

Work Group Recaps:

Work Group 1 Telecommunication

Ballots:

- Ballot WG010023R consisting of DERF 699 Certificates of Medical Necessity needs was valid at 75.58% and received 90% approval. New release of the Telecommunication Standard Version C.0. Negative With Reason commenters will be sent appeal letters. After the appeal process, the ballot will proceed to the Board of Trustees.
- Ballot WG010024 consisting of DERF 706 payer-to-payer communication as required by Medicare Part D Prescription Drug Program to report TrOOP was valid at 70.08%. New release of the Telecommunication Standard Implementation Guide Version C.1. 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 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.” This DERF was pended by WG1. Due to the number of pends (3), the DERF died. Further discussion is occurring in the Payer-to-Payer Task Group, where the need cited in the DERF has been listed.
- 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. Due to the number of pends (3), the DERF died. Further discussion is occurring in the Payer-to-Payer Task Group, where the need cited in the DERF has been listed.
- 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 approved as modified by WG1.
- 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 approved by WG1 Telecommunication.
- 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 on pricing fields. This will be reviewed by the Version 5 FAQ Task Group.
- DERF 000707 requests to adopt the Protocol document for Telecommunication Standard and Batch Standard. The DERF was pended.
- DERF 000709/ECL 000009 request “due to the ‘any will provider’ statutes and use of super BIN by processors it is necessary that Mail be reported when this is the basis

on which reimbursement is provided; needed to determine correctness of reimbursement.” The DERF/ECL was denied by WG1 Telecommunication.

- DERF 000710 request “This DERF is being resubmitted since DERF 700, which addressed these fields, was removed from the most recent ballot. There is a need to be able to capture the Medicare deductible, coinsurance, and copay amounts on pharmacy claims that will be processed as part of the new Medicare Part D program.” The DERF was pended by WG1 Telecommunication.
- DERF 000713 requests “State Prescription Assistance Programs (SPAP) that are mandated to wrap Medicare Part D benefits need the following 2 additional fields in the Claim Segment: Catastrophic Coverage Indicator and Medicare Coverage Status”. The DERF was pended by WG1 Telecommunication.

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 and will be ready to submit a DERF soon.
- 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** has worked on clarifications of coupon processing based on ballot comments. They will be submitting a DERF soon.
- 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 working on the implementation guide.
- The work group discussed Telecommunication Version 5 Frequently Asked Questions and DERF 706 (Medicare Modernization Act processing) 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:

- **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 **WG9 Balancing and Pricing/Payer-to-Payer Task Group** provided an update.

New Items:

- WG1 2005 scope and goals were approved.

Work Group 2 Product Identification

Updates:

- Reviewed an elevator speech on the Billing Unit Standard written by Tom Ochocinski of Walgreens.
- Pended QUIC Form #200502 Imitrex 6MG/0.5 KIT was reviewed and withdrawn by the submitter
- An NDC/NCVHS/USP update was provided
- Discussion of Control Solutions was continued

Task Groups updates were provided:

- **Manufacturer Form Review Task Group** and a recommendation will go to the Board
- **Standard Reporting Package Size Task Group** will be disbanded.
- **Structure Product Label (SPL) Task Group** will be disbanded.

New Items:

- New DERF 712 was reviewed and approved
- 2 New QUIC forms were reviewed and discussed
- WG2 Scope and Goals for 2005 were reviewed, modified and approved

Work Group 3 Standard Identifiers

Updates:

- Several updates on the NPI, its use, White Papers being authored through WEDI/SNIP groups and the pharmacy specific White Paper were discussed.
- Discussion was heard on the letter sent to New Jersey regarding the use of the DEA.
- An update regarding the INCITS (International Committee on Information Technology Standards) was provided. The 284 Standard for ID cards was approved by the task group and goes to the work group for their comment. Once approved, it is expected to be approved by ANSI in about 6-9 months out.
- An update was provided on the Delaware Smart card for E-Health records.
- An update on a letter being formulated to send to New Mexico regarding the font style on ID cards. Legislation was already passed but the font style does not conform to NCPDP implementation guide.

Task Groups updates were provided:

- **Task Group 3**, State of the States indicated that there are approximately nine (9) states with pending or already passed legislation that impacts the use of the SSN as an identifier and/or the use of the NCPDP ID card implementation guide and/or restricting the use of the DEA as an identifier.
- **Task Group 5** presented its mapping document for the 270 Standard as it pertains to the standard use of the NDCPDP ID card implementation guide. Presented at MC Maintenance and Control and was approved. The document now goes to the Board of Trustees for approval and then to NCVHS, the requesting entity.
- **Task Group 7** provided an update on the recommendations presented to NCPDP to modify the pharmacy database to include: Parent Organization, Multiple affiliations (new name is Relationships) and the addition of new fields. The project is underway at the Council office and is expected to be ready for testing by end of summer 2005.

Presentations:

- Cathy Graeff of NCPDP gave a presentation on the plans and preparations for the Council to become an EFI submitter (bulk enumerator)
- Brenda Bryan, Director with the Utah Medicaid gave an overview of the implantation of the use of the NCPDP HCIda database using the HCID in Utah for Medicaid
- Robin Ebert of NCPDP gave a brief overview on the release of the HCIda database for industry use and its implementation in Utah.

New Items:

- WG3 Scope and Goals for 2005 were reviewed and approved.

Work Group 4 Provider/Member Enrollment

Task Groups:

- **TG1 (Provider Enrollment White Paper)** The letter was shared with the National Medicaid EDI for HIPAA (NMEH). Robert Pozniak is collecting information from NMEH and will submit all comments at once.

- **TG2 (Member Enrollment)** WG4 voted to disband TG2 until further information regarding 5010/834 was made available. TG2 provided their recommendations to X12, and a member of TG2 will be attending X12's upcoming Task Group Meeting.

New Items:

- WG4 Scope and Goals for 2005 were modified and approved.
- Chuck Allen, Director of HR-XML Consortium, provided a presentation on HR-XML.
- WG4 discussed DSMO 1023, Enrollment in a Health Plan. WG4 made a slight modification and then submitted their recommendations to MC.

Work Group 5 Payment Reconciliation

Updates:

- The work group was provided with a HIPAA/Regulatory update
- **Task Group 1** – 835 Mapping 4010 to 4050 – There was no volunteer to lead the Task Group 1 – 835 Mapping 4010 to 4050, therefore it was disband
- The work group was provided with a WG14 Long Term Care update
- The work group was provided with a WEDi/SNIP update
- General discussion regarding the ASC X12N 835, COB and NPI was held
- Discussion on Illinois HB 1074 was tabled until the August Work Group meeting

New Items:

- WG5 Scope and Goals for 2005 were reviewed, revised and approved

Work Group 7 Manufacturer Rebates

Updates:

- There were no new updates from the **Implementation Survey Task Group**. The task group is still attempting to reach the appropriate people within organizations who would be knowledgeable enough to fill out the survey.
- The **CMS Roundtable Task Group** was searching for a new task group leader. A leader was found and the task group will renew their efforts to organize a roundtable discussion between CMS, state representatives and manufacturers.
- The **Standards Task Group** reported that they have continued to work on the proposed changes to the standard. Prior to the August work group meetings, they will be fine-tuning the document and will be prepared to bring it to the August meeting as a DERF. The task group will also be looking at the effect of the MMA.
- The **Manufacturer Rebates Best Practices Task Group** reported that they have written scenarios to all of the top issues identified by the work group. The task group will now begin the process of reviewing and refining the document. The task group hopes to have a final draft document for the work group to review in the next few months. The task group will also be looking at the effect of the MMA.
- The **CMS/OIG Joint Task Group with WG2** has sent a great deal of information to Office of the Inspector General for their review. OIG has requested that the task group suspend their work until September so they can have time to review the information.

New Items:

- WG7 reviewed and modified their scope and goals for 2005-2006.

Work Group 9 Government Programs

Task Groups:

- The **Payer to Payer Task Group** provided a report at the WG1 meeting
- The **Balancing and Pricing Task Group** provided a review and a recommendation for a longer-term solution at the WG1 meeting

Updates:

- The work group updated the State of the States
- The work group reviewed 2 pended DERFs—688, 689

- Follow up from CMS on Supply Billing using UPC, HRI, in 5.1 was given

New Items:

- New DERFs 710 and 713 were reviewed and pended (see WG1 above)
- WG9 Scope and Goals for 2005 were reviewed, modified and approved
- The response by Secretary Thompson to the NCPDP/NMEH White Paper on Home Infusion Therapy was discussed. The work group will ask WG14 Long Term Care to review the white paper to determine impact on the LTC industry and report back to WG9
- Mapping of the ASC X12N 817 to 5.1 was discussed and a task group formed to complete this work

Work Group 10 Professional Pharmacy Services

Updates:

- The **Medication Therapy Management Task Group** reported that they had recently held a conference call to discuss whether there was a need for a standard for the submission of Medication Therapy Management claims for Medicare.
- The **Industry SIG Task Group** reported they are reviewing some methodologies for standardizing the exchange of instructions and are currently working on mapping example SIGs to see how they would work.

New Items:

- WG10 reviewed and modified their scope and goals for 2005-2006.
- A new task group was formed, the **Clinical Data Transfer Task Group**. This task group will be looking into developing a process for automatic input of patient clinical parameters from monitoring devices into pharmacy, medical and other practice management systems.

Work Group 11 Prescriber/Pharmacist Interface

Ballots:

- Ballot WG110020R consisting of DERF 697 Medication History transactions was valid at 75.97% and received 90% approval. New release of the SCRIPT Standard Version 8.0. Negative With Reason commenters will be sent appeal letters. After the appeal process, the ballot will proceed to the Board of Trustees.
- Ballot WG110021 consisting of DERF 704 Formulary and Benefit Standard was valid at 71.21%. Original release of the Formulary and Benefit Standard Implementation Guide Version 1.0. The work group categorized the Negative With Reason votes. The ballot will be re-circulated with approved modifications made.
- Ballot WG110022 consisting of DERF 696 provides a method of stating mandatory/conditional usage requirements for elements in SCRIPT by message type was valid at 70.08%. New release of the SCRIPT Standard Implementation Guide Version 8.1. The work group categorized the Negative With Reason votes. The ballot will be re-circulated with approved modifications made.

DERFs:

- DERF 000711 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 approved with modifications by WG11 Prescriber/Pharmacist Interface.

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 **E-Prescribing Guidance Task Group** built NCPDP comments to the NPRM, provided a document of bullets companies could use in their response to the NPRM. The group will be dormant.
- 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. Currently the group is reviewing prior authorization forms and building a database to use in analysis.
- **E-Prescribing Outreach Task Group** formed based on Project 23 and is 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 next work group meetings. There was suggestion to review the ASC X12N 834 implementation guide, with guidance from WG4.

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 group is nearing completion of version 1 of the mapping document.
- A status was given from the **MC Modeling and Methodology Task Group**.

New Items:

- WG11 2005 scope and goals were approved.

Work Group 12 Education – Legislation and Regulation

Updates:

- The **Joint WG11/12 e-Signature Task Group** has finished their work. Recommendations were provided to NCVHS and several members testified.

New Items:

- WG12 will form a joint task group with WG3 on the subject of **DEA numbers**.
- The attendees reviewed the Medicare Prescription Drug Benefit NPRM (including e-prescribing) and the HIPAA Administrative Simplification Enforcement NPRM.
- The attendees voted to not comment on the Enforcement NPRM.
- The attendees approved the 2005 WG12 Scope and Goals.

WG14 Long Term Care

Task Groups:

- The Return Credit Task Group
- The EHR/HL7 Task Group
- The Medicare Part D Transactions Task Group
- The Current LTC Billing Issues Task Group

The **Medicare Part D Transactions** and **Current LTC Billing Issues Task Groups** were merged into one Task Group, **Current LTC Billing Issues**.

Updates:

- A report on Outreach to Consultant Pharmacists was provided
- Discussion on a LTC Definition was held and volunteers taken to work on a definition and report back to the work group

New Items:

- The WG14 Scope and Goals were reviewed and approved

MC Maintenance and Control

DERFs/ECLs:

- MC Maintenance and Control reviewed five pended and seven new DERF/ECLs (see WG1, WG2, WG9, and WG11 above).
- DERF/ECL review and approval will result in:
 - The release of one new ballot for WG11 Prescriber/Pharmacist Interface – SCRIPT Standard Implementation Guide.
 - The release of one new ballot for WG9 Government Programs - Batch Standard Implementation Guide Version 1.2.
 - The release of a new publication of the Billing Unit Standard Implementation Guide Version 2.0.

Ballot Adjudication:

- Will result in:
 - The release of one re-circulation ballot, WG010024R for WG1 Telecommunication Standard Implementation Guide Version C.1
 - The release of two re-circulation ballots, WG110021R and WG110022R for WG11 Prescriber/Pharmacist Interface – SCRIPT Standard Implementation Guide Version 8.1 and Formulary & Benefit Standard Implementation Guide 1.0.
 - Awaiting an appeal period, the submission of WG1 Telecommunication Standard Implementation Guide for Version C.0 and WG11 Prescriber/Pharmacist Interface SCRIPT Standard Implementation Guide for Version 8.0 will be sent to the Board for approval

New Project Development Forms:

- None were submitted for review at this meeting.

DSMO Change Request:

- Change Request 1023 and recommendations made by WG4 and MC will be posted to the DSMO website

Task Groups:

- A **Modeling and Methodology Task Group** update was provided

Updates:

- The attendees received Work Group recaps.
- A HIPAA Update was provided

New Items:

- MC Scope and Goals for 2005 were reviewed and approved