

NCPDP EMERGENCY PREPAREDNESS INFORMATION

VERSION 1.2

This document provides resource information for the pharmacy industry for a declared emergency.

May 2010

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Published by:
National Council for Prescription Drug Programs

Publication History:
Version 1.2 May 2010
Version 1.1 September 2008
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1. INTRODUCTION

This document provides guidance for the pharmacy industry for resources available during a declared emergency. The intended audience is healthcare industry providers who would need resource information for eligibility and claims processing affecting displaced individuals. It will be updated as new information is available.

During the Katrina and Rita hurricanes, the pharmacy industry (as well as other participants) came together to offer products, services, and care to displaced individuals. During the 2006 NCPDP Annual Conference, an Educational Session was held of "A Panel Discussion on Disaster Preparedness: Lessons Learned from Mother Nature". While there were many areas that needed improvement in reacting to a disaster based on this panel's experience, and there are many aspects to a disaster, it was suggested that there were some actions the NCPDP community could provide for future disasters. The NCPDP Emergency Preparedness Committee was formed by the NCPDP Board of Trustees. The Committee began meeting and determining what aspects of preparation for a disaster would be within its purview. This document has been prepared by the Committee to assist in information sharing and processing. NCPDP is a standards development organization, which brings together many participants in the pharmacy services sector, to help find solutions to business problems.

This document outlines processes that must be daily occurrences rather than the "break glass" situations. Processes and procedures that are set up for use as part of daily routines could be invoked at a moment's notice, and some aspects of the emergency would not require new training.

For example, the payers/pharmacy benefit managers would have emergency criteria established within the "usual" plan establishment functions the industry performs routinely each day. The set up of plan parameters and routing information on a pharmacy system is a routine function today. By setting up the plan parameters and routing information for emergency situations now as part of normal procedures, this information would be available for use soon after the disaster was declared. Enrollment files that are updated routinely are therefore accessible at a declared disaster moment. Medication history information is available routinely to providers, so the functions can be used in an emergency as well. This document will provide resource information on some of these aspects.

If you have any questions regarding the availability or content of this document, see www.ncdp.org, or contact the Council office at (480) 477-1000 or via e-mail at ncdp@ncdp.org.

2. WHAT DO I NEED TO DO

During a disaster, it is recognized that many important steps must take place. This section provides a high level list of items covered in this document to assist in industry notification and processing of claims.

2.1 PHARMACIES/AUTHORIZED REPRESENTATIVE OF PHARMACIES

An authorized representative of a pharmacy might be the actual pharmacy owner, a representative of the chain or network headquarters, or a third party agency that has been asked by the pharmacy to contact the industry.

2.1.1 DURING EMERGENCY

See section "[Pharmacy Status Reporting](#)".

2.1.2 ONGOING

1. Verify payer/plan emergency information is loaded into pharmacy software and available for use.
2. If participating in a business relationship where medication history information is contributed regularly, provide current information timely.
3. If participating in a business relationship where medication history information is contributed upon a disaster, verify processes and procedures are in place and executable.

2.2 PAYERS

2.2.1 DURING EMERGENCY

1. See section "[Pharmacy Status Reporting](#)".

2.2.2 ONGOING

1. Verify payer/plan sheets for processing requirements for a disaster are up to date and available to industry participants.
2. If participating in a business relationship where medication history information is contributed regularly, provide current information timely.
3. If participating in a business relationship where medication history information is contributed upon a disaster, verify processes and procedures are in place and executable.

2.3 SWITCHES/CLEARINGHOUSES

Industry switches/clearinghouses have developed a process for reporting active pharmacies to Rx Response. Via a common spreadsheet format, switches/clearinghouses report pharmacies in a geographic area that have submitted at least one claim, to signify activity. The spreadsheet format contains very basic demographic information which Rx Response provides for patient care.

3. PHARMACY STATUS REPORTING

The purpose of the Pharmacy Status Reporting for a specific disaster is to provide public access to information on pharmacies that are operable in a disaster-impacted area as quickly and efficiently as possible. Consumers of this information include the general public in need of pharmacy care, public health and healthcare providers who are directing evacuees or others impacted by the disaster to locations that can provide pharmacy services and emergency management officials who are monitoring community resiliency as a part of response and recovery efforts.

The NCPDP Emergency Preparedness committee in conjunction with industry representatives has developed a protocol to utilize normal prescription billing processing to report on the status of pharmacies in a declared disaster (Automated Pharmacy Status Reporting).

3.1 CONCEPT OF OPERATIONS – AUTOMATED PHARMACY STATUS REPORTING

1. As part of initial disaster activation, Rx Response will contact the NCPDP Provider Services and the participating pharmacy switching companies of activation via email. Basic information on the nature and scope of the event, as well as the geographic location will be included in this email notification. A presidential disaster declaration is considered the baseline trigger for activation of the pharmacy status reporting, although incidents which do not rise to the level of a federal response may be considered if there is a request for pharmacy status reporting from State or Local Public Health or Emergency Management officials.

2. NCPDP will provide temporary access for Rx Response to their database for baseline data on pharmacies in the impacted area(s).

3. Switching agencies will provide a daily report of pharmacies billing prescriptions in the previous 24 hours in spreadsheet format via email to ALERTS@RXRESPONSE.ORG. For the purposes of information sharing, it is assumed that pharmacies that have billed for prescriptions are open for business. Fields included in the pharmacy status report:

- NCPDP ID
- National Provider ID
- Store Name
- Physical Address
- City
- State
- Zip
- Phone

4. Rx Response will provide mapping and reports free of charge to the public of pharmacies that are presumed open on the Rx Response website www.rxresponse.org. Reporting will be limited to the counties identified in the disaster declaration. Temporary pharmacies that have applied for and received an NCPDP ID number will be automatically included in the pharmacy status reporting.

3.2 REPORTING ADDITIONAL INFORMATION ON PHARMACY STATUS

If you are an authorized representative of a pharmacy and have additional information you would like to report about a pharmacy impacted by a disaster, please contact the Rx Response Operations Center at

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866-247-2694. Please be prepared to provide the pharmacy status report information above, as well as additional information that you wish to provide on pharmacy status, such as temporary location (tied to a pre-existing NCPDP ID) or barriers to continuing service (e.g., deliveries are not able to gain access to the disaster area).

In the future, Rx Response will also have a reporting capability for pharmacies available on the Rx Response website.

3.3 IMPACT OF DISASTER LIST TO NCPDP PHARMACY DATABASE PROCESSES

1. Closed or destroyed pharmacies in the area.
 - a. If your pharmacy has been closed or destroyed due to the natural disaster, you can logon to NCPDPonline.org and request that your pharmacy be deactivated. If you do not have computer access, you can call NCPDP at 480.477.1000. If your pharmacy is scheduled to reopen, your NCPDP number will be reinstated at no charge.
 - b. .
 - c. Deactivation will avoid the potential for fraudulent activity or inaccurate status reporting using that pharmacy's identifier.
2. The temporary location of an existing pharmacy (with an existing NCPDP ID number) where evacuees can call to get existing prescriptions refilled and pick them up.
 - a. The temporary address as well as on the physical address from the NCPDP Pharmacy Database (the "Database"). The Mailing Address of the pharmacy on the Database may or may not change, depending on the wishes of the pharmacy.
 - b. When and if the store moves back to the previous location or any other location, the physical location will be changed in the Database.
3. Information on new locations of new temporary or mobile pharmacies.
 - a. These pharmacies will receive an NCPDP ID number (and NPI) from NCPDP at no charge and be added to the Database as well as the Excel File.
 - a. If these pharmacies are eventually closed, their NCPDP ID (and NPI) must be deactivated on NCPDPonline.org.
 - b. If these pharmacies move, the pharmacy will logon to NCPDPonline.org and update their physical address change. The NCPDP ID and NPI will remain the same.

3.4 SWITCH/CLEARINGHOUSE REPORTING TO RX RESPONSE

What if a pharmacy does not use a switch/clearinghouse for any claims?

If a pharmacy sends 100% of their claims directly to all payers they do business with and therefore does not use a switch, the pharmacy would need to self report as active to Rx Response directly (see "[Reporting Additional Information on Pharmacy Status](#)").

4. MEDICATION HISTORY INFORMATION

There are four key areas that need to be addressed to adequately deliver medication history on a real time, event driven basis to clinicians for evacuees on a nation-wide basis.

4.1 CONNECTIVITY

Connectivity can be established in several ways and will change as ePrescribing and Electronic Health Record (EHR) adoption increases. Eprescribing and EHR technology vendors that have established connectivity with the various medication history databases (PBM claims databases or retail pharmacy databases) will have the ability to transact on a real time basis as part of daily business. Patients who seek care from physicians who have already deployed such technology will have the ability to access medication history in the normal course of work flow.

4.2 PORTAL

Clinicians and pharmacies that have not adopted ePrescribing or EHR technology will need to access medication history via ICERx.org made available in the aftermath of a natural disaster. Following Hurricane Katrina, KatrinaHealth.org was established in coordination between The Markle Foundation and Gold Standard Multimedia, to deliver medication histories from Surescripts and state Medicaid. The AMA coordinated authentication for clinicians.

Connectivity to the existing medication history databases will need to be coordinated, but past experience shows that this is technologically possible in a short period of time. It is recommended that all medication history sources (PBMs Health Plans, Pharmacy Chains, Independent Pharmacies, and State Medicaids) utilize the most recent NCPDP SCRIPT Standard in order to facilitate medication history data transfer. Clinicians using certified ePrescribing applications should also make sure that they are using application versions which support the latest NCPDP SCRIPT Standard for medication history display.

See section "ICERx.Org".

4.3 AUTHENTICATION

In order to comply with federal, state and local security and privacy laws, authentication of the medication history requester is necessary. For those clinicians using a certified and connected ePrescribing or EHR application, user authentication is the responsibility of the application vendor and is well managed today.

4.4 ADDITIONAL LIVES

At the time following a disaster, some payers and pharmacies that are not currently connected to a network or hub to transfer medication history, may want to contribute medication history because of geographical considerations. It is recommended that these entities have the processes and procedures in place and tested so that upon a declaration of an emergency, they can provide medication history information for the requested areas timely. This would allow for rapid addition of additional lives that can be accessed by clinicians and pharmacies seeing evacuees in need of care.

4.5 ICERX.ORG

From the ICERX.org website

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ICERx is an online service developed for healthcare professionals assisting disaster-affected individuals. Through ICERx, authorized pharmacists and doctors obtain records of medications evacuees were using prior to the disaster, including the specific dosages. Armed with this information, healthcare professionals will be able to renew prescriptions for evacuees and effectively assist in the coordination of care while avoiding harmful prescription errors.

ICERx.org (In Case of Emergency Prescription Database) is a public-service online resource developed by the healthcare industry to help ensure continuity of quality care for the victims of future disasters. Once authenticated, licensed prescribers and pharmacists caring for patients in an emergency situation will be able to securely access a patient's medication history by logging onto www.ICERx.org. ICERX.org also provides caregivers with drug reference information and valuable clinical decision support tools such as therapeutic duplication and interaction alerts. ICE stands for In Case of Emergency. A simple but potentially lifesaving idea that was first conceived by a paramedic after the London terrorist bombings in July 2005 where 56 people were killed and hundreds injured. Mobile phone users are urged to place an ICE entry in their phone that identifies a family member, next of kin, and/or friend that should be contacted in case of emergency and who can also provide important medical history. The concept behind the idea is to assist first responders (fireman, paramedics, police officers) in identifying the victim and contacting the appropriate person to provide vital medical information about the victim. In the interest of promoting disaster preparedness for healthcare professionals in line with the ICE effort for individual preparedness, the public service website has been named ICERX.org.

Similarly, ICERx is responsible for user authentication at the point of request. It should be required that the portal application vendor utilize available methodology to assure all security and privacy regulations are complied with in the case of sharing medication history after a natural disaster. Currently, the American Medical Association (AMA) has the ability to authenticate physicians. In the future, the National Provider ID (NPI) and a disseminated file will be used for validation. The NCPDP Pharmacy database is used to validate pharmacies. For katrinahealth.org, the National Community Pharmacists Association (NCPA) played a role in helping authenticate independent pharmacies. Additionally, the ability to authenticate the "place" of request, i.e. a retail pharmacy, may also be appropriate as long as user authentication responsibilities are passed down to the appropriate "place", i.e. a corporate retail chain.

Licensed healthcare providers, such as physicians and pharmacists, are eligible for access but they must register first. Registration can be done at any time, but it is strongly encouraged that it be done proactively before an emergency.

Phone: 1-888.ICERX.50 (1-888-423-7950)

5. ELIGIBILITY VERIFICATION

Eligibility information must be verified before sending a claim to the Emergency Prescription Assistance Program (EPAP). The NCPDP Telecommunication Standard Eligibility Verification (E1) transaction, web portals connected to centralized locations, telephone systems, help desks, are all in use by the industry.

Eligibility information in this context includes patient information and insurance information, including supplemental insurance information. Payers send eligibility to a central site(s). With the functionality today of transaction routing, there does not need to be one central site. As long as the sites are connected, transactions can be routed between the central sites until the answer is obtained. There are models working today, using the real-time transactions or portals. The provider initiating the request uses the tools of their system or their choice, and the response is obtained via the systems behind the scenes routing requests.

The following steps need to be occur before billing an EPAP transaction

1. Ask the patient for their pharmacy ID cards
2. If the patient does not have any pharmacy ID cards, perform an eligibility request (E1)
3. If the patient does not have private insurance, such as individual health insurance policy or employer-sponsored coverage, public insurance, such as Medicare, Medicaid, or other third party coverage and they are from a "declared" disaster area identified by the EPAP Processor, bill the transaction to the EPAP. Refer to the EPAP processor payer sheet and instructions sent by the EPAP processor.

Real-time updated commercial and Medicare eligibility information is available at www.ernetwork.com. This website offers an easy to use user form to request pharmacy eligibility by entering the patient's name, gender date of birth and zip code. eRx Network has a special web login for any disaster-affected pharmacy to assist them with commercial and Medicare eligibility inquiries. eRxNetwork makes this service available at no charge for any pharmacy servicing patients impacted by disasters.

Phone: 1-866.eRxNetwork (1-866-379-6389)

6. STATE EMERGENCY PROCESSES

As each state may invoke their own programs, it is recommended that the state Medicaid Agency, the state Board of Pharmacy, or the state emergency agencies should be contacted for specifics.

7. FEDERAL EMERGENCY PRESCRIPTION ASSISTANCE PROGRAM (EPAP)

The EPAP must be activated by the Centers for Medicare and Medicaid Services (CMS) before it can be used. Upon receipt of an activation notice, the EPAP Processor will inform the providers of the activation. If you have questions regarding EPAP activation information, eligibility, covered drugs and durable medical equipment, claim submission, whether you are an eligible pharmacy provider or if pharmacies would like to inquire how to become a contract provider for EPAP, please contact the **EPAP help line at 1-866-935-4135** for more information.

The EPAP payer sheet below provides the general guidance for entities to use common requirements, to set up the emergency plan in their system ahead of time, and insert the particular emergency parameters when the emergency is activated by CMS. EPAP is used after the pharmacy has determined the patient does not have other 3rd party insurance coverage.

8. EMERGENCY PAYER SHEET TEMPLATES

The following pages contain two emergency payer sheet templates which can be used by payers as guidance for creating their own payer sheets for eligibility and claims processing.

1. [NCPDP Emergency Preparedness Payer Sheet for Patient's Current Payer](#)
2. [NCPDP Emergency Preparedness Payer Sheet for the Emergency Prescription Assistance Program \(EPAP\)](#)

The payer sheet templates are based on NCPDP *Telecommunication Standard Implementation Guide Version 5.1*, since that is the current version in use under HIPAA.

Other general guidance on NCPDP Payer Sheet Templates can be found on the NCPDP SNIP web page at http://www.ncdp.org/frame_news_hipaa_snip.htm

8.1 NCPDP EMERGENCY PREPAREDNESS PAYER SHEET FOR PATIENT'S CURRENT PAYER

This payer sheet is used in emergency situations when the provider knows the patient's payer for prescription benefits.

The use of the payer sheet is to standardize emergency procedures. The standard procedures are to clarify the use of the patient address, prior authorization numbers and the prescriber id when the pharmacy is the prescriber.

Guidance is given in the Patient Segment for the demographic information from which the patient has been displaced. This may/may not be where the patient is residing during the emergency.

Note the guidance given in the Claim Segment for field Prior Authorization Number Submitted (462-EV).

In the Prescriber Segment, guidance is given for submission of the pharmacy's NPI in emergency situations when the pharmacist may prescribe.

8.2 NCPDP EMERGENCY PREPAREDNESS PAYER SHEET FOR THE EMERGENCY PRESCRIPTION ASSISTANCE PROGRAM (EPAP)

This payer sheet is used in emergency situations when the provider has determined that the patient does not have private insurance, such as an individual health insurance policy or employer-sponsored coverage, public insurance, such as Medicare, Medicaid, or other third party pharmaceutical coverage.

The use of the payer sheet is to standardize an emergency payer process to provide medication and limited durable medical equipment to displaced patients that do not have any financial means of paying for prescriptions.

The standard procedures are to clarify the use of the BIN Number, patient address, prior authorization numbers and the prescriber id when the pharmacy is the prescriber.

The allowable Dates of Service will be determined on an event-by-event basis.

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Guidance is given in the Patient Segment for the demographic information from which the patient has been displaced. This may/may not be where the patient is residing during the emergency. This would **only** be used in the Emergency CMS/FEMA Payer environment.

Note the guidance given in the Claim Segment for field Prior Authorization Number Submitted (462-EV). A note is suggested on the Days Supply (405-D5), which may be tailored based on the formal establishment of this emergency payer.

In the Prescriber Segment, guidance is given for submission of the pharmacy's NPI in emergency situations when the pharmacist may prescribe.

Eligible patients will receive coverage under the EPAP with \$0 copayments. Pharmacies will receive reimbursement commensurate with their applicable processor network contract.

NCPDP Emergency Preparedness Payer Sheet for Patient's Current Payer

Revision 12/2006

This payer sheet is used in emergency situations when the provider knows the patient's payer for prescription benefits.

The use of the payer sheet is to standardize emergency procedures. The standard procedures are to clarify the use of the patient address, prior authorization numbers and the prescriber id when the pharmacy is the prescriber.

PART 1: GENERAL INFORMATION

Payer/Processor Name:	Date:
Plan Name/Group Name: All	
Effective as of:	Version/Release #: 5.1
Contact/Information Source:	

PART 2: BILLING TRANSACTION / SEGMENTS AND FIELDS

The following lists the segments available in a Billing Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The segment summaries included below list the mandatory data fields.

M=Mandatory as defined by NCPDP

S=Situational as defined by Plan

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value		Comment
101-A1	BIN Number		M	Utilize processor current BIN number
102-A2	Version/Release Number	51	M	NCPDP v5.1
103-A3	Transaction Code	B1	M	Billing Transaction
104-A4	Processor Control Number		M	
109-A9	Transaction Count		M	
202-B2	Service Provider ID Qualifier		M	
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	
110-AK	Software Vendor/Certification ID		M	

Patient Segment: Required

Field	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	01	M	Patient Segment
304-C4	Date of Birth		S	
305-C5	Patient Gender Code		S	
310-CA	Patient First Name		S	
311-CB	Patient Last Name		S	
322-CM	Patient Street Address		S	The street address of patient's home from where they were displaced.
323-CN	Patient City Address		S	The city of patient's home from where they were displaced.
324-CO	Patient State/Province Address		S	The state of patient's home from where they were displaced.
325-CP	Patient Zip/Postal Zone		S	The zip/postal code of patient's home from where they were displaced.
307-C7	Patient Location		S	

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	04	M	
302-C2	Cardholder ID		M	
301-C1	Group ID		S	
303-C3	Person Code		S	
306-C6	Patient Relationship Code		S	

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Claim Segment: Mandatory

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	07	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1= Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier		M	
407-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		S	
403-D3	Fill Number		S	
405-D5	Days Supply		S	
406-D6	Compound Code		S	
408-D8	DAW / Product Selection Code		S	
414-DE	Date Prescription Written		S	
415-DF	Number of Refills Authorized		S	
461-EU	Prior Authorization Type Code	1= Prior Authorization	S	
462-EV	Prior Authorization Number Submitted	For Version 5.1, processors are asked to try to use these codes if you can; if not, give specific guidance of what codes you are going to use in the emergency. 911000000000 = Emergency Preparedness (EP) Refill Extension Override 911000000001= Emergency Preparedness (EP) Refill Too Soon Edit Override 911000000002 = Emergency Preparedness (EP) Prior Authorization Requirement Override 911000000003 = Emergency Preparedness (EP) Accumulated Quantity Override 911000000004 = Emergency Preparedness (EP) Step Therapy Override 911000000005= Emergency Preparedness (EP)	S	Use value 911000000000 to allow refill beyond refill limit on benefit. Use value 911000000001 when the patient needs medication because of emergency and processor returns a reject. Use Value 911000000005 to remove restriction for refill limit, Prior Authorization, Refill Too Soon, Accumulated Quantity and Step Therapy.
308-C8	Other Coverage Code	2, 3, 4, 5, 6, 7, 8	S	
343-HD	Dispensing Status		S	
456-EN	Associated Prescription/Service Reference Number		S	
457-EP	Associated Prescription/Service Date		S	
403-D3	Fill Number		S	
344-HF	Quantity Intended To Be Dispensed		S	
345-HG	Days Supply Intended To Be Dispensed		S	

Prescriber Segment: Situational

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	03	M	

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466-EZ	Prescriber ID Qualifier	12	S	
411-DB	Prescriber ID		S	Use pharmacy NPI, in cases where pharmacist is allowed to prescribe

COB/Other Payments Segment: Optional

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		S	
34Ø-7C	Other Payer ID		S	
443-E8	Other Payer Date		S	
341-HB	Other Payer Amount Paid Count		S	
342-HC	Other Payer Amount Paid Qualifier		S	
431-DV	Other Payer Amount Paid		S	
471-5E	Other Payer Reject Count		S	
472-6E	Other Payer Reject Code		S	

DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	Ø8	M	DUR/PPS Segment
473-7E	DUR / PPS Code Counter	1-9 Occurrences	S	
439-E4	Reason for Service Code		S	
44Ø-E5	Professional Service Code		S	
441-E6	Result of Service Code		S	

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	11	M	Pricing Segment
4Ø9-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		R	
43Ø-DU	Gross Amount Due		R	
423-DN	Basis Of Cost Determination		R	
433-DX	Patient Paid Amount Submitted		R	
478-H7	Other Amount Claimed Submitted Count		R	
479-H8	Other Amount Claim Submitted Qualifier		R	
48Ø-H9	Other Amount Claimed Submitted		R	
481-HA	Flat Sales Tax Amount Submitted		R	
426-DQ	Usual and Customary Charge		R	
482-GE	Percentage Sales Tax Amount Submitted		R	
483-HE	Percentage Sales Tax Rate Submitted		R	
484-JE	Percentage Sales Tax Basis Submitted		R	

Clinical Segment: Optional

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	13	M	Clinical Segment
491-VE	Diagnosis Code Count	1-9	S	
492-WE	Diagnosis Code Qualifier		S	
424-DO	Diagnosis Code		S	

**NCPDP Emergency Preparedness Payer Sheet
for the Emergency Prescription Assistance Program (EPAP) Payer**
Revision 04/2007

This payer sheet is used in emergency situations when the provider has determined that the patient does not have private insurance, such as an individual health insurance policy or employer-sponsored coverage, public insurance, such as Medicare, Medicaid, or other third party coverage.

The use of the payer sheet is to standardize an emergency payer process to provide medication to displaced patients that do not have any financial means of paying for prescriptions.

The standard procedures are to clarify the use of the BIN Number, patient address, prior authorization numbers and the prescriber id when the pharmacy is the prescriber.

PART 1: GENERAL INFORMATION

Payer/Processor Name: ACS	Date: tbd
Plan Name/Group Name: All	
Effective as of: tbd	Version/Release #: 5.1
Contact/Information Source: 1-866-935-4135	

PART 2: BILLING TRANSACTION / SEGMENTS AND FIELDS

The following lists the segments available in a Billing Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The segment summaries included below list the mandatory data fields.

M=Mandatory as defined by NCPDP

S=Situational as defined by Plan

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value		Comment
101-A1	BIN Number	004410	M	
102-A2	Version/Release Number	51	M	NCPDP v5.1
103-A3	Transaction Code	B1	M	Billing Transaction
104-A4	Processor Control Number	EPAP	M	
109-A9	Transaction Count		M	
202-B2	Service Provider ID Qualifier	01	M	
201-B1	Service Provider ID		M	NPI
401-D1	Date of Service		M	Date of Service must fall within the declared emergency period.
110-AK	Software Vendor/Certification ID		M	

Patient Segment: Required

Field	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	01	M	Patient Segment
304-C4	Date of Birth		R	
305-C5	Patient Gender Code		R	
310-CA	Patient First Name		S	
311-CB	Patient Last Name		R	
322-CM	Patient Street Address		R	The street address of patient's home from where they were displaced.
323-CN	Patient City Address		R	The city of patient's home from where they were displaced.
324-CO	Patient State/Province Address		R	The state of patient's home from where they were displaced.
325-CP	Patient Zip/Postal Zone		R	The zip/postal code of patient's home from where they were displaced.

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	04	M	

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302-C2	Cardholder ID	Beneficiary's First Initial from First Name + First Initial from Last Name + Year (YYYY) of Date of Birth + Month (MM) of Date of Birth + Day (DD) of Date of Birth.	M	Member ID
301-C1	Group ID		R	Emergency Group ID as defined by the emergency processor per emergency

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	07	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1= Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier		M	
407-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		R	
403-D3	Fill Number		R	Refills may be extended depending upon the extent of the disaster
405-D5	Days Supply		R	Limited to 30 days supply that may be extended depending upon specific disaster
406-D6	Compound Code		S	
408-D8	DAW / Product Selection Code		S	
414-DE	Date Prescription Written		S	
415-DF	Number of Refills Authorized		S	
461-EU	Prior Authorization Type Code	1= Prior Authorization	S	
462-EV	Prior Authorization Number Submitted		S	
403-D3	Fill Number		S	

Prescriber Segment: Situational

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	03	M	
466-EZ	Prescriber ID Qualifier	12	S	
411-DB	Prescriber ID		S	Use pharmacy NPI, in cases where pharmacist is allowed to prescribe

DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	08	M	DUR/PPS Segment
473-7E	DUR / PPS Code Counter	1-9 Occurrences	S	
439-E4	Reason for Service Code		S	

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440-E5	Professional Service Code		S	
441-E6	Result of Service Code		S	

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted		S	
412-DC	Dispensing Fee Submitted		S	
430-DU	Gross Amount Due		S	
423-DN	Basis Of Cost Determination		S	
426-DQ	Usual and Customary Charge		S	

Clinical Segment: Optional

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	13	M	Clinical Segment
491-VE	Diagnosis Code Count	1-9	S	
492-WE	Diagnosis Code Qualifier		S	
424-DO	Diagnosis Code		S	

9. MEDICATION DELIVERY IN AN EMERGENCY

9.1 RX RESPONSE

Rx Response partners are committed to working together with local, state and federal officials as well as volunteer organizations to help support the continued delivery of medicines to people who need them in the event of such an emergency – whether it is caused by a natural disaster, terrorist incident or health emergency such as a pandemic.

Rx Response provides an information-sharing and problem-solving forum for the private pharmaceutical supply system, disaster relief agencies and government to help ensure the continued delivery of critical medicines to patients whose health is threatened by a severe public health emergency. The cornerstone of Rx Response is the reliance on the existing pharmaceutical supply system to provide for the continued flow of medicine in a major public health emergency; Rx Response can be used during a severe natural disaster, a large-scale terrorist attack, or a pandemic that creates disruptions to the normal supply of essential medicines.

The program provides a single point of contact for the private sector pharmaceutical supply system, enabling requests for information, pharmaceutical supply status, or pharmacy status.

Rx Response offers the following resources:

- Pharmaceutical supply system status report on event impacts on critical medication supplies.
- Communications network to the pharmaceutical system to share information.
- Pharmacy status reporting (see section "[Pharmacy Status Reporting](#)")

Website: www.rxresponse.org

10. MANUFACTURER PROGRAMS

10.1 THE PARTNERSHIP FOR PRESCRIPTION ASSISTANCE (PPA)

The PPA helps uninsured and financially struggling patients who lack prescription coverage get access to prescription assistance programs that offer medicines for free or nearly free. The PPA is free, confidential, and it is easy for patients to find programs for which they may be eligible to apply. Offers a single point of access to information on 475 public and private patient assistance programs, including nearly 200 programs offered by pharmaceutical companies. PPA member programs offer more than 2,500 brand-name medicines, including a wide range of generics. Helps patients contact government programs such as Medicaid and Medicare. More than 40 of the assistance programs focus on the medication and health care needs of children. The PPA provides information on nearly 10,000 free health care clinics and has connected more than 241,000 patients with clinics and health care providers in their communities. Assists patients with chronic disease in learning about the types of new medicines in development that may help them.

A user-friendly Web site (www.pparx.org) enables patients to find prescription assistance programs for which they may be eligible to apply. The PPA has dedicated a website to make it easier for patients to learn about help available for children, (kids.pparx.org). Patients can download and print out patient assistance program applications immediately.

Patients can call toll free (**1-888-4PPA-NOW**) to talk with a trained specialist who will guide them through the application process. The call centers accept calls in English, Spanish and approximately 150 other languages

11. APPENDIX A. HISTORY OF DOCUMENT CHANGES

11.1 VERSION 1.1

Section [NCPDP Emergency Preparedness Payer Sheet for the Emergency Prescription Assistance Program \(EPAP\) Payer](#) has been updated to include the possibility of using a "Red Cross ID". This section has been updated to change from the Patient's Social Security Number to the Patient's "Red Cross ID".

Section [Eligibility Information](#) has been added.

11.2 VERSION 1.2

Information on Rx Response has been added.

Reporting functionality to NCPDP has been modified.

Modifications to notification of closed pharmacies has been made with the incorporation of Rx Response processes.

Emergency Prescription Assistance Program (EPAP) information has been updated.