience in future ePA versions.	Possibly add a sentence or two to the end of the first paragraph in 5.18.5.3 <i>Question Set and Coded Reference Support</i> like: "Coded reference" is a general term representing the use of an industry standard code system, terminology or other standard to describe a clinical concepts or other patient information. The ePA transactions currently support use of several standards including SNOMED, LOINC, and CDA templates. NCPDP: agree this could be requested to be added to a future version for clarity. There are multiple references to coded references in section in 5.18 including this section noted. Suggest that if this clarification is desired, it should be stated where coded reference is first	Submit DERF

**AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide**

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
3	10.33	147	This is the ID of the receiving payer; ZZZ means it is mutually defined between trading partners.	How will the payer identifiers be standardized across all participants?	The actual ID used to represent the payer in the message to/from elements is today typically assigned by the routing network conveying the messages. When / if a national payer ID becomes available, that may become a more universal ID that could be used by all networks. (One note, a new payer-specific ID qualifier was added to the standard in May to replace the ZZZ "trading partner defined" qualifier.)	??? Is there a place where we could state that the To/From identifier representing the payer is trading partner defined? NCPDP: This level of explanation is found in the XML Standard, for use in both SCRIPT Imp Guide and Specialized Imp Guide. It is described in 4.5 of the XML Standard.	No companion guide or DERF submission needed (NCPDP Script guide notes XML standard; no additional information needed)

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
4	10.33	147	This is the Clinic ID of the sender; C means it is a Clinic.	How will the clinic identifiers be standardized across all participants?	<p>Prescription-related messages, including ePA, are typically addressed to / from an individual prescriber rather than from their clinic, and so the D/Prescriber qualifier is ordinarily used, rather than C/Clinic. Today, network-assigned IDs are typically used in the to / from fields, representing not only the prescriber themselves but also the particular practice location and clinical system.</p> <p>However, in the "business" content of the message, the prescriber's NPI is required.</p>	<p>???</p> <p>Like above, is there a place where we could state that the To/From identifier representing the prescriber is trading partner defined?</p> <p>NCPDP: This level of explanation is found in the XML Standard, for use in both SCRIPT Imp Guide and Specialized Imp Guide. It is described in 4.5 of the XML Standard.</p>	No companion guide or DERF submission needed (NCPDP Script guide notes XML standard; no additional information needed)

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
5	OTHER			<p>Overall note – maybe need to add comment that while the standard refers to prescriber system, it is possible that the request could come from another source, i.e. a facility or pharmacy that is not a prescriber??</p>	<p>Good point. The standard itself requires that the PA messages be sent on behalf of the prescriber, but enables another party to submit and shepherd the PA if authorized by the prescriber. Let's look at the introductory content and also the Provider composite explanation for an appropriate home.</p>	<p>Maybe add a sentence after this one in section 5.18 Prior Authorization Introduction: <i>"Note: for the purposes of the prior authorization discussion, the term "payer" may be seen as the plan, the processor, the Pharmacy Benefit Manager, etc. – the entity (or contracted entity) to perform the functions of eligibility, benefit, prior authorization functions. This may be one or more entities."</i></p> <p>Suggest adding: Also, in the prior authorization discussion the phrase "prescriber system" refers to the system used by the prescriber or by an associated person representing them— which might be an e-prescribing system, a provider portal, an affiliated provider's facility or pharmacy system, etc.</p> <p>NCPDP: This level of explanation is found in</p>	<p>Submit DERF (to clarify that an "agent" is submitting the PA on behalf of the physician; example discussed was LTC pharmacy acting as a "proxy" for prescriber)</p>

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
6	5.18.1	48	"from the electronic health system"	Should this be "from the electronic health record system"?	Agree. Health record system would be clearer.	Change the first sentence in the second paragraph of 5.18.1 to "In addition, the prior authorizations transactions are designed to support the exchange of information obtained from the electronic health record system. " NCPDP: could be modified in future.	Submit DERF to change language
7	5.18.3	63	The intent of the transactions is not to back out a prior authorization request where the prescriber quickly decides they don't want to proceed.	Should the guide specify what the intent is?	Agree. We can add a statement or two to clarify the purpose.	Suggest adding after the referenced sentence: Instead, the PACancelRequest transaction notifies the payer that the prescriber wishes to cancel a request for which the payer has already assigned a Case ID in a PAINitiationResponse or PAResponse message, and is awaiting the prescriber's reply. NCPDP: could be modified in future.	Submit DERF to add language

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
8	5.18.4	20	The payer should not respond for an equivalent to the medication...	While we would hope that brands with generic alternatives would be determined via review of the formulary and benefit information, and non-formulary brands submitted only when necessary, is there any opportunity via this process to educate the prescriber on generic availability <u>on</u> formulary when the brand medication is not on formulary?	The standard doesn't explicitly support information from the payer about alternatives that might be better covered by the patient's benefit. The payer response messages do contain a free-text note in which information of that type could conceivably be sent, but I don't have a sense of whether that would be seen as an expected use by NCPDP or the industry. Use of the free-text field would not support systematic next steps in the prescribing system (e.g., queuing up the suggested alternative for the prescriber's consideration).	<p>???</p> <p>Would we want to include something in the introductory ePA section that clarifies that the ePA transactions are not intended to be used to by a payer to inform the prescriber of alternatives to the medication for which authorization is being requested?</p> <p>NCPDP: Suggest this be discussed for future enhancement. Need industry input.</p>	Submit DERF with language

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
9	5.18.4	21	PAAppealRequest and Response, 2 nd solid bullet	Just confirming that all aspects of the ePA transaction, including appeals and appeals responses are in scope? Appeals (and Part D Redeterminations) are handled in another part of our organization with different tools and resources.	The NCPDP standard enables initiation of the appeals process, one or more question/answer/information request cycles, and return of an approval determination. Because the particular questions, information requests and timing can be tailored according to the patient's benefit, it's hoped that the standard could support the different process steps associated with different programs or health plan requirements.	None	No companion guide or DERF submission needed (self-explanatory)

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
10	5.18.4.2	24	Under exceptions, 2 nd bullet, "...receiver is not the prior authorization processor...the <benefit coordination> may be sent..."	Is this referring to the receiving payor sharing other coverage information via this process, if available? Since it says 'may' we assume it is not required. Is that the intent of this statement? This is likely not known.	<p>Yes, the intent of that feature is to enable the receiver of the PA request to notify the prescriber when the PA must be directed to a different party. An example might be that a health plan delegates most PA processing to their partner PBM, but handles PA for certain medications itself. In that case, the PBM could indicate that it is unable to process the particular PA request, and could point the prescriber to the health plan's information in its response.</p> <p>We understand that PBMs don't typically have this capability today, but folks indicated that it may be something that could be supported over time.</p>	None	No companion guide or DERF submission needed

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
11	5.18.5.1	60	Attachments	Worth noting that attachments may require manual review rather than systemic processing and as such may impact timing?	That's definitely what we've been hearing. I think that would be a good suggestion to fly past folks.	?? Would this be something that's more appropriate in the NCPDP IG or a MN or trading partner-specific companion guide? NCPDP: 5.18.5.3 has info about displaying information to the prescriber. We wouldn't assume either way about impacting timing.	Create companion guide note and submit language to DERF to the effect that "attachments should only be sent when needed"
12	5.18.5.2	57	"time to process"	Will MN payers accept unsolicited PAREquests? If not, then perhaps recommend that all payers use <QuestionSetDescription> to indicate "time to process"?	Good discussion point for the group	None	? (notes unclear)

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
13	5.18.5.2	57	"When a payer does not return a question set, they indicate the reason for not doing so."	Is the payer required to indicate the reason?	A Closed status must be accompanied by a ReasonCode value (e.g., duplicate request, patient not recognized, patient not covered, etc.). However, there is also an Other reason code; the implementation guide recommends clarifying the reason by populating the conditional PANote element.	<p>??</p> <p>The schema and IG do not <i>require</i> that the PANote field be populated with the ReasonCode value is set to "Other".</p> <p>Is that the intent?</p> <p>NCPDP: The schema cannot enforce a message based on a value in a code. The annotation and guidance does reflect that the PANote is used to further explain.</p>	? (notes unclear)

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
14	9.1		"If there is a need for a payer to support a regulatory requirement to exchange the designation of a priority of a prior authorization, a question is to be used in the question set to relay this information to the end user."	Expand on this guidance to clarify there is no data element for indicating priority –and instead, as stated, a question should be included in the question set when necessary. Also clarify why this direction was taken – definition of priority (expected processing time; what the prescriber is agreeing to when classifying a request as a priority) is no consistent across payers, plans or possibly medications. When included as a question in the question set, the appropriate wording describing "priority" will be provided.	Agreed would be helpful to clarify this and provide the reasoning. Let's discuss with the group.	Suggestion: In Section 9.1 General Recommendations, add a sentence following the one referenced here that says... "Because priorities and urgent processing requirements vary widely between different health plans, government programs, etc., the ePA transactions do not include a dedicated, pre-defined Urgency element." NCPDP: There was much discussion on this. It could be discussed for future clarification added.	Submit DERF with additional language
15	9.2.2 and 9.2.3	128-130	CaseID/AppealCaseID	Unclear is the CaseID continues to be sent if an AppealCaseID is being sent.	Let's review the table in section 9.2.2. It does state that the PACaseID must be sent in the appeal and cancel messages. But I might be missing the issue.	None	To be taken up starting here at the next meeting

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
16	9.5.1	139	For example, the payer may set the <AdditionalFreeTextIndicator> to M (Mandatory) on a choice that has the value "Other-please describe" - enabling the responder to further clarify their choice.	If set to M, doesn't mean that the responder is required to further clarify their choice?	Correct. The wording should be adjusted as you suggest... setting the AdditionalFreeTextIndicator value to 'M' makes the free text field mandatory. The other options are 'O'—to provide an optional free text field, and 'NA' for no free text.	Correct typo in section 9.5.1 Key Question Set Elements as follows: For example, the payer may set the <AdditionalFreeTextIndicator> to M (Mandatory) on a choice that has the value "Other-please describe" - enabling requiring the responder to further clarify their choice. NCPDP: could be modified in future.	

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
17	9.5.2	143	If the prescribing system has implemented coded reference usage in the PA question set, it can pull information from the patient's electronic medical record and return that data rather than having the end user to answer the question manually. If vendor doesn't support coded reference, they will display the human-readable question for the end user to answer.	Shouldn't the prescribing system display the questions and the results pulled from the record (when coded references are used) regardless? Just need to emphasize that the requester should see everything before it's sent for one last review.	Good point. I'd agree that the prescriber should typically be shown the information retrieved systematically before submitting it to the payer. We can discuss with the group.	??? Would this be something that's more appropriate in the NCPDP IG or a MN or trading partner-specific companion guide? NCPDP: the topics are noted in 5.18, 5.18.5.3 but more verbiage could be added in future.	
18	9.10	166	Cancel process	If canceling the appeal, is the CaseID or AppealCaseID sent?	The CaseID is mandatory, and that's noted in the table in section 9.2.2. The AppealCaseID isn't included in the message.	None	

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
19	10.31 Example 31	104	<p>In the example content table:</p> <p>PBMMemberID 333445555 Payer-assigned member ID for the patient</p>	Is this PBMMemberID the same thing as the patient's cardholder ID?	<p>I think this is the example from the form... but I'll answer anyway ;-)</p> <p>The PBMMemberID is different from the patient's cardholder ID. It is instead a system-usable identifier that is supplied by the payer/PBM in the eligibility response message—to be included by the prescriber system in subsequent messages to the payer/PBM.</p>	<p>???</p> <p>Could add a clarifying statement to this sentence in 5.18.2 Use of the Eligibility Transaction: Submitting this patient identifier in the PBMMemberID element of the transaction sent to initiate the prior authorization process (PAInitiationRequest in the solicited model; PARRequest in the unsolicited model) helps the payer retrieve the patient's records and respond appropriately to the request.</p> <p><i>Could add:</i> Typically, the unique patient identifier returned in the eligibility response is different from the member's Cardholder ID or other identifier known to the patient.</p> <p>NCPDP: could be discussed and modified in future.</p>	

AUC Prescription Drug ePA TAG
Comments on NCPDP ePA Implementation Guide

#	Guide Section	Page	Excerpt containing the reason for comment	Comment	Frank's Notes	Frank's suggested IG change	Discussion during 6-10-13 TAG meeting
20	10.31 Example 31	104	In the example content table: PBMMemberID 333445555 Payer-assigned member ID for the patient	Is this PBMMemberID the same thing as the patient's cardholder ID?	Duplicate	None	