

Work Group Recaps:

Work Group 1 Telecommunication

Ballots:

- Ballot WG010030 - DERF 000806 requested "Update the Post adjudicated standard 1.0 to reflect changes that were brought forward in the Telecommunication version D.0." for Post Adjudication Standard Implementation Guide Version 2.0. The ballot was valid at 61.86%. Negative With Reason comments were categorized. The ballot will be recirculated with modifications made.
- Ballot WG010031 - DERF 000810 requested "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." for the Financial Information Reporting Standard Implementation Guide Version 1.0. The ballot was valid at 61.56%. Negative With Reason comments were categorized. The ballot will be recirculated with modifications made.

DERFs (see DERF Resolution www.ncpdp.org/members/members_wg_info.asp?wgid=wgmc):

- DERF 000811 requests "The Telecommunication Standard lists the Compound Ingredient Component Count (447-EC) – maximum 99; recommend 25 ingredients. The Post Adjudicated Standard reports a maximum of 15 ingredients. Please modify the post adjudicated standard to support the reporting of a maximum of 25 ingredients, so the standards can be consistent with recommendations of telecommunication standard." The DERF was denied.
- DERF 000812 requests "Request to add Service Billing examples without a medication for the Telecommunication Implementation Guide (next version published); for guidance for implementers. If desired, the examples could also be added to a new Version D.0 Editorial document. See attached documentation." The DERF was approved with changes. The examples will be added to a Version D.0 Editorial document (newly created) and will be held for the ballot of the next version of the Telecommunication Standard.

Task Groups:

- 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 **Version 5 Questions Task Group** brought forward questions to discuss.
- The **Coordination of Benefits Task Group** had no questions to discuss during this period.
- A **Financial Information Reporting Task Group** is on hold pending Ballot WG010031.
- There were no Designated Standards Maintenance Organization (DSMO) Change Requests. DSMO CRS 1062 regarding the ASC X12 270/271 transaction was withdrawn by the submitter. The **X12 270/271 Task Group** was disbanded.
- A **new task group** was formed to create a Universal Claim Form (UCF) for version D.0 claims.

Updates:

- **NCPDP SNIP Committee** published an updated version of the NPI white paper. They are finishing the next version of the NPI white paper now as the dissemination notice has been released. They provided to WEDI the Benefit Analysis Surveys needed for submission of new transactions or versions to HIPAA.
- The WG1 Scope and Goals were modified and approved.

Work Group 2 Product Identification

Updates:

- An update on NDC/NCVHS/Paperless Labeling was provided
- Pended QUIC #200702 Lucentis (NDC 50242-080-01) was adjudicated as .05 ml

Task Groups:

- **Billing Unit Standard Marketing Task Group** – Has 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 at http://ncpdp.org/standards_quic.asp. They are also working on a sample survey for NCPDP Pharma Manufacturer's members to identify who in their organizations would benefit most from 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. There is an Institute for International Research (IIR) conference on September 24-26, 2007 in Chicago and NCPDP's presence was requested. This conference will draw 300+ pharmaceutical companies in the area of government programs and rebates. Linda Schock, Kay Morgan, Vince Powell (formerly of CMS), and Heather Murphy (TX Medicaid) will be doing a pre-conference workshop on Medicaid Rebate 101, understanding your product.
- **Structured Product Labeling Task Group** - The TG will continue to review the SPL and offer suggestions as it impacts the Billing Unit Standard and the goals of WG2. The task group will spend time reviewing SPL Schema for possible data elements that may be needed in relation to SPL and communicate those needs to the FDA. To emphasize the importance of this request, the task group resent the letter regarding inclusion of the billing unit in the SPL.
- **Standard Package Sizes Task Group** - The goal was to develop a strategy for assuring standardization of billing unit to package size. Suzanne Bailey of the OIG has taken on this role and the Task Goal lead, Terri Meredith has been in contact with Suzanne and is awaiting directions from her. Suzanne Bailey will be giving a presentation on Unit of Measurement at the IIR conference on September 24-26, 2007 in Chicago and Terri will reach out to Suzanne before that meeting.
- **Standard Exception Review Task Group** - Is looking at all of the exceptions within the Implementation Guide. They reported the following:
 - Topical Nystatin powder is undergoing review for consistency based on new information obtained from the manufacturers.
 - Bowel Prep NDCs were reviewed and 1 NDC corrected by vendor for BUS of "each"
- **Change in Existing/New Products Review Task Group** - This Task Group was formed to develop a structured/formalized/consistent process for the review of issues resulting from changes to existing products and the release of new products. Two QUIC forms were received and reviewed for this meeting. Items discussed before the meeting that did not result in QUIC form submissions were:
 - Divigel
 - Symbicort
 - Pulmicort

New Items:

- Three QUIC forms were reviewed:
 - #200703 Pulmicort Flexhaler 180 mcg/actuation and 90 mcg/actuation (NDC#: 00186-0916-12 and 00186-0917-06) It was agreed to maintain this as an exception to the Billing Unit Standard as "each" with a quantity of "one".
 - #200704 Euflexxa (NDC 55566-4100-01) was approved as 2 ml.
 - #200705 Torisel (NDC 00008-1179-01 kit containing 00008-1125-01 and 0008-1179-05) was approved as 1 each.
- WG2 Scope and Goals for 2007 were reviewed, modified and approved.
- Discussion was held on Creon, a pancreatic enzyme product that is currently being reviewed by the FDA for efficacy and safety. Cassandra Perkins, Nicholas Krowel, and Jeanne Hunter of Solvay Pharmaceuticals were present to lead discussion and resolve questions.

Work Group 3 Standard Identifiers

Task Groups:

- The **Letters to States/State of States Task Group** provided a report on Texas HB 522 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).

Updates:

- **HCIda**. The online lookup tool is available and is designed for pharmacies at the store level. It allows pharmacies to obtain address, phone, license, DEA and NPI information on prescribers. The HCIda v2.0 relational database product has been available since March 2007 and contains multiple addresses, legacy identifiers, DEA certification information and, in late summer, NPIs. It is designed to aid organizations in maintaining internal prescriber databases and mapping NPIs to the internal databases. NCPDP is waiting for CMS to disseminate information from NPPES in order to populate the database with prescriber NPIs for the pharmacy industry and others.
- **NPI Update**. CMS is extending the period of time in which enumerated health care providers can view their FOIA-disclosable NPPES data and make any edits they feel are necessary prior to the initial disclosure of the data. CMS will be making FOIA-disclosable NPPES health care provider data available beginning Tuesday, September 4, 2007. The NPI Registry will become operational on September 4 and the downloadable file will be ready approximately one week later. When the file is available Ingenix will analyze the file and estimate how long it will take to map that file to HCIda so the DEA/NPI crosswalk can be made available.
- **NCPDP Pharmacy Database**. All subscribers who were using the NCPDP Pharmacy Database Standard v2.0 should have converted to v2.1. Subscribers who were receiving both v1.3 and v2.1 during the transition should have converted to v2.1. All subscribers must move to v2.1 by January 2008. NCPDP has issued a Request for Information (RFI) to aid NCPDP in selecting a technical partner (Contractor) to perform technological development and fulfillment services on its Pharmacy Database.
- **WEDI Health ID Card Implementation Guide**. On August 1, 2007 WEDI issued a second draft Health ID Card Implementation Guide. The WEDI Health ID Card Sub-Workgroup has been working with the ad hoc Health Identification Card Major Stakeholders Panel established by WEDI to address technology and bank-card issues raised about the 2006 draft. There will be a WEDI forum held on August 22, 2007, in Fairfax, Virginia to discuss this draft. WEDI anticipates a September 1, 2007, draft with changes following the forum, which will be presented to the WEDI Board of Directors for approval in mid-September.

New Items:

- The 2007 WG3 Scope and Goals were reviewed and approved.

Work Group 7 Manufacturer Rebates

DERFs:

- DERF 813 requests “Update the ECL Rebate Reconciliation Reason codes per rebate standard draft version 4.01 changes so the Reconciliation Reason codes within the file matches the reconciliation file format changes and update the Reason codes to support current business practices within the Rebate processing arena.” The DERF was approved with modifications.

Task Group:

- 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)** has completed their work and WG7 agreed to disband the task group.
- The **Standards Implementation Survey Task Group** is developing a new survey guide to aid in understanding current utilization of the standard by the industry, perceived gaps/limitations of existing standards, key obstacles for implementation and future industry needs to maximize the rebate standard’s value.

- The **Standards Update Task Group** reviewed examples of the Utilization and Reconciliation Detail files from the Manufacturer Rebate Standard Version 04.01. The task group also updated the Rebate Reconciliation Reason Codes as submitted in DERF 813.
- The **Reference Guide Task Group** is currently developing new information to be added to the Reference Guide.

Updates:

- WG7 received an update on the Rebate Standard value definitions provided to the Maintenance and Control Value Definitions Task Group this past quarter. The work group also updated four values that were not defined.

New Items:

- The work group reviewed a request from the Federal Medication Terminologies/ECL Analysis Task Group to review field 601-34, Dosage Form ID Code, in order to determine if the FMT would be an appropriate replacement for those values.
- The 2007 WG7 Scope and Goals were reviewed, modified and approved.

Work Group 9 Government Programs

Updates:

- **State of the States.** The work group reviewed and updated the SOS document (specifically NPI implementation) which will be posted on the website. A **task group** was formed to reach out to the State Medicaid programs to request information for the State of the States tracking document.
- **NPI Update.** CMS is extending the period of time in which enumerated health care providers can view their FOIA-disclosable NPPES data and make any edits they feel are necessary prior to the initial disclosure of the data. CMS will be making FOIA-disclosable NPPES health care provider data available beginning Tuesday, September 4, 2007. The NPI Registry will become operational on September 4 and the downloadable file will be ready approximately one week later.
- **Average Manufacturer Price.** A new method of setting limits on what the federal government will reimburse state Medicaid agencies for prescription drug payments—aimed at reigning in inflated drug product payments—was issued as a final rule in the *Federal Register* on July 6, 2007. It was also noted that new legislation, the “Medicaid Drug Payment Act of 2007”, has been introduced to try to counteract the negative potential of decreased reimbursement to pharmacies.

New Items:

- The 2007 WG9 Scope and Goals were reviewed and approved.
- The work group heard a presentation by Jason Hardaway with Wellpartner, Inc. on the 340B Program, Pharmacy Savings for Covered Entities.
- Contact information for the Pharmacy Services Support Center, which handles questions regarding the Medicaid Exclusion File and 340B was provided to the work group.
- CMS has released guidance for the Medicare Part D benefit stating that effective January 1, 2008 the administrative fee for vaccines will be covered under the Part D benefit. The WG1 Version 5 FAQ Task Group will present to WG1 Telecommunication a suggested approach to accommodate the billing and payment of the vaccine drug and the administrative fee using v5.1.
- H.R. 2567 known as “The Medicare Home Infusion Therapy Coverage Act of 2007” was introduced as an amendment to Title XVIII of the Social Security Act to provide for the coverage of home infusion therapy under the Medicare Program.
- The final Federal Register notice on the reporting of the NDC indicates this will become a requirement for the UB04 and therefore will impact the patient accounting systems of hospitals. The requirement will involve continuing to show the HCPCS on the claim, but where required for state Medicaid claims, there would also be a need to include an NDC code. The proposed implementation date is January 1, 2008.

- The NCPDP Board of Trustees approved Ballot WG090007R which results in the Medicaid Subrogation Implementation Guide Version 3.0. NCPDP members have requested the Medicaid Subrogation standard be named in HIPAA.

Work Group 10 Professional Pharmacy Services

Updates:

- A report was given on Healthcare Information Technology Standards Panel's (HITSP) Requirements, Design, and Standard Selection (RDSS) document on medication management.
- NCPDP held a focus group in July 2007 to learn more about the issues regarding MTM and the interested parties are invited to attend the November 2007 WG10 meeting to determine future action items.

DERFs:

- DERF 000815 – requests “At the request of NCVHS, NCPDP has facilitated an industry wide task group committed to developing a structured and codified format for the Sig component of an electronic prescription. This Structured and Codified Sig Format is meant to be incorporated 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. The documents attached are considered the "master" documents - the format and implementation guide. These documents will be used by the authors/owners of the e-prescribing standards to incorporate the format into the applicable standard and implementation documents. Use of the Structured and Codified Sig Format is optional at this time, but if the format is used, certain elements are required.” The DERF was approved with modifications.

Task Groups:

- The **Structured and Codified Sig Task Group** reported that they had submitted the DERF for the Sig format. Future action items for the task group include exploring the pilot possibilities, continuing to gather examples and identifying communication opportunities.
- **Medication Therapy Management Task Group** reported that there is renewed interest in addressing MTM issues. NCPDP held a focus group in July 2007 to learn more about the issues regarding MTM and the interested parties are invited to attend the November 2007 WG10 meeting to determine future action items.

New Items:

- The WG10 Scope and Goals were reviewed and approved with minor changes.

Work Group 11 ePrescribing & Related Transactions

Ballots:

- Ballot WG110028 - DERF 000805 requested "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." For the publication of a second XML companion guide to the existing SCRIPT Standard Implementation Guide Version 8.1. The ballot was valid at 61.86%. Negative With Reason comments were categorized. The ballot will be recirculated with modifications made.
- Ballot WG110029 - DERF 000807 requested “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." Approval of ballot WG110029 would result in the initial release of the Prescription File Transfer Standard Implementation Guide Version 1.0. The ballot was valid at 61.26%. Negative With Reason comments were categorized. The ballot will be recirculated with modifications made.

- Ballot WG110030 - DERF 000808 that requested "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 (e.g. 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." and DERF 809 that requested "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." Approval of ballot WG110030 would result in the new release of the SCRIPT Standard Implementation Guide Version 1.0.3. The ballot was valid at 61.56%. Negative With Reason comments were categorized. The ballot will be recirculated with modifications made.

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 approved as modified.

- DERF 000814 requests "When submitting claims the PCN (Processor Control Number) is needed to identify which processor / payer to send the claim to. This number is either sent in the eligibility response transaction to the prescriber or available on the patient's health care card. This number should be communicated to the pharmacy on the NEWRX." The DERF was approved with modifications.
- DERF 000816 requests "With the increasing use of electronic prescribing applications and electronic medical records, a structured and codified Sig offers greater specificity and clarity in medication ordering and at the same time has the added benefit of reducing errors. The output of the NCPDP Industry Sig task group is "location neutral", meaning that it supports prescriptions/orders written and dispensed in ambulatory, transitional, long-term and acute-care settings. Medical and pharmacy businesses will benefit from the use of a structured and codified Sig. To enhance patient safety, achieve consistency and promote continuity of care, healthcare facilities, physician offices, medical records departments, laboratories, and pharmacies need to share data regarding the prescriber's instructions to the patient for medication use. In today's environment, no standardized method exists for trading partners to share Sig data without the possibility of inaccurate translation by the receiving entity." The DERF was approved with modifications.
- DERF 000817 requests "There are occasions in the long-term care setting where it would be useful to electronically communicate the full list of current, active medications for a resident / patient. For example, it is important to keep the LTC pharmacy apprised of a patient's full drug regimen so that full DUR checks can be performed prior to dispensing medications. When the pharmacy takes responsibility for a patient, it must obtain a list of that patient's medications and capture them in their pharmacy system. It is also necessary on certain occasions to "reconcile" the pharmacy system's patient drug listing to the facility system's current list, to ensure that all current medications are present. In addition, a patient's active medication list is communicated between facilities, hospitals, and other providers in conjunction with transfers between care settings. Such situations include admission into the long-term care facility from the acute setting, and transfer between facilities or units within a care network. Depending on locale, capture of a patient's active medications at these events can be required of the LTC facility per the State Operations Manual or other regulation. Today, the communication of a patient's current medication list is done manually, using spreadsheets or paper. This DERF proposes adjusting the Medication History message to enable parties to communicate this information electronically, adding a method to request active medications only, and response content that indicates that only active medications are included." The DERF was approved with modifications.
- DERF 000818 requests "During the 2006 MMA ePrescribing Pilots, the NCPDP Formulary & Benefit Standard was tested for interoperability with foundation standards and evaluated as a viable vehicle for transmitting prior authorization requirements. NCPDP established a task group to translate lessons-learned from the pilots into specification enhancements. See the attached implementation guide and dictionary changes document, which represent the task group's first round of recommendations." The DERF was approved.

Task Groups:

- The **Prescription Transfer Task Group** is on hold pending Ballot WG110029.
- 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. The task group leader and others are working with the HL7 and X12N contacts for a face to face meeting.

- The **Prior Authorization Formulary and Benefit Task Group** submitted DERF 000818 which proposes enhancements to the NCPDP Formulary and Benefit Standard which provides a standard means to transmit medication prior authorization criteria to the point of care. This task group has been renamed to the **Formulary and Benefit Task Group** as they have new work items for this standard from their analysis.
- The **RxNorm Task Group** is on hiatus at this time, pending new work items.
- WG11 **Sig Incorporation Into SCRIPT Task Group** provided DERF 000816 for the Sig Segment to be introduced into the SCRIPT Standard Implementation Guide. The WG10 Industry Sig Task Group has brought forward DERF 000815 for a Structured and Codified Sig Format Implementation Guide.
- WG11 is assisting WG14 LTC/EHR in mapping the needs of long-term care into eprescribing standards. They are bringing DERFs forward.
- **SCRIPT XML Task Group** has worked on XML guidance and updates to the SCRIPT Implementation Guide to incorporate XML as sections in the document. They will bring a DERF forward in November.

Updates:

- A status was given on ANSI HITSP and AHIC/ONC.
- Discussion on a Request from MC Federal Medication Terminology (FMT) Task Group for use of some SCRIPT fields.
- There was a brief discussion on Eprescribing and Computer Generated Fax Exemption.
- There was not enough time to discuss recommendations on the next version of SCRIPT to bring forward to NCVHS. It will be discussed in November.
- The **MC Modeling and Methodology Task Group** did not meet. They are looking for volunteers to complete some sections of the document.
- Designated Standards Maintenance Organization (DSMO) Change Request 1062 regarding the ASC X12 270/271 transaction was withdrawn by the submitter so the task group did not need to meet. The task group was disbanded.
- The WG11 Scope and Goals were modified and approved.

Work Group 12 Education and Legislation and Regulation

Updates:

- State of the States document is being updated (identifies all the legislative issues that are discussed by Work Group).

Task Groups:

- **Joint Task Group with Work Group 3:** An update on the standard for Identification Card was given. It was also noted that WEDI has created the Health Identification Card Implementation Guide, which is being discussed in WG3. WG12 joined WG3 for the discussion of the guide and its possible impact to the NCPDP ID Card Implementation Guide.

New Items:

- NPI - Publication of FOIA-disclosable NPPES health care provider data has been delayed. It will be available Sept. 4th. The downloadable files will be available a week later.
- NCVHS - Hearings were held with several participating NCPDP representatives testifying on new standards to be named in HIPAA.
- ICD-10 - Medical community needs to utilize ICD 10. The industry is recommending 2012 as the timeframe for implementing the use of ICD 10.
- AHIC - AHIC is seeking input on becoming a public/private organization. The approaches for the transition are described in the "American Health Information Community Successor White Paper, August 2007" which is open for public comment. Feedback on the plans is requested. (For more information visit <http://www.hhs.gov/healthit/community/background/AHICsuccessor.html>).
- HR 3140 is now called "Saving our Community Pharmacy Act" for Medicaid Reimbursement.

- HITSP - The Use Cases are Consumer Access to Clinical Information, Medication Management, Quality, and Emergency Response. Information was given on each case study.
- Work Group 12 sat in on Work Group 3's meeting to learn more about the new WEDI Identification Card Implementation Guide.
- There was an update on NPI and HCIda.
- The 2007 WG12 Scope and Goals were reviewed, modified and approved.

WG14 Long Term Care

DERFs:

- No DERFs were reviewed by this work group, however, DERF 000817, which proposes the addition of an option to the Medication History message to allow a request for current medications only was submitted by the EHR Task Group for review by WG11 at this Work Group meeting. (See WG11 for details.)

Updates:

- Updates on AHCA and NASL were provided.
- Updates on ONCHIT and the LTC HIT Summit were provided
- An NCVHS update was provided with focus on the testimony given in support of moving to the recommended NCPDP Standards, in particular D.Ø.
- An update was given on the regulatory activities of the Drug Enforcement Agency and the NABP.
- A CMS/HIPAA update was provided.
- An update on the Rebate Reporting Website was provided. They continue to add PBMs to the service. There will be a brief period, about a week, between the cut off for the first quarter data and the acceptance of the second quarter data, when no data will be accepted. For more information visit www.premierltcsubmit.com.

Task Groups:

- The **Return Credit Task Group** – A sub task group has completed development of a six part spreadsheet defining the elements needed for the return, destruction and credit processes. Review and issue resolution by the full task group has begun. Once completed, work will begin on the standard and associated DERFs.
- The **EHR/HL7 Task Group** –The task group developed and submitted DERF 000817for review by WG11. They reviewed the Prescription Transfer Specification and submitted recommendations for additions of LTC specific attributes. They began discussions on the synchronization of facility and pharmacy medication records. They also monitored and responded individually to the HITSP Medication Management Use Case and participated in the development of a LTC specific scenario.
- The **Current LTC Billing Issues Task Group** – The task group created a sub task group that reviewed the Compound Segment and related elements in D.Ø using multiple IV and non-IV compound scenarios. A proposal was put forth to modify the definition of Quantity Dispensed in D.Ø to reflect the delivery units, i.e. the number of preparations or bags. This will be taken to WG1. The recommendations and examples will be used to update the Telecommunication Version 5 Questions, Answers and Editorial Updates document.
- The **Consultant Pharmacist Task Group** – The task group has focused on review of the HL7 EHR Functional Model, Direct Care Functions (Chapter 3) to assure that the LTC needs are being included.
- The **LTC Pharmacy Rebate Reporting Task Group** – The task group identified and corrected two errors in the "Long-Term Care (LTC) Rebate Reporting Guide for Medicare Part D", namely correction of the header designation 'Brand Name' to Drug Name' in the examples and the value of Rebate \$ per unit from 'NA' to \$0.00 . These changes were approved by the work group. The revised document will be posted to the website. They also began review of the proposed 2008 CMS Guidance and will submit comments individually.

New Items:

- WG 14 2007 Scope and Goals were reviewed, modified and approved.

- Vaccine processing under the new CMS guidelines was discussed.

WG15 Sample Management

Task Groups:

- **Physical Samples, Etc. Task Group** and **Alternative Distribution Task Group** - These task groups were merged at the February 2007 meeting. The task group did not meet. They are awaiting the finalization of the Scope and Goals task group.
- **Outreach Task Group** - Drafted a script for outreach for internal and external use. The draft letter was posted to the WG15 webpage for comments. It was asked that the document be reviewed and comments sent before the November WG meeting so that the final draft may be reviewed and approved by the WG. The final copy would then be sent to the Standardization Co-Chairs for their approval.
- **Goals Review Task Group** presented modified Scope and Goals to the WG attendees. They were reviewed, modified and approved. It was determined that the first step was to investigate what methods are currently used by the industry to identify how sample drugs are codified (product identification). A new task group was formed to take on this assignment.

New Items:

- Susan Hogue of MedVantx provided a presentation on MedVantx as relates to samples.
- Carla Saxton McSpadden, R.Ph. of ASCP, provided a presentation on *National Coordinating Council for Medication Error Reporting and Prevention*.
- It was determined that real-life experiences regarding sample distribution should be pursued and presentations from a manufacturer and a prescriber will be sought for the November 2007 Work Group meetings. A pharmacy presentation will be given in February 2008.

WG16 Property & Casualty/Workers' Compensation

Task Groups:

- The **Legislative Advocacy Task Group** provided an update on state regulatory and legislative initiatives for billing and reporting Workers' compensation claims, in particular the meeting with Florida officials on the requirement for reporting the pharmacist name and ID on the claim. Updates were also provided for Texas, California, Pennsylvania and Delaware.
- The **eBilling Task Group** is working with Texas and Florida to specify the requirements for eBilling 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 to further standardization.
- The **State Reporting Task Group** is making final edits on the spreadsheet developed to capture the reporting requirements by state. It will be published to the web site shortly.

Updates:

- An update was given on current developments regarding state regulation and work group intervention. There was a lengthy discussion on the New York Workers' Compensation reform. Several states, including New York, Georgia and Montana have altered their pricing methodology. A state of the states document will be developed.
- The issue of the identifier for entities that aggregate claims and bill for providers has been put on hold pending further development in WG3.

New Items:

- The WG16 Scope and Goals for the coming year were reviewed, modified and approved
- An invitation and education letter to state Workers' Compensation agencies and interested entities will be drafted for review and approval by the work group in November. The intent is to make the receiving entities aware of the efforts of the work group, to offer the assistance of the work group and to invite participation in NCPDP and the work group to foster development of cooperation standard requirements for billing and reporting Workers' Compensation claims.
- A brief presentation on the UCF was given by Aura Lee Martinez of RR Donnelley.

- There was discussion on the need for updating the UCF to address the issues of missing elements for workers' Compensation. Although the desire is to have the transactions conducted electronically, it was recognized that there will always be occasions when paper is required, and especially for providers doing little business with Workers' Compensation. It was noted that WG1 is creating a task group to work on revisions to the UCF to make it compatible with D.Ø. Members of this work group will join the WG1 effort.

WG17 RFID/Auto-ID

Updates:

- Updates were given on state and federal developments and regulations related to the use of pedigree and tracking of drugs.
 - Alabama, California, Illinois, Maryland, Massachusetts, Missouri, New Hampshire, New York, Rhode Island and South Dakota have legislation pending requiring the use of RFID. Most of these pending laws are not drug specific and require that the tag be removable or that the consumer be warned that a tag is on the product. The South Dakota law specifically prohibits the implanting of a tag in a human.
 - On June 14 HB2716 was introduced in Congress. This is an anti counterfeiting measure specific to drugs and would mandate the use of the electronic pedigree and that no patient or prescriber information can be on the tag.
- An update was given on issues surrounding privacy of the encoded data on the RFID tag. A major concern for pharmacy is that if a tag is still live when the patient is given the medication, then it can be scanned and the drug identified without the knowledge of the patient, for instance by a passerby. On another front, a proposal has been made to implant a chip in patients with Alzheimer's disease to identify and locate them if they wander off.
- An update was given on the Drug Pedigree Standard. Another EPCglobal committee dealing with the item level serial number is working with the industry and the FDA regarding the possible development of a serial number for drugs to be used in lieu of the NDC.

New Items:

- The WG17 Scope and Goals for 2007 were reviewed, modified and approved.

Use Case Development:

- The work group reviewed the use cases initiated at the May meeting. Some updates were made, particularly to the listing of participants in the scenarios.
- The group then focused on refining and detailing the first use case.
- There will be interim calls as needed to complete the use case for review and approval at the November meeting.

WG45 External Standards Assessment, Harmonization and Implementation Guidance

This was the first meeting of WG45, which was formed by the merger of WG4 and WG5.

New Items:

- The work group reviewed the proposed Scope and Goals as developed by WG4 and WG5. The WG45 Scope and Goals were modified and approved.

Task Groups:

- The work group determined that the WG5 **835 FAQ Task Group** and the WG4 **834 FAQ Task Group** were to continue. The same TG leads will continue. No new questions had been received.
- The group disbanded the **X12 835 Liaison Task Group**
- Two new task groups were formed: the **Document Revision Task Group** and the **External Organization Coordination Task Group**.
- The task groups will define their scope and goals for review and approval during the November Work Group Meeting.

Updates:

- An update was given on the WEDI SNIP 835 Sub Workgroup. Members were asked to review and respond to the list of claim adjustment reason codes being proposed for deletion. If they are needed the business case must be submitted.
- An X12 update was given. The pharmacy industry 835 use and implementation strategy will be the topic of a Lunch and Learn session at the September X12 N meeting.
- An update on the work of the NCPDP SNIP Committee was provided.

MC Maintenance and Control

DERFs/ECLs:

- MC Maintenance and Control reviewed 1 pended and 8 new DERF/ECLs (see WG1, WG7, WG10, WG11, and WG14 above).
 - DERF/ECL review and approval will result in:
 - The August 2007 release of 3 new ballots: WG110031 and WG110032 for WG11 ePrescribing & Related Transactions and WG100004 for WG10 Professional Pharmacy Services.
 - The republication of the ECL.
 - The creation of a Version D FAQ document and the addition of Service Billing Examples.
- Review of two New Project Development Forms
 - #27 Standardization of OTC Sales Data and Compliance Reporting was approved with a recommendation that it be given to WG1 Telecommunication to determine if something viable can be done.
 - #28 Pharmacy Label Project was approved with a recommendation that it be given to WG10 Professional Pharmacy Services.

Ballot Adjudication:

- Will result in:
 - Recirculation of Ballots WG010030, WG010031, WG110028, WG110029, and WG110030 for the August 2007 ballot period.

Task Groups:

- The **Modeling and Methodology (M&M) Task Group** had no task group activity. The MC Co-Chairs will speak to the task group lead.
- 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. It is the goal of the task group to complete definitions in time to submit a DERF for the November 2007 WG meeting.
- The **Entities Definitions Task Group** was disbanded as their final document was posted to the MC web page after the May 2007 WG meetings and no comments were received.
- The **Federal Medication Terminologies/ECL Analysis Task Group** has reviewed NCPDP data elements to determine which of them could be associated with which FMT components. They are awaiting a clearer understanding of the meaning and use of some of the various NCPDP data elements.

Updates:

- DSMO Change Request System Update – Change Request 1062 was reviewed and approved at the May 2007 WG meetings. It requested a version upgrade and replacement for the 270/271 HIPAA Health Care Eligibility Benefit Request and Response transactions, which are currently adopted and implemented using version 004010X92A1. An NCPDP task group was formed at the May 2007 meetings to review this request. On June 6, information was received that ASC X12 would be pulling the DSMO request 1062 on the 270/271. It was the decision of X12N's WG1 to develop a new version of the 5010 270/271. The NCPDP task group was informed and will not be meeting until a new guide is created.
- A HITSP update and HIPAA update were provided.

New Items:

- A Medication Therapy Management Focus Group Meeting Update was given. Full agreement was reached that NCPDP should be involved in the additional examination of

existing standards relevant to MTM, and that the involvement would be at the WG level. It was recommended that WG10 should be involved. NCPDP would utilize an open-forum concept and provide the staff needed to make this happens. WG10 will be discussing this in November after outreach is performed.

- The attendees received daily Work Group recaps.
- The 2007 MC Scope and Goals were reviewed, modified and approved.