

# California Clinical Data Project: Setting Standards

## CALINX Pharmacy Data Standard (Version 2.0) Rules of Exchange

### Background

The California Clinical Data Project: Setting Standards has specified a standard for sharing pharmacy data among health plans and physician organizations with the goals defined for all participants as clinical evaluation, disease management, and utilization management.

Version 2.0 of the data specification is based on Version 1.1 of the California Information Exchange (CALINX) Pharmacy Data Standard Format Specification published in January 2000. The specification strives to align with the NCPDP (National Council for Prescription Drug Programs) electronic data standard used currently to transmit claims from retail pharmacies to payers or pharmacy benefit managers (PBMs).

Version 2.0 resulted from an industry review of CALINX Version 1.1 and includes field updates and clarifications. The industry review included health plan, provider organization, and vendor participation.

### Frequency and Implementation Date

Within 90 days of signing CALINX Rx Endorsement Statement, senders of pharmacy utilization files will make these files available in the CALINX Version 2.0 Pharmacy Data Specification per the following Rules of Exchange.

- Data formatted per the Version 2.0 specification will be provided to contracting physician organizations at monthly (30-day) intervals by health plans and by PBMs with pharmacy carve-out contracts. The reporting interval may be longer than 30 days for physician organizations that specifically request longer reporting intervals.
- The lag time for pharmacy reporting by the health plans or PBMs to the providers should not be longer than 30 days from the last date of service in the reporting period.
- The 30-day maximum lag time for reporting should be based on the “Date Rx Filled” Field (#17) (for clarification, it should not be based on the ‘Run Date’ Field [#4]).

### 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.