POLICY AND PROCEDURE

Title:	
E-Prescribing and Real Time Benefit Tool	

Primary policy owner:	**Policy #:**
Pharmacy	PH38

Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined

1) ☐ All Departments	12) ☐ Facilities (FAC)
2) ☐ Behavioral Health & Social Services (BH/SS)	13) ☐ Finance (FIN)
3) ☐ Benefits Administration (BA)	14) ☐ Human Resources (HR)
4) ☐ Case Management (CM)	15) ☒ Information Technology / Core Systems (IT)
5) ☐ Claims (CLMS)	16) ☒ Pharmacy (PH)
6) ☐ Community Marketplace & Member Engagement (MAR)	17) ☒ Provider Networks (PRO)
7) ☐ Compliance (CMP/HPA)	18) ☐ QI Health Equity (GRV/HE/HEQ/PHM/QM)
8) ☐ Configuration (CFG)	19) ☐ Utilization Management (UM)
9) ☐ Provider Contracting (CONT)	20) ☐ Procurement (PRM)
10) ☐ Cultural & Linguistics (CL)	21) ☐ Administration (SAF/BC/EM)
11) ☐ Customer Service (CS)	22) ☐ Medical Management (MM)

Product Type:	**Supersedes Policy Number:**
☐ Medi-Cal	NA
☒ D-SNP	

I. PURPOSE

To ensure Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan") is in compliance with all contractual requirements, applicable federal and state laws, and regulations for responding, preventing, reviewing, and investigating all reported and identified non-

compliance. Health Plan Workforce and Delegates implement electronic prescribing (E-Prescribing) and Real Time Benefit Tool (RTBT) in compliance with federal and state regulations and other program requirements.

II. **POLICY**

A. Health Plan must support electronic prescribing and must ensure that Providers that prescribe Part D drugs comply with the standards when prescription information or certain other related information is electronically transmitted.

B. Following a transition period, Health Plan must require the use of the NCPDP (National Council for Prescription Drug Programs) SCRIPT standard version 2023011, and retire the current NCPDP SCRIPT standard version 2017071, as the e-prescribing standard for transmitting prescriptions and prescription-related information (including medication history and electronic prior authorization transactions) using electronic media for covered Part D drugs for Part D eligible individuals, beginning January 1, 2028.

C. Following a transition period, Health Plan must require the use of NCPDP Formulary and Benefit (F&B) standard version 60 and retiring use of NCPDP F&B version 3.0 for transmitting formulary and benefit information between prescribers and Part D sponsors, beginning January 1, 2027.

D. Health Plan must require the NCPDP Real-Time Prescription Benefit (RTPB) standard version 13, as the standard for Prescriber Real-time Benefit Tools (RTBTs) beginning January 1, 2027.

III. **PROCEDURE**

A. The Pharmacy Benefit Manager (PBM) maintains an electronic prescription drug program in accordance with the latest Center for Medicare and Medicaid Services (CMS) guidance and shall ensure that the pharmacies in the network comply with all electronic standards and requirements.

B. The PBM maintains a business partner relationship with Connectivity Vendor(s)and has a Business associate Subcontractor Agreement.

C. The PBM maintains the systems necessary to accept requests and provide responses, in real time, for eligibility and medication history transactions based on the foundation and initial standards.

D. On a daily basis, the PBM provides the connectivity vendor(s) with Health Plan's member demographic information to facilitate the routing of prescriber-initiated requests for eligibility information and medication history to the PBM.

E. On a monthly basis, the PBM provides the Connectivity Vendor(s) with Health Plan's latest formulary and benefit information based on the foundation and initial standards.

F. Annually, the PBM ensures that the e-prescribing connectivity vendors systems are compliant with State and Federal regulations and run quality assurance tests.

G. Health Plan reviews, annually, the PBM's policy on e-prescribing and RTBT as well as quality assurance test results.

IV.   ATTACHMENT(S)

A. Glossary of Terms Link

V.   REFERENCES

A. CMS E-Prescribing Standards and Requirements - https://www.cms.gov/medicare/regulations-guidance/electronic-prescribing/adopted-standard-and-transactions

B. State Medicaid Agency Contract (SMAC)

C. Health Plan Contract with Centers for Medicare & Medicaid Services (CMS)

VI.   REVISION HISTORY

Version*	Revision Summary	Date
001		
002		
003		
004		

Initial Effective Date: 09/24/2025
Published Date:09/30/2025

VII. Committee Review and Approval To Be Completed by Compliance

Committee Name	Version	Date
Compliance Committee	001	09/24/2025
• Privacy & Security Oversight Committee		
• Program Integrity Committee		
• Audits & Oversight Committee		
• Policy Review Committee		
Quality Improvement Health Equity Committee (QIHEC)		
• Quality Operations Committee		
• Grievance Committee		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare Services (DHCS)			
Department of Managed Care (DMHC)			

IX. Approval signature*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy