November 2016 Work Group Recaps:

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

Work Group 1 Telecommunication

Ballot Adjudication:
- **Ballot WG010072** for the Telecommunication Standard Implementation Guide, Batch Implementation Guide, Post Adjudication Standard Implementation Guide, Audit Transaction Standard Implementation Guide, Prior Authorization Transfer Standard Implementation Guide and Uniform Healthcare Payer Data Standard Implementation Guide is considered a valid ballot having received the required 60+% of Consensus Group votes and 75%+ approval rating. Twenty (20) affirmative with comments were received. WG1 reviewed and categorized the comments. See Letter Ballot Comment spreadsheet for the ballot results. The ballot will be recirculated.
- **Ballot WG010073** for the Benefit Integration Standard 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, notification of the ballot results and the ballot documents will be sent to the Board for approval.

DERFs/ECLs Reviewed:
- DERF 001375 was approved with modifications.
- DERF 001380 was withdrawn.
- DERF 001394 was withdrawn.
- DERF 001395 was withdrawn.
- DERF 001396 was withdrawn.
- DERF 001397 was approved with modifications.
- DERF 001400 was withdrawn.
- DERF 001401/ECL 000205 was recommended for MC to deny.
- DERF 001406 was pended.
- DERF 001407/ECL 000207 was recommended for MC to approve with modifications.
- DERF 001410 was approved with modifications.
- DERF 001411/ECL 000208 was recommended for MC to approve with modifications.
- DERF 001412 was approved with modifications.
- DERF 001414 was approved with modifications.
- DERF 001436 was pended.
- DERF 001437 was approved.
- DERF 001438 was approved with modifications.
- DERF 001439 was approved with modifications.
- DERF 001440 was pended.
- DERF 001441 was approved.
- DERF 001442 was pended.
- DERF 001443 was approved with modifications.
- DERF 001444/Emergency ECL 000211 was recommended for MC to approve.
- DERF 001445 was pended.
- DERF 001462/Emergency ECL 000213 was recommended for MC to pend.

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 only.

- 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 process.
  - We have asked the industry to have input on the implementation timeframe before the NPRM is published.
  - We have 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: Our new target for this regulation is early 2016.
- 01/21/2016 Update from NSG: This policy item is undergoing the rulemaking process, and at this time we are unable to give you a specific timeframe.
- 04/11/2016 Update from NSG: The request is still in the rule making stage, so at this point a formal comment on its status is not available.
- 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: We are in the Rulemaking stage of this policy item. We should have an NPRM out by Mid-2017.
- WG Scope and Goals were approved by the NCPDP Board of Trustees.

Task Groups:
- The **Telecommunication FAQ Task Group** finalized eight questions with recommendations and/or DERFs. Two questions remain under discussion. The group completed the review of the FAQs in the Telecommunication Standard Implementation Guide and the Editorial Document to determine which questions/answers needed to be incorporated into the body of the Implementation Guide and created DERFs. The three requests to add an FAQ to the Editorial Document were approved.
- The **Coordination of Benefits Task Group** reviewed four FAQs, created two DERFs and discussed the use of Patient Paid Amount Submitted. The group will be completing the Patient Paid Amount Submitted analysis and FAQs, updating examples, developing transition guidance and developing a COB webinar.
- The **Information Reporting Problems Task Group** is reviewing and updating the Medicare Part D COB White Paper. Work continues on the N to B Matching Best Practices document and providing recommendations of minimum required field values and verbiage that should be included in COB member notifications in an effort to improve the validation and accuracy of OHI data by Part D Plans. The group will review BCRC OHI Data Validation Logic and identify potential solutions to improve OHI accuracy. The group reviewed and provided feedback to CMS for the new HPMS SPAP/ADAP portal.
- The **Post Adjudication Task Group** did not meet this quarter.
- The **Definition of a Valid Prescriber Task Group** recommended revisions to the Medicare Individual Provider Enrollment File Layout, recommended a delay in the February 1, 2017 enforcement date for CMS 4159/IFC 6107, completed two FAQs and created a DERF.
- The **Part D Supplemental Payment Reporting Task Group** continues to work on a reject code guide applicable to Medicare Part D Nx transactions and will develop an FAQ Document. In addition, the task group is coordinating with the WG1 Information Reporting Nx Matching Sub-Task Group to determine which fields are critical for primary matching and secondary matching.

Based on the results, the task group will identify the appropriate reject codes for those fields; all reject codes that are not appropriate will also be identified.

- The **Eligibility Verification Enhancements Task Group** created two DERFs to address the business cases presented to the task group. The DERFs add a Plan Name to an E1 response and added flexibility for changes to the Medicare/Medicaid benefits.
- The **Benefit Integration Task Group** did not meet this quarter**.**
- The **Standardized Subrogation Task Group** reviewed and addressed feedback regarding pended DERF 001375 and two different business cases. The group decided Patient Paid Amount Submitted (433-DX) could be used if required by regulatory authority such as Medicare Part D Payer to Payer and to keep basic examples of subrogation transactions in the guide and address more complex scenarios in a Best Practices or FAQ document.
- The **Usage of Submission Clarification Codes (SCC) Task Group** performed analysis on the use of SCC 2 and reviewed references to existing SCC codes and developed D.0 guidance to add to the Editorial Guide. The task group created one new DERF to replace the three pended DERFs. The task group will continue to monitor WG14 activity on removing short cycle SCCs.
- The **Compound Task Group** addressed an FAQ and explored possible solutions to the problem of reporting compound ingredients without NDC numbers. The task group will develop guidance with WG2 on billing ingredients without NDCs and create a DERF to define a compound prescription claim.
- The **Attachments Task Group** reviewed potential workflows. The data requirements for each use case must be developed and codified. The group discussed using the Specialized Standard and modifying the Telecommunication Standard. The task group needs more participation. In addition, if payers/PBMs have data elements that are needed to adjudicate a claim but can't bill in real-time or have programs/services on the horizon, those requirements need to be brought to the task group.
- The **Copay Assistance Task Group** reviewed two ways of using the N transaction for communicating a record of supplemental payment and created a sub task group to illustrate transaction mechanics necessary for correct recording and allocation of copay assistance toward member copay.

Work Group 2 Product Identification

Ballot Adjudication:
- **Ballot WG020008** for the Product Identifiers Standard Implementation Guide v1.3 is considered a valid ballot having received 60%+ of Consensus Group votes and 75%+ approval rating. One negative with reason vote and thirty-six affirmative with comments votes were received. WG2 reviewed and adjudicated the comments. The negative vote was changed to affirmative with comments. All comments were categorized as not persuasive. See Letter Ballot Comment spreadsheet for the ballot results. Following a 30-day appeal period, notification of the ballot results and the ballot documents will be sent to the Board for approval.

Old Business:
- 2016 Scope and Goals were approved by the Board of Trustees.

Task Groups:
- The **Structure Product Labeling Activities Task Group** had no new activity to report this quarter.
- The **Product Review and Billing Unit Exception Task Group** is reviewing the exceptions within the Implementation Guide and issues resulting from changes to existing products or release of new products. The task group:
    - Reviewed ten products to determine the billing unit and package size.

- Reviewed and submitted to WG2 for adjudication two new QUIC forms: (see final adjudication determination by the WG in this report).
  - QUIC #201608 Soliqua NDC 0024-5760-05 and 0024-5761-05
  - QUIC #201609 Adlyxin NDC 0024-5747-02 and 0024-5745-02
- For July, August and September 2016, 2,381 new and two changed billing unit indexing files were generated by FDA based on the files received by the compendia. The Billing Unit Discrepancies working group comprised of compendia representatives has reconciled the 8 NDCs with discrepancies. The compendia group also reconciled one outstanding discrepancy from the 61 discrepancies from April to June.
- Responded to two inquiries from medical device manufacturers seeking information about obtaining an identifier for billing and reimbursement purposes.

- The **SPL REMS Requirements Task Group** is gathering the data needed to develop a template for pharmaceutical manufacturers to use in electronic submission of all the components for risk evaluation and mitigation strategies (REMS) drugs to a central repository (DailyMed) via FDA's Structured Product Labeling system. The attendees were informed of a new version of the SPL Implementation Guide and Validation Procedures posted by the FDA at http://www.fda.gov/downloads/ForIndustry/DataStandards/StructuredProductLabeling/UCM321876.pdf. The changes include sections for "Risk Evaluation and Mitigation Strategy (REMS)" and "REMS Shared System Indexing." It was reported the FDA opened voluntary submissions of REMS SPL on September 30, 2016. The FDA has targeted 2019 or later for mandatory submissions of REMS SPL as it cannot take effect until 24 months after issuance of FDA's final guidance. The **Dates Associated with Pharmaceutical Products Task Group** continues to work on the content of a white paper which describes the definitions of the data elements in the different market segments and the life cycle of a product. A critical objective of the paper is to help manufacturers better understand when to notify compendia of an end date. It will also address the timing of notifying the Compendia and Medicaid State Agencies. The paper is probably more for the pharmaceutical manufacturers in the industry to understand the downstream impact of the dates as reported as all these stakeholders use them for various reasons.

- The **Naming Standards for Drugs, Biologics and Biosimilars Task Group** had no new activity to report this quarter.

- The **Application of the Billing Unit Standard Clarification Task Group** did not meet.

- The **503B Guidance Task Group** was disbanded.

- The **Product Service Identifier Expansion Task Group** did not meet.

- An update on the **WG2/WG11 Harmonization of Prescribing and Dispensing Units Task Group** was provided. See WG11 meeting minutes.

New Business:

- New QUIC Forms Reviewed**:**
  QUIC #201608 Soliqua NDC 0024-5760-05 and 0024-5761-05
  BU= mL with a quantity of 15 per section 5.2.2 of the BUS.
  QUIC #201609 Adlyxin NDC 0024-5747-02 and 0024-5745-02
  BU= mL with a quantity of 6.0 per section 5.2.2. For the starter kit, 5.2.9 of the BUS applies as well.

Presentations:

- Kavita Aggarwal, Pharm.D., Sr. Director, Medical Affairs for Cempra gave a presentation about a new antibiotic class, Solithromycin, for the treatment of pneumonia.

- Todd Edwards, Pharm.D., BCPS, BCOP, Director/Team Leader, Health Systems Oncology, Merck & Co. informed the attendees of a labeling update to Keytruda®. This drug is now indicated for the treatment of patients with recurrent or metastatic head and neck squamous cell carcinoma (HNSCC).

Work Group 7 Manufacturer and Associated Trading Partner Transaction Standards

DERFs/ECLs Reviewed:

- DERF 001446 was pended.

Old Business

- 2016 Scope and Goals were approved by the Board of Trustees.

Task Groups:

- The **Medical Rebate Standard Task Group** did not meet this quarter. A joint call with the Manufacturer Rebate Standard Task Group will be held during the next quarter to identify industry needs related to the Medical Rebate Standard and next steps.
- The **Medicaid Drug Rebate Program Task Group** is working to update the white paper titled, "Use of the NCPDP Manufacturer Rebate Standard to Support Payment Processes Between Medicaid and Supplemental Programs and Pharmaceutical Companies" which was published in 2010.
- The **Manufacturer Rebate Standard Task Group** reviewed August DERFs with potential impact on the Manufacturer Rebate Standard including a change to the Submission Clarification Code 340B value and expansion of the Product/Service ID field to 40 bytes. The task group submitted DERF 001446 requesting new fields be added to the Manufacturer Rebate Standard. The DERF was pended to the task group for additional work. The task group is seeking comment on the fields included in the DERF and participation of business and technical resources with interest in field changes to the claims detail file.
  - o **Specialty Pharmacy Data Exchange Sub-Task Group** continued work on a draft file format for the Dispense Report Use Case in an effort to standardize the data submitted by Specialty Pharmacy to drug manufacturers and others to support programs and agreements between the parties. The Task Group has identified the necessary data elements and agreed on a flat file format. During the next quarter, the task group will work on the development of an implementation guide.
- The **Formulary Management Survey Task Group** did not meet this quarter.

Work Group 9 Government Programs

Ballot Adjudication:

- **Ballot WG090008**, Enhancements to the Financial Information Reporting Standard Implementation Guide Version 13, 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, notification of the ballot results and the ballot documents will be sent to the Board for approval.

Old Business

- 2016 Scope and Goals were approved by the Board of Trustees.

Task Groups:

- The **340B Task Group** reviewed DERF 001441 submitted by the NCPDP WG1 Usage of Submission Clarification Code (SCC) Task Group which would sunset Submission Clarification Code (Field 420-DK) value 20 – 340B and create a new field, Submission Type Code, with a value

for 340B. During the next quarter, the 340B task group will discuss a possible modification to the 340B value description to better describe what it means in an N transaction.

- The **Government Programs Encounter Reporting Standards Task Group** is working to develop a new Encounter Reporting Standard. The task group is reviewing the Post Adjudication Standard to determine which fields should be included in the new standard. To assist in this effort the task group conducted a survey of State Medicaid programs to understand what changes states are making to the Encounter file layout to meet their reporting needs. The task group is also reviewing the information from states using the Batch Standard to see if there are similar needs for fields in the new standard.

- The **Health Insurance Exchange/Marketplace Task Group** was disbanded.

- The **Hospice Task Group** developed a survey to gather input from hospices, Part D plans and pharmacies impacted by Hospice processing to understand what is working and what the challenges are. The survey will be distributed during the next quarter.

- The **Medicaid Subrogation FAQ Task Group** did not meet as no new questions were received.

- The **Medicare Financial Information Reporting Task Group** recommended modifications to the Prescription Drug Benefit Manual, Chapter 14-30.2-1-Other Payer Supplemental to Part D and applicability to TrOOP, continued work on an automated report for Part D plans for audited off enrollment to provide the documentation needed for plan of record and non-plan of record and also reviewed the annual contract email verification process.

- The **Medicare Part D FAQ Task Group** finalized three questions and responses which were approved by WG9 for publication in the Medicare Part D FAQ document (Drug Shortages and Foreign Manufactured Drugs, Antibiotic Exclusion, and CMS Labeler List for Coverage Gap Discount). After the WG9 meeting it was brought to the attention of the Standardization Co-Chairs that the question/response for "Antibiotic Exclusion" contained proprietary identifiers of one drug compendia. The FAQ was pended back to the task group for modification.

- The **Medicare Prescription Drug Event (PDE) Task Group** reported that three questions were finalized and submitted to CMS; five questions were completed and closed. The task group continues to monitor NSDE file update timing in relation to possible PDE edits and questions related to PDE Edit 671 as there appears to be an increase in the number of situations in which these edits are being returned.

- The **Medicare Standardized Fraud, Waste and Abuse Training Attestation Task Group** reported the Fraud, Waste and Abuse Training Attestation Form was added to the NCPDP dataQ® pharmacy file and available for use on September 23, 2016. Due to the number of pharmacy inquiries received by NCPDP Database Services staff, a FAQ document was developed for their use in responding to questions. To date, approximately 5,700 pharmacies have submitted attestations online.

- The **OIG Report OEI 05-12-00540 Task Group** finalized the white paper titled, "Recommendations for Use of the NCPDP Telecommunication Standard to Prevent Use of Copayment Coupons by Medicare Part D Beneficiaries and Applicability to other Federal Programs." The white paper recommends the use of new fields, Adjudicated Program Type and Other Payer Adjudicated Program Type as the best available long-term solution for prevention of improper copayment coupon use for drugs paid for by Medicare Part D. The white paper is moving through the NCPDP approval process and will be published when approved.

- The **Prescription Drug Monitoring Program (PDMP) Task Group** updated the white paper to reflect language in the Comprehensive Addiction and Recovery Act (CARA Bill) for PDMP enhancements and recent EDvocacy feedback and add an Executive Summary. The title of the White paper was changed to "NCPDP's Recommendations for an Integrated, Interoperable

Solution to Ensure Patient Safe Use of Controlled Substances" to place more emphasis on patient safety. During the next quarter the task group will begin work on a Controlled Substance Reporting Standard.

- The **Supplemental Payer Part D Reconciliation Standardization Task Group** did not meet this quarter.
- The **Medicare/Medicaid Claim Billing Issues Task Group** did not submit a report this quarter and the task group leads were unable to attend the Work Group meeting.

New Business:

- WG9 approved requests for the following new task groups:
  - **Medicaid Best Practices Using NCPDP Standards to Implement Reimbursement Methodology** to develop a white paper to provide best practices for AAC/FFUL/NADAC implementation to ensure accuracy in reimbursement.
  - **Social Security Number Removal Initiative (SSNRI)** to identify impact of the SSNRI initiative throughout the NCPDP standards where HICN is used, provide recommendations and respond to questions.
  - **Medicaid FAQ t**o address questions that warrant consistent application of Medicaid policies across the industry where claims or other NCPDP transactions are involved (e.g., Medicaid mega rule (CMS 2390-F), Provider Enrollment, implementation of the next HIPAA version of NCPDP standards).
- NCPDP EDvocacy/Legislative Update was provided.

Work Group 10 Professional Pharmacy Services

Old Business:

- An update was provided on the current status of the United States Pharmacopeia (USP) Allergy Project
- 2016 Scope and Goals were approved by the Board of Trustees.

Task Group Reports:

- The **MTM Communications Task Group** continues to develop new functionality using the CCDA Release 2 Clinical Notes. The *Pharmacist Care Plan: Guidance on the Use of the HL7 CDA Consolidated Templates for Clinical Notes R2.1 Care Plan* was published and has been shared with HL7 work groups co-sponsoring the development of the Pharmacist Care Plan C-CDA. The task group is currently working on a marketing document to call attention to the various NCPDP standards and recommendation documents supporting pharmacist's clinical services.
- The **Acetaminophen Best Practices Hospital Safety Sub-Task Group** has completed its work and no longer has a lead. The task group was disbanded.
- The **Scope and Goals Task Group** was disbanded as the proposed Scope and Goals were approved by the Board and no further action is needed.
- An update was provided on the activities of the WG11 **Specialty Requirements for ePrescribing Task Group**.
- An update was provided on the C-CDA development work being pursued by the **WG14 Consultant Pharmacist Interoperability Task Group**.

New Business:

- Discussion regarding industry adoption and updated research on the use of metric quantities in prescribing, labeling and dosing devices which resulted in the reactivation of the mL White Paper Task Group.

- Discussion on reporting test results, e.g., laboratory (A1C, LDL/HDL, triglycerides), blood pressure, weight, etc. to support pharmacist clinical services for reporting. Input was sought on the potential for using the Telecommunication Standard Clinical Segment and billing in the same manner as immunization administration. Other possibilities were suggested and pros and cons were provided. In general there was support for identifying a method for reporting these values both for reimbursement purposes and to give evidence of therapy outcomes.
- Discussion of a request for NCPDP to develop a white paper and do outreach regarding pediatric dosing errors resulting from failure to order with both the metric weight and the volume especially with products of variable concentrations and to include the infant's weight, especially with patients weighing 50 kg or less. There will be follow-up discussions with the Institute for Safe Medication Practices (ISMP).

Presentations:
- Ross Martin MD, MHA, Program Director, Research and Transformation, CRISP provided a presentation CRISP: A Regional Health Information Exchange Serving Maryland and D.C. Additionally he reprised his old favorite "BOB the DERF" to entertain the group.

Work Group 11 ePrescribing & Related Transactions

Ballot Adjudication:
- **Ballot WG110070** for the SCRIPT and Specialized Standard is considered a valid ballot having received the required 60% of Consensus Group votes. Only affirmative written comments were received. The Work Group adjudicated them as persuasive and editorial. Following a 30-day appeal period, notification of the ballot results and the ballot documents will be sent to the Board for approval.
- **Ballot WG110071** for the Prescription File Transfer Standard is considered a valid ballot having received the required 60% of Consensus Group votes. Two sets of affirmative written comments were received. The Work Group adjudicated the first set of comments as persuasive and editorial and the second set as not persuasive. Following a 30-day appeal period, notification of the ballot results and the ballot documents will be sent to the Board for approval.

DERFs Reviewed:
- DERF 001421 was approved as modified.
- DERF 001429 was withdrawn.
- DERF 001431 was withdrawn.
- DERF 001447 was approved.
- DERF 001448 was approved as modified.
- DERF 001449 was approved.
- DERF 001450 was approved as modified.
- DERF 001451 was approved.
- DERF 001452 was approved.
- DERF 001453 was approved as modified.
- DERF 001454 was approved.
- DERF 001455 was pended.
- DERF 001456 was approved.
- DERF 001457 was approved.
- DERF 001458 was approved.
- DERF 001459 was pended.
- DERF 001460 was approved.

Old Business:

- EDvocacy Update was given by Nicole Russell, NCPDP.
- 2016 Scope and Goals were approved by the NCPDP Board with modifications.

Task Groups:

- The **Formulary and Benefit Task Group** submitted DERFs 001457, 001458, 001459 and 001460. They have also been working on Operating Rules for the Formulary and Benefit Standard Implementation Guide v50.
- **WG14 LTPAC ePrescribing Task Group** submitted DERFs 001450 and 001453.
- **XML Task Group** reviewed all submitted DERFs and provided recommendations for them.
- **NCPDP/HL7 Pharmacist Functional Profile Task Group** did not meet this quarter.
- **WG11 Electronic Prescribing Best Practices Task Group** submitted DERFs 001421, 001429, 001447, 001448 and 001454. They also provided recommendations for the SCRIPT Implementation Recommendations document for the MA requirements for Controlled Substances and New Rx request by patient. The Standardization Co-Chairs presented a recommendation for the support of maximum characters lengths for the SCRIPT Implementation Recommendations document.
- **REMS and ePrescribing Task Group** did not meet this quarter.
- The **Electronic Prior Authorization Workflow to Transactions Task Group** submitted DERF 001431. They also provided recommendations for the SCRIPT Implementation Recommendations document to add additional language to the best practices for attachments section.
- The **Meaningful Use and NIST Test Methods for ePrescribing Task Group** did not meet this quarter.
- **Implementation of Structured Sig Task Group** focused on more complicated Sigs that are frequently used. They also provided recommendations for the SCRIPT Implementation Recommendations document for "as needed" and what sig information should be sent on RxChange, RxFill and RxRefill/Renewal messages.
- **Specialty Requirements for ePrescribing Task Group** did not meet this quarter.
    - **Compounding Sub-Task Group** met one time to review DERF 001450. They were disbanded since their work is completed.
- **Harmonization of Prescribing and Dispensing Units Task Group** is determining a standard approach to harmonize product package size units used within prescribing, dispensing, adjudication, clinical and rebate systems to promote patient safety, improve the patient experience, and prevent financial and audit risks and provide recommendations that promote concordance between dispensing and billable units. The task group received approval for the non-precise Quantity Unit of Measure codes of Bar, Kilogram, Liter, Milligram, Sachet, and Tampon to be flagged as sunsetted in the Script Implementation Recommendations document.
- **EPCS Renewal Request Task Group** created a letter that was sent to the DEA in February. They have received a notification the letter was received and the response from the DEA is going through the drafting and review process. They are also looking at the electronic redirection of prescription.
- **SCRIPT Managed Updates Schedule Task Group** is reviewing the proposal to update the NCPDP SCRIPT Standard on a more predictable basis as well as the NCPDP External Code List (ECL) proposals implementation proposal. The task group focused on the relationship between the schema and the External Code List document this quarter.

- **Biologics and Biosimilar Access and Traceability Task Group** began looking at use cases for the sending and receiving of this information using the NCPDP SCRIPT RxFill and medication history transactions.

New Business:
- DERFs 001449, 001452, 001455 and 001456 were submitted.

WG14 Long Term and Post Acute Care (LTPAC)

Old Business:
- The final rule for Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) has been released.
- 2016 Scope and Goals were approved by the Board of Trustees.

Task Group Reports:
- The **LTPAC Current Billing Issues Task Group** is discussing a proposed dedicated segment for LTPAC data elements. DERF 001397, pended to this task group during the August Work Group meetings, was reviewed and approved by Work Group 1 Telecommunication.
- The **ePrescribing Task Group** is looking at the use of the electronic prior authorization transactions in the long term and post-acute care industry. DERF 001450 and DERF 001453 were submitted, reviewed and approved as modified by WG11 ePrescribing and Related Transactions. The task group continues to be focused on capturing gaps and challenges that could potentially be addressed in future versions of the standard.
- The **Consultant Pharmacy Interoperability Task Group** is facilitating standardized messages for consultant pharmacist software, facility EHR and pharmacy dispensing systems. The task group is mapping data elements, defined by ASCP HIT Work Group as required for consultant pharmacist interoperability, to the existing Consultant Note C-CDA template.
- The **Best Available Evidence (BAE) Automation Task Group** discussed the current BAE policy, identified issues and recommendations, and submitted to CMS. Representatives from CMS identified resources to assist with improving the Regional Office processes.
- Received updates from the **WG1 Eligibility Verification Task Group, WG9 Hospice Task Group, WG9 Medicare Part D FAQ Task Group** and **MC Real Time Prescription Benefit Inquiry (RTPBI) Task Group.**

Presentation
- Ross Martin, Program Director, Research and Transformation, CRISP gave a presentation about CRISP: Maryland's Health Information Exchange.

Work Group 16 Property & Casualty/Workers Compensation

Old Business:
- Work Group Scope and Goals were approved by the Board with the addition of the following goal statement: "Educate state Workers' Compensation regulators on the use of the NCPDP real-time Telecommunication Standard."
- DERF 001377 Colorado Compound Codes submitted by WG16 is included in Ballot WG010072 which was adjudicated in WG1 and will be recirculated.

Task Group Reports:
- The **Legislative/Regulatory Monitoring and Education Task Group** provided an update on state regulatory and legislative initiatives affecting Workers' Compensation programs.

- The **Billing and State Reporting Task Group** provided an update regarding states moving to adopt regulations for e-billing, standard paper billing and EDI reporting. They provided comments to Florida and are preparing comments for Colorado proposed rules.
- The **Future Development Needs for WC/PC 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.

New Business:
- Modifications were made to the "Explanation on Usage of the Universal Claim Form For Compounds" to provide guidance for reporting total cost on a multi-page compound paper billing were approved to be published.

Work Group 45 External Standards Assessment, Harmonization and Implementation Guidance

Old Business:
- Industry updates were provided for X12 and CAQH CORE.
- Work Group Scope and Goals were approved by the Board.

Task Groups:
- The **Document Revision Task Group** did not meet as the requested CARCs did not impact the pharmacy industry. One CARC was approved by the Code Committee and the mapping document was approved as updated by the work group. It will be published on the web site and submitted for inclusion in the next *X12 Code Value Usage in Health Care Claim Payments and Subsequent Claims* document.
- The **Pharmacy and/or Combination ID Card Task Group** did not meet.
- The **ASC X12 7030 834/835 TR3 Review Task Group** prepared and submitted comments on the X12 7030 834. The comment period for the X12 7030 835 opened on November 1 and is the task group's next activity.
- The **834/835 FAQ Task Group** did not meet.
- The **DSMO Task Group** received no DSMO requests for review.
- The **CAQH CORE Task Group** has met on only one issue since its inception. As a result it was disbanded with the caveat that it would be reinstated if an issue needing input for NCPDP action were to arise.
- The **DIR Task Group** provided an update on activities during the quarter. The Task Group lead has an employment change and is transferring his membership to another member of his organization who is interested in assuming the leadership role. An interim lead was identified, but no further work is planned until the new lead is in place.
- An update on the **MC UDI Task** Group was provided.

MC Maintenance and Control
DERFs/ECLs Reviewed:
- 44 new and pended DERFs/ECLs were reviewed (see WG1, WG7 and WG11).

DERFs/ECLs Reviewed:
- DERF 001375 was approved with no further modifications.
- DERF 001380 was withdrawn.
- DERF 001394 was withdrawn.
- DERF 001395 was withdrawn.
- DERF 001396 was withdrawn.
- DERF 001397 was approved with no further modifications.

- DERF 001400 was withdrawn.
- DERF 001401/ECL 000205 was denied.
- DERF 001406 was pended.
- DERF 001407/ECL 000207 was approved with no further modification.
- DERF 001410 was approved with no further modifications.
- DERF 001411/ECL 000208 was approved with no further modifications.
- DERF 001412 was approved with no further modifications.
- DERF 001414 was approved with no further modifications.
- DERF 001421 was approved with additional modifications.
- DERF 001429 was withdrawn.
- DERF 001431 was withdrawn.
- DERF 001436 was pended.
- DERF 001437 was approved.
- DERF 001438 was approved with no further modifications.
- DERF 001439 was approved with no further modifications.
- DERF 001440 was pended.
- DERF 001441 was approved with 11 in opposition.
- DERF 001442 was pended with one in opposition.
- DERF 001443 was approved with no further modifications.
- DERF 001444/Emergency ECL 000211 was approved.
- DERF 001445 was pended.
- DERF 001446 was pended.
- DERF 001447 was approved with modifications.
- DERF 001448 was approved with no further modifications.
- DERF 001449 was approved.
- DERF 001450 was approved with no further modifications.
- DERF 001451 was approved.
- DERF 001452 was approved.
- DERF 001453 was approved with no further modifications.
- DERF 001454 was approved.
- DERF 001455 was pended.
- DERF 001456 was approved with no further modifications.
- DERF 001457 was approved.
- DERF 001458 was approved.
- DERF 001459 was pended.
- DERF 001460 was with no further modifications.
- DERF 001461/ECL 000212 was approved with modifications.
- DERF 001462/Emergency ECL 000213 was approved with modifications.

Old Business:
- Received updates on:
  - Board of Trustee
  - HIPAA
- 2016 Scope and Goals were approved by the NCPDP Board.

Task Groups:
- The **Education/Legislation and Regulations Task Group** reviewed and prepared comments for the ONC 2017 Standards Interoperability.

- The **Unique Device Identifier (UDI) Task Group** continued to prepare a survey that will be sent to the membership to gather information on the current use of product/service identifier values.
- The **Real Time Benefit Check Task Group** presented their work on use cases and data requirements. They are seeking comments on their use case and data requirements documents. They seek assistance from the Work Group on several issues:
  - The need for a preferred pharmacy indicator which the Work Group recommended be removed.
  - The requirement for patient financial information to be returned when alternative products are returned in the response which the Work Group recommended as required.
  - Should the Task Group revisit the maximum number of alternative products that can be returned in a response? The Work Group recommended revisiting. Currently the recommendation is to allow up to 30 alternative products to be returned.

  See the NCPDP Collaborative or MC WG download file for more information.
- The **API Task Group** reviewed the survey on the status of API usage. They developed a work plan for moving forward with development of diagrams, examples and educational material.
- The **Emergency Preparedness Task Group** finalized the review of the Emergency Preparedness document and received approval of the document from the Work Group.
- The **X12 TR3 Comment Consolidation Task Group** did not formally meet this quarter. They will begin meeting to review the 007030X323 Health Care Claim: Professional (837P) TR3 and preparing comments.

New Business:
- The attendees received recaps of each Work Group's activities.
- Approved DERF 001461/ECL 000212 with no opposition.
- New Project Development Form 00041 was withdrawn.