

Work Group Recaps:

Work Group 1 Telecommunication

Ballots:

- There were none.

DERFs:

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

- DERF 000831/ECL 000033 requests "To update the NCPDP ECL with the new Place of Service Code as added by CMS which is to be in effect on claims initiated on or after April 1, 2008." The DERF was reviewed with no changes.
- DERF 000832/ECL 000034 requests "MC formed a task group to define the values that exist in the Data Dictionary and ECL. The attached document is the work product of the task group." The DERF was reviewed and modifications made.
- DERF 000833 requests "During the WG1 FAQ task group, it was found that there was insufficient fields to associate the dispensing of a product in one transaction with the injection of that product as a service in another transaction using the associated fields in the claim segment. The situation is when a pharmacy dispenses the product and another entity administers the injection of the product. This is in relation to the Medicare Part D dispensing of the vaccine product and the LTC (long term care) facility does the injection administration. There are 4 sets of fields (ID and qualifier) needed to associate one transaction to another. These are the service provider ID, the date of service, the prescription/service number and the fill number." The DERF was approved.
- DERF 000839 requests "For drugs like Sudafed that are used in the making of Methamphetamine, these drugs are now regulated and dispensed from behind the counter of a store and in a limited quantity. These drugs still do not require a prescription in 49 of 50 states. In 2006 the Federal Combat Methamphetamine Act went into effect. Federal, State and local PSE/EPH point of sale purchase tracking requirements were defined which vary from state to state. In July 2007, NAMSDL (National Alliance for Model State Drug Laws) held a Meth Strategy conference. The major goal is to establish and coordinate an electronic standard for monitoring and reporting. The task group looked at all 50 states current and proposed legislation to determine what changes were legislatively required to support the State and Federal requirements for reporting of regulated non-prescription products. With the changes requested, the current Controlled Substance reporting transactions (C1, C2, C3) can now electronically report on regulated non-prescription products that do not require a prescription but require Federal or State reporting and the current Schedule II prescription transactions that require state reporting. The changes were made flexible enough to accommodate other products in the future that may require state legislative mandated reporting but do not require a prescription." The DERF was approved with modifications.
- DERF 000841/ECL 000037 requests "This request is for a new NCPDP reject code for an invalid inquiry transaction submitted for a financial information reporting transaction. This situation would occur when a prior payer exists and the plan receives an inquiry transaction. This could be identified by a payer when they had received TrOOP and drug spend information directly from another payer or previous other coverage year Part D plan coverage was reported by beneficiary or other source. Invalid inquiry request prior payer identified". The DERF was withdrawn by the submitter.

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 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.

- The **Universal Claim Form (UCF) for Version D.Ø Claims Task Group** provided a report of their work on an updated UCF and a Workers' Compensation UCF. They received feedback from the work group on outstanding issues.
- The **Regulated Non-prescription Product Compliance, Collection, and Reporting Task Group** provided a report of their work including DERF 000839.

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.
- An update was given about the **Financial Information Reporting** group that met via conference calls to discuss CMS guidance.

Work Group 2 Product Identification

Updates:

- A letter sent in February by the WG2 Co-Chairs to Randy Levin of the FDA was reviewed. The letter requests assistance with the overfill issue and inclusion of the billing unit in the SPL.
- Updates on NDC and RxNorm were provided.
- An update was provided on the Lovenox Issue with Utah Medicaid. Utah Medicaid had the billing unit as each rather than ml. It was reported that on February 1, 2008 the billing for Utah Medicaid was corrected to ml.
- As a result of DERF 826, the Billing Unit Standard Version 2.0 was sent to the NCPDP Board of Trustees in November 2007 and approved. The November 2007 BUS Version 2.0 may be found at http://www.ncdp.org/members/members_download.asp?

Task Group Updates:

- **Billing Unit Standard Marketing Task Group** is working on an educational white paper on the BUS for presentation to CMS and subsequently OIG. The task group continues to look at further ways to market the form and to communicate to CMS the benefits of using the standard for the Medicaid drug rebate program and the industry.
- **Structured Product Labeling Task Group** continues to review the SPL and offer suggestions regarding the impact on 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.
- **Standard Exception Review Task Group** Is looking at all of the exceptions within the Billing Unit Standard Implementation Guide.
- **Change in Existing/New Products Review 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 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:

- Four QUIC forms were reviewed:
 - #200801 CEPROTIN was categorized as an each and the decision made to combine items 5.1.7 and 5.1.8 in the BUS Implementation Guide into one item with a more general description for these products.
 - #2008072 RhoGAM® Ultra-Filtered PLUS (300 µg) (1500 IU) MICRhoGAM® Ultra-Filtered PLUS (50 µg) (250 IU) was categorized as an each with modifications to be made to the BUS Implementation Guide
 - #200803 SALICEPT SUS was categorized as 9.4 gms with recommendation for a study of oral topicals that are reconstitutable for swish and spit so that we can determine the impact of the decision for Salicept has on these other products.
 - #200804 Saalex Cream and Lotion categorized the first product (cream) as a kit and the second product (lotion) as the total mls (as expressed on the package –whether or not it is complimentary) and will add an FAQ to address complimentary products added to the package.

- A review of Section 5.5.1 of the BUS IG for verbiage change was made as a result of the QUIC form review on RINNOVI NAIL SYSTEM at the November 2007 WG meeting. The change **from**, *The following items included with a drug should be ignored for purposes of billing* **to** *The following table provides examples of items included with a drug that should be ignored for purposes of billing* was approved.
- Labeler Code Duplication (NDC and UPC) discussion was held regarding an incident where the same labeler code has been assigned to two different companies. One labeler code was assigned by the UCC and the other by the FDA. A letter will be scripted and sent to the FDA by the WG2 Co-Chairs and compendia representatives to call attention to the incident and to see how this may be avoided in the future.
- A letter the WG2 Co-Chairs and compendia representatives sent in February to The American Society of Health-System Pharmacists (ASHP) was reviewed. ASHP had solicited comments on a draft ASHP Statement on Bar-Code-Enabled Point-of-Care Technology.
- NCPDP participation in the United States Technical Advisory Group (US TAG) was discussed. The US TAG is working with ISO on international standards for physician reporting of adverse drug events. NCPDP membership to this group has been purchased and participation in this group by individuals from WG2 was requested
- HIR 592 requests a valid NDC as a default to be used on the 835. A task group to work on this effort was formed in WG45 and WG2 participation was requested.
- HL7 Billing Unit Question - Gunther Schadow, M.D., Ph.D. of the Indiana University School of Informatics posted a question to the HL7 Pharmacy listserv regarding the billing units for Medical Products in the SPL. A call to provide information will be scheduled.

Work Group 3 Standard Identifiers

DERFs:

- DERF 840/ECL 000036. This DERF requests "In order to accommodate new Qualifier Codes specified in the WEDI Health ID Card Implementation Guide approved in November 2007, it is requested that the Health Care ID Card Qualifier Code List and the Card Purpose Code List be updated with additional codes (see attachment)." WG3 approved the DERF.

Task Group Updates:

- 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). The task group reformatted the State of the States document by adding pages for obsolete legislation. WG3's State of the States Report is available on the NCPDP website: http://www.ncdp.org/members/members_wg_info.asp?wgid=wg03
- The **Pharmacy Label Task Group** provided an update on their work to identify and define the minimum required data elements to be on the prescription label in accordance with state requirements with the intent to develop and recommend a standard to NABP and other interested parties.
- The **Pharmacy and Combination ID Card Implementation Guide Task Group** is comparing the NCPDP Pharmacy and Combination ID Card Implementation Guide to the WEDI Health ID Card Implementation Guide released in November 2007 and will recommend changes to the NCPDP Implementation Guide when the review is completed.
- The **Texas H.B. 3064 Task Group** sent a letter to the Texas Department of Licensing and Regulation (TDLR) requesting the NCPDP number be recognized as a legitimate, accredited, source of BIN numbers for all Health Care business, including Consumer Cards. The TDLR responded by stating they could not change the statutory requirement. The task group requested an amendment to the NCPDP Pharmacy ID Card Implementation Guide to include a reference to the NCPDP BIN number as well as the ANSI IIN. There is no mention of the NCPDP processor number which is used by many

as the RxBIN for submitting claims. This request was referred to the Pharmacy and Combination ID Card Implementation Guide Task Group. The task group was disbanded.

Updates:

- HCIdTM. NCPDP announced that it is waiving the annual license fee on its HCIdTM Prescriber Database product for all Medicaid agencies. The database will be provided free of charge for one year, with monthly updates. In return, Medicaid agencies agree to provide NCPDP, through its technical partner Ingenix, Inc., a simple file of prescriber Medicaid IDs so that NCPDP may complete the NPI to Medicaid ID crosswalk needed for some agencies. NCPDP is also offering state pharmacy associations the opportunity to promote NCPDP's Web-based HCIdTM Prescriber Look-up to their members for heavily discounted fees. Pharmacists must contact their state pharmacy association and verify participation. The state associations will certify the pharmacist is a member and then provide NCPDP with the necessary information for the pharmacist to enroll. NCPDP will follow-up with these pharmacists to extend the discounted pricing.
- NCPDP Pharmacy Database. NCPDP has partnered with ChainDrugStore.net as a technical partner for the pharmacy database and is making major changes to the platform and technology including minor changes to the actual data content. The product demonstration and rollout will coincide with the May Annual Conference. New subscriber products will be available this summer. See document on WG3's web page at http://www.ncdp.org/members/members_wg_info.asp?wgid=wg03.
- WEDI Health Identification Card Implementation Guide. The Implementation Guide was approved on November 15, 2007 and is available on the WEDI website at www.wedi.org.

New Items:

- Health Care Payer or Plan Identifier. Peter Barry of the Peter T. Barry Company gave a presentation on the development of the WEDI Health ID Card Implementation Guide and use of the Health Plan Identifier.
- Dual Affiliations/Relationships. WG3 discussed the dual affiliations/relationships of pharmacies and how claims are not handled correctly by PBMs in the adjudication process. Since this is a by-product of Medicare Part D, it was suggested the issue be discussed either by WG1 or the SNIP Committee for a possible solution.

Work Group 7 Manufacturer Rebates

DERFs:

- Pended DERF 823 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." WG7 denied the DERF as it appears the field is not being used and should be deleted in a future revision of the Rebate Standard.
- DERF 832/ECL 000034 requests "MC formed a task group to define the values that exist in the data dictionary and ECL. The attached document is the work product of the task group." WG7 approved the DERF with modifications.

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. Legislation has been introduced by the House Ways and Means Committee and Senate Finance Committee to change the law. CMS has expressed an interest in assisting with a pilot project and more information will be available at the May work group meeting.
- The **Standards Implementation Survey Task Group** presented a report on the Implementation Survey. The volunteers who tested the survey provided feedback and the task group revised the survey. The task group needs the next three months to complete the survey with the appropriate number of companies. A status report will be provided at the May work group meeting.

- The **Standards Update Task Group** continues work on revising the Formulary and Plan Flat Files.
- The **Reference Guide Task Group** gave a status report on the new content being developed for inclusion in the Manufacturer Rebate Standard Reference Guide.

Work Group 9 Government Programs

Task Group Updates:

- The **State of the States Outreach Task Group** had no activity to report this quarter.
- The **Tamper Resistant Prescription Pad Task Group** reported on the focus group meeting held in January. The focus group consisted of numerous stakeholders with the goal of reaching agreement on model regulations that would minimize the enforcement burden placed on prescribers and pharmacies as well as minimize the potential for disruption of patient care. The focus group drafted a letter which was sent to State Medicaid Directors and developed a Model Communication document for Medicaid Prescribers.

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 Medicare Part B and D activities.

Work Group 10 Professional Pharmacy Services

Ballots:

- Ballot WG100004 was the result of DERF 000815 that 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 original ballot was valid at 67.66% but received negative comments that were categorized at the November 2007 JTWG meetings. The ballot was re-circulated as WG10004R and received a 90% approval rating making it a valid ballot, but new negative comments were received. New comments on a re-circulation ballot do not require categorization but were discussed by the WG. Appeal letters will be sent to the commenters and should no appeals be received by the end of the appeal period, the ballot will be sent to the Board of Trustees for approval.

Task Group Updates:

- The **Structured and Codified Sig Task Group** reported that they have not met since the DERF was submitted in 2007. The task group mentioned that CMS and AHRQ held a meeting on February 18, 2008 to further discuss the re-piloting of this format.
- The **Standardization of Electronic Transactions for Pharmacist-Provided Clinical Services Task Group** reported that they had met four times since the last work group meeting and have developed a problem statement. The task group will be renamed to MTM Communications Task Group. The group has also created three sub-task groups to do further research on specific topics: technology and communication methods, provider use cases, and payer use cases.

Updates:

- A HITSP update was given regarding the medication management use case and the structured and codified sig format.

New Items:

- WG10 discussed NCPDP participation in the United States Technical Advisory Group (US TAG). The US TAG is working with ISO on international standards for physician reporting of adverse drug events.

Work Group 11 ePrescribing & Related Transactions

Ballots:

- Recirculation Ballot WG110031R – 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 67.66% 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 WG110032R – 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 67.16% and received 90% approval. There were no new Negative With Reason comments. After the appeal process, the ballot will be sent to the Board of Trustees for approval.
- Ballot WG110033 – DERF 821, 824, 825, 827, 828, 829, 831. DERF 821 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)". 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)." 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." 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." DERF 000828 requests "This DERF will clarify the intent of the prescriber for refills when using PRN (take as needed)." 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." 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 ballot was valid at 68.11% and received 90% approval. Negative With Reason comments were categorized. The ballot will be recirculated with modifications made and the removal of the representative NDC DERF modifications.

DERFs:

- DERF 000832/ECL 000034 requests "MC formed a task group to define the values that exist in the Data Dictionary and ECL. The attached document is the work product of the task group." The DERF was reviewed and modifications made.
- DERF 000834/ECL 000035 requests "As experience with RXHISTORY information expands, it has become apparent that there are additional pieces of information that could be communicated within RXHISTORY response messages (RXHRES). One such item is the additional dating variables that could be communicated to the recipient of this information. Existing date qualifiers (X12 DE 432) do not suffice to accurately 'qualify' the date information that is available. This request is being made to add a qualifier to the script standard for the following additional date that is available within RXHISTORY information: Date dispensed - the date upon which a patient (or patient representative) "picks up" the prescription and leaves the pharmacy with the medication." The DERF was reviewed and modifications made.
- DERF 000835 requests "The drug use evaluation (DUE) composite within the DRU segment enables a sender to convey potential conflicts encountered during the medication prescribing or filling process. This proposal enables a physician to more effectively convey prescribing-time medication alerts and acknowledgments to the pharmacist when transmitting a prescription. It expands the set of values for certain existing data elements and adds two new related elements." The DERF was approved.
- DERF 000836 requests "Today, allergy information cannot be easily conveyed in the SCRIPT Standard. While this information is known to care givers, and would be very useful to the patient's pharmacist and other providers, the standard does not provide the necessary elements to transmit this information today. This document proposes a new

Allergy that enables the sender to inform the recipient of all known patient allergies. Note that it is not to be used to replace or add to the transfer of a DUE event, but instead to provide patient profile information." The DERF was approved with modifications.

- DERF 000837 requests "The CENSUS transaction is used in the long-term care setting to relay resident information to the long-term care pharmacist—in order to support medication dispensing, consultant pharmacist review and other medication management activities. The current version of CENSUS supports a range of resident demographics, physician, and benefits information to support the pharmacist's work processes. It does not, however, provide the full set of resident diagnosis information that is critical to a range of pharmacist activities including dispensing and ongoing drug regimen review. The current DRU drug segment enables communication of prescription-specific diagnosis information only—appropriate for use in new prescription messaging, but insufficient to support management of a resident's full drug regimen. This document proposes a new data segment for use in the CENSUS message, enabling a long-term care facility to communicate all resident diagnoses to the authorized pharmacy provider." The DERF was approved with modifications.
- DERF 000838 requests "The CENSUS transaction is used in the long-term care (LTC) setting to inform the recipient of resident admissions, discharges, and other changes to resident information. The message is ordinarily sent by an LTC facility to the partner LTC pharmacy. This DERF adjusts the PVD provider segment usage in CENSUS by allowing use of the existing "Skilled Nursing Facility" (SK) code to identify the facility at which the patient resides. (The 'SK' provider coded value was introduced for the PVD in version 10.0.) The proposed CENSUS PVD handling includes one mandatory PVD loop containing the facility, and a second optional loop containing the resident's physician ('PC' – Primary Care Provider)." The DERF was approved.

Task Group Updates:

- The **Prescription Transfer Task Group** was disbanded due to completion of work.
- The **Prior Authorization Workflow-through-Transactions Task Group** will be looking at action items from the AHRQ/CMS Eprescribing Expert Meeting held.
- 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 from the AHRQ/CMS Eprescribing Expert Meeting held February 18, 2008.
- 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** is on hiatus, pending ballot review.
- **RxQuery and Response Task Group** was formed to analyze needs for pharmacists to request additional information about a prescription/patient without a phone call.
- **Compounded Prescriptions Task Group** was formed to revisit the support of multi-ingredient compound prescriptions.

Updates:

- A status was given on ANSI HITSP and AHIC/ONC.
 - A report was provided on the HITSP Foundation Harmonization Notice which includes the Medication Harmonization project. Representatives from WG11, WG2, WG10, and MC will be participating.
- A report of the AHRQ/CMS Eprescribing Expert Panel meeting was given.

Work Group 12 Education and Legislation and Regulation

Updates:

- Robin Ebert and Cathy Graeff gave updates on NPI and HCIda. HCIda has been offered for free to the state Medicaid agencies for the first year. NCPDP is also working with the National Alliance of State Pharmacy Associations to offer members the HCIda look up tool at half price. Cathy presented the results of the NCPDP Pharmacy NPI Readiness Survey completed in December of 2007. The survey was created and

distributed by the NCPDP SNIP in conjunction with WEDI. The survey and findings can be viewed at the NCPDP website.

- The **Joint WG3-WG12 Letters to States/State of States Task Group Task Group** has been in contact with the Texas Department of Insurance regarding their health ID card regulation. The agency is forming an advisory committee. The task group has provided the NCPDP ID card fact sheet but has had no response to date. New York reintroduced bill AO4445 this year that requires the use of the uniform prescription drug information card which mentions the standard. A new format for the State of the States document was introduced and adopted by WG3.
- A HIPAA update was provided. Included was discussion of drug name confusion and the resulting errors, an HHS grant and electronic health records.
- An update on NCVHS was provided. Included were recommendations from NCVHS regarding quality and performance measurement, evolving landscape of performance measures and EHRs and public health reporting in the current health care environment including data quality and reporting infrastructure. Attendees were encouraged to visit the NCVHS website (www.ncvhs.hhs.gov) to view the entire document.
- There was an update on HITSP including discussion of the six new use cases - immunization response management, remote monitoring, personalized healthcare, public health case reporting, patient provider secured messaging, consultation and transfer of care. Within a month, the final use cases will be out.
- The WEDI Healthcare ID Card Implementation Guide released in November 2007 is being reviewed by WG3 for possible changes to the NCPDP Health Care Identification Card Implementation Guide.
- It was reported that there had been no new activity with regards to third party over the counter drugs. The WG will continue to monitor for any new developments.
- Tamper Resistant Prescription Pad regulation was delayed from its original effective date of October 1, 2007 to April 1, 2008.

New Items:

- An update was given on eprescribing and the MMA pilots. CMS and ARHQ sponsored an expert panel meeting, focus group in conjunction with NCPDP on February 18, 2008 to gain input for future pilots of eprescribing, in particular, those items that were not fully piloted in 2006 (Structured and Codified Sig, Prior Authorization and RxNorm).
- Information was provided from the Agency for Healthcare Research and Quality (AHRQ) on the February 12, 2008 HHS proposed rule (NPRM) to address the requirements of the Patient Safety and Quality Improvement Act. The rule establishes the process by which hospitals and health care providers may voluntarily report safety breaches to patient safety organizations (PSO) on a privileged and confidential basis for analysis. The rule also defines the requirements and approval processes for PSO designation by the Secretary.
- The FDA requirement which becomes effective on January 1, 2009 was discussed.
- A new taxonomy code (1835P0018X) for Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist has been added effective on April 1, 2008. The code is for use by a pharmacist with additional training and an expanded scope of practice that may include prescriptive authority, therapeutic management, and disease management. For a complete listing of taxonomy codes see www.wpc-edi.com.
- Effective August 2008, Work Group 12 will be disbanded and become a task group which will report under MC.

WG14 Long Term Care

DERFs:

- There were no DERFs for review by WG 14 at this meeting, however four DERFs created by the EHR Task Group were reviewed and approved in WG11.

Updates:

- An update was provided on the February 6, 2008 eMAR Focus Group sponsored by NCPDP based on a joint initiative with American Society of Consultant Pharmacists

(ASCP), and the National Association for the Support of Long Term Care (NASL). Based on the recommendations from this focus group a new **eMAR Task Group** was formed under WG14 to begin development of a standard eMAR profile and eMAR Implementation Guide.

- Updates on the American Health Care Association (AHCA) and (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.

Task Group Updates:

- The **Return Credit Task Group** – The task group continues to work on development of a Return Standard and Implementation Guide based on the Telecommunication and SCRIPT formats.
- The **EHR/HL7 Task Group** –The task group completed four DERFs for enhancement to SCRIPT including: a new Allergy Segment; a new Diagnosis Segment for the Census message; changes to the DUE Composite within the DRU segment that enable a physician to more effectively convey prescribing-time medication alerts and acknowledgments to the pharmacist when transmitting a prescription; and changes to the PVD Provider Segment usage in CENSUS by allowing use of the existing “Skilled Nursing Facility” (SK) code to identify the facility at which the patient resides and a second optional loop containing the resident’s physician (‘PC’ – Primary Care Provider). These DERFs were jointly reviewed in WG11 and approved with modifications.
 - 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 reviewed the issue regarding facility reimbursement for vaccine administration for patients covered under Medicare Part D. Following a review, the issue was passed to WG1 for research of opportunities within the Telecommunication Standard version 5.1 which resulted in creation of DERF 000833. See WG1 for details. A request for an EDI transmission of Best Available Evidence (BAE) regarding Part D LICS copays was received and also referred to WG1 for final resolution. Calls will be scheduled during the next quarter only if issues are identified.
- The **Consultant Pharmacist Task Group** – The task group is on hiatus pending completion of the HL7 EHR Functional Model, Direct Care Functions (Chapter 3). Once complete, they will review the final document and comment as needed.
- The **LTC Pharmacy Rebate Reporting Task Group** – The "Long-Term Care (LTC) Rebate Reporting Guide for Medicare Part D" was updated to include the 2008 requirements for reporting the NDC. The changes were approved by the work group.

WG15 Sample Management

Task Group Updates:

- **Medication History Transaction Review and Sample Identifier** (Created from the merger of the Physical Samples, Etc. Task Group and Alternative Distribution Task Group at the February 2007 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** was charged at the November 2007 WG meeting with developing a draft proposal for Sample Communication including defining the process and also planning a pilot for samples. 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.

- Deployed the survey to more than 30 drug companies.
Next steps will be to compile and report the survey results.

New Items:

- Dr. Eneida Gomez of St. Johns County Mental Health provided a presentation and engaged in discussion on her practice's sample workflow.

WG16 Property & Casualty/Workers Compensation

Task Group Updates:

- The **Legislative Advocacy Task Group** provided an update on state regulatory and legislative initiatives affecting billing and reimbursement of Workers' compensation claims, noting actions in California, Delaware, Florida, Maryland, Michigan, Minnesota, Nevada, North Carolina, and Tennessee. More in depth information was provided on the continuing emergency rule in New York and some changes expected in the permanent rule when released, possibly March. In addition, an update was given on the Texas implementation.
- The **Billing Standards Task Group** is working with several states regarding billing initiatives including Minnesota, Texas and California. California doesn't not have a proprietary paper form for use by providers unable to bill electronically and is awaiting the new paper form now under development. Texas reverted to their proprietary form for the interim until the new WC specific form is available.
- The **State Reporting Task Group** continues to maintain 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 California, Florida, North Carolina, Oregon and Texas.
- An update on the progress of the joint **WG1 WG16 UCF Task Group** was provided. Outstanding issues were discussed. With decisions being reached on the final elements the Workers' Compensation form and the implementation guide for both formats will be created. The intent is to have both forms ready for approval at the May meeting.

Updates:

- Updates were given on the efforts in X12, HL7 and WEDI on behalf of Workers' Compensation. WEDI has created a Workers' Compensation Committee and approved the joint California – Texas SNIP, Strategic eBill Information Network (SEBIN). SeBin is currently working on Texas implementation issues.
- A brief update was provided on the letter being drafted for outreach to the state WC agencies to inform them of the WG activities and to request their participation.

New Items:

- There was a discussion on the use of the Batch Standard to meet the needs of carriers not able to support the connectivity needed for real time processing.

WG17 RFID/Auto-ID

Updates:

- An update on the February 20, 2008 Focus Group was provided. The report included recommendations for future activities by the work group.
- Updates were given on state and federal developments and regulations related to the use of pedigree and tracking of drugs.
- Updates to the use cases were reviewed. Based on the recommendations of the Focus Group the development and publication of use cases was put on hold.

Guest Presentation:

Ted Ng of McKesson and Co-Chair for the EPCglobal HLS Industry Adoption Task Force provided an in-depth presentation on the history and deployment of the pedigree in health care. Information included:

- the definition of terms,
- comparison of the Drug Pedigree Standard and Track and Trace messaging options
- serialization methodologies

- chain of custody documentation
- open issues with pedigree

In addition, the key components of the California pedigree law were enumerated and discussed. The presentation will be available on the WG17 web page under Other Information at http://www.ncpdp.org/members/members_wg_info.asp?wgid=wg17

New Business:

Based on the recommendations of the Focus Group, the direction of the work group will be completely refocused with the emphasis being on education of the work group, NCPDP and the industry at large. With that in mind, the Education Task Group was formed. As first steps the task group will review the findings of the focus group, identify and prioritize needed educational requirements and make recommendations for the formation of task groups to create needed documents.

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 and the completion of the 835 White Paper.
- An update of the January X12 meeting was given. New reason codes and code revisions were approved to accommodate the needs of Workers' Compensation.
- An NPI update was provided.
- A progress report from the WG14 Return Credit Task Group was given.
- An update on the NCPDP SNIP was provided.

Task Group Updates:

- The **Document Revision Task Group** did not meet during the quarter.
- No questions were received for the **834 FAQ Task Group**.
- The **835 Task Group** met to discuss the X12 HIR 592 regarding a default value to be used to report the NDC when the submitted value on the claim is missing or invalid. A task group was formed to work on this with conjunction with WG2.
- The **External Organization Coordination Task Group** met to discuss pharmacy issues with the WEDI 835 White Paper. They approved a WEDI proposed modification to add a disclaimer in the paper "...some entities (e.g. pharmacies) have business models that are not addressed within the sections/options discussed in this paper".
- The **835 Audit Reporting Task Group** presented a reporting guidance paper with two versions based on different handling of audit adjustments that result in zero payment to the provider. The task group requested additional participants and will review both options with more participation requested.

New Business

- In light of the variances for pharmacy identified with the WEDI 835 White Paper, the creation of a Pharmacy specific White Paper was discussed. It was determined that a task group be formed to review the WEDI White Paper with the potential outcome being the development of a pharmacy specific paper.
- The need for revision of all current documents for the anticipated adoption of D.Ø and the 5010 version of the X12N 835 was discussed. The work group determined that the existing Document Revisions Task Group would take on this task.
- The need for more participation in the WEDI calls and work groups was discussed. There were no volunteers to take on the reciprocal role.

MC Maintenance and Control

DERFs/ECLs:

- MC Maintenance and Control reviewed 11 new and 1 pended DERF/ECLs (see WG1, WG3, WG7, WG11, and WG14 above).
 - DERF/ECL review and approval will result in:
 - The February 2008 release of 2 new ballots: WG110034 for WG11 ePrescribing & Related Transactions and WG010032 for WG1 Telecommunication.
 - The republication of the ECL .

- Review of one New Project Development Form
 - #30 Tax Advantage Accounts was approved with a recommendation that it be given to WG1 Telecommunication for a task group to be formed.

Ballot Adjudication:

- Will result in:
 - Recirculation of Ballot WG110033 for the February 2008 ballot period.

Task Group Updates:

- The **Modeling and Methodology (M&M) Task Group** held a call on February 13th and will meet again on February 25th.
- A **Values Definition Task Group** update was provided. The values have been defined and a DERF brought forward for review at this meeting. The task group will address any questions surrounding definitions in the DERF and recommends disbanding the task group in May 2008.
- 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 the November 2007 meeting. The DERF for Field 252 will be held and submitted at a later time per input from the Post Adjudication Task Group. For DERF 823 (Field 601-34) no action was taken by the TG as they are awaiting feedback from WG7 regarding the impact on the Manufacturers Rebate Standard and/or a recommendation on the best method of implementing this change. For Field 450-EF it was decided that this DERF could move forward with guidance added to the front matter of the ECL that gives clarification to the link. A new DERF will be submitted for the May 2008 meeting.

Updates:

- New Project Development Form 29 for Tamper-Resistant Prescription Pad (TRPP) was approved by MC at the November WG meetings. The Standardization Co-Chairs and Board of Trustees approved and called for a TG to be formed in WG9 to work on this project.
- An update on the posting of the DSMO Change Request System (CRS) Requests 1063 and 1067 to the DSMO website was given.
- HITSP, HIPAA and industry updates were provided.

New Items:

- A HITSP Foundations Harmonization Subcommittee report was given. A process has been developed to harmonize value sets, information model fragments and similar artifacts. The responsibility for this process was given to the HITSP Foundations Harmonization Subcommittee by the HITSP Panel. NCPDP has participated in the harmonization of the Sex Structure Value Set. Currently, there is an "Intent to Initiate a Harmonization Project" notice out and a call for participation by standards organization representatives. Three new projects were announced and NCPDP will review to determine participation. The projects and assignments are: Demographics Information Model Fragment (MC), Procedures Body Sites Value Sets Project (WG10), and Medication Terminologies Harmonization Project (WG10)
- The attendees received daily Work Group recaps.