NCPDP Active Task Groups

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<th>WG7 Manufacturer and Associated Trading Partner Transactions Standards</th>
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<th>WG10 Professional Pharmacy Services</th>
<th>WG1 Telecommunication</th>
<th>WG2 Product Identification</th>
<th>WG11 ePrescribing and Related Transactions</th>
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<tr>
<td>WG9 Government Programs</td>
<td>WG20 Coordination of Care and Innovation (CoCi)</td>
<td>WG19 NCPDP Standards Coordination</td>
<td>WG45 External Standards Assessment and Implementation Guidance</td>
<td>WG14 Long Term Post Acute Care (LTPAC)</td>
<td></td>
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</table>

NCPDP Standards Development Liaisons: The liaisons facilitate the work groups shown except where *noted* within the task group listing.

**Staff Contact Information:** standards@ncpdp.org

**To Join a Task Group**
2. Create User Account or Sign In
3. Update User Profile to Join Task Groups

Active Task Group and Sub-Task Group Count: 78

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<th>Task Group</th>
<th>Work Group</th>
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| Benefit Integration Task Group  
*This task group is developing a standard for exchange and synchronization of accumulator dollars in an effort to maintain a total accumulator amount that is combined of various benefit types (e.g., Medical, Pharmacy).* | WG1 | Harry Ram  
Express Scripts  
Andrea Osborne  
RxSense  
*Paul Wilson - liaison* |
| Clinical and Safety Edits Task Group  
*This task group will coordinate with WG9 Medicare D FAQ, WG9 PDMP, WG1 FAQ, WG10 Professional Practices, WG11 SCRIPT Implementation Recommendations and WG14 LTPAC Current Billing Issues and any other task groups or sub-task groups that may be impacted to draft the applicable recommendations that support harmonization of the appropriate clinical processes and interoperability across the standards to:*  
1. Draft guidance as to which reject codes, claim level point of service overrides and other data elements should be used to promote standardization with the implementation of clinical limitations, such as dose, dispensed quantity, days supply, or morphine milligram equivalent restrictions, etc.  
2. Draft and/or review applicable DERFs to support the necessary fields and codes set values (e.g., DUR Reason for Service Code, Professional Service Code and Result of Service Codes) within the necessary NCPDP standards (e.g., Telecommunication, SCRIPT, RTPB, etc.) required for standardization of clinical safety edits and justification of care based on the patient’s condition and treatment plan. | WG1 | Kelley Vaughan  
Abarca Health, LLC  
Leann Lewis  
Synerio |
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<tr>
<th>Task Group</th>
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<tbody>
<tr>
<td>Coordination of Benefits (COB) Task Group</td>
<td>WG1</td>
<td>Louise Gustafson Elixir</td>
</tr>
<tr>
<td>Answers questions and provides clarification and guidance for coordination of benefits claims processing under the current named HIPAA Telecommunication Standard. Develops solutions for the standard to address business cases presented.</td>
<td></td>
<td>JoAnn Landry CVS Health</td>
</tr>
<tr>
<td>Definition of a Valid Prescriber Task Group</td>
<td>WG1</td>
<td>Phuonglinh (Lynn) Morsches Conduent</td>
</tr>
<tr>
<td>This task group provides guidance on what is a valid prescriber for use in standards.</td>
<td></td>
<td>James Broeckling Express Scripts</td>
</tr>
<tr>
<td>Eligibility Verification Enhancements Task Group</td>
<td>WG1</td>
<td>Mary Perez Elixir</td>
</tr>
<tr>
<td>This task group is exploring enhancements to the Eligibility Verification Transaction, specifically for Medicare Part D needs.</td>
<td></td>
<td>*Margaret Weiker - liaison</td>
</tr>
<tr>
<td>Expanded Dollar Fields Task Group</td>
<td>WG1</td>
<td>Kelley Vaughan Abarca Health, LLC</td>
</tr>
<tr>
<td>This task group will answer questions about how dollar fields in the Telecommunication Standard Version D.0 may be used to accommodate high dollar claims.</td>
<td></td>
<td>Heather Graham CVS Health</td>
</tr>
<tr>
<td>Information Reporting (Nx) Problems Task Group</td>
<td>WG1</td>
<td>Mary Perez Elixir</td>
</tr>
<tr>
<td>This task group addresses processing problems with the Information Reporting transactions – specifically 4Rx Data (RxBIN, RxPCN, RxGroup, RxCardholder ID) used in prescription processing for Medicare Part D and supplemental payers.</td>
<td></td>
<td>Jamie Rush Express Scripts</td>
</tr>
<tr>
<td>P and C/WC Monitoring, Billing and Education Task Group</td>
<td>WG1</td>
<td>Brian Allen Mitchell Pharmacy Solutions</td>
</tr>
<tr>
<td>This task group monitors and evaluates proposed public policies and billing and reporting requirements that impact the provision of pharmacy services related to Property and Casualty/Worker’s Compensation. The task group also maintains and updates electronic and paper standards for the billing of Property and Casualty/Workers’ Compensation pharmacy services.</td>
<td></td>
<td>*Paul Wilson - liaison</td>
</tr>
<tr>
<td>Pharmacy Services Billing Task Group</td>
<td>WG1</td>
<td>Sharon Gruttadauria CVS Health</td>
</tr>
<tr>
<td>This task group will address how NCPDP real-time standards can be used to support direct patient care services offered by a pharmacy provider.</td>
<td></td>
<td>Patricia Pimentel Express Scripts</td>
</tr>
<tr>
<td>Post Adjudication Task Group</td>
<td>WG1</td>
<td>Annette Gabel ACAG Consulting, LLC</td>
</tr>
<tr>
<td>This task group is responsible for the reporting of payment and claim information after adjudication. They provide expertise on the Post Adjudication, Uniform Payer Claim and Retiree Drug Subsidy Standards.</td>
<td></td>
<td>*Margaret Weiker - liaison</td>
</tr>
<tr>
<td>Standardized Subrogation Task Group</td>
<td>WG1, WG9</td>
<td>Louise Gustafson Elixir</td>
</tr>
<tr>
<td>This task group answers questions and provides guidance regarding the Batch Standard Subrogation Implementation Guide which may be published in the Telecommunication Editorial document. The task group also considers modifications to this and other related standards.</td>
<td></td>
<td>Angie Dickinson CVS Health</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
| **Telecommunication Agility Next Generation (TANG) Task Group**           | WG1        | Heather Graham  
CVS Health  
Joe Kirn  
Optum Insight  
Howard SrAgow  
Evernorth  
*Terry Fortin and Teresa Strickland - Co-liaisons*                       |
| This task group will recommend structural changes to the Telecommunication Standard that accelerate the ability of stakeholders to respond to the needs of the marketplace. The task group will provide a high-level roadmap that transitions the relevant transactions towards those structural changes. Initially, its scope will be limited to the Claim Billing and Eligibility transactions, effective after the next HIPAA named version. |            |                                                                 |
| **Telecommunication FAQ Task Group**                                    | WG1        | Kevin Crowe  
RedSail Technologies  
Jeff Wellman  
ScriptPro, LLC  
*Margaret Weiker - liaison*                                             |
| This task group reviews questions received about implementation of the Telecommunication or Batch Standards. The task group builds responses to the questions, which are then reviewed with WG1 Telecommunication and may be published in the Version D Editorial document or future standards. |            |                                                                 |
| **Adjudicated Program Type Sub-Task Group**                              |            | Patricia Pimentel  
Express Scripts  
Kelley Vaughan  
Abarca Health                                                     |
| This sub-task group will evaluate the existing and potentially new Adjudicated Program Type (A28-ZR) values and their usage across the shared code list. |            |                                                                 |
| **Dates Associated with Pharmaceutical Products Task Group**             | WG2        | Alisha Nielsen  
TwoLabs Pharma Services  
Michelle McLeod  
US Drug and Device Register, Inc.                                      |
| This task group will review and update the Dates Associated with Pharmaceutical Products white paper. The task group will involve government agencies and the compendia to confirm accuracy in the definitions of the respective dates. |            |                                                                 |
| **Naming Standards for Drugs, Biologics and Biosimilars Task Group**     | WG2        | Gerry McEvoy  
Independent  
Celeste Hunter  
Elsevier                                                          |
| This task group will involve a wide spectrum of industry input to formulate recommendations to standardize best naming practices for all new drug entities, biologics and biosimilars to allow for distinguishable drug names while preserving traditional naming concepts and to address associated practice issues. |            |                                                                 |
| **Outsourcing Facility Task Group**                                      | WG2        | Robert Nickell  
Nubratori RX                                                        |
| This task group will evaluate the situation where 503B products currently have an SPL marketing category of ‘un-approved drug other’ and determine if a suggestion should be sent to the FDA to create a separate SPL marketing category for Outsourcing Facility products. |            |                                                                 |
| **Product Review and Billing Unit Exception Task Group**                 | WG2        | David Schuetz  
Pharmacy Healthcare Solutions, Inc. (PHSI)  
Michelle McLeod  
US Drug and Device Register, Inc.                                      |
| This task group will review and analyze all drugs that are exceptions to the Billing Unit Standard (BUS) to determine how each should be categorized for billing and document within the BUS. Package Size discrepancies among the compendia will also be addressed. They will request submission of QUIC forms when appropriate and will review all QUIC Forms received prior to the WG meetings. Additionally, this task group will adjudicate applicable questions related to or regarding the Product Identifier Standard. |            |                                                                 |
| **Manufacturer Rebate Standard Task Group**                              | WG7        | Jeff Albright  
Model N, Inc.                                                      |
| This task group is responsible for maintaining the Manufacturer Rebate Standard and the Manufacturer Rebate Reference Guides. |            |                                                                 |
| **Medical Rebate Task Group**                                            | WG7        | Daniel Jones  
Johnson & Johnson                                                  |
<p>| This task group maintains the Medical Rebate Data Submission Standard.    |            |                                                                 |</p>
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<tbody>
<tr>
<td>Specialty Pharmacy Data Exchange Task Group</td>
<td>WG7</td>
<td>Andrea Osborne RxSense</td>
</tr>
<tr>
<td>This task group will standardize documentation, reporting or data exchange to support programs and agreements between specialty pharmacy stakeholders such as specialty pharmacies, manufacturers, PBMs, hubs, data aggregators and payers. This could occur via the creation of new standards or the modification of existing NCPDP standards.</td>
<td></td>
<td>Laura Topor Cognizant Consulting</td>
</tr>
<tr>
<td>*Leslie Carr and Terry Fortin - Co-liaisons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>340B Task Group</td>
<td>WG9</td>
<td>John Lynch, Ill CVS Health</td>
</tr>
<tr>
<td>This task group develops recommendations on the use of existing standards or future enhancements to standards that will serve the needs of trading partners involved in the 340B federal pricing program.</td>
<td></td>
<td>Sarah Sabetta RxSense</td>
</tr>
<tr>
<td>Hospice Task Group</td>
<td>WG9</td>
<td>Mary Perez Elixir</td>
</tr>
<tr>
<td>This task group will identify and propose solutions to issues associated with the recognition and verification of Medicare Part A Hospice election and Part D processing of possible Medicare Part A Hospice claims both point of sale and retrospectively.</td>
<td></td>
<td>Jamie Rush Express Scripts</td>
</tr>
<tr>
<td>Medicare Prescription Payment Plan Program Task Group</td>
<td>WG9</td>
<td>Mary Perez Elixir</td>
</tr>
<tr>
<td>This task group will:</td>
<td></td>
<td>Sharon Gibson Express Scripts</td>
</tr>
<tr>
<td>• Examine CMS guidance as it relates to the Medicare Prescription Payment Plan program and submit comments as needed.</td>
<td></td>
<td>Annette Gabel ACAG Consulting, LLC</td>
</tr>
<tr>
<td>• Review examples created by CMS.</td>
<td></td>
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<tr>
<td>• Create use case example as needed.</td>
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<tr>
<td>• Suggest changes to the standards as future guidance is released.</td>
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<tr>
<td>• Monitor program implementation to escalate gaps and areas of concern to CMS.</td>
<td></td>
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<tr>
<td>Maximum Fair Price Back-End Processing Task Group</td>
<td>WG9</td>
<td>Daniel Jones Johnson &amp; Johnson</td>
</tr>
<tr>
<td>This task group will coordinate with other NCPDP task groups as necessary to monitor ongoing work related to the Inflation Reduction Act guidance. This task group will also identify back-end processes and required data elements that will:</td>
<td></td>
<td>Carolyn Ha PhRMA</td>
</tr>
<tr>
<td>• Allow manufacturers to support the role(s) of the Medicare Transaction Facilitator (MTF).</td>
<td></td>
<td>Chris Mendez Mercalis</td>
</tr>
<tr>
<td>• Allow the MTF to receive information from the plans to generate an 835 pharmacy remittance and payment, manufacturer reconciliation and CMS reporting.</td>
<td></td>
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<tr>
<td>• Allow manufacturers to accurately make the appropriate Maximum Fair Price reimbursement under both Medicare Parts B and D to dispensers’ eligible claims.</td>
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<tr>
<td>• Allow manufacturers to determine how to calculate the Maximum Fair Price reimbursement amount for Medicare Part B claims.</td>
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<tr>
<td>• Collect the 340B claims data to resolve duplicate discounts.</td>
<td></td>
<td></td>
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<tr>
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<td>Work Group</td>
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<tr>
<td><strong>Maximum Fair Price Front-End Flow Task Group</strong></td>
<td>WG9</td>
<td>Annette Gabel, ACAG Consulting, LLC</td>
</tr>
<tr>
<td>Identify processes and data formats to communicate data for eligible Medicare Maximum Fair Price (MFP) claims. These processes will:</td>
<td></td>
<td>Kathy Knapp, McKesson</td>
</tr>
<tr>
<td>• Support the role of the Medicare Transaction Facilitator (MTF).</td>
<td></td>
<td>Caitlin Connolly, Publix</td>
</tr>
<tr>
<td>• Provide dispensers (e.g., pharmacies) access to the MFP on eligible Medicare claims.</td>
<td></td>
<td>Kevin Crowe, RedSail Technologies</td>
</tr>
<tr>
<td>• Allow dispensers (e.g., pharmacies) to create a receivable for the differential between the MFP and the cost as designated by CMS.</td>
<td></td>
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</tr>
<tr>
<td>• Allow plans to identify MFP claims and provide claim response which contains the MFP amount and the differential between the MFP and the cost as designated by CMS.</td>
<td></td>
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</tr>
<tr>
<td>• Allow plans to provide information to the MTF which will contain the data elements needed for 835 pharmacy remittance and payment, manufacturer reconciliation and CMS reporting.</td>
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<tr>
<td>• Evaluate the impact of proposed recommendations developed for the above bullets on Medicare Part B MFP claims.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medicaid FAQ Task Group</strong></td>
<td>WG9</td>
<td>Anju Wilfred, Express Scripts</td>
</tr>
<tr>
<td>This task group addresses questions that warrant consistent application of Medicaid policies across the industry where claims or other NCPDP transactions are involved (e.g., Medicaid Mega rule, Provider Enrollment, Implementation of the next HIPAA version of NCPDP standards, etc.).</td>
<td></td>
<td>Ratna Chintapalli, CVS Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Sandra Garnand - liaison</td>
</tr>
<tr>
<td><strong>Medicaid Pharmacy Encounters Reporting Standard Task Group</strong></td>
<td>WG9</td>
<td>Lori Siuta, OptumRx</td>
</tr>
<tr>
<td>This task group will educate industry stakeholders and maintain, review and respond to inquiries about the implementation of the Medicaid Pharmacy Encounters Reporting Standard and its implementation guide.</td>
<td></td>
<td>Mark Elliott, CSG Government Solutions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Sandra Garnand - liaison</td>
</tr>
<tr>
<td><strong>Medicare FAQ Task Group</strong></td>
<td>WG9</td>
<td>Kathy Knapp, McKesson</td>
</tr>
<tr>
<td>The task group will review questions that warrant consistent application across the pharmacy industry for Medicare policy where NCPDP standards could apply or other applicable transactions are involved. When questions involve the Telecommunication Standard, the question and response will be sent to the Telecommunication FAQ Task Group for approval. When questions involve the coordination of benefits, the question and response will be sent to the Coordination of Benefits (COB) Task Group or other task groups as appropriate. When coordinating with other task groups, timelines/prioritization will be included in the request for review. Recommendations from the task group be submitted to CMS for review or reference and may require publication as guidance.</td>
<td></td>
<td>Annette Gabel, ACAG Consulting, LLC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sharon Gibson, Express Scripts</td>
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<td></td>
<td></td>
<td>Patricia Pimentel, Express Scripts</td>
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<td></td>
<td></td>
<td>Shay Mosca, CVS Health</td>
</tr>
<tr>
<td><strong>Insulin Pump Sub-Task Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This sub-task group will determine an appropriate identifier for insulin claims which would inform payer if an insulin pump is being used to administer the insulin and therefore should be billed to Medicare Part B versus Part D.</td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Medicare Financial Information Reporting (FIR) Task Group</strong></td>
<td></td>
<td><strong>WG9</strong></td>
</tr>
<tr>
<td>Chapter 14 of the Medicare Prescription Drug Benefit Manual requires TrOOP and Drug Spend dollars be transferred when a beneficiary disenrolls from one Medicare Part D Plan and enrolls in another, during a calendar year. Financial Information Reporting (FIR) transactions are designed to facilitate the real-time transfer of beneficiary TrOOP and Drug Spend dollars. The task group meets to discuss questions, processes or guidance around the FIR process.</td>
<td></td>
<td>Kathy Knapp McKesson Jamie Rush Express Scripts</td>
</tr>
<tr>
<td><strong>Medicare Part D Coordination of Benefits Other Health Insurance (COB-OHI) Data Sharing Task Group</strong></td>
<td></td>
<td><strong>WG9</strong></td>
</tr>
<tr>
<td>This task group will be a central point of contact in the industry for communication, process improvements and problem-solving around challenges faced with data sharing between Other Health Insurers and Medicare Part D.</td>
<td></td>
<td>Jamie Rush Express Scripts Mary Perez Elixir</td>
</tr>
<tr>
<td><strong>Government Funded Entitlement Programs Sub-Task Group</strong> This sub-task group will establish guidance and educational materials related to Coordination of Benefits among government funded programs to provide pharmacies, plans and processors assistance with coordinating claims involving government funded programs.</td>
<td></td>
<td>Antoinette Cillo-Mandel Express Scripts Jennifer Donohoe Express Scripts</td>
</tr>
<tr>
<td><strong>Workers’ Compensation Medicare Set-Aside Arrangement (WCMSA) Sub-Task Group</strong> This sub-task group will establish procedures for Medicare Part D sponsors in processing Workers’ Compensation Medicare Set-Aside Arrangement OHI records.</td>
<td></td>
<td>Antoinette Cillo-Mandel Express Scripts Brittany Davis CVS Health</td>
</tr>
<tr>
<td><strong>Medicare Part D Section 111 Issues and Questions Task Group</strong> This task group will assist Responsible Reporting Entities (RREs) with providing accurate Section 111 COB-OHI records to Medicare Part D Plans.</td>
<td></td>
<td>Jennifer Donohoe Express Scripts Melody Cagalingan Express Scripts</td>
</tr>
<tr>
<td><strong>Medicare Prescription Drug Event (PDE) Task Group</strong> This task group reviews PDE questions, recommends solutions based on CMS guidance or refers questions to CMS when appropriate.</td>
<td></td>
<td>Bryan Esp Abarca Health Plans Aimee Hannan Prime Therapeutics Melody Cagalingan Express Scripts</td>
</tr>
<tr>
<td><strong>Medicare Standardized Fraud, Waste and Abuse Training Attestation Task Group</strong> This task group will standardize the CMS required Fraud, Waste and Abuse attestation process.</td>
<td></td>
<td>Craig DiNapoli, R.Ph. Innovatix, LLC</td>
</tr>
<tr>
<td><strong>Prescription Drug Monitoring Programs Task Group</strong> This task group will</td>
<td></td>
<td><strong>WG9</strong></td>
</tr>
<tr>
<td>• Monitor ONC initiatives for PDMP interoperability.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Collaborate with other NCPDP task groups and state PDMP administrators in developing and harmonizing enhancements to the NCPDP standards to support the reporting to, requesting for and responding PDMP prescription data.</td>
<td></td>
<td><em>Sandra Garnand - liaison</em></td>
</tr>
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</tbody>
</table>
| **Identification of Social Determinants of Health Task Group**  | WG10       | Lisa Schwartz  
National Community Pharmacists Association (NCPA)  
Kristol Chism  
Optum Insight  
Katie Russell  
CoverMyMeds |
| **mL White Paper Task Group**                                   | WG10       | Gerry McEvoy  
Independent  
Karen Guinan  
Wegmans Food Markets, Inc.  
*Leslie Carr - liaison |
| **MTM and Pharmacist Clinical Services Task Group**             | WG10       | Shelly Spiro  
Pharmacy HIT Collaborative  
Adeeti Jindal  
CoverMyMeds  
Kristol Chism  
Optum Insight |
| **Patient Consent Task Group**                                  | WG10 With  | Frank McKinney  
Frank McKinney Group, LLC  
Michele Kidd  
Accredo, an Express Scripts Company  
Kristina Miller  
Optum Home Delivery |
| **Scope:**                                                      |            |                                                                                                         |
| The goal of this task group is to allow for the electronic     |            |                                                                                                         |
| exchange of patient consent information necessary to fulfill    |            |                                                                                                         |
| prescribed therapy and/or devices for the purpose of transmitting |            |                                                                                                         |
| such information in prescription related transactions for      |            |                                                                                                         |
| entities or circumstances that have additional regulatory       |            |                                                                                                         |
| requirements related to consent.                               |            |                                                                                                         |
| This task group aims to fully capture any necessary electronic  |            |                                                                                                         |
| patient consent and authorization to allow DME and Specialty    |            |                                                                                                         |
| Pharmacy prescribers to send electronic prescription information |            |                                                                                                         |
| and authorizations when needed in electronic transaction(s).   |            |                                                                                                         |
| The task group will explore current workflows to identify      |            |                                                                                                         |
| opportunities where patient consent can be requested, captured  |            |                                                                                                         |
| and shared electronically.                                     |            |                                                                                                         |
| Patient consent may cover the following: required authorizations |            |                                                                                                         |
| under HIPAA, required individual state consent language,        |            |                                                                                                         |
| authorizations for release of records (including medical        |            |                                                                                                         |
| records), consent to work with patient’s insurance company,     |            |                                                                                                         |
| and consent to receive marketing communications.                |            |                                                                                                         |
| **Goals:**                                                      |            |                                                                                                         |
| 1. Identify and notify other NCPDP Work Groups/Task Groups and  |            |                                                                                                         |
| industry organizations of this initiative, call for support,    |            |                                                                                                         |
| harmonization and interoperable solutions.                      |            |                                                                                                         |
| 2. Identify other NCPDP standards that may be impacted or       |            |                                                                                                         |
| require patient consent information.                            |            |                                                                                                         |
| 3. Provide education to the industry to promote use of the      |            |                                                                                                         |
| standard.                                                      |            |                                                                                                         |
| 4. Support implementation of the standard by responding to      |            |                                                                                                         |
| questions from the industry.                                   |            |                                                                                                         |
| 5. Develop enhancements as brought forward by the industry.     |            |                                                                                                         |
*Leslie Carr - liaison
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<tr>
<th>Task Group</th>
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<th>Task Group Leader and Contact Information</th>
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| **Pharmacogenomics Task Group**                | WG10       | Shelly Spiro  
Pharmacy HIT Collaborative  
Kelee Petzelt  
Point of Care Systems, LLC  
Jeff Deitch  
InfoWerks  
Jon Vecchiet  
Oscar Health |
| This task group will identify processes and standards to communicate pharmacogenomics information within EHR/EMR and pharmacy system workflows. The task group will consider the need for education, patient selection criteria, testing and criteria intervention. |
| **ePrescribing Regulatory Issues Task Group**   | WG11       | Ken Whittemore  
Surescripts, LLC  
Tim Stolldorf  
Epic |
| This task group will work with Legislative and Regulatory agencies to resolve inconsistencies with proposed or passed legislation/regulation and the SCRIPT Standard. |
| **Formulary And Benefit Task Group**            | WG11       | Bruce Wilkinson  
BenMedica  
Ken Foster  
Surescripts  
George (Tyler) Scheid  
American Medical Association |
| This task group supports the NCPDP Formulary And Benefit Standard and enhancements for the industry’s use. |
| **Implementation of Structured and Codified Sig Task Group** | WG11       | Laura Topor  
Cognizant Consulting  
Stephen Brill  
Walmart  
Trish Brown  
Carelon |
| The purpose of this task group is to develop tools and/or guidance to assist and promote the implementation of the Structured Sig in SCRIPT. Implementation may occur incrementally and may vary depending on the sending or receiving care setting. The guidance may include analysis and XML support and recommendations for the use of SNOMED. The task group will prioritize work based on prevalence of signs currently being used and the impact on patient safety. The task group may identify and bring forward recommended changes to the Standard to support broader adoption. |
| **Pharmacy Product Locator Task Group**         | WG11       | Phil Lettrich  
FDB (First Databank, Inc.)  
*Leslie Carr - liaison |
| This task group will investigate creating a technical solution for pharmacies to query pharmacies, in a given geographical area, to locate pharmacy prescription products on behalf of the patient. |
| **Prior Authorization Workflow-to-Transactions Task Group** | WG11       | Katie Russell  
CoverMyMeds  
Kyle Tucker  
Evernorth |
| This task group will facilitate industry review of pharmacy benefit prior authorization workflows, processes, proposed/finalized State and Federal rules, and industry partner questions, in order to suggest improvements through FAQs and updates to the NCPDP SCRIPT Standard ePA transactions. |
| **RxChange Task Group**                        | WG11       | Dylan Fox  
CVS Health  
Erin Rose  
Walgreen Co.  
Anthony Barbosa  
PharMerica |
<p>| This task group will optimize RxChange workflows and recommendations, including guidance for new use cases, clarifications and best practices for RxChange. |</p>
<table>
<thead>
<tr>
<th>Task Group</th>
<th>Work Group</th>
<th>Task Group Leader and Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCRIPT Implementation Recommendations (SIR) Task Group</td>
<td>WG11</td>
<td>Leann Lewis Synerio</td>
</tr>
<tr>
<td>This task group will provide guidance to the industry for the best practices in the implementation and use of electronic prescribing transactions. In addition, ensure that message recipients receive all of the information required by regulations or clinical needs in all electronic prescribing messages.</td>
<td></td>
<td>Tim Stolldorf Epic</td>
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<tr>
<td></td>
<td></td>
<td>Joel (Walker) Arp Surescripts, LLC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sonya Oetting Prescriptive Health, Inc.</td>
</tr>
<tr>
<td>RxRenewal Review Sub-Task Group</td>
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<tr>
<td>This sub-task group will:</td>
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<tr>
<td>• Review and revise the guidance and best practices for the RxRenewalRequest and RxRenewalResponse in the applicable SCRIPT Guides, Data Dictionary and ECL to reduce ambiguity and add clarity.</td>
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<tr>
<td>• Provide gap coverage between named versions in the form of best practices and FAQs in the SCRIPT Implementation Recommendations Guide.</td>
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<tr>
<td>• Present DERF and SCRIPT Implementation Recommendations Guidance to the SCRIPT IMPLEMENTATION RECOMMENDATIONS Task Group for approval.</td>
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<tr>
<td>• Review gaps in clarity that impact guidance that is related but not solely specific to RxRenewalRequest and RxRenewalResponse to provide continuity and simplification when possible.</td>
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<tr>
<td>• Lastly, review related ambiguous or missing guidance related to providers, covering providers and agents.</td>
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<tr>
<td>XML and JSON Task Group</td>
<td>WG11</td>
<td>Mike Rosenthal Surescripts, LLC</td>
</tr>
<tr>
<td>This task group reviews and provides guidance on the XML and JSON formats for the WG11 SCRIPT and Specialized standards, including the XML Standard.</td>
<td></td>
<td>Sonya Oetting Prescriptive Health, Inc.</td>
</tr>
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<td></td>
<td></td>
<td>Tatiana Vasylyeva PointClickCare</td>
</tr>
<tr>
<td>Consultant Pharmacist Interoperability Task Group</td>
<td>WG14</td>
<td>Gary Schoettmer Stone Arch LTC</td>
</tr>
<tr>
<td>This task group will facilitate standardized messages for consultant pharmacist software, facility EHR and pharmacy dispensing systems.</td>
<td></td>
<td>Susan Rhodus GeriMed</td>
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<tr>
<td>Long Term and Post Acute Care Billing Issues Task Group</td>
<td>WG14</td>
<td>Kirsten Richardson PharMerica</td>
</tr>
<tr>
<td>This task group is working to address billing issues within LTC, such as post consumption, split billing, infusion billing after change in status, place of service codes, coordination of benefits, infusion therapy, compounding, Best Available Evidence, etc.</td>
<td></td>
<td>Kari Becker Omnicare</td>
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<tr>
<td>Long Term and Post Acute Care ePrescribing Task Group</td>
<td>WG14 With WG11</td>
<td>Sonya Oetting Prescriptive Health, Inc.</td>
</tr>
<tr>
<td>This task group advances the adoption of ePrescribing in the Long-Term Care and Post-Acute Care settings, by addressing questions from the industry and stakeholders, assisting with incorporating LTPAC needs into the NCPDP SCRIPT and Specialized standards, and providing insight on regulatory needs.</td>
<td></td>
<td>Tatiana Vasylyeva PointClickCare</td>
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<td></td>
<td></td>
<td>Anthony Barbosa PharMerica</td>
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<td></td>
<td>*Teresa Strickland - liaison</td>
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<tr>
<td>Task Group</td>
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<td>Task Group Leader and Contact Information</td>
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</tbody>
</table>
| **Standardized Medication Profile Task Group** | WG14 With WG10 | Shelly Spiro  
Pharmacy HIT Collaborative  
Jackie Hanna  
CVS Health  
*Paul Wilson - liaison* |
| **WG19 API Task Group** | WG19 | Hannah Cardosi  
Express Scripts  
Mike Rosenthal  
Surescripts  
Frank McKinney  
Frank McKinney Group, LLC  
*Teresa Strickland - co-liaison* |
| **COVID Post PHE Task Group** | WG19 | Sarah Sabetta  
RxSense  
Patricia Pimentel  
Express Scripts  
Heather Graham  
CVS Health |
| **Digital Therapeutics Task Group** | WG19 | Jeff Abraham  
Health Advances  
Alisha Nielsen  
TwoLabs Pharma Services  
*Sandra Garnand - liaison* |
| **Emergency Preparedness Task Group** | WG19 | Anne Johnston  
Evernorth  
Sarah Sabetta  
RxSense  
Patricia Pimentel  
Express Scripts |
| **NDC Scarcity Task Group** | WG19 | Anne Johnston  
Evernorth  
Suzanne Kain  
IQVIA  
*Sandra Garnand - liaison* |

The Standardized Medication Profile Task Group will provide recommendations in terms of the information that goes into a standardized medication profile so NCPDP can begin to work with HL7® to determine the content and rules around a standardized medication profile.

**WG19 API Task Group**
- Create a NCPDP API to be used with the JSON based Standards.
- Update Connectivity Rule to align with changes made to proposed JSON based Standards.
- Define backwards combability and provide guidance.
- Guidance for how NCPDP JSON based Standards can be interoperable with HL7® and align with USCDI.

**COVID Post PHE Task Group**
This Task Group will review the NCPDP Emergency Preparedness Guidance Document to see where COVID related information needs to be modified/moved/archived from the guidance document now that the Public Health Emergency (PHE) has been lifted. This Task Group will monitor and address all COVID related updates post PHE and provide guidance as needed.

**Digital Therapeutics Task Group**
This task group will support prescription digital therapeutic (PDT) products that have been FDA cleared, designated as either 510k, DeNovo or Premarket Approval (PMA) status, and listed on the FDA’s GUDID database. The task group will:
- Evaluate and identify the existing NCPDP standards that will fully or partially support PDT participant data exchange and propose changes to existing NCPDP standards to support PDT use case requirements.
- If no NCPDP standard exists to support PDT requirements, the task group will evaluate external standards and request modification as needed and/or support the development of new NCPDP standards to enable PDT data exchange.
- Work with the Digital Therapeutics Alliance and other external stakeholders to identify and address gaps in the integration of PDT products in the workflow of the US Healthcare system and mitigate those pain points where possible through standards for data exchange.
- Provide education and resources regarding PDT, data exchange and workflow.

**Emergency Preparedness Task Group**
This task group was established to create an Emergency Preparedness Guidance Document to be used as a resource by the industry in case of pandemic or natural disaster.

**NDC Scarcity Task Group**
This task group will collaborate with the FDA and all stakeholders to create a short-term plan to conserve labeler codes and NDCs and a long-term plan for a structure change to the NDC. The task group will also address the implementation of the Product/Service ID expanded length as part of the Telecommunication Standard Version F6 implementation and to accommodate the implementation of the Unique Device Identifier (UDI).
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<thead>
<tr>
<th>Task Group</th>
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<tbody>
<tr>
<td>Real-Time Prescription Benefit Standard Task Group</td>
<td>WG19</td>
<td>Nicholas Chambers, Surescripts, LLC</td>
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<td></td>
<td></td>
<td>Roger Pinsonneault, Gemini Health</td>
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<td></td>
<td></td>
<td>*Terry Fortin - co-liaison</td>
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<tr>
<td>Consumer and Provider RTPB Standards Monitoring</td>
<td></td>
<td>Andrea Osborne, RxSense</td>
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<tr>
<td>Sub-Task Group</td>
<td></td>
<td>Kyle Tucker, Evernorth</td>
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<tr>
<td></td>
<td></td>
<td>Frank McKinney, Frank McKinney Group, LLC</td>
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<td></td>
<td>*Terry Fortin - liaison</td>
</tr>
<tr>
<td>Related RTPB Law Review Sub-Task Group</td>
<td></td>
<td>Kyle Tucker, Evernorth</td>
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<td></td>
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<td>Kim Boyd, Boyd Consulting Group, LLC</td>
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<td></td>
<td></td>
<td>*Terry Fortin - liaison</td>
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<tr>
<td>Reject Code Standardization</td>
<td>WG19</td>
<td>Michelle Kershaw, CVS Health</td>
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<td></td>
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<td>Jen Ausbrook, CVS Health</td>
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<td></td>
<td></td>
<td>Leah Raatz, Express Scripts</td>
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<td></td>
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<td>*Terry Fortin - liaison</td>
</tr>
<tr>
<td>REMS Workflow to Transaction Task Group</td>
<td>WG19</td>
<td>Kristol Chism, Optum Insight</td>
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<td>Michelle Kershaw, CVS Health</td>
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<td>Michele Kidd, Accredo</td>
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<td>*Terry Fortin - liaison</td>
</tr>
<tr>
<td>Admit, Discharge and Transfer (ADT) Notification for</td>
<td></td>
<td>Pooja Babbrah, Point-of-Care Partners</td>
</tr>
<tr>
<td>Pharmacy Task Group</td>
<td>WG20</td>
<td>Michelle Trombetta, Surescripts</td>
</tr>
<tr>
<td>Task Group</td>
<td>Work Group</td>
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<tr>
<td><strong>Health Equity Task Group</strong></td>
<td>WG20</td>
<td>Hannah Cardosi Express Scripts Katie Russell CoverMyMeds</td>
</tr>
<tr>
<td>This task group will research information published about health equity to identify gaps related to health equity data requirements for standardized interoperable exchange. The task group will deliver its findings through the development of health equity use cases, an analysis of gaps and proposal of an action plan for further work.</td>
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<tr>
<td><strong>834/835 FAQ Task Group</strong></td>
<td>WG45</td>
<td>Mary Perez Elixir Erica Cook PharMerica</td>
</tr>
<tr>
<td>This task group reviews FAQs received regarding the X12 834 and 835 and will draft and may publish responses to new issues needing to be addressed when applicable to pharmacy and related transactions.</td>
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<tr>
<td><strong>Barcode Utilization Task Group</strong></td>
<td>WG45</td>
<td>David Brown Walgreen Co.</td>
</tr>
<tr>
<td>This task group will monitor regulatory/legislative barcode information and the use of barcodes for products administered/dispensed within the pharmacy industry. Provide timely industry guidance on appropriate pharmaceutical barcode usage.</td>
<td></td>
<td>*Paul Wilson - liaison</td>
</tr>
<tr>
<td><strong>Benefit Coverage Identification Task Group</strong></td>
<td>WG45</td>
<td>Keneneth Joseph Akili Interactive Megan Marchal CoverMyMeds</td>
</tr>
<tr>
<td>This task group was created to address the areas of opportunity related to determining if coverage is through the medical or pharmacy benefit</td>
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<tr>
<td><strong>Document Revisions Task Group</strong></td>
<td>WG45</td>
<td>Amber Glasscock Inmar Mary Perez PharMerica</td>
</tr>
<tr>
<td>This task group is responsible for maintenance of various X12 standard guidance which WG45 supports for NCPDP members and/or public guidance published on NCPDP.org.</td>
<td></td>
<td>*Sandra Garnand - liaison</td>
</tr>
<tr>
<td><strong>DSMO Change Request Task Group</strong></td>
<td>WG45</td>
<td>Erica Cook PharMerica</td>
</tr>
<tr>
<td>This task group reviews the DSMO Change Requests assigned to Work Group 45 and prepares responses to be presented to Work Group 45 for approval.</td>
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<tr>
<td><strong>Pharmacy and/or Combination ID Card Implementation Guide Review Task Group</strong></td>
<td>WG45</td>
<td>Michelle Kershaw CVS Health Krystal Clay Express Scripts</td>
</tr>
<tr>
<td>This task group is responsible for maintaining the Pharmacy and/or Combination ID Card Implementation Guide and encouraging states to align with the guide when members identify inconsistencies between NCPDP and the states.</td>
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<tr>
<td><strong>X12 TR3 Comment Coordination Task Group</strong></td>
<td>WG45</td>
<td>Stephanie Denbow Abarca Health, LLC</td>
</tr>
<tr>
<td>This task group will coordinate the review and comments for the X12 TR3 guides as they are released for public comment.</td>
<td></td>
<td>*Margaret Weiker - liaison</td>
</tr>
<tr>
<td><strong>Education, Legislation and Regulations Task Group</strong></td>
<td>MC</td>
<td>Kristol Chism Optum Insight Andrea Osborne RxSense Afton Wagner Walgreen Co.</td>
</tr>
<tr>
<td>This task group provides legislative, regulatory, policy and court decisions updates which may affect the pharmacy industry.</td>
<td></td>
<td>*Paul Wilson - liaison</td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<tr>
<td><strong>Non-NCPDP Code Sets</strong>&lt;br&gt;This task group will evaluate industry needs related to code sets maintained by entities other than NCPDP and referenced within the External Code List beginning with the code sets for Compound Dosage Form Description Code (450-EF) and Route of Administration (995-E2). Other fields/code sets may be evaluated as brought forth by membership. Key activities will include:&lt;br&gt;- Identifying subsets of the code sets with the values most applicable for use in NCPDP standards&lt;br&gt;- Establishing guidelines for making modifications to the subsets&lt;br&gt;- Identifying opportunities for improving ease of access to the code sets and/or subsets&lt;br&gt;- Coordinating with other task groups for subject matter expertise on use of data elements and code sets in the standards&lt;br&gt;- Documenting additional guidance or FAQs for recommendations and best practices for use of code sets external to NCPDP, as needed</td>
<td>MC</td>
<td>Jenn Ausbrook&lt;br&gt;CVS Health&lt;br&gt;&lt;br&gt;Patricia Pimentel&lt;br&gt;Express Scripts&lt;br&gt;&lt;br&gt;Jeff Wellman&lt;br&gt;ScriptPro LLC</td>
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</table>
## NCPDP Inactive Task Groups

<table>
<thead>
<tr>
<th>Task Group</th>
<th>WG Group</th>
<th>Task Group Leader and Contact Information</th>
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</table>
| **Point of Sale Rebate Review Task Group – CLOSED MAY 2022**  
This task group will review relevant NCPDP standards for ways to effectively communicate details to facilitate point of sale rebates processing. The task group will identify and maintain a list of potential impacts to the NCPDP standards against which proposed use cases should be evaluated. The task group will monitor legislation/regulation for any new requirements. The task group will engage and coordinate with other NCPDP work groups and task groups as appropriate. | WG1 | |
| **Prior Authorization Transaction Consolidation Review Sub-Task Group – CLOSED FEBRUARY 2022**  
This sub-task group will evaluate current uses of existing standards as a preliminary step for NCPDP to determine if a single standard should be used or possibly named under HIPAA for prescription medication electronic prior authorizations. This sub-task group will focus on drafting and evaluating the results to an industry survey on current use of the Telecommunication Standard P1-4 transactions. The sub-task group will report the results of the survey and relevant recommendations to WG1 FAQ, other applicable task groups and committees (e.g., SNIP) to coordinate next steps. | WG1 | |
| **FAQ Controlled Substance Guidance Update Sub-Task Group – CLOSED SEPTEMBER 2021**  
This task group will work to identify and draft guidance on changes needed to the Telecommunication Standards due to the Quantity Prescribed Field as well as changes in dispensing allowed under the Comprehensive Addiction Recovery Act (CARA). | WG1 | |
| **FAQ Insulin Pen Packaging Claim Adjudication Guidance Sub-Task Group – CLOSED May 2021**  
This task group is to evaluate what, if any, NCPDP guidance, CMS involvement or next steps may be necessary to address recent FDA packaging and labeling changes for insulin pens to be dispensed in the sealed package. | WG1 | |
| **Compound Task Group - CLOSED NOVEMBER 2020**  
This task group will develop solutions and recommendations for the correct billing and adjudication of compound claims. This task group will coordinate with other appropriate task groups. | WG1 | |
| **Usage of Submission Clarification Codes Task Group – CLOSED NOVEMBER 2020**  
This task group will evaluate the usage and code values associated with the use of the SCC field and streamline the process. | WG1 | |
| **Point of Sale Patient Specific Denial Notice Task Group - CLOSED FEBRUARY 2020**  
This task group will recommend solutions to accurately and timely provide individualized communication to the patient of the reason for the denial and the action items necessary to obtain the medication when the claim has rejected. The mechanisms should be global to address different lines of business (commercial, Medicare, Medicaid), methods of patient communication (paper, electronic, etc.) and provide additional information of appeal rights as required by federal and/or state law. The capacities to be created need to meet the requirements applicable to Medicaid payers, including payer-generated individualized written notice issued at the point of sale. | WG1 | |
<p>| <strong>Part D Supplemental Payment Reporting Task Group – CLOSED NOVEMBER 2018</strong> | WG1 | |</p>
<table>
<thead>
<tr>
<th>Task Group</th>
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<tr>
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<tr>
<td>This task group is for Part D plans and supplemental payers to track Information Reporting transaction performance and effectiveness. Need to identify the reports, data elements, frequency and then report requests to CMS. CMS would need to approve requests with contractors.</td>
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<tr>
<td><strong>Upstream Reporting of Copay Assistance Task Group — CLOSED AUGUST 2018</strong></td>
<td>WG1</td>
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<tr>
<td>This task group will explore options for providing a record of payment made by supplemental payers in order for primary/prior payers to maintain accurate accumulator values.</td>
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<tr>
<td><strong>Attachments Task Group — CLOSED FEBRUARY 2017</strong></td>
<td>WG1</td>
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<tr>
<td>Explore the use and implementation of attachments within the Telecommunication Standard as defined by the Task Group.</td>
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<tr>
<td><strong>Transaction ID Task Group — CLOSED NOVEMBER 2015</strong></td>
<td>WG1</td>
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<tr>
<td>This task group is examining a unique transaction identifier for reversals, for use in duplicate logic and edited transactions.</td>
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<tr>
<td><strong>Vaccine Services Task Group — CLOSED MAY 2015</strong></td>
<td>WG1</td>
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<tr>
<td>This task group has identified some of the barriers slowing the adoption and expansion of vaccine administration services in pharmacy. They developed “best practice” recommendations for vaccine administration services, including pharmacy benefit billing &amp; processing. The task group is working on medical benefit eligibility verification and billing, to assess the impact of vaccine regulatory requirements on pharmacy operations and services and to develop data communication and process standards supporting the advancement of vaccine administration services by pharmacies and health departments.</td>
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<tr>
<td><strong>Safe Use Processing (FDA REMS) Task Group — CLOSED AUGUST 2014</strong></td>
<td>WG1</td>
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<tr>
<td>This task group is on hold pending transaction standard needs based on the Food &amp; Drug Administration and their REMS recommendations impact on pharmacy claims processing.</td>
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<tr>
<td><strong>Service Billing Task Group — CLOSED NOVEMBER 2013</strong></td>
<td>WG1</td>
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<tr>
<td>This task group will examine the re-joining of the Service transaction functions into the Claim transaction functions (pre-version D.0 structure) to support the combined processing of product and services.</td>
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<tr>
<td><strong>Demographic Field Length Task Group — CLOSED AUGUST 2012</strong></td>
<td>WG1</td>
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<tr>
<td>This task group is taking the recommendations from the MC Demographic Field Length Task Group and bringing forward DERFs to modify the WG1 and WG9 standards appropriately.</td>
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<tr>
<td><strong>Diagnosis Codes Task Group — CLOSED MAY 2012</strong></td>
<td>WG1</td>
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<tr>
<td>This task group will review the current values allowed for Diagnosis Codes in NCPDP standards and determine what is needed for use and whether any subsets of the selected code sets should be cited for use. This task group was created based on discussion of DERF 1030.</td>
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<tr>
<td><strong>4Rx Reporting Spreadsheet to Pharmacies Task Group — CLOSED MAY 2012</strong></td>
<td>WG1</td>
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<tr>
<td>This task group will create a spreadsheet of payers can send to pharmacies with correct 4Rx information prior to the 04/01/2012 effective date.</td>
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<tr>
<td><strong>3% Withholding Task Group — CLOSED FEBRUARY 2012</strong></td>
<td>WG1, WG45</td>
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<tr>
<td>This task group will analyze Section 3402(t) Withholding and % withholding rule for government payments to contractors.</td>
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<tr>
<td><strong>Tax Advantage Task Group — CLOSED FEBRUARY 2012</strong></td>
<td>WG1</td>
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<tr>
<td>This task group is addressing the standards needs of tax advantage accounts, especially as they affect the pharmacy industry.</td>
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<tr>
<td><strong>Information Reporting Transition to Version D.Ø Task Group — CLOSED NOVEMBER 2011</strong></td>
<td>WG1</td>
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<tr>
<td>This task group discusses the claims conversion to Version D.Ø and this impact to the Information Reporting transactions used for Medicare Part D processing.</td>
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<tr>
<td><strong>Patient Location/Patient Residence Task Group — CLOSED MAY 2010</strong></td>
<td>WG1</td>
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<tr>
<td><strong>This task group is building industry guidance for the consistent use of these fields and their values during the conversion from Version 5.1 to D.Ø.</strong></td>
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<tr>
<td><strong>Controlled Substance Reporting Task Group – CLOSED NOVEMBER 2009</strong></td>
<td>WG1</td>
<td></td>
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<tr>
<td>This task group’s goals are to standardize the data elements and definitions across all states and federal government to meet the needs of reporting controlled substances (prescription or non-prescription), while protecting the HIPAA implied privacy of the purchaser, which will assist in retailer compliance.</td>
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<tr>
<td><strong>Prior Authorization Transfer Task Group – CLOSED MAY 2009</strong></td>
<td>WG1</td>
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</tr>
<tr>
<td>This task group has created a standard format for transferring prior authorizations between Pharmacy Benefit Managers (PBMs). This format is to 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 group is on hiatus pending the ballot.</td>
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<tr>
<td><strong>Post-Adjudicated Pharmacy Reporting Task Group – CLOSED MARCH 2006</strong></td>
<td>WG1</td>
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<tr>
<td>This task group has submitted a standard to allow the exchange of Patient claim history from one payer to another when the business moves from one business to another, or for payers to share information with their clients after claims have been processed (for example payer to payer, or payer to medical group) for auditing, retrospective DUR and fee evaluations. They are working on the implementation guide. A draft of this document may be used in Medicare Part D to report post-adjudicated claims. The standard will be Ballot WG010027.</td>
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<tr>
<td><strong>Proposal Patient Validation Standard Task Group – CLOSED AUGUST 2005</strong></td>
<td>WG1</td>
<td></td>
</tr>
<tr>
<td>This task group has worked with pilot companies to exchange claims without patient name (as appropriate). The task group will now submit situational verbiage for the patient name for the Protocol Document and will then disband.</td>
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<tr>
<td><strong>Reject Codes Task Group- CLOSED AUGUST 2004</strong></td>
<td>WG1</td>
<td></td>
</tr>
<tr>
<td>This task group is reviewing the use of the “Missing/Invalid” Reject Codes and whether new Reject Codes of “Not Supported” should be created for business needs. They will also be reviewing other Reject Codes needs.</td>
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<tr>
<td><strong>Coupon Task Group – CLOSED MAY 2007</strong></td>
<td>WG1</td>
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<tr>
<td>This task group is building clarification of coupon processing in the claims processing arena. The Task Group submitted Data Element Request Form (DERF) 0000716 and received modifications. DERF000775 was approved for inclusion into Telecom D.Ø. (On hold at this time.)</td>
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<tr>
<td><strong>Eligibility Transaction Task Group – CLOSED MAY 2007</strong></td>
<td>WG1</td>
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<tr>
<td>This task group is modifying the Eligibility transaction for Part D purposes to determine if and what additional information could be provided in the response to uniquely identify the plans and patients within the Part D environment. DERF 000774 was approved for inclusion into Telecom D.Ø. (On hold at this time.)</td>
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<tr>
<td><strong>Pre-Determination of Benefits Task Group – CLOSED MAY 2007</strong></td>
<td>WG1</td>
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<tr>
<td>The purpose of the proposed Project is to create a facility whereby a pharmacy or prescriber may submit a claim record to an adjudicator and receive response without also causing the adjudicator to process a payment. This transaction would serve the purpose of a “benefits inquiry.” This transaction(s) may be used for high-cost or specialty medications so the prescriber can effectively plan the course of treatment with the patient. This task group has submitted DERF 000762 was approved for inclusion into Telecom D.Ø. (On hold at this time.)</td>
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<tr>
<td><strong>Protocol Capture Task Group – CLOSED MAY 2007</strong></td>
<td>WG1</td>
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<tr>
<td>They are on hiatus waiting for any capture-related comments from the Telecom D.Ø ballot.</td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<td>-------------------------------------------------------</td>
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</tr>
<tr>
<td>Protocol Data Dictionary Task Group – CLOSED MAY 2007</td>
<td>WG1</td>
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<tr>
<td>They are on hiatus waiting for any Data-Dictionary-related comments from the Telecom D.Ø ballot.</td>
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<tr>
<td>Protocol Example Task Group – CLOSED MAY 2007</td>
<td>WG1</td>
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<tr>
<td>They are on hiatus waiting for any Example-related comments from the Telecom D.Ø ballot. (On hold at this time.)</td>
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<tr>
<td>Protocol Information Reporting Task Group – CLOSED MAY 2007</td>
<td>WG1</td>
<td></td>
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<tr>
<td>They are on hiatus waiting for any Information Reporting-related comments from the Telecom D.Ø ballot. (On hold at this time.)</td>
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<tr>
<td>Protocol Rebill Task Group – CLOSED MAY 2007</td>
<td>WG1</td>
<td></td>
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<tr>
<td>They are on hiatus waiting for any Rebill-related comments from the Telecom D.Ø ballot.</td>
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<tr>
<td>Protocol Review Fields Task Group – CLOSED MAY 2007</td>
<td>WG1</td>
<td></td>
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<tr>
<td>They are providing consistency review of segments and fields within transactions for Telecom D.Ø. (On hold at this time).</td>
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<tr>
<td>DSMO CRS 1062 X12 270/271 Task Group – CLOSED AUGUST 2007</td>
<td>WG1/</td>
<td></td>
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<tr>
<td>WG11</td>
<td>This task group will review the DSMO Change Request 1062 which requests the ASC X12 270/271 transactions version 5010 move forward in HIPAA. The Task Group will create a recommendation for the August 2007 work group meeting.</td>
<td></td>
</tr>
<tr>
<td>Payer-to-Payer Task Group – CLOSED AUGUST 2010</td>
<td>WG1</td>
<td></td>
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<tr>
<td>This task group addresses manual guidance and electronic transaction solutions for coordination of information between Medicare Part D payers.</td>
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<tr>
<td>Synchronization/Trial Supply/Short Cycle Fill Task Group – CLOSED NOVEMBER 2012</td>
<td>WG1</td>
<td></td>
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<tr>
<td>This task group will examine Telecom FAQ Question D-Eighty, DERF 001045 and review the WG1 standards for impact for these topics. This task group will coordinate with WG9 and WG14.</td>
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<tr>
<td>Appendix G Task Group – CLOSED NOVEMBER 2013</td>
<td>WG1</td>
<td></td>
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<tr>
<td>This task group will examine Appendix G Two Way Communication to Increase the Value of On-Line Messaging in the Telecom Imp Guide and recommend updates for a future version.</td>
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<tr>
<td>Audit Task Group – CLOSED MAY 2014</td>
<td>WG1</td>
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<tr>
<td>This task group has created an electronic audit standard for both ‘desktop’ and ‘in-store’ audit requests. They are discussing implementation and enhancements of the standard.</td>
<td></td>
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<tr>
<td>Compound Billing Solutions Task Group – CLOSED February 2015</td>
<td>WG1/</td>
<td></td>
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<tr>
<td>With WG10</td>
<td>This task group is developing solutions and recommendations for the correct billing and adjudication of compound claims</td>
<td></td>
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<tr>
<td>Application of BUS Clarification – CLOSED AUGUST 2020</td>
<td>WG2</td>
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<tr>
<td>This task group will identify the rationale used to determine the billing unit from past QUIC forms/products reviewed and the causes that lead to product reviews to capture/document the rationale and the process followed. They will also provide updates as appropriate to the NCPDP Billing Unit Decision Tree.</td>
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<tr>
<td>Structured Product Labeling Activities Task Group – CLOSED NOVEMBER 2019</td>
<td>WG2</td>
<td></td>
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<tr>
<td>This task group is monitoring the Federal Drug Administration’s work on the Structured Product Labeling to offer suggestions for improvement/changes.</td>
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<tr>
<td>SPL REMS Requirements Task Group – CLOSED AUGUST 2019</td>
<td>WG2</td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>This task group continues work to allow electronic submission of REMS</td>
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<tr>
<td>drugs for a central repository within the FDA's Structured Product</td>
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<td>Labeling system. The FDA published a Federal Register Notice 9-23-2014</td>
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<tr>
<td>announcing the 4 priority projects proposed for REMS authorized under</td>
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<tr>
<td>PDUFA V. NCPDP's proposal that REMS be codified and standardized as one</td>
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<tr>
<td>of those priorities was adopted by FDA as Priority Project 3: Pharmacy</td>
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<tr>
<td>Systems under REMS, Standardizing REMS Information for Inclusion into</td>
<td></td>
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<tr>
<td>Pharmacy Systems Using Structured Product Labeling (SPL) under REMS.</td>
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<tr>
<td>Implementation strategies and timelines are being considered by WG1, WG2</td>
<td></td>
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<tr>
<td>and WG11</td>
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<tr>
<td>Product Service Identifier (PSID) Expansion Task Group – CLOSED</td>
<td>WG2</td>
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<tr>
<td>FEBRUARY 2017</td>
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<tr>
<td>This task group will evaluate Product/Service ID (PSID) field length to</td>
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<tr>
<td>determine the appropriate potential expansion size to accommodate existing</td>
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<td>and new codes for current and future eHealth Care transactions.</td>
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<tr>
<td>503B Guidance Task Group – CLOSED NOVEMBER 2016</td>
<td>WG2</td>
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<tr>
<td>The task group will research how 503B products will be identified within</td>
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<tr>
<td>the NCPDP standards. They will determine if there are identifiers in the</td>
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<tr>
<td>current NCPDP standards that apply and if there are none, recommend an</td>
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<tr>
<td>identification method for 503B products.</td>
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<tr>
<td>This task group has created a standard for Product Identifiers to be used</td>
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<tr>
<td>as guidance by industry and by the FDA as it develops regulations around</td>
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<tr>
<td>the assignment and use of Product Identifiers. The task group will follow</td>
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<tr>
<td>changes approved and to be balloted through the ballot process and</td>
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<tr>
<td>provide assistance with review of any comments received on the ballot to</td>
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<td>determine if additional changes to the standard are required.</td>
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<tr>
<td>Review of Appendix B Reference Code Qualifiers Task Group – CLOSED</td>
<td>WG2</td>
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<tr>
<td>AUGUST 2015</td>
<td></td>
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<tr>
<td>This task group completed the review of definitions for existing product</td>
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<tr>
<td>identifiers, submitted a DERF with modifications to Appendix B. The DERF</td>
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<tr>
<td>was approved and changes will be incorporated into the ECL of July2015.</td>
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<tr>
<td>Evaluation of BUS’s Billing Units Task Group – CLOSED MAY 2014</td>
<td>WG2</td>
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<tr>
<td>This task group will gain an understanding of the issues by looking at the</td>
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<tr>
<td>unique attributes of these products, identify any challenges in the current</td>
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<td>BUS, review billing and reimbursement processes for these products,</td>
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<td>identify similarities amongst these products and review past work on these</td>
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<tr>
<td>products by WG2 and WG7.</td>
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<tr>
<td>UDI Definition– CLOSED MAY 2014</td>
<td>WG2</td>
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<tr>
<td>This task group will define the UDI as it applies to all applicable NCPDP</td>
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<tr>
<td>standards and assist the Maintenance and Control task group applying the</td>
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<tr>
<td>UDI to existing product identifiers used in the NCPDP standards for</td>
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<td>accuracy.</td>
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<tr>
<td>NCPDP Comments to FDA on Biosimilars Task Group– CLOSED AUGUST 2012</td>
<td>WG2</td>
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<tr>
<td>This task group will draft a letter of recommendations to the FDA</td>
<td></td>
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<tr>
<td>regarding future policies on biosimilar drugs.</td>
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<tr>
<td>Billing Unit Standard Marketing Task Group (previously the Manufacturer</td>
<td>WG2</td>
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<tr>
<td>Form Review Task Group) – CLOSED FEBRUARY 2012</td>
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<tr>
<td>This task group’s focus is to promote and market the NCPDP BUS to the</td>
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<tr>
<td>drug delivery industry concentrating on the education of the pharmaceutical</td>
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<tr>
<td>manufacturers. Objectives are the creation of marketing materials, the</td>
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<tr>
<td>introduction of the “NCPDP Decision Tree”, the billing unit library as</td>
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<td>well as representation on behalf of NCPDP at industry conferences.</td>
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<tr>
<td>Medical Devices Task Group – CLOSED AUGUST 2011</td>
<td>WG2</td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<tr>
<td><strong>This task group will work with the FDA to assure that the Unique Device Identifier (UDI) can work in commercial practices (either as they are today or with necessary changes) within the NCPDP BUS standard in order to maintain patient continuity of care.</strong></td>
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<tr>
<td><strong>Billing Unit Descriptor Task Group – CLOSED NOVEMBER 2006</strong></td>
<td>WG2</td>
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<tr>
<td>This task group is investigating the development of a standard billing unit descriptor to help pharmacy providers utilize the correct number of Billing Units when submitting a claim.</td>
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<tr>
<td><strong>Billing Unit Standard IG Generalization Task Group – CLOSED MAY 2006</strong></td>
<td>WG2</td>
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<tr>
<td>This task group is reviewing the BUS Implementation Guide for reference to specific drug products to determine if the reference should be generic and FAQ developed for the specific drugs.</td>
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<tr>
<td><strong>Change in Existing/New Products Review Task Group – CLOSED AUGUST 2008</strong></td>
<td>WG2</td>
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<tr>
<td>(work to be done by the Standard Exception Review Task Group that was renamed to the Product Review and Billing Unit Exception Task Group)</td>
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<tr>
<td>The process where the compendia ask before they make changes/additions was formalized to provide consistency in the application. This Task Group will do pre QUIC Form reviews prior to the WG review of the form.</td>
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<tr>
<td><strong>HL7 Billing Unit Question Task Group – CLOSED AUGUST 2008</strong></td>
<td>WG2</td>
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<tr>
<td>This task group is to assist and provide content expertise to the HL7 group that is starting to model for the inclusion of billing units into the Structured Product Label (SPL).</td>
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<tr>
<td><strong>RxNorm Guidance Task Group-CLOSED MARCH 2005</strong></td>
<td>WG2</td>
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<tr>
<td>This task group will create testimony to NCVHS on RxNorm usage in the pharmacy industry.</td>
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<tr>
<td><strong>Standardization of UPC and HRI Task Group-CLOSED MARCH 2005</strong></td>
<td>WG2</td>
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<tr>
<td>This task group is reviewing the formats of the Universal Product Codes and the Health Related Item codes to determine if they need to be standardized.</td>
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<tr>
<td><strong>Standard Reporting Package Size Task Group – MERGED with the Billing Unit Standard Marketing Task Group – NOVEMBER 2007</strong></td>
<td>WG2 and WG7</td>
<td></td>
</tr>
<tr>
<td>This task group was formed to create a standard reporting package size methodology between manufacturers and wholesalers (distributed product/shipping unit); to allow the conversion of units to package size and back again. The OIG Report released in July 2006 reveals concerns about government reporting of package size versus pharmaceutical industry reporting of package size <a href="http://oig.hhs.gov/oei/reports/oei-05-02-00073.pdf">http://oig.hhs.gov/oei/reports/oei-05-02-00073.pdf</a></td>
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<tr>
<td><strong>Structure Product Label (SPL) Task Group-CLOSED MAY 2005</strong></td>
<td>WG2</td>
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<tr>
<td>This task group will collaborate with HL7 on the Structured Product Label (SPL) for use in the pharmacy industry.</td>
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<tr>
<td><strong>Structured Product Labeling Task Group – CLOSED MAY 2009</strong></td>
<td>WG2</td>
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<tr>
<td>This task group is monitoring the Federal Drug Administration’s work on the Structured Product Labeling to offer suggestions for improvement/changes.</td>
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<tr>
<td><strong>Non-Matched NDC CMS List Task Group – CLOSED NOVEMBER 2009</strong></td>
<td>WG2</td>
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<tr>
<td>This task group will build an issues paper on the CMS initiative to reject Part D Claims when the NDC is not listed with the FDA and to use this paper to education the NCPDP members.</td>
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<tr>
<td><strong>Package Size Task Group – CLOSED NOVEMBER 2009</strong></td>
<td>WG2</td>
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<tr>
<td>This task group will examine and identify discrepancies among the compendium on different methods/policies for defining package size and offer corrective action to the work group.</td>
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<tr>
<td><strong>Product Service Identifier (PSID) Expansion Task Group – CLOSED FEBRUARY 2017</strong></td>
<td>WG2</td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<tr>
<td>This task group will evaluate Product/Service ID (PSID) field length to</td>
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<tr>
<td>determine the appropriate potential expansion size to accommodate</td>
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<td>existing and new codes for current and future eHealth Care transactions.</td>
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<tr>
<td>Health Plan ID (HPID) Task Group – CLOSED FEBRUARY 2016</td>
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<tr>
<td>This task group will review prior recommendations and determine if there</td>
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<tr>
<td>is still a need for HPID in NCPDP transactions (other than</td>
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<td>Telecommunication).</td>
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<tr>
<td>Pharmacy ID Card Operating Rules Task Group – CLOSED AUGUST 2014</td>
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<tr>
<td>This task group is developing Operating Rules for the Pharmacy ID Card.</td>
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<tr>
<td>Health Plan Identifier Task Group – CLOSED MAY 2014</td>
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<tr>
<td>This task group will review all standards for fields that would</td>
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<tr>
<td>associate with HPID; look at field lengths, etc. for identified fields</td>
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<td>and determine next steps.</td>
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<tr>
<td>NCPDP Data Services Task Group – CLOSED MAY 2013</td>
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<tr>
<td>This task group is providing oversight in the development and</td>
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<tr>
<td>maintenance of the NCPDP databases.</td>
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<tr>
<td>Provider Enrollment Task Group- CLOSED NOVEMBER 2012</td>
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<tr>
<td>This task group is identifying data elements necessary for electronic</td>
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<td>provider enrollment.</td>
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<tr>
<td>State of States/Letter to States Task Group – CLOSED AUGUST 2011</td>
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<tr>
<td>This task group tracks pending or existing legislation at the state level</td>
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<td>regarding any actions that directly impacts the work groups goals and</td>
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<tr>
<td>activities. This task group will also create a NCPDP response letter for</td>
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<td>states that have legislation regarding implementation of the NCPDP</td>
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<td>standard ID card, the use of the DEA for claims transactions, the use of</td>
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<td>the Social Security number as a cardholder identifier, etc.</td>
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<tr>
<td>Prescription Label Task Group – CLOSED AUGUST 2009</td>
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<tr>
<td>This task group will work in collaboration with the NABP Task Force</td>
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<tr>
<td>charged to examine the states’ current label requirements and possible</td>
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<td>changes/modifications.</td>
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<tr>
<td>Response to Texas Legislation Task Group – CLOSED FEBRUARY 2008</td>
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<tr>
<td>This task group will address Texas H.B. 3064, relating to registration</td>
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<td>and regulation of certain discount health plans, requesting acknowledgement</td>
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<td>of NCPDP as a legitimate, accredited, source of BIN numbers for all Health</td>
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<td>Care business, including Consumer Cards.</td>
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<tr>
<td>Processor/Pharmacy Entity Relationship Issues Task Group - CLOSED</td>
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<td>MAY 2007</td>
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<tr>
<td>This task group will review the issue of multiple relationship codes and</td>
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<td>how it impacts electronic claims submission, the Pharmacy Database v2.0</td>
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<tr>
<td>and NPI.</td>
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<td>Health Care Identification Card Pharmacy ID Card Imp Guide Revision</td>
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<tr>
<td>Task Group - CLOSED MAY 2007</td>
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<tr>
<td>This task group will review the revised ANSI INCITS standard and</td>
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<td>recommend the necessary changes to the NCPDP Health Care</td>
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<tr>
<td>Combination Card Task Group—CLOSED NOVEMBER 2006</td>
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<tr>
<td>This task group will investigate the development of a standard</td>
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<td>Combination Card.</td>
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<tr>
<td>Affiliation Codes Task Group-CLOSED MAY 2005</td>
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<tr>
<td>This task group is created to review the Affiliation Code that resides on</td>
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<td>the NCPDP Provider File and make recommendations to make the file more</td>
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<td>useful/complete for purchasers by correctly reflecting the relationships</td>
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<td>between individual pharmacies, chain pharmacies and buying groups.</td>
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<tr>
<td>Mapping 270 to the ID Card Task Group-CLOSED MAY 2005</td>
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<tr>
<td>As part of the NCVHS recommendations on ePrescribing, this task group</td>
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<td>will provide guidance to users of the X12N 270 eligibility transaction</td>
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<td>for how to use the Pharmacy ID Card. The task group will provide a</td>
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<td>guidance.</td>
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<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<tr>
<td>document. A status is to be provided to NCVHS by December on this work. Updates will be given by March 2005.</td>
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<tr>
<td>NPI Task Group – CLOSED MARCH 2005 (updates will continue to be provided on the NCPDP SNIP Liaison Special Committee) This task group will monitor developments related to the implementation of the NPI. It will coordinate NPI recommendations with the NCPDP SNIP Liaison Special Committee, participate in the WEDI PAG efforts and report back to the group on issues addressed from that forum.</td>
<td>WG3</td>
<td></td>
</tr>
<tr>
<td>Payer ID Task Group- CLOSED MARCH 2005 This task group will explore the feasibility of NCPDP getting involved in enumerating payers. The task group will provide Pros and Cons and provide that feedback as well as a recommendation.</td>
<td>WG3</td>
<td></td>
</tr>
<tr>
<td>274 White Paper Task Group- CLOSED AUGUST 2004 This task group is created to review issues of provider enrollment in government programs and to provide recommendations. These issues and recommendations will be turned into a White Paper.</td>
<td>WG4</td>
<td></td>
</tr>
<tr>
<td>834 Member Enrollment Task Group– CLOSED (until new information is available) MAY 2005 This task group will review the original mapping document and compare it to the current X12 Guide and determine if there are any missing data elements. As a result, change requests could be submitted to X12 for the next implementation guide. The group may also provide a crosswalk document for pharmacy.</td>
<td>WG4</td>
<td></td>
</tr>
<tr>
<td>Provider Enrollment Task Group- CLOSED FEBRUARY 2007 This task group is developing a white paper to examine the laborious and non-standard pharmacy enrollment process in State Medicaid programs as well as Medicare. The purpose of the white paper will be to suggest alternatives and to provide CMS awareness of this issue.</td>
<td>WG4</td>
<td></td>
</tr>
<tr>
<td>FAQ 834 task group – CLOSED MAY 2008 (Moved to WG45) This task group will develop FAQs on how to use the ASC X12 834 to resolve more challenging member identification issues. The task group will also address questions and concerns of version 4010.</td>
<td>WG4</td>
<td></td>
</tr>
<tr>
<td>Current Documents Review—CLOSED MARCH 2006 This task group is taking the existing mapping documents that were developed by the WG for Version 4010 and updating them to map to the 4050 Version of the 835.</td>
<td>WG5</td>
<td></td>
</tr>
<tr>
<td>DSMO 1042 Task Group—CLOSED NOVEMBER 2006 This task group will review and comment (if necessary) on DSMO 1042 which submitted X12 5010 Implementation Guide (TR3) designated 005010X221 835 Health Care Claim Payment / Advice as a version upgrade/replacement for the 835 HIPAA transaction, which is currently adopted and implemented using version 004010A1.</td>
<td>WG5</td>
<td></td>
</tr>
<tr>
<td>Frequently Asked Questions About Billing and Payment/ Reconciliation Files – CLOSED MAY 2007 (Moved to WG45) This task group will review Work Group 5 FAQ's and draft responses to new issues needing to be addressed by the work group</td>
<td>WG5</td>
<td></td>
</tr>
<tr>
<td>X12 835 Liaison Task Group – CLOSED MAY 2007 (Moved to WG45) This task group will establish contact with X12 regarding clarification of X12 835 standards, discuss DSMO requests for additional fields and additions to external code set.</td>
<td>WG5</td>
<td></td>
</tr>
<tr>
<td>Manufacturer Rebate Standard Review for State Reporting Sub-Task Group – CLOSED NOVEMBER 2020 This sub-task group will (1) review the Manufacturer Rebate flat files (Utilization, Plan, Market Basket, Reconciliation and Formulary Description) for CMS compliance, utilization and accessibility and (2) incorporate requests for efficiencies, i.e., electronic payments.</td>
<td>WG7</td>
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<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<tr>
<td>Medicaid Drug Rebate Program Task Group – CLOSED AUGUST 2019</td>
<td>WG7</td>
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<tr>
<td>This task group works to promote the adoption and use of various existing NCPDP standards of interest to State Programs, in particular those relating to Medicaid Drug Rebate Programs, and the development of new standards which may improve efficiency and accuracy of state program operations.</td>
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<tr>
<td>Medicare Part D Coverage Gap Discount Program Implementation Task Group – CLOSED MAY 2014</td>
<td>WG7</td>
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<tr>
<td>This task group is working with CMS and the TPA to assist with up-front implementation items to ensure a successful launch of the program. The task group is also an educational resource and will recommend revisions to the Manufacturer Rebate Standard as necessary.</td>
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<tr>
<td>Formulary-E-Prescribing &amp; Tracking Task Group- CLOSED FEBRUARY 2014</td>
<td>WG7</td>
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<tr>
<td>This task group is investigating and creating blue-print ways that formulary rules are applied to e-prescribing technologies and how these rules are later managed in the rebate claims process between trading partners.</td>
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<tr>
<td>Manufacturer Rebates Standard Implementation Task Group – CLOSED AUGUST 2009</td>
<td>WG7</td>
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<tr>
<td>The team is developing a new survey guide to aid in understanding current utilization of the standard by the industry, perceived gaps/limitations of existing standards and key obstacles for implementation and future industry needs to maximize the rebate standard value.</td>
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<tr>
<td>340B Pharmacies/Manufacturer Rebates Task Group – CLOSED AUGUST 2009</td>
<td>WG7</td>
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<tr>
<td>This task group will address the challenges associated with the 340B program and the Medicaid Exclusion Files.</td>
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<tr>
<td>Coordination of Benefits Task Group - CLOSED AUGUST 2007</td>
<td>WG7</td>
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<tr>
<td>This task group will work with WG1 to understand Medicare Part D and determine if it will impact WG7 and manufacturer rebates.</td>
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<tr>
<td>Commercial Implementation of Manufacturer Rebates Survey Task Group- CLOSED NOVEMBER 2004</td>
<td>WG7</td>
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<tr>
<td>This task group has created an Implementation Survey tracking the use of the Manufacturer Rebates Standards and is working to disseminate the survey.</td>
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<tr>
<td>Regulatory Tracking/Pedigree – CLOSED AUGUST 2016</td>
<td>WG7</td>
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<tr>
<td>This task group monitors the development of state and federal regulations for use of pedigree and track and trace technology.</td>
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<tr>
<td>Formulary Management Survey Task Group – CLOSED November 2017</td>
<td>WG7</td>
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<tr>
<td>This task group will develop and conduct a survey to understand the current scope, process and challenges for both the manufacturers and payer/processors in formulary management and validation.</td>
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<tr>
<td>Medicare Part D Multi-Payer Reconciliation Task Group – CLOSED NOVEMBER 2020</td>
<td>WG9</td>
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<tr>
<td>This task group will develop file layouts and documentation to assist with the process that occurs when transferring information between payers when a Part D plan adjusts a claim that impacts an Information Reporting transaction (Nx) from a supplemental payer and the method for reporting these changes to CMS. This task group will work with other task groups where these standards overlap.</td>
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<tr>
<td>Medicare Card Project Task Group – CLOSED FEBRUARY 2020</td>
<td>WG9</td>
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<tr>
<td>This task group will identify the impact of this initiative throughout the NCPDP standards where HICN is used today, provide recommendations and receive/respond to questions.</td>
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<tr>
<td>Medicaid Subrogation FAQ Task Group – CLOSED MAY 2019</td>
<td>WG9</td>
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<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<tr>
<td>This task group is reviewing 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 for approval and publication.</td>
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<tr>
<td>OIG Report OEI-05-12-00540 Task Group – CLOSED MAY 2019</td>
<td>WG9</td>
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<tr>
<td>The task group will develop recommendations to address the observations and conclusions in the OIG report specifically referencing Medicare Part D as a result of the focus of the executive summary with recommended estimated implementation timelines where available. The task group will identify any assistance needed from CMS or OIG and the task group will communicate progress to OIG through the task group’s CMS representative. If necessary this task group will address any proposed or new guidance as appropriate.</td>
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<tr>
<td>Standardized Pharmacy Dispenser Data Task Group – CLOSED November 2018</td>
<td>WG9</td>
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<tr>
<td>Create an industry standard for the capturing, storing and transferring of data attributes necessary to credential a pharmacy provider as needed to participate in the associated services offered by the program.</td>
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<tr>
<td>Supplemental Payer Medicare Part D Reconciliation Standardization Task Group - CLOSED MAY 2018</td>
<td>WG9</td>
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<tr>
<td>This task group will help develop file layouts and documentation to assist with information transfer when a Part D plan adjusts a claim that impacts a supplemental payer.</td>
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<tr>
<td>Medicaid Best Practices Using NCPDP Standards to Implement Reimbursement Methodology – CLOSED February 2017</td>
<td>WG9</td>
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<tr>
<td>This task group will develop a white paper that will provide Best Practices for AAC/FFUL/NADAC Implementation to Ensure Accuracy in Reimbursement.</td>
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<tr>
<td>Medicare/Medicaid Claim Billing Issues – CLOSED MAY 2017</td>
<td>WG9</td>
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<tr>
<td>This task group will respond to Frequently Asked Questions about Medicaid Claims Processing.</td>
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<tr>
<td>Health Insurance Exchange/Marketplace FAQ Task Group – CLOSED NOVEMBER 2016</td>
<td>WG9</td>
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<tr>
<td>This task group will review questions that warrant consistent application across the industry of Health Insurance Marketplace (HIM) policy, where pharmacy claims or other applicable transactions are involved.</td>
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<tr>
<td>Medicare Part B Claim Billing for Dual Eligibles – CLOSED AUGUST 2015</td>
<td>WG9</td>
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<tr>
<td>This task group is defining a consistent process across all state Medicaid plans to allow for the electronic processing of claims for Part B covered products that are secondary to the dual eligible recipient’s Medicare Advantage plan.</td>
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<tr>
<td>H1N1 Vaccine Billing Tracking – CLOSED AUGUST 2010</td>
<td>WG9</td>
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<tr>
<td>This task group was formed to track the H1N1 vaccine billing process being used by each State Medicaid Program.</td>
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<tr>
<td>DSMO CRS 1044 Task Group—CLOSED NOVEMBER 2006</td>
<td>WG9</td>
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<tr>
<td>This task group will review the X12N 005010837x222 Health Care Claim: Professional Implementation Guide proposed for HIPAA adoption. And prepare comments and recommendations for use in the development of the NCPDP response to the DSMO request.</td>
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<tr>
<td>Mapping of 5.1 to 837 Task Group—CLOSED MARCH 2006</td>
<td>WG9</td>
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<tr>
<td>This task group will map the data elements from the V5.1 Telecommunication Standard to the X12N 837.</td>
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<tr>
<td>Medicaid Subrogation Task Group—CLOSED NOVEMBER 2006</td>
<td>WG9</td>
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<tr>
<td>The purpose of the task group is to review the new fields in Telecom and the potential impact on Medicaid Subrogation. They have submitted DERF 000763 (pended).</td>
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<tr>
<td>Medicaid Subrogation Sections in the Protocol Document Task Group—CLOSED MARCH 2006</td>
<td>WG9</td>
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<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<tr>
<td>The purpose of the task group is to go through the Medicaid Subrogation Sections of the Protocol Document and identify any situational fields in that segment that need a situation when you use that field.</td>
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<tr>
<td>New CMS Task Group — CLOSED MARCH 2005 (this task group merged with the Payer-to-Payer task group formed in WG1)</td>
<td>WG9</td>
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<tr>
<td>This task group is working to provide business needs and clarify requests to add new fields and segments to the Telecommunication Standard for Certificates of Medical Necessity (CMN) and Medicare Claims processing. A new task was added to look at payer-to-payer scenarios and either update existing implementation guides or create a new one. Payer-to-payer transfer of claim data is not addressed in either the Telecommunication or Batch Implementation Guides.</td>
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<tr>
<td>HIT (Home Infusion Therapy) Task Group- CLOSED NOVEMBER 2004</td>
<td>WG9</td>
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<tr>
<td>This task group is creating a white paper to provide information regarding the billing of home infusion therapy (HIT) drugs and services and the impact on providers and payers of changing the current industry billing practices.</td>
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<tr>
<td>Medicare Prescription Benefit NPRM Task Group- CLOSED NOVEMBER 2004</td>
<td>WG9</td>
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<tr>
<td>This task group will provide a response from NCPDP to the sections in the Medicare NPRM that is soliciting comments from the industry. WG3 will be looking at the ID card sections, WG11 will be looking at the e-prescribing sections, WG9 will be looking at the Medicare, Medicaid, government programs sections and WG12 will volunteer any educational information. The comments are due back to CMS by the first of October.</td>
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<tr>
<td>Balancing and Pricing Task Group – CLOSED MAY 2007</td>
<td>WG9</td>
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<tr>
<td>This task group is reviewing balancing issues related to the patient’s responsibility amounts. Scenarios are to include pricing as reported to and responded by primary and secondary payers. They have submitted DERF 000750 (approved), 000759 (approved), 000767 (approved), 000768 (pended).</td>
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<tr>
<td>Payer-To-Payer Task Group – CLOSED MAY 2007</td>
<td>WG1/ WG9</td>
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<tr>
<td>This task group will review the Medicaid Subrogation Implementation Guide to determine its use in payer-to-payer communication. They completed recommendations for additions to the Telecommunication Standard Implementation Guide and/or Batch Standard Implementation Guide to more fully explain the payer-to-payer model (DERF 000767).</td>
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<tr>
<td>This task group will review the format and content of WG9’s State of the States document.</td>
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<tr>
<td>State of the States (SOS) Outreach Task Group – CLOSED MAY 2008</td>
<td>WG9</td>
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<tr>
<td>This task group will reach out to the State Medicaid Programs to request information for the SOS tracking document.</td>
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<tr>
<td>Tamper-Resistant Prescription Pad Task Group – CLOSED NOVEMBER 2008</td>
<td>WG9</td>
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<tr>
<td>This task group will collect and review the various State requirements for Tamper-Resistant Prescription Pads in order to develop a TRPP Standard that could be utilized by the industry.</td>
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<tr>
<td>Required Information Outreach To States – CLOSED FEBRUARY 2009</td>
<td>WG9</td>
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<tr>
<td>This task group will evaluate the current State of the States document for content and will assist in future outreach to the States.</td>
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<tr>
<td>Medicaid Communication Process Task Group – CLOSED AUGUST 2011</td>
<td>WG9</td>
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<tr>
<td>This task group is developing a process for communicating with State Medicaid Programs to keep them informed of NCPDP actions/recommendations that affect their business processes.</td>
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<tr>
<td>Medigap ID Field Task Group – CLOSED MAY 2013</td>
<td>WG9</td>
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<tr>
<td>This task group is clarifying how and when Field 359-2A Medigap ID should be used and developing an example for inclusion in the Editorial Document.</td>
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<tr>
<td>Task Group</td>
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<tr>
<td>WG9/WG2 Unbreakable Packages Joint Task Group – CLOSED AUGUST 2016</td>
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<td>WG9/WG2</td>
</tr>
<tr>
<td>This task group will determine how the industry should identify/define an unbreakable package based on package type (including smallest package size) and dispensing setting; communicate the issues to CMS and obtain clear guidance for each dispensing instance where unbreakable package type is applicable according to CMS intent.</td>
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<tr>
<td>Universal Medication Schedule White Paper Task Group – CLOSED NOVEMBER 2021</td>
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<td>WG10</td>
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<tr>
<td>This task group will update the white paper encompassing the proposal for a universal medication schedule as a best practice for enabling patient understanding and compliance with medication timing.</td>
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<tr>
<td>Electronic Referral Task Group - CLOSED NOVEMBER 2020</td>
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<td>WG10</td>
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<tr>
<td>The purpose is to identify and/or develop electronic standard(s) for the bi-directional exchange of referral requests for services between a pharmacy or pharmacist and another entity or provider.</td>
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<tr>
<td>Acetaminophen Best Practices Task Group – CLOSED NOVEMBER 2016</td>
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<td>WG10</td>
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<tr>
<td>This task group has drafted a white paper that promotes best practices for the labeling of prescription drugs containing acetaminophen. The task group will market the white paper to Stakeholders throughout the industry.</td>
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<tr>
<td>Hospital Sub Task Group is defining best practices as they relate to hospital safe use of acetaminophen and other dose restricted medications.</td>
<td></td>
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<tr>
<td>Scope and Goals Modernization Task Group- CLOSED NOVEMBER 2016</td>
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<td>WG10</td>
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<tr>
<td>This task group will identify changes need to reflect the increasing role of the pharmacist as a healthcare service provider, the focus on patient engagement and patient safety and cross SDO activities.</td>
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<tr>
<td>mL White Paper Task Group – CLOSED AUGUST 2014</td>
<td></td>
<td>WG10</td>
</tr>
<tr>
<td>This task group will develop a white paper in support of the use of mL for volumetric measure in medication orders, ePrescribing and patient instructions and prescription labeling.</td>
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<tr>
<td>Prescribable Medication Information at Point of Care to Support Patient Safety Task Group. – CLOSED AUGUST 2014</td>
<td></td>
<td>WG10</td>
</tr>
<tr>
<td>This task group will create a white paper to document the process involved in making prescribable medication information available to the provider at the point of care and identify patient safety impacts. Recommend appropriate steps to resolve gaps and blind spots in the process.</td>
<td></td>
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<tr>
<td>Specialty and Compounding Pharmacy Services Task Group – CLOSED MAY 2014</td>
<td></td>
<td>WG10</td>
</tr>
<tr>
<td>This task group will define operational tools for electronic communication between various parties that provide specialty pharmacy services, including PBM, Payers, Providers (including MD), Manufacturers and Quality Care Associations and directions of future specialties. They are coordinating work with the appropriate WG1 Task Group and WG11 Specialty Requirements for ePrescribing Task Group.</td>
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<tr>
<td>DUR Rejection Review Task Group – CLOSED NOVEMBER 2013</td>
<td></td>
<td>WG10</td>
</tr>
<tr>
<td>This task group will review and update as needed Appendix G of the Telecommunications Standard Section on DUR Rejections</td>
<td></td>
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</tr>
<tr>
<td>Universal Medication Schedule White Paper Task Group – CLOSED NOVEMBER 2013</td>
<td></td>
<td>WG10</td>
</tr>
<tr>
<td>This task group will develop a white paper encompassing the proposal for a universal medication schedule as a best practice for enabling patient understanding and compliance with medication timing.</td>
<td></td>
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</tr>
<tr>
<td>Structured and Codified Sig Task Group – CLOSED AUGUST 2012</td>
<td></td>
<td>WG10</td>
</tr>
<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>This task group created a structured and codified format for the Sig (instructions) on electronic prescriptions with other organizations and industry participants. They are enhancing the format and implementation guidance based on industry feedback.</td>
<td></td>
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<tr>
<td>LTC MTM Sub Task Group of MTM Communications Task Group – CLOSED MAY 2012</td>
<td>WG10</td>
<td></td>
</tr>
<tr>
<td>Identify LTC specific MTM requirements and recommend changes to the Specialized Standard and/or MTM CDA IG</td>
<td></td>
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</tr>
<tr>
<td>Allergy Value Set Task Group – CLOSED AUGUST 2011</td>
<td>WG10</td>
<td></td>
</tr>
<tr>
<td>This task group was formed is create a sustainable medication allergy value set comprised of interoperable terminologies.</td>
<td></td>
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</tr>
<tr>
<td>Medication Therapy Management Task Group – CLOSED MAY 2010</td>
<td>WG10</td>
<td></td>
</tr>
<tr>
<td>This task group is discussing whether there is a need for a standard for the submission of Medication Therapy Management claims for Medicare.</td>
<td></td>
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<tr>
<td>Dispensed Medication Reporting Task Group – CLOSED AUGUST 2023</td>
<td>WG11</td>
<td></td>
</tr>
<tr>
<td>This task group will develop a reporting standard based upon the SCRIPT related transactions.</td>
<td></td>
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<tr>
<td>Pharmacy to Pharmacy Prescription Transfer Task Group – CLOSED AUGUST 2022</td>
<td>WG11</td>
<td></td>
</tr>
<tr>
<td>This task group will review additional use cases using an unsolicited model for inclusion in the Pharmacy to Pharmacy Transfer transactions found in the NCPDP SCRIPT Standard to determine if modifications are needed.</td>
<td></td>
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<tr>
<td>RxFill Task Group – CLOSED FEBRUARY 2022</td>
<td>WG11/ WG14</td>
<td></td>
</tr>
<tr>
<td>This task group will review the RxFill message and provide additional guidance and enhancements to meet the needs of the industry.</td>
<td></td>
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<tr>
<td>Insulin Pump Use Sub-Task Group – Closed August 2021</td>
<td>WG11</td>
<td></td>
</tr>
<tr>
<td>The sub-task group will identify whether an insulin prescription is for use in an insulin pump.</td>
<td></td>
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<tr>
<td>X12 270/271 version 7030 Review Task Group – Closed May 2021</td>
<td>WG11</td>
<td></td>
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<tr>
<td>This task group will review the X12 270/271 modifications made to the standard and provide comments if necessary.</td>
<td></td>
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<tr>
<td>SCRIPT Managed Updates Schedule Task Group – CLOSED NOVEMBER 2020</td>
<td>WG11</td>
<td></td>
</tr>
<tr>
<td>This task group will review the process to update the NCPDP External Code List (ECL) and XML schema based on concerns received and bring forward recommendations to the WG.</td>
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<tr>
<td>Alternate Response Sub-Task Group - Closed September 2020</td>
<td>WG11</td>
<td></td>
</tr>
<tr>
<td>This sub-task group will look at scenarios of when a request is not being addressed and/or deferred.</td>
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<tr>
<td>Allergy and Adverse Event Sub-Task Group – Closed September 2020</td>
<td>WG11</td>
<td></td>
</tr>
<tr>
<td>This sub-task group will update the current guidance on the AllergyOrAdversEvent elements to create a common understanding of how to best utilize this element in V2017071. It will also evaluate the best way to transmit allergy or adverse vents information in future standards.</td>
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<tr>
<td>CancelRx Sub-Task Group – Closed September 2020</td>
<td>WG11</td>
<td></td>
</tr>
<tr>
<td>This sub-task group will review the CancelRx messages and provide guidance and best practices for their use.</td>
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<tr>
<td>Structured and Codified Sig Format Implementation Guide Analysis Sub-Task Group - CLOSED February 2019</td>
<td>WG11</td>
<td></td>
</tr>
<tr>
<td>This task group will review the Structured and Codified Sig Format Implementation Guide to determine if updates are required and report findings to WG10 Professional Pharmacy Services.</td>
<td></td>
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<tr>
<td>NCPDP-HL7 Pharmacist/Pharmacy Provider Functional Profile Task Group – Closed February 2019</td>
<td>WG11, WG10</td>
<td></td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>This task group scope is to write a guidance document about the</td>
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<tr>
<td>Pharmacist HL7 EHR Functional Profile and the value for the pharmacy</td>
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<tr>
<td>industry of adopting the HL7 EHR-S Functional Profile: Meaningful Use,</td>
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<tr>
<td>Release 1 - US Realm (MU EHR-S FP).</td>
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<tr>
<td>Biologic and Biosimilar Access and Traceability Task Group – CLOSED</td>
<td></td>
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<tr>
<td>MAY 2018</td>
<td></td>
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<tr>
<td>This task group will develop use cases for the sending and receiving of</td>
<td></td>
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<tr>
<td>this information using the NCPDP SCRIPT RxFill and medication history</td>
<td></td>
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<tr>
<td>transactions.</td>
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<tr>
<td>Integrate S&amp;I PDMP Guidance into SCRIPT Task Group – CLOSED MAY</td>
<td></td>
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<tr>
<td>2018</td>
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<tr>
<td>This task group will take the guidance created by the S&amp;I Framework</td>
<td></td>
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<tr>
<td>PDMP initiative and determine where the associated guidance should</td>
<td></td>
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<tr>
<td>be integrated into SCRIPT.</td>
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<tr>
<td>SCRIPT Managed Updates Schedule Task Group – CLOSED FEBRUARY 2018</td>
<td></td>
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</tr>
<tr>
<td>This task group will review the proposal to update the NCPDP SCRIPT</td>
<td></td>
<td></td>
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<tr>
<td>Standard on a more predictable basis and the NCPDP External Code List</td>
<td></td>
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<tr>
<td>(ECL) proposals and bring forward recommendations to the WG.</td>
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<tr>
<td>Meaningful Use and NIST Test Methods for ePrescribing Task Group –</td>
<td></td>
<td></td>
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<tr>
<td>CLOSED MAY 2017</td>
<td></td>
<td></td>
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<tr>
<td>This task group will provide feedback to NIST on their electronic</td>
<td></td>
<td></td>
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<tr>
<td>prescribing test procedures for EHR Certification and for industry testing</td>
<td></td>
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<tr>
<td>of transactions.</td>
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<tr>
<td>Drug Description Task Group – CLOSED FEBRUARY 2016</td>
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<tr>
<td>This task group has provided guidance for the use of the Drug Description</td>
<td></td>
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<tr>
<td>and code sets. The task group is working with the National Library of</td>
<td></td>
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<tr>
<td>Medicine on enhancements to RxNorm prescribing names. This task group</td>
<td></td>
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<tr>
<td>requests input from prescribing vendors.</td>
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<tr>
<td>Medication History Task Group – CLOSED NOVEMBER 2014</td>
<td></td>
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<tr>
<td>This task group will be discussing pended DERF 001222 to analyze a batch</td>
<td></td>
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<tr>
<td>medication history transaction for the NCPDP SCRIPT Standard.</td>
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<tr>
<td>ePAI XML Sub Task Group – CLOSED AUGUST 2014</td>
<td></td>
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<tr>
<td>The sub task group is providing the technical data analysis of the</td>
<td></td>
<td></td>
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<tr>
<td>transaction sets for prior authorization for the SCRIPT Implementation</td>
<td></td>
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<tr>
<td>Guide and the XML schema.</td>
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<tr>
<td>Prescription Delivery Task Group – CLOSED MAY 2014</td>
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<tr>
<td>This task group will discuss pended DERFs 001162 (hospital delivery) and</td>
<td></td>
<td></td>
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<tr>
<td>001163 (patient residence use).</td>
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<tr>
<td>RxFill Task Group – CLOSED MAY 2014</td>
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<td></td>
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<tr>
<td>This task group is evaluating the current guidance available for the use</td>
<td></td>
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<tr>
<td>of the RXFILL transaction and bringing forward any updates.</td>
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<tr>
<td>Electronic Signature Guidance Task Group - CLOSED FEBRUARY 2014</td>
<td></td>
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<tr>
<td>This task group will provide guidance on issues that are coming up in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>many states requiring an electronic signature in eprescribing. Note the</td>
<td></td>
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<tr>
<td>SCRIPT transaction (prior to 2013) does not contain a specific &quot;electronic</td>
<td></td>
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<tr>
<td>signature&quot; field. The task group will provide guidance information.</td>
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<tr>
<td>Central Fill Task Group – CLOSED AUGUST 2013</td>
<td></td>
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<tr>
<td>This task group is examining the needs of central fill sites in electronic</td>
<td></td>
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<tr>
<td>prescribing and will bring forward requests for modifications to the</td>
<td></td>
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<tr>
<td>SCRIPT Standard.</td>
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<tr>
<td>Clinical Information Exchange Task Group – CLOSED NOVEMBER 2012</td>
<td></td>
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<tr>
<td>This task group focuses to evaluate the exchange of Patient Clinical</td>
<td></td>
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<tr>
<td>information such as patient allergies, conditions, prescription profiles,</td>
<td></td>
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<tr>
<td>lab results, clinical outcomes etc., between pharmacies and prescribers,</td>
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<tr>
<td>and other entities.</td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<tr>
<td>Expanded Character Set Task Group – CLOSED MAY 2012</td>
<td>WGI11</td>
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<tr>
<td>This task group is examining impact to using an expanded character set in</td>
<td></td>
<td></td>
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<tr>
<td>NCPDP standards due to business needs of non-English exchanges.</td>
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<tr>
<td>FMT Code List Mapping Task Group – CLOSED MAY 2012</td>
<td>WGI11</td>
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<tr>
<td>This task group will review the original mapping of NCPDP old proprietary</td>
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<tr>
<td>code sets for 4 fields to FMT, to provide mapping consistency when needed.</td>
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<tr>
<td>Demographic Field Length Task Group – CLOSED NOVEMBER 2012</td>
<td>WGI11</td>
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<tr>
<td>This task group is taking the recommendations from the MC Demographic</td>
<td></td>
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<tr>
<td>Field Length Task Group and bringing forward DERFs to modify the WGI11 and</td>
<td></td>
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<tr>
<td>WG10 standards appropriately.</td>
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<tr>
<td>Ordering Rx Task Group - CLOSED AUGUST 2011</td>
<td>WGI11</td>
<td></td>
</tr>
<tr>
<td>This task group will review and bring forward any updates based on</td>
<td></td>
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<tr>
<td>requested consideration for “grouping” prescriptions.</td>
<td></td>
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<tr>
<td>RxNorm Task Group – CLOSED FEBRUARY 2011</td>
<td>WGI11</td>
<td></td>
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<tr>
<td>This task group is reviewing RxNorm and building a list of questions/</td>
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<tr>
<td>problems seen, to review the use of drug identifiers in all NCPDP</td>
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<tr>
<td>standards and recommend whether RxNorm is appropriate for the use cases.</td>
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<tr>
<td>Prior Authorization Workflow-to-Transactions Task Group –CLOSED NOVEMBER</td>
<td></td>
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<tr>
<td>2010 Reopened see above</td>
<td>WGI11</td>
<td></td>
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<tr>
<td>This task group has facilitated industry analysis of the workflow and</td>
<td></td>
<td></td>
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<tr>
<td>processes involved in prior authorization in order to suggest improvements.</td>
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<tr>
<td>They have examined prior authorization requirements relayed to prescribers</td>
<td></td>
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<tr>
<td>through the ePrescribing process through claims processing. They have</td>
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<tr>
<td>suggested workflow improvements and areas where transaction processing can</td>
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<tr>
<td>offer improvements. They have created an XML solution and are examining a</td>
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<tr>
<td>pilot environment to test.</td>
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<tr>
<td>ePA Legislative Outreach Sub Task Group – CLOSED JULY 2013</td>
<td>WGI11</td>
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<tr>
<td>The sub task group will create a short document providing educational</td>
<td></td>
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<tr>
<td>information to legislators in states that are considering uniform PA</td>
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<tr>
<td>forms. The education will cover the new ePA transactions, concerns about</td>
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<tr>
<td>the ineffectiveness of uniform PA forms and other recommendations.</td>
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<tr>
<td>Consent Task Group– CLOSED AUGUST 2010</td>
<td>WGI11</td>
<td></td>
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<tr>
<td>This task group is examining the Consent indicator in Medication History</td>
<td></td>
<td></td>
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<tr>
<td>and evaluation of other NCPDP transactions.</td>
<td></td>
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<tr>
<td>Sample Standard Task Group – CLOSED MAY 2010</td>
<td>WGI11</td>
<td></td>
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<tr>
<td>This task group is refining a new transaction in SCRIPT for sample</td>
<td></td>
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<tr>
<td>reporting.</td>
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<tr>
<td>RxNorm into SCRIPT Task Group – CLOSED MAY 2010</td>
<td>WGI11</td>
<td></td>
</tr>
<tr>
<td>This task group is reviewing the recommendations from the RxNorm Task</td>
<td></td>
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<tr>
<td>Group and will build a request for modifications to the SCRIPT Standard.</td>
<td></td>
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<tr>
<td>This task group will create the NCPDP response to the HHS Notice of</td>
<td></td>
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<tr>
<td>Proposed Rule Making (NPRM) on electronic prescribing expected in late</td>
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<td>2004. They will also create bulleted items companies can elect to use in</td>
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<tr>
<td>their responses to the NPRM.</td>
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<tr>
<td>Field Usage Task Group – CLOSED MAY 2005</td>
<td>WGI11</td>
<td></td>
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<tr>
<td>This task group will complete the work requested of DERF 000696 to list in</td>
<td></td>
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<tr>
<td>the SCRIPT Standard, guidance for the field usage within each transaction</td>
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<tr>
<td>(mandatory, conditional, etc.) and to suggest situations for usage for</td>
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<tr>
<td>fields as appropriate.</td>
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<tr>
<td>Formulary and Benefit Task Group – CLOSED MAY 2005</td>
<td>WGI11</td>
<td></td>
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<tr>
<td>This task group will be creating a standard for the transmission of</td>
<td></td>
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<tr>
<td>formulary and benefit information from a PBM/payer to a prescriber for</td>
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<tr>
<td>use in e-prescribing functions.</td>
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<tr>
<td>Provider Broadcast Task Group CLOSED AUGUST 2005</td>
<td>WGI11</td>
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<tr>
<td>This task group will create a directory standard for use in identifying</td>
<td></td>
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<tr>
<td>what participants are able to receive electronic transactions.</td>
<td></td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>RXFILL Notification Task Group - CLOSED MARCH 2005</td>
<td>WG11</td>
<td></td>
</tr>
<tr>
<td>This task group will be providing further guidance to the use of the RXFILL (Fill Status Notification) transactions in the NCPDP SCRIPT Standard when used in e-prescribing functions.</td>
<td></td>
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</tr>
<tr>
<td>Prescription Transfer Task Group – CLOSED FEBRUARY 2008</td>
<td>WG11</td>
<td></td>
</tr>
<tr>
<td>This task group is building a standard for the transfer of prescriptions from one pharmacy to another in batch mode, from mail service pharmacy or retail pharmacy environment, or within a pharmacy when converting software systems. They are monitoring feedback from the WG110029 Ballot.</td>
<td></td>
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<tr>
<td>Sig Incorporation Into SCRIPT Task Group – CLOSED NOVEMBER 2007</td>
<td>WG11</td>
<td></td>
</tr>
<tr>
<td>This task group is taking the guidance built by WG10 Industry Sig Task Group and incorporating standardized patient instruction fields into the SCRIPT Standard Implementation Guide. They have built the structure for SCRIPT and will monitor feedback from WG110031 Ballot and WG100004 Ballot.</td>
<td></td>
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</tr>
<tr>
<td>Compound Prescription Task Group – CLOSED FEBRUARY 2009</td>
<td>WG11</td>
<td></td>
</tr>
<tr>
<td>Analyzing the support of compound prescriptions in SCRIPT and recommending changes needed to support business requirements. This group is on hiatus pending the outcome of the ballot.</td>
<td></td>
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</tr>
<tr>
<td>E-prescribing Outreach Task Group – CLOSED MAY 2006</td>
<td>WG11</td>
<td></td>
</tr>
<tr>
<td>This task group was formed based on Project 000023 “CafeRx” for removing the barriers to adoption and utilization of ePrescribing solutions as a pathway to comprehensive clinical automation with the goal to improve the quality of patient care. The task group is writing a document to be used by people not currently using electronic prescribing.</td>
<td></td>
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<tr>
<td>E-signature Task Group - CLOSED MARCH 2005</td>
<td>WG12</td>
<td></td>
</tr>
<tr>
<td>This task group is creating a paper on Electronic Signature needs of the pharmacy industry.</td>
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<tr>
<td>RFI for NHIN Task Group - CLOSED MARCH 2005</td>
<td>WG12</td>
<td></td>
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<tr>
<td>This task group is responding to the Request for Information (RFI) from HHS on the National Health Information Network (NHIN). Numerous questions presented in the RFI might pertain to the NCPDP and will be considered for comment from this Work Group.</td>
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<tr>
<td>Chapter 14 Review Sub-Task Group – Closed August 2022</td>
<td>WG9</td>
<td></td>
</tr>
<tr>
<td>This sub-task group will review Medicare Prescription Drug Benefit Manual Chapter 14 – Coordination of Benefits to ensure all related guidance and processes are current and complete.</td>
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<tr>
<td>Multi Communication Sub-Task Group - CLOSED May 2021</td>
<td>WG14</td>
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<tr>
<td>The sub-task group will provide guidance for multiparty communications within LTPAC settings using the current V2017071 SCRIPT Standard. Enhance the LTPAC ePrescribing process model to include three or more care providers at a minimum; the care providers to be included are the prescriber, the facility and the pharmacy.</td>
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<tr>
<td>Long Term and Post Acute Care Electronic Communications Synchronization Opportunity Review (INSYNC) Task Group – CLOSED NOVEMBER 2020</td>
<td>WG14</td>
<td></td>
</tr>
<tr>
<td>This task group will provide synchronized guidance for the various LTPAC stakeholders using multiple standards for the purpose of interoperability. A collaborative effort to resolve some of the gaps and overlaps in the LTPAC industry that exist between various standards such as; HL7 and SCRIPT. Additionally, evaluate the need for guidance provided to LTPAC industry using solutions such as a transition of care document or other electronic communication. Harmonize with other LTPAC task groups in coordination of care guidance. Invite industry leaders to provide insights on the various projects promoting interoperability in LTPAC.</td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<tr>
<td>Recertification Sub Task group – CLOSED September 2020 The sub-</td>
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<tr>
<td>task group will review the Recertification message and related</td>
<td></td>
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<tr>
<td>specification to provide additional guidance to meet the needs of the</td>
<td></td>
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<tr>
<td>industry.</td>
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<tr>
<td>Best Available Evidence (BAE) Form Automation Task Group – CLOSED</td>
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<tr>
<td>AUGUST 2017 This task group was re-established review recommendations to</td>
<td></td>
<td></td>
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<tr>
<td>the form/process.</td>
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<tr>
<td>Long Term and Post Acute Care Utilization Reporting – CLOSED AUGUST</td>
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<td></td>
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<tr>
<td>2012 This task group is developing and maintaining industry guidance for</td>
<td></td>
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<tr>
<td>CMS required reporting on Long Term Care.</td>
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<tr>
<td>Long Term and Post Acute Care Hospice Task Group – CLOSED AUGUST 2012</td>
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<tr>
<td>This task group is identifying the needs for hospice relative to billing,</td>
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<tr>
<td>electronic prescribing and reporting; and determining what if any</td>
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<tr>
<td>enhancements or additions are required to the existing standards.</td>
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<tr>
<td>Pended November 2011 waiting guidance from CMS.</td>
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<tr>
<td>Long Term and Post Acute Care Return Reporting Task Group – CLOSED</td>
<td></td>
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<tr>
<td>MAY 2012 This task group is addressing the return credit processing that</td>
<td></td>
<td></td>
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<tr>
<td>exists in the Long Term Care arena.</td>
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<tr>
<td>Long Term and Post Acute Care Consultant Pharmacists Task Group–</td>
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<tr>
<td>CLOSED FEBRUARY 2011 This task group will create a standard for the</td>
<td></td>
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<tr>
<td>Consultant Pharmacist and their software that would interface with the</td>
<td></td>
<td></td>
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<tr>
<td>electronic prescribing and adjudication systems.</td>
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<tr>
<td>Long Term Care eMAR Task Group - CLOSED MAY 2010 This task group</td>
<td></td>
<td></td>
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<tr>
<td>examines the communication of eMAR information, defines use cases,</td>
<td></td>
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<tr>
<td>identifies required elements; and analyzes the current HL7 ADT and</td>
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<tr>
<td>Orders messages (v2) and CDA along with the NCPDP SCRIPT Standard as</td>
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<tr>
<td>communication vehicles to the end of developing an implementation guide.</td>
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<tr>
<td>Long Term Care Definition – CLOSED AUGUST 2005 This task group will</td>
<td></td>
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<tr>
<td>define the entity Long Term Care Pharmacy.</td>
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<tr>
<td>LTC HIT White Paper Review Task Group – CLOSED MARCH 2006 This task</td>
<td></td>
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<tr>
<td>group will review the NCPDP/NMEH White Paper on Home Infusion Therapy</td>
<td></td>
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<tr>
<td>to determine if there is any impact to the LTC arena that was not</td>
<td></td>
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<tr>
<td>outlined in that paper and report their findings to WG9 Government</td>
<td></td>
<td></td>
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<tr>
<td>Programs.</td>
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<tr>
<td>Long Term Care Medicare Part D Transaction Task Group-MERGED MAY</td>
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<td></td>
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<tr>
<td>2005 with LTC Current Billing Issues Task Group This task group is</td>
<td></td>
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<tr>
<td>working on specific LTC Pharmacy transaction issues surrounding the</td>
<td></td>
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<tr>
<td>Medicare Prescription Benefit 2006</td>
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<tr>
<td>Infusion Therapy and Compounding Task Group – MERGED FEBRUARY 2007 with</td>
<td></td>
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<tr>
<td>LTC Current Billing Issues Task Group This task group will discuss how</td>
<td></td>
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<tr>
<td>to enhance the billing process in Telecommunication Standard Version 5.1</td>
<td></td>
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<tr>
<td>Folded into the Billing Issues TG</td>
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<tr>
<td>Long Term Care Pharmacy Rebate Reporting RENAMED MAY 2009 to Long</td>
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<tr>
<td>Term Care Pilot Reporting TG This task group will develop a standard</td>
<td></td>
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<tr>
<td>method for reporting Long Term Care rebates.</td>
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<tr>
<td>Long Term Care Pilot Reporting RENAMED AUGUST 2009 to Long Term</td>
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<tr>
<td>Care Utilization Reporting This task group will develop a standard</td>
<td></td>
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<tr>
<td>method for reporting Long Term Care rebates.</td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Best Available Evidence (BAE) Form Automation Task Group – CLOSED NOVEMBER 2012</td>
<td>WG14</td>
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<tr>
<td>This task group has performed analysis to determine the possibility of automating the gathering and dissemination of the information contained on the BAE form.</td>
<td></td>
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<tr>
<td>Evaluation of the Universal Claim Form (UCF) for Medicare Part D Processing Task Group – CLOSED FEBRUARY 2013</td>
<td>WG14</td>
<td></td>
</tr>
<tr>
<td>This task group will prepare guidance on how to use the current Universal Claim Form (UCF) for Medicare Part D processing requirements effective January 1, 2013 and updating the current D.0 UCF to support necessary data elements.</td>
<td></td>
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<tr>
<td>Automated Dispensing in the LTPAC Setting Task Group – CLOSED FEBRUARY 2013</td>
<td>WG14</td>
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</tr>
<tr>
<td>This task group has performed a gap analysis of current and proposed technology standards, including NCPDP, HL7 and other proprietary implementations in order prepare recommendations for dispensing automation standards in the LTPAC setting focusing on the automation used for packaging, labeling and distributing medications, including central fill and remote dispensing technologies, and will keep into consideration any upstream and/or downstream technologies, such as e-Prescribing and e-MAR, that may have an impact.</td>
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<tr>
<td>Review of Telecommunication Standard Appendix G Task Group – CLOSED NOVEMBER 2013</td>
<td>WG14</td>
<td></td>
</tr>
<tr>
<td>This task group will review the current Appendix G in the Telecommunication Implementation Guide to provide updates.</td>
<td></td>
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<tr>
<td>Goals Review Task Group—CLOSED AUGUST 2007</td>
<td>WG15</td>
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<tr>
<td>This task group will review the 2006 WG15 goals in order to provide actionable items for the 2007 goals.</td>
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<tr>
<td>Physical Samples, Etc. Task Group – MERGED AUGUST 2006</td>
<td>WG15</td>
<td></td>
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<tr>
<td>This task group will:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Define sample types</td>
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<td></td>
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<tr>
<td>• Develop a grid of information requirements and financial implications</td>
<td></td>
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<tr>
<td>• Develop a flow of information on physical samples</td>
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<tr>
<td>• Research an identification for physical samples (NDC or similar)</td>
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<tr>
<td>Alternate Distribution Task Group - MERGED AUGUST 2006</td>
<td>WG15</td>
<td></td>
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<tr>
<td>This task group will:</td>
<td></td>
<td></td>
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<tr>
<td>• Ensure that the information for vouchers and coupons can be transmitted in the SCRIPT Standard</td>
<td></td>
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<tr>
<td>• Examine the data flow for samples and ensure that all the information can be captured by the electronic prescribing system</td>
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<tr>
<td>This task group and the Physical Samples, Etc. TG were merged into one task group at the February 2007 meeting. See Medication History Transaction Review and Sample Identifier Task Group.</td>
<td></td>
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</tr>
<tr>
<td>Scope and Goals/Regulations/Sample Transaction Flow Prioritization - RENAMED AUGUST 2006</td>
<td>WG15</td>
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<tr>
<td>This task group will:</td>
<td></td>
<td></td>
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<tr>
<td>o Develop the WG15 Scope and Goals</td>
<td></td>
<td></td>
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<tr>
<td>o Look at regulatory and accreditation issues</td>
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<tr>
<td>From the process flow, prioritize the business transactions that the WG should start developing and draft data elements for the initial transaction identified</td>
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<tr>
<td>Sample Medication Codification Identification – CLOSED MAY 2008</td>
<td>WG15</td>
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<tr>
<td>This task group will determine what methods are currently used by the industry to identify how sample drugs are codified (product identification).</td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<td>----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Medication History Transaction Review and Sample Identifier Task Group</td>
<td>WG15</td>
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<tr>
<td>(This Task Group has been suspended pending the outcome of the Outreach</td>
<td></td>
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<tr>
<td>Task Group) CLOSED MAY 2009</td>
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<tr>
<td>This task group is the result of two merged task groups: Physical Samples,</td>
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<tr>
<td>Etc. Task Group and Alternate Distribution Task Group. Its goals are to</td>
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<tr>
<td>• review the Medication History Transaction set to determine what is</td>
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<tr>
<td>lacking (this would include the Manifest that is a list of what is</td>
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<tr>
<td>needed to communicate the physical sampling event),</td>
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<tr>
<td>• review the SCRIPT Implementation Guide to provide verbiage to describe</td>
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<tr>
<td>this event,</td>
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<tr>
<td>• and to suggest an appropriate product identifier for the sample.</td>
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<tr>
<td>Suspending awaiting outcome of the Sample Medication Codification</td>
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<tr>
<td>Identification Task Group findings.</td>
<td></td>
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<tr>
<td>Outreach Task Group CLOSED MAY 2009</td>
<td>WG15</td>
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<tr>
<td>This task group will:</td>
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<tr>
<td>• Collaborate with other NCPDP WGs on sampling related items</td>
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<tr>
<td>• Interactions with AHRQ, regulators</td>
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<tr>
<td>• Perform outreach for additional participants</td>
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<tr>
<td>• Draft Proposal for Sample Communication/Identification Process and</td>
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<tr>
<td>Pilot</td>
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<tr>
<td>Future Development Needs for P&amp;C/WC Task Group – CLOSED AUGUST 2020</td>
<td>WG16</td>
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<tr>
<td>This task group will work across SDOs to address changes needed for</td>
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<tr>
<td>adoption of the next versions of standards.</td>
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<tr>
<td>Billing and State Reporting Task Group - CLOSED FEBRUARY 2019</td>
<td>WG16</td>
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<tr>
<td>This task group evaluates proposed billing and reporting requirements;</td>
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<tr>
<td>maintains and updates electronic and paper standards for the billing of</td>
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<tr>
<td>workers’ compensation and property &amp; casualty pharmacy services.</td>
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<tr>
<td>Legislative/Regulatory Monitoring and Education Task Group – CLOSED</td>
<td>WG16</td>
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<tr>
<td>FEBRUARY 2019</td>
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<tr>
<td>This task monitors and reports on proposed public policies that</td>
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<tr>
<td>potentially impact provision of pharmacy services related to issues</td>
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<td>pertinent to property and casualty/workers’ compensation industries.</td>
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<tr>
<td>Webinar Task Group CLOSED MAY 2012</td>
<td>WG16</td>
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<tr>
<td>This task is outlining potential webinars to inform the healthcare</td>
<td></td>
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<tr>
<td>industry of issues effecting Workers’ Compensation with the goal of</td>
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<tr>
<td>creating the selected webinars.</td>
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<tr>
<td>Billing Task Group CLOSED AUGUST 2009 – merged with State Reporting TG</td>
<td>WG16</td>
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<tr>
<td>This task group will evaluate, develop and maintain electronic and paper</td>
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<tr>
<td>standards for the billing of workers’ compensation and property &amp;</td>
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<td>casualty pharmacy services.</td>
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<tr>
<td>Education Task Group CLOSED AUGUST 2009 – merged with Legislative and</td>
<td>WG16</td>
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<tr>
<td>Regulatory TG</td>
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<tr>
<td>This task group will develop and present educational materials related to</td>
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<tr>
<td>issues pertinent to Property and Casualty/ Workers’ Compensation</td>
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<tr>
<td>industries.</td>
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<tr>
<td>Annual Conference Presentation Task Group CLOSED MAY 2012</td>
<td>WG17</td>
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<tr>
<td>Collaborate with WG2 and WG7 to create content for Annual Conference</td>
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<tr>
<td>Presentation</td>
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<tr>
<td>Pedigree/Track &amp; Trace Education Task Group - CLOSED AUGUST 2011</td>
<td>WG17</td>
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<tr>
<td>Provide outreach and education on all aspects of pedigree and traceability</td>
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<tr>
<td>to the work group, NCPDP, the pharmacy sector and other interested</td>
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<tr>
<td>participants in health care.</td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<tr>
<td><strong>Pharmacy Serialization Infrastructure - CLOSED AUGUST 2011</strong></td>
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<td>WG17</td>
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<tr>
<td>Focus on how to leverage existing infrastructures to support serialization. Adapt to existing workflows with an eye toward longer term values. Meet current and anticipated legislative/regulatory requirements. Core principal is improving patient safety (Consumer protection).</td>
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<tr>
<td><strong>Product Identifier - CLOSED AUGUST 2011</strong></td>
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<td>WG17</td>
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<tr>
<td>Evaluate the possible product identifiers and make recommendations as to the best choice for the pharmacy sector.</td>
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<tr>
<td><strong>Grandfathering – CLOSED AUGUST 2011</strong></td>
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<td>WG17</td>
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<tr>
<td>Examine handling on non-pedigreed in-stock drugs and recommend solutions.</td>
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<tr>
<td><strong>Specialty Requirements for ePrescribing Task Group – CLOSED FEB 2023</strong></td>
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<td>WG18</td>
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<tr>
<td>In the specialty pharmacy realm, there is often additional information needed before a prescription can be dispensed. This information is provided by the prescriber (or someone in the prescriber’s office). This information includes additional patient demographic and clinical information, order-specific clinical information and instructions related to delivery of the medication (i.e., to the patient or the clinic, nursing services required). This information will be communicated between the prescriber’s office and other entities using FHIR® messages. The task group will address problem solving for specialty prescription processing needs. Electronic prior authorization requirements and claim processing are out of scope.</td>
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<tr>
<td><strong>Facilitating Access To Specialty Products Task Group – CLOSED AUGUST 2022</strong></td>
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<td>WG18</td>
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</tbody>
</table>
| The goal of this task group is to improve communication and access to information around specialty and/or limit distribution products from sources other than the payer. The task group will determine a course of action for each area of opportunity:  
  - Specialty Product Distribution  
  - Hub Services |            |                                          |
<p>| <strong>Stakeholder Outreach and Education Task Group – CLOSED FEBRUARY 2021</strong>   |            | WG18                                     |
| This task group will identify and provide outreach to Specialty Pharmacy Stakeholders in an effort to promote engagement within Specialty WG 18. Educational opportunities will be identified and facilitated based on input from stakeholders. |            |                                          |
| <strong>Standards Message Structure Harmonization Task Group – CLOSED August 2023</strong> |            | WG19                                     |
| This task group will draft a recommendation for the best path forward regarding harmonization of the message format and data model for all standards within NCPDP. |            |                                          |
| <strong>DIR 835 Reporting Task Group - CLOSED November 2019</strong>                    |            | WG45                                     |
| This task group will identify use cases of DIR fees to provide visibility into the financial impact and develop guidance for recommended reporting on the X12 835. |            |                                          |
| <strong>X12N 7030 834/835 TR3 Review Task Group - CLOSED November 2019</strong>         |            | WG45                                     |
| This task group will review the X12 7030 Implementation Guides and prepare comments for NCPDP, including the 834, 835. |            |                                          |
| <strong>F2 835 Needs Sub- Task Group - CLOSED November 2018</strong>                    |            | WG45                                     |
| This task group will create a tracking document and assign priority recommendations for the Document Revisions Task Group in relation to F2 changes. |            |                                          |
| <strong>CAQH CORE Task Group – CLOSED NOVEMBER 2016</strong>                          |            | WG45                                     |
| This task group provides NCPDP representatives with information and pharmacy directive on CORE initiatives. |            |                                          |</p>
<table>
<thead>
<tr>
<th>Task Group</th>
<th>Work Group</th>
<th>Task Group Leader and Contact Information</th>
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<tbody>
<tr>
<td>Provider Enrollment Task Group – CLOSED NOVEMBER 2014</td>
<td></td>
<td>WG45</td>
</tr>
<tr>
<td>This task group will review the CORE efforts and X12 Standards (274) to determine the need for additional field for an electronic provider enrollment standard.</td>
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<tr>
<td>Central Pay for the ASC X12 5010 835 Task Group – CLOSED NOVEMBER 2014</td>
<td></td>
<td>WG45</td>
</tr>
<tr>
<td>This task group will review the v4010 solution updating to meet the ASC X12 835 5010 requirements</td>
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<tr>
<td>ASC X12N 6020 TR3 Review Task Group – CLOSED MAY 2012</td>
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<td>WG45</td>
</tr>
<tr>
<td>To review the 6020 version of the ASC X12N 834 and 835 and prepare comments for NCPDP.</td>
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<tr>
<td>WEDI EFT NPI Utilization Issues Brief Task Group – CLOSED FEBRUARY 2012</td>
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<td>WG45</td>
</tr>
<tr>
<td>To review the WEDI issue brief and prepare comments from NCPDP.</td>
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<tr>
<td>FAQ 834 Task Group – CLOSED FEBRUARY 2011</td>
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<td>WG45</td>
</tr>
<tr>
<td>This task group will develop FAQs on how to use the ASC X12 834 to resolve more challenging member identification issues. The task group will also address questions and concerns of version 4010. <strong>Combined with 835 Task Group.</strong></td>
<td></td>
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<tr>
<td>NET Retro-Eligibility Task Group– CLOSED FEBRUARY 2011</td>
<td></td>
<td>WG45</td>
</tr>
<tr>
<td>Define the Business Case for Retro Eligibility that will cause the Medicaid to &quot;Back-out&quot; payment for claims already paid. Define the data flow in the ASC X12 835 defining the fields that will denote that the claim was a &quot;Black-out and Chase&quot; situation.</td>
<td></td>
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<tr>
<td>X12 835 Liaison Task Group CLOSED AUGUST 2007</td>
<td></td>
<td>WG45</td>
</tr>
<tr>
<td>This task group will establish contact with X12 regarding clarification of X12 835 standards, discuss DSMO requests for additional fields and additions to external code set.</td>
<td></td>
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<tr>
<td>HIR 592 Task Group – CLOSED MAY 2008</td>
<td></td>
<td>WG45</td>
</tr>
<tr>
<td>This task group will develop recommendations for the pharmacy industry regarding the reporting of missing/invalid NDC in the ANSI X12 835.</td>
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</tr>
<tr>
<td>835 Audit Reporting Task Group – CLOSED AUGUST 2008</td>
<td></td>
<td>WG45</td>
</tr>
<tr>
<td>This task group will identify the available mechanisms for reporting audit information and recommend the best business practice for the process resulting from a payer audit of paid claims.</td>
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<tr>
<td>835 White Paper Task Group – CLOSED AUGUST 2008</td>
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<td>WG45</td>
</tr>
<tr>
<td>This task group will review the WEDI 835 White Paper for variances to practices in the pharmacy realm and develop an NCPDP White Paper to clarify those variances.</td>
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<tr>
<td>HIPAA II NPRM Task Group – CLOSED NOVEMBER 2008</td>
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<td>WG45</td>
</tr>
<tr>
<td>This task group will review the NPRM and comment on those X12 Implementation Guides used in the Pharmacy Sector.</td>
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<tr>
<td>DSMO 1070 Task Group – CLOSED NOVEMBER 2008</td>
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<td>WG45</td>
</tr>
<tr>
<td>This task group will review the X12N 277 Health Care Claim Acknowledgments and make recommendation regarding its adoption for HIPAA.</td>
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<tr>
<td>External Organization Rapid Response Task Group – CLOSED FEBRUARY 2009</td>
<td></td>
<td>WG45</td>
</tr>
<tr>
<td>This task group will provide rapid response to the Co-Chairs’ or Standardization Co-Chairs’ referrals regarding actions taking place in government entities or other industry organizations where responses are needed prior to NCPDP WG Meetings.</td>
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<tr>
<td>Withholding Tax Task Group – CLOSED NOVEMBER 2010</td>
<td></td>
<td>WG45</td>
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<tr>
<td>This task group will investigate the IRS Tax Law 3402(t) to determine effects on the ASC X12 835. <strong>Inactive November 2010</strong></td>
<td></td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>This task group is creating a white paper providing guidance on issues</td>
<td></td>
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<tr>
<td>related to the creation of the ASC X12 835 Version 5010.</td>
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<tr>
<td>Central Pay Task Group – CLOSED NOVEMBER 2011</td>
<td>WG45</td>
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<tr>
<td>This task group is reviewing the issues related to central pay and develop</td>
<td></td>
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<tr>
<td>guidance for reporting on the ASC X12 835.</td>
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<tr>
<td>Medicare Part D Low Income Cost Sharing/Low Income Subsidy (LICS/LIS)</td>
<td>WG45</td>
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<tr>
<td>Adjustment Task Group – CLOSED NOVEMBER 2012</td>
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<tr>
<td>To review the current guidance and provide a consistent solution for</td>
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<td>identifying retro-active LICS/LIS adjustments to pharmacies via the ASC</td>
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<tr>
<td>X12N 835 version 5010. Also update current Payment Guidance Document and</td>
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<tr>
<td>835 White Paper as necessary.</td>
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<tr>
<td>Interim Final Rule for Adopting Operating Rules for EFT and ERA Task</td>
<td>WG45</td>
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<tr>
<td>Group – CLOSED NOVEMBER 2012</td>
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<tr>
<td>This task group will review the Interim Final Rule for EFT and ERA to</td>
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<tr>
<td>determine if guidance is need for the pharmacy industry and provide</td>
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<tr>
<td>recommendations to the Work Group.</td>
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<tr>
<td>Audit Adjustment/Recoupment on 835 Task Group – CLOSED NOVEMBER 2012</td>
<td>WG45</td>
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<tr>
<td>To review the v4010 835 Audit Adjustment/Recoupment Examples and update</td>
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<tr>
<td>for v5010.</td>
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<tr>
<td>EFT Final Rule Review Task Group – CLOSED FEBRUARY 2013</td>
<td>WG45</td>
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<tr>
<td>This task group will review the EFT Final Rule to determine if guidance</td>
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<tr>
<td>is need for the pharmacy industry and provide recommendation to the Work</td>
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<td>Group.</td>
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<tr>
<td>ASC X12 835 5010 Adjustment Task Group - CLOSED AUGUST 2013</td>
<td>WG45</td>
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<tr>
<td>This task group will review any member requested business cases for</td>
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<tr>
<td>adjustments and create guidance and/or examples.</td>
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<tr>
<td>Definition and Use of Quantity and Day Supply Task Group – CLOSED</td>
<td>MC</td>
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<tr>
<td>FEBRUARY 2023</td>
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<tr>
<td>This task group will evaluate the current definitions and use of the data</td>
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<tr>
<td>elements related to quantity and days supply used throughout the NCPDP</td>
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<tr>
<td>Standards. Where applicable, the task group will propose modifications to</td>
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<tr>
<td>better align with industry use of the data elements and promote</td>
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<tr>
<td>harmonization across the Standards.</td>
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<tr>
<td>Prior Authorization Communication, Evaluation and Recommendations (PACER)</td>
<td>MC</td>
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<tr>
<td>Task Group – CLOSED FEBRUARY 2023</td>
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<tr>
<td>This task group will address the next steps to streamline electronic prior</td>
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<td>authorization communications associated to prescription benefits as</td>
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<td>identified by WG1 Prior Authorization Transaction Consolidation Review</td>
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<tr>
<td>Sub-Task group.</td>
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<tr>
<td>Patient Identification Task Group – CLOSED NOVEMBER 2021</td>
<td>MC</td>
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<tr>
<td>This task group will address Standards related action items from the</td>
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<tr>
<td>January 2020 Universal Patient Identifier (UPI) Stakeholder Action Group</td>
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<tr>
<td>(SAG) meeting.</td>
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<tr>
<td>Gender Transition Task Group – CLOSED FEBRUARY 2022</td>
<td>MC</td>
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<tr>
<td>This task group will review standards that contain sex/gender fields and</td>
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<td>ensure they accommodate individuals who are transitioning or have</td>
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<tr>
<td>transitioned genders. We will be looking at all other standards to ensure</td>
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<tr>
<td>we are harmonizing with those standards. Our scope is to review any</td>
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<td>standard that contains a sex/gender code that would be used in a NCPDP</td>
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<td>transaction.</td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<tr>
<td>2D Barcode Implementation Task Group - CLOSED August 2021</td>
<td>MC</td>
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<tr>
<td>This task group will provide additional guidance to reflect role of 2D barcode in Saleable Returns as well as concerns with readability/permanence of barcode itself. The task group will also review guidance document and update where applicable due to regulation/FDA guidance.</td>
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<tr>
<td>F&amp;B and RTPB Task Group – CLOSED NOVEMBER 2020</td>
<td>MC</td>
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<tr>
<td>This task group will determine if there needs to be synchronization in the timelines for adoption of the next versions of the Formulary &amp; Benefit Standard and the Real Time Prescription Benefit Standard.</td>
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<tr>
<td>API Task Group – CLOSED AUGUST 2020</td>
<td>MC</td>
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<tr>
<td>This task group will review the NCPDP Connectivity Guide and update to include information about APIs where appropriate.</td>
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<tr>
<td>ECL Task Group – CLOSED AUGUST 2020</td>
<td>MC</td>
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<tr>
<td>This task group will be responsible for cleaning up ECL values, enhancing the web-enabled ECL, providing guidance on ECL values and harmonizing the ECL companion fields across different NCPDP Standards. The task group will also be available to review modifications to the ECL to promote harmonization of values and to prevent duplication.</td>
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<tr>
<td>Harmonization Formation Task Group - CLOSED AUGUST 2020</td>
<td>MC</td>
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<tr>
<td>This task group will utilize the guidance provided through the Harmonization presentations given to the Work Groups at the May 2018 meetings to develop a set of recommendations for review by the Maintenance and Control Work Group. The recommendations will support the formation of a task group or committee and/or provide suggestions for task assignments to existing bodies to implement the needed harmonization.</td>
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<tr>
<td>Patient Identification Task Group – CLOSED AUGUST 2019</td>
<td>MC</td>
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<tr>
<td>This task group will create the priority business use cases to enable the sharing of universal patient identifier(s), throughout the NCPDP standards, to improve interoperability, patient matching and workflow throughout the healthcare industry. If necessary, the task group may request modifications to existing standards to support the defined business cases.</td>
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<tr>
<td>Specialty Task Group – CLOSED AUGUST 2018</td>
<td>MC</td>
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<tr>
<td>This task group will be responsible for coordinating the other established specialty related task groups (WG7 and WG11) and provide communications and website development to position NCPDP as relevant in regards to specialty pharmacy.</td>
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<tr>
<td>2D Barcode Implementation Task Group – CLOSED FEBRUARY 2018</td>
<td>MC</td>
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<tr>
<td>This task group will work with manufacturers to determine how and when product packaging is being changed to comply with the Drug Supply Chain Security Act (DSCSA).</td>
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<tr>
<td>Real-Time Pharmacy Benefit Inquiry Task Group – CLOSED MAY 2016</td>
<td>MC</td>
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<tr>
<td>This task group will define the Use Cases and Business Requirements of a Real-Time Benefit Check.</td>
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<tr>
<td>Unique Device ID (UDI) Task Group – CLOSED AUGUST 2017</td>
<td>MC</td>
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<tr>
<td>This task group will be reviewing the NCPDP Standards and incorporating the Unique Device Identifier (UDI) as appropriate.</td>
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<tr>
<td>MC Prior Authorization Harmonization Task Group – CLOSED MAY 2016</td>
<td>MC</td>
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<tr>
<td>This task group will review the NCPDP Standards and make recommendations for the harmonization of the Prior Authorization Number.</td>
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<tr>
<td>PDMP White Paper Task Group – CLOSED AUGUST 2015</td>
<td>MC</td>
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<tr>
<td>This task group will develop a white paper based on discussions held on PDMP issues and recommendations provided at the focus group meeting.</td>
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<tr>
<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<tr>
<td>Sig In Transactions – CLOSED FEBRUARY 2015</td>
<td>MC</td>
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<tr>
<td>This task group will determine the value of including the Sig in NCPDP transactions. If value is found they will recommend which standards should incorporate and how the Sig should be implemented.</td>
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<tr>
<td>ECL Implementation Review Task Group– CLOSED AUGUST 2013</td>
<td>MC</td>
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<tr>
<td>This task group is reviewing the current implementation process of the External Code List to determine if changes are needed.</td>
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<tr>
<td>Ordering of Diabetic Supplies Task Group – CLOSED AUGUST 2014</td>
<td>MC</td>
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<tr>
<td>This task group will develop a regulatory process for the ordering of diabetic supplies with outreach to all impacted entities.</td>
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<tr>
<td>Demographic Field Length Task Group – CLOSED FEBRUARY 2013</td>
<td>MC</td>
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<tr>
<td>This task group reviewed lengths for demographic fields commonly used amongst all NCPDP standards and has proposed like field lengths. This task group has spawned task groups in WG1, WG7 and WG11 to review their specific standards. They are reviewing recommendations coming out of the other work group task groups to resolve any discrepancies.</td>
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<tr>
<td>Modeling and Methodology Task Group – CLOSED NOVEMBER 2012 – Updates of staff work will continue at MC meetings</td>
<td>MC</td>
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<tr>
<td>The NCPDP Modeling and Methodology (M&amp;M) Task Group is responsible for creating and maintaining any NCPDP sponsored Unified Modeling Language (UML) information models for the purposes of information model comparisons and collaborations with external organizations. Participants: Members and NCPDP recognized project participants with modeling experience or participation in large scale modeling projects. Knowledge of the Unified Modeling Language (UML) would also be beneficial.</td>
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<tr>
<td>Pharmacy Transport Task Group - CLOSED AUGUST 2012</td>
<td>MC</td>
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<tr>
<td>This task group is meeting with the MC Modeling and Methodology Task Group to explore looking into service based connectivity or other options for connectivity across all of healthcare.</td>
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<tr>
<td>Standards/Trading Partner Decision Task Group - CLOSED AUGUST 2011</td>
<td>MC</td>
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<tr>
<td>This task group is to develop guidance to use in determining whether any question/issue brought to any task group or entity within NCPDP that is objected to is standards-based or trading partner-based.</td>
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<tr>
<td>DEA Response to Controlled Substances Task Group - CLOSED AUGUST 2006</td>
<td>MC</td>
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<tr>
<td>The task group will review questions from the DEA and HHS regarding e-prescriptions for controlled substances to determine if NCPDP should answer those questions prior to the deadline. If it is determined that NCPDP should respond to any of the questions, a letter will be drafted.</td>
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<tr>
<td>Entities Task Group - CLOSED AUGUST 2007</td>
<td>MC</td>
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<tr>
<td>This task group will compare the entities identified and defined on two documents, the Entities and the Business Model Documents and get them in sync with one another. A final document was approved at the May 2007 WG meeting but the task group will remain on hold in order to provide maintenance to the document should it be requested.</td>
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<tr>
<td>Federal Medication Terminologies/ECL Analysis Task Group – CLOSED NOVEMBER 2008</td>
<td>MC</td>
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<tr>
<td>This task group would analyze the Federal Medication Terminologies against the currently used codes and vocabularies in NCPDP standards and other documents to determine the potential implications of any changes. Representatives from the WG1 Post Adjudication Task Group and entities interested in compound processing will join this effort.</td>
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<tr>
<td>Federal Medication Terminologies Task Group – CLOSED NOVEMBER 2009</td>
<td>MC</td>
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<tr>
<td>This task group will complete the work of the task group closed last year to apply the Federal Medication Terminologies for compound processing fields.</td>
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<td>Task Group</td>
<td>Work Group</td>
<td>Task Group Leader and Contact Information</td>
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<tr>
<td>HIPAA Regulatory Timelines Task Group - CLOSED NOVEMBER 2004</td>
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<tr>
<td>This task group is creating a white paper to educate on the steps involved in naming standards or code sets in HIPAA. The paper is being created in collaboration with X12N and HL7 representatives.</td>
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<tr>
<td>Values Definitions Task Group – CLOSED MAY 2008</td>
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<tr>
<td>This task group is defining the values with no definitions in Data Dictionary and External Code List. Participants with knowledge of NCPDP standards and their application are needed.</td>
<td>MC</td>
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</table>