

## Work Group Recaps:

### Work Group 1 Telecommunication

#### Ballots:

- Re-circulation Ballot WG010020R to add the Prescriber Segment for the Eligibility transaction, and clarification for the diagnosis code decimal point received 90% approval. After the appeal timeframe, the Ballot will proceed to the Board of Trustees for approval.

#### DERFs:

- DERF 670, which requested to adopt the Protocol document for Telecommunication Standard Version 5.1 and Batch 1.1, was withdrawn due to the maximum number of pends. A new DERF will be submitted for the August Work Group meetings.
- DERF 672 which requested “a revised definition of the Patient Location (307-C7), elimination of two values for Patient Location and a new optional data element for Patient Place of Service. It is recommended that the list of values for the new Patient Place of Service be maintained in the External Code List document. It also recommended that the list of values for the Patient Place of Service be consistent with the X12N 837 Implementation Guide” was approved with modifications. (The DERF was later pended in MC.)
- DERF 681 requests to add Section 8.2.2.3.1 Reject Field Occurrence Indicator of the Telecommunication Standard Specifications to provide clarification of when & how to use Reject Codes & the Reject Field Occurrence Indicator during a Multi-Ingredient Compound Transaction Rejected Response. The DERF was approved with modifications by WG1.

#### Task Groups:

- The Post Adjudicated Pharmacy Reporting task group is continuing to meet biweekly to create a standard. The purpose of the standard is to allow the exchange of Patient claim history from one payer to another when the business moves from one business to another, and to let payers share information with their clients after claims have been processed (for example payer to payer, or payer to medical group). They are working on the implementation guide.
- The Proposal Patient Validation Standard Task Group provided an update, reporting that the pilot companies are exchanging claims without patient name (as appropriate). A document will be creating with findings and recommendations.
- The Coupon Task Group will be presenting draft clarifications of coupon processing based on ballot comments at a future meeting.
- The Prior Authorization Transfer Task Group is creating a standard format and code set for transferring prior authorizations between PBMs. This format would be used when clients change PBMs/Claims Processors and request that their prior authorizations transfer from their previous PBM/Claim Processor to their new PBM/Claim Processor. This task group will be dormant until the August work group meetings as companies are limiting a draft structure this summer to be ready for January plan changes.
- The Long Term Care Pharmacy Task Group is creating solutions for problems with Return Credit and timing issues of claim amendments.
- The work group discussed Telecommunication Version 5 Frequently Asked Questions. See documents on WG1 page.
- The Reject Codes Task Group reported their discussions of Missing/Invalid versus Not Supported and other Reject Codes. See documents on WG1 page.

#### Updates:

- An update on HIPAA activity was given.
- An update of the WEDi SNIP Committee was given.
- NCPDP SNIP Committee has resumed activities via conference calls. They are discussing compounds, COB, prior authorization, and other business needs.
- No DSMO Change Requests were discussed.

- There were no State/Federal Legislation items for discussion.
- The Academy of Managed Care Pharmacy's "Principles for Effective Electronic Messaging" final document was shown and approved.
- The work group revised and approved their 2004 Scope and Goals.

#### Work Group 2 Product Identification

##### QUIC Forms

- Nine QUIC forms were reviewed and nine were resolved.

##### Updates:

- The letter to inform manufacturers of adjudication of QUIC forms was reviewed and needs to be reformatted and will be back on the August Agenda.
- Standard review: Billing Unit Standard Implementation Guide Version (X.Y) was reviewed, changes made and finalized. The new version is ready for the DERF process at the next work group meeting.

##### New Items:

- The work group finalized and approved their 2004 Scope and Goals.
- A task group was created to review standardization of UPCs.

#### Work Group 3 Standard Identifiers

##### Task Groups:

- A report was given regarding the Work Group's newest task group, Task Group 7 regarding affiliation codes in the NCPDP provider file.
- The Work Group reviewed the objectives for each of its existing task groups and determined which would continue to operate and which would be discontinued.

##### Updates:

- An update was given on the HCIda initiative. The core data is populated and is available for subscription. NCPDP continues its relationship with data suppliers to populate the value add fields.

##### New Items:

- The work group revised and approved their 2004 Scope and Goals.
- An overview was given on potential issues for the NPI Advisory Group in reference to the WEDI SNIP Sub-Workgroup for the National Provider Identifier.

#### Work Group 4 Provider/Member Enrollment

##### Task Groups:

- TG1 (Provider Enrollment White Paper) reported work on submitting a white paper to CMS to create awareness of problems experienced when submitting applications for Medicare/Medicaid via X12's Version 274. The Group presented issues that had been identified along with examples and possible solutions.
- TG2 (Member Enrollment) reported work to address member enrollment and updating the implementation guide for mapping from Version 2.0 to X12's Version 834.

##### New Items:

- The work group revised and approved their 2004 Scope and Goals.

#### Work Group 5 Payment Reconciliation

##### Updates:

- The work group was provided with a HIPAA update and general discussion was held on the X12N 835.
- A review of Frequently Asked Questions document was held and one additional question was added.

##### New Items:

- The work group revised and approved their 2004 Scope and Goals.
- DSMO Change Request 864 "As a result of legislation in California and other states, we need to provide the Payer's web site URL in the 835 in order to identify exactly

where providers can go to get information like appeal policies, complaint policies, medical policies and any other related information that the payer may need to make available on the WEB.” was discussed as a recommendation provided.

- A discussion on Remarks and Reasons Codes was given.

#### Work Group 7 Manufacturer Rebates

##### Updates:

- The Co-Chairs reported that a New Project Development Form has been submitted for a Best Practices Document. The form will be discussed in MC and then by the Board of Trustees.
- Co-Chairs are requesting CMS participation in a roundtable discussion with States, pharmacy manufacturers, and vendors in an effort to increase use of the rebate standard among State Medicaid programs. Since the original contact at CMS is no longer there, the co-chairs will be re-sending the letter to the new contact at CMS.
- The task group for Standards Updates reported that they will explore the possibility of merging the 5 existing files into a smaller number of files to improve the utility of the standard, as well as evaluate the standard for other necessary changes. The work group attendees discussed suggested changes to be made to the standard and decided to meet on conference calls between now and the August work group meeting.
- The work group decided to re-distribute the Implementation survey with additional text informing manufacturers that the work group will begin work on changing the standard and suggest their involvement in NCPDP and WG7.

##### New Items:

- DERF 677, which requests to modify an FAQ to clarify ambiguity in the Manufacturer Rebate Flat File Standard regarding the record delimiter, was approved by the work group.
- The work group revised and approved their 2004 Scope and Goals.
- WG7 discussed Partial Fills/Duplicate Claims and clarification of compounds. It was decided that these topics would be discussed during the standard update task group meetings to determine whether the standard needs to address these issues.

#### Work Group 9 Government Programs

##### Task Groups:

- The HIT task group that was formed to gather information on the Home Infusion Therapy issues and report back to the work group. It was noted that they have begun work on a White Paper that will be informational and will be sent to CMS.
- The CMS task group reported that a meeting of the task group would occur on June 10th. The TG leads have developed a document that provides background, business needs, and better defines the requests.

##### DERFs:

- The work group reviewed DERF 672 – see WG1 above. The DERF was pended awaiting addition of a pharmacy value and review of the existing value of Patient Location.

##### Updates:

- The work group updated the State of the States and received State implementation information.

##### New Items:

- The work group revised and approved their 2004 Scope and Goals.
- Discussion of the current recommendation for processing Wisconsin SeniorCare drug program claims for patient out of pocket expense was held.
- Discussion of a request for a new value for the Basis of Cost Determination to use for COB related to the Medicare Discount Drug Card program was held.

#### Work Group 10 Professional Pharmacy Services

- The work group was not able to meet.

#### Work Group 11 Prescriber/Pharmacist Interface

##### Ballots:

- Ballot WG110017 to add support for Prior Authorization was valid at 61.3%. The work group categorized the Negative With Reason comments. The Ballot will be re-circulated.

##### DERFs:

- DERF 679 requests “the increase in the number of Provider Segments in SCRIPT. There are currently a maximum of two provider segments for each NCPDP Script transaction. We would like to increase the number to three for the following reason. Some states are requiring up to three party names for supervisor, prescriber and transmitter/submitter. The DEA number is also required for the supervisor and the prescriber. By increasing the number of provider segments from 2 to 3 we can accommodate this requirement.” The DERF was approved with modifications by WG11.
- DERF 680 requests to clarify the confusion of the use of the authorizing prescriber agent name in the SCRIPT transactions. The DERF was approved with modifications by WG11.

##### Task Groups:

- The Prescription Transfer Task Group gave an update. This is a new standard for a pharmacy-to-pharmacy transfer of prescriptions, for retail-to-retail transfers, or mail-order-to-mail-order transfers. The work group discussed questions from the task group. The task group is finalizing the formats and working on the implementation guide.
- The E-prescribing Guidance Task Group and the E-prescribing Implementation Task Group has joined. The task group reported they are working on a document that discusses the current e-prescribing environment, gaps, actual implementations and pilot projects related to e-prescribing needs from the Medicare bill.

##### Updates:

- An update of the Ehealth Initiative for e-prescribing was given. There were no frequently asked questions.

##### New Items:

- The work group revised and approved their 2004 Scope and Goals.
- WG11 began work on Project 000017 electronic signatures. A joint task group of WG11 and WG12 has been formed.
- There was discussion about the need for a Medication History transaction, especially as part of the Medicare bill. This topic will be discussed in the future.

#### Work Group 12 Data Security and Patient Confidentiality

##### Presentations:

- A presentation was given on E-Signature. “E-Sign, PKI, DEA, BoPs... Making Sense of All This Stuff”
- A presentation was given on the Medicare Modernization Act.

##### Old Business:

- A HIPAA update was given.

##### New Items:

- The work group reviewed Project 000017 on electronic signatures. A joint meeting with WG11 and WG12 will take place at the August Work Group Meeting.
- The work group revised and approved their 2004 Scope and Goals. The name will change to Education – Legislation and Regulation, with goals to coincide.

#### MC Maintenance and Control

##### DERFs/ECLs:

- MC Maintenance and Control reviewed two pended and five new DERFs (see WG1, WG7, and WG11 above).
- DERF/ECL review and approval will result in:
  - The release of two new ballots for WG1 Telecommunication and WG11 Prescriber/Pharmacist Interface
  - The release of one re-circulation ballot for WG11 Prescriber/Pharmacist Interface
  - The release of a new publication of the External Code List
  - The submission for approval of a new publication of the Manufacturer Rebate Implementation Guide to the Board of Trustees

New Project Development Forms:

- Reviewed New Project Request forms.
  - Project 000019 “Provide NCPDP numbers to entities that do not qualify as retail pharmacies but wish to provide medical products (i.e. durable medical equipment) under other appropriate state laws to patients, where such products are routinely covered as pharmacy benefit by health insurers.” was approved and will proceed to the Standardization Co-Chairs who will make their recommendation to the Board of Trustees.
  - Project 000020 “As part of the contractual agreement between managed care organization and pharmaceutical manufacturer, the managed care organization must usually submit prescription level data in order for the pharmaceutical manufacturer to validate against the rebate claimed by the managed care organization. When validating the data, the pharmaceutical manufacturer will frequently determine that there are items that are not rebateable, creating a dispute. Currently there is no formal process for determining how to resolve that dispute. In order to facilitate the adjudication and reconciliation of managed care (commercial) rebates, it is proposed that NCPDP develop a best practices document.” was approved for referral to WG7 Manufacturer Rebates and will proceed to the Standardization Co-Chairs who will make their recommendation to the Board of Trustees.
  - Project 000021 “This is a Pending Patent Business Method Process that reduces fraud at the front-end and the back-end of a prescription drug transaction and protects privacy using a smart card and/or biometrics.” was pended for further review at the August 2004 JTWG meeting.
  - Project 000022 “To create a facility whereby a pharmacy may submit a claim record to an adjudicator and receive an adjudication report without also causing the adjudicator to process a payment. This transaction would serve the purpose of a “benefits inquiry.” was approved for referral to WG1 Telecommunication and will proceed to the Standardization Co-Chairs who will make their recommendation to the Board of Trustees.

Task Groups:

- A Task Group update on HIPAA Regulatory Timelines was given.

Updates:

- The attendees received daily Work Group recaps.
- The Academy of Managed Care Pharmacy’s “Principles for Effective Electronic Messaging” final document was approved.
- An update on the Health Informatics Standards Board (HISB) - United States Health Information Knowledgebase (USHIK) data registry project was given.
- An update on HIPAA activities was given.
- An update on the prescriber identifiers and definitions were given.

New Items:

- The work group revised and approved their 2004 Scope and Goals.

- DSMO CRS 861 and 864 were reviewed. MC approved WG12 and WG5's recommendations.