



July 23, 2018

The Honorable Ferrell Haile
Tennessee State Senate
425 5th Avenue North
Suite 708 Cordell Hull Bldg.
Nashville, TN 37243

Re: Tennessee Senate Bill 2025

Dear Senator Haile,

NCPDP is a not-for-profit ANSI-Accredited Standards Development Organization (SDO) consisting of more than 1,400 members who represent drug manufacturers, chain and independent pharmacies, drug wholesalers, insurers, mail order prescription drug companies, pharmaceutical claims processors, pharmacy benefit managers, physician services organizations, prescription drug providers, software vendors, telecommunication vendors, service organizations, government agencies, professional societies, and other parties interested in electronic standardization within the pharmacy services sector of the healthcare industry. NCPDP provides a forum wherein our diverse membership can develop solutions, including ANSI-accredited standards, and guidance for promoting information exchanges related to medications, supplies, and services within the healthcare system.

NCPDP members recently reviewed Senate Bill 2025 to determine how to implement the following provisions of the bill:

- Section (1)(d)(1), "A person who presents a prescription for a partial fill for an opioid pursuant to this section is required to pay the prorated portion of cost sharing and copayments" and
- Section (1)(e)(1), "A person who presents a prescription for a partial fill pursuant to this section for a controlled substance other than an opioid is required to pay the prorated portion of cost sharing and copayments."

The result of this review identified implementation barriers that NCPDP felt were important to communicate. All industry stakeholders communicating electronic prescription claim billing transactions must use the current Health Insurance Portability and Accountability Act (HIPAA) adopted version of the NCPDP Telecommunication Standard Implementation Guide, Version D.0 published August 2010. In order for a health insurance issuer or pharmacy benefits manager to prorate the cost sharing and copayment amounts, the Quantity Prescribed must be submitted on the claim to perform the calculation. The Quantity Prescribed field is not available in the current HIPAA adopted version of the NCPDP Telecommunication Standard and therefore, the proration of cost sharing for an incremental (partial) fill is **not** supported.

Stakeholders identified the need for the Quantity Prescribed field in 2012 as a result of Medicare Part D processes. A request was submitted to Health and Human Services (HHS) to adopt the published November 2012 update of the HIPAA-named Version D.0 Telecommunication Standard Implementation Guide that would enable the Quantity Prescribed field to be utilized. Stakeholders are awaiting rule-making action by HHS. The timeline of activity regarding this request is available at <http://www.ncdp.org/Resources/HIPAA-Information> by selecting Implementation Guide Corrections.

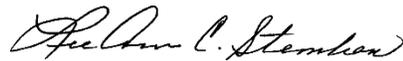
NCPDP has notified HHS of the Tennessee requirement and the urgency to update the HIPAA-named version of the standard so health insurance issuers and pharmacy benefit managers can meet the Tennessee requirement.

NCPDP respectfully requests acknowledgment of this letter and can assist you in any questions that you may have relative to the Telecommunication Standard. Thank you for your consideration.

For direct inquiries or questions related to this letter, please contact:

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Sincerely,



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cc: NCPDP Board of Trustees