

CALINX Pharmacy Rules of Exchange

July 2000 – (Reviewed 11-2001)

Background

The CALINX Pharmacy Workgroup has agreed to share pharmacy data between health plans and provider/physician organizations with the goals defined for all participants as clinical evaluation, disease management and utilization management. The agreements are based on NCPDP (National Council for Prescription Drug Programs) definitions when available. NCPDP currently provides electronic standards for communication of prescriptions between physicians and retail pharmacies and communication of claims between retail pharmacies and payers. CALINX is developing the communication standard between payers and provider/physician organizations.

Content

The content categories include health plan identification, patient demographic information, prescription description, financial data and prescriber information.

Frequency and Implementation Date

By the 4th **quarter of 2000** health plans and/or PBMs will transmit electronic pharmacy data to the provider organizations based on the CALINX content agreement and Rules of Exchange.

- Optimally the CALINX electronic pharmacy data will be provided to contracting physician organization at monthly (30 days) intervals from health plans and PBMs with pharmacy carve-out contracts. The reporting interval may be from 30 to 90 days based on the preference of the provider organization.
- The lag time for Pharmacy reporting by the health plans or PBMs to the providers should not be longer than 60 days from the last date of service in the reporting period.

Data Accuracy and Completeness

- The data forwarded to the physician organization from the health plans are expected to reflect the accurate pharmacy activity for that physician organization's patient and physician populations.

Data Usage

- The intent of the use of the data provided by health plans to the physician organizations is for clinical evaluation, disease management and utilization management. It was agreed that if there were misuse of the data as evidenced by direct contracting with pharmaceutical manufacturers, the data would be withheld by the health plan along with potential other remedies. The group approved recommended contract language for implementation by health plans and physician organizations.
- Physician/Provider Organizations may not use individually identifiable reported data in direct contracting with pharmaceutical firms or pharmacy benefit managers.
- Health plan specific pharmacy data including an individually identifiable member will never be provided to a pharmaceutical manufacturer by a physician/provider organization unless prior approval is made by the health plan. The health plan may provide pharmacy data to a 3rd party data organization contracted with the IPA to merge with other records for aggregate reporting for internal purposes (e.g. Individual physician prescribing patterns). The handling of data will adhere to confidentiality standards.
- Employers responsible for pharmacy carve-out benefits are subject to CALINX agreements for electronic data submission using applicable NCPDP fields, on all prescriptions filled to contracting physician organization who request the information.