

Work Group Recaps:

Work Group 1 Telecommunication

Ballots:

- Ballot WG010022R for the Telecommunication Standard-Requests to support Patient Location, Patient Residence and Reject Code clarifications was valid at 66.53% and received 90% approval. Negative With Reason commenters will be sent appeal letters. After the appeal process, the ballot will proceed to the Board of Trustees.
- Ballot WG010023 consisting of DERF 699 Certificates of Medical Necessity and DERF 700 Medicare needs was valid at 63.18%. The work group categorized the Negative With Reason comments. The ballot will be re-circulated with approved modifications.

DERFs (see DERF Resolution http://www.ncpdp.org/frame_members_mc.htm):

- DERF 000682 requests to adopt the Protocol document for Telecommunication Standard and Batch Standard. The DERF was withdrawn by the submitter due to the maximum number of pends. A new DERF will be submitted for May Work Group meetings.
- DERF 688 requests to “remove the Worker’s Compensation Program restriction on data element ‘Claim/Reference ID’ – field ID 435-DZ and move the field to the COB segment of the telecommunication transaction. Currently this data element is in the worker’s compensation segment. This request is for COB transactions that are non-worker’s compensation claims. As a secondary payer we collect the other payer’s claim number. Collecting other payer’s claim number helps to timely resolve questions pertaining to payment or finalized claims processing and assists us in making correct payments.” was pended by WG1 to be worked on by a new Payer-to-Payer Task Group.
- DERF 689 requests to “also place data element ‘Claim Number’ – field ID 601-68 in the Claim Segment of the telecommunication transaction. This request is for reversals or rebilling transactions. As a secondary payer we process reversals or rebills based on the unique key of our number assigned to the claim. The current transaction requires triangulation of data elements in order to attempt the identity of the unique claim. Adding a ‘claim number’ to the transaction would restore a process to easily identify a unique claim for reversals and rebills.” The DERF was pended by WG1 to be worked on by a new Payer-to-Payer Task Group.
- DERF 690 requests “as a long-term solution, a request to add Other Payer Paid Amount, Other Payer Allowed Amount, Deductible Amount, Coinsurance Amount, and Copay Amount to the Other Payer Amount Paid Qualifier (342-HC) field to the NCPDP telecommunication transaction. This request is for COB transactions. As a secondary payer we contractually require this payment information from selected primary payers. In addition, this would solve the current temporary solution for Medicare-Medicaid crossovers and other insurers. Adding this information to the transaction resolves our temporary solution.” The DERF was similar to 000692 but requested a different change. The DERF was withdrawn by the submitter.
- DERF 695 requests “the format of the NDC, UPC, and HRI as used in the Telecommunication Standard needs clarification. In order to provide this clarification, it is proposed to include the attached question in the FAQ section of the Telecommunication Implementation Guide.” The DERF was pended by WG1 due to time constraints.
- DERF 000701 “The Batch Standard needs some general editorial clean up. This includes corrections to use the terms “transmission” and “transaction” in the same way as the other standards, a correction to note that the sender ID and receiver ID values are switched in the response file, and to provide an easier to read format for the examples.” The DERF was pended by WG1 Telecommunication due to time constraints.

- DERF 000705 requests “due to increased specificity of compound ingredients, the requested field [Compound Ingredient Quantity (448-ED)] needs to be increased to a size of 13”. The DERF was pended by WG1 Telecommunication for clarification by the submitter of the impact of the small quantity on pricing fields.
- DERF 000706 requests “Medicare Part D Prescription Drug Program requires payer to payer communication to accurately report TrOOP. In order to report this information, the attached new fields and changes to one existing field and response segment are necessary”. The DERF was approved with modifications by WG1 Telecommunication.

Task Groups:

- There wasn't enough time to have task group reports, but the following are statuses:
 - 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 did not provide an update (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 Pharmacy Benefit Managers (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 is meeting to discuss a proposed format.
 - The **Long Term Care Pharmacy Task Group** is creating solutions for problems with Return Credit and timing issues of claim amendments. This task group will move under WG14 Long Term Care.
 - The work group discussed Telecommunication Version 5 Frequently Asked Questions from the **Version 5 Questions Task Group**. See documents on WG1 page.
 - The **Predetermination of Benefits Task Group** is creating a facility for a pharmacy to submit a claim to an adjudicator to receive a response without causing a claim payment (benefits inquiry). They are working on issues to build consensus.

Updates:

- There wasn't enough time to have reports, but the following are statuses:
 - NCPDP SNIP Committee has resumed activities via conference calls. They are working on NPI items and Medicare TrOOP.
 - No Designated Standards Maintenance Organization (DSMO) Change Requests were discussed.
 - The Long-Term Living Task Group of Office of National Coordination for Health Information Technology (ONCHIT) task group will also move to WG14.

New Items:

- WG1 accomplishments for 2004 were reviewed

Work Group 2 Product Identification

Updates:

- Reported that Billing Unit Standard Implementation Guide, Version 2.0 was approved by the Board in January and by ANSI on January 12th

- Discussion on Diastat Rectal Gel continued
- An update on the Idaho Lovenox issue was provided
- An update on DUET DHA COMBO PK was provided
- An FAQ on PEDIALYTE FREEZER POPS was reviewed and approved
- Pended DERF 695 was reviewed and approved
- An NDC/NCVHS/USP update was provided
- The status of the Control Solutions review was given
- The Manufacturer Informational/Submittal Document was reviewed and modifications made

Task Groups updates were provided:

- Standardization of UPC and HRI Task Group
- Standard Reporting Package Size Task Group
- Structure Product Label (SPL) Task Group
- RxNorm Guidance Task Group

New Items:

- The new QUIC Guidance Document was reviewed and modifications made
- 3 New QUIC forms were reviewed and discussed
- WG2 accomplishments for 2004 were reviewed

Work Group 3 Standard Identifiers

Updates:

- INCITS Implementation Guide
- HCidea

Task Groups updates were provided:

- NPI
- State of the States
- Payer ID
- Mapping 270
- Affiliation Codes

New Items:

- WG3 accomplishments for 2004 were reviewed

Work Group 4 Provider/Member Enrollment

Task Groups:

- **TG1 (Provider Enrollment White Paper)** discussed the white paper to Standardize the Enrollment Process for Participation in Government Healthcare Programs including Medicare and Medicaid in Order to Better Serve the Recipient was reviewed. Two changes were made to the recommendations white paper. It was suggested that this letter be shared with the National Medicaid EDI for HIPAA (NMEH) to ask if they would also sign the letter to Secretary Leavitt.
- **TG2 (Member Enrollment)** provided an update to the 834-5010, X12 Transaction Set. NCPDP comments were sent to X12 and were released for final draft to Industry for public comment. The comment period ends April 1, 2005. Task Group 2 will continue to meet and review status.

New Items:

- WG4 accomplishments for 2004 were reviewed.

Work Group 5 Payment Reconciliation

Updates:

- The work group was provided with a HIPAA/Regulatory update.
- An update on the WEDI/SNIP White Paper was given.
- General discussion regarding the ASC X12N 835 was held.

New Items:

- WG5 accomplishments for 2004 were reviewed.

- Discussion was held on the public review period for Version 5010 of the X12N 835

Work Group 7 Manufacturer Rebates

Updates:

- The results from the implementation survey were presented to the work group members present; additional information is needed.
- The **CMS Roundtable Task Group** is looking to streamline the process with CMS.
- The **Standards Task Group** reported that they have provided much input to the Utilization Format and the Reconciliation File. They will continue reviewing.
- The **Manufacturer Rebates Best Practices Task Group** continued their work and intend to bring this forward to the work group in May.

New Items:

- A Year 2004 in Review presentation was given.

Work Group 9 Government Programs

Task Groups:

- The CMS Payer to Payer task group provided a report
- The Balancing and Pricing task group provided two documents for the WG to review and recommendations were made for near-term and long-term solutions.

DERFs:

- The work group reviewed 4 DERFs—688, 689, 690, and 701 – see WG1 above.

Updates:

- The work group updated the State of the States
- The response by Secretary Thompson to the NCPDP/NMEH White Paper on Home Infusion Therapy was reviewed. It is available on the website at http://www.ncdp.org/frame_news_hipaa_trans.htm.

New Items:

- Discussion was held on Service Billings as proposed in the Medicare Modernization Act
- WG9 accomplishments for 2004 were reviewed

Work Group 10 Professional Pharmacy Services

Updates:

- The **Industry SIG Task Group** met during the work group meetings and provided an update to WG10.

New Items:

- The WG discussed an initiative underway to look at what types of clinical data can be shared between entities using various NCPDP standards.
- There was a lengthy discussion about the handling of “Part D” Medication Management Therapy claims, and where NCPDP standards would be used. Options discussed were the creation of a new standard; creating an internal implementation guide for the use of the 837 transaction; or using the 837 in conjunction with the Telecommunication 5.1 standard. These options will be discussed with MC and the Standardization Co-Chairs.
- WG10 accomplishments for 2004 were reviewed

Work Group 11 Prescriber/Pharmacist Interface

Ballots:

- Ballot WG110020 consisting of DERF 697 Medication History transactions was valid at 64.73%. The work group categorized the Negative With Reason votes. The ballot will be re-circulated with approved modifications made.

DERFs:

- DERF 000696 requests “currently, mandatory/conditional usage for elements in SCRIPT is defined as one standard for all message types within the SCRIPT standard. Since some elements such as NDC number, are only required on certain

message types there needs to be a method of stating the requirement by message type.” The DERF was approved as modified by WG11 Prescriber/Pharmacist Interface. The DERF will be balloted.

- DERF 000698 requests “in the DRU Segment of the SCRIPT Standard, the DRU-060-01 is used for 2 conflicting values. The only way to handle this is to have 2 loops which is difficult to implement.” The DERF was withdrawn by the submitter and will be submitted at a later date.
- DERF 000702 requests modifications to the SCRIPT Standard Implementation Guide to provide clarification on the use of the Prescription Fill Status Notification transaction. The WG11 RXFILL Task Group has met and provided the following guidance to clarify how the transactions are used in the esprescribing environment.” The DERF was approved with a modification by WG11 Prescriber/Pharmacist Interface. The implementation guide will proceed to the Board of Trustees for approval.
- DERF 000704 “As recommended by the National Council for Vital and Health Statistics (NCVHS), RxHub offered its Formulary and Benefit File protocol as a starting point for a new industry standard. A Workgroup 11 Task Group of industry experts was formed; which reviewed, modified and finalized the layout being submitted as part of this DERF.” The DERF was approved by WG11 Prescriber/Pharmacist Interface. The DERF will be balloted.

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. They need participation, especially from pharmacies.
- The **Joint WG11/12 Electronic Signatures Task Group** will create a document that provides the recommendations given to NCVHS, the diagram used, and final thoughts. The document will go on the website. The group will then disband.
- **Formulary and Benefit Information Task Group** has had conference calls and a face-to-face meeting in November due to the fast paced timeframe requested by NCVHS. They have completed a standard implementation guide that was submitted as DERF 000704.
- **RXFILL Notification Task Group** completed their recommendations document, which is on the WG11 webpage and submitted DERF 000702. As the DERF was approved, this task group has disbanded.
- The **E-Prescribing NPRM Task Group** is building NCPDP comments to the NPRM, and will provide a document of bullets companies may choose to use in their response to the NPRM.
- The **Field Usage Task Group** has reviewed the field usages in the various SCRIPT transactions and submitted DERF 000696.
- The **Prior Authorization Workflow-through-Transactions Task Group** is coordinating with other interested parties to define the workflow of prior authorization from the prescriber, pharmacy, payer, and other perspectives. They are examining the transactions in use (X12, NCPDP Telecommunication) as they fit into the workflow. They have had conversations with HL7 special interest groups about the possibility of prior authorization attachments and also the need for a standard way of expressing questions and answers used in the prior authorization fulfillment.
- **E-Prescribing Outreach Task Group** formed based on Project 23 open to all who wish to remove barriers to adoption and utilization of e-prescribing solutions did not meet, pending task group leaders from the project submitters.
- The **Provider Broadcast Task Group** has met to discuss the SCRIPT-based transactions for exchanging directory information of prescribers, pharmacies, payers,

etc participating in electronic transactions. They intend to submit a DERF for the May work group meetings.

Updates:

- An update was given on NCVHS eprescribing testimony.
- An update was given on the “NCPDP-HL7 Electronic Prescribing Coordination Project” – collaboration on electronic prescribing between environments that are HL7 to/from NCPDP SCRIPT based environments (for example a hospital discharging a patient and sending a new prescription to the community pharmacy of the patient’s choice). The demonstration at the HIMSS conference went well. The participants also exhibited at the NCPDP Annual Conference. The mapping group is working on the guidance document.

New Items:

- WG11 accomplishments for 2004 were reviewed

Work Group 12 Education – Legislation and Regulation

Updates:

- The **Joint WG11/12 Esignature Task Group** approved 5-point recommendations with sample diagram was used during testimony at NCVHS. The task group will create a final document with the recommendations and diagram and post on the website for general information.
- The attendees reviewed the state of the states for eprescribing.

New Items:

- The attendees reviewed the Eprescribing NPRM for the Medicare Modernization Act.
- The New Jersey House bill was briefly discussed. There is now a template for future situations regarding use of the DEA # vs NPI.
- WG12 accomplishments for 2004 were reviewed

WG14 Long Term Care

This was the first meeting of this work group.

New Items:

- The WG Scope and Goals were reviewed, modified and approved
- Task Groups were formed
 - Current LTC Billing Issues
 - LTC EHR/HL7
 - Medicare Part D Transaction
- Existing Task Group from WG1 was transferred and renamed to Return Credit

MC Maintenance and Control

DERFs/ECLs:

- MC Maintenance and Control reviewed six pended and six new DERF/ECLs (see WG1, WG2, WG9, 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
- DERF 000694/ECL 000006 Request to add missing values to Appendix B-Product/Service Qualifier of the External Code List. This would affect fields:Compound ProductID Qualifier (488-RE), Originally Prescribed Product/Service ID Qualifier (453-EJ), Preferred Product ID Qualifier (552-AP), and DUR Co-Agent ID Qualifier (475-J9). The DERF was withdrawn by the submitter.
- DERF 000703/ECL 000007 This DERF is an ECL submission “requesting addition of a new reject code – “Prescription not covered because the patient is enrolled in a hospice”. The DERF was withdrawn by the submitter.

Ballot Adjudication:

- Will result in:

- The release of one re-circulation ballot, WG010023 for WG1 Telecommunication
- The release of one re-circulation ballot, WG110020R for WG11 Prescriber/Pharmacist Interface
- Awaiting an appeal period, the submission of WG1 Telecommunication Standard Implementation Guide for Version B.0 will be sent to the Board for approval

New Project Development Forms:

- None were submitted for review at this meeting.

DSMO Change Request:

- None were selected for review at this meeting.

Task Groups:

- A Modeling and Methodology Task Group meeting was held

Updates:

- The attendees received Work Group recaps.
- The proposal for Standards Versioning was approved

New Items:

- The Most Valuable Participant (MVP) awards were announced
- The new 2005 Work Group Co-Chairs were introduced
- MC accomplishments for 2004 were reviewed