

Recommendations from Past Reports: E-Prescribing Standards

Recommendation	Report	Implemented?
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<p>HHS should ensure that e-prescribing standards are not only appropriate for Medicare Part D but also for all types of prescribers, dispensers, and public and private sector payers.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should ensure that e-prescribing standards are compatible with those adopted as HIPAA and CHI standards, and with those recommended in November 2003 by NCVHS for clinical data terminologies.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should work with the industry in its rulemaking process to determine how best to afford flexibility in keeping standards in pace with the industry, including standards for HIPAA and e-prescribing. For example, HHS might consider recognizing new versions of standards, without a separate regulation, if they are backward compatible</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should recognize as a foundation standard the most current version of NCDPDP SCRIPT for new prescriptions, prescription renewals, cancellations, and changes between prescribers and dispensers. The NCPDP SCRIPT Standard would include its present code sets and various mailbox and acknowledgement functions, as applicable.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should include the fill status notification function of the NCPDP SCRIPT Standard in the 2006 pilot tests. These pilot tests should assess the business value and clinical utility of the fill status notification function, as well as evaluate privacy issues and possible mitigation strategies.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should financially support the acceleration of coordination activities between HL7 and NCPDP for electronic medication ordering and prescribing. HHS should also support ongoing maintenance of the HL7 and NCPDP SCRIPT coordination.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should recognize the exchange of new prescriptions, renewals, cancellations, changes, and fill status notification within the same enterprise as outside the scope of MMA e-prescribing standard specifications.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should require that any prescriber that uses an HL7 message within an enterprise convert it to NCPDP SCRIPT if the message is being transmitted to a dispenser outside of the enterprise. HHS also should require that any retail pharmacy within an enterprise be able to receive prescription transmittals via NCPDP SCRIPT from outside the enterprise.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	

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<p>HHS should actively participate in and support the rapid development of an NCPDP standard for formulary and benefit information file transfer, using the RxHub protocol as a basis.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should recognize the ASC X12N 270/271 Health Care Eligibility Inquiry and Response Standard Version 004010X092A1 as a foundation standard for conducting eligibility inquiries from prescribers to payers/PBMs.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should support NCPDP's efforts to create a guidance document to map the pharmacy information on the Medicare Part D Pharmacy ID Card to the appropriate fields on the ASC X12N 270/271 in further support of its use in e-prescribing</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should work with ASC X12 to determine if there are any requirements under MMA with respect to how situational data elements are used in the ASC X12N 270/271, especially concerning the quality of information needed for real-time drug benefits. Use of these situational data elements could be addressed in trading partner agreements. Specifications of use of situational data elements, as well as proper usage of the functional acknowledgments, should be included in the 2006 pilot tests.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should ensure that the functionality of the ASC X12N 270/271, as adopted under HIPAA, keeps pace with requirements for e-prescribing and that new versions to the Standard be pilot tested.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should support ASC X12 in their efforts to incorporate functionality for real-time prior authorization messages for drugs in the ASC X12N 278 Health Care Services Review Standard Version 004010X094A1 for use between the prescriber and payer/PBM.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should support standards development organizations and other industry participants in developing prior authorization work flow scenarios to contribute to the design of the 2006 pilot tests.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standard (2004)</i></p>	

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HHS should evaluate the economic and quality of care impacts of automating prior authorization communications between dispensers and prescribers and between payers and prescribers in its 2006 pilot tests.	<i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i>	
HHS should ensure that the functionality of the ASC X12N 278, as adopted under HIPAA, keeps pace with requirements for e-prescribing and that new versions to the Standard be pilot tested.	<i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i>	
HHS should actively participate in and support rapid development of an NCPDP standard for a medication history message for communication from a payer/PBM to a prescriber, using the RxHub protocol as a basis.	<i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i>	
NCVHS will closely monitor the progress of NCPDP's developing a standard medication history message for communication from a payer/PBM to a prescriber, and provide advice to the Secretary in time for adoption as a foundation standard and/or readiness for the 2006 pilot tests.	<i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i>	
HHS should include in the 2006 pilot tests the RxNorm terminology in the NCPDP SCRIPT Standard for new prescriptions, renewals, and changes. RxNorm is being included in the 2006 pilot tests to determine how well the RxNorm clinical drug, strength, and dosage information can be translated from the prescriber's system into an NDC at the dispenser's system that represents the prescriber's intent. This translation will require the participation of intermediary drug knowledge base vendors until the RxNorm is fully mapped.	<i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i>	
HHS should accelerate the promulgation of FDA's Drug Listing rule and hence the ability to support the correlation of NDC with RxNorm (e.g., for passing daily updates of the SPL to NLM for inclusion in the DailyMed). Timely rulemaking is critical to sustain the daily use of RxNorm beyond the 2006 pilot tests.	<i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i>	
HHS should ensure that, if the Medicare Part D Model Guidelines and NDF-RT differ, an accurate mapping exists so they both can be used successfully.	<i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i>	

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<p>HHS should support NCPDP, HL7, and others (especially including the prescriber community) in addressing SIG components in their standards. This should include preserving the ability to incorporate free text whenever necessary (e.g., for complex dosing instructions, and to address special cultural sensitivities, language, and literacy requirements).</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should include in the 2006 pilot tests the structured and codified SIGs as developed through standards development organization efforts.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should ensure that the NPI, when it becomes available, is incorporated as the primary identifier for dispensers in the NCPDP SCRIPT and other e-prescribing standards.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should accelerate the enumeration of all dispensers to support transition to the NPI for e-prescribing.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should permit the industry to use the NCPDP Provider Identifier Number in the event that the NPS cannot enumerate dispensers in time for Medicare Part D implementation.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should evaluate how mass enumeration of dispensers for the NPI can occur using the NCPDP Provider Identifier Number database.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS, when requiring the NPI as the primary identifier for dispensers, should protect the ability to maintain linkages to the NCPDP Provider Identifier Number database for current claims processing purposes.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	

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<p>HHS should ensure that the NPI, when it becomes available, is incorporated as the primary identifier for prescribers in the NCPDP SCRIPT and other e-prescribing standards. It should be noted that the NPI must be at the individual prescriber level, because a prescription cannot be written at a group level.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should accelerate the enumeration of all prescribers to support transition to the NPI for e-prescribing.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should permit the industry to use the NCPDP HCIda in the event that the NPS cannot enumerate prescribers in time for Medicare Part D implementation.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should work with the industry to identify issues and possible solutions that deal with all elements of the prescriber location and include those solutions in the 2006 pilot tests.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should evaluate how mass enumeration of prescribers for the NPI can occur using the NCPDP HCIda database.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS, when requiring the NPI as the primary identifier for prescribers, should protect the ability to maintain linkages to the NCPDP HCIda database for e-prescribing routing functions.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should support the efforts of standards development organizations to incorporate in the foundation standards as many as possible of the additional functions required for MMA, as identified in these recommendations.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	

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<p>HHS should include foundation standards with as many as possible of the additional functions required for MMA in the 2006 pilot tests.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should immediately begin to work with the vendors to ensure readiness for the pilot tests on January 1, 2006.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should identify and widely publicize specific goals, objectives, timelines, and metrics to guide the design and assessment and increase industry awareness of the 2006 pilot tests. HHS should include metrics that address economic, quality of care, patient safety, and patient and prescriber satisfaction factors.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>After the pilot tests, HHS should develop and widely disseminate information concerning any economic and quality of care benefits of e-prescribing, provide comprehensive education on implementation strategies, describe how e-prescribing can be implemented consistent with the privacy protections under HIPAA, and address other elements that contribute to successful and widespread prescriber adoption and patient acceptance.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should financially support standards coordination activities to ensure a seamless e-prescribing process across provider domains (e.g., physician office, hospital, long term care), dispensers, and payers/PBMs.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should encourage standards development organizations to adopt a change management process that permits versions to maintain interoperability.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	

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<p>HHS should ensure that regulations define the parameters of safe harbor, ensure preservation of provider/patient choice, and require that e-prescribing messages received through e-prescribing applications be free from commercial bias.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should support standards development organizations in their development of conformance tests for the e-prescribing standards and their implementation guides.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS should require that e-prescribing system vendors validate the conformance of their e-prescribing messages.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>The HHS Office of the National Coordinator for Health Information Technology should investigate how e-prescribing applications might best be certified.</p>	<p><i>National Committee on Vital and Health Statistics: First Set of Recommendations on E-Prescribing Standards (2004)</i></p>	
<p>HHS, DEA, and state boards of pharmacy should recognize the current e-prescribing network practices that are in compliance with HIPAA security and authentication requirements as a basis for securing electronic prescriptions.</p>	<p><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	
<p>HHS and DOJ should work together to reconcile different agency mission requirements in a manner that will address DEA needs for adequate security of prescriptions for all controlled substances, without seriously impairing the growth of e-prescribing in support of patient safety as mandated by MMA.</p>	<p><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	
<p>HHS should evaluate emerging technologies such as biometrics, digital signature, and PKI for higher assurance authentication, message integrity, and non-repudiation in a research agenda for e-prescribing and all other aspects of health information technology.</p>	<p><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	

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<p align="center">Recommendations Relative to Progress on NCVHS Recommendations from the September 2, 2004 Letter:</p>		
<p>NCVHS will continue to monitor the progress of the development of the NCPDP Formulary and Benefit Coverage Message Standard and will report any further recommendations to HHS based upon this progress.</p>	<p align="center"><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	
<p>NCVHS will continue to monitor the progress of the development of the NCPDP Medication History Message Standards and will report any further recommendations to HHS based upon this progress.</p>	<p align="center"><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	
<p>HHS should include the fill status notification function of the NCPDP SCRIPT Standard in the 2006 pilot tests, consistent with NCVHS recommendations of September 2, 2004.</p>	<p align="center"><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	
<p>HHS should include evaluation of structured and codified SIGs in the 2006 pilot tests, consistent with NCVHS recommendations of September 2, 2004.</p>	<p align="center"><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	
<p>HHS should include evaluation of RxNorm in the e-prescribing pilots. The pilots should evaluate the use of RxNorm codes as the primary identifiers of orderable drugs in prescription messages. This would assess how well the RxNorm codes capture the intent of the prescriber and whether a dispenser can accurately fill the prescription based on the Rxnorm code. RxNorm should also be evaluated for use where a proprietary code is used for the orderable drug and the RxNorm code is included in the message to provide interoperability with other proprietary coding systems from drug knowledge bases.</p>	<p align="center"><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	
<p>HHS should take immediate steps to accelerate the promulgation and implementation of FDA's Drug Listing Rule in order to make the inclusion of RxNorm in the 2006 pilot tests as comprehensive as possible. Delayed promulgation may jeopardize the success of the 2006 pilot tests. This is also necessary to achieve the patient safety objectives of MMA.</p>	<p align="center"><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	

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<p>HHS should support the standards development organizations (NCPDP, HL7, and ASC X12) in their efforts to incorporate functionality for real-time prior authorization messages for medications in the ASC X12N 278 Health Care Services Review Standard and ASC X12N 275 Claims Attachment Standard.</p>	<p><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	
<p>HHS should include the evaluation of the interaction of standards related to the flow of prior authorization in the 2006 e-prescribing pilot tests.</p>	<p><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	
<p>HHS should recognize the exchange of prescription <i>messages within the same enterprise</i> as outside the scope of MMA e-prescribing standard specifications.</p>	<p><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	
<p>HHS should require that any prescriber that uses an HL7 message within an enterprise convert it to NCPDP SCRIPT if the message is being transmitted to a dispenser outside of the enterprise. HHS also should require that any retail pharmacy within an enterprise be able to receive prescription transmittals via NCPDP SCRIPT from outside the enterprise.</p>	<p><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	
<p>HHS should financially support the acceleration of coordination activities between HL7 and NCPDP for electronic medication ordering and prescribing. HHS should also support ongoing maintenance of the HL7 and NCPDP SCRIPT coordination.</p>	<p><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	
<p>HHS should identify and evaluate any privacy issues (within the context of the HIPAA Privacy Rule and health records laws) that arise during the 2006 pilot tests of e-prescribing. Special attention should be placed on issues regarding individuals' rights to request restrictions on access to their prescription records.</p>	<p><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	
<p>HHS should use experience gained from the e-prescribing pilot tests to develop appropriate actions for handling privacy issues.</p>	<p><i>National Committee on Vital and Health Statistics: Second Set of Recommendations on E-Prescribing Standards (2005)</i></p>	