

Work Group Recaps:

Work Group 1 Telecommunication

Ballots:

- Ballot WG010025 consisting of DERFs 717 (new field to provide contract reimbursement information), 722 (two new fields to allow balancing of the Patient Pay Amount field), and 724 (enhancements for Medicare) was valid at 64.64% (New release of the Telecommunication Standard Implementation Guide Version C.2). Negative With Reason comments were categorized. The ballot will be recirculated with modifications made.

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

- DERF 000707 requests to adopt the Protocol document for Telecommunication Standard and Batch Standard. As this is the third pend, the DERF was withdrawn by the submitter. A new DERF will be brought forward.
- DERF 000710 requests "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 modified between August and November work group meetings. The DERF was approved as modified by WG1 Telecommunication.
- DERF 000716 requests "additional FAQ's and claim examples of coupons." The DERF was modified between August and November work group meetings. The DERF was pended by WG1 Telecommunication.
- DERF 000721 requests "NCPDP v5.1 and online Messages document incorporation into Telecom Imp Guide as an appendix. The DERF was approved as modified by WG1 Telecommunication.
- DERF 000733 requests "A business need was expressed to create a standard format that can be used to supply detailed drug or utilization claim information after the claim has been adjudicated. A Work Group 1 task group has met to create a standard format. The NCPDP Post Adjudication Standard Implementation Guide is the result of this work. See attached document." The DERF was approved with modifications by WG1 Telecommunication.
- DERF 000734 requests "The Internal Control Number is used by Medicare to uniquely identify a claim. It represents a core identifier needed by Medicare to research trading partner questions regarding specific "original" Medicare claims and/or indicate that an adjustment was made to an original Medicare claim. It is also used by payers to uniquely identify a claim and to facilitate questions between trading partners." The DERF was pended by WG1 Telecommunication.
- DERF 000735 requests "A means to communicate to the adjudicator the patient's benefit assignment to a provider." The DERF was approved with modifications by WG1 Telecommunication.

Task Groups:

- The **Post Adjudicated Pharmacy Reporting** Task Group has completed the standard implementation guide and has brought forth DERF 000733.
- The **Coupon Task Group** has worked on clarifications of coupon processing based on ballot comments. They submitted DERF 716 and since August have made modifications and clarifications to the DERF.
- 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. WG14 Long Term Care provided an appendix to add to the Version 5 Editorial document that will provide guidance and

standardized use of fields in transaction processing for Medicare Part D for January 2006. The document was approved for inclusion in the Version 5 Editorial document.

- The **Predetermination of Benefits Task Group** is creating a mechanism for a pharmacy to submit a claim to an adjudicator to receive a response without causing a claim payment (benefits inquiry). This need is especially important for specialty pharmacies to allow physicians to plan the course of action with the patient when the medications are very expensive.

Updates:

- **NCPDP SNIP Committee** has completed an NPI document on "Impact to the Pharmacy Industry" that has been approved by WEDI SNIP and will proceed to the WEDI Board for approval. They finalized a request for taxonomy codes for pharmacies, which is being discussed at the National Uniform Claim Committee (NUCC). They are also meeting on Medicare TrOOP and SPAP issues.
- Designated Standards Maintenance Organization (DSMO) Change Request 1027 was discussed in August and an extension was requested to do more analysis of current processes. In November, a response was created.
- The **WG9 Balancing and Pricing/Payer-to-Payer Task Group** provided input that became DERFs processed in November.

New Items:

- WG1 will work with a **WG7 task group** on updates to the Manufacturer Rebates Standard Implementation Guide.

Work Group 2 Product Identification

Updates:

- An NDC/NCVHS update was provided. A task group was formed to look at the areas of concerns for the changes to the SPL and recommendations made to provide to the FDA. Terri Meredith of Multum volunteered to lead the group.
- Discussion of Control Solutions was continued and a spreadsheet of all of the NDCs was distributed to the compendia who will determine if the product is still made, get labels from the active NDCs, and see if the products are being expressed with the appropriate billing unit. The results will be brought back to the work group at the March 2006 JTWG meeting.
- A ZMAX update was provided. Pfizer is going to submit another QUIC form for the product to be reviewed at the March work group meeting. Pfizer will put together some talking points for why the product should be listed as a 1 each. The compendia will be asked to continue to have this product listed as a 1 each and to not make the change to 75 ml at the end of the year but to wait until after the March WG meeting.

DERFs:

- DERF 732 requests "a competitive product to EpiPen was introduced to the marketplace and the existing exception for EpiPen in the BUS needs to be expanded to cover the new product and any future like epinephrine products. DERF is being submitted on behalf of the WG2 membership." The DERF was reviewed and approved.

Task Groups:

- **Manufacturer Form Review Task Group**—to continue discussions and finalize recommendations to pass on the Strategic Planning Committee.

New Items:

- 4 New QUIC forms were reviewed and discussed
 - #200508 Sidekick Blood Glucose Monitoring Strips (NDC 56151-0880-50)—approved as a kit.
 - #200509 and #200511 Keralac NailStick (NDC 10337-648-10)—approved as 14.4 ml.
 - #200510 Diastat AcuDial Twin Pack (10mg & 20mg)—approved as a kit.
- State Medicaid Issues with Lovenox and Asmanex were reviewed and discussed.

- Alpha-1 proteinase inhibitors—a **task group** was formed to review changes to the standard to change to generic names within the standard. 5.1.8 Prolastin must be billed as an each using the number of MILLIGRAMA dispensed (each; 1MG=1EA).
- A task group was formed to look at the development of a **Billing Unit Descriptor**.

Work Group 3 Standard Identifiers

Task Group Updates:

- Task Group 3, **State of the States**. The task group is currently working on two issues:
 - DEA Pharmacy Claims Compliance Issue in Kentucky
 - Florida Optometrist Billing Issue.
 Three states enacted legislation regarding the use of the Social Security Number (Delaware, New Jersey and New York).
- Task Group 12 & 3, **Letters to States**. During this quarter, the task group prepared an educational letter to the State of Pennsylvania regarding legislation passed which provides for the adoption of an identification card standard other than NCPDP. This letter was finalized and mailed on October 24, 2005

Updates:

- NPI update. The Pharmacy White Paper, NPI Impact on Pharmacy Industry, has been reviewed by the WEDI/SNIP committee and will go to the WEDI Board for final approval. Numerous White Papers are available on the WEDI website: www.wedi.org.
- An update on the NCPDP Pharmacy File Enhancements Update was given.
- EFI Submission (Bulk Enumeration) Update. To date, over 45,000 pharmacies have pledged to allow NCPDP to be their enumerator. The actual certification and registration process for being a bulk enumerator has not been fully released.
- HCIda update. The website is www.hcidea.org. The database contains just under one million records and is available for purchase through NCPDP. Preliminary report is that several state agencies are interested in using HCIda as an interim solution to NPI prior to its release.
- INCITS (International Committee on Information Technology Standards) update.
 - Update of NCPDP ID Card Implementation Guide v1.9
When the INCITS Health Card Standard revision is approved by ANSI, WG3 will need to review and update the current NCPDP Pharmacy ID Card Implementation Guide. A **task group** was formed to review the current Implementation Guide and incorporate the necessary changes.
- Development of Medical ID Card Implementation Guide (WEDI) was discussed.
- Work Group 3 reviewed and made suggested changes to the draft Medical ID Card Implementation Guide. These suggestions will be forwarded to WEDI task group.
- Combination Card – WG3 formed a new **task group** to work on the development of a combination card standard.

Pended DERFs:

- DERF 730 requests, “While the NCPDP Pharmacy ID Card Implementation Guide addresses the minimum font size for mandatory elements (2.1.3), there is no information about font style. Some states have begun to specify font style in their requirements. As an example, the NMAC Section 113.10.19.8 states: 13.10.19.8 CONTENT AND FORMAT: A. Format. Prescription drug identification cards shall be printed in Times New Roman, font size 8. The information on the front of the card shall be left justified; the information on the back of the card shall be centered at the bottom of the card. The NCPDP ID Card Implementation Guide should include a Q&A, which describes the recommended font style for use in card printing.” The DERF was withdrawn.

Work Group 4 Provider/Member Enrollment

Task Group Updates:

- Task Group 1 – **274 White Paper**: The task group will be reviewing the tone of the paper, since it has been viewed as not appropriate.

- **Task Group 2 – 834 and Part D:** The task group is creating a guide for NCPDP to use for the X12 834 Enrollment Transaction as it pertains to Medicare Part D.

New Business:

- WG 4 wants to create a Q&A for the ASC X12N 274 & 834 to provide as a resource to the members. WG4 will research to see if a Q&A exists within X12. If the information exists, WG4 will review and see if something needs to be added that will aid our membership.

Work Group 5 Payment Reconciliation

Task Group Updates:

- **Current Documents Review Task Group** - The task group has reviewed two of the documents, 835 Response to Billing Scenarios and 5.1 to 835 Scenarios. There were no changes made to the 5.1 to 835 Scenarios document. The 835 Response to Billing Scenarios document was updated with current information.
- **Frequently Asked Questions Task Group** - The purpose of the task group is to review the FAQs currently on the website and update the responses if necessary.

Updates:

- HIPAA/Regulatory update
- National Health Plan Identification NPRM, June 2006
- HIPAA Enforcement Rule Changes NPRM, February 2006
- Claims Attachment Rule Set NPRM, September 2006
- Safe Harbor Rule Changes, March 2006
- Code Set Rule Changes, May 2006
- Emergency Version Rule Change (In the event a new plan has to have new fields added to it, they can make an emergency version upgrade for just that plan's transactions), September 2006
- WG14 Long Term Care update - The WG14 task group is looking at a new transaction, which tells them how much of the quantity is being returned to stock. WG5 is looking at impact to the 835.

New Items:

- 835 Question/Answers/Issues Discussion – A Payer/Provider 835 Strategy document was reviewed to improve working relationships between payers and providers to allow for a higher provider 835 implementation rate, lower administrative costs for processing 835 remittance files and a forum to create payer-to-provider 835 implementation guidelines.

Work Group 7 Manufacturer Rebates

Updates:

- The **Standards Update Task Group** provided an update on the changes being made to the standard and the work on the Implementation Guide that is currently being worked on by the task group.
- The **Reference Guide Task Group** reviewed the draft document with the work group members and discussed some of the more controversial parts of the document. The task group will continue its work on the document and hope to have a DERF ready in the near future.
- The **CMS Roundtable Task Group** continues to work on ways to encourage CMS to recommend the use of the Manufacturer Rebates standard in Medicare transactions.
- The **CMS/OIG joint task group** with WG2 provided information to OIG back in May. The OIG is still reviewing the information.

Work Group 9 Government Programs

Ballots:

- Ballot WG090006R request "Provides a standard use of the terms "transmission" and "transaction" in the same way as the other standards, corrects the sender ID and receiver ID values in the response file, and provides an easier-to-read format for the examples." The Ballot was valid at 76.01% and received 90% approval. (New release of the Batch

Standard Implementation Guide Version 1.2). After the appeal process, the Ballot will proceed to the Board of Trustees for approval.

DERFs (see WG1):

- DERF 710 was approved as modified.
- DERF 734 was reviewed and pended.
- DERF 735 was reviewed and approved with modifications.

Task Groups:

- The **Payer to Payer Task Group** is working on DERFs related to payer-to-payer communications and CMS payer communications to secondary payers
- The **Balancing and Pricing Task Group** - The DERF from this task group is now in ballot.
- The **837 Mapping Task Group** - The mapping document of ASC X12N 837 4010A1 to the Telecom 5.1 claim is under review.
- **Current Documents Review Task Group** and **Frequently Asked Questions About Billing and Payment/ Reconciliation Files Task Group** will review the current Work Group 5 documents that relate to X12N 835 for updates if necessary. These task groups will begin addressing the details on new fees and how those should look in the 835.

Updates:

- The work group updated the State of the States document.
- A HIT update from WG14 was not given at this time.
- Average Sales Price (ASP) update was given.

New Items:

- **WG14 Return Credit Task Group** would appreciate any assistance from WG9 attendees.
- WG9 formed a **task group** to review and provide input to Medicaid Subrogation sections in Protocol Document.
- A suspected misapplication of the use of DAW Product Selection Code 408-D8 was discussed.
- Distribution and timeliness of Medicare Part D Payer Sheets was discussed.

Work Group 10 Professional Pharmacy Services

Updates:

- The **Medication Therapy Management Task Group** presented a rough draft of the Medication Therapy Management White Paper that they are developing. The work group reviewed the document and made suggestions to the task group. The task group will continue their work on the document and present it back to the group in March.

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

- DERF 000721 requests that the NCPDP v5.1 and online messaging document be incorporated into the Telecommunications Implementation Guide as an appendix. The work group approved the DERF with modifications.
- DERF 000727 asks for additional values to be added to the OBS Segment in SCRIPT for the transfer of clinical data. The work group denied this DERF.
- DERF 000728 asks for a new Data Element (field) in SCRIPT: The field will be for patients or other healthcare providers to enter physical findings such as exercise intensive, steps taken, etc. or things that are calculated and entered by the patient or provider, such as body mass index. The work group approved the DERF with changes.
- DERF 000738 states "At the request of NCVHS, NCPDP has facilitated an industry wide task group committed to developing a standard for the Sig component of an electronic prescription. An RFA has been issued, by CMS and AHRQ, for participants in a 2006 pilot program using standard Sig (among others) in electronic prescribing. This Sig standard is meant to be included in existing e-prescribing transaction standards, such as NCPDP SCRIPT and HL7, and in clinical data standards such as the ASTM CCR. It has been developed with representation from retail, inpatient and long-term care pharmacy settings, as well as systems vendors, practicing physicians and other SDOs with an eye

towards interoperability." The DERF was approved by WG10.

Work Group 11 ePrescribing & Related Transactions

Ballots:

- None.

DERFs:

- DERF 000727 requests "Increasingly, health stations and other diagnostic devices are capable of storing and transmitting individual patient laboratory and physical data from the collection point to other computerized systems, e.g. medical records systems in pharmacies, prescribers' clinics/offices, employers' human resources departments, disease management/case management providers, and health plans/insurers' actuarial divisions. Clinicians and patients in possession of this information will be in better positions to advance well being, prevent disease progression, and/or maintain the subject of the data's current health state. The available values in the SCRIPT Standard OBS Segment are not sufficient to accommodate all the types of data currently being collected. In addition, industry experts anticipate many more types of patient physical, treatment, and laboratory/diagnostic values will be collected in the future. " WG11 ePrescribing & Related Transactions denied the DERF.
- DERF 000728 requests "Increasingly, health stations and other diagnostic devices are capable of storing and transmitting individual patient laboratory and physical data from the collection point to other computerized systems, e.g. medical records systems in pharmacies, prescribers' clinics/offices, employers' human resources departments, disease management/case management providers, and health plans/insurers' actuarial divisions. Clinicians and patients in possession of this information will be in better positions to advance well being, prevent disease progression, and/or maintain the subject of the data's current health state. The available values in the SCRIPT Standard OBS Segment are not sufficient to accommodate all the types of data currently being collected. In addition, industry experts anticipate many more types of patient physical, treatment, and laboratory/diagnostic values will be collected in the future." WG11 ePrescribing & Related Transactions pended the DERF.
- DERF 000731/ECL 000016 requests "CMS has started to issue NPI numbers (National Provider Identifier). The SCRIPT Standard uses a code set of X12 to define the qualifiers used for reference numbers of which NPI is one. The current qualifier in the SCRIPT guide does not match the X12 code set." WG11 ePrescribing & Related Transactions approved the DERF.
- DERF 000736 requests "Many state board of pharmacy rules are very specific regarding the phraseology that physicians must attest to in order to prohibit drug product substitution. Said regulations generally require that this same language also appear on prescription messages when they arrive at pharmacies and when they are stored in pharmacy records. Changing this value to phraseology that is consistent with virtually all state board of pharmacy rules will encourage both physician and pharmacy technology vendors to use the same phraseology within their software applications, thus bringing their client physicians and pharmacists into compliance with state laws and regulations." The DERF was withdrawn.
- DERF 000737/ECL 000017 requests "Add an additional error value to existing possible values used in STS 020. Currently, we have no generic rejection code to indicate 'Message is a Duplicate.' We have used 025 - UIB Trace Number is invalid; but this is not generic enough." WG11 ePrescribing & Related Transactions approved the DERF.
- DERF 000738 requests "At the request of NCVHS, NCPDP has facilitated an industry wide task group committed to developing a standard for the Sig component of an electronic prescription. An RFA has been issued by CMS and AHRQ, for participants in a 2006 pilot program using standard Sig (among others) in electronic prescribing. This Sig standard is meant to be included in existing e-prescribing transaction standards, such as NCPDP SCRIPT and HL7, and in clinical data standards such as the ASTM CCR. It has been developed with representation from retail, inpatient and long-term care pharmacy

settings, as well as systems vendors, practicing physicians and other SDOs with an eye towards interoperability." WG11 ePrescribing & Related Transactions pended the DERF.

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 task group is finalizing the formats and working on the implementation guide. They need participation, especially from pharmacies.
- 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 have examined over 350 forms, created a database, and are normalizing the data. They have normalized 6 therapeutic categories and 1 general category. An HL7 attachment is going through the approval process. The task group was given a GELLO presentation (Guideline Expression Language). They are working hard to be ready for the eprescribing pilots in 2006.
- The **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. The task group is writing a document to be used by people not currently using electronic prescribing.
- The **RxNorm Task Group** has met several times and has discussed the use of RxNorm in different electronic prescribing environments. They have begun a guidance document that is to be used by participants in the MMA eprescribing pilots. There are items being tested in the pilots that are not in published standards. The guidance document was approved. The pilots will test a proposed usage and in the future these proposals will be brought forward as DERFs.
- WG11 **Sig Incorporation Into SCRIPT Task Group**, which is addressing incorporation of Sig fields into the SCRIPT Standard reported that have begun this effort and need participation.
- WG11 formed a **task group** to assist WG14 LTC/EHR in mapping the needs of long-term care into eprescribing standards.

Updates:

- The MMA eprescribing final rule was published November 7, 2005.
- The mapping document created in 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) has been published and is available via NCPDP or HL7 standards downloads.
- A status was given from the **MC Modeling and Methodology Task Group**.
- **WG10 Industry SIG Task Group** has submitted DERF 000738.

New Items:

- The attendees created a letter to be sent to HHS and CMS upon Board approval, to request the use of SCRIPT version 8.1 in eprescribing, instead of version 5.0.

Work Group 12 Education – Legislation and Regulation

Updates:

- A HIPAA update was provided regarding the upcoming proposed rules scheduled to be released in 2006 – 2008.
- Cathy Graeff and Becky Snid presented at the National Council for State Association Executives on the bulk enumerator.
- **WG3/WG12 Task Group** Update – The task group updated the WG on activity in the following states:
 - Pennsylvania
 - Kentucky
 - Delaware
 - New Jersey

- New York
- New Mexico
- Florida

New Business:

- WG12 review the 14 topics touched on in the e-Prescribing Rule that was published in the Federal Register on November 7, 2005.

WG14 Long Term Care

- WG14 did not meet due to an industry conflict.

MC Maintenance and Control

DERFs/ECLs:

- MC Maintenance and Control reviewed seven pending and eight new DERF/ECLs (see WG1, WG3, WG9, WG10, and WG11 above).
- DERF/ECL review and approval will result in:
 - The release of two new ballot WG010026 for WG1 Telecommunication and WG010027 for WG1 Post Adjudication
 - The new publication of Version 2.0 of the Billing Unit Standard Implementation Guide pending Board approval
 - ECL updates to update the X12 code set used in SCRIPT to define the qualifiers used for reference numbers and to add an error value to the existing possible values used in STS 020 to indicate 'Message is a Duplicate.'

Ballot Adjudication:

- Will result in:
 - The release of one re-circulation ballot WG110025R for WG1 Telecommunication
 - Awaiting an appeal period, WG9 Batch Standard Implementation Guide for Version 1.2 will be sent to the Board for approval

New Project Development Forms:

- Update of Form #000024, requesting Testing the Transitioning of Telecommunication Standard Versions, was denied by the Board.

DSMO Change Request:

- Change Request 1028 and recommendations made by MC will be posted to the DSMO website. Additionally, Change Request 1027 was updated and recommendations made by MC will be posted to the DSMO website

Task Groups:

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

Updates:

- The attendees received daily Work Group recaps
- A HIPAA update was provided
- NCPDP Collaboration update was provided
- A Healthcare Informatics Standards Board (HISB) – United States Health Information Knowledgebase (USHIK) – Data Registry Project Update was given

New Items:

- A new task group was formed for **DD/ECL Value Definitions**
- HB 4157 was discussed and the Standardization Co-Chairs will work on a timeline and a version for the bill