November 2014 Work Group Recaps:

For results of Data Element Request Forms (DERFs) and External Code Set (ECLs) reviewed see DERF Resolution at http://www.ncpdp.org/members/members_wg_info.aspx?wgid=wgmc.

Work Group 1 Telecommunication

Ballots:
- Ballot WG010064 for the Benefit Integration Standard is considered a valid ballot having received the required 60% of Consensus Group votes. The Work Group adjudicated the Affirmative and Accept comments received as either persuasive and editorial or not persuasive. The ballot will proceed to the Board of Trustees for approval after the required appeal period.

DERFs/ECLs Reviewed:
- DERF 001191/ECL 000156 was pended in May and August Work Groups for more work by the WG1 Vaccine Services Task Group. The DERF/ECL was approved as modified.
- DERF 001210/ECL 000161 was pended in August Work Groups for more work by the WG1 Vaccine Services Task Group. The DERF/ECL was approved.
- DERF 001212/ECL 000163 was pended in August by MC to the WG1 Information Reporting Problems Task Group. The DERF/ECL was approved with modifications.
- DERF 001213 was pended in August for more work by WG1 Telecommunication FAQ Task Group. The DERF was pended for more analysis to the task group.
- DERF 001214/ECL 000164 was pended in August for more work by WG1 Telecommunication FAQ Task Group. The DERF/ECL was pended to the task group for more analysis.
- DERF 001215 was approved.
- DERF 001225/Emergency ECL 000166 was recommended to be approved to MC.
- DERF 001226/ECL 000167 was recommended to be approved to MC.

Old Business:
- A HIPAA Standards, Operating Rules, and regulations (HPID/ICD/NPI/EFT/ERA) update was given.
- Use of Quantity Prescribed (46Ø-ET) in the Telecommunication Standard claim billing - Note this field would be required for Part D Schedule II Controlled Substance claims; however the use of this field is not limited to Part D claims only.
  - Telecom D.0 and all versions from that point have been updated (November 2012).
  - 03/2014 NCPDP received a response from HHS to the 03/2013 letter. The change will go through NPRM and Final Rule process.
    - We have asked that the industry have input on the implementation timeframe before the NPRM is published.
    - We have asked for timeframe of NPRM publication.
- 06/2014 Update: OESS has responded that an NPRM including Quantity Prescribed and SCRIPT electronic prior authorization is going through the review process.
- WG1 Telecommunication FAQ Task Group brought forward a recommendation timeframe for Quantity Prescribed regulation implementation for OESS.
- NCPDP SNIP Committee met to review the timeframe recommended by the WG1 Telecommunication FAQ Task Group.

Task Groups:
- The Telecommunication FAQ Task Group discussed questions submitted. They worked on pended DERFs. The task group brought forward a recommendation timeframe for Quantity Prescribed regulation implementation (see HIPAA).
• The **Coordination of Benefits Task Group** discussed questions submitted. They brought forward DERF 001226. They discussed coordination of benefits with ADAPs, conflicts in OHI data between MDC and MARX, and Benefit Stage information required by payers not currently qualified to receive these fields.

• The **Financial Information Reporting Task Group** brought forward FAQs which were approved for the FIR Editorial document.

• The **Information Reporting Problems Task Group** published the new data within the NCPDP SPAP ADAP BIN PCN list worksheet. They are preparing a SPAP ADAP TrOOP Attestation document and process. They updated pended DERF 001212/ECL 000163.

• The **Post Adjudication Task Group** discussed use of the overpunch in current implementation and possible enhancements. They decided to go on hiatus.

• The **Definition of a Valid Prescriber Task Group** brought forward DERF 001225/Emergency ECL 000166. The task group has been working on questions regarding the new CMS enrollment rule for prescribers. They also reached out to the DOJ for an understanding of the prescriber enrollment workflow for DEA.

• The **Supplemental Payer Reporting Task Group** brought forward DERF 001227/ECL 000156. They updated pended DERF 001212/ECL 000163. They began working on the Part D Plan Nx Performance Reports Guide.

• The **Eligibility Verification Enhancements Task Group** did not meet.

• The **Compound Billing Solutions Task Group** did not meet but recently received new topics for discussion.

• The **Transaction ID Task Group** is examining the use of a unique transaction identifier for all Telecom transactions.

• The **Vaccine Services Task Group** completed recommendations for the Version D Editorial for pharmacy benefit billing for products, services, and products and services. They updated pended DERF 001191/ECL 000156 and submitted DERF 001210 ECL 000161 (Basis of Cost/Reimbursement value).

• The **Benefit Integration Task Group** did not meet as they are monitoring the ballot.

• The **Standardized Subrogation Task Group** met to discuss their scope to analyze the Medicaid Subrogation Standard and enhancements for subrogation use by commercial payers for one standard encompassing both uses.

**New Business:**

• There was an initial discussion for the naming of the next version of Telecom, Batch, and Subrogation Standards in HIPAA, as well as evaluation of other standards to be named in HIPAA.

**Work Group 2 Product Identification**

**DERFs**

• DERF 001227 requested updates to the Billing Unit Standard and the addition of FAQs and was approved with modifications.

• DERF 001228 requested approval of updates to the Product Identifiers Standard to add FAQs that will clarify references made within the standard and was approved with modifications.

**Task Groups:**

• The **Structured 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 work group. The Coalition has sent 18 letters to the FDA and is working on four additional letters of recommendation. The letter on centralizing medication safety information via DailyMed was reviewed and approved by WG2.
• 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.
  - Discussed NDC reuse on impending generic product release for Oxycontin by Actavis that reused NDCs obsolete since 1989 and originally assigned to Amitriptyline.
  - The Package Size subgroup reviewed and resolved package size differences on 5 Enfamil products that were caused when Mead made package size changes last year.
  - Reviewed four new QUIC forms and submitted them to WG2 for final adjudication.
  - Submitted two DERFs for WG2 review – one for modifications to the BUS and one to add FAQs to the Product Identifiers Standard.

• The **NCPDP Product Identification Standard Task Group** will follow the DERF and subsequent ballot submitted for changes to the NCPDP Product Identifiers Standard Implementation Guide. The task group will also meet to address the remaining two comments that were submitted for the ballot requesting approval of the standard. A copy of the Product Identifiers Standard was forwarded to the FDA since it has been referenced many times in our discussion with the FDA and we wished to let them know it has been approved and available.

• The **SPL REMS Requirements Task Group** is to gather the data needed to develop a template for pharmaceutical manufacturers to use in electronic submission of all the components for risk evaluation and mitigation strategies (REMS) drugs to a central repository (DailyMed) via FDA’s Structured Product Labeling system. FDA published a Federal Register Notice 9-23-2014 announcing the 4 priority projects it was proposing for REMS authorized under PDUFA V as well as a detailed draft report providing rationale for its decision. NCPDP’s proposal that REMS be codified and standardized as one of those priorities was adopted by FDA as Priority Project 3: Pharmacy Systems under REMS, Standardizing REMS Information for Inclusion into Pharmacy Systems Using Structured Product Labeling (SPL) under REMS. A joint meeting of WG1, WG2, and WG11 was suggested to be held during the February 2015 meeting, where WG2 would describe the path forward with SPL and solicit feedback on implementation and more detailed use cases from all three WGs. The discussion would also begin to map out next steps for all 3 WGs, including timelines if possible.

• The **Dates Associated with Pharmaceutical Products Task Group** is to investigate definition inconsistencies, involve government agencies to make them aware of the issues, and provide education on the importance via a white paper or other means. The task group did not meet and is asking for volunteers with Medicaid knowledge.

• The **Naming Standards for Drugs, Biologics and Biosimilars Task Group** did not meet but members and staff attended USP’s Federal Interagency Stakeholder Summit On Materials and Adverse Effects held November 5-7, 2014 MD. The Task Group will work on a letter to the FDA regarding the substitutability of biosimilars and how they will be published.

• The **Review of Appendix B Reference Code Qualifiers Task Group** is to review the definitions of existing product identifiers for accuracy and update as appropriate. The task group has created a spreadsheet for values and definitions within Appendix B and is close to completion of review. Calls will be scheduled after the November WG meetings to review the findings on the spreadsheet.

• The **Application of the Billing Unit Standard Clarification Task Group** continues to make progress in identifying the rationale used to determine the billing unit from past QUIC forms/products reviews and is capturing the rationale/reasons for those decisions.

• An update on the joint **WG11 and WG2 Drug Description Task Group** was provided. See WG11 meeting minutes.

• An update on the **MC NDC Depletion Task Group** was provided. See MC meeting minutes.
New Business:

**QUIC Form Review:**
- QUIC #201412 Varithena NDC 60635-0123-01
  BU=EACH per Section 5.1.6 of the BUS with a billing quantity of seven
- QUIC #201413 Medi-RDT Kit NDC 38779-7218-01
  BU=EACH (kit) per Section 5.5.1 of the BUS
- QUIC #201414 Orbactiv NDC# 65293-015-01 (vial) 65293-015-03 (carton)
  BU=EACH (with a quantity of 3 for the box) per Section 5.1.2 of the BUS
- QUIC #201415 Rapivab
  BU=mL per Section 5.2.2 of the BUS.
  - Outer NDC (carton of 3 x 20 mL vials) = 60 mL
  - Inner NDC (single vial) = 20 mL

**Work Group 3 Standard Identifiers**

**Old Business:**
- WG45 Provider Enrollment Task Group Update – This task group was disbanded by WG45 at the November work group meeting.

**Task Groups:**
- The **Pharmacy and/or Combination ID Card Task Group** reported they will be developing guidance for the use of digital pharmacy ID cards and is looking for participants with expertise in this area. WEDI has issued a RFQ to explore this topic and develop a pilot. It was also reported that WEDI published a research paper entitled, Secure Patient Identification, Feasibility of a Security Role for Subscriber ID Cards which is available at [www.wedi.org](http://www.wedi.org).

**New Business:**
- WG3 formed the **Health Plan ID (HPID) Task Group** at the request of the SNIP Committee to review prior recommendations and determine if there is still a need for HPID in NCPDP transactions (other than Telecommunication).

**Work Group 7 Manufacturer and Associated Trading Partner Transaction Standards**

**Task Groups:**
- The **Reference Guide Task Group** did not meet this quarter.
- The **Medical/Biologics Task Group** did not meet this quarter.
- The **CMS Task Group** presented a revised scope statement which was approved by WG7. WG7 also approved changing the task group’s name to **Medicaid Drug Rebate Program Task Group**. During the next quarter the task group will be discussing Managed Medicaid encounter data management and rebate processing.
- The **Rebate Standard Update Task Group** reported on their work in developing a glossary of terms to assist in understanding the fields and provide clarity to the Rebate Utilization File.
  - The **Specialty Pharmacy Data Exchange Sub-Task Group** is seeking participation from specialty pharmacy representatives.
- The **Regulatory Tracking/Pedigree Task Group** did not meet this quarter.
- The **Formulary Management Survey Task Group** did not meet this quarter.

**New Business:**
- WG7 received information regarding the **Manufacturer Patient Cost Share Assistance Programs Task Group** formed in WG9 (see WG9’s recap).
Work Group 9 Government Programs

DERF Reviewed:
- DERF 001215/Emergency ECL 000165 was approved with modifications.

Task Groups:
- The Prescription Monitoring Program (PMP) Task Group presented updated information for states that have prescription monitoring programs. The updated tracking document will be published.
- The 34ØB Task Group did not meet this quarter.
- The Medicare Part B Claim Billing for Dual Eligibles Task Group received an overview from the CMS Medicare Medicaid Coordination Office on Medicare/Medicaid Demonstration Plans (MMPs). The task group is seeking additional participation as insight to processes and barriers on the Medicaid side is needed.
- The Health Insurance Exchange/Marketplace Task Group submitted comments to CMS regarding implementation of CMS–9949–F, Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 And Beyond and the operational challenges specifically with the requirements for special enrollment periods (SEPs) and retroactive effective dates. The Task Group is seeking stakeholder input (payer, processor, provider and other) regarding challenges currently being experienced or anticipated as a result of the guidance to coordinate payment of premiums and member cost share.
- The Medicaid Subrogation FAQ Task Group did not meet as no new questions were received.
- The Medicare Part D FAQ Task Group brought forward questions and recommended responses for review and approval by Work Group 9. The FAQ document will be updated and published.
- The Supplemental Payer Part D Reconciliation Standardization Task Group continued to identify data elements for the reconciliation report and will work on developing a guide for the reconciliation report.
- The Hospice Task Group submitted a DERF requesting one Approved Message Code and two Reject Codes for Hospice use. The Medicare Part D prior authorization form developed by the task group was posted in the Federal Register on October 3, 2014 under the Paperwork Reduction Act.
- The Standardized Fraud, Waste and Abuse Training Attestation Task Group reviewed the PBM attestation forms submitted by task group members for comparable language and edited for universal appeal. The task group asked the PBMs to have the document reviewed by their legal departments and provide feedback regarding whether to include offshore and anti-kickback language.

New Business:
- WG9 formed the Manufacturer Patient Cost Share Assistance Programs Task Group. The task group will create a recommended standardized approach with an implementation timeline to assist manufacturers, pharmacies and others in avoiding the anti-kickback statute.
- WG9 received an update on Government Programs and Industry Changes.
- WG9 received an update from the WG1 Standardized Subrogation Task Group.

Work Group 10 Professional Pharmacy Services

DERF Review:
- DERF 001236 “requests revision to the MTM Sections of the Specialized Implementation Guide to reflect requests for MTM and/or pharmacy professional services by entities other than the payer.” The DERF was pended for updates to the code sources in the Specialized Standard and addition of codes to the examples.
Task Group Reports:

- The MTM Communications Task Group continues to develop new functionality in the Specialty and HL7 CDA standards to support professional pharmacy.

- The Acetaminophen Best Practices Hospital Safety Sub-Task Group is continuing efforts to develop a paper that enumerates best practice guidelines, acetaminophen awareness, tools and technology solutions in a hospital model. Previous work group recommendations for acetaminophen and use of “mL” for dose are the subject of this year’s PROTECT meeting. The presentations are available at [http://www.ncpdp.org/members/Work-Group.aspx?ID=wg10](http://www.ncpdp.org/members/Work-Group.aspx?ID=wg10) in the meeting download file.

- WG11 Specialty Requirements for ePrescribing Task Group is continuing the work to identify elements needed in the SCRIPT transactions to support prescribing of specialty medicines.

- WG1-10 Compound Billing Solutions Task Group has completed all the submitted questions and was disbanded.

New Business:

- The possibility of the development of a Personal Health Record (PHR) Functional Profile for pharmacy was briefly discussed. It will be considered further as the development of version 2 of the Pharmacist/Pharmacy Provider Functional Profile progresses.

- The need to identify use of marijuana was discussed. A DERF will be submitted to add a field to the SCRIPT Patient Segment to identify the use. Any other possible reporting was determined to be premature in light of the current legislative activity in the states, variations in rules and continued federal prohibition.

Work Group 11 ePrescribing & Related Transactions

Ballots:

- Ballot WG110062 for the SCRIPT Standard is considered a valid ballot having received the required 60% of Consensus Group votes. The Work Group adjudicated the Negative, Affirmative and Accept comments received as either persuasive and editorial or not persuasive. Since a negative vote was not changed after adjudication, the ballot will be re-circulated in the November 2015 ballot period.

- Ballot WG110063 for the Formulary & Benefit Standard is considered a valid ballot having received the required 60% of Consensus Group votes. The Work Group adjudicated the Accept comment received as persuasive and editorial. The ballot will proceed to the Board of Trustees for approval after the required appeal period.

DERFs/ECLs Reviewed:

- DERF 001220 was pended in August for more work by the Prior Authorization Workflow to Transactions Task Group. The DERF was approved as modified by the submitter.

- DERF 001221 was pended in August for more work by the ePrescribing Best Practices Task Group. The DERF was approved as modified by the submitter.

- DERF 001222 was pended in August for more work by the new Medication History Task Group. The DERF was withdrawn.

- DERF 001230/ECL 000169 was recommended for approval to MC.

- DERF 001231 was approved with additional modifications which included increasing the field size and the use of another qualifier set.

- DERF 001232 was pended back to the MC PDMP Task Group to allow them to review the results of the current S&I Framework PDMP Initiative.

- DERF 001233 was approved.

- DERF 001234 was approved.

- DERF 001235 was approved.

- DERF 001237 was approved.
• DERF 001238 was approved.
• DERF 001239 was withdrawn by the submitter.

Old Business:
• An industry update was provided on NCVHS Subcommittee on Standards, CMS (eprescribing), and DEA eprescribing for controlled substances and implementation activities.

Task Groups:
• The Formulary and Benefit Task Group requested the approval of an F&B Implementation Recommendations document. They brought forward DERF 001237.
• XML Task Group reviewed submitted DERFs and brought forward recommendations.
• NCPDP/HL7 Pharmacist Functional Profile Task Group did not meet this quarter. The functional model release 2 is final. A project proposal for release 2 of the Pharmacist profile is being prepared. Outreach will be provided to prospective members and calls will begin in January 2015.
• WG11 Electronic Prescribing Best Practices Task Group provided recommendations for the SCRIPT Implementation Recommendations document on guidance for a prescriber with no further relationship with a patient. They also clarified quantity and Model Pharmacy Act verbiage in this document. They updated pended DERF 001221 (Additional Quantity).
• An update was given from the WG14 LTPAC ePrescribing Task Group. The group focused its efforts on capturing industry conventions for use of SCRIPT 10.6 in long-term and post-acute care settings, for use by facility vendors and pharmacies that are migrating HL7 interfaces to the SCRIPT Standard (to meet the Medicare ePrescribing standards). They discussed Pass times, RxFill message enhancements for bi-directional communication requirements in LTPAC, Dispensing Method, Warning Labels, and the Census transaction. They brought forward DERF 001233 (DispenseMethod) and DERF 001235 (Medication Dispensed Warning Label).
• REMS and ePrescribing Task Group has refined their use cases between prescriber, pharmacy, REMS Administrator and switch/intermediary for safe use programs, identifying the data elements needed. They are working through flows from basic REMS to complex REMS exchanges. They are working through the actual transactions. Next will be updates to the SCRIPT Implementation Guide. They have provided trigger/data element analysis information to the WG2 SPL Task Group.
• The Electronic Prior Authorization Workflow to Transactions Task Group determined that the work that was DERF 001169 of alternative methods of ePA exchanges be concluded. They discussed pended DERF 001220 (PA Limited Approval). They brought forward DERF 001238 (Authorization fields) and DERF 001239 (Service Date). Guidance based on these DERFs was approved to be added to the SCRIPT Implementation Recommendation document. The task group brought forward a recommendation timeline for OESS for ePA transactions.
• The WG11/2 Joint Drug Description Task Group did not meet this quarter.
• The Meaningful Use and NIST Test Methods for ePrescribing Task Group did not meet this quarter.
• Implementation of Structured Sig Task Group received approval to publish a Structured Sig chapter in the SCRIPT Implementation Recommendations document. The chapter includes information on collected top ambulatory sigs, shows examples of those sigs, and includes implementation guidance.
• Specialty Requirements for ePrescribing Task Group requested input from TG participants to identify additional stakeholders. They asked participants to provide examples of information, workflow, etc. to inform discussion. They will continue work on identification of other elements needed to support ePrescribing for Specialty.
• The Medication History Task Group was disbanded because based on industry input they wished to have a more fully developed use case that also addresses the request part of Medication History.
New Business:
- The attendees discussed a timely, predictable, repeatable regulatory and implementation timeline process to name the next version of SCRIPT for electronic prescribing. See the minutes for the recommendations.

**WG14 Long Term and Post Acute Care (LTPAC)**

Old Business:
- Industry/Regulatory updates were provided which included HIPAA and NCVHS.

Task Group Reports:
- The ePrescribing Task Group provided guidance for inclusion into the NCPDP SCRIPT Implementation Recommendations document on the use of the NCPDP SCRIPT Standard v10.6 for long term and post-acute care setting that was approved by both WG11 and WG14. The task group will continue working on additional guidance as well as changes needed for LTPAC for the next version of SCRIPT.
- The LTPAC Current Billing Issues Task Group did not meet during the last quarter. Everyone is encouraged to participate in the in the WG11 ePA to Workflow Task Group and MC Real Time Benefit Task Group as these two topics are important to the LTPAC setting. The task group will begin looking at the NCPDP Telecommunication Standard to determine if the long term and post-acute care settings needs are met.
- Received updates from the WG1 Eligibility Verification Enhancements Task Group, the WG9 Medicare Part D FAQ Task Group and the WG9 Hospice Task Group.

New Business:
- Received information on the S&I Framework electronic Long-term Services and Supports (eLTSS) Initiative.

**Work Group 16 Property & Casualty/Workers Compensation**

Old Business:
- An IAIABC update was provided.

Task Group Reports:
- The Legislative/Regulatory Monitoring and Education Task Group provided an update on state regulatory and legislative initiatives affecting Workers’ Compensation programs.
- The Billing and State Reporting Task Group provided an update regarding states moving to adopt regulations for e-billing, standard paper billing and EDI reporting. The task group has completed development of content for a WEDI white paper to explain the handling of the special requirements for workers compensation in pharmacy billing.

New Business:

**Work Group 45 External Standards Assessment, Harmonization and Implementation Guidance**

Old Business:
- Industry updates were provided for WEDI, ASC X12, and CAQH CORE.

Task Groups:
• The **Document Revision Task Group** presented requirements for modifications to the CARC mapping document. Five new codes will be requested for Other Amount Paid: Delivery Cost, Shipping Cost, Postage, Administrative Cost and Compound Prep Cost. The work group approved the updated document to move to publication.

• The **834/835 FAQ Task Group** received one new question from WG9 regarding use of the ASC X12 834 to report plan information between a losing and receiving plan. WG9 was informed that this activity is not supported by the ASC X12 834.

• A **DSMO Task Group** reviewed the draft WEDI white paper on reassociating healthcare payments. The task group submitted a comment recommending change to the definition of “Effective Entry Date” that incorporates the NACHA definition. The recommendation was accepted.

• The **Provider Enrollment Task Group** met one time as requested by the work group in August. There was one attendee. The goal of the task group has been accomplished and the ASC X12 work group has agreed to add the identified missing elements in the next version. There being no pending work, a motion was made and approved to disband the task group.

• The **Central Pay Task Group** completed its work prior to the February work group meeting. The NCPDP Central Pay Reporting on the ASC X12/005010X221A1 Health Care Claim Payment Advice (835) has been approved through the Inter SDO approval process and the document will be published. The task group was disbanded.

**MC Maintenance and Control**

Ballots:

• Ballot WG010064 for the Benefit Integration Standard is considered a valid ballot having received the required 60% of Consensus Group votes. The Work Group adjudicated the Affirmative and Accept comments received as either persuasive and editorial or not persuasive. The ballot will proceed to the Board of Trustees for approval after the required appeal period.

• Ballot WG110062 for the SCRIPT Standard is considered a valid ballot having received the required 60% of Consensus Group votes. The Work Group adjudicated the Negative, Affirmative and Accept comments received as either persuasive and editorial or not persuasive. Since a negative vote was not changed after adjudication, the ballot will be re-circulated in the November 2015 ballot period.

• Ballot WG110063 for the Formulary & Benefit Standard is considered a valid ballot having received the required 60% of Consensus Group votes. The Work Group adjudicated the Accept comment received as persuasive and editorial. The ballot will proceed to the Board of Trustees for approval after the required appeal period.

**DERFs/ECLs**

• 26 new and pended DERFs/ECLs were reviewed (see WG1, WG3, WG9, WG10 and WG11 above).

• The DERFs approved at this meeting will be balloted in February 2015 ballot period.

**Old Business:**

• Updates given:
  - HIPAA
  - NCPDP Legislative/Regulatory Activities

**Task Groups:**

• The **Education/Legislation and Regulations Task Group** prepared comments on the FDA REMS priority projects.

• The **NDC Depletion Task Group** will finalize their issues paper during the next quarter.

• The **PDMP White Paper Task Group** reported on the activities of the S&I Framework PDMP group. The task group is currently updating their white paper.
To participate in the PDMP & Health IT Integration Initiative you can “join the initiative” by completing the form on the PDMP & Health IT Integration Initiative Join wiki page.

- The **Unique Device Identifier (UDI) Task Group** did not meet this quarter. They will continue their work starting in December.
- The **Real Time Pharmacy Benefit Inquiry Task Group** reported they have an open survey which will determine which of the defined use cases will be their initial focus.
- The **Sig in Transactions Task Group** reported they have reviewed the NCPDP Standards and determined most of the Standards are out of scope for this project. They will be focusing on the NCPDP Audit Standard for Sig usage.

New Business:
- The attendees received daily Work Group recaps.