



November 2018 Work Group Recaps:

For results of Data Element Request Forms (DERFs) and External Code List (ECLs) reviewed see DERF Resolution at http://www.ncdp.org/members/members_wg_info.aspx?wgid=wgmc.

Work Group 1 Telecommunication

Ballots Adjudicated:

- **Ballot WG010079** - Enhancements to the Telecommunication Standard Implementation Guide Version F4, the Post Adjudication Standard Implementation Guide Version 49, the Audit Transaction Standard Implementation Guide Version 34, Retiree Drug Subsidy V22, Prior Authorization Transfer V23, Benefit Integration V14, and the Uniform Healthcare Payer Data Standard Implementation Guide Version 26 is considered a valid ballot having received the required 60+% of Consensus Group votes and 75%+ approval rating. See Letter Ballot Comment spreadsheet for the ballot results and categorization of comments. The ballot will be sent to NCPDP Board of Trustees for approval after a 30-day appeal period.
- **Ballot WG010080** - Enhancements to the Prescription Transfer Standard Implementation Guide Version 37 is considered a valid ballot having received the required 60+% of Consensus Group votes and 75%+ approval rating. See Letter Ballot Comment spreadsheet for the ballot results and categorization of the comment. The ballot will be sent to NCPDP Board of Trustees for approval after a 30-day appeal period.

DERFs/ECLs Reviewed:

- DERF 001619 was withdrawn.
- DERF 001620/ECL 000269 was recommended for MC to approve with modifications.
- DERF 001636 was pended.
- DERF 001637 was approved.
- DERF 001638/ECL 000275 was recommended for MC to approve.
- DERF 001639/ECL 000276 was recommended for MC to approve.
- DERF 001640/ECL 000277 was recommended for MC to approve.
- DERF 001641/ECL 000278 was recommended for MC to approve with modifications.
- DERF 001642 was approved.

Old Business:

- Use of Quantity Prescribed (460-ET) in the Telecommunication Standard claim billing - Note this field would be required for Part D Schedule II Controlled Substance claims; however, the use of this field is not limited to Part D claims.
 - Telecom D.0 and all versions from that point have been updated (November 2012).
 - 03/2014 NCPDP received a response from HHS to the 03/2013 letter. The change will go through NPRM and Final Rule processes.
 - NCPDP has asked the industry to provide input on the implementation timeframe before the NPRM is published.
 - NCPDP has asked for a timeframe of NPRM publication.
 - 06/2014 Update: OESS has responded that an NPRM including Quantity Prescribed and SCRIPT electronic prior authorization is going through the review process.

- WG1 Telecommunication FAQ Task Group brought forward a recommendation timeframe for Quantity Prescribed regulation implementation for OESS.
- 07/21/2015 Update from NSG: The new target date for this regulation is early 2016.
- 01/21/2016 Update from NSG: This policy item is undergoing the rulemaking process, and at this time a specific timeframe cannot be provided.
- 04/11/2016 Update from NSG: The request is still in the rule making stage, so at this point CMS cannot provide a formal comment on its status.
- 07/25/2016 Update from NSG: Additional questions were received and documentation from 2010, 2012, and 2013 was provided to answer the questions.
- 10/14/2016 Update from NSG: This policy is in the rulemaking stage, there should be an NPRM out by Mid-2017.
- 02/2017: Still tracking to a mid-2017 date.
- 05/2017: Summer 2017.
- 08/2017: Still tracking to a late summer 2017 NPRM.
- 11/2017: Possibly sometime in 2018.
- 02/2018: Possibly Q1 in 2018.
- 05/2018: In HHS Clearance - Sometime in 2018.
- 08/2018: Sometime in 2018.
- 10/2018 - Administrative Simplification: Update of Retail Pharmacy Standards (CMS-0055-P) – NPRM scheduled for November 2018

Task Groups:

- The **Telecommunication FAQ Task Group** reviewed three questions and three DERFs. The question related to the change in time frame for Medicare Eligibility Request was approved and will be incorporated into the *Telecommunication Version D and Above Questions, Answers and Editorial Updates* document. The updated opioid guidance to the *Telecommunication Version D and Above Questions, Answers and Editorial Updates* document was approved.
 - The **Morphine Equivalent Dosing (MED) Sub-Task Group** updated the opioid guidance for the claim request/response fields, reviewed Medicare Part D Opioids and Benzodiazepines Requirements, addressed questions, and created a DERF.
 - The **FAQ Controlled Substance Guidance Update Sub-Task Group** continues to track certain state-level controlled substance legislation and regulations and create letters to states requiring prorated copays on controlled substance incremental (partial) fills. The group finalized the Telecommunication Standard VD.0 billing scenarios and examples for CII's. The group plans to complete the existing guidance white paper.
- The **Coordination of Benefits Task Group** reviewed and answered two questions. The group will finalize Telecommunication Standard VF2 guidance for populating the financial fields for OPAP COB claims, review current tax guidance in Telecommunication Standard VF2, and will begin developing transition guidance and educational materials.
- The **Information Reporting Problems Task Group** reviewed the 10/3/2018 version of Chapter 14 of the Part D Prescription Drug Benefit Manual and the application of negative PLRO in non-EGWP single payer. The group continues to review and update the *Overview of the Medicare Part D Prescription Drug Coordination of Benefits (COB) Process* white paper. The *NCPDP Guidance for SPAPS and ADAPS Medicare Part D Coordination of Benefits Requirements and Responsibilities* document was approved by the work group. The review continued of the *NCPDP Best Practices Guide for Managing Med D OHI* based on feedback from the Standardization Committee. The group continues to gather actual examples of negative PLRO in non-EGWP to provide to CMS and will continue the review of Chapter 14.

- The **Post Adjudication Task Group** did not meet this quarter.
- The **Definition of a Valid Prescriber Task Group** reviewed open areas of concern with the CMS 4182-F Precluded Provider Requirements, began development of a Prescriber DEA Situation Fact Sheet for states with conflicting or unclear language on the use of the Prescriber DEA (as a result of DERF 1616), and is evaluating whether a request should be submitted to National Uniform Claim Committee (NUCC) to create a new Taxonomy Code for Assistant Physician. The group proposed, and the work group approved with modifications, an update to the introduction of Section 22 in the *Telecommunication Version D and Above Questions, Answers and Editorial Updates* document. The task group will determine the applicable updates to the *Telecommunication Version D and Above Questions, Answers and Editorial Updates* document to remove references to Medicare Enrollment and incorporate applicable Precluded Provider guidance, will draft a DERF for new response fields and an ECL DERF for Additional Message Information Qualifiers (132-UH) that will identify the Exclusion/Preclusion file source and Effective Date, and will complete two FAQs.
- The **Part D Supplemental Payment Reporting Task Group** did not meet this quarter. The task group was disbanded.
- The **Eligibility Verification Enhancements Task Group** did not meet this quarter. The task group reminded the attendees of the requirement to submit a pharmacy NPI on E1 transactions effective January 1, 2019.
- The **Benefit Integration Task Group** finalized the creation of the benefit synchronization file layout as both a flat file and in XML and will continue working on the benefit synchronization transaction.
- The **Standardized Subrogation Task Group** did not meet this quarter.
- The **Usage of Submission Clarification Codes (SCC) Task Group** did not meet this quarter.
- The **Compound Task Group** did not meet this quarter.
- The **Expand Dollar Fields Task Group** created guidance for not supported high dollar amounts, a DERF to modify Section A of 'Additional Information for Reject Code (511-FB)' in the Background section under Reject Code in the External Code List, and a new reject code to support processors who are unable to fully support high dollar claims.

Other Reportables:

- **DSMO Change Requests:** Received an update on the status of the DSMO Change Request 1201 and 1202.
- **MC Patient ID TG:** Received an update on the work of the task group.
- **WG11 X12 270/271 Version 7030 Review TG:** Provided a review of the task group activity.

Work Group 2 Product Identification

Old Business:

- John Klimek of NCPDP provided an update on the FDA Future Format of the National Drug Code (NDC) Hearing.
- Tom Bizzaro of First Data Bank (FDB) provided comments on health policy focusing on the opioid crisis, biosimilar naming, and promoting participation of the FDA in the Work Groups efforts.
- Tammy Powell of the National Library of Medicine (NLM) provided an update on RxNorm and DailyMed.

Task Groups:

- The **Structured Product Labeling Activities Task Group** did not meet this quarter.
- The **Product Review and Billing Unit Exception Task Group** reviewed issues resulting from changes to existing products or to the release of new products. The task group:

- Reviewed and submitted to WG2 for adjudication two new QUIC forms (see final adjudication determination by the WG in this report):
 - QUIC #201809 Azedra®
 - QUIC #201810 Circassia Inhalation Powder
- Revised and submitted to WG2 for adjudication one existing QUIC form (see final adjudication determination by the WG in this report):
 - QUIC #201802 Arikayce®
- Provided an update on pending QUIC Form #201807 for Enbrel®. A letter has been submitted to the FDA in support of Amgen’s request to revert to original volumetric units on labeling. NCPDP and Amgen are awaiting response from the FDA.
- Provided an update on pending QUIC Form #201808 for Imiquimod. The task group determined that NCPDP cannot change the Billing Unit Standard because Glenmark may come out with a larger size. Work Group Co-Chairs and Task Group leads to meet to discuss next steps.
- Reviewed 18 products via email to determine the billing unit and size, one of which resulted in the revision of QUIC Form #201802 for Arikayce®.
- For July, August, and September 2018, 3,893 new and one changed billing unit index files were generated by FDA based on the files received by the compendia. The compendia group reconciled the 24 NDCs with discrepancies.
- The **SPL REMS Requirements Task Group** did not meet this quarter.
- The **Naming Standards for Drugs, Biologics and Biosimilars Task Group** submitted comments to the FDA in response to Docket No. FDA-2018-N-2689 Facilitating Competition and Innovation in the Biological Products Marketplace; Public Hearing; Request for Comments. The task group is currently working on a letter to the FDA regarding the reuse of NDC numbers in relation to Biologics and Biosimilars.
- The **Application of the Billing Unit Standard Clarification Task Group** did not meet this quarter.
- The **WG2/WG11 Harmonization of Prescribing and Dispensing Units Task Group** was disbanded.

New Business:

- New QUIC Form Review:
 - QUIC #201802 Arikayce®
BU=mL and PS=8.4mL x 28 for Arikayce® Inhalation Suspension per section 5.2.4 of the Billing Unit Standard.
 - QUIC #201809 Azedra®
BU = EA and package size =1 for per vial supplied per section 5.1.2 of the Billing Unit Standard
 - QUIC #201810 Circassia Inhalation Powder
BU = EA and package size = 1 for products with package sizes of 30 and 60 per section 5.1.17 of the Billing Unit Standard
- Jean Duteau, Duteau Design Inc., provided a presentation regarding Medication Knowledge and HL7 efforts.

Work Group 7 Manufacturer and Associated Trading Partner Transaction Standards

Task Groups:

- The **Medical Rebate Standard Task Group** proposed the development of a Medical Rebate Data Submission Standard survey to solicit feedback on the best way to move forward: (1) enhance the current Medical Rebate Data Standard to incorporate new fields identified to date and any others (retain as standalone standard), (2) add Record Type (Utilization Detail Medical) for Medical Rebate

to the Manufacturer Rebate guide and add new fields that have been identified (combine two guides), or (3) eliminate the Record Type (Utilization Detail Medical) for Medical Rebate and add all existing fields (and new fields that have been identified) to the Manufacturer Rebate Utilization Detail record (combine two guides). The survey will be developed during the next quarter.

- The **Medicaid Drug Rebate Program Task Group** continued to work on the development of a white paper, *Medicaid Drug Rebate Program - Challenges Across the Industry*. The white paper will provide the pharmaceutical industry an overview of the Medicaid Drug Rebate Program (MDRP) and information related to disputing invoiced claims, 340B claims submitted for rebate, terminated claims, claim level data necessary to validate summary level invoices, and high-level recommendations which would benefit the overall MDRP processes. The goal is to present the white paper to WG7 for approval in February.
- The **Manufacturer Rebate Standard Task Group** presented three recommendations related to Outcomes Based Contracting (OBC): (1) add two new fields to the Utilization Detail Record Type – Patient Eligibility Start Date and Patient Eligibility End Date, (2) add a new Record Type of Outcomes Detail to use as a ‘reference’ file to identify Rx lines, but not duplicate those deemed to be eligible for OBC rebates and to use as a means to share additional data elements to calculate the OBC metrics, and (3) use input to document scenario additions to the Rebate Reference Guide and/or create a separate document and create illustrative examples for improved user comprehension. During the next quarter the Task Group will identify enhancements for the rebate standard(s) with a goal of submitting a DERF for the February Work Group meeting.

New Business:

- Subrogated Medicaid Claims – A request was made to develop a recommendation on a way to improve this process such that the entity paying the claim is the one receiving the rebate. The Work Group agreed to submit this request to the WG9 Medicaid Subrogation Task Group with participation from WG7 participants.

Work Group 9 Government Programs

Ballots Adjudicated:

- **Ballot WG090010** for enhancements to the Financial Information Reporting Implementation Guide is considered a valid ballot having received the required 60%+ of Consensus Group votes and 75%+ approval rating. No comments were received. Following a 30-day appeal period, the ballot will be sent to the NCPDP Board of Trustees for approval.
- **Ballot WG090011** for the initial release of the Prescription Drug Monitoring Programs (PDMP) Reporting Standard Implementation Guide Version 10 is considered a valid ballot having received the required 60%+ of Consensus Group votes and 75%+ approval rating. Forty-two (42) affirmative with comment and one (1) negative with reason comment were received. WG9 reviewed and categorized the comments. See Letter Ballot Comment spreadsheet for the ballot results. Following a 30-day appeal period, the ballot will be sent to the NCPDP Board of Trustees for approval.

Task Groups:

- The **Prescription Drug Monitoring Program (PDMP) Task Group** reviewed and updated the white paper, *NCPDP’s Recommendations for an Integrated, Interoperable Solution to Ensure Patient Safe Use of Controlled Substances Version 2.1, November 2016*. Based on enhancements to the content, a decision was made to rename the white paper *NCPDP Standards-based Facilitator Model for PDMP - An Interoperable Framework for Patient Safety* and publish as version 10. WG9 approved the white paper.

The task group also reviewed the [State PMP Tracking Document](#) and updated PMP information for the following states: Idaho, Illinois, North Carolina, New Hampshire, Minnesota, Rhode Island,

Tennessee, Vermont and Washington. A review and update of drugs of concern and/or state scheduled drugs is underway.

- The **340B Task Group** continued review and enhancements to the 340B Reference Guide. A spreadsheet with the comment details has been created to track the comments and resolution. The goal for the next quarter is to complete the review of the comments, make required updates to the guide, and bring forward to WG9 for review/approval in February.
- The **Government Programs Encounter Reporting Standards Task Group** finalized the questions for use in surveying State Medicaid agencies about the standardized file format and reject codes for encounter rejections. The task group also developed a timeline and approach for preparing deliverables with smaller groups working on components with the objective of submitting a DERF in February with a goal to achieve delivery of the new standard to the industry in 2019 at the latest.
- The **Medicaid Subrogation FAQ Task Group** did not meet this quarter.
- The **Medicaid Frequently Asked Questions Task Group** formed a sub-task group to perform a Formulary & Benefit Standard gap analysis for the purpose of developing a standard file layout for State Medicaid agencies to use when providing their Medicaid formularies to Managed Care Organizations in markets where the State Medicaid agency mandates the State's formulary be used in Managed Care. The recommendation is to use the existing NCPDP Formulary & Benefit Standard. During the next quarter the sub-task group will review proposed new fields and values for the Formulary & Benefit Standard and will discuss Cost Share, PA Processor Indicator, and Messaging to Pharmacy and PBM.

The Medicaid FAQ task group also made modifications to the draft provider file layout

- Changed Prescriber Credentials field to Provider Type field as a user-defined field, 100 characters in length, with no NCPDP assigned values; still an optional field.
- Added Enrollment Status field with Active, Inactive, and Terminated values; optional.
- Added two fields for out of state enrollment; optional
 - Other State Medicaid ID (Medicaid ID assigned by another state)
 - Issuing State (State issuing Other State Medicaid ID)

During the next quarter the task group will begin development of a Provider Enrollment File Standard Implementation Guide and Data Dictionary/ECL modifications with the goal of submitting a DERF for approval in early 2019.

- The **Hospice Task Group** developed a Q&A document based on questions received during the July 24, 2018 Hospice Educational webinar hosted by NCPDP. The document and information for the recorded webinar is available on the task group's page on the Collaborative Workspace. Educational outreach will continue with Medicare Part D plan hospice contacts. During the next quarter the task group will work with CMS on the development of a Hospice Collection Notice. The task group will also review the *Hospice Information for Medicare Part D Plans* form and submit modifications to CMS.
- The **Medicare Standardized Fraud, Waste and Abuse (FWA) Training Attestation Task Group** reviewed new Guidance issued April 2, 2018, CMS-4182-F: Reducing the Burden of the Compliance Program Training Requirements (§§ 422.503 and 423.504). This provision does not eliminate Parts C and D compliance program and FWA training for First Tier, Downstream, and Related Entities however it does change how the plan sponsor can achieve these training requirements for its FDRs. With confirmation from CMS that it will continue to support the Medicare Learning Network modules, the Task Group proceeded to solicit feedback from members' compliance and legal departments in effort to update the FWA Attestation to reflect the current CMS guidance. The Task Group presented a revised FWA Attestation which was approved by WG9. The form will be

submitted to NCPDP Database Services as the next step in the process of adding to the pharmacy profile.

- The **Medicare Prescription Drug Event (PDE) Task Group** reviewed eight outstanding questions (Q35, Q40, Q50, Q51, Q59, Q62, Q67, and Q68), reviewed two new questions (Q67 EA Plans-Negative NPP in Coverage Gap and Q68 PDE Edit 747 Issues), finalized three questions which were submitted to CMS (Q35, Q40, and Q50), and closed two questions (Q59 Modifications to the Reopening Request Spreadsheet and Q68 PDE Edit 747 Issues). The task group will continue to review PDE questions, recommend solutions based on CMS guidance or refer questions to CMS when appropriate.
- The **Medicare Financial Information Reporting Task Group** reviewed two scenarios: Scenario 1 – There is a gap between the member’s retroactive termination and a subsequent enrollment period and Scenario 2 – There is a gap between two retroactive termination periods. Based on this review and input submitted to CMS, changes pertaining to Financial Information Reporting (FIR) transactions which are part of Automated True Out Of Pocket (TrOOP) Balance Transfers (ATBT) are forthcoming. These technical updates will impact how FIR transactions are to be processed for certain retroactive terminations beginning on January 1, 2019. During the next quarter the task group will begin work on the next version of the Financial Information Reporting Questions, Answers and Editorial Updates document, payer sheets, and example updates based on this change.
- The **OIG Report OEI 05-12-00540 Task Group** is on hiatus.
- The **Medicare Part D FAQ Task Group** submitted a letter to CMS regarding clarification and recommendations to support opioid requirements. The task group also reviewed the CMS 2019 Parts C & D Call Letter, discussed a 340B Unique BIN/PCN question from CMS, and reviewed Quantity Prescribed Billing Scenarios and Billing Examples developed by WG1 FAQ Controlled Substances Task Group.
- The **Medicare Card Project Task Group** is monitoring the situation where a member's Medicare Beneficiary Identifier (MBI) changes after disenrollment and no updated MBI is received resulting in PDE rejects and/or COB issues. The issue was submitted to CMS on August 16th and CMS responded advising those experiencing this issue to open a Medicare Advantage Plan (MAPD) help desk ticket and submit their examples. CMS is still analyzing the data to determine appropriate action. The task group will continue to review CMS memos and address questions as needed throughout the transition period.
- The **Coordination of Benefits Contractor (COBC)/Benefits Coordination & Recovery Center (BCRC) Task Group** reviewed H.R.6 - SUPPORT for Patients and Communities Act, section 4002, and the impact to supplemental payers and Medicare Part D plans. Follow-up actions have been identified for next quarter. The task group will continue working with CMS on the development of the qualified SPAP ADAP BIN/PCN listing that will be generated from Health Plan Management System (HPMS) (referenced in Prescription Drug Benefit Manual, Chapter 14 50.4 – Processing Claims and Tracking TrOOP (pages 26-27)).
- The **Standardized Pharmacy Credentialing Task Group** was disbanded. The task group did not get a great deal of participation and buy-in from stakeholders on the proposed standard or adoption of a standard if one were to be created.
- The **Medicare Part D Multi-Payer Reconciliation Task Group** is reviewing scenarios in the Multi-Payer Non-Responder Financials document to develop a best practices flow document.

Work Group 10 Professional Pharmacy Services

Ballots Adjudicated:

- **Ballot WG100009** for enhancements to the Structured and Codified Sig Implementation Guide is considered a valid ballot having received the required 60+% of Consensus Group votes and 75%+ approval rating. There were no comments received. Following a 30-day appeal period, the ballot will be sent to the NCPDP Board of Trustees for approval.

Old Business:

- A **USP Allergy Update** was provided to the Work Group.
- Tammy Powell of the National Library of Medicine provided a status report on the USP Expert Panel Exchange of Compounded Preparation Information in Health IT Systems.

Task Groups:

- The **MTM and Pharmacist Clinical Services Task Group** provided an update on the process to move forward in reconciling the Health Level Seven International (HL7) September 2017 ballot for the eCare Plan. A contractor is also working on linking the HL7 value sets to the implementation guides and assisting with the Fast Healthcare Interoperability Resources (FHIR) implementation guide with a goal of completing prior to May 2019. The task group announced the *MTM Billing Guidance for Pharmacists' Professional and Patient Care Services White Paper* was completed and published on the NCPDP website.
- The **mL White Paper Task Group** conducted a draft survey to retail chains to collect feedback on the implementation of (or lack thereof) policies as a result of the *NCPDP Recommendations and Guidance for Standardizing the Dosing Designations on Prescription Container Labels of Oral Liquid Medications White Paper*. The final author in rolling authorship has returned the document with their revisions for review by the task group. The task group will also work on reviewing survey results.
- The **Universal Medication Schedule White Paper Task Group** provided an update on the scope of the task group and next steps that will be taken to revise the *Universal Medication Schedule White Paper*. The task group has had some preliminary review and revisions of the white paper by task group participants and is working with industry SMEs to review the paper.
- The **Electronic Referral Task Group** approved scope and goals. The task group has identified use cases and is in the process of reviewing various standards to accomplish the goals.
- The **WG14 Consultant Pharmacist Interoperability Task Group** provided an update to the Work Group regarding the status of the pilot with various vendors for the *Consultant Pharmacist Consult Note*.
- The **Joint WG10/WG14 Standardized Medication Profile Task Group** provided an update to the Work Group on its work in identifying and defining key components of a Medication Profile as it relates to the Improving Medicare Post-Acute Care Transformation (IMPACT) Act. The task group is reviewing NCPDP and external standards and identifying gaps and solutions needed in order to standardize the transfer of Medication Profile information across different entities.
- The **WG18 Specialty Requirements for ePrescribing Task Group** reviewed all the data requirements on sample enrollment intake forms and determined which elements are mandatory/situational and need to be repeating.

New Business:

- Jean Duteau, Duteau Design Inc., provided a presentation regarding Medication Knowledge and HL7 efforts.

Work Group 11 ePrescribing & Related Transactions

Ballots Adjudicated:

- **Ballot WG110079** for the Formulary and Benefit Standard is considered a valid ballot having received the required 60% of Consensus Group votes and 75%+ approval rating. There were no comments received. Following a 30-day appeal period, the ballot will be sent to the NCPDP Board of Trustees for approval.
- **Ballot WG110080** for the SCRIPT, Specialized and XML Standard is considered a valid ballot having received the required 60% of Consensus Group votes and 75%+ approval rating. There was one affirmative comment which was categorized as persuasive and editorial. Following a 30-day appeal period, the ballot will be sent to the NCPDP Board of Trustees for approval.

DERFs/ECLs Reviewed:

- DERF 001624 was approved as modified.
- DERF 001625/ECL 000272 was approved as modified.
- DERF 001628 was approved as modified.
- DERF 001643 was approved.
- DERF 001644/ECL 000279 was approved.
- DERF 001645/ECL 000280 was pended to the WG11 SCRIPT Implementation Recommendations Task Group for additional work.
- DERF 001646 was approved.
- DERF 001647 was approved as modified.
- DERF 001648/ECL 000281 was withdrawn.
- DERF 0001649 was approved.
- DERF 001650/ECL 000282 was pended to the WG11 RxFill Task Group for additional work.
- DERF 001651/ECL 000282 was pended to the WG11 RxFill Task Group for additional work.
- DERF 001652/ECL 000284 was pended to the WG11 RxFill Task Group for additional work.
- DERF 001653 was approved.
- DERF 001654 was approved.
- DERF 001655/ECL 000285 was approved.
- DERF 0001656 was approved.
- DERF 0001657 was approved.
- DERF 0001658 was pended to the Dispensed Medication Reporting Task Group for additional work.
- DERF 0001659 was approved.
- DERF 0001660 was approved.

Old Business:

- The following update on the next version of the SCRIPT Standard regulation was provided:
 - An error has been found in the schema that has a restriction of a max length of 1 for FacilitySpecificHoursOfAdministrationTiming/HoursOfAdministrationTiming. It should be a max length of 5. This needs to be corrected which will cause a republication of the schema.
 - The 10.6 to 2017071 cross-walk has had a few modifications. A new version has been published.
 - The NCPDP SNIP Timeline paper has been published.
 - An update on Electronic Prescribing of Controlled Substance (EPCS) prescriptions was provided.

Task Groups:

- The **Dispensed Medication Reporting Task Group** submitted DERFs 001657 and 001658.
- The **ePrescribing Regulatory Task Group** did not meet this quarter.

- The **Formulary and Benefit Task Group** received approval on updates to the *Formulary and Benefit Implementation Recommendations* document. They are working on modifications to Reason For Use, a new formulary status, and an error found with general messaging.
- The **Harmonization of Prescribing and Dispensing Units Task Group** was disbanded. Reminder: The sunset of several QuantityUnitOfMeasure code values will take place in September 2019. A copy of the code list to be sunset is available in the November 2018 Work Group Materials download folder on the WG11 ePrescribing and Related Transaction members' only page of the NCPDP website.
- The **Implementation of Structured Sig Task Group** discussed the appropriateness of the element names in the Indication complex group. They will continue discussion over the next quarter.
 - The **Structured and Codified Sig Format Implementation Guide Analysis Sub-Task Group** was disbanded.
- The **NCPDP/HL7 Pharmacist Functional Profile Task Group** is creating guidance on the use of the *HL7 EHR-S Functional Profile: Meaningful Use, Release 1 - US Realm (MU EHR-S FP)* for the pharmacy industry.
- The **Prior Authorization Workflow to Transactions Task Group** received approval on updates to the *SCRIPT Implementation Recommendations* document. They will continue working on modification to the *SCRIPT Standard Implementation Guide* and delegated electronic prior authorization.
- The **REMS Workflow to Transactions Task Group** brought forth pended DERFs 001624 and 001625/ECL 000273.
- The **WG11/WG14 RxFill Task Group** brought forth DERF 001566. They continued review of several use cases for modifications to the RxFill transaction.
- The **SCRIPT Implementation Recommendations Task Group** brought forth DERFs 001628, 001644/ECL 000279, 001647, 001645, and 001655/ECL 000285. They received approval on updates to the *SCRIPT Implementation Recommendations* document as well as approved the parameters to be used for the *Version 2017071 SCRIPT Implementation Recommendations* document. The task group will be working on criteria for a new *SCRIPT Implementation Recommendations* document starting with *SCRIPT Standard Version 201707*.
- The **WG14 LTPAC ePrescribing Task Group** brought forth DERFs 001650/ECL 000282, 001651/ECL 000283, 001652/ECL 000284, and 01653 and received approval on updates to the *SCRIPT Implementation Recommendations* document.
- The **X12 270/271 version 7030 Review Task Group** completed the review of the X12 270/271 TR3. The comments have been submitted to X12.
- The **XML Task Group** reviewed all submitted DERFs and provided recommendations and discussed a reorganization of the current medication elements and making the product identification mandatory.
- The **MC Gender Transition Task Group** brought forth DERF 001660.

New Business:

- The following new DERFs were brought forward: 001643, 001645/ECL 000280, 001646, and 001649.
- Reviewed the additions to the External Code List (ECL) values found in Version 2017071 data element. The Work Group voted to not move forward with the incorporation of the additions to the ECL at this time.

WG14 Long Term and Post Acute Care (LTPAC)

Old Business:

- An update was provided on the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patient and Communities Act. An update was provided on the IMPACT Act.

Task Groups:

- The **LTPAC Current Billing Issues Task Group** provided updates on their activities throughout the quarter which includes:
 - Firvanq Billing Issue Update
 - Discussed Post Consumption billing issue where an NDC change occurs mid-cycle.
 - Discussed use of the CMS Part D Qualified Facility Flag (997-G2) by the industry today.
- The **Consultant Pharmacist Interoperability Task Group** did not meet this quarter but provided an update regarding the efforts underway to pilot the [C-CDA Consult Note Guidance Document](#). Efforts to organize a pilot that incorporates the task group's recommendations continue. The pilot will include an LTC EHR participant, an LTC physician practitioner EHR participant and a consultant pharmacist software participant. Currently, two consultant pharmacist software packages, two LTC facility EHR systems, and one LTC practitioner EHR system have expressed an interest. All these companies have development pipelines that are already at capacity therefore, development efforts specific to the Consultant Pharmacist Consult Note pilot are likely a few months out.
- The **Long Term and Post-Acute Care ePrescribing Task Group** brought forth DERFs 001650/ECL 000282, 001651/ECL 000283, 000162/ECL 000284, and 001653 which were reviewed in WG11 ePrescribing and Related Transactions. DERF 001653 was approved and the other DERFs were pended back to the task group.
- The **WG14/WG10 Standardized Medication Profile Task Group** discussed and agreed the task group's main business case is to allow for a complete medication profile transfer between healthcare entities for effective care delivery and to meet the goals of the IMPACT Act.
- The **WG11/WG14 RxFill Task Group** continued looking at RxFill use cases including partially dispensed and profiled medication. They brought forth DERF 001656 which was approved in WG11 ePrescribing and Related Transactions.
- Updates were received from the following task groups:
 - WG1 Morphine Equivalent Dosing Sub-Task Group
 - WG9 Medicare Part D FAQ Task Group
 - WG9 Hospice Task Group
 - WG11 270/271 Version 730 Review Task Group

Work Group 16 Property & Casualty/Workers Compensation

Task Groups:

- The **Legislative/Regulatory Monitoring and Education Task Group** provided updates on legislative and regulatory initiatives affecting Arizona, California, Colorado, Kentucky, Montana, and New York.
- The **Billing and State Reporting Task Group** provided an update on Virginia Workers' Compensation Commission's adopted proposed rule for electronic medical billing regulation and companion guide.
- The **Future Development Needs for WC/PC Task Group** did not meet this quarter. This task group will begin meeting once next versions of both NCPDP and relevant X12 TR3s are finalized to identify WC needs and develop strategies to meet those needs. Members were asked to submit any known issues for consideration.

Work Group 18 Specialty Pharmacy

Ballots Adjudicated:

- **Ballot WG180001** for enhancements to the Specialty Pharmacy Data Reporting Standard Implementation Guide is considered a valid ballot having received the required 60%+ of Consensus Group votes and 75%+ approval rating. One affirmative with comment and one accept with comment were received. WG18 reviewed and categorized the comments. See Letter Ballot

Comment spreadsheet for the ballot results. Following a 30-day appeal period, the ballot will be sent to the NCPDP Board of Trustees for approval.

DERFs Reviewed:

- DERF 001661 was approved with modifications.

Task Groups:

- The **Specialty Pharmacy Data Exchange Sub-Task Group** discussed previous use cases reviewed when the task group was in WG7 Manufacturer and Associated Trading Partner Transaction Standards and began to identify additional use cases. The task group also reviewed DERF 001661 which requests modifications to the Specialty Pharmacy Data Reporting Standard to support the communication of universal patient identifiers.
- The **Specialty Requirements for ePrescribing Task Group** reviewed all the data requirements on sample enrollment intake forms and determined which elements are mandatory/situational and need to be repeating.
- The **Stakeholder Outreach and Education Task Group** discussed their scope statement, identified various stakeholders, discussed the education component, and created a list of goals with a timeline.
- The **Benefit Coverage Identification Task Group** reviewed the current state of Specialty and the ASC X12N 270/271 Health Care Eligibility transaction and its associated challenges.
- The work group received updates from the following task groups from other Work Groups:
 - **WG1 Expanded Dollar Fields Task Group**
 - **WG11 Prior Authorization Workflow-to-Transaction Task Group**
 - **WG11 REMS Workflow-to-Transaction Task Group**
 - **MC Real Time Prescription Benefit Standard Task Group**

New Business:

- The Work Group heard an update on recent WG18 outreach efforts including webinars and a survey.

Work Group 45 External Standards Assessment, Harmonization and Implementation Guidance

Old Business:

- Industry updates were provided for WEDI, NCPDP SNIP, CAQH CORE, X12, and Health Exchanges.

Task Groups:

- The **Document Revision Task Group** reviewed and approved the updated *NCPDP CARC Mapping* document. The task group advised the work group of its intent to review and revise the *Payer Audit Reporting Transaction* document to include a PLB level and PLB with claim level examples per referral from the 834/835 FAQ Task Group. The task group will also review and revise as needed the *X12N/005010X220A1 Benefit Enrollment and Maintenance (834) and the X12N/005010X221A1 Health Care Claim Payment/Advice (835) Questions and Answers* document as an action item from the Standardization Committee to ensure consistency in format as well as in questions and answers. Document Revisions will be responsible for any future updates to the FAQ document in working with the 834/835 FAQ Task Group.
- The **F2 835 Needs Sub-Task Group** presented a spreadsheet that was created by the sub-task group to track the progress and status of Telecommunication Standard VF2 changes to documents housed within Work Group 45.
- The **Pharmacy and/or Combination ID Card Task Group** did not meet this quarter.
- The **X12 7030 834/835 TR3 Review Task Group** did not meet this quarter.

- The **834/835 FAQ Task Group** reviewed and approved a new FAQ within the X12 834 & 835 FAQ document concerning Network Reimbursement ID (545-2F).
- The **DSMO Task Group** received no DSMO requests for review.
- The **DIR 835 Reporting Task Group** completed and brought forth a Direct/Indirect Remuneration (DIR) Reporting Recommendations document for the Work Group to approve. There were further questions and requests to revise the content of the document. The document was sent back to the task group for further review and revisions.

MC Maintenance and Control

DERFs/ECLs Reviewed: 26 new and 4 pended DERFs/ECLs (see WG1, WG11, and WG18).

- DERF 001619 was withdrawn by the submitter.
- DERF 001620/ECL 000269 was approved with no further modifications.
- DERF 001624 was approved with no further modifications.
- DERF 001625/ECL 000272 was approved with no further modifications.
- DERF 001628 was approved with no further modifications.
- DERF 001636 was pended.
- DERF 001637 was approved.
- DERF 001638/ECL 000275 was approved.
- DERF 001639/ECL 000276 was approved.
- DERF 001640/ECL 000277 was approved.
- DERF 001641/ECL 000278 was approved with no further modifications.
- DERF 001642 was approved.
- DERF 001643 was approved.
- DERF 001644/ECL 000279 was approved.
- DERF 001645/ECL 000280 was pended.
- DERF 001646 was approved.
- DERF 001647 was approved with no further modifications.
- DERF 001648/ECL 000281 was withdrawn by the submitter.
- DERF 001649 was approved.
- DERF 001650/ECL 000282 was pended.
- DERF 001651/ECL 000283 was pended.
- DERF 001652/ECL 000284 was pended.
- DERF 001653 was approved.
- DERF 001654 was approved.
- DERF 001655/ECL 000285 was approved.
- DERF 001656 was approved.
- DERF 001657 was approved.
- DERF 001658 was pended.
- DERF 001659 was approved.
- DERF 001660 was approved.
- DERF 001661 was approved with no further modifications.

Old Business:

- Pended Project Development Form 000048 was withdrawn by the submitter.
- The **SNIP Committee** approved the NCPDP SCRIPT Standard version 2017071 Implementation Timeline document and presented it at the Educational Summit. The committee also reviewed the National Committee on Vital and Health Statistics (NCVHS) Predictability Roadmap

recommendations and drafted comments to be presented by NCPDP at the December NCVHS hearing.

- Received updates on:
 - Board of Trustees
 - HIPAA
 - DSMO Change Request System (CRS) Requests No. 1201 and 1202.

Task Groups:

- The **Education/Legislation and Regulations Task Group** submitted comments to ONC on 2018 Draft Interoperable Standards Advisory.
- The **Real Time Prescription Benefit Standard Task Group** completed the review and approval of the layout of the EDI Request and Response in the Implementation Guide and the EDI to XML mapping (Word format). The task group began to review the general content of the Implementation Guide.
- The **API Task Group** continues to focus on an update of the *NCPDP Connectivity Operating Rules*.
- The **Emergency Preparedness Task Group** did not meet this quarter.
- The **X12 TR3 Comment Consolidation Task Group** did not meet this quarter.
- The **ECL Task Group** reviewed the content of a presentation about the effort involved in implementing and maintaining the proposed categorization of Telecommunication Standard reject codes. The presentation will be on the agenda of a future WG1 FAQ Task Group call.
- The **Gender Transition Task Group** started working on a white paper/guidance document on how to reconcile gender edits on the pharmacy side and how to correctly use the reject codes for gender on the payer and pharmacy sides. The task group also submitted DERF 001660 to add an optional value of Preferred Name to the name composite in the SCRIPT and Specialized Standards.
- The **Patient Identification Task Group** submitted DERFs to request modifications to the Uniform Healthcare Payer Data, Specialty Pharmacy Data Reporting, Post Adjudication, and Prior Authorization Transfer Standards to support the communication of universal patient identifiers (UPIs). The task group also completed the initial draft of a guidance document.
- The **Harmonization Formation Task Group** drafted their scope statement and goals and set a preliminary timeline for accomplishing them.
- The **Digital Therapeutics Task Group** has begun discussions, exploration, and discovery into the high-level process flow of the ordering, authorization, fulfillment, and billing of Digital Therapeutics. The task group also drafted their scope statement and goals.
- The **NDC Scarcity Task Group** reviewed the four options proposed by the FDA for the future format of the NDC and reached consensus on an option which would be the least disruptive to the industry. The task group also developed the content for the presentation at the FDA hearing on November 5th.

New Business:

- The attendees received recaps of each Work Group's activities.