

## May 2010 Work Group Recaps:

### Work Group 1 Telecommunication

#### Ballots:

- Ballot WG010041 Post Adjudication 2.2 enhancements. The ballot was valid at 88.60% of the consensus group voting and received 90% approval. There were no negative comments. There were no affirmative comments. After the appeal timeframe, the ballot will proceed to the Board of Trustees for approval
- Ballot WG010042 Telecom D.4 The ballot was valid at 88.60% of the consensus group voting. There were no negative comments. Affirmative comments were adjudicated. After the appeal timeframe, the ballot will proceed to the Board of Trustees for approval.

#### DERFs (see DERF Resolution at

[http://www.ncpdp.org/members/members\\_wg\\_info.aspx?wgid=wgmc](http://www.ncpdp.org/members/members_wg_info.aspx?wgid=wgmc)):

- DERF 000932/ECL 000058 This DERF requests "The WG1 FAQ Task Group recommends the removal of value of 13 for the Submission Clarification Code (42Ø-DK) and use the Value of 9 in the Prior Authorization Type Code (461-EU)." The DERF was pended in February. The DERF was again pended to go back to the WG1 Telecommunication FAQ Task Group for more discussion.
- DERF 000933 This DERF requests "The WG1 FAQ Task Group recommends a DERF to modify Health Plan-funded Assistance Amount (129-UD) and Spending Account Amount Remaining (128-UC) and add a count and qualifier for 128-UC to support a business case pertaining to the Patient Pay Formula on pharmacy claim responses (B1, B3 transactions) and real-time FSA dollars applied." The DERF was pended for the WG1 Tax Advantage Task Group to provide more input.
- DERF 000937/ECL 000061 This DERF requests "This request is to note several code values for the field Patient Residence (384-4X) as NOT APPLICABLE TO PHARMACY BENEFITS. The purpose of doing this is to shorten the list of code values to be displayed and used by pharmacy staff as well as limiting how benefit settings use residence codes that are somewhat nebulous to the industry. These code values will remain part of the ECL so their use could be added back when such use was identified and explained via the DERF process which would provide the industry education for the code value use." The DERF was recommended to be approved as modified. MC approved as modified.
- DERF 000938/ECL 000062 This DERF requests "Payors, Processors, Manufacturers and Providers, pursuant to trading partner agreements, may need to designate whether a product was/will be purchased pursuant to rights available under Section 34ØB of the Public Health Service Act of 1992 without disclosing the cost in 4Ø9-D9 (Ingredient Cost Submitted). Task Group discussions determined this could not be accomplished with existing values and agreed that the addition of a specific Product/Service ID Qualifier value to the ECL would serve this need." The DERF was recommended for denial to MC. During later discussion in MC, the DERF was approved.
- DERF 000943/ECL 000065 This DERF requests, "The WG1 FAQ Task Group is requesting the removal of a reject code (ZA) as redundant." The DERF was recommended for approval. MC approved the DERF.
- DERF 000944/ECL 000066 This DERF requests, "The WG1 FAQ Task Group is requesting a new reject code for a "sanctioned pharmacy" the Telecom Standard. Guidance would also be noted in the Version 5 Editorial for implementation of what reject code to use today". The DERF was recommended for approval. MC approved the DERF.
- DERF 000945/ECL 000067 This DERF requests, "New value for Patient ID Qualifier (331-CX) and Purchaser ID Qualifier (591-YU). During analysis of Prescription Reporting Program requirements, the Task Group uncovered some requirements for Controlled Substance Reporting. To satisfy the reporting needs of different state requirements for the reporting of Controlled Substance drugs, a new value is requested for the Patient ID Qualifier Field (331-CX) and the Purchaser ID Qualifier Field (591-YU) of "Indian Tribal ID" -- an ID assigned by an Indian Tribal Authority to identify an individual. This

DERF/ECL is for new values to be added to the qualifiers in whichever transactions they are used." The DERF was recommended for approval. MC approved the DERF.

- DERF 000946 This DERF requests, "During analysis of Prescription Reporting Program Requirements, the Task Group uncovered some requirements for Controlled Substance Reporting. To satisfy the reporting needs of different state requirements for the reporting of Controlled Substance drugs, a new field is requested. Patient Address Country Code (Alpha 3) - to identify the country of the patient's permanent residence. The code list is ISO-3166-1 from the American National Standards Institute. This is the same code list for the Purchaser Address Country Code Field (677-Y5). Additional Reject Code of "M/I Patient Address Country Code" Is also requested. Field is Situational with the following situation. Required if needed for State/Federal/Regulatory Agency Programs. This DERF is requesting the field be added to any transaction that uses the Other Patient Demographic fields." The DERF was approved.
- DERF 000947 This DERF requests, "During analysis of Prescription Reporting Program requirements, the Task Group uncovered some requirements for Controlled Substance Reporting. To satisfy the reporting needs of different state requirements for the reporting of Controlled Substance drugs, a new field Veterinary Indicator (ALPHA 1). To indicate that the prescription was dispensed for use on something other than human. Valid values for this field are Y = Yes, N = No, U = Unknown. New reject code "M/I Veterinary Indicator" field is Situational with the following situation. Required if needed for State/Federal/Regulatory Agency Programs. Only used in the Controlled Substance Reporting General Transaction (for prescriptions only)." The DERF was pended for more input.
- DERF 000949/ECL 000068 This DERF requests "Add two new values to Therapeutic Class Code Qualifier Field 601-26." The DERF was recommended for approval. MC approved the DERF.
- DERF 000950 This DERF requests, "The purpose of this DERF is to request a new Standard and Implementation Guide for the transmission of Audit Requests and Responses electronically. See attached documentation for changes to Data Dictionary and ECL as well as Implementation Guide." The DERF was pended.
- DERF 000952 This DERF requests "The Food and Drug Administration Amendments Act (FDAAA) of 2007 (Public Law 110-85) enables the Food and Drug Administration (FDA) to require a Risk Evaluation and Mitigation Strategies (REMS) from a pharmaceutical manufacturer if the FDA determines that a REMS is necessary to ensure the benefits of a drug outweigh the risks associated with the drug. Drugs currently approved by the FDA, including those with existing RiskMap Programs, are also subject to a retrospective FDA review to determine if REMS is necessary. This authority extends to any manufacturer submitting a New Drug Application (NDA), Abbreviated New Drug Application (ANDA), and Biologics License Application (BLA). A REMS includes a timetable for the submission of assessments of the REMS. A REMS may also include any of the following: Medication Guide (MEDGUIDE), Patient Package Insert (PPI), Communication Plan and Certain "Elements To Assure Safe Use" (ETASU). The ETASU may include any combination of the following requirements: Health care providers who prescribe the drug have particular training or experience, or are specially certified; Pharmacies, practitioners, or health care settings that dispense the drug are specially certified; The drug is dispensed to patients only in certain health care settings; The drug is dispensed to patients with evidence of safe use conditions, such as laboratory test results; Each patient using the drug is subject to certain monitoring; Each patient using the drug is enrolled in a registry. The currently approved REMS Programs vary in levels of complexity. Most require only a MED Guide and Communication Plan, but some require ETASU. The large majority of existing REMS Programs are for drugs dispensed through specialty pharmacy, clinics, and hospitals but as REMS become more common they will ultimately have a greater impact on retail-based products. The FDA is in the process of drafting guidance for the first "Class REMS" for Opioids. This Opioid Class REMS is expected to be applied to all current and proposed extended-release Opioids and Methadone, which are dispensed via retail pharmacies. Ensuring REMS compliance for

retail products presents pharmacies and manufacturers with several logistic challenges. A new NCPDP Reference Guide directly addresses these challenges with the goal of integrating these processes into the pharmacist's workflow and minimizing burden as much as possible." The DERF was pended.

- DERF 000953//ECL 000069 This DERF requests "In order to appropriately bill sales tax amounts to a downstream payer, any tax amount paid by previous payers must also be reported. This DERF is requesting a new ECL value be added to the list of Other Payer Amount Paid Qualifiers to support reporting in the COB segment, the tax amount paid by previous payer(s) to downstream payers. This DERF also requests changes to the Other Payer Amount Paid Qualifier definitions, to promote consistency in the reference to the Other Payer." WG1 recommended approving the DERF. After MC discussion, the DERF was approved.

#### Old Business:

- **NCPDP SNIP Committee** is developing webinars on topics of the Telecommunication Version D.0 – pricing, compounds, and a payer sheet webinar. They are beginning the work of a transition white paper.
- A WG1 2009 Year in Review presentation was given.

#### Task Group Reports:

- The **Telecommunication FAQ Task Group** brought forward the questions received that the task group had discussed and DERFs from previous work.
- The **Coordination of Benefits Task Group** brought forward the questions received that the task group had discussed and a DERF.
- The **Financial Information Reporting Task Group** discussed new questions, including end of year processes, moving to the next version of the imp guide, and a discussion item passed from WG1 Telecommunication FAQ Task Group on the proposed federal regulation on a "pharma wrap".
- **Payer-to-Payer Task Group** did not meet as they are on hold waiting for regulations to be released.
- **Tax Advantage Accounts Task Group** Created definitions for new data elements required for this transaction and continued work on the implementation guide. They need more input from entities involved in these programs.
- **Information Reporting Problems Task Group** met. They discussed an enrollment/claims processing issue that had been discussed in a small group and determined there were still confusing items due to differences in information from GHI and CMS.
- The **Post Adjudication Task Group** met, with state involvement, to discuss the layout of claim information that is submitted to an all payer claims database. In conjunction with RAPHIC (Regional All Payer Healthcare Information Council), the Post Adjudication Standard is being analyzed to achieve the requirements for pharmacy.
- The **Information Reporting Transition to D.0 Task Group** met and discussed transition issues with coordination of benefits that affects the Information Reporting process.
- The **Patient Location/Patient Residence Task Group** was formed to build industry guidance for the use of these fields, especially in transition from version 5.1 to D.0 and they have brought forward an updated DERF.
- The **Audit Task Group** is working on electronic audit transactions with requests, responses, and final outcome segments for both "desk top" claim audits and for in-store audit notices. They have brought forward a DERF.

#### Work Group 2 Product Identification

DERFs (see DERF Resolution at

[http://www.ncpdp.org/members/members\\_wg\\_info.aspx?wgid=wgmc](http://www.ncpdp.org/members/members_wg_info.aspx?wgid=wgmc)):

- DERF 000954 This DERF requests, "Billing and reimbursement issues exist for those reconstituted products with overfill. It is proposed that the following FAQ to address this issue be added to the Billing Unit Standard: FAQ: How are non-injectable, reconstituted products with an overfill billed? Is the total quantity or the delivered amount billed?"

Response: For non-injectable products to be reconstituted, the package size will be based on the total amount of the product delivered. The overfill after reconstitution will not be considered. Example: Valcyte for Oral Solution contains approximately 100 mL, after reconstitution. Each bottle can deliver up to a total of 88mL of solution. The reported quantity for dispensing should be 88mL." WG2 reviewed and pended the DERF awaiting the submission of a QUIC form.

#### Old Business:

- Update on DERF 935 was given. The DERF was approved and the Billing Unit Standard Implementation Guide v3.0 was republished in March 2010.
- Update on DSMO Change Request 1093 was provided. At the February 2010 Work Group meetings, MC reviewed and discussed recommendations made by WG2. The request was held by MC for further review at this meeting.
- Update on the Billing Unit Standard Webinar held on February 25, 2010 was given. It was a great success with 35 in attendance. An archived copy of the presentation is available for purchase at [http://www.ncdp.org/meetings\\_webinar2.aspx](http://www.ncdp.org/meetings_webinar2.aspx).
- A WG2 2009 Year in Review presentation was given.

#### Task Group Reports:

- The **Billing Unit Standard Marketing Task Group** is working to assure that NCPDP has a presence at conferences that attract pharmaceutical manufacturers and where the billing unit standard will impact this sector of the business. Linda Schock will present "Connecting Products, Pharmacy and Operations: Working with the NCPDP and the Billing Unit Standard" at the Drug Pricing Boot Camp, May 25-26, 2010. The BUS Workshop will be presented at the IIR Medicaid Drug Rebate conference held in Chicago in September 2010.
- The **Structure Product Labeling Activities Task Group** tracks the activities of the SPL, offers suggestions to improve access and usability of the "FDA Structured Product Label and Electronic Drug Listings", and monitors the work of the Guiding Coalition for feedback to the WG. This task group met during the WG meeting. They have sent a letter to the FDA requesting broader access to electronic drug information and met with the FDA in person. The Task Group is recommending that members submit Freedom Of Information Act requests to the FDA for additional access to electronic drug information based on the request the Council sent to Principal Deputy Commissioner Sharfstein of the FDA. The Task Group is working on five more letters of recommendations to the FDA.
- The **Product Review and Billing Unit Exception Task Group** is reviewing the exceptions within the Implementation Guide and issues that result from changes to existing products or release of new products. Reviewed:
  - **Menveo Vaccine by Novartis** – billing unit is a kit of fiveThe group referred 1 QUIC form to the WG 2 May 2010 meeting. The group submitted a DERF to add an FAQ on overfill to the BUS, sent a letter of appreciation to the FDA for their continued support and participation, updated the package size spreadsheet for posting to the NCPDP website and continues to work on the definition of a "kit".
- The **Medical Devices Task Group** is working with the FDA to assure that Unique Device Identifier (UDI) can work in commercial practices (either as they are today or with necessary changes) within the NCPDP business standard in order to maintain patient continuity of care. The task group held two calls to outline goals of the group and define key stakeholders. They have requested participation from Retail, Mail Order, LTC providers, PBM/Payers, and Pharmacy claims software vendors. They are working on invitations to GS1 and HIBCC to give overviews of GTIN and UPN formats.

#### New Business:

- QUIC Form Review:
  - #201003 Cayston NDC: 61958-0901-01 - the billing unit was determined to be a total of mLs—84.

- DSMO Request 1093 was reviewed and discussed. This request calls for modifications to the HIPAA implementation guides for electronic health care transactions to allow for the identification of the Universal Product Number (UPN) for medical and surgical supplies.
- A discussion on an NCPDP NDC standard was held and a task group formed to establish rules around the assignment and use of the NDC codes.
- Novartis gave a presentation on Oral Fingolimod for treatment of Multiple Sclerosis (MS).

#### Work Group 3 Standard Identifiers

##### Old Business:

- An update was provided on the California Board of Pharmacy Proposed Rules for Patient Centered Labels on Medication Containers. WG3 will submit comments on the proposed rule.
- The InterNational Committee for Information Technology Standards (INCITS) 284 Health ID Card Standard has completed the final review process and will be published in June.
- WG3 received an update on the work of the CAQH CORE Phase III Subgroup for Health ID Cards.
- A WG3 2009 Year in Review presentation was given.

##### Task Group Updates:

- The **Letters to States/State of States Task Group** provided an update on Maryland H.B. 274 requiring co-payments be included on the Pharmacy ID Card. This bill failed to pass and no action was necessary by the task group. The State of the States document is available at: [http://www.ncdp.org/members/members\\_wg\\_info.asp?wgid=wg03](http://www.ncdp.org/members/members_wg_info.asp?wgid=wg03)
- The **Pharmacy and Combination ID Card Implementation Guide Task Group** did not meet this quarter.
- The **NCPDP Data Services Task Group** provided an update on their review of the dataQ™ and HCIda™ enhancements and practical application.

##### New Business:

- The WEDI Health Identification Card Sub-Workgroup has resumed regular conference calls with a goal to promote implementation of the WEDI Health ID Card Implementation Guide.

#### Work Group 7 Manufacturer Rebates

##### Old Business:

- An update was provided on preparation for the Manufacturer Rebate Webinar to be held June 16, 2010.
- An update was provided on the work of the 340B Task Group in WG9 Government Programs.
- A WG7 2009 Year in Review presentation was given.

##### Task Group Updates:

- The **CMS Task Group** provided a report on the development of a white paper explaining how use of the Rebate Standard will benefit State Medicaid Programs
- The **Standard Update Task Group** discussed separating the Manufacturer Rebate Standard into individual standards (Utilization, Reconciliation, Plan, Formulary and Market Basket) in order to move forward with revisions to the Utilization/Reconciliation Flat Files. WG7 voted to keep as one Implementation Guide and move forward with the revisions in August.
- The **Reference Guide Task Group** provided a report on the status of the Reference Guides.
- The **Non-Pharmacy Biologics Task Group** presented the revised draft Medical Detail Record Format for review.

##### New Business:

- CMS provided an update on Health Care Reform legislation affecting the Manufacturer Rebate Program.

#### Work Group 9 Government Programs

#### Old Business:

- WG9 reviewed and updated the State of the States public document. The document is available at [http://www.ncpdp.org/news\\_hipaa\\_trans\\_historical.aspx](http://www.ncpdp.org/news_hipaa_trans_historical.aspx).
- An update was received from WG45's NET Retroactive Eligibility Task Group.
- An update was provided on New York's Medicaid requirements.
- A WG9 2009 Year in Review presentation was given.

#### Task Group Updates:

- The **Prescription Monitoring Program (PMP) Task Group** reviewed the updates made to the tracking document this quarter and the DERFs submitted for review by WG1.
- The **Dual Eligible Recipients and Medicare Advantage Plans Task Group** did not meet this quarter pending further direction from CMS.
- The **340B Task Group** presented an update to pended DERF/ECL 938/062, which proposes a new value (340B Claim) for Submission Clarification Code 420-DK (and related fields) identifying drugs purchased pursuant to Section 340B to meet the needs of pharmacies and processors for the real-time solution only.
- The **H1N1 Vaccine Billing Task Group** presented an update to the H1N1 spreadsheet. The spreadsheet is included in the State of the States public document.
- The **Medicaid Communication Process Task Group** reported on the status of the letter sent to the State Medicaid Pharmacy Administrators requesting contact information for a communication distribution list.
- The **Medicaid Subrogation FAQ Task Group** did not meet this quarter.

#### New Business:

- CMS provided a general Medicaid update.

#### Work Group 10 Professional Pharmacy Services

##### Old Business:

- The 2009 Year in Review presentation was given.
- A brief update was provided on Legislative/Regulatory issues which included HIPAA and HITSP activities.

##### Task Group Reports

- The **Sig Task Group** reported that the CMS pilot of SCRIPT 10.5 with Sig and RxNorm is complete. A RAND Health presentation titled "CMS – RAND Evaluation of RxNorm, Structured and Codified Sig" providing more detail about the findings of the pilot was given. The RxNorm findings are encouraging. The Evaluation of the NCPDP Structured and Codified Sig Format created by Rand as a result of the pilot was reviewed. New participants are encouraged to join the task group. The task group will be reviewing the results of the pilot to determine where changes are needed and continue discussion regarding length of Sig Free Text field.
- The **MTM Task Group** had 6 calls since the last report and brought forward DERF 00942 for the Medication Therapy Management Service Request Transaction which is a real-time request and response transaction between a payer and a provider. The DERF was pended to allow for the XML documentation to be completed.

##### New Business

- A report on Meaningful Use Legislation and the EHR Criteria IFR was provided.
- An update on the activities of the NCPDP/HL7 EHR Functional Profile Task Group was provided.
- California legislation requiring the Board of Pharmacy to create patient centric labels by January 1, 2011 was discussed.

#### Work Group 11 ePrescribing & Related Transactions

##### Ballots:

- Ballot WG110042 – SCRIPT 10.11 enhancements. The ballot was valid at 88.08% and received 90% approval. There were no negative comments. Affirmative comments were adjudicated. After the appeal timeframe, the ballot will proceed to the Board of Trustees for approval.

DERFs: (see DERF Resolution at [http://www.ncpdp.org/members/members\\_wg\\_info.aspx?wgid=wgmc](http://www.ncpdp.org/members/members_wg_info.aspx?wgid=wgmc)):

- DERF 000936/ECL 000060 This DERF requests "Partners Healthcare Systems, Inc. has the understanding that Federal law under HIPAA does not require consent to release information for treatment, payment or health care operations purposes [see [http://edocket.access.gpo.gov/cfr\\_2002/octqtr/45cfr164.506.htm](http://edocket.access.gpo.gov/cfr_2002/octqtr/45cfr164.506.htm)]. We understand that some states may have stricter laws that require consent prior to release; however, some states do not. To accommodate states that do not require consent, there should be an additional option other than "Yes" as a condition for requesting medication history from a pharmacy or payor. We propose that a value of "E" for "Requestor Exempt from Consent Requirement" be added as a valid code to the SCRIPT Coordination of Benefits Segment Field 130-4711 "Condition/Response, Coded" (aka patient consent indicator) for RXHREQ and RXRES transactions. The current list of valid values does not properly support the use case for a requesting entity to request medication histories in situations where patient consent is not required. Addition of this value will remove potential barriers for adoption of pending use cases where NCPDP transactions are being crafted for bidirectional exchange of protected health information (e.g., allergy, labs, problem list, procedures) between provider and pharmacy entities." The DERF was pending in February to a new Consent Task Group for discussion. The task group has not met. The DERF was pending.
- DERF 000942 This DERF requests, "The majority of Medication Therapy Management (MTM) services begin by a request from the payer to a provider. Currently, the industry does not have a transaction where the payer requests a service from a provider." The DERF was pending.
- DERF 000948 This DERF requests, "This DERF clarifies several items related to Written Date: (1) The Written Date on a Refill Response and Change Response - Approved or Approved with Change must be set to the Approval Date. [A practice followed by 84% of prescribers but not clearly mandated in the standard.] (2) This DERF also adds guidance indicating which other fields can be sent on a Refill Response "Approved" or "Approved with Changes." These fields can differ from their value on Original Request and still not require a denial because they provide extra information that could be useful but does not change the prescriber's intent of the Approved Prescription." The DERF was approved with modifications.
- DERF 000951 This DERF requests, "The current version of the Implementation Guide for the Prescription Refill Transfer Standard lacks clarity around field definitions and usage." The DERF was approved with modifications.

#### Old Business:

- An industry update was provided on NCVHS Subcommittee on Standards and Security, CMS (eprescribing), and DEA (eprescribing).
- A presentation was given on the CMS pilot on Sig and RxNorm usage in electronic prescribing.
- A WG11 2009 Year in Review presentation was given.
- There was an introductory discussion on a new message for SCRIPT - Rx Transfer. This would be a request/response message similar to how a refill request and response works. An ad hoc group was formed to discuss building a DERF.
- There was discussion on the recent SCRIPT webinar, and future webinars.

#### Task Group Reports:

- The **Prior Authorization Workflow-through-Transactions Task Group** did not meet this quarter. The next steps are for companies to commit to a prior authorization pilot. The task group built an XML-based exchange for prior authorization information for use in a pilot. There was discussion of the MN prior authorization activities.
- The **Formulary and Benefit Task Group** did not meet this quarter.
- The **RxNorm Task Group** brought forward recommendations for RxNorm in the Formulary and Benefit Standard.
- The **RxNorm in SCRIPT Task Group** has completed their work and disbanded.

- **SCRIPT XML Task Group** met often this quarter as SCRIPT moves into only XML and has coordinated with the MC Modeling and Methodology Task Group for model-driven schema support.
- **Clinical Health Information exchange between Pharmacies and Prescribers Task Group** has met often this quarter. They have drafted the query transaction.
- **NCPDP/HL7 Eprescribing Functional Profile Task Group** is actively working on the pharmacist/pharmacy interface functional profile. They will be taking the profiles through the approval process with NCPDP and HL7.
- The **Sample Standard Task Group** completed their work and disbanded.
- The **Prescription Requirements Task Group** did not have work items this quarter and did not meet.
- The **Central Fill Task Group** has completed the review of the necessary fields for the message types and is creating the Implementation Guide.
- The **Consent Task Group** was formed last quarter to review DERF 000936/ECL 000060 and discuss the use of consent in various NCPDP standards. They did not meet this quarter.
- The **Brand Medically Necessary Task Group** was given a draft discussion paper and flow on Brand Medically Necessary needs from CMS. There were only a few comments on the document. More input is needed.

#### WG14 Long Term Care

##### Old Business:

- Updates were given on the Office of the National Coordinator for Health Information Technology ONCHIT.
- An update was provided on the LTPAC HIT Collaborative.
- An update was given on the regulatory activities of the Drug Enforcement Administration.
- A CMS/HIPAA update was provided.
- A report on the LTC Resident Report White Paper was provided.
- A report was provided on the Audit Focus Task Group which submitted a DERF for approval of a new Audit Transaction Standard.
- Updates were provided about the Short Cycle Dispensing Panel that took place in February in Baltimore, Maryland.
- A WG14 2009 Year in Review presentation was given.

##### Task Group Reports:

- The **EHR/HL7 Task Group** has focused on creating comments in response to the DEA IFR for electronic prescribing of controlled substances as related to the LTPAC settings.
- The **LTC Current Billing Issues Task Group**, in conjunction with WG1 FAQ Task Group, prepared guidance on Multi-Ingredient Compounds and began looking into the Short Cycle Dispensing that will be required as part of healthcare reform.
- The **Consultant Pharmacist Task Group** is on hold pending completion of the HL7 EHR Functional Model, Direct Care Functions (Chapter 3).
- The **LTC Utilization Reporting Task Group** reviewed changes in the CMS requirements for LTC reporting for 2010 as well as the technical documentation. They will begin preparing a guidance document for the industry.
- The **Return Credit Task Group** has taken over the work completed by the eMAR Task Group and will begin working on creation of the XML transactions.
- The **eMAR Task Group** has completed their work was disbanded.
- The **Hospice Task Group** did not meet during the last quarter.

#### WG16 Property & Casualty/Workers Compensation

##### Old Business:

- Workers' Compensation Guidance document was approved by the Standardization Co-Chairs and is available to the public at [http://www.ncdp.org/public\\_documents.aspx](http://www.ncdp.org/public_documents.aspx).

- The letter introducing NCPDP and WG16 to the Property/Casualty and Workers Compensation sector was approved for distribution. It will be mailed as soon as the contact list is validated.
- The matrix of changes between Telecommunication version 5.1 and D.Ø was updated and is available at [http://www.ncpdp.org/members/members\\_wg\\_info.aspx?wgid=wg16](http://www.ncpdp.org/members/members_wg_info.aspx?wgid=wg16) .
- A WG16 2009 Year in Review presentation was given.

Task Group Reports:

- The **Legislative/Regulatory Monitoring and Education Task Group** provided an update on state regulatory and legislative initiatives affecting billing and reimbursement of Workers' compensation claims. The report included the following states: Arizona, California, Florida, Georgia, Louisiana, Minnesota, New York, Nevada, Oregon and Texas. An AWP update was also provided.
- The **Billing and State Reporting Task Group** provided an update on the NCCI Data Call, California billing regulations and pending legislation in Louisiana (HB 170 and SB 255).

New Business:

- WG16 will submit a DERF to add "Policy Number" as a conditional Telecommunication data element, target November.
- Planning for a webinar was initiated.
- Nominations are being requested for a new IAIABC Liaison

**WG17 Pharmaceutical Pedigree and Traceability**

Old Business:

- An update was provided on activities in GS1 and GS1 US regarding traceability, pedigree and related issues.
- Missing content for the White Paper was discussed and assigned.
- A WG17 2009 Year in Review presentation was given.

Task Group Reports:

- The **Regulatory Tracking/Pedigree Task Group** reported that it did not meet during the quarter.
- The **Grandfathering Task Group** is suspended contingent upon completion of the WG recommendations for implementation of pedigree and traceability.
- The **Product Identifiers Task Group** is suspended pending the FDA regulations.
- The **Education Task Group** provided an update on the white paper. The task group is meeting every two weeks.

New Business

- FDA final *Guidance for Industry Standards for Securing the Drug Supply Chain - Standardized Numerical Identification for Prescription Drug Packages* was presented and possible follow-up discussed. The document was referred to the Regulatory Tracking/ Pedigree Task Group for review and comparison with the draft version and the work group's response. They will make recommendations for further action if needed. It was noted that the guidance is voluntary

**WG45 External Standards Assessment, Harmonization and Implementation Guidance**

Old Business:

- A WEDI 835 Sub Group update was given reporting continuing work on a White Paper for practical uses of the Claim Adjustment Reason Codes and the Remittance Advice Remark Codes.
- An update was provided on the NCPDP SNIP Committee activities, including presentation of a compound and pricing webinar earlier this year and upcoming webinars for payer sheets and COB processing. SNIP has begun a new white paper dealing with transition issues from Telecommunication Standard version 5.1 to D.Ø.
- An X12 update reported that they are working on comments received as a result of the errata to the 835.
- A HIPAA Update was provided.

- Inter SDO Update was provided. X12 is currently reviewing version 1 of the 835 White Paper and the Li Net Retro-enrollment 835 template.
- A WG45 2009 Year in Review presentation was given.

#### Task Groups:

- The **Central Pay Task Group** presented for approval Business Model D in which a pharmacy moves from one PSAO to another PSAO. Business Models A, C and D will now be presented to X12 for their approval. The task group will develop additional documentation of balance forward processing examples for when a pharmacy with a negative forward balance goes out of business.
- The **Document Revision Sub Task Group** presented a revised payment reference guide and additional 835 examples for approval by the Work Group. They will resume the mapping of the Claim Adjustment Group Codes, Claim Adjustment Reason Codes, Healthcare Remittance Advice Remark Codes and the NCPDP Reject Codes.
- The **834 FAQ Task Group** received no new questions.
- The **835 FAQ Task Group** received one new question just prior to WG and will begin reviewing in the next few weeks.
- The **NET Retro-Eligibility Task Group** reported they are waiting on a revised copy of the Li Net Payer Sheet.
- The **835 White Paper Task Group** presented a completed white paper for Work Group approval. The task group will remain active to working on additional guidance related to the creation of the ASC X12 835 Version 5010 as necessary.
- The **DSMO Task Group** received no DSMO requests this quarter.

#### New Business:

- Joe Fine with CMS requested help from WG45 on dealing with physician administered drugs from Medicaid Managed Care Organizations. He will meet with the MCOs and report back to WG45 if any additional help is needed.
- A new Task Group was created to review IRS rule 3402 (t) dealing with a 3% with holding tax for certain services include Medicaid and Medicare payments.
- The Co-Chairs will reach out to Louisiana to offer assistance on the updating of the 835 template from NCPDP 5.1/X12 4010 to NCPDP D.0/X12N 5010.

#### MC Maintenance and Control

##### Ballots:

WG010042, WG010043 and WG110043 received no negative or objection comments. The Affirmative and Accept comments were adjudicated. Should no appeals be received during the 30-day appeal period, these ballots will be sent to the NCPDP Board of Trustees for approval.

##### DERFs/ECLs: (see DERF Resolution at

[http://www.ncpdp.org/members/members\\_wg\\_info.aspx?wgid=wgmc](http://www.ncpdp.org/members/members_wg_info.aspx?wgid=wgmc)):

- MC Maintenance and Control reviewed 13 new and 5 pended DERFs/ECLs (see WG1, WG2, WG10, and WG11 above). The DERFs approved at this meeting will result in:
  - Two new ballots for the May 2010 ballot period
    - WG110043 for Prescription Transfer v1.2
    - WG010043 for Telecommunication vD.5
  - A new publication of the External Code List (ECL)

##### Old Business:

- Updates on DSMO Change Requests 1085, 1088 and 1093 were given. Request 1093 was disapproved.
- A HIPAA update was provided
- The MC 2009 Year in Review presentation was given.

#### Task Groups:

- The **Modeling and Methodology (M&M) Task Group** reverse engineered the Telecommunications D.0 standard into UML, developed materials to accommodate the Medication Therapy Management DERF 942, created a whitepaper describing suggested XML style guidelines, and explored the use of Backus-Naur Form (BNF) to describe

complex structure rules. They are initially modeling the Structured Sig using BNF to more clearly describe the “grammar” used to assemble the structured Sig from its component parts and plan to brief the results of this exercise to the WG10 Sig TG for discussion. They continued to explore the transformations and structures needed to model the constraints needed in Telecommunication and completed a draft version of the Domain Analysis model based on concepts represented in SCRIPT and Telecommunication.

- The **Pharmacy Transport Task Group** did not meet and had no update.
- The **Education/Legislation and Regulations Task Group** responded to the **HITECH Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology Interim Final Rule** and to the Temporary and Permanent certification proposals for the **Proposed Establishment of Certification Programs for Health Information Technology**. They also worked with WG16 on an educational letter to bring awareness to the states of the activity of NCPDP and to foster participation and use of NCPDP standards.
- The **Safe Use Processing (FDA REMS) Task Group** completed the initial draft of the REMS Reference Guide and submitted DERF # 952. The Task Group initiated the Serial Number Identification discussion by reviewing the FDA guidance to the industry regarding SNI: <http://www.fda.gov/RegulatoryInformation/Guidances/ucm125505.htm>

New Business:

- The attendees received daily Work Group recaps.
- A new task group was formed; ECL Implementation, to assess the ECL publication and implementation process and provide recommendations for modifications if applicable.
- NCPDP 2010 Work Group Co-Chair winners and NCPDP 2009 MVP Award recipients were announced.