

Work Group Recaps:

Work Group 1 Telecommunication

Ballots:

- Ballot WG010025R for the Telecommunication Standard Implementation Guide - Requests to provide a method to better define the patient's responsibility amount and the support of Medicare claim processing. Please note that DERF 717 request to provide a means to indicate contract reimbursement details to the pharmacy was removed from this ballot (Telecommunication Standard Implementation Guide Version C.2). The ballot was valid at 74.29% and received 90% approval. Negative With Reason commenters will be sent appeal letters. After the appeal process, the ballot will proceed to the Board of Trustees.
- Ballot WG010026 for the Telecommunication Standard Implementation Guide - Requests to provide a method for the pharmacy to report to State Prescription Assistance Programs (SPAP) (that are mandated to wrap Medicare Part D benefits) financial amounts that apply to Medicare Part D beneficiary benefit stages when applied by a previous payer and a means for the pharmacy to report to the adjudicator whether a patient has assigned or retained of his/her benefits (Telecommunication Standard Implementation Guide Version C.3). The ballot was valid at 63.91%. Negative With Reason comments were categorized. The ballot will be recirculated with modifications made.
- Ballot WG010027 for the Post Adjudication Standard Implementation Guide - Requests the initial release of a new standard that allows for a standard format to supply detailed drug or utilization information on adjudicated claims (Post Adjudication Standard Implementation Guide Version 1.0). The ballot was valid at 65.04%. Negative With Reason comments were categorized. The ballot will be recirculated with modifications made.

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

- DERF 000716 requests "additional FAQ's and claim examples of coupons." The DERF was modified between August and November work group meetings. The DERF was withdrawn by the submitter (task group) because they submitted guidance for the Version 5 Editorial document (which does not require a DERF) and they will submit a DERF in the future after reviewing coordination of benefits changes since Telecommunication Standard Version 5.1.
- DERF 000734 requests "The Internal Control Number is used by Medicare to uniquely identify a claim. It represents a core identifier needed by Medicare to research trading partner questions regarding specific "original" Medicare claims and/or indicate that an adjustment was made to an original Medicare claim. It is also used by payers to uniquely identify a claim and to facilitate questions between trading partners." The DERF was pended by WG1 Telecommunication.
- DERF 000739 requests to adopt the Protocol document for Telecommunication Standard and Batch Standard. The DERF was pended by WG1 Telecommunication.
- DERF 000740/ECL 000018 requests "After the Katrina natural disaster PBM/Processors responded with many different processes on how to override refill too soon rejects to serve their members in time of need. A submission clarification ECL code for natural disasters is needed to standardize this process when/if a natural disaster should occur again." The DERF was approved with modifications by WG1 Telecommunication.
- DERF 000741 requests "During the November 2005 WG1 Telecommunication meeting, the WG approved the modification to use up to 9 occurrences of Other Pay Coverage Type (338-5C). Guidance was added to the Version 5 Editorial document. However an inconsistency was found that the field values only supported up to three values/occurrences (Primary/Secondary/Tertiary). New values must be added to support more than three. In addition, updates need to be made to the Telecom Imp Guide to support up to nine occurrences." The DERF was approved by WG1 Telecommunication.

Task Groups:

- The **Post Adjudicated Pharmacy Reporting Task Group** has completed the standard implementation guide and has brought forth DERF 000733, which is Ballot WG010027.
- The **Coupon Task Group** has worked on clarifications of coupon processing based on ballot comments. They submitted DERF 716 and since August 2005 have made modifications and clarifications to the DERF. The DERF was withdrawn. Clarification on coupons was added to the Version 5 Editorial document. The Task Group will also build a new DERF offering clarification on coupon processing in the updated Telecommunication Standard.
- 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. Information on Long Term Care return/reuse processing was approved to be added to the Version 5 Editorial document.
- The **Predetermination of Benefits Task Group** is creating a mechanism 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.
- The **Eligibility Response Task Group** provided a report of the fields they have been discussing to be added to responses in Medicare eligibility requests.

Updates:

- **NCPDP SNIP Committee** completed an NPI document on “Impact to the Pharmacy Industry” that has been approved by WEDI SNIP. New taxonomies for pharmacies were approved by the National Uniform Claim Committee (NUCC). They are discussing NPI issues.
- Designated Standards Maintenance Organization (DSMO) Change Request 1031 was discussed and a response was created.
- The **WG9 Balancing and Pricing/Payer-to-Payer Task Group** – see the WG9 report.
- WG1 representatives are working with a **WG7 task group** on updates to the Manufacturer Rebates Standard Implementation Guide.

New Items:

- A Year 2005 In Review presentation was given.
- A new **Coordination of Benefits Task Group** was formed.

Work Group 2 Product Identification

Task Groups:

- **Manufacturer Form Review Task Group**—developed a Fact Sheet that can be freely distributed. The TG will continue on next steps for WG approval to be given to the Strategic Planning Committee to assist with the marketing of this information document
- **Billing Unit Descriptor Task Group**—developed a starting list of NDCs proposed to be placed on the NCPDP website. The TG presented a list of Purpose and Goals. The TG will continue to discuss format and distribution methods for WG approval.
- **Billing Unit Standard IG Generalization Task Group**—provided changes to the Billing Unit Standard Implementation Guide in the form of a DERF. The DERF was withdrawn in order to include other changes that will be brought forward to the WG in May.
- **Structure Product Labeling Task Group**-- assembled questions for Randy Levin of the FDA concerning Structured Product Labeling that were addressed during the WG meeting.
- **Standard Package Sizes Task Group**—the goal was to develop a strategy for assuring standardization of billing unit to package size but the TG has not met since early 2005. The WG agreed to disband the TG.

Updates:

- Discussion of Control Solutions was continued. The compendia continues to work from the spreadsheet of all of the NDCs to determine if the product is still made, get labels from the active NDCs, and see if the products are being expressed with the appropriate billing unit. This work will most likely continue through another two WG meetings but any progress will be reported to the WG.

New Items:

- The WG accomplishments for 2005 were reviewed.
- 6 New QUIC forms were reviewed and discussed
 - #200601 Efudex Occlusion Pack (NDC 00187-3600-60) — approved as a kit.
 - #200602 Tretin-X 0.05% Cream (NDC 10337-648-10) — approved as kit.
 - #200603 ZMAX (NDC 00069-4170-21) — approved as one each.
 - #200604 Pulmicort Inhalers — pended for further discussion in May.
 - #200605 Exubera (Insulin for inhalation) — approved as 90/90/180 each.
 - #200606 Intron A Injection – approved to retain at 2.5 ml and to notify Schering to attend the May meeting for discussion.
- DERF 744 was withdrawn.
- Randy Levin of the FDA was present and discussions held on SPL (Structured Product Labeling) and Standard Identifiers (RxNorm). Randy addressed the questions submitted by the Structure Product Labeling Task Group.

Work Group 3 Standard Identifiers

Task Groups:

- Task Group 12 & 3, **State of the States/Letters to States**. The task group continues to track two issues:
 - DEA Pharmacy Claims Compliance Issue in Kentucky
 - Florida Optometrist Billing IssueThe task group recommended format revisions and enhancements to WG3's State of the States document. WG3 approved the recommended changes to the document.
- **Pharmacy ID Card Implementation Guide Task Group**. The task group has reviewed the current Implementation Guide and identified sections needing updates, revisions and/or additional information. Additional changes to the Implementation Guide will be necessary based on revisions to the ANSI INCITS 284-1997 standard currently in process.
- **Combination ID Card Task Group**. WG3 was notified in mid-March 2006 that CMS will be publishing language defining a medical ID card as well as a combination medical /pharmacy ID card by May 2006, as result of Medicare Part D. CMS has requested model language for this publication from both NCPDP and WEDI. The Combination ID Card task group will draft the language for NCPDP.

Updates:

- HCIDEA Update. The website is www.hcidea.org. The database contains just under one million records and is available for purchase through NCPDP. More data is being added to the file to assist with processing claims, drug utilization review, e-Prescribing and other applications.
- An update on NCPDP Pharmacy File Enhancements was given.
- EFIO Update
- NPI Update. There are numerous white papers available under www.wedi.org including "The Impact of the NPI on the Pharmacy Services Sector Using the NCPDP Standards (Jointly Developed by WEDI and NCPDP)." The data dissemination document is in clearance within CMS and HHS and is expected to be posted to the Federal Register within another month or two
- International Committee on Information Technology Standards (INCITS) Update. This ANSI NCITS 284-1997 Health Care Identification Cards Standard is currently being revised. Based on the latest information, the release of the new revision will be in September or October of 2006.

- WEDI Medical ID Card Implementation Guide. The WEDI task group is going through the document section by section and having general discussion on each section. When a draft document is available for review, it will be discussed in WG3.

New Items:

- California Rx Label requirement. A question was presented to WG3 asking if NCPDP would be tracking state legislation requiring labels on prescription containers to contain the physical description of the medication, including its color, shape and any identification code that appears on the tablets or capsules. WG3 agreed this was outside the scope of the standard identifiers and will ask WG2 to review the request.
- Medicare Co-Branding Requirements for CY 2007. CMS is proposing a change in co-branding requirements to include language on the member identification card to read: Other <Pharmacies/Physicians/Providers> are available in Our Network. The comment period closed March 1, 2006.
- Work Group 3 reviewed their work and accomplishments for year 2005

Work Group 4 Provider/Member Enrollment

Task Groups:

- **Task Group 1 - 274 Paper** The task group will begin work.
- **Task Group 2 - 834 and Medicare Part D** reported that the X12 Group responsible for the 834 had withdrew the latest version for comment. Task Group 2 plans to use this opportunity to suggest the addition of new fields to the 834.

New Items:

- There were no new FAQ's
- A new Task Group was formed to think of possible questions and answers to be included in the FAQ document.
- WG4 presented the accomplishments in the 2005 Year in Review.

Work Group 5 Payment Reconciliation

Task Groups:

- **Current Documents Review Task Group** – During this quarter, the task group reviewed the NCPDP ASC X12N 835 Mapping Document and the NCPDP ASC X12N 835 Pharmacy/Remittance Advice Template. WG5 reviewed the recommended updates and changes to the documents and approved the revised documents for posting on the website. This task group is closed.
- **Frequently Asked Questions Task Group** – During this quarter, the task group reviewed 19 new FAQ's. WG5 reviewed each question and recommended response and approved the new FAQ's for posting on the website.

Updates:

- Long Term Care Return to Stock. The LTC workgroup is going forward with return to stock transactions. WG5 provided input to WG14 on how to reconcile and balance in the 835.
- X12 Activities Report. The next X12 meeting will be held during June in Chicago. An update on that meeting will be given at the May work group meeting.

New Items:

- Work Group 5 reviewed their work and accomplishments for year 2005
- Request for an additional field in the CLP segment of the 835 for "new refill number." Last year X12 denied WG5's request for an additional field in the CLP segment for a new refill number. In working with X12, a work-around solution was proposed to take field CLP01, claim submitter identifier, and break it into two sub fields using ISA16 as the component element separator to separate the two sub parts of the field. The first part of the field would contain the RX number, followed by the separator character, and the second part of the field would contain the new refill number. Use of this field is not required and is through trading partner agreement. WG5 approved adding this information to the cross-reference documents maintained by WG5.

- WG5 formed a new task group, **X12 835 Liaison Task Group**. The purpose of the task group is to establish contact with X12 regarding clarification of X12 835 standards, discuss DSMO requests for additional fields, values for existing fields and additions to the external code set. Brian Sill will lead the task group.
- DSMO Change Request Review 1039. The request stated, “On behalf of Medicaid and commercial payers, zero dollar amounts need to be allowed in the CAS segment in the 835 transaction.” The DSMO was rejected because the business case was not made clear.
- 835 Codes for NPI. Martin Jensen, WEDI Business Issues Sub-workgroup, is seeking input surrounding the use of 835 response codes in the context of the transition to NPI. Contact: martinjensen@hittransition.com

Work Group 7 Manufacturer Rebates

Updates:

- The current scope and goals were reviewed and changes were suggested.

Task Group Updates:

- The **CMS Roundtable Task Group** continues to work on ways to encourage CMS to recommend the use of the Manufacturer Rebates standard in Medicare transactions.
- The **MMA Impacts and Rebates Task Group** has held a conference call to discuss what impacts the MMA will have on the rebate process.
- The **Implementation Survey Task Group** gave a brief update regarding the survey results.
- The **Reference Guide Task Group** reported that the final version of the reference guide has been reviewed by the Standardization Committee after the November WG meeting. The WG members present reviewed the suggested changes from the Standardization Committee.
- The **Standards Update Task Group** provided an update on the changes being made to the standard. The Task Group will work to incorporate the changes into the standard while the Co-Chairs work with NCPDP staff to modify the Implementation Guide.
- The Work group created a new task group, the **MC ECL Task Group**, to help define terms in the ECL that are specific to rebates.

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

- DERF 000745 – requesting the approval of the Reference Guide document that was created by the Reference Guide Task Group and WG7 members. The DERF was approved with modifications made to the reference guide.

New Items:

- The accomplishments for 2005 were reviewed.

Work Group 9 Government Programs

Task Groups:

- **Payer-to-Payer Task Group**. This task group was unable to meet this quarter. A report will be available at the May Work Group meetings.
- **Balancing and Pricing Task Group**. An update was provided on the work of the task group in determining the appropriateness of how the terms “Copay”, “Co-Insurance”, or “Copay/Co-Insurance” are used in our documentation relative to the revision of the “Amount of Copay/Co-Insurance” field and creation of several new fields. Next steps are to review the Data Dictionary, External Code List and re-visit the definition of Copay.
- **837 Mapping Task Group**. In November 2005, the task group completed their work in mapping the X12 837 (using the 4010 guide) to the NCPDP 5.1 standard. The mapping document received approval from the X12 837 work group, as well as the co-chairs of X12. WG9 approved the mapping document, which will be available on WG9’s web page.
- **Medicaid Subrogation Task Group**. The task group reviewed the Medicaid Subrogation Sections of the Protocol Document and identified situational fields in that

segment that need a situation when you use that field. The work was completed and the task group is closed.

Updates:

- WG9 updated the State of the States document.
- Review Pended DERF 734. The DERF requests, "The Internal Control Number is used by Medicare to uniquely identify a claim. It represents a core identifier needed by Medicare to research trading partner questions regarding specific "original" Medicare claims and/or indicates that an adjustment was made to an original Medicare claim. It is also used by payers to uniquely identify a claim and to facilitate questions between trading partners." This DERF was pended by WG9. This is the second pend.
- Average Selling Price Update. The Deficit Reduction Act of 2005 eliminated ASP and requires the establishment of the Average Manufacturer Price, which is used in the calculation of rebates for Medicaid, as the benchmark for drug reimbursement in Medicaid programs. Beginning 2007, the federal upper limit for multiple source drugs will be set at 250% of AMP for the least costly of the products within a given source designation.
- 835 Update from Work Group 5. WG5 updated the Mapping Document, Payment Template and FAQ's. These documents are available on the web page.
- HIT Update from WG14. WG14 has completed their review of the white paper regarding home infusion billing and determined there is no additional information to provide to CMS at this time.

New Items:

- The accomplishments for 2005 were reviewed.
- WG9 formed a new task group, **Review SOS Layout**. The purpose of the task group is to review the current SOS layout and identify new tracking information for the State of the States document.
- North Carolina Inquiry. North Carolina is requesting to use the Basis of Cost Determination (field number 423-DN) to indicate a 340B drug claim. NC would like to use the valid value 9 to indicate when a 340B drug claim is being submitted. WG9 responded that business partners can agree to use 9 to mean 340B pricing, but one cannot mandate this requirement. Additionally, when a newer version is required the 340B pricing will be 8.
- CMS Change Request 4290. CMS Transmittal 845 contains workaround instructions to provide current trading partners with the data elements in the NCPDP v5.1 batch standard 1.1 for COB crossover purposes and will be effective July 2006. This transmittal is available at: www.cms.hhs.gov/Transmittals/Downloads/R845CP.pdf
- X12 workgroup--Mapping 837 to 5.1. A special workgroup has been formed to develop a long term solution for billing drug information on 837 claims, including Medicare Part D Home Infusion Claims. Anyone interested in participating in this workgroup should contact Janet Kendall, janet.kendall@eds.com.

Work Group 10 Professional Pharmacy Services

Updates:

- White paper on MTM Service Submissions using the NCPDP standards was reviewed.
- Clinical Data Transfer via SCRIPT Standard

Task Groups:

- The **Standard Sig Task Group** - Work progresses on the DERF for a standardized sig. A new DERF will be submitted in the future to incorporate the ability to use a standardized sig structure into SCRIPT.
- The **Medication Therapy Management Task Group** – Submitted a White Paper using NCPDP Standards. Approved appendix to the Telecom Imp Guide to incorporate the DUR/PPS Imp Guide into the common Telecom Imp Guide.
- The **Clinical Data Transfer Task Group** submitted DERF to enable additional patient monitoring data to be transmitted via SCRIPT. Approved an appendix to the Telecom

Imp Guide that dealt with Reject Codes and Messages, originally developed in conjunction with an AMCP task force

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

- DERF 000728 – requests health stations and other diagnostic devices capable of storing and transmitting patient data from the collection point to other systems. DERF 728 was approved.

New Items:

- A year in review or the accomplishments for 2005 were reviewed.

Work Group 11 ePrescribing & Related Transactions

Ballots:

- None.

DERFs:

- 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 approved the DERF as modified.
- DERF 000738 requests "At the request of NCVHS, NCPDP has facilitated an industry wide task group committed to developing a standard for the Sig component of an electronic prescription. An RFA has been issued by CMS and AHRQ, for participants in a 2006 pilot program using standard Sig (among others) in electronic prescribing. This Sig standard is meant to be included in existing e-prescribing transaction standards, such as NCPDP SCRIPT and HL7, and in clinical data standards such as the ASTM CCR. It has been developed with representation from retail, inpatient and long-term care pharmacy settings, as well as systems vendors, practicing physicians and other SDOs with an eye towards interoperability." WG11 ePrescribing & Related Transactions pended the DERF.
- DERF 000742 requests "This DERF is being submitted at the request of CCHIT to approve a XML implementation of SCRIPT. The documentation being submitted with this DERF is requested to be approved as a companion document to the existing v8.1 SCRIPT guide. Approval of an XML implementation will not replace EDIFACT, but offer an alternative methodology for implementing SCRIPT communications. The accompanying documentation should be considered a baseline standard for implementation. There are approximately 11,000 pharmacies that have this baseline implementation in production use. Approximately 15 prescribing vendors utilize XML, which represents more than 50,000 prescribers with the ability to utilize an XML implementation of SCRIPT. By the end of 2006, it is expected that the number of pharmacies utilizing XML will approach 20,000, and the number of prescribers using XML could more than double." WG11 ePrescribing & Related Transactions approved the DERF with modifications.
- DERF 000743 requests "The Long Term Care Work Group has identified additions that need to be made to the SCRIPT standard to support the Long Term Care business model." WG11 ePrescribing & Related Transactions approved the DERF with modifications

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 implementation guide.

- 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 have examined over 350 forms, created a database, and have normalized the data. They have normalized 6 therapeutic categories and 1 general category. An HL7 attachment is going through the approval process. They have prepared initial guidance for the eprescribing pilots in 2006.
- **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 **RxNorm Task Group** has met several times and has discussed the use of RxNorm in different electronic prescribing environments. They have completed the RxNorm section of the Eprescribing Pilot Guidance document that is to be used by participants in the MMA eprescribing pilots. (The pilots will test proposed usages and in the future these proposals will be brought forward as DERFs.)
- WG11 **Sig Incorporation Into SCRIPT Task Group**, which is addressing incorporation of Sig fields into the SCRIPT Standard reported that have begun this effort and have created a draft structure of the incorporation of the Sig data into SCRIPT.
- WG11 is assisting WG14 LTC/EHR in mapping the needs of long-term care into eprescribing standards.

Updates:

- Based on November work, a letter was given to NCVHS during December testimony to request HHS and CMS allow the use of SCRIPT version 8.1 in eprescribing, in addition to version 5.0. NCVHS has sent a recommendation letter to HHS in support. An update was also given to NCVHS in December of the status of the eprescribing standards and the work of the task groups.
- A status was given from the **MC Modeling and Methodology Task Group**.

New Items:

- A Year 2005 In Review presentation was given.
- A presentation from SNOMED was given.
- A presentation from Canadian Association of Chain Drug Stores was given.
- The use of drug dispensed information on refill transactions was discussed.
- DSMO Change Request 1031 was discussed and a recommendation approved.

Work Group 12 Education – Legislation and Regulation

Updates:

- A HIPAA update was provided regarding the upcoming proposed rules scheduled to be released in 2006 – 2008.
- **WG3/WG12 Task Group** Update – The task group updated the WG on activity in the following states:
 - Pennsylvania
 - Kentucky
 - Delaware
 - New Jersey
 - New York
 - New Mexico
 - Florida

New Items:

- A Year 2005 In Review presentation was given.

WG14 Long Term Care

Task Groups:

- The **Return Credit Task Group**—The task group developed a short-term solution for Return Credits process using Telecommunication Standard Version 5.1. This was reviewed by the WG and denied. Next steps are to inform OESS of this decision and

continue work on a long-term solution for a future version of the Telecommunication Standard.

- 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. 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 developed a LTC Pharmacy Guidance paper that was added as an appendix to the Telecommunication Version 5 Questions, Answers and Editorial Updates document. They are currently developing future solutions to the issues identified in the Guidance document and will submit a DERF when done.
- The **Consultant Pharmacist Task Group** – The task group reviewed the benefits and challenges of one-way versus two-way communications between CRPh software and EHR and developed a list of CRPh software interface data fields for the following communications models:
 - CRPh to EHR; EHR to CRPh by query
 - CRPh to attending physician and vice versa
 - CRPh to medical director and vice versa
 - CRPh to director of nursing and vice versa
 - CRPh to administrator and vice versa
 - CRPh to dispensing pharmacy and vice versa
- The **HIT White Paper Review Task Group** – The task group reviewed a White Paper on *Billing for Home Infusion Therapy* developed jointly by NCPDP and NMEH to determine if the recommendations made by the authors and response from CMS has any impact to the LTC arena that was not outlined in that paper. It was determined that there were no additional recommendations to be made for changes.

Updates:

- AHCA and ONCHIT updates were provided
- An NCVHS update was provided

New Items:

- DERF 743 was reviewed and approved
- The WG accomplishments for 2005 were reviewed

MC Maintenance and Control

DERFs/ECLs:

- MC Maintenance and Control reviewed four pended and seven new DERF/ECLs (see WG1, WG2, WG7, WG9, WG10, WG11, and WG14 above).
- DERF/ECL review and approval will result in:
 - The release of three new ballots: WG010028 for WG1 Telecommunication (this ballot will be held due to the minor nature of the items in the ballot), WG110024 for WG11 ePrescribing & Related Transactions (SCRIPT for DERFs 728 and 743), and WG110025 for WG11 ePrescribing & Related Transactions (SCRIPT for DERF 742)
 - Publication of a Best Practices guide for the submission, validation and dispute resolution of Managed Care rebates
 - ECL update

Ballot Adjudication:

- Will result in:
 - The release of two re-circulation ballots WG010026R and WG010027R for WG1 Telecommunication
 - Awaiting an appeal period, WG1 Telecommunication Standard Implementation Guide for Version C.2 will be sent to the Board for approval

DSMO Change Request:

- Change Request 1039 and recommendations made by MC will be posted to the DSMO website.
- Change Request 1031 will be reviewed by WG5 Payment Reconciliation at the May 2006 WG meeting.

Task Groups:

- A **Modeling and Methodology Task Group** update was provided
- A **Values Definition Task Group** update was provided

Updates:

- A HIPAA update was provided
- Healthcare Information Technology Standards Panel (HITSP) Update was given
- An update on HR 4157

New Items:

- The attendees received daily Work Group recaps
- Work Group Co-Chair Election Announcements were made
- MVP Awards Announcements were made
- The MC accomplishments for 2005 were reviewed