

## Work Group Recaps:

### Work Group 1 Telecommunication

#### Ballots:

- Ballot WG010029 - DERFs 750, 751, 752, 757, 758, 759, 760, 761, 762, 766, 767, 768, 769, 770, 772, 773, 774, 775, 776, 777, 778, 782, 783, 785, 786, 792, 796, 798, 799, and 800 (see ballot documentation) for Telecommunication Standard Implementation Guide Version DØ. The ballot was valid at 60.82%. Negative With Reason comments were categorized. The ballot will be re-circulated with modifications made.

#### DERFs (see DERF Resolution [www.ncpdp.org/frame\\_members\\_wgmc.htm](http://www.ncpdp.org/frame_members_wgmc.htm)):

- DERF 000806 requests "Update the Post adjudicated standard 1.0 to reflect changes that were brought forward in the Telecommunication version D.0. The fields on the attached sheet should be added or deleted as indicated." The DERF was pended for more participation in future discussions.

#### Task Groups:

- Due to the majority of the time spent on Ballot Adjudication, only task groups with activity reported. The rest of the task groups are waiting on new work items, if any, based on the Ballot.
- 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 items from the **Version 5 Questions Task Group**. See documents on WG1 page.
  - The **Coordination of Benefits Task Group** worked with the Version 5 Questions Task Group.
  - On hold pending Ballot:
    - o The **Coupon Task Group**
    - o The **Predetermination of Benefits Task Group**
    - o The **Eligibility Response Task Group**
    - o The **WG9 Balancing and Pricing** and **Payer-to-Payer Task Group**
    - o The **Protocol Task Groups**:
      - WG1 Data Dictionary Review Task Group
      - WG1 Capture Review Task Group
      - WG1 Information Reporting Task Group
      - WG1 Review Fields Task Group
      - WG1 Example Review Task Group
      - WG1 Rebill Task Group
      - Medicaid Subrogation Task Group

#### Updates:

- **NCPDP SNIP Committee** published an update to the NCPDP-WEDI NPI Impact on the Pharmacy Industry white paper. They are discussing NPI issues such as determining when there is a need for a pharmacy to have multiple NPIs, and the impact of a change of ownership on an NPI. They have published enhancements to the Payer Template for COB needs. They planned the web cast educational sessions on Telecommunication Standard Version DØ, and are working with WEDI on the WEDI Benefit Analysis Survey needed for submission of new transactions or versions to HIPAA.
- There were two Designated Standards Maintenance Organization (DSMO) Change Requests (requesting pharmacy industry standards in HIPAA) 1055 and 1056 which were approved.

### Work Group 2 Product Identification

#### Updates:

- An update was provided on NDC/NCVHS and on the December 6, 2006 NCPDP response to the FDA's NPRM on NDC. WG2 Co-Chairs provided attendees with an update of the FDA public meeting they attended and at which they gave testimony on December 11, 2006. The group reviewed the questions received from the FDA as a result of that testimony and the informal response provided by NCPDP. A distribution list was compiled for those who wished to be notified and participate in FDA activity should any be received.
- An update was provided on DERF 794. WG2 and MC approved the DERF at the November 2006 meeting. It was sent to the NCPDP Board and approved by them in January 2007. The Billing Unit Standard Implementation Guide Version 2.0 with a new publication date of January 2007 is available on the website under Standards Download.
- Pended QUIC #200612 Nystatin - will remain pended until the Nystatin Task Group completes its review.

Task Groups updates were provided:

- **Manufacturer Form Review Task Group** - developed a Fact Sheet that can be freely distributed. It is posted on the WG2 webpage. Comments were to be received by Patsy McElroy, [pmcelroy@ncpdp.org](mailto:pmcelroy@ncpdp.org), by the end of August 2006. No comments were received and the final document was posted to the website in the non-members area. The task group continues to look at further ways to market the form.
- **Structured Product Labeling Task Group** - The TG will continue to review the SPL and offer suggestions as it impacts the Billing Unit Standard and the goals of WG2. The task group will spend time reviewing SPL Schema for possible data elements that may be needed in relation to SPL and communicate those needs to the FDA.
- **Standard Package Sizes Task Group** - The goal was to develop a strategy for assuring the standardization of billing unit to package size but the TG has not met since early 2005. Madeleine Francescatti of the OIG had initially contacted NCPDP on this matter and did so again on August 11, 2006. Attempts to contact Madeleine have failed and it is presumed that she is no longer with the OIG. The TG was suspended until a representative from the OIG can be contacted.
- **Nystatin Task Group** - This task group was formed at the November 2006 WG meeting based on the submission of QUIC form #200612 Nystatin Powder (NDCs: 50383-0589-05; 50383-0589-15; 50383-0589-50). The request stated that Nystatin Powders, according to the standard, should be listed as the average package size in grams but some manufacturers don't supply a package size in grams but in million units. A spreadsheet of all the Nystatin powders was compiled and the differences identified. There appear to be only 13-15 NDCs affected and utilization is probably low. For the next TG meeting representation from all compendia will be obtained and documentation as to why there are discrepancies in the product. The goal is to find what is satisfactory across the board. The Task Group was renamed to **Standard Exception Review TG** and will review all the exceptions within the Implementation Guide.
- Change in **Existing/New Products Review Task Group** - This Task Group was formed at the May 2006 meeting to develop a structured/formalized/consistent process by which we review issues that result from changes to existing products and the release of new products. This TG will do pre QUIC Form reviews prior to the WG review of the form. A letter was drafted, approved by the Standardization Co-Chairs and sent to the Compendia explaining the process to them so that they are all aware and can participate. No QUIC forms were received for this meeting.

New Items:

- **Omacor Discussion** - Representatives from Reliant Pharmaceuticals Inc., were present to discuss what actions should be taken as they undergo a name change for Omacor. The FDA informed Reliant that its product, Omacor, sounds too much like another product on the market, Amikar. Omacor is prescribed for patients with very high triglycerides. One of its effects is also thinning the blood. Amikar, on the other hand is a blood coagulant for pre and post op. This is the first name change that Reliant has undergone and they were

seeking the advice of experts in the pharmacy field to make sure that this change is made properly.

- New Products to be launched by Novartis - Representatives from Novartis were present to discuss two new products they are releasing soon in the market:
  - Tekturna (aliskiren) is a first in new class of Antihypertensive drugs (direct renin inhibitor).
  - Galvus (vildagliptin) is for Diabetes and inhibits the DPP-4.
- Review of the Billing Unit Standard Implementation Guide - The Implementation Guide was reviewed for exceptions. Several items to look at were identified and assigned to the Standard Exception Review Task Group that will report back progress made to the Work Group in May 2007.

### Work Group 3 Standard Identifiers

#### Task Groups:

- The **Letters to States/State of States Task Group** provided a report of new legislation they are tracking in Pennsylvania, Hawaii, Alaska and South Carolina, which prohibits the use of the SSN on identification cards. They are also tracking a ruling by the Utah Insurance Commission regarding identification cards, which references the NCPDP standard but does not specify its use. The task group will be reviewing new legislation in Texas requiring health insurers and PBMs to issue "smart-cards" with patient information embedded electronically (as well as having human-readable information on the card itself).
- The **Pharmacy ID Card Implementation Guide Task Group** did not meet this quarter. The task group will be updating the ID Card Fact Sheet to reflect the changes in the new version of the guide for review at the May work group meeting.
- The **Processor/Pharmacy Entity Relationship Issues Task Group** focuses on the multiple contracting issues and how it impacts payments and remittances. The task group, in cooperation with the NCPDP staff, drafted the Pharmacy Affiliation Relationship Affidavit. This document will be distributed by the contracting entities and is to be used solely as the standardized format to communicate to NCPDP their contracting relationship(s) with a pharmacy. NCPDP staff also drafted a cover letter to accompany the Relationship Affidavit, which was reviewed by the task group. Representatives from the PSAOs met and have requested that Sections 2 and 3 be reversed. The task group will review this request and provide a report at the May work group meeting.

#### Updates:

- **HCIddea.** The database uniquely identifies each individual prescriber with an HCIddea as well as information on practice addresses, DEA numbers, demographic information and other identifiers. Over one million records populate the database today, an estimated eighty percent of all prescribers. The recent RFI released by NCPDP for HCIddea™ Prescriber Database Development, Maintenance and Hosting Services was awarded to Ingenix. The HCIddea™ v2.0 prescriber database will be available to licensees in March of 2007. NCPDP will also be developing a Prescriber Web lookup service "Powered by Ingenix".
- **NPI/EFIO.** It was reported that CMS statistics show that 1.3 million entities have assigned NPIs, which is about 75% of the expected NPIs. NCPDP is conducting outreach with NCPA, PBMs & PSAOs. NCPDP is asking providers to obtain their NPI using the NPPES on-line tool, as it is too late for EFIOs to process a single NPI. Providers should download and complete the NCPDP Update Form, attach a copy of their NPPES notification and fax to NCPDP. NCPDP must receive the NPI by March 1, 2007 to ensure it will be on the NCPDP subscriber update file dated May 1, 2007.
- **NPI Testimony at NCVHS Hearing.** A report was given on the testimony provided to NCVHS on January 24, 2007. The challenges are achieving full enumeration by the deadline and data exchange/software testing which will cause a delay in filling prescriptions and payment for services. NCVHS recommended that HHS publish contingency guidance.

- If HHS issues the data dissemination notice and makes NPPES data available to the industry prior to or on May 23, 2007, the contingency period would end six months later, on November 23, 2007.
- If HHS issues the data dissemination notice and makes NPPES data available after May 23, 2007, the contingency period would end six months after the date the data are available.
- **NCPDP Pharmacy Database.** The NCPDP Pharmacy Database Standard v2.1 is available. Subscribers must convert to the v2.1 format in order to receive NPI information. Presently 28.32% of existing subscribers have converted to the v2.1 format. All subscribers must move to v2.1 by January 2008.
- **WEDI White Papers.** There are numerous white papers available under [www.wedi.org](http://www.wedi.org) including "The Impact of the NPI on the Pharmacy Services Sector Using the NCPDP Standards" (Jointly Developed by WEDI and NCPDP.) This paper focuses on the key issues that the pharmacy industry will need to address when working to implement the NPI using the NCPDP Standards. The paper also provides recommendations on the key issues to allow for a smooth transition to the NPI. A copy of this paper as updated and approved by the WEDI Board on January 22, 2007 is available on the NCPDP website.
- **International Committee on Information Technology Standards (INCITS)** there was no update on ANSI NCITS 284-1997 Health Care Identification Cards Standard.

#### Work Group 4 Provider/Member Enrollment

##### DSMO Requests

- **DSMO CSR 1054** – the work group voted to recommend that NCPDP support the adoption of version 5010 of the X12 834 standard with mention of two concerns.

##### Task Groups:

- The **274 White Paper Task Group** had previously submitted the 274 White Paper to the standardization co-chairs for approval. The task group has been disbanded.
- **834 and Medicare Part D Task Group** – there were no additional updates since the November 2006 meeting.

##### New Items:

- The work group discussed the idea of combining WG4 Provider/Member Enrollment with WG5 Payment Reconciliation. The work group approved the recommendation to merge the two work groups.

#### Work Group 5 Payment Reconciliation

##### Task Groups:

- **Frequently Asked Questions Task Group**

There were no questions submitted to the task group during this quarter.

- **ASC X12 Liaison Task Group**

There were no business cases reviewed by this task group during this quarter

##### Updates:

- Updates were provided on **WEDI SNIP** and the **X12 Trimester Meeting**. Both organizations are discussing the move of the pharmacy reject codes from the LQ Segment to the CAS Segment of the X12 835. In addition, the X12 835 work group discussed the use of the tax ID for a chain payee when the headquarters and stores do not have the same tax ID. When they do share the same tax ID both the headquarters and the individual sub parts (stores) must have NPIs.
- Updates were also provided on the **NACDS 835 Task Group** and the **WG14 LTC-Return Credit Task Group**. The **WG2 Standard Package Size Task Group** has not met.
- There was no update provided for the **State of the States X12 835** however members of the work group identified NY, NJ, WA and WI Medicaid programs as reporting that they will not implement NPI on 5-23-2007. TX has reported in the past that they will accept only the state license number for the prescriber. DE is implementing NPI for all entities effective March 31, 2007.

##### New Items:

- The Standardization Co-Chairs have received a recommendation that WG4 and WG5 be merged into a single work group. Both workgroups deal with external (X12) standards and both are facing light workloads at this time. The work group approved the merger deferring the selection of the name and number for the consolidated work group to the Standardization Co-Chairs.

#### Work Group 7 Manufacturer Rebates

##### Ballot:

- Ballot WG070005 - DERF 793 requested enhancements to the Manufacturer Rebate Standard to allow the utilization file to match the detail of the reconciliation file and brings the standard into sync with current business practices and other NCPDP standards. Approval will require a new release of the Manufacturer Rebate Utilization, Plan, Formulary, Market Basket, and Reconciliation Flat File Standard Implementation Guide Version 04.01. The ballot was valid at 60.45% and no negative comments were received. Notification of the ballot results and the ballot documents will be sent to the Board for approval.

##### Task Group Updates:

- The **CMS Roundtable Task Group** continues to work with CMS to recommend the use of the Manufacturer Rebates standard in Medicaid transactions.
- The **Coordination of Benefits Task Group (WG1/WG7)** continues to address questions that require additional clarification or follow-up on how to accurately reflect payments from the primary and supplemental payers. Extensive clarification was made to the Telecommunication Standard Implementation Guide vD.0 for Coordination of Benefits processing. COB is more complicated with more complex rules than in the past. Specificity was given to the COB process by including new data elements such as patient responsibility and benefit stage fields as well as refining the use of the Other Coverage Code field.
- The **Implementation Survey Task Group** encouraged all members to fill out the survey in order to provide information to the work group regarding the use of the Standard.
- The **Standards Update Task Group** reported that since there were no negative comments on the ballot, the new version of the Manufacturer Rebate Standard would move to the Board of Trustees for approval. The task group is currently reviewing the reason codes and will present the requested changes to the work group for discussion.
- The **Reference Guide Task Group** did not meet this quarter. The task group will present proposed updates to the Guide at the May work group meeting.

##### Updates:

- The WG14 Long Term Care Pharmacy Rebate Reporting Task Group presented the final version of the Pharmacy Rebate Reporting Guide to WG14 for approval and encouraged WG7 participants to attend.

#### Work Group 9 Government Programs

##### Ballot:

- Ballot WG090007 – DERF 000763 allows for the addition of new fields to be used in Medicaid Subrogation processing which will result in a new release of the Medicaid Subrogation Implementation Guide Version 3.0. The ballot was valid at 60.82%. Negative With Reason comments were categorized. The ballot will be re-circulated with modifications made.

##### DSMO Change Requests:

- DSMO Change Request 1057 requests a new standard be named in HIPAA for use in the pharmacy industry – the Medicaid Subrogation Standard Implementation Guide, version 3.0. WG9 approved the request.

##### Task Groups:

- The **Payer-to-Payer Task Group** had no business cases to review this quarter.
- The **Balancing and Pricing Task Group** had no business cases to review this quarter.

- The **State of the States Document Format Task Group** requested the new SOS format be approved for posting on the website. Enhancements to the SOS document include tracking NPI readiness of State Medicaid. WG9 approved posting the NPI tracking sheet in the public section of the website. Non-members can access the document under HIPAA/National Provider ID (NPI) at [http://www.ncdpd.org/frame\\_news\\_npi-nfo.htm](http://www.ncdpd.org/frame_news_npi-nfo.htm)
- The **Medicaid Subrogation Task Group** has completed their work on the Medicaid Subrogation Implementation Guide and the task group was disbanded.

Updates:

- WG9 reviewed and updated the State of States document which will be posted on the website.
- Average Manufacturer Price—the intent of the CMS regulation is to help establish federal upper limits. The concern from pharmacy is using AMP will lower the Federal upper limit and affect reimbursement.

New Items:

- Billing for vaccines covered by Medicare.

Work Group 10 Professional Pharmacy Services

Task Groups:

- The **Structured and Codified Sig Task Group** has defined business requirements, which the work group approved and is reviewing the federal medication terminologies. The work group reviewed some preliminary, anonymous feedback from eprescribing pilot participants.

New Items:

- A report was given on Healthcare Information Technology Standards Panel Consumer Empowerment Group and how it might relate to the work WG10 is doing on codifying Sigs.

Work Group 11 ePrescribing & Related Transactions

Ballots:

- Ballot WG110026 – DERF 000779 Census Update Transaction, DERF 000784 Cancel functions, DERF 000788 Prescriber Order Number, DERF 000790 Refills Remaining, DERF 000795 LTC Refill Request (see ballot documentation) for SCRIPT Standard Implementation Guide Version 1.0.1. The ballot was valid at 60.07%. Negative With Reason comments were categorized. The ballot will be re-circulated with modifications made.

DERFs:

- DERF 00789 requests "In Version 8.1, the requirement for either a quantity or days supply was changed to quantity is mandatory. This has caused issues on the prescriber side when they wish to prescribe with instructions to the pharmacy of "quantity sufficient". Example would be an inhaler. Prescriber might have a sig of 3 to 4 puffs per day as the SIG and 30 days as the days supply. In these situations, the pharmacy determines the actual quantity based upon what they have in stock and their knowledge of what is required to fill the prescription correctly." In November, the DERF was pended by WG11 ePrescribing & Related Transactions. In February, following discussion, the DERF was denied by a narrow margin by WG11.
- DERF 000801 ECL 000029 requests "The purpose of this DERF is to add a SCRIPT standard reject code to improve error communication to physicians regarding the status of a script sent via fax to a pharmacy." The DERF was approved with some opposition.
- DERF 000802 requests "Give applications the ability to associate PVD segments with DRU segments when an RXHRES message returns a large number of DRU segments and PVD segments. There can be something more substantive than merely the order of the segments to associate PVD segments with a DRU segment." The DERF was withdrawn.
- DERF 000803 requests "In the long term care environment, ordered medications are delivered to the facilities by the pharmacy, usually on a fixed delivery schedule. Because

of this model, it would be valuable for the facility and LTC pharmacy if the facility, when submitting a NEWRX or RESUPP, could indicate when the medication is needed. The pharmacy would then know if the order requires a special delivery or if it could go out with the next scheduled delivery. This DERF would introduce a way to transmit a date/time needed by and a free text field to transmit a reason. These attributes would be optional. See last pages of this document for more information on the structure request." The DERF was approved with no opposition.

- DERF 000804 requests "Many state boards of pharmacy rules are very specific regarding the phraseology that prescribers must attest to in order to prohibit drug product substitution. The Texas State Board of Pharmacy regulations Texas TITLE 22 EXAMINING BOARDS PART 15 309.3(c)(3)(A) and (B) specifically state to prohibit substitution, the practitioner or practitioner's agent shall note "brand necessary" or "brand medically necessary" in the electronic prescription drug order and if the practitioner or practitioner's agent does not clearly indicate in the electronic prescription drug order that the brand is medically necessary, the pharmacist may substitute a generically equivalent drug product. In order to meet the Texas regulations, prescribers transmitting electronic prescriptions in Texas are required to type "brand necessary" or "brand medically necessary" in a free text field or pharmacists may substitute generically equivalent drug products. The use of a free text field has the potential of causing the prescriber to erroneously miss the process to properly communicate substitution information to the pharmacist. Brand medically necessary requirements can in some cases be life threatening to patients. Unless the drug product substitution is properly communicated electronically between the prescriber and pharmacist the process has the potential to interfere with the prescriber's prescriptive authority and could ultimately cause harm to patients who medically require brand medications. As other state boards of pharmacy move to adopt electronic prescriptions regulations using values instead of free text are necessary to prevent potential harm and eliminate confusion. 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 prescribers and pharmacists into compliance with state laws and regulations and reduce the potential harm to patients." The DERF was pended to coordinate with WG1 Telecommunication.
- DERF 000805 requests "When mapping the SCRIPT 8.1 standard to the XML version there are some fields in SCRIPT that are not able to be mapped or are inconsistent with the SCRIPT standard." The DERF was pended to a task group for validation of the mapping to SCRIPT.

#### Task Groups:

- The **Prescription Transfer Task Group** will finalize the implementation guide and will submit a DERF.
- 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. An HL7 prior authorization attachment is going through the approval process. They are waiting on the MMA Eprescribing Pilot findings.
- The **Prior Authorization Formulary and Benefit Task Group** will begin meeting in early March.
- The **RxNorm Task Group** is on hiatus at this time.
- WG11 **Sig Incorporation Into SCRIPT Task Group**, which has addressed incorporation of Sig fields into the SCRIPT Standard, has 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. The task group is on hold awaiting the MMA Eprescribing Pilot findings.
- WG11 is assisting WG14 LTC/EHR in mapping the needs of long-term care into eprescribing standards. They are bringing DERFs forward.

Updates:

- A status was given on ANSI HITSP and AHIC/ONC.
- A status was given from the **MC Modeling and Methodology Task Group**.

Work Group 12 Education – Legislation and Regulation

Task Groups:

- **WG3/WG12 State of States/Letters to States Task Group** provided an update to the state of states document which will be posted on the website.

Updates:

- Pharmacy NPI Enumeration and Implementation
- NCPDP Pharmacy Database File
- HIPAA, HITSP and NHIN
- WEDI Medical ID Card
- NCVHS testimony regarding NPI implementation
- FDA NPRM
- NCPDP Emergency Preparedness Information

New Items:

- Implementation of an Education, Legislation & Regulation Tracking Document
- The following documents were reviewed and will be available on WG12's web page:
  - Healthcare Information Technology Standards Documents (February Panel)

Development of State Level Health Information Exchange Initiatives

WG14 Long Term Care

DERFs:

- DERF 000803 requests a "needed by" data enhancement to the RESUPP and NEWRX messages. This DERF was reviewed in a joint session with WG11 ePrescribing & Related Transactions.

Task Groups:

- The **Return Credit Task Group** continues to work on a transaction standard to meet the needs of the LTC community for products returned from LTC facilities to providing vendors. A flow chart of the return/credit process was developed. This should facilitate the task group's ability to appropriately identify the various elements of the transaction. The task group also presented an updated Goals and Objectives document, which was approved by WG14.
- The **EHR/HL7 Task Group** is currently evaluating the use of the SCRIPT Standard and Codified SIG as solutions to the LTC drug order issues and will be working to identify and develop the needed enhancements.
- The **Current LTC Billing Issues Task Group** continues to review business cases and will update the current LTC Guidance document for v5.1 for the patient location code and use of the "NP" reason for service code. The task group will also create a guidance document for LTC for the Telecommunication Standard vD.Ø. A recommendation was made for the Billing Issues Task Group to absorb the work of the Infusion Therapy and Compounding Task Group. WG14 approved this change.
- The **Consultant Pharmacist Task Group** did not meet this quarter.
- The **LTC Pharmacy Rebate Reporting Task Group** presented the final version of the LTC Pharmacy Rebate Reporting Guidance document and the Industry Definition of a LTC Rebate document. WG14 approved both documents to be issued together and not separated. The documents will go to the Standardization Co-Chairs and Board for review.
- The **Infusion Therapy and Compounding Task Group** (see Current LTC Billing Issues Task Group).

Updates:

- Updates on AHCA and ONCHIT were provided.
- An NCVHS update was provided.
- An update was given on the regulatory activities of the Drug Enforcement Agency
- An update on the CMS LTC ePrescribing Pilot was provided.

- A CMS/HIPAA update was provided.  
New Items:
- Part D Transition Issues were discussed.

#### WG15 Sample Management

##### Task Group Updates:

- **Physical Samples, Etc. Task Group**—The TG has not met since the last WG meeting but discussions of next steps were made among TG participants. The TG is still exploring opportunities.
- **Alternative Distribution Task Group**—The TG has not met since the last WG meeting but discussions of next steps were made among TG participants. After much discussion in the WG, it was decided to merge the Physical Samples, Etc. TG with this TG to:
  - Review the Medication History Transaction set within the SCRIPT Standard Implementation Guide to determine what is lacking regarding values and data fields
  - Review the Medication History Transaction set within the SCRIPT Standard Implementation Guide for additional verbiage and description of samples
  - Identify appropriate product identifiers for the sample
- **Outreach Task Group**— Will be putting together a draft script for outreach for internal and external use. The draft letter will be brought to the WG in May and reviewed prior to being sent to the Standardization Co-Chairs for approval.

##### New Items:

- Information was provided on discussions regarding the most recent IOM Report from the Committee on the Institute of Medicine that apparently referenced drug samples as being problematic regarding the lack of documentation of their use and the bypassing of prescribing practices and how this impacts patient safety.

#### WG16 Property & Casualty/Workers Compensation

This was the first official meeting for this work group.

Task Groups: The following task groups were created.

- **Legislative Advocacy Task Group**
- **Billing Standards Task Group**
- **State Reporting Task Group**

#### MC Maintenance and Control

##### DERFs/ECLs:

- MC Maintenance and Control reviewed 1 pended and 6 new DERF/ECLs (see WG1, WG11, and WG14 above).
- DERF/ECL review and approval will result in:
  - The release of one new ballot: WG110027 for WG11 ePrescribing & Related Transactions for February 2007
  - An ECL update

##### Ballot Adjudication:

- Will result in:
  - Awaiting an appeal period, Manufacturer Rebate Utilization, Plan, Formulary, Market Basket, and Reconciliation Flat File Standard Implementation Guide Version 04.01 will be sent to the Board for approval
  - The release of three re-circulation ballots:
    - WG010029R for WG1 Telecommunication for February 2007 Ballots
    - WG090007R for WG9 Government Programs for February 2007 Ballots
    - WG110026R for WG11 ePrescribing & Related Transactions for February 2007 Ballots

##### DSMO Change Requests:

- New DSMO Change Requests were reviewed:

- DSMO Change Request 1057 requests a new standard be named in HIPAA for use in the pharmacy industry – the Medicaid Subrogation Standard Implementation Guide, version 3.0. Request was approved.
- DSMO Change Request 1055 requests new version of the Telecommunication and Batch Standard be named in HIPAA. The Telecommunication Standard Implementation Guide is version D.0. The Batch Standard Implementation Guide is version 1.2, which supports Telecommunication version D.0 in a batch mode. Request was approved.
- DSMO Change Request 1056 requests a new standard be named in HIPAA for use in the pharmacy industry – the Post Adjudication Standard Implementation Guide, version 1.0. Request was approved.
- Pended DSMO Change Requests:
  - Pended DSMO Change Request 1054 was reviewed by WG4 and a recommendation made that the X12N TR3 (implementation guide) designated 834 version 005010X220 Benefit Enrollment and Maintenance be moved forward for adoption as a HIPAA standard.

#### Task Groups:

- **The Modeling and Methodology (M&M) Task Group** had no task group activity but calls are being scheduled.
- A **Values Definition Task Group** update was provided. The TG will await the outcome of the ballots before defining the outstanding data elements.
- An **Entities Task Group** update was provided. The TG will await the outcome of the WG010029R ballot before finalizing the updated entity document and flow.

#### Updates:

- Standardization Update
  - Request to form a Work Group for Property Casualty and Worker's Compensation was approved and the WG met at this meeting
  - MC reviewed New Project Development Form #25 to create standardized data elements that would be required on a prescription label and define field labeling at the November 2006 meeting and recommended to the Standardization Co-Chairs that a task group be formed under WG10 to push this forward. The Standardization Co-Chairs disapproved the project and recommended that it be sent to the Business Development Group of the Strategic Planning Committee for investigation/surveys before being brought back into the process for a WG to develop standards.
- A HITSP update and HIPAA update were provided.

#### New Items:

- New Project Development Form #26 - Federal Medication Terminologies/ECL Analysis. The recommendation to approve and form a Task Group under MC will be forwarded to the Standardization Co-Chairs.
- The attendees received daily Work Group recaps.
- A request to form a new Work Group for Radio Frequency Identification/Auto ID (RFID) was discussed and a recommendation made to approve as WG17.