

Work Group Recaps:

Work Group 1 Telecommunication

Ballots:

- Recirculation Ballot WG010030R - DERF 000806 requested "Update the Post adjudicated standard 1.Ø to reflect changes that were brought forward in the Telecommunication version D.Ø." for Post Adjudication Standard Implementation Guide Version 2.Ø. The ballot was valid at 74.77% and received 90% approval. There were no Negative With Reason comments. After the appeal process, the ballot will be sent to the Board of Trustees for approval.
- Recirculation Ballot WG010031R - 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.Ø. The ballot was valid at 73.87% and received 90% approval. 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):

- DERF 000819/ECL 000031 requests "This request is for new NCPDP reject codes for various fields to be able to reject a claim when a submitted count is greater than the Max count defined. Please see the attached list identifying the field, the max count and the suggested Reject Definition." The DERF was approved as modified.
- DERF 000820/ECL 000032 requests "This request is for new NCPDP reject code for field Medicaid Agency Number (field 116-N6). This request is for a new reject code to reject the claim when the number provided does not match a number on the payer's database. Non-Matched Medicaid Agency Number". The DERF was approved.
- DERF 000822 requests "Based on the HITSP standards harmonization recommendation on the AHIC Consumer Empowerment Use Case to use the Federal Medication Terminologies (FMT), NCPDP formed the FMT and ECL Analysis Task Group, in Maintenance and Control to analyze the FMT against the currently used codes and vocabularies in the NCPDP standards and other documents to determine the potential implications of any changes. This DERF is the result of the TG efforts. (FMT Fields 252 and 450-EF)". The DERF was withdrawn by the submitter and will be resubmitted.

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** will meet via conference call as items come up. Their work is reflected in Recirculation Ballot WG010031R.
- Designated Standards Maintenance Organization (DSMO) Change Request 1063 (requesting NCPDP Post Adjudication Standard Implementation Guide Version 2.0 move forward under HIPAA) was approved.
- Designated Standards Maintenance Organization (DSMO) Change Request 1067 (requesting X12N 270/271 move forward under HIPAA) was approved.
- The **Universal Claim Form (UCF) for Version D.Ø Claims Task Group** provided their first report.

Updates:

- **NCPDP SNIP Committee** is working on guidance for implementation of the next HIPAA transactions, and also on a Payer Sheet Template Implementation Guide for version D.Ø.

New Items:

- Project 000027 - *Standardization of OTC Sales Data and Compliance Reporting* was discussed and a task group was formed.

Work Group 2 Product Identification

Updates:

- An update on NDC/NCVHS/Paperless Labeling was provided

Task Groups updates were provided:

- **Billing Unit Standard Marketing Task Group** - The 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. They are also working on a sample survey for NCPDP Pharma Manufacturers members to identify who in their organizations would benefit most from NCPDP billing unit standard. An update on the IIR conference held in September 2007 in Chicago was given. A meeting with the WG2 and WG7 Co-Chairs and CMS is planned in order to educate CMS and subsequently OIG on the BUS. 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.
- **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. The letter sent last year to the FDA regarding inclusion of the billing unit in the SPL was resent to emphasize the importance of this request.
- **Standard Package Sizes Task Group** - The goal was to develop a strategy for assuring standardization of billing unit to package size. This task group will be disbanded and rolled into the Billing Unit Standard Marketing Task Group.
- **Standard Exception Review Task Group** - The task group is looking at all of the exceptions within the Implementation Guide. This task group completed review and updates to the DERFed BUS Implementation Guide that was approved by WG2 and MC.
- **Change in Existing/New Products Review Task Group** - This Task Group was formed to develop a structured/formalized/consistent process by which issues are reviewed resulting from changes to existing products and the release of new products. All 6 QUIC forms presented at this WG meeting were reviewed and discussed by this task group prior to being presented at the WG meeting.

New Items:

- Six QUIC forms were reviewed:
 - #200706 Duplex Delivery Systems – Multiple Products was agreed that all B.Braun Duplex products be classified as a one each.
 - #200707 Rinnovi Nail System (NDC#: 23710-0050-02) was approved as “ml” and to send notification to the manufacturer to put total mls on the box.
 - #200708 Somatuline Depot Inj (NDC#: 15054-060-01, 15054-090-01, 15054-120-02) was approved as “ml”.
 - #200709 Coraz Lotion (NDC# 14629-0516-01 for combination and 14629-0515-01 for Coraz and 14629-0903-06 for Pulere) was approved as “ml”.
 - #200710 SymlinPen™ 60 (pramlintide acetate) pen-injector (NDC# 66780-111-08) was approved as “ml”.
 - #200711 SymlinPen™ 120 (pramlintide acetate) pen-injector (NDC# 66780-111-09) was approved as “ml”.
- DERF 826 that requested "Update the Billing Unit Standard to clarify recent QUIC forms and to remove the Nystatin exception since it no longer applies to the marketplace" was reviewed, modified and approved.

Work Group 3 Standard Identifiers

Task Groups:

- The **Letters to States/State of States Task Group** provided an update on Texas, House Bill 522 which requires health insurers and PBMs to issue “smart-cards” with patient information embedded electronically (as well as having human-readable information on the card itself) and California SB 472, which would adopt a standard format for the labeling of prescription drug containers dispensed in the state. WG3’s State of the States Report is available on the NCPDP website:
http://www.ncdp.org/members/members_wg_info.asp?wgid=wg03

Updates:

- HCldea. The online lookup tool is available for pharmacies at the store level and allows pharmacies to obtain address, phone, licensure, DEA and NPI information on prescribers. The HCldea v2.0 relational database product contains multiple addresses, legacy identifiers, DEA certification information and NPIs. It is designed to aid organizations in maintaining internal prescriber databases and mapping NPIs to internal databases.
- NCPDP Pharmacy Database. NCPDP has partnered with ChainDrugStore.net as a technical partner for the pharmacy database and will be making major changes to the platform and technology including minor changes to the actual data content. See document on WG3’s web page.
- The WEDI Health Identification Card Implementation Guide submitted to the WEDI Board of Directors in mid-September was not approved. Section 6.0 of the Guide has been revised and the Implementation Guide will be resubmitted to the WEDI Board of Directors for approval on November 15, 2007. WG3 formed a task group to review the NCPDP Pharmacy and/or Combination ID Card Implementation Guide and determine what changes, if any, would be needed based on the release of the WEDI Implementation Guide.

New Items:

- Project Development Form 000028, Pharmacy Label Project. WG3 formed a task group to begin development of the standardized data elements that would be required on a prescription label.
- WG3 received information on the correct use of Store Open Date, Store Closure Date and Delete Date fields in v2.0 and v2.1 of the NCPDP Pharmacy Database Output File.
- WG3 received a briefing on Texas H.B. 3064, Regulation of Discount Health Plans and the required use of the international identification number assigned by ANSI. WG3 formed a task group to draft a letter to request acknowledgement of NCPDP as a legitimate, accredited, source of BIN numbers for all Health Care business, including Consumer Cards.
- The WG3 Scope and Goals were modified.

Work Group 7 Manufacturer Rebates

DERFs:

- DERF 813 requests “Based on the HITSP standards harmonization recommendation on the AHIC Consumer Empowerment Use Case to use the Federal Medication Terminologies (FMT), NCPDP formed the FMT and ECL Analysis Task Group, in Maintenance and Control to analyze the FMT against the currently used codes and vocabularies in the NCPDP standards and other documents to determine the potential implications of any changes.” This DERF is the result of the TG efforts. (Field 601-34, Dosage Form ID Code) WG7 pended the DERF for further review of the impact on the Rebate Standard.

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 **Standards Implementation Survey Task Group** presented a draft Implementation Survey which was developed to reach out to industry stakeholders including manufacturers, PBMs/claim processors, and related service providers to determine

current utilization of the Manufacturer Rebate Standard. Volunteers will complete the survey and provide feedback to the task group prior to its release.

- The **Standards Update Task Group** is currently working on a revised Plan Flat File to be reviewed at the February work group meeting.
- The **Reference Guide Task Group** gave a status report on the new content being developed for inclusion in the Manufacturer Rebate Standard Reference Guide.

Updates:

- WG7 received an NPI update. See document on WG7's web page.

New Items:

- The work group heard a presentation on the Deficit Reduction Act of 2005 and the impact on Medicaid/Medicare. See document on WG7's web page.
- WG7 heard a report on the HHS OIG presentation given during the September IIR conference regarding the Billing Unit Standard. A meeting with the WG2 and WG7 Co-Chairs and CMS is planned in order to educate CMS and subsequently OIG on the Billing Unit Standard.

Work Group 9 Government Programs

Task Group Updates:

- **State of the States Outreach Task Group.** The task group had no activity to report this quarter.

Updates:

- State of the States. The work group reviewed and updated the SOS document (specifically NPI implementation) which will be posted on the website. http://www.ncdp.org/news_npi-info.asp
- The work group received an update on Average Manufacturer Price, Medicare Home Infusion Therapy Coverage Act of 2007 and Medicare Part B and D Issues.

New Items:

- WG9 formed a task group to begin preliminary work to collect and review the various State requirements for Tamper-Resistant Prescription Pads in order to develop a TRPP Standard that could be utilized by the industry.

Work Group 10 Professional Pharmacy Services

Ballots:

- Ballot WG100004 - DERF 000815 requested "Provides a structured and codified format for the Sig component of an electronic prescription that may be incorporated into existing e-prescribing transaction standards, such as NCPDP SCRIPT and HL7." The ballot was valid at 62.94%. Negative With Reason comments were categorized. The ballot will be recirculated with modifications made.

Task Groups:

- The **Structured and Codified Sig Task Group** reported that the group has not met since the DERF was approved in August. The next steps include creating a plan for piloting the format after the ballot has been approved.
- There was no update from the **MTM Services Task Group**.

New Items:

- There was discussion on current business needs for standardization of electronic communication for Medication Therapy Management and related pharmacist services. The work group decided to form the **Standardization of Electronic Transactions for Pharmacist-Provided Clinical Services Task Group**.
- The WG10 Scope and Goals were reviewed and approved with minor changes.

Work Group 11 ePrescribing & Related Transactions

Ballots:

- Recirculation Ballot WG110028R - 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 75.08% and received 90% approval. New Negative With Reason comments were reviewed. After the appeal process, the ballot will be sent to the Board of Trustees for approval.

- Recirculation Ballot WG110029R - 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 75.08% and received 90% approval. New Negative With Reason comments were reviewed. After the appeal process, the ballot will be sent to the Board of Trustees for approval.
- Recirculation Ballot WG110030R - 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 (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." 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 74.77% and received 90% approval. New Negative With Reason comments were reviewed. After the appeal process, the ballot will be sent to the Board of Trustees for approval.
- Ballot WG110031 – DERFs 814, 816, and 817. DERF 814 requested "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." DERF 816 requested "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." DERF 817 requested "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 ballot was valid at 63.43%. Negative With Reason comments were categorized. The ballot will be recirculated with modifications made.

- Ballot WG110032 – DERF 818 that requested "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 ballot was valid at 62.69%. Negative With Reason comments were categorized. The ballot will be recirculated with modifications made.

DERFs:

- DERF 000821 requests "Based on the HITSP standards harmonization recommendation on the AHIC Consumer Empowerment Use Case to use the Federal Medication Terminologies (FMT), NCPDP formed the FMT and ECL Analysis Task Group, in Maintenance and Control to analyze the FMT against the currently used codes and vocabularies in the NCPDP standards and other documents to determine the potential implications of any changes. This DERF is the result of the TG efforts. (FMT 1131, Fields for Drug Form)". The DERF was approved with modifications.
- DERF 000824 requests "This document is being submitted to request the addition of verbiage defining the use of a "representative NDC" within the Medication information of a NEWRX. There are no new fields or values being proposed, merely addition of verbiage explaining usage within the applicable guides. The added verbiage would define the value present in DRU 010-03 when DRU 010-04 is ND (NDC)." The DERF was approved with modifications.
- DERF 000825 requests "This request is being submitted to request the addition of a "DEA Schedule" within the Medication loop for all transactions communicating a 'medication'. The presence of an indicator identifying the schedule of the medication will help facilitate efforts that are currently under way relative to management of controlled substance prescriptions being communicated electronically using the NCPDP SCRIPT Standard. The DEA Schedule would be populated by the system generating the

message, and would utilize the Federal DEA Schedule classification." The DERF was approved with modifications.

- DERF 000827 requests "The note for DRU-060-01 does not match the conditionality of the element. DRU-060 should be changed to conditional for Refill. Request. P = Pharmacy Requested Refills. This value will appear only in REFREQ messages. Because DRU 060 is not mandatory, a pharmacy may submit a REFREQ without requesting a particular number of refills by omitting DRU 060. If a pharmacy wishes to request a specific number of refills, it should submit "P" and the desired number of refills in field 060-1009-02-6060 Quantity. If the pharmacy wishes to request additional refills without specifying how many, composite data element DRU 060 should be omitted completely. If "P" is used, the number of refills requested must not be zero." The DERF was approved.
- DERF 000828 requests "This DERF will clarify the intent of the prescriber for refills when using PRN (take as needed)." The DERF was approved.
- DERF 000829 requests "The REQ-010 Message Function Coded field is used in multiple messages with the same external code list even though all codes don't apply to all messages. This DERF will constrain the codes to the appropriate messages. This DERF will also add additional codes needed for the CENSUS message and clarify definitions for the NEWRX and Cancel messages." The DERF was approved.
- DERF 000831 requests "The Official Name of the Script Standard on the Implementation Guide is PRESCRIBER/PHARMACIST INTERFACE SCRIPT STANDARD this name no longer is representative of the Standard and it is recommended to be removed or changed. The name should either be "SCRIPT STANDARD" or "Ambulatory Electronic Prescribing Script Standard". The current name could be confusing to those new in the domain, and be overlooked as a standard. When doing this, a pictorial representation of the new transactions (Medication History, Formulary) should be included in Appendix A." The DERF was approved with modifications.

Task Groups:

- The **Prescription Transfer Task Group** is on hold pending Recirculation Ballot WG110029R.
- 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 HL7, X12N appropriate folks for a face to face meeting.
- The **Formulary and Benefit Task Group** provided an update on their activities.
- The **RxNorm Task Group** is on hiatus at this time, pending new work items.
- WG11 **Sig Incorporation Into SCRIPT Task Group**, is on hiatus pending Ballot WG110031.
- 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. The next version of SCRIPT will include XML.

Updates:

- A status was given on ANSI HITSP and AHIC/ONC.
- The attendees discussed recommendations to take SCRIPT v10.5 to bring forward to NCVHS for long-term care and ambulatory environments.
- 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 Requests 1067 (requesting X12N 270/271 move forward under HIPAA) was approved.

Work Group 12 Education and Legislation and Regulation

Updates:

- Update on NPI and HCIda. The pharmacy files are still in the process of being cleaned up and updated. A contract was awarded to ChainDrugStore.net, the new technical partner. The new database will be ready to go by Annual Conference.
- Update on the **Joint Task Group with Work Group 3**. They discussed the Prescription ID Cards, the Prescriber ID DEA number, cardholder ID restrictions on social security and discount card legislation. Texas House Bill 522 was signed by the governor on May 25th, 2007 and is effective immediately. Michigan is the only state that will go into effect with the Prescriber NPIs on Jan. 15th, 2008.
- Update on HIPAA. Claims Attachment Final Rule is expected to be released in quarter 1 or 2 in 2008. There has been an update to MTM question # 7943. The next phase for D.0 is the publication of an NPRM expected by late quarter 1 or 2 of 2008.
- WEDI has been in the process of developing a Healthcare ID Card Implementation Guide. They were in the final review before submitting the guide to the WEDI Board, however have delayed for feed back from the NCPDP Task Group.
- Update on HITSP and HIT. Use cases include: Public Health Case Reporting, Consultation & Transfer of Care Personalized Healthcare, Immunizing & Response Management (Reporting immunizations to registries), and Remote monitoring (Emergency responders and Remote consultation). House Science & Technology Committee approved HR 2406. National Health IT Office awarded contract to Bearing Point to define common Health IT terms. Discussed ICE-Rx as it related to the California wildfires. Notification of release of the 2008 Healthcare Common Procedure Coding: www.cms.hhs.gov/hcpcsreleasecodesset/anhcpcs/list.asp
- Still working on Tracking Document. Will be done by February.

New Items:

- Discussed Enumeron. Enumeron will issue three types of identifiers: Plan ID, Edi ID, and API because HIPAA mandated it, and it fills a gap. It was designed for operation on the Internet, supports batch as well as on-line real time, checks for duplicates, and prepares reports for download with secure access by account holders and other capabilities. www.enumeron.com
- Tamper Resistant Prescription Pads: October 1st, 2007 was the mandated implementation date for Medicaid prescriptions including OTC products covered by state to be written on tamper-resistant Rx pads. Implementation was delayed in response to letters co-signed by 34 national and 83 state & local associations (NACDS, NCPA, AMA, ADA, and State Pharmacy Associations), NACDS Testimony to Senate, and President Bush signing HB 3668. The new compliance date is April 1, 2008.
- Discussed Third Class of Drugs. The FDA will be having a public meeting in Washington D.C. on November 14, 2007 to obtain comments on the matter.

WG14 Long Term Care

DERFs:

- There were no DERFs for review by WG14 at this meeting. .

Updates:

- Updates on the American Health Care Association (AHCA) and National Association of Support of LTC (NASL) were provided.
- Updates on the Office of the National Coordinator for Health Information Technology ONCHIT and the National Committee for Vital and Health Statistics (NCVHS) were provided.
- 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.
- An update on vaccine processing under the new CMS guidelines was provided.

Task Groups:

- The **Return Credit Task Group** – The task group has completed review of a six part spreadsheet defining the elements needed for the return, destruction and credit processes. The task group is now developing the Return Standard.
- The **EHR/HL7 Task Group** –The task group focused on the need for communication of information critical to safety checking at the time of the prescription. Draft approaches for communication of a resident’s allergies and diagnoses were developed. Ways to enable communication of DUR alerts to the prescriber and comments to the pharmacy were also identified. A DERF will be submitted to add these functions to the SCRIPT Standard. Work was initiated on updating the facility record with dispensed medications.
 - **EHR Inter-organization Sub Task Group** provided an update on the progress of defining the requirements for certification of EHR software and the elements added for LTC.
- The **Current LTC Billing Issues Task Group** – The task group completed the examples of the Compound Segment and related elements in D.0 using multiple IV and non-IV compound scenarios. These will be used to update the Telecommunication Version 5 Questions, Answers and Editorial Updates document. Questions regarding the PDE addressed to CMS were resolved during a conference call on 10/24 and will be reflected in CMS guidance. The task group also drafted a response to FAQ#30.
- The **Consultant Pharmacist Task Group** – The task group has focused on the HL7 EHR Functional Model, Direct Care Functions (Chapter 3) to assure that the LTC needs are being included. They will not meet again until the Direct Care Functions chapter is complete. At that time they will review the final document and comment as needed.
- The **LTC Pharmacy Rebate Reporting Task Group** – The task group identified and corrected issues related to the maintenance and reporting of alphanumeric fields in the "Long-Term Care (LTC) Rebate Reporting Guide for Medicare Part D". These changes were approved by the work group. They will begin work on the guidance document for 2008 once the final 2008 CMS Guidance is posted.

New Items:

- A presentation was given on the focus and activities NASL. There is an NCPDP/NASL eMAR Focus Group planned for February 5, 2008. It is expected that it will lead to a new task group.
- A presentation was given regarding a report on Information Technology in LTC for the National Commission for Quality in Long Term Care (NCQLTC). The report is available on the NCQLTC web site at www.ncqltc.org/pdf/bearingpoint_Report_for_NCQLTC.pdf.

WG15 Sample Management

Task Group Updates:

- **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 awaiting the finalization of the survey coming out of the Sample Medication Codification Identification task group.
- **Outreach Task Group** - The task group put together a draft script for outreach for internal and external use. The draft letter was posted to the WG15 webpage for comments. This task group is on hold awaiting the finalization of the survey coming out of the Sample Medication Codification Identification task group.
- **Sample Medication Codification Identification Task Group** - This task group has:
 - Developed a survey and agreed upon on-line method.
 - Developed a cover letter explaining survey.
 - Collected names and e-mail addresses for the survey.
 - Contacted FDA to see if NPRM on NDCs would apply to samples – will consider including.
 Next steps will be to E-mail survey to contacts identified and report results of survey.

New Items:

- Presentation on the issues around trade product and state, federal and international laws and regulation on product pedigree and tracking but also the issue of unique

product identifiers. The area of product identifiers and tracking is critical and is driven both by legislation and by counterfeiting concerns. This presentation will be posted to the WG15 webpage.

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, noting actions in California, Delaware, Florida, Kansas, Michigan, Minnesota, Montana, Mississippi, New York, Oregon, Pennsylvania and Texas.
- 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** presented the spreadsheet developed to capture the reporting requirements by state. They are currently tracking actions in California, Colorado, Florida, Georgia, Kansas, Minnesota, Nebraska, Nevada, New Mexico, North Carolina, Oregon, Tennessee and Texas. Current activities were reported for Florida, Minnesota and Oregon. The document will be published to the web site shortly.

Updates:

- Updates were given on current developments regarding state regulation and work group intervention with particular focus on Florida, New York and Texas. A stakeholders meeting with the Texas DWC was announced for November 13.
- Update on the progress to date of the joint WG1-WG16 UCF Task Group. Input is needed on the labeling of fields and the number of claims per form.

New Items:

- A proposed State of the States document was presented, reviewed, modified and approved
- An invitation and education letter to state Workers' Compensation agencies was presented for review by the work group. Participants were asked to provide feedback via e-mail. Once the letter is finalized it will be sent to the Board for approval and then out to the various state agencies and others as appropriate.
- A notice regarding the January 1, 2008 Florida requirement for submission of the pharmacist license number was reviewed, modified and submitted to the Standardization Co-Chairs for approval. Once approved by the Co-Chairs and the Board it will be published on the public web page and in an NCPDP NOW.
- A notice will be prepared regarding the Colorado requirement for billing compounding time.

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.
- An update was provided on the California pedigree requirements. They intend to do an FAQ, which is due out by December 5, 2007, rather than a rule on the issue.
- There were no new privacy issues to report regarding the encoded data on the RFID tag.
- An update was given on the Drug Pedigree Standard. No additional specifications have been developed. At this time, about 100 companies have adopted the standard in order to comply with the California requirement.

Use Case Development:

- The Forward Retail Pharmacy Use Case was reviewed and it was decided that the definitions used for the participants needed to be harmonized with other NCPDP standards/documents before moving to publish the use case. Also text definition of scenarios and the accompanying flows need to be added.

- The group began refining and detailing the Reverse Retail Pharmacy Use Case. Most of the participants are the same as in the forward use case. For those that are different the same harmonization is required.
- There will be interim calls as needed to complete the use cases. Volunteers were solicited to work on the business scenarios and flow diagrams. Both use cases will be presented for approval at the February meeting.

New Business:

- A draft State of the States document was presented for review. Participants had no modifications at this time. The data already identified will be moved to the document with plans to add it to the State of the States Master on the NCPDP web site.
- A brief report was given on SafeTrack. The target date for implementation of track and trace fell short. The Healthcare Distribution Management Association (HDMA) and National Association of Chain Drug Stores (NACDS) are sponsors for the RFID/Track & Trace Health Care Industry Adoption Summit, November 11-13, 2007 to provide a comprehensive overview of RFID Operational and Implementation strategies for the pharmaceutical supply chain. For more information on SafeTrack see the HDMA web site at www.healthcaredistribution.org.
- Plans are under way for a focus group/task group to be held in conjunction with the February Work Group meeting to discuss supply chain readiness and implementation strategies for the mandate to move to serialized products. It is to involve manufacturers, technology and distribution organizations, etc.

WG45 External Standards Assessment, Harmonization and Implementation Guidance

Updates:

- An update was given on the WEDI SNIP 835 Sub Workgroup and the ongoing review of claim adjustment reason codes being proposed for deletion and the mapping of Remark Codes to the Reason Codes.
- An X12 update was given. There was a successful Lunch and Learn presentation on the pharmacy industry 835 use and implementation strategy at the September X12 N meeting was successful.
- An update on the NCPDP SNIP was provided.
- A progress report from the WG14 Return Credit Task Group was given

Task Groups:

- The **Document Revision Task Group** presented four documents that had been updated to reflect use of the NPI: *Version 5.1 claim examples Paid on ANSI X12N 835 Billing Scenarios*; *Version 5.1 examples paid on ANSI X12N 835, 835 Response to Billing Scenarios*; *v3.0 mapping document*; and the *ASC X12N 835 (004010x091A1) Pharmacy Remittance Advice Template*. In doing the update some discrepancies were noted and addressed. Some editorial changes were also made to the documents. The documents were approved by the work group for posting on the web page. Since additional claim examples had been outlined but not defined in the initial documents, it was decided that the task group would continue to do the missing examples, especially COB examples.
- No questions were received for either the **835 FAQ** or **834 FAQ Task Groups**.
- The **External Organization Coordination Task Group** had not met and requested direction from the group regarding the scope of the task group. After discussion it was decided that the focus needed to be more narrowly defined. The task group name was revised to "**External Organization Rapid Response Task Group**" with the following scope: "Provide rapid response to the Co-Chairs or Standardization Co-Chairs referrals regarding actions taking place in other industry organizations where responses are needed prior to NCPDP WG Meetings."

New Business

- A report was provided on the developments regarding Real Time Adjudication (RTA) in Health Care.
- A new task group, **835 Audit Reporting**, was formed to define requirements for the 835 when used to report post adjudication, adjustment transactions based on payer audits.

- There was discussion regarding the reporting of the vaccine administration fee on the 835.

MC Maintenance and Control

DERFs/ECLs:

- MC Maintenance and Control reviewed 12 new DERF/ECLs (see WG1, WG2, WG7, and WG11 above).
 - DERF/ECL review and approval will result in:
 - The November 2007 release of 1 new ballot: WG110033 for WG11 ePrescribing & Related Transactions
 - The republication of the ECL
 - The submission of the BUS IG to the Board
- Review of one New Project Development Form
 - #29 Tamper-Resistant Prescription Pad (TRPP) Standard was approved with a recommendation that it be given to WG9 Government Programs for a task group to be formed.

Ballot Adjudication:

- Will result in:
 - Recirculation of Ballots WG100004, WG110031, and WG110032, for the November 2007 ballot period.

Task Groups:

- The **Modeling and Methodology (M&M) Task Group** had no task group activity. The MC Co-Chairs will contact the task group lead before the next meeting and ask for the document coming out of this TG.
- 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 February 2008 WG meeting.
- 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. DERFs 821, 822 and 823 were submitted at this meeting. The task group will assist with the DERFs as they are processed.

Updates:

- New Project Development Forms 27 and 28 were approved by MC at the August WG meetings. The Standardization Co-Chairs made the following recommendations that were approved by the Board of Trustees:
 - Approved Project 000027 and assign to WG1.
 - Approved Project 000028 and assign to WG3.
- The DERF form was modified to include the ability to request an XML Tag and to remove some extraneous information no longer used on the DERF form. The updated DERF form is on the website.
- HITSP, HIPAA and industry updates were provided.

New Items:

- DSMO Change Request System (CRS) Requests 1063 and 1067 were reviewed and recommendations given.
- The attendees received daily Work Group recaps.