

## Work Group Recaps:

### Work Group 1 Telecommunication

#### Ballots:

- Ballot WG010029R - DERFs 750, 751, 752, 757, 758, 759, 760, 761, 762, 766, 767, 768, 769, 770, 772, 773, 774, 775, 776, 777, 778, 782, 783, 785, 786, 792, 796, 798, 799, and 800 (see ballot documentation) for Telecommunication Standard Implementation Guide Version D.0. The ballot was valid at 72.01% and received a 93.71% approval rating. New Negative With Reason comments were reviewed. After the appeal process, the ballot will be sent to the Board of Trustees for approval.

#### DERFs (see DERF Resolution [www.ncpdp.org/frame\\_members\\_wgmc.htm](http://www.ncpdp.org/frame_members_wgmc.htm)):

- DERF 000806 requests "Update the Post adjudicated standard 1.0 to reflect changes that were brought forward in the Telecommunication version D.0. The fields on the attached sheet should be added or deleted as indicated." The DERF was pended in February for more participation in future discussions. The DERF was approved as modified.
- DERF 000810 requests "Create a new Standard with a new Transaction type for reporting financial information from payer to payer which will include accumulated totals for patient benefit amounts." The DERF was approved with changes.

#### Task Group Updates:

- 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 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 and will begin meeting again after May work group meetings.
- The **Version 5 Questions Task Group** had no questions to discuss.
- The **Coordination of Benefits Task Group** had no questions to discuss.
- The following task groups have disbanded since they have completed their work:
  - The **Coupon Task Group**
  - The **Predetermination of Benefits Task Group**
  - The **Eligibility Response Task Group**
  - The **WG9 Balancing and Pricing and Payer-to-Payer Task Group**
  - The **Protocol Task Groups**:
    - WG1 Data Dictionary Review Task Group
    - WG1 Capture Review Task Group
    - WG1 Information Reporting Task Group
    - WG1 Review Fields Task Group
    - WG1 Example Review Task Group
    - WG1 Rebill Task Group
      - Medicaid Subrogation Task Group
- A **Financial Information Reporting Task Group** was formed.

#### Updates:

- **NCPDP SNIP Committee** is discussing NPI issues. They are working with WEDI on the WEDI Benefit Analysis Survey needed for submission of new transactions or versions to HIPAA.
- Designated Standards Maintenance Organization (DSMO) Change Request 1062 regarding the ASC X12 270 transaction was discussed and the **X12 270/271 Task Group** was formed with WG11 to bring a recommendation forward for the August Work Group.
- A WG1 Year in Review presentation was given.

### Work Group 2 Product Identification

#### Updates:

- An update on NDC/NCVHS/Paperless Labeling was provided
- Pended QUIC #200612 Nystatin—was withdrawn and will be resubmitted once the Standard Exception Review Task Group completes its review.

#### Task Group Updates:

- The **Manufacturer Form Review Task Group** developed a Fact Sheet that can be freely distributed. It is posted on the WG2 webpage and on the website in the non-members area. The task group decided to change its name to **Billing Unit Standard Marketing Task Group**, to better represent the task group goals and to attract more pharmaceutical manufacturers to the group. They are also working on a sample survey for NCPDP Pharma Manufacturers members to identify who in their organizations would benefit most from the NCPDP billing unit standard. The task group continues to look at further ways to market the form and to communicate to CMS (Medicaid drug rebate program) how use of the standard would benefit them and the industry.
- The **Structured Product Labeling Task Group** is continuing to review the SPL and offer suggestions on the impact on the Billing Unit Standard and the goals of WG2. The task group will spend time reviewing SPL Schema for possible missing data elements and communicate the identified needs to the FDA. Another letter will be sent to the FDA regarding inclusion of the billing unit in the SPL.
- The **Standard Package Sizes Task Group** goal was to develop a strategy for assuring standardization of billing unit to package size. At the February WG meeting, the TG was suspended until the newly identified OIG representative, Suzanne Bailey, provides some direction to the task group.
- The **Standard Exception Review Task Group** was formed at the November 2006 WG meeting based on the submission of QUIC form #200612 Nystatin Powder and was originally named the Nystatin TG. This TG is looking at the exceptions within the Implementation Guide.
- The **Change in Existing/New Products Review Task Group** was formed at the May 2006 meeting to develop a structured/formalized/consistent process to review issues resulting from changes to existing products and the release of new products. The process has been explained to the Compendia and their participation is encouraged. 3 QUIC forms were received and reviewed for this meeting. One of the forms was for a new product that the manufacturer asked to discuss in order to list and label the product appropriately to avoid confusion and billing errors. The work group approved a recommendation to the manufacturer that the billing unit be ml with a quantity of 3 ml.

#### New Items:

- New Product to be launched by Novartis – Alan Ryan and William Yoon of Novartis were present to discuss the new product, Nilotinib (Tasigna\*), that will be released soon into the market.
- Two QUIC forms were reviewed:
  - o #200701 ClindaReach was presented by Scott Lundahl of DUSA. The billing unit was approved as a kit.
  - o #200702 Lucentis was present by Ted Henderson and Jennifer Moore of Genentech. The form was pended until further clarification can be made and this product be added to the overfill reviews made by the Standard Exception Review Task Group. Either the billing unit standard needs to be changed if this product were billed at .05 ml, which it appears it should be, or the billing unit standard could be adhered to and this product would be billed at .2 ml, which does not appear to be the proper unit of billing.
- The WG2 2006 Year in Review was presented.

#### Work Group 3 Standard Identifiers

##### Task Group Updates:

- The **Letters to States/State of States Task Group** provided a report of legislation they are tracking in Pennsylvania, Hawaii, Alaska and South Carolina, which prohibits the use of the SSN on identification cards; and legislation in Texas requiring health insurers and PBMs to issue “smart-cards” with patient information embedded electronically (as well as having human-readable information on the card itself).

- The **Pharmacy ID Card Implementation Guide Task Group** presented an updated ID Card Fact Sheet to reflect the changes in the Pharmacy and/or Combination ID Card Implementation Guide, v2.0. The work group reviewed the proposed changes and approved the revised Fact Sheet.
- The **Processor/Pharmacy Entity Relationship Issues Task Group** has completed their work in the development of the NCPDP Relationship Update Form used to establish or update a relationship identifier. The work group agreed to disband the task group.

Updates:

- **HCidea** is a database that uniquely identifies each individual prescriber with an HCidea as well as information on practice addresses, DEA numbers, demographic information and other identifiers. Over one million records populate the database today, an estimated eighty percent of all prescribers. The HCidea™ v2.0 Relational Database was available February 1, 2007 for existing subscribers and March 1, 2007 for new subscribers. The HCidea™ v2.0 Provider Online Lookup product will be available June 1, 2007.
- The **NPI** update reported that CMS statistics show 1.5 million individual and .5 million organizational entities have assigned NPIs, which is about 85% of the expected NPIs. Eighty percent of pharmacy NPIs are on the NCPDP Pharmacy Database. NCPDP is conducting outreach with NCPA on missing NPIs and identifying closed stores with the assistance of major PBMs.
- The **NCPDP Pharmacy Database Standard v2.1** is available. Subscribers must convert to the v2.1 format in order to receive NPI information. Presently 35% of existing subscribers have converted to the v2.1 format. All subscribers must move to v2.1 by January 2008.
- Numerous **WEDI White Papers** are available at [www.wedi.org](http://www.wedi.org) including "The Impact of the NPI on the Pharmacy Services Sector Using the NCPDP Standards" (jointly developed by WEDI and NCPDP.) This paper focuses on the key issues that the pharmacy industry will need to address when working to implement the NPI using the NCPDP Standards. The paper also provides recommendations on the key issues to allow for a smooth transition to the NPI. The NCPDP SNIP Committee is currently updating the white paper based on recent CMS Contingency Guidance and the absence of a Dissemination Notice.

New Items:

- A 2006 Year in Review presentation was given.

Work Group 4 Provider/Member Enrollment

Task Group Updates:

- The **DSMO CSR 1054 Task Group** presented recommendations in support of the adoption of version 5010 of the X12 834 Standard that the work group approved at the February meeting. There has been no further activity, therefore the work group voted to disband the task group.
- The **834 and Medicare Part D FAQ Task Group** has received no inquiries since the February 2007 meeting.

Updates:

- A letter to the Board of Trustees regarding pricing of the NCPDP Pharmacy Database was developed at the August 2006 meeting. A response was received indicating that the pricing structure for the provider database will be reviewed with the intent of making changes that encourage the use of the weekly update file as recommended by the work group.
- **X12** had no related activity to report. The next X12 Trimester Meeting is June 3-7

New Items:

- The work group completed its 2006 Year in Review document. This is the last meeting of WG4 Provider/Member Enrollment as it is merging with WG5 Payment Reconciliation to form WG45 External Standards Assessment, Harmonization and Implementation Guidance, which will meet for the first time in August.

### Work Group 5 Payment Reconciliation

#### Task Group Updates:

- **Frequently Asked Questions Task Group** had no questions submitted during this quarter.
- **ASC X12 Liaison Task Group** reviewed no business cases during this quarter

#### Updates:

- The **WEDI SNIP 835 Sub Workgroup** has developed a white paper on the 835 that focuses on business cases and EFT that will be presented at the WEDI meeting on May 14.
- **X12** will hold the next Trimester Meeting June 3-7. NCPDP members may attend at no cost based on the SDO reciprocal agreement. Claim Adjustment Reason Code Committee meets to review and vote on requests on Sunday, June 3.
- The **WG14 LTC - Return Credit Task Group** is actively developing transaction requirements, but is not yet ready for 835 input.
- **NPI** issues have resulted in the development of new CMS FAQs one of which deals with use of alternate identifiers for the payee. CMS has announced the use of contingency plans as an option to extend implementation of NPIs until May 2008.
- No updates were available for
  - o **WG2 Standard Package Size Task Group**
  - o State of the States X12 835
  - o NACDS 835 Task Group

#### New Items:

- 2006 Year in Review document was presented and amended. This is the last meeting of WG5 Payment Reconciliation as it is merging with WG4 Provider/Member Enrollment to form WG45 External Standards Assessment, Harmonization and Implementation Guidance, which will meet for the first time in August.

### Work Group 7 Manufacturer Rebates

#### Task Group Updates:

- The **CMS Roundtable Task Group** continues to work with CMS to recommend the use of the Manufacturer Rebates Standard in Medicaid transactions.
- The **Coordination of Benefits Task Group (WG1/WG7)** continues to review Coordination of Benefits issues and address questions that require additional clarification or follow-up on how to accurately reflect payments from the primary and supplemental payers.
- The **Implementation Survey Task Group** encouraged all members to fill out the survey in order to provide information to the work group regarding the use of the Standard.
- The **Standards Update Task Group** presented an overview of the major changes in the Manufacturer Rebate Standards Implementation Guide, Version 04.01.
- The **Reference Guide Task Group** presented a list of proposed topics for inclusion in the Reference Guide. The task group will continue their work on an updated Guide.

#### Updates:

- The **WG14 Long Term Care Pharmacy Rebate Task Group** reported the approval and publication of the "Long-Term Care (LTC) Rebate Reporting Guide for Medicare Part D". This document provides guidance for LTC pharmacies in reporting rebates to Part D sponsors or Pharmacy Benefit Managers representing Part D sponsors, and identifies inherent limitations in both the scope and the use of the data. The Guide is available on the NCPDP website.

#### New Items:

- WG7 reviewed proposed updates to the Rebate Reconciliation Reason Codes based on the new version of the Manufacturer Rebate Standard. The changes will be submitted as a DERF for review during the August work group meetings.
- A 2006 Year in Review presentation was given.

### Work Group 9 Government Programs

#### Ballot:

- Ballot WG090007R consisting of DERF 763 allows for the addition of new fields to be used in Medicaid Subrogation processing which will result in a new release of the Medicaid Subrogation Implementation Guide Version 3.0. The ballot was valid at 60.82% and received a 100% approval rating. There were no new Negative With Reason votes. After the appeal timeframe, the ballot will proceed to the Board of Trustees for approval.

#### Task Group Updates:

- The **Payer-to-Payer Task Group** has completed their work and the work group agreed to disband the task group.
- The **Balancing and Pricing Task Group** has completed their work and the work group agreed to disband the task group.
- The **State of the States Document Format Task Group** has completed their work and the work group agreed to disband the task group.

#### Updates:

- WG9 reviewed and updated the State of the States document (specifically NPI implementation) which will be posted on the website.

#### New Items:

- A 2006 Year in Review presentation was given.

### Work Group 10 Professional Pharmacy Services

#### Task Group Updates:

- The **Structured and Codified Sig Task Group** presented a report on the following action items:
  - o Review the Federal Medication Terminologies (FMT) and validate business requirements against FMT and SNOMED
  - o Request detailed work products from e-Prescribing Pilots
  - o Revise Structured and Codified Sig Format based on pilot findings
  - o Re-engage WG11 Sig into SCRIPT task group
  - o Develop DERFs to be submitted for review during the August work group meetings.

#### New Items:

- A 2006 Year in Review presentation was given.

### Work Group 11 ePrescribing & Related Transactions

#### Ballots:

- Ballot WG110026R – DERF 000779 Census Update Transaction, DERF 000784 Cancel functions, DERF 000788 Prescriber Order Number, DERF 000790 Refills Remaining, DERF 000795 LTC Refill Request (see ballot documentation) for SCRIPT Standard Implementation Guide Version 10.1. The ballot was valid at 60.82% and received a 96.58% approval rating. There were no new Negative With Reason votes. After the appeal process, the ballot will be sent to the Board of Trustees for approval.
- Ballot WG110027 – DERF 803 that requested a date/time field and a free text field by which the Long Term Care (LTC) facility, when submitting a NEWRX or RESUPP, could indicate when the medication is needed and textual information. Since ordered medications are normally delivered on a fixed schedule to LTC facilities by the LTC pharmacy, these fields would allow the pharmacy to determine if the order requires a special delivery. The ballot was valid at 67.17% and received a 100% approval rating. There were no Negative With Reason comments. After the appeal process, the ballot will be sent to the Board of Trustees for approval.

#### DERFs:

- DERF 000804 requests “Many state boards of pharmacy rules are very specific regarding the phraseology that prescribers must attest to in order to prohibit drug product substitution. The Texas State Board of Pharmacy regulations Texas TITLE 22 EXAMINING BOARDS PART 15 309.3(c)(3)(A) and (B) specifically state to prohibit

substitution, the practitioner or practitioner's agent shall note "brand necessary" or "brand medically necessary" in the electronic prescription drug order and if the practitioner or practitioner's agent does not clearly indicate in the electronic prescription drug order that the brand is medically necessary, the pharmacist may substitute a generically equivalent drug product. In order to meet the Texas regulations, prescribers transmitting electronic prescriptions in Texas are required to type "brand necessary" or "brand medically necessary" in a free text field or pharmacists may substitute generically equivalent drug products. The use of a free text field has the potential of causing the prescriber to erroneously miss the process to properly communicate substitution information to the pharmacist. Brand medically necessary requirements can in some cases be life threatening to patients. Unless the drug product substitution is properly communicated electronically between the prescriber and pharmacist the process has the potential to interfere with the prescriber's prescriptive authority and could ultimately cause harm to patients who medically require brand medications. As other state boards of pharmacy move to adopt electronic prescriptions regulations using values instead of free text are necessary to prevent potential harm and eliminate confusion. Changing this value to phraseology that is consistent with virtually all state board of pharmacy rules will encourage both physician and pharmacy technology vendors to use the same phraseology within their software applications, thus bringing their client prescribers and pharmacists into compliance with state laws and regulations and reduce the potential harm to patients." The DERF was pended in February to coordinate with WG1 Telecommunication. The DERF was pended.

- DERF 000805 requests "When mapping the SCRIPT 8.1 standard to the XML version there are some fields in SCRIPT that are not able to be mapped or are inconsistent with the SCRIPT standard." The DERF was pended in February to a task group for validation of the mapping to SCRIPT. The DERF was approved as modified.
- DERF 000807 requests "The Prescription File Transfer Standard was developed to create a file format for the purpose of electronically transferring prescriptions between pharmacies. Traditionally, prescriptions are transferred orally from one pharmacist to another. While this is efficient on a single-prescription basis, transfers of large sets of prescriptions, such as complete prescription history or open refills in bulk could not be accomplished in this manner. Therefore, a project was developed to create a standard format that would meet the regulatory requirements for the transfer of a prescription while at the same time introducing economies of scale. Additionally, the format was to be used for individual prescription records where applicable. The NCPDP Board of Trustees approved New Project 000010, the Prescription File Transfer Standard, in April 2001. The Project was managed through NCPDP WG11. WG11 Rx Transfer Task Group has completed the analysis and is presenting the draft implementation guide and accompanying documents." The DERF was approved.
- DERF 00808 requests "The current RXHRES transaction does not readily identify the source of the medication history information or, the dispensing occurrence of each medication record (initial fill, or first refill, second refill, etc). The lack of this information makes it difficult for the receiver to reconcile medication history information received from multiple sources (i.e. Payer and Pharmacy) into a single record. By including Source and Fill Number information, the receiver's system and staff will be able to de-duplicate records from multiple sources that reflect the same medication dispensing, and, better determine patient compliance for the medication. The information also assists the receiver if follow-up contact is required regarding the medication records." The DERF was approved with modifications.
- DERF 000809 requests "In care settings where there are established dispensing protocols between the prescriber and the pharmacy/ pharmacist, dispensed quantities for certain medication orders are appropriately determined by the pharmacy—based on the prescriber's dosing directions as well as other factors. For example, in the Long Term Care setting, medication orders are typically open-ended. A medication is delivered to the resident's facility on a scheduled basis until the pharmacy is notified that the order has been discontinued by the prescriber. The delivery schedule is determined by each

pharmacy based on a variety of factors—with deliveries occurring every 7 days, every 14 days, monthly, etc. Accordingly, the quantity to be dispensed for a given delivery must be determined by the pharmacy to match their particular delivery schedule. Today, the NEWRX message requires that a Quantity value be populated in all cases. This DERF proposes a convention for specifying that the dispensed quantity is to be determined by the pharmacy, according to protocols in force between the prescriber and pharmacy/pharmacist." WG11 and WG14 reviewed this DERF. The DERF was approved.

Task Group Updates:

- The **Prescription Transfer Task Group** finalized the implementation guide and submitted a DERF.
- 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 been on hiatus waiting on the MMA ePrescribing Pilot findings.
- The **Prior Authorization Formulary and Benefit Task Group** is working to design and propose enhancements to the NCPDP Formulary and Benefit Standard, which provides a standard means to transmit medication prior authorization criteria to the point of care.
- The **RxNorm Task Group** is on hiatus at this time, pending new work items.
- The **WG11 Sig Incorporation Into SCRIPT Task Group**, which is addressing incorporation of Sig fields into the SCRIPT Standard, has created a draft structure of the incorporation of the Sig data into SCRIPT. The structure and other guidance have been incorporated into the Eprescribing Pilot Guidance document. They are working on input from the MMA Eprescribing Pilot findings.
- The **WG10 Industry Sig Task Group** has been actively working on use of Federal Medication Terminologies (FMT). They have analyzed the business requirements and have mapped the SNOMED codes used in the pilots to the elements in the FMT.
- WG11 is assisting **WG14 LTC/EHR Task Group** in mapping the needs of long-term care into eprescribing standards. They are bringing DERFs forward.

Updates:

- A status was given on ANSI HITSP and AHIC/ONC.
- A presentation was given on the MMA Eprescribing Pilots.
- The **MC Modeling and Methodology Task Group** did not meet.
- A WG11 2006 Year in Review presentation was given.
- A request was made to review the SCRIPT proposed value definitions requested by MC by June 1, 2007.
- Designated Standards Maintenance Organization (DSMO) Change Request 1062 regarding the ASC X12 270 transaction was discussed and WG11 will coordinate with WG1 in a task group.

Work Group 12 Education – Legislation and Regulation

Task Group Updates:

- **The WG3/WG12 State of States/Letters to States Task Group** provided an update to the state of states document which will be posted on the website.

Updates:

- NPI Status & WEDI Recommended Transition Plan for NPI Contingency Period and a HC Idea
- HIPAA and Security Guidance
- WEDI Medical ID Card
- ePrescribing findings from the evaluation of Pilot Sites
- The format for the implementation of an Education, Legislation & Regulation Tracking Document was approved

New Items:

- The WG12 2006 Year in Review was presented
- A video of Dr. John Halamka's discussion on an Update on HIT Standards Harmonization was presented.

- New Legislation:
  - o Medicare Hospice Wage Index for fiscal 2008 Proposed Rule
  - o Medicare Program: Home Health Prospective Payment System Refinement & Rate Update for Calendar Yr 2008 Proposed Rule
  - o Medicare Program: Prospective Payment System & Consolidated Billing for Skilled Nursing Facilities for FY 2008 Proposed Rule
  - o Third Class of Drugs
  - o FDA Consumer Website
  - o Personal Health Records (WEDI)
  - o Formal Registration Open for Suppliers in Competitive Bidding for DMEPOS

#### WG14 Long Term Care

##### DERFs:

- DERF 000803 requests a “needed by” data enhancement to the RESUPP and NEWRX messages. This DERF was reviewed in a joint session with WG11 ePrescribing & Related Transactions.

##### Task Group Updates:

- The **Return Credit Task Group** continues to work on definition of the requirements for a transaction standard to meet the needs of the LTC community for products returned from LTC facilities to providing vendors.
- The **EHR/HL7 Task Group** developed DERF000809 (approved by WG11 this meeting) to address medication orders where the quantity is determined by the pharmacy based on protocols and is currently working on synchronization between the facility and pharmacy of the patient active medication list.
- The **Current LTC Billing Issues Task Group** has been exploring the issues around the billing, reporting and auditing of compounds. The task group is reviewing Telecommunication Standard vD.0 to assure that the needs for compounding are fully met and will then create DERFs if needed and guidance for both vD.0 and v5.1
- The **Consultant Pharmacist Task Group** is developing reviewing scenarios for consultant pharmacist activities and identifying data requirements for EHR to support the activities.
- The **LTC Pharmacy Rebate Reporting Task Group** has not met since the February 2007 workgroup. They were successful in obtaining BOT approval for the publication of "Long-Term Care (LTC) Rebate Reporting Guide for Medicare Part D".

##### Updates were provided:

- AHCA/NASL
- NCVHS and ONCHIT
- DEA and NABP
- ePrescribing Pilot Project.
- CMS/HIPAA.

##### New Items:

- 2006 Year in Review was presented
- A presentation was given on LTC Rebate Reporting Facilitator contract with development of web-based interface to allow single submission of rebate data by pharmacies.

#### WG15 Sample Management and Reporting Transactions for Safety

##### Task Group Updates:

- The **Medication History Transaction Review and Sample Identifier Task Group** was created by the merger of Physical Samples, Etc. Task Group and Alternative Distribution Task Group at the February 2007 meeting. Their goals are to:
  - o Review the Medication History Transaction set within the SCRIPT Standard Implementation Guide to determine what is lacking regarding values and data fields
  - o Review the Medication History Transaction set within the SCRIPT Standard Implementation Guide for additional verbiage and description of samples
  - o Identify appropriate product identifiers for the sample

- The **Outreach Task Group** put together a draft outreach script for internal and external use. The draft will be posted to the WG15 webpage for comments and the final draft reviewed by the WG at the August 2007 meeting. After work group approval the final document will be sent to the Standardization Co-Chairs for their approval.

New Items:

- A report was provided on the WG's Scope and Goals. A task group was formed to review and provide more actionable items to the 2007/2008 WG15 Scope and Goals
- Dr. Lyle Bootman gave a presentation that provided an overview of the IOM Report with additional emphasis on Drug Samples and Pharmacy Technology.
- 2006 Year in Review was presented.

WG16 Property & Casualty/Workers Compensation

Task Groups:

- The **Legislative Advocacy Task Group** focuses on the trends in state regulatory and legislative initiatives for billing and reporting Workers' compensation claims. They are currently working with Florida officials on the requirement for reporting the pharmacist involved with the claim. Updates were also provided for Texas, California, Pennsylvania and Delaware.
- The **Billing Standards Task Group** is working with Texas and Florida to specify the requirements for e billing of pharmacy claims to meet the goal of a national standard for Workers' Compensation and to define workarounds for Telecommunication v5.1. They are also working with the insurance industry standardization group.
- The **State Reporting Task Group** will be working with pharmacies and practice management vendors to develop the needed software to collect the information required by the states. A spreadsheet is under development to capture the reporting requirements.

Updates:

- An update was given on current developments regarding state regulation and work group intervention. The importance of involvement with the states before the regulation is written was stressed.

New Items:

- There is a request from WG3 regarding the issue of the identifier for entities that aggregate claims and bill for providers. This entity may be the billing and pay-to provider. A joint task group will be formed to detail the issues and recommend solutions.
- 2006 Year in Review was presented

WG17 RFID/Auto-ID

This was the first official meeting of this work group.

Updates:

- Review of the historical development of the work group.
- Status of the role of NDC in the drug pedigree

Scope and Goals:

The preliminary Scope and Goals developed for the work group proposal were reviewed, modified and approved by the work group.

New Items:

- A presentation on the Drug Pedigree Standard was provided with discussion on identifying gaps, proposing changes and the possibility of a pharmacy industry specific standard defined and maintained by NCPDP
- Discussion regarding the issues of privacy and security of pedigree information throughout the supply chain and into the patient's hands was initiated and will be continued in the development of use cases.
- A presentation and template for the use case approach was given and its implementation discussed.

Break Out Sessions:

- The participants divided into 2 sub groups and created preliminary use cases, which will be the basis for the development of the work group's first proposals for updates to the Pedigree Standard.
- The identified use cases were presented to the work group.

#### MC Maintenance and Control

##### DERFs/ECLs:

- MC Maintenance and Control reviewed 3 pended and 4 new DERF/ECLs (see WG1, WG11, and WG14 above).
- DERF/ECL review and approval will result in:
  - o The release of three new ballots: WG010030 and WG010031 for WG1 Telecommunication and WG110028 for WG11 ePrescribing & Related Transactions for May 2007

##### Ballot Adjudication:

- Subsequent to the appeal period, Telecommunication Standard Implementation Guide Version D.0, Medicaid Subrogation Implementation Guide Version 3.0 and SCRIPT Standard Implementation Guide Version 10.1 and Version 10.2 will be sent to the Board for approval

##### Task Group Updates:

- The **Modeling and Methodology (M&M) Task Group** had no task group activity but calls are being scheduled.
- A **Values Definition Task Group** update was provided. The values that are found in the SCRIPT standard and the Telecommunication Standards Version C.1, C.2, C.3, and C.4 are being defined at this time. Value definitions are due by June 18<sup>th</sup>. All new DERFs are being screened and returned to the submitters if definitions are not provided for values.
- An **Entities Task Group** update was provided. The final entity and flow document was submitted, reviewed, modified and approved by the MC.

##### Updates:

- Standardization Update
  - o Request to form a Work Group for RFID/Auto ID was approved and WG17 met at this meeting
  - o New Project Development Form #26 for Federal Medication Terminologies/ECL Analysis was approved by the Board to form a **Federal Medication Terminologies/ECL Analysis Task Group** under MC. MC formed this TG and the leads are John Kilbourne of the National Library of Medicine and Geoff Strickler of On-Line Transaction Consultants
- DSMO Change Request System resulted in the review of 4 requests that were approved at the February 2007 WG meetings:
  - o DSMO Change Request 1057 requests a new standard be named in HIPAA for use in the pharmacy industry – the Medicaid Subrogation Standard Implementation Guide, version 3.0.
  - o DSMO Change Request 1055 requests new version of the Telecommunication and Batch Standard be named in HIPAA. The Telecommunication Standard Implementation Guide is version D.0. The Batch Standard Implementation Guide is version 1.2, which supports Telecommunication version D.0 in a batch mode.
  - o DSMO Change Request 1056 requests a new standard, the Post Adjudication Standard Implementation Guide, version 1.0, be named in HIPAA for use in the pharmacy industry.
  - o DSMO Change Request 1054 requested that the X12N TR3 (implementation guide) designated 834 version 005010X220 Benefit Enrollment and Maintenance be moved forward for adoption as a HIPAA standard.

Lynne posted these recommendations on February 26 to the DSMO site. CRS 1056 for the Post Adjudication Standard was withdrawn on March 1 in order to do further development prior to submitting it to the DSMO for consideration as a new HIPAA Standard.

- A HITSP update and HIPAA update were provided.

New Items:

- The attendees received daily Work Group recaps.
- The MC 2006 Year in Review was presented.
- Updates to the DERF form since November 2006 were reviewed
- Co-Chair election announcements were made.
- MVP awards were given.