

## Work Group Recaps:

### Work Group 1 Telecommunication

#### Ballots:

- Ballot WG010024 consisting of DERF 706 payer-to-payer communication as required by Medicare Part D Prescription Drug Program to report TrOOP was valid at 77.27% and received over 90% approval (New release of the Telecommunication Standard Implementation Guide Version C.1). A new Negative With Reason comment was submitted and reviewed and the work group agreed the changes should be made. After the appeal period, the ballot will proceed to the Board of Trustees for approval.

#### DERFs (see DERF Resolution [http://www.ncdp.org/frame\\_members\\_mc.htm](http://www.ncdp.org/frame_members_mc.htm)):

- DERF 000705 requests "due to increased specificity of compound ingredients, the requested field [Compound Ingredient Quantity (448-ED)] needs to be increased to a size of 13". The DERF was pended by WG1 Telecommunication for clarification by the submitter of the impact on pricing fields. Since the submitter was unable to obtain input from the original requester, the DERF was withdrawn.
- DERF 000707 requests to adopt the Protocol document for Telecommunication Standard and Batch Standard. The DERF was pended by WG1 Telecommunication.
- DERF 000710 requests "This DERF is being resubmitted since DERF 700, which addressed these fields, was removed from the most recent ballot. There is a need to be able to capture the Medicare deductible, coinsurance, and copay amounts on pharmacy claims that will be processed as part of the new Medicare Part D program." The DERF was modified between May and August work group meetings. The DERF was pended by WG1 Telecommunication.
- DERF 000713 requests "State Prescription Assistance Programs (SPAP) that are mandated to wrap Medicare Part D benefits need the following 2 additional fields in the Claim Segment: Catastrophic Coverage Indicator and Medicare Coverage Status". The DERF was modified between May and August work group meetings. The DERF was approved as modified by WG1 Telecommunication.
- DERF 000714/000010 requests "effective 10/01/05, CMS has updated their external code list for valid place of service values to be used on professional claims. Specifically, a value for pharmacy has been added. This DERF requests an update to the External Code List to reflect the new pharmacy place of service value defined by CMS and removal of the NCPDP defined value. This will ensure that NCPDP place of service values are consistent with the CMS values addressed in the X12N 837 Implementation Guide." The DERF was approved by WG1 Telecommunication.
- DERF 000715/000011 requests "due to the mandatory and situational fields associated with an eligibility inquiry, it is possible to have a match on more than one cardholder which the standard doesn't support. An NCPDP reject code needs to be added to support this situation." The DERF was approved by WG1 Telecommunication.
- DERF 000716 requests "additional FAQ's and claim examples of coupons." The DERF was pended by WG1 Telecommunication.
- DERF 000717/000012 requests "due to providers accepting programs that reimburse at Mail or Mail Order rates we need a field to indicate when this reimbursement basis is used to determine that proper reimbursement was made." The DERF was approved by WG1 Telecommunication.
- DERF 000718/000013 requests "based on the discussions at the last WG meeting and denial of DERF 000708/000009 request that the value "08" Contract Pricing be deleted from values for Basis of Reimbursement Determination." The DERF was denied by WG1 Telecommunication.
- DERF 000719 requests "due to providers participating in plans where fees are based on Mail or Mail Order rates we need an indicator for when these fees are used to determine if payments comply with signed agreements." The DERF was withdrawn by the submitter.
- DERF 000720/000014 requests "in keeping with national standards, proprietary codes do not belong in HIPAA standards. For that reason NCPDP needs to remove qualifier code

- values that reference Vendor Specific Code Lists from the Telecom, Batch, and Script standards. Vendor specific code sets are not readily available to all entities resulting in having to enter into contractual agreements in order to decode billing or response data." The DERF was denied by WG1 Telecommunication.
- DERF 000721 requests "NCPDP v5.1 and online Messages document incorporation into Telecom Imp Guide as an appendix. The DERF was pended by WG1 Telecommunication to WG10 to work on a form for the Version 5 Editorial and a form for the new Telecom version.
  - DERF 000722 requests "the balancing and pricing task group was formed to respond to business concerns regarding the continuity of how financial data is returned on a claim response. The business issue addressed by the requested enhancements address the implicitly defined "patient pay amount" formula and identification of patient sales tax responsibilities on a response." WG9 Government Programs modified the DERF. The DERF was approved as modified by WG1 Telecommunication.
  - DERF 000724 requests "The business needs of Medicare were not brought forward for inclusion into either the NCPDP Telecommunication Standard Version 5.1 or the NCPDP Batch Standard Version 1.1, so "temporary" solutions were created for claims to be processed in this environment until permanent solutions could be found. The NCPDP Telecommunication Version 5 Questions, Answers, and Editorial Updates describe the current "work-around" solutions. This DERF addresses the described work arounds. See attached documentation supporting this DERF (i.e. 10/14/04 business case and modification log)." The DERF was modified by WG9 Government Programs. The DERF was approved as modified by WG1 Telecommunication.
  - DERF 000726 requests "ORDUR Application Manual incorporation into Telecom Imp Guide." The DERF was approved by WG1 Telecommunication.

#### 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). The group is including a smaller detail record for clinical uses. They are working on the implementation guide and will be ready to submit a DERF soon.
- The **Proposal Patient Validation Standard** Task Group provided a presentation on findings and recommendations of the ability to submit claims without the patient name when it is not needed. The presentation is available on the WG1 page. The task group will suggest verbiage to be added to the Protocol Document.
- The **Coupon Task Group** has worked on clarifications of coupon processing based on ballot comments. They submitted DERF 716.
- The **Prior Authorization Transfer Task Group** is creating a standard format and code set for transferring prior authorizations between Pharmacy Benefit Managers (PBMs). This format would be used when clients change PBMs/Claims Processors and request that their prior authorizations transfer from their previous PBM/Claim Processor to their new PBM/Claim Processor. This task group is working on the implementation guide.
- The work group discussed Telecommunication Version 5 Frequently Asked Questions and DERF 706 (Medicare Modernization Act processing) 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). This need is especially important for specialty pharmacies to allow physicians to plan the course of action with the patient when the medications are very expensive. They are looking for volunteers to participate.

#### Updates:

- **NCPDP SNIP Committee** has completed a draft NPI document on “Impact to the Pharmacy Industry” that is being approved through WEDI SNIP. They are discussing taxonomy codes for pharmacies. They are also meeting on Medicare TrOOP and SPAP issues.
- Designated Standards Maintenance Organization (DSMO) Change Request 1027 was discussed and an extension was requested to do more analysis of current processes.
- The **WG9 Balancing and Pricing/Payer-to-Payer Task Group** provided an update via DERF 722 and 724.
- The approved WG 2005 scope and goals were noted.

New Items:

- The work group discussed the response from HHS on the usage of the Version 5 Editorial document.
- WG14 Long Term Care provided an update on information they will be requesting to add to the Version 5 Editorial document that will provide guidance and standardized use of fields in transaction processing for Medicare Part D for January 2006.
- There was discussion on out of order processing of COB reversals.

Work Group 2 Product Identification

Updates:

- Pended QUIC Form #200504 Asmanex was reviewed
- An NDC/NCVHS/USP update was provided
- Discussion of Control Solutions was continued and a spreadsheet of products by NDC reviewed. Package inserts for these products will be obtained and a new spreadsheet developed for review at the November JTWG meeting.
- Update on DERF 712 that requested the addition of FAQs to the Billing Unit Standard v2.0 Implementation Guide on behalf of WG2 and was approved by this WG and MC at the May meeting. The Billing Unit Standard Implementation Guide was updated to include the FAQs and sent to the Board for approval. The BOT approved and version 2.0 of the standard has been republished in June 2005 and is available on the website.
- The approved WG 2005 scope and goals were noted.

Task Groups updates were provided:

- **Manufacturer Form Review Task Group**—to finalize recommendations and pass on the Strategic Planning Committee.

New Items:

- 2 New QUIC forms were reviewed and discussed --#200506 Twinject and #200507 ZMAX

Work Group 3 Standard Identifiers

Task Group Updates:

- **Task Group 3, State of States** reported two (2) states enacted legislation requiring use of the NCPDP standard for ID cards.
- **Task Group 12 & 3, Letters to States** provided an update on state legislation regarding use of Prescriber ID Cards, Cardholder ID and Discount Cards. The task group is researching legislation and proposing educational letters be sent to states where appropriate.

Updates:

- NPI update was provided. The WEDI NCPDP NPI Impact on the Pharmacy Industry white paper has been presented for WEDI SNIP review. Other NPI White Papers are available on the WEDI web site.
- An update was provided regarding NCPDP’s plan to apply to be an EFI Submitter on behalf of pharmacies. To date, almost 30,000 pharmacies have indicated support of NCPDP as an EFI Submitter. The actual certification and registration process for being a bulk enumerator has not been released.
- AN HCIda update was provided. The new web site is [www.hcidea.org](http://www.hcidea.org). The database contains just under one million records and is available for purchase through NCPDP. A

preliminary report is that several state agencies are interested in using HCidea as an interim solution to NPI prior to its release.

- An INCITS (International Committee on Information Technology Standards) update was provided.
  - The 284 Standard for ID cards was approved on June 19.
  - NCPDP WG3 has received a request from INCITS to review a question regarding changing the PDF417 Image Area Placement on the ID Card. WG3 drafted a response to be reviewed by the Standardization Co-Chairs prior to release.
  - Discount Card discussion (see DERF 729).
  - Changes to the NCPDP ID Card Implementation Guide will be discussed at the November Work Group Meeting.
- NCPDP Pharmacy File Enhancements Update was presented. The database requirements have been finalized and will be available prior to the end of the year. Announcements will be sent when it is available.
- The approved WG 2005 scope and goals were noted.

New Items:

- DERF 723 was reviewed and approved as modified.
- DERF 729 was reviewed and approved as modified.
- DERF 730 was pended.

Work Group 4 Provider/Member Enrollment

Updates:

- The approved WG 2005 scope and goals were noted.

Task Groups:

- **TG1 (Provider Enrollment White Paper)** Comments from the National Medicaid EDI for HIPAA (NMEH) were reviewed. A request was made to WG9 Government Programs for additional participation on reviewing the comments from NMEH and responding.
- A **new task group** was formed to develop the FAQs on how to use the ASC X12 834 to resolve more challenging member identification issues. The task group will also address questions and concerns of version 4010.

New Items:

- WG4 discussed DSMO CRS 1025 Enrollment in a Health Plan. WG4 decided that it was an application and implementation issue. The correction of prior period coverage can be handled via multiple transactions. WG4 denied the requests and submitted this recommendation to MC.

Work Group 5 Payment Reconciliation

Updates:

- The work group was provided with a HIPAA/Regulatory update
- The work group was provided with a WG14 Long Term Care update.
- HB 1074 (Illinois) – no further need for discussions.
- The work group was provided with a WEDi/SNIP update
- The approved WG 2005 scope and goals were noted.
- An X12 Activities Report was provided.

New Items:

- DSMO Change Request 1027, Credit Card Authorization Number and date on 837's, was reviewed and recommendation was submitted to WG1 and MC.
- The National Association of Chain Drug Stores requested NCPDP WG5 assistance in educating payers regarding the use of the X12N 835.
- Two new task groups were formed
  - **Current Documents Review.** This task group will review the current Work Group 5 documents that relate to X12N 835 for updates if necessary.
  - **Frequently Asked Questions About Billing and Payment/ Reconciliation Files.** This task group will review Work Group 5 FAQ's and draft responses to new issues needing to be addressed by the work group.

- Work Group 5 will provide an 835 update to WG9 for the State of the States.

#### Work Group 7 Manufacturer Rebates

##### Updates:

- The **Implementation Survey Task Group** reported that, based on the sample of data that was available to them, approximately 70% of those in the sample were using the NCPDP Manufacturer Rebates Standard; some using the filler area to send other fields.
- The **CMS Roundtable Task Group** expanded the scope of their task group to address other issues around Medicaid claims and Medicare Part D compliance.
- The **Manufacturer Rebates Best Practices Task Group** reported that they have edited nearly all of the issues that will be discussed in the document. The task group plans on editing the last few issues left outstanding and plan to submit a DERF by the November meeting. The task group, along with the work group, decided to change the name of the document to The Manufacturer Rebates Reference Guide.
- The **CMS/OIG Joint Task Group with WG2** has suspended their work until September so The Office of the Inspector General can have time to review the information that NCPDP sent to them.
- The approved WG 2005 scope and goals were noted.

##### New Items:

- DERF 725 - Update the Manufacturer Rebate Standard so the utilization file matches the detail of the reconciliation file and to bring the standard into sync with current business practices and other NCPDP standards. After much discussion, the work group/submitter voted to withdraw the DERF so the task group can continue work on updating the Implementation Guide and the Data Dictionary.
- WG7 formed a **joint task group** with WG1 to make sure that WG7 can understand what WG1 is doing around MMA will impact WG7 and manufacturer rebates.

#### Work Group 9 Government Programs

##### Ballot:

- Ballot WG090006 consisting of DERF 701, Provides a standard use of the terms “transmission” and “transaction” in the same way as the other standards, corrects the sender ID and receiver ID values in the response file, and provides an easier-to-read format for the examples, was valid at 63.18%. The work group categorized the Negative with Reason votes. The ballot will be re-circulated.

##### Task Groups:

- The **Payer to Payer Task Group** provided a report to the work group.
- The **Balancing and Pricing Task Group** provided a report to the work group endorsed with a DERF for review.
- The **837 Mapping Task Group** provided a report on the status of the mapping document.

##### Updates:

- The work group updated the State of the States document
- The work group reviewed two pended DERFs. DERF 710 was pended. DERF 713 was approved.
- Average Selling Price (ASP) - Federal Register has published proposed rules, which will require WAC.
- The approved WG 2005 scope and goals were noted.

##### New Items:

- DERF 722 was reviewed and approved.
- DERF 724 was reviewed and approved with modifications.
- The **Standard Provider Enrollment in Government Programs Task Group** (Work Group 4) is requesting additional participation, especially representatives from Medicaid agencies.
- The National Association of Chain Drug Stores submitted a letter to NCPDP requesting assistance in educating payer community regarding the X12N 835.

## Work Group 10 Professional Pharmacy Services

### Updates:

- The **Medication Therapy Management Task Group** continued discussion on how to work with the submission of MTM claims. The task group will take the existing Professional Pharmacy Services White Paper and updating the document to include information about billing for MTM claims.
- The **Industry SIG Task Group** reported they are hoping to have a DERF ready for the November meeting. They are also discussing opportunities for testing the new standard and working on a rough draft of the implementation guide.
- The **Clinical Data Transfer Task Group** has submitted two DERFs already and is continuing work mapping all of the available fields and values that are in the SCRIPT standard and then adding in all of the other things that are missing.
- The approved WG 2005 scope and goals were noted.

### New Items:

- DERF 721 – NCPDP v5.1 and online messaging document incorporation into the Telecommunications Implementation Guide as an appendix. The work group approved the DERF with modifications.
- DERF 726 - ORDUR Applications Manual incorporation into Telecom Implementation Guide. The work group approved the DERF as submitted.
- DERF 727 - Asking for additional values to be added to the OBS Segment in SCRIPT for the transfer of clinical data. The work group pended the DERF so the task group can do some additional research.
- DERF 728 - Asking for a new Data Element (field) in SCRIPT: The field will be for patients or other healthcare providers to enter physical findings such as exercise intensive, steps taken, etc. or things that are calculated and entered by the patient or provider, such as body mass index. The work group pended the DERF so the task group can do some additional research.

## Work Group 11 ePrescribing & Related Transactions

### Ballots:

- Ballot WG110021R consisting of DERF 704 Formulary and Benefit Standard was valid at 76.89% and received over 90% approval. Original release of the Formulary and Benefit Standard Implementation Guide Version 1.0. The work group reviewed a new Negative With Reason vote. The work group agreed the editorial changes should be made. After the appeal timeframe, the ballot will proceed to the Board of Trustees for approval.
- Ballot WG110022R consisting of DERF 696 provides a method of stating mandatory/conditional usage requirements for elements in SCRIPT by message type was valid at 76.14% and received over 90% approval. New release of the SCRIPT Standard Implementation Guide Version 8.1. There were no new Negative With Reason votes. After the appeal timeframe, the ballot will proceed to the Board of Trustees for approval.
- Ballot WG110023 consisting of DERF 711 requests in the DRU Segment of the SCRIPT Standard, the DRUG-060-01 is used for conflicting values was valid at 62.84%. New release of the SCRIPT Standard Implementation Guide Version 9.0. There were no Negative With Reason votes. After the appeal timeframe, the ballot will proceed to the Board of Trustees for approval.

### DERFs:

- DERF 000720/000014 requests "in keeping with national standards, proprietary codes do not belong in HIPAA standards. For that reason NCPDP needs to remove qualifier code values that reference Vendor Specific Code Lists from the Telecom, Batch, and Script standards. Vendor specific code sets are not readily available to all entities resulting in having to enter into contractual agreements in order to decode billing or response data." The DERF was withdrawn by the submitter in WG11 ePrescribing & Related Transactions.
- DERF 000727 requests "Increasingly, health stations and other diagnostic devices are capable of storing and transmitting individual patient laboratory and physical data from

- the collection point to other computerized systems, e.g. medical records systems in pharmacies, prescribers' clinics/offices, employers' human resources departments, disease management/case management providers, and health plans/insurers' actuarial divisions. Clinicians and patients in possession of this information will be in better positions to advance well being, prevent disease progression, and/or maintain the subject of the data's current health state. The available values in the SCRIPT Standard OBS Segment are not sufficient to accommodate all the types of data currently being collected. In addition, industry experts anticipate many more types of patient physical, treatment, and laboratory/diagnostic values will be collected in the future. " WG11 ePrescribing & Related Transactions pended the DERF.
- DERF 000728 requests "Increasingly, health stations and other diagnostic devices are capable of storing and transmitting individual patient laboratory and physical data from the collection point to other computerized systems, e.g. medical records systems in pharmacies, prescribers' clinics/offices, employers' human resources departments, disease management/case management providers, and health plans/insurers' actuarial divisions. Clinicians and patients in possession of this information will be in better positions to advance well being, prevent disease progression, and/or maintain the subject of the data's current health state. The available values in the SCRIPT Standard OBS Segment are not sufficient to accommodate all the types of data currently being collected. In addition, industry experts anticipate many more types of patient physical, treatment, and laboratory/diagnostic values will be collected in the future." WG11 ePrescribing & Related Transactions pended the DERF.

#### 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 task group is finalizing the formats and working on the implementation guide. They need participation, especially from pharmacies.
- The **Prior Authorization Workflow-through-Transactions Task Group** is coordinating with other interested parties to define the workflow of prior authorization from the prescriber, pharmacy, payer, and other perspectives. They are examining the transactions in use (X12, NCPDP Telecommunication) as they fit into the workflow. They have had conversations with HL7 special interest groups about the possibility of prior authorization attachments and also the need for a standard way of expressing questions and answers used in the prior authorization fulfillment. Currently the group is reviewing prior authorization forms, and has built a database they are using for analysis. See the presentation under HIPAA/Eprescribing information on the website.
- **E-Prescribing Outreach Task Group** formed based on Project 23 and is open to all who wish to remove barriers to adoption and utilization of e-prescribing solutions. The task group is writing a document to be used by people not currently using electronic prescribing.
- The **Provider Broadcast Task Group** was disbanded at this time.

#### Updates:

- An update was given on NCVHS eprescribing testimony.
- 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). The group is nearing completion of version 1 of the mapping document.
- A status was given from the **MC Modeling and Methodology Task Group**.
- A status was given of the **WG10 Industry SIG Task Group** activities. WG11 formed a **Sig Incorporation Into SCRIPT Task Group** to address incorporation of these fields into the SCRIPT Standard.
- The approved WG 2005 scope and goals were noted.

#### New Items:

- A discussion of RxNorm usage was held and a **RxNorm Task Group** was formed to review RxNorm and list questions/problems seen, to review the use of drug identifiers in SCRIPT and Formulary and Benefit transactions and recommend whether RxNorm is appropriate for the use case of the fields.

#### Work Group 12 Education – Legislation and Regulation

##### Updates:

- An update was given by the **Joint WG3/12 State of the States Task Group** and an outline of the recommendations submitted by the task group for the following states:
  - Maine
  - New York
  - Pennsylvania
  - West Virginia
  - New Mexico
  - New Jersey
  - Illinois
  - Virginia
  - Montana
  - South Carolina
- An update was given on HIPAA. The final rule on e-Prescribing is scheduled to be released in September. The NPI is moving along and should be released in the fall of 2005 or first quarter of 2006.
- There were no updates on ASTM, NHIN or NCVHS.
- The approved WG 2005 scope and goals were noted.

##### New Items:

- WG12 is looking for additional help for the Joint WG3/12 Task Group.
- There were no new NPRMs to discuss.
- A request was made to investigate the correct term as it refers to eHealth records.

#### WG14 Long Term Care

##### Task Groups:

- The **Return Credit Task Group**—The task group is gathering information from the Medicaid states as to current/future needs for Return Credit transactions. Once the data is gathered it will be added and tracked on a State of States document.
- The **EHR/HL7 Task Group** – The task group has completed the “As-Is LTC Prescribing Processes” and is 60% Complete on the “e-Prescribing To-Be Processes”. They have a TG Web Site with Calendar, Resource Pages and Forum [www.ncpdpwg14.org](http://www.ncpdpwg14.org). Additionally, the task group is working in collaboration with HL7 to define Electron Health Record Conformance Criteria for LTC.
- The **Current LTC Billing Issues Task Group** – The task group is developing a LTC Pharmacy Guidance paper that they wish to add as an appendix to the Telecommunication Version 5 Questions, Answers and Editorial Updates document. They are collaborating with WG1 Telecommunication on this paper.

##### Updates:

- The LTC Definition developed by volunteers during the meeting interim was provided to the attendees
- An AHCA update was provided
- An NCVHS update was provided
- The approved WG 2005 scope and goals were noted.

##### New Items:

- **This work group will not meet in November due to the annual meeting of AHCA occurring at the same time.**
- A new task group, **Consultant Pharmacist Task Group**, was formed. Its goal is to create a standard for the consultant pharmacists and their software that would interface with the electronic e-prescribing and adjudication systems.

- General discussion relating to MMA was held with CMS attendees, Henry Chao and Tracey McCutcheon.
- A new task group, **HIT White Paper Review** Task Group, was formed to review the NCPDP/NMEH White Paper on Home Infusion Therapy and determine if any additions are needed for the LTC arena.

#### MC Maintenance and Control

##### DERFs/ECLs:

- MC Maintenance and Control reviewed four pended and seventeen new DERF/ECLs (see WG1, WG3, WG7, WG9, WG10, and WG11 above).
- DERF/ECL review and approval will result in:
  - The release of one new ballot WG010025 for WG1 Telecommunication
  - The release of a version 1.9 of the Pharmacy ID Card Standard pending Board approval

##### Ballot Adjudication:

- Will result in:
  - The release of one re-circulation ballot WG090006R for WG9 Government Programs
  - The release of one re-circulation ballot WG090006R for WG9 Government Programs
  - Awaiting an appeal period, the submission of WG1 Telecommunication Standard Implementation Guide for Version C.1 and WG11 ePrescribing & Related Transactions SCRIPT Standard Implementation Guide for Versions 8.1 and 9.0 and WG11 ePrescribing & Related Transactions Formulary and Benefit Standard Implementation Guide for Version 1.0 will be sent to the Board for approval

##### New Project Development Forms:

- Form #000024, requesting Testing the Transitioning of Telecommunication Standard Versions, was approved and recommendations made to the Standardization Co-Chairs to that affect

##### DSMO Change Request:

- Change Request 1025 was denied. The recommendation made by WG4 and MC will be posted to the DSMO website
- Change Request 1027 - NCPDP requested an extension for further information and analysis by member companies

##### Task Groups:

- A Modeling and Methodology Task Group update was provided

##### Updates:

- The attendees received Work Group recaps
- A HIPAA Update was provided
- NCPDP-HL7 Eprescribing Mapping Collaboration update was provided
- A Healthcare Informatics Standards Board (HISB) – United States Health Information Knowledgebase (USHIK) – Data Registry Project Update was given

##### New Items:

- The announcement of the appointment of two new co-chairs was made, Brian Sills of Rite Aid has joined the WG5 Payment Reconciliation Co-Chairs and Sherry Neuman of Prescription Informatics has joined WG10 Professional Pharmacy Services.
- An update on the response from CMS to the NCPDP letter regarding the Version 5 Editorial Document was provided