

Work Group Recaps:

Work Group 1 Telecommunication

Ballots:

- Recirculation Ballot WG010026R for the Telecommunication Standard Implementation Guide - Requests to provide a method for the pharmacy to report to State Prescription Assistance Programs (SPAP) (that are mandated to wrap Medicare Part D benefits) financial amounts that apply to Medicare Part D beneficiary benefit stages when applied by a previous payer and a means for the pharmacy to report to the adjudicator whether a patient has assigned or retained of his/her benefits (Telecommunication Standard Implementation Guide Version C.3). The ballot was valid at 70.30% 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.
- Recirculation Ballot WG010027R for the Post Adjudication Standard Implementation Guide - Requests the initial release of a new standard that allows for a standard format to supply detailed drug or utilization information on adjudicated claims (Post Adjudication Standard Implementation Guide Version 1.0). The ballot was valid at 70.68% 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.

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

- 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 approved with modifications by WG1 Telecommunication.
- DERF 000739 requests to adopt the Protocol document for Telecommunication Standard and Batch Standard. The DERF was pended by WG1 Telecommunication.
- DERF 000747/ECL 000020 requests "With the LOINC data set being used and referenced in the SCRIPT standard and in the Prior Authorization Attachment, it needs to be added to allow for its' use in the Telecommunication Standard." The DERF was approved by WG1 Telecommunication.
- DERF 000748/ECL 000021 requests "Add Average Sales Price (ASP) and Average Manufacturer Price (AMP) to the ECL for field 423-DN Basis of Cost Determination. Change the name of code "08" Disproportionate Share Pricing/Public Health Service in Field 423-DN to include "340B Pricing." Add Average Sales Price (ASP), Average Manufacturer Price (AMP) and 340B Disproportionate Share/Public Health Service Pricing to the ECL for field 522-FM Basis of Reimbursement Determination. Add ASP to field 601-76 Base Price Type." The DERF was approved with modifications by WG1 Telecommunication.
- DERF 000749/ECL 000022 requests "The WG14 LTC Billing Issues Task Group has completed a 2006 review of the Appendix F Long-Term Care (LTC) Pharmacy Claims Submission Recommendations for Version 5.1 that was approved in November 2005. Appendix F was prepared while we were constrained by the 5.1 claim standard. This DERF represents our adaptation of that guidance into the next NCPDP version, incorporating new data elements, the renaming of an existing data element, and a number of new values to existing data elements. Also within this DERF are several additional field recommendations where the 5.1 standard did not even lend itself." The DERF was approved with modifications by WG1 Telecommunication.
- DERF 000750/ECL 000023 requests "Amount of Copay/Coinsurance (Field # 518-FI) recently became two fields: "Amount of Copay" (Field # 518-FI) and "Amount of Coinsurance" (Field # XXX-XX), in the current version of the Telecommunication Standard. As a result of that change, a membership request was made to review all documented references to the term copay for clarity of intent as a result of the recent definition changes. As a result, the Balancing & Pricing Task Group reviewed the current

- NCPDP Implementation Guide, Data Dictionary, and External Code List documents to validate all references to the term "Copay". The recommendations of the Task Group form the basis for this DERF." The DERF was pended by WG1 Telecommunication.
- DERF 000751 requests, "Create a new field in the Response Pricing Segment called Spending Account Amount Remaining. This field will be sent back on an approved transaction with a payable response. This field will not be part of the patient pay amount calculation. It is being requested to report back to the provider and the patient the amount remaining on the spending account after the current claim updated the spending account." The DERF was pended by WG1 Telecommunication.
 - DERF 000752 requests "Create a new field in the Response Pricing Segment called Spending Account. This field will be sent back on an approved transaction with a payable or response. This field will be part of the patient pay amount calculation. It is being requested to report back to the provider the portion of the patient pay amount that was reduced due to patient using their spending account." The DERF was pended by WG1 Telecommunication.
 - DERF 000753 requests "Create a new field in the payable claim response segment estimated generic savings. This field will not be part of total amount paid calculation. It is informational only." The DERF was approved by WG1 Telecommunication.
 - DERF 000754 requests "Add new reject codes "Physician must contact plan" and "Pharmacist must contact plan," and to request the field of URL (987-MA) be added into the response transaction to better clarify Prior Authorization messages." The DERF was pended by WG1 Telecommunication. The DERF was combined with DERF 000753. The DERF was approved as modified by WG1 Telecommunication.
 - DERF 000755/ECL 000024 requests "To help provide additional clarification on Pharmacy Not Contracted with Plan on Date of Service rejection codes. To be added to Version C.3 implementation guide, Appendix G." The DERF was approved as modified by WG1 Telecommunication.
 - DERF 000757 requests "HIPAA has imposed a significant limitation on the ability to update the Telecommunication and Batch Standards to accommodate new fields to meet the demand of new and changing industry needs. The current TCS version was approved in early 2000 and the industry has been frozen there for 6 years. The most optimistic estimates would require this version to be used until at least 2007, with more moderate estimates extending another year or two beyond. During the past 18 months there have been two urgent needs that have been made necessary by the MMA/Medicare Part D implementation and have only been possible to facilitate by developing structured, codified text and placing it in the available free text areas. The capacity of these text areas has effectively been reached and cannot be expected to accept more. This potentially places the industry at a point where needed extensions to the data passed in our transactions will have no place to be included. There is reason to believe that there will be future significant needs after the next version of the Telecommunication and Batch Standards are named in a HIPAA TCS update, but before another update will follow it. In order to eliminate the risk of running out of needed text areas in future versions, this DERF is provided to support repetition of the free text field implemented at the transaction level. While the current crisis is not resolved by this DERF, it provides future relief from similar issues." The DERF was pended by WG1 Telecommunication.
 - DERF 000758 requests "During the past 18 months there have been two urgent needs that have been made necessary by the MMA / Medicare Part D implementation and have only been possible to facilitate by developing structured, codified text and placing it in the available free text areas. In an effort to improve the ability to define the structure of future implementations of similar free text extensions outside of the text field itself, a separate qualifier field is suggested. To further facilitate controls on these extensions implemented through free text, the ECL update process would also be incorporated to add new field values." The DERF was pended by WG1 Telecommunication.
 - DERF 000759 requests "Medicare Part D supports a cost share assessment for patients receiving a prescription at retail vs. Mail Order (i.e. 90 Day at Retail). When processing a

- Medicare Part D claim the processor must determine where and how the patients “cost share” is reflected in the financial fields of the NCPDP claim response. The following fields were deemed inappropriate: "Amount of Copay" (Amount to be collected from a patient that is included in 'Patient Pay Amount' (505-F5) that is due to a per prescription copay). 'Amount of Copay' represents a 'Flat Dollar Amount' and assigned regardless of their current benefit status and/or product selection. "Amount of Coinsurance" (Amount to be collected from the patient that is included in 'Patient Pay Amount' (505-F5) that is due to a per prescription coinsurance. 'Amount of Coinsurance' represents a 'Percentage Dollar Amount' and assigned regardless of their current benefit status and/or product selection." The DERF was pended by WG1 Telecommunication.
- DERF 000760 requests "There is a current need for standardized Transition and Emergency Fill Claim Handling and Messaging for claims submitted during a transition period or claims that are eligible for an emergency supply, as required by CMS." The DERF was pended by WG1 Telecommunication.

Task Groups:

- The **Coupon Task Group** has worked on clarifications of coupon processing based on ballot comments. They submitted DERF 716 and since August 2005 have made modifications and clarifications to the DERF. The DERF was withdrawn. Clarification on coupons was added to the Version 5 Editorial document. The Task Group will also build a new DERF offering clarification on coupon processing in the updated Telecommunication Standard. They also will work on a few Protocol Document tasks.
- 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. Information on Long Term Care return/reuse processing was approved to be added to 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. They are working on the Telecommunication Standard Implementation Guide changes and intend to bring a DERF forward in August.
- The **Eligibility Response Task Group** provided a report of the fields they have been discussing to be added to responses in Medicare eligibility requests. They have created an enhanced eligibility response for the current version and are working to incorporate this into a future Telecommunication version.
- The **Coordination of Benefits Task Group** provided a report of the questions they have been working on. They will be building COB guidance for the future Telecommunication version and Protocol Document.

Updates:

- **NCPDP SNIP Committee** is discussing NPI issues such as determining when there is a need for a pharmacy to have multiple NPIs, the impact of the NPI and the Medicare 8551 on the pharmacy industry, and new eprescribing guidance for the White Paper.
- There were no Designated Standards Maintenance Organization (DSMO) Change Requests.
- The **WG9 Balancing and Pricing/Payer-to-Payer Task Group** – see the WG9 report.
- WG1 representatives are working with a **WG7 task group** on updates to the Manufacturer Rebates Standard Implementation Guide.

New Items:

- The 2006 WG1 Scope and Goals were approved.

- WG1 met an extra day and discussed the Protocol Document and the next steps to completion of this document, including the formation of task groups to divide the work.
- **WG1 will hold an Interim Meeting on June 20-21, 2006, at the Hilton St. Louis Airport, St. Louis, MO to continue the Protocol Document work.**

Work Group 2 Product Identification

Updates:

- Discussion of Control Solutions was continued. The compendia continues to work from the spreadsheet of all of the NDCs to 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 list of NDCs will be refreshed by deleting drug codes that have been discontinued and adding any new codes.
- Discussions on Changes to Existing Products and Identification of Billing Units Prior to Product Launch were held and formalized processes developed.
- Pended QUIC Form #200604 Pulmicort Inhalers was reviewed and pended again in order to identify and analyze all of the products.

Task Groups updates:

- **Manufacturer Form Review Task Group**—developed a Fact Sheet that can be freely distributed. The Fact Sheet will be finalized by the task group.
- **Billing Unit Descriptor Task Group**—developed a starting list of NDCs proposed to be placed on the NCPDP website. The TG presented a list of Purpose and Goals. The TG will continue to discuss format and distribution methods for WG approval and eventual submission of this work as a New Project Development request.
- **Billing Unit Standard IG Generalization Task Group**—provided changes to the Billing Unit Standard Implementation Guide in the form of a DERF. The DERF was approved and the Billing Unit Standard Implementation Guide will be updated to reflect the clarifications and sent to the Board for approval. The TG was disbanded.
- **Structure Product Labeling Task Group**—The TG will continued to review the SPL and offer suggestions as it impacts the Billing Unit Standard and the goals of WG2. A letter will be drafted to send to Randy Levin of the FDA concerning inclusion of the Billing Unit Standard in the Structured Product Labeling.
- **Standard Package Sizes Task Group**—the goal was to develop a strategy for assuring standardization of billing unit to package size but the TG has not met since early 2005. Interest was shown in keeping this TG active until needs are identified and addressed.

New Items:

- 3 New QUIC forms were reviewed and discussed
 - #200607 Vaprisol – approved as 4 ml
 - #200608 Cleeravue-M– approved as 1 each/kit
 - # 200609 Centary Kit– approved as 1 each/kit
- DERF 756 was reviewed and approved. See Billing Unit Standard IG Generalization Task Group report above.
- The 2006 WG2 Scope and Goals were reviewed and approved.
- A **new Task Group** was formed to identify all of the Pulmicort products, analyze the list to determine what the Billing Unit is, and make the change all on one date. Start with the inhalers—those that have the same route code and look to see what the billing unit is and address those products first. Due to the impact on rebates, the manufacturers will be included in this process. Need to also look at the impact. If the TG decides to do nothing after this review, the exceptions must be documented in the standard.
- A **new Task Group** was formed based on the discussions on Changes to Existing Products and Identification of Billing Units Prior to Product Launch. The process where the compendia asks before they make changes/additions was formalized to provide consistency in the application. The QUIC Form Review TG will do pre QUIC Form reviews prior to the WG review of the form.

Work Group 3 Standard Identifiers

Task Groups:

- The **Letters to States/State of States Task Group** has completed the format revisions and enhancements to the State of States document and presented the new format to WG3. The Task Group also drafted an educational letter to the Florida Board of Optometry encouraging Florida optometrists to explore the benefits of obtaining NPIs.
- The **Combination Identification Card Task Group** delivered a new section, "Combination Pharmacy and Medical ID Cards," and a revised version of the sample ID cards section to the larger Pharmacy ID Card Implementation Guide task group.
- The **Pharmacy ID Card Implementation Guide Task Group** continues their work to update and revise the Implementation Guide and will bring forth as a DERF for the August work group meeting.

Updates:

- WEDI Medical ID Card Implementation Guide. WEDI will host Joint Forums on Health Savings Accounts and the Health ID Card July 10-12, 2006 in Chicago. WEDI is seeking input and suggestions before the final implementation guide is posted.
- HCidea. The website is www.hcidea.org. The database contains just under one million records and is available for purchase through NCPDP. More data is being added to the file to assist with processing claims, drug utilization review, eprescribing and other applications.
- EFIO Initiative (Bulk Enumeration Update). NCPDP has been certified as an EFIO. NCPDP will act, as the provider's agent for submission of NPI data to the enumerator, which will include submission of the NPI application, update changes, deactivations and provide other required information, i.e. EIN's, Affiliations.
- WEDI White Papers. There are numerous white papers available under www.wedi.org including "The Impact of the NPI on the Pharmacy Services Sector Using the NCPDP Standards (Jointly Developed by WEDI and NCPDP)." The data dissemination document is in clearance within CMS and HHS and is expected to be posted to the Federal Register in August.
- NCPDP Pharmacy Database Enhancements Project. The new Pharmacy Application/Update form is available at www.ncdp.org/PDF/Provider_number_app.pdf. A standard Excel file is available for use by pharmacy chains. The Pharmacy Database Files Standard Implementation Guide v2.0 is also available on the website.
- International Committee on Information Technology Standards (INCITS) Update. This ANSI NCITS 284-1997 Health Care Identification Cards Standard is currently being revised. Based on the latest information, the release of the new revision will be late 2006.
- Medicare Marketing Guidelines. Contract Year (CY) 2007 Medicare Marketing Guidelines were issued on May 23, 2006 for public comment. Comments must be received by CMS no later than 5:00 p.m. Eastern Time, Wednesday May 31, 2006. WG3 reviewed the Guidelines during the work group meeting in Orlando and drafted a response to CMS.

New Items:

- The 2006 WG3 Scope and Goals were reviewed and approved.
- WG3 formed a new task group to look into the issue surrounding multiple relationship codes per pharmacy and how the processors are going to know which relationship the pharmacy is submitting under.

Work Group 4 Provider/Member Enrollment

Task Groups:

- **Task Group 1 - 274 Paper** The task group completed 59 comments on the White Paper and will send to Standardization Co-Chairs and BOT for approval.
- **Task Group 2 - 834 and Medicare Part D** The task group is working with the X12 Group responsible for the 834. They reviewed the status of requested changes. NCPDP members will be attending the next X12 meeting.

New Items:

- Scope and Goals were reviewed and approved.

- There was a guest presentation on enrollment. We will request CMS provide a spokesperson to present in Salt Lake City.

Work Group 5 Payment Reconciliation

Task Groups:

- The **X12 835 Liaison Task Group** reviewed the X12 835 Remittance Advice Remarks Codes and Claim Adjustment Reason Codes for applicability to audit recoupment. Based on this review the task group recommended submitting Code Change Requests to X12 for a modification to the NC199 Remarks Code to include the word “recoupment” and the creation of two new CAS codes to be used for audit recoupments. WG5 approved submitting the Change Requests to the ASC X12 Code Maintenance Committee for review during their June 4, 2006 meeting.

Updates:

- The WG14 Long Term Care Return Credit Task Group continues to work on a long-term solution to the return credit business need and will work in conjunction with WG5 to address issues with the X12 835 and the return credit transaction.
- WG5 provided updated information for WG9’s State of the States document regarding X12 835 implementation.
- Designated Standards Maintenance Organization (DSMO) Change Request 1039 was discussed and a response was created.
- The NCPDP SNIP Committee is discussing NPI issues and modifying the current document, “The Impact of the NPI on the Pharmacy Services Sector Using the NCPDP Standards.” WG5 discussed what should be sent in the payee location in the 835 and recommends the payee be identified by it’s Federal Tax ID and the location be identified with an acceptable HIPAA identifier.

New Items:

- The 2006 WG5 Scope and Goals were reviewed and approved.

Work Group 7 Manufacturer Rebates

Task Group Updates:

- 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 **MMA Impacts and Rebates Task Group** has held a conference call to discuss what impacts the MMA will have on the rebate process.
- The **Implementation Survey Task Group** gave a brief update regarding the survey results and encouraged new members to fill out the survey.
- The **Reference Guide Task Group** reported that the final version of the reference guide has been reviewed by the Standardization Committee and is waiting to be approved by the Board of Trustees at their June meeting. The work group decided to review the document on a bi-annual basis for any updates.
- The **Standards Update Task Group** provided an update on the changes being made to the standard. The Task Group leaders are working with NCPDP to update the Implementation Guide. The group hopes to have the work group review and vote on the document at the August work group meeting.
- The **MC ECL Task Group** is working to define rebate related terms in the external code list. The task group will be emailing out their proposed definitions to the WG7 members present for their review.

New Items:

- The work group updated the scope and goals.

Work Group 9 Government Programs

DERFs:

- Pended 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 approved by WG9 Government Programs.

- DERF 000748 requests “1. Add Average Sales Price (ASP) and Average manufacturer Price (AMP) to the ECL for field 423-DN Basis Of Cost Determination. Change the name of code “08” Disproportionate Share Pricing/Public Health Service in field 423-DN to include “340B Pricing. 2. Add Average Sales Price (ASP), Average manufacturer Price (AMP) and 340B/Disproportionate Share/Public Health Service Pricing to the ECL for field 522-FM Basis Of Reimbursement Determination. 3. Add ASP to field 601-76 Base Price Type.” The DERF was approved with modifications by WG9 Government Programs.
- DERF 000750 requests Amount of Copay/Coinsurance (Field # 518-FI) recently became two fields: “Amount of Copay” (Field # 518-FI) and “Amount of Coinsurance” (Field # XXX-XX), in the current version of the Telecommunication Standard. As a result of that change, a membership request was made to review all documented references to the term copay for clarity of intent as a result of the recent definition changes. As a result, the Balancing & Pricing Task Group reviewed the current NCPDP Implementation Guide, Data Dictionary, and External Code List documents to validate all references to the term “Copay”. The recommendations of the Task Group form the basis for this DERF.” The DERF was pended by WG9 Government Programs.
- DERF 000759 requests “Medicare Part D supports a cost share assessment for patients receiving a prescription at retail vs. Mail Order (i.e. 90 Day at Retail). When processing a Medicare Part D claim the processor must determine where and how the patients “cost share” is reflected in the financial fields of the NCPDP claim response. The following fields were deemed inappropriate: “Amount of Copay” (Amount to be collected from a patient that is included in ‘Patient Pay Amount’ (505-F5) that is due to a per prescription copay.). ‘Amount of Copay’ represents a ‘Flat Dollar Amount’ and assigned regardless of their current benefit status and/or product selection. “Amount of Coinsurance” (Amount to be collected from the patient that is included in ‘Patient Pay Amount’ (505-F5) that is due to a per prescription coinsurance. ‘Amount of Coinsurance’ represents a ‘Percentage Dollar Amount’ and assigned regardless of their current benefit status and/or product selection.” DERF 000759 was pended by WG9 Government Programs.

Task Groups:

- The **Payer-to-Payer Task Group** provided an update on their research regarding pended DERF 000734.
- The **Balancing and Pricing Task Group** has completed their review of all documented references to the term “copay” for clarity of intent as a result of the recent definition changes. The task group reviewed the current NCPDP Implementation Guide, Data Dictionary and External Code List and has brought forth DERFs 000750 and 000759.
- The **State of the States Document Format** Task Group presented recommended format and content changes to the document.

Updates:

- WG9 reviewed and updated the State of States document.
- Based on information presented by WG14 at the March work group meeting, WG9 determined there was no further action necessary regarding Home Infusion Therapy Billing.
- ASC X12 837 Mapping to 5.1 Work Group. A special workgroup has been formed to develop a long-term solution for billing drug information on 837 claims, including Medicare Part D Home Infusion claims. Anyone interested in participating in this workgroup should contact Janet Kendall, janet.kendall@eds.com.

New Items:

- The 2006 WG9 Scope and Goals were reviewed and approved.
- California Department of Health Services Universal Product Number Pilot Project for Medical Supply Billing. This pilot will allow participating providers to submit the UPN on electronic and paper claims for four product categories. California Department of Health

Services is seeking volunteers to participate in the pilot project, which will allow on-line, real-time claims processing.

- **Coordination of Benefits Task Group.** This task group is seeking information regarding how "Other Coverage Codes" are used by pharmacies and Medicaid agencies. Those interested in participating in this task group should contact Eileen Held – Eileen.held@caremark.com.
- WG9 reinstated the **Medicaid Subrogation Task Group**. This task group will look at the new fields in Telecom and the potential impact on Medicaid Subrogation.

Work Group 10 Professional Pharmacy Services

Task Groups:

- The **Standard Sig Task Group** - Work progresses on the DERF for a standardized sig. A new DERF will be submitted in the future to incorporate the ability to use a standardized sig structure into SCRIPT.
- The **Medication Therapy Management Task Group** – the white paper they created is currently waiting for review by the Board of Trustees.

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

- DERF 000738 – requests a standard for the Sig component of an electronic prescription.

New Items:

- The work group updated and approved their scope and goals.

Work Group 11 ePrescribing & Related Transactions

Ballots:

- Ballot WG110024 for the SCRIPT Standard Implementation Guide Version 10.0 - DERF 728 requested the addition of new data elements and values in order to allow the storage and transmission of patient medical and physical data. DERF 743 requested the addition of new data elements and values in order to support the Long Term Care business model. The ballot was valid at 65.61%. Negative With Reason comments were categorized. The ballot will be recirculated with modifications made.
- Ballot WG110025 for the SCRIPT Standard Implementation Guide Version 8.1 companion guide document - DERF 742 requested the creation of an XML companion document to the existing Version 8.1 of the SCRIPT Standard Implementation Guide. The ballot was valid at 65.61%. Negative With Reason comments were categorized. The ballot will be recirculated with modifications made.

DERFs:

- 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. (The DERF will automatically be denied because of three pends, but the task group intends to bring a new DERF forward after the pilots have had a chance for further input.)

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 implementation guide.
- 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 have normalized the data. They have normalized 6

- therapeutic categories and 1 general category. An HL7 attachment is going through the approval process. They have prepared initial guidance for the e-prescribing pilots in 2006.
- **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 was writing a document to be used by people not currently using electronic prescribing. As the task group has had no activity in awhile and a new task group leader was not appointed, the task group will disband.
 - The **RxNorm Task Group** is on hiatus at this time.
 - **WG11 Sig Incorporation Into SCRIPT Task Group**, which is addressing incorporation of Sig fields into the SCRIPT Standard have created a draft structure of the incorporation of the Sig data into SCRIPT. The structure and other guidance have been incorporated into the Eprescribing Pilot Guidance document.
 - WG11 is assisting WG14 LTC/EHR in mapping the needs of long-term care into eprescribing standards.

Updates:

- Based on November work, a letter was given to NCVHS during December testimony to request HHS and CMS allow the use of SCRIPT version 8.1 in eprescribing, in addition to version 5.0. A status from HHS was the regulatory notice had a legal snag and was being worked on.
- A status was given from the **MC Modeling and Methodology Task Group**.

New Items:

- The 2006 WG11 Scope and Goals were modified and approved.

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.
- A report was given regarding the NPI and current issues, such as confusion on how to obtain an NPI and dissemination.
- The work group discussed a recent report from NCVHS regarding personal health records and personal health record systems.
- **WG3/WG12 Task Group** Update – The task group updated the WG on updates to the state of the states document, including new formatting which will make the document easier to use.

New Business:

- WG12 discussed the federal register from May 15, 2006 on electronic prescribing of controlled substances.
- WG12 also reviewed and updated the 2006-2007 scope and goals.

WG14 Long Term Care

DERFs:

- DERF 000749 requests “The WG14 LTC Billing Issues Task Group has completed a 2006 review of the Appendix F Long-Term Care (LTC) Pharmacy Claims Submission Recommendations for Version 5.1 that was approved in November 2005. Appendix F was prepared while we were constrained by the 5.1 claim standard. This DERF represents our adaptation of that guidance into the next NCPDP version, incorporating new data elements, the renaming of an existing data element, and a number of new values to existing data elements. Also within this DERF are several additional field recommendations where the 5.1 standard did not even lend itself.” WG14 approved the DERF with modifications.
- DERF 000760 requests “There is a current need for standardized Transition and Emergency Fill Claim Handling and Messaging for claims submitted during a transition period or claims that are eligible for an emergency supply, as required by CMS.” WG14 approved the DERF with modifications.
- Updates:

- Updates on AHCA and ONCHIT were provided.
- An NCVHS update was provided.
- An update was given regarding the Telecommunication 5.1 and X12N 837 Mapping work endeavor.
- A review and discussion of the ballot comments received from DERF 000743 was held. The work group's comments and guidance were provided to WG11 ePrescribing & Related Transactions during their adjudication of the ballot comments.

Task Groups:

- The **Return Credit Task Group**—The task group continues to work on a long-term solution for a future version of the Telecommunication Standard.
- The **EHR/HL7 Task Group** –The task group is currently working on the issue of LTC Refills which represent as much as 80% of the dispensing in LTC. There is not a transaction to support refills. Matching order identifiers is the most difficult issue. The task group presented the Order Identifier Modeling for work group review.
- The **Current LTC Billing Issues Task Group** – The task group developed a LTC Pharmacy Guidance paper that was added as an appendix to the Telecommunication Version 5 Questions, Answers and Editorial Updates document. They submitted a DERF at this meeting that addressed future solutions to the issues identified in the Guidance document. The TG also submitted DERF 000760 at this meeting to provide a standard way to respond to claims filled within the MMA Transition Period.
- The **Consultant Pharmacist Task Group** – The task group is working on the development of scenarios that provide when the Consultant Pharmacist interacts with the EHR.

New Items:

- The 2006 WG14 Scope and Goals were reviewed and approved.
- Discussion was held on LTC Pharmacy Rebate Reporting as is being proposed by CMS. WG14 formed a **task group** to work on a standard method for reporting LTC rebates.
- WG14 formed a **HIT and Specialty (Compounding) Task Group** to discuss how to enhance the billing process in 5.1.

WG15 Sample Management and Activity Reporting Transactions for Safety

This was the initial meeting of this work group.

New Items:

- An overview of the Prescription Drug Marketing Act of 1987 was given.
- A presentation was given on the Sampling Programs in the Market today.
- A flow chart of Potential Transactions for Managing Sampling Transactions was reviewed.
- A task group was formed to
 - Develop the WG15 Scope and Goals
 - Look at regulatory and accreditation issues
 - From the process flow, prioritize the business transactions that the WG should start developing and draft data elements for the initial transaction identified

MC Maintenance and Control

DERFs/ECLs:

- MC Maintenance and Control reviewed three pended and fifteen new DERF/ECLs (see WG1, WG2, WG7, WG9, WG10, WG11, and WG14 above).
- DERF/ECL review and approval will result in:
 - The release of one new ballot: WG010028 for WG1 Telecommunication
 - ECL update
 - The request to release a new publication of the Billing Unit Standard to the Board

Ballot Adjudication:

- Will result in:

- The release of two re-circulation ballots WG110024R and WG110025R for WG11 ePrescribing & Related Transactions
- Awaiting an appeal period, WG1 Telecommunication Standard Implementation Guide for Version C.3 will be sent to the Board for approval
- Awaiting an appeal period, WG1 Telecommunication's Post Adjudication Standard Implementation Guide Version 1.0 will be sent to the Board for approval

DSMO Change Request:

- Change Request 1039 and recommendations made by MC will be posted to the DSMO website.

Task Groups:

- A Modeling and Methodology Task Group update was provided.
- A Values Definition Task Group update was provided.

Updates:

- A HIPAA update was provided.
- Health Informatics Technology Standards Panel (HITSP) Update was given.

New Items:

- The attendees received daily Work Group recaps.
- MC's 2006 Work Group Scope and Goals were reviewed and approved.
- A **task group** was formed to review and synchronize the Entities and Business Model documents.