

Work Group Recaps:

Work Group 1 Telecommunication

Ballots:

- Ballot WG010022 for the Telecommunication Standard-Requests to support Patient Location, Patient Residence and Reject Code clarifications was valid at 66.53%. The work group categorized the Negative With Reason comments, which were about the Patient Location and Residence. NCPDP had requested the value of pharmacy in April; the response has not been timely. The Ballot will be re-circulated with modifications to use the CMS code list, but treat this as an external NCPDP code list and NCPDP add a value for pharmacy.

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

- DERF 688 requests to “remove the Worker’s Compensation Program restriction on data element ‘Claim/Reference ID’ – field ID 435-DZ and move the field to the COB segment of the telecommunication transaction. Currently this data element is in the worker’s compensation segment. This request is for COB transactions that are non-worker’s compensation claims. As a secondary payer we collect the other payer’s claim number. Collecting other payer’s claim number helps to timely resolve questions pertaining to payment or finalized claims processing and assists us in making correct payments.” was pended by WG1.
- DERF 689 requests to “also place data element ‘Claim Number’ – field ID 601-68 in the Claim Segment of the telecommunication transaction. This request is for reversals or rebilling transactions. As a secondary payer we process reversals or rebills based on the unique key of our number assigned to the claim. The current transaction requires triangulation of data elements in order to attempt the identity of the unique claim. Adding a ‘claim number’ to the transaction would restore a process to easily identify a unique claim for reversals and rebills.” The DERF was pended by WG1.
- DERF 690 requests “as a long-term solution, a request to add Other Payer Paid Amount, Other Payer Allowed Amount, Deductible Amount, Coinsurance Amount, and Copay Amount to the Other Payer Amount Paid Qualifier (342-HC) field to the NCPDP telecommunication transaction. This request is for COB transactions. As a secondary payer we contractually require this payment information from selected primary payers. In addition, this would solve the current temporary solution for Medicare-Medicaid crossovers and other insurers. Adding this information to the transaction resolves our temporary solution.” The DERF was similar to 000692 but requested a different change. The DERF was pended by WG1.
- DERF 692 requests “there is a need to be able to capture the Medicare deductible, coinsurance, and copayment amounts on pharmacy claims that will be processed as part of the new Medicare Part D program. Many state plans are coordinating benefits with their state prescription assistance programs (SPAP) to the Medicare Part D benefit and will require distinct fields for the Medicare copayment, deductible, and coinsurance amounts in order to correctly process the claim. This DERF addresses both version 5.1 and a future version of the Telecommunication Standard.” The DERF was denied by WG1 but recommended the Version 5 FAQ Task Group work on clarifications to the Version 5 Editorial document (WG9, then MC pended the DERF).
- DERF 693 requests to “incorporate the PPS Implementation Guide for Version 5 and Above into the Telecommunication Implementation Guide. Additionally, incorporate the updated ORDUR Implementation Guide into the Telecommunication Guide as an appendix. (WG10 would maintain/review any changes/additions/deletions that are brought forward regarding PPS.)” WG1 approved the DERF as modified by WG10.
- DERF 695 requests “the format of the NDC, UPC, and HRI as used in the Telecommunication Standard needs clarification. In order to provide this clarification,

it is proposed to include the attached question in the FAQ section of the Telecommunication Implementation Guide.” The DERF was pended by WG1.

Task Groups:

- The **Post Adjudicated Pharmacy Reporting** Task Group is continuing to meet biweekly to create a standard. The purpose of the standard is to allow the exchange of Patient claim history from one payer to another when the business moves from one business to another, and to let payers share information with their clients after claims have been processed (for example payer to payer, or payer to medical group). They are working on the implementation guide.
- The **Proposal Patient Validation Standard** Task Group did not provide an update (pilot companies are exchanging claims without patient name (as appropriate)). A document will be creating with findings and recommendations.
- The **Coupon Task Group** will be presenting draft clarifications of coupon processing based on ballot comments at a future meeting.
- The **Prior Authorization Transfer Task Group** is creating a standard format and code set for transferring prior authorizations between Pharmacy Benefit Managers (PBMs). This format would be used when clients change PBMs/Claims Processors and request that their prior authorizations transfer from their previous PBM/Claim Processor to their new PBM/Claim Processor. This task group began meeting to discuss a proposed format.
- The **Long Term Care Pharmacy Task Group** is creating solutions for problems with Return Credit and timing issues of claim amendments.
- The work group discussed Telecommunication Version 5 Frequently Asked Questions from the **Version 5 Questions Task Group**. See documents on WG1 page.
- The **Predetermination of Benefits Task Group** is creating a facility for a pharmacy to submit a claim to an adjudicator to receive a response without causing a claim payment (benefits inquiry). The task group held their first conference call. They are working on issues to build consensus.

Updates:

- An update on Health Insurance Portability Accountability Act of 1996 (HIPAA) activity was given.
- An update of the Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) Committee was given.
- NCPDP SNIP Committee has resumed activities via conference calls. They brought forth a document on Coordination of Benefits (COB) and a document on Compounds for inclusion in the Version 5 Editorial document.
- No Designated Standards Maintenance Organization (DSMO) Change Requests were discussed.
- An update on the Long-Term Living Task Group of Office of National Coordination for Health Information Technology (ONCHIT) was given.

New Items:

- The work group discussed the current version/release system, information will be sent to the membership via email.

Work Group 2 Product Identification

Ballots:

- Ballot WG020002 for the Billing Unit Standard version 2.0 was valid at 67.76%. There were no Negative With Reason comments. After the appeal period, the Ballot will be sent to the Board of Trustees for approval.

Updates:

- An NDC/NCVHS/USP update was provided and RxNorm was discussed.
- Pended QUIC Form #2004011 for Diastat Rectal Gel was reviewed and resolved.
- An update on the compliance letter to Idaho Medicaid was given.

New Items:

- 6 New QUIC forms were reviewed and discussed and all resolved.
- DERF 695 was reviewed and approved as modified.
- A **task group** was formed in collaboration with WG7 Manufacturer Rebates for discussion on a standard for reporting Package Size
- There was discussion on a new product to be released next year by Solvay and recommendations made as to it's dispensing unit.
- The Manufacturer Informational/Submittal Document that is on the website was reviewed and recommendations made for modifications and outreach to the manufacturers.

Work Group 3 Standard Identifiers

Task Groups:

- Task Group 1, **State of the States**, provided an update on new and/or pending legislation and additional attendees signed up to participate in this task group.
- Task Group 7, **Affiliation Codes**, presented a proposed matrix to illustrate changes to the NCPDP Pharmacy Provider File in relation to higher-level grouping of affiliation codes and payment centers. NCPDP Information Technology will analyze the implementation of the proposed changes.

Updates:

- An update was given on the HCId initiative, specifically in reference to the efforts going forth with the Utah Bureau of Medicaid Operations and their goal to implement use of the HCId in 2005.
- Updates were given on HL7, INCITS and NDC.

New Items:

- The work group voted to create a DERF to include an FAQ for leading spaces on I.D. Cards for the Implementation Guide.
- The work group created three new task groups:
 - **National Provider ID** (collaborating with NCPDP SNIP Committee and WEDI Policy Advisory Group)
 - **Payer ID**
 - **Mapping X12 270 to the ID Card**

Work Group 4 Provider/Member Enrollment

Presentations:

- An overview presentation on XML.

Task Groups:

- **TG1 (Provider Enrollment White Paper)** presented its completed draft of a White Paper on member enrollment in government programs to be sent to HHS/CMS. The work group reviewed the document and attendees made minor modifications. The paper was then finalized for presentation during the Maintenance and Control meeting.
- **TG2 (Member Enrollment)** presented a report of its progress to date.

Updates:

- An X12 update was given.

New Items:

- Three DSMO Change Requests were reviewed.

Work Group 5 Payment Reconciliation

Updates:

- The work group was provided with a HIPAA/Regulatory update.
- Task Group 1 report on the updating of the **NCPDP 835 Mapping document** and Payment Template to the 4050 version of the 835 guide was provided.
- Discussion on WG1 Telecommunication task group for Long Term Care was held as their needs relate to the ASC X12N 835.

- An update on the WEDI/SNIP White Paper was given.

New Items:

- DSMO Change Requests 1008 and 1015 were reviewed and the work group agreed to abstain from 1015 and agreed to the recommendations of 1008.
- Illinois HB 1074 was discussed and recommendations made.
- General discussion regarding the ASC X12N 835 was held.

Work Group 7 Manufacturer Rebates

Updates:

- The results from the implementation survey were presented to the work group members present. The members continued to discuss how to reach the appropriate people within organizations who would be knowledgeable enough that they could respond to the survey.
- The **CMS Roundtable Task Group** held a conference call between the August 2004 meeting and the November 2004 meeting. The goal of the task group is to organize a roundtable between NCPDP, CMS, manufacturers and states to encourage CMS to use the NCPDP Manufacturer Rebates standard as the standard for Medicaid claims. A few of the members within the task group are working on building a relationship with CMS to make the roundtable with the manufacturers and the states happen.
- The **Standards Task Group** reported that they have continued to discuss certain fields within the utilization flat file that need to be modified. The task group is hoping to have a draft standard available for review by mid-January that reflects the proposed changes.
- The **Manufacturer Rebates Best Practices Task Group** reviewed the items that were determined as high priority during the August 2004 work groups. The goal of the task group is to have a draft document available for review by mid-January.

New Items:

- WG7 and WG2 have formed a **joint task group** to assist the Office of the Inspector General, who is asking NCPDP for guidance on billing units between CMS and doctor's office on package sizes.
- The Manufacturer Rebates Standard and Implementation Guide have been combined into one document, the NCPDP *Manufacturer Rebates Standard Implementation Guide* as part of the consolidation of all NCPDP standards going forward from version 03.02. See documents on WG7 page.

Work Group 9 Government Programs

Task Groups:

- The **HIT Task Group** that was formed to gather information on the Home Infusion Therapy issues and report back to the work group noted that the White Paper was sent to CMS on September 8th and is on the website, http://www.ncdp.org/frame_news_hipaa_trans.htm. This task group was disbanded.
- The **CMS Task Group** reported that two DERFs were submitted for CMNs and Medicare Claim processing. The task group leads have developed a paper that was sent to the task group in early November outlining flows and issues for Medicare/Medicaid payer-to-payer scenarios.
- The **Medicare Drug Benefit NPRM Task Group** completed their review of the NPRM and submitted the NCPDP recommendations letter to HHS on October 1st. This letter is on the website at http://www.ncdp.org/frame_news_hipaa_trans.htm. This task group was disbanded.
- A new task group, **Balancing and Pricing**, was formed to review the balancing issues related to the patient's responsibility amounts.

DERFs:

- The work group reviewed 6 DERFs—688, 689, 690, 692, 699, and 700 – see WG1 above.

Updates:

- The work group updated the State of the States.
- The new member orientation write-up for WG9 was reviewed.

Work Group 10 Professional Pharmacy Services

Updates:

- NCPDP's membership had been asked to review the NCPDP v5.1 and online messaging document between the August 2004 and the November 2004 work group meetings. No suggested changes were sent in by the membership. The attendees decided that the document would be best placed within the Telecommunication Implementation guide. The work group will take this suggestion to WG1.
- The **Industry SIG Task Group** reported they are reviewing some methodologies for standardizing the exchange of instructions and are currently working on mapping example SIGs to see how they would work.

New Items:

- The work group discussed DERF #693 regarding the movement of the ORDUR applications manual and DUR/PPS implementation guide into the Telecommunication Implementation Guide. The work group members modified the DERF by removing the sentence stating that the ORDUR applications document be included in the Telecommunications Implementation Guide. The work group removed this sentence from the DERF because they felt there had not been enough discussion on this topic and was not ready to move forward with it just quite yet. The work group approved DERF #693 with the aforementioned modifications.
- WG10 also discussed possible educational opportunities of the MMA applications of clinical data. If there is more data flowing between the providers and the pharmacies, there could be additional opportunities for the pharmacists to provide clinical services.

Work Group 11 Prescriber/Pharmacist Interface

Ballots:

- Ballot WG110018R for the Prescriber/Pharmacist Interface SCRIPT Standard - Requests to accommodate the reporting of a supervisor by modifying the Provider Segment from 2 to 3 loops and to provide further guidance of usage for the term "designated agent" (modified from "authorizing prescriber agent") in the Provider Segment was valid at 64.37% and received the 90% approval. There was one new Negative With Reason comment that was not germane to the ballot. Negative with Reason voters will be sent appeal letters. After the appeal timeframe, the ballot will proceed to the Board of Trustees for approval.
- Ballot WG110019 for clarification of the use of denial codes and free text was valid at 62.04% and 90% approval. There were no Negative With Reason votes. After the appeal period, the ballot will proceed to the Board of Trustees for approval.

DERFs:

- DERF 000691/ECL 000005 requests "On occasion, a prescriber will respond to a REFREQ or RXCHG by a means other than a REFRES or CHGRES (e.g., by telephone or by issuing a new Rx). To clear the prescriber's queue and to complete the loop with requesting pharmacy, a Denial response is transmitted. However, there is no Denial Code suitable for this circumstance. This DERF/ECL proposes the addition of a new standard denial reason to address this situation, and requests MC to assign the next available code value." The DERF was approved with modifications by WG11.
- DERF 000696 requests "currently, mandatory/conditional usage for elements in SCRIPT is defined as one standard for all message types within the SCRIPT standard. Since some elements such as NDC number, are only required on certain message types there needs to be a method of stating the requirement by message type." The DERF was pended by WG11.

- DERF 000697 NCVHS has recommended to HHS that the RXHUB Medication History standard be brought forward to NCPDP. “Recommended Action 8.1: HHS should actively participate in and support rapid development of an NCPDP standard for a medication history message for communication from a payer/PBM to a prescriber, using the RxHub protocol as a basis.” The DERF was approved with modifications by WG11.
- DERF 000698 requests “in the DRU Segment of the SCRIPT Standard, the DRU-060-01 is used for 2 conflicting values. The only way to handle this is to have 2 loops which is difficult to implement.” The DERF was pended by WG11.

Task Groups:

- The **Prescription Transfer Task Group** gave an update. This is a new standard for a pharmacy-to-pharmacy transfer of prescriptions, for retail-to-retail transfers, or mail-order-to-mail-order transfers. The work group discussed questions from the task group. The task group is finalizing the formats and working on the implementation guide.
- The **Joint WG11/12 Electronic Signatures Task Group** is working on a document that explains how authentication of participants is currently taking place in electronic prescribing.
- **Formulary and Benefit Information Task Group** has had conference calls and a face-to-face meeting in November due to the fast paced timeframe requested by NCVHS. They are developing a standard between PBMs and prescribers, based on information being shared today in proprietary formats.
- **RXFILL Notification Task Group** provided an update on their recommendations document.
- An **E-Prescribing NPRM Task Group** has been formed from the previous E-Prescribing Guidance and Implementation Task Groups. This task group will build NCPDP comments to the NPRM when released, and provide a document of bullets companies may choose to use in their response to the NPRM.
- A **Field Usage Task Group** was formed based on DERF 696. This task group will review the field usages in the various SCRIPT transactions and make recommendations for guidance in the implementation guide.
- A **Prior Authorization Workflow-through-Transactions Task Group** was formed to coordinate with other interested parties to define the workflow of prior authorization from the prescriber, pharmacy, payer, and other perspectives. They will also examine the transactions in use (X12, NCPDP Telecommunication) as they fit into the workflow.
- An **E-Prescribing Outreach Task Group** was formed based on Project 23 open to all who wish to remove barriers to adoption and utilization of e-prescribing solutions.
- A **Provider Broadcast Task Group** was formed to bring forth SCRIPT-based transactions for exchanging directory information of prescribers, pharmacies, payers, etc participating in electronic transactions.

Updates:

- A letter which provided comments to the Notice of Proposed Rule Making (NPRM) released by the Centers for Medicare and Medicaid Services in July about the **Medicare Prescription Drug Benefit Program** was completed with WG11, 3, and 12.
- The **E-prescribing Guidance Task Group** completed a document which was given to the National Committee on Vital and Health Statistics (NCVHS) that discusses the current e-prescribing environment, gaps, actual implementations and pilot projects related to e-prescribing needs from the Medicare bill. Action items have resulted from the NCVHS recommendation letter to Health and Human Services (see task groups in WG11).
- An update was given on the “NCPDP-HL7 Electronic Prescribing Coordination Project” – collaboration on electronic prescribing between environments that are HL7 to/from NCPDP SCRIPT based environments (for example a hospital discharging a

patient and sending a new prescription to the community pharmacy of the patient's choice)

New Items:

- E-Prescribing Directory functionality was discussed (how to share which participants are electronically enabled for electronic prescribing) and a task group was formed.
- Information was provided on the ONCHIT Request for Information for a National Health Information Network.

Work Group 12 Education – Legislation and Regulation

Updates:

- The **Joint WG11/12 Esignature Task Group** is continuing work on an en Electronic Digital Signature white paper. It will be used as testimony at the NCVHS when ready. Since NCPDP will be testifying in December, the WG12 attendees approved a 5-point recommendation paper with sample diagram. These documents were revised and approved by the attendees. The review and use of this document was approved with MC.

New Items:

- It was recommended that sections 368C and 368D of Illinois House Bill 1074 be reviewed and referred to WG5.
- A **task group** was formed to prepare an NCPDP response to the Request For Information (RFI) sent by the Office of National Coordinator of Healthcare Information Technology (ONCHIT) regarding the HHS National Health Information Network.

MC Maintenance and Control

DERFs/ECLs:

- MC Maintenance and Control reviewed one pended and 13 new DERF/ECLs (see WG1, WG2, WG10, and WG11 above).
- DERF/ECL review and approval will result in:
 - The release of two new ballots for WG1 Telecommunication and WG11 Prescriber/Pharmacist Interface
 - The release of a new publication of the External Code List

Ballot Adjudication:

- Will result in:
 - The release of one re-circulation ballot, WG010022 for WG1 Telecommunication
 - Awaiting an appeal period, the submission of WG11 Prescriber/Pharmacist Interface SCRIPT Standard Implementation Guide for Versions 7.0 and 7.1 and WG2 Product Identification Billing Unit Standard Implementation Guide Version 2.0 to the Board for approval

New Project Development Forms:

- None were submitted for review at this meeting.

Task Groups:

- A Task Group update on **HIPAA Regulatory Timelines** was given.
- A new Task Group for **Modeling and Methodology** was formed.

Updates:

- The attendees received Work Group recaps.
- An update of MC goal to define data element values was given.
- An update on NCPDP's collaboration efforts with HL7 was given.
- Discussion continued on the proposal for Ballot Modification.

New Items:

- DSMO CR 1008, 1011, 1012, 1013 and 1015 were reviewed. MC approved WG4 Provider/Member Enrollment and WG5 Payment Reconciliation's recommendations.
- A proposal to modify NCPDP's versioning of standards was discussed.
- Discussion was held on a request to create a Long Term Care Work Group.