



CALINX Pharmacy (Rx) 2.0



Frequently Asked Questions (FAQ)

Q1. What is CALINX Rx 2.0?

A1. CALINX (CALifornia INformation eXchange) Rx 2.0 is a standard file format for exchanging batches of pharmacy records. The standard provides information about patient medication dispensing events and prescriber information, and can be used for disease registries, electronic health records, disease management, and Pay for Performance initiatives.

Q2. Was there an old standard? What was wrong with it?

A2. The new CALINX Rx 2.0 is the second iteration of the CALINX standard; version 1.1 was released in 2000 and was partially adopted by six health plans in California. The biggest problem with the standard was that it was interpreted differently by most of the adopting health plans. This led to slight variations of file formats, making integration of the data difficult for provider organizations receiving files from multiple health plan partners.

Q3. What's the difference between the old standard (CALINX 1.1) and the new standard (CALINX Rx 2.0)?

A3. Most of the changes to the CALINX standard are relatively minor. There are additional patient identifier fields to help with internal patient matching efforts, and there is better functionality to handle reversals or changes. The Implementation Guide has also been revised and updated. For a complete review of changes to the standard, refer to the CALINX Rx 2.0 Toolkit.

Q4. How does CALINX Rx 2.0 differ from NCPDP?

A4. CALINX Rx 2.0 is based on the NCPDP batch transaction standard, version 1.1, which uses NCPDP version 5.1 as its base. CALINX Rx 2.0 has added some features specific to California (for example, the Health Plan ID field is based on the California Department of Managed Health Care code), and functionality to enhance record back-outs and changes. The biggest difference between the two standards is their intended purpose: the NCPDP standard is intended to be used for claims transaction purposes, while the CALINX standard is intended to aid with disease management and quality improvement.

Q5. Do I need to contact each plan to initiate the process of receiving the pharmacy data in the CALINX format?

A5. That depends. If you are receiving files regularly from the participating health plans (Aetna, Blue Cross, Blue Shield, CIGNA, Health Net, PacifiCare, and Western Health Advantage) then they should automatically switch you over to the new format.

One potential exception is PacifiCare. If you are not currently receiving CALINX 1.1 pharmacy data from them, then you need to formally request that they begin sending you CALINX Rx 2.0 data. They will ask your group to sign a form, basically stating that you

understand that the data you are about to receive is in a different format from their standard NCPDP format. If you are not sure which format PacifiCare is currently sending you, it's best to request CALINX Rx 2.0 directly from them.

Q6. Who can I talk to about getting pharmacy data?

A6. If you contract with any of the aforementioned seven plans and do not currently receive pharmacy data from them, you need to contact them directly and request a monthly file in the CALINX Rx 2.0 format. The toolkit lists contacts for each of the plans. You may have to sign use agreements before you begin receiving the files.

Q7. How do we receive the test files? Is that from each specific health plan?

A7. The health plans will begin sending you the test files on their own. The test files will be coming from each plan, not from any third party. Some of the plans will be ready to send them sooner than others. The files may be delivered via CD-ROM, FTP transfer, secure server downloads, secure emails, etc.

Q8. Will the new CALINX format allow tracking of physician-specific utilization of generic and formulary drugs?

A8. There are three fields that you can use to calculate this. Field #34 (Drug Type), which is a required field, specifies if a dispensed drug is:

Not specified = 0

Single source brand = 1

Branded generic cross licensed brand = 2

Generic = 3

Over the Counter (OTC) = 4

Multi-source brand (branded drug with generic available) = 5

Field #35 (Formulary Status) is optional, which means it may not be populated. When populated, the field should indicate if the medication is on the health plan's formulary or not.

Field #47 (Prescriber ID) identifies which provider prescribed the drug.

To calculate physician-specific utilization rates, group and count all pharmacy records by Prescriber ID (Field #47), and then group and count all of their prescriptions by brand/generic indicator (Field #34) and by formulary status (Field #35).

For example, count all of the drugs prescribed by a single physician, where the formulary status = Y; this is your physician-specific numerator. Divide that number by all of their prescriptions in a given period; this is your physician-specific denominator. The ratio (numerator divided by denominator) will give you the physician-specific utilization of formulary drugs. You can repeat this for the brand/generic (field #34) field in a separate calculation.

Q9. What does the CALINX Rx Verify Tool do?

A9. The pharmacy data verification tool's primary function is to allow you to verify that pharmacy files you receive conform to the CALINX Rx 2.0 standard. The tool also provides detailed reports on any detected errors, will allow for some error corrections, and can convert

fields within the files you receive into other recognized formats. The software is available to download free of charge.

Q10. Do we need to have pharmacy risk to receive pharmacy data from health plans?

A10. No. Most provider groups in California no longer have pharmacy risk, and many receive pharmacy files from their health plan partners.

Q11. Is this new standard HIPAA compliant?

A11. The new CALINX Rx 2.0 standard does not fall under the HIPAA transaction standard rule. CALINX Rx 2.0 is intended for the transmission of health care information for quality and health improvement purposes, *not* for payment purposes.

However, because CALINX Rx 2.0 data has protected health information (PHI) such as patient names and dates of birth, it does fall under HIPAA privacy and security rules, and must be exchanged accordingly (between covered entities and business associates in a secure manner). Additional information can be found in Appendix D of the CALINX Rx 2.0 Toolkit.

Q12. Will the toolkit or data verification software help with member matching?

A12. Unfortunately neither the toolkit nor the data validation software has member-matching capabilities.

Q13. Sometimes I get a file where all the patient identifiers are null, or masked and unreadable. Why is this and can it be corrected?

A13. Some health plans may mask member identifiers for their own employees or for members who have asked that their patient identifiers be kept confidential. If you receive records with masked identifiers you may inquire if they can be identified, but it is unlikely that those records will be decrypted by the health plans.