

MMA Implementation: Part D Data Implementation

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Historical Context

- X12 and NCPDP did not overlap
 - X12 – manufacturing, transportation, retail
 - NCPDP – pharmacy claims
- HIPAA forced organizations to talk
- HIPAA forced paper to electronic for DME



Commonalities

- Delimited formats
- Payer dependent implementations
- Transaction oriented



Differences in functionality

☞ X12

- Batch
- Very large transactions
- Open network based

☞ NCPDP

- Real-time
- Leased line use is most common



Implementation Differences

☞ X12

- Multiple messages from claim to payment
 - 837, 270, 271, 277, 275, 835
 - Separate from application

☞ NCPDP

- One message stream / dialogue
 - Imbedded in applications
 - Some eligibility / differences between adjudication and payment



Additional Challenges

- X12 users have payer defined “submitter” id’s for pharmacies
- X12 users not connected to “Bin Number – leased line network”
- NCPDP users are often not taking advantage of 835 remittance data – partially due to differences in implementation



X12 and NCPDP

Working together to...

- Already have a combined XML based interactive claim
- Combine data dictionaries
- Combine syntax
- Common envelope
- Common communication format