

## February 2010 Work Group Recaps:

### Work Group 1 Telecommunication

#### Ballots:

- Recirculation Ballot WG010039R Telecommunication Version D.3 enhancements. The ballot was valid at 70.72% and received 90% approval. New Negative With Reason comments were noted. After the appeal timeframe, the ballot will proceed to the Board of Trustees for approval.

#### DERFs (see DERF Resolution at

[http://www.ncdpd.org/members/members\\_wg\\_info.aspx?wgid=wgmc](http://www.ncdpd.org/members/members_wg_info.aspx?wgid=wgmc)):

- DERF 000908/ECL 000050 This DERF requests "This request is for a new value for field Basis of Reimbursement Determination (field 522-FM). The intent of the new value would define when the submitted gross amount due was used to determine reimbursement. This value would be defined as Gross Amount Due Paid as Submitted – Indicates when the ingredient cost reimbursed to the provider is based upon the submitted Gross Amount Due." The DERF was withdrawn by the submitter.
- DERF 000920 This DERF requests "The WG1 COB Task Group recommends that Section 28.1.10.1 of the Telecommunication Implementation Guide be modified to contain the additional information which better defines Net Amount Due for COB claims. (See documentation for complete Implementation Guide Section)." The DERF was approved with modifications.
- DERF 000928/ECL 000056 This DERF requests "The definition for reject code "8G" is confusing. Please modify the language of Reject Code 8G to read: "Product/Service ID (407-D7) must be a single zero "0" for compounds." There are a few miscellaneous code values that I feel are needed." The DERF was approved.
- DERF 000931 This DERF requests "The WG1 FAQ Task Group based on November WG1 discussion proposes modifications be made to the next version of the Telecom Standard (see attached). These changes should be noted in the Version D Editorial as they provide clarification to the implementer. The clarification is based on question D-Six about Patient Pay Amount (505-F5) being returned and a value of zeroes." The DERF was approved.
- DERF 000932/ECL 000058 This DERF requests "The WG1 FAQ Task Group recommends the removal of value of 13 for the Submission Clarification Code (420-DK) and use the Value of 9 in the Prior Authorization Type Code (461-EU). See attached." The DERF was denied as there was concern about only using the prior authorization method. MC pended the DERF to go back to the WG1 Telecommunication FAQ Task Group for more discussion.
- DERF 000933 This DERF requests "The WG1 FAQ Task Group recommends a DERF to modify Health Plan-funded Assistance Amount (129-UD) and Spending Account Amount Remaining (128-UC) and add a count and qualifier for 128-UC to support a business case pertaining to the Patient Pay Formula on pharmacy claim responses (B1, B3 transactions) and real-time FSA dollars applied. See attached." The DERF was pended.
- DERF 000934/ECL 000059 This DERF requests "The WG1 FAQ Task Group recommends a DERF to add a value for "Direct" in the Basis of Reimbursement Determination. See attached." The DERF was approved.
- DERF 000937/ECL 000061 This DERF requests "This request is to note several code values for the field Patient Residence (384-4X) as NOT APPLICABLE TO PHARMACY BENEFITS. The purpose of doing this is to shorten the list of code values to be displayed and used by pharmacy staff as well as limiting how benefit settings use residence codes that are somewhat nebulous to the industry. These code values will remain part of the ECL so their use could be added back when such use was identified and explained via the DERF process which would provide the industry education for the code value use." The DERF was pended for more discussion by the WG1 Patient Location/Patient Residence Task Group.

- DERF 000938/ECL 000062 This DERF requests "Payors, Processors, Manufacturers and Providers, pursuant to trading partner agreements, may need to designate whether a product was/will be purchased pursuant to rights available under Section 340B of the Public Health Service Act of 1992 without disclosing the cost in 409-D9 (Ingredient Cost Submitted). Task Group discussions determined this could not be accomplished with existing values and agreed that the addition of a specific Product/Service ID Qualifier value to the ECL would serve this need." The DERF was pended for more discussion by the WG9 340B Task Group.
- DERF 000939/ECL 000063 This DERF requests "The following statements related to Count, Qualifier and Counter are in the Imp Guide indicating that these fields must precede the fields they Qualify or Count, however if the order is incorrect there is no Reject code to indicate this. R8 – Syntax Error would be difficult to determine and M/I is not correct since the values are right – but the location is wrong. Section 33.13 Qualifiers - Some data elements are further defined with the use of qualifiers. Qualifier fields must be submitted first, followed by the field qualified. If the field is not needed in the transaction type, both the qualifier and the field qualified are eliminated. Section 33.14.2.1 Count Fields - Certain fields are used as count field. A count field indicates the number of repetitions that follow. It is the total number of repetitions that follow. For example, a count field containing 4 means that four occurrences of the field or set/logical grouping will follow. Section 34.14.2.2 Counter Fields - The term "counter" as used in this standard, is synonymous with occurrence number. A counter field may occur multiple times. A counter field indicates which loop of the repetition. A counter field will be followed by fields in a set or logical grouping. Each repetition of the set/logical grouping must use the counter field, in sequential, ascending order (repetition 1, then 2, then 3, et cetera). A counter field is used when all fields in the repetition set/logical grouping are situational or optional." The DERF was approved.

#### Old Business:

- **NCPDP SNIP Committee** completed a survey in preparation for NCVHS testimony on HIPAA readiness in December. They are working on webinars on topics of the Telecommunication Version D.0 – pricing, compounds, and a payer sheet webinar.
- WG45 provided an update on NET (Retro-Eligibility (P10)) activities.

#### Task Groups:

- The **Telecommunication FAQ Task Group** brought forward the questions received that the task group had discussed and DERFs.
- The **Coordination of Benefits Task Group** brought forward the questions received that the task group had discussed and a DERF.
- The **Financial Information Reporting Task Group** discussed new questions, including a discussion item passed from WG1 Telecommunication FAQ Task Group on the proposed federal regulation on a "pharma wrap".
- **Payer-to-Payer Task Group** did not meet as they are on hold waiting for regulations to be released.
- **Tax Advantage Accounts Task Group** Created definitions for new data elements required for this transaction and continued work on the implementation guide. They need more input from entities involved in these programs.
- **Information Reporting Problems Task Group** did not meet because they are waiting for further information from GHI and CMS. A small group of CMS, GHI and SPAP representatives did have an initial discussion, but follow up is needed. .
- The **Post Adjudication Task Group** - Many states, including Maine and Massachusetts require that claim information be submitted to an all payer claims database. In conjunction with RAPHIC (Regional All Payer Healthcare Information Council) it is believed that a subset of the Post Adjudication Standard can be used to achieve the requirements for pharmacy.
- The **Information Reporting Transition to D.0 Task Group** did not meet.

- The **Patient Location/Patient Residence Task Group** was formed to build industry guidance for the use of these fields, especially in transition from version 5.1 to D.0 and they have brought forward a DERF.
- The **Audit Task Group** is working on electronic audit transactions with requests, responses, and final outcome segments for both “desk top” claim audits and for in-store audit notices. They have created transactions and examples.

#### Work Group 2 Product Identification

DERFs (see DERF Resolution at

[http://www.ncpdp.org/members/members\\_wg\\_info.aspx?wgid=wgmc](http://www.ncpdp.org/members/members_wg_info.aspx?wgid=wgmc)):

- DERF 935 was reviewed and approved. This DERF requested that the Billing Unit Standard be updated to account for implant and implantable drugs and to clarify the billing unit for single use products with a package size less than one.

#### Old Business:

- Industry Updates were provided on:
  - the CMS posting in December of an update to the Non-Matched NDC list. They began using this updated list to establish PDE edits beginning January 1, 2010. See the WG2 minutes for the link to the updated list.
  - the NCPDP Billing Unit Standard Webinar to be held on Thursday, February 25, 2010.
  - the AWP meeting that was facilitated by NCPDP in January 2010.

#### Task Groups:

- The **Billing Unit Standard Marketing Task Group** is working to assure that NCPDP has a presence at conferences that attract pharmaceutical manufacturers and where the billing unit standard will impact this sector of the business. Linda Schock will speak at the Reimbursement & Pricing workshop in San Francisco, CA on June 2010. The BUS Workshop will be presented at the IIR Medicaid Drug Rebate conference in September 2010.
- The **Structure Product Labeling Activities Task Group** tracks the activities of the SPL, offers suggestions to improve access and usability of the FDA Structured Product Label and Electronic Drug Listings, and monitors the work of the Guiding Coalition for feedback to the WG. This task group met during the WG meeting and reviewed a letter to be sent to the FDA to make available the non-NDA and non-ANDA products.
- The **Product Review and Billing Unit Exception Task Group** is reviewing the exceptions within the Implementation Guide and issues that result from changes to existing products or release of new products. Reviewed:
  - **Enemeez**- billing unit is ML
  - **Halonate** - billing unit is 163.4gm
  - **Neotic** – billing unit is ML
  - **Sumavel DosePro** - billing unit is ML

The group referred 2 QUIC forms to WG 2 February 2010 09 meeting. The group confirmed that all changes from the package size spreadsheet were made at year's end. The task group also submitted a DERF to clarify “implants” and “unit of use that is in a self-contained dose of less than one each” within the standard.

#### New Business:

- QUIC Form Review:
  - #201001 Lidocaine/Prilocaine Cream NDC: 00168-0357-56 - the billing unit was determined to be a kit.
  - #201002 Qutenza (capsaicin) 8 % patch NDC 49685-0928-01 & 49685-0928-02 – the billing unit was determined to be kit.
- DSMO Request 1093 was reviewed and discussed. This request calls for modifications to the HIPAA implementation guides for electronic health care transactions are needed to allow for the identification of the Universal Product Number (UPN) for medical and surgical supplies.

- A discussion on Medical Devices was held in regards to the focus group that met at the Council office on December 17<sup>th</sup> to gain a clear understanding of the issues, such as reimbursement, surrounding Medical Devices. WG2 agreed that a task group is necessary to review issues and make recommendations to the FDA. The new task group will be the Medical Devices Task Group.

### Work Group 3 Standard Identifiers

#### Old Business:

- The revised InterNational Committee for Information Technology Standards (INCITS) 284 Health ID Card Standard was approved and will be submitted to ANSI for a second public review period. At the close of the public review period, the Standard will be balloted and released.
- WG3 received an update on the work of the CAQH CORE Phase III Subgroup for Health ID Cards.

#### Task Group Updates:

- The **Letters to States/State of States Task Group** provided an update regarding Medicare Part D Claims for Drugs Prescribed by Excluded Providers. The task group wrote a letter to CMS advising them of problems with the data on the files and recommending addition of the NPI to both the OIG and GSA files to simplify and increase the accuracy of mapping to prescriber files. Knowing this enhancement to both systems will be a difficult undertaking, a short-term recommendation to temporarily relax the requirement for the GSA file editing was suggested. CMS issued a memo to Part D Sponsors stating the OIG plans to include the NPI field on the database when it is upgraded. The task group has been notified of Maryland H.B. 274 which will require copayments be included on the Pharmacy ID Card. The task group will be sending an educational letter to Maryland. WG3's State of the States document is available on the NCPDP website.  
[http://www.ncpdp.org/members/members\\_wg\\_info.asp?wgid=wg03](http://www.ncpdp.org/members/members_wg_info.asp?wgid=wg03)
- The **Pharmacy and Combination ID Card Implementation Guide Task Group** updated the X12 270/271 and ID card mapping document to reflect the changes made to the Pharmacy and Combination ID Card Implementation Guide v3.0. WG3 approved the changes and the revised document will be posted on WG3's web page.
- The **dataQ™ Enhancement Task Group and HCidea™ Enhancement Task Group** will merge and will be led by Debra Green, Express Scripts, Inc.

### Work Group 7 Manufacturer Rebates

#### Old Business:

- WG7 discussed the development and compilation of the necessary material for the Manufacturer Rebate Standard Webinar scheduled for June 2010.

#### Task Group Updates:

- The **CMS Task Group** presented a draft survey aimed toward State IT and Rebate contacts. The purpose of the survey is to inform State Medicaid Programs and decision makers of the existence and usefulness of the Rebate Standard and to collect information on their current processes, needs and wants, relative to use of the standard. WG7 made suggested changes to the survey and also requested the task group develop a white paper explaining how use of the Rebate Standard will benefit State Medicaid Programs. A draft white paper will be reviewed at the May Work Group meeting.
- The **Standard Update Task Group** reviewed data elements in the Utilization Detail file that need to be updated. WG7 discussed separating the Manufacturer Rebate Standard into individual standards (Utilization, Reconciliation, Plan, Formulary and Market Basket). The task group will discuss the pros and cons of such a change and make a recommendation at the May Work Group meeting.
- The **Reference Guide Task Group** presented the reformatted Reference Guides intended to be more user friendly. WG7 approved the reformatted Guides and the inclusion of a new topic, Competitive Data Validation.

- The **Non-Pharmacy Biologics Task Group** presented a draft Medical Detail Record Format. WG7 made suggested changes to the format, which will be incorporated by the task group.

New Items:

- WG7 received an update from WG9's 340B Task Group.
- WG7 received an overview of the pharmacy claim transaction process. The presentation is available on WG7's web page.
- WG7 received a presentation on Plan, Formulary and Benefit Design. The presentation is available on WG7's web page.

Work Group 9 Government Programs

Old Business:

- WG9 reviewed and updated the State of the States public document. The document is available at [http://www.ncdp.org/news\\_hipaa\\_trans\\_historical.aspx](http://www.ncdp.org/news_hipaa_trans_historical.aspx).
- An update was provided on Part D Supplemental Payer issues.
- WG9 received an update from WG45 NET Retroactive Eligibility Task Group.

Task Group Update:

- The **Prescription Monitoring Program (PMP) Task Group** reviewed the updates made to the tracking document this quarter.
- The **Dual Eligible Recipients and Medicare Advantage Plans Task Group** reported that CMS released a memo to Medicare Advantage Organizations offering Special Needs Plans, which included clarification on pharmacy cost sharing for Part B benefits.
- The **340B Task Group** presented DERF/ECL 938/062, which proposed a new value (340B National Drug Code) for Product Service/ID Qualifier. The DERF was pended by WG1 Telecommunication and MC Maintenance and Control. The task group will continue to work on an acceptable solution.
- The **H1N1 Vaccine Billing Task Group** developed a spreadsheet containing vaccine billing information for State Medicaid. The spreadsheet will be added to the State of the States public document and posted on the website.
- **Medicaid Communication Process Task Group** presented a draft communication to State Medicaid Directors requesting contact information for a communication distribution list. Based on modifications made by WG9, the task group will revise and distribute.

New Items:

- WG9 received an overview of the CMS Provisions of Proposed Regulations for Part C and D. The presentation is available on WG9's web page.
- WG9 received information on the status of Health Care Reform and Administrative Provisions. The presentation is available on WG9's web page.
- WG9 formed the **Medicaid Subrogation FAQ Task Group** led by Louise Gustafson, ACS, Inc. The task group will review questions received about implementation of the Medicaid Subrogation Standard v3.0. The task group will build responses to the questions, which will then be reviewed with WG9.

Work Group 10 Professional Pharmacy Services

Task Group Reports

- The **Structured and Codified Sig Task Group** is participating in the CMS pilot of SCRIPT 10.5 using Sig and RxNorm. A RAND Health presentation titled "CMS – RAND Evaluation of Structured and Codified Sig" was provided which gave more detail about the pilot activities. New participants were encouraged to join the Task Group. In addition to the CMS pilot the group has been participating in discussion regarding length of Sig Free Text field and a subset of task group has been participating as an expert panel to review lab data.
- The MTM Task Group has held six calls since the last meeting focused on a solution to issues around the identification of a service by a payer and reporting it to the pharmacy.

New Business

- The Co-Chairs discussed some of their accomplishments with regards to the two task groups. They will focus more on this during the May meeting.
- The Co-Chairs gave a brief update of HIPAA and HISTP activities.

#### Work Group 11 ePrescribing & Related Transactions

##### Ballots:

- Recirculation Ballot WG110040R – SCRIPT 10.10 enhancements. The ballot was valid at 68.09% and received 90% approval. New Negative With Reason comments were noted. After the appeal timeframe, the ballot will proceed to the Board of Trustees for approval.

##### DERFs (see DERF Resolution at

[http://www.ncdpd.org/members/members\\_wg\\_info.aspx?wgid=wgmc](http://www.ncdpd.org/members/members_wg_info.aspx?wgid=wgmc)):

- DERF 000899 requests to mark the two shorter fields of Sig as not used and add a new longer field. The DERF was withdrawn by the submitter as they are conducting some industry analysis and expect that a replacement DERF will be submitted at a future work group meeting.
- DERF 000921 This DERF requests "Propose that NCPDP sunsets the EDIFACT version of the SCRIPT Standard and apply future maintenance/ enhancements only to the XML version of the Standard. The Implementation Guide will also need to be updated to reflect the changes as there are many references to EDIFACT fields, etc." The DERF was approved with modifications.
- DERF 000922 This DERF requests "The WG11 RxNorm in Script Task Group recommends that new values for Field 3055 (Code List Responsibility Agency) and Field 7884 (DUE Co-agent Qualifier) to allow for the use of the RxNorm values for Semantic Clinical Drug (SCD), Semantic Branded Drug (SBD), Generic Package (GPCK) and Branded Package (BPACK). With this change we also request that Field 3055 (Code List Responsibility Agency) no longer point to the X12 DE 235 code list. Please see the SCRIPT Implementation Guidance document for how the Task Group believes the use of the newly added RxNorm codes should be used. See attached documentation for changes required for ECL and Implementation Guide as it is no longer applicable." The DERF was approved.
- DERF 000923 This DERF requests "This DERF is to adjust the Benefits Coordination Segment on the SCRIPT Standard to allow for standard patient specific insurance information to be specified. This DERF requests two items: 1. Move Field Ø1Ø-97Ø1 "Patient Relationship" to the Coordination of Benefits Segment. "Patient Relationship" defines the relationship of patient to cardholder. The current SCRIPT Standard allows for 0 to 3 Benefits Coordination Segments, but only allows for 1 "Patient Relationship". If a patient has more than one insurance and the prescriber is able to provide it, there is no way to specify the relationship of the patient to the holder of the insurance information being provided. For example, if a patient has multiple coverages, self coverage and coverage under a spouse, the 1st occurrence of the Benefits Coordination Segment will specify the person's own coverage information and the relationship will be 1 for cardholder. The 2nd occurrence of the Benefits Coordination Segment will specify the spouse's coverage information and in this occurrence the relationship will be 2 for spouse. 2. Adding Telecom Field 3Ø3-C3 "Person Code" to the Coordination of Benefits Segment. Person Code is a code assigned to a specific person within a family examples: ØØ1=Cardholder, ØØ2=Spouse, ØØ3-999=Dependents and others (including second spouses, etc.) This field is often required for billing but there is no way to specify it with the other insurance information." The DERF was approved.
- DERF 000924 This DERF requests "The purpose of this DERF is to assure that in electronic messages, pharmacies receive the information required by regulations to comply with their State pharmacy acts. It is anticipated that the inclusion of patient address on a NEWRX will help to insure patient safety by increasing the likelihood of an accurate match of the NEW RX to the correct patient in the pharmacy database. In addition, these data elements are required by the "Manner Of Issuance" regulations in most States for an RX to be considered valid. This DERF is the result of the WG11

Prescription Requirements Task Group and the recommendations which were approved in version 1.0 of the guidance document." The DERF was approved.

- DERF 000925 This DERF requests "In order to be consistent with MMA rules (and some Medicaid rules) which require NPI within the ERX for successful reimbursement of the pharmacy claim, the prescriber individual NPI number should be a mandatory PVD-020-01 and -02 loop. Currently, the standard states that it is only mandatory if the prescriber actually has a NPI. The wording should change to indicate it is always mandatory, no matter what." The DERF was approved with modifications.
- DERF 000926 This DERF requests "Pharmacies send follow-up Renewal/Refill Requests via fax today when the prescriber has not responded within a reasonable timeframe. However, there is no industry guidance about sending a follow-up Renewal/Refill Request via ERX and how prescribers and software systems should handle this today. Some pharmacies are sending multiple requests and some pharmacies are only sending one request and asking the pharmacy staff to follow up with a phone call if they receive no response. One big unknown is how prescriber software systems handle receiving multiple Renewal/Refill Requests from pharmacies. By allowing the pharmacy to notify the prescriber (and the prescriber software system) that they are sending a follow-up request, this will help to streamline the workflow for both prescribers and pharmacies. We are asking for a new indicator within the DRU segment that would allow the pharmacies to indicate that this REFREQ/RXCHANGE is a follow-up request. The follow-up REFREQ/RXCHANGE should have its own unique Transaction Control Reference <MESSAGE ID> (UIB 030-01), however, the original, 1st REFREQ/RXCHANGE message ID should be placed into the Initiator Reference Identifier <relates to MESSAGE ID> (UIB 030-02) Field. The same above logic can, and should be also applied to both the REFREQ and RXCHANGE existing message types." The DERF was approved with modifications.
- DERF 000927 This DERF requests "Pharmacies are seeing a dramatic increase in the number of refill too soon (RTS) adjudicated rejections on new ERX'S compared to paper scripts. This is likely due to prescribers sending us the prescriptions while the patients are having their office visit, but that may not necessarily coincide with when the patient is due for a refill. When a patient receives a paper script in this scenario, they likely either hold on to it, or drop it off at the pharmacy and ask us to put it "on hold." We need a mechanism within SCRIPT that will trigger the pharmacies to place a specific prescription "on hold" for that patient. This will improve customer service, pharmacy workflow and saves costs by not having a claim unnecessarily adjudicated. Within the NEWRX Message, there is a "Do Not Fill Indicator" that is currently used within LTC for medications ordered by a prescriber but not requiring dispensing at this time, but required for administration and available for drug-to-drug interactions. The current external code list indicates that "Y" (Yes) = LTC's usage. We should add an additional code of "H" for hold to = Usage within the retail setting as well. The definition of this field should also change from: Used for medications ordered by a prescriber but not requiring dispensing at this time, but required for administration and available for drug-to-drug interactions to: Used for medications ordered by a prescriber but not requiring dispensing at this time, but may be required for administration and may be available for drug-to-drug interactions." The DERF was approved with modifications.
- DERF 000929 This DERF requests "The Refill Quantity Qualifier needs further clarification on which values to use for which message. Add note to the value PRN (as needed). This value can be used in any message, however its use is strongly discouraged because it does not constitute a definitive indication of the prescriber's intent with respect to the duration of therapy and may subject pharmacies to negative payer audit results. (Since in LTC (Long Term Care) the refill concept does not apply; change this field to not used for the resupply and drug admin messages." The DERF was approved with modifications.
- DERF 000936/ECL 000060 This DERF requests "Partners Healthcare Systems, Inc. has the understanding that Federal law under HIPAA does not require consent to release information for treatment, payment or health care operations purposes [see

[http://edocket.access.gpo.gov/cfr\\_2002/octqtr/45cfr164.506.htm](http://edocket.access.gpo.gov/cfr_2002/octqtr/45cfr164.506.htm)]. We understand that some states may have stricter laws that require consent prior to release; however, some states do not. To accommodate states that do not require consent, there should be an additional option other than "Yes" as a condition for requesting medication history from a pharmacy or payor. We propose that a value of "E" for "Requestor Exempt from Consent Requirement" be added as a valid code to the SCRIPT Coordination of Benefits Segment Field 130-4711 "Condition/Response, Coded" (aka patient consent indicator) for RXHREQ and RXRES transactions. The current list of valid values does not properly support the use case for a requesting entity to request medication histories in situations where patient consent is not required. Addition of this value will remove potential barriers for adoption of pending use cases where NCPDP transactions are being crafted for bidirectional exchange of protected health information (e.g., allergy, labs, problem list, procedures) between provider and pharmacy entities." The DERF was pended to a new Consent Task Group for discussion.

- DERF 000940 This DERF requests "The purpose of this DERF is to assure that in electronic messages, pharmacies receive the information required by regulations to comply with their State Pharmacy Acts. It is anticipated that the inclusion of the Prescriber First Name/Initial and Registered Address on a NEWRX will help to ensure accurate Rx records are created and maintained for future reference. In addition, these data elements are required by the "Manner of Issuance" regulations in most states for an Rx to be considered valid. This DERF is the result of the WG11 Prescription Requirements Task Group and the recommendations which were approved in Version 1.0 of the Guidance Document." The DERF was approved with modifications.

#### Task Groups:

- The **Prior Authorization Workflow-through-Transactions Task Group** did not meet this quarter. The next steps are for companies to commit to a prior authorization pilot and relaying that information to OESS. The task group brought forward an XML-based exchange for prior authorization information which was approved by the WG for use in a pilot. As there is more interest in a pilot, the task group could create pilot criteria. There was discussion of the MN prior authorization activities.
- The **Formulary and Benefit Task Group** provided a report of the modifications they are discussing for the standard.
- The **RxNorm Task Group** is evaluating the inclusion of RxNorm into standards, specifically the Formulary and Benefit Standard.
- The **RxNorm in SCRIPT Task Group** analyzed the recommendations from the RxNorm Task Group and brought forward a DERF.
- **SCRIPT XML Task Group** continues to monitor SCRIPT Implementation Guide updates for XML. They did not meet this quarter but will meet to work on DERF 000921.
- **Clinical Health Information exchange between Pharmacies and Prescribers Task Group** has heard presentations on CDA, CCD, and is going through use cases for query functions. They are drafting the query transaction.
- **NCPDP/HL7 Eprescribing Functional Profile Task Group** is actively working on functional profiles.
- The **Sample Standard Task Group** is monitoring the outcome of the sample enhancements to the ballot.
- The **Prescription Requirements Task Group** brought DERFs based on the guidance document which was approved in November.
- The **Central Fill Task Group** has completed the review of the necessary fields for the message types and seeks WG approval for the messages, created flow chart of the central fill process, and started looking at rules and other items to be included in the Implementation Guide.
- A new **Consent Task Group** was formed to review DERF 000936/ECL 000060 and discuss the use of consent in various NCPDP standards.

#### Old Business:

- An industry update was provided on NCVHS Subcommittee on Standards and Security, CMS (eprescribing), DEA (eprescribing), and HITSP (use cases and Medication Harmonization project).
- A presentation was given on the CMS pilot on Sig and RxNorm usage in electronic prescribing.
- There was a discussion of medication reconciliation.
- There was a discussion on Brand Medically Necessary needs from CMS. A **Task Group** was formed and a paper will be created that shows the existing prior authorization process through to the claim processing that is believed to provide the framework to comply with the regulations.
- There was a discussion about questions from NCI regarding the FMT Code Lists.
- There was a discussion on CCHIT requirements for LTC certification for eprescribing.

#### WG14 Long Term Care

##### Old Business:

- Updates on the Office of the National Coordinator for Health Information Technology ONCHIT.
- An update was provided on the LTPAC HIT Collaborative
- An update was given on the regulatory activities of the Drug Enforcement Agency
- A CMS/HIPAA update was provided.
- A report on the LTC Resident Report White Paper was provided.
- A report was provided on the Audit Focus Group which is now a task group under WG1 Telecommunication.

##### Task Group Reports:

- The **EHR/HL7 Task Group** –The task group focused on creating a workflow that supports electronic prescribing of controlled drugs for residents in LTC facilities.
  - EHR Inter-organization Sub Task Group provided an update
- The **LTC Current Billing Issues Task Group** – The task group did not meet.
- The **Consultant Pharmacist Task Group** – The task group is on hold pending completion of the HL7 EHR Functional Model, Direct Care Functions (Chapter 3).
  - An update was provided on the MTM Task Group under WG10 Professional Services.
- The **LTC Utilization Reporting Task Group** – The task group reviewed the changes for the CMS requirements for LTC reporting for 2010. The only change was that reporting only happens once a year. The technical documentation was just released and will be reviewed in February.
- The **Return Credit Task Group** –This task group is suspended awaiting completion of the work in the eMAR Task Group.
- The **eMAR Task Group** - The task group has developed the Return Segment (RTN) and Destruction Segment (DST) for use in the Facility Return message. They are currently working on examples.
- The **Hospice Task Group** – The task group reported on the scope and goals of the task group as well as differences and issues between Hospice and other LTC and ambulatory patients.

##### New Business:

- Information was provided about the Short Cycle Dispensing Panel meeting to take place the second week in February of 2010 in Baltimore, Maryland.

#### WG16 Property & Casualty/Workers Compensation

##### Old Business:

- Final edits to the Workers' Compensation Guidance document were incorporated and the document approved to send to the Standardization Co-Chairs for approval to publish on the Public portion of the NCPDP website.

- The letter introducing NCPDP and WG16 to the Property/Casualty and Workers Compensation sector was approved and will be submitted to the MC Education, Legislation and Regulation Task Group for distribution.

Task Group Reports:

- The **Legislative/Regulatory Monitoring and Education Task Group** provided an update on state regulatory and legislative initiatives affecting billing and reimbursement of Workers' compensation claims.
- The **Billing and State Reporting Task Group** provided an update on the NCCI Data Call, modifications to the IAIABC Model e-Bill Rule Draft and the development of an Workers Compensation example for reporting D.Ø billing using the X12 835.

New Business:

- The matrix of changes between Telecommunication version 5.1 and D.Ø was briefly reviewed and will be revised to depict the new WC/PC Universal Claim Form and subsequent changes to the standard.
- The potential need for further enhancements to the electronic and paper billing formats in order to meet regulatory requirements was introduced.
- Suggestions for webinars were discussed.

**WG17 Pharmaceutical Pedigree and Traceability**

Old Business:

- An update was provided on activities in GS1 and GS1 US regarding traceability, pedigree and related issues.
- White Paper development work session.

Task Group Reports:

- The **Regulatory Tracking/Pedigree Task Group** reported that it did not meet during the quarter.
- The **Grandfathering Task Group** is suspended contingent upon completion of the WG recommendations for implementation of pedigree and traceability.
- The **Product Identifiers Task Group** is suspended pending the FDA regulations.
- The **Education Task Group** provided an update on the white paper development and led the group in a work session. The task group is meeting every two weeks.

**WG45 External Standards Assessment, Harmonization and Implementation Guidance**

Old Business:

- A WEDI SNIP 835 Sub Group update reported on continuing work on a White Paper and the mapping of the Claim Adjustment Reason Codes and the Remittance Advice Remark Codes.
- An update was provided on the NCPDP SNIP Committee activities, which include, updating the 2007 Webinars for presentation this year. SNIP will soon begin a new white paper dealing with transition issues from Telecommunication Standard version 5.1 to D.0.
- An X12 update reported on the issuing an errata to the 835 dealing with the patient and subscriber loops when the subscriber ID number is different. Mary Lynam was appointed as the new liaison to NCPDP from X12 at the January meeting.
- A HITSP Update was provided.
- A HIPAA Update was provided.
- Inter SDO Update was provided. X12 is currently review version 1 of the 835 White Paper and the Li Net Retro-enrollment 835 template.

Task Groups:

- The **Central Pay Task Group** will continue developing documentation of balance forward processing with examples for when a pharmacy with a negative forward balance moves from one PSAO to another and when a pharmacy with a negative forward balance goes out of business.
- The **Document Revision Sub Task Group** presented the 835 examples for approval by the Work Group. They will continue working on creation of new examples as well as

reviewing all documents for compliance with X12 copyright guidance. They will also resume the mapping of the Claim Adjustment Group Codes, Claim Adjustment Reason Codes, Healthcare Remittance Advice Remark Codes and the NCPDP Reject Codes.

- The **834 FAQ Task Group** received no new questions.
- The **835 FAQ Task Group** received no new questions.
- The **NET Retro-Eligibility Task Group** presented a review of Li Net Payer Sheet.
- The **835 White Paper Task Group** will continue working on additional guidance related to the creation of the ASC X12 835 Version 5010.
- A **DSMO Task Group** presented their recommendations for DSMO Change Requests 1085 and 1088 responses.

#### MC Maintenance and Control

##### Ballots:

- Re-circulation Ballots WG010039 and WG110040 received no new negative comments. Awaiting a 30-day appeal period and should no appeals be received, these ballots will be sent to the NCPDP Board of Trustees.

##### DERFs/ECLs:

- MC Maintenance and Control reviewed 21 new and 2 pended DERFs/ECLs (see WG1, WG2, WG11, and WG45 above). All DERFs approved at the November 2009 WG meetings were held and will be balloted after the February 2010 WG meetings. The DERFs approved at the November 2009 WG meetings and this meeting will result in 4 new ballots for the February 2010 ballot period
  - WG110042 for SCRIPT v10.11, WG010041 for Post Adjudication v2.2, WG010042 for Telecommunication vD.4 and MC000003 for the Data Dictionary.
  - A new publication of the External Code List (ECL)

##### Old Business:

- An update on New Project Development Form #033 was given.
- An update on DSMO Change Request 1080 was given.
- Health Information Technology Standards Panel (HITSP) and HIPAA updates were provided.

##### Task Groups:

- The **Modeling and Methodology (M&M) Task Group** continued to explore the transformations and structures needed to produce the ECL and to model the constraints needed in Telecommunications. They will also create a Service Functional Model for eMARS.
- The **Pharmacy Transport Task Group** completed a DERF adopting the NCPDP Connectivity Standard Implementation Guide for the CAQH CORE Connectivity Rule Version 1.0, new data elements and ECL values approved at the November 2009 WG meetings and will be balloted in February. The TG will assist with any comments coming out of that ballot. The TG met to develop comments on **HITECH Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology Interim Final Rule** and is assisting the MC Education/Legislation and Regulations TG in the drafting of the final response. No future calls have been scheduled.
- The **Education/Legislation and Regulations Task Group** is reviewing and developing a response to the **HITECH Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology Interim Final Rule**. Comments due by March 15, 2010.
- The **Safe Use Processing (FDA REMS) Task Group** developed and delivered additional recommendation to the FDA and are presently working on a REMS Reference Guide for use in the Telecommunication Standard.

##### New Business:

- The attendees received daily Work Group recaps.
- DSMO Change Requests were reviewed:
  - CR 1085 asks that a recommendation be made to NCVHS to adopt as HIPAA

required transactions the ASC X12 acknowledgement transactions using version 005010:

- ASC X12 999 Acknowledgement transaction using Technical Report type 3 (document number: 005010X231) for implementation specifications.
- ASC X12 277 Claim Acknowledgement (277CA) transaction using Technical Report type 3 (document number: 005010X214) for implementation specifications.
- ASC X12 TA1 Acknowledgement Segment (document number: 005010X231 Appendix C.1)

At the November 2009 WG meetings, WG45 with MC concurrence asked for an extension in order to allow a task group review of this request. At this meeting, MC voted to accept the approval by WG45 for all ASC X12 transactions except the 835 and 820, as well as any transactions which have coordinating response transactions and are not exchanged via a physical medium, such as CD.

- CR 1088 asks to include qualifier for 'state withholding' - SW in the 835 Summary PLB03-1 listing of values/qualifiers. At the November 2009 WG45 with MC concurrence asked to suspend a recommendation in order to allow a task group review of this request. At this meeting MC voted to accept the approval by WG45 and to add a new qualifier for state withholding in PLB03-1.
- An NCPDP 2010 Ballot Processing Overview was given