



June 20, 2019

Dr. Paul L. Jeffrey, PharmD
Director of Pharmacy
MassHealth
100 Hancock Street
Quincy, MA 02171
Via email: paul.jeffrey@state.ma.us

Dear Dr. Jeffrey,

The National Council for Prescription Drug Programs (NCPDP) has concerns with the guidance provided by Mass Health in *Pharmacy Facts #124* regarding the modified claim billing process for Schedule II prescriptions where the prescribed quantity is dispensed in incremental (partial) fills. NCPDP understands the intent of this policy is to address Massachusetts' regulatory requirement under HB4866 to not assess a copay on incremental dispensing(s). However, this approach will inadvertently exacerbate the opioid epidemic as opposed to supporting solutions to incentivize patients with improved patient safety measures.

NCPDP is a not-for-profit ANSI-accredited Standards Development Organization (SDO) consisting of more than 1,600 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.

As MassHealth is aware, 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 (vD.0) which was published in August 2010. NCPDP has been diligently engaged with the Department of Health and Human Services (HHS) to approve the published modification to vD.0 to allow the use of the Quantity Prescribed field to standardize the processing of claims for Schedule II medications where the dispensed quantity is less than the prescribed quantity. This is necessary to support the partial fill allowances under the Comprehensive Addiction and Recovery Act (CARA) and for improved audit processes. HHS published the Notice of Proposed Rule Making (CMS 0055-P) to this request on January 31, 2019, to which NCPDP submitted comments to clarify the use of this field. The industry is awaiting the publication of the Final Rule, to move forward with this implementation. NCPDP has published and continues to draft guidance for

standardization of processes to improve patient safety.

The below referenced policy from MassHealth *Pharmacy Facts #124* to not charge a patient an additional payment on Schedule II incremental fills complicates the industry's ability to support partial dispensing of Schedule II medications.

To ensure that a MassHealth member is not charged an additional copayment when electing a partial fill, the pharmacy must reverse the claim for the original partial fill and then resubmit a claim for the total quantity which includes the original partial quantity and the subsequent remaining quantity filled. The pharmacy must enter the original date of service for the first partial fill as the date of service for the final claim for the total quantity.¹

This policy requires the pharmacy to edit the original claim, to which the patient has already received the quantity dispensed (billed), thereby altering this claim to represent an accumulated dispensed quantity as of the original date of service. The result would be a single prescription claim, regardless of the number of separate dispensing activities that occurred on different dates of service. This manipulation of dispensing information creates several patient safety and liability concerns, including but not limited to:

- Rx labeling conflicts in dates of service and dispensed quantities which would result in:
 - Audit Trail Gaps: Multiple dates of service; however, the pharmacy and payer systems will only show one dispensing.
 - Patient Safety Risks: Relabeling with full quantity on subsequent dispensing could create patient safety risks because dispensing systems use the quantity billed as the quantity to be dispensed. There is nothing on the edited claim to indicate a quantity was previously dispensed to the patient.
- Confusion and compliance risks with numerous legal authorities caused by data anomalies
- Compromised Schedule II inventory management processes
- Financial and operational risks associated to claim payment, dispensing fees, and patient copays, as the edited claim will still include a Patient Pay Amount
- Compromised Prescription Drug Monitoring Program data reporting and integrity

To eliminate these significant concerns, NCPDP requests MassHealth alter this policy and support a standardized approach that retains the integrity of the claim data and the dispensing events. The determination to not charge a copayment on the subsequent dispensing of a Schedule II prescription can be based on the RX Number (Prescription/Service Reference Number (402-D2)) and Fill Number (403-D3) values submitted on the claim.

For example:

¹ <https://www.mass.gov/files/documents/2018/12/24/pharmacy-facts-124.pdf>

- When the Fill Number associated to the RX Number that is not yet on file equals zero (00), the payer would return the copayment amount associated to the prescription benefit;
- When the Fill Number associated to an existing RX Number on file is greater than zero (00), the payer would return zero (\$0) as the copayment amount and adjust the remaining claim financials accordingly.

NCPDP looks forward to working with MassHealth in moving forward with the recommended solutions that leverage the appropriate data elements within the NCPDP Telecommunication vD.0 Standard.

Thank you for your consideration of our position on this matter.

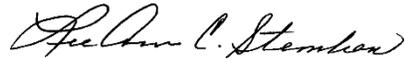
For direct inquiries or questions related to this letter, please contact:

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Sincerely,



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